Youth mental health report

Youth Survey 2012-16

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Foreword

Mission Australia is proud to collaborate with the Black Dog Institute on this year's Youth Mental Health Report. The report presents five years of mental health data collected from young people across Australia with important insights into their levels of psychological distress, their concerns and the people and places they go to for help.

Mental health is such an important issue across all age groups and experiences of mental illness can have profound impacts on the wellbeing of young people.

I was therefore alarmed to see that the prevalence of probable serious mental illness among young people had continued to increase, even since our last joint mental health report in 2015.

What was also concerning from this five year review is that the burden of probable serious mental illness is borne more heavily by young females than young males.

Aboriginal and Torres Strait Islander young people are also more likely to meet the criteria for a probable serious mental illness than their non-Indigenous peers.

Psychological distress does not occur in a vacuum. In our 2016 Youth Survey both gender and race based discrimination were reported by some young people, a concerning finding considering the negative impact of discrimination on young people's mental health.

Undoubtedly there are issues of intergenerational disadvantage faced by Aboriginal and Torres Strait Islander people and communities that need to be addressed as a priority by the government and led by Aboriginal elders and communities.

Similarly, gender based discrimination and ideals of appearance need to be addressed with body image remaining a significant personal concern among young females.

Schools work hard to provide mental health and wellbeing supports to their students and we already expect a lot of them, but they are the universal access point for young people. More could be done to provide evidence based early intervention and prevention programs with adequate funding and resourcing.

Young people continue to turn to their family and friends in a time of need, including those young people with a probable serious mental illness. We must therefore ensure these young people have the information and skills needed to provide the support young people require and link them to other sources of support.

Young people who do not receive the mental health supports they need can face many challenges including homelessness, and, having seen these struggles up close in our youth homelessness services, I am more than ever a firm believer in early intervention and prevention.

But I also see the inspiring journeys to recovery people experiencing mental illness can make when they do get appropriate support, including through many of the community based mental health programs that we run.

Mental health has continued to grow as an issue of concern for young people in Australia and despite recent efforts the numbers of young people experiencing psychological distress continues to rise. This is not an issue that we can afford to ignore.

Catherine Yeomans
CEO, Mission Australia

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The findings from Mission Australia's latest Youth Survey again give rise for concern. One in four young people are at risk of serious mental illness; mental illness risk increases as adolescents age, becoming most prevalent in the older teen years; and the risk is greater in Indigenous groups and young women.

These findings confirm that mental illness is one of the biggest challenges of the 21st century, and one that has to be tackled by the community, health services and families.

The report also found that young people seek help reluctantly. The problems that concern them most are: depression, coping with stress, body image and school or study problems. Those with higher levels of risk of mental health problems are more likely to seek help from the internet, suggesting that stigma and fear of being judged continue to inhibit help-seeking.

Mission Australia is to be commended for commissioning this report and its key policy recommendation: the need to provide universal prevention programs that are evidence-based. Some of these effective programs are indeed digital – suggesting that uptake via the internet may improve dissemination, given the frequency with which young people seek help through this medium. Parents and friends also have a responsibility to learn more about mental health problems in our young people – to increase their health literacy and to learn to know what to do if confronted with a young person seeking help.

But more than anything, we need a proactive and united approach by our health systems and services. While stretched and overwhelmed, these services are capable of helping young people to get help quickly. At Black Dog Institute, our researchers are working tirelessly to fast-track the latest scientific knowledge into functional new interventions to help expedite this process. But as this report shows, clearly more investment is needed.

Young people are our future. We owe it to them to follow the recommendations of this report and set them on a path to mentally healthier lives.

Photo credit: Quentin Jones

Professor Helen Christensen
Director, Black Dog Institute

Black Dog Institute

Every year thousands of young Australians aged 15-19 years participate in Mission Australia's Youth Survey. The survey collects information on a broad range of issues including young people's values and concerns. It also includes a measure of the levels of psychological distress experienced by young people, the Kessler 6 (K6), which Mission Australia has now consistently asked for the past 5 years.

This report presents the findings from Youth Survey data collection between 2012-16 on the rates of psychological distress in young Australians, the concerns young people reported which may be associated with high levels of psychological distress and the help seeking behaviour of these young people.

The findings have a number of important implications for both policy and practice in terms of young people's mental health and wellbeing. In particular, these findings highlight the need to ensure that young people have appropriate and timely access to mental health education, evidence based services and interventions across a continuum of needs. The results also highlight the need for population wide education and support to aid in the prevention of mental health disorders or, where this is not possible, to ensure early intervention to minimise the longer term impacts that untreated mental health disorders may have.

This is the third national report on young people's mental health produced by Mission Australia and the Black Dog Institute, bringing fresh insights into trends in youth mental health across the past 5 years.

The main findings from this report are:

- In 2016, just under one in four young people aged 15-19 years who responded to the Youth Survey met the criteria for having a probable serious mental illness. Concerningly, there has been a significant increase in the proportion of young people meeting this criteria over the past five years (rising from 18.7% in 2012 to 22.8% in 2016).[1]

- In 2016, there was a positive correlation observed between age and likelihood of probable serious mental illness. The proportion of young people meeting the criteria for having a probable serious mental illness rose from 20.8% among 15 year olds to 27.4% among 18/19 year olds.[2]

- In 2016, over three in ten (31.6%) Aboriginal and Torres Strait Islander respondents met the criteria for a probable serious mental illness, compared to 22.2% of non-Aboriginal or Torres Strait Islander respondents. Across the five year period, the likelihood of probable serious mental illness was found to be consistently and significantly higher among Aboriginal and Torres Strait Islander young people compared to non-Aboriginal or Torres Strait Islander young people.[3]

- In 2016, the top three issues of personal concern for young people meeting the criteria for a probable serious mental illness were coping with stress, school or study problems and depression.

- Across the five year period, females were around twice as likely as males to meet the criteria for having a probable serious mental illness. While the proportions of both males and females meeting the criteria for a probable serious mental illness have risen between 2012 and 2016, the increase has been much more marked among females (from 22.5% in 2012 to 28.6% in 2016, compared to a rise from 12.7% to 14.1% for males).

- Across the five year period, greater proportions of young people with a probable serious mental illness than of those without a probable serious mental illness were consistently found to be 'extremely' or 'very' concerned about each of the 12 issues asked about, particularly depression, coping with stress, body image and school or study problems.

- Young people with a probable serious mental illness have consistently reported that the top three sources they would go to for help with important issues in their lives are friends, parents and the internet. Comparatively, the top three sources of help for young people without a probable serious mental illness are friends, parents and relatives/family friends.

Key policy recommendations include:

1 Schools should provide evidence-based universal mental health prevention and intervention programs for young people. This will require additional government funding for schools to resource these programs.

2 Technology that provides an alternative to face-to-face service delivery should be supported and invested in to meet the mental health needs of young people.

3 Friends and family need to be equipped to provide support to young people when they seek help in relation to their mental health. Peer support networks and peer education initiatives should also be utilised.

4 Aboriginal and Torres Strait Islander young people need access to culturally sensitive and age appropriate mental health services that are close to their homes.

Intergenerational disadvantage must also be addressed as a priority with these efforts led by Aboriginal elders and communities.

5 A gendered approach to the mental health of young people is required that takes into account help seeking preferences, as well as other social pressures such as gender-based discrimination and ideals of appearance.

6 Community based, recovery orientated supports are needed to complement clinical and acute care services.

7 Young people should be engaged in designing youth-friendly mental health services and as advocates on important mental health issues. Young people experiencing mental illness should be recognised as experts in their own lives.

Introduction

Adolescence is a period of great change for all young people and can entail a range of physical, social, emotional and academic challenges. It is a time when young people are establishing their identities, seeking greater independence, transitioning into adulthood and often facing pressures from both school and social environments. It is also the peak age of onset for many mental health disorders.[4, 5]

Research has found that half of all lifetime mental health disorders emerge by age 14 and three quarters by age 24.[6, 7] Moreover, mental illness contributes to 45% of the global burden of disease among those aged 10 to 24 years.[8] Mental health disorders experienced in adolescence may have a range of significant detrimental effects on an individual's wellbeing, functioning and development, both in the short and long term.[9, 10] In particular, they have been shown to be associated with impaired academic achievement, unemployment, poor social functioning and substance abuse.[11, 12, 13, 14] Mental health disorders also put individuals at greater risk of intentional self-harm and suicide, with suicide accounting for one third of all deaths among young people aged 15-24 years, making it the leading cause of death for this age cohort.[15]

Data from the Australian Bureau of Statistics National Survey of Mental Health and Wellbeing indicates that just over one in four young Australians aged 16 to 24 had experienced a mental disorder in the previous 12 months (the highest proportion found across all age groups surveyed).[16] One in three young Australians have been reported to experience moderate to high levels of psychological distress.[17] At the younger end of the spectrum, the *Report on the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing*,[18] found that 14.4% of adolescents aged 12-17 years experienced a mental disorder in the previous 12 months and, of those, 23.1% had a severe disorder.[19] The same report found that around one in thirteen 12-17 year olds had seriously considered attempting suicide in the previous 12 months, with significantly higher

"I believe there needs to be more training in schools, for both students and teachers. This training should not have any stigma and MUST be discrimination-free. Teachers need to learn how to support students undergoing mental illness without causing distress to students. Students need to learn about the many different mental illnesses and how to support peers with them, learning that they're not something to make fun of or be scared of." (Female, 15, NSW)

Introduction (cont)

rates among young people with major depressive disorder (48.6% based on self-report, 34.9% based on parent or carer report).[20]

The *Report on the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing,*[21] due to its methodology, did not specifically consider the mental health of Aboriginal and Torres Strait Islander young people, however other research has found that around one third of Aboriginal and Torres Strait Islander young people have reported high or very high levels of psychological distress; more than twice the proportion of non-Aboriginal or Torres Strait Islander young people.[22] Greater proportions of Aboriginal and Torres Strait Islander young people are hospitalised for mental and behavioural disorders than non-Aboriginal or Torres Strait Islander young people. However, this does not necessarily reflect the true impact of mental illness amongst this cohort with many Aboriginal or Torres Strait Islander young people never seeking support through the hospital and health system.[23] This is particularly the case in rural and remote areas where few, if any, opportunities exist for young people to engage with mental health services. Where hospitals are accessed, the leading causes of this hospitalisation are schizophrenia, alcohol misuse and reactions to severe stress.

Suicide rates for Aboriginal and Torres Strait Islander young people are alarmingly higher than non-Aboriginal or Torres Strait Islander young people at a national level and the gap is most severe for Aboriginal and Torres Strait Islander males.[24] In the five years from 2011 to 2015, suicide was the leading cause of death for Aboriginal and Torres Strait Islander people aged between 15 and 34 years.[25] Further, rates of hospitalisation for intentional self-harm are many times higher than the rate of death by suicide for both Aboriginal and Torres Strait Islander and non-Aboriginal or Torres Strait Islander persons, with females hospitalised at higher rates than males.[26]

The disturbing issue of Aboriginal and Torres Strait Islander youth suicide has been highlighted in the media with some groups including the National Aboriginal Community Controlled Health Organisation (NACCHO) calling for a Royal Commission. Mission Australia service staff have also expressed concerns about the very young age at which Aboriginal and Torres Strait

Islander young people in some areas have attempted to end their lives, reporting that some young people were at risk at 10 years of age or younger.

Social and emotional wellbeing (SEWB) refers to a multidimensional concept of health which encompasses mental health alongside other domains of health and wellbeing, including connection to country, culture, spirituality, ancestry, family and community.[27] Dispossession, racism, trauma, disadvantage and disconnection from culture and country as well as disengagement from education and employment are all underlying contributors to low levels of SEWB amongst young Aboriginal and Torres Strait Islanders, which can in turn contribute to substance misuse and suicide.[28] Addressing low levels of SEWB requires holistic policies and services which empower and increase the capacity of community, family and individuals to support recovery and resilience.[29] Further, these solutions must be driven by Aboriginal and Torres Strait Islander elders, leaders and communities.

Given the serious, long lasting impacts that mental health disorders can have, both on young people themselves and those around them, it is critical that effective mental health interventions and services are in place and that they are relevant and easily accessible for young people (as well as those who care for and support them). Services need to be promoted so that young people are aware of their existence, as well as how these services can be accessed and navigated. The evidence continues to highlight an undeniable need to make youth mental health a policy priority, demonstrating high prevalence and a significant disease burden amongst this cohort.

While adolescence can be a particularly challenging time for young people, it is importantly also a period in which there is great potential to provide prevention and early intervention services and supports to improve mental health and wellbeing. By intervening early, improving knowledge around mental health and encouraging help-seeking behaviour, it may be possible to not only circumvent the short term detrimental effects of mental health disorders, but also to safeguard young people from longer term, ongoing cycles of dysfunction and disadvantage that may result when mental health disorders remain untreated into adulthood.

Method

This report draws on a unique data source, the Mission Australia Youth Survey, which is conducted annually amongst young Australians aged 15-19 years. The survey is the largest of its kind, attracting thousands of respondents each year and providing valuable insights into the issues and concerns affecting young people.

Each year, following ethics approval from State and Territory Education Departments and Catholic Education Offices to approach secondary school principals across Australia, information about Mission Australia's Youth Survey and an electronic link to the online version of the survey are distributed to schools across the nation.[30] Information is also distributed to Mission Australia services, other community and youth service providers, Commonwealth Government departments and agencies, State/Territory and local government departments, youth organisations and peak bodies. The survey period typically runs from April to August each year.

Since 2012, the Youth Survey has included a measure of non-specific psychological distress, the Kessler 6 (K6).[31, 32] The K6 is a widely used and accepted measure of non-specific psychological distress, consisting of a brief six item scale that asks about the experience of anxiety and depressive symptoms during the past four weeks. It has been shown to be a useful tool in screening for serious mental illness[33, 34] and has been demonstrated to be particularly powerful at detecting depressive and anxiety disorders.[35] Based on established scoring criteria, the K6 has been used to classify Youth Survey respondents into two groups – those with a 'probable serious mental illness' and those with 'no probable serious mental illness'.[36]

The sample size of young people who responded to the Kessler 6 is as follows for each year: 14,635 in 2012; 13,876 in 2013; 13,133 in 2014; 18,435 in 2015; and 21,172 in 2016.

Responses to this survey item since its inclusion in 2012 have been analysed in this report to provide insights into the mental health of young people aged 15-19 years across this 5 year period and an examination of the key trends emerging over this time. Data was analysed for differences across key demographic variables including gender, age and Aboriginal and/or Torres Strait Islander status.[37]

Method (cont)

The Youth Survey also collects socio-demographic information and captures the views of young people on a range of issues including their personal concerns and where they would go for help with important issues in their lives. Responses to these items have also been analysed amongst respondents falling into each of the two K6 categories mentioned above, allowing us to examine changes over time in:

• Rates of probable serious mental illness in young Australians;

• The issues of concern to young people (both with and without a probable serious mental illness); and

• Where young people (both with and without a probable serious mental illness) would go for help with important issues in their lives.

The report then reflects on the implications of these findings for policy and practice. It makes recommendations around the measures that may help young Australians with a probable serious mental illness and importantly also examines the importance of early intervention in the prevention of (particularly long term) mental illness.

The Youth Survey sample is not designed to be representative and hence there are minor fluctuations in terms of sample demographics each year. The findings included in this report are based on raw rather than weighted data, however a breakdown of each year's sample by key variables is provided in the table below as context for the data analysis and interpretation.

Table 1: Youth Survey sample characteristics, 2012-2016

	2012 %	2013 %	2014 %	2015 %	2016 %
Female	61.1	59.1	61.2	55.3	55.0
Male	38.9	40.9	38.8	44.7	45.0
15 year old	30.6	34.3	28.5	31.6	29.4
16 year old	33.8	31.9	35.4	34.9	35.0
17 year old	24.9	22.7	26.4	24.6	26.5
18 year old	8.1	8.4	7.5	7.0	7.4
19 year old	2.7	2.8	2.2	1.9	1.6
Aboriginal and/or Torres Strait Islander	4.5	3.8	5.6	6.2	6.1
Non-Aboriginal or Torres Strait Islander	95.5	96.2	94.4	93.8	93.9

Demographic characteristics and probable serious mental illness

In 2016, just under one in four (22.8%) young people aged 15-19 who responded to the Youth Survey met the criteria for having a probable serious mental illness. Overall, there has been a statistically significant increase in the proportion of young people responding to the survey who have met the criteria for probable serious mental illness over the past five years, rising from 18.7% in 2012 to 22.8% in 2016.[38]

As seen in Figure 1 below, females were around twice as likely as males to have a probable serious mental illness. While both the proportions of males and females meeting the criteria for a probable serious mental illness have risen between 2012 and 2016, the proportion of females likely to have a probable serious mental illness has shown a much more marked increased, from 22.5% in 2012 to 28.6% in 2016. Comparatively, the proportion of males who were likely to have a probable serious mental illness has shown a minor increase from 12.7% in 2012 to 14.1% in 2016.
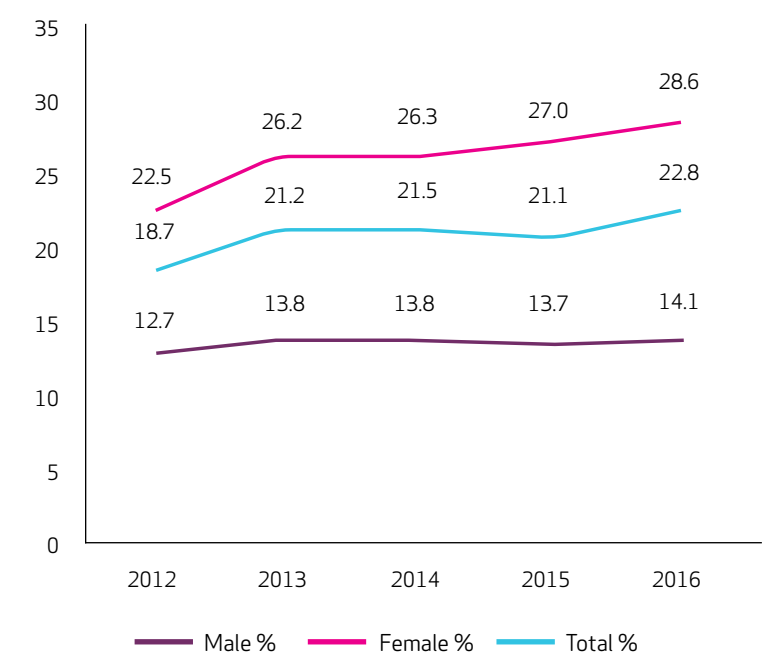
These findings are consistent with previous research that has also demonstrated an upwards trend in levels of psychological distress among young females in western countries.[39, 40, 41] In Australia, diagnostic data from the second *Australian Child and Adolescent Survey of Mental Health and Wellbeing* shows young females, aged 12-17 years, are more likely to have an anxiety or major depressive disorder than young males.[42] This may be associated with increasing family breakdown, school pressures, and western ideals of appearance, all of which have been shown to impact young females more than young males.[43, 44] Additionally, social and hormonal mechanisms have been found to increase vulnerability to depressive symptoms in young females at puberty when compared to young males, reversing a trend towards higher rates of depression in boys during pre-pubescence.[45]

However, it must also be noted that while young females can be more susceptible to mood disorders during this stage of development, males are diagnosed with disorders such as schizophrenia and substance abuse at greater rates. As the Kessler 6 focuses on symptoms associated with anxiety and depression, this measure may be less sensitive to the symptomology of the mental health issues more prevalent among males.

Demographic characteristics and probable serious mental illness (cont)

Figure 1: Probable serious mental illness by gender, 2012-2016

Male %   Female %   Total %

Figure 2: Probable serious mental illness by Aboriginal and Torres Strait Islander status, 2012-2016[47]

Aboriginal and Torres Strait Islander %

Non-Aboriginal or Torres Strait Islander %
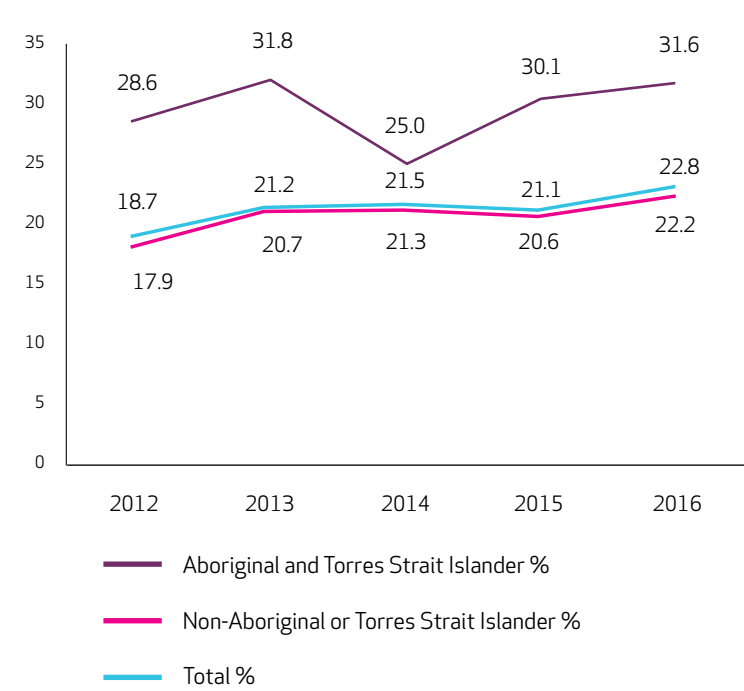
Total %

While the 2012 and 2013 Youth Surveys revealed a similar likelihood of probable serious mental illness across all age groups, data gathered from the most recent three surveys (2014-2016) shows a positive correlation between age and likelihood of probable serious mental illness. In 2016, there were notable differences across age groups, with the proportion of young people meeting the criteria for probable serious mental illness trending upwards with age, ranging from 20.8% among 15 year olds to 27.4% among 18/19 year olds. While the likelihood of probable serious mental illness has remained relatively steady for the younger age groups over the 5 year survey period, the largest increases have been seen among 18/19 year olds. In particular, the proportion of 18/19 year olds meeting the criteria for probable serious mental illness has increased from 18.2% in 2012 to 27.4% in 2016.[46]

Table 2: Probable serious mental illness by age, 2012-2016

	2012 %	2013 %	2014 %	2015 %	2016 %
15 year olds	17.1	21.5	19.9	20.1	20.8
16 year olds	19.4	21.4	21.1	20.9	22.5
17 year olds	20.0	20.9	22.9	21.5	23.7
18/19 year olds	18.2	20.3	23.9	24.3	27.4
Total	**18.7**	**21.1**	**21.5**	**21.1**	**22.8**

Issues of concern to young people

The Youth Survey asked respondents their level of personal concern about 12 topical issues: alcohol, body image, bullying/emotional abuse, coping with stress, depression, discrimination, drugs, family conflict, gambling, personal safety, school or study problems and suicide.

Respondents rated their concern about each of these items on a 5 point scale ranging from 'not at all concerned' to 'extremely concerned'. An issue was considered to be of major concern to a young person if they said they were 'extremely' or 'very' concerned about it.

Across the five year period, a greater proportion of young people with a probable serious mental illness than of those without a probable serious mental illness were consistently found to be 'extremely' or 'very' concerned about each of the 12 issues. Those with a probable serious mental illness were more likely than those without to be concerned about depression, coping with stress, body image and school or study problems.

While at slightly lower levels, there were also notable differences in the proportions of young people concerned about other issues including family conflict, suicide and bullying/emotional abuse across the five year period. In 2016, around one third of young people with a probable serious mental illness were highly concerned about both bullying/emotional abuse (34.3%) and suicide (32.3%), compared to around one in ten young people without a probable serious mental illness (11.3% and 7.6% respectively). Similarly, young people with a probable serious mental illness were significantly more concerned about family conflict (41.6% 'extremely' or 'very' concerned) compared to young people without a probable serious mental illness (16.7% 'extremely' or 'very' concerned).

The finding that a higher proportion of young people with a probable serious mental illness are concerned about depression, coping with stress and body image is not unexpected. These issues are often associated with psychological distress and mental illness. Moreover, anxiety and depression are the two mental illnesses that the K6 was designed to screen for.

We cannot determine from these findings, however, any causal links between these concerns and levels of psychological distress. For instance, it is not possible to say whether or not these concerns are major contributors to the occurrence of probable serious mental illness in young people or whether probable serious mental illness makes young people more predisposed to be concerned about these issues. Indeed, the relationships are likely to be more complex than this, with interrelated associations. Regardless, these levels of concern are likely to have ongoing impacts on young people's mental health if unaddressed.

We know that concerns and dissatisfaction with body image tend to peak around adolescence, as young people's bodies change, and that higher body dissatisfaction is associated with greater psychological distress. However, there is mixed opinion on whether body dissatisfaction causes psychological distress, or whether psychological distress causes young people to be less satisfied with their bodies.[48, 49]

Similarly, it is unknown whether young people with a probable serious mental illness are more concerned about coping with stress because their coping strategies are less effective, or because they are facing more stressful situations than other young people. However, we do know that young people's ability to cope with stress is known to impact on their level of psychological distress. Young people generally experience lower levels of distress when they are able to operationalise active coping strategies such as problem-solving and help seeking, while higher levels of distress are associated with withdrawal.[50, 51, 52] These associations are dependent on context, with young people facing higher distress when adopting active coping strategies in situations which are out of their control, such as family conflict.[53]

As noted, from this dataset we can see that young people with a probable serious mental illness report higher levels of personal concern across a wide range of issues, meaning that services and supports need to be cognisant of the complexity of worries and concerns young people are experiencing. Services need to be able to support and skill young people to deal with these issues or to provide referrals when needed (as it may be beyond the scope of any one particular service to support young people with the diverse range of concerns noted) and help them navigate an often complex service system.

Issues of concern
to young people (cont)

Table 3: Young people aged 15-19 with a probable serious mental illness who were 'very' or 'extremely' concerned about issues, 2012-2016

	Probable serious mental illness %				
	2012	2013	2014	2015	2016
Coping with stress	**72.6**	**71.7**	**74.8**	**73.3**	**74.9**
School or study problems	**58.9**	**61.6**	**66.0**	**59.5**	**59.6**
Depression	**61.9**	57.0	57.0	**55.8**	**58.4**
Body image	58.6	**57.1**	**57.9**	53.2	55.2
Family conflict	44.3	40.1	40.3	37.2	41.6
Bullying/emotional abuse	36.3	34.8	32.6	30.6	34.3
Suicide	35.3	35.3	32.0	31.8	32.3
Personal safety	27.9	25.1	24.4	19.7	28.2
Discrimination	24.7	22.1	22.6	21.9	25.8
Drugs	14.5	14.6	13.2	12.7	13.2
Alcohol	10.6	9.7	10.7	8.5	10.9
Gambling	7.4	5.8	6.7	5.2	7.1

Note: Items in this table have been ordered according to respondents with a probable serious mental illness from 2016. All subsequent tables and figures in this section follow the same item order.

Table 4: Young people aged 15-19 with no probable serious mental illness who were 'very' or 'extremely' concerned about issues, 2012-2016

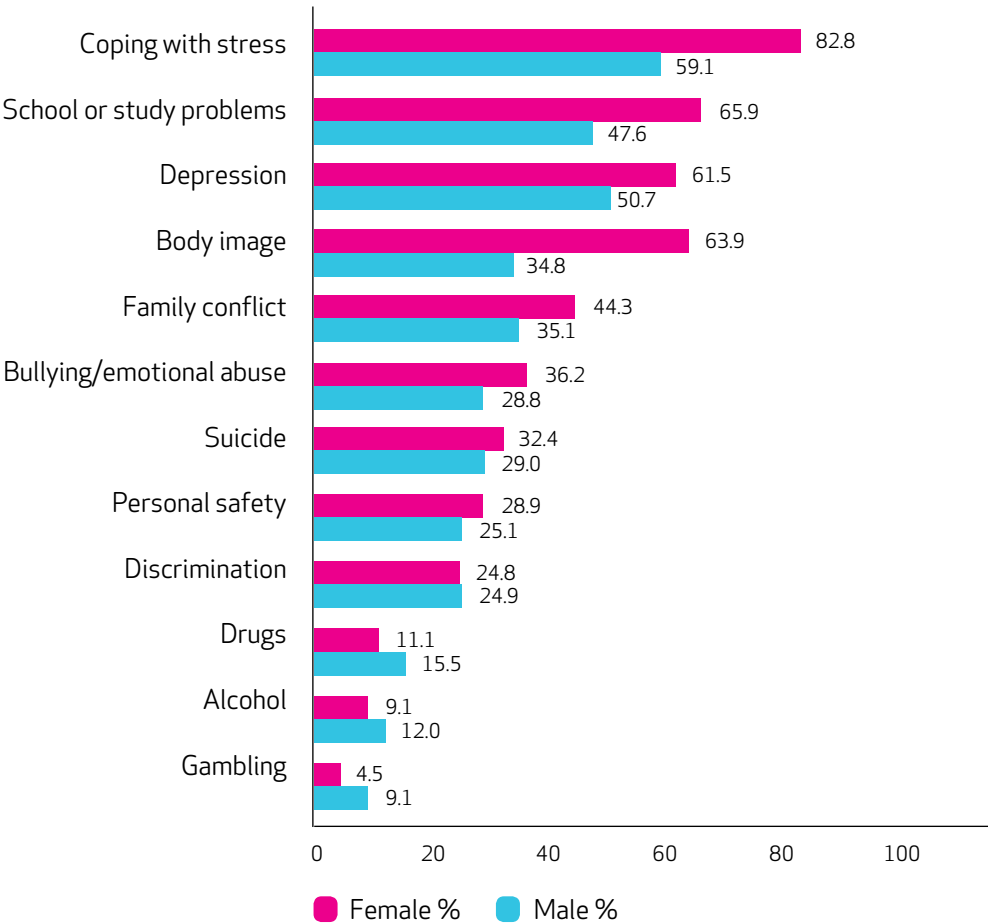|	No probable serious mental illness %				
	2012	2013	2014	2015	2016
Coping with stress	**32.8**	**29.5**	**32.5**	**29.4**	**35.6**
School or study problems	**31.4**	**31.0**	**33.8**	**26.8**	**31.4**
Depression	13.7	11.5	11.4	10.4	13.5
Body image	**27.9**	**23.8**	**22.9**	**19.4**	**23.4**
Family conflict	18.0	14.2	14.4	13.1	16.7
Bullying/emotional abuse	11.6	10.9	10.1	8.8	11.3
Suicide	7.1	6.8	6.6	5.7	7.6
Personal safety	13.8	10.8	10.0	8.6	15.4
Discrimination	8.6	7.8	8.0	7.6	10.5
Drugs	7.1	6.6	6.2	6.0	7.0
Alcohol	5.4	4.7	4.4	3.8	5.5
Gambling	3.4	2.7	2.7	2.7	3.5

Issues of concern to young people (cont)

Gender differences

In 2016, coping with stress was the top issue of concern for both males and females with a probable serious mental illness. For females, the next top issue of concern was school or study problems, followed by body image. For males the next top issue was depression followed by school or study problems.

Females with a probable serious mental illness indicated higher levels of concern than males with a probable serious mental illness about the majority of issues asked about, while males with a probable serious mental illness were more likely to be 'extremely' or 'very' concerned about drugs, alcohol and gambling.

Both males and females with a probable serious mental illness indicated high levels of concern about many of these issues in considerably higher proportions than males and females with no probable serious mental illness (see Appendix 1). This was especially pronounced for males, where males with a probable serious mental illness indicated high levels of concern about coping with stress at close to three times the proportion of males with no probable serious mental illness (59.1% compared with 22.6%) and were highly concerned about depression at five times the proportion (50.7% compared with 10.4%).

Figure 3: Young people aged 15-19 with a probable serious mental illness who were 'very' or 'extremely' concerned about issues, by gender, 2016

Issue	Female %	Male %
Coping with stress	82.8	59.1
School or study problems	65.9	47.6
Depression	61.5	50.7
Body image	63.9	34.8
Family conflict	44.3	35.1
Bullying/emotional abuse	36.2	28.8
Suicide	32.4	29.0
Personal safety	28.9	25.1
Discrimination	24.8	24.9
Drugs	11.1	15.5
Alcohol	9.1	12.0
Gambling	4.5	9.1

● Female % ● Male %

Age differences

In 2016, coping with stress was the top issue of concern for young people of all ages with a probable serious mental illness.

Across the age groups, 17 year olds with a probable serious mental illness were the most concerned in 2016 about coping with stress (78.1% 'extremely' or 'very' concerned) and school or study problems (63.4% 'extremely' or 'very' concerned), perhaps reflecting the stress of school completion.

Concerns around alcohol (14.3% 'extremely' or 'very' concerned) were highest among 18/19 year olds, which may reflect the increased access and use of this substance in this age cohort, potentially leading to both personal concern and concern for peers.

Those with a probable serious mental illness across all age groups indicated higher levels of concern about all of the issues listed compared to those with no probable serious mental illness.

Table 5: Young people aged 15-19 with a probable serious mental illness who were 'very' or 'extremely' concerned about issues, by age, 2016

	Probable serious mental illness %			
	15 years	**16 years**	**17 years**	**18/19 years**
Coping with stress	**72.6**	**74.5**	**78.1**	**74.3**
School or study problems	56.1	**59.7**	**63.4**	**59.2**
Depression	**58.5**	57.5	59.3	**58.9**
Body image	**56.5**	57.0	53.5	51.3
Family conflict	41.4	41.5	42.7	39.1
Bullying/emotional abuse	38.2	34.6	31.1	32.1
Suicide	34.2	30.9	31.1	35.8
Personal safety	30.2	28.0	26.0	29.0
Discrimination	28.1	25.7	25.1	22.7
Drugs	14.3	12.5	12.3	14.7
Alcohol	9.8	11.0	10.6	14.3
Gambling	7.0	6.5	6.6	10.5

Issues of concern to young people (cont)

Differences among Aboriginal and Torres Strait Islander and non-Aboriginal or Torres Strait Islander respondents
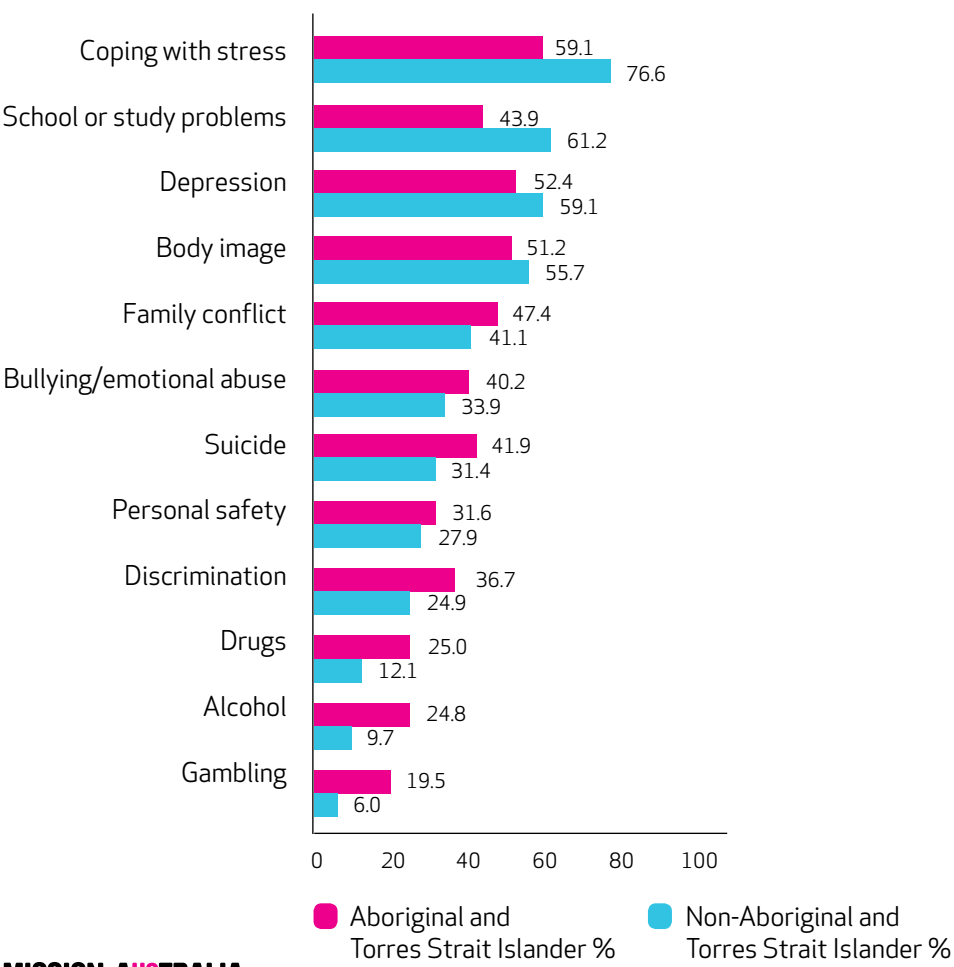
There were some notable differences in the levels of concern expressed by Aboriginal and Torres Strait Islander and non-Aboriginal or Torres Strait Islander young people with a probable serious mental illness across a number of issues. Lower proportions of Aboriginal and Torres Strait Islander respondents than non-Aboriginal or Torres Strait Islander respondents indicated concerns about

coping with stress (59.1% compared to 76.6% 'extremely' or 'very' concerned), school or study problems (43.9% compared to 61.2% 'extremely or 'very' concerned), depression (52.4% compared to 59.1% 'extremely' or 'very' concerned) and body image (51.2% compared to 55.7% 'extremely' or 'very' concerned).

Conversely, greater proportions of Aboriginal and Torres Strait Islander respondents compared to non-Aboriginal or Torres Strait Islander respondents indicated being highly concerned about all other issues, particularly, suicide (41.9% compared with 31.4% 'extremely' or 'very' concerned), discrimination (36.7% compared

with 24.9% 'extremely' or 'very' concerned), drugs (25.0% compared with 12.1% 'extremely' or 'very' concerned), alcohol (24.8% compared with 9.7% 'extremely' or 'very' concerned) and gambling (19.5% compared with 6.0% 'extremely' or 'very' concerned).[54]

While both Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander respondents with probable serious mental illness indicated high levels of concern about each of the issues listed in greater proportions than those without probable serious mental illness, there were some notable differences in these proportions between Aboriginal and Torres Strait Islander respondents with and without probable serious mental illness (see Appendix 1). Differences in the proportion of Aboriginal and Torres Strait Islander respondents with probable serious mental illness and Aboriginal and Torres Strait

Islander respondents without probable serious mental illness indicating high concern about depression (52.4% compared with 16.2%), body image (51.2% compared with 22.6%), family conflict (47.4% compared with 19.9%) and discrimination (36.7% compared with 15.2%) were particularly pronounced.

Aboriginal and Torres Strait Islander communities experience high incidences of racial discrimination and suicide. As shown in Figure 4, high levels of concern were reported by Aboriginal and Torres Strait Islander respondents with a probable serious mental illness across a range of areas particularly discrimination, depression and suicide. Taken together, we would expect that these would have an adverse impact on Aboriginal and Torres Strait Islander young people's SEWB.

Figure 4: Young people aged 15-19 with a probable serious mental illness who were 'very' or 'extremely' concerned about issues, by Aboriginal or Torres Strait Islander status, 2016

Issue	Aboriginal and Torres Strait Islander %	Non-Aboriginal and Torres Strait Islander %
Coping with stress	59.1	76.6
School or study problems	43.9	61.2
Depression	52.4	59.1
Body image	51.2	55.7
Family conflict	47.4	41.1
Bullying/emotional abuse	40.2	33.9
Suicide	41.9	31.4
Personal safety	31.6	27.9
Discrimination	36.7	24.9
Drugs	25.0	12.1
Alcohol	24.8	9.7
Gambling	19.5	6.0

● Aboriginal and Torres Strait Islander %   ● Non-Aboriginal and Torres Strait Islander %

Help seeking behaviour among young people

From 2014 onwards, respondents to the Youth Survey were asked to indicate from a number of sources where they would go for help with important issues in their lives. Table 6 shows the percentage of respondents across the past three years (among both young people with and without a probable serious mental illness) who indicated that they would go to each source.[55]

Across the three years, it appears that young people without a probable serious mental illness were relatively more likely than those with a probable serious mental illness to go to close personal connections for help, particularly parents, relatives/family friends or a brother/sister. They were also slightly more likely to go to friends or a teacher. Conversely, young people with a probable serious mental illness were relatively more likely to go to the internet, online counselling websites, telephone hotlines, community agencies and magazines.

This difference in help seeking behaviour may reflect young people's concerns about stigma associated with mental health disorders and an associated unwillingness to seek help from close personal contacts for fear of judgment. Alternatively, it may be due to young people with a probable serious mental illness facing greater relationship issues or having fewer close or trusted personal contacts. Young people have also been found to have a preference for self-reliance over seeking external help for the issues they face; this desire also extends to a preference for self-help rather than seeking professional help.[56]

While the reasons for this will vary from person to person, there is a clear need for evidence-based help to be made available online and through more formalised sources of help. Importantly, parents must also be skilled to recognise the symptoms of anxiety and depression in their children, ensuring that parents can reach out to young people if they are uncomfortable or unable to seek help from them.

Table 6: Where young people aged 15-19 would go for help, by probable serious mental illness, 2014-2016

	Probable serious mental illness %			No probable serious mental illness %		
	2014	2015	2016	2014	2015	2016
Friend/s	**81.2**	**80.5**	**74.6**	**89.6**	**88.5**	**85.3**
Parent/s	**56.2**	**55.1**	**56.3**	**81.6**	**82.0**	**82.0**
Internet	**61.9**	**61.2**	**51.0**	51.4	53.9	45.0
Relative/family friend	53.5	51.2	47.3	**70.4**	**70.3**	**65.5**
Brother/sister[57]	N/A	N/A	41.5	N/A	N/A	55.0
School counsellor	34.3	32.3	30.5	33.3	33.0	31.3
Teacher	31.7	32.4	30.2	37.4	39.2	37.9
Online counselling website	23.8	25.2	21.7	13.8	14.9	13.8
Telephone hotline	12.3	14.9	13.4	9.3	10.2	9.6
Community agency	12.8	13.6	10.4	9.8	10.7	8.5
Magazines	15.3	11.7	8.1	11.1	9.2	5.6

Note: Items in this table have been ordered according to respondents with a probable serious mental illness from 2016. All subsequent tables and figures in this section follow the same item order. 'Brother/sister' was a new addition to the survey in 2016, hence, data for this item is not available for previous years.

Help seeking behaviour among young people (cont)

Gender differences

While overall patterns were found to be similar, there were some gender differences in the sources of help young people with a probable serious mental illness indicated they would turn to for assistance with important issues in their lives. Females with a probable serious mental illness were more likely than males to turn to friends, the internet, a brother/sister, a school counsellor or online counselling website for help. Conversely, males with a probable serious mental illness were found to be more likely than their female counterparts to turn to community agencies. Similar proportions of males and females with a probable serious mental illness indicated being likely to turn to each of the other sources of help.

Overall, both males and females with a probable serious mental illness indicated they would go to many of the sources of help in lower proportions than males and females with no probable serious mental illness (see Appendix 1).
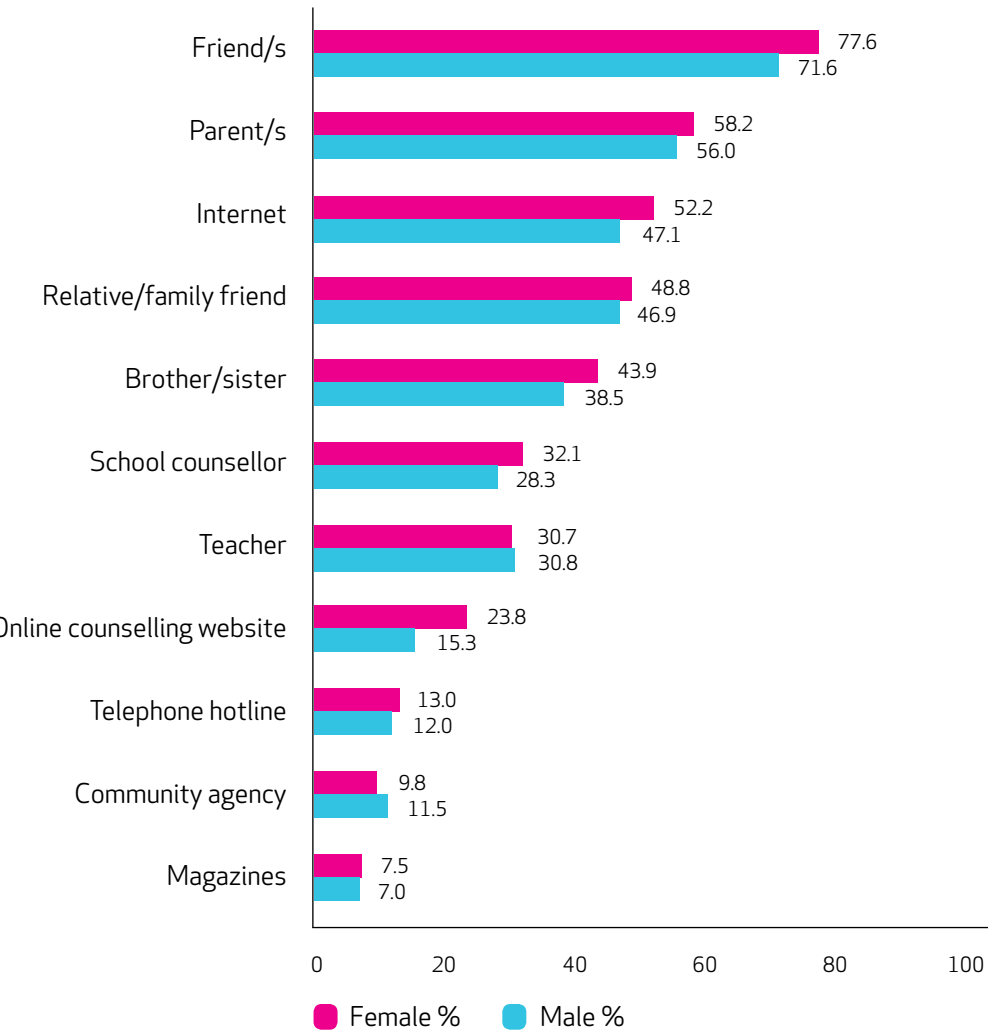
Age differences

Overall, 18/19 year olds with a probable serious mental illness were less likely than the younger age cohorts to turn to friends, parents, relatives/family friends, a brother/sister, a school counsellor or a teacher for help. Greater proportions of 18/19 year olds, however, indicated that they would go to online counselling website or community agencies for help. Across the younger age cohorts (15-17 year olds with a probable serious mental illness), similar proportions of each age group indicated that they would turn to each of the various sources for help.

Figure 5: Where young people aged 15-19 with a probable serious mental illness are comfortable going for help, by gender, 2016

	Female %	Male %
Friend/s	77.6	71.6
Parent/s	58.2	56.0
Internet	52.2	47.1
Relative/family friend	48.8	46.9
Brother/sister	43.9	38.5
School counsellor	32.1	28.3
Teacher	30.7	30.8
Online counselling website	23.8	15.3
Telephone hotline	13.0	12.0
Community agency	9.8	11.5
Magazines	7.5	7.0

Table 7: Where young people aged 15-19 with a probable serious mental illness are comfortable going to for help, by age, 2016

	Probable serious mental illness %			
	15 years	**16 years**	**17 years**	**18/19 years**
Friend/s	**75.7**	**73.8**	**76.3**	**71.2**
Parent/s	**55.6**	**56.4**	**58.0**	**53.8**
Internet	**51.5**	**50.5**	**50.3**	**53.1**
Relative/family friend	49.4	46.9	47.2	43.7
Brother/sister	42.3	40.6	42.5	40.0
School counsellor	31.8	29.2	31.5	29.5
Teacher	29.2	27.0	34.2	33.1
Online counselling website	22.8	21.2	20.1	24.6
Telephone hotline	15.9	13.5	11.2	12.2
Community agency	11.6	9.2	9.5	13.1
Magazines	9.0	8.2	6.7	9.1

Help seeking behaviour among young people (cont)

Differences among Aboriginal and Torres Strait Islander and non-Aboriginal or Torres Strait Islander respondents
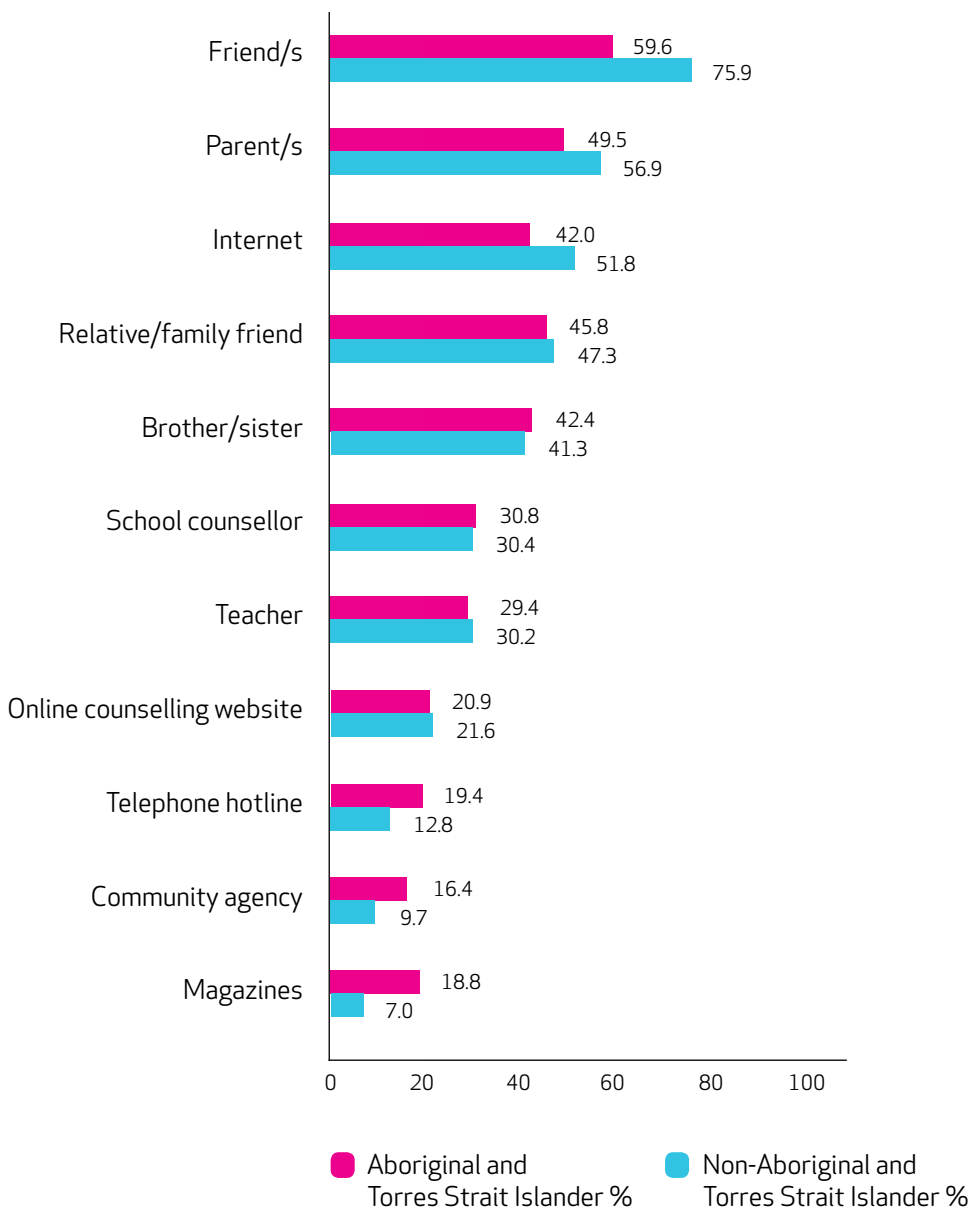
There were some notable differences between the sources of help Aboriginal and Torres Strait Islander young people and non-Aboriginal or Torres Strait Islander young people with a probable serious mental illness indicated they would go to for help with important issues in their lives.

Compared to Aboriginal and Torres Strait Islander respondents, greater proportions of non-Aboriginal or Torres Strait Islander respondents with a probable serious mental illness indicated being likely to go to friends, parents, the internet and relatives/family friends sources for help with important issues. Conversely, greater proportions of Aboriginal and Torres Strait Islander respondents with a probable serious mental illness compared to their non-Aboriginal or Torres Strait Islander counterparts indicated they would go to telephone hotlines, community agencies or magazines for help.

Similar proportions of both Aboriginal and Torres Strait Islander young people and non-Aboriginal or Torres Strait Islander young people with a probable serious mental illness indicated that they would turn to each of the remaining sources listed for help.

Overall, both Aboriginal and Torres Strait Islander young people and non-Aboriginal or Torres Strait Islander young people with a probable serious mental illness indicated they would go to many of the sources of help in lower proportions than Aboriginal and Torres Strait Islander and non-Aboriginal or Torres Strait Islander respondents with no probable serious mental illness (see Appendix 1).

Figure 6: Where young people aged 15-19 with a probable serious mental illness are comfortable going for help, by Aboriginal or Torres Strait Islander status, 2016

Source	Aboriginal and Torres Strait Islander %	Non-Aboriginal and Torres Strait Islander %
Friend/s	59.6	75.9
Parent/s	49.5	56.9
Internet	42.0	51.8
Relative/family friend	45.8	47.3
Brother/sister	42.4	41.3
School counsellor	30.8	30.4
Teacher	29.4	30.2
Online counselling website	20.9	21.6
Telephone hotline	19.4	12.8
Community agency	16.4	9.7
Magazines	18.8	7.0

Implications for *policy and practice*

These findings point to an urgent need for governments and the health and community sectors to work together to improve the mental health and wellbeing of the growing number of young Australians with probable serious mental illness.

Policy and practice responses should facilitate appropriate and timely access to evidence based services and interventions across the continuum, from prevention activities such as mental health promotion and stigma reduction, through to early intervention and primary care services. A broad approach is required, encompassing young people themselves, their families, educational settings such as schools, community agencies, health care services and government. The following recommendations acknowledge these factors.

The central role of schools

School is a significant stressor for many young people, with its strong emphasis on final examinations and academic outcomes often leading to symptoms of depression, anxiety and stress outside the normal range.[58, 59, 60] Programs that raise public awareness of school stressors include campaigns such as ReachOut's *There's Life after Year 12 Exams*.[61]

However schools also have a significant role to play in promoting mental health and wellbeing, including coping with stress.[62] They are the central point of contact with both those who are currently experiencing mental health difficulties and those who may be vulnerable to such difficulties in the future and are often where symptoms of mental disorder are first identified.[63]

Schools are therefore, the ideal settings to provide universal programs and interventions to improve mental health and mental health awareness, reduce stigma, encourage help-seeking and provide pathways to support. For example, 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.[64]

Schools can 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 and helping friends navigate available support options.[65]

The known association between mental health disorders, impaired functioning and academic achievement point to the potential benefit of implementing programs to assist young people to manage stress.[66] Prevention programs should provide skills in coping with stress and be developed, tested and delivered to these groups. 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, might also be particularly worthwhile.[67] However, it is imperative that any programs developed are evidence based, evaluated for impact, and effective.

Evidence also shows that children and adolescents who are mentally well are more likely to succeed

> "I think schools are the cause of a lot of stress for a lot of teenagers and those running them should be paying more attention to the mental state of the students." (Female, 16, NSW)

> "The importance of mental health should be addressed early on (in primary education). Students should also be aware of the importance of mental health in comparison to high marks. A high mark is not worth poor mental health." (Male, 15, NSW)

> "I think that parents and teachers should not put so much pressure on students, as it leads to stress and other mental disorders. Although there are support services available it is still a big issue." (Female, 17, NSW)

Implications for policy and practice (cont)

at school.[68] Given several key concerns identified by young people were school related, schools must also concentrate on creating an environment that focuses on resilience, mental health and wellbeing, such as through implementation of MindMatters, a mental health and wellbeing framework designed for secondary schools.[69]

In line with such goals and to improve help-seeking among young people, evidence suggests that engaging the wider school community including students, staff and parents, building relevant and practical skills, and knowledge, providing pathways from peer support to professional help, and ensuring an appropriate balance between whole-school mental health promotion and targeted interventions are key factors to consider in developing a balanced approach.[70, 71]

Schools also need to create a culture of trust so that young people feel comfortable turning to adults at school to seek advice and support. Similarly, given the role schools and school staff play in provision of supports and services through referrals to community and health services providers,[72] strong links between schools and these providers are an important component of integrated, multidisciplinary, mental health care services.[73]

Using technology to provide support

The current findings show that the internet is a prominent source of information, advice and support for many young people, particularly those with a probable mental illness, with over half of young people with and without a probable mental illness indicating they felt comfortable with this source of support. The use of online technologies is increasingly playing a major 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.[74]

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

> "I think it would be useful if there was an online component that people could access with ease, giving information on anxiety and depression. This diminishes the embarrassment of people knowing about the problem and still allows for a possible solution." (Male, 17, NSW)

> "I think there needs to be more help for people suffering mentally in rural areas, particularly low cost or free help." (Female, 17, SA)

> "Even with such organisations as headspace, ReachOut and so on, in some cases patients fall through the cracks and how is a young person able to access a private psychologist when those most vulnerable are unable to pay the gap or travelling is too far? And having to wait six months on a public mental health waiting list can mean the difference between recovery and relapse. Life and death." (Female, 19, VIC)

Online delivery also offers an important alternative to service delivery in rural and remote areas where there is limited access to traditional mental health services.[75, 76, 77] However it is vital that face-to-face mental health services are available in all areas for young people who require more intensive support.

Whilst there is promising evidence for the significant potential of online technologies to increase access to evidence based mental health promotion and prevention programs, promote youth wellbeing and reduce mental health problems, there remains a need for further research and program development.[78, 79, 80] 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 proven to be evidence based and effective are compiled and easily accessible in order to maximise uptake and impact. Portals such as Beacon, part of the Australian National University's suite of e-hub Self Help Programs for Mental Health and Wellbeing, are good examples of this.[81]

Some examples of online programs for which there is evidence suggesting efficacy include MoodGym, an online, self-directed cognitive behavioral therapy program to prevent and reduce symptoms of anxiety and depression in adolescents,[82] and BiteBack, a positive psychology website promoting mental health and wellbeing in young people.[83]

Text messaging has also been effective in communicating evidence-based intervention mental health content to young people, 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.[84]

Implications for policy and practice (cont)

Equipping important people in young people's lives to provide information and support

Findings from both the Youth Survey and other research indicate the significant role friends, parents, relatives and family friends play as sources of help and support.[85] This emphasises the need to ensure that the important people in young people's lives are equipped with the skills, knowledge and confidence to provide appropriate information, support and, if needed, referrals to adult or professional support.

Mental Health First Aid 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.[86] Developed in Australia, Mental Health First Aid is utilised around the world and would be particularly relevant for those working with young people including school staff, social and welfare workers, youth workers and parents, relatives and friends.

Given that young people are most comfortable going to friends for help, peer support networks and peer education initiatives may also equip young people with the knowledge and skills to recognise mental health issues and provide assistance to others in need. Sources of Strength, a gatekeeper suicide prevention training program, utilises a peer leader approach and has been shown to lower risks of suicidal ideation and suicidal behaviour in a high school population.[87] Peer networks may also enhance connectedness, thereby reducing the sense of isolation that many individuals who are developing a mental illness might experience. Similarly, 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.[88]

"There needs to be accessible support groups for people with mental illness. I know that I would have greatly appreciated being in a support group with other teens who struggle with depression and anxiety but I couldn't find any. There also needs to be more awareness and education around mental health, a lot of my peers don't understand much about it at all which can be frustrating for those who do suffer from a condition." (Female, 17, VIC)

"There needs to be more support and understanding concerning anyone with mental health illnesses. There should be more information that is fact-checked and more information on how to help people with anxiety and depression and how to support them." (Female, 15, SA)

"All kids should be given the opportunity to speak with a psychiatrist or counsellor either at school or in their own time. People should be educated enough about mental illness to recognise when they or others may need help and to know what to do when put into a situation where for example a friend may be suffering from depression but refuses to do anything about it. (Female, 16, NT)

"More education. People need to be more open about talking about it, and from a younger age as well. People need to be more aware of where they can seek help, and what they should do. People should also be more aware that they are not alone and there is nothing wrong with having a mental illness. We need to have more education about it and bring it more into the open." (Female, 17, NSW)

"Students need to be able to know that they have access to mental health care professionals and can get help when they need it." (Female, 17, NSW)

"More education for teenagers regarding mental illness, including methods of prevention and how to deal with it and who to talk to if they are suffering." (Male, 16, SA)

Implications for policy and practice (cont)

Aboriginal and Torres Strait Islander young people's mental health

The higher proportions of Aboriginal and Torres Strait Islander young people with probable serious mental illness than non-Aboriginal or Torres Strait Islander young people requires a concerted policy effort, especially considering the unacceptable disparity in youth suicide rates.

Aboriginal and Torres Strait Islander young people need access to age appropriate mental health services that are culturally sensitive and in close proximity to their homes. Mental health services should also have the flexibility to offer support to younger age groups where critical issues arise. Further, suicide prevention programs that are tailored to the needs of the whole community should be offered as a priority. These should be focussed on prevention as well as crisis response.

Dispossession, racism, trauma, disadvantage and disconnection from culture and disengagement from education and employment are all underlying contributors to poor mental health, substance misuse and suicide amongst young Aboriginal and Torres Strait Islanders.[89] Many of these are intergenerational issues requiring preventive policies and services which build community, family and individual resilience.[90] Further, these solutions must be driven by Aboriginal leaders and communities.

A gendered approach to mental health

As noted above, young females have been found to experience depression and anxiety disorders in higher rates than young males. This discrepancy may be associated with family breakdown, school pressures, and western ideals of appearance, all of which have been shown to impact young females more than young males.

In the 2016 Youth Survey, one in seven female respondents reported experiencing gender discrimination, more than three times the proportion of males. In addition just under two thirds (63.9%) of females with a probable serious mental illness were 'extremely' or 'very' concerned about body image, compared to around one third (34.8%) of males with a probable serious mental illness.

This suggests that social pressures such as discrimination and ideals of appearance may need to be addressed to address this gender disparity in probable serious mental illness among young people. While socially-constructed factors appear to have a greater impact on the mental health of females, these may also contribute – in some cases – to more favourable outcomes.[91] 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.

Community based mental health services

Community based recovery orientated supports are needed to complement clinical and acute care services. They can maximise opportunities to prevent the impact of mental illness by intervening early and reducing the need for crisis care and hospitalisations, while improving individual wellbeing and strengthening communities.[92]

Community mental health services work with people in their community encouraging social inclusion and holistic support directed by the individual. These services should be responsive to cultural backgrounds and personal experiences and provide support that is integrated, holistic and tailored to meet individual needs for recovery.[93]

Young people as co-designers and advocates

While one role young people can play in advocating for mental health awareness and wellbeing is through peer education initiatives, there is room for much greater engagement. Three quarters of all lifetime mental health disorders emerge by age 24, however access to mental health services for this age group is among the poorest, with key barriers identified as awareness, access and acceptability of services. [94] Such evidence points to fertile opportunities to engage young people, and their families in the design and development of services and programs that are not only evidence-based but also youth-friendly and appealing, such as Headspace.[95, 96]

The Young and Well Cooperative Research Centre acknowledged the importance of this and developed a guide to promote stakeholder engagement. This participatory design framework encourages researchers to harness young people's perspectives and insights, and to collaborate with them in the development of evidence based online mental health and wellbeing programs.[97]

Young people also need to be involved in advocacy activities, such as through the headspace Youth National Reference Group, which was established to provide consultation on headspace activities, including the eheadspace service model, marketing campaigns, factsheets, website material and policy submissions.[98] Members also sit on headspace committees and advisory groups and are involved in youth engagement strategies, including the development of a Youth Participation and Community Engagement handbook.

Conclusion

Findings from this report highlight that the mental health of Australia's young people is an ongoing concern which must remain on the national policy agenda. The Youth Survey (2012-2016) has revealed a significant increase in the rates of probable serious mental health in surveyed young people aged 15-19.

This increase signals a need to ensure that young people have appropriate and timely access to mental health education, evidence based services and interventions. The results also highlight the need for population wide education and support to aid in the prevention of mental health disorders with a particular focus on the family and peer networks surrounding young people.

This report also provides evidence for promoting online resources to young people experiencing mental health disorders as greater numbers of these young people continue to seek help online.

Sources

1. Note: significance testing (ANOVA) confirmed a statistically significant difference in probable serious mental illness between 2012-2016.

2. Note: due to the small sample size for 19 year old respondents relative to all other ages, 19 year olds have been combined with 18 year olds throughout this report.

3. Note: significance testing (t-tests) confirmed a statistically significant difference in probable serious mental illness between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander respondents across each year 2012-2016.

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37. Note: Results for the total sample have been presented for each year across the five year period and for both those with and without a probable serious mental illness. When results are further broken down to subgroup level, comparisons have only been drawn for those experiencing a probable serious mental illness e.g. Aboriginal and Torres Strait Islanders with a probable serious mental illness compared to non-Aboriginal or Torres Strait Islanders with a probable serious mental illness. Similarly, at the subgroup level of analysis, results are presented only for the most recent year of data (2016) for both ease and relevance of reporting.

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47. Note: the Youth Survey is not representative of all young people in Australia. This means that apparent changes over time may be due to differences in the demographics of respondents sampled each year, rather than representing changes experienced by all young Australians. This is especially the case for smaller population groups such as Aboriginal and Torres Strait Islander young people.

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54. Note: On average, Aboriginal and Torres Strait Islander young people with a probable serious mental illness scored higher on the K6, indicating slightly greater levels of psychological distress than non-Aboriginal or Torres Strait Islander young people.

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Appendix

Table 1: Young people aged 15-19 with no probable serious mental illness who were 'very' or 'extremely' concerned about issue, by gender, 2016

	No probable serious mental illness %	
	Female	**Male**
Coping with stress	**48.4**	**22.6**
School or study problems	**38.8**	**23.8**
Body image	**32.2**	**14.3**
Depression	16.1	10.4
Family conflict	20.5	12.7
Personal safety	17.8	13.0
Bullying/emotional abuse	13.2	9.3
Discrimination	12.2	8.3
Suicide	8.1	6.5
Drugs	6.7	7.0
Alcohol	5.1	5.5
Gambling	2.9	3.9

Table 2: Young people aged 15-19 with no probable serious mental illness who were 'very' or 'extremely' concerned about issues, by age, 2016

	No probable serious mental illness %			
	15 year olds	**16 year olds**	**17 year olds**	**18/19 year olds**
Coping with stress	**31.1**	**36.0**	**39.0**	**39.0**
School or study problems	**29.5**	**32.6**	**32.0**	**30.9**
Body image	**22.8**	**23.8**	**23.4**	**23.9**
Depression	11.3	13.1	14.8	19.0
Family conflict	16.8	16.8	16.2	16.8
Personal safety	17.2	15.8	13.1	14.8
Bullying/emotional abuse	12.2	11.4	10.3	11.6
Discrimination	10.7	10.5	9.3	13.5
Suicide	8.0	7.4	6.8	8.4
Drugs	7.2	6.9	6.2	9.3
Alcohol	5.0	5.2	5.6	7.1
Gambling	3.3	3.4	3.4	5.2

Appendix (cont)

Table 3: Young people aged 15-19 with no probable serious mental illness who were 'very' or 'extremely' concerned about issue, by Aboriginal or Torres Strait Islander status, 2016

| | No probable serious mental illness % | |
	Aboriginal and Torres Strait Islander	**Non-Aboriginal and Torres Strait Islander**
Coping with stress	**28.5**	**36.1**
School or study problems	**27.9**	**31.6**
Body image	**22.6**	**23.5**
Depression	16.2	13.4
Family conflict	19.9	16.5
Personal safety	20.9	15.1
Bullying/emotional abuse	18.2	11.0
Discrimination	15.2	10.2
Suicide	12.1	7.3
Drugs	14.6	6.6
Alcohol	10.7	5.1
Gambling	8.2	3.2

Table 4: Where young people aged 15-19 with no probable serious mental illness are comfortable going for help, by gender, 2016

| | No probable serious mental illness % | |
	Female	**Male**
Friend/s	**88.9**	**82.3**
Parent/s	**82.4**	**82.5**
Relative/family friend	**66.8**	**65.2**
Brother/sister	58.4	52.3
Internet	47.0	42.9
Teacher	38.3	37.7
School counsellor	31.0	31.9
Online counselling website	15.8	11.5
Telephone hotline	9.8	9.3
Community agency	7.6	9.2
Magazines	6.9	4.1

Appendix (cont)

Table 5: Where young people aged 15-19 with no probable serious mental illness are comfortable going to for help, by age, 2016

	No probable serious mental illness %			
	15 year olds	**16 year olds**	**17 year olds**	**18/19 year olds**
Friend/s	**84.7**	**84.5**	**87.0**	**86.6**
Parent/s	**84.4**	**82.1**	**80.1**	**78.8**
Relative/family friend	**69.4**	**65.2**	**62.6**	**61.7**
Brother/sister	55.4	55.0	54.7	55.5
Internet	40.3	46.0	47.4	50.5
Teacher	36.8	36.9	38.9	42.0
School counsellor	32.7	31.4	29.1	32.7
Online counselling website	13.3	14.1	12.9	17.6
Telephone hotline	10.5	9.4	8.2	11.3
Community agency	8.4	7.9	7.9	12.7
Magazines	5.1	5.8	5.6	6.6

Table 6: Where young people aged 15-19 with no probable serious mental illness are comfortable going for help, by Aboriginal or Torres Strait Islander status, 2016

	No probable serious mental illness %	
	Aboriginal and Torres Strait Islander	**Non-Aboriginal and Torres Strait Islander**
Friend/s	**81.8**	**85.5**
Parent/s	**78.0**	**82.2**
Relative/family friend	**72.9**	**65.1**
Brother/sister	61.7	54.6
Internet	37.5	45.3
Teacher	39.1	37.7
Teacher	39.1	37.7
School counsellor	31.2	31.3
Online counselling website	13.6	13.9
Telephone hotline	12.9	9.5
Community agency	16.6	8.0
Magazines	9.5	5.4

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