

The World Health Organisation defines mental health as:

"A state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community".

Mental health is therefore not merely the absence of mental illness but about how people feel, think, behave and relate to others, and can significantly affect people's ability to function effectively. While eliminating all mental illness remains an aspirational goal, there are significant population health gains to be made by focussing on policies that improve population mental health.

Experiences of mental ill-health are widespread, with almost one in five Australian adults experiencing mental illness every year, and 45 per cent at some time in their life. The most common mental illnesses include anxiety, depression, and substance abuse disorders. Almost half of all lifetime mental health disorders first emerge at age fourteen, and three quarters by age twenty-four, highlighting the need for mental health interventions early to reduce the risk and severity of mental ill-health in later life.

The COVID-19 pandemic is having significant consequences on mental health and wellbeing. Early surveys by Monash University are already indicating elevated levels of anxiety and depression being experienced by Australians, while suicide modelling from the University of Sydney's Brain and Mind Centre has predicted a potential 25-50 per cent increase in the number of Australians taking their lives over the next five years.

Reduced opportunities for social connection also increases the risk of social isolation and loneliness which has been linked depression, poorer cardiovascular health. Among older adults, social isolation and loneliness can accelerate cognitive decline and dementia. As such, mental health is considered a health and wellbeing priority for the City of Melbourne.



How are we tracking?



Anxiety and depression

The proportion of our adult population reporting having ever been diagnosed with anxiety or depression has decreased since 2014 and is lower than the Victorian average. In 2017, around a fifth (22 per cent) of our adult population reported having ever been diagnosed with anxiety or depression. Women were more likely to report having anxiety or depression compared to men (24 per cent compared to 20 per cent). It should be noted, however, that many people go undiagnosed and untreated, so actual rates of anxiety or depression are likely to be higher.

While rates are tracking favourably, it is anticipated that rates of rates of depression and anxiety will increase over time due the impacts of COVID-19.



Suicide rate

At 8.9 deaths per 100,000 people, the 2016 suicide rate in the City of Melbourne has decreased since 2013 and was lower than the Victorian rate of 9.9 per 100,000 people. Rates of suicide are generally higher amongst men: based on national data, men aged 85 years and older are most likely to die by suicide (33 per 100,000), while the highest rate of suicide amongst women is the 35-44 years age group (8.3 per 100,000).

Concerningly, rates of suicide are expected to increase in the future due to the impacts of COVID-19, highlighting the need to place mental health at the forefront of COVID-19 recovery efforts.



Sought help for a mental health issue

In 2017, 15 per cent of City of Melbourne adult residents sought help for a mental health issue in the previous year, reflecting no change on 2014 figures. Men in the municipality (14.7 per cent) were slightly more likely to seek help for a mental health problem compared to men in Victoria (14.1 per cent). Conversely, the proportion of women in the municipality seeking help for a mental health problem (15.1 per cent) was substantially less than the proportion of women across Victoria (21.2 per cent).

Despite the high prevalence and burden of mental health issues amongst the population, many do not seek professional help for a variety of reasons such as stigma, financial constraints, access barriers, and low mental health literacy.





Figure 1. Proportion of adults in the City of Melbourne and Victoria who sought professional help for a mental health issue in the last year by gender, 2017.

Source: VPHS



How is the City of Melbourne responding?

The City of Melbourne funds the delivery of programs to support mental health and wellbeing needs of the community. The impacts of COVID-19 will need to be at the fore front of recovery. Efforts so far include:

- To inform the cities recovery efforts, City of Melbourne is conducting a COVID-19 Community Survey to learn more about the challenges being faced by the community as a result of the pandemic.
- The Community Support Directory a central resource of essential support services for our community during the COVID-19 pandemic. The directory includes information about the virus
- as well as contact details for mental health, family violence, alcohol and other drug use, housing and homelessness, food relief, medical services, financial and legal support services.
- The Community Call Club to mitigate some of the isolating effects of COVID-19. The program provides social support and connection for older people without access to an internet-enabled device. Call participants could join three times a week to learn and discuss a range of topics including health and well-being, poetry and literature. Facilitators presented on guided meditation, self-inquiry, group trivia and riddles.