



## Summary Paper

# Reimagining Youth Mental Health

The Discussion Paper **Reimagining Youth Mental Health** has been written as part of Prevention United's advocacy efforts to encourage greater government action and investment in youth mental health promotion initiatives.

Such initiatives aim to promote young people's mental wellbeing and prevent the onset of mental health conditions like depression and anxiety disorders.

This Summary Paper provides a brief overview of the key issues raised in the Discussion Paper. The full paper:

- Explains the concepts of mental wellbeing and mental ill-health.
- Provides a snapshot of recent trends in young people's mental health including the dramatic deterioration in youth mental health over the last 15 years or so.
- Considers the factors that may be contributing to the increase in youth mental ill-health.
- Outlines our views on what is needed to "flip the curve" and increase young people's mental wellbeing and prevent the onset of mental health conditions.

You can access the full Discussion Paper [here](#).

While we propose some solutions within the Discussion Paper, our goal is to start a conversation, not provide all the answers. For this reason, each section of the Discussion Paper also includes a set of questions that we are keen for people to consider and discuss, and share their views with us via [advocacy@preventionunited.org.au](mailto:advocacy@preventionunited.org.au).

Ultimately, we want to engage young Australians and people who support them to work together to develop a new blueprint for youth mental wellbeing that we can present to governments around the country with the message – "this is what young people want and need"!

In developing the **Reimagining Youth Mental Health** Discussion and Summary papers we would like to thank Future Generation Global (FGG) for their generous funding support.

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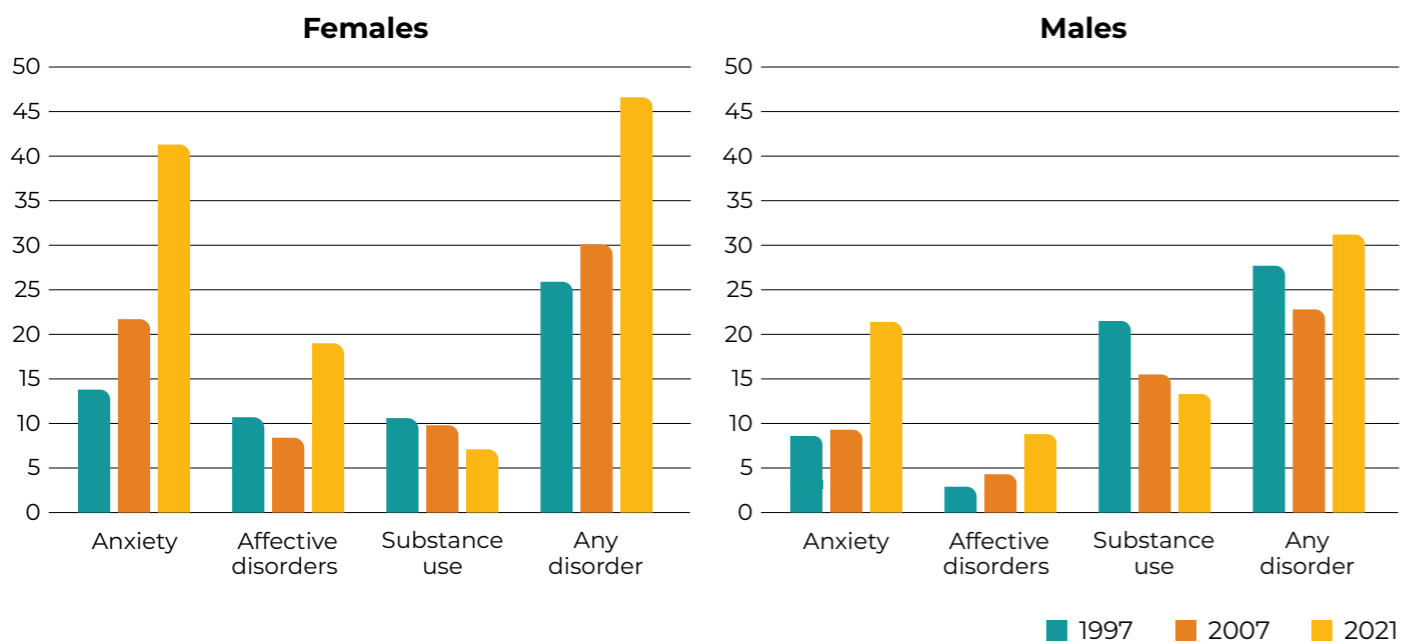
# Understanding young people's mental health

**Mental wellbeing is a state of emotional, social and psychological wellbeing where people feel generally good emotionally, function well psychologically and socially, and have a sense of meaning and purpose in their life.**

Mental wellbeing is an important asset in young people's lives. High levels of mental wellbeing are a driver of learning, creativity, productivity, good relationships, greater civic participation and physical wellbeing. High levels of mental wellbeing during the critical period of childhood, adolescence and young adulthood also underlies flourishing in later life.<sup>1</sup> It allows young people to reach their full potential and has benefits for society.

In contrast, mental health conditions like depression and anxiety disorders, contribute to poor educational outcomes<sup>2</sup>, unemployment<sup>3</sup>, poor physical health<sup>4</sup>, drinking alcohol at risky levels or using illicit substances<sup>5</sup>, and being in contact with the criminal justice system.<sup>6</sup>

**Figure 1:** Data from the ABS National Survey of Mental Health and Wellbeing showing the increase in prevalence (%) of mental health conditions in females and males.



Having a mental health condition early in life also increases the risk of experiencing mental health difficulties in adulthood.<sup>7</sup>

**It is therefore very concerning that the mental wellbeing of young Australians has been steadily deteriorating for more than a decade.**

National data from the ABS National Survey of Mental Health and Wellbeing in 2021 show that almost 40% of young people aged 16–24 years experienced depression, an anxiety disorder and/or a substance use condition in the previous 12 months.<sup>8</sup> **This represents a massive 50% increase in the prevalence of these conditions since 2007.** National data from the three surveys collected in 1997<sup>9</sup>, 2007<sup>10</sup> and 2021<sup>8</sup> are shown in Figure 1.

Alarming, almost 1 in 2 young women had experienced these conditions in the previous year.<sup>8</sup> The rates of mental ill-health are also disproportionately higher among Aboriginal and Torres Strait Islander youth<sup>11</sup>, LGBTQIA+ youth<sup>12,13</sup>, refugee youth<sup>14</sup>, young people with a disability<sup>15</sup>, young people living in poverty<sup>16</sup> and those living in regional and socioeconomically disadvantaged areas.<sup>17</sup> Other data show that the prevalence of self-harm and suicide is also increasing among young people, especially among young women.<sup>18</sup>

**Ensuring that every young person experiences good mental health is vital, and so the first question we need to ask is “what is causing this dramatic increase in youth mental ill-health”? Several theories have emerged.**

# What is impacting young people's mental health?

## Better awareness?

Some people believe the increase in youth mental ill-health is just the result of better awareness, and young people's willingness to report these experiences rather than a 'true' increase. While this may explain part of the increase, it is not the full story since it does not explain:

- The large extent of the increase.
- Why there has not been a corresponding increase in the prevalence of mental health conditions among other age groups exposed to mental health literacy campaigns.
- Why these increases are also evident in surveys undertaken with trained interviewers using psychometrically sound diagnostic questionnaires and not just on self-report measures.
- The clearly documented parallel increase in youth self-harm and suicide, particularly among young women and Aboriginal and Torres Strait Islander young people.

## New risk factors?

Others believe that certain 'new' risk factors are contributing to the increase in prevalence. Young Australians are dealing with multiple changes and challenges. The world today is very different than for previous cohorts of young people. It is marked by rapid and dramatic social, economic, and technological change which appears to be impacting young people's sense of the world around them, and their future. For many young people the world feels unsafe and uncertain.

Some experts argue that the increase in youth mental ill-health is due to **young people's engagement with smartphones and social media**. These experts point to research that shows the increased prevalence of depression and anxiety among young people has occurred in parallel with the increase in young people's use of digital technologies over the last decade or more.

Moreover, other research points to a range of potential harms associated with the digital world including:

- The association between excess screen time and reductions in physical activity and sleep which may both contribute to depression.<sup>19</sup> Excess screen time has also been linked to reduced face-to-face contact with peers leading to a decrease in social skills and social connectedness.<sup>20</sup>
- Exposure to a plethora of content that presents a false and idealised view of others' lives and promotes unrealistic body image portrayals.<sup>21</sup> This may encourage social comparison and diminish young people's self-esteem.
- The anonymity of the online environment which creates a shield for cyberbullying, hate speech, and predatory behaviour by adults.<sup>22</sup>
- Exposure to false and misleading information, dangerous advice on exercise and eating, age-inappropriate advertising, or pornography at a very young age.

Ultimately, the research on this topic is complex, and there are other studies that point to the benefits of the digital world. These include giving young people access to a world of information at their fingertips; the ability to connect with and communicate with their friends, families, and other people around the globe; and a safe place for young people from diverse and minority backgrounds to connect with people who they can identify and feel safe with, to dispel the discrimination and loneliness they may otherwise experience.<sup>23-25</sup>

The link between online content and youth mental ill-health is clearly complex, and the online world is best described as a doubled edge-sword. There can be many benefits, but there can be serious negative impacts for young people depending on their age and developmental stage.<sup>26</sup>





**Climate change** is another possible contributor to the rise in youth mental ill-health. There is a growing level of “climate anxiety” as young people recognise that climate change will have significant consequences for the future of the planet, and their own future. The 2022 Mission Australia Youth Survey found that:

- 51% of respondents identified “the environment” as one of the most important issues in Australia compared with 29.8% in 2020.
- 25.5% of young people were personally either “extremely” or “very concerned” about climate change.
- Climate concerns among young people were linked to high psychological distress and a more negative outlook about their future.<sup>27</sup>

Moreover, some young people are already experiencing the direct impacts of climate change. In recent years many young Australians have experienced firsthand the trauma of bushfires and major floods and the disruption and displacement this creates.<sup>28</sup> Exposure to these events is associated with a high risk of depression, anxiety, and post-traumatic stress disorder (PTSD).<sup>29</sup>

**The COVID-19 pandemic** has also had a significant negative impact on young people’s mental health leading to the term the “shadow pandemic”. Young Australians, particularly those living in Victoria and NSW experienced repeated and/or prolonged lockdowns that led to significant disruptions to their social lives, their study and employment.<sup>30</sup> During the early stages of the pandemic and the lockdowns:

- Young people were cut off from their friends, school and support networks, with a significant impact to their study and learning.<sup>31</sup>
- Young people bore the brunt of the economic slowdown and financial stress led to a marked increase in young adults returning to live with their parents in the first year of the pandemic.<sup>32</sup>
- Lockdowns increased children’s and adolescents’ exposure to domestic violence, and stay-at-home orders put vulnerable young people at further risk for child abuse and neglect.<sup>33</sup>

Collectively, these dramatic changes to key risk and protective factors, led to an increase in youth mental ill-health during the pandemic. Data collected in early 2022 found that 41% of young people (aged 9–17 years) reported that the pandemic had a negative impact on their wellbeing. Around one in five reported feeling more “down, scared, or worried” than they used to. These symptoms were more pronounced in girls or children identifying as non-binary.<sup>34</sup>

## An increase in well-established risk factors?

Other experts believe that the surge in youth mental ill-health is mostly due to an increase in risk factors that we’ve known about for a long time, which may be increasing or manifesting in new ways.

There has been a steady deterioration in young people’s health habits over the last decade or more. This is problematic since poor diet, lack of sleep, physical inactivity, smoking, and being overweight are all linked to an increased risk of mental health conditions.

There has also been a change in young people’s independence.<sup>35</sup> Today’s young people spend less time in unsupervised socialising activities, and this has been linked to an increased rate of depression.<sup>36</sup>

Child abuse and neglect is one of the biggest causes of mental health conditions across the community. Recent data show that almost half of Australians (48%) who had experienced child maltreatment met criteria for major depressive disorder, PTSD, anxiety or severe alcohol use disorder.<sup>37</sup> It is therefore extremely concerning that a large proportion of young people aged 16–24 years have experienced abuse with the recent Australian Child Maltreatment Study (ACMS) finding that 10% had experienced neglect, 35% emotional abuse, 28% physical abuse, and 26% sexual abuse.<sup>37</sup>

Exposure to family conflict, and domestic violence is another cause of mental health conditions. It is therefore incredibly alarming that the ACMS found that a staggering 44% of young people had been exposed to domestic violence.<sup>37</sup>

Rates of sexual harassment and sexual assault among young women remain unacceptably high. These crimes often go unreported, however, annual police data found that in 2021, sexual assault recorded by police increased by 13% from 2020. Most victims (61%) were under the age of 18 at the time of the incident.<sup>38</sup>

Despite being digitally hyperconnected, a substantial proportion of young people are feeling lonely. The Young Australian Loneliness Survey found that one in six Australian adolescents experience high levels of loneliness and they are more likely to experience depression than those who do not feel lonely.<sup>39</sup> In addition, data from the headspace National Youth Mental Health Survey found that there had been an increase in the proportion of young people aged 12–25 reporting that they felt lonely from 49% in 2018 to 54% in 2020.<sup>40</sup>



Australians are experiencing a cost-of-living crisis, and many young people are grappling with high tuition fees and debt, insecure work and reduced job security, and a massive drop in housing affordability.<sup>41</sup> Financial stress is a major risk factor for low mental wellbeing, and unemployment and homelessness are linked to various mental health conditions and suicide.<sup>42</sup>

In truth, there is no single ‘smoking gun’ causal factor that can explain the increase in mental ill-health in young people. Rather, it is likely that multiple stressors and a confluence of different factors and social determinants are operating together to create a perfect storm of distress.

Broadly speaking the more risk factors someone experiences and the less protective factors young people have in their life, the more likely they are to experience low mental wellbeing and/or a mental health condition. The steep increase in youth mental health conditions over recent times represents a cohort effect<sup>43</sup> that needs to be understood in terms of changes in risk and protective factors that have an influence over the life span.

**Given this, the second question we need to ask is “what can we do to improve young people’s mental wellbeing”?**

# What are we doing about this and what needs to change?

**At present the vast majority of youth mental health funding is directed towards youth mental healthcare supports and services. These services operate 'downstream' and aim to assist individuals *after* they have already developed a mental health condition.**

The emphasis of these services is on the diagnosis and treatment of mental health conditions using psychological therapies and medication (where appropriate). Some services also focus on assisting young people to (re)connect with friends, improve their health, deal with any alcohol or other drug use, return to study, training or work, and generally get back on track after an episode of mental ill-health.

Since the mid-2000s, there has been a steady and substantial increase in the availability of youth-specific mental healthcare services, particularly the Federally funded headspace centre network. Recent data shows that spending on youth services increased by an average of 14% a year between 2016–17 and 2020–21.<sup>44</sup>

However, it is clear from the data that Australia's current reactive approach to youth mental health is not working well enough. Despite substantial investment in youth mental healthcare service provision in recent years, the prevalence of mental ill-health, suicide and self-harm in young people has continued to rise.

While a focus on youth mental healthcare remains vital, it is time to add a different approach – one that proactively focuses on tackling the root causes of youth mental ill-health and builds buffers around young people to promote and protect their mental wellbeing. We know that there are a wide range of risk factors influencing the mental health of young people. Given the increase in both older established risk factors (e.g., childhood maltreatment) and newer risk factors such as screen time, climate change and changes in lifestyle, we need an upstream approach that both protects young people from these risk factors and builds protective factors.

Mental health promotion is a specialist field of endeavour that takes the principles, tools and techniques from health promotion and public health and applies them to mental health issues. As a field, mental health promotion aims to:

- Promote high levels of mental wellbeing – or flourishing – across the entire community.
- Prevent the onset of mental health conditions – stopping conditions before they start.
- Enhance mental health literacy and reduce stigma, to promote help-seeking and help-giving for mental ill-health, and suicidal ideation.

Youth mental health promotion is all about providing young people with the knowledge, skills, confidence, opportunities, and experiences that can help them to stay mentally healthy and well – rather than waiting for young people to experience mental health difficulties before we offer support. Youth mental health promotion organisations focus on tackling the underlying root causes of mental ill-health, and putting in place critical protective factors around young people through programs that support individual behaviour change and the creation of mentally healthy homes, schools, workplaces and local communities.

Youth mental health promotion focuses upstream and happens in the community rather than in 'the clinic'. These initiatives are offered by some local councils, some community health services, and a range of non-government organisations. These programs focus on the key building blocks that contribute to mental wellbeing and include:

- Lifestyle programs that encourage young people to exercise regularly, eat a high-quality diet, get enough sleep, and avoid smoking, alcohol and illicit drug use.
- Skills building programs (in schools, workplaces and online) which teach young people key social, emotional and psychological skills drawn from clinical psychology (e.g., Cognitive Behaviour Therapy) and positive psychology that enhance their wellbeing and their ability to deal with stress, and life's inevitable ups and downs.
- Social programs that aim to boost young people's social skills, reduce social anxiety, and provide them with opportunities to meet other young people to form friendships and relationships.
- Parenting programs that provide psychoeducation and teach parents key skills that support positive parenting and enhance family functioning.
- Mentoring programs that seek to link young people with an adult role model who can offer guidance and support.

- Outdoor-adventure programs and other nature-based programs that increase young people's exposure to green and blue spaces, often in combination with physical activity, social interaction and personal growth and development opportunities.
- Music and other arts-based approaches that build young people's self-confidence, and self-esteem, and provide fun and pleasant experiences.
- Sports and recreational activities that get young people active, connected, and engaged.

Despite its importance, youth mental health promotion is an under-recognised and under-resourced field in Australia. Only a handful of youth mental health promotion organisations receive recurrent Federal and/or State or Territory government funding for their work. The majority rely on short-term grants, donations, and the hard work of their amazing volunteers.

This is counterintuitive given that there is now substantial evidence to show that many of the initiatives that work to prevent the onset of mental health conditions are cost-effective and save money, particularly when targeted to children and young people.

At the end of the day, youth mental health promotion and youth mental healthcare are complementary rather than competing endeavours. Neither is sufficient on its own, and both are required to promote young people's mental wellbeing and decrease the prevalence and impact of mental ill-health among young people.

Given the extent of the problem, we need to 'grow the pie' of youth mental health funding, but we also need to create a better balance between 'upstream' and 'downstream' investments. A shift in emphasis towards prevention is now both imperative and urgent.

In line with this, we propose six key changes that can help to improve the mental health of all young Australians.

First, we need leadership from our political leaders. We need them to understand the gravity of this issue and make child and youth mental health a government priority.

Second, we must ask and involve young people to find the solutions. The Federal Government could support the Australian Youth Affairs Coalition to liaise with other youth advisory groups to seek young people's views on the drivers of youth mental ill-health, and the potential program, service, and policy solutions to stem this increase. This process could be used to propose specific wellbeing and prevention initiatives that could be implemented by the government each budget cycle.

Third, we need to build on what works and what's available while we continue to invest in new and better approaches. There are many proven effective and cost-effective programs that could be used to promote and protect young people's mental wellbeing, yet very few are currently being delivered at scale. Moreover, there are scores of youth mental health promotion organisations that are doing great work but remain seriously underfunded. We need to step up our support for these types of initiatives and organisations. The situation is urgent and there is no time to waste.

Fourth, we need to adopt a focus on equity and prioritise young people at increased risk of mental ill-health. This includes children with neurodevelopmental disorders, young women, First Nations Youth, refugees, and young people who are culturally and linguistically diverse (CALD), LGBTQIA+ young people, young people who are living with a disability, and those experiencing social disadvantage, living in out-of-home care, in contact with the justice system or who are homeless.

Fifth, we need to significantly increase our investment in research. This research needs to focus on understanding and addressing long standing risk factors such as child maltreatment, bullying, gendered violence and social disadvantage as well as new and emerging risk factors associated with poor mental health.

Last, to reverse this youth mental health crisis and ensure it never happens again, we need to develop a comprehensive long-term strategy for change. Australia needs a National Youth Mental Health and Wellbeing Strategy that places equal emphasis on wellbeing and prevention as well as early intervention, recovery support and suicide prevention. Comprehensive and coordinated action on risk and protective factors must be at the heart of this Strategy. A substantial increase in funding is also needed.

Australia has been a world-leader in innovative approaches to managing youth mental health conditions ranging from early intervention through to digital mental health solutions. We now have an opportunity to lead the world in promoting young people's mental wellbeing and preventing youth mental health conditions.

Business as usual is not an option. Instead, we need a new approach to youth mental health that supports young people's mental wellbeing and that stems the rise in difficulty and distress through a focus on prevention. Put simply, we need to start **Reimagining Youth Mental Health**.

We invite you to contact us via [advocacy@preventionunited.org.au](mailto:advocacy@preventionunited.org.au) with any feedback or suggestions you may have.

# References

1. Keyes, C.L. 2007. Promoting and protecting mental health as flourishing: a complementary strategy for improving national mental health. *American Psychologist*, 62(2): p. 95-108.
2. Lawrence, D. et al. 2021. Trajectories of academic achievement for students with attention-deficit/hyperactivity disorder. *British Journal of Educational Psychology*, 91(2): p. 755-774.
3. Butterworth, P. et al. 2012. Poor mental health influences risk and duration of unemployment: a prospective study. *Social Psychiatry and Psychiatric Epidemiology*, 47: p. 1013-1021.
4. Biddle, S.J. et al. 2019. Physical activity and mental health in children and adolescents: An updated review of reviews and an analysis of causality. *Psychology of Sport and Exercise*, 42: p. 146-155.
5. Teesson, M. et al. 2010. Prevalence and correlates of DSM-IV alcohol abuse and dependence in Australia: findings of the 2007 National Survey of Mental Health and Wellbeing. *Addiction*, 105(12): p. 2085-2094.
6. Butler, T. et al. 2011. Co-occurring mental illness and substance use disorder among Australian prisoners. *Drug and Alcohol Review*, 30(2): p. 188-194.
7. Colizzi, M. et al. 2020. Prevention and early intervention in youth mental health: is it time for a multidisciplinary and trans-diagnostic model for care? *International Journal of Mental Health Systems*, 14(1): p. 23.
8. Australian Bureau of Statistics (ABS). 2021. Mental Health and Wellbeing: Profile of Adults, Australia 2020, ABS: Canberra.
9. Australian Bureau of Statistics (ABS). 1998. Mental Health and Wellbeing: Profile of Adults, Australia 1997. ABS: Canberra.
10. Australian Bureau of Statistics (ABS). 2008. National Survey of Mental Health and Wellbeing: Profile of Adults, Australia 2007. ABS: Canberra.
11. Australian Institute of Health and Welfare, Australia's Youth: Mental illness. 2021, AIHW: Canberra.
12. Hill, A. et al. 2020. Private Lives 3: The health and wellbeing of LGBTIQ people in Australia. Australian Research Centre in Sex, Health and Society, La Trobe University, Australia.
13. LGBTIQ+ Health Australia, 2021. Snapshot of mental health and suicide prevention statistics for LGBTIQ+ people.
14. Mwanri, L. & Mude, W. 2021. Alcohol, other drugs use and mental health among African migrant youths in South Australia. *International Journal of Environmental Research and Public Health*, 18(4): p. 1534.
15. Buckley, N. et al. 2020. Prevalence estimates of mental health problems in children and adolescents with intellectual disability: A systematic review and meta-analysis. *Australian & New Zealand Journal of Psychiatry*, 54(10): p. 970-984.
16. Johnson, S.E. et al. 2019. Poverty, parental mental health and child/adolescent mental disorders: findings from a national Australian survey. *Child Indicators Research*, 12: p. 963-988.
17. Harris, F. et al. 2022. Regional mapping of early childhood risk for mental disorders in an Australian population sample. *Early Intervention in Psychiatry*, 16: p. 1269-1277.
18. Australian Institute of Health and Welfare (AIHW). 2021. Suicide & self-harm monitoring: Intentional self-harm hospitalisations among young people 2020-21. Available from: <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups/intentional-self-harm-hospitalisations-among-young>.
19. Alonzo, R. et al. 2021. Interplay between social media use, sleep quality, and mental health in youth: A systematic review. *Sleep Medicine Reviews*, 56: p. 101414.
20. Ryan, T. et al. 2017. How social are social media? A review of online social behaviour and connectedness. *Journal of Relationships Research*, 8: p. e8.
21. Holland, G. & Tiggemann, M. 2016. A systematic review of the impact of the use of social networking sites on body image and disordered eating outcomes. *Body Image*, 17: p. 100-110.
22. Jadambaa, A. et al. 2019. Prevalence of traditional bullying and cyberbullying among children and adolescents in Australia: A systematic review and meta-analysis. *Australian & New Zealand Journal of Psychiatry*, 53(9): p. 878-888.
23. Rice, E.S. et al. 2016. Social media and digital technology use among Indigenous young people in Australia: a literature review. *International Journal for Equity in Health*, 15(1): p. 1-16.
24. Pottie, K. et al. 2020. How refugee youth use social media: what does this mean for improving their health and welfare? *Journal of Public Health Policy*, 41: p. 268-278.
25. Selkie, E. et al. 2020. Transgender adolescents' uses of social media for social support. *Journal of Adolescent Health*, 66(3): p. 275-280.
26. Orben, A. & Blakemore, S.J. 2023. How social media affects teen mental health: a missing link. *Nature*, 614(7948): p. 410-412.
27. Gao, C.X. et al. 2023. Climate Concerns and Young People's Mental Health: Findings from the 2022 Mission Australia Youth Survey. Orygen: Melbourne, VIC and Mission Australia: Sydney, NSW.
28. The Royal Commission into Natural Disaster Arrangements. 2020. The Royal Commission Report.
29. Palinkas, L.A. & Wong, M. 2020. Global climate change and mental health. *Current Opinion in Psychology*, 32: p. 12-16.
30. Australian Institute of Health and Welfare (AIHW). 2021. Mental Health Impact of COVID - Archived Data.
31. Li, S.H. et al. 2022. The impact of COVID-19 on the lives and mental health of Australian adolescents. *European Child & Adolescent Psychiatry*, 31(9): p. 1465-1477.
32. Evans-Whipp, T. & Prattley, J. 2023. Young adults returning to live with parents during the COVID-19 pandemic, Australian Institute of Family Studies. Growing Up in Australia Snapshot Series – Issue 8.
33. Teo, S. & Griffiths, G. 2020. Child protection in the time of COVID-19. *Journal of Paediatrics and Child Health*, 56(6): p. 838-840.
34. Australian Human Rights Commission, 2022. 'Mental health shapes my life': COVID-19 and kids' wellbeing.
35. Gray, P. et al. 2023. Decline in Independent Activity as a Cause of Decline in Children's Mental Wellbeing: Summary of the Evidence. *The Journal of Pediatrics*, in press.
36. Keyes, K.M. et al. 2019. Recent increases in depressive symptoms among US adolescents: trends from 1991 to 2018. *Social Psychiatry and Psychiatric Epidemiology*, 54: p. 987-996.
37. Haslam, D. et al. 2023. The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report. Australian Child Maltreatment Study, University of Technology, Queensland
38. Australian Bureau of Statistics (ABS). 2021. 4510.0 – Recorded crime – victims, 2021, Australia.
39. Lim, M. et al. (2019). The young Australian loneliness survey: Understanding loneliness in adolescence and young adulthood. The Iverson Health Innovation Research Institute and Centre for Mental Health, Swinburne University of Technology.
40. headspace. 2020. Insights: Loneliness over time – National Youth Mental Health Survey.
41. Walsh, L. et al. 2022. The 2022 Australian Youth Barometer: Understanding Young People in Australia Today. Monash University, Melbourne: Centre for Youth Policy and Education Practice 2022.
42. Australian Institute of Health and Welfare (AIHW). 2020. Suicide and self-harm monitoring. Social and economic factors and deaths by suicide. Available from: <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/behaviours-risk-factors/social-factors-suicide>.
43. Wilkins, R. et al. 2021. The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 19. Melbourne Institute: Applied Economic & Social Research: Melbourne.
44. Australian Institute of Health and Welfare (AIHW). 2021. Expenditure on mental health related services. Available from: <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services>.