



Self-management of mental health in Australia: Who, how many, and relationships with formal health service use

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Use of 'formal' health services (Burgess et al., 2009)

- 11.9% of all Australians use health services for mental health
- 34.9% of people who meet 12-month criteria for any mental disorder (39% for affective or anxiety disorders)

- Service use is higher amongst women than men,
- Lower amongst young people,
- Lower in more remote locations (for specialist services)

- Higher amongst people with affective disorders (vs. anxiety & subs use)
- Dose response with severity / distress

Unmet need, no need, or alternatives?

- Majority of people who meet criteria for a mental disorder and do not use services perceive no need for services (Meadows et al.)
 - Health literacy? beliefs about treatment? treatments availability?
 - Or self-management (i.e., doing something, but not a formal service)
- Main reason for not using service amongst people with a perceived need is a preference to “manage themselves” (Andrews et al., 2001)

Self management of mental health

- A potentially viable option for some as an alternative or accompaniment to formal health services
- Effectiveness of non-practitioner-led treatments for some symptoms/people
 - Support services: groups, telephone counselling
 - e-health (with/without interaction), lifestyle changes, self activation
 - Variable effectiveness for some, but not detrimental

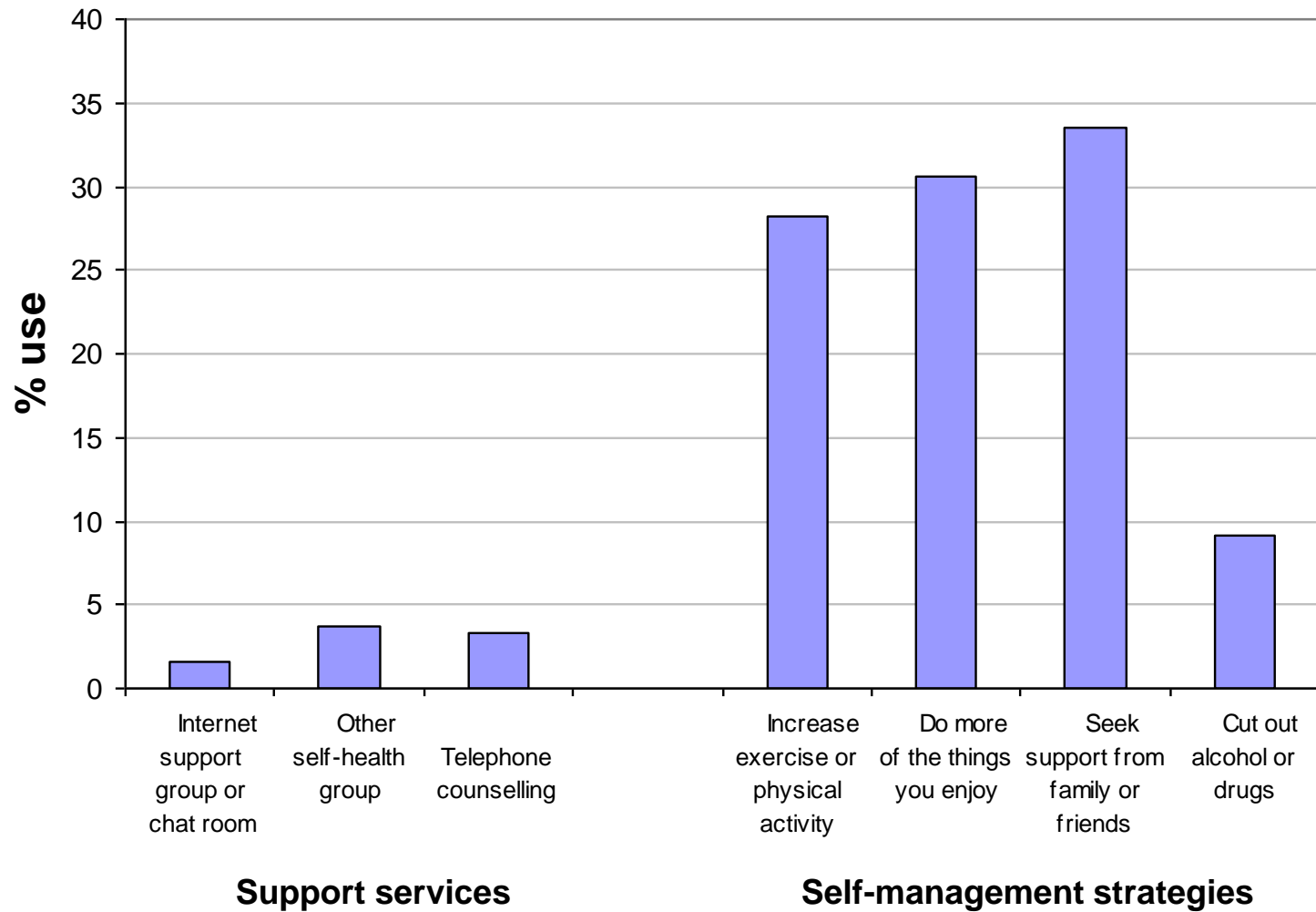
2007 NSMHWB

- Representative sample of 8841 Australians aged 16-85
- World Mental Health Composite International Diagnostic Instrument (WMH-CIDI), version 3.0
- Using ICD-10 criteria for disorders in last 12 months
- Module for health service use for mental health over the last 12 months

- Also asked about use of internet support groups/chat rooms, self-help groups (not online), telephone counselling services (“support services”)
- And strategies to ‘help deal with your mental health problems’ (“self-management strategies”)
 - Increased level of exercise or physical activity
 - done more of the things they enjoy
 - sought support from family or friends
 - cut out alcohol or drugs (or used alcohol or drugs – *not included).

Use of support and self-management for *common mental disorders (CMD)*

- Affective and anxiety disorders
- 39% used at least one formal service
- 52.9% used support &/or self-management strategy
 - 6.4% used a support service
 - 51.9% self-managed in some way
- 62.6% of people with CMD actively did something for their mental health
- 18.1% people without a CMD used support &/or self-management

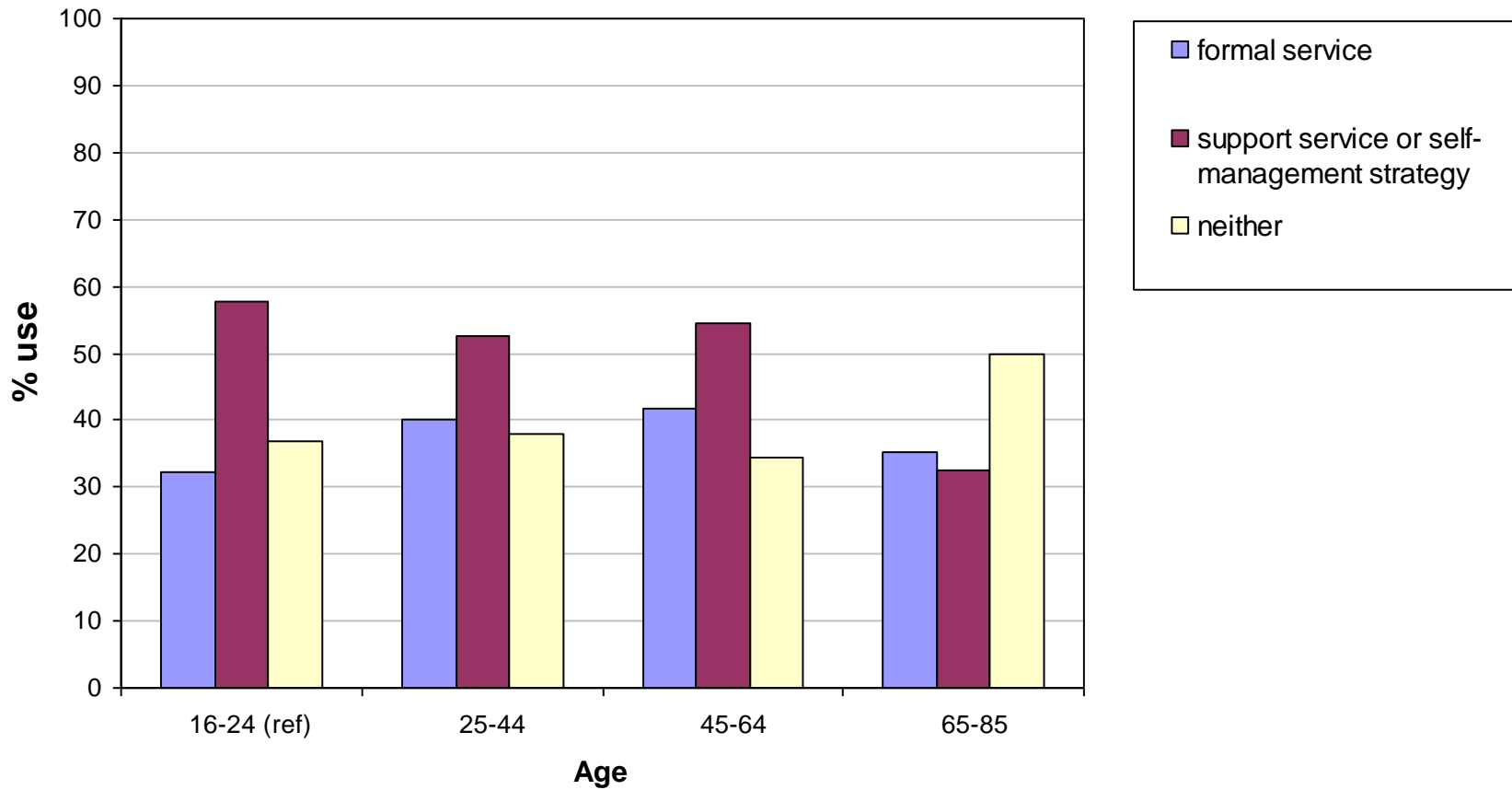


In conjunction with formal services

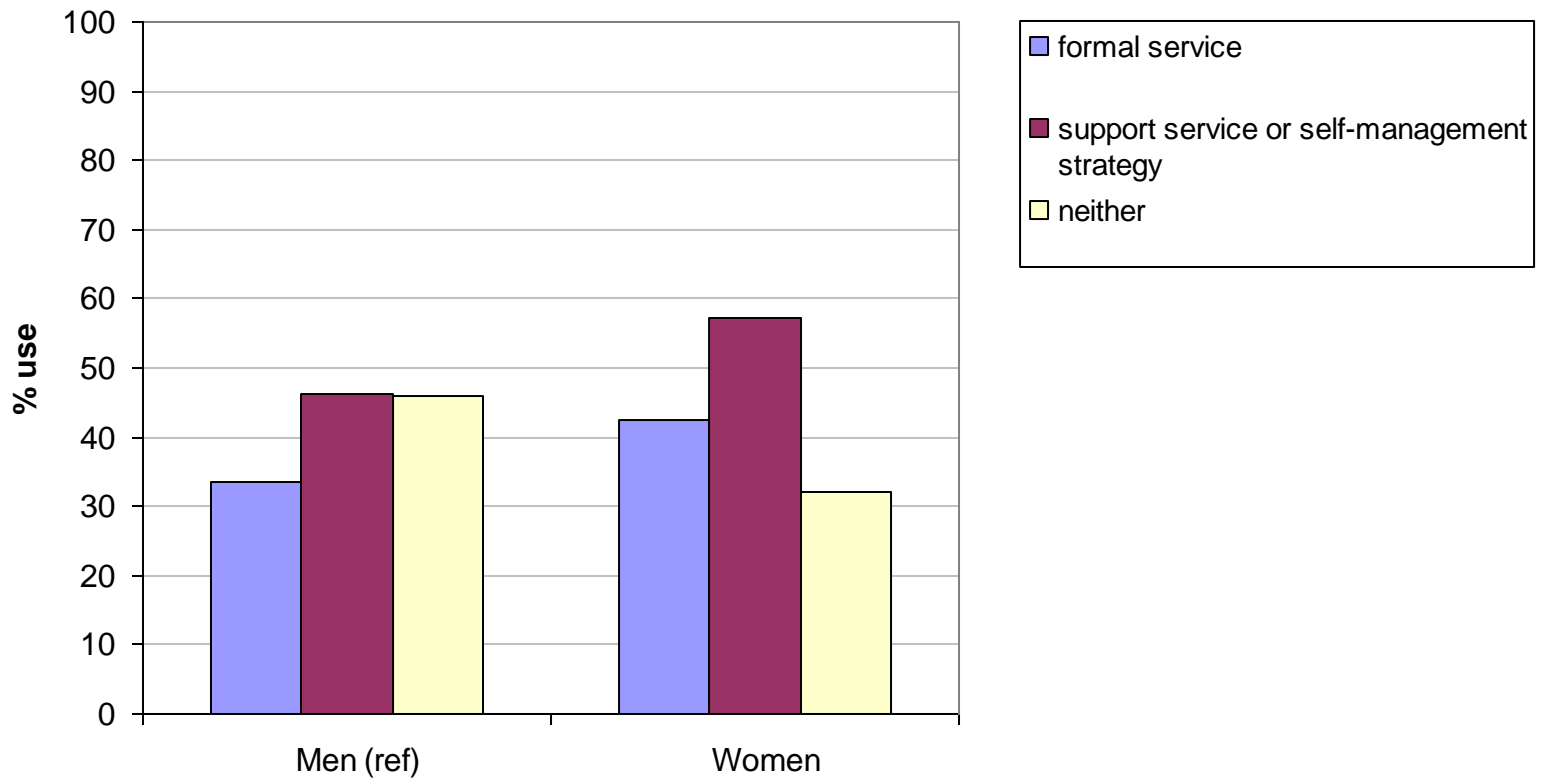
- 24% of people with a CMD used a support service of self-management strategy without a formal service
- 9.7% used a service without a support service of self-management strategy
- 29.3% used both
- Rates of formal service use were higher amongst people who also used support service of self-management strategy

- 37.4% used neither

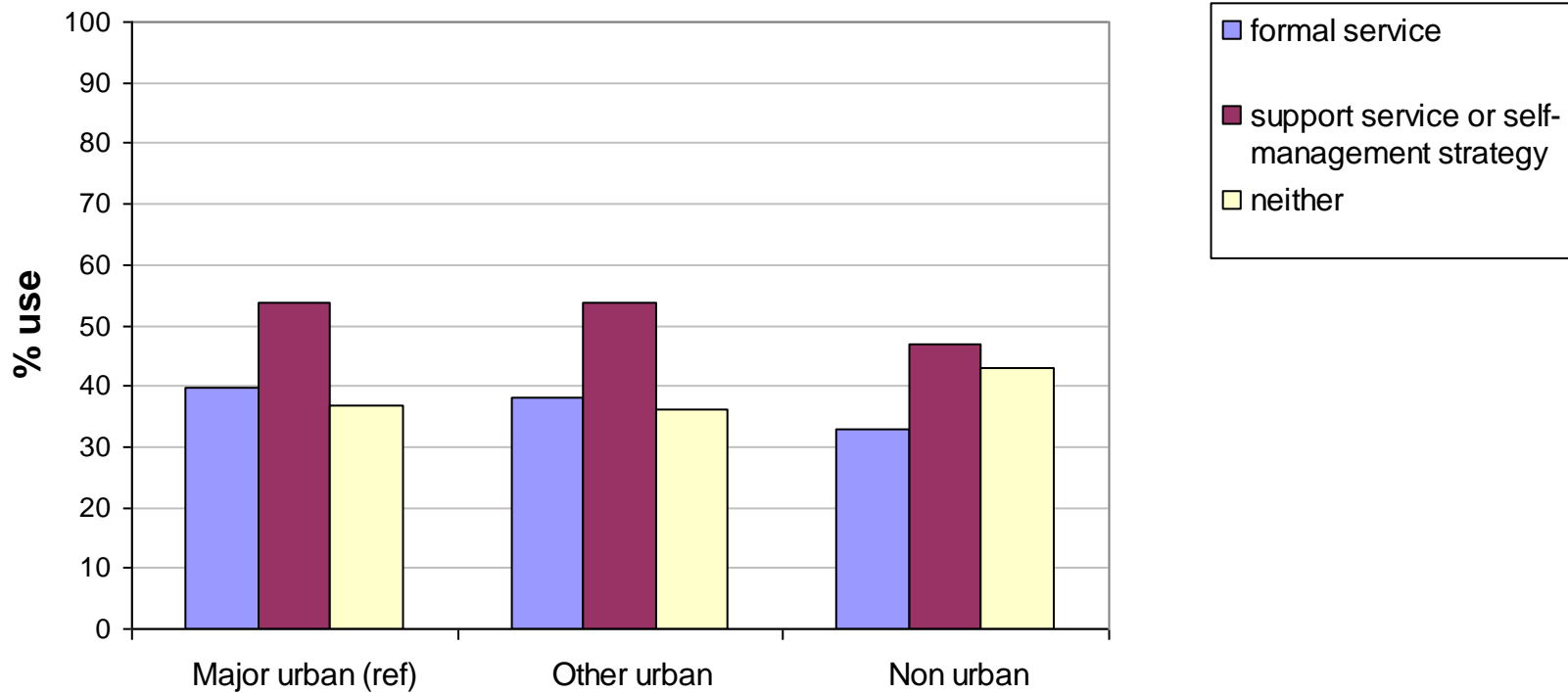
Characteristics of 'self-managers'



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Implications & future work

- Self-management strategies for mental health are widely used
- Many without current formal use

On one hand...

- Could indicate poor health literacy if people are self-managing because they believe services are not available or will not meet their needs
- Could be indicative of access issues
- Still large % of people not using either

On the other hand...

- 62.6% of people with CMDs are participating in some kind of activity to benefit their mental health
- Good health literacy? Many strategies have some efficacy & considered helpful (Jorm et al.)
- Autonomy, self-direction
- Uptake amongst people less likely to use formal services

More information please...

- Why do people opt to self-manage instead of or in addition to formal services, and does this reflect service characteristics or personal choice?
- **Role of perceived need** – Do people self-manage because they have a perceived need for services that is going unmet?
 - Or perceive that services will not help?
 - Or do they not perceive a need for services? E.g., consider symptoms to warrant some self-management but not formal treatment
- **Role of severity**
- **Role of access** (location, economic)
- **Does self-management work?** (for whom, with/without formal services)

- If reflects a viable alternative and/or acceptable solution for people who would not otherwise use services, or do not need additional formal services

Potential to harness popularity of / belief in self-management with evidence-based treatments if they are a viable alternative

Olesen, S.C., P. Butterworth, and L. Leach, Prevalence of self-management versus formal service use for common mental disorders in Australia: findings from the 2007 National Survey of Mental Health and Wellbeing. *Australian and New Zealand Journal of Psychiatry*, 2010. 44(9): p. 823-830

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