National Healthcare Agreement: PI 11-Proportion of adults with very high levels of psychological distress, 2017 QS

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Identifying and definitional attributes

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Data quality

Institutional environment: The National Health 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, see ABS institutional environment.

Timeliness: The NHS is conducted every 3 years over a 12-month period. Results from the 2014–15 NHS were released in December 2015.

The 2014–15 NATSISS was conducted from September 2014 to June 2015. Results were released in April 2016. The previous NATSISS (2008) was conducted between August 2008 and April 2009.

Accessibility: See *National Health Survey: first results, 2014–15* (ABS 2015) for an overview of results from the NHS. Other information from this survey is also available on request.

The data for NATSISS are available from the ABS website in the publication *National Aboriginal and Torres Strait Islander Social Survey, 2014–15* (ABS 2016a). Other information from the survey is available on request.

Interpretability: Information to aid interpretation of the data is available from Explanatory notes in *National Health Survey: first results, 2014–15* (ABS 2015).

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 NATSISS data appropriately is available from Explanatory notes in *National Aboriginal and Torres Strait Islander Social Survey, 2014–15* (ABS 2016a) and also from the *National Aboriginal and Torres Strait Islander Social Survey: user guide, 2014–15* (ABS 2016b).

Relevance:

The 2014–15 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
- 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 National Aboriginal and Torres Strait Islander Social Survey data for Aboriginal and Torres Strait Islander rates. In the previous reporting cycle, these comparisons were based on the 2011–12 NHS and the 2012–13 National Aboriginal and Torres Strait Islander Health Survey.

The 2014–15 NATSISS collects information about psychological distress experienced 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 NATSISS questions. Differences between the K5 collected in the NATSISS 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 2012).

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
- 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 2009).

Accuracy:

The NHS 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 28% of the population living in private dwellings. The response rate for the 2014–15 NHS was 82% and the 2011–12 NHS was 85%. Results are weighted to account for non-response.

The 2014–15 NATSISS 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 2014–15 NATSISS was 80%. 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%and 50% should be used with caution. Estimates with RSEs greater than 50% are generally considered too unreliable for general use.

Comparisons cannot be drawn between rates of high/very high psychological distress from the 2014–15 NHS and those from the 2014–15 NATSISS, unless K5 data are provided from the 2014–15 NHS for non-Indigenous persons only.

Male rates of very high psychological distress in Tasmania and the Australian Capital Territory should be used with caution, while rates for males and females in the Northern Territory are too unreliable for general use.

Sampling errors for adult rates of very high psychological distress by remoteness are generally within acceptable limits except for the rate for people living in *Remote* areas, which should be used with caution.

Sampling errors for adult rates of very high psychological distress by Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socioeconomic Disadvantage (IRSD) deciles are generally within acceptable limits apart from decile 9, which should be used with caution.

Sampling errors for high/very high levels of psychological distress by remoteness by state in *Outer regional* areas should be used with some caution except in South Australia, Tasmania and the Northern Territory, which are generally within acceptable limits. In *Inner regional* areas, the rate for South Australia should be used with caution, while the rate for Western Australia is too unreliable to use.

Rates for high/very high levels of psychological distress by SEIFA IRSD quintiles by state generally have RSEs within acceptable ranges except for quintile 1 in Western Australia which should be used with caution and in the Australian Capital Territory and the Northern Territory, where it is too unreliable for use. Quintile 2 in the Australian Capital Territory is too unreliable for use while in the Northern Territory it should be used with caution. Quintile 3 should be used with caution in both the Australian Capital Territory and the Northern Territory. Quintile 4 in Northern Territory should be used with caution. Quintile 5 in Queensland and the Australian Capital Territory should be used with caution, but in Tasmania is too unreliable to use.

Sampling errors for rates of people with a disability or restrictive long-term health condition by state are generally within acceptable limits, but should be used with caution in the Northern Territory.

Coherence:

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

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

NATSISS collects a broad range of social, cultural and wellbeing-related information that can be analysed in conjunction with psychological distress.

Source and reference attributes

Reference documents:

ABS (Australian Bureau of Statistics) 2012. Use of the Kessler Psychological Distress Scale in ABS health surveys, Australia, 2007–08. ABS cat. no. 4817.0.55.001. Viewed 20 June 2017, http://www.abs.gov.au/ausstats/abs@.nsf/mf/4817.0.55.001.

ABS 2015. National Health Survey: first results, 2014-15. ABS cat. no. 4364.0.55.001. Viewed 20 June 2017, http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4364.0.55.001Explanatory%20Notes12014-15?OpenDocument

ABS 2016a. National Aboriginal and Torres Strait Islander Social Survey, 2014-15. ABS cat. no. 4714.0. Viewed 20 June 2017, http://www.abs.gov.au/ausstats/abs@.nsf/mf/4714.0

ABS 2016b. National Aboriginal and Torres Strait Islander Social Survey: user guide, 2014-15. ABS cat. no. 4720.0. Viewed 20 June 2017, http://www.abs.gov.au/ausstats%5Cabs@.nsf/0/880A750EFFDE2611CA2570BF007B1CD4?Opendocument

AIHW (Australian Institute of Health and Welfare) 2009. Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. Cat. no. IHW 24. Viewed 20 June 2017, http://www.aihw.gov.au/publication-detail/?id=6442468208

Relational attributes

Related metadata references:

Supersedes 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, 2017
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