

Stress and wellbeing in Australia survey 2014

The state of the nation three years on, and

Special feature on maintaining a healthy lifestyle

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**national
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week**



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SUMMARY OF KEY FINDINGS

The *Stress and Wellbeing in Australia Survey 2014* had two main aims:

- To assess the stress and wellbeing of the Australian population three years on from the initial administration, and
- To assess Australians' experiences of maintaining a healthy lifestyle.

The stress and wellbeing of Australians three years on...

In 2014, while the overall pattern of findings was similar to those reported in previous years, this year's results showed some significant differences (albeit small) in a positive direction. That is, Australians' overall level of wellbeing showed slight improvement from last year and was comparable to 2012. Levels of stress and distress were significantly lower than 2013, although still higher than those reported in 2012 and 2011. Depression and anxiety symptoms, however, were comparable to 2013 and still significantly higher than the first administration in 2011.

Levels of wellbeing

- In 2014, Australians reported significantly higher levels of wellbeing compared with the findings in 2013.
- Older Australians (66-75 years old) continued to report higher levels of wellbeing compared with other Australians (particularly the 18-25 and the 46-55 year age groups).
- In contrast to previous years, men reported significantly higher levels of overall wellbeing than women.

Levels of stress and distress

- In 2014, Australians reported significantly lower levels of stress and distress compared with findings in 2013 but were still higher than those reported in 2012 and 2011.
- Consistent with findings from 2013, one in four Australians reported moderate to severe levels of distress this year.
- Similar to previous years' findings, younger adults (18-25 and 26-35 year age groups) continued to report much higher levels of stress and distress compared with older Australians.

Experience of depression and anxiety symptoms

- In 2014, Australians reported levels of depression and anxiety symptoms comparable with those of 2013, but these scores were still significantly higher than findings from the first administration of the stress and wellbeing survey in 2011.
- Almost one in seven Australians reported depression and anxiety symptoms in the severe to extremely severe range.
- Similar to previous years' findings, younger adults continued to report significantly higher levels of depression and anxiety symptoms compared with older Australians.¹
- In contrast to previous years, men reported significantly higher levels of anxiety than women.

¹ Please note that the levels of depression and anxiety symptoms in the two youngest age groups fall within the mild ranges for both scales.



Causes of stress

- Financial issues and family issues remain the leading causes of stress amongst Australians.
- Similar to previous years' findings, issues around health were frequently rated as sources of stress for Australians with personal health issues, issues with trying to maintain a healthy lifestyle and issues with the health of a close one commonly identified as sources of stress.
- More than one in five Australians reported mental health issues as a source of stress.
- Family issues (and issues related to personal finance) remain the leading sources of stress for women while the leading source of stress for men was issues related to personal finance.
- Similar to previous years' findings, the prevalence of most causes of stress significantly decreased as people got older.

Strategies for managing stress

- Watching TV or movies, spending time with friends or family, listening to music, focusing on the positives and reading remain the most frequently cited strategies used for managing stress.
- A similar pattern of findings emerged according to age with all Australians equally likely to report doing something active, or spending time with family and friends as ways to help manage stress. Younger Australians were more likely to report listening to music, visiting social networking sites and consciously avoiding stressful people to help manage their stress, while strategies such as focusing on the positives and reading to help manage stress increased as people get older.
- Similar to last year findings, four in five Australians rated their use of stress management strategies as moderately to highly effective.

Impact of stress on physical and mental health

- Consistent with previous years' findings, just over seven in ten Australians reported that current stress was having at least some impact on physical health, with almost one in five reporting that current stress was having a strong to very strong impact on physical health.
- Similar to findings in 2013, almost two in three Australians reported that current stress was having at least some impact on their mental health with almost one in five reporting that current stress was having a strong to very strong impact on mental health.

Help-seeking behaviour for managing stress

- Overall, a very consistent pattern of findings emerged for help-seeking behavior from 2011 to the present.
- Australians were most likely to seek help to manage their stress from family, friends and general practitioners.
- Although slightly lower than previous years, one in seven Australians reported seeking help from psychologists or other mental health professionals to manage their stress.



Wellbeing in the workplace

In 2014, working Australians reported similar levels of overall *workplace* wellbeing to those reported in 2013 (as measured by the Workplace subscale of the UK wellbeing scale), but significantly lower level of overall *workplace* wellbeing compared with findings in 2012 and 2011.

- Working Australians reported significantly lower levels of job satisfaction than findings reported in 2012 and 2011, and significantly lower levels of work-life balance than in 2011.
- Working Australians reported similar levels of job stress to those reported in 2013 but significantly higher when compared to findings in 2012 and 2011. They also reported significantly lower levels of interest in their job than those reported in 2012.
- Similar to previous years' findings, over two in five working Australians rated issues in the workplace as a source of stress.

Insights into Australians' experiences of maintaining a healthy lifestyle

Australians were asked a number of questions about their experiences of trying to maintain a healthy lifestyle including how much importance they place on maintaining a healthy lifestyle, and barriers or supportive strategies or activities that affected their ability to maintain a healthy lifestyle.

- Overall, four in five Australians reported that maintaining a healthy lifestyle was important to them over the past 12 months, with seven in ten of these Australians indicating that they were doing a reasonable job of achieving a healthy lifestyle over this time period.²

Healthy lifestyle behaviours

- Most Australians (more than four in five) recognised the importance of healthy lifestyle behaviours such as exercising regularly, eating a healthy diet, getting adequate sleep, thinking positively, refraining from smoking and reducing stress to maintaining a healthy lifestyle with slightly fewer Australians rating *limiting or eliminating alcohol use* (almost seven in ten Australians) as important to maintaining a healthy lifestyle.
- Four in five Australians reported engaging in the previously mentioned healthy lifestyle behaviours at least some of the time to maintain a healthy lifestyle³.
- Australians who indicated that maintaining a healthy lifestyle was important to them were significantly more likely than the rest of the sample to have engaged in the healthy lifestyle behaviours over the past 12 months.

² The importance rating included those Australians who reported maintaining a healthy lifestyle as 'important' or 'extremely important'. The achievement rating included those Australians who rated 'good', 'very good' or 'excellent' to the question *How well do you think you are achieving a healthy lifestyle over the past 12 months?*

³ This finding included Australians who rated engaging each of the healthy lifestyle behaviours 'sometimes', 'fairly often', or 'all the time'.



Barriers

- The most frequently cited barriers to maintaining a healthy lifestyle over the past 12 months were unexpected life events getting in the way, loss of motivation, the expense, and lack of time (three in five Australians)⁴.
- Importantly, half of the Australian sample cited work demands and the demands of family duties as barriers to maintaining a healthy lifestyle at least some of the time over the past 12 months.
- Interestingly, only three in ten Australians indicated that lack of knowledge about how to implement a healthy lifestyle prevented them from maintaining a healthy lifestyle at least sometimes over the past 12 months. This finding supports the idea that Australians have at least some knowledge about how to maintain a healthy lifestyle.
- Importantly, more than four in ten Australians indicated that not getting back on track after a relapse had prevented them from maintaining a healthy lifestyle at least some of the time over the past 12 months.

Helpful strategies and activities (*enablers*)

Psychological

- The two most frequently reported psychologically helpful strategies to maintaining a healthy lifestyle over the past 12 months were the belief in one's ability to take the required actions to be healthy and having the desire to change (more than four in five Australians).
- Only slightly below the above enablers were two additional psychological strategies: the ability to change one's mindset about healthy and unhealthy behaviours and being able to identify and manage triggers for unhealthy behaviours. Both of these strategies were reported by more than seven in ten Australians as helpful in maintaining a healthy lifestyle at least sometimes over the past 12 months.

Goal setting, planning and reward

- At least three in five Australians reported that strategies related to goal setting, planning and rewarding successes had helped them to maintain a healthy lifestyle over the past 12 months.

Support mechanisms

- Among the five listed support mechanisms, support from family and/or friends was the most frequently cited enabler that Australians reported as helping at least sometimes to maintain a healthy lifestyle over the past 12 months (more than seven in ten Australians).
- Interestingly, support from work colleagues (less than two in five Australians) and support from community groups or organisations (just over one in three Australians) were reported the least by Australians as helpful strategies for maintaining a healthy lifestyle.

Efficacy

- Overall, Australians rated the strategies they had used to help them maintain a healthy lifestyle as quite effective with nine in ten Australians reporting the strategies as effective sometimes to all of the time.

⁴ This finding included those Australians who rated barriers as 'sometimes true', 'true fairly often' or 'true all the time'.



Explanations: Why Australians try to maintain a healthy lifestyle

- The three most frequently endorsed reasons Australians tried to maintain a healthy lifestyle over the past 12 months were knowing it's the right thing to do, feeling better about oneself, and helping to reduce stress levels.
- Interestingly, two in three Australians reported that one of the reasons they tried to maintain a healthy lifestyle was because it provides opportunities to get together with others.

Seeking help

- The most common sources for seeking help in the past 12 months to maintain a healthy lifestyle were family and /or friends and general practitioners.
- In terms of where Australians might seek help from in the future to maintain a healthy lifestyle, almost half of the sample indicated they would seek help from family or friends and general practitioners while more than one in five reported seeking help from a fitness trainer.

Maintaining healthy lifestyle and psychological health and wellbeing

Healthy lifestyle behaviours

- Australians actively engaged in healthy lifestyle behaviours over the past 12 months – e.g., exercising regularly, eating healthily, getting adequate sleep—reported significantly higher levels of overall wellbeing and significantly lower levels of stress and distress than those who were not engaged with the healthy lifestyle behaviours⁵.
- Similarly, Australians who engaged in healthy lifestyle behaviours reported significantly lower levels of depression and anxiety than those who were not engaged with the healthy lifestyle behaviours (see footnote 5).

Helpful strategies and activities (*enablers*)

- Australians who reported that they found enabling strategies helpful in maintaining a healthy lifestyle over the past 12 months at least some of the time also reported significantly higher levels of overall wellbeing than those who did not.
- Australians who reported confidence in being able to do what is required to be healthy and who were able to incorporate healthy behaviours into their lifestyle, also reported significantly lower levels of stress and distress, and lower levels of anxiety symptoms.
- For nine of the fourteen helpful strategies and activities listed (including the two noted above), Australians who reported those strategies as helping them to maintain a healthy lifestyle over the past 12 months also reported significantly lower levels of depression.

⁵The healthy lifestyle behavior of 'limiting or eliminating alcohol use' was the exception in that it wasn't associated with lower levels of stress and distress or lower levels of depressive and anxiety symptoms.



The stress and wellbeing of Australians with obesity

- Australians with obesity reported significantly lower levels of overall wellbeing than non-obese Australians. However, levels of stress and distress, and levels of anxiety and depressive symptoms were similar between Australians with obesity and those without.
- Australians with obesity were more likely to rate issues with personal health and issues with trying to maintain a healthy lifestyle as sources of stress than those without.
- To manage stress, Australians with obesity were more likely to report eating something and sleeping more than those without. Conversely, Australians with obesity were less likely to report doing something active, something relaxing or spiritual to manage stress than the non-obese group.
- Interestingly, although the differences were relatively small, Australians with obesity were significantly less likely to report drinking alcohol, smoking cigarettes or taking recreational drugs to help manage their stress than the non-obese group.
- Also of note was the finding that those in the obese group, while being more likely to report sleeping to help manage stress than the non-obese group, were significantly less likely to report that sleeping was an effective way to manage their stress than the non-obese group.
- Australians with obesity were more likely than the non-obese population to report that stress impacted on their physical health. However, there were no significant differences between the two groups on ratings of the impact of stress on mental health.
- Significantly more Australians with obesity sought help to manage their stress in the past 12 months from general practitioners and mental health professionals than non-obese Australians.
- Australians in the obese group were more likely than those without obesity to be suffering from one or more chronic physical health conditions. Further, significantly more Australians from the obese group had five or more chronic physical health conditions than the non-obese group.

Obesity and maintaining a healthy lifestyle

- Overall, and in the expected direction, Australians with obesity were less likely than non-obese Australians to rate maintaining a healthy lifestyle as important. Further, Australians with obesity were more likely to report doing a poor to fair job of achieving a healthy lifestyle compared with non-obese Australians.
- The importance of exercise to maintaining a healthy lifestyle and how much exercise was being undertaken were two additional factors that discriminated the obese and the non-obese groups. Australians with obesity rated the importance of exercise lower and engaged in less exercise overall.
- In terms of barriers, Australians with obesity were more likely to report a range of barriers as preventing them from maintaining a healthy lifestyle including loss of motivation, lack of confidence to make necessary changes to lifestyle, and lack of knowledge about how to implement a healthy lifestyle compared with their non-obese counterparts.
- While those in the obese group were more likely to report that seeking help from a health professional had helped them to maintain a healthy lifestyle compared with the non-obese group, and equally likely to report that having support from family and friends had helped, for the remainder of the helpful strategies listed, the obese group were less likely to report that these had helped to them in maintaining a healthy lifestyle.



MAIN REPORT

1. Introduction

This year marks the fourth year the APS has commissioned a 'state-of-the-nation' survey on a representative⁶ sample of adult Australians to examine the levels of stress and wellbeing experienced by Australians. Periodic assessment of the stress and wellbeing levels within the Australian community provides important information to understand and enhance the psychological and physical health of the population⁷.

The findings of the survey are launched as part of APS's National Psychology Week (NPW) held each year in the second week in November and forms an important part of APS's commitment to promoting community mental health awareness and psychological wellbeing.

Findings of the *Stress and Wellbeing in Australia Survey 2013, 2012 and 2011* found a similar pattern of findings with Australians experiencing levels of stress and distress comparable to other Western countries, and younger adults reporting the highest levels of stress (Keyes et al., 2014). For the past two years, the survey has included some additional questions on a specific topic or aspect of stress and wellbeing to contribute to a special feature. Last year's survey included a special feature on the psychological health of Australians in the workplace⁸.

The *Stress and Wellbeing in Australia Survey 2014* had two main aims:

- To assess the stress and wellbeing of the Australian population three years on from the initial administration to allow year-on-year comparisons, and
- To gain insights into Australians' experiences of maintaining a healthy lifestyle including examining such things as the importance of a healthy lifestyle, the barriers and enablers, and associations with stress and wellbeing. This special feature included the representative sample and an additional sample of Australians with obesity.

A special feature on maintaining a healthy lifestyle was identified as an important area for inquiry in light of the research evidence linking healthy lifestyle behaviours to wellbeing, and obesity to poorer health outcomes, as well as a growing body of research indicating psychological factors that support maintaining a healthy lifestyle. Further, survey results from previous years have consistently shown that maintaining a healthy lifestyle was a source of stress.⁹

⁶ See page 13 under 'Survey participants' for more detail on the methodology undertaken to obtain a representative sample of Australians.

⁷ See the *Stress and wellbeing in Australia 2012: A state-of-the-nation survey* report and available to download at http://admin.psychology.org.au/Assets/Files/Stress and wellbeing in Australia 2012 Report_FINAL-web.pdf

⁸ See the *Stress and wellbeing in Australia 2013: A state-of-the-nation survey* report and available to download at <http://www.psychology.org.au/Assets/Files/Stress and wellbeing in Australia survey 2013.pdf>

⁹ See the *Stress and wellbeing in Australia 2012: A state-of-the-nation survey* report and available to download at http://admin.psychology.org.au/Assets/Files/Stress and wellbeing in Australia 2012 Report_FINAL-web.pdf



2. Survey methodology

Survey participants

The Australian Psychological Society (APS) in conjunction with an online research company conducted the survey with a representative sample of Australians. The national sample (N=1553) were comprised of approximately equal numbers of men and women and were representative of the Australian adult population (18 and above) for age, gender, geographical location and work status (matched on Australian Bureau of Statistics [ABS]) as shown in Tables 1-4¹⁰.

In addition to conducting the survey with a representative sample of Australians, the online research company recruited an oversample¹¹ by identifying an additional number (n=49) of Australians who met criteria for obesity using Body Mass Index (BMI) criteria¹².

A total of 1602 people completed the online survey, which was conducted over a two and a half week period from 30 June to 16 July 2014.

TABLE 1. Gender of survey participants and ABS data comparison (N=1553)

	Survey participants (n)	ABS
Male	48% (753)	49%
Female	52% (800)	51%

TABLE 2. Location of survey participants and ABS data comparison (N=1553)

	Survey participants (n)	ABS
VIC	25% (382)	25%
NSW	32% (496)	33%
QLD	20% (313)	20%
SA	8% (123)	8%
WA	10% (158)	10%
TAS	3% (40)	2%
ACT	2% (26)	2%
NT	1% (14)	1%

¹⁰ Due to the survey only being available online, it is acknowledged that while participants were matched against ABS statistics on relevant demographic variables, the sample is restricted to online data gathering processes only.

¹¹ Oversample means to sample additional members of a subpopulation, above and beyond the members included in the main sample.

¹² Body Mass Index (BMI), which is calculated by dividing weight in kilograms by height in metres squared, is used most often – particularly in assessing overweight and obesity at the population level. (Source: Australian Government Department of Health: <http://www.health.gov.au/internet/main/publishing.nsf/content/glossary>).



TABLE 3. Age range of survey participants and ABS data comparison (N=1553)

	Survey participants (n)	ABS
18-25 yrs	12% (184)	14%
26-35 yrs	19% (294)	18%
36-45 yrs	20% (318)	19%
46-55 yrs	19% (300)	18%
56-65 yrs	15% (227)	14%
66-75 yrs	10% (158)	9%
76+ yrs	5% (72)	8%

TABLE 4. Work status of survey participants and ABS data comparison (N=1553)

	Survey participants (n)	ABS
Engaged in paid work of some kind	66% (1020)	65%

Obesity sample

An obesity sample was identified using BMI criteria (see footnote 12): 394 people met criteria from the representative sample of 1553. An oversample was conducted to identify an additional 49 people thus bringing the total number of people in the obesity sample to 443. The obesity sample was comprised of approximately equal numbers of men (n=207) and women (n=236) and although not methodologically sampled to match on ABS's demographic statistics for obesity, a review of the ABS's Australian Healthy Survey 2011/12 provided a reference point for several of the demographic variables of the Australian obesity sample including age and gender as shown in Tables 5-6.

TABLE 5. Australians with obesity by gender and ABS data comparison

Gender	Survey participants (n)	ABS
Male	26.6% (207)	28.4%
Female	28.6% (236)	28.2%

TABLE 6. Australians with obesity by age and ABS data comparison

Age	Survey participants (n)	ABS
18-25	12.5% (23)	18-24 15.1%
26-35	13.5% (40)	25-34 20.5%
36-45	22.8% (73)	35-44 28.4%
46-55	35.4% (109)	45-54 32.0%
56-65	37.7% (90)	55-64 36.7%
66 or above	84.6% (108)	65 & above 81.4%



The survey

This year's online survey included 37 questions comprising the core survey questions to enable year-on-year comparisons, and 14 additional questions that examined Australians' experiences of maintaining a healthy lifestyle.

The questions incorporated standardised measures¹³ of stress, wellbeing, anxiety and depression, as well as a number of additional questions examining demographic variables and other variables such as sources of stress, strategies to manage stress, and impact of stress on physical and mental health.

Data analysis

The data presented has been selected on the basis of a preliminary analysis of noteworthy findings.

The approach to data analysis in this report replicates the approach of previous years and the reader is directed to the 2012 report for further information on specific scales, derivation of summary scores etc. (See footnote 13 for web link).

Demographic Variables

Analyses were run for the total sample and across all key demographic variables with the exception of cultural identity¹⁴. No significant findings emerged across States on any of the key variables of interest.

Preliminary analyses for age, gender, work, and marital status were significant and sample sizes between groups were sufficient to permit reporting and inclusion in further data exploration¹⁵.

Comparisons between 2014, 2013, 2012 and 2011 data

To make comparisons between data gathered in 2014, 2013, 2012 and 2011 survey data, one-sample t-test procedures were performed to determine whether the mean levels of variables of interest were significantly different at the 95% confidence interval.

Comparisons between groups

For comparisons between different groups (e.g., males/females, different age groups, obese/non-obese), a combination of parametric and non-parametric statistical techniques were applied. These included omnibus F-tests for one-way anovas for independent variables of interest—e.g., testing for effect of age on level of wellbeing, and Games-Howell multiple comparison tests to test for sub-group differences—e.g., marital status, as this test does not assume equal variances. Analysing associations between nominal or categorical data involved Chi-square tests of independence—e.g. gender differences and strategies used to manage stress.

Prevalence percentage

Unless otherwise indicated, prevalence percentage includes those participants who rated source of stress as contributing to their overall stress in the past month 'sometimes', 'quite a bit', or 'a great deal'.

¹³ For details on standardised measures, please refer to pages 8-10 of the *Stress and wellbeing in Australia 2012: A state-of-the-nation survey* report and available to download at http://admin.psychology.org.au/Assets/Files/Stress and wellbeing in Australia 2012 Report_FINAL-web.pdf

¹⁴ Cultural identity requires additional individual coding which is beyond the scope of the initial analyses of the survey.

¹⁵ Preliminary analyses on several other demographic variables such as remoteness of residence, living arrangements and income levels while producing significant results on a couple of the variables of interest, the small and unequal sample sizes in various cells precluded further statistical analyses on these variables.



3. 2014 Survey results

3.1. The stress and wellbeing of Australians three years on...

Three years on, while the overall pattern of findings of the Stress and Wellbeing Survey 2014 was similar to those reported in previous years, this year's results showed some significant differences (albeit small) in a positive direction. Australians' overall level of wellbeing showed slight improvement from last year and was comparable to 2012. Levels of stress and distress were significantly lower than 2013, although still higher than those reported in 2012 and 2011. Depression and anxiety symptoms, however, were comparable to 2013 and still significantly higher than the first administration in 2011.

3.1.1 Levels of wellbeing, stress and distress

Three years on – levels of wellbeing, stress and distress among Australians

Table 7 presents the mean scores for wellbeing, stress and distress for survey participants in 2014 compared with previous years, whereas Table 8 presents the prevalence of various levels of distress from 2011 to 2014.

Wellbeing

- In 2014, Australians reported significantly higher overall levels of wellbeing than in 2013, comparable to 2012, and significantly lower levels than 2011.
- Older Australians (66 years and above) continued to report significantly higher levels of wellbeing compared with other Australians, with the lowest levels of wellbeing reported by Australians age 18-25 and 46-55.
- In contrast to previous years' findings, men reported significantly higher levels of overall wellbeing than women.

Stress and distress

- In 2014, levels of perceived stress and distress have significantly decreased from 2013 but were still higher than those reported in 2011 and 2012.
- One in four Australians reported moderate to severe levels of distress this year which is comparable to last year's findings.
- Older Australians continued to report significantly lower levels of stress and distress compared with other Australians, with the highest levels of stress and distress reported by young Australians (18-25 and 26-35 year age groups).

TABLE 7. Mean scores on measures of wellbeing, stress and distress for 2014, 2013, 2012 and 2011

	2014	2013	Significance (2-tailed)	2012	Significance (2-tailed)	2011	Significance (2-tailed)
WEMWBS score	47.38	46.78	p=.020*	47.65	p=.286	49.11	p=.000*
PSS total score	15.88	16.43	p=.002*	15.51	p=.044*	15.53	p=.057
K-10 score	19.00	19.45	p=.049*	18.4	p=.008*	17.94	p=.000*

*Statistically significant (p<.05)



TABLE 8. Prevalence (%) of various levels of distress for 2014, 2013, 2012 and 2011

K-10 Total Scores Interpretation Category	2014	2013	2012	2011
10-19 non significant levels of distress	63%	61%	67%	66%
20-24 mild levels of distress	13%	14%	11%	13%
25-29 moderate levels of distress	9%	9%	9%	9%
30-50 severe levels of distress	16%	17%	14%	12%

3.1.2 Experience of depression and anxiety symptoms

Three years on – depression and anxiety among Australians

Table 9 presents the mean scores for depression and anxiety symptoms for survey participants for 2014 compared with previous years. Table 10 presents prevalence of various levels of depression symptoms for 2014 compared with past three years, whereas Table 11 presents prevalence of various levels of anxiety symptoms for 2014 compared with past three years.

- Levels of depression and anxiety symptoms were comparable to last year's but were significantly higher than those reported in the first administration of the stress and wellbeing survey in 2011.
- Almost two in five Australians reported experiencing at least some depression symptoms, with 13% of these Australians reporting depression symptoms in the severe to extremely severe range.
- More than one quarter of Australians reported experiencing at least some anxiety symptoms, with 13% of these Australians reporting severe to extremely severe levels of anxiety.
- Similar to previous years' findings, younger adults continued to report significantly higher levels of depression and anxiety symptoms compared with older Australians¹⁶.
- Consistent with previous findings, women and men continued to report similar levels of depression symptoms.
- In contrast to previous years', men reported significantly higher levels of anxiety than women (see Table 12).

TABLE 9. Mean scores on measures of depression and anxiety for 2014, 2013, 2012 and 2011

	2014	2013	Significance (2-tailed)	2012	Significance (2-tailed)	2011	Significance (2-tailed)
DASS-21 Depression	8.35	8.72	p=.140	7.98	p=.141	7.69	p=.009*
DASS- 21 Anxiety	5.73	5.86	p=.516	5.27	p=.022*	5.11	p=.002*

* Statistically significant ($p < .05$)

¹⁶ Please note that the levels of depression and anxiety symptoms in the two youngest age groups fall within the mild ranges for both scales.



TABLE 10. Prevalence (%) of various levels of depression symptoms for 2014, 2013, 2012 and 2011

DASS-21 Depression	2014	2013	2012	2011
Normal	63%	63%	66%	67%
Mild	10%	10%	10%	10%
Moderate	14%	14%	13%	13%
Severe	5%	6%	5%	4%
Extremely Severe	8%	7%	7%	6%

TABLE 11. Prevalence (%) of various levels of anxiety symptoms for 2014, 2013, 2012 and 2011

DASS- 21 Anxiety	2014	2013	2012	2011
Normal	73%	72%	77%	74%
Mild	5%	6%	4%	6%
Moderate	9%	11%	9%	11%
Severe	4%	3%	3%	3%
Extremely Severe	9%	9%	7%	6%

TABLE 12. Mean scores on measures of depression and anxiety for men and women

	DASS-21 Depression	DASS-21 Anxiety
Male	8.49	6.15
Female	8.22	5.34
<i>p-value</i>	0.584	0.044*

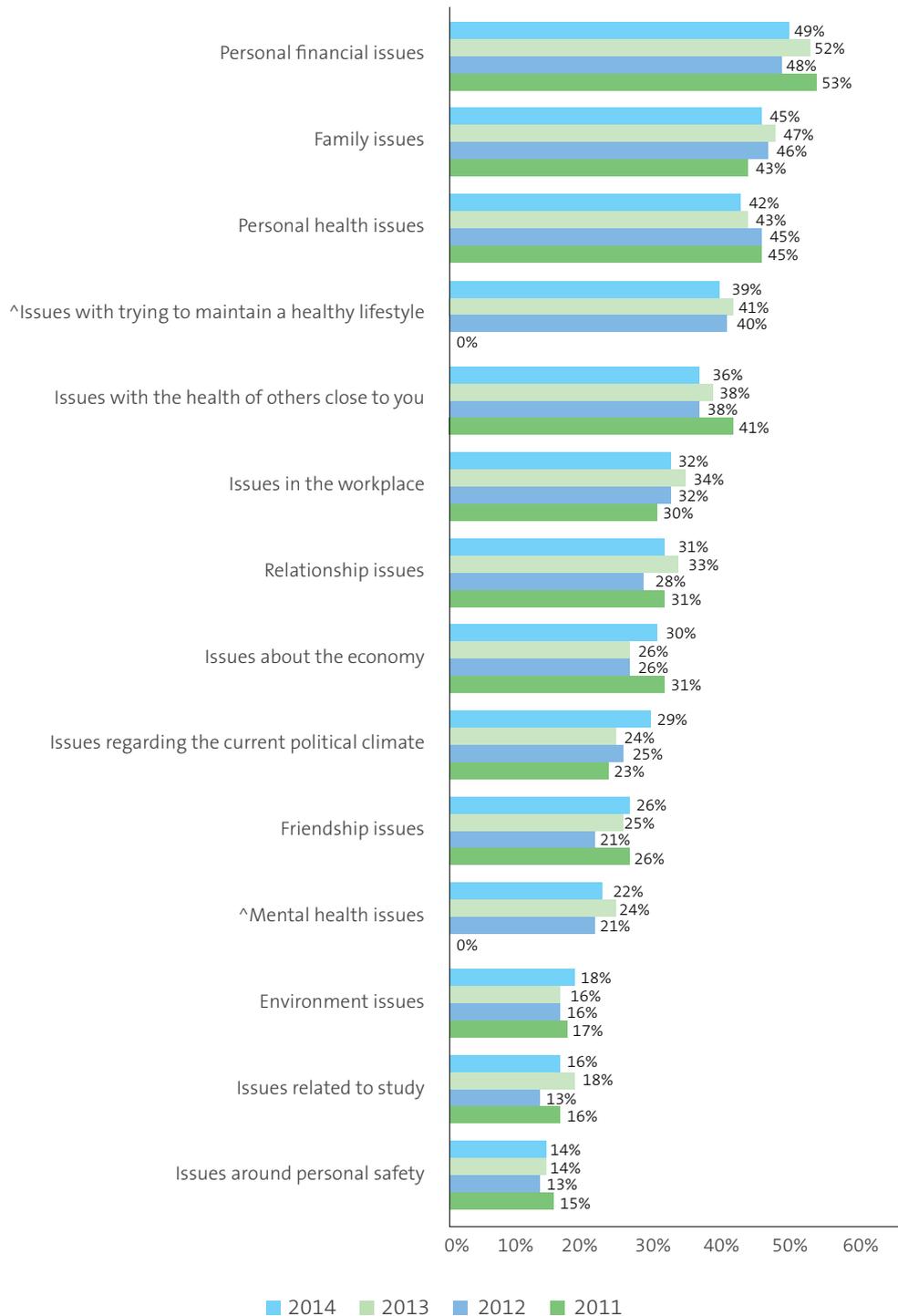
* Statistically significant ($p < .05$)

3.1.3 Causes of stress

Three years on – causes of stress

Figure 1 presents the prevalence of various sources of stress among survey participants from 2011 to present. Three years on, the pattern of findings for causes of stress for Australians remains consistent:

- Financial issues (49%) and family issues (45%) remain the leading causes of stress amongst Australians.
- Similar to previous years' findings, issues around health were frequently rated as sources of stress for Australians: personal health issues (42%); issues with trying to maintain a healthy lifestyle (39%) and issues with the health of close ones (36%) were commonly identified by Australians as sources of stress.
- More than one in five Australians (22%) reported mental health issues as a source of stress.



^not asked in 2011

FIGURE 1. Prevalence (%) of sources of stress in 2014 compared with 2011 to 2013.



Causes of stress according to age group

Table 13 presents the prevalence of various sources of stress among survey participants according to age, while Table 14 presents the top five stressors for each of the age groups surveyed.

- Similar to previous years' findings, the prevalence of most causes of stress significantly decreased as people aged, such as issues with finances, issues with trying to maintain a healthy lifestyle, friendship issues, mental health issues and issues related to study.
- Issues with family was a common source of stress for Australians across age groups.
- While younger Australians indicated concerns about finances, maintaining a healthy lifestyle and study, older Australians reported concerns with the economy and the health of themselves and those close to them.

TABLE 13. Prevalence (%) of sources of stress among different age groups

	18-25	26-35	36-45	46-55	56-65	66 and above
*Personal financial issues	59%	57%	58%	50%	38%	25%
*Issues with trying to maintain a healthy lifestyle	54%	43%	37%	44%	32%	27%
*Family issues	50%	48%	46%	50%	41%	32%
*Friendship issues	50%	35%	25%	25%	14%	7%
*Issues related to study	48%	24%	15%	8%	5%	3%
*Relationship issues	42%	45%	35%	29%	16%	17%
Personal health issues	39%	39%	40%	45%	44%	43%
Issues with the health of others close to you	38%	33%	34%	37%	38%	40%
*Issues in the workplace	38%	49%	38%	37%	20%	5%
*Mental health issues	32%	28%	22%	25%	16%	11%
Issues about the economy	26%	29%	29%	33%	27%	31%
*Issues around personal safety	21%	19%	16%	11%	8%	8%
*Issues regarding the current political climate	21%	24%	25%	30%	35%	37%
Environment issues	16%	20%	17%	18%	17%	21%

*Significant age differences ($p < .05$)



TABLE 14. Top five sources of stress among different age groups

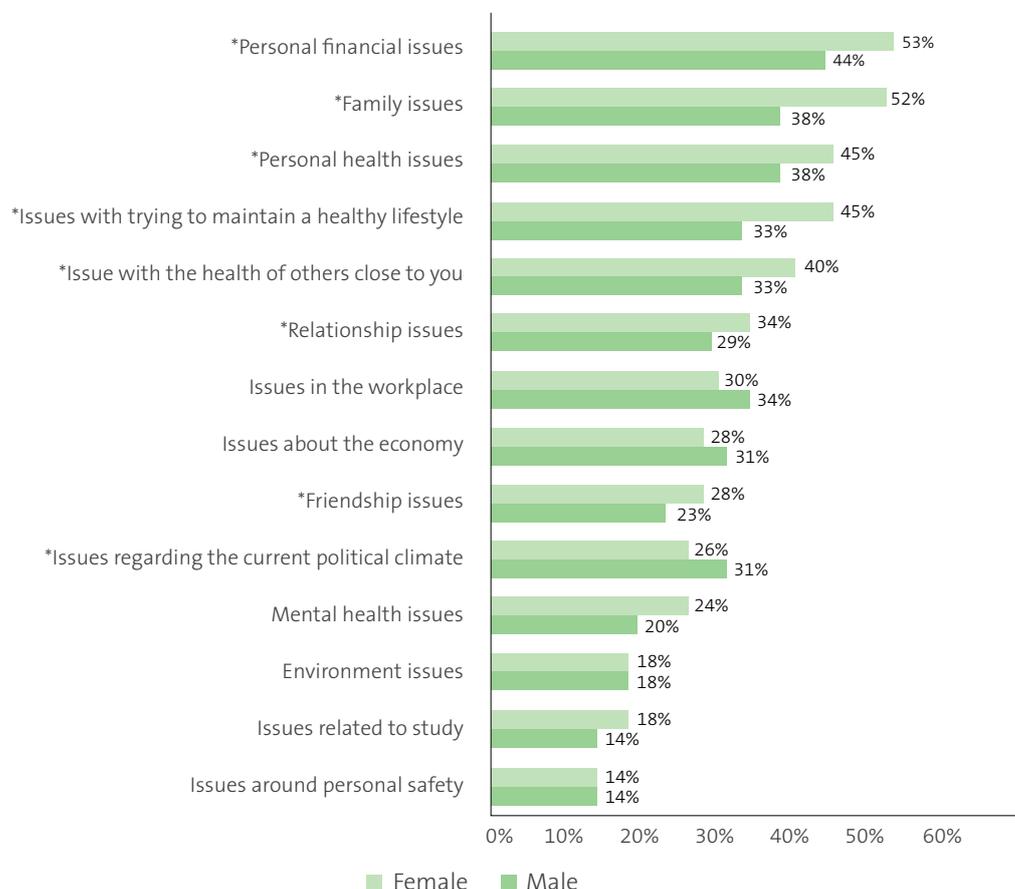
Age	Stressor 1	Stressor 2	Stressor 3	Stressor 4	Stressor 5
18-25	Personal financial issues	Issues with trying to maintain a healthy lifestyle	Family issues	Friendship issues	Issues related to study
26-35	Personal financial issues	Issues in the workplace	Family issues	Relationship issues	Issues with trying to maintain a healthy lifestyle
36-45	Personal financial issues	Family issues	Personal health issues	Issues in the workplace	Issues with trying to maintain a healthy lifestyle
46-55	Personal health issues	Family issues	Issues with the health of others close to you	Personal financial issues	Issues regarding the current political climate
56-65	Personal health issues	Family issues	Issues with the health of others close to you	Personal financial issues	Issues regarding the current political climate
66/+	Personal health issues	Issues with the health of others close to you	Issues regarding the current political climate	Family issues	Issues about the economy

Causes of stress according to gender

Figure 2 presents the prevalence of various sources of stress among survey participants according to gender. A similar pattern of findings emerged for 2014 as in previous years with a few noteworthy distinctions.

Issues related to personal finance was the top source of stress for both men (44%) and women (53%).

- Women were significantly more likely than men to be concerned about most sources of stress including financial issues, family and relational issues, health issues – self or other, and maintaining a healthy lifestyle.
- Men were significantly more likely than women to identify issues regarding the current political climate as a source of stress.
- Women and men reported similar levels of concern about issues with the economy, workplace, the environment and personal safety as sources of stress.



*Significant gender differences ($p < .05$)

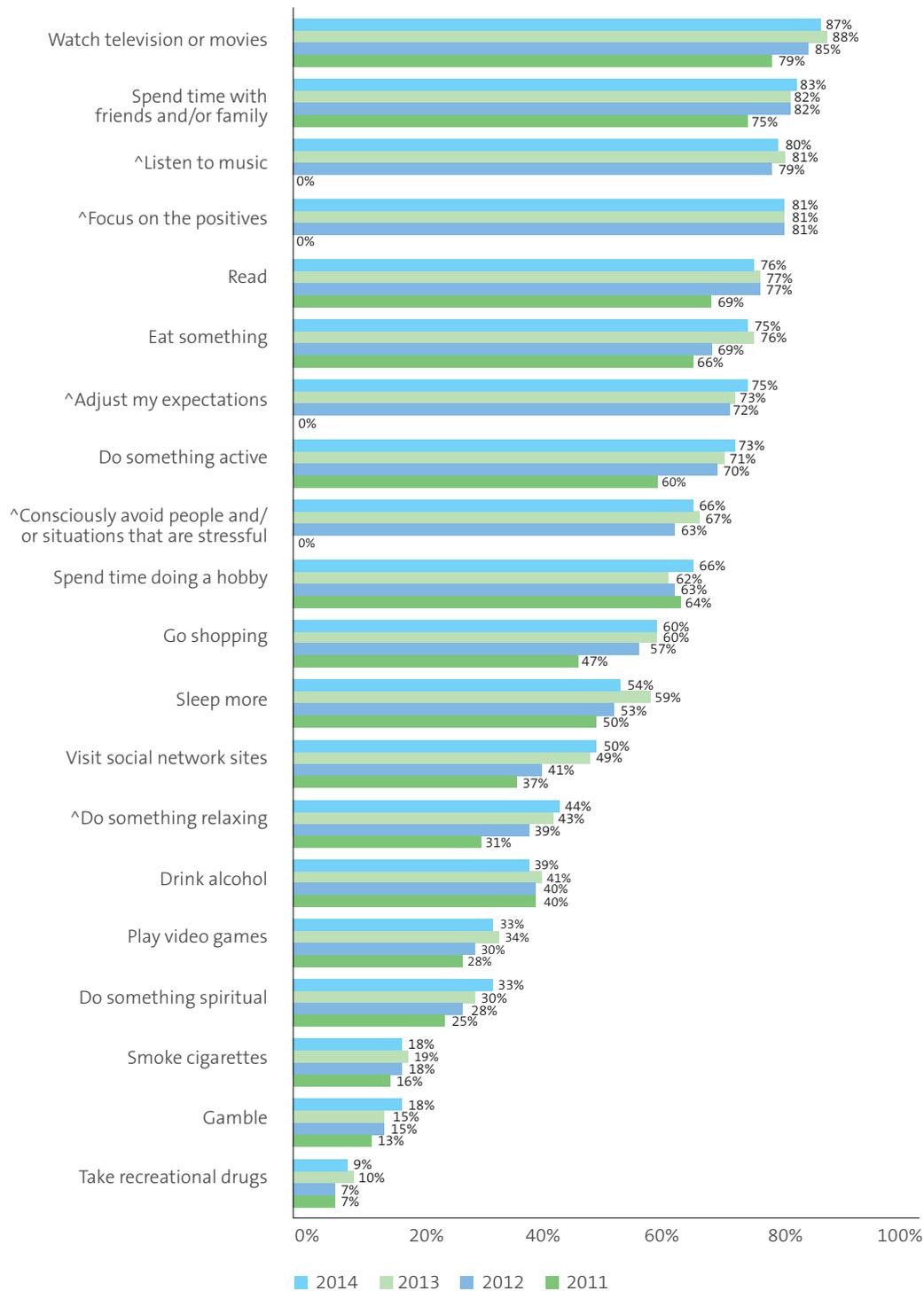
FIGURE 2. Prevalence (%) of sources of stress among women and men.

3.1.4 Strategies for managing stress

Three years on – strategies for managing stress and their effectiveness

As with previous years, survey participants reported engaging in a range of activities to manage their stress. The prevalence of use and effectiveness of various strategies in 2014 as compared with past three years is presented in Figure 3 and Table 15.

- Watching TV or movies (87%), spending time with friends or family (83%), listening to music (80%), focusing on the positives (81%) and reading (76%) remain the most frequently cited strategies used to manage stress.
- Similar to previous years' findings, four in five Australians rated their use of stress management strategies such as doing something relaxing (85%), spending time with friends and/or family (84%), spending time doing a hobby (84%), doing something active (83%), listening to music (82%) and reading (80%) as moderately to highly effective.
- Interestingly, compared to last year's findings, significantly more Australians rated their use of stress management strategies of eating something (59%₂₀₁₄ vs. 55%₂₀₁₃), doing something relaxing (85%₂₀₁₄ vs. 81%₂₀₁₃) and visiting social networking sites (57%₂₀₁₄ vs. 51%₂₀₁₃) as moderately to highly effective this year.



^Not asked in 2011 – note that instead of doing something relaxing, ‘Have a bath, spa or massage’ was used in 2011.

FIGURE 3. Prevalence (%) of strategies used to manage stress in 2011 to present.



TABLE 15. Effectiveness of strategies for managing stress (%)

Strategies	2014	2013	2012	2011
^Doing something relaxing	85%	81%	85%	68%
Spend time with friends and/or family	84%	85%	83%	80%
Spend time doing a hobby	84%	81%	81%	73%
Do something active	83%	82%	85%	75%
Listen to music	82%	82%	82%	75%
Read	80%	78%	81%	69%
Do something spiritual	79%	81%	83%	66%
^Focus on the positives	78%	80%	78%	-
^Adjust my expectations	75%	75%	74%	-
Watch television or movies	75%	72%	73%	70%
^Consciously avoid people and/or situations that are stressful	72%	69%	70%	-
Play video games	71%	70%	67%	56%
Go shopping	69%	69%	65%	49%
Take recreational drugs	68%	68%	74%	56%
Smoke cigarettes	64%	64%	69%	57%
^Sleep more	62%	60%	51%	-
Eat something	59%	55%	53%	44%
Visit social networking sites	57%	51%	55%	42%
Gamble	54%	54%	51%	25%
Drink alcohol	51%	52%	50%	47%

^Not asked in 2011 – note that instead of doing something relaxing, 'Have a bath, spa or massage' was used in 2011.

A similar pattern of results emerged for strategies used to manage stress according to age and gender for 2014 compared with previous years.

3.1.5 Impact of stress on physical and mental health

Two years on – The impact of stress

Since 2012, in order to understand more about how stress is impacting on the physical and mental health of Australians, participants were asked to rate the impact of stress levels on their physical and mental health. Figures 4 and 5 present the perceived impact of stress on the physical and mental health of participants.

- Consistent with previous years' findings, just over seven in ten Australians (72%) reported that current stress was having at least some impact on physical health, with almost one in five (17%) reporting that current stress was having a strong to very strong impact on physical health.
- Similar to findings in 2013, almost two in three Australians reported that current stress was having at least some impact on their mental health (64%), with almost one in five (19%) reporting that current stress was having a strong to very strong impact on mental health.
- A similar pattern of findings emerged for the impact of stress on mental and physical health across age and gender compared with previous years.

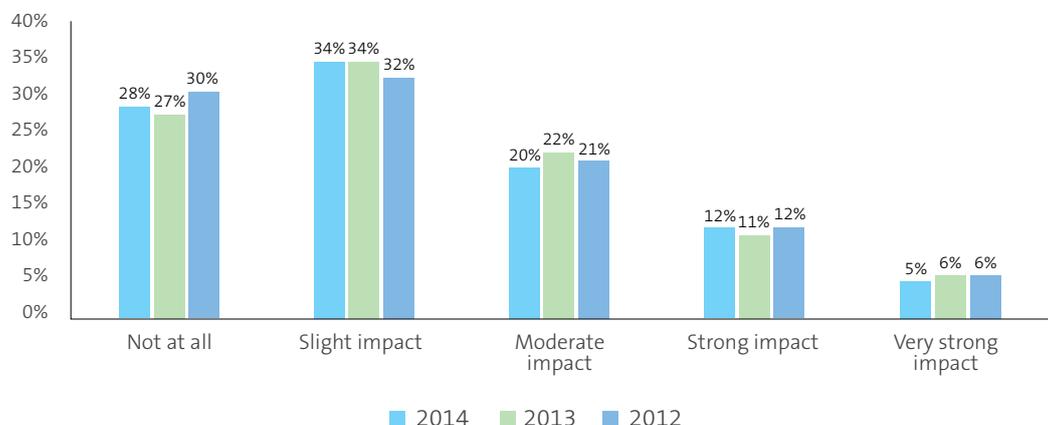


FIGURE 4. Perceived impact of stress (%) on physical health in 2014, 2013 and 2012.

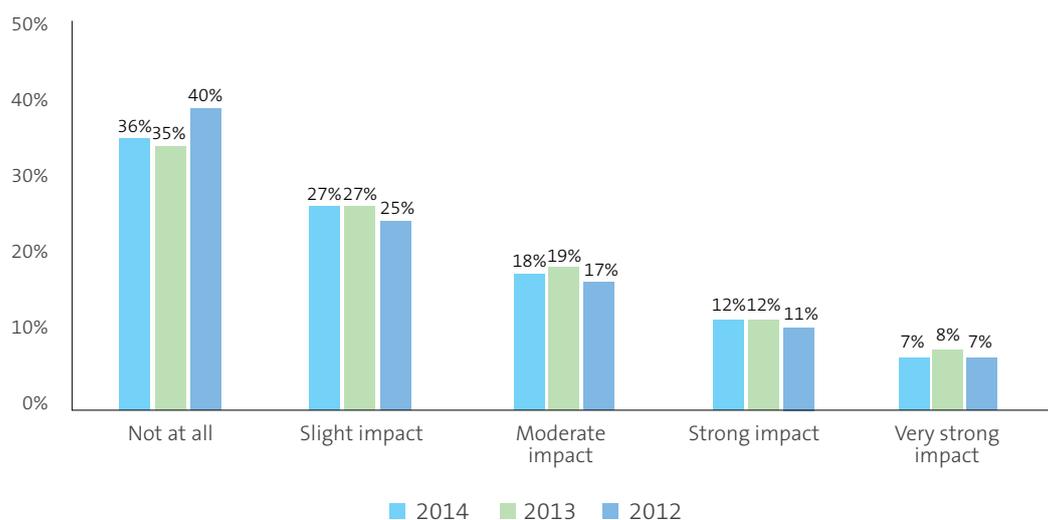


FIGURE 5. Perceived impact of stress (%) on mental health in 2012, 2013 and 2014.

3.1.6 Help-seeking behaviour for managing stress

Three years on – help-seeking behaviour

Overall, a very consistent pattern of findings emerged for help-seeking behaviour from 2011 to present.

- Australians were most likely to seek help to manage their stress from family, friends, and general practitioners.
- Although slightly lower than previous years, one in seven Australians (13%) reported seeking help from psychologists or other mental health professionals to manage their stress.



3.1.7 Workplace wellbeing

Three years on – wellbeing in the workplace

Table 16 presents the mean overall and subscale scores for *workplace wellbeing* (as measured by the *Workplace wellbeing subscale of the UK Wellbeing Measure* – see footnote 13) for working Australians in 2011 through to 2014.

- Working Australians reported similar levels of overall *workplace wellbeing* to those reported in 2013, but significantly lower when compared with findings in 2012 and 2011.
- Working Australians reported significantly lower levels of job satisfaction than findings reported in both 2012 and 2011. They also reported significantly lower levels of work-life balance satisfaction than in 2011.
- Working Australians reported similar levels of job stress to those reported in 2013 but significantly higher when compared to findings in 2012 and 2011. They also reported significantly lower levels of interest in their job than those reported in 2012.
- Working Australians also reported higher levels of likelihood of unemployment than in 2011.
- Similar to previous years' findings, over two in five of working Australians (44%) rated issues in the workplace as a source of stress.

TABLE 16. Mean scores for overall and subscale scores of workplace wellbeing in 2014, vs. 2013, vs. 2012, vs. 2011

	2014 (n=1020)	2013 (n=999)	Significance (2-tailed)	2012 (n=990)	Significance (2-tailed)	2011 (n=917)	Significance (2-tailed)
Overall workplace wellbeing	4.19	4.2	p=.866	4.28	p=.024*	4.41	p=.000*
Individual Scale items							
Job Satisfaction (0-10)	6.33	6.33	p=.975	6.6	p=.001*	6.65	p=.000*
Work-life balance Satisfaction (0-10)	6.21	6.21	p=.961	6.31	p=.212	6.37	p=.041*
Job Interesting (0-6)	4.01	3.98	p=.544	4.11	p=.026*	4.02	p=.789
Job Stressful (0-6 inversed)	2.70	2.72	p=.648	2.81	p=.020*	3.02	p=.000*
Appropriateness of salary (1-5)	3.13	3.17	p=.257	3.11	p=.588	3.09	p=.279
Likelihood of unemployment (1-4 inversed)	2.78	2.79	p=.949	2.72	p=.150	3.24	p=.000*

*Statistically significant (p<.05)



3.2. Special feature on maintaining a healthy lifestyle

This year's survey included a more in-depth exploration of Australians' experiences of maintaining a healthy lifestyle and its relationship with psychological health and wellbeing. Survey participants were asked a number of questions about their experiences of trying to maintain a healthy lifestyle including such things as how much importance they place on maintaining a healthy lifestyle, and insights into barriers or supportive elements that impact on their ability to maintain a healthy lifestyle.

Overall, four in five Australians (79%) reported that maintaining a healthy lifestyle was important to them over the past 12 months, with seven in ten of these Australians (70%) indicating that they were doing a reasonable job of achieving a healthy lifestyle over this time period¹⁷.

3.2.1 Insights into maintaining a healthy lifestyle

Table 17 presents the prevalence of Australians who reported a range of healthy lifestyle behaviours as important or extremely important to maintaining a healthy lifestyle, and Table 18 presents the prevalence of Australians who reported engaging in these healthy lifestyle behaviours at least some of the time.

- Most Australians (more than four in five) reported the importance of healthy lifestyle behaviours such as exercising regularly, a healthy diet, getting adequate sleep, thinking positively, refraining from smoking and reducing stress to maintaining a healthy lifestyle with slightly fewer Australians rating *limiting or eliminating alcohol use* (almost seven in ten Australians) as important to maintaining a healthy lifestyle.
- Four in five Australians reported engaging in the above healthy lifestyle behaviours at least some of the time to maintain a healthy lifestyle.
- Australians who indicated that maintaining a healthy lifestyle was important to them were significantly more likely than the rest of the sample to have engaged in the healthy lifestyle behaviours over the past 12 months.

TABLE 17. Prevalence (%) of Australians who recognised the importance of healthy lifestyle behaviours

Getting adequate sleep	91%
Having a healthy diet/improved nutrition intake	89%
Reducing stress	86%
Thinking positively	86%
Exercising regularly	86%
Refraining from smoking	80%
Limiting or eliminating alcohol use	68%

¹⁷ The importance rating included those Australians who reported maintaining a healthy lifestyle as 'important' or 'extremely important'. The achievement rating included those Australians who rated 'good', 'very good' or 'excellent' to the question *How well do you think you are achieving a healthy lifestyle over the past 12 months?*



TABLE 18. Prevalence (%) of Australians who engaged with healthy lifestyle behaviours¹⁸

Having a healthy diet/improved nutrition intake	91%
Thinking positively	91%
Getting adequate sleep	89%
Reducing stress	86%
Refraining from smoking	83%
Limiting or eliminating alcohol use	82%
Exercising regularly	81%

Barriers

Table 19 shows the percentage of Australians who identified specific barriers as preventing them from maintaining a healthy lifestyle at least some of the time over the past 12 months.

- The most frequently cited barriers to maintaining a healthy lifestyle for Australians were unexpected life events getting in the way (63%), loss of motivation (61%), the expense (60%), and lack of time (59%).
- Importantly, half of the Australian sample cited the demands of family duties (51%) and work demands (48%) as barriers to maintaining a healthy lifestyle.
- Interestingly, only three in ten Australians (32%) indicated that lack of knowledge about how to implement a healthy lifestyle prevented them from maintaining a healthy lifestyle. This finding supports the idea that Australians have at least some knowledge about how to maintain a healthy lifestyle.
- More than four in ten Australians (43%) indicated that not getting back on track after a relapse had prevented them from maintaining a healthy lifestyle at least some of the time over the past 12 months.

TABLE 19. Prevalence (%) of barriers for Australians to maintain healthy lifestyle

Unexpected life events got in the way	63%
Loss of motivation	61%
Too expensive	60%
Lack of time	59%
Demands of family duties	51%
Demands of work	48%
Physical illness or injury	47%
Lack of confidence that I can make the necessary changes to my lifestyle	47%
Not getting back on track after a relapse	43%
Depression	38%
Lack of support (e.g., from family, friends, colleagues, professionals)	36%
Lack of knowledge about how to implement a healthy lifestyle	32%
Other	39%

[^] Other - included items such as weather, studies, pregnancy and tiredness as nominated by participants.

¹⁸ This finding included Australians who rated engaging each of the healthy lifestyle behaviours 'sometimes', 'fairly often', or 'all the time'.



Helpful strategies and activities (*enablers*)

Australians were asked about a number of enablers/strategies that have been shown to support maintaining a healthy lifestyle. The range of strategies were grouped into three themes as follows:

- **Psychological**
 - My belief that I can take the actions required to be healthy
 - My desire to change
 - Changing my mindset about my healthy and unhealthy behaviours
 - Being able to identify things that triggered my unhealthy behaviours and manage these situations
- **Goal setting, planning & reward**
 - Setting personal goals
 - Finding ways to be healthy that fitted into my lifestyle
 - Having a specific plan for changing my lifestyle
 - Having strategies to manage relapses
 - Rewarding my successes
- **Support mechanisms**
 - Having access to specific resources to support my behaviour change (e.g., a gym, a pedometer, nicotine replacement therapy)
 - Support from my family and/or friends
 - Support from a health professional/s
 - Support from my work colleagues
 - The support for lifestyle change from a community group or specific organisation

Psychological

- The two most frequently reported psychological enablers to maintaining a healthy lifestyle by Australians were the belief in one's ability to take the required actions to be healthy (85%) and having the desire to change (83%).
- Only slightly below the above enablers were two additional psychological strategies: the ability to change one's mindset about healthy and unhealthy behaviours (75%) and being able to identify and manage triggers for unhealthy behaviours (71%). Both of these strategies were reported by more than seven in ten Australians as helpful in maintaining a healthy lifestyle at least sometimes over the past 12 months.

Goal setting, planning and reward

- At least three in five Australians reported that strategies related to goal setting, planning and rewarding successes had helped them to maintain a healthy lifestyle over the past 12 months.



Support mechanisms

- Among the five listed support mechanisms, support from family and/or friends was the most frequently cited enabler (75%) that Australians reported as helping at least sometimes to maintain a healthy lifestyle over the past 12 months.
- Interestingly, support from work colleagues (39%) and support from community groups or organisations (36%) were reported the least by Australians as helpful strategies for maintaining a healthy lifestyle.

Efficacy

- As shown in Figure 6 below, overall, Australians rated the strategies they had used to help them maintain a healthy lifestyle as quite effective with nine in ten Australians reporting the strategies as effective sometimes to all of the time.

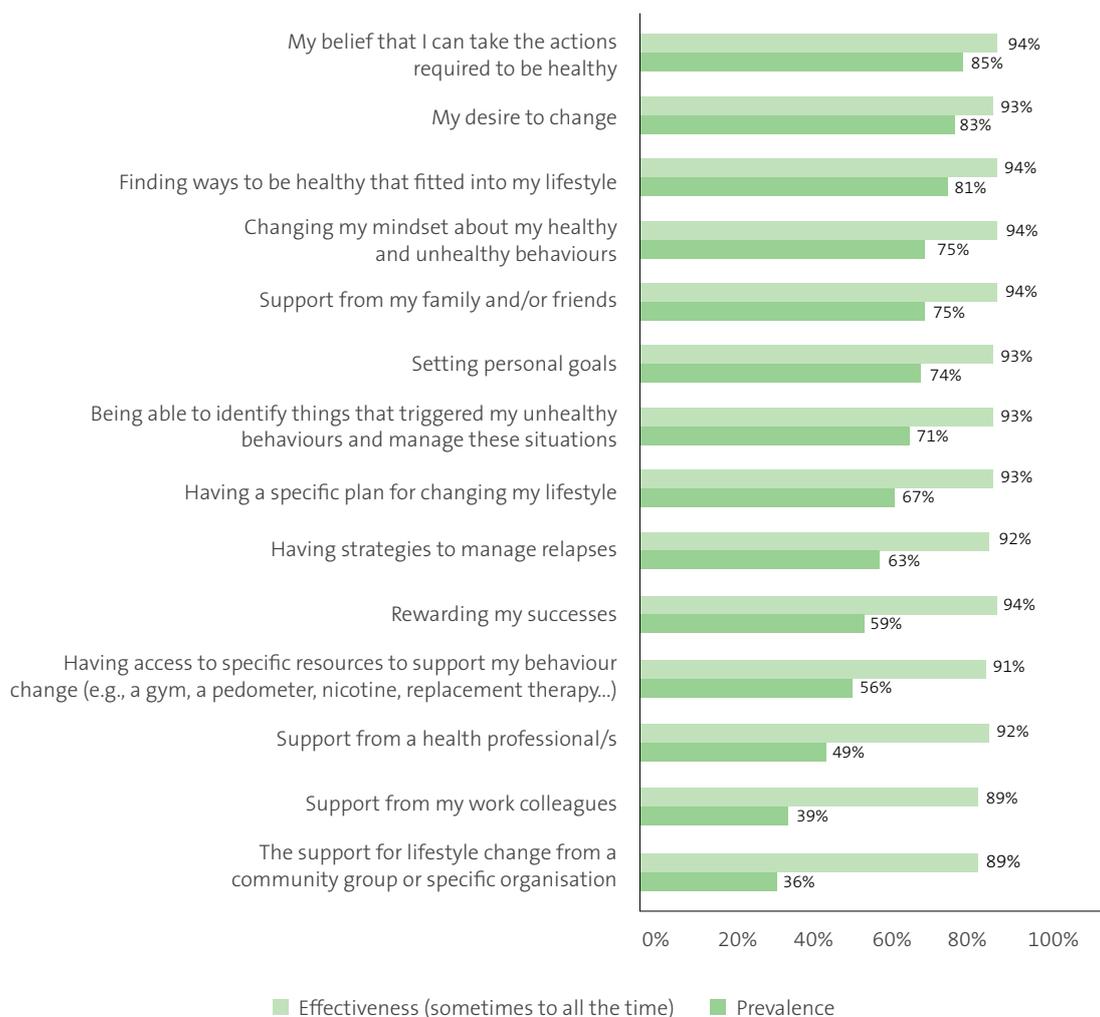


FIGURE 6. Efficacy of enablers/strategies against their prevalence reported by Australians to support maintaining a healthy lifestyle over the past 12 months.



Why Australians try to maintain a healthy lifestyle

In 2014, almost seven in eight surveyed Australians (87%) made efforts to try to maintain a healthy lifestyle over the past 12 months. These Australians were asked about the reasons for doing so with findings shown in Figure 7.

- The three most frequently endorsed reasons Australians tried to maintain a healthy lifestyle over the past 12 months were knowing it's the right thing to do (97%), feeling better about oneself (95%), and helping to reduce stress levels (90%).
- Interestingly, two in three Australians reported that one of the reasons they tried to maintain a healthy lifestyle was because it provided opportunities to get together with others (66%).

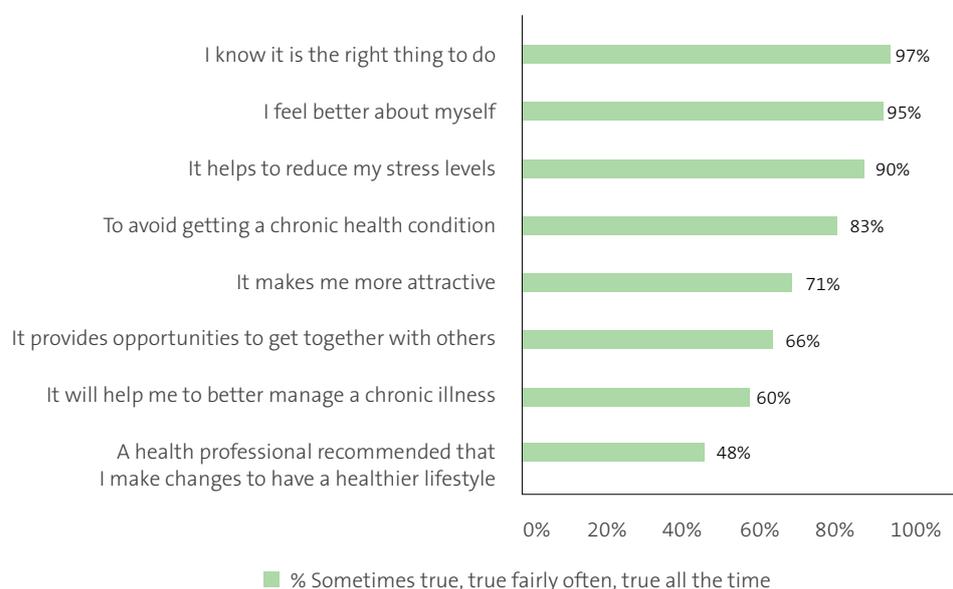


Figure 7. Prevalence (%) of reasons to maintain a healthy lifestyle over the past 12 months as endorsed by surveyed Australians.

Seeking help

- The most common sources for seeking help to maintain a healthy lifestyle were family and /or friends and general practitioners.
- 16% of Australians reported seeking help from psychologists or other allied health professionals to help maintaining a healthy lifestyle.
- In terms of where Australians might seek help from in the future to maintain a healthy lifestyle, almost half of the sample indicated they would seek help from family or friends and general practitioners while more than one in five reported seeking help from a fitness trainer.

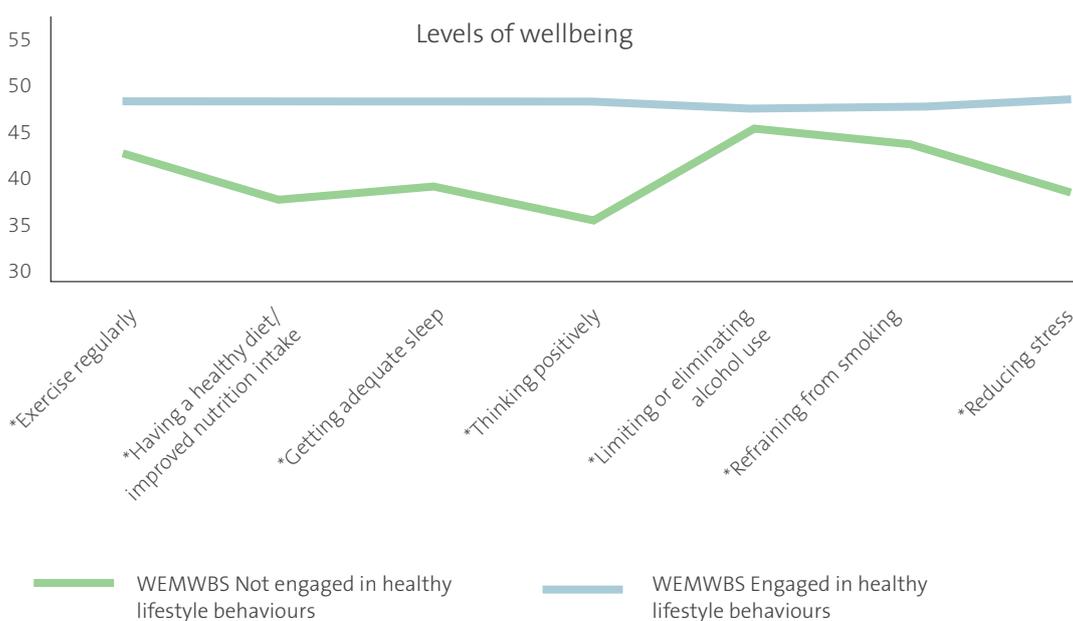


3.2.2 Maintaining a healthy lifestyle and psychological health and wellbeing

Chart 1 presents a comparison of the levels of wellbeing of Australians who were engaged in healthy lifestyle behaviours and those who were not over the past year. Chart 2 presents a comparison of levels of stress and distress of Australians who were engaged in healthy lifestyle behaviours and those who were not.

- Australians who were actively engaged¹⁹ in healthy lifestyle behaviours—e.g., exercising regularly, eating healthily, and getting adequate sleep—reported significantly higher levels of overall wellbeing than those who were not.
- Australians who were actively engaged in healthy lifestyle behaviours (with the exception of limiting or eliminating alcohol use) reported significantly lower levels of stress and distress than those who were not engaged with the healthy lifestyle behaviours.

CHART 1: Levels of wellbeing for those Australians who were engaged in healthy lifestyle behaviours versus those who were not.

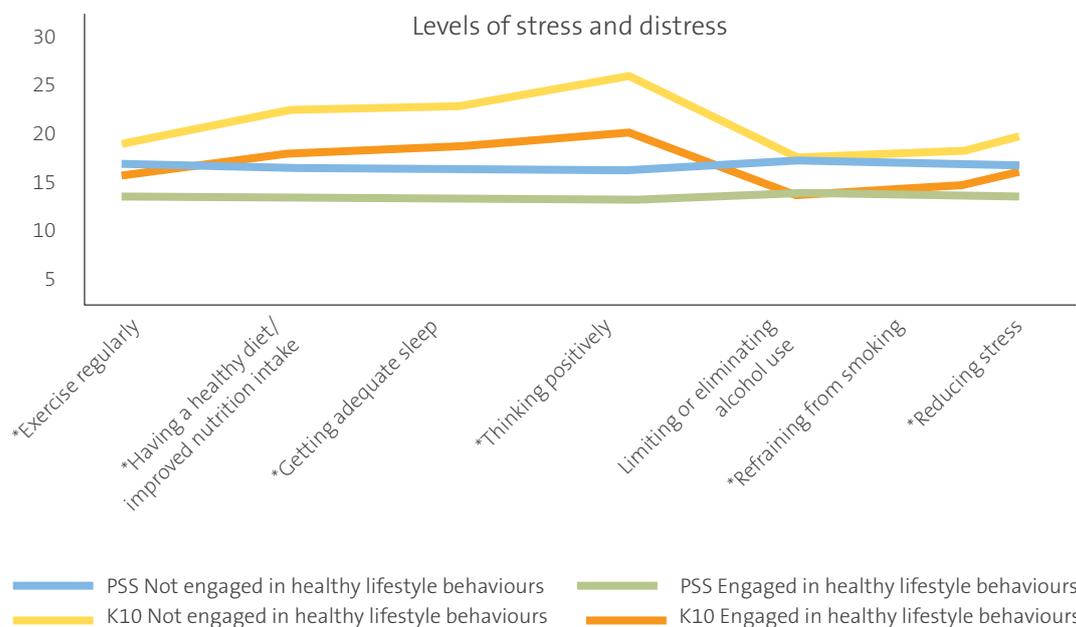


*Statistically significant ($p < .00$)

¹⁹ 'Actively engaged' refers to those Australians who rated 'sometimes', 'fairly often' or 'all the time' as the extent to which they have performed those activities to maintain a healthy lifestyle over the past 12 months.



CHART 2. Levels of stress and distress for those Australians who were engaged in healthy lifestyle behaviours versus those who were not.



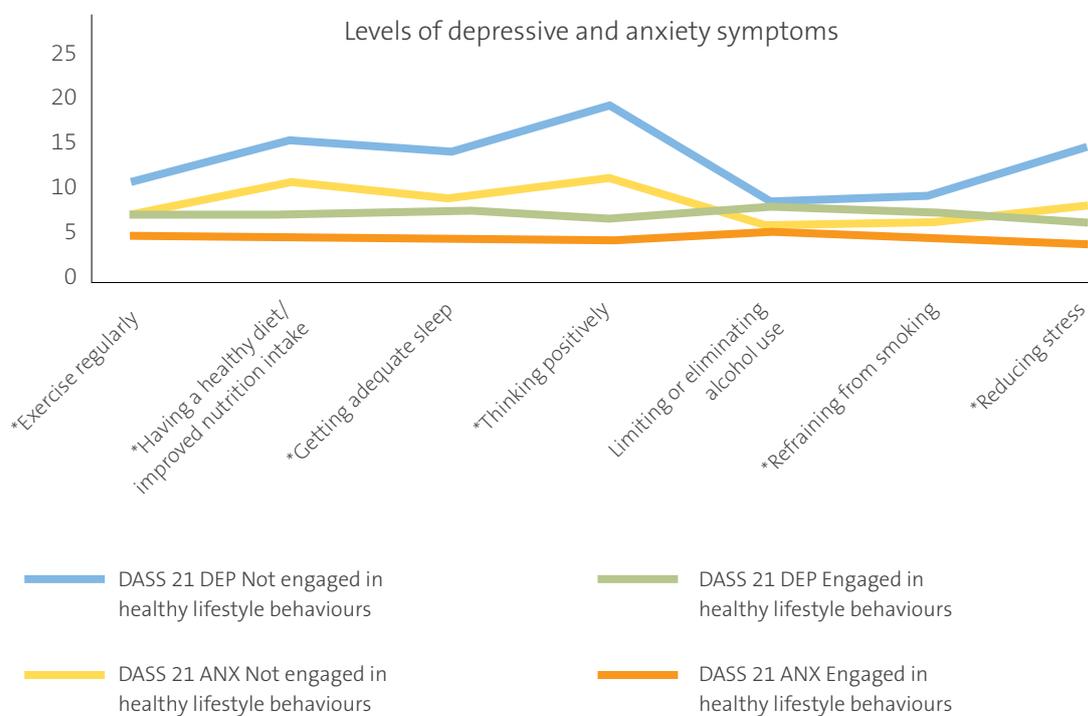
*Statistically significant (p < .05)



Chart 3 presents a comparison of the levels of depressive and anxiety symptoms of Australians who were engaged in healthy lifestyle behaviours and those who were not over the past year.

- Australians who were engaged in healthy lifestyle behaviours reported significantly lower levels of depressive and anxiety symptoms than those who were not, again, with *limiting/eliminating alcohol use* as the only exception where no significant difference was found between the two groups in terms of levels of depressive or anxiety symptoms.

CHART 3. Levels of depressive and anxiety symptoms for those Australians who were engaged in healthy lifestyle behaviours versus those who were not.



*Statistically significant ($p < .05$)

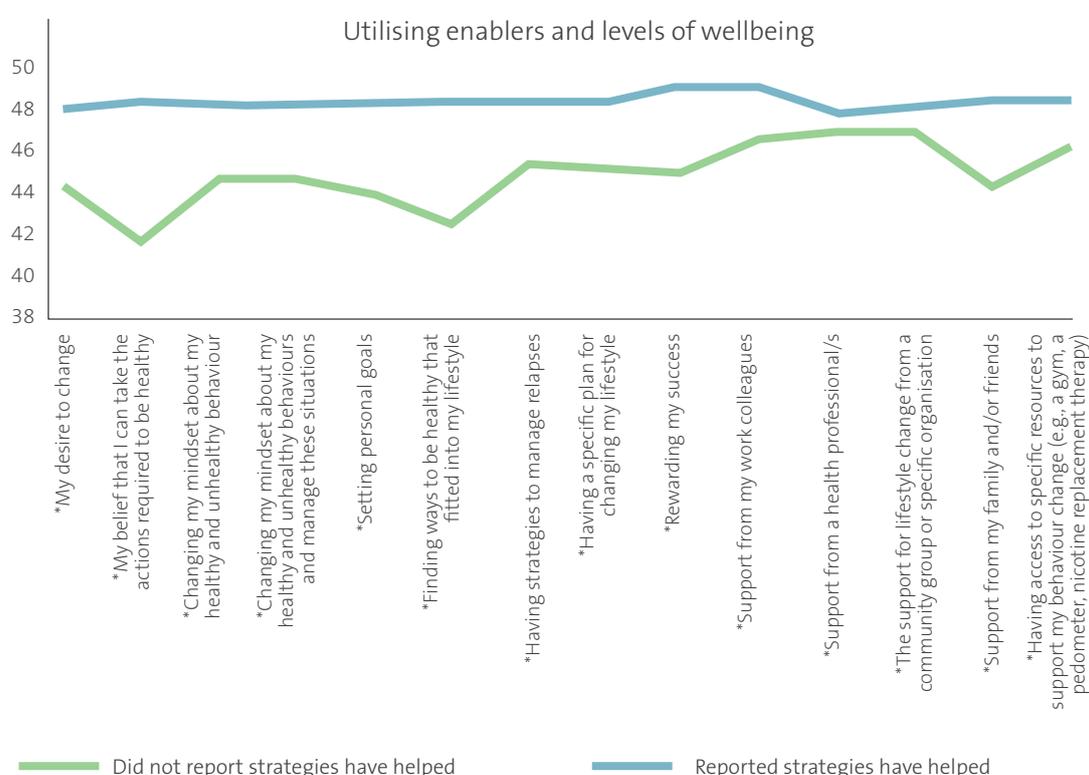


Enablers

Chart 4 presents a comparison of the levels of wellbeing of Australians who reported enabling strategies helpful in maintaining a healthy lifestyle and those who did not over the past year.

- Australians who reported that they found enabling strategies helpful in maintaining a healthy lifestyle over the past 12 months at least some of the time also reported significantly higher levels of overall wellbeing than those who did not. This finding is consistent across all of the 14 strategies, be it psychological ones, those that were related to goal setting, planning and reward or support mechanisms.

CHART 4. Levels of wellbeing for those Australians who reported that they found enabling strategies helpful in maintaining a healthy lifestyle versus those who did not.



*Statistically significant ($p < .05$)

- Australians who reported confidence in being able to do what is required to be healthy and who were able to incorporate healthy behaviours into their lifestyle, also reported significantly lower levels of stress and distress, and lower levels of anxiety symptoms.
- For nine of the fourteen enabling strategies, Australians who reported these strategies as helping them to maintain a healthy lifestyle over the past 12 months also reported significantly lower levels of depression²⁰.

²⁰ The 9 strategies were: *Having a specific plan for changing my lifestyle, my desire to change, my belief that I can take the actions required to be healthy, rewarding my successes, being able to identify things that triggered my unhealthy behaviours and manage these situations, changing my mindset about my healthy and unhealthy behaviours, support from my family and/or friends, finding ways to be healthy that fitted into my lifestyle and setting personal goals.*



3.2.3 Maintaining a healthy lifestyle for Australians with obesity

Table 20 shows that Australians with obesity reported significantly lower levels of overall wellbeing than non-obese Australians. However, levels of stress and distress, and levels of anxiety and depressive symptoms were similar between Australians with obesity and those without.

TABLE 20. Mean scores on measures of wellbeing, stress and distress, depression and anxiety symptoms for obese vs. non-obese

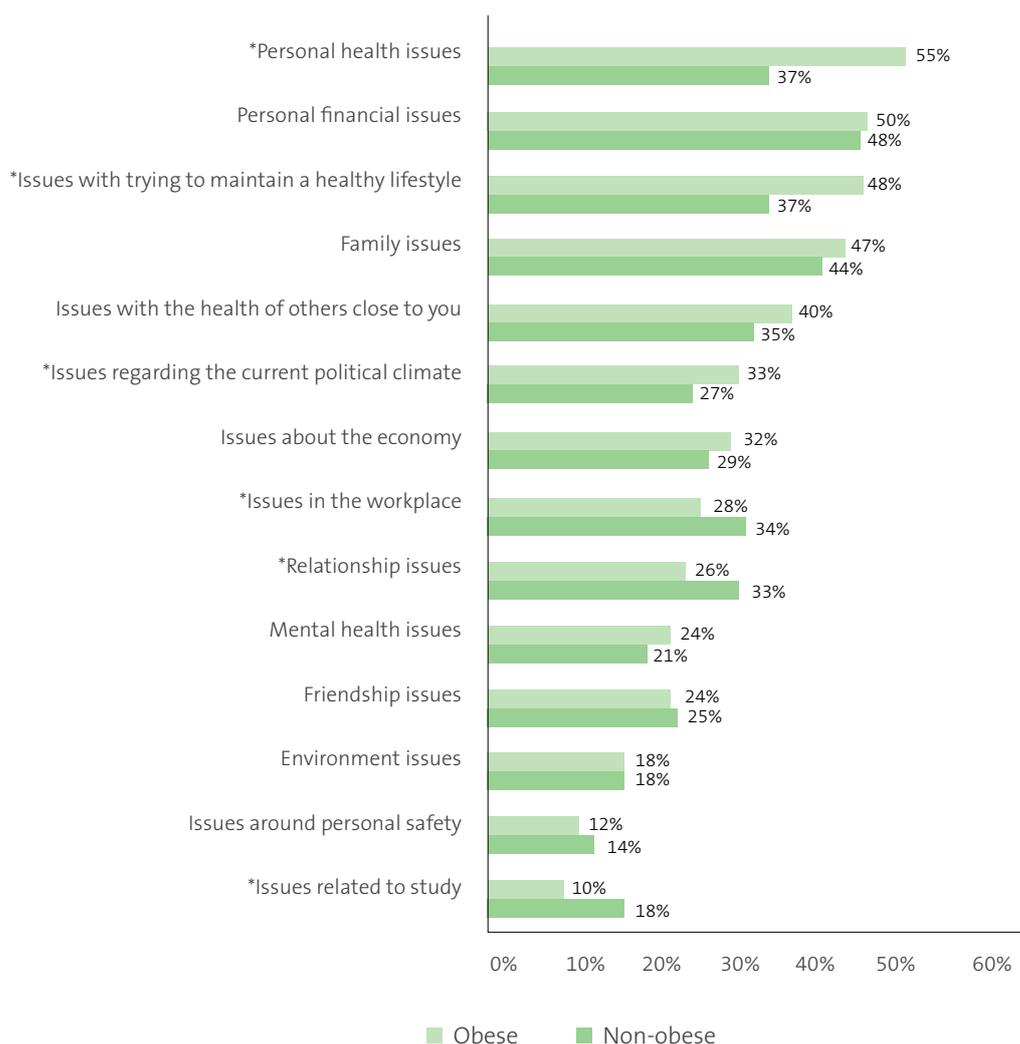
	WEMWBS score*	PSS total score	K-10 score	DASS-21 DEP	DASS-21 ANX
Non-obese scores	47.9	15.7	18.9	8.1	5.7
Obese scores	46.5	16.1	19.0	8.8	5.5

* Statistically significant ($p < .05$)



Obesity and causes of stress

Figure 8 presents the prevalence of sources of stress for Australians with obesity and those without. Those with obesity were more likely to rate issues with personal health (55% obese vs. 37% non-obese) and issues with trying to maintain a healthy lifestyle (48% obese vs. 37% non-obese) as sources of stress than those without.



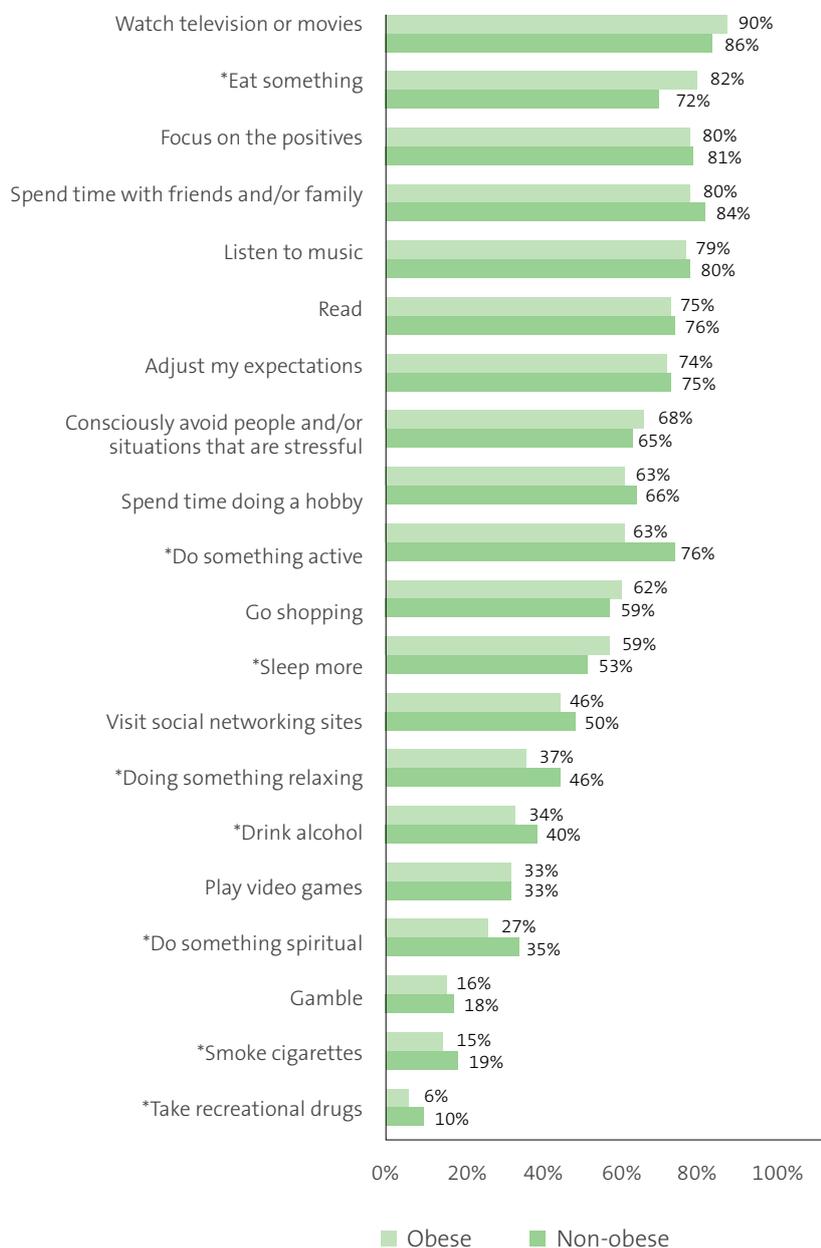
* Statistically significant ($p < .05$)

FIGURE 8. Prevalence (%) of sources of stress among obese and non-obese Australians



Obesity and ways of managing stress

- To manage stress, Australians with obesity were more likely to report eating something (82% obese vs. 72% non-obese) and sleeping more (59% obese vs. 53% non-obese) than the non-obese group.
- Australians with obesity were less likely to report doing something active (63% obese vs. 76% non-obese), something relaxing (37% obese vs. 46% non-obese) or spiritual (27% obese vs. 35% non-obese) to manage stress than the non-obese group.
- Although the differences were relatively small, Australians with obesity were significantly less likely to report drinking alcohol (34% obese vs. 40% non-obese), smoking cigarettes (15% obese vs. 19% non-obese) or taking recreational drugs (6% obese vs. 10% non-obese) to help manage their stress than the non-obese group.
- Interestingly, while Australians with obesity reported sleeping more, they were less likely to report that sleeping was an effective way to manage their stress than the non-obese group (56% obese vs. 65% non-obese).
- Australians with obesity were also significantly less likely to report doing something active (75% obese vs. 85% non-obese), going shopping (63% obese vs. 71% non-obese) and listening to music (77% obese vs. 83% non-obese) as effective ways of managing stress compared with the non-obese group.



* Statistically significant ($p < .05$)

FIGURE 9. Prevalence (%) of strategies used to manage stress among obese and non-obese Australians

Obesity and impact of stress on physical and mental health

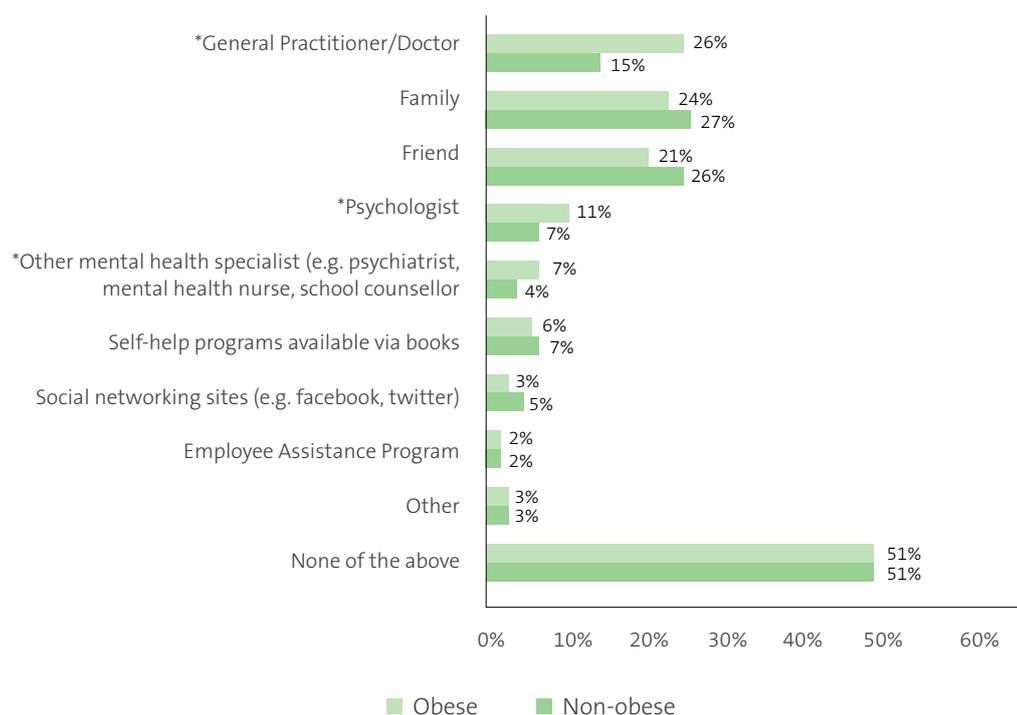
Australians with obesity were more likely than the non-obese population to report that stress impacted on their physical health. However, there were no significant differences between the two groups on ratings of the impact of stress on mental health.



Obesity and help-seeking

The prevalence of various sources of help sought for Australians with and without obesity to manage stress in the past 12 months are presented in Figure 10 below.

- Significantly more Australians with obesity sought help to manage their stress in the past 12 months from general practitioners and mental health professionals than non-obese Australians.



* Statistically significant ($p < .05$)

FIGURE 10. Prevalence (%) of sources of help sought in the past year to help manage stress among obese and non-obese Australians

Obesity and chronic illness

Australians in the obese group were more likely than those without obesity to be suffering from one or more chronic physical health condition (39% obese vs. 18% non-obese). Further, significantly more Australians from the obese group had five or more chronic physical health conditions than the non-obese group (11% obese vs. 1% non-obese).



Obesity and maintaining a healthy lifestyle

Overall, and in the expected direction, fewer Australians with obesity compared with the non-obese group rated maintaining a healthy lifestyle as important or extremely important (74% obese vs. 81% non-obese, $p < .01$).

- Australians with obesity were more likely to report doing a poor to fair job of achieving a healthy lifestyle compared with their non-obese counterparts.

Healthy lifestyle behaviours

The prevalence of Australians with obesity who reported that healthy lifestyle behaviours were important to them, and the percentage of Australians with obesity who reported engaging in these behaviours, compared to Australians without obesity, are presented in Tables 21 and 22.

- The importance of getting adequate sleep and exercise to maintaining a healthy lifestyle and how much exercise was being undertaken were factors that discriminated the obese and the non-obese groups. Australians with obesity rated the importance of getting adequate sleep (94% obese vs. 91% non-obese) higher and exercise (83% obese vs. 87% non-obese) lower and engaged in less exercise overall (70% obese vs. 84% non-obese).

TABLE 21. Prevalence (%) of Australians with obesity versus those without who rated the healthy lifestyle behaviours listed as important or extremely important

	Non-obese	Obese
*Getting adequate sleep	91%	94%
Having a healthy diet/improved nutrition intake	89%	91%
Reducing stress	86%	87%
Thinking positively	87%	86%
*Exercising regularly	87%	83%
Refraining from smoking	79%	82%
Limiting or eliminating alcohol use	67%	70%

* Statistically significant ($p < .05$)

TABLE 22. Prevalence (%) of Australians with obesity versus those without who engaged with healthy lifestyle behaviours²¹

	Non-obese	Obese
Getting adequate sleep	88%	91%
Thinking positively	91%	90%
Having a healthy diet/improved nutrition intake	92%	89%
Reducing stress	86%	85%
Refraining from smoking	83%	85%
Limiting or eliminating alcohol use	81%	83%
*Exercising regularly	84%	70%

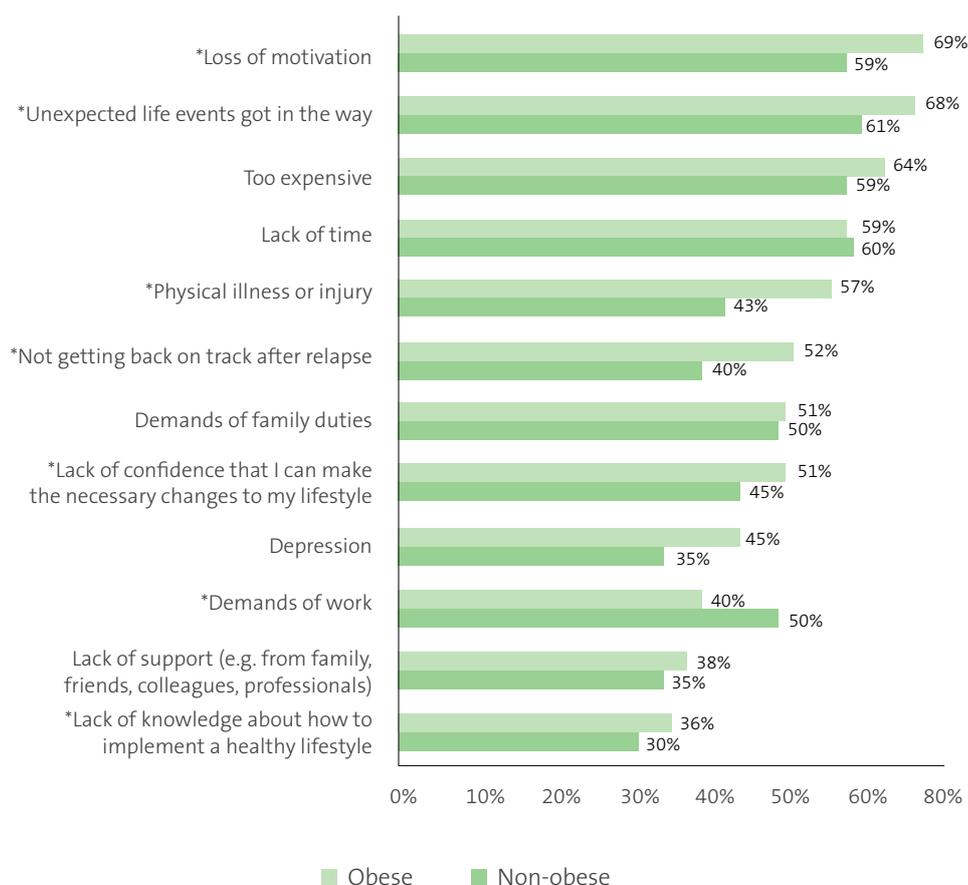
* Statistically significant ($p < .05$)

²¹ Prevalence percentage includes those participants who rated engaging each of the healthy lifestyle behaviours 'sometimes', 'fairly often' or 'all the time' over the past 12 months.



Barriers

- In terms of barriers, as shown in Figure 11, Australians with obesity were more likely to report a range of barriers as preventing them from maintaining a healthy lifestyle in the past 12 months compared with non-obese Australians. Barriers included loss of motivation, lack of confidence to make necessary changes to lifestyle, and lack of knowledge about how to implement a healthy lifestyle.



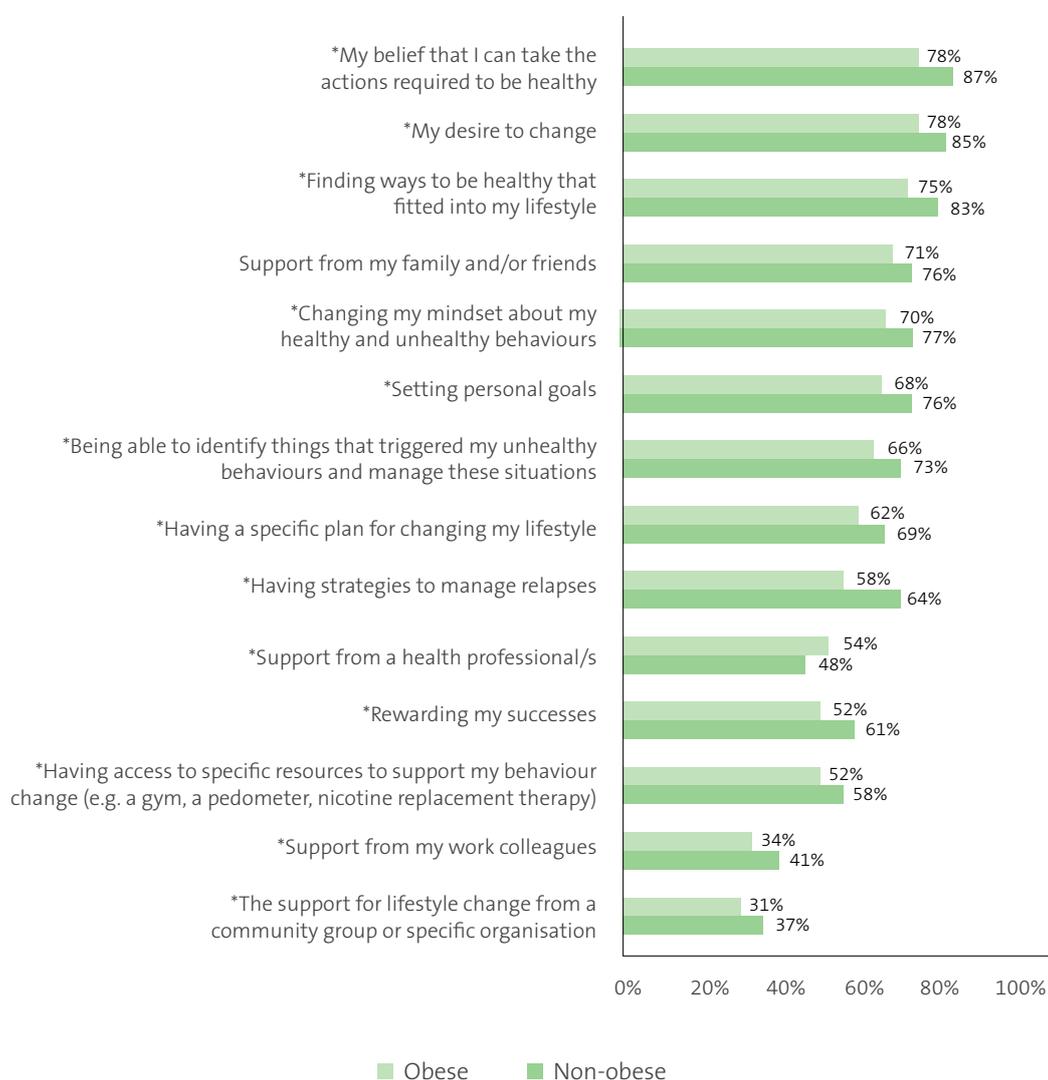
* Statistically significant ($p < .05$)

FIGURE 11. Prevalence (%) of barriers for Australians with obesity versus those without to maintain a healthy lifestyle in the past 12 months.



Enablers and efficacy

- As presented in Figure 12, while those in the obese group were more likely to report that having support mechanisms such as seeking help from a health professional had helped them to maintain a healthy lifestyle compared with the non-obese group (54% obese vs. 48% non-obese), and equally likely to report that having support from family and friends had helped, for the remainder of the psychological and goal setting or reward strategies listed, the obese group were less likely to report that these had helped in maintaining a healthy lifestyle over the past 12 months.



* Statistically significant ($p < .05$)

FIGURE 12. Prevalence (%) of barriers for Australians with obesity versus those without to maintain a healthy lifestyle in the past 12 months.



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APPENDICES:

Appendix A: Summary statistics for specific groups for 2014

A1: Summary statistics for young adults (age 18-35)

A2: Summary statistics for women

A3: Summary statistics for the unemployed

Appendix B: Survey Resources

B1: Brochure: How to make healthier lifestyle changes

B2: Poster: Tips for healthy lifestyle change



A1. Summary statistics for young adults (age 18-35)

Demographic descriptive statistics for young adults (age 18-25: n=184; age 26-35: n=294)

Table i. Gender of the young adults subgroup

Gender	%
Male	47.5
Female	52.5

Table ii. Prevalence (%) of different living arrangements for the young adults subgroup

Living arrangements	%
Live alone	12.2
Live with partner	47.8
Sole parent	1.9
Live with parents	22.9
Live with other adults	14.3
Other - please specify	0.8

Table iii. Marital status of the young adults subgroup

Marital status	%
Never married	48.3
Widowed	0.4
Divorced	0.4
Separated but not divorced	0.8
Married	34.9
De facto	15.1

Table iv. Prevalence (%) of different employment status for the young adults subgroup

Primary employment situation	%
Employed Full-time	51.9
Employed Part-time/Casual	21.2
Homemaker	4.0
Full-time student	14.7
Part-time student	0.6
Retired	0
Unemployed	5.3
Other - please specify	2.3



Key findings for young adults (age 18-35) include:

- Young adults continued to report higher levels of stress and distress compared to older Australians (PSS²² mean score = 18.5; K-10²³ mean score = 22.2).
- The youngest group of Australians (age 18-25) reported one of the lowest levels of wellbeing (WEBWBS²⁴ mean score = 46.2).
- Young adults (age 18-35) also reported the highest levels of depression and anxiety symptoms (DASS 21–Depression Index mean score=11.1; DASS 21–Anxiety Index mean score=8.7)²⁵.
- Issues around *personal finances* (58%), *family* (49%) and *trying to maintain a healthy lifestyle* (49%) continued to be the top three most commonly cited sources of stress for young adults. They also continued to be more likely to report concern about *mental health issues* (30%) than older Australians.
- Listening to music as a way to manage stress was consistently cited most commonly by the youngest group of Australians (age 18-25) compared to the older population across the years.
- Four in five (80%) young adults reported that current stress was having at least some impact on physical health with over one in five (22%) reporting that their current stress was having a strong to very strong impact on physical health.
- Over three in four (78%) young adults reported that current stress was having at least some impact on mental health with 26% reporting that their current stress was having a strong to very strong impact on mental health.
- Almost three in four (74%) young adults rated it is important or extremely important to maintain a healthy lifestyle and 85% of them had made efforts to try to maintain a healthy lifestyle over the past 12 months.
- Six in nine (67%) young adults reported doing a good to excellent job of achieving a healthy lifestyle.
- About nine in ten young adults reported they tried to maintain a healthy lifestyle because *it is the right thing to do* and they *feel better about themselves* (96%), *helps to reduce stress* (92%) and *making them more attractive* (88%).
- Young adults commonly cited *loss of motivation* (72%), *lack of time* (72%) and *too expensive* (71%) as barriers that had prevented them from maintaining a healthy lifestyle at least *sometimes* over the past 12 months.
- Young adults in the 26-35 age group were significantly more likely than the rest of the population to report the strategy of *having a specific plan for changing one's lifestyle* (78%) had helped them to maintain a healthy lifestyle in the past 12 months. They were also significantly more likely than the older Australians to report the strategies of changing mindset about *healthy and unhealthy behaviours* (84%) and *setting personal goals* (84%) had helped.

²² Perceived Stress Scale

²³ Kessler K10 Index

²⁴ Warwick Edinburg Mental Well-Being Score

²⁵ Note that the levels of depression and anxiety symptoms reported by these two groups fall within the mild ranges of both of the DASS depression and anxiety scales.



A2. Summary statistics for women

Demographic descriptive statistics for women (n=800)

Table i. Age range of the women subgroup

Age	%
18-25	14.8
26-35	16.6
36-45	20
46-55	23
56-65	12.9
66-75	7.5
76+	5.3

Table ii. Prevalence (%) of different living arrangements for women

Living arrangements	%
Live alone	18.9
Live with partner	54.8
Sole parent	5.1
Live with parents	8.7
Live with other adults	7.7
Other - please specify:	4.8

Table iii. Marital status of the women subgroup

Marital status	%
Never married	24.5
Widowed	4.9
Divorced	9.9
Separated but not divorced	2.3
Married	46.4
De facto	12

Table iv. Prevalence (%) of different employment status for women

Primary employment situation	%
Employed Full-time	32.4
Employed Part-time/Casual	26.8
Homemaker	10.6
Full-time student	5.2
Part-time student	0.8
Retired	14.7
Unemployed	3.9
Other - please specify	5.8

Key findings for women include:

- In contrast to last three year's insignificant findings, women reported significantly lower levels of overall wellbeing compare to men (WEMWBS²⁶ mean scores: $M_{\text{women}} = 46.85$ vs. $M_{\text{men}} = 47.93$).
- Consistent with the past three years' findings, women continued to report significantly higher levels of stress than men (PSS²⁷ mean scores: $M_{\text{women}} = 16.73$ vs. $M_{\text{men}} = 14.97$).
- Similar to last year's findings, women and men reported comparable levels of distress (K-10²⁸ mean scores: $M_{\text{women}} = 19.23$ vs. $M_{\text{men}} = 18.77$).

²⁶ Warwick Edinburg Mental Well-Being Score

²⁷ Perceived Stress Scale

²⁸ Kessler K10 Index



- Contrast to previous years' findings where women either reported similar or higher levels of anxiety symptoms than men, this year women reported significantly lower levels of anxiety symptoms than men (DASS 21 – Anxiety Index mean scores: $M_{\text{women}} = 5.34$ vs. $M_{\text{men}} = 6.15$).
- Women and men continued to report similar levels of depression symptoms (DASS 21 – Depression Index mean scores: $M_{\text{women}} = 8.22$ vs. $M_{\text{men}} = 8.49$) three years on.
- Family issues (52%) and financial issues (53%) continued to be the tied top sources of stress for women.
- Women were significantly more likely than men to be concerned about most sources of stress including financial issues, family and relational issues, health issues – self or other, maintaining a healthy lifestyle (refer to Figure 2 in the main report for statistics).
- Women continued to be significantly more likely than men to report spending time with friends or family, reading, shopping, visiting social networking sites, doing something relaxing or consciously avoid people and/or situations that are stressful to help manage their stress.
- In contrast to previous years, men and women were not significantly different in their use of watching TV or movies or eating something to help manage their stress.
- Consistent with past two years' findings, women were significantly more likely than men to report that stress impacted on their physical health (21% women vs. 13% men rated strong to very strong impact) and mental health (23% women vs. 14% men rated strong to very strong impact).
- Significantly more women than men reported that they had made efforts to try to maintain a healthy lifestyle over the past 12 months (89% women vs. 84% men).
- Women were significantly more likely than men to report: *making them more attractive* (75% women vs. 66% men), *helping to reduce stress* (91% women vs. 88% men) and *knowing it is the right thing to do* (98% women vs. 95% men) as reasons for trying to maintain a healthy lifestyle.
- Women were significantly more likely than men to rate it is important or extremely important to maintain a healthy lifestyle (82% women vs. 76% men).
- Women and men reported comparable levels of achievement in maintaining a healthy lifestyle.
- Women not only were significantly more likely than men to rate *limiting or eliminating alcohol use* (72% women vs. 63% men) as important or extremely important to maintain a healthy lifestyle, but also were significantly more likely than men to report doing so (85% women vs. 78% men) to maintain a healthy lifestyle over the past 12 months.
- Women were significantly more likely than men to report barriers such as *unexpected life events got in the way* (67% women vs. 58% men), *loss of motivation* (65% women vs. 57% men), *demands of family duties* (54% women vs. 47% men), *not getting back on track after a relapse* (47% women vs. 40% men), *too expensive* (63% women vs. 57% men), *lack of time* (62% women vs. 56% men) and *physical illness or injury* (50% women vs. 45% men) had prevented them from maintaining a healthy lifestyle at least sometimes over the past 12 months.
- Women were significantly more likely than men to report the strategies of *having a specific plan for changing my lifestyle* (70% women vs. 64% men) and *my desire to change* (85% women vs. 80% men) had helped them to maintain a healthy lifestyle over the past 12 months.



A3. Summary statistics for the unemployed

Demographic descriptive statistics for the unemployed (n=69²⁹)

Table i. Age range of the unemployed subgroup

Age	%
18-25	17.4
26-35	18.8
36-45	27.5
46-55	24.6
56-65	11.6
66-75	0
76+	0

Table ii. Gender of the unemployed subgroup

Gender	%
Male	55.1
Female	44.9

Table iii. Marital status of the unemployed subgroup

Marital status	%
Never married	37.7
Widowed	4.3
Divorced	11.6
Separated but not divorced	7.2
Married	29
De facto	10.1

Table iv. Prevalence (%) of different living arrangements for the unemployed subgroups

Living arrangements	%
Live alone	23.2
Live with partner	36.2
Sole parent	5.8
Live with parents	14.5
Live with other adults	13
Other - please specify	7.2

²⁹ Caution should be used when interpreting these results due to relatively small sample size for the unemployed subgroup.



Key findings for the unemployed include:

- Unemployed Australians continued to report significantly lower levels of wellbeing (WEBWBS³⁰ mean score = 40.97) compared with other Australians with the exception of students and homemakers.
- Unemployed Australians continued to report significantly higher levels of stress (PSS³¹ mean score = 21.01) and distress (K-10³² mean score = 24.91) than those who were employed (both full-timers and part-timers) or retired.
- Unemployed Australians continued to report the highest levels of depression and anxiety symptoms compared with working Australians (DASS 21–Depression Index mean score = 16.00; DASS 21–Anxiety Index mean score=9.26).
- Issues around personal finances (78%) and trying to maintain a healthy lifestyle (49%) continued to be the top contributors to overall stress in the past month for unemployed Australians.
- The top four strategies nominated by the unemployed to help manage stress were: watch television or movies (88%), listen to music (85%), adjust one's expectations (80%) and do something active (77%).
- Nine in ten unemployed Australians (91%) reported that current stress was having at least some impact on physical health with more than one quarter (27%) reporting that their current stress was having a strong to very strong impact on physical health.
- Almost seven in eight (87%) unemployed Australians reported that current stress was having at least some impact on mental health with 36% reporting that their current stress was having a strong to very strong impact on mental health.

³⁰ Warwick Edinburg Mental Well-Being Score

³¹ Perceived Stress Scale

³² Kessler K10 Index



Appendix B: Survey resources

B1: Brochure: How to make healthy
lifestyle changes





tips for making sustainable change

Psychological research has shown that making sustainable behaviour change is not a one-off decision but is a process, involving a number of steps.

The steps involve psychological processes as well as practical actions – they are about wanting change and thinking about the benefits of changes, reflecting on barriers to change, thinking through a plan of action for change, taking action and building support for your changes, rewarding your successes, and managing any relapses so you don't end up back at square one.

Changing your thinking is the essential first step

professional help

Many people will need some professional help to make lasting changes. Psychologists are experts in human behaviour and are trained to assist people to make sustainable change to their lives. A psychologist can help you to define and plan healthier living goals, identify barriers specific to you and your lifestyle, problem-solve challenges, help you overcome any relapse tendencies and develop maintenance checks to keep you on the road to good health.

To talk to an APS Psychologist contact the APS Find a Psychologist service by a calling 1800 333 497 (toll free) or visiting www.findapsychologist.org.au

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how to make healthy lifestyle changes

B1: Brochure: How to make healthy lifestyle changes side 1

making healthy lifestyle change

Most of us know what we should do to improve our health, but we find it hard to start or we make changes but we can't sustain them.

Change is challenging

Change can be challenging because often we have formed our lives around unhealthy habits and behaviours that are ingrained in everything we do. So it takes significant re-thinking and planning to change habits that are interconnected with our lifestyle.

Information and education are important but they aren't enough to ensure healthy behaviour change. Here's where some psychology can help.

Change is a process

Making a decision to change your lifestyle is the first step, but most people falter when it comes to maintaining a new behaviour.

Understanding that change is a process that happens over a period of time, and requires planning, support and maintenance strategies, is crucial for success.

It is vital to be flexible as any new regime will take time to establish and often life intervenes.

You may work out your perfect routine but something might interrupt that – injury, going on holiday, a work demand or event – and the inclination can be to give up.

At this point, it is important to re-assess and apply the same process you started with to this new situation.

For example, if you are going on holiday, think about how and where you might exercise while away – prepare and make a plan.

Setbacks happen

It is normal to face setbacks but it is important not to focus too much on your lapses.

It's quite normal to revert to old behaviours but it's important not to focus on what you didn't do and become disappointed or disillusioned with yourself. Try to return to your healthy behaviours as soon as possible.

Substitute instead of sacrifice

It's also important that change involves modifying your behaviour slightly or substituting something different, but not depriving yourself.

You shouldn't need to cut out everything you enjoy, or give up everything you love – in some cases it's about substituting one thing for another. You might crave sweetness, so maybe a piece of fruit will satisfy that craving, it's still possible to indulge in less healthy options but it's about limiting those things so they are occasional rather than every day.

6 steps to change

- 1 Identifying the benefits of change**

Think about how your lifestyle is affecting your health and happiness: is your current lifestyle costing you your health? Do you avoid activities or social events due to your health or weight? Would making a change actually benefit you?
- 2 Thinking about the barriers to change**

Identify the barriers to change and evaluate how you could overcome those barriers. Some changes can be made easily while other changes will take more time. Start with the small changes that are easier to achieve.
- 3 Making a plan of action**

In order to make change, you must plan. Change will involve new actions, new routines and forming new habits. Recruit family, friends and colleagues as your support team, or find other ways of ensuring you have support for your changes.
- 4 Taking action**

Start your new regime and gradually build up your lifestyle to support your goal. If increased fitness is your goal, try to build activity into your life as well as exercising. For example, add a walk into an outing, walk to the shops or public transport. Try to increase your physical activity in small steps by looking for opportunities to be active every day.
- 5 Rewarding success**

In order to maintain your new lifestyle, you must reward yourself for reaching your goals. Acknowledge and reward your successes in healthy ways – go out with friends, see a movie, have a healthy treat, or do something active and fun.
- 6 Managing any relapses**

It's quite normal to find yourself lapsing into old habits. Don't despair or get too down on yourself. Try to return to your healthy behaviours as soon as possible. Permanent change requires a new behaviour or activity being incorporated into your lifestyle in order to become a habit and part of your daily routine.

B1: Brochure: How to make healthy lifestyle changes brochure side 2



B2: Poster: Tips for healthy lifestyle change

national psychology week



Tips for healthy lifestyle change

STEP 1 - Identify the benefits of change

Think about how your lifestyle is affecting your health and happiness: is your current lifestyle costing you your health?

STEP 2 - Think about the barriers to change

Identify the barriers to change and evaluate how you could overcome those barriers.

STEP 3 - Make a plan of action

In order to make change, you must plan. Change will involve new actions, new routines and forming new habits.

STEP 4 - Build support

Recruit family, friends and colleagues as your support team, or find other ways of ensuring you have support for your changes.

STEP 5 - Take action

Start your new regime and gradually build up your lifestyle to support your goal. Start with small changes that are easier to achieve.

STEP 6 - Reward success

In order to maintain your new lifestyle, you must reward yourself for reaching your goals.

STEP 7 - Manage any relapses

It's quite normal to find yourself lapsing into old habits. Don't despair or get too down on yourself. Try to return to your healthy behaviours as soon as possible.

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Additional resources for National Psychology Week are available online at psychology.org.au/npw including:

- Poster – ‘Healthy lifestyle change’
- Infographics for online and social media publication
- ‘How Australians manage stress’
- ‘Stress Tips’
- Brochure – ‘Understanding and managing stress’
- Tips for managing everyday stress
- Link to the APS ‘Find a Psychologist’ online directory
- Previous years’ reports (2011, 2012, 2013)
- Link to the NPW stress tips video
- NPW logos and images



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