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
Support services

- Internet support group or chat room
- Other self-health group
- Telephone counselling

Self-management strategies

- Increase exercise or physical activity
- Do more of the things you enjoy
- Seek support from family or friends
- Cut out alcohol or drugs

% use
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’

![Bar chart showing age and percentage of use for formal service, support service or self-management strategy, and neither.](chart)

- **16-24 (ref)**
- **25-44**
- **45-64**
- **65-85**

- **Formal service**
- **Support service or self-management strategy**
- **Neither**
Characteristics of ‘self-managers’
Characteristics of ‘self-managers’

![Bar chart showing the percentage of use for formal service, support service or self-management strategy, and neither for Major urban (ref), Other urban, and Non urban categories.](chart.png)
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

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