Mental health and wellbeing is paramount to the overall health of New Zealanders. Mental distress affects many New Zealanders. 1 in 5 adults aged 15 years and over are diagnosed with a mood and/or anxiety disorder (Ministry of Health, 2019). This report gathers findings from the 2018 New Zealand Mental Health Monitor (NZMHM) and the 2018/19 Ministry of Health New Zealand Health Survey (NZHS) to give an overview on mental health statistics in New Zealand.

Key points
- Mental distress is highest amongst young people (15 to 24-year-olds).
- It is more common for individuals to be aware of close friends having mental distress than those they live with, work with or their neighbours.
- The proportion of New Zealanders with high levels of mental distress is trending upwards over time.
- There is a greater proportion of younger people in higher/more severe categories among anxiety and mental distress measures than older age groups (25 to 64-years-old and 65+).
- There is a lower proportion of young people who report coping with everyday stresses, than older age groups.
- 15 to 17-year-olds and 18 to 24-year-olds are more likely to report having long term psychological conditions that affect their everyday activities and socialising than older age groups.

Awareness of mental distress\(^1\) in self and others

<table>
<thead>
<tr>
<th>Awareness</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Know someone or self</td>
<td>78%</td>
</tr>
<tr>
<td>Close friend</td>
<td>49%</td>
</tr>
<tr>
<td>Worked with</td>
<td>35%</td>
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<tr>
<td>Lived with</td>
<td>32%</td>
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<tr>
<td>Self</td>
<td>32%</td>
</tr>
<tr>
<td>Neighbour</td>
<td>20%</td>
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Figure 1 Lifetime experience of mental distress in self and others in 2018. Participants were able to select more than one option.

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1 The NZMHM asked questions from the Reported and Intended Behaviour Scale (RIBS; Evans-Lacko et al., 2011) about ‘mental illness’. For the purposes of this report, the term mental distress is used instead of mental illness.
Mental distress is common

Personal experience of mental distress and awareness of mental distress in others is common (Figure 1, the New Zealand Mental Health Monitor). Overall, 78% of participants had either personal experience of mental distress or were aware of mental distress in someone else (close friend, someone they worked with, someone they lived with, neighbour, or diagnosed family member). Almost half (49%) of New Zealanders were aware of a close friend who experiences mental distress, whereas awareness of colleagues (35%) or neighbours (20%) with mental distress was reported less. Approximately one third of individuals (32%) reported personally having an experience of mental distress.

One in five people experience medium to high levels of mental distress

Whilst the experience of mental distress is common, the majority of the New Zealand adult population (79%) sit within the none or low category of mental distress (Kessler Psychological Distress Scale; K-10). Of the adult population, 13% exhibit medium levels of mental distress and 9% have high or very high levels of mental distress (Figure 2, from the NZMHM). The K-10 (Kessler et al., 2002) provides an indication of mental distress experienced within the last four weeks.

Figure 2 Population distribution of mental distress, reported using K-10 scores in 2018
The vertical bars show the cut-off points for categories (10-15 = ‘Low or none’, 16-21 = ‘Medium’, 22-50 = ‘High or very high’)

High mental distress in the population is increasing over time

There is a steady increase in the proportion of New Zealanders with high levels of mental distress over time. Figure 3 shows this increase using data from the Ministry of Health’s New Zealand Health Survey. Mental distress was measured using K-10 from 2011/12 onwards. 15 to 24-year-olds show a greater increase in mental distress over time than all adults.

Figure 3: Proportion of New Zealanders with high mental distress (K-10) over time
General mental distress, anxiety and depressive symptoms are highest amongst young people

A greater proportion of 15 to 17-year-olds and 18 to 24-year-olds experience anxiety and high mental distress than that of older age groups (Figure 4, from the NZMHM). 18 to 24-year-olds are more likely to report experiencing moderately severe or severe depression than older age groups. As age increases, the proportion of people reporting high levels of anxiety, depression or mental distress decreases (Figure 4, from the NZMHM).

Figure 4 Depression, anxiety and mental distress measures by age group in 2018

New Zealanders report coping with everyday life stresses well

Overall, four out of five (83%) New Zealanders strongly agreed or agreed with the statement ‘I am able to cope with everyday stresses of life’. Older age groups report being able to cope with everyday stresses more than younger age groups. 65% of 15 to 17-year-olds, 76% of 18 to 24-year-olds and 84% of those aged 25 to 64 report coping with everyday stresses compared to 90% of those aged 65+.

Three in five New Zealanders (63%) either disagreed or strongly disagreed with ‘the last 12 months have been among the most difficult times of my life’ (i.e. between 2017-18). Similar to the trend observed in coping with everyday stress, generally as people age they reported less difficulty in the last 12 months.

Long term psychological conditions affecting everyday activities and socialising more likely in young people

Young people (15 to 24-year-olds) were more likely than older age groups to report having a long term emotional, psychological or psychiatric condition that either causes difficulty doing everyday activities people their age can usually do, or causes difficulty communicating, mixing with others or socialising.

One third (33%) of 15 to 17-year-olds and 25% of 18 to 24-year-olds reported difficulty doing everyday activities people their age can normally do caused by a long term emotional, psychological or psychiatric condition.

Over one third of 15 to 17-year-olds (35%) and 28% of 18 to 24-year-olds reported difficulty communicating, mixing with others or socialising caused by a long term emotional, psychological or psychiatric condition.

In comparison, 10% of 25 to 64-year-olds and 7% of 65+ year olds reported having conditions that affected their everyday activities – similar proportions were reported for conditions that affected their communicating or socialising with others.
Summary

Given the high proportions of personal experience of mental distress and awareness of mental distress in others, most New Zealanders will be affected by mental distress at some point in their lives. The mental health of younger people is of particular concern (see also Kvalsvig, 2016). Young people in New Zealand have one of the highest suicide rates in the Organisation for Economic Co-operation and Development (OECD, 2017). The results from this analysis show that young people are more likely than older people to report mental distress, especially high levels of mental distress. Although most New Zealanders report being able to cope with the stresses of everyday life, young people are more likely to report they are not coping. Young people are also more likely than older age groups to report having long term psychological conditions that affect their everyday activities and socialising. These findings highlight the support needed for young peoples’ mental health and mirror the pattern of young people more commonly reporting experiencing mental distress.

References


Citation

Methodology

The NZMHM is a nationwide in home face-to-face survey that was conducted in 2015, 2016 and 2018. The study collects information on mental health and wellbeing. Measures include experience of psychological distress, depression and anxiety, community-based prejudice and discrimination towards those experiencing mental distress, and society knowledge and attitudes towards mental illness and distress. There are also a number of measures related to social connectedness and life satisfaction.

The 2018 NZMHM was carried out between 30 May and 6 November 2018. It consisted of a sample of 1,296 New Zealand adults aged 15-years and over. The sample had an unweighted response rate of 81%. The data have been adjusted (weighted) to ensure that they are representative of the New Zealand population.

Questions that we analysed

New Zealander’s experiences of mental distress, levels of anxiety and depression, as well as knowledge of mental illness in others were measured in the NZMHM through several scales. The Kessler Psychological Distress Scale (K-10; Kessler et al., 2002) was used to measure psychological distress in survey participants within the last four weeks. The Patient Health Questionnaire (PHQ-9; Kroencke et al, 2001) was used to measure depression, and the Generalized Anxiety Disorder scale (GAD-7; Spitzer et al., 2006) was used to measure anxiety in respondents. Both the PHQ-9 and the GAD-7 measured items within the last two weeks.

The Reported and Intended Behaviour Scale (RIBS; Evans-Lacko et al., 2011) was used to measure knowledge of others with mental illness. An example item from the RIBS is ‘Do you currently have or have you ever had, a close friend with a mental illness?’. Similar worded questions were asked for living with someone, working with someone or having a neighbour with mental illness.

To measure mental illness within the participants themselves, participants were asked ‘Have you ever personally had an experience of mental illness?’. For measuring mental illness within family members participants were first asked ‘Do you know someone who has been diagnosed with a mental illness, not including yourself?’ and if they answered ‘Yes’ this was then followed by ‘Do you have a family or whānau member who has experienced mental illness?’. Measurement of distress in others and self (‘know someone or self’ – Figure 1) was a combination of items from the RIBS, personal experience of mental illness and mental illness in a family member.

Coping was measured by two questions: ‘The last twelve months have been among the most difficult times of my life’ and ‘I am able to cope with everyday stresses of life’. To measure psychological impairment two questions were analysed. These were - ‘Does a long-term emotional, psychological, or psychiatric condition cause you difficulty doing everyday activities that people your age can usually do? Conditions might include depression, anxiety or bipolar disorder.’ and ‘Does a long-term emotional, psychological or psychiatric condition cause you difficulty communicating, mixing with others, or socialising?’.

Some statistics reported are from the Ministry of Health’s New Zealand Health Survey (2018/19).

More information on statistics from the NZHS can be found here:

The methodology behind the NZHS can be found here:

Only significant differences (p < .05) between age groups were reported. Prevalence estimates were unadjusted. Generalised linear models with adjustment for ethnicity were used to compare responses between age groups. For a full description of the 2018 NZMHM survey methodology, questionnaire and further NZMHM publications, please visit hpa.org.nz.