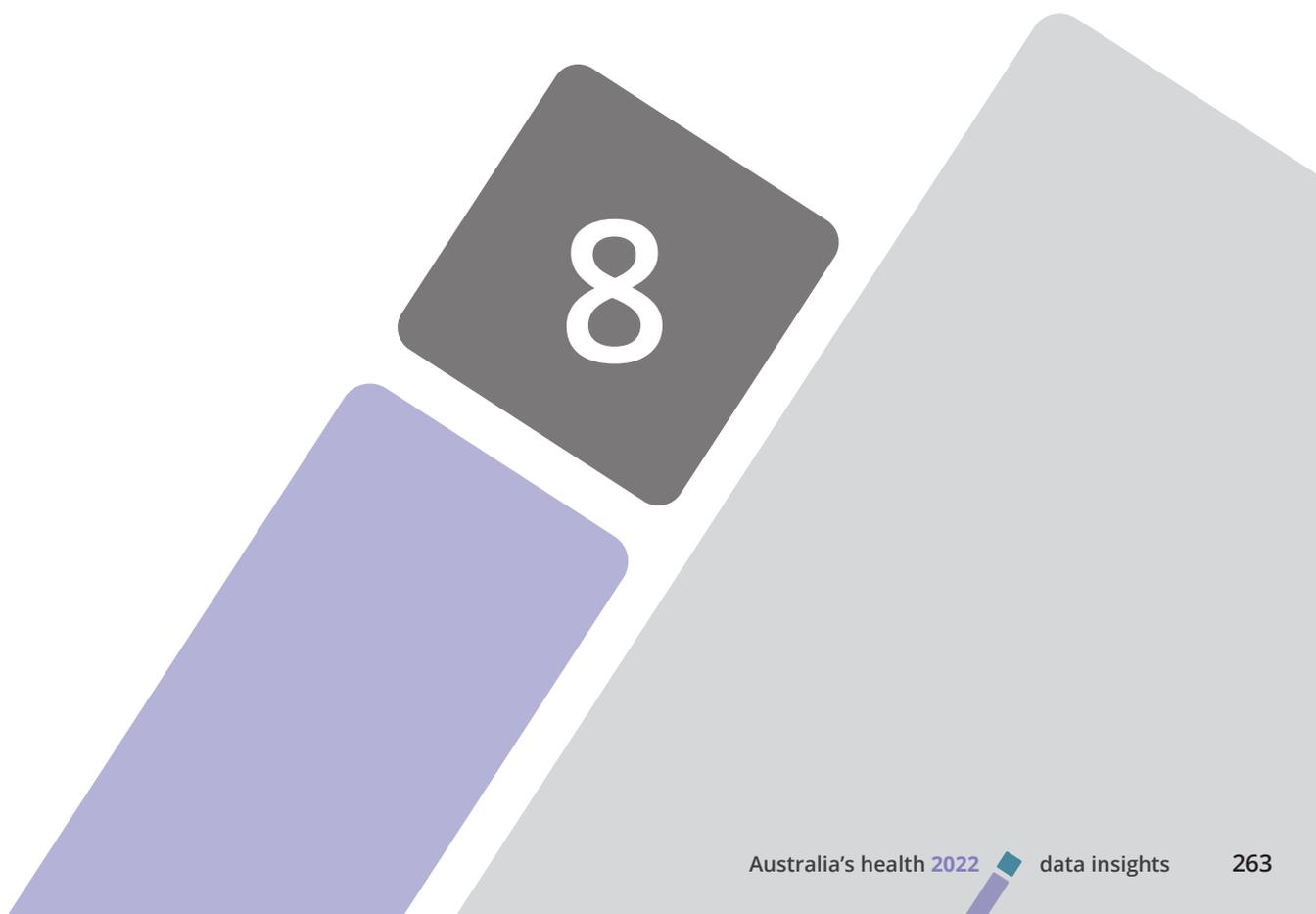


# Mental health of young Australians

A decorative graphic in the lower half of the page. It features a dark grey diamond shape containing a white number '8'. This diamond is positioned above a purple trapezoidal shape on the left and a large grey triangular shape on the right. The overall composition is abstract and modern.

8

# Mental health of young Australians

## Key messages

More young Australians are experiencing higher levels of psychological distress than people in older age groups. This pre-dates the COVID-19 pandemic.

More young females experience higher levels of psychological distress than young males.

Young Australians tend to make use of mental health services at a higher rate than people in older age groups, although many do not, cannot or choose not to access support.

The importance of young peoples' mental health is universally recognised. Youth is a key transition period in a person's life, and also the period when mental illness is most likely to emerge (Kessler et al. 2005). A 2020 survey of Australians aged 15–19 found that around two-thirds of respondents consider mental health to be very or extremely important (Brennan et al. 2021).

This article presents mental health-related statistics and information on Australians aged 12–24 years. It focuses on available national data sources and selected research findings and considers aspects such as the prevalence of mental illness, changes in mental health over time, the use of mental health services, and spending on these services. The impact of the COVID-19 pandemic on the mental health of young Australians is also considered.

### Box 8.1: Who are Australia's young people?

Young people are often defined as people aged 12–24. According to the Australian Bureau of Statistics (ABS), more than 4.1 million Australians, or 16% of the total population, were aged 12–24 as at June 2020 (ABS 2021). However, definitions of who constitutes young people vary between data sources according to different frameworks, policies and legislation, which can make comparisons difficult.

Where a source in this article uses a different age range, this is noted.

As of 2020, more than half of the people aged 15–19 in Australia are happy (59%) and feel positive about the future (56%) (AIHW 2021a). However, many young people do experience psychological distress and mental illness.

## Box 8.2: Mental health and mental illness

'Mental health is a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and can contribute to their community' (WHO 2018). Mental ill health can affect the potential of young people to live fulfilling and productive lives.

Mental illnesses (also referred to as mental disorders) are diagnosable health conditions. They are conditions that affect how a person feels, thinks, behaves and interacts with others. Someone may experience poor mental health or symptoms of mental illness without meeting the diagnostic criteria for a mental illness.

In recent years, the number of young people, especially young females, experiencing psychological distress (see Box 8.4) has been increasing at a greater rate than for other age groups. This has coincided with rising mental health-related hospital admissions and community health care engagement. Although this trend pre-dates the COVID-19 pandemic, concern about the impacts of the pandemic on young people has generated greater interest in the challenges facing young Australians, and what may be done to assist.

## Box 8.3: The state of mental health data

Although a new nationwide mental health prevalence survey was conducted in 2021 – with results expected to be released mid-2022 – major data sources currently available are several years old. The most comprehensive source of data on the prevalence of mental illness in Australia is the 2007 National Survey of Mental Health and Wellbeing (NSMHWB). This survey asked participants about their history of mental illness and included symptom measures that could be used to suggest a diagnosis (ABS 2008).

The Child and Adolescent Survey of Mental Health and Wellbeing (also known as Young Minds Matter), specifically aimed at Australians aged 4–17, was last conducted in 2013–14 (Goodsell et al. 2017).

The Household, Income and Labour Dynamics in Australia Survey (HILDA) has followed the wellbeing of around 17,000 Australians each year since 2001. However, many longitudinal surveys, including HILDA, have recorded declining participation rates over time, particularly among the young and among people experiencing poor health (Butterworth et al. 2020). Thus, many of these surveys may underestimate the extent and prevalence of mental illness among young Australians.

### **Box 8.3 (continued): The state of mental health data**

Very few surveys report data on Aboriginal and Torres Strait Islander people; culturally and linguistically diverse groups; young Australians with disability; or lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse (LGBTIQ+) young Australians. This is often due to concerns about the small number of participants. A notable exception is the Writing Themselves in 4 Survey of LGBTIQ+ young people (Hill et al. 2021).

Although substantial gaps remain, the mental health data landscape has been improving its scope, scale and quality since the first National Mental Health Plan in 1993. In addition to the 2021 NSMHWB, the 2021 Census of Population and Housing (Census) included a question on whether a long-term health condition, including a 'mental health condition', had ever being diagnosed by a health practitioner (ABS 2020). This is the first time this question has been included in an Australian Census. Data from the 2021 Census are expected to be available from June 2022.

## **How many young Australians are affected by mental illness?**

The 2007 NSMHWB found that more than one-quarter (26%) of Australians aged 16–24 (males 23%, females 30%) had experienced any mental illness in the previous 12 months, with anxiety disorders being the most common overall (males – substance use disorders, females – anxiety disorders), compared with 1 in 6 (16%) Australians aged 25–85 (males – 14%, females – 18.3%) (ABS 2008). If this rate for Australians aged 16–24 was applied to the population in 2020, it would suggest that more than one million young Australians (males 486,000, females 607,000) experienced mental illness in the previous 12 months.

Based on the Young Minds Matter Survey, in 2013–14, 1 in 7 (14%) young people aged 12–17 met the clinical criteria for a mental illness in the previous 12 months (males 16%, females 13%). The most common disorder overall, and in males, was Attention Deficit Hyperactivity Disorder (ADHD), while anxiety disorders were the most common disorder in females (Lawrence et al. 2015). It should be noted that the NSMHWB did not report on ADHD or on Conduct Disorder, the third most common disorder in the Young Minds Matter Survey.

According to the ABS 2017–18 National Health Survey, more than one-quarter (26%) of Australians aged 15–24 (males 21%, females 30%) were experiencing a mental or behavioural condition at that time (ABS 2018).

### Box 8.4: Psychological distress

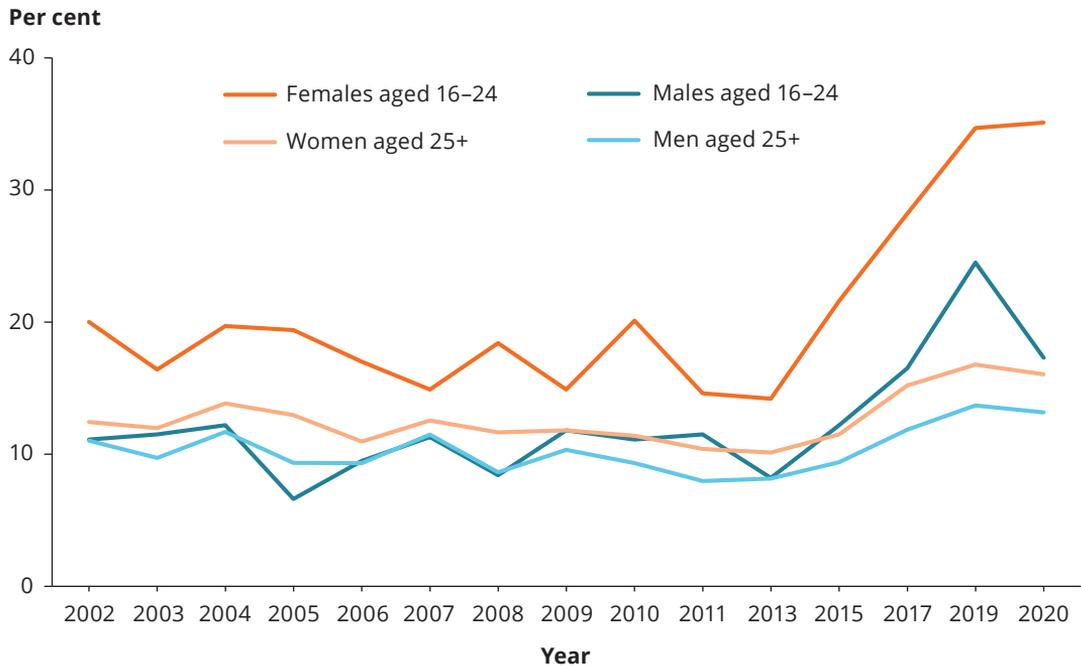
Psychological distress is an individual's overall level of psychological strain or pain. Someone experiencing psychological distress will not necessarily be experiencing mental illness, although high scores on the Kessler 10 Psychological Distress Scale (K10) are strongly correlated with the presence of depressive or anxiety disorders (Andrews and Slade 2001). As psychological distress is relatively straightforward to measure, high and very high levels are often used as a 'proxy' for mental illness.

Young Australians are more likely to experience psychological distress – and to experience higher levels of it – than people in older age groups. This trend, which predates the COVID-19 pandemic, is consistent across multiple surveys (ABS 2018, 2021; Biddle 2021; Brennan et al. 2021; Butterworth et al. 2020; CEE 2020; Dib et al. 2021; Wilkins et al. 2021). For example, the New South Wales Population Health Survey, an annual survey of 8,000 to 16,000 New South Wales residents aged 16 and over, showed that psychological distress in people aged 16–24 increased between 2013 and 2019 at a higher rate than for other age groups (CEE 2020) (Figure 8.1).

This phenomenon is not unique to Australia, with young people in this age group in Iceland and the United States also experiencing increases in psychological distress compared with other age groups (Nature Editorial Board 2021).

Some groups of young Australians experience more distress than others. For instance, more young females experience higher levels of psychological distress than males (Brennan et al. 2021). Further, the annual Mission Australia Youth Survey suggests that a higher proportion of young Australians with disability experience psychological distress than do young people who do not have disability (Brennan et al. 2021), while a 2019 survey of more than 6,000 young LGBTQIA+ Australians found that four-fifths (81%) of participants aged 14–21 reported high or very high levels of psychological distress (Hill et al. 2021).

**Figure 8.1: Persons aged 16 and over reporting high or very high psychological distress, by age group and sex, 2002 to 2020**



**Notes**

1. K10 is a 10-item questionnaire that measures anxiety, depression, agitation, and psychological fatigue in the most recent 4-week period.
2. People whose responses had a K10 score of 22 or above were indicated to have high or very high distress.
3. The K10 questions were included in the NSW Population Health Survey every year between 2002 and 2011. After 2011 and until 2019, they were included every second year. The questions were also included in the 2020 survey.
4. The indicator shows self-reported data collected through Computer Assisted Telephone Interviewing. To counter diminishing coverage of the population by landline telephone numbers (<85% since 2010), a mobile phone number sampling frame was introduced in the 2012 survey.
5. The inclusion of mobile phone numbers has substantially increased the Aboriginal sample and this change in design means that the 2012 NSW Population Health Survey estimates reflect both changes that have occurred in the population over time and changes due to the improved design of the survey.
6. Estimates were weighted to adjust for differences in the probability of selection among respondents and were benchmarked to the estimated residential population using the latest available ABS mid-year population estimates.

Source: CEE 2020.

## Box 8.5: Suicide and self-harm

Mental ill health can be associated with suicidal behaviours (thinking about or planning taking one's own life [suicidal ideation] or attempting suicide). However, while suicidal behaviours occur in people with mental illness, it is not confined to this group (AIHW 2021j). Intentional self-harm is often defined as deliberately injuring or hurting oneself, with or without the intention of dying. The majority of self-harm is not done with suicidal intent. The reasons for self-harm are different for each person and are often complex (AIHW 2021j).

Suicide was the leading cause of death for Australians aged 15–24 from 2017 to 2019, although males aged 25–64 experienced higher rates of suicide than males aged 15–24 (AIHW 2021d). In 2020, 480 Australians aged 24 and younger took their own lives (AIHW 2021c). COVID-19 has not been associated with an overall rise of suspected deaths by suicide (AIHW 2021c).

The Young Minds Matter Survey found that, between 2013 and 2014, around 1 in 10 surveyed 12–17-year-olds (11%, or an estimated 186,000 survey participants) reported having ever self-harmed, and about three-quarters of these (an estimated 137,000) had harmed themselves in the previous 12 months. Around 1 in 13 (7.5%, or an estimated 128,000 participants) had seriously considered attempting suicide in the previous 12 months and, of these, one-third (2.4% of all 12–17-year-olds) reported having attempted suicide in the previous 12 months (AIHW 2020). For more information, including ambulance attendances, refer to the AIHW Suicide and self-harm monitoring site at <https://www.aihw.gov.au/suicide-self-harm-monitoring>.

## Mental health of young Australians in recent years

The reasons for the trend of increasing psychological distress among Australia's young people are unclear but likely to be complex and vary between individuals. With an existing trend of rising psychological distress, the mental health impacts of the COVID-19 pandemic have been felt more severely by young people across the world (UNICEF 2021).

A survey of Australians aged 15–19 conducted between April and August 2020 found that more than 2 in 5 (43%) reported that they felt stressed either all of the time or most of the time (Tiller et al. 2020), while a repeat study in 2021 found that 45% rated their mental health as poor (Tiller et al. 2021). Another survey of around 500 Australians aged 15–25 in June 2020 and January 2021 similarly found that around half of the participants were experiencing moderate to severe symptoms of anxiety and/or depression (Dimov et al. 2021).

Yet another study of 760 Australians aged 12–18 found that three-quarters (75%) felt that the COVID-19 pandemic had negatively affected their mental health (Li et al. 2021). Females aged 12–24 continue to experience higher rates of psychological distress than males of any age group (headspace 2020).

The COVID-19 pandemic has been associated with a worsening of subjective mental health (Dib et al. 2021; Li et al. 2021) and increases in psychological distress, although both have fluctuated throughout the pandemic's course. As at April 2021, psychological distress continued to be higher for young Australians, despite the average level of psychological distress across all age groups returning to pre-pandemic levels (AIHW 2021k).

As at October 2021, psychological distress among young people remained higher than in 2017, while psychological distress among older age groups had reduced to a level comparable with pre-pandemic levels (Biddle and Gray 2021).

## Mental health service use by young Australians

Although many young Australians experience mental illness, many do not, cannot or do not wish to engage with mental health treatment or support services for a multitude of reasons (Islam et al. 2020; Brennan et al. 2021). Even so, young Australians tend to use mental health services at a higher rate than people in older age groups.

### Medicare-subsidised services

In 2020–21, around one-third (32%) of Australians aged 12–24 received a Medicare-subsidised mental health-specific service, an increase from more than one-quarter (28%) in 2019–20. By way of comparison, around 1 in 10 (11%) of the total population received such a service in 2020–21. Females receive services at a higher rate than males. For example, in 2020–21 females aged 18–24 received 1,258 services per 1,000 population (an individual may receive multiple services in a year) compared with 531 for males of the same age. The rate at which females receive services has also increased over time at a much greater pace than for males (AIHW 2021f).

These figures are likely to be an underestimate as not all mental health-related consultations take place under a mental health-specific Medicare item number. For example, the Bettering the Evaluation and Care of Health Survey of General Practitioners (BEACH), last conducted in 2014–15, suggested that the number of mental health-related consultations was several times higher than the number captured in Medicare data (AIHW 2015).

## Services commissioned by Primary Health Networks

The Australian Government funds Primary Health Networks (PHNs) to commission mental health services. Service organisations commissioned by PHNs delivered 378,275 mental health services to 50,147 people aged 12–24 in 2020–21 (PMHC MDS 2022). This included 126,159 child and youth specific mental health services provided to 12,330 young people (PMHC MDS 2022).

headspace is the primary youth-focused mental health service commissioned by PHNs to provide services to young people aged 12–25 experiencing, or at risk of, mild to moderate mental illness. During 2020–21, headspace services provided 441,914 occasions of service to 106,574 young people (headspace 2021). headspace services are supported by grant funding from the Australian Government (via PHNs) in addition to the engagement of private practitioners funded through the Medicare Benefits Schedule (MBS).

## Prescriptions dispensed

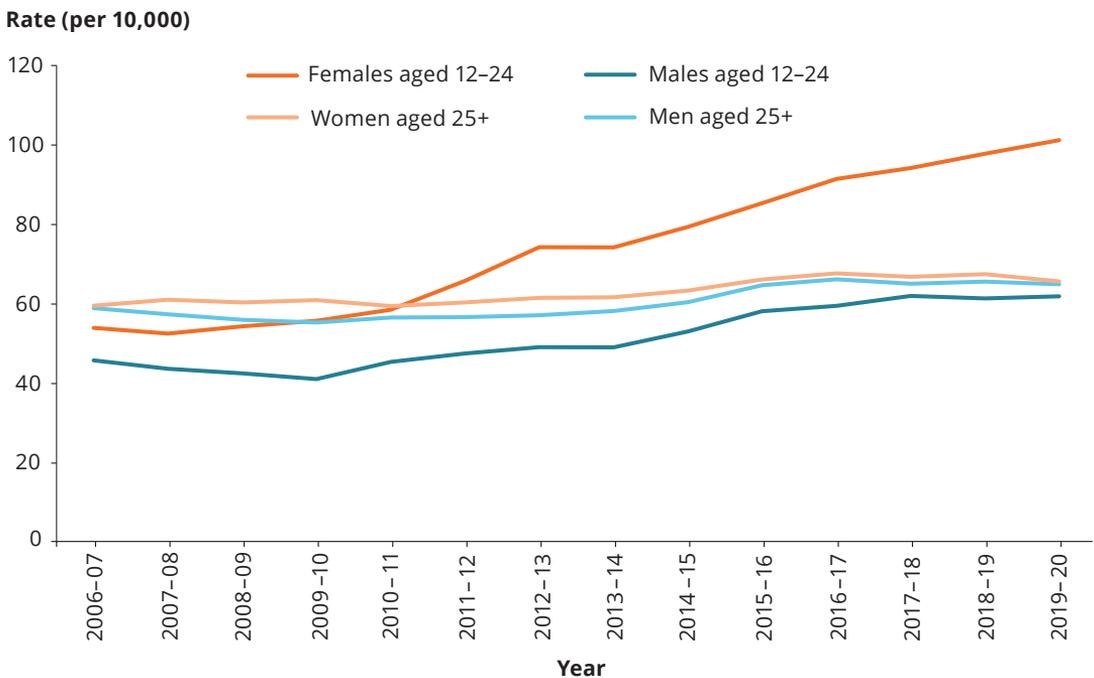
Young Australians tend to receive fewer prescriptions related to mental health than older age groups, with about 1 in 12 (8.2%) of people aged 12–17 and 1 in 8 (12.6%) of people aged 18–24 dispensed a medication in 2019–20. The exception is agents used to treat ADHD, which are dispensed at a far higher rate to young Australians than to people in older age groups (AIHW 2021g). This is consistent with data indicating that ADHD is the most prevalent mental disorder diagnosed in Australians aged 4–17 as of 2013–14 (AIHW 2021i; Lawrence et al. 2015). Although Australians aged 12–24 have received few prescriptions overall, their mental health prescriptions have increased over time, from 514 per 1,000 population in 2013–14 to 791 in 2019–20.

## Hospital presentations

In 2019–20, Australians aged 18–24 had the highest rate of mental health-related presentations to hospital emergency departments (EDs) of any age group, at 209.3 per 10,000 population, compared with 121.6 per 10,000 for all ages. Females aged 18–24 had the highest rate of mental health-related ED presentations (226.8 per 10,000 population) of any age and gender group, compared with 115.4 per 10,000 for females of all ages. The rate at which females aged 12–24 are presenting to EDs has also been increasing more rapidly than for males since 2014–15 (AIHW 2021e).

People with mental health care needs may be admitted to hospital for more than 1 day (known as overnight admitted patient care). Although rates of admission, including specialised psychiatric care, have increased somewhat across all age groups since 2006–07, the increase is most prominent in females aged 12–24, with the rate of admission almost doubling, from 54.0 per 10,000 population in 2006–07 to 101.2 in 2019–20 (Figure 8.2) (AIHW 2021h).

**Figure 8.2: Overnight admitted mental health hospitalisation rate (per 10,000 population) with specialised care, by age group and sex, 2006–07 to 2019–20**



Notes

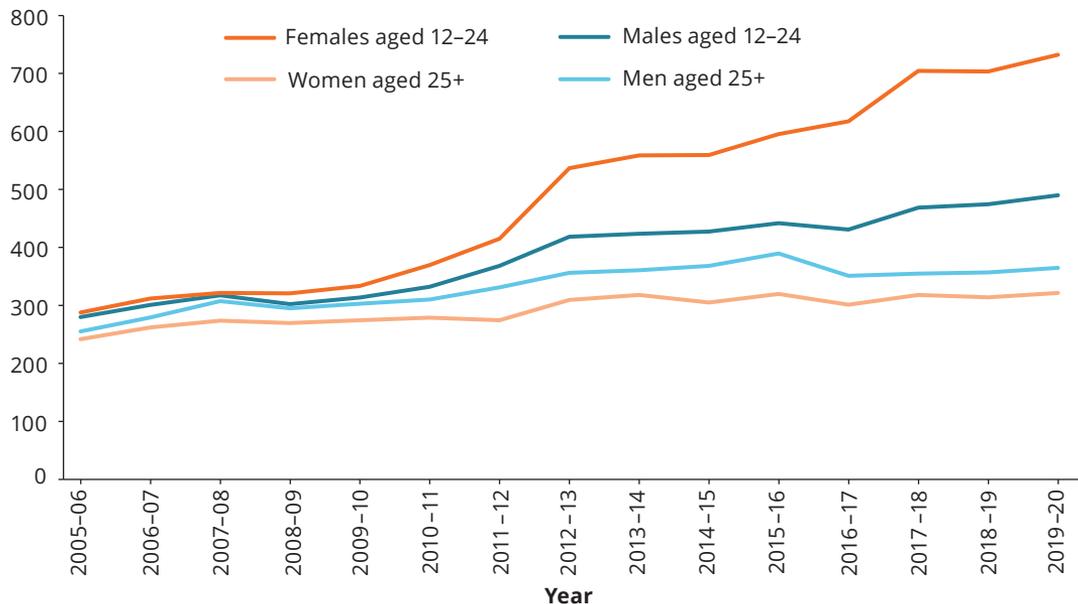
1. Hospitalisations with a care type of Newborn (without qualified days), and records for Hospital boarders and Posthumous organ procurement have been excluded.
2. The details of the process for categorising a hospitalisation as being related (or not) to mental health can be found in the online Classification codes section of the Mental health services in Australia report (AIHW 2021i).'
3. The data do not include records for which demographic information was missing or not reported.

Source: AIHW 2021h.

A similar pattern to hospital presentations is seen for engagement with community mental health care. Care contacts (per 1,000 population) have risen at a greater rate for Australians aged 12–24 than for other age groups, with females in this age group recording the largest rise (AIHW 2021b) (Figure 8.3).

**Figure 8.3: Community mental health care service contacts per 1,000 population, by age group and sex, 2005–06 to 2019–20**

**Contacts per 1,000 population**



**Notes**

1. Rates for specific age groups, sex and jurisdictions are crude rates based on the 2011 Census estimated resident populations as at 31 December of the reference year.
2. Queensland transitioned to new clinical information systems in 2008–09, which affected activity data reporting.
3. Changes to South Australian legislation and data collection methods for involuntary care resulted in an increase in the number of contacts with involuntary legal status in 2010–11. Time series comparisons should therefore be made with caution. South Australia transitioned to a new hospital-based system during 2013–14 which had an impact on activity data reporting for a small number of hospital-based services.
4. In 2011–12 and 2012–13, protected industrial action in Victoria caused service level collection gaps. Victoria required that data for 2011–12 and 2012–13 be excluded from all totals, with no proxy data included for Victoria when calculating national totals. Therefore, any calculations involving national totals during these reporting years are not valid. Rates for 2011–12 and 2012–13 were calculated using adjusted population data, which accounts for missing data as detailed in the classifications and technical notes section of the Mental health services in Australia report (AIHW 2021i). Comparisons over time should be made with caution.
5. Industrial action in Tasmania in 2011–12, 2012–13 and 2018–19 affected the quality and quantity of Tasmania’s data. For more details, see the Data source and key concepts section within the Community mental health care services section of Mental health services in Australia report (AIHW 2021i). Industrial action for 2018–19 lasted from September 2018 to September 2019, partially affecting 2019–20 reported data.
6. Tasmania transitioned to a new clinical information system in 2013–14; this had an impact on activity data reporting.
7. Victorian data were affected by industrial activity in 2015–16 and 2016–17, but there was no reduction in actual services. The collection of non-clinical and administrative data was affected, with impacts on community mental health service activity and client outcome measures (see the data quality statement for the 2019–20 Community mental health care National Minimum Data Set at <https://meteor.aihw.gov.au/content/index.phtml/itemId/699975>).
8. New South Wales data were affected by the introduction of a new system in the Justice Health Network from 2016–17 to 2018–19. This resulted in reduced data coverage (see the data quality statement for the Community mental health care National Minimum Data Set at <https://meteor.aihw.gov.au/content/index.phtml/itemId/742292>).

Source: AIHW 2021b.

Kids helpline, a crisis phone line aimed at people aged 5–25, recorded an overall upward trend in demand from March 2020. As at 19 September 2021, kids helpline responded to 20% more contacts during the preceding week than for the same period in 2019 (AIHW 2022a).

## Expenditure on mental health services for young Australians

It is difficult to estimate the total expenditure on youth mental health in Australia. Funding arrangements for youth mental health services (and mental health services in general) are complex, with sources including the Australian and state and territory governments, insurance providers, education providers and out-of-pocket expenses (Productivity Commission 2020). As well, many young people access mental health services provided through schools or universities, and data on this mental health-related activity and expenditure are not routinely reported. Nonetheless, it is clear that increasing concern about youth mental health has been accompanied by increasing funding for mental health services targeting young people.

Expenditure on specialised mental health care services (primarily inpatient treatment by a psychiatrist) for Youth (persons aged 16–24) by states and territories increased from \$10.1 million (or \$3.64 per capita) in 2010–11 to \$124.1 million (\$42.36 per capita) in 2019–20. This represents an average annual increase of 32.2% (31.4% per capita) over this time, by far the highest increase for any target population. For comparison, the average annual increase in expenditure for all populations combined over this time was 2.6% (1.0% per capita) (AIHW 2022b).

## Further reading

Australian Institute of Health and Welfare – *Australia's youth* at <https://www.aihw.gov.au/reports/children-youth/australias-youth/contents/about>

Australian Institute of Health and Welfare – *Mental health services in Australia* at <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary-of-mental-health-services-in-australia>

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