

headspace National Youth Mental Health Survey 2018

mental health and wellbeing
over time



Acknowledgements

This survey was funded by headspace, the National Youth Mental Health Foundation.

We would like to express our gratitude to the 4,065 young people from all around Australia who took the time to complete this important survey. Your participation is greatly appreciated.

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executive summary

This report presents the results of the headspace National Youth Mental Health Survey, an initiative of headspace, the National Youth Mental Health Foundation.

The study involved a national survey of 4,065 young people (aged 12-25 years) from all around Australia. The report provides a snapshot of Australian young people's mental health and wellbeing, their experiences of cyberbullying, help-seeking behaviours, mental health service use and attitudes toward mental health.

Key findings

- Just under one third of Australian young people (32%) are experiencing high or very high levels of psychological distress. This rate is more than three times greater than the rate reported by the Australian Government in 2007 (i.e. 9% among 16-24 year olds).¹
- A greater proportion of young women have high or very high psychological distress (38%) compared to young men (26%). Young women have greater vulnerability to certain stressors experienced during adolescence and early adulthood (including academic pressures, body image expectations and family conflict).^{2,3,4} These factors may account for the gender disparity in rates of distress seen in this survey.
- Psychological distress also varies by age, with rates of high or very high distress lowest among 12-14 year olds (20%) and highest among 18-21 year olds (38%). Between the ages of 18-21, young people are confronted with many changes in their lives, such as finishing school, pursuing higher education, entering the workforce and leaving home.
- One in ten young Australians (11%) are currently seeking support from a mental health professional. This rate of service use is much lower than the rate of high or very high distress (32%), indicating that many young people with mental health problems are not seeking professional support. Half of young Australians (51%) indicate they deal with their personal or emotional problems on their own, rather than speaking to someone. This tendency is higher among young people with poor mental health.
- Experiences of cyberbullying are very common among young people, with just over half (53%) of Australian young people reporting an experience of any type of cyberbullying in their lifetime. Cyberbullying was associated with higher rates of psychological distress in young people.

background and methodology

It is important that we continue to monitor the mental health of young people.

The developmental periods of adolescence and early adulthood constitute a time of great transition, more so than any other stage across the lifespan. Many biological and social landmarks occur during this time, including the onset of puberty, formation of first relationships, identity development, attaining independence, leaving home, pursuing higher education and choosing a career, to name but a few.⁵

While there are many opportunities for growth and positive development during this time, young people also face many challenges and pressures. Throughout adolescence and early adulthood, the first onset of many mental health disorders occur, with three out of four mental disorders emerging by the age of 24.⁶ Most concerning is that despite early onset, treatment or intervention does not typically occur until much later into adulthood, if at all.⁶

Mental health disorders are the leading cause of the global burden of disease for young people worldwide.⁷ In Australia, the most recent estimates from the Australian Bureau of Statistics (ABS) show us that just over one quarter (26%) of young Australians aged 16 to 24 have experienced a mental disorder in the past 12 months. When considering estimates across the lifespan, the estimate for young people was the highest out of all age groups.⁸ These statistics demonstrate that young people are at high risk of developing mental disorders, and that early intervention is paramount.

A report from Mission Australia and Black Dog reveals that there has been an increase in the proportion of Australian young people who meet the criteria for a probable serious mental illness, rising from 18.7% in 2012 to 22.8% in 2016.⁹ A closer inspection of gender differences reveals that this upward trend is driven predominantly by young women, more so than young men.⁹ This mirrors a trend seen among young women in other western countries¹⁰ and demonstrates that preventative and treatment interventions may need to be tailored to be gender-specific in order to address this greater vulnerability among women.

It is important that we continue to monitor the mental health and wellbeing of Australian young people and hear the voices and perspectives of young people directly. Ongoing monitoring of youth mental health will ensure that we stay abreast of the current issues affecting today's young people, allow us to identify those who are most vulnerable, as well as identify the risk factors that may be contributing to mental ill-health in this group.

This report presents the results of the headspace National Youth Mental Health Survey, which is an initiative of headspace, the National Youth Mental Health Foundation. The report provides a snapshot of Australian young people's mental health and wellbeing, their help-seeking behaviour, their mental health service use and other factors associated with mental health. The report considers differences by age group and by gender in order to identify pockets of heightened vulnerability.

This report presents the results of the headspace National Youth Mental Health Survey 2018.

What are the aims of the survey?

This survey provides a snapshot of Australian young people's mental health and wellbeing, their attitudes toward mental health, their help-seeking behaviour and mental health service use, and their experiences of cyberbullying.

Who conducted the survey?

headspace, the National Youth Mental Health Foundation commissioned Colmar Brunton to undertake the survey.

Did the survey receive ethics approval?

This study was conducted in accordance with the National Health and Medical Research Council's National Statement on Ethical Conduct in Human Research (2007) and received ethics approval from Bellberry Limited Human Research Ethics Committee (ref: 2018-05-383).

How was the survey conducted?

The data were collected between July and September 2018 and involved a national telephone survey of 4,065 Australian young people (aged 12–25 years).

A quota sampling strategy was used, with quotas set according to age, gender and state/territory that ensured representation as per general population demographic spread.

More details regarding the method are detailed in the Appendix.

How was youth mental health assessed?

Youth mental health was assessed using the K10 Psychological Distress Scale (K10).¹¹

The K10 assesses young people's experiences of anxiety and depressive symptoms over the past four weeks. Some example questions include "how often did you feel nervous?" and "how often did you feel worthless?".

Based on the scoring protocol used by the ABS, young people were categorised into three groups according to their K10 score:

- R Low distress (10-15)
- R Moderate distress (16-21)
- R High/very high distress (22-50).

Other standardised scales were used in the survey, the details of which are described in the Appendix.

How is the data analysed and reported?

Throughout the report, we report metrics for the total sample and we consider differences by gender and by age group. The data has been weighted to represent the population of Australian young people aged 12 to 25 years.

Tests of statistical significance have been conducted and only differences significant at 95% confidence are presented. If cases had missing values for certain questions, they are excluded from the analysis for that question (as such, base sizes may differ slightly for each analysis).

In some instances throughout the report percentages may not add to 100% due to rounding.

We heard from 4,065 young people from all around Australia.

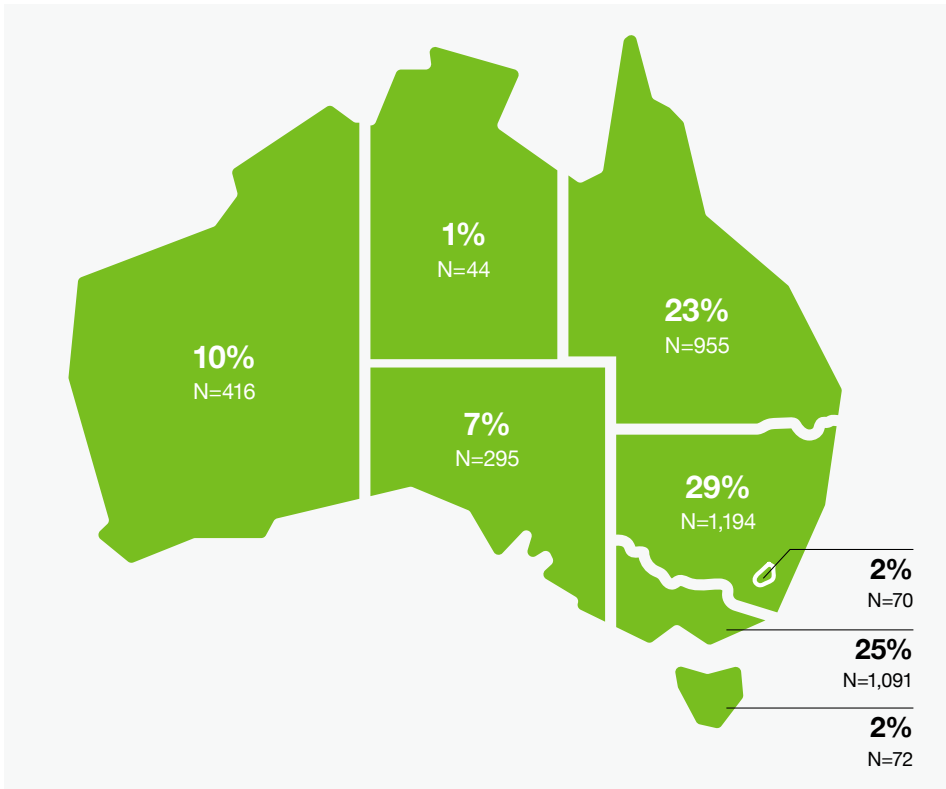


Figure 1.

		Count
Gender		
Female	49%	1,982
Male	51%	2,052
Other	1%	23
Age		
12-14 years	25%	1,002
15-17 years	25%	1,005
18-21 years	25%	1,015
22-25 years	26%	1,043
Geography		
Metro	73%	2,980
Regional	85%	1,085

Table 1.

findings

1. Youth mental health and wellbeing

Overview

Just under one third (32%) of Australian young people have high or very high distress.



Just under one third (32%) of Australian young people report high or very high levels of psychological distress. This rate is more than three times greater than that reported by the Australian Government in 2007 (i.e. 9% among 16-24 year olds).¹

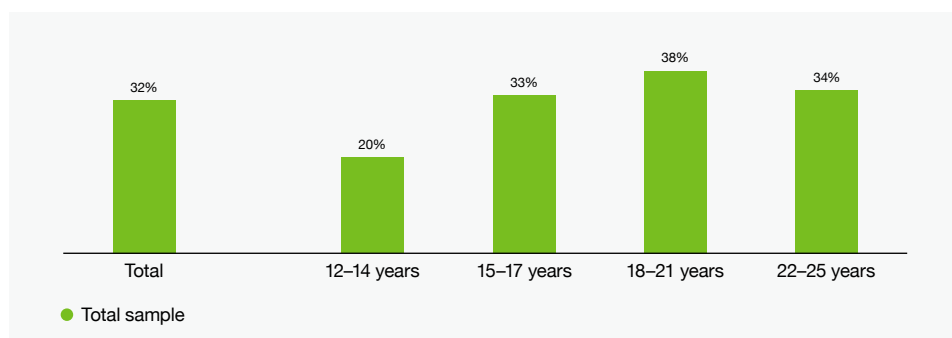
Rates of psychological distress are higher among young females than males, particularly among females aged 15-17 years (45%) and 18-21 years (44%). Stress associated with academic pressures, body image expectations and family conflict is known to have a greater impact on young women than young men.^{2,3,4}

Psychological distress varies by age, with estimates highest among 18-21 year olds (38%). Between the ages of 18-21, young people are confronted with many changes in their lives, such as finishing school, pursuing higher education, entering the workforce, leaving home and the formation of new relationships. While many flourish during this time, it is clear that many others are vulnerable to stress.

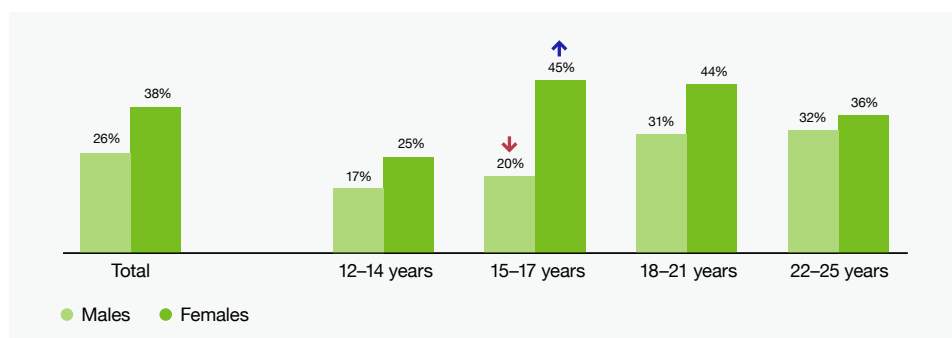
Mental health is associated with confidence in goal attainment abilities in young people; such that those with poor mental health have low confidence, while those who are flourishing have high confidence. Young people with low confidence indicate they feel this way because of poor job prospects and low self-efficacy. Young people with high confidence indicate they feel this way because of high self-efficacy and positive social support.

Insight 1

Rates of psychological distress are higher among young females, particularly among those aged 15-17 and 18-21 years.

**Figure 2.**

Psychological distress –
% high or very high
Total sample

**Figure 3.**

Psychological distress –
% high or very high
Gender

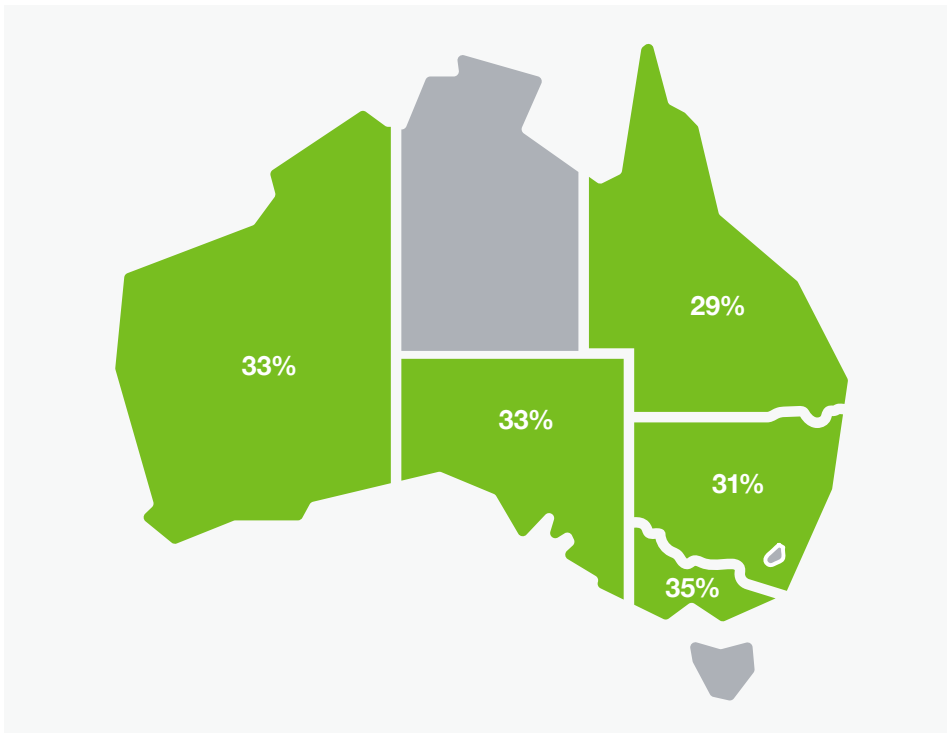
Just under one third (32%) of Australian young people report high or very high levels of psychological distress. When considering differences by age, 18-21 year olds have the highest rates of distress (with 38% reporting high or very high distress). 12-14 year olds report the lowest rates of distress (with 20% reporting high or very high distress). Young women consistently report higher rates of distress than do young men. This gender disparity is observed across every age group, with the exception of 22-25 year olds.

↕ ↑ Indicates results are significantly different from other groups at 95% confidence.

K10 Psychological Distress Scale. Base: Total (N=4,031) – 12-14 years (n=982), 15-17 years (n=1,000), 18-21 years (n=1,010), 22-25 years (n=1,039). Males (n=1,965) – 12-14 years (n=510), 15-17 years (n=470), 18-21 years (n=488), 22-25 years (n=497). Females (n=2,036) – 12-14 years (n=461), 15-17 years (n=524), 18-21 years (n=514), 22-25 years (n=537).

Insight 2

There is a slight variation in the degree of the youth mental health burden across each of Australia's states and territories.

**Figure 4.**

Psychological distress –
% high or very high

Rates of distress vary slightly across each of Australia's states and territories. Estimates range from a low of 29% in Queensland to a high of 35% in Victoria. Proportions for the Northern Territory, Tasmania and the Australian Capital Territory are not reported due to low base sizes.

K10 Psychological Distress Scale. Base: New South Wales (n=1,187), Victoria (n=1,005), Queensland (n=947), South Australia (n=294), Western Australia (n=415), Australian Capital Territory (n=70), Tasmania (n=69), Northern Territory (n=44).

Insight 3

Mental health is more than the absence of mental distress or disorder. It is also important to consider the positive aspects of mental health.

While psychological distress includes negative aspects of mental health including symptoms of depression (e.g. low mood and feelings of hopelessness) and symptoms of anxiety (e.g. worry and irritability), wellbeing includes positive aspects of mental health, such as experiences of happiness, positive emotions, life satisfaction, positive relationships and the sense of life purpose or meaning.¹² If we focus only on psychological distress or mental ill-health, we won't develop an understanding of how to cultivate and strengthen wellbeing. This concept of mental health is known as the Dual Continuum Model of Mental Health.¹²

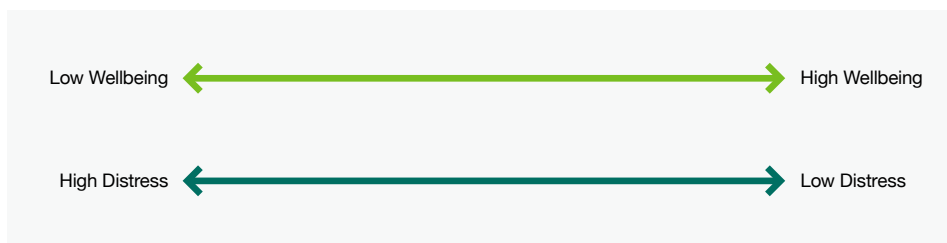


Figure 5.
The Dual Continuum Model of Mental Health

When both mental health continua are considered simultaneously, individuals can be classified into one of four categories of mental health. These categories are shown below. Flourishing is the state of optimal mental health (with high wellbeing and low distress), while floundering is the poorest state of mental health, with high distress and low wellbeing.¹³

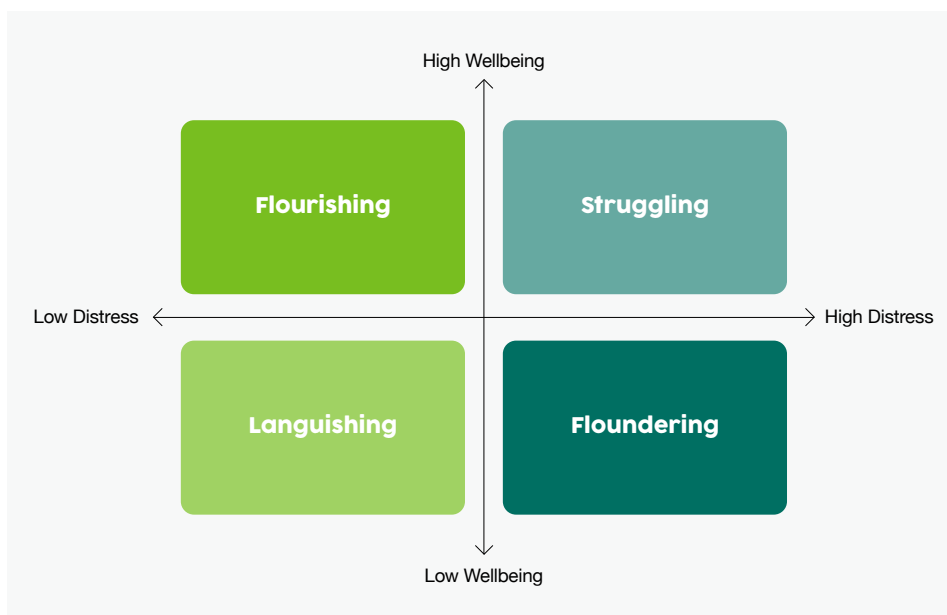


Figure 6.
The four categories of mental health

Psychological distress was assessed using the K10 Psychological Distress Scale¹¹ and wellbeing was assessed using the Mental Health Continuum-Short Form (MHC-SF) scale.¹⁴

Insight 4

When considering both mental health continua, just over half of Australian young people are flourishing, while a small minority are floundering.



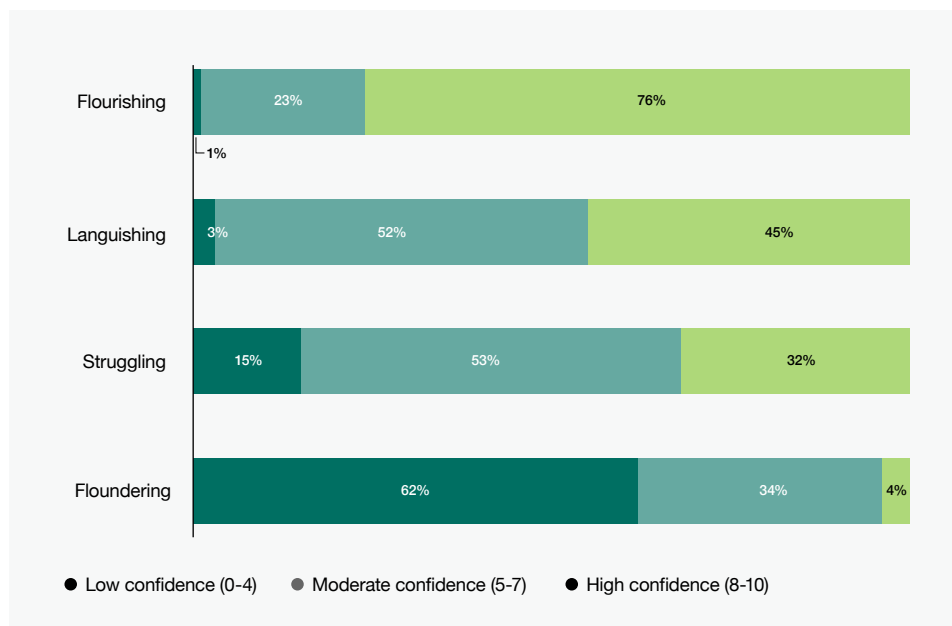
Figure 7.
Mental health state

When considering youth mental health along the two mental health continua (wellbeing and psychological distress), just over half of the sample (51%) can be classified as being in a state of flourishing mental health, while a small minority are classified as floundering (3%). One sixth of the sample (17%) are languishing (i.e. they have low distress, but also have low or moderate wellbeing).

This reveals that the absence of psychological distress or mental ill-health does not necessarily equate to a positive state of wellbeing and that the two continua are not mutually exclusive. Consideration of both continua delivers a more complete picture of youth mental health.

The rate of flourishing is highest among 12–14 year olds (70%) and lowest among 18–21 years olds (47%).

The rate of flourishing is higher among males (56%) than females (46%).

Insight 5**Young people who are flourishing have high confidence in their ability to achieve their future goals.****Figure 8.**

Confidence in self ability to achieve future goals – scale 0 to 10

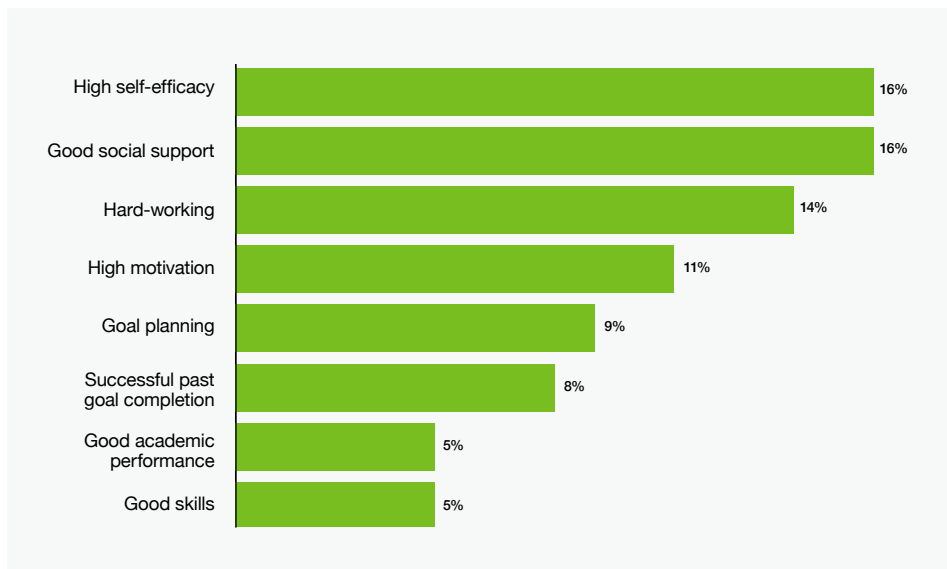
Mental health is associated with young people's confidence in their ability to achieve their future goals. While the vast majority of young people who are flourishing have high confidence in their goal attainment abilities, those who are floundering are more likely to have low or moderate confidence.

Those who are languishing are less likely to have high confidence than are those who are flourishing, indicating that low wellbeing can have a negative impact on young people's quality of life and psychosocial development, just as the presence of distress does.

Confidence in goal attainment is highest among 12-14 year olds (63%) and lowest among 18-21 years olds (52%).

Males are more likely to have high confidence in their goal attainment abilities (60%) than are females (51%).

K10 Psychological Distress Scale (Q27-Q36) and the MHC-SF. On a scale of 0 – 10, where 0 is not at all confident, and 10 is extremely confident, how confident are you that you will be able to achieve your future goals? Base: Flourishing (n=2,054), Languishing (n=633), Struggling (n=1,118), Floundering (n=101).

Insight 6**55% of young people have high confidence in their future goal attainment abilities.****Figure 9.**

Reasons for high confidence rating (8-10)

Young people with high confidence in their goal attainment abilities indicate they do so because of high self-efficacy and good social support.

- “Because I try very hard and I have noticed a big change especially in my grades at school, and it is a work in progress. If I continue that way I believe I can be what I want to be.”*

Female, 12–14 years
- “I guess it’s been drilled into me since I was young that I can do anything I set my mind to. I have good family support.”*

Female, 18–21 years
- “I suppose I have fairly good common sense and I am goal oriented. I can form and implement strategies to achieve my goals.”*

Male, 22–25 years

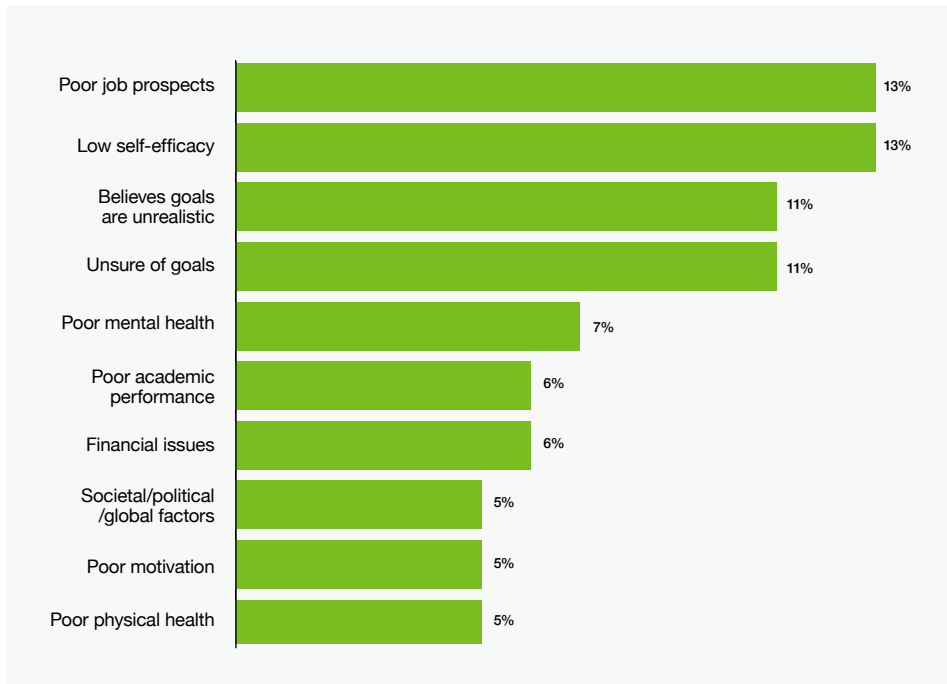
“Because I have an amazing group of friends, family and teachers and they all support me.”

Female, 15–17 years

“I know I can achieve a lot of things I want to achieve though hard work and perseverance.”

Male, 15–17 years

On a scale of 0 – 10, where 0 is not at all confident, and 10 is extremely confident, how confident are you that you will be able to achieve your future goals? (SR). And, why do you have that level of confidence? Base: Total those who rate their confidence as high (8-10) (n=2,255)

Insight 7**7% of young people have low confidence in their future goal attainment abilities.****Figure 10.**

Reasons for low confidence rating (0-4)

Young people with low confidence in their goal attainment abilities indicate they do so because of poor job prospects and low self-efficacy.

- *“Because the industry that I want to go into is a very difficult one to get into. And I am not confident in my own talents to make it in the industry.”*
Female, 18-21 years
- *“Because I’m not very good in school and I don’t really have the drive for much.”*
Female, 15-17 years
- *“I have big expectations and big dreams which sometimes don’t seem achievable.”*
Male, 15-17 years

“I guess because I am failing subjects at school and am being excluded.”

Male, 12-14 years

“It doesn’t seem realistic that I will own my own home or property in the near future.”

Male, 22-25 years

On a scale of 0 – 10, where 0 is not at all confident, and 10 is extremely confident, how confident are you that you will be able to achieve your future goals? And, why do you have that level of confidence? Base: Total those who rate their confidence as low (0-4) (n=292)

Insight 8

Young females are less likely to rate their mental health as very good/good than are males.

The proportion of young people who rate their mental health as very good/good is highest among 12-14 year olds and lower among the older age groups. The proportion of young females who rate their general health as very good/good is lower than that of males in every age group.

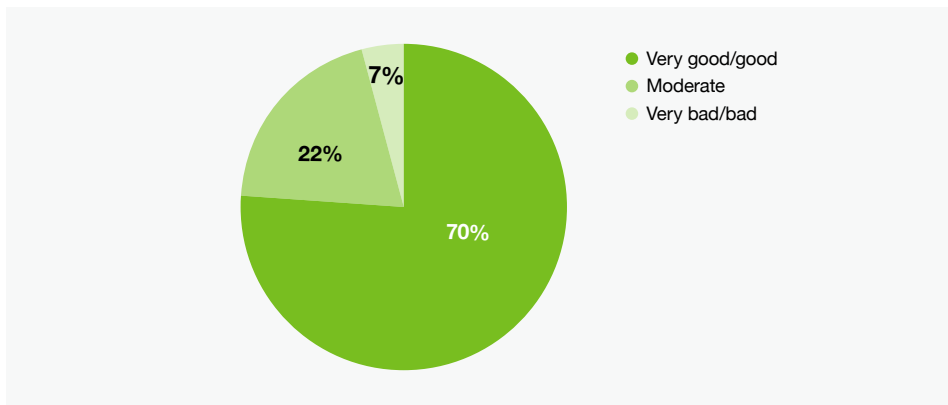


Figure 11.
Self-rated mental health

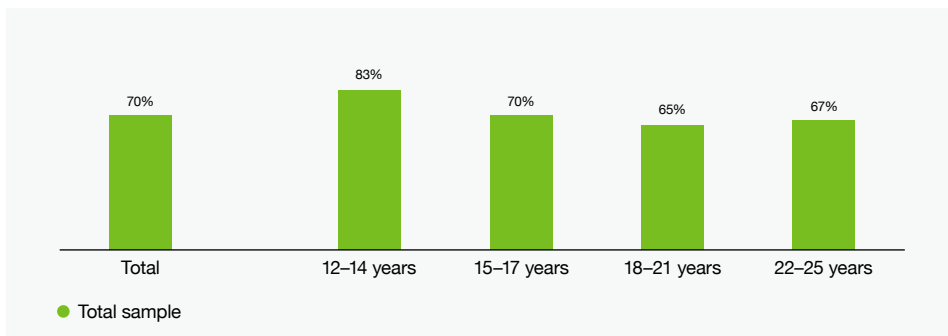


Figure 12.
Self-rated mental health – % very good/good
Total sample

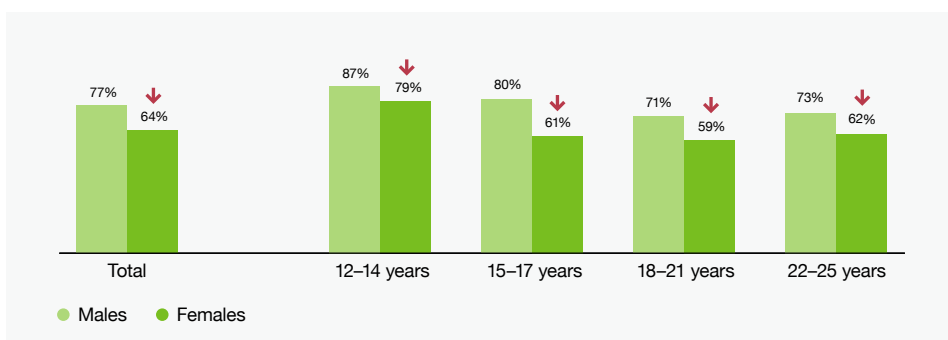


Figure 13.
Self-rated mental health – % very good/good
Gender

↓ ↑ Indicates results are significantly different from other groups at 95% confidence.

How would you rate your overall mental health in the past 4 weeks? Base: Total (n=4,063) – 12-14 years (n=1,001), 15-17 years (n=1,005), 18-21 years (n=1,014), 22-25 years (n=1,043). Males (n=1,980) – 12-14 years (n=520), 15-17 years (n=473), 18-21 years (n=488), 22-25 years (n=499). Females (n=2,052) – 12-14 years (n=469), 15-17 years (n=526), 18-21 years (n=518), 22-25 years (n=539).

Insight 9

Just over three quarters of Australian young people (77%) rate their general health as very good/good.

The proportion of young people who rate their general health as very good/good is highest among 12-14 year olds and lower among the older age groups. The proportion of young females who rate their general health as very good/good is lower than that of males in every age group, with the exception of 12-14 year olds.

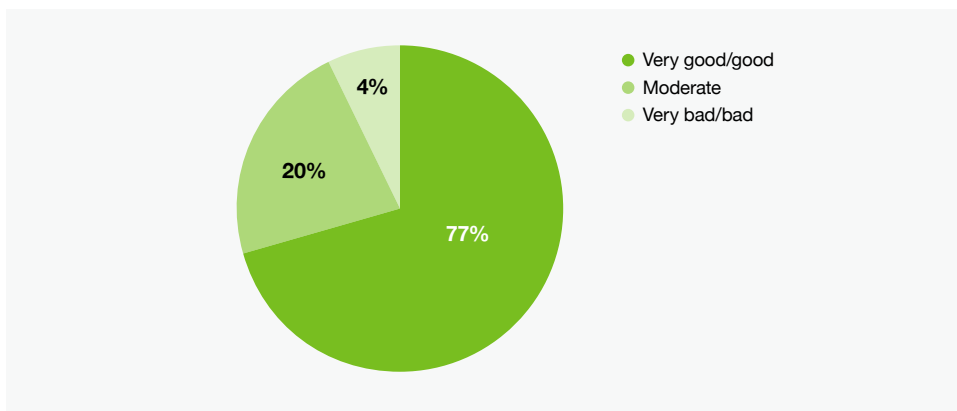


Figure 14.
Self-rated general health

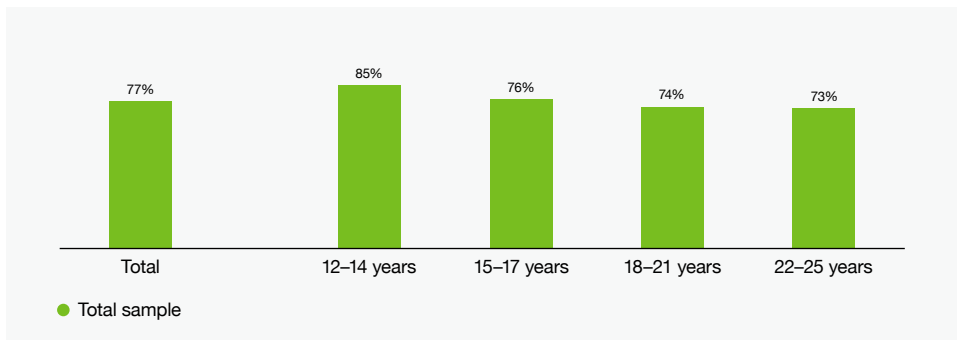


Figure 15.
Self-rated general health – % very good/good
Total sample

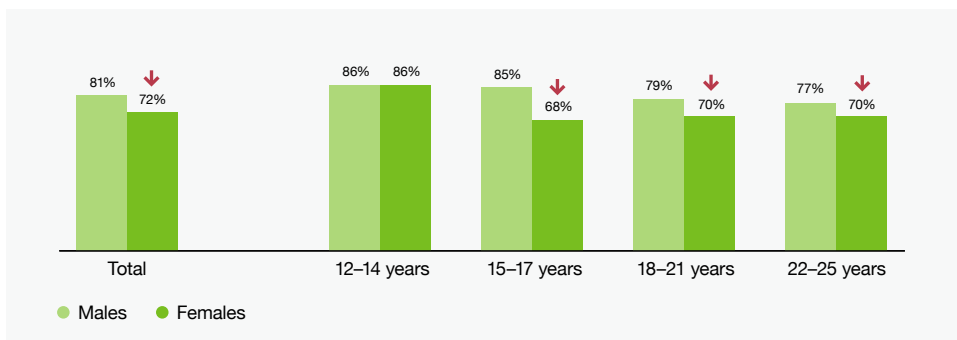
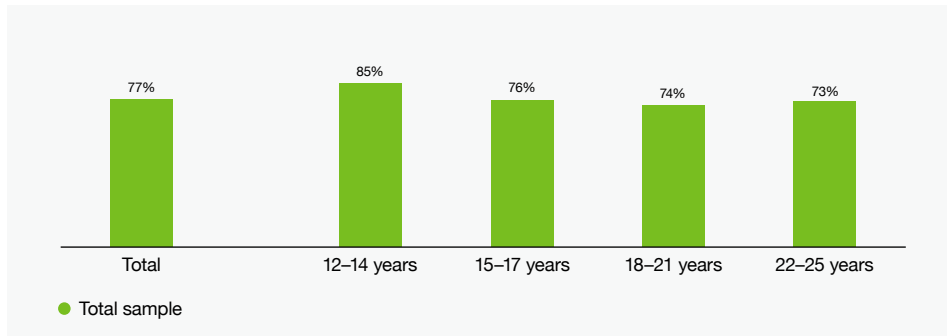
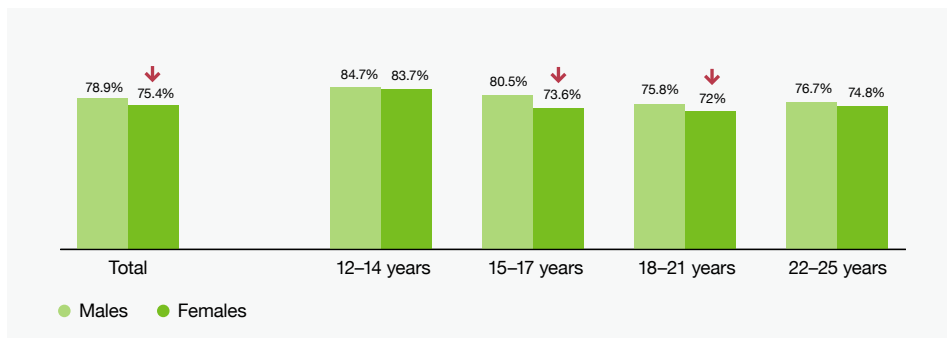


Figure 16.
Self-rated general health – % very good/good
Gender

↓ ↑ Indicates results are significantly different from other groups at 95% confidence.

How would you rate your overall health in the past 4 weeks? Base: Total (n=4,065) – 12-14 years (n=1,002), 15-17 years (n=1,005), 18-21 years (n=1,015), 22-25 years (n=1,043). Males (n=1,982) – 12-14 years (n=521), 15-17 years (n=473), 18-21 years (n=489), 22-25 years (n=499). Females (n=2,052) – 12-14 years (n=469), 15-17 years (n=526), 18-21 years (n=518), 22-25 years (n=539).

Insight 10**Quality of life is highest among 12-14 year olds and lowest among 18-21 year olds.****Figure 17.**MyLifeTracker – mean scores
Total sample**Figure 18.**MyLifeTracker – mean scores
Gender

The MyLifeTracker Scale was used to assess global quality of life among young people. The figures presented above are total scores out of 100. Higher scores reflect greater quality of life.

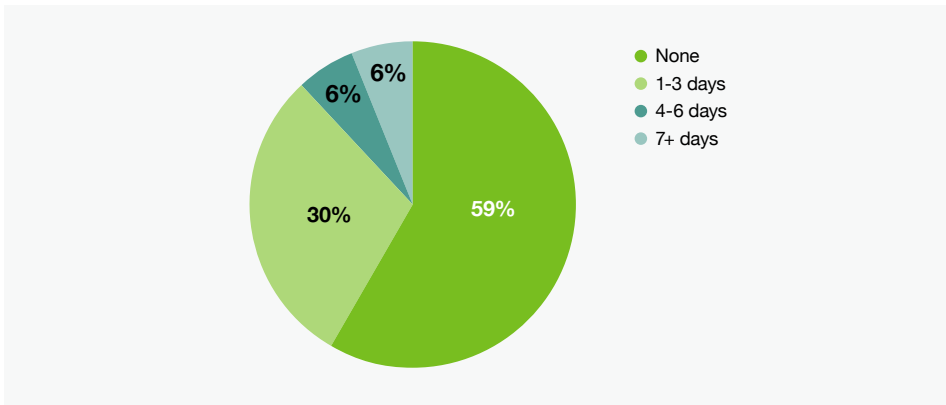
According to mean scores on MyLifeTracker, quality of life is highest among 12-14 year olds and lowest among 18-21 year olds. Young females aged between 15-17 years and 18-21 years have lower quality of life than do young males in these age groups.

↓↑ Indicates results are significantly different from other groups at 95% confidence.

MyLifeTracker. Higher scores reflect greater quality of life. Base: Total (N=4,040) – 12-14 years (n=995), 15-17 years (n=1,001), 18-21 years (n=1,008), 22-25 years (n=1,036). Males (n=1,967) – 12-14 years (n=518), 15-17 years (n=470), 18-21 years (n=484), 22-25 years (n=495). Females (n=2,042) – 12-14 years (n=465), 15-17 years (n=525), 18-21 years (n=516), 22-25 years (n=536).

Insight 11**A larger proportion of females have had difficulty carrying out their daily activities than males.**

A larger proportion of females (45%) have been unable to carry out their usual activities on at least one day in the past two weeks, than males (37%).

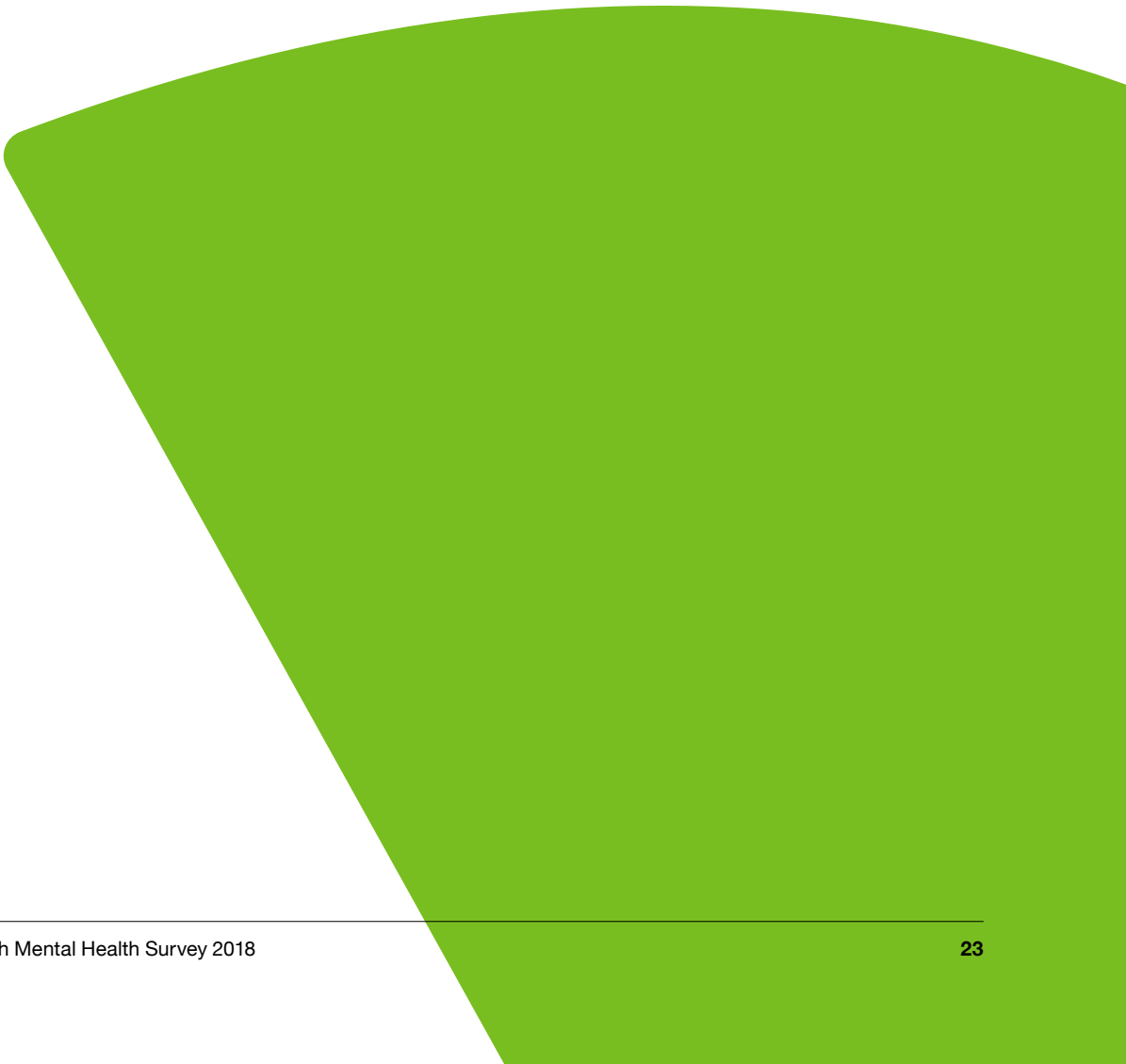
**Figure 19.**

Days unable to carry out usual activities in past two weeks

A larger proportion of 15-17 year olds (47%) and 18-21 year olds (44%) had difficulty carrying out their usual activities on at least one day in the past two weeks, than 12-14 year olds (38%) and 22-25 year olds (38%).

findings

2. Young people's experiences of cyberbullying



Overview

Experiences of cyberbullying are common among young people



Experiences of bullying in digital contexts are common among young people, with just over half (53%) of Australian young people reporting to have experienced any type of cyberbullying in their lifetime.

Overall lifetime experience of cyberbullying is slightly higher among females (55%) than males (50%).

Past month experience of cyberbullying is highest during the final years of secondary school between the ages of 15-17 years. The incidence decreases once young people have left school.

Experiences of cyberbullying are associated with psychological distress in young people, such that those who have high or very high distress have the highest rate of lifetime cyberbullying (70%), while those who have low distress have a much lower rate (37%).

Insight 12

Lifetime experience of cyberbullying is slightly higher among females (55%) than males (50%).

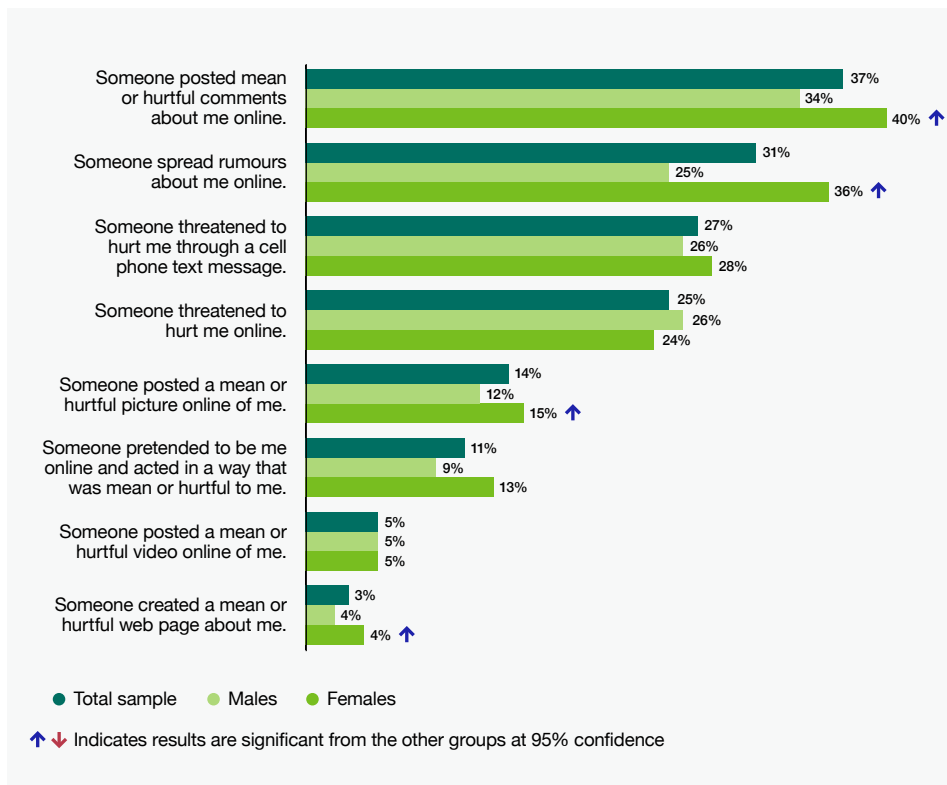


Figure 20.

Lifetime experience of cyberbullying – % yes

Experiences of cyberbullying are common among young people, with just over half (53%) of Australian young people reporting to have experienced any type of cyberbullying in their lifetime. Young women were more likely to have experienced someone posting mean comments about them online (40%), than young men (34%).

53%

of Australian young people have experienced cyberbullying in their lifetime.

Insight 13

One in ten Australian young people (11%) have experienced any type of cyberbullying in the past month.

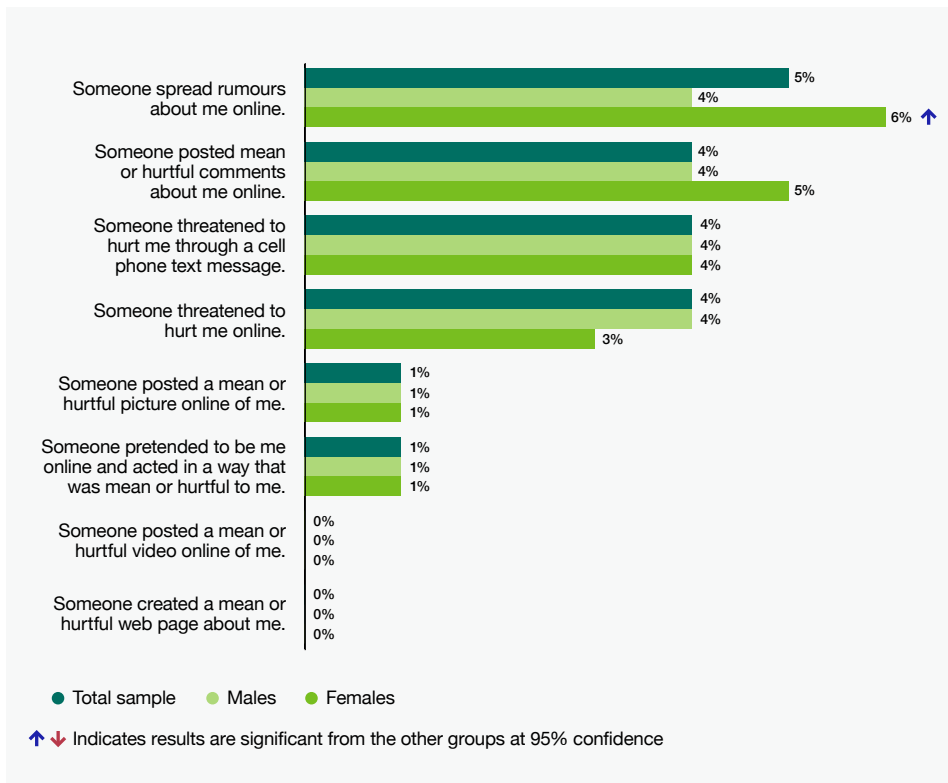


Figure 21.

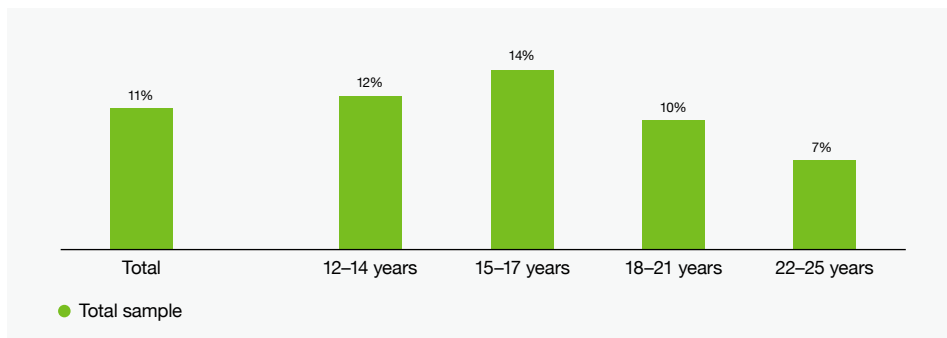
Past month experience of cyberbullying – % yes

Experiences of cyberbullying are common among young people, with one tenth (11%) of Australian young people reporting to have experienced any type of cyberbullying in the past month. Limited gender differences are seen.

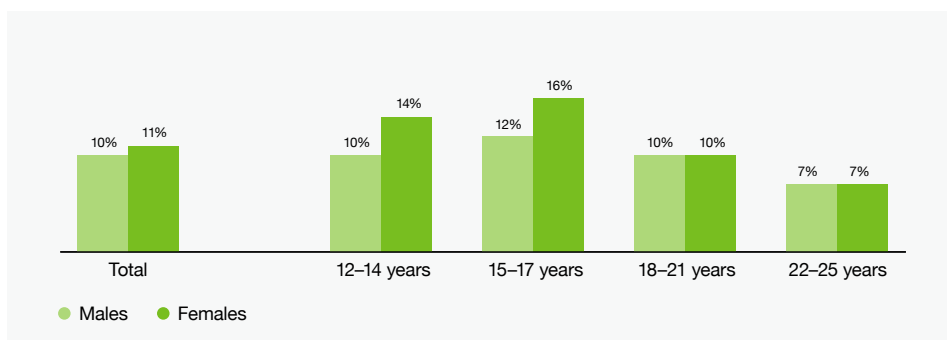
11%

of Australian young people have experienced cyberbullying in the past month.

Cyberbullying Victimization Scale. Base: Total (n=4,039), Young Males (n=1,970), Young Females (n=2,038).

Insight 14**Rates of past month experience of cyberbullying peak among 15-17 year olds and then decrease with age.****Figure 22.**

Past month experience of cyberbullying – % yes
Total sample

**Figure 23.**

Past month experience of cyberbullying – % yes
Gender

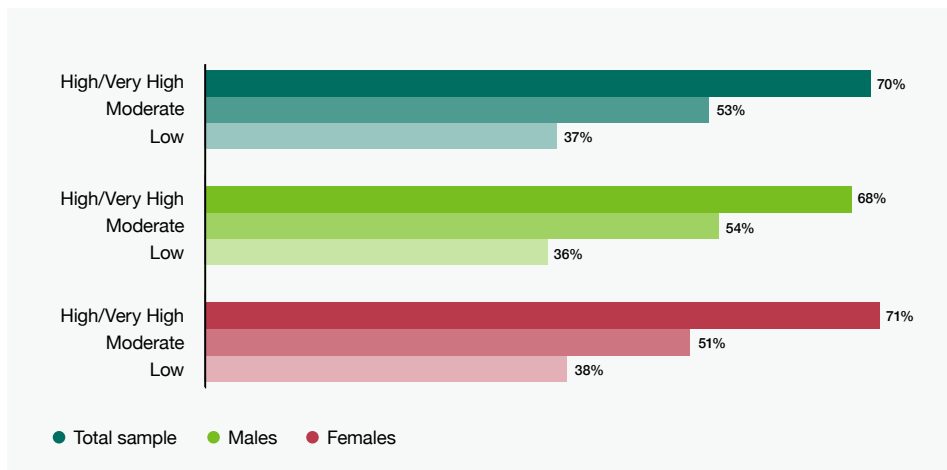
Past month experience of cyberbullying is highest during the final years of secondary school when young people are aged 15-17 years. This is also a time when academic pressures are mounting, signifying a stressful time for young people.

Past month experience of cyberbullying did not differ significantly by gender, at any age.

Cyberbullying Victimization Scale. Base: Total (N=4,039) – 12-14 years (n=997), 15-17 years (n=999), 18-21 years (n=1,008), 22-25 years (n=1,035). Males (n=1,970) – 12-14 years (n=519), 15-17 years (n=470), 18-21 years (n=484), 22-25 years (n=497). Females (n=2038) – 12-14 years (n=466), 15-17 years (n=523), 18-21 years (n=516), 22-25 years (n=533).

Insight 15

Young Australians who have high or very high distress are more likely to have experienced cyberbullying in their lifetime.

**Figure 24.**

Lifetime experiences of cyberbullying – % yes

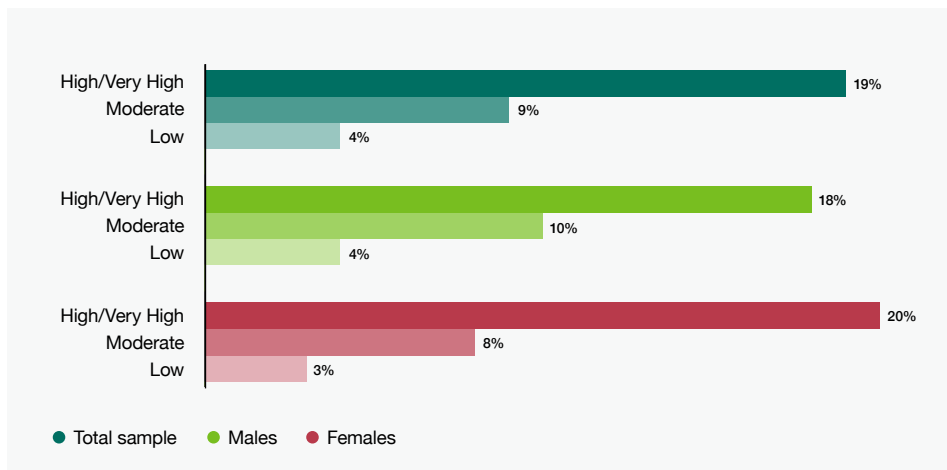
Experiences of cyberbullying are associated with psychological distress in both males and females, such that those who have high or very high distress have the highest rate of lifetime cyberbullying, while those who have low distress have a much lower rate.

Just as we have seen with experiences of bullying in the school yard and other non-digital contexts,¹⁵ experiences of cyberbullying can have a detrimental effect on the mental health of young people, and may affect their self-esteem and lead to social and emotional problems for years to come. The digital space creates a platform where bullies can be anonymous, which may explain the high incidence of this behaviour.

Cyberbullying Victimization Scale. Base: Total (n=4,039), Young Males (n=1,970), Young Females (n=2,038).a K10 Psychological Distress Scale (Q27-Q36) and Cyberbullying Victimization Scale. Base: Total: high/very high (n=1,225), moderate (n=1,343), low (n=1,372). Males: high/very high (n=466), moderate (n=680), low (n=774). Females: high/very high (n=743), moderate (n=657), low (n=591).

Insight 16

Young Australians who have high or very high distress are more likely to have experienced cyberbullying in the past month.

**Figure 25.**

Past month experience of cyberbullying – % yes

Past month experiences of cyberbullying are also linked with rates of psychological distress among young people. Those who have high or very high distress have the highest rate of past month cyberbullying, while those who have low distress have a much lower rate. This pattern is seen for both young men and young women.

K10 Psychological Distress Scale (Q27-Q36) and Cyberbullying Victimization Scale. Base: Total: high/very high (n=1,255), moderate (n=1,364), low (n=1,387). Males: high/very high (n=479), moderate (n=693), low (n=781). Females: high/very high (n=759), moderate (n=665), low (n=599).

findings

3. Help-seeking behaviour and service use

Overview

Young people should be encouraged to seek support when they are going through a hard time.



One in ten young Australians (11%) are currently seeking support from a mental health professional, with service use higher among females than males.

The rate of service use is much lower than the rate of high/very high distress (32%), suggesting that many young people with mental health problems are not seeking out professional support.

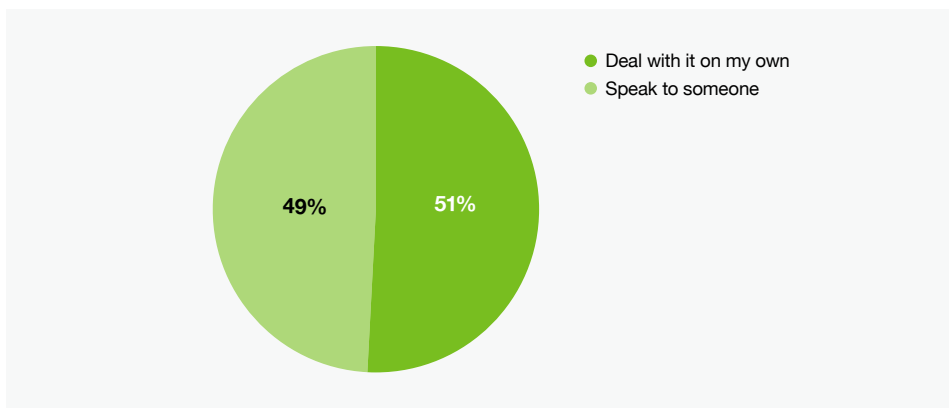
Young people are more likely to seek support from their parents, partner or their friends than they are from mental health professionals.

Half of young Australians (51%) deal with their personal or emotional problems on their own, rather than speak to someone. This tendency is higher among males aged 18-21 years and 22-25 years. It is also higher among males and females with high or very high distress, than those with low or moderate distress.

When young people are going through a difficult time and they look online for information, the common things they seek include: quick tips on how to stay mentally well, information on mental disorders, information on professional support services and personal stories of people who have similar experiences.

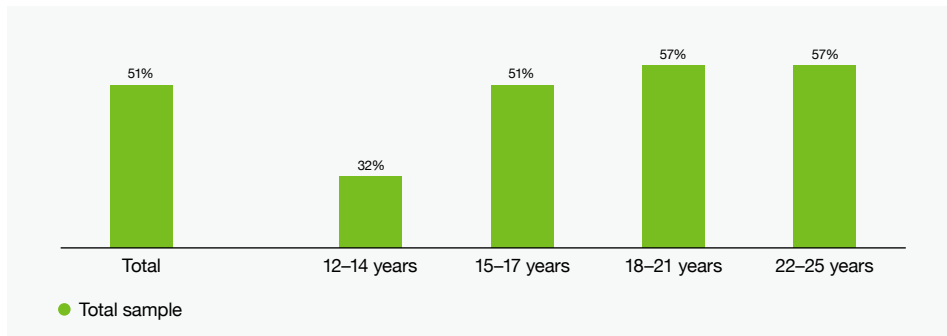
Insight 17**Half of young Australians deal with their personal problems on their own, rather than speak to someone.**

The tendency to deal with emotional or personal problems on their own is higher among the older age groups (15-17, 18-21 and 22-25 year olds). Among 18-21 year olds and 22-25 year olds, males are more likely to deal with their emotional or personal problems on their own than are females.

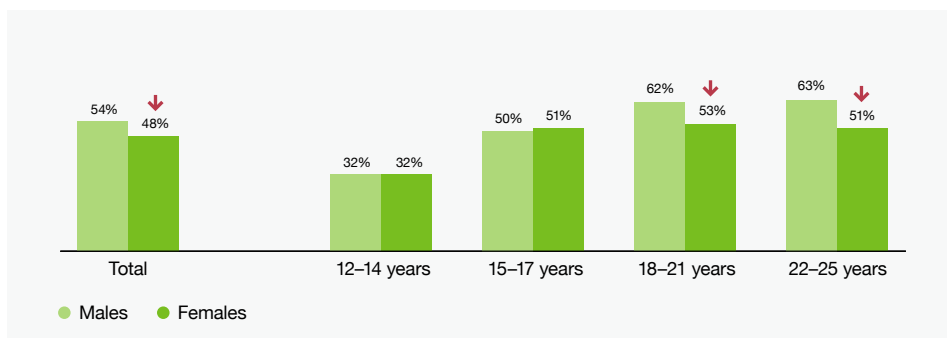
**Figure 26.**

If you were experiencing a personal or emotional problem, would you....?

If you were experiencing a personal or emotional problem, would you speak to someone or try to deal with the problem by yourself?
 Base: Total (n=4,012) – 12-14 years (n=985), 15-17 years (n=997), 18-21 years (n=1,001), 22-25 years (n=1,029). Males (n=1,950) – 12-14 years (n=508), 15-17 years (n=468), 18-21 years (n=483), 22-25 years (n=491). Females (n=2,031) – 12-14 years (n=465), 15-17 years (n=523), 18-21 years (n=510), 22-25 years (n=533).

Insight 17**Half of young Australians deal with their personal problems on their own, rather than speak to someone.****Figure 27.**

If you were experiencing a personal or emotional problem, would you – % deal with it on my own
Total sample

**Figure 28.**

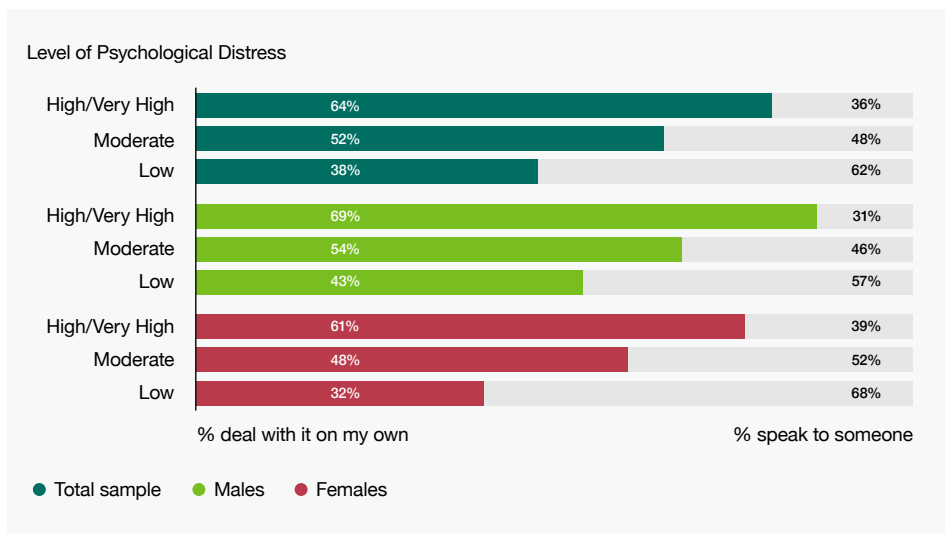
If you were experiencing a personal or emotional problem, would you – % deal with it on my own
Gender

↓↑ Indicates results are significantly different from other groups at 95% confidence.

If you were experiencing a personal or emotional problem, would you speak to someone or try to deal with the problem by yourself?
Base: Total (n=4,012) – 12-14 years (n=985), 15-17 years (n=997), 18-21 years (n=1,001), 22-25 years (n=1,029). Males (n=1,950) – 12-14 years (n=508), 15-17 years (n=468), 18-21 years (n=483), 22-25 years (n=491). Females (n=2031) – 12-14 years (n=465), 15-17 years (n=523), 18-21 years (n=510), 22-25 years (n=533).

Insight 18**Young people with high or very high distress are more likely to deal with their personal problems on their own.**

Among both males and females, young people with high or very high distress are more likely to deal with their personal problems on their own, rather than speak to someone. Young people with low distress are more likely to seek out support from someone and talk to them about their problems.

**Figure 29.**

If you were experiencing a personal or emotional problem, would you....?

Insight 19

Young people who deal with personal problems on their own are likely to analyse or assess the problem in the first instance.

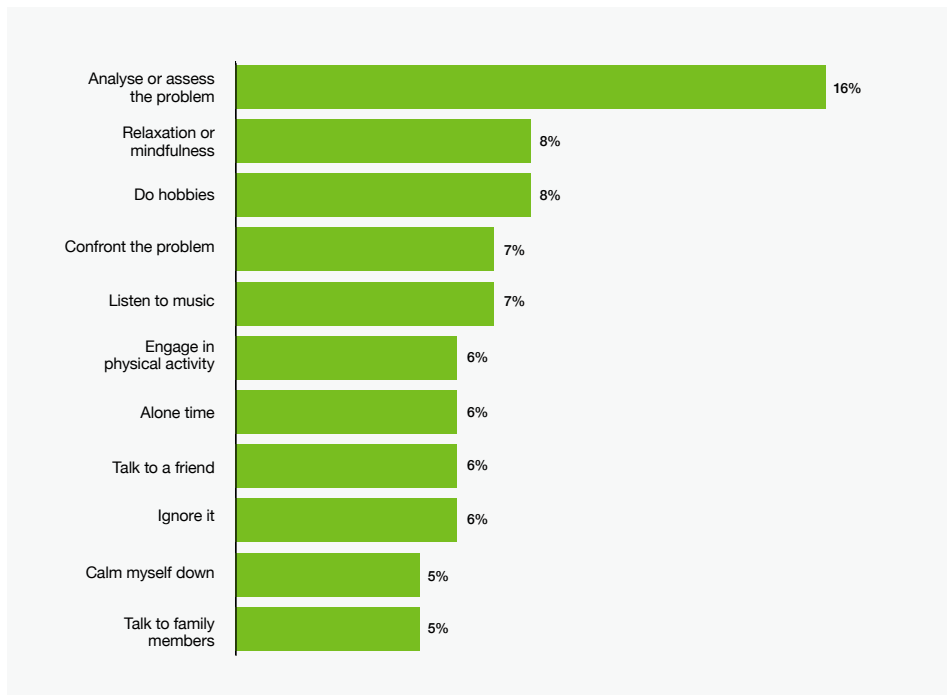


Figure 30.

The first step young people take when they are feeling down, distressed, or anxious (among those who deal with problems on their own)

- *“I would do something that cheers me up like reading a book or listening to music.”*
Female, 15-17 years
- *“I’d think about why and ask what’s making me feel that way.”*
Male, 15-17 years
- *“Remove myself from the situation if it is possible. And I would take some time to have a cup of tea and read a book.”*
Female, 18-21 years
- *“I usually take my dog for a walk or listen to music.”*
Female, 12-14 years

51%

of young people deal with their personal or emotional problems on their own.

“I would try to observe the problem in a detached or impersonal way to gain a perspective that isn’t clouded with emotion.”

Male, 22-25 years

Please describe the first step you might take when feeling down, or distressed or anxious about something. Base: Total of those who deal with their personal or emotional problem by themselves (n=1,985). Themes endorsed at <5% are not charted.

Insight 20

Young people who speak to someone are most likely to talk to family members or friends.

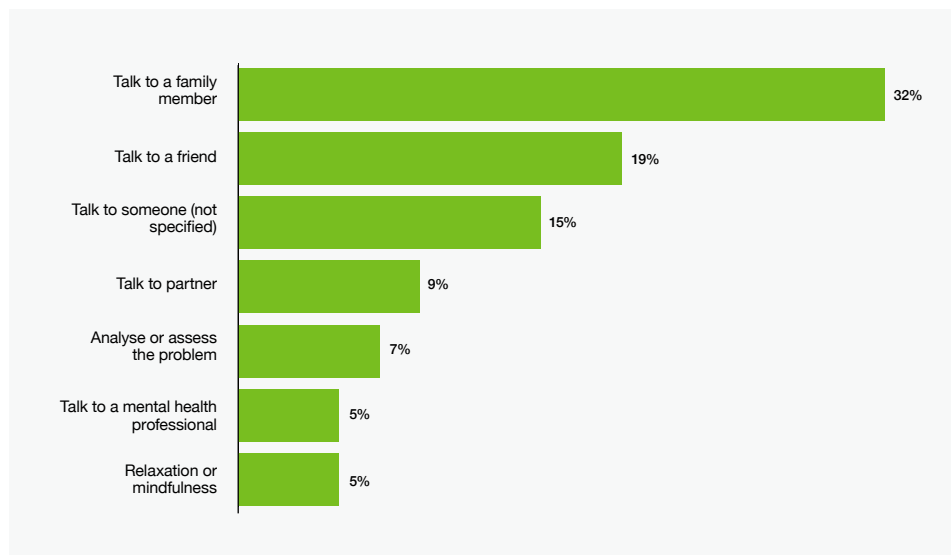


Figure 31.

The first step young people take when they are feeling down, distressed, or anxious (among those who speak to someone)

- *“Speak to my mum or my boyfriend. I would be more likely to go to a mental health professional now that I have seen one.”*
Female, 18-21 years
- *“Call my mum straight away. Or if it is more severe, I would go to my GP about it.”*
Female, 22-25 years
- *“If it’s not serious I would go to a friend and if it is serious I would go to a parent.”*
Female, 15-17 years
- *“I would go either talk to my mum or dad, or both. If they’re not much help, I would go online to look for ways to help myself and if that didn’t work, I’d go to my sister.”*
Male, 12-14 years

49%

of young people speak to someone if they are experiencing emotional or personal problems

“If it’s not serious I would go to a friend and if it is serious I would go to a parent.”

Female, 15-17 years

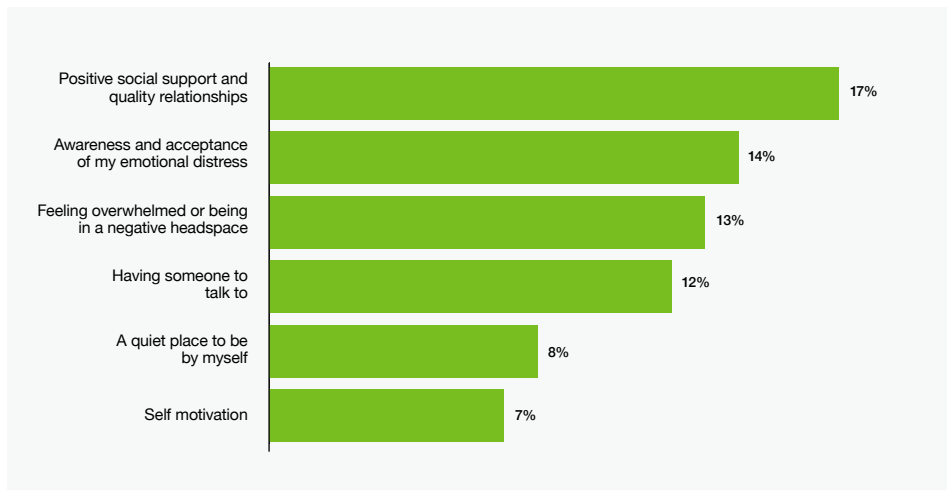
“I would talk to my mother. I would tell her exactly how I’m feeling and what was concerning me. And I would ask for advice.”

Female, 15-17 years

Please describe the first step you might take when feeling down, or distressed or anxious about something. Base: Total of those who speak to someone if dealing with a personal or emotional problem (n=2,027). Themes endorsed at <5% are not charted.

Insight 21

Enablers of self-care among young people include positive social support, awareness of emotional distress and feeling overwhelmed by the problem.

**Figure 32.**

Factors that encourage young people to take the first step in self-care when they are feeling down, distressed, or anxious

- *“I would need to identify in my brain that I am not actually feeling 100%.”*
Female, 15-17 years
- *“Having a lot of trust in the person I’m talking to and someone that could help me out.”*
Female, 12-14 years
- *“I would need to get space away from other people and do something that makes me happy.”*
Female, 15-17 years
- *“I guess having a good friend who knows how to listen.”*
Male, 22-25 years

“The situation getting to the point where I am struggling or where it is getting out of hand.”

Male, 18-21 years

Please describe the first step you might take when feeling down, or distressed or anxious about something. And what might help you to take that first step? Base: Total youth (n=3,772). Themes endorsed at <5% are not charted.

Insight 22

Barriers to self-care among young people include fear of judgement, poor social support and interpersonal conflict.

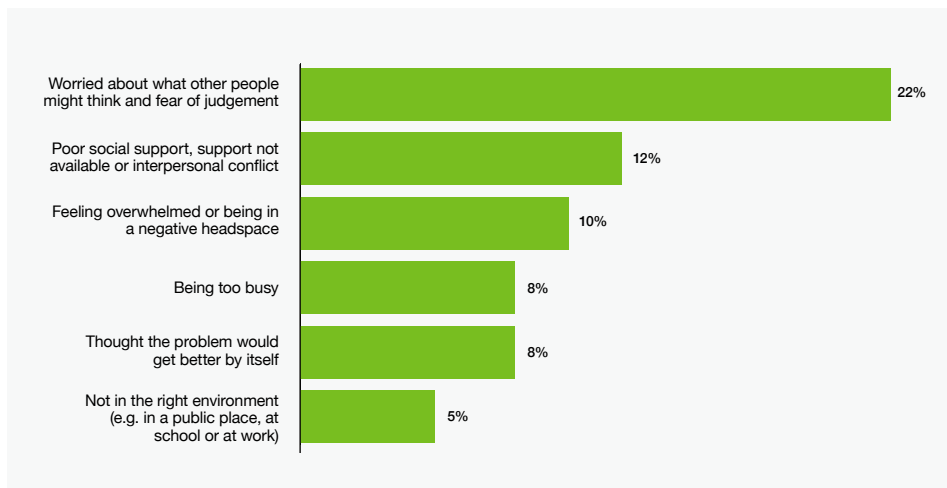


Figure 33.

Factors that prevent young people from taking the first step in self-care when they are feeling down, distressed, or anxious

- *“Being in such a bad mood that I don’t want to do anything.”*
Male, 22-25 years
- *“Feeling isolated, or having an argument with someone I would normally talk to.”*
Female, 12-14 years
- *“When I’ve packed too much into my schedule to take time off.”*
Male, 22-25 years

“Being in a public place where I have to pretend like nothing is wrong.”

Female, 22-25 years

“Being away from my friends like at home or being on school holidays.”

Male, 12-14 years

Please describe the first step you might take when feeling down, or distressed or anxious about something. And what might prevent you from taking that first step? Base: Total youth (n=4,065). Themes endorsed at <5% are not charted.

Insight 23

Enablers and barriers to self-care vary between those who analyse or assess the problem as a first step and those who talk to family as a first step.

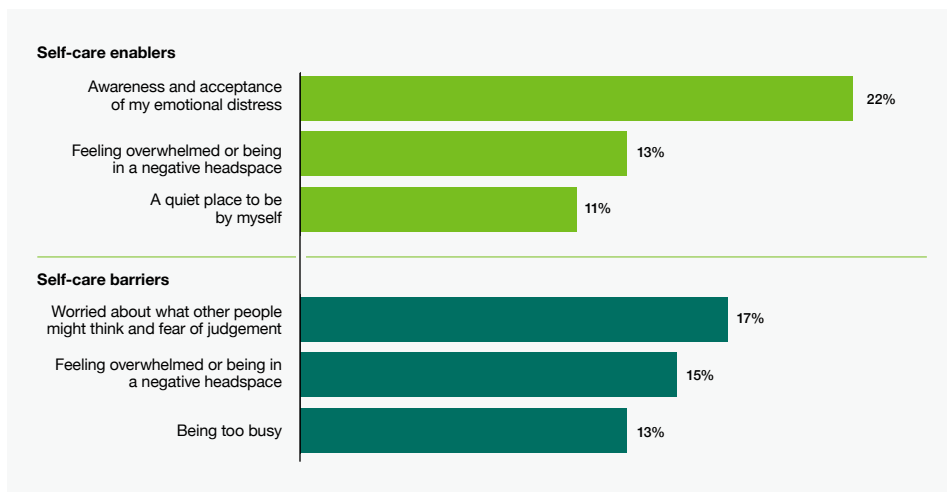


Figure 34.

Top three self-care enablers and barriers for young people who analyse or assess the problem as a first step when they are feeling down, distressed, or anxious

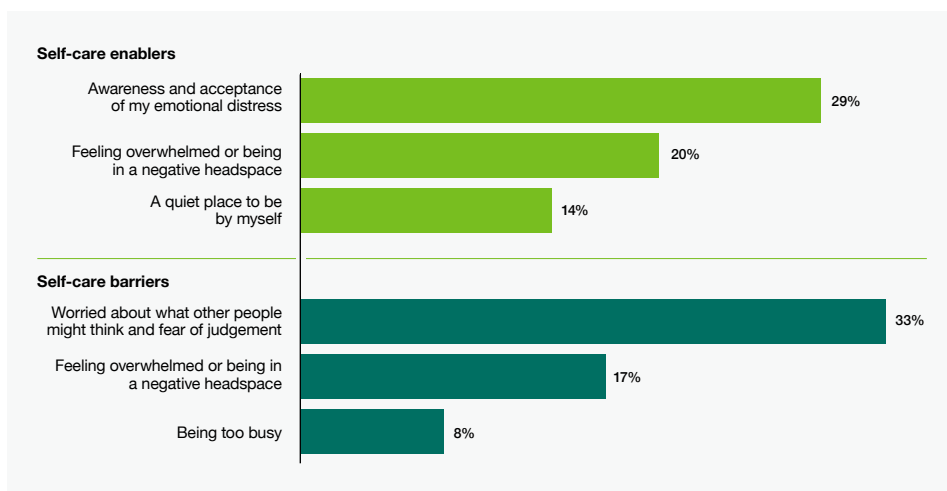


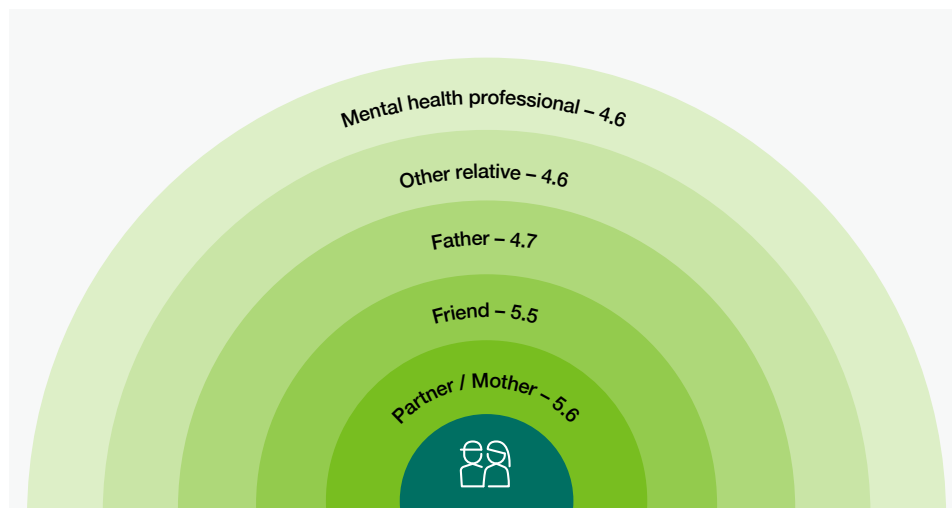
Figure 35.

Top three self-care enablers and barriers for young people who talk to family members as a first step when they are feeling down, distressed, or anxious

Please describe the first step you might take when feeling down, or distressed or anxious about something. And what might help you to take that first step? And what might prevent you from taking that first step? Base: Youth who analyse or assess the problem as a first step: enablers (n=446), barriers (n=470). Youth who talk to family as a first step: enablers (n=728), barriers (n=793). Themes endorsed at <5% are not charted.

Insight 24

Young people are more likely to seek support from their mothers or their partners, than from professionals.

**Figure 36.**

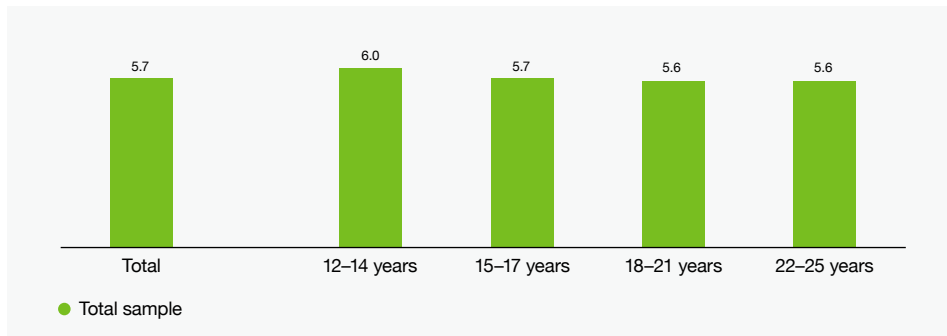
General help seeking
– mean scores

Young Australians are more likely to seek support for emotional or personal problems from people close to them such as their parents, partner or friend, than they are to seek support from a mental health professional.

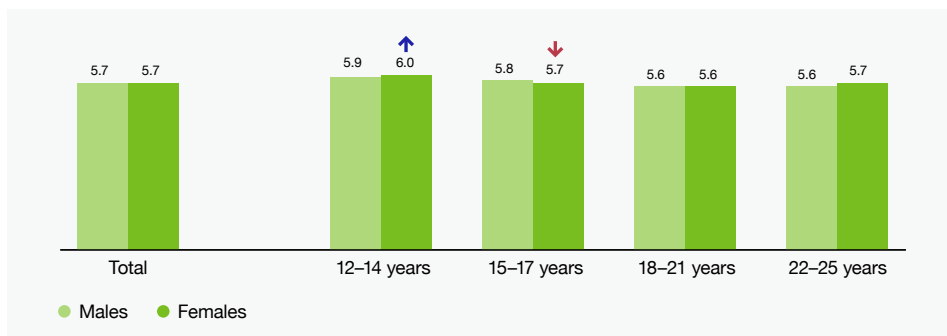
The tendency to seek help from both mothers and fathers decreases with age. Whereas the tendency to seek help from a partner increases with age.

Young females are more likely to seek support from their partner, friend and professional than are males. Males are more likely to seek help from their father than are females.

General Help Seeking Questionnaire Base: Total: mother (n=4,033), partner (n=3,137), friend (n=4,059), father (n=3,951), other relative (n=4,041), mental health professional (n=3,984). Mean (average) scores are reported. Scores range from 1 to 7. Higher scores indicate that young people are very likely to seek out support from that source, whereas lower scores indicate they are unlikely to seek out support from that source.

Insight 25**Perceived social support is highest among 12-14 year olds.****Figure 37.**

Perceived general social support – mean scores

Total sample**Figure 38.**

Perceived general social support – mean scores

Gender

The Multi-Dimensional Scale of Perceived Social Support was used to assess the degree to which young people feel they are supported by their friends, family or partner. The figures presented above are total scale mean scores. Higher scores reflect greater perceived social support, while lower scores reflect the perception of poor social support.

Young people aged 12-14 years feel very supported, as reflected by their high scores on this scale. Perceived social support is lower among 15-17 year olds, 18-21 year olds and 22-25 year olds.

↑ ↓ Indicates results are significantly different from other groups at 95% confidence.

The Multi-Dimensional Scale of Perceived Social Support. Base: Total (N=4,043) – 12-14 years (n=998), 15-17 years (n=1,000), 18-21 years (n=1,011), 22-25 years (n=1,034). Males (n=1,970) – 12-14 years (n=518), 15-17 years (n=472), 18-21 years (n=486), 22-25 years (n=494). Females (n=2,042) – 12-14 years (n=468), 15-17 years (n=522), 18-21 years (n=517), 22-25 years (n=535). Mean (average) scores are reported. Scores range from 1 to 7. Higher scores reflect greater perceived social support, while lower scores reflect the perception of poor social support.

Insight 26

Feelings of loneliness are greater among females than among males.

Just under one quarter of young people (23%) often feel that they lack companionship, while one tenth (9%) often feel isolated from others.

The Three-Item Loneliness Scale was used to assess the degree to which young people feel lonely. The figures presented below are total scale mean scores. Higher scores reflect higher perceived loneliness. Feelings of loneliness are significantly greater among females than males in every age group with the exception of 22-25 year olds.

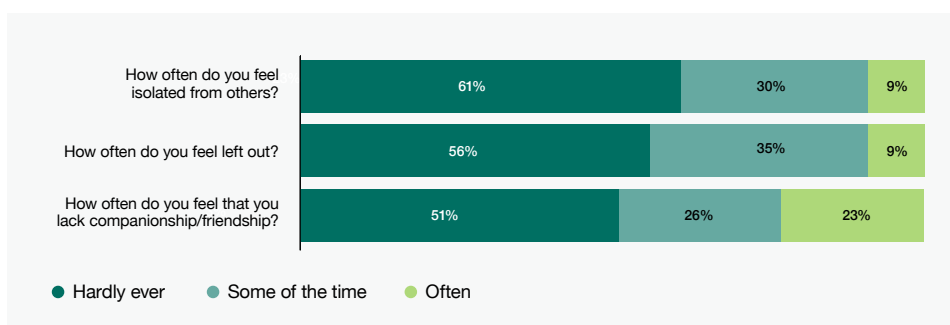


Figure 39.
Three-Item Loneliness Scale

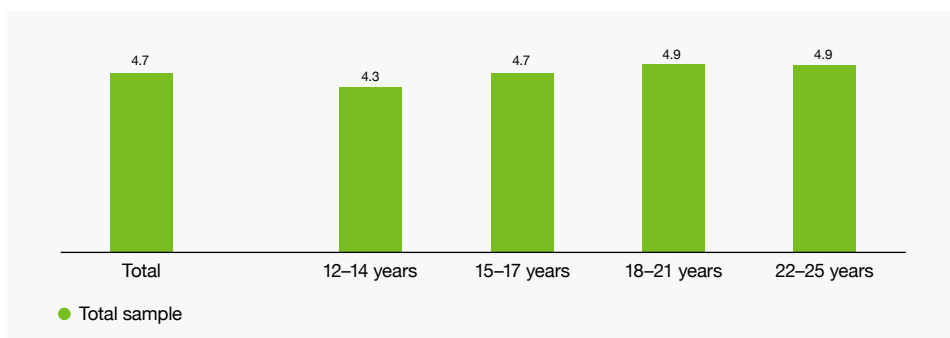


Figure 40.
Three-Item Loneliness Scale – total scale mean scores
Total sample

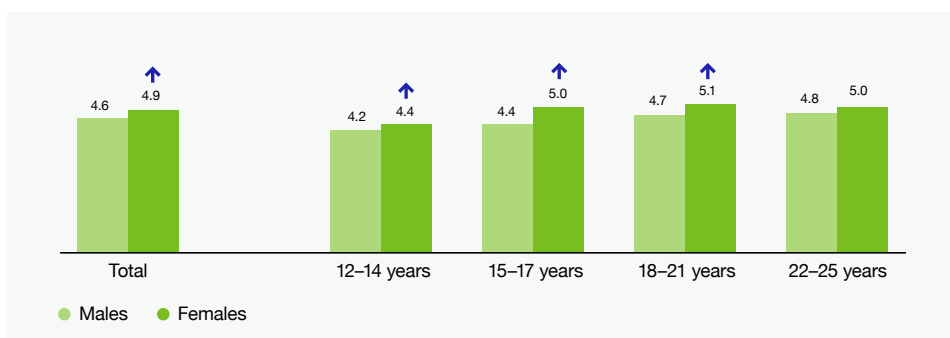


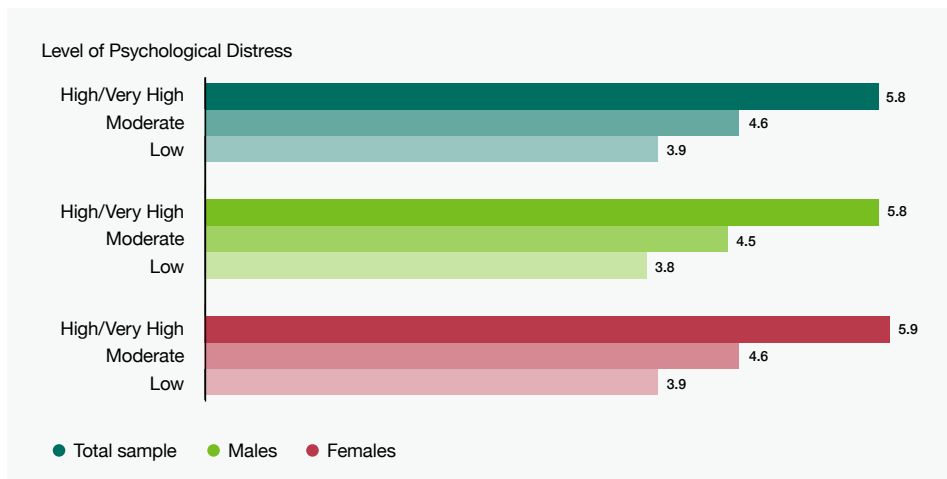
Figure 41.
Three-Item Loneliness Scale – total scale mean scores
Gender

↑ ↓ Indicates results are significantly different from other groups at 95% confidence.

Three-Item Loneliness Scale. Base: Total (n=4,050) – 12-14 years (n=995), 15-17 years (n=1,002), 18-21 years (n=1,012), 22-25 years (n=1,041). Males (n=1,976) – 12-14 years (n=517), 15-17 years (n=473), 18-21 years (n=488), 22-25 years (n=498). Females (n=2,043) – 12-14 years (n=466), 15-17 years (n=523), 18-21 years (n=516), 22-25 years (n=538). Mean (average) scores are reported. Scores range from 3 to 9. Higher scores reflect greater loneliness, while lower scores reflect lower loneliness.

Insight 27

Young people with high or very high rates of psychological distress are more likely to feel lonely than those with moderate or low distress.

**Figure 42.**

Three-Item Loneliness Scale – total scale mean scores

Young people with high or very high rates of psychological distress are more likely to feel lonely than are young people with moderate or low distress. This is true among both young men and young women.

K10 Psychological Distress Scale (Q27-Q36) and the Three-Item Loneliness Scale. Base: Total: high/very high (n=1,268), moderate (n=1,364), low (n=1,390). Males: high/very high (n=485), moderate (n=694), low (n=783). Females: high/very high (n=766), moderate (n=664), low (n=600). Mean (average) scores are reported. Scores range from 3 to 9. Higher scores reflect greater loneliness, while lower scores reflect lower loneliness.

Insight 28

One in ten young Australians are currently seeking support from a mental health professional.

Just under half of young Australians indicate they are either currently (11%) or have previously (34%) seen a mental health professional, with service use higher among females in every age group. While the age and gender trends in service use mirror the trends seen in psychological distress, overall service use (11%) is much lower than the rate of high/very high distress (32%), suggesting that many young people with mental health problems are not seeking professional support.

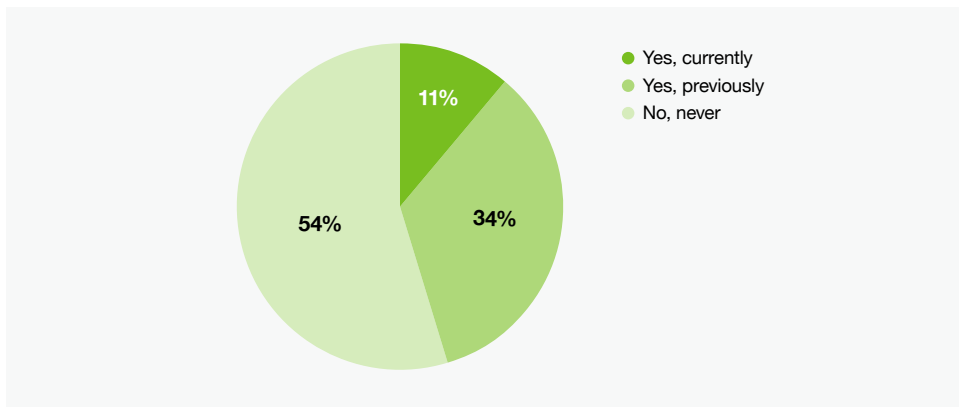


Figure 43.

Seeking support from a mental health professional

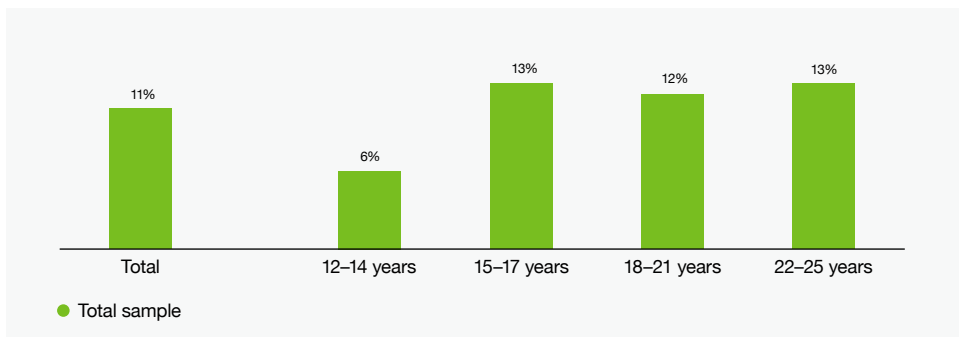


Figure 44.

Seeking support from a mental health professional? – % yes, currently
Total sample

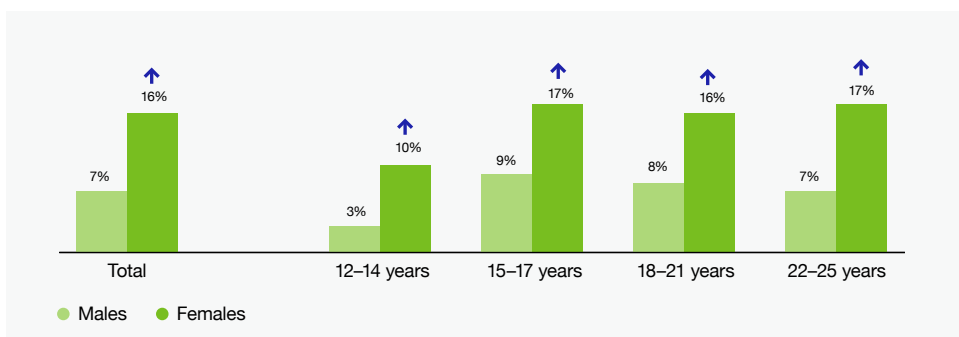
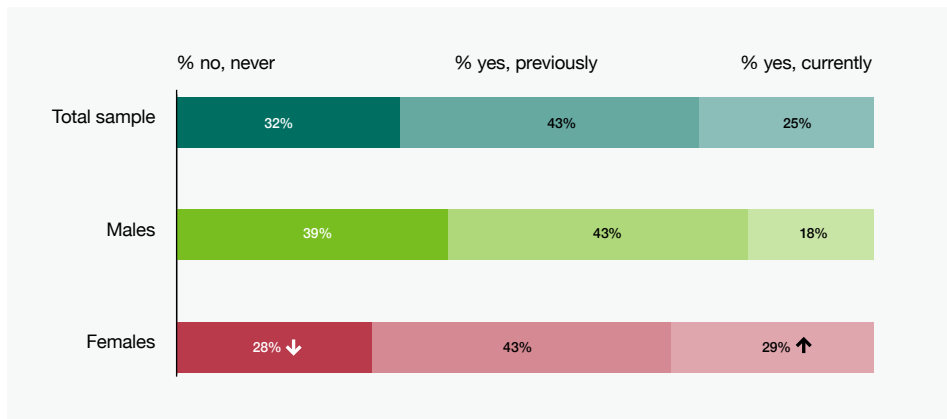


Figure 45.

Seeking support from a mental health professional? – % yes, currently
Gender

↑ ↓ Indicates results are significantly different from other groups at 95% confidence.

Have you ever got help for a personal or emotional problem from a mental health professional? Base: Total (n=4,051) – 12-14 years (n=996), 15-17 years (n=1,004), 18-21 years (n=1,010), 22-25 years (n=1,041). Males (n=1,971) – 12-14 years (n=517), 15-17 years (n=472), 18-21 years (n=485), 22-25 years (n=497). Females (n=2,049) – 12-14 years (n=467), 15-17 years (n=526), 18-21 years (n=517), 22-25 years (n=539).

Insight 29**One quarter of young people with high or very high psychological distress are currently seeking support from a mental health professional.****Figure 46.**

Seeking support from a mental health professional? (among young people with high or very high psychological distress)

One quarter of young people with high or very high psychological distress are currently seeking support from a mental health professional, while just under a third of young people with high or very high psychological distress have never sought out support from a mental health professional. This indicates that many young people who are suffering with mental health problems are not seeking out the support they need.

Similar pattern of findings are seen among both young men and young women.

Insight 30

Small proportions of young Australians have sought support via online services.

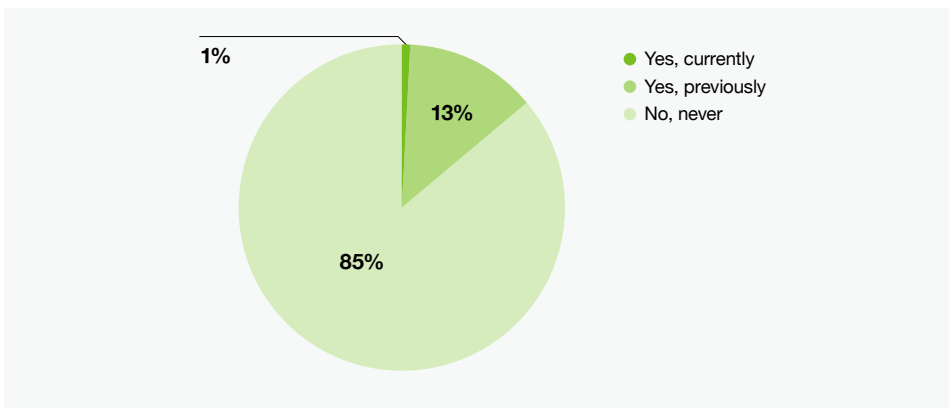


Figure 47.

Seeking support from online counselling or support service

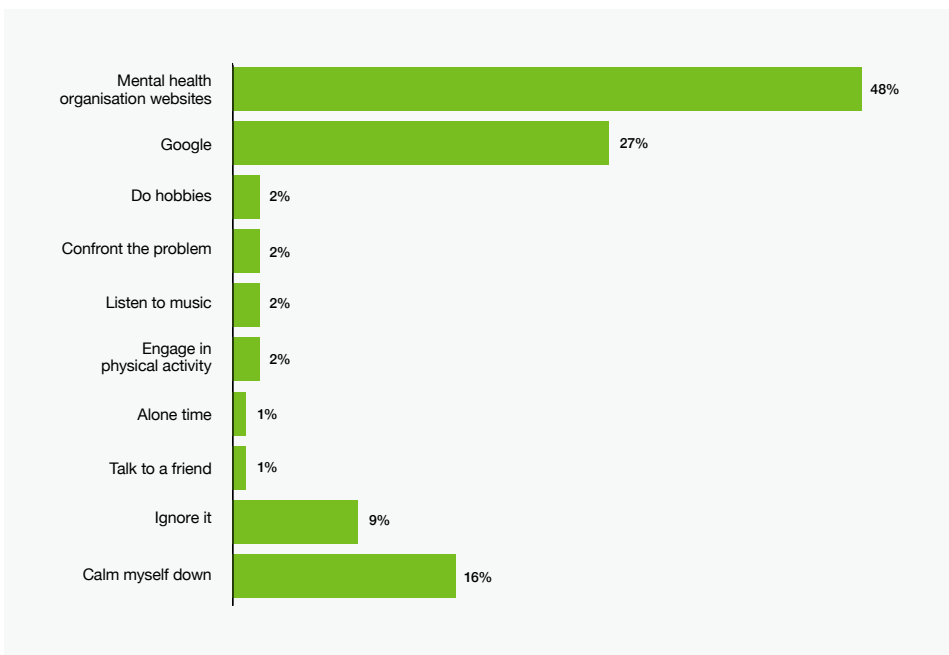


Figure 48.

Online mental health information sources

Encouragingly, when young people seek out mental health-related information online, they are most likely to navigate to sources of information such as the websites of mental health organisations.

14%

of young people have accessed online support for emotional or personal problems.

Have you ever got help for a personal or emotional problem from either online counselling or support services? Base: Total (n=4,061).
If you are not feeling good mentally, which sources might you go for information or advice online? Base: Total (n=4,065).

Insight 31**Young Australians look online for a range of different types of mental health-related information.**

	Total	Males	Females
Quick tips on staying mentally well	21%	21%	21%
Information on mental illnesses (e.g. symptoms)	14%	14%	13%
Information on professional support services	14%	13%	5%
Detailed information on staying mentally well	13%	12%	13%
Information on coping strategies	12%	11%	14%
Personal stories of people in similar situations	8%	8%	7%
Advice on how to reduce stress	6%	5%	8%
Meditation and relaxation techniques	5%	3%	7%
Positive content (e.g. inspirational)	5%	5%	5%
Information about maintaining work/study life balance	2%	2%	2%
Lifestyle advice (e.g. diet, exercise, sleep hygiene)	2%	2%	2%
Other	13%	13%	13%
Don't know	15%	17%	14%

Table 2.

Types of information sought from online sources

Young Australians look online for a range of different types of mental health-related information. They are most likely to look for quick tips on how to stay mentally well, information on mental illnesses (such as symptom patterns) and information on professional support services (such as contact details and location of services).

If you are not feeling good mentally, what kind of information might you look for?
Base: Total (n=4,065), Males (n=1,982), Females (n=2,052).

findings

4. Young people's attitudes towards mental health

Overview

Three quarters of young people (74%) believe there is stigma around mental illness in Australia.



The vast majority of young people believe there is stigma around mental illness (74%) and stigma around seeking help for a mental illness (65%) in Australia today. Females are more likely to believe that there is stigma, than are males.

Just under two thirds of young people (62%) are of the opinion that the mental health of young people in Australia is getting worse. Females are more likely to think this, than males.

Young people attribute social media, expectations from school, family or community, and work or study pressures as the main causes of declining mental health among young people.

Insight 32

Three quarters of young Australians (74%) believe there is stigma around mental illness.

Three quarters of young Australians (74%) believe there is stigma around mental illness in Australia. Females are more likely to endorse this statement than are males across every age group, with the exception of 12-14 year olds.

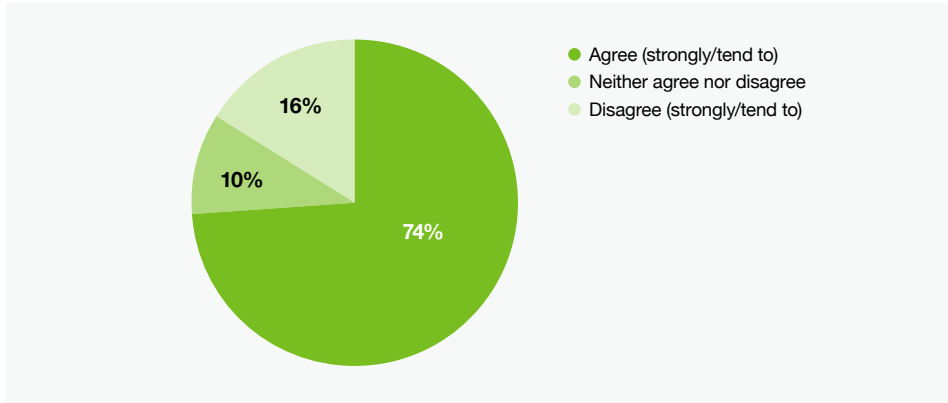


Figure 49.

In Australia today there is a stigma around mental illness generally – % agreement or non-agreement with this statement.

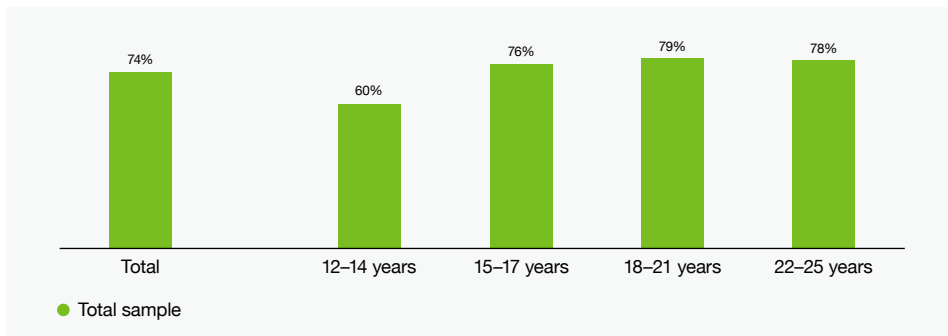


Figure 50.

In Australia today there is a stigma around mental illness generally – % agree (strongly/tend to)
Total sample

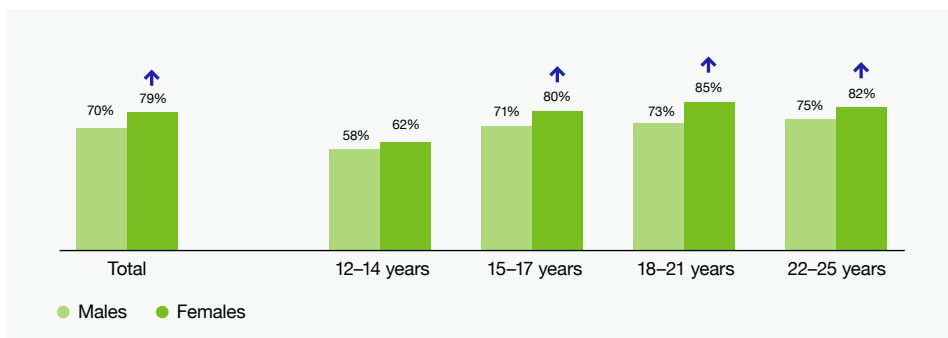


Figure 51.

In Australia today there is a stigma around mental illness generally – % agree (strongly/tend to)
Gender

↑ ↓ Indicates results are significantly different from other groups at 95% confidence.

To what extent to you agree or disagree with each of the following.....In Australia today there is a stigma around mental illness generally.
Base: Total (n=4,032) – 12-14 years (n=978), 15-17 years (n=1,003), 18-21 years (n=1,014), 22-25 years (n=1,037). Males (n=1,967) – 12-14 years (n=511), 15-17 years (n=472), 18-21 years (n=488), 22-25 years (n=496). Females (n=2034) – 12-14 years (n=455), 15-17 years (n=525), 18-21 years (n=518), 22-25 years (n=536).

Insight 33

Most young people are of the opinion that the mental health of young people in Australia is getting worse.

Just under two thirds of young Australians are of the opinion that the mental health of young people in Australia is getting worse. This opinion increases with age among both females and males. Females are more likely to hold this opinion than males.

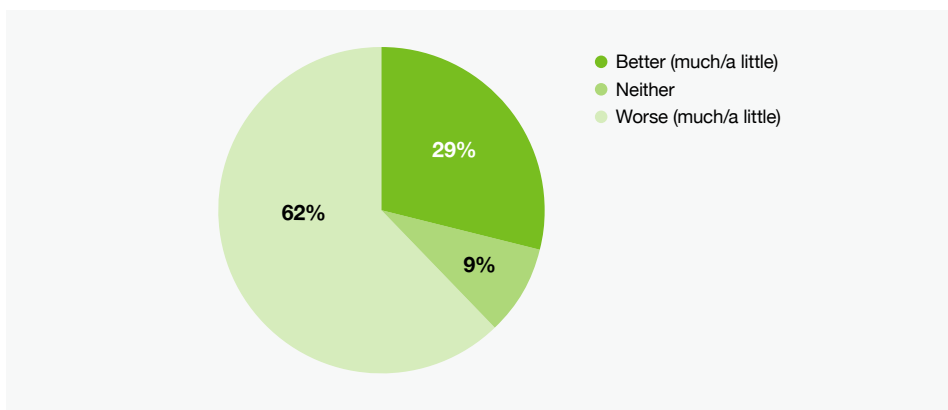


Figure 52.

In your opinion, is the mental health of young people in Australia getting better or worse?

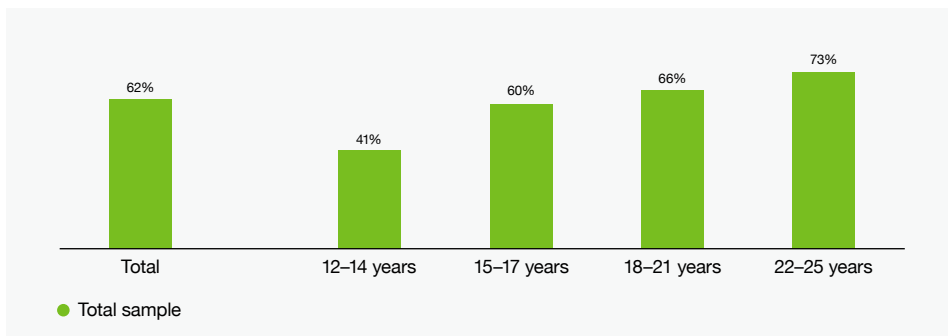


Figure 53.

In your opinion, is the mental health of young people in Australia getting better or worse? – % worse (much/a little)
Total sample

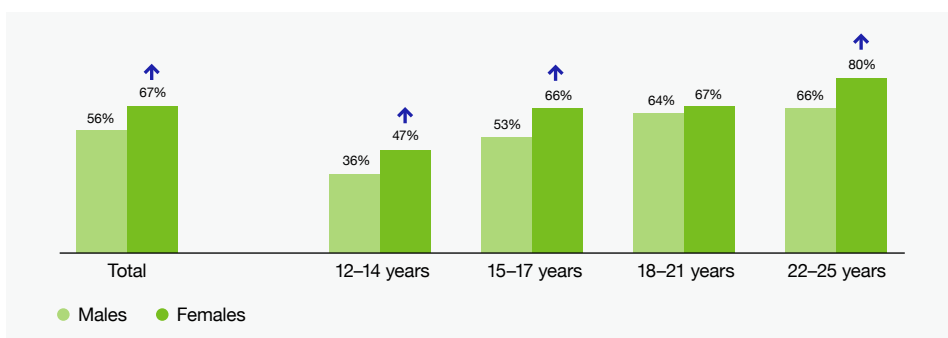
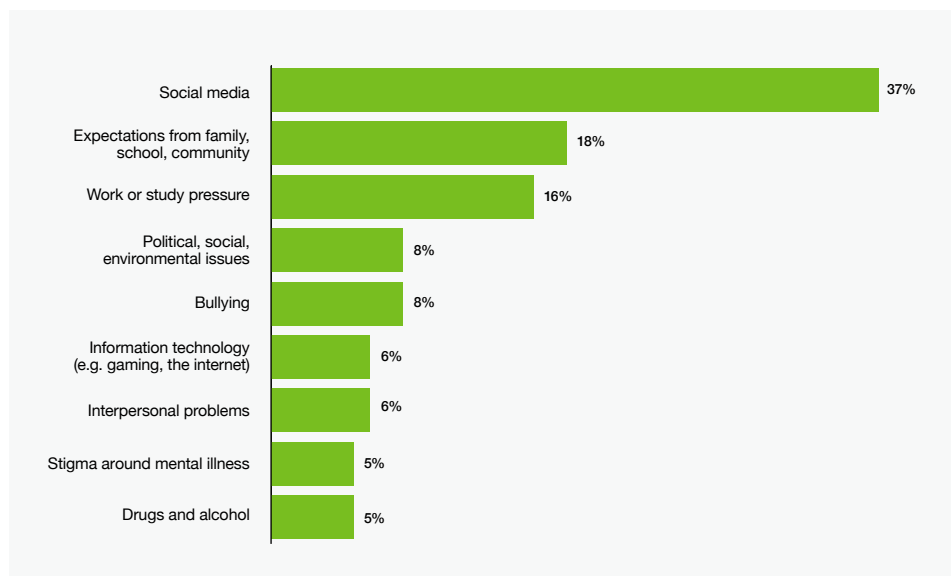


Figure 54.

In your opinion, is the mental health of young people in Australia getting better or worse? – % worse (much/a little)
Gender

↕ ↑ Indicates results are significantly different from other groups at 95% confidence.

In your opinion, is the mental health of young people in Australia getting better or worse? Is that much better or much worse? Base: Total (n=3,997) – 12-14 years (n=973), 15-17 years (n=995), 18-21 years (n=1,002), 22-25 years (n=1,027). Males (n=1,948) – 12-14 years (n=507), 15-17 years (n=466), 18-21 years (n=483), 22-25 years (n=492). Females (n=2,019) – 12-14 years (n=454), 15-17 years (n=523), 18-21 years (n=511), 22-25 years (n=531).

Insight 34**Young people think social media is the main reason youth mental health is getting worse.****Figure 55.**

Reasons for the opinion that the mental health of young people is getting worse

- “Because bullying follows you home, it’s everywhere. It’s in person, phones and social media.”*
Female, 22-25 years
- “I think particularly girls see social media and think they have to look a certain way and that can lead to anxiety.”*
Female, 12-14 years
- “I think because we’re more exposed to a lot of negative things about us because of social media. Also, school is very strenuous in terms of study pressure.”*
Female, 15-17 years
- “Social media and upbringing. Family’s expectations and a lack of support from family has an impact.”*
Male, 22-25 years

62%

of young people are of the opinion that the mental health of Australian young people is getting worse

“I feel like it has a lot to do with social media and the expectations are a lot higher now than they used to be.”

Female, 22-25 years

Do you have any ideas why the mental health of young people in Australia is getting worse? Base: Total among those who think the mental health of young people in Australia is getting a little worse or much worse (n=2,184). Themes endorsed at <5% are not charted.

Insight 35

Young people think research, youth surveys and consultation with young people would help the Prime Minister understand whether youth mental health is getting better or worse.

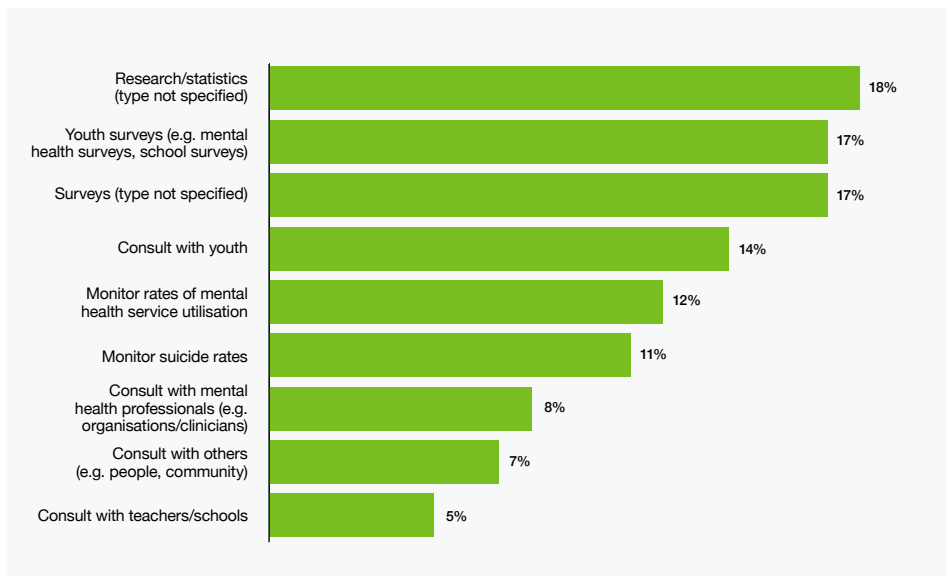


Figure 56.

Imagine you are the Prime Minister, what would help you know whether youth mental health is getting better or worse?

- “The rates of teenage suicide, and teenage cyberbullying. I think going into a high school and talking to kids and seeing how their mental states actually are.”
Female, 18-21 years
- “Youth suicide rates and rates of youth using mental health services.”
Male, 22-25 years
- “Talking to young people and talking to the psychologists of young people. Talking to helplines. Just getting a bigger picture of what it is.”
Female, 18-21 years
- “I guess you wouldn’t know unless you take the time to understand it and be around those struggling with mental health issues. It’s easy to see statistics on paper, but you wouldn’t understand unless you go into headspace and meet people.”
Female, 15-17 years

“I would survey people like us. I would survey every single person.”

Male, 22-25 years

Imagine you are the Prime Minister, what would help you know whether youth mental health is getting better or worse?
Base: Total youth aged 16 or above (n=2,599). Themes endorsed at <5% are not charted.

Insight 36

Similarly, a large proportion of young people (65%) believe there is stigma around seeking help for a mental illness.

Two thirds of young Australians (65%) believe there is stigma around seeking help for a mental illness in Australia. Females in every age group are more likely to endorse this statement than are males.

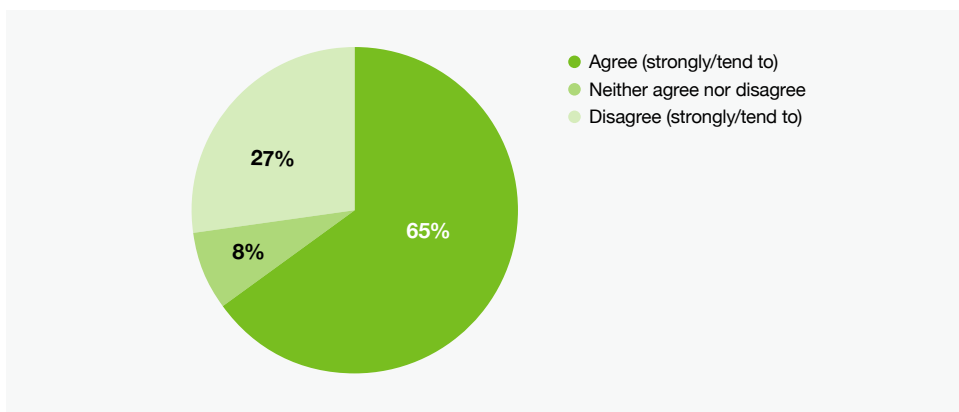


Figure 57.

In Australia today there is a stigma around seeking help for a mental illness – % agreement or non-agreement with this statement

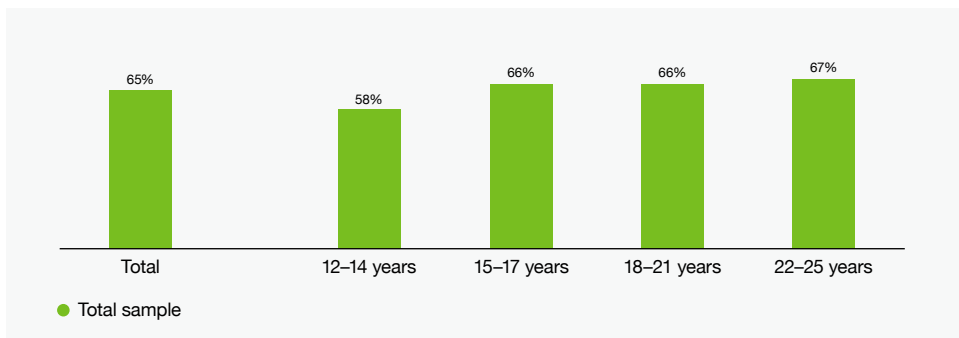


Figure 58.

In Australia today there is a stigma around seeking help for a mental illness – % agree (strongly/tend to)
Total sample

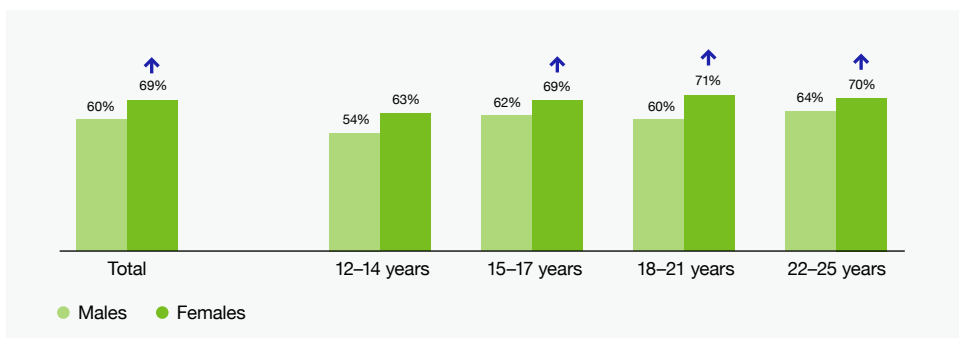


Figure 59.

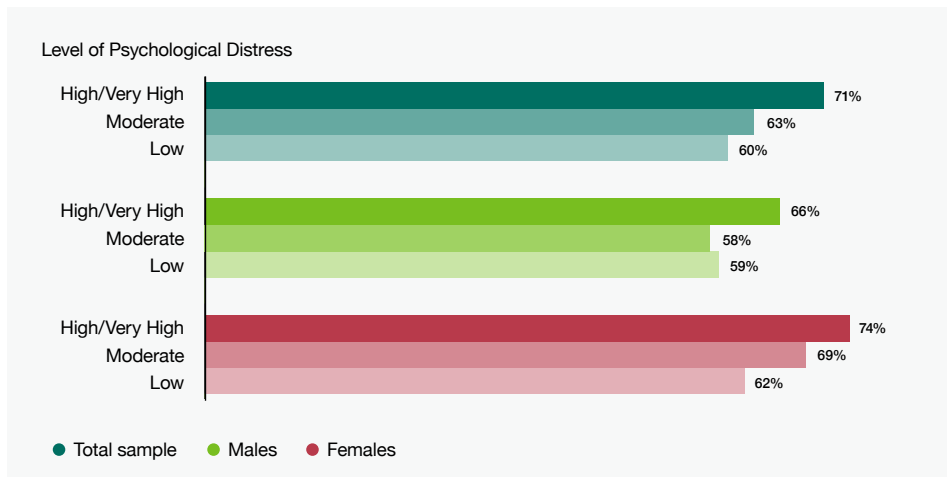
In Australia today there is a stigma around seeking help for a mental illness – % agree (strongly/tend to)
Gender

↑ ↓ Indicates results are significantly different from other groups at 95% confidence.

To what extent to you agree or disagree with each of the following...In Australia today there is a stigma around seeking help for a mental illness. Base: Total (n=4,048) – 12-14 years (n=991), 15-17 years (n=1,004), 18-21 years (n=1,013), 22-25 years (n=1,040). Males (n=1,973) – 12-14 years (n=516), 15-17 years (n=472), 18-21 years (n=488), 22-25 years (n=497). Females (n=2,044) – 12-14 years (n=463), 15-17 years (n=526), 18-21 years (n=517), 22-25 years (n=538).

Insight 37

Young people with high or very high distress are more likely to perceive that there is stigma around seeking help for a mental illness.

**Figure 60.**

In Australia today there is a stigma around seeking help for a mental illness

There is a small association between rates of psychological distress and the perception that there is stigma around seeking help for a mental illness. Specifically, the proportion of young people with high or very high psychological distress that endorse the statement (71%) is greater than the proportion of young people with moderate (63%) or low (60%) distress who endorse the statement.

K10 Psychological Distress Scale and, to what extent to you agree or disagree with each of the following...In Australia today there is a stigma around seeking help for a mental illness. Base: Total: high/very high (n=1,264), moderate (n=1,367), low (n=1,385). Males: high/very high (n=482), moderate (n=693), low (n=782). Females: high/very high (n=765), moderate (n=668), low (n=596).

Insight 38

Young people feel that the biggest stereotype about young Australians is that they are lazy and not hard-working.

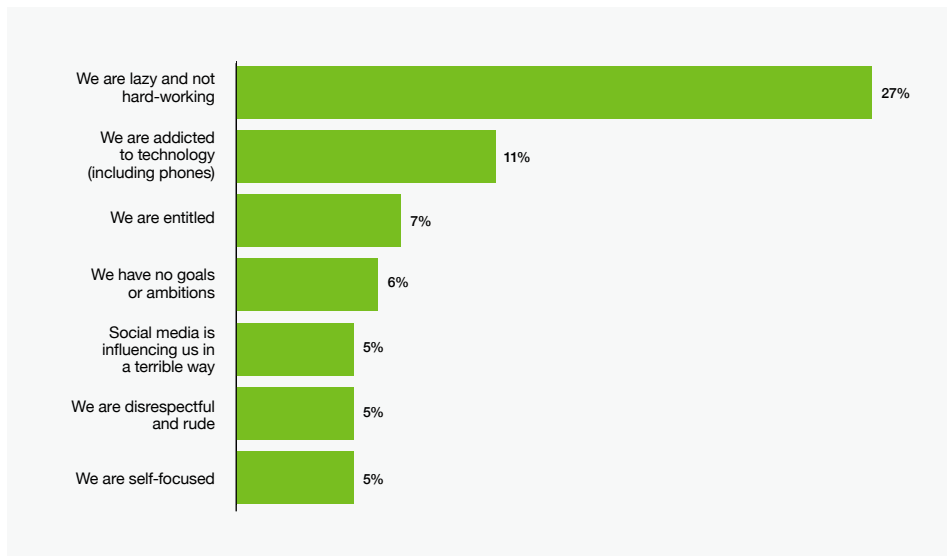


Figure 61.

What do you think is the biggest stereotype about young people in Australia today?

- *“They don’t want to work as much as older generations and we want the easy route.”*
Male, 22-25 years
- *“That the previous generation think we are privileged and we don’t work hard.”*
Female, 22-25 years
- *“That we are all on games and devices and hooked to our phones.”*
Male, 12-14 years
- *“Teenagers are lazy and don’t want to do anything. And they can’t get off social media.”*
Male, 15-17 years
- *“They are always on their phones and have a very defeatist attitude.”*
Female, 18-21 years

27%

of young people feel that the biggest stereotype about young Australians that they are lazy and not hard-working.

What do you think is the biggest stereotype about young people in Australia today? Base: Total youth (n=4,065). Themes endorsed at <5% are not charted.

Insight 39

Young people feel that the positive things about young Australians are that they are hard-working, innovative, and politically and socially aware.

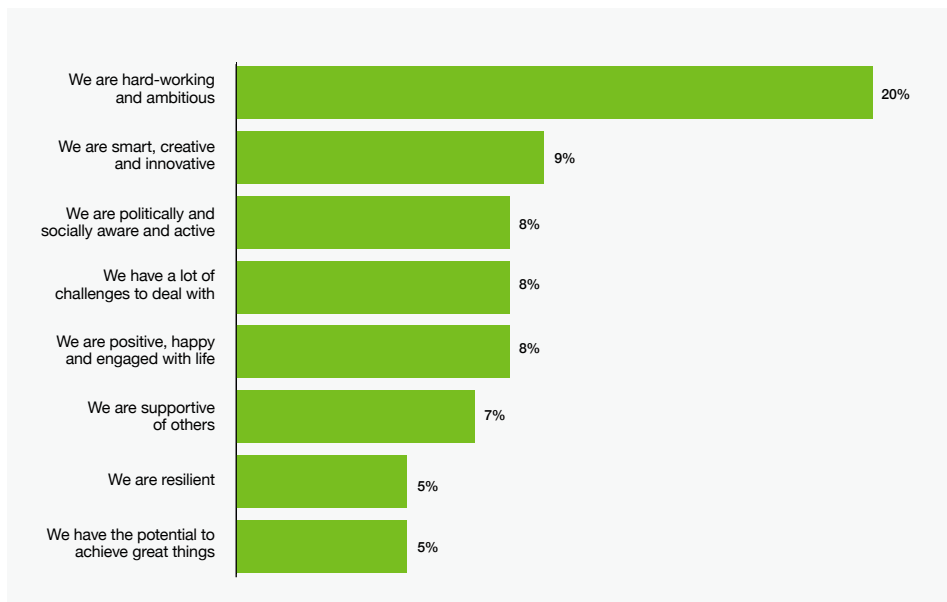


Figure 62.

What is the one positive thing you wish people knew about young people in Australia today?

- *“Young people in Australia are ambitious and go-getters but there is still a stigma of millennials being entitled.”*
Male, 22-25 years
- *“We are innovative and we can adapt to changes easily.”*
Female, 15-17 years
- *“Young people are very intelligent and capable of solving problems and hearing both sides of any issue.”*
Male, 22-25 years
- *“Young people are trying really hard to reach their goals and make society better. They’re very socially minded about issues.”*
Female, 22-25 years
- *“We are more bright and intelligent than people think and we aren’t all self-obsessed.”*
Female, 15-17 years

20%

of young people want people to know that they are hard-working and ambitious.

appendix

Sampling

Sampling strategy

A quota sampling strategy was used, with quotas set according to age, gender and state/territory that ensured representation as per general population demographic spread. Sample sizes achieved in each quota are shown in the table below.

The sample was drawn from two sources.

- (i) from the existing Q&A Market Research Panel member cohort. The cohort were initially obtained via previous random digit dialling (RDD) sampling conducted for other studies (note that only those who consented to be re-contacted for research are signed up as members) and;
- (ii) via random digit dialling (RDD) sampling (randomly generating Australian mobile phone numbers and landline numbers). 60% of the sample (n=2,435) were sourced from the Q&A Market Research Panel and 40% of the sample (n=1,630) were sourced from RDD.

A household flooding sampling technique was used, such that if multiple household residents were eligible to participate – multiple residents were invited to participate in the survey. One respondent per household formed 83% of the sample (n=3,362), while two or more respondents per household formed 17% (n=703) of the sample.

A total of 19,714 households were contacted and 4,065 surveys were completed (response rate: 21%).

Sample demographics

Detailed sample demographics are shown over the page.

Table 3. Sample

	12-14 years		15-17 years		18-21 years		22-25 years		Total		
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Other*
NSW	137	158	153	148	147	157	140	146	577	609	6
VIC	108	133	141	116	138	116	134	121	521	486	10
QLD	114	112	121	104	115	108	147	129	497	453	4
SA	36	36	31	30	38	34	45	41	150	141	2
WA	51	59	53	58	57	52	46	39	207	208	0
ACT	7	9	8	7	7	9	11	11	33	36	1
TAS	13	7	7	4	6	3	9	5	25	19	0
NT	3	7	7	4	6	3	9	5	25	19	0

*Respondents who identified as other gender are not included in age totals.

Sampling

Table 4. Sample demographic characteristics

		Count
Current education		
Not studying	23%	946
Primary school	2%	86
Secondary school	47%	1,921
Vocational Education Course (VET)	7%	282
University	20%	825
Employment status		
Not in the labour force and not looking for work	31%	1,271
Not in the labour force, but looking for work	17%	671
Yes, employed on a full-time, part-time or casual basis	52%	2,114
Government benefits (≥16 year olds)		
None	80%	2,200
Study payments	12%	311
Unemployment payments	3%	75
Parenting payments	2%	57
Disability or carers payments	2%	39
Other payments	2%	60
Living Situation		
I have somewhere to live and accommodation isn't an issue for me	96%	3,913
I have somewhere to live but accommodation is an issue for me (e.g., not sure how long you will be able to stay there)	4%	140
I'm at risk of being homeless soon	0%	4
I'm homeless / sleeping rough	0%	1

Sampling

Table 4. Sample demographic characteristics

		Count
Sexual orientation		
Heterosexual	86%	3,453
Lesbian	1%	33
Gay	2%	67
Bisexual	6%	242
Questioning	3%	124
Other	2%	75
Parental status		
Not a parent	97%	3,926
Parent	3%	137
Aboriginal and/or Torres Strait Islander background		
Not Aboriginal or Torres Strait Islander background	97%	3,912
Aboriginal and/or Torres Strait Islander background	3%	124
Country of birth		
Australia	90%	3,648
Overseas	10%	413
Length of time living in Australia		
≥ 5 years	98%	3,968
< 5 years	2%	88
Speak a language other than English at home		
English only	86%	3,513
Other language	14%	549

Methodology

Ethics approval

This study was conducted in accordance with the National Health and Medical Research Council's National Statement on Ethical Conduct in Human Research (2007) and received ethics approval from Bellberry Limited Human Research Ethics Committee (ref: 2018-05-383).

Procedure

The data were collected between July and September 2018 and involved a national telephone survey of 4,065 Australian youth (aged 12-25 years). Participants were approached to participate via telephone. Potential participants were screened for eligibility (according to age, gender and location). Participants provided verbal consent before participating. Consent was also obtained from parents for participants aged 12-17 years. On average, the survey took 30 minutes to complete. Participants received \$20 as a thank you for their participation.

Survey

A series of forced choice and open-ended questions were included in the survey. Several validated scales were also included. These include:

- R K10 Psychological Distress Scale¹¹
- R Mental Health Continuum-Short Form Scale¹⁴
- R Cyberbullying Victimization Scale¹⁶
- R General Help Seeking Behaviour Questionnaire¹⁷
- R Three-Item Loneliness Scale¹⁸
- R MyLifeTracker¹⁹
- R The Multidimensional Scale of Perceived Social Support²⁰

Data analysis and reporting

Throughout the report, we report metrics for the total sample and we consider differences by gender and by age group. Twenty-three respondents identified as other gender and eight respondents did not provide a response for gender in the survey. These participants' responses are included in the Totals presented throughout the report, however they have been excluded from comparisons conducted by gender due to small base size. The data have been weighted to represent the population of Australian young people aged 12 to 25 years. Tests of statistical significance have been conducted and only differences significant at 95% confidence are presented.

If cases had missing values for certain questions, they are excluded from the analysis for that question (as such, base sizes may differ slightly for each analysis).

Mental health state coding rules

The scoring protocol used by Keyes et al. was applied to the wellbeing measure (MHC-SF) and respondents were accordingly coded as 'languishing', 'moderate', or 'flourishing' positive mental health.¹⁴ The scoring protocol used by the ABS was applied to the K10 and respondents were accordingly coded as 'high/very high distress', 'moderate distress', or 'low distress'.⁸ The following coding rules were then used to classify respondents into mental health states:

- R Flourishing: K10 moderate/low distress, and MHC-SF flourishing;
- R Languishing: K10 moderate/low distress, and MHC-SF languishing/moderate;
- R Struggling: K10 high/very high distress, and MHC-SF moderate/flourishing); and
- R Floundering: K10 high/very high distress, and MHC-SF languishing).



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headspace centres and services operate across Australia, in metro, regional and rural areas, supporting young Australians and their families to be mentally healthy and engaged in their communities.



headspace would like to acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First People and Traditional Custodians. We value their cultures, identities, and continuing connection to country, waters, kin and community. We pay our respects to Elders past and present and emerging and are committed to making a positive contribution to the wellbeing of Aboriginal and Torres Strait Islander young people, by providing services that are welcoming, safe, culturally appropriate and inclusive.



headspace is committed to embracing diversity and eliminating all forms of discrimination in the provision of health services. headspace welcomes all people irrespective of ethnicity, lifestyle choice, faith, sexual orientation and gender identity.

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