GET AROUND ME

2.0 2023

An investigative study into the health and wellbeing of WA country footballers.
Survey results and subsequent report supplied in partnership by
WACFL and UWA's Young Lives Matter.

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EXECUTIVE SUMMARY

Context

Western Australia is one of the largest and least densely populated places on earth. It has significant geographical diversity across the more than 2.6 million square kilometres it occupies, and within this vast land mass, it has a wide range of cultures and rural, remote and regional communities, all with unique contexts, strengths and needs.

The West Australian Country Football League (WACFL) is made up of 25 Senior Leagues that span from Esperance (714km Southeast of Perth) to Kununurra (3,019km Northeast of Perth) reaching almost 90% of regional Local Government Areas.

Background

In 2020, the WACFL partnered with UWA Young Lives Matter Foundation to conduct an investigative study to identify the association of playing football with the mental health of the country football player population. The initial report titled 'Get Around Me' received significant attention and has shone a light on the benefits of people from regional WA being involved with a football club. Since releasing the initial report, the WACFL have made significant developments to action the findings, which include;

- Launching the WACFL Community Development Program 2022-2024 in partnership with Healthway, promoting the Think Mental Health campaign and key messages. The collaboration is also extended to the Regional Men's Health Initiative, UWA Young Lives Matter Foundation, Department of Justice and the Alcohol and Drug Foundation. More information on the program can be found here
- Establishing the Country Football Community Advisory Panel (CFCAP), which has been established provide the WACFL with advice regarding;
  - Opportunities to most effectively use the country football network to develop partnerships with Local, Government and communities to promote and deliver mental health promotion initiatives.
  - Development of relevant policies and procedures to better support the health and wellbeing of country football clubs and their communities.
  - Evaluation of the WACFL Community Development implementation plan.
- Developing an online portal to provide clubs and volunteers greater access to support, relevant information, and education opportunities.

In 2021, the WACFL and UWA Young Lives Matter Foundation have again carried out a follow-up survey as a 'health check' of country players. This report presents the results of that survey. The most significant finding is that scores used to assess levels of depression and anxiety were considerably higher in the 2021 responses.

The survey recorded 540 responses and 407 of these were deemed useable due to the respondent successfully answering the needed questions. Most reported comparisons compare players who played in 2020 with players who played in 2021.

Whilst there are numerous factors that need to be evaluated when considering this data and the survey results, it seems apparent that both scores used to capture depression and anxiety were considerably higher in the 2021 responses.

With increases in both the PHQ9 test and the GAD7, survey analysis in the 2022 Get Around Me 2.0 report will focus on how varying subset's PHQ9 and GAD7 scores were impacted from the varying survey questions. This analysis is designed to help determine the health of our network and ensure future programs are manoeuvred to ensure we are proactive in supporting the wellbeing of our players to the best of our ability.

Finally, it is asked that these results be treated with a degree of sensitivity as the survey numbers, whilst sizeable, do not provide absolute certainty. Results should be considered as a statistical guide to the population of players playing in the WACFL.

Methodology

The aim of the 2021 survey was to follow up from the initial research and further investigate the health and wellbeing of WA country footballers. The findings and recommendations of these reports will be used to guide WACFL Community Development approaches and initiatives into the future.

The online survey asked WACFL players to answer 33 questions, which were broken down into the following sections; 'participant survey and consent', 'demographics', 'country football', 'football questions', 'football club outreach', 'health', 'employment', PHQ9 and GAD7 questionnaires (explained below).

Initial comparisons showed that there was an increase in both the levels of Depression and Anxiety recorded in the PHQ and GAD scores. The Get Around Me 2.0 report has assessed these results in more detail. In most instances through the report, the average (mean) of the subsets of respondents (who were playing in both 2020 and 2021 football seasons) were compared.

PHQ9 Explained

The PHQ9 is a multipurpose instrument for screening, diagnosing, monitoring, and measuring the severity of depression.

By respondents answering nine questions, they receive a score between 0 and 3 for each question. When all 9 scores are added together, the respondent has a PHQ9 score between 0 and 27.

PHQ9 categories are assigned based on the respondents score as follows.

<5 Minimal Depression
5-9 Mild Depression
10-14 Moderate Depression
15-19 Moderately Severe Depression
20+ Severe Depression

In most instances below, a mean score is taken for each category representing the PHQ9 score for that subset. This gives an overall indication of the depression levels when compared to other subsets.

GAD7 Explained

The GAD7 is a multipurpose instrument for screening, diagnosing, monitoring, and measuring the severity of (generalised) anxiety.

By respondents answering seven questions, they receive a score between 0 and 3 for each question. When all 7 scores are added together, the respondent has a GAD7 score between 0 and 21.

GAD7 categories are assigned based on the respondents total score as follows: -

<5 – Minimal
5-9 – Mild
10-14 – Moderate
15+ Severe

In most instances below, a mean score is taken for each category representing the GAD7 score for that subset. This gives an overall indication of the anxiety levels when compared to other subsets.

The average time to complete the survey was 8-10 minutes.

Promotion

To promote the take up of the survey, the following promotional measures were implemented by WACFL, UWA Young Lives Matter Foundation and Outside the Locker Room;
1. The survey was launched through a joint media release;
2. Website articles were posted on the UWA and WACFL websites;
3. Emails were sent to all WACFL Leagues and Clubs;
4. Emails were sent to WACFL players including the link to the survey;
5. Various Facebook posts were distributed by the WACFL and on shared by several WACFL League and Club pages;
6. Various Instagram posts were distributed via the WACFL Instagram account and Outside the Locker Room Instagram account.

The 2021 survey was launched on the 29th of July 2021 to align to the timelines recommended from the initial Get Around Me report.

Results

It is apparent that both scores used to capture depression and anxiety were considerably higher in the 2021 responses.

Depression (PHQ9) Findings
• On average there is a shift from 'minimal' to 'mild' depression bands.
• There were ten respondents indicating Severe Depression.
• There was a significant increase response identifying suicidal thoughts.
• Employment satisfaction was one of the strongest predictive factors of depression.
• Female respondents, Aboriginal or Torres Strait Islanders, and 18–21-year old's were the more vulnerable groups comparatively.
• The Pilbara was the most vulnerable region.
• Results suggested that levels of depression increased with the level of alcohol consumption.
• How respondents felt about 'their future' appears to be the strongest factor associated with the level of depression recorded.

Anxiety (GAD7) Findings
• The average Anxiety scores of 'playing' respondents from 2020 to 2021 increased by 40%.
• Anxiety in Female respondents increased from 'minimal' to 'mild' anxiety.
• Aboriginal or Torres Strait Islanders and 18–21-year old's recorded higher levels of anxiety than other groups.
• Anxiety levels in the Pilbara Region was 24% higher than the second highest region.
• Employment satisfaction was one of the strongest predictive factors of Anxiety.
• The average person who drank 5-7 days per week had 'mild' anxiety as opposed to 'minimal' in persons who consumed no alcohol.
• How respondents felt about their future appears to be the strongest determinate of their anxiety level.

RECOMMENDATIONS 2020

RESEARCH

1. WACFL runs an annual 'Health Check' survey with a respondent goal of 3,000 – 5,000 with the potential to split the survey into players; volunteers; supporters; and parents of minors to ensure a community wide approach is taken. Future surveys would be more successful in garnering data if they were run in season. A unique approach is needed to get a higher rate of completions from the Kimberley and the Pilbara regions.

2. In partnership with appropriate agencies, WACFL is positioned to undertake further research regarding: -

a. Further extrapolation of data to assess further society and fiscal benefit of participating in football;

b. Mental health effects of playing football on players and especially Aboriginal and Torres Strait Islander identifying footballers with a potential opportunity to assess the success (over time) of any implemented initiatives;

c. Reducing risk of mental health decline and suicide (especially in Aboriginal and Torres Strait Islander individuals) through participating in football and enhancing the football club's capacity;

d. For a significant 'deep dive' into alcohol and drug use amongst players, a much higher number of surveys would need to be completed to get a significant enough data set to pick up user trends;

e. Any relationships between club engagement of the individual and delinquency.

PROMOTION / PARTNERSHIPS

1. It is recommended that WACFL look to formalise a partnership with the UWA's Young Lives Matter Foundation to ensure that vital research around mental health for their community and other potential partnership benefits are explored and capitalised on;

2. Short circuit communication to players through centralised / direct communication through establishing direct messaging and growing databases. Online newsletters and digital communication could provide a regular communication flow to individuals interested in learning / volunteering around physical and mental wellbeing through the country football environment;

3. WACFL should share report findings with existing and potential stakeholders such as: - WAFC, Healthway, LGA's, ADF, Insurance Commission WA, Road Safety Commission, RAC and other Government, Community Health, Commercial and Aboriginal organisations interested in considering potential research and programs targeting WACFL players;

4. WACFL should integrate these results into a stand-alone roadshow presentation to regional communities (Clubs) to further educate the country football fraternity on the role football clubs play in their community and the mental and physical health findings to come out of the report. Share results more broadly with Leagues, Clubs and stakeholders;

5. Create a promotional poster, digital content comparing the player who played football in 2020 and the one who didn't and the reported outcomes.

PROGRAMS / INITIATIVES

1. Ensure recommendations are implemented and further beneficial research and development is achieved through sourcing external funding to employ a FTE Community Development Manager sitting within the WAFC Country team who can focus on the enhancement of WACFL's community development initiatives;

2. WACFL should create a Wellbeing Committee Portfolio position within each WACFL club who can provide leadership to the club community and tie the club in with local service providers and liaise with the WACFL's Community Development Manager;

3. Due to the potential significant benefit that can be achieved through the WACFL network, it is recommended that a Community Development Portfolio become a focus of a WACFL Executive Sub Committee and appropriate Executive Members are installed;

4. Utilise digital technologies to design an education / peer support program targeting players / leaders at each of the WACFL's 150 Clubs. This potentially creates a state-wide volunteer support network providing ongoing benefit to the community. Program modules could include: - a)

a. A buddy system;

b. GAD-7 and PHQ-9 testing / Depression and Anxiety information

c. Mental Health education

d. Physical Health education

e. Aboriginal Torres Strait Islander specific content;

f. Drugs and Alcohol;

g. Mentoring Development;

h. Other Novel ideas;

5. Encourage females to take up club leadership positions to help impart more wellness aspects / knowledge into club activities.

● Completed ● Ongoing ● Yet to commence

RECOMMENDATIONS 2021

Recommendations forthcoming from this report have been generated through analysing the statistical trends and identifying opportunities for further development. They fall broadly into the categories of Research; Promotion / Partnerships; and Programs / Initiatives

Research

a)   WACFL and community partners target specific regions of interest and invest resources into the development and design of targeted surveys in an attempt to gain deeper data sets that can be analysed thoroughly and be more conclusive.

b)   WACFL to undertake a significant targeted research project to Aboriginal and Torres Strait Islander populations that live regionally and remotely. This demographic reported a 60% higher mean depression score than Non-Aboriginal and Torres Strait Islander populations.

c)   WACFL to shorten the survey and ensure questions and content within the survey is relevant to the group being engaged to increase the number of completed responses and accuracy of the data being collected.

Promotion / Partnerships

d)   The data suggests there is a need for the WACFL and community partners to invest resources and time into further developing local support networks and facilitate greater connections between services and clubs. Developing individual club suicide prevention strategies with 'community champions' and club committee members would be a key preventive measure.

e)   It is recommended that WACFL tailor specific initiatives to Female, Aboriginal and Torres Strait Islander (culturally appropriate) and Young (18-21) players as they appeared to be recording higher depression and anxiety scores.

f)   It is recommended WACFL work with community partners and relevant local networks to identify and increase the promotion of local support options to players and the extended community.

Programs / Initiatives

g)   WACFL develop localised mentor programs, with a key focus on engaging Female, Aboriginal and Torres Strait Islander community leaders to support these initiatives.

h)   It is recommended that pre and post program analysis is conducted for WACFL's mental health initiatives to gauge the success and impact of these initiatives.

i)   WACFL should investigate closer relations and a coordinated approach with local government or private enterprise to provide annual club-based face to face information sessions to players and the extended community. These sessions need to be supported with relevant additional materials to ensure they leave a legacy after presenters have left and build closer relations with local service providers.

KEY FINDINGS FOR 2021

- 91.6% (373 of 407) of respondents said they knew where to find Mental Health support. This was a very positive outcome. It could not be compared to the previous year's data as this was the first year the question was asked.

Depression / PHQ9 Findings

- The average PHQ score of respondents who played increased from 4.24 to 5.51 (30%) from 2020 to 2021.
- In 2020, 0 respondents scores indicated 'severe' depression, in 2021, it had grown to 10.
- There was a significant increase (0.07 to 0.16 or 128%) on the average PHQ9 question 9 score which relates to suicidal thoughts.
- Female respondents average PHQ9 score was 44% higher than men.
- Aboriginal or Torres Strait Islander PHQ9 scores were 60% higher than non-Aboriginal or Torres Strait Islanders on average.
- 18—21-year old's reported the highest PHQ9 scores compared to other age brackets. Under 28-year old's were 'mildly' depressed on average compared to over 28's having 'minimal' depression scores.
- Pilbara recorded the highest PHQ9 scores by region and was 31% higher than the second highest region.
- On average, people who practiced meditation, gratitude etc. daily were 'minimally' depressed and those who didn't were 'mildly' depressed.
- Employment satisfaction was one of the strongest predictive factors of depression with those 'very unsatisfied' with their employment recording PHQ9 scores double those who were 'very satisfied'.
- There is data to suggest people who consumed more alcohol on a) number of days and b) drinks per week basis had proportionately higher PHQ9 scores.
- There is data to suggest people's self-assessments around their physical & mental health, body weight and future were strongly associated with their PHQ9 score with their answers around how they felt about 'their future' appearing to be the strongest associate of one's PHQ9 score captured in this report.

Anxiety / GAD7 Findings

- The average GAD7 score of respondents who played increased from 3.21 to 4.51 (40%) from 2020 to 2021.
- Female respondents average GAD7 score was 55% higher than men (4.04 — 6.28). This increase represents a shift from 'minimal' to 'mild' anxiety.
- Aboriginal or Torres Strait Islander scores were 32% higher than non-Aboriginal Aboriginal or Torres Strait Islanders on average.
- 18—21-year old's recorded the highest GAD7 score of the age brackets reported. The trendline in scores as people got older indicates respondents reported less anxiety as they aged.
- Four of the nine regions recorded average GAD7 scores to suggest they were 'mildly' anxious. Pilbara recorded the highest GAD7 scores by region and was 24% higher than the second highest region.
- There was a 22% increase in GAD7 score on average from people who practiced mediation, gratitude etc. daily compared to those who never practiced it.
- Employment satisfaction was one of the strongest predictive factors of anxiety with those 'very unsatisfied' with their employment recording GAD7 scores 151% higher than those who were 'very satisfied'.
- There is data to suggest people who consumed more alcohol on a) number of days and b) drinks per week basis had proportionately higher GAD7 scores. The average person who drank 5-7 days per week had 'mild' anxiety as opposed to 'minimal'.
- There is good data to suggest people's self-assessments around their physical & mental health, body weight and future was a strong determinate of their GAD7 score with their answers around how they felt about their future to be the strongest determinate of their GAD7 score with those being 'very negative' about their future also reporting 'severe' anxiety.

THE BODY OF THE SURVEY

This report is broken into two sections. The first section reviews the PHQ9 (depression) scores and the questions which may relate to that and the second analyses the GAD7 (anxiety) scores and the same questions.

SECTION 1 DEPRESSION

1) PHQ9 scores of respondents who were playing football 2020 to 2021

All respondents were asked to complete the PHQ9 questions. The following table shows the average score of respondents who played football in each season.

	PHQ9 Score	# Of Respondents	Females	Aboriginal / Torres Strait
2020	4.24	283	53 (19%)	8 (3%)
2021	5.51	407	83 (20%)	40 (10%)
% Change	+30%			

PHQ9 went up for those playing from 2020 - 2021 by 30%. The median PHQ9 score increased from 3 to 5 from 2020 to 2021.

It should be noted that no year-on-year comparison of specific players PHQ9 scores was done as all data are anonymous. This increase represents the average (mean) score of those who played in each season. Deeper analysis of this increase will follow.

2) Severe Depression

Using the PHQ9 metric, someone is classified as 'severely' depressed if their accumulative score is 20 or higher. Scores between 15 and 20 are classified as 'moderately' depressed.

- In 2020, 0 respondents who played (283 players) PHQ9 scores indicated 'severe' depression, in 2021 it had grown to 10 (407 players).
- 5/10 respondents with 'severe' depression were females
- 3/10 respondents with 'severe' depression were Aboriginal or Torres Strait Islander
- 7/34 (20.5%) of scores PHQ scores registered over 15 in the PHQ9 were from the Pilbara. 5/34 (15%) were from the Goldfields region.

3) PHQ9 Analysis

The PHQ9 is made up of 9 questions. The following table indicates where the 2021 increase in respondent PHQ9 scores came from: -

PHQ9 Question	2020	2021	% Increase
1. Little interest or pleasure in doing things?	0.52	0.72	38.5%
2. Feeling down, depressed, or hopeless?	0.43	0.63	46.5%
3. Trouble falling or staying asleep, or sleeping too much?	0.74	0.90	21.5%
4. Feeling tired or having little energy?	0.97	1.12	15.5%
5. Poor appetite or overeating?	0.57	0.77	35%
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down?	0.38	0.58	52%
7. Trouble concentrating on things, such as reading the newspaper or watching television?	0.36	0.52	44.5%
8. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?	0.21	0.33	57%
9. Thoughts that you would be better off dead, or of hurting yourself in some way?	0.07	0.16	128%
TOTAL	4.24 Minimal	5.51 Mild	30%

The jump recorded between 2020 and 2021 in PHQ9 scores indicates a shift in the average (mean) score from 'minimal' to 'mild' depression.

The biggest contributors to this score increase was PHQ9 questions 1, 2, 5, 6. Question 9 relating to 'suicidal thoughts' also displays a disturbing increase. Despite this being by far the lowest scoring question of all nine, this increase should raise some concern due to the serious potential outcomes if that trend continued or was acted upon. When analysing the number of respondents who had any suicidal thoughts, it has increased from 1 in 20 in 2020 to 1 in 8 in 2021.

In 2020, 28% of respondents PHQ9 score was 28%. In 2021, this number reduced to 12%.

In 2020, 35.5% of respondents PHQ9 score was 6 or greater. In 2021, this number increased to 40.5%.

4) Gender PHQ9 Analysis

PHQ9 Question	Male (321)	Female (83)	% Increase
1	0.69	0.80	17%
2	0.57	0.84	47%
3	0.82	1.20	46%
4	1.06	1.32	24%
5	0.68	1.12	64%
6	0.53	0.74	39%
7	0.45	0.75	67%
8	0.27	0.56	107%
9	0.14	0.20	40%
TOTAL (404)	5.25 Mild	7.57 Mild	44%

This table compares the females who answered the PHQ9 component of the survey with their male counterparts. Female scores were 44% higher than males on average.

Question 8 relating to being fidgety was by far the biggest contributor to this gap.

This table illustrates the importance of female focused mental health programs within the broader WACFL mental health strategy.

5) Aboriginal and Torres Strait Islander PHQ9 Analysis

PHQ9 Question	Non-Aboriginal or Torres Strait Islander (363)	Aboriginal or Torres Strait Islander (40)	% Increase
1	0.68	1.07	58%
2	0.59	0.97	64%
3	0.84	1.42	69%
4	1.10	1.35	23%
5	0.74	1.12	50%
6	0.53	0.97	82%
7	0.49	0.80	63%
8	0.30	0.60	97%
9	0.13	0.37	184%
TOTAL	5.43 Mild	8.70 Mild	60%

40 survey respondents identified as Aboriginal or Torres Strait Islander. PHQ9 scores indicate that on average, their scores were 60% higher than Non-Aboriginal or Torres Strait Islander.

Question 3 relating to sleep was the biggest contributor to this increase. It should also be noted that Question 9 relating to suicidal thoughts was also significantly higher when compared to the Non-Aboriginal or Torres Strait Islander subset.

This table illustrates the importance of developing mental health program components focused on areas with higher Aboriginal or Torres Strait Islander populations within the broader WACFL mental health strategy as well as ensuring that content is culturally appropriate.

6) Age PHQ9 Analysis

Respondents were asked to provide their birth year allowing us to sort their average (mean) PHQ by age categories.

PHQ9 Question	18 -21 (103)	22-27 (100)	28-35 (124)	35-40 (36)	% Change from 18/21, 35/40
1	0.86	0.80	0.55	0.52	65%
2	0.73	0.63	0.50	0.55	33%
3	0.95	0.85	0.86	0.88	8%
4	1.21	1.17	1.07	0.97	25%
5	0.86	0.79	0.66	0.72	19%
6	0.63	0.53	0.50	0.52	21%
7	0.60	0.60	0.44	0.30	100%
8	0.42	0.39	0.26	0.30	40%
9	0.28	0.15	0.06	0.50	-44%
TOTAL	6.57 Mild	5.91 Mild	4.94 Minimal	4.86 Minimal	35%

The above table shows a consistent trend line across four categories indicating that younger age groups had higher PHQ9 scores, with the highest scoring group being 18 – 21-year-olds.

The mean of players under 28 years of age indicated that they were in the 'mild' depression category of the PHQ9 scale. Players 28 years of age and older sat in the 'minimal' depression category.

These results demonstrate a need to target future programs towards younger players in the WACFL community.

7) Region by Region PHQ9 Breakdown

Respondents were asked to provide the region in which their league was. It is worth noting that some players travel between regions to play for a particular club, so this table represents the League they play in, not necessarily where the respondent

Region	1	2	3	4	5	6	7	8	9	PHQ9	Rating
Perth	0.76	0.63	0.85	1.11	0.67	0.60	0.52	0.31	0.19	5.68	Mild
Goldfields	0.52	0.5	0.93	1.08	1.06	0.45	0.34	0.21	0.06	5.20	Mild
Great Southern	0.63	0.59	1.04	1.20	0.88	0.45	0.43	0.27	0.06	5.59	Mild
Kimberley	0.57	0.52	1.19	1.00	0.61	0.57	0.52	0.42	0.28	5.81	Mild
Midlands	0.71	0.42	0.80	1.01	0.57	0.48	0.46	0.26	0.14	4.89	Minimal
Midwest	0.41	0.52	0.79	0.88	0.55	0.38	0.41	0.23	0.02	4.23	Minimal
Pilbara	0.79	0.74	1.07	1.38	1.15	0.82	0.79	0.69	0.17	7.64	Mild
Southwest	0.77	0.55	0.79	1.09	0.71	0.51	0.42	0.29	0.17	5.34	Mild
Wheatbelt	0.56	0.66	0.79	1.07	0.81	0.62	0.50	0.22	0.13	5.40	Mild

Filtering results by region allowed us to compare where higher PHQ9 scores were coming from. Most region scores balanced either side of the 5 score which is used to separate 'minimal' and 'mild' anxiety.

The major outlier of this table was the Pilbara whose PHQ9 score was higher than other regions with an average score of 7.64.

It is worth noting that some regions total response numbers were much lower than others meaning a couple of extreme scores can impact the PHQ9 mean significantly. Also, the percentage of females and Aboriginal and Torres Strait Islander respondents from each region has the ability to skew results comparatively. This data is examined in the following table: -

8) Region by Region Demographic Breakdown

As there was potential for the number of Female and Aboriginal and Torres Strait Islander respondents to shape a regions PHQ9 average, a subset of Caucasian Males was also created to assist with any region-by-region comparisons.

Region	Total	Female %	ATSI %	AVE PHQ9	Depression Rating	Caucasian Male	AVE GAD7	%Anxiety Rating
Perth	67	14 (21%)	5 (7%)	5.68	Mild	5.33 (47)	5.01	Mild
Goldfields	30	14 (47%)	4 (13%)	5.20	Mild	3.92 (18)	5.23	Mild
Great Southern	34	4 (12%)	2 (6%)	5.59	Mild	5 (27)	4.29	Minimal
Kimberley	17	10 (59%)	9 (53%)	5.81	Mild	6.5 (4)	3.17	Minimal
Midlands	49	2 (4%)	1 (2%)	4.89	Minimal	5.30 (48)	3.57	Minimal
Midwest	27	12 (44%)	1 (4%)	4.23	Minimal	3.33 (13)	4.88	Minimal
Pilbara	31	11 (35%)	5 (16%)	7.64	Mild	6.61 (24)	6.51	Mild
Southwest	110	14 (13%)	7 (6%)	5.34	Mild	5.17 (85)	3.82	Minimal
Wheatbelt	41	0 (0%)	6 (15%)	5.40	Mild	5.44 (36)	5.09	Mild

The above two tables indicate a need to investigate the Pilbara region further as data suggest they clearly have a PHQ9 mean higher than other regions of the state.

9) Self-Care PHQ9

Respondents were asked if the practiced self-care techniques such as mediation, prayer, gratitude regularly.

PHQ9 Question	Yes – Daily (52)	Yes – Seldom (186)	No (114)	% Change from Daily - None
1	0.65	0.77	0.67	3%
2	0.50	0.67	0.62	24%
3	0.80	0.94	0.88	10%
4	0.90	1.16	1.14	27%
5	0.61	0.85	0.74	21%
6	0.42	0.61	0.57	36%
7	0.40	0.55	0.50	25%
8	0.34	0.39	0.26	-24%
9	0.13	0.15	0.17	31%
TOTAL	4.78	6.13	5.59	17%
	Minimal	Mild	Mild	

When comparing people's response to the self-care question compared to the PHQ9, there was a difference between those who practiced their techniques 'daily' and those who 'never' practiced them. PHQ9 score for those who practiced 'daily' was slightly under the 'minimal' depression ceiling, whist those who 'never' practiced scores were over, pushing them into 'mild'.

Interestingly, the scores of those who 'never' practised self-help was lower than those who practiced 'a couple of times a week'. 'Daily' practice appeared to be the best for PHQ9 scores.

10) Employment Satisfaction PHQ9

Respondents were asked to categorise their satisfaction with their current employment.

PHQ9 Question	Very Satisfied (73)	Somewhat Satisfied (149)	Somewhat Dissatisfied (21)	Very Dissatisfied (9)	% Change from Very S – Very D
1	0.48	0.81	1.14	1.00	108%
2	0.45	0.65	1.23	1.33	196%
3	0.74	0.84	1.23	1.00	35%
4	0.82	1.28	1.80	1.33	62%
5	0.51	0.87	1.23	0.66	29%
6	0.45	0.55	0.95	1.00	122%
7	0.31	0.48	1.00	0.88	184%
8	0.18	0.35	0.61	0.66	267%
9	0.12	0.12	0.33	0.44	267%
TOTAL	4.10	5.99	9.50	8.33	103%
	Minimal	Mild	Mild	Mild	

By categorising and comparing respondents' answers to their employment satisfaction scores, there is strong data to suggest those 'unsatisfied' with their employment had significantly higher PHQ9 scores then those who were 'satisfied'. The 'very satisfied' category was the only category under the 'Minimal' depression score.

11) Alcohol PHQ9

Two questions were asked to ascertain a respondent drinking behavior. It is unclear if alcohol led to a high PHQ9 score or was used to medicate those who had high PHQ9 scores, however results are below.

11a) Drinks / Week PHQ9

The first alcohol question asked was how many standard drinks the respondent had in an average week.

PHQ9 Question	0 (46)	1-5 (163)	6-10 (114)	11-20 (57)	20+ (26)	% Change from 0 – 20+
1	0.82	0.66	0.68	0.73	0.92	12%
2	0.45	0.60	0.61	0.71	0.92	104%
3	0.84	0.81	0.92	1.03	1.11	32%
4	1.00	1.15	1.11	1.21	0.96	-4%
5	0.73	0.63	0.88	0.92	0.96	32%
6	0.47	0.56	0.62	0.52	0.69	47%
7	0.34	0.56	0.53	0.47	0.50	47%
8	0.21	0.36	0.30	0.28	0.53	152%
9	0.04	0.16	0.15	0.15	0.34	750%
TOTAL	4.95	5.54	5.84	6.07	6.96	41%
	Min	Mild	Mild	Mild	Mild	

The only subset who ranked under the 'Mild' depression category was those who had zero standard drinks a week who were slightly under the threshold.

There was a decent trajectory between the number of drinks and PHQ9 scores indicating a relationship.

There was a 41% increase between those who indicated they had 'zero' drinks a week and those who had '20+'. Question 9 which relates to suicidal thoughts showed a 750% increase in those who drank '20+' drinks per week then those who drank 'zero'. Question 2 relates to 'feeling down or depressed' and the '20+' category was significantly higher in this score (104%) then those who answered 'zero'. Another interesting question was question eight which related to feeling 'fidgety' with those having '20+' drinks a week being 1.5 times more fidgety than those who had 'zero'.

11b) Days / Week PHQ9

The second question around alcohol consumption was asking how many days a week respondents drank.

PHQ9 Question	0	1-2	3-4	5-6	7	% Change from 0 - 7
1	0.88	0.68	0.65	0.86	0.83	-6%
2	0.46	0.60	0.65	0.95	1.16	152%
3	0.88	0.87	0.93	0.95	1.33	51%
4	1.06	1.11	1.10	1.31	1.33	25%
5	0.68	0.77	0.75	1.09	1.00	47%
6	0.48	0.58	0.50	0.81	1.16	142%
7	0.36	0.57	0.40	0.59	0.66	83%
8	0.32	0.35	0.26	0.50	0.00	-
9	0.06	0.16	0.16	0.18	0.50	733%
TOTAL	5.18 Mild	5.74 Mild	5.45 Mild	7.27 Mild	8.00 Mild	54%

There was a significant difference from those who drank 'a couple of times a week' to those who drank 'more often than not'.

It seems apparent that there is some link with high PHQ9 scores and alcohol, which can be built into possible education modules or club awareness sessions.

12) Self-Perception PHQ9 – combining answers for physical health, body weight, mental health, future

Scores from four self-analysis questions on physical health, body weight, mental health and respondents' views on their future were combined to give each respondent a mean score between 1 and 5. 1 was the lowest score possible and indicated they thought they were a 'lot worse' in that category and 5 was the highest indicating they were a 'lot better'.

Results of the self-analysis scores and how they relate to PHQ9 scores are below: -

PHQ9 Question	1-2	2-3	3-4	4-5	% Change from 1/2 – 4/5
1	2.50	1.10	0.70	0.58	331%
2	2.50	1.31	0.61	0.40	525%
3	2.50	1.37	0.88	0.74	238%
4	2.50	1.75	1.10	0.92	172%
5	3.00	1.20	0.83	0.52	477%
6	3.00	1.02	0.62	0.31	868%
7	2.50	0.83	0.51	0.38	558%
8	3.00	0.52	0.33	0.22	1264%
9	2.00	0.31	0.15	0.10	1900%
TOTAL	22.50 Severe	9.43 Mild	5.77 Mild	4.22 Minimal	433%

Not surprisingly, there were some massive discrepancies on a respondent's self-assessment on the above four factors and their PHQ scores. When comparing some PHQ9 question by question scores, there are some questions impacted by over 10x when comparing low to high self-assessments.

These four elements are explored further on the following page.

12a) Self-Perception PHQ9 – mental health

PHQ9 Question	Lot Worse	Little Worse	Same	Better	Lot Better	% Change From Lot Better – Lot Worse
1	1.57	1.14	0.60	0.60	0.58	171%
2	2.21	1.21	0.47	0.47	0.38	482%
3	1.92	1.40	0.80	0.75	0.71	170%
4	2.00	1.65	1.00	1.04	0.86	133%
5	1.71	1.27	0.61	0.69	0.64	167%
6	1.92	1.06	0.41	0.49	0.34	465%
7	1.57	0.95	0.36	0.32	0.56	180%
8	1.35	0.54	0.18	0.28	0.32	322%
9	1.00	0.21	0.09	0.12	0.13	669%
TOTAL	15.28 Mod / Severe	9.47 Mild	4.56 Minimal	4.80 Minimal	4.56 Minimal	235%

The 'Lot Worse' category's PHQ9 score was up in the 'Moderately Severe' depression range and took a nice trajectory down as respondents opinions improved. Results are not surprising here.

The 'same' response is a slight abnormally and it's indecisive if answering same was a positive or negative answer based on the vagueness of the question.

12b) Self-Perception PHQ9 – physical health

PHQ9 Question	Lot Worse	Little Worse	Same	Better	Lot Better	% Change From Lot Better – Lot Worse
1	1.09	1.02	0.62	0.70	0.65	68%
2	1.18	0.91	0.47	0.69	0.52	127%
3	1.18	1.06	0.76	0.94	0.87	36%
4	1.72	1.51	1.00	1.13	1.00	72%
5	1.00	1.12	0.67	0.79	0.69	45%
6	1.09	0.89	0.42	0.61	0.48	127%
7	0.81	0.72	0.32	0.55	0.51	59%
8	0.63	0.48	0.15	0.36	0.34	85%
9	0.27	0.21	0.06	0.17	0.17	59%
TOTAL	9.00 Mild	7.95 Mild	4.51 Minimal	5.97 Mild	5.26 Mild	71%

Again, there was a nice downwards decline as respondents felt better about their bodies it reflected in their PHQ9 scores.

12c) Self-Perception PHQ9 – future
This question asked respondents to answer how they were feeling about their future.

PHQ9 Question	Lot Worse	Little Worse	Same	Better	Lot Better	% Change From Lot Better – Lot Worse
1	2.50	1.40	1.20	0.74	0.46	443%
2	3.00	1.73	1.37	0.65	0.27	1011%
3	3.00	1.73	1.51	0.89	0.64	369%
4	2.00	1.93	1.69	1.22	0.76	163%
5	1.50	1.40	1.37	0.85	0.46	226%
6	3.00	1.80	1.13	0.60	0.25	1100%
7	2.50	1.13	1.09	0.55	0.24	942%
8	1.50	0.80	0.74	0.34	0.15	900%
9	3.00	0.60	0.30	0.16	0.04	7400%
TOTAL	22.00 Severe	12.50 Moderate	10.44 Moderate	6.03 Mild	3.30 Minimal	567%

This is possibly one of the strongest tables of this report indicating respondents who felt 'very positive' about their future scored significantly lower in the PHQ9 test in a strong decline based off their answers.

Respondents who were feeling a 'lot better' about their future had a PHQ9 score for question 9 which relates to suicide prevention 74x lower than those who marked a 'lot worse'.

The average PHQ9 score of those who felt a 'lot worse' about their future indicated they were 'severely' depressed (the highest score of all questions asked) whilst the average score of those who answered a 'lot better' about their future was (the lowest in the report) at 3.3.

SECTION 2 ANXIETY

13) GAD7 scores of respondents who were playing football 2020 to 2021
All respondents were asked to complete the GAD7 questions. The following table shows the average score of respondents who played football in each season.

	Mean GAD7 Score	# Of Respondents
2020	3.21	283
2021	4.51	407
Change	40%	

GAD7 average (mean) went up for those playing from 2020 - 2021 by 40%. The mean score of all respondents in 2021 remained under the 'minimal' anxiety threshold score of 5.

The median GAD7 score increased from 2 to 3 from 2020 to 2021.

It should be noted that no comparison of actual players GAD7 scores was done as all data is anonymous. This increase represents the average (mean) score of those who played in each season.

Deeper analysis of this increase will follow.

14) Severe Anxiety
Using the GAD7 metric, someone is classified as 'Severely' anxious if their accumulative score for 7 questions is 15 or higher. Scores between 10 and 15 are classified as 'Moderately' anxious.

- In 2020, 1 respondent score indicated 'severe' anxiety, in 2021, it has grown to 19.
- 11/19 respondents with 'Severe' anxiety were 'females'.
- 4/19 respondents with 'Severe' anxiety were Aboriginal or Torres Strait Islander.
- 5/19 (26%) of GAD7 scores with 'Severe' anxiety were from the Goldfields. 4/19 or 21% were from the Pilbara.

15) GAD7 Analysis

The following table indicates where the 2021 increase in player GAD7 scores came from: -

GAD7 Question	2020	2021	% Increase
1. Feeling nervous, anxious, or on edge	0.46	0.73	59%
2. Not being able to stop or control worrying	0.37	0.58	57%
3. Worrying too much about different things	0.62	0.76	23%
4. Trouble relaxing	0.51	0.70	37%
5. Being so restless that it is hard to sit still	0.27	0.42	56%
6. Becoming easily annoyed or irritable	0.70	0.86	23%
7. Feeling afraid, as if something awful might happen	0.27	0.44	63%
TOTAL	3.21 Minimal	4.51 Minimal	40%

Through analyzing the above results, we can see that question 1, 2, 5 and 6 were the biggest contributors to the increase in the GAD7 score. It would be a fair assumption that on average, players were more nervous, worried, restless, and irritable then last year.

16) Gender GAD7

GAD7 Question	Male (321)	Female (83)	% Increase
1	0.64	1.07	67%
2	0.49	0.91	86%
3	0.69	1.01	46%
4	0.65	0.90	38%
5	0.36	0.63	75%
6	0.80	1.06	33%
7	0.37	0.68	84%
TOTAL (404)	4.04 Minimal	6.28 Mild	55%

This table compares the 'females' who answered the GAD7 component of the survey with their 'male' counterparts. 'Female' scores were 55% higher than 'males' on average pushing them into the 'Mild' anxiety category.

This table illustrates the importance of female focused mental health programs within the broader WACFL mental health strategy.

17) Aboriginal or Torres Strait Islander GAD7

GAD7 Question	Non-Aboriginal or Torres Strait Islander (363)	Aboriginal or Torres Strait Islander (40)	% Increase
1	0.72	0.85	18%
2	0.55	0.80	45%
3	0.74	0.92	24%
4	0.68	0.92	35%
5	0.40	0.62	55%
6	0.85	0.92	8%
7	0.41	0.70	71%
TOTAL	4.37 Minimal	5.75 Mild	32%

40 survey respondents identified as 'Aboriginal or Torres Strait Islander'. GAD7 scores indicate that on average, their scores were 32% higher than 'Non-Aboriginal or Torres Strait Islander' respondents, pushing the 'Aboriginal or Torres Strait Islander' mean score into the 'Mild' anxiety band. Interestingly, GAD7 (anxiety) scores were 32% higher than 'Non-Aboriginal or Torres Strait Islander' whilst PHQ9 (depression) scores were 60% higher.

This table illustrates the importance of developing mental health program components focused on areas with higher Aboriginal or Torres Strait Islander populations within the broader WACFL mental health strategy.

18) Age GAD7

GAD7 Question	18 -21 (103)	22-27 (100)	28-35 (124)	35-40 (36)	% Change from 18/21, 35/40
1	0.85	0.69	0.70	0.61	39%
2	0.65	0.58	0.50	0.55	18%
3	0.79	0.76	0.72	0.75	5%
4	0.69	0.71	0.68	0.72	-4%
5	0.50	0.37	0.39	0.41	22%
6	0.90	0.89	0.86	0.63	43%
7	0.49	0.42	0.43	0.44	11%
TOTAL	4.91 Minimal	4.42 Minimal	4.31 Minimal	4.13 Minimal	19%

Interestingly, the above table shows a consistent downward trend line across the four age categories indicating that younger age groups had higher GAD7 scores, with the highest scoring group being '18 – 21-year-olds', however the difference in GAD7 scores between age bands was relatively minor when compared to the corresponding PHQ9 scores table.

Region	1	2	3	4	5	6	7	Total	Rating
Perth	0.79	0.73	0.82	0.77	0.40	0.97	0.52	5.01	Mild
Goldfields	0.83	0.60	0.93	0.80	0.60	0.90	0.56	5.23	Mild
Great Southern	0.52	0.50	0.61	0.70	0.58	1.00	0.35	4.29	Minimal
Kimberley	0.47	0.41	0.52	0.64	0.35	0.35	0.41	3.17	Minimal
Midlands	0.46	0.38	0.61	0.69	0.22	0.81	0.36	3.57	Minimal
Midwest	0.88	0.66	0.96	0.74	0.40	0.77	0.44	4.88	Minimal
Pilbara	1.12	0.93	0.96	0.93	0.74	1.22	0.58	6.51	Mild
Southwest	0.69	0.48	0.70	0.58	0.30	0.71	0.34	3.82	Minimal
Wheatbelt	0.87	0.65	0.82	0.68	0.51	0.97	0.56	5.09	Mild

Filtering results by region allowed us to compare where higher GAD7 scores were coming from. Most region scores balanced either side of the 5 threshold between 'Minimal' and 'Mild' anxiety.

The major outlier was the 'Pilbara' whose GAD7 score was significantly higher than other regions with an average score of 6.51. This region also topped the PHQ9 scores. 'Goldfields' was also high in both scores and had the most 'severely anxious' respondents. Interestingly, the 'Kimberley' had a lower-than-average GAD7 scores but higher than average PHQ9 score which is hard to explain on face value.

It is worth noting that some regions total response numbers were much lower than others meaning a couple of extreme scores can impact the GAD7 mean significantly. Also, the percentage of 'females' and 'Aboriginal and Torres Strait Islander' respondents from each region has the ability to skew results due to their higher mean scores for both tests.

20) Self-Care GAD7

GAD7 Question	Yes – Daily (52)	Yes – Seldom (186)	No (114)	% Change from Daily - None
1	0.53	0.75	0.77	45%
2	0.40	0.61	0.59	48%
3	0.61	0.76	0.79	30%
4	0.71	0.74	0.66	-7%
5	0.38	0.46	0.38	0%
6	0.63	0.87	0.91	44%
7	0.46	0.45	0.42	-9%
TOTAL	3.75 Minimal	4.67 Minimal	4.56 Minimal	22%

When comparing people's response to the Self-Help question compared to the GAD7, there was a difference between those who practiced their techniques 'daily' and those who 'never practiced'. Interesting, the scores of those who 'never' practised self-help was lower than those who practiced a 'couple of times a week' indicating regular practice (i.e., Daily) is needed to achieve the desired lower anxiety levels.

21) Employment Satisfaction GAD7

GAD7 Question	Very Satisfied (73)	Somewhat Satisfied (149)	Somewhat Dissatisfied (21)	Very Dissatisfied (9)	% Change from Very S – Very D
1	0.49	0.77	1.42	1.22	149%
2	0.36	0.63	1.14	1.11	208%
3	0.53	0.83	1.28	1.22	130%
4	0.52	0.72	1.09	1.33	156%
5	0.27	0.42	0.76	0.55	104%
6	0.62	0.88	1.42	1.44	132%
7	0.27	0.47	0.90	0.88	226%
TOTAL	3.09 Minimal	4.75 Minimal	8.04 Mild	7.77 Mild	151%

By categorising and comparing respondents' answers to their employment satisfaction scores, those that responded as 'unsatisfied' with their employment had higher (on average) GAD7 scores than those who responded as 'satisfied'.

22) Alcohol GAD7
Two questions were asked to ascertain a respondent's drinking behavior. It is unclear if alcohol led to a high GAD7 score or was used to medicate those who had high GAD7 scores, however results are below.

22a) Drinks / Week
The first alcohol question asked was how many standard drinks the respondent had in an average week.

GAD7 Question	0 (46)	1-5 (163)	6-10 (114)	11-20 (57)	20+ (26)	% Change from 0 – 20
1	0.67	0.73	0.76	0.64	0.88	31%
2	0.43	0.56	0.64	0.66	0.46	7%
3	0.60	0.69	0.87	0.82	0.80	33%
4	0.60	0.73	0.72	0.68	0.65	8%
5	0.32	0.40	0.49	0.36	0.50	56%
6	0.84	0.87	0.85	0.80	1.03	23%
7	0.34	0.44	0.53	0.40	0.26	-24%
TOTAL	3.84 Minimal	4.44 Minimal	4.89 Minimal	4.40 Minimal	4.61 Minimal	20%

All subsets ranked under the 'Mild' depression category which was certainly not the case when compared to the PHQ9 data. This would indicate alcohol was more strongly associated with PHQ9 scores than GAD7 scores or perhaps is just indicative of the GAD7 receiving lower scores in general due to having two less questions.

There was a 20% increase in GAD7 scores from those who had 'zero' drinks a week to those who had '20+'.

This data is consistent with some reported changes in the general community that occurred in relation to COVID-19, with some studies reporting higher increases. Understanding how country footballers scores compare to similarly aged and geographically located cohorts may impact the direction that is recommended.

22b) Days / Week

The second question around alcohol consumption was asking how many days a week respondents drank.

GAD7 Question	0	1-2	3-4	5-6	7	% Change from 0 - 7
1	0.66	0.75	0.64	0.86	1.33	102%
2	0.38	0.62	0.53	0.68	1.00	163%
3	0.56	0.78	0.73	0.95	1.16	107%
4	0.56	0.72	0.67	0.72	1.33	138%
5	0.30	0.43	0.36	0.68	0.66	120%
6	0.78	0.90	0.75	0.81	2.00	156%
7	0.30	0.49	0.35	0.59	0.16	-47%
TOTAL	3.54 Minimal	4.73 Minimal	4.06 Minimal	5.31 Mild	7.66 Mild	116%

There was a significant difference (116%) from those who didn't drink to those who drank every day. Those who drank more than every second day clicked over to the 'Mild' anxiety category.

23) Self-Perception GAD7 – combining answers for physical health, body weight, mental health, future

Scores from four self-analysis questions on physical health, body weight, mental health and respondents' views on their future were combined to give each respondent a mean score between 1 and 5. 1 was the lowest score possible and indicated they thought they were a 'lot worse' in that category and 5 was the highest indicating they were a 'lot better'.

Results of the self-analysis scores and how they relate to GAD7 scores are below: -

GAD7 Question	1-2	2-3	3-4	4-5	% Change from Lot Better – Lot Worse
1	3.00	1.25	0.75	0.50	500%
2	3.00	1.04	0.61	0.34	782%
3	3.00	1.16	0.81	0.52	477%
4	3.00	1.25	0.68	0.52	477%
5	3.00	0.72	0.41	0.29	934%
6	3.00	1.35	0.88	0.63	376%
7	2.00	0.79	0.45	0.28	614%
TOTAL	20.00 Severe	7.58 Mild	4.62 Minimal	3.09 Minimal	547%

The 'Lot Worse' category's GAD7 score was up in the 'Severe' anxiety range and took a nice trajectory down as respondents' opinions of themselves improved. Results are not surprising, but the low self-assessment scores appeared to impact anxiety levels more severely than depression (PHQ9) did in the corresponding question in section 1.

23a)   Self-Perception GAD7 – Mental Health

GAD7 Question	Lot Worse	Little Worse	Same	Better	Lot Better	% Change From Lot Better – Lot Worse
1	2.07	1.26	0.61	0.59	0.49	422%
2	1.85	1.16	0.46	0.40	0.36	513%
3	1.78	1.32	0.62	0.65	0.53	335%
4	1.78	1.34	0.55	0.52	0.56	317%
5	1.42	0.80	0.23	0.34	0.38	373%
6	1.64	1.42	0.80	0.67	0.65	252%
7	1.14	0.98	0.26	0.33	0.36	316%
TOTAL	11.71 Moderate	8.31 Mild	3.56 Minimal	3.52 Minimal	3.36 Minimal	348%

The 'Lot Worse' category's GAD7 score was up in the 'Moderate' anxiety range and took a nice trajectory down as respondents opinions improved. Results not surprising that those who felt better about themselves had lower anxiety and vice versa.

23b)   Self-Perception GAD7 – Physical Health

GAD7 Question	Lot Worse	Little Worse	Same	Better	Lot Better	% Change From Lot Better – Lot Worse
1	1.00	1.12	0.59	0.74	0.65	54%
2	1.00	0.74	0.53	0.61	0.48	108%
3	1.09	1.10	0.68	0.83	0.59	85%
4	1.09	1.00	0.62	0.70	0.61	79%
5	0.54	0.65	0.25	0.44	0.41	32%
6	1.36	1.08	0.79	0.83	0.80	70%
7	0.54	0.70	0.38	0.46	0.35	54%
TOTAL	6.63 Mild	6.42 Mild	3.86 Minimal	4.65 Minimal	3.93 Minimal	69%

Again, there was a downwards decline as respondents felt better about their bodies it reflected in their GAD7 scores but not as much as other self-assessment questions.

23c) Self-Perception GAD7 – Future

This question asked respondents to answer how they were feeling about their future.

GAD7 Question	Very Negative	Slightly Negative	Same	Slightly Positive	Very Positive	% Change from Very P – Very N
1	3.00	1.60	1.48	0.72	0.43	598%
2	2.00	1.60	1.27	0.60	0.26	669%
3	2.00	1.46	1.32	0.80	0.48	317%
4	3.00	1.53	1.32	0.71	0.41	632%
5	3.00	1.00	1.09	0.41	0.17	1665%
6	2.50	1.40	1.55	0.92	0.53	372%
7	1.00	1.26	1.00	0.43	0.22	355%
TOTAL	16.50 Severe	9.86 Mild	9.06 Mild	4.61 Minimal	2.53 Minimal	552%

This is one of the strongest tables of this report indicating respondents who felt 'Very Positively' about their future scored significantly lower in the GAD7 test then those who were 'Very Negative" about their future.

GAD7 question 5 demonstrates that there was a strong connection between feeling good about one's future and sitting still!

The average GAD7 score of those who felt 'a lot worse' about their future indicated they were 'Severely' anxious whilst the average score of those who were felt 'a lot better' about their future was very low.

This question alone appears to be a great indicator of mental health from both an anxiety and depression perspective.

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