



The Crisis in youth mental health: what can be done?

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Summary

Youth populations worldwide are experiencing a mental health crisis. The 2024 World Happiness report (WHR24) found a steep decline in the mental wellbeing of youth. Findings from New Zealand-specific research paint a similar picture.

Significant factors impacting young people's mental health and wellbeing include the effect of child poverty, stress, perceptions of the future as bleak, experiences of racism and discrimination, the influence of social media and digital technology, and a lack of intergenerational connection. Importantly, these are issues that will not be addressed quickly or simply. As such, we recommend a focus on positioning mental health based programs and policies as long-term cross-party initiatives. Meaningful actions which tangibly address the sources of declining wellbeing are essential for long-term change. Therefore, we recommend prioritising interventions that target sources of distress, such as those that reduce the financial burden on young adults. We also recommend commitment to training and supporting more youth-friendly clinicians, and ensuring that youth-informed community and mental health services are sufficiently funded to meet population needs.

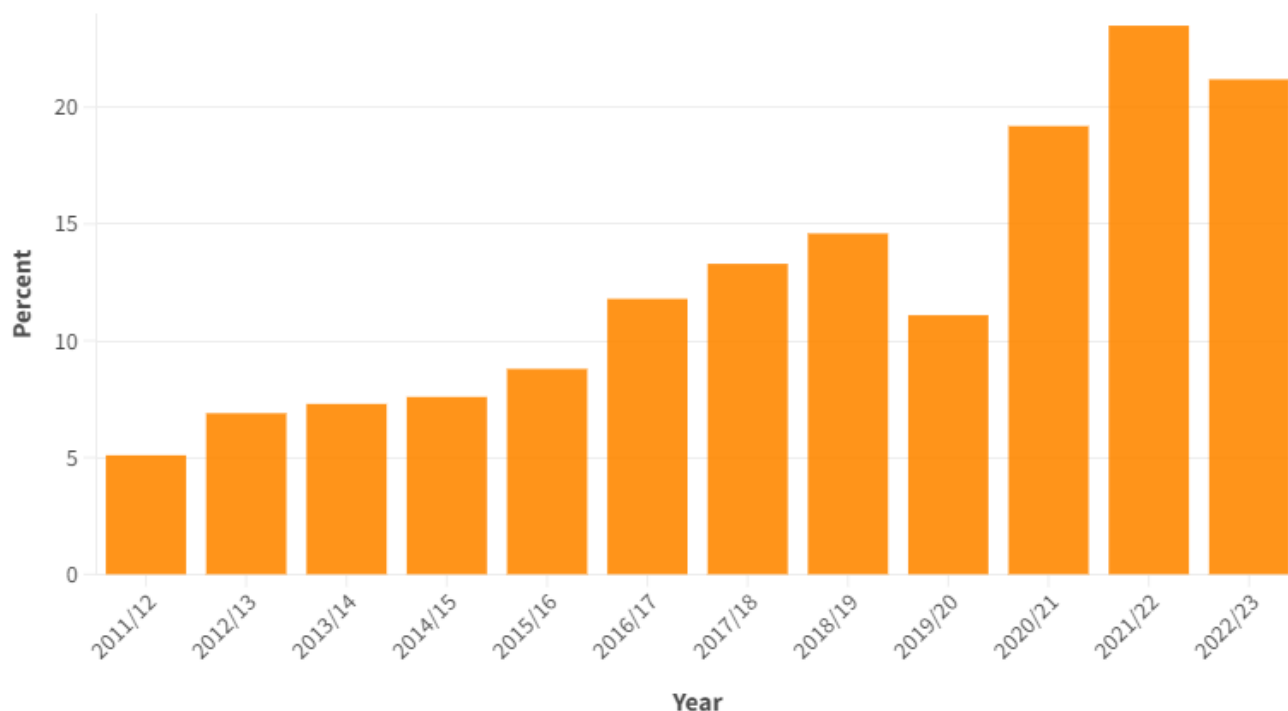
What does the latest research say?

Worsening mental health among young people is a significant public health problem across the world. The 2024 World Happiness report (WHR24) has revealed a steep drop in the mental wellbeing of young people. Happiness levels have fallen significantly in the United States, Canada, Australia and New Zealand, by twice as much for the young as for older people.¹

In New Zealand, poor mental health among youth is consistently inequitable, and growing.² In 2020, a Kōi Tū commentary piece called for urgent action based on findings of rapidly rising rates of youth depression, with 23% of students (year 7-13) in the 2019 Youth19 survey reporting symptoms of depression - almost doubling from the rate in 2012.³ Reported psychological distress among young people has also increased dramatically (see figure). While suicide is a rare outcome, Aotearoa's national teenage suicide rate has consistently been among the highest in the OECD in recent years.⁴

Psychological distress increasing among young people in NZ

Percentage of young New Zealanders (age 15-24) reporting high or very high psychological distress in the last four weeks.



Source: NZ Health Survey Data Explorer

There is strong evidence of socioeconomic inequity in youth mental health, with rates of attempted suicide doubling between each deprivation classification: low (2.7%), medium (6%) and high (11%).⁵ Additionally, rangatahi Māori report higher rates of depressive symptoms - for example, 38% for Māori female youths compared to 24% for their Pākehā counterpart.⁵

Why is this happening?

The reasons for this decline are multifactorial. A 2023 Koi Tū literature review explored four factors consistently reported by New Zealand youth: perceptions of their future as bleak; experiences of racism and discrimination; the influence of social media and digital technology; and inter-generational connection.⁶ Other New Zealand research has identified factors like nutrition⁷, the environment a young person lives in^{8,9}, and the effect of child poverty.¹⁰

What can we learn from this research in Aotearoa?

Mental health as public health

While treatment by the clinical health system plays an important role in addressing mental health challenges, and we need to address the severe underfunding of the health sector if we are to meet this need^{10,11}, we also need a public health approach focused on prevention.

Preventing the decline of young people's wellbeing requires us to address the issues that cause distress for youth, including child poverty¹⁰, discrimination, stress, and lack of connection. Even more importantly there are no silver bullets - we cannot address one issue and expect significant change to wellbeing at a population level.

The incidence of mental health conditions among children and adolescents can be reduced by addressing severe and persistent poverty, especially during the early years of a child's life.¹⁰ Interventions that address poverty and the effects of poverty on children are likely to break intergenerational cycles of poor mental health¹⁰, and there are clear recommendations available for what these would look like.¹² These interventions conceptualise child poverty as multi-factorial - requiring action across domains like economic policy, housing, employment, education, health, and justice.¹² Child poverty has been acknowledged as a pressing issue by successive governments, yet actions have often remained partisan. Cross-party action must be a priority, and has the potential to create tangible and sustainable change to mental health and wellbeing.¹³

The power of youth voice

Youth input in policy and health system decision-making is essential to meet the mental health needs of young people. The Global Mental Health Action Network's (GMHAN) guidelines for Effective Youth Engagement Practices noted evidence of a strong bidirectional relationship between young people's wellbeing and their meaningful participation in the decisions that affect them.¹⁴ The GMHAN's Child and Youth Working Group recognised youth engagement as a policy priority for the mental health sector. The Group also recommended a multi-sectoral approach: for example, the mental health sector can work with teachers to engage young people in developing mental health education as part of school curricula.¹⁵

Examples of effectively engaging youth in the co-design of interventions are available around the world: for example, Singapore's national digital mental health programme, mindline.sg ([see appendix for an overview](#)).

In New Zealand, '[Youth One Stop Shops](#)'v operate as community-based centres providing free or low-cost primary healthcare, mental health, and social development services to young people. Despite evidence of therapeutic benefits¹⁶, the One Stop Shops are sparsely located across Aotearoa, likely due to funding restraints and a lack of government support.¹⁷ Yet, the One Stop Shop model has the potential to closely align with what young New Zealanders ask for in mental health care - holistic, accessible spaces based in our communities with the flexibility to meet young people's needs.¹⁸ International and local evidence offers us clear examples of how we can listen to young people's voices in designing services, and the potential value of this approach.

Actions that could be taken to address the crisis in youth mental health are:

- An all of government response that allows for more cross-agency collaboration.¹⁹
- Cross-party commitments to sustainable action.²⁰
- Taking action on issues young people ask for, such as - stronger action on climate

change, reducing the financial burden on young adults, education on digital literacy, more youth-friendly trained clinicians, and youth-informed mental health services that are funded to meet the needs of the population.²¹

What this Briefing adds

- New evidence shows that youth mental health is on the decline in New Zealand, and across the Western world.
- Existing interventions are severely underfunded and are susceptible to government changes, stalling prevention efforts.

Implications for policy and practice

- To ensure sustainable action, public mental health approaches must be implemented with multi-sector and inter-agency collaboration.
- We need more youth input in the designing of mental health interventions, and more action on the socioeconomic issues that are putting pressure on young people.

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Appendix: Singapore case study

In 2022, Singapore's Ministry of Health launched a national digital mental health programme, [mindline.sg](#). A ground-up youth co-design project, its first Youth Advisory Group was founded to conduct research, generate ideas and co-create solutions to address systemic gaps in mental health support locally.¹⁵ In-depth interviews with young people from diverse demographics, previous experiences of mental health conditions and services, and current life stage informed a service that was generally perceived as usable and acceptable by individuals with a diagnosed mental disorder in Singapore.²² Visited by 80,000 users in its first year²³, evidence suggests that policymakers and mental healthcare service providers may be able to use [mindline.sg](#) data trends to project demand for mental health services and increase resourcing to cope with anticipated increases in needs.²⁴

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