

Youth Mental Health

Policy Position Statement

Key messages:

Australian young people aged 12 to 24 years must be supported to achieve their optimum mental health and wellbeing. Evidence-based prevention and early intervention strategies, coordinated both within and across sectors, are needed to modify risk and protective factors, increase mental health literacy, reduce stigma, encourage early help-seeking and reduce psychological distress and mental health problems in young people.

Key policy positions:

1. Support and fully resource the implementation of a comprehensive National Youth Mental Health and Suicide Prevention Strategy;
2. Understand and address social, structural, environmental, economic and political factors (the social determinants) that impact on mental health;
3. Strengthen specific mental wellbeing promotion and prevention strategies for young people, with priority for young people belonging to a range of marginalised groups;
4. Resource mental healthcare programs and services to improve the mental wellbeing of young people, and respond to the level of need, severity and complexity among young people experiencing mental health problems; and
5. Support young people to engage in policy, research, program development and resource development.

Audience:

Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.

Responsibility:

PHAA Mental Health Special Interest Group and PHAA Child and Youth Health Special Interest Group

Date adopted:

September 2023

Contacts:

Fiona Robards, Child and Youth Health SIG Co-convenor
(fiona.robards@sydney.edu.au)

Stephen Carbone, Mental Health SIG Co-convenor
(stephen.carbone@preventionunited.org.au)

Citation:

Youth Mental Health: Policy Position Statement [Internet]. Canberra: Public Health Association of Australia; 2019 [updated 4 May 2023]. Available from: URL

Youth Mental Health

Policy position statement

PHAA affirms the following principles:

1. Young people's health, including their mental health, is important not just today but for their lifelong wellbeing and the health of the next generation.⁽¹⁾
2. Young people, including young people with lived and/or living experience and their families, should be actively consulted and involved in the design, implementation and evaluation of mental health promotion and healthcare initiatives that relate to them.
3. Mental health is an umbrella term that refers to how we feel and think, how we handle stress, relate to others and function in our daily life. It includes at least two dimensions - mental wellbeing and mental health problems.
4. It is important to promote young people's mental wellbeing. Mental wellbeing is about feeling good emotionally, functioning well psychologically and socially, and having a sense of meaning and purpose in life. High mental wellbeing is linked to better learning, greater productivity and better health and longevity. It also reduces the risk of mental health problems and contributes to recovery.^(2,3)
5. It is important to prevent, recognise and effectively manage mental health problems among young people. Mental health problems include a broad range of negative experiences that involve significant alterations to mood, thoughts, perceptions and behaviours. A decline in an individual's ability to function socially, at school and work, can be a sign of developing mental health problems.
6. Prevention involves reducing risk factors and promoting protective factors within the target group and community. Prevention activities should be undertaken across a range of settings (for example, schools, community centres, festival sites, family, community and workplace settings) with consideration for equity of access and cultural safety.⁽⁴⁾ Building on child development initiatives, prevention activities for young people can address risks early in the lifespan and early in the course of a disorder.
7. Young people experiencing mental distress require help before reaching a crisis point.⁽⁵⁾ They need timely, affordable and appropriate access to person-centred health and support services, delivered in a variety of ways (i.e. in person and online) and including a combination of community-based non-government wellbeing supports and programs as well as primary, secondary and tertiary health services.
8. The prevalence of mental health problems is not distributed equally throughout the community. Young people are more likely to experience mental health problems compared to older age groups. Some groups of young people are disproportionately impacted by mental health problems, especially when belonging to multiple marginalised groups.⁽⁶⁾ Priority groups include young people who are Aboriginal and/or Torres Strait Islander, homeless, in contact with the criminal justice system, from refugee and vulnerable migrant backgrounds, LGBTIQ+, living with disability, are young parents, have experienced trauma and/or have a parent with a serious mental disorder.
9. A gender-sensitive approach must inform data collection, support and service provision and outcomes measurement in response to the discrete experiences of young men, women and gender-diverse young people.

PHAA notes the following evidence:

10. Young people have consistently viewed mental health as an important issue. In 2022, one-third (27.7%) of Australian young people aged 15-19 identified mental health problems as their biggest personal challenge.⁽⁷⁾
11. Half of all lifetime mental disorders emerge by age 14.^(5,8) This makes childhood and early adolescence a dynamic and important period for preventive efforts and for the early recognition and effective management of emerging mental health conditions. Identifying young people belonging to one or more marginalised groups and/or who have experienced multiple adverse events can help identify young people who may need additional support.⁽⁶⁾
12. In 2016, 31.6% of Aboriginal and Torres Strait Islander young people met criteria for high psychological distress, compared to 22.2% of non-Aboriginal or Torres Strait Islander young people.⁽⁹⁾
13. In 2020-21, the prevalence of depression, anxiety and substance abuse conditions was significantly higher among females aged 16-24 (46.6%) than young males (31.2%).⁽¹⁰⁾ Young females report higher levels of concern in relation to coping with stress, school or study problems and body image than young males.⁽¹¹⁾
14. Suicide is the leading cause of death of young Australians aged 15-24. In 2021, deaths by suicide represented over a third of all deaths in young people aged 15–17 (34%) and deaths in those aged 18–24 (35%).⁽¹²⁾ The prevalence of self-harm and suicide is also increasing among young women.⁽¹³⁾
15. Suicide and self-inflicted injuries contributed the most to the total burden of disease for all Aboriginal and Torres Strait Islander young people aged 15 to 19 years.⁽¹⁴⁾ Suicide rates for Aboriginal and Torres Strait Islander 15 to 19 year old males (37.8 per 100,000) and females (16.1) are around four times that for non-Indigenous males (10.1) and females (4.0).⁽¹⁴⁾
16. In 2021, 30% of adolescents between 14 and 17 had thoughts of self-injury and 18% had reported an act of self-injury.⁽¹⁵⁾ Increasing rates of self-harm in young women are of concern.⁽¹⁶⁾
17. LGBTIQ+ young people have an increased risk of mental health problems directly related to their experiences of stigma, discrimination and abuse.^(17,18) These experiences are also barriers to accessing health services.⁽¹⁹⁾ LGBTIQ+ young people aged 16 to 24 have high levels of psychological distress - almost half (47.7%) have been diagnosed with or treated for a mental disorder.⁽²⁰⁾ Similarly, 45% of gender-diverse young people aged 14 and 25 years have been diagnosed with anxiety and 47% with depression.⁽²¹⁾
18. Young people from refugee and vulnerable migrant backgrounds, culturally diverse young people and Aboriginal and Torres Strait Islander young people experience racism, trauma and discrimination and additional barriers to accessing health services, which may affect their mental wellbeing.^(19,22)
19. A variety of factors influence young people's mental wellbeing. Some are intrinsic to each individual, such as their genetic profile, personality, personal experiences, actions and behaviours. Many exist in the home, learning, employment, local community, and online environments around young people. A young person's development is influenced by a range of social, cultural and economic factors that can impact their mental wellbeing.
20. Some of the major protective factors for young people's mental wellbeing include early secure attachment, good social and emotional skills, positive family functioning, mixing with a prosocial peer

group, school connectedness and a positive school climate, having at least one positive adult role model in their life and socioeconomic advantage.^(23,24)

21. Some of the major risk factors for young people's mental health include experiences of abuse and neglect, exposure to family violence, bullying, homophobia and transphobia, racism and socioeconomic disadvantage. The impacts of HECS debts, job insecurity and poor housing affordability compound the manifestations of these risk factors later.⁽²³⁻²⁶⁾
22. Social media is associated with protective benefits as well as harms.⁽²⁷⁾ Concerns have been raised about the potential negative impact of social media for some young people's mental wellbeing.^(28, 29)
23. Young people face unique barriers that limit their access to mental health promotion and mental healthcare, such as cost, parental consent, and transport. Marginalised young people experience additional barriers, such as stigma and discrimination⁽¹⁹⁾ and require targeted, person-centred, culturally and developmentally appropriate approaches supporting access to mental health promotion, prevention and mental health care services across the whole health system.^(19,30)
24. Experiences of violence (particularly gendered and domestic and family violence); Out of Home Care and homelessness; youth justice impact on youth mental wellbeing.⁽³¹⁾
25. In 2021, 61.2% of young people aged 16-24 had experienced one or more types of abuse, 40.2% had experienced more than 1 type of abuse and 25.4% had experienced three to five types of abuse.⁽³²⁾ Young people who experienced abuse were 2.9 times more likely to have a mental disorder compared to young people who had not experienced abuse.⁽³³⁾
26. Drug and alcohol use can increase the risk of developing mental health problems and, for a young person with a mental health condition, can worsen symptoms and interfere with recovery.⁽³⁴⁾
27. Young parents experience postnatal depression and other mental health problems more than older parents with young children.⁽³⁵⁾ Young parents often experience social and economic disadvantage, stigma and a lack of engagement with mainstream health services.⁽³⁶⁾
28. Climate change and natural disasters is a societal issue that impacts mental wellbeing. Environmental issues were listed as the top national concern of young people aged 15 to 19.⁽⁷⁾ Climate change requires urgent attention to produce future resilient communities.⁽³⁷⁾
29. A range of interventions have a positive influence on mental health. There is good evidence that lifestyle interventions to promote resilience,⁽³⁸⁾ psychological strategies to address mental health problems and a range of other social, vocational and recreational programs promote healthy functioning.
30. Implementing this policy would contribute towards the achievement of [UN Sustainable Development Goals 3 – Good Health and Wellbeing](#).

PHAA seeks the following actions:

31. Australia needs a comprehensive *National Youth Mental Health and Wellbeing Strategy* that covers the continuum of promotion, prevention, early intervention, recovery support and suicide prevention.
32. Young people with a lived experience of mental health problems should continue to be recognised as experts in their own lives. Opportunities for young people to be engaged in practice and policy

development, designing youth-friendly wellbeing and prevention programs and mental health care supports and services and as advocates on mental health and wellbeing issues can be strengthened.

33. Governments need to increase action and investment in both youth mental wellbeing promotion as well as youth mental healthcare.
34. Mental health promotion and public health initiatives are needed to promote young people's mental wellbeing and reduce their risk of experiencing mental health problems via a focus on individual behaviour change and a systems approach, including programs and policies to create more mentally healthy schools, workplaces, communities and online environments and greater equity across society.
35. Governments to increase access to timely and appropriate mental health information, services and support through investment and resources in mental health services, NGOs, educational settings, employers and community groups. Health and education ensure young people learn how to independently access health services and about different components of the health and community-based support system.⁽³⁹⁾
36. Community leaders, school educational programs and counselling services, workplace training providers and online support reduce the stigma experienced by marginalised groups in relation to seeking help for their mental health and provide pathways to mental health promotion and care.
37. Educational settings are adequately resourced to provide evidence-based mental health promotion and suicide prevention programs in addition to early intervention and counselling.
38. Adequately support evidence-based programs to address bullying, including cyberbullying, through a variety of strategies.⁽⁴⁰⁾
39. Families, friends and work colleagues are provided with the information and skills needed to provide the support young people require and link them to other sources of support.⁽⁴¹⁾
40. Mental health services for young people take a holistic approach that focus on promoting recovery from their mental health condition(s) and any comorbid difficulties such as alcohol and other drug issues. They should also focus on supporting young people to maintain or re-establish their social support and connection, participation in study or work and involvement in the broader community.
41. Prioritise marginalised groups in service delivery. Address peer and institutional stigma and discrimination towards particular groups in educational and health contexts to reduce mental health distress.⁽⁴²⁾
42. Governments prioritise issues of intergenerational trauma faced by Aboriginal and Torres Strait Islander young people and communities and responses are led by Aboriginal elders and communities.
43. Health professionals prioritise systems of care using trauma-informed approaches.^(43, 44)
44. Culturally appropriate and competent information, services and professionals, including trauma-informed practice and care, increase access to services for Aboriginal and Torres Strait Islander young people and those from culturally diverse backgrounds.
45. Provide dedicated and well-resourced mental health and community services supporting young parents and their children.^(36, 45)
46. Provide dedicated, well-resourced early and holistic mental health and primary care services for young people experiencing mental health problems, self-harm and/or suicidal ideation. Service should invest in

PHAA Position Statement on Youth Mental Health

evidence-based technology approaches that reduce stigma, provide health and service information and alternative ways to contact services and access treatment.⁽¹⁹⁾

47. Youth health services should cover the full 12-24 year age span. The transition from child to youth mental health services and from youth to adult services is planned, timely and well-supported.⁽⁴⁶⁾
48. Australia continues to build a sustainable youth mental health workforce skilled in providing evidence-based and appropriate prevention, promotion and care and supports a culture of innovation and continuous improvement.⁽⁴⁷⁾ Training in adolescent mental health, supporting young people and responding to self-harm and suicide prevention for professionals is needed (including General Practitioners, hospital staff, school counsellors, teachers, police, first responders and youth workers).
49. Strengthen structures that support Primary Care services to aid prevention, early intervention and management of mental health issues and suicide prevention for young people, such as bulk billing for young people.
50. Better structural integration between non-government, private and public services and housing, education and employment supports.
51. Entry points into the health service system, such as emergency departments, should link young people to suitable community-based support services. Navigation support is important, especially for marginalised young people and families.⁽¹⁹⁾
52. Governments consider the impact on the mental wellbeing of young people in all policy decisions and invest in research on the social determinants of youth mental wellbeing and health problems and implementation research on the prevention of suicide, self-harm, childhood trauma and mental health problems.

PHAA resolves to:

53. Advocate for the above steps to be taken based on the principles in this position statement.

ADOPTED September 2023

(First adopted 2019)

References

1. Patton GC, Sawyer SM, Santelli JS, Ross DA, Afifi R, Allen NB, et al. Our future: a Lancet commission on adolescent health and wellbeing. *Lancet*. 2016;387(10036):2423-78.
2. Keyes CLM. *Mental Health as a Complete State: How the Salutogenic Perspective Completes the Picture*. Dordrecht: Springer Netherlands; 2013. p. 179-92.
3. Huppert F. The State of Wellbeing Science: Concepts, Measures, Interventions, and Policies. In: Huppert Felicia A and C.L. Cooper, editor. *Interventions and policies to enhance wellbeing*, . UK: John Wiley & Sons; 2014. p. 1-49.
4. Commonwealth Department of Health and Ageing. *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*. Canberra: Commonwealth of Australia; 2013.
5. McGorry P. Early intervention, youth mental health: the value of translational research for reform and investment in mental health. *Australasian Psychiatry*. 2014;22(3):225-7.
6. Robards F, Kang M, Luscombe G, Hawke C, Sancu L, Steinbeck K, et al. Intersectionality: Social Marginalisation and Self-Reported Health Status in Young People. *International journal of environmental research and public health*. 2020;17(21):8104.
7. Leung S, Brennan, N., Freeburn, T., Waugh, W., & Christie, R.,. *Youth Survey Report 2022*. Sydney, NSW: Mission Australia; 2022.
8. Australian Institute of Health Welfare. *Australia's Youth*. Canberra: AIHW; 2021.
9. Mission Australia and Black Dog Insitute. *Youth mental health report: Youth Survey 2012-16*. Mision Australia and Black Dog Insitute; 2017.
10. Australian Bureau of Statistics. *First insights from the National Study of Mental Health and Wellbeing, 2020-21*. Canberra: ABS; 2021 [Available from: <https://www.abs.gov.au/articles/first-insights-national-study-mental-health-and-wellbeing-2020-21>].
11. Carlisle E, Fildes J, Hall S, Hicking V, Perrens B, Plummer J. *Youth Survey Report 2018*. Mission Australia; 2018.
12. Australian Institute of Health and Welfare. *Deaths in Australia* Canberra: Australian Institute of Health and Welfare; 2022.
13. Australian Bureau of Statistics. *Mental Health and Wellbeing: Profile of Adults, Australia*. In: ABS, editor. Canberra2021.
14. Australian Institute of Health and Welfare. *Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing 2018: in brief*. Canberra: AIHW; 2018.
15. Terhaag S, & Rioseco, P.,. *Self-injury among adolescents (Growing Up in Australia Snapshot Series - Issue 4)*. Melbourne: Australian Institute of Family Studies; 2021.
16. Australian Institute of Health and Welfare. *Suicide & self-harm monitoring: Australian Institute of Health and Welfare; 2022* [cited 2023 4 May]. Available from: <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups/intentional-self-harm-hospitalisations-among-young>.
17. Strauss P, Cook A, Winter S, Watson V, Wright Toussaint D, Lin A. Mental Health Issues and Complex Experiences of Abuse Among Trans and Gender Diverse Young People: Findings from Trans Pathways. *LGBT health*. 2020;7(3):128-36.
18. Strauss P, Cook A, Winter S, Watson V, Wright Toussaint D, Lin A. Associations between negative life experiences and the mental health of trans and gender diverse young people in Australia: findings from Trans Pathways. *Psychological medicine*. 2020;50(5):808-17.
19. Robards F, Kang M, Steinbeck K, Hawke C, Jan S, Sancu L, et al. Health care equity and access for marginalised young people: a longitudinal qualitative study exploring health system navigation in Australia. *International journal for equity in health*. 2019;18(1):41-.
20. Leonard W, Pitts M, Mitchell A, Lyons A, Smith A, Patel S, et al. *Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians*. Melbourne: Australian Research Centre in Sex, Health & Society, La Trobe University; 2012.
21. Smith E, Jones, T., Ward, R., Dixon, J., Mitchell, A., & Hillier, L. *From Blues to Rainbows: Mental health and wellbeing of gender diverse and transgender young people in Australia*. . Melbourne: The Australian Research Centre in Sex, Health and Society; 2014.
22. Noto O, Leonard W, Mitchell A. *Nothing for Them : Understanding the support needs of Lesbian, Gay, Bisexual and Transgender (LGBT) young people from refugee and newly arrived backgrounds*. Melbourne: La Trobe University; 2014.

23. National Research Council, Institute of Medicine. Using a Developmental Framework to Guide Prevention and Promotion. 2009. In: Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities [Internet]. Washington (DC): National Academies Press (US). Available from: <https://www.ncbi.nlm.nih.gov/books/NBK32792/>.
24. Rickwood D, Thomas K. Mental wellbeing interventions: an Evidence Check rapid review brokered by the Sax Institute for VicHealth. 2019.
25. Guy S, Furber G, Leach M, Segal L. How many children in Australia are at risk of adult mental illness? Aust N Z J Psychiatry. 2016;50(12):1146-60.
26. Furber G, Leach M, Guy S, Segal L. Developing a broad categorisation scheme to describe risk factors for mental illness, for use in prevention policy and planning. Aust N Z J Psychiatry. 2017;51(3):230-40.
27. The U.S. Surgeon General's Advisory. Social Media and Youth Mental Health. 2023.
28. Shin M, Juventin M, Wai Chu JT, Manor Y, Kempes E. Online media consumption and depression in young people: A systematic review and meta-analysis. Computers in Human Behavior. 2022;128.
29. Betul K, Niall M, Annmarie G. A systematic review: the influence of social media on depression, anxiety and psychological distress in adolescents. International Journal of Adolescence and Youth: Taylor & Francis Group; 2020. p. 79-93.
30. Brown A, Rice SM, Rickwood DJ, Parker AG. Systematic review of barriers and facilitators to accessing and engaging with mental health care among at-risk young people. Asia Pac Psychiatry. 2016;8(1):3-22.
31. Papalia N, Baidawi S, Luebbers S, Shepherd S, Oglloff JRP. Patterns of Maltreatment Co-Occurrence in Incarcerated Youth in Australia. Journal of interpersonal violence. 2022;37(7-8):NP4341-NP71.
32. Higgins DJ, Mathews B, Pacella R, Scott JG, Finkelhor D, Meinck F, et al. The prevalence and nature of multi-type child maltreatment in Australia. Medical journal of Australia. 2023;218(S6):S19-S25.
33. Scott JG, Malacova E, Mathews B, Haslam DM, Pacella R, Higgins DJ, et al. The association between child maltreatment and mental disorders in the Australian Child Maltreatment Study. Medical journal of Australia. 2023;218(6):S26-S33.
34. Smout A, Newton NC, Slade T, O'Donoghue B, Chapman C. The relationship between early risk-taking behavior and mental health problems among a nationally representative sample of Australian youth. Journal of affective disorders. 2020;272:239-48.
35. Siegel RSP, Brandon ARPA. Adolescents, Pregnancy, and Mental Health. Journal of pediatric & adolescent gynecology. 2014;27(3):138-50.
36. Boath EH, Henshaw C, Bradley E. Meeting the challenges of teenage mothers with postpartum depression: overcoming stigma through support. Journal of reproductive and infant psychology. 2013;31(4):352-69.
37. Jevtić M, Bouland C. Mental Health & the role of mindset in Climate Change issues. European journal of public health. 2017;27(suppl_3).
38. Carbone S. What works to promote mental wellbeing and prevent the onset of mental health conditions? A review of the latest research evidence. Perth: WA Mental Health Commission.; 2021.
39. Robards F, Kang M, Tolley K, Hawke C, Sanci L, Usherwood T. Marginalised young people's healthcare journeys: Professionals' perspectives. Health Education Journal. 2018;77(6):692-704.
40. Singham T, Viding E, Schoeler T, Arseneault L, Ronald A, Cecil CM, et al. Concurrent and Longitudinal Contribution of Exposure to Bullying in Childhood to Mental Health: The Role of Vulnerability and Resilience. JAMA psychiatry (Chicago, Ill). 2017;74(11):1112-9.
41. Mental Health First Aid Australia. Mental Health First Aid Guidelines Melbourne: Mental Health First Aid Australia; 2023 [cited 2023 4 May]. Available from: <https://mhfa.com.au/mental-health-first-aid-guidelines>.
42. Robinson KH, Bansel P, Denson N, Ovenden G, Davies C. Growing Up Queer: Issues Facing Young Australians Who Are Gender Variant and Sexually Diverse. Melbourne: Young and Well CRC; 2014.
43. Sara G, Lappin J. Childhood trauma: psychiatry's greatest public health challenge? The Lancet Public health. 2017;2(7):e300-e1.
44. Magruder KM, Kassam-Adams N, Thoresen S, Olff M. Prevention and public health approaches to trauma and traumatic stress: a rationale and a call to action. European journal of psychotraumatology. 2016;7(1):29715-.
45. Strange C, Bennett E, Tait M, Hauck Y. A qualitative evaluation of a Young Parents Program (YPP) - Parent and facilitator perspectives. Health promotion journal of Australia. 2019;30(3):402-12.
46. Scholz B, Battams S, Platania-Phung C, Happell B. Transitioning from Adolescent to Adult Mental Health Services: An Integrative Literature Review. Issues in mental health nursing. 2019;40(2):97-111.

47. Orygen The National Centre of Excellence in Youth Mental Health. The National Youth Mental Health Workforce Strategy. Melbourne; 2016.