

National Healthcare Agreement: PI 11-Proportion of adults with very high levels of psychological distress, 2013 QS

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

National Healthcare Agreement: PI 11-Proportion of adults with very high levels of psychological distress, 2013 QS

Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	511930
Registration status:	Health , Superseded 14/01/2015

Data quality

Institutional environment: The National Household Survey (NHS) and National Aboriginal and Torres Strait Islander Social Survey (NATSISS) were collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the *Census and Statistics Act 1905* and the *Australian Bureau of Statistics Act 1975*. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents.

For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment.

Timeliness: The NHS is conducted every three years over a 12 month period. Results from the 2011-12 NHS were released in October 2012, and the 2007-08 NHS were released in May 2009.

The NATSISS is conducted every six years, with the 2008 survey conducted from August 2008 to April 2009. Results of the 2008 NATSISS were released six months after the completion of enumeration.

Accessibility: See *Australian Health Survey: First Results* (cat. no. 4364.0.55.001) for an overview of results from the NHS component of the *2011-12 Australian Health Survey*, including State and Territory specific tables.

See *National Health Survey, Summary of Results* (cat. no. 4364.0) for an overview of results from the 2007-08 NHS, and *National Health Survey: State tables* (cat. no. 4362.0) for NHS State and Territory specific tables.

See *National Aboriginal and Torres Strait Islander Social Survey* (cat. no. 4714.0) for an overview of results from the NATSISS, including State and Territory specific tables.

Other information from these surveys is also available on request.

Interpretability: Information to aid interpretation of the data is available from the *National Health Survey User Guide* and the *National Aboriginal and Torres Strait Islander Social Survey Users Guide* on the ABS website.

Many health-related issues are closely associated with age; therefore data for this indicator have been age-standardised to the 2001 total Australian population to account for differences in the age structures of the States and Territories, and for differences between the age structures of the Aboriginal and Torres Strait Islander and non-Indigenous populations. Age standardised rates should be used to assess the relative differences between groups, not to infer the rates that actually exist in the population.

Relevance:

The 2007-08 and 2011-12 NHS collected information about psychological distress, using the Kessler Psychological Distress Scale-10 (K10). The K10 is a scale of non-specific psychological distress. Adults aged 18 years and over were asked questions about negative emotional states experienced in the 4 weeks prior to interview.

For each question, there was a five-level response scale based on the amount of time that a respondent experienced the particular problem. The response options were:

- All of the time;
- Most of the time;
- Some of the time;
- A little of the time; or
- None of the time.

Each of the items were scored from 1 for 'none', to 5 for 'all of the time'.

Scores for the ten items were summed, yielding a minimum possible score of 10 and a maximum possible score of 50, with low scores indicating low levels of psychological distress and high scores indicating high levels of psychological distress.

K10 results are grouped for output into the following four levels of psychological distress:

- low (scores of 10-15, indicating little or no psychological distress)
- moderate (scores of 16-21)
- high (scores of 22-29)
- very high (scores of 30-50)

Based on research from other population studies, a very high level of psychological distress shown by the K10 may indicate a need for professional help.

While Indigenous status is collected in the NHS, the survey sample and methodology are not designed to provide output that separately identifies Aboriginal and Torres Strait Islander people. Comparisons between the psychological distress of Aboriginal and Torres Strait Islander and non-

Indigenous persons utilise the Kessler-5 (K5) Scale collected on the NATSISS for Aboriginal and Torres Strait Islander rates. The K5 is a subset of five questions from the K10, and was collected from people aged 15 years and over to provide a broad measure of people's social and emotional wellbeing. K5 data for this indicator are presented for persons aged 18 years and older only.

For comparability, NHS data for non-Indigenous rates of psychological distress were derived from the K5 to match the NATSISS questions.

Differences between the K5 collected in the NATSISS and that derived from the K10 collected in the NHS are summarised in the *Information Paper: Use of the Kessler Psychological Distress Scale in ABS Health Surveys, Australia, 2007-08* (cat. no. 4817.0.55.001) on the ABS website, www.abs.gov.au.

Responses to the K5 questions were summed, resulting in a minimum possible score of 5 and a maximum possible score of 25. Low scores indicate low levels of psychological distress and high scores indicate high levels of psychological distress. Scores were grouped and output as follows:

- low/moderate 5-11;
- high/very high 12-25; or
- not stated.

Professor Kessler was consulted on the use of the modified scale and advised that the K5 provides a worthwhile short set of psychological distress questions. For more information see *Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples* (AIHW cat. no. IHW 24) on the AIHW website, www.aihw.gov.au.

Accuracy:

The NHS is conducted in all States and Territories, excluding very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-

stay caravan parks were also not included in the survey.

The exclusion of persons usually resident in very remote areas has a small impact on estimates, except for the Northern Territory, where such persons make up a relatively large proportion of the population. The response rate for the 2011-12 NHS component of the AHS was 85 per cent, and the 2007-08 NHS response rate was 91 per cent. NHS data are weighted to account for non-response.

The NATSISS was conducted in remote and non-remote areas in all states and territories of Australia, including discrete Indigenous communities. People usually resident in non-private dwellings, such as hotels, motels, hostels, hospitals, nursing homes, or short-stay caravan parks were not in scope, and coverage exclusions were explicitly applied to some people who were part of the in-scope population (for further information see the *NATSISS Users Guide*, cat. no. 4720.0).

The NATSISS response rate was 82 per cent of households. NATSISS data are weighted to account for non-response. There was a relatively large level of undercoverage for the NATSISS when compared to other ABS surveys. As a consequence, the analysis undertaken to ensure that results from the survey were consistent with other data sources was more extensive than usual. Potential bias due to undercoverage was addressed by the application of a number of adjustments to the initial weights and an adjustment to geographical areas based on the density of the Aboriginal and Torres Strait Islander population. As undercoverage can result in variances across population characteristics, as well as across data items, caution should be exercised when interpreting the survey results. For more information see the *2008 NATSISS Quality Declaration*.

As it is drawn from a sample survey, the indicator is subject to sampling error. Sampling error occurs because only a small proportion of the population is used to produce estimates that represent the whole population. Sampling error can be reliably estimated as it is calculated based on the scientific methods used to design surveys. Rates should be considered with reference to their Relative Standard Error (RSE).

Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are generally considered too unreliable for general use.

Comparisons cannot be drawn between rates of high/very high psychological distress from the 2011-12 NHS and those from the 2008 NATSISS, unless K5 data is provided from the 2011-12 NHS for non-Indigenous persons only. Rates of high/very high distress from the 2011-12 NHS are not disaggregated by Indigenous status, and are derived from the K10. Rates of high/very high distress from the NATSISS are derived from the K5, and are applicable only to Aboriginal and Torres Strait Islander persons. Data have been provided for comparisons between the 2008 NATSISS and the 2007-08 NHS. Aboriginal and Torres Strait Islander data for 2012 will be published in 2013 and will provide the best point of comparison for 2011-12 NHS data.

RSEs for very high and high/very high levels of psychological distress by State/Territory are generally within the acceptable limits, except for 2007-08 data for the Northern Territory which are too unreliable for general use because of the exclusion of persons living in very remote areas of Australia from the survey's scope. For 2007-08 data, Northern Territory records contribute to national estimates but are insufficient to support reliable estimates at the territory level. Due to an increased sample in 2011-12, rates for the Northern Territory that were unavailable from the 2007-08 NHS are available for 2011-12.

Rates of very high psychological distress by sex generally have acceptable levels of sampling error for 2011-12 data at the State/Territory level, except for those for males in Tasmania and the Northern Territory, which should be used with caution. Sampling errors are also within acceptable limits for 2007-08 data, except for Tasmania, the Australian Capital Territory and the Northern Territory. Rates for Tasmania and the Australian Capital Territory should be used with caution, while the rates for the Northern Territory are considered too unreliable for general use.

RSEs for rates of high/very high psychological distress by sex are within acceptable limits at the State/Territory level, however 2007-08 rates for the Northern Territory should be used with caution.

RSEs for very high levels of psychological distress by Socio-Economic Indexes of Relative Disadvantage (SEIFA) are generally within the acceptable range for 2011-12 data, except for the highest decile which should be used with caution. For 2007-08 data, breakdowns of very high psychological distress by SEIFA generally have sampling error within acceptable limits, except for the two highest deciles which should be used with caution.

Rates of very high psychological distress by remoteness area generally have acceptable levels of sampling error for both 2011-12 and 2007-08 data, except for remote areas, which should be used with caution.

Sampling error for high/very high levels of psychological distress by State/Territory and remoteness area are generally within acceptable limits, except for 2011-12 data for inner regional South Australia and outer regional/remote areas of New South Wales and Victoria, and 2007-08 data for inner regional South Australia and outer regional or remote New South Wales, Western Australia and the Northern Territory, which should be used with caution.

Rates of high/very high psychological distress have acceptable levels of sampling error at the State/Territory level for Indigenous adults with the exception of the Australian Capital Territory, which should be used with caution. Disaggregations of high/very high psychological distress at the State/Territory level for non-Indigenous people generally have sampling errors within acceptable limits people, except for the Northern Territory for which rates are considered too unreliable for general use.

The breakdown by State/Territory and SEIFA quintiles generally has sampling error within acceptable limits for 2011-12 and 2007-08 data. For 2011-12, rates for the Northern Territory and certain quintiles within South Australia, Tasmania and the Australian Capital Territory which should be used with caution. For 2007-08, rates for the Northern Territory and selected quintiles within Queensland, Western Australia, Tasmania and the Australian Capital Territory should be used with caution. The rates of high/very high psychological distress for some SEIFA quintiles within the Northern Territory and Australian Capital Territory are considered to unreliable for general use.

The RSEs for rates of high/very high psychological distress by disability status and State/Territory are generally within acceptable limits for 2007-08, except those for the Northern Territory which are considered to unreliable for general use. The methods used to construct the indicator are consistent and comparable with other collections and with international practise.

The NHS and NATSISS collected a range of other health-related information that can be analysed in conjunction with psychological distress.

Coherence:

Relational attributes

Related metadata references:

Has been superseded by [National Healthcare Agreement: PI 11-Proportion of adults with very high levels of psychological distress, 2014 QS](#)
[Health](#), Superseded 31/01/2017

Indicators linked to this Data Quality statement:

[National Healthcare Agreement: PI 11-Proportion of adults with very high levels of psychological distress, 2013](#)
[Health](#), Superseded 30/04/2014