SOCIAL EXCLUSION AND THE MENTAL HEALTH OF YOUNG PEOPLE

INSIGHTS FROM THE 2022 MISSION AUSTRALIA YOUTH SURVEY

MISSION AUSTRALIA   orygen

ACKNOWLEDGEMENTS

We would particularly like to thank the young people who shared with us, via the 2022 Mission Australia Youth Survey, their responses on current issues, especially in regard to social exclusion, and their mental health and wellbeing. We would also like to thank the young people who provided their perspectives to us, through a process of youth consultation, on our findings, and proposed recommendations. Their inputs were extremely helpful in shaping recommendations and ensuring we considered the voices of young people throughout this work.

1. | EXECUTIVE SUMMARY

Each year, the *Mission Australia Youth Survey* provides robust data on the state of youth wellbeing and the perspectives of young people aged 15-19 years regarding current issues, concerns and experiences. The findings allow us to develop informed initiatives to address issues, identify groups vulnerable to inequities or marginalisation, and advocate for the needs of young people and their families.

Together, Orygen, the national centre of excellence in youth mental health and Australia's leading youth mental health organisation, and Mission Australia, a national Christian charity, are taking a planned approach to address these issues through our partnered *Youth Survey* sub-reports. These sub-reports take a deeper dive into the responses to the *Youth Survey* and identify ways in which we can advocate for change or support for young people.

In 2022, 18,800 young people nationally completed the *Youth Survey*. This report examines the **mental health** and the **mental health help-seeking behaviours** of these young people, and the impact that experiences of disadvantage or difficult circumstances have on them through the concept of **social exclusion**.

Note: The full academic publications associated with this report are publicly accessible here (**social exclusion, mental health and wellbeing**) and here (**social exclusion and mental health help-seeking**) with details on the study design, methods, and results.

What is social exclusion?

Social exclusion is a social determinant of mental health made up of different aspects, or domains. These domains include:

- Where a person lives (their housing and neighbourhood),

- The financial resources they have available to them,

- What they do with their time (education and employment),

- Whether a person has supportive and meaningful social networks[1].

Together, these form the available resources a person has to support their participation in, and to be included meaningfully in, society. The absence of these resources and opportunities is reflected in social exclusion.

The relationship between social exclusion and mental health is particularly important during adolescence. The onset and experience of mental ill-health is at its peak during this critical developmental stage of life[2]. It is also the time when foundations are laid that contribute to lifelong social inclusion – young people have their first jobs, first loves, start taking responsibility for their finances, finish secondary school education, and may commence further education. During adolescence, social exclusion can lead to poor mental health and wellbeing. Mental ill-health can, in turn, disrupt the key steps taken to lay the foundations for lifelong social inclusion. Providing support for mental health during adolescence can change the trajectory of a person's life, improving outcomes for their long-term future with respect to both social exclusion and mental health.

Using the four domains of social inclusion, we investigated the relationships between each domain and psychological distress, personal wellbeing, loneliness, young people's feelings about the future, and the degree they feel they have control over their lives. We then looked at the relationships between the domains and help-seeking for mental health supports. This included how many young people felt they needed support for their mental health, whether they had sought support in the past year, where from, if they had faced any barriers to accessing support, and their preferred method to receive mental health support.

● **Relational difficulties**　　● **Financial hardships**　　● **Housing challenges**　　● **Edu-employment issues**
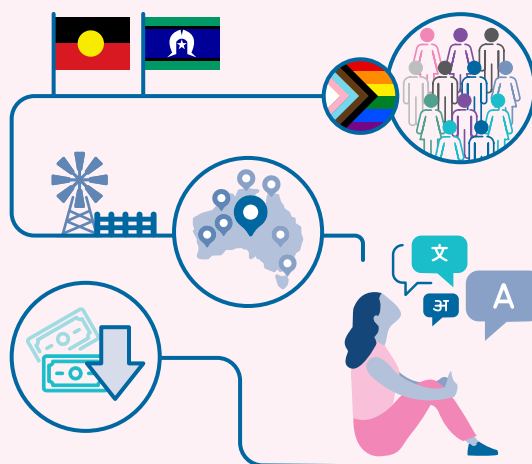
Social exclusion and mental health

60% of young people experienced social exclusion in at least one domain

25% experienced social exclusion in multiple domains

Who is more likely to experience social exclusion?

- Gender diverse young people

- Indigenous young people

- Those living in regional or remote areas

- Young people who speak a language other than English

- Those living in locations of lower socioeconomic conditions

Our analysis of the *2022 Youth Survey* found that 60% of young people reported they had experienced social exclusion in at least one domain, and a quarter across multiple. Dissatisfaction, or disengagement from study (or work) was most reported – by almost 40% of young people.

Specific groups of young people were more likely to experience social exclusion. This included young people who identified as gender diverse, Indigenous, with culturally diverse backgrounds, living in regional or remote areas and/or in areas

of lower socioeconomic conditions. Additional efforts, including targeted and/or co-designed approaches, will be required to identify and provide support to young people from these communities.

In the *2022 Youth Survey* report[3], we saw that almost three in ten young people (29%) reported high psychological distress, 16% reported their overall mental health and wellbeing as *poor*, almost a quarter reported feeling lonely *most of the time*, and personal wellbeing was reported as below the Australian national average (when compared to adults).

Increasing impact of social exclusion on mental health

18%
experienced relational difficulties

16%
experienced housing challenges

23%
experienced financial hardships

39%
experienced edu-employment issues
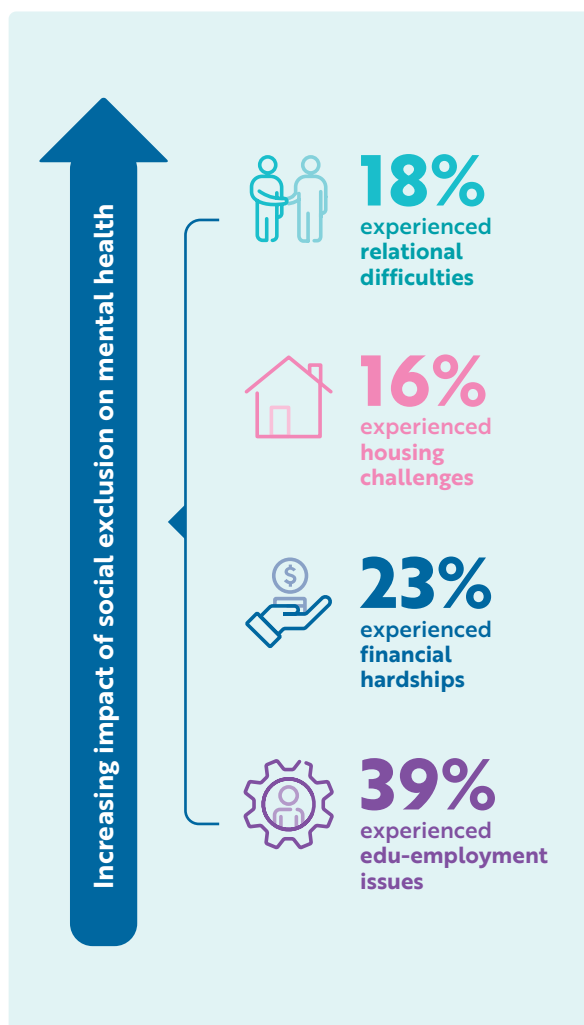
The relationships between mental health and social exclusion were clearly seen in our analysis. Social exclusion in *any* domain was strongly associated with poorer mental health and wellbeing; and even more so when social exclusion was experienced in multiple domains. The mental health of young people who experienced relational and/or housing difficulties was significantly, and consistently, poorer than in the other domains.

We cannot conclude from these results that the relationships between social exclusion, mental health and wellbeing imply causation. The associations we see in this report are likely a result of a bidirectional relationship.

Social exclusion and accessing mental health supports

Young people who reported social exclusion also reported a greater need for mental health supports and yet were less likely to have sought such support. We saw differences in whom young people sought support from, depending on experiences of social exclusion, as well as a greater number of barriers to accessing mental health care amongst those who experienced social exclusion. The **cost** of accessing care was a significant barrier, with up to 39% of young people who reported social exclusion noting it as having stopped or delayed them from obtaining professional mental health supports.

While preferences for accessing mental health care also differed slightly, overall around 70% of all young people, regardless of whether they experienced social exclusion or not, reported a preference for mental health support to be provided in a face-to-face setting, highlighting the need for, and importance of human connection.

What was the biggest personal challenge you experienced in 2021-2022?

"Probably getting kicked out of home and being homeless at the age of 17, trying to find support and figuring out how to get my life back on track with no job and only a bag of clothes."

How did you handle the challenge?

"My boyfriend was the biggest help and my support system."

What more could be done to help in the future?

"Having more resources for people in my situation."

Female, 18, WA, experiencing social exclusion in all four domains

Recommendations

Even though six out of ten young people who completed the *Youth Survey* reported some form of social exclusion, with observed impacts on mental health and wellbeing, there are solutions. We know what actions are effective in preventing and addressing these issues. However, they cannot be undertaken by a select few – it requires the full engagement of individuals, communities, schools, governments and service providers.

Our recommendations include:

- Screening for social exclusion in youth settings,
- Supporting enhanced connections and coordination between services that provide support for mental health and social exclusion respectively,
- Providing mental health supports through generalist youth services,
- Upskilling the youth work workforce to provide mental health support.

Orygen and Mission Australia jointly advocate for a greater focus on youth experiencing social exclusion in Government policies, agendas and agreements given the link between social exclusion and mental health. Finally, working with young people to codesign initiatives and inform reform is a key part of addressing these issues in a meaningful way.

We believe that these actions will give young people a better outlook for their future, help them gain opportunities to thrive, and allow them to be better equipped to navigate through the challenges of life.

What do we need to do?

Support enhanced service connections

- Fund roles dedicated to creating and coordinating service links
- Trial youth mental health outreach models in existing youth services

Screen for social exclusion in schools, mental health services and youth settings

- Fund a trial of the F-SIM16 in schools, health services, and youth services
- Develop guidelines to support the use of the F-SIM16 in these settings

Trial 'social prescribing' and group programs co-designed with young people

- Provide opportunities for social engagement in supported environments
- Trial social prescribing and group programs through community-based youth services

Co-design resources for young people experiencing social isolation to reduce barriers to mental health care

- With young people, identify source of barriers, and co-design resources to reduce them
- Identify the messaging and medium to present resources in an engaging way

Address the impact of housing exclusion on young people

- Identify young people as a priority cohort in Government housing agendas
- Enact housing policies to provide secure, stable housing options for young people

Address financial barriers to mental health supports

- Invest in free youth programs delivered through local governments and organisations
- Build the mental health skills and capacity of the youth work and the youth peer workforce in mental health services through subsidised training opportunities

Support young people's engagement in education

- Develop a national resource hub on education engagement for young people, families and carers
- Establish evidence-based programs prioritising school engagement within Federal and State education departments

2. | KEY FINDINGS

Social exclusion

60% of young people who completed the 2022 Youth Survey reported social exclusion in at least one domain, with a quarter experiencing social exclusion in multiple domains.

Figure 1. The proportion of young people who reported social exclusion in any number of domains

Number of social exclusion domains experienced

1.7%
experienced social exclusion in four domains

6.7%
experienced social exclusion in three domains

17%
experienced social exclusion in two domains

40%
no social exclusion experienced

35%
experienced social exclusion in one domain
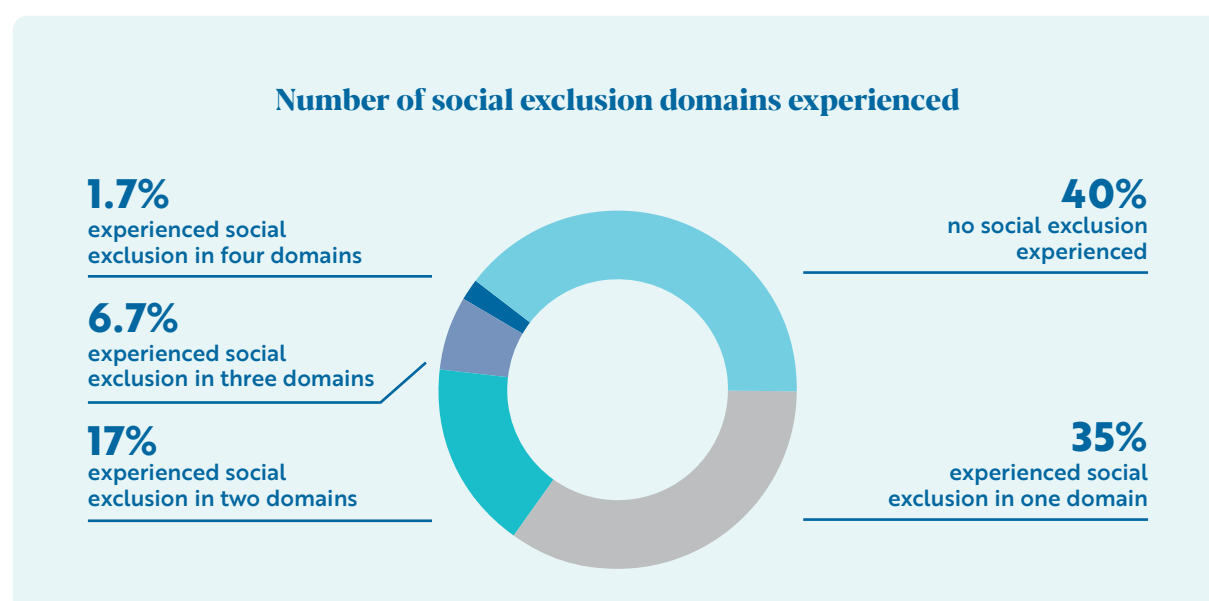
The overlap of social exclusion across multiple domains is visible in Figure 2, with the differing proportions in different domains indicative of the complexity of social exclusion. The high degree of overlap also demonstrates how disadvantage is often reflected in more than one domain of social exclusion and speaks to the need to consider holistic approaches to addressing social exclusion rather than focusing on improvements in individual domains alone.

Figure 2. The overlap of social exclusion across multiple domains

Financial hardships

Housing challenges

Relational difficulties

Edu-employment issues

7.6% 5.2%
2.8% 2.3% 1.6% 4.3%
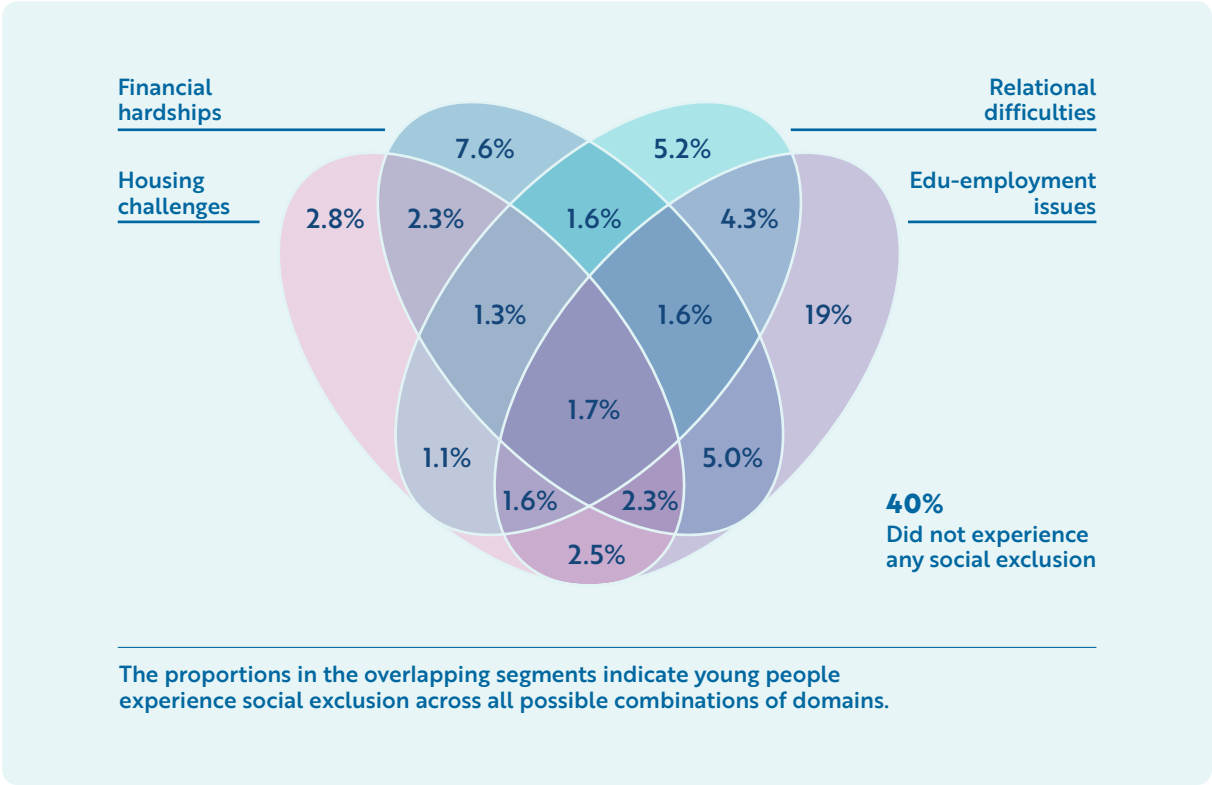1.3% 1.6% 19%
1.7%
1.1% 5.0%
1.6% 2.3%
2.5%

40%
Did not experience any social exclusion

The proportions in the overlapping segments indicate young people experience social exclusion across all possible combinations of domains.

When looking at each domain individually, the most commonly experienced form of social exclusion was in the *Edu-employment issues* domain (39%). This was primarily due to the high proportion of young people not satisfied with their studies (35% not satisfied with studies, 4% not currently engaged in studying or work).

Figure 3. Proportions of young people who experienced each domain of social exclusion

Four domains of social exclusion

39%
Edu-employment issues

23%
Financial hardships

18%
Relational difficulties

16%
Housing challenges
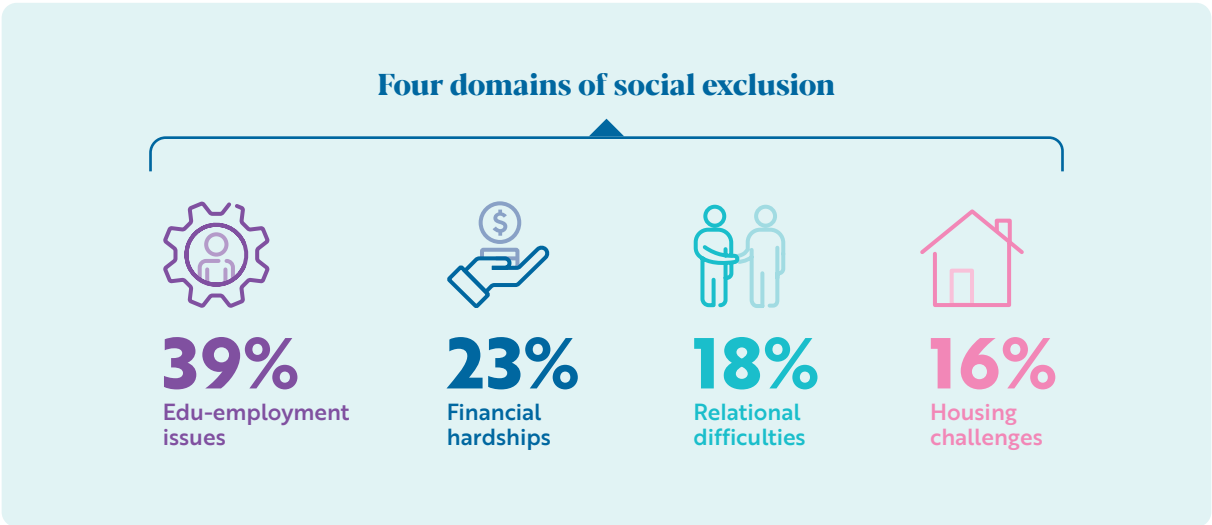
Who experienced social exclusion?

Young people who identified as gender diverse, Indigenous, living in areas of lower socioeconomic conditions (IRSAD – see Appendix), in regional or remote areas, or who reported speaking a language other than English were more often excluded in one or more domains (see Table 1). For example, 37% of gender diverse young people reported housing challenges compared with only 13% of young males and 15% of young females. This gender-related social exclusion variation is consistent across all four domains.

Table 1. Participant demographics among those experiencing social exclusion

|	Edu-employment issues (n=7148)	Financial hardships (n=4253)	Relational difficulties (n=3328)	Housing challenges (n=2801)
Gender				
Male	**41%**	**20%**	**11%**	**13%**
Female	**36%**	**23%**	**20%**	**15%**
Gender diverse	**51%**	**35%**	**40%**	**37%**
Age group				
15-17	39%	**22%**	18%	16%
18-19	39%	**34%**	18%	16%
Indigenous status				
Non-Indigenous	**38%**	**22%**	**18%**	**15%**
Indigenous	**48%**	**47%**	**23%**	**35%**
Remoteness				
Major Cities	38%	**22%**	**17%**	**14%**
Inner Regional	38%	**26%**	**20%**	**18%**
Outer regional, remote or very remote	38%	**26%**	**20%**	**20%**
Language spoken at home				
English only	**38%**	**22%**	18%	15%
Other(s)	**41%**	**26%**	18%	16%

Missing data include 944 for gender identity, 6 for age, 518 for Indigenous status, 808 for IRSAD Decile and remoteness, and 721 for language spoken at home. **NB: Bolded items are significant at p<.001.**

As observed in Figure 4, higher proportions of young people living in areas of lower advantage and higher levels of disadvantage reported experiences of social exclusion and in particular, exclusion across multiple domains. Compared to the overall sample, only 24% of young people in the lowest decile reported no social exclusion (vs 40%). This trend is reversed at the other end of the deciles.

Figure 4. Distribution of social exclusion domains across IRSAD deciles
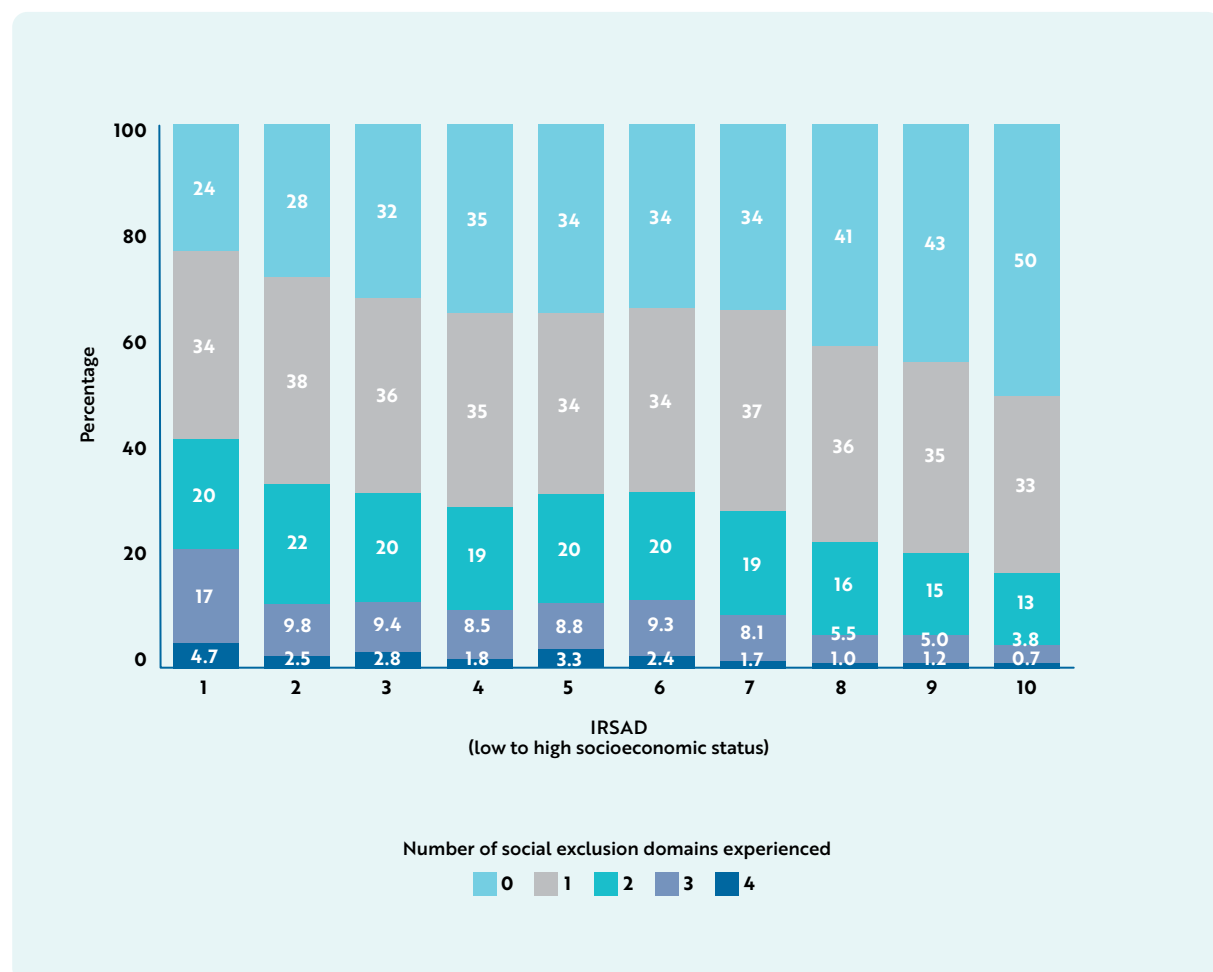
Number of social exclusion domains experienced

0   1   2   3   4

What was the biggest personal challenge you experienced in 2021-2022?

"Attempting to gain financial independence in preparation for life beyond high school. Considering the inflation occurring at the moment and the housing crisis, accessibility for students who don't come from a financially privileged background is reduced. Thus, the biggest challenge is preparing myself for entering the workforce with this context in mind."

How did you handle the challenge?

"Having a stable support base such as friends, family, etc. With their own experiences in the financial field."

What more could be done to help in the future?

"There is a clear lack of support from the state and local governments to provide the foundations needed for life beyond tertiary education. It is quite appalling. There is no equality amongst the students in my peer group, and this extends further than the surface level workshops and such. This leaves students disadvantaged."
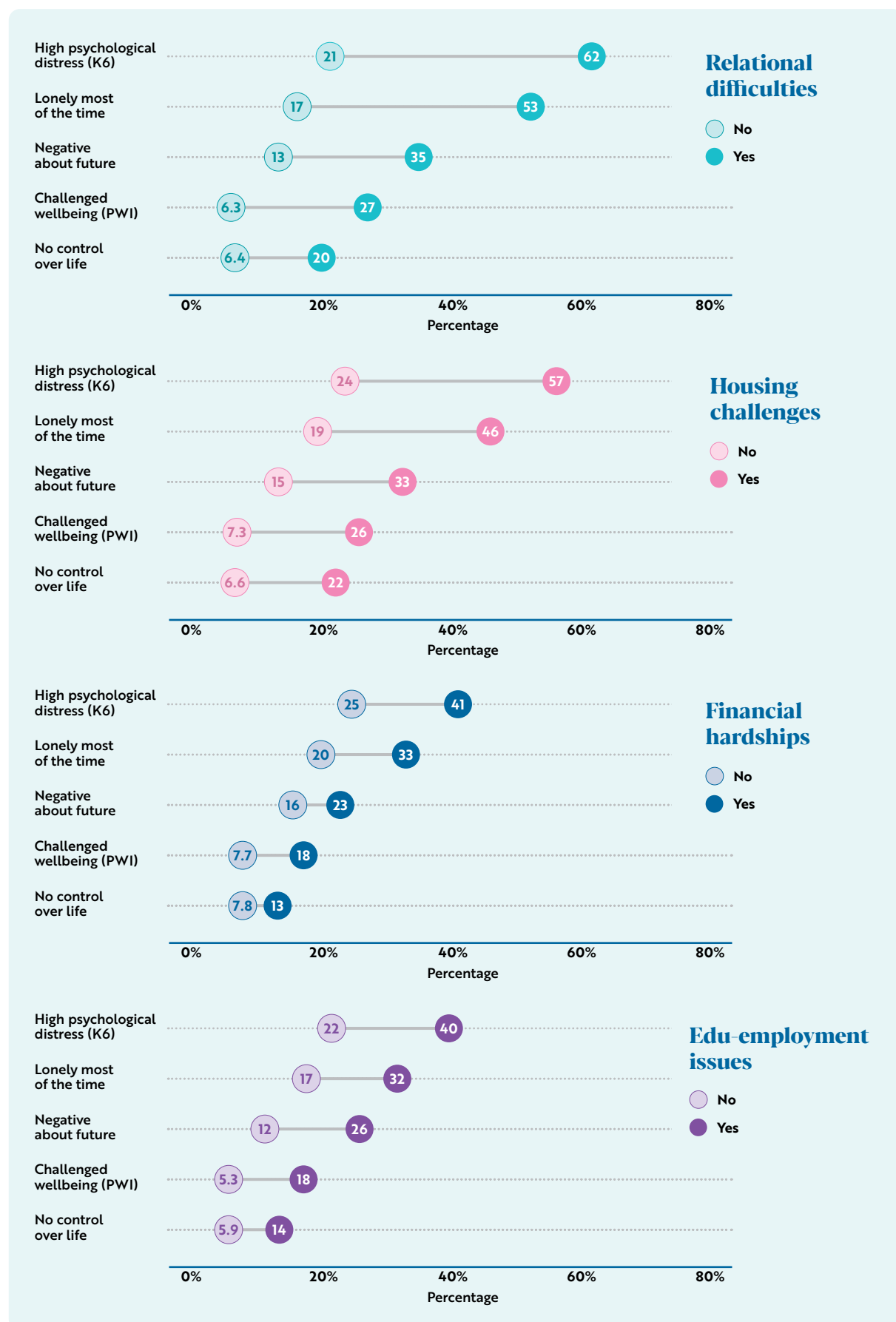
Gender diverse, 17, WA, experiencing social exclusion in three domains (Housing Challenges, Financial Hardships and Relational Difficulties)

Social exclusion and mental health

When young people reported social exclusion in any of the four domains, they also reported poorer mental health and wellbeing (see Figure 5). However, the **relational and housing domains had the biggest impact on mental health and wellbeing**, particularly with respect to psychological distress and loneliness. For example, 62% of young people who reported relational difficulties also reported high psychological distress compared with 21% of those who did not experience them. This discrepancy is similar between young people who reported housing challenges (57% reported high psychological distress) vs not (24% reported high psychological distress). This finding emphasises the vital role of social connections and supportive communities, particularly of friends and family.

Importantly, the experience of each domain also negatively impacted on young people's perceptions about the future and their feelings of control over their lives. These correlates of mental health such as loneliness, perceptions about the future and feelings of control over life are really important in particular during adolescence when hope is instrumental for planning and working towards a positive and successful future[4]. Experiences such as loneliness can have lasting effects on academic achievement, cognitive functioning, health (physical and mental health) and social functioning[5-7].

Figure 5. Mental health, wellbeing and correlates by social exclusion domains

Relational difficulties

- ○ No
- ● Yes

	No	Yes
High psychological distress (K6)	21	62
Lonely most of the time	17	53
Negative about future	13	35
Challenged wellbeing (PWI)	6.3	27
No control over life	6.4	20

Housing challenges

- ○ No
- ● Yes

	No	Yes
High psychological distress (K6)	24	57
Lonely most of the time	19	46
Negative about future	15	33
Challenged wellbeing (PWI)	7.3	26
No control over life	6.6	22

Financial hardships

- ○ No
- ● Yes

	No	Yes
High psychological distress (K6)	25	41
Lonely most of the time	20	33
Negative about future	16	23
Challenged wellbeing (PWI)	7.7	18
No control over life	7.8	13

Edu-employment issues

- ○ No
- ● Yes

	No	Yes
High psychological distress (K6)	22	40
Lonely most of the time	17	32
Negative about future	12	26
Challenged wellbeing (PWI)	5.3	18
No control over life	5.9	14

In the density plots below, we can see how the experience of social exclusion across multiple domains impacts on mental health and wellbeing. Density plots allow us to compare the results of different groups for one outcome. The peaks indicate where the data is most concentrated, and the area under the density curve represents the proportion of data within each range.

Looking at these plots, we can see that the experience of **social exclusion across multiple domains appeared to contribute to more significant psychological distress and reduced wellbeing**. As the number of domains experienced increased, so too did scores of psychological distress, while scores related to personal wellbeing reduced.

Figure 6. Psychological distress and subjective wellbeing by number of domains of social exclusion experienced

Number of social exclusion domains experienced
0   1   2   3   4
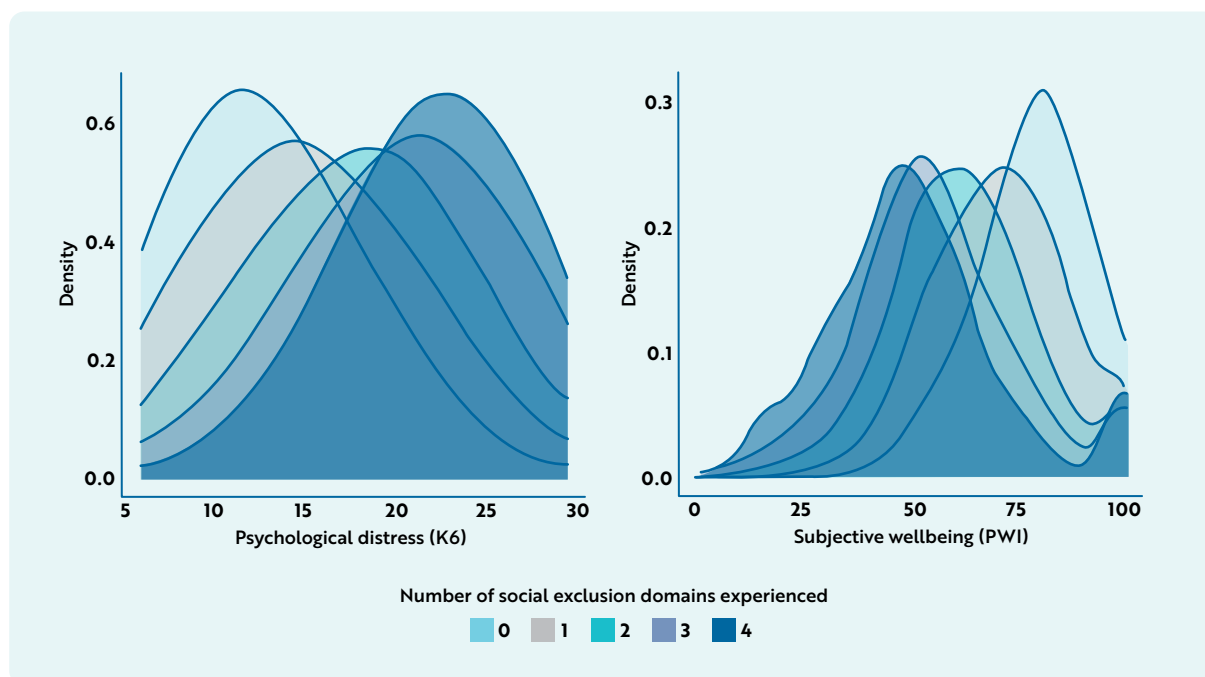
With more complex analyses in our technical paper, we observed that the relationships between social exclusion, psychological wellbeing and distress were not confounded by other factors that may typically be implicated.

This included gender identity, IRSAD decile, remoteness, cultural diversity and whether a person reported being of Indigenous heritage.

What was the biggest personal challenge you experienced in 2021-2022?

"Personally, my biggest challenge has been financial hardship throughout the family. This is mainly due to COVID and my mum having a lack of work. Mental health has also been a big struggle, constantly being tired and drained from work and school."

How did you handle the challenge?

"I have been working myself at a casual job and learning from this job as well as helping my family. I have also made some great friends in school and at work who have helped me through these hard times."

What more could be done to help in the future?

"I think that taking a week off or having a break would be good."

Female, 15, NSW, experiencing social exclusion in one domain (Financial Hardships)

Social exclusion and accessing mental health supports

Young people who experienced social exclusion in any domain were more likely than those who did not to report needing support for their mental health (see Table 2). However, rates of help-seeking varied, with lower help-seeking rates observed in those with education/employment and/or relational issues. This indicates that social exclusion can influence not only the way that young people access support, but also *whether* they seek support.

Young people reported accessing mental health supports from formal and informal supports. However, less than one fifth of young people with and without social exclusion reported using *apps or online* for mental health support, with figures ranging from 12% (overall) to only 17% (housing challenges).
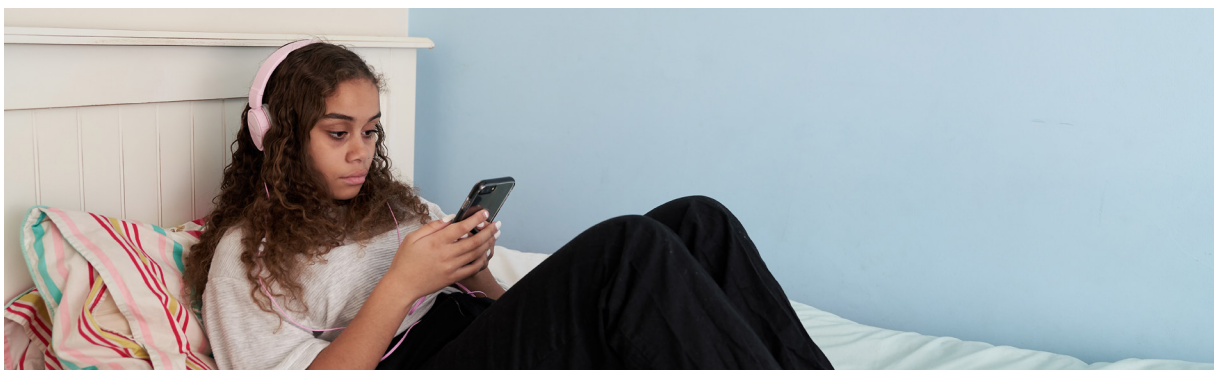
Table 2. Help-seeking behaviours, barriers and preferences among the *2022 Youth Survey* sample overall, and for those who experienced social exclusion in each domain

|	Overall	Edu-employment issues	Financial hardships	Relational difficulties	Housing challenges
Needed support	53%	59%	65%	78%	78%
Sought support (of those who felt they needed it)	58%	54%	58%	52%	60%
Top 4 supports					
Health professionals	68%	69%	69%	77%	72%
Family	55%	50%	49%	45%	55%
Friends	47%	46%	47%	42%	47%
School	37%	36%	40%	42%	37%
Top 4 barriers to mental health services					
Stigma/shame	36%	37%	39%	49%	36%
Confidentiality concerns	34%	38%	40%	47%	34%
Cost	24%	27%	39%	34%	24%
Not knowing where to go	24%	27%	26%	33%	24%
Preferences for mental health supports					
Online	12%	13%	14%	15%	12%
Face-to-face	70%	69%	71%	71%	70%
Phone	7.5%	7.7%	9.2%	8.5%	7.5%

People who experienced social exclusion in each domain reported facing barriers to accessing professional mental health services in higher proportions than those who did not (Figure 7):

- Young people who experienced social exclusion across multiple domains reported barriers in greater proportions.
- A noteworthy barrier was **cost**, with 39% of young people facing financial hardships reporting this barrier to accessing mental health care, and 57% of young people who experienced social exclusion in all four domains reporting this as a barrier.

Finally, preferences for mental health care again differed between those who did and did not experience social exclusion in each domain. Notably, overall and across social exclusion domains, young people reported a preference for face-to-face mental health supports, above and beyond those able to be accessed online or over the phone.

While digital interventions and hybrid options for mental health support are increasing, and allowing for increased accessibility for multiple reasons, it is possible that young people may not be aware of the varied possibilities of supports available to them. However, it may also be that the power of human connection remains an important component of the help-seeking experience for mental health supports.

Figure 7. Barriers to professional mental health services by number of social exclusion domains
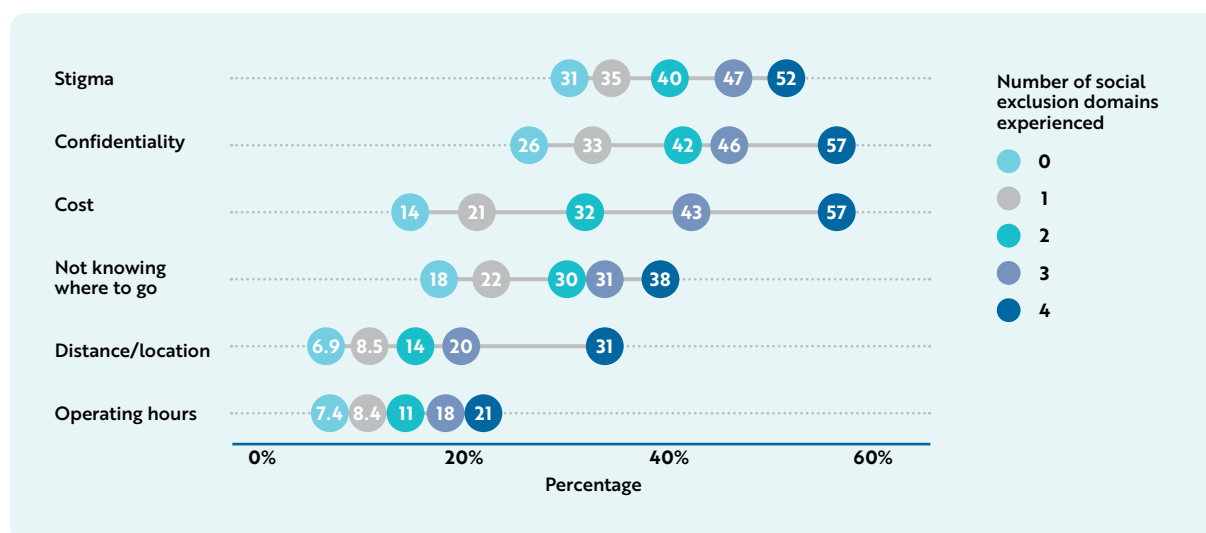
IN THE WORDS OF A YOUNG PERSON:

What was the biggest personal challenge you experienced in 2021-2022?

"The past year, my final year of school has been difficult as I have found it hard to fit in with others and organise my study. I feel I have little support from the people around me."

How did you handle the challenge?

"To manage my personal challenges, I found exercise a good way to cope."

What more could be done to help in the future?

"Education on fellow school peers about bullying and the effects it can have."

Female, 17, QLD, experiencing social exclusion in one domain (Relational Difficulties)

3. POLICY IMPLICATIONS & RECOMMENDATIONS

1 Support enhanced service connections, especially in areas of high socioeconomic disadvantage

There is a link between social exclusion and experiences of psychological distress/mental health concerns, particularly for young people living in areas of persistent and entrenched disadvantage. Therefore, it is important that services in these areas that are responding to different domains of exclusion are supported to connect with each other and to mental health care. To enable this there needs to be a more place-focused approach to service provision, including:

- Funding allocated within service level agreements with governments to employ dedicated positions focused on service links, coordination and referral pathways.
    - These roles will need to have recognised and described skill sets.
- Implementation and evaluation of proactive youth mental health outreach into services including but not limited to supported housing, educational and vocational support, psychosocial services where young people experiencing social exclusion are already engaged.

2 Measure social inclusion in youth mental health care and broader settings

We need early screening of young people's experience of social exclusion a) in universal settings, such as schools, as well as b) in targeted mental health support settings.

The F-SIM16[i] provides an accessible, evidence-based tool for measuring and monitoring young people's social inclusion. There is an opportunity to:

- Fund a trial of a developed social inclusion measure, such as the F-SIM16, across schools, youth mental health services, General Practice (GP) and broader youth services; and
- Evaluate its implementation and develop guidelines to support clinicians and services in its use.

This could also be built into the Community of Schools and Services (COSS) model, an early intervention place-based service delivery model designed to identify and support vulnerable young people and their families, reduce disengagement from education and avoid homelessness and other adverse outcomes.

[i]Researchers from Orygen have been leading innovative research in social exclusion and inclusion (existing on the other end of the spectrum from social exclusion). Examples of these initiatives include developing the newly validated measurement tool, the **Filia Social Inclusion Measure (F-SIM16)** - for assessing multiple domains including housing, social, finances, and education/employment[8]; and developing assessment-based (using F-SIM) clinical resources to better support young people experiencing social exclusion in youth mental health settings (funded by the NHMRC). These packages of work have built the theoretical and practical foundations for this report and will facilitate a better understanding of social exclusion, aid in developing preventative frameworks for mental ill-health, and provide holistic support programs.

3 Address financial barriers to mental health support

Young people experiencing exclusion due to financial difficulties found the cost of services a significant barrier to accessing mental health support.

There is a need to:

- Invest more in generalist youth service programs that are free for young people to access.
- Build the mental health skills and capabilities of the youth work workforce and the youth peer workforce in mental health services through subsidised short courses and/or graduate certificates.

4 'Social prescribing' and group programs

Social prescribing can be an important tool for health professionals to address the unmet social needs of individuals that then contribute to poor health outcomes and has been shown in international studies to improve participants wellbeing[9]. Social prescribing can be used to support engagement in physical activity; arts, heritage and community; and/or the natural environment.

Social prescribing and/or structured social group programs can provide opportunities for social engagement in a supported environment and could be of particular benefit to the 62 per cent of young people in the *2022 Mission Australia Youth Survey* who reported relational difficulties alongside high psychological distress.

A large-scale national trial of a social prescribing approach for young people experiencing mental ill-health, loneliness and social isolation is warranted:

- The trial should be delivered through community-based youth mental health services with experience delivering group-based programs and referrals from GP clinics.
- Social prescribing options should be co-designed with young people and could include psychosocial group programs with a focus on arts, music, sports, cooking and other areas of interest.

5 Develop resources for young people experiencing social isolation

There is a need to develop resources in partnership with young people experiencing social challenges and isolation that respond to their concerns and barriers to help-seeking for their mental health (e.g., stigma, confidentiality). The resources should be developed based on advice from young people on:

- Where these barriers are stemming from, and who to engage in addressing and reducing them (e.g., parents/guardians, peers, teachers).
- The messaging and medium for presenting resources in an engaging way.
- The best channels to deliver these resources to young people include online platforms, education and broader community settings.

6 Address the impact of housing exclusion on young people

Given the impact of housing exclusion on young people's mental health and wellbeing, as well as young people's unique pathways into housing challenges and homelessness, there is an opportunity to:

• Identify young people as a priority cohort in the National Housing and Homelessness Plan and the next National Housing and Homelessness Agreement.

• Ensure the National Housing and Homelessness Plan is connected into policy processes that respond to related domains of social exclusion for young people.

• Enact housing policies to provide secure, stable housing options for young people, including prevention and early intervention measures, youth-specific social housing and Youth Foyers.

7 Support young people's engagement in education to improve satisfaction with their studies

Given the high proportion of young people not satisfied with their studies, action is needed to promote school engagement and reduce exclusion in the education-employment domain, including:

• Develop a national resource hub with information for young people, parents, families and carers on maintaining engagement and supporting reengagement with education.

• Federal and State education departments should establish evidence-based and regularly evaluated services and programs to support and prioritise school engagement.

What was the biggest personal challenge you experienced in 2021-2022?

"I feel like a personal challenge I have faced is not doing well in school and not enjoying school, and I would prefer to leave and start working but I have been told that that isn't going to be an option."

How did you handle the challenge?

"Probably when I am with all my friends and going to campdraft's helps me take my mind off school."

What more could be done to help in the future?

"If I can't leave school I would like to maybe do a traineeship or drop some subjects, so I don't have as much stress with schoolwork."

Female, 15, QLD, experiencing social exclusion in one domain (Edu-Employment Issues)

4. | APPENDIX

Variable definitions and items from *2022 Youth Survey*

Variable	Classifications
Social exclusion	
Relational difficulties	Young people were deemed as experiencing 'relational difficulties' if they had answered *Yes* to both of the following two questions: *Do you find it hard to fit in and socialise with everyone else (at school, work or socially?)* and *Do you find it hard to turn to friends and family if you need help?*
Housing challenges	Young people were determined as experiencing housing challenges if they had answered *Yes* to any of the following: *Have you experienced a time when you had no fixed address or lived in a refuge or transitional accommodation within the last year?* or *Within the last year, have you spent time away from home because you felt you couldn't go back?* or *In the past year, have you ever worried about having a safe place to stay?*
Financial hardship	Young people were determined as experiencing financial hardship if they had answered *Yes, Mission Australia, Yes, a different charity or foundation,* or *No, but I needed support or assistance* to the question: *In the past year, have you and/or your family received support or assistance from a charity or foundation?* OR answered *Could not pay bills or car expenses, Could not pay rent/mortgage, Gone without a meal, Could not afford school supplies or go on school excursions,* or *Sought financial help from family, friends or a charity* to the question: *In the past year, have you and/or your family experienced any of the following because of money concerns?*
Edu-Employment issues	Difficulties in the education/employment domain were determined by current vocational activity or lack thereof and categorised as *not engaged in employment, education or training (NEET), or not satisfied with studies.* The latter category was obtained by responses of *Very dissatisfied* or *Dissatisfied* to the question: *How satisfied are you with your studies?*

Variable	Classifications
Mental health and wellbeing	
Psychological distress	Psychological distress was measured using the Kessler Psychological Distress Scale – 6 item version (K6).[10] K6 consists of six questions used to measure non-specific psychological distress including items related to nervousness, hopelessness, restlessness, sadness, feeling that everything was an effort and worthlessness. Respondents were classified into two groups: *No probable serious mental illness* (<18), and *probable serious mental illness* (>18)[11, 12]. Note: In this report we have used the term 'high psychological distress' in place of 'probable serious mental illness' for ease of interpretation.
Wellbeing	Wellbeing was assessed using the School Children version of the Personal Wellbeing Index (PWI-SC)[13,14]. The PWI-SC consists of seven items related to how happy the young person feels with respect to various aspects of their life including their health, the things they have, how they get along with others, and how safe they feel. Scores were converted to a 100-point scale and rounded to the nearest integer. Respondents were classified into three groups according to the PWI-SC manual[15]. *Personal wellbeing likely to be challenged* (<50), *personal wellbeing likely to be compromised* (51-69), and *likely experiencing a normal level of wellbeing* (>70).
Control over life	Young people were asked to indicate how much control they felt they had over their lives, with responses: *no, almost no, some, mostly in and complete control*. We combined *no control* and *almost no control* into a single category.
Loneliness	Young people were asked to indicate how much of the time they felt lonely, with responses: a*ll of the time, most of the time, some of the time, a little of the time, none of the time*. We combined *all of the time* and *most of the time* into a single category.
Feelings about future	Young people were asked to rate their outlook for the future: *How would you describe your feelings when you think about the future?* with a five-point scale from *very negative* to *very positive*. Responses were categorised into "very negative/negative", "neither negative nor positive" and "very positive/positive".
Demographics and correlates of social exclusion and mental health	
Gender	Self-identified gender options included *female, male, non-gendered, non-binary gender, transgender, not listed* and *prefer not to say*. Non-gendered, non-binary gender, transgender, and not listed were grouped as "gender diverse".
Age group	15-17 years old, or 18-19 years old
Indigenous status	Young people were asked if they identified as Aboriginal and/or Torres Strait Islander
Geographic locality	Locality information was obtained from the Australian Bureau of Statistics (ABS) by matching the young person's residential postcodes to one of five categories: *Major Cities of Australia, Inner Regional Australia, Outer Regional Australia, Remote Australia, Very Remote Australia*. The latter three are combined in our analyses as "Outer regional, remote or very remote".

Variable	Classifications
Index of Relative Socio-economic Advantage and Disadvantage (IRSAD)	Index of Relative Socio-economic Advantage and Disadvantage (IRSAD) information were obtained from the Australian Bureau of Statistics (ABS) by matching participants' residential postcodes. IRSAD is an area-based socioeconomic status measure that summarises census information about the economic and social conditions of residents, including measures of both relative advantage and disadvantage (higher deciles indicate relative lack of disadvantage and greater advantage in general)[16].
Language other than English	Young people were asked if they spoke a language other than English at home

Help-seeking for mental health support

Mental health support	Young people were asked if they had ever felt they needed mental health support. As a follow up, they were asked if they had ever sought that support, and if so, where they had sought that support from
Barriers to mental health services	Young people were asked to select any number of barriers they had experienced in accessing mental health supports. Responses included: *Cost, concerns about confidentiality, distance/location, operating hours, stigma or shame associated with mental illness, don't know where to go for help, other, or no barriers.*
Preferences for mental health support	Young people were asked to indicate if they would like to access mental health support *online, face-to-face, over the phone,* or if they had no preference. They were able to select all that apply.

Social exclusion and the *Youth Survey*

The framework of social exclusion applied in this report consists of four domains, identified through a thematic analysis of the literature[1], and a consensus study with people with and without a lived experience of mental ill-health to identify core contributors to social exclusion[17]. These four domains are dynamic, relative to each individual, and interrelated, with flow-on effects from changes in one domain to the others. Often people will experience social exclusion across multiple domains, with disadvantage in one leading to subsequent disadvantage in others (e.g.,

unemployment may lead to reduced finances, and to then housing instability). Conversely, improvements in one domain can lead to improvements in multiple. As a consequence, a holistic perspective is required when addressing issues of social exclusion. Siloed approaches may limit the effectiveness of interventions or supports.

Based on the four domains identified in the literature and included in the F-SIM16, we developed indices of each domain using relevant items from the *2022 Youth Survey* (see above table).

Statistical methods

Descriptive analyses were used to demonstrate the demographic characteristics of the young people, as well as their health and wellbeing. Additional multivariable linear regression and logistic regression models were used in the academic publications[18,19] to evaluate how different social exclusion domains

collectively and interactively impacted on different outcomes controlling for potential confounding factors such as gender identity, age, Indigenous status, IRSAD decile, remoteness, and whether the young person reported speaking a language other than English at home.

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Who is Mission Australia?

Mission Australia is a national Christian charity motivated by a shared vision of an Australia where everyone has a safe home and can thrive.

Since 1859, we've been standing alongside people and communities in need across Australia, offering real hope that has lasting impact. Backed by our supporters, churches, partners and funders, we work together for the long-term wellbeing of anyone who needs us by collaborating with them to tackle the root causes of their challenges.

Every day we deliver homelessness crisis and prevention services, provide social and affordable housing, assist struggling families and children, address mental health issues, fight substance dependencies, support people with disability and much more.

We measure our impact, collecting evidence of what works to inform our service design and delivery, and to advocate for change.

Mission Australia believes a person's circumstances shouldn't define their future and that given the right support, everyone can reach their full potential.

That's why we stand together with Australians in need, for as long as they need us.

Who is Orygen?

Leading the revolution in youth mental health

At Orygen, we believe that every young person deserves to grow into adulthood with optimal mental health. Everything we do is focused on delivering this outcome.

Orygen is Australia's centre of excellence in youth mental health and the world's leading research and knowledge translation organisation focused on mental ill-health in young people.

We believe in treating early and focusing on recovery. Pioneering reform to deliver real-world practical solutions.

Our research is world-leading, impactful and creates change. Working directly with young people, their families and friends, we pioneer new, positive approaches to the prevention and treatment of mental disorders.

We advocate to make sure that policy makers understand the need and cost of mental ill-health in young people.

And educate to ensure our research and evidence-based practice is used to develop innovative training programs and resources.

Our goal is to see all young people with mental ill-health get well and stay well.

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