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We tracked Aussie teens' mental health. The news isn't good – and problems are worse for girls

Scarlett Smout, *University of Sydney* and Katrina Champion, *University of Sydney*

We know young people in Australia and worldwide are experiencing growing mental health challenges.

The most recent **national survey** from the Australian Bureau of Statistics found nearly two in five (38.8%) 16- to 24-year-olds experienced symptoms of a mental disorder in the previous 12 months.

This was substantially higher than the last time the survey was run **in 2007**, when the figure was 26%.

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four high school students report mental health problems by Year 10 – and things are worse for and gender-diverse teens.

Tracking teens' mental health

In [our study](#), published in the Australian and New Zealand Journal of Public Health, we looked at health symptoms in more than 6,500 Australian and how these symptoms changed over time.

We surveyed high school students from 71 schools annually from Year 7 (age 12/13) to Year 10 (age 15/16). Our sample, while not nationally representative, includes a large cross-section of schools in New South Wales, Queensland and Western Australia.

We found symptoms of mental health problems increased steadily over time:

- in Year 7, 17% of students we surveyed reported symptoms which met the criteria for probable depression, increasing to 28% by Year 10
- some 14% of students reported high psychological distress in Year 7, rising to 24% in Year 10
- the proportion reporting moderate-to-severe anxiety grew from 16% in Year 7 to 24% by Year 10.

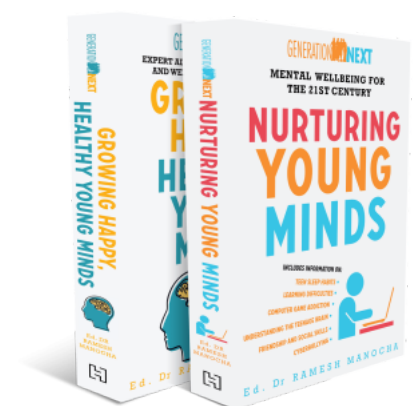
Which teens were hardest hit?

We looked at how mental health symptoms over time were linked to different social factors, such as gender, cultural background and family affluence. We also looked at school factors, such as how advantaged a student's school is.

We found clear differences in mental health by gender, affluence, and school advantage. Girls and gender

From Generation

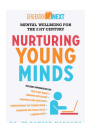
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By Year 10, compared to males, females had a symptom scores that were 88% higher for depression, 34% higher for anxiety, and 55% higher for psychological distress (in models that adjusted for other factors).

Again compared to males and in adjusted models, gender diverse teens had symptom scores at Year 10 that were 121% higher for depression, 55% higher for anxiety, and 89% higher for psychological distress.

Teens from the least affluent families had 7% higher depressive symptoms than those from the most affluent families in adjusted models, while teens attending the least advantaged schools had 9% higher anxiety symptoms than teens attending the most advantaged schools.

We then examined how gender and affluence interacted to influence mental health. Girls in the lowest affluence group experienced heightened anxiety and depressive symptoms over and above the effects of affluence or gender alone.

This shows how multiple factors can stack up, creating greater risk of poor mental health for certain young people.

While we were able to explore a wide range of factors, a limitation of our study was that we could not examine *all* social factors that may impact mental health. For example, we couldn't ascertain the potential differences experienced by Aboriginal and/or Torres Strait Islander teens or those living in remote and very remote areas.

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scarce. However, the 2015 [Young Minds Matter](#) found 14.4% of 12- to 17-year-olds experienced a mental disorder in the prior 12 months.

The higher rates of mental health challenges observed in our study are likely consistent with [evidence](#) suggesting “cohort effects” – where a generation has worse mental health than the one before it. Research is still investigating the reasons behind these trends, with avenues of inquiry spanning everything from social media to climate change. But it appears no single factor is to blame.

The COVID pandemic has also played a role, with young people seeming to be [hit particularly hard](#) by mental health impacts of the pandemic.

Notably, the gender differences between girls and boys are supported by data from [global studies](#), showing this is not a uniquely Australian phenomenon.



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What can we do about the gender divide in mental health?

With a mental health-care system stretched beyond capacity, it's crucial we prevent and address mental health problems early. While this requires a multilayered approach, aiming to reduce these gender inequities in mental health is an important place to start.

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- experiences of **gender-based violence**
- gender differences in **lifestyle behaviour**, for example, diet, physical activity and screen use
- **gendered norms** that place pressure on girls to meet unrealistic gender standards
- gender differences in family and **social relationships**
- **biological differences** related to hormones and menstruation.

These areas indicate avenues for potential solutions, but addressing these factors requires wraparound investment.

Promisingly, many of these factors are mentioned in the **National Women's Health Strategy**. With women's health a central platform for the Albanese government's election campaign, hopefully we will see more investment in research and policy to address these issues.

Importantly, our study found gender inequities in mental health were even more stark for gender diverse teens, so focus should not solely be on girls and women.

We must design solutions with young people

Adolescent mental health isn't something we can tackle with a one-size-fits-all approach. We need strategies that are **meaningfully co-designed** with young people themselves. Initiatives can then be tailored to meet their unique needs and reflect their diverse experiences.

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culturally appropriate and affirming solutions. helps teens feel seen, heard and supported – a ingredients for better mental health.

If this article has raised issues for you, or if you're concerned about someone you know, call Lifeline 14 or Kids Helpline on 1800 55 1800.

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