

National Healthcare Agreement: PI 11-Proportion of adults with very high levels of psychological distress, 2014 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
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Data quality

Institutional environment: The National Health Survey (NHS) and National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) 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.

The 2012–13 NATSIHS was conducted from May 2012 to February 2013. Results were released in November 2013. The previous NATSIHS was conducted in 2004–05.

Accessibility: See *Australian Health Survey: First Results, 2011–12* (ABS cat. no. 4364.0.55.001) and *Australian Health Survey: Health Service Usage and Health Related Actions, 2011–12* (ABS cat. no. 4364.0.55.002) for an overview of results from the NHS component of the Australian Health Survey (AHS). See *Australian Health Survey: Updated Results, 2011–12* (ABS cat. no. 4364.0.55.003) for results from the Core component of AHS. Other information from this survey is also available on request.

The data for NATSIHS are available from the ABS website in the publication *Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012–13* (ABS cat. no. 4727.0.55.001). Other information from the survey is available on request.

Interpretability: Information to aid interpretation of the data is available from the *Australian Health Survey: Users' Guide, 2011–12* (ABS cat. no. 4363.0.55.001).

Many health-related issues are closely associated with age, so 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 between non-Indigenous and 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.

Information on how to interpret and use the NATSIHS data appropriately is available from Explanatory Notes in *Australian Aboriginal and Torres Strait Islander Health Survey: First Results, 2012–13* (ABS cat. no. 4727.0.55.001) and also from the *Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide, 2012–13* (ABS cat. no. 4727.0.55.002).

Relevance:

The 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 NATSIHS data for Aboriginal and Torres Strait Islander rates. In the previous reporting cycle, these comparisons were based on the 2007–08 NHS and the 2008 National Aboriginal and Torres Strait Islander Social Survey.

The 2012–13 NATSIHS collects information about psychological distress experience by Aboriginal and Torres Strait Islander persons aged 18 years and over using the Kessler-5 (K5) Scale, which is a subset of five questions from the Kessler Psychological Distress Scale-10 (K10). For comparability, NHS data for non-Indigenous rates of psychological distress were derived to match the NATSIHS questions. Differences between the K5 collected in the NATSIHS and 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* (ABS cat. no. 4817.0.55.001).

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 AHS was 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 residing in very remote areas has a small impact on estimates, except for the Northern Territory, where such persons make up approximately 23 per cent of the population. The response rate for the 2011–12 NHS was 85 per cent and the 2007–08 NHS was 91 per cent. Results are weighted to account for non-response.

The 2012–13 NATSIHS was conducted in all states and territories, including very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were excluded from the survey. The final response rate for the 2012–13 NATSIHS component was 80 per cent. Results are weighted to account for non-response.

As they are drawn from a sample survey, the indicators are 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 2011–12 NATSIHS, unless K5 data is provided from the 2011–12 NHS for non-Indigenous persons only.

Female rates of very high psychological distress by sex by Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socioeconomic Disadvantage (IRSD) quintiles have acceptable levels of sampling error. However the rate for males in the fifth quintile should be used with some caution due to its RSE of 27.2.

Sampling errors for adult rates of very high psychological distress by remoteness by SEIFA IRSD deciles are generally within acceptable limits apart from decile 1 for females and deciles 1 to 4 for males.

Coherence: The methods used to construct the indicator are consistent and comparable with other collections and with international practice.

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

Relational attributes

Related metadata references: Supersedes [National Healthcare Agreement: PI 11-Proportion of adults with very high levels of psychological distress, 2013 QS](#)
[Health](#), Superseded 14/01/2015

Has been superseded by [National Healthcare Agreement: PI 11-Proportion of adults with very high levels of psychological distress, 2017 QS](#)
[Health](#), Standard 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, 2014](#)
[Health](#), Superseded 14/01/2015