

The Case for Including a Measure of Psychological Distress in ‘Measuring What Matters’

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I am a mental health researcher interested in what can be done to improve the mental health of a population. When I use the term ‘mental health’, I am referring to symptoms of mental ill health and the disability they produce. Mental health occurs on a continuum. However, people with high and persisting levels of symptoms may be diagnosed with a mental disorder.

I have done a number of studies comparing mental health indicators across countries, as well as time series analyses of changes in mental health in Australia. This research shows that mental health is less affected by mental health service provision than by individual factors like income, education and life expectancy, and societal factors like gender equity, political and economic freedom, and perceptions of corruption. Many of the factors included in the OECD Framework are likely to be associated with mental health.

The Budget Paper No. 1 on ‘Measuring What Matters’ includes two indicators of how the population feel about their lives: Life Satisfaction and Negative Affect Balance. I think these are both useful indicators, but there would be considerable benefits in also having a measure that is accepted in the mental health sector.

The measure that has become standard in Australia is the K10 Psychological Distress Scale. This involves 10 questions asking about symptoms of depression and anxiety in the past month. The K10 can be scored as a continuous measure or with a cutoff to define high or very high levels of psychological distress, which indicates a [likely diagnosis of mental disorder](#). The K10 is included routinely in the ABS [National Health Survey](#), which is carried out every 3 years, with data going back to 2001. This questionnaire is also routinely included in the Victorian Population Health Survey and the NSW Population Health Survey, both of which have extensive time series.

The K10 is used as a national indicator of mental health in the Australian Institute of Health and Welfare’s [‘Australia’s Health’](#) reports. The proportion of adults with very high levels of psychological distress (as measured by the K10) is also a key national indicator under the [National Healthcare Agreement](#).

The K10 can also be used to estimate [Quality-Adjusted-Life-Years](#), which makes it useful in economic cost-utility studies of services and policy interventions.

The K10 is used globally and there are WHO-approved [translations in many languages](#). It has been used to [compare prevalence](#) of psychological distress between countries.

The K10 would complement the Life Satisfaction and Negative Affect Balance measures. The latter measures relate to the substantial evidence base on positive well-being. However, these are different

from measures of mental ill health like the K10, which relate to ill-being and associated disability rather than well-being. Although well-being and ill-being are negatively correlated and have some common determinants, there are also some determinants which have more specific effects in each domain. For example, adverse childhood experiences have a major effect on mental health across the lifespan.

The mental health sector has historically focused on treatment services as the most important factor in improving mental health, rather than the broader social factors covered by the OECD indicators. If the K10 were included as one of the indicators in 'Measuring What Matters', it could have a major influence in broadening the sector's perspective on what are the determinants of mental ill health. It could also broaden the policy perspectives of governments, leading them to consider how policies across all areas of government can potentially have a mental health impact.