21 APPENDICES

21.1 Notes

1. All percentages in the tables in the appendices use the total sample as the denominator unless otherwise indicated. The base numbers are: 1,087 male participants and 738 female participants; 773 participants aged 18-34 years and 1,052 participants aged 35-64 years; and a total of 1,825 participants.
2. Tables that cover all coding options for a variable, whether aggregated or disaggregated, will include 100% and the denominators on which percentages are based in the bottom two rows. In some cases, percentages will not add to 100.0% due to rounding error.

21.2 List of appendicies

Appendix 1. Background, aims and methodology

Catchment sites

New South Wales
Hunter New England
Orange

Queensland
West Moreton

South Australia
Northern Mental Health

Victoria
North West Area Mental Health Service
St Vincent's Mental Health Service

Western Australia
Fremantle, Peel and Rockingham and Kwinana

Catchment site profiles are provided in Appendix Table 1-3.

Census month

March 2010

Inclusion criteria

Diagnosis

Census month: screen-positive rating for psychosis on the Psychosis Screener

11 months prior to census: a diagnosis of psychosis on administrative records, namely, ICD-10 schizophrenia (F20), schizotypal disorder (F21), persistent delusional disorder (F22), acute or transient psychotic disorder (F23), induced delusional disorder (F24), schizoaffective disorders (F25), other and unspecified non-organic psychotic disorder (F28, F29), manic episode with psychotic symptoms (F30.2), bipolar affective disorder with psychotic symptoms (F31.2, F31.5), severe depressive episode with psychotic symptoms (F32.3), recurrent depressive disorder with psychotic symptoms (F33.3) OR at least two admissions with a drug- or alcohol- induced psychosis (F10-F19: .5 and .7 only)

People may experience transient psychotic symptoms related to acute substance intoxication or withdrawal. These disorders are the not the focus of the current survey. However, the links between psychotic disorders and substance misuse are complicated and many individuals with psychotic disorders have co-morbid alcohol or illicit drug use/dependence disorders. A case of psychosis may be missed if the primary diagnosis at the time of an inpatient admission is a substance-induced psychosis, masking an underlying psychotic disorder. For this reason, screening of administrative registers in the 11 months prior to the census month included screening for people with at least two inpatient admissions with a substance-induced psychosis. Only 1.8% of the total number screen positive for psychosis met this criterion. If they did not meet full criteria for a psychotic disorder at the time of interview, they were coded as "other" in the diagnostic groupings.

Age range

Aged 18-64 years during the census month.

Residency

Resident in designated postcodes/suburbs as determined by the catchment area of the relevant mental health services.

Exclusion criteria

The survey excluded:

- people with insufficient English or a communication or cognitive impairment that would interfere with a person's capacity to give informed consent and to complete a valid interview; and
- those unavailable for screening or interview due to residence in a nursing home or prison.

Coverage

The survey targeted:

- people in contact with public specialised mental health services in March 2010, that is including inpatient units, emergency departments, community liaison, public outpatient and community care mental health services units, but excluding drug and alcohol services;
- people who used public specialised mental health services in 11 months prior to March 2010, that is from April 2009; and
- people in contact with non-government organisations funded to support people with mental illnesses in March 2010 census month.

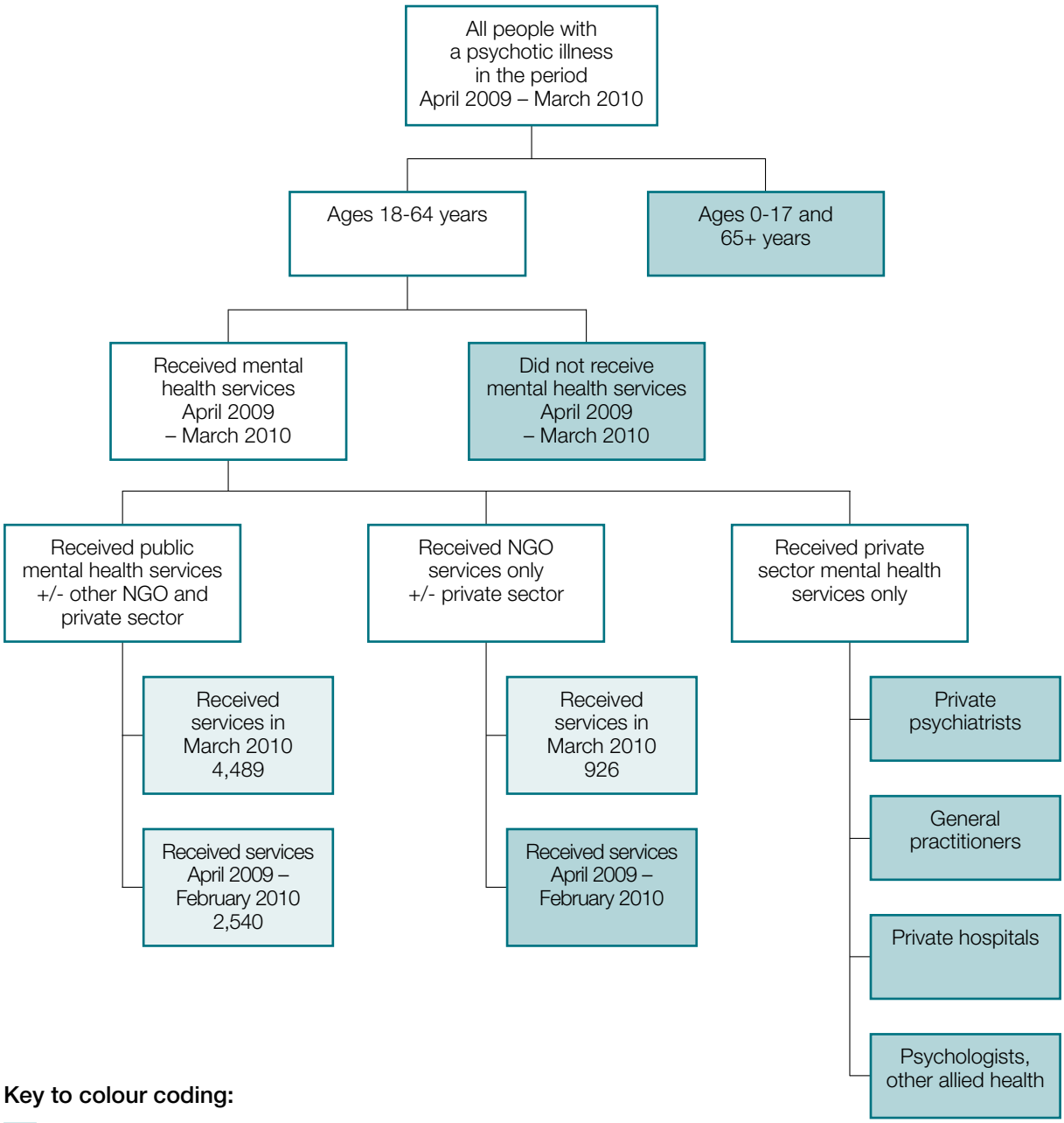
Screening identified 7,955 people who were screen positive for psychosis (Appendix Table 1-1). These were adults aged 18-64 years in contact with public specialised mental health services between April 2009 and March 2010 inclusive, as well those receiving mental health services from government funded non-government organisations in March 2010.

Just over half (56.4%) were current clients of the public specialised mental health services, that is in March 2010.

Appendix Table 1-1. People who were screen positive for psychosis by sector

	Persons	Proportion (%)
Used public specialised mental health services in the census month	4,489	56.4
Used public specialised mental health services in the 11 months prior to census month	2,540	31.9
Only used non-government organisation funded to support people with mental illnesses in the census month	926	11.6
Total	**7,955**	**100.0**

Appendix Figure 1-1. Service use by people with psychotic illness and who was included in 2010 national psychosis survey



Key to colour coding:

People with psychotic illness **included** in the survey sample.
7,955 people were identified through the three cohort entry pathways.
Of these, a sample of 1,825 was randomly selected for interview.

People with psychotic illness **not included** in the survey sample.

To enumerate people only using non-government organisations funded to support people with mental illnesses in the census month, all potential non-government agencies were invited to participate in the census.

- Overall, 86% of individual centres that were part of these non-government organisations and located within the survey catchment area participated.
- In general, those not participating were smaller centres within larger participating organisations, predominantly in rural areas.
- These data were used in national prevalence estimates.

The survey did not enumerate certain groups of people:

- those under the age of 18 years or those over the age of 64 years;
- those who did not make contact with public specialised mental health services within the selected 12-month period or non-government organisations funded to support people with mental illnesses in the census month; and
- those who, in the census month, were solely in contact with general practitioners or private psychiatrists and psychologists, or who were homeless and not in contact with treatment services.

Homeless people were not a specific target for enumeration since this group was covered in the 1997-98 psychosis survey where they represented a small proportion of the census month sample. The 1997-98 survey also found that the majority of people who had been homeless in the census month had had some contact with treatment services in the previous 11 months or between screening and interview. Consequently, the current survey elicited comprehensive data on primary, secondary and tertiary homelessness at any point in the 12-month period prior to interview from all survey participants.

Generalisability

These data were collected using a two-phase design, recognised in the research literature as appropriate for the collection of data on low prevalence disorders.[27, 28] Through its national, epidemiological approach to sampling, the survey catchment sites represented 10% of Australians aged 18-64 years, ensuring generalisability of the survey data to all people with psychosis in contact with public sector treatment services over a one-year period in Australia.

Interview sample

In total, 1,825 people completed interviews. These people were randomly selected by age group and catchment site from the 7,955 people who were screen-positive for psychosis and who met survey eligibility criteria.

Appendix Table 1-2. Full interview sample by sector

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Used public specialised mental health services in the census month	66.9	65.6	66.8	66.1	66.4
Used public specialised mental health services in the 11 months prior to census month	21.7	23.4	25.1	20.4	22.4
Only used non-government organisation funded to support people with mental illnesses in the census month	11.4	11.0	8.2	13.5	11.2
Total	**1,087**	**738**	**773**	**1,052**	**1,825**

To be eligible for interview, participants required positive ratings for at least two items on the screening instrument. These items covered hallucinations and delusions (six items), and being on antipsychotic medication (key worker form) or told by a doctor that they had a psychotic disorder (participant form). Alternatively, they were eligible if they had a recorded diagnosis of psychosis or two admissions with a drug or alcohol induced psychosis in the 11 months prior to census.

Not all eligible people, however, met full diagnostic criteria for psychosis when interviewed by trained mental health professional staff using the detailed Diagnostic Module of the Diagnostic Interview for Psychosis[4] to elicit the signs and symptoms of psychotic disorders. Nonetheless, people interviewed represent the range of severe disorders, with associated disability and comorbidities, presenting to public specialised mental health services at any point in time.

Participation by those screen-positive and selected for interview was 29% overall.

There were a number of reasons for non-participation.

- Passive non-response that is people being selected from the census under random sampling, but ultimately not directly asked to participate, was a significant cause of non-participation. Passive non-responders made up 47% of all non-responders. There were several reasons why they were not contacted:
  - One quarter (27%) were eligible but contact was not made, either because they could not be tracked or because they had died in the period since screening.
  - For 10% of cases, case managers had not invited clients to participate because they had assessed them as not being well enough or, in some cases, had neglected to pass on the request.
- Ten percent (10%) were judged by the interviewers to be too unwell physically or mentally to provide consent.
- Almost half (47%) had refused.
- A small proportion (6%) had agreed, but could not find a time to be interviewed.

With the exclusion of those not given the opportunity to participate (passive non-responders), the response rate is 44% overall. This is generally consistent with the results of the 1997-98 survey and comparable to similar studies internationally. Higher response rates are not typically found in surveys of people who have psychotic illness or for surveys of more unwell populations.

Interviewing those without psychosis

In addition to the screen positive sample, 164 people were randomly selected for interview from the pool of people who were screened as negative for psychosis. This group completed the diagnostic module only and their data were used in the determination of census group and population prevalence.

Sample bias

To assess whether non-participation had introduced a systematic bias into the data collection, the demographic and psychosis screening data for those interviewed were compared with data for those selected for interview, but who did not participate for any reason.

- Both groups were similar in terms of sex, with 60% of those interviewed male compared with 62% of those selected but not interviewed.
- The proportions in each age group were similar, with 44% of those interviewed aged 18-34 years at the time of screening compared with 43% of those not interviewed.
- The psychosis screening profiles for both groups were very similar indicating no marked differences in terms of lifetime symptom profiles based on the screener items. There were no differences on six of the eight screener items. There were differences of three and four percentage points for delusional mood and delusions of persecution respectively, with the proportion lower in the interviewed sample, but no differences on the other three delusional items or all delusional items combined.

Prevalence

The prevalence of psychosis is based upon estimates of the number of people who met the ICD-10 diagnostic criteria for psychosis. These disorders include schizophrenia, schizoaffective disorder, depressive psychosis and other psychotic disorders.

It is largely limited to those being treated through public specialised mental health services.

It does not take account of the large numbers of people receiving services through the public system who do not have a psychotic illness nor does it take account of those with psychosis being treated only in the private sector.

Data from the Orange catchment were not included in the prevalence estimates. Geographic and operational factors at this site made fulfilment of the sampling framework unfeasible. This would have resulted in large or undefined weights for many strata, yielding prevalence estimates of uncertain validity. Orange data were included in all the descriptive statistics where the issues that precluded their use in prevalence estimates had little impact.

Psychosis screener

The psychosis screener used for census month screening was developed as part of the first national psychosis survey and its psychometric properties have been published.[2-3] For the second survey, pre-enumeration piloting led to enhancements that further improved its psychometric properties.

The screener consists of seven questions targeting specific psychotic symptoms (over the lifetime) and an eighth item recording the clinical judgement of the mental health professional administering the screener whether, on the basis of all the information available, psychotic symptoms had ever been present and the person met the criteria for inclusion.

Interview schedule

The interview schedule comprised of 32 modules in total. These included a number of embedded instruments, as well as some modules that have been specifically designed for this survey.

The Diagnostic Interview for Psychosis – Diagnostic Module (DIP-DM)[4] was developed for use by trained mental health professionals in the first Australian survey of psychosis in 1997-98.[2-3] It uses SCAN prompts[29] to draw out signs and symptoms, then applies the OPCRIT criteria developed by Farmer et al[30] using a computer algorithm to generate diagnoses according to, among others, ICD-10 and DSM-IV classification systems. It has well established psychometric properties[4] and has been translated into eight languages for use internationally in psychosis surveys and studies and in clinical settings.

Other modules covered the following:

Demographics, social participation and functioning: 1 General Information; 2 Education; 3 Housing; 4 Activities of daily living; 5 Employment 6 Child care; 7 Caring; 8 Global work ratings; 9 Childhood experiences; 10 Socialising; 11 Finances; 12 Crime and offending; 13 Personal safety; 14 Satisfaction with life; 15 Global functioning ratings

Physical Health: 16 Nutrition; 17 Physical activity; 18 Physical health and metabolic measures

Quality of life: 19 Assessment of Quality of Life

Psychopathology and cognition: 20 Diagnostic Interview for Psychosis (Diagnostic Module); 21 Negative symptoms; 22 Worry, panic, anxiety and obsession; 23 Cognition

Service use and perceived need: 24 Inpatient; 25 Emergency; 26 Outpatient; 27 Public community mental health; 28 Community rehabilitation and day therapy; 29 General practice; 30 Medication use; 31 Non-government agencies; 32 Mental health care and unmet need

A number of externally developed instruments were used in their entirety, namely:

- Assessment of Quality of Life[31]
- Alcohol Use Disorders Identification Test[32]
- CAGE[33]
- Carpenter: World Health Organization Schedules for Clinical Assessment in Neuropsychiatry items of the Carpenter Deficits syndrome[29, 34]
- Fagerstrom Test for Nicotine Dependence[35]
- International Physical Activity Questionnaire (short format)[18]
- Multidimensional Scale of Independent Functioning[9]
- National Adult Reading Test[14]
- Personal and Social Performance Scale[10]
- RBANS Digit Symbol Coding Test[20]

Comparison data

The three main sources of comparison data in this report are:

1. The first Australian psychosis survey, the Survey of Low Prevalence (Psychotic) Disorders;[2, 3]
2. Population data from the 2007 National Survey of Mental Health and Wellbeing, a household survey of people aged 16-85 years designed to estimate the prevalence of common mental disorders in the Australian general population[6, 8, 19]; and
3. Australian Bureau of Statistics data, referenced as appropriate.

Many of the survey questions were derived from these sources to ensure comparability.

	NSW Hunter New England	NSW Orange	QLD West Moreton	SA Northern	VIC North West	VIC St Vincent's	WA Fremantle, Peel and Rockingham Kwinana	Australia
Estimated Resident Population (2010, extrapolated) aged 18-64 *(n) (a)*	378,935	83,711	135,407	230,400	207,962	172,485	280,454	
Females (2010, extrapolated) aged 18-64 (%) *(a)*	49.7	49.4	49.8	50.4	50.2	50.5	49.6	
Estimated Resident Population (June 2009) aged 18-64 *(n) (b)*	372,705	82,352	133,230	226,654	204,548	169,512	275,922	14,220,230
Females (June 2009) aged 18-64 (%) *(b)*	49.7	49.4	49.8	50.3	50.2	50.4	49.5	49.9
Area (square kilometres) *(c)*	22,554.7	27,701.5	6,660.1	814.7	554.6	79.5	3,317.1	–
Population density (total population per km^2) *(b)*	26.4	4.9	31.0	432.4	557.1	3,049.3	128.1	2.9
Population age structure *(c)*								
Population aged 0-17 (%)	24.2	26.5	28.4	25.0	24.6	19.4	24.4	24.0
Population aged 18-64 (%)	60.6	58.5	61.0	62.8	63.2	67.6	61.4	62.7
Population aged 65 years and over (%)	15.2	14.9	10.5	12.2	12.2	13.0	14.2	13.3
Other characteristics *(c)*								
Indigenous persons (all ages) (%)	2.6	4.5	3.1	1.6	0.5	0.2	1.4	2.3
Australian-born (all ages) (%)	85.0	88.2	78.9	70.7	62.1	66.6	65.0	70.9
Language spoken at home-English only (all ages) (%)	91.9	93.3	88.9	83.7	56.6	72.5	83.7	78.5
Marital Status (15 years and over) *(c)*								
Never married (%)	31.2	31.4	32.4	32.3	35.6	42.6	31.0	33.2
Family Structure *(c)*								
One parent family (%)	17.3	16.1	18.1	18.8	17.2	12.9	14.9	15.8
Couple family without children (%)	38.1	39.3	35.1	35.7	30.7	37.6	39.3	37.2
Couple family with children (%)	43.2	43.2	45.4	44.2	49.9	46.3	44.4	45.3
Other family (%)	1.4	1.4	1.4	1.3	2.2	3.2	1.4	1.7
Total (%)	100	100	100	100	100	100	100	100
Employment Status (15 years and over) *(c)*								
Employed (%)	53.2	55.6	57.8	56.5	53.8	61.4	56.5	57.2
Unemployed (%)	3.9	3.6	3.1	3.4	3.8	2.8	2.4	3.2
Not in labour force/Not stated (%)	42.9	40.9	39.2	40.1	42.5	35.9	41.2	39.6
Total (%)	100	100	100	100	100	100	100	100
Median Weekly Income (15 years and over) *(c)*	399.0	403.4	447.9	428.2	407.7	644.6	471.0	466.3
Same usual residence *(c)*								
One year ago (%)	80.0	78.7	75.1	81.3	79.8	75.7	74.1	77.3
Five years ago (%)	53.4	50.5	44.9	55.2	54.3	48.9	44.6	49.6

	NSW Hunter New England	NSW Orange	QLD West Moreton	SA Northern	VIC North West	VIC St Vincent's	WA Fremantle, Peel and Rockingham Kwinana	Australia
Private, occupied dwellings by tenure type *(c)*								
Fully owned (%)	35.5	37.0	29.0	28.9	32.8	32.3	31.9	32.6
Being purchased (%)	31.9	30.4	37.4	40.9	35.3	26.1	36.2	32.2
Being rented (%)	25.1	25.1	26.1	23.3	23.2	32.5	22.7	26.1
Other/Not stated (%)	7.5	7.6	7.5	6.9	8.7	9.1	9.2	9.1
Total (%)	100	100	100	100	100	100	100	100
Persons by dwelling type *(c)*								
Separate house (%)	88.8	92.5	95.5	89.5	82.0	56.7	88.6	81.2
Semi-detached, terrace, townhouse (%)	5.5	2.6	1.8	7.3	9.6	22.3	7.0	7.5
Flat, unit, apartment (%)	4.7	3.7	1.7	2.7	7.9	20.2	3.8	9.9
Other/Not stated (%)	1.1	1.1	1.0	0.4	0.5	0.8	0.7	1.3
Total (%)	100	100	100	100	100	100	100	100
Educational Attainment (18 to 64 years) *(c)*								
School level qualification only or had not attended school (%)	47.3	49.1	54.7	56.2	49.2	29.3	45.3	45.6
Proportion of Collection Districts by Remoteness Area *(d)*								
Major Cities (%)	68.9	0.0	70.6	97.9	98.9	100.0	75.6	–
Inner Regional (%)	28.1	68.6	29.2	2.1	1.1	0.0	24.4	–
Outer Regional (%)	2.9	31.4	0.3	0.0	0.0	0.0	0.0	–
Total (%)	100	100	100	100	100	100	100	–
Index of Relative Socio-Economic Disadvantage *(e)*	986.2	978.5	970.5	962.7	975.6	1,078.2	1,023.4	–
(weighted index score and range for each catchment)	483-1159	657-1161	676-1152	567-1150	655-1134	433-1167	698-1199	
Index of Relative Socio-Economic Advantage and Disadvantage *(e)* (weighted index score and range for each catchment)	975.5 610-1,188	956.5 725-1,147	950.5 731-1,192	941.1 653-1,134	976.3 748-1,140	1,121.9 634-1,228	1,018.0 736-1,306	–
Index of Economic Resources *(e)* (weighted index score and range for each catchment)	984.0 492-1,178	979.8 709-1,181	988.5 720-1,222	968.1 611-1,184	985.8 663-1,212	1,053.5 509-1,202	1,038.0 768-1240	–
Index of Education and Occupation *(e)* (weighted index score and range for each catchment)	952.9 690-1,199	957.8 750-1,162	927.6 781-1,136	924.8 736-1,116	971.1 790-1,242	1161.2 748-1,263	994.5 783-1,365	–

(a) Estimated Resident Population data for 2010 extrapolated from Estimated Resident Population data for 2009 (preliminary) extracted by the Australian Bureau of Statistics.

(b) Estimated Resident Population data (preliminary) for 30 June 2009 were extracted by the Australian Bureau of Statistics.

(c) Census data (2006) for the catchment areas were extracted by the Australian Bureau of Statistics using catchment area postcodes.

(d) Remoteness Area data were extracted by the ABS and are based on the Australian Standard Geographical Classification.

(e) The Socio-Economic Indexes for Areas (SEIFA) were extracted by the Australian Bureau of Statistics using catchment area postcodes to obtain postal area level indexes. The higher the score, the more positive the catchment profile. For example, the higher the Index of Relative Socio-Economic Disadvantage, the less disadvantaged the catchment area.

Appendix 2. Prevalence estimates and explanatory notes

Estimation of census month prevalence rates

Estimation of prevalence in the 2010 national psychosis survey was by means of a two-phase survey. This involves the use of a brief and easy to administer screening instrument at the first phase. Participants are differentially sampled for a detailed and more accurate interview at the second phase based on screening status.[28] Typically, a much larger proportion of screen positive participants is interviewed than of screen negative participants.

For prevalence estimation, data from screen negative participants are critical. Unless it can be assumed that the screen has perfect sensitivity and thus the prevalence of the condition of interest in screen negatives is zero, ignoring this group will lead to the under-estimation of prevalence. Conversely, ignoring the relative sampling frequencies of screen positive and screen negative participants will lead to over-estimation, as second phase interviews are enriched with those more likely to meet diagnostic criteria.

There are a number of methods in use for prevalence estimation in two-phase surveys.[28, 36] The application of sampling weights derived from phase 1 to phase 2 data is the most widely used method and was used in this report. This method is known as Horvitz-Thompson inverse probability weighting.[36]

Participants were classified according to sex and age strata and screen status within sites. Phase 2 sampling weights were calculated according to the ratio of the number of members of the census population in each 'cell' relative to the number interviewed. For example, a sampling weight of 10 implies that each phase 2 interviewee in a particular stratum with a particular screening status at a site represents 10 comparable members of the phase 1 census. The phase 2 sample was designed to recruit equal numbers of men and women and equal numbers into younger (18-34) and older (35-64) strata. Weights were based on actual strata frequencies – empirical weights – rather according to design weights as this has been demonstrated to yield results that are more accurate.

At some sites, no screen negative individuals in particular strata were interviewed leading to an undefined weight. These members of the census were not 'represented' by anyone at phase 2. In these circumstances, the stratum was combined with the same sex age-adjacent stratum or strata at that site.

Prevalence in the census population within each stratum at each site was estimated as the weighted proportion of persons meeting diagnostic criteria. The statistical package Stata/IC version 10.1 was used for estimation. As the number of cells in the design was large and small numbers could lead to unstable individual estimates, a logistic model was fitted to the data with diagnostic status predicted by site, sex and age group. This yielded results highly consistent with the approach using cell-based proportions.

Estimation of one-month population prevalence

From the estimated prevalence and size of each stratum at each site, the numbers of people meeting criteria in that cell could be calculated. The corresponding resident population was estimated from data provided by the Australian Bureau of Statistics for each catchment. Population numbers for 2010 were not available at the time of calculation so growth rates for each stratum in the whole Australian population were applied to 2009 population estimates.

Prevalence for each stratum at each site is the estimated number of people in the census group divided by estimated catchment population of the stratum.

Prevalences from sites were combined by weighting each value by the proportion of the population across all catchments represented by each site. Weighting was applied separately for each stratum. This assumes that the sites are either a random or a representative sample of sites nationally. This yielded the strata specific prevalences reported in Table 2-1.

National numbers of people meeting criteria were derived from these prevalence values and the corresponding population size.

Where prevalences are reported aggregating strata over sex or age groups, adjustments were made so that the estimates correspond to the age and, where appropriate, sex distribution of the Australian population aged 18 to 64.

Estimation of 12-month prevalence rates

Phase 1 of the survey included the enumeration of people in each catchment who were screen positive for psychosis and, while not in contact with public specialised mental health services during the census month, had been in contact with these services in the prior 11 months. Individuals in this category were eligible for recruitment to Phase 2, during which the formal diagnosis could be confirmed by the diagnostic interview.

Unlike the one-month prevalence estimates, the enumeration process could not, by definition, yield screen negative individuals and so 11-month prevalence estimates are based only on screen positive individuals and calibrated for false positives. Apart from this difference, prevalence rates and estimated numbers were estimated using the same methods as for one-month values.

The 12-month prevalence rates and estimated numbers reported in Table 2-2 aggregate values for the 11 months prior to the census month with the one-month values reported in Table 2-1.

Estimation of prevalence in non-government organisations

The relatively smaller numbers of participants ascertained from non-government organisations who were interviewed precluded construction of a separate set of weights for this group.

A set of weights for the combined groups of those presenting at mainstream mental health services and non-government organisations was developed and the logistic model described above was fitted to the interview data with the addition of an indicator of non-government organisation status. Prevalence was estimated for members of the census from non-government organisations using this model and all other statistics were then derived in a manner identical to that used for attendees of mainstream mental health services.

Possible sources of uncertainty and bias in estimates

There are a number of sources of potential uncertainty or imprecision in the estimates reported. These arise from normal sampling variation and any errors in population estimates. In addition, the Diagnostic Interview for Psychosis – Diagnostic Module (DIP-DM)[4], developed for the first psychosis survey in 1997-98, was used to determine the diagnosis of a psychotic illness using formal ICD-10 criteria. While this diagnostic instrument has been validated and translated into eight languages for use internationally for research and clinical purposes, it is possible that a small number of people were misclassified. Further, some people attending public mental health services within a catchment site may have been missed, resulting in an underestimation of prevalence at the site.

Of particular concern are participant refusal and the inability to interview some very ill patients. This may have biased prevalences downward, particularly if refusal was associated with a higher likelihood of meeting diagnostic criteria. In addition, this may also impact on the results particularly in relation to course of illness and functioning.

The aggregate effect of these factors is difficult to estimate. Beyond straightforward sampling variation, factors that might bias estimates can generally be seen to be likely to be negligible or to result in underestimation of the prevalence of psychotic illnesses.

Appendix 3. Sociodemographic profile

Appendix Table 3-1. Sex

	Age 18-34 years		Age 35-64 years		Persons	
	Respondents	Proportion (%)	Respondents	Proportion (%)	Respondents	Proportion (%)
Males	505	65.3	582	55.3	1,087	59.6
Females	268	34.7	470	44.7	738	40.4
Total	**773**	**100.0**	**1,052**	**100.0**	**1,825**	**100.0**

Appendix Table 3-2. Age group at interview

	Age 18-34 years		Age 35-64 years		Persons	
	Respondents	Proportion (%)	Respondents	Proportion (%)	Respondents	Proportion (%)
18-34 years	505	46.5	268	36.3	773	42.4
35-64 years	582	53.5	470	63.7	1,052	57.6
Total	**1,087**	**100.0**	**738**	**100.0**	**1,825**	**100.0**

Appendix Table 3-3. Country of birth and main language spoken

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Born in Australia	83.3	80.6	85.4	79.9	82.2
Main language spoken at home is other than English	9.4	8.9	10.7	8.1	9.2

Appendix Table 3-4. Educational profile

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Completed year 12	31.0	32.1	38.2	26.5	31.5
Post-school qualifications	43.3	52.6	46.7	47.3	47.1
Difficulty reading, writing or both	19.6	16.5	18.4	18.3	18.4
Enrolled in formal studies (past year)	16.7	26.7	29.0	14.7	20.8
Enrolled in vocational studies (past year)	8.3	13.3	13.2	8.2	10.3

Appendix Table 3-5. Coverage for health care costs

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Health care card	86.8	84.3	84.3	86.9	85.8
Private health insurance	13.2	18.0	17.9	13.1	15.1

Appendix 4. Mental health profile

Appendix Table 4-1. ICD-10 lifetime diagnosis

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Schizophrenia	56.3	33.2	52.1	43.2	47.0
Schizoaffective disorder	14.4	18.4	16.3	15.9	16.1
Bipolar, mania	13.0	24.1	13.1	20.7	17.5
Depressive psychosis	3.0	6.5	3.9	4.8	4.4
Delusional and other non organic psychoses	6.0	3.7	5.3	4.8	5.0
Severe depression without psychosis	5.7	13.0	7.8	9.3	8.7
Other	1.6	1.1	1.6	1.2	1.4
Total respondents	**1,087**	**738**	**773**	**1,052**	**1,825**

Appendix Table 4-2. Age at onset

	Proportion (%)				
	Sex		Age (years)		
Age of onset (years)	Males	Females	18-34	35-64	Persons
Under 15	4.0	7.9	7.1	4.5	5.6
15-19	35.9	30.8	48.6	22.9	33.8
20-24	27.0	22.9	29.8	22.1	25.4
25-29	14.8	12.6	11.0	16.1	13.9
30-34	8.3	10.7	3.0	13.9	9.3
35-39	3.4	6.2	–	7.9	4.5
40-44	2.4	4.1	–	5.3	3.1
45-49	2.1	2.6	–	4.0	2.3
50-54	0.6	1.6	–	1.8	1.0
55-59	0.4	0.4	–	0.7	0.4
60-64	0.3	–	–	0.3	0.2
Not available	0.7	0.3	0.5	0.6	0.5
Total respondents	**1,087**	**738**	**773**	**1,052**	**1,825**

Appendix Table 4-3. Course of disorder*

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Single episode	7.9	8.3	11.8	5.3	8.1
Multiple episodes – good recovery in between	28.1	32.1	30.9	28.8	29.7
Multiple episodes – partial recovery in between	30.4	33.9	31.3	32.1	31.8
Continuous chronic illness	22.4	18.0	18.0	22.5	20.6
Continuous chronic illness with deterioration	11.3	7.7	8.0	11.2	9.9
Total (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total respondents	**1,087**	**738**	**773**	**1,052**	**1,825**

* See Glossary for definitions

Appendix Table 4-4. Lifetime symptom profile

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Dysphoria, depressed mood	73.9	88.1	76.8	81.7	79.6
Loss of pleasure	66.6	81.3	68.6	75.5	72.5
Suicidal ideation	63.0	72.9	64.4	68.9	67.0
Elevated mood	28.5	43.9	32.7	36.2	34.7
Irritability	28.2	38.5	32.2	32.5	32.4
Poor concentration	58.8	77.1	63.1	68.4	66.2
Hallucinations (any form)	80.4	76.7	81.8	76.8	78.9
Subjective thought disorder	49.9	42.7	52.1	43.2	47.0
Passivity phenomena	19.2	17.2	20.6	16.8	18.4
Delusions	89.8	82.2	87.8	85.9	86.7

Appendix Table 4-5. Current symptom profile

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Dysphoria, depressed mood	24.4	29.4	26.6	26.2	26.4
Loss of pleasure	22.2	27.9	24.3	24.6	24.5
Suicidal ideation	10.2	13.4	12.4	10.8	11.5
Elevated mood	3.4	7.2	5.6	4.5	4.9
Irritability	5.5	8.4	7.2	6.3	6.7
Poor concentration	20.2	28.0	22.6	24.0	23.4
Hallucinations (any form)	39.9	34.0	38.6	36.8	37.5
Subjective thought disorder	24.4	19.5	24.3	21.0	22.4
Passivity phenomena	6.2	4.7	6.7	4.8	5.6
Delusions	45.4	35.4	42.0	40.8	41.3

Appendix Table 4-6. Anxiety in past year

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Worrying (moderate-severe)	35.4	52.8	36.2	47.1	42.5
Any symptoms of anxiety or phobia	52.4	70.7	58.0	61.2	59.8
Anxiety	40.7	60.4	47.6	49.4	48.7
Phobia	29.3	44.3	31.8	37.9	35.3
Social phobia	39.3	46.5	40.4	43.5	42.2

Appendix Table 4-7. Negative symptoms* in past year

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Dysfunction in overall socialising	64.8	61.0	59.0	66.3	63.2
Diminished sense of purpose	56.2	45.8	49.8	53.6	52.0
Loss of interest	51.4	52.2	52.1	51.4	51.7
Diminished emotional range	53.6	48.5	49.7	52.9	51.6
Restricted affect	47.3	38.2	44.2	43.2	43.6
Poverty of speech	22.1	14.2	19.4	18.6	19.0

* As attribution data were not collected, it is impossible to determine if symptoms are primary or secondary to psychosis.

Appendix Table 4-8. Obsessions and compulsions in past year

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
At least one obsession/compulsion	25.4	31.8	27.3	28.5	28.0
Obsessional checking and repeating	19.2	24.8	20.1	22.5	21.5
Obsessional actions associated with excessive orderliness	10.4	12.6	10.1	12.2	11.3
Obsessional actions associated with cleanliness	5.1	8.4	6.3	6.5	6.4

Appendix 5. Suicidality

Appendix Table 5-1. Suicidality

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Suicidal ideation – lifetime	63.0	72.9	64.4	68.9	67.0
Suicidal ideation – past year	25.4	34.1	30.7	27.7	28.9
Suicidal ideation – current	10.2	13.4	12.4	10.8	11.5
Suicide attempt – lifetime	44.2	57.5	47.3	51.1	49.5
Deliberate self-harm – past year	12.9	22.1	20.6	13.7	16.6
Deliberate self-harm requiring hospitalisation in past year	6.3	12.6	10.9	7.3	8.8

Appendix 6. Functioning and impairment

The Multidimensional Scale of Independent Functioning[9] was used to make global ratings of participants' level of functioning over the past four weeks. The Multidimensional Scale of Independent Functioning focuses on role performance in the home, at work (broadly defined to include employment, childcare and caring) and in study. Its subscales rate: level of role responsibility; degree of support; quality of performance for the level of responsibility and degree of support ('tolerated' or supported performance); and global functioning, correcting for support and performance. The latter provides a score of independent functioning relative to community norms.

Appendix Table 6-1. Premorbid functioning

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Employed* or studying at onset	69.5	72.8	70.0	71.4	70.8
Good work* adjustment before onset	66.1	72.5	62.6	73.2	68.7
Good social adjustment before onset	63.1	65.2	64.4	63.6	63.9

* Broadly defined to include paid and unpaid work and full-time home duties

Appendix Table 6-2. Level of impairment

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Deterioration from pre-onset level of functioning	92.1	87.9	87.5	92.6	90.4
Obvious/severe dysfunction in socialising, past year	64.8	61.0	59.0	66.3	63.2
Obvious/severe dysfunction in self care, past 4 weeks	35.9	27.1	27.2	36.1	32.3

Appendix Table 6-3. Global supported performance[9] in past 4 weeks

	Proportion (%)				
	Sex		Age (years)		
Age of onset (years)	Males	Females	18-34	35-64	Persons
No deficits	18.4	22.5	21.2	19.2	20.1
Minimal deficits	27.3	27.2	27.7	27.0	27.3
Modest but definite deficits	29.7	30.4	29.0	30.7	30.0
Moderate deficits	12.5	11.8	11.5	12.7	12.2
Significant deficits	6.3	4.9	6.1	5.5	5.8
Severe deficits	2.9	1.5	2.1	2.6	2.4
Extremely severe deficits	2.8	1.8	2.5	2.3	2.4
Total respondents	**1,087**	**738**	**773**	**1,052**	**1,825**

No or minimal deficits: normal performance or performance with only mild deficits.

Modest but definite deficits: clear deficits but performance is still minimally acceptable.

Moderate deficits: clear deficits but performance is no longer acceptable.

Significant deficits: severe deficits with responsibilities completed poorly and with difficulty.

Severe deficits: deficits so severe that responsibilities are rarely completed or of unacceptable quality.

Extremely severe deficits: responsibilities are completely neglected.

Appendix Table 6-4. Global independent functioning[9] in past 4 weeks

	Proportion (%)				
	Sex		Age (years)		
Age of onset (years)	Males	Females	18-34	35-64	Persons
Normal	4.4	7.7	7.4	4.6	5.8
Very mild disability	14.3	24.1	18.9	17.8	18.2
Somewhat disabled	23.5	29.1	25.0	26.3	25.8
Moderately disabled	30.6	22.9	25.7	28.8	27.5
Significantly disabled	19.5	12.7	17.6	16.2	16.8
Extremely disabled	6.8	1.9	4.1	5.3	4.8
Totally disabled	0.9	1.5	1.3	1.0	1.2
Total respondents	**1,087**	**738**	**773**	**1,052**	**1,825**

Very mild disability: functioning at the low end of the normal range but with no or minimal support.

Somewhat disabled: functioning adequately with some support or with some difficulty but no support.

Moderately disabled: functioning with significant difficulty with no supports or with some difficulty in spite of regular supports in mainstream environment.

Significantly disabled: generally unable to function at all without supports, functioning with significant difficulty even with significant supports in mainstream environment and with some difficulty in non mainstream environment.

Extremely disabled: generally not able to function in mainstream environments even with supports, functioning with significant difficulty in non mainstream environment ,functioning well and showing some independent functioning in comprehensive care environment (e.g. hospital).

Totally disabled: virtually total care provided in institutional environment with no independent functioning.

Appendix Table 6-5. Personal and Social Performance Scale[10] in past year

	Proportion (%)				
	Sex		Age (years)		
Age of onset (years)	Males	Females	18-34	35-64	Persons
Absence of disability or only mild difficulties	13.7	23.6	19.3	16.5	17.7
Varying degrees of disability	80.7	72.5	75.8	78.5	77.4
Poor functioning sufficient to require intensive support and supervision	5.6	3.9	4.9	4.9	4.9
Total respondents	**1,087**	**738**	**773**	**1,052**	**1,825**

Appendix 7. Physical health profile

In the tables below, metabolic syndrome has been defined using the International Diabetes Federation metabolic syndrome consensus definition of at risk abdominal obesity based on waist circumference and at least two other at risk measures.[13]

The definitions of "at risk" for the individual components of metabolic syndrome are:

- waist circumference greater than or equal to 94 cm for males, greater than or equal to 80cm for females;
- fasting high density lipoproteins less than 1.03mmol/L for males, less than 1.29mmol/L for females;
- fasting triglycerides greater than or equal to 1.7mmol/L;
- fasting plasma glucose greater than or equal to 5.6mmol/L;
- systolic blood pressure greater than or equal to 130 mmHg; and
- diastolic blood pressure greater than or equal to 85 mmHg.

Absolute five-year cardiovascular risk was calculated using the Framingham risk equation[15, 16]. In line with National Vascular Disease Prevention Alliance guidelines[16] for the assessment of absolute cardiovascular disease, high risk was assumed automatically for those with: pre-existing cardiovascular disease; diabetes and aged over 60 years; systolic blood pressure of 180 mmHg or more; diastolic blood pressure of 110 mmHg or more; or total serum cholesterol higher than 7.5 mmol/L. Other conditions covered in the guidelines could not be included as survey data were not available for them.

The World Health Organisation body mass index reference range, widely used in Australia, has been used to classify overweight and obesity as follows:

- underweight: body mass index less than 18.5;
- normal: body mass index between 18.5 and 24.99;
- overweight: body mass index between 25.00 and 29.99; and
- obese: body mass index greater than or equal to 30.00.[17]

Data on level of physical activity were collected using the International Physical Activity Questionnaire[18] and have been classified according to Australian Bureau of Statistics categories used in the 2007 National Mental Health Survey.[19]

Appendix Table 7-1. Self-reported physical ill health, as told by doctor in lifetime

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Chronic back, neck or other pain	28.7	36.3	21.7	39.2	31.8
Asthma	26.9	34.8	29.8	30.3	30.1
High cholesterol	27.1	32.5	19.4	36.6	29.3
Heart or circulatory condition	26.0	28.0	17.6	33.7	26.8
Allergies	21.2	33.1	22.9	28.2	26.0
Frequent/severe headaches/migraines	21.6	30.9	21.5	28.2	25.4
Arthritis	16.7	26.8	10.7	28.2	20.8
Diabetes	19.4	22.1	11.5	27.1	20.5
Respiratory problems	16.8	19.6	12.9	21.7	18.0
Anaemia	4.2	27.0	9.4	16.3	13.4
Hepatitis	12.7	8.9	8.9	12.8	11.2
Eating disorder	2.9	15.6	8.5	7.6	8.0
Epilepsy	7.7	6.8	6.3	8.1	7.3
Cancer	2.9	7.9	1.4	7.5	4.9
Liver disease other than hepatitis	4.4	4.6	2.3	6.1	4.5
Kidney disease	2.6	3.9	2.1	3.9	3.1
Stroke	2.0	2.3	0.1	3.6	2.1
Parkinson's disease	0.2	0.5	0.0	0.6	0.3
Gynaecological problems (women only)	–	27.1	26.1	27.7	27.1
Other	7.3	12.1	6.5	11.2	9.2

Appendix Table 7-2. Metabolic syndrome and cardiometabolic risk factors assessed at time of interview

	Proportion (%)				
	Sex		Age (years)		
Age of onset (years)	Males	Females	18-34	35-64	Persons
Met criteria for metabolic syndrome*	49.9	50.0	40.9	56.4	49.9
Met at risk criteria for individual cardiometabolic measures:					
Abdominal obesity	76.1	91.2	74.5	87.7	82.1
High density lipoproteins†	48.4	51.8	50.3	49.3	49.7
Blood pressure	51.4	44.8	40.7	54.7	48.8
Triglycerides†	51.3	43.2	40.5	53.5	48.0
Plasma glucose†	30.6	25.6	20.4	34.6	28.6

* International Diabetes Federation metabolic syndrome consensus criteria[13] applied to those with no missing data.

† Fasting blood tests.

Appendix Table 7-3. Absolute 5-year cardiovascular disease risk*

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Low risk	66.6	72.1	87.2	56.3	68.8
Medium risk	9.4	3.8	0.0	12.0	7.2
High risk	24.0	24.2	12.8	31.7	24.0

* Framingham risk equation[15-16] applied to those with no missing data

Appendix Table 7-4. Body Mass Index[17]

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Underweight	1.2	1.8	2.8	0.4	1.4
Normal	23.0	21.5	28.1	18.3	22.4
Overweight	32.4	22.2	28.7	27.9	28.3
Obese	41.6	50.3	37.8	50.5	45.1
Not known	1.8	4.2	2.6	2.9	2.8

Appendix Table 7-5. Level of physical activity* in past 7 days

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Sedentary	32.3	35.2	28.6	37.1	33.5
Low	63.3	62.3	66.1	60.6	62.9
Moderate	3.7	1.9	4.4	1.9	3.0
High	0.4	0.3	0.3	0.4	0.3
Not known	0.4	0.3	0.6	0.1	0.3

* Classified using categories from the 2007 National Survey of Mental Health and Wellbeing[19]

Appendix Table 7-6. Nutrition in past 4 weeks

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Breakfast: Does not have breakfast	34.0	32.5	34.2	32.9	33.4
Fruit: Does not eat fruit	26.4	17.5	24.2	21.8	22.8
Fruit: One serve or less per day	48.3	48.2	49.8	47.1	48.3
Vegetables: Does not eat vegetables	7.9	5.8	7.9	6.5	7.1
Vegetables: One serve or less per day	44.2	37.7	43.5	40.1	41.5
Ran out of food (past year)	28.1	29.0	30.0	27.3	28.4

Appendix Table 7-7. Physical health assessments in past year

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
In past year:					
Blood pressure measurement	84.8	86.7	83.2	87.4	85.6
Waist or weight measurement	77.3	76.2	73.9	79.0	76.8
Physical examination	66.1	69.0	62.0	71.2	67.3
Blood tests	63.7	62.7	57.4	67.6	63.3
Dental examination	44.5	50.7	47.1	47.0	47.0
X-ray or scan	40.0	46.6	41.3	43.7	42.7
Eye test	33.4	38.6	29.8	39.7	35.5
Hearing test	11.1	10.7	7.9	13.2	11.0
In past two years:					
Bowel examination	11.9	16.1	7.2	18.3	13.6
Cervical smear (Women only)	–	55.0	52.6	56.4	55.0
Mammogram (Women only)	–	23.8	8.6	32.6	23.8
Prostate cancer screen (Men only)	13.8	–	3.8	22.5	13.8

Appendix Table 7-8. Different types of physical health assessments in past year

	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Mean	4	4	4	4	4
Median	4	5	4	5	4

Appendix 8. Substance use

Appendix Table 8-1. Tobacco, alcohol and illicit drug use

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Currently smoking tobacco	71.1	58.8	69.9	63.4	66.1
Lifetime history of alcohol abuse or dependence	58.3	38.9	54.7	47.3	50.5
Lifetime history of cannabis abuse or dependence	60.7	36.2	64.3	40.9	50.8
Lifetime history of drug abuse or dependence other than cannabis	36.7	24.1	42.0	24.0	31.6
Lifetime history of cannabis or other drug abuse/dependence	63.2	41.7	67.4	45.1	54.5

Appendix Table 8-2. Outcomes related to alcohol and illicit drug use in past year

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Alcohol-related failure to fulfil role	11.6	9.2	13.5	8.6	10.6
Alcohol-related social and/or legal issues	11.4	8.3	13.6	7.6	10.1
Alcohol-related risk taking behaviour without injury	28.9	19.6	26.0	24.5	25.2
Alcohol-related risk taking resulting in injury	2.1	0.4	1.7	1.2	1.4
Drug-related failure to fulfil role	12.3	9.3	17.2	6.7	11.1
Drug-related social and/or legal issues	13.1	8.3	18.0	6.1	11.1
Drug-related risk taking behaviour without injury	31.8	17.1	31.0	22.1	25.9
Drug-related risk taking resulting in injury	0.8	0.3	0.6	0.6	0.6

Appendix Table 8-3. Alcohol Use Disorder Identification Test[32]

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Low	63.0	75.5	59.8	74.1	68.1
Hazardous	19.6	15.9	23.4	14.2	18.1
Harmful	6.6	2.8	7.8	3.1	5.1
Dependent	10.8	5.8	9.1	8.6	8.8
Total respondents	**1,087**	**738**	**773**	**1,052**	**1,825**

Appendix Table 8-4. Fagerstrom Test for Nicotine Dependence[35]

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Very low	34.6	48.6	37.9	42.0	40.3
Low	11.5	8.4	10.3	10.2	10.2
Moderate	10.9	7.3	11.4	8.1	9.5
High	23.0	20.7	24.2	20.5	22.1
Very High	20.0	14.9	16.2	19.2	17.9
Total respondents	**1,087**	**738**	**773**	**1,052**	**1,825**

Appendix 9. Cognition

Two short cognitive tests of five minutes each were selected to assess general cognitive ability. Both tests are widely used with people with a psychotic disorder.

The Digit Symbol Coding test from the Repeatable Battery for the Assessment of Neuropsychological Status was used to assess *current* general cognitive ability.[20] The population comparison came from Australian Schizophrenia Research Bank general population data.[21]

The National Adult Reading Test-Revised[14] was used to estimate general cognitive ability *prior* to illness onset. Only the predicted full scale IQ score was included in this report. The population comparison came from National Adult Reading Test-Revised standardised norms.

There were 1,619 participants (88.7%) with valid Digit Symbol Coding test data and 1,546 participants (84.7%) with valid National Adult Reading Test-Revised data.

Participants had a mean Digit Symbol Coding test score of 38.6 (standard deviation 10.7) compared to a population average of 54.2 (standard deviation, 9.8).

The mean National Adult Reading Test-Revised score was 98.1 (standard deviation, 11.3) for participants compared to a population average of 107.4 (standard deviation, 17.1).

Appendix 10. Income and employment

Disability Support Pension

On 1 July 2010, the Disability Support Pension for a single person aged at least 21 years, without children was $644.20 per fortnight, and $485.60 per fortnight if the person was one of a couple.[37] With inclusion of pension supplements and Remote Area Allowances, payments could increase to $832.70 and $651.10 respectively.

For persons below pension age, the basic Disability Support Pension is non-taxable, as is the Remote Area Allowance, thus the gross and net income is equivalent for the persons described.

Labour force participation

The labour force participation rate is calculated as the proportion of the survey population working or actively seeking work during the reference period.

Unemployment rate

The unemployment rate is calculated as the proportion of the labour force actively seeking work during the reference period.

Appendix Table 10-1. Current net fortnightly income, all sources

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Less than $300 per fortnight or missing	7.7	11.0	8.4	9.5	9.0
Between $300 – $499 per fortnight	11.8	11.0	15.9	8.2	11.5
Between $500 – $799 per fortnight	61.2	56.2	56.4	61.2	59.2
Between $800 – $1,000 per fortnight	12.4	13.1	12.2	13.1	12.7
More than $1,000 per fortnight	6.9	8.7	7.1	8.0	7.6
Total %	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total respondents	**1,087**	**738**	**773**	**1,052**	**1,825**

Appendix Table 10-2. Sources of income

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Any source of income (past year)	99.5	97.8	99.1	98.7	98.8
Main source of income is government pension (past year)	85.6	83.7	81.8	87.4	85.0
Disability Support Pension (past year)	75.4	68.6	62.2	80.3	72.7
Paid employment (past year)	33.6	31.3	40.4	27.0	32.7
Paid employment (current)	21.2	22.0	25.4	18.6	21.5

Appendix Table 10-3. Employment type in main employment in past year

	Proportion of those employed (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Competitive full-time	35.6	15.2	32.7	22.2	27.7
Competitive part-time	37.0	63.2	50.6	43.3	47.1
Self-employed full-time	2.5	1.3	1.3	2.8	2.0
Self-employed part-time	3.0	9.5	2.9	8.5	5.5
Non competitive full-time	1.1	0.4	0.6	1.1	0.8
Non-competitive part-time	20.0	10.4	11.2	21.8	16.3
Not known	0.8	0.0	0.6	0.4	0.5
Total %	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total employed	**365**	**231**	**312**	**284**	**596**

Appendix Table 10-4. Occupation in main employment in past year

	Proportion of those employed (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Manager	1.1	0.4	1.3	0.4	0.8
Professional	6.6	12.6	6.7	11.3	8.9
Technician and trades worker	14.2	3.5	11.5	8.5	10.1
Community and personal service worker	12.1	26.4	20.5	14.4	17.6
Clerical and administrative worker	4.1	14.7	6.4	10.2	8.2
Sales worker	6.0	14.3	11.2	7.0	9.2
Machinery operator and driver	7.4	1.3	5.1	4.9	5.0
Labourer	48.5	26.5	36.9	43.3	39.9
Not known	0.0	0.4	0.3	0.0	0.2
Total %	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total employed	**365**	**231**	**312**	**284**	**596**

Appendix Table 10-5. Hours per week in main employment in past year

	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Mean	26	20	25	22	23
Median	24	16	24	16	20

Appendix Table 10-6. Satisfaction with hours per week in main employment in past year

	Proportion of those employed (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Satisfied	59.2	61.0	58.3	61.6	59.9
Prefer more hours	27.9	26.8	27.9	27.1	27.5
Prefer fewer hours	10.7	11.3	11.5	10.2	10.9
Not known	2.2	0.9	2.2	1.1	1.7
Total %	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total employed	**365**	**231**	**312**	**284**	**596**

Appendix Table 10-7. Disclosure of mental illness to employer in past year

	Proportion of those employed (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Disclosed mental illness to employer	61.4	48.1	51.9	60.9	56.2

Appendix Table 10-8. Actively sought employment in past year

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Actively sought employment in past year	27.5	26.0	36.1	20.2	26.9

Appendix 11. Social roles

Appendix Table 11-1. Marital status

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Currently single, never married	72.6	44.4	80.3	47.1	61.2
Currently married, de facto	12.1	24.5	14.4	19.1	17.1
Currently separated, divorced or widowed	15.4	31.0	5.3	33.7	21.7
Single, never married or de facto (6 months or more)	59.4	33.2	65.7	36.4	48.8

Appendix Table 11-2. Parenting

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Own children (any age)	25.9	56.2	22.6	49.5	38.1
Dependent children under 18 living at home	5.5	23.6	12.2	13.3	12.8
If dependent children living at home					
Primary caregiver	21.7	69.5	52.1	60.7	57.3
Care shared equally with other(s)	45.0	21.3	36.2	21.4	27.4
Currently married or in a de facto relationship	71.7	44.8	57.4	47.9	51.7
Contact with department of family/community services (past year)	23.3	25.9	29.8	22.1	25.2
Obvious/severe dysfunction in care provision (past year)	28.3	21.3	19.1	25.7	23.1

Appendix Table 11-3. Caring for others

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Caring for others (elderly, disabled)	11.3	19.6	10.9	17.5	14.7

Appendix Table 11-4. Contact with others and formal social activities

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Living alone	31.6	30.2	23.4	36.6	31.0
Any contact with family, daily/nearly every day	59.3	74.4	71.9	60.6	65.4
Face-to-face contact with family, daily/nearly every day	50.1	65.9	63.0	51.7	56.5
Need and would like more friends	48.6	45.8	47.1	47.7	47.5
No friends at all	14.3	11.9	11.6	14.5	13.3
No-one to rely on at times of serious need	14.6	13.4	10.7	16.6	14.1
No-one to confide in ever	18.0	11.5	15.4	15.4	15.4
Felt socially isolated and lonely, past year	21.1	24.4	20.2	24.0	22.4
Did not attend any social programs, past year	71.6	64.2	73.2	65.2	68.6
Did not attend any recreational programs, past year	71.0	67.1	63.6	73.7	69.4

Appendix Table 11-5. Deterioration in interpersonal relationships in past year

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
No deterioration compared to previous years	41.2	33.5	35.6	39.9	38.1
Deterioration	21.2	23.4	23.0	21.4	22.1
Improvement compared to previous years	36.1	42.5	40.5	37.4	38.7
Not known	1.6	0.5	0.9	1.3	1.2
Total %	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total respondents	**1,087**	**738**	**773**	**1,052**	**1,825**

Appendix 12. Housing and homelessness

Appendix Table 12-1. Current accommodation type

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Public rented house/unit	23.6	31.6	19.0	32.6	26.8
Private rented house/unit	19.8	24.7	23.7	20.3	21.8
Family home	21.6	15.4	29.4	11.6	19.1
Own home/unit	9.8	17.9	7.2	17.4	13.1
Supported accommodation	14.4	6.0	10.7	11.1	11.0
Homeless (primary, secondary, tertiary)*	7.3	2.0	6.3	4.3	5.2
Institution/hospital	2.2	1.6	2.6	1.5	2.0
Other (e.g. caravan)	1.3	0.8	1.0	1.1	1.1

* Homelessness. Primary: living on the streets, in parks or in deserted buildings; secondary: living in temporary shelters such as refuge, emergency accommodation or sleeping on friend's couch; tertiary: private boarding room [23].

Appendix Table 12-2. Preferred accommodation type

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Public rented house/unit	25.3	26.8	20.6	29.8	25.9
Private rented house/unit	19.1	14.4	21.8	13.8	17.2
Family home	11.5	8.8	13.2	8.4	10.4
Own home/unit	36.9	44.2	38.3	41.0	39.8
Supported accommodation	2.8	2.8	1.4	3.8	2.8
Homeless (primary, secondary, tertiary)*	2.7	2.0	3.8	1.4	2.4
Institution/hospital	0.1	0.1	0.0	0.2	0.1
Other (e.g. caravan)	1.7	0.8	0.9	1.6	1.3

* Homelessness. Primary: living on the streets, in parks or in deserted buildings; secondary: living in temporary shelters such as refuge, emergency accommodation, or sleeping on friend's couch; tertiary: private boarding room [23].

Appendix Table 12-3. Satisfaction with current living situation

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Very satisfied	50.0	53.7	46.4	55.2	51.5
Somewhat satisfied	29.5	25.2	33.2	23.8	27.8
Neither satisfied not dissatisfied	6.4	5.8	6.1	6.3	6.2
Somewhat dissatisfied	7.9	8.5	7.4	8.7	8.2
Very dissatisfied	3.7	5.3	3.9	4.7	4.3
Not known	2.4	1.5	3.0	1.3	2.0

Appendix Table 12-4. Changed housing in past year

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Changed housing in the past year	29.2	24.8	37.3	20.2	27.4

Appendix Table 12-5. Number of times changed housing in past year

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
None	70.8	75.1	62.7	79.8	72.5
One move	17.8	15.7	22.8	12.7	17.0
Two moves	4.0	3.4	5.0	2.8	3.7
Three or more moves	7.4	5.7	9.4	4.7	6.7
Not known	0.0	0.1	0.0	0.1	0.1
Total respondents	**1,087**	**738**	**773**	**1,052**	**1,825**

Appendix Table 12-6. Homelessness*, current and in past year

		Proportion (%)				
		Sex		Age (years)		
		Males	Females	18-34	35-64	Persons
Homelessness, current	Any	7.3	2.0	6.3	4.3	5.2
Homelessness, past year	Any	15.4	8.9	16.4	10.1	12.8
	Primary	6.5	3.0	6.2	4.3	5.1
	Secondary	7.6	5.7	9.7	4.8	6.8
	Tertiary	6.6	2.8	6.1	4.4	5.1
Marginal accommodation,† past year		1.1	0.5	0.9	0.9	0.9

* Homelessness. Primary: living on the streets, in parks, in deserted buildings; secondary: living in temporary shelters such as refuge, emergency accommodation, friend's couch; tertiary: private boarding room [23].

† Marginal accommodation: living in caravan due to financial necessity, not lifestyle choice.[23]

Appendix Table 12-7. Days of homelessness, if any in past year

	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Mean	170	117	146	167	155
Median	140	35	84	120	99

* Homelessness. Primary: living on the streets, in parks, in deserted buildings; secondary: living in temporary shelters such as refuge, emergency accommodation, friend's couch; tertiary: private boarding room [23].

Appendix 13. Stigma, victimisation and community safety

Appendix Table 13-1. Stigma and discrimination in past year

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Experienced stigma or discrimination due to mental illness	31.8	46.9	36.7	38.8	37.9
Stopped doing things due to fear of stigma	17.6	30.4	21.9	23.4	22.7
Stopped doing things due to actual experience of stigma	15.7	27.0	18.2	21.8	20.3

Appendix Table 13-2. Personal safety and victimisation in past year

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Feels unsafe/very unsafe at home alone during the day	8.0	12.9	9.6	10.3	10.0
Feels unsafe/very unsafe at home alone at night	14.5	29.7	19.5	21.5	20.7
Feels unsafe/very unsafe in local area alone at night	22.7	34.4	27.2	27.7	27.5
Any victimisation theft, break-in, robbery, assault	37.4	40.5	40.4	37.4	38.6
Assault	23.6	26.7	27.7	22.7	24.8
Most recent assault, if any, reported to police	26.8	32.4	27.8	30.5	29.2

Appendix Table 13-3. Offending in past year

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Any charges	13.4	6.5	14.0	8.2	10.6
Any time in prison/lock-up	4.5	1.4	4.5	2.3	3.2
Median number of days in prison/lock-up	1	1	1	1	1

Appendix 14. Health service utilisation

Appendix Table 14-1. Health service utilisation*

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Inpatient – Any admission	41.9	46.3	47.2	41.1	43.7
Mental health	*33.6*	*36.7*	*40.4*	*30.8*	*34.8*
Physical health	*12.1*	*15.0*	*10.5*	*15.4*	*13.3*
Involuntary admission	19.6	22.2	26.4	16.4	20.7
Emergency department – Any attendance	37.8	45.8	43.3	39.4	41.0
Mental health	*23.9*	*30.1*	*30.0*	*23.8*	*26.4*
Physical health	*19.7*	*23.6*	*20.4*	*21.9*	*21.3*
Outpatient/community clinic – Any contact	85.1	88.1	87.2	85.6	86.3
Mental health	*81.5*	*83.3*	*85.0*	*80.2*	*82.2*
Physical health	*19.9*	*28.2*	*17.7*	*27.3*	*23.2*
Early intervention psychosis program – Ever	8.6	8.1	16.8	2.3	8.4
Past year	*3.3*	*4.3*	*7.5*	*1.0*	*3.7*
Non-government organisation for mental health	30.3	29.1	27.8	31.3	29.8
Community rehabilitation/day program	36.4	36.6	34.5	37.9	36.5
Drug and alcohol services and programs	14.4	10.7	16.7	10.1	12.9
General practitioner – Any visits	85.5	92.3	84.5	91.0	88.2
Mental health	*45.8*	*54.3*	*44.6*	*52.7*	*49.3*
Physical health	*71.6*	*83.2*	*70.6*	*80.4*	*76.3*

* Unless otherwise indicated, these numbers relate to health services used in the past year

Appendix Table 14-2. Community treatment order in past year

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Community treatment order	22.1	14.9	23.2	16.3	19.2

Appendix Table 14-3. Case management* in past year

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Any case manager	69.6	68.4	74.8	65.0	69.2
Case manager provided by public mental health services	62.4	60.4	68.0	56.8	61.6
Case manager provided by non-government organisation	20.1	20.5	19.9	20.4	20.2

* Case management, at its best, has been defined as a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost effective outcomes[40].

Appendix Table 14-4. Home visits in past year

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Home visits by public mental health services or non-government organisations – Any	50.8	54.7	54.7	50.7	52.4
Home visits by public mental health services – Any	44.4	46.7	49.4	42.4	45.4
For routine care	*39.2*	*42.0*	*43.1*	*38.3*	*40.3*
For crisis care	*13.9*	*16.9*	*16.9*	*13.8*	*15.1*
Home visits by non-government organisations – Any	14.7	17.8	13.6	17.7	15.9
Assertive community treatment	9.0	8.5	10.1	7.9	8.8

Appendix 15. Medication use and psychosocial interventions

Medications for mental illness

Psychotropic medications are used to treat the symptoms of mental illness. Those that play an important role in the treatment and management of psychotic disorders and comorbid psychiatric conditions include:

- antipsychotics used either orally or in an injectable (short or long-acting) form to control the acute symptoms of psychosis and prevent relapse;
- antidepressants used to treat depression which may be an early feature of psychosis or a secondary feature arising in the context of psychosis, as in ICD-10 post-psychotic depression;
- mood stabilisers used to treat mania, including bipolar disorder, and to prevent relapse; they may also be used for treatment-resistant depression or as an adjunct to antipsychotic medications;
- anxiolytics, hypnotics and sedatives used to treat common and non-specific symptoms, such as anxiety, insomnia and restlessness; or used as an adjunct to antipsychotic medication to ameliorate the symptoms of acute psychosis; and
- anticholinergics used to reduce neuromuscular side effects, such as Parkinson-like movement disorders, associated with the use of antipsychotic medication, particularly typical antipsychotics.

Antipsychotics may be sub-classified as typical (or first generation) antipsychotics, an older form of antipsychotic medication, and atypical antipsychotics, a more recent form.

Typical and atypical antipsychotics are effective in reducing the positive symptoms of psychosis, but are less effective in ameliorating negative symptoms. In general, atypical antipsychotics are less likely to produce neuromuscular side effects (for example, Parkinson-like movement disorders) than typical antipsychotics. However, they have also been associated with weight gain and consequent risk of poor physical health outcomes, especially metabolic disorders such as diabetes type 2.

Clozapine, an early atypical antipsychotic, is often used in cases of treatment-resistant schizophrenia, that is cases that do not respond to other antipsychotic medications.

Appendix Table 15-1. Prescribed medication used in past 4 weeks

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Medications for mental health					
Atypical antipsychotics: *All*	76.3	70.7	75.2	73.2	74.0
Clozapine	19.9	11.4	16.2	16.6	16.4
Typical antipsychotics	16.0	14.1	12.5	17.2	15.2
Antidepressants	32.5	44.7	31.7	41.6	37.4
Mood stabilisers	24.5	30.1	22.3	30.0	26.7
Anxiolytics, hypnotics, sedatives	15.7	20.7	15.1	19.7	17.8
Anticholinergics	4.7	3.4	3.6	4.6	4.2
Alcohol/Nicotine/Opioid dependence	4.0	2.8	4.5	2.8	3.5
Subtotal on antipsychotics	84.4	77.6	80.6	82.4	81.6
Total in past 4 weeks	**91.4**	**91.9**	**88.6**	**93.8**	**91.6**
Total in past year	**94.1**	**94.7**	**93.5**	**95.0**	**94.4**
Medications for physical conditions					
Cardiovascular	17.1	19.8	7.4	26.1	18.2
Endocrine: *Any*	10.2	21.4	7.2	20.2	14.7
For diabetes	7.7	8.8	3.1	11.9	8.2
Gastrointestinal	11.5	14.8	6.9	17.2	12.8
Respiratory	4.6	8.0	4.3	7.2	6.0
Blood and electrolytes	3.4	4.9	1.8	5.6	4.0
Neurological	3.4	4.3	2.8	4.5	3.8
Musculoskeletal	3.2	4.5	1.7	5.2	3.7
Genitourinary	0.7	0.8	0.3	1.1	0.8
Total in past 4 weeks	**38.5**	**45.0**	**27.8**	**50.9**	**41.1**
Median number of prescribed medications (if using)	**2**	**3**	**2**	**3**	**3**
Non-prescribed supplements for mental health Proportion taking supplements for mental health	20.1	24.5	20.4	23.0	21.9

* Unless otherwise indicated, these numbers relate to prescribed medication use in the past four weeks

Appendix Table 15-2. Impairments due to medication prescribed for mental health in past 4 weeks

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Any medication side effects	76.6	78.5	75.9	78.4	77.4
Moderate/Severe impairment in daily life due to medication side effects	30.0	29.8	29.4	30.3	29.9

Appendix Table 15-3. Side effects attributed to medication prescribed for mental health in past 4 weeks

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Drowsiness, sleepiness during day	43.4	46.6	45.0	44.5	44.7
Mouth dry or more watery than normal	37.4	42.5	34.3	43.3	39.5
Increase in weight	33.1	44.0	39.5	36.1	37.5
Inner restlessness	26.5	24.7	24.3	26.8	25.8
Trembling, shaking hand/arm/leg	22.8	25.6	21.2	26.0	23.9
Inability to relax	21.5	19.6	18.9	22.1	20.8
Inability to stand still, desire to move legs, pacing	19.1	19.6	19.4	19.3	19.3
Stiff, tensed muscles	18.3	20.1	16.6	20.8	19.0
Increased dreaming	17.6	20.2	19.0	18.3	18.6
Dizziness or vertigo	16.7	21.5	16.0	20.5	18.6
Trouble with eyesight	16.0	18.8	13.3	20.0	17.2
Unsteady when standing or walking	15.2	19.1	14.2	18.6	16.8
Slowing down of movements	15.5	17.8	14.2	18.1	16.4
Change in interest in sex	16.9	15.2	15.8	16.5	16.2
Nauseous/Feeling sick	14.4	18.3	16.2	15.8	15.9
Constipation	13.9	18.7	12.9	18.0	15.8
Increased sweating	14.8	15.6	13.8	16.1	15.1
Period pain or change in frequency (Females only)	–	12.2	14.6	10.9	12.2
Palpitations	9.8	14.9	10.3	12.9	11.8
Difficulty swallowing	10.2	12.7	9.3	12.6	11.2
Sexual dysfunction	10.2	10.6	9.7	10.8	10.4
Shuffling along	7.8	6.2	5.2	8.7	7.2
Skin rashes	6.3	8.4	5.2	8.6	7.1
Unwanted tongue movement	7.3	6.5	5.7	7.9	7.0
Swollen tender chest	2.9	4.6	3.2	3.8	3.6
Decrease in weight	3.2	3.4	2.8	3.6	3.3

Appendix Table 15-4. Weight gain in past 6 months related to use of medication for mental health

	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Mean	10	9	10	9	9
Median	8	8	10	8	8

Appendix Table 15-5. Relief from mental health symptoms due to medication use

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
A lot	56.7	58.0	53.7	59.7	57.2
A little	28.3	28.0	32.1	25.4	28.2
Not at all	10.4	8.4	9.5	9.6	9.6
Not known	4.6	5.6	4.7	5.3	5.0
Total of those using medications	**994**	**678**	**685**	**987**	**1,672**

Appendix Table 15-6. Psychosocial interventions in past year

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Counselling, psychotherapy or group therapy	26.0	37.1	30.7	30.4	30.5
Cognitive behavioural therapy	18.1	28.5	24.6	20.6	22.3
Family intervention	11.1	11.8	14.4	9.2	11.4

Appendix 16. Mental health service provision in the non-government sector

Appendix Table 16-1 shows the one-month prevalence of ICD-10 psychotic disorders in people solely in contact with non-government organisations and the estimated total numbers of such people nationally. The overall national monthly prevalence is 0.4 cases per 1,000 members of the population, with total number affected an estimated 6,204 persons. For men and women, the prevalence is 0.6 and 0.3 cases per 1,000 respectively. These values are appropriately adjusted to reflect the population age and sex structure.

Appendix Table 16-1. Estimated national one-month prevalence of ICD-10 psychotic disorders in people solely in contact with non-government organisations

Age (years)	Catchment ERP*	Australian ERP	Prevalence (Cases per 1,000)	Estimated persons†
Males				
18 – 24‡	117,596	1,167,678	0.3	323
25 – 34	161,314	1,613,064	0.5	751
35 – 44	156,498	1,574,669	0.7	1,116
45 – 54	147,866	1,508,028	0.8	1,189
55 – 64	120,137	1,260,193	0.5	669
18 – 64	*703,411*	*7,123,632*	*0.6*	*4,048*
Females				
18 – 24‡	111,731	1,100,550	0.1	152
25 – 34	158,354	1,586,242	0.2	374
35 – 44	158,092	1,594,048	0.4	614
45 – 54	149,953	1,537,401	0.5	701
55 – 64	124,102	1,278,357	0.2	315
18 – 64	*702,232*	*7,096,598*	*0.3*	*2,155*
Persons				
18 – 24‡	229,327	2,268,228	0.2	475
25 – 34	319,668	3,199,306	0.4	1,125
35 – 44	314,590	3,168,717	0.5	1,730
45 – 54	297,819	3,045,429	0.6	1,890
55 – 64	244,239	2,538,550	0.4	984
All Persons	**1,405,643**	**14,220,230**	**0.4**	**6,204**

* ERP Estimated resident population for 2010 extrapolated from 2009 data provided by the Australian Bureau of Statistics

† Estimated totals for ages 18-64 may not equal the sum of the individual age groups due to rounding

‡ The 18-24 year age group covers seven years only in contrast to the 10 years in each of the older groups.

Appendix Tables 14-1, 14-3 and 14-4 provide additional information on non-government use and services.

Appendix 17. Consultations in general medical practices

Appendix Table 17-1 shows the number of visits made to general practitioners in the year from April 2009 to March 2010 by all participants.

Appendix Table 17-1. Visits to general practitioner in past year

	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Mean	8	10	8	10	9
Median	5	6	5	6	5

Most survey participants who had a general practitioner (95.6%) gave consent for their practitioner to supply further information on the health care they had provided to the participant over the past year.

Information was returned by general practitioners for half (49.2%) of the consenting participants (representing 39.7% of the total sample). Of these, 97.9% had consulted their general practitioner in the previous year.

Appendix Tables 17-2 to 17-5 are based on the data for these 'participant-patients'. In this subsample, 55.9% of participants were male and 37.9% were aged 18-34 years.

Appendix Table 17-2. General practitioner subsample: Visits to general practitioner by participant-patients in past year

	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Mean	11	12	10	13	12
Median	8	10	7	11	9

Appendix Table 17-3. General practitioner subsample: Reasons for consultation with general practitioner in past year

	Proportion of subsample (%)				
	Sex		Age (years)		
Reason for consultation	Males	Females	18-34	35-64	Persons
Prescription (new or repeat)	66.7	71.6	62.8	72.5	68.8
Blood tests	52.0	53.7	41.3	59.8	52.8
Other physical health problems	43.9	47.6	38.3	50.0	45.6
Review of psychotic symptoms	39.6	45.0	41.3	42.5	42.0
General check up	35.1	35.5	25.3	41.4	35.3
Blood pressure and/or cardiovascular check	37.9	31.3	21.9	43.0	35.0
Depression	22.7	42.2	28.6	33.0	31.3
Anxiety	24.2	38.0	26.8	32.5	30.3
Weight gain and/or diet	26.5	32.3	27.9	29.8	29.1
Sleep disturbance	17.7	27.2	20.1	23.0	21.9
Respiratory problems	19.7	24.0	17.5	24.1	21.6
Influenza injection	20.7	19.8	13.4	24.5	20.3
Other psychological symptoms	14.6	23.6	19.7	18.0	18.6
Drug and/or alcohol problem	18.4	12.8	18.6	14.3	15.9
Medical certificate or form	13.1	13.7	16.4	11.6	13.4
Sexual/reproductive health issues	6.3	22.4	16.4	11.6	13.4
Depot medication	12.9	9.3	11.5	11.1	11.3
Diabetes	11.9	10.2	4.5	15.2	11.1
Other	10.6	7.7	10.4	8.6	9.3

Appendix Table 17-4. General practitioner subsample: Management of specified physical conditions by general practitioner in past year

	Proportion of subsample (%)				
	Sex		Age (years)		
Management of specified physical condition	Males	Females	18-34	35-64	Persons
Provide treatment to participant for metabolic, cardiovascular or kidney conditions	33.1	31.0	21.9	38.4	32.2
Referred participant to specialist for metabolic, cardiovascular or kidney conditions	10.9	12.1	8.2	13.4	11.4

Appendix Table 17-5. General practitioner subsample: General practitioner mental health care plan in past year

	Proportion of subsample (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
General practitioner mental health care plan (proportion)	23.0	33.5	25.3	29.1	27.6
Frequency of plan reviews (proportion of those with a mental health care plan):					
No set time for review	25.3	19.0	26.5	19.5	21.9
Monthly	6.6	6.7	2.9	8.6	6.6
Every 3 months	16.5	21.9	22.1	18.0	19.4
Every 6 months	26.4	31.4	26.5	30.5	29.1
Annually	14.3	12.4	14.7	12.5	13.3
Other	6.6	5.7	5.9	6.3	6.1
Missing	4.4	2.9	1.5	4.7	3.6
Total respondents	**91**	**105**	**68**	**128**	**196**

Appendix 18. Support, needs and satisfaction

Appendix Table 18-1. Global support received* in past 4 weeks

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
No support	32.1	32.5	30.8	33.4	32.3
Minimal support	22.6	26.4	24.6	23.9	24.2
Modest support	18.8	20.5	22.3	17.4	19.5
Moderate support	10.9	11.4	10.5	11.6	11.1
Significant support	7.9	5.0	6.0	7.3	6.7
Comprehensive support	4.9	2.6	3.6	4.2	3.9
Total support in all environments	2.8	1.6	2.3	2.3	2.3
Total %	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total respondents	**1,087**	**738**	**773**	**1,052**	**1,825**

* Multidimensional Scale of Independent Functioning[9]

Appendix Table 18-2. Carer or personal support worker in past year

	Proportion (%)				
	Sex		Age (years)		
Reason for consultation	Males	Females	18-34	35-64	Persons
Personal support worker (past year)	12.1	12.6	11.9	12.6	12.3
Carer (past year)	22.4	27.8	23.3	25.5	24.5

Appendix Table 18-3. Importance of religion/spirituality in past year

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Very important	27.5	31.3	25.4	31.7	29.0
Important	29.3	32.2	31.4	29.8	30.5
Unimportant	22.3	19.4	23.0	19.7	21.1
Very unimportant	15.3	13.0	15.4	13.6	14.4
Not known	5.7	4.1	4.8	5.2	5.0
Total %	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total respondents	**1,087**	**738**	**773**	**1,052**	**1,825**

Appendix Table 18-4. Satisfaction with own independence in past 4 weeks

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Very satisfied	38.4	37.9	36.5	39.4	38.2
Somewhat satisfied	34.3	32.8	35.7	32.2	33.7
Neither satisfied nor dissatisfied	9.5	8.8	9.6	8.9	9.2
Somewhat dissatisfied	10.2	12.9	11.5	11.1	11.3
Very dissatisfied	6.4	7.0	6.0	7.2	6.7
Not known	1.2	0.5	0.8	1.0	0.9
Total %	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total respondents	**1,087**	**738**	**773**	**1,052**	**1,825**

Appendix Table 18-5. Lack of control over life events in past 4 weeks

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Never or rarely feels a lack of control	37.1	32.2	32.1	37.4	35.1
Sometimes feels a lack of control	37.1	34.3	38.3	34.2	35.9
Often feels a lack of control	14.5	21.3	18.8	16.2	17.3
Feels a lack of control nearly all the time	9.8	11.5	9.7	11.1	10.5
Not known	1.5	0.7	1.2	1.1	1.2
Total %	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total respondents	**1,087**	**738**	**773**	**1,052**	**1,825**

Appendix Table 18-6. Feelings about life as a whole, reflecting back on past year

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Very satisfied (delighted, very pleased)	20.0	20.6	20.1	20.3	20.2
Mostly satisfied	28.7	24.9	27.8	26.7	27.2
Mixed	34.7	34.1	34.9	34.1	34.5
Mostly dissatisfied	6.8	7.2	7.9	6.3	7.0
Very dissatisfied (unhappy, terrible)	8.4	12.3	8.4	11.1	10.0
Not known	1.5	0.8	0.9	1.4	1.2
Total %	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total respondents	**1,087**	**738**	**773**	**1,052**	**1,825**

Appendix Table 18-7. Change in circumstances in next 12 months

	Proportion (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Believe circumstances will improve	76.4	78.7	82.1	73.9	77.4

Appendix Table 18-8. Challenges for the next 12 months

	Proportion of subsample (%)				
	Sex		Age (years)		
	Males	Females	18-34	35-64	Persons
Financial matters	41.4	44.7	42.9	42.6	42.7
Loneliness/Social isolation	36.6	37.9	36.2	37.8	37.2
Lack of employment	39.0	29.3	44.5	28.1	35.1
Poor physical health/Physical health issues	27.2	27.6	23.8	30.0	27.4
Uncontrolled symptoms of mental illness	23.6	28.7	25.7	25.7	25.7
Lack of stable/suitable housing	20.6	14.5	21.2	15.9	18.1
Stigma/Discrimination	10.7	13.0	10.1	12.7	11.6
No family or carer	5.4	8.5	4.5	8.3	6.7
Inability to access specialised mental health services	4.5	7.6	4.3	6.8	5.8
Difficulty getting a medical appointment	2.4	3.9	3.1	2.9	3.0
Other	11.1	15.0	13.8	11.9	12.7

Appendix 19. How things have changed since 1997-98

The first psychosis survey was conducted in 1997-98 over four predominantly metropolitan sites in the Australian Capital Territory (Canberra), Queensland (inner and outer metropolitan areas of Brisbane and a more rural catchment), Victoria (two inner city areas in Melbourne) and Western Australia (an inner city area and several suburbs in Perth).

The total catchment population aged 18-64 years was 1,084,978 people.

The survey used the same inclusion criteria and two-phase methodology as employed in the 2010 survey. Phase I screening for psychosis took place over a 30-day census in 1997.

Screening took place in public inpatient and outpatient/ambulatory/community mental health services, private psychiatric and general practices.

Homeless people, identified as those living in marginal accommodation and not identified in other service settings, were also surveyed. These people were contacted in marginalised settings, including soup kitchens, refuges and welfare centres, in each of the sites.

The total number screened positive for psychosis was 3,800.

In Phase 2, 980 individuals were randomly selected, stratified by treatment setting, for interview from those who were screen-positive in Phase 1.

The same instruments, with some modifications, were used in both surveys: the psychosis screener for census month screening and the Diagnostic Interview for Psychosis[4] for the interview, although the 2010 interview schedule included many additional questions and assessments.

Further information on the first survey and the initial findings are available in Jablensky A, McGrath J, Herrman H et al. *People Living with Psychotic Illness: An Australian Study 1997-98* (1999).[2]

Appendix 20. Survey management and research teams

Technical Advisory Group

The second national survey of psychosis, the Survey of High Impact Psychosis (SHIP), was commissioned by the Australian Government Department of Health and Ageing under contract to The University of Western Australia.

The survey was managed by a Technical Advisory Group, which oversaw, contributed to and approved the study protocol and procedures, including the interview and assessment schedule.

Appendix Table 21-1 lists the members of the Technical Advisory Group.

Appendix Table 20-1. Technical Advisory Group membership

Convenor / National Project Director	Prof Vera Morgan
National Project Coordinator	Assist. Prof Anna Waterreus
Chief Scientific Advisor	Prof Assen Jablensky
Chief Statistical Advisor	Prof Andrew Mackinnon
NSW1: Hunter New England	Dr Martin Cohen
NSW2: Orange	Dr Helen Stain
QLD: West Moreton	Prof John McGrath; Prof Robert Bush
SA: Northern Mental Health	Prof Cherrie Galletly
VIC1: North West Area Mental Health Service*	Assoc. Prof Carol Harvey; Prof Pat McGorry
VIC2: St Vincent's Mental Health Service	Prof David Castle
WA: Fremantle, Peel and Rockingham Kwinana	Prof Vera Morgan, Prof Assen Jablensky
Health Economics Adviser	Dr Amanda Neil
Community/Consumer/Carer Representative	Ms Barbara Hocking (SANE Australia)
Australian Government Department of Health and Ageing Representative	Ms Suzy Saw
Australian Schizophrenia Research Bank Representative	Prof Vaughan Carr

* Includes Orygen Youth Health clinical program

In addition, Prof Stan Catts and Prof Phil Mitchell were members of the Technical Advisory Group in Phase 1 (Instrument development phase). Prof Vera Morgan, Assist. Prof Anna Waterreus and Prof Assen Jablensky had overall responsibility for the development of the interview and assessment schedule. In particular, Assist. Prof Anna Waterreus oversaw the production of the interview schedule, including coordinating responses, sourcing and integrating available resources and producing drafts of modules for further discussion and refinement.

The following individuals made invaluable contributions to the development of specific modules: Prof Johanna Badcock (Brief Cognitive Assessment Tool), Dr John Farhall and Assoc. Prof Carol Harvey (evidence base), Prof Assen Jablensky (Diagnostic Interview of Psychosis: Diagnostic Module), Dr Judith Jaeger (Multidimensional Scale of Independent Functioning), Assoc. Prof Frank Morgan (offending and victimisation module), Dr Geoffrey Waghorn (employment and education modules), Assist. Prof Anna Waterreus (general practitioner survey; substance use section of the Diagnostic Interview of Psychosis: Diagnostic Module). Prof Johanna Badcock chaired the Brief Cognitive Assessment Tool subcommittee. Assist. Prof Sonal Shah played an integral role in data management and variable construction.

We also thank Dr Tim Slade for the provision of comparison data from the 2007 National Survey of Mental Health and Wellbeing, as well as those individuals who assisted in the preparation of this report, particularly Ms Marcelle Noja, Ms Michelle Warwick and Mr Bill Buckingham.

Catchment teams

Appendix Table 20-2. Catchment site research teams

	NSW Hunter New England	NSW Orange	QLD West Moreton	SA Northern	VIC North West	VIC St Vincent's	WA Fremantle, Peel & Rockingham Kwinana
Project directors	Martin Cohen	Helen Stain	John McGrath Robert Bush	Cherrie Galletly	Carol Harvey Pat McGorry	David Castle	Vera Morgan Assen ablensky
Site data custodian	Martin Cohen	Helen Stain	John McGrath	Cherrie Galletly	Carol Harvey	David Castle	Vera Morgan
Catchment site mental health service director	Dinesh Arya	Scott Clark Robin Murray Russell Roberts	Douglas Scott	Peter Tyllis	David Muirhead	Peter Bosanac	Steve Addis Mathew Samuel Gordon Shymko
Site coordinator	Linda Campbell Mary-Claire Hanlon	Jennifer Green	Andrea Baker	Shaun Sweeney	Laura Hayes Abner Poon (deputy)	Maria Haydock	Jenny Griffith
Site interviewers	Kerri Barrack Lainie Drinkwater Dominique Rich	Lauren Anthes Katie Douglas Emily Killen Denika Novello	Fiona Barclay Stacey Dixon Belinda Hulse	Lynda Dixon Michael Heath Imelda Cairney Robert Caley	Nicole Atkinson Vicky Fenby Cathy Harper Suzy Turner	Lisa Bates Andrew Brown Jan Waterson	Richard Bush Paula Edwards Leslie-Anne Niven Grahame Roddis Kirsty Scholes
Site NART consultant	Mary-Claire Hanlon	Jen Green	Andrea Baker	Imelda Cairney	Laura Hayes	Lisa Bates	Kirsty Scholes

Appendix 21. Glossary

Absolute five-year cardiovascular risk	Absolute five-year cardiovascular risk was calculated using the Framingham risk equation. In line with National Vascular Disease Prevention Alliance guidelines for the assessment of absolute cardiovascular disease, high risk was assumed automatically for those with: pre-existing cardiovascular disease; diabetes and aged over 60 years; systolic blood pressure of 180 mmHg or more; diastolic blood pressure of 110 mmHg or more; or total serum cholesterol higher than 7.5 mmol/L. Other conditions covered in the guidelines could not be included as survey data were not available for them.
Accommodation: supported accommodation	This is accommodation for people with mental illness who require high levels of daily support. This is provided 24 hours a day by mental health clinicians and support workers. It includes residential rehabilitation.
Accommodation: marginal	Living in a caravan park due to financial necessity, not lifestyle choice.
Age group: older	Aged 35 to 64 years.
Age group: younger	Aged 18 to 34 years.
Alcohol/drug abuse	The repeated use of alcohol or drugs (binging or on regular occasions) that results in consequences to physical and mental health as well as having possible social consequences. This includes: failure to fulfil role/function at work, school, or family life; experiencing feelings of guilt or remorseful after use; repeated risk taking behaviour and/or sustained injuries as a result of drinking/drug use.
Alcohol/drug dependence	Refers to behavioural, cognitive and physiological phenomena that may develop after repeated use. This includes: a strong desire to use, often taking larger amounts or over a longer period than was intended; a persistent desire or unsuccessful efforts to cut down or control use; withdrawal symptoms when use is discontinued/cut down; persistent use despite knowledge of having a physical or psychological problem that is likely to have been caused or exacerbated by the substance.
Alcohol Use Disorders Identification Test	The Alcohol Use Disorders Identification Test (AUDIT) is a internationally recognised questionnaire used to screen for excessive drinking and to help identify alcohol dependence and specific consequences of harmful drinking.
Antipsychotic medication: atypical	This is a group of drugs used to treat symptoms of psychotic disorders. They are thought to be safer than typical antipsychotics, although still cause side effects including weight gain. This group includes clozapine, olanzapine and risperidone. Antipsychotic medication: typical Also known as first generation or conventional antipsychotics. This is a group of drugs first used to treat psychotic disorders. This group includes chlorpromazine, haloperidol and fluphenazine.
Anxiety	Anxiety is characterised by physiological arousal (including increased blood pressure, heart rate, overbreathing), preparing for a “flight or fight” response. It becomes a disorder when it is out of keeping with the “threat” and causes distress to the individual and impacts negatively on day-to-day functioning.
Assertive case management	Assertive community treatment is team-based intensive case management involving assertive outreach and an extended hours service. In assertive community treatment, regular mental health care is provided in the home by a team from the mental health services, with each clinician working with a small number of clients/consumers (typically 10).

Bipolar affective disorder

Bipolar affective disorder is a disorder characterised by periods of elevated or irritable mood. In many cases these fluctuate with periods of depressed mood. Bipolar affective disorder has previously been termed 'manic depressive disorder'.

Body mass index

The World Health Organisation body mass index reference range, widely used in Australia, has been used to classify overweight and obesity as follows: underweight (body mass index less than 18.5); normal (body mass index between 18.5 and 24.99); overweight (body mass index between 25.00 and 29.99); and obese (body mass index greater than or equal to 30.00).

Case manager

A case manager is a specific person who is responsible for coordinating care, providing ongoing support, checking on medication and symptoms, and helping with crises.

Community rehabilitation and day therapy

These are programs that assist people to improve their quality of life, participate in everyday living activities, and function as independently as possible in the community.

Continuous chronic illness

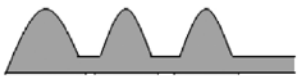
In continuous, chronic disease, a person has persistent symptoms, no remissions and significant impairment in functioning.

Course of disorder

Course of disorder refers to the way mental illness evolves over time. It reflects the number of periods of illness (episodes) and the recovery after each period of illness. Did the person recover their normal self, or were they still bothered by symptoms or a reduced ability to cope with everyday life?

Single episode: One episode only with no impairment.

Multiple episodes with good recovery in between: Several episodes with no or minimal impairment.



Multiple episodes with partial recover in between: Impairment after the first episode with subsequent exacerbation and no return to normality.

Continuous chronic illness without deterioration: Impairment increasing with each of several episodes and no return to normality.

Continuous chronic illness with deterioration: Continuous illness with exacerbations, no remissions, and significant impairment.

Days out of role

This is the number of days over the four weeks prior to interview that participants were unable to fulfil their usual role due to physical or mental health problems.

Delusions

A delusion is an impossible, incredible or patently false belief held with a basic and compelling subjective conviction, though the degree of certainty may fluctuate or be concealed. It is not susceptible, or only briefly to, modification by experience or evidence that contradicts it.

Dysphoria

Persistent, unresponsive, and pervasive depressed mood.

Early intervention in psychosis program	Specialised services for younger people, focusing on early detection and treatment of early symptoms of psychosis.
Elevated mood	A feeling of intense, unnatural elation out of proportion to the circumstances or without reason that lasts for days on end.
Employment: competitive	Employment in a mainstream setting, paid at award wages or above, and not in a setting designed to provide supported employment.
Employment: full-time	35 or more hours of employment per week.
Employment: non-competitive	Employment in a supported employment setting, where the employer has accessed a wage subsidy or a supported wage scheme, or employment at a specialised service designed to assist people experiencing a disability to return to work.
Employment: part-time	Less than 35 hours of employment per week.
Fagerstrom Test for Nicotine Dependence	A test commonly used by health professionals to measure the intensity of nicotine dependence.
Hallucinations	Person experiences perceptions (visual, auditory, olfactory, or other bodily sensations) without external stimuli when consciousness is clear, e.g. sees objects or people that others cannot see. It is experienced throughout the day for several days or intermittently for one week or longer.
Homelessness: primary	Living on the streets, in parks, in deserted buildings, or in cars/vehicles.
Homelessness: secondary	Living in temporary shelters such as refuges, emergency accommodation, night shelters or sleeping on a friend's couch.
Homelessness: tertiary	Living in a boarding room.
Inpatient admission	Admission for at least an overnight stay to any hospital.
Involuntary admission	Admission to a hospital against a person's will, under a Mental Health Act or other legal order.
Irritability	Irritability or irritable mood is a pervasive mood of excessive anger, impatience or over readiness to respond to minor annoyances. It is difficult to control, excessive and which lasts for days on end.
Loss of pleasure	A persistent, pervasive, inability to enjoy things that would normally be enjoyed.
Metabolic syndrome	Metabolic syndrome has been defined using the International Diabetes Federation metabolic syndrome consensus definition of at risk abdominal obesity based on waist circumference and at least two other at risk measures. The definitions of "at risk" for the individual components of metabolic syndrome are: waist circumference greater than or equal to 94 cm for males, greater than or equal to 80 cm for females; fasting high density lipoproteins less than 1.03mmol/L for males, less than 1.29mmol/L for females; fasting triglycerides greater than or equal to 1.7mmol/L; fasting plasma glucose greater than or equal to 5.6mmol/L; systolic blood pressure greater than or equal to 130 mmHg; and diastolic blood pressure greater than or equal to 85 mmHg.

Multidimensional Scale of Independent Functioning: Overall global independent functioning	Independent functioning is a rating of functioning, corrected for the level of support used and performance, relative to the community norm. It reflects an overall level of disability. Two people with the same level of disability but different levels of functioning may score the same if one is provided with more support. For example, adequate functioning with regular support is equivalent to functioning with some difficulty with no support. The overall global rating covers role performance at work (broadly defined to include paid and unpaid work, childcare and caring), in study and in the activities of daily living.
Multidimensional Scale of Independent Functioning: Overall global performance	Performance rates participants' performance given the responsibilities dictated by their specific role and their level of disability irrespective of the level of support that they receive. Two people in the same role with the same level of disability may score differently if one is supported to better performance than the other. The overall global rating covers performance at work (broadly defined to include paid and unpaid work, childcare and caring), in study and in the activities of daily living.
Multidimensional Scale of Independent Functioning: Overall global support	Support rates of the amount of assistance participants received in their specified roles or tasks. The frequency, quality and proximity of support, who provides this support (family, friends or professionals) and consequences if support was absent were all taken into account. The overall global rating covers support provided at work (broadly defined to include paid and unpaid work, childcare and caring), in study and in the activities of daily living.
Negative symptoms	These include: a diminished sense of purpose, loss of interest in things, diminished emotional range or a reduction in the variety or intensity of emotions expressed, restricted affect indicated by reduced facial and vocal expression, poverty of speech, and impairment in socialising.
Obsessive-compulsive disorder	A disorder characterised by repeated thoughts, images or impulses that the person feels are inappropriate, and repetitive behaviours, such as hand-washing, designed to reduce the anxiety generated by the thoughts.
Onset of illness	The earliest age at which medical advice was sought for psychiatric reasons or at which symptoms began to cause subjective distress or impair functioning.
Outpatient contact	An appointment at a clinic in a hospital, community health centre, or a private clinic, when the person was not an inpatient.
Passivity phenomena	The experience that one's own thoughts, feelings, actions or sensations are not under conscious control, but are being controlled or imposed by an external power or agency.
Personal and Social Performance Scale	The Personal and Social Performance Scale score is based on information gathered on level of functioning in social activities including work and study, relationships, self care and disturbing and aggressive behaviours.
Phobia	Is a persistent fear of a situation (e.g. a social scenario) or "thing" (e.g. snakes) that causes undue anxiety and leads to an avoidance response.

Point prevalence	The number of residents within a defined geographical area, aged between 18 and 64 years, who had made a contact with any treatment service (in-patient, emergency, outpatient or non-government organisation for mental health) during a one-month census period and were identified as having a psychotic disorder, per 1000 population in the same age range resident in the same area.
Poor concentration	Inability to think clearly, make decisions, or give full attention to matters, which is a change from normal.
Premorbid social adjustment	Social adjustment before onset of illness which includes ability to enter or maintain social relationships.
Premorbid work adjustment	Work history before onset of illness which includes ability to keep a job for six months or more, sustain a job at their expected educational level, or keep up with studies if a student.
Psychosocial stressor	Severely or moderately threatening event that is unlikely to have resulted from a person's own behaviour, for example, death of a family member or being a victim of crime.
Psychotic disorders	A group of illnesses characterised by: delusions; hallucinations; disorganised thought, speech and non-verbal communication; and loss of motivation and planning ability. These disorders include, among others, schizophrenia, schizoaffective disorder, bipolar disorder and delusional disorder.
Schizophrenia	A disorder characterised by a distorted perception and interpretation of reality, involving delusions and hallucinations, disorders of logical thinking, and withdrawal from social interaction.
Severe depression with psychosis	In severe depression with psychosis, also referred to as psychotic depression, people suffer from symptoms of severe depression (see below) as well as symptoms of psychosis such as hallucinations and delusions.
Severe depression without psychosis	In severe depression without psychosis, also referred to as major depression, people suffer from a range of marked and distressing symptoms, which are present most days last for at least several weeks. These symptoms include depressed mood, loss of pleasure, poor concentration, sleep and appetite disturbances and ideas of guilt or worthlessness.
Social phobia	A strong fear of social interaction or performance situations. People with social phobia avoid social situations in case of embarrassment or humiliation.
Subjective thought disorder	This includes the abnormal experience by affected people of having thoughts that are not their own, of thoughts being inserted into their mind by some external agency, their own thoughts being directly accessible to others or thoughts being extracted from their mind.
Suicidal ideation	Persistent, intrusive thoughts of wishing to be dead, or deliberate planning or actual attempts to take one's own life.

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All information in this publication is correct as at November 2011.

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