Technical specifications for a third National Survey of Mental Health and Wellbeing of the adult general population

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Based on the recommendations of the Technical Advisory Group

This document provides a general overview of the key requirements in relation to development and conduct of another adult general National Survey of Mental Health and Wellbeing so that it best addresses Australia's current national mental health policy and planning purposes.

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PART A: CONTEXT

1. Introduction

The National Survey of Mental Health and Wellbeing Initiative arose from the National Mental Health Strategy, a commitment by Australian governments to improve the lives of people with mental illness. The Strategy was endorsed in April 1992 by the Australian Health Ministers' Conference. A series of National Mental Health Plans has been developed under the strategy with the Fifth National Mental Health Plan released in October 2017.

In progressing the National Mental Health Strategy, it was recognised early on that there was a lack of national data to inform the development of policy in the area and a series of surveys was commissioned under the National Survey of Mental Health and Wellbeing banner.

The three main survey components are:

- A national population survey of adults, run in 1997 and again in 2007 by the Australian Bureau of Statistics (ABS).
- A low prevalence disorders study of people living with psychotic illness first run in 1997-98 by a consortium led by Professor Assen Jablensky at The University of Western Australia. This was repeated in 2010 with Professor Vera Morgan leading the work.
- A national population survey of children and adolescents, first run in 1998-99 by a consortium led by Professor Michael Sawyer at the University of Adelaide. This was repeated in 2010 with Associative Professor David Lawrence and Professor Steve Zubrick leading the work.

All of the surveys were commissioned and funded by the Australian Government Department of Health or the Department of Health and Aged Care as it was formerly known.

These surveys have been major commitments, not only in terms of funding, but also the time required for development, conduct of the survey, data collation and validation, analyses and initial reporting. They have also asked a great deal of participants, both due to the length of the surveys and because of the sensitive nature of the content that they cover.

The information provided through these national surveys has underpinned much of the mental health policy developed nationally and by all jurisdictions over the last 20 years. It has provided the foundation of people's understanding of the prevalence of mental disorders in the Australian population and, in turn, the impetus for many major initiatives to improve people's understanding and awareness of mental illness, and promote help-seeking. It has also provided the evidence base for mental health funding and resource allocations for mental health services.

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2. Purpose of this document

Since 2007 there have been major changes in way services are funded and provided, and the variety of services now available are far greater than when previous surveys were undertaken. Mental health literacy is increasing, and there is increasingly awareness of mental health issues and suicide prevention. There is a perception among many people that these problems are worsening and a greater expectation that investments in mental health are based upon good evidence. Ensuring that there is comparable, more up-to-date information on the prevalence and severity of mental disorders and suicidal behaviours among the Australian population and that captures changes in the use of services for mental health problems is seen as particularly important. This will not only provide an indication of the impact of initiatives, but also underpin future work to determine the services that most efficiently, and effectively, fit the needs of the population.

Development of specifications for another adult general National Survey of Mental Health and Wellbeing (NSMHWB3) was guided by the recommendations of a group of technical experts who participated in a series of meetings convened by the Department of Health. These focussed on how to best to collect good quality information on the prevalence and impact of mental disorders and suicidal behaviours in the Australian population, the use of services and how this has changed over time. A range of other methodological issues and key content areas were also considered, with a particular focus on data requirements for national mental health policy and planning purposes.

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3. Background

3.1 Australia's approach to surveying the mental health of the population

Planning began in 1995 for the first survey of what has become known as the National Survey of Mental Health and Wellbeing Initiative. Prior to data being available from these national surveys, estimates of the population's need for mental health care were based on a small number of local studies and overseas evidence.

The Initiative comprises three main components, which complement each other and provide information on the mental health of the Australian population as a whole. These components are focused on the adult general population, on the child and adolescent general population and on people with low prevalence disorders (primarily psychotic illnesses) receiving services.

To date there have been six surveys under the Initiative. A summary of these is provided below in Table 1.

Table 1: National Survey of Mental Health and Wellbeing Initiative components

Survey component	Year in field	Survey type and scope	Age group (years)	Duration average	Conducted or led by
Adult population	1997	Household	18+	60 minutes	Australian Bureau of Statistics
	2007	Household	16-85	75 minutes	Australian Bureau of Statistics
People living with psychotic illness	1997-98	State/Territory specialised mental health services Private practice sample Homeless sample	18-65	3-4 hours	University of Western Australia led consortium
	2010	State/Territory specialised mental health services General practice NGO mental health services	18-65	4-5 hours	University of Western Australia led consortium
Child and adolescent	1998	Household	4-17	60 minutes +15-20 minutes for self complete questionnaire	University of Adelaide led consortium
	2013	Household	4-17	~60 minutes +37 minutes for 11-17 year olds' questionnaire	Telethon Child Health Research Institute

The common focus of these surveys has been on determining disorder status (both the type of mental disorder and severity), assessing functioning and other impacts of mental disorders, identifying associated socio-demographic and risk factors, and identifying what health services have been used for mental health problems.

These surveys do not rely upon an individual being told by a health professional that they have a mental disorder, but are diagnostic surveys that collect comprehensive information on mental health problems that a participant might experience, their duration, severity and impact. Through a complex set of algorithms, it is then determined if the individual would

meet the threshold to be diagnosed with a mental disorder according to the diagnostic classification systems used by clinicians - the International Classification of Diseases, Tenth Revision (ICD-10) and the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV).

3.2 Previous adult general surveys

The 1997 and 2007 National Surveys of Mental Health and Wellbeing were cross-sectional surveys of the adult population. While every effort was made to maintain comparability between these surveys, there are also a few significant differences.

The three main questions the surveys aimed to address were the same, as follows:

1. How many Australians have which mental disorders?
2. What impact do mental disorders have on people, their families and society?
3. How many people have used services and what services have they used?

The sampling frame for the two surveys, however, was slightly different. The 1997 sample was drawn from all persons living in households aged over 18 years, while in 2007 the age was lowered to 16 years and capped at 85 years.

The survey instruments were based on the latest version of the World Mental Health Survey Initiative version of the Composite International Diagnostic Interview (CIDI) at the time (WHO-CIDI 2.1 in 1997 and WMH-CIDI 3.0 in 2007). Modules were selected from the CIDI and adapted where necessary for the Australian cultural context.

The 1997 and 2007 surveys both included diagnostic modules to assess the three broad classes of most common mental disorders as follows:

- Affective disorders - depression, dysthymia and bipolar affective disorder
- Anxiety disorders - panic disorder, agoraphobia, social phobia, generalized anxiety disorder, obsessive-compulsive disorder and post-traumatic stress disorder
- Substance use disorders - abuse or harmful use and dependence on alcohol, cannabis, opioids, sedatives and stimulants.

Whilst all versions of the CIDI assess the prevalence of mental disorders, there are substantial differences in the later version of the instrument, including in relation to the number and content of questions used to tap the diagnostic criteria, changes to the structure of the interview specifically with regard to the placement of diagnostic screener questions in a separate early module, and changes to the sequencing of questions within diagnostic modules.

The greatest difference between the instruments used in 1997 and 2007 relates to the timeframe over which symptoms are assessed. In the 1997 survey the timeframe was the 12 months prior to the survey. In the 2007 survey the timeframe was the participant's entire lifetime. An estimate of 12-month prevalence was then derived from a combination of the lifetime prevalence of mental disorders and the presence of symptoms in the previous 12 months. This estimate is not based on a comprehensive assessment of all diagnostic criteria within the 12 months prior to the survey.

Information on general health care was collected, as well as more specific information on service use and medication taken for mental health problems. This varied slightly between the two surveys, as this module was specially developed for the Australian context and was altered to reflect the current service environment at the time of each survey.

Information on perceived need for services was also collected in both surveys. This section covered, firstly, whether people's needs for services were being met and, secondly, if they were assessed as having a disorder, whether they might need services that they were not receiving.

Functioning and disability were also assessed in both surveys using a number of standardised measures as follows:

- The World Health Organisation Disability Assessment Schedule (WHO-DAS) and the Australian Bureau of Statistics' Short Form Disability Module reflect the concept of disability as described in the International Classification of Functioning, Disability and Health and provided comparability with international and Australian national surveys.
- Sheehan Disability Scales were used to examine the interference with life in a number of domains (home, work or study, close relationships and social life) in relation to each mental disorder.
- Days out-of-role, quantifying the impact of mental disorders and all health problems on day-to-day activities, were also asked in relation to specific disorders.

Both surveys collected information on people's levels of psychological distress using the Kessler 10 scale (K10), a standardised questionnaire commonly used in Australia, including in the National Health Surveys, and internationally.

Information on suicidal behaviours (thoughts, plans and attempts) was also collected in each survey.

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