



NAB Health Insights Report

Australia's Health
Scorecard 2024-25

Part 2: The Patient
How healthy are Australians and
what stops them taking better
care of their own health?

NAB Behavioural and Industry Economics

May 2025



NAB Health Insights

In Part 1 of this year's NAB Special Health Insight series, Australians once again shared their experiences with health practitioners and their preferences. What emerged was still a largely satisfied patient, but also an increasingly demanding one. The results painted a clear picture of the opinions of health consumers today, giving practitioners actionable insights to help them meet their patients needs.

In Part 2, we explore how Australians feel about their own health, how they manage it and what stops them from doing more.

While 1 in 2 Australians live with an ongoing medical condition, most continue to believe they are ultimately responsible for their own health. Fewer report having been diagnosed with a mental health illness or disorder, but more want professional help. Almost 1 in 2 of us rate our mental & emotional health very positively but this falls to just 1 in 5 among young people. While Australians scored their physical health a little better, there remains notable disparities by income. Encouragingly, the number of us who report prioritising our health continues to grow, with over 4 in 10 identifying as having a strong preventative health mindset. Australians identified 2 key preventative healthcare measures - good quality sleep and eating a healthy diet. But there are also some important barriers to improving our health particularly a lack of motivation, money and simply being too tired. Just 3 in 4 of us clean our teeth twice a day, just 1 in 2 have regular check-ups and fewer than 4 in 10 floss every day. And a concerning number of younger people view vaping as safer than cigarettes, although 1 in 2 Australians are in strong support of restricting their sale. Around 4 in 10 Australians also believe 15-17 years is an appropriate age for children to be able to set up a social media account.



1 in 2 Australians live with an ongoing medical condition, but most believe they are ultimately responsible for their own health.

Individuals have a responsibility to promote and manage their own health by adopting a healthy lifestyle. And Australians agree with 3 in 4 in very strong agreement that they are responsible for managing their own health. Interestingly, considerably more of those aged 45 and over strongly agree (8 in 10), particularly compared to 18-24 year olds (just 1 in 2). Almost 1 in 2 (47%) report living with a medical condition that needed on-going treatment or medication, down slightly on last year (51%), rising to almost 8 in 10 (78%) among the over 65s.

Over 8 in 10 (84%) Australians who needed ongoing treatment or medication for a medical condition also said their condition was chronic (i.e. had lasted or was expected to last for 6+ months). Most Australians who identified having one or more chronic medical conditions suffered from a mental & behavioural condition, which affected a basically unchanged 1 in 4 (25%) people, followed by back problems (just over 1 in 5 or 22%). Just under 1 in 5 (18%) had diabetes or arthritis, followed by heart, stroke & vascular disease (14%), asthma (13%), osteoporosis (7%), cancer (7%), chronic obstructive pulmonary disease (4%) or kidney disease (2%).

Fewer Australians report being diagnosed with a mental health illness or disorder, but more of us want professional help.

While many Australians continue to struggle with their mental health, encouragingly fewer were diagnosed with a mental health illness or disorder in the last 12 months (16% from 18% a year ago). Numbers declined but remain highest in rural areas (19% vs. 25% a year earlier). Importantly, by age, the share fell sharply among the 18-24 year old group (to 28% vs. 38% a year ago) though still highest by a large margin. Almost 1 in 5 (18%) Australians had a Mental Health Treatment Plan (MHTP), ranging from 22% in regional cities to 12% in rural areas and 35% among the 18-24 group (vs. just 3% for the over 65s).

Over 4 in 10 NDIS participants (43%) and those in the LGBTQI+ community (42%) had a MHTP. Of concern, the number of Australians who have felt they needed professional help for their emotions, stress or mental health rose over the past year (39% up from 36% a year ago). It remains highest among 18-24 year olds, where over 7 in 10 (71%) felt they needed professional help (vs. 69% a year earlier). Around 3 in 4 (76%) NDIS participants also felt they needed professional help in the past 12 months (up sharply from 63%), along with 67% of those in the LGBTQI+ community (up slightly from 65%).

Almost 1 in 2 Australians rate their mental & emotional health very positively but this falls to just 1 in 5 among young people.

When Australians were asked to self-rate their mental & emotional health, they scored an unchanged 6.9 pts out of 10. Almost 1 in 2 (an unchanged 46%) overall scored 'very' high (i.e. 8+ pts), and less than 1 in 10 (7%) 'very' low. 18-24 year olds again scored lowest at 6.0 pts (vs. 8 pts among the over 65s). There was also a large fall in the number of 18-24 year olds who scored very high (just 22% vs. 33% a year ago). In contrast, around 7 in 10 (69%) of those in the over 65 age group scored very high and just 2% very low. Income is also a differentiator (51% in the higher income group scored high up from 49% a year ago vs. 39% of those on lower incomes, down from 44% a year ago). Around 10% in the lower income group also scored very low compared to 6% in the higher income group.



Australians scored their physical health a little better, but there are notable disparities by income.

Australians scored their physical health on average 6.8 pts out of 10, up slightly from 6.7 pts a year earlier. The number who scored their physical health 'very' high (i.e., 8+ pts) also climbed to 4 in 10 (40%) from 37% a year earlier. Just over 1 in 20 (6%) Australians overall scored their physical health 'very' low (3 pts or less). Almost 1 in 2 (47%) Australians in the higher income group reported high levels of physical health compared to just 3 in 10 (31%) in the lower income group. Almost 4 times as many people in the lower income group scored their physical health low than in the higher income group (11% vs. 3%). The share of NDIS participants (43%) and in the LGBTQI+ group (44%) scoring high also exceeded the national average.

Australians are still only moderately satisfied with their health overall, particularly those on lower incomes.

Overall, Australians reported a small improvement in satisfaction with their overall health but are still only 'moderately' satisfied (scoring 6.7 pts out of a possible 10 vs 6.6 pts a year earlier). Around 4 in 10 (38%) scored their satisfaction 'very' high (almost unchanged and around 1 in 10 (8%) 'very low'. By region, overall satisfaction continues to be scored highest in capital cities and lowest in rural areas (6.8 vs. 6.3). The number who scored satisfaction high also remained greatest in capital cities (40%) and lowest in rural areas (32%). Those who scored satisfaction very low ranged from 7% in capital cities to 10% in rural areas. By age, those scoring high was greatest among the over 65s (47%) and lowest (and also fell most) for 18-24 years olds (28% down from 35%). More people in the higher income group also scored high (46% up from 44%), compared to a lower number in the lower income group (28% vs. 34%). Three times as many people in the lower income group also scored very low than in the higher income group (15% vs. 5%).

Encouragingly, the number of Australians who are prioritising their health continues to grow, particularly in rural areas.

The share of Australians who prioritised health more over the past year has reached 45%, up from 44% a year earlier and 41% 2 years ago. By region, significantly more people in rural areas – over 1 in 5 or 22% – said they had prioritised their health less compared to 11% in capital cities and 8% in regional cities. There was no clear relationship with age but more in the higher income group prioritised their health (50% vs. 47% a year earlier), than those in the lower income group (37% vs. 44%).

Australians believe the key barriers to improving their health are a lack of motivation, money and being too tired.

When again asked what stops them from taking better care of their overall health, a broadly unchanged number of Australians pointed to a lack of motivation (31%), followed by lack of money (27%) and being too tired (25%). However, there was a rise in those who said lack of time (21% up from 17% a year ago), and a somewhat lower number who started but could not keep going (16% down from 19%). Slightly more did not know what to do (13% vs. 11%), while slightly fewer said it was more important to look after the health of others (13% vs. 15%). The overall number who said there was nothing they needed to do as they already take good care of themselves also dipped (to 28% vs. 30%).

Lack of motivation was particularly challenging for 18-24 year olds (44%), lack of money in the 35-44 age group (38%), being too tired in age groups under 45 and lack of time in the 25-34 age group (37%). Around 6 in 10 (58%) over 65s said they already take good care of themselves, almost double the next highest group (55-64 age group at 32%). Lack of money was a much bigger issue for lower income earners (32% vs. 23%), but lack of time (28% vs. 14%) and feeling that it was more important to look after others (18% vs. 7%) in the higher income group.





Over 4 in 10 Australians believe they have a strong preventative health mindset.

When asked if they believed they had a preventative health mindset, scoring improved slightly to a 'moderately' high 7.0 pts, up from 6.8 pts a year ago. Encouragingly, the number who scored very high increased to 42%, from 38% and rose in all regional though remains somewhat higher in regions (44%) and capital cities (43%) compared to rural areas (31%). There was also a solid rise in the number of women who identified as having a very high preventative mindset (44% vs. 38%), and a smaller increase among men (40% vs. 38%). It increased in most age groups, ranging from 53% of those aged over 65 to 32% in the 35-44 groups (the only two groups where the share fell). In contrast, there was a sizeable increase among those aged between 18-24 (35% vs. 24%), 25-34 (41% vs. 34%) and 55-54 (48% vs. 42%).

Australians believe there are 2 key preventative healthcare measures – good quality sleep and eating a healthy diet.

When asked which preventative healthcare measures they felt were most important over 1 in 2 said good quality sleep (54%) and a healthy diet & making good food choices (53%). Rounding out the top 5 were: having an active lifestyle (40%); good body weight (36%); and staying connected with family or friends (29%). For 1 in 4, it was having regular check-ups & screenings (27%), low stress levels (26%), regular general health tests (25%), not smoking or quitting (24%) and more time outdoors or in nature (23%).

For 1 in 5, drinking less alcohol (21%), regular dental health check-ups (19%) and protecting skin from the sun (18%), and for 1 in 7 (14%) participating in a fitness program. Only 4% said monitoring their health using an app, phone, device or wearable. There were notable differences by gender, age, and income.

That said, just 3 in 4 Australians clean their teeth twice a day, 1 in 2 have regular check-ups and fewer than 4 in 10 floss every day.

Healthy teeth, mouth and gums is important for general health and wellbeing with good oral hygiene practices essential. However, just 73% Australians clean their teeth twice a day, only 52% have regular check-ups every 6-12 months, and only 38% floss every day. Around 3 in 4 (74% and 75% respectively) of those living in capital and regional cities clean their teeth twice a day or more, compared to just 2 in 3 in rural areas (64%). Significantly more women (78% vs 68% of men) brush twice a day or more. By age, it varied from 78% among 18-24 year olds to 68% in for 55-64 year olds. Considerably more in the higher income group (77%) brush twice a day or more than those on lower incomes (64%). Those having regular check-ups were much higher in capital cities (57%), particularly compared to rural areas (38%). By age, higher numbers of 35-44 (58%) year olds and over 65s (56%) did so, especially compared to 18-24 (43%) and 45-54 (47%) year olds. Significantly more in the higher income group (59%) compared to those with on lower incomes (39%). Above average numbers of NDIS participants (64%) and in the LGBTQI+ community (58%) also said they had regular check-ups. Flossing regimes also varied widely ranging from 46% in the 25-34 age group to between 34-39% in all other age groups. Somewhat more people on higher incomes (41%) flossed daily compared to the lower income group (35%).

Younger people are more likely to see vaping as safer than cigarettes & 1 in 2 Australians are in strong support of restricting their sale.

Smoking and vaping patterns were unchanged, with 21% of Australians still currently smoking and/or vaping – cigarettes (9%), cigarettes and vape (4%), only vape (4%), and smoke or vape but are considering giving up (3%). Around 1 in 4 (24%) did not smoke or vape but have done so in the past (25% a year ago). Nearly 6 in 10 (56%) have never (vs. 55% a year ago). A large number of Australians who only vape have switched from smoking cigarettes. Over 1 in 2 (54%) indicated they switched, though this slowed from 7 in 10 (70%) a year ago. Around 1 in 5 (20%) Australians believe vaping is less damaging to health than smoking. That said the numbers believing vapes are less harmful are higher among younger Australians who are also more likely to vape (28% and 27% respectively among 25-34 and 18-24 year olds). Laws were changed in 2024 restricting sales to pharmacies. Around 1 in 2 (48%) overall were in strong agreement (i.e., scored 8+ pts) with this decision, with only 15% in low agreement (i.e. scored less than 3 pts). Considerably more Australians – around 7 in 10 or 68% – agreed strongly with under 18s requiring a pharmacy prescription to purchase vapes, with fewer than 1 in 10 (8%) in low agreement.

4 in 10 Australians believe 15-17 years is an appropriate age for children to be able to set up a social media account.

Another important public health policy change in Australia has been restrictions on the age at which children can set up social media accounts. Previous NAB research showed just 1 in 10 (11%) Year 7-12 Australian students agreed strongly with the statement 'social media made me feel better about my own life', with 1 in 2 (50%) scoring this very low. When we asked Australians at what age they believed children should be able to set up a social media account, the highest response was 15-17 years (39%) and 18 and over (36%). Around 1 in 8 (13%) believe they should be able to set up an account at 13-14 years. Only 2% thought 10-12 years was an appropriate age and just 1% 7-9 years. A much higher number of 18-24 year olds believe 13-14 year olds should be able to set up a social media account (35%).



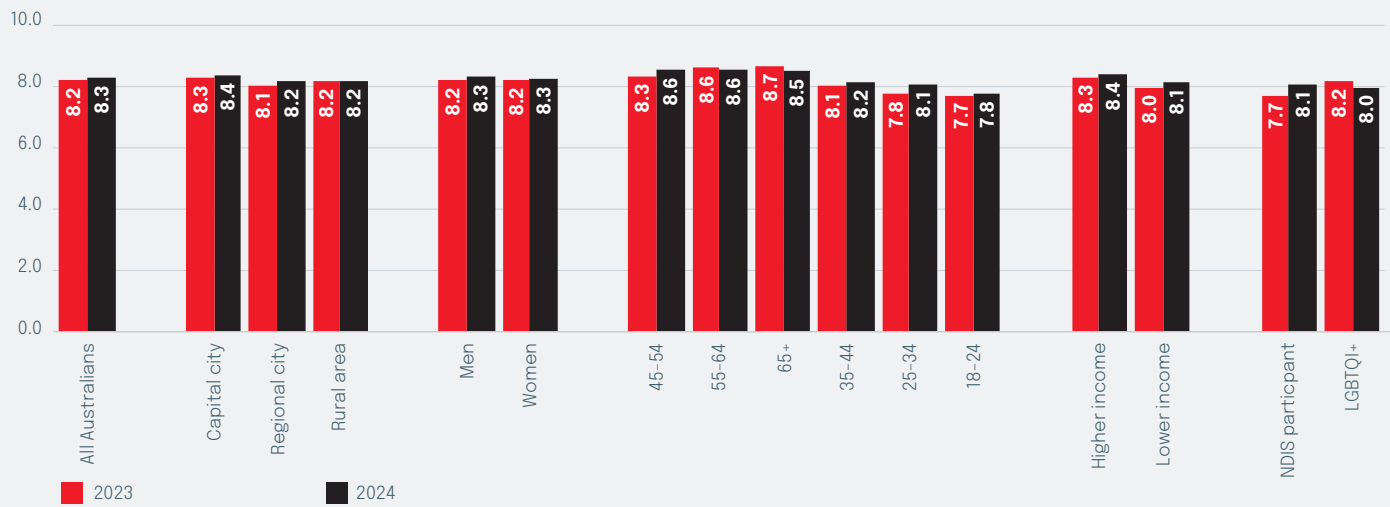
State of health

At the most basic level, individuals have the responsibility to promote and manage their own health by adopting a healthy lifestyle – for example weight control, frequent exercise and avoiding health risk behaviours such as smoking or consuming excess alcohol etc. And Australians agree.

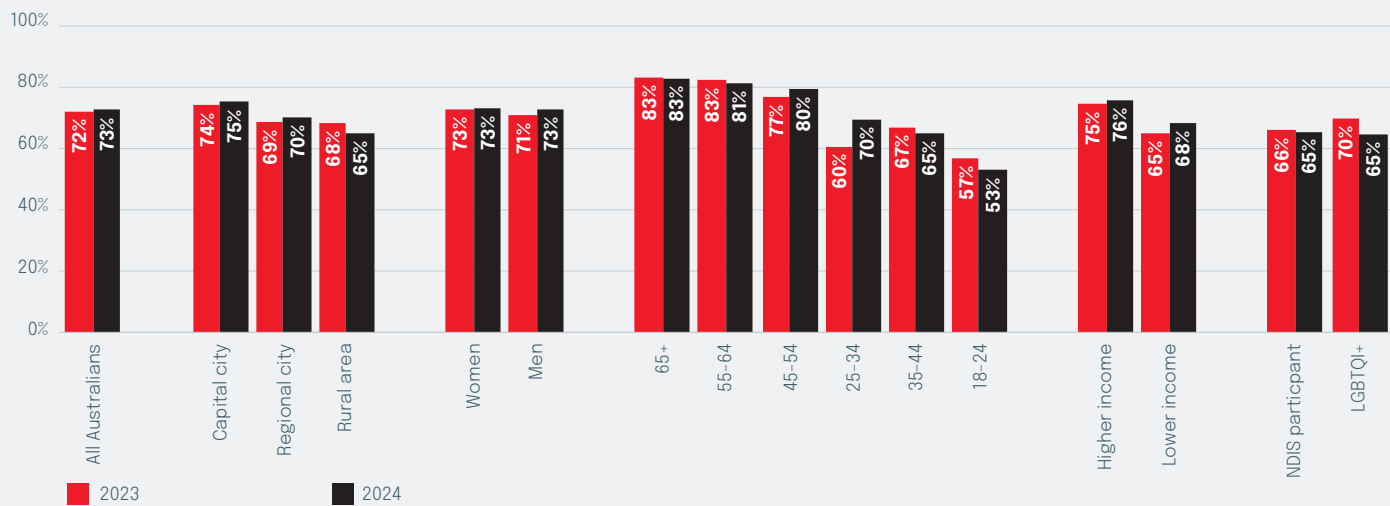
When they were asked to rate their agreement with the statement ‘When all is said and done, I’m responsible for managing my own health’, they scored a slightly higher 8.3 pts (up from 8.2 pts). In addition, 3 in 4 (73%) signalled ‘very high’ agreement about being responsible for managing their own health (i.e., scored 8+ pts), with only 1 in 25 (4%) in ‘very low’ agreement (i.e., scored 3 pts or less).

The extent of agreement with being responsible for managing their own health was quite high across all regions ranging from 8.4 pts in capital cities to 8.2 pts in regional cities and rural areas. However, more people in capital cities scored very high (75%), particularly when compared to rural areas (65%). There was no difference of opinion between men and women with both groups scoring at 8.3 pts and 73% very high. We did not find a strong correlation with age.

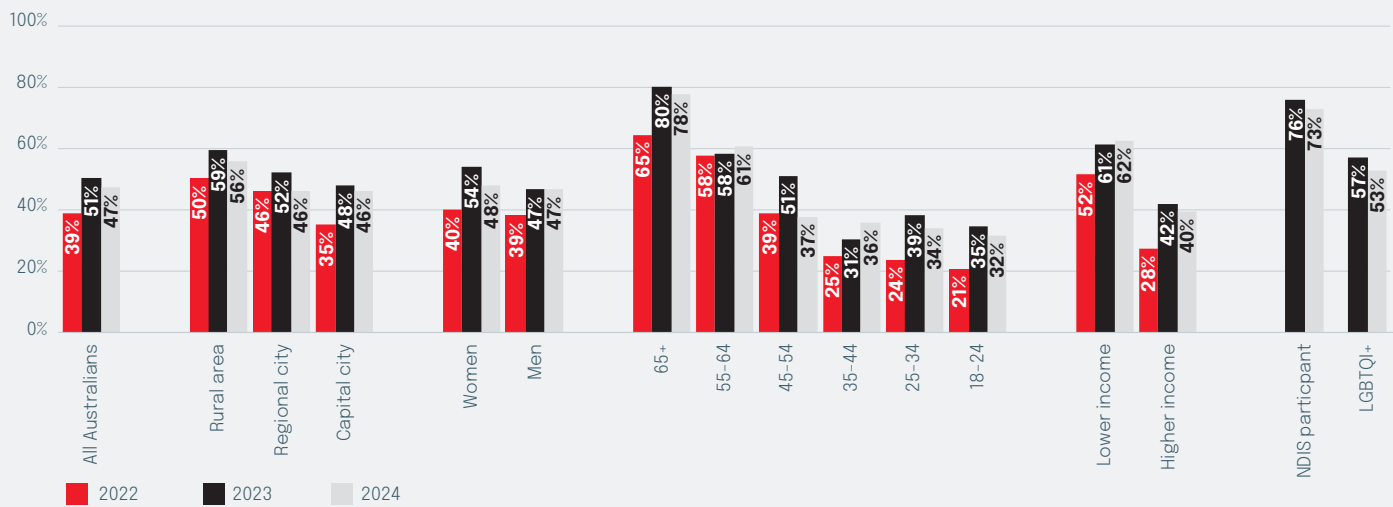
Graph 1: Agree with statement: When all is said and done, I'm responsible for managing my own health (score)



Graph 2: Agree with statement: When all is said and done, I'm responsible for managing my own health (high)



Graph 3: Australians requiring ongoing treatment or medication for a medical condition



Agreement was scored lowest in the 18-24 age group (7.8 pts) and highest in 45-54 and 55-64 age groups (8.6 pts). However, considerably more Australians aged 45 and over agreed very strongly with being personally responsible for managing their own health (8 in 10), compared to around 1 in 2 in the 18-24 age group (53%), 2 in 3 in the 34-44 group (65%) and 7 in 10 in the 25-34 group.

Income was influential, with Australians in the higher income group scoring higher than in the lower income group (8.4 pts vs. 8.1 pts), with somewhat more people in the higher income group also scoring very high (76% vs. 68%). NDIS participants scored agreement somewhat higher (8.1 pts vs. 7.7 pts), but in the LGBTQI+ group a little lower (8.0 pts vs. 8.2 pts). The number of NDIS participants in very high agreement was largely unchanged at 65% but it fell in the LGBTQI+ group (65% vs. 70%).

Almost 1 in 2 (47%) Australians were living with a medical condition that needed on-going treatment or medication, down from 51% in last year's survey but above the level reported 2 years earlier (39%). Though lower in all regions, the number living with a medical condition remained highest in rural areas (56%) and noticeably higher than in regional and capital cities (46%). Fewer women needed ongoing treatment or medication for a medical condition (48% vs. 54%), but it was unchanged for men (47%). There was a direct correlation with age - with just 1 in 3 (32%) in the 18-24 age group living with a medical condition rising in each age group to almost 8 in 10 (78%) in the over 65 group. Less people in most age groups also said they needed ongoing treatment or medication (particularly in the 45-54 group where it dropped 51% to 37%), except in 55-64 (61% vs. 58%) and 35-44 (36% vs. 31%) age groups where the number increased. Income is still a significant factor, with noticeably more people in the lower income group (62%) needing ongoing treatment or medication for a medical condition than in the higher income group (40%).

It was also much higher among NDIS participants (73%) and higher than the average in the LGBTQI+ group (53%) - see chart above.

Over 8 in 10 (84%) Australians who needed ongoing treatment or medication for a medical condition also said their condition was chronic (at the time of this survey has lasted or expected to last 6+ months). This was however slightly lower than last year (86%). More specifically, the number who reported having one chronic condition increased slightly to 52% (50% a year ago), but the number who had two or more conditions fell to 32% (36%).

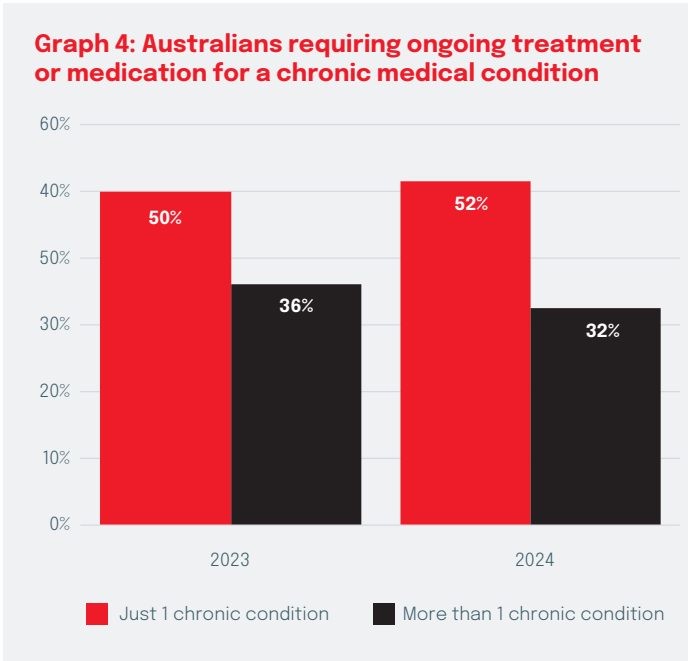


Table 1: Australians requiring ongoing treatment or medication for a medical condition

	2023		2024	
	Just 1 chronic condition	More than 1 chronic condition	Just 1 chronic condition	More than 1 chronic condition
All Australians	50%	36%	52%	32%
Capital city	53%	34%	52%	33%
Regional city	46%	41%	56%	28%
Rural area	43%	38%	45%	36%
Men	54%	32%	49%	33%
Women	47%	39%	54%	32%
18-24	44%	28%	56%	22%
25-34	60%	22%	46%	22%
35-44	64%	23%	60%	23%
45-54	54%	38%	63%	34%
55-64	42%	48%	51%	41%
65+	45%	40%	46%	37%
Lower income	40%	42%	48%	42%
Higher income	61%	27%	55%	26%
NDIS participant	48%	41%	52%	34%
LGBTQI+	58%	29%	49%	36%

By region, there was little change in the number who reported having a chronic condition - ranging from 81% in rural areas to 85% in capital cities. Though broadly unchanged numbers in capital cities and rural areas reporting one or more than one condition, noticeably more Australians in regional cities reported having one condition (56% vs. 46% a year ago) and far fewer more than one (28% vs. 41%). Also clear was the much lower number in rural areas with one condition (45%) than in capital (52%) and regional (56%) cities.

The overall number of men with a chronic condition fell to 82% (86% a year earlier) but was unchanged for women (86%). For men, this reflected a fall in the number reporting one condition (49% vs. 54%). Noticeably more women reported fewer one chronic condition (54% vs. 47%), but fewer reported more than one (32% vs. 39%).

The survey found that 25-34 year olds had the lowest number with a chronic condition (68%) and 45-54 year olds the highest number (97%). The number with only one chronic condition ranged from 46% in the 25-34 and over 65 age group to 63% in the 45-54 group, and with more than one condition from 22% in 18-24 and 25-34 age groups to 41% in the 55-64 group.

Noticeably more people in the lower income group were living with a chronic condition than in the higher income group (90% vs. 81%), reversing the trend from last year.

However, while somewhat more people in the higher income group report having one chronic condition (55% vs. 48%), the prevalence of multiple conditions was much higher in the lower income group (42% vs. 26%).

Most Australians who identified having one or more chronic medical conditions suffered from mental & behavioural conditions (such as anxiety, depression etc.), which affected a basically unchanged 1 in 4 (25%) people in 2024 (26% a year ago).

The next most common condition according to just over 1 in 5 (22%) related to back problems (vs. 23% a year ago). Just under 1 in 5 (18%) had diabetes (19%) or arthritis though the number troubled by arthritis fell somewhat from 23% in last year's survey.

The survey found broadly unchanged numbers who had heart, stroke & vascular disease (14% vs. 13% a year ago) and asthma (13% vs. 14%), and an unchanged number with osteoporosis (7%), cancer (7%), chronic obstructive pulmonary disease (4%) or kidney disease (2%). A lower 32% had other conditions (34% a year ago).

Graph 5: Type of chronic medical condition

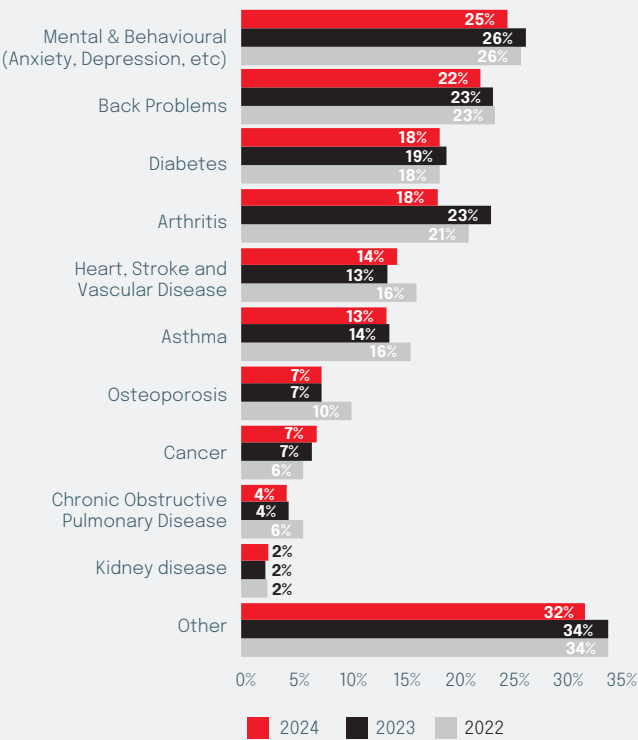


Table 2: Type of chronic condition

	All Australians	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Mental & Behavioural	25%	23%	26%	26%	22%	27%	34%	39%	26%	34%	26%	12%	28%	21%	34%	37%
Back Problems	22%	22%	22%	23%	21%	23%	25%	17%	28%	24%	23%	19%	32%	17%	22%	32%
Diabetes	18%	18%	21%	16%	21%	16%	6%	17%	15%	18%	17%	24%	22%	22%	34%	21%
Arthritis	18%	16%	23%	21%	16%	20%	6%	26%	9%	13%	20%	23%	28%	17%	28%	29%
Heart, Stroke & Vascular	14%	15%	17%	7%	19%	10%	3%	4%	13%	10%	12%	24%	16%	14%	7%	16%
Asthma	13%	13%	18%	7%	13%	14%	19%	11%	21%	15%	11%	11%	13%	14%	10%	5%
Osteoporosis	7%	7%	11%	2%	5%	9%	0%	9%	4%	3%	6%	13%	10%	5%	9%	3%
Cancer	7%	7%	8%	5%	8%	6%	3%	0%	4%	6%	7%	11%	7%	6%	0%	3%
Chronic Obstructive Pulmonary	4%	5%	2%	5%	6%	3%	3%	7%	0%	3%	2%	7%	6%	1%	5%	5%
Kidney disease	2%	3%	0%	5%	2%	3%	3%	2%	2%	3%	1%	3%	2%	2%	3%	5%
Other	32%	35%	20%	34%	32%	32%	25%	15%	30%	32%	41%	34%	26%	36%	19%	16%

Across regions, we counted somewhat less people in capital cities with arthritis (16%), regional cities other conditions (20%) and in rural areas heart, stroke & vascular disease (7%) and asthma (7%), but a somewhat higher number in regional cities with asthma (18%) and osteoporosis (11%). Considerably more men than women had diabetes (21% vs. 16%) and heart, stroke & vascular disease (19% vs. 10%), but more women had mental & behavioural conditions (27% vs. 22%) and osteoporosis (9% vs. 5%). By age, we found a somewhat higher number in the 25-34 group with mental & behavioural conditions (39%), the 55-64 group other conditions (41%) and the over

65 group diabetes (24%), heart, stroke & vascular disease (24%) and osteoporosis (13%). Asthma was also more prevalent in 35-44 (21%) and 18-24 (19%) age groups. Mental & behavioural conditions (28% vs. 21%), back problems (32% vs. 17%) and arthritis (28% vs. 17%) were more common in the lower than higher income group. A well above average number of NDIS participants said they had mental & behavioural conditions (34%), diabetes (34%) and arthritis (28%), and a much higher number in the LGBTQI+ group mental & behavioural conditions (37%), back problems (32%) and arthritis (29%).



Mental & emotional health

Many Australians struggle with mental health illness or disorders (e.g. depression, anxiety, personality disorders, eating disorders, trauma-related disorders, substance abuse disorders etc.). Encouragingly, the 2024-25 survey found lower numbers had a diagnosed mental health illness or disorder in the last 12 months (16% from 18% a year ago) or were diagnosed at some point in their life (30% vs. 32%).

The number who were diagnosed with a disorder in the last 12 months remained highest in rural areas though fell to 19% (25% a year ago) and was lowest in capital cities (16% up from 15%). The highest number diagnosed at some point in their life lived in regional cities (35% down from 37% a year earlier) and was lowest in capital cities (unchanged at 28%). It fell sharply to 31% in rural areas (43%).

More women than men reported having a mental health illness or disorder. Encouragingly however, the number of women diagnosed in the last 12 months fell to 17% (20% a year ago) and diagnosed at some point in their life to 32% (37%). Fewer men were also diagnosed in the past 12 months (14% down from 16%), with the number diagnosed at some time in their life unchanged at 27%.

By age, the number diagnosed with a mental health illness or disorder fell sharply in the 18-24 group to 28% (38% a year ago) but was still highest of all age groups by a large margin. In contrast, just 8% of over 65s were diagnosed in the last 12 months (13% a year ago). We also noted a

somewhat higher number of 35-44 year olds diagnosed in the past year to 19% (vs. 13%). The number diagnosed at any time in their life remained highest in the 18-24 group at 43%, but down from 54% a year earlier. This was more than double the number in the oldest group where only 20% were diagnosed at some time in their life (25% a year ago).

This year's survey showed a large fall in the lower income group diagnosed in the last year (17% down from 28% a year earlier). It was basically unchanged in the higher income group (15%). The number diagnosed at some time in their life was also basically unchanged in lower (37%) and higher (26%) income groups. Significantly more NDIS participants (35%) and in the LGBTQI+ group (32%) were diagnosed in the past year compared to the average - though this fell from 40% in both groups last year. Whereas the number diagnosed at some point in their life was largely unchanged for NDIS participants (47% vs. 49% a year earlier), it fell sharply in the LGBTQI+ group (47% vs. 59%).

Australians diagnosed with a mental health condition such as anxiety or depression can access a mental health treatment plan. A mental health treatment plan lets them claim up to 10 individual and 10 group sessions with a mental health professional each calendar year through the Medicare Australia psychology rebate. NAB's survey found 18% of Australians had a Mental Health Treatment Plan, aligning closely with number of Australians diagnosed with a mental health illness or disorder in the past 12 months (16%).

This however ranged from 22% in regional cities to 12% in rural areas. More women than men had a plan (20% vs. 16%). It fell with age from 35% in the 18-24 group to 3% in the over 65 group. Despite a broadly similar number of lower and higher income earners diagnosed with a mental illness or disorder in the past 12 months, significantly more higher income earners also had a mental health treatment plan than in the lower income group (22% vs. 14%). Over 4 in 10 NDIS participants (43%) and in the LGBTQI+ group (42%) had a Mental Health Treatment Plan.

Graph 6: Have had a diagnosed mental health illness or disorder in past 12 months or at any time

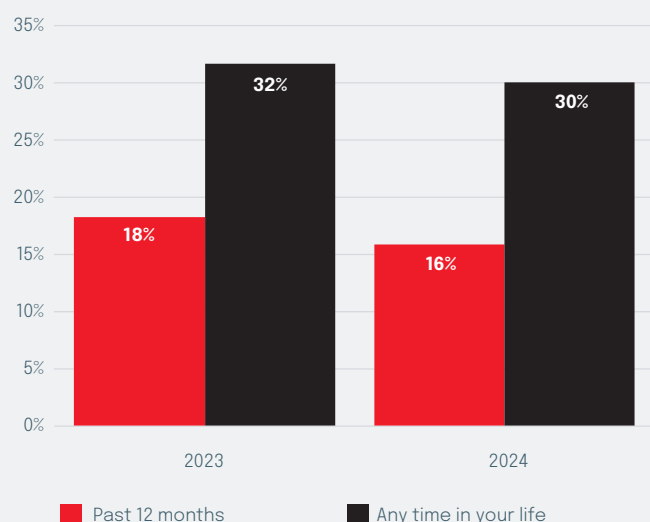


Table 3: Have had a diagnosed mental health illness or disorder in past 12 months or at any time

	2023		2024	
	Past 12 months	Any time in your life	Past 12 months	Any time in your life
All Australians	18%	32%	16%	30%
Capital city	15%	28%	16%	28%
Regional city	23%	37%	12%	35%
Rural area	25%	43%	19%	31%
Men	16%	27%	14%	27%
Women	20%	37%	17%	32%
18-24	38%	54%	28%	43%
25-34	25%	37%	17%	33%
35-44	13%	25%	19%	31%
45-54	15%	33%	12%	26%
55-64	13%	27%	14%	32%
65+	13%	25%	8%	20%
Lower income	28%	38%	17%	37%
Higher income	14%	26%	15%	26%
NDIS participant	40%	49%	35%	47%
LGBTQI+	40%	59%	32%	47%

We continue to see a significant disconnect between the overall number of Australians who had a diagnosed mental health illness or disorder in the last 12 months (16%) and the number of Australians who have felt they needed professional help for their emotions, stress or mental health over the past year (39% up from 36% a year earlier).

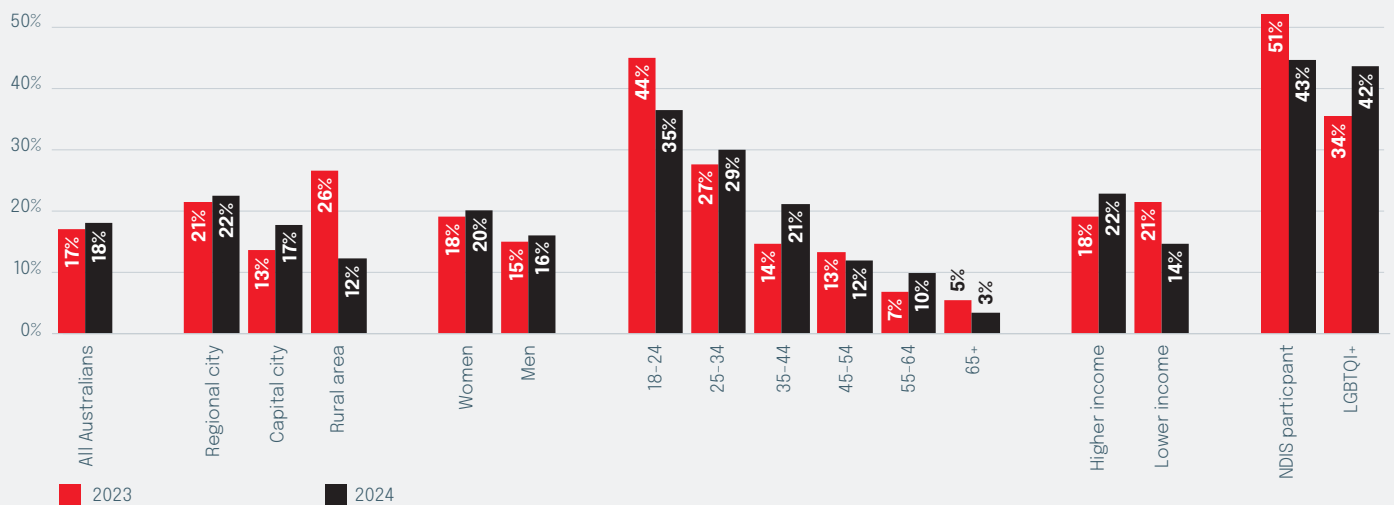
The overall number that felt they needed professional help however masks different patterns across different groups. While highest in regional cities, the number that felt they needed help fell slightly to 42% (45% a year ago) and was also somewhat lower in rural areas (40% vs. 46%). In capital cities, it climbed to 37% (vs. 31% a year earlier) but was still lowest overall. A broadly unchanged number of women felt they needed help (41% vs. 40%), and it remained higher than for men despite the number who felt they needed help rising to 35% (32%).

The number who felt they needed help fell with age. It was highest in the 18-24 group where over 7 in 10 (71%) felt they needed help, up from 69% a year earlier. It stepped down in each successive age group to just 13% in the over 65 group. The number that felt they needed help increased in 25-34 (56% vs. 52%), 35-44 (43% vs. 35%) and 45-54 (36% vs. 30%) age groups but fell in 55-54 (23% vs. 27%) and over 65 (13% vs. 18%) age groups.

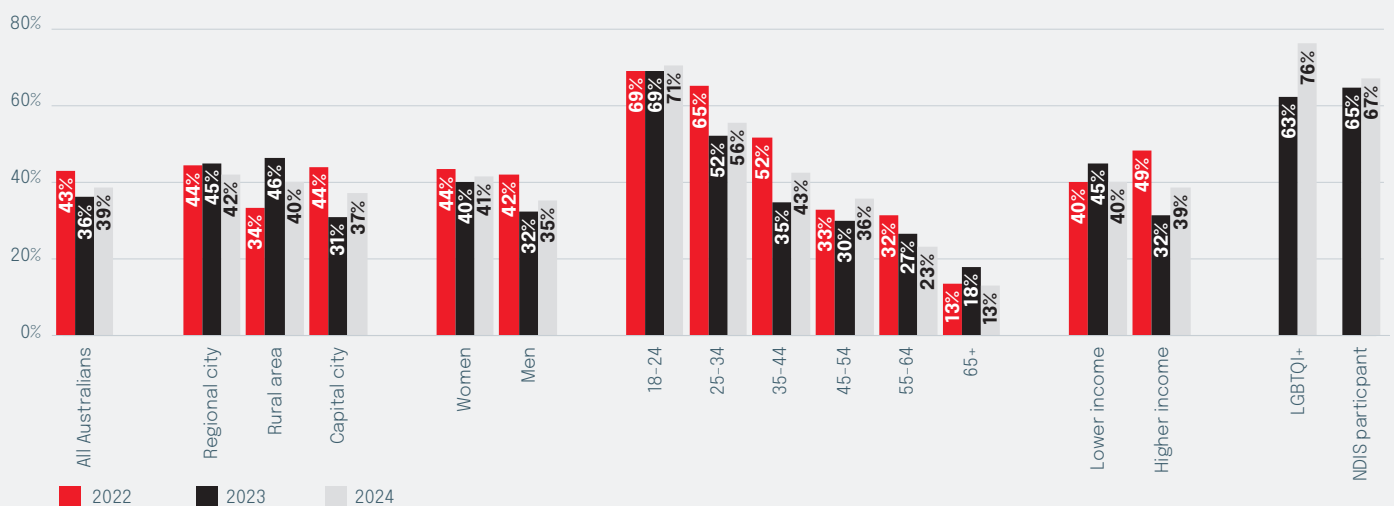
Patterns also varied by income. Whereas the number who felt they needed help fell in the lower income group (40% vs. 45% a year earlier), it increased in the higher income group (39% vs. 32%). Consequently, the number that felt they needed professional help was broadly similar, reversing the trend seen a year earlier when considerably more people in the lower income group felt they needed help.



Graph 7: Have a Mental Health Treatment Plan



Graph 8: Felt you needed professional help for emotions, stress or mental health in past year



A well above average 3 in 4 (76%) NDIS participants felt they needed professional help in the past 12 months (up sharply from 63%), with an above average 67% in the LGBTQI+ group also signalling they needed help (up slightly from 65%).

When Australians were asked to self-rate their mental & emotional health, they scored an unchanged 6.9 pts out of 10. Almost 1 in 2 or an unchanged 46% overall scored their mental & emotional health 'very' high (i.e. 8+ pts), and less than 1 in 10 (7%) 'very' low.



It remained highest and unchanged at 7.1 pts in capital cities but improved slightly in regional cities (6.8 pts vs. 6. pts) and rural areas (6.6 pts vs. 6.5 pts). The number who scored high in capital cities however fell to 47% (50% a year ago) but increased in regional cities (44% vs. 40%) and rural areas (43% vs. 31%). Men reported a small improvement in their mental & emotional health (7.2 pts vs. 7.1 pts a year earlier). It was unchanged for women (6.8 pts) and scored somewhat lower than men. We also noted a rise in the number of men who scored high (51% up from 48%), while it fell for women to 42% (vs. 45%).

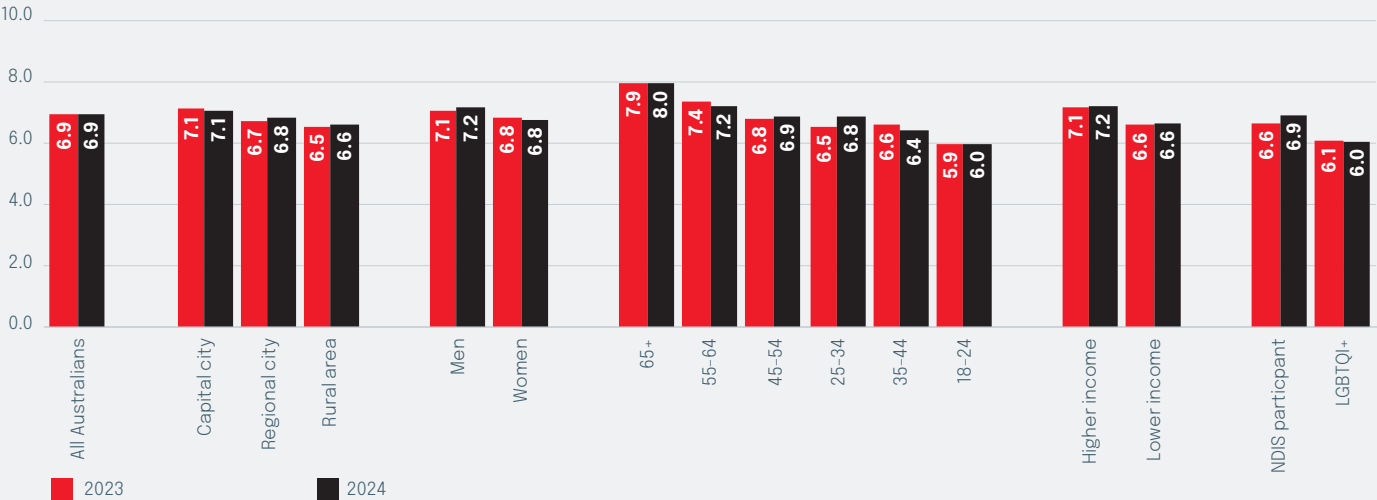
Mental & emotional health typically improves as we get older. In the 2024–25 survey, 18–24 year olds again scored lowest at 6.0 pts (vs. 5.9 pts a year earlier). It was highest in the over 65 age group (8.0 pts up from 7.9 pts). The survey also revealed a large fall in the number of 18–24 year olds who scored their mental & emotional health high from 33% a year earlier to 22% this year. In addition, around 12% of young Australians also scored very low – almost twice higher than the Australian average. In contrast, around

7 in 10 (69%) in the over 65 age group scored their mental & emotional health high and just 2% very low.

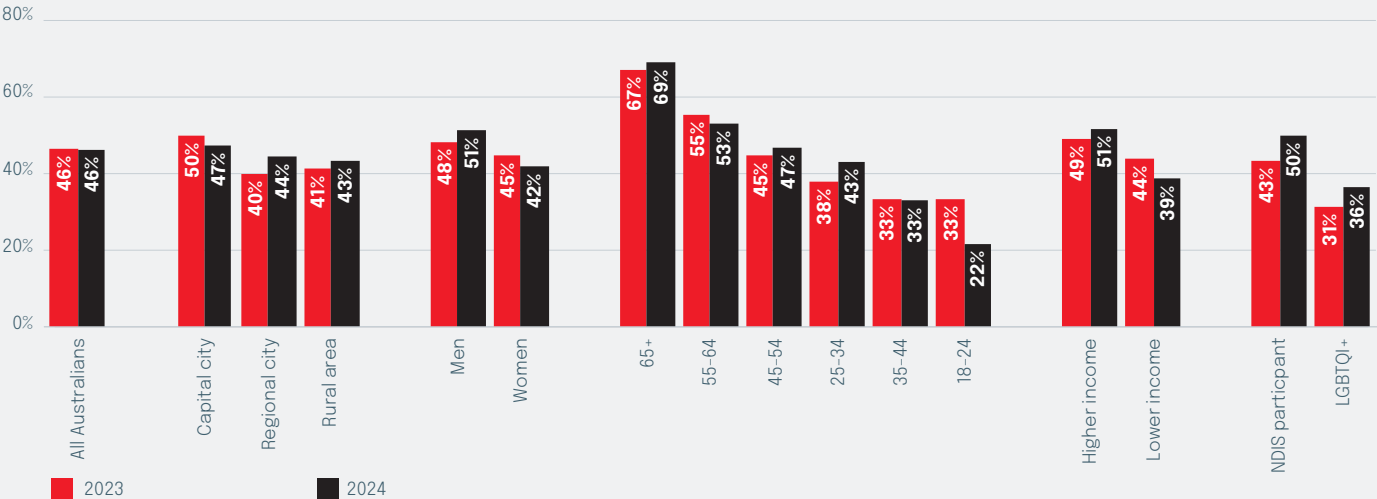
Income is a differentiator. Australians in the higher income group (7.2 pts) scored somewhat higher than in the lower income group (6.6 pts). We also counted a greater number in the higher income group who scored high (51% vs. 49% in 2023), but a smaller number in the lower income group (39% vs. 44% a year earlier). Around 10% in the lower income group also scored very low compared to 6% in the higher income group.

NDIS participants scored their mental & emotional health in line with the Australian average (6.9 pts up from 6.6 pts), with a considerably higher number in this group also scoring high (50% vs. 43%). Mental & emotional health scored slightly lower and well below average in the LGBTQI+ group (6.0 pts vs. 6.1 pts a year earlier). Though the proportion who scored high in this group rose to 36% (31%), almost 1 in 5 (18%) still scored their mental health very low (unchanged).

Graph 9: Mental/emotional health (score)



Graph 10: Mental/emotional health (high)



Physical health

Physical health refers to the condition of the body, taking into consideration everything from the absence of disease to fitness level. It is critical for overall wellbeing. When Australians were asked to self-rate their physical health, they scored on average 6.8 pts out of 10 (10 is 'extremely' healthy), up slightly from 6.7 pts a year earlier and but lower than their perceived mental & emotional health (6.9 pts).

The number who scored their physical health 'very' high (i.e., 8+ pts) also climbed to 4 in 10 (40%) from 37% a year ago but was also below the number that scored high for mental & emotional health (46%). Just over 1 in 20 (6%) Australians overall scored their physical health 'very' low (3 pts or less) - see chart below.

Self-perceptions of physical health scored higher across the country, ranging from 6.9 pts in capital cities to 6.3 pts in rural areas. However, the number who scored high was much greater in capital cities (41%) than regional cities and rural areas (28%). Men (6.9 pts) and women (6.7 pts) also scored physical health higher, with the number of men who scored high basically unchanged at 41% but higher among women (38% up from 33% a year earlier).

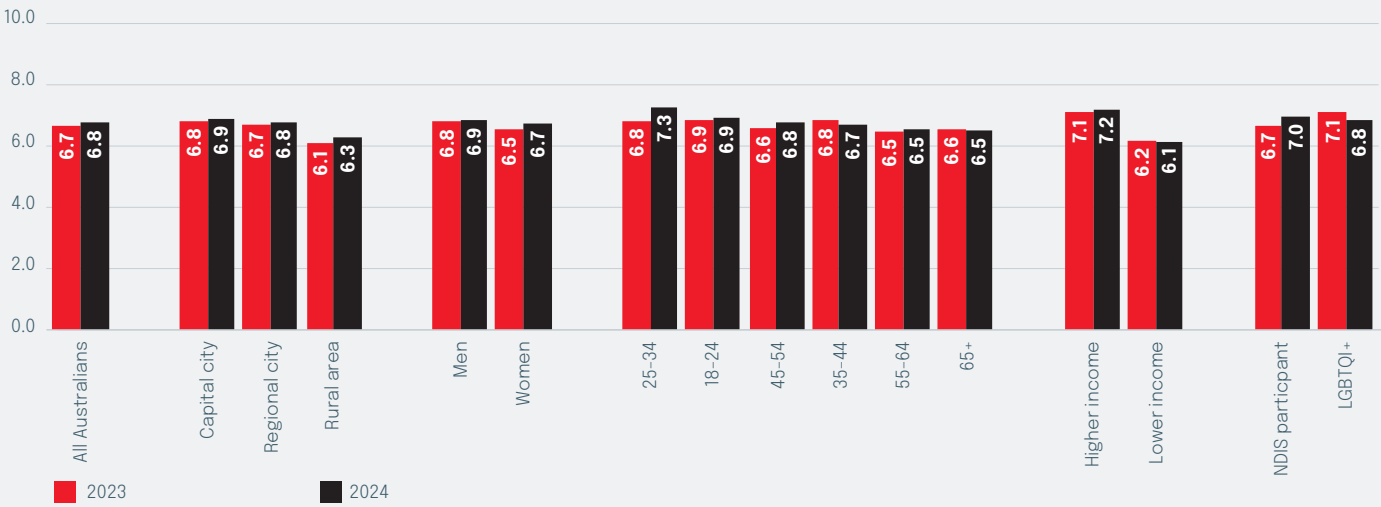
Physical health did not correlate with age. It was highest and rose noticeably in the 25-34 age group (7.3 pts up from 6.8 pts) and lowest in 55-64 and over 65 age groups (6.5 pts). Over 1 in 2 (53%) in the 25-34 group scored high, with this falling to 1 in 3 in the 55-64 (32%), 35-44 (34%) and over 65 (35%) age groups.

Income appeared to factor more when assessing physical health, with higher income earners reporting noticeably higher levels than the lower income group (7.2 pts vs. 6.1 pts). Moreover, almost 1 in 2 (47%) in the higher income group reported high levels of physical health compared to just 3 in 10 (31%) in the lower income group. In addition, almost 4 times as many people in the lower income group scored their physical health low than in the higher income group (11% vs. 3%).

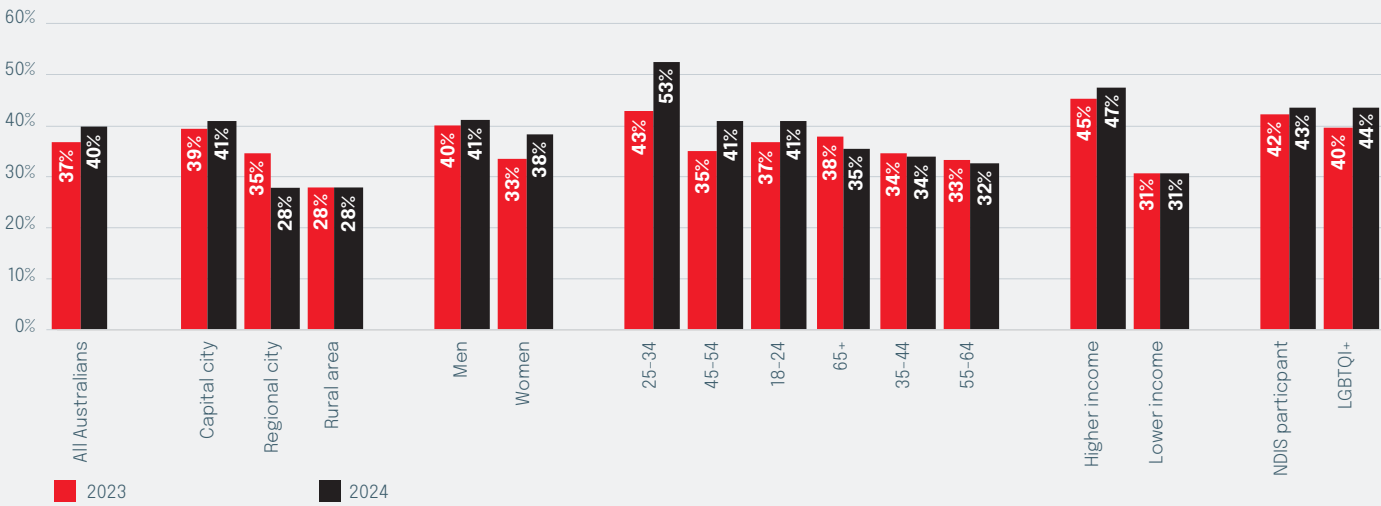
NDIS participants (7.0 pts) assessed their physical health slightly higher than the average Australian, while people in the LGBTQI+ group (6.9 pts) scored in line with the average. However, both the number of NDIS participants (43%) and in the LGBTQI+ group (44%) who scored high exceeded the national average.



Graph 11: Physical health (score)



Graph 12: Physical health (high)



Satisfaction with overall health

Australians reported a small improvement in satisfaction with their overall health but are still only ‘moderately’ satisfied. When asked to rate their satisfaction, they scored 6.7 pts out of 10 (vs. 6.6 pts a year ago). Around 4 in 10 (38%) scored their satisfaction ‘very high’ (down slightly from 39%), and around 1 in 10 (8%) ‘very low’ down from 9% a year earlier.

By region, overall satisfaction again scored highest in capital cities at an unchanged 6.8 pts and lowest in rural areas where it rose to 6.3 pts (6.1 pts a year earlier). The number who scored satisfaction high also remained greatest in capital cities (40%) and lowest in rural areas (32%). Those who scored satisfaction very low ranged from 7% in capital cities to 10% in rural areas.

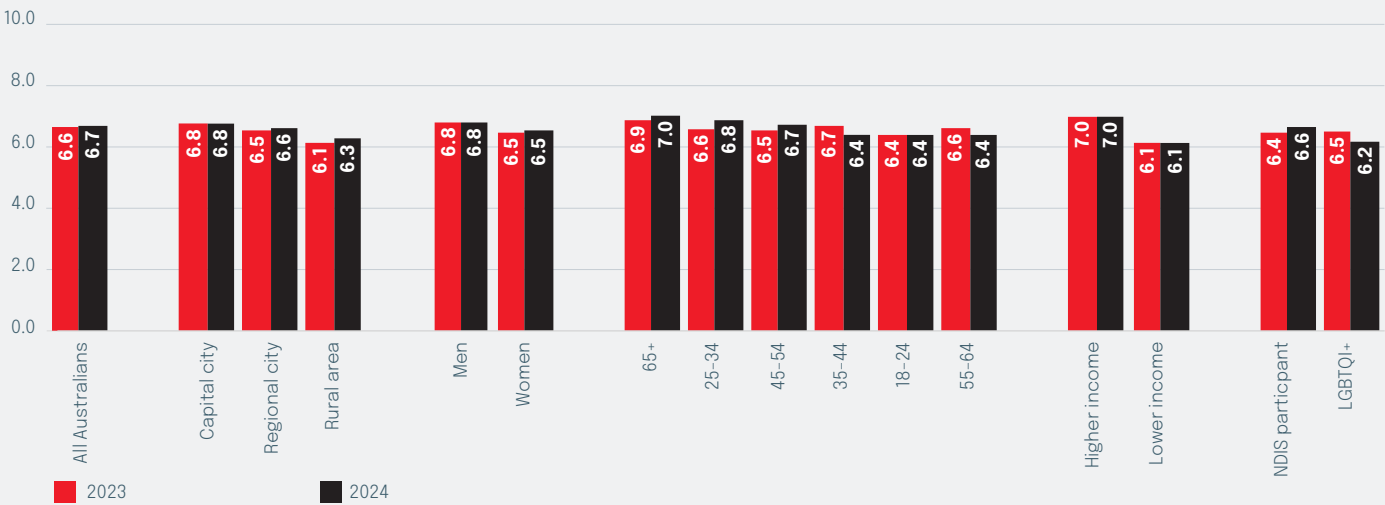
Satisfaction was unchanged for men (6.8 pts) and women (6.5 pts), though a lower number of men scored high (39% down from 42% a year ago) and a slightly greater number of women high (37% up from 36%). By age, overall satisfaction was equal lowest in 55–64, 18–24 and 35–44 age groups at 6.4 pts. It was highest in the over 65 age group (7.0 pts up from 6.9 pts). The number who scored high was greatest in the over 65 group (47%), increased most in the 25–34 age group (44% up from 36%), and was lowest (and also fell most) for 18–24 years olds (28% down from 35%).

Australians in the higher income group (unchanged at 7.0 pts) continued to score satisfaction with their overall health much higher than the lower income group (also unchanged at 6.1 pts). More people in the higher income group also scored high (46% up from 44%), but a lower number did in the lower income group (28% vs. 34%). Of some concern, three times as many people in the lower income group also scored very low than in the higher income group (15% vs. 5%).

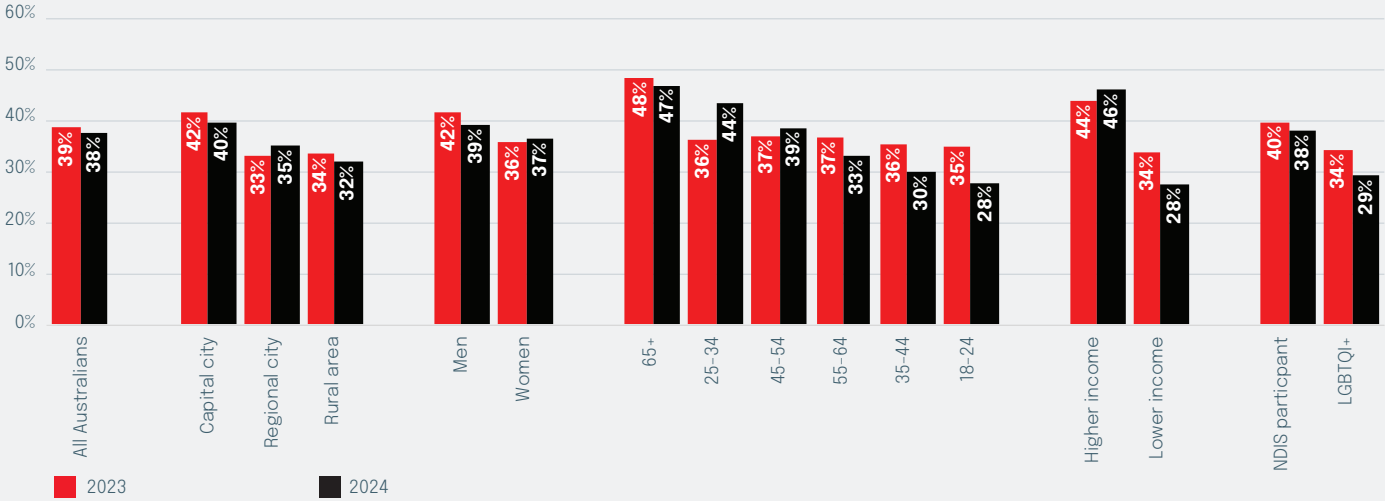
NDIS participants scored satisfaction levels that were largely in line with the average Australian (6.6 pts up from 6.4 pts). A slightly lower number of NDIS participants however scored high (38% vs. 40% a year earlier) – though this was offset by a slightly lower number who rated their satisfaction very low (8% vs. 12%). The LGBTQI+ group however scored their satisfaction somewhat lower at a well below average 6.2 pts (6.5 pts a year earlier). The number who scored high also fell to 29% (vs. 34%), while 13% scored very low – around twice higher than the national average.



Graph 13: Satisfaction with overall health (score)



Graph 14: Satisfaction with overall health (high)



Prioritising health

Encouragingly, the number of Australians who prioritised health more over the past year continued to grow, reaching 45%, up from 44% a year earlier and 41% two years ago. However, this was offset by a bigger number who prioritised their health less, which increased to 12% from 10% in last year's survey.

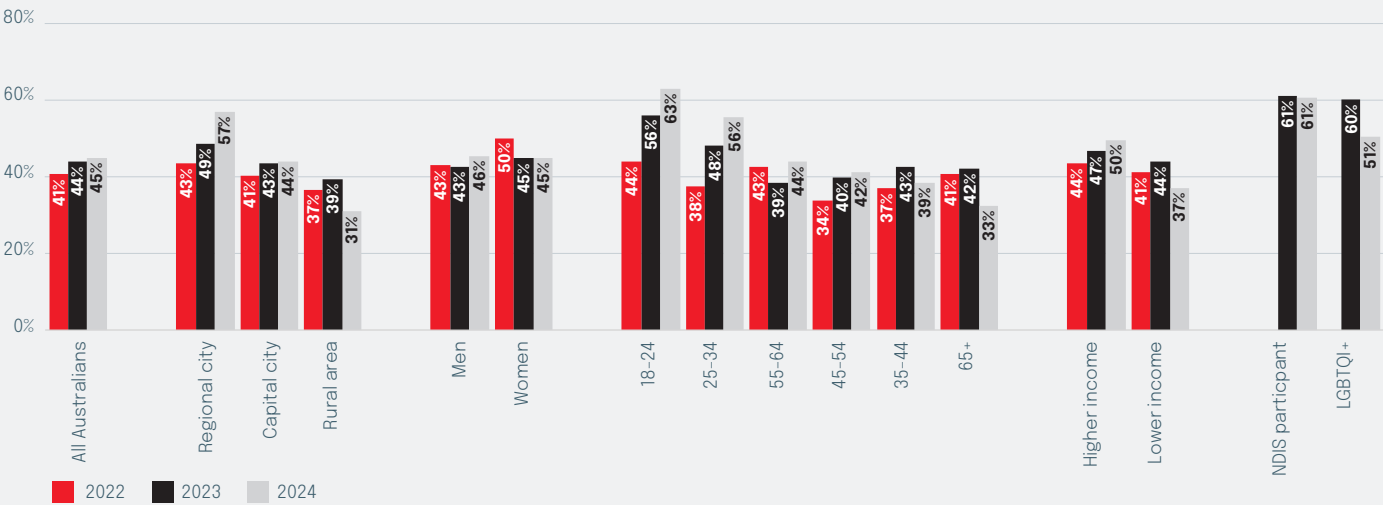
By region, the number who prioritised more remained highest and increased considerably in regional cities to 57% (49% a year ago). It was also slightly higher in capital cities (44% vs. 43%) but fell noticeably in rural areas to 31% (39%). Significantly more people in rural areas - over 1 in 5 or 22% - also prioritised their health less compared to 11% in capital cities and 8% in regional cities. The number of men who prioritised more rose to 46% (43%) but was unchanged for women (45%), though somewhat more women than men prioritised less (14% vs. 9%).

There was no clear relationship with age. An increased emphasis on health was most evident in 18-24 (63% up from 56% a year earlier) and 25-34 (56% vs. 48% in 2023) age groups. It fell and was lowest in the over 65 (33% vs. 42% in 2023) and 35-44 (39% vs. 43%) age groups. However, only 3% of people over 65 prioritised their health less in 2024 compared to almost 1 in 5 (19%) in the 35-44 group.

More Australians in the higher income group prioritised their health more (50% vs. 47% a year ago), but it fell considerably in the lower income group (37% vs. 44%). Interestingly however the number who prioritised their health less was greater in the higher than lower income group (13% vs. 11%). An unchanged and well above average 6 in 10 (61%) NDIS participants made their health a bigger priority but fell sharply in the LGBTQI+ group (51% vs. 60%) where almost 1 in 5 (18%) also said they made it less of a priority.



Graph 15: Prioritising health more over the past year



Graph 16: What stops you taking better care of your health?

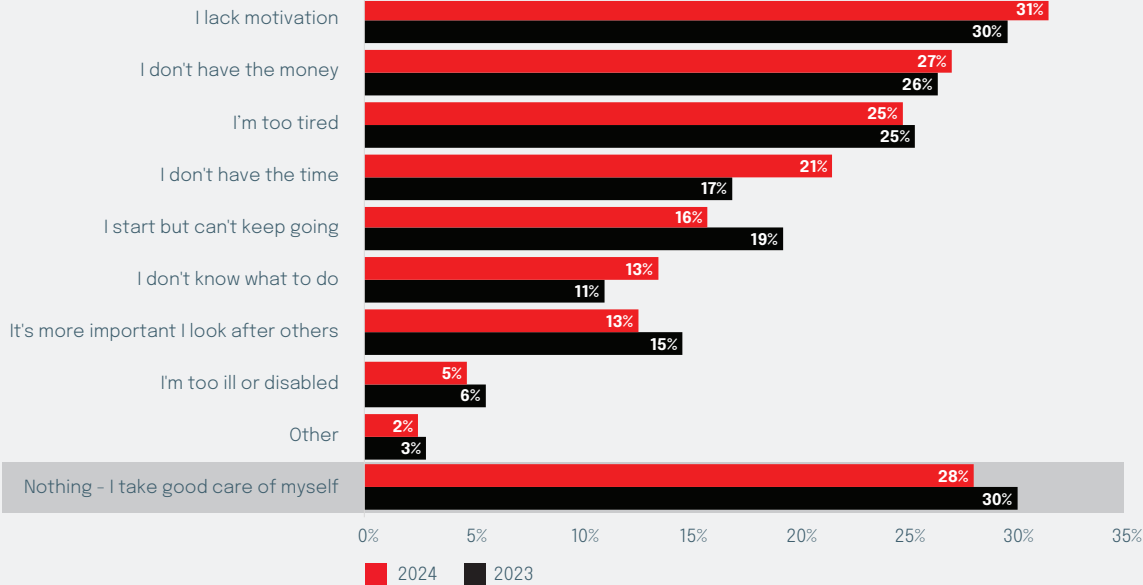


Table 4: What stops you taking better care of your health: 2024

	All Australians	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
I lack motivation	31%	28%	37%	38%	30%	32%	44%	38%	34%	24%	33%	21%	31%	34%	32%	37%
I don't have the money	27%	25%	28%	34%	24%	30%	34%	30%	38%	26%	26%	14%	32%	23%	25%	32%
I'm too tired	25%	24%	23%	30%	21%	28%	35%	33%	32%	25%	17%	11%	24%	26%	24%	21%
I don't have the time	21%	23%	22%	15%	19%	24%	25%	37%	31%	24%	10%	3%	14%	28%	21%	29%
I start but can't keep going	16%	16%	15%	16%	13%	18%	22%	21%	19%	13%	12%	9%	13%	16%	18%	16%
I don't know what to do	13%	14%	11%	13%	13%	13%	21%	19%	17%	13%	9%	5%	14%	13%	20%	5%
Important I look after others	13%	13%	12%	14%	10%	15%	9%	17%	18%	14%	12%	5%	7%	18%	23%	3%
I'm too ill or disabled	5%	4%	4%	11%	4%	5%	2%	7%	2%	6%	8%	4%	8%	3%	10%	3%
Other	2%	2%	3%	4%	2%	3%	1%	2%	1%	1%	7%	3%	5%	2%	3%	5%
None: I take good care of myself	28%	30%	23%	25%	32%	24%	7%	15%	18%	28%	32%	58%	29%	24%	14%	5%

Though people may want to enjoy better health, they often do things that are not consistent with health promotion. When again asked to identify what stops them from taking better care of their overall health, a broadly unchanged number pointed to a lack of motivation as the most common reason (31%), followed by lack of money (27%) and being too tired (25%). However, we also noted a considerable rise in the number who said lack of time was a reason for not taking better care of their health (21% up from 17%), but a somewhat lower number who could start but could not keep going (16% down from 19%). Slightly more also did not know what to do (13% vs. 11%), while slightly fewer said it was more important to look after the health of others (13% vs. 15%). The overall number who said there was nothing they needed to do as they already take good care of themselves also dipped to 28% (30%) – see chart above.

Lack of motivation affected noticeably more people in regional cities (37%) and rural areas (38%), but lack of money (34%), being too tired (30%) or too ill or disabled (11%) prevented somewhat more in rural areas from taking better care of their health. Lack of time was also a bigger issue in capital (23%) and regional (22%) cities. Around 3 in 10 in capital cities already take good care of themselves, compared to 1 in 4 in regional cities and rural areas. Key differences between men and women related to a much higher number of women inhibited by lack of money (30% vs. 24%) and being too tired (28% vs. 21%), and much more men who said nothing stopped them (32% vs. 24%).

Lack of motivation was particularly challenging for 18-24 year olds (44%), lack of money in the 35-44 age group (38%), being too tired in age groups under 45 and lack of time in the 25-34 group (37%). Around 6 in 10 (58%) over 65s said they already take good care of themselves, almost double the next highest group (55-64 age group at 32%). Lack of money was a much bigger issue for lower income earners (32% vs. 23%), but lack of time (28% vs. 14%) and feeling that it was more important to look after others (18% vs. 7%) in the higher income group.

A well above average number of NDIS participants did not take better care of their health because they did not know what to do (20%), felt it was more important to look after others (23%) or were too ill or disabled (10%). Lack of motivation (37%) and lack of time (29%) however stopped above average numbers in the LGBTQI+ group, but not knowing what to do (5%), looking after others (3%), and doing nothing because they already take good care of themselves impacted far less people in this group.

Preventative health mindset

A preventative health mindset is one that takes a pro-active approach to staying healthy and well to help prevent or lower the risk of poor health, illness, injury and early death through exercise, diet, quitting smoking, alcohol & drugs, regular health screening & check-ups, and generally taking steps to ensure their mental and physical health is as good as possible.

Prevention aims to stay healthy and well for as long as possible. Australians were asked to again score the extent they had a preventative health mindset. It improved slightly to a 'moderately' high 7.0 pts, up from 6.8 pts in last year's survey.

Australians in capital cities rated this mindset highest at 7.1 pts (up from 6.9 pts), followed by regional cities (unchanged at 6.9 pts). It was lowest in rural areas (6.4 pts up from 6.3 pts). Women (7.0 pts vs. 6.8 pts) and men (6.9 pts vs. 6.8 pts) scored higher, as did most age groups except the over 65s - though still highest overall (7.3 pts vs. 7.5 pts).

It was lowest and unchanged in the 35-44 group (6.5 pts). People in the higher income group scored their mindset highest at an unchanged 7.0 pts, but it lifted in the lower income group (6.7 pts vs. 6.5 pts). The preventative mindset of NDIS participants was broadly in line with the Australian average at a slightly higher 7.1 pts (6.9 pts), and it also increased in the LGBTI+ group (6.6 pts vs. 6.5 pts).

The average score does however hide quite a high number of people who scored their preventative health mindset 'very' high (i.e. 8+ pts). It was also encouraging to find that the number of Australians who scored their preventative mindset very high increased to 42%, from 38% the previous year.

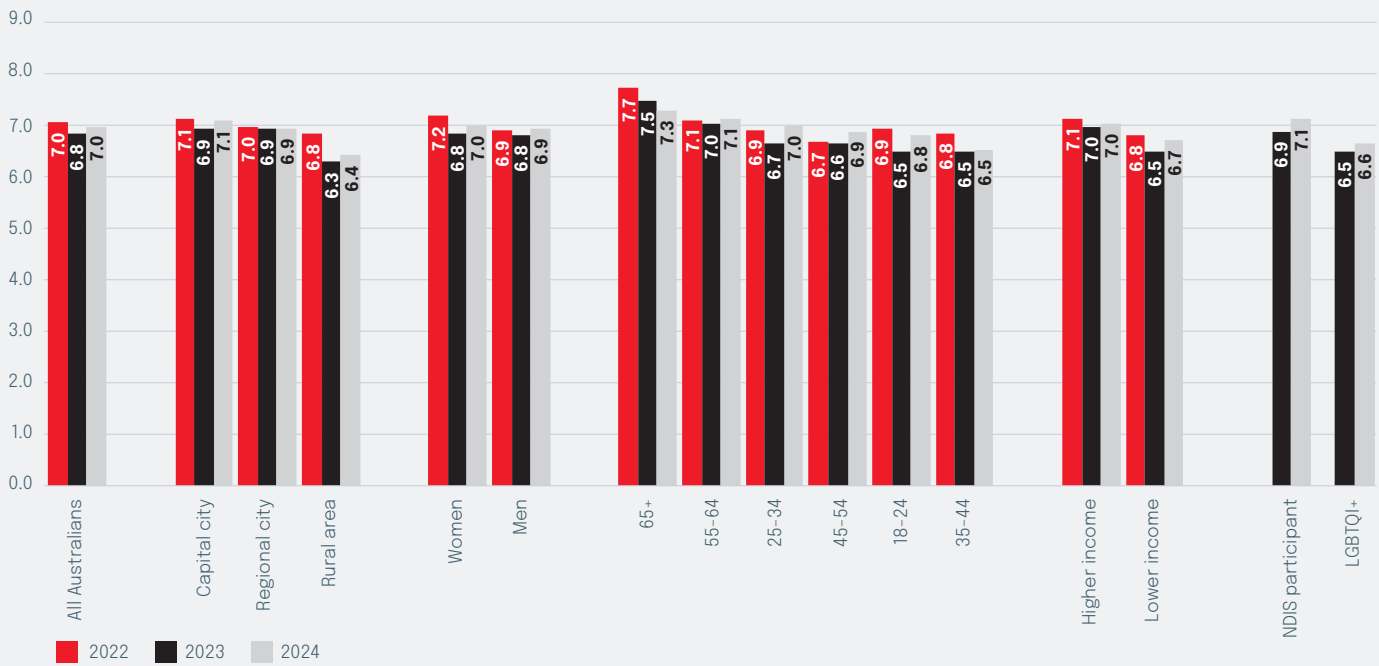
The number of people with a very high preventative mindset increased and was higher in all regions but printed somewhat higher in regional (44%) and capital (43%) cities compared to rural areas (31%).

We also recorded a solid rise in the number of women with a very high preventative mindset (44% vs. 38%), and a smaller increase among men (40% vs. 38%) during the year.

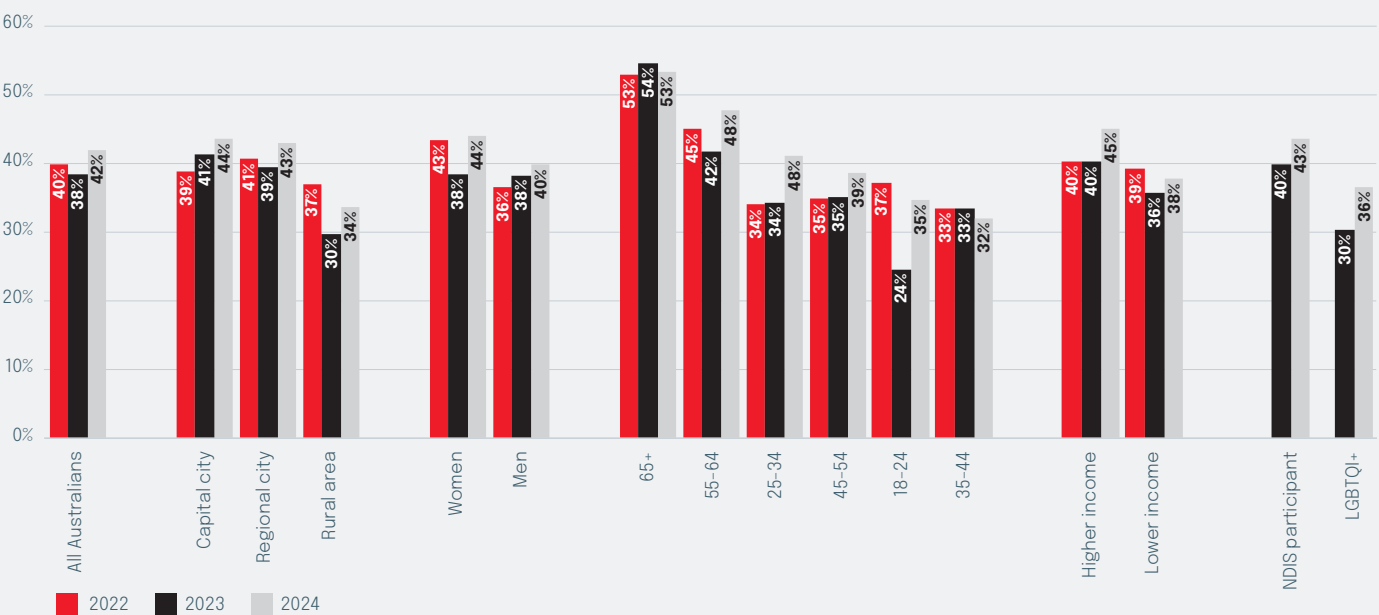
People who had a very high preventative mindset increased in most age groups, and it ranged from 53% in the over 65 group to 32% in the 35-44 groups (but also the only two groups where the number of people with a very high preventative mindset fell). In contrast, we counted sizeable increases in 18-24 (35% vs. 24%), 25-34 (41% vs. 34%) and 55-54 (48% vs. 42%) age groups who had a very high preventative mindsets compared to the previous year.



Graph 17: Extent you believe you have a preventative health mindset (score)



Graph 18: Extent you believe you have a preventative health mindset (high)



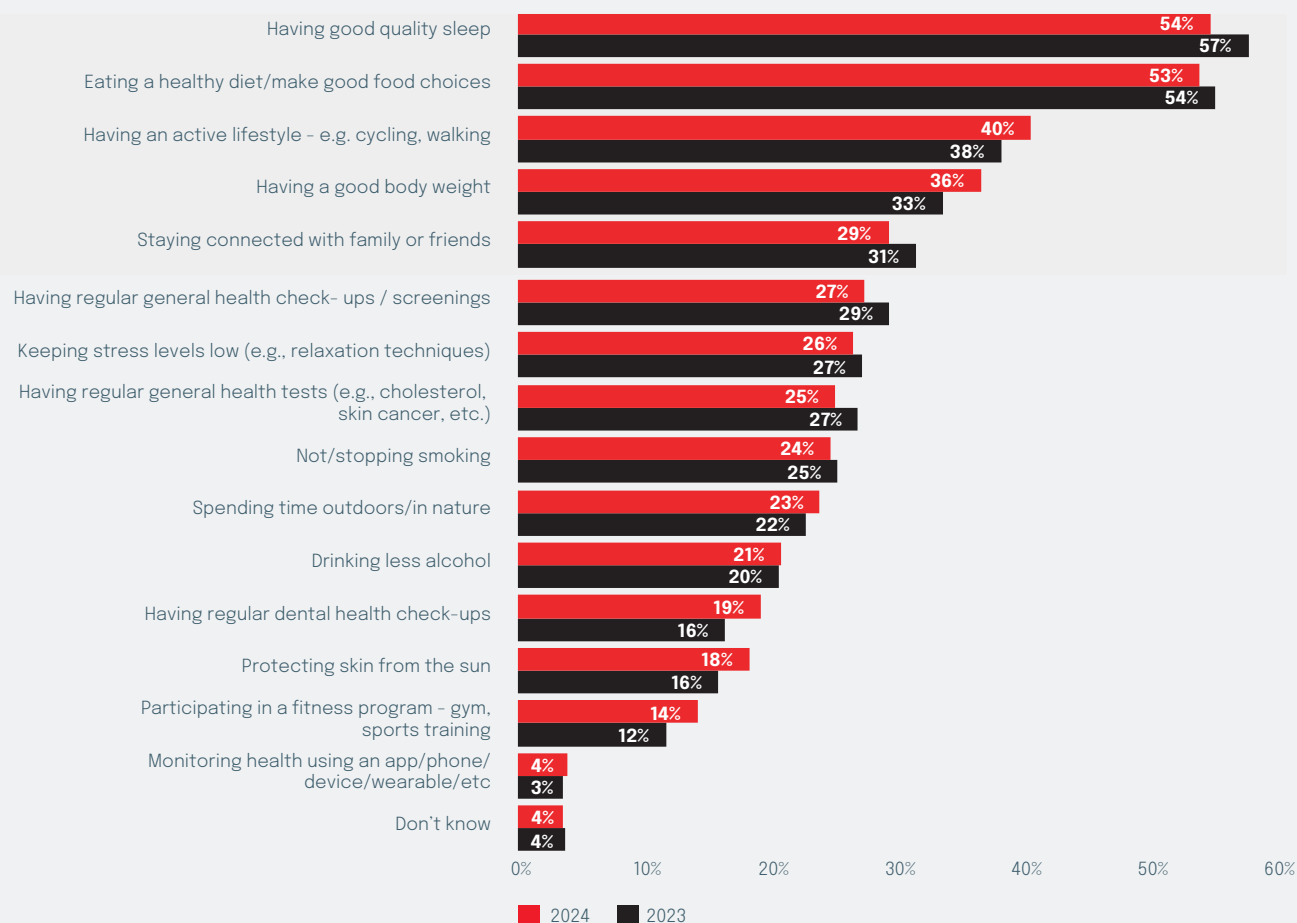
More people said they had a very high preventative mindset in higher (45% vs. 40%) and lower (38% vs. 36%) income groups, among NDIS participants (43% vs. 40%) and in the LGBTQI+ group (36% vs. 30%) compared to the previous year – see charts above.

Preventative measures can help produce better health outcomes. But which measures do Australians believe are most important? In this year’s survey, they were asked again to select the top 5 preventative healthcare measures they felt were most important.

Two measures again stood out, with over 1 in 2 overall highlighting good quality sleep (54% vs. 57% the previous year) and eating a healthy diet & making good food choices (53% vs. 54%). Rounding out the top 5 were having an active lifestyle (40% vs. 38%), having good body weight (36% vs. 33%) and staying connected with family or friends (29% vs. 31%).

For 1 in 4, the most important preventative health measures they could take were having regular check-ups & screenings (27% vs. 29%), maintaining low stress levels (26% vs. 27%), having regular general health tests (25% vs.

Graph 19: Top 5 preventative health measures



27%), not smoking or quitting (24% vs. 25%) and spending more time outdoors or in nature (23% vs. 22%).

For 1 in 5, drinking less alcohol (21% vs. 20%), having regular dental health check-ups (19% vs. 16%) and protecting their skin from the sun (18% vs. 16%) would help most, and for around 1 in 7 (14%) participating in a fitness program. Only 4% said monitoring their health using an app, phone, device or wearable would help them while an unchanged 1 in 25 (4%) did not know.

By region, we noted a somewhat higher number in capital cities who ranked having an active lifestyle (42%), in rural areas not smoking or quitting (34%) and in regional cities drinking less alcohol (25%) among their top 5 preventative health measures. However, somewhat fewer in capital cities ranked not smoking or quitting (21%) and spending time outdoors and in nature (19%) in their top 5 - see table below.

By gender, a noticeably higher number of women than men ranked good quality sleep (59% vs. 49%), healthy diet & good food choices (60% vs. 46%), staying connected with family or friends (35% vs. 23%) and regular dental health check-ups (22% vs. 16%) in their top 5 preventative health measures, but more men drinking less alcohol (25% vs. 16%).

By age, having good quality sleep was important for noticeably more people in the 55-64 group (68%), healthy food & diet choices in the 55-54 (67%) and over 65 (63%) groups, active lifestyle in the 55-64 group (50%), regular health check-ups (40%) and regular health tests (41%) in the over 65 group, keeping stress low in the 45-54 group (37%), regular dental health check-ups in the 55-54 (24%) and over 65 (25%) groups and fitness programs in the 25-34 (25%) and 18-24 (21%) age groups.

The biggest differences by income included the greater number in the higher income group that valued healthy diet & good food choices (55% vs. 47%) and keeping stress levels low (30% vs. 22%), and in the lower income group good quality sleep (64% vs. 52%) and spending time outdoors or in nature (31% vs. 22%). Far fewer NDIS participants ranked good quality sleep (40%), healthy diet & good food choices (43%), active lifestyle (26%) and good body weight (24%) in their top 5 compared to the average Australian. In the LGBTQI+ group, a well above average number said monitoring their health using apps etc. (13%) was key, but a much lower number good body weight (28%).

Table 5: Top 5 preventative health measures: 2024

	All Australians	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Good quality sleep	54%	55%	49%	59%	49%	59%	49%	48%	50%	53%	68%	57%	64%	52%	40%	49%
Healthy diet/ good food choices	53%	53%	57%	48%	46%	60%	41%	51%	48%	48%	67%	63%	47%	55%	43%	53%
Active lifestyle	40%	42%	37%	37%	38%	42%	42%	34%	38%	41%	50%	40%	41%	41%	26%	41%
Good body weight	36%	36%	36%	37%	37%	36%	24%	31%	29%	43%	44%	43%	37%	34%	24%	28%
Connected with family or friends	29%	29%	29%	28%	23%	35%	34%	27%	28%	22%	28%	35%	29%	29%	22%	28%
Regular health check-ups	27%	28%	25%	24%	28%	26%	19%	22%	24%	25%	29%	40%	27%	25%	24%	22%
Keeping stress levels low	26%	26%	27%	23%	25%	27%	21%	30%	27%	37%	27%	15%	22%	30%	23%	20%
Regular general health tests	25%	26%	22%	23%	23%	27%	16%	16%	20%	20%	32%	41%	23%	23%	25%	21%
Not or stopping smoking	24%	21%	28%	34%	26%	22%	27%	26%	16%	19%	27%	30%	24%	23%	22%	29%
Spend time outdoors/in nature	23%	19%	30%	33%	23%	24%	19%	24%	20%	25%	27%	25%	31%	22%	27%	25%
Drinking less alcohol	21%	19%	25%	19%	25%	16%	24%	27%	22%	16%	19%	17%	21%	22%	24%	26%
Regular dental health check-ups	19%	20%	16%	16%	16%	22%	15%	15%	19%	15%	24%	25%	18%	19%	23%	26%
Protecting skin from sun	18%	20%	16%	15%	15%	21%	19%	17%	15%	19%	17%	21%	20%	18%	12%	15%
Fitness program – e.g. gym	14%	15%	15%	8%	16%	13%	21%	25%	12%	9%	10%	9%	12%	15%	20%	15%
Monitor health using app etc.	4%	3%	6%	3%	5%	3%	5%	7%	6%	3%	0%	2%	4%	4%	9%	13%
Don't know	4%	4%	1%	7%	4%	3%	5%	2%	8%	5%	1%	1%	3%	3%	2%	1%

Smoking & Vaping

Data from the Australian Institute of Health and Welfare (AIHW 2021) shows 20,482 Australians died from tobacco use in 2018 or 13% of all deaths – equating to one tobacco related death every 26 minutes.

Up to two-thirds of deaths in current smokers may be attributed directly to smoking and smokers are estimated to die an average of 10 years earlier than non-smokers.

Smoking was also responsible for 8.6% of the total burden of disease in Australia and is associated with higher risk of health conditions, including heart disease, diabetes, stroke, cancer, renal disease, eye disease and respiratory conditions like asthma, emphysema and bronchitis. Encouragingly, however AIHW also shows the proportion of people aged over 14 smoking daily has more than halved from 24% in 1991 to 8.3% in 2022–2023.

Vapes or e-cigarettes however have becoming increasingly popular, especially among teens and young adults. The long-term health effects of vaping are still to play out. But mounting evidence suggests it can damage parts of the body, including the cardiovascular system, lungs, airways, brain and nervous system.

Of concern, the use of vapes has also increased substantially in recent years. In 2016, an estimated 100,000 (0.5%) people in Australia were using e-cigarettes daily (AIHW 2024). By 2019, this number had doubled to an estimated 200,000 (1.1%) and by 2022–2023 to an estimated 700,000 (3.5%).

NAB survey data suggests smoking and vaping patterns were unchanged, with 1 in 5 (21%) still currently smoking and/or vaping – cigarettes (9%), cigarettes and vape (4%), only vape (4%), and smoke or vape but are considering giving up (3%). Around 1 in 4 (24%) did not smoke or vape but have done so in the past (25% a year ago). Nearly 6 in 10 (56%) have never smoked or vaped (vs. 55%).

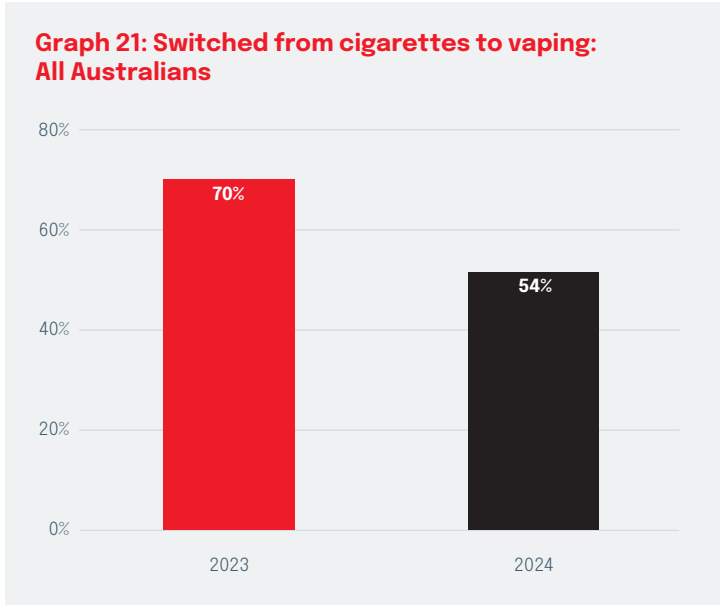
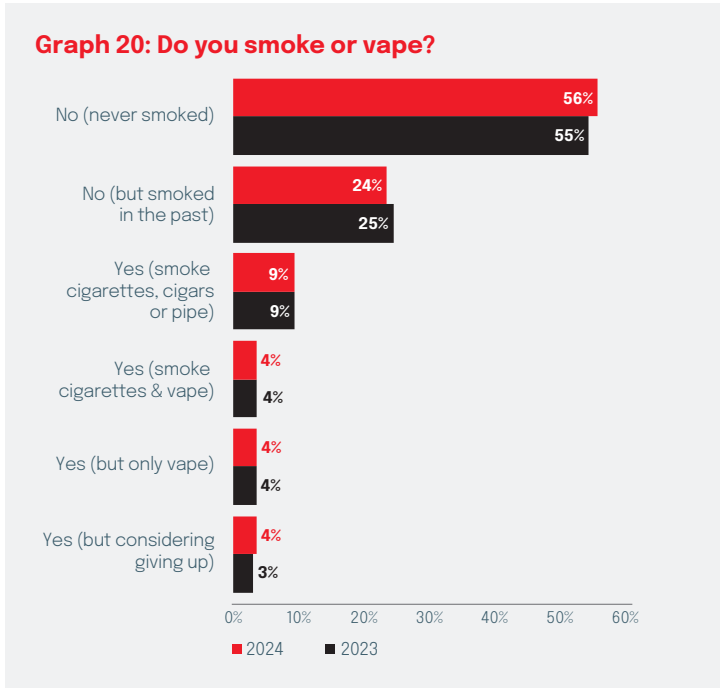


Table 6: Do you smoke or vape: 2024

	All Australians	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
No (never smoked)	56%	58%	50%	57%	50%	62%	56%	58%	56%	63%	57%	48%	54%	57%	43%	44%
No (but smoked in the past)	24%	23%	26%	27%	26%	23%	18%	14%	22%	19%	32%	39%	23%	20%	11%	21%
Yes (smoke cigarettes, cigars)	9%	8%	12%	7%	12%	6%	5%	11%	8%	11%	6%	10%	13%	9%	17%	13%
Yes (smoke cigarettes & vape)	4%	4%	3%	2%	4%	3%	8%	6%	5%	2%	1%	0%	2%	5%	13%	8%
Yes (but only vape)	4%	3%	5%	4%	4%	3%	8%	7%	3%	2%	1%	1%	4%	3%	7%	7%
Yes (but considering giving up)	4%	4%	4%	2%	4%	3%	5%	5%	6%	3%	1%	2%	4%	6%	9%	7%
Total smoke & vape	21%	19%	24%	16%	24%	15%	26%	29%	22%	18%	10%	13%	23%	22%	46%	35%

The overall number who currently smoke and vape ranged from 24% in regional cities to 16% rural areas, with those who smoked cigarettes most prevalent in regional areas (12%). More men than women smoked or vaped overall (24% vs. 15%), with more men than women smoking cigarettes (12% vs. 6%), and a higher number of women who never smoked (62% vs. 50%). By age, those who smoked and vaped overall ranged from 1 in 10 (10%) in the 55-64 group to 3 in 10 (29%) in the 25-34 group. Those who smoked cigarettes was much higher in 18-24 (8%) and 25-34 (7%) age groups, and who only vaped also much higher in 18-24 (8%) and 25-34 (7%) age groups.

Similar numbers in lower (23%) and higher (22%) income groups smoked and vaped in 2024, but somewhat more in the lower income group smoked cigarettes (13% vs. 9%). We also noted well above average numbers of NDIS participants who smoked and vaped overall (46%), and who smoked cigarettes (17%), cigarettes and vapes (13%) and vapes only (7%). Smoking and vaping were also more widespread in the LGBTQI+ group (35%), with higher numbers who smoked cigarettes (13%), cigarettes and vapes (8%) and vapes only (7%).

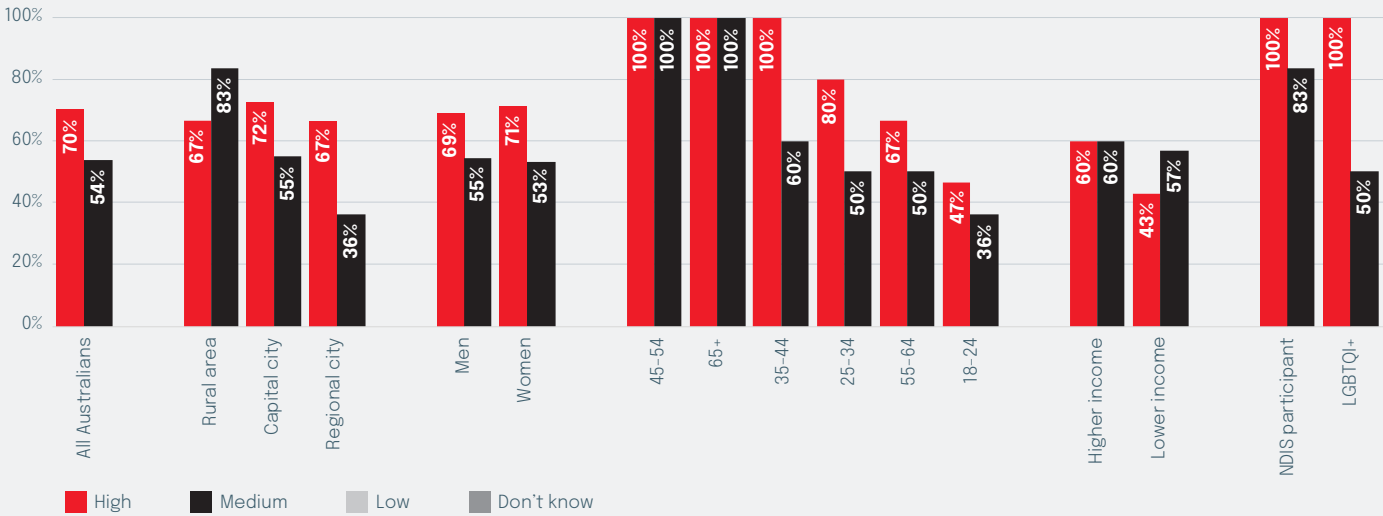
This year's NAB health survey suggests an exceptionally large number of Australians who only vape have switched from smoking cigarettes. Over 1 in 2 (54%) indicated they switched, though this slowed from 7 in 10 (70%) in the previous year's survey. A limited sample size precludes us from providing a more meaningful breakdown across demographic groups.

Other research suggests many factors are driving this trend. In Australia, about two in five people who smoke and had ever used e-cigarettes cited quitting or cutting down smoking as one of their reasons for vaping in 2022-23, but more common reasons cited by young adults included curiosity, flavours and taste, smell, cost and lower perceived harm compared to other tobacco products. Younger people typically do not report using vapes as a reason to quit conventional cigarettes.

Vaping is considered to be less harmful than smoking but is still not safe and potentially dangerous. According to Lung Foundation Australia, while long-term health effects are unclear, vaping in the short-term has been associated with nausea, vomiting, mouth and airway irritation, chest pain and heart palpitations. Research also shows vaping allows tiny particles and toxins to spread and settle throughout the airways where chemicals used can cause inflammation, cell death, scarring and DNA damage.

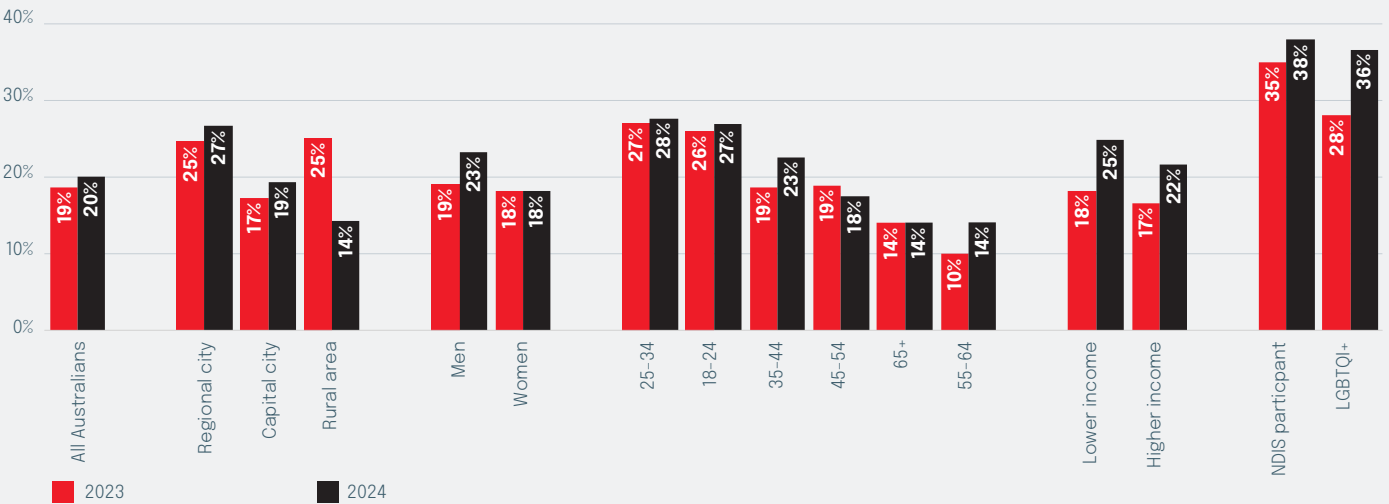
Australians are not in strong consensus that vaping is less damaging to their health than smoking. When asked if they thought vaping was less damaging to people's health than cigarettes, only 1 in 5 (20%) said they were (19% a year ago), while an overwhelming and unchanged 2 in 3 (63%) said they were not. But the overall result does mask differences across groups.

Graph 22: Switched from cigarettes to vaping*



* Demographic data based on limited sample size

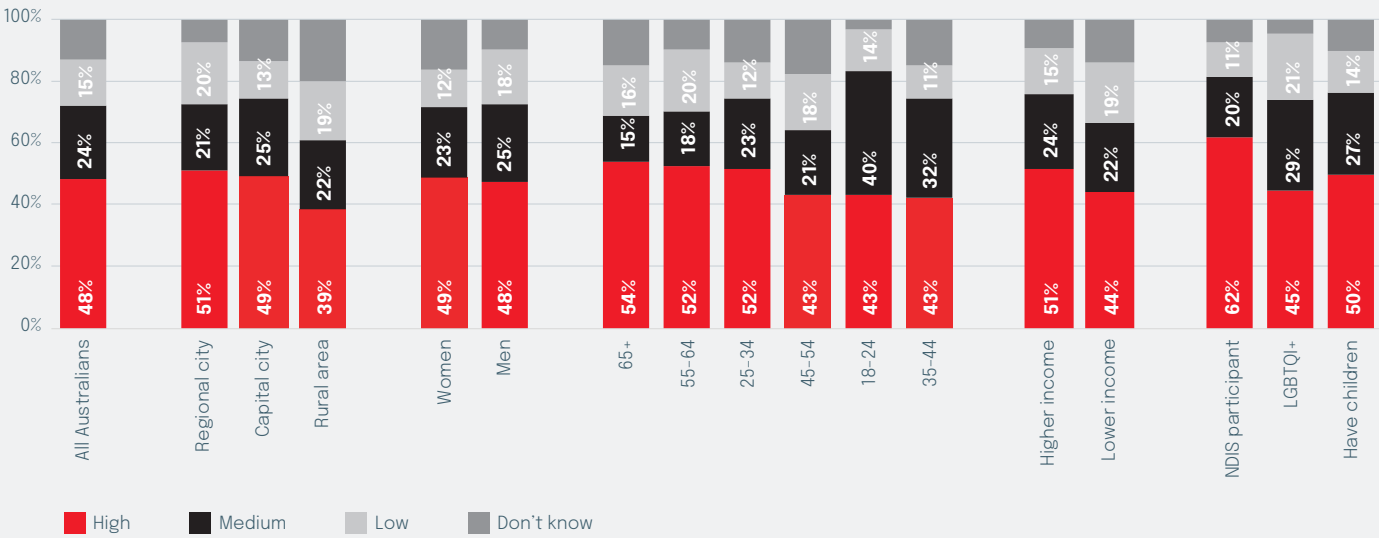
Graph 23: Vaping is less damaging to people's health than cigarettes (yes)



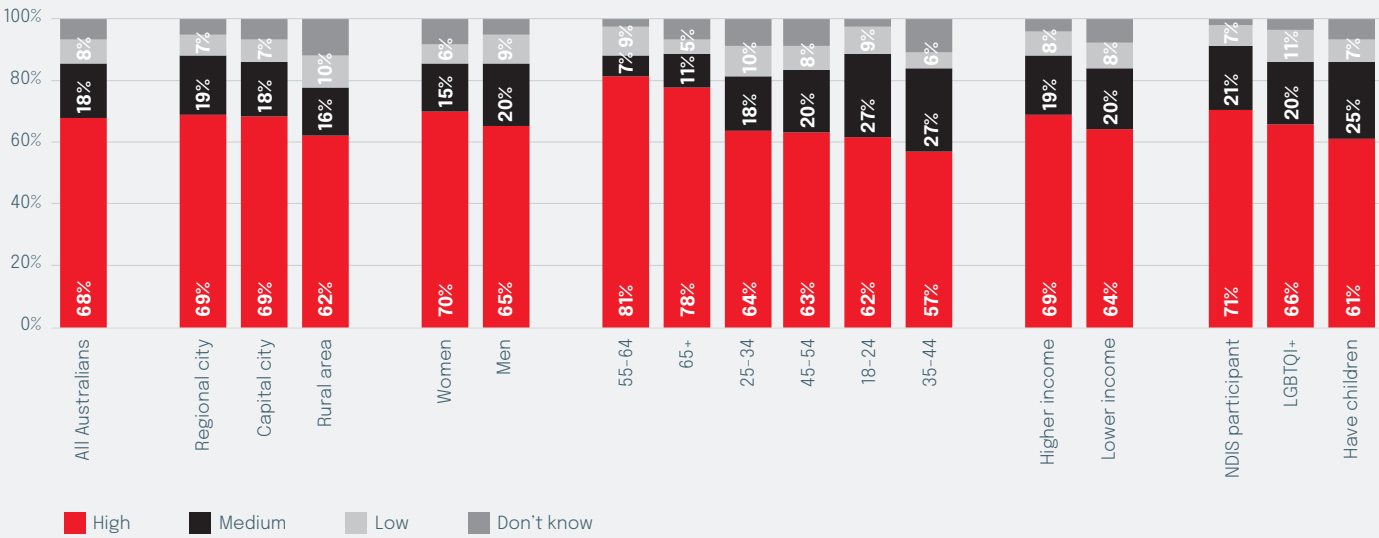
A growing number in regional (27% up from 25% a year ago) and capital cities (19% vs. 17%) said vapes were less damaging, but the number that thought so fell sharply in rural areas (14% vs. 25%). More men believe vapes are less damaging (23% vs. 19%), compared to an unchanged number of women (18%). It ranged widely from almost 3 in 10 in 25-34 (28%) and 18-24 (27%) age groups (also the most likely to vape only), to around half that in 55-64 and over 65 age groups (14%). We also recorded increases in both lower (25% vs. 18%) and higher (22% vs. 17%) income groups who thought vapes were less damaging than cigarettes, as well as among NDIS participants (38% vs. 35%) and in the LGBTQI+ group (36% vs. 28%) - these two groups also had the highest number who said they only vape.

In moves designed to protect young people from the harms of vaping and nicotine dependence, laws were changed on 1 July 2024 so that all vapes and vaping products (regardless of whether they contain nicotine or not) can only be sold in a pharmacy for the purpose of helping people quit smoking or manage nicotine dependence. From 1 October 2024, people 18 years and older can buy vapes from participating pharmacies with a nicotine concentration of 20 mg/mL or less without a prescription but a consultation must be conducted by the pharmacist with the patient to ensure vaping is the appropriate treatment option. People under 18 years need a prescription to access vapes to ensure they get appropriate medical advice and supervision. People who need vapes with a higher concentration of nicotine than 20 mg/mL also need a prescription regardless of their age.

Graph 24: Vapes only sold through pharmacies (agreement)



Graph 25: Under 18s requiring a prescription to purchase a vape (agreement)





NAB also asked Australians to score the extent they agreed with the recent proposed changes to the sale of vapes. Around 1 in 2 (48%) overall were in high agreement (i.e., scored 8+ pts) with vapes only sold through pharmacies, with only 15% in low agreement (i.e. scored less than 3 pts). By region, the number in high agreement was much greater in regional (51%) and capital (49%) cities than in rural areas (39%). There was little difference between the number of men and women in high agreement (49% vs. 48%), but a somewhat larger number of women were in low agreement (18% vs. 12%). By age, considerably more people in over 65 (24%), 55-64 and 25-34 (52%) age groups were in high agreement than in 35-44, 18-24 and 45-54 age groups (43%). Those in low agreement ranged from 20% in the 55-64 group to 11% among 35-44 year olds. Considerably more people in the higher income group agreed highly than in the lower income group (51% vs. 44%). The number in high agreement was highest for NDIS participants (62%), and in low agreement in the LGBTQI+ group (21%). Interestingly, agreement among Australians with children under 18 largely mirrored the wider population.

Considerably more Australians – around 7 in 10 or 68% – agreed strongly with under 18s requiring a pharmacy prescription to purchase vapes, with fewer than 1 in 10 (8%) in low agreement. By region, those in high agreement ranged from 7 in 10 (69%) in regional and capital cities to around 6 in 10 (62%) in rural areas. Somewhat more women agreed highly than men (70% vs. 65%). By age, around 8 in 10 Australians in age groups over 55 agreed highly, compared to less than 6 in 10 (57%) in the 35-44 group. Somewhat more in the higher than lower income group also agreed strongly (69% vs. 64%). Responses among NDIS participants and in the LGBTQI+ group were in line with the national average. Interestingly, a well below average number of Australians with children under 18 agreed strongly with Australians under 18s requiring a prescription to purchase a vape (61%), with a noticeably higher number also in low agreement (25%).

At what age should children be able to set up social media accounts

There is a significant amount of research on the link between social media and mental health among teens, with studies finding social media platforms such as Facebook, Instagram and TikTok are fuelling a spike in mental health disorders among younger Australians.

Though acknowledging positive uses of social media (e.g. connections with friends and interests), research shows younger people who use social media are more likely to engage in social comparison and approval-seeking online, which can contribute to loneliness, isolation and increased negative self-image. Exposure to potentially harmful and inappropriate content and to dangerous people are also causes for concern, especially for the youngest users. NAB's own 2024 Education Insights Special Report - Student Wellbeing also reported just 1 in 10 (11%) students agreed strongly with the statement 'social media made me feel better about my own life' but 1 in 2 (50%) very low.

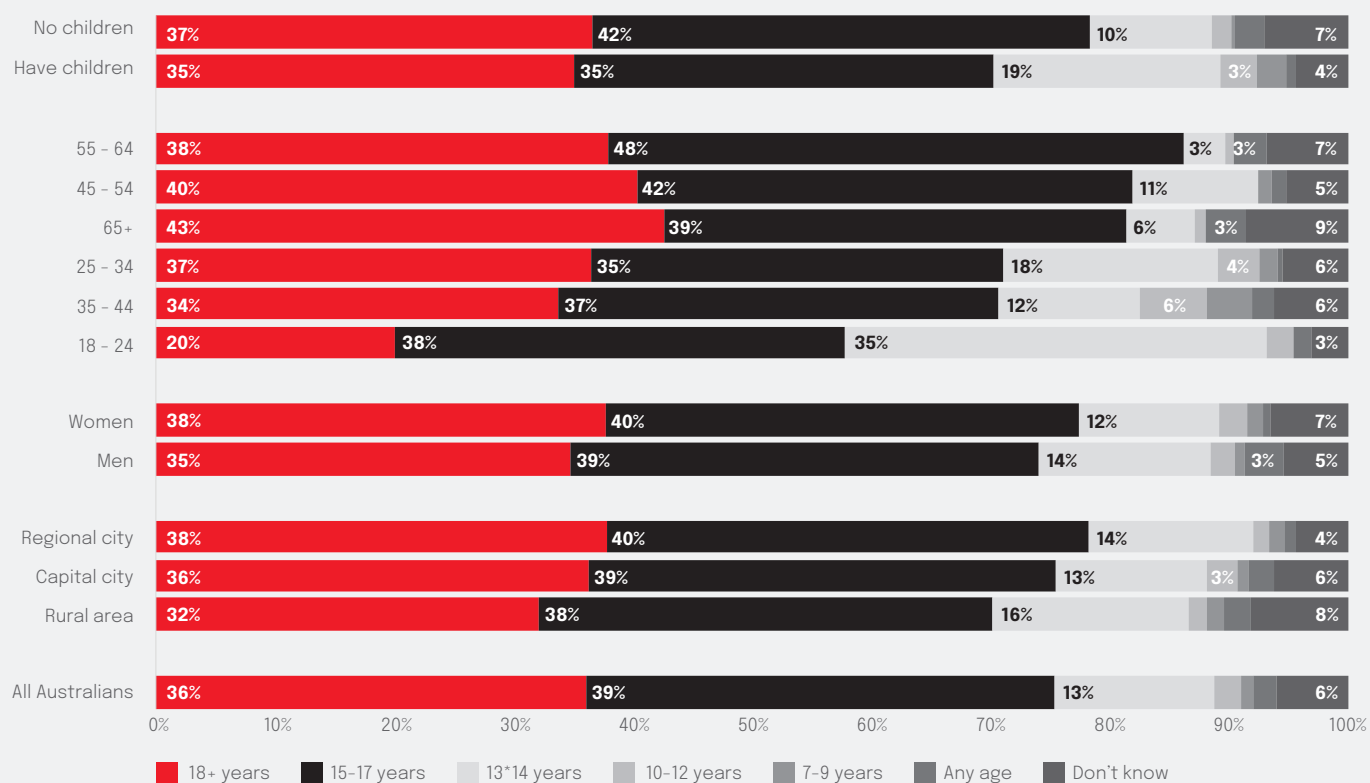
At the time of writing, most major social media platforms require users to be at least 13 years old. In order to minimise potential risks of using social media among younger users, the Government is pushing to raise the age limit for social media accounts. Under proposed changes, children aged up to 16 could be banned from social media as the federal government promises legislation to impose a minimum age to use platforms like Facebook and Instagram by the end of 2024. While the minimum age is to be determined, the Prime Minister backed a campaign to raise the minimum age for registering social media accounts from 13 to 16 in May this year. Currently, most social media platforms simply require a user to tick a box to say they are over a certain age.

NAB also asked survey participants for the first time at what age they believe children should be able to set up a social media account on Facebook, Instagram, SnapChat, TikTok etc. On average, the highest number of responses tilted toward being 15-17 years (39%) and 18 and over (36%). Around 1 in 8 (13%) believe they should be able to set up an account at 13-14 years of age. Only 2% thought 10-12 years was an appropriate age and just 1% 7-9 years.

Most Australians in all regions believe 15-17 years is an appropriate age to set up a social media account, ranging from 38% in rural areas to 40% in regional cities. The number who believe 18+ was the ideal age ranged a little more widely from 32% in rural areas to 38% in regional cities. Most women (40%) and men (39%) also agreed children 15-17 should be able to set up a social media account, with slightly more women than men also leaning towards 18+ (38% vs. 35%). By age most 18-24 (38%), 35-44 (37%), 45-54 (42%) and 55-64 (48%) year olds believe 15-17 years is an acceptable age, but in 25-34 (37%) and over 65 (43%) groups 18+. Also apparent was the much higher number of 18-24 year olds who believe 13-14 year olds should be able to set up a social media account (35%) than any other group.

Interestingly, somewhat more people who did not have children under 18 believe 15-17 is an appropriate age to be able to set up a social media account than people with children under 18 (42% vs. 35%), with somewhat more people without children also agreeing that 18+ was a good age (37% vs. 35%). However, twice more Australians with children believe they should be able to set up an account between 13-14 years than those without children (19% vs. 10%).

Graph 26: Age children should be able to set up a social media account*



*unlabelled indicates 2% or less

Dental health in focus

Healthy teeth, mouth and gums is important for general health and wellbeing. Establishing good oral hygiene has proved essential in helping achieve and maintain overall physical and emotional wellbeing throughout life. Research also shows teeth and gums can be indicators of general health and help flag potential problems, further underlining the importance of regular dental care.

The Australian Dental Association (ADA) recommends everyone should get a regular dental check-up. The ideal interval is every six months. The ADA also recommends brushing two times per day, and cleaning between teeth at least once per day. This is a key part of daily dental health routines for children and adults they need for proper maintenance of teeth and gums.

The NAB health survey however continues to show that though 3 in 4 (73%) Australians clean their teeth twice a day, just 1 in 2 (52%) have regular check-ups at the dentist every 6-12 months, and under 4 in 10 (38%) floss every day, suggesting many Australians continue putting their oral health at risk.

When it came to cleaning teeth twice a day or more, it ranged from 3 in 4 people in capital (74%) and regional (75%) cities to 2 in 3 in rural areas (64%). Significantly more women (78%) brushed twice a day or more than did men (68%). By age, it varied from 78% among 18-24 year olds to 68% in for 55-64 year olds. Considerably more people in the higher income group (77%) brushed their teeth at least twice a day than in the lower income group (64%). Brushing regimes among NDIS participants (71%) and in the LGBTIQ+ group (72%) aligned with the national average.

The number of Australians who had regular check-ups with a dentist was much higher in capital cities (57%), particularly when compared rural areas (38%). Slightly more women (54%) had regular dental check-ups than men (50%). By age, we noted somewhat higher numbers in the 35-44 (58%) and over 65 (56%) age groups who had regular check-ups, especially when compared to 18-24 (43%) and 45-54 (47%) year olds. Significantly more people in the higher income group (59%) had regular check-ups than in the lower income group (39%). Above average numbers of NDIS participants (64%) and in the LGBTIQ+ group (58%) also said they did.

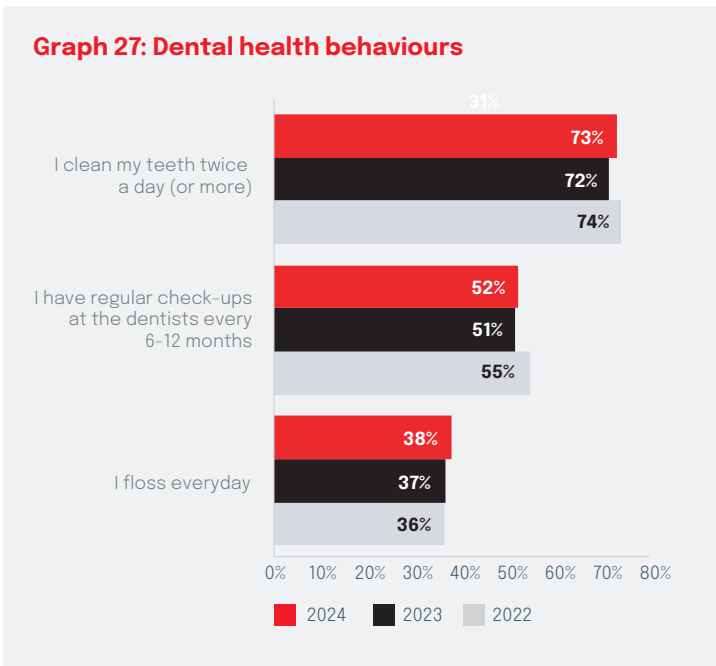


Table 7: Dental health behaviours: 2024

	All Australians	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Clean teeth twice a day (more)	73%	74%	75%	64%	68%	78%	78%	75%	71%	74%	68%	73%	64%	77%	71%	72%
Check-ups every 6-12 months	52%	57%	45%	38%	50%	54%	43%	55%	58%	47%	51%	56%	39%	59%	64%	58%
Floss everyday	38%	41%	37%	23%	38%	38%	35%	46%	39%	35%	34%	36%	35%	41%	51%	44%

Flossing regimes varied widely across regions with over 4 in 10 (41%) in capital cities flossing daily compared to around 1 in 4 (23%) in rural areas. A similar number of men and women flossed daily (38%). The number who flossed daily by age ranged from 46% in the 25-34 age group to between 34-39% in all other age groups. Somewhat more people in the higher income group (41%) flossed daily than in the lower income group (35%). Regular flossing was also much more common among NDIS participants (51%) and somewhat more so in the LGBTQI+ group (44%) when compared to the Australian average.



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