# Australian Mental Wellbeing Index

Checking in on the everyday mental wellbeing of Australians

**REPORT 3** | JULY TO SEPTEMBER 2022

2022

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# What is the Australian Mental Wellbeing Index?

The Australian Mental Wellbeing Index is made up of six everyday mental wellbeing domains: emotional awareness, focus and concentration, emotional regulation, relationships and social connections, sleep, and stress. The Australian Mental Wellbeing Index aims to provide a consistent and reliable dataset to inform mental wellbeing policy and decision making; draw attention to changes in national trends in Australia's mental wellbeing; and reframe how Australians consider mental wellbeing. The domains represent the following:

**Emotional awareness**
The ability to notice emotions as they are experienced and to identify and differentiate between emotions.

**Focus and concentration**
The ability to attend to a task with minimal distraction and for an extended period of time.

**Emotional regulation**
The ability to manage emotions without reacting to them.

**Relationships and social connections**
The experience of rewarding relationships, feeling connected and close with others.

**Sleep**
The level of satisfaction with the quality of sleep.

**Stress**
The experience of agitation, nervousness or stress.

**200,770 surveys** were completed by 66,528 unique users between July 2022 and September 2022.

On average, there were approximately 4,752 unique user responses and 14,341 survey responses completed each week.

*For further information on the Australian Mental Wellbeing Index, refer to Appendix: Data and Methods.*

# Summary of insights

## Overall

The Australian Mental Wellbeing Index was 49.0 in Q3 2022 (July 2022–September 2022) which is higher than the index for Q3 2021 (0.7%), and Q2 2022 (1.3%).

## Over the past quarter

The mental wellbeing of Australians saw a 12-month peak heading into August 2022.

During the latest quarter, after a sharp peak, mental wellbeing was trending down through September 2022.

One in four (26%) Australians report overall good levels of mental wellbeing, while 28% report poor levels of mental wellbeing.

## Domains

Key life domains contributing to an overall low index include a higher proportion of Australians experiencing challenges with stress (37%), focus and concentration (41%), and sleep (32%).

The life domains of emotional awareness, and relationships and social connections demonstrated the largest positive contributors to overall mental wellbeing, with the share of positive responses for relationships, increasing from the same period in 2021.

One in four (26%) Australians reported high levels of emotional regulation and one in three (34%) Australians reported positive relationships and social connections.

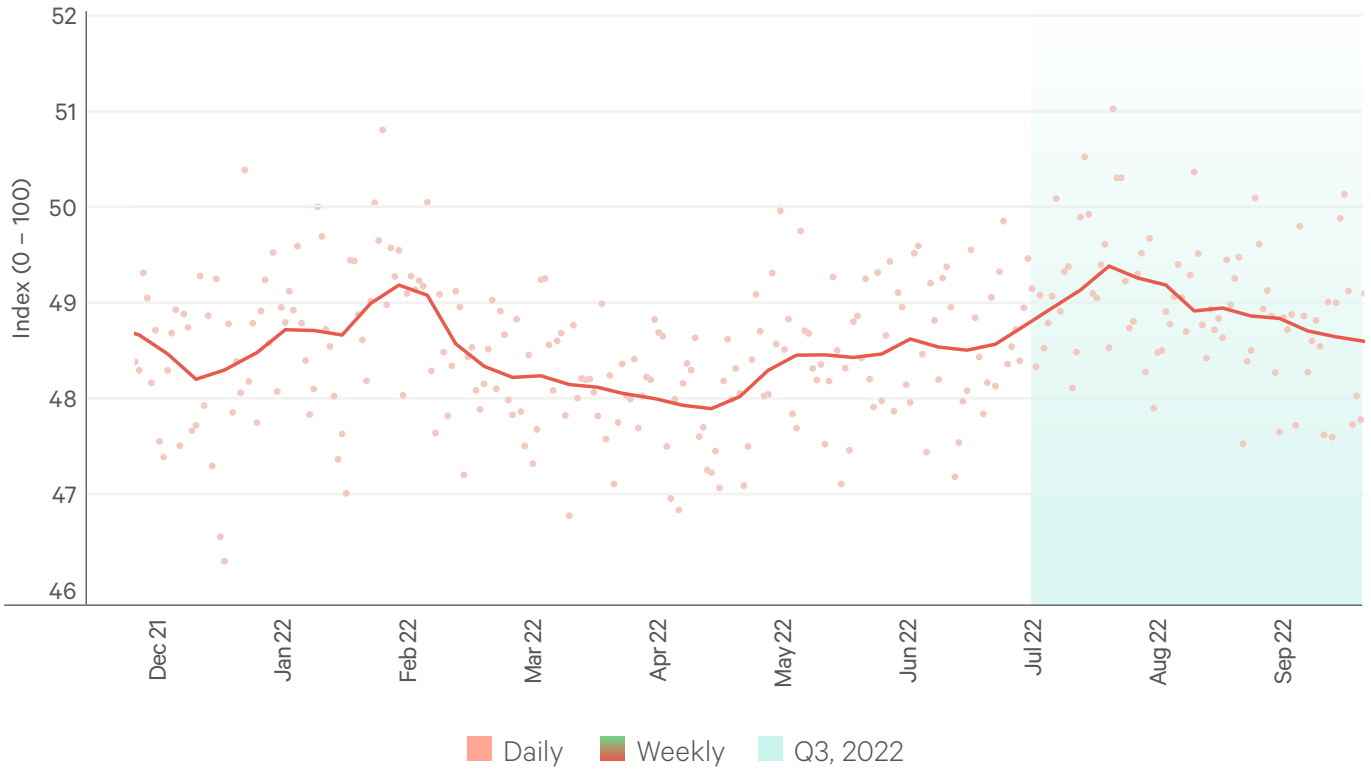## Wellbeing by location across Australia

Mental wellbeing has been consistently higher across all states except for Western Australia and South Australia, which saw a slight decrease of 0.3% and 0.9%, respectively, compared to the same period in the previous year.

The mental wellbeing of Victorians was highest when compared to all other states, and was approaching positive mental wellbeing (49.4%).

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# Australian Mental Wellbeing Index
## Insights Q3, 2022 (July–September 2022)



Index (0 – 100)

52
51
50
49
48
47
46

Dec 21  Jan 22  Feb 22  Mar 22  Apr 22  May 22  Jun 22  Jul 22  Aug 22  Sep 22

■ Daily    ■ Weekly    ■ Q3, 2022

# Australian Mental Wellbeing
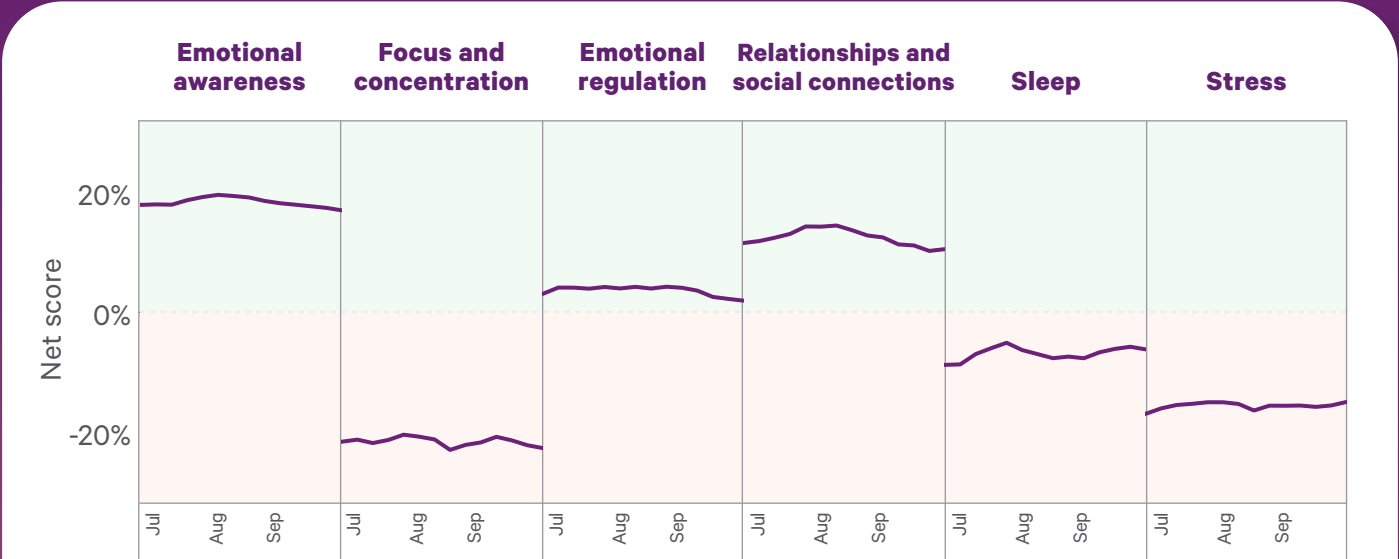# Index Score (Q3, 2022)

**49.0**
Out of a total max score of 100
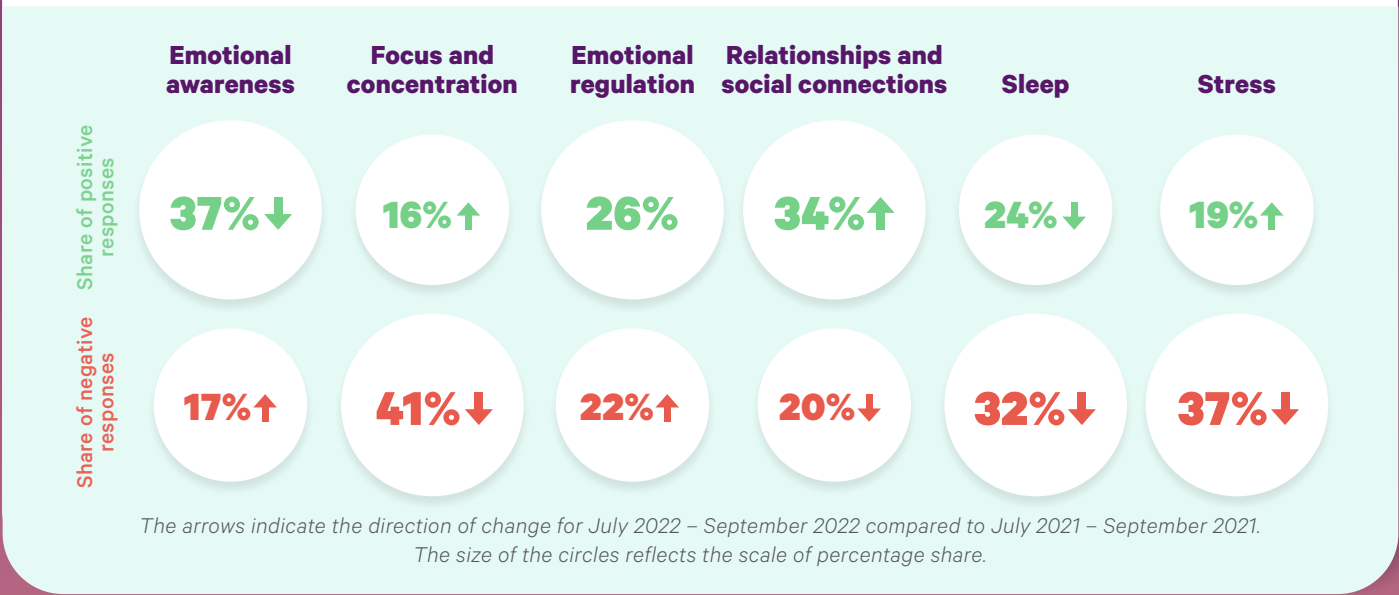
**↑0.7%**
Compared to Q3, 2021

**26%** of Australians report good wellbeing

**28%** of Australians report poor wellbeing

# The six life domains contributing to mental wellbeing Q3, 2022 (July–September 2022)



Net score is defined as the difference between the proportion of positive and negative responses



The arrows indicate the direction of change for July 2022 – September 2022 compared to July 2021 – September 2021.
The size of the circles reflects the scale of percentage share.

## In the past quarter

**Australians experienced relatively poor levels of stress, sleep quality, and focus and concentration.** These results were in line with Q2, 2022 (April–June 2022), and suggest priority areas for Australian to improve their mental wellbeing.

**Australians generally have positive emotional awareness, emotional regulation, and relationships and social connections,** and they should continue to build on these domains. However, emotional awareness saw the largest drop in positive responses (-3%).

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# Australian Mental Wellbeing Index Scores by region across Australia,

## Q3, 2022 (July–September 2022)

**QLD**

**48.5**
Out of a total max score of 100

↑ **1.2%**
Compared to Q3, 2021

**WA**

**49.1**
Out of a total max score of 100

↓ **0.3%**
Compared to Q3, 2021

**SA**

**48.5**
Out of a total max score of 100

↓ **0.9%**
Compared to Q3, 2021

**NSW**

**48.7**
Out of a total max score of 100

↑ **0.1%**
Compared to Q3, 2021

**VIC**

**49.4**
Out of a total max score of 100

↑ **1.4%**
Compared to Q3, 2021
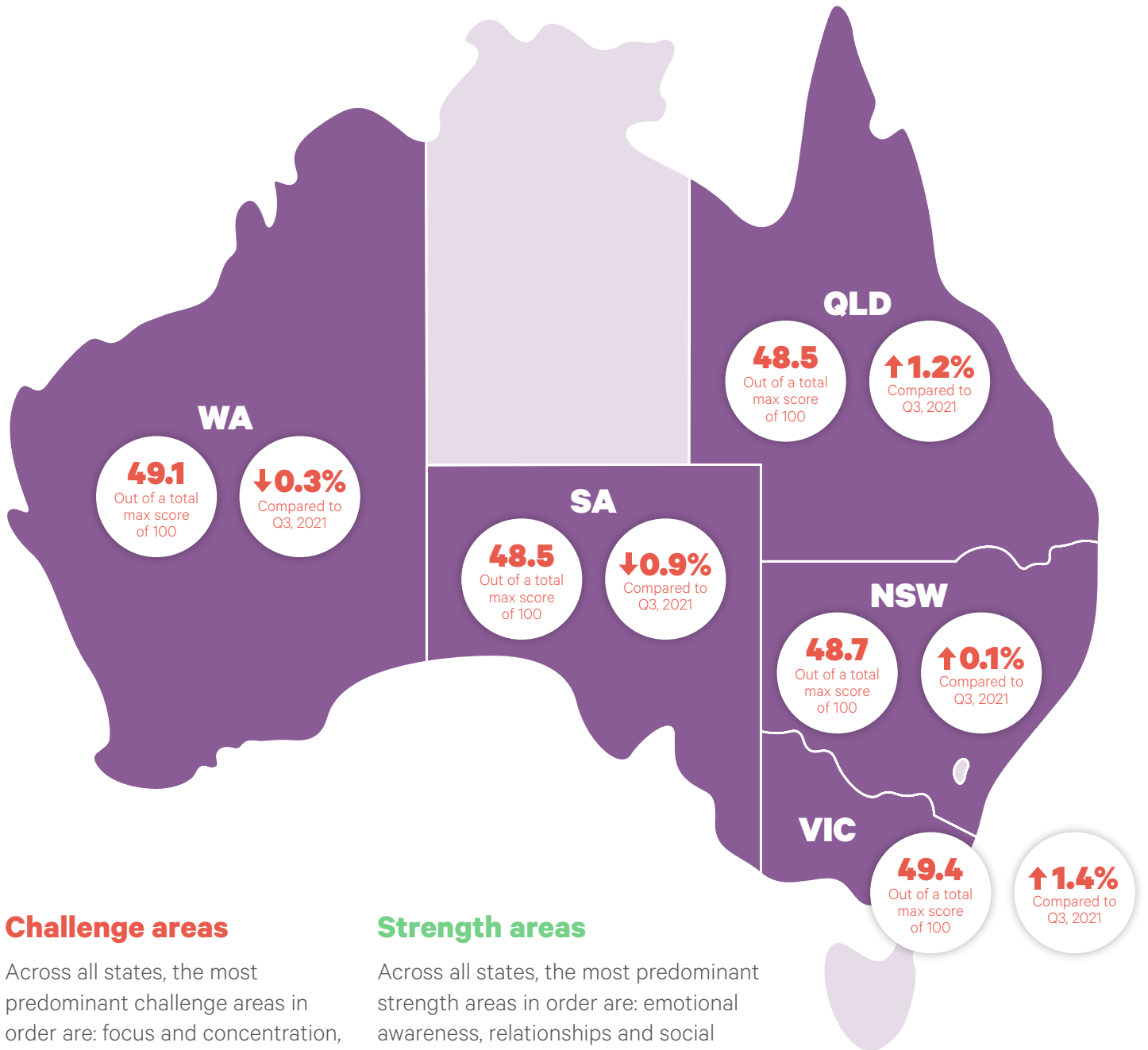
## Challenge areas

Across all states, the most predominant challenge areas in order are: focus and concentration, stress, and poor sleep quality.
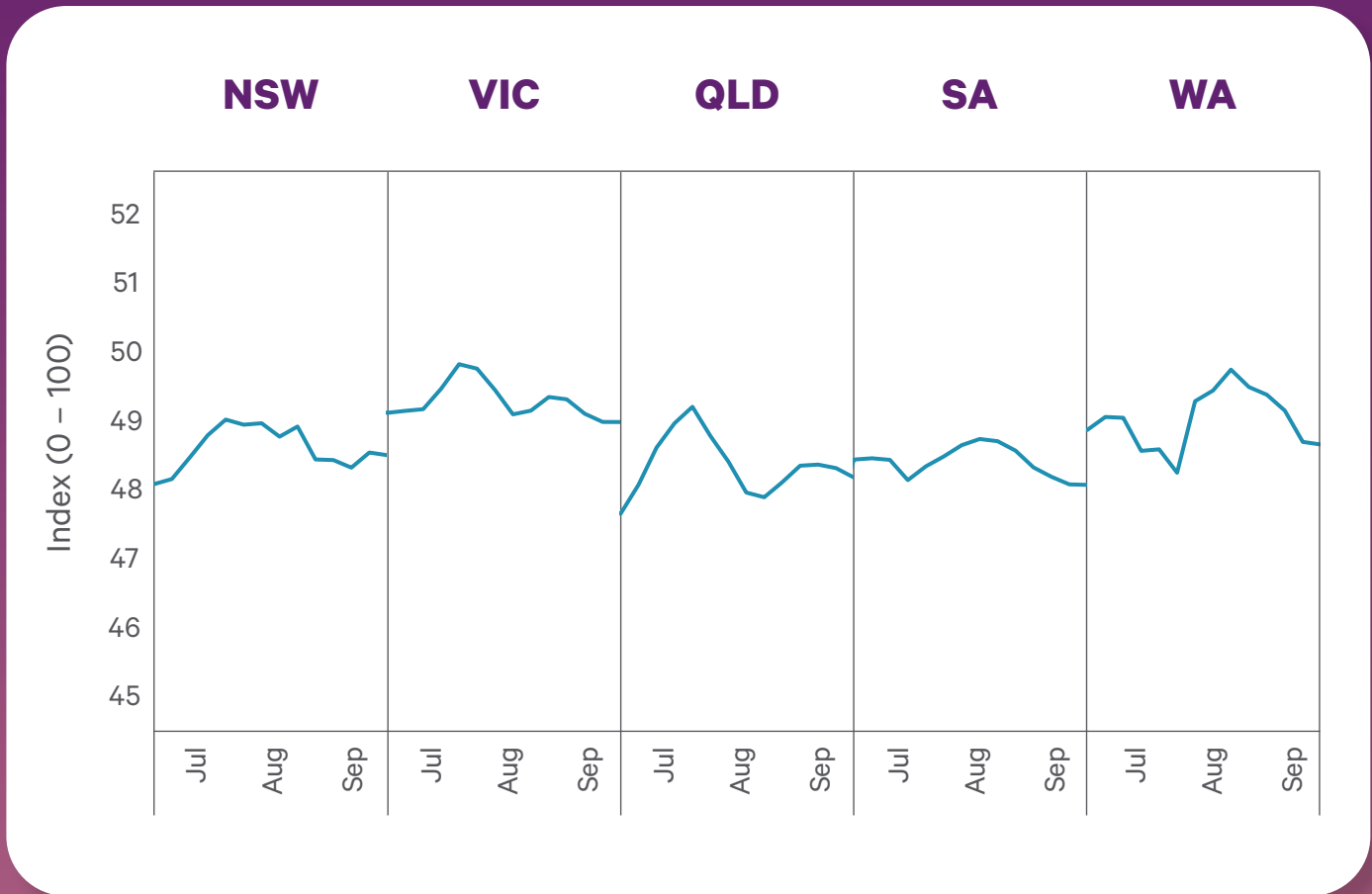
## Strength areas

Across all states, the most predominant strength areas in order are: emotional awareness, relationships and social connections, and emotion regulation skills.

*Only states with a large enough sample size have been included.*

# Australian Mental Wellbeing insights by state
## Q3, 2022 (July–September 2022)



*Tasmania, Northern Territory, and the Australian Capital Territory have not been included in this report due to low user and survey response sample sizes.*

**Victoria scored the highest nationally in terms of their wellbeing.**
Exhibiting a higher wellbeing score when compared to the same period in 2021 (1.4%).

**Queenslanders experienced an increase in their wellbeing compared to the same period in 2021 (1.2%).** However, alongside South Australia, Queensland scored the lowest nationally for Q3, 2022 (July–September 2022).

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# Data and methods

## There are six domains of interest in the survey. The following questions were used to capture responses in each of these domains:

**Emotional awareness:**
When someone asked how I was feeling, I could identify my emotions easily

**Focus and concentration:**
I've been easily distracted

**Emotional regulation:**
I've noticed my emotions without having to react to them

**Relationships and social connections:**
I've been feeling close to other people

**Sleep:**
I've been satisfied with my sleep

**Stress:**
I've been feeling agitated

Survey respondents are asked to rate themselves on a scale of 1 to 5. Responses are standardised such that 1 refers to the most negative response and 5 refers to the most positive response.

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### How are the Australian Mental Wellbeing Index results measured?

The index involved transforming individual survey responses into point values, with a higher point value associated with good mental health. All scores were added and divided by the total number of possible points to obtain a score out of 100.

The net score used for the domains is defined as the difference between the proportion of users who report a positive response and the proportion of users to report a negative response. On a scale of 1 to 5, a response of 4 or 5 is defined as a positive response while a response of 1 or 2 is defined as a negative response. The net score metric is similar to a net promoter score and is meant to capture the sentiment of users for a given domain.

### How is the overall index constructed?

The overall index is a simple average (equal weights) of the individual index across the six domains. In other words, each of the six domains equally contributes to the overall index.

### What frequency are the results being reported on?

Results are reported on a weekly basis. There was minimal variation when aggregated on a monthly basis, however, there was too much noise when reported on a daily basis. Daily results are still included in the overall index to provide an indication of the daily variation underpinning the weekly results.

### Are the results reported on by survey or by user? Can users have multiple survey responses? How do you handle this?

The results are reported per user in a given period. Reporting on a per-user basis provides a more intuitive way of understanding the results. As each user is able to complete multiple surveys in a week or day, only the first survey completed per user in a given period is used. This helps to avoid any treatment effects of going through a meditation or mindfulness program.

### Why do the domains appear to have a different baseline?

Differences may be accounted for by a mix of positively and negatively worded items. Domains which were negatively worded were more likely to return a higher proportion of negative responses. It is also worth noting that the negatively worded items, on average, returned more 'extreme' responses than the positively worded items, which may be due to a greater influence of negativity bias among the population.

### Have you done any analysis to assess how well the questions reflect each of the domains?

The individual scores for each domain were tested against the total scores of relevant validated scales. Each item demonstrated between medium to high correlations with the total score of their respective validated scale. The following table describes the correlation between each item and the total score of a concurrent scale.

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| Domain | Index Item | Validated Scale | Correlation (Pearson's R) |
|---|---|---|---|
| Emotional awareness | When someone asked how I was feeling, I could identify my emotions easily | FFMQ (Awareness) | 0.68 |
| Focus and concentration | I've been easily distracted | Philadelphia Mindfulness Scale | 0.32* |
| Emotional regulation | I've noticed my emotions without having to react to them | Philadelphia Mindfulness Scale | 0.51* |
| Relationships and social connections | I've been feeling close to other people | Perceived Community Scale | 0.47 |
| Sleep | I've been satisfied with my sleep | Sleep Disturbance Scale | -0.74 |
| Stress | I've been feeling agitated | Perceived Stress Scale (PSS) | 0.67 |

*Due to insufficient scales seeking to measure focus and concentration, and emotional regulation, these items were tested against total mindfulness.

## How valid is the index as a measure of wellbeing?

Bivariate correlations with existing scales showed support for the validity of the Australian Mental Wellbeing Index.

The Australian Mental Wellbeing Index was tested for concurrent validity against two validated scales, the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) and the WHO-5. The analysis showed high positive correlations with both the WEMWBS (r=0.74) and the WHO-5 (r=0.68). Similarly, the Australian Mental Wellbeing Index showed adequate convergent validity with the K-10 measure for psychological distress (r=-0.59).

## Have the results been adjusted in any way?

The results are based on raw data that have not been adjusted or re-weighted.

We will continue to monitor and assess the need for adjustments or weights, noting that without the right variables, any additional manipulation or re-weighting may induce further bias in the results.

## Why is there only data available from May 2020 onwards?

Survey data was only collected from April 2020 onwards. Data in the first few weeks of April had low collection numbers as it reflects small scale testing prior to the wider release. As such, analysis commences only from May 2020 onwards.

**References:**

WEMWBS: Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., Parkinson, J., Secker, J., & Stewart-Brown, S. (2007). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): Development and UK validation. Health and Quality of Life Outcomes, 5, Article 63. https://doi.org/10.1186/1477-7525-5-63

WHO-5: Topp C.W., Østergaard S.D., Søndergaard S., & Bech P. (2015). The WHO-5 Well-Being Index: A Systematic Review of the Literature. Psychotherapy and Psychosomatics, 84, 167-176.

K-10: Kessler RC, Barker PR, Colpe LJ, Epstein JF, Gfroerer JC, Hiripi E, et al. Screening for serious mental illness in the general population. Arch Gen Psychiatry. 2003 Feb;60(2):184-9.

# Expert Advisory Group

We would like to acknowledge the input and guidance of our expert advisory group in the development of the Australian Mental Wellbeing Index.

## Professor Nicola Reavley

*Principal Research Fellow, Mental Health Literacy Program; Melbourne School of Population and Global Health at the University of Melbourne*

Prof. Reavley is Deputy Director of the Centre for Mental Health, Melbourne School of Population and Global Health at the University of Melbourne. Her research focuses on the population monitoring and interventions to improve population mental health and mental health literacy and reduce stigma and discrimination.

## Professor Lindsay Oades

*Director, Centre For Wellbeing Science; Melbourne Graduate School of Education at the University of Melbourne*

Dr. Lindsay G. Oades PhD is an internationally acclaimed wellbeing science researcher, educator and author. As Director and Professor at the Centre for Wellbeing Science, at the University of Melbourne, he leads a growing and dynamic team of researchers and educators who promote and investigate how people learn to improve wellbeing, in education, health, organisations and communities. Currently he is a coordinating lead author with a UNESCO assignment examining the relationship between education and human flourishing. With over 150 refereed journal articles and book chapters related to wellbeing, recovery and coaching and five books with esteemed publishers including Cambridge University Press, Wiley-Blackwell, Routledge and SAGE, he is a scientific reviewer for the Australian Research Council. Lindsay has consulted to multiple organisations including the NSW Department of Education, NSW Mental Health Commission, Beyond Blue and the Australian Mental Health Commission. Lindsay's work highlights the differences between mental health approaches drawn from a medical and natural science paradigm compared to wellbeing approaches drawn from an educational and cultural learning paradigm.

## Professor Peter Butterworth

*Centre for Research on Ageing, Health and Wellbeing
in the Research School of Population Health,
Australian National University*

Prof. Peter Butterworth is a Professor at the National Centre for Epidemiology and Population Health (NCEPH) at the Australian National University. He also holds an honorary Professorial appointment in the Melbourne Institute: Applied Economic and Social Research at the University of Melbourne. His background and training is in the areas of psychology, biostatistics and psychiatric epidemiology. Peter's broad research interests are in the social causes and social consequences of common mental disorders such as anxiety and depression, and his research focuses on how economic and social policy can improve population mental health.

## Dr Chris Schilling

*Research Director (Demographics and Data),
Australian Institute of Family Studies*

Dr. Chris Schilling is an accomplished health economist with more than 15 years of experience in economic modelling and research across academia, government and consultancy. Chris is currently the Research Director, Demographics and Data at the Australian Institute of Family Studies (AIFS), where he leads AIFS longitudinal studies, including the Longitudinal Study of Australian Children (LSAC) and the Longitudinal Study of Male Health (Ten to Men). Previously Chris worked as a Director at KPMG where he led the Health Economics practice responsible for a range of large-scale economic evaluation and modelling engagements using linked and longitudinal data. His work has influenced key policy debates around palliative care, mental health and wellbeing, productivity and low-value care. Chris has a double degree in Engineering (Hons)/Commerce (Hons) from the University of Melbourne and an MSc in Agricultural Economics from the University of Hohenheim, Germany. He completed his PhD in Health Economics at the University of Melbourne where his thesis included a range of publications using individual-level observational data. Chris maintains a link with the University of Melbourne where he continues to conduct research, guest lecture and supervise PhD students.

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