

Youth Mental Health

Policy Position Statement

- Key messages:** Australian young people aged 12 to 24 years must be adequately supported to achieve their optimum mental health and wellbeing. Prevention and early intervention strategies, coordinated both within and across sectors, are needed to reduce levels of mental distress and mental health problems in young people.
- Key policy positions:**
1. Support and fully resource a comprehensive National Youth Mental Health and Suicide Prevention Strategy.
 2. Address social, structural, economic, and political factors (the social determinants) that impact on mental health.
 3. Develop specific mental health promotion and prevention strategies for young people belonging to a range of marginalised groups; and
 4. Provide adequate resourcing of mental health programs and services to improve the mental health and wellbeing of young people (acknowledging recent increases in investment).
- Please also refer to the PHAA Suicide Prevention Policy.
- Audience:** Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.
- Responsibility:** PHAA Mental Health Special Interest Group &
PHAA Child and Youth Health Special Interest Group
- Date adopted:** 18 September 2019
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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 lifelong wellbeing and the health of the next generation.¹
2. Some groups of young people experience disadvantage that is more likely to affect their mental health and wellbeing. These priority marginalised groups include young people who are Aboriginal and Torres Strait Islander, homeless, in contact with the criminal justice system, refugee and asylum seeker, LGBTIQ, living with a disability, young parents, have experienced trauma and/or have a parent with a serious mental disorder.²
3. 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, such as individual, family, school, community, and workplaces with multiple components delivered within multiple settings and be culturally appropriate.³ Building on child development initiatives, prevention activities for young people can address health risks early in the life span and early in the course of an illness.
4. Young people experiencing mental distress require help early before their distress reaches a crisis point. They need timely, affordable and appropriate access to person-centred health and support services that include a combination of community-based non-government programs as well as primary, secondary and tertiary health services.
5. Given the distinct mental health problems and experiences of young men, young women and gender diverse young people, a gender sensitive approach must inform data collection, supports and service provision, and outcomes measurement.

PHAA notes the following evidence:

6. Young people view mental health as an important issue. Almost half (43%) of Australian young people in 2018 identified mental health as the top issue facing Australia today.⁴
7. Experiences of mental health conditions can have profound impacts on the wellbeing of young people, both now and in the future: half of all lifetime mental health disorders emerge by age 14 and three quarters by age 24.⁵ This makes adolescence a dynamic and important period for programs and services to identify early warning indicators that may include recognition of an accumulation of adverse social determinants, and intervene early.
8. In 2016, almost one in four young people aged 15-19 years had a probable serious mental illness (rising from 18.7% in 2012 to 22.8% in 2016).⁶ Adolescent development, including neurodevelopment is influenced by social and cultural factors during adolescence and young adulthood, impacting on mental health and wellbeing.
9. In 2016, 31.6% of Aboriginal and Torres Strait Islanders met the criteria for a probable serious mental health condition, compared to 22.2% of non-Aboriginal or Torres Strait Islanders.⁶

10. Females (28.6%) are twice as likely as males (14.1%) to meet the criteria for having a probable serious mental health condition.⁶ Young females report higher levels of concern in relation to coping with stress, school or study problems, and body image than young males.⁴
11. Suicide is the leading cause of death of young Australians and suicide rates have increased recently: 404 Australians (12.6 per 100,000) aged 15-24 died by suicide in 2017,⁷ compared with 324 (10.5 per 100,000) in 2012.⁸ Actual figures are likely to be even higher, with under-reporting of up to 30%.⁹ In 2015, 8% of 12 to 17 year olds had seriously contemplated suicide in the previous year.¹⁰
12. 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.¹¹
13. 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).¹²
14. In 2015, 11% of young people aged 12 to 17 years had self-harmed in the previous year.¹⁰ Increasing rates of self-harm in young women is of concern.¹³
15. Young people face unique barriers that limit their access to health promotion and healthcare such as cost, parental consent, and transport. Marginalised young people experience additional barriers, such as stigma and discrimination,¹⁴ and require person-centred and targeted approaches supporting access to health promotion, prevention and health care services across the whole health system.^{15, 16}
16. LGBTIQ young people have an increased risk of poor mental health directly related to their experiences of stigma, discrimination and abuse. These experiences also are barriers to accessing health services, which has a further impact on their mental health outcomes. LGBTIQ young people aged 16 to 24 years have high levels of psychological distress - almost half (47.7%) have been diagnosed with or treated for a mental disorder.¹⁷ Similarly, 45% of gender diverse young people aged 14 and 25 years have been diagnosed with anxiety and 47% with depression.¹⁸
17. Refugee and vulnerable migrant young people, culturally diverse young people and Aboriginal and Torres Strait Islander young people may experience racism, trauma and discrimination and additional barriers to accessing health services, which may affect their mental health.^{14, 19}
18. Experiences of violence (particularly gendered and domestic and family violence); Out of Home Care and homelessness; and experiences in youth justice impact on youth mental health.^{20, 21}
19. Drug and alcohol use can increase the risk of developing mental health conditions and for a young person with a mental health condition, can worsen symptoms, and interfere with recovery.²⁰
20. Young parents experience more postnatal depression and other mental health problems than older parents with young children.²² Young parents often experience social and economic disadvantage, stigma (both real and perceived) and a lack of engagement with mainstream health services.²³
21. Climate change is a societal issues that has mental health effects, which has significance for young people and requires urgent attention to produce future resilient communities.²⁴
22. Implementing this policy would contribute towards the achievement of [UN Sustainable Development Goals 3 – Good Health and Wellbeing](#).

PHAA seeks the following actions:

23. Governments to increase access to timely and appropriate mental health information, services and support through investment and resources (including educational programs) to primary, secondary and tertiary mental health services, NGOs, educational settings, employers and community groups.
24. Reduce stigma around help-seeking and marginalised groups within the broader community and provide pathways to health promotion and care, for example via community leaders, school educational programs and counselling services, workplace training providers and online support.
25. Ensure educational settings (including workplace training providers) are adequately resourced to provide evidence-based early intervention mental health promotion and suicide prevention programs in addition to counselling. Build further on prevention by recognising the significance of the school environment for most young people, and the transitions between primary, secondary and beyond.
26. Ensure 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.
27. Strategies, programs and services to develop, and adequately resource, specific strategies for priority marginalised groups (previously listed).
28. Issues of intergenerational trauma faced by Aboriginal and Torres Strait Islander young people and communities to be prioritised by government and responses led by Aboriginal elders and communities.
29. Culturally appropriate and competent information, services and professionals including Trauma Informed Practice and Care to increase access to services for Aboriginal and Torres Strait Islander young people and those from culturally diverse backgrounds.
30. Dedicated well-resourced mental health services in addition to primary care, to provide early and holistic healthcare (that considers the social determinants of health) for young people, allowing early detection and intervention for those experiencing mental health issues, self-harm and/or suicidal ideation, with improved access and waiting times.
31. Planned, timely and well-supported transition from child to adolescent mental health services, and from adolescent to adult services.²⁵
32. Investment in evidence-based technology approaches that reduce stigma, provide health and service information and alternative ways to contact services and access treatment.¹⁴
33. Young people with a lived experience of mental health issues recognised as experts in their own lives and engaged in both practice and policy development, designing youth-friendly mental health supports and services and as advocates on important mental health issues.
34. Address peer and institutional stigma and discrimination towards particular groups, including LGBTIQ young people in educational and health contexts to reduce mental health distress.²⁶
35. Australia builds a sustainable youth mental health workforce that is capable and skilled in providing evidence-based and appropriate prevention, promotion and care, and supports a culture of innovation and continuous improvement.²⁷
36. Training in adolescent mental health, responding to self-harm and suicide prevention for professionals, including General Practitioners, hospital staff, school counsellors, teachers, police, first responders and youth workers, supporting young people.

37. Strengthen structures that support Primary Care services to aid prevention, early intervention and management of mental health issues and suicide prevention for young people. For example, Medicare billing should support longer appointments for general practitioners to do a holistic psychosocial assessment with young people, and bulk billing for young people.
38. 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.²⁸
39. Better structural integration, between non-government, private and public services (including general practice, headspace, private psychological medicine/psychological practice mental health, family violence, drug and alcohol, sexual health, physical healthcare) and housing, education and employment supports. Entry points into the health service system, such as emergency departments, should link young people to suitable community-based support services.¹⁴
40. Cross-sectoral integration between youth employment, education, mental health and drug and alcohol services, to support transition periods for young people.
41. Governments invest in research on the social determinants of youth mental health and implementation research on prevention of suicide, self-harm, and anxiety and depression.
42. Policy, data collection, supports and service provision, and outcomes measurement informed by a gender sensitive approach, including considering gender non-binary young people.
43. Dedicated and well-resourced mental health and community services supporting young parents and their children.^{23, 29}
44. Adequately supported programs to address bullying including cyber bullying through a range of media, informed by a gender lens recognising that girls are more likely to experience sexual harassment and bullying online.³⁰

PHAA resolves to:

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

ADOPTED September 2019

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