

Background

Mental health problems lead to more disability, dependence, and time out of the workforce than any other type of health problem in Australia. This is largely because they often occur among young people, and because - once established - they tend to re-occur across the lifespan.

The Australian Longitudinal Study on Women's Health (ALSWH) uses several standard self-report measures of mental health, including the Center for Epidemiologic Studies Depression Scale and the SF-36 Mental Health Index. In addition, the research team has developed a measure of perceived stress specifically for the project. Women are also asked about psychotropic medications and diagnoses of mental health problems.

Depression

Depression often co-occurs with social disadvantage, unhealthy lifestyle, and social isolation. Women who are depressed in young adulthood tend to get worse over time. This highlights the importance of early intervention and prevention, and the need to focus on younger women. Contrary to negative stereotypes of ageing, older women generally score highly on measures of positive mental health, despite major life challenges such as widowhood.

Did you know?

Among younger women, stress levels are highest among students and lowest among new mothers.

Stress levels drop when women finish studying, move into the workforce, or get married. Although these transitions involve change and challenge, they are positive and expected at this life stage.

Depression among younger and mid-age women is most common among those who:

- do not have partners
- live in cities
- experience financial difficulties
- are not in the workforce
- are high users of health services
- have high levels of physical symptoms
- have been diagnosed with major physical illness
- smoke
- have low levels of physical activity.

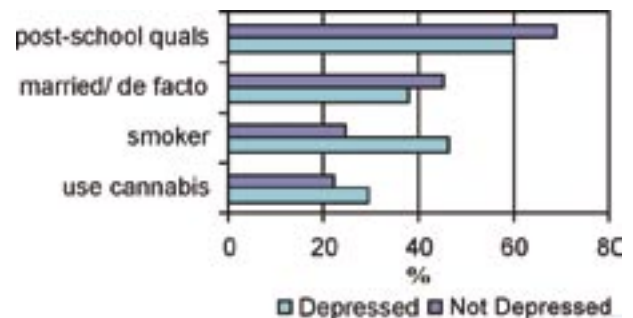


Figure 1. Some characteristics of younger women with depression - Survey 2

The majority of women who experience symptoms of depression do not seek professional help for those symptoms. This is despite the fact that women with mental health problems are high users of health services. Figure 2 shows that younger women with low mental health scores, or with diagnosed depression and anxiety, are more likely to be high users of GP services than women with major physical diagnoses.

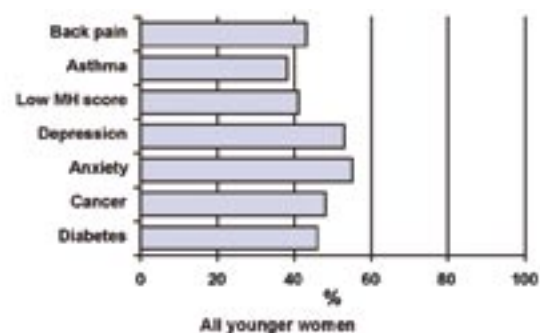


Figure 2. Percentage of younger women who are high users of GPs (more than 6 visits per year), by selected health problems. Data from Survey 2

Failure to seek help is a concern, as these lifestyle and health factors also predict a worsening of depression over time. Early diagnosis and intervention is necessary to prevent a continuing spiral of depression, social isolation, physical illness, and poor health habits.

“

Finding motivation and support is very difficult, and if you don't have support from your partner, as it is in my case, it is extremely hard. When you have no close support it is a long, slow, lonely journey back up the ladder - first step is the hardest, and it is hard to maintain motivation on your own.

”

Stress

Figure 3 shows that younger women have higher levels of stress than mid-age or older women. Higher scores indicate higher stress, on a scale that runs from 0 (no stress) to 4 (extreme stress in all aspects of life). Higher levels of stress are maintained as women move through their 20s. Higher stress among younger women is associated with urban living, with being a student, and with setbacks of young adulthood such as relationship breakdown or moving back into the family home.

By contrast, major life transitions that are regarded as normative and positive at this age, such as starting work, marrying, and becoming a mother, are associated with decreased stress. This is despite the large amount of life change and adjustment involved.

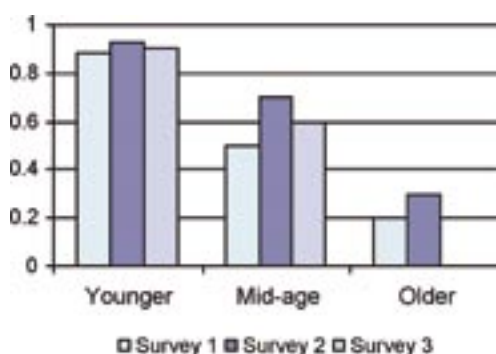


Figure 3. Mean level of stress among younger, mid-age and older women across Surveys 1, 2 and 3

NB Stress was not measured in Survey 3 and subsequently for the older cohort, because of its low incidence in this age group, and need to reduce survey length.

Other ALSWH research on mental health shows:

- Access to counselling services in rural areas is problematic. Women report unsuitable or nonexistent services, long waits, and concerns about confidentiality.
- Domestic violence has very negative effects on women's mental health. Moving on from abusive relationships is associated with improvements in mental health.
- A sense of optimism and control is associated with better physical health among older women, even when life circumstances and objective illness are accounted for.
- The majority of younger women have tried at least one illicit drug, but most stop using these substances as they move through their twenties. Continued illicit drug use is associated with lower levels of mental health.
- Lesbian and bisexual women report more stress, poorer mental health, and more smoking, problem drinking and illicit drug use than other women.
- Older and mid-age women who have not had children are generally as happy with their lives as are mothers.

The Australian Longitudinal Study on Women's Health is a landmark study funded by the Australian Government Department of Health and Ageing and conducted by a team of researchers at the Universities of Newcastle and Queensland.

The study:

- is designed to monitor and document the health and wellbeing of Australian women in urban, rural and remote areas
- aims to provide policy relevant information to contribute to health and welfare planning
- began in 1996 with a representative sample of 40,000 Australian women in three age groups
- includes younger women born 1973-78, middle-aged women born 1946-51, and older women born 1921-26
- has the capacity to link Medicare data on service usage with survey information
- collects data on physical and emotional health, health service use, life course events, demographics, and social and behavioural factors
- is planned to run for twenty years or more.

Chronic problems

Mental health problems are often chronic. Figure 4 shows changes in mental health across Surveys 1 and 2 of the younger and mid-age women. While most women had good mental health at both surveys, 9% of the younger women and 7% of the mid-age women had consistently poor mental health. Around 10% moved from the poor to the good category, and the same number moved from good to poor.

Thus, although the overall proportion of women with mental health problems remains about the same, longitudinal analysis shows that there are two groups – a core of women who have ongoing mental health problems, and another, changing, group made up of women who are moving in and out of depression.

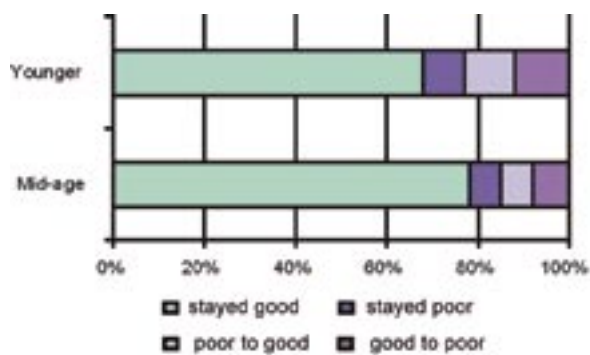


Figure 4. Changes between "poor" and "good" mental health between Survey 1 and Survey 2.

What helps?

Identifying factors that predict an improvement in mental health is important in developing strategies for prevention and early intervention. Physical activity, not smoking, and a healthy body weight are recognised as important in preventing major chronic physical diseases. The longitudinal data show that these factors also predict improvements in mental health, suggesting a further reason for promotion of healthy lifestyles. Figure 5 shows that mid-age women who are inactive, high users of GPs, or having financial difficulties at Survey 2, are likely to have worse mental health by Survey 3.

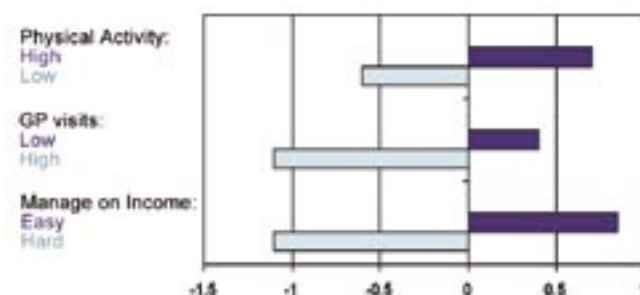


Figure 5. Change in Mental Health score between Surveys 2 and 3, by physical activity, GP use, and managing financially at Survey 2 - Mid-age women

A negative score means mental health has worsened, a positive score that it has improved. The study finds that financial problems, low educational achievement, and not being in the paid workforce are related to poor mental health. Thus, strategies that promote women's involvement in education and support involvement in the paid workforce are likely to benefit their mental health in the short and long term.

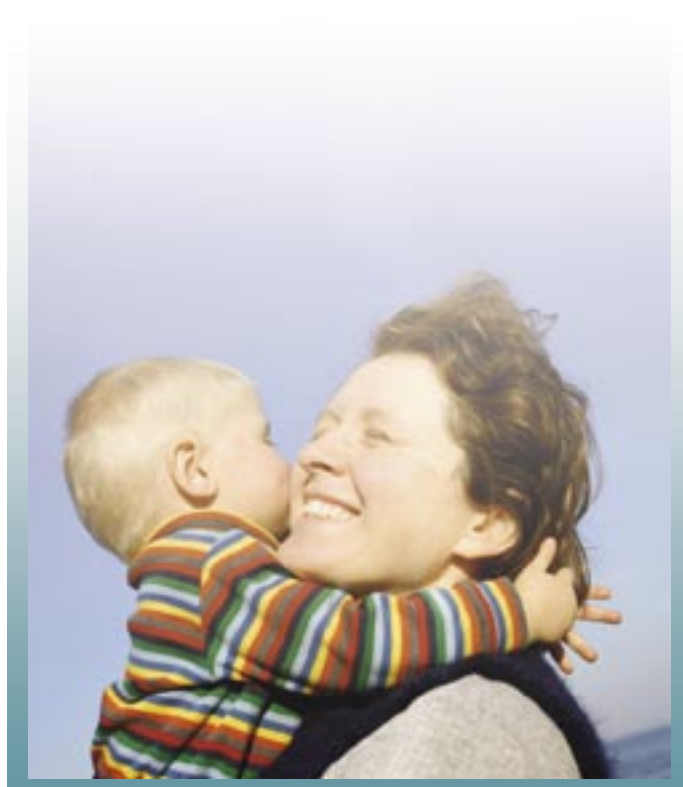
Being single is also strongly associated with risk of depression, confirming that social networks are important in maintaining good emotional health.

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My daughter was born almost 10 months ago so my body has been adjusting back from pregnancy plus I have been having interrupted sleep for a while!! This makes me tired – but I still feel good. A difficult concept to grasp I guess... I have also rejoined the workforce so physically – I am trying to adjust to standing for 15 hours or so a week. I do, however, feel fabulous and happy for the majority of the week (even with the tired feet and aching back!!)

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- Younger woman, 2003



Depression and Health Service Use

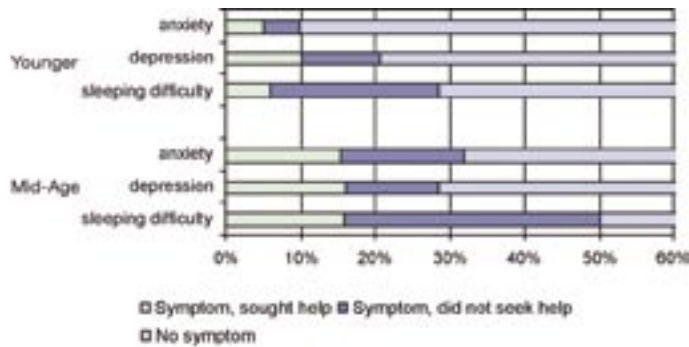


Figure 6. Symptoms of poor mental health and help-seeking - younger and mid-age women, Survey 2

Women who are diagnosed with depression are high users of GPs, specialists and other health services. They also report a large number of physical symptoms such as backaches and headaches. However, women who experience symptoms which may be indicative of an underlying depression frequently do not ask for help for depression (see Figure 6), and busy GPs do not always recognise the hidden signs of distress. Encouraging women to ask their GPs for help with symptoms which may indicate an underlying mental health problem could be beneficial, meaning that the conditions are recognised and treated before they become established.

Particularly in rural areas, women report difficulty in getting help for mental health problems. When we interviewed mid-age women who were depressed:

- they generally did not consider it a medical problem
- they attributed their distress to family, health or work problems.

Two-thirds of these women sought professional help, usually from the local GP, but

- they didn't expect it to be useful
- they thought any improvements were due to family support or their own resources
- they were positive about GPs who listened and understood
- most had very negative attitudes to medication – they saw it as covering up the problem.

Those who saw psychologists and counsellors were very satisfied, but said they were expensive, hard to access, and usually had long waiting lists, and there was generally no Medicare rebate. Those who didn't seek help said:

- the problems are too personal
- in my family you deal with this sort of thing on your own
- I'm concerned about privacy and confidentiality.

Policy Issues

- The interactions between poor mental health, social disadvantage and poor physical health make it very difficult to break out of the cycle of depression. A focus on prevention may be more effective.
- Strategies that promote women's involvement in education and the paid work force are likely to benefit their mental health in the longer term.
- Depressed women who seek professional help are often unhappy with the services they receive. Addressing the mismatch in expectations between consumers and providers of mental health services may increase help-seeking.
- Students are at high risk of stress and depression. While mental health usually improves when women finish studying and move into the workforce, those who combine work and study continue to be stressed and unhappy. This increasing group of women may be an important target group for short-term intervention.



Find out more

Background information on the entire project can be found in the companion report in this series:
Australian Longitudinal Study on Women's Health: The First Decade.

For surveys, details of scientific publications, and other information see the project website:

<http://www.newcastle.edu.au/centre/wha>

or by calling the research team at:

the University of Queensland

07 3346 4691

email inquiries: sph-wha@sph.uq.edu.au

or

the University of Newcastle

02 4923 6873

email inquiries: whasec@newcastle.edu.au