

Mental Health Foundation: Quick Facts and Stats 2014

This page summarises some of the latest facts and statistics on mental health and wellbeing in New Zealand. Information on the mental health status of New Zealanders is presented first, followed by data on New Zealanders' wellbeing and some of the things we're doing to stay well.

Mental Disorders

Mental disorders and psychological distress

Mental disorders and psychological distress are common.

In the 2012/13 New Zealand Health Survey, one in six New Zealand adults (16%, or an estimated 582,000 adults) had been diagnosed with a common mental disorder at some time in their lives (including depression, bipolar disorder and/or anxiety disorder).

Women were around 1.6 times more likely to have been diagnosed with a common mental disorder (20%) than men (13%), and rates were higher in all age groups. The highest rates for women were from 35 – 44 years of age (23.8%) and for men were from 45 – 55 years of age (15.5%).

Six percent of New Zealand adults, or more than 200,000 adults, experienced psychological distress in the last four weeks. (People experiencing psychological distress are highly likely to have an anxiety or depressive disorder.)

Women were more likely to experience psychological distress than men (7% vs 5%), and while older people were more likely to have been diagnosed with a mental disorder, younger people were more likely to experience psychological distress.

Mental disorders, as a group, are the third-leading cause of health loss for New Zealanders (11.1% of all health loss), behind only cancers (17.5%) and vascular and blood disorders (17.5%). Within this group, the main conditions are: anxiety and depressive disorders (accounting for 5.3% of health loss), alcohol use disorders (2.1%) and schizophrenia (1.3%). (These "burden of disease" figures, from the Health Loss in New Zealand study, combine information on illness, disability, and early death, to allow comparison of how much healthy life is lost by people with different conditions).

See also: [differences between ethnic groups](#) and [deprivation](#)

Anxiety and depressive disorders

Depression and anxiety disorders are very common. In the 2011/2012 New Zealand Health Survey, 14.3% of New Zealand adults (more than half a million people) had been diagnosed with depression at some time in their lives, and 6.1% (more than 200,000 people) with anxiety disorders (including generalised anxiety disorder, phobias, post-traumatic stress disorder and obsessive-compulsive disorder).

Rates were significantly higher amongst women than men 17.9% of women have been diagnosed with depression at some time in their lives and 7.7% with anxiety disorder, compared with 10.4% and 4.4% of men, respectively. The highest rates were amongst women aged 35 – 44 years (21%) for depression, and 25 – 54 years (9%) for anxiety disorders.

According to the Health Loss in New Zealand study, anxiety and depressive disorders are the second-leading cause of health loss for New Zealanders, accounting for 5.3% of all health loss, behind only coronary heart disease (9.3%). For women, they were the leading cause (~7%).

Antidepressants were prescribed to 427,900 patients in the year to 30 June 2013, representing more than a 20% increase in the last five years (348,300 patients received prescriptions in 2008). (Data supplied by Pharmac). It is important to note that New Zealand's population has also been growing during this time, and that antidepressants are also used for other conditions such as anxiety, pain, and sleep disorders.

See also: [differences between ethnic groups and deprivation](#)

Health service use

The latest figures from the Ministry of Health show that 137,346 people used mental health and addiction services in 2010/11; of whom 74,337 (54.1%) were male, and 63,009 (45.9%) were female. Most clients were seen face-to-face (90.3%), and DHBs were the largest providers of mental health services.

See also: [differences between ethnic groups and deprivation](#)

Disability

While mental disorders are common, only some people find them to be disabling.

An estimated 242,000 people, or 5% of New Zealanders, are living with disability caused by psychological and/or psychiatric conditions (i.e. limitations in their daily activities due to long-term emotional, psychological or psychiatric conditions), according to the 2013 Disability Survey.

For an estimated 122,000 people (13% of the disabled population), psychological/psychiatric disability is either their only impairment or the most limiting of their impairments.

See also: [differences between ethnic groups and deprivation](#)

Comorbidity (more than one disorder)

It's common for people to be diagnosed with more than one health disorder (comorbidity). People with diagnosed mental disorders have a higher prevalence of several chronic physical conditions, and it is common for people to have been diagnosed with two mental disorders.

A University of Otago study found that men and women who use mental health services in New Zealand have more than twice the risk of death compared with the general population, and people with a psychotic disorder have three times the death rate. While suicides and accidents are important contributors to this, the risk of deaths due to natural causes, such as cardiovascular disease and cancer, is also much higher (1.8 times the risk).

This is consistent with a large body of international research which has identified multiple reasons for premature mortality in people with mental illness, such as the impact of higher smoking rates and medication side effects on cardiovascular health, lack of appropriate treatment of medical conditions, discrimination and social deprivation.

The internationally recognised Dunedin Multidisciplinary Health and Development Study has shown that adverse experiences during childhood, including socioeconomic disadvantage, maltreatment and social isolation, are associated with a cluster of mental and physical effects, including a higher risk of depression and immune and metabolic abnormalities associated with poor health later in life

Suicide

Figures from the Chief Coroner 2014

Provisional figures released by the Chief Coroner show that in the year to mid-2014, 529 New Zealanders died by suicide (11.73 deaths per 100,000 people). This is the lowest number since coronial figures were first produced in 2007/08.

Provisional youth suicide numbers (people aged under 24 years) in 2013/14 were significantly lower than last year, with 110 suicides compared with 144 in 2012/13. There was the lowest number of suicides in people aged 15 – 19 years (46 suicides) and 35 – 39 years (35 suicides) since coronial records began in 2007/08. The Chief Coroner noted an increase in the number of older people dying by suicide in the last two years, with 97 deaths amongst people aged over 60 years in 2013/14.

Some population groups remain at higher risk of suicide however. The provisional suicide rate was 2.7 times higher amongst men than women in 2013/14 (17.5 deaths per 100,000 men vs 6.3 per 100,000 women), although this has dropped from being 3 times higher prior to 2012/13). Māori and people living in the most deprived areas are also at increased risk of suicide: see differences between ethnic groups and deprivation

NB. The Chief Coroner's figures don't provide a rate for youth suicide, so it is not possible to make the point that youth suicide rates are higher than for the general population, as one can from the MOH figures below:

Figures from Ministry of Health 2011

In 2011 (the most recent year for which MOH data are available) 478 New Zealanders died by suicide (10.6 deaths per 100,000 people)

The suicide rate has dropped by 29.8% from a peak in 1998, and while a drop has been seen in many population groups, some people remain at higher risk. The suicide rate is 3.5 higher in men than in women, and it is higher amongst young people aged 15 – 24 years (19.3 deaths per 100,000) than the general population. Māori and people living in the most deprived areas are also at increased risk of suicide: see [differences between ethnic groups and deprivation](#)

When compared with other Organisation for Economic Co-operation and Development (OECD) countries, New Zealand suicide rates for both the male and female populations are around the middle of the range; but New Zealand youth suicide rates do not compare favourably.

People with mental illness are at higher risk of suicide, particularly people with depressive/mood disorders. A University of Otago study found that mental health service users in New Zealand have a suicide risk 4.4 times higher than the general population. The vast majority of people diagnosed with depression do not feel suicidal however.

NB: The Coroner's figures are considerably higher than those in the MOH report. A note at the end of the Coroner's press release states: "The information provided relates to provisional suicide figures and will slightly differ from the Ministry of Health figures. They include active cases before Coroners where intent has yet to be established therefore may eventually be found not to be suicides. In addition Ministry of Health figures are recorded by calendar year." So for instance:

- *The MOH report says that 478 people died by suicide in the 2011 calendar year. But the Coroner's figures (which go mid-year to mid-year) show that for 2010/2011 the figure was 558 and for 2011/2012 it was 547.*
- *In the coroner's press release they talk about the rate dropping, and say that: "It is also the first time the provisional suicide rate per 100,000 people is less than 12, with a rate of 11.73 recorded." But again, the 2011 MOH figures give a rate of less than 12, specifically: 10.6 deaths per 100,000 population, age standardised.*

The overall trend of a reducing suicide rate (overall, and in some groups) is the same however, and the Coroner's figures contain some good news on youth suicide.

Differences between ethnic groups

Māori and Pacific people do less well than other New Zealanders in some important mental health statistics, but more Māori are seeking help from mental health services than in the past.

In the 2012/13 New Zealand Health Survey, rates of psychological distress in the last four weeks were significantly higher amongst Māori adults (10%) and Pacific adults (9%) than in the general population (6%). Māori adults were 1.7 times as likely, and Pacific adults 1.4 times as likely, to have experienced psychological distress as non-Māori and non-Pacific adults, respectively (after adjusting for age and sex differences). People experiencing psychological distress are highly likely to have an anxiety or depressive disorder.

In the same survey, however, a similar percentage of Māori adults had been diagnosed with a common mental disorder (depression, bipolar disorder and/or anxiety disorder) at some time in their lives as for the general population (16%), while rates amongst Pacific adults are considerably lower (4%). Rates were also lower amongst Asian adults (6%).

However rates of mental health service use by Māori are rising. The latest figures from the Ministry of Health show that in 2010/11 Māori had the highest rate of mental health and addiction service use (4938 people seen for every 100,000 Māori) and Asian people the lowest (911 people per 100,000), when compared with Pacific people and other ethnicities. The rate of Māori seen by DHBs also has risen at a faster rate in the last ten years (33.4% rise) than for non- Māori (18.5%).

Māori are significantly more likely to experience psychological/psychiatric disability (7%) than non-Māori (5%), according to the 2013 Disability Survey.

Provisional figures from the Chief Coroner show that in the year to 30 June 2014, 108 Māori died by suicide (18 deaths per 100,000 Māori). About one in every five New Zealanders who die by suicide are Māori. There were 26 suicide deaths amongst Pacific people and 22 amongst Asian people.

Ministry of Health

In 2011, 108 Māori died by suicide, a rate 1.8 times higher than for non-Māori (16.8 per 100,000 Māori population vs 9.1 per 100,000 non-Māori population). The Māori youth suicide rate was also 2.4 times higher than the equivalent rate for non-Māori youth (36.4 vs 15.1 per 100,000) There were 24 suicide deaths amongst Pacific people and 28 amongst Asian people, and the small number means rates were not calculated because they can be variable and misleading.

Deprivation

People living in the most deprived areas of New Zealanders have poorer health in general, including poorer mental health, and higher levels of unmet need for health care.

In the 2012/13 New Zealand Health Survey, 17.1% of adults living in the most deprived areas had been diagnosed with a common mental disorder (depression, bipolar disorder and/or anxiety disorder) at some time in their lives, a rate 1.6 times higher than amongst adults living in the least deprived areas (after adjusting for age, sex and ethnic differences).

Rates of psychological distress were also higher: 9.9% of adults living in the most deprived areas had experienced psychological distress in the last four weeks. The rate was 2.5 times higher than for those living in the least deprived areas (after adjusting for age, sex and ethnic differences). People experiencing psychological distress are highly likely to have an anxiety or depressive disorder.

In 2010/11, people living in the most deprived areas were 2.7 times more likely to be seen by mental health and addiction services than people in the least deprived areas (5915.3 vs 2214.5 per 100,000 population).

Figures from the Ministry of Health show that in 2011 there were 14.0 suicide deaths per 100,000 population in the most deprived areas of New Zealand, compared with 8.4 deaths per 100,000 in the least deprived (after adjusting for age).

Interestingly though, the Dunedin Multidisciplinary Health and Development Study found that, on its own, the experience of socioeconomic disadvantage during childhood did not increase the risk of a person developing major depression as an adult. An increase in the risk of depression did occur if people experienced maltreatment or social isolation during childhood, however

Mental health and wellbeing following the Canterbury earthquakes (2010-2011)

The Canterbury Wellbeing Index is tracking recovery from the earthquakes. In 2014 it reported that:

- Levels of distress were high immediately after the earthquakes and psychological recovery was interrupted by the aftershocks between 2011 and 2012. And while people's wellbeing was less affected by aftershocks by mid-2012, a growing number of people were reporting secondary stressors such as worries about insurance and the rebuilding of their homes.
- People have also reported some positives from the earthquakes, such as pride in their ability to cope, a heightened sense of community, an increased appreciation of life, and greater family resilience.
- The number of people accessing District Health Board mental health services did not increase significantly immediately after the earthquakes (2011-2012), perhaps due to increased community cohesion and support, or the provision of community-level services, but demand has increased since then. Between December 2012 and December 2013 there was a 7% increase in the number of people accessing mental health services.

The Christchurch Health and Development Study, which has followed the lives of a group of New Zealanders now 35-year old, found that the rate of mental disorders in people with high levels of exposure to the Canterbury earthquakes was appropriately 1.4 times higher than for people who were not exposed. This was attributable to increases in four conditions: major depression, post-traumatic stress disorder, other anxiety disorders and nicotine dependence.

A University of Otago study after the earthquakes, which asked 50 year-old Christchurch residents about various aspects of their health, found that post-earthquake Cantabrians had significantly poorer mental health compared with national averages, and that this was the single greatest difference between the two groups.

The 2012 Quality of Life Survey asked residents of six large New Zealand cities about their lives (Auckland, Wellington, Christchurch, Dunedin, Porirua, and Hutt City). Twenty one percent of all people surveyed said that their quality of life had decreased in the last twelve months (“decreased significantly” or “decreased to some extent”), but the rate was significantly higher for people living in Christchurch (35%). Two thirds of Christchurch residents reported positive emotional wellbeing, saying they were “happy” or “very happy”; a slightly lower proportion than across all six cities.

A study of six communities affected by the earthquakes found that a ‘virtuous circle’ developed in communities with strong pre-existing connectedness, community and iwi (tribal) infrastructure, and a comprehensive community response to the disaster. In these communities, taking part in community support and responses enhanced the wellbeing and sense of belonging of both givers and receivers, and led to further community involvement. Many people who took part in the study spoke of the importance of connecting, giving, and being active as coping strategies – three of the five ways to wellbeing described in more detail below.

According to provisional figures from the Chief Coroner, there were 69 suicides in Christchurch in the year to 30 June 2014, up one from 2012/13. The Christchurch suicide rate prior to the February 2011 earthquake oscillated between 69 and 90 per year since figures were first reported in 2007/8 (Chief Coroner, 2014).

Wellbeing

Many New Zealanders feel satisfied with, and positive about, their lives.

- In the 2012 New Zealand General Social Survey, an estimated 87% of New Zealanders were ‘satisfied’ (54%) or ‘very satisfied’ (33%) with their lives, and four aspects of life were important in determining the level of satisfaction: health, money, relationships, and housing.
- In the 2012 Quality of Life Survey, 80% of residents from six major New Zealand cities rated their overall quality of life positively, with 61% considering it to be good and 19% extremely good, and the majority (71%) of residents rated themselves as having a positive emotional wellbeing with 54% happy and 17% very happy”.

The OECD Better Life Index showed that when asked to rate their general satisfaction with life New Zealanders give it a grade of 7.3 on a possible scale of 0 to 10, higher than the OECD average of 6.6 and placing us 12th out of 36 countries behind the Scandinavian countries, Australia, Mexico, and Canada.

In the same research, 85% of New Zealanders said they had more positive experiences in an average day (feelings of rest, pride in accomplishment, enjoyment etc.) than negative ones (pain, worry, sadness, boredom, etc.), more than OECD average of 76% and amongst the most positive in the OECD along with Iceland and Japan

International research has identified five simple things we can do as part of our everyday lives to boost our mood and sense of wellbeing, and in New Zealand, each of these is associated with a higher level of wellbeing: connect, give, take notice, keep learning, and be active.

Connect – talk and listen, be there, feel connected

Approximately three out of four New Zealanders say the amount of contact they have with friends and family who do not live with them is “about right”, but around 20% want more contact and only 2% felt they had too much contact (2012 New Zealand General Social Survey)

Thirty one percent of New Zealanders felt lonely a little, some, most, or all of the time in the last month. People more likely to feel lonely include younger people, women, people living in rented accommodation, one-parent families, and unemployed people.

In the 2010 Quality of Life Survey of residents from eight New Zealand cities, just over half (54%) said that family was one of the three main components that contributed to their quality of life.

In the 2012 Quality of Life Survey of residents from six large New Zealand cities, around half (53%) felt a sense of community with people in their local neighbourhood. The top reasons for not feeling a sense of community were: a busy life (42%), people in the neighbourhood not talking with each other (41%) and a preference for socialising with family and friends (37%).

In the same survey, the most common social networks people belong to were: people from work or school (47%), online networks such as social media, gaming and forums (46%), and sports clubs or hobby/interest groups (27%).

In the 2012 New Zealand General Social Survey, most New Zealanders (96.2%) felt that in a time of crisis there was someone outside their own home they could turn to for help

In the Sovereign Wellbeing Index study of New Zealanders’ wellbeing:

- Thirty percent of New Zealanders connect with friends, relatives or work colleagues more than once per week.
- Middle-aged people (30–59 years of age) connect less than younger or older people, people with higher incomes connect more, and fewer Asian people connect regularly than do European New Zealanders.
- Less than half of New Zealanders (39.3%) feel people in their local area help one another and three out of four New Zealanders do not feel close to people in their local area
- There is a steady increase in wellbeing as people connect more often; for instance, the average wellbeing score for people who connect several times a week is 46.8 compared with 39.9 for people who connect less than once a month.¹

Give – your time, your words, your presence

The 2012 New Zealand General Social Survey found that 30.6% of New Zealanders had done voluntary work for a group or organisation in the past month, and 62.2% had done unpaid work for someone living in another household (Statistics New Zealand, 2013). In 2008, the same survey showed that people who did voluntary work had higher levels of life satisfaction (89.5%) than people who did not (84.2%).

Thirty six percent of people donated money, and 16% donated goods, to a charity or worthy cause in the final quarter of 2013, according to the latest quarterly figures from the Department of Internal Affairs

In the Sovereign Wellbeing Index study of New Zealanders' wellbeing, people were asked to what extent they give help and support to those close to them when this is needed.

- People's wellbeing increased as they gave more, with people who gave "completely" having an average wellbeing score of 46.7, compared with 24.7 for people who do not give any help and support.²
- One in seven New Zealanders gave often. Giving increased with age, with more people aged 40 years and over offering help compared with people aged 18-20 years, more females and males gave, giving was the same regardless of income, and more Māori and Pacific people gave compared with other ethnic groups.

New Zealanders rank highly for generosity on the international stage. In the World Giving Index 2013 which compared data from 135 countries, New Zealand ranked second equal with Canada and Myanmar, with a score of 58%, behind only the United States on 61%. The United Kingdom ranked sixth and Australia seventh. New Zealand's ranking reflects high participation in helping a stranger (67% of people), as well as donating money (67%) and volunteering time (40%).

Take notice – remember the simple things that give you joy

There is growing evidence that mindfulness can produce positive life changes such as reduced stress and anxiety, and the ability to cope with difficult life events. An overview can be found in the 2011 Mental Health Foundation paper: [An overview of mindfulness-based interventions and their evidence base](#)

A recent meta-analysis of 47 clinical trials around the world concluded that mindfulness meditation programmes can produce small to moderate improvements in multiple aspects of psychological stress, including anxiety, depression, pain, stress/distress and mental health-related quality of life.

Relatively little research on mindfulness appears to have been done in New Zealand to date, but: Consistent with overseas research, a study in New Zealanders with a range of chronic physical illnesses found that training in mindfulness-based stress reduction helped to reduce levels of depression, anxiety, stress, and pain/discomfort, and improved physical and social functioning along with mental health, energy, vitality and overall health.

Dr Ross Bernay from AUT is working with the Mental Health Foundation to pilot a mindfulness programme in six New Zealand schools, with the aim of helping to children increase their focus and attention and learn to work with others compassionately.

Work on a kaupapa Māori mindfulness based stress programme project is underway by researchers at Eastern Institute of Technology. PC: Not sure if there's really enough evidence to include this. I

just found it in this 2013 news item about a conference presentation in late 2012 (couldn't find more details of the conference online) : <http://www.eit.ac.nz/research/kaupapa-maori-mindfulness-based-stress-programme-project/> It is being done by T Mapel, who is an author on the above published paper, so it looks legit. But I cannot find Mapel when I search staff at EIT.

In the Sovereign Wellbeing Index study of New Zealanders' wellbeing people were asked on a typical day how often they take notice of and appreciate their surroundings (scores from 0 "never" to 10 "always"):

- Around 40% of people took notice often (score of 8 or more); more people aged 60 years and older took notice often, as did more Māori and Pacific people compared with other ethnic groups. There was little difference with income.
- People's wellbeing increased as they took notice more, with people who did so "always" having an average wellbeing score of 48.1, compared with 28.0 for people who "never" took notice.³

Keep learning – embrace new experiences, see opportunities, surprise yourself

In the 2013 Census, 9.8% of New Zealanders reported being in full time study and 3.5% were in part-time study.

Adult and Community Education (ACE) Aotearoa, which provides community-based education in schools, communities, institutes and wānanga, estimated that in 2013 they had more than 58,000 adult learners taking part in more than 12,000 programmes – from te reo Māori to beekeeping and website design. A survey showed that taking part in the courses boosted peoples' confidence in their ability to learn, to use their skills, and to speak – with whanau, friends and at work – as well as their participation levels in solving problems, helping others, and taking control of their lives.

Lifelong learning is about much more than formal education, however, and includes learning new things in all areas of life. In the Sovereign Wellbeing Index study of New Zealanders' wellbeing

- People were asked to what extent they learn new things in life and 44% said they were learning a great deal.
- There was little difference in the proportion of people who were learning new things regularly across different age groups or income brackets. More Māori and Pacific people (47.5%) and Asian people (53.2%) reported learning new things often than did European people (42.3%)
- People's wellbeing increased as they learned new things more often. People who learned a great deal had an average wellbeing score of 47.6, compared with 27.0 for people who never learned new things.⁴

Be active – do what you can, enjoy what you do, move your mood

In the 2012/13 New Zealand Health Survey, about half of all New Zealand adults (52%, or around 1,800,000 adults) reported being physically active for at least 30 minutes on five or more days in the past week. Men were more likely to be physically active (56%) than women (48%), and physical activity levels declined with age but 38% of adults aged 75 years and over were still physically active.

This is consistent with the 2007/2008 Active New Zealand Survey, which found that many New Zealanders participate in sport and recreation activities:

- Almost all (96%) New Zealander adults participated in one or more sport or recreation activity over twelve months, and 79% participated in any week.
- There were high participation levels in a mixture of sport and recreation activities, the most popular being: walking (64.1%), gardening (43.2%), swimming (34.8%), equipment based exercise (26.5%), cycling (22.7%), fishing (19.3%), jogging/running (17.5%) and dance (16.8%).
- Almost half of New Zealanders (48.2%) met the national guidelines for physical activity, participating in at least 30 minutes of moderate intensity physical exercise on five or more days of the week. More men than women met the guidelines (52% vs 44%) as did more Māori (53.5%) and Pacific people (52.6%) than the general population.
- Four in ten adults (39.1%) did not meet the recommended level of activity, but still achieve at least 30 minutes of moderate intensity physical activity over seven days.

In the Sovereign Wellbeing Index study of New Zealanders' wellbeing, people's wellbeing increased with even small increases in activity level. People who engaged in high levels of exercise had an average wellbeing score of 47.1, compared with 42.8 for people with very low levels of exercise. Even low levels of exercise boosted wellbeing to 45.0.