



Mental Health
Australia
Media release

Mental Health Australia reports to the nation on World Mental Health Day

Strictly embargoed to 12:01am 10 October 2022 |

One in two Australians have needed mental health support in past three months, according to a landmark report released today, which is World Mental Health Day.

Commissioned by Mental Health Australia, the significant survey, titled *Report to the Nation*, also found reasons for the nation to be optimistic about its wellbeing.

Nine in 10 Australians who accessed mental health support said it improved their mental health and nearly all respondents (98 per cent) felt safe and respected in the support they received.

Report to the Nation, a new national survey that covers every age group from age 0 to 80+, also reveals:

- Australians 18-39 years old self-rate as the least mentally well in age comparisons - 6.2 out of 10, with 10 meaning living with excellent mental health;
- First Nations Peoples (5.2) and LGBTQIA+ (5.7) self-rate even lower;
- 66 per cent of Australians have felt happy in the past three-months;
- of the top-five things important for mental health and wellbeing, 41 per cent of Australians cite family/partner support, love and socialising with friends as being key; and
- when Australians have needed mental health support, 55 per cent reached out to family, friends, colleagues, or teachers, 44 per cent went to a GP, doctor or nurse, and 30 per cent went to a psychologist, psychiatrist or counsellor.

Mental Health Australia Chief Executive Officer Dr Leanne Beagley says the inaugural *Report to the Nation* research findings reveal cause for concern but also opportunity for optimism.



“Released today, on World Mental Health Day, the *Mental Health Australia Report to the Nation* is a pulse check on the mental health and wellbeing of all Australians, and, promisingly, the research shows most Australians will reach out to a range of formal and informal mental health supports when needed, and this support is regarded as safe, respectful, and effective in improving mental health,” Dr Beagley said.

“Over the last three months more than half of all Australians (54%) reported needing mental health support and 77% of respondents reported being able to attain it, most commonly from family and friends or health practitioners.

“These findings show people are very willing to help others around them, but many still feel like they should solve their problems on their own perhaps because it’s hard to reach out and ask for help or let people know when you are struggling.

Mental Health Australia Chair, Matt Berriman, said that *Report to the Nation* will be important annual research which, over time, can measure and track how the mental health and wellbeing of the nation evolves each year, and how effective mental health supports are in meeting Australians’ ongoing needs.

“This research was undertaken to help us understand the size of the problem so that we can continue to advocate for a better mental health system in Australia,” Mr Berriman said.

“And it’s not just about solutions we need right now but also meaningful structural reform that ensures a better future. Solutions that will only result from working together – governments, community, and industry – to drive change.”

Dr Beagley said that the findings show there are still concerning significant gaps for priority populations and ongoing factors challenging our nation’s mental health.

“There is much more to do to ensure equitable access to services to improve mental health outcomes,” she said.

“Concerningly, the findings highlight there are significant ongoing factors challenging our nation’s mental health including social disconnection; financial and work insecurity; and global threats.

“The research demonstrates that particular population groups, including First Nations Australians, LGBTQIA+ Australians, regional Australians and carers continue to experience higher rates of mental ill-health, and likely greater barriers to service access.”

Dr Beagley added that the results highlight the importance of social connectedness, and support from friends and family, but that less than half of Australian adults (45%) feel part of a community.

“Quality connections with others is a significant predictor of mental health and wellbeing, with Australians aged 40 – 59 experiencing the highest rates of social disconnection, followed by the 18 – 39 age group.

“The findings also remind us of the importance of being aware of our mental health and that of those close to us, finding a sense of belonging and being connected.

Today, on World Mental Health Day we invite all Australians to visit www.lookafteryourmentalhealthaustralia.org.au, sign up, invite your family and friends to follow along and build mindful habits for good mental health during October.”.

Dr Beagley and Mr Berriman travelled to Parliament House today to present *Report to the Nation* to The Hon Mark Butler MP, Minister for Health and Aged Care.

-ends-

Editors note: Both Leanne and Matt will be available for interview today, and will be outside Parliament House from 2:30pm.

Media Contact:

[Nikki Hogan – 0402 528 022](tel:0402528022)

[Siobhan Koopmans – 0430 062 288](tel:0430062288)

Background:

- The research takes a holistic approach to mental health, covering the 5 domains of the Contributing Life Framework
- This research covers the full Australian population – across age groups 0-60+, with a particular focus on First Nations peoples and other priority population groups (CALD, LGBTIAQ+, people with experience of mental health challenges, mental health carers, people living in rural and remote areas)
- The *Report to the Nation* will be annual research which, over time, will measure, and track how the mental health and wellbeing of the nation evolves each year, and how effective mental health supports are in meeting Australians’ ongoing needs.
- Involved a survey of a nationally representative sample of 2,537 participants, asking people about their mental health and wellbeing, and experience of mental health supports, over the past three months (May, June, July 2022)
- Mental Health Australia worked with global research company Ipsos for this study.
- The full report is available at mhaustralia.org on Monday 10 October.



Mental Health Australia

Mental Health Australia Report to the Nation

Prepared for Mental Health Australia by
Ipsos Public Affairs

October 2022

Mentally healthy people,
mentally healthy communities



mhaustralia.org

Acknowledgements

Mental Health Australia and Ipsos would like to thank the members of the Australian community who provided feedback on the development of the survey and took part in this study — without whose contributions this research would not have been possible.



EMBARGO

Contents

Acknowledgements	2
Contents	3
1 Executive Summary	5
1.1 Methods	5
1.2 Infographic of Key Findings	6
1.3 Findings for Australians aged 14+	8
1.3.1 Overall Mental Health of Australians aged 14+	8
1.3.2 Thriving, not just surviving	8
1.3.3 Having something meaningful to do, something to look forward to	8
1.3.4 Having family, friends, culture and community	8
1.3.5 Feeling Safe, Stable and Secure	9
1.3.6 Effective Support, Care and Treatment	9
1.4 Variation in findings by priority cohorts	9
1.4.1 Children and young people	9
1.4.2 Other differences by age	10
1.4.3 First Nations Australians	11
1.4.4 LGBTQIA+	11
1.4.5 Carers/support people	11
1.4.6 People with lived/living experience of mental health conditions	12
1.4.7 Culturally and Linguistically Diverse people	12
1.4.8 Rural and remote Australians	13
1.5 Conclusions	13
2 Research Context	15
2.1 Background & Research Objectives	15
3 Methodology	15
3.1 Sample Composition	17
3.2 Weighting	18
3.3 Data cleaning	19
4 Analysis	19
4.1 Significance testing	20
4.2 How to interpret this report	20
5 Survey Sample	21
5.1 Demographics	21
6 Findings	22

6.1 Overall mental health score.....	22
6.1.1 Section Summary	22
6.1.2 Overall mental health score (all ages)	22
6.2 Thriving, not just Surviving	25
6.2.1 Section Summary	25
6.2.2 What’s important for mental health and wellbeing?.....	26
6.2.3 Thriving, not just surviving (Ages 14-17;18+).....	30
6.2.4 Thriving, not just surviving (Ages 9-13).....	34
6.2.5 Thriving, not just surviving (Ages 0-8).....	35
6.3 Having something meaningful to do, something to look forward to	39
6.3.1 Section Summary	39
6.3.2 Having something meaningful to do, something to look forward to (Ages 14-17;18+)	40
6.3.3 Having something meaningful to do, something to look forward to (Ages 9-13).....	43
6.3.4 Having something meaningful to do, something to look forward to (Ages 0-8).....	44
6.4 Having family, friends, culture and community.....	46
6.4.1 Section Summary	46
6.4.2 Having family, friends, culture and community (Ages 14-17; 18+)	47
6.4.3 Having family, friends, culture and community (Ages 9-13)	54
6.4.4 Having family, friends, culture and community (Ages 0-8)	55
6.5 Feeling safe, stable and secure.....	56
6.5.1 Section Summary	56
6.5.2 Feeling safe, stable and secure (Ages14-17;18+)	57
6.5.3 Feeling safe, stable and secure (Ages 9-13)	64
6.5.4 Feeling safe, stable and secure (Ages 0-8)	64
6.6 Effective support, care and treatment.....	66
6.6.1 Section Summary	66
6.6.2 Effective support, care and treatment (Ages 14-17; 18+)	68
6.6.3 Effective support, care and treatment (Ages 9-13).....	73
6.6.4 Effective support, care and treatment (Ages 0-8).....	79
7 Appendix.....	84
7.1 Appendix A: Detailed methodology.....	84
7.1.1 Questionnaire design.....	84
7.1.2 Cognitive testing method and findings	84
7.2 Appendix B: Summary of measures included across most age groups	86
7.3 Appendix C: Summary of all adult measures.....	87
7.4 Appendix D: Detailed Tables	88

1 Executive Summary

Mental Health Australia - the independent peak body representing mental health stakeholders and issues in Australia - developed an independent annual benchmark survey to address a key gap in mental health data in collaboration with Ipsos. This national survey will provide regular insight into the mental health and wellbeing of Australians, providing a regular “pulse-check”, identifying important issues for further advocacy around mental health and wellbeing issues.

1.1 Methods

Ipsos and Mental Health Australia worked in collaboration to design an online questionnaire tool. For two weeks from mid-August 2022, a total of 2,537 participants completed the survey (consisting of n=317 aged 0-17; and n=2,220 aged 18+ — the ‘adult’ sample).

Sample quotas were set to ensure a robust, census-representative sample of Australians by age, gender (54% female, 45% male), and location. An additional boost of n=249 people identifying as First Nations Australians was collected (13% of the sample).

1.2 Infographic of Key Findings

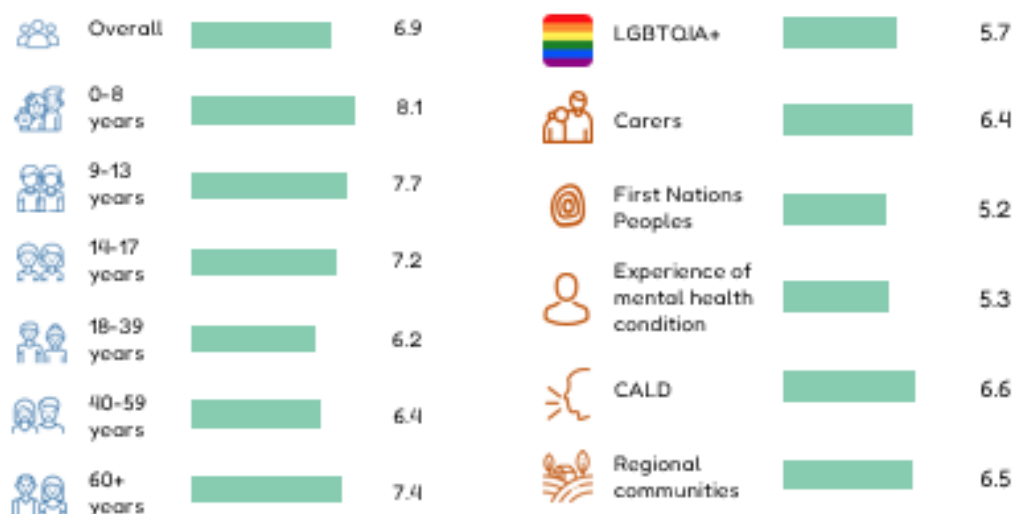


Mental Health Australia

Mental Health Australia
 Report to the Nation 2022

Overall mental health score

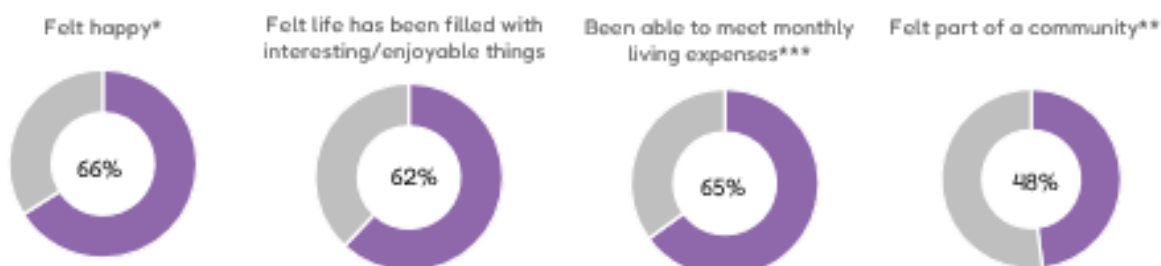
Self-rated overall mental health, from 0 (*extremely poor mental health*) to 10 (*excellent mental health*)



Top 5 things important for the mental health and wellbeing of Australians...



% of Australians in the last 3 months who have....



Please note:
 *Denotes those aged 9+ are included in the overall.
 **Denotes those aged 0-8 and 14+ are included in the overall.
 ***Denotes those aged 18 and above are included in the overall.
 Subgroups presented (e.g. LGBTQIA+) include those who are 14 and above.

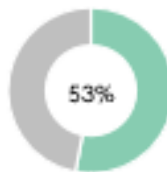


Mental Health Australia

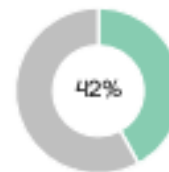
Mental Health Australia Report to the Nation 2022

Over the last three months, Australians...

Needed mental health support

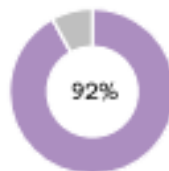


Obtained mental health support

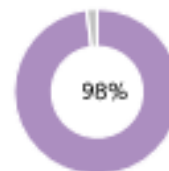


Of those who accessed mental health support...

9 in 10 said their support improved their mental health



Felt safe and respected in the support they received



Australians who needed mental health and wellbeing support were most likely to have reached out to...



Friends, Family, Colleagues or Teachers
55%



GP, Doctor or Nurse
44%

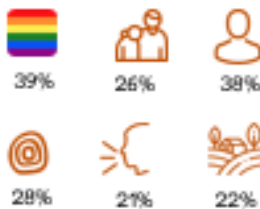


Psychologist, Psychiatrist or Counsellor
30%

Biggest barriers for getting mental health support for Australians aged 14 and older:

Cost or financial barrier mentioned overall by 20%

Experienced more by...



I felt I should be able to solve my situation on my own mentioned overall by 23%

Experienced more by...



Long wait times for appointments mentioned overall by 15%

Experienced more by...



1.3 Findings for Australians aged 14+

The first *Mental Health Australia Report to the Nation* reveals detailed insights about the self-reported mental health and wellbeing of Australians aged zero and over

Key findings for participants in the main survey (aged 14 and over) at national level are highlighted below, followed by deeper dives into variation in results by age, and for priority groups who experience higher rates of mental ill or barriers to service access. A tabulated summary of responses to all questions is also available in the Appendix to this report.

1.3.1 Overall Mental Health of Australians aged 14+

All participants aged 14 and over were asked to rate their overall mental health from 0 '*Extremely poor mental health*' to 10 '*Excellent mental health*'. In 2022, the average mental health score of those aged 14+ was 6.7 out of 10.

1.3.2 Thriving, not just surviving

The 2022 survey found that over half of Australians aged 14 and over agreed or strongly agreed that they felt happy (65%) and capable and in control (65%) over the last three months. However, fewer than half described themselves as feeling energised (47%) over the same period.

Participants were also asked to describe one thing that is important to their mental health in an open-ended question. Social connections were top of mind: most commonly, participants said that the support and love of their friend or partner (cited by 21%); or friends, socialising and connecting with others (19%) were important to them. Physical activity was also commonly mentioned (17%), with other priorities differing across age groups.

1.3.3 Having something meaningful to do, something to look forward to

In 2022, approximately seven in 10 Australians surveyed aged 14 and over agreed or strongly agreed that over the past three months they have been able to do things that are meaningful to them (70%) and that they have things to look forward to (74%). Just over half, stated that their daily life has been filled with things that interest them (57%). People aged 14-17 and those aged 60+ were most likely to agree with these wellbeing statements.

1.3.4 Having family, friends, culture and community

The 2022 survey found that among Australians aged 14 and over, a large majority (85%) agreed they help others around them when they need it, but a smaller proportion agreed that there are others they feel comfortable asking for help (71%), suggesting many Australians may be more comfortable providing rather than asking for help. Around two-in-three agreed there are enough people in their life they feel close to (64%). Australians tended to be less likely to feel connected to broader social networks, with less than half agreeing they felt part of a community (45%), and just over half (57%) that had celebrations, traditions or cultural activities in their life that they enjoyed. People from

culturally and linguistically diverse communities were more likely to have such celebrations, traditions or cultural activities.

1.3.5 Feeling Safe, Stable and Secure

Most Australian adult participants agreed they felt secure in their neighbourhood (79%) and in their housing and accommodation (78%). Around two-thirds agreed they felt confident about being able to meet normal monthly living expenses (65%). However, only just over half agreed they felt safe from global threats (54%), felt secure in their job, education or training (54%) or felt financially secure (52%). As global and financial instability evolves, it is possible these may present significant threats to the mental health and wellbeing of Australians.

1.3.6 Effective Support, Care and Treatment

Around half (53%) of those aged 14 and over indicated they had needed some kind of mental health support over the last 3 months, and most were able to attain it (with 23% of people who needed help either not reaching out or unable to access support).

Overall, the most common kind of support for mental health accessed across those aged 14 and above was speaking with family, friends or colleagues (mentioned by 40%); followed by GP (37%); psychologist, psychiatrist or counsellor (26%) and looking online for self-help information or support (16%). Young people aged 9-13 were most likely to talk with friends or family to find help for their mental health (69%). Positively, across all those aged 14 and over who had reached out for support, over nine in ten reported it 'improved' their mental health, and felt they were 'safe and respected' throughout.

Just over half of respondents (52%) felt at some time in their life they had been unable to receive the support they needed for their mental health and wellbeing. The most common barriers to accessing mental health support were people feeling they should be able to solve the situation on their own (cited by 23%) or a cost or financial barrier (20%).

1.4 Variation in findings by priority cohorts

1.4.1 Children and young people

Children and young people's mental health and wellbeing is a very important component of population wellbeing, and should be measured with developmentally appropriate tools. Therefore, modified versions of the survey were administered to parents and carers of children aged 0-8 (and the child themselves, where possible), and young people aged 9-13. Findings from the research with these cohorts suggest that children and young people in Australia generally feel happy and safe, but that younger children (0-8) don't always feel they have someone to ask for help when they feel scared. As with adults, there was also a lower level of agreement among children and younger people (aged 0-13) that they participate in cultural activities they enjoy, in comparison to other social statements about having friends and people who care for them.

Around one-third of children (31%) and close to three-quarters of young people (72%) had obtained formal or informal mental health support in the past three months. The most common form of support for these age cohorts was friends and or family. The majority reported that the support received was safe, and effective in improving their mental health and wellbeing.

1.4.2 Other differences by age

There are also differences between the age groups who participated in the main survey (those aged 14 and over). The youngest and eldest age groups tended to be significantly more likely to report higher wellbeing overall, and across many of domains of mental health and wellbeing explored in the survey. This supports the well-documented “U-shaped” relationship between happiness and age.¹

For example, compared to all other age groups, those aged 14-17 and those aged 60 and over reported higher levels of overall mental health than all other age groups on average, and were significantly more likely to report that:

- they have been able to do things that are meaningful to them
- they have felt part of a community
- there are enough people in their life they feel close to.

While results were very positive in most respects for those aged 60 and older, findings do suggest that this age group were significantly less likely to feel secure in their employment or study, where this was relevant, despite having higher levels of safety and security, including financially, overall. This suggests that more needs to be done to support the security and contribution of older Australians in the workplace.

Conversely, those aged 18-39 were significantly less likely than all other age groups combined to agree that:

- they have been able to do things that are meaningful to them
- there are enough people they feel close to

Positively, participants aged 18-39 were significantly more likely than other age groups to agree they feel secure in their job, education or training.

Those aged 40-59 were also significantly less likely than other age groups to agree with a range of statements, including:

- they have felt happy
- they have felt energised
- they have things to look forward to
- there are celebrations, traditions or cultural activities in their life
- they feel part of a community
- there are people in their life they feel comfortable asking for help

¹ Frijters, Paul, and Tony Beaton. "The mystery of the U-shaped relationship between happiness and age." *Journal of Economic Behavior & Organization* 82.2-3 (2012): 525-542.

This suggests that further consideration should be given to the mental health and wellbeing support needs of this age group.

1.4.3 First Nations Australians

First Nations Australians provided lower overall mental health ratings on average, compared to non-First Nations Australians (5.2 compared to an average of 6.7).

First Nations respondents were also significantly less likely than non-Aboriginal and/or Torres Strait Islanders to agree with a range of statements across the domains of the survey. This included:

- Feeling happy
- Being able to do things that are meaningful
- Feeling secure in their job, education or training
- Feeling safe in their neighbourhood

Those First Nations Australians who had accessed mental health support were significantly more likely than other Australians who accessed support to experience several barriers, including fear of discrimination, previous negative experiences, and financial barriers.

However, first Nations Australians were significantly more likely than non-Aboriginal and/or Torres Strait Islanders to agree that they help others around them when they need it.

1.4.4 LGBTQIA+

LGBTQIA+ Australians provided a significantly lower overall mental health rating, on average, compared to those who did not identify as LGBTQIA+ (5.7 compared to 6.8), and were significantly less likely to agree with many of the statements about their mental health and wellbeing.

For example, LGBTQIA+ respondents were significantly less likely to agree that:

- They have felt happy
- There are enough people in their life they have felt close to
- They have felt secure in their housing and accommodation

Unfortunately, many barriers to gaining support were significantly more likely to be experienced by this group, including long wait times and previous negative experiences. More promisingly, LGBTQIA+ Australians who accessed mental health support were just as likely as other Australians to report it being effective in improving their mental health, and feeling safe and respected by the person providing support.

1.4.5 Carers/support people

In this report, those who said they had experience supporting close friends or family members with a mental health condition have been defined as 'mental health carers'. Mental health carers were more likely than others to have themselves been diagnosed with a mental health condition. On average, they also rated their own mental health lower than non-carers (an average of 6.4 compared to 7 out of 10).

In addition, this group were significantly less likely than non-carers to agree that:

- Their daily life had been filled with things that interest them
- They are confident in meeting normal monthly living expenses

Additionally, mental health carers were more likely to rely on colleagues, friends or family members for mental health support compared to non-carers. This group were more likely than others to say that *cost or financial barriers* had prevented them receiving support for their mental health and wellbeing. This analysis supports previous findings that carers often experience financial disadvantage,² and this may limit their access to formal mental health supports.

However, as would be expected, mental health carers were significantly more likely than non-carers to agree that they help people around them when needed.

1.4.6 People with lived/living experience of mental health conditions

On average, people who reported being diagnosed with a mental health condition (at any time) had poorer self-rated overall mental health than those who did not report ever being diagnosed (5.3 compared to 7.3). Consistent with this, people who had been diagnosed with a mental health condition were also significantly less likely than other Australians to agree with most statements, including:

- That they were happy
- That they felt secure in their job, education or training
- That they felt safe from global threats, in their neighbourhood, or in their housing
- That they had connection to others, culture and community
- That they have meaningful things to do, or things to look forward to.
- That they felt financially secure

These findings reflect the significant daily challenges that people experiencing mental health conditions face. The vast majority of people with mental health conditions also reported that accessing support improved their mental health, and they felt safe and respected by the people providing support, both of which are important for many people in their recovery journey.

1.4.7 Culturally and Linguistically Diverse people

Culturally and Linguistically Diverse Australians (CALD - defined here as those whose main language spoken at home or with family members is other than English) were significantly more likely than non-CALD participants to report that they have celebrations, traditions or cultural activities in their life that they enjoy. However, they were significantly less likely to agree that they felt secure in their housing and accommodation. In other respects, Culturally and Linguistically Diverse people did not vary from the national average.

² Greenwood, Nan, Gillian Mezey, and Raymond Smith. "Social exclusion in adult informal carers: A systematic narrative review of the experiences of informal carers of people with dementia and mental illness." *Maturitas* 112 (2018): 39-45.

1.4.8 Rural and remote Australians

While overall mental health ratings, were, on average, similar for regional and metropolitan Australians, those living in rural and remote areas were significantly less likely to agree that they felt financially secure and confident meeting normal monthly living expenses. They were also significantly more likely to face access barriers to mental health support, particularly, not having access to the support they needed in their area or finding that the support they needed wasn't accessible.

1.5 Conclusions

The first *Mental Health Australia Report to the Nation* reveals that there are many things to celebrate in terms of the mental health and wellbeing of Australians. For the most part, this research suggests we are a happy and socially connected nation who support one another and have things in our lives to look forward to. When we need to, most Australians are able to reach out to a range of formal and informal sources of mental health and wellbeing supports and information, and overwhelmingly, when we access support this is safe, respectful, and effective in improving our mental health.

However, there are many areas where our mental health and wellbeing at population level could be strengthened. We are more likely to help others than ask for help ourselves, and we commonly feel we should resolve our issues on our own, suggesting an opportunity to further encourage social connection through vulnerability. Fewer than half of us feel part of a community, and levels of financial and job security are worryingly low. Many of us are also feeling an impact from global threats such as climate change, war and social unrest. As economic and global instability and the threats of climate change evolve over coming years, they will continue to threaten the mental health and wellbeing of Australians.

When looking closer at priority populations some additional troubling trends emerge, but so do opportunities for strengthening support. First Nations Australians are often more likely to struggle with many of the elements of life that are crucial to positive mental health and wellbeing. It is no surprise, then, that their self-rated mental health is significantly lower on average than other Australians'. More needs to be done to improve access to culturally-responsive mental health services for this community. There is great strength to be harnessed in this process: First Nations Australians were significantly more likely than all others to report that they help others when they need it.

LGBTQIA+ Australians also have lower reported overall mental health on average and more likely to face challenges in social connection and housing security. Despite being more likely to need mental health support, LGBTQIA+ Australians are also more likely to face a range of barriers. These findings reinforce the need to address ongoing societal stigma and discrimination experienced by this community and increase access to safe and affirming mental health supports.

Further, this research demonstrates that carers and support people of others with a mental health condition face many challenges themselves, particularly financially, limiting their own access to supports. However, they also demonstrated resilience through social connection: they are more likely to report that they provide help to others when they need it, and that they turn to friends and family for support.

Those with a previous diagnosis of a mental health condition were less likely to agree with almost all statements across each of the domains of the survey, and rated their overall mental health lower, on average, than those without a diagnosis.

This research also provides more evidence that overall, we can struggle most with our mental health and wellbeing in middle age. Positively, young people (0-17) and older people (60+) reported feeling positive about their mental health and wellbeing overall and scored most highly across many of the dimensions that contribute to this. While attention should continue to be directed at early intervention and prevention of mental ill-health among young people, further consideration should be given to supporting wellbeing throughout the lifespan, particularly in middle age.

This report provides a unique and important baseline “pulse-check” of Australians’ mental health and wellbeing. Future waves of research will be used to measure how the mental health and wellbeing of the nation evolves, and how effective mental health supports are in meeting our emerging needs.

EMBARGOED

2 Research Context

2.1 Background & Research Objectives

Mental Health Australia is the independent peak body representing mental health stakeholders and issues in Australia. Its members include people living with or caring for mental health conditions, professional bodies, a range of mental health service providers, researchers, and state/territory-based community mental health peak bodies.

Mental Health Australia has developed an independent annual benchmark survey to address a key gap in mental health data. This annual, national survey will provide regular insight into the mental health and wellbeing of Australians, allowing a regular “pulse-check” and identifying important issues for further advocacy. It is intended this survey be conducted annually as a point-in-time survey, with a set of consistent questions fielded each year, and additional questions varied on an annual basis. The data collected from this national survey will be used to promote issues and opportunities around mental health and wellbeing at a national level.

3 Methodology

Ipsos and Mental Health Australia worked in collaboration to design the questionnaire tool. The questionnaire was designed around the domains of the Contributing Life Framework, to provide a holistic measure of mental health and wellbeing. The domains are:

- Thriving, not just surviving
- Having something meaningful to do, and something to look forward to
- Connection to family, friends, culture and community
- Feeling safe, stable and secure
- Access to effective support, care and treatment

Participants were asked to respond thinking about their experiences over the last three months.

Three versions of the survey were designed:

- The ‘adult’ survey, for participants aged 14 and over
- A simplified version of the ‘adult’ survey for those aged nine to 13, completed by young people about their own mental health and wellbeing
- A children’s survey, completed by parents about the mental health and wellbeing of their 0-8 year-old child, which included six questions for the child to answer directly if they were able. Where participants had multiple children of different ages, they were auto-allocated a child of a certain age to answer questions about or ask to engage in the survey. The auto-allocation was based on a ‘least fill’ calculation, whereby the child was allocated depending on the quotas remaining. After the auto-allocation, a parent with multiple children aged 0-8 or 9-13 could choose the child they felt most comfortable engaging to complete the survey.

Given variations in the three questionnaires, only some direct comparisons across all age groups can be made. The commentary included in the findings section specifies which age group received each question.

Participants completed the questionnaire online, with recruitment of participants being conducted via online panel. If the participant was under 18 years old, parental consent was attained prior to completion of the survey. A total of n=2,537 responses were collected, consisting of n=317 aged 0-17; and n=2,220 aged 18+ (the 'adult' sample.)

Fieldwork was completed between 15th August and 2nd September, 2022.

A detailed methodology and final questionnaires completed by participants are included as appendices 7.4 and 7.5 of this report.

EMBARGO

3.1 Sample Composition

Quotas were set to ensure a robust sample of Australians by age, gender and location as outlined in Table 1 and

Table 2 below.

This sample was representative of the Australian population according to the Australian Bureau of Statistics census statistics. An additional boost of n=249 people identifying as First Nations Australians was collected, in addition to the n=2000 as outlined in Table 1, to ensure the sample for this subgroup was sufficient to conduct statistical testing. To ensure that sufficient sample could be collected from each location, 10% flexibility was allowed on quotas during fieldwork.

Table 1. Adult quotas set during fieldwork

	Male			Female		
	18-39 years	40-59 years	60+ years	18-39 years	40-59 years	60+ years
Greater Sydney	88	68	47	87	70	54
Rest of NSW	36	38	38	35	39	41
Greater Melbourne	83	62	43	82	65	50
Rest of Vic.	19	21	21	19	22	23
Greater Brisbane	40	32	22	40	33	24
Rest of Qld	36	35	30	36	37	31
Greater Adelaide	21	19	15	21	19	18
Rest of SA	5	6	6	5	6	6
Greater Perth	35	28	19	34	28	22
Rest of WA	8	9	6	8	8	6
Greater Hobart	3	3	3	3	3	3
Rest of Tas.	4	4	4	4	4	5
Greater Darwin	3	2	1	3	2	1
Rest of NT	2	1	1	2	1	1
ACT	8	6	4	8	6	4

Table 2. Child quotas set during fieldwork

	Male	Female	Male	Female	Male	Female
	0-8 years	0-8 years	9-13 years	9-13 years	14-17 years	14-17 years
Greater Sydney	11	10	10	10	10	10
Rest of NSW	5	5	6	6	6	5
Greater Melbourne	10	10	10	9	10	9
Rest of Vic.	3	3	3	3	3	3
Greater Brisbane	5	5	5	5	5	5
Rest of Qld	5	5	6	5	6	5
Greater Adelaide	3	2	3	2	3	3
Rest of SA	1	1	1	1	1	1
Greater Hobart	1	1	1	1	1	1
Rest of Tas.	1	1	1	1	1	1
Greater Perth	4	4	4	4	4	4
Rest of WA	1	1	1	1	1	1
Greater Darwin	1	1	1	1	1	1
Rest of NT	1	1	1	1	1	1
ACT	1	1	1	1	1	1

3.2 Weighting

All data were weighted by location, age, gender and Aboriginal and/or Torres Strait Islander Status, in line with population statistics obtained from the Australian Bureau of Statistics. Age, gender and location weights have been 'nested' to ensure a more representative dataset is used and aligns the sample back to the representative quotas set during fieldwork.

Weighting, also known as sample balancing, is used to adjust the results of studies to make them more representative (e.g., if a study has 49% men, but the population has 50%, weighting can be used to bring the results of the study into line with the population). Rim weighting was applied to the data using Q software.

Rim weighting was used as it allows the adjusting of a data set to occur across different characteristics, such as age, gender, location etc, ensuring that these different characteristics are kept proportionate across the sample.

Note that differences between First Nations Australians and the remaining population are reported with a different level of weighting applied by age, gender and location only. This is so that the sample boost conducted to over-represent this group and provide more statistical power when making conclusions about First Nations Australians' mental health and wellbeing is not corrected by weighting.

3.3 Data cleaning

The data were cleaned in the following ways prior to reporting results:

- Deleting cases with an invalid open response answer, indicating invalid completion of the survey
- Deleting any skimmer or flatliner cases – these are defined as cases where the participant has rushed through or 'skimmed' through the survey and hence providing not true nor self-reflective responses.

4 Analysis

Data analysis and significance testing was undertaken using the Q analysis package, which is custom designed for analysis of social research survey results. Coding, editing and weighting of variables and statistical manipulations were conducted as appropriate.

All questions have been analysed by the following key variables:

- Overall level
- Breakdown by age brackets (0-8, 9-13, 14-17, 18-39, 40-59 and 60+).

The adult age brackets (18-39; 40-59; 60+) have been set in this way to provide enough statistical power to each cohort during analysis for significance testing, while allowing the reader to see differences in age bands. Ages brackets are loosely based on generational age breakdowns.

Additional significant differences by the following variables have been noted in the commentary, where observed: gender, LGBTQIA+ status, location, Culturally and Linguistically Diverse status, mental health status (whether they had ever been diagnosed with a mental health condition), support/carer status (i.e. people who have experience supporting close friends or family members with a mental health condition) and those who identify as First Nations Australians.

Significance testing has been applied between demographic subgroup variables only, and has not been performed within or between statements.

Where appropriate to do so, additional levels of analysis have been applied as relevant to each question. Sub-chapters describe in written form the key, statistically significant differences (see section 4.1 for more information on significance testing) by the following additional demographic variables. Tables presenting this data have been included in as an attachment in excel.

Significance testing throughout this report has been applied to the Net response only (e.g. 'strongly agree' + 'agree'). Significance testing across the remaining points of the scale have not been included, to ensure the report remains simple to read and understand. Tables presenting this data have been included in as an attachment in excel.

4.1 Significance testing

Significance testing was undertaken at the 95% confidence interval using false discovery rate (FDR) adjusted p values. Ipsos applies FDR as standard to address an issue known as multiple testing problem (or multiple comparison problem). As the name implies, this issue arises when multiple tests are conducted, resulting in more false discoveries. Applying FDR means that 5% of significance tests³ will result in false positives. Not applying an FDR means 5% of all tests result in false positive. In short, applying FDR results in fewer false positives.

A 'significant difference' means we can be 95% confident the difference observed between the two samples reflects a true difference in the population of interest and is not a result of chance. Such descriptions are not value judgements on the importance of the difference. The reader is encouraged to make a judgement as to whether the differences are 'meaningful' or not.

Where significance testing has occurred between pairs such as male vs. female, this has been undertaken as an independent samples test. However, where significance testing has occurred between more than two categories within a group, such as by age, the significance testing used tests one category against the average of the others that are not in that category combined. Such a test is ideal for multiple comparisons as it reduces the likelihood of displaying a significant difference where one does not exist.

4.2 How to interpret this report

For each question, data has been presented in a combination of tables and charts at the overall level and by age breakdown. Other variables presenting a significant difference will also be identified in the commentary, with full tables provided as an appendix in excel format. For key variables, significant differences will be identified using **red** text to indicate that a result is significantly lower among that group and **green** text to indicate it is significantly higher. Due to rounding, responses may not always add up to 100%, and Nets (e.g. 'strongly agree' + 'agree') may not appear to be an exact addition of the two responses included.

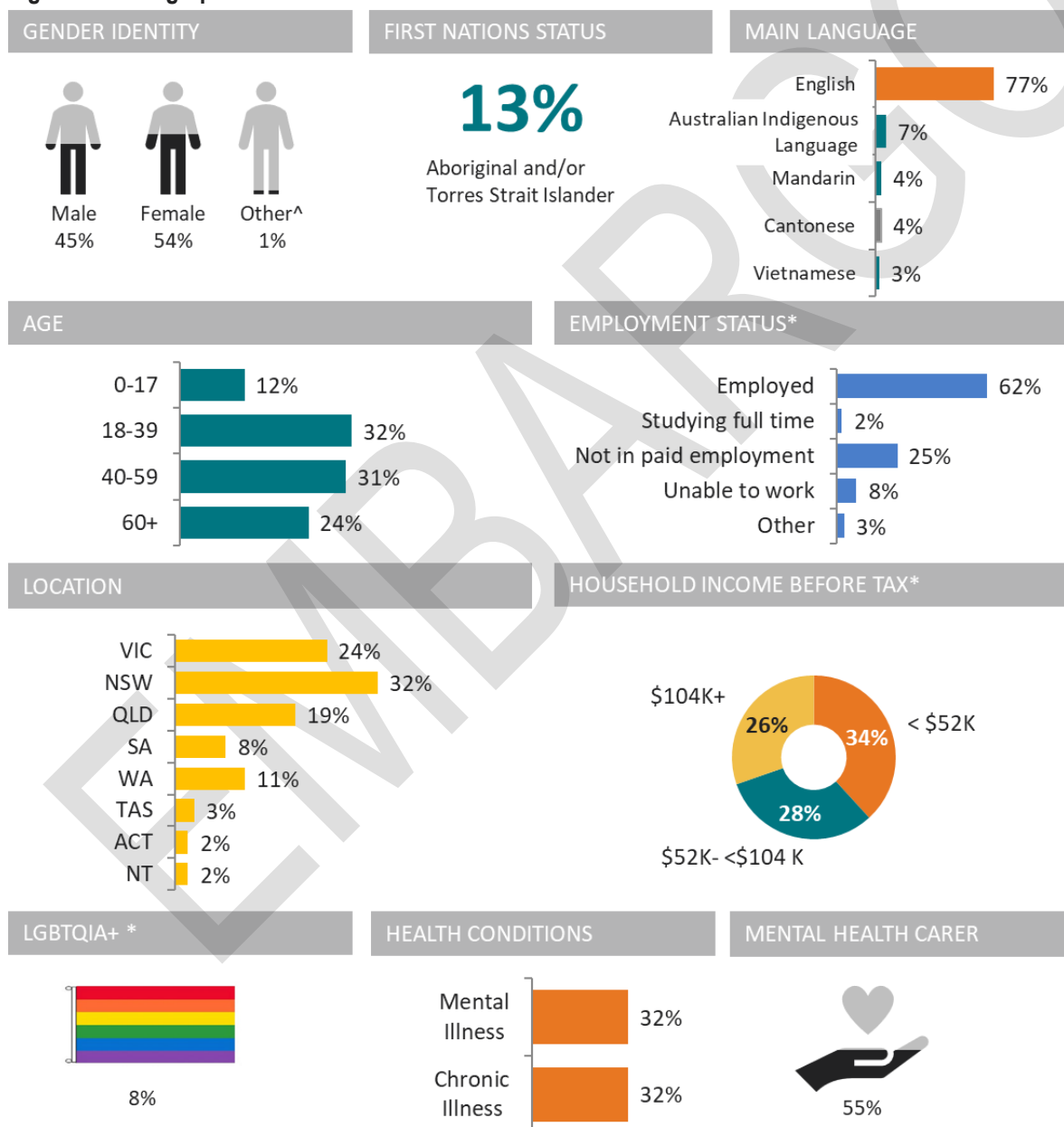
³ When testing at the 95% confidence interval.

5 Survey Sample

5.1 Demographics

Figure 1, below, outlines the demographics of the survey sample for adults and children. Note that this data is unweighted, however, as outlined in section Error! Reference source not found., above, data shown in the remainder of the report has been weighted to bring the survey results in line with the true Australian population.

Figure 1. Demographics



*Asked only of adults

[^]Other' gender refers to those who identify as non-binary, use a different term or preferred not to answer

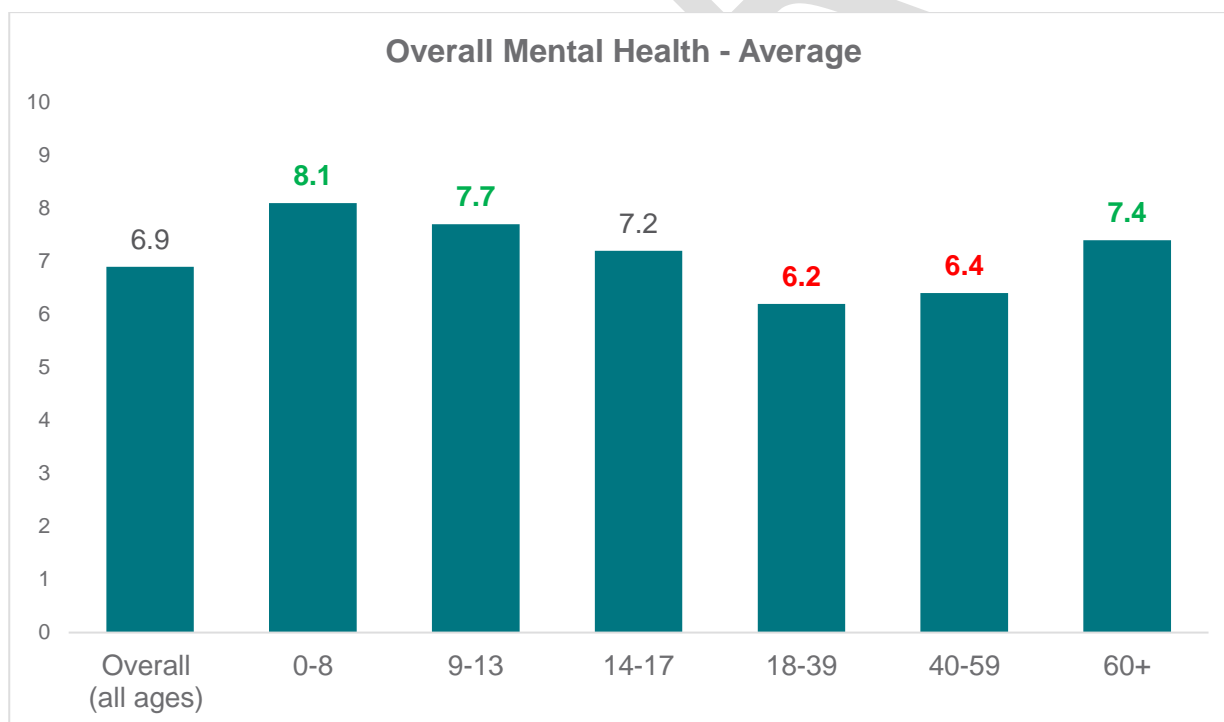
6 Findings

6.1 Overall mental health score

6.1.1 Section Summary

Painting an overall picture of the mental health and wellbeing of Australians requires an overview of each demographic segment's self-professed mental health state. In order to gain this insight, all survey respondents were asked to reflect on their mental health and wellbeing in the last three months and rate it on a scale of 1 to 10 — 1 meaning extremely poor mental health and 10 meaning extremely good mental health. Participants were also provided with the option to answer 'I don't know' and 'prefer not to say' in response to this question, which have been excluded from the analysis below. Younger age groups were provided a simplified wording. Overall, across all age groups an average score of 6.9 out of 10 was provided. Under 8-year-olds were on average the highest scoring cohort at 8.1 and those aged 18-39 were the lowest scoring at 6.2.

Figure 2: Average Mental Health

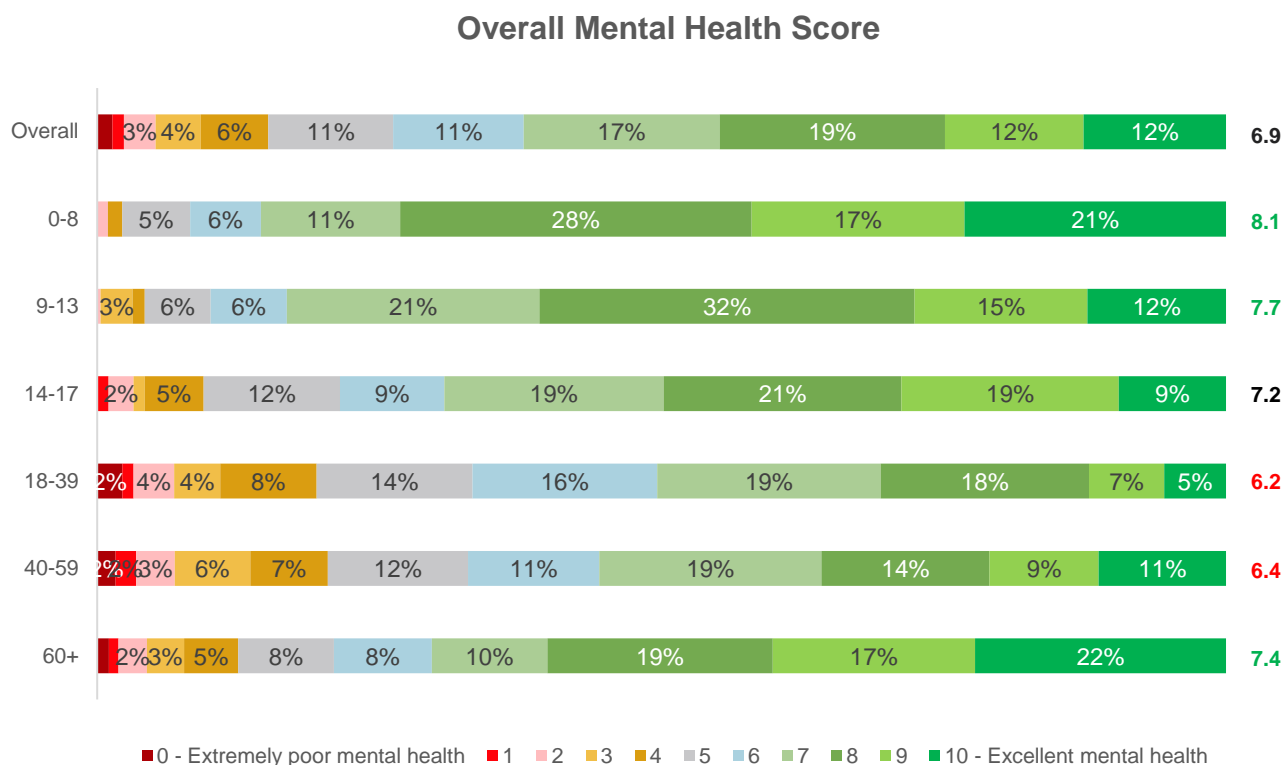


6.1.2 Overall mental health score (all ages)

All respondents were asked to score their mental health over the last three months on a 11-point scale, where 10 was the best it could have been and 0 the worst. The below chart demonstrates the distributions of scoring across all the age groups surveyed.

Findings

Figure 3. Overall Mental Health (All ages)



Q11. Thinking about how you have been feeling over the past three months, how would you rate your overall mental health? Please use the scale below, where 0 is 'Extremely poor mental health' and 10 is 'Excellent mental health' / Q15 Again thinking about your child's experiences over the past three months, how would you rate their overall mental health? Please use the scale below, where 0 is 'Extremely poor mental health' and 10 is 'Excellent mental health'.

Sample: Total n=2,537

Note: Responses for 'Prefer not to say' (1%) and 'Unsure/Don't Know' (2%) not shown

In comparing to the overall average, 0-8, 9-13 and 60 and above cohorts all scored their mental health significantly higher – at 8.1, 7.7 and 7.4 respectively. Survey respondents aged 18-38 and 40-59 scored themselves on average, significantly lower than all others – 6.2 and 6.4 respectively.

Those aged 60 and above were the most likely to provide a score of 10 at 22%, while respondents aged 14-17 were most likely across all the cohorts to score a 9 (19%). Young people aged 9-13 and children 0-8 were the most likely to score themselves an 8 – at 32% and 28% respectively. Those aged 18-39 and 40-59 had the highest percentage in ratings of 0 across all respondents at 2% each.

In analysing the data further, significant differences were found among subgroups. (Please note the following differences are only among those aged 14 and above.)

- Overall mental health was significantly lower on average for carers compared to non-carers (6.4 compared to 7).
- First Nations Australians participants had a lower overall mental health rating compared to the remainder of the population (5.2 compared to 6.7).
- LGBTQIA+ participants also had a lower overall mental health score compared to non-LGBTQIA+ participants (5.7 compared to 6.8)
- Those who had a diagnosis of a mental health condition scored their mental health significantly less on average compared to those who did not have diagnosis – at 5.3 vs. 7.3 respectively.

EMBARGO

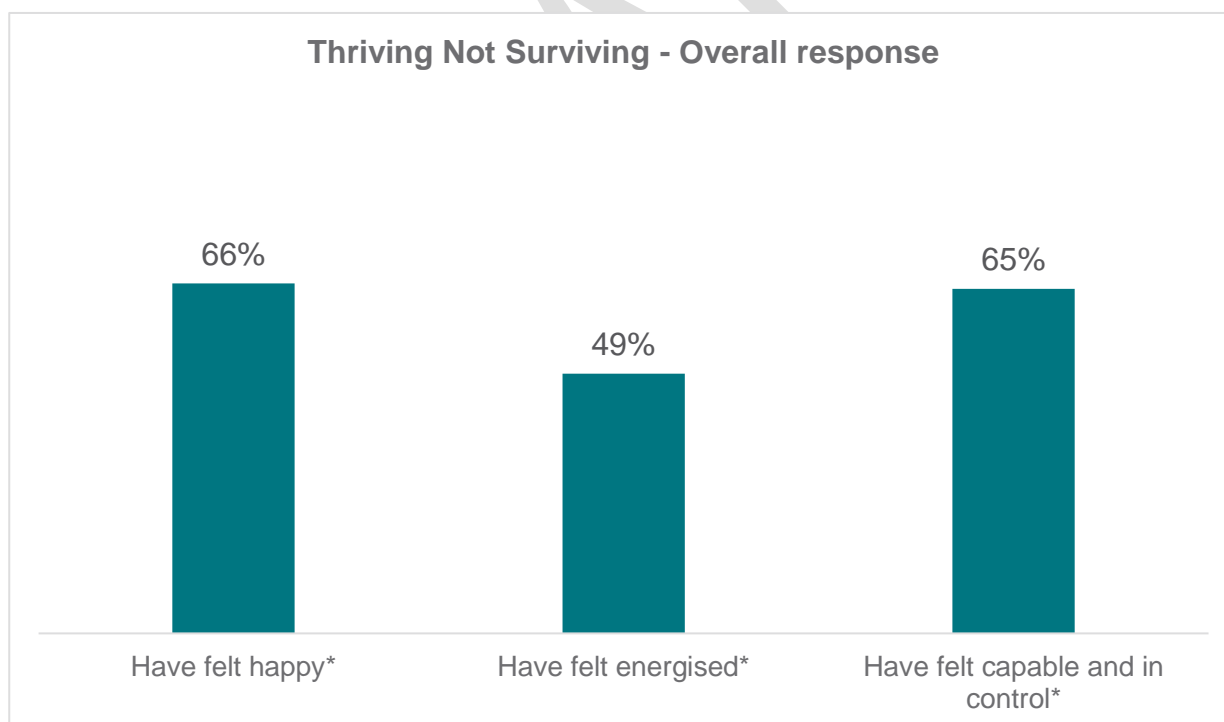
6.2 Thriving, not just Surviving

6.2.1 Section Summary

To thrive and not just survive entails growing, developing and prospering to reach a state of mental health and wellbeing, as opposed to simply coping with circumstances in order to survive. To create an understanding around what it is that makes Australians *'feel good'* all participants were asked what they believed was important to their mental health and wellbeing. Participants aged 9 and older were provided a series of statements (*'happy'*, *'energised'* and *'capable and in control'*) and asked to what extent did they agree/disagree to feeling this way in the last three months. Children aged under 8 were asked a series of age-appropriate questions to gauge their sense of 'thriving not surviving', however, consistent with the other age groups they were asked to rate their feelings of happiness.

As detailed in Figure 4 below, young people (ages 9-13) and adults (ages 14+) were tended to agree more strongly with having felt *'happy'* (66% net agree) and having felt *'capable and in control'* (65% net agree) over the past three months. Less than half (49% net agree) agreed they had been feeling *'energised'* over the past three months.

Figure 4: Overall response to 'Thriving, not surviving' statements (9-13; 14+)



Adult and 9-13: I have felt happy; I have felt energised; I have felt capable and in control

% Agree, % Strongly Agree response shown

Sample: Total n=2427

*Responses for child aged 0-8 not included

Note: only statements which could be reasonably matched across different questionnaires shown above

At a more detailed level, as shown in following sections, those aged 14-17 were consistently more likely than other adults to feel *'happy'* (77% net agree), *'energised'* (61% net agree) and *'capable and in control'* (70% net agree) — with 60+ year-olds following closely behind.

Further analysis found that First Nations Australians were significantly less likely than non-First Nations Australians to report feeling *'happy'*, *'energised'* and *'capable and in control'* in the last three months.

Examination of younger age groups' current capacity to thrive found that 9-13 year-olds were generally very confident in responding that they were *'happy'* (83% NET Agree) and *'energised'* (76% NET Agree). However, this age group was less confident overall in having felt *'capable and in control'* (65% NET Agree).

Lastly, 0-8 year-olds generally reported that they always *'feel safe'* (79%) and *'enjoy playtime'* (81%) although a lower proportion than other groups reported that they always *'feel happy'* (58%).

6.2.2 What's important for mental health and wellbeing?

All age groups were provided with an open-ended question asking what is important to their mental health and wellbeing (younger age groups were provided with simpler wording, *'What is one thing that makes you feel really happy?'*). The responses written by respondents for this question were recorded and coded in overall themes present in the answers provided, all codes used can be seen in the table below (

Findings

Figure 5). Overall, Australians reported that their *'family / partner support and love'* was the most important thing to their overall mental health and wellbeing, with around one-fifth mentioning this (21%). This was closely followed by *'friends / socialising and connecting with others'* (20%) and *'physical activity, exercise, sport'* (20%).

Responses varied by age. For the youngest age group (0-8), *'Games/toys/books/hobbies'* was the most common response. *'Friends/socialising and connecting with others'* was the most common response for both 9-13 and 14-17 year-olds. Interestingly, 9-13 and 14-17 year-olds were the only age group to mention *'friends'* more than *'family'* as important for their wellbeing – all other age groups were more likely to mention their family.

Those aged 18-39 most commonly valued *'having time to yourself/personal time'* the most for their mental health and wellbeing.

The older age groups, 40-59 and 60+ year-olds were most likely to mention their family or partner as important for their mental health and wellbeing.

Connections with others (friends and family), physical exercise and being positive were consistently highly rated as important for mental health and wellbeing across all age groups besides 0-8yo.

Findings for this question are detailed below in

Figure 5. The most common response for each age group is bolded.

EMBARGO

Findings

Figure 5. In a few words, please describe something that is important for your mental health and wellbeing

	Overall	0-8	9-13	14-17	18-39	40-59	60+
Family/ Partner support and love	21%	33%	13%	21%	20%	20%	24%
Friends/ socialising and connecting with others	20%	16%	35%	40%	17%	14%	19%
Physical activity/ exercise/ sport	16%	4%	13%	20%	19%	17%	14%
Being positive/ happy/ calm/ not stressed	15%	0%	13%	14%	16%	17%	17%
Having time to yourself/ personal time/ time to relax	14%	0%	2%	9%	21%	14%	11%
Games/ toys/ books/ hobbies	9%	46%	11%	10%	5%	6%	6%
Good health	8%	0%	3%	3%	7%	11%	13%
Work life balance/ routine	7%	0%	1%	7%	10%	7%	4%
Work life balance/ routine	7%	0%	1%	7%	10%	7%	4%
Eating well/ good food	6%	16%	5%	7%	5%	5%	4%
Environment/nature/ being outdoors/ travelling	6%	0%	0%	4%	7%	6%	7%
Stable work/ income/ housing	6%	0%	0%	1%	6%	8%	8%
Sleeping well	5%	0%	6%	4%	6%	7%	4%
Pets/ animals	3%	4%	4%	2%	2%	4%	1%
Meditation/ meditative activities	2%	0%	0%	3%	2%	2%	1%
Accessing professional support/ medical support	2%	0%	0%	2%	1%	3%	2%
Culture/ community connections	1%	0%	0%	2%	1%	2%	2%
Religion/ faith	1%	0%	0%	0%	0%	1%	1%
Alcohol/ smoking/ vaping	0%	0%	0%	1%	0%	0%	0%
Other	6%	4%	10%	6%	3%	5%	8%
Nothing/ my mental health is fine	5%	1%	10%	2%	6%	3%	6%
Unsure/ don't know	2%	1%	2%	2%	1%	1%	2%

Q1. In a few words, please describe something that is important for your mental health and wellbeing (Adult, 9-13 questionnaire); Q2. What is one thing that makes you feel really happy?

Sample: 0-8 n=92; 9-13 n=103; 14-17 n=104; 18-34 n=805; 40-59 n=794; 60+ n=621. Weighted by age, gender, location and ATSI status

6.2.3 Thriving, not just surviving (Ages 14-17;18+)

All survey respondents were asked to think about how they had been feeling over the past three months, with participants initially asked to rate, on a five-point scale, their agreement with the statement *'I have felt happy'*. As shown in

EMBARGO

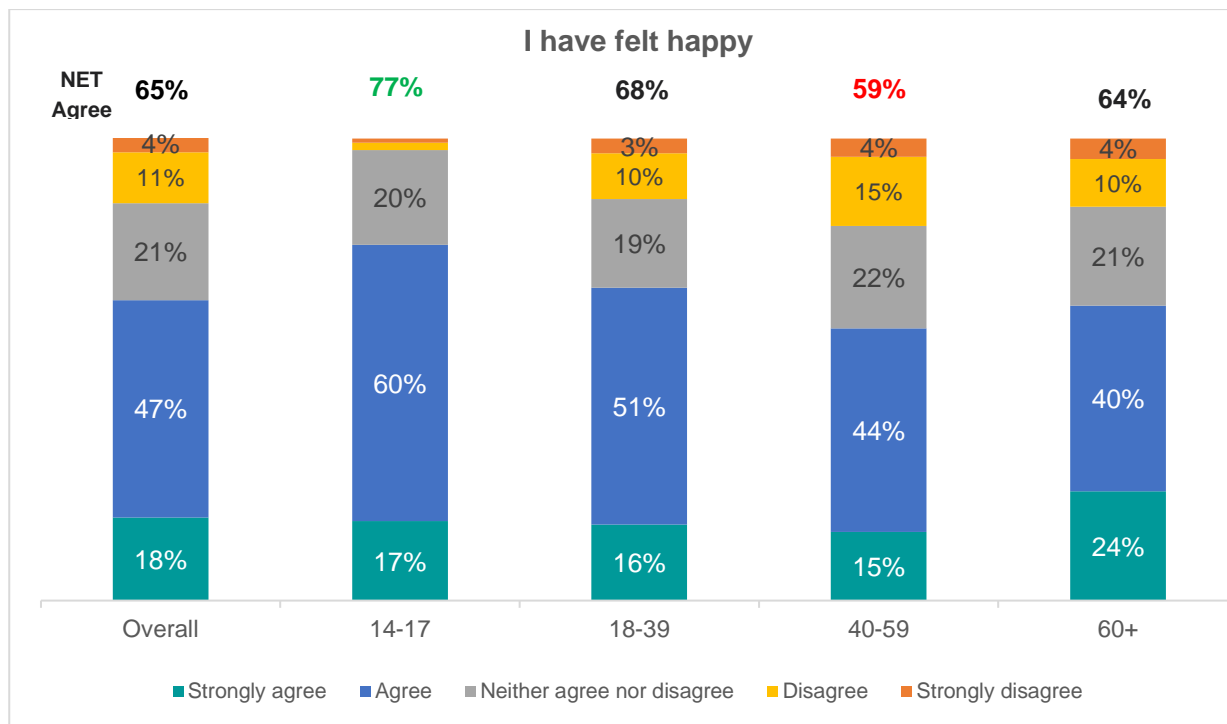
Figure 6 below, close to two-thirds (65%) agreed or strongly agreed that they had been feeling happy over the past 3 months.

Those aged 14-17 were the most likely to agree with this statement of all four age groups, with more than three-quarters (77%) agreeing that they have been feeling happy. This age group was significantly more likely to agree or strongly agree to feeling happy than other age groups. Consistent with the literature on happiness, rates of happiness dipped around middle age before increasing in older age. Those aged 40-59 were significantly less likely to agree they had been feeling happy over the past 3 months compared to the other three age groups, with just 59% agreeing with this statement. Levels of happiness among those aged 18-39 and 60+ was comparable, with approximately two-thirds (68% and 64% respectively) agreeing or strongly agreeing they had been feeling happy recently.

Individuals who identified as part of the LGBTQIA+ community were significantly less likely to agree with this statement compared to those who do not identify as LGBTQIA+ (53% net agree compared to 66% respectively). Significant differences were also observed among those who had been diagnosed with a mental health condition, with less than half (46%) of those who had received such a diagnosis agreeing they had been feeling happy over the past 3 months, compared to 73% for those who had not received a diagnosis of a mental health condition. Participants who had identified as First Nations Australians also had a significantly lower net agreement compared to those who did not identify themselves as First Nations Australians – at 44% vs. 66%.

Findings

Figure 6. I have felt happy (Ages 14+)



Q2. Thinking about how you have been feeling over the past three months, please answer the following statements on a scale from 'strongly agree' to 'strongly disagree' – I have felt happy.
 Sample: 14-17 n=104; 18-34 n=805; 40-59 n=794; 60+ n=621. Weighted by age, gender, location and ATSI status

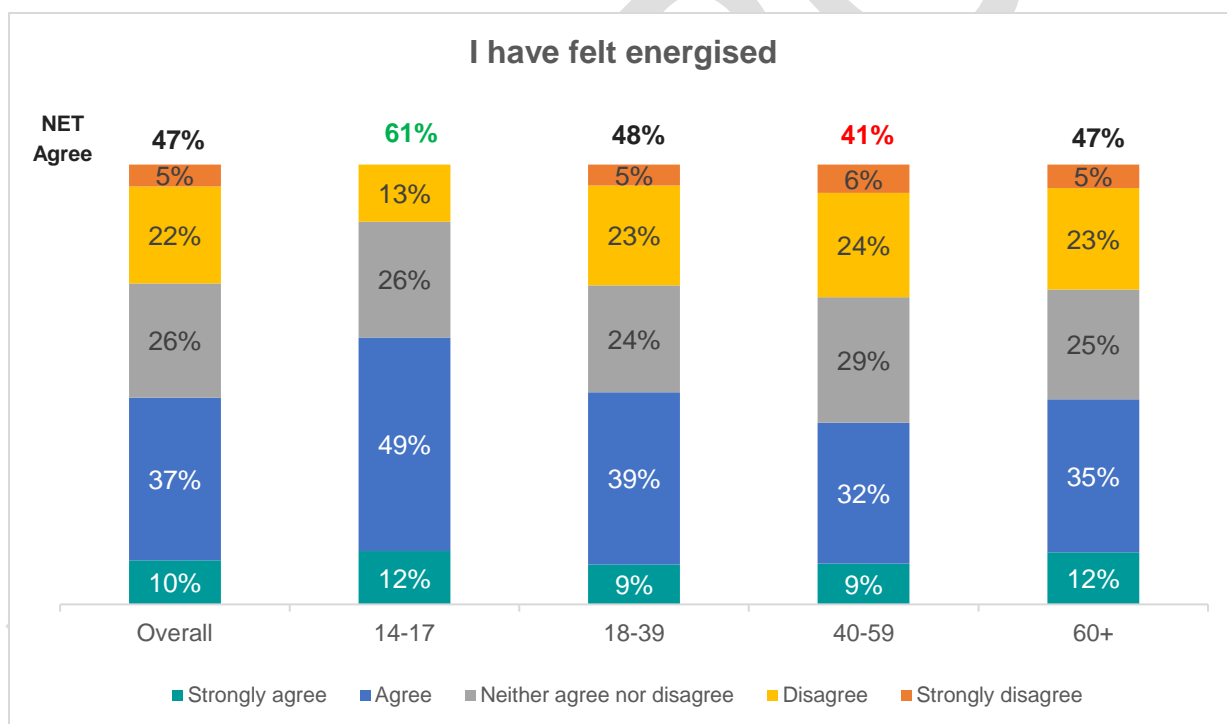
EMBARGOED

Findings

Survey respondents were then asked to rate their agreement with the statement ‘I have felt energised’ over the past three months. Overall, less than half (47%) of respondents agreed or strongly agreed with this statement. Figure 7, below, shows that those aged 14-17 (61%) were significantly more likely to agree with this statement than the average of the remaining three age groups. Once again, those aged 40-59 (41%) were significantly less likely to agree they had been feeling energised over the past 3 months. For those aged 18-39 and 60+ the proportion of survey respondents reporting that they have felt energised was comparable (48% and 47% respectively).

Survey respondents who had been a carer/support person (43%) were significantly less likely to agree that they have felt energised than those who had not (51%). Females (43%) were significantly less likely than males to report feeling energised (51%). Those who had been diagnosed with a mental health condition were significantly less likely to agree that they have felt energised — 28% vs. 55%. Those that identify as part of the LGBTQIA+ community were significantly less likely than others to agree that they had felt energised (37% vs. 48% who did not identify). First Nations Australians also had a significantly lower mention of agree and strongly agree compared to others, at 27% vs. 48%.

Figure 7. I have felt energised (Ages 14+)



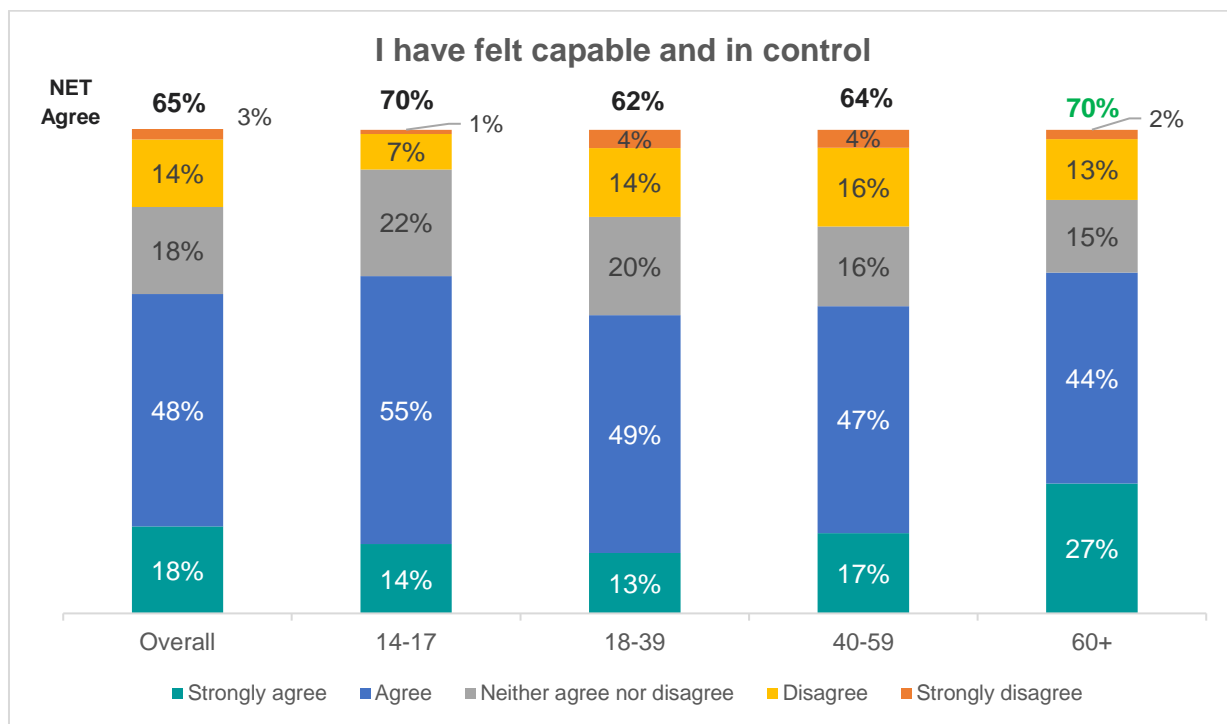
Q2. Thinking about how you have been feeling over the past three months, please answer the following statements on a scale from ‘strongly agree’ to ‘strongly disagree’ – I have felt energised.
 Sample: 14-17 n=104; 18-34 n=805; 40-59 n=794; 60+ n=621. Weighted by age, gender, location and ATSI status

Respondents were then asked whether they agreed that over the past three months they had felt ‘capable and in control’. Responses are detailed in Figure 8 below. Overall, approximately two-thirds (65%) agreed or strongly agreed with this statement, with the response for those at 60+ significantly higher than the average of the remaining age groups (70%).

Survey respondents that identify as LGBTQIA+ (51%) were significantly less likely to feel capable and in control compared to those that do not (66%). Female respondents (62%) were significantly

less likely than males (68%) to feel capable and in control. Notably, those diagnosed with a mental health condition were significantly less likely than others to agree that they have felt capable and in control over the past three months — 47% vs. 73%. Once again, respondents that identify as First Nations Australians (41%) were significantly less likely to agree compared to others — 41% vs. 66%.

Figure 8. *I have felt capable and in control (Ages 14+)*



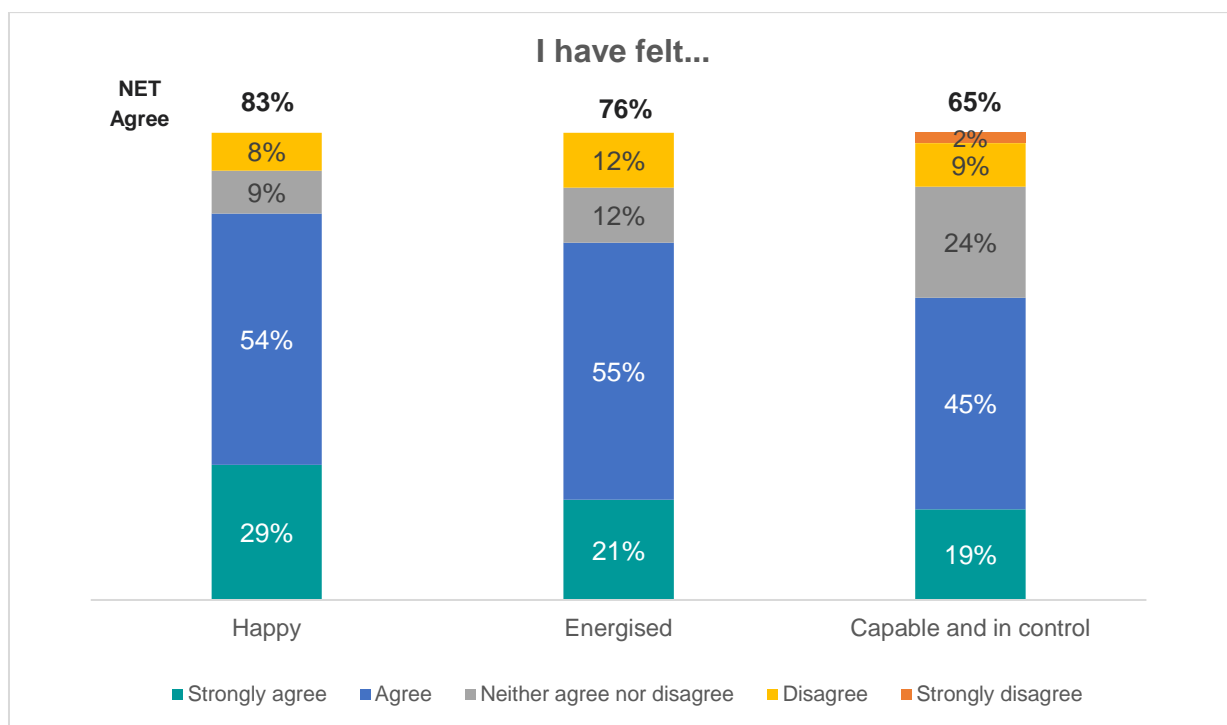
Q2. Thinking about how you have been feeling over the past three months, please answer the following statements on a scale from 'strongly agree' to 'strongly disagree' – I have felt energised
 Sample: 14-17 n=104; 18-34 n=805; 40-59 n=794; 60+ n=621. Weighted by age, gender, location and ATSI status

6.2.4 Thriving, not just surviving (Ages 9-13)

Similar to the 'adult' survey, survey respondents who were young people aged 9-13 were asked about the extent to which they agreed that they felt 'happy', 'energised', and 'capable and in control' on a five-point scale from 'strongly agree' to 'strongly disagree'.

As shown in Figure 9 below, the majority of young people aged 9-13 agreed (83% net) that they had felt happy in the last three months. Likewise, they were also likely to agree that they 'felt energised' (76%). A smaller proportion of those young people agreed that they 'felt capable and in control' (65%). While no respondents aged 9-13 strongly disagreed that they 'felt happy' or 'energised', 2% strongly disagreed that they 'felt capable and in control'.

Figure 9. I have felt happy, energised, & capable and in control (Ages 9-13)



Q2 Thinking about how you have been feeling over the past three months, please answer the following statements on a scale from 'strongly agree' to 'strongly disagree'.
 Sample: 9-13 n=103. Weighted by age, gender, location and ATSI status

6.2.5 Thriving, not just surviving (Ages 0-8)

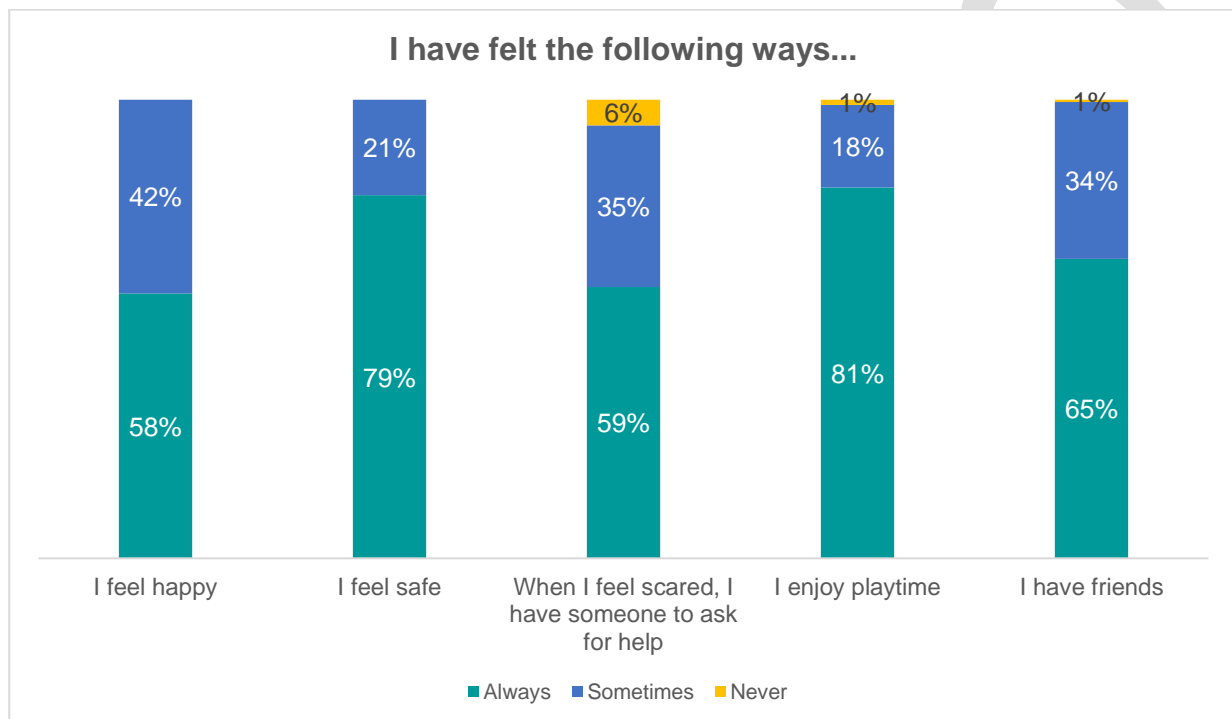
Children aged 0-8, whose parent or guardian felt they would be able to do so, were asked if they felt: happy; safe; that when they felt scared, they have someone to ask for help; that they enjoy playtime; and that they have friends. Children were asked to respond on scale of feeling this way always, sometimes or never. Smiley face emojis were placed alongside this scale to further assist the children’s comprehension of the question.

Findings

Figure 10 below shows that the majority of children aged 0-8 agreed that they had felt 'happy' in the last three months: 58% always and 42% sometimes. Similar proportions of children aged 0-8 agreed that they always felt 'safe' (79%) and that they 'enjoyed playtime' (81%). Lower proportions agreed that they always 'have someone to ask for help' when they feel scared (59%) and that they 'have friends' (65%).

No significant differences were observed by demographic variables, due to the small sample size for this age group.

Figure 10. I have felt the following ways... (Ages 0-8)



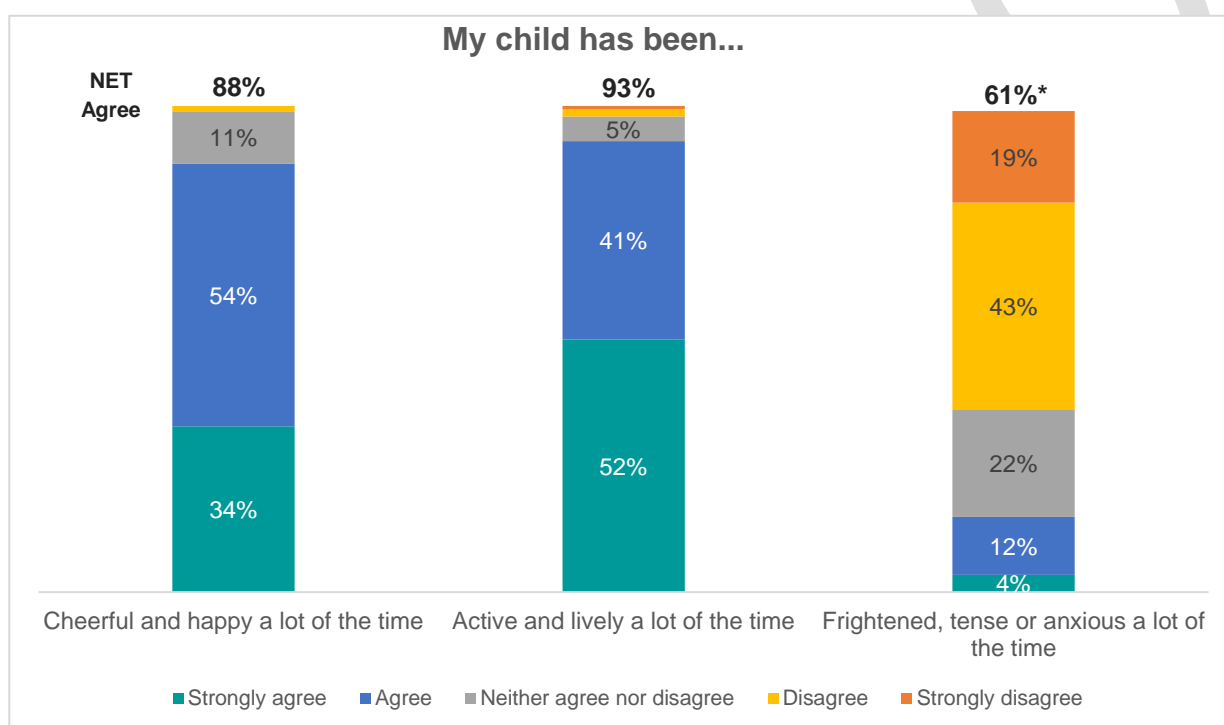
Q3 In the last little while (three months) how often have you felt the following ways...
 Sample: 0-8, n=110. Weighted by age, gender, location and ATSI status

Findings

Parent/guardians were asked a number of questions about their observations of their child’s behaviour in the last three months – note that the third statement was negatively framed. As shown in Figure 11 below, the overwhelming majority of respondents agreed that their child had been ‘active and lively a lot of the time’ (93% net) and that their child was ‘cheerful and happy a lot of the time’ (88%). Similarly, the majority of parents indicated their child was not ‘frightened, tense or anxious a lot of the time’, with 61% (net) disagreeing with this statement.

No significant differences were observed by demographic variables.

Figure 11. My child has been cheerful and happy a lot of the time, actively and lively a lot of time, and frightened, tense or anxious a lot of the time (Ages 0-8)



Q5. Thinking about how your child has been over the past three months, please answer the following statements on a scale from ‘strongly agree’ to ‘strongly disagree’.

Sample: 0-8, n=110. Weighted by age, gender, location and ATSI status

Note: N/A responses not shown in chart

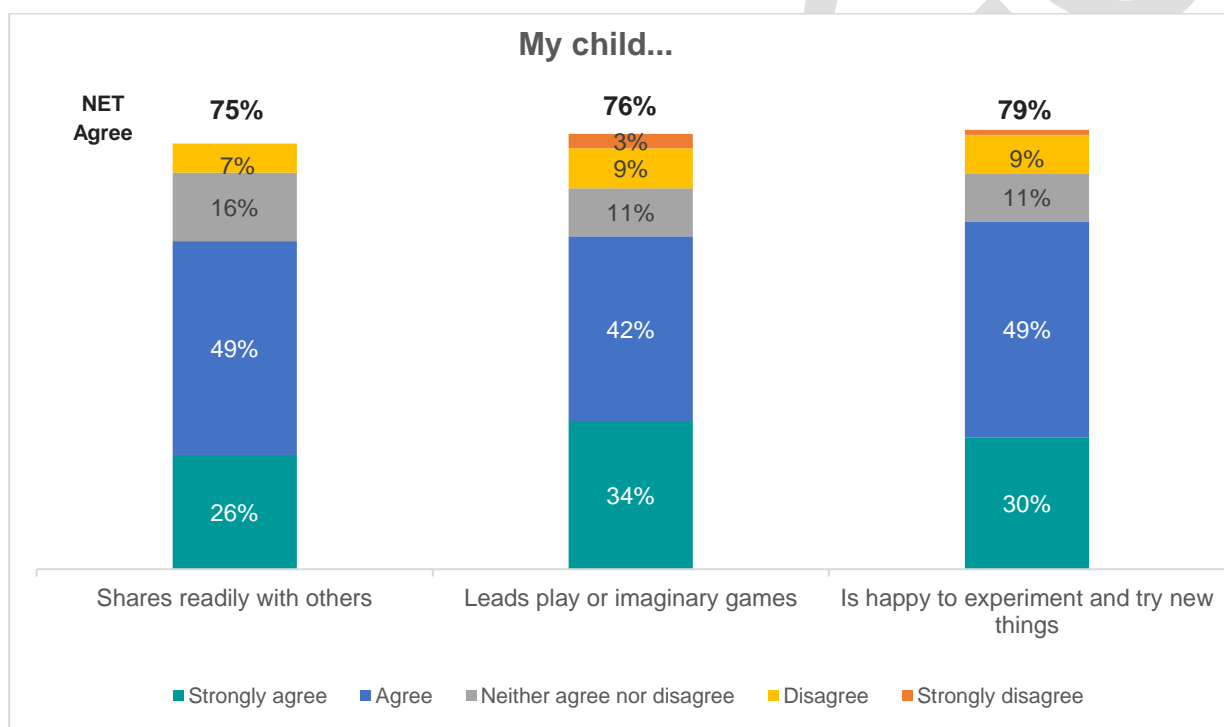
* % Disagree / Strongly Disagree reported for ‘frightened, tense or anxious a lot of the time’

Findings

Parents or guardians of children aged 0-8 were then asked, on a five-point scale from 'strongly agree' to 'strongly disagree', the extent to which they agreed that over the past three months, their child 'shares readily with others', 'leads play or imaginary games', and 'is happy to experiment and try new things'. The overwhelming majority of respondents agreed with the statements, as shown in Figure 12 below: shares readily with others (75%), leads play or imaginary games (76%) and is happy to experiment and try new things (79%). Among those that agreed that their child leads play or imaginary games, there was 12% NET disagreement. This is comparable to those that agreed that their child is happy to experiment and try new things (10% NET disagree) but notably higher than those that agreed their child shares readily with others (7% NET disagree).

No significant differences were observed by demographic variables.

Figure 12. My child shares readily with others, leads play or imaginary games, and is happy to experiment and try new things (Ages 0-8)



Q6 Thinking about how your child has been acting over the past three months, please answer the following statements on a scale from 'strongly agree' to 'strongly disagree'.

Sample: 0-8, n=110. Weighted by age, gender, location and ATSI status

Note: N/A responses not shown in chart

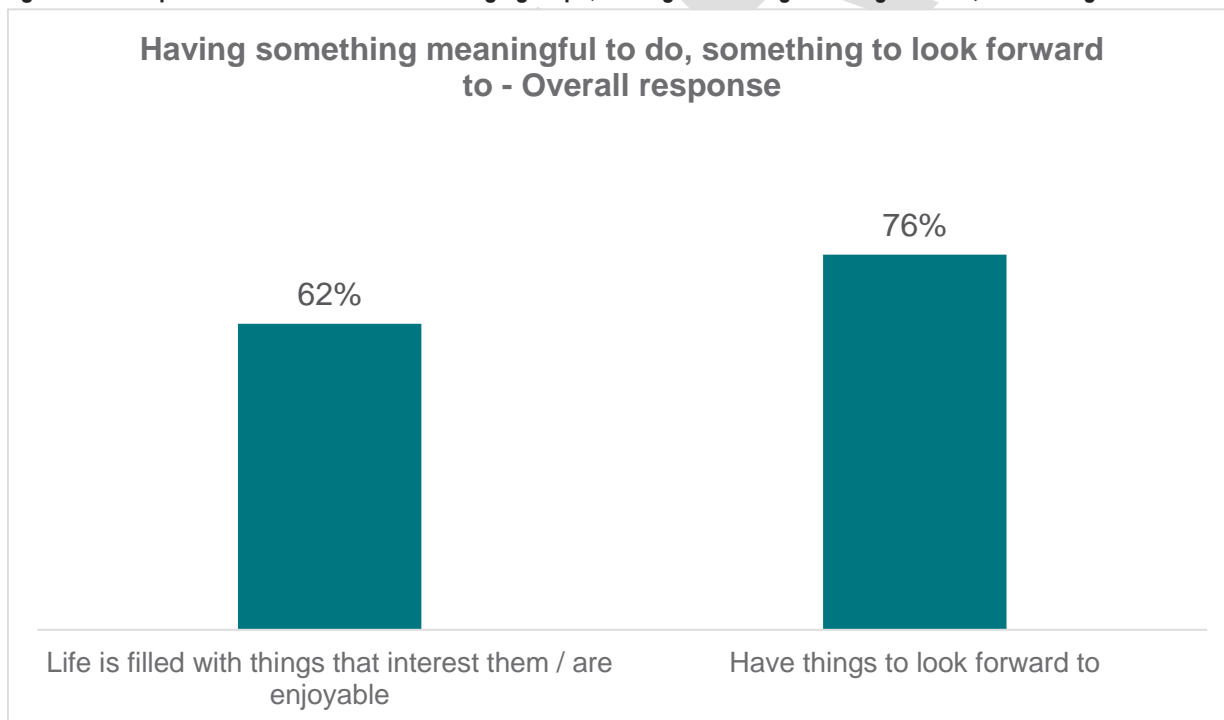
6.3 Having something meaningful to do, something to look forward to

6.3.1 Section Summary

Positive mental health and wellbeing outcomes are strongly associated with having something meaningful to do and things to look forward to. This section provides results from a series of statements designed to measure this sense of meaning in everyday life. Participants were asked to answer three statements on a five-point-scale, ranging from strongly agree, to strongly disagree, while thinking about their previous three months. The statements asked of adults aged 14+ were 'My daily life has been filled with things that interest me', 'I have been able to do things that are meaningful to me' and 'I have things to look forward to'. Children and young people (aged 0-8; 9-13) were asked similar questions with simplified wording.

Statements that were comparable across all age groups are outlined in Figure 13 below. Overall, participants tended to agree more strongly with having things to look forward to, with more than three-quarters (76%) in net agreement with this statement. Agreement with the concept of having their daily life filled with things that are enjoyable or of interest was lower, with 62% in net agreement.

Figure 13. Comparable statements across all age groups; *Having something meaningful to do, something to look forward to*



Adults: Q3. [My daily life has been filled with things that interest me, I have had things to look forward to] 9-13: Q3. [I have had things to do that I enjoy, I have had things to look forward to]; 0-8: Q7. [My child has had things to do that they enjoy; My child has had things to look forward to]

% Agree, % Strongly Agree response shown

Sample: Total n=2537

Note: only statements which could be reasonably matched across different questionnaires shown above

At a more detailed level, analysis of feelings about *having something meaningful to do and something to look forward to* collected in the adult survey found that 14-17 year-olds were the age group most likely to agree with 2 out of the 3 statements — *'I have things to look forward to'* (90%) and *'I have been able to do things that are meaningful to me'* (83%). Those aged 60 and over were most likely to agree that their daily life has been filled with things that interest them (64%). Adults who identified as First Nations Australians or who had been diagnosed with a mental health condition were significantly less likely to agree to all statements compared to non-First Nations Australians and those who had been diagnosed with mental health condition, respectively.

The majority of young people aged 9-13 agreed to all statements provided, with 87% being the lowest NET agree - for feeling they had things in their life that they are good at. Likewise, a majority of children aged 8 and under agreed with the statements for this section.

6.3.2 Having something meaningful to do, something to look forward to (Ages 14-17;18+)

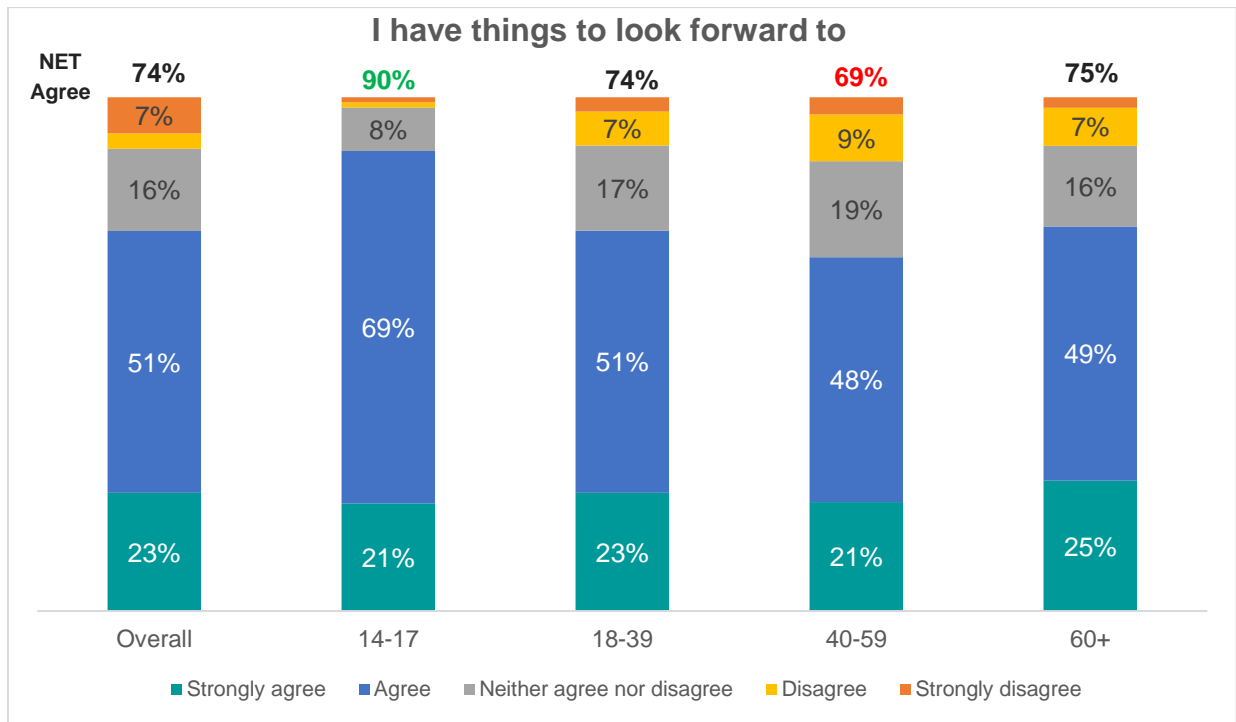
Adult survey respondents (aged 14-17 and 18+) were asked to think about how they had been feeling over the past three months and indicate the extent to which they agreed with a series of statements.

Figure 14 below shows the results obtained when adult survey respondents were asked the extent to which they agree that they have things to look forward to. As shown below, survey respondents aged 14-17 were significantly more likely to agree with this statement with 90% in net agreement compared to the average of the remaining age groups. Those aged 40-59 had significantly lower level of net agreement (69%) compared to the average of the other age groups. Those aged 18-39 and 60+ had similar levels of net agreement — 74% and 75% respectively.

Those diagnosed with a mental health condition were significantly less likely than those not diagnosed to agree with this statement — 61% vs. 80%. Survey respondents that identify as First Nations Australians were significantly less likely to agree (58%) than those who do not (75%).

Findings

Figure 14. I have things to look forward to (Ages 14+)



Q3. And again, thinking about how you have been feeling over the past three months, please answer the following statements on a scale from 'strongly agree' to 'strongly disagree'.
 Sample: 14-17 n=104; 18-34 n=805; 40-59 n=794; 60+ n=621. Weighted by age, gender, location and ATSI status

EMBARGOED

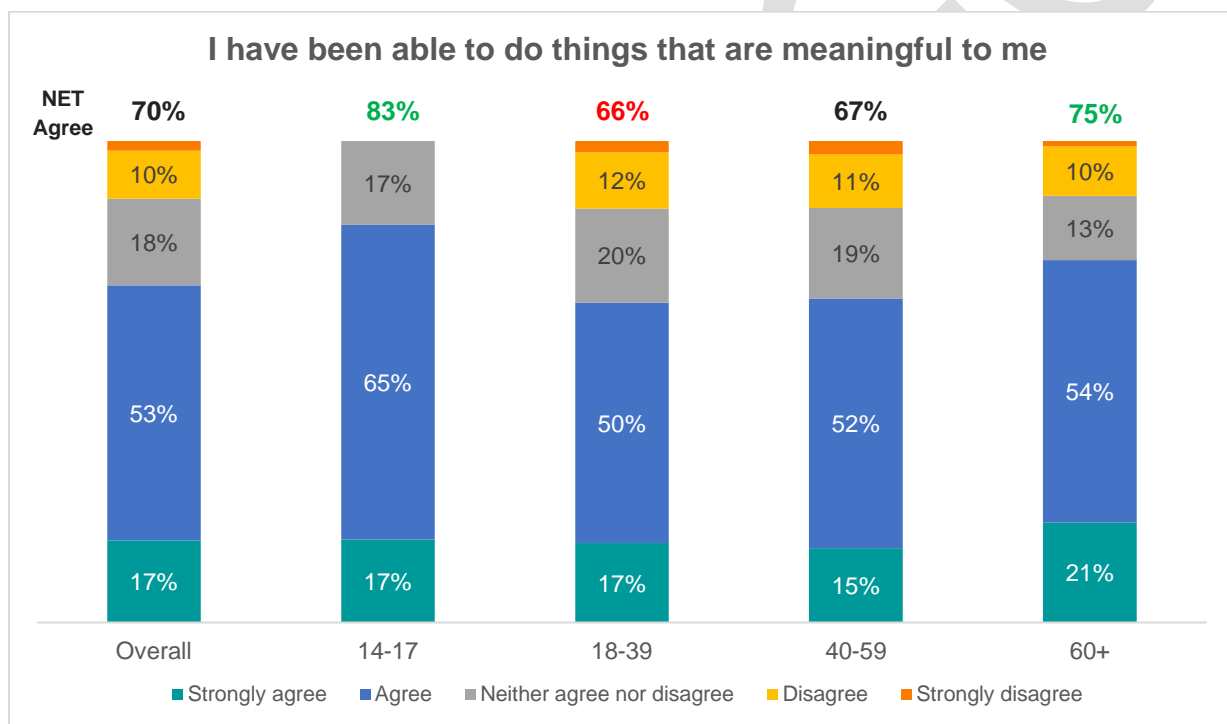
Findings

Figure 15 below outlines the results gathered when adult survey respondents were asked the extent to which they agreed that they have been able to do things meaningful to them.

Survey respondents aged 14-17 had the highest proportion of net agreement (83%) that they had been able to do things that are meaningful to them — significantly higher than other adults. Older Australians (60+) also had significantly higher overall agreement to this statement at 75%. Those aged 18-39 were significantly less likely to agree than the average of the other age groups.

Further analysis found participants that had been diagnosed with a mental health condition were significantly less likely than those not diagnosed to do things meaningful for them— at 56% vs. 77% net agree. Those who identified as First Nations Australians were also significantly less likely to agree (48%) than non-First Nations Australians respondents (71%).

Figure 15. I have been able to do things that are meaningful to me (Ages 14+)



Q3. And again, thinking about how you have been feeling over the past three months, please answer the following statements on a scale from 'strongly agree' to 'strongly disagree'.

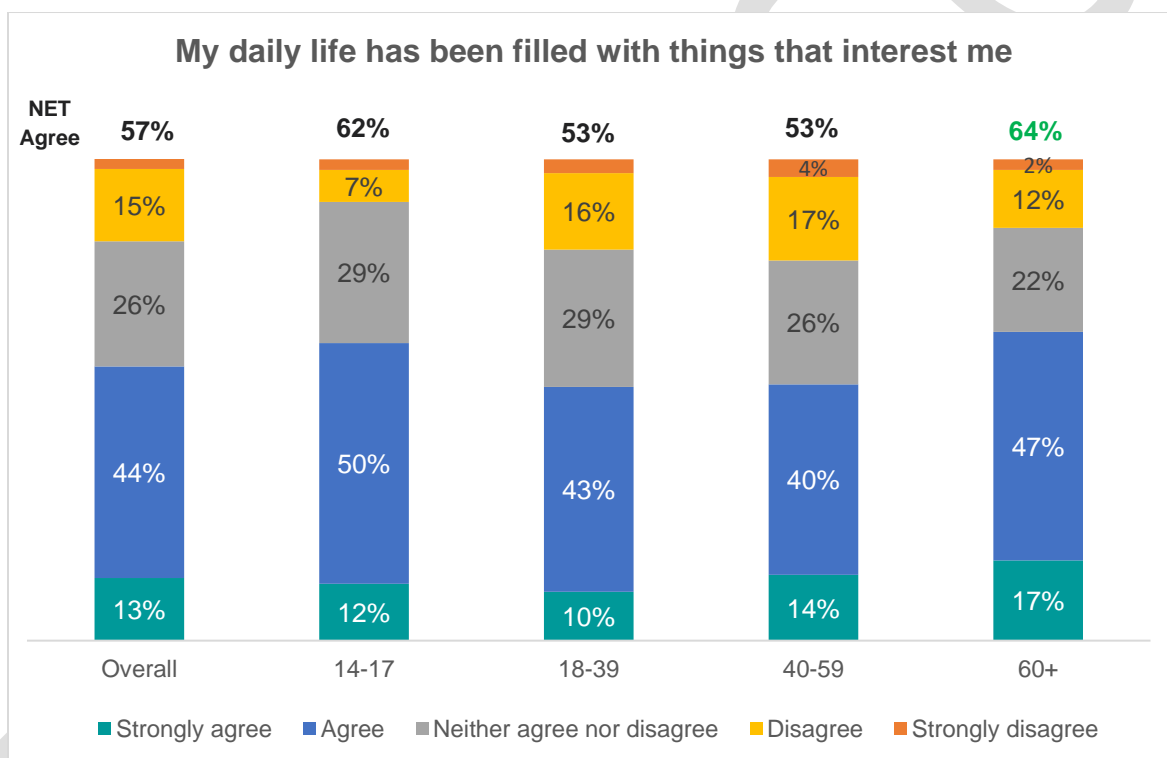
Sample: 14-17 n=104; 18-34 n=805; 40-59 n=794; 60+ n=621. Weighted by age, gender, location and ATSI status

As outlined below in Figure 16, over half (57%) of participants agreed that their daily life had been filled with things that interest them. Those aged 60+ had the highest level of net agreement that their daily life has been filled with things that interest them (64%), significantly higher than the average of other adult age groups. Those aged 14-17 were also significantly more likely to agree (62%). Those aged 18-39 and 40-59 had similar levels of NET agreement — both at 53%.

In undertaking further analysis, the following significant differences were found:

- Females were significantly less likely to agree with this statement than males — 53% vs. 60%.
- Those diagnosed with a mental health condition were significantly less likely than those not diagnosed to agree with this statement — 41% vs. 63%.
- Those who had been carers/support people were significantly less likely than others to agree with this statement – 54% vs 60%.
- First Nations Australians were significantly less likely to agree (35%) than non-First Nations Australians (57%).
- Those who identified as a member of the LGBTQIA+ community were significantly less likely to agree with this statement than those who don't – 47% vs 57% respectively.

Figure 16. *My daily life has been filled with things that interest me*, by Total, Age



Q3. And again, thinking about how you have been feeling over the past three months, please answer the following statements on a scale from 'strongly agree' to 'strongly disagree'.

Sample: 14-17 n=104; 18-34 n=805; 40-59 n=794; 60+ n=621. Weighted by age, gender, location and ATSI status

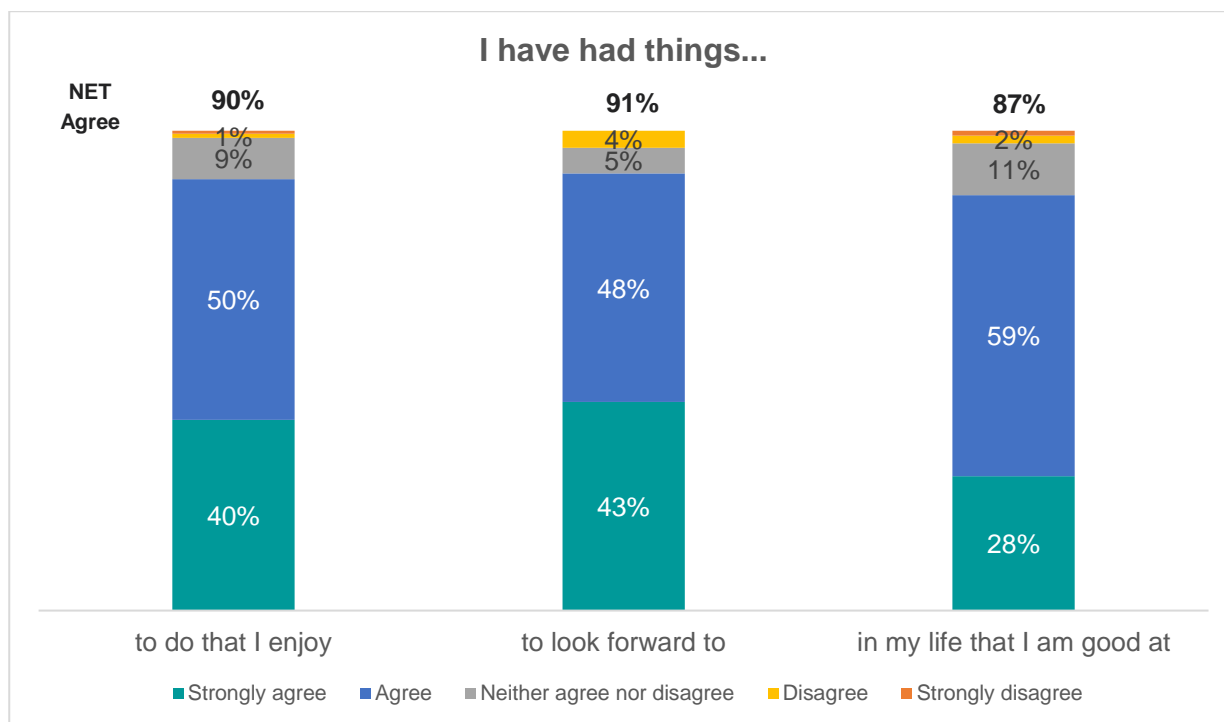
6.3.3 Having something meaningful to do, something to look forward to (Ages 9-13)

The survey asked young people aged 9-13 to think about how they had been feeling over the past three months, and to answer on a five-point scale from 'strongly agree' to 'strongly disagree', the extent to which they agreed that they had *things to do that they enjoy*, *things to look forward to*, and *things in their life that they are good at*. As shown in Figure 17 below, nearly all young people aged 9-13 agreed with all three of the statements that they had things: to do that they enjoy (90%), to look

Findings

forward to (91%), and in their life that they are good at (87%). Those diagnosed with a mental health condition were significantly less likely (64%) than those not diagnosed (95%) to agree that they have had things to look forward to.⁴

Figure 17. I have had things to do that I enjoy, to look forward to, in my life that I am good at (Ages 9-13)



Q3. And again, thinking about how you have been feeling over the past three months, please answer the following statements on a scale from 'strongly agree' to 'strongly disagree'.
 Sample: n = 103. Weighted by age, gender, location and ATSI status.

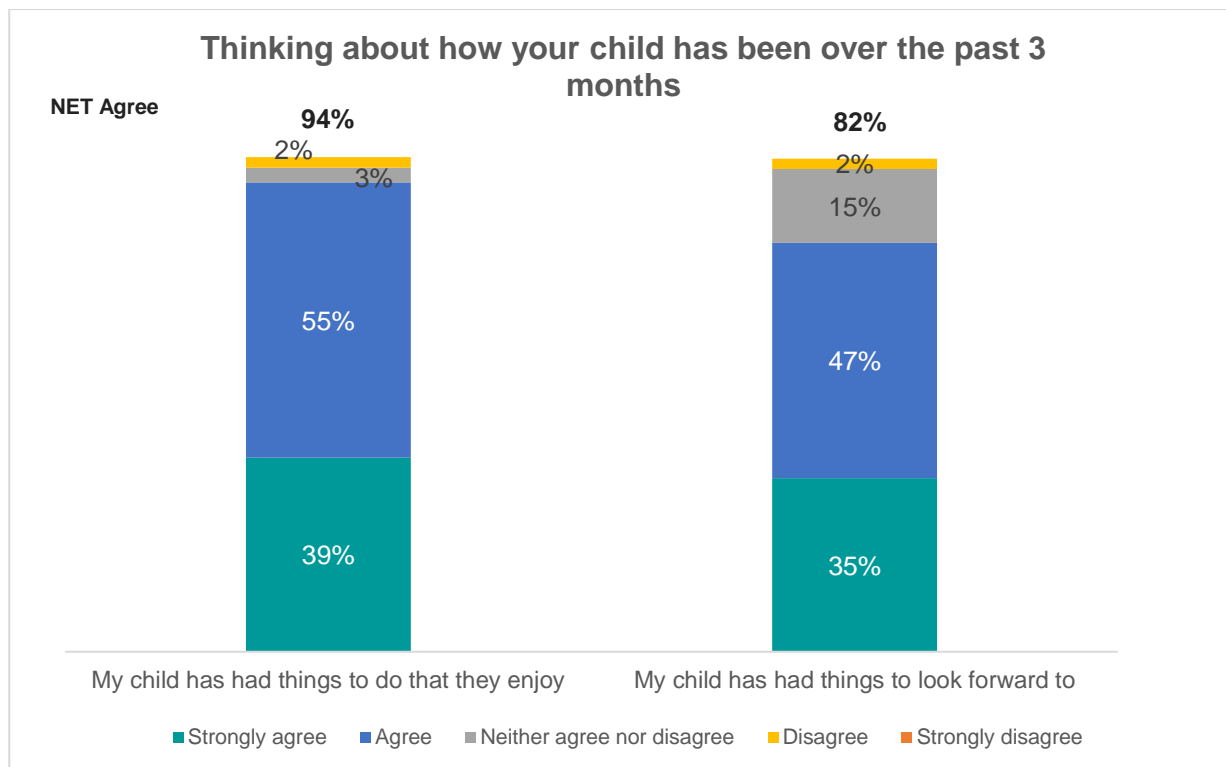
6.3.4 Having something meaningful to do, something to look forward to (Ages 0-8)

Parents or guardians of children aged 0-8 were asked to think about how their child had been over the past three months, and to answer on a scale from 'strongly agree' to 'strongly disagree', the extent to which they agreed with the statements: *my child has had things to do that they enjoy*, and, *my child has had things to look forward to*. As shown in Figure 18 below, the vast majority agreed that their child has had things to do that they enjoy (94% net) and they have had things to look forward to (82% net). No significant differences were observed for the various subgroups.

⁴ Caution small sample size for those diagnosed with a mental health condition aged 9-13 (n=12).

Findings

Figure 18. *Thinking about how your child has been over the past 3 months... (Ages 0-8)*



Q7. And again, thinking about your child over the past three months, please answer the following statements on a scale from how you think they've been feeling a scale from 'strongly agree' to 'strongly disagree'
 Sample: n = 110. Weighted by age, gender, location and ATSI status.
 Note: N/A responses not shown in chart

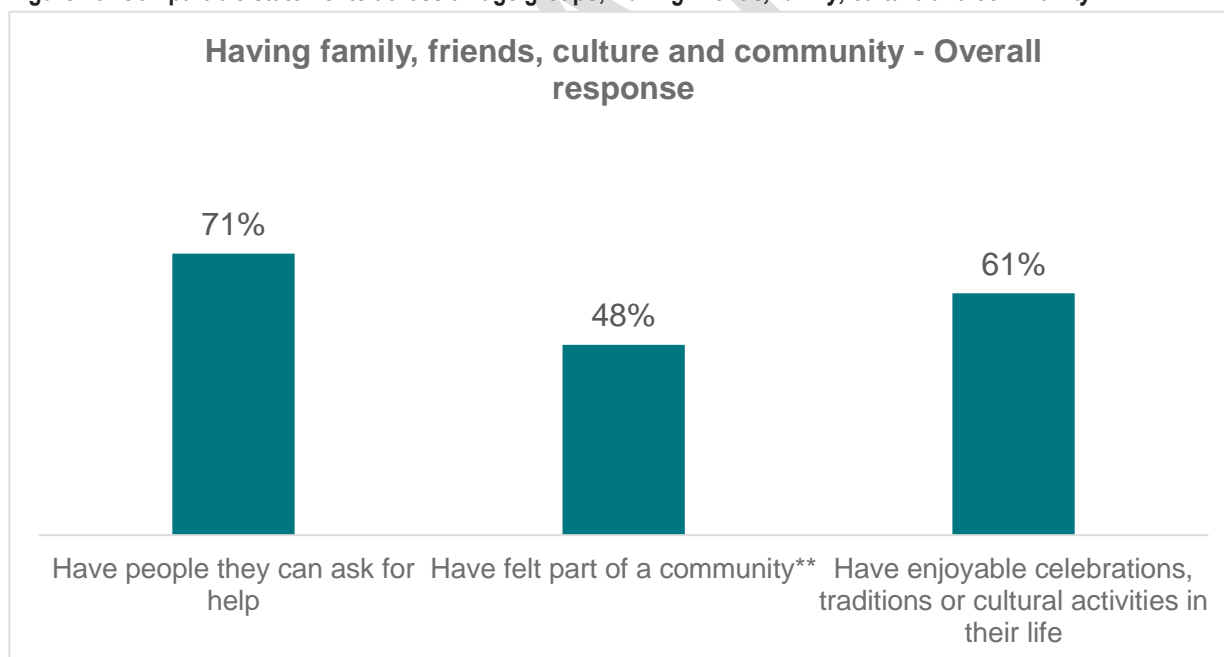
EMBARGOED

6.4 Having family, friends, culture and community

6.4.1 Section Summary

The quality of our social connections is a significant predictor of mental health and wellbeing over life. This section explores how each age group was connected to those around them by examining their responses to a series of statements focusing on their closeness to and interactions with their community, social network and culture. Participants were asked to think about how they had been feeling over the past three months and rate their response to a number of statements on a five-point scale from strongly disagree to strongly agree. Adult participants were asked the following statements: 'I have felt there are enough people I feel close to', 'There are people in my life that I have felt comfortable asking for help at any time', 'I have felt part of a community', 'I have celebrations, traditions or cultural activities in my life that I enjoy' and 'I help other around me when they need it'. Children and young people were asked similar statements with simplified wording. The net agreement for comparable statements between all age groups is shown below in Figure 19. Participants were most likely to agree to having people in their life they could ask for help, with more than two-thirds (71%) agreeing with this statement. This was followed by having enjoyable celebrations, traditions or cultural activities in their life (61%). Participants tended to express lower agreement with feeling part of a community, with less than half (48%) agreeing or strongly agreeing with this statement.

Figure 19: Comparable statements across all age groups; *Having friends, family, culture and community*



Adult: Q4. [There are people in my life that I have felt comfortable asking for help at any time; I have felt part of a community; I have celebrations, traditions or cultural activities in my life that I enjoy] 9-13: Q5 [When I've been really worried about something I will talk to someone or ask for help], Q4 [My family and I have activities, celebrations, traditions or cultural activities that I enjoy] 0-8: Q9 [When my child is worried about something, they feel comfortable asking for help or support], Q8 [My child takes part in celebrations, traditions or cultural activities]

Sample: Total n=2537; Adult and 0-8 sample n=2434

**Responses for child aged 9-13 not included

Note: only statements which could be reasonably matched across different questionnaires shown above

As with the previous sections, 14-17 year-olds were the most likely respondents in the adult survey to agree with the statements in this section — with significantly higher agreement for nearly all statements. Notably, First Nations Australians were more likely than others to agree that they help others around them when they need it, yet they had significantly lower rates of agreement with all other statements.

Among young people 9-13, over nine in ten reported that they had one or more good friends and had adults who looked out for them. Likewise, nearly all caregivers of under 8 year-olds reported that their child had people in their life who care about them (92%).

6.4.2 Having family, friends, culture and community (Ages 14-17; 18+)

All respondents to the adult survey were asked the extent to which they agreed that they help others around them when they need it, thinking about the past three months. As shown in

EMBARGOED

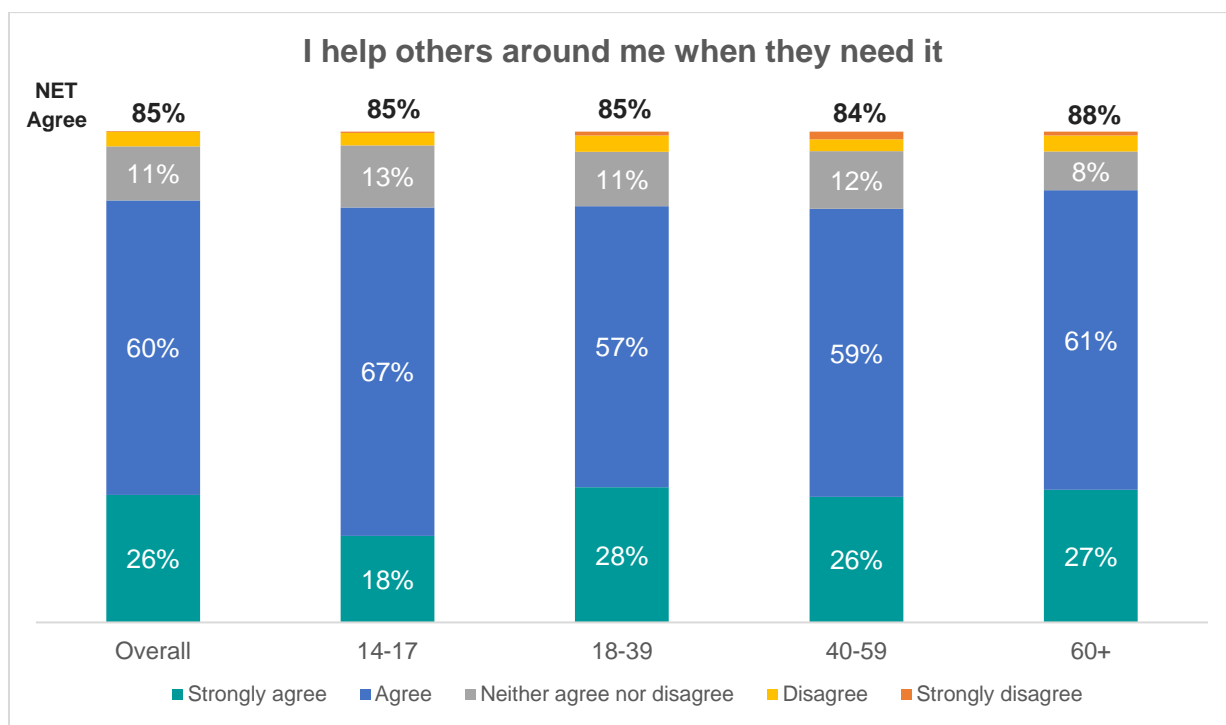
Findings

Figure 20 below 60% agreed and 26% strongly agreed (85% net agreement) with this statement. Results did not vary significantly by age.

Survey respondents who had been carers/support people were significantly more likely to agree (90%) that they help others around them when they need it than non-carers (80%). Female respondents were significantly more likely to agree than males — 89% vs. 82%. Respondents that identify as First Nations Australians were significantly more likely to agree (90%) than non- First Nations Australians (85%).

EMBARGO

Figure 20. *I help others around me when they need it (Ages 14+)*



Q4. The following questions relate to your connections with others. Thinking about how you have been feeling over the past three months, please answer the following statements on a scale from 'strongly agree' to 'strongly disagree'.
 Sample: 14-17 n=104; 18-34 n=805; 40-59 n=794; 60+ n=621. Weighted by age, gender, location and ATSI status

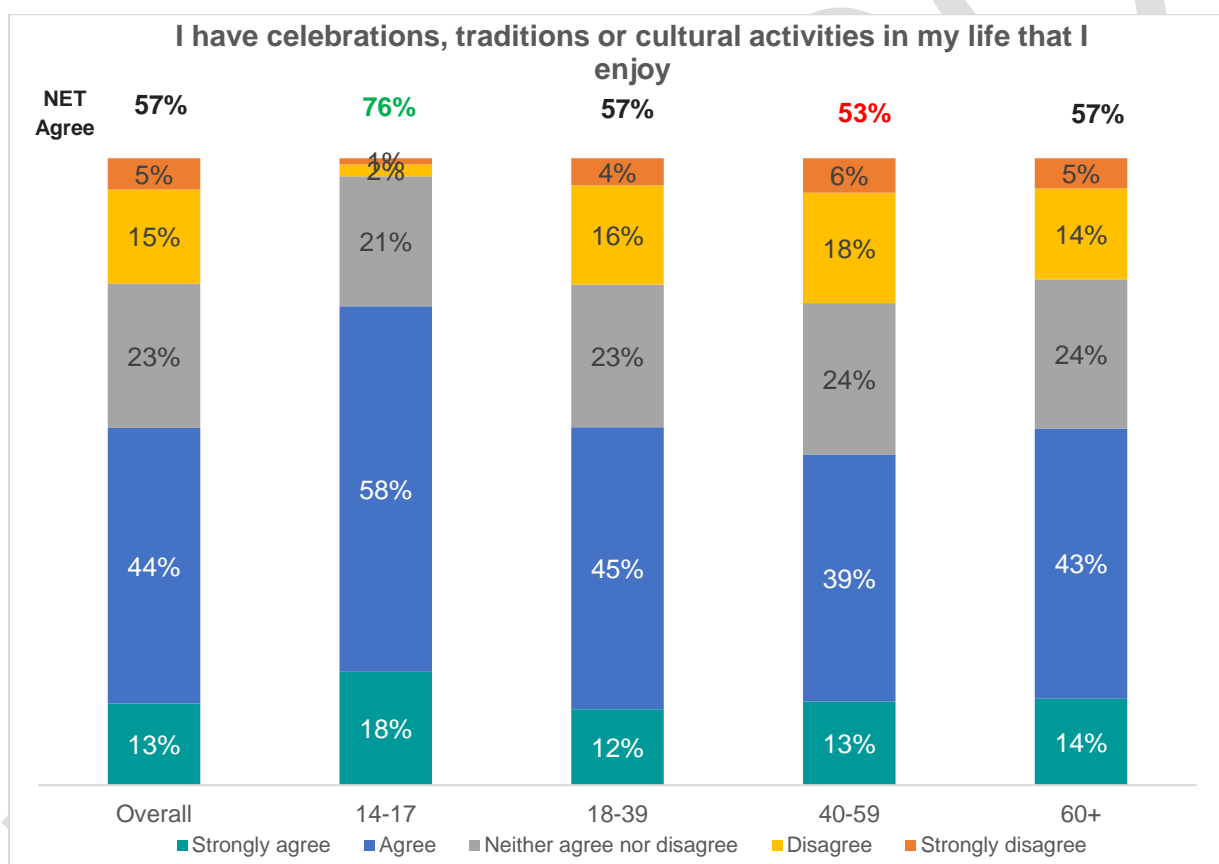
Figure 21 below shows responses to 'I have celebrations, traditions or cultural activities in my life that I enjoy'. Compared to the previous question, there was lower agreement, with just over half of participants agreeing (net) with this statement.

There were significant differences noted by age: those aged 14-17 were significantly more likely to agree (76% NET agreement) that they had 'celebrations, traditions or cultural activities in their life that they enjoy' compared to the average of other ages. Equal proportions of those aged 18-39 and those aged 60+ agreed with the statement — 57% net. Those aged 40-59 were significantly less likely to agree than all others that they have celebrations, traditions or cultural activities in their life that they enjoy (53% net) compared to the average of other age groups.

Findings

Respondents from CALD backgrounds were significantly more likely (63%) to agree compared to non-CALD respondents (55%). Survey respondents that identify as LGBTQIA+ were significantly less likely to agree (47%) that they *have ‘celebrations, traditions or cultural activities in their life that they enjoy’* than those who do not identify as LGBTQIA+ (58%). Residents of regional areas were less likely to agree (51%) than those in metro areas (60%). Those diagnosed with a mental health condition were significantly less likely to agree (44%) than those who were not (63%). Those who identified as First Nations Australians were less likely to agree that they have celebrations, traditions or cultural activities in their life that they enjoy (50%) than non-First Nations Australians (58%).

Figure 21. I have celebrations, traditions or cultural activities in my life that I enjoy (Ages 14+)



Q4. The following questions relate to your connections with others. Thinking about how you have been feeling over the past three months, please answer the following statements on a scale from 'strongly agree' to 'strongly disagree'.
 Sample: 14-17 n=104; 18-34 n=805; 40-59 n=794; 60+ n=621. Weighted by age, gender, location and ATSI status

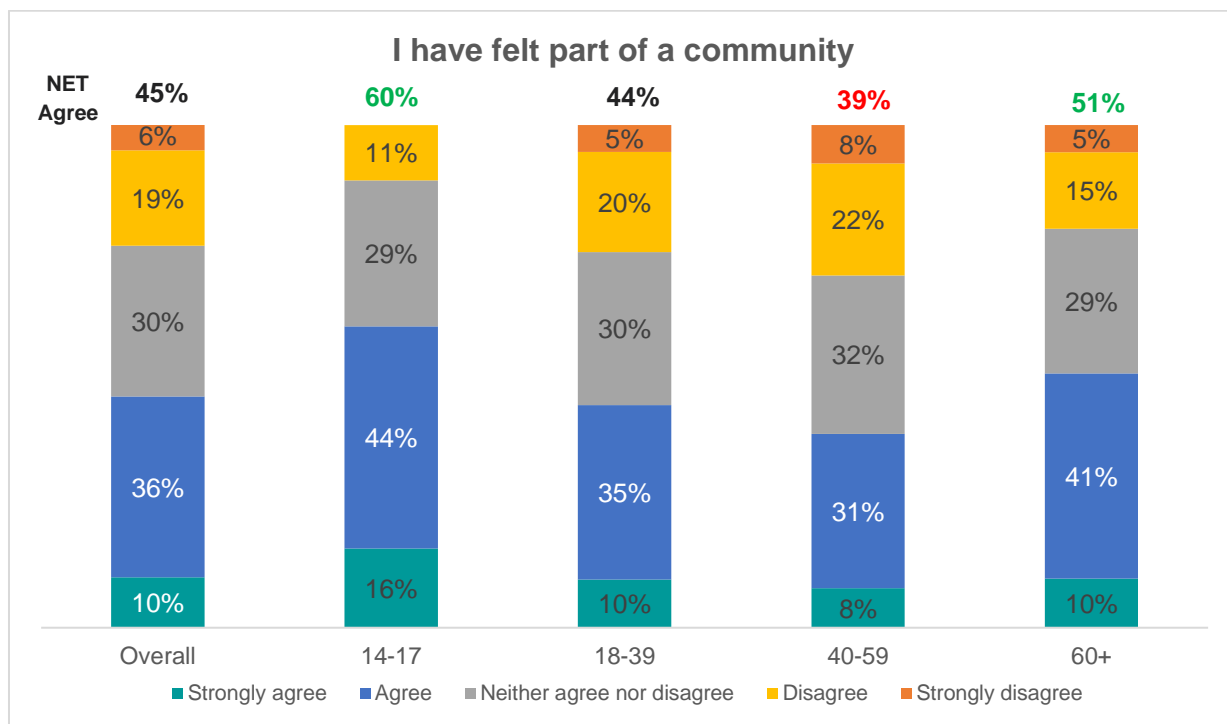
As shown in Figure 22 below, fewer than half of survey respondents agreed that they felt part of a community (45%).

In a similar trend to other questions, the youngest and eldest age group were most likely to agree with this statement. Those aged 14-17 (60% net) and 60+ (51% net) were significantly more likely than other age groups to agree that they had felt part of a community than the average of other adult age groups, perhaps reflecting a sense of belonging to a school community. Those aged 40-59 were significantly less likely to agree (39% net).

Findings

Survey respondents who had been diagnosed with a mental health condition were significantly less likely to agree compared to those who had not — 34% vs. 50%. Those that identify as First Nations Australians were less likely to agree that had felt part of a community (37%) than those who do not identify as First Nations Australians (46%).

Figure 22. I have felt part of a community, (Ages 14+)



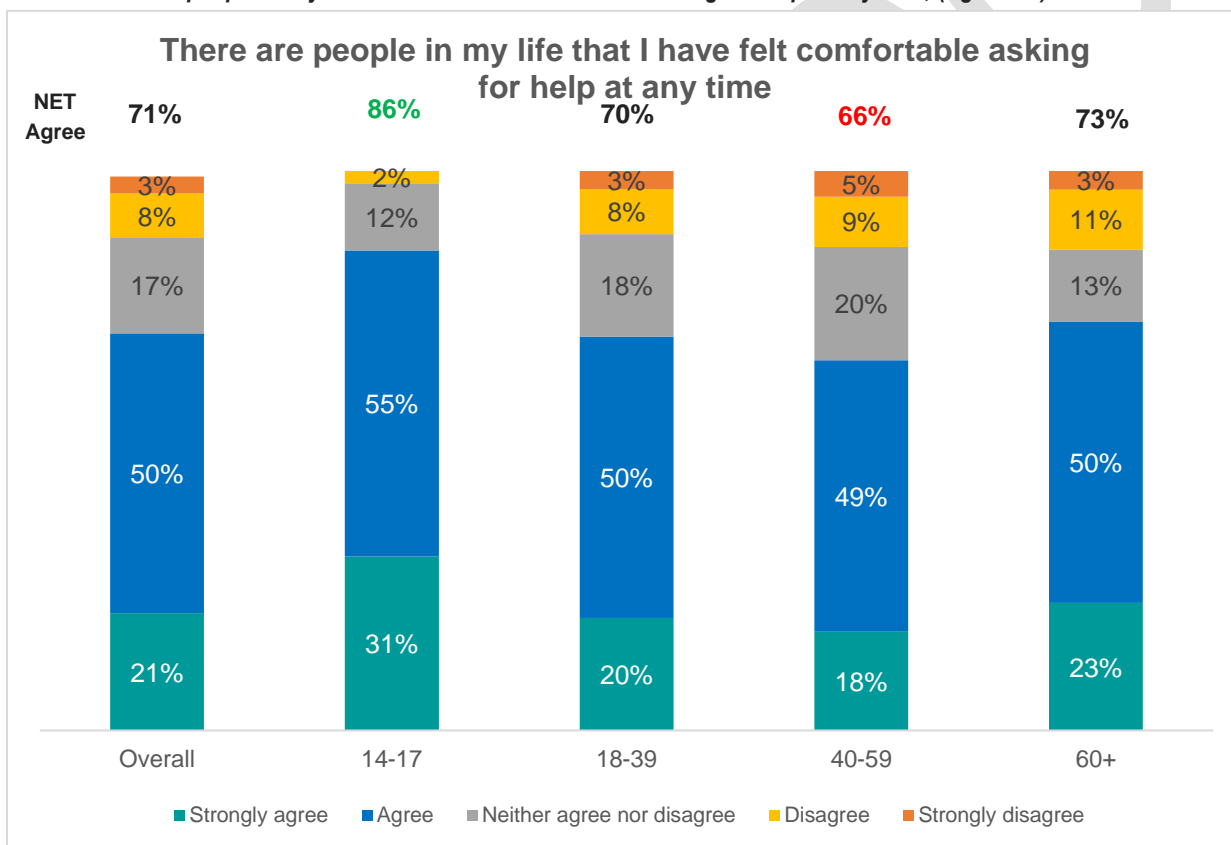
Q4. The following questions relate to your connections with others. Thinking about how you have been feeling over the past three months, please answer the following statements on a scale from 'strongly agree' to 'strongly disagree'.
 Sample: 14-17 n=104; 18-34 n=805; 40-59 n=794; 60+ n=621. Weighted by age, gender, location and ATSI status

Findings

Figure 23, below, shows that seven in ten participants agreed that there were people in their life they felt comfortable asking for help at any time. Those aged 14-17 were significantly more likely to agree with this statement than the average all other adult age groups (86%). While net agreement was comparable among those aged 18-39 (70%) and 60+ (73%), it was significantly lower among those aged 40-59 (66%).

Analysed by mental health status, those diagnosed with a mental health condition were significantly less likely to agree (62%) compared to those who have not been diagnosed (75%). Respondents that identify as First Nations Australians (53%) were significantly less likely to agree that there are people in their life that they have felt comfortable asking for help than those who do not identify as First Nations Australians (72%).

Figure 23. There are people in my life that I have felt comfortable asking for help at any time, (Ages 14+)



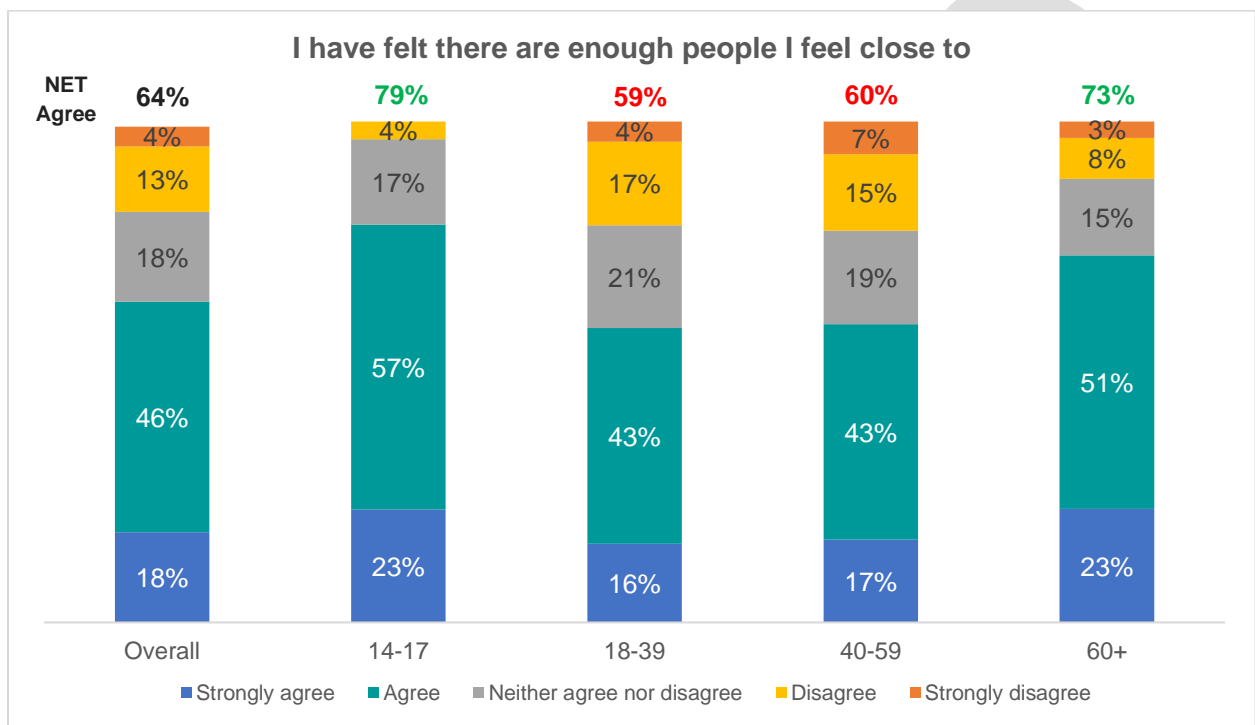
Q4. The following questions relate to your connections with others. Thinking about how you have been feeling over the past three months, please answer the following statements on a scale from 'strongly agree' to 'strongly disagree'.
 Sample: 14-17 n=104; 18-34 n=805; 40-59 n=794; 60+ n=621. Weighted by age, gender, location and ATSI status

The majority of participants agreed that there were enough people they feel close to (64% net agree). Results varied significantly by age, with a similar trend in wellbeing as seen in other areas. Those aged 18-39 (59% net) and 40-59 (60% net) were significantly less likely than all other age groups to agree that they have felt that there are enough people they feel close to. As shown in Figure 24 below, survey respondents aged 60+ (73% net) and 14-17 (79% net) were significantly more likely to agree. Among those aged 14-17 net disagreement was lowest (4%), while it was highest among those aged 40-59 (22%).

Findings

Survey respondents that identify as LGBTQIA+ (51%) were significantly less likely to agree that there are enough people they felt close to than those who do not (65%). Those diagnosed with a mental health condition were significantly less likely to agree compared to those who weren't — 49% vs. 71%. First Nations Australians (46%) were significantly less likely to agree that they have felt that there are enough people they feel close to than respondents who did not identify as First Nations Australians (65%).

Figure 24. I have felt that there are enough people I feel close to, (Ages 14+)



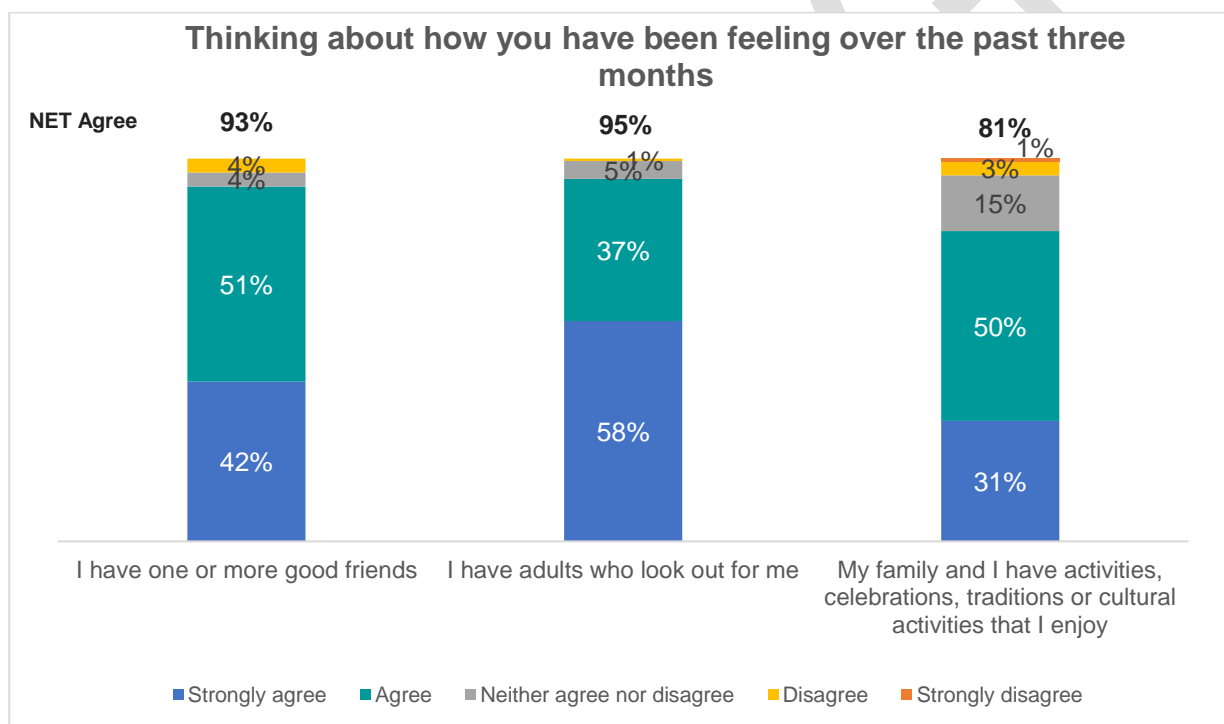
Q4. The following questions relate to your connections with others. Thinking about how you have been feeling over the past three months, please answer the following statements on a scale from 'strongly agree' to 'strongly disagree'.
 Sample: 14-17 n=104; 18-34 n=805; 40-59 n=794; 60+ n=621. Weighted by age, gender, location and ATSI status

6.4.3 Having family, friends, culture and community (Ages 9-13)

In the survey for young people aged 9-13, respondents were asked to think about how they had been feeling over the past three months, and to answer on a five-point scale from 'strongly agree' to 'strongly disagree', the extent to which they agreed that: *they have one or more good friends, they have adults who look out for them and their family, and they have activities, celebrations, traditions or cultural activities that they enjoy.*

Figure 25 below shows that almost all young people agreed with the statement of *they have adults who look out for them* (95% net). They were almost as likely to agree that that they *have one or more good friends* (93% net). They were less likely to agree that *they and their family have activities, celebrations, traditions or cultural activities that they enjoy* (81%).

Figure 25. *I have one or more good friends, I have adults who look out for me, and my family and I have activities, celebrations, traditions or cultural activities that I enjoy. (Ages 9-13)*



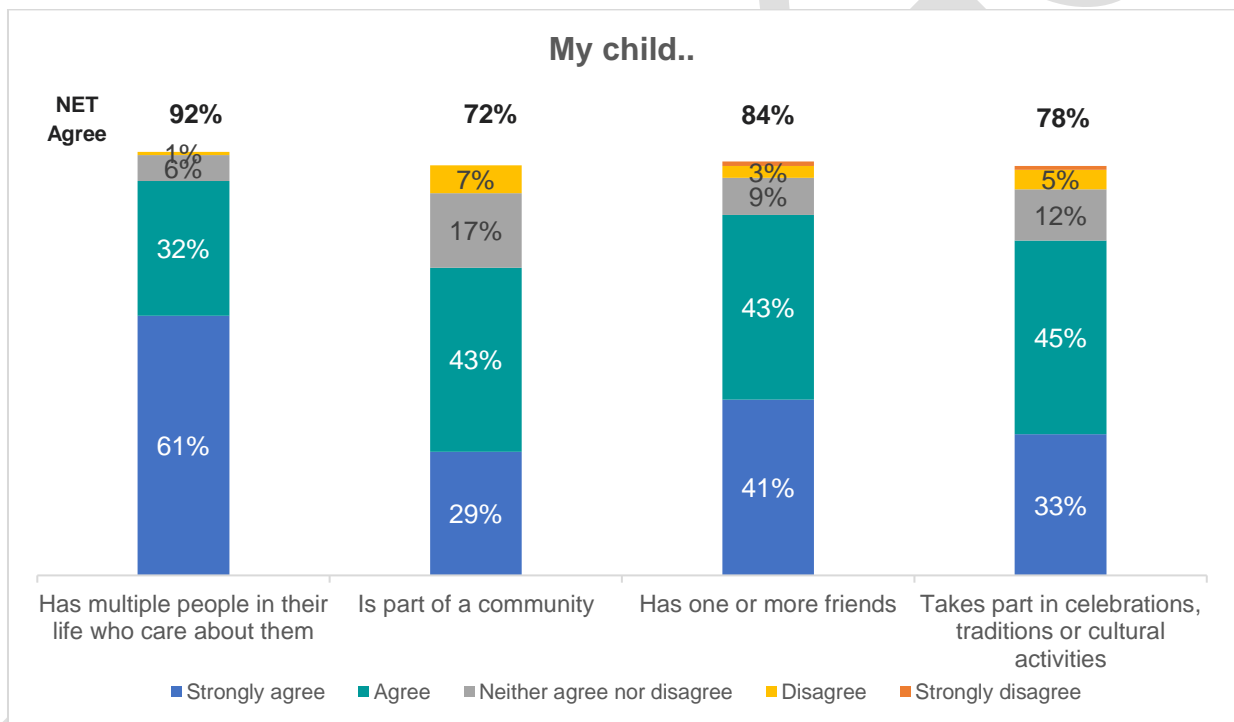
Q4 Thinking about how you have been feeling over the past three months, please answer the statements below from 'strongly agree' to 'strongly disagree' – *I have one or more good friends; I have adults who look out for me; My family and I have activities, celebrations, traditions or cultural activities that I enjoy.*
 Sample: n = 103. Weighted by age, gender, location and ATSI status.

6.4.4 Having family, friends, culture and community (Ages 0-8)

Survey respondents with a child aged 0-8 were asked to answer on a five-point scale from ‘strongly agree’ to ‘strongly disagree’, the extent to which they agreed that their child: *has multiple people in their life who care about them, is part of a community, has one or more friends, and takes part in celebrations, traditions or cultural activities.*

As Figure 26 shows, of these questions, a high majority of survey respondents agreeing that their child has multiple people in their life who care about them (92% net agreement). There was lower agreement that their child is part of a community, though a majority agreed with this statement (72% net agreement).

Figure 26. *My child has multiple people in their life who care about them, is part of a community, has one or more friends, and takes part in celebrations, traditions or cultural activities (Ages 0-8)*



Q8 The following questions relate to your child’s connections with others. Please answer the following statements about how you think they have been feeling over the past three months on a scale from ‘strongly agree’ to ‘strongly disagree.’

Sample: n = 110. Weighted by age, gender, location and ATSI status

Note: N/A responses not shown in chart

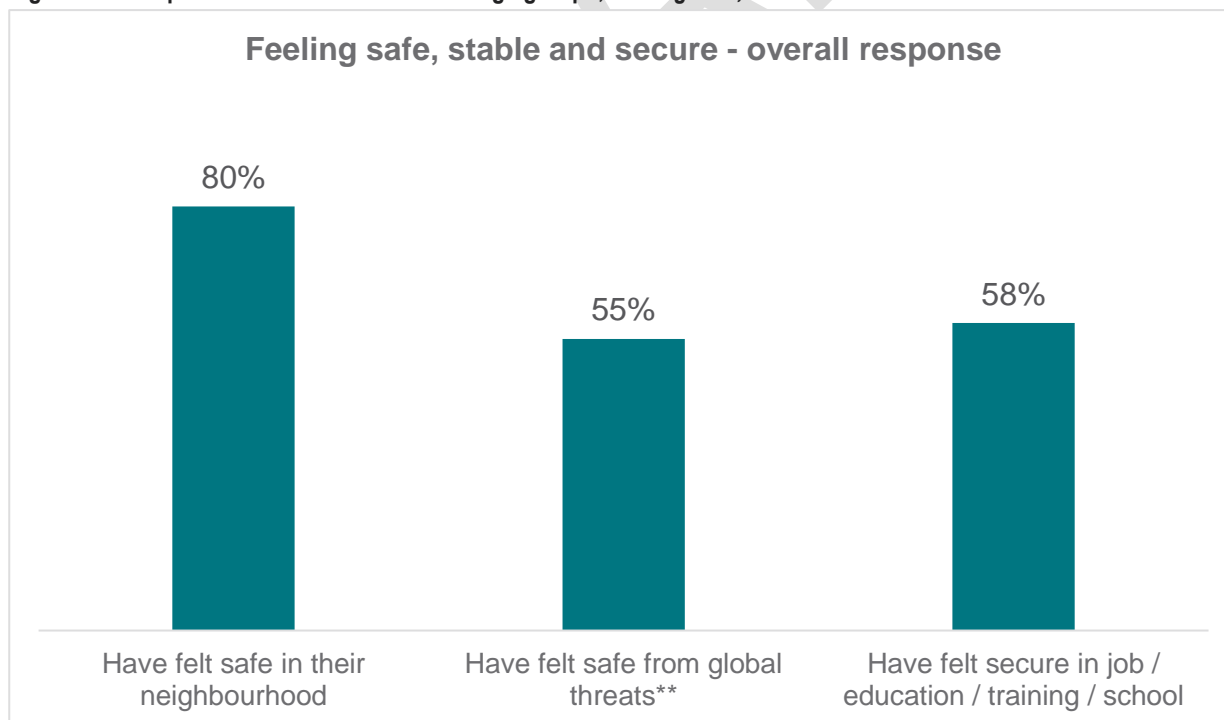
6.5 Feeling safe, stable and secure

6.5.1 Section Summary

Having a safe and secure foundation is important for mental health and wellbeing. In order to assess how safe and secure participants felt, they were asked the extent to which they agreed or disagreed (on a five-point scale) to several statements which touched on security in their housing and financial position, safety in their neighbourhood/community and from global threats. Specifically, adult respondents (aged 14+) were asked to rate their response to the following statements 'I have felt confident about being able to meet normal monthly living expenses' (asked of 18+ only), 'I have felt financially secure' (asked of 18+ only), 'I have felt secure in my housing and accommodation' (asked of 18+ only), 'I have felt safe in my neighbourhood', 'I have felt safe from global threats (such as impacts of climate change, war, social unrest)' and 'I have felt secure in my job, education or training'. Comparable statements were asked of children and young people where possible, with simplified wording.

Responses across all age groups could be compared for the three statements outlined in Figure 27 below. Overall, participants tended to agree more strongly to having felt safe in their neighbourhood, with four-fifths (80%) in net agreement. Having felt safe from global threats and having felt secure in their job / education / training school received a lower response, receiving 55% and 58% net agreement respectively.

Figure 27. Comparable statements across all age groups; *Feeling safe, stable and secure*



Adult: Q5. [I have felt safe in my neighbourhood; I have felt safe from global threats; I have felt secure in my job/education/training]; 9-13: Q5. [I have felt safe in my neighbourhood, I have felt safe at school and home]; 0-8 [My child has felt safe in their neighbourhood; my child has low concern about impact of global threats; my child has felt safe at kindergarten / school / childcare]

Sample: Total n=2537; Adult and 0-8 sample n=2434

***Responses for child aged 9-13 not included*

Note: only statements which could be reasonably matched across different questionnaires shown above

In understanding feelings of safety, stability and security among adults in the last 3 months, those aged 60 and above were found to be most likely to agree to statements around feeling safe in their 'neighbourhood', 'housing and accommodation', 'financial' situation and being able to 'meet monthly expenses'. However, they were significantly less likely overall to mention feeling secure in their 'job/education/training' — at 38%.

Young people aged 9-13 also showed similar comfort in their neighbourhood and school and home, with agreement to these statements around safety and security above eight in ten. Yet, those mentioning they have felt able to 'ask for help' was lower at 73%.

Within statements asked of children, caregivers of under 8-year-olds were least likely to agree that their child has 'low concern about the impact of global threats' (63%), although over one in ten did feel this was not applicable to their child. Caregivers for under 8-year-olds were most likely to agree that their child 'felt safe at kindergarten /school /childcare' (78%).

6.5.2 Feeling safe, stable and secure (Ages 14-17; 18+)

As part of the group of questions to understand feelings of safety and security over the past three months, respondents who were currently employed or undertaking education were asked if they 'have felt secure in their job, education or training'. As shown in Figure 28 below, overall, more than half of respondents to the adult survey (54%) were in agreement with this statement.

Those aged 14-17 and 18-39 were significantly more likely to agree with this statement compared to the other age groups. Conversely, those aged 60+ tended to feel the least 'secure in their job, education or training', and were significantly less likely to agree with this statement compared to all other age groups. This is in contrast with the general trend in this study for the oldest age group to be among the most likely to express positive mental health and wellbeing. Note, this question excluded those not currently in employment or education.

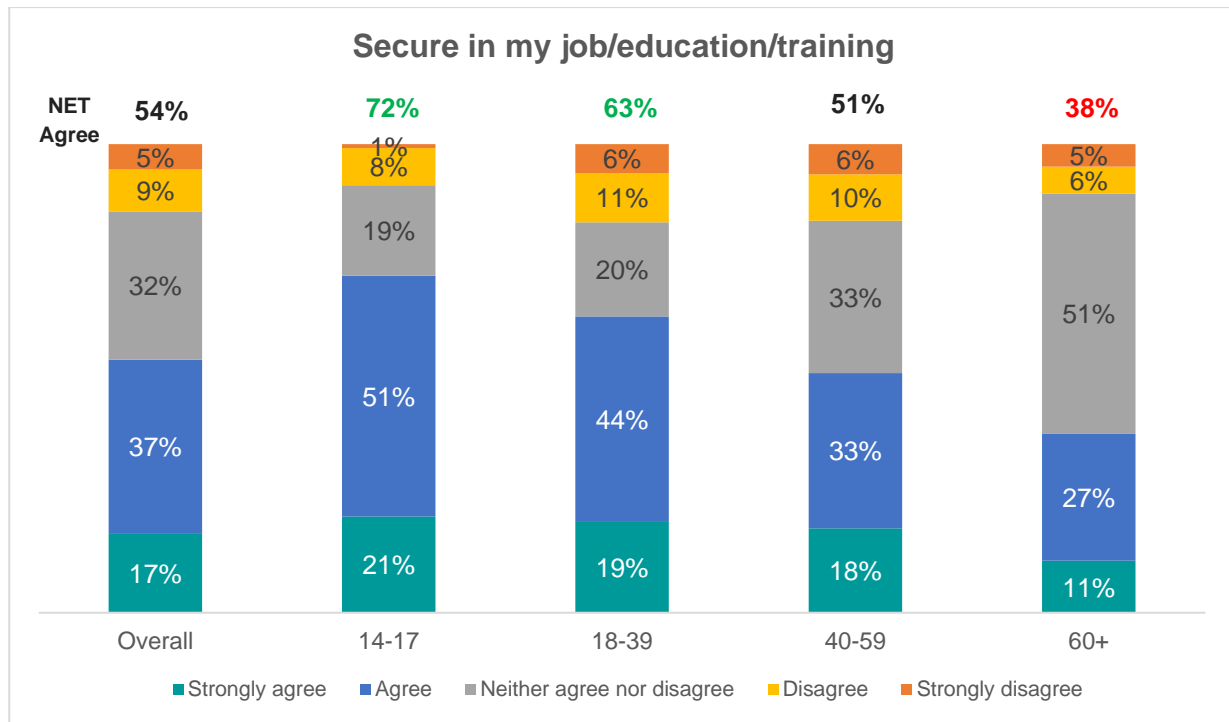
Individuals who lived regionally were significantly less likely to agree to feeling 'secure in their job, education or training' (48% net agreement), compared to respondents from metro areas (57%). Significant differences were also observed between genders, with females significantly less likely than males to agree that they felt 'secure in their job, education or training' (51% compared to 57% respectively).

Additionally, those who had received a previous diagnosis of a mental health condition felt significantly less 'secure in their job, education or training', with 40% net agreement with this statement, compared to 60% from those who had not received a diagnosis of a mental health condition.

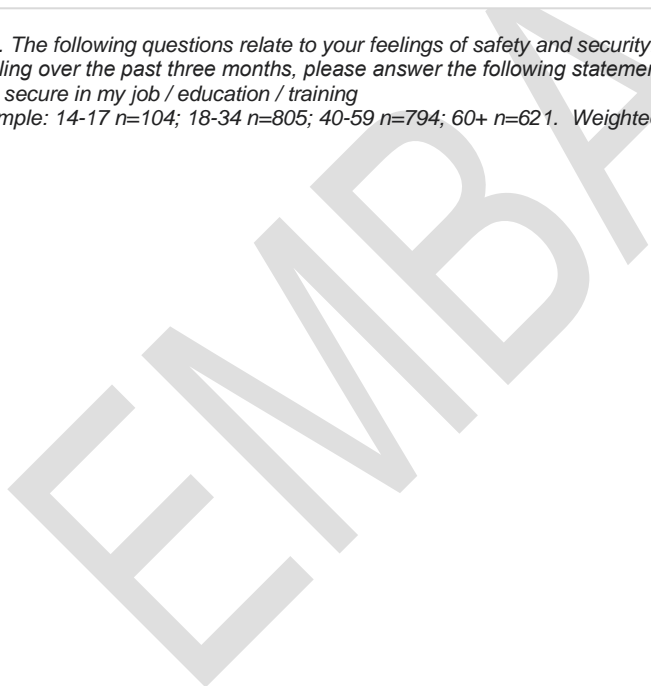
Lastly, First Nations Australians also tended to feel less secure in their job, education or training (41% net agreement) compared to the remainder of the population (55%).

Findings

Figure 28. I have felt secure in my job / education / training (Ages 14+)



Q5. The following questions relate to your feelings of safety and security, over the past three months. Thinking about how you have been feeling over the past three months, please answer the following statements on a scale from 'strongly agree' to 'strongly disagree'. – I have felt secure in my job / education / training
 Sample: 14-17 n=104; 18-34 n=805; 40-59 n=794; 60+ n=621. Weighted by age, gender, location and ATSI status



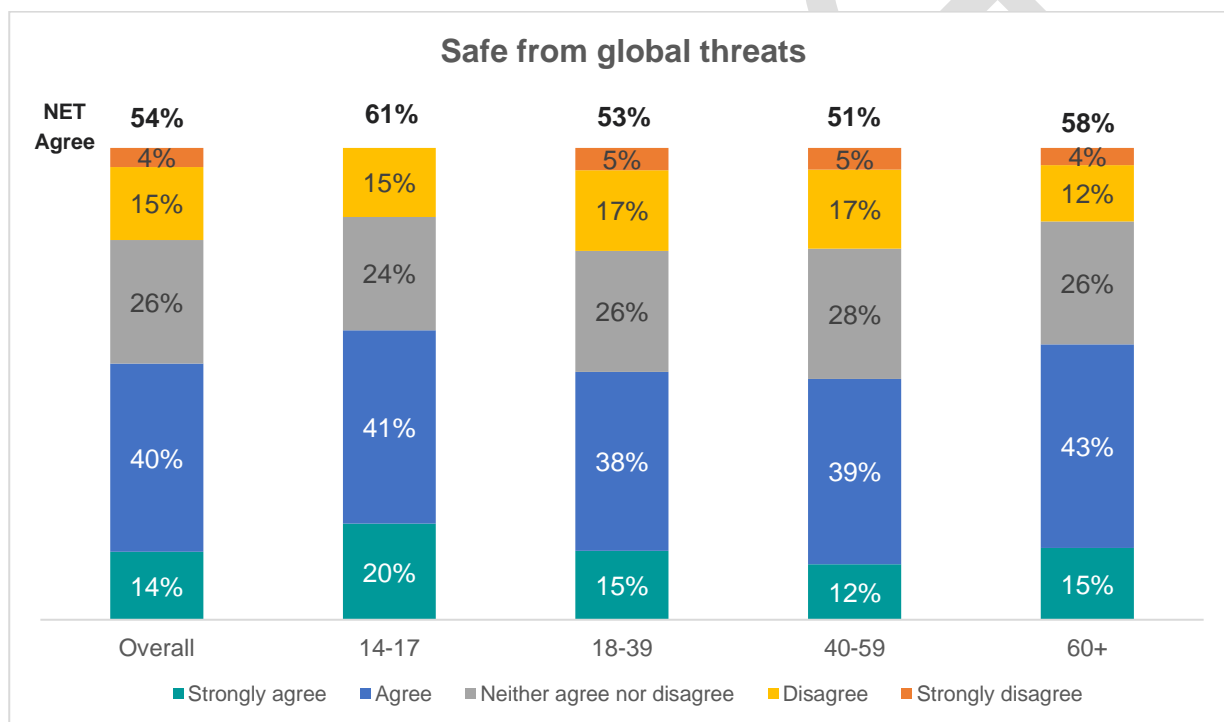
Findings

Figure 29 below shows responses to the statement ‘I have felt safe from global threats (such as impacts of climate change, war, social unrest)’. Just over half of all respondents (54%) were in net agreement that they had been feeling safe from such threats. Responses to this question were relatively consistent across age groups, with no significant difference observed.

Those who had a previous mental health diagnosis were significantly less likely to agree they felt safe from global threats than those who had not received a diagnosis of a mental health condition, with just 45% of those with a diagnosis in NET agreement with this statement, significantly lower than 58% for those with no diagnosis.

Additionally, First Nations Australians were also significantly less likely to agree to this statement (44%), compared to non-First Nations Australians (55%).

Figure 29. I have felt safe from global threats (Ages 14+)



Q5. The following questions relate to your feelings of safety and security, over the past three months. Thinking about how you have been feeling over the past three months, please answer the following statements on a scale from ‘strongly agree’ to ‘strongly disagree’. – I have felt safe from global threats.

Sample: 14-17 n=104; 18-34 n=805; 40-59 n=794; 60+ n=621. Weighted by age, gender, location and ATSI status

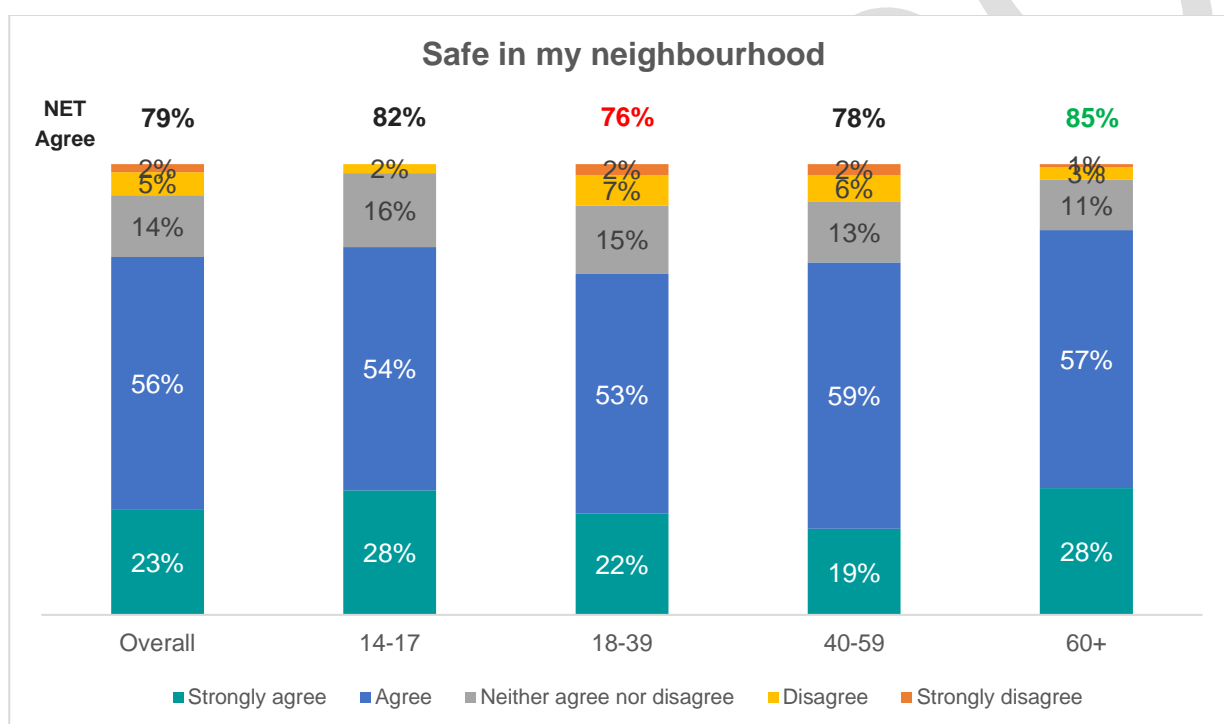
To determine feelings of safety within their local area, survey respondents were asked to rate the extent to which they agreed or disagreed to feeling safe in their neighbourhood. Overall, close to four-fifths were in net agreement with this statement (79%), as shown in Figure 30 below. The proportion of respondents disagreeing with this statement was low, with just 7% indicating they didn’t feel safe in their neighbourhood via disagreement with this statement. Respondents aged 18-39 were significantly less likely to agree they had been feeling safe in their neighbourhood, compared to the average of all other age groups. Conversely, respondents aged 60 and older were most likely to

Findings

agree with this statement, with significantly more in agreement compared to the average of the other three age groups.

Significant differences were also observed among those diagnosed with a mental health condition, with this cohort significantly less likely than those with no prior mental health condition diagnosis to agree to feeling safe in their neighbourhood (74% compared to 82% respectively). First Nations Australians were significantly less likely to agree to feeling safe in their neighbourhood compared to non- First Nations Australians (62% compared to 80% respectively). Those who identified as part of the LGBTQIA+ community were significantly less likely to agree with this statement (71%) than those who do not identify as part of this community (80%).

Figure 30. I have felt safe in my neighbourhood(Ages 14+)



Q5. The following questions relate to your feelings of safety and security, over the past three months. Thinking about how you have been feeling over the past three months, please answer the following statements on a scale from 'strongly agree' to 'strongly disagree'. – I have felt safe in my neighbourhood.

Sample: 14-17 n=104; 18-34 n=805; 40-59 n=794; 60+ n=621. Weighted by age, gender, location and ATSI status

In order to understand overall feelings of safety and security, respondents were asked to rate their agreement with the statement “I have felt secure in my housing and accommodation” on a scale (five-point) from strongly agree – strongly disagree. Based on cognitive testing responses, this statement was deemed inappropriate for participants aged 14-17, and as such this cohort was not asked to provide a response. As shown in Figure 31 below, of the age groups 18 and over, over three-quarters (78%) agreed to feeling secure in their housing or accommodation. Agreement with this statement was significantly lower among respondents in the 18–39-year-old age group compared to the other two age groups. Older participants aged 60+ were significantly more likely to agree to feeling secure in their housing and accommodation than the other age groups.

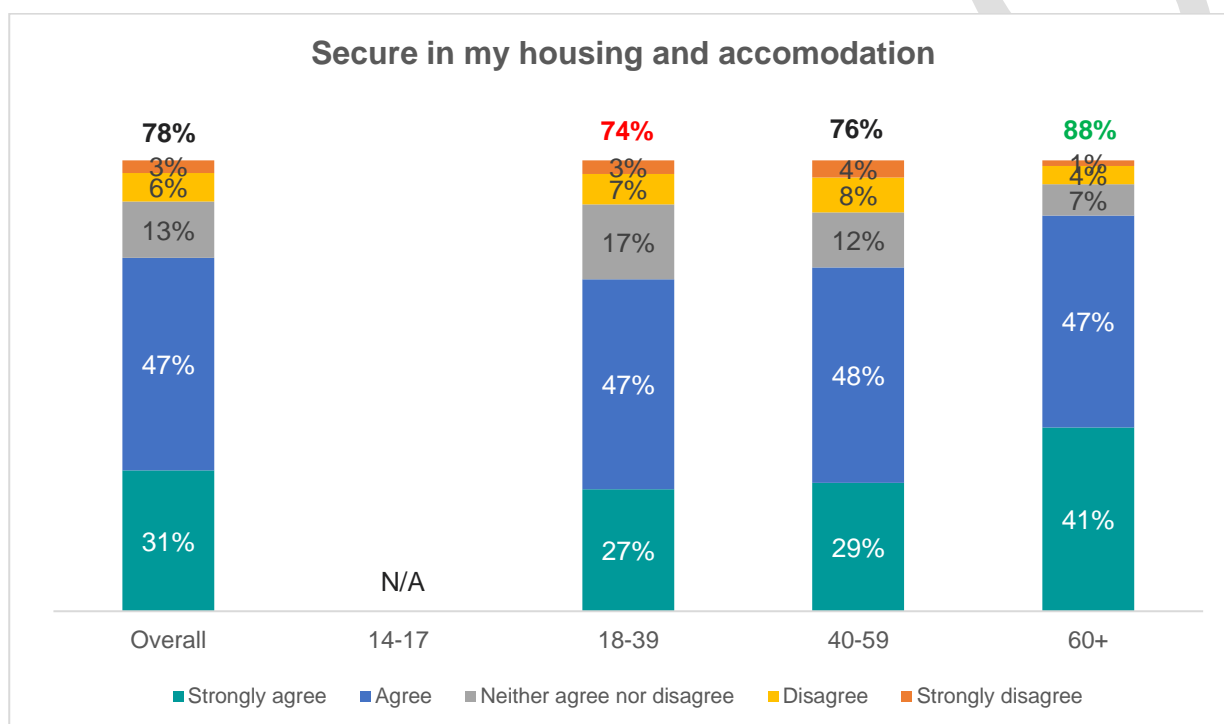
Those who had a previous diagnosis of a mental health condition were significantly less likely to agree to feeling secure in their housing and accommodation (71%) compared to those who had not received

Findings

a diagnosis (82%). Additionally, those who identified as part of the LGBTQIA+ community were also significantly less likely to agree to feeling secure in their housing and accommodation (66%), compared to those who don't identify as part of the LGBTQIA+ community (79%).

Significant differences were also observed among the Culturally and Linguistically Diverse community, who were significantly less likely than those not in this community to feel secure in their housing and accommodation (74% compared to 80%). Similarly, First Nations Australians were significantly also less likely to this statement compared to respondents not in these communities – at 64% compared to 79%.

Figure 31. *I have felt secure in my housing and accommodation, (Ages 18+)*



Q5. The following questions relate to your feelings of safety and security, over the past three months. Thinking about how you have been feeling over the past three months, please answer the following statements on a scale from 'strongly agree' to 'strongly disagree'. – *I have felt secure in my housing and accommodation*

Sample: 18-34 n=805; 40-59 n=794; 60+ n=621. Weighted by age, gender, location and ATSI status

As outlined in Figure 32 below, respondents were asked their agreement with the statement '*I have been feeling financially secure*', on a five-point scale from strongly agree to strongly disagree. Across all adults aged 18+, just over half (52%) agreed that they had been feeling financially secure over the previous three months. As with the previous statement, survey testing revealed this statement was inappropriate for participants aged 14-17, so this cohort was not asked to provide a response. Significant differences were observed between ages, with younger adults aged 18-39 significantly less likely to agree to having felt financially secure (47%) compared to the other age groups and older adults aged 60+ significantly more likely to agree to having felt financially secure (61%) compared to the other age groups.

Agreement with feeling financially secure differed significantly between demographic subgroups relating to previous experience with mental ill-health. People who had been previously diagnosed with

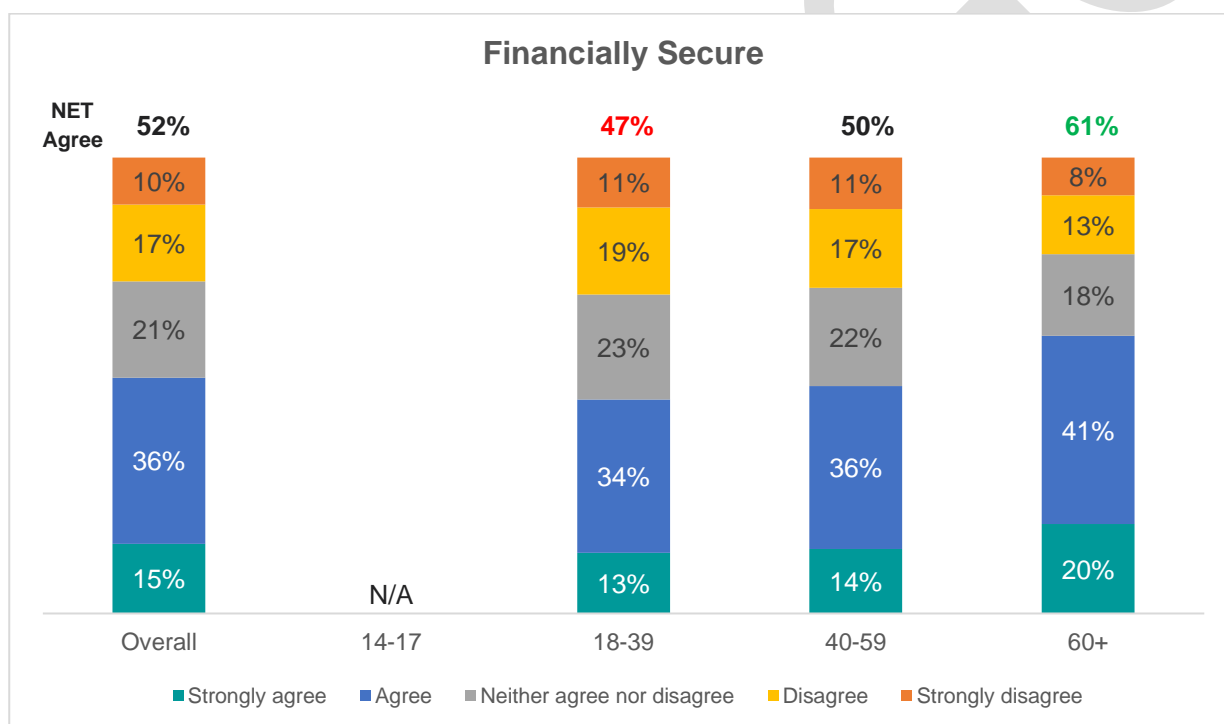
Findings

a mental health condition were significantly less likely to agree to having felt financially secure than those who had not received a diagnosis of a mental health condition (37% and 59% respectively). Additionally, those who had experience caring for or supporting friends or family with a mental health condition were significantly less likely to agree to this statement compared to those who have not had this experience (47% compared to 57% respectively).

Further, those who lived in regional areas tended to report less *'financial security'* than their metro counterparts, with respondents from regional Australia significantly less likely to agree they *'have felt financially secure'* over the past three months (48% agreement from regional respondents compared to 54% for metro respondents).

Lastly, First Nations Australians were significantly less likely to agree that they have felt *'financially secure'* compared to non-First Nations Australians (34% compared to 53% respectively).

Figure 32. *I have felt financially secure (Ages 18+)*



Q5. The following questions relate to your feelings of safety and security, over the past three months. Thinking about how you have been feeling over the past three months, please answer the following statements on a scale from 'strongly agree' to 'strongly disagree'. – I have felt financially secure

Sample: 18-34 n=805; 40-59 n=794; 60+ n=621. Weighted by age, gender, location and ATSI status

The final statement within this section was to understand feelings of safety and security. Respondents aged 18 and older were asked to rate, on a five-point scale, how confident they had been feeling over the past three months about meeting their normal monthly living expenses. Those aged 14-17 were excluded from this due to survey testing also showing this statement was not suitable for that cohort. As detailed in Figure 33 below, approximately two thirds agreed they had been feeling confident meeting their normal monthly living expenses (65%).

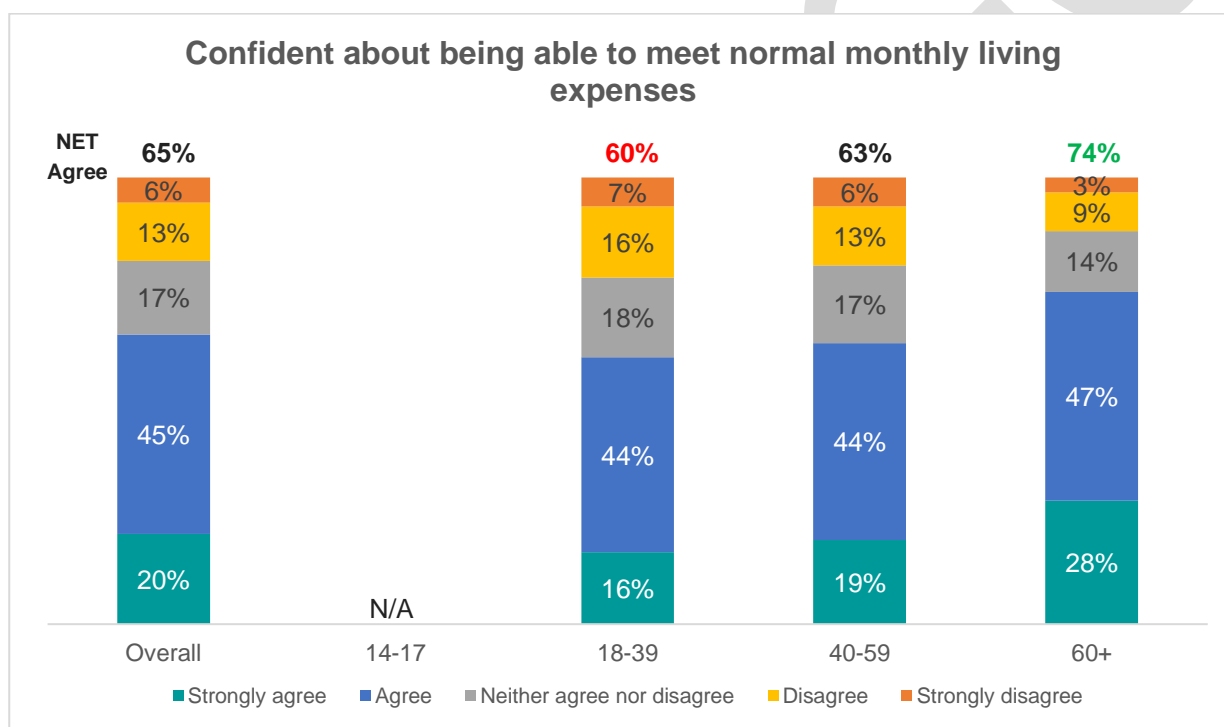
Younger participants, in the 18-39 age range, tended to have lower confidence in their ability to meet their monthly expenses than older participants, and were significantly less likely to agree to this

Findings

statement than older age groups. Conversely, older participants aged 60+ tended to express higher confidence, and were significantly more likely to agree to this statement than the average of the younger age groups.

Many significant differences were observed between demographic subgroups. Carers/support people for those with mental health conditions were significantly less likely to agree that that they have felt confident about being able to meet normal monthly expenses than non-carers — 61% net vs. 70% net. Those with a diagnosed mental health condition (52% net) were significantly less likely to agree than those who had not (71% net). Those in regional areas (61% net) were significantly less likely to agree than those in metro areas (67%). Survey respondents that identified as First Nations Australians were less likely to agree than non-First Nations Australians that that they have felt confident about being able to meet normal monthly expenses – 42% net vs. 66% net.

Figure 33. *I have felt confident about being able to meet normal monthly living expenses, (Ages 18+)*



Q5. The following questions relate to your feelings of safety and security, over the past three months. Thinking about how you have been feeling over the past three months, please answer the following statements on a scale from 'strongly agree' to 'strongly disagree'. – I have felt confident about being able to meet my normal living expenses.

Sample: 18-34 n=805; 40-59 n=794; 60+ n=621. Weighted by age, gender, location and ATSI status

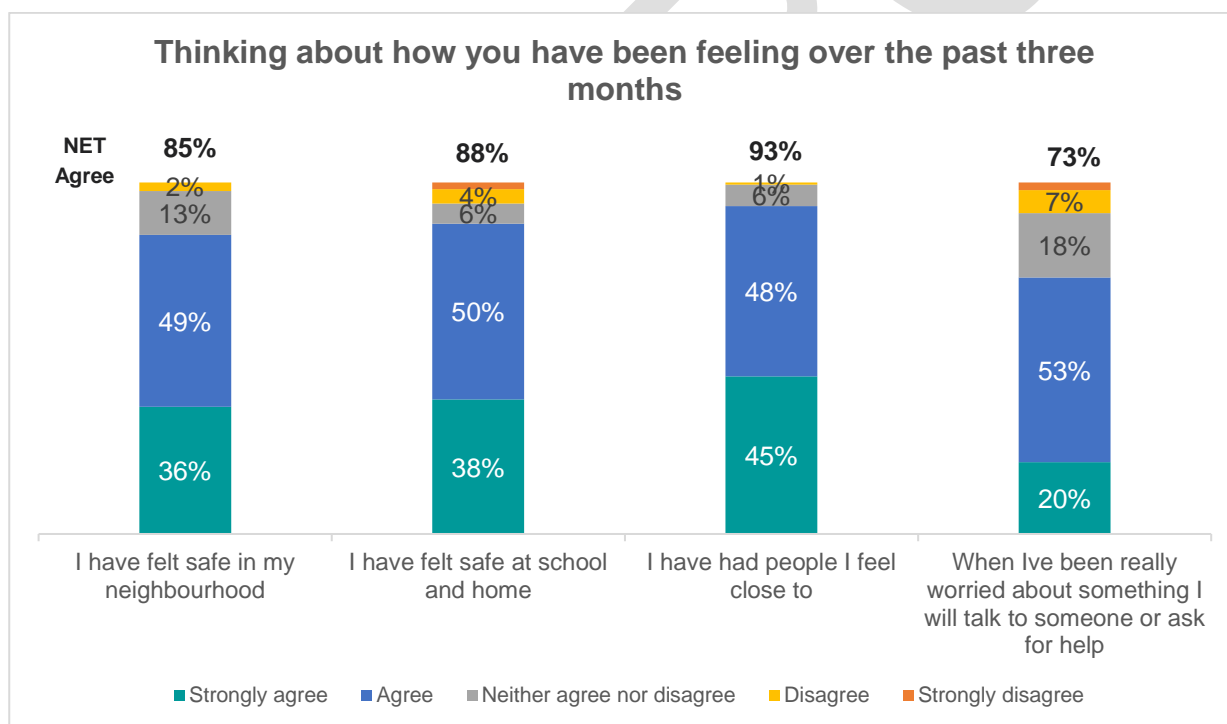
6.5.3 Feeling safe, stable and secure (Ages 9-13)

To understand feelings of safety and security for younger people, respondents to the survey for young people aged 9-13 were asked to answer on a five-point scale from ‘strongly agree’ to ‘strongly disagree’, the extent to which they agreed that: ‘they have felt safe in their neighbourhood’, ‘they have felt safe at school and home’, ‘they have had people they feel close to’, and ‘when they’ve been really worried about something they will talk to someone or ask for help’.

As Figure 34 below shows, the majority of young people aged 9-13 agreed with all statements. However, agreement was lowest when asked whether ‘when they’ve been really worried about something they will talk to someone or ask for help’ (73% net). They were most likely to agree that they ‘have people they feel close to’ (93% net). Comparable proportions agreed that they ‘felt safe in their neighbourhood’ (85% net) and that they ‘felt safe at school and home’ (88% net).

No significant differences were observed when results were analysed across subgroups.

Figure 34, Thinking about how you have been feeling over the past three months, please answer the following statements on a scale from ‘strongly agree’ to ‘strongly disagree’. Over the past three months... (Ages 9-13)



Q5 Thinking about how you have been feeling over the past three months, please answer the following statements on a scale from ‘strongly agree’ to ‘strongly disagree’. Over the past three months...

Sample: n = 103, Weighted by age, gender, location and ATSI status

6.5.4 Feeling safe, stable and secure (Ages 0-8)

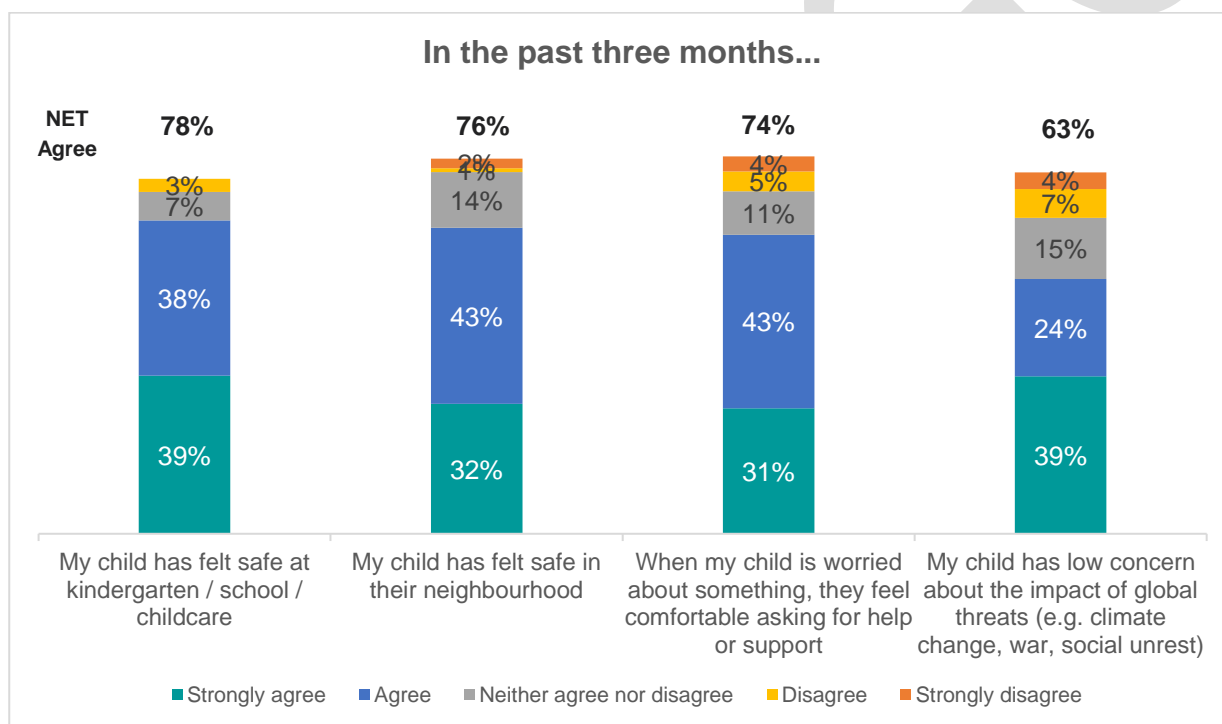
Survey respondents with a child aged 0-8 were asked to answer, on a five-point scale from ‘strongly agree’ to ‘strongly disagree’, the extent to which they agreed that: ‘their child has felt safe at kindergarten/school/childcare’, ‘their child has felt safe in their neighbourhood’, ‘their child feels

Findings

comfortable asking for help and support when worried about something’, and ‘their child has low concern about the impact of global threats such as climate change, war, social unrest’.

Figure 35 below shows, of these questions, survey respondents with a child aged 0-8 were most likely to agree that their child has felt safe at kindergarten, school or childcare (78% net). Similar proportions agreed that their ‘child has felt safe in their neighbourhood’ (76% net) and that their ‘child feels comfortable asking for help and support when worried about something’ (74% net). Notably, respondents tended to be less likely to agree that ‘their child has low concern about the impact of global threats such as climate change, war, or social unrest’ (63% net). No significant differences were observed when the data was analysed across subgroups.

Figure 35. The following questions relate to your child's feelings of safety and security over the past three months. Please answer the following statements on a scale from ‘strongly agree’ to ‘strongly disagree’. Over the past three months... (Ages 0-8)



Q9 The following questions relate to your child's feelings of safety and security over the past three months. Please answer the following statements on a scale from ‘strongly agree’ to ‘strongly disagree’. Over the past three months...

Sample: n = 110, Weighted by age, gender, location and ATSI status

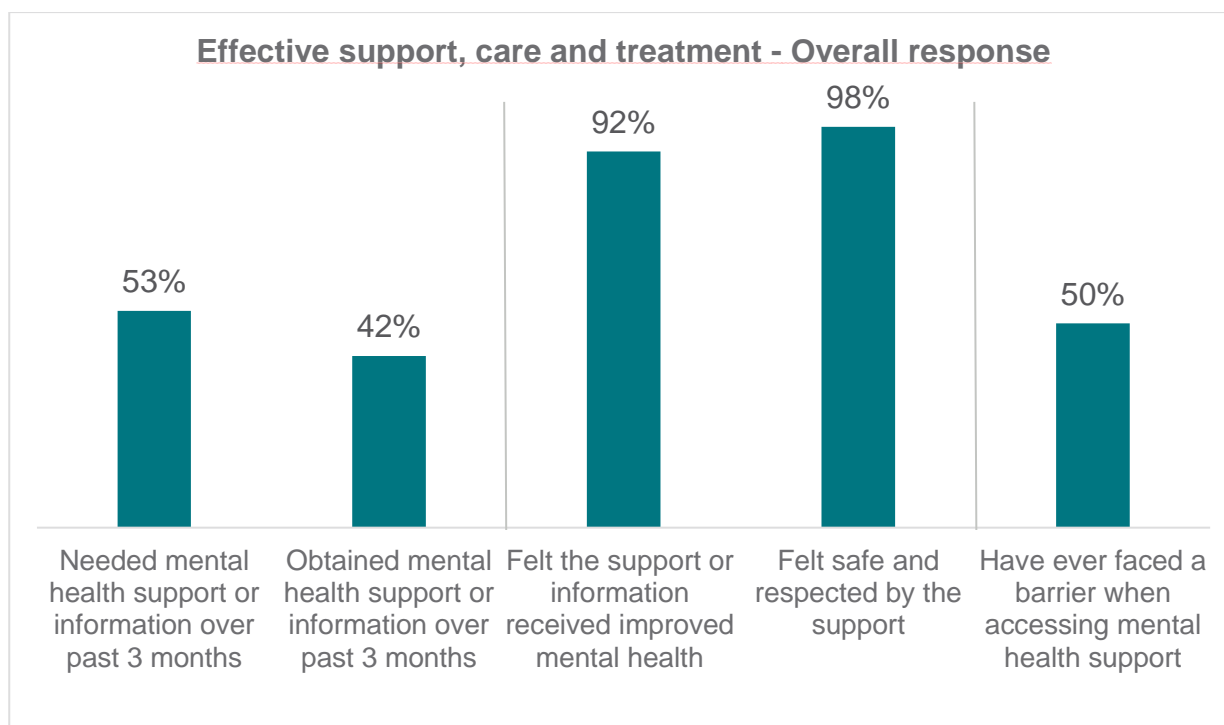
Note: N/A responses not shown in chart

6.6 Effective support, care and treatment

6.6.1 Section Summary

When experiencing mental health difficulties, it is important that people have access to timely and effective mental health support, care and treatment in order to support recovery. Within this section, participants were asked to answer a number of questions about their experiences needing and obtaining mental health support over the past three months. Specifically, participants of all age groups were asked to answer the following questions (noting that the 0-8 age group and 9-13 age group had altered wording, where needed). Firstly, participants were asked *'If you have needed mental health support or information over the past 3 months, have you been able to obtain it?'*, if they had obtained mental health support or information they were asked *'Which of the following support services or networks, if any, did you utilise over the past three months to help manage your mental health or improve wellbeing'*, *'Do you feel the support or information you received improved your mental health?'* and *'Did you feel safe and respected by the person providing you with support?'*. Lastly, all participants whether they received support or not were asked *'Have you ever felt you were unable to receive the support you needed for your mental health and wellbeing? If so, what barriers did you face when trying to access support?'*. This was the only question in the survey asked that did not specify the three-month time period.

Overall responses across all age groups are shown in Figure 36 below. Just over half (53%) identified themselves as needing mental health support or information over the past three months, with 42% feeling they were able to successfully obtain this support or information. Encouragingly, of those who had obtained support or information, most (92%) felt the support or information improved their mental health and wellbeing, and almost all (98%) felt safe and respected by the support they received. Half (50%) felt they had experienced a barrier when attempting to access mental health support.

Figure 36. Comparable statements across all age groups; *Effective support, care and treatment*

Adults: [Q6; Q7; Q8; Q9; Q10], 9-13 [Q6; Q7; Q8; Q9; Q10]; 0-8 [Q10; Q11; Q12; Q13; Q14]

Sample: Total n=2537; Obtained support n=847

Note: only statements which could be reasonably matched across different questionnaires shown above

Among adults, the most popular kind of support accessed across those aged 14 and above was speaking with family, friends or colleagues – mentioned by 40%. Positively, for those who had reached out for support over nine in ten reported they 'improved' their mental health, and felt they were 'safe and respected' throughout.

Young adults (18-39 years) were found to be significantly more likely overall (among those aged 14 and above) to have accessed mental health support in the last three months. In contrast adults aged 60 and above were significantly less likely to have accessed support. Unfortunately, barriers to gaining support was experienced by just over half of all adults. In particular those aged 18-39, Aboriginal or Torres Strait Islander peoples, LGBTQIA+ and those who have ever been diagnosed with a mental health condition.

In understanding access to support services for young people, 72% of 9–13-year-olds mentioned obtaining some level of support or information in the last three months. The most mentioned barrier to accessing support for 9–13-year-olds was *'I didn't want people to think about me differently'* at 18%.

In contrast to the other age groups those aged under 8 were most likely not to have needed mental health support or information in the last three months (59%). Of those who had needed support this was again most likely found in the people around them, friends or family (41%). The most common barrier for caregivers of children (0-8) accessing support was *'cost or financial barrier'* at 12%.

6.6.2 Effective support, care and treatment (Ages 14-17; 18+)

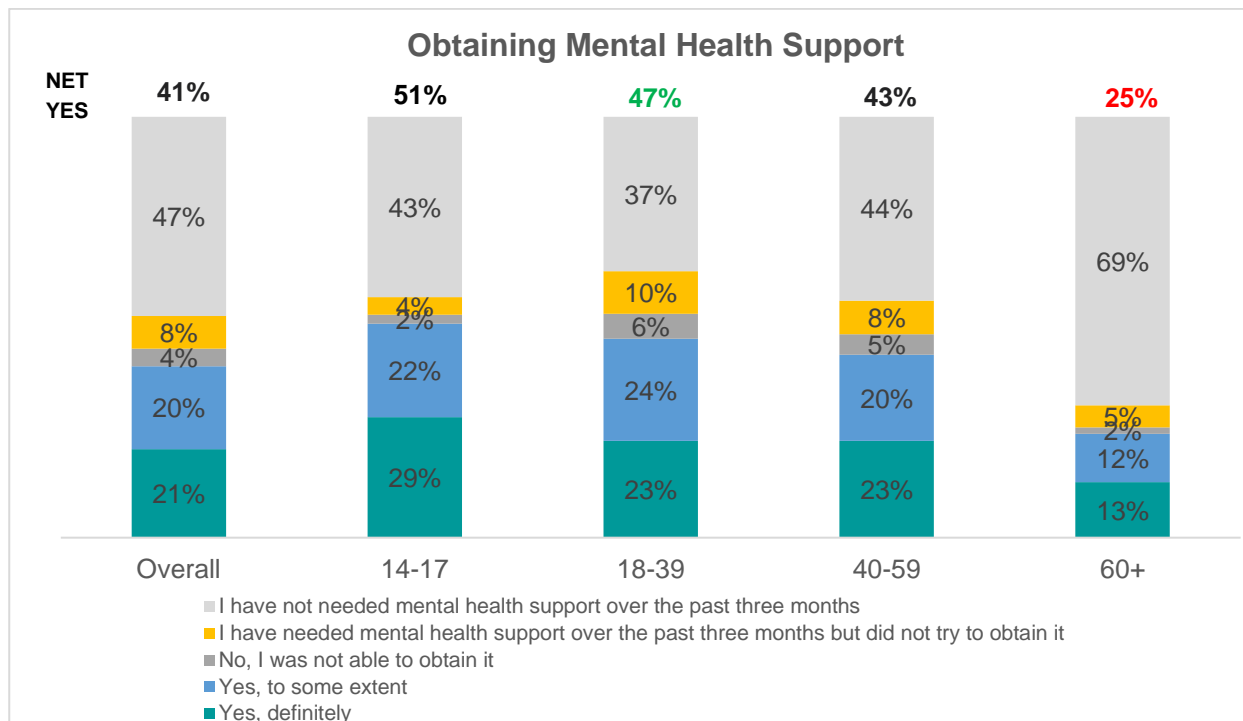
All participants aged 14 and over were asked if they'd been able to access mental health support or information over the past three months, if they needed it. An instruction specified that this support could be *'from friends, family, a GP, psychologist, online self-help etc'*.

As outlined below in Figure 37, just under half of participants (47%) indicated that they *'have not needed mental health support or information over the past three months'*. Approximately a fifth (21%) said they had *'definitely'* been able to access support or information, while a similar proportion (20%) said they'd been able to access this *'to some extent'*. Fewer than one in 20 (4%) stated that they were not able to obtain the support or information they needed, while almost one in 10 (8%) said they had needed mental health support, but did not try to obtain this.

When the responses of *'Yes, definitely'*, *'Yes, to some extent'*, *'No, I was unable to obtain it'*, *'I have needed mental health support over the past three months but did not try to obtain it'*, were combined, younger adults aged 18-39 and those aged 40-59 were significantly more likely to have needed support for their mental health over the past few months (63% and 56% respectively) compared to the average of other age groups. Older adults were significantly less likely to have needed support for their mental health (31%) compared to the average of other age groups. Younger adults (aged 18-39) were significantly more likely than all other age groups to report that they had received the support or information they needed (47% reporting this had happened either *'definitely'* or *'to some extent'*). Conversely, those aged 60 and over were significantly less likely to report obtaining support or information, with only a quarter (25%) reporting they'd either *'definitely'* or *'to some extent'* obtained the support or information they needed, reflective of their lower need to access supports.

Interestingly, several sub-groups of interest (carers/support people, those identifying as LGBTIQ, Culturally and Linguistically Diverse participants, those with a diagnosed mental health condition and First Nations Australians) were significantly more likely to say they'd obtained mental health support or information (either *'definitely'* or *'to some extent'*) than other Australians. This reflects that each of these groups were also significantly more likely to have been diagnosed with a mental health condition. When looking only at those participants who had needed to obtain mental health support or information over the past three months (i.e. filtering out those who reported they have not needed this support), these significant differences by sub-group are no longer present.

Figure 37. *If you have needed mental health support or information over the past 3 months, have you been able to obtain it? (Ages 14+)*



Q6. *If you have needed mental health support or information over the past 3 months, have you been able to obtain it? This could be from friends, family, a GP, psychologist, online self-help etc.*

Sample: 14-17 n= 104; 18-34 n=805; 40-59 n=794; 60+ n=621. Weighted by age, gender, location and ATSI status

Participants aged 14 and over who indicated that they had accessed mental health support or information were asked which of a range of support services or networks they had accessed over the previous three months to help manage their mental health or wellbeing. As shown below in Figure 38, most commonly, participants sought support from their social networks, with two-in-five (40%) reporting that they ‘spoke with colleagues, friends or family members’. This was closely followed by a similar proportion (37%) who utilised their GP. Just over a quarter accessed a ‘psychologist, psychiatrist or counsellor’ (26%), while 16% ‘looked online for self-help information or support’. Each of the other options was only selected by around 1 in 20 participants or fewer.

Sources of support often varied by age. Those aged 18-39 were significantly more likely than all other age groups to have ‘looked online for self-help information or support’ (21%), while those aged 40-59 were significantly more likely to have reached out to a GP (44%). The youngest age group (14-17 year-olds) were significantly more likely than all others to have utilised a family support worker (14%).

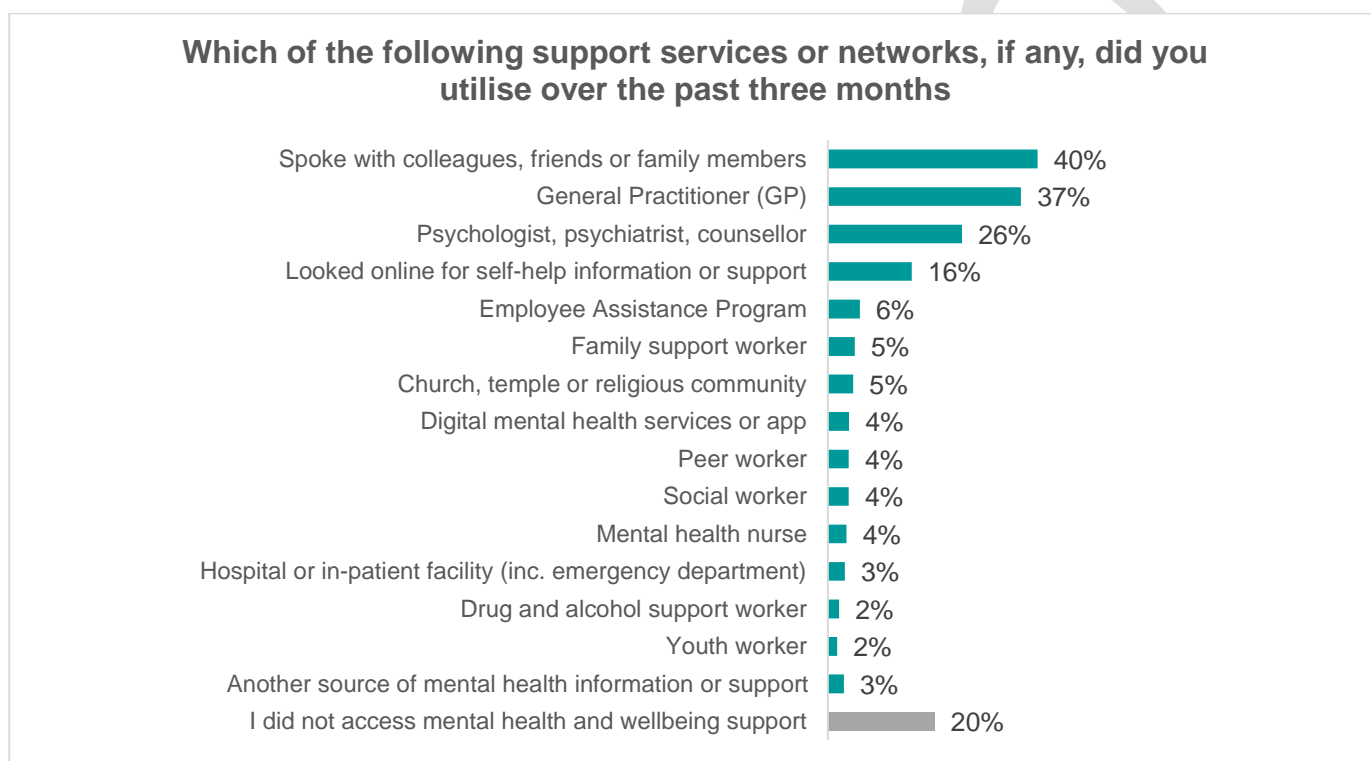
Some groups were significantly more likely than others to access certain supports. Looking only at those who accessed supports, the following differences were found:

- Carers/support people who accessed support or information were significantly more likely than non-carers to speak to their social network (56% vs. 37%).
- First Nations Australians who accessed support or information were significantly more likely to have utilised a digital service or app (11%), mental health nurse, (11%) social worker (15%), family support worker (15%), or hospital (10%) compared to non- First Nations Australians.

Findings

- Males were significantly more likely than females to report accessing an employee assistance program (11% compared to 5%), although overall use of this service was relatively low (6%).
- Those who had been diagnosed with a mental health condition were significantly more likely to report using more formal supports, specifically a GP (57% compared to 35%) or psychologist, psychiatrist or counsellor (47% compared to 16%) compared to those who had not received a diagnosis.

Figure 38. Which of the following support services or networks, if any, did you utilise over the past three months to help manage your mental health or improve wellbeing? (Ages 14+)



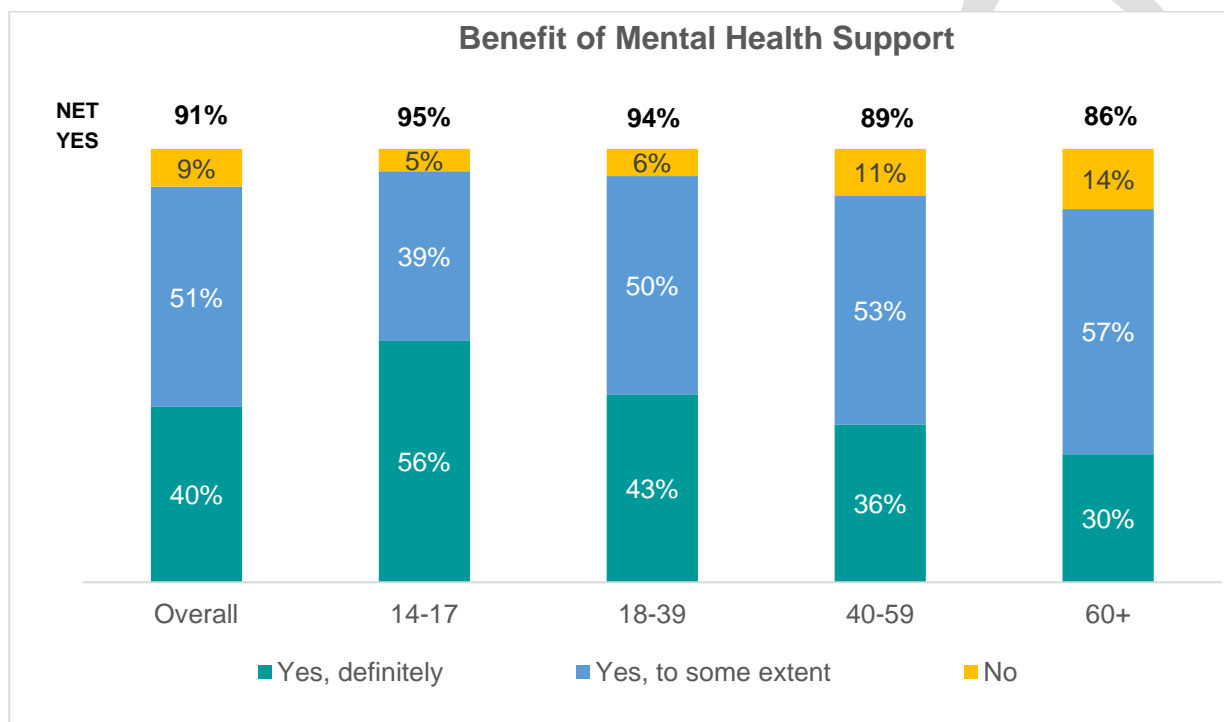
Q7. Which of the following support services or networks, if any, did you utilise over the past three months to help manage your mental health or improve wellbeing?

Sample: Total n=976. Weighted by age, gender, location and ATSI status

Findings

Participants aged 14 and over who indicated that they had accessed mental health support or information were asked whether they felt the support or information improved their mental health. The vast majority of people who accessed mental health support or information said it improved their mental health (9 in 10, net 91%). Approximately half (51%) said the support or information had ‘definitely’ improved their mental health, and 40% said it had improved their mental health ‘to some extent’. Fewer than one in 10 (9%) reported that it had not improved their mental health. This finding did not vary significantly by any subgroups.

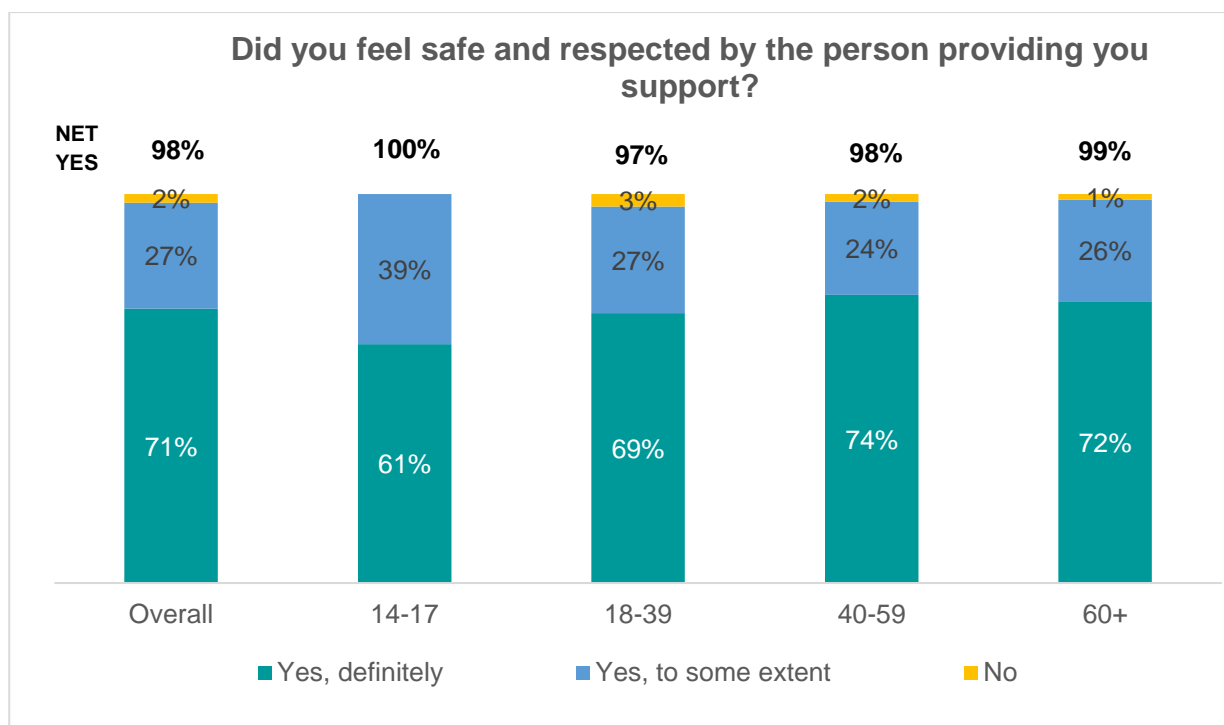
Figure 39. Do you feel the support or information you received improved your mental health? (Ages 14+)



Q8. Do you feel the support or information you received improved your mental health?
 Sample: 14-17 n= 43; 18-34 n=317; 40-59 n=295; 60+ n=132. Weighted by age, gender, location and ATSI status

Participants aged 14 and over who indicated that they had accessed mental health support or information from another person were also asked whether they felt safe and respected by the person providing them with support. Seven in ten (71%) said they ‘definitely’ felt safe and respected, while an additional 27% felt safe and respected ‘to some extent’ (net 98%). Only 2% reported that they did not feel safe and respected. Again, this finding did not vary significantly by demographic group.

Figure 40. Did you feel safe and respected by the person providing you support? (Ages 14+)



Q9. Do you feel the support or information you received improved your mental health?

Sample: 14-17 n= 43; 18-34 n=299; 40-59 n=290; 60+ n=130. Weighted by age, gender, location and ATSI status

All participants aged 14 and over were presented with a list of potential barriers to accessing mental health support and asked which, if any, barriers they had faced. This question did not ask participants to think of their experiences over the previous three months, but rather in general. Over half (52%) selected at least one barrier they had faced, while 17% reported they had not faced any barriers, and almost a third (31%) selected they had not ever needed mental health support.

Among those who did cite a barrier, responses were considerably spread across the options presented. However, the most commonly barriers participants cited were 'I felt I should be able to solve my situation on my own' (23%), and cost or financial barriers (20%).

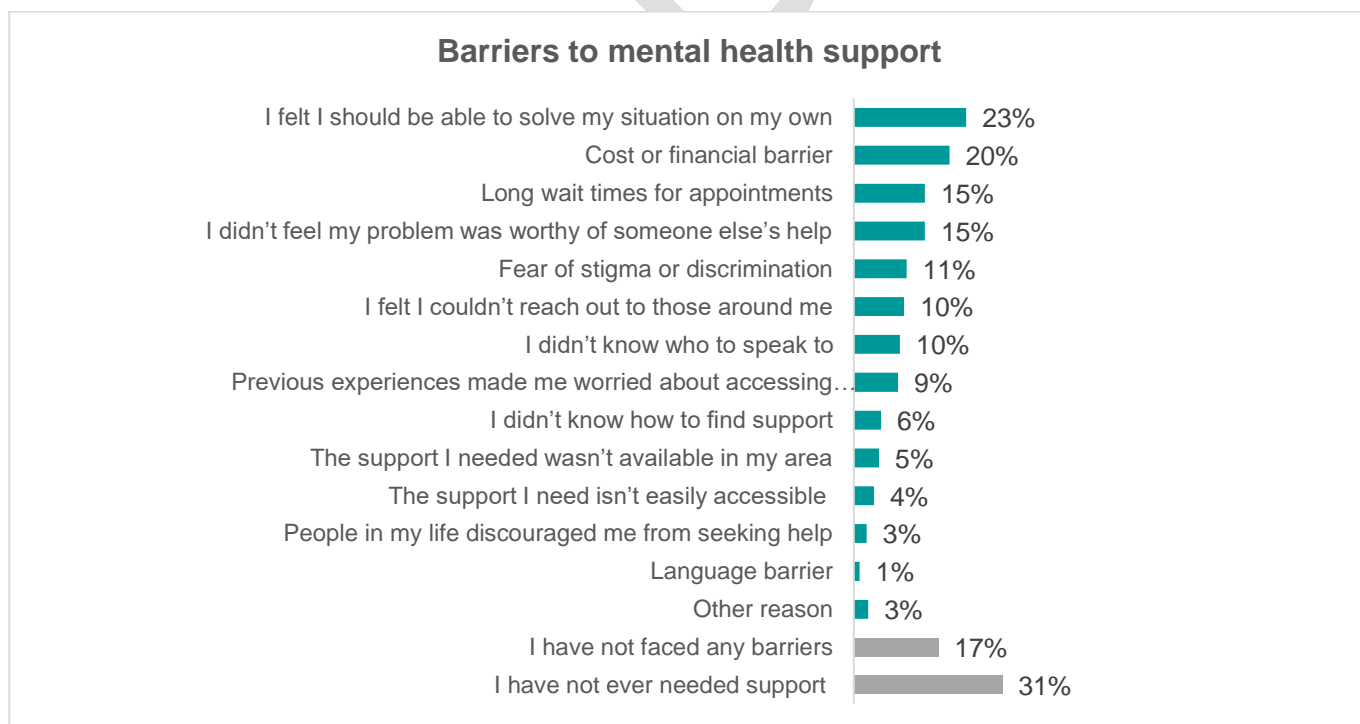
Many significant differences were observed across different demographic groups. Looking only at those who did cite a barrier:

- Those aged 18-39 were significantly more likely than all other age groups to state 'I didn't know how to find support' (14%).
- Those aged 60 and over were significantly more likely than all other age groups to cite 'I felt I should be able to solve my situation on my own'.
- Carers/support people were significantly more likely than non-carers to cite a 'cost or financial' barrier (41% compared to 31%)
- First Nations Australians were significantly more likely than non-First Nations Australians to report experiencing almost all barriers, including 'long wait times' (38%), 'fear of stigma or discrimination' (31%), or negative previous experience (31%). In addition, First Nations Australians were more than twice as likely as non-First Nations Australians to report 'the support I needed wasn't available in my area' (23% compared to 9%).

Findings

- LGBTQIA+ participants were significantly more likely than non-LGBTQIA+ participants to experience a range of barriers, particularly relating to access. For example, they were the group most likely to report facing financial barriers (54% compared to 36% for non-LGBTQIA+) and were significantly more likely to cite ‘long wait times for appointments’ (39% compared to 27%). They were more than twice as likely as non-LGBTQI participants to cite *previous negative experiences* as a barrier (33% compared to 16%).
- Those diagnosed with a mental health condition were also significantly more likely to cite a range of barriers, including ‘cost or financial barrier’ (49% compared to 28% for those not diagnosed), ‘long wait times for appointments’ (38% compared to 20% for those not diagnosed) and ‘Previous experience of mental health services made me worried about accessing support’ (28% compared to 9%).
- Regional participants were significantly more likely than metro participants to note that the support they needed wasn’t available in their area (16% compared to 7%) and that the support they needed wasn’t accessible (12% compared to 9%).

Figure 41. Have you ever felt you were unable to receive the support you needed for your mental health and wellbeing? If so, what barriers did you face when trying to access support? (Ages 14+)



Q10. Have you ever felt you were unable to receive the support you needed for your mental health and wellbeing? If so, what barriers did you face when trying to access support?
 Sample: Total n=2324. Weighted by age, gender, location and ATSI status

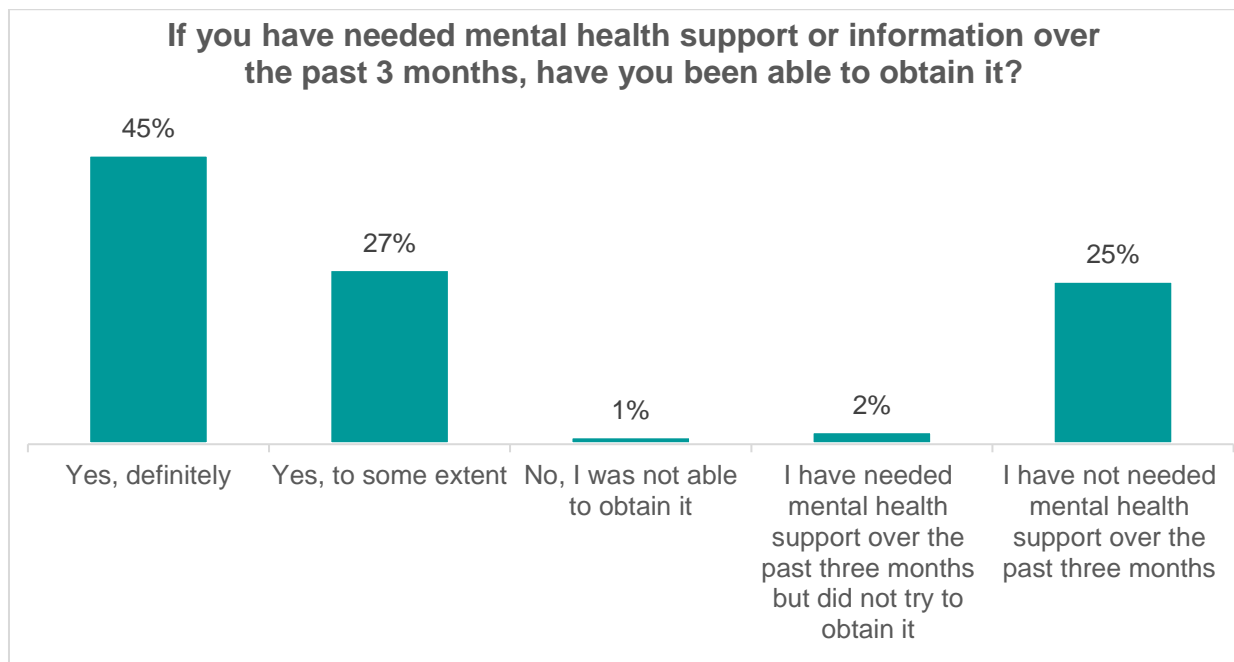
6.6.3 Effective support, care and treatment (Ages 9-13)

Young people aged 9-13 answered a series of age-tailored questions on their access to effective support, care and treatment. Due to the relatively small sample size (n=103), no significant differences by demographic group were observed.

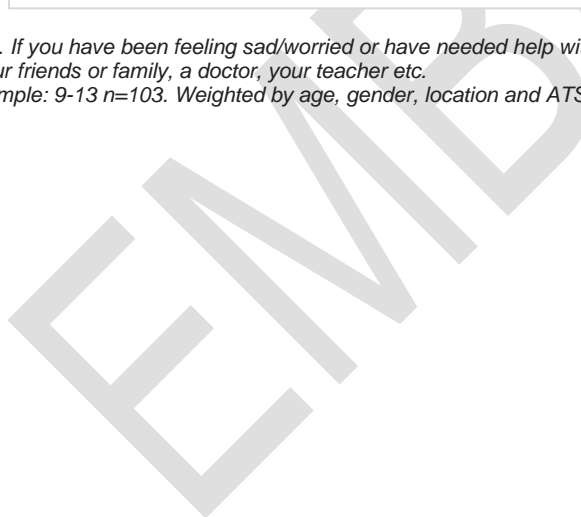
Findings

All respondents to the survey for young people aged 9-13 were asked if they'd been able to access help if they'd been feeling sad or worried, or needed help with their mental health. A quarter (25%) said they did not need mental health support, 72% said they had been able to get support if they needed it (45% said 'yes definitely', and 27% said 'yes, to some extent'). Only 1% and 2% respectively said they were unable to obtain it or didn't try to obtain it despite needing it.

Figure 42. Support obtained for mental health (Ages 9-13)



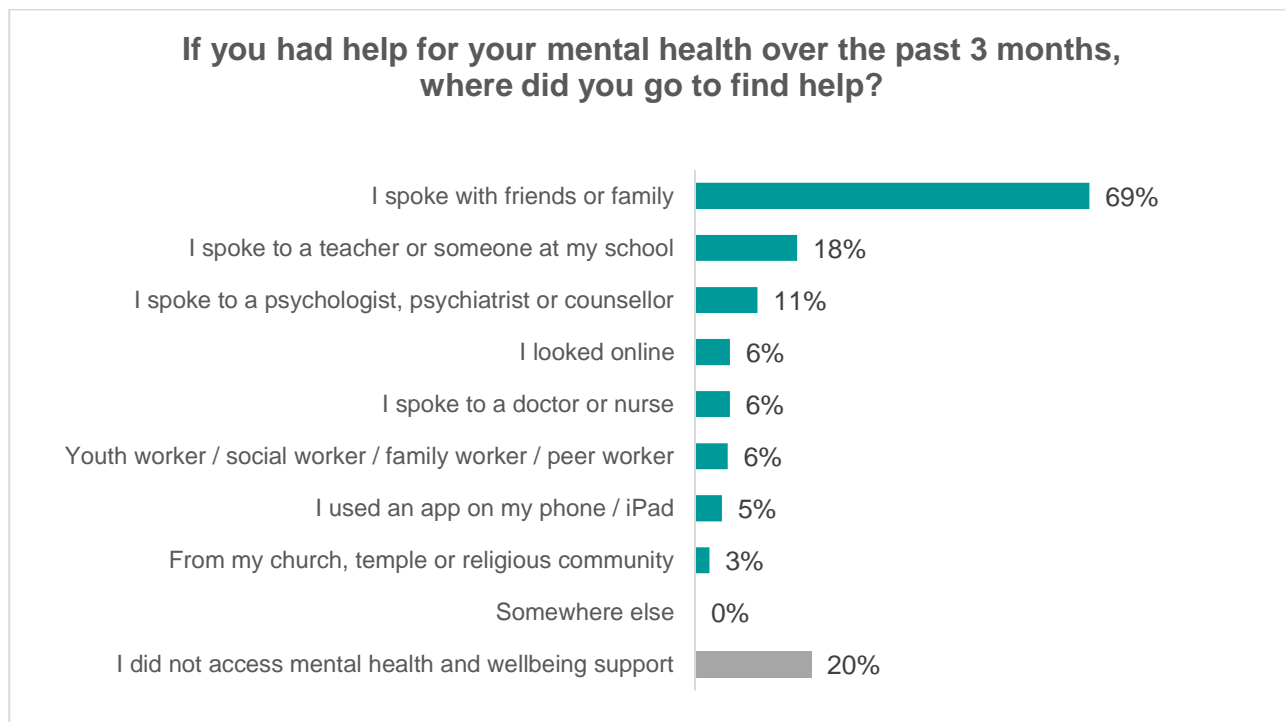
Q6. If you have been feeling sad/worried or have needed help with your mental health, have you been able to get help? This could be from your friends or family, a doctor, your teacher etc.
 Sample: 9-13 n=103. Weighted by age, gender, location and ATSI status



Findings

In contrast to older participants, those aged 9-13 were much more uniform in their sources of help, with almost seven-in-10 reporting that they ‘spoke with friends or family’ (69%).

Figure 43. Source of Mental Health Support (Ages 9-13)



Q7. If you had help for your mental health over the past 3 months, where did you go to find help?

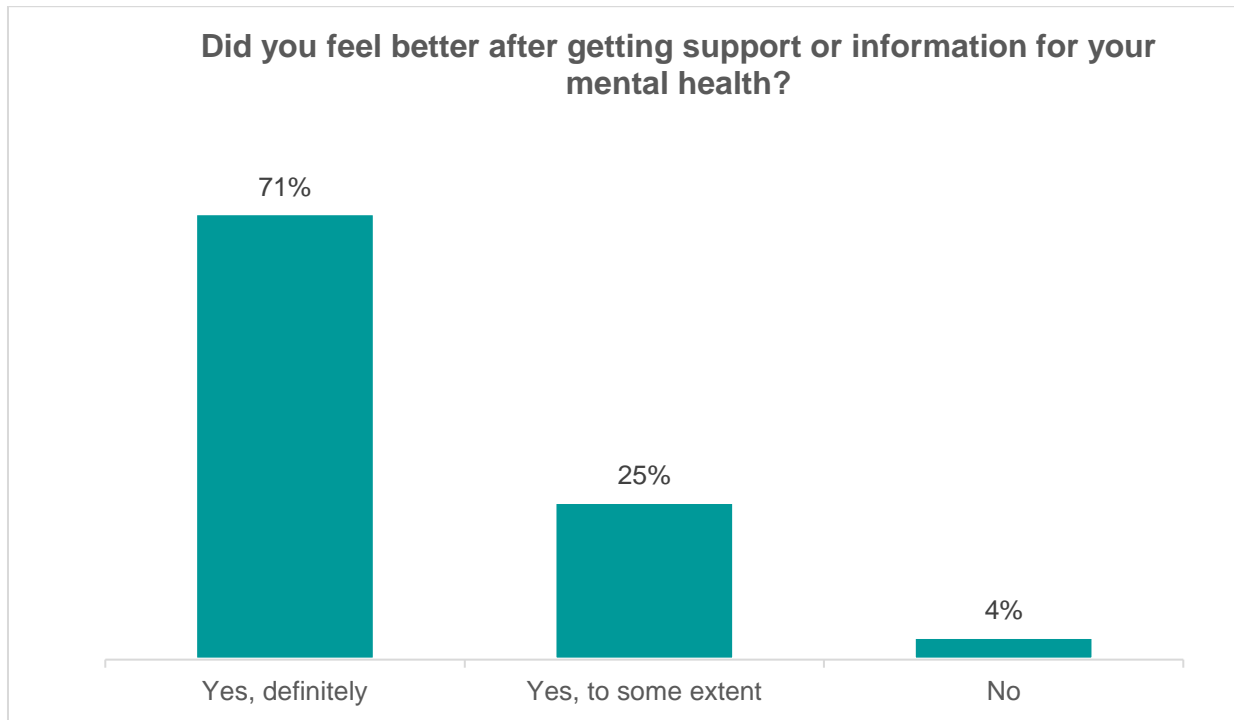
Sample: 9-13 n=72. Weighted by age, gender, location and ATSI status

EMBARGOED

Findings

For younger participants, sources of support tended to be effective, with nearly all young people aged 9-13 mentioning they did feel better definitely or to some extent – 96% net yes. Around seven in ten reported that they ‘definitely’ felt better after getting this support or information (71%).

Figure 44. *Did you feel better after getting support or information for your mental health? (Ages 9-13)*

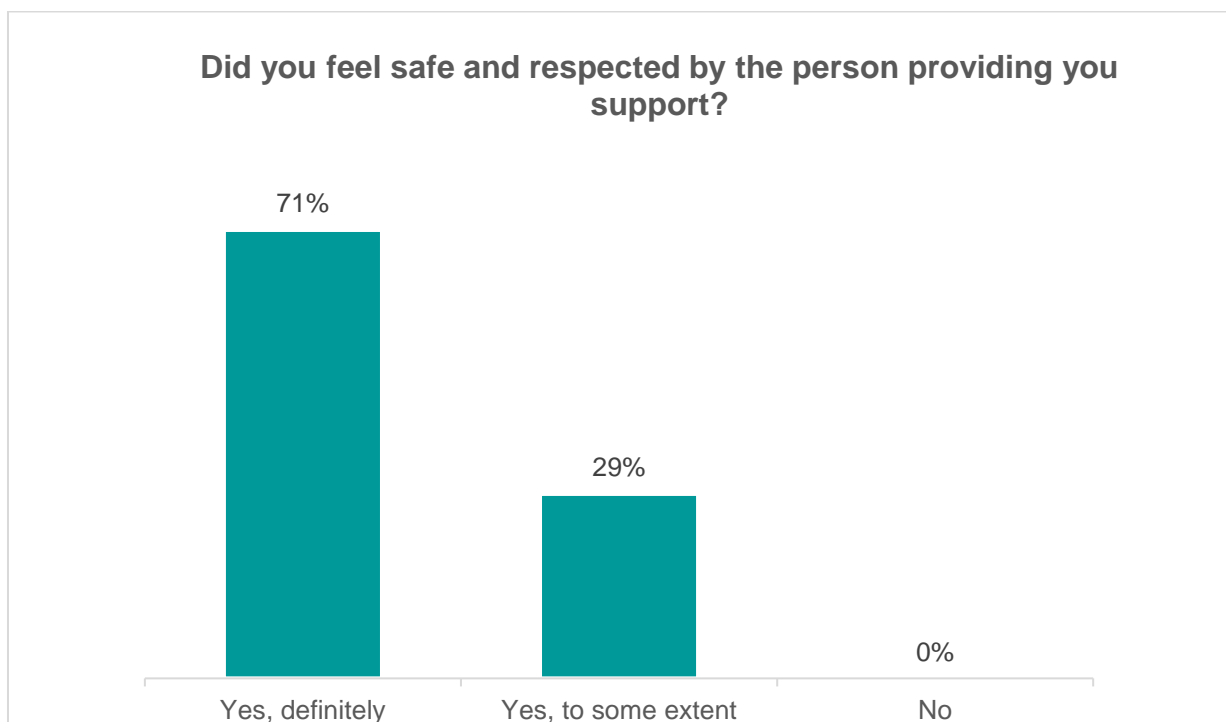


Q8. *Did you feel better after getting support or information for your mental health?*
Sample: 9-13 n=57. Weighted by age, gender, location and ATSI status

Findings

Furthermore, all young people aged 9-13 mentioned they had felt safe and respected by the people who supported them (100% net yes). Seven in ten (71%) 9–13-year-olds reported that the person providing them support ‘*definitely*’ made them feel safe and respected, and 29% said this occurred ‘*to some extent*’. No young people reported that they did not feel safe and respected by the person providing them support.

Figure 45. Did the people who helped you make you feel safe and respected? (Ages 9-13)



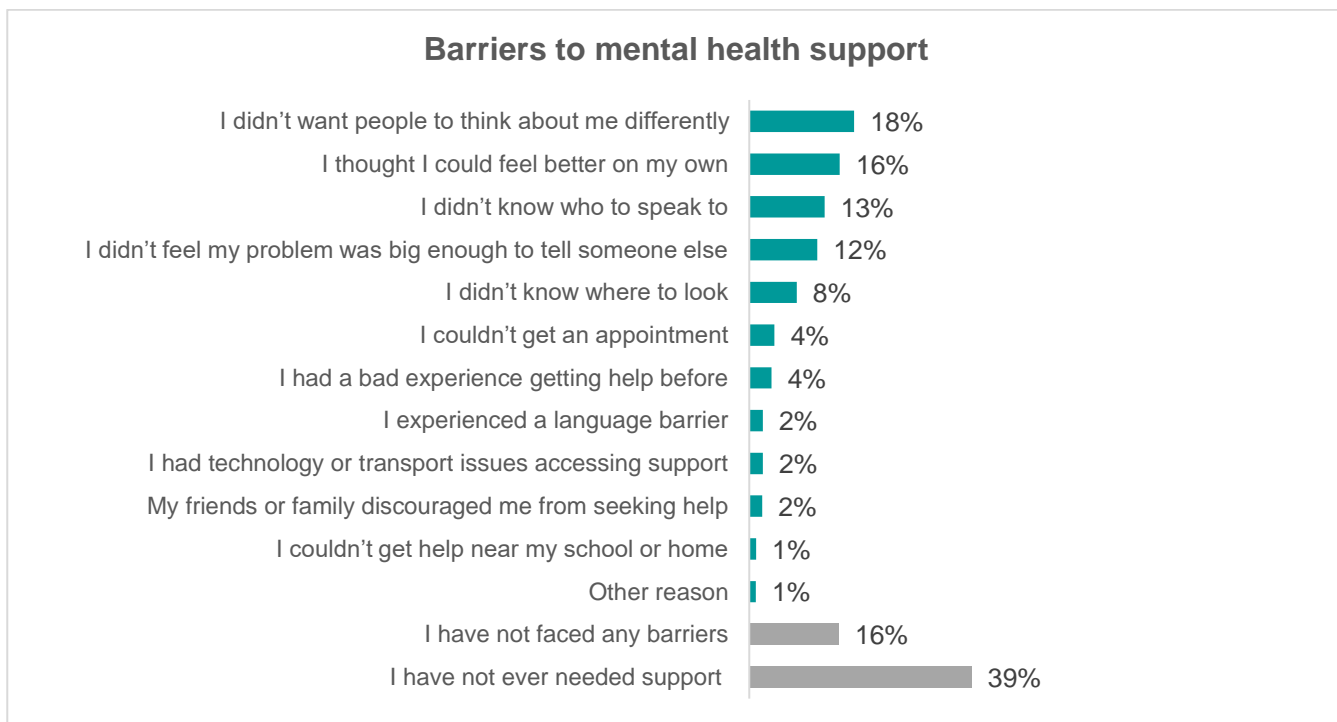
Q9. Did you feel better after getting support or information for your mental health?

Sample: 9-13 n=56. Weighted by age, gender, location and ATSI status

Findings

Young people 9-13 were also asked if they had faced any issues from a list of barriers to accessing support for their mental health and wellbeing. Almost two-in-five (39%) had not needed support, and a further 16% had not faced any barriers. A range of barriers were experienced by others, most commonly ‘I didn’t want people to think about me differently’ (18%), ‘I thought I could feel better on my own’ (16%) and ‘I didn’t know who to speak to’ (13%).

Figure 46. Barriers to mental health support (Ages 9-13)



Q10. Have you ever felt you were unable to receive the support you needed for your mental health and wellbeing? If so, what barriers did you face when trying to access support?

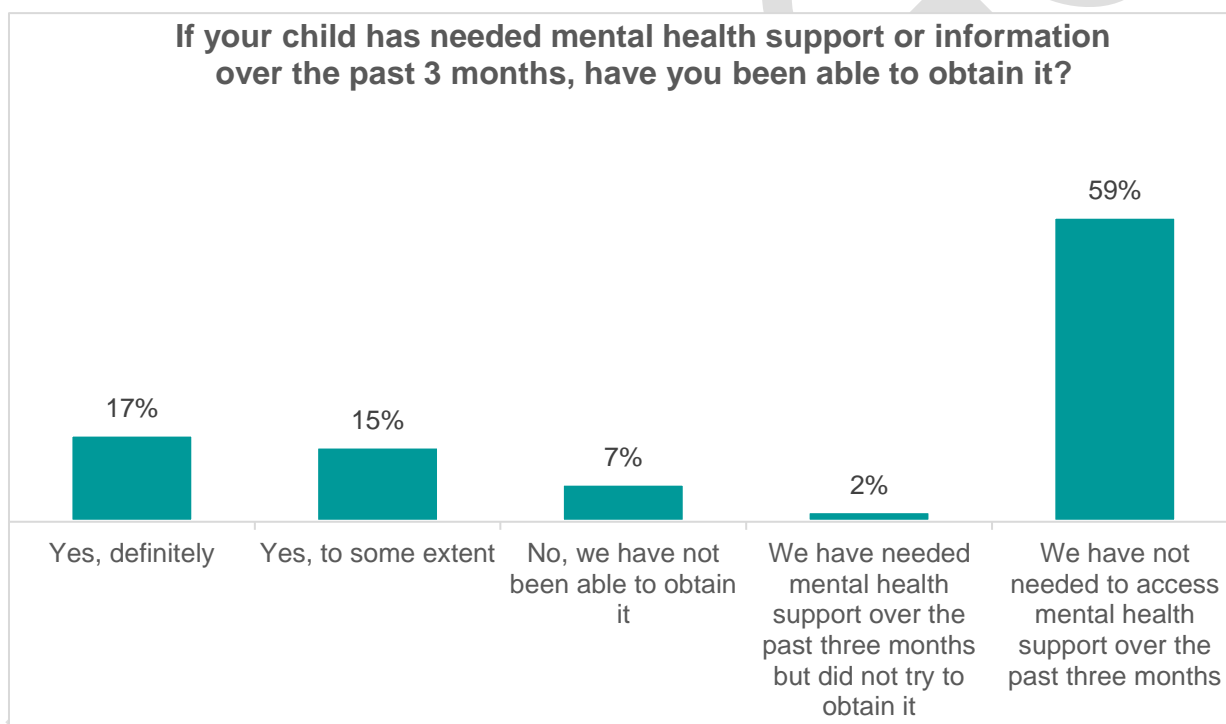
Sample: 9-13 n=103. Weighted by age, gender, location and ATSI status

6.6.4 Effective support, care and treatment (Ages 0-8)

Parents of children aged 0-8 were asked about their experience accessing effective support, care and treatment on behalf of their child. Because of the relatively small sample size (n=110) there were no significant differences by subgroup across any of these questions.

First, participants were asked if they had been able to obtain mental health support or information for their child over the last three months, if they have needed it. The majority (59%) reported that they did not need to access mental health support for their child. Close to one third (31%) of children under 8 had reached out for mental health support or information recently. 17% had 'definitely' been able to access the support they'd needed, while 15% had, 'to some extent'. 7% percent had 'not been able to obtain the support' they needed, and only 2% 'needed support but did not try to obtain it'.

Figure 47. Child access to mental health support and information (Ages 0-8)



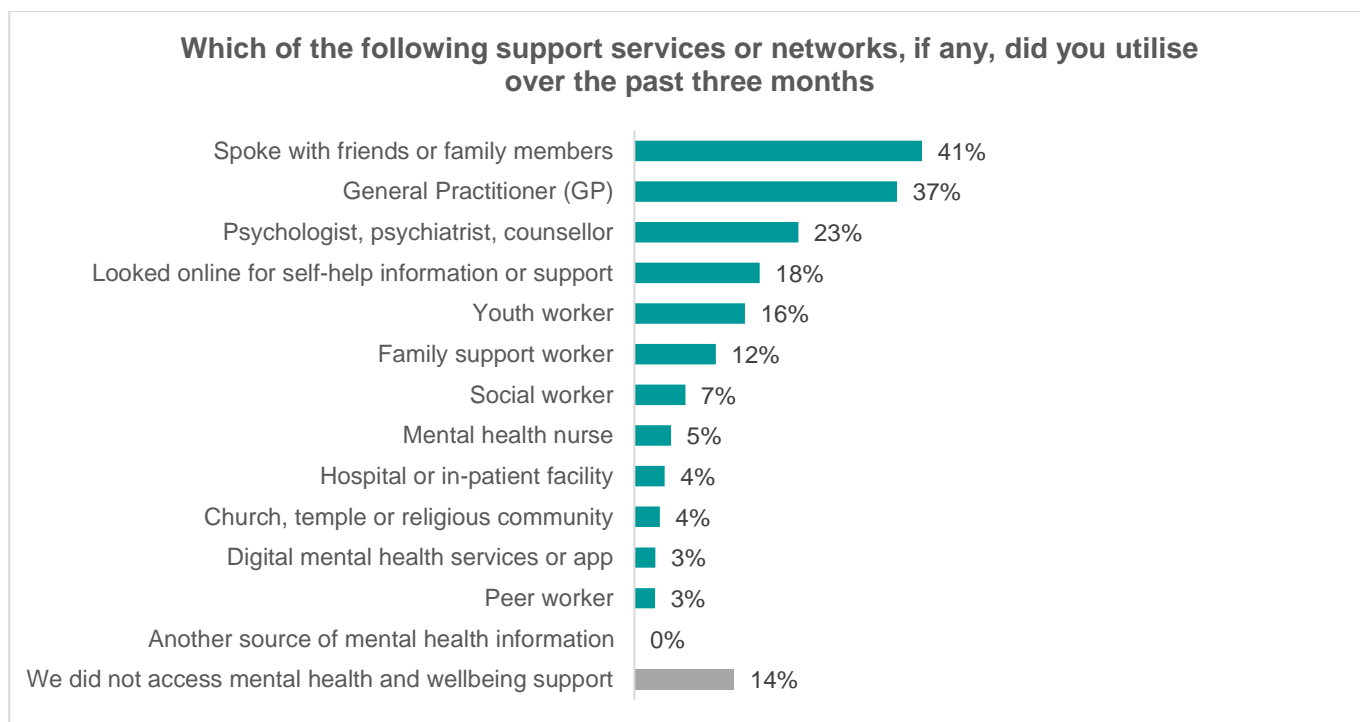
Q10. If your child has needed mental health support or information over the past 3 months, have you been able to obtain it? This could be from friends, family, a GP, psychologist, online self-help etc.

Sample: 0-8, n=110. Weighted by age, gender, location and ATSI status

Findings

Those who said they had tried to access mental health and wellbeing support or information were asked what support they utilised on behalf of their child, or their child accessed directly. As with other age groups, the most common sources of support were friends or family members (41%) followed by GP (37%), and psychologist, psychiatrist or counsellor (23%). See Figure 48, below.

Figure 48. Support services or networks utilised (Ages 0-8)



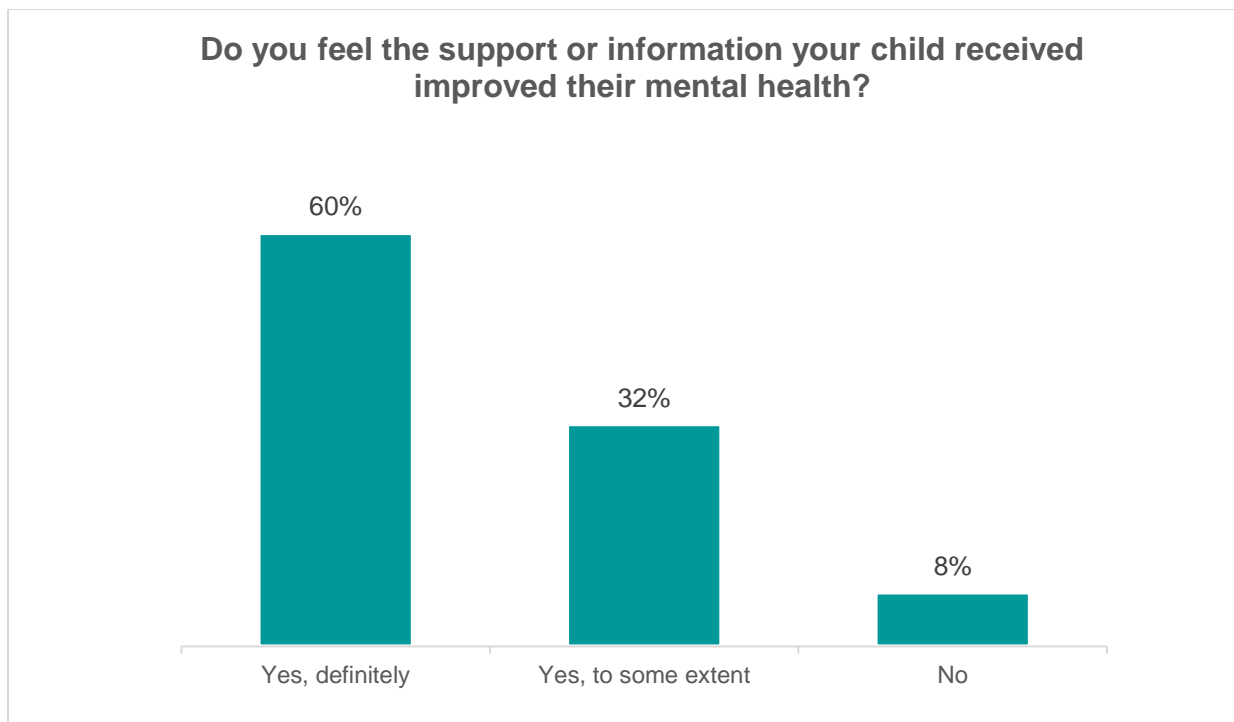
Q11. Which of the following support services or networks, if any, did your child, or you on behalf of your child utilise over the past three months to help manage their mental health or improve their wellbeing?

Sample: 0-8, n=35. Weighted by age, gender, location and ATSI status

Findings

Among those who had accessed support or information for their child aged 0-8, the majority (60%) said it had *'definitely'* improved their child's mental health, while approximately a third (32%) said it had improved *'to some extent'*. 8% said the support or information had not improved their child's mental health.

Figure 49. *Did the support or information received by child improve their mental health? (Ages 0-8)*

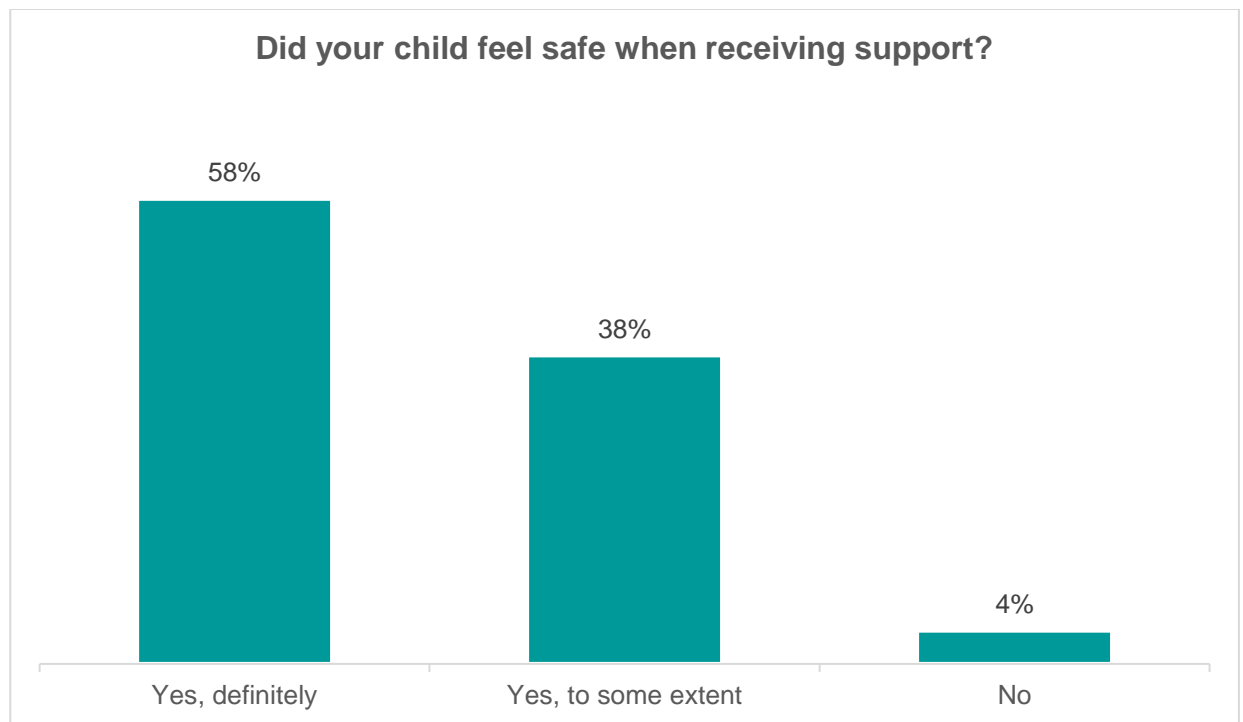


Q12. Do you feel the support or information that you / your child received improved their mental health?
Sample: 0-8, n=30. Weighted by age, gender, location and ATSI status

Findings

Those who had accessed mental health support for their child aged 0-8 were asked if their child felt safe when receiving support. Over nine in ten (96% net yes) mentioned they did feel safe, of which over half (58%) said, 'yes, *definitely*', while 38% said 'yes, *to some extent*'. Only 4% reported that their child did not feel safe.

Figure 50. *Did the child feel safe when receiving support? (Ages 0-8)*



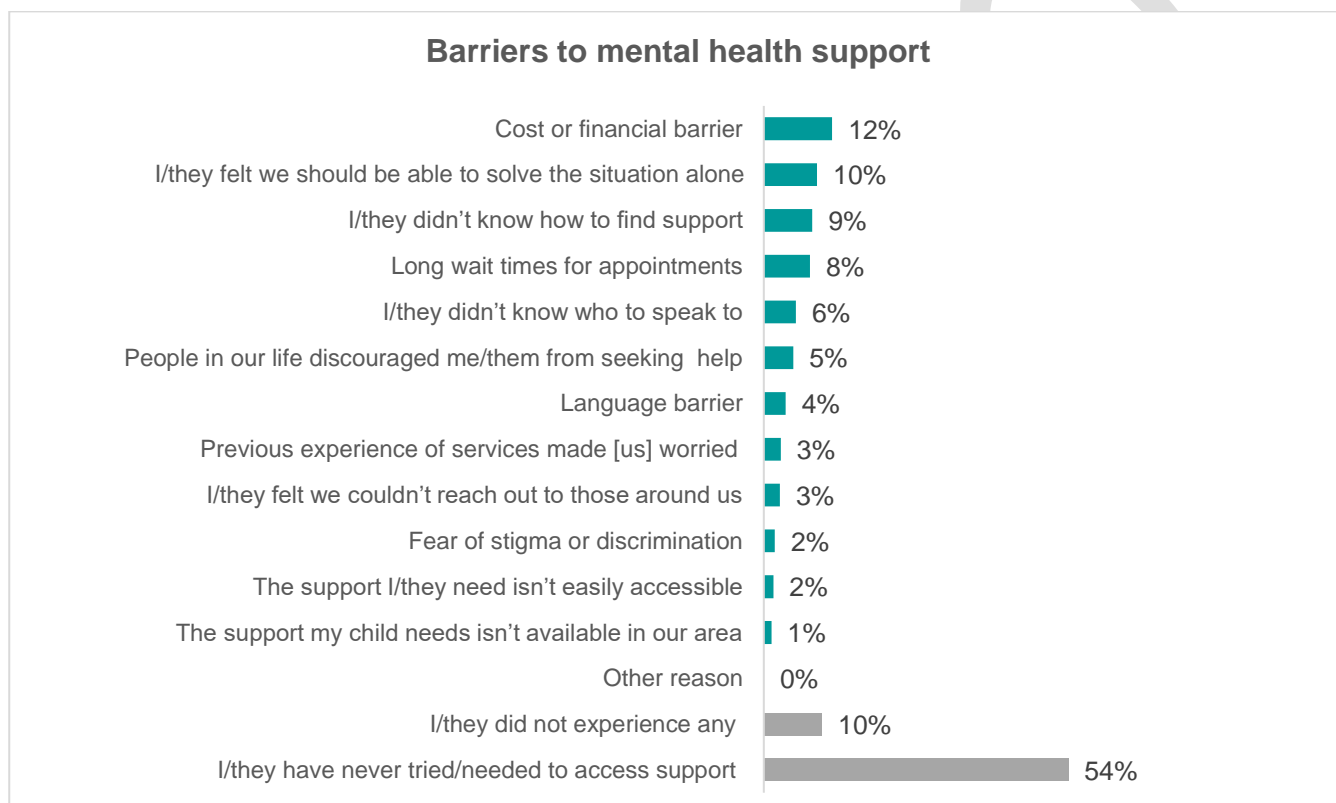
Q13. *Did your child feel safe when receiving support?*
Sample: 0-8, n=29. Weighted by age, gender, location and ATSI status

Findings

Parents of 0-8 year-olds were also asked if they had ever felt their child was unable to receive the support they needed for their mental health, and if so, what barriers they faced. Over half said they had never tried or needed to access mental health support for their child, and a further 10% had not experienced any barriers.

The barriers that were identified were quite wide-ranging. Most commonly, 'cost' was a barrier (for 12%), followed by feeling 'we should be able to solve the situation on our own' (10%) and being unaware of 'how to find support' (9%).

Figure 51. Barriers faced when accessing mental health support, (Ages 0-8)



Q14. Have you felt at any time your child was unable to receive the support they needed for their mental health? If so, what barriers did you/they face when accessing support?

Sample: 0-8, n=110, Weighted by age, gender, location and ATSI status

7 Appendix

7.1 Appendix A: Detailed methodology

7.1.1 Questionnaire design

Ipsos and Mental Health Australia worked in collaboration to design the questionnaire.

Initial questions were framed around the Contributing Life framework.

These were then revised to improve clarity for respondents and capture more nuanced information. Where possible, the following validated measures were used:

- The WHO-5 Well-Being Index
- The Harvard IQSS, the “Flourish” measure
- The De Jong Gierveld Loneliness Scale
- The Campaign to End Loneliness Measurement Tool

This questionnaire, developed for adults, was then adapted to be suitable for younger age groups. It was agreed that the standard questions were suitable for participants 14 years and over. A sub-set of simplified questions for 9–13-year-olds to answer about their own wellbeing was developed, and for parents of 0-8 year-olds to answer about their child’s mental health and wellbeing (with a small set of questions for the child to answer directly if able).

Ipsos conducted a series of n=10 cognitive interviews with participants representing a broad range of demographics. In two of these interviews, the parent or guardian completed the adult questionnaire, and invited their child aged 0-8 to complete relevant questions for their age. The parent or guardian then answered questions on behalf of the child. More information about the cognitive interview process and findings is available in section 7.1.2.

The questionnaires were adapted where needed to incorporate findings from the cognitive interviews, to ensure appropriateness for each age group and ease of understanding for participants, prior to commencing fieldwork.

7.1.2 Cognitive testing method and findings

n=10 cognitive interviews were conducted with participants from across Australia. In two of these interviews, the parent or guardian completed the adult questionnaire, and invited their child aged 0-8 to complete relevant questions for their age. The parent or guardian then answered questions on behalf of the child. This sample included people with lived experience of mental ill health (including personally diagnosed or caring for someone with mental ill health), both metro and regional participants, First Nations Australians and participants from a non-English speaking background. In interviews where the participant was under 14 years old, the parent or guardian was present during the interview.

In each interview, the participant was provided the questionnaire and instructed to “think aloud” as they completed it. This “think aloud” technique enables the researcher to gain an insight into the cognitive process of the participant and the way in which they interpret and answer questions.

The researcher observed and noted the behaviour and thoughts of the participant. The researcher also asked the participant probing questions to further clarify their interpretation of the question. Additionally, they asked if there are any suggested areas of improvement for the survey, how they found the survey overall, and whether there were any areas of repetition or important aspects of their experience missing.

Key findings of the cognitive testing process included:

- Participants generally found the questions to be clear and relevant and the survey length reasonable
- There was some concern that the questionnaire may be confronting for people struggling with their mental health. Some questions were re-phrased or removed, and contact details for a number of support services were added to the beginning and end of the survey.
- There was the opportunity to streamline the survey and remove some duplication.
- The scale originally used (adapted from the WHO-5 Well-Being Index) was confusing and had several points at the centre that were seen to be too similar. Ipsos simplified this scale, and also modified the scale for some questions to better suit the nature of the question.
- A number of question specific improvements were also identified.

7.2 Appendix B: Summary of measures included across most age groups

	Overall	0-8*	9-13	14-17	18-39	40-59	60+
Felt happy	66%	100%	83%	77%	68%	59%	64%
Felt capable and in control	65%	N/A	65%	70%	62%	64%	70%
Felt energised	49%	N/A	76%	61%	48%	41%	47%
Felt life had been filled with things that were interesting / enjoyable	62%	94%	90%	62%	53%	53%	64%
Had things to look forward to	76%	82%	91%	90%	74%	69%	75%
Felt comfortable asking for support / felt they had people they could ask for help	71%	74%	73%	86%	70%	66%	73%
Felt part of a community	48%	72%	N/A	60%	44%	39%	51%
Takes part in celebrations, traditions or cultural activities	61%	78%	81%	76%	57%	53%	57%
Felt safe from global threats	55%	63%	N/A	61%	53%	51%	58%
Felt safe in their neighbourhood	80%	76%	85%	82%	76%	78%	85%
Have felt secure in their job / education / training / school	58%	78%	88%	72%	63%	51%	38%
Have needed mental health support	53%	41%	75%	57%	63%	56%	31%
Have obtained mental health support	42%	31%	72%	51%	47%	43%	25%
Felt the support improved their mental health	92%	92%	96%	95%	94%	89%	86%
Felt safe and respected during support	98%	96%	100%	100%	97%	98%	99%
Have ever faced a barrier accessing mental health support	50%	35%	45%	39%	68%	53%	33%
Overall average mental health rating	6.9	8.1	7.7	7.2	6.2	6.4	7.4

7.3 Appendix C: Summary of all adult measures

Survey Question Number	Question	Positive / Yes Answer	% Response
Thriving, Not just Surviving			Average: 59%
Q2_A	I have felt happy	% Strongly Agree or Agree	65%
Q2_B	I have felt energised	% Strongly Agree or Agree	47%
Q2_C	I have felt capable and in control	% Strongly Agree or Agree	65%
Having something meaningful to do, something to look forward to			Average: 67%
Q3_A	My daily life has been filled with things that interest me	% Strongly Agree or Agree	57%
Q3_B	I have been able to do things that are meaningful to me	% Strongly Agree or Agree	70%
Q3_C	I have things to look forward to	% Strongly Agree or Agree	74%
Having family, friends, culture and community			Average: 64%
Q4_A	I have felt there are enough people I feel close to	% Strongly Agree or Agree	64%
Q4_B	There are people in my life that I have felt comfortable asking for help at any time	% Strongly Agree or Agree	71%
Q4_C	I have felt part of a community	% Strongly Agree or Agree	45%
Q4_D	I have celebrations, traditions or cultural activities in my life that I enjoy	% Strongly Agree or Agree	57%
Q4_E	I help others around me when they need it	% Strongly Agree or Agree	85%
Feeling Safe, Stable and Secure			Average: 63%
Q5_A	I have felt confident about being able to meet normal monthly living expenses	% Strongly Agree or Agree	65%
Q5_B	I have felt financially secure	% Strongly Agree or Agree	52%
Q5_C	I have felt secure in my housing and accommodation	% Strongly Agree or Agree	78%
Q5_D	I have felt safe in my neighbourhood	% Strongly Agree or Agree	79%
Q5_E	I have felt safe from global threats (such as impacts of climate change, war, social unrest)	% Strongly Agree or Agree	54%
Q5_F	I have felt secure in my job/education/training	% Strongly Agree or Agree	54%
Effective Support, Care and Treatment			Average: n/a

Q6	If you have needed mental health support or information over the past 3 months, have you been able to obtain it? This could be from friends, family, a GP, psychologist, online self-help etc.	% Yes, definitely or Yes, to some extent	41%
Q7	Which of the following support services or networks, if any, did you utilise over the past three months to help manage your mental health or improve wellbeing?		
	<i>Spoke with colleagues, friends or family members</i>	#1 most popular response selected	40%
	<i>General Practitioner (GP)</i>	#2 most popular response selected	37%
	<i>Psychologist, psychiatrist, counsellor</i>	#3 most popular response selected	26%
Q8	Do you feel the support or information you received improved your mental health?	% Yes, definitely or Yes, to some extent	91%
Q9	Did you feel safe and respected by the person providing you support?	% Yes, definitely or Yes, to some extent	98%
Q10	Have you ever felt you were unable to receive the support you needed for your mental health and wellbeing?	% who faced any barrier	52%
	<i>I felt I should be able to solve my situation on my own</i>	#1 most popular response selected	23%
	<i>Cost or financial barrier</i>	#2 most popular response selected	20%
	<i>Long wait times for appointments</i>	#3 most popular response selected	15%
Overall Mental Health			
Q11	Thinking about how you have been feeling over the past three months, how would you rate your overall mental health?	Average response out of 10	6.7

7.4 Appendix D: Detailed Tables

Contact Mental Health Australia for inquiries regarding the questionnaire or detailed data tables .

For more information

Mental Health Australia

Level 1, 9-11 Napier Close Deakin, ACT, 2600

02 6285 3100

policy@mhaustralia.org

www.mhaustralia.org

Ipsos

Level 6, 11 Wilson St, South Yarra, VIC, 3141

02 9940 7700

www.ipsos.com/en-au