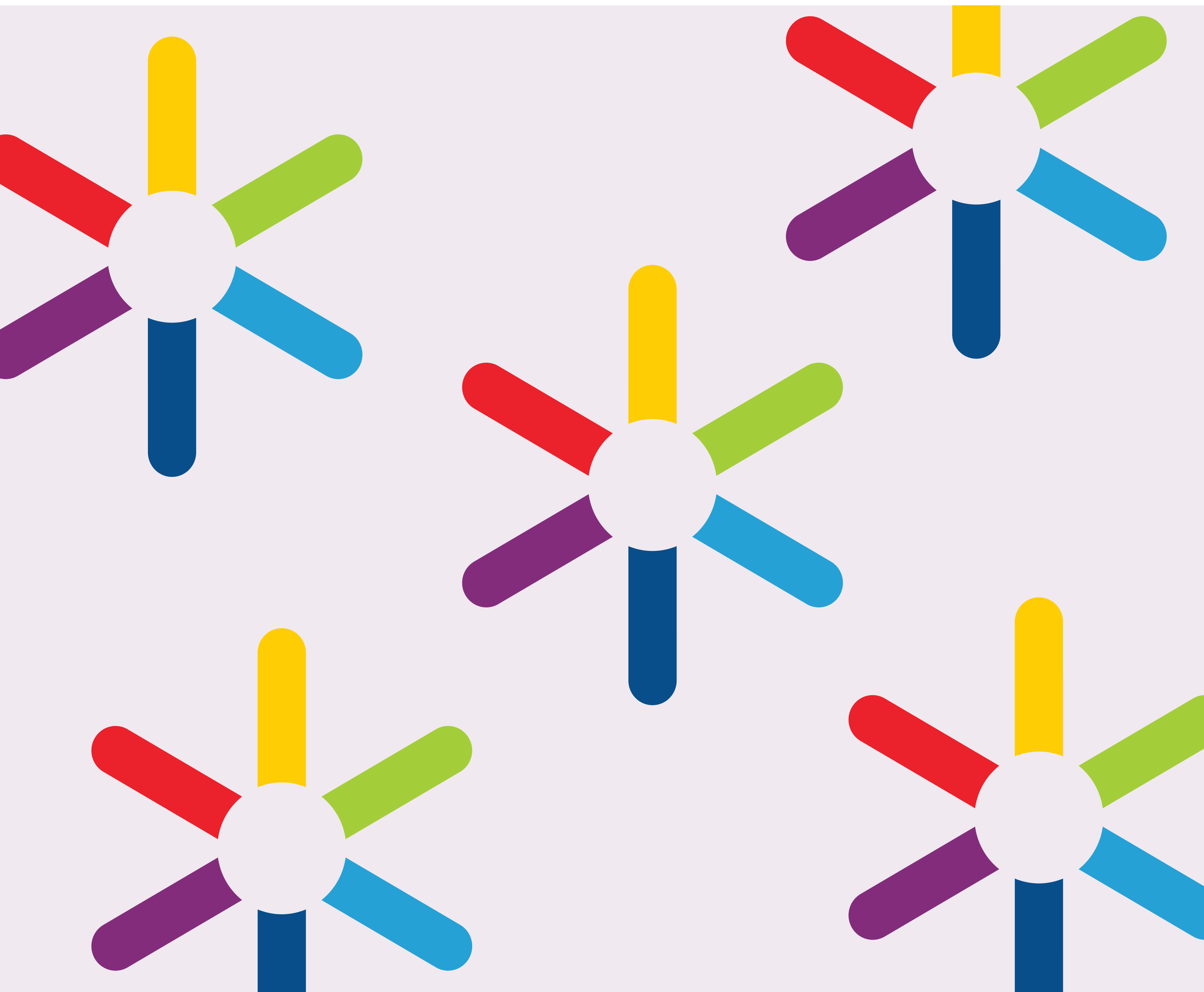
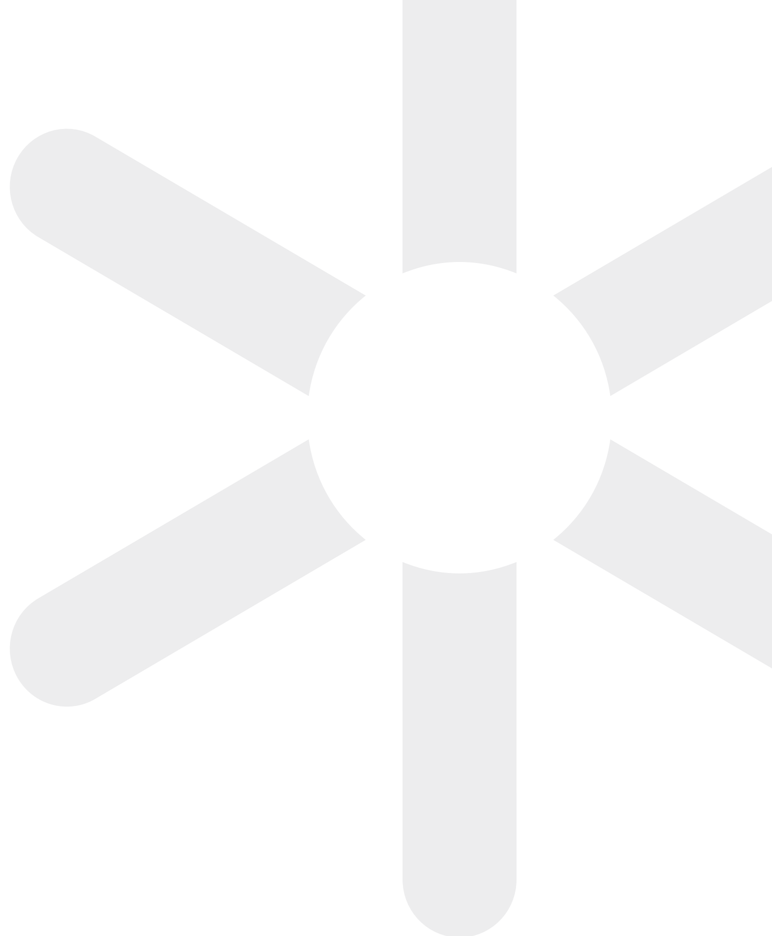
think
MENTAL HEALTH

Government of **Western Australia**
Mental Health Commission

Mental wellbeing in Western Australia

Key findings from the Think Mental Health Attitudinal Research





Acknowledgment of Country

The Mental Health Commission respectfully acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of our State and its waters. The Mental Health Commission wishes to pay its respects to Elders both past and present and extend this to all Aboriginal and Torres Strait Islander peoples seeing this message.

Acknowledgment of Lived Experience

The Mental Health Commission acknowledges the individual and collective expertise of those with a living or lived experience of mental health, alcohol and other drug issues. We recognise their vital contribution at all levels and value the courage of those who share this unique perspective for the purpose of learning and growing together to achieve better outcomes for all.

In particular, the Mental Health Commission would like to acknowledge those with lived experience who have participated in research, including the Think Mental Health Attitudinal Research which informed the development of this publication. Participation in research such as this is vital to assist in the development and delivery of projects and programs that meet the needs of the Western Australian community.

Accessibility

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Support

If you need support or someone to talk to, please contact:

Here For You:
1800 437 348

Mental Health Emergency Response Line:
1300 555 788 (Metro) or 1800 676 822 (Peel)

Lifeline:
13 11 14

Beyond Blue:
1300 224 636

Alcohol and Drug Support Line:
9442 5000 or 1800 198 024 (regional)

In a life-threatening emergency
call 000 or visit your nearest emergency department.

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Summary

The Think Mental Health Attitudinal Research survey is undertaken annually on behalf of the Mental Health Commission (the Commission) to monitor mental health and wellbeing in Western Australia.

The research captures self-reported knowledge, attitudes and beliefs about mental health and suicide. The research also collects incidence data regarding mental wellbeing and self-reported symptoms, diagnosis and treatment of mental health issues and conditions, in addition to distress, stigma, resilience, literacy and help seeking behaviours, using a range of validated scales.

For the first time since its inception, the 2021 Think Mental Health Attitudinal Research sought to quantify the level of mental wellbeing in Western Australia, recognising that mental wellbeing is a tangible outcome that can be measured and is a separate but related concept to experiencing a mental health issue or condition.

Researchers and clinicians alike are now recognising that an individual can experience high, moderate or low levels of mental wellbeing, irrespective of whether they have been diagnosed with, or are receiving treatment for, a mental health issue or condition.

High mental wellbeing has been shown to prevent mental health issues from developing; and can also contribute to a person's recovery journey, with some evidence suggesting higher levels of wellbeing can reduce the severity, duration and relapse of a mental health condition.

This report has been prepared to provide a snapshot of mental health and wellbeing in Western Australia based on data collected and analysed from the Think Mental Health Attitudinal Research in 2021.

Key findings

More than half of Western Australians were classified as having low or moderate levels of mental wellbeing (58%).

Two in 5 were classified as having high mental wellbeing (42%).

One in 3 Western Australians had high or very high levels of psychological distress (33%).

Maintaining perspective, getting enough sleep, exercising regularly and working in a job or finding an activity that is meaningful where the factors that most strongly predicted the likelihood of experiencing high wellbeing.

Job insecurity, a lack of support from family or friends and loneliness reduced the likelihood of experiencing high wellbeing.

Most Western Australians could recall at least one action that someone can do to maintain their mental health and wellbeing (91%), with exercise, healthy eating, social interaction and talking to loved ones being the most frequently cited.

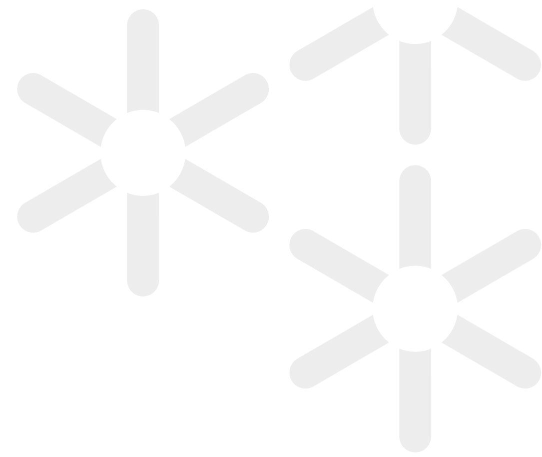
Two in 5 Western Australians reported acting 'daily or almost daily' to look after their mental health and wellbeing (41%). This was a decrease from 2020 (46%).

There is a gap between the proportion of people who have a desire to act 'daily or almost daily' to look after their mental health and wellbeing (66%), compared to the proportion who report actually doing so (41%).

Two in 3 Western Australians felt confident in their ability to maintain their mental health and wellbeing (64%). This was a decrease from 2020 (69%).

Two in 5 Western Australians had discussed their feelings or emotions with someone in the past week (40%).

The Commission recognises the vital importance of continuing to collect timely data that provides insight into the mental health and wellbeing of Western Australians to help inform an evidence-based, pro-active and comprehensive suite of programs and services that meet the needs of the community.



Key terms and definitions

Mental health

The World Health Organisation definition of mental health states:

'Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development.' [1]

Mental wellbeing

Mental wellbeing reflects our psychological, emotional, physical and social states. It refers to the ability of an individual to maintain connections, contribute to their community and cope with the normal stressors of life, events or challenges.

Mental health issue

A mental health issue refers to when cognitive, emotional or social abilities are diminished, but not to the extent that they meet the criteria for a diagnosed mental health condition.[2]

Mental health issues can occur because of life stressors, are usually less severe than diagnosed mental health conditions and often resolve with time or when an individual's situation changes. If a mental health issue persists or increases in severity, it may develop into a diagnosed mental health condition.[3]

Mental health condition

A mental health condition is a disorder diagnosed by a medical professional that interferes with an individual's cognitive, emotional or social abilities.[2]

There are many different types of mental health conditions that occur to varying degrees of severity. Examples include: anxiety disorders (such as generalised anxiety disorders and social phobias); mood disorders (such as depression and bipolar disorder); psychotic disorders (such as schizophrenia); eating disorders (such as anorexia and bulimia); and personality disorders (such as borderline personality disorder).[4]

Psychological distress

Psychological distress refers to non-specific symptoms of stress, anxiety and depression. High levels of psychological distress are a sign of poor mental health and may reflect common mental health issues like depression and anxiety.[5] It is commonly measured with a self-report rating scale. The Kessler Psychological Distress Scale (K10) is a widely used indicator which gives a simple measure of psychological distress in the past 4 weeks.

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1 WHO (World Health Organisation) (2022) *Mental health: strengthening our response*, WHO website, accessed 15 September 2022.
2 AIHW (Australian Institute for Health and Welfare) (2018) *Mental health services—in brief 2018*, catalogue number HSE 211, AIHW, Australian Government.
3 MHC (Mental Health Commission) (2018) *Western Australian Mental Health Promotion, Mental Illness, Alcohol and Other Drug Prevention Plan 2018-2025*, MHC, Government of Western Australia
4 MHC (2019) *Mental health conditions*, Think Mental Health website, accessed 15 September 2022.
5 Viertiö S et al. (2021) 'Factors contributing to psychological distress in the working population, with a special reference to gender difference', BMC Public Health, 21(1):611, doi:10.1186/s12889-021-10560-y.

Background and methodology

Since 2017, the Commission has engaged independent research organisation Kantar Public to conduct regular state-wide research to assess community knowledge, attitudes and behaviours related to mental wellbeing, mental health issues and conditions, and suicide, known as the Think Mental Health Attitudinal Research. Findings are used to inform project and program planning, including public education and communications strategies related to the promotion of mental wellbeing and prevention of mental health issues.

The Think Mental Health Attitudinal Research captures data relating to mental health diagnosis and treatment, wellbeing, resilience, literacy, help-seeking behaviours and mental health related stigma in Western Australia. The survey includes standardised and validated scales, including, but not limited to:

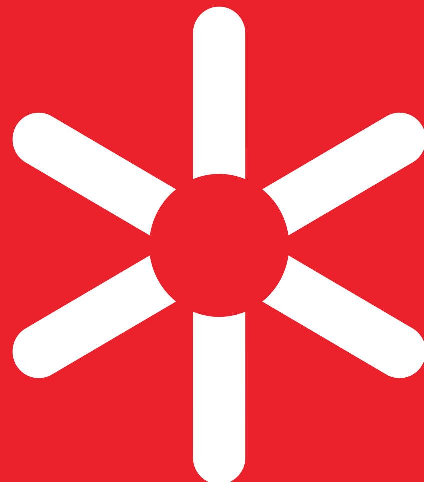
- Kessler Psychological Distress Scale (K10)
- Mental Health Continuum-Short Form (MHC-SF)
- 12-Item Short Form Health Survey (SF-12)
- General Help Seeking Behaviour Questionnaire
- Reported and Intended Behaviour Scale (RIBS).

The survey is administered online and takes 30 minutes to complete on average. The survey is completed in November and December of each year.

Potential participants are approached to participate via email and are screened for eligibility.

A representative sample of Western Australians (aged 13 years and older) complete the survey. A quota sampling strategy is used, with interlocking quotas set according to age, gender and location to ensure representation as per the general population demographic spread in Western Australia. Weighting is applied to account for any minor over or under-representation.

In 2021, a total of 1,200 participants completed the survey. This sample size yields a maximum margin of error of +/- 2.83%. Tests for statistical significance were conducted between the 2021 and 2020 survey data. Additional tests were also conducted within populations of interest (e.g. males vs females). Tests were undertaken at a 95% confidence level. Consistent methodology is applied across surveys to ensure comparability of results.



Research findings

Mental health and wellbeing

Emotional, psychological and social wellbeing

The Mental Health Continuum-Short Form (MHC-SF) assesses people's level of emotional wellbeing, psychological wellbeing and social wellbeing over the past month.

Emotional wellbeing is assessed by respondents reporting the degree to which they feel happy; interested; and satisfied with life. Psychological wellbeing is assessed by respondents reporting the degree to which they consider they are good at managing responsibilities of life; are confident to think or express their own ideas; liked most parts of their personality; have a sense of direction and meaning in life; have had experiences that challenged them to grow and become a better person; and have warm and trusting relationships with others. Social wellbeing is assessed by respondents reporting the degree to which they feel they belonged to a community; they have something to contribute to society; that the way society works makes sense; that our society is a good place; and that people are basically good.

Figure 1 demonstrates the proportion of respondents who experienced each of the MHC-SF indicators 'everyday' or 'almost every day' in the past month.

Figure 1 Emotional, psychological and social wellbeing indicators (MHC-SF)

State of mental wellbeing

Through use of the MHC-SF, emotional, psychological and social wellbeing indicators can be assessed collectively to classify respondents into overall states of mental wellbeing; being high, moderate or low.[6]

In 2021, 1 in 10 Western Australians were classified as having low wellbeing (9%), and 2 in 5 were classified as having high wellbeing (42%). The remainder were classified as having moderate levels of wellbeing (49%).

- Low wellbeing
- Moderate wellbeing
- High wellbeing

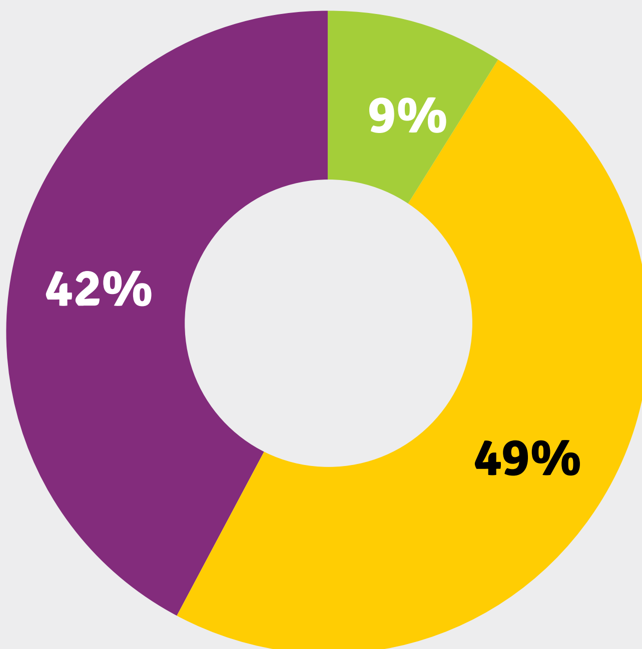


Figure 2 State of mental wellbeing (MHC-SF)

6 MHC-SF was developed by Dr Corey Keyes and classifies states of wellbeing as flourishing (high), languishing (low), or somewhere in between (moderate).

Psychological distress

The Kessler Psychological Distress Scale (K10) assesses people's experiences of anxiety and depressive symptoms over the past 4 weeks and categorises respondents into 3 groups:

- low psychological distress
- moderate psychological distress
- high or very high psychological distress.

In 2021, one-third of Western Australians had high or very high levels of psychological distress (33%). Just under one-quarter had moderate levels of psychological distress (23%) and the remainder had low levels of psychological distress (44%).

Younger people were more likely to experience high or very high levels of psychological distress when compared with older people. High or very high levels were more prevalent among those aged 13-17 years (47%), 18-24 years (54%) and 25-39 years (42%).

Western Australians aged 65 years and over were less likely to experience high or very high levels of psychological distress (10%).

Other demographic groups who were more likely to experience high or very high levels included:

- Females (36%) vs. males (30%).
- Those who identify as LGBTQA+ (50%) vs. not LGBTQA+ (31%).
- Parents under 40 years (46%) vs. parents over 40 years (21%).
- Those who have experienced a stressful life event (44%) vs. those who have not (15%).
- Those who experience 'poor' or 'fair' general health (59%) vs. those who experience 'excellent' or 'very good' general health (22%).
- Those with low (less than $60k per year [36%]) or moderate (between $60k - $120k per year [37%]) household income vs. those with a high (over $120k per year [26%]) household income.

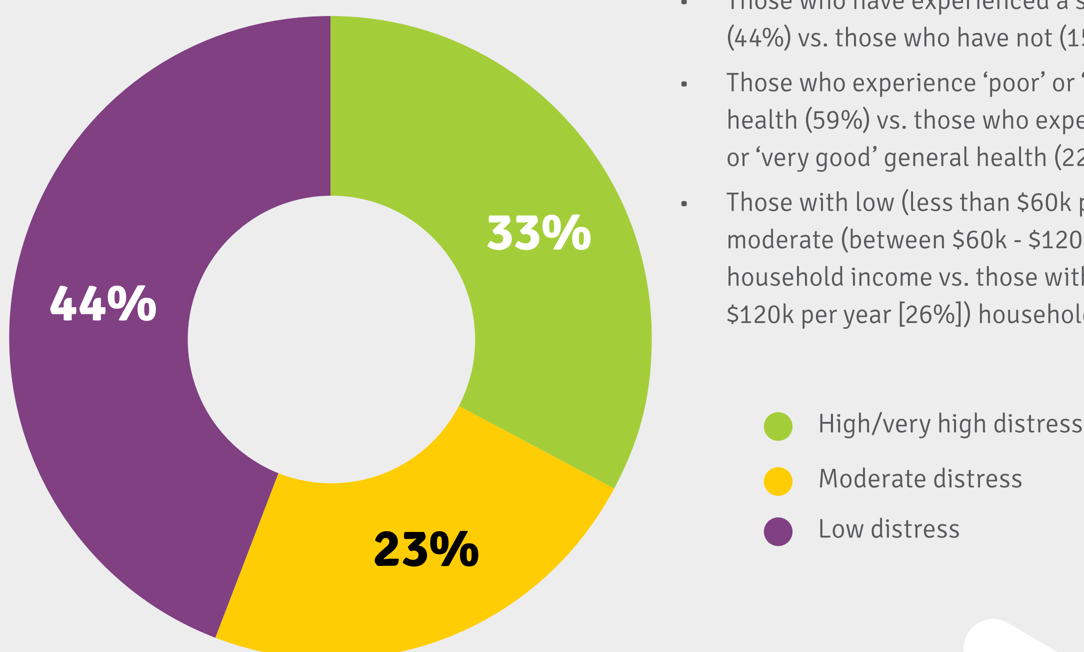


Figure 3 Level of psychological distress (K10)

Dual continua model of mental health

The dual continua model of mental health (**Figure 4**), referred to hereon as the dual-continua, acknowledges that mental wellbeing and mental health conditions are two separate but linked experiences. The dual-continua suggests individuals can have a diagnosed mental health condition and still experience high or moderate mental wellbeing; and conversely, individuals can experience moderate or low mental wellbeing without a diagnosed mental health condition.

The horizontal axis of the model captures whether people self-identify as having been diagnosed with, or treated for, a mental health condition. The vertical axis of the model captures people's mental wellbeing over a spectrum of high to low using a scientifically validated measurement tool, such as the MHC-SF.

When both axes are considered together, the dual-continua demonstrates that having a diagnosed mental health condition does not automatically mean one must have low mental wellbeing. It shows that people with diagnosed mental health conditions can experience moderate and high mental wellbeing.

Conversely, it highlights that while someone might not have symptoms of a mental health condition, they may still experience low levels of mental wellbeing. The dual-continua ensures that all people are represented.

In 2021, almost half of all Western Australians had low or moderate mental wellbeing and were not experiencing a mental health condition (48%). The additional 10% reporting low or moderate levels of mental wellbeing were experiencing a mental health condition.

Two in 5 Western Australians had a high level of mental wellbeing and were not experiencing a mental health condition (40%). The additional 2% experiencing high mental wellbeing were also experiencing a mental health condition.

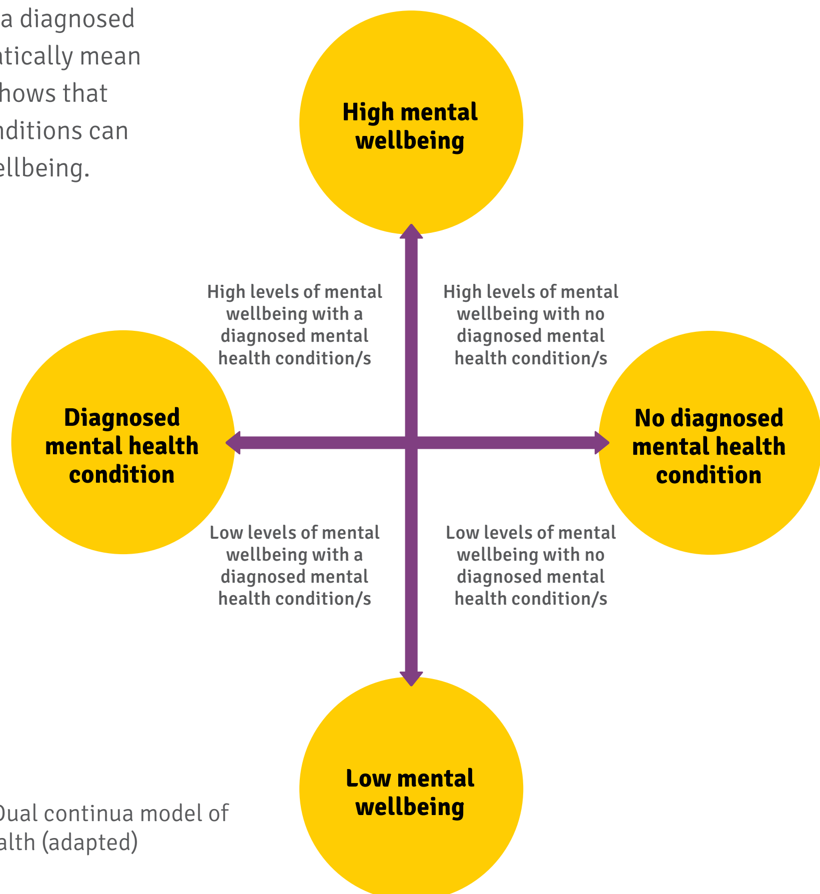


Figure 4 Dual continua model of mental health (adapted)

Mental health condition

In 2021, 1 in 4 Western Australians self-reported that they had been diagnosed with, or treated for, a mental health condition in their lifetime (25%).

One in 8 self-reported that they had been diagnosed with, or treated for, a mental health condition in the past 12 months (12%).

Experience of mental health risk factors

In 2021, the most commonly experienced mental health risk factors were high screen time[7], loneliness and financial concerns.

More than half of Western Australians (55%) had more than 2 hours of daily screen time for those aged 13-17, or more than 4 hours of screen time for those aged 18 and over.

Around two-fifths felt lonely more than once a month in the past 12 months (43%) or had financial concerns (41%).

Other mental health risk factors commonly experienced in the past 12 months included:

- lack of support from family or friends (35%)
- consuming more than 4 standard drinks of alcohol on a single occasion at least once a month (33%)
- having a family conflict on more than one occasion (33%)
- experiencing job insecurity (28%)
- bullying (24%).

7 In this research, high screen time was defined as using social media, playing video games or watching TV for more than 2 hours per day for those aged 13-17, or more than 4 hours for those aged 18+.

Drivers of mental health and wellbeing

Respondents were asked a series of questions to determine the strength and direction of association between a range of risk and protective factors and mental health and wellbeing outcomes. In doing so, this determined the drivers of poor mental health (mental health risk factors) and drivers of high wellbeing (mental health protective factors).

Of all the factors considered in the survey, those that most strongly predicted the likelihood of being diagnosed with, or treated for, a mental health condition were:

- experiencing loneliness
- being diagnosed with, or managing a chronic illness
- financial concerns
- a lack of support from family or friends.

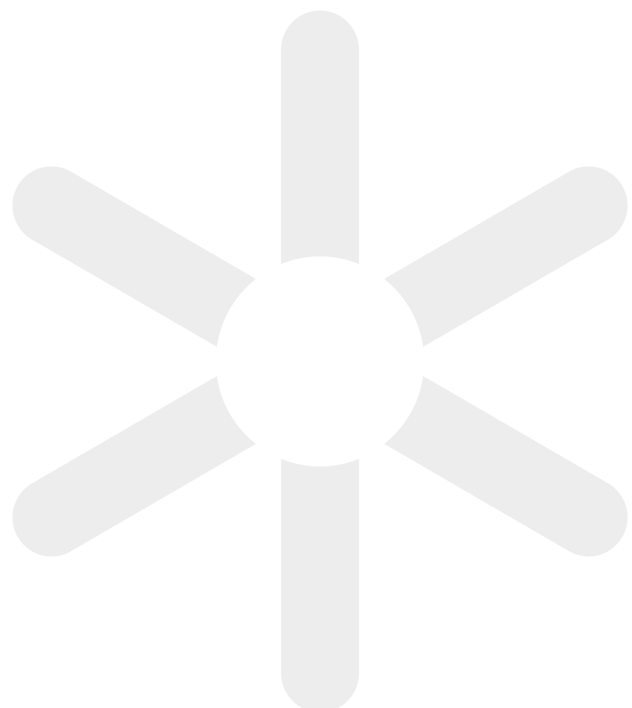
Setting goals was seen to protect against being diagnosed with, or treated for, a mental health condition.

The factors that most strongly predicted the likelihood of experiencing high wellbeing[8] were:

- maintaining perspective (focusing on what is really important)
- getting enough sleep
- exercising regularly
- working in a job or finding an activity that is meaningful.

Job insecurity, a lack of support from family or friends and loneliness reduced the likelihood of high wellbeing.

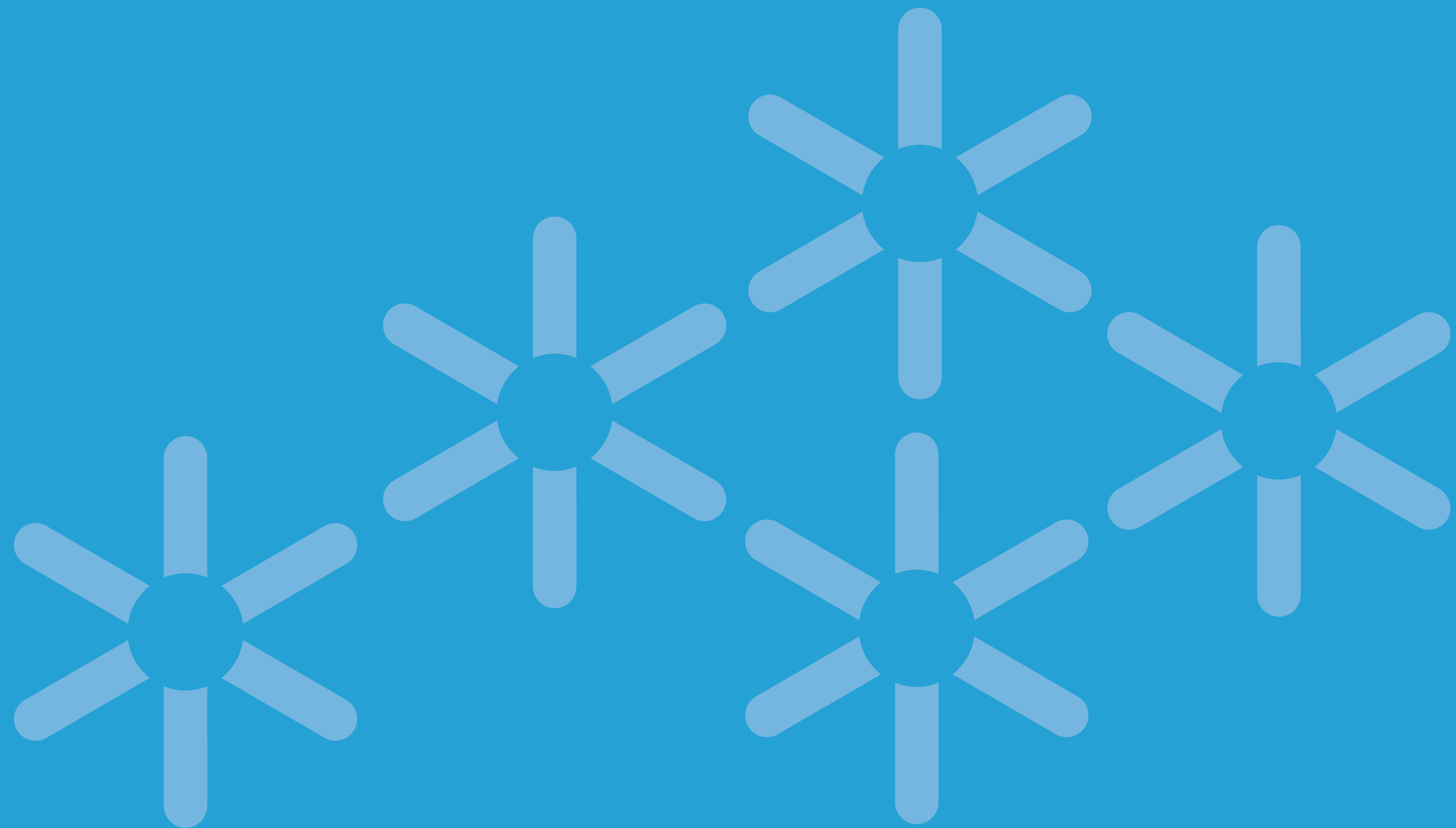
These findings suggest that the drivers of poor mental health are different to the drivers of high wellbeing.



8 High wellbeing or 'Flourishing', in the context of the MHC-SF.

Research findings

Knowledge and perceived importance of strategies to support mental wellbeing



Self-care behaviours

Most Western Australians are aware of self-care behaviours that can be implemented to support mental health and wellbeing. In 2021, 91% of participants could recall at least one action a person can do to maintain their mental health and wellbeing, with exercising regularly (69%), healthy eating (43%), social interaction (31%) and talking to loved ones (28%) being the most frequently cited.

In 2021, there was a decrease in the perceived importance of actions that one can take to maintain their mental health and wellbeing, compared to levels of perceived importance in 2020.

In 2021, 4 in 5 Western Australians believed that getting enough sleep and healthy eating were important in maintaining health and wellbeing (80% and 79%, respectively). A slightly smaller proportion believed that spending quality time with close friends and family is important (78%), as is having someone to talk to who can provide support and reassurance and exercising regularly (77% each).

Actions with the lowest levels of perceived importance included cutting down on alcohol and drugs (66%), setting goals (64%), giving to others by volunteering (63%) and learning a new skill (58%).

Confidence to maintain mental health and wellbeing

The proportion of Western Australians who felt confident in their ability to maintain their mental health and wellbeing declined slightly in 2021 (64%), compared to 2020 (69%).

When people were asked to consider all the things that matter to them, the proportion of people who felt that maintenance of their own mental health and wellbeing is important declined slightly from 87% in 2020 to 83% in 2021.

Research findings

Taking action to support mental health and wellbeing

Self-care behaviours

In 2021, 4 in 5 people reported engaging in at least one self-care behaviour to look after their mental health and wellbeing (82%). This remained stable from 2020.

The most common self-care behaviours people reported engaging in 'all of the time' or 'most of the time' were:

- limiting alcohol and drug use (49%)
- healthy eating (45%)
- spending quality time with close friends and family (39%)
- getting enough sleep (39%)
- maintaining perspective (39%)
- exercising regularly (37%).

Less than one-quarter of Western Australians reported setting goals (23%), volunteering (22%), or learning a new skill (13%) either 'most of the time' or 'all of the time' in 2021.

In 2021, less Western Australians acted 'daily or almost daily' to look after their mental health and wellbeing (41%), compared to 2020 (46%).

Individual's desire to take action to protect their mental health and wellbeing was higher than that of actual action. In 2021, more Western Australians had a desire to act 'daily or almost daily' (66%), compared to those who actually took action (41%).

Research findings

Help-seeking

Recognising signs and symptoms

Two in 3 Western Australians felt confident in their ability to recognise the signs and symptoms of mental health issues and conditions in themselves (64%). This was comparable to the proportion seen in 2020 (65%).

Discussing feelings or emotions with someone

In 2021, 2 in 5 Western Australians had discussed their feelings or emotions with someone in the past week (40%). A further 1 in 5 did so in the past month (20%), and 1 in 10 in the past 3 months (8%).

One in 10 had never discussed their feelings or emotions with someone (9%), and 1 in 15 didn't know the last time they did (7%).

Formal and informal sources of support

Friends and partners were the most common sources of informal support, with nearly two-thirds of Western Australians seeking help for a personal or emotional problem from a friend (65%) or intimate partner (63%). Two-thirds said they would go to a family member (i.e. mother, father or other relative/family member) if they needed help (66%).

When looking for formal support, 6 in 10 people said they would go to their doctor/GP (58%), over half would see a mental health professional (54%), and 1 in 3 would use a telephone helpline (33%).

think MENTAL HEALTH

Government of **Western Australia**
Mental Health Commission

GPO Box X2299,
Perth Business Centre
WA 6847

Level 1, 1 Nash Street,
Perth, WA 6000

T (08) 6553 0600

mhc.wa.gov.au