Young people's mental health over the years

Youth Survey 2012-14

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In association with

Black Dog Institute

Every year thousands of young Australians participate in Mission Australia's Youth Survey. The survey collects information on a broad range of issues, including levels of psychological distress in young people, as measured by the Kessler 6 (K6).

This report presents findings from 2012-14 on the rates of psychological distress in young Australians, aged 15-17, the concerns that are related to high levels of psychological distress and the help seeking behaviour of young people.

These findings have a number of important implications for policy and practice. They highlight the need to ensure that young people have appropriate and timely access to evidence based services and interventions across the continuum.

The main findings from this report are:

- One in five young people aged 15 to 17 had a level of psychological distress that indicated a probable serious mental illness.
- Young females were almost twice as likely to have a probable serious mental illness than young males (26.5% of females, compared to 13.9% of males).
- The prevalence of probable serious mental illness among young people increased between 2012 to 2014 (from 18.2% to 20.0%). This was due to an increase in the prevalence of probable serious mental illness among young females (from 23.2% to 26.5%). The prevalence among young males remained relatively stable over the three years.
- The three issues that young people were most likely to be 'very' or 'extremely' concerned about were coping with stress, school and study, and body image. Although this was the case for young people in general, young people with a probable serious mental illness were much more likely to be 'very' or 'extremely' concerned about these issues than young people without a serious mental illness. They were also more likely to be 'very' or 'extremely' concerned about depression.
- Young people with a probable serious mental illness said that they would be most comfortable seeking help from friends, the internet, parents, and relatives or family friends.

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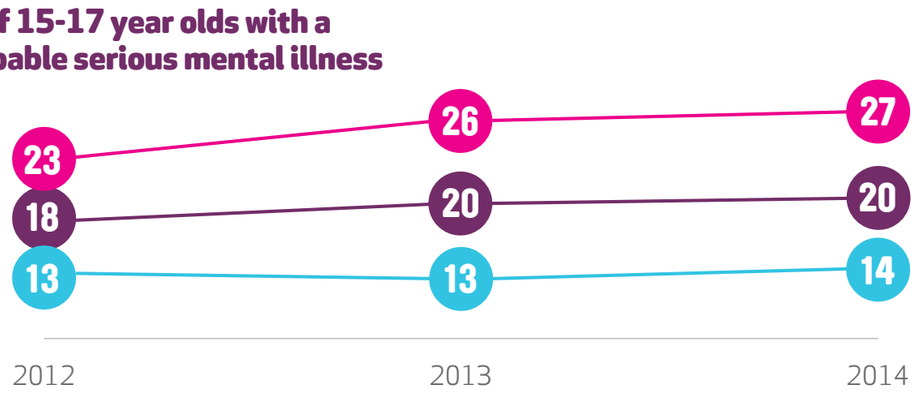
Key policy recommendations include:

- Providing young people with skills to cope with stress when it arises
- Providing universal programs through schools to improve mental health and mental health awareness, reduce stigma, encourage help-seeking and provide pathways to support
- Provide evidence based online supports to young people alongside face-to-face services where needed
- Equipping friends, family and other important people in young people's lives to provide effective support
- Engaging young people and their families in the design and development of services and programs that are youth-friendly and appealing

Fast facts from the survey

% of 15-17 year olds with a probable serious mental illness

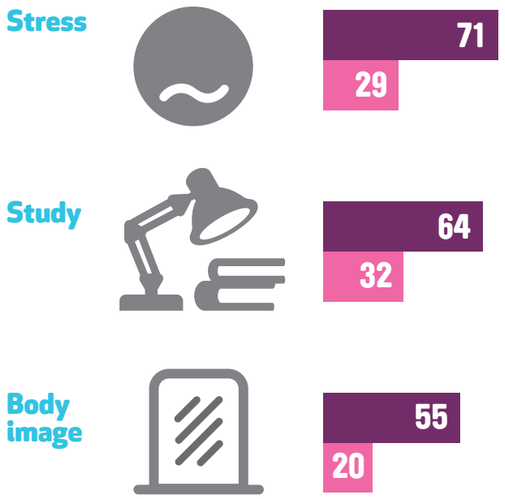


Differences between young people

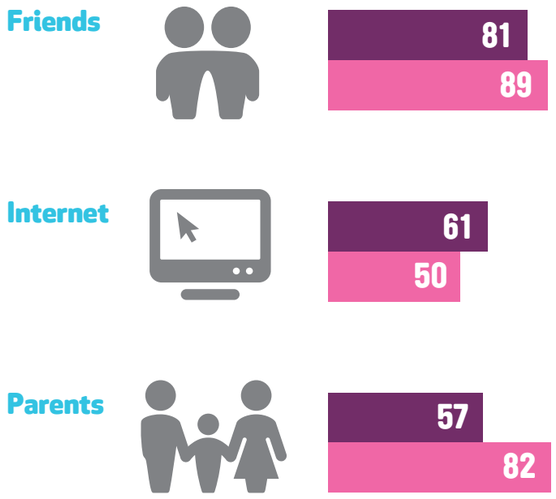
WITH a probable serious mental illness

WITHOUT a probable serious mental illness

% of 15-17 year olds who are personally concerned about:



% of 15-17 year olds who would seek help from:



Introduction

Adolescence can be an exciting time of life, but it is also the peak age of onset for many mental health disorders.[1,2] This adds further complexity to an already challenging period as young people form their identities and transition to adulthood. Mission Australia runs Australia's largest annual survey of teenagers, which in recent years has also collected information on levels of psychological distress. This report draws on three years of mental health data and offers recommendations for policy and practice based on these findings.

Previous research has found that half of all lifetime mental health disorders emerge by age 14 and three quarters by age 24.[3,4] Mental illness contributes to 45% of the global burden of disease among those aged 10 to 24 years.[5] Mental health disorders have been shown to have significant detrimental effects on wellbeing, functioning and development in adolescence, and are associated with impaired academic achievement, unemployment, poor social functioning, and substance abuse.[6,7,8,9] These negative effects may extend well beyond adolescence, creating an ongoing cycle of dysfunction and disadvantage.[10,11] Mental health disorders also put individuals at greater risk of attempting and/or completing suicide, with suicide the leading cause of death for young Australians aged 15-24 years.[12]

Statistics show that one in four young Australians aged 16 to 24 lives with a mental illness and one in three experiences moderate to high levels of psychological distress.[13] The most noteworthy data released recently, the *Report on the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing*,[14] found 14.4% of adolescents aged 12-17 years experienced a mental disorder in the previous 12 months, and of those 23.1% had a severe disorder.[15] The same report found that around one in thirteen 12-17 year olds had seriously considered attempting suicide in the previous 12 months, with significantly higher rates among young people with major depressive disorder (48.6% based on self-report, 34.9% based on parent or carer report).[16]

Given the disease burden and prevalence rates, it is crucial that effective mental health interventions and services are available to young people. Unfortunately, while data suggests there may be some improvement in help-seeking behaviours, there remain issues with uptake. In 2007 less than one in four 16-24 year old Australians diagnosed with a mental health disorder accessed health services in the previous year, with low rates of service use most pronounced amongst young males.[17] More recently, data points to a significant increase in service use, with almost two thirds of young people aged 12-17 years with a mental health disorder accessing services (including health, school, telephone counselling and online services) for emotional and behavioural problems.[18]

The evidence continues to highlight the need to make youth mental health a priority, demonstrating high prevalence and a significant disease burden during a period in which there is great potential to provide prevention and early intervention services and support to improve the mental health and wellbeing, and indeed the future, of young people as they transition to their adult lives.

Method

Mission Australia's Youth Survey is an annual survey of 15-19 year olds. The survey aims to identify both the values and issues of concern to young people. The results presented here are for 2012, 2013 and 2014.

Each year, following ethics approval from State and Territory Education Departments (as well as Catholic Education Offices from 2014) to approach secondary school principals across Australia, information about Mission Australia's Youth Survey and an electronic link to the online version of the survey are distributed.

Information is also distributed to Mission Australia services, networks of other service providers, Commonwealth Government departments and agencies, State/Territory and local government departments, youth organisations and peak bodies. The survey period is typically from April to August each year.

Respondents from the Youth Survey were included in the analysis for this report if they completed the K6 section of the survey and they were aged 15-17 years of age. This gave us sample sizes of: 13,000 in 2012; 12,303 in 2013; and 11,839 in 2014.

We have applied an age restriction to this report due to low response rates of 18 and 19 year olds. The data for this report, unlike other Youth Survey reports, was weighted. The low response rates of 18 and 19 year old resulted in a small number of responses being highly weighted and having a large impact on results.

Each year, different sub-groups were over or under-represented in the Youth Survey. To minimise the impact of this on the timeseries analysis, a weight adjustment was applied. Respones were post-stratified by gender, age and Greater Capital City Statistical Areas (GCCSA).[19] Respondents were mapped by the postcode they provided to a concordance of GCCSA.

As some respondents did not provide their gender and/or postcode, additional strata were created for respondents with missing data. Because of low response rates in the ACT, responses from the ACT were also collapsed into these additional strata. The Estimated Residential Population (ERP) was then used to calculate weights for each stratum.

Data was analysed for gender, age, and geography differences. The GCCSA was used as the geographic structure to conduct analyses by geography.

All comparisons reported were tested for statistical significance using an appropriate statistical test such as a chi-square test or logistical regression.

Insights

Every year Mission Australia conducts a national survey of young people. The survey is the largest of its kind, providing valuable insights into the issues and concerns of young people.

Since 2012, Mission Australia's Youth Survey has included a measure of non-specific psychological distress known as the Kessler 6 (K6).[20,21] This measure has been used to provide insight into the mental health of young people aged 15-17 years from 2012 to 2014.

The K6 is a widely used and accepted measure of non-specific psychological distress. The K6 consists of a brief six item scale that asks about the experience of anxiety and depressive symptoms during the past four weeks. It has been shown to be a useful tool in screening for serious mental illness.[22,23] It has been shown to be particularly powerful at detecting depressive and anxiety disorders.[24] Based on established scoring criteria, the K6 was used to classify Youth Survey respondents aged 15-17 years into two groups – those with a 'probable serious mental illness' and those with 'no probable serious mental illness'.[25]

The Youth Survey also collects socio-demographic information and captures the views of young people on a range of issues including what they are concerned about and where they feel comfortable going for help. In this report, responses to the K6 and other information captured in the Youth Survey from 2012 to 2014 were used to examine:

- Rates and trends of probable serious mental illness in young Australians;
- What issues and concerns young people (with and without a probable serious illness) have, and how these change over time; and
- Where young people feel comfortable going for help.

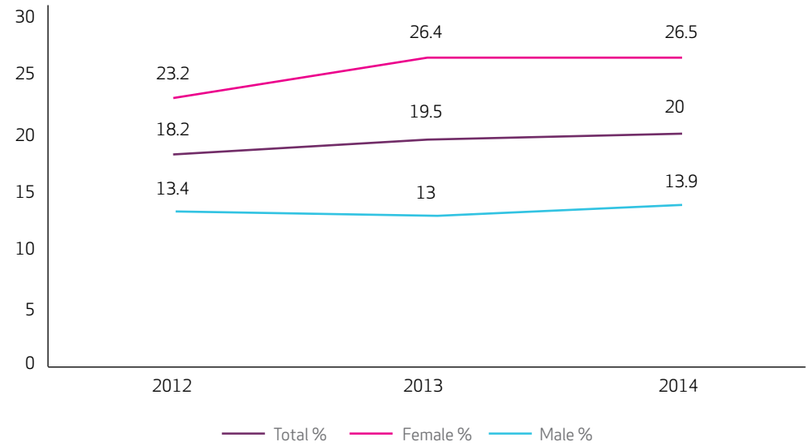
Demographic characteristics and probable serious mental illness

In 2014, one in five (20.0%) young people aged 15-17 who responded to the survey met the criteria for having a probable serious mental illness. Between 2012 and 2014, the proportion of young people aged 15-17 responding to the survey who met the criteria for having a probable serious mental illness has steadily increased from 18.2% to 20.0%.

As seen in Figure 1, females were almost twice as likely as males to have a probable serious mental illness. Furthermore, between 2012 and 2014, the proportion of females who were likely to have a probable serious mental illness increased from 23.2% to 26.5%, whilst the proportion of males who were likely to have a probable serious mental illness remained stable at around 13% to 14%.

This is consistent with previous research showing increasing trends in psychological distress among young females in western countries.[29] In Australia, diagnostic data from the second Australian child and adolescent survey of mental health and wellbeing shows young females, aged 12-17 years, are more likely to have an anxiety or major depressive disorder than young males. This may be associated with increasing family breakdown, school pressures, and western ideals of appearance, all of which have been shown to impact young females more than young males.[30,31]

Figure 1: Probable serious mental illness by gender 2012-2014

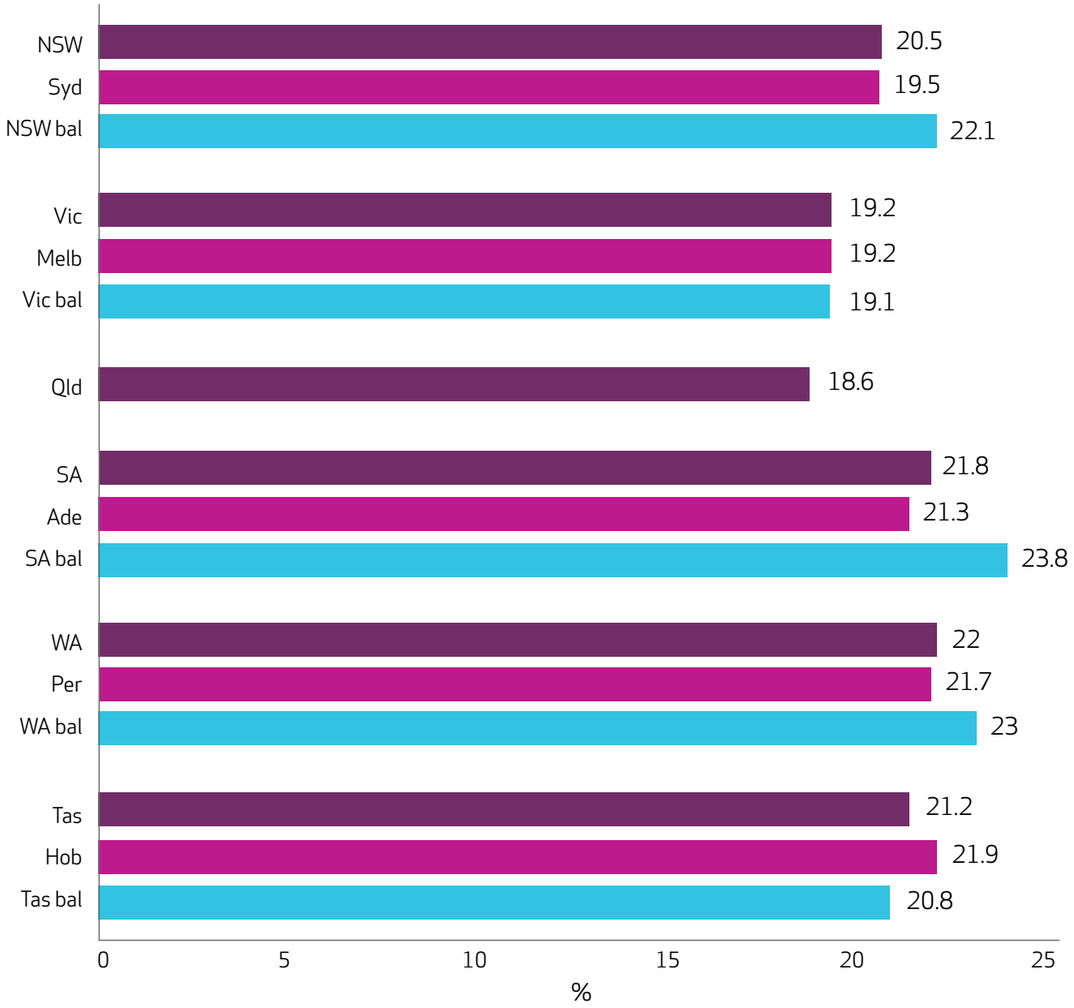


Insights (cont)

The likelihood of probable serious mental illness also tended to increase with age. In 2014, 18.8% of 15 year olds had a probable serious mental illness, compared to 19.8% of 16 year olds and 21.5% of 17 year olds.

Geographically, similar proportions of young people in each state had a probable serious mental illness. Overall, similar proportions of young people in capital cities and outside them had a probable serious mental illness (19.9% and 20.4% respectively).

Figure 2: Probable serious mental illness by geography, 2014



Note: NT and ACT figures not included due to small sample sizes. Qld capital city/balance figures not included due to small sample sizes.

Issues of concern to young people

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

Responses to these 12 items were rated on a 5 point scale ranging from 'not at all concerned' to 'extremely concerned'. An issue was considered to be of major concern to a young person if they said they were 'very' or 'extremely' concerned about it.

In 2014, the top three issues of concern for young people with and without a probable serious mental illness were the same: coping with stress, school or study problems and body image.

In 2012 and 2013, coping with stress and school or study problems were the top two issues of concern for young people with and without a probable serious mental illness. However, in both years the third top issue of concern for young people with a probable serious mental illness was depression, whilst for young people without a probable serious mental illness it was body image.

Young people with a probable serious mental illness were more likely than those without to be 'very' or 'extremely' concerned about each of the 12 topics. In particular, those with a probable serious mental illness were more likely than those without to be concerned about depression (54.9% compared to 10.2%), coping with stress (70.8% compared to 28.6%), and body image (55.4% compared to 20.2%).

As with all 12 issues, those with a probable serious mental illness were more likely to be concerned about suicide than those without a probable serious mental illness (31.1% compared to 6.0%).

Although these figures are for 2014, this pattern was found over all three years as can be seen in Table 1 (over page).

Coping with stress, school or study problems, body image, and depression were the top four issues of concern for young people with a probable serious mental illness

Issues of concern to young people (cont)

It is not surprising that young people with a probable serious mental illness are more concerned about depression, coping with stress, and body image. These issues are associated with psychological distress and mental illness. As mentioned, anxiety and depression are the two mental illnesses that are most strongly related to the K6.

What we do not know is if young people with a probable serious mental illness are more exposed to these issues, causing them distress, or if their heightened levels of psychological distress cause them to worry more about these issues. Indeed, it may go both ways.

Concerns and dissatisfaction with body image peak around adolescence as young people's bodies change. Higher body dissatisfaction is associated with greater psychological distress. However, opinions differ on whether body dissatisfaction causes psychological distress, or whether psychological distress causes young people to be less satisfied with their body.[32,33]

Similarly, we do not know if young people with a probable serious mental illness are more concerned about coping with stress because their coping strategies are less effective, or because they are facing more stressful situations than other young people. Young people's ability to cope with stress is known to impact on their level of psychological distress.

Generally, active coping strategies such as problem-solving and seeking help, when successful, are associated with lower levels of distress, whilst withdrawal is associated with higher levels of distress.[34,35,36] However, this also depends on the situation causing the stress. Young people who face situations which are outside their control, such as parental conflict, are likely to be more distressed if they try to adopt active strategies.[37]

Coping with stress, school or study problems, body image, and depression were the top four issues of concern for young people with a probable serious mental illness in all three years. Whilst there has been little change in concerns about coping with stress and body image, the proportion of young people with a probable serious mental illness who report being 'very' or 'extremely' concerned about school or study problems has increased (from 58.4% in 2012 to 64.2% in 2014). This was the only topic these young people showed an increase in concern for year on year. Furthermore, young people without a probable serious mental illness did not show an increase in concerns about school or study problems.

The proportion of young people with and without a probable serious mental illness who were 'very' or 'extremely' concerned about depression, family conflict, suicide, personal safety, and discrimination decreased over the three years as seen in Table 1.

Table 1: Young people aged 15-17 who were 'very' or 'extremely' concerned about issues, by whether they had a probable serious mental illness, 2012-2014

	Probable serious mental illness %			No probable serious mental illness %		
	2012	2013	2014	2012	2013	2014
Coping with stress	**70.7**	**70.6**	**70.8**	**29.6**	**27.3**	**28.6**
School or study problems	**58.4**	**60.8**	**64.2**	**30.6**	**30.4**	**31.5**
Body image	57.1	56.0	**55.4**	**25.7**	**21.7**	**20.2**
Depression	**60.5**	**56.9**	54.9	12.4	10.8	10.2
Family conflict	44.2	38.9	39.8	17.4	13.5	13.2
Bullying/emotional abuse	36.0	35.0	32.3	10.8	10.5	9.2
Suicide	35.7	36.1	31.1	7.1	6.7	6.0
Personal safety	28.8	23.7	23.3	14.1	10.2	9.5
Discrimination	26.6	21.6	23.2	8.0	7.9	7.2
Drugs	15.2	14.5	13.8	7.2	7.1	6.1
Alcohol	11.3	9.3	10.1	5.5	4.7	3.9
Gambling	8.0	5.4	7.4	3.3	2.9	2.6

Issues of concern to young people (cont)

Gender differences

Coping with stress and school or study problems were the top two issues of concern for both males and females with a probable serious mental illness. Depression was the third top issue of concern for males with a probable serious mental illness, whilst body image was the third top issue for females with a probable serious mental illness. However, females were more likely than males with a probable serious mental illness to be concerned with each of these four issues. This was the case for all three years.

In 2014, for young people with a probable mental illness:

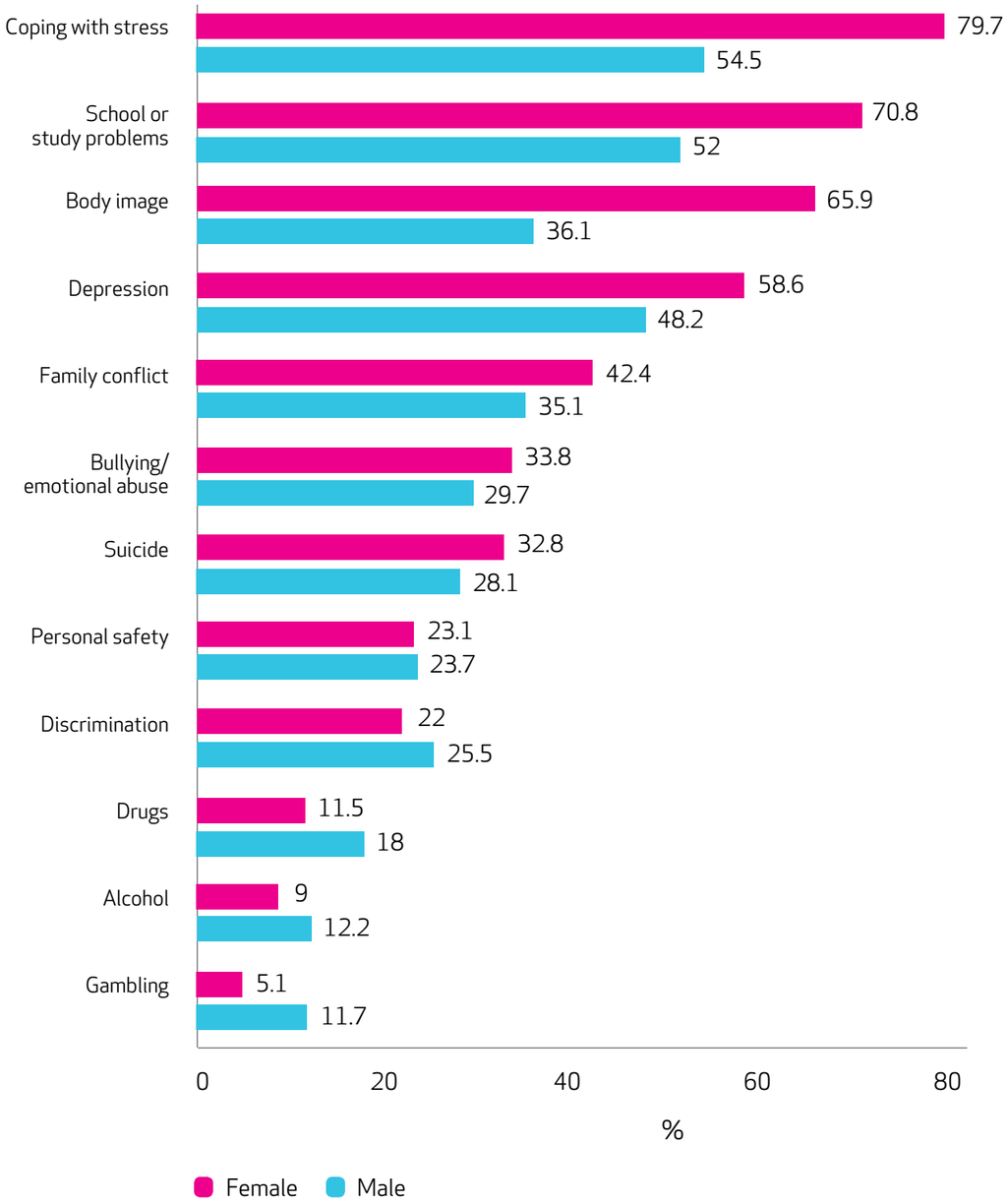
- Eight in every ten (79.7%) females with a probable serious mental illness were 'very' or 'extremely' concerned about coping with stress, while, just over half (54.5%) of males with a probable serious mental illness were 'very' or 'extremely' concerned about this.
- Seven in every ten (70.8%) females were 'very' or 'extremely' concerned about school or study problems, while, again, just over half (52.0%) of males with a probable serious mental illness were 'very' or 'extremely' concerned about this.
- About two thirds (65.9%) of females with a probable serious mental illness were 'very' or 'extremely' concerned about body image, while about one third (36.1%) of males with a probable serious mental illness were 'very' or 'extremely' concerned about this issue.
- Nearly six in every ten (58.6%) females with a probable serious mental illness were 'very' or 'extremely' concerned about depression. Just under half (48.2%) of young males with a probable serious mental illness were 'very' or 'extremely' concerned about this.

These differences are not due to gender differences in levels of psychological distress. Young males and females with a probable serious mental illness, on average, score similarly on the K6.

Geographical differences

There was also a geographical difference in the responses to the question on concerns. Those with a probable serious mental illness who were living in a capital city were more likely to be 'very' or 'extremely' concerned about coping with stress than those living outside the capital cities (72.6% compared to 68.0%).

Figure 3: Young people aged 15-17 with a probable serious mental illness who were 'very' or 'extremely' concerned about issue, by gender, 2014



Help seeking behaviour among young people

In 2014, respondents to the Youth Survey were asked to indicate whether or not they were comfortable going to a number of sources for help.*

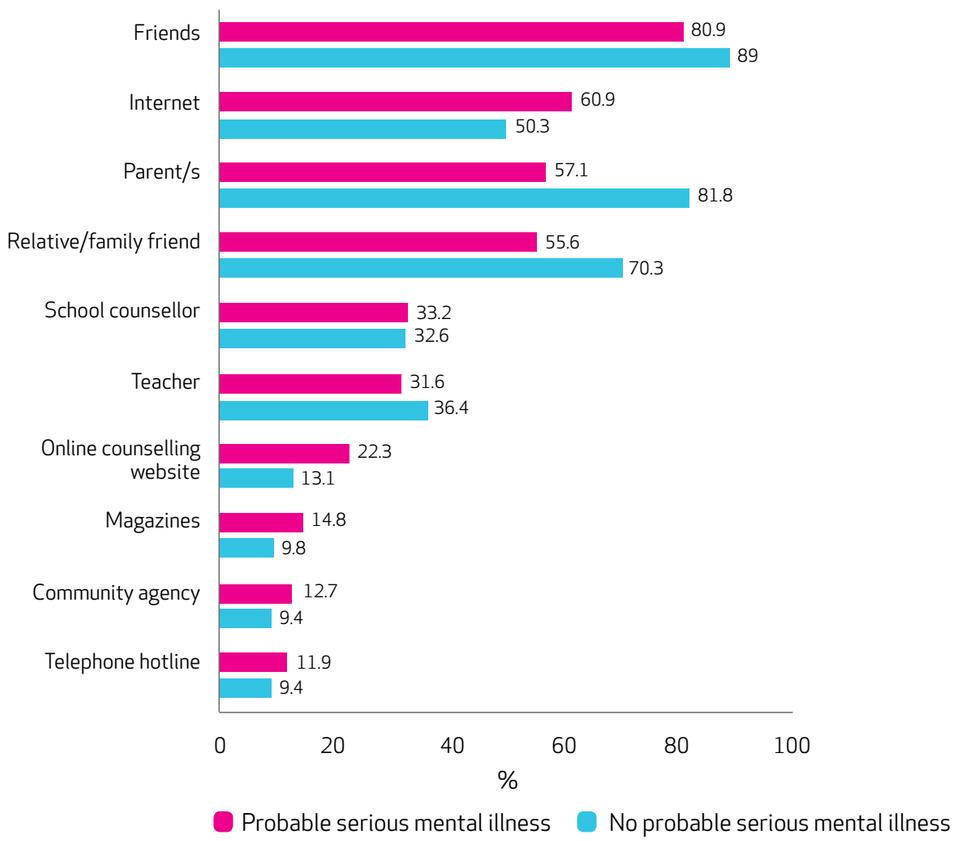
The sources which young people with a probable mental illness were most likely to be comfortable going to for help were: friends (80.9%), the internet (60.9%) and parents (57.1%).

The top three sources young people without a probable mental illness were comfortable going to for help were friends (89.0%), parents (81.8%) and relatives or family friends (70.3%). Furthermore, young people without a probable mental illness were more likely to be comfortable going to these sources for help than those with a probable serious mental illness.

Young people with a probable serious mental illness were more likely to be comfortable going to the internet for help (60.9%), than young people without a probable serious mental illness (50.3%). They were also more likely to be comfortable going to online counselling websites for help (22.3% compared to 13.1% respectively).

The sources which young people, both with and without a probable serious mental illness, were least likely to be comfortable going to for help were telephone hotlines, community agencies and magazines.

Figure 4: Where young people are comfortable going for help, by probable serious mental illness, 2014



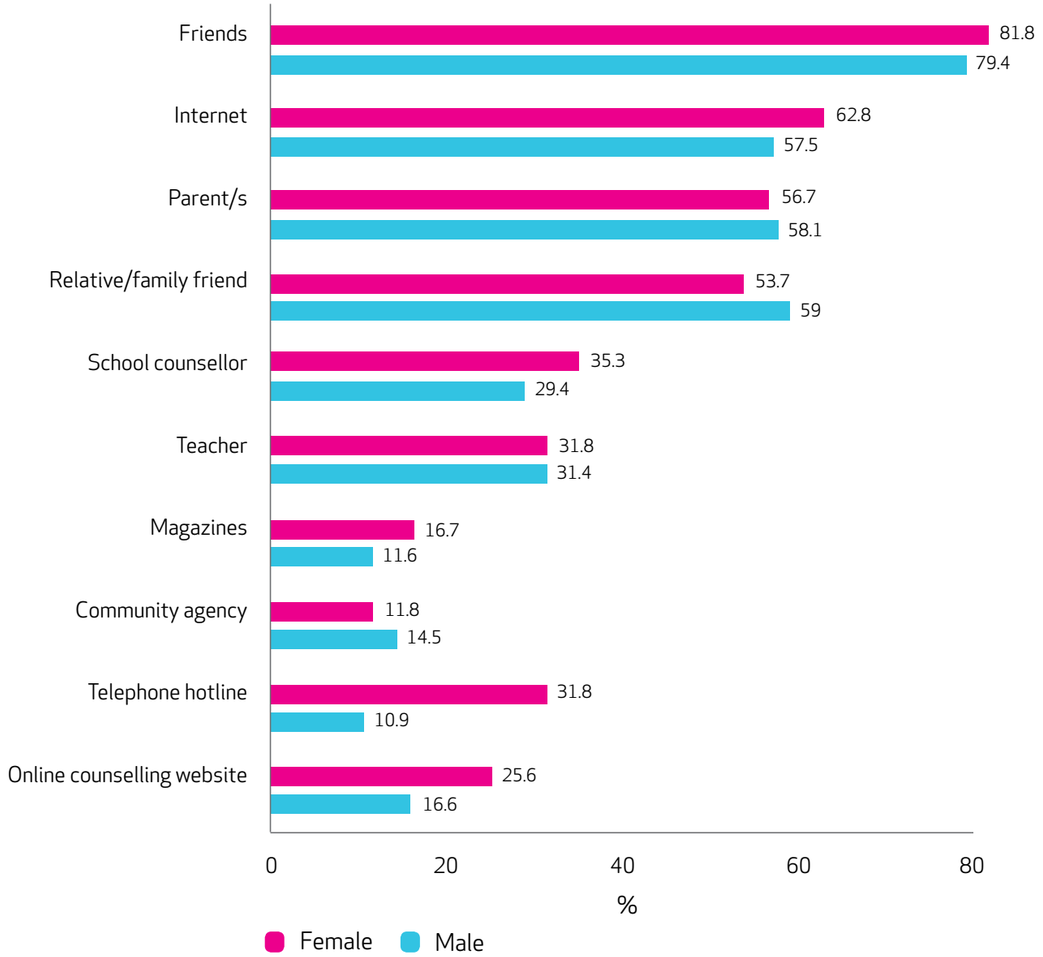
*Comparisons with data prior to 2014 are not possible because of changes in question wording.

Gender differences

There were some gender differences in the sources of help young people with probable serious mental illness were comfortable with.

- Males with a probable serious mental illness were more comfortable than females with a probable serious mental illness to go to a relative or family friend for help (59.0% compared to 53.7%).
- Females with a probable serious mental illness were more comfortable than males with a probable serious mental illness to go to online counselling websites (25.6% compared to 16.6%), school counsellors (35.3% compared to 29.4%), the internet (62.8% compared to 57.6%) and magazines (16.7% compared to 11.6%) for help.
- Males and females with a probable serious mental illness were equally likely to be comfortable going to all other sources of help.

Figure 5: Where young males and females with a probable serious mental illness are comfortable going for help, 2014



Help seeking behaviour among young people (cont)

Geographical differences

There were also differences in the sources of help young people with probable serious mental illness were comfortable with depending on where they lived.

- In particular, young people living in a capital city were generally more likely than young people living outside a capital city to be comfortable going to the internet and online counselling websites for help. Indeed, the more remote the area a young person lived in the less likely they were to be comfortable with these sources of help.
- Conversely, young people living outside a capital city were generally more likely than young people living in a capital city to be comfortable going to a relative or family friend or a community agency for help.

Table 2: Where young people with a probable serious mental illness are comfortable going for help, by geography, 2014

	Friends	Internet	Parent/s	Relative/ family friend	School counsellor	Teacher	Online counselling website	Magazines	Telephone hotline	Community agency
Capital city	**81.4**	**63.6**	**56.4**	52.8	34.0	31.9	23.9	14.2	11.4	10.9
Not capital city	**80.6**	56.7	**58.8**	**61.2**	31.9	31.3	19.7	16.1	12.6	16.1
NSW	79.5	60.2	58.8	57.9	33.0	32.9	21.4	13.7	11.2	13.3
Vic	82.3	68.1	57.9	53.3	35.9	34.7	30.9	18.4	14.7	12.6
Qld	83.4	61.2	54.4	55.8	33.0	31.5	19.4	15.3	12.0	11.1
SA	81.1	58.1	54.7	52.5	35.8	31.3	18.6	15.2	7.3	13.1
WA	83.6	53.5	61.7	58.3	30.5	24.9	17.7	10.0	12.3	12.9

Implications for policy & practice

Current findings indicate significant opportunities to improve the mental health and wellbeing of young Australians, particularly those with probable serious mental illness.

At the same time, these findings highlight important challenges, including how to ensure that young people in need have appropriate and timely access to evidence based services and interventions across the continuum, from prevention activities such as mental health promotion and stigma reduction, through to early intervention and primary care services. A broad approach is required, encompassing young people themselves, their families, educational settings such as schools, community agencies, health care services and government. The following recommendations acknowledge these factors.

Implications for policy & practice (cont)

Alleviating school and study stress

Both current findings and the broader literature highlight school as a significant stressor for many young people, with its strong emphasis on final examinations and academic outcomes often leading to symptoms of depression, anxiety and stress outside the normal range.[38,39,40] The known association between mental health disorders and impaired functioning and academic achievement, as mentioned earlier, highlight the potential benefit of implementing programs to assist young people to manage stress.[41]

While school is a recognised stressor and the role of schools in alleviating stress is discussed below, it is important to emphasise that students, parents, and the media also have a role to play in reducing school and study stress and encouraging a work/life balance. Prevention programs should provide skills in coping with stress and be developed, tested and delivered to these groups. Programs targeted at students who are particularly at risk, such as those transitioning from primary to secondary school or secondary school to university, and those about to commence stressful exam periods such as Year 12 exams, might also be particularly worthwhile.[42] However, it is imperative that any programs developed are evidence based, evaluated for impact, and effective.

While not a school based sample, a recent prevention study looking at the effects of an online cognitive behavioural intervention (MoodGYM) in a group of medical students prior to their first-year internship provided promising evidence that mental health difficulties might be alleviated by delivering prevention programs before a period of increased stress.[43] Other programs that raise public awareness of school stressors include campaigns such as ReachOut's *There's Life after Year 12 Exams*.[44]

"There is way too much pressure nowadays on students to exceed exceptionally in the HSC. For a lot of people, we feel as if we are defined by our ATAR. A NUMBER! If we do not do well, we become extremely disappointed in ourselves and feel worthless. The amount of stress put on us is ridiculous and has driven a lot of people into mental health issues." (Female, 17, Sydney)

"The HSC is tougher than I thought and dealing with emotional stress made it worse. Maybe tell school to make sure they advertise their support networks and have a day about surviving the mental side of the HSC and not just study skills." (Female, 17, Sydney)

Schools as facilitators for mental health

Young people consistently highlight significant levels of concern regarding school or study problems and coping with stress. Schools have a significant role to play in promoting mental health and wellbeing, including coping with stress.[45] They also have unparallelled contact with young people and as such provide an ideal environment for universal access to young people, including both those who are currently experiencing mental health difficulties and those who may be vulnerable to such difficulties in the future. Schools have also been shown to play a major role in supporting young people as they are often where symptoms of mental disorder are first identified.[46]

Schools, therefore, are ideal settings to provide universal programs and interventions to improve mental health and mental health awareness, reduce stigma, encourage help-seeking and provide pathways to support. For example, the Black Dog Institute's Headstrong program, a curriculum-based educational intervention, has been shown to reduce stigma and improve mental health literacy in young people.[47]

Evidence shows that children and adolescents who are mentally well are more likely to succeed at school.[48] Given several key concerns identified by young people were school related, schools must also concentrate on creating an environment that focuses on resilience, mental health and wellbeing, such as through implementation of MindMatters, a mental health and wellbeing framework designed for secondary schools.[49] In line with such goals and to improve help-seeking among young people, evidence suggests that engaging the wider school community including students, staff and parents, building relevant and practical skills and knowledge, providing pathways from peer support to professional help, and ensuring an appropriate balance between whole-school mental health promotion and targeted interventions are key factors to consider in developing a balanced approach.[50,51]

Schools also need to create a culture of trust so that young people feel comfortable turning to adults at school to seek advice and support. Similarly, given the role schools and school staff play in provision of supports and services, and referrals to community and health services providers,[52] strong links with schools are an important component of integrated, multidisciplinary, mental health care services.[53]

Provision of online support

The current findings show that the internet is a prominent source of information, advice and support for many young people, particularly those with a probable mental illness, with over half of young people with and without a probable mental illness indicating they felt comfortable with this source of support. The use of online technologies is increasingly playing a major role in the delivery of mental health services and supports to young people, including information, prevention, assessment, diagnosis, counselling and treatment programs targeting various conditions and levels of severity.[54]

"There needs to be more opportunities given to students to express their concerns of mental health. Yes, there are websites, however, schools need to take a more proactive approach." (F, 17, Rural SA)

"Government campaigns that go to every school to ensure to inform teenagers of mental health issues such as depression and know where to get help." (F, 15, Perth)

"A higher quality of support systems (particularly in schools) not only for people suffering with mental illness but for those around them – friends, family – to learn how to deal with situations that may arise." (M, 16, Perth)

"Use schools to better educate students about the value of helping others and volunteering, and give students more information about mental health and other related issues, as these can have such a massive impact on young peoples lives, and inadequate help can potentially disadvantage them for the rest of their lives." (M, 19, Sydney)

Online technologies offer an alternative to face-to-face delivery of prevention and education programs and offer significant advantages, particularly cost-effectiveness, as evidence based programs can be delivered en masse at a low cost without the need for teacher and clinician training. A further advantage is that program fidelity is maintained as they cannot be adapted, given they are delivered online rather than by staff. Online delivery also offers an important alternative to service delivery in rural and remote areas where there is limited access to traditional mental health services.[55,56,57] However it is vital that face-to-face mental health services are available in all areas for young people who require more intensive support.

However, whilst there is promising evidence for the significant potential of online technologies to increase access to evidence based mental health promotion and

Help seeking behaviour among young people (cont)

prevention programs, promote youth wellbeing and reduce mental health problems, there remains a need for further research and program development.[58,59,60] Whilst there are vast numbers of digital mental health programs available to young people, it is imperative to ensure that those online programs and interventions proven to be evidence based and effective are compiled and easily accessible in order to maximise uptake and impact. Portals such as Beacon, part of the Australian National University's suite of e-hub Self Help Programs for Mental Health and Wellbeing, are good examples of this.[61]

Some examples of online programs for which there is evidence suggesting efficacy include MoodGym, an online, self-directed cognitive behavioral therapy program to prevent and reduce symptoms of anxiety and depression in adolescents,[62] and BiteBack, a positive psychology website promoting mental health and wellbeing in young people.[63]

"Have an online suicide hotline since many teens battling with depression would rather talk over the internet than face to face." (F, 17, Melbourne)

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

Findings from both the Youth Survey and other research[64] indicate the significant role friends, parents, relatives, family friends and school staff play as sources of help and support. This emphasises the need to ensure that the important people in young people's lives are equipped with the skills, knowledge and confidence to provide appropriate information, support and if needed referrals to adult or professional support.

Mental Health First Aid aims to improve mental health literacy and empower the public to approach, support and refer individuals in distress. While it is not youth-specific, it has been found to be an effective public health strategy to increase mental health awareness and knowledge, decrease stigma, and increase help-seeking behaviour.[65] Developed in Australia, Mental Health First Aid is utilised around the world and would be particularly relevant for those working with young people including school staff, social and welfare workers, youth workers and parents.

Given that young people are most comfortable going to friends for help, peer support networks and peer education initiatives may also equip young people with the knowledge and skills to recognise mental health issues and provide assistance to others in need. Sources of Strength, a gatekeeper suicide prevention training program, utilises a peer leader approach and has been shown to lower risks of suicidal ideation and suicidal behaviour in a high school population.[66] Peer networks may also enhance connectedness, thereby reducing the sense of isolation that many individuals who are developing a mental illness might experience. Similarly, peer education initiatives have been found to enhance young people's self-esteem, self-efficacy and sense of control over their lives, resulting in more positive health-related behaviours.[67]

Schools could also play a vital role in the development of knowledge and skills around mental health by providing opportunities for young people to have discussions about difficult mental health issues and to practice skills, such as when it is ethical to break a friend's trust and helping friends navigate available support options.[68] Such opportunities might be provided through evidence based curriculum resources to reduce stigma and improve mental health literacy, for example HeadStrong.[69]

"People need to be more aware about how common poor mental health is in teens. Anyone who works with teenagers should be learning about how to handle someone and treat someone with mental health issues." (F, 16, Rural Qld)

"Think people need to know more about it and know what to do when someone is in a bad mental state." (F, 16, Rural Vic)

"Mental health issues such as depression and anxiety should be accepted as common which would make it much easier for people who are struggling, to seek help. If people were more accepting, all three of these issues would be less severe." (F, 17, Hobart)

Engage with young people

While one role young people can play in advocating for mental health awareness and wellbeing is through peer education initiatives, there is room for much greater engagement. Three quarters of all lifetime mental health disorders emerge by age 24, however access to mental health services for this age group is among the poorest, with key barriers identified as awareness, access and acceptability of services.[70] Such evidence points to fertile opportunities to engage young people, and their families, in the design and development of services and programs that are not only evidence-based but also youth-friendly and appealing, such as Headspace.[71,72]

The Young and Well Cooperative Research Centre acknowledges the importance of this and has developed a guide to promote stakeholder engagement. This participatory design framework encourages researchers to harness young people's perspectives and insights, and to collaborate with them in the development of evidence based online mental health and wellbeing programs.[73]

Young people are also involved in advocacy within Headspace through the Headspace Youth National Reference Group, which was established to provide consultation on headspace activities, including the eheadspace service model, marketing campaigns, fact sheets, website material and policy submissions.[74] Members also sit on headspace committees and advisory groups and are involved in youth engagement strategies, including the development of a Youth Participation and Community Engagement handbook.

"Help options to be made more public and known. I also feel that mental health should be advertised as less of a negative thing, this may increase the number of people being open and talking about their issues." (M, 16, Adelaide)

"A lot more awareness, prevention and discussion about mental health issues and ways in which you can seek help and or prevent mental illness." (F, 16, Melbourne)

"To educate students more about depression, who they could go to for help or advice and explain and express that they are able to approach someone for help. Tell them who they could go to for help and assure them that everything will be confidential." (F, 15, Brisbane)

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