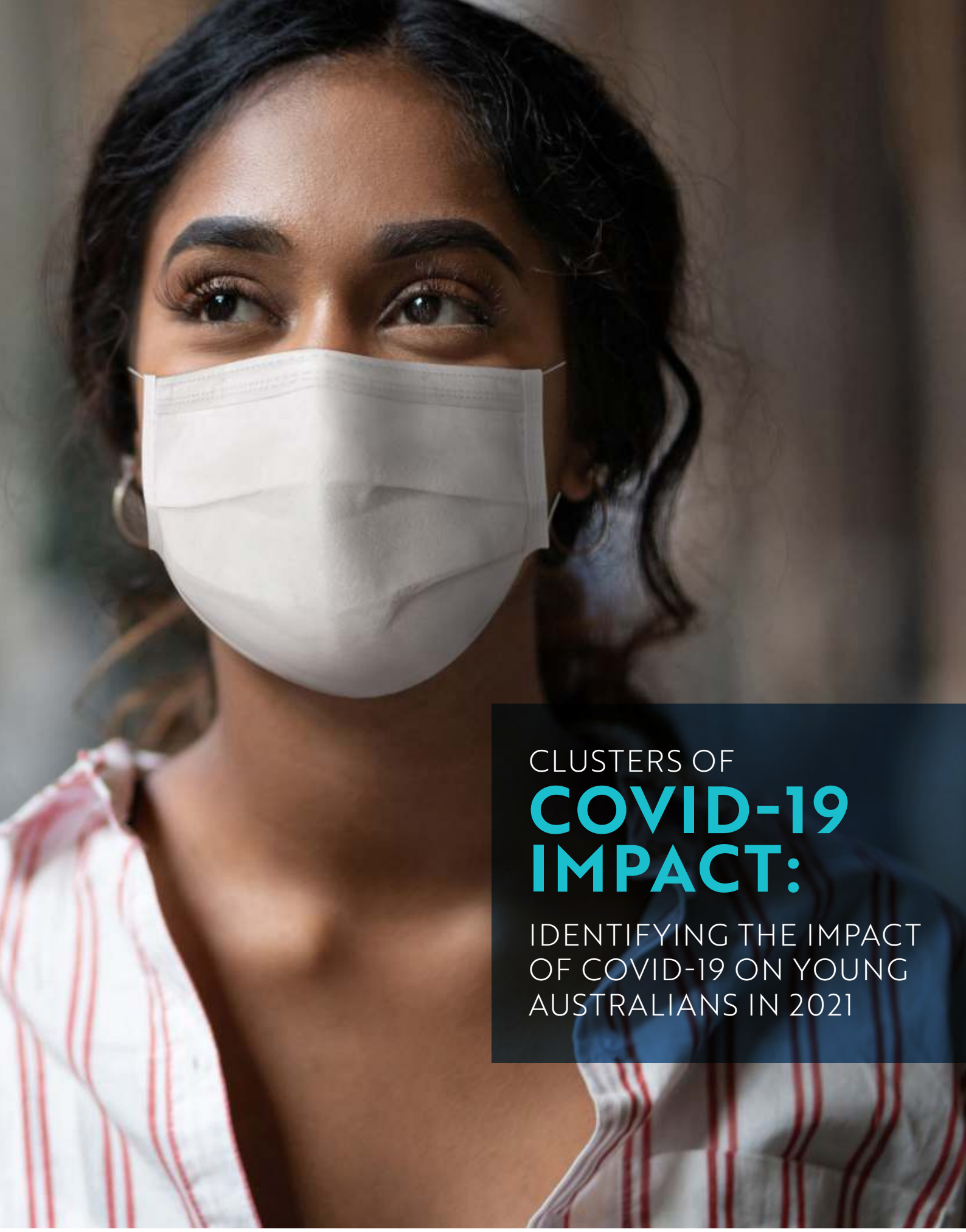

CLUSTERS OF

COVID-19 IMPACT:

IDENTIFYING THE IMPACT OF COVID-19 ON YOUNG AUSTRALIANS IN 2021

MISSION AUSTRALIA

orygen

ACKNOWLEDGMENTS

We acknowledge the traditional custodians of lands throughout Australia and we pay our respects to the Elders past, present and future for they hold the memories, culture and dreams of the Aboriginal and Torres Strait Islander people. We recognise and respect their cultural heritage, beliefs and continual relationship with the land and we recognise the importance of the young people who are our future leaders.

This report was developed by Orygen in partnership with Mission Australia. The work was led by Dr Kate Filia, Senior Research Fellow, Orygen; Centre for Youth Mental Health, The University of Melbourne, alongside Senior Biostatistician Dr Caroline Gao, who led the statistical analysis supported by Emily Clarke, and from Mission Australia, Naheen Brennan and Tamara Freeburn. The expert input of other authors and contributors from Orygen and Mission Australia were instrumental in informing the work, and shaping the recommendations.

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A special thank you to the young people who shared with us, via the 2021 Youth Survey, their responses on current issues – especially in regards to the COVID-19 pandemic. Another special thank you to the young people who participated in workshops to provide their views on the recommended actions detailed in this report.

Finally, we extend our thanks to the Orygen and Mission Australia staff who contributed to this report by providing helpful insights, feedback, design and support.

CONTENTS

1. EXECUTIVE SUMMARY

For the last twenty years Mission Australia has conducted an annual *Youth Survey*, a large and important survey of young people from all around Australia aged 15 to 19 years. The survey is a valuable platform for young people to raise awareness of issues and concerns facing them.

Over the last two years, the COVID-19 pandemic has created upheaval in the lives of people globally. Young people have faced unique challenges during a really important time in their lives, including significant and ongoing increases in experiences of mental ill-health.

To understand some of the ways that the pandemic has impacted young Australians, additional questions were added to the 2021 *Youth Survey* questionnaire. Over 20,200 young Australians completed the survey in 2021, during a crucial stage of the pandemic. For many young people the survey was completed while living in lockdown, during the second year of the pandemic and at the height of the Delta wave. The experiences of these young people are reflected here, providing an overview of the areas of life most impacted by the pandemic, and what that has meant for their mental health and wellbeing.

In preparing for this report, an important partnership was formed between Mission Australia and Orygen, the national centre of excellence in youth mental health and Australia's leading youth mental health organisation. Over the past two years, Orygen and Mission Australia have been advocating for the need for greater supports for young people whose mental health, wellbeing, education, employment, finances and housing have been affected by the pandemic.

There is an urgent need to provide immediate supports to young people and their families, to upscale existing services and deliver high-quality, evidenced-based solutions that will help young people in recovering from any adverse impacts of the pandemic.

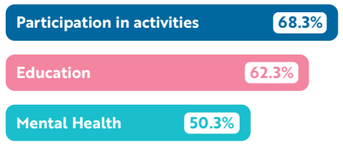
Together in this report, Orygen and Mission Australia have detailed the types of impacts experienced by young people during the pandemic, and the particular groups of young people who have faced more challenges. The report also details how the experience of different and multiple impacts relate to increases in stress, loneliness, and psychological distress, as well as decreases in feelings of control, happiness and mental health and wellbeing.

This partnership between Orygen and Mission Australia has helped to build on findings and identify potential implications for policy and practice focusing on mental health, education and employment approaches, research and housing. These are detailed in this report, highlighting the need to make concerted and continued efforts to support this generation in recovering from the disruptions and challenges faced as a consequence of the pandemic.

2. KEY FINDINGS

Top three *domains of life* negatively impacted *by the pandemic*

Across Australia, young people reported the following three areas of life as being negatively impacted by the COVID-19 pandemic:



Note: The 2021 *Youth Survey* included a question: Has COVID-19 had a negative impact on your... 'education, employment, family, financial security, friendships, housing, mental health, participation in activities and/or physical health'?

Impact *on* mental health

- **76.5%** of young people who reported their mental health and wellbeing as *poor* indicated that the pandemic had negatively impacted their *mental health.*
- For young people who reported more domains of life as having been impacted, greater severity of psychological distress was observed.
- Higher reports of personal concern about *COVID-19* generally were associated with increases in psychological distress.

Young people most impacted

A negative impact of the COVID-19 pandemic was reported in higher proportions in particular groups of young people, notably:

Gender diverse young people

Those that experienced longer lockdowns and lockdowns at the time of survey completion (Victoria and NSW); and

Students

Gender diverse

Experienced **more negative impacts** across almost all domains.

x2 Were **twice as likely as males** to report a **negative impact of the COVID-19** pandemic on their ***mental health.***

Location

Young people living in Victoria and NSW reported **high numbers of multiple impacts across a broad range of life domains (70% of young people in Victoria and 57% of young people in NSW** reported multiple and diverse negative impacts).

Both groups were experiencing lockdowns during the time survey responses were being collected.

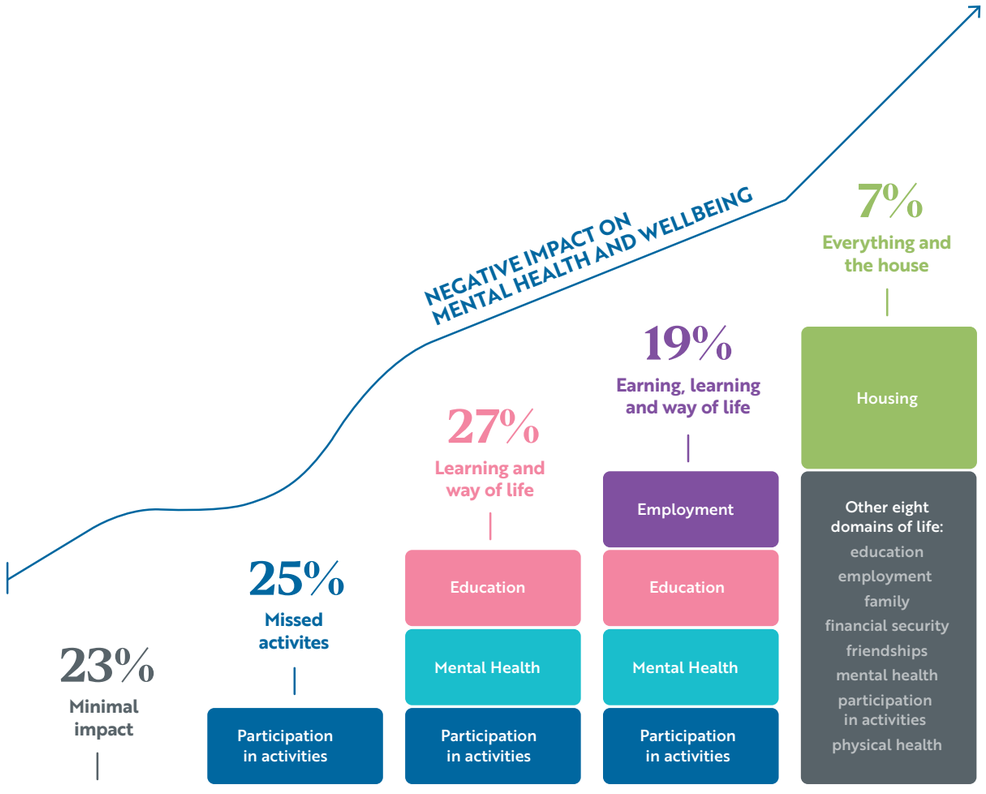
Students

More young people currently studying **reported negative impacts, and across multiple domains,** than those not studying.

Students reported **greater negative impact on mental health** when ***education*** was negatively impacted by COVID-19.

Clusters experiencing different negative impacts of COVID-19

The cluster analysis revealed five groups of young people who share similar negative impacts associated with the pandemic.



[COVID-19] gave me an excuse... to take a step back from society.

– male, 17, non-Indigenous, NSW

I don't think COVID had a large impact on me other than restricting my activities.

– gender diverse, 14, non-Indigenous, SA

Being in lockdown...had a negative impact on my academic and therefore emotional stability and mental health.

– female, 18, non-Indigenous, ACT

Everyone lost their job and it becomes very stressful to pay the bills and keep everyone healthy.

– female, 16, non-Indigenous, QLD

Housing crisis, getting a job, people were not able to go to school.

– male, 16, Aboriginal and/or Torres Strait Islander, QLD

Demographic characteristics of the young people by cluster group

	Minimal impact (23%, n=4,621)	Missed activities (25%, n=5,015)	Learning and way of life (27%, n=5,483)	Earning, learning and way of life (19%, n=3,740)	Everything and the house (7%, n=1,348)
Description of cluster	***Minimal impact on all domains of life***	***Impact primarily on participation in activities***	***Impact primarily on education, mental health and participation in activities***	***Impact primarily on employment, education, participation in activities and mental health***	***Significant impact on housing and all other domains of life***
Demographics Key differences relative to the national sample from the *Youth Survey*	Higher proportion of Indigenous young people and young people living with disability	Larger proportion of males and a lower proportion of females and gender diverse young people	Greater proportion of females and gender diverse young people and a lower proportion of males	Larger proportion of females and gender diverse young people and a lower proportion of males	Higher proportion of gender diverse young people, Indigenous young people and young people living with disability
Gender	Male = 49.5% Female = 46.4% Gender diverse = 4.1%	Male = **52.4%** Female = 45.7% Gender diverse = 1.9%	Male = 31.6% Female = **64.1%** Gender diverse = 4.3%	Male = 34.2% Female = 61.9% Gender diverse = 3.8%	Male = 39.0% Female = 53.2% Gender diverse = **7.9%**
Aboriginal and/or Torres Strait Islander	5.6%	3.9%	3.6%	4.3%	**11.1%**
Living with disability	11.2%	5.4%	8.9%	9.1%	**15.7%**
Education/Employment Key differences relative to the national sample from the *Youth Survey*	Proportions in line with overall sample	Proportions in line with overall sample	Proportions in line with overall sample	Mostly studying, but a higher proportion of young people employed	Proportions in line with overall sample
Currently studying and/ or currently employed *full* or *part time*	93.8%	96.4%	96.3%	**97.5%**	93.7%
Living situation Key differences relative to the national sample from the *Youth Survey*	Proportions in line with overall sample	Proportions in line with overall sample	Proportions in line with overall sample	Proportions in line with overall sample	A lower proportion of young people living at home and a higher proportion of young people in out-of-home care and public/social housing
Living with parents	94.4%	**96.8%**	96.6%	**96.8%**	84.9%
Living in public/ social housing	5.7%	3.2%	2.9%	3.9%	**11.3%**
Living in out-of-home care	0.5%	0.3%	0.4%	0.4%	**1.8%**

Bold figures are the clusters with the highest proportions.

Mental health and wellbeing of the young people by cluster group

	Minimal impact (23%, n=4,621)	Missed activities (25%, n=5,015)	Learning and way of life (27%, n=5,483)	Earning, learning and way of life (19%, n=3,740)	Everything and the house (7%, n=1,348)
Description of cluster	***Minimal impact on all domains of life***	***Impact primarily on participation in activities***	***Impact primarily on education, mental health and participation in activities***	***Impact primarily on employment, education, participation in activities and mental health***	***Significant impact on housing and all other domains of life***
Mental health and wellbeing Key differences relative to the national sample from the *Youth Survey*	Despite minimal COVID-19 impact, lower mental health and wellbeing	Mental health and wellbeing is the most positive of the clusters	Mental health and wellbeing is fairly low, with higher psychological distress and more feelings of lack of control over life	Mental health and wellbeing is fairly low, with more psychological distress, lack of control over life and loneliness	Mental health and wellbeing is the lowest of the clusters, with more psychological distress, loneliness and lack of control over life
Proportion of young people who had psychological distress	23.1%	12.7%	36.1%	38.4%	**47.8%**
Feeling stressed *(All or most of the time)*	36.1%	28.8%	54.6%	56.1%	**58.2%**
Control over life *(No or almost no control)*	11.2%	5.6%	14.2%	15.3%	**23.8%**
Feeling lonely *(All or most of the time)*	21.7%	12.5%	29.9%	32.7%	**40.2%**

Bold figures are the clusters with the highest proportions.

3. RECOMMENDATIONS FOR POLICY AND PRACTICE

Recommendations for policy and practice presented here focus on addressing the key issues and priority groups as highlighted in this report. The recommendations were informed by the data, through consultation with young people, and shaped by the experience and expertise of researchers, clinicians, service providers and policy advisors from Orygen and Mission Australia.

Mental health-based approaches

1 Increase investment in, and access to, evidence-based youth mental health services, notably headspace and specialist youth mental health care systems, including extending the increased Better Access initiative past June 2022 and addressing the gap in services for young people with more complex and serious mental health issues.

2 Expand and provide increased support for the mental health workforce, including the peer workforce, to respond to the heightened demand and address issues exacerbated by the pandemic.

Education and Employment-based approaches

3 Introduce universal, regular, standardised screening of functional impairment and mental health in schools, alongside psychoeducation and stigma-reducing activities.

4 Fund the promotion and delivery of evidence-based resources that aid educators, employers, peers and families to support young people with their mental health and wellbeing.

5 Increase mental health support in secondary and tertiary school settings, including youth peer workers.

6 Develop and fund education and employment related support programs for young people whose education and/or employment was impacted by the pandemic.

Research

7 Fund research into the long-term impacts of the COVID-19 pandemic on the lives of young Australians.

8 Fund research into testing the uptake, effectiveness, accessibility and user perspectives of online or hybrid approaches to delivering services and information.

Housing

9 Roll out universal risk screening for homelessness in all schools based on the Community of Schools and Services (COSS) model, along with an increase in wrap-around supports for students and their families who are identified as at risk of homelessness.

10 Permanently increase the base rate of income support payments and increase Commonwealth Rent Assistance (CRA) by 50 per cent to ensure young people and their families are kept out of poverty and avoid homelessness.

11 Expand the network of Youth Foyers and fund other models of integrated housing and support, to help young people obtain stable housing, achieve education and employment goals, and prepare for living independently.

Overarching considerations to summary

- Co-design, and partnership with young people from design through to implementation and evaluation.
- Providing a range of supports.
- Extra efforts to address issues of equitable access.
- Evaluation of programs.

4. INTRODUCTION

4.1. COVID-19 in Australia

Since the novel coronavirus (COVID-19) reached our shores in early 2020, the Australian population has been impacted in multiple ways across the nation. Various lockdowns and restrictions were implemented, with different states and territories enacting their own public health measures to curb the spread of the virus. These measures included hard lockdowns in several states, predominantly Victoria in 2020 and the earlier part of 2021, followed by other states in the latter part of 2021.(1) Across Australia, residents faced a range of restrictions at different times including work from home directives, restrictions on public gatherings, including weddings and funerals, and remote schooling.(2)

While in the earlier stages of the COVID-19 pandemic, Australia reported relatively low levels of the virus, and fewer deaths proportionally than other countries(3), the fear of contracting COVID-19 remained high.(4) Coupled with unexpected and swift changes to living, increases in distress, anxiety, suicidal ideation and mental ill-health in general were observed(5), along with increases in reports of loneliness and social isolation.(6) The changes to living brought an enormous amount of financial, personal and emotional strain to households.

As a consequence, an increased burden was placed on mental health services. In recognition of the impact that the pandemic had on mental health, $74 million was provided by the Australian Government in early 2020 to bolster the capacity of services providing support to people seeking help for their mental health and wellbeing.(7)

Other supports included those to assist people whose employment, housing and social circumstances were impacted by the pandemic. Approaches included the JobKeeper payment, the Coronavirus Supplement, as well as rental support, a moratorium on evictions, and a number of e-services, such as government subsidies for the provision of telehealth services under Medicare for many services. These supports were welcomed, easing some of the financial and practical challenges brought on by these unexpected changes to circumstances. But as we moved into the second year of the pandemic (2021), many of these supports were either removed or replaced to lesser degrees by other initiatives, and the focus was shifted to economic recovery.

The onset of the Delta variant, however, thwarted these plans for recovery as we entered 2021, causing further and significant disruption to the Australian population. Preventative measures were reinstated to various degrees across the country and lockdowns once again imposed. These occurred in Victoria again for extended periods, but in 2021 NSW and ACT also experienced longer lockdowns, and other states and territories experienced shorter, 'snap' lockdowns at various times. Without the additional support of the earlier measures, many Australians struggled through this period, facing uncertainty regarding their circumstances.

The end of 2021 saw a steady increase in vaccination rates, and targets for COVID-19 vaccination were met across the country for people aged 12 years and above, leading to the end of lockdowns and restrictions in various states. But it also brought with it a rapid increase in cases of a new variant of the virus, Omicron. Initial fears of the new variant eased as we entered 2022; while case numbers were higher than previously seen in Australia, they were accompanied by a less severe presentation of the illness which included reduced hospitalisations. This prompted further easing of restrictions around the country. It is clear, however, that the pandemic is far from over, and that our plans for recovery and a 'return to normal' will take longer than anticipated.

Central to moving into this next stage of the pandemic, is ensuring that people who have been most impacted by the pandemic receive supports to overcome challenges and recover from any negative impacts. Young people are an important group to focus on, having been disproportionately impacted by the effects of the pandemic, and at a crucial point in their development. It is expected that supporting young people during this phase will bring significant return on any investment, altering the trajectory of their lives and ensuring that they have the necessary support to make successful transitions to adulthood.

4.2. Young people

Young people in general experience greater vulnerability to social exclusion(8) and mental ill-health(9) as a result of their developmental stage, and the particular challenges they experience during this time. The peak onset of mental illness coincides with adolescence worldwide(9), with over 50 per cent of young people in the adolescent period experiencing some form of mental ill-health.(10) Further, mental and substance use disorders contribute to the largest proportion of disease burden globally in this age group (10 to 24 year olds).(11) The onset of mental ill-health during this period is influenced by, and in turn influences, social and economic factors. Adolescents place increased value on, and are highly sensitive to changes in their social environments, and the effects of social stimuli and social isolation.(12)

Further, adolescence is a critical phase with respect to brain development; interactions with the social environment and available resources establish foundations for lifelong trajectories.(13) Key activities are undertaken during this time, including the formation of new and independent social and romantic relationships, completion of formal education, entering the workforce, seeking independent living arrangements, and increasing autonomy and responsibility for finances, lifestyle choices, and their own health and wellbeing. It is an important time for exploration of and identity formation, including gender identity, sexuality and cultural identity. Derailment to these accomplishments, activities and processes can cause difficulties to a person's long-term social and economic productivity.(13)

Adolescents place increased value on, and are highly sensitive to, changes in their social environments, and the effects of social stimuli and social isolation.

Young people and the pandemic

The pandemic has caused a disruption to young people in almost all, if not every, area of social inclusion: social relationships, employment and education, housing, finances, and wellbeing.(14) Despite the effectiveness of public health measures in reducing the spread of the virus in Australia, approaches such as lockdowns, restrictions to activities, closure of public facilities, remote schooling, and the resultant changes to household circumstances have impacted the lives of young Australians in ways that will likely affect them well into their future. In addition to this, young people are impacted not only directly through changes to their own circumstances, but most often indirectly by changes in the circumstances of their household. This includes as a consequence of factors such as parental unemployment, reduced household finances, increased parental/caregiver stress, and family discord.

Supporting young people moving forward

Events such as the COVID-19 pandemic are likely to exacerbate existing difficulties for young people already experiencing, or at-risk of experiencing, social exclusion and/or mental ill-health, while posing new challenges for those previously unaffected.

In considering and developing approaches to support young people in recovering from the impacts of the pandemic, it is important to ensure that people who experienced disadvantage prior to the pandemic do not experience greater disadvantage in its wake. Young people in well-resourced, well-functioning, economically stable households will likely be better able to recover from the pandemic's negative impacts, including by accessing and affording support services. Conversely, young people living in disadvantaged households and/or locations are likely to be disproportionately affected more deeply and for longer.

It is important, therefore, to ensure that young people from typically disadvantaged or marginalised communities are specifically considered in approaches to supporting young people in recovering from the impact

of the pandemic. Considering the accessibility, appropriateness and relevance of each approach for different populations and their needs is essential, and relies on obtaining the voices of young people from different communities, in different ways, as we develop such approaches.

The first step however is to identify the impact of COVID-19 on young Australians, and for whom these impacts have been disproportionately felt. Currently, we are limited in understanding the impact at a population level for young people. While many surveys have been conducted over the past two years in an attempt to quantify the impacts of the COVID-19 pandemic (15-17), most have been completed on adult populations. Studies or surveys focusing on young people were conducted with small sample sizes, and predominantly recruited participants from convenience or target samples (18-20) reducing the ability to evaluate the impact of the pandemic on hard to reach, or minority communities.

A further challenge in understanding or quantifying the impact of the COVID-19 pandemic on young people is obtaining the personal, subjective perspective directly from young people rather than using objective higher-level factors - for example, whether they have regular social interactions, without assessing quality of interactions. Subjective indicators, such as asking a young person if COVID-19 has impacted their circumstances, can provide greater context and a more nuanced understanding of circumstances. (21, 22) This is particularly true for young people who may be living in less-than-ideal circumstances, not of their own choosing, and on the verge of independence.

4.3. Current report

Mission Australia's *Youth Survey* — an annual survey of more than 20,000 young people across Australia, aged 15 to 19 years — is a well-respected resource that provides a platform for young people to have a say about matters that affect them. The large sample size coupled with its broad reach, across geographies and socioeconomic areas, makes it a unique and invaluable resource from which to glean information related to young people across the nation. In response to the COVID-19 pandemic, a number of questions were added to the survey to assess the impact of the pandemic on young people in 2021. The focus of this report is on this data from the 2021 *Youth Survey*, used to identify the impact of the pandemic on young people across Australia.

Data-driven techniques have been utilised to classify the characteristics, needs and potentially modifiable factors associated with subgroups of young people who have been differentially impacted by the pandemic. These important pieces of information will help in detecting, planning and advocating for support services' policies for those most in need, and will ultimately contribute to reducing the gap of disadvantage for populations of young people in the wake of the pandemic.

Objectives

- Outline the impact of the COVID-19 pandemic on young people around Australia.
- Identify subgroups of young people who have been impacted in different ways as a consequence of the pandemic, and determine the functioning, mental health and wellbeing of each group.
- Create profiles of each subgroup by identifying unique characteristics and needs of the different groups.

5. METHOD

5.1. The Mission Australia *Youth Survey*

The *Youth Survey* is an annual survey of young people aged 15 to 19 from each state and territory in Australia. The survey has been running for over 20 years and covers a wide range of questions related to education and employment, social and family support, community engagement, mental health, general wellbeing, and the values and concerns of young people. Minor amendments are made each year to reflect current topics or concerns. As noted, in 2021, additional questions were included to assess the impact of the COVID-19 pandemic on young people. These items are the focus of this report.

5.2. Recruitment

Each year, approvals are obtained from State and Territory Education Departments and Catholic Education offices to invite schools and their students to participate in completing the *Youth Survey*. In addition to schools, young people are engaged in the survey via community organisations, local government services, Mission Australia services and the Mission Australia website. In 2021, data collection occurred from April to August. This period coincided with a number of COVID-19 related lockdowns across Australia, differing in each state and territory. This, coupled with delays in obtaining ethics approval (another consequence of the pandemic), resulted in less young people completing the survey in 2021 (n=20,207) as compared to previous years: n=25,800 (2020), n=25,126 (2019) and n=28,286 (2018).

5.3. Data and analysis

Data used in this analysis was drawn from a selection of demographics, health and wellbeing, and COVID-19 impact indicators in the 2021 *Youth Survey*. See Table A1 in Appendix A for a detailed overview of all variables used including variable/data type.

Demographics

A wide range of participant demographics were included in the report: age, gender, locality, state/territory, Aboriginal and/or Torres Strait Islander status, and disability status.

Young people living with disability were identified in this survey data solely by their response to the question, *Do you have a disability/disabilities?* The *Yes* response was followed by a request for further information *(please specify)*. This additional information has not been included in this report, therefore it is important to acknowledge that the results apply to young people with a wide range of disabilities.

Variables related to the participants' living arrangements were also included as 'demographic' variables, such as whether participants live with parents/guardians, and their residential setting.

Participation in employment and education

Information related to respondents' functioning included participation in education, type of educational facility currently attending, employment status, and barriers to achieving post-study or work goals.

Mental health and wellbeing

The mental health and wellbeing of participants were assessed using a mix of standardised measures and general questions. Psychological distress was measured using the 6-item version of the Kessler Psychological Distress Scale (K6) – a self-report measure intended to assess the risk for serious mental illness in the general population.(23) It is a simple checklist that measures if a person has experienced symptoms of anxiety and/or depression over the previous 4-week period. Using the K6 total scores, we were able to calculate the Australian Bureau of Statistics (ABS) and the Australian Institute of Family Studies (AIFS) categories. The AIFS categories estimate the prevalence of psychological distress based on K6 cut-off scores: low (0-14), medium (15-18), and high (19-30).(23-25) The ABS offer a dichotomous categorisation of psychological distress: no probable serious mental illness (0-18) and probable serious mental illness (19-30).(26)

Satisfaction with life was assessed using a single question from the Personal Wellbeing Index (PWI),(27) which had young people rating how happy they were with their life overall.

They were also asked to rate their mental health and wellbeing, feelings about the future, frequency of stress and loneliness, and the degree of control they felt over their life.

COVID-19

A number of COVID-19 related question items, both quantitative and qualitative, were included in the 2021 *Youth Survey*. These questions were about COVID-19 generally, without any specification as to whether the respondent was to consider their response with respect to the pandemic or the virus itself. This report focuses on the quantitative data collected, which included a question about whether COVID-19 had had a negative impact on young people across a number of areas in their lives. These areas were *education, employment, family, financial security, friendships, housing, mental health, participation in activities* and *physical health*. Young people were also asked to rate how personally concerned they were about *COVID-19*, and whether they considered it a barrier to achieving their post-study/work goals.

A qualitative item was included in the survey, an open-text question, *In what ways has COVID-19 affected you most?* While this question was not evaluated in detail, a number of quotes have been selected for inclusion in this report to help provide insight and a personal element to the quantitative findings.

Statistical methods

Simple descriptive analyses and graphical visualisations were used to demonstrate the demographic characteristics of the survey participants, their education, employment and social wellbeing, as well as their health and wellbeing, and the pandemic impact on different aspects of their lives. In recognition of the different societal impacts, experiences of mental health and unique needs of young people of different genders, detailed statistics were provided for individual gender groups.

Cluster analysis was conducted to identify subgroups of young people impacted by COVID-19 in similar ways. Cluster analysis is a statistical method allowing the algorithm to compare similarities between participants, and identify discrete subgroups that share similar profiles. For more detailed information about the techniques employed to perform the clustering analysis and manage missing data, please see Appendix B.

5.4. Youth consultation

It was important to ensure the input and representation of young people in the reporting of findings and recommendations. As such, focus groups of young people aged 15 to 19 were conducted, to review the results and proposed recommendations, so that their gathered opinions, suggestions and reflections could be incorporated into the final report.

5.5. Limitations of the data

Recruitment for the *Youth Survey* was also impacted by the COVID-19 pandemic. Fewer young people responded to the 2021 survey than in previous years, with different age and geographical profiles compared with previous years. As a consequence of this, we were unable to make comparisons to data from pre-pandemic times, limiting our ability to determine any differences in the samples as a consequence of the pandemic.

It is also important to note that the present study is not a population survey, which may limit the ability to generalise findings to the overall population. Study participation may have been impacted by individual-level participation bias and different types of recruitment strategies used for different population groups across different states. Therefore, results should be interpreted with care. For example, in considering any state-by-state comparisons in our findings, we remain aware of the uneven distribution of respondents from each state (e.g., young people from Queensland make up almost a quarter of the entire sample, whereas only 0.8% of the total sample are young people from the Northern Territory).

6. RESULTS

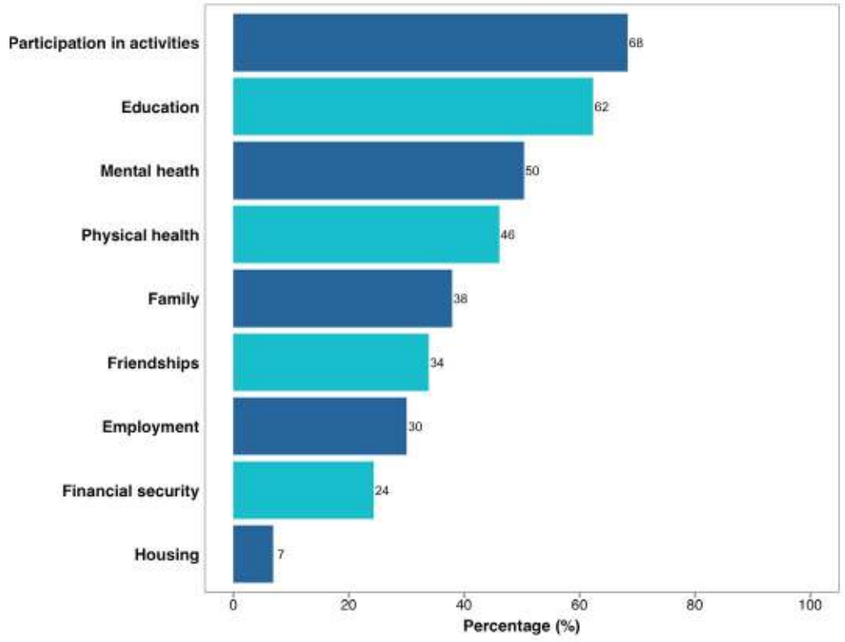
A total of 20,207 young people aged between 15 and 19 years completed the survey. Participants were from a range of communities across Australia, and from diverse socioeconomic, cultural, gender and ability backgrounds. Appendix C contains an overview of overall sample characteristics, and for a more detailed breakdown, please see Mission Australia *Youth Survey* Report 2021.(28)

6.1. Breaking down the impact of COVID-19

Although the COVID-19 pandemic affected various domains of young people's lives, three domains emerged as the most disrupted (See Figure 1.1).

- *Participation in activities* was most frequently reported, with 68.3% of respondents indicating an impact.
- Next, 62.3% of respondents indicated that their *education* was negatively impacted by COVID-19.
- Over half (50.3%) of all respondents reported that their *mental health* was negatively impacted by the pandemic.

Figure 1.1: Domains of life negatively impacted by COVID-19



6.2. Young people most impacted

Young people who reported greater or more negative impact (to multiple domains) included:

- Gender diverse young people.
- Those living in Victoria and NSW.
- Young people who reported living with disability.
- Students.
- Young people who identified as Aboriginal and/or Torres Strait Islander.
- Those living in out-of-home care.
- Young people who reported *poor* mental health and wellbeing.

"Not being able to see friends during lockdowns, or when we weren't allowed at school was my biggest problem. I strive off of social interaction, and losing that caused me to get very upset and feel very alone..."

Gender diverse, 15, non-Indigenous, QLD

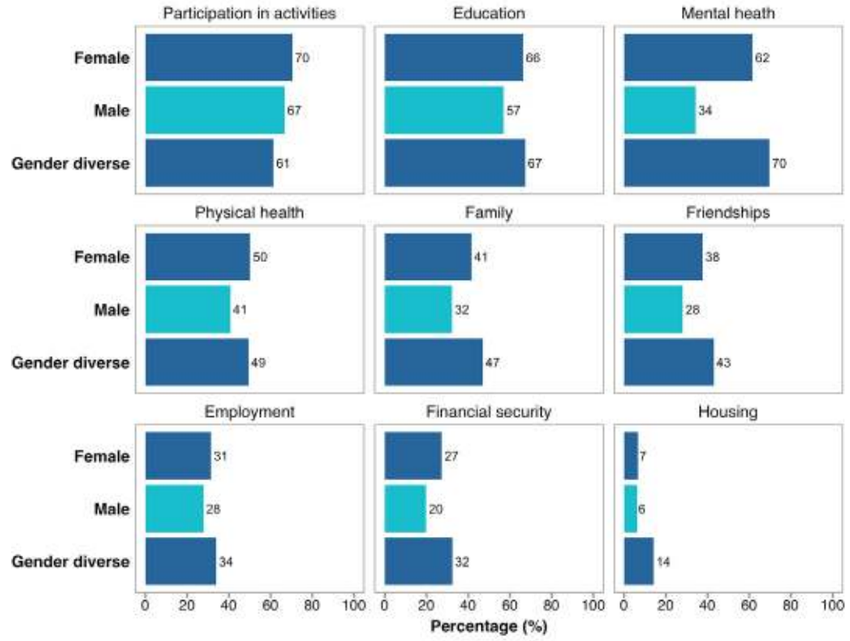
Gender

Just over half of the sample identified as female (53.9%), 42.4% as male and 3.7% as gender diverse.

As shown in Figure 1.2, respondents who identified as gender diverse reported greater negative impacts across almost all domains than those who identified as either male or female.

- In particular, more than twice as many gender diverse young people reported a negative impact on *housing* than those who identified as female or male.
- Consistently less male than female and gender diverse young people reported negative impacts in each domain. This is with the exception of the domain of *participation in activities*; where more females overall reported the impact, followed by marginally more males than gender diverse young people.
- Concerningly, while 50.3% of young people overall reported a negative impact on their *mental health*, significantly more gender diverse young people (69.7%) and females (61.6%) reported this impact than males (34.3%).

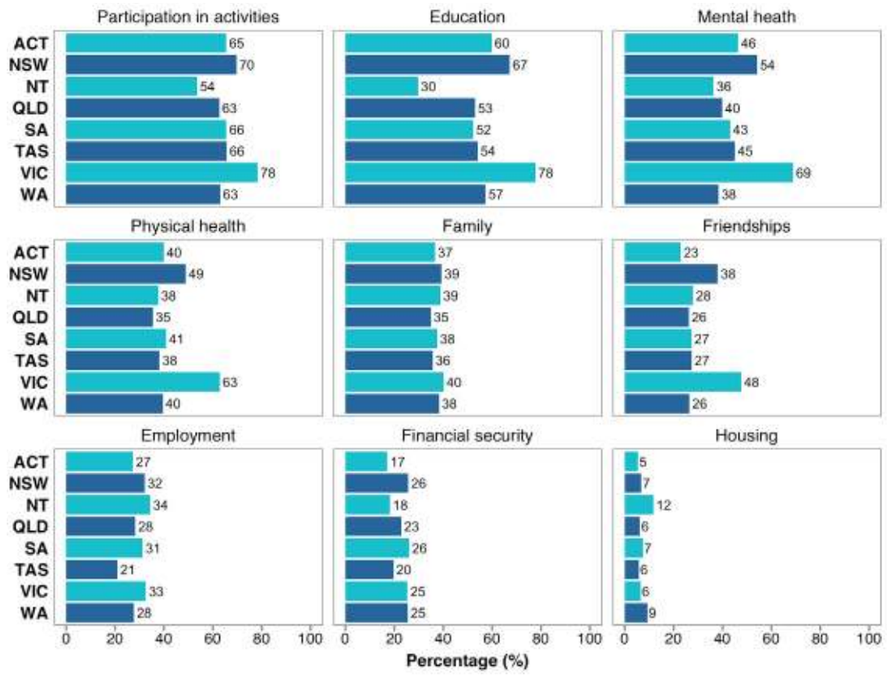
Figure 1.2: Domains of life negatively impacted by COVID-19 by Gender



Location

- As represented in Figure 1.3, relative to the other states and territories, a larger proportion of respondents from Victoria reported negative impacts in almost all domains.
- Young people from NSW were almost consistently amongst the second highest to report negative impacts in each domain.
- Notably, a high proportion of Victorian & NSW young people reported negative impacts on their *participation in activities* (VIC 78.4%, NSW 69.7%), *education* (VIC 77.7%, NSW 67.2%), and *mental health* (VIC 68.9%, NSW 54.2%).

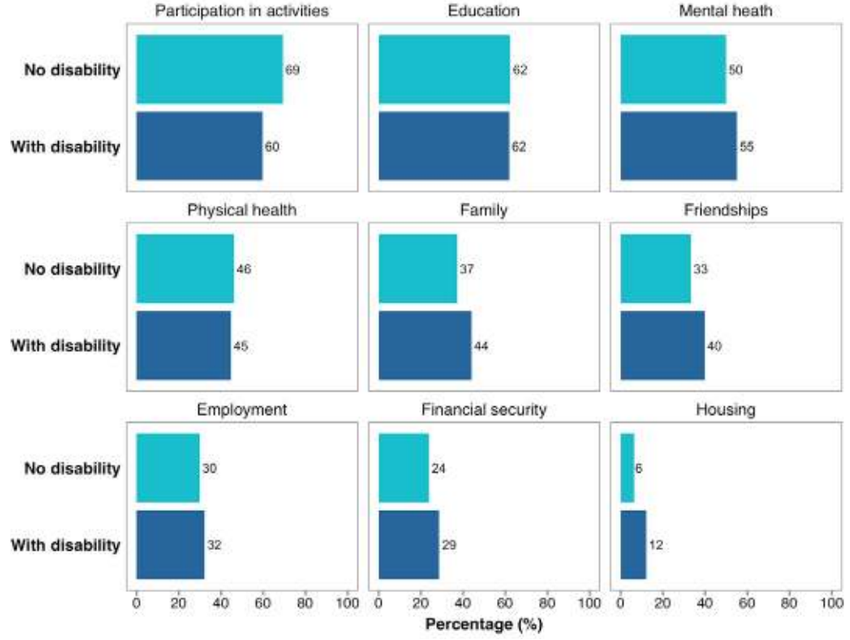
Figure 1.3: Domains of life negatively impacted by COVID-19 by State/Territory



Disability

- As depicted in Figure 1.4, a slightly higher proportion of young people living with disability reported that COVID-19 had a negative impact on their *employment, family, financial security, friendships, housing* and *mental health*, relative to those who are not living with disability (albeit very small differences in some cases).
- A smaller percentage of young people living with disability reported that the COVID-19 pandemic negatively impacted their *participation in activities* compared to young people not living with disability (59.6% compared to 69.2%).

Figure 1.4: Domains of life negatively impacted by COVID-19 by Disability



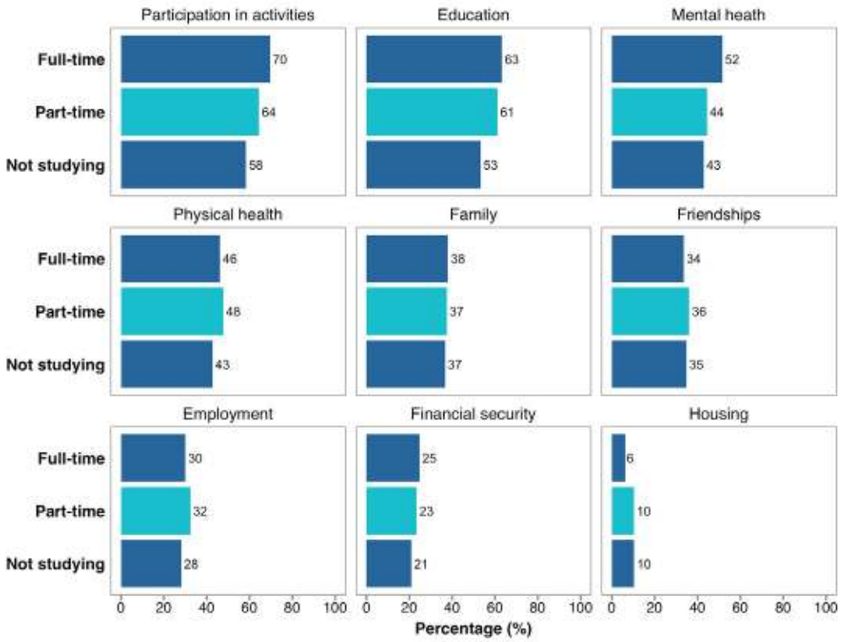
Participation in education and employment

- A larger proportion of respondents studying (i.e., full-time or part-time) reported that COVID-19 had a negative impact on their *education, employment, financial security, mental health, participation in activities* and *physical health*, relative to respondents not studying (see Figure 1.5).
- Only minimal differences were observed with respect to negative impacts on *friends, family* and *housing*; however, almost twice as many respondents who were not studying or only studying part-time reported a negative impact on their *housing*.

"COVID has definitely had an impact on my education. I did miss out on school and I had trouble being on task and organised..."

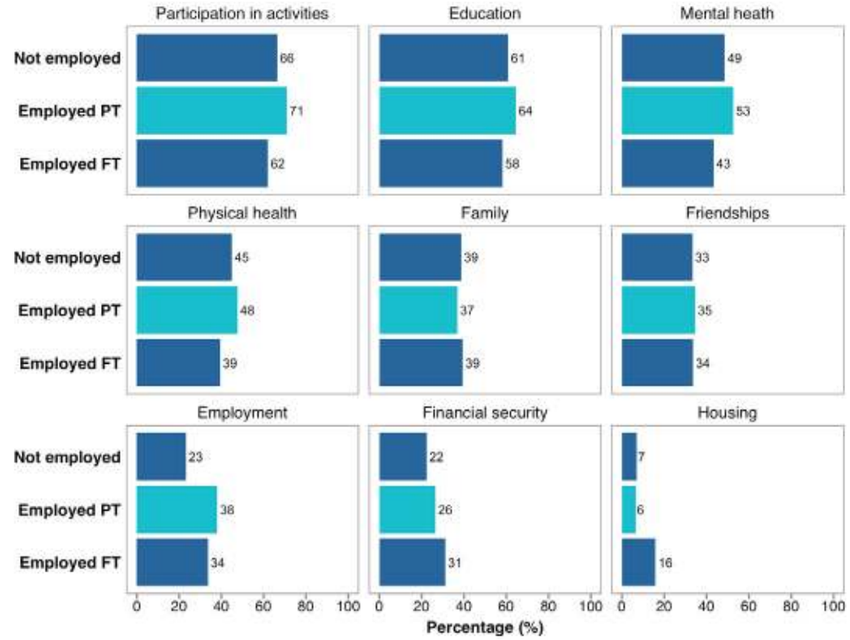
Female, 17, non-Indigenous, WA

Figure 1.5: Domains of life negatively impacted by COVID-19 by Participation in Education



- There were only slight differences in the experiences of impact in each domain when comparing young people who were currently employed to those who were not.
- Of these differences, the most noticeable was with respect to *housing*; young people who were employed full-time were more likely to report negative impact to their *housing* (15.8% compared to 6.5% of part-time working young people and 7.0% of unemployed young people).

Figure 1.6: Domains of life negatively impacted by COVID-19 by Employment Status



Aboriginal and/or Torres Strait Islander young people

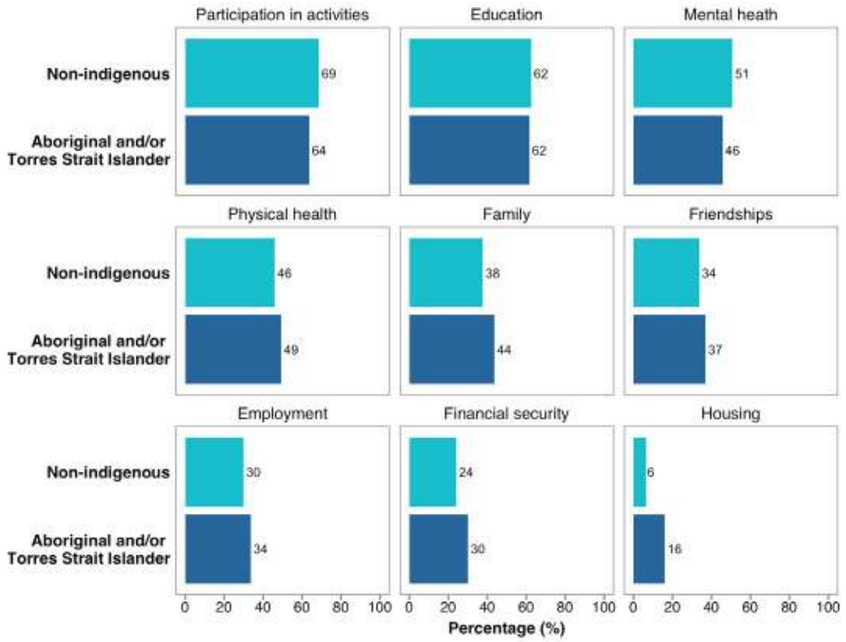
4.8% of the total sample identified as Aboriginal and/or Torres Strait Islander.

- Compared to non-Indigenous respondents, a larger proportion of young people who identified as Aboriginal and/or Torres Strait Islander stated that COVID-19 had negatively impacted their *employment, family, financial security, friendships, housing* and *physical health* (see Figure 1.7).
- The disparity in the *housing* domain was quite clear, with almost three times as many young people who identify as Aboriginal and/or Torres Strait Islander reporting a negative impact on their *housing* than non-Indigenous young people (6.3% non-Indigenous, 16.0% Aboriginal and/or Torres Strait Islander young people).
- Conversely, a slightly higher proportion of non-Indigenous young people reported a negative impact on their *mental health*, relative to those from the Aboriginal and/or Torres Strait Islander community (50.7% compared to 45.7%).

"My mental and social health declined, I became isolated from my family and my grades dropped so much..."

Gender diverse, 16, Aboriginal and/or Torres Strait Islander, NSW

Figure 1.7: Domains of life negatively impacted by COVID-19 by Indigenous status



Housing

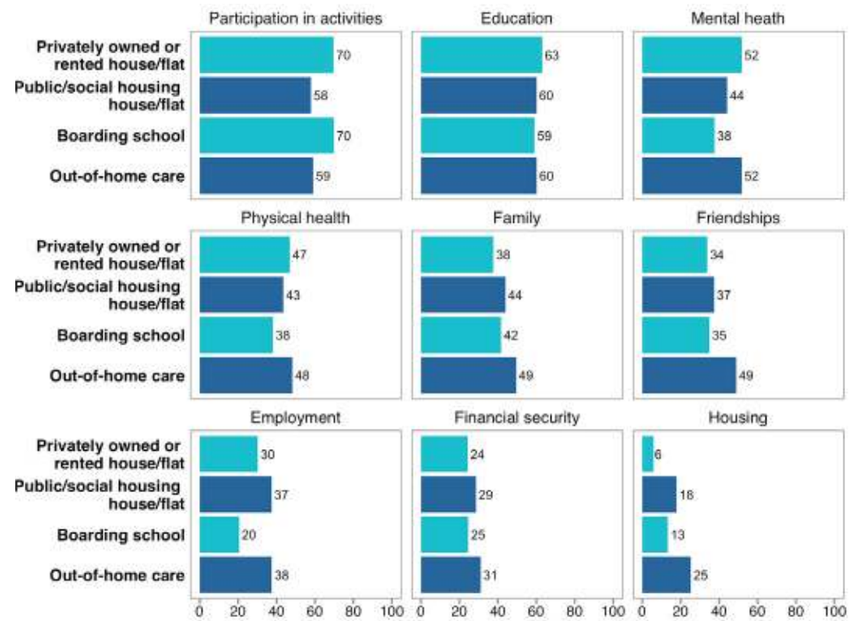
There was some variation in the experience of negative impacts for young people living in different types of housing settings (*privately owned or rented home, public/social housing, boarding school, out-of-home care*).

- Slight variability across each of the housing settings was observed in the impacts of *education, employment, friendships, housing, mental health, participation in activities* and *physical health.*
- Young people living in *out-of-home care* did report impacts in higher numbers in almost all domains, in particular with respect to *housing.*
- Conversely, fewer young people living at *boarding school* reported negative impact in most of the domains except for *participation in activities* where a higher proportion were negatively impacted by COVID-19.
- Less than half of respondents residing at *boarding school* (37.5%) and *public/social housing* (44.1%) reported that COVID-19 negatively impacted their *mental health*, whereas 51.7% of respondents living in *out-of-home care* and *privately-owned* or *rented property* reported a negative impact on their *mental health.*

"We were almost homeless because of COVID-19. Families moving...to escape lockdowns were taking majority of rentals and it was very hard to find something that fit our family"

Female, 15, non-Indigenous, QLD

Figure 1.8: Domains of life negatively impacted by COVID-19 by Housing

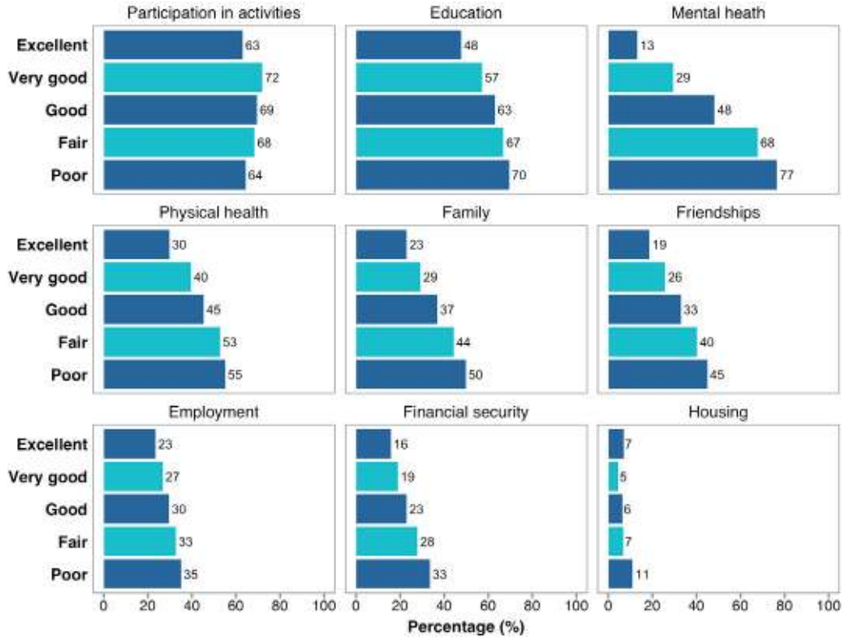


Mental health and wellbeing

Overall, 15.3% (n=3,085) of young people rated their mental health and wellbeing as *poor* (Figure 1.9).

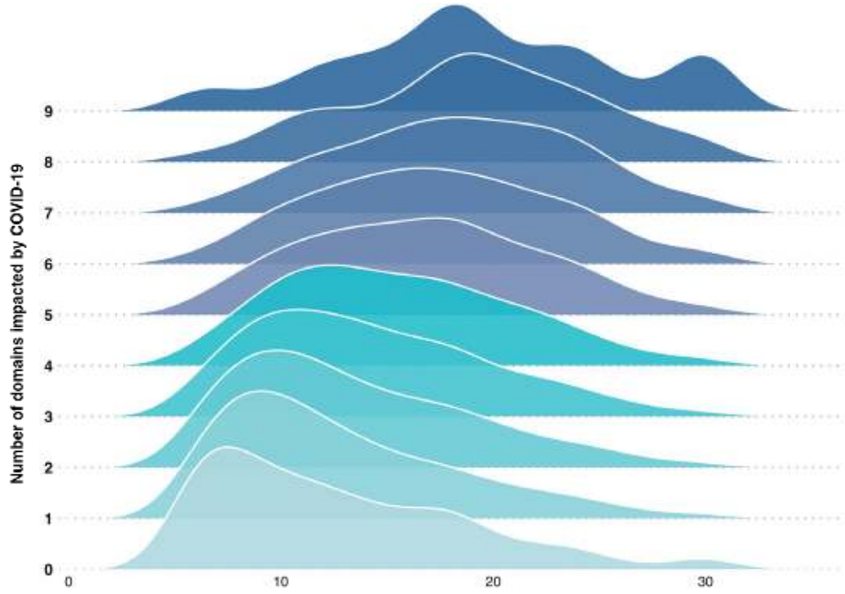
- Of those 3,085 young people, 76.5% indicated that COVID-19 had negatively impacted their *mental health*.
- Nearly 70% of young people who reported *poor* mental health and wellbeing reported that COVID-19 had had a negative impact on their *education*, compared to only 47.7% of young people who reported *excellent* mental health and wellbeing.

Figure 1.9: Domains of life negatively impacted by COVID-19 by Wellbeing



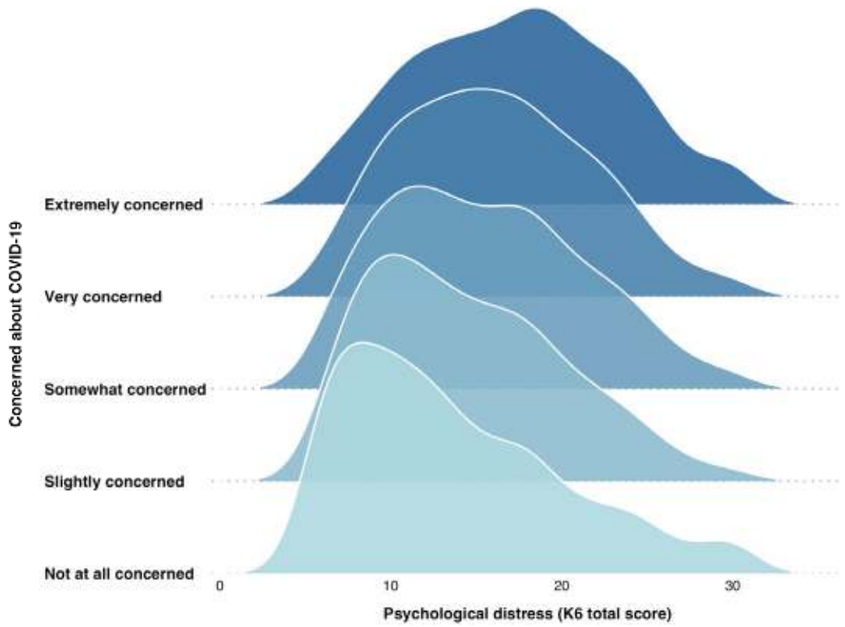
- Quite broadly, young people with higher psychological distress reported a negative impact of *COVID-19* in more domains than young people with lower psychological distress (see Figure 1.10).

Figure 1.10: Number of domains impacted negatively by COVID-19 per psychological distress



- Similarly, respondents with higher psychological distress also reported feeling more concerned about COVID-19 than respondents with lower psychological distress (see Figure 1.11).

Figure 1.11: Level of concern about COVID-19 per psychological distress

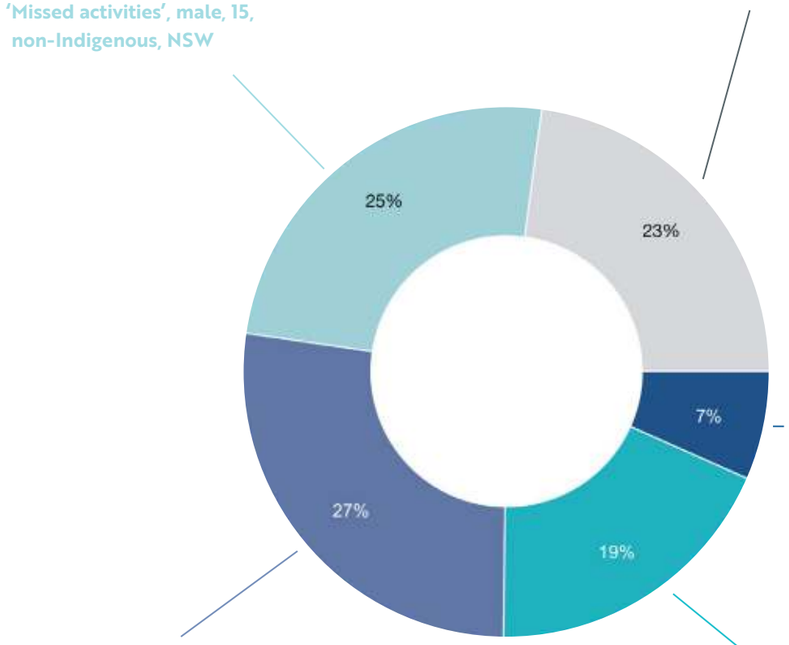


6.3. Cluster Analysis

The cluster analysis revealed five groups of young people who share similar negative impacts from COVID-19 (see Figures 2.1 and 2.2). While there was some overlap between the groups, each was characterised by particularly noticeable impacts.

- **Minimal impact** (n=4,621, 22.9%) – young people in this cluster reported very little negative impact from COVID-19 across all domains.
- **Missed activities** (n=5,015, 24.8%) – nearly 100% of young people in this cluster reported a negative impact on their *participation in activities,* but noted limited impact in the other domains.
- **Learning and way of life** (n=5,483, 27.1%) – young people in this cluster reported a negative impact in most domains, with highest numbers in the top three identified domains by the overall sample. However, no respondents reported an impact on their *housing* and very few reported an impact on *employment.* Instead, a slightly higher proportion of young people in this cluster reported impacts on their *mental health.*
- **Earning, learning, and way of life** (n=3,740, 18.5%) – young people here reported similar impacts to respondents in 'Learning and way of life', with the addition of *employment.*
- **Everything and the house** (n=1,348, 6.7%) – young people in this cluster appear to be negatively impacted by COVID-19 in most domains, but unlike the other clusters, *housing* is the most prominent area of negative impact, reported by almost 100% of the sample.

Figure 2.1 Proportions of young people impacted differently by COVID-19



Missed activites

"[COVID-19] has stopped me from doing team sports...and prevented me from going out a lot and socialising with friends..."

'Missed activities', male, 15, non-Indigenous, NSW

Minimal impact

"[COVID-19] hasn't really affected me, I've found ways to live and adapt"

'Minimal impact', male, 16, non-Indigenous, NSW

Everything and the house

"My mental health has changed drastically, this led to many of my friendships failing..."

'Everything and the house', female, 14, non-Indigenous, VIC

Learning and way of life

"[COVID-19] has affected my mental health, has caused a lot of stress in regard to school work, and has stopped events... from going ahead."

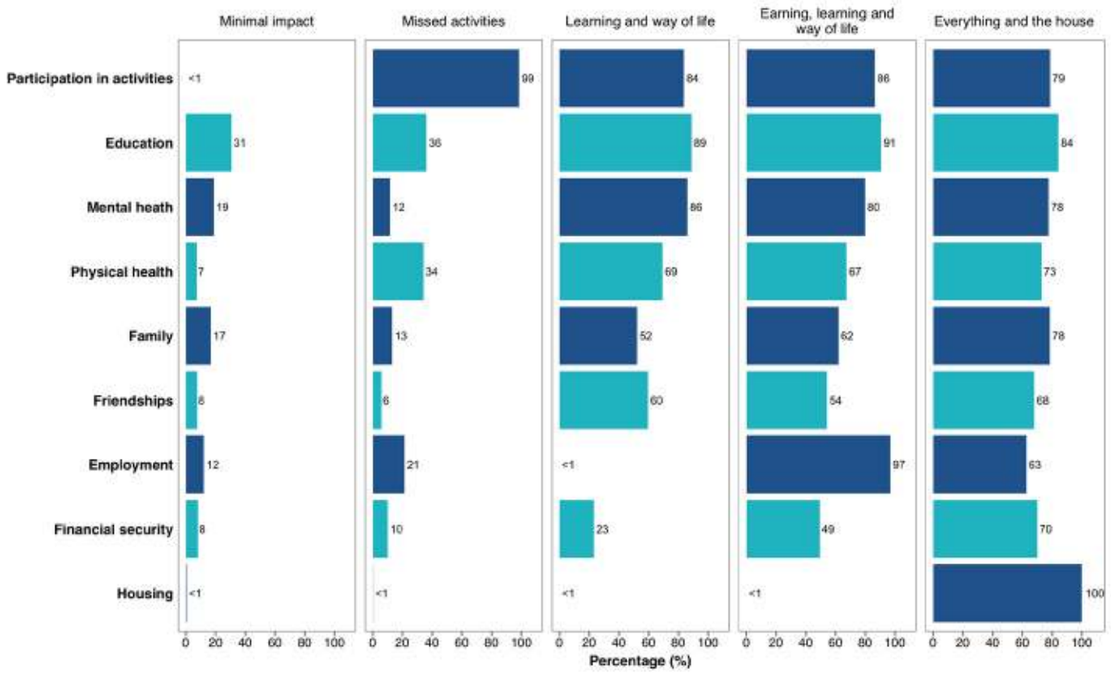
'Learning and way of life', gender diverse, 14, non-Indigenous, VIC

Earning, learning and way of life

"My retail job put me on a work hold for months. I had to use all my savings just to get by..."

'Earning, learning and way of life', female, 18, non-Indigenous, QLD

Figure 2.2: Domains of life negatively impacted by COVID-19 within each cluster



Overview of clusters

As depicted in Table 2.1 and Figure 2.3, each cluster is characterised by different demographic and geographic characteristics.

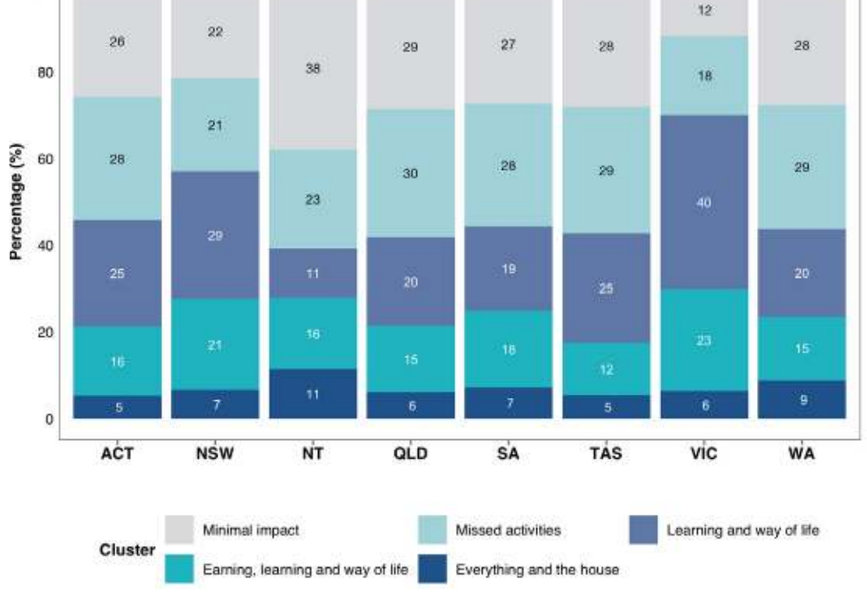
- A greater proportion of males reported minimal negative impact (**Minimal impact** and **Missed activities**), compared to females who had greater representation in clusters reporting multiple impacts (both **Learning and way of life, Earning, learning and way of life,** and to a slightly lesser degree **Everything and the house**).
- **Learning and way of life**, and **Earning, learning and way of life** are intermediate groups, made distinct by the impact of COVID-19 on *employment*. There is a higher representation of females, and young people from Victoria in these groups.
- Similar proportions of young people in each state belonged to the **Missed activities** cluster, indicating that *participation in activities* was impacted to a similar degree nation-wide.
- The majority of young people in the Northern Territory and Western Australia reported minor impacts as a consequence of COVID-19 (including in the **Missed activities** cluster), but conversely also included young people indicating that they had experienced broad impacts (**Everything and the house** cluster).
- **Everything and the house** is characterised particularly by those who experienced *housing* impacts, has a greater proportion of gender diverse and Aboriginal and/or Torres Strait Islander young people, less full-time students, and more TAFE and university students than the other clusters.
- Whilst the majority of young people in each cluster live with parent(s) or guardian(s), **Everything and the house** has the largest proportion of respondents living elsewhere (15.1% compared to 5.6% of **Minimal impact**, 3.2% of **Missed activities** and **Earning, learning, and way of life**, and 3.4% of **Learning and way of life**).
- Similarly, **Everything and the house** also has the largest proportion of respondents living in *boarding school* (7.1%), *out-of-home care* (1.8%) and *public housing* (11.3%). Whilst these percentages are low, they are approximately double the proportions in the other clusters.
- Moreover, **Everything and the house** has the highest (15.7%) percentage of young people living with disability.

Table 2.1: Participant demographics by cluster group

Demographics	Minimal impact (n=4,621)	Missed activities (n=5,015)	Learning and way of life (n=5,483)	Earning, learning and way of life (n=3,740)	Everything and the house (n=1,348)
Gender					
Male	49.5%	**52.4%**	31.6%	34.2%	39.0%
Female	46.4%	45.7%	**64.1%**	61.9%	53.2%
Gender diverse	4.1%	1.9%	4.3%	3.8%	**7.9%**
Indigenous Status					
Non-Indigenous	94.4%	96.1%	**96.4%**	95.7%	88.9%
Aboriginal and/or Torres Strait Islander	5.6%	3.9%	3.6%	4.3%	**11.1%**
Currently Studying					
Full-time	80.6%	86.2%	**87.0%**	86.5%	76.8%
Part-time	9.1%	7.5%	6.9%	7.7%	**12.0%**
Not Studying	10.3%	6.3%	6.1%	5.8%	**11.1%**
Education Facility					
School or equivalent	97.0%	**98.4%**	**98.4%**	96.1%	93.6%
TAFE or equivalent	2.2%	1.2%	0.8%	2.5%	**4.7%**
University	0.8%	0.4%	0.8%	1.4%	**1.7%**
Employment Status					
Full-time	0.8%	0.6%	0.4%	0.5%	**1.5%**
Part-time	41.5%	45.0%	39.9%	**59.6%**	43.1%
Not employed	57.7%	54.4%	**59.7%**	39.9%	55.5%
Employment and Education					
Not studying and/or working	6.2%	3.6%	3.7%	2.5%	**6.3%**
Studying and/or working	93.8%	96.4%	96.3%	**97.5%**	93.7%
Living with parents (Yes)	94.4%	**96.8%**	96.6%	**96.8%**	84.9%
Residential Setting					
Boarding School	3.8%	4.2%	3.1%	1.6%	**7.1%**
Out-of-home care	0.5%	0.3%	0.4%	0.4%	**1.8%**
Privately owned or rented house/flat	89.9%	92.4%	93.6%	**94.1%**	79.7%
Public/social housing	5.7%	3.2%	2.9%	3.9%	**11.3%**
Living with disability (Yes)	11.2%	5.4%	8.9%	9.1%	**15.7%**

NB. The largest percentage (cluster) in each category is bolded for ease of interpretation

Figure 2.3: Participant state and territory by cluster group



Mental health and wellbeing of clusters

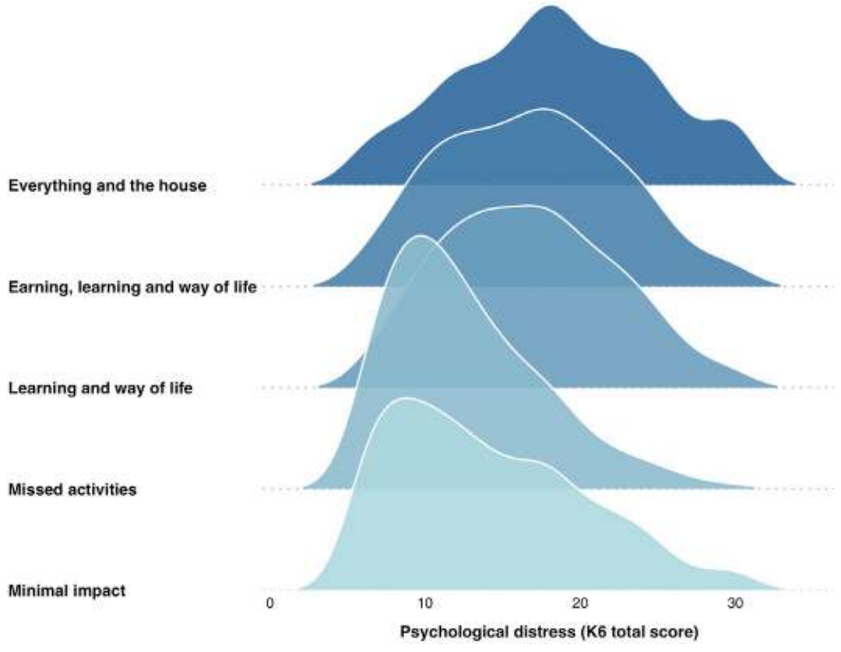
Experience of psychological distress

- Young people in the **Everything and the house** subgroup, on average, reported higher psychological distress with higher scores (mean=18.4, standard deviation=6.3) compared to young people in the other clusters.
- Those in **Minimal impact** and **Missed activities** on average exhibited comparable psychological distress scores, lower than the other groups and indicative of lower distress (<15; see Figure 2.4).
- Contrastingly, a large proportion of respondents in both **Way of life** clusters and the **Everything and the house** cluster had psychological distress scores above 15.
- This highlights that respondents who experience negative impact in more domains experience more psychological distress than young people in the lower impact groups (**Learning and way of life** and **Missed activities**).

"My mental health has declined very significantly due to the pandemic. I do not feel safe and secure. I also don't feel very hopeful for the future..."

'Everything and the house', gender diverse, 17, non-Indigenous, TAS

Figure 2.4: Cluster membership versus psychological distress



Mental health and wellbeing

- Almost half of respondents in **Missed activities** reported *excellent* (15.1%) or *very good* (32.3%) mental health and wellbeing (Figure 2.5).
- Contrastingly, approximately one quarter (24.9%) of young people in **Everything and the house** reported having *poor* mental health and wellbeing.
- Moreover, approximately 70% of young people in **Missed activities** reported feeling *happy/very happy,* as compared to 38.2% of young people in **Everything and the house** (see Table 2.2).

Fig. 2.5 Mental health and wellbeing of cluster groups

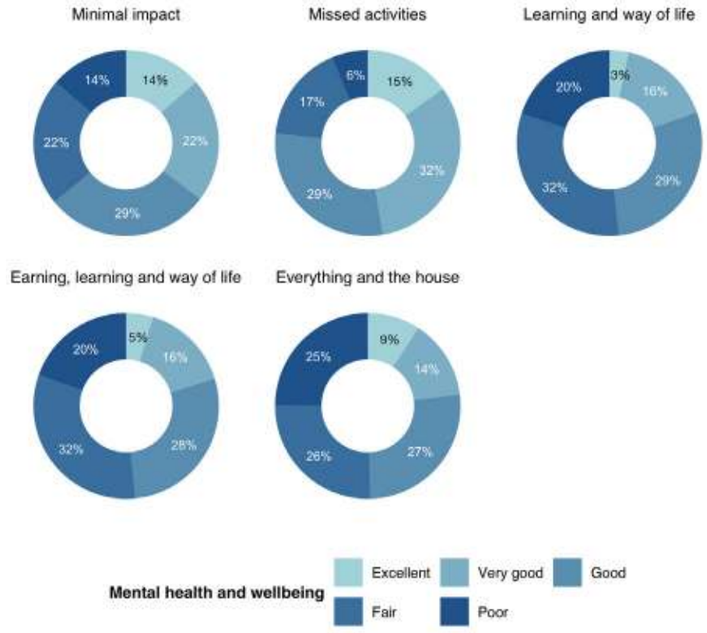


Table 2.2: Reported happiness by cluster group

Level of happiness	Minimal impact (n=4,621)	Missed activities (n=5,015)	Learning and way of life (n=5,483)	Earning, learning and way of life (n=3,740)	Everything and the house (n=1,348)
Very sad/sad	13.5%	6.5%	17.0%	15.8%	**25.7%**
Not happy or sad	32.1%	23.9%	36.9%	**37.3%**	36.2%
Happy/Very happy	54.3%	**69.6%**	46.1%	46.9%	38.2%

NB. The largest percentage (cluster) in each category is bolded for ease of interpretation

Stress, control and loneliness

The experience of stress, control and loneliness by cluster is presented in Table 2.3.

- Relative to respondents in the other clusters, young people in **Everything and the house,** experienced stress most frequently, with over half of respondents reporting feeling stressed either *all of the time* (19.7%) or *most of the time* (38.5%).
- Young people from **Minimal impact** and **Missed activities** reported feeling stressed the least, with just over 30% of respondents in each group reporting feeling stressed a *little of the time* or *none of the time.*
- Over half (55.9%) of young people in **Missed activities** reported feeling *mostly in control* of their lives, whilst only 5.6% reported having *almost no control* or *no control* (compared to 23.8% of respondents in **Everything and the house**).
- Contrastingly, whilst three quarters of young people in **Minimal impact, Missed activities**, and both of the **Way of life** clusters report feeling *some control* or *mostly in control,* just over 40% of young people in **Everything and the house** feel this way.
- Young people in **Everything and the house** also experience more loneliness than the other clusters, with 40.2% of respondents reporting feeling lonely *all* or *most of the time* (compared to 12.5% of **Missed activities**).
- Young people in **Minimal impact** and **Missed activities** are the least lonely, with over 50% of respondents reporting feeling lonely *little* or *none* of the time.

"[COVID-19] has also prevented me from going out a lot and socialising with friends, which has made me feel a bit lonely and bored..."

'Missed activities', female, 14, non-Indigenous, NSW

Table 2.3: Stress, Control, and Loneliness by cluster group

Stress, Control, and Loneliness	Minimal impact (n=4,621)	Missed activities (n=5,015)	Learning and way of life (n=5,483)	Earning, learning and way of life (n=3,740)	Everything and the house (n=1,348)
Frequency of feeling stressed					
All of the time	9.6%	5.4%	14.3%	15.7%	**19.7%**
Most of the time	26.5%	23.4%	40.3%	**40.4%**	38.5%
Some of the time	32.9%	**35.9%**	31.1%	29.8%	24.9%
A little of the time	22.8%	**28.5%**	13.0%	12.6%	13.3%
None of the time	**8.2%**	6.7%	1.2%	1.6%	3.7%
Control over life					
No control	3.0%	1.0%	2.1%	2.0%	**7.2%**
Almost no control	8.2%	4.6%	12.1%	13.3%	**16.6%**
Some control	32.2%	26.7%	**39.7%**	38.6%	16.6%
Mostly in control	45.5%	**55.9%**	42.1%	41.4%	32.0%
Complete control	11.1%	**11.7%**	4.1%	4.7%	6.0%
Frequency of loneliness					
All of the time	5.9%	2.3%	6.1%	7.8%	**13.3%**
Most of the time	15.8%	10.2%	23.8%	24.9%	**26.9%**
Some of the time	25.5%	25.2%	**35.1%**	32.8%	20.6%
A little of the time	27.3%	**33.7%**	25.2%	23.7%	19.6%
None of the time	25.4%	**28.6%**	9.9%	10.7%	9.5%

NB. The largest percentage (cluster) in each category is bolded for ease of interpretation

7. DISCUSSION

In this report we have highlighted the adverse impact of the COVID-19 pandemic on young people around Australia by detailing their perspectives on what has impacted them as individuals, and the subsequent impacts on their mental health and wellbeing. Work such as this is integral to ensuring adequate and appropriate supports can be developed to help young people recover from the effects of the pandemic, and inform policy responses to address the emerging needs of young people. It also allows us to highlight priority groups, and work towards ensuring that young people who were disproportionately affected during the height of the pandemic do not experience even greater disadvantage in its wake.

7.1. Impacts of the COVID-19 pandemic on young people

As observed here, the pandemic has impacted young people in different ways. For some young people, the impact on their lives, relationships, health and wellbeing, was minor and we anticipate transitory. But for other young people, the experiences were much more significant, with negative impact in multiple domains and subsequently poorer mental health and wellbeing reported. There may be longer periods of recovery for these young people, potential long-term implications, and the need for additional supports to recover from these impacts.

Trio of impacts

Quite noticeably, a trio of impacts emerged as those most experienced by the majority of young people around Australia:

- Participation in activities
- Education; and
- Mental health.

These impacts were not unexpected, nor were the higher reporting rates of these by young people from Victoria and NSW, with both states experiencing extended lockdowns during the period of data collection.

Participation in activities

An unfortunate consequence of the necessary and effective public health measures was the restrictions placed on community, social, recreational and leisure activities. These measures were considered by some to be too lengthy, with a greater focus on mitigating risk of COVID-19 and less consideration of other risks such as youth mental health. Indeed, for young people, these extracurricular activities are an important way of forming independent social connections, healthy habits, and are an outlet away from their studies and home lives. These activities also provide a form of connection with peers away from educational settings, and an opportunity to connect with peers with similar interests to them.

Reduced opportunities to participate in activities can extend beyond the loss of a particular activity; for many young people this will have heightened the experience of social isolation - reduced opportunities for social interactions,(29) and resulted in an increase in loneliness - a perceived deficit in the quality of social networks and circumstances.(30) We observed this in our sample here; almost 40% of young people who reported a negative impact on their *participation in activities*, reported having felt lonely *at least* some of the time over the past four weeks.

In the overall sample (reported in the *Mission Australia Youth Survey Report* 2021),(28) over 80 per cent of respondents in 2021 reported having experienced loneliness over the four-week period prior to completing the survey. Loneliness is strongly associated with mental ill-health, in particular with anxiety, depression, self-harm and suicidal ideation and behaviours.(31) Prior to the pandemic, it was recognised as a public health concern, with negative impacts on productivity, quality of life, health-related behaviours, and increased mortality.(29, 32-34) As a consequence of lockdowns and restrictions on social gatherings, reports of social isolation and loneliness have risen to concerning levels.(6, 34) For many, these experiences will subside, a temporary experience of the circumstances. But a proportion of people will continue to experience loneliness, long beyond lockdowns and restrictions, with negative effects extending to their

mental health and other areas of life.(34) It is important that we as a society address these issues, by providing opportunities for connections and participation, and also through the provision of supports for young people's mental health.

Education

Remote schooling was another major disruption for many young people; extending beyond just the delivery of educational content online. The shift away from in-person attendance again resulted in a reduction in social connections, as well as contact with, and support from, peers, teachers, and support workers. These connections are important, as findings from previous surveys of young people (pre-pandemic) had indicated that one in nine young Australians had reported receiving support for emotional or behavioural concerns from school-based services.(35) In addition, educational settings are common referrers, or pathways to referral, to mental health services.

Some young people reported positive benefits of remote schooling, for example, a reduction in bullying, increased focus with less distractions, and flexible learning arrangements.(36) Others, however, reported challenges including technological difficulties, poor internet access, difficulty keeping up with the content, and having caregivers unwilling or unable to step into the role of educator.(37) Remote schooling also led to increased time in the home environment, which for some young people resulted in increased familial conflict, family violence, or a simply less-than-ideal environment for their studies.

The impact of these factors on educational outcomes is yet to be fully seen. Similarly, the vastly different experiences of remote schooling for young people have not yet been demonstrated, or quantified, in terms of impact on educational outcomes. It is important therefore that educators, and potentially employers, consider the unique and varying experiences of young people over the past two years and understand whether additional supports or other changes are needed over coming years in response to individuals' experiences.

Mental health

Over half of the entire sample reported that the COVID-19 pandemic had had a negative impact on their mental health. Beyond the self-reported impacts, we observed in our analysis higher reporting of poor mental health, psychological distress, sadness, stress, loneliness and feelings of little to no control over their lives by young people who reported more, or multiple, negative impacts of the pandemic. The impact of the pandemic on self-reported youth mental health has been seen Australia-wide,(18-38) and globally,(39-41) with young people reporting greater impacts than those in the older population.

Over the last two years, we have observed this exacerbation with a surge in the reporting of youth mental ill-health(5) and an increased burden on already over-burdened and under-resourced mental health services.(42) This effect of the pandemic on mental health was predicted early in 2020 using modelling techniques by Orygen, and efforts were put in place almost immediately to prepare and advocate for resources to support people whose mental health needs were expected to extend beyond the public health measures imposed during the pandemic.(43) The resources provided were welcomed, but inadequate with respect to the growing demand on services, coupled with issues related to execution and deployment of resources.

Workforce availability is now a huge issue. There is an urgent need to increase capacity and support of the mental health workforce to ensure young people can access the high-quality mental health care they require.

Workforce availability is now a huge issue.

7.2. Populations of young people disproportionately impacted

The cluster analyses revealed groups of young people who experienced different impacts of the pandemic, and highlighted the impact of these different experiences on the mental health and wellbeing of young Australians. We observed some groups of young people who reported only small numbers of negative impacts and predominantly in one or two domains only. But we also observed other groups where greater numbers of young people reported negative impact in multiple domains at higher numbers.

Evident in the makeup of the clusters reporting multiple negative impact, and notable absence or low representation in the other clusters, were people who typically belong to marginalised, minority disadvantaged communities. It has been widely noted that people who experienced disadvantage prior to the pandemic were likely to have been disproportionately impacted by the pandemic. This appears to have been reflected in the clusters identified here, with greater representation in the groups reporting greater negative impact by young people who identify as gender diverse, as Aboriginal and/or Torres Strait Islander, report living with disability, and experience housing instability.

The clusters were not definitive however; there was some overlap in the experiences between them, and the circumstances of some are more clearly due to the experience of lockdown periods in the young person's relevant state. Nonetheless, they provide an overview of which groups of young people are more likely to experience, and/or have experienced, greater negative impacts of the pandemic.

Young people from Victoria or NSW

During the period of data collection, lockdowns were occurring (and for extended times) in Victoria and NSW. Not unexpectedly then, Victorians and young people from NSW reported more negative impacts in and across multiple domains of life, and fewer young people from these states were seen in the clusters of young people reporting only minor impacts and/or an impact only on their ability to *participate in activities*. It is, as yet, unclear whether these impacts will translate to more significant long-term disadvantage for young people from these states, but they are expected to be experienced in varying degrees for some time. For example, some may miss developmental milestones such as being employed in a first job, moving out of home and/or first romantic relationships.

Victorians and young people from NSW reported more negative impacts in and across multiple domains of life

Females and gender diverse young people

Overall, males reported fewer negative impacts of the pandemic as compared to their female and gender diverse counterparts. This is in line with research findings from early in the pandemic, where females were seen to report more symptoms of mental ill-health (44) and loneliness than males(44) and greater impacts of the pandemic. It has been hypothesised that this is in part a likely consequence of well-established sex differences in the internalising behaviours and preferred coping strategies of females compared to males; females tend to rely more on social networks and display more internalised symptoms and behaviours than males.(45)

With the overall large sample size of the survey, we were able to ascertain the impact of the pandemic on gender diverse young people as compared to male and female respondents. Here, gender diverse young people reported more negative impact, across multiple domains, than either their male or female counterparts. Despite acknowledging a significant limitation of our data, that we cannot account for pre-existing mental ill-health or any difficulties in social or family relationships, the mental health of gender diverse young people during the pandemic was reported as significantly poorer, with rates of psychological distress, *poor* mental health and wellbeing, stress and loneliness reported in proportions of up to five times as many as reported by males.

Pre-pandemic, it was established that gender diverse young people were vulnerable to increased experiences of mental ill-health, and often experienced unmet needs with respect to accessing adequate supports.(46) During the pandemic, gender diverse young people, and the LGBTIQA+ population more broadly reported even more difficulties in accessing supports, compounded by lockdowns, increased time in the home with unsupportive or disapproving family members, and significantly reduced opportunities for in-person socialisation with peers.(47) As young people recover from the impact of the pandemic, a range of approaches will be required to ensure increased access, relevance and appropriateness of supports for gender diverse young people.

People with disability

For young people with disability, the pandemic brought some changes that were long-awaited and much welcomed, such as a reduction in barriers to accessing certain services (e.g., telehealth, e-based options), online education, and a greater focus on ways to enable social participation from home. This has been accompanied by a certain level of frustration however, that these things had not previously been implemented, and concern about the long-term plans to continue funding or supporting these.

In our sample, while we observed that a greater proportion of young people with disability had reported negative impact in multiple domains, we noted that there were some domains where fewer young people living with disability reported an impact; these included *participation in activities, education* and *physical health*. Without knowing greater details of the type and severity of disabilities experienced in this population, we can only hypothesise that for young people with disabilities, these areas of life were already more challenging during pre-pandemic times. With respect to the increased representation of young people with disabilities in the clusters experiencing multiple and greater proportions of impacts, this is in line with other work in the youth disability space that has similarly highlighted the unique and challenging experience of the pandemic for young people and their families.(48, 49)

As we emerge from lockdowns, heavy restrictions and a return to in-person activities, young people with disabilities may face additional challenges that will be important to acknowledge and accommodate. Many people with disabilities remain concerned about contracting the virus itself, worried that co-morbidities and poor health will increase their vulnerability to more severe symptoms of the virus itself. Access to services and reductions in caregiving supports continue to be impacted, with cancellations either by the services, the carers and/or self-cancellation in addition to depletion and burn out of the workforce and overload of systems. Employment and education, more readily available via online platforms, are now largely back to in-person forms, with a return to pre-pandemic challenges of factoring in times of ill-health, appointments, and coupled with the new concern of potential exposures to the virus. Young people with disability are often overlooked,(48) but

continued efforts are required to ensure they are not only supported, but not excluded, in any of the approaches employed to recover from the pandemic.

Students

There are many benefits to school, beyond that of providing an educational platform. For young people, school settings are a source of social connections, and provide an opportunity to live and learn outside of the confines of their homes. Schools provide structure, routine, and expose young people to adults who can provide mental health and social supports, including early identification and alerting of mental ill-health.

The impact to schooling during the pandemic therefore impacted on these areas as well, with this evident in our sample, as young people who were studying reported multiple negative impacts, and in greater proportions than those who were not currently studying.

Young people who were students at the time of survey completion reported more impacts than those not currently studying in almost all domains: *education, employment, financial status, mental health, participation in activities* and *physical health*. Almost three quarters of young people who reported their mental health and wellbeing as *poor* also reported that COVID-19 had negatively impacted on their *education*; this is significantly more than those who reported *excellent* mental health and wellbeing (less than half noted an impact on their *education*). This reinforces the positive impact of not only education, but attendance at educational settings for youth mental health.

Young people whose housing was affected

Young people who experience housing instability commonly experience challenges and/or disadvantage in other areas of life that contribute to the instability. For young people, these experiences are largely out of their control, with the circumstances of families, caregivers and at times services, determining their housing situation. During the COVID-19 pandemic, some new supports were put in place to assist people with their housing, such as rental supports and eviction moratoriums, yet these were time-limited and did not address the systemic issues causing housing instability and lack of affordability.

Housing instability does not exist in isolation. Of the young people in the cluster we call 'Everything and the house', of whom 100 per cent experienced housing difficulties, over 60 per cent also reported high impacts in each of the other domains. The makeup of this cluster included greater proportions of young people from groups we know face additional challenges, or experience increased disadvantage, including twice as many gender diverse young people than the overall sample, more females, a higher proportion of Aboriginal and/or Torres Strait Islander people, young people who were not employed or in education, and young people living with disability.

Intersectionality, which refers to the experience of overlapping, multiple forms of disadvantage or marginalisation, leading to increased (and compounded) adverse effects on various domains of life(50) is clearly evident in this sample, and highlights the complex relationship between these areas of life and housing stability. In previous work with young people seeking help for mental health issues, increased symptoms of distress, depression, functional impairment and substance use were reported by young people experiencing intersectional or multiple forms of disadvantage and/or marginalization (e.g., not in employment, education or training, unstable housing, culturally diverse, LGBTIQA+).(51) There are many challenges in disentangling these issues from each other, reflecting the need for collaborative and holistic approaches to supporting young people.

8. IMPLICATIONS FOR POLICY AND PRACTICE

Approaches that consider the individual and the different parts of their lives as a whole, are the focus of our recommendations for policy and practice. It is necessary to address the impacts of COVID on mental health and wellbeing, while also keeping in mind existing issues of marginalisation or disadvantage. Our findings, in particular from the cluster analysis, support this notion of intersectionality, reflecting the compounded experience of multiple impacts and the subsequent impact on mental health and wellbeing.

The information obtained in this report enables us to advocate for priority groups, to ensure they are not overlooked in any more broadly framed approaches to support young people moving forward, and that key features of supports will factor in any relevant information related to their needs.

It has been helpful to demonstrate how young people have experienced, and will continue to experience, different impacts of the COVID-19 pandemic as a consequence of their demographic, geographic and functional characteristics.

8.1. Recommendations for policy and practice

Recommendations for policy and practice presented here focus on addressing the key issues and priority groups as highlighted in this report. The recommendations were informed by the data, through consultation with young people, and shaped by the experience and expertise of researchers, clinicians, service providers and policy advisors from Orygen and Mission Australia. In presenting these recommendations we specifically focus on supporting young people in regaining ground lost over the pandemic period, while acknowledging the need more broadly for structural and system reform, in particular related to the mental health and housing systems.

The key feature of many of these recommendations is quick reform, leveraging existing frameworks or services, implementing them in novel or extended ways. Young people require prompt support to recover and continue to recover from the adverse effects of the pandemic, so that their developmental period is not further disrupted.

An important element of framing these recommendations was consulting with young people from across Australia. This activity provided the unique perspectives and opinions regarding proposed recommendations. In some instances, our suggestions were met with resounding endorsement, in others, greater specificity, detail or additional features were suggested. These have been woven into the recommendations wherever possible.

Mental health-based approaches

Given the rise in mental health needs of young Australians, and the increased mental ill-health reporting in this sample, it is clear that Australia will continue to experience an increased burden on mental health services for young people. This is likely to exacerbate existing problems, notably long-wait times, inadequate youth-specific services, and barriers to young people accessing appropriate care. This is particularly true for a population known as the 'missing middle', people who experience more severe and complex illnesses than primary care can cater to.(52)

These challenges existed, and were escalating, even prior to the pandemic. During the past decade we saw a rising tide of mental ill-health in young people. The understood combination of bio-psychosocial risk factors for young people are now further compounded by uncertainty for their future, including climate anxiety(53), job and financial insecurity and experiences of social injustice and generational inequity.(54, 55)

Many young people, who fall into the group we referred to as the 'missing middle', will experience mental ill-health that requires more than primary mental healthcare but is not severe enough for tertiary, or specialist mental health services. However, there are currently significant gaps in services and care available for this group. Investing in mental health care has clear benefits to health, social and economic costs at both an individual and community-level,(56) with early-intervention and prevention approaches demonstrating cost-savings to government.(57) To adequately respond to the needs of young Australians, investment in mental health care including new community-based services for more complex and serious mental health issues and supporting the needs of the mental health workforce is essential.

The young people we consulted were very forthcoming in their endorsement of the following recommendations, providing personal experiences and/or anecdotes of friends' difficulties with accessing services due to limited service capacity. All identified the need for additional resources, and the willingness to encourage friends or family members to access such services should they be more available, but concerns about accessing them currently from an availability and financial perspective.

Recommendation 1: Increase investment in, and access to, evidence-based youth mental health services, notably headspace and specialist youth mental health care systems, including extending the increased Better Access initiative past June 2022 and addressing the gap in services for young people with more complex and serious mental health issues.

Responding promptly to the needs of young Australians can be managed by upscaling existing evidence-based services such as headspace, building on and extending existing approaches (such as extending the early psychosis youth model to other disorders), and continuing the financial subsidies that allow young people to utilise these services.

headspace takes a 'no wrong door' approach to supporting young people aged 12 to 25 years who present for issues related to mental and physical health, substance use, difficulties with education and employment, situational matters and behavioural issues. Holistic care is provided at low or no-cost by multidisciplinary staff such as psychiatrists, general practitioners, psychologists, occupational therapists and social workers. Young people are able to access this care through the Better Access initiative which provides 10 sessions of mental health treatment to eligible individuals (upscaled to 20 sessions during the pandemic). With the existing structures, and hub-style approach to responding to the needs of young people, we recommend the Australian Government provide increased funding to youth mental health services to allow them to expand their services, increase their workforce to more adequately, and in a more-timely fashion, respond to the needs of young people.

We also acknowledge that the headspace model was designed to support young people with mild-moderate experiences of mental ill-health, and that a significant number of young people accessing headspace with more serious and complex needs are not improving clinically or functionally.(42) There is a need for another tier of services for the 'missing middle', particularly in light of increased demand across the board on existing mental health providers as a result of the pandemic. Such services could build on the Early Psychosis Youth Services (EPYS) funded by the Australian Government to provide this level of care for young people with early experiences of psychotic illness. There is an opportunity to now build on the early psychosis model to provide multidisciplinary team-based, evidence-based care for young people with moderate to severe spectrum of other diagnostic groups, notably mood, personality, substance abuse, eating disorders and blends of these conditions.

Increasing the number of sessions provided through the Better Access initiative was an important and effective response to the pandemic. Sessions were also made available by telehealth, previously only for those living in rural and remote areas. These changes increased the ability of people to receive care in a more affordable and accessible way. However, the number of sessions will revert to ten from July 2022. Anticipated benefits of continuing with 20 sessions of subsidised care include a reduced burden on public mental health services, reduced waitlists and increased choice for young people, allowing them to engage with a mental health professional best suited to their unique needs.

We recommend maintaining the increased number of sessions for young people and their families. Further, we recommend that no substantial changes to Better Access should be made until the program evaluation currently underway is completed. Any changes to the number of sessions must be guided by the evidence.

Recommendation 2: Expand and provide increased support for the mental health workforce, including the peer workforce, to respond to the heightened demand and address issues exacerbated by the pandemic.

We further recommend that additional training and support is provided to mental health professionals working in these settings to respond to the needs of the young people presenting for treatment as a result of the impact of the COVID-19 pandemic. Upscaling the capacity of services to respond to young people requires a focus on supporting the mental health workforce and ensuring staff have the skills and ability to cater to the needs of people receiving services.

We recommend:

- an increased focus on professional development
- an increase in staffing to reduce burnout and overload, as staff also experience challenges related to COVID-19 such as isolation, additional childcare needs
- incentives to assist in the retention of staff, and
- a large-scale recruitment program focused on training a new cohort of workers.

We also recommend training in specific interventions that can address specific issues experienced by young people during the pandemic such as social isolation, difficulties in reconnecting with peers, and family conflict. Two such approaches include Interpersonal Psychotherapy for Adolescents (IPT-A) or Attachment Based Family Therapy (ABFT) – both address the increase in depressive symptoms as a result of difficulties in a young person's social environment, both engage family members or caregivers in treatment, facilitating improvements in these relationships, and both have demonstrated effectiveness in reducing symptoms of depression in young people.(58)

During our consultations with young people, the preference for younger mental health workers, and/or peer workers, people with lived experience of mental ill-health, was noted. Indeed, the peer workforce is an important component of youth mental health services, with valuable contributions that aim to ameliorate any power imbalances, maintain a focus on strengths-based and recovery-oriented approaches(59) and increase relatability and empathy due to similar or shared lived experiences.(60)

As such we recommend a specific focus on expanding the peer workforce, and note the particular value and effectiveness in delivering programs designed with a focus on improving psychosocial outcomes. An example of a successful program delivered by peer workers is the Connections Program, run by Mission Australia. The Connections Program aims to promote social inclusion, social skills and community participation by building connections between the people in the program and the broader community, particularly in the evenings and weekends. The program engages with family and carers also. So far, over 160 people have registered to attend and the program has been observed to reduce length of inpatient admissions and emergence department presentations (by 65 and 80 per cent respectively). Additionally, benefits of peer work are experienced not only by the recipient but also the person providing the support.(61)

Education and employment-based approaches

For young people still engaged in education, school represents an ideal environment in which to identify, provide and/or connect young people to supports they might need, and to implement a variety of approaches such as the following. As the majority of the young people in our sample were aged 15 to 19 years, our recommendations are largely focused on supports to be delivered in secondary school settings, but as these young people progress, supports should also be provided in tertiary education settings and by employers of young people. We have indicated where we think this is possible.

We do recognise that the main objective of educational facilities is to provide education to young people, and that providing additional supports may be beyond the capacity of most schools, and can differ vastly from school to school. Accordingly, the focus of schools should be on identifying their students' non-educational support needs, referring them to the relevant support services and encouraging their engagement with those services. This nevertheless requires schools to have staff skilled in identifying indicators of mental ill-health, homelessness risk and other issues of concern, and in establishing referral pathways with support services.

We suggest that where possible, opportunities to connect, refer and provide support to young people should be leveraged and that these opportunities need to be appropriately funded and resourced. As such we recommend the following actions be taken.

"The Connections program is incredibly wonderful. There is a real atmosphere of friendliness, harmony and a sense of shared journey amongst the participants."

Connections Program Participant

Recommendation 3: Introduce universal, regular, standardised screening of functional impairment and mental health in schools, alongside psychoeducation and stigma-reducing activities.

In mental healthcare, screening measures are important tools that aid in identifying, diagnosing and providing the right kind of help to people more quickly. However, this relies on young people presenting at mental healthcare services where these measures are then completed.

Too often, young people at-risk of, or experiencing mental ill-health are missed, unaware of the need to seek treatment, how to access services, or too embarrassed or scared to let someone know how they are feeling. As a consequence, issues of mental health and functional impairment combine and compound, creating circumstances that are much more challenging to address as they progress, and with longer and more damaging implications.

As young people will continue to experience impacts as a consequence of the pandemic, we recommend regular and standardised screening of functioning and mental health for all students in secondary and tertiary education.

Brief, self-report, standardised measures are available for youth populations that cover the impacts identified in this report and form part of our recommendation. A suggested assessment package includes:

- The Patient Health Questionnaire 9-item scale (PHQ-9)(62) - a brief screening and diagnostic tool for depressive symptoms. It is simple, can be used as a self-report measure, and is commonly used in adolescent populations.
- The Filia Social Inclusion Measure (F-SIM16). The F-SIM16 is a tool that measures inclusiveness across the areas of social relationships and participation, employment and education, housing and neighbourhood, finances and health and wellbeing.(63) These are highly relevant to the issues reported by young people in this report, and include both objective and subjective assessments of each. It has been validated for use for people with and without mental ill-health, and across all older and younger cohorts.
- The UCLA loneliness scale. This tool is an important measure of loneliness and social isolation and has been deemed reliable and valid in populations of young people with and without mental ill-health.(64, 65) Loneliness is an important contributor to both mental health and socioeconomic productivity. It was highly prevalent in our sample and an important issue to address in young people.

We suggest that these measures are completed by students in each year of secondary and tertiary education for the coming two years, with the potential for extending this time should the pandemic continue, and the activity demonstrate its intended utility. These would be administered by mental health practitioners in Victoria, or school counsellors or similarly trained staff in other states and territories, noting that this would require funding of additional staff at most schools.

The activity will provide several benefits beyond the main objective of identifying young people in need of support. By coordinating this at a federal government level, completing and collecting standardised assessments of young people in a nation-wide approach (similar to NAPLAN for educational outcomes) will allow us to elucidate the presence and distribution of psychological distress, loneliness and social inclusion in particular areas and subgroups. This information can then be used to inform resource allocation and service planning. It will also contribute to de-stigmatising mental ill-health, normalising measurement and conversations about depression, loneliness and difficulties in functioning, as part of everyday activities in schools. Finally, the identification of area-based issues will allow for educational facilities to address issues at a localised level, including developing relevant psychoeducation programs, with a focus on reducing stigma associated with mental health.

During our youth consultations, young people raised conflicting views on this recommendation. While agreeing that it is a good and valuable idea in theory, concerns were raised about the stigma of disclosing any issues of mental ill-health in a school setting. Suggestions included partnering this activity with more psychoeducation and stigma-reducing activities, or having someone external to the school conducting these assessments, and managing any potential referrals.

Recommendation 4: Fund the promotion and delivery of evidence-based resources that aid educators, employers, peers and families to support young people with their mental health and wellbeing.

We highlight the importance of tool-kits to aid educators and support workers in educational settings, employers of young people, peer and families in identifying, supporting and connecting young people to services and supports that may benefit them.

To aid educators, support workers and others in frequent contact with youth populations, these resources include detailed information regarding:

- the key issues experienced by young people, as identified here
- the consequences of experiencing these issues for young people
- how accessing supports can assist them
- how to identify young people who require support, in particular where self-identification approaches may not work
- how to identify and connect with local sources of support, services and community programs with step-by-step instructions and links are provided to support referrals to services; and
- how to support young people and their families in engaging with these services.

Such resources have been developed by Orygen, in partnership with young people and external collaborators. These are widely available(66) and cover topics such as 'Implementing school-based mental health prevention programs',(67) 'Inclusive and gender-affirming youth mental health services'(68) and 'Supporting mental wellbeing in community sport'.(69) A mental health toolkit for schools is additionally being developed by the Victorian Government. These types of resources are low-cost, useful to school communities, and increase the skillset of educators and support workers to support young people during this period of pandemic recovery and beyond. Due to specific differences in circumstances of each state and territory including education and mental health services, we recommend each state government develop such a toolkit, drawing on the existing resources, and/or in cooperation with services such as Orygen to do so.

Young people in our workshops indicated the value of such resources, and the availability of same to schools as well as employers, family members and/or friends. As noted in the *Youth Survey* Report 2021,(28) young people are more likely to turn to informal sources of support such as family members and friends than to other sources of help. With a resource kit to hand, family members and friends can more confidently understand how to support and care for someone experiencing challenges socially, with relation to employment and education, housing, and mental ill-health.

Recommendation 5: Increase mental health support in secondary and tertiary school settings, including youth peer workers.

Acknowledging the complex relationship of mental health and other issues experienced during the pandemic, we recommend increased mental health support in schools and universities, including trials of specific interventions to treat issues experienced during the pandemic.

In 2022, the Victorian Government achieved its goal of implementing state-funded mental health practitioners in all government and specialist secondary schools. Practitioners include mental health nurses, occupational therapists, psychologists and social workers who provide direct counselling to students, whole-of school programs, and coordinate supports for young people external to the school. Schools are allocated practitioners based on numbers of students, with an average of 0.5FTE at each school setting (figures provided in March 2022).(70) Across Australia, most states and territories have some level of commitment to mental health practitioners in schools, differing in terms of funding, level of schooling (primary/secondary), and coverage (all schools/government schools). To address the impact of the pandemic, we recommend that all states and territories commit to echoing and extending the goal of the Victorian Government, providing state-funded mental health practitioners in all secondary school settings.

This recommended nationwide provision of school-based mental health practitioners should include those who are specifically trained in providing evidence-based, targeted therapies that address issues experienced during the pandemic. An example of such an approach is Interpersonal Psychotherapy – Adolescent Skills Training (IPT-AST). This form of IPT focuses on increasing a young person's interpersonal skills while also working to address increases in social support for the young person, and has been shown to be a promising early intervention approach for

young people at risk of depressive disorder. Making therapies such as IPT-AST widely available for young people within educational facilities could help counteract emerging cases of mental ill-health and have positive flow on effects outside the educational setting, such as increasing social participation.

This recommendation received strong endorsement in our youth consultation work. As an additional recommendation, the young people involved reported positive experiences with younger mental health workers in school, and the preference to have someone closer to their age to connect with, as well as a preference for connecting with someone who themselves had a lived experience of mental ill-health. This speaks to the value of incorporating youth peer workers in services and support programs wherever possible.

Recommendation 6: Develop and fund education and employment related support programs for young people whose education and/or employment was impacted by the pandemic.

Young people have had vastly different educational experiences over the course of the pandemic; as such some are now further behind their peers than they ought to be. Similarly, many young people experienced disruptions to their employment, in particular being most commonly employed in retail and hospitality industries. These industries were most impacted by lockdowns and restrictions leaving many young people out of work, without those valuable early career opportunities to enter the workforce and gain workplace experience.

While young people likely require additional support to recover lost ground, they may be unable to access this due to a lack of available household income, awareness of the need or opportunity, poor motivation, or a lack of certainty or perceived loss of control over their future, as we observed here in our findings of young people who experienced multiple impacts.

We recommend the development and funding of educational and employment support programs for young people whose education and/or employment was negatively impacted by the pandemic. Through schools, universities and community services, young people would be offered, and assertively engaged to participate in:

- subsidised individual or group tutoring
- skill-based sessions such as how to sit for in-person exams (where students missed these opportunities)
- engaging with educational content in a now high-stimulus environment
- interview skills
- career planning, and
- more immediate planning around further education and employment
- guidance on how to apply for special consideration, and
- alternative approaches to achieving their end stage educational and career goals.

This will be of greatest importance to those in the senior levels of school who, once they leave formal secondary school settings, may otherwise be unlikely to access such supports.

An example of a successful program along these lines is the 'Navigator' program delivered by Mission Australia. This Victorian Government initiative supports disengaged learners aged 12 to 17 years to reconnect with an education or training pathway. Through working with the young person and their support networks, Navigator has thus far demonstrated successful short-term improvements in participants' readiness for education, and wellbeing indicators such as sense of control over their future, a greater sense of purpose in their lives and wellbeing overall.(71)

Research

Recommendation 7: Fund research into the long-term impacts of the COVID-19 pandemic on the lives of young Australians.

As the pandemic continues, and our way of living evolves in new and different ways, people will be impacted very differently. We do not know what the impact of experiences of the pandemic will have on people, on their mental health and wellbeing, on their social and economic productivity and whether disparities in marginalised and disadvantaged populations will be further exacerbated as time goes on. As a consequence, it is important to fund research into the long-term impacts of COVID on the lives of young Australians with a focus on socioeconomic impacts, mental health and wellbeing, and experiences of marginalised and/or disadvantaged populations. Young people suggested an emphasis on qualitative research, to more clearly identify and delineate experiences from different groups of young people.

Regardless of the research approach, a continued focus on identifying and supporting the needs of this generation will be required, as will an evidence-base to support any initiatives. In particular, a continued focus on the long-term impact of the top three things acknowledged by young people to have been impacted during the pandemic will be helpful: *participation in activities, education* and *mental health*.

Recommendation 8: Fund research into testing the uptake, effectiveness, accessibility and user perspectives of online or hybrid approaches to delivering services and information.

This is an opportune time to evaluate the implementation and effectiveness of hybrid service platforms, focusing on young people's experience of these services. We are in an ideal position currently where research into online platforms and hybrid approaches would contribute to the evidence on what works to facilitate the involvement of hard-to-reach groups. These groups typically face difficulties in accessing services and include people living in remote locations, living with disability, young people who cannot attend services due to conflicting issues or caregivers being unwilling or unable to provide transport, young people who are concerned about stigmatising or discriminatory aspects of services, and young people isolating due to having COVID-19 or concerns around contracting it.

At Orygen, we have made substantial steps in acknowledging the importance, and value, of blended services (a combination of face-to-face sessions and digital technologies), (72) as well as developing and implementing several versions of them. We have performed qualitative studies with consumer groups to identify user perspectives, and observed strong enthusiasm for blended care approaches.(73) Similarly, young people consulted here considered this recommendation very favourably, suggesting that they felt it was a new way forward, allowing greater inclusivity for typically excluded groups and providing greater flexibility during these uncertain times.

Housing

As evident in our clustering analysis, and as a consequence of the bidirectional or cyclical relationships between the multiple factors, housing stability is essential for mental health, wellbeing, and social and economic productivity. As a consequence of the pandemic, an increased number of people have faced issues related to housing that they have previously not experienced that may cause difficulties in securing and maintaining housing in the future.

Young people in particular, who are looking to take their first steps into independent living, need to move for further education or employment opportunities, and/or require alternative, safe living spaces may require additional support. Young people whose families have experienced adverse impacts on their housing may be

experiencing housing insecurity, difficulty in finding or keeping an affordable rental property, a backlog of rental payments, rising costs of rents, as well as rising costs of living in general, or be unable to make essential repairs to privately owned properties.

In 2020, rental protections and the eviction moratorium provided some support and comfort to those at risk of housing instability. As those programs came to an end, increased pressure was felt by families and individuals to secure or maintain their housing, while still experiencing the consequences of the pandemic. A national plan to address housing affordability and homelessness, including targets for at-risk groups is required alongside significant investment in social and affordable housing, with a focus on supporting young people in recovering from the impact of the pandemic. Alongside this, we recommend the following.

Recommendation 9: Roll out universal risk screening for homelessness in all schools based on the Community of Schools and Services (COSS) model, along with an increase in wrap-around supports for students and their families who are identified as at risk of homelessness.

COSS is a proven place-based model of early identification and intervention(74) for homelessness risk, and aims to help young people avoid homelessness and school disengagement. This is achieved through the universal screening of young people and the provision of support to schools, young people, and their families through a collaborative network of the partners. Between 2013 and 2016, the number of adolescents entering the specialist homelessness services system declined by 40 per cent in Geelong, Victoria where it was first trialled.(74) The COSS model has since been replicated in other locations in Australia and should be further expanded.

Ensuring there are services with capacity in place that provide holistic, wrap around supports for young people who are identified as homelessness, or at risk, is essential. Reconnect is an example of a comprehensive community-based early intervention service that seeks to stabilise a young person's living situation and engagement with education, by providing counselling and family mediation (if appropriate) and brokerage for additional services to address co-occurring issues faced by the young person (e.g. mental ill-health). The model was positively evaluated by Mission Australia in 2016,(75) and demonstrates the types of holistic supports that are effective and could be scaled up. Data from Mission Australia's Impact Measurement program collected to December 2021, demonstrated young people surveyed when exiting Mission Australia's Reconnect services have, on average, higher wellbeing than those entering with 79 per cent of young people who completed both entry and exit surveys reporting improved wellbeing when leaving the service.

Recommendation 10: Permanently increase the base rate of income support payments and increase Commonwealth Rent Assistance (CRA) by 50 per cent to ensure young people and their families are kept out of poverty and avoid homelessness.

Current income support levels for youth and working-age support payments are inadequate for keeping Australians out of poverty, and increases the risk of becoming homeless or remaining homeless. While the original rates of the Coronavirus Supplement and JobKeeper payment were responsible for reducing poverty in Australia by 32 per cent, the subsequent decrease in payment amounts are projected to lead to growing numbers of children, families and individuals living in poverty.(76)

Our youth consultation workshops raised the rising cost of living, reduced household incomes and housing debt accumulated over the past two years as significant contributors to financial strain. In some instances, this can mean that funds meant for other expenses are reapportioned. For example, the Youth Allowance received by a young person, intended to use for school supplies goes instead to household rent; similarly, students may be encouraged to work in place of studying to contribute to housing expenses.

Rental affordability remains low across Australia, and affordability for low-income households has worsened in many of the capital cities and in the regional areas of every state, driven by out-ward migrating city residents as a result of COVID-19.(77) At its current level, CRA does not meet the needs of families and young people already on low incomes facing the highest rents, particularly in capital cities.(77)

Young people in our consultations noted the importance of financial security for those who may not be able to move out of their family home. They said home life could be improved with funds to assist in other areas of life, such as internet access, a study desk, or headphones to improve the young person's ability to study or work from home. This underscored the importance of adequate income support and its flow-on effect that allow young people to focus their time and energies on activities that will benefit their futures.

Recommendation 11: Expand the network of Youth Foyers and fund other models of integrated housing and support, to help young people obtain sustainable housing, achieve education and employment goals, and prepare for living independently.

There should be a variety of medium-term supported housing models available to young people with diverse and varying intensity of needs. The vulnerable young people who cannot live safely and supportively at home need stable housing plus assistance to transition to adulthood and develop the skills and confidence to live independently, delivered through a supportive and therapeutic practice framework.

Different models of integrated housing and support best suit different cohorts of vulnerable young people. For example, traditional supported accommodation models with on-site intensive support in home-like group settings can be most suitable for young people with multiple and complex needs.

Youth Foyers are designed for young people who are ready to actively engage in education and/or employment, with the provision of stable housing and guidance when needed.

The Youth Foyer model assists young people, usually aged 16 to 24 years, to engage in education and employment, and gradually to reduce their dependence on social services. Youth Foyers generally have self-contained accommodation, on-site support workers, education programs, variable levels of support where a young person can progress to more independent living, onsite facilities and employment supports. Participation in education, training and employment is a condition of the accommodation. In these ways and because of their focus on independence, Foyers are different from traditional supported accommodation models.(78)

Additionally, private rental assistance products such as the Rent Choice Youth program offered by the NSW Government are part of the solution. These products best suit young people who can live independently but struggle with the current unaffordable rental housing market. They should be widely available, strongly promoted and have payments sensitive to local rental markets, otherwise young people will continue to struggle with the rising cost of living and unaffordable rental prices.(79)

8.2. Overarching considerations

In relation to our recommendations, there are a number of characteristics, features or simple considerations that we also recommend be applied across the board.

Co-design, and partnership with young people from design through to implementation and evaluation.
A considerable strength of the *Youth Survey* is providing a platform for the voices of young people to be heard. To adequately address the needs of young people moving forward and ensure approaches are relevant, helpful, accessible by young people, and appropriately nuanced to their developmental stage and any additional needs, the continued input of young people is essential.

Providing a range of supports. Young people, their circumstances, preferences, abilities and needs (as well as those of their caregivers who so often facilitate their connections with services) vary so broadly, as do services, location and availability of services across Australia. To address these differences, a range of supports should be offered including nationwide, large-scale programs, as well as local community programs, and digital programs. Holistic approaches that address issues in tandem including mental health, social wellbeing and functioning should also be made available to young people.

Extra efforts to address issues of equitable access. As we move on from the impact of lockdowns, school and community closures, and other restrictions, it is important that any approaches to support young people don't contribute to any further inequity amongst groups most impacted. Often the priority groups we identified here can face additional challenges in accessing services or supports, despite being amongst those who would mostly likely receive greatest benefit from them. Thus, efforts to identify and address any potential barriers to accessing services during development of supports is encouraged, including consultation and co-design with relevant groups of young people. By doing so at this early stage any adaptations including the need to develop alternative approaches such as including a digital component to a face-to-face service, or the provision of additional supports for people to engage in a meaningful way, can be incorporated at the outset. However, as it can be difficult to anticipate all potential barriers or challenges, evolving and dynamic implementation models are recommended. Ensuring these issues are addressed will allow for groups most likely to benefit from supports to more readily access them, and continue to engage with and benefit from them.

Further to this, it is important that we ensure that all approaches are safe, respectful and inclusive of all populations. This is likely to require additional care and training to ensure providers and resources employ non-stigmatising language and practices, and services work to remove any structural, stigmatising and prejudicing barriers while incorporating affirmative education and resources. As identified by young people, additional work may be required to ensure the promotion of services, including highlighting the cultural competence of services to typically disengaged or under-represented populations.

Evaluation of programs. Finally, evaluation of these programs will provide essential information regarding not only their effectiveness, but to ensure young people are obtaining value from them. This will be helpful as the pandemic continues, and the way in which we live, learn and work is affected in different ways. From a service perspective, continued evaluation will assist in identifying any delivery or engagement issues for young people and allow for continuous quality improvements including remodelling the service or support to continue catering to differing needs as they emerge.

9. CONCLUSION

As we write this piece we enter the third year of the global pandemic, and continue to adjust to new and different ways of living. It is important to recognise that the pandemic is not over and continues to impact the lives, wellbeing and mental health of young people. The uncertainty about how, and how long, this will continue to go on for can only contribute to the challenges that some people will continue to experience. Many of these uncertainties and challenges have been, and continue to be, disproportionately felt by young people during this important developmental period of their lives. We need to continue focusing our energies on supporting young people to manage and recover from the impacts of the pandemic.

As the findings in this report highlight, young people are impacted in varying ways and it is important that our approaches moving forward acknowledge these different experiences. We can see that one size fits all approaches will not support all young people, particularly those who may find it difficult to access mainstream supports or schemes, or do not identify themselves as needing them.

There are many opportunities for different members of the community to support young people through a variety of approaches, including detection, screening, hybrid approaches to delivering services, and upscaling of existing programs. The two main players in our recommended approaches, educational settings and primary mental health services, are important 'hubs' that can provide or connect young people with multidisciplinary supports such as mental health, employment and educational supports, and housing. Through upscaling these programs and increasing accessibility to hard-to-reach communities, we can make some important changes.

In doing this work, we need to ensure however that we can deliver programs to communities that traditionally experience disadvantage, marginalisation and/or reported greater impacts of the pandemic. Obtaining and incorporating the voices of young people in designing, implementing and evaluating approaches to support them is an important step in ensuring that supports are targeted to the unique needs of relevant populations including being accessible, culturally safe and relevant.

It is essential to keep in mind the challenges young people have experienced during this important developmental period and the extra support they might need as they progress into independence and adulthood. This generation has, and continues to, experience unique circumstances like never before. This report is an example of a discussion starter, a way of identifying what is happening for young people and ensuring that we can continue to support this generation and their additional needs moving forward. Together the Australian Government, community groups, schools, employers, families, caregivers and friends can work together to support young people in recovering from the impacts of the pandemic.

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Appendix A.

11. VARIABLES INCLUDED IN THE REPORT

Table A1: Variables included in the report including variable/data type

Variables included in the report	Variable/Data type
Demographics	
Gender	Categorical
Age	Continuous
State	Categorical
Aboriginal and/or Torres Strait Islander status	Binary
Disability	Binary
Living with parents	Binary
Residential setting	Categorical
Functioning	
Currently Studying	Categorical
Education Facility	Categorical
Employment status	Categorical
Confidence in post-school achievements	Categorical
Mental health and wellbeing	
Mental health and wellbeing	Categorical
K6 Psychological Distress scale total score	Continuous
Australian Institute of Family Studies (AIFS) K6 category	Categorical
Australian Bureau of Statistics (ABS) K6 category	Binary
Frequency of stress	Categorical
Frequency of feeling lonely	Categorical
Feelings about the future	Categorical
Control over life	Categorical
COVID-19 impact:	
Barriers to post-study goals due to COVID-19	Binary
Concern about COVID-19	Categorical
COVID-19 impact on:	
Education	Binary
Employment	Binary
Family	Binary
Financial	Binary
Friendships	Binary
Housing	Binary
Mental Health	Binary
Participation in activities	Binary
Physical Health	Binary

Appendix B.

12. ADVANCED STATISTICAL METHODOLOGY

12.1. Hierarchical clustering

Hierarchical clustering on principal components (HCPC) was used to form clusters of participants using 9 binary variables (whether they reported that COVID-19 had negatively impacted the following domains of life: (*housing, financial security, employment, education, physical health, mental health, family relationships, friendships,* and *participation in activities*). HCPC is a hybrid clustering approach that combines principal component methods and two clustering methods (i.e., hierarchical clustering and partitioning clustering).

HCPC was conducted using the HCPC function from the FactoMineR package. As we were performing clustering on binary categorical data (i.e., yes/no), multiple correspondence analysis (MCA) was specified as the principal component method, as it transforms the categorical variables into a set of principal components (in this instance we used the first 5 components identified). Agglomerative hierarchical clustering using Ward's method was then performed on the MCA results, followed by a consolidation process using k-means to improve the initial partition results.

Due to the large sample size of the study, the best number of clusters to retain was established via an insight-driven process facilitated by data-driven cluster quality indexes (including the Silhouette index, within-cluster sum of squares, SDbw index, and Davies–Bouldin index).(80)

12.2. Missing data

Missing data was imputed using multiple imputation via chained random forest via the missRanger function from the missRanger R package(81). This multiple imputation method applies a fast implementation of chained Random Forest(82) and predictive mean matching to avoid predictions out of range. Respondent demographics, health and wellbeing factors, and COVID-19 impact items were included in the imputation model to improve imputation accuracy. 20 imputed datasets were used, clustering models were established in individual datasets, and results were pooled to determine the final cluster allocation for individual participants.(83)

Appendix C.

13. UNDERSTANDING THE OVERALL SAMPLE

13.1. Gender

Over half (53.9%) of the respondents reported their gender as female, 42.4% as male, 3.7% identified as gender diverse.

13.2. Aboriginal and/or Torres Strait Islander young people

- 952 (4.8%) respondents identified as Aboriginal and/or Torres Strait Islander.
- 78.5% of this group (3.7% of the overall group, n=747) identified as Aboriginal
- 11.8% (0.6% of the overall group, n=112)identified as Torres Strait Islander
- 9.7% (0.5% overall) identified as both Aboriginal and Torres Strait Islander.

13.3. Location of young people by state and territory

As indicated in Table C1, respondents came from all across Australia, with greater representation from Queensland, Victoria, and NSW.

Table C1: Percentage of respondents by state/territory

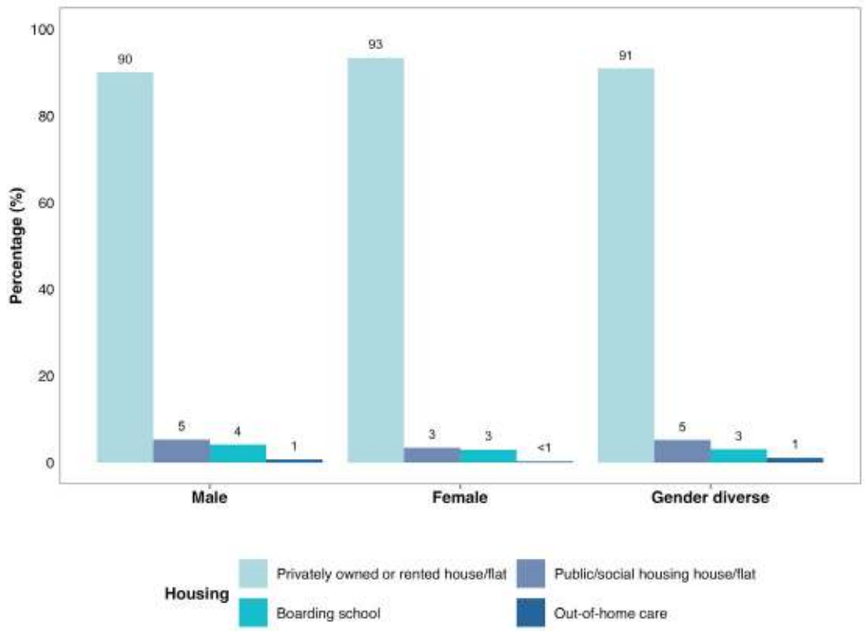
	QLD	VIC	NSW	WA	SA	TAS	ACT	NT
Percentage	23.0%	22.8%	22.3%	11.3%	11.2%	4.8%	3.8%	0.8%

13.4. Where and who are young people living with?

The vast majority of respondents reported living with a *parent/guardian* (95.5%), in a *privately owned* or *rented house/flat* (91. 8%).

As demonstrated in Figure C1, a small proportion of young people were living in *public/social housing* (4.3% overall), and a very small proportion were living in *out-of-home care* (0.5%). This was slightly higher for gender diverse young people (1.1% compared to 0.6% of males and 0.3% of females).

Figure C1: Residential Setting by Gender

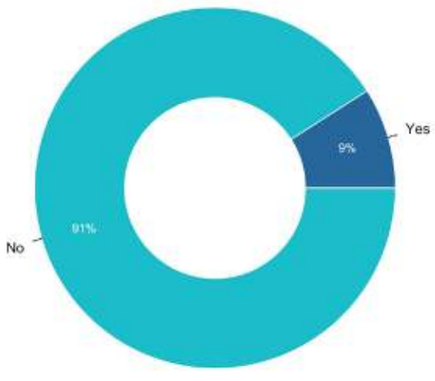


13.5. Disability

As seen in Figure C2, the vast majority of respondents were not living with disability (91.1% compared to 8.9% people with disability).

Notably, more gender diverse (34.8%) young people were living with disability compared to males (9.3%) and females (6.7%).

Figure C2: Distribution of disability



13.6. Functioning and barriers to post-study goals

Functioning

Education

The majority of respondents were studying full-time (84.6%), in a school environment (97.4%); see Figure C3 and Table C2.

Full-time education was consistently high in each of the gender groups, but females had slightly higher representation in the full-time student population (88.1% compared to 81.2% of gender diverse young people and 80.5% of males).

Of the young people studying part-time, 10.4% were males, 7.8% gender diverse, and 6.1% females.

Whilst the proportion of young people not studying was low, gender diverse respondents had slightly higher representation (11.0% compared with 9.2% of males and 5.7% of females).

Figure C3: Distribution of education status

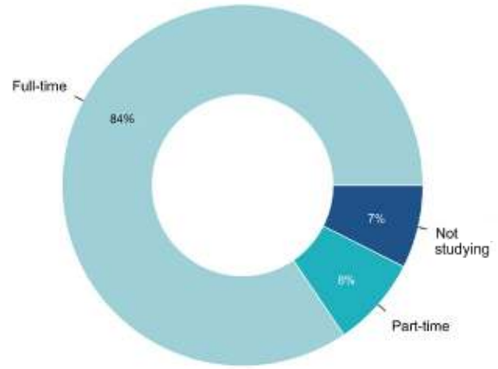


Table C2: Participation in Education by Gender

	Males	Females	Gender diverse	Total
Participation in education				
Full-time	80.5%	88.1%	81.2%	84.5%
Part-time	10.4%	6.1%	7.8%	8.1%
Not studying	9.2%	5.7%	11.0%	7.4%
Missing	0.3%	0.3%	1.0%	0.4%
Facility				
School	96.9%	97.9%	95.0%	97.4%
TAFE	2.3%	1.53%	2.8%	1.8%
University	0.8%	0.8%	2.2%	0.9%
Missing	11.4%	7.5%	14.6%	9.3%

Employment

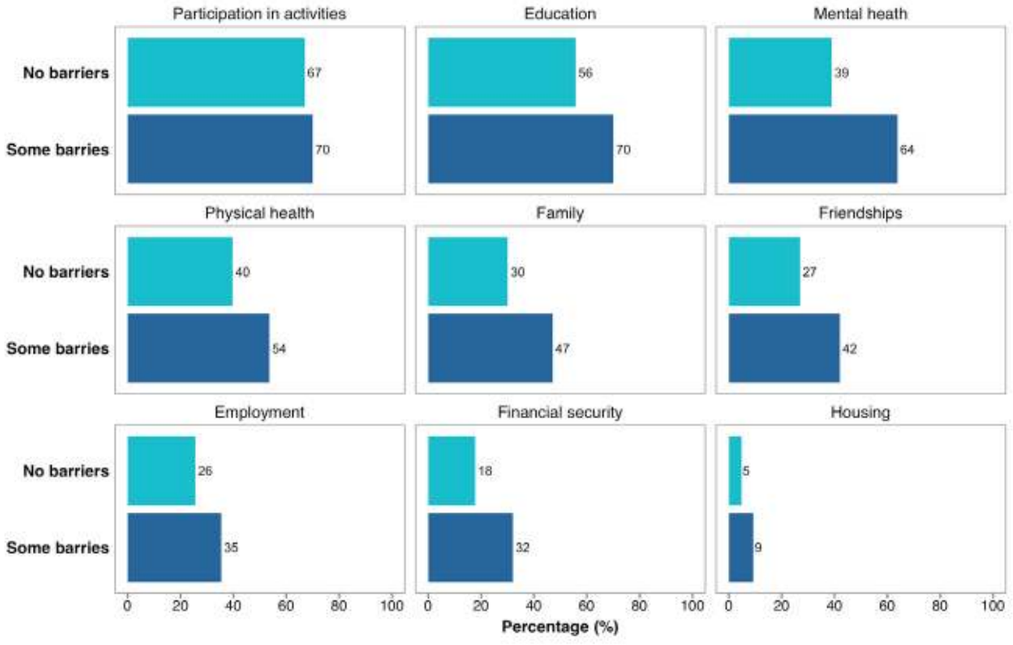
Overall, 54.0% of young people were not employed, 45.4% were employed part-time, and only 0.6% were employed full-time. Of those who were employed (38.7% gender diverse, 43.5% of males, 49.0% females), most were aged between 17 and 19 (50.9% compared to 45.2% of 15-16 year olds).

Barriers to post-study goals

Young people were asked if they anticipated any barriers to achieving their work/study goals after school. Just under half (46.1%) of young people indicated that they perceived some barriers would impact their ability to achieve their work/study goals. Of those 9230 young people, 32% perceived COVID-19 would be a barrier.

- Of the young people who anticipated facing barriers to post-study goals due to COVID-19, over three quarters of them reported that COVID-19 had already impacted their *education* (82.2%) and *participation in activities* (77.6%) to date.
- Large proportion (73.7%) of the young people who anticipated facing barriers to post-study goals due to COVID-19 also indicated that COVID-19 had had an impact on their *mental health*.

Figure C4: Domains of life Impacted by COVID-19 by Barriers to Post-Study Goals



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If you are a young person and need someone to talk with, you can contact Kids Helpline: 1800 55 1800 (24/7)

Kidshelpline.com.au

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