

# Health of adults with disability in Australia



**In Australia, people with disability experience poorer health outcomes than people without disability. At population level, disability-related health disparities are caused in large part by avoidable disadvantage, and not primarily by underlying impairment.**

This fact sheet is part of a series reporting on inequalities in health and the social determinants of health that people with disability face. Social determinants are the factors that affect health through the conditions in which people are born, grow, live, work, and age, and which are, in turn, shaped by political, social, and economic forces.

This fact sheet presents data for Australian men and women aged 15–64 years. Data used in this fact sheet come from the General Social Survey 2014 and National Health Survey 2017–18. We recognise not all people with disability are represented in these surveys.

## Health and wellbeing



### Self-rated mental health

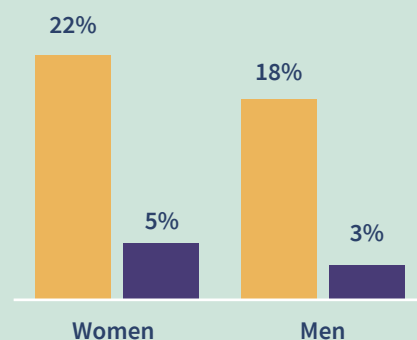
Adults with disability are almost half as likely to report experiencing low levels of psychological distress (40%) compared to adults without disability (74%).



### Depression

Prevalence of long-term depression for people with disability is 5 times the rate for people without disability. Among people with severe disability, it is 8.6 times the rate for people without disability.

People that have long-term depression



### Self-rated health

Adults with disability are half as likely to report high levels of self-rated health compared to adults without disability. Those with severe disability are much worse off with only 16% reporting high levels of self-rated health.



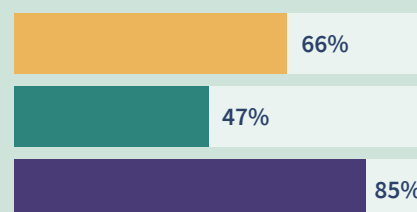
### Anxiety

Compared with their non-disabled peers, women with disability are 3 times more likely, men are 4.3 times more likely, and people with severe disability are 5.6 times more likely to report anxiety.

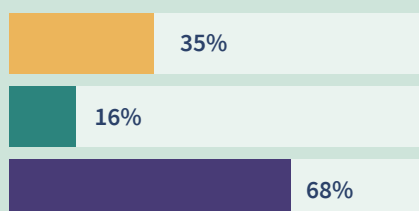


### Life satisfaction

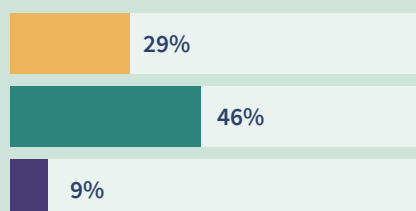
People that rate their overall life satisfaction as 7 out of 10 or higher.



People that say their health is 'very good' or 'excellent'



Adults who report anxiety



#### Legend

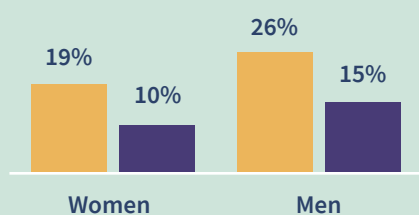
- with disability
- with severe disability
- without disability

## Smoking

Nearly a quarter of people with disability (23%) smoke every day, double the rate of people without disability (12%). Smoking is one of the few health indicators for which inequality is not greater for people with severe disability, who smoke at about the same rate as people with disability overall (24%).

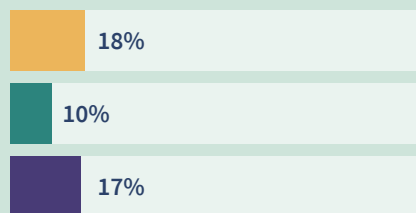
### People who smoke

Regardless of disability status, smoking is more common in men than for women.



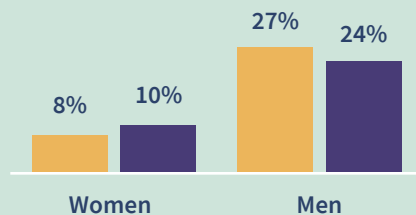
## Alcohol consumption

### Adults with risky alcohol consumption



### Risky alcohol consumption

Regardless of disability status, men have much higher rates of risky alcohol consumption than women.



## Physical activity

Australians are generally physically inactive.

Only 16% of people without disability meet the national physical activity guidelines. However, the percentage is even lower for people with disability:

**people with disability – 10%**  
**people with severe disability – 5%**

### Legend

- with disability
- with severe disability
- without disability

## Health and wellbeing data

This fact sheet uses data from the [Disability and Wellbeing Monitoring Framework: Baseline Indicator Data for Australians aged 18–64 years](#) report developed by the NHMRC Centre of Research Excellence in Disability and Health (CRE-DH). It provides a comprehensive structure for measuring and reporting inequalities between Australians with and without disability aged 18–64 years in relation to health and the social determinants of health.

The framework draws on Australian national population surveys that include disability identifiers and serves as a baseline for measuring change over time. Indicator data used in this fact sheet come from the General Social Survey 2014 (life satisfaction indicator) and National Health Survey 2017–18 (all other indicators). Certain groups of people with disability may be missing or under-represented in these data sources, including people living in very remote areas; discrete Aboriginal and Torres Strait Islander communities; or non-private dwellings; and people who need assistance to complete the surveys.

‘Crude’ or un-standardised percentages for people with disability and age-standardised percentages for people without disability are reported in this fact sheet. Where possible, data are reported for the subgroup of people with ‘severe disability’, that is, people who have severe or profound core activity limitation. Due to higher standard errors associated with small sample sizes, data are not further disaggregated by gender for people with severe disability.

The Disability and Wellbeing Monitoring Framework and its indicators were developed with an Expert Panel of Advice capturing lived experience of disability. This Expert Panel identified other meaningful health topics that cannot be reported on as disability disaggregated data are not available. These include: subjective wellbeing; incidence of heart attacks, selected cancers, sexually transmissible infections and blood borne-viruses, end-stage kidney failure; prevalence of poor dental health; hospitalisation for injury and poisoning; suicide rate; drug use; blood pressure; and blood glucose.

## Further information

The CRE-DH generates evidence to guide social and health policy reform with the aim of improving the health of Australians with disability aged 15–64 years and reducing inequitable, avoidable health and wellbeing disparities between Australians with and without disability.

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**E** [cre-dh@unimelb.edu.au](mailto:cre-dh@unimelb.edu.au)

**W** [www.credh.org.au](http://www.credh.org.au)

**T** [@DisabilityHlth](https://twitter.com/DisabilityHlth)

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