



Stress & wellbeing

HOW AUSTRALIANS ARE COPING WITH LIFE

The findings of the
Australian Psychological
Society Stress and
wellbeing in Australia
survey 2015

PLUS



FoMO survey:
The impact of connectivity to social media
on teens and adults in Australian [Page 30](#)

Psychology
Week

8-14
november
2015



APS Australian
Psychological
Society

CONTENTS

List of tables	3
List of figures	3
1. Summary of findings	4
1.1. Key findings for stress and wellbeing	6
1.2. Key findings on Fear of Missing Out (FoMO)	6
2. Introduction	7
3. Methodology	7
3.1. Survey participants/timeframe	7
3.2. The survey	7
3.3. Focus and rationale in 2015	8
3.4. Data analysis	10
3.5. Demographic variables	10
3.6. Life stage segment variables	11
3.7. Cross-year data	11
3.8. Between-group comparisons	12
3.9. Prevalence percentage	12
3.10. Data presentation, significance and subsample sizes	12
3.11. The report	12
4. Five years of stress and wellbeing	13
4.1. Across five years in Australia	13
4.2. Prevalence of levels of distress, depression symptoms and anxiety symptoms	14
4.3. Causes of stress	15
4.4. Stress management	17
4.4.1. How do we manage stress?	17
4.4.2. How effective are our stress management activities/behaviours?	17
4.4.3. Relationship between ways of managing stress and experience of distress, anxiety and depression symptoms	20
4.4.4. How do we seek help for stress?	21
4.4.5. How do we think stress affects us?	22
4.5. Wellbeing	22
4.5.1. Across five years in Australia	22
4.5.2. By age	23
4.5.3. By living arrangements	24
4.5.4. By level of education	24
4.5.5. By primary employment	25
4.5.6. By annual income	25
4.5.7. Workplace wellbeing	26
5. Stress and wellness in 2015	27
5.1. Causes of stress in 2015	27
5.2. Wellness in 2015	28
6. Special topic: FoMO	30
6.1. Key findings	30
6.2. Teen social media use	30
6.3. Teen social media experience	33
6.4. Teen FoMO	34
6.5. Adult social media usage	36
6.6. Adult social media experience	38
6.7. Adult FoMO	38
References	41
Acknowledgements	41
Appendix A: Sample statistics	42
Appendix B: Measuring stress, distress, depression and anxiety	43



TABLES

Table 1:	Sample Sizes for Main Survey and Standalone FoMO Survey	8
Table 2:	Sample Proportions for Teen Connection to Social Media	9
Table 3:	Sample Proportions for Adult Connection to Social Media	9
Table 4:	Sample Sizes for Teen Gender	10
Table 5:	Sample Sizes for Teen Age Group	10
Table 6:	Sample Sizes for Adult Gender	10
Table 7:	Sample Sizes for Adult Age Group	11
Table 8:	Life Stage Segments and Criteria for 2015	11
Table 9:	Sample Sizes by Survey Year	11
Table 10:	Workplace Wellbeing	26
Table 11:	Wellness Prevalence by Gender, 2015	29
Table 12:	Wellness Prevalence by Age Group, 2015	29
Table 13:	Social Media Average Usage by Teens During Periods of the Day, 2015	32
Table 14:	Social Media Average Usage by Adults During Periods of the Day, 2015	37
Table 15:	Prevalence of FoMO by Age Group, 2015	39
Table 16:	Gender of Survey Participants in 2015	42
Table 17:	Location of Survey Participants in 2015	42
Table 18:	Age Group of Survey Participants in 2015	42

FIGURES

Figure 1:	Aggregate Measures of Stress, Distress, Depression and Anxiety, 2011-2015	13
Figure 2:	Average Kessler Psychological Distress Scale (K-10) Category Prevalence, 2011-2015	14
Figure 3:	Average DASS-21 Depression Scale Category Prevalence, 2011-2015	14
Figure 4:	Average DASS-21 Anxiety Scale Category Prevalence, 2011-2015	15
Figure 5:	Prevalence of Stressors, 2011-2015	16
Figure 6:	Ways of Managing Stress %, 2011-2015	18
Figure 7:	Prevalence % vs Effectiveness % of Stress Management, 2011-2015	19
Figure 8:	Stress Reliever % by K10 Distress Category	20
Figure 9:	Stress Reliever % by DASS-21 Depression Category	20
Figure 10:	Stress Reliever % by DASS-21 Anxiety Category	21
Figure 11:	Prevalence % of Help Sought to Manage Stress, 2011-2015	21
Figure 12:	Perceived % Impact of Stress on Physical Health	22
Figure 13:	Perceived % Impact of Stress on Mental Health	22
Figure 14:	Mean Wellbeing Score, 2011-2015	23
Figure 15:	Wellbeing Score by Age Group, 2011-2015	23
Figure 16:	Average Warwick-Edinburgh Mental Wellbeing Score by Level of Education, 2011-2015	24
Figure 17:	Average Warwick-Edinburgh Mental Wellbeing Score by Primary Employment, 2011-2015	25
Figure 18:	Average Warwick-Edinburgh Mental Wellbeing Score by Income, 2011-2015	25
Figure 19:	Prevalence of Stressors, 2015	27
Figure 20:	FoMO for Heavy Social Media Users, 2015	31
Figure 21:	Time Spent Connected to Social Media by Teens Age-Band and Gender, 2015	32
Figure 22:	Attitudes Toward Social Media Use in Teens, 2015	33
Figure 23:	Prevalence of 'FoMO' by Frequency of Social Media Usage in Teens, 2015 heavy vs light	35
Figure 24:	Time Spent Connected to Social Media by Adults and Gender, 2015	36
Figure 25:	Time Spent Connected to Social Media by Adults Age Group, 2015	37
Figure 26:	Social Media Experience in Adults, 2015	38
Figure 27:	Prevalence of FoMO by Frequency of Social Media Usage in Adults, 2015	40

1. SUMMARY OF FINDINGS

The Australian Psychological Society (APS) has conducted its fifth successive national Stress and wellbeing in Australia survey. This year the survey also examined the impact of social media on Australians' wellbeing and behaviour as well as exploring their experience of the Fear of Missing Out (FoMO)¹.

1.1. Key findings for stress and wellbeing

The half decade snapshot shows that Australians are faring worse than they were in 2011 when the survey began, reporting lower levels of wellbeing and workplace wellbeing and higher levels of stress, depression and anxiety symptoms.

Australians' levels of wellbeing have fluctuated over the five years. A slight improvement was recorded in 2014 and 2015 but wellbeing still remains lower than that in 2011 when the APS first surveyed Australians on this important measure.

Interestingly, when Australians were asked in 2015 about their wellness across six key life domains (physical, social, emotional, spiritual, intellectual and vocational wellness), they rated themselves as faring well across these life areas. Key wellbeing findings over five years include:

- **Age:** Younger people (18-25) have consistently reported lower levels of wellbeing than older Australians;
- **Employment status:** The unemployed report the lowest levels of wellbeing whereas the retirees report the highest levels of wellbeing;
- **Living arrangements:** Australians living with a partner reported significantly higher levels of wellbeing compared to all other groups (e.g. sole parents, living with parents, etc.);
- **Children:** Those with children have higher levels of wellbeing than those without children; and
- **Education/Income:** Wellbeing levels rise with education and income.

Key findings on other measures include:

- 35 per cent of Australians report having a significant level of distress in their lives;
- 26 per cent of Australians report above normal levels of anxiety symptoms;
- 26 per cent of Australians report having moderate to extremely severe levels of depression symptoms; and
- In 2015, anxiety symptoms were the highest they have been in the five years of the survey.

Australians' worries about money have not abated. Financial issues are rated as the top cause of stress over the five years, while also of concern is the increase in the number of people turning to gambling to manage stress (now one in five), growing from 13 per cent in 2011 to 19 per cent in 2015.

People who report higher levels of anxiety and depression symptoms and distress are more likely to gamble, smoke cigarettes, drink alcohol and take recreational drugs:

- Of those reporting severe levels of distress, 61 per cent drink alcohol, 41 per cent gamble, 40 per cent smoke and 31 per cent take recreational drugs to manage stress;
- Of those reporting extremely severe levels of depression symptoms, 57 per cent drink alcohol, 46 per cent gamble, 41 per cent smoke cigarettes and 38 per cent take recreational drugs to manage stress; and

¹ FoMO is defined as a pervasive apprehension that others might be having rewarding experiences that you are not part of, and is characterised by the desire to stay continually connected with what others are doing (Przybylski, Murayama, DeHaan, & Gladwell, 2013)



26 per cent of Australians report having moderate to extremely severe depression symptoms

- Of those reporting extremely severe levels of anxiety symptoms, 66 per cent drink alcohol, 54 per cent gamble, 47 per cent take recreational drugs and 45 per cent smoke cigarettes to manage stress.

The top five causes of stress in Australia over the five years are:

- personal finances - 49 per cent;
- family issues - 45 per cent;
- personal health - 44 per cent;
- trying to maintain a healthy lifestyle - 40 per cent; and
- issues with the health of others close to us - 38 per cent.

The five most popular ways of managing stress in Australia over the five years are:

- watching television/movies - 85 per cent;
- focusing on the positives - 81 per cent;
- spending time with friends and/or family - 81 per cent;
- listening to music - 80 per cent; and
- reading - 75 per cent.

Younger people (18-25) are significantly more likely than the older age groups to cite 'environmental issues' as a cause of stress.

1.2. Key findings on FoMO (Fear of Missing Out)

Of the Australians who responded to the FoMO Questionnaire, adults were spending 2.1 hours per day and teens 2.7 hours per day connected to social media. This provides a direct comparison between adults and teens.

Social media is affecting how Australians behave, with 56 per cent of teens reporting they are heavy social media users (connecting 5+ times per day), with 25 per cent being constantly connected. When we look at the adult population - almost one in four (23%) report being heavy social media users, with six per cent of those being constantly connected.

Social media is both a cause of stress and a means of managing stress.

- More than one in 10 Australians (12%) report 'issues with keeping up with social media networks' as a source of stress (2015)
- More people are reporting using social media to manage stress, with almost one in two Australians now reporting visiting social media sites to manage stress (37% in 2011 vs 51% in 2015)

Social media dominates the life of many teens.

- Over half of Australian teens (53%) connect to social media 15 minutes before bed every night.
- Almost two in five connect (37%) in the presence of others and within 15 minutes of waking up.
- Almost one in four teens (24%) reported using social media when they were eating breakfast and lunch seven days a week.

The impact of social media use on Australians' wellbeing is evident in a range of ways: more than one in two teens (57%) find it difficult to sleep or relax after spending time on social networking sites, and 60 per cent feel brain 'burnout' from constant connectivity of social media.

Both Australian adults and teens experience Fear of Missing Out (FoMO): one in two teens and one in four adults.

Teens connected to social media more frequently (five or more times a day, i.e. heavy users) are significantly more likely to experience aspects of FoMO such as:

- It is important that I understand my friends' in-jokes (78%);
- Fearing their friends are having more rewarding experiences than them (54%);
- Worrying when they find out their friends are having fun without them (60%); and
- Being bothered when they miss out on planned get-togethers (63%).

At the same time, not only do fewer adults report being constantly connected to social media (6%), they are also less affected by FoMO than teens. For instance, of those adults connected to social media more frequently (five or more times a day, i.e. heavy users):

- It is important that I understand my friends in-jokes (32%);
- Fearing their friends are having more rewarding experiences than them (26%);
- Worrying when they find out their friends are having fun without them (17%); and
- Being bothered when they miss out on planned get-togethers (31%).

When looking at the relationship between heavy social media use and FoMO, teens are significantly more likely to experience all aspects of FoMO than adults. This suggests that social media has a greater impact on teens and plays a role in their identity formation and their search for a sense of self.



2. INTRODUCTION

This is the fifth year the Australian Psychological Society (APS) has conducted its 'state-of-the-nation' survey on a representative sample of adult Australians to examine the levels of stress and wellbeing experienced in the community. The assessment of stress and wellbeing levels generates key insights for understanding and enhancing the psychological and physical health of Australians.

The survey findings are released during Psychology Week as a part of the APS's commitment to promoting community mental health awareness and psychological wellbeing. In the previous four years, the survey included additional questions on a specific topic or aspect of stress and wellbeing to contribute to a special feature.

The 2015 survey had three main aims:

- To assess the stress and wellbeing of the Australian population five years on from the initial survey to allow year-on-year comparisons;
- To gain insights into Australian adults' experiences of social media and FoMO; and
- To gain insight into the impact of social media usage and FoMO on Australian teens.

3. METHODOLOGY

3.1. Survey participants/timeframe

The Australian Psychological Society (APS), in conjunction with an online research company, conducted the Stress and Wellbeing in Australia Survey with a representative sample of Australians. The national sample (n=1521) comprised approximately equal numbers of men and women and was 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 Appendix A: Sample Statistics).

In addition to conducting the main survey, just under half the sample (n=740) completed an additional survey relating specifically to social media usage and FoMO.

Further, a group of Australian teenagers aged 13 to 17 years (n=210) were recruited through parent panellists of the online research company to allow us to understand Australian teens' experience of social media and how they compared with those of the adult population. The teen sample comprised equal numbers of boys (n=103) and girls (n=103), with four (n=4) individuals not nominating a gender.

In total, 1,731 people completed the online survey, which was conducted over a two-and-a-half week period from 14 August to 31 August 2015.

3.2. The survey

This year's Stress and Wellbeing in Australia Survey included core questions present in the previous APS surveys to enable year-on-year comparisons to be conducted. The questions incorporated standardised measures of stress, wellbeing, anxiety and depression (please see Appendix B for details). A series of additional questions from a separate survey examined Australians' experience of FoMO, social media engagement and behaviour.



Social media in the context of this report is defined as the use of the internet and mobile technologies to turn communication into social interactive dialogue. It excludes activities like work texting and email

3.3. Focus and rationale in 2015

The 2015 survey included an in-depth exploration of Australians’ experiences of social media usage and the social, psychological and behavioural impact of the use of social media on their health and wellbeing. Social media in the context of this report is defined as the use of the internet and mobile technologies to turn communication into social interactive dialogue. It excludes activities like work texting and email.

Social media allow individuals access to increasingly abundant opportunities for interaction through real-time information about the activities, events, and conversations happening across diverse social networks. However, it contributes to the phenomenon of Fear of Missing Out (FoMO) which is defined as a pervasive apprehension that others might be having rewarding experiences that you are not part of, and is characterised by the desire to stay continually connected with what others are doing (Przybylski, Murayama, DeHaan, & Gladwell, 2013).

To align the content of our surveys on the topic of social media engagement and the concept of FoMO, we have included the following validated and standardised instruments developed by Przybylski and colleagues (2013) in this year’s survey:

- The Social Media Engagement Questionnaire (SMEQ)
- The FoMO Scale (FoMOs)

Overall, the sample sizes responding to each of the questionnaires were:

Table 1: Sample Sizes for Main Survey and Standalone FoMO Survey

Sample sizes	Adult respondents	Teen respondents
Main Survey:		
Stress and Wellbeing Survey	1521	N/A
Sub-sample within Main Survey:		
Social Media Engagement Questionnaire (SMEQ)	1077	N/A
Stand alone Survey following the Main Survey:		
FoMO Questionnaire	740	210



The following tables describe the FoMO sub-sample proportions used in this analysis. Heavy social media users in this report are all those who connect to social media five or more times a day and light users are those who connect to social media less than five times a day.

Table 2: Sample Proportions for Teen Connection to Social Media

Teen Connection to Social Media (from FoMO Questionnaire)		n	%
Heavy Social Media User (n=118)	Constantly	53	25%
	More than 10 times per day	25	12%
	About 5 - 10 times a day	40	19%
Light Social Media User (n=92)	About 1 - 4 times day	50	24%
	Several times a week	31	15%
	Once a week	10	5%
	Once or twice a month	0	0%
	Less than once a month	1	0%
Total		210	100%

Table 3: Sample Proportions for Adult Connection to Social Media

Adult Connection to Social Media (from FoMO Questionnaire)		%
Heavy Social Media User (n=170)	Constantly	6%
	More than 10 times per day	5%
	About 5 - 10 times a day	12%
Light Social Media User (n=570)	About 1 - 4 times day	36%
	Several times a week	23%
	Once a week	9%
	Once or twice a month	5%
	Less than once a month	4%
Total		100%

3.4. 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. Appendix B of this report provides further information on specific scales, such as the derivation of summary scores.

3.5. Demographic variables

Analyses were run for the total sample and across all key demographic variables and where sub-sample sizes permitted. Preliminary analyses for various combinations of age, gender, employment and marital status generated a number of significant findings, with sample sizes between all relevant groups and sub-samples sufficient to permit reporting and inclusion in further data exploration. Where no significant findings were uncovered for given groups or demographic variables, results were omitted from this report.

The following tables detail the demographic breakdowns used in this analysis.

Table 4: Sample Sizes for Teen Gender

Teen gender	n
Male	103
Female	103
No gender nominated	4
Total	210

* Four individuals did not nominate a gender

Table 5: Sample Sizes for Teen Age Group

Teen age groups	n
13-15	120
16-17	90
Total	210

Table 6: Sample Sizes for Adult Gender

Adult gender	n
Male	705
Female	813
No gender nominated	3
Total	1521

* Three individuals did not nominate a gender



Table 7: Sample Sizes for Adult Age Group

Adult age group	n
18-25	184
26-35	290
36-45	312
46-55	269
56-65	42
66 and above	223
No age nominated	3
Total	1521

3.6. Life stage segment variables

Where indicated, the analysis has been conducted to segment respondents into various life stage cohorts. These cohorts have been generated from the data collected on respondents' age and relationship/marital status/living arrangements. The cohorts are shown in Table 8 (below):

Table 8: Life Stage Segments and Criteria for 2015

Life stage segment	Criteria	n
Young singles (YS)	Aged 18-35 without a partner	109
Young couples (YC)	Aged 18-35 with a partner and no child(ren) under 18	38
Young families (YF)	Aged 18-35 with a partner and child(ren) under 18	209
Young sole parents (YSP)	Aged 18-35 without a partner and child(ren) under 18	65
Older singles (OS)	Aged 36-65 without a partner and child(ren) under 18	119
Older couples (OC)	Aged 36-65 with a partner and no child(ren) under 18	105
Established families (EF)	Aged 36-65 with a partner and child(ren) under 18	89
Older sole parents (OSP)	Aged 36-65 without a partner and child(ren) under 18	255
Single retirees (SR)	Aged 56 and above single and retired	145
Couple retirees (CR)	Aged 56 and above with a partner and retired	284

3.7. Cross-year data

To make comparisons between data gathered from 2011, 2012, 2013, 2014 and 2015, either one-sample t-tests or univariate ANOVAs (with Tukey's HSD post hoc tests as year-on-year samples were of equivalent sizes) were performed to determine whether the mean levels of variables of interest were significantly different at the 95 per cent confidence level.

Table 9 (right) shows the sample sizes for each year used in summary or comparison statistics:

Table 9: Sample Sizes by Survey Year

Year	n
2011	1537
2012	1550
2013	1548
2014	1548
2015	1521
Total	7672

3.8. Between-group comparisons

For comparisons between different groups (e.g. males/ females, different age groups, heavy/ light social media users, etc.), 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. segment differences), as this test does not assume equal variances nor equivalent sample sizes.

Analysing associations between nominal or categorical data involved Chi-square tests of independence (eg. gender differences and strategies used to manage stress).

3.9. Prevalence percentage

Unless otherwise indicated, prevalence percentage includes those participants who rated scale items as either, 'moderately well', 'quite well' or 'extremely well', or 'somewhat', 'quite a bit', or 'a great deal'.

3.10. Data presentation, significance and sub-sample sizes

All the data in this report has been summarised and reduced for ease of reading and interpretation. Percentages have been rounded to the nearest whole number. Mean values for stress and wellbeing scales have been rounded to one decimal place. Where necessary and practicable, statistical significance is reported and denoted by an asterisk (*) for differences between groups and an alpha level is given in either the footer of the relevant table/ figure or in the text descriptor for the table/ figure. As a rule of thumb, significance will always be indicated for the larger of two groups, indicating that a particular group is significantly larger than its comparator.

Sub-sample numbers are displayed in sections 3.3, 3.7 and 3.8 and these should be referred to where testing for significant differences between groups occurs. Since not all questions in the survey are compulsory the sub-samples may not always sum to the total sample (n).

3.11. The report

What follows is a report detailing the key findings and results from the 2015 Stress and Wellbeing in Australia Survey and the FoMO Survey. The report is broken down into two key components:

1. The review of the relevant results from five years of the survey along with multiple cross year comparisons; with a supplementary evaluation of the 2015 results as a standalone examination; and
2. The analysis of the special topic on social media and FoMO.

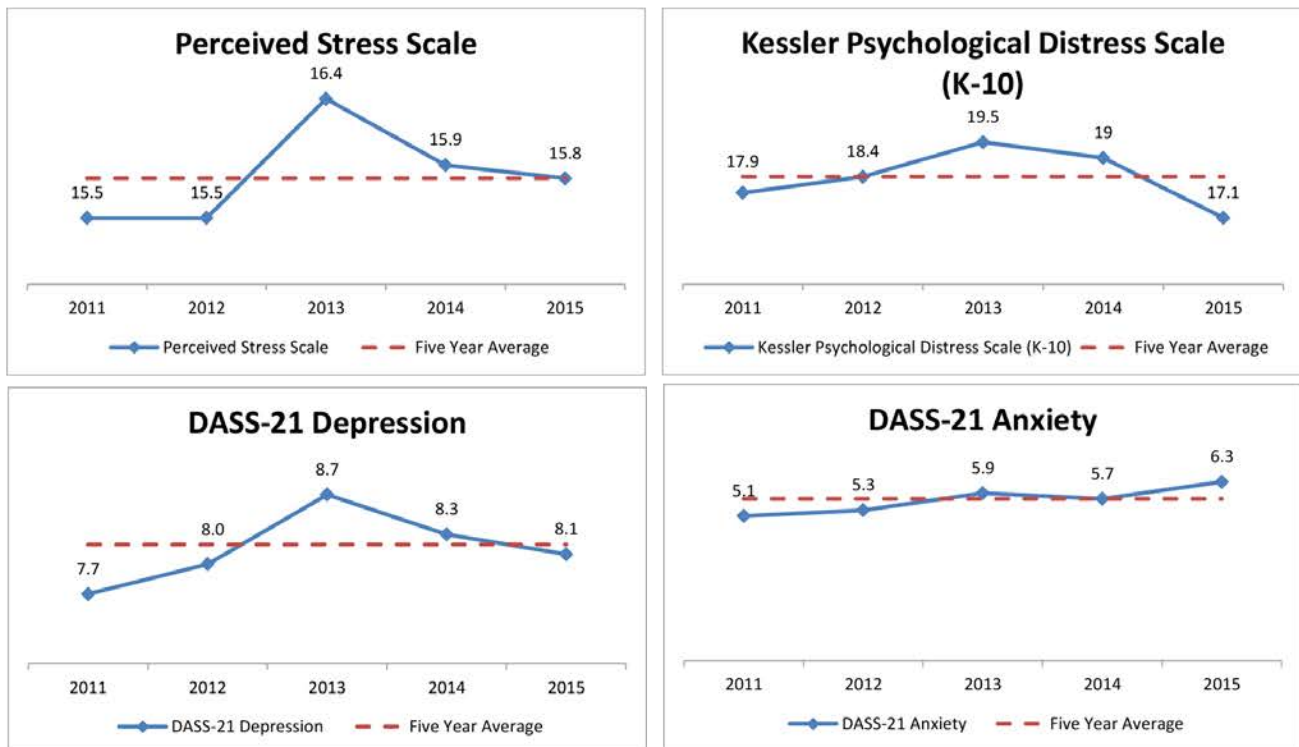


4. FIVE YEARS OF STRESS AND WELLBEING

4.1. Across five years in Australia

Australians' levels of stress, distress, anxiety and depression were examined over the five years from 2011-2015, with mixed results. While fewer Australians reported distress in 2015 (the lowest level recorded), Australians' anxiety and depression symptoms increased over the five years, with anxiety symptoms peaking in 2015. The results reported are within the normal range for each of the respective measures.

Figure 1: Aggregate Measures of Stress, Distress, Depression and Anxiety, 2011-2015

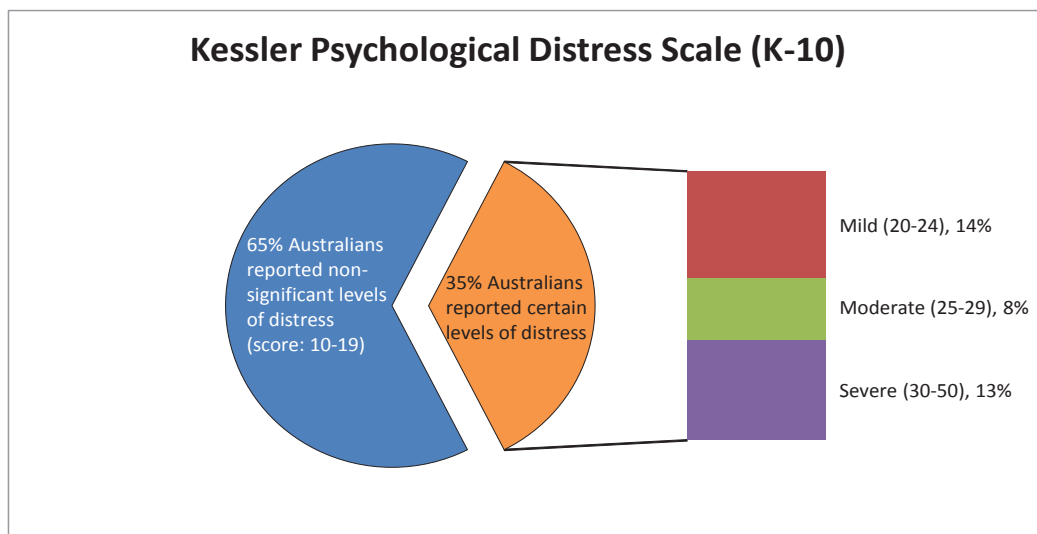


NOTE: Interpretation and scoring criteria for the PSDS, K10 and DASS-21 scales can be found in Appendix B. Sample sizes: 2011 n=1537, 2012 n=1550, 2013 n=1548, 2014 n=1548, 2015 n=1521. Total N=7672

4.2. Prevalence of various levels of distress, depression symptoms, and anxiety symptoms

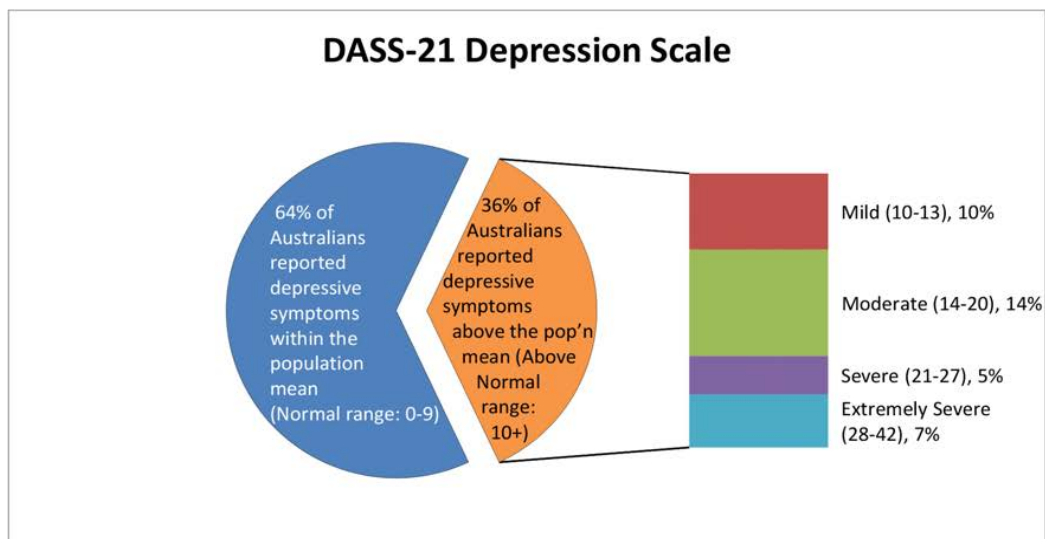
Over the last five years (2011-2015), 35 per cent of Australians reported experiencing distress, 36 per cent experienced depression symptoms and 26 per cent anxiety symptoms. Of those, 13 per cent experienced severe levels of distress, 12 per cent severe to extremely severe depression symptoms and 11 per cent severe to extremely severe levels of anxiety symptoms.

Figure 2: Average Kessler Psychological Distress Scale (K-10) Category Prevalence, 2011-2015



NOTE: The percentages in the above figure represent the proportion of people falling into the predefined K10 Scale categories as noted in the legend, ranging from normal to severe levels of distress.

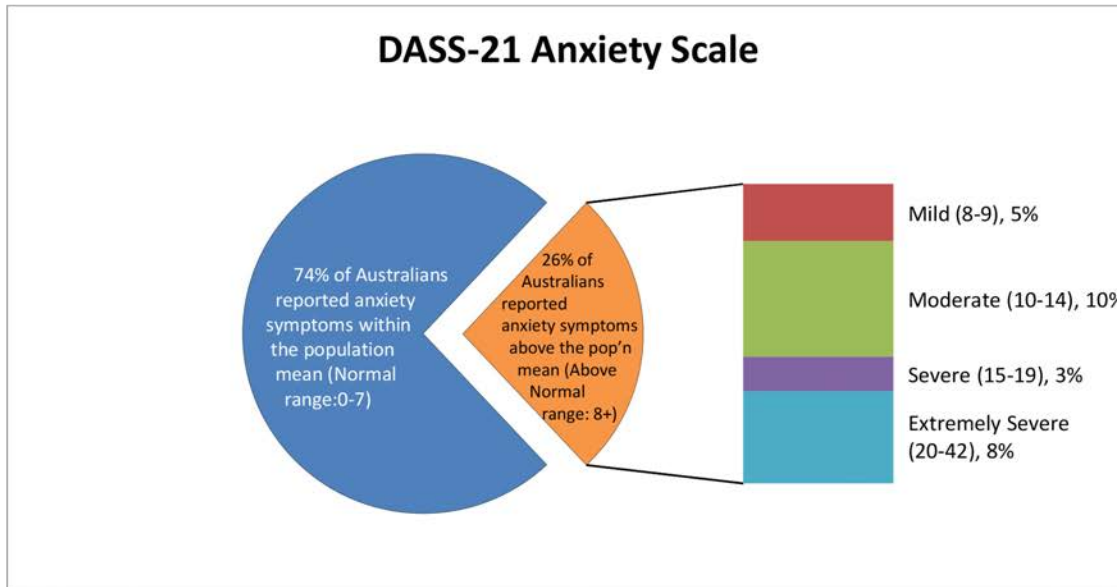
Figure 3: Average DASS-21 Depression Scale Category Prevalence, 2011-2015



NOTE: The percentages in the above figure represent the proportion of people falling into the predefined DASS-21 Depression Scale categories as noted in the legend, ranging from normal to extremely severe levels of depression symptoms.



Figure 4: Average DASS-21 Anxiety Scale Category Prevalence, 2011-2015



NOTE: The percentages in the above figure represent the proportion of people falling into the predefined DASS-21 Anxiety Scale categories as noted in the legend, ranging from normal to extremely severe levels of anxiety symptoms.



The fourth most common cause of stress is 'issues relating to maintaining a healthy lifestyle'



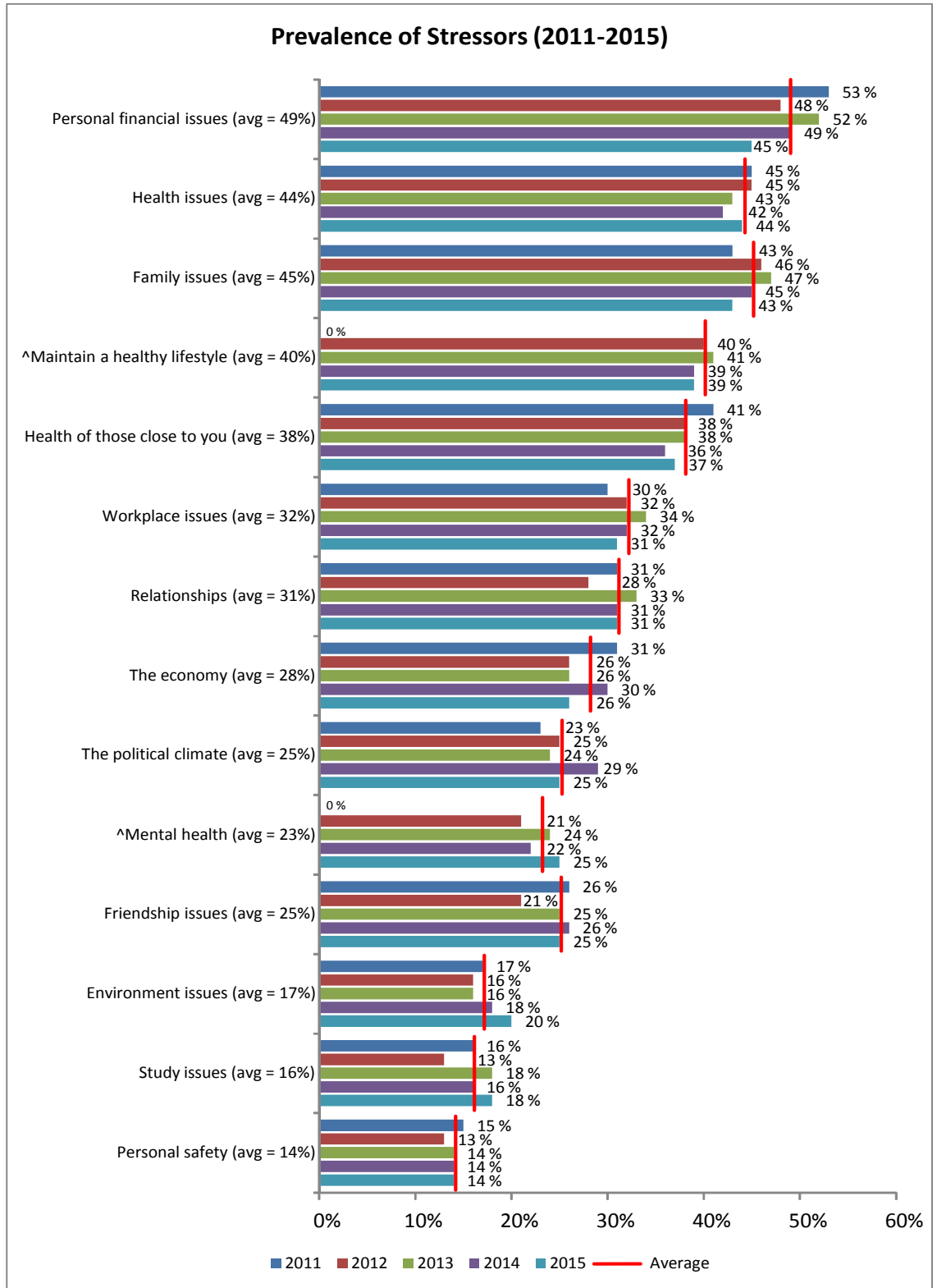
4.3. Causes of stress

The top stressors in the lives of Australians (see Figure 5 on the following page) have remained the same over the life of survey. 'Personal financial issues', 'health issues', and 'family issues' have topped the survey year-on-year. Interestingly, since 2012 when it was introduced as an item, the fourth most common cause of stress is 'issues relating to maintaining a healthy lifestyle'.

In 2014, this topic was explored in-depth in the survey and many barriers to achieving a healthy lifestyle were identified, such as unexpected life events, loss of motivation, expense and lack of time (for the full results, please refer to the 2014 Stress and Wellbeing Survey report²).

² The 2014 full report is available on the APS website: <https://www.psychology.org.au/Assets/Files/2014-APS-NPW-Survey-WEB-reduced.pdf>

Figure 5: Prevalence of Stressors, 2011-2015



^not asked in 2011

NOTE: In the figure above prevalence is classified as the percentage of respondents who indicated that a stressor affected them either 'somewhat', 'quite a bit' or 'a great deal'.



4.4. Stress management

As well as highlighting what contributes to stress in our lives, the APS survey explores how people manage stress and also identifies the stress management behaviours reported to be most effective.

4.4.1. How do we manage stress?

The most popular ways of managing stress (see Figure 6 on the following page) have remained consistent across the five years of the APS survey: 'watching television or movies', 'focusing on the positives', 'spending time with friends and/or family', 'listen to music' and 'reading'. There has been an increase over the five years in the following as stress management behaviours (all figures as at 2015):

- Eating - more than seven in 10 (66% in 2011 vs 75% in 2015);
- Visit social media sites - one in two (37% in 2011 vs 51% in 2015);
- Doing something relaxing (i.e. have a bath, go to a spa or have a massage) - close to one in two (31% in 2011 vs 46% in 2015);
- Video games - more than one in three (28% in 2011 vs 33% in 2015); and
- Gambling - one in five (13% in 2011 vs 19% in 2015).

4.4.2. How effective are our stress management activities and behaviours?

Across the five years the survey has been conducted the five most popular ways of managing stress (on average) are also some of those rated the most effective (see Figure 7 on page 19), including:

- Watching television or movies (85% prevalence; 73% effectiveness);
- Spending time with friends and/ or family (81% prevalence; 83% effectiveness);
- Focusing on the positives (81% prevalence; 79% effectiveness; first asked in 2012);
- Listening to music (80% prevalence; 80% effectiveness first asked in 2012); and
- Reading (75% prevalence; 78% effectiveness).

Note that even though 'watch television or movies' is the most popular way of managing stress it is not rated as the most effective way to manage stress.

Of concern is that some of the non-productive ways of managing stress such as 'smoke cigarettes' (18 per cent prevalence; 64 per cent effectiveness), 'gamble' (16 per cent prevalence; 47 per cent effectiveness) and 'take recreational drugs' (8 per cent prevalence; 67 per cent effectiveness) were rated as most effective.

Of concern is that some of the non-productive ways of managing stress such as smoking, gambling and taking recreational drugs were rated as most effective



Figure 6: Ways of Managing Stress %, 2011-2015

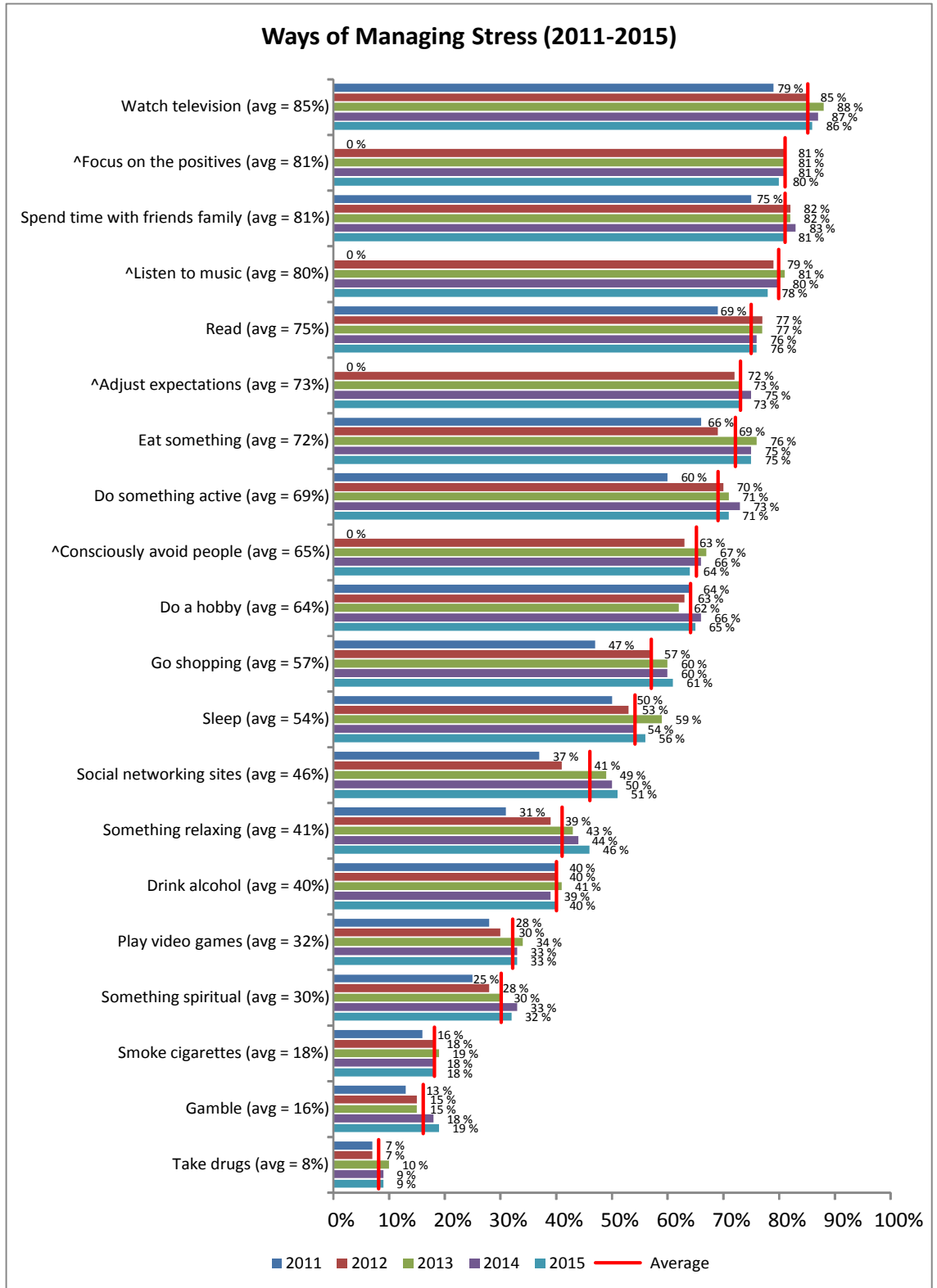
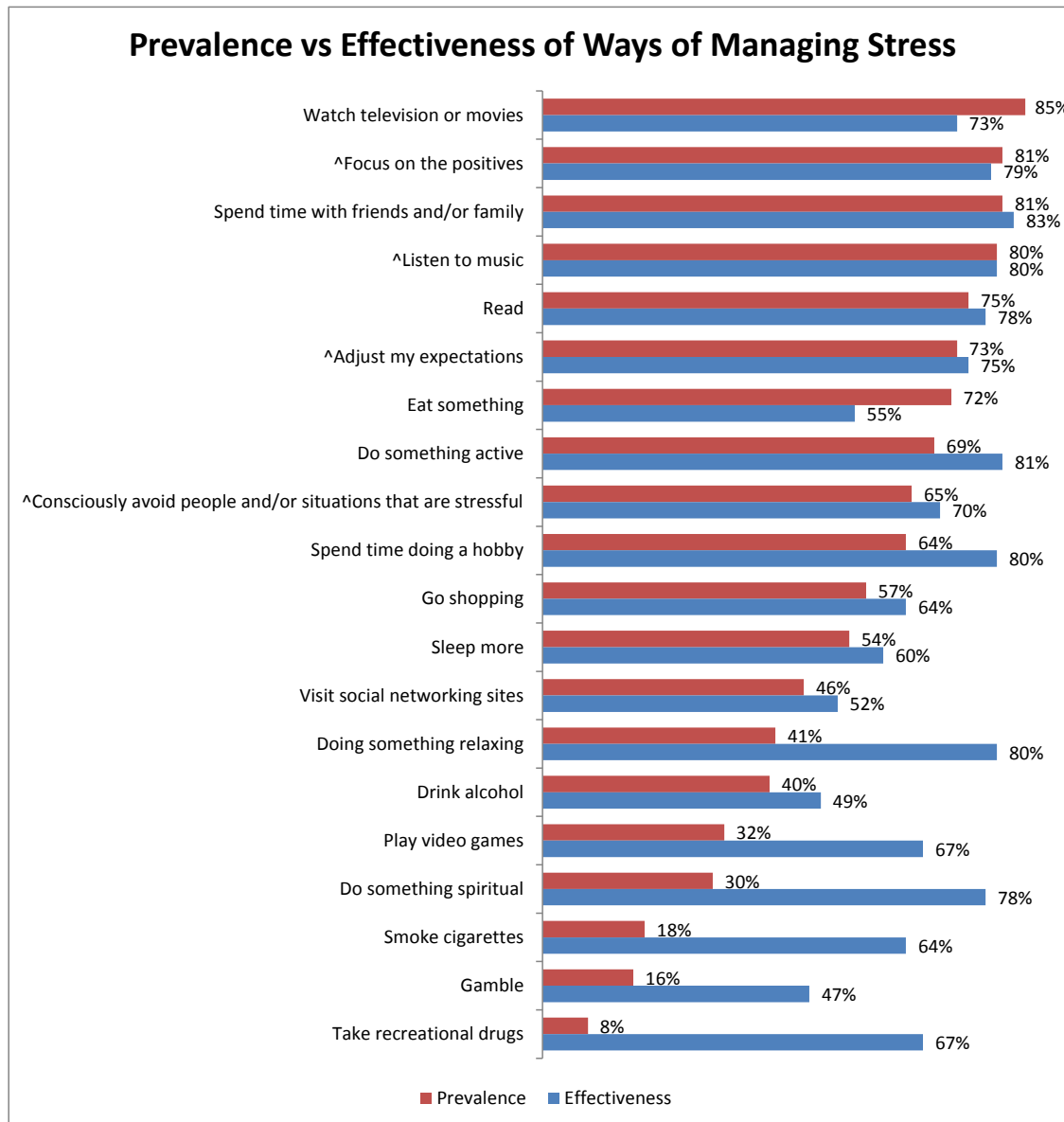




Figure 7: Prevalence % vs Effectiveness % of Stress Management, 2011-2015



^Not asked in 2011

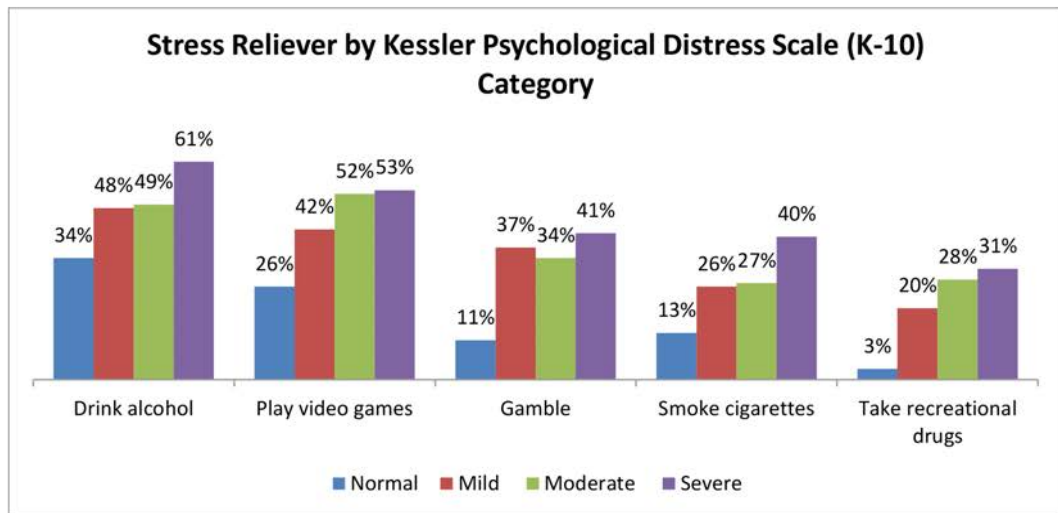
NOTE: In the figure above prevalence is classified as the percentage of respondents who indicated that they used one of the stress relievers either 'sometimes', 'fairly often' or 'very often' and rated them 'moderately effective', 'quite effective' and 'highly effective' for effectiveness. This is a summary across all five years.

4.4.3. Relationship between ways of managing stress and experience of distress, anxiety and depression symptoms

When looking at those who report the highest levels of distress, depression and anxiety symptoms an interesting pattern emerges in their reported choice of stress management strategies.

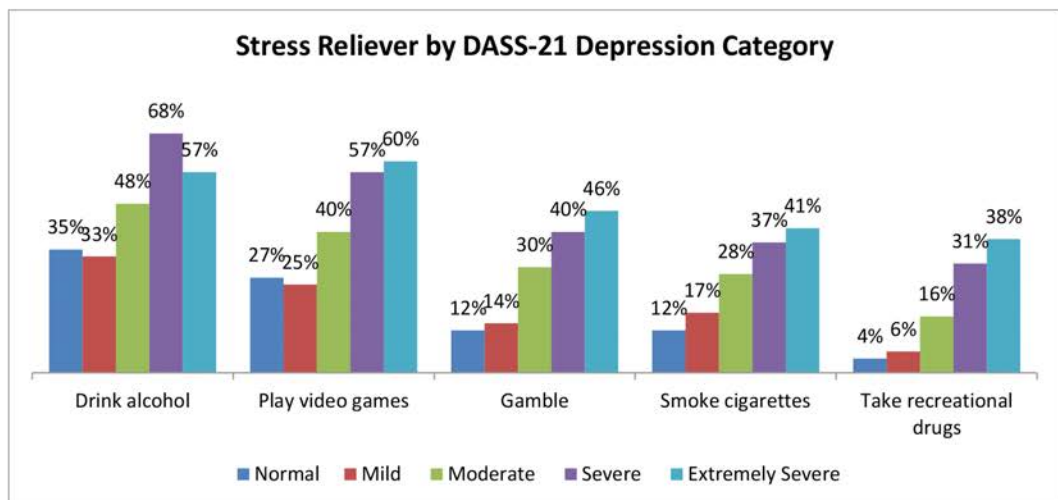
People with higher levels of distress and anxiety and depression symptoms were more likely than other Australians to engage in a range of activities, including taking recreational drugs, smoking, drinking alcohol, gambling, and playing video games to help manage their stress. For example, 31 per cent of those reporting severe distress compared with three per cent reporting normal distress said they take recreational drugs as a stress management strategy.

Figure 8: Stress Reliever by K10 Distress Category



NOTE: The figure above denotes the percentage of people in each of the four K10 distress classifications who engage in the listed stress relief practices.

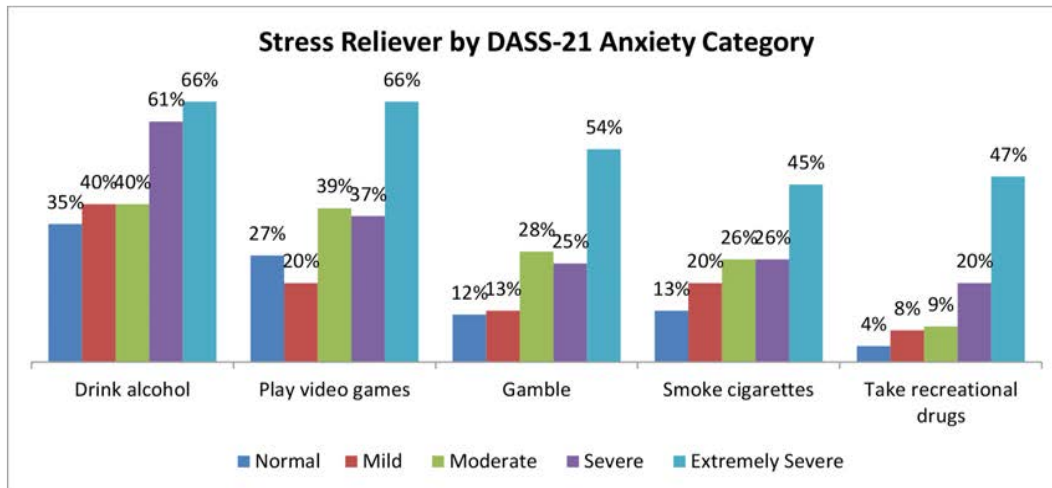
Figure 9: Stress Reliever by DASS-21 Depression Category



NOTE: The figure above denotes the percentage of people in each of the five DASS-21 Depression classifications who engage in the listed stress relief practices.



Figure 10: Stress Reliever % by DASS-21 Anxiety Category

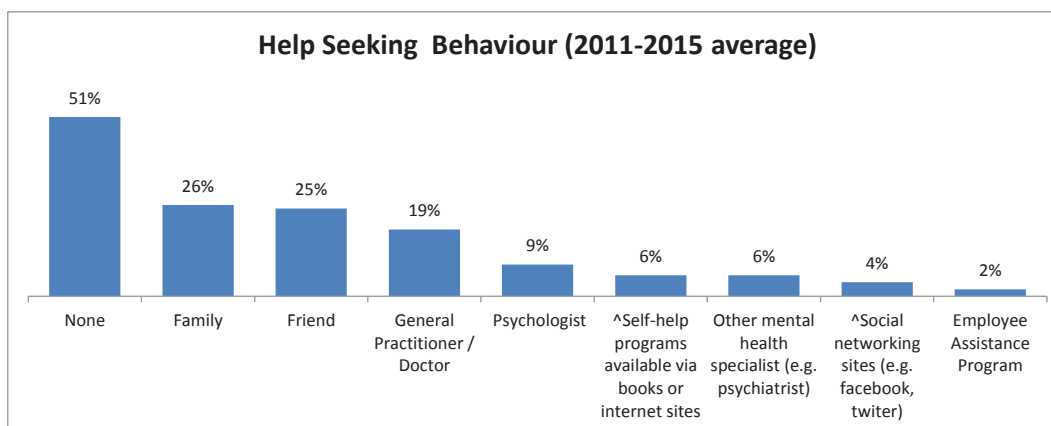


NOTE: The figure above denotes the percentage of people in each of the five DASS-21 Anxiety classifications who engage in the listed stress relief practices.

4.4.4. How do we seek help for stress?

Overall, a very consistent pattern of findings for help-seeking behaviour emerged across the five years (see Figure 11 below). Australians are still most likely to seek help from family and friends, followed by their GP, with 15 per cent reporting they sought help from a psychologist or other mental health specialist (e.g. psychiatrist).

Figure 11: Prevalence of Help Sought to Manage Stress, 2011-2015



^not asked in 2011

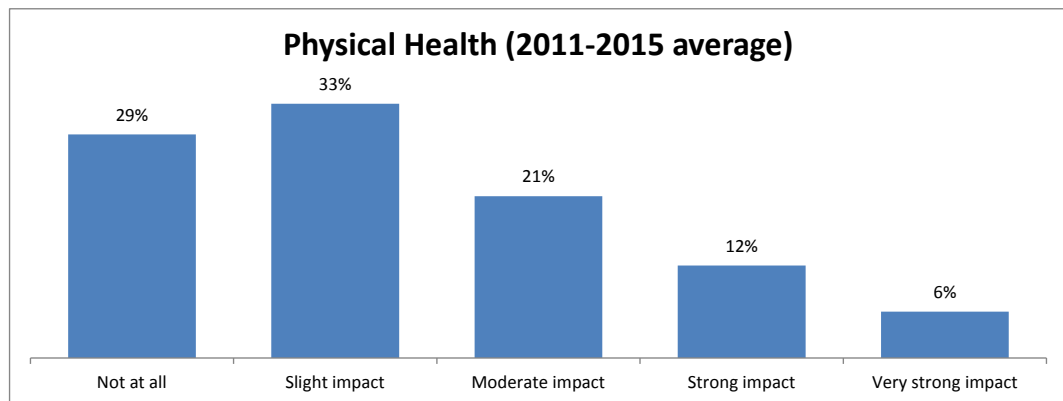
NOTE: The percentages in the figure above represent the proportion of respondents who chose any of the forms of help sought, in a free-choice format in which they could choose any, all or none of the options.

4.4.5. How do we think stress affects us?

Stress continues to affect the mental and physical health of Australians. The majority of Australians (72%) feel stress is having at least some impact on their physical health (see Figure 12 below), while 64 per cent believe it is having an impact on their mental health.

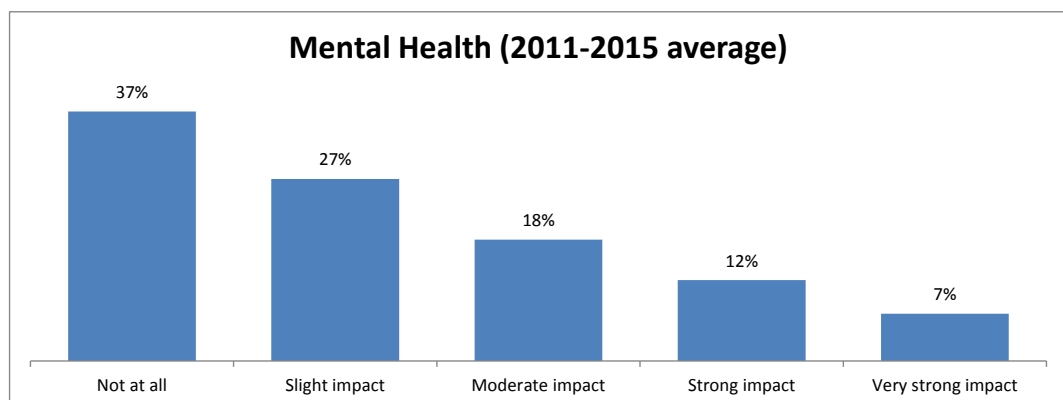
Of those experiencing stress, four in 10 Australians believe it is having a moderate to very strong impact on their physical health (39%) and mental health (37%). This is consistent with research that indicates that stress has a deleterious effect on both physical and mental health.

Figure 12: Perceived % Impact of Stress on Physical Health



NOTE: The percentages in the figure above represent the proportion of respondents who feel that stress is affecting their mental health, ranging from 'Not at all' to 'Very strong impact'.

Figure 13: Perceived % Impact of Stress on Mental Health



NOTE: The percentages in the figure above represent the proportion of respondents who feel that stress is affecting their mental health, ranging from 'Not at all' to 'Very strong impact'.

4.5. Wellbeing

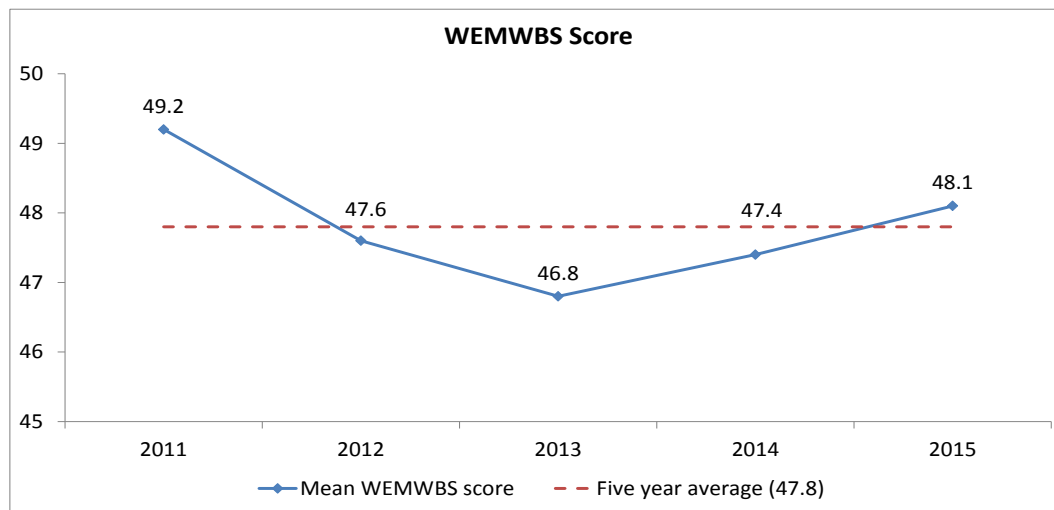
Overall levels of wellbeing (2011 to 2015) were measured by using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). A higher score on the scale indicates a higher level of wellbeing. While there is no significant difference in wellbeing between genders, on other key demographic variables, such as age, patterns of significance and interest do emerge in relation to wellbeing.



4.5.1. Across five years in Australia

Significant differences in mean wellbeing scores over time occurred between the years 2011 and 2013, where the scores were significantly higher and lower than other years and the average respectively (see Figure 14 below). Although Australians' levels of wellbeing have improved over the last two years they still remain lower than when the survey began in 2011.

Figure 14: Mean Wellbeing Score, 2011-2015

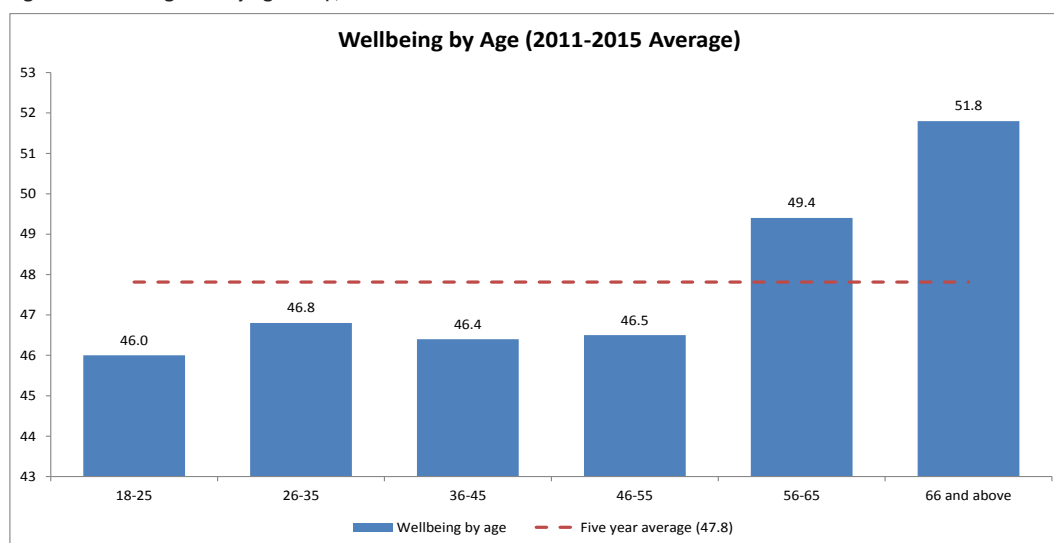


NOTE: WEMWBS score Minimum 14-Maximum 70

4.5.2. By age

Year-on-year the youngest age group (18-25) has reported the lowest levels of wellbeing, whilst older people have consistently reported the highest levels of wellbeing (56 and above).

Figure 15: Wellbeing Score by Age Group, 2011-2015



NOTE: As measured on the Warwick Edinburgh Mental Wellbeing Scale, the above figure denotes the significant increase in levels of wellbeing as age increases ($p < .001$).

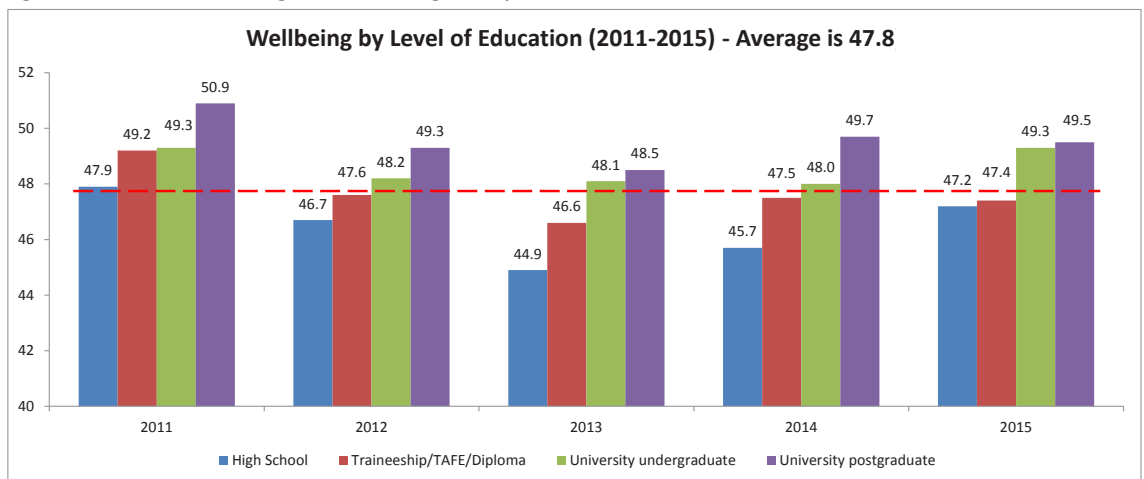
4.5.3. By living arrangements

Across the five years, sole parents fared worst on the Wellbeing scale (44.9 WEMWBS score compared to an average of 46.6 for all other groups, $p < .05$), followed by those living alone and those living with other adults or parents. Those living with a partner rated significantly higher on the wellbeing measure compared to all other groups (48.8 WEMWBS score for living with a partner compared to an average of 46.1 for all other groups, $p < .001$). Across the five years, Australians with children have reported a higher level of wellbeing than those without children (except for 2014).

4.5.4. By level of education

A clear finding from the five years of the survey (as shown in Figure 16 below) is that as people's level of education increases, so too does their level of wellbeing.

Figure 16: Mean Warwick-Edinburgh Mental Wellbeing Score by Level of Education, 2011-2015



NOTE: As measured on the Warwick Edinburgh Mental Wellbeing Scale, the above figure denotes the significant increase in levels of wellbeing as education level increases ($p < .001$). Average is 47.8.



Australians with children have reported a higher level of wellbeing than those without children

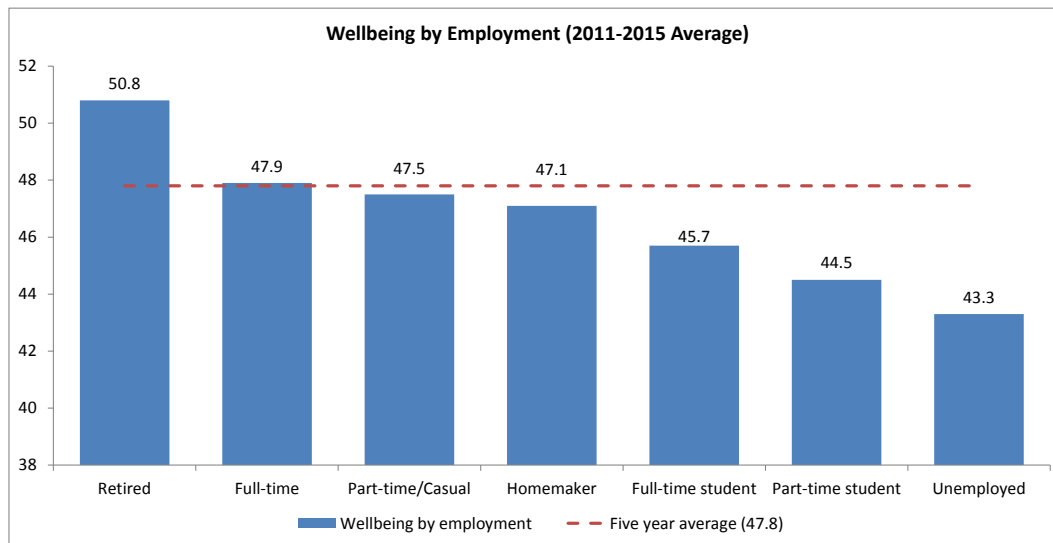




4.5.5. By primary employment

Unemployed people were found to be significantly worse off in terms of wellbeing when compared with employed people, homemakers and retirees. Retirees had the highest measure of wellbeing across the five years (see Figure 17 below).

Figure 17: Average Warwick-Edinburgh Mental Wellbeing Score by Primary Employment, 2011-2015

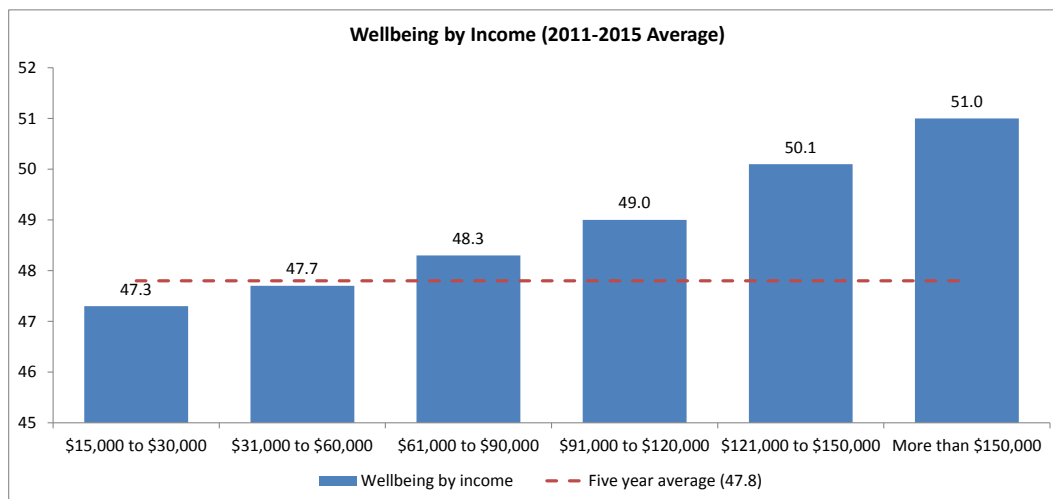


NOTE: As measured on the Warwick Edinburgh Mental Wellbeing Scale, the above figure denotes the differing levels of wellbeing associated with different employment conditions.

4.5.6. By annual income

Across the five years, wellbeing increased with income. Those who earn more reported a significantly higher level of wellbeing than those earning less. This is particularly noticeable when comparing the highest earners (\$91,000 or more) and lowest earners (\$30,000 or less). See Figure 18 below.

Figure 18: Mean Warwick-Edinburgh Mental Wellbeing Score by Income, 2011-2015



NOTE: As measured on the Warwick Edinburgh Mental Wellbeing Scale, the above table denotes the significant increase levels of wellbeing as income band increases ($p < .001$).



Workplace wellbeing increased in 2015 compared to 2014 but again has not returned to 2011 levels

4.5.7. Workplace wellbeing

Each year the survey has also looked at wellbeing in the workplace, as work can be a significant contributor to stress, distress and a lack of wellbeing. Workplace wellbeing increased in 2015 compared to 2014 but again has not returned to 2011 levels. Job satisfaction and work-life balance were also highest in 2011.

Table 10: Workplace Wellbeing

Wellbeing	2011	2012	2013	2014	2015	Average
Overall workplace wellbeing	4.4*	4.3*	4.2	4.2*	4.3	4.3
Job Satisfaction (0-10)	6.7*	6.6*	6.3	6.3*	6.5	6.6
Work-life balance Satisfaction (0-10)	6.4*	6.3	6.2	6.2*	6.3	6.3
Job Interesting (0-6)	4.0	4.1*	4.0	4.0	4.0	4.1
Job Stressful (0-6 inversed)	3.0*	2.8*	2.7	2.7	2.8	2.8
Appropriateness of salary (1-5)	3.1	3.1	3.1	3.1	3.1	3.1
Likelihood of unemployment (1-4 inversed)	3.2*	2.7	2.8	2.8*	2.9	2.7

*Significantly different at $p < .05$

NOTE: In reading this table the indicated significance of the figures are assessed against the following year. For example overall workplace wellbeing was significantly greater in 2011 than in 2012. Overall workplace wellbeing was as also significantly greater in 2012 than it was in 2013 (but less than in 2011), however 2013 was not significantly different from 2014. 2014 was significantly different (lower) than in 2015.



5. STRESS AND WELLNESS IN 2015

In addition to the measures used in the multi-year analysis, the 2015 survey contained a number of other questions that looked more closely at what contributes to Australians' levels of stress, how different groups manage that stress and how well people feel in a range of areas.

5.1. Causes of stress in 2015

In 2015, a new item 'issues with keeping up with social media networks' was introduced to the list of stressors, with more than one in ten Australians (12%) reporting that as a source of stress.

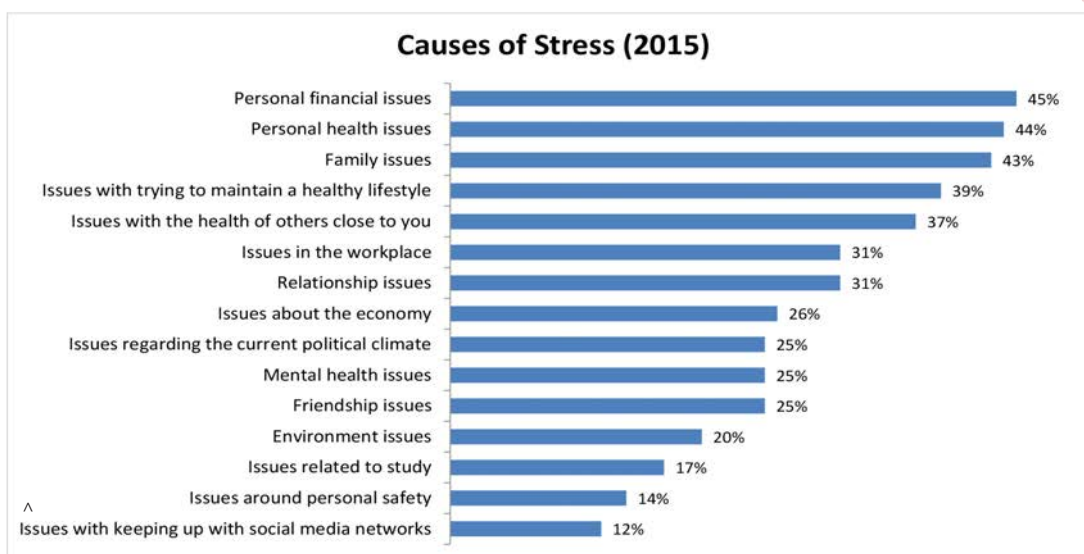
In contrast to the previous four years' findings where women were more likely to be concerned about a range of stressors, in 2015 the only difference between men and women was that women (40%) were more likely than men (34%) to cite 'Issues with the health of others close to you' as a significant source of stress. People aged 46-55 years were more likely to report 'issues with the health of others close to you' as a source of stress than all other age groups. Other points to note are:

1. Young people are more likely than their older counterparts to find 'environmental issues' a source of stress (26 per cent of 18-25 year olds vs an average of the older groups 36 and above of 19 per cent, $p < .05$); and
2. Young Sole Parents (people aged 18-35 without a partner and child[ren] under 18) are less likely to cite 'relationship issues' as a significant source of stress (11% for Young Sole Parents vs an average for all other life stages of 32%, $p < .001$).



Young people are more likely to find 'environmental issues' as a source of stress

Figure 19: Prevalence of Stressors, 2015



NOTE: In the figure above prevalence is classified as the percentage of respondents who indicated that a stressor affected them either 'somewhat', 'quite a bit' or 'a great deal'. ^ Question added in 2015

5.2. Wellness in 2015

In 2015 for the first time, we asked Australians to rate themselves in six domains of wellness³ (physical, social, emotional, spiritual, vocational and intellectual). Overall Australians are doing well across the different domains that map onto a satisfying and healthy life; with three in five rating themselves moderately to extremely well across these areas.

The most noticeable and significant finding from the wellness prevalence is that as people get older they rate their physical wellness considerably lower when compared to their younger counterparts.

The six domains of wellness are:

- **Physical Wellness:** the ability to carry out daily tasks with vigour
- **Social Wellness:** the ability to have satisfying relationships and interactions with others
- **Emotional Wellness:** the ability to control emotions and express them appropriately and comfortably
- **Spiritual Wellness:** a guiding sense of meaning or value in life
- **Intellectual Wellness:** the ability to learn, grow from experience, and utilise intellectual capabilities
- **Vocational Wellness:** having interests, employment, volunteer work or other activities that provide personal satisfaction and enrichment in daily life



³ The items are scored on a scale of 1 – 'Not well at all', to 5 – 'Extremely well', and transformed into a prevalence percentage of respondents who score 3 – 'Moderately well' and above.



Spiritual wellness: a guiding sense of meaning or value in life

Table 11: Wellness Prevalence by gender, 2015

Gender	n	Physical wellness	Social wellness	Emotional wellness	Spiritual wellness	Intellectual wellness	Vocational wellness
Male	(n=705)	64%	65%	63%	63%	72%	63%
Female	(n=813)	64%	68%	66%	65%	74%	66%

Table 12: Wellness Prevalence by Age Group, 2015

Age group	n	Physical wellness	Social wellness	Emotional wellness	Spiritual wellness	Intellectual wellness	Vocational wellness
18-25	(n=184)	67%	66%	61%	65%	74%	66%
26-35	(n=290)	67%	65%	64%	64%	73%	64%
36-45	(n=312)	67%	70%	67%	67%	76%	69%
46-55	(n=269)	65%	64%	63%	62%	71%	62%
56-65	(n=242)	60%*	68%	67%	65%	72%	66%
66+	(n=223)	57%*	64%	63%	62%	72%	63%

*Significantly different from other age groups at $p < 0.05$

6. SPECIAL TOPIC: FEAR OF MISSING OUT

The special topic for the 2015 Survey is the Fear of Missing Out (FoMO). The FoMO survey, including adults and teenagers, examines how entrenched use of social media is in our lives and gauges its impact on our lives. For instance:

- Can Australians switch off from social media without experiencing anxiety?
- Is staying constantly connected a benefit or a burden?
- Is social media shaping how we behave and relate?

6.1. Key findings

Social media use differed between age groups; while adults averaged 2.1 hours per day connected to social media, teens reported spending an average of 2.7 hours per day. The proportion of teens (25%) and adults (6%) who were 'constantly' on social media was different. The impact on teens of social media is much greater than its impact on adults.

Teens connected to social media more frequently (5 or more times a day, i.e. heavy users of social media) are significantly more likely to experience all aspects of FoMO than adults connected to social media five or more times a day (see Figure 20 at right).

6.2. Teen social media use

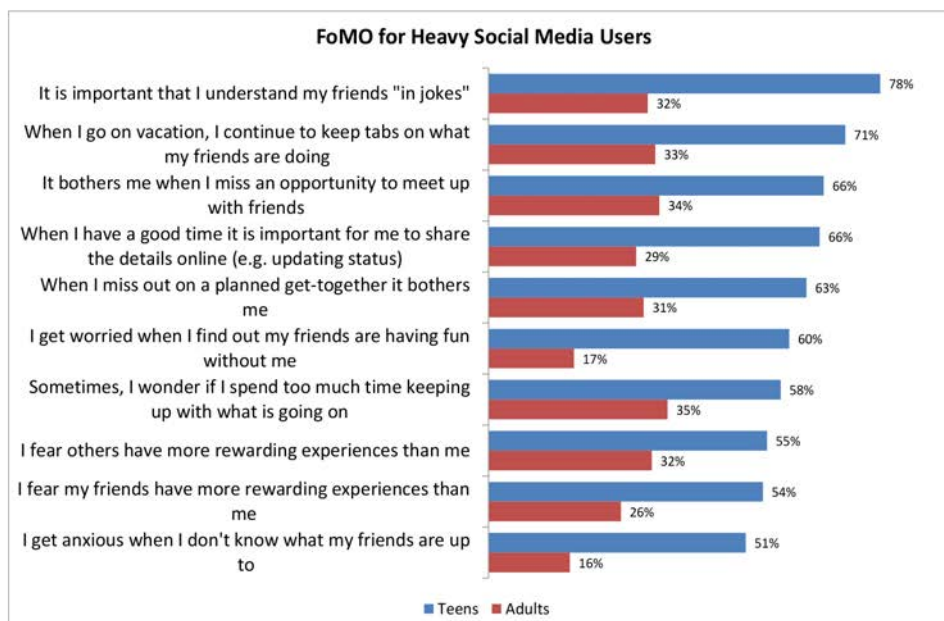
Fifty six per cent of Australian teens are heavy social media users, with 25 per cent Australian teens reporting being connected to social media constantly (see Figure 21 on the following page). There were no significant differences between age groups or gender in the frequency of connecting to social media.





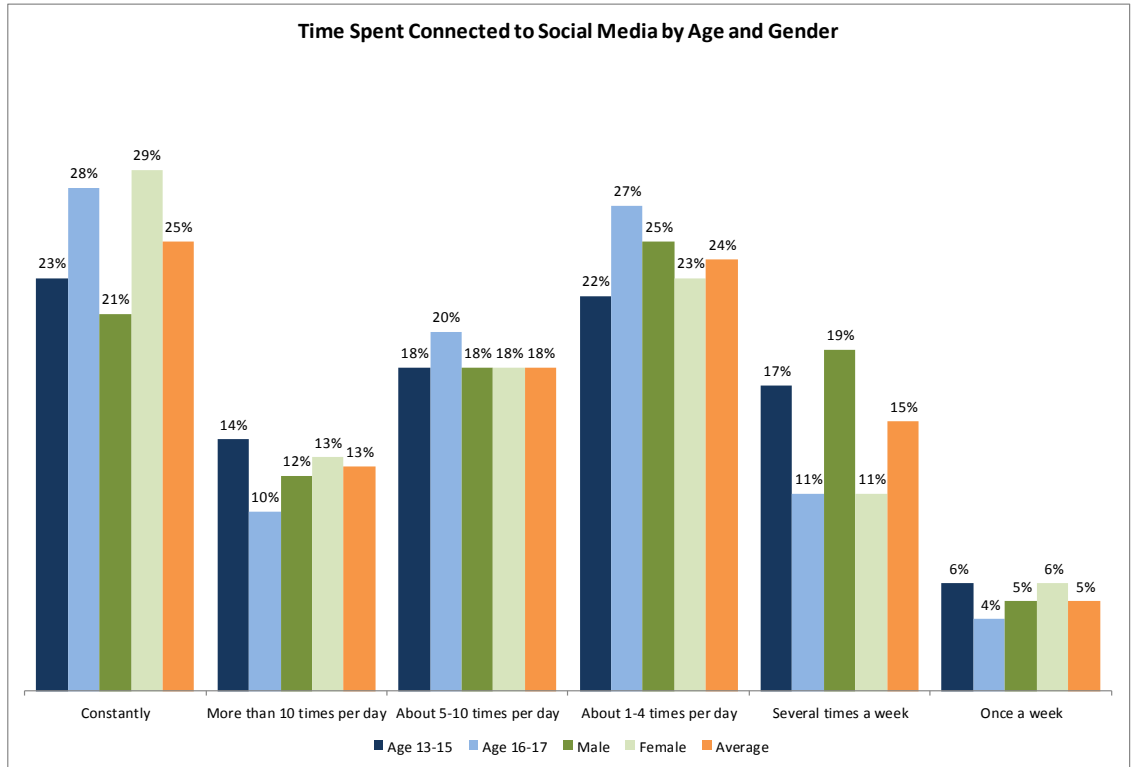
The impact on teens of social media is much greater than its impact on adults

Figure 20: FoMO for Heavy Social Media Users, 2015



NOTE: In the figure above all teen scores for FoMO are significantly higher than the respective adult scores

Figure 21: Time Spent Connected to Social Media by Teens Age Groups and Gender, 2015



NOTE: The above figure represents the percentage of how frequently teens connect to social media when on-line, with results split by gender and age group, sample size (n=206).

Over half of Australian teens connect to social media 15 minutes before bed every night. Almost four in 10 connect in the presence of others and within 15 minutes of waking up every day. Almost one in four Australian teens reported using social media when they were eating breakfast and lunch seven days a week (see Table 13 below).

Table 13: Social Media Average Usage by Teens During Periods of the Day, 2015

Time of day	Number of day(s) spent on social media							
	Not one day	1 day	2 days	3 days	4 days	5 days	6 days	7 days
Fifteen minutes before you go to sleep	15%	11%	6%	7%	2%	5%	2%	53%
Fifteen minutes after waking up	28%	11%	12%	4%	3%	4%	2%	37%
When eating breakfast	42%	14%	9%	4%	3%	5%	0%	24%
When eating lunch	32%	11%	15%	6%	1%	11%	1%	24%
When eating dinner	51%	13%	6%	4%	2%	8%	2%	15%
In the company of others	21%	11%	9%	8%	4%	10%	1%	37%

NOTE: The table above denotes the number of days that a proportion of teens use social media during break periods such as lunch and dinner, as well as prior to sleep and after waking.



6.3. Teen social media experience

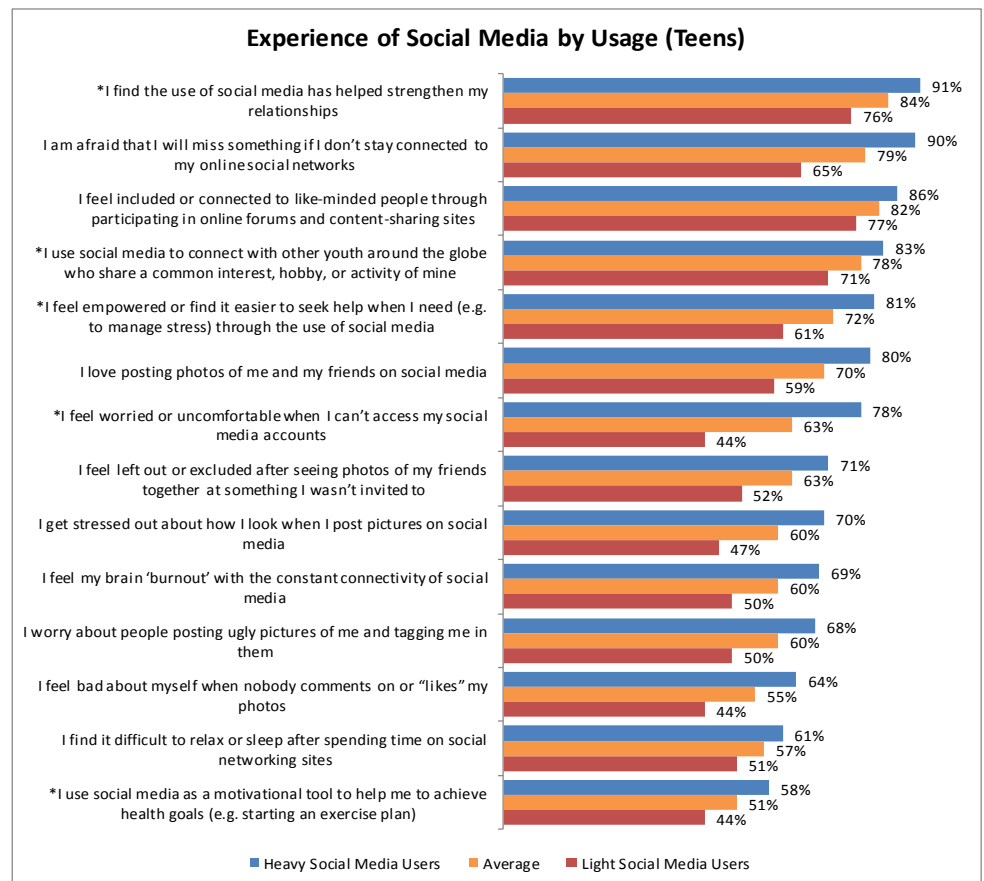
There are significant differences in how different groups of teens (heavy vs light users) perceive how social media affects them. Each group reports that social media helps them connect to like-minded individuals. However, on every other measure, heavy social media users (5+ times per day) are significantly more likely to be affected by their social media experience.

For example, heavy social media users are significantly more likely than light users to rate that they feel uncomfortable when they can't access their social media accounts (heavy 78% per cent vs light 44%).

Frequency of use has a significant impact on the way teens interact online and how they feel about themselves and their friends. Heavy social media users feel their relationships are stronger; they can more effectively seek help through social media, set goals and feel part of a global community.

Conversely, as Figure 22 at right shows, the less time teens spend on social media, the less they feel burnt out by it, the less they feel they are missing out, the less they are concerned that people will post ugly pictures of them, and they are less likely to feel bad about themselves if people didn't 'like' their social media posts.

Figure 22: Attitudes Toward Social Media Use in Teens, 2015



*All items except 'I feel included or connected to like-minded people through participating in online forums and content-sharing sites' are significantly different at p<.05 level, sample sizes – Heavy Social Media Users n=118, Light Social Media Users n=92.

NOTE: In the table prevalence is classified as the percentage of respondents who indicated that a statement about social media was either 'sometimes true', 'true fairly often' or 'true all the time', split by prevalence of social media use, being defined as five or more times per day (up to constantly) or less than five times a day (through to once or twice a month).



Just under half of Australian teens (approximately 45%) feel that their peers are having more rewarding experiences than them

6.4. Teen FoMO

FoMO is having an effect on the lives of Australian teens.

- 50 per cent of teens experience FoMO.
- On average, 59 per cent of teens feel the need to keep track of their friends when they are on holiday.
- 51 per cent on average feel that it is important to post status updates when they are having a good time.
- Just under half of Australian teens (approximately 45%) feel that their peers are having more rewarding experiences than them and 46 per cent also wonder if they are spending too much time keeping up with what is going on with others.

Generally, there are no significant differences between male and female teens when looking at the effects of FoMO. However, female teens (60%) are more worried about missing a planned get together with their friends than male teens (46%).

For teen males, FoMO is consistent across age groups (48% for males aged 13-15, and 50% for males aged 16-17). However, as they get older females become more affected by FoMO (38% for females aged 13-15, and 66% for females aged 16-17).

Heavy social media users are on all measures more likely to experience FoMO than light social media users.

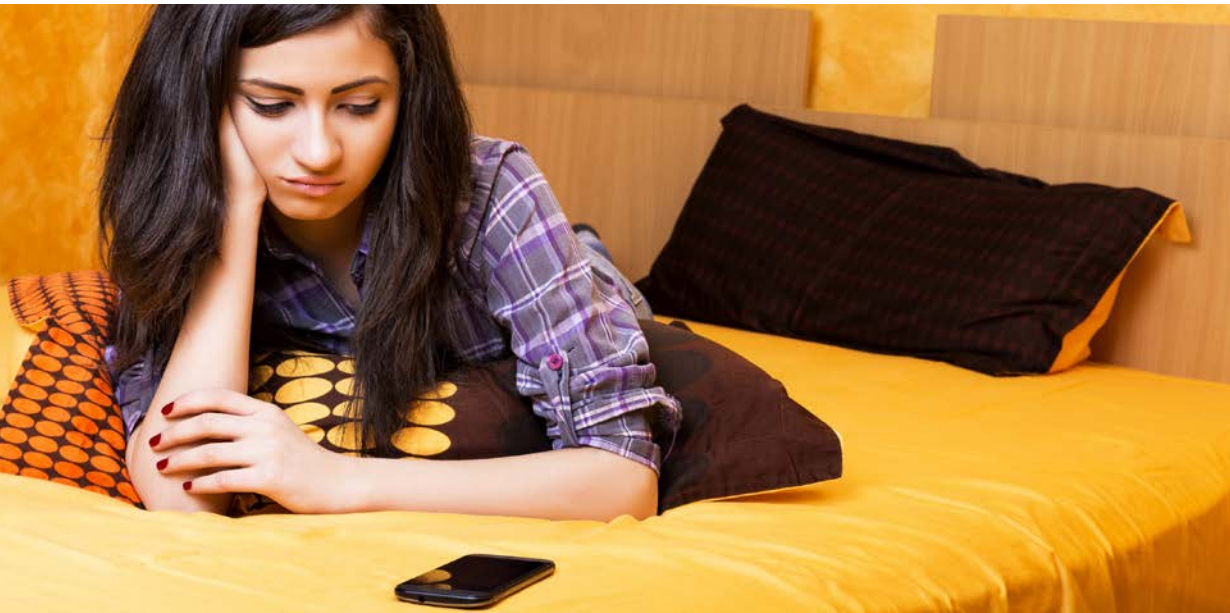
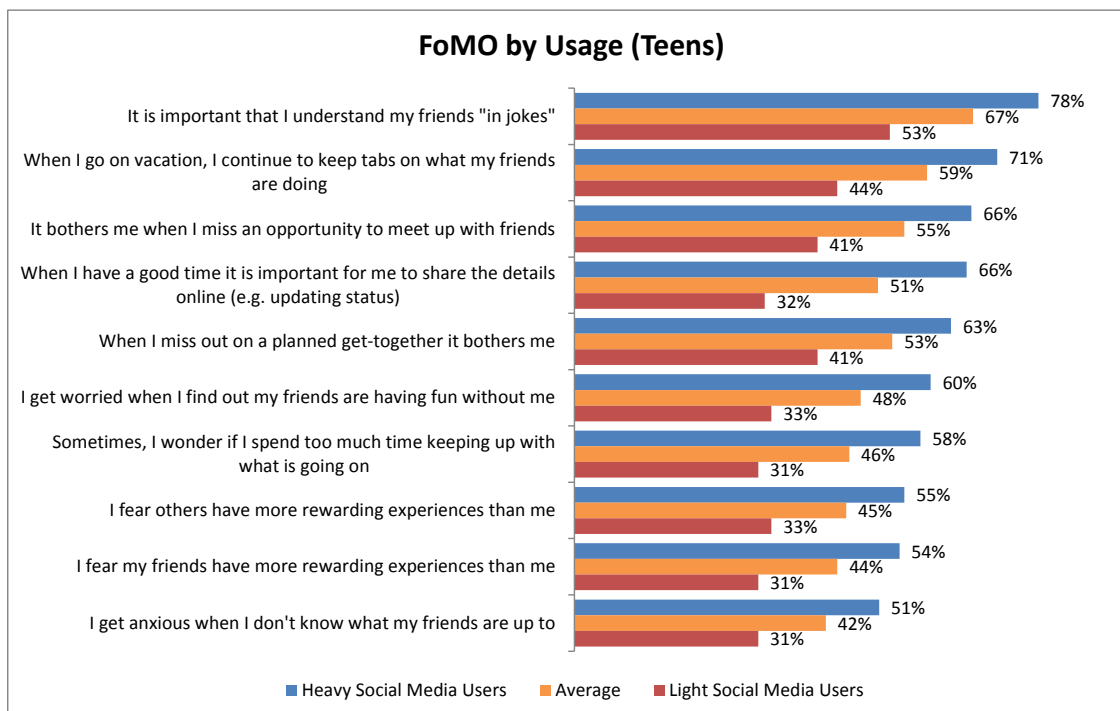
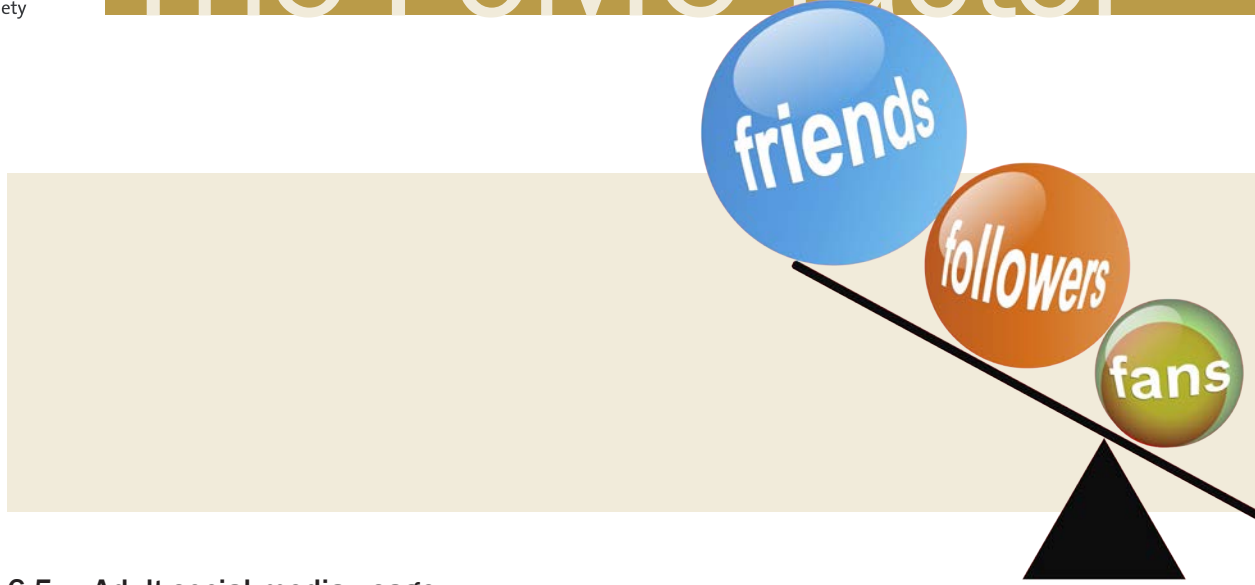


Figure 23: Prevalence of 'FoMO' by Frequency of Social Media Usage in Teens, 2015 heavy vs light



*All comparisons in the figure are significantly different at $p < .001$

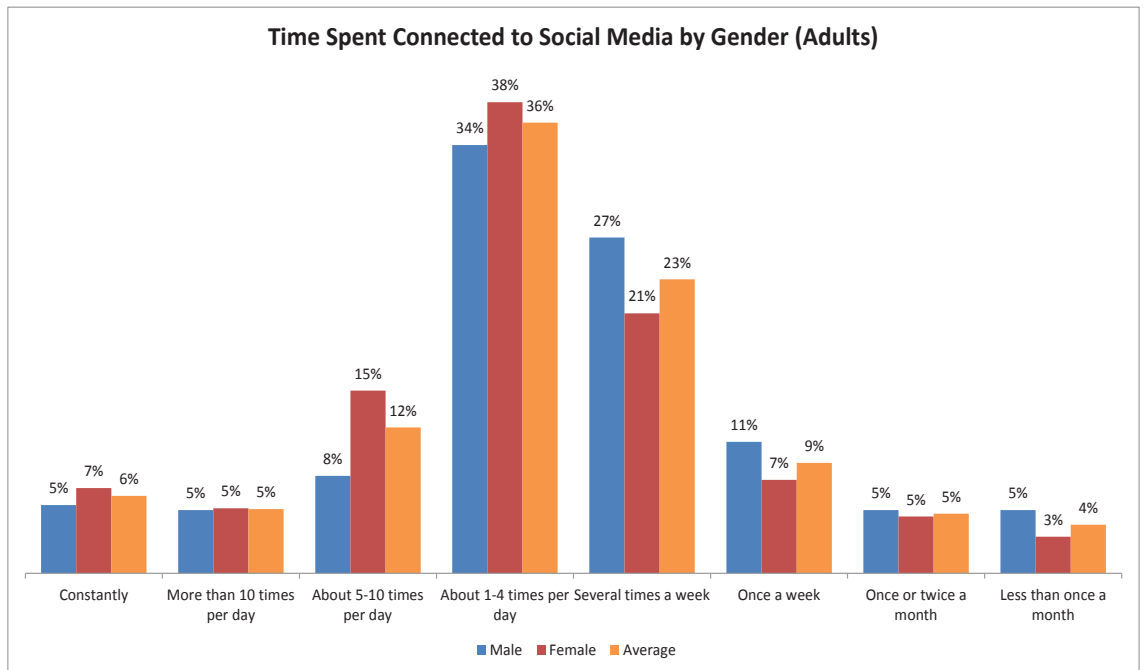
NOTE: In the table above prevalence is classified as the percentage of respondents who indicated that a statement about FoMO was either 'moderately true of me', 'very true of me' or 'extremely true of me', split by prevalence of social media use, being defined as five or more times per day (up to constantly) or less than five times a day (through to once or twice a month).



6.5. Adult social media usage

Almost one in four Australian adults (23%) are heavy social media users, with six per cent being constantly connected (see Figure 24 below).

Figure 24: Time Spent Connected to Social Media by Adults and Gender, 2015



NOTE: The above figure represents the percentage of how frequently adults connect to social media when online, with results split by gender.

Amongst the adult age groups, the 26-35 year olds were the most likely to be constantly connected. Older Australians, particularly those aged 56 and above, reported connecting a few times per day to several times per week.

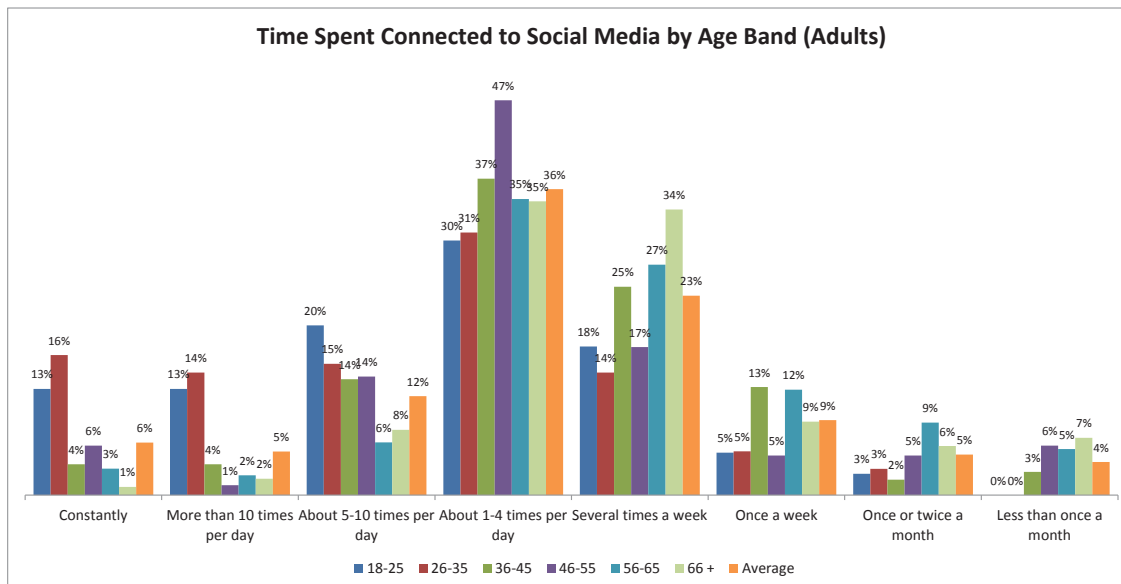
In a stark comparison to the teens, more than six in 10 Australian adults report never using social media before bed, waking up, during breakfast, dinner or lunch, or in the company of other (see Table 14 at right).



About one quarter of everyone surveyed, irrespective of the frequency of their social media use, feel a sense of burnout from the constant connectivity to social media



Figure 25: Time Spent Connected to Social Media by Adults Age Group, 2015



NOTE: The above figure represents the percentage of how frequently adults connect to social media when online, with results split by age group.

Table 14: Social Media Average Usage by Adults During Periods of the Day, 2015

Time of day	Number of day(s) spent on social media							
	Not one day	1 day	2 days	3 days	4 days	5 days	6 days	7 days
15 minutes before you go to sleep	60%	10%	5%	4%	4%	4%	2%	11%
15 minutes after waking up	69%	7%	5%	3%	3%	3%	1%	9%
When eating breakfast	77%	5%	5%	4%	2%	2%	1%	5%
When eating lunch	68%	9%	6%	5%	4%	3%	1%	5%
When eating dinner	76%	7%	6%	4%	2%	1%	1%	3%
In the company of others	60%	10%	5%	4%	4%	4%	2%	11%

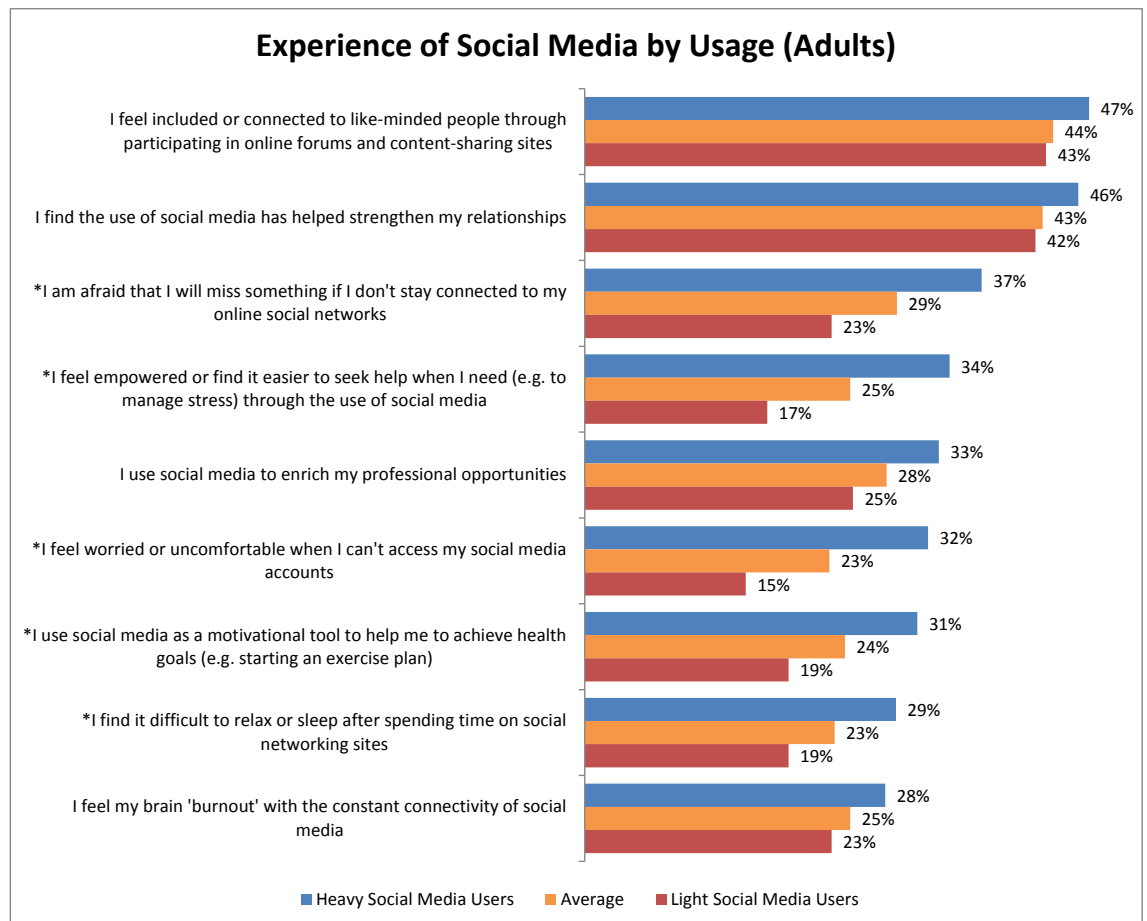
NOTE: The table above denotes the number of days that a proportion of adults use social media during break periods such as lunch and dinner, as well as prior to sleep and after waking

6.6. Adult social media experience

Similar to teens, Australian adults who are heavy social media users are significantly more likely than light social media users to be uncomfortable about not being connected to social media and afraid of missing out as a result. However, the same people (heavy social media users) are also more likely to feel empowered to seek help through social media, to enrich their professional networks and feel motivated to achieve health-related goals.

About a quarter of all Australian adults, irrespective of the frequency of their social media use, feel a sense of burnout from the constant connectivity to social media (see Figure 26 below).

Figure 26: Social Media Experience in Adults, 2015



*Significant at the $p < .001$ level, Sample size - Heavy Social Media Users $n=170$, Light social Media Users $n=570$.

NOTE: In the figure above prevalence is classified as the percentage of respondents who indicated that a statement about social media was either 'sometimes true', 'true fairly often' or 'true all the time', split by prevalence of social media use, being defined as five or more times per day (up to constantly) or less than five times a day (through to once or twice a month).



As social media usage moves from light to heavy, all levels of FoMO increase on all measures

6.7. Adult FoMO

Levels of FoMO reported by adult age groups are significantly less than those reported by teens. In comparison to teen age groups, 24 per cent of adults experience FoMO and 16 per cent on average wonder if they spend too much time keeping up with what's going on.

On average, there are no significant differences between males and females when it comes to experiencing FoMO. However, males are significantly more concerned with understanding their friends' in-jokes. There are significant differences between age groups in the adult sample. Older Australians are significantly less likely to report that they experience FoMO.

Table 15: Prevalence of FoMO by Age Group, 2015

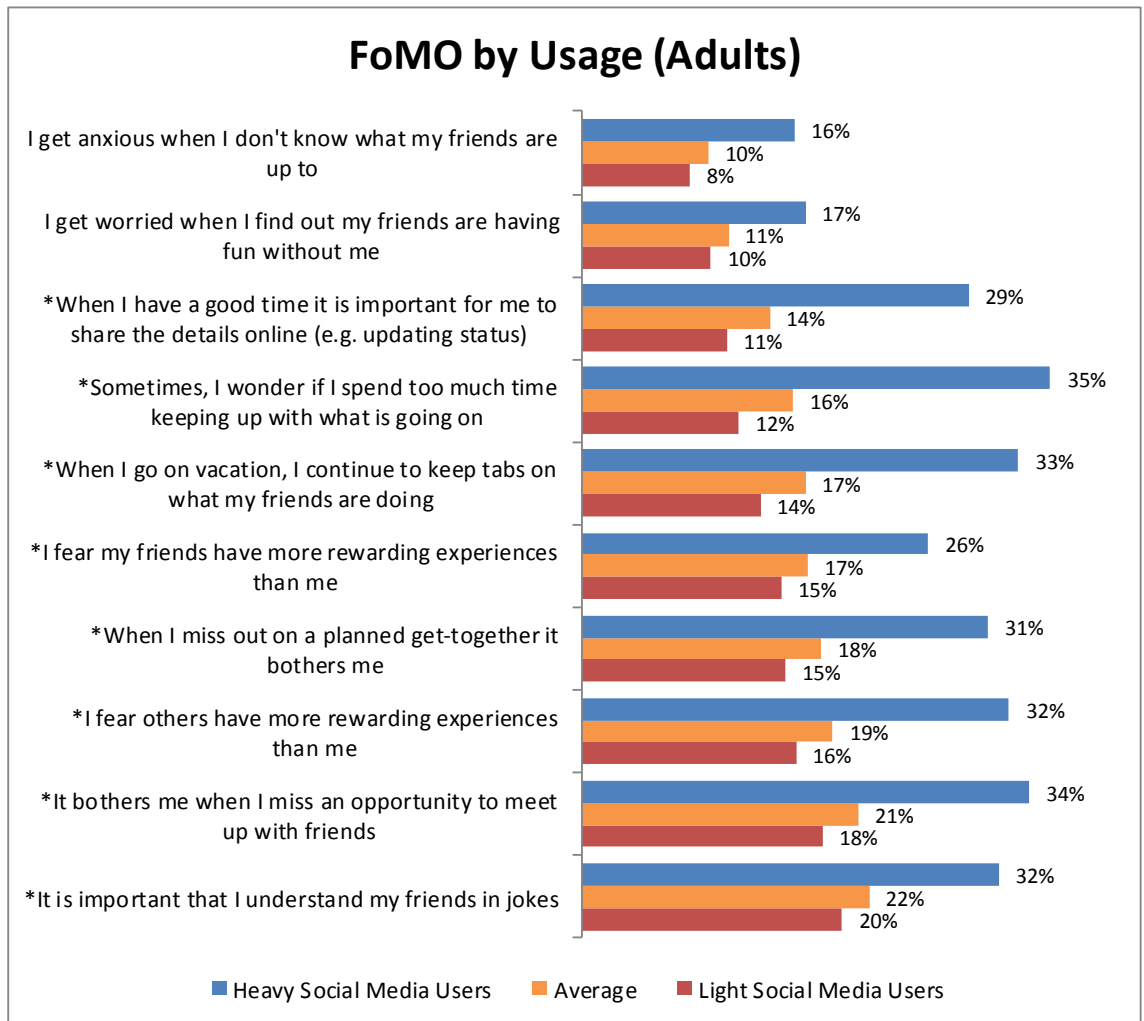
Prevalence	18-25 (n=42)	26-35 (n=108)	36-45 (n=132)	46-55 (n=119)	56-65 (n=179)	66 + (n=160)	All (average) (n=740)
FoMO	48%**	44%**	30%*	8%	9%	5%	24%

*P<.05 - 36-45 different to 46-66 **P<.05 - 18-35 different to 36-66+

NOTE: In the table above prevalence is classified as the percentage of respondents who indicated that a statement about the FoMO was either 'moderately true of me', 'very true of me' or 'extremely true of me', split by age group.

As social media usage moves from light (connecting to social media a few times a week to up to four times a day) to heavy (connecting to social media five times a day to constantly being connected), FoMO increases on all measures identified in the survey. Australians aged 18 to 35 are significantly higher in their reported experience of FoMO compared to all the other age groups ($p < .001$).

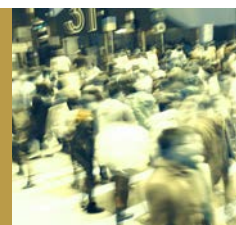
Figure 27: Prevalence of FoMO by Frequency of Social Media Usage in Adults, 2015



* Significant at $p < .001$.

NOTE: In the figure above prevalence is classified as the percentage of respondents who indicated that a statement about FoMO was either 'moderately true of me', 'very true of me' or 'extremely true of me', split by prevalence of social media use, being defined as five or more times per day (up to constantly) or less than five times a day (through to once or twice a month).

Stress & wellbeing



REFERENCES

Cohen, S., Kamarck, T., & Mermelstein, R., (1983). A Global Measure of Perceived Stress. *Journal of Health and Social Behavior*, 24 (1983), 385-396.

Coombs, T. (2005). *Australian Mental Health Outcomes and Classification Network; Kessler -10 Training Manual*, NSW Institute of Psychiatry.

Lovibond, S.H. & Lovibond, P.F. (1995). *Manual for the Depression Anxiety Stress Scales*. (2nd. Ed.) Sydney: Psychology Foundation.

Przybylski, A. K., Murayama, K., DeHaan, C. R., & Gladwell, V. (2013). Motivational, emotional, and behavioural correlates of fear of missing out. *Computers in Human Behavior*, 29, 1814-1848.

Tennant, R., Hiller, L., Fishwick, R., Platt, S., Stephen, J., Weich, S., Parkison, J., Secker, J., & Stewart-Brown, S. (2007). The Warwick- Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. *Health and Quality of Life Outcomes*, 16(9): 606-613.

ACKNOWLEDGEMENTS

The Stress and wellbeing survey is in its fifth year. The first administration of the survey was conducted in August 2011. Acknowledgement and thanks goes to the following people and organisations:

- Professor Greg Murray FAPS as chief investigator at Swinburne University, Melbourne, Australia, as host university of the survey.
- Professor Lyn Littlefield for her ongoing contribution.
- Strategic Intelligence Group for assistance with data analysis and report preparation.

Contact details: r.liang@psychology.org.au

APPENDICES

Appendix A: Sample statistics

Representative sample matched to the Australian Bureau of Statistics:

Table 16: Gender of survey participants in 2015

Gender	Sample	ABS
Male	46 per cent (705)	49 per cent
Female	53 per cent (813)	51 per cent

Table 17: Location of Survey Participants in 2015

Location	Sample	ABS
Victoria	26 per cent (400)	25 per cent
New South Wales	29 per cent (448)	32 per cent
Queensland	20 per cent (304)	20 per cent
South Australia	10 per cent (153)	7 per cent
West Australia	9 per cent (133)	10 per cent
Tasmania	3 per cent (44)	2 per cent
ACT	2 per cent (32)	2 per cent
Northern Territory	0 per cent (7)	1 per cent

Table 18: Age Group of Survey Participants in 2015

Location	Sample	ABS
18-25	12 per cent (184)	14 per cent
26-35	19 per cent (290)	18 per cent
36-45	21 per cent (312)	18 per cent
46-55	18 per cent (269)	17 per cent
56-65	16 per cent (242)	13 per cent
66-75	11 per cent (166)	9 per cent
76+	4 per cent (57)	10 per cent

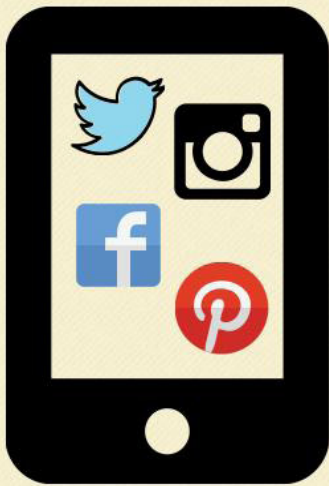


Appendix B: Measuring stress, distress, depression and anxiety

The stress and wellbeing levels of Australians were assessed using the following standardised and validated measures:

- **Level of overall wellbeing measured by Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)** – developed by researchers at the Warwick and Edinburgh Universities in the UK, to assess the mental wellbeing (positive mental health) of a population. The scale is a validated measure using positively worded items. Example item: *'In the past week, I have been feeling optimistic about the future'*. The level of overall wellbeing was derived by summing the scores of the 14 items of the WEMWBS. Item scores on the WEMWBS range from 1-5 with the total scale scores ranging from 14-70. Higher scores indicate greater wellbeing (Tennant, Hiller, Fishwick, et al., 2007)
- **Level of stress measured by The Perceived Stress Scale (PSS)** – measures the degree that situations in the respondent's life are evaluated as stressful and designed to tap evaluate how unpredictable, uncontrollable, and overloaded respondents find their lives. It also measures current levels of experienced stress. Example item: *'In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?'* The level of stress was derived by summing the scores of the 11 scale items of the PSS following reverse scoring of four positively stated items of the scale. Item scores on the PSS range from 0-4 with the total scale scores ranging from 0-44. Higher scores indicate higher levels of stress (Cohen, Kamarck, & Mermelstein, 1983).
- **Level of distress measured by Kessler Psychological Distress Scale (K-10)** – developed by the Harvard Medical School as a global measure of distress based on questions about anxiety and depressive symptoms that a person has experienced in the most recent 4 week period. Example item: *'In the last month, about how often did you feel tired out for no good reason?'* The level of distress was derived by summing the scores of the 10 items of the K-10. Items scores on the K-10 range from 1-5 with the total scale scores ranging from 10-50. Scores range from 10-50 with higher scores indicating greater psychological distress. Scores of the K-10 were further categorised into normal, moderate, and severe levels of distress using the interpretation guidelines provided in the K10 manual to assess the impact on individuals' distress on functioning via categorisation (Coombs, 2005).
- **Level of depression and anxiety measured by DASS-21 Depression & Anxiety Scales** - that measure the severity of a range of symptoms common to both Depression and Anxiety. The respondent indicates the presence of various depression and anxiety symptoms over the previous week. Each item is scored from 0 - did not apply to me at all over the last week, to 3 - applied to me very much or most of the time over the past week. Example item: *'In the past week, I couldn't seem to experience any positive feeling at all'*. The level of depression and anxiety symptoms were derived by summing the seven item scores for each of the depression and anxiety subscales of the DASS-21. Scale scores were then multiplied by two to obtain the final score. These scores were also classified into normal, mild, moderate, severe or extremely severe categories in accordance with the DASS-21 manual (Lovibond & Lovibond, 1995).

Social media access

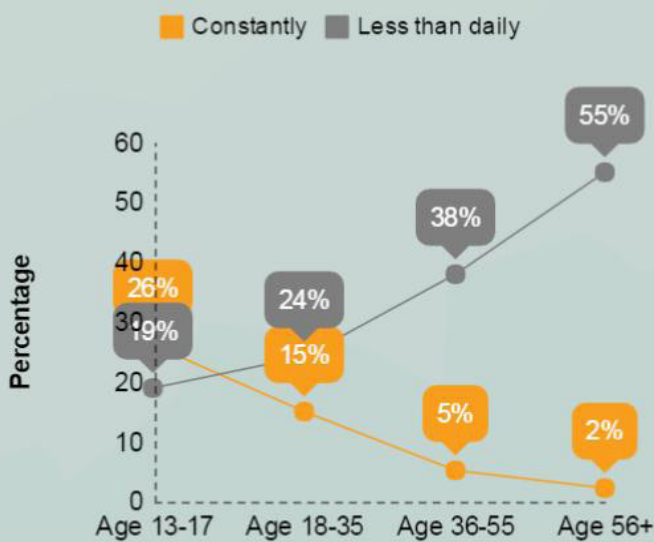


84% of teens found the use of social media has helped strengthen my relationships:
43% in adults

60% of teens feel brain 'burnout' with the constant connectivity of social media:
25% in adults



Connection to Social Media



One quarter of teens are constantly connected to social media

Male Teens: 21%

Female Teens: 29%

Teen FoMO score



57%



44%

Heavy social media users



78% of teens feel it is important that they understand their friends 'in jokes':
(adults 32%)

51% of teens get anxious when they don't know what their friends are up to:
(adults 16%)

Source: Australian Psychological Society Stress and wellbeing in Australia survey 2015

Psychology Week

8-14
november
2015



APS
Australian Psychological Society