

# WHY WE ARE MISSING THE MARK ON MENTAL HEALTH

*Results of Australia's Biggest  
Mental Health Check-in*

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## Abstract

Australia's Biggest Mental Health Check-in is the largest ever proactive campaign of its kind to educate, measure and change mental health. Utilising an online subjective measurement, along with access to the world's first objective measure of mental health through wearable technology, over 3000 people took part.

The Check-in measured mental health and its early signs, including underlying factors. 39% of respondents were experiencing Depression, and 37% met the criteria for Anxiety disorders. 18-24 year olds were the highest risk, also experiencing high levels of sleep disturbance and low Trust. Self-criticism, Perfectionism and low self-awareness also emerged as key factors in poor mental health. 94.8% of participants would recommend the Check-in to others.

The results present a resounding call to action to change the way we approach mental health, if we are to turn the tide on what has become the single biggest disease on the planet (World Health Organization, 2017).<sup>1</sup>

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## Introduction

**Someone needs to call it. Traditional approaches to mental health aren't working.** In spite of increased global awareness, unprecedented funding, and significant improvements in treatment options, mental health has continued its tsunami-like presence.

The economic cost of Depression alone in Australia and the US combined exceeds \$100B, with 1 in 4 people globally experiencing a mental health disorder throughout their lives.<sup>2</sup>

Headlines of athletes, leaders and artists disclosing mental illness highlight a growing societal awareness. The prevalence of mental health issues is unarguable, in both research and anecdotal recount.

*What is arguable, is why we are still approaching it the same way we always have?*

In creating Australia's Biggest Mental Health Check-in, Vital Conversations' objective, with Medibio's support, was not simply to measure mental health but to change it by giving patients and practitioners alike, a clear, decision-making dashboard they've never had access to before.

*Even if our impact on incidence was not so underwhelming (and it is), traditional approaches such as 1:1 psychological support, GP visits, and medication are unsustainable in a time poor and financially stretched society.*

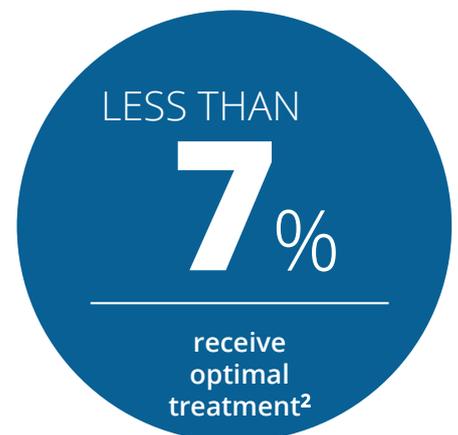
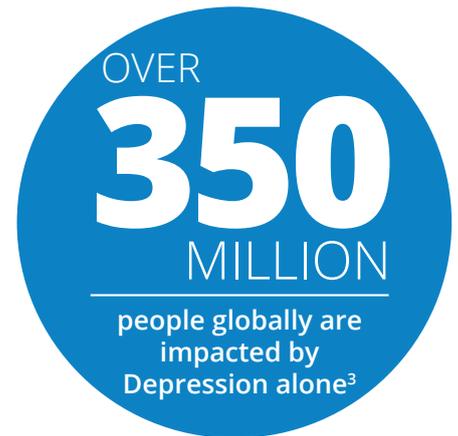
In some acknowledgement that traditional approaches are inaccessible or unwarranted for many of us, a proliferation of apps, mindfulness and self-help programs have emerged. Yet these fail to match the right people with the right interventions, and are in many respects almost a large-scale approach of trial and error, akin to playing pin the tail on the donkey.

As a practising psychologist of 25 years, watching the suffering and struggle of people seeking answers to what are highly treatable conditions, is as sobering as it is frustrating. **Of all the problems in the world that are unsolvable, mental health is not one of them.**

## The Solution

Australia's Biggest Mental Health Check-in (the Check-in) was launched in October 2016, and completed a second phase in May 2017.

4400 people registered to take part individually or through their organisations' subsidisation during an 8-week period. 3102 participants completed the Check-in, with the majority completing through their workplace program.



1 Alwan, A. (2011). Global status report on noncommunicable diseases 2010. Geneva, Switzerland: World Health Organization.

2 Bloom, D.E., Cafiero, E.T., Jané-Llopis, E., Abrahams-Gessel, S., Bloom, L.R., Fathima, S., Feigl, A.B., Gaziano, T., Mowafi, M., Pandya, A., Prettner, K., Rosenberg, L., Seligman, B., Stein, A.Z., & Weinstein, C. (2011). The Global Economic Burden of Noncommunicable Diseases. Geneva: World Economic Forum.

3 World Health Organization. (2016). Mental Health. Retrieved from [http://www.who.int/mental\\_health/advocacy/en/](http://www.who.int/mental_health/advocacy/en/)

The Check-in sought to respond to 3 of the most significant challenges in mental health:

## The Challenges

1

Mental health is rarely addressed until it is problematic, with only 39% of people who experience an issue, ever seeking professional support.

2

Mental health carries a stigma because it cannot be measured in the same way as physical health.

3

Traditional measures are expensive, time consuming, and suffer low accuracy in matching individuals to effective programs.

## The Check-in

Create a global action where leaders, ambassadors, athletes, and all people proactively screen mental health and have an active dashboard available to them.

Use the world's first objective measure of mental health to assess physical biomarkers in the same way we measure steps, calories and heart rate.

Provide practitioners and patients with a strong decision support tool to enhance outcomes efficiently and effectively.

## The Check-in Process

The Check-in involved a 12 minute online survey + 'Medibio-ID' screening. Medibio provided the world's first objective measurement of mental health through assessment of autonomic function and circadian patterns.

Participants completing the Check-in received a 16 page dashboard and customised mental health program, direct to their device. The report outlined what was measured, why it was measured and where the participant sat in terms of population norms.

### These validated scales included:

- Mental health:* Depression, Anxiety, Stress
- Risk Factors:* Sleep, Resilience, Self-Awareness, Emotional Intelligence
- Protective Factors:* Perfectionism, Time Management, Trust, Coping Strategies

Medibio-ID provided a personalised analysis of biomarkers downloaded from a wearable device via Bluetooth. Results were reported in terms of Normal, Mild, Moderate, Severe and Very Severe scores.



Participation was encouraged for people at all levels, including those who were well, in order to increase awareness and reduce future incidence; the “worried well” who may be at risk of early signs of poor mental health; and those in clinical ranges, providing diagnosis and support.

Participants were given strategies to **improve their mental health based on risk factors**. For example; if a high Depression score was recorded, alcohol use was high, sleep was poor and a family history was noted, recommendations differed from those who may have high scores on Depression without these other factors.



Photo credit: The team from Allwater JV (Broadspectrum), Happy Valley after their Check-in conversation.

## What Did We Learn?

### Check-in Survey Results

Depression (39%) emerged as the most significant mental health issue of participants in Australia, followed by Stress and then Anxiety (37%). This is in marked contrast to Australia's official figures documenting Anxiety (14.2%) to be more than twice as common as Depression (6.1% ABS, 2007).<sup>4</sup> Across genders, minimal difference between males (49%) and females (51%) was noted for Depression, in spite of literature universally reporting a stronger female prevalence.

Anxiety emerged as having the greatest gender difference, falling significantly higher in females (57%) than males (43%).

*18-24 year old participants had the highest incidence of Depression, Anxiety, and Sleep Disturbance, and shared the lowest scores of all age categories on Trust.*

25-34 year olds were the next highest age bracket likely to be experiencing a mental health disorder with those in the 45-54 age group the least likely.

*Participants were significantly more likely to experience Depression if they had high Perfectionism, poor sleep quality, low Trust, or if they withdrew from others as a way of coping with stress.*

## Snapshot of Results

3102 Participants

**39% Depression**  
**37% Anxiety**  
**37% Stress**



**59%**  
**Female**



**41%**  
**Male**

**58%** were between the  
**ages of 25-44**

**60%** of participants were  
**dissatisfied** with their  
**weight**

**25%** of participants  
**exercised less** than  
**once per week.**

Those who had high Self-Awareness, high Trust, good quality sleep and tended to choose 'problem solving' as a primary coping strategy when stressed were least likely to be living with Depression.

Participants with high Emotional Intelligence were higher in Resilience, and were likely to be less perfectionistic.

*Perhaps the most concerning results of all were that 9/10 people experiencing symptoms of a severe mental health condition were not currently, or had not ever received treatment.*

**Medibio-ID results assessing autonomic and circadian patterns were as follows;**

**Mild (63%):** Discomfort risen to the level of distress. Beginning of impairment to functioning, e.g. difficulty sleeping or poor concentration.

**Moderate (19%):** Multiple signs of psychological distress and impairment.

**Severe or Very Severe (8%):** Marked distress, leading to typically chronic long term impairment.

*Of those who were identified through Medibio-ID as being in Severe or Very Severe ranges, 82% were also in high ranges on Depression, Anxiety or Stress.*

Participant feedback indicates that undergoing biometric assessment had a significant impact on motivating help-seeking for those in higher ranges. Interestingly, 70% of those in severe ranges reported poor sleep quality. 78% reported weight dissatisfaction.

Analysing why other participants who scored highly on subjective assessment did not scan highly on a biometric measure requires more in-depth discussion than this paper allows.

*There is no question that an objective measure of mental health provides a more holistic and compelling case than subjective assessments alone.*

*Using technology to develop a subjective and objective dashboard of mental health assessment provides unprecedented insights.*

## What Did Australia Teach Us?



**We can't wait until people know they have a mental health problem to check their mental health.**

Proactive physical health testing is widely accepted, such as mammograms, pap smears and blood tests. Most people wait until symptoms are impacting significantly before attending a GP or Psychologist. The Check-in sends a clear message that this is problematic. Participants were asked at the commencement of the Check-in whether they had ever experienced, or were currently experiencing, a mental health issue. Of those who said they did not, 30% went on to score in clinical ranges on Depression, Anxiety or both. Of those who said they were unsure, 66% of people did in fact have a current condition. In a feedback survey of participants, 56% said that they were surprised by their results.

Australia, unlike the US, does not currently have standardised mental health screening despite the fact that 45% of us will experience a mental health issue during our lives.<sup>4</sup> Though programs such as *BeyondBlue* have progressed

public awareness, the issue of mental health is for many people, typified by a difficult time that becomes a new normal. Unlike a physical ailment, such as a cough or pain, it does not have a clear and measurable onset for most of us. In fact less than 10% of people with severe Depression or Anxiety reported recent stressful events, indicating their state in many respects had become way of life. Most people don't realise when the issue is problematic and the more episodes they have before help-seeking, the less positive the long-term prognosis.

*"I was always told I stressed too easily. Now I know it is anxiety and it just doesn't have to be a part of life. I know what it is and what I need to work on, and it feels more manageable." - 2017 Participant.*

## 2

### Australia is ready to do mental health differently.

The Check-in invited Australians to step up and actively engage in better mental health. We started proactive conversations about report results that made it easier for others to come forward. We invited people who were “well” to look at mental health before it was problematic; and we gave individuals and organisations a detailed, real time pulse check of exactly where and how to allocate their resources. The fact that almost 4400 people opted in, most not engaged in any other programs, reminds us there is a gap in mental health service provision that must be addressed.

In workplaces, Employee Assistance Programs are considered the primary mental health offering. The approach is cost intensive and outdated. National utilisation figures of 3-4% for most employers don't match up against a widely reported incidence of 30% of employees with a mental illness.<sup>5</sup>

In an organisation with 5000 employees, \$90,000 cost is currently expended for less than 150 employees (average of 3 sessions per employee over 3% utilisation). **If participants in Clinical ranges improved, Australian businesses would benefit to the effect of 88,925 hours in productivity annually, with a return on investment of \$2.30 for every \$1 spent.<sup>5</sup>**

*“I had a hard time a few years ago. I tried medication but it didn't work for me.”*  
- 2017 Participant.

For those who have the courage, need and resources to present to a Psychologist, cost and time optimisation would be achieved if they attended with a road map of physical and psychological markers and they had already introduced education and lifestyle changes.

## 3

### Match the right people, to the right program, at the right time, by providing better decision support tools to individuals, GPs and organisations.

Of 350 million people globally affected by Depression each year, it is estimated that between those who don't seek support, those who have incorrect diagnoses, and those who have suboptimal treatments prescribed, less than 7% of people experiencing Depression currently receive optimal treatment.

*“I've always assumed most people felt the same way inside as I do. Taking my report to my doctor made it a lot easier to explain.”* -  
2017 Participant.

Perhaps the most challenging finding of the Check-in is that 90% of people in severe ranges were not getting treatment, or were pessimistic about previously unsuccessful treatment pathways earlier in life.

GPs are commonly the best placed to consider the multiple patient care factors involved. Yet for many individuals, increased self-awareness, lifestyle changes such as sleep and exercising, psycho-education and reducing self-criticism can result in significant changes, before psychological and pharmacological interventions are indicated.

When a patient attends a GP or Psychologist to discuss low mood, anxiety or sleep disturbance, for example, there is a high level of variability in how the same presentation will be managed across professionals.

*Finding the right treatment at the right time is easier if people can approach help-seeking with a full, decision-support dashboard.*

*Participants who attend their GP presenting autonomic and circadian patterns, a full psychological health profile, and increased literacy about mental health provide a significant head start for the physician to co-design treatment with the patient.*

Providing the health practitioner with a dashboard of circadian patterns, autonomic function, depression, anxiety, sleep, coping strategies, substance use, self-awareness and other variables allows a more accurate and cost effective outcome, including the maximising of the patient-practitioner consultancy time.

Perhaps even more powerfully, the dashboard can provide a record of treatment efficacy in a manner that does not rely on patient recall.

## What's Next?

The results of Australia's Biggest Mental Health Check-in are not a sad story. In fact, the stories of those involved in the Check-in give us great optimism that digital health and the ability to provide subjective and objective biomarkers to individuals, organisations, primary health practitioners, insurers and those at the front line of its management, like never before.

Mental health is one of the most prolific and yet treatable diseases in the world. There is however a tangible and unmistakable urgency to move beyond awareness and simply increasing the funds available, to meet demand. We have the business case, the awareness, the medical technology, and the buy-in from Australians given the chance to participate, with 56% citing significant improvements in their mental health and even more changing their approach to mental health as a result of a dashboard that costs less than a takeaway meal.

Australia's Biggest Mental Health Check-in provides the evidence and the opportunity to change the way mental health is managed globally. The question is whether we have the courage.

## Participant Experience

**56%** of participants described making **significant changes** to their **lifestyle** as a result of the Check-in

**61%** of participants **did not find** their **employers' EAP** helpful

**71%** thought **differently** about their **mental health** after the Check-in

**94.8%** would **recommend** the Check-in to others

*"We must move away from subjective measures of mental health as a gold standard and are actively looking at objective measures if we are to succeed."*

*U.S. National Institute of Mental Health, May 2013*

Creating Australia's Biggest Mental Health Check-in has been a humbling experience that wouldn't have been possible without the support of an amazing team. Vital Conversations would like to thank the team at Medibio for their vision, Karma Resorts and The West Australian for their support in sponsoring the Check-in, and the brilliant team at Concept Marketing. Australia's Biggest Mental Health Check-in will be relaunching again in October 2017.

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