

# Improve mental health outcomes for young people

Young people should live happy, healthy and fulfilled lives that give them a strong foundation for their mental wellbeing. However, young people are particularly at risk of poor mental health and, at the moment, we are not responding quickly or effectively enough.

**75% of mental health problems first appear before the age of 25.<sup>1</sup>**

**1 in 4** young people aged 16–24 experience a mental illness.<sup>2</sup>

More than **70%** of young **women** and **80%** of young **men** who need help and support don't get it.<sup>3</sup>

**45%** of all young people who died by suicide in 2016 were from NSW.

**83%** of young people turn to friends for help before others.<sup>4</sup>



## THE NSW GOVERNMENT CAN:

- Fund a fully integrated youth-specific mental health service system that coordinates care from prevention to early intervention, through to clinical and specialist care. This should prioritise gaps experienced by young people from regional, rural and remote areas, who are Aboriginal or Torres Strait Islander, or who are LGBTI young people.
- Develop and implement a youth-specific suicide prevention plan in consultation with children and young people. This should include a culturally-appropriate, community-led and targeted Aboriginal plan.
- Fund a youth-specific mental health service system that acts to eliminate or subsidise transport barriers that prevent young people getting help.
- Introduce compulsory mental health first aid for GPs, frontline workers, and people who have high contact with young people.
- Support programs, such as Friend2Friend, which recognise that young people often turn to friends first, and their friends should be equipped to help out.

Young people should live happy, healthy and fulfilled lives that give them a strong foundation for their mental wellbeing. However, young people are particularly at risk of poor mental health and, at the moment, we are not responding quickly or effectively enough.

Young people also live with mental illnesses every day. Mental health issues are associated with social and economic disadvantages, such as impaired academic achievement and school attendance, hindered social development, unemployment and housing instability. Young people are particularly at risk:

- 1 in 4 young people aged 16–24 experience a mental illness.<sup>5</sup>
- 14% of those aged 14–17 experience a mental health condition each year.<sup>6</sup>
- 1 in 5 young people aged 15–19 have levels of psychological stress that indicate a probable serious mental illness.<sup>7</sup>

When young people are struggling with their mental health, they are prone to self-isolation and behaviours that risk their health, like substance abuse.<sup>8</sup> Despite the high risks they face, quality and access to services for young people aged 12–24 is among the poorest.<sup>9</sup> Only 9.9% of mental health expenditure by States and Territories in the year 2010–2011 was directed at child and adolescent mental health programs, and only 0.2% at youth mental health services specifically.<sup>10</sup>

One of the most frightening aspects of youth mental health is the growing rates of suicide. Suicide is the primary cause of death among young people in Australia and the number of young Australians who have died by suicide as the result of a mental health condition is the highest it has been in ten years.<sup>11</sup> Occurrences of intentional self-harm are estimated to be between 40–100 times greater than the number of young people who die due to intentional self-harm.<sup>12</sup>

Suicide remains a critical issue. More young people die by suicide than in car accidents.<sup>13</sup> In 2016, 391 young people aged 15–24 died by suicide, with 45% of those being in NSW.<sup>14</sup> From 2011 to 2015, Aboriginal and Torres Strait Islander people aged 15–24 were around four times more likely than non-Indigenous Australians of the same age to die from intentional self-harm.<sup>15</sup>

Youth Action undertook significant primary research in 2017 consulting and engaging with young people, youth support services, and frontline workers providing mental health services in metropolitan, regional and remote areas. This research demonstrated that the current mental health system is segmented, outdated and adult-centric. This makes it difficult for young people to navigate, and the limited youth-focus is alienating. The inaccessibility of services means young people go without the support they need, and don't develop appropriate help-seeking behaviours.<sup>16</sup>

Young people living remotely are more likely to experience isolation, poverty and a lack of services, and often have a strong culture of self-reliance that discourages help-seeking behaviour. Rates of suicide and self-harm increase for young people who live outside of major cities and increase further with their remoteness. Because of this, there should be a specific focus on those in rural and regional areas. Youth service workers, frontline staff and other health professionals consistently report waits of up to three months to see mental health specialists.<sup>17</sup> Psychiatric beds can take more than a year to access in critical situations.<sup>18</sup>

Because regional young people struggle with service availability, youth mental health providers such as headspace, ReachOut and Kids Helpline have successfully introduced e-mental health solutions. While these cannot substitute for in-person counselling, they are extremely effective at providing information, support, and assessment, and can assist prevention and management of symptoms. They have the benefit of a high degree of anonymity, meaning they are often useful early identification and referral tools.

Stigma continues to be a concern for young people. Four out of five young people in Australia think that people their age will not seek support for anxiety or depression because they are worried about what other people will think of them.<sup>19</sup> The provision of meaningful e-health services helps young people overcome stigma and reluctance to seek help.

But there is a lot that can be done to improve outcomes for young people. Intervention can be particularly potent in adolescence. It is well established that young people experience a key period of rapid and extensive psychological and biological growth, 'second only to early childhood in the rate and breadth of developmental change',<sup>20</sup> coupled with an increase in vulnerability to a range of risks. During such an important period of growth, risks can become embedded or averted. Interventions during adolescence can decrease the adverse long-term impacts of, for example, violence and abuse with the potential to change life trajectories.<sup>21</sup>

Many of the mental health and wellbeing challenges faced by adults can be traced to adolescence or young adulthood and intervening early in a person's life and providing them with support and capacity-building when mental health concerns begin to emerge significantly decreases the impact and intensity of those issues later in life.<sup>22</sup> Growing protective factors and access to services is essential. Early intervention can achieve the best outcomes for young people and can limit negative outcomes, such as the onset of chronic mental illness and suicide.<sup>23</sup>

We commend the work of Government through successive suicide prevention strategies, collaboration with federal suicide prevention and mental health strategies and programs and the establishment of youth health services in Local Health Districts. However, improved coordination, funding and targeted programming are required to make sure we stem the increase of poor mental health among young people and vulnerable groups in NSW, and ensure they get the help they need when they need it.

The NSW can act to prevent poor youth mental health and suicide. Improving access to youth-specific mental health and suicide prevention services for young people, to address the complex mental health needs that are currently overlooked. Without significant funding and attention, the rates will not decrease.

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## ENDNOTES

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