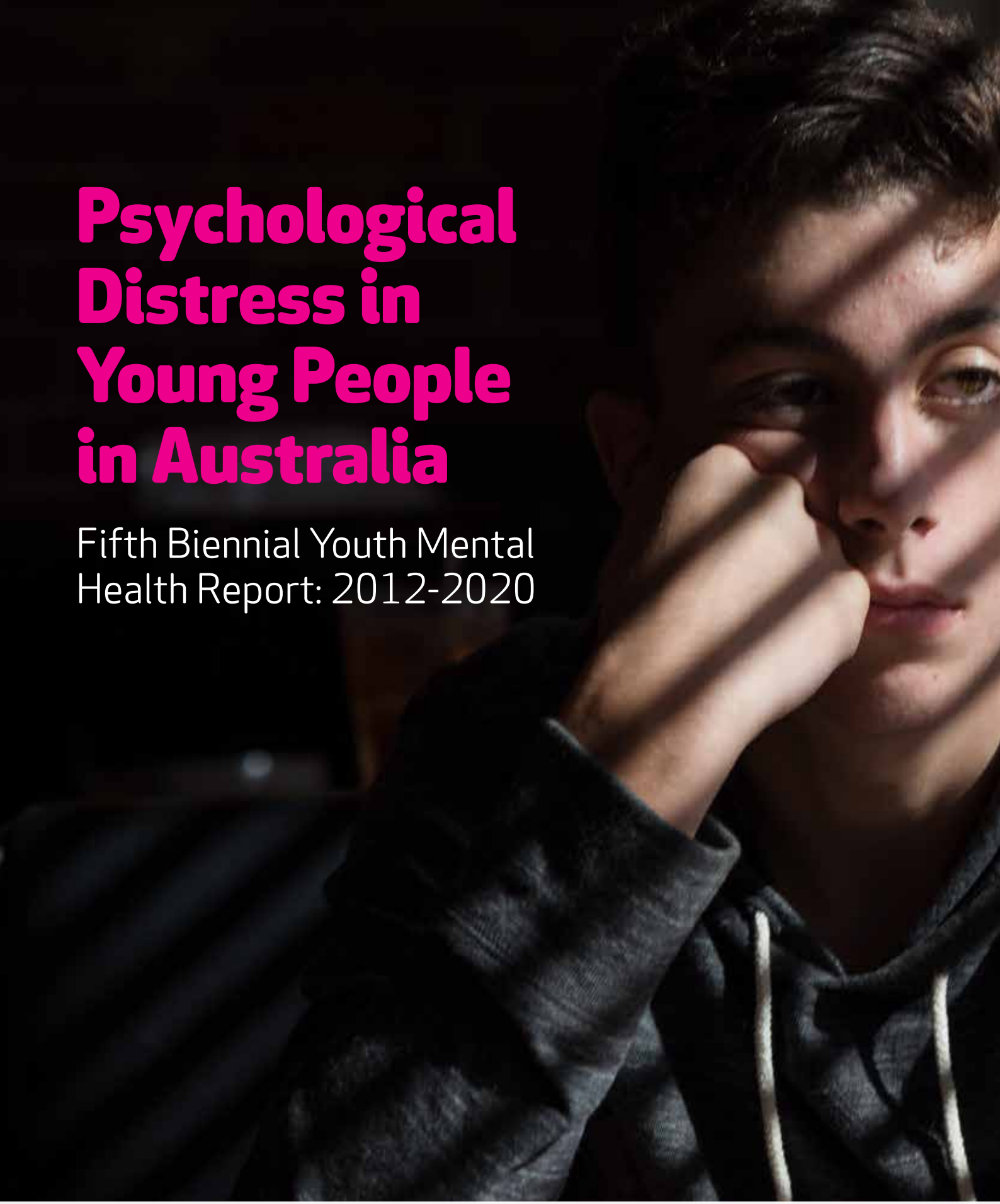

Psychological Distress in Young People in Australia

Fifth Biennial Youth Mental Health Report: 2012-2020

MISSION AUSTRALIA

In association with

Black Dog Institute

Acknowledgments

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 our future leaders.

A special thank you to the young people who shared with us, via the 2020 *Youth Survey*, their responses on current issues and state of their mental health.

We would like to thank Professor Andrew MacKinnon from Black Dog Institute for his consultation on some of the statistical analysis. We would also like to thank Megan Boshell, Troy Crellin and Lacey Willett for their assistance and providing guidance and direction, and to the Mission Australia staff who contributed to this report by providing helpful insights, feedback, design and support.

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Contents

Foreword | Mission Australia

In 2020, we launched Mission Australia's annual *Youth Survey* when COVID-19 forced Australia into the first of many lockdowns. In the midst of our government enforced restrictions, we remain grateful for every young person aged between 15 and 19 who took the time in 2020 to share their thoughts and concerns at a uniquely challenging time in their lives.

This is the fifth time Mission Australia has collaborated with the Black Dog Institute to create a report on young people's mental health.

Every time we put out this biennial report, we see an upswing in the numbers of young people aged 15 to 19 in Australia experiencing psychological distress. It is very worrying that one in four young people in Australia are feeling psychological distress. While this is a slight increase since we published the 2018 findings, it's a dramatic rise when we look at 2012, when one in five young people were experiencing psychological distress.

This report showcases that young people most likely to be facing psychological distress are those who identify as female, those who identify as non-binary, young people with disability, and Aboriginal and/or Torres Strait Islander young people. This must not be accepted as the norm. It's important to recognise the diversity of young people facing psychological distress and their specific issues and experiences, as this increased understanding will go a long way in helping to properly address them.

I was troubled to learn that young people who are experiencing psychological distress are nine times more likely to feel they have no control over their lives and twice as likely to be treated unfairly than young people without psychological distress.

Undoubtedly, this pandemic has had a detrimental impact on young people's mental health, which can have a profound effect on a young person's experiences and the choices that shape their life. This is an important national challenge that must be urgently addressed.

We all have a duty to safeguard and properly support the enormous number of young people contending with mental health concerns, by ensuring they have access to appropriate supports at the time they need it. Regardless of their gender, location, background or ability, and of course under circumstances like a global pandemic, every young person in Australia should have the opportunity to address their mental health challenges early and have access to the right resources, so they can thrive and grow into independent, confident adults.

Foreword | Mission Australia (CONT)

While different levels of government have focussed on investing in mental health, particularly in response to the pandemic, there are still large gaps in the youth mental health system that have been further exposed by COVID-19. It's clear that better supports and further investment is needed to establish mental health infrastructure so that service provision is matched to youth mental health demand. We also must make sure that there is further investment in research and services that will help to inform and provide appropriate and culturally-safe supports for diverse groups of young people in our community.

I have seen firsthand the perseverance and sheer determination shown by many young people as they take empowered steps toward recovery while accessing appropriate supports, like our community-based youth mental health programs. Still, too many young people can't access the right support at their time of need - whether that be due to pandemic lockdown pressures, feeling too scared or anxious, stigma or embarrassment, or simply the lack of services or resources suited to their needs.

We know from our work on the frontline that if a young person doesn't receive the timely help they need this could result in further challenges, such as escalating mental health issues, disengagement from education, or homelessness. This is why we want to see the capacity of Australia's mental health workforce increased, alongside further investment in evidence-based digital mental health services.

We know from this report that, like their peers, young people experiencing psychological distress in the past year are most likely to ask their family and friends for help when they're in need, although at lower levels than those without psychological distress. Keeping this in mind as we continue to grapple with pandemic challenges and restrictions, it's vital that those close to young people are properly supported with advice and resources so they can intervene early to identify, support and respond to young people experiencing psychological distress.

Schools are a critical site for mental health interventions for young people, which is why this report makes a range of recommendations for supporting the work of schools so they can respond to the mental health needs of students. The importance of standardised mental health screening in schools, as well as access to clinically-trained counsellors cannot be overstated given the increasing prevalence of psychological distress in young people.

Harnessing young people's lived expertise at every opportunity will greatly improve youth mental health service delivery and policy. Young people must be central to the co-design, development and adaptation of youth mental health services and tools – both at school and within their communities. Bringing current voices and perspectives of all young people experiencing psychological distress to the fore is a vital step toward ensuring services are tailored to their specific needs and help-seeking preferences.

With more investment in evidence-based supports and collaboration between young people, schools, community organisations and governments, we can take great strides in improving the psychological wellbeing of all young people across Australia.

James Toomey
CEO, Mission Australia

MISSION AUSTRALIA

Foreword | Black Dog Institute

In 2020, Mission Australia conducted its 19th annual survey, receiving 25,800 responses from young people aged 15 to 19 years. This is the fifth 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—since 2012. This year, we have seen some disturbing trends that require urgent review and response.

The *Youth Survey* has included since 2012 measures of the levels of psychological distress experienced by young people. Over this period, we've seen an increase in the proportion of young people with psychological distress, rising from one in every five to one in every four.

Although young females have higher rates of anxiety and depression than young males in general, we are seeing continuing divergence, with the proportion of young females experiencing distress increasing over time. Similar divergence is also occurring in suicide rates over this same time period.

To understand these trends, we urge governments to invest in gender-specific research and to support the development of real-time data collection to identify trends in prevalence rates, as well as data on groups with increasing levels of risk. These include those with poor mental health, disability and being LGBTIQA+.

Once again, we're seeing that friends and parents or guardians are the go-to support people for young Australians in times of need. There is an opportunity for us to boost mental health literacy and upskill these groups to help them respond appropriately, turning conversations into concrete action.

At Black Dog Institute, we're proud to have been involved in bringing world-class, evidence-based programs to schools to help get these productive conversations underway, through the Youth Aware of Mental Health (YAM) program in classrooms across Australia. There is also increasing recognition of the role of the peer workforce in supporting young people with mental illness.

Foreword | Black Dog Institute (CONT)

We recommend that greater research investment be made into investigating how friends and parents can provide evidence-based support to young people. This could include education and training programs for these groups to recognise signs of mental illness and refer young people to professional mental health support. We also support research into the best methods to promote mental health literacy in our schools and communities, and to position young people to help and support one another during stressful times.

As we work to lower the incidence of poor mental health and the often-lifelong consequences of this, we must also transform the way mental health support is delivered. As digital natives, young people see little to no distinction between offline and online aspects of their environment. Approximately half (49.2%) of young people with psychological distress said that the internet was a source of support for important issues, and 29.1% said that they used mobile apps for help.

It is critical that young people are able to access effective and evidence-based services that align with these preferences for care. Black Dog Institute is pioneering the creation of new digital interventions to connect with young people where they are most comfortable – on screens and devices – giving them the tools to tackle life's challenges, backed by rigorous scientific testing.

Further investment should be directed to research and implementation to fine tune and scale up digital programs so that they reach those who need help most. And we should empower young Australians to be part of this solution, involving young people with lived experience in the co-design of new digital interventions.

With more than 75% of mental health issues developing before the age of 25, we have a critical window for intervention. In partnership with Mission Australia, we offer a range of practice and policy solutions to the key challenges raised by this report. We call for action from policy makers, schools, families, researchers and young people themselves with the goals of both intervening early and preventing mental ill health in our young people.

Photo credit: Quentin Jones

Helen Christensen

Scientia Professor
Helen Christensen AO
Chief Scientist, Black Dog Institute

Black Dog Institute

Executive summary

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. In 2020, Mission Australia conducted its 19th annual survey, receiving 25,800 responses from young people aged 15 to 19 years. The *Youth Survey* 2020 was conducted between April and August 2020, when much of the country was in a stage of government enforced lockdown, or just emerging from lockdown due to COVID-19.

One of the questions the *Youth Survey* has included since 2012 measures the levels of psychological distress experienced by young people. The purpose of this report is two-fold. First, we describe trends in distress levels over time from 2012 to 2020. Then, focusing on 2020 data, we shed light on the characteristics of young people living with psychological distress, explore the links between psychological distress and experiences in daily life, and identify barriers that might prevent them from seeking help when they need it.

This is the fifth 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 — with implications for both policy and practice.

Key findings

There has been an increase in the proportion of young people with psychological distress in Australia. In 2012, 18.6% of respondents to the *Youth Survey* had psychological distress, and this increased to 26.6% in 2020.

Prevalence of psychological distress was higher for:

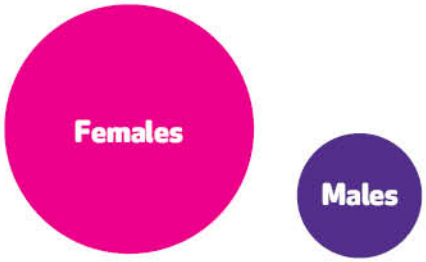
- Young people who identified as female or non-binary compared to young people who identified as male. The prevalence of psychological distress has increased over time at a proportionally greater rate for females compared to males.
- Aboriginal and/or Torres Strait Islander young people compared to non-Indigenous young people.
- Young people with disabilities (including mental illness) compared to young people without disabilities.

Rate of psychological distress over time

In 2012, it was close to one in five (18.6%) young people reporting psychological distress and in 2020, it is over a quarter (26.6%).

Gender difference

Twice as many females compared to males experienced psychological distress since 2012. While both proportions have risen between 2012 and 2020, the proportion of females with psychological distress has shown a much greater increase (11.7%) – from over one fifth (22.4%) in 2012 to over one third (34.1%) in 2020.



Key findings (CONT)

Aboriginal and/or Torres Strait Islander difference

Across all years, a higher proportion (on average 8.0%) of Aboriginal and/or Torres Strait Islander young people reported experiencing psychological distress than non-Indigenous young people. The proportion of Aboriginal and/or Torres Strait Islander young people with psychological distress rose by 5.6% – from 28.4% in 2012 to 34.0% in 2020.

Disability difference

Since 2012, a higher proportion of young people with disabilities experienced psychological distress than young people who did not have disabilities. The proportion of young people with disabilities and psychological distress rose by 10.9% – from 32.1% in 2012 to 43.0% in 2020.

Lifestyle factors

Young people with psychological distress are likely to experience poorer sleep and exercise outcomes than young people without psychological distress. Questions on lifestyle were included in the survey for the first time, revealing that young people in Australia with psychological distress were approximately three times as likely to report they were getting *six hours or less* of sleep per night and twice as likely to report they were doing *no exercise*.

Young people with psychological distress

Top three issues of concern and unfair treatment

The top issues of concern for young people were *coping with stress*, *mental health* and *body image*. Young people in Australia with psychological distress were more than twice as likely to indicate that these issues were of concern than those without psychological distress. Questions on unfair treatment were a new addition to the 2020 survey, and results indicated that young people with psychological distress were more than twice as likely to report experience of unfair treatment due to their *mental health* and *sexuality* than those without psychological distress.

Key findings (CONT)

Top sources of help and main barriers to seeking help

Young people reported that they most commonly sought help from *friend/s*, followed by *parent/s or guardian/s*. For young people with psychological distress, the third most common source of help was the *internet*, while for young people without psychological distress, it was *relative/family friend*. Over half of young people with psychological distress reported being *'scared/anxious'* to get help, *'feeling embarrassed'*, *'feeling I can deal with it myself'*, and *'not knowing what kind of help I need'* as barriers to seeking help.

Top three sources of help
(for young people with psychological distress)

- Friend/s
- Parent/s or guardian/s
- Internet

Top three barriers to seeking help
(for young people with psychological distress)

- Scared/anxious to get help
- Feeling embarrassed
- Feeling I can deal with it myself

The findings of this report have a range of implications for policy and practice. They provide insights into issues and preferences of young people that can inform more accessible interventions, such as digital solutions. They demonstrate the strong need for investment in our mental health workforce and focus on schools as key sites for universal and targeted evidence-based programs.

The findings also support the need for further research, such as ways to better equip young people's family and friends to help. As psychological distress appears to be heightened during COVID-19 compared to pre-pandemic levels[1], there is even greater urgency for all levels of governments to protect the mental health of young people to ensure the best possible transition to a post-pandemic world.

"[My biggest personal concern is] mental health, mainly suffering from anxiety/a panic disorder. I would like to see better mental health plans for youth because paying for psychologists is so expensive and I feel like once my plan runs out I can't afford to keep going even if I really needed to..."
Female, 18, Aboriginal and/or Torres Strait Islander, TAS

1 Li et al. (2021)

Policy and practice recommendations:

1 Implement standardised national mental health screening in schools to build a universal system for identifying and responding to young people's mental health issues

2 Develop national regulatory guidelines for evidence-based mental health and wellbeing programs in schools to ensure the provision of effective and evidence-based mental health supports for students

3 Fund research into evidence-based solutions that peers and parents can use to effectively support young people

4 Further invest in evidence-based digital mental health services to increase their reach and accessibility for young people

5 Remove barriers to accessing clinically trained school counsellors in all schools to improve access to high quality, effective and evidence-based treatment for students

6 Increase the capacity of the broader mental health workforce to cope with the increased prevalence of psychological distress in young people and ensure that they can access mental health services external to schools where needed

7 Fund research to understand the increase in psychological distress in young women and develop and implement relevant programs and supports

8 Increase culturally safe services for Aboriginal and/or Torres Strait Islander young people

9 Increase tailored services for non-binary young people and the broader LGBTIQA+ youth community

Message for...

YOUNG PEOPLE

Seek help in ways that best suit you. Know there are people ready to help. Get involved in opportunities to make mental health supports better.

FAMILIES

Many young people rely on their families for advice and support. Learn about the best ways to help support young people with their mental health. There are services that can support young people and help to improve their mental health and wellbeing.

SCHOOLS

Schools, teachers and other staff are vital supports for young people's mental health. Invest in evidence-based mental health programs. Create the conditions where students feel safe to seek help and are supported when they do.

POLICYMAKERS

Implement evidence-based changes to mental health service delivery, tailored to young people's needs. Adequately fund the mental health system to meet the growing demand for youth-specific mental health services. Involve young people in policy design.

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SERVICE PROVIDERS

See young people as the experts in their own lives and involve them in service delivery and design. Stay up to date on the latest mental health training and evidence. Think innovatively about how to support young people's mental health needs.

BUSINESSES

Make workplaces safe for young people and support their mental health and wellbeing. Involve young people in discussions about what mental health and wellbeing supports they need.

MEDIA

Tell young people's stories in compassionate ways that acknowledge their unique issues and strengths.

RESEARCHERS

Involve young people in the design and evaluation of mental health solutions.

Introduction

Approximately 10-20% of young people around the world experience mental health problems.[1] The *Australian Child and Adolescent Survey of Mental Health and Wellbeing 2013–14* (*Young Minds Matter*) estimated that 14% of adolescents aged 12-17 years experienced a mental disorder in the previous year and, of those, 23% had a severe disorder.[2] Half of these disorders have an onset of before 14 years of age, and as young people grow up the prevalence continues to rise.[3] Although evidence from epidemiological studies is mixed[4], representative data indicates that the prevalence of youth mental health problems may be increasing[5]. It is relatively unclear what factors underpin changes in youth psychological distress over time. Recent data shows that changes in vulnerability and exposure to elements such as values and lifestyle, family processes, and educational factors, are likely relevant.[6] Regardless of the underpinning explanations for the development and maintenance of psychological distress, most young people who require help remain undiagnosed and untreated.[7]

Psychological disorders account for 45% of the global burden of disease among young people aged between 10 to 24 years.[8] They can impact young people at a personal, social and economic level, as well as reduce their life expectancy.[9]

When experienced early in life, poor mental health 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 and suicide.[10] In 2019, suicide was the leading cause of premature death for young people in Australia between 15-24 years (37%).[11] Between 2015-2019, one-third (32.4%) of all Aboriginal and Torres Strait Islander deaths between 5-17 years of age were due to suicide.[12] Adolescence is a critical time to intervene, before symptoms worsen, to maximise health and functional outcomes into adulthood.

[1] Kessler et al. (2007)
[2] Lawrence et al. (2015)
[3] Kessler et al. (2007)
[4] Erskine et al. (2015)
[5] Hall et al. (2019); Patel et al. (2008); Twenge et al. (2019); Bor et al. (2014); Collishaw (2015); Ross, Kelly, and Sacker (2017)
[6] Sweeting et al. (2010); Högberg, Strandh, and Hagquist (2020)
[7] Kessler et al. (2007)
[8] Gore et al. (2011)
[9] Erskine et al. (2015)
[10] Lawrence et al. (2015)
[11] Australian Bureau of Statistics (Reference period: 2019)
[12] Australian Bureau of Statistics (Reference period: 2019)

The ability to accurately, reliably, and efficiently identify young people who require more in-depth assessment and support is crucial for timely mental health care. Measuring levels of psychological distress may be one way to aid this identification process and facilitate linkage with appropriate services. Psychological distress is a robust predictor of mental health problems in young people. It can predict anxiety and depressive disorders as well as other serious emotional disturbances including suicidal behaviour.[13] Results from the *Young Minds Matter* survey among young people aged 11-17 in 2013-2014 found that one in five had either high or very high levels of psychological distress.[14] Rates of psychological distress were higher for females compared to males. Comparable findings were documented in the *Mission Australia Can we talk? Seven Year Youth Mental Health Report – 2012-2018*.[15]

"[My biggest personal concern is] my mental health - worsened by the extreme stress placed on high school students by the flawed education system and although there has been increased support and pathways, there is still not enough done to help young people who are struggling. Mental health is such a prevalent issue, and for young people, mental health issues are exacerbated by school, employment, environmental concerns and the fear of an unknown future - serious action needs to be taken to ensure certainty and security in the future…"
Female, 17, Non-Indigenous, NSW

Recent findings have shown that COVID-19 has had detrimental consequences for youth mental health.[16] One survey of young people in Australia between 12-18 years of age found that mental health had worsened during the pandemic, and 50% experienced levels of psychological distress consistent with a probable mental illness.[17] Psychological distress is a useful measure to gain insight into the status of youth mental health and likelihood of having a mental health problem.

This report will explore trends in psychological distress between 2012 and 2020. This will be followed by an in-depth examination of 2020 data, which will identify young people more likely to experience psychological distress and describe how psychological distress might affect their lives — including seeking help and accessing services. Although data were captured in 2020, during various levels of lockdown restrictions and quarantining throughout Australia, the impact of COVID-19 is not the focus of this report. For more details about the nature and experience of COVID-19 for young people, see the *Mission Australia Youth Survey COVID-19 Report – Young Voices of the Pandemic*.[18]

[13] Chan and Fung (2014); Green et al. (2010)
[14] Lawrence et al. (2015)
[15] Hall et al. (2019)
[16] Headspace: National Youth Mental Health Foundation (August, 2020)
[17] Li et al. (2021)
[18] Greenland and Hall (2021)

Method

The Mission Australia *Youth Survey* is the largest annual survey of young people of its kind in Australia. In 2020, Mission Australia conducted its 19th annual survey, receiving 25,800 responses from young people aged 15 to 19 years. The 2020 *Youth Survey* was conducted between April and August 2020, when much of the country was subject to restrictions on movement and activities due to COVID-19.

The *Youth Survey* provides a 'pulse check' on the thoughts, concerns and aspirations of young people in Australia. 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
- Psychological distress
- Unfair treatment and sources of support

"[My biggest personal concern is] coping with mental health issues! Establishing an open conversation is essential in killing the stigma of mental health issues – I'm finding particularly important with my male friends. Not just help for mental health issues, but the reassurance that it's okay to not be okay…"
Female, 17, Non-Indigenous, NSW

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 traditionally runs between April and August.

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 is particularly powerful at detecting depressive and anxiety disorders.[19] It consists of a brief, six-item scale that asks respondents how frequently in the **past four weeks** they have 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.[20] Based on established scoring criteria, the K6 can be used to classify *Youth Survey* respondents into three groups – low psychological distress (mental disorder unlikely), medium psychological distress (mental disorder possible) and high psychological distress (mental disorder very likely).[21] Young people who scored 19 or more in the K6 were classified as having psychological distress and all those who scored 18 or below were classified as not having psychological distress.[22]

Responses to the K6 between 2012 and 2020 have been analysed descriptively as well as with a statistical technique called logistic regression in this report. This is the first time in the history of the *Youth Survey* that a complex and comprehensive statistical analysis has been applied to the cohort data. These analyses compare different cross-sectional cohorts to provide insight into the changes in psychological distress of young people between 2012 and 2020.

It should be noted that there are limitations to the K6.[23] There is a need for mental health and wellbeing assessment tools specifically for Aboriginal and Torres Strait populations that can account for cultural differences and experiences like racism and other challenges that disproportionately impact this population. Mission Australia will continue to work with mental health experts to explore culturally appropriate ways of assessing the mental health and wellbeing of young people in future surveys.

Youth Survey design has been recently 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*.

Each year a special focus topic is incorporated in the survey; for 2020, a series of questions on unfair treatment and lifestyle were included, which have been incorporated into this report.

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 has been ethically obliged to report re-identifiable information back to school principals (except in WA) 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 to assist in ensuring the young person's safety and wellbeing. This procedure was undertaken at weekly intervals during the data collection period in 2020. Anecdotally, this process has been found to be beneficial for young people, with schools providing support where needed.

[19] Furukawa et al. (2003); Prochaska et al. (2012)
[20] Kessler et al. (2003); Kessler et al. (2010)
[21] Australian Bureau of Statistics (2012)
[22] Australian Bureau of Statistics (2012)
[23] 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, Lifeline, Qlife or headspace, with contact details provided.

Profile of *Youth Survey* 2020 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 2020:

- 56.2% respondents were female, 41.2% were male, 1.6% were another gender identification and 1.1% preferred not to say.
- 1,129 (4.4%) respondents identified as Aboriginal and/or Torres Strait Islander.
- 3,823 (15.0%) respondents stated they were born overseas.
- 5,061 (19.9%) young people reported speaking a language other than English at home.
- Four in 10 (39.9%) respondents stated that one or both of their parents were born overseas.
- 1,658 (6.6%) respondents identified as living with disability.[24]
- 26.6% of respondents reported psychological distress while 73.4% did not report psychological distress.

The *Youth Survey* sample looks similar to the population of young people living in Australia in 2020. For example, the Australian Institute of Health and Welfare reported that 5.1% of the young person population identified as Aboriginal and/or Torres Strait Islander, 25% were born overseas, 9.3% reported living with a disability, and 51% identified as male (compared to 49% as female).[25] Methodological differences between the two datasets may explain slight differences in proportions.

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. Significant testing is displayed for select variables where this has been performed in section one and two of the report. For further information about this, please refer to Appendix. Please note that data in section three and four did not get tested for significance.

[24] Note that type of disability was not defined. Endorsement could indicate physical, mental, neurological or any other type of disability.
[25] Australian Institute of Health and Welfare (2021a)

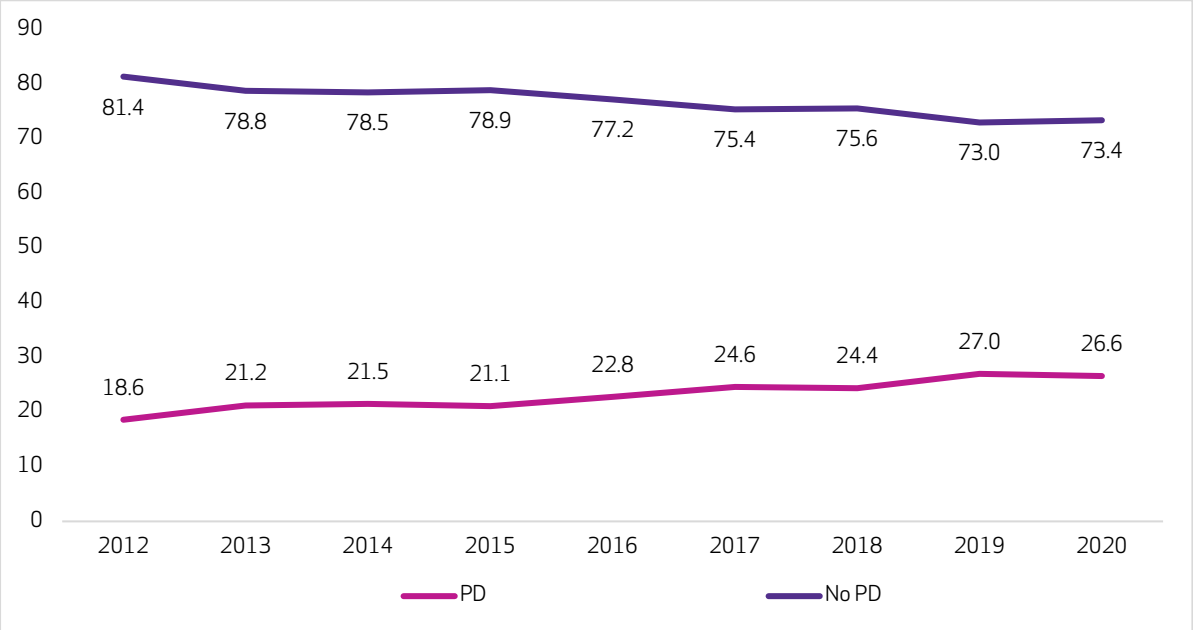
Key Findings

The key findings are organised into four sections. Section one looks at the prevalence of psychological distress (PD) over time, specifically from 2012 to 2020. Section two identifies individual characteristics that are associated with psychological distress in young people in Australia, using the 2020 data. Section three delves deeper into the 2020 *Youth Survey* data to showcase how young people with psychological distress think, feel and act. Section four focuses on help-seeking behaviour reported in the 2020 survey, specifically who young people turn to and what barriers may prevent them from seeking help.

Section One: Psychological distress in young people over time — *Youth Survey* 2012-2020

Figure 1 shows an increase in the proportion of young people with psychological distress between 2012 and 2020. In 2012, close to one in five (18.6%) young people report psychological distress and in 2020, it is over a quarter (26.6%). Statistical tests confirmed that proportions of psychological distress have generally increased over the period between 2012 and 2020. There were no significant differences between 2019 and 2020 proportions (*ps* > .14). Psychological distress scores may be reflective of when data was collected — the bulk of responses were collected in July-August 2020 after the peak impact of COVID-19 in Australia, with the exception of Victoria, which was in peak lockdown during this time. See Appendix for additional details about complex statistical analyses and more detailed results.

Figure 1: Young people with PD vs. those with no PD, 2012-2020



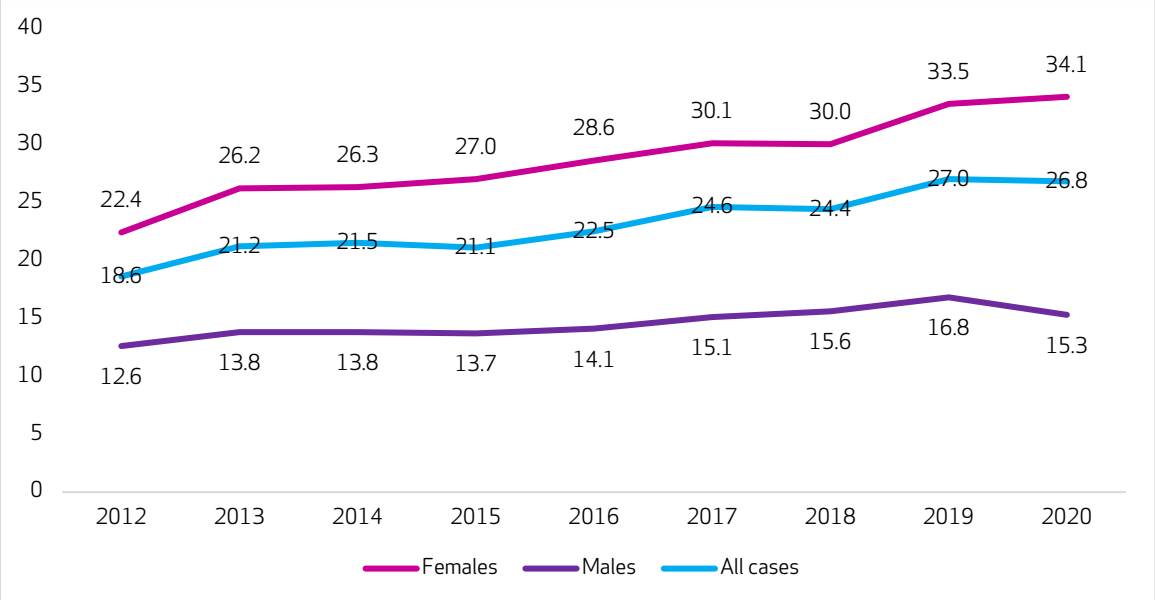
Sample: 2012 n=14,741, 2013 n=13,876, 2014 n=13,133, 2015 n=18,435, 2016 n=21,172, 2017 n=23,209, 2018 n=26,988, 2019 n=24,014 and 2020 n=25,103

As seen in Figure 2, twice as many females compared to males experienced psychological distress since 2012. While both proportions have risen between 2012 and 2020, the proportion of females with psychological distress has shown a much greater increase (11.7%) — from over one fifth (22.4%) in 2012 to over one third (34.1%) in 2020. Comparatively, the proportion of males with psychological distress has seen a much smaller increase (2.7%) — from 12.6% in 2012 to 15.3% in 2020. Statistical tests confirmed that proportions of psychological distress have increased to a greater extent for females compared to males from 2012 to 2020 (see Appendix).

"[My biggest personal concern is] my mental health and keeping up with school. I feel as though this has definitely been one of my hardest years at school, not necessarily because of the work but because of my mental health. Issues with my mental well-being has interfered with ability to do as well as I had hoped and at times just makes me feel more discouraged to continue even trying to do school. I'm not really sure what needs to be done; I know at my school, I am getting support but I feel like my issues with school need to be fixed by myself..."

Female, 16, Non-Indigenous, SA

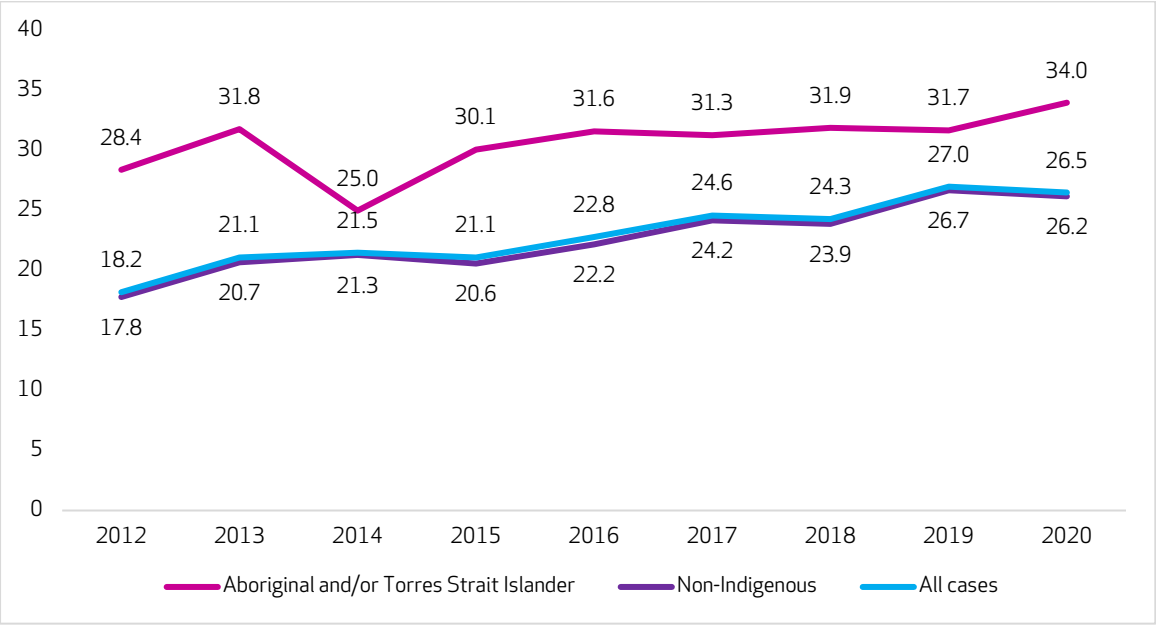
Figure 2: Psychological distress in young people aged 15-19, by gender, 2012-2020



Female sample who answered K6: 2012 n=8,991, 2013 n=8,203, 2014 n=8,029, 2015 n=10,209, 2016 n=11,317, 2017 n=13,412, 2018 n=15,003, 2019 n=13,546 and 2020 n=13,307
Male sample who answered K6: 2012 n=5,613, 2013 n=5,614, 2014 n=5,061, 2015 n=8,168, 2016 n=9,162, 2017 n=9,117, 2018 n=11,164, 2019 n=9,711 and 2020 n=9,701

Across all years, a higher proportion (on average 8.0%) of Aboriginal and/or Torres Strait Islander young people reported experiencing psychological distress than non-Indigenous young people (see Figure 3). The proportion of Aboriginal and/or Torres Strait Islander young people with psychological distress rose by 5.6% — from 28.4% in 2012 to 34.0% in 2020. Statistical tests confirmed that the proportion of psychological distress was higher for Aboriginal and/or Torres Strait Islander young people overall compared to non-Indigenous young people. Aside from 2014 to 2015, the proportion of psychological distress for Aboriginal and/or Torres Strait Islander young people has not significantly increased over time. In contrast, the proportion of psychological distress for non-Indigenous young people has significantly increased between 2012 and 2020 (see Appendix).

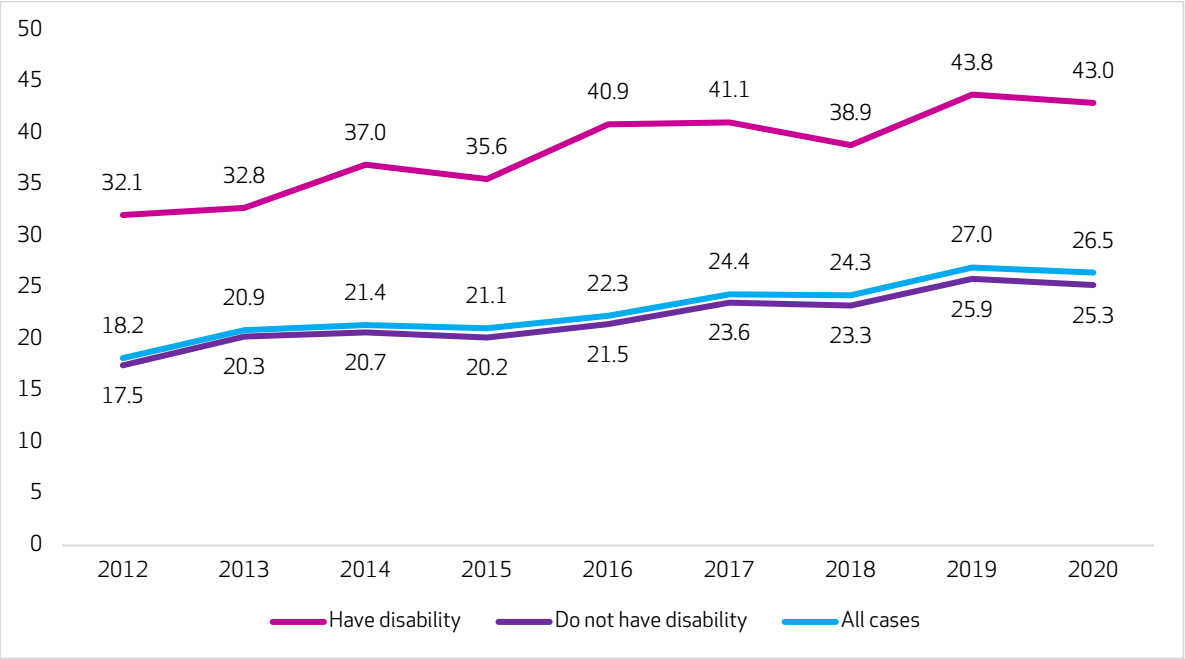
Figure 3: Psychological distress in young people aged 15-19, by Aboriginal and/or Torres Strait Islander status, 2012-2020



Aboriginal and/or Torres Strait Islander sample who answered K6: 2012 n=602, 2013 n=507, 2014 n=697, 2015 n=1,078, 2016 n=1,237, 2017 n=1,196, 2018 n=1,479, 2019 n=1,495 and 2020 n=1,097
Non-Indigenous sample who answered K6: 2012 n=13,277, 2013 n=13,121, 2014 n=12,296, 2015 n=17,151, 2016 n=19,742, 2017 n=21,848, 2018 n=25,211, 2019 n=22,267 and 2020 n=23,811

Since 2012, a higher proportion of young people with disabilities experienced psychological distress than young people who did not have disabilities (see Figure 4). The proportion of young people with disabilities and psychological distress rose by 10.9% — from 32.1% in 2012 to 43.0% in 2020. Although the proportion of psychological distress was statistically higher for young people with disability compared to young people without disability, there was no variation in this relationship between the cohorts ($p = .81$) (see Appendix).

Figure 4: Psychological distress in young people aged 15-19, by disability status, 2012-2020



Have disability sample who answered K6: 2012 n=683, 2013 n=580, 2014 n=551, 2015 n=1,085, 2016 n=771, 2017 n=1,078, 2018 n=1,570, 2019 n=1,554 and 2020 n=1,615
Do not have disability sample who answered K6: 2012 n=13,695, 2013 n=12,984, 2014 n=12,283, 2015 n=17,148, 2016 n=19,751, 2017 n=21,743, 2018 n=24,920, 2019 n=22,460 and 2020 n=23,019

Figure 5: Types of disabilities young people with PD reported having, 2020

Sample: 2020 n=827 (people could have indicated more than one type of disability)
Note: Young people who endorsed living with disability were given the opportunity to specify the type/s of disability they experienced in a free-response question. The word cloud above consists of the most endorsed disabilities they reported.

Section Two: Identifying individual characteristics associated with psychological distress in young people — focus on 2020 data

For the first time using the *Youth Survey* data, we ran a regression analysis to supplement the descriptive analyses. Regression is a statistical technique that looks at the relationships between variables. These variables are typically called independent (or predictor) variables and dependent (or outcome) variables.

The aim of the regression analysis was to identify individual characteristics that were associated with psychological distress in young people in Australia. Based on the characteristics explored in the descriptive section of this report, the selected characteristics included age, gender, Aboriginal and/or Torres Strait Islander identification, disability status, feelings about the future, and perception of control over life. The dependent variable was psychological distress (i.e., no psychological distress or psychological distress). See Appendix for further information about the analyses.

Benefits of Using Regression

Descriptive information helps to characterise who might be experiencing psychological distress and what their lives look like. However, there are limits to the conclusions that can be drawn. Regression has several strengths that enable *more definitive* conclusions about:

1) Who is more or less likely to be suffering from psychological distress

2) The size of an effect. Effect sizes are important because they provide an indication of how meaningful the results are. The effect sizes calculated in the regression are odds ratios. Here, an odds ratio identifies whether psychological distress is more or less likely for some individuals compared to others.

Regression also provides information about whether a characteristic (e.g., age) is still influential when the effects of other characteristics (e.g., gender) are accounted for. The implication is increased confidence in the relationships identified between variables. This is crucial in a cross-sectional data set like the *Youth Survey,* where many confounding variables could be influencing the results.

A Caveat

It is important to note that the findings from the regression are *correlational* rather than causal. This means that conclusions cannot be made about whether a certain characteristic *causes* increased odds of psychological distress.

Summary of results

What characteristics were associated with psychological distress?

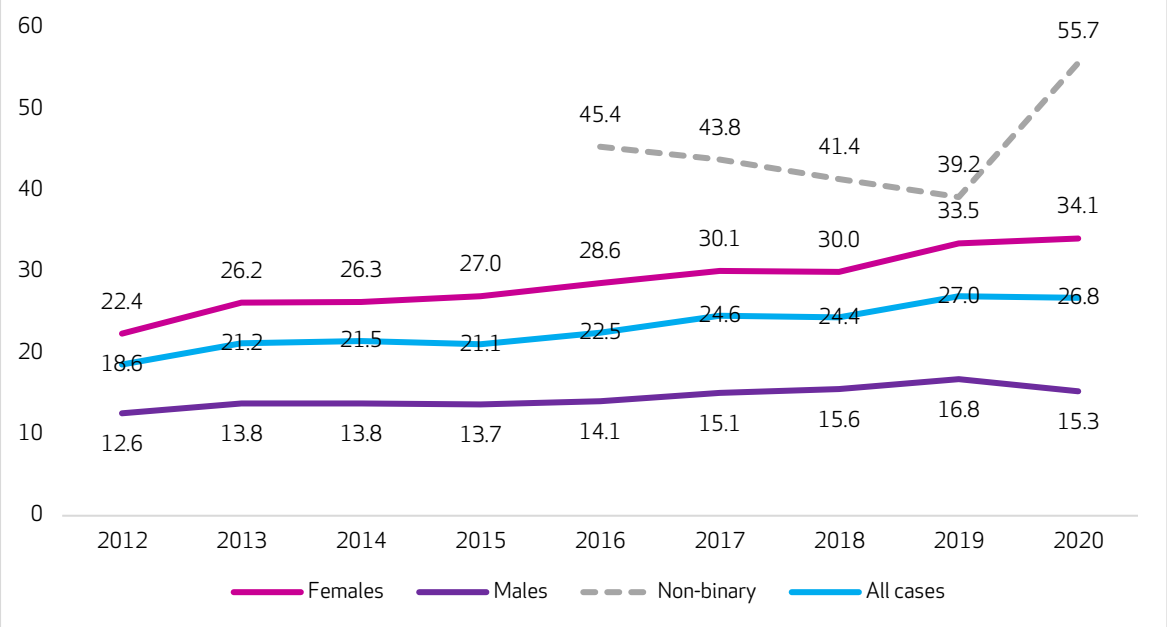
Young people had higher odds of reporting psychological distress if they were:
1) Older (compared to younger)
2) Female (compared to male)
3) Non-binary (compared to male)
4) Aboriginal and/or Torres Strait Islander (compared to non-Indigenous)
5) Living with disability (compared to not living with disability)
6) Feeling ambivalent or negative about the future (compared to positive)
7) Feeling no or limited control over their lives (compared to feeling in control)

Spotlight on young people who identify themselves as non-binary

The following figure and table put a spotlight on this cohort and the responses they gave on the topics featured in this report.

One of the findings from the regression analysis was that young people who identified as non-binary had higher odds of reporting psychological distress. Due to the small sample (n=375), this cohort is not included alongside females and males when gender differences are presented throughout the descriptive analyses.

Figure 6: Psychological distress in young people aged 15-19, by gender, 2012-2020



Female sample who answered K6: 2012 n=8,991, 2013 n=8,203, 2014 n=8,029, 2015 n=10,209, 2016 n=11,317, 2017 n=13,412, 2018 n=15,003, 2019 n=13,546 and 2020 n=13,307
Male sample who answered K6: 2012 n=5,613, 2013 n=5,614, 2014 n=5,061, 2015 n=8,168, 2016 n=9,162, 2017 n=9,117, 2018 n=11,164, 2019 n=9,711 and 2020 n=9,701
Non-binary sample who answered K6: The option of 'other/something else' was first included in 2016. 2016 n=346, 2017 n=656, 2018 n=768, 2019 n=398 and 2020 n=375

Table 1: Young people aged 15-19 and non-binary with PD, and their responses, 2020

Topic	Responses					
Perception of control over life (n=209)	Complete control (2.9%)	Mostly in control (10.5%)	Some control (34.0%)	Almost no control (25.4%)	No control (27.3%)	
Top 5 aspects of life that were important (n=206-208)	Friendships (59.6%)	Mental health (56.3%)	Financial security (50.0%)	School or study satisfaction (42.0%)	Family relationships (39.3%)	
Top 5 issues of personal concern (n=205-208)	Mental health (78.7%)	LGBTIQA+ issues (75.0%)	Coping with stress (69.9%)	Body image (56.5%)	Suicide (55.8%)	
Screen-time per day (n=206)	No screen-time (0.5%)	1-2 hours (3.9%)	3-4 hours (13.1%)	5-6 hours (16.5%)	7-8 hours (17.5%)	9 hours or more (48.5%)
Hours of sleep per night (n=207)	6 hours of less (57.0%)	7-8 hours (29.0%)	9-10 hours (7.7%)	11 hours or more (6.3%)		
Hours of exercise (n=205)	No exercise (22.4%)	1-2 hours (31.7%)	3-4 hours (17.1%)	5-6 hours (9.8%)	7-8 hours (2.4%)	9 hours of more (16.6%)
Unfair treatment (n=207)	Yes (77.8%)	No (22.2%)				
Top 5 reasons for unfair treatment (n=161)	Sexuality (76.4%)	Gender (75.2%)	Mental health (57.8%)	Disability (32.9%)	Age (28.6%)	
Top 5 sources of help (n=206-208)	Friend/s (63.8%)	Internet (49.5%)	GP/health professional (42.0%)	Mobile apps (33.0%)	Social media (29.8%)	
Top 5 barriers to getting help (n=209)	Scared/anxious (69.9%)	Feeling embarrassed (61.7%)	Feeling I can deal with it myself (60.8%)	Not knowing what kind of help I need (59.8%)	Stigma/judgement (52.6%)	

Note: The dark purple boxes indicate top responses or responses that align with key insights that have been discussed in the report

"[My biggest personal concern is] LGBTIQA+ issues and mental health issues related to that (issues of concern). I would like some more understanding of this and general acceptance within the community..."
Non-binary, 16, Non-Indigenous, NSW

Section Three: How young people with psychological distress think, feel, and act — focus on 2020 data

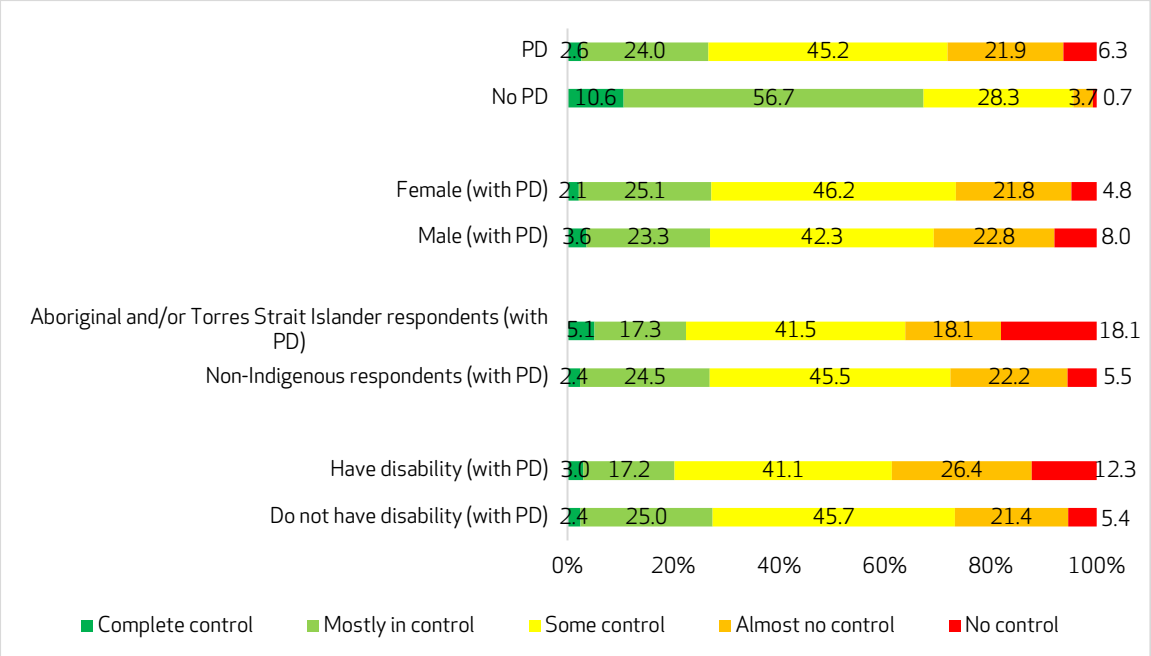
Perception of control over life

The 2020 *Youth Survey* asked young people to rate how much control they felt they have over their life on a 5-point scale that ranged from *no control* to *complete control*.

As seen in Figure 7:

- Young people with psychological distress were nine times (6.3%) more likely to indicate feeling as though they had *no control* over their life than young people without psychological distress (0.7%).
- Almost double the proportion of male respondents with psychological distress reported feeling as though they had *no control* over their life compared to female respondents with psychological distress (8.0% vs. 4.8%).
- Aboriginal and/or Torres Strait Islander young people with psychological distress were more than three times as likely as their non-Indigenous peers with psychological distress to report feeling as though they had *no control* over their life (18.1% vs. 5.5%).
- A higher proportion of young people with psychological distress and disability indicated feeling that they had *no control* over their life compared to young people with psychological distress and no disability (12.3% vs. 5.4%).

Figure 7: Perception of control over life among young people aged 15-19, by PD, gender, Aboriginal and/or Torres Strait Islander status and disability status, 2020



Sample: 2020 PD n=6,640, no PD n=18,372, female (with PD) n=4,517, male (with PD) n=1,482, Aboriginal and/or Torres Strait Islander (with PD) n=371, non-Indigenous (with PD) n=6,207, have disability (with PD) n=693, do not have disability (with PD) n=5,810

There were no major observable differences in perception of control over life for young people with psychological distress by age groups or location.

Aspects of life that were important in the past year

Young people were asked to rate how important eight aspects of life were to them in the past 12 months, shown in Table 2. Responses were rated on a 5-point scale, ranging from *not at all important* to *extremely important*. The items were ranked according to the summed responses for *extremely important* or *very important* for each item by those with psychological distress.

As can be seen in Table 2, the top three aspects of life young people with psychological distress considered important in the past year were *friendships*, *family relationships* and *mental health* (77.8%, 68.7% and 64.7%). *Friendships* and *family relationships* were also the most important aspects of life for respondents without psychological distress, followed by *school or study satisfaction* (84.3%, 82.6% and 70.0%).

A higher proportion of respondents without psychological distress considered *physical health* to be an important aspect of life than those with psychological distress (69.5% vs. 54.0%).

Table 2: Young people aged 15-19 and aspects of life they considered 'very' or 'extremely' important in the past year, by PD, 2020

	PD %	No PD %
Friendships	**77.8**	**84.3**
Family relationships	**68.7**	**82.6**
Mental health	**64.7**	66.2
School or study satisfaction	60.6	**70.0**
Financial security	54.4	51.1
Physical health	54.0	69.5
Getting a job	44.3	40.2
Culture	23.7	26.5

Sample: 2020 PD n=6,605-6,641, no PD n= 18,272-18,352
Note: Items are listed in order of frequency among respondents with psychological distress.

"[My biggest personal concern is] I had to flee home because of ongoing family violence. Several mental health issues stemming from that have been affecting my studies. I'm usually an academic person and I want to get into university. I worry that my grades will now be too low for my course and that without family support I won't be financially able to complete university with just my Centrelink benefits or a job…."
Female, 17, Aboriginal and/or Torres Strait Islander, VIC

As seen in Table 3:

- Almost two thirds (65.7%) of female respondents with psychological distress gave high importance to *school or study satisfaction*, which was higher than male respondents (48.9%) — see Appendix.
- Half (50.0%) of the Aboriginal and/or Torres Strait Islander respondents with psychological distress considered *getting a job* important in the past year.
- Over half (53.5%) of the young people with psychological distress and disability considered *financial security* as an important aspect of life.

Table 3: Young people aged 15-19 with PD and the top 5 aspects of life they considered 'very' or 'extremely' important in the past year, by gender, Aboriginal and/or Torres Strait Islander status and disability status, 2020

Cohorts	#1 aspect of life	#2 aspect of life	#3 aspect of life	#4 aspect of life	#5 aspect of life
Female (n=4,492-4,520)	Friendships (79.9%)	Family relationships (72.7%)	Mental health (68.0%)	School/study satisfaction (65.7%)	Financial security (56.1%)
Male (n=1,477-1,483)	Friendships (74.1%)	Family relationships (60.5%)	Mental health (58.0%)	Physical health (51.1%)	Financial security (50.1%)
Aboriginal and/or Torres Strait Islander (n=365-372)	Friendships (64.2%)	Family relationships (59.2%)	Mental health (53.7%)	Physical health (50.8%)	Getting a job (50.0%)
Non-Indigenous (n=6,172-6,205)	Friendships (78.7%)	Family relationships (69.4%)	Mental health (65.5%)	School/study satisfaction (61.4%)	Financial security (55.0%)
Have disability (n=686-693)	Friendships (67.9%)	Mental health (65.4%)	Family relationships (61.2%)	Financial security (53.5%)	School/study satisfaction (51.1%)
Do not have disability (n=5,778-5,812)	Friendships (79.0%)	Family relationships (69.7%)	Mental health (64.8%)	School/study satisfaction (61.8%)	Financial security (54.7%)

Note: Boxes are coloured to easily identify (visually) the different aspects for the different cohorts.

There were no major observable differences in aspects of life that were important for young people with psychological distress by age groups or location.

Issues of personal concern in the past year

Young people were asked to rate how personally concerned they were about 17 pre-defined issues in the past 12 months, shown in Table 4. 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 by those with psychological distress.

As can be seen in Table 4, the top three issues of concern for young people with psychological distress were *coping with stress*, *mental health* and *body image* (73.1%, 67.7% and 59.0%). *Coping with stress* was also the top concern for respondents without psychological distress, followed by *school or study problems* and *body image* (31.5%, 24.8% and 23.7%).

Overall, the proportion of respondents with psychological distress who indicated concern about the issues was much higher than the proportion of young people without psychological distress as seen in proportions of young people reporting *school or study problems* (53.6% vs. 24.8%), *family conflict* (31.4% vs. 10.1%), *bullying/emotional abuse* (27.1% vs. 7.1%), *physical health* (36.1% vs. 20.0%), *personal safety* (27.3% and 11.2%) and *suicide*. Over five times the proportion of young people with psychological distress reported concerns about *suicide* compared to respondents without psychological distress (31.1% vs. 6.0%).

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. 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 4: Young people aged 15-19 and the issues they were 'very' or 'extremely' concerned about, by PD, 2020

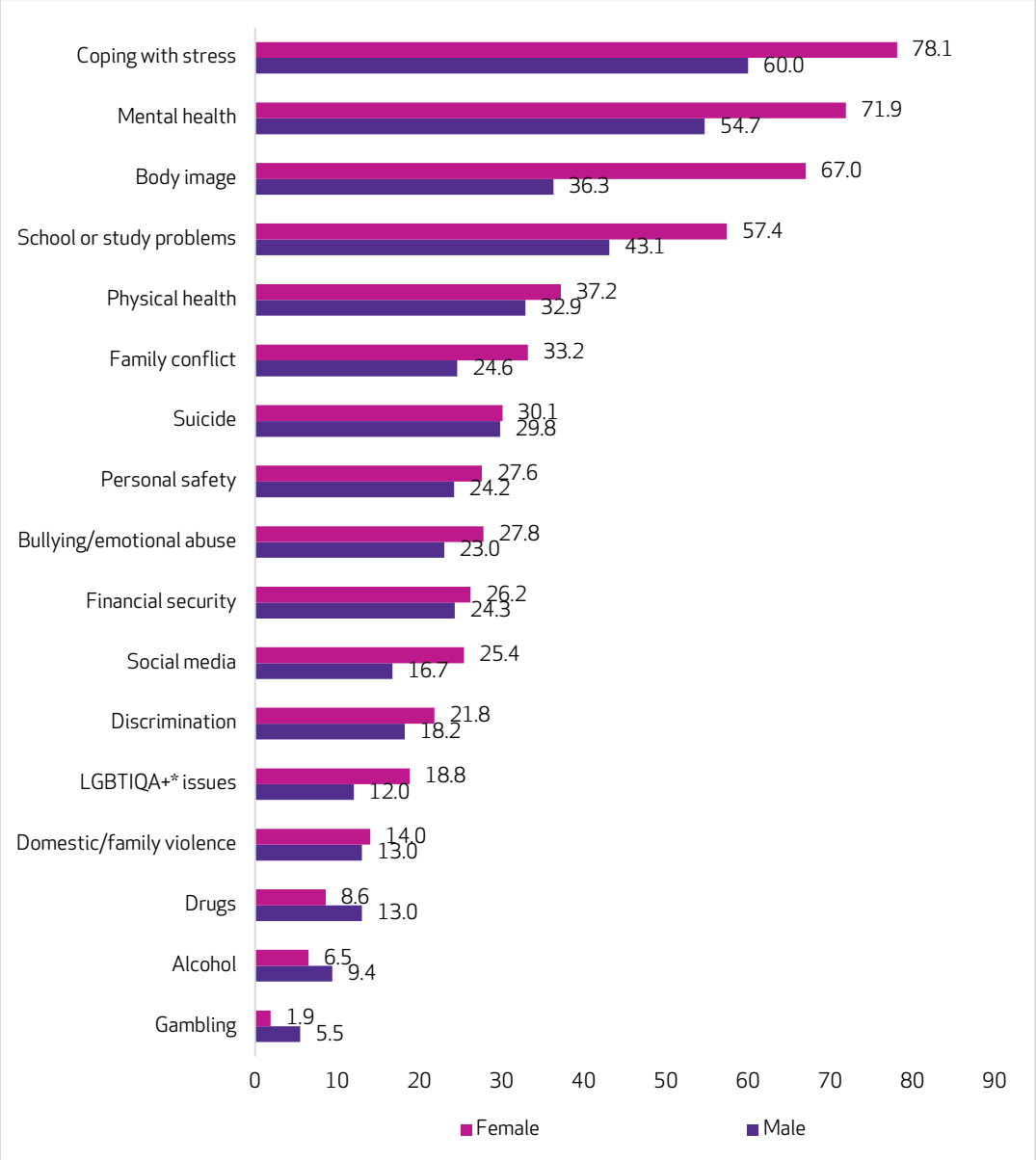
	PD %	No PD %
Coping with stress	**73.1**	**31.5**
Mental health	**67.7**	21.8
Body image	**59.0**	**23.7**
School or study problems	53.6	**24.8**
Physical health	36.1	20.0
Family conflict	31.4	10.1
Suicide	31.1	6.0
Personal safety	27.3	11.2
Bullying/emotional abuse	27.1	7.1
Financial security	26.0	10.2
Social media	23.4	9.2
Discrimination	21.8	9.0
LGBTIQA+* issues	19.4	6.1
Domestic/family violence	14.4	5.2
Drugs	10.2	4.1
Alcohol	7.6	3.1
Gambling	3.5	2.0

Sample: 2020 PD n=6,597-6,645, no PD n=18,251-18,383
Note: Items are listed in order of frequency among respondents with psychological distress.
*Lesbian, Gay, Bisexual, Trans, Intersex, Queer, Asexual issues.

As seen in Figure 8, a higher proportion of females with psychological distress were concerned about *coping with stress*, *mental health* and *body image* compared to males with psychological distress (78.1% vs. 60.0%, 71.9% vs. 54.7% and 67.0% vs. 36.3%).

Females were also more concerned about *school or study satisfaction*, *social media, suicide* and *LGBTIQA+ issues* than males. Males with psychological distress were more concerned about *drugs*, *gambling* and *alcohol* than females.

Figure 8: Young people aged 15-19 with PD and the issues they were 'very' or 'extremely' concerned about, by gender, 2020

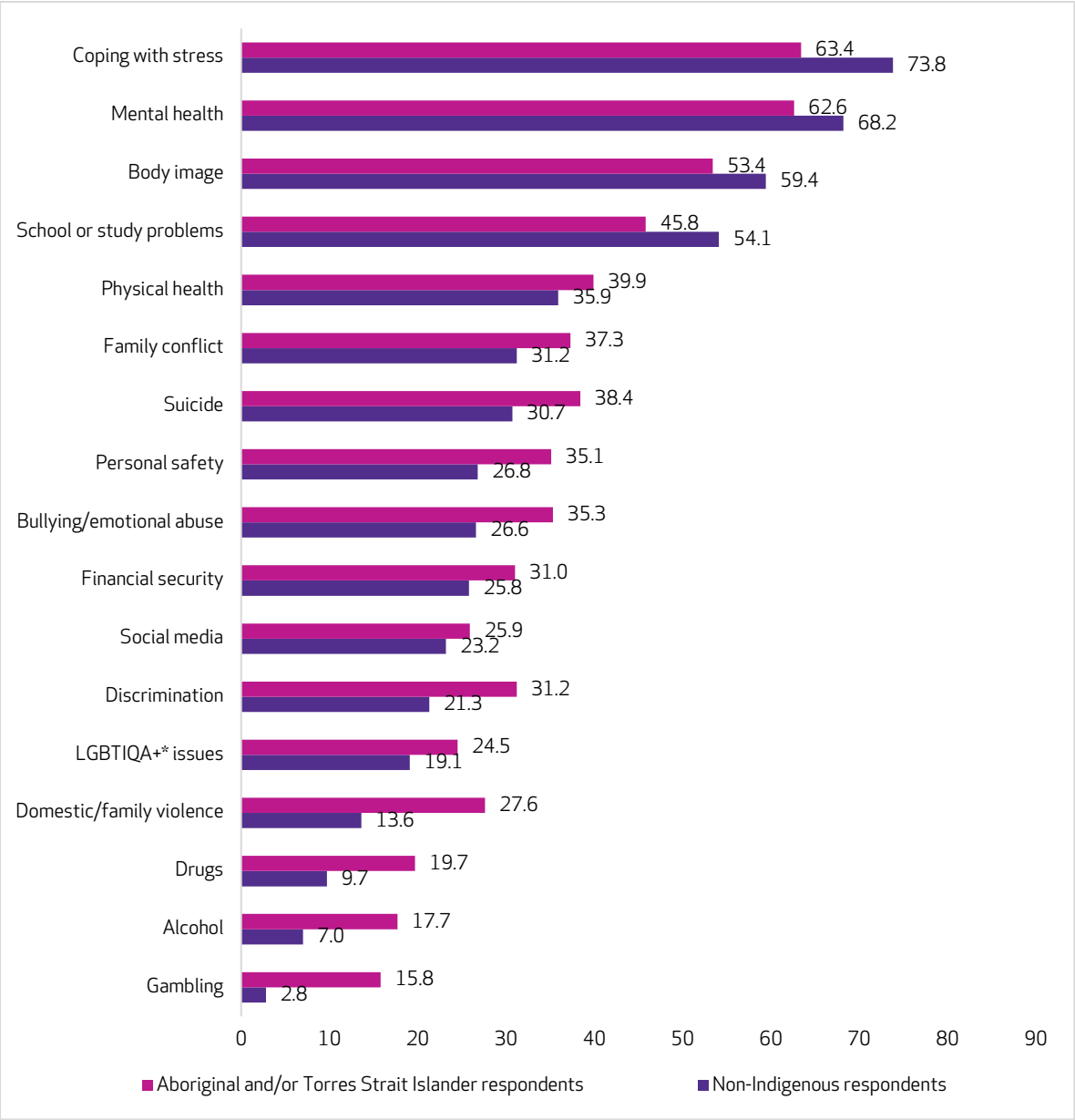


Sample: 2020 female (with PD) n=4,486-4,520, male (with PD) n=1,470-1,486
Note: Items are listed in order of frequency among respondents with psychological distress.
*Lesbian, Gay, Bisexual, Trans, Intersex, Queer, Asexual issues.

A higher proportion of non-Indigenous respondents were concerned about *coping with stress*, *mental health* and *body image* compared to Aboriginal and/or Torres Strait Islander young people with psychological distress — despite it being the top three personal issues of concern for them as well. See Figure 9.

Issues of concern that were much higher for Aboriginal and/or Torres Strait Islander young people with psychological distress than non-Indigenous young people with psychological distress were *discrimination, domestic/family violence, gambling, alcohol* and *drugs*.

Figure 9: Young people aged 15-19 with PD who were 'very' or 'extremely' concerned about issues, by Aboriginal and/or Torres Strait Islander status, 2020

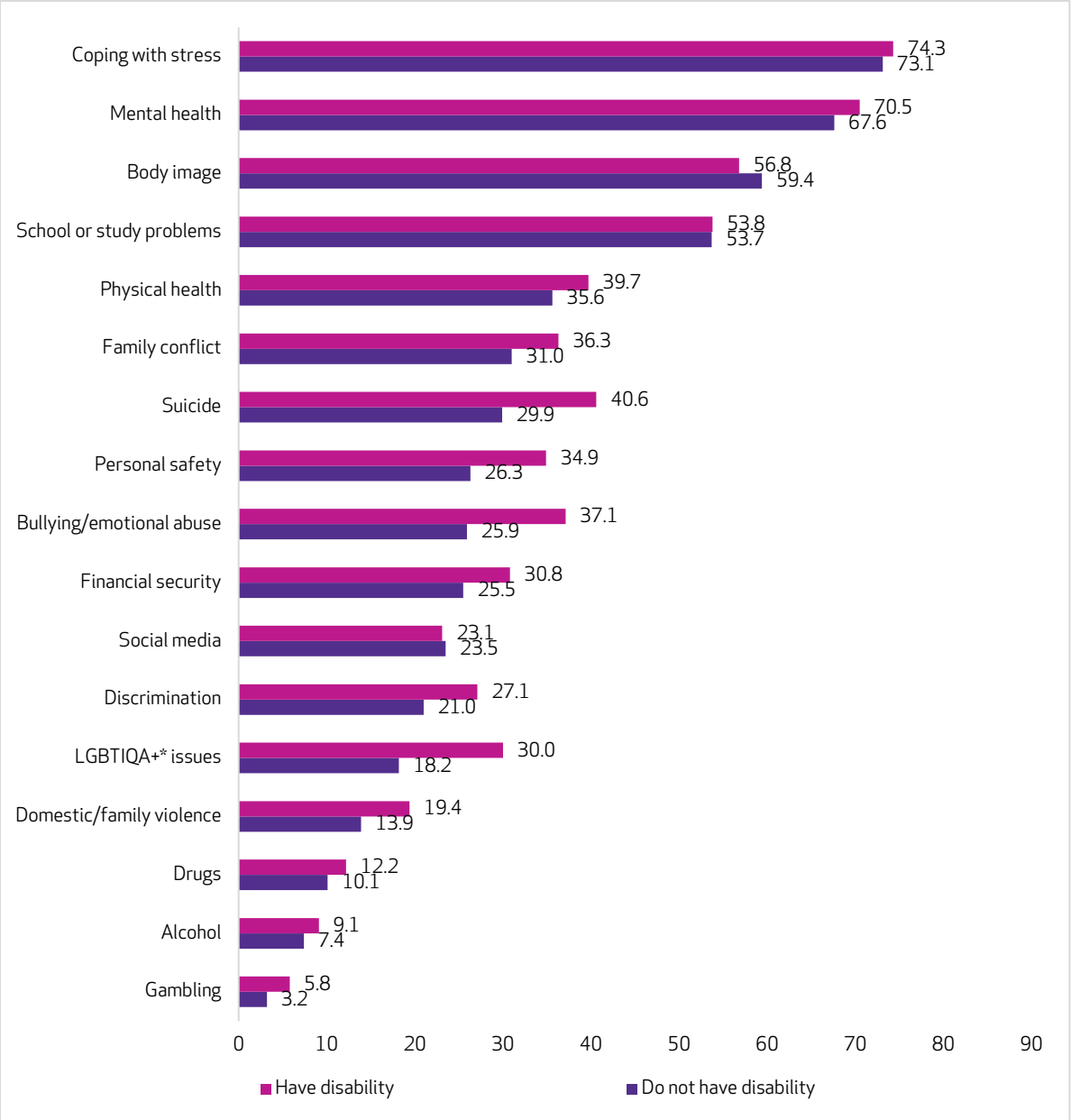


Sample: 2020 Aboriginal and/or Torres Strait Islander (with PD) n=365-373, non-Indigenous (with PD) n=6,163-6,210
Note: Items are listed in order of frequency among respondents with psychological distress.
*Lesbian, Gay, Bisexual, Trans, Intersex, Queer, Asexual issues.

Figure 10 below shows that the top three issues were the same for psychologically distressed respondents with disability and those without disability. These were: *coping with stress*, *mental health* and *body image.*

A higher proportion of young people with psychological distress and disability were concerned about *LGBTIQA+ issues, personal safety* and *family conflict* than those without disability.

Figure 10: Young people aged 15-19 with PD who were 'very' or 'extremely' concerned about issues, by disability status, 2020



Sample: 2020 have disability (with PD) n=685-694, do not have disability (with PD) n=5,767-5,815
Note: Items are listed in order of frequency among respondents with psychological distress.
*Lesbian, Gay, Bisexual, Trans, Intersex, Queer, Asexual issues.

There were no major observable differences in personal issues of concern for young people with psychological distress by age groups or location.

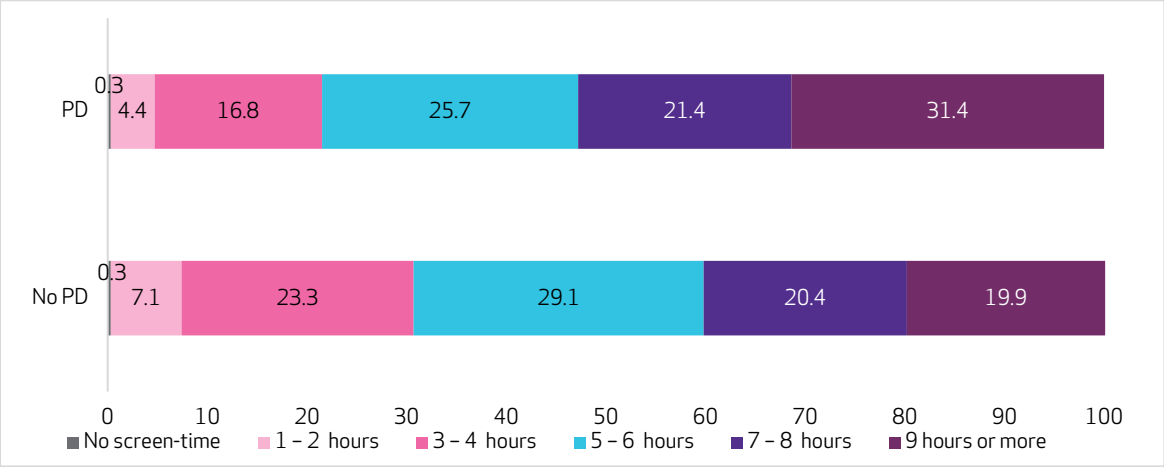
Screen-time, sleep behaviour and physical activity

For the first time in 2020, young people were asked to report on average how many hours they spent in front of screens each day, how many hours they slept each night and how many hours they exercised per week. The amount of screen time, sleep and physical activity reported by young people were compared to national guidelines (i.e., Australia's Physical Activity and Sedentary Behaviour Guidelines and the Australian 24-Hour Movement Guidelines[26]). This comparison provides insight into whether young people were doing more or less than what is recommended for their age group, and therefore offer an indication of healthy (or unhealthy) lifestyle.

Screen-time

The current guidelines suggest no more than two hours of sedentary recreational screen time per day, not including screen time for school work.[27] These guidelines apply to children and young people from 5-17 years. As shown in Figure 11, most young people reported spending three or more hours on their screens regardless of psychological distress level. Although exceeding the suggested guidelines, this aligns with prior work showing that young people typically report between 2-6 hours per day.[28] The only difference between distress levels for screen time was at the extreme end, with a higher proportion of young people with psychological distress spending *9 hours or more* in front of screens each day compared to those without psychological distress (31.4% vs. 19.9%). The relatively high levels of screen-time reported by most young people may reflect the impact of COVID-19 physical distancing, restrictions, and lockdowns on the way that they engaged with schooling and their peers. The *Youth Survey* findings generally align with a recent meta-analysis showing that there is a negligible to small effect of screen-time on the prevalence of mental health problems (e.g., depression, anxiety) in young people.[29]

Figure 11: Screen-time* per day among young people aged 15-19, by PD, 2020



Sample: 2020 PD n=6,631, no PD n=18,354

*Note: the results may include school-based screen-time.

There were no major observable differences in screen-time usage per day for young people with psychological distress by gender, age groups, Aboriginal and/or Torres Strait Islander status, location or disability status.

[26] Australian Government (May, 2021)
[27] Australian Government (May, 2021)
[28] Li et al. (2021)
[29] Tang et al. (2021)

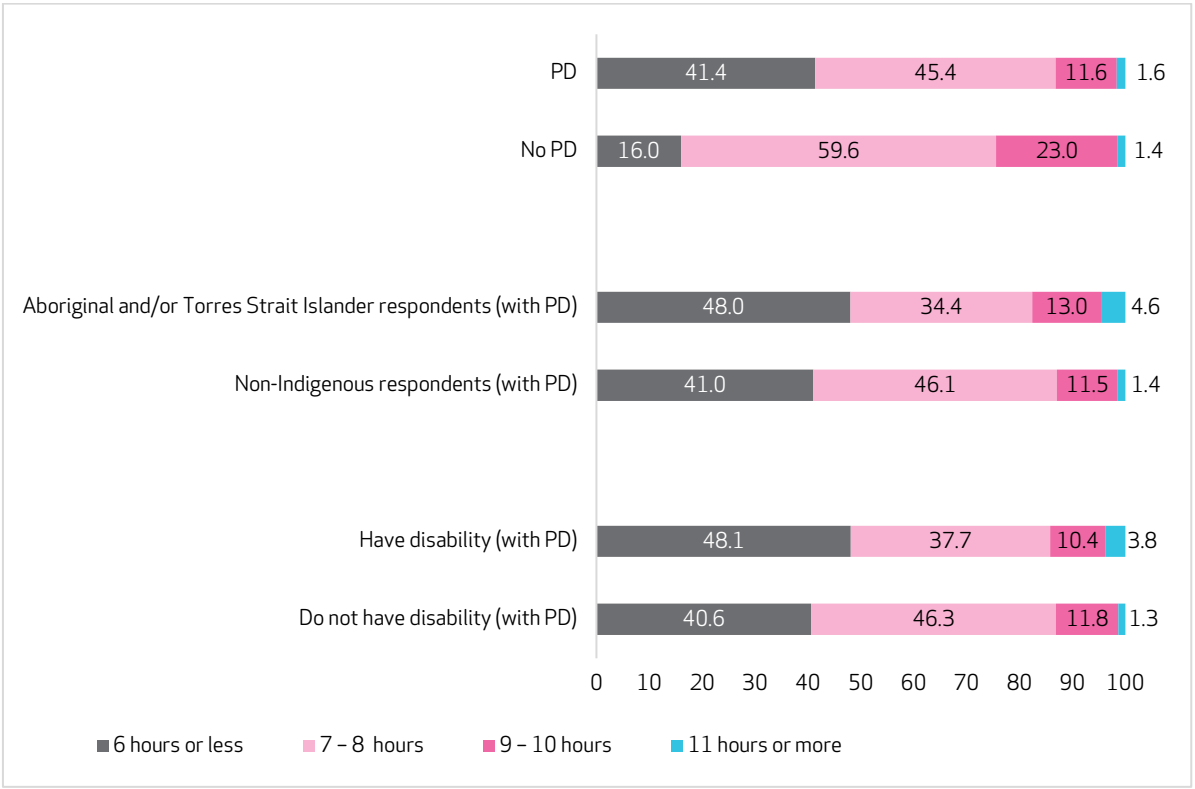
Sleep behaviour

As shown in Figure 12, a higher proportion of young people with psychological distress reported sleeping on average *6 hours or less* per night compared with young people without psychological distress (41.4% vs. 16.0%). This is well below the national guidelines that states young people should get 8-10 hours of uninterrupted sleep.[30] Only 13.2% of young people with psychological distress, and 24.4% of those without psychological distress, reported getting 9 or more hours of sleep each night.

As seen in Figure 12:

- More Aboriginal and/or Torres Strait Islander respondents with psychological distress reported sleeping on average *6 hours or less* per night than non-Indigenous respondents with psychological distress (48.0% vs. 41.0%).
- A higher proportion (7.5% higher) of young people with psychological distress and disability reported sleeping on average *6 hours or less* per night compared to young people without disability (48.1% vs. 40.6%).

Figure 12: Hours of sleep per night among young people aged 15-19, by PD, Aboriginal and/or Torres Strait Islander status and disability status, 2020



Sample: 2020 PD n=6,641, no PD n=18,389, Aboriginal and/or Torres Strait Islander (with PD) n=369, non-Indigenous (with PD) n=6,216, have disability (with PD) n=692, do not have disability (with PD) n=5,815

There were no major observable differences in hours of sleep per night for young people with psychological distress by gender, age groups or location.

[30] Australian Government (May, 2021)

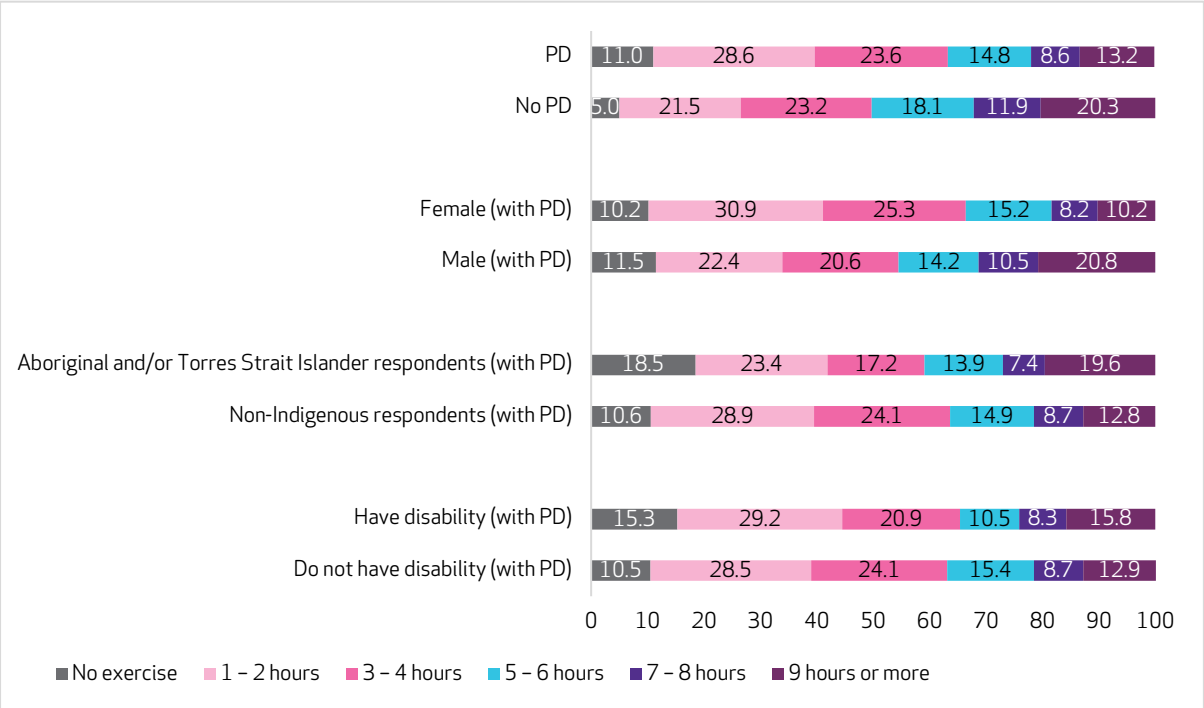
Physical activity

As shown in Figure 13, a higher proportion of young people with psychological distress reported *no exercise* compared to young people without psychological distress (11.0% vs. 5.0%).

As seen in Figure 13:

- A higher proportion of Aboriginal and/or Torres Strait Islander young people with psychological distress reported *no exercise* compared to non-Indigenous respondents (18.5% vs. 10.6%).
- Slightly more young people with psychological distress and disability reported *no exercise* compared to young people with no disability (15.3% vs. 10.5%).

Figure 13: Hours of exercise per week among young people aged 15-19, by PD, gender, Aboriginal and/or Torres Strait Islander status and disability status, 2020



Sample: 2020 PD n=6,607, no PD n=18,307, female (with PD) n=4.496, male (with PD) n=1.474, Aboriginal and/or Torres Strait Islander (with PD) n=367, non-Indigenous (with PD) n=6.188, have disability (with PD) n=688, do not have disability (with PD) n=5.791

There were no major observable differences in hours of exercise per week for young people with psychological distress by age groups or location.

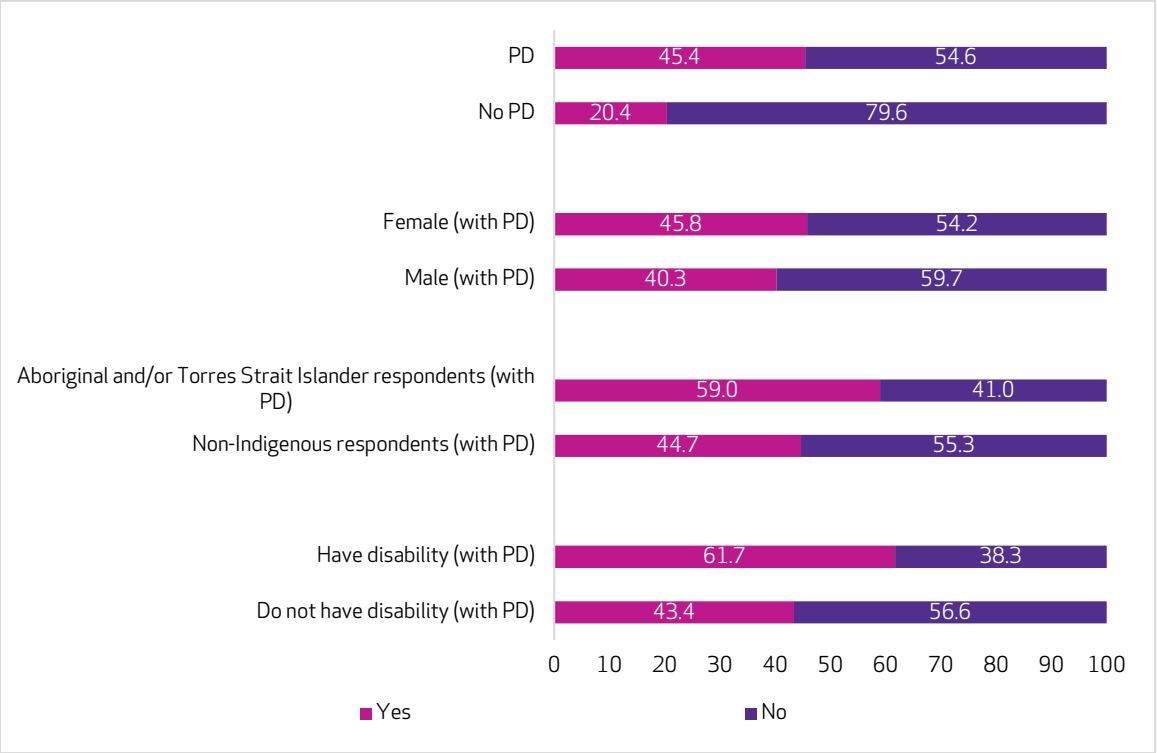
Unfair treatment

Young people were asked whether they had been treated badly/unfairly in the past year because of their *gender, race, sexuality, disability, religion* or any *other* reason in the past year.

As seen in Figure 14:

- More than double the proportion of young people with psychological distress reported they had been treated unfairly in the past year compared to respondents without psychological distress (45.4% vs. 20.4%).
- A higher proportion of females than males reported they had been treated unfairly in the past year (45.8% vs. 40.3%).
- Relative to non-Indigenous respondents, a much higher proportion of Aboriginal and/or Torres Strait Islander young people with psychological distress responded they had been treated unfairly in the past year (59.0% vs 44.7%).
- More respondents with psychological distress and disability had been treated unfairly in the past year than those without disability (61.7% vs. 43.4%).

Figure 14: Experience of unfair treatment, young people aged 15-19, by PD, gender, Aboriginal and/or Torres Strait Islander status and disability status, 2020



Sample: 2020 PD n=6,637, no PD n=18,341, female (with PD) n=4,519, male (with PD) n=1,480, Aboriginal and/or Torres Strait Islander (with PD) n=371, non-Indigenous (with PD) n=6,213, have disability (with PD) n=694, do not have disability (with PD) n=5,815

There were no major observable differences in experiences of unfair treatment for young people with psychological distress by age groups or location.

Reasons for unfair treatment

Of the 45.4% of young people with psychological distress who had experienced unfair treatment, 44.4% reported it was due to their *gender*. Over three times the proportion of young people with psychological distress reported they were treated unfairly due to their *mental health* compared to respondents without psychological distress (43.0% vs. 12.5%). See Table 5.

Table 5: Reasons for being treated unfairly, young people aged 15-19, by PD, 2020

	PD %	No PD %
Gender	**44.4**	**38.4**
Mental health	**43.0**	12.5
Sexuality	**27.2**	13.0
Race/cultural background	26.5	**33.5**
Age	23.7	**18.7**
Religion	13.2	14.1
Financial background	12.6	5.9
Disability	9.4	5.8
Other*	14.1	14.5

Sample (those who answered 'Yes' to being treated unfairly in the last year): 2020 PD n=3,015, no PD n=3,745
Note: Respondents were able to choose more than one option.
Items are listed in order of frequency among respondents with psychological distress.
*Examples of 'Other' reasons: *weight, appearance, relationships with other people, height, hair colour, hobby/interests, body, family, etc.*
Note: Items are listed in order of frequency among respondents with psychological distress.

"People think I'm crazy or something. People don't want to associate with me..."
('Other' specified) Male, 17, Non-Indigenous, WA

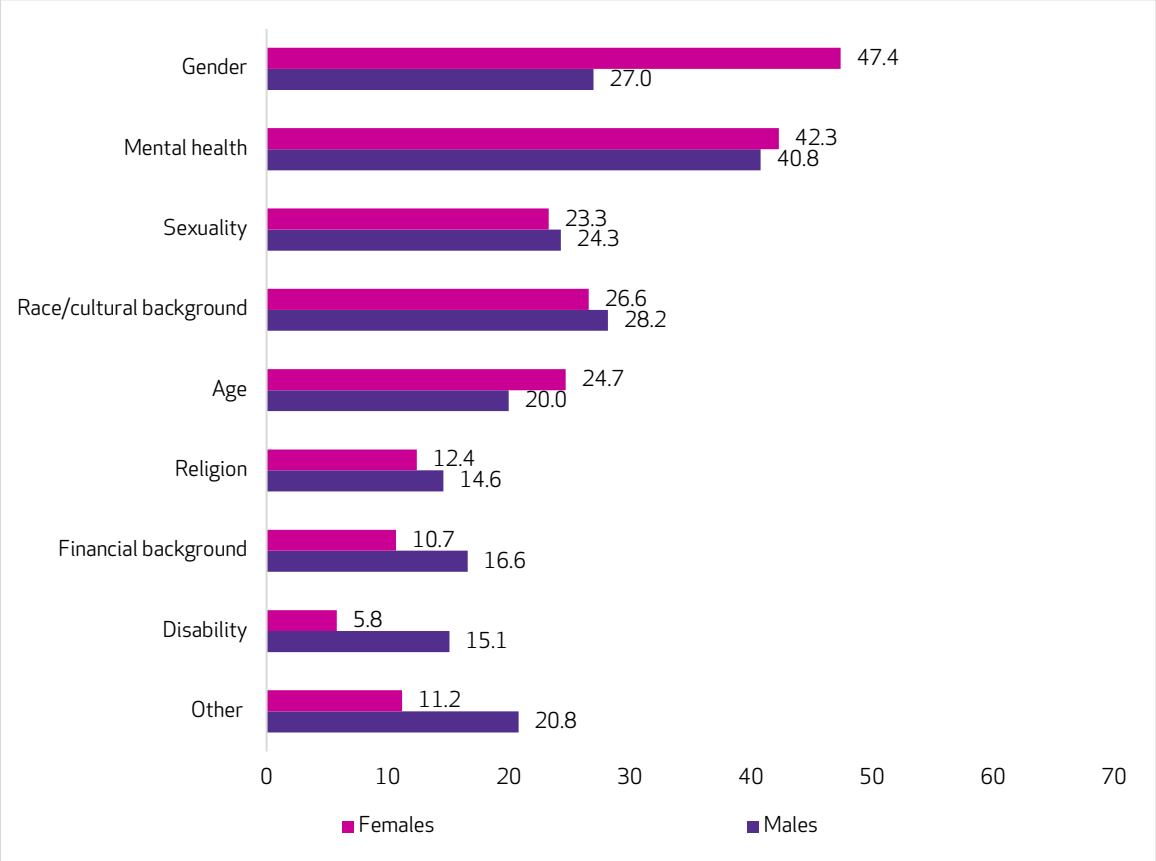
"My mental health was unstable so I tended to act without thinking sometimes and I ended causing a fuss in my old school..."
('Other' specified) Female, 16, Non-Indigenous, VIC

"I have been judged for leaving home and treated like a scum bag. Their opinion always changes when they ask what subjects I do at school or what I want to be. This is not right..."
('Other' specified) Female, 17, Aboriginal and/or Torres Strait Islander, VIC

As seen in Figure 15, a higher proportion of females with psychological distress reported being treated unfairly because of *gender* compared to males with psychological distress (47.4% vs. 27.0%).

A higher proportion of males with psychological distress reported being treated unfairly because of *disability* compared to females with psychological distress (15.1% vs. 5.8%).

Figure 15: Reasons for being treated unfairly, young people with PD aged 15-19, by gender, 2020



Sample (those who answered 'Yes' to being treated unfairly in the last year): 2020 female (with PD) n=2,068, male (with PD) n=596
Note: Respondents were able to choose more than one option.
Items are listed in order of frequency among respondents with psychological distress.

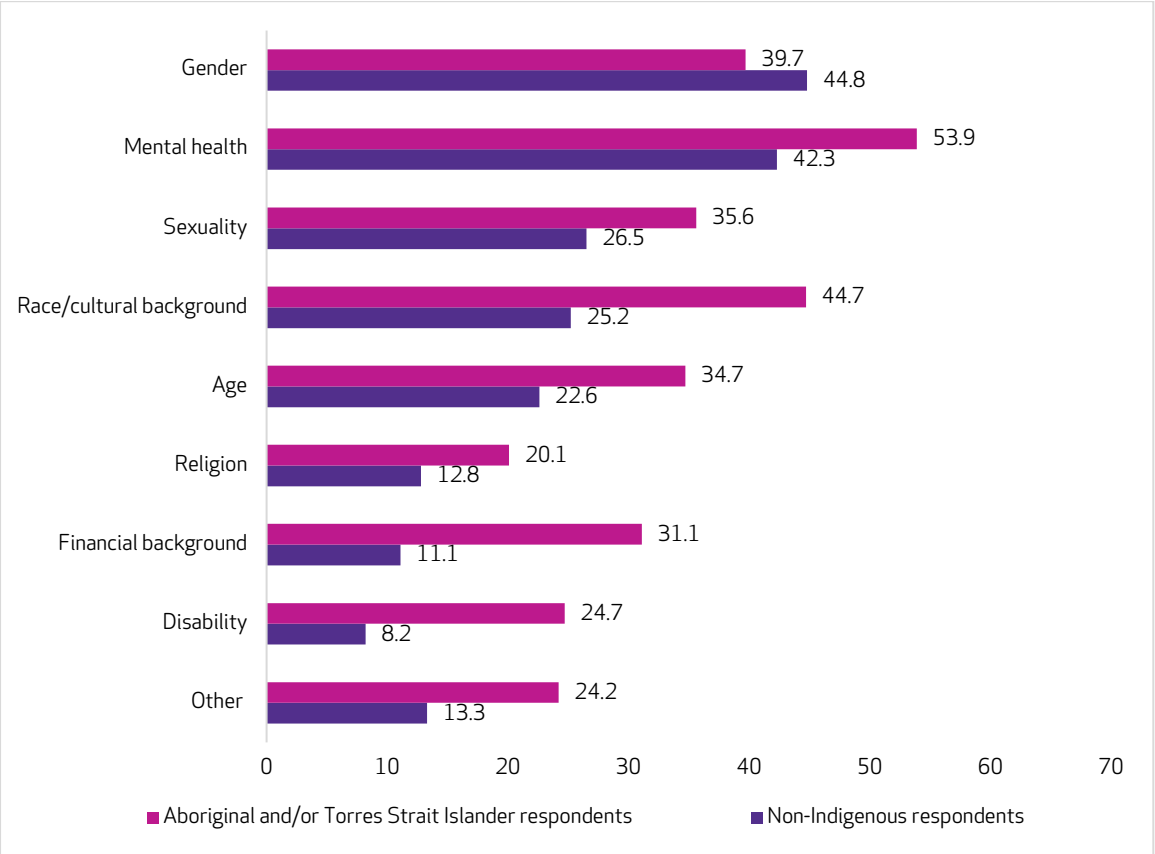
While *gender*, *mental health* and *sexuality* were the top three reasons non-Indigenous young people with psychological distress reported for being treated unfairly, this was not the case for Aboriginal and/or Torres Strait Islander young people with psychological distress — see Figure 16.

Top three reasons for experiencing unfair treatment, as reported by Aboriginal and/or Torres Strait Islander young people with psychological distress were:

- *Mental health*
- *Race/cultural background*
- *Gender*

Compared to non-Indigenous young people with psychological distress who said they were treated unfairly, a higher proportion of Aboriginal and/or Torres Strait Islander young people with psychological distress experiencing unfair treatment also stated *age, financial background* and *disability* as reasons for their unfair treatment.

Figure 16: Reasons for being treated unfairly, young people with PD aged 15-19, by Aboriginal and/or Torres Strait Islander status, 2020



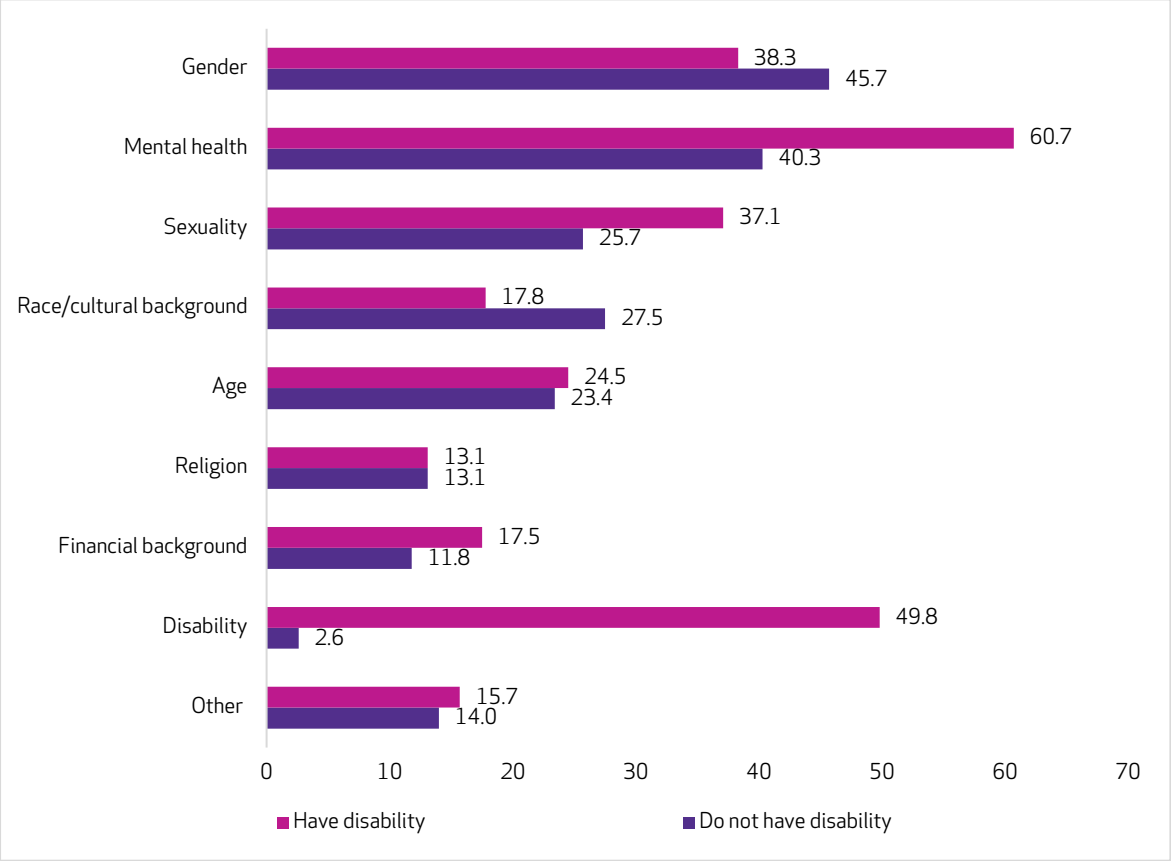
Sample (those who answered 'Yes' to being treated unfairly in the last year): 2020 Aboriginal and/or Torres Strait Islander (with PD) n=219, non-Indigenous (with PD) n=2,777
Note: Respondents were able to choose more than one option.
Items are listed in order of frequency among respondents with psychological distress.

Figure 17 below shows that the top three reasons for psychologically distressed respondents with disability to experience unfair treatment were — *mental health, disability and gender.*

Nearly half (49.8%) of the respondents with psychological distress and disability reported they were treated unfairly because of their *disability* than respondents with psychological distress and no disability (2.6%).

A higher proportion of young people with psychological distress and no disability felt they were treated unfairly because of their *race/cultural background* when compared to those with disability (27.5% vs. 17.8%).

Figure 17: Reasons for being treated unfairly, young people with PD aged 15-19, by disability status, 2020



Sample (those who answered 'Yes' to being treated unfairly in the last year): 2020 have disability (with PD) n=428, do not have disability (with PD) n=2,522
Note: Respondents were able to choose more than one option.
Items are listed in order of frequency among respondents with psychological distress.

There were no major observable differences in reasons for unfair treatment for young people with psychological distress and who felt they were treated unfairly by age groups or location.

Section Four: Seeking help — focus on 2020 data

Access to mental health services is essential if rates of mental health disorders are to be reduced.[31] Engaging with professional help and evidence-based psychological approaches early can reduce the long-term impact of many mental health problems and protect against the development of more severe forms of mental disorders.[32] For example, systematic reviews and meta-analyses have shown that prevention programs can reduce depression and anxiety in young people when delivered in schools or in the community.[33]

Unfortunately, many young people who could benefit from accessing mental health services do not get the support they need. 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.[34] Other studies have shown that young people with higher levels of psychological distress are not only those less likely to seek help, but they are also more likely to withdraw from help.[35] Many barriers — both practical and attitudinal — prevent these young people from accessing help. Some of these barriers include stigma, embarrassment, poor mental health literacy, and need for autonomy.[36]

Given the serious and long-lasting consequences of mental health problems in young people, it is critical to intervene early, improve knowledge around mental health, and encourage help-seeking behaviour. Establishing and promoting effective mental health interventions and services will ultimately help in reducing the burden on the broader public health and service system.

The current report contributes to these end-goals by characterising young people's experience of psychological distress. Understanding who is experiencing psychological distress, how this has changed over time, and how psychological distress might impact young people's lives will help ensure that policies and programs are effective in meeting young people's needs.

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 6 shows the proportion 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 (76.0% and 49.8% of young people with psychological distress compared with 86.2% and 79.6% for young people without psychological distress). The third most commonly cited source of help for young people with psychological distress was the *internet* (49.2%), while for young people without psychological distress it was a *relative/family friend* (61.3%).

[31] Colizzi, Lasalvia, and Ruggeri (2020)
[32] Wilson et al. (2010)
[33] Caldwell et al. (2019); Stockings et al. (2016); A. Werner-Seidler et al. (2017)
[34] Olesen, Butterworth, and Leach (2010)
[35] Reavley et al. (2010)
[36] Gulliver, Griffiths, and Christensen (2010); Lawrence et al. (2015); Wilson et al. (2010); Lynch, Long, and Moorhead (2018)

Young people with psychological distress were more likely to use *mobile apps* or go to *social media* for support than young people without psychological distress who reported going to close personal connections for help, particularly *parent/s or guardian/s*, a *relative/family friend* and their *brother/sister*. Young people without psychological distress were also slightly more likely to go to a *teacher* or *friend/s* for support with important issues.

"[My biggest personal concern is] mental health is by far the most important no matter what the situation. I think I need to rethink my schedule and time because I don't bother with either leading to being over stressed and anxious all the time which then turns into being depressed all the time..."

Male, 17, Aboriginal and/or Torres Strait Islander, SA

Table 6: Where young people aged 15-19 go for help with important issues, by PD, 2020

	PD %	No PD %
Friend/s	**76.0**	**86.2**
Parent/s or guardian/s	**49.8**	**79.6**
Internet	**49.2**	47.8
GP or health professional	42.3	45.7
Brother/sister	38.8	53.5
Relative/family friend	38.4	**61.3**
Mobile apps	29.1	24.6
Teacher	27.4	39.5
School counsellor	27.3	31.4
Social media	21.0	16.8
Community service	11.1	11.1
Spiritual/religious mentor	9.3	12.9

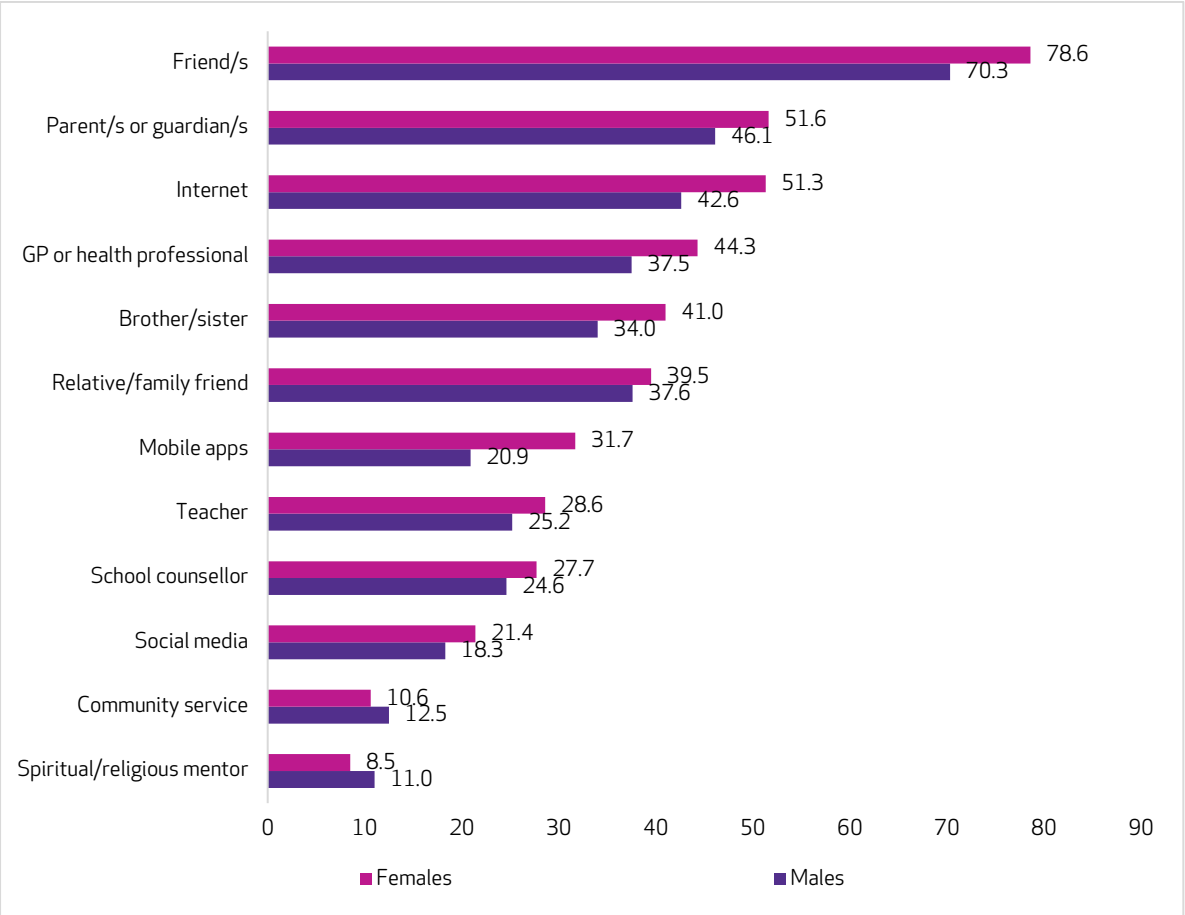
Sample: 2020 PD n=6,569-6,640, no PD n=18,186-18,369
Note: Respondents were able to choose more than one option.
Items are listed in order of frequency among respondents with psychological distress.

As seen in Figure 18, a higher proportion of females with psychological distress would turn to *friend/s* compared to males with psychological distress (78.6% vs. 70.3%).

They were also more likely to utilise *internet* and *mobile apps* than males (51.3% vs. 42.6% and 31.7% vs. 20.9%).

Males with psychological distress were slightly more likely to reach out to *community services* and *spiritual/religious mentors* than females for help (12.5% vs. 10.6% and 11.0% vs. 8.5%) — though these are both infrequently used sources of support.

Figure 18: Where young people aged 15-19 with PD go for help with important issues, by gender, 2020



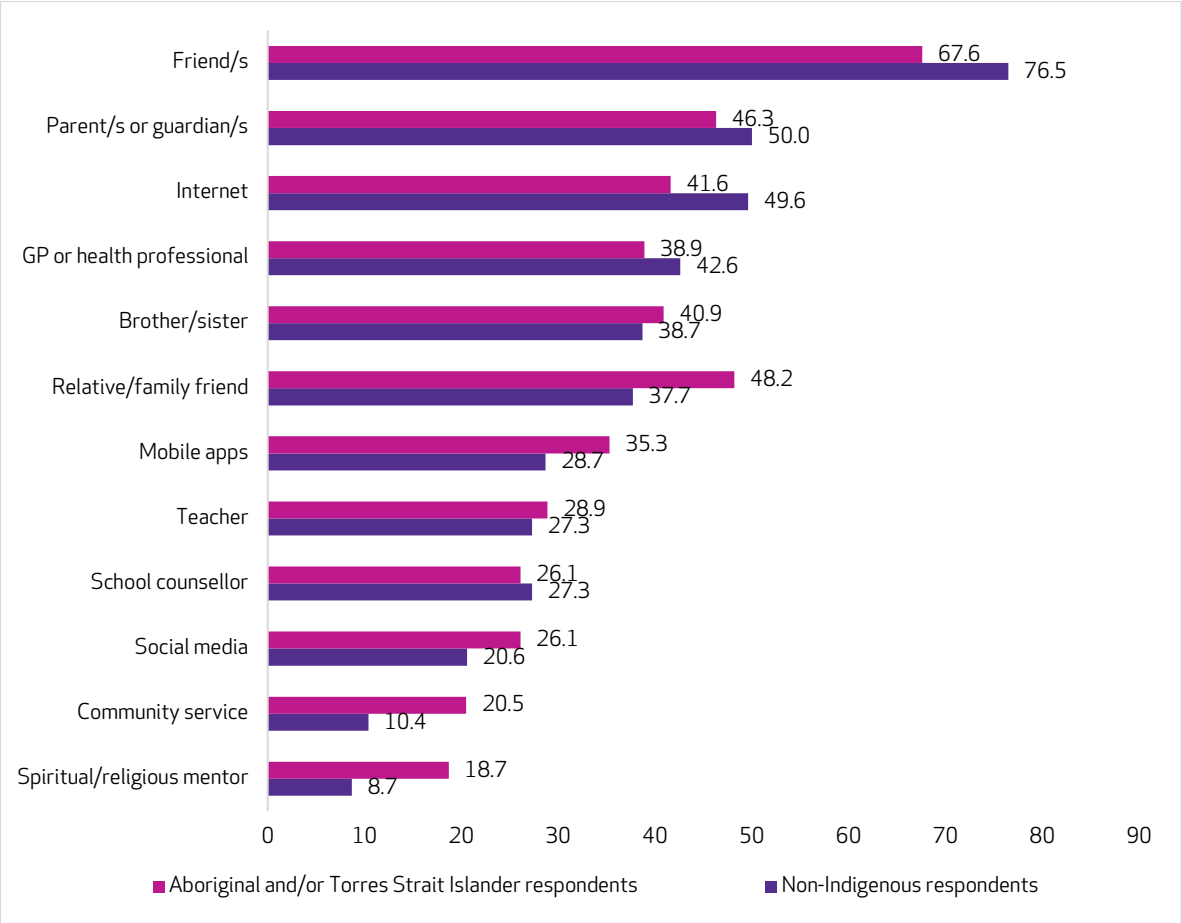
Sample: 2020 female (with PD) n=4,471-4,520, male (with PD) n=1,469-1,484
Note: Respondents were able to choose more than one option.
Items are listed in order of frequency among respondents with psychological distress.

The top three places Aboriginal and/or Torres Strait Islander young people with psychological distress turn to are *friend/s, relative/family friend* and/or *parent/s or guardian/s* — see Figure 19.

Aboriginal and/or Torres Strait Islander young people with psychological distress are also more likely to seek support from (compared to non-Indigenous young people with psychological distress):

- *Community service*
- *Spiritual/religious mentor*

Figure 19: Where young people aged 15-19 with PD go for help with important issues, by Aboriginal and/or Torres Strait Islander status, 2020

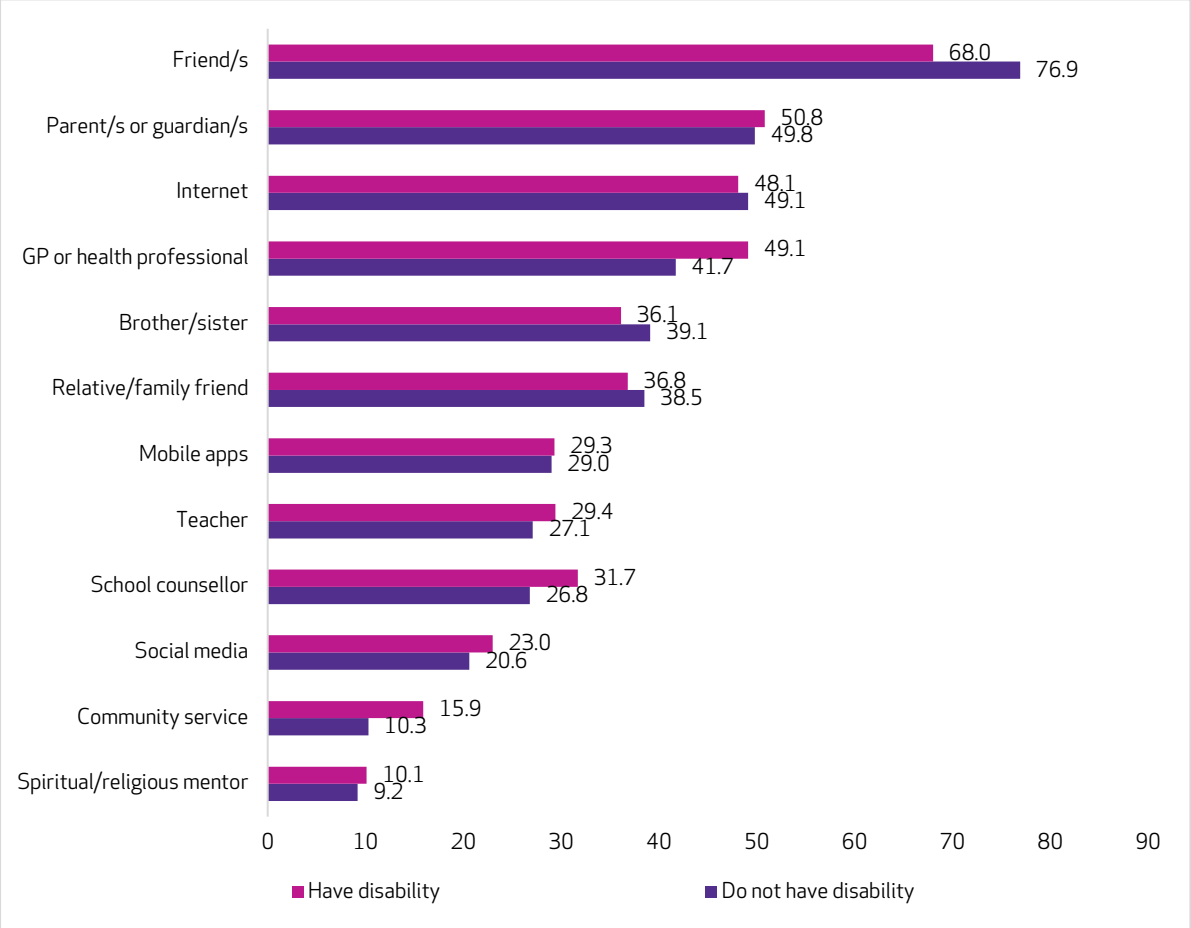


Sample: 2020 Aboriginal and/or Torres Strait Islander (with PD) n=363-370, non-Indigenous (with PD) n=6,147-6,209
Note: Respondents were able to choose more than one option.
Items are listed in order of frequency among respondents with psychological distress.

Figure 20 below shows that a higher proportion of psychologically distressed respondents without disability would go to *friend/s* for help than respondents who had disability (76.9% vs. 68.0%).

Respondents with psychological distress and disability were slightly more likely to utilise *GP/health professional* and *community service* than those without disability (49.1% vs. 41.7% and 15.9% vs. 10.3%).

Figure 20: Where young people aged 15-19 with PD go for help with important issues, by disability status, 2020



Sample: 2020 have disability (with PD) n=686-693, do not have disability (with PD) n=5,750-5,812
Note: Respondents were able to choose more than one option.
Items are listed in order of frequency among respondents with psychological distress.

There were no major observable differences in who young people with psychological distress reached out to for help by age groups or location.

Barriers to help-seeking

"Feeling like there are not enough resources available from school (teachers, even though they 'appear' to offer help, they are severely underprepared in helping with students with mental health issues, or are unwilling to do so)…"
('Other' specified) Female, 17, Non-Indigenous, NSW

Respondents were asked to indicate from a number of barriers what may make it hard for them to get the help they need. As shown in Table 7, being *scared/anxious to get help*, *feeling embarrassed* and *feeling I can deal with it myself* were the three most commonly cited barriers that may make it hard for young people with psychological distress to get the help they need. Overall, greater proportions of respondents with psychological distress saw the above listed items and all other items as help-seeking barriers.

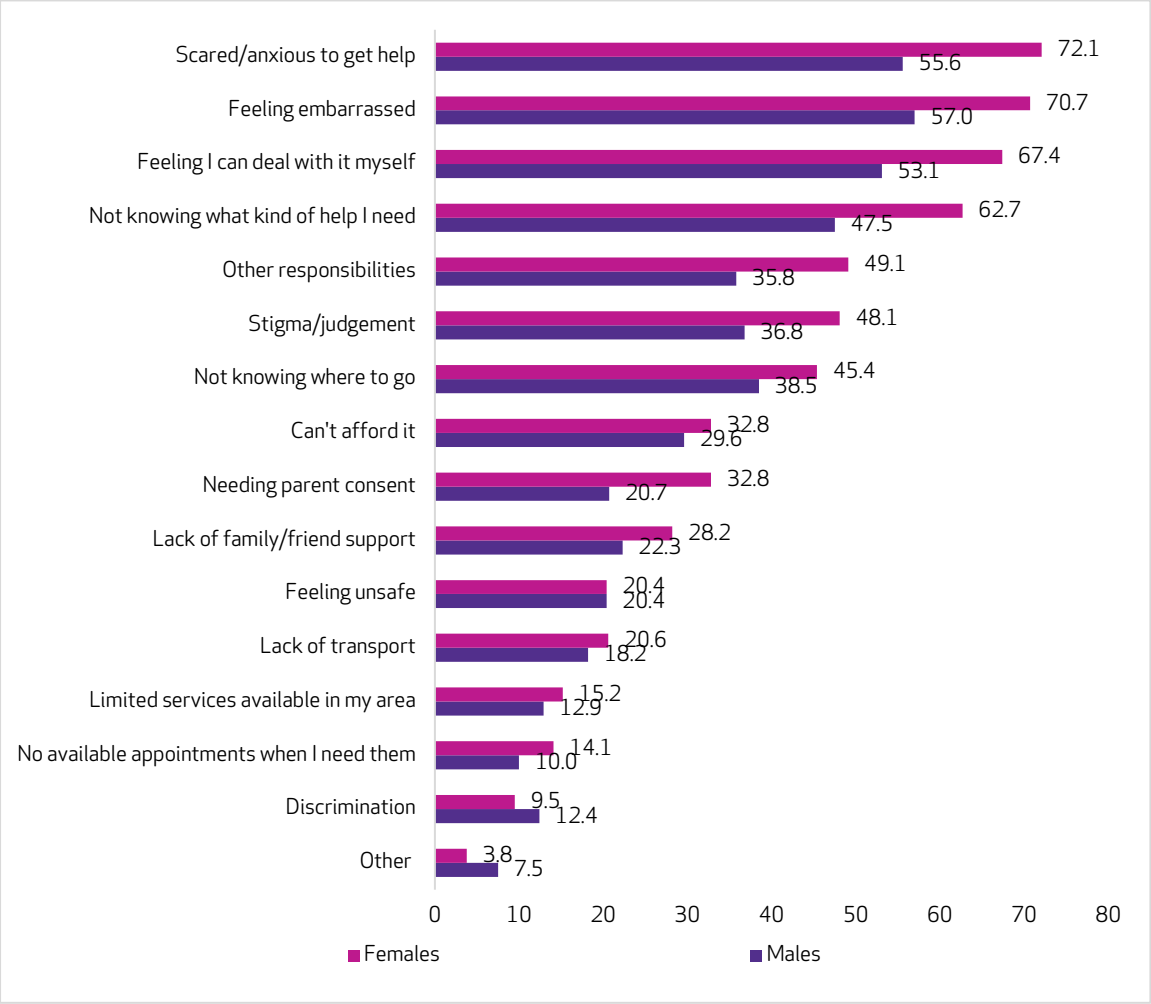
Table 7: Help-seeking barriers for young people aged 15-19, by PD, 2020

	PD %	No PD %
Scared/anxious to get help	**67.8**	38.9
Feeling embarrassed	**66.8**	**53.1**
Feeling I can deal with it myself	**63.8**	**48.9**
Not knowing what kind of help I need	58.9	**39.9**
Other responsibilities	45.7	35.2
Stigma/judgement	45.6	27.1
Not knowing where to go	43.9	28.7
Can't afford it	32.7	17.4
Needing parent consent	30.2	16.2
Lack of family/friend support	26.9	9.4
Feeling unsafe	21.1	7.9
Lack of transport	20.6	11.4
Limited services available in my area	15.4	7.7
No available appointments when I need them	13.8	5.7
Discrimination	11.3	5.0
Other	5.4	3.9

Sample: 2020 PD n=6,666, no PD n=18,437
Note: Respondents were able to choose more than one option.
Items are listed in order of frequency among respondents with psychological distress.
*Examples of 'Other' reasons: *waste of time/money, too much effort, too lazy, too busy, trust issues, accessibility, people won't believe/understand them, others won't care, pride, worried about parents reaction, don't want to burden others, etc.*

As seen in Figure 21, a higher proportion of females with psychological distress reported nearly all of the reasons as barriers to seeking help when compared to males with psychological distress.

Figure 21: Help-seeking barriers for young people aged 15-19 with PD, by gender, 2020



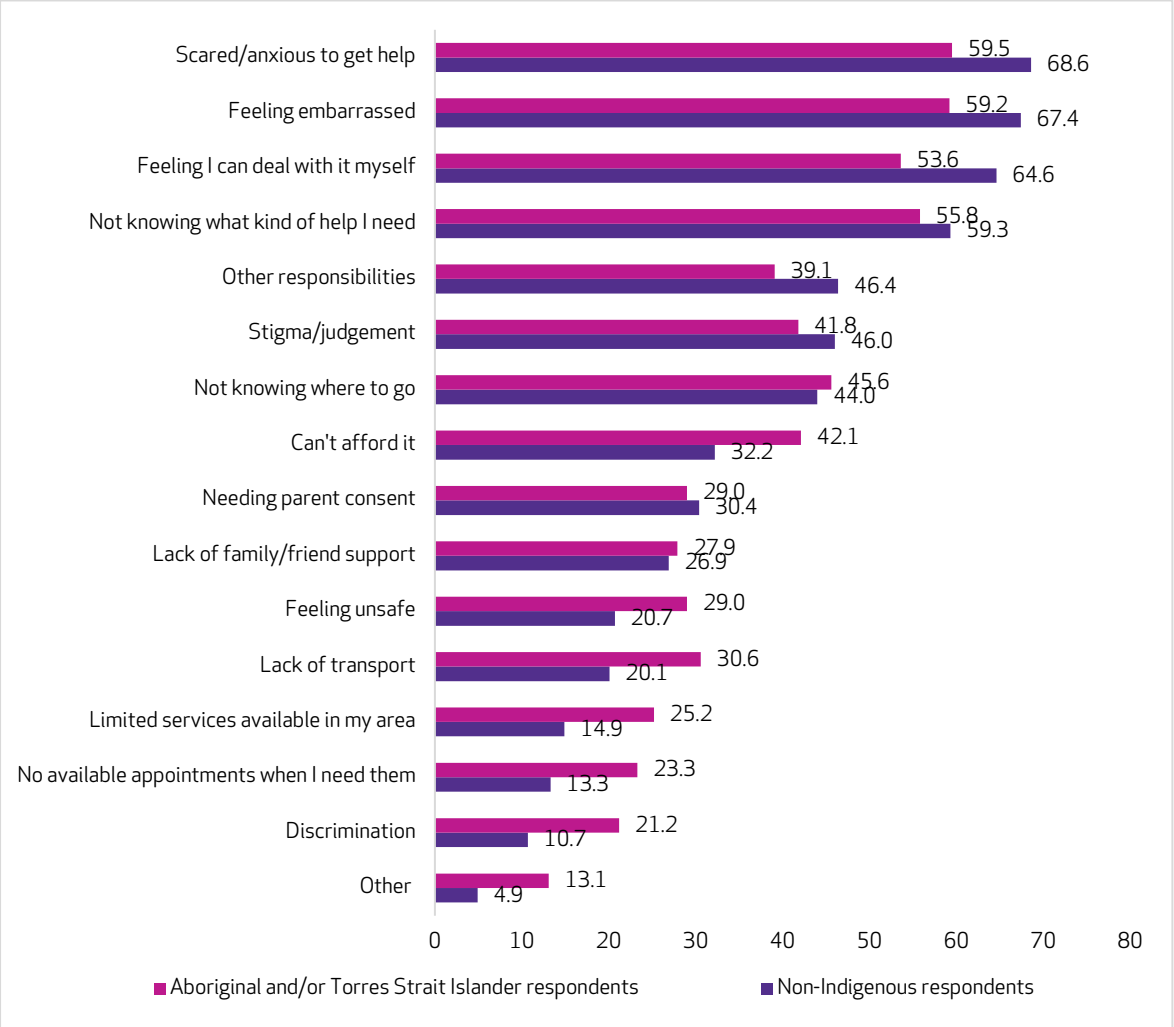
Sample: 2020 female (with PD) n=4,534, male (with PD) n=1,489
Note: Respondents were able to choose more than one option.
Items are listed in order of frequency among respondents with psychological distress.

"Most government agencies don't classify severe social anxiety as an illness or disability making it hard to get support while trying to work through your issues..."
('Other' specified) Female, 18, Non-Indigenous, QLD

Figure 22 shows a higher proportion of Aboriginal and/or Torres Strait Islander young people with psychological distress felt they couldn't access help due to (compared to non-Indigenous young people with psychological distress):

- *Can't afford it*
- *Feeling unsafe*
- *Lack of transport*
- *Limited services available in my area*
- *No available appointments when I need them*
- *Discrimination*

Figure 22: Help-seeking barriers for young people aged 15-19 with PD, by Aboriginal and/or Torres Strait Islander status, 2020

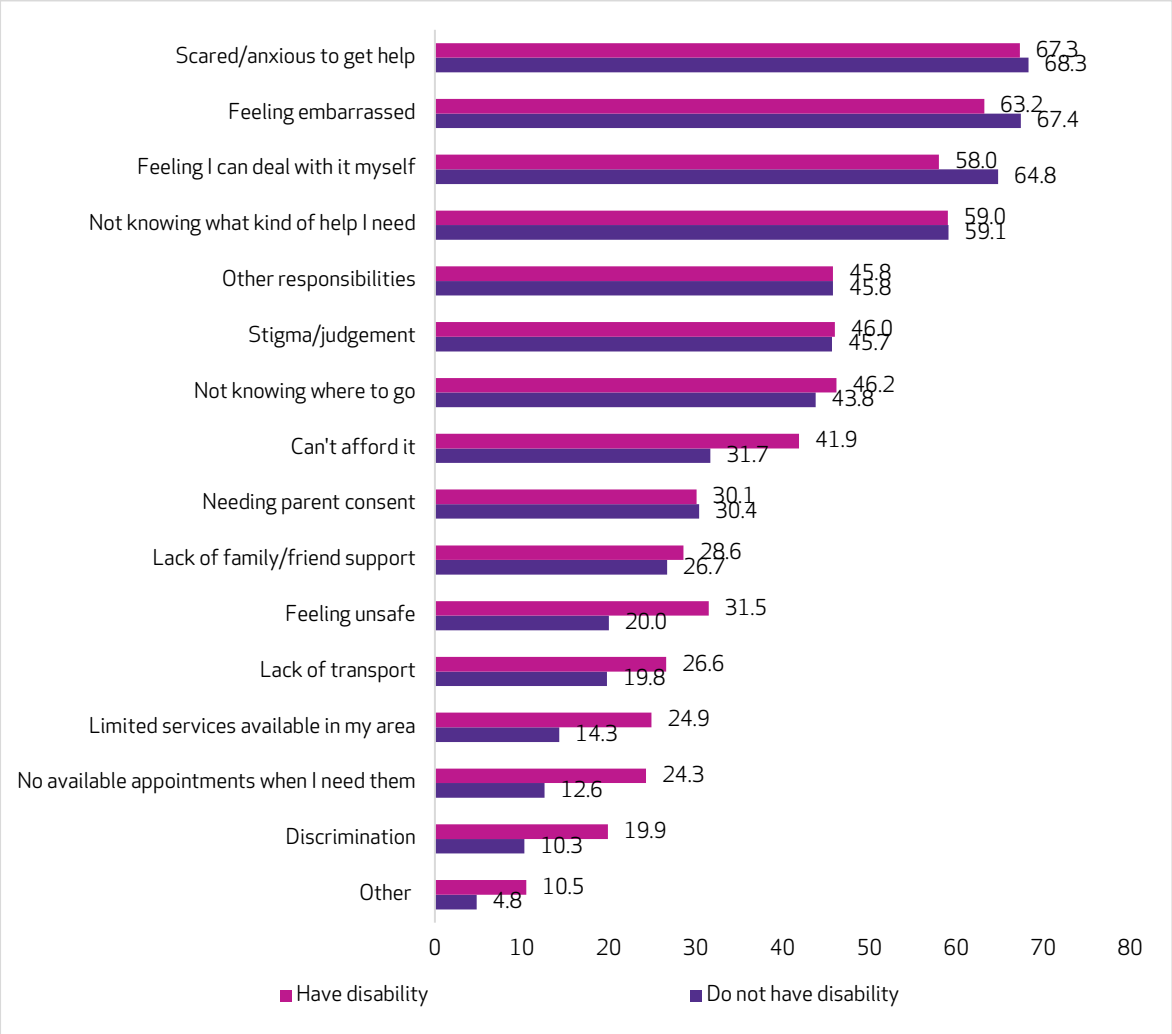


Sample: 2020 Aboriginal and/or Torres Strait Islander (with PD) n=373, non-Indigenous (with PD) n=6,229
Note: Respondents were able to choose more than one option.
Items are listed in order of frequency among respondents with psychological distress.

Figure 23 shows a higher proportion of young people with psychological distress and disability felt they couldn't access help due to (compared to young people with psychological distress and no disability):

- *Can't afford it*
- *Feeling unsafe*
- *Lack of transport*
- *Limited services available in my area*
- *No available appointments when I need them*
- *Discrimination*

Figure 23: Help-seeking barriers for young people aged 15-19 with PD, by disability status, 2020



Sample: 2020 have disability (with PD) n=695, do not have disability (with PD) n=5,831
Note: Respondents were able to choose more than one option.
Items are listed in order of frequency among respondents with psychological distress.

There were no major observable differences in the barriers to seeking help for young people with psychological distress by age groups or location.

"[My biggest personal concern is] coping with depression and anxiety and managing my mental health on my own with little to no support from friends and family. School stress has also been an issue as I attempt to find where I wish to take my studies while also trying to find a financially viable career option…"

Male, 17, Non-Indigenous, NSW

Implications for policy and practice

The high prevalence of psychological distress in young people requires the urgent attention of governments and policy makers to improve the range, quality and accessibility of evidence-based supports. The 2020 *Youth Survey* results provide impetus to target subgroups at the highest risk of developing and experiencing mental illness, as well as to ensure that available support aligns with young peoples' preferences.

Policy context

Mental health reform has come a long way. The first national mental health plan was designed in 1993 and the Fifth National Mental Health and Suicide Prevention Plan, the first to include suicide prevention in its title, is a 5-year plan up to 2022.

Between 2019 and 2021, the Commonwealth and state governments undertook significant strategic reviews of the mental health system. The Productivity Commission[37] highlighted the significant economic, social, and human costs of mental ill-health and suicide across Australia and provided a broad range of recommendations to reduce those costs. The National Suicide Prevention Adviser's report[38] focused on suicide, the leading cause of death for those aged 15-44, and how government structures and programs can be changed to help prevent suicide. The Victorian Government invested in a Royal Commission[39] that highlighted the mental health system was 'broken' and in desperate need of reform to provide person-centred care.

All three reviews included specific findings and actions relating to the mental health of young people. The reviews recognised the importance of addressing mental health issues early and the positive impacts this would have for young people across their lifespan. Recommendations ranged from making changes in health, education, justice, and housing systems, providing access to appropriate treatments and services, and preventative actions across the social determinants of mental health.

In a clear signal of intent to improve Australia's mental health, the Commonwealth Government's 2021-22 Budget included $2.3 billion for mental health and suicide prevention, while the Victorian Government's state budget included $3.6 billion in direct response to its Royal Commission. A significant portion of this new investment was for new treatment centres across various age groups. These investments are welcome, but they are just the first step.

[37] Productivity Commission (2020)
[38] Australian Government (2021)
[39] Armytage (2021)

COVID-19 and its broad social and economic effects have presented many new challenges and stressors for young people, including impacts on their education, healthcare, and employment. Other research has consistently shown that psychological distress appears to be heightened compared to pre-pandemic levels.[40] More than ever, all levels of governments should act to protect the mental health of young people during the pandemic and in the transition to a post-pandemic world. The three major reviews provide a roadmap for governments to make policy changes and investments to prevent mental illness, provide access to age-appropriate treatments and services, and give young people in Australia every chance to thrive and live a fulfilling life.

Recommendations

1. Implement standardised national mental health screening in schools to build a universal system for identifying and responding to young people's mental health issues

Schools are a near-universal touchpoint for identifying and providing support to young people experiencing, and at risk of, mental health issues.[41] Assessments such as NAPLAN are used to universally assess educational outcomes in school settings, but no such universal assessments exist for mental health and wellbeing, despite poor mental health being a risk factor for early disengagement from school.[42] We know that young people are less likely to seek professional mental health support compared to older age groups in Australia.[43] This current mental health report also identified that key barriers to seeking help for young people included being scared or anxious to get help, feeling embarrassed, not knowing what kind of help they need, and not knowing where to go. Screening for mental illness can play a key role in increasing help-seeking and also connectivity to services.

We strongly recommend that governments implement standardised mental health screening to identify young people experiencing psychological distress. One example of a universal screening program is Black Dog Institute's Smooth Sailing, which was designed with input from parents,[44] school counsellors[45] and health professionals.[46] This program is a novel web-based service that screens young people for signs of mental illness and triages them to receive appropriate stepped-care based on the intensity of their symptoms. Importantly, programs like Smooth Sailing can play a key role in identifying students who are experiencing mental illness and who may otherwise be unknown to school counsellors.

[40] Li et al. (2021)
[41] Lawrence et al. (2015)
[42] Hancock (2015)
[43] Slade (2009)
[44] O'Dea et al. (2019)
[45] O'Dea et al. (2017)
[46] Subotic-Kerry et al. (2018)

Emerging evidence: Smooth Sailing

Smooth Sailing was demonstrated to improve help-seeking intentions and reduce anxiety symptoms in a large-scale randomised controlled trial with 1,841 students. Schools that received the program had a greater reduction in the proportion of students who needed but weren't seeking support for their mental health from baseline levels, relative to schools that did not receive the intervention. Of those students who were referred to the school counsellor following the Smooth Sailing intervention, 90% reported that they were comfortable with this follow up.[47]

2. Develop national regulatory guidelines for evidence-based mental health and wellbeing programs in schools to ensure the provision of effective and evidence-based mental health supports for students

We know that teachers are generally open to supporting the mental health of their students, [48] but they have concerns about their competence to provide mental health assistance.[49] Many Australian schools are offering mental health and wellbeing programs to their students, but there is significant variability in the extent to which these programs are empirically tested and evidence-based, and variability in the training and competence of the professionals delivering these programs.

Currently there are no guidelines or regulatory frameworks to guide schools and communities in choosing programs that work, placing an unnecessary burden on schools and teachers. Many programs claim to be evidence-informed and may have some beneficial impacts, but are ultimately not shown to have an impact on improving the psychological wellbeing of young people in the long-term. In contrast, there are also a number of programs that are evidence-based and have been demonstrated to lead to sustained improvements in symptoms of mental illness.

Black Dog Institute is currently running a large scale randomised controlled trial with up to 10,000 school students around Australia called Future Proofing which delivers digital evidence-based mental health interventions to young people, and follows them up for five years.[50] One of the therapeutic components of this trial is an app called Sleep Ninja which is based on cognitive-behavioural therapy principles and targets insomnia and depression symptoms in young people.[51]

In this current *Youth Survey*, a key finding was that a higher proportion of young people with psychological distress also had poor exercise and sleep outcomes compared to those without distress. These lifestyle factors can also be targeted through appropriate evidence-based interventions. The University of Sydney's Matilda Centre is currently conducting a large-scale trial of the Health4Life program in schools which is an evidence-based program for young people that addresses the Big 6 risk factors for chronic illness, including sleep, sedentary recreational screen time, and physical activity.[52]

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[47] O'Dea et al. (2019)
[48] Beames et al. (2020)
[49] Anderson et al. (2019)
[50] Aliza Werner-Seidler et al. (2020)
[51] Aliza Werner-Seidler et al. (2019)
[52] Teesson et al. (2020)

We urge governments to develop regulatory guidelines that rate the quality of all mental health and wellbeing programs available to schools to empower choice of the most effective programs. Transparency around the level and quality of evidence for efficacy is critical for the delivery of programs, consumer choice and cost-effective investment. In addition to mental health programs, this regulatory framework should capture the efficacy of school-based programs targeting physical health in addition to mental health given the directional relationship between physical and mental health outcomes.[53]

Emerging evidence: Sleep Ninja

Sleep Ninja, a smartphone application for adolescent insomnia symptoms, is a promising intervention that could assist adolescents who experience sleep difficulties. There is emerging evidence that addressing insomnia in individuals with concurrent insomnia and depression improves both sleep and depression outcomes. Sleep Ninja delivers cognitive–behavioural therapy for insomnia. The app shows promise as a sleep-focused intervention and as a way to treat and prevent the development of depression.

3. Fund research into evidence-based solutions that peers and parents can use to effectively support young people

Young people identified that friends and parents were the top two sources of help for important issues, which likely includes mental illness given that stress and mental illness were the top issues of concern endorsed in the survey. Further, a higher proportion of those with psychological distress indicated friends and parents were an important source of help than those without psychological distress.

However, there is little evidence to indicate how friends and parents can best support young people experiencing psychological distress. Although there is evidence that parenting programs such as Triple P[54] may be effective in younger age groups, it is unclear what parents should do to support their 15-19 year old children. Similarly, there is little evidence about how the friends of young people with psychological distress can best help and support them.

Looking beyond friends to peers more broadly, there are demonstrated benefits of reduced hospitalisation and improved community living through professional peer workers,[55] who use their lived experience of mental ill-health in treatment interventions. There is increasing recognition of their role in supporting young people with mental illness,[56] including peer gatekeeper training for recognising suicidality in young people.[57] However, further research is needed to determine what kinds of peer-led support is optimal for adolescents experiencing mental illness.

[53] Teesson et al. (2011)
[54] de Graaf et al. (2008)
[55] National Mental Health Commission (2014)
[56] Orygen The National Centre of Excellence in Youth Mental Health (2016)
[57] Wyman et al. (2010); Rallis et al. (2018)

We recommend that governments invest in research to investigate how friends and parents can provide evidence-based support to young people. This could include research into education and training programs for friends and parents to recognise signs of mental illness and refer young people to professional mental health support, research into the role of mental health literacy, and research into optimising the peer mental health workforce. Supporting young people's capacity to advocate for themselves and navigate the service system while recognising their diversity and individual needs are critical research avenues to be able to offer options for support that align with young people's preferences for help-seeking.

For some young people, parents may not be an available support. In the *Youth Survey*, 31.4% of young people with psychological distress reported that family conflict was a concerning issue, and 14.4% reported that domestic and family violence was a concerning issue. Experience of domestic and family violence is a risk factor for depressive disorders, anxiety disorders, and suicide and self-inflicted injuries.[58] Prevention and treatment of mental illness in young people needs to go beyond clinical settings and also consider the social determinants of health, such as family and domestic violence, that impact on young people and their families.

Case study: Connections program – Broken Hill

The Connections Program is a unique service staffed exclusively by Peer Workers to build connections between program participants and the broader community, particularly in the evenings and on weekends. The Connections program promotes social inclusion, social skills and community participation.

The Far West Local Health District (FWLHD) provides assistance with program governance, clinical support, mentoring, provision of data, and a link to support for family and carers of people involved in the project. There are over 160 people registered to attend the program.

According to data gathered by the FWLHD, in the first six months, the program was instrumental in reducing participants' inpatient hospital days by 65% and presentations to emergency departments by 80%.

Feedback from participants has been extremely positive, with one participant stating:

"*The Connections program is incredibly wonderful. There is a real atmosphere of friendliness, harmony and a sense of shared journey amongst the participants.*"

4. Further invest in evidence-based digital mental health services to increase their reach and accessibility for young people

Approximately half (49.2%) of young people with psychological distress said the internet was a source of support for important issues, and 29.1% said they used mobile apps for help. This underscores the importance of designing services that align with the preferences young people have for accessing support.

[58] Australian Institute of Health and Welfare (2019)

Digitally enabled mental health services including web and app-based intervention programs, self-management resources, and supported online treatment are transforming the landscape of mental health treatment.[59] Access to evidence-based digital treatments and resources can reduce barriers to accessing help, including improving access to care in rural and regional areas and for people with mobility challenges or physical disabilities. These services should complement the existing service offerings and should have referral pathways into more intensive support as required.

Implementation of digital mental health can be low cost and scalable, and offer immediate access to treatment without delays due to waitlists. Further, it affords greater opportunity for anonymity and privacy, which may appeal to young people. The *Youth Survey* found that being scared or anxious and embarrassed were the top two barriers to help-seeking.

Numerous evidence-based digital mental health treatments and services have already been developed, and there is strong evidence to suggest that digital forms of treatment can be as effective as face-to-face treatment for common mental illnesses in adults, particularly when they involve components of cognitive behavioural therapy.[60] Programs specific to young people are currently being developed and evaluated for efficacy, such as Orygen's Moderated Online Social Therapy (MOST) program (see box below). Other online programs for which there is evidence of efficacy in young people include MoodGym, an online, self-directed cognitive behavioural therapy program to prevent and reduce symptoms of anxiety and depression,[61] SPARX-R a gamified program based on cognitive behavioural therapy which reduces depressive symptoms[62] and Black Dog Institute's Smooth Sailing (described above). Programs such as these may be candidates for further investment, pending the outcome of evaluation trials.

While these interventions are promising for young people, further investment should be directed to research and implementation to fine tune and scale up these programs. Involving young people with lived experience as co-designers of new digital interventions is essential to ensure their appeal, quality and effectiveness. Greater awareness of the evidence base for digital mental health interventions amongst both clinicians and young people is critical to increase uptake and impact.

[59] Bucci, Schwannauer, and Berry (2019); Christensen (2002)
[60] Carlbring et al. (2018); Andrews et al. (2018)
[61] Calear et al. (2013)
[62] Merry et al. (2012)

Emerging evidence: Moderated Online Social Therapy (MOST)

Orygen's MOST program for young people aged 15–25 and integrates digital and face-to-face support within the one platform.[63] It was co-designed with young people and existing services to better equip clinicians with evidence-based tools to support their work with young people.

The elements of MOST are: personalised therapy programs, targeted coping support, tailored human support (from specialists, peer workers and clinicians), social connection (with other young people with mental ill-health), and real-time mental health tracking.

The program has been demonstrated to reduce hospital admissions and improve negative symptoms including depression and anxiety.[64]

5. Remove barriers to accessing clinically trained school counsellors in all schools to improve access to high quality, effective and evidence-based treatment for students

This survey highlights that the prevalence of psychological distress in young people has increased over the last decade, putting increased pressure on the mental health workforce, which is already under strain.[65] There is currently insufficient mental health support to meet the needs of young people, with long waiting times to get into services, and inconsistencies in whether care provided is evidence-based. For example, the waitlist for *headspace* which provides mental health treatment services for young people aged 12-25 is more than 30 days for intake assessment and first therapy session and the efficacy has yet to be evaluated.[66]

Adequate support in school settings is a critical pathway into support for the substantial proportion of young people who do not have a relationship with a regular general practitioner.[67] Although approximately 3,000 of the 27,000 psychologists in the Australian workforce are employed in school settings,[68] there are substantial variations in the ratios of psychologists to young people across different states and territories. Access to clinical psychologists and evidence-based care also faces equity issues between public and private schools. Additionally, regional and rural schools may not have locally based psychologists and therefore face the added difficulty of relationship building and continuity of care with a 'fly-in fly-out' workforce.

We urge governments to fund clinically trained counsellors who can deliver effective and evidence-based treatments in all schools around the country. This is a critical initiative to ensure that all young people experiencing distress can receive the support that they need.

[63] Orygen and Headspace: National Youth Mental Health Foundation (n.d.)
[64] Alvarez-Jimenez et al. (2020)
[65] Productivity Commission (2020)
[66] Looi et al. (2021)
[67] Kang et al. (2020)
[68] Australian Institute of Health and Welfare (2021b)

6. Increase the capacity of the broader mental health workforce to cope with the increased prevalence of psychological distress in young people and ensure that they can access mental health services external to schools where needed

The increase in prevalence of psychological distress amongst young people also requires that the mental health workforce external to schools be bolstered to support referral from school counsellors. Wraparound services must be sustainable and able to meet increased demand without young people having to wait weeks or months to access support, or experiencing poor continuity of care. Although some measures were announced to address mental health workforce shortages in the 2021-2022 Federal Budget, these are likely to be insufficient when considering increased demand for services, and need for specialisation in youth mental health. Mental health experts have warned the lack of workforce measures will limit the capacity of centres like headspace to provide treatment beyond assessment and referrals (often to other parts of the under-resourced service system).[69]

Governments should consider further strategies to address this under supply through providing additional supported training placements in allied health and psychiatry. Further, providing incentivisation for primary healthcare professionals to complete specialisations and continuing professional development in mental health is also needed to improve workforce capacity. Structural changes to referral pathways and increased investment in other free or subsided services provided by psychologists and psychiatrists with specialist skills in youth mental health is needed. In addition, there is a critical role for both models of collaborative care and the use of supported digital mental health treatments. Both of these new models of care are effective forms of treatment for common mental illness such as depression[70] and can improve the efficiency of the existing workforce.

7. Fund research to understand the increase in psychological distress in young women and develop and implement relevant programs and supports

Although the proportion of young people with psychological distress increased for both males and females from 2012-2020, young women appear to be an emerging high risk group. A greater proportion of young women reported psychological distress compared to young men in 2020 (34.1% compared to 15.3%), and the proportion of females with psychological distress has also shown a greater increase over time relative to males. It is not yet clear why the prevalence of distress is rising at a faster rate for females than males, although a greater proportion of young women with psychological distress reported that they were treated unfairly due to their gender than did young men.

[69] Clun (2021)
[70] Archer et al. (2012); Luo et al. (2020)

We urge governments to invest in gendered research to elucidate the reasons for, and solutions to, the disproportionate impact of psychological distress on young women. Accurate, real-time data at a population level is needed to understand how prevalence of mental illness is changing over time and to identify groups with increasing levels of risk. This research is critical given that the current results also indicate that a greater proportion of young women with psychological distress reported that they were concerned about suicide than did young men with psychological distress.

8. Increase culturally safe services for Aboriginal and/or Torres Strait Islander young people

Over one third (34.0%) of Aboriginal and/or Torres Strait Islander young people reported psychological distress, and this proportion was higher than for non-Indigenous young people (26.2%). Further, 59.0% of Aboriginal and/or Torres Strait Islander young people with psychological distress reported that they had been treated unfairly in the last year, with race and cultural background and financial background being more commonly reported reasons for unfair treatment in comparison to non-Indigenous peers. While the top three issues reported by Aboriginal and/or Torres Strait Islander young people with psychological distress were consistent with those of non-Indigenous young people, Aboriginal and/or Torres Strait Islander young people were at least twice as likely to report that they were concerned about domestic and family violence, drugs, alcohol and gambling than non-Indigenous young people.

This high prevalence of psychological distress and unfair treatment is consistent with previous population research, and unsurprising given that Aboriginal and/or Torres Strait Islander people experience more frequent life stressors due to systemic discrimination and oppression brought about through ongoing impacts of colonisation.[71] Aboriginal and/or Torres Strait Islander young people also experience significant barriers to seeking help including intergenerational stigma and feelings of shame[72] and there is limited availability of both culturally safe mainstream services, and specialist Aboriginal-controlled youth-specific support services.

We urge governments to increase the provision of culturally safe mental health services specifically for Aboriginal and/or Torres Strait Islander young people. Increased funding is needed for Aboriginal Community Controlled Health Services to be able to offer age appropriate and easily accessible help to young people around the country, regardless of their location. It is also critical to ensure that mainstream face-to-face and digital mental health services are culturally safe through co-design and co-implementation with Aboriginal and/or Torres Strait Islander young people and communities.

[71] Dudgeon and Holland (2018)
[72] Price and Dalgleish (2013)

Emerging evidence: *headspace* Inala

There is a clear need for interventions to be culturally validated and community-endorsed otherwise the cyclical nature of service failure, mistrust, and poor engagement perpetuates the disproportionately high levels of suicidal behaviours and poor mental health among Aboriginal and/or Torres Strait Islander young people. The social–emotional wellbeing (SEWB) program at *headspace* Inala is a case study of what can ensue when programs are designed and delivered in collaboration with their local Aboriginal and Torres Strait Islander community. The *headspace* Inala evaluation of the SEWB program found improved social and emotional literacy and acceptance of help-seeking, which was measured through the increase in referrals to *headspace* Inala of Aboriginal and/or Torres Strait Islander young people. Critically, the program led to a significant decrease in suicidal ideation in the Aboriginal and Torres Strait Islander sample.[73]

9. Increase tailored services for non-binary young people and the broader LGBTIQA+ youth community

We know that individuals who are lesbian, gay, bisexual, trans, intersex, queer, asexual and other diverse genders and sexualities (LGBTIQA+) are at particular risk of mental illness[74] due to greater experience of stigma, prejudice and discrimination. In this *Youth Survey*, young people who identified as female or another gender were more likely to have psychological distress than young people who identified as male. Due to small numbers of young people identifying as non-binary and transgender, this survey was unable to examine further differences in the help-seeking or issues of concern amongst this group. However, 19.4% of young people with psychological distress reported being concerned about LGBTIQA+ issues in the survey.

There is a critical need for LGBTIQA+ appropriate, targeted and safe mental health interventions as this population often faces barriers to accessing support and may feel unsafe using mainstream mental health services.[75] However, there is a paucity of evidence for what works best for this group. Emerging evidence suggests interventions such as arts-based therapy and cultural activities may prove to be effective avenues to improve mental health,[76] and there is some evidence to suggest the interventions may be particularly suited to LGBTIQA+ young people.[77]

We urge governments to fund the development, provision, and evaluation of mental health services and evidence-based support for non-binary and other LGBTIQA+ young people. There are currently few specialised support services available for LGBTIQA+ people in Australia, and an even greater deficit of services tailored to young people's needs. Further research is needed to understand how to best meet the mental health needs of this group within and outside of mainstream services and offer safe support free from discrimination.

[73] Skerrett et al. (2018)
[74] Leonard (2012); Perry, Strauss, and Lin (2018)
[75] McDermott, Hughes, and Rawlings (2018); Strauss et al. (2020); Waling (2019)
[76] Boydell (2019a, 2019b)
[77] Furman et al. (2019)

Case study: Asha's journey through the service system

"I feel really alone and lost"

Asha* was a 16-year old girl in year 11 at high school. She experienced family breakdown and emotional abuse that led to homelessness and staying with friends. Her history of mental health and suicidality impacted her wellbeing and ability to attend school. Despite these adversities, Asha had goals for the future: finding a safe home and finishing school. She really wanted to feel like she belonged somewhere.

Asha didn't know where to seek help. When feeling at her worst she would go to the hospital emergency department as a last resort. She felt nervous and embarrassed about telling anyone about how she was feeling. She felt alone. Eventually, the school counsellor noticed signs of self-harm and talked to Asha. She bravely disclosed her troubles. The counsellor referred Asha to a specialist homelessness service run by Mission Australia.

Asha's caseworker at Mission Australia, Jo, listened to Asha's story to better understand and help her with the things she needed. Asha liked that Jo was warm and non-judgemental. She felt she could trust her. Jo helped with crisis accommodation, a referral to a mental health service, and applications for Centrelink payments to support her living out of home. She liaised with the school and child protection services, and got the hospital emergency department to agree to a safety plan whereby she'll be informed if Asha presented. Jo regularly checked in with Asha and accompanied her to appointments as a support and advocate. Jo made it easy for Asha to find the services that she needed. Asha felt less overwhelmed and more confident that she could get help and move forward. She started to feel more positive about the future.

Things did not turnaround suddenly when Asha met Jo. There were hardships and setbacks. Failed reconnections with mum, serious self-harm episodes, and a waitlist to access the mental health service. But Jo was there for Asha and helped her develop coping strategies.

Later, when Asha was asked what helped her overcome her challenges, she talked about having that one person who knew her and supported her with other services, having youth-friendly people in emergency, and being followed up by the mental health service after hospital discharges.

Asha has since completed her trial HSC and resides in transitional accommodation.

"I'm really proud of what I've achieved"

*Asha is a composite case study — based on several different stories of young people that have used Mission Australia specialist homelessness services.

Conclusion

Psychological distress continues to impact young people in Australia, even more so for those who identify as female, non-binary, Aboriginal and/or Torres Strait Islander, or with disability. The relationship between psychological distress and what a young person's life looks like is complex and varied — from sleeping less than the recommended guidelines to being three times more concerned about mental health issues.

The findings in this report provide a strong basis for many different parts of the Australian community to act, including governments, schools, community organisations and the families and friends of young people with psychological distress. This report lays out the direction for supporting young people with evidence-based interventions and areas that need further research. Most notably, schools have an opportunity to make a significant difference if appropriately funded and staffed to screen for risk and deliver programs to those in need. It is also clear there are key groups of young people at risk that require tailored solutions. These solutions should involve the young person in their design and take into account their preferences, such as for digital solutions. This should all take place within a broader mental health system that is person-centred, adequately funded and has the clinical workforce to meet the growing need in the community.

> **"[My biggest personal concern is] caring and supporting those who are going through difficultly with their mental health and family violence. Support services for young people need to be more prevalent and actively encouraged in school systems, as well as educating young people on how these systems work, particularly in the scenario of family violence (i.e. what actions will be taken by children welfare services)…"**
> Female, 16, Non-Indigenous, VIC

Appendix

Data tables

Youth Survey 2012-2020

Table A1.1: Sample characteristics of Youth Survey participants who responded to the K6, 2012-2020.

	2012	2013	2014	2015	2016	2017	2018	2019	2020
Sample size*	14,741	13,876	13,133	18,435	21,172	23,209	26,988	24,014	25,103
	%	%	%	%	%	%	%	%	%
Females	61.6	59.4	61.3	55.6	54.3	57.8	55.7	56.6	56.3
Males	38.4	40.6	38.7	44.4	44.0	39.3	41.4	40.6	41.0
Non-binary	n/a	n/a	n/a	n/a	1.7	2.8	2.9	1.7	1.6
Prefer not to say	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1.2	1.1
15 year olds	30.5	34.3	28.5	31.5	29.3	31.2	31.7	33.0	25.4
16 year olds	33.7	31.9	35.4	35.0	35.1	35.2	35.5	34.8	34.4
17 year olds	24.9	22.6	26.4	24.7	26.5	25.9	24.8	24.2	29.6
18 year olds	8.1	8.3	7.5	6.9	7.4	6.3	6.5	6.3	9.0
19 year olds	2.7	2.7	2.2	1.8	1.6	1.3	1.6	1.6	1.6
Aboriginal and/or Torres Strait Islander	4.3	3.7	5.4	5.9	5.9	5.2	5.5	6.3	4.4
Non-Indigenous	95.7	96.3	94.6	94.1	94.1	94.8	94.5	93.7	95.6
ACT	0.4	0.6	1.2	0.8	2.2	3.1	1.2	1.3	4.7
NSW	32.8	38.1	28.3	24.8	32.4	29.9	28.8	26.0	25.7
NT	1.2	0.8	1.2	1.3	1.1	1.2	0.5	1.3	1.6
QLD	14.6	12.3	20.4	21.7	20.2	19.2	20.4	23.8	19.5
SA	15.5	15.0	11.1	14.6	10.8	10.6	13.4	13.0	11.0
TAS	7.0	2.7	6.1	4.2	8.9	5.5	6.1	6.0	2.9
VIC	23.4	22.2	23.1	24.5	19.2	20.0	18.4	17.7	22.6
WA	5.1	8.4	8.6	8.1	5.2	10.7	11.2	10.9	11.9
Have disability	4.8	4.3	4.3	6.0	3.8	4.7	5.9	6.5	6.6
Do not have disability	95.2	95.7	95.7	94.0	96.2	95.3	94.1	93.5	93.4

*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. Please also note the sample for each demographic category varies, since these questions were not mandatory.

Table A1.2: Young people with PD vs. those with no PD, 2012-2020

	2012 %	2013 %	2014 %	2015 %	2016 %	2017 %	2018 %	2019 %	2020 %
PD	18.6	21.2	21.5	21.1	22.8	24.6	24.4	27.0	26.6
No PD	81.4	78.8	78.5	78.9	77.2	75.4	75.6	73.0	73.4

Table A1.3: Psychological distress in young people aged 15-19, by gender, 2012-2020

	2012 %	2013 %	2014 %	2015 %	2016 %	2017 %	2018 %	2019 %	2020 %
Females	22.4	26.2	26.3	27.0	28.6	30.1	30.0	33.5	34.1
Males	12.6	13.8	13.8	13.7	14.1	15.1	15.6	16.8	15.3
Non-binary	n/a	n/a	n/a	n/a	45.4	43.8	41.4	39.2	55.7
All cases	18.6	21.2	21.5	21.1	22.5	24.6	24.4	27.0	26.8

Table A1.4: Psychological distress in young people aged 15-19, by Aboriginal and/or Torres Strait Islander status, 2012-2020

	2012 %	2013 %	2014 %	2015 %	2016 %	2017 %	2018 %	2019 %	2020 %
Aboriginal and/or Torres Strait Islander	28.4	31.8	25.0	30.1	31.6	31.3	31.9	31.7	34.0
Non-Indigenous	17.8	20.7	21.3	20.6	22.2	24.2	23.9	26.7	26.2
All cases	18.2	21.1	21.5	21.1	22.8	24.6	24.3	27.0	26.5

Table A1.5: Psychological distress in young people aged 15-19, by disability status, 2012-2020

	2012 %	2013 %	2014 %	2015 %	2016 %	2017 %	2018 %	2019 %	2020 %
Have disability	32.1	32.8	37.0	35.6	40.9	41.1	38.9	43.8	43.0
Do not have disability	17.5	20.3	20.7	20.2	21.5	23.6	23.3	25.9	25.3
All cases	18.2	20.9	21.4	21.1	22.3	24.4	24.3	27.0	26.5

Table A1.6: Psychological distress in young people aged 15-19, by age, 2012-2020

	2012 %	2013 %	2014 %	2015 %	2016 %	2017 %	2018 %	2019 %	2020 %
15 year olds	17.0	21.5	19.9	20.1	20.8	22.7	23.1	25.4	25.8
16 year olds	19.2	21.4	21.1	20.9	22.5	24.0	24.3	27.6	26.8
17 year olds	19.9	20.9	22.9	21.5	23.7	26.4	24.8	28.4	26.6
18-19 year olds*	18.1	20.3	23.9	24.3	27.4	27.9	27.0	27.2	27.6
All cases	18.6	21.2	21.5	21.1	22.8	24.5	24.3	27.1	26.6

*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.

Table A1.7: Psychological distress in young people aged 15-19, by State, 2012-2020

	2012 %	2013 %	2014 %	2015 %	2016 %	2017 %	2018 %	2019 %	2020 %
ACT	30.8	25.6	26.9	28.4	33.5	27.1	26.3	34.9	19.9
NSW	17.3	19.5	21.9	22.9	22.0	25.2	24.7	29.1	28.2
NT	20.9	35.6	26.6	21.2	28.5	34.0	23.3	32.6	31.7
QLD	18.6	20.6	20.1	21.3	21.9	21.9	21.6	24.2	24.4
SA	19.1	25.1	23.8	22.4	25.0	26.7	27.1	24.7	29.2
TAS	17.4	25.9	17.1	21.2	22.4	24.8	24.2	26.1	26.5
VIC	18.6	19.3	21.2	18.1	21.8	23.3	22.3	28.9	25.6
WA	25.1	23.9	22.5	21.0	24.9	26.1	28.4	27.0	27.8
All cases	18.6	21.1	21.5	21.1	22.8	24.6	24.4	27.0	26.6

Youth Survey 2012-2020: State tables

Table A2.1: 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

Table A2.2: 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

Table A2.3: 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

Table A2.4: 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

Table A2.5: 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
Non-binary	58.3	40.6	42.9	47.0	36.0	58.1	46.7	40.0

Table A2.6: 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
Non-binary	47.8	46.9	57.1	43.7	40.8	43.2	37.0	41.8

Table A2.7: 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
Non-binary	50.0	41.8	80.0	38.5	38.5	41.0	38.2	46.0

Table A2.8: Psychological distress in young people aged 15-19, by gender, by State and Territory, 2019

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Female	39.7	34.1	38.8	31.3	31.7	37.2	32.4	37.8
Male	24.8	18.0	17.7	15.0	16.3	16.8	19.3	15.9
Non-binary	40.0	42.4	57.1	33.3	34.1	44.0	42.9	41.2

Table A2.9: Psychological distress in young people aged 15-19, by gender, by State and Territory, 2020

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Female	29.0	33.6	38.4	32.8	39.2	38.5	30.5	41.3
Male	13.3	15.9	17.6	14.7	16.2	12.7	15.4	16.0
Non-binary	31.6	57.6	54.5	54.8	55.6	54.5	64.6	51.9

Table A2.10: Psychological distress in young people aged 15-19, by Aboriginal and/or Torres Strait Islander status, by State and Territory, 2012

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Aboriginal and/or 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 A2.11: Psychological distress in young people aged 15-19, by Aboriginal and/or Torres Strait Islander status, by State and Territory, 2013

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Aboriginal and/or 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 A2.12: Psychological distress in young people aged 15-19, by Aboriginal and/or Torres Strait Islander status, by State and Territory, 2014

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Aboriginal and/or 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 A2.13: Psychological distress in young people aged 15-19, by Aboriginal and/or Torres Strait Islander status, by State and Territory, 2015

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Aboriginal and/or 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 A2.14: Psychological distress in young people aged 15-19, by Aboriginal and/or Torres Strait Islander status, by State and Territory, 2016

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Aboriginal and/or 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 A2.15: Psychological distress in young people aged 15-19, by Aboriginal and/or Torres Strait Islander status, by State and Territory, 2017

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Aboriginal and/or 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 A2.16: Psychological distress in young people aged 15-19, by Aboriginal and/or Torres Strait Islander status, by State and Territory, 2018

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Aboriginal and/or 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

Table A2.17: Psychological distress in young people aged 15-19, by Aboriginal and/or Torres Strait Islander status, by State and Territory, 2019

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Aboriginal and/or Torres Strait Islander	21.4	29.6	31.0	30.1	33.1	40.0	33.6	35.4
Non-Indigenous	35.6	29.1	33.0	23.8	24.4	24.9	28.8	26.5

Table A2.18: Psychological distress in young people aged 15-19, by Aboriginal and/or Torres Strait Islander status, by State and Territory, 2020

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Aboriginal and/or Torres Strait Islander	34.0	32.4	26.8	34.4	43.3	32.4	32.9	34.4
Non-Indigenous	19.2	27.9	32.3	23.8	28.7	26.2	25.4	27.4

Table A2.19: Psychological distress in young people aged 15-19, by disability status, by State and Territory, 2012

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Have disability	66.7	31.1	46.2	31.3	25.2	39.6	32.1	39.5
Do not have disability	19.6	16.4	16.0	17.9	18.4	15.5	17.6	23.9

Table A2.20: Psychological distress in young people aged 15-19, by disability status, by State and Territory, 2013

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Have disability	66.7	32.0	44.4	36.9	28.4	35.0	33.7	31.9
Do not have disability	18.8	19.1	28.2	20.0	24.6	21.8	18.4	23.1

Table A2.21: Psychological distress in young people aged 15-19, by disability status, by State and Territory, 2014

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Have disability	37.5	39.4	50.0	42.5	34.3	25.9	38.4	32.1
Do not have disability	25.7	21.2	24.8	19.1	23.2	15.9	20.5	22.1

Table A2.22: Psychological distress in young people aged 15-19, by disability status, by State and Territory, 2015

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Have disability	64.3	33.0	31.8	35.1	32.5	47.0	36.4	36.5
Do not have disability	24.3	22.3	20.6	20.5	21.5	18.9	17.2	19.9

Table A2.23: Psychological distress in young people aged 15-19, by disability status, by State and Territory, 2016

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Have disability	55.6	41.6	75.0	37.6	39.5	43.1	40.9	39.6
Do not have disability	32.0	21.0	26.0	20.8	23.6	20.1	21.0	23.0

Table A2.24: Psychological distress in young people aged 15-19, by disability status, by State and Territory, 2017

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Have disability	39.5	40.1	41.2	42.9	40.2	41.2	41.8	41.0
Do not have disability	25.8	24.4	32.1	20.9	25.9	23.6	22.4	24.9

Table A2.25: Psychological distress in young people aged 15-19, by disability status, by State and Territory, 2018

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Have disability	42.3	42.1	50.0	35.4	36.9	36.5	40.3	38.5
Do not have disability	24.5	23.8	20.6	20.8	26.2	22.8	21.2	27.4

Table A2.26: Psychological distress in young people aged 15-19, by disability status, by State and Territory, 2019

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Have disability	52.6	45.8	31.6	42.2	36.7	46.1	48.8	41.4
Do not have disability	33.7	28.0	32.6	23.0	23.9	24.6	27.5	25.9

Table A2.27: Psychological distress in young people aged 15-19, by disability status, by State and Territory, 2020

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Have disability	31.3	45.0	38.5	40.8	45.6	37.8	45.8	42.6
Do not have disability	19.0	26.9	31.0	23.1	28.1	26.0	24.4	26.5

Table A2.28: 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

*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.

Table A2.29: 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

*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.

Table A2.30: 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

*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.

Table A2.31: 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

*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.

Table A2.32: 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

*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.

Table A2.33: 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	24.6
16 year olds	29.2	24.5	37.3	21.2	25.6	26.5	22.0	26.0
17 year olds	23.9	28.6	38.1	23.3	28.5	23.4	23.6	28.2
18-19 year olds*	26.1	28.1	33.3	22.9	30.8	29.1	27.6	25.4

*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.

Table A2.34: 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

*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.

Table A2.35: Psychological distress in young people aged 15-19, by age, by State and Territory, 2019

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
15 year olds	40.3	27.0	37.4	23.5	23.4	26.9	27.2	23.5
16 year olds	32.0	29.9	33.3	25.8	24.4	27.3	29.9	25.6
17 year olds	35.2	31.8	27.8	22.8	26.8	24.5	30.2	30.3
18-19 year olds*	28.6	27.6	22.2	25.7	24.3	24.2	26.9	35.3

*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.

Table A2.36: Psychological distress in young people aged 15-19, by age, by State and Territory, 2020

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
15 year olds	22.8	26.5	31.6	24.9	26.5	32.9	23.1	28.7
16 year olds	21.0	29.1	34.3	24.7	28.4	25.1	24.9	28.2
17 year olds	18.4	29.3	30.8	22.1	31.6	26.3	26.6	26.3
18-19 year olds*	15.8	26.6	23.8	30.2	30.0	26.3	28.4	29.5

*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.

Youth Survey 2020

Table A3.1: Perception of control over life among young people aged 15-19, by PD, 2020

	Complete control %	Mostly in control %	Some control %	Almost no control %	No control %
PD	2.6	24.0	45.2	21.9	6.3
No PD	10.6	56.7	28.3	3.7	0.7

Table A3.2: Perception of control over life among young people aged 15-19 with PD, by gender, 2020

	Complete control %	Mostly in control %	Some control %	Almost no control %	No control %
Female	2.1	25.1	46.2	21.8	4.8
Male	3.6	23.3	42.3	22.8	8.0

Table A3.3: Perception of control over life among young people aged 15-19 with PD, by Aboriginal and/or Torres Strait Islander status, 2020

	Complete control %	Mostly in control %	Some control %	Almost no control %	No control %
Aboriginal and/or Torres Strait Islander respondents	5.1	17.3	41.5	18.1	18.1
Non-Indigenous respondents	2.4	24.5	45.5	22.2	5.5

Table A3.4: Perception of control over life among young people aged 15-19 with PD, by disability status, 2020

	Complete control %	Mostly in control %	Some control %	Almost no control %	No control %
Have disability	3.0	17.2	41.1	26.4	12.3
Do not have disability	2.4	25.0	45.7	21.4	5.4

Table A3.5: Perception of control over life among young people aged 15-19 with PD, by age, 2020

	Complete control %	Mostly in control %	Some control %	Almost no control %	No control %
15 year olds	2.1	23.5	43.9	23.9	6.6
16 year olds	2.7	23.9	45.6	21.7	6.1
17 year olds	2.6	25.1	46.0	20.7	5.6
18-19 year olds*	3.4	22.8	44.4	21.6	7.7

*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.

Table A3.6: Perception of control over life among young people aged 15-19 with PD, by State, 2020

	Complete control %	Mostly in control %	Some control %	Almost no control %	No control %
ACT	3.8	23.7	47.9	17.4	7.2
NSW	2.6	25.0	44.8	21.0	6.6
NT	3.1	16.5	52.8	22.8	4.7
QLD	2.4	23.0	45.3	22.1	7.2
SA	2.0	22.1	48.3	21.6	6.0
TAS	2.6	25.0	41.1	23.4	7.8
VIC	3.0	26.2	43.5	22.9	4.4
WA	2.5	22.6	44.5	22.9	7.5

Table A3.7: Young people aged 15-19 and aspects of life they considered 'very' or 'extremely' important in the past year, by PD, 2020

	PD %	No PD %
Friendships	77.8	84.3
Family relationships	68.7	82.6
Mental health	64.7	66.2
School or study satisfaction	60.6	70.0
Financial security	54.4	51.1
Physical health	54.0	69.5
Getting a job	44.3	40.2
Culture	23.7	26.5

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

Table A3.8: Young people aged 15-19 with PD and aspects of life they considered 'very' or 'extremely' important in the past year, by gender, 2020

	Female %	Male %
Friendships	79.9	74.1
Family relationships	72.7	60.5
Mental health	68.0	58.0
School or study satisfaction	65.7	48.9
Financial security	56.1	50.1
Physical health	55.8	51.1
Getting a job	45.1	42.8
Culture	24.9	19.8

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

Table A3.9: Young people aged 15-19 with PD and aspects of life they considered 'very' or 'extremely' important in the past year, by Aboriginal and/or Torres Strait Islander status, 2020

	Aboriginal and/or Torres Strait Islander respondents %	Non-Indigenous respondents %
Friendships	64.2	78.7
Family relationships	59.2	69.4
Mental health	53.7	65.5
School or study satisfaction	48.9	61.4
Financial security	48.0	55.0
Physical health	50.8	54.3
Getting a job	50.0	44.0
Culture	37.4	22.9

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

Table A3.10: Young people aged 15-19 with PD and aspects of life they considered 'very' or 'extremely' important in the past year, by disability status, 2020

	Have disability %	Do not have disability %
Friendships	67.9	79.0
Family relationships	61.2	69.7
Mental health	65.4	64.8
School or study satisfaction	51.1	61.8
Financial security	53.5	54.7
Physical health	50.4	54.4
Getting a job	45.7	44.3
Culture	21.6	23.7

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

Table A3.11: Young people aged 15-19 with PD and aspects of life they considered 'very' or 'extremely' important in the past year, by age, 2020

	15 years %	16 years %	17 years %	18-19 years* %
Friendships	79.9	79.0	76.9	71.8
Family relationships	69.0	68.7	69.2	66.9
Mental health	61.7	64.3	66.7	67.6
School or study satisfaction	58.1	60.8	62.9	59.8
Financial security	50.0	51.7	59.0	60.5
Physical health	54.6	55.8	53.1	49.2
Getting a job	42.3	43.2	45.1	49.9
Culture	23.8	22.8	24.9	23.2

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

Table A3.12: Young people aged 15-19 with PD and aspects of life they considered 'very' or 'extremely' important in the past year, by State, 2020

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Friendships	77.9	77.2	74.8	73.4	76.7	79.6	84.1	75.5
Family relationships	62.0	70.2	66.1	64.5	67.0	74.0	74.0	64.8
Mental health	61.6	66.9	56.3	57.4	62.6	65.8	72.6	60.8
School or study satisfaction	55.9	58.6	59.4	57.0	62.4	69.9	67.2	56.2
Financial security	41.1	56.5	53.9	54.4	48.6	47.4	57.4	55.8
Physical health	52.8	55.1	55.9	50.5	49.8	56.0	58.8	51.8
Getting a job	44.7	42.3	48.4	46.4	43.2	40.9	44.5	46.4
Culture	24.2	26.2	26.6	21.4	22.8	18.1	24.0	22.9

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

Table A3.13: Young people aged 15-19 and the issues they were 'very' or 'extremely' concerned about, by PD, 2020

	PD %	No PD %
Coping with stress	73.1	31.5
Mental health	67.7	21.8
Body image	59.0	23.7
School or study problems	53.6	24.8
Physical health	36.1	20.0
Family conflict	31.4	10.1
Suicide	31.1	6.0
Personal safety	27.3	11.2
Bullying/emotional abuse	27.1	7.1
Financial security	26.0	10.2
Social media	23.4	9.2
Discrimination	21.8	9.0
LGBTIQA+* issues	19.4	6.1
Domestic/family violence	14.4	5.2
Drugs	10.2	4.1
Alcohol	7.6	3.1
Gambling	3.5	2.0

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

Table A3.14: Young people aged 15-19 with PD and the issues they were 'very' or 'extremely' concerned about, by gender, 2020

	Female %	Male %
Coping with stress	78.1	60.0
Mental health	71.9	54.7
Body image	67.0	36.3
School or study problems	57.4	43.1
Physical health	37.2	32.9
Family conflict	33.2	24.6
Suicide	30.1	29.8
Personal safety	27.6	24.2
Bullying/emotional abuse	27.8	23.0
Financial security	26.2	24.3
Social media	25.4	16.7
Discrimination	21.8	18.2
LGBTIQA+* issues	18.8	12.0
Domestic/family violence	14.0	13.0
Drugs	8.6	13.0
Alcohol	6.5	9.4
Gambling	1.9	5.5

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

Table A3.15: Young people aged 15-19 with PD who were 'very' or 'extremely' concerned about issues, by Aboriginal and/or Torres Strait Islander status, 2020

	Aboriginal and/or Torres Strait Islander respondents %	Non-Indigenous respondents %
Coping with stress	63.4	73.8
Mental health	62.6	68.2
Body image	53.4	59.4
School or study problems	45.8	54.1
Physical health	39.9	35.9
Family conflict	37.3	31.2
Suicide	38.4	30.7
Personal safety	35.1	26.8
Bullying/emotional abuse	35.3	26.6
Financial security	31.0	25.8
Social media	25.9	23.2
Discrimination	31.2	21.3
LGBTIQA+* issues	24.5	19.1
Domestic/family violence	27.6	13.6
Drugs	19.7	9.7
Alcohol	17.7	7.0
Gambling	15.8	2.8

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

Table A3.16: Young people aged 15-19 with PD who were 'very' or 'extremely' concerned about issues, by disability status, 2020

	Have disability %	Do not have disability %
Coping with stress	74.3	73.1
Mental health	70.5	67.6
Body image	56.8	59.4
School or study problems	53.8	53.7
Physical health	39.7	35.6
Family conflict	36.3	31.0
Suicide	40.6	29.9
Personal safety	34.9	26.3
Bullying/emotional abuse	37.1	25.9
Financial security	30.8	25.5
Social media	23.1	23.5
Discrimination	27.1	21.0
LGBTIQA+* issues	30.0	18.2
Domestic/family violence	19.4	13.9
Drugs	12.2	10.1
Alcohol	9.1	7.4
Gambling	5.8	3.2

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

Table A3.17: Young people aged 15-19 with PD and the issues they were 'very' or 'extremely' concerned about, by age, 2020

	15 years %	16 years %	17 years %	18-19 years* %
Coping with stress	70.0	73.1	75.4	74.0
Mental health	65.3	68.0	68.8	69.5
Body image	60.4	60.0	57.4	56.6
School or study problems	49.9	55.7	55.4	50.0
Physical health	35.9	37.8	35.3	32.9
Family conflict	31.4	32.2	30.8	30.4
Suicide	32.8	30.1	30.0	32.8
Personal safety	28.2	27.4	26.2	27.3
Bullying/emotional abuse	29.8	26.8	25.3	26.5
Financial security	21.3	24.6	28.2	34.6
Social media	23.6	24.5	22.8	20.9
Discrimination	24.2	21.3	20.8	20.7
LGBTIQA+* issues	21.8	18.6	18.1	20.3
Domestic/family violence	15.3	14.8	13.7	13.0
Drugs	10.0	10.3	9.7	11.7
Alcohol	7.0	7.5	7.8	8.8
Gambling	3.6	3.1	3.6	4.6

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

Table A3.18: Young people aged 15-19 with PD and the issues they were 'very' or 'extremely' concerned about, by State, 2020

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Coping with stress	68.4	73.8	72.4	70.2	72.0	79.8	77.2	69.3
Mental health	62.7	67.9	63.5	63.5	70.7	70.8	72.6	63.3
Body image	54.4	58.2	56.3	55.2	58.3	64.8	65.4	55.7
School or study problems	45.1	56.0	53.2	49.7	50.5	57.3	59.1	48.9
Physical health	28.1	37.1	45.3	33.3	34.5	31.9	40.1	34.1
Family conflict	35.0	31.8	42.2	31.9	33.5	26.7	28.6	31.4
Suicide	35.2	31.6	37.5	29.8	30.3	31.8	29.2	33.2
Personal safety	30.2	26.6	33.9	27.1	26.2	21.9	26.8	30.1
Bullying/emotional abuse	28.8	27.0	38.6	29.3	27.2	22.3	24.4	27.7
Financial security	21.2	25.2	29.1	26.8	26.0	22.9	26.1	27.8
Social media	18.4	25.7	26.6	21.6	21.6	23.4	25.8	19.3
Discrimination	22.0	21.7	28.8	24.2	20.3	20.8	20.0	22.3
LGBTIQA+* issues	19.0	20.0	25.8	20.3	17.5	22.3	18.9	18.3
Domestic/family violence	15.7	13.9	27.3	16.3	14.8	10.4	11.6	15.9
Drugs	14.4	10.6	10.9	9.2	10.8	11.0	8.6	11.7
Alcohol	8.9	8.0	5.5	7.9	7.2	10.9	6.6	7.8
Gambling	4.6	3.8	3.1	3.4	3.3	5.2	2.9	4.0

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

Table A3.19: Screen-time per day among young people aged 15-19, by PD, 2020

	No screen-time %	1 – 2 hours %	3 – 4 hours %	5 – 6 hours %	7 – 8 hours %	9 hours or more %
PD	0.3	4.4	16.8	25.7	21.4	31.4
No PD	0.3	7.1	23.3	29.1	20.4	19.9

Table A3.20: Screen-time per day among young people aged 15-19 with PD, by gender, 2020

	No screen-time %	1 – 2 hours %	3 – 4 hours %	5 – 6 hours %	7 – 8 hours %	9 hours or more %
Female	0.0	4.0	16.7	26.6	21.7	30.9
Male	0.7	5.3	17.9	26.0	21.0	29.0

Table A3.21: Screen-time per day among young people aged 15-19 with PD, by Aboriginal and/or Torres Strait Islander status, 2020

	No screen-time %	1 – 2 hours %	3 – 4 hours %	5 – 6 hours %	7 – 8 hours %	9 hours or more %
Aboriginal and/or Torres Strait Islander respondents	0.8	9.2	15.5	23.6	14.9	35.9
Non-Indigenous respondents	0.2	4.1	16.9	25.9	21.8	31.0

Table A3.22: Screen-time per day among young people aged 15-19 with PD, by disability status, 2020

	No screen-time %	1 – 2 hours %	3 – 4 hours %	5 – 6 hours %	7 – 8 hours %	9 hours or more %
Have disability	0.3	5.5	16.8	23.6	18.2	35.6
Do not have disability	0.3	4.2	16.8	26.1	21.9	30.8

Table A3.23: Screen-time per day among young people aged 15-19 with PD, by age, 2020

	No screen-time %	1 – 2 hours %	3 – 4 hours %	5 – 6 hours %	7 – 8 hours %	9 hours or more %
15 year olds	0.2	5.7	17.4	26.8	21.1	28.7
16 year olds	0.3	4.1	16.7	26.1	22.3	30.6
17 year olds	0.2	3.8	16.1	25.0	21.0	33.9
18-19 year olds*	0.6	4.6	17.4	24.0	20.4	33.1

*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.

Table A3.24: Screen-time per day among young people aged 15-19 with PD, by State, 2020

	No screen-time %	1 – 2 hours %	3 – 4 hours %	5 – 6 hours %	7 – 8 hours %	9 hours or more %
ACT	0.4	5.9	21.2	27.1	22.5	22.9
NSW	0.3	4.3	16.7	23.9	20.4	34.3
NT	-	6.3	18.8	27.3	18.0	29.7
QLD	0.4	7.0	19.8	25.2	22.1	25.4
SA	0.1	4.0	17.0	25.7	19.4	33.7
TAS	-	3.1	15.6	31.3	22.9	27.1
VIC	0.1	2.7	11.4	26.0	23.5	36.3
WA	0.4	4.2	20.3	27.7	20.9	26.6

Table A3.25: Hours of sleep per night among young people aged 15-19, by PD, 2020

	6 hours or less %	7 – 8 hours %	9 – 10 hours %	11 hours or more %	≤8 hours %	> 8 hours %
PD	41.4	45.4	11.6	1.6	86.8	13.2
No PD	16.0	59.6	23.0	1.4	75.7	24.3

Table A3.26: Hours of sleep per night among young people aged 15-19 with PD, by gender, 2020

	6 hours or less %	7 – 8 hours %	9 – 10 hours %	11 hours or more %	≤8 hours %	> 8 hours %
Female	40.4	46.7	11.9	1.0	87.1	12.9
Male	42.1	44.1	11.2	2.6	86.2	13.8

Table A3.27: Hours of sleep per night among young people aged 15-19 with PD, by Aboriginal and/or Torres Strait Islander status, 2020

	6 hours or less %	7 – 8 hours %	9 – 10 hours %	11 hours or more %	≤8 hours %	> 8 hours %
Aboriginal and/or Torres Strait Islander respondents	48.0	34.4	13.0	4.6	82.4	17.6
Non-Indigenous respondents	41.0	46.1	11.5	1.4	87.1	12.9

Table A3.28: Hours of sleep per night among young people aged 15-19 with PD, by disability status, 2020

	6 hours or less %	7 – 8 hours %	9 – 10 hours %	11 hours or more %	≤8 hours %	> 8 hours %
Have disability	48.1	37.7	10.4	3.8	85.8	14.2
Do not have disability	40.6	46.3	11.8	1.3	86.9	13.1

Table A3.29: Hours of sleep per night among young people aged 15-19 with PD, by age, 2020

	6 hours or less %	7 – 8 hours %	9 – 10 hours %	11 hours or more %	≤8 hours %	> 8 hours %
15 year olds	41.2	43.8	13.3	1.8	85.0	15.0
16 year olds	41.1	46.4	11.5	1.0	87.5	12.5
17 year olds	42.2	46.5	9.6	1.7	88.7	11.3
18-19 year olds*	40.5	43.3	13.9	2.3	83.7	16.3

*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.

Table A3.30: Hours of sleep per night among young people aged 15-19 with PD, by State, 2020

	6 hours or less %	7 – 8 hours %	9 – 10 hours %	11 hours or more %	≤8 hours %	> 8 hours %
ACT	38.6	47.9	12.7	0.8	86.4	13.6
NSW	42.4	44.6	11.5	1.4	87.0	13.0
NT	42.2	43.8	10.2	3.9	85.9	14.1
QLD	44.8	42.8	10.7	1.7	87.6	12.4
SA	42.9	44.7	10.4	2.0	87.6	12.4
TAS	32.8	53.6	12.5	1.0	86.5	13.5
VIC	37.2	48.1	13.1	1.6	85.4	14.6
WA	42.8	44.4	11.5	1.3	87.2	12.8

Table A3.31: Hours of exercise per week among young people aged 15-19, by PD, 2020

	No exercise %	1 – 2 hours %	3 – 4 hours %	5 – 6 hours %	7 – 8 hours %	9 hours or more %	Less than 7 hours %	7 hours or more %
PD	11.0	28.6	23.6	14.8	8.6	13.2	78.1	21.9
No PD	5.0	21.5	23.2	18.1	11.9	20.3	67.8	32.2

Table A3.32: Hours of exercise per week among young people aged 15-19 with PD, by gender, 2020

	No exercise %	1 – 2 hours %	3 – 4 hours %	5 – 6 hours %	7 – 8 hours %	9 hours or more %	Less than 7 hours %	7 hours or more %
Female	10.2	30.9	25.3	15.2	8.2	10.2	81.6	18.4
Male	11.5	22.4	20.6	14.2	10.5	20.8	68.7	31.3

Table A3.33: Hours of exercise per week among young people aged 15-19 with PD, by Aboriginal and/or Torres Strait Islander status, 2020

	No exercise %	1 – 2 hours %	3 – 4 hours %	5 – 6 hours %	7 – 8 hours %	9 hours or more %	Less than 7 hours %	7 hours or more %
Aboriginal and/or Torres Strait Islander respondents	18.5	23.4	17.2	13.9	7.4	19.6	73.0	27.0
Non-Indigenous respondents	10.6	28.9	24.1	14.9	8.7	12.8	78.4	21.6

Table A3.34: Hours of exercise per week among young people aged 15-19 with PD, by disability status, 2020

	No exercise %	1 - 2 hours %	3 - 4 hours %	5 - 6 hours %	7 - 8 hours %	9 hours or more %	Less than 7 hours %	7 hours or more %
Have disability	15.3	29.2	20.9	10.5	8.3	15.8	75.9	24.1
Do not have disability	10.5	28.5	24.1	15.4	8.7	12.9	78.5	21.5

Table A3.35: Hours of exercise per week among young people aged 15-19 with PD, by age, 2020

	No exercise %	1 - 2 hours %	3 - 4 hours %	5 - 6 hours %	7 - 8 hours %	9 hours or more %	Less than 7 hours %	7 hours or more %
15 year olds	7.9	26.0	23.9	16.3	10.2	15.7	74.1	25.9
16 year olds	10.6	27.6	24.8	15.3	8.0	13.7	78.3	21.7
17 year olds	13.2	30.1	22.8	14.2	7.9	11.8	80.3	19.7
18-19 year olds*	14.0	33.5	21.7	11.8	8.9	10.1	81.0	19.0

*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.

Table A3.36: Hours of exercise per week among young people aged 15-19 with PD, by State, 2020

	No exercise %	1 - 2 hours %	3 - 4 hours %	5 - 6 hours %	7 - 8 hours %	9 hours or more %	Less than 7 hours %	7 hours or more %
ACT	9.3	17.8	24.6	16.5	7.6	24.2	68.2	31.8
NSW	10.2	29.4	24.3	14.8	9.4	11.9	78.6	21.4
NT	10.2	29.1	24.4	14.2	7.1	15.0	78.0	22.0
QLD	11.7	25.8	23.7	14.4	8.7	15.5	75.8	24.2
SA	13.4	27.0	24.6	13.7	8.9	12.5	78.7	21.3
TAS	6.8	22.5	26.2	19.9	9.9	14.7	75.4	24.6
VIC	9.7	33.2	22.9	14.8	8.5	10.8	80.7	19.3
WA	13.7	28.7	21.5	15.2	6.9	14.1	79.0	21.0

Table A3.37: Experience of unfair treatment, young people aged 15-19, by PD, 2020

	Yes %	No %
PD	45.4	54.6
No PD	20.4	79.6

Table A3.38: Experience of unfair treatment, young people aged 15-19 with PD, by demographic characteristics, 2020

	Yes %	No %
Females	45.8	54.2
Males	40.3	59.7
15 year olds	48.7	51.3
16 year olds	45.0	55.0
17 year olds	43.1	56.9
18 - 19 year olds*	45.3	54.7
Aboriginal and/or Torres Strait Islander	59.0	41.0
Non-Indigenous	44.7	55.3
ACT	41.9	58.1
NSW	45.6	54.4
NT	54.7	45.3
QLD	48.3	51.7
SA	45.3	54.7
TAS	44.0	56.0
VIC	42.6	57.4
WA	45.8	54.2
Have a disability	61.7	38.3
Do not have a disability	43.4	56.6

*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.

Table A3.39: Reasons for being treated unfairly, young people aged 15-19, by PD, 2020

	PD %	No PD %
Gender	44.4	38.4
Mental health	43.0	12.5
Sexuality	27.2	13.0
Race/cultural background	26.5	33.5
Age	23.7	18.7
Religion	13.2	14.1
Financial background	12.6	5.9
Disability	9.4	5.8
Other	14.1	14.5

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

Table A3.40: Reasons for being treated unfairly, young people with PD aged 15-19, by gender, 2020

	Females %	Males %
Gender	47.4	27.0
Mental health	42.3	40.8
Sexuality	23.3	24.3
Race/cultural background	26.6	28.2
Age	24.7	20.0
Religion	12.4	14.6
Financial background	10.7	16.6
Disability	5.8	15.1
Other	11.2	20.8

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

Table A3.41: Reasons for being treated unfairly, young people with PD aged 15-19, by Aboriginal and/or Torres Strait Islander status, 2020

	Aboriginal and/or Torres Strait Islander respondents %	Non-Indigenous respondents %
Gender	39.7	44.8
Mental health	53.9	42.3
Sexuality	35.6	26.5
Race/cultural background	44.7	25.2
Age	34.7	22.6
Religion	20.1	12.8
Financial background	31.1	11.1
Disability	24.7	8.2
Other	24.2	13.3

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

Table A3.42: Reasons for being treated unfairly, young people with PD aged 15-19, by disability status, 2020

	Have disability %	Do not have disability %
Gender	38.3	45.7
Mental health	60.7	40.3
Sexuality	37.1	25.7
Race/cultural background	17.8	27.5
Age	24.5	23.4
Religion	13.1	13.1
Financial background	17.5	11.8
Disability	49.8	2.6
Other	15.7	14.0

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

Table A3.43: Reasons for being treated unfairly, young people with PD aged 15-19, by age, 2020

	15 years %	16 years %	17 years %	18-19 years* %
Gender	43.8	44.3	44.2	46.7
Mental health	42.7	43.6	41.0	46.7
Sexuality	31.6	25.5	25.0	26.4
Race/cultural background	26.3	27.0	25.6	27.3
Age	25.5	22.0	21.6	29.4
Religion	11.2	14.3	13.2	13.9
Financial background	12.0	10.8	11.7	20.9
Disability	7.2	9.7	8.8	14.5
Other	14.1	14.0	14.6	12.4

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

Table A3.44: Reasons for being treated unfairly, young people with PD aged 15-19, by State, 2020

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Gender	51.5	45.5	35.7	43.8	44.1	52.9	44.3	41.6
Mental health	44.4	43.2	34.3	48.2	43.8	42.4	37.1	45.0
Sexuality	27.3	26.4	30.0	27.7	24.4	29.4	27.2	29.5
Race/cultural background	28.3	33.6	31.4	21.8	21.1	17.6	26.1	25.0
Age	24.2	23.0	20.0	24.1	20.8	21.2	25.2	25.8
Religion	12.1	15.0	14.3	12.5	12.1	12.9	12.1	13.7
Financial background	9.1	11.5	8.6	15.9	14.5	14.1	10.1	13.4
Disability	10.1	9.8	4.3	9.2	7.7	7.1	9.0	12.4
Other	16.2	13.2	11.4	14.9	14.5	17.6	12.2	16.6

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

Table A3.45: Where young people aged 15-19 go for help with important issues, by PD, 2020

	PD %	No PD %
Friend/s	76.0	86.2
Parent/s or guardian/s	49.8	79.6
Internet	49.2	47.8
GP/health professional	42.3	45.7
Brother/sister	38.8	53.5
Relative/family friend	38.4	61.3
Mobile apps	29.1	24.6
Teacher	27.4	39.5
School counsellor	27.3	31.4
Social media	21.0	16.8
Community service	11.1	11.1
Spiritual/religious mentor	9.3	12.9

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

Table A3.46: Where young people aged 15-19 with PD go for help with important issues, by gender, 2020

	Females %	Males %
Friend/s	78.6%	70.3%
Parent/s or guardian/s	51.6%	46.1%
Internet	51.3%	42.6%
GP/health professional	44.3%	37.5%
Brother/sister	41.0%	34.0%
Relative/family friend	39.5%	37.6%
Mobile apps	31.7%	20.9%
Teacher	28.6%	25.2%
School counsellor	27.7%	24.6%
Social media	21.4%	18.3%
Community service	10.6%	12.5%
Spiritual/religious mentor	8.5%	11.0%

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

Table A3.47: Where young people aged 15-19 with PD go for help with important issues, by Aboriginal and/or Torres Strait Islander status, 2020

	Aboriginal and/or Torres Strait Islander respondents %	Non-Indigenous respondents %
Friend/s	67.6	76.5
Parent/s or guardian/s	46.3	50.0
Internet	41.6	49.6
GP/health professional	38.9	42.6
Brother/sister	40.9	38.7
Relative/family friend	48.2	37.7
Mobile apps	35.3	28.7
Teacher	28.9	27.3
School counsellor	26.1	27.3
Social media	26.1	20.6
Community service	20.5	10.4
Spiritual/religious mentor	18.7	8.7

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

Table A3.48: Where young people aged 15-19 with PD go for help with important issues, by disability status, 2020

	Have disability %	Do not have disability %
Friend/s	68.0	76.9
Parent/s or guardian/s	50.8	49.8
Internet	48.1	49.1
GP/health professional	49.1	41.7
Brother/sister	36.1	39.1
Relative/family friend	36.8	38.5
Mobile apps	29.3	29.0
Teacher	29.4	27.1
School counsellor	31.7	26.8
Social media	23.0	20.6
Community service	15.9	10.3
Spiritual/religious mentor	10.1	9.2

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

Table A3.49: Where young people aged 15-19 with PD go for help with important issues, by age, 2020

	15 years %	16 years %	17 years %	18-19 years* %
Friend/s	75.9%	75.7%	77.1%	74.0%
Parent/s or guardian/s	48.0%	49.9%	51.4%	49.4%
Internet	47.6%	48.6%	50.2%	52.1%
GP/health professional	38.7%	40.6%	45.0%	49.4%
Brother/sister	38.6%	38.3%	40.1%	38.0%
Relative/family friend	39.1%	39.8%	37.5%	34.7%
Mobile apps	30.1%	29.1%	27.5%	31.5%
Teacher	23.5%	26.9%	31.6%	27.1%
School counsellor	25.1%	28.4%	28.4%	26.0%
Social media	22.6%	20.9%	19.9%	21.1%
Community service	10.8%	10.7%	10.7%	14.2%
Spiritual/religious mentor	8.8%	9.6%	8.8%	10.6%

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

Table A3.50: Where young people aged 15-19 with PD go for help with important issues, by State, 2020

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Friend/s	72.9	76.5	71.1	73.3	78.2	73.8	79.5	72.4
Parent/s or guardian/s	48.3	51.0	40.6	47.9	53.0	53.6	49.3	48.4
Internet	42.4	52.3	42.2	43.5	46.4	50.0	55.4	45.4
GP/health professional	41.9	45.4	29.7	40.8	40.9	50.0	42.6	39.2
Brother/sister	38.6	40.9	30.5	36.7	42.6	38.0	38.3	36.1
Relative/family friend	36.9	39.5	31.3	36.5	42.2	39.6	37.4	38.3
Mobile apps	24.2	31.8	28.1	23.7	27.0	32.1	33.7	26.2
Teacher	26.4	28.9	18.1	24.0	32.3	29.1	28.2	24.6
School counsellor	24.2	27.1	26.6	25.6	33.2	30.2	28.0	23.7
Social media	18.7	21.8	18.0	18.7	22.0	17.9	23.6	19.1
Community service	8.6	11.8	12.5	9.3	9.7	8.9	11.8	13.3
Spiritual/religious mentor	8.5	10.1	14.8	10.2	8.3	9.5	7.5	9.7

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

Table A3.51: Help-seeking barriers for young people aged 15-19, by PD, 2020

	PD %	No PD %
Scared/anxious	67.8	38.9
Feeling embarrassed	66.8	53.1
Feeling I can deal with it myself	63.8	48.9
Not knowing what kind of help I need	58.9	39.9
Other responsibilities	45.7	35.2
Stigma/judgement	45.6	27.1
Not knowing where to go	43.9	28.7
Can't afford it	32.7	17.4
Needing parent consent	30.2	16.2
Lack of family/friend support	26.9	9.4
Feeling unsafe	21.1	7.9
Lack of transport	20.6	11.4
Limited services available in my area	15.4	7.7
No available appointments when I need them	13.8	5.7
Discrimination	11.3	5.0
Other	5.4	3.9

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

Table A3.52: Help-seeking barriers for young people aged 15-19 with PD, by gender, 2020

	Females %	Males %
Scared/anxious	72.1	55.6
Feeling embarrassed	70.7	57.0
Feeling I can deal with it myself	67.4	53.1
Not knowing what kind of help I need	62.7	47.5
Other responsibilities	49.1	35.8
Stigma/judgement	48.1	36.8
Not knowing where to go	45.4	38.5
Can't afford it	32.8	29.6
Needing parent consent	32.8	20.7
Lack of family/friend support	28.2	22.3
Feeling unsafe	20.4	20.4
Lack of transport	20.6	18.2
Limited services available in my area	15.2	12.9
No available appointments when I need them	14.1	10.0
Discrimination	9.5	12.4
Other	3.8	7.5

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

Table A3.53: Help-seeking barriers for young people aged 15-19 with PD, by Aboriginal and/or Torres Strait Islander status, 2020

	Aboriginal and/or Torres Strait Islander respondents %	Non-Indigenous respondents %
Scared/anxious	59.5	68.6
Feeling embarrassed	59.2	67.4
Feeling I can deal with it myself	53.6	64.6
Not knowing what kind of help I need	55.8	59.3
Other responsibilities	39.1	46.4
Stigma/judgement	41.8	46.0
Not knowing where to go	45.6	44.0
Can't afford it	42.1	32.2
Needing parent consent	29.0	30.4
Lack of family/friend support	27.9	26.9
Feeling unsafe	29.0	20.7
Lack of transport	30.6	20.1
Limited services available in my area	25.2	14.9
No available appointments when I need them	23.3	13.3
Discrimination	21.2	10.7
Other	13.1	4.9

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

Table A3.54: Help-seeking barriers for young people aged 15-19 with PD, by disability status, 2020

	Have disability %	Do not have disability %
Scared/anxious	67.3	68.3
Feeling embarrassed	63.2	67.4
Feeling I can deal with it myself	58.0	64.8
Not knowing what kind of help I need	59.0	59.1
Other responsibilities	45.8	45.8
Stigma/judgement	46.0	45.7
Not knowing where to go	46.2	43.8
Can't afford it	41.9	31.7
Needing parent consent	30.1	30.4
Lack of family/friend support	28.6	26.7
Feeling unsafe	31.5	20.0
Lack of transport	26.6	19.8
Limited services available in my area	24.9	14.3
No available appointments when I need them	24.3	12.6
Discrimination	19.9	10.3
Other	10.5	4.8

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

Table A3.55: Help-seeking barriers for young people aged 15-19 with PD, by age, 2020

	15 years %	16 years %	17 years %	18-19 years* %
Scared/anxious	70.4	68.8	64.6	67.6
Feeling embarrassed	69.4	68.7	64.0	62.3
Feeling I can deal with it myself	63.1	64.0	64.4	62.4
Not knowing what kind of help I need	59.1	60.5	58.4	55.0
Other responsibilities	43.1	47.2	47.1	43.5
Stigma/judgement	46.4	47.1	44.4	42.2
Not knowing where to go	45.4	45.5	41.9	40.7
Can't afford it	31.0	31.0	32.9	41.7
Needing parent consent	36.6	32.2	28.1	15.1
Lack of family/friend support	25.7	28.6	26.3	25.5
Feeling unsafe	24.0	21.5	18.9	18.2
Lack of transport	20.4	19.9	20.7	22.5
Limited services available in my area	15.3	14.9	14.7	19.2
No available appointments when I need them	12.0	13.1	14.6	18.0
Discrimination	12.2	11.4	10.3	11.2
Other	5.6	5.5	5.3	4.5

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

Table A3.56: Help-seeking barriers for young people aged 15-19 with PD, by State, 2020

	ACT %	NSW %	NT %	QLD %	SA %	TAS %	VIC %	WA %
Scared/anxious	66.7	68.6	60.9	68.9	64.2	71.0	69.7	65.5
Feeling embarrassed	61.6	68.6	60.2	68.0	64.2	68.9	67.0	64.9
Feeling I can deal with it myself	58.6	64.0	60.9	65.1	61.7	68.9	65.7	60.5
Not knowing what kind of help I need	51.5	58.8	57.8	58.6	58.9	60.1	60.1	59.4
Other responsibilities	42.2	47.7	44.5	48.0	40.6	42.5	43.9	48.4
Stigma/judgement	42.2	46.9	39.1	47.4	42.2	52.3	45.6	43.9
Not knowing where to go	40.9	45.2	39.1	46.9	43.1	37.3	42.7	43.0
Can't afford it	27.8	31.6	32.8	34.5	34.3	31.6	29.0	39.3
Needing parent consent	30.0	31.4	33.6	29.4	25.1	23.8	31.3	32.9
Lack of family/friend support	26.2	26.6	36.7	27.4	25.6	22.3	25.9	29.8
Feeling unsafe	16.5	21.5	28.1	23.6	19.9	19.2	16.9	25.5
Lack of transport	14.8	19.5	26.6	22.7	19.5	17.6	19.9	23.5
Limited services available in my area	8.4	16.8	21.1	15.6	14.4	18.1	13.8	16.4
No available appointments when I need them	13.1	15.1	14.8	13.7	13.6	14.5	11.5	15.4
Discrimination	10.1	10.5	21.1	12.1	10.4	8.8	9.9	14.8
Other	6.3	5.8	7.8	4.0	5.9	3.1	4.8	6.8

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

Regression Analyses Explained: Changes Across Cohorts

Statistical Analyses

A series of logistic regressions were conducted in SPSS v.25 to supplement the descriptive analyses. The aims were to explore changes in psychological distress between 2012 and 2020 as well as how key demographic characteristics (gender, Aboriginal and/or Torres Strait Islander identification, disability status) impacted this relationship. The binary outcome variable was psychological distress (i.e., no psychological distress or psychological distress). Unstandardised estimates were exponentiated into odds ratios.

The first series of simultaneous logistic regressions aimed to determine significant differences in psychological distress across the period of 2012 to 2020. To account for systematic differences in demographic characteristics between cohorts, gender (0 = male, 1 = female)[78], age, Aboriginal and/or Torres Strait Islander identification (0 = no, 1 = yes), disability status (0 = no, 1 = yes), and language other than English (0 = no, 1 = yes) were controlled for. For categorical covariates, reference categories were coded 0. Only planned simple comparisons between specific cohorts were of interest. One regression examined simple comparisons between each adjacent cohort (e.g., 2012 vs 2013, 2013 vs 2014 etc.). A second regression examined a simple comparison between the first and last cohort (i.e., 2012 vs 2020)[79]. For comparisons, earlier year was coded as the reference category. A Bonferroni correction was applied, correcting for the number of terms (k=14) entered in each model, resulting in a conservative significance threshold of p<.004.

The second series of blocked simultaneous logistic regressions aimed to determine whether trends in psychological distress over time were different for subgroups of young people (i.e., gender, Aboriginal and/or Torres Strait Islander identification, and disability status). All main effects (of cohort, demographics) were entered into the first block of the regression models. The overall interaction between subgroup and cohort was entered into the second block of the models. Significant interactions (p < .008) were explored by re-running the logistic regression model with the main effects of demographics and interaction term entered at the same step. These interactions were the effects of interest.[80] A Bonferroni correction was applied, correcting for k = 14 terms entered into each model, resulting in a conservative significance threshold of p<.004.

All assumptions for logistic regression were met. There was minimal multicollinearity between predictors. Inspection of standardised residuals indicated that there were no influential outliers or leverage points above 3 *SD*s from the mean.

[78] Note that due to differences in question wording and response options in surveys, only female and male gender identification could be extracted and compared across each cohort.
[79] Note that a set of simple comparisons were examined with 2012 as the reference category, however only the 2012 vs 2020 comparison was of interest.
[80] To enable easy interpretation of significant interactions, the models were sequentially run with each level of the binary demographic variable included in the interaction term as the reference category (results are shown in Tables 2a-3d). The mathematical output of these models is the same.

Results

Changes across cohorts

Controlling for main effects of gender, age, Aboriginal and/or Torres Strait Islander identification, disability status, and language other than English, there were significant differences in proportions of psychological distress across cohorts. Simple comparisons indicated that young people reported higher odds of psychological distress in 2013 than 2012 (*OR* = 1.25, $p < .004$), in 2016 than 2015 (*OR* = 1.08, $p = .004$), in 2017 than 2016 (*OR* = 1.09, $p < .004$), and in 2019 than 2018 (*OR* = 1.18, $p < .004$). Young people also reported higher odds of psychological distress in 2020 compared to 2012 (*OR* = 1.68, $p < .004$). There were no significant differences between the other planned comparisons (*ps* > .15). These results indicate that proportions of psychological distress have generally increased between 2012 and 2020, although there has been some variation between adjacent years. See Tables 1a and 1b for regression model output.

Changes across cohorts for gender

Controlling for main effects of cohort, gender, age, Aboriginal and/or Torres Strait Islander identification, disability status, and language other than English, there was a significant interaction between gender and cohort ($\chi^2(8) = 34.21$, $p < .004$). The simple comparisons showed that the odds of psychological distress for females compared to males increased from 2012 to 2013 (*OR* = 1.28, $p < .004$), 2016 to 2017 (*OR* = 1.09, $p = .003$), and 2018 to 2019 (*OR* = 1.21, $p < .004$). In line with these results, the odds of psychological distress for males compared to females decreased from 2019 to 2020 (*OR* = .89, $p = .004$). Further, the odds of psychological distress increased from 2012 to 2020 for both females and males, but the extent of this increase was greater for females (*OR* = 1.83, $p < .004$ vs *OR* = 1.34, $p < .004$). There were no other significant differences between the other planned comparisons of interest (*ps* > .006). See Tables 2a-2d for regression model output.

Changes across cohorts for Aboriginal and/or Torres Strait Islander identification

Controlling for main effects of cohort, age, gender, Aboriginal and/or Torres Strait Islander identification, disability status, and language other than English, there was a significant interaction between Aboriginal and/or Torres Strait Islander identification and cohort ($\chi^2(8) = 22.84$, $p = .004$). The simple comparisons showed that the odds of psychological distress for young people who identified as Aboriginal and/or Torres Strait Islander (compared to those who did not) increased from 2014 to 2015 (*OR* = 1.49, $p = .001$). However, this pattern of results reversed for subsequent years. The odds of psychological distress for young people who did not identify as Aboriginal and/or Torres Strait Islander (compared to those who did) increased between 2015 to 2016 (*OR* = 1.09, $p = .001$), 2016 to 2017 (*OR* = 2.09, $p < .004$), and 2018 to 2019 (OR = 1.18, $p < .004$). Consistent with these results, the odds of psychological distress for young people who did not identify as Aboriginal and/or Torres Strait Islander increased from 2012 to 2020 (*OR* = 1.70 $p < .002$). There were no other significant differences between the other planned comparisons (*ps* > .007). See Tables 3a-3d for regression model output.

Changes across cohorts for disability status

Controlling for main effects of cohort, age, gender, Aboriginal and/or Torres Strait Islander identification, disability status, and language other than English, there was no significant interaction between disability status and cohort ($\chi^2(8) = 4.53$, $p = .81$). However, the main effect model was significant ($\chi^2(13) = 7196.43$, $p < .008$). There was an overall main effect of disability status. This result shows that regardless of cohort, young people living with disability had a significantly higher odds of psychological distress compared to those living without disability (*OR* = 2.37, $p < .004$).

Table A4.1: Logistic regression for psychological distress with simple comparisons between adjacent years

Independent Variables	OR	CI95		p
		Lower	Upper	
2012 vs 2013	1.25	1.17	1.33	.000*
2013 vs 2014	1.01	0.95	1.07	.766
2014 vs 2015	1.02	0.96	1.08	.474
2015 vs 2016	1.08	1.02	1.13	.004*
2016 vs 2017	1.09	1.04	1.14	.000*
2017 vs 2018	0.97	0.93	1.02	.262
2018 vs 2019	1.18	1.13	1.23	.000*
2019 vs 2020	0.97	0.93	1.01	.149
Gender	2.54	2.48	2.61	.000
Age	1.06	1.04	1.07	.000
Aboriginal and/or Torres Strait Islander identification	1.36	1.29	1.43	0.000
Disability	2.37	2.26	2.49	0.000
Language other than English	1.13	1.10	1.16	.000
Constant	0.06			.000

Note: *OR* = odds ratio; *CI* = confidence interval of the odds ratio; *LL* = lower limit; *UL* = upper limit. *$p < .004$. Simple comparisons between adjacent years are the effects of interest. For example, the significant comparison 2012vs2013 indicates that the odds of psychological distress were higher in 2013 compared to 2012 (reference category).

Table A4.2: Logistic regression for psychological distress with simple comparison between 2012 and 2020

Independent Variables	OR	CI95		p
		Lower	Upper	
2012 vs 2013	1.25	1.17	1.33	.000
2012vs 2014	1.26	1.18	1.34	.000
2012 vs 2015	1.28	1.21	1.36	.000
2012 vs 2016	1.38	1.31	1.46	.000
2012 vs 2017	1.51	1.43	1.59	.000
2012 vs 2018	1.47	1.39	1.55	.000
2012 vs 2019	1.73	1.64	1.83	.000
2012 vs 2020	1.68	1.59	1.77	.000*
Gender	2.54	2.48	2.61	.000
Age	1.06	1.04	1.07	.000
Aboriginal and/or Torres Strait Islander identification	1.36	1.29	1.43	.000
Disability	2.37	2.26	2.49	.000
Language other than English	1.13	1.10	1.16	.000
Constant	0.06			.000

Note: *OR* = odds ratio; *CI* = confidence interval of the odds ratio; *LL* = lower limit; *UL* = upper limit.
*$p < .004$. Simple comparison between 2012vs2020 is the effect of interest. The significant comparison indicates that the odds of psychological distress were higher in 2020 compared to 2012 (reference category).

Table A4.3: Logistic regression on psychological distress. Interaction between adjacent years and gender (male as reference category)

Independent Variables	OR	CI95		p
		Lower	Upper	
Age	1.06	1.04	1.07	.000
Aboriginal and/or Torres Strait Islander identification	1.36	1.29	1.43	.000
Gender	2.43	2.37	2.49	.000
Disability	2.38	2.27	2.50	.000
Language other than English	1.12	1.09	1.16	.000
Gender*Cohort				.000
Gender*2012 vs 2013	1.28	1.19	1.38	.000*
Gender*2013 vs 2014	1.01	0.94	1.08	.803
Gender*2014 vs 2015	1.03	0.96	1.10	.469
Gender*2015 vs 2016	1.09	1.02	1.16	.006
Gender*2016 vs 2017	1.09	1.03	1.15	.003*
Gender*2017 vs 2018	0.96	0.91	1.01	.107
Gender*2018 vs 2019	1.21	1.15	1.28	.000*
Gender*2019 vs 2020	1.01	0.95	1.06	.840
Constant	0.06			.000

Note: *CI* = confidence interval of the odds ratio; *LL* = lower limit; *UL* = upper limit. *$p < .004$. Simple comparisons between adjacent years are the effects of interest. For gender, male is coded as the reference category. For example, the significant comparison 2012vs2013 indicates that the odds of psychological distress for females compared to males increased from 2012 to 2013.

Table A4.4: Logistic regression on psychological distress. Interaction between adjacent years and gender (female as reference category)

Independent Variables	OR	CI95		p
		Lower	Upper	
Age	1.05	1.04	1.07	.000
Aboriginal and/or Torres Strait Islander identification	1.37	1.30	1.44	.000
Gender	0.39	0.38	0.40	.000
Disability	2.38	2.27	2.50	.000
Language other than English	1.12	1.09	1.15	.000
Gender*Cohort				.000
Gender*2012 vs 2013	1.15	1.02	1.29	.023
Gender*2013 vs 2014	1.01	0.90	1.14	.844
Gender*2014 vs 2015	1.00	0.90	1.12	.953
Gender*2015 vs 2016	1.05	0.96	1.15	.263
Gender*2016 vs 2017	1.09	1.00	1.19	.044
Gender*2017 vs 2018	1.02	0.94	1.10	.715
Gender*2018 vs 2019	1.11	1.03	1.20	.008
Gender*2019 vs 2020	0.89	0.82	0.96	.004*
Constant	0.16			.000

Note: *CI* = confidence interval of the odds ratio; *LL* = lower limit; *UL* = upper limit. *$p < .004$. Simple comparisons between adjacent years are the effects of interest. For gender, female is coded as the reference category. For example, the significant comparison 2019vs2020 indicates that the odds of psychological distress for males compared to females decreased from 2019 to 2020.

Table A4.5: Logistic regression for psychological distress. Interaction between 2012 vs 2020 and gender (male as reference category)

Independent Variables	OR	CI95		p
		Lower	Upper	
Age	1.06	1.04	1.07	.000
Aboriginal and/or Torres Strait Islander identification	1.36	1.29	1.43	.000
Gender	2.43	2.37	2.49	.000
Disability	2.38	2.27	2.50	.000
Language other than English	1.12	1.09	1.16	.000
Gender*Cohort				.000
Gender*2012 vs 2013	1.28	1.19	1.38	.000
Gender*2012 vs 2014	1.29	1.20	1.39	.000
Gender*2012 vs 2015	1.32	1.24	1.42	.000
Gender*2012 vs 2016	1.44	1.35	1.54	.000
Gender*2012 vs 2017	1.57	1.47	1.67	.000
Gender*2012 vs 2018	1.50	1.40	1.60	.000
Gender*2012 vs 2019	1.82	1.70	1.93	.000
Gender*2012 vs 2020	1.83	1.71	1.95	.000*
Constant	0.06			.000

Note: *OR* = odds ratio; *CI* = confidence interval of the odds ratio; *LL* = lower limit; *UL* = upper limit. *$p <$ .004. Simple comparison between 2012vs2020 is the effect of interest. For gender, male is coded as the reference category. The significant comparison indicates that the odds of psychological distress increased from 2012 to 2020 for females compared to males.

Table A4.6: Logistic regression for psychological distress. Interaction between 2012 vs 2020 and gender (female as reference category)

Independent Variables	OR	CI95		p
		Lower	Upper	
Age	1.05	1.04	1.07	.000
Aboriginal and/or Torres Strait Islander identification	1.37	1.30	1.44	.000
Gender	0.39	0.38	0.40	.000
Disability	2.38	2.27	2.50	.000
Language other than English	1.12	1.09	1.15	.000
Gender*Cohort				.000
Gender*2012 vs 2013	1.15	1.02	1.29	.023
Gender*2012 vs 2014	1.16	1.03	1.31	.016
Gender*2012 vs 2015	1.16	1.04	1.30	.006
Gender*2012 vs 2016	1.23	1.10	1.36	.000
Gender*2012 vs 2017	1.34	1.20	1.49	.000
Gender*2012 vs 2018	1.36	1.22	1.51	.000
Gender*2012 vs 2019	1.51	1.36	1.67	.000
Gender*2012 vs 2020	1.34	1.21	1.49	.000*
Constant	0.16			.000

Note: *OR* = odds ratio; *CI* = confidence interval of the odds ratio; *LL* = lower limit; *UL* = upper limit. *$p <$ .004. Simple comparison between 2012vs2020 is the effect of interest. For gender, female is coded as the reference category. The significant comparison indicates that the odds of psychological distress increased from 2012 to 2020 for males compared to females.

Table A4.7: Logistic regression on psychological distress. Interaction between adjacent years and Aboriginal and/or Torres Strait Islander identification (non-Aboriginal and/or Torres Strait Islander as reference category)

Independent Variables	OR	CI95		p
		Lower	Upper	
Age	1.05	1.04	1.07	.000
Aboriginal and/or Torres Strait Islander identification	1.33	1.26	1.41	.000
Gender	2.52	2.46	2.59	.000
Disability	2.39	2.28	2.51	.000
Language other than English	1.12	1.08	1.15	.000
Aboriginal and/or Torres Strait Islander*Cohort				.002
Aboriginal and/or Torres Strait Islander*2012 vs 2013	1.22	0.91	1.63	.182
Aboriginal and/or Torres Strait Islander*2013 vs 2014	0.67	0.50	0.90	.007
Aboriginal and/or Torres Strait Islander*2014 vs 2015	1.49	1.18	1.90	.001*
Aboriginal and/or Torres Strait Islander*2015 vs 2016	0.88	0.72	1.08	.224
Aboriginal and/or Torres Strait Islander*2016 vs 2017	1.04	0.85	1.28	.685
Aboriginal and/or Torres Strait Islander*2017 vs 2018	1.00	0.82	1.21	.983
Aboriginal and/or Torres Strait Islander*2018 vs 2019	1.14	0.95	1.37	.163
Aboriginal and/or Torres Strait Islander*2019 vs 2020	1.06	0.88	1.28	.518
Constant	0.06			.000

Note: *OR* = odds ratio; *CI* = confidence interval of the odds ratio; *LL* = lower limit; *UL* = upper limit. *p <.004. Simple comparisons between adjacent years are the effects of interest. Non-Aboriginal and/or Torres Strait Islander identification is coded as reference category. For example, the significant comparison 2014vs2015 indicates that odds of psychological distress for young people who identified as Aboriginal and/or Torres Strait Islander (compared to those who did not) increased from 2014 to 2015.

Table A4.8: Logistic regression on psychological distress. Interaction between adjacent years and Aboriginal and/or Torres Strait Islander identification (Aboriginal and/or Torres Strait Islander as reference category)

Independent Variables	OR	CI95		p
		Lower	Upper	
Age	1.06	1.04	1.07	.000
Aboriginal and/or Torres Strait Islander identification	0.70	0.67	0.74	.000
Gender	2.54	2.48	2.61	.000
Disability	2.37	2.26	2.48	.000
Language other than English	1.13	1.09	1.16	.000
Aboriginal and/or Torres Strait Islander*Cohort				.000
Aboriginal and/or Torres Strait Islander*2012 vs 2013	1.25	1.17	1.33	.000
Aboriginal and/or Torres Strait Islander*2013 vs 2014	1.03	0.97	1.10	.366
Aboriginal and/or Torres Strait Islander*2014 vs 2015	1.00	0.94	1.06	.903
Aboriginal and/or Torres Strait Islander*2015 vs 2016	1.09	1.04	1.15	.001*
Aboriginal and/or Torres Strait Islander*2016 vs 2017	1.09	1.04	1.14	.000*
Aboriginal and/or Torres Strait Islander*2017 vs 2018	0.97	0.93	1.02	.254
Aboriginal and/or Torres Strait Islander*2018 vs 2019	1.18	1.13	1.24	.000*
Aboriginal and/or Torres Strait Islander*2019 vs 2020	0.96	0.92	1.01	.093
Constant	0.09			.000

Note: *OR* = odds ratio; *CI* = confidence interval of the odds ratio; *LL* = lower limit; *UL* = upper limit. *$p <$ .004. Simple comparisons between adjacent years are the effects of interest. Aboriginal and/or Torres Strait Islander identification is coded as reference category. For example, the significant comparison 2015vs2016 indicates that odds of psychological distress for young people who did not identify as Aboriginal and/or Torres Strait Islander (compared to those who did) increased from 2015 to 2016.

Table A4.9: Logistic regression on psychological distress. Interaction between 2012 vs 2020 and Aboriginal and/or Torres Strait Islander identification (Non-Aboriginal and/or Torres Strait Islander as reference category)

Independent Variables	OR	CI95		p
		Lower	Upper	
Age	1.05	1.04	1.07	.000
Aboriginal and/or Torres Strait Islander	1.33	1.26	1.41	.000
Gender	0.40	0.39	0.41	.000
Disability	2.39	2.28	2.51	.000
Language other than English	1.12	1.08	1.15	.000
Aboriginal and/or Torres Strait Islander*Cohort				.002
Aboriginal and/or Torres Strait Islander*2012 vs 2013	1.22	0.91	1.63	.182
Aboriginal and/or Torres Strait Islander*2012 vs 2014	0.82	0.62	1.08	.164
Aboriginal and/or Torres Strait Islander*2012 vs 2015	1.23	0.96	1.56	.098
Aboriginal and/or Torres Strait Islander*2012 vs 2016	1.08	0.85	1.39	.523
Aboriginal and/or Torres Strait Islander*2012 vs 2017	1.13	0.89	1.44	.326
Aboriginal and/or Torres Strait Islander*2012vs 2018	1.13	0.89	1.43	.331
Aboriginal and/or Torres Strait Islander*2012 vs 2019	1.28	1.02	1.62	.035
Aboriginal and/or Torres Strait Islander*2012 vs 2020	1.36	1.07	1.74	.013
Constant	0.16			.000

Note: *OR* = odds ratio; *CI* = confidence interval of the odds ratio; *LL* = lower limit; *UL* = upper limit. *$p <$ .004. Simple comparison between 2012vs2020 is the effect of interest. Non-Aboriginal and/or Torres Strait Islander identification is coded as reference category. There was no significant difference for the comparison of interest.

Table A4.10: Logistic regression on psychological distress. Interaction between 2012 vs 2020 and Aboriginal and/or Torres Strait Islander identification (Aboriginal and/or Torres Strait Islander as reference category)

Independent Variables	OR	CI95		p
		Lower	Upper	
Age	1.06	1.04	1.07	.000
Aboriginal and/or Torres Strait Islander	0.70	0.67	0.74	.000
Gender	0.39	0.38	0.40	.000
Disability	2.37	2.26	2.48	.000
Language other than English	1.13	1.09	1.16	.000
Aboriginal and/or Torres Strait Islander*Cohort				.000
Aboriginal and/or Torres Strait Islander*2012 vs 2013	1.25	1.17	1.33	.000
Aboriginal and/or Torres Strait Islander*2012 vs 2014	1.29	1.21	1.37	.000
Aboriginal and/or Torres Strait Islander*2012 vs 2015	1.28	1.21	1.36	.000
Aboriginal and/or Torres Strait Islander*2012 vs 2016	1.40	1.32	1.48	.000
Aboriginal and/or Torres Strait Islander*2012 vs 2017	1.53	1.44	1.62	.000
Aboriginal and/or Torres Strait Islander*2012vs 2018	1.49	1.41	1.57	.000
Aboriginal and/or Torres Strait Islander*2012 vs 2019	1.76	1.67	1.86	.000
Aboriginal and/or Torres Strait Islander*2012 vs 2020	1.70	1.60	1.79	.000*
Constant	0.22			.000

Note: *OR* = odds ratio; *CI* = confidence interval of the odds ratio; *LL* = lower limit; *UL* = upper limit. *$p <$ .004. Simple comparison between 2012vs2020 is the effect of interest. Aboriginal and/or Torres Strait Islander identification is coded as reference category. The significant comparison indicates that the odds of psychological distress increased from 2012 to 2020 for young people who did not identify as Aboriginal and/or Torres Strait Islander compared to those who did identify as Aboriginal and/or Torres Strait Islander.

Regression Analysis Explained: Individual Characteristics

Statistical Analyses

A simultaneous binary logistic regression was conducted in SPSS v.25 to determine the relationship between various characteristics (independent variables) and the likelihood of psychological distress (dependent variable). Personal characteristics included self-reported age, gender (dummy variable: female, other; male as reference category), Aboriginal and/or Torres Strait Islander identification (0 = no, 1 = yes), disability status (0 = no, 1 = yes), feelings about the future (dichotomised: 0 = positive or very positive, 1 = ambivalent, negative or very negative), and perception of control over life (dichotomised: 0 = mostly or complete control, 1 = no, almost or some control). The binary outcome variable was psychological distress (i.e., no psychological distress or psychological distress). Only the main effects of each predictor variable were of interest. Unstandardised estimates were exponentiated into odds ratios. An odds ratio is the odds that an outcome (e.g., psychological distress) will occur given a characteristic (e.g., complete control), compared to the odds of that outcome occurring given the absence of that characteristic (e.g., no control). Given the exploratory nature of this regression in the *Youth Survey*, a liberal significance threshold of $p < .05$ was applied.

All assumptions for logistic regression were met. There was minimal multicollinearity between predictors. Inspection of standardised residuals indicated that there were no outliers above 3 *SD*s from the mean.

Results

The full model was statistically significant, $\chi^2(7) = 5094.22$, $p < .001$, and explained 29.3% (Nagelkerke R^2) of the variance in psychological distress. All characteristics were significant: age, female gender, other gender, Aboriginal and/or Torres Strait Islander identification, disability status, feelings about the future, and perception of control over life (shown in Table A5.1).

Controlling for all other predictors in the model, older respondents had 1.04 ($p = .03$) higher odds of reporting psychological distress compared to younger respondents. Young people who identified as female or who identified as another gender had 2.78 and 3.74 (ps < .001) higher odds, respectively, of reporting psychological distress compared to those who identified as male. Young people who identified as Aboriginal and/or Torres Strait Islander had 1.19 ($p = .03$) higher odds of reporting psychological distress compared to young people who did not. Young people who reported living with disability had 1.91 ($p < .001$) higher odds of reporting psychological distress compared to those who did not. Young people who reported feeling ambivalent or negative about the future had 3.15 ($p < .001$) higher odds of reporting psychological distress compared to those who reported feeling more positive about the future. Compared to young people who perceived having at least some control over their lives, young people who perceived having no or almost no control had 3.91 ($p < .001$) higher odds of reporting psychological distress.

Table A5.1: Logistic regression for psychological distress.

Individual Characteristics	OR	CI95		p
		Lower	Upper	
Age	1.04	1.00	.03*	.03*
Female gender	2.78	2.58	.00*	.00*
Other gender	3.73	2.94	.00*	.00*
Aboriginal and/or Torres Strait Islander identification	1.19	1.01	.03*	.03*
Disability	1.91	1.69	.00*	.00*
Feelings about the future	3.15	2.94	.00*	.00*
Perception of control	3.91	3.65	.00*	.00*
Constant	0.03		.00*	.00*

Note: *OR* = odds ratio; *CI* = confidence interval of the odds ratio; *LL* = lower limit; *UL* = upper limit; *p* = p-value. For gender dummy variables, male gender is the reference category. *$p < .05$.

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For further information please contact our Research Policy team on:

08 8218 2826

researchandpolicy@missionaustralia.com.au

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