

PART 4

What adolescents told us

Mental health problems, self-harm, suicidal behaviours and risk behaviours based on adolescents' self-reported information

Adolescents aged 11-17 years were asked to complete a self-report questionnaire on a tablet computer in the privacy of their own bedrooms.

The questionnaire had 12 modules, took 37 minutes on average to complete, and was completed by 89% of the selected young people.

The questionnaire included the *Diagnostic Interview Schedule for Children Version IV* (DISC-IV) major depressive disorder module, as well as questions on services used for emotional or behavioural problems.

Additional modules were included about young people's experiences at school, family relationships, self-esteem, protective factors and a range of risk behaviours as well as any self-harm and suicidality. Age cut-offs were implemented for certain questions that were considered inappropriate to ask younger adolescents.

All young people also completed the Kessler 10 Psychological Distress Scale, a measure of psychological distress and the Strengths and Difficulties Questionnaire, a brief behavioural screening questionnaire.

Comparison of responses with those from parents and carers highlights the importance of collecting information from young people themselves.

10 MENTAL DISORDERS, SELF-REPORTED PROBLEMS AND DISTRESS

The survey collected information about major depressive disorder in children and adolescents aged 4-17 years from parents and carers (see Chapter 3) and also from young people themselves aged 11-17 years. The tool used for assessing major depressive disorder was the major depressive disorder module from the *Diagnostic Interview Schedule for Children Version IV* (DISC-IV). This was included in the adolescent self-report questionnaire for 11-17 year-olds, and the parent report version was given to parents and carers. The information provided was used to determine whether a young person met the diagnostic criteria for the disorder as described in the *Diagnostic and Statistical Manual of Mental Disorders Version IV (DSM-IV)*.

This chapter presents the prevalence of major depressive disorder determined on the basis of adolescents' responses to the DISC-IV module. Differences in the prevalence from the perspectives of young people and parents and carers are also examined.

Further insight into young people's mental health is provided by the Kessler 10 Psychological Distress Scale (K10) and the Strengths and Difficulties Questionnaire (SDQ), which were also completed as part of the adolescent self-report questionnaire.

10.1 Prevalence of major depressive disorder

Based on information from young people themselves, 7.7% of adolescents aged 11-17 years met the diagnostic criteria for major depressive disorder. This is equivalent to an estimated 152,000 adolescents with major depressive disorder.

The prevalence of major depressive disorder was higher in females than males (11.0% compared with 4.5%), and higher in older adolescents (16-17 years) than younger adolescents (11-15 years). Some 8.2% of males aged 16-17 years met diagnostic criteria for major depressive disorder, compared with 3.1% of males aged 11-15 years. In females, 19.6% of 16-17 year-olds had major depressive disorder compared with 7.2% of 11-15 year-olds (Table 10-1).

Table 10-1: Prevalence of major depressive disorder among 11-17 year-olds based on adolescent report by sex and age group

Age group	Males (%)	Females (%)	Persons (%)
11-15 years	3.1	7.2	5.0
16-17 years	8.2	19.6	14.0
11-17 years	4.5	11.0	7.7

10.2 Severity of impact on functioning of major depressive disorder

The severity of major depressive disorder in four different domains (school or work, friends and social activities, family and self) and overall was assessed from young people directly using the same set of

questions that was administered to their parents and carers. Based on information from young people themselves, one in three young people with major depressive disorder (34.2%) had severe impact on functioning. Similar proportions of young people with major depressive disorder experienced a severe level of impact in each of the four domains considered (Table 10-2).

Table 10-2: Severity of impact in different life domains among 11-17 year-olds with major depressive disorder based on adolescent report

Severity	School/work (%)	Friends (%)	Family (%)	Self (%)	Overall severity (%)
None	5.7	2.7	4.2	3.0	
Mild	28.5	31.8	25.8	28.3	38.8
Moderate	35.7	36.3	40.6	41.0	27.0
Severe	25.5	29.3	29.5	27.7	34.2
Does not go to school or work	4.5				

10.3 Comparison of prevalence of major depressive disorder based on adolescent report with parent and carer report

The prevalence of major depressive disorder based on information provided by adolescents and that based on information provided by parents and carers are presented in Table 10-3. Overall, the prevalence of major depressive disorder was higher based on adolescent reported information (7.7% of 11-17 year-olds) compared with parent or carer reported information (4.7% of 11-17 year-olds). However, the prevalence is considerably higher when considered together (i.e. when either source is used as the basis for classification), with one in ten young people (10.5% of adolescents aged 11-17 years) meeting the diagnostic criteria for major depressive disorder based on information provided by either or both the young person and his or her parent or carer.

The prevalence of major depressive disorder was higher in females than in males and the difference was greater when the prevalence was based on adolescent report (11.0% for females and 4.5% for males compared with 5.7% for females and 3.7% for males when based on parent and carer report).

Table 10-3: Prevalence of major depressive disorder among 11-17 year-olds by sex, age group and informant

Sex	Age group	Adolescent report (%)	Parent/carer report (%)	Adolescent report and/or parent/carer report (%)
Males	11-15 years	3.1	3.1	5.4
	16-17 years	8.2	5.4	11.4
	11-17 years	4.5	3.7	7.1
Females	11-15 years	7.2	3.6	9.5
	16-17 years	19.6	10.6	24.3
	11-17 years	11.0	5.7	14.0
Persons	11-15 years	5.0	3.3	7.3
	16-17 years	14.0	8.1	18.0
	11-17 years	7.7	4.7	10.5

Young people rated how much their parents or carers knew about how they were feeling. Among adolescents who did not have major depressive disorder based on either their own or their parent's and carer's reports, 7.4% said their parents or carers know 'not at all' how they are feeling, compared with 14.9% of young people where both the adolescent report and parent or carer report indicate the young person had major depressive disorder, and 29.5% where only the adolescent report indicated the young person has major depressive disorder. Among adolescents without major depressive disorder 40.2% said their parents or carers knew a lot about how they were feeling compared with 14.3% of adolescents with major depressive disorder identified based on the adolescent report only.

Two thirds of young people with major depressive disorder based on information in their self-report said that their parents or carers only knew 'a little' or 'not at all' about their feelings (37.6% and 29.5% respectively). Where parents and carers had also provided information on which to base a diagnosis of major depressive disorder, just over half of young people reported that their parents or carers had poor knowledge about how they were feeling (40.3% 'a little' and 14.9% 'not at all'). In contrast three quarters (75.7%) of young people without major depressive disorder reported that their parents or carers knew 'a lot' or 'some' about how they were feeling (Table 10-4).

Table 10-4: Young people's perceptions of how much parents or carers know about how they are feeling for those with and without major depressive disorder

Level of parental/carer knowledge	Major depressive disorder based on adolescent report only (%)	Major depressive disorder based on both adolescent and parent/carer reports (%)	No major depressive disorder (%)
A lot	14.3	18.1	40.2
Some	18.6	26.6	35.5
A little	37.6	40.3	16.8
Not at all	29.5	14.9	7.4

10.4 Psychological distress

The Kessler 10 Psychological Distress Scale (K10) is a measure of psychological distress that has been shown to be highly correlated with the presence of depressive or anxiety disorders. Scores are classified into four levels of psychological distress — low, moderate, high and very high distress.

One fifth of adolescents aged 11-17 years had very high or high levels of psychological distress (6.6% and 13.3% respectively). The proportion was higher for females than males (9.5% and 16.4% compared with 4.0% and 10.4%). A higher proportion of older adolescents had very high and high levels of psychological distress (11.0% and 16.2% of 16-17 year-olds compared with 4.8% and 12.2% of 11-15 year-olds) (Table 10-5).

Table 10-5: Kessler 10 level of psychological distress among 11-17 year-olds by sex and age group

Sex	Age group	Low (%)	Moderate (%)	High (%)	Very high (%)
Males	11-15 years	57.6	29.2	9.9	3.3
	16-17 years	53.0	29.4	11.8	5.8
	11-17 years	56.3	29.3	10.4	4.0
Females	11-15 years	49.8	28.9	14.7	6.6
	16-17 years	34.8	29.0	20.3	15.9
	11-17 years	45.1	29.0	16.4	9.5
Persons	11-15 years	53.9	29.1	12.2	4.8
	16-17 years	43.6	29.2	16.2	11.0
	11-17 years	50.9	29.1	13.3	6.6

Four fifths of young people who were identified as having major depressive disorder from information that they provided alone also had very high and high levels of psychological distress (45.2% and 35.5% respectively). The proportion was slightly higher for young people with major depressive disorder identified from both parent or carer and adolescent reported information, with just over half (55.2%) being very highly distressed and another 36.0% highly distressed. The level of distress was not as strongly associated with major depressive disorder status based on parent or

carer report only, with just over one third of young people (36.0%) who were identified as having the disorder based on information from their parents and carers only reporting that they had low levels of distress (Table 10-6).

Table 10-6: Kessler 10 level of psychological distress among 11-17 year-olds by major depressive disorder status

Level of psychological distress	Adolescent report only (%)	Parent/carer report only (%)	Both parent/carer report and adolescent report (%)	No major depressive disorder (%)
Low	5.4	36.0	np	55.4
Moderate	13.9	28.1	np	30.6
High	35.5	24.1	36.0	11.1
Very high	45.2	11.9	55.2	3.0

np Not available for publication because of small cell size, but included in totals where applicable.

10.5 Strengths and difficulties questionnaire

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire comprising five subscales of five items each. Items in four of these subscales, that is emotional problems, conduct problems, hyperactivity and peer problems, are combined to generate a total difficulties score. Scores in the 'abnormal' range indicate substantial risk of clinically significant problems. The SDQ was designed so that approximately 10% of children and adolescents will fall into the 'abnormal' range on the total difficulties score.

One tenth (10.2%) of young people aged 11-17 years scored in the abnormal range on the SDQ total difficulties scale. The proportion was higher in females than males (12.1% compared with 8.3%), and higher in older adolescents than younger adolescents (12.4% in 16-17 year-olds compared with 9.2% in 11-15 year-olds) (Table 10-7).

Table 10-7: SDQ total difficulties score among 11-17 year-olds by sex and age group

Sex	Age group	Normal (%)	Borderline (%)	Abnormal (%)
Males	11-15 years	77.7	13.6	8.7
	16-17 years	80.5	12.2	7.3
	11-17 years	78.5	13.2	8.3
Females	11-15 years	76.0	14.2	9.8
	16-17 years	69.6	13.1	17.3
	11-17 years	74.0	13.9	12.1
Persons	11-15 years	76.9	13.9	9.2
	16-17 years	74.9	12.6	12.4
	11-17 years	76.3	13.5	10.2

The proportion of young people with abnormal scores was highest on the hyperactivity scale followed by the emotional problems scale (13.8% and 10.9% respectively). Emotional problems were more prevalent in females than males (16.3% compared with 5.8%), while conduct problems were more common in males than females (10.0% compared with 7.5%). Emotional problems were more common in older adolescents compared with younger adolescents (16.0% in 16-17 year-olds compared with 8.8% in 11-15 year-olds) (Table 10-8).

Table 10-8: SDQ subscale scores in the abnormal range among 11-17 year-olds by sex and age group

Sex	Age group	Emotional problems (%)	Conduct problems (%)	Hyperactivity (%)	Peer problems (%)
Males	11-15 years	5.4	10.9	14.5	3.7
	16-17 years	7.0	7.8	15.4	3.9
	11-17 years	5.8	10.0	14.7	3.8
Females	11-15 years	12.6	7.5	11.4	5.0
	16-17 years	24.5	7.4	16.2	7.8
	11-17 years	16.3	7.5	12.9	5.9
Persons	11-15 years	8.8	9.3	13.0	4.3
	16-17 years	16.0	7.6	15.8	5.9
	11-17 years	10.9	8.8	13.8	4.8

The SDQ also includes an impact scale that measures interference in life due to emotional and behavioural problems in the domains of home life, friendships, classroom learning and leisure activities. Overall 19.2% of young people aged 11-17 years were in the abnormal range on the SDQ impact scale. More females than males were in the abnormal range on the SDQ impact scale (22.3% compared with 16.3%) and more older adolescents were in the abnormal range than younger adolescents (24.4% in 16-17 year-olds compared with 17.1% in 11-15 year-olds).

Table 10-9: Proportion of 11-17 year-olds with each level of SDQ impact scale by sex and age group

Sex	Age group	Normal (%)	Borderline (%)	Abnormal (%)
Males	11-15 years	75.2	9.1	15.7
	16-17 years	72.9	9.2	17.9
	11-17 years	74.6	9.1	16.3
Females	11-15 years	70.5	10.9	18.6
	16-17 years	60.8	8.8	30.5
	11-17 years	67.5	10.2	22.3
Persons	11-15 years	73.0	10.0	17.1
	16-17 years	66.7	9.0	24.4
	11-17 years	71.1	9.7	19.2

11 ADOLESCENT REPORTED SELF-HARM AND SUICIDAL BEHAVIOURS

Self-harm refers to deliberately hurting or injuring yourself without trying to end your life. *Suicidal behaviours* refer to suicidal ideation (serious thoughts about taking one's own life), making suicide plans and suicide attempts where the self-injury is intended to end in death.

This chapter describes results obtained from the adolescent self-report questionnaire about the prevalence of self-harm and suicidal behaviours and the association between these behaviours and mental disorders. These questions were only asked of young people aged 12 years and over.

11.1 Self-harm

Around one in ten adolescents (10.9%) reported having ever self-harmed. This is equivalent to 186,000 young people aged 12-17 years who had deliberately injured themselves. About three quarters of these adolescents (amounting to 8.0% of the full population or an estimated 137,000 young people) harmed themselves in the previous 12 months (Table 11-1). In addition, 7.5% of 12-17 year-olds answered "prefer not to say" to the first question on self-harm and were not asked subsequent questions. As such the proportion of young people who have ever self-harmed may be higher than indicated in these estimates.

Self-harm was more common among females than among males and more common in older adolescents, with 16.8% of females aged 16-17 years having self-harmed in the previous 12 months and 22.8% having ever self-harmed. The prevalence among 12-15 year-old females was lower, but still higher than for males, with 9.8% of females aged 12-15 years having self-harmed in the previous 12 months and 11.1% having ever self-harmed. In comparison 9.1% of males aged 16-17 years and 5.7% of males aged 12-15 years had ever self-harmed with 6.2% of 16-17 year-old males and 3.0% of 12-15 year-old males having self-harmed in the previous 12 months.

Over half of females who had ever self-harmed had self-harmed four or more times (amounting to 6.0% of females aged 12-15 years and 14.9% of females aged 16-17 years). The proportion of males who had self-harmed four or more times were much lower (1.9% of males aged 12-15 years and 4.5% of males aged 16-17 years). One in ten of the young people aged 12-17 years who had self-harmed in the previous 12 months or 0.8% overall had received medical treatment as a direct result of injuries incurred by an act of deliberate self-harm.

Of those adolescents that had self-harmed in the previous 12 months, 61.6% had self-harmed more than four times at any time in the past.

Rates of self-harm by selected socio-demographic characteristics (family type, household income, carer education, carer labour force status and area of residence) are shown in supplementary tables S-52 through S-56. In young people who did not have major depressive disorder based on adolescent self-report, self-harm rates were higher in young people from step families compared with original families. Of young people without major depressive disorder, 14.7% had ever self-harmed and 7.8% had self-harmed 4 or more times from step families compared with 6.4% and 2.5% respectively from

original families. There were no significant differences in self-harm rates by other socio-demographic characteristics.

Table 11-1: Self-harm among 12-17 year-olds by sex and age group

Sex	Age group	Self-harm ever (%)	Self-harm 4 or more times (%)	Self-harm in previous 12 months (%)	Received medical treatment for self-harm in previous 12 months (%)
Males	12-15 years	5.7	1.9	3.0	np
	16-17 years	9.1	4.5	6.2	np
	12-17 years	6.8	2.8	4.0	np
Females	12-15 years	11.1	6.0	9.8	1.1
	16-17 years	22.8	14.9	16.8	1.8
	12-17 years	15.3	9.2	12.3	1.3
Persons	12-15 years	8.2	3.8	6.2	0.7
	16-17 years	16.1	9.8	11.6	1.1
	12-17 years	10.9	5.9	8.0	0.8

np Not available for publication because of small cell size, but included in totals where applicable.

11.1.1 Self-harm and mental disorder

The highest rate of self-harm was in adolescents with major depressive disorder. This was particularly so for females with major depressive disorder, approximately half of whom had self-harmed (54.9% and 49.2% of those with major depressive disorder based on adolescent and parent reports respectively). While young people with other mental disorders had rates of self-harm more than twice as high as those with no disorder, the rates for these young people were markedly lower than for young people with major depressive disorder (32.5% for all 12-17 year-olds with major depressive disorder, 10.6% for those with other disorders and 4.2% for those with no disorder based on parent reports) (Table 11-2).

Receiving medical treatment as the direct result of injuries incurred in an act of deliberate self-harm was also markedly higher for young people with major depressive disorder compared to those with no disorder (6.6% when based on self-report or 9.9% when based on parent report compared with 0.8% for all persons).

One in twelve (8.5%) females who had major depressive disorder based on their self-reports received medical treatment in the previous 12 months. However, the rate for females with major depressive disorder was double this (16.9%) when their disorder status was based on parent or carer reports.

Table 11-2: Self-harm and self-harm requiring medical treatment among 12-17 year-olds by sex and mental health status

Sex	Mental health status	Self-harm in previous 12 months (%)	Received medical treatment for self-harm in previous 12 months (%)
Males	Major depressive disorder based on adolescent report	25.8	np
	Major depressive disorder based on parent or carer report	9.1	np
	Other disorder based on parent or carer report	6.2	np
	No disorder	2.7	np
	All males	4.0	np
Females	Major depressive disorder based on adolescent report	54.9	8.5
	Major depressive disorder based on parent or carer report	49.2	16.9
	Other disorder based on parent or carer report	17.8	np
	No disorder	5.9	np
	All females	12.3	1.3
Persons	Major depressive disorder based on adolescent report	46.6	6.6
	Major depressive disorder based on parent or carer report	32.5	9.9
	Other disorder based on parent or carer report	10.6	np
	No disorder	4.2	np
	All persons	8.0	0.8

np Not available for publication because of small cell size, but included in totals where applicable.

11.1.2 Self-harm and service use

More than half (57.6%) of adolescents who had self-harmed more than four times at any time in the past had used services for emotional or behavioural problems in the previous 12 months (Table 11-3). Most commonly these adolescents had used a health service (53.5%) or school service (48.8%) while fewer had used telephone counselling (15.4%) or online personal support or counselling services such as those provided by headspace, Reachout, and Youth beyondblue (7.4%).

Rates of service use among 13-17 year-olds who had self-harmed in the previous 12 months were similar to rates of service use among those who had ever self-harmed more than four times. Service use among those who had self-harmed in the previous 12 months was higher among females than males (60.9% compared with 40.1%).

It is not possible to say from the survey whether the services were used before or after the time that the person had harmed themselves.

Table 11-3: Service use in past 12 months among 13-17 year-olds who had self-harmed by type of service

Type of service	Self-harm in the previous 12 months (%)	Self-harm more than 4 times (%)
Health service	49.1	53.5
School service	45.0	48.8
Telephone counselling	15.7	15.4
Online personal support or counselling	7.7	7.4
Any service (a)	55.6	57.6

The proportion using school services is based on those who were attending school at the time of the survey.

(a) Any service is not equal to the sum of individual services because adolescents may have used more than one type of service.

11.2 Suicidal behaviours

Around 128,000 or 7.5% of young people aged 12-17 years had seriously considered attempting suicide in the previous 12 months. The proportion was over twice as high for females as for males (10.7% and 4.5% respectively). In addition, 4.7% of males and 6.6% of females answered “prefer not to say” to the question on suicidal ideation and were not asked subsequent questions about suicide plans or suicide attempts. As such, the results presented here may underestimate the full extent of suicidal behaviours in Australian young people.

Overall one third of young people who had seriously considered attempting suicide in the previous 12 months, or 2.4% of all 12-17 year-olds, reported having attempted suicide in the previous 12 months. This is equivalent to 41,000 young people. One quarter or 0.6% of all 12-17 year-olds received medical treatment as a direct result of their injuries (Table 11-4).

Suicide attempts were more common among females than among males and for 16-17 year-olds compared with younger adolescents (4.7% for females and 2.9% for males aged 16-17 years compared with 2.7% for females and 0.8% for males aged 12-15 years in the previous 12 months).

Rates of suicidal behaviours by selected socio-demographic characteristics (family type, household income, carer education, carer labour force status and area of residence) are shown in supplementary tables S-58 through S-62. There were no significant differences in rates of suicidal behaviours by socio-demographic characteristics.

Table 11-4: Suicidal ideation, suicide plans and suicide attempts among 12-17 year-olds by sex and age group

Sex	Age group	Suicidal ideation in previous 12 months (%)	Suicide plan in previous 12 months (%)	Suicide attempt ever (%)	Suicide attempt in previous 12 months (%)	Medical treatment for suicide attempt in previous 12 months (%)
Males	12-15 years	3.4	2.0	0.9	0.8	np
	16-17 years	6.8	4.9	3.9	2.9	np
	12-17 years	4.5	2.9	1.9	1.5	np
Females	12-15 years	8.1	5.9	3.3	2.7	np
	16-17 years	15.4	10.6	6.7	4.7	1.6
	12-17 years	10.7	7.6	4.5	3.4	1.1
Persons	12-15 years	5.6	3.8	2.0	1.7	np
	16-17 years	11.2	7.8	5.3	3.8	1.0
	12-17 years	7.5	5.2	3.2	2.4	0.6

np Not available for publication because of small cell size, but included in totals where applicable.

11.2.1 Suicidal behaviours and mental disorder

Suicidal behaviours were strongly associated with mental disorder, in particular major depressive disorder. Rates of suicidal ideation, suicide plans and suicide attempts were much lower in young people whose parents or carers had identified any other mental illness apart from major depressive disorder than in those young people where major depressive disorder was identified. In addition these rates were higher when the major depressive disorder was based on information provided by the young person themselves than when based on information provided by the parent or carer.

Among young males identified with major depressive disorder based on adolescent self-report information, nearly one third (29.2%) had seriously considered suicide and 13.8% had attempted suicide in the previous 12 months, compared with 3.1% and 0.4% of young males without a mental disorder based on either the parent or adolescent report. Similarly for females, over half (56.4%) of those who were identified with major depressive disorder based on adolescent self-report information had seriously considered suicide, and over one fifth (22.1%) had attempted suicide while 3.5% of females with no identified mental disorder had seriously considered suicide and the number of females with no identified mental disorder who had attempted suicide was too small to allow an estimate to be produced (Table 11-5).

The highest rates of suicidal behaviours were in young people with major depressive disorder. This was particularly so for adolescent females. Approximately half of females with major depressive disorder based on self-report (56.4% or 47.7% based on parent or carer report) had seriously considered attempting suicide in the previous 12 months compared with just under one third (29.2%) of males with major depressive disorder based on self-report (or 17.0% based on parent or carer report). These rates were four to five times higher than for young people with other disorders based

on their parents' or carers' reports and around ten times the rates for young people with no disorder (Table 11-5).

Suicide plans followed a similar pattern, with 45.3% of young females and 26.0% of young males with major depressive disorder based on self-report having made a suicide plan in the previous 12 months compared with 15.1% of females and 3.5% of males with another disorder and 1.9% of females and 1.6% of males with no disorder.

Just over one in eight young males with major depressive disorder (13.8% when based on their self-report or 12.2% based on parent report) attempted suicide in the previous 12 months. One quarter of these (3.4% of males with major depressive disorder based on self-report) received medical treatment as a direct result of their injuries. The rate of suicide attempts was much higher for females with major depressive disorder. Just over one in five (22.1% when major depressive disorder based on self-report or 22.7% based on parent report) attempted suicide in the previous 12 months and around one third of these (6.8% of females with major depressive disorder based on self-report) had received medical treatment as a direct result of their injuries. By comparison just 0.4% of young people with no disorder had attempted suicide in the previous year.

Table 11-5: Suicidal ideation, suicide plans and suicide attempts in the past 12 months among 12-17 year-olds by sex and mental health status

Sex	Mental health status	Suicidal ideation (%)	Suicide plan (%)	Suicide attempt (%)
Males	Major depressive disorder based on adolescent report	29.2	26.0	13.8
	Major depressive disorder based on parent or carer report	17.0	13.5	12.2
	Other disorder based on parent or carer report	5.2	3.5	4.4
	No disorder	3.1	1.6	0.4
	All males	4.5	2.9	1.5
Females	Major depressive disorder based on adolescent report	56.4	45.3	22.1
	Major depressive disorder based on parent or carer report	47.7	36.0	22.7
	Other disorder based on parent or carer report	17.5	15.1	7.5
	No disorder	3.5	1.9	np
	All females	10.7	7.6	3.4
Persons	Major depressive disorder based on adolescent report	48.6	39.8	19.7
	Major depressive disorder based on parent or carer report	34.9	26.7	18.4
	Other disorder based on parent or carer report	9.8	7.9	5.5
	No disorder	3.3	1.8	0.4
	All persons	7.5	5.2	2.4

np Not available for publication because of small cell size, but included in totals where applicable.

The DSM-IV criteria for major depressive disorder require a minimum of five symptoms of depression to be present in the same period. One of the symptoms is "recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for

committing suicide". As such, suicidal behaviours contribute towards establishing the diagnosis of major depressive disorder.

11.2.2 Suicidal behaviours and service use

Seven in ten (70.9%) 13-17 year-olds who reported a suicide attempt in the previous 12 months had used services for emotional or behavioural problems in the previous 12 months (Table 11-6). Most of these had used health services (69.8%). Over half of 13-17 year-olds who reported a suicide attempt in the previous 12 months had used school services (57.9%), one fifth had used a telephone counselling service (21.9%) and one tenth (10.9%) had used an online personal support or counselling service such as those provided by headspace, Reachout, and Youth beyondblue. The proportion that had used services was higher for females than males (77.9% and 50.6% respectively).

Around six in ten adolescents who had seriously considered attempting suicide or had made a suicide plan in the previous 12 months had used services in the previous 12 months (56.6% and 59.2% respectively).

It is not possible to say from the survey whether the services were used before or after the time of the young person seriously considering suicide, making a plan or making a suicide attempt.

Table 11-6: Service use in past 12 months among 13-17 year-olds reporting suicidal ideation, a suicide plan, or suicide attempt in past 12 months by type of service

Type of service	Suicidal ideation (%)	Suicide plan (%)	Suicide attempt (%)
Health service	53.2	57.2	69.8
School service	44.7	50.0	57.9
Telephone counselling	17.3	18.7	21.9
Online personal support or counselling	8.8	8.0	10.9
Any service (a)	56.6	59.2	70.9

The proportion using school services is based on those who were attending school at the time of the survey.

(a) Any service is not equal to the sum of individual services because adolescents may have used more than one type of service.

12 SELF-REPORTED PROBLEMS, BEHAVIOURS AND RISK FACTORS IN YOUNG PEOPLE

This chapter describes what young people reported about their mental health problems and behaviours that are generally considered to put them at risk. While all young people aged 11 years or older were asked to complete a self-report questionnaire, questions about smoking, alcohol and other drugs and about sexual behaviours were only asked of young people aged 13 years and older.

12.1 Smoking

Overall one tenth (9.9%) of young people aged 13-17 years had smoked at least once a week at some point in their lives and 7.2% had smoked in the last 30 days. Rates of smoking were higher in young people with major depressive disorder and in young people with other mental disorders compared with young people with no mental disorder. Some 29.9% of young people with major depressive disorder identified from adolescent report had ever smoked and 24.4% had smoked in the last 30 days. These rates compared with 29.6% ever smoked and 24.1% smoked in the past 30 days among young people with other mental disorders based on parent or carer report. The corresponding rates were 5.9% ever smoked and 4.1% smoked in the last 30 days among young people with no mental disorder (Table 12-1).

Table 12-1: Smoking among 13-17 year-olds by sex and mental health status

Sex	Mental health status	Ever smoked at least once a week (%)	Smoked in last 30 days (%)
Males	Major depressive disorder based on adolescent report	22.5	18.0
	Major depressive disorder based on parent or carer report	20.6	20.6
	Other disorder based on parent or carer report	21.9	12.9
	No disorder	6.0	4.3
	All males	8.6	6.2
Females	Major depressive disorder based on adolescent report	32.7	26.7
	Major depressive disorder based on parent or carer report	34.7	26.1
	Other disorder based on parent or carer report	28.1	22.2
	No disorder	5.8	3.8
	All females	11.2	8.2
Persons	Major depressive disorder based on adolescent report	29.9	24.4
	Major depressive disorder based on parent or carer report	29.6	24.1
	Other disorder based on parent or carer report	24.4	16.6
	No disorder	5.9	4.1
	All persons	9.9	7.2

12.2 Alcohol

Almost two in five (37.9%) young people 13-17 years had ever drunk alcohol, 18.1% had drunk alcohol in the past 30 days and 12.5% had drunk more than 4 drinks in a row in the last 30 days. Rates were essentially the same in males and females (Table 12-2).

Young people with major depressive disorder had higher rates of drinking alcohol. Some two thirds (65.3%) of young people with major depressive disorder based on adolescent report had ever drunk alcohol compared with one third (33.8%) of young people with no mental disorder. Some 34.3% of young people with major depressive disorder based on adolescent report had drunk alcohol in the last 30 days compared with half as many (15.4%) young people with no mental disorder, and approximately one quarter (27.6%) of young people with major depressive disorder based on adolescent report had drunk more than 4 drinks in a row in the last 30 days compared with one in ten (10.1%) young people with no mental disorder. Higher rates of alcohol consumption were seen in young people with other mental disorders than in young people with no disorder, but these rates were less than in young people with major depressive disorder (Table 12-2).

Table 12-2: Alcohol consumption among 13-17 year-olds by sex and mental health status

Sex	Mental health status	Ever drunk alcohol (%)	Drunk alcohol in last 30 days (%)	More than 4 drinks in a row in last 30 days (%)
Males	Major depressive disorder based on adolescent report	65.2	25.0	19.3
	Major depressive disorder based on parent or carer report	51.0	19.2	18.3
	Other disorder based on parent or carer report	41.9	24.8	18.5
	No disorder	35.0	16.6	11.3
	All males	37.1	17.9	12.6
Females	Major depressive disorder based on adolescent report	65.3	37.8	30.7
	Major depressive disorder based on parent or carer report	66.3	36.3	27.2
	Other disorder based on parent or carer report	47.5	21.3	12.9
	No disorder	32.4	13.9	8.9
	All females	38.7	18.3	12.5
Persons	Major depressive disorder based on adolescent report	65.3	34.3	27.6
	Major depressive disorder based on parent or carer report	60.8	30.2	24.0
	Other disorder based on parent or carer report	44.1	23.4	16.2
	No disorder	33.8	15.4	10.1
	All persons	37.9	18.1	12.5

12.3 Cannabis and other drugs

Overall one in ten (11.6%) young people aged 13-17 years had ever used cannabis, and one in twenty (5.0%) had used cannabis in the last 30 days. Some 4.5% of young people had ever used other drugs and 1.6% had used other drugs in the last 30 days (e.g. prescription drugs for non-medical purposes, ecstasy, amphetamines, cocaine). Rates of drug use were broadly similar between males and females. Higher rates of drug use were seen in young people with major depressive disorder. Among young people with major depressive disorder identified from adolescent report 28.8% had ever used cannabis, and 13.1% had used cannabis in the last 30 days, while 16.1% had used other drugs, and 6.1% had used other drugs in the last 30 days. Among young people with other mental disorders identified from parent or carer report, rates of drug use were higher compared with young people with no mental disorder, but not as high as for young people with major depressive disorder. Among young people with other mental disorders 18.9% had ever used cannabis, 8.6% had used cannabis in the last 30 days, 9.8% had used other drugs and 3.7% had used other drugs in the last 30 days (Table 12-3).

Table 12-3: Use of cannabis and other drugs among 13-17 year-olds by sex and mental health status

Sex	Mental health status	Ever used cannabis (%)	Used cannabis in last 30 days (%)	Ever used other drugs (%)	Used other drugs in last 30 days (%)
Males	Major depressive disorder based on adolescent report	28.9	12.7	12.3	np
	Major depressive disorder based on parent or carer report	23.5	14.6	6.9	np
	Other disorder based on parent or carer report	17.8	10.4	7.9	np
	No disorder	10.3	4.1	2.9	0.7
	All males	12.1	5.5	3.9	1.1
Females	Major depressive disorder based on adolescent report	28.8	13.3	17.6	6.9
	Major depressive disorder based on parent or carer report	31.6	13.1	15.9	7.6
	Other disorder based on parent or carer report	20.6	np	12.6	np
	No disorder	6.8	2.8	2.5	1.1
	All females	11.1	4.4	5.2	2.1
Persons	Major depressive disorder based on adolescent report	28.8	13.1	16.1	6.1
	Major depressive disorder based on parent or carer report	28.7	13.6	12.7	6.4
	Other disorder based on parent or carer report	18.9	8.6	9.8	3.7
	No disorder	8.7	3.5	2.7	0.9
	All persons	11.6	5.0	4.5	1.6

np Not available for publication because of small cell size, but included in totals where applicable.

12.4 Problem eating behaviours

Based upon self-report of their heights and weights, 6.1% of 11-17 year-olds had a BMI that placed them in the underweight range, 19.4% were in the overweight range and 6.7% were in the obese range using established age-specific BMI cut-offs¹ (Table 12-4).

Table 12-4: Body mass index of 11-17 year-olds by sex

BMI category	Males (%)	Females (%)	Persons (%)
Underweight	5.8	6.4	6.1
Normal	66.3	69.6	67.9
Overweight	21.5	17.1	19.4
Obese	6.5	6.9	6.7

Among young people with major depressive disorder based on self-report, 10.5% had a BMI in the obese range, compared with 5.9% of those with no mental disorder. The difference was largest for males with 16.7% of males with major depressive disorder based on self-report in the obese range compared with 5.8% of males with no disorder. A higher proportion of males with major depressive disorder were in the underweight range (10.6% compared with 5.3%) while a lower proportion of females with major depressive disorder were in the underweight range (4.2% compared with 6.7%) (Table 12-5).

Table 12-5: Body mass index of 11-17 year-olds by sex and mental health status

Mental health status	BMI category	Males (%)	Females (%)	Persons (%)
Major depressive disorder based on adolescent report	Underweight	10.6	4.2	6.2
	Normal	46.9	65.0	59.4
	Overweight	25.8	23.0	23.9
	Obese	16.7	7.7	10.5
Major depressive disorder based on parent or carer report	Underweight	5.7	2.0	3.5
	Normal	54.5	49.5	51.6
	Overweight	28.2	37.8	33.8
	Obese	11.7	10.7	11.1
Other disorder based on parent or carer report	Underweight	7.9	7.4	7.7
	Normal	61.7	59.8	61.0
	Overweight	23.9	17.6	21.7
	Obese	6.5	15.1	9.6
No disorder	Underweight	5.3	6.7	6.0
	Normal	68.4	72.0	70.1
	Overweight	20.5	15.4	18.1
	Obese	5.8	5.9	5.9

¹ Cole TJ, Flegal KM, Nicholls D, Jackson AA (2007). Body mass index cut offs to define thinness in children and adolescents: international survey. *British Medical Journal*. 335(7612): 194. doi: 10.1136/bmj.39238.399444.55

Low weight problem eating behaviour (where the young person was assessed as underweight on the age-adjusted BMI scale and was practising weight controlling behaviours such as dieting, fasting, vomiting or using laxatives or regularly exercising when they were supposed to be doing other things) was identified in 1.1% of 11-17 year-olds. Differences between males and females and between younger and older adolescents were not statistically significant (Table 12-6).

Binge eating and purging problem eating behaviour (where a young person of normal weight BMI or higher was both binge eating and either vomiting or taking laxatives to control weight) was identified in 1.3% of 11-17 year-olds. Differences between males and females and between younger and older adolescents were not statistically significant (Table 12-6). Prevalence of the individual behaviours used to define low weight problem eating behaviour and binge eating and purging problem eating behaviour is shown in Supplementary Table S-68.

Taken together, 1.6% of males and 3.2% of females had either low weight or binge either and purging problem eating behaviours. Among 11-15 year-olds proportions were similar for males and females. However among 16-17 year-olds a higher proportion of females (4.9%) had either low weight or binge either and purging problem eating behaviours than males (0.7%).

Not all young people identified with problem eating behaviours in these questions would be expected to receive a formal diagnosis of an eating disorder under DSM-IV.

Table 12-6: Problem eating behaviours among 11-17 year-olds by sex and age group

Age group	Eating behaviour	Males (%)	Females (%)	Persons (%)
11-15 years	Low weight problem eating behaviour	0.9	1.3	1.1
	Binge eating and purging problem eating behaviour	1.1	1.1	1.1
	Either low weight or binge eating and purging problem eating behaviours	2.0	2.4	2.2
16-17 years	Low weight problem eating behaviour	np	2.0	1.1
	Binge eating and purging problem eating behaviour	np	3.0	1.8
	Either low weight or binge eating and purging problem eating behaviours	0.7	4.9	2.9
11-17 years	Low weight problem eating behaviour	0.7	1.5	1.1
	Binge eating and purging problem eating behaviour	0.9	1.7	1.3
	Either low weight or binge eating and purging problem eating behaviours	1.6	3.2	2.4

np Not available for publication because of small cell size, but included in totals where applicable.

12.5 Sexual behaviours

Young people aged 13-17 years were asked several questions about their sexual activity. These questions were sourced from the *Youth Risk Behavior Surveillance System* questionnaire developed by the Centers for Disease Control and Prevention (CDC) in the United States. Overall, 14.9% of young people aged 13-17 years had ever had sexual intercourse and 4.2% reported having had sexual intercourse with 4 or more persons (Table 12-7).

The proportion of young people who had ever had sexual intercourse was higher in adolescents who had mental disorders and highest in young people with major depressive disorder. Among young people with major depressive disorder based on adolescent report, 38.0% had ever had sexual intercourse, compared with 11.5% among young people with no mental disorder. Some 13.4% of young people with major depressive disorder based on adolescent report had had sexual intercourse with four or more persons during their life compared with 2.8% of young people with no mental disorder.

Table 12-7: Sexual behaviours among 13-17 year-olds by mental health status

Mental health status	Ever had sexual intercourse (%)	Had sexual intercourse with 4 or more persons (%)
Major depressive disorder based on adolescent report	38.0	13.4
Major depressive disorder based on parent or carer report	41.4	13.6
Other disorder based on parent or carer report	20.6	7.5
No disorder	11.5	2.8
All persons	14.9	4.2

Two thirds of sexually active young people used a condom during last sexual intercourse (66.0%) and two fifths (39.7%) used birth control pills. Around one in ten young people did not use any method to prevent pregnancy or sexually transmitted infections during last sexual intercourse (11.5%). This was higher for young people with mental disorders other than major depressive disorder (19.1% compared with 9.6% among young people with no mental disorder).

Young people with major depressive disorder were more likely to have drunk alcohol or used drugs before last sexual intercourse (27.8% based on adolescent report compared with 20.6% of young people with no mental disorder). Almost 40% of young people with mental disorders other than major depressive disorder drank alcohol or used drugs before last sexual intercourse (Table 12-8).

Table 12-8: Use of protection during last sexual intercourse or consumption of alcohol or drugs prior to last sexual intercourse among 13-17 year-olds who had ever had sexual intercourse

Mental health status	Used a condom (%)	Used birth control pills (%)	Did not use any method to prevent pregnancy or sexually transmitted infections (%)	Drank alcohol or used drugs (%)
Major depressive disorder based on adolescent report	48.7	45.0	17.0	27.8
Major depressive disorder based on parent or carer report	63.9	43.9	7.7	26.2
Other disorder based on parent or carer report	56.6	24.1	19.1	39.4
No disorder	72.6	40.0	9.6	20.6
All persons	66.0	39.7	11.5	23.9

12.6 Bullying

Bullying covered both face-to-face teasing, threatening, spreading rumours and physically hurting another person, and cyber bullying when mobile phones and/or the internet were used to send emails or messages, post comments or pictures, or pretend to be someone online with the aim of hurting or threatening another person.

One quarter (24.3%) of young people aged 11-17 years had been bullied every few months or less often in the previous year and another 10.0% had been bullied every few weeks or more often (Table 12-9).

Slightly more younger adolescents experienced bullying, with 11.2% of 11-15 year-olds and 7.1% of 16-17 year-olds being bullied every few weeks or more often.

Three fifths of young people with major depressive disorder (62.8% based on self-report) had been bullied in the previous year. This was twice the proportion among those with no disorder (30.2%). The difference in proportions was greatest for those who were bullied more often, with 28.3% of 11-17 year-olds with major depressive disorder based on self-report having been bullied every few weeks or more often in the previous 12 months. This proportion was over three times higher the proportion of young people with no mental disorder (7.6%) (Table 12-9).

Table 12-9: Frequency of being bullied in past 12 months among 11-17 year-olds by mental health status and age group

Mental health status	Frequency of bullying	11-15 years (%)	16-17 years (%)	11-17 years (%)
Major depressive disorder based on adolescent report	Every few months or less often	35.4	33.8	34.5
	Every few weeks, or more often	35.2	22.3	28.3
Major depressive disorder based on parent or carer report	Every few months or less often	31.6	22.9	29.7
	Every few weeks, or more often	19.9	12.4	18.2
Other disorder based on parent or carer report	Every few months or less often	24.9	19.5	23.4
	Every few weeks, or more often	9.4	5.5	8.3
No disorder	Every few months or less often	24.4	17.9	22.6
	Every few weeks, or more often	8.9	4.1	7.6
All persons	Every few months or less often	25.7	20.9	24.3
	Every few weeks, or more often	11.2	7.1	10.0

Overall 11.3% of young people felt either ‘a lot’ or ‘extremely’ upset as a result of bullying in the previous 12 months. The proportion who felt this way was far higher for young people with major depressive disorder, with 39.4% of those with major depressive disorder based on adolescent report feeling either ‘a lot’ or ‘extremely’ upset as a result of bullying (Table 12-10). It is not possible to establish if the depression was caused by or contributed to the bullying.

Table 12-10: Level of distress caused by bullying in past 12 months among 11-17 year-olds by mental health status and age group

Mental health status	Distress level	11-15 years (%)	16-17 years (%)	11-17 years (%)
Major depressive disorder based on adolescent report	Not bullied	29.4	43.8	37.1
	None, a little bit or somewhat	21.7	25.0	23.5
	A lot/extremely	48.9	31.2	39.4
Major depressive disorder based on parent or carer report	Not bullied	48.5	64.7	52.0
	None, a little bit or somewhat	34.6	21.6	31.7
	A lot/extremely	16.9	13.6	16.2
Other disorder based on parent or carer report	Not bullied	65.6	75.0	68.3
	None, a little bit or somewhat	23.9	16.7	21.8
	A lot/extremely	10.5	8.2	9.9
No disorder	Not bullied	66.7	78.0	69.8
	None, a little bit or somewhat	23.8	15.8	21.6
	A lot/extremely	9.5	6.2	8.6
All persons	Not bullied	63.2	72.0	65.7
	None, a little bit or somewhat	24.9	18.2	22.9
	A lot/extremely	12.0	9.8	11.3

One in eight (12.7%) young people bullied someone else every few months or less often and 2.0% did so at least every few weeks or more often. Young people with major depressive disorder were more likely to have bullied someone else than those with other disorders or no disorders (22.5% based on self-report compared with 13.8% with other disorders and 13.1% with no disorder) (Table 12-11).

Table 12-11: Perpetrator of bullying in the past 12 months among 11-17 year-olds by age group and mental health status

Mental health status	Frequency of bullying	11-15 years (%)	16-17 years (%)	11-17 years (%)
Major depressive disorder based on adolescent report	Every few months or less often	19.8	16.4	18.0
	Every few weeks, or more often	7.6	np	4.5
Major depressive disorder based on parent or carer report	Every few months or less often	18.1	14.3	17.3
	Every few weeks, or more often	3.9	np	3.8
Other disorder based on parent or carer report	Every few months or less often	12.1	11.9	12.0
	Every few weeks, or more often	2.0	1.1	1.8
No disorder	Every few months or less often	11.6	11.5	11.5
	Every few weeks, or more often	1.9	1.0	1.6
All persons	Every few months or less often	12.8	12.5	12.7
	Every few weeks, or more often	2.3	1.4	2.0

np Not available for publication because of small cell size, but included in totals where applicable.

There was a strong relationship between being bullied and bullying another person. Just over one quarter (28.7%) of young people who were bullied in the previous 12 months had bullied another person. Whereas only 7.5% of young people who had not been bullied did so.

12.7 Internet use and electronic games

Most young people spend several hours per day on the internet or playing electronic games, but a small proportion of young people spent much larger proportions of time on the internet or gaming. On average, males spent more time playing electronic games than females, even though males and females spend similar amounts of time using the internet. Some 5.3% of males didn't use electronic games compared with 24.8% of females. Some 4.1% of males used electronic games for an average of 9 hours or more on an average weekday, and 7.8% used electronic games for an average of 9 hours or more on weekends, compared with 0.9% and 1.4% of females (Table 12-12).

Only a small proportion of young people did not use the internet (1.1%). Among 11-15 year-olds, only 3.7% of males did not play electronic games while almost one fifth of females (19%) did not do so. The proportions rose to 9.4% of 16-17 year-old males and 37.6% of 16-17 year-old females (see Supplementary Table S-70).

Table 12-12: Time spent using the internet or playing electronic games among 11-17 year-olds by sex

Sex	Average time spent per day	Internet use on weekdays (%)	Internet use on weekends (%)	Electronic games on weekdays (%)	Electronic games on weekends (%)
Males	Doesn't use	1.1	1.1	5.3	5.3
	1-2 hours	47.5	37.9	64.0	41.5
	3-4 hours	24.4	25.6	15.9	26.4
	5-8 hours	16.1	23.2	10.7	19.1
	9 hours or more	11.1	12.2	4.1	7.8
Females	Doesn't use	1.1	1.1	24.8	24.8
	1-2 hours	44.8	36.5	63.0	55.9
	3-4 hours	25.5	26.2	8.4	12.7
	5-8 hours	19.2	24.2	2.9	5.2
	9 hours or more	9.4	12.0	0.9	1.4
Persons	Doesn't use	1.1	1.1	14.7	14.7
	1-2 hours	46.2	37.2	63.6	48.5
	3-4 hours	24.9	25.9	12.2	19.7
	5-8 hours	17.6	23.7	6.9	12.3
	9 hours or more	10.3	12.1	2.5	4.7

Young people were asked several questions that may be indicators of potential addictive behaviours such as going without eating or sleeping because of the internet or electronic games. The prevalence of these individual behaviours is shown in Supplementary Table S-71. Significant proportions of young people reported one or more of these indicators. For this report, problem internet or electronic gaming behaviours have been defined as reporting four or five of these individual indicators. About 3.5% of males aged 11-15 years, 3.0% of females 11-15 years, 4.4% of males 16-17 years and 6.5% of females 16-17 years reported this level of problem behaviours.

Problem internet or gaming behaviour is more common in young people with mental disorders, particularly young people with major depressive disorder. Some 13.0% of young people with major depressive disorder identified through the adolescent self-report questionnaire reported four of five of these problem behaviours compared with 3.1% of young people with no identified mental disorder (Table 12-13).

Table 12-13: Problem internet or electronic gaming behaviours among 11-17 year-olds by sex and mental health status

Mental health status	Males (%)	Females (%)	Persons (%)
Major depressive disorder based on adolescent report	11.5	13.7	13.0
Major depressive disorder based on parent or carer report	11.5	7.8	9.3
Other disorder based on parent or carer report	4.1	7.9	5.5
No disorder	3.3	2.9	3.1

13 WHAT ADOLESCENTS TOLD US ABOUT SERVICE USE AND SEEKING HELP

This chapter reports on services and other help, both formal and informal, that young people used for emotional or behavioural problems as reported by 13-17 year-olds themselves.

Information about use of services, informal supports, and self-help strategies is presented for all 13-17 year-old adolescents and then by mental health status, that is, adolescents who:

- i. met diagnostic criteria identified in DSM-IV for major depressive disorder based on their own responses;
- ii. met diagnostic criteria for any mental disorder identified in DSM-IV based on parent and carer report (including major depressive disorder); and
- iii. had no mental disorder on the basis of their own self-report, or parent or carer report.

This chapter also reports on adolescents' perceived need for mental health care and the barriers that they identified to seeking help or getting more help for their emotional or behavioural problems when they had a mental disorder on the basis of their own report, or from parent and carer reports.

13.1 Service use by all adolescents

For the purpose of reporting service use in this section, a summary measure of 'service use' was created that included all health, school and telephone counselling services, but only those online services that provide structured or personalised assistance. While valuable in their own right, online services where information is accessed on the internet but no other service is provided were excluded from this composite measure.

'Services' comprised the following:

- i. health services — any service provided by a qualified health professional regardless of where that service was provided including in the community, hospital inpatient, outpatient and emergency, and private rooms;
- ii. school services — any service provided by the school or other educational institution that a young person was attending;
- iii. telephone counselling services; and
- iv. online services that provided personalised assessment, support, counselling or structured self-help programs.

Overall, 18.0% of 13-17 year-olds reported using services for emotional and behavioural problems in the previous 12 months (Table 13-1). This figure of 18.0% is slightly less than the 21.4% of all 12-17 year-olds reported to have used services by their parents and carers as discussed in Chapter 7. The proportion of females who reported using services was almost twice that of males (23.6% compared with 12.7%).

Table 13-1: Service use for emotional or behavioural problems in past 12 months among 13-17 year-olds by sex and type of service

Type of service	Males (%)	Females (%)	Persons (%)
Health service	9.6	18.9	14.1
School service	8.8	16.2	12.4
Telephone counselling	2.4	4.8	3.6
Online personal support or counselling	1.5	2.7	2.1
Any service (a)	12.7	23.6	18.0

The proportion using school services is based on those who were at school at the time of the survey.

(a) Any service is not equal to the sum of individual services because adolescents may have used more than one type of service.

13.2 headspace

headspace is the Australian Government funded National Youth Mental Health Foundation providing support to young people aged 12-25 years who are experiencing mild to moderate mental health concerns and/or substance use issues.

13.2.1 All adolescents

Just over one third (37.2%) of all 13-17 year-olds had heard about headspace.

Among all adolescents, 3.4% had either been in contact with a health professional by telephone or online (1.6%) or had visited a headspace centre (2.8%) (Table 13-2). A larger proportion of 13-17 year-olds had accessed information via the headspace or eheadspace websites (5.7%). More females than males had accessed headspace services (10.2% versus 4.8%) largely due to higher proportions accessing information on the websites.

Table 13-2: headspace services used for emotional or behavioural problems in past 12 months among 13-17 year-olds by sex and type of service

Type of service	Males (%)	Females (%)	Persons (%)
Accessed information through headspace or eheadspace websites	3.1	8.4	5.7
Spoken to a mental health professional over the telephone or received online support	1.1	2.2	1.6
Visited a headspace centre	2.4	3.3	2.8
Any headspace service (a)	4.8	10.2	7.4

(a) Any headspace service is not equal to the sum of individual headspace services because adolescents may have used more than one type of service.

13.2.2 Adolescents with mental disorders

Half (54.4%) of those with major depressive disorder based on adolescent report and two fifths (43.6%) of those with mental disorders based on parent and carer report had heard about headspace.

One fifth (20.2%) of 13-17 year-olds with major depressive disorder reported using a service provided by headspace, with the majority of these accessing information on the headspace website or through eheadspace (14.8%). One twelfth (8.5%) spoke to a mental health professional on the telephone or received online support, and 11.0% visited a headspace centre (Table 13-3).

Table 13-3: headspace services used for emotional or behavioural problems in past 12 months among 13-17 year-olds by mental health status and type of service

Type of service	Major depressive disorder based on adolescent report (%)	Any mental disorder based on parent or carer report (%)	No disorder (%)
Accessed information through headspace or eheadspace websites	14.8	7.8	4.8
Spoken to a mental health professional over the telephone or received online support	8.5	4.3	0.7
Visited a headspace centre	11.0	8.2	1.6
Any headspace service (a)	20.2	13.0	5.8

(a) Any headspace service is not equal to the sum of individual headspace services because adolescents may have used more than one type of service.

In contrast, compared to those with self-reported major depressive disorder, fewer adolescents with mental disorders based on parent and carer report (13.0%) had used headspace services for emotional or behavioural problems in the previous 12 months although a similar proportion (8.2%) reported having visited a headspace centre.

A small proportion of adolescents (5.8%) with no mental disorders based on either adolescent or parent or carer report had used headspace services in the previous 12 months.

13.3 Telephone counselling and online services

This section reports on use of telephone helplines such as Kids Helpline and online services including services provided by headspace, Reachout and Youth beyondblue for emotional and behavioural problems.

13.3.1 All adolescents

Of all 13-17 year-olds, 3.6% reported using a telephone counselling line for help or information in the previous 12 months. The proportion was twice as high among females than males (4.8% compared with 2.4%).

Just over one fifth (22.2%) of 13-17 year-olds had used an online service in the previous 12 months for help or information about emotional or behavioural problems (Table 13-4). The proportion was almost twice as high among females than males (28.9% compared with 15.9%). In particular, females were twice as likely to seek information about mental health issues, to use an online assessment tool or online personal support or counselling.

Table 13-4: Online service use for emotional or behavioural problems in past 12 months among 13-17 year-olds by sex and type of service

Type of online service	Males (%)	Females (%)	Persons (%)
Information about mental health issues	9.3	20.1	14.5
Information about services in the community	4.2	7.4	5.8
Assessment tool	6.1	14.0	10.0
Self-help	3.7	5.1	4.4
Chat room or support group	2.6	3.7	3.1
Personal support or counselling	1.5	2.7	2.1
Any online service (a)	15.9	28.9	22.2

(a) Any online service is not equal to the sum of individual online services because adolescents may have used more than one type of service.

13.3.2 Adolescents with mental disorders

Among all 13-17 year-olds with major depressive disorder based on adolescent report, 13.6% had used a telephone counselling service, such as Kids Helpline, in the previous 12 months. Less (7.1%) of those with mental disorders based on parent and carer report had used a telephone counselling service for emotional or behavioural problems in the previous 12 months.

Half (52.0%) of those with major depressive disorder based on adolescent report had used an online service including services provided by headspace, Reachout and Youth beyondblue, to get help or information about emotional or behavioural problems in the previous 12 months (Table 13-5).

The main use of online services by 13-17 year-olds with major depressive disorder was to find information about mental health issues (40.2%). Some websites provide access to an online assessment tool and 29.6% of 13-17 year-olds with a major depressive disorder had used such a tool (or questionnaire) to find out if they needed help. Others had participated in a chat room or support group (8.6%), received online personal support or counselling (7.4%) or self-help (14.8%).

Use of online services for emotional or behavioural problems was higher among adolescents with major depressive disorder than for those with mental disorders based on parent and carer report (29.9%). More than twice the proportion of 13-17 year-olds with self-reported major depressive disorder compared to those with mental disorders as reported by parents and carers had accessed information about mental health issues (40.2% compared with 20.9%), used an online assessment tool (29.6% compared to 12.4%) or online self-help (14.8% compared with 6.3%) in the previous 12 months.

One fifth (18.7%) of adolescents with no mental disorder based on either their own report or parent or carer report had used an online service in the past 12 months. The main use of online services by this group without mental disorders was for information about mental health issues (11.5%) and for access to an online assessment tool (8.0%).

Table 13-5: Online service use for emotional or behavioural problems in past 12 months among 13-17 year-olds by mental health status and type of service

Type of online service	Major depressive disorder based on adolescent report (%)	Any mental disorder based on parent or carer report (%)	No disorder (%)
Information about mental health issues	40.2	20.9	11.5
Information about services in the community	13.3	8.6	4.8
Assessment tool	29.6	12.4	8.0
Self-help	14.8	6.3	3.4
Chat room or support group	8.6	5.4	2.6
Personal support or counselling	7.4	4.7	1.2
Any online service (a)	52.0	29.9	18.7

(a) Any online service is not equal to the sum of individual online services because adolescents may have used more than one type of service.

13.4 Informal help or support

Adolescents may often receive help with their problems from family members, friends, teachers at school or other adults in their lives.

13.4.1 All adolescents

Nearly two thirds (62.9%) of all adolescents had received informal help or support for emotional or behavioural problems in the previous 12 months (Table 13-6). This proportion was higher among females than males (74.3% compared with 52.1%). Most commonly young people received informal help or support from a friend (48.5%), a parent (46.1%) or a boyfriend or girlfriend (32.7%).

Table 13-6: Informal help or support received for emotional or behavioural problems in past 12 months among 13-17 year-olds by sex

Source of informal help or support	Males (%)	Females (%)	Persons (%)
Parent	37.7	54.8	46.1
Brother or sister	18.3	32.1	25.0
Other family member	14.1	24.8	19.3
Boyfriend or girlfriend	25.3	40.8	32.7
Friend	35.1	62.2	48.5
Teacher	14.4	19.1	16.7
Other school staff	9.4	17.0	13.1
Other unrelated adult	11.8	20.3	15.9
Any informal support	52.1	74.3	62.9

(a) Any type of informal support is not equal to the sum of individual types of informal support because adolescents may have received more than one type of support.

13.4.2 Adolescents with mental disorders

Most 13-17 year-olds with major depressive disorder by adolescent report (93.9%) or with mental disorders by parent and carer report (80.3%) had received informal help or support for emotional or behavioural problems in the previous 12 months (Table 13-7).

Friends and parents were the most common sources of informal help or support for 13-17 year-olds with major depressive disorder, with 78.5% receiving help from a friend and 64.1% from a parent. Just over a quarter had received informal support from a teacher and one third from another school staff member, such as a counsellor or nurse (28.7% and 35.8% respectively).

Sources of support were similar for those with mental disorders by parent and carer report compared to those with major depressive disorder by adolescent report. The exception was lower proportions among those with any mental disorder receiving support from a friend (57.2%) or boyfriend or girlfriend if applicable (45.1%).

More than half (57.9%) of 13-17 year-olds without mental disorders had received informal support or help for emotional or behavioural problems in the previous 12 months.

Table 13-7: Informal help or support received for emotional or behavioural problems in past 12 months among 13-17 year-olds by mental health status

Source of informal help or support	Major depressive disorder based on adolescent report (%)	Any mental disorder based on parent or carer report (%)	No disorder (%)
Parent	64.1	67.4	41.9
Brother or sister	36.8	33.6	22.9
Other family member	30.7	29.9	17.0
Boyfriend or girlfriend	67.4	45.1	27.4
Friend	78.5	57.2	44.8
Teacher	28.7	24.1	14.8
Other school staff	35.8	28.1	9.4
Other unrelated adult	31.0	31.3	12.5
Any informal support	93.9	80.3	57.9

(a) Any type of informal support is not equal to the sum of individual types of informal support because adolescents may have received more than one type of support.

13.5 Self-help strategies

Adolescents also reported other strategies they adopted to help them manage any emotional or behavioural problems that they may have had or to avoid having such problems.

13.5.1 All adolescents

Two thirds (66.4%) of all adolescents had adopted some kind of strategy to help themselves manage or avoid emotional or behavioural problems in the previous 12 months (Table 13-8). This proportion

was higher among females than males (73.2% compared with 59.9%). Most commonly, adolescents did more of the things that they enjoyed (45.1%), did more exercise or took up a sport (37.9%), sought support from friends (24.4%) and improved their diet (23.2%).

Table 13-8: Self-help strategies used for emotional or behavioural problems in past 12 months among 13-17 year-olds by sex

Type of self-help strategy	Males (%)	Females (%)	Persons (%)
Did more exercise or took up a sport	35.3	40.6	37.9
Improved your diet	18.2	28.4	23.2
Meditated or did relaxation therapy	6.4	12.1	9.2
Did more of the things you enjoy	43.7	46.6	45.1
Smoked cigarettes, or used alcohol or drugs	6.2	9.7	7.9
Stopped smoking, drinking alcohol or using drugs	1.6	1.5	1.6
Sought support from friends	17.1	32.0	24.4
Sought support through social networking	4.6	6.7	5.6
Joined a social group of some kind	4.6	4.8	4.7
Sought information in books, magazines or on TV	6.4	10.6	8.5
Any type of self-help strategy (a)	59.9	73.2	66.4

(a) Any type of self-help strategy is not equal to the sum of individual self-help strategies because adolescents may have used more than one type of strategy.

13.5.2 Adolescents with mental disorders

Among 13-17 year-olds with major depressive disorder by adolescent report, 84.2% had used some kind of strategy to help themselves with problems they were experiencing in the previous 12 months (Table 13-9).

To help manage their emotional or behavioural problems, adolescents with major depressive disorder most commonly did more exercise or took up a sport (44.3%), did more of the activities that they enjoyed (44.0%) and sought support from friends (42.5%). However, almost a third (31.5%) of adolescents with major depressive disorder smoked cigarettes or used alcohol or drugs to help manage their problems.

Three quarters (75.0%) of adolescents with mental disorders based on parent or carer report had adopted self-help strategies for emotional or behavioural problems. Mostly the types of strategies were similar although a higher proportion of those with major depressive disorder compared with those with any mental disorder had sought support from friends (42.5% compared with 24.6%) or smoked cigarettes, or used alcohol or drugs (31.5% compared with 19.1%) to help manage their own emotional or behavioural problems.

Nearly two thirds of those with no mental disorder by their own report or parent or carer report had used some kind of self-help strategy in the previous 12 months (63.5%).

Table 13-9: Self-help strategies used for emotional or behavioural problems in past 12 months among 13-17 year-olds by mental health status

Type of self-help strategy	Major depressive disorder based on adolescent report (%)	Any mental disorder based on parent or carer report (%)	No disorder (%)
Did more exercise or took up a sport	44.3	38.3	37.1
Improved your diet	25.8	24.3	22.7
Meditated or did relaxation therapy	20.7	13.3	7.5
Did more of the things you enjoy	44.0	43.5	45.3
Smoked cigarettes, or used alcohol or drugs	31.5	19.1	4.6
Stopped smoking, drinking alcohol or using drugs	4.5	4.9	0.8
Sought support from friends	42.5	24.6	22.7
Sought support through social networking	12.4	9.9	4.6
Joined a social group of some kind	6.3	6.9	4.1
Sought information in books, magazines or on TV	14.9	8.4	8.0
Any type of self-help strategy (a)	84.2	75.0	63.5

(a) Any type of self-help strategy is not equal to the sum of individual self-help strategies because adolescents may have used more than one type of strategy.

13.6 Perceived need for help and barriers to receiving mental health care

Adolescents aged 13-17 years were asked about what help they needed with their emotional or behavioural problems and whether their needs for this kind of help had been met. The help was categorised into four types:

- Information about emotional or behavioural problems, treatment and available services;
- Prescribed medication for emotional or behavioural problems;
- Counselling or a talking therapy about problems or difficulties (either one-on-one, as a family, or in a group); and
- Courses or other counselling for life skills, self-esteem or motivation.

13.6.1 Perceived need for help for young people with disorders

Four fifths of adolescents with major depressive disorder (82.4%) reported a need for one or more types of help for emotional or behavioural problems in the previous 12 months (Table 13-10). Of those adolescents with major depressive disorder that reported a need for one or more types of help, three quarters (76.8%) reported that their needs were met either fully (28.1%) or partially (48.7%), while one quarter (23.2%) had needs that were unmet.

The most common type of help adolescents with major depressive disorder felt that they needed in the previous 12 months was counselling or a talking therapy (68.8%) and of these, 70.4% reported that their needs were met either fully (39.0%) or partially (31.4%).

More than half of adolescents with major depressive disorder (55.9%) reported a need for information about emotional or behavioural problems, treatment and available services of which one fifth (21.4%) reported that their needs were unmet.

The greatest areas of unmet need according to adolescents with major depressive disorder who had reported a need for help were for courses or other counselling for life skills, self-esteem or motivation (51.5%) and for prescribed medication (44.2%).

Table 13-10: Perceived need for services for emotional or behavioural problems in past 12 months among 13-17 year-olds with major depressive disorder by type of help

Level of perceived need	Information (%)	Medication (%)	Counselling (%)	Life skills (%)	Any type of help (%) (b)
No need	44.1	59.7	31.2	57.7	17.6
Any need—	55.9	40.3	68.8	42.3	82.4
Needs fully met (a)	47.4	28.6	39.0	25.6	28.1
Needs partially met (a)	31.2	27.2	31.4	22.9	48.7
Needs unmet (a)	21.4	44.2	29.6	51.5	23.2

(a) The proportion of those reporting any need whose needs were fully met, partially met or unmet.

(b) Where need for more than one type of help was identified, level of perceived need for any type of help has been derived from the level of perceived need for each type of help needed (see glossary for details).

About half (56.4%) of adolescents with a mental disorder identified by parents and carers reported a need for one or more types of help for emotional or behavioural problems in the previous 12 months (Table 13-11). Of those adolescents with mental disorders that reported a need for one or more types of help, about nine out of ten (86.9%) reported that their needs were met either fully (47.5%) or partially (39.4%) while one tenth (13.1%) had needs that were unmet.

Counselling was the type of need most commonly reported (41.6%) by adolescents with mental disorders based on parent and carer report. Of those adolescents reporting a need for counselling or talking therapy, 84.8% reported that their needs were either fully met (57.7%) or partially met (27.1%).

One third of adolescents with mental disorders identified by parents and carers (35.7%) reported a need for information about emotional or behavioural problems, treatment and available services, of which four fifths (81.8%) reported that their needs were met either fully (55.8%) or partially (26.0%). About three in ten (28.3%) identified a need for medication, of which just under a third (31.5%) had unmet need. One fifth (22.8%) reported a need for counselling for life skills, counselling for life skills, self-esteem or motivation, of which nearly two fifths (37.9%) had unmet need.

Compared to 13-17 year-olds with a major depressive disorder by their own report, those with mental disorders identified by parent and carer report had lower levels of unmet need for all types of help.

Table 13-11: Perceived need for services for emotional or behavioural problems in past 12 months among 13-17 year-olds with mental disorders identified from parent or carer report by type of help

Level of perceived need	Information (%)	Medication (%)	Counselling (%)	Life skills (%)	Any type of help (%) (b)
No need	64.3	71.7	58.4	77.2	43.6
Any need—	35.7	28.3	41.6	22.8	56.4
Needs fully met (a)	55.8	47.5	57.7	43.5	47.5
Needs partially met (a)	26.0	20.9	27.1	18.6	39.4
Needs unmet (a)	18.3	31.5	15.2	37.9	13.1

(a) The proportion of those reporting any need whose needs were fully met, partially met or unmet.

(b) Where need for more than one type of help was identified, level of perceived need for any type of help has been derived from the level of perceived need for each type of help needed (see glossary for details).

13.6.2 Perceived need by severity of impact

The extent to which 13-17 year-olds reported a perceived need for help with their emotional or behavioural problems increased with severity of disorder. Those with moderate and severe disorders had greater perceived need than those with mild disorders. For those with some need for assistance, the proportion of young people whose needs were fully or partially met also increased with the severity of their disorder, with more moderate and severe cases having these needs fully or partially met. These relationships were found regardless of whether the identification of mental disorders was based only on the young person's self-report of major depressive disorder or on the information about a broader range of mental disorders provided by the parent or carer.

For adolescents identified as having a severe or moderate major depressive disorder based on their own self report, most indicated that they had a need for help with emotional and behavioural problems (90.7% and 94.8% respectively). A lower proportion (65.4%) of those with mild depressive disorder felt that they had a need for some type of help (Table 13-12).

Around nine in ten (87.9%) adolescents with a severe major depressive disorder who reported some type of need for help indicated that their needs were either fully (24.9%) or partially (63.0%) met. Lower rates of fully or partially met need were reported by adolescents with moderate (69.4%) and mild depressive disorders (70.2%).

Table 13-12: Perceived need for any type of help for emotional or behavioural problems in past 12 months among 13-17 year-olds with major depressive disorder by severity of impact

Level of perceived need	Mild (%)	Moderate (%)	Severe (%)	All major depressive disorder (%)
No need	34.6	5.2	9.3	17.6
Any need—	65.4	94.8	90.7	82.4
Needs fully met (a)	32.5	27.8	24.9	28.1
Needs partially met (a)	37.7	41.6	63.0	48.7
Needs unmet (a)	29.8	30.7	12.1	23.2

(a) The proportion of those reporting any need whose needs were fully met, partially met or unmet.

For adolescents aged 13-17 years identified as having mental disorders based on the information provided by parents and carers, a larger percentage of those with severe (70.0%) and moderate disorders (67.8%) indicated a need for help than those with mild disorders (41.1%) (Table 13-13).

About nine in ten of those with a severe or moderate disorder (91.2% and 90.2% respectively) who reported some type of need for help indicated that their needs were either fully met (42.4% for severe disorders and 49.4% for moderate disorders) or partially met (48.8% for severe disorders and 40.8% for moderate disorders). Slightly lower rates (79.2%) of met need (fully or partially) were reported by adolescents identified as having mild disorders.

Table 13-13: Perceived need for any type of help for emotional or behavioural problems in past 12 months among 13-17 year-olds with mental disorders by parent or carer report by severity of impact

Level of perceived need	Mild (%)	Moderate (%)	Severe (%)	Any mental disorder (%)
No need	58.9	32.2	30.0	43.6
Any need—	41.1	67.8	70.0	56.4
Needs fully met (a)	49.3	49.4	42.4	47.5
Needs partially met (a)	29.9	40.8	48.8	39.4
Needs unmet (a)	20.8	9.8	8.8	13.1

(a) The proportion of those reporting any need whose needs were fully met, partially met or unmet.

13.6.3 Comparing adolescent and parent or carer views about perceived need for help

Adolescents aged 13-17 years with mental disorders based on the information provided by their parent or carer were less likely to report a need for any help than parents and carers (56.4% compared to 84.8%) (Table 13-14). Parents and carers were more likely to report a need for help for all types of help except for prescribed medication where a similar proportion of adolescents reported a need for help.

Table 13-14: Perceived need for help for emotional or behavioural problems in past 12 months by parent or carer report and adolescent report among 13-17 year-olds with mental disorders by parent or carer report

Type of help	Proportion with a need as reported by parent or carer (%)	Proportion with a need as reported by the adolescent (%)
Information	50.6	35.7
Medication	28.9	28.3
Counselling	76.1	41.6
Life skills	41.8	22.8
Any type of help	84.8	56.4

13.6.4 Barriers to seeking and receiving help

The most commonly identified reasons given by 13-17 year-olds with major depressive disorder by adolescent report for not seeking help or receiving more help for emotional or behavioural problems were being worried about what other people might think or not wanting to talk to a stranger (62.9%), thinking the problem would get better by itself (61.7%) and wanting to work out the problem on their own or with help from family or friends (57.1%) (Table 13-15).

Among adolescents with mental disorders based on information provided by their parents and carers, the most common reasons cited for not seeking help or receiving more help were similar to those with major depressive disorder but proportions identifying these reasons were lower for most categories.

Table 13-15: Barriers to help seeking or receiving more help for emotional or behavioural problems in past 12 months among 13-17 year-olds with major depressive disorder by adolescent report or any mental disorder by parent or carer report

Barriers	Major depressive disorder based on adolescent report (%)	Any mental disorder based on parent or carer report (%)
Preferred to handle by self or with family/friends	57.1	43.6
Not sure if they needed help	49.9	44.1
Not sure where to get help	25.8	18.9
Thought problem would get better	61.7	47.1
Asked for help at school but didn't get it	9.2	13.8
Problem getting to a service that could help	4.6	7.6
Couldn't afford it	28.2	21.2
Couldn't get an appointment	6.9	5.9
Concerned about what people might think or didn't want to talk to a stranger	62.9	43.9

If adolescents reported more than one reason for not seeking help or receiving more help, they were also asked to identify the main reason. The most common main reasons for adolescents with major depressive disorder not seeking help or not receiving more help included not being sure if they needed help, where to get help or thinking that the problem would get better by itself, issues which could be broadly classified as mental health literacy (33.1%) (Table 13-16).

Just over one quarter of adolescents with major depressive disorder (26.2%) identified reasons related to them wishing to manage their problems themselves, and another quarter (27.9%) reported being worried about what other people might think or not wanting to talk about it with a stranger, as the main reason for not seeking help or receiving more help for emotional and behavioural problems. One eighth (12.8%) identified reasons that related to accessibility of services, such as thinking it might cost too much, having a problem getting to a service that could help or not being able to get an appointment when needed.

Among adolescents with a mental disorder identified by parents and carers, the main reason identified for not seeking help or receiving more help included not being sure if they needed help,

where to get help or thinking that the problem would get better by itself, primarily to do with issues of mental health literacy (42.3%). One quarter (26.7%) of adolescents with mental disorders identified the desire to manage their problem by themselves or with help from family or friends as being the main reason for not seeking help or receiving more help.

Table 13-16: Main barriers to seeking help or for receiving more help for emotional or behavioural problems in past 12 months among 13-17 year-olds with mental disorders

Main barrier	Major depressive disorder based on adolescent report (%)	Any mental disorder based on parent or carer report (%)
Self-management	26.2	26.7
Mental health literacy	33.1	42.3
Accessibility	12.8	14.2
Stigma/not wanting to talk to a stranger	27.9	16.7

