Life Course Centre

WORKING PAPER SERIES

No. 2026-10

May 2026

Psychological distress in young people in post-COVID Australia

A Life Course Centre report, drawing on the Mission Australia Youth Survey

Richard W Morris

Thomas J Elton

Naheen Brennan

Tamara Freeburn

Nick Glozier

The Australian Research Council Centre of Excellence for Children and Families over the Life Course

Phone +61 7 3346 7477 **Email** lcc@uq.edu.au

lifecoursecentre.org.au

Australian Government
Australian Research Council

The University Of Queensland
AUSTRALIA

The University of Sydney

The University of Western Australia

The University of Melbourne

Research Summary

Why was the research done?

Mental health among young Australians has worsened for over a decade, with rising rates of psychological distress, anxiety, and depression. The COVID-19 pandemic intensified these issues, but recent data on whether distress has improved post-pandemic was lacking. This research used *Mission Australia Youth Survey data* (2012–2024) to examine trends before, during, and after COVID, identify vulnerable groups, and explore where young people seek support.

What were the key findings?

Distress peaked during COVID and declined slightly: Psychological distress among 15–19-year-olds reached 27.8% in 2022 but fell to 21.6% in 2024. Levels remain higher than a decade ago. **Anxiety dominates:** Anxiety symptoms rose faster than depressive symptoms and remain elevated post-COVID. **Pessimism persists:** Despite improvements in life satisfaction, more young people feel negative about the future than ever before. **Mental health inequity is unchanged:** Gender-diverse youth, those with disability, and those experiencing discrimination have much higher distress rates (+20–36 percentage points) than peers. Young people in social housing/out-of-home care show no post-COVID improvement. **Support-seeking is declining:** Fewer young people say they would seek help from family, friends, professionals, or online sources. Only 1 in 5 nominate digital support. Vulnerable groups (gender-diverse, disabled) prefer formal and online help over informal sources. **Activities matter:** Participation in sports and leadership roles is linked to lower distress.

What does this mean for policy and practice?

Embed equity in evaluations: Programs should include equity-focused metrics and target vulnerable groups (gender-diverse, disabled, socioeconomically disadvantaged). **Expand hybrid support models:** Combine professional and online services to meet the preferences of high-need youth, while maintaining face-to-face options. **Improve data systems:** Establish longitudinal tracking of youth mental health, including equity and geospatial indicators, to monitor trends and allocate resources effectively. **Promote protective activities:** Support sports and leadership programs that foster connection and resilience.

Citation

Morris, R. W., Elton, T. J., Brennan, N., Freeburn, T., & Glozier, N. (2026). 'Psychological distress in young people in post-COVID Australia', Life Course Centre Working Paper Series, 2026-10. Institute for Social Science Research, The University of Queensland.

The authors

Richard W Morris
University of Sydney
Email: richard.morris@sydney.edu.au
https://www.sydney.edu.au/medicine-health/about/our-people/academic-staff/richard-morris.html
Twitter: https://bsky.app/profile/sometimesdata.bsky.social

Thomas Elton
University of Sydney
Email: telt8898@sydney.edu.au

Naheen Brennan
Mission Australia
Email: BrennanN@missionaustralia.com.au

Tamara Freeburn
Mission Australia
Email: FreeburnT@missionaustralia.com.au

Nick Glozier
University of Sydney
Email: nick.glozier@sydney.edu.au
https://www.sydney.edu.au/medicine-health/about/our-people/academic-staff/nick.glozier.html

Acknowledgements/Funding Sources

We acknowledge the traditional custodians of lands throughout Australia, and we pay our respects to the Elders past, present and future for they hold the memories, the culture and dreams of the Aboriginal and Torres Strait Islander people. We recognise and respect their cultural heritage, beliefs and continual relationship with the land and waters.

A special thank you to the young people who participated in the *Mission Australia Youth Survey* in 2012 to 2024. We appreciate the views they shared on their mental health and wellbeing, as well

as current issues and personal concerns, without which this report could not be written. Finally we would like to thank Mission Australia for their commitment to conducting the annual Youth Survey.

This project was a collaboration between the Life Course Centre, The University of Sydney, and Mission Australia. It was supported by the Australian Government through the Australian Research Council's Centre of Excellence for Children and Families over the Life Course (Project ID CE200100025).

We acknowledge the Traditional Custodians of the lands on which we work and live across Australia. We pay our respects to Elders past and present and recognise their continued connections to land, sea and community.

Psychological distress in young people in post-COVID Australia

A Life Course Centre report, drawing on the Mission Australia Youth Survey

RW Morris, T Elton, N Brennan, T Freeburn & N Glozier

2025-10-01

Table of Contents

ACKNOWLEDGEMENTS

We acknowledge the traditional custodians of lands throughout Australia, and we pay our respects to the Elders past, present and future for they hold the memories, the culture and dreams of the Aboriginal and Torres Strait Islander people. We recognise and respect their cultural heritage, beliefs and continual relationship with the land and waters.

A special thank you to the young people who participated in the *Mission Australia Youth Survey* in 2012 to 2024. We appreciate the views they shared on their mental health and wellbeing, as well as current issues and personal concerns, without which this report could not be written. Finally we would like to thank Mission Australia for their commitment to conducting the annual Youth Survey.

This project was a collaboration between the Life Course Centre, The University of Sydney, and Mission Australia. It was supported by the Australian Government through the Australian Research Council's Centre of Excellence for Children and Families over the Life Course (Project ID CE200100025).

Please cite this article as: Morris, RW., Elton, TJ., Brennan N., Freeburn, T. & Glozier N. (2026). Psychological distress in young people in post-COVID Australia. Life Course Centre Working Paper Series, 2026-10. *Institute for Social Science Research*, The University of Queensland, Australia.

EXECUTIVE SUMMARY

Over the past decade, Australia has witnessed a sustained rise in the prevalence of psychological distress among young people. The *National Action Plan for the Health of Children and Young People: 2020-2030*, developed in 2019, made mental health and health equity across populations two of its five priority areas (NAP 2019). However the COVID-19 pandemic challenged progress with young people in Australia experiencing similar declines in mental health to those seen globally.

In 2022 all state and territory governments signed the *National Mental Health and Suicide Prevention Agreement*, aiming to strengthen the mental health system. Yet the *Productivity Commission's Mental Health interim Review* (PCMHR) in 2025 suggested that outcomes have not improved. It also highlighted a critical data gap, noting that *"there is no data available to describe trends in the mental health and suicide prevention system over the term of the Agreement. Most of the data was last collected in 2022"* (Productivity Commission, 2025, p. 80).

The *Mission Australia Youth Survey* has captured psychological distress data (i.e., K6 scores) since 2012. With three waves of data since 2022, it provides the most recent policy-relevant information about trends in young people's mental health and sources of support in Australia.

Key findings

Post COVID trends

- *The COVID Peak*: The rising prevalence of psychological distress (K6 > 18) among young people aged 15-19 in Australia in 2022 at 27.8%. Since then, psychological distress levels have declined overall to 21.6% in 2024, and this decline has occurred in all groups studied. This marks the first Australian study suggesting that these record levels of psychological distress have somewhat retreated - but still remain higher than a decade ago. Increases in distress during COVID were primarily driven by anxiety symptoms, which remain elevated post-COVID relative to earlier years.
- *Future fears*: Although life satisfaction and psychological distress have improved, the decade-long rise in the proportion of young people pessimistic about the future has persisted.

Mental Health Inequity

- *Housing inequity*: Psychological distress in young people living in social housing or out of home care has remained high post COVID, mostly driven by anxiety and during the period of rising cost of living.

- *Persistent inequity elsewhere*: The substantially higher rates of psychological distress seen in young people identifying as gender diverse, living with disability, and/or experiencing discrimination have remained unchanged for over a decade, highlighting persistent mental health inequity. This suggests that Australia has yet to address the social determinants of psychological distress or preferentially targeted effective services to these vulnerable groups.

Coping and Support

- *Other activities matter*: Young people in sports and leadership activities have consistently lower rates of distress, providing further (non-causal) evidence of the association between participation and mental health in young people (Panza et al., 2020).
- Despite rising rates of distress for the past decade, young people are less and less likely to identify informal (e.g., friends and family) and formal services (e.g., GP, community services, school counsellors) as resources they would turn to for support.
- Only 1 in 5 young people now nominate any form of digital or online support as a preferred source of support for important issues in their lives. However young people identifying as disabled and gender diverse tend to prefer formal and online sources of support.
- Most young people's relative preferences among the sources of support have not changed over this time and overall they still prefer to seek face-to-face support from friends and family over any other source of support.

Policy Recommendations

- **Include equity-focused metrics in mental health program evaluations**: Mental health inequity in key vulnerable groups has been constant for over a decade. Australia needs to rethink and reevaluate our approach by investing in robust evaluations (e.g., Randomised Controlled Trials) and evidence-based programs which work in the most vulnerable groups (those who identify as disabled or gender diverse). Begin by embedding equity-focused metrics in mental health program evaluations.
- **Integrate hybrid and face-to-face support models for higher risk youth**: Increase support for hybrid (professional + online) services, which are the preferred source of support among those at higher risk of psychological distress and most in need.
- **Enhance data and monitoring**: Develop longitudinal tracking of mental health trends and disparities in Australia. Include geospatial data to identify emerging hotspots and allocate resources proactively.

BACKGROUND

A decade-long epidemic of psychological distress

Australia, along with other parts of the developed world, has experienced what some call an epidemic of mental ill-health among young people for over a decade. This is reflected in both objective (i.e., suicide and hospitalisation rates) and subjective (i.e., self-reported psychological distress) measures of mental ill-health.

For example, the annual self-harm hospitalisation rates among females aged 15-19 increased from 494.7 per 100,000 in 2012 to 703.4 in 2020 (AIHW National Morbidity Database) and the annual suicide rates in males aged 15-19 increased from 9.6 per 100,000 in 2012 to 17.5 in 2020 (Australian Institute of Health & Welfare (AIHW), 2023).

Subjective measures, including those obtained by diagnostic interview in the *National Survey of Mental Health & Wellbeing*, have found the prevalence of mental disorders among young people aged 16-24 increased from 26.4% in 2007 to 39.6% in 2021, and nationally-representative household surveys (e.g., HILDA) have found the prevalence of psychological distress (obtained by standardized self-report measures such as the K10) among people aged 15-19 has also increased from 7.0% in 2011 to 17.4% in 2021. Consistent with this evidence, every biennial *Mission Australia Mental Health Report* since 2012 has noted an increase in the proportion of young people reporting very high levels of psychological distress than the previous year, rising from less than 1 in 5 in 2012 to more than 1 in 4 in 2020 (Brennan et al., 2021). However no biennial report has been released since 2021, and as the Productivity Commission has noted, there is no public data available to describe trends in mental health since 2022.

Has psychological distress recently peaked?

Rising trends in youth mental illness have been reported in other developed countries such as the UK and USA since 2012, culminating in the global COVID-19 pandemic in 2020/2021 (Haidt, 2024). From depression diagnoses to self-harm rates, the proportion of young people experiencing symptoms and behaviour of mental illness has consistently increased (Blanchflower, Bryson, & Bell, 2024; Twenge & Blanchflower, 2025). However there have been very recent suggestions that this trend started to stall or reverse in 2023.

The Economist reported in March 2025 that the decade long trend in worsening of mental ill-health among US college students appears to have peaked (Eisenberg, Lipson, Heinze, & Zhou, 2024). The most recent *Mission Australia Youth Survey Report* (McHale et al., 2025) also noted a possible change: the prevalence of young people with psychological distress in 2025 was 19.4%; still almost 1 in 5 young people and higher than when the survey began collecting psychological distress responses in 2012, but less than the peak during the COVID years (28.8%*) (Filia et al., 2022). The reasons for this change are unclear, since the

speculative causes of the historic rise such as social media use and loneliness have not changed. Instead it may represent a temporary post-COVID relief of psychological symptoms, after mental health was severely impacted by COVID, school-closures and lockdowns.

A post-COVID trend analysis

There has been almost no evaluation of psychological distress in people younger than 18 in the two years, 2023 and 2024, post COVID periods in Australia or elsewhere. This is the first report to systematically evaluate recent trends in the levels of psychological distress in young people in Australia, covering pre-, during and post-COVID. In general, trends show us the change over time, how we got here and where we may possibly be headed. For these reasons we need to examine the trends before COVID to understand where recent observations can be attributed to COVID or reflect longer term trends; and more importantly, who has been most (or least affected), and where young people are seeking help or support.

The pre-, peri- and post-COVID eras

We define the **pre-COVID era** as the period from 2012 to 2019. The start point represents a timepoint of convenience when a standardized measure of psychological distress (the K6) was included in the *Mission Australia Youth Survey*.

The **COVID era** (peri-COVID) is defined from the outbreak of COVID in Australia in January 2020 to October 2022, when the government declared the emergency response "finished" and removed all restrictions included the requirement to isolate if one was infected.

The **post-COVID era** represents the two years of survey data available from 2023 to 2024.

Although we use this COVID lens, we acknowledge that both long-term macro stressors (e.g., climate change) over the entire period, as well as shorter periods of increases in social determinants of mental health such as the recent "cost of living crises" will be influencing mental health and wellbeing.

1. WHAT HAVE BEEN THE TRENDS in the psychological distress of young people from before COVID to today?

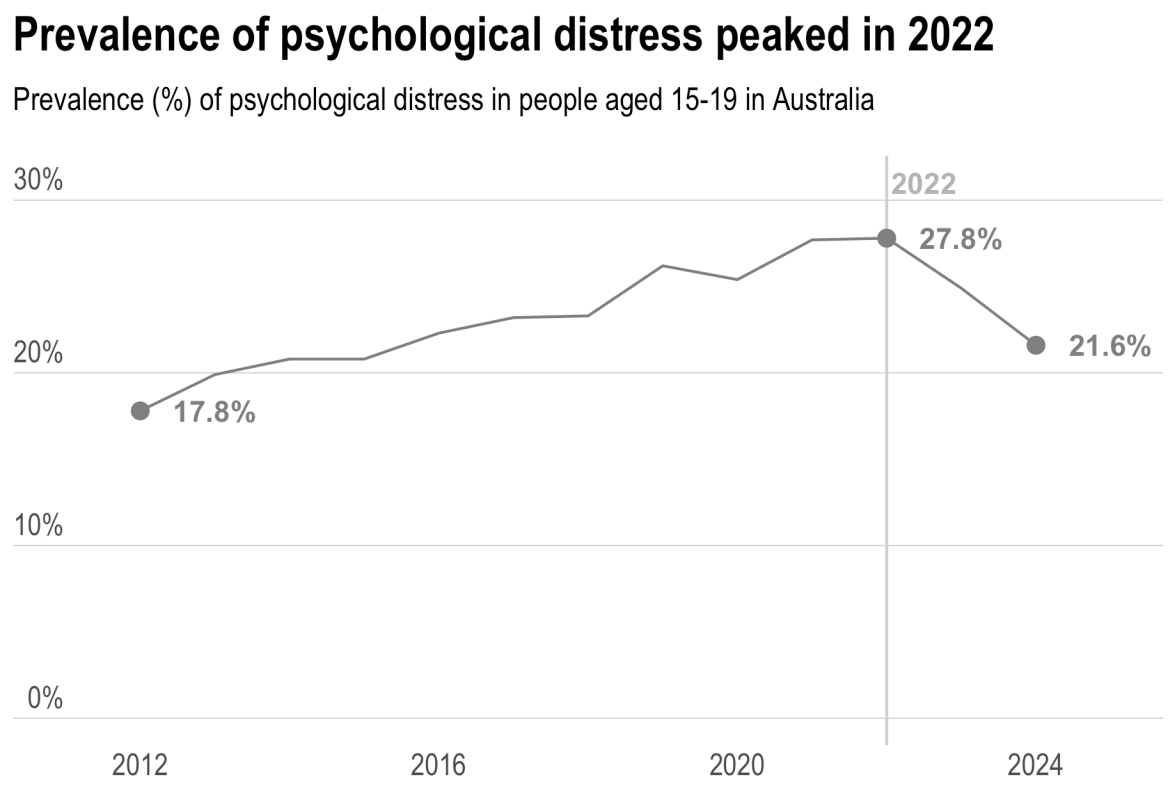
Below we explore the trends in psychological distress of young people and answer three related questions: Has the decade-long rise in distress recently peaked? Has the pattern of symptoms shifted, comparing anxiety-related symptoms to depressive symptoms? Finally, have other aspects of well-being, such as life satisfaction and feelings about the future, changed in the same manner?

Since 2012, the Mission Australia Youth Survey has included a measure of psychological distress: the Kessler 6 (K6). It consists of a brief, six-item scale that asks respondents how frequently in the past four weeks they have felt the following symptoms: 1) nervous; 2) hopeless; 3) restless or fidgety; 4) so sad that nothing could cheer them up; 5) that everything was an effort; and 6) worthless. Total scores range from 6 to 30.

Has psychological distress recently peaked?

Based on the established Australian scoring criteria published by the ABS, we determined the prevalence of young people with **psychological distress** using a validated indicator of the prevalence of likely mental illness in the population (Furukawa, Kessler, Slade, & Andrews, 2003; Kessler et al., 2003, 2010). Consistent with the ABS, we define someone as experiencing "psychological distress" if they have a total K6 score > 18.

Figure 1.1.1 Annual trends in psychological distress among young people from 2012 to 2024



Due to the large sample size obtained each year, the largest margin of error was 0.65 percentage point - see Methods for details.

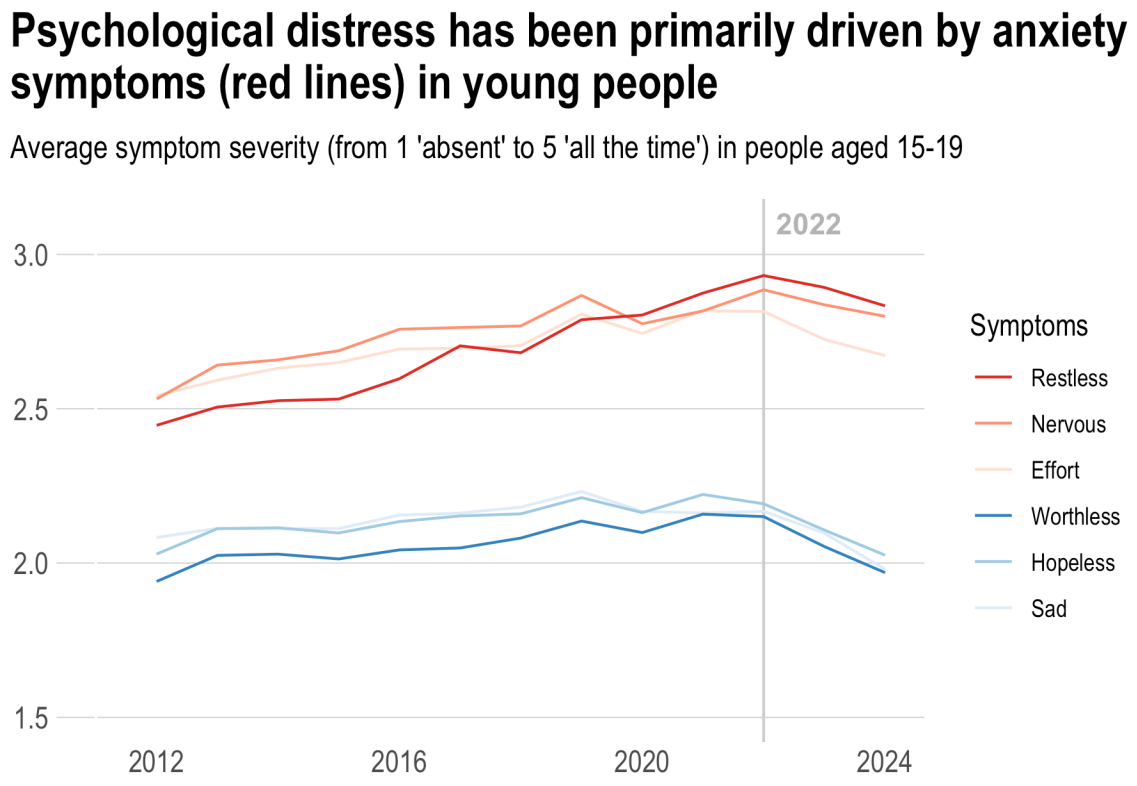
Key points

- Prevalence of psychological distress increased in a decade long trend in Australia from 2012 to 2022, consistent with other data.
- This trend peaked in 2022 and has declined for two consecutive years in the post-COVID era.

Has the pattern of psychological distress symptoms changed?

The K6 consists of six items, each of which assesses symptoms of distress. Examining each item reveals whether symptoms more associated with depression (sad, hopeless, worthless) or anxiety (restless, nervous, too much effort) show different trends.

Figure 1.1.2 Annual trends in severity of anxious and depressive symptoms among young people in Australia



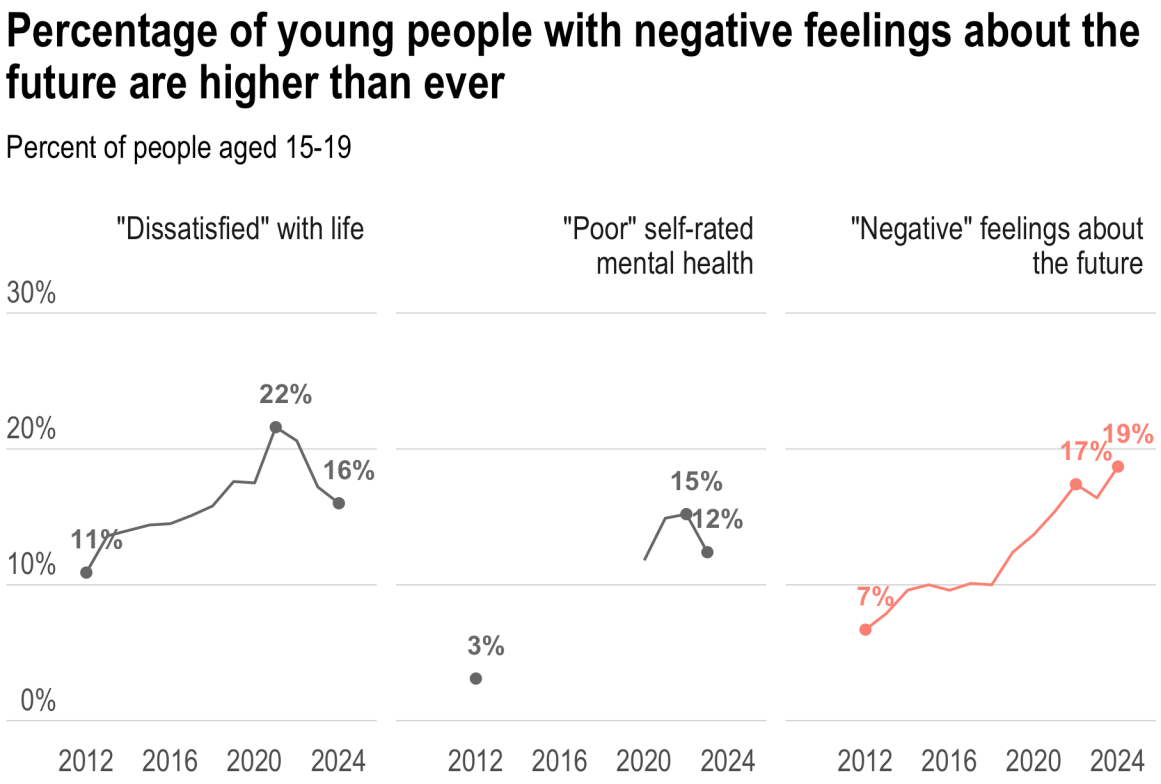
Key points

- Anxiety symptoms (red lines) increased more rapidly than depressive symptoms (blue lines) between 2012 and 2022.
- Average severity of all depressive and anxiety symptoms have fallen since COVID.
- The average level of anxiety symptoms in 2024 (post-COVID) remained higher in 2024 than they were a decade ago, while the depressive symptoms now appear similar to the early pre-COVID period, suggesting distress in young people is even more characterized now by anxiety than pre-COVID (consistent with Haidt, 2024).

Trends in other aspects of mental wellbeing

The *Mission Australia Youth Survey* has a number of other mental health and wellbeing measures, including life satisfaction, feelings about the future, and judgments of one's own mental health. These represent different facets of wellbeing which may or may not mirror the trends seen in anxiety and depression symptoms.

Figure 1.1.3 Annual trends in life satisfaction, self-rated mental health and feelings about the future



Note: self-rated mental health was not collected every year

Key points

- The trends in different aspects of mental wellbeing were not uniform: while all well-being measures worsened between 2012 and 2022, only dissatisfaction with life and self-rated poor mental health have declined (i.e., improved) since COVID.
- Negative feelings about the future were higher than ever in 2024, indicating pessimism among young people continued to increase.
- The rates of all three measures of poor mental wellbeing are higher than they were pre-COVID.

Interim summary

The decade-long increase in the prevalence of psychological distress, and anxiety in particular, among young people peaked during COVID but has declined somewhat since 2022. Whether the pre-COVID trends will resume is unclear and the rising fears of the future remain a concerning shadow over the current respite.

2. TRENDS IN MENTAL HEALTH INEQUITY

We next examine whether trends in psychological distress differ across sociodemographic groups and other high-risk populations. This section explores patterns of mental health inequity, focusing on priority populations identified in the National Action Plan—such as Aboriginal and Torres Strait Islander young people, those from culturally and linguistically diverse backgrounds, and young people living with disability—as well as groups consistently associated with higher distress, including those experiencing discrimination, gender-diverse youth, and those in social housing or out-of-home care. Understanding these disparities is critical for assessing whether recent improvements in overall distress have translated into equity gains, or whether gaps have persisted or widened over time

2.1 Are the trends in psychological distress different for higher risk sociodemographic groups?

The *National Action Plan* describes health inequity as the disparity in health outcomes for children and young people across Australia, with particular populations at greater risk. These inequities often appear early and increase along a clear social gradient, widening the health gap between the most and least disadvantaged over the life course.

"Health inequity stems in large part from a series of social and other determinants, such as location, socio-economic status, housing, parental education, and access to resources. Many of these are co-related and children and young people are often exposed to multiple determinants which compound their inequity" (Australian Government Department of Health, 2019, p. 12).

The *Mission Australia Youth Survey* allows respondents to self-identify as belonging to

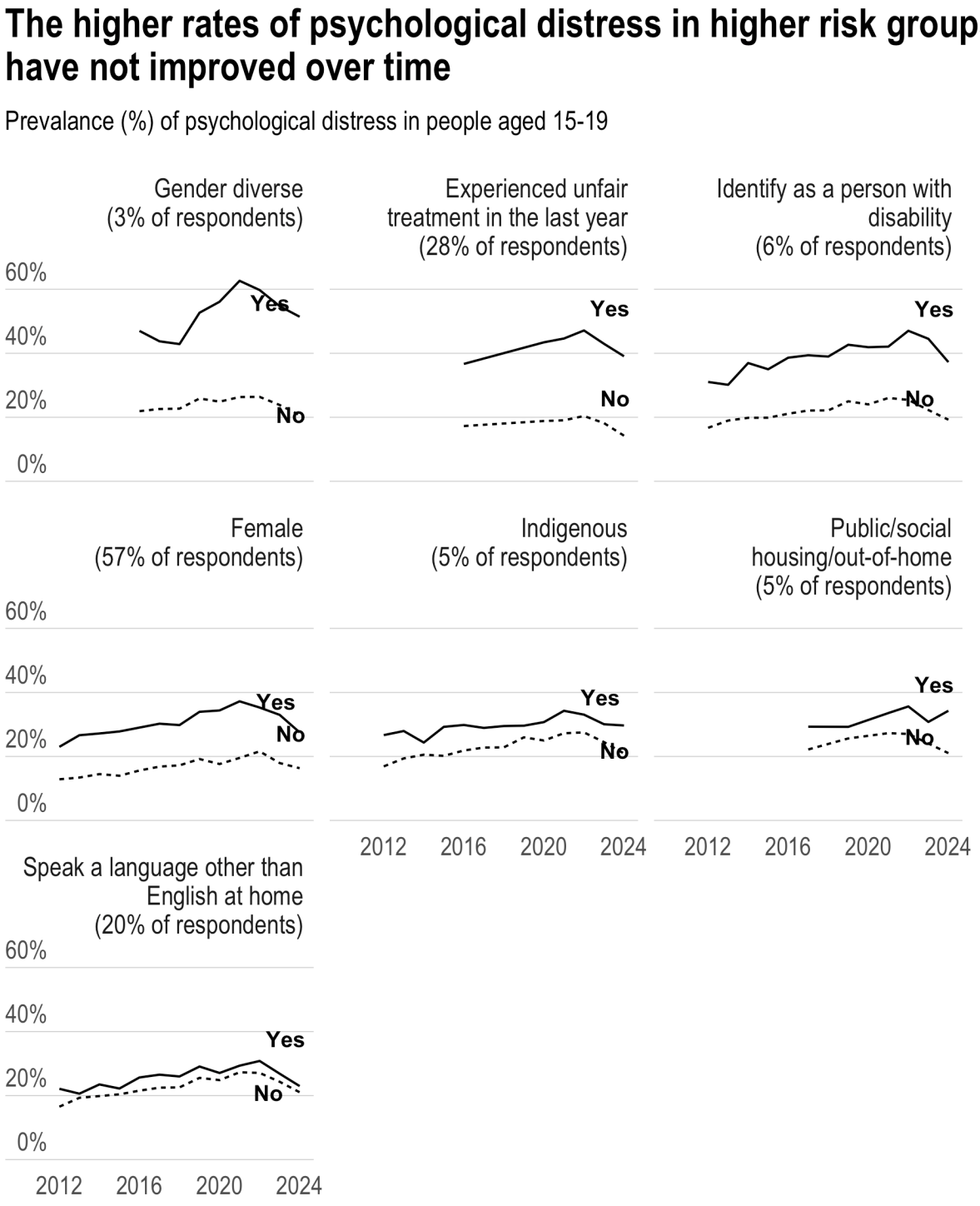
a) three of the *National Action Plan*'s priority populations

- Aboriginal and Torres Strait Islander people
- People from culturally and linguistically diverse backgrounds
- People living with disability and chronic conditions

b) other higher risk populations with a consistently observed higher prevalence of poor mental health

- Experiencing unfair treatment in the last year (Discriminated)
- Gender diverse (Diverse)
- Female gender
- Living in public or social housing, or those in out-of-home care (foster care), as a proxy for low socioeconomic status

Figure 2.1.1 Annual trends in mental health inequity in higher risk groups



(Sample sizes in each panel are indicated as a percentage of all survey respondents)

Key points

- Mental health inequity was found in the *National Action Plan* priority populations and higher risk groups identified in the survey.
- The prevalence of psychological distress was substantially greater in 2024 among young people identifying as gender diverse (+36 percentage points), or disabled (+21 percentage points), or experiencing discrimination (+27 percentage points). These represent higher risk groups with greater support requirements (see section 3.2).
- Unlike all other higher risk groups, the prevalence of psychological distress among young people living in public/social housing/out-of-home care did not decline post COVID, and the mental health inequity of this group has increased.
- We found no evidence that mental health inequity has improved for any group over the last decade.

Interim summary

Mental health inequity. The gap in psychological distress between higher risk groups and the rest of young people in Australia has not improved for more than a decade. The enduring disparity underscores the need for a reassessment of responses with consideration given to systemic changes that address root causes, such as the social determinants of poor mental health as well as service and treatment approaches.

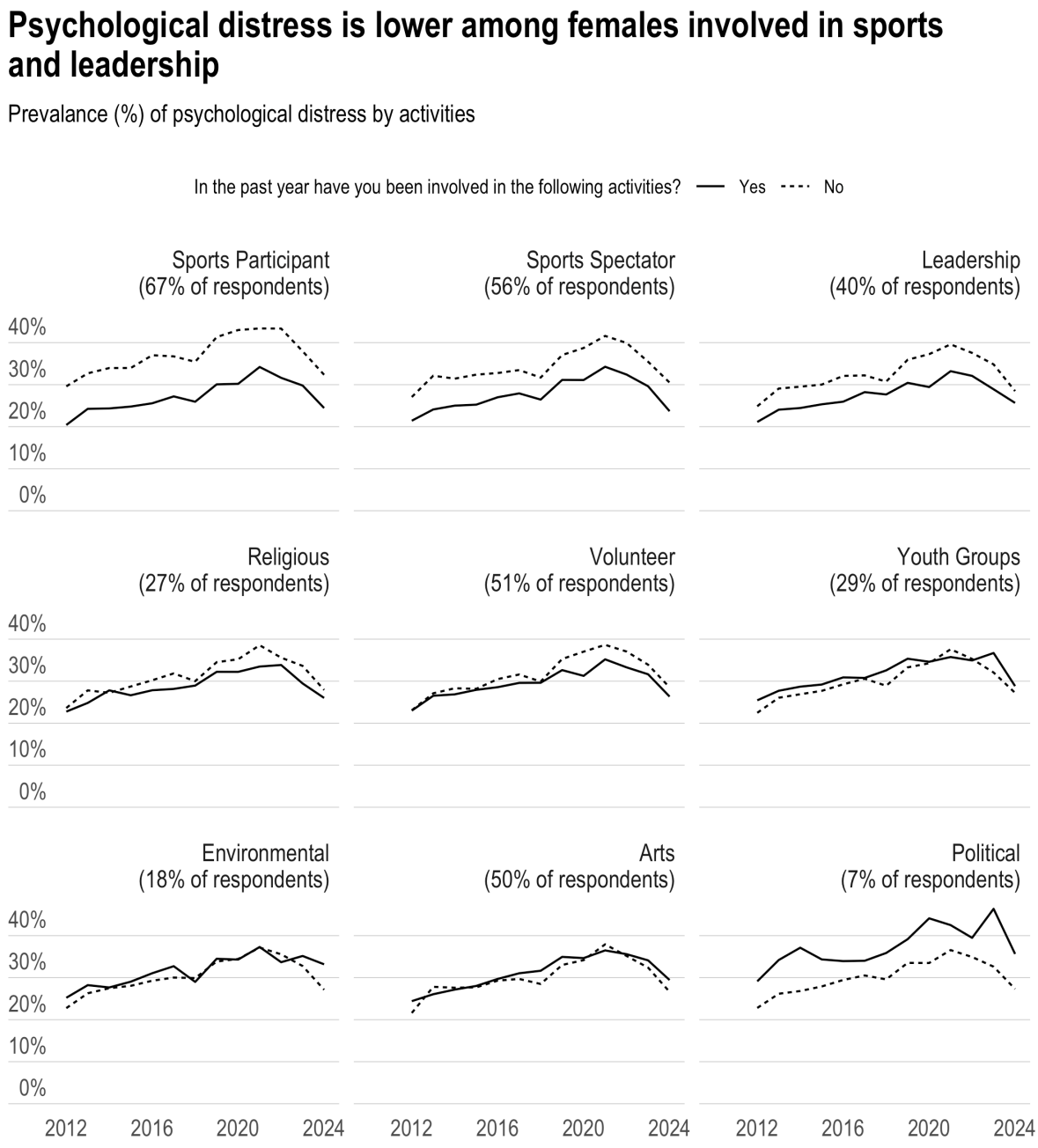
Mission Australia has already outlined policy implications of youth homelessness. However due to the widening gap between this marginal group and the rest of the community, it is even more urgent we must ensure that such gaps do not consolidate and drive further *mental health inequity*.

2.2 Are the trends different among young people involved in different activities?

An important influence on psychological distress is engagement in social activities that enable connection, belonging, autonomy and identity that can foster physical and mental health. For instance, involvement in civic organisations, volunteer groups or religious communities is commonly associated with higher levels of wellbeing among adults.

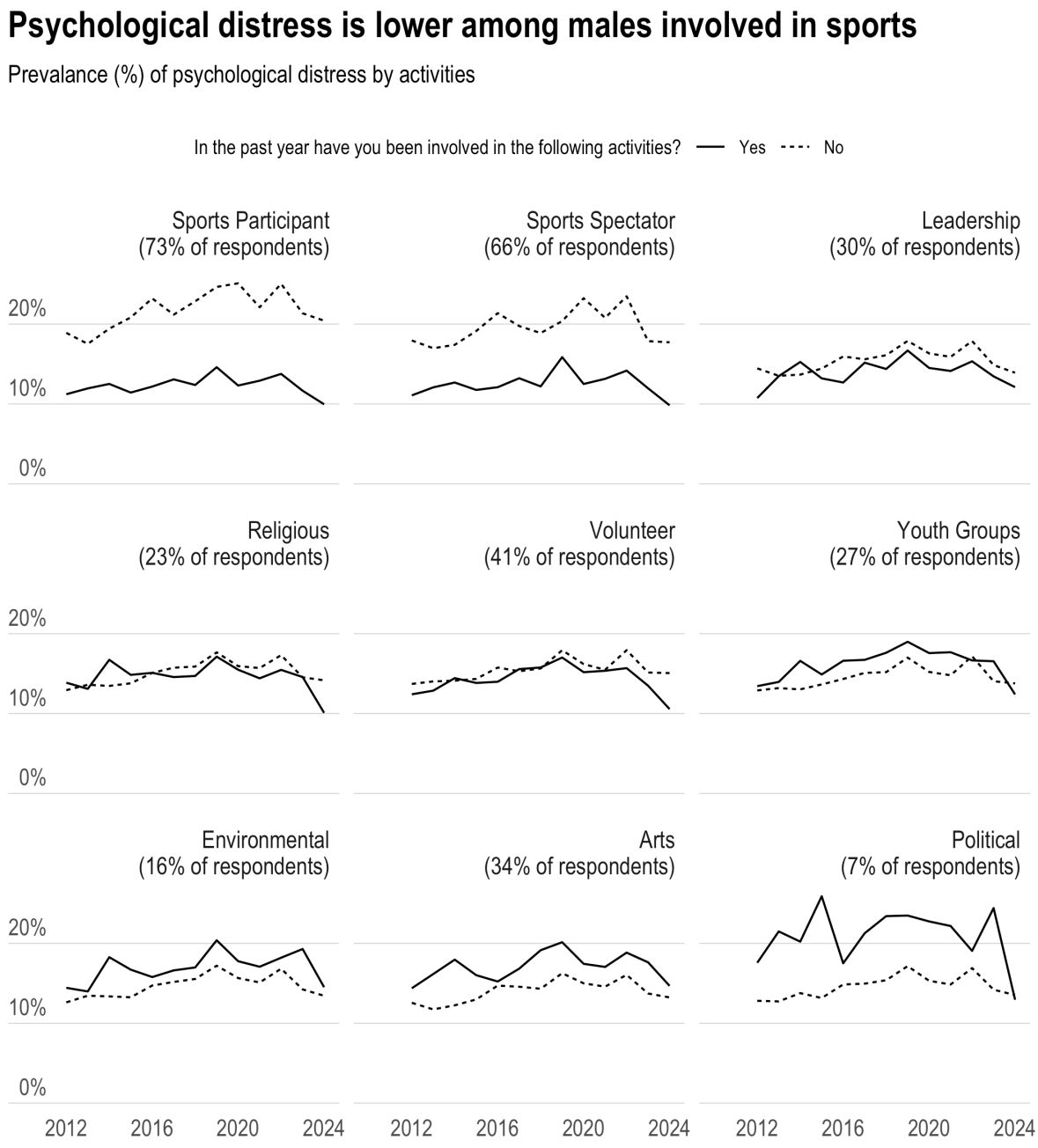
The *Youth Survey* has collected responses on involvement in politics, the arts, the environment, volunteer and religious organisations, youth groups, and sports (both spectating and participating). Below we present the prevalence of psychological distress according to involvement in various activities, separately for each gender.

Figure 2.2.1 The prevalence of psychological distress in young people by involvement in each activity (females)



(Sample sizes in each panel are indicated as a percentage of all survey respondents)

Figure 2.2.2 The prevalence of psychological distress in young people by involvement in each activity (males)



(Sample sizes in each panel are indicated as a percentage of all survey respondents)

Key points

- Young people who participate in sport consistently report lower rates of psychological distress than those who do not (males and females).
- Females involved in leadership activities report a consistently lower rate of distress than other females.
- Prior to 2024 psychological distress has been more prevalent among the small minority of young people involved in politics (males and females), and this is still the case for females in 2024.

Interim summary

These results are consistent with proposals to encourage sports and leadership programs in schools, or by other non-profit organizations, to help support mental health and wellbeing. These results may also support programs involving proactive decision-making, agency and future planning, potentially targeting youth who would not ordinarily be involved in sports programs.

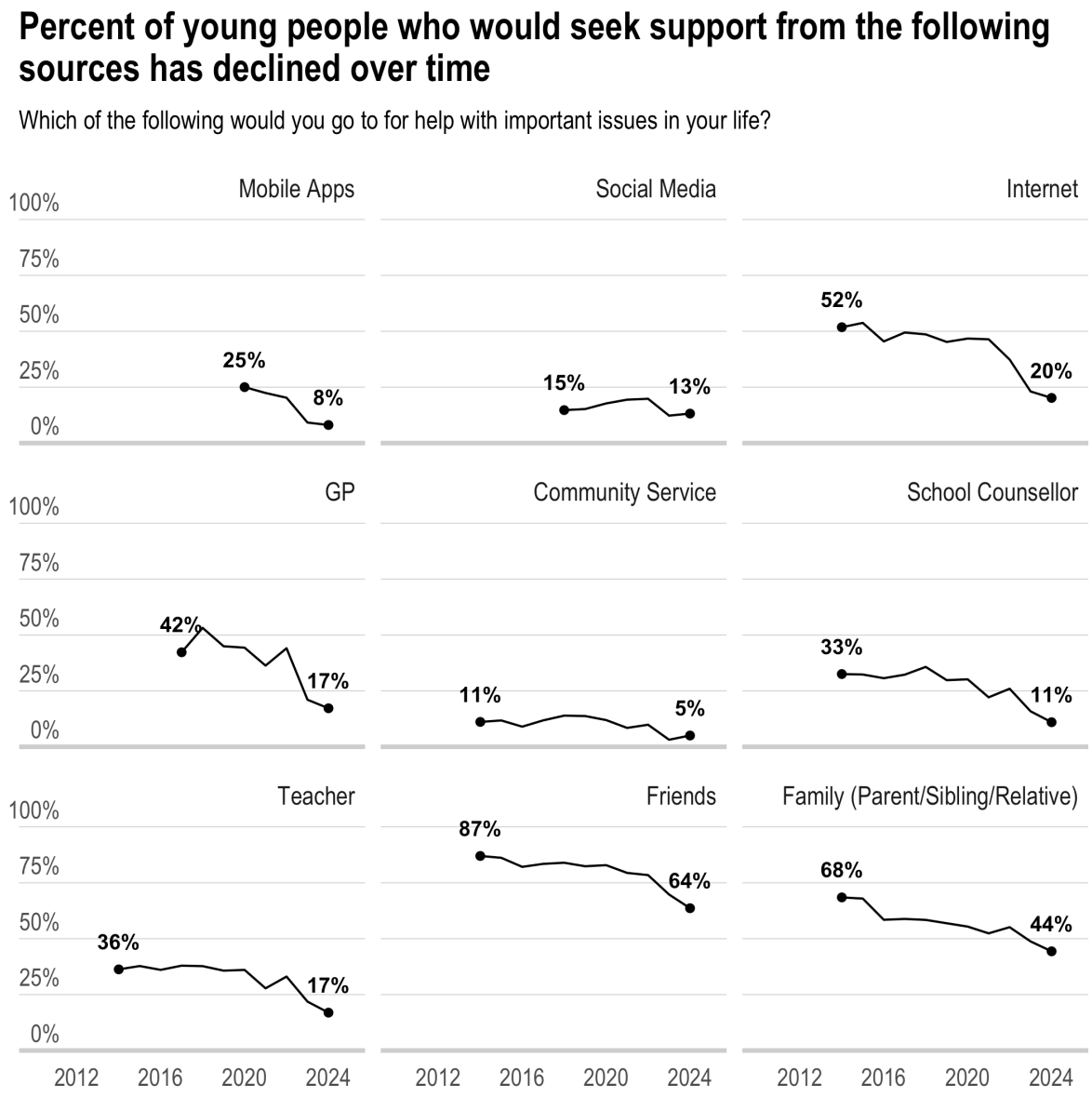
3. WHERE ARE YOUNG PEOPLE LOOKING FOR SUPPORT?

Finally, we turn to the question of where young people seek help when facing important issues in their lives. Understanding these patterns of help-seeking is critical for designing effective support systems and ensuring that services align with young people's preferences. In this section, we examine trends in the types of support young people say they would use—whether informal sources such as family and friends, formal services like GPs and school counsellors, or digital and online platforms. We also explore whether these preferences differ for young people experiencing psychological distress and for higher risk groups, such as those identifying as gender diverse or living with disability. These insights provide an important lens on how support systems can be tailored to meet the needs of those most vulnerable.

3.1.1 Trends in sources of support

In the *Youth Survey* young people were asked where they would go to for help for important issues in their life. Below we examine the trends in preferred sources of support among young people, for a limited set of support options which have been surveyed over consecutive years.

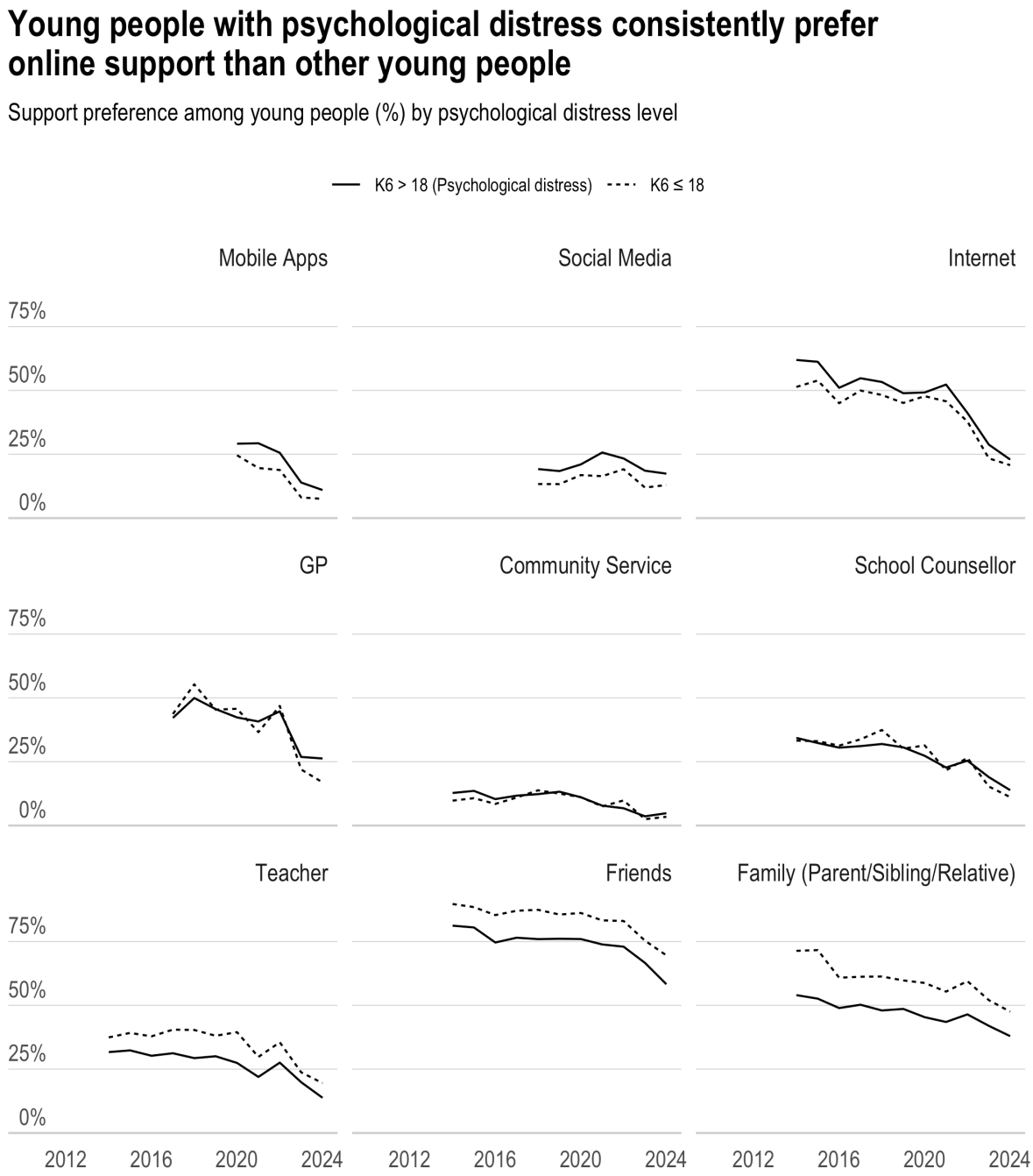
Figure 3.1.1 Annual trends in percent of young people who would seek support from various sources



Key points

- All surveyed sources show an overall decline in the proportion of young people who say they would use them for support.
- The most popular source of support were (and still are) family and friends.
- Concerningly digital and professional sources are now identified by fewer than one in five young people as somewhere they would go to for help.

Figure 3.1.2 Comparative preferences for sources of support among young people with psychological distress



Key points

- Young people with psychological distress show similar trends for a declining preference for of all types of support.
- The preference for family and friends as support compared to professional and digital supports is generally shown by young people regardless of the level of distress.
- However young people with psychological distress report a marginally higher likelihood of using digital supports, and lower preference for family and friends than those without distress.

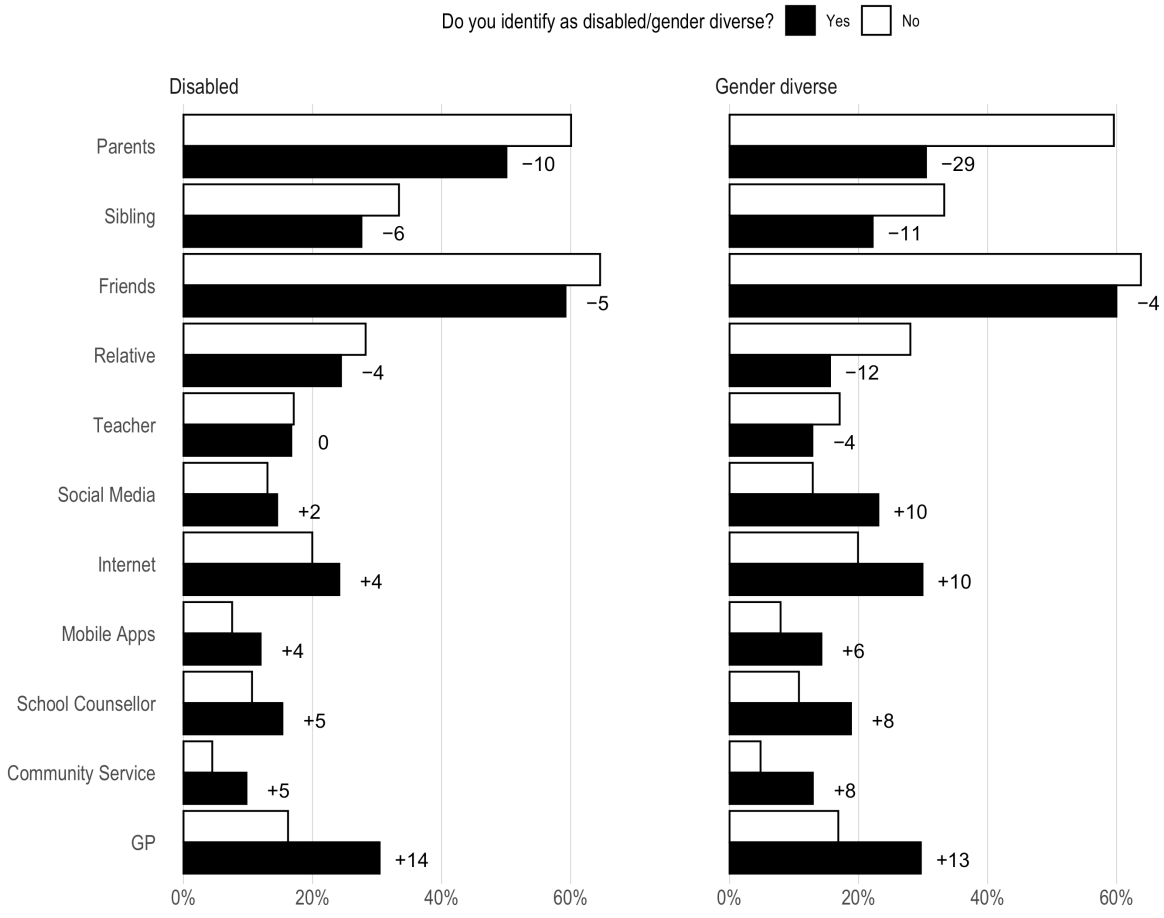
3.2 Sources of support sought by higher risk groups

The two higher risk groups of young people most in need of support were those who identified as disabled and those who identified as gender diverse (see Figure 2.1.1). We distinguished respondents who identified as either disabled or gender diverse and compared their preferred sources of support to other young people in Australia. The results (below) show these higher risk groups tend to seek support from different (formal and informal) sources compared to other young people.

Figure 3.2.1 Comparing the sources of support among those identifying as disabled and gender diverse in 2024

Disabled/gender diverse are less likely to seek support from parents, friends or family

Sources of support (% of young people)



Key points

- Young people who identify as disabled or gender diverse were less likely to seek informal support from parents, family and friends than other young people.
- Conversely, young people who identify as disabled or gender diverse were more likely to seek support from form (e.g., primary care such as a GPs) and online sources, than other young people in 2024.
- These two higher risk groups have different mental health support preferences than other young people.
- The other higher risk groups showed no differential pattern of support preferences.

DISCUSSION

Our trend analysis showed a recent decline in the prevalence of psychological distress in young people which had been rising for a decade and peaked during COVID. This suggests some population-level benefits from the increased support of the past few years, and/or resilience as the impacts of COVID and its sequalae fade. However mental health inequity has not changed in over 12 years, persisting in a context of rising pessimism among young people. The *Productivity Commission Mental Health Review (PCMHR)* notes that national agreements based only on delivering specific outputs, without any real focus on outcomes in the community, do little to achieve systemic reform. *We need clear and measurable outcomes so progress can be tracked, along with accountability*. This requires a comprehensive set of outcome measures and timely collection of data. The data from the *Mission Australia Youth Survey* can be used to evaluate the proposal from the *National Action Plan for the Health of Children and Young People 2020-2030 (NAP 2019)* to measure outcomes using currently available data, and (co)design how data collection can be improved in the future.

Important note: It is crucial to recognise that this dataset, like most cross-sectional survey data, can only establish correlational relationships or associations between variables. It cannot definitively determine whether one thing causes another and so should not be used to propose new interventions or policy changes. For this reason we restrict our policy recommendations to highlighting points of consistency with the data rather than proposing changes or new policy.

Recommendation 1: Include Equity-Focused Metrics in Mental Health Program Evaluations

The persistent mental health inequities identified in the *Youth Survey* — particularly among young people identifying as gender-diverse, disabled, and socioeconomically disadvantaged youth — support the continued implementation and evaluation of equity-focused strategies already embedded in national policy. In particular, the integration of equity-focused metrics in evaluations of youth mental health programs, consistent with Priority Area 1 of the NAP 2019 and the PCMHR recommendation for improved data use.

Policy Alignment:

- NAP 2019 identifies "**Improving health and equity across populations**" as Priority Area 1 (p. 12-14). It emphasized the need to address disparities in outcomes for children and young people from priority populations and specifically highlights the importance of improving access and outcomes for children with disability, those in out-of-home care, and those experiencing discrimination.

- PCMHR recommends embedding equity-focused metrics and accountability mechanisms in future agreements (p. 7, 15, 22). It also calls for a dedicated psychosocial supports for those outside the NDIS (p. 16, 22, 32).

Recommendation 2: Integrate hybrid and face-to-face support models for higher risk youth

The *Youth Survey's* finding that young people at higher risk — particularly those who identify as gender-diverse or disabled — prefer hybrid (online + professional) support aligns with national policy directions. The survey also shows one of the most popular forms of support among all groups remains family and friends, which is consistent with policy proposals to integrate trusted adults with expert clinical care and digital tools. These preferences support the continued co-design, development and evaluation of integrated, person-centred care models.

Policy Alignment:

- NAP 2019 calls for expanding telehealth and hybrid models to improve access, especially for priority populations and those in regional and remote areas (p. 13, 21). It also emphasizes the importance of tailoring services to the preferences of young people via co-design and embedding digital strategies in workforce development (p. 28).
- PCMHR recommends finalizing and implementing national guidelines on regional commissioning and hybrid service delivery, particularly for psychosocial supports outside the NDIS (p. 9, 20, 32). It also highlights the importance of co-designing services with lived experience groups, including those who prefer digital-first models (p. 14, 24).
- Enhance and promote resources and mechanisms to support parenting in the teenage years. Promote awareness and guidance in areas of need such as parenting information on teen mental health (NAP 2019, p.17).
- Develop and agree on a consistent set of parenting measures for national data collection and develop an operational plan to implement research with parents to identify emerging needs and monitor change (NAP 2019, p.17).

Recommendation 3: Establish improved longitudinal data and outcome tracking in youth mental health

The *Mission Australia Youth Survey's* role in filling a post-COVID data gap on youth mental health trends underscores the importance of longitudinal tracking. These findings support existing policy commitments to improve data infrastructure and outcome measurement.

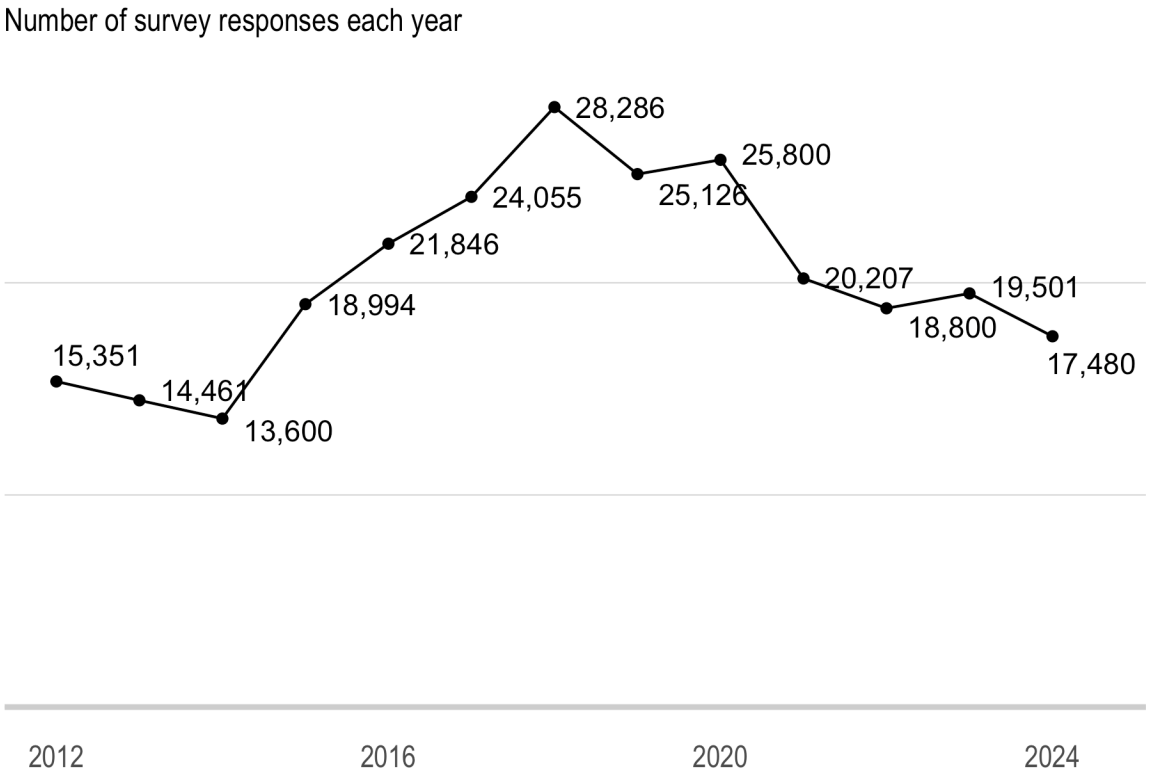
Policy Alignment:

- NAP 2019 identifies “building the evidence base” and “supporting and embedding practice translation” as operational enablers (p. 29–30). It calls for improved data collection, including geospatial and equity-sensitive indicators, to inform targeted interventions.
- PCMHR explicitly states that “there is no data available to describe trends in the mental health and suicide prevention system over the term of the Agreement” (p. 1, 7). It recommends that the Australian Institute of Health and Welfare (AIHW) lead the development of a nationally consistent set of outcome measures and that survey data (e.g., the National Child and Adolescent Mental Health and Wellbeing Study) be collected at least every five years (p. 25, 35).

METHODS

The *Mission Australia Youth Survey* is the largest annual survey of young people of its kind in Australia. In 2024, Mission Australia conducted its 23rd annual survey, receiving 17,480 responses from young people aged 15 to 19 years. The total responses received each year since 2012 are shown below:

Figure 4.1 Annual trend in number of responses to the *Youth Survey*



The number of responses (N) received each year were substantial, resulting in high levels of precision when estimating prevalence. For example, a 95 percent binomial confidence interval has less than 1 percentage point margin of error at the smallest survey sample (i.e., 0.84 of a percentage point when $N = 13{,}600$ and $Pr. = 0.5$ in 2014). Thus confidence interval estimates were not displayed in the figures in this report.

The *Youth Survey* is a convenience sample of young people aged 15 to 19 enrolled by invitation to their school, as well as via community organisations, local government services, Mission Australia services and the Mission Australia website. As such the potential sampling frame and response rate is unknown. Sampling weights were provided by Mission

Australia to adjust for the Australian population of young people aged 15 to 19 in each year. Adjustment for gender, state and SEIFA index was calculated.

The weighted survey responses from the K6 were used to determine the prevalence of psychological distress in each year, along with the average severity of depressive and anxiety symptoms. Thus the final prevalence estimates represented the population of Australian young people aged 15 to 19.

APPENDIX

Who are the young people in the Youth Survey?

We selected three years of survey results to compare the how the profile of young people has changed from pre-COVID to the post-COVID era.

Table A1. Profile of Youth Survey respondents (Pre-, Peri-, Post-COVID)

Characteristic	2019 N = 25,126[1]	2022 N = 18,800[1]	2024 N = 17,480[1]
Four categories of gender			
Male	10,192 (41%)	6,037 (33%)	6,613 (38%)
Female	14,078 (56%)	11,042 (61%)	9,883 (57%)
Other / gender diverse	313 (1.3%)	777 (4.3%)	521 (3.0%)
Prefer not to say	439 (1.8%)	292 (1.6%)	205 (1.2%)
Age			
15	8,240 (33%)	5,176 (28%)	5,063 (29%)
16	8,666 (35%)	6,870 (37%)	6,198 (35%)
17	6,057 (24%)	5,196 (28%)	4,760 (27%)
18	1,604 (6.4%)	1,400 (7.4%)	1,300 (7.4%)
19	460 (1.8%)	156 (0.8%)	159 (0.9%)
State/territory they live in			
NSW	6,576 (26%)	4,577 (24%)	3,575 (20%)
VIC	4,445 (18%)	5,097 (27%)	4,642 (27%)
QLD	5,942 (24%)	5,680 (30%)	3,782 (22%)
SA	3,242 (13%)	1,332 (7.1%)	2,828 (16%)
WA	2,766 (11%)	766 (4.1%)	996 (5.7%)
TAS	1,517 (6.0%)	621 (3.3%)	569 (3.3%)
NT	318 (1.3%)	420 (2.2%)	205 (1.2%)
ACT	320 (1.3%)	307 (1.6%)	883 (5.1%)
Born outside Australia	3,526 (14%)	0 (NA%)	0 (NA%)
Speak a language other than english at home	4,347 (18%)	3,478 (19%)	3,943 (23%)
Indigenous (ATSI)	1,579 (6.4%)	851 (4.7%)	944 (5.6%)
Identify as a person with disability	1,623 (6.5%)	1,026 (5.7%)	1,288 (7.7%)
Past three months, Residential setting			
Boarding school	762 (3.2%)	798 (4.4%)	629 (3.7%)
Privately owned or rented house/flat	20,839 (86%)	15,746 (87%)	15,647 (92%)
Public/social housing house/flat	1,221 (5.0%)	831 (4.6%)	321 (1.9%)
Out-of-home care	175 (0.7%)	175 (1.0%)	97 (0.6%)
Somewhere else	1,190 (4.9%)	585 (3.2%)	337 (2.0%)
No fixed address or lived in a refuge or transitional accommodation (ever)	1,597 (6.6%)	1,037 (5.7%)	1,181 (6.9%)
Away from home because they felt they couldn't go back (ever)	2,952 (12%)	2,239 (12%)	1,978 (12%)
Experienced unfair treatment in the last year	0 (NA%)	4,980 (27%)	4,880 (28%)
Studying	24,044 (96%)	17,462 (93%)	16,120 (93%)
NEET	641 (2.6%)	687 (3.7%)	1,239 (7.1%)

[1]n (%)

Most survey respondents were female school students, aged 17 or less, from NSW, QLD or VIC, and living in their own home. Between pre- and post-COVID, the proportion of respondents from WA almost halved (so inferences regarding WA should be treated with caution), while the proportion of young people not in education, employment or training (NEET) more than doubled.

REFERENCES

Australian Government Department of Health. (2019). *National Action Plan for the Health of Children and Young People 2020–2030*. Commonwealth of Australia Canberra. Retrieved from https://www.health.gov.au/resources/publications/national-action-plan-for-the-health-of-children-and-young-people-2020-2030

Australian Institute of Health & Welfare (AIHW). (2023). National mortality database and ABS causes of death. *AIHW Website*. Retrieved from https://www.aihw.gov.au/suicide-self-harm-monitoring/resources/download-data-tables

Blanchflower, D. G., Bryson, A., & Bell, D. N. (2024). *The declining mental health of the young in the UK*. National Bureau of Economic Research. https://doi.org/10.3386/w32879

Brennan, N., Beames, J., Kos, A., Reily, N., Connell, C., Yip, D., ... Christie, R. (2021). Psychological distress in young people in Australia. *Fifth Biennial Youth Mental Health Report: 2012-2020*. Retrieved from https://www.missionaustralia.com.au/publications/youth-survey

Eisenberg, D., Lipson, S. K., Heinze, J., & Zhou, S. (2024). The Healthy Minds Study. *The Healthy Minds Network*. Retrieved from https://healthymindsnetwork.org/data/

Filia, K., Brennan, N., Freeburn, T., Clarke, E., Browne, V., Kos, A., ... Gao, C. X. (2022). *Clusters of COVID-19 impact: Identifying the impact of COVID-19 on young Australians in 2021*. Retrieved from https://www.missionaustralia.com.au/publications/youth-survey

Furukawa, T. A., Kessler, R. C., Slade, T., & Andrews, G. (2003). The performance of the K6 and K10 screening scales for psychological distress in the Australian national survey of mental health and well-being. *Psychological Medicine*, *33*(2), 357–362. https://doi.org/10.1017/S0033291702006700

Haidt, J. (2024). *The anxious generation: How the great rewiring of childhood is causing an epidemic of mental illness*. Penguin.

Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., et al. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry*, *60*(2), 184–189. https://doi.org/10.1001/archpsyc.60.2.184

Kessler, R. C., Green, J. G., Gruber, M. J., Sampson, N. A., Bromet, E., Cuitan, M., et al. (2010). Screening for serious mental illness in the general population with the K6 screening scale: Results from the WHO world mental health (WMH) survey initiative. *International Journal of Methods in Psychiatric Research*, *19*(S1), 4–22. https://doi.org/10.1002/mpr.310

McHale, R., Brennan, N., Freeburn, T., Richardson, E., Rossetto, A., & Carmody, M. (2025). Youth survey report 2025. *Mission Australia, Sydney, NSW*. Retrieved from https://www.missionaustralia.com.au/publications/youth-survey

Panza, M. J., Graupensperger, S., Agans, J. P., Doré, I., Vella, S. A., & Evans, M. B. (2020). Adolescent sport participation and symptoms of anxiety and depression: A systematic review and meta-analysis. *Journal of Sport and Exercise Psychology*, *42*(3), 201–218. https://doi.org/10.1123/jsep.2019-0235

Productivity Commission. (2025). *Mental Health and Suicide Prevention Agreement review: Interim report*. Retrieved from https://www.pc.gov.au/inquiries/current/mental-health-review/interim

Twenge, J., & Blanchflower, D. G. (2025). *Declining life satisfaction and happiness among young adults in six English-speaking countries*. National Bureau of Economic Research. https://doi.org/10.3386/w33490