

New Zealand's place in the world

Provocative findings from the World Mental Health Surveys

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WHO World Mental Health Surveys

- Nationally representative surveys of DSM-IV mental disorders of adults 18+ from 2001- now 31 countries
- Common methodology across countries
- NZ's survey: Te Rau Hinengaro
 - 12,992 respondents
 - RR 73%
 - 16 years and older
 - Oversampled Maori and Pacific peoples
 - data collected 2004; first results 2006

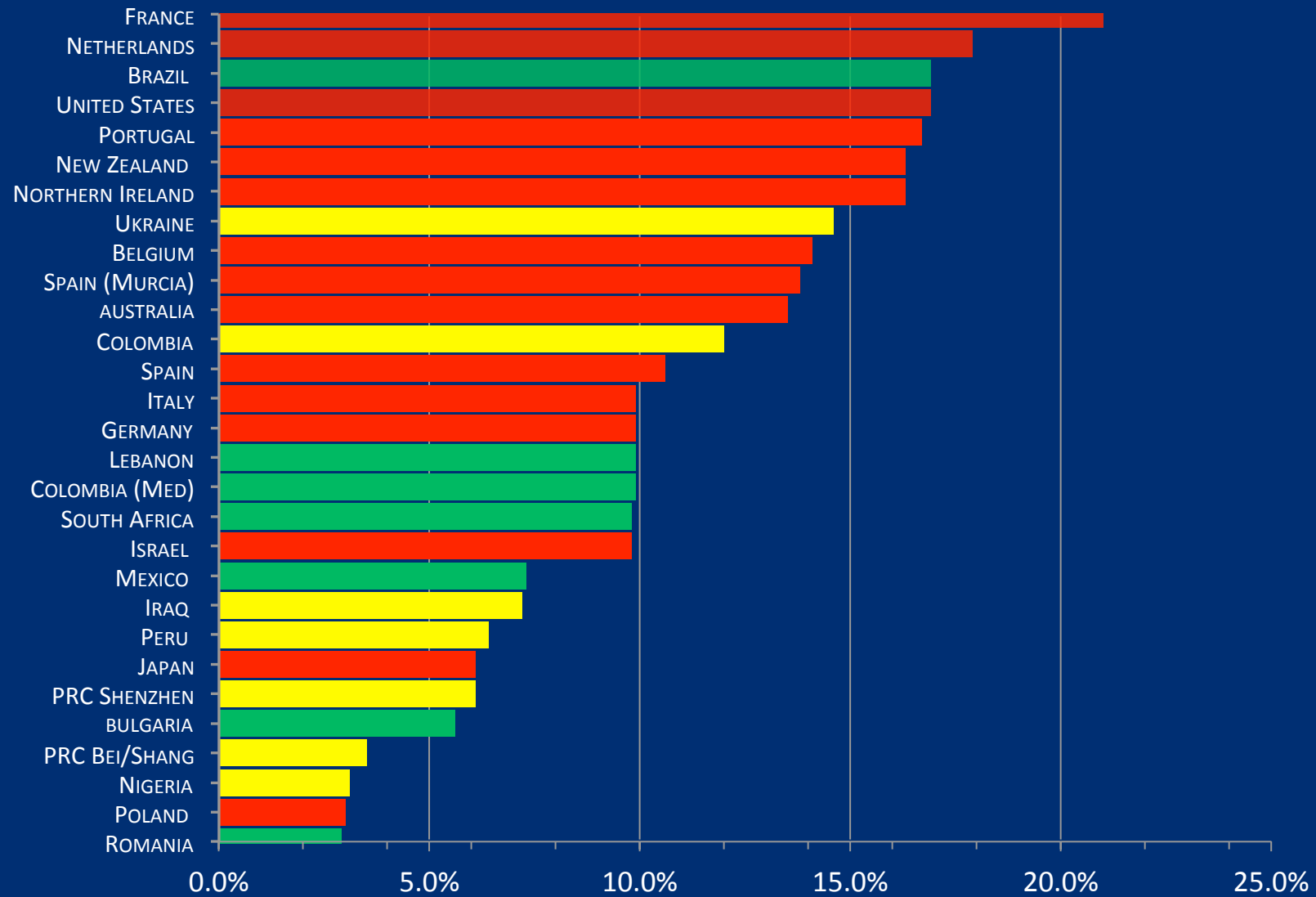


Prevalence in NZ: Te Rau Hinengaro

	Lifetime prevalence (%)	12 month prevalence (%)	1-month prevalence (%)
Disorder group			
Any anxiety disorder	24.9	14.8	9.3
Any mood disorder	20.2	7.9	2.3
Any substance-use disorder	12.3	3.5	1.5
Any eating disorder	1.7	0.5	0.2
Any disorder	39.5	20.7	11.6

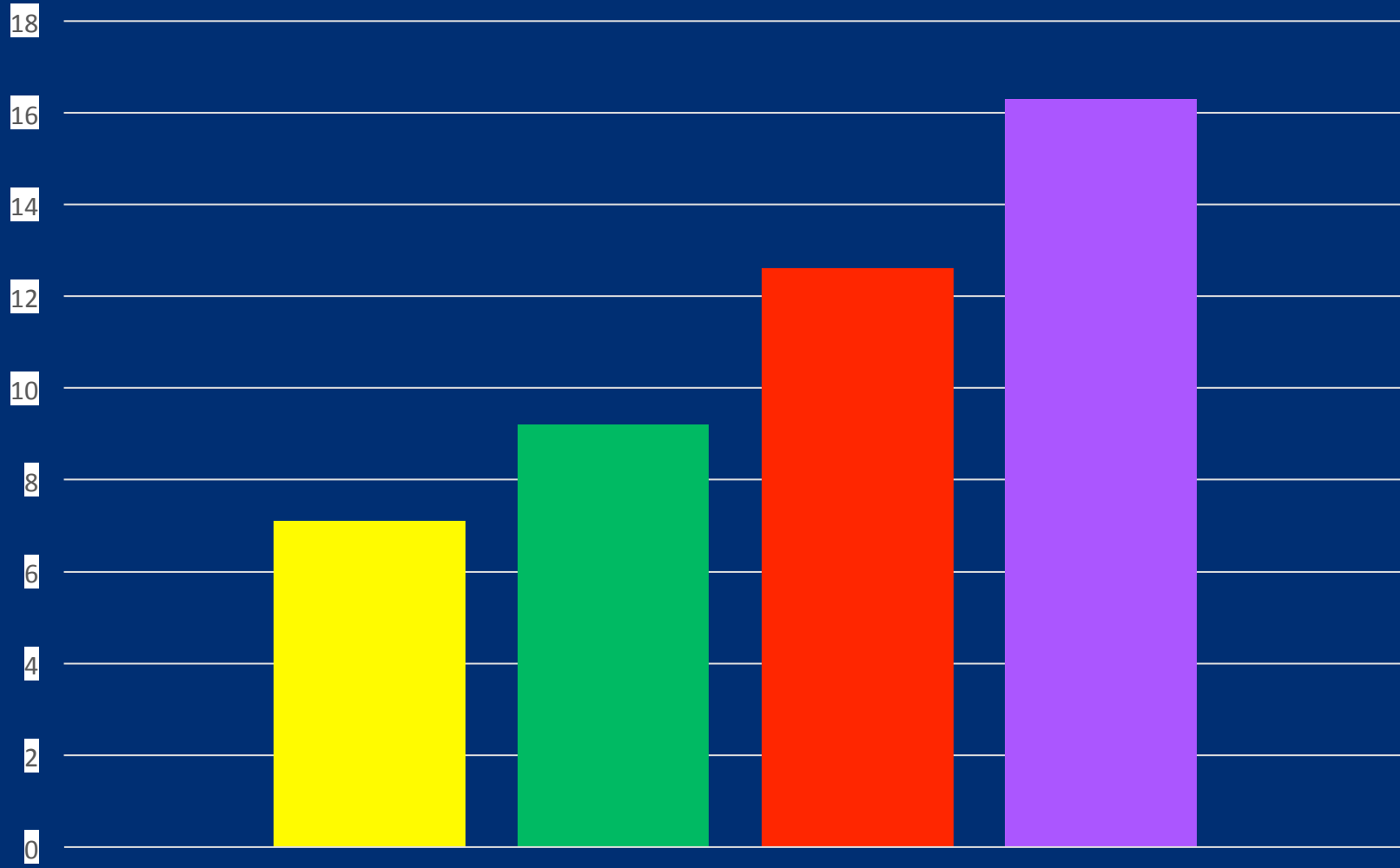
Correlate	Sociodemographic correlates and 12-month prevalence of disorders	
	Prevalence of any 12-month disorder	Prevalence of severe disorder
Educational Qualifications		
None	21.9	6.1
School or post-school only	22.7	5.5
Both school and post-school	18.5	3.4
Household income		
Under half of median	27.6	8.1
Half median to median	20.7	5.1
Median to 1.5 times median	19.6	3.7
>= 1.5 times median	16.6	2.8
Ethnicity		
Maori	26.4	7.6
Pacific	21.8	5.3
Other	19.8	4.2

Lifetime prevalence of DSM-IV depression



Low and Lower-middle income	Upper-middle income	High income
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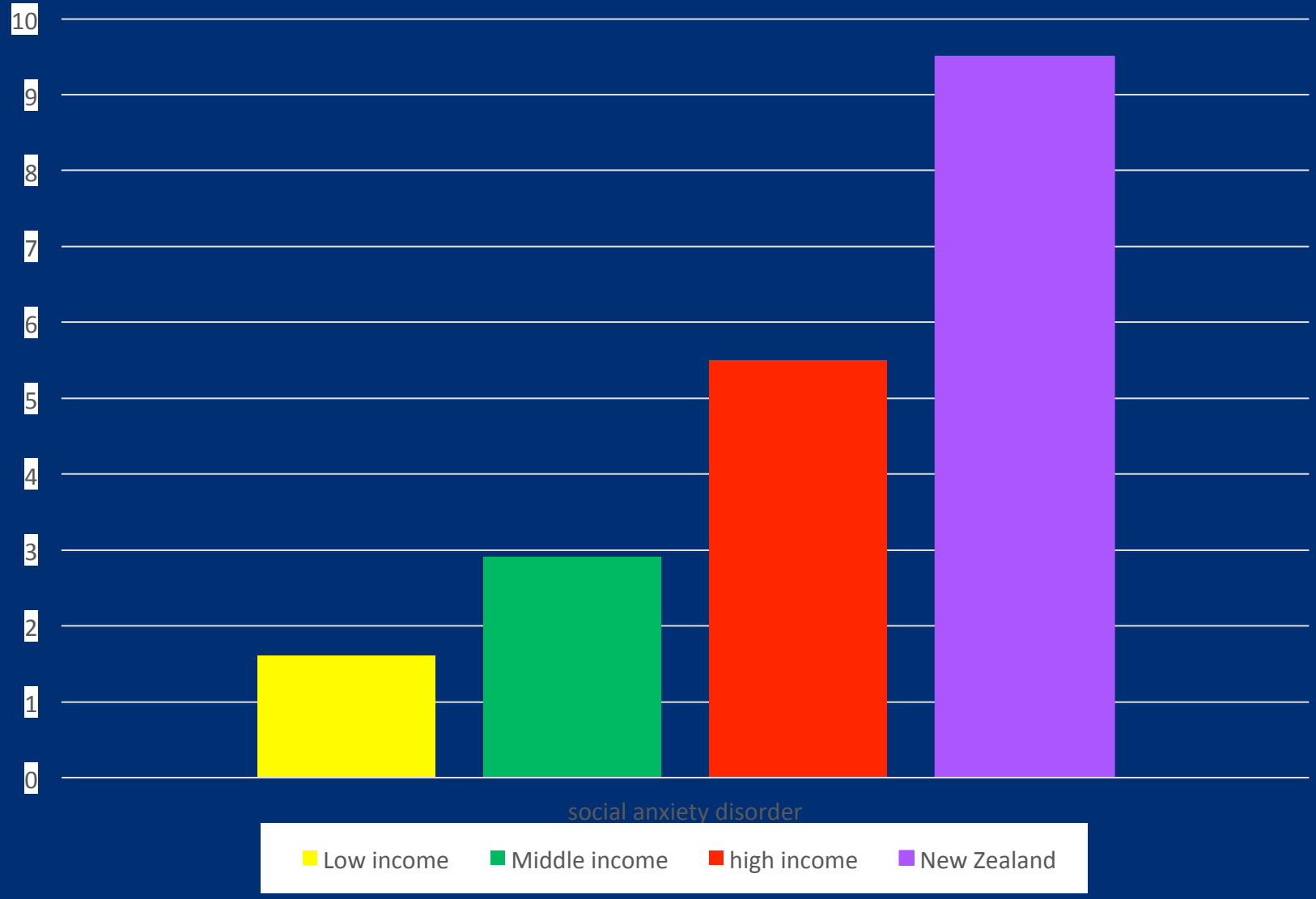
Lifetime depression by country income group



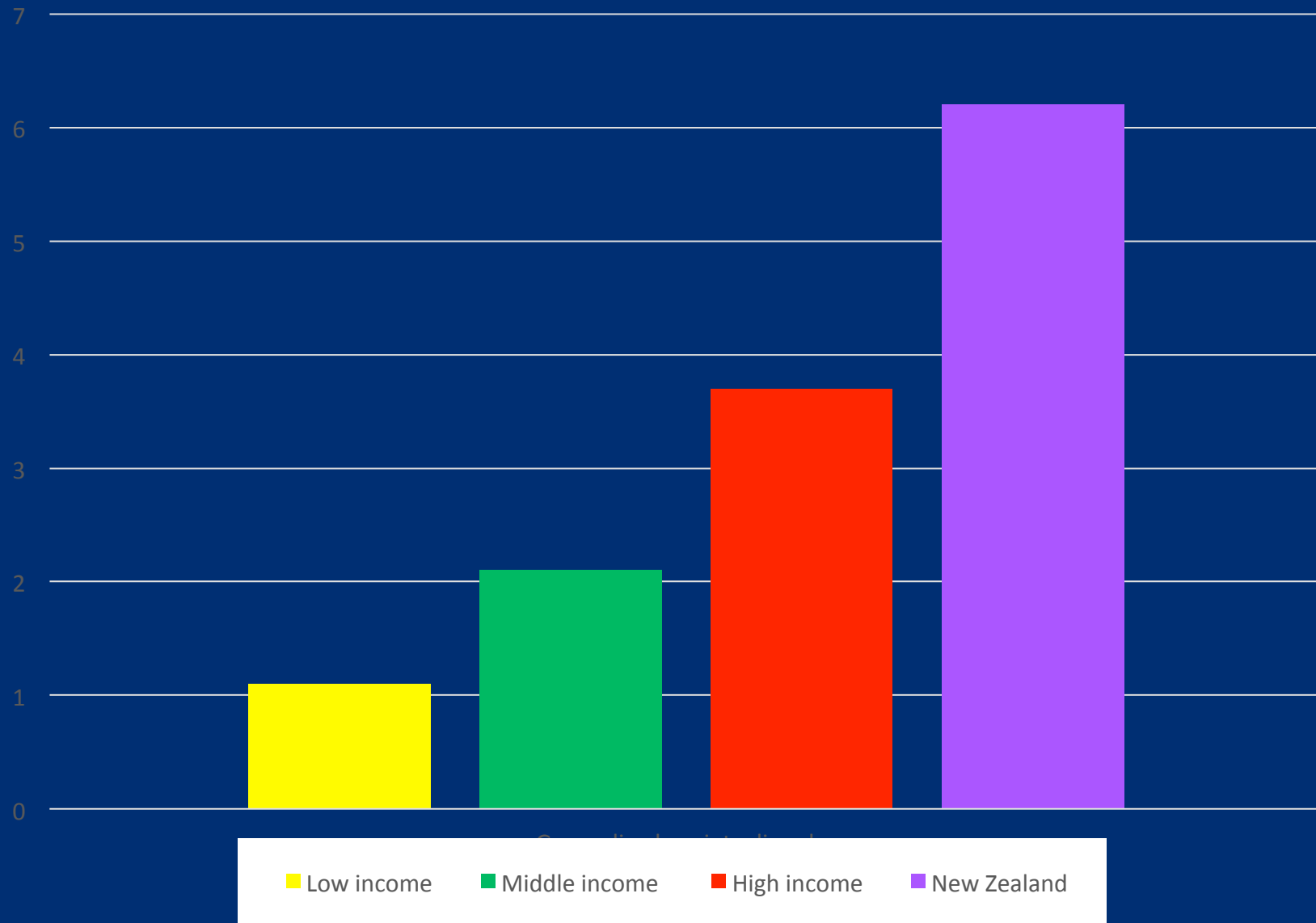
Mean prevalence of depression

- Low income
- Middle income
- high income
- New Zealand

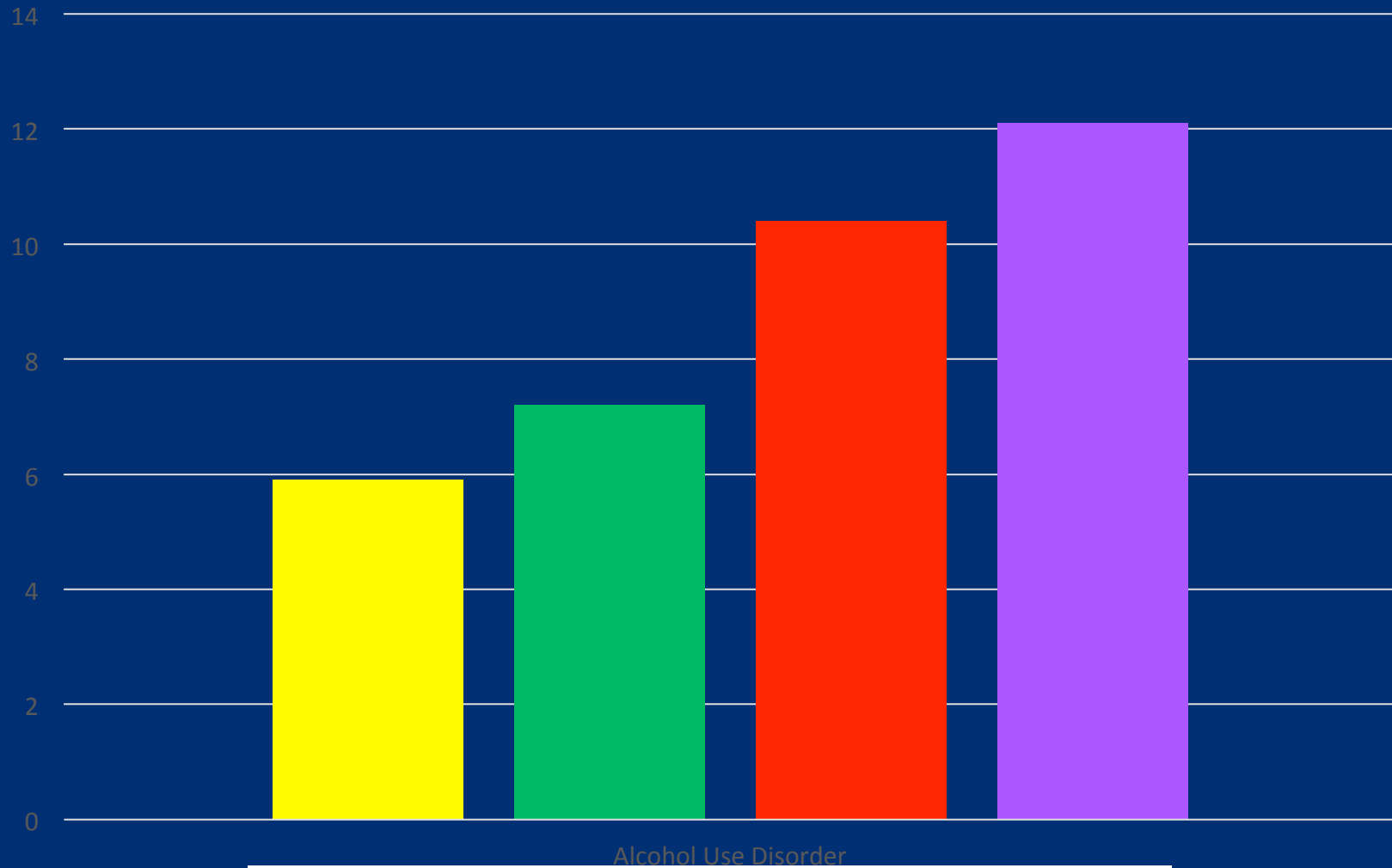
Lifetime Social anxiety disorder by country income group



Lifetime Generalized Anxiety Disorder by country income group



Lifetime Alcohol Use Disorder by country income group



Low income Middle income High income New Zealand

In summary: a contrasting pattern

- *Within* countries, NZ included, mental disorders are more prevalent among those lower on the SES hierarchy, ie, with less income, less education
- *Across* countries, mental disorders are more prevalent in the high income Western countries than in low income non-Western countries

How do we explain higher rates of MD in high income countries?

It might not be a 'true' finding: it could be due to methodological variation, eg,

- Stigma, unwillingness to disclose – higher in low income countries?
- Translation problems? - ensuring cross-cultural equivalence a formidable challenge
- Cultural concepts of distress – do DSM IV categories miss important manifestations of psych distress?

But could it be a true finding?

Aspects of Western culture might hurt mental health:

- high income inequalities (media facilitation of social comparison)
- Potential mismatch between high expectations and outcomes
- Individualistic: success evaluated in terms of individual achievement; lack of success attributed to individual deficit or lack of application
- Western lifestyle: lack of physical activity, obesogenic environment, poor diet quality; high substance use
- Lack of social networks and cultural beliefs/customs that may be protective in non-Western countries

And in NZ?

- All of these factors apply in NZ
- And we have some additional mental health risk factors:
 - High rates of substance use in teenagers
 - High rates of child abuse and poverty
 - For Maori: alienation from land and traditional lifestyle

“Our political leaders have worked tirelessly to balance economic growth carefully with social development, environmental sustainability and cultural preservation”