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Well-being in Australia
Findings from the National Survey of Mental Health and Well-being

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Abstract Background The National Survey of Mental Health and Well-being in Australia has provided a rare opportunity to investigate not only the sociodemographic distribution of well-being, but also how it is related to impaired mental or physical health, to specific groups of psychiatric disorders and disability in daily life. Methods A national household sample of 10,641 individuals (response rate 78%) representative of the adult population was interviewed with the Composite International Diagnostic Interview and completed scales measuring recent symptoms, disablement and well-being. The latter was measured by the single item Life Satisfaction Scale of Andrews and Withey (1976) expressed as percentage, with 100% being “delighted”. Results The mean score for the Australian adult population was 70.4% (95% CI 70.0, 70.8), which matches the proposed universal norm. Men and women had very similar mean scores. Well-being was higher in persons with tertiary education and in those owning or purchasing their homes. It was lower in persons with physical or mental disorders, particularly depression. For alcohol use, a U-shaped relationship was found, whereby well-being was lower both in abstainers and in heavy users. Multiple regression analysis showed that when adjustment is made for confounders, women had higher life satisfaction than men and that high life satisfaction became less common with age in men, but even more so in women. Life satisfaction was impaired for respondents with high psychological distress, especially in the unemployed, the divorced and those with tertiary education, whether or not their symptoms led to a CIDI-A diagnosis of depression. Conclusion The correlates of well-being are essentially in the expected direction. Depressive disorder has a stronger association with low well-being than other psychiatric diagnoses. Of particular interest is the existence of a small number of persons with current anxiety or depressive disorders who report having high life satisfaction. This deserves further investigation.

Key words life satisfaction – epidemiology – psychology – cross-sectional survey

Introduction

The notion of positive mental health currently enjoys considerable attention, despite the difficulties in either defining or measuring it. When a National Survey of psychiatric morbidity in Australia was being planned, consumer and carer representatives insisted on a measure of well-being in addition to the assessment of symptoms, disability and use of services. This has proved to be a valuable inclusion. There is a large literature on life satisfaction, well-being and quality of life in people with serious medical conditions. In the social science literature, well-being or life satisfaction in large national samples has been extensively reported, the two expressions being used interchangeably. In his first review of this literature, Cummins (1995) analysed self-reported well-being from 16 studies based on large samples of the general population in Western countries. He found remarkable consistency between populations and proposed a standard of 75% ± 2.5% of the measurement scale maximum score. Cummins (1998) subsequently extended his analysis to include studies of life satisfaction from all major geographic regions in the world. This work has shown that the distribution of well-being is invariably negatively skewed, and there is no gender difference in scores. There are lower (less favourable) mean scores in countries characterised by collectivism (e.g. Africa and the Indian Subcontinent) rather than individualism (North America, Western Europe and Australia), in persons aged over 65 years, and in those with

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a physical disability or a low income. Material wealth and individualism together accounted for 35% of the variance in life satisfaction. Cummins (1998) proposed a more universal norm of 70 ± 5%.

To our knowledge, there are no reports of well-being in nationally representative samples where mental health, physical health, disability in daily life and use of medical services have also been assessed. The National Survey of Mental Health and Well-being in Australia has provided a rare opportunity to investigate not only the sociodemographic distribution of well-being in a whole country, but also how it is altered in the presence of impaired mental health. Low life satisfaction is not included in the diagnostic criteria of either ICD-10 (World Health Organization 1992) or DSM-IV (American Psychiatric Association 1994), but might be expected to occur more frequently in persons with common mental disorders. On the other hand, it seemed plausible that high life satisfaction and the presence of such disorders need not necessarily be mutually exclusive.

The hypotheses tested in the present study were that in the Australian population: 1) high life satisfaction is associated with early adulthood, tertiary education, home ownership, good physical health, low neuroticism, few symptoms of psychological distress, absence of anxiety or depressive disorders or of alcohol misuse, the absence of disablement in daily life, and little or no use of health services for mental health problems; 2) life satisfaction is equally impaired across the broad diagnostic categories of anxiety, depression or alcohol misuse, with none being more associated with lower life satisfaction; and 3) a small proportion of people who have anxiety, depressive or substance abuse disorders nevertheless report having a high level of life satisfaction.

### Results

Interviews were completed on 10,641 persons, representing a response rate of 78%. No information is available on the sociodemographic characteristics of the non-responders. The estimated mean PLS for the Australian adult population was 70.4% (95% CI 70.0, 70.8).