

Youth Mental Health Report

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In 2013, 14,461 young Australians aged 15-19 years participated in Mission Australia's Youth Survey. The survey collected information on a broad range of issues, including levels of psychological distress in young people, as measured by the Kessler 6 (K6).

Responses to the K6 were used to classify respondents into two groups – those with a 'probable serious mental illness' and those with 'no probable serious mental illness'.

This report presents findings on the rates of psychological distress in young Australians, aged 15-19, the concerns that are related to high levels of psychological distress and the help seeking behaviour of young people.

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The main findings from this report are:

- Just over one fifth (21.2%) of young people who responded to the Youth Survey met criteria for a probable serious mental illness.
- Females were almost twice as likely as males to meet criteria for having a probable serious mental illness (26.2% compared to 13.8%).
- Young people with a probable serious mental illness were around 5 times more likely to express serious concerns about depression (57.0% compared to 11.5%) and suicide (35.3% compared to 6.8%) than young people without a probable serious mental illness.
- Young people with a probable serious mental illness were substantially more uncomfortable seeking information, advice or support from parents (32.8% compared to 10.3%), relatives/family friends (34.3% compared to 14.5%) and teachers (49.6% compared to 29.2%) than those without a probable serious mental illness.
- Over 60% of young people with a probable serious mental illness were not comfortable seeking information, advice or support from professional services such as telephone hotlines, online counselling and/or community agencies.

These findings have a number of important implications for policy and practice. They reinforce a need to ensure that young people have adequate and early access to age appropriate mental health education and services. Key recommendations include:

- Targeting mental health in schools through awareness and early intervention programs.
- Promoting peer education and support.
- Reducing stigma that may prevent help-seeking behaviour in young people.
- Ensuring a whole of community focus on prevention and early intervention.
- Use of online initiatives to improve access, appeal and affordability of mental health services.
- Ensuring culturally appropriate service delivery, particularly for Aboriginal and Torres Strait Islander communities, as well as Culturally and Linguistically Diverse communities.
- Building a better understanding of mental health issues among families and those working with young people.



Introduction

Adolescence can be a difficult period for many young people, and is associated with a range of academic, social, physical and personal challenges. These pressures can exacerbate an already stressful time, as young people attempt to forge new identities and roles for themselves.

Previous research has identified school stress and final examinations as key issues of concern for young people. Indeed, more than 40% of Year 12 students report symptoms of depression, anxiety and stress that fall outside normal ranges,¹ with extreme cases linked to suicide.² Additional concerns held by young people include body image, family conflict, career choices, and plans for the future.^{3,4}

Given these pressures, and the well-documented relationship between stress and vulnerability towards mental illness, it is perhaps unsurprising that half of all lifetime mental health disorders emerge by age 14 and three quarters by age 24.⁵ Data from the Australian National Mental Health Survey shows that young people have the highest incidence and prevalence of mental illness across the lifespan,⁶ with more than a quarter of Australians aged 16-24 experiencing a mental disorder in the prior 12 months.⁷ Mental health disorders have been shown to have significant detrimental effects on wellbeing, functioning and development in adolescence and are associated with impaired academic achievement, unemployment, poor social functioning, and substance abuse.^{8,9,10} These negative effects may extend well beyond adolescence, creating an ongoing cycle of distress and disadvantage.¹¹ Mental health disorders also put individuals at greater risk of attempting and/or completing suicide. In fact, suicide has recently overtaken car accidents as the leading cause of death for young Australians aged 15-24, with an additional 57 children aged 13 or younger taking their own lives between 2008 and 2012.¹²

It is clear that the mental health of young people is problematic and needs to be a priority. Whilst a number of promising and effective mental health interventions are available, there are issues with uptake, which often relate to reluctance among young people to seek professional help for mental illness or a lack of awareness of services available to them. Less than one in four 16-24 year old Australians diagnosed with a mental health disorder accessed health services in the previous year, with low rates of service use most pronounced amongst young males.¹³ A recent review identified inadequate knowledge regarding mental health, as well as embarrassment and stigma, as the top two obstacles preventing young people from seeking assistance for mental distress.¹⁴

Mission Australia's Youth Survey provides a timely and informative snapshot of the current state of mental health in Australian youth. These findings lend themselves to some key recommendations that can drive forward this important agenda.

Background

In 2013, 14,461 young people aged 15-19 years participated in Mission Australia's Youth Survey. The national survey is the largest of its kind, providing valuable insights into the issues and concerns affecting young people, and the mental health of adolescents in Australia today.

The Youth Survey contains both quantitative and qualitative items. It collects socio-demographic information and captures the views of young people on a range of issues including what they are concerned about and where they feel comfortable going for information, advice and support.

The survey also includes a widely used and accepted measure of non-specific psychological distress known as the Kessler 6 (K6). The K6 consists of a brief six item scale that asks about experiences of anxiety and depressive symptoms during the past four weeks. It has been shown to be a useful tool in screening for DSM-IV mental disorders.^{15,16} Based on established scoring criteria, the K6 was used to classify Youth Survey respondents into two groups - those with a 'probable serious mental illness' and those with 'no probable serious mental illness'.^{17,18,19}

Taken together, in this report, the responses to the Youth Survey were used to examine:

- Rates of probable serious mental illness in young Australians.
- What issues young people, with and without a probable serious mental illness, are concerned about.
- Where young people will and won't go for information, advice or support.

Issues of concern to young people

The Youth Survey also asked respondents about their level of concern around 12 topical issues including alcohol, body image, bullying/emotional abuse, coping with stress, depression, discrimination, drugs, family conflict, gambling, personal safety, school or study problems and suicide.

Responses to these 12 items were rated on a 5 point scale ranging from 'not at all concerned' to 'extremely concerned'. Table 1 (over page) presents the results for respondents who indicated they were either 'very' or 'extremely' concerned about an issue.

- Coping with stress, school or study problems and body image were the top 3 issues of concern for young people with and

Demographic characteristics and probable serious mental illness

Overall, just over one fifth (21.2%) of young people aged 15-19 who responded to the survey met the criteria for having a probable serious mental illness.

- Across the different age groups there was very little variation in the percentage of those classified as having a probable serious mental illness, ranging from 19.4% for 19 year olds to 21.5% for 15 year olds.
- Considerable gender differences were found, with females almost twice as likely to be classified as having a probable serious mental illness as males (26.2% compared to 13.8%).
- Rates of probable serious mental illness were very similar for respondents who were born in Australia (21.2%) and those who were born in a country other than Australia (21.1%).
- Respondents who identified as Aboriginal or Torres Strait Islander had considerably higher rates of probable serious mental illness than those that did not identify as Aboriginal or Torres Strait Islander (31.8% compared to 20.7%).
- Rates of probable serious mental illness were substantially higher for respondents who reported a disability compared to respondents who did not report a disability (32.8% compared to 20.3%).

without a probable serious mental illness. However, young people with a probable serious mental illness were 2.5 times more likely to indicate that coping with stress was a major concern (71.7% compared to 29.5%), and around twice as likely to indicate that school or study problems (61.6% compared to 31.0%) and body image (57.1% compared to 23.8%) were a major concern.

- Respondents with a probable serious mental illness were around 5 times more likely to express serious concerns about depression (57.0% compared to 11.5%) and suicide (35.3% compared to 6.8%) than respondents without a probable serious mental illness.
- Over one third of young people with a probable serious mental illness indicated major concerns around bullying and/or emotional abuse (34.8%).



The unique information provided by the Youth Survey offers an opportunity to understand young people and their mental health, and in doing so, to further explore how well we are supporting young Australians and where we need to do better.

- Almost 3 times as many young people with a probable serious mental illness had serious concerns around family conflict compared to those without a probable serious mental illness (40.1% compared to 14.2%).

For females with a probable serious mental illness the top 3 concerns were coping with stress (77.9%), school or study problems (66.0%) and body image (65.9%). For males with a probable serious mental illness the top 3 concerns were coping with stress (54.9%), depression (49.7%) and school or study problems (49.4%).

- Females with a probable serious mental illness were more concerned about body image (65.9% compared to 32.9%), coping with stress (77.9% compared to 54.9%), school or study problems (66.0% compared to 49.4%) and depression (59.8% compared to 49.7%) than males with a probable serious mental illness.
- Males with a probable serious mental illness were more concerned about drugs (19.0% compared to 12.9%) and gambling (11.8% compared to 3.7%) than females with a probable serious mental illness.

On average, young people without a probable serious mental illness had serious concerns about 1.6 issues, compared with 4.3 for those with a probable serious mental illness. Therefore, in addition to having more serious concerns about the issues outlined in Table 1, young people with a probable serious mental illness also appear to

be trying to cope with a higher load of issues than those without a probable serious mental disorder.

When we look at only those young people with a probable serious mental illness there is a significant positive association between their K6 scores and the number of issues they have serious concerns about.²⁰ That is, the greater the level of psychological distress for these young people, the more issues they are coping with.

Help seeking behaviour among young people

Respondents to the Youth Survey were asked to indicate whether or not they were comfortable going to a number of sources for information, advice and support (see Table 3 over page).

- Respondents with a probable serious mental illness were considerably more uncomfortable than respondents without a probable serious mental illness in seeking information, advice and support from all sources listed, except online counselling websites, where both groups seemed equally uncomfortable.
- The differences are particularly stark for seeking information, advice or support from parents (32.8% compared to 10.3%), relatives/family friends (34.3% compared to 14.5%) and teachers (49.6% compared to 29.2%).
- Young people, both with and without a probable serious mental illness, were most uncomfortable seeking information, advice or support from professional services such as telephone hotlines, online counselling websites and community agencies.



In effect, those most in need of accessing information, advice or support for mental health issues appear to be the most uncomfortable in seeking it.

- In terms of accessing professional services, over 60% of respondents with a probable serious mental illness felt uncomfortable accessing a telephone hotline (69.5%), a community agency (60.2%) or online counselling services (61.7%) for information, advice or support.
- Friends and the internet were among the top sources of information, advice or support that young people, both with and without a probable serious mental illness, were comfortable going to.
- Males and females with a probable serious mental illness were quite similar in how uncomfortable they feel seeking information, advice or support from various sources (see Table 4 over page). However, males with a probable serious mental illness were more uncomfortable seeking information, advice and support from friends (18.3% compared to 11.4%), the internet (21.7% compared to 13.6%) and magazines (50.5% compared to 36.2%) than females with a probable serious mental illness.
- Looking at only those young people with a probable serious mental illness, there is a significant positive association between K6 scores and feeling uncomfortable going to community agencies, friends, the internet, magazines, parents, relatives/family friends, school counsellors and teachers for information, advice or support.²¹

Table 1. Respondents who indicated they were either 'very' or 'extremely' concerned about issue

	Probable serious mental illness %	No probable serious mental illness %
Coping with stress	71.7	29.5
School or study problems	61.6	31.0
Body image	57.1	23.8
Depression	57.0	11.5
Family conflict	40.1	14.2
Suicide	35.3	6.8
Bullying/emotional abuse	34.8	10.9
Personal safety	25.1	10.8
Discrimination	22.1	7.8
Drugs	14.6	6.6
Alcohol	9.7	4.7
Gambling	5.8	2.7

Table 2. Gender breakdown: Concerns for young people with a probable serious mental illness (% 'very' or 'extremely' concerned)

	Females %	Males %
Coping with stress	77.9	54.9
School or study problems	66.0	49.4
Body image	65.9	32.9
Depression	59.8	49.7
Family conflict	42.2	34.1
Suicide	36.4	32.0
Bullying/emotional abuse	36.2	31.0
Personal safety	24.4	27.1
Discrimination	21.5	23.9
Drugs	12.9	19.0
Alcohol	8.5	12.4
Gambling	3.7	11.8

Table 3. Percentage of young people uncomfortable seeking information, advice and support from various sources

	Probable serious mental illness %	No probable serious mental illness %
Community agency	60.2	46.9
Friend/s	13.2	4.5
Internet	15.7	10.9
Magazines	39.9	30.8
Parent/s	32.8	10.3
Relative/family friend	34.3	14.5
School counsellor	51.9	38.3
Teacher	49.6	29.2
Telephone hotline	69.5	63.6
Online counselling website	61.7	60.1

Table 4. Gender breakdown among young people with a probable serious mental illness: Percentage uncomfortable seeking information, advice and support from various sources

	Females %	Males %
Community agency	61.8	55.8
Friend/s	11.4	18.3
Internet	13.6	21.7
Magazines	36.2	50.5
Parent/s	32.4	33.9
Relative/family friend	34.1	35.0
School counsellor	52.6	49.9
Teacher	50.6	46.9
Telephone hotline	70.4	67.1
Online counselling website	61.0	63.7

Implications for policy and practice

The current findings reveal that a substantial proportion of young Australians aged 15-19 years are experiencing levels of psychological distress which are indicative of a serious mental illness.

The results also indicate that those with a probable serious mental illness are likely to be dealing with a broader range of serious concerns and are less comfortable seeking information, advice and support from a variety of sources.

These findings raise important challenges for policy makers and reinforce a need to ensure that young people who are experiencing mental health issues have adequate access to age appropriate mental health services and that, at a broader level, young people are exposed to mental health interventions which promote and help maintain good mental health. Early intervention and prevention, stigma reduction and mental health promotion are imperative, and it is necessary for schools in particular to take action and play a central role. Key strategies recognising these factors are outlined below.

1. Target mental health in schools

The results of this survey indicate that young people who are reporting the highest levels of distress are also those least willing to seek assistance.

Any approach to improving the mental health of young people must recognise this reluctance, rather than assuming they will seek out the help they need. Accordingly, schools provide an ideal environment to access young people, including those who may currently be distressed, and others who may be vulnerable to experiencing mental health difficulties in the future. There is increasing acceptance that intervention must be delivered in spaces where people already are. Public policy and industry now embrace the idea that workplaces are ideal environments for intervention. Schools can be viewed in the same manner, especially given that some of the key concerns for young people (such as academic pressure) are school-related. Rather than inadvertently creating an environment that promotes stress and illness, there needs to be a concerted effort to reverse this outcome and focus instead on resilience.

Schools themselves have a vested interest in the mental health of their students, as children and adolescents who are mentally well are more likely to succeed at school.²² Moreover, due to the importance of education in setting young people up for positive future outcomes, both socially and economically, it is critical that there is early recognition and support for students struggling with mental health issues to assist them in remaining actively engaged and participating in schools to the extent that they are able to complete their education. Without this support

young people are at risk of falling through the gaps and disengaging from education, training and employment which can have lasting negative consequences and lead to future disadvantage.

Respondents to the Youth Survey also identified a need for school involvement in mental health education and support:

“Easier access to assessment for mental health issues, more support for those with anxiety illness in a classroom environment, more support in general from teachers and in educating other students on these matters.” (F, 16, QLD)

“Teachers need to know students more personally in order to know when a kid is clearly depressed. Some of them are suicidal and it’s a major problem.” (M, 17, NSW)

“School activities and school involvement for depression and anxiety. Stress relieving exercises at school, less pressure placed on students by schools.” (F, 16, VIC)

“I think that schools should take into consideration that quite a number of people have mental health problems such as anxiety and depression and it has affected their school attendance which carries on to affect their intellectual ability because of the lack of education they have been missing out on. Not only are they missing out on learning, their social skills will degrade and in the long run this will not help our society. Better counselling and awareness will help solve this problem as we need to get our teenagers ready to enter the big wide world.” (F, 15, WA)

2. Promote peer education and support

There are a range of ways in which positive mental health and wellbeing can be promoted in young people. A key issue in the development of mental health difficulties is often isolation felt by the person experiencing these difficulties. As a result, the promotion of peer support networks that enhance connectedness amongst youth is key to reducing this sense of isolation.

Peer initiatives have also been found to enhance young people’s self-esteem, self-efficacy and sense of control over their own lives, resulting in more positive health-related behaviours.²³ These benefits may extend to those in both the ‘helper’ and ‘helpee’ roles.²⁴

Given that the data reveals young people are most comfortable turning to friends for information, advice and support, it is important that young people are aware of how to support peers who are dealing with mental health issues and of the different types of services available and how to access these. In addition to broad-based education about mental health in schools, peer support training may equip young people with the skills to recognise mental health issues and provide assistance to others in need.

This may also function as an effective early intervention strategy, allowing problems to be picked up before they become more serious and entrenched.²⁵

“I think there needs to be more awareness of what to do when you have a friend in that situation. For something as common as it is, self harm isn’t really talked about and it is upsetting for all involved.” (F, 16, TAS)

“There are many mental health concerns friends are going to friends about and not helping them properly or abandoning them.” (F, 16, NSW)

“Concerned about my friends’ wellbeing. I have a number of depressed friends. Need to make students more aware of depression, anxiety etc. and provide clear instructions as to what should be done in that sort of situation.” (F, 17, QLD)

“I’m concerned about my friend’s depression. She needs to see a psychologist. I want to help her but I don’t know how. I think that there should be more help for not only kids struggling with depression but also the friends of those kids”. (F, 16, State unknown)

“More outreach in schools. More education and awareness among common students and friends. So they are more equipped in supporting victims of depression.” (F, 17, VIC)

3. Reduce stigma

Stigma is a significant barrier to help-seeking in young people.²⁶ Stigma presents itself in two ways, each of which requires a unique approach to combat its effects.

The first, public stigma, describes the attitudes of the general community when they perceive those with mental health issues as being weak or at fault, rather than recognising these difficulties represent a disorder or a condition. Discriminatory behaviour often results from these prejudicial attitudes. Public stigma is amenable to education,²⁷ often through programs which provide contact opportunities with individuals who have recovered from a mental illness, or through education about the nature of mental illness.²⁸ Opening Minds in Canada, or the Black Dog Institute’s Headstrong

program in Australia provide key examples of evidence-based programs that target public stigma. Indeed, Black Dog’s Headstrong program has demonstrated a significant impact on stigma in Australian schools.

The second form of stigma, self-stigma, refers to the negative attitudes held by a person with mental health difficulties about themselves as a result of their mental health condition. People with mental health problems can be hard on themselves and this can often be due, in part, to the internalisation of public stigma. Self-stigma, in contrast to public stigma, requires a different response. Young people need to learn that their negative self-view is not accurate. There is evidence that programs (including online programs such as MoodGYM) that help individuals to evaluate unhelpful beliefs about themselves significantly reduce this form of stigma.²⁹

“Education, breaking down of stigmas around mental health is of vital importance. People need to realise that mental illness is exactly the same as physical illness, being on medication for a mental illness such as anxiety or depression is just as important as being on medication for a physical illness such as diabetes. The signs and symptoms of mental illness should be as well-known as the symptoms of heart disease and obesity.” (F, 17, NSW)

“There needs to be a more visible support network for young people with mental illness. We need to work on eradicating stigma, and let people know that it’s okay to be overwhelmed and that there is help available. E.g. having free or low-price counselling and advertising its existence.” (F, 19, QLD)

“There needs to be more extensive and comprehensive ways of addressing mental health in young people, particularly in the school environment, to break down the stereotypes and reduce negative stigma surrounding these issues.” (F, 18, NSW)

“More awareness of mental wellbeing of teenagers. More help available. For people to feel like getting help is okay. It is almost shunned in society to seek aid for mental health.” (M, 17, State unknown)

4. Focus on early intervention and prevention

There is clear evidence now that mental health problems can be prevented. Effective early intervention programs are essential to prevent or minimise the potential impact of a mental disorder on a person’s life and wellbeing.

By intervening when problems first arise, their progression may be halted before becoming more severe or refractory.³⁰ Such an approach not only benefits the individual but may result in long term cost savings.

Prevention programs can be delivered universally (e.g. to all students in a particular grade) with the aim of providing maximum impact at the population level. This approach requires the implementation of evidence-based curriculum programs in schools. Although many prevention programs are delivered face-to-face, there is a move towards the delivery of these kinds of program via the internet,³¹ as discussed further below. Regardless of their mode of delivery, such programs can help young people, and those caring for young people, to identify the signs of mental illness and provide information about services and how these may be accessed.

“Need a lot more awareness, prevention and discussion about mental health issues and ways in which you can seek help and or prevent mental illness.” (F, 16, NSW)

Mission Australia advocates for effective early intervention services and programs for young people at risk of developing, or experiencing, a mental illness through the provision of services such as its Youth Hub in South West Sydney. Through the Youth Hub, Mission Australia currently provides over 650 interventions to young people annually, reaching a wide range of local youths through involvement in school and community-based activities.

Youth focused clinics, such as those offered by Headspace, also offer opportunities for young people to access assistance early on in the development of possible mental health problems. However, school counsellors report that a growing group of young people are not unwell enough to access places like Headspace but still require information, support and assistance in order to help themselves.

5. Offer online support

As the Youth Survey findings show, the internet was a source of information, advice and support that most young people (both with and without a probable serious mental illness) felt comfortable turning to. Web based initiatives may fulfil a range of functions in promoting positive mental health in young people.

Possible uses include raising awareness, delivering education, offering screening and referrals and providing treatment. It is important, however, that such initiatives are delivered in an age appropriate and non-intimidating way. While around six in ten young people said they currently weren't comfortable seeking information, advice or support from an online counselling website, new creative initiatives (for instance, involving elements of gamification) hope to overcome barriers to the use of online tools.

As mentioned earlier, online programs offer an alternative to face-to-face prevention and education programs targeting youth mental health. This mode of delivery has a number of advantages including low cost, en masse delivery, elimination of teacher and clinician training and high fidelity.

Online counselling and support services are also an important means of addressing mental health issues among Australian youth, particularly those living in rural and remote locations. Consistently higher suicide rates in rural locations compared to metropolitan areas, especially among young males, suggest a clear need for



mental health services.³² However, young people living in these locations may be physically unable to access the services that they require due to a lack of local availability.^{33,34} The stigma of accessing services in rural areas is also often worse than in metropolitan areas, as people tend to know each other's whereabouts to a greater degree.³⁵ Additionally, the chance of being seen by a relative or family friend is increased in many rural communities, which may discourage young people from accessing mental health services. Even for young people in metropolitan areas, stigma and costs may pose significant barriers to service access.

“There needs to be more free, easily accessible assistance for teenagers in the community.” (F, 16, TAS)

“Greater accessibility to services for youth and adults with mental health concerns”. (F, 19, VIC)

“Rural TAS does not have enough youth mental health services. For young people not at school, there aren't any free face to face services like Headspace. Suicide has a devastating presence in my community, it's not surprising with this lack of face to face support.” (F, 18, TAS)

“Counsellors are very expensive so I didn't go to one because I didn't want to waste my parents' money” (F, 16, NSW)

“Cheaper fees for professional, psychological assistance for mental illnesses. The rates for a session are so high that it makes it hard to get the help needed.” (F, 15, VIC)

Internet-based assistance needs to be provided to youth within their community and form part of the mental health service provision. For example, virtual clinics for youth, similar to the government-funded MindSpot clinic for adults, would provide resources and assistance to a significant number of young people prior to the development of clinical conditions. Other examples of innovative online initiatives aimed at improving the mental health of young Australians include BiteBack, an interactive website which encourages young people to focus on the good in life, share personal stories with each other, and maintain mental fitness and 'The Black Dog Snapshot'. Currently under development, 'The Black Dog Snapshot' is an online tool aimed at self-screening and referral which assesses individuals' general mental wellbeing at any given point in time. It then provides a snapshot of how individuals are travelling in terms of their mental health when compared to other Australians of their age and gender. Based on this, it provides brief feedback and resources for assistance. While the screening and referral processes may take place online, the recommended interventions may be conducted in person, over the phone or via the internet.

"Online resources available to not force people into ringing or having to talk to people face to face about issues regarding depression. Very intimidating to teenagers!" (M, 15, WA)

"Better access to information and treatment aimed at young people - more awareness campaigns, more ways to seek help online" (F, 16, VIC)

"Support options need to become more appealing for all teenagers so that if the need arises for them to seek support they are more likely and open to the idea." (F, 16, NSW)

6. Culturally appropriate service delivery

The provision of culturally appropriate mental health education and services must be fostered to ensure recognition, respect and understanding of the different cultural backgrounds, beliefs and communities that young people may come from.

It is also important to recognise the influence that cultural norms and factors may have on the willingness of young people to seek support for mental health issues.

As noted, Youth Survey respondents who identified as Aboriginal or Torres Strait Islander were found to have considerably higher rates of probable serious mental illness than those that did not identify as Aboriginal or Torres Strait Islander (31.8% compared to 20.7%). Aboriginal and Torres Strait Islander young people have also been found to be less comfortable than non-Aboriginal or Torres Strait Islander young people in going to a range of sources for information, advice and support.³⁶ Many of the barriers to service access faced by young people living in regional or rural areas (discussed earlier) have also been revealed to exist amongst Aboriginal and Torres Strait Islander young people.

These are compounded by cultural factors including feelings of shame, fear, distrust and perceived stigma.³⁷ It is therefore critical that Aboriginal and Torres Strait Islander young people have culturally safe and appropriate services available which understand their needs and circumstances and alleviate concerns about confidentiality.

7. Training for families and those working with young people

As well as focusing on young people themselves, it is important to also build an understanding of mental health issues and skills in dealing with these problems in those who interact or work closely with young people, including families, teachers and youth workers.

In addition to friends, young people may turn to family in preference to more formal sources of support, and it is important that parents are armed with strategies to support their children and encourage professional help-seeking where appropriate.³⁸

Mission Australia's experience of working with young people across a broad range of community and employment services suggests that while young people may not primarily access a service for assistance with mental health issues, clients often face multiple and complex problems and it is important that staff have the skills to identify mental health problems and to provide appropriate support and referrals. A coordinated and integrated approach to service delivery can ensure that the needs of a young person are holistically addressed and that mental health problems are identified in the early stages.

"My family need to be accepting of my issues and willing to help me through the process of recovery. If my dad talked to me then maybe I would be able to stop hurting myself and overcome the issues and barriers in my life." (F, 16, NSW)

"Adults could take depressed teenagers more seriously and stop telling them that their depression is just a phase, or blame their hormones, maybe ask what's going on and actually try to help." (F, 17, NSW)

"More people need to help and understand those who are going through a mental health issue and help them through it." (F, 17, VIC)

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Mission Australia helps people regain their independence - by standing together with Australians in need, until they can stand for themselves.

Helpful contacts

For further information about the report please contact **Mission Australia Research** on:



1800 88 88 68



research@missionaustralia.com.au



missionaustralia.com.au

If you are a young person and need someone to talk with, you can contact **Kids Helpline**:



1800 55 1800 (24/7)



kidshelpline.com.au (web counselling)

A range of mental health resources can also be accessed at:



blackdoginstitute.org.au



youthbeyondblue.com

