Can we talk?

Seven year youth mental health report – 2012-2018

MISSION AUSTRALIA

In association with

Black Dog Institute

We acknowledge the traditional custodians of lands throughout Australia and we pay our respects to the Elders past, present and future for they hold the memories, culture and dreams of the Aboriginal and Torres Strait Islander people. We recognise and respect their cultural heritage, beliefs and continual relationship with the land and we recognise the importance of the young people who are the future leaders.

As well as internal feedback, we would like to thank Pat Dudgeon, Roz Walker and Abigail Bray for their assistance and comments on the work, and for providing guidance and direction.

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Foreword

This is the fourth time Mission Australia has joined forces with the Black Dog Institute to produce our joint Youth Mental Health Report. These findings present a seven year review of Mission Australia's *Youth Survey* mental health data to reveal important insights about the prevalence of psychological distress experienced by young people, where they go to for help and their main concerns.

While there has been increased public debate and discussion about youth mental health and efforts to better support young people, our report pinpoints that the numbers of adolescents aged 15-19 in Australia who are experiencing psychological distress continues to rise, year on year.

I am deeply concerned that almost one in four young people are experiencing psychological distress, with their likelihood of experiencing mental health concerns growing as they approach their later teen years. Troublingly, a higher proportion of young females than young males, and a higher proportion of young Aboriginal and Torres Strait Islander people than non-Indigenous young people reported psychological distress.

Mental health concerns have a profound effect on a young person's day-to-day life and their future. This is a serious national challenge that must be tackled as a priority. We have a moral, social and economic responsibility to ensure the sheer volume of young people who are struggling with mental health concerns is matched with access to the right help at the right time. It is vital that young people, irrespective of their location, background or gender, can address their individual mental health concerns early and ultimately reach their full potential.

I have witnessed many young people's empowered journeys to recovery while accessing appropriate supports, including through our own community based mental health programs. However, we know that some young people simply aren't able to access support at their time of need, whether that be due to stigma or embarrassment or a lack of appropriate services or resources. When a young person misses out on the help they need, they may then face a range of extra challenges, including disengagement with education or homelessness.

The best chance we have to prevent and minimise the potentially devastating impacts of adolescent psychological distress is if we increase early intervention and prevention efforts, starting in early childhood. We know the education system already places priority on ensuring that students have access to the mental health and wellbeing supports that they need. However, we need to do better to help schools in these efforts so they have adequate resourcing to train staff, embed wellbeing personnel and provide early intervention and prevention programs right across Australia.

An important piece of the puzzle is to tap into young people's knowledge and expertise, by ensuring there are ongoing opportunities for them to have a say in youth mental health services and tools so they are best suited their specific needs and help-seeking preferences.

Like their peers, young people who experience psychological distress are most likely to turn to their family and friends when they are in need. Therefore, it is imperative that families and young people are also armed with the skills and information needed so they can provide support or connect the young people around them with appropriate services and supports.

With more investment in evidence-based supports and collaboration between young people, schools, community organisations and governments, we can work together to improve the psychological and emotional wellbeing of all young people.

James Toomey
CEO, Mission Australia

MISSION AUSTRALIA

Foreword

This latest *Youth Mental Health Report* gives us a rich snapshot of the issues and challenges facing our young people over the last seven years. With more than 75% of mental health issues developing before the age of 25, we have a critical window to intervene before mental illness takes hold with lifelong consequences.

Despite continued efforts by policymakers, educators, researchers and parents/guardians alike, the *Youth Mental Health Report* highlights the growing prevalence of poor mental health among young people in Australia.

Almost one quarter (24.2%) of 15- to 19-year-olds met the criteria for psychological distress. This is a statistic that has consistently risen across the four national reports produced by Mission Australia and the Black Dog Institute from 2012-2018.

Once again, we see socio-cultural factors at play in the breakdown of these figures. A greater prevalence of psychological distress was reported amongst females and Aboriginal and Torres Strait Islander young people.

In times of need, adolescents struggling the most reported they were five times less likely to seek help than those without psychological distress (36.5% compared with 7.0%).

Global research shows that whilst teens are the least likely age group to seek help, they are the most likely – as the 'on-demand' generation – to turn to technology for support, accessing tools and solutions via their smartphones.

As the *Youth Mental Health Report* confirm, young people experiencing psychological distress frequently use the internet for help dealing with important issues. Many young people seek to empower themselves with the information and support they need proactively online, rather than reaching out to people they know.

The challenge lies in making evidence-based e-mental health tools widely available at scale, so that everyone in need of help has access to scientifically tested and safe options to help gain control of their wellbeing.

At the Black Dog Institute, we're proud to be leading the way at the frontiers of e-mental health. Our researchers are working on a range of evidence-based apps and online services specifically to support and empower this generation to manage and cope with the challenging world we live in.

We have the power to alter the trajectory of these statistics, and change young lives for the better, but greater investment in youth mental health research and services are needed. Prevention is always better than cure, and the time to act is now.

Helen Christensen

Scientia Professor
Helen Christensen AO
Director, Black Dog Institute

Black Dog Institute

The Mission Australia *Youth Survey* is the largest annual survey of young people of its kind in Australia, attracting thousands of respondents each year and providing valuable insights into the issues and concerns affecting young people. It also includes a measure of the levels of psychological distress experienced by young people, the Kessler 6 (K6), which has been consistently incorporated in the *Youth Survey* for the past seven years.

This report, *Can we talk? Seven year youth mental health report - 2012-2018*, presents the findings from *Youth Survey* data collected between 2012 to 2018, focussing specifically on the rates of psychological distress in young people aged 15-19 years old. It further examines young people's concerns, general wellbeing and help-seeking behaviours for those participants experiencing psychological distress.

This seven year report shows that close to one quarter (24.2%) of young people aged 15-19 years who responded to the *Youth Survey* 2018 reported experiencing psychological distress. That figure has gone up from 18.7% in 2012 to 24.2% in 2018.

Young females were twice as likely as young males to experience psychological distress, and this figure rose by 7.5% from 22.5% in 2012 to 30.0% in 2018, compared to a rise of 2.9% over the same period, from 12.7% in 2012 to 15.6% in 2018.

An even higher proportion of Aboriginal and Torres Strait Islander respondents reported experiencing psychological distress at 31.9%.

While the results show that majority of young people responding to the survey did not report experiencing psychological distress, the rate of psychological distress among young people warrants consideration by policy makers at both Commonwealth and State and Territory levels. More work is needed to prevent young people from developing mental illnesses, through universal prevention platforms delivered by schools, as well as family and parenting prevention programs. Where risk factors are identified, early intervention is crucial in order to address symptoms early, which can minimise the impact and consequences of the disorder and ultimately change a young person's recovery trajectory from serious mental illness. More needs to be done to overcome barriers to help-seeking to ensure access to the right supports at the right time.

These results also show the need for a dedicated focus on improving the mental health and wellbeing of Aboriginal and Torres Strait Islander young people due to the high and increasing rates of psychological distress and levels of concern about suicide.

Additionally the report demonstrates that more attention needs to be paid to the role of gender in mental health, as the results show that young females reported high and increasing levels of psychological distress over the years, as compared to young males.

This is the fourth national report on young people's mental health produced by Mission Australia and the Black Dog Institute. This ongoing collaboration has brought many fresh insights into the youth mental health space—both in policy and practice—across the past seven years.

Key findings and data breakdown:

Youth Survey 2012-2018 – Prevalence and patterns of psychological distress over time

- Close to one quarter (24.2%) of young people aged 15-19 years who responded to the *Youth Survey 2018* reported experiencing psychological distress (PD). There has been an increase in the proportion of young people with psychological distress over the past seven years (rising from 18.7% in 2012 to 24.2% in 2018).

- The proportion of females with psychological distress has shown a marked increase of 7.5% over the past seven years - from 22.5% in 2012 to 30.0% in 2018. Comparatively, the proportion of males with psychological distress has shown a more modest increase of 2.9% over the same period, from 12.7% in 2012 to 15.6% in 2018.

- Between 2012 and 2018, the largest increases in the proportion of young people with psychological distress can be been seen among both the youngest and the oldest age groups, with an increase of 6.0% among 15 year olds (17.1% in 2012 to 23.1% in 2018) and an increase of 8.8% among 18-19 year olds (18.2% in 2012 to 27.0% in 2018).

- Nearly one third (31.9%) of Aboriginal and Torres Strait Islander young people experienced psychological distress, compared to 23.9% of non-Indigenous respondents. The proportion of Aboriginal and Torres Strait Islander young people with psychological distress rose by 3.3% from 28.6% in 2012 to 31.9% in 2018. Between 2012 and 2018, the proportions of Aboriginal and Torres Strait Islander young people experiencing psychological distress were on average 8.5% higher compared with their non-Indigenous peers.

Youth Survey 2018 – Wellbeing results

Perception of control over life

- Twelve times the proportion of young people with psychological distress indicated feeling as though they had *no control* over their life (10.8% compared with 0.9% of respondents without psychological distress).
- Aboriginal and Torres Strait Islander young people with psychological distress were almost three times as likely as their non-Indigenous peers to report feeling as though they had *no control* over their life (27.0% compared with 9.4%).

Levels of self-esteem

- Almost ten times the proportion of young people with psychological distress reported low levels of self-esteem (30.6% compared with 3.8% of young people without psychological distress).
- Over three in ten (31.5%) females experiencing psychological distress reported low levels of self-esteem (compared with 23.8% of males).
- A greater proportion of Aboriginal and Torres Strait Islander young people with psychological distress reported low levels self-esteem (43.4% compared with 29.5% of non-Indigenous respondents).

Issues of personal concern

- The top three issues of personal concern for young people with psychological distress were *coping with stress*, *mental health* and *school or study problems* (74.3%, 62.7% and 55.4%). *Coping with stress* was also the top concern for respondents without psychological distress, followed by *school or study problems* and *body image* (33.5%, 27.0% and 22.6%).
- Almost four times the proportion of young people with psychological distress reported concerns about *suicide* (35.6% compared with 9.4% of respondents without psychological distress).
- Over three times the proportion of young people with psychological distress reported concerns about *bullying and emotional abuse* (32.1% compared with 10.4% of respondents without psychological distress).
- Compared with males, double the proportion of females with psychological distress indicated concerns about *body image* (63.4% compared with 33.8%).
- Of those with psychological distress, concerns about *bullying and emotional abuse* were highest among the youngest age group (aged 15 years), while concerns about *financial security* were highest among the oldest age group (aged 18-19 years).
- A greater proportion of Aboriginal and Torres Strait Islander respondents indicated concerns about *suicide* (40.2% compared with 35.6% of non-Indigenous respondents).
- Relative to non-Indigenous respondents, a greater proportion of Aboriginal and Torres Strait Islander respondents with psychological distress indicated concerns about *gambling* (13.8% compared with 4.2%), *domestic/family violence* (26.3% compared with 16.8%), *drugs* (20.1% compared with 10.9%), *discrimination* (26.3% compared with 18.6%) and *alcohol* (15.2% compared with 8.6%).

Youth Survey 2018 – Help-seeking results

Experience of serious or stressful problems

- Over five times the proportion of young people with psychological distress reported having issues that they did not seek help for, despite thinking they needed to (36.5% compared with 7.0% of young people without psychological distress).
- A greater proportion of females with psychological distress reported having issues that they did not seek help for, despite thinking they needed to (38.2% compared with 30.0% of males).

- A greater proportion of Aboriginal and Torres Strait Islander young people with psychological distress reported having issues that they did not seek help for, despite thinking they needed to (41.2% compared with 36.2% of non-Indigenous respondents).

Experience of serious or stressful problems

- Almost four times the proportion of young people with psychological distress had no one they felt they could turn to if they were in trouble or a crisis (20.9% compared with 5.6% of young people without psychological distress).
- A lower proportion of males with psychological distress reported feeling they had someone to turn to in a crisis (74.0% compared with 83.0% of females).
- Relative to non-Indigenous respondents, a lower proportion of Aboriginal and Torres Strait Islander young people with psychological distress felt they had someone they could turn to if they were in trouble or a crisis (67.8% compared with 80.0% of non-Indigenous respondents).

Where do young people go for help with important issues?

- *Friend/s* and *parent/s* or *guardian/s* were the two most commonly cited sources of help for all participants (75.9% and 54.8% of young people with psychological distress compared with 87.4% and 82.8% for young people without psychological distress).
- The third most commonly cited source of help for young people with psychological distress was the *internet*, while for young people without psychological distress, it was a *relative/family friend*.
- Overall, 18-19 year olds with psychological distress were more likely than the younger age cohorts to turn to a *GP or health professional*, the *internet*, a *community agency*, their *brother/sister*, a *teacher*, *parent/s or guardian/s* or a *school counsellor* for help.
- Among 15 and 16 year olds, *community agency* was the least preferred source of help.
- Smaller proportions of Aboriginal and Torres Strait Islander respondents than non-Indigenous respondents with psychological distress said they would turn to close personal connections for help, such as *friend/s*, *parent/s or guardian/s*, a *GP or health professional*, *school counsellor*, *brother/sister* or a *relative/family friend*.

Type of online services and sources of help

- Higher proportions of respondents with psychological distress said that they accessed the internet for an *online quiz or assessment tool* (29.8% compared with 16.1% of respondents without psychological distress), to *chat one-on-one with someone who has had a similar experience* (23.2% compared with 14.6%) and for *counselling with a professional* (17.9% compared with 10.1% of respondents without psychological distress).
- Compared with males, higher proportions of females with psychological distress indicated that they accessed the internet for *information about specific issues* (40.2% compared with 30.8% of males), an *online quiz or assessment tool* (34% compared with 18.8%), to *access personal stories or testimonials* (25.0% compared with 17.7%) and for *information about available services* (24.0% compared with 17.2%).
- Aboriginal and Torres Strait Islander respondents with psychological distress were more likely to use the internet to *access an online course or program* (12.1% compared with 6.2% of non-Indigenous respondents), to *chat one-on-one with someone who has had a similar experience* (27.8% compared with 22.9%), or to access a *support group or forum* (16.3% compared with 11.4%).

Barriers to help-seeking

- *Stigma and embarrassment*, *fear*, and a *lack of support* were the three most commonly cited barriers that young people reported as preventing them from getting the help they need.
- A higher proportion of young people with psychological distress saw a *lack of support* as a barrier that prevents them from getting the help they need (26.8% compared with 23.1% of young people without psychological distress).
- Compared with males, higher proportions of females saw *stigma and embarrassment* (39.4% compared with 33.2% of males), *fear* (31.3% compared with 19.7%) and a *lack of support* (28.6% compared with 24.1%) as barriers to seeking help.
- *Stigma and embarrassment*, a *lack of support*, and *fear* were also the three most commonly cited barriers that Aboriginal and Torres Strait Islander respondents saw as preventing them from getting the help they need.
- A slightly higher proportion of Aboriginal and Torres Strait Islander young people with psychological distress reported that *discrimination/punishment* might hinder young people from getting help they need.

Introduction

Positive mental health and wellbeing allows children and young people to develop the basic skills and habits that will help them manage the inevitable challenges they will face later in life and grow into well-rounded, healthy adults. Yet mental disorders are among the most common health conditions affecting children and young people.

Results from population-based surveys in young people paint a concerning picture. The report *Young Minds Matter* which involved over 6,000 young people and their families, found that 14.4% of adolescents aged 12-17 years experienced a mental disorder in the previous year and, of those, 23.1% had a severe disorder.[1] As young people grow up, the prevalence of mental illness continues to rise. Results from the *Australian Bureau of Statistics National Health Survey* show that in 2017-18, over four in ten (43.5%) Australians aged 18-24 years have experienced moderate to very high levels of psychological distress and 13.1% of Australians of the same age had an anxiety-related condition,[2] which increased from 11.2% in 2014-15. This increase was predominately in the younger age group. For females aged 15-24 years, the proportion with anxiety-related conditions increased from 18.9% in 2014-15 to 24.6% in 2017-18. For males of the same age, the rate of anxiety-related conditions almost doubled between 2014-15 and 2017-18 (from 7.9% to 13.9%). Mental health disorders also put individuals at greater risk of intentional self-harm and suicide. In 2017, suicide remained the leading cause of death among children and young people aged 5-17 years, with approximately one in every five deaths occurring from intentional self-harm.[3]

The rate of mental health disorders is even higher among Aboriginal and Torres Strait Islander young people. In 2014-15, two thirds (67%) of Aboriginal and Torres Strait Islander people aged 15-24 years experienced low to moderate levels of psychological distress, and one third (33%) experienced high to very high levels of psychological distress.[4] Burden of disease analyses show that for Aboriginal and Torres Strait Islander people aged 10-24 years, the leading contributors to the disease burden were suicide and self-inflicted injuries (13%), anxiety disorders (8%) and alcohol use disorders (7%).[5] The leading causes of hospitalisation for mental and behavioural disorders among Aboriginal and Torres Strait Islander people aged 10-24 years were due to substance abuse, schizophrenia, and reactions to severe stress.[6] Suicide rates for Aboriginal and Torres Strait Islander young people are also alarmingly high. Between 2013 to 2017, one in four Australian children and young people aged 5-17 years who died by suicide were Aboriginal and/or Torres Strait Islander.[7]

[1] Lawrence et al. 2015
[2] Australian Bureau of Statistics 2019
[3] Australian Bureau of Statistics 2017
[4] Australian Institute of Health and Welfare 2018
[5] Australian Institute of Health and Welfare 2018
[6] Australian Institute of Health and Welfare 2018
[7] Australian Bureau of Statistics 2017

Mental health problems can impact children and young people at a personal, social and economic level, as well as reduce their life expectancy.[8] When experienced early in life, mental illness can seriously derail pathways into adulthood through poor academic performance, higher levels of school drop-out and absenteeism, unemployment, interpersonal problems, increased risk of substance use and an increased likelihood of self-harm.[9] Access to mental health services, prevention and early intervention are essential during adolescence and young adulthood if rates of disorder are to be reduced. Engaging in professional help early can reduce the long-term impact of many mental health problems and protect against the development of more severe forms of mental disorders.[10]

According to the *Young Minds Matter* report, many more families are now receiving professional help compared to 15 years ago, yet there remains a significant need to increase the availability and uptake of services when mental health problems are first developing and services are most needed.[11] Young people often either do not seek professional help or do not access it when they need to.[12] Findings from the 2007 *National Survey of Mental Health and Wellbeing* suggest that, among young people aged 16–24 years who had a diagnosable common mental disorder in the last 12 months, three quarters had not accessed formal mental health services for their condition, and half of these had tried to manage their symptoms themselves.[13] Other studies have shown that young people with higher levels of psychological distress are often those less likely to seek help and as such are also likely to avoid or withdraw from help.[14] There are many reasons for this behaviour, including low levels of mental health knowledge and literacy, beliefs about having little need for help versus having a need for autonomy, and the process of help-negation where symptoms of psychological distress themselves may hinder young people from seeking help.[15]

Many young people face considerable barriers – both practical and attitudinal – that prevent them from accessing help for mental health concerns. As a result, many young people who could benefit from accessing mental health services do not get the support they need. In their systematic review of perceived barriers to help-seeking in young people, Gulliver et al. identified stigma and embarrassment as the most prominent barrier to help-seeking for mental health issues.[16] The *Young Minds Matter* report also found that the most common reasons for not seeking or receiving help given by 13-17 year olds with major depressive disorder were related to stigma or poor mental health literacy.[17]

Particularly for young people, the internet has become a major source of health information.[18] Online sources about mental illness often include information about different mental health conditions, where to get help, and what to expect at different services.[19] This type of information may increase motivation to seek professional help and readiness for care.

[8] Erskine et al. 2015; Lawrence et al. 2015
[9] National Research Council (US) 2009; Lawrence et al. 2015
[10] Wilson et al. 2010
[11] Lawrence et al. 2015
[12] Wilson et al. 2010
[13] Olesen, Butterworth, and Leach 2010
[14] Reavley et al. 2010; Klineberg et al. 2011; Wilson et al. 2010; Rickwood et al. 2005; Rickwood, Deane, and Wilson 2007
[15] Wilson et al. 2010
[16] Gulliver, Griffiths, and Christensen 2010. See also Mitchell, McMillan, and Hagan 2017; Lynch, Long, and Moorhead 2018
[17] Lawrence et al. 2015
[18] Rickwood, Deane, and Wilson 2007; Park and Kwon 2018
[19] Kauer, Mangan, and Sanci 2014

There are also psychological treatment programs that can be accessed online and increasingly by smartphone application, and completed anonymously by the young person at their own pace. The interactive nature of the internet allows for young people to engage in a self-directed and anonymous way, which is likely to reduce the stigma and embarrassment associated with help-seeking.[20]

Given the serious, long lasting impact that mental disorders can have on young people themselves and those around them, it is important to identify the main barriers to help-seeking in young people such that policies and intervention programs can be put in place to improve access and uptake. Moreover, mental health programs need to be designed to increase young people's mental health literacy and to reduce the stigma associated with mental illness and help-seeking. The purpose of this report is to start the conversation: it sheds light on both the experiences of young people with psychological distress and the barriers that may impede them from seeking help when they really need it.

Method

The Mission Australia *Youth Survey* is the largest annual survey of young people of its kind in Australia. In 2018, Mission Australia conducted its 17th annual survey, receiving 28,286 responses from young people aged 15 to 19 years.

The *Youth Survey* provides a 'temperature check' on the thoughts, concerns and aspirations of young Australians. It seeks to capture the views and perspectives of young people on a broad range of issues. Specifically:

- Socio-demographic information
- Engagement with school and post-school aspirations
- Personal values and concerns
- Issues of national importance
- Wellbeing and sources of support

Ethics approval & data collection

Each year, following approval from State and Territory Education Departments and Catholic Education Offices, information about the Mission Australia *Youth Survey* is distributed to all secondary school principals across Australia. Information is also distributed to Mission Australia services, networks of other service providers, Commonwealth, State/Territory and local government departments, youth organisations and peak bodies. The survey data collection period runs between April and August.

[20] Kauer, Mangan, and Sanci 2014

Survey design

Since 2012, the *Youth Survey* has included a measure of non-specific psychological distress: the Kessler 6 (K6). The K6 is a widely used and accepted measure of non-specific psychological distress and has been demonstrated to be particularly powerful at detecting depressive and anxiety disorders.[21] It consists of a brief, six-item scale that asks respondents how frequently in the past four weeks they had felt: 1) nervous; 2) hopeless; 3) restless or fidgety; 4) so depressed that nothing could cheer them up; 5) that everything was an effort; and 6) worthless.[22] Based on established scoring criteria, the K6 can be used to classify *Youth Survey* respondents into two groups – those who qualify as having psychological distress (PD) and those who do not.[23] Responses to the K6 between 2012 and 2018 have been analysed in this report to provide an insight into the mental health of young people aged 15 to 19 years across this 7 year period.

It should be noted that there are limitations to the K6,[24] and that there is a need for mental health and wellbeing assessment tools specifically for Aboriginal and Torres Strait populations; particularly those that can account for cultural differences and experiences like racism and other challenges that disproportionately impact upon Aboriginal and Torres Strait people. Mission Australia will continue to work with mental health experts to explore culturally and other appropriate ways of assessing the mental health and wellbeing of young people in future surveys.

Most recently, the survey design has been influenced by external experts such as ReachOut, the Black Dog Institute and the Secretariat of National Aboriginal and Islander Child Care (SNAICC). Mission Australia will continue to seek external advice on the *Youth Survey* for the 2020 survey.

Each year a special focus topic is incorporated in the survey; for 2018, there was a focus on young people's wellbeing and help-seeking behaviour. For the first time in 2018 respondents were asked if they had experienced any serious or stressful problems in the past year, and if so, whether or not they sought help. Young people were also asked to identify sources of help for important issues and what barriers may prevent them from getting the help they need. Responses to these items have been analysed for the *Youth Survey 2018* participants who are experiencing psychological distress (according to their K6 score) across key demographic variables including gender, age and Aboriginal and Torres Strait Islander status.

Feedback and resources for schools and survey participants

The *Youth Survey* is an important resource that gives schools, communities and governments valuable information about the needs and concerns of young people. Since 2018, Mission Australia is ethically obliged to report re-identifiable information back to school principals if a student's response to the K6 indicates psychological distress, or if other responses indicate signs of abuse, neglect or harm. The school principal is then able to identify the young person and arrange for appropriate support if or as required to assist in ensuring the young person's safety and wellbeing. This procedure was undertaken at weekly intervals during the data collection period in 2019. Anecdotally, this process has been found to be beneficial for young people with schools providing support where needed. This process will be evaluated in 2020.

[21] Furukawa et al. 2003; Prochaska et al. 2012
[22] Kessler et al. 2003; Kessler et al. 2010
[23] Australian Bureau of Statistics 2012
[24] See Prochaska et al. 2012

The *Youth Survey* questionnaire, (both on-line and paper based versions), advises young people that if they need someone to talk to they can contact the Kids Helpline or headspace, with contact details provided.

Profile of Youth Survey 2018 respondents

The *Youth Survey* aims to improve the representativeness of the sample by liaising with key groups/stakeholders across regional, remote and metropolitan areas to engage young people from diverse economic, geographic, social and cultural backgrounds. In 2018:

- Over half (55.0%) of respondents were female and 41.7% were male.
- A total of 1,594 (5.7%) respondents identified as Aboriginal and/or Torres Strait Islander.
- Over one in seven (15.0%) respondents were born overseas.
- Nearly one in five (19.4%) young people reported speaking a language other than English at home.
- A total of 1,623 (6.0%) respondents reported living with a disability.
- 17,296 young people were from major cities and 10,037 respondents were living in regional areas.

Please note that the percentages in all tables, figures and text throughout this report are rounded to one decimal place and may not necessarily total 100%. Not all respondents answered all survey questions; the data presented in this report are for those who responded.

Results

Sample characteristics

Table 1: Sample characteristics of Youth Survey participants who responded to the Kessler 6, 2012-2018

	2012	2013	2014	2015	2016	2017	2018
Sample size*	14,635	13,876	13,133	18,435	21,172	23,209	26,988
	%	%	%	%	%	%	%
Females	61.1	59.1	61.2	55.3	55.0	57.8	56.5
Males	38.9	40.9	38.8	44.7	45.0	39.3	42.0
15 year olds	30.6	34.3	28.5	31.6	29.4	31.2	31.7
16 year olds	33.8	31.9	35.4	34.9	35.0	35.2	35.5
17 year olds	24.9	22.7	26.4	24.6	26.5	25.9	24.8
18 year olds	8.1	8.4	7.5	7.0	7.4	6.3	6.5
19 year olds	2.7	2.8	2.2	1.9	1.6	1.3	1.6
Aboriginal and Torres Strait Islander	4.5	3.8	5.6	6.2	6.1	5.2	5.5
Non-Indigenous	95.5	96.2	94.4	93.8	93.9	94.8	94.5

*Total number of young people who responded to the K6 question. Please note that the *Youth Survey* does not collect longitudinal data, therefore sample characteristics fluctuate year on year. Please see www.missionaustralia.com.au/publications for more information.

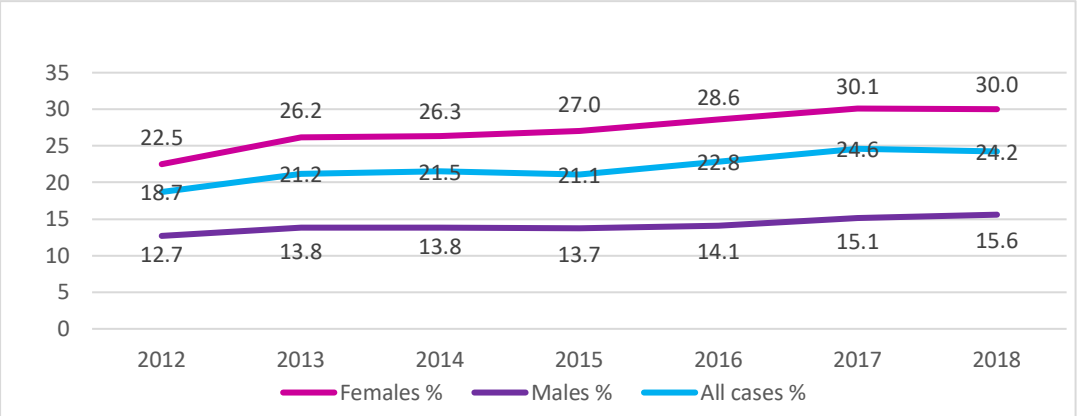
Demographic characteristics for the years 2012 - 2018

Gender differences

As seen in Figure 1, twice the proportion of females relative to males experienced psychological distress across the 7 year period. While both the proportions of females and males with psychological distress have risen between 2012 and 2018, the proportion of females with psychological distress has shown a much greater increase (7.5%): from over one in five (22.5%) in 2012 to three in ten (30.0%) in 2018. Comparatively, the proportion of males with psychological distress has only shown an increase of 2.9% from 12.7% in 2012 to 15.6% in 2018.

Other studies on the prevalence of mental health concerns support these findings. Data from the Australian Bureau of Statistics *National Health Survey* show that in 2017-18 three in ten (30.0%) females aged 15-24 years had a mental or behavioural condition compared to just over one in five (21.3%) males of the same age.[25] Young females have elevated risk factors based on their gender for common mental illnesses such as depression and anxiety. Gender specific risk factors for mental disorders include gender-based violence, socioeconomic disadvantage, income inequality, access to resources, subordinate social status and responsibility for the care of others, all disproportionately affect women.[26]

Figure 1: Psychological distress in young people aged 15-19, by gender, 2012-2018



Age differences

Between 2012 and 2018, the largest increases in the proportion of young people experiencing psychological distress can be seen among the youngest and the oldest age groups, with an increase of 6.0% among 15 year olds (17.1% in 2012 to 23.1% in 2018) and an increase of 8.8% among 18-19 year olds (18.2% in 2012 to 27.0% in 2018) (see Table 2).

[25] Australian Bureau of Statistics 2019
[26] World Health Organization 2012

Table 2: Psychological distress in young people aged 15-19, by age, 2012-2018

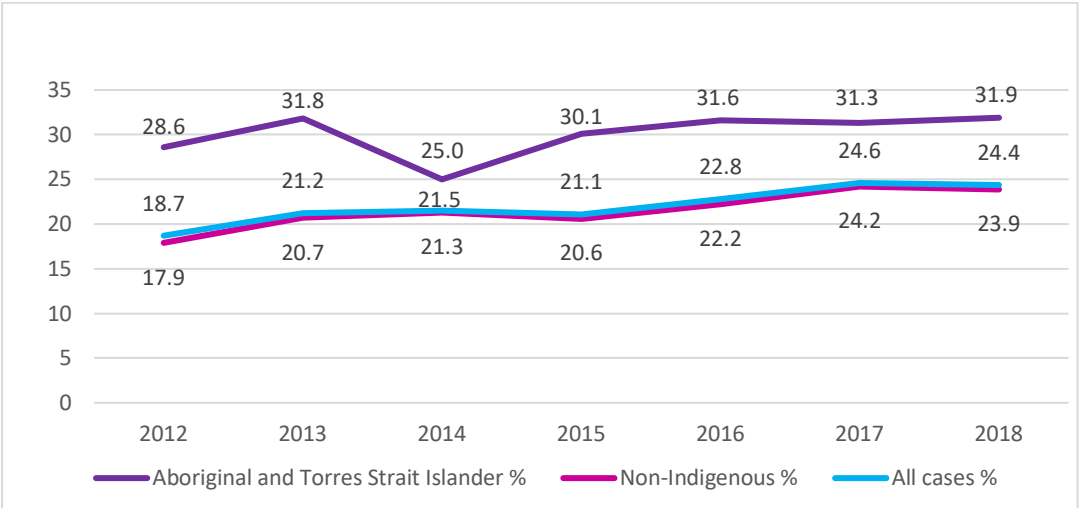
	2012 %	2013 %	2014 %	2015 %	2016 %	2017 %	2018 %
15 year olds	17.1	21.5	19.9	20.1	20.8	22.7	23.1
16 year olds	19.4	21.4	21.1	20.9	22.5	24.0	24.3
17 year olds	20.0	20.9	22.9	21.5	23.7	26.3	24.8
18-19 year olds*	18.2	20.3	23.9	24.3	27.4	27.9	27.0
All cases	18.7	21.1	21.5	21.1	22.8	24.6	24.3

*Note: due to the small sample size for 19 year olds they have been combined with 18 year olds throughout the rest of this report.

Differences between Aboriginal and Torres Strait Islander and non-Indigenous respondents

Across all years, notably higher proportions (on average 8.5% higher) of Aboriginal and Torres Strait Islander young people experienced psychological distress than non-Indigenous young people alike (see Figure 2). Based on the responses to the K6 in 2018, nearly one third (31.9%) of Aboriginal and Torres Strait Islander young people experienced psychological distress, compared with 23.9% of non-Indigenous respondents. The proportion of Aboriginal and Torres Strait Islander young people with psychological distress rose by 3.3% from 28.6% in 2012 to 31.9% in 2018.

Figure 2: Psychological distress in young people aged 15-19, by Aboriginal and Torres Strait Islander status, 2012-2018



Youth Survey 2018 - Wellbeing results

Perception of control over life

The *Youth Survey 2018* asked young people to rate how much control they felt they have over their life on a scale from 1 to 7, where 1 indicates *no control* and 7 represents *complete control*. As can be seen in Table 3, a much smaller proportion of young people with psychological distress indicated they felt they had *complete control* over their life (4.0% compared with 13.5%). Over one in ten (10.8%) young people with psychological distress indicated feeling as though they had *no control* over their life. This was twelve times the proportion of young people without psychological distress (10.8% compared with 0.9%).

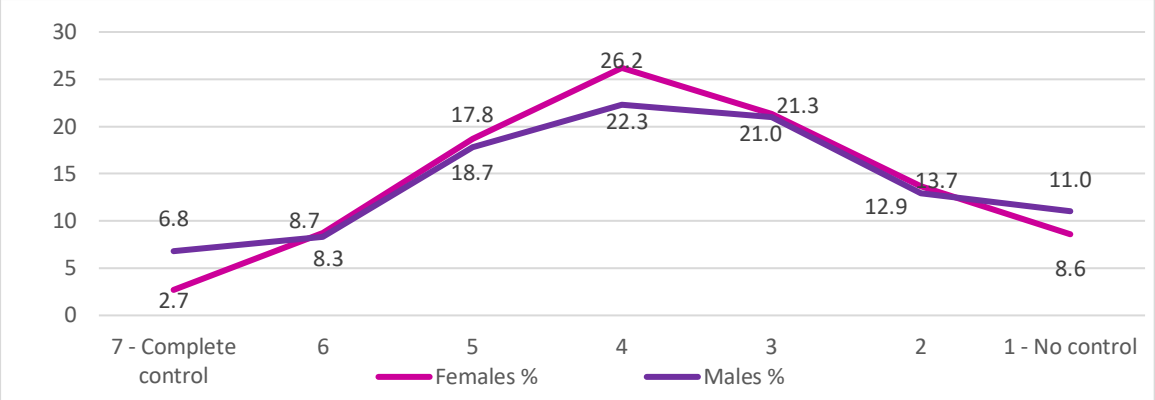
Table 3: Perception of control over life among young people aged 15-19, by PD, 2018

	7 - Complete control %	6	5	4	3	2	1 - No control %
PD	4.0	8.3	18.1	24.7	20.8	13.4	10.8
No PD	13.5	30.2	31.3	16.3	6.1	1.8	0.9

Gender differences

As seen in Figure 3 below, over double the proportion of males with psychological distress indicated feeling that they had *complete control* over their life (6.8% compared with 2.7% compared with females). However, a slightly higher proportion of male respondents also reported feeling as though they had *no control* over their life (11.0% compared with 8.6%).

Figure 3: Perception of control over life among young people aged 15-19 with PD, by gender, 2018



Age differences

While the overall patterns were found to be similar among all age groups, there were some minor differences in the youngest and oldest age groups' perception of control over their life. As seen in Table 4, a smaller proportion of 15 year olds with psychological distress indicated feeling that they had *complete control* over their life (2.8% compared with 6.1% of 18-19 year olds).

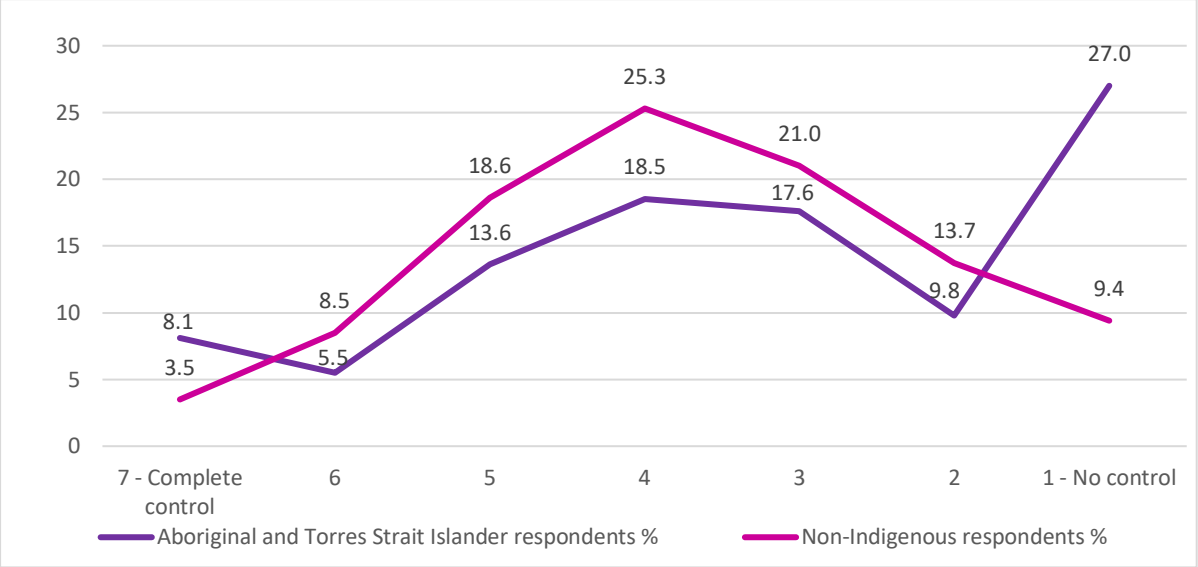
Table 4: Perception of control over life among young people aged 15-19 with PD, by age, 2018

	7 - Complete control %	6	5	4	3	2	1 - No control %
15 year olds	2.8	7.9	18.4	24.3	22.3	13.2	11.0
16 year olds	3.8	8.3	16.7	25.3	21.0	14.2	10.7
17 year olds	4.8	9.3	18.9	24.0	20.1	12.5	10.3
18-19 year olds	6.1	4.5	19.9	25.1	17.5	13.9	10.1

Differences between Aboriginal and Torres Strait Islander and non-Indigenous respondents

As can be seen in Figure 4, a greater proportion of Aboriginal and Torres Strait Islander young people with psychological distress indicated feeling that they had *complete control* over their life (8.1% compared with 3.5% of non-Indigenous young people). However, Aboriginal and Torres Strait Islander young people were almost three times as likely as their non-Indigenous peers to report feeling as though they had *no control* over their life (27.0% compared with 9.4%).

Figure 4: Perception of control over life among young people aged 15-19 with PD, by Aboriginal and Torres Strait Islander status, 2018



Levels of self-esteem

Youth Survey 2018 respondents were also asked to rate on a scale of 1-7 how true the statement 'I have high self-esteem' was of them, where 1 represents *not very true of me* and 7 indicates the statement is *very true of me*. A smaller proportion of young people with psychological distress reported that the statement 'I have high self-esteem' was *very true of me* (2.6% compared with 10.6% for young people without psychological distress). Almost ten times the proportion of young people with psychological distress indicated that the statement 'I have high self-esteem' was *not very true of me* (30.6% compared with 3.8% of young people without psychological distress) (see Table 5).

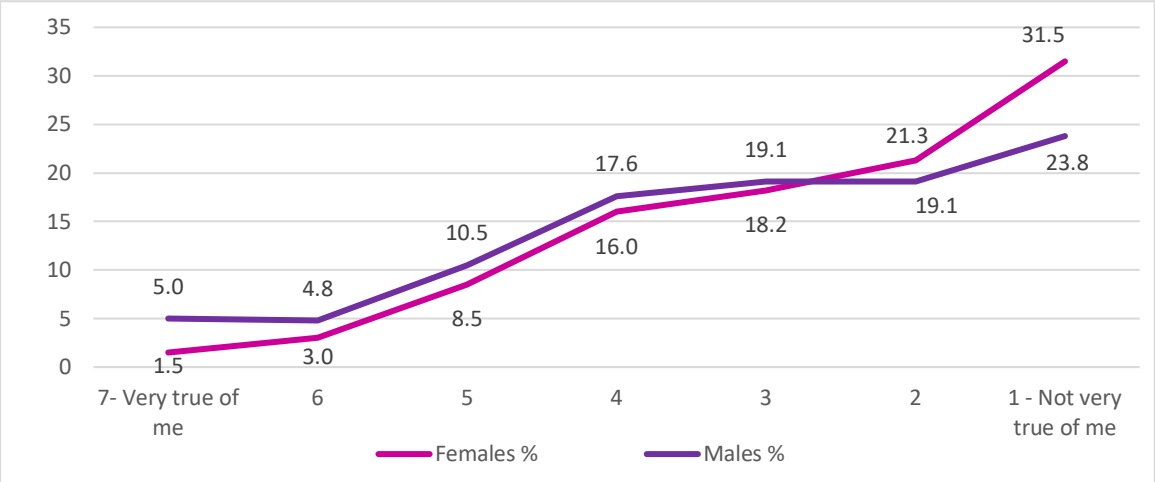
Table 5: How true is the statement 'I have high self-esteem' for young people aged 15-19, by PD, 2018

	7- Very true of me %	6	5	4	3	2	1 - Not very true of me %
PD	2.6	3.4	8.9	16.1	18.1	20.2	30.6
No PD	10.6	20.4	25.9	21.5	11.7	6.1	3.8

Gender differences

As shown in Figure 5, over three times the proportion of males than females with psychological distress reported that the statement 'I have high self-esteem' was *very true of me* (5.0% compared with 1.5%). Conversely, over three in ten (31.5%) females with psychological distress indicated that the statement 'I have high self-esteem' was *not very true of me* (compared with 23.8% of males).

Figure 5: How true is the statement 'I have high self-esteem' for young people aged 15-19 with PD, by gender, 2018



Age differences

As shown in Table 6, the results were fairly consistent across all age groups in regards to their indicated levels of self-esteem.

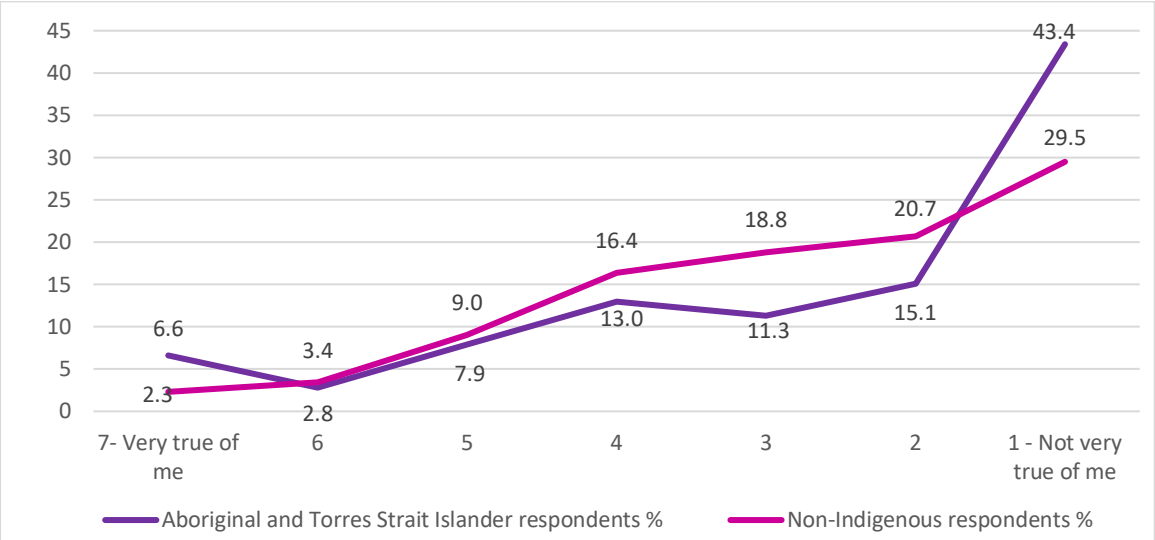
Table 6: How true is the statement 'I have high self-esteem' for young people aged 15-19 with PD, by age, 2018

	7- Very true of me %	6	5	4	3	2	1 - Not very true of me %
15 year olds	3.1	3.4	8.2	15.4	18.3	19.7	31.8
16 year olds	2.3	3.2	9.5	15.3	18.4	20.5	30.7
17 year olds	2.6	3.6	9.4	17.6	18.2	20.5	28.1
18-19 year olds	2.6	3.1	8.3	16.1	17.5	20.6	31.8

Differences between Aboriginal and Torres Strait Islander and non-Indigenous respondents

Almost three times the proportion of Aboriginal and Torres Strait Islander young people with psychological distress reported that the statement 'I have high self-esteem' was *very true of me* (6.6% compared with 2.3% of non-Indigenous respondents). A notably greater proportion of Aboriginal and Torres Strait Islander young people with psychological distress indicated that the statement 'I have high self-esteem' was *not very true of me* (43.4% compared with 29.5% of non-Indigenous respondents) (see Figure 6).

Figure 6: How true is the statement 'I have high self-esteem' for young people aged 15-19 with PD, by Aboriginal and Torres Strait Islander status, 2018



Issues of personal concern

Young people were asked to rate how personally concerned they were about 17 issues in the past 12 months, shown in Table 7. Responses were rated on a 5-point scale, ranging from *extremely concerned* to *not at all concerned*. The items were ranked according to the summed responses for *extremely concerned* or *very concerned* for each item.

As can be seen in Table 7, the top three issues of concern for young people with psychological distress were *coping with stress*, *mental health* and *school or study problems* (74.3%, 62.7% and 55.4%). *Coping with stress* was also the top concern for respondents without psychological distress, followed by *school or study problems* and *body image* (33.5%, 27.0% and 22.6%). The proportion of respondents with psychological distress who indicated concern about all issues was much higher than the proportion of young people without psychological distress, particularly for *mental health*, *coping with stress* and *body image*, as well as *school or study problems* and *suicide*. Almost four times the proportion of young people with psychological distress reported concerns about *suicide* (35.6% compared with 9.4% of respondents without psychological distress).

The finding that higher proportions of young people with psychological distress are concerned about *mental health*, *coping with stress*, *body image*, *school or study problems* and *suicide* is not unexpected given that anxiety and depression are the two mental illnesses that the K6 is designed to screen for. It is not possible to determine whether or not these concerns are major contributors to the occurrence of psychological distress in young people or whether psychological distress makes young people more susceptible to these concerns in general. Nevertheless, these high levels of concern are likely to have an ongoing impact, either as a contributor to, or exacerbation of, young people's mental health, if left unaddressed.

Table 7: Young people aged 15-19 who were 'very' or 'extremely' concerned about issues, by PD, 2018

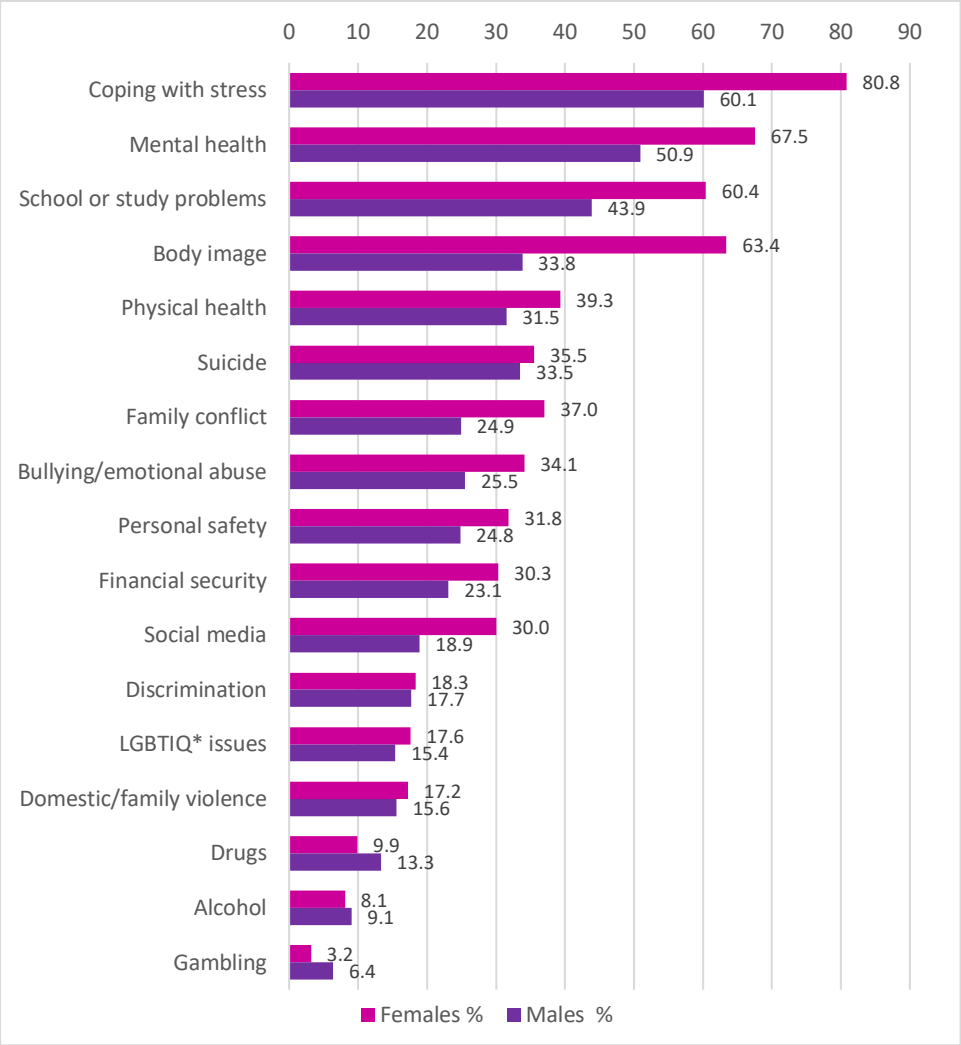
	PD %	No PD %
Coping with stress	74.3	33.5
Mental health	62.7	20.8
School or study problems	55.4	27.0
Body image	55.2	22.6
Physical health	37.2	21.9
Suicide	35.6	9.4
Family conflict	34.1	12.3
Bullying/emotional abuse	32.1	10.4
Personal safety	30.2	14.7
Financial security	28.8	12.8
Social media	27.2	11.9
Discrimination	19.2	8.2
LGBTIQ* issues	18.7	7.3
Domestic/family violence	17.5	7.4
Drugs	11.7	6.0
Alcohol	9.2	4.5
Gambling	5.0	3.0

Note: Items are listed in order of frequency among respondents with psychological distress.
*Lesbian, Gay, Bisexual, Trans, Intersex, Queer (LGBTIQ) issues.

Gender differences

Coping with stress and *mental health* were the top two issues of concern for both females and males with psychological distress (80.8% and 67.5% of females compared with 60.1% and 50.9% of males). The third top issue of concern differed, with females indicating that *body image* (63.4%) was a major issue of concern, whereas for males it was *school and study problems* (43.9%). Compared with males, greater proportions of female respondents were concerned about the vast majority of issues listed; particularly *body image*, *coping with stress*, *mental health*, *school or study problems*, followed by *family conflict* and *social media* (see Figure 7).

Figure 7: Young people aged 15-19 with PD who were 'very' or 'extremely' concerned about issues, by gender, 2018



Note: Items are listed in order of frequency among all respondents with psychological distress.
*Lesbian, Gay, Bisexual, Trans, Intersex, Queer (LGBTIQ) issues.

Age differences

Coping with stress and *mental health* were the top two issues of concern for young people of all ages with psychological distress. Across the age groups, 17 year olds with psychological distress were slightly more concerned about *coping with stress* (76.3% compared with 73.8% of 15 year olds, 74.5% of 16 year olds and 71.9% of 18-19 year olds) and *school or study problems* (57.3% compared with 54.5% of 15 year olds, 55.6% of 16 year olds and 51.5% of 18-19 year olds). Concerns about *bullying and emotional abuse* were highest among the youngest age group (35.6% of 15 year olds compared with 31.4% of 16 year olds, 29.9% of 17 year olds and 29.1% of 18-19 year olds), while concerns about *financial security* were highest among the oldest age group (40.4% of 18-19 year olds compared with 25.9% of 15 year olds, 25.6% of 16 year olds and 32.3% of 17 year olds).

Table 8: Young people aged 15-19 with PD who were 'very' or 'extremely' concerned about issues, by age, 2018

	15 years %	16 years %	17 years %	18-19 years %
Coping with stress	73.8	74.5	76.3	71.9
Mental health	61.2	61.0	65.8	66.3
School or study problems	54.5	55.6	57.3	51.5
Body image	57.8	54.9	53.5	52.8
Physical health	37.9	37.3	36.5	36.3
Suicide	36.5	35.9	34.9	35.3
Bullying/emotional abuse	35.6	31.4	29.9	29.1
Family conflict	35.3	32.9	34.2	35.0
Personal safety	31.9	28.6	29.7	31.8
Social media	28.3	28.0	25.1	25.0
Financial security	25.9	25.6	32.3	40.4
Discrimination	20.1	18.7	18.0	20.5
LGBTIQ* issues	19.3	18.3	18.5	19.7
Domestic/family violence	17.6	17.0	18.4	17.1
Drugs	11.1	11.1	12.0	13.7
Alcohol	7.7	9.6	9.7	10.2
Gambling	5.2	4.7	4.4	6.4

Note: Items are listed in order of frequency among all respondents with psychological distress.
*Lesbian, Gay, Bisexual, Trans, Intersex, Queer (LGBTIQ) issues.

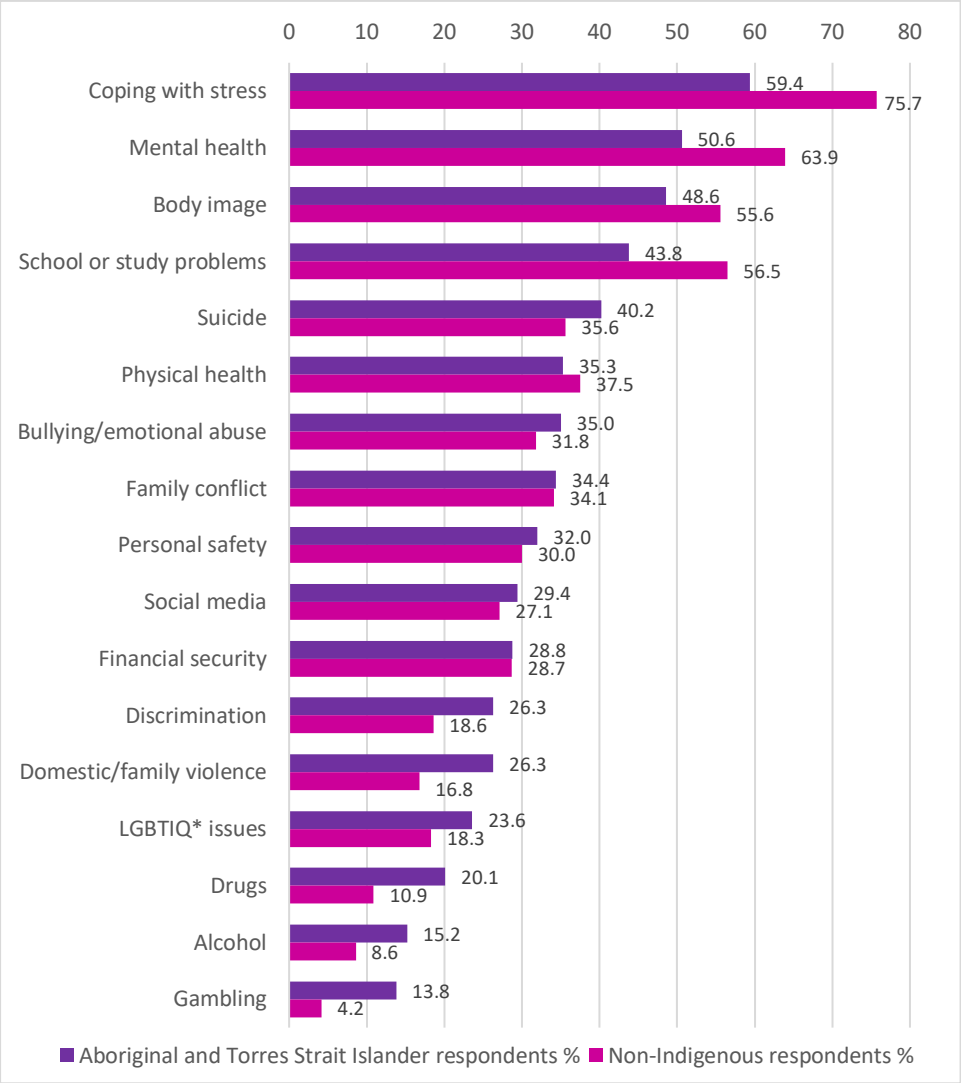
Differences between Aboriginal and Torres Strait Islander and non-Indigenous respondents

As shown in Figure 8, *coping with stress* and *mental health* were the top two issues of concern for both Aboriginal and Torres Strait Islander and non-Indigenous respondents with psychological distress (59.4% and 50.6% compared with 75.7% and 63.9% respectively). The third top issue of concern differed: Aboriginal and Torres Strait Islander young people indicated that *body image* (48.6%) was a key issue of concern, while for non-Indigenous respondents it was *school and study problems* (56.5%).

There were some notable differences in the levels of concern expressed by Aboriginal and Torres Strait Islander and non-Indigenous young people with psychological distress across a number of issues. Lower proportions of Aboriginal and Torres Strait Islander than non-Indigenous respondents indicated concerns about *coping with stress* (59.4% compared with 75.7%), *mental health* (50.6% compared with 63.9%), *body image* (48.6% compared with 55.6%), *school or study problems* (43.8% compared with 56.5%) and *physical health* (35.3% compared with 37.5%).

Conversely, greater proportions of Aboriginal and Torres Strait Islander respondents indicated concerns about all other issues; particularly *gambling* (13.8% compared with 4.2% of non-Indigenous respondents), *domestic/family violence* (26.3% compared with 16.8%), *drugs* (20.1% compared with 10.9%), *discrimination* (26.3% compared with 18.6%) and *alcohol* (15.2% compared with 8.6%).

Figure 8: Young people aged 15-19 with PD who were 'very' or 'extremely' concerned about issues, by Aboriginal and Torres Strait Islander status, 2018



Note: Items are listed in order of frequency among Aboriginal and Torres Strait Islander respondents with psychological distress.
*Lesbian, Gay, Bisexual, Trans, Intersex, Queer (LGBTIQ) issues.

Youth Survey 2018 – Help-seeking results

Experience of serious or stressful problems

For the first time in 2018, respondents were asked if they had experienced any serious or stressful problems or issues in the past year, to which they could respond by choosing the statement that most applied to them from the following list: *I have had few or no problems; I have had some problems but I felt I could manage on my own; I have had some problems and I did get help;* and *I have had some problems but I did not get help even though I thought I needed it*.

As shown in Table 9, a smaller proportion of young people with psychological distress reported *I have had few or no problems* (7.2% compared with 32.9% of young people without psychological distress). Almost three in ten (28.1%) young people with psychological distress reported *I have had some problems but I felt I could manage on my own* compared with over four in ten (42. 5%) young people without psychological distress. Respondents with psychological distress were more likely to report *I have had some problems and I did get help* (28.2% compared with 17.6% of respondents without psychological distress). Conversely, over five times the proportion of young people with psychological distress reported *I have had some problems but did not get help even though I thought I needed it* (36.5% compared with 7.0% of young people without psychological distress).

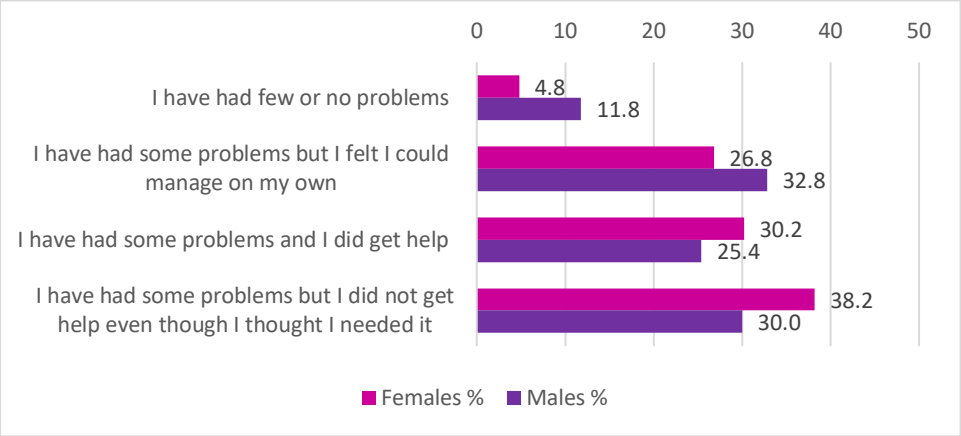
Table 9: Young people aged 15-19 and their experience of stressful problems/issues in the past year, by PD, 2018

	PD %	No PD %
I have had few or no problems	7.2	32.9
I have had some problems but I felt I could manage on my own	28.1	42.5
I have had some problems and I did get help	28.2	17.6
I have had some problems but I did not get help even though I thought I needed it	36.5	7.0

Gender differences

When the results were compared by gender, a smaller proportion of females with psychological distress reported *I have had few or no problems* (4.8% compared with 11.8% of males). Female respondents were also less likely to report *I have had some problems but I felt I could manage on my own* (26.8% compared with 32.8% of males with psychological distress). Conversely, a greater proportion of females reported *I have had some problems and I did get help* (30.2% compared with 25.4% of males). A greater proportion of females with psychological distress also reported *I have had some problems but did not get help even though I thought I needed it* (38.2% compared with 30.0% of males).

Figure 9: Young people aged 15-19 with PD and their experience of stressful problems/issues in the past year, by gender, 2018



Age differences

While the overall patterns were found to be similar among all age groups, there were some differences, especially regarding the oldest age group's experience of stressful problems. As seen in Table 10, a smaller proportion of 18-19 year olds with psychological distress reported *I have had some problems but I felt I could manage on my own* (24.6% compared with 28.7% of 15 year olds, 29.2% of 16 year olds and 27.3% of 17 year olds). Conversely, the older age group was more likely to report *I have had some problems and I did get help* than the younger age cohorts (34.6% of 18-19 year olds compared with 25.9% of 15 year olds, 26.3% of 16 year olds and 30.9% of 17 year olds).

Table 10: Young people aged 15-19 with PD and their experience of stressful problems/issues in the past year, by age, 2018

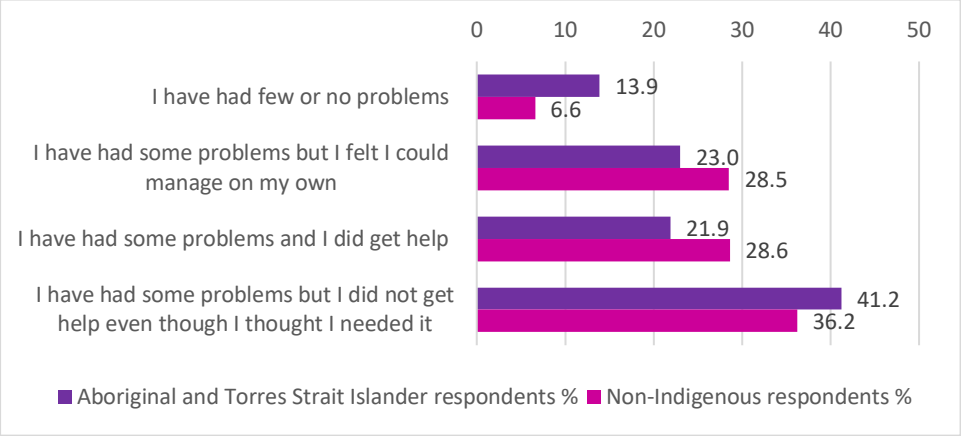
	15 years %	16 years %	17 years %	18-19 years %
I have had few or no problems	7.6	6.7	7.2	7.0
I have had some problems but I felt I could manage on my own	28.7	29.2	27.3	24.6
I have had some problems and I did get help	25.9	26.3	30.9	34.6
I have had some problems but I did not get help even though I thought I needed it	37.8	37.7	34.5	33.9

Differences between Aboriginal and Torres Strait Islander and non-Indigenous respondents

As shown in Figure 10, over twice the proportion of Aboriginal and Torres Strait Islander young people with psychological distress reported *I have had few or no problems* (13.9% compared with 6.6% of non-Indigenous young people). Aboriginal and Torres Strait Islander young people with psychological distress were less likely to report *I have had some problems but I felt I could manage on my own* and *I have had some problems and I did get help* (23.0% and 21.9%) compared with their non-Indigenous peers (28.5% and 28.6%).

A greater proportion of Aboriginal and Torres Strait Islander young people with psychological distress reported *I have had some problems but did not get help even though I thought I needed it* (41.2% compared with 36.2% of non-Indigenous respondents).

Figure 10: Young people aged 15-19 with PD and their experience of stressful problems/issues in the past year, by Aboriginal and Torres Strait Islander status, 2018



Is there anyone young people can turn to if they are in trouble or a crisis?

Young people were asked if there was anyone they felt they could turn to if they were in trouble or a crisis. As shown in Table 11, the majority of respondents reported *yes,* they felt they had someone to turn to in a crisis. However, a lower proportion of young people with psychological distress reported *yes*, compared with respondents without psychological distress (79.1% compared with 94.4% respectively). One in five (20.9%) respondents with psychological distress reported *no*, they did not feel they had someone they could turn to if they were in trouble or a crisis. This was almost four times the proportion of young people without psychological distress (20.9% compared with 5.6%).

Gender and age differences

As shown in Table 12, a greater proportion of females with psychological distress reported feeling they had someone to turn to in a crisis (83.0% compared with 74.0% of males).
Across all age groups, the majority of respondents with psychological distress reported *yes,* they felt they had someone to turn to in a crisis. There were only minor differences between age groups.

Differences between Aboriginal and Torres Strait Islander and non-Indigenous respondents

Relative to non-Indigenous respondents, a lower proportion of Aboriginal and Torres Strait Islander young people with psychological distress responded *yes,* they felt they had someone they could turn to if they were in trouble or a crisis (67.8% compared with 80.0% of non-Indigenous respondents).

Table 11: Do young people aged 15-19 feel they can turn to someone if they are in trouble or a crisis, by PD, 2018

	Yes %	No %
PD	79.1	20.9
No PD	94.4	5.6

Table 12: Do young people aged 15-19 with PD feel they can turn to someone if they are in trouble or a crisis, by demographic characteristics, 2018

	Yes %	No %
Females	83.0	17.0
Males	74.0	26.0
15 year olds	78.4	21.6
16 year olds	77.6	22.4
17 year olds	81.5	18.5
18-19 year olds	80.7	19.3
Aboriginal and Torres Strait Islander respondents	67.8	32.2
Non-Indigenous respondents	80.0	20.0

Where do young people go for help with important issues?

Respondents were asked to indicate from a number of sources where they would go for help with important issues in their lives. Table 13 shows the percentage of respondents among both young people with and without psychological distress who indicated that they would go to each source.

Friend/s and *parent/s or guardian/s* were the two most commonly cited sources of help for all participants (75.9% and 54.8% of young people with psychological distress compared with 87.4% and 82.8% for young people without psychological distress). The third most commonly cited source of help for young people with psychological distress was the *internet* (53.3%), while for young people without psychological distress it was a *relative/family friend* (65.0%). Young people with psychological distress were relatively more likely to go to *social media*, use the *internet* and read *books/magazines* for support. Conversely, higher proportions of young people without psychological distress indicated going to close personal connections for help, particularly *parent/s or guardian/s*, a *relative/family friend* and their *brother/sister*. They were also slightly more likely to go to *friend/s*, a *teacher* or a *GP or health professional* for support with important issues.

Table 13: Where young people aged 15-19 go for help with important issues, by PD, 2018

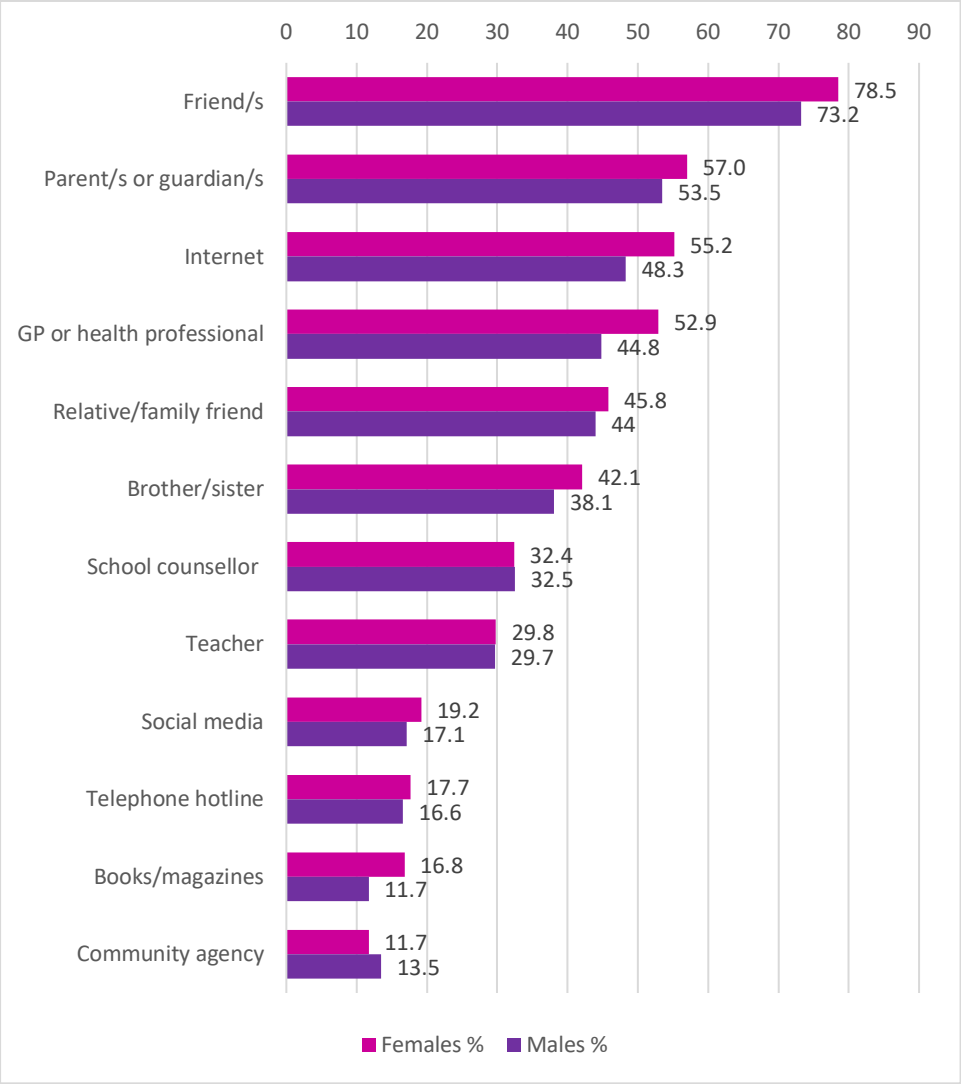
	PD %	No PD %
Friend/s	75.9	87.4
Parent/s or guardian/s	54.8	82.8
Internet	53.3	48.2
GP or health professional	49.9	55.3
Relative/family friend	44.3	65.0
Brother/sister	40.4	57.2
School counsellor	31.9	37.4
Teacher	29.3	40.1
Social media	19.2	13.3
Telephone hotline	17.6	17.3
Books/magazines	15.5	12.8
Community agency	12.3	13.8

Note: Respondents were able to choose more than one option.
Items are listed in order of frequency among respondents with psychological distress.

Gender differences

There were some gender differences in the sources of help young people with psychological distress said they would turn to. A higher proportion of females than males with psychological distress indicated they would go to many of the sources of help, particularly a *GP or health professional* (52.9% compared with 44.8%), the *internet* (55.2% compared with 48.3%) and *friend/s* (78.5% compared with 73.2%).

Figure 11: Where young people aged 15-19 with PD go for help with important issues, by gender, 2018



Note: Respondents were able to choose more than one option.
Items are listed in order of frequency among all respondents with psychological distress.

Age differences

As shown in Table 14, 18-19 year olds with psychological distress were overall more likely than the younger age cohorts to turn to a *GP or health professional*, the *internet*, a *community agency*, their *brother/sister*, a *teacher*, *parent/s or guardian/s* or a *school counsellor* for help with important issues.

Greater proportions of 15 year olds, however, indicated that they would go to their *friend/s*, a *relative/family friend* or use a *telephone hotline* for help. Among 15 and 16 year olds, *community agency* was the least preferred source of help.

Table 14: Where young people aged 15-19 with PD go for help with important issues, by age, 2018

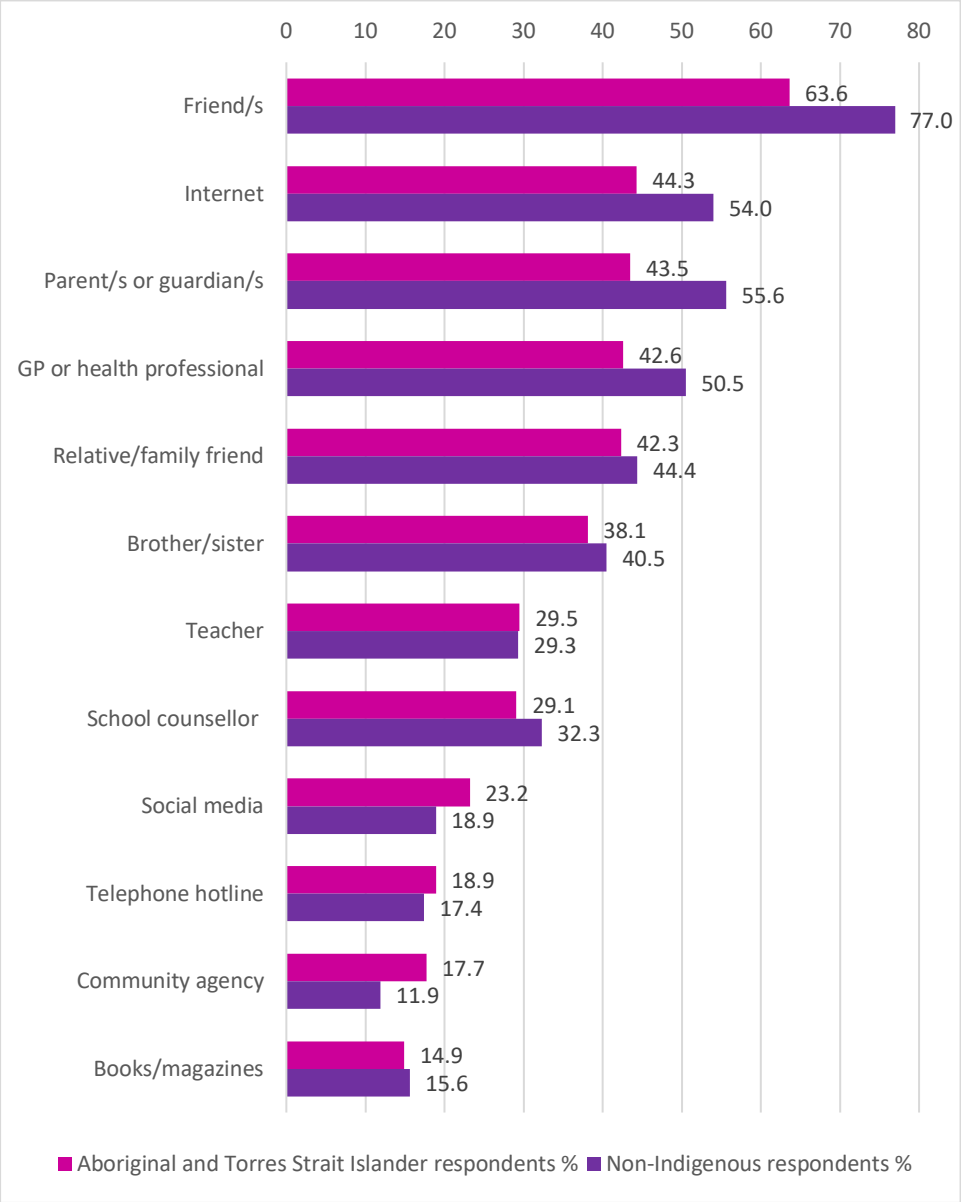
	15 years %	16 years %	17 years %	18-19 years %
Friend/s	77.2	77.3	75.5	72.3
Parent/s or guardian/s	54.1	55.5	55.7	57.1
Internet	50.5	54.0	54.8	59.4
GP or health professional	44.6	49.1	54.8	60.2
Relative/family friend	45.6	43.8	43.7	43.5
Brother/sister	39.3	41.2	40.2	46.5
School counsellor	32.6	33.0	33.0	35.4
Teacher	28.8	28.6	33.8	32.0
Telephone hotline	19.9	15.6	16.8	18.1
Social media	19.7	19.7	19.7	20.2
Books/magazines	16.5	14.0	16.1	17.8
Community agency	11.0	10.9	13.3	19.2

Note: Respondents were able to choose more than one option.
Items are listed in order of frequency among all respondents with psychological distress.

Differences between Aboriginal and Torres Strait Islander and non-Indigenous respondents

Friend/s (63.6%), *internet* (44.3%) and *parent/s or guardian/s* (43.5%) were the most commonly cited sources of help for Aboriginal and Torres Strait Islander young people with psychological distress. Smaller proportions of Aboriginal and Torres Strait Islander respondents than non-Indigenous respondents with psychological distress said they would turn to close personal connections for help, such as *friend/s*, *parent/s or guardian/s*, *a GP or health professional*, *school counsellor*, *brother/sister* or a *relative/family friend*. Conversely, greater proportions of Aboriginal and Torres Strait Islander respondents indicated turning to *community agency*, *social media* or a *telephone hotline* for help.

Figure 12: Where young people aged 15-19 with PD go for help with important issues, by Aboriginal or Torres Strait Islander status, 2018



Note: Respondents were able to choose more than one option. Items are listed in order of frequency among Aboriginal and Torres Strait Islander respondents with psychological distress.

Type of online services and sources of help

For the first time in 2018, young people were asked if they had used the internet for help with important issues in their lives and to indicate which sources of support they had accessed from a list of services and sources. As indicated in Table 15, overall higher proportions of young people with psychological distress said they would access a range of internet sources for help with important issues in their lives. Much higher proportions of respondents with psychological distress said that they accessed *an online quiz or assessment tool* (29.8% compared with 16.1% of respondents without psychological distress), used the internet to *chat one-on-one with someone who has had a similar experience* (23.2% compared with 14.6%) and for *counselling with a professional* (17.9% compared with 10.1% of respondents without psychological distress).

Table 15: What type of online services/sources young people aged 15-19 would use for help, by PD, 2018

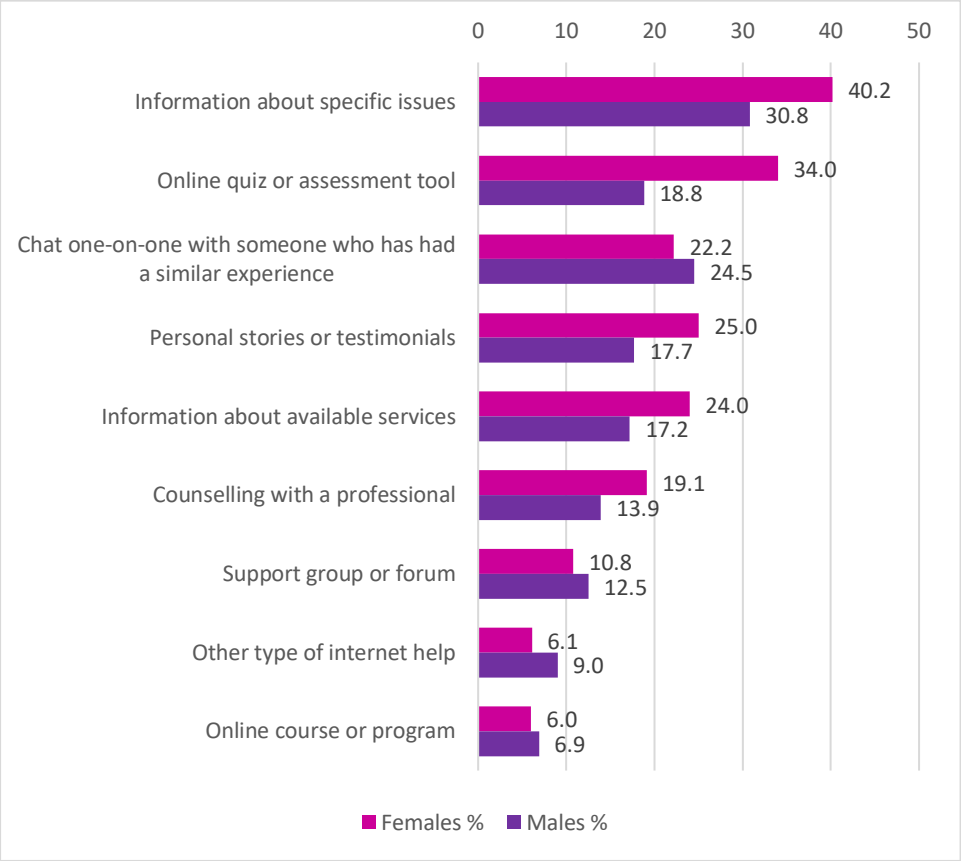
	PD %	No PD %
Information about specific issues	37.3	30.1
Online quiz or assessment tool	29.8	16.1
Chat one-on-one with someone who has had a similar experience	23.2	14.6
Personal stories or testimonials	23.2	16.1
Information about available services	22.2	15.1
Counselling with a professional	17.9	10.1
Support group or forum	11.8	7.4
Other type of internet help	8.2	7.7
Online course or program	6.6	4.8

Note: Respondents were able to choose more than one option.
Items are listed in order of frequency among respondents with psychological distress.

Gender differences

As shown in Figure 13, there were differences between females and males with psychological distress in relation to their use of the internet to seek help. Higher proportions of females with psychological distress indicated that they accessed the internet for *information about specific issues* (40.2% compared with 30.8%), an *online quiz or assessment tool* (34.0% compared with 18.8% for males), to read *personal stories or testimonials* (25.0% compared with 17.7%) and for *information about available services* (24.0% compared with 17.2%).

Figure 13: What type of online services/sources young people aged 15-19 with PD would use for help, by gender, 2018



Note: Respondents were able to choose more than one option.
Items are listed in order of frequency among all respondents with psychological distress.

Age differences

A slightly higher proportion of 15 year olds with psychological distress indicated that they accessed an *online quiz or assessment tool* for support (31.8% compared with 29.3% in 16 year olds, 29.5% in 17 year olds and 27.3% in 18-19 year olds). The oldest age group, however, was more likely to report that they use the internet for all other online services and sources listed in the table below.

Table 16: What type of online services/sources young people aged 15-19 with PD would use for help, by age, 2018

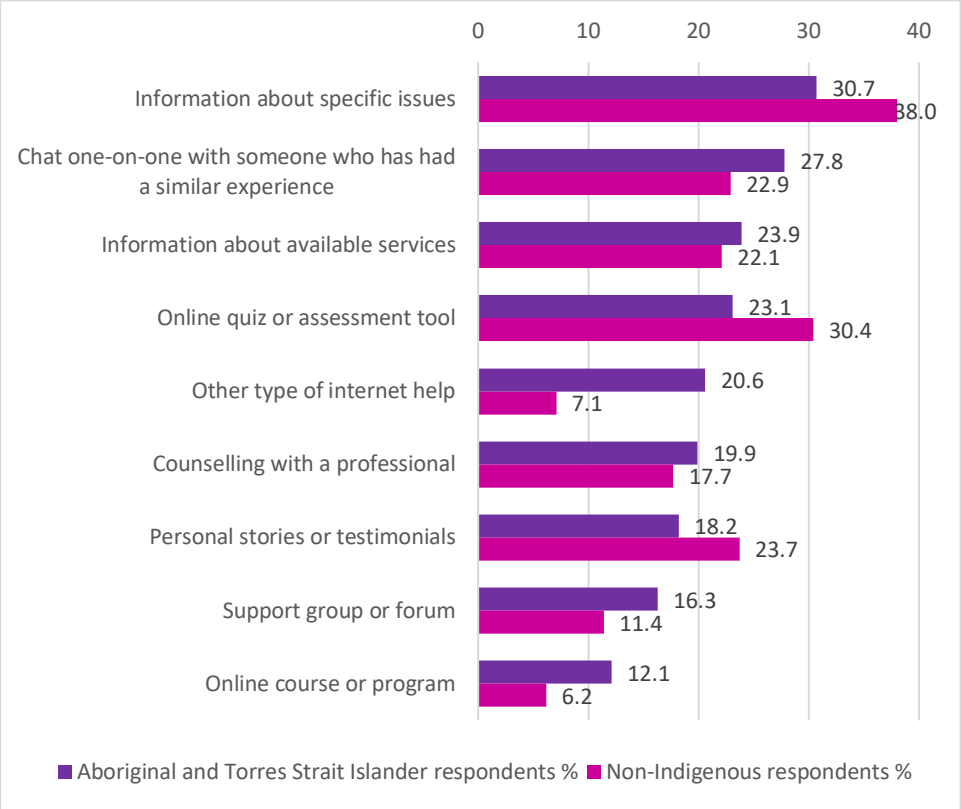
	15 years %	16 years %	17 years %	18-19 years %
Information about specific issues	34.1	36.8	40.7	43.4
Online quiz or assessment tool	31.8	29.3	29.5	27.3
Chat one-on-one with someone who has had a similar experience	24.6	22.2	21.9	26.3
Personal stories or testimonials	22.3	22.0	24.0	29.1
Information about available services	20.5	21.4	23.2	29.7
Counselling with a professional	17.9	17.4	17.5	21.9
Support group or forum	10.3	10.4	12.9	15.7
Other type of internet help	8.2	7.4	7.2	8.4
Online course or program	6.8	5.7	7.5	8.2

Note: Respondents were able to choose more than one option. Items are listed in order of frequency among all respondents with psychological distress.

Differences between Aboriginal and Torres Strait Islander and non-Indigenous respondents

Aboriginal or Torres Strait Islander respondents with psychological distress were more likely to use the internet for an *online course or program* (12.1% compared with 6.2% of non-Indigenous respondents), to *chat one-on-one with someone who has had a similar experience* (27.8% compared with 22.9%), or to access a *support group or forum* (16.3% compared with 11.4%). Higher proportions of non-Indigenous young people with psychological distress reported that they used the internet for *information about specific issues*, to access an *online quiz or assessment tool* or *personal stories or testimonials*.

Figure 14: What type of online services/sources young people aged 15-19 with PD would use for help, by Aboriginal or Torres Strait Islander status, 2018



Note: Respondents were able to choose more than one option. Items are listed in order of frequency among Aboriginal and Torres Strait Islander respondents with psychological distress.

Barriers to help-seeking

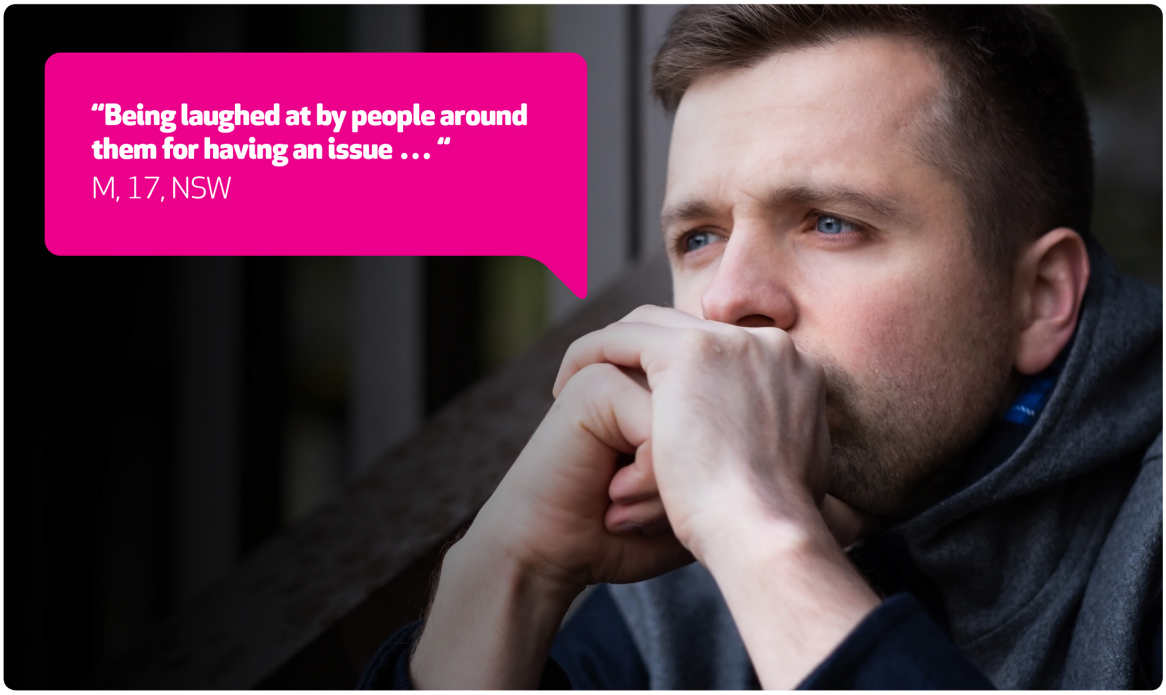
The *Youth Survey 2018* asked participants to identify the top three barriers that may prevent young people, who are dealing with a serious or stressful problem or issue, from getting the help they need. Respondents were able to make three open-text responses. The information provided by respondents was categorised and is listed in order of frequency in the tables below.

As shown in Table 17, *stigma and embarrassment*, *fear* and *lack of support* were the three most commonly cited barriers that may prevent young people from getting the help they need. Similar proportions of young people with and without psychological distress saw *stigma and embarrassment* and *fear* as barriers that prevent young people from getting the help they need (37.0% and 27.6% compared with 38.2 and 26.1% respectively). A higher proportion of young people with psychological distress indicated they saw *lack of support* and *accessibility* as barriers that prevent young people from getting the help they need (26.8% and 17.4% compared with 23.1% and 14.7% of young people without psychological distress).

Table 17: Barriers that may prevent young people aged 15-19 from getting the help they need, by PD, 2018

	PD %	No PD %
Stigma and embarrassment	37.0	38.2
Fear	27.6	26.1
Lack of support	26.8	23.1
Lack of confidence	20.2	21.5
Accessibility	17.4	14.7
Knowledge about services/available help	11.7	13.8
Mental health	11.6	8.3
Problems recognising symptoms	11.4	11.1
Other responsibilities	10.5	9.1
Discrimination/punishment	10.5	11.0
Confidentiality and trust	10.0	8.6
Preference for self-reliance	6.5	6.5
Others not recognising the need for help	4.8	3.9
Other	4.5	4.3
Hopelessness	4.1	2.9

Note: Items are listed in order of frequency among respondents with psychological distress.



Gender differences

As shown in Figure 15, there were some differences between females and males with psychological distress in relation to what they saw as barriers that may prevent them from getting the help they need. Compared with males, higher proportions of females saw *stigma and embarrassment* (39.4% compared with 33.2% of males), *fear* (31.3% compared with 19.7%) and a *lack of support* (28.6% compared with 24.1%) as barriers to seeking help. Conversely, higher proportions of males than females with psychological distress saw *mental health* (14.1% compared with 10.1% of females) and *discrimination/punishment* (12.3% compared with 9.3%) as barriers to seeking help.

Figure 15: Barriers that may prevent young people aged 15-19 with PD from getting the help they need, by gender, 2018

	Females %	Males %
Stigma and embarrassment	39.4	33.2
Fear	31.3	19.7
Lack of support	28.6	24.1
Lack of confidence	20.7	20.6
Accessibility	19.3	13.0
Knowledge about services/available help	13.0	8.7
Mental health	10.1	14.1
Problems recognising symptoms	13.1	8.2
Other responsibilities	10.6	10.3
Discrimination/punishment	9.3	12.3
Confidentiality and trust	11.3	7.2
Preference for self-reliance	6.5	6.8
Others not recognising the need for help	5.3	3.8
Other	4.1	5.2
Hopelessness	4.7	2.9

Note: Items are listed in order of frequency among all respondents with psychological distress.

Age differences

The overall patterns were found to be similar among all age groups. However, a greater proportion of 15 year olds with psychological distress reported that *fear* was a barrier that may prevent them from getting the help they need compared to their older peers (30.3% compared with 26.9% of 16 year olds, 25.8% of 17 year olds and 25.3% of 18-19 year olds). Conversely, a higher proportion of 18-19 year olds experiencing psychological distress indicated that *accessibility* was a barrier that may prevent them from getting help (26.9% compared with 14.0% of 15 year olds, 16.4% of 16 year olds and 20.9% of 17 year olds).

Table 18: Barriers that may prevent young people aged 15-19 with PD from getting the help they need, by age, 2018

	15 years %	16 years %	17 years %	18-19 years %
Stigma and embarrassment	36.5	37.3	38.2	37.1
Fear	30.3	26.9	25.8	25.3
Lack of support	27.4	26.7	27.8	26.5
Lack of confidence	21.1	20.9	18.8	19.1
Accessibility	14.0	16.4	20.9	26.9
Knowledge about services/available help	10.1	10.7	13.1	14.9
Mental Health	10.5	12.3	11.3	11.2
Problems recognising symptoms	11.5	11.5	10.9	10.6
Other responsibilities	10.9	10.2	10.7	10.0
Discrimination/punishment	11.9	10.2	9.6	11.4
Confidentiality and trust	9.3	10.8	9.9	8.6
Preference for self-reliance	6.1	6.8	7.7	5.4
Others not recognising the need for help	4.8	5.0	5.1	4.0
Other	4.4	5.3	4.1	2.6
Hopelessness	3.8	4.5	3.4	5.2

Note: Items are listed in order of frequency among all respondents with psychological distress.

Differences between Aboriginal and Torres Strait Islander and non-Indigenous respondents

As shown in Figure 16, smaller proportions of Aboriginal or Torres Strait Islander young people with psychological distress saw *stigma and embarrassment*, *lack of support* and *fear* as barriers to them getting the help they need (26.9%, 22.9% and 21.6% compared with 37.8%, 27.3% and 28.2% of non-Indigenous young people with psychological distress). In contrast, a higher proportion of Aboriginal and Torres Strait Islander young people with psychological distress reported that *discrimination/punishment* may hinder young people from getting help they need (12.5% compared with 10.4% of non-Indigenous respondents).

Figure 16: Barriers that may prevent young people aged 15-19 with PD from getting the help they need, by Aboriginal or Torres Strait Islander status, 2018

	Aboriginal and Torres Strait Islander respondents %	Non-Indigenous respondents %
Stigma and embarrassment	26.9	37.8
Lack of support	22.9	27.3
Fear	21.6	28.2
Lack of confidence	15.3	20.7
Accessibility	13.6	17.8
Mental Health	13.3	11.4
Discrimination/punishment	12.5	10.4
Knowledge about services/available	7.8	12.0
Other responsibilities	6.8	10.8
Confidentiality and trust	6.1	10.4
Problems recognising symptoms	5.7	11.9
Other	4.9	4.5
Preference for self-reliance	4.0	6.7
Others not recognising the need for	3.8	4.9
Hopelessness	2.8	4.2

Note: Items are listed in order of frequency among Aboriginal or Torres Strait Islander respondents with psychological distress.

Implications for policy and practice

While there has been growing interest in the mental health of young people at a political and community level, the findings above point to the need for further change in mental health policy and practice and sustained focus and investment in improving young people's mental health and wellbeing.

The recommendations set out below respond to these findings and focus on prevention and early intervention, the role of schools in supporting young people's mental health, sources of support for young people and meeting the diversity of young people's needs.

Focus on prevention and early intervention

As demonstrated in this report, there has been an increase in the proportion of young people experiencing psychological distress over the past seven years: rising from 18.7% in 2012 to 24.2% in 2018. The proportion of young people with psychological distress was over 20.0% for each age group in 2018. Putting it another way, this means that more than one in five 15, 16, 17 and 18-19 year olds were experiencing psychological distress. This evidence highlights that more needs to be done to prevent and intervene early for young people in need, to promote positive mental health, and to combat mental ill-health.

Many of the risk and protective factors for mental health issues have their origins in early and middle childhood, including the development of adaptive coping and problem-solving skills, and exposure to supportive, caring parenting.[27]

[27] Lawrence et al. 2015

It is crucial to resource programs that build skills to manage emotion and distress in children (universal prevention) and support vulnerable families who are at elevated risk of experiencing mental health problems (selected prevention) to reduce mental health issues for young people over the medium to long term.

Policy recommendations include:

- Fund the implementation of evidence-based parenting interventions that promote parenting practices designed to support the social, emotional and behavioural development of children and young people. Priority should be given to those families who are most vulnerable, and programs should be adapted for their particular needs.
- Support the implementation of evidence-based programs that prevent the onset of depression and anxiety disorders, to be delivered early in life to build resilience in children which help them to cope with inevitable stressors and negative life events that they will go on to experience.
- Delivering universal interventions (regardless of risk) to prevent psychological distress given the high levels of psychological distress and the perceived barriers to help-seeking across all age groups. This includes delivery through schools, community groups, sports groups and religious settings (e.g. churches, mosques, temples) to reach young people where they are.

The role of schools in supporting young people's mental health

The top three issues of personal concern for young people with psychological distress were *coping with stress*, *mental health* and *school or study problems* (74.3%, 62.7% and 55.4%). *Coping with stress* was also the top concern for respondents without symptoms of psychological distress, followed by *school or study problems* and *body image* (33.5%, 27.0% and 22.6%). In line with other studies,[28] these findings highlight that perceived stress is an important risk factor for poor mental health: young people with psychological distress were more than twice as concerned about *coping with stress* than those young people without psychological distress.

Schools have a significant role to play in promoting mental health and wellbeing.[29] They have a central, daily point of contact with young people, including those who are currently experiencing mental health difficulties and those who may be vulnerable to such difficulties in the future.[30] Young people spend a significant proportion of their waking hours at school, and young people from all different communities and circumstances attend. Schools are therefore the ideal settings to provide programs and interventions that promote and improve mental health and mental health awareness, reduce stigma through education, encourage help-seeking, prevent mental illness and provide pathways to support.

[28] Bovier, Chamot, and Perneger 2004. See also Denscombe 2000; Kouzma and Kennedy 2004
[29] Wyn et al. 2000
[30] Lawrence et al. 2015

Schools and teachers in Australia are often the first to identify the signs and symptoms of mental and behavioural distress in young people.[31] However a Beyond Blue Survey of teachers and principals found approximately 50% of teachers and principals feel they do not have time to address the mental needs of students and one in five indicated that they did not feel confident handling mental health issues with students.[32] This is not surprising given that teachers are provided limited mental health training in their pre-service and subsequent teacher education.[33]

To address this problem, teachers, and other school staff members need to be properly supported to meet the mental health and wellbeing needs of students. One way this can be addressed is in the form of trained professionals being funded and placed within schools to support students' wellbeing, including counsellors, to relieve some of the burden on teachers particularly where students need substantial support.

Another way to reduce the burden on teachers is to draw from a range of school programs which are curriculum aligned and designed to address mental wellbeing. For example, the National Education Initiative, ReachOut Schools and Black Dog's Headstrong have been funded to incorporate wellbeing into the curriculum and therefore assist teachers. Funding for these programs must continue and resource allocation should be prioritised to support those with limited capacity or infrastructure to deliver these types of programs.

Schools also need to create a culture of trust so that young people feel comfortable turning to trusted adults at school to seek advice and support. Given the role schools and school staff play in the provision of supports and services through referrals to community and health services providers,[34] strong links between schools and these providers are an important component of integrated, multifaceted mental health care services.[35] Community services organisations also have a role in delivering therapeutic supports in schools.

Specific recommendations include:

- Provide resourcing, training and support to schools and teachers to ensure wellbeing is integrated into the curriculum.
- Support evidence-based mental health programs for direct delivery to students.
- Embed wellbeing personnel within schools including school counsellors to support young people to deal with stress and mental health problems.

[31] Lawrence et al. 2015, 89
[32] Beyond Blue 2017
[33] Graham et al. 2011
[34] Lawrence et al. 2015
[35] P. D. McGorry et al. 2014

HeadStrong 2.0

HeadStrong 2.0 is a free curriculum resource that can be used to help students better understand mental health, and how to build wellbeing and resilience.[36] It was developed by the Black Dog Institute to make it easier for teachers educating high school students about a tough topic.

HeadStrong 2.0:

- is linked to the Health and Physical Education curriculum for Years 9-10
- includes 5 modules that are split into a series of ready-to-use classroom activities and teacher development notes
- links directly to curriculum learning outcomes
- includes topics on: depression and bipolar disorder, seeking help, helping others, and building wellbeing and resilience
- is complemented by MindStrength, a free online learning course to help young people build resilience.[37]

HeadStrong has undergone a comprehensive research trial and the evidence shows that HeadStrong increases mental health literacy which is vital in breaking down the barriers to achieving good mental health.[38]

Reducing stress

Given its emphasis on assessments, final examinations and academic outcomes, it is not surprising that school is a significant stressor for many young people. The pressures of schooling can often lead to symptoms of depression, anxiety and stress outside the normal range.[39] The social changes that young people go through and interpersonal relationships during the schooling years can also contribute to stress.

Programs targeted at students who are particularly at risk—such as those transitioning from primary to secondary school or secondary school to university, and those about to commence stressful exam periods such as Year 12 exams—should be considered.[40] Evidence-based psychological programs that provide students with strategies to cope with stress and school pressures, and/or reduce symptoms of depression and anxiety are usually based on Cognitive Behaviour Therapy and include programs such as FRIENDS,[41] BRAVE Online,[42] SPARX,[43] and Cool Kids.[44]

[36] Black Dog Institute 2019a
[37] Black Dog Institute 2019b
[38] Perry et al. 2014
[39] Kouzma and Kennedy 2004. See also D Putwain 2011; D Putwain and Daly 2014; O'Brien and Wright 2007
[40] Perry et al. 2015
[41] Friends Resilience 2017
[42] BRAVE-Online 2019
[43] SPARX 2018. See also Merry et al. 2012
[44] Centre for Emotional Health, Macquarie University 2019

It is recommended that:

- Schools be resourced to implement evidence-based psychological programs that provide students with strategies to cope with stress and school pressures and reduce symptoms of depression and anxiety. This includes targeting high-risk cohorts, such as those undergoing final exams or transitioning into or completing high school.

BRAVE online

BRAVE is an online, psychological program for the treatment of childhood and adolescent anxiety.[45] The Program was developed by a team of researchers at the University of Queensland and is evidence-based.

BRAVE is based on cognitive behavioral therapy (CBT), the most effective method for overcoming anxiety in children and teenagers. Around 80% of children are free of anxiety after completing the therapist-assisted, BRAVE-Online Program. BRAVE can be completed by children and young people in their own home, at their own pace, and at a time that suits them.

Promoting self-esteem

Almost ten times the proportion of young people with psychological distress reported low levels of self-esteem (30.6% compared with 3.8% of young people without psychological distress). Further over three in ten (31.5%) young people with psychological distress reported low levels of self-esteem (compared with 23.8% of males).

Low self-esteem can be particularly hard for young people during transitions to a new school or into work and when forming new friendships and relationships. Positive self-esteem leads to more positive behaviours and encourages young people to try new things, take healthy risks, solve problems and develop independence. In turn, their learning and development benefits. In contrast, low self-esteem can influence young people to avoid situations where they may be embarrassed or fail, can promote unhealthy or risky behaviours, and can additionally cause problems with relationships, friendships, mood, and motivation.[46]

Low self-esteem can develop through a myriad of factors, including negative life experiences, difficulty with peer groups, bullying or loneliness, stressful life events and ongoing medical issues.[47][48] Peer education initiatives have been found to enhance young people's self-esteem, self-efficacy and sense of control over their lives, resulting in more positive health-related behaviours.[49]

Policy recommendations include:

- Programs that aim to boost young people's self-esteem should be designed and delivered in collaboration with young people including peer education initiatives and programs that support families with positive parenting.

[45] BRAVE-Online 2019
[46] ReachOut Australia 2019
[47] ReachOut Australia 2019
[48] Centre for Clinical Interventions 2018; ReachOut Australia 2019
[49] Turner 1999; Wyman et al. 2010

Combatting bullying at school

Bullying is a crucial issue for young people in Australia that can impact self-esteem, with as many as 1 in 4 students (aged 8 to 14) reporting being bullied every few weeks or more.[50] Young people also frequently witness their friends being bullied and can engage in bullying behaviour themselves. Of the 1000 14–25-year olds surveyed by ReachOut, 23% had experienced bullying in the last 12 months.[51]

All young people should be protected from bullying and discrimination at school and in their community, however recent data points to ongoing experiences of discrimination with about one third of students surveyed in government schools in New South Wales and Victoria reporting experiences of racial discrimination by peers (31%) and in society (27%), and just over one-tenth (12%) by teachers. Further, more than half (60%) of the participants reported seeing other students being racially discriminated against by their peers. [52]

Further, Aboriginal and Torres Strait Islander young people are at risk of bullying from compounding forms of prejudice such as racism and material deprivation which potentially intensify the harms of bullying and social exclusion.

Sexism also impacts on bullying against girls at school. In a recent report on everyday sexism only one in 10 girls aged 16-19 reported that they feel they are always treated equally to boys. Further, close to one in four young women (24 percent) disagreed that their teachers would take action if sexist name calling was taking place at their school, suggesting that schools continue to be a place where harmful acts of 'everyday sexism' are allowed to occur.[53]

Schools need the resources to addressing bullying in their schools and to engage effectively with students who are being bullied and require help from the school. Further professional training on anti-bullying for teachers would also be beneficial, as would the evaluation of specific anti-bullying programs.[54] Particular attention should also be paid to students who are most vulnerable to being bullied; including students who might be at risk of bullying due to social prejudice on race, disability, obesity, homophobia and material deprivation.[55]

Policy recommendations include:

- Whole of school strategies are needed to prevent and respond to bullying, including classroom work on building empathy and inclusiveness, restorative practices and building resilience. Strategies should be co-designed and elaborated with students and parents.
- More attention is required to addressing racist and sexist bullying in schools, as well as other bullying based on social prejudice, through whole-of-school approaches.

[50] Cross et al. 2009, xxi
[51] ReachOut Australia 2017; Ford et al. 2017
[52] Priest et al. 2019
[53] Plan International Australia and Our Watch 2016
[54] Rigby and Johnson 2016
[55] Rigby and Johnson 2016

Increasing mental health literacy and reducing stigma

For both young people experiencing psychological distress and those without psychological distress, *stigma and embarrassment*, *fear*, and *lack of support* were the three most commonly cited barriers that might prevent young people from getting the help they need.

Poor mental health literacy, including difficulty recognising symptoms, and stigma are significant barriers to help seeking for young people. Beyond Blue recently found that four out of five young people in Australia think that people their age will not seek support for anxiety or depression because they are worried about what other people will think of them.[56] However, social support and encouragement from others can facilitate the help-seeking process.[57]

Strategies for improving help-seeking by adolescents and young adults should focus on improving mental health literacy and reducing stigma.[58] Increasing mental health literacy should be embedded in the school curriculum to help address concerns around coping with stress and mental health. The Black Dog Institute's Headstrong program, a curriculum-based educational intervention, has been shown to reduce stigma and improve mental health literacy in young people.[59]

Schools can and do play a vital role in the development of knowledge and skills around mental health by providing opportunities for young people to have discussions about difficult mental health issues and to practice skills, such as when it is ethical to break a friend's trust if they are at risk and need help urgently, and helping friends navigate available support options.[60]

Policy recommendations include:

- Mental health literacy training should be provided to young people through schools to reduce stigma and increase help-seeking.

Sources of support

Over five times the proportion of young people with psychological distress reported having issues that they did not seek help for, despite thinking they needed to (36.5% compared with 7.0% of young people without psychological distress). Further, a higher proportion of young people with psychological distress saw *lack of support* as a barrier that may prevent them from getting the help they need (26.8% compared with 23.1% of young people without psychological distress).

It is concerning that over one third of young people experiencing psychological distress did not seek help for issues even though they thought they needed help and that over one quarter of young people identified *lack of support* as a barrier to help-seeking. This underscores that more work must be done to encourage help-seeking in ways that best meet young people's needs and preferences.

[56] Youth Action 2019
[57] Gulliver, Griffiths, and Christensen 2010; Lynch, Long, and Moorhead 2018; Rickwood, Deane, and Wilson 2007
[58] Morgan, Ross, and Reavley 2018; Gulliver, Griffiths, and Christensen 2010; Mitchell, McMillan, and Hagan 2017
[59] Perry et al. 2015
[60] NSW Commission for Children and Young People 2014

This can be achieved by educating the community about youth mental illness; improved access to health professionals; better marketing of youth-friendly mental health services and the development and marketing of effective digital programs.

Equipping the community

Friend/s and *parent/s or guardian/s* were the two most commonly cited sources of help for all participants (75.9% and 54.8% of young people with psychological distress compared with 87.4% and 82.8% of young people without psychological distress).

It is therefore important to recognise the significant role friends and parents play as informal sources of help and support. Moreover, it highlights the need to equip these informal support networks with the skills, knowledge and confidence to provide appropriate information, support and, if needed, referrals to adult or professional support.

Mental Health First Aid is a short course that aims to improve mental health literacy and empower the public to approach, support and refer individuals in distress. While it is not youth-specific, it has been found to be an effective public health strategy to increase mental health awareness and knowledge, decrease stigma, and increase help-seeking behaviour.[61] Developed in Australia, Mental Health First Aid is utilised around the world and would be a useful tool for those who young people may turn to for support including parents and friends as well as school staff, social and welfare workers and youth workers.

Peer support networks and peer education initiatives can equip young people with the knowledge and skills to recognise mental health issues and to provide assistance to friends. Peer networks also enhance connectedness, thereby reducing the sense of isolation that many individuals who are developing a mental illness might experience.[62]

With over half of young people with psychological distress citing parents or guardians as sources of help, it is important that they have the information and understanding to identify issues young people may be facing and identify avenues of support. Parents need knowledge and confidence to support their children with the personal concerns identified by young people with psychological distress including coping with stress, mental health, school or study problems, body image, physical health and suicide.

Increased community awareness campaigns that promote social connectedness and social support are also warranted. For example, R U OK?'s aim of promoting conversations between individuals and promoting awareness of the mental health of others appears to be reducing the stigma associated with seeking help and contributing to a greater willingness for individuals to talk about their troubles with others and, in turn, a greater willingness to seek professional help.[63]

[61] Hadlaczky et al. 2014; Morgan, Ross, and Reavley 2018; Yap, Wright, and Jorm 2011
[62] Wyman et al. 2010
[63] Mok et al. 2016

R U Ok?[64]

R U OK? is a suicide prevention strategy that encourages people to be aware of those who may be troubled and to check on these individuals by having regular, meaningful conversations, starting by asking 'Are you ok?' People are advised to ask; listen without judgement; encourage the person to take action (such as seeing a professional) and to follow up with the person.

Community-based recovery orientated supports are also needed to complement clinical and acute care services. They can maximise opportunities to prevent the impact of mental illness through early intervention and by reducing the need for crisis care and hospitalisations, while improving individual wellbeing and strengthening communities.[65] Community mental health services work with people in their community to encourage social inclusion and offer holistic support that is directed by the individual. These programs and services provide support that is integrated, holistic and tailored to meet individual needs for recovery.[66]

- Peer support networks and peer education initiatives should be invested in to equip young people with the knowledge and skills to recognise mental health issues and to provide assistance to their friends when needed.
- Mental health First Aid should be made more readily available to young people and parents, as well as GPs, frontline workers, and other people who have high contact with young people.
- Parents should be supported with resources and knowledge to understand the range of issues identified by young people that are related to mental health including substance misuse, body image challenges and bullying.
- Campaigns to increase community awareness and better equip people to be aware of and assist young people with their mental health concerns should be pursued.
- Community-based mental health services are essential to complement acute care and provide tailored wrap-around supports required by each young person.

Health Professionals

Over half of all young people indicated they would go to a General Practitioner (GP) or health professional for help with important issues, including close to half of those with psychological distress. This proportion increased with age from 44.6% of 15 year olds to 60.2% of 18-19 year olds. For 18-19 year olds it was the second highest source of support after friends.

While it is encouraging that most young people indicated they would seek support from a GP or health professional, more can be done to improve access to GPs for young people in terms of making practices more youth friendly and improving the capacity of GPs to respond to and identify psychological distress.

[64] R U OK? 2019
[65] Tew et al. 2011
[66] Community Mental Health Australia (CMHA) 2012

Some efforts are underway to cater to the training and support needs of GPs providing mental health care. For GPs working with young people at risk of poor mental health working effectively with the school and family is essential. Recruiting and retaining GPs in regional and remote areas is also a challenge.[67] Special emphasis is also required on the training and support needs of GPs providing services in rural and remote communities, Aboriginal and Torres Strait Islander communities and multicultural communities. [68]

A youth friendly practice includes GPs, practice nurses and reception staff undertaking basic training in youth friendly healthcare and the adoption of youth friendly policies. Youth participation could involve young people giving feedback or suggestions and participating in evaluations. It is also important that GPs develop and maintain strong collaborative relationships with local youth services.[69]

Financial barriers to accessing a GP should also be addressed with many young people unable to pay a gap payment. [70]

Access to mental health professionals prior to crisis is also crucial however access to psychiatrists is very limited. Private psychiatrists are largely inaccessible because few bulk-bill, most are located in metropolitan areas and most public psychiatrist are too busy coping with acute crises to be able to become pro-active in prevention and early intervention. This has resulted in long waits for patients with the high prevalence disorders such as anxiety and depression to see psychiatrists.[71]

Policy recommendations include:

- Improve young people's access to GPs by providing training and support to GPs that meets the needs of young people experiencing psychological distress and provides a youth-friendly practice environment.
- Improve access to mental health professionals such as psychiatrists and psychologists to deliver effective early intervention for young people experiencing their first episode of mental ill-health.
- Increase the marketing of youth-friendly services such as Headspace to encourage help seeking.

[67] Rickwood 2006, 48–51
[68] Australian Government Department of Health and Ageing 2010, 8
[69] Kang 2012
[70] Australian Government Department of Health and Ageing 2010, 8
[71] Senate Committee on Mental Health 2006

Headspace[72]

Headspace provides tailored and holistic mental health support to 12 - 25 year olds. With a focus on early intervention, they work with young people to provide support at a crucial time in their lives – to help get them back on track and strengthen their ability to manage their mental health in the future. Young people play an active role in designing, developing and evaluating programs.

headspace centres

headspace Centres act as a one-stop-shop for young people who need help with mental health, physical health (including sexual health), alcohol and other drugs or work and study support.

National Telehealth Service

In regional and rural areas, getting access to expert psychiatrists is difficult. The National Telehealth Service addresses this, by providing 12-25 year olds in these areas, access to highly-skilled psychiatrists via video consultations. The low cost service ensures young people get high quality mental health care, while continuing their treatment within their local community.

eheadspace

eheadspace is our national online and phone support service, staffed by experienced youth mental health professionals. It provides young people and carers with a safe, secure and anonymous place to talk to a professional – wherever they are.

It was launched to reach regional and remote young people who were unable to access a headspace centre and has since grown in popularity with all young people – many of whom simply feel more comfortable accessing services online.

headspace schools

headspace Schools provides youth-specific mental health education tools and access to mental health specialists for young people in primary and secondary school students across Australia. Through training and education, school staff and parents can better support students experiencing mental health issues.

With a focus on early identification and intervention, headspace Schools builds mental health literacy and resilience in the school community while establishing referral pathways to general practitioners and mental health clinicians.

Technology

Behind *friend/s* and *parent/s or guardian/s*, the third most commonly cited source of help for young people with psychological distress was the *internet*, whereas for young people without psychological distress it was a *relative or family friend*.

The findings show that the internet is a prominent source of information, advice and support for many young people, particularly those experiencing mental health difficulties. The responses also demonstrate that the internet is used for many purposes and it is used differently by different groups including young women and Aboriginal and Torres Strait Islander young people.

For example, Aboriginal and Torres Strait Islander young people were more likely to access online courses or programs, while females were more likely than males to access information about specific issues and do an online quiz or use an assessment tool.

The use of online technologies is increasingly playing a key role in the delivery of mental health services and supports to young people, including information, prevention, assessment, diagnosis, counselling and treatment programs targeting various conditions and levels of severity.[72]

Online technologies offer an important alternative to deliver a variety of evidence-based, scalable and cost-effective programs and services, particularly in rural and remote areas where there is limited availability and access to traditional, face-to-face mental health services.[73]

Online technologies also have the potential to reduce barriers to help-seeking by providing services that meet young people's preference for self-reliance through the provision of self-help services, and their desire for anonymous and confidential services.

Online technologies provide an alternative to face-to-face delivery of prevention and education programs and offer significant advantages, particularly in terms of cost. Through online provision, evidence-based programs can be delivered *en masse* at a low cost without the need for teacher or clinician training. A further advantage is that program fidelity is maintained.

Furthermore, these technologies provide a relatively low-cost way to reduce some of the existing gaps between service needs and service availability in regional and remote areas. However, it is vital that face-to-face mental health services are available in all areas for young people who require more intensive support.

While there is promising evidence for the significant potential of online technologies to increase access to evidence-based mental health promotion and prevention programs, to promote youth wellbeing and to reduce mental health problems, there remains a need for further research and program development.[74]

Some examples of online programs for which there is evidence suggesting efficacy include MoodGym, an online, self-directed cognitive behavioural therapy program to prevent and reduce symptoms of anxiety and depression in adolescents,[75] and BiteBack, a positive psychology website promoting mental health and wellbeing in young people.[76]

Text messaging has also been effective in communicating evidence-based mental health content to young people,[77] while preserving young people's control, privacy and anonymity and overcoming distance. Organisations supporting young people and their mental health can use technology to provide youth-friendly mental health supports.

Although there are vast numbers of digital mental health programs available to young people, it is imperative to ensure that those online programs and interventions are effective, evidence-based and are easily accessible in order to maximise both uptake and impact.

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[72] Boydell et al. 2014; Anstiss and Davies 2015; Navarro et al. 2019.
[73] Vogl et al. 2016; Bailey et al. 2016; Handley et al. 2014; Vines 2011; Aisbett et al. 2007
[74] Reyes-Portillo et al. 2014; Clarke, Kuosmanen, and Barry 2015; O'Dea, Calear, and Perry 2015
[75] Calear et al. 2009
[76] Manicavasagar et al. 2014
[77] Anstiss and Davies 2015

Further research is required on the efficacy of various digital approaches such as internet-based versus smartphone based programs to best meet the needs of young people.

Policy recommendations include:

- More investment in developing, implementing and evaluating evidence-based online therapies, courses, assessment tools and information aimed at young people in various formats.
- Better marketing to ensure that the young people who need to access these tools and services can find them readily and easily.
- More investment into research evaluating the utility of different kinds of digital approaches.

Meeting the diversity of young people's needs

Dedicated focus on Aboriginal and Torres Strait Islander young people

Nearly one third (31.9%) of Aboriginal and Torres Strait Islander young people indicated some form of psychological distress, compared with just under one quarter (23.9%) of non-Indigenous respondents.

Aboriginal and Torres Strait Islander young people experiencing psychological distress were more likely than their non-Indigenous peers to report feeling as though they had no control over their life and to report lower levels of self-esteem. Further, a greater proportion of Aboriginal and Torres Strait Islander young people with psychological distress reported having issues that they did not seek help for, despite thinking they needed to (41.2% compared with 36.2% of non-Indigenous respondents).

Positively the *Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing 2018 report*[78] found that in 2014–15 over three-quarters of Aboriginal and Torres Strait Islander young people aged 15–24 said, they were happy all or most of the time in the previous 4 weeks. However, around two-thirds of Aboriginal and Torres Strait Islander people aged 15–24 experienced one or more personal stressors in the previous year, the most common being not being able to get a job, and one in three reported being treated unfairly because they were Indigenous.

This report also showed that most Aboriginal and Torres Strait Islander people aged 15–24 (67%) experienced low to moderate levels of psychological distress in the previous month, while 33% experienced high to very high level.

When responding to the *Youth Survey 2018* greater proportions of Aboriginal and Torres Strait Islander respondents with psychological distress also indicated concerns about *gambling*, *domestic/family violence*, *drugs*, *discrimination*, *alcohol*, *LGBTIQ issues* and *suicide* than non-Indigenous respondents with psychological distress.

It is important to take into account these often compounding concerns, as research shows that the leading causes of hospitalisation for mental and behavioural disorders among Aboriginal and

[78] Australian Institute of Health and Welfare 2018

Torres Strait Islander people aged 10-24 years were due to substance abuse, schizophrenia, and reactions to severe stress.[79]

Aboriginal and Torres Strait Islander communities have endured and survived a traumatic and deeply challenging colonisation period that affected all aspects of their collective lives, and which continues to challenge communities, families and individuals today.

At the population level, higher rates of mental health difficulties among Aboriginal and Torres Strait Islander people are intertwined with entrenched poverty, substandard and overcrowded housing, health conditions and disabilities, intergenerational un/under-employment, stressors and trauma, racism and discrimination, and at-risk behaviours in response to sometimes desperate situations.[80] In particular, the members of the Stolen Generations and their descendants are 'more likely to have had contact with mental health services,' with children in their care often challenged by higher rates of emotional and behavioural difficulties.[81]

In many cases, responding to population mental health challenges means addressing their deeper, structural causes. These should be identified and solutions co-designed and co-implemented under Aboriginal and Torres Strait Islander community-leadership, including community-controlled organisations and health services.[82] The needs of young people should be prioritised as directed by Aboriginal and Torres Strait Islander communities and their representative organisations.

Community-led programs that build on cultural determinants of social and emotional wellbeing and cultural strengths should be supported to help provide Aboriginal and Torres Strait Islander young people with protective factors against mental health challenges, and particularly against suicide, by supporting a strong sense of 'social, cultural and emotional wellbeing' that includes a positive Indigenous/cultural identity. These cultural determinants vary but can include culturally-shaped connections to family, kin, community, and country. [83]

Yet, in many cases, mainstream health and mental health programs fail to incorporate culturally appropriate practices or awareness when working with or treating Aboriginal and Torres Strait Islander people experiencing challenges to their wellbeing.[84]

Program funding must be flexible enough to provide for differences, tailor services to meet community and individual needs and to support younger age groups where critical issues arise. It is essential that Aboriginal and Torres Strait Islander young people have access to culturally and age-appropriate mental health services that are in close proximity to their homes. The Australian Government should invest in building the capacity of Aboriginal and Torres Strait Islander-led and controlled health organisations to deliver these services in communities.

Sources of support

Friend/s (63.6%), *internet* (44.3%) and *parent/s or guardian/s* (43.5%) were the most commonly cited sources of help for Aboriginal and Torres Strait Islander young people with psychological distress. Smaller proportions of Aboriginal and Torres Strait Islander respondents than non-

[79] Australian Institute of Health and Welfare 2018
[80] Australian Bureau of Statistics 2016; Hunter 2007, 88–89
[81] Australian Institute of Health and Welfare 2015; Healing Foundation 2017
[82] Dillon 2016
[83] Lindstedt et al. 2017, 4. See also Gee et al. 2014, 55–56; Schultz and Cairney 2017, 8; Australian Bureau of Statistics 2016
[84] Lindstedt et al. 2017, 5, 22. See also Gee et al. 2014, 55–56; Skerrett et al. 2018, 14

Indigenous respondents with psychological distress said they would turn to close personal connections for help, such as *friend/s*, *parent/s or guardian/s*, *a GP or health professional*, *school counsellor*, *brother/sister* or a *relative/family friend*.

Aboriginal and Torres Strait Islander communities have identified challenges in relation to mainstream models of health care offered and their affordability.[85] Aboriginal Controlled Health Organisations have a strong role to play and should be appropriately funded.

Conversely, greater proportions of Aboriginal and Torres Strait Islander respondents indicated turning to a *community agency*, *social media* or a *telephone hotline* for help. Community agencies therefore need to be funded to provide culturally appropriate support to Aboriginal and Torres Strait Islander young people experiencing psychological distress.

Suicide prevention

A greater proportion of Aboriginal and Torres Strait Islander respondents indicated concerns about suicide (40.2% compared with 35.6% of non-Indigenous respondents).

The rate of Aboriginal and Torres Strait Islander suicide is a critical public health challenge for Australia. Over the 5 years from 2013 to 2017, one in four Australian children and young people aged 5-17 years who died by suicide were Aboriginal and Torres Strait Islanders.[86]

Designed to complement the mainstream National Suicide Prevention Strategy, the 2013 *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*[87] was developed to respond to this public health challenge. It recognises the need for investment in holistic and integrated approaches that helps individuals, families and communities have hope for, and optimism about, the future.

In addition to mainstream integrated approach interventions, the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) highlighted the need for community-led, locally-based and culturally-appropriate 'upstream' preventative activities to address community-level challenges associated with suicide.

Further, ATSISPEP underlined the need for programs that build on cultural determinants of social and emotional wellbeing and its protective factors to have a positive impact against complex mental health challenges, including risks of suicide.[88]

Recognising the intersectionality between mental health, suicide and substance dependence, the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing* requires the integration of mental health, alcohol and other drug, and suicide prevention services in communities.[89] However, the Strategy needs a focused implementation plan that is properly costed and operationalised if it is to shape the mental health space.

[85] Australian Government Department of Health and Ageing 2010
[86] Australian Bureau of Statistics 2017
[87] Department of Health and Ageing 2013
[88] Dudgeon et al. 2016
[89] Department of the Prime Minister and Cabinet 2017, 14

iBobbly[90]

iBobbly is Australia's first wellbeing and suicide prevention self-help app for young Aboriginal and Torres Strait Islander Australians aged 15 years and over.

Developed in partnership between Black Dog Institute and ALIVE & Kicking Goals!, iBobbly was tested in a world-first study conducted in the Kimberley's, WA. Positively, participants said they felt much better after using the app with 42% reporting significant reduction in scores for depression and 28% in scores for psychological distress. Importantly, everything that is seen, heard and experienced in the app is shaped by Aboriginal and Torres Strait Islander community members to ensure the app is culturally informed and safe.

How it works

Based on psychological therapies (e.g. Acceptance and Commitment Therapy) that help to reduce suicidal thoughts, iBobbly draws strongly on metaphors, images and stories from Aboriginal artists and performers. The app has three main sections:

1. How do I feel – walks people through a self-assessment and gives them information about their mood. Allows them to keep a mood diary to see how they are tracking.
2. Stuff I can use – teaches people how to be aware of and manage their thoughts and feelings, including any suicidal thoughts. This section also helps people to identify the characteristics they want to stand for and encourages them to set realistic goals to move them in that direction.
3. How I'm gonna beat this – helps people create their own personalised action plan and gives them tools to monitor their progress.

[90] Joe Tighe, Shand, and Helen Christensen 2017; Joseph Tighe et al. 2017

Gift of Gallang[91]

Gift of Gallang is a wellbeing program for Aboriginal and Torres Strait Islander young people in Inala, Queensland.

The need for creating hope, resilience and wellbeing in the community of Inala was evident after a cluster of Aboriginal and Torres Strait Islander child and youth suicides occurred in 2016 among the local community. As a result, a need for a prevention program to foster resilience and wellbeing and reduce the risk of suicide within the Aboriginal and Torres Strait Islander community was identified by our Communities for Children program staff.

The evaluation findings of this program focus on three key areas of the program: partnerships, community engagement and ownership and the implementation of the school-based program and program outcomes. The evaluation found that the program was successful in bringing in the right people at the right time, as this contributed to the overall success of the program. Allowing the community an opportunity to provide feedback and input into the program was a key factor in ensuring that the wellbeing of those who participated was being built, and that the program aligned with the views of the parents and the community. The parents of the children attending the program reported that their children had an increased sense of enjoyment with school and better relationships with school. Overall, the evaluation showed that the program had been successful in strengthening cultural identity, pride and sense of connection for families attending the cultural nights and for the students who participated in the Gift of Gallang program.

From the evaluation, it is clear that programs such as these need a strong community focus, with partnerships playing a critical role in the success of the project. Further recommendations are also made to build upon and strengthen the framework and strategies used to establish partnerships, community engagement and ownership for programs such as the Gift of Gallang in the future.

While the risk of suicide remains high for Aboriginal and Torres Strait Islander young people, the importance of dedicating further funds towards implementing programs such as the Gift of Gallang and evaluating them in order to determine what is effective in supporting Aboriginal and Torres Strait Islander people's health and wellbeing should remain a national priority.

Policy recommendations include:

- The deeper, structural causes of mental health difficulties should be identified and solutions co-designed and co-implemented under Aboriginal and Torres Strait Islander community-leadership including community controlled organisations and health services.

[91] Hand 2019

- Community-led programs that build on cultural determinants of social and emotional wellbeing and cultural strengths should be supported to help provide Aboriginal and Torres Strait Islander young people with protective factors against mental health difficulties, and particularly against suicide, by supporting a strong sense of 'social, cultural and emotional wellbeing.'
- Aboriginal and Torres Strait Islander community health organisations should be adequately funded to provide Aboriginal and Torres Strait Islander young people with access to culturally and age appropriate mental health services in close proximity to their homes.
- The *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing* and the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* need to be properly funded and fully implemented to address the mental health challenges facing Aboriginal and Torres Strait Islander people and communities.

Gender

The proportion of females experiencing psychological distress has shown a marked increase over the past seven years and, in 2018, females reported almost twice the rate of psychological distress than males. Females with psychological distress were also significantly more likely to report concerns about body image and low levels of self-esteem compared with males.

While females with psychological distress were more likely to report having issues that they did not seek help for despite thinking they needed it, they were more likely to report feeling they had someone to turn to in a crisis than males.

Young females have been found to experience depression and anxiety disorders in significantly higher rates than young males. The reason for this discrepancy remains unknown, and likely involves the contribution of both environmental and biological factors. Environmental factors such as social pressures, body image and caring responsibilities have a greater impact on the mental ill-health of females.[92]

As noted above gender based violence, socioeconomic disadvantage, income inequality and subordinate social status all disproportionately affect women and gender also impacts socioeconomic determinants of health and women's access to resources and support. [93]

Mental health problems are also common during pregnancy and after birth and can arise for the first time in the perinatal period. Therefore, those providing maternity and postnatal care to young women should consider using recommended screening tools to help identify women who would benefit from specialised care.[94]

Males and females also have different help-seeking preferences and barriers to support.[95] An awareness of gendered differences in the presentation and management of mental health issues is an important component of any policy response in this space.

[92] Patel 2005
[93] World Health Organization 2012
[94] The Royal Australian and New Zealand College of Obstetricians and Gynaecologists 2018
[95] Yap, Wright, and Jorm 2011; Haavik et al. 2019

Gender-sensitive mental health services are appropriate in this context in order to respond to the particular concerns, pressures and challenges young females and males face, whilst adapting to their individual support preferences.

The prevalence of females' concern around body image has been attributed to the pervasive influence of how the media portrays a particular standard of beauty for young women. Social media in particular can lead to body dissatisfaction for both males and females.[96] Enhancing social media literacy through school programs or social marketing campaigns may have a protective effect in relation to body image and should be promoted.[97]

Policy recommendations include:

- Increased funding into research examining why females experience mental health problems at almost double the levels of males, including the social determinants of health.
- Gender-sensitive mental health services should be provided to respond to the concerns and preferences of young males and young females.
- Programs that improve media and social media literacy should be promoted to combat concerns around body image, particularly for young females.

Young people as experts in their own lives

Young people have low rates of access to mental health services due to a range of issues and barriers.[98] To help increase uptake, young people should be engaged in the design and development of services and programs that are youth-friendly, such as headspace or ReachOut.[99]

User-centred design can help to ensure that services are age appropriate, delivered in environments where young people feel comfortable and promoted in ways that appeal to a young audience. Young people should also be engaged in ongoing feedback to mental health services as well as their monitoring and evaluation.

A much smaller proportion of young people with psychological distress indicated they felt they had complete control over their life (4.0% compared with 13.5%). Over one in ten (10.8%) young people experiencing psychological distress indicated feeling as though they had no control over their life. This was twelve times the proportion of young people without psychological distress (10.8% compared with 0.9% respectively). For young people facing uncertainty and feeling their lives are out of their control, improving treatment choice and access may assist with their mental health difficulties by returning some control and autonomy of choice back to them.

Policy recommendations include:

- Young people must be involved in the co-design of mental health and wellbeing services, programs and campaigns to develop services that effectively engage young people and promote help-seeking.

[96] Grogan 2017; Harper and Tiggemann 2008; Hawkins et al. 2004; Lewis 2012
[97] Andrew, Tiggemann, and Clark 2015; Tiggemann and Zaccardo 2015
[98] See e.g. Gulliver, Griffiths, and Christensen 2010; Lynch, Long, and Moorhead 2018
[99] P. McGorry, Bates, and Birchwood 2013

Friend2Friend[100]

Young people in NSW identified that one of their biggest problems was that many of their friends were experiencing poor mental health but they felt they lacked the skills to help them. Friend2Friend addresses this problem by providing workshops for young people to: develop an understanding of youth mental health issues; learn different strategies to help a friend experiencing poor mental health; and gain an awareness of the importance of self-care when supporting others with mental health concerns. The project also provides opportunities for young people who would like to raise awareness of the issue by running a Friend2Friend workshop of their own.

[100] Youth Action 2017

Appendix – Data breakdown by State and Territory

Care needs to be taken when interpreting and generalising the results for certain states or territories because of the small sample size and the imbalance between the number of females and males participating in the survey.

Table 1 Psychological distress in young people aged 15-19, by gender, by State and Territory, 2012

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Female	30.8	21.3	22.5	22.5	23.2	21.1	21.8	31.0
Male	30.8	11.0	21.0	12.6	12.9	12.7	11.9	19.0
All cases	30.8	17.3	21.8	18.7	19.1	17.2	18.6	25.4

Table 2 Psychological distress in young people aged 15-19, by gender, by State and Territory, 2013

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Female	20.9	24.2	35.8	23.7	33.7	30.5	24.5	31.6
Male	50.0	13.2	34.7	11.6	15.6	18.4	11.5	15.4
All cases	24.7	19.5	35.3	20.7	25.1	26.0	19.3	24.1

Table 3 Psychological distress in young people aged 15-19, by gender, by State and Territory, 2014

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Female	27.9	27.0	27.2	25.2	30.2	24.5	25.5	24.6
Male	20.0	13.6	26.2	12.3	13.6	11.9	13.7	18.9
All cases	26.9	21.9	26.8	20.1	23.8	17.0	21.3	22.6

Table 4 Psychological distress in young people aged 15-19, by gender, by State and Territory, 2015

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Female	30.3	29.4	23.4	26.7	28.7	29.5	22.6	29.2
Male	26.6	13.7	16.9	13.2	15.1	12.9	13.1	12.8
All cases	28.4	22.9	21.2	21.2	22.4	20.9	18.1	21.0

Table 5 Psychological distress in young people aged 15-19, by gender, by State and Territory, 2016

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Female	36.9	28.8	27.7	29.2	31.3	26.3	25.9	30.0
Male	21.7	12.8	25.7	12.2	17.0	16.3	13.5	17.5
All cases	32.4	21.5	26.6	21.1	24.7	21.1	21.4	24.2

Table 6 Psychological distress in young people aged 15-19, by gender, by State and Territory, 2017

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Female	36.2	29.9	35.0	27.8	34.9	31.4	27.1	34.7
Male	15.5	14.4	26.7	13.9	17.0	17.0	14.8	14.6
All cases	27.1	25.2	34.0	22.0	26.7	24.8	23.3	26.1

Table 7 Psychological distress in young people aged 15-19, by gender, by State and Territory, 2018

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Female	32.9	29.3	26.0	28.6	33.1	32.3	26.8	34.4
Male	13.3	16.5	15.6	13.1	18.0	16.2	14.2	18.0
All cases	25.3	24.6	22.8	21.4	27.1	23.7	22.2	28.0

Table 8 Psychological distress in young people aged 15-19, by age, by State and Territory, 2012

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
15 year olds	50.0	15.7	21.7	17.3	17.1	17.2	16.8	21.2
16 year olds	33.3	18.0	20.0	21.3	18.4	18.2	18.3	28.6
17 year olds	20.0	20.8	19.1	17.6	21.1	16.7	19.9	24.9
18-19 year olds	19.0	12.8	33.3	14.9	25.7	17.7	20.7	26.5

Table 9 Psychological distress in young people aged 15-19, by age, by State and Territory, 2013

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
15 year olds	17.6	19.3	42.9	20.3	25.9	36.9	18.5	25.2
16 year olds	18.2	19.5	36.1	20.5	24.1	19.1	21.8	25.8
17 year olds	33.3	21.7	20.8	22.0	25.8	26.1	16.7	16.4
18-19 year olds	71.4	16.7	43.8	18.4	25.3	26.3	20.1	28.3

Table 10 Psychological distress in young people aged 15-19, by age, by State and Territory, 2014

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
15 year olds	31.7	20.1	26.2	20.2	21.3	12.4	18.6	20.7
16 year olds	22.0	21.8	14.0	18.4	23.3	19.8	22.1	22.6
17 year olds	21.2	23.2	34.5	21.3	28.9	16.8	21.7	25.6
18-19 year olds	40.0	23.2	39.4	31.3	21.4	18.9	24.5	19.4

Table 11 Psychological distress in young people aged 15-19, by age, by State and Territory, 2015

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
15 year olds	27.5	21.2	18.0	20.7	20.9	21.8	16.0	21.9
16 year olds	27.0	23.7	21.2	20.6	19.5	22.5	19.1	20.4
17 year olds	23.5	24.0	22.7	21.5	24.4	19.9	18.1	20.3
18-19 year olds	47.1	23.3	25.0	33.8	33.1	20.4	19.8	21.5

Table 12 Psychological distress in young people aged 15-19, by age, by State and Territory, 2016

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
15 year olds	29.3	20.1	27.6	19.8	22.3	20.1	20.3	23.9
16 year olds	34.1	20.7	24.1	24.6	23.5	23.9	20.8	23.9
17 year olds	33.1	23.9	34.8	21.2	25.9	24.2	21.9	26.0
18-19 year olds	45.2	29.7	37.5	23.3	33.6	19.2	26.7	28.9

Table 13 Psychological distress in young people aged 15-19, by age, by State and Territory, 2017

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
15 year olds	26.5	22.3	25.7	21.5	23.4	22.1	22.7	24.5
16 year olds	29.2	24.4	37.0	21.1	25.6	26.3	22.0	25.9
17 year olds	23.9	28.6	38.1	23.2	28.5	23.1	23.6	28.1
18-19 year olds	26.7	28.2	33.3	22.2	30.9	28.7	27.6	24.8

Table 14 Psychological distress in young people aged 15-19, by age, by State and Territory, 2018

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
15 year olds	16.8	23.8	32.6	21.5	23.9	24.8	20.8	26.7
16 year olds	26.9	25.4	17.1	21.4	26.8	24.6	22.5	27.3
17 year olds	47.7	23.7	30.6	21.5	29.3	22.2	22.4	30.7
18-19 year olds	30.8	27.3	5.3	23.1	32.1	23.7	24.6	30.6

Table 15 Psychological distress in young people aged 15-19, by Aboriginal and Torres Strait Islander status, by State and Territory, 2012

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Aboriginal and Torres Strait Islander	40.0	24.3	34.2	24.3	24.6	37.5	30.6	35.9
Non-Indigenous	22.9	16.7	13.0	17.9	18.5	15.8	17.9	24.6

Table 16 Psychological distress in young people aged 15-19, by Aboriginal and Torres Strait Islander status, by State and Territory, 2013

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Aboriginal and Torres Strait Islander	80.0	27.4	32.4	29.2	34.0	40.0	34.7	30.6
Non-Indigenous	20.3	19.3	35.1	20.4	24.7	23.9	18.9	23.5

Table 17 Psychological distress in young people aged 15-19, by Aboriginal and Torres Strait Islander status, by State and Territory, 2014

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Aboriginal and Torres Strait Islander	37.5	25.9	21.5	21.3	20.6	34.6	31.7	21.1
Non-Indigenous	25.9	21.8	30.3	20.0	23.9	15.3	21.1	22.7

Table 18 Psychological distress in young people aged 15-19, by Aboriginal and Torres Strait Islander status, by State and Territory, 2015

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Aboriginal and Torres Strait Islander	73.7	29.9	25.5	30.3	23.3	37.5	31.6	26.5
Non-Indigenous	22.1	22.3	20.3	20.8	22.2	19.9	17.7	20.6

Table 19 Psychological distress in young people aged 15-19, by Aboriginal and Torres Strait Islander status, by State and Territory, 2016

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Aboriginal and Torres Strait Islander	50.0	28.5	40.0	25.3	41.5	35.0	38.7	28.3
Non-Indigenous	32.7	21.6	25.0	21.8	24.2	20.7	21.5	24.4

Table 20 Psychological distress in young people aged 15-19, by Aboriginal and Torres Strait Islander status, by State and Territory, 2017

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Aboriginal and Torres Strait Islander	64.3	25.3	42.9	30.3	27.9	38.3	34.7	33.7
Non-Indigenous	25.7	25.1	31.8	21.6	26.6	23.4	23.1	25.4

Table 21 Psychological distress in young people aged 15-19, by Aboriginal and Torres Strait Islander status, by State and Territory, 2018

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Aboriginal and Torres Strait Islander	42.9	31.9	21.2	25.8	34.9	37.2	36.8	35.6
Non-Indigenous	25.3	24.2	23.4	21.3	26.8	23.1	22.0	27.8

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