Australia's Mental Health and Wellbeing Check 2026

Trends in mental health and support-seeking

This research was conducted by Beyond Blue in partnership with the Social Research Centre in 2026



Introduction

This report was prepared by Beyond Blue with research partners, the Social Research Centre (SRC). The information presented in this report is part of a comprehensive dataset that was collected by the SRC using their probability-based online panel, Life in Australia™ which is a nationally representative sample of people in Australia. Findings from the survey are therefore generalisable to the Australian population. The survey is conducted every two years, most recently in May 2026 and previously in July 2024 and November 2022.

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For more information on this report or the research study, please contact Beyond Blue at research@beyondblue.org.au

Acknowledgements

Beyond Blue acknowledges that the Land on which our head office is based has deep connections to peoples and cultures across the Eastern Kulin Nation. As such we acknowledge the Traditional Owners of this area, the Wurundjeri Peoples, and pay our respect to their Elders past and present. As an organisation with national reach, we extend our respect to all Elders and First Nations Peoples across Australia.

Beyond Blue recognises those in the community with lived and living experience of mental health challenges, as well as families and supporters. We are privileged to be part of a deeply dedicated community and workforce and are committed to ensuring these perspectives continue to help shape and strengthen our work, driving meaningful change.



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Table of Contents

Who we are	4
Aim of this research	5
Background and methodology	6
Glossary of terms	7
Summary of key findings	9
Mental health and wellbeing in Australia	10
Drivers of distress	15
Support-seeking intentions and actions	19
Enablers and barriers to support - seeking	27
Mental health literacy, self-management and prevention	32
Beyond Blue awareness and engagement	36



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Who we are

Beyond Blue is one of Australia's most well-known, trusted, and visited mental health organisations.

We are the national depression and anxiety initiative, with deep expertise in, and a focus on, tackling Australia's most prevalent mental health conditions.

We provide accessible, free, evidence-based supports and services, advice, and referral around the clock to millions of Australians every year – from those who want to look after their mental health, to those in high distress and suicidal crisis.

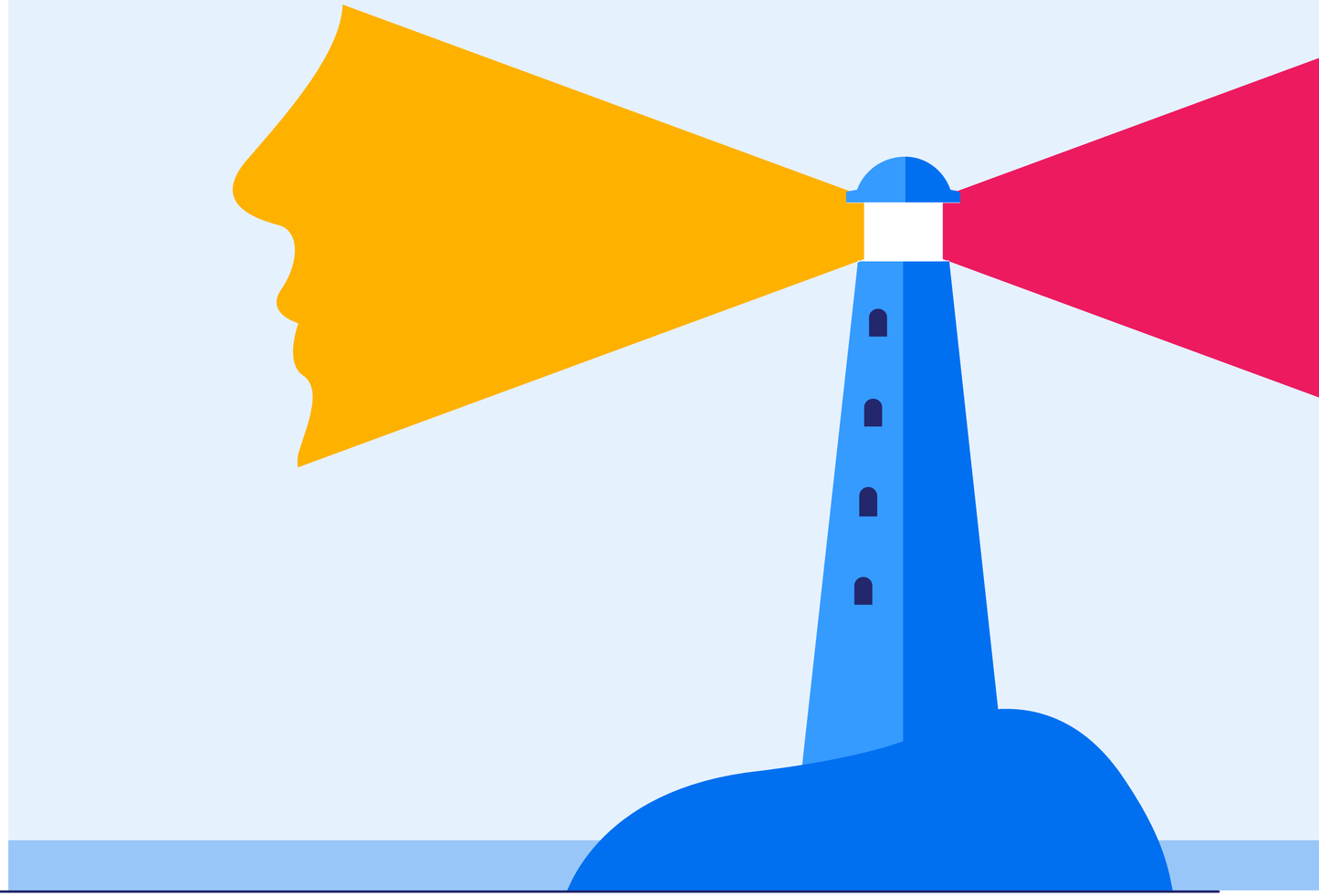
You can read our Strategy 2023+. Earlier. Easier. Together at beyondblue.org.au/about/strategy

Vision

Our vision is that all people in Australia achieve their best possible mental health.

Role

Our role is to work with the community to improve mental health and make it easier for people to feel better earlier, get well and stay well.



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Aim of this research

The aim of this report is to present a high-level overview of mental health and wellbeing in Australia, including prevalence and support-seeking trends. It presents selected findings from Australia's Mental Health and Wellbeing Check, a comprehensive survey conducted every two years by Beyond Blue and the Social Research Centre, rather than the full range of data collected. Some survey questions compare the 2026 data with data from the previous waves of the survey conducted in 2024 and 2022. Some new questions were added in 2026 and 2024. For these new questions, comparisons to previous years could not be made.

This report focuses on statistically significant findings that represent high-level trends in mental health, wellbeing and support-seeking in Australia, to inform service providers, policy makers, advocates, funders, researchers and the community. Mental health challenges were explored in several different ways to capture a broad range of experiences (see glossary of terms on pages 7-8 for further details). This report explores symptoms, diagnoses, functional impact and distress using standardised scales and self-report measures.

Australia's Mental Health and Wellbeing Check explores population-level trends.. While the research captures data about demographic groups within the population, this report mainly focuses on high-level general population trends. Any references to gender in this report are respondents' self-reported gender as per the Australian Bureau of Statistics (ABS) standard definition of gender. Readers seeking authoritative information about demographic groups can refer to the ABS for further information.



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Background and methodology

Australia's Mental Health and Wellbeing Check is conducted by the Social Research Centre (SRC) on behalf of Beyond Blue as a representative survey of the Australian population on mental health. The information presented in this report is part of a comprehensive dataset that was collected in 2022, 2024 and 2026. The survey supports Beyond Blue in the monitoring of community outcomes that are aligned with its vision and strategic goals.

The survey was undertaken on the Social Research Centre's online panel, Life in Australia™. Life in Australia™ is Australia's most methodologically rigorous panel, using random probability-based sampling methods. Results from the survey are generalisable to the Australian population.

The most recent survey was conducted from 4 to 17 May 2026. The in-scope population for the survey was Australian adults aged 18 years and older. A total of 5,141 people completed the survey.

Unless otherwise stated, all data presented show survey percentages that are weighted. This means that the results have been adjusted to ensure they are representative of the Australian population. This applies to all results expressed as percentages. Some percentages or charts may not add to exactly 100% due to weighting or rounding.

To help determine if there are meaningful differences between 2022, 2024 and 2026 findings, or between certain groups and the general population, statistical significance testing was performed. Findings that are statistically significant represent genuine differences rather than random variation. Where results are reported as significantly different, it implies that a statistically significant difference at a 95 per cent confidence level has been established.

Statistically significant differences are presented in graphs as up or down arrows or as an asterisk next to a percentage. Most significant differences presented use the general population as the comparison group or show significant differences between years the survey was undertaken (2022, 2024 and 2026 with 2026, being the reference year). Where significant differences are presented between specific groups, such as between age group, rather than between a group and the broader population, this is stated in the report. This report primarily presents statistically significant findings.

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Glossary of terms

The following terms and abbreviations have been used throughout the report:

At least moderate functional impact: Impact from a mental health issue that caused a person to reduce the amount of time they spent on work or other activities to an extent they described as either “moderate”, “quite a bit” or “extreme”.

ABS: The Australian Bureau of Statistics – Australia’s national statistical agency.

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5): The American Psychiatric Association’s standardised manual for diagnosing and classifying mental disorders, providing clinicians with a common language and criteria for assessment.

Distress: Emotional, psychological or social strain that negatively affects a person’s wellbeing. In this report, distress may arise from personal circumstances, life events, financial pressures, work-related challenges or broader social issues. The PHQ-4, a brief screening scale used in the survey, measured psychological distress as part of measuring anxiety and depression symptoms.

Functional impact: Impact from a mental health issue that caused a person to cut down the amount of time they spent on work or other activities due to a mental health issue. At least moderate functional impact” includes those who responded “moderately”, “quite a bit” or “extremely".

Generative artificial intelligence (AI): A subset of artificial intelligence that learns patterns from existing data to create new content, such as text, images, audio, video and code. In the context of the survey, this included use of AI chatbots/conversational AI, or other AI tools for mental health information, advice and support.

Macroeconomic, geopolitical and broader social issues: This report measured macroeconomic, geopolitical and broader social issues by asking respondents about the negative impact on mental health of the following: global conflicts, cost of living pressures, affordability of housing, racism, social media, public harm events, AI and climate change.

Mental health challenge: A generic term to describe a range of mental health experiences presented in this report.

Mental health condition: A condition that a respondent reported being diagnosed with by a health professional.

Mental health continuum: A way of understanding that our mental health exists on a spectrum, is not fixed and can change over time. Beyond Blue’s continuum describes experiences ranging from healthy to unsettled, struggling and in crisis, recognising that people can move in either direction and that there are steps we can take to protect our mental health or get support when we need it.

Mental health issue: A time in the past 12 months when a person’s social and emotional wellbeing was negatively affected for several weeks. These issues did not need to be diagnosed by a health professional.

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Glossary of terms

Mental health literacy: The knowledge, beliefs, attitudes and skills that help people protect their mental health, recognise mental health challenges, understand support options, find reliable information, and seek or support appropriate help when needed.[1]

Mental wellbeing: A person's overall assessment of their quality of life, including factors such as life satisfaction, happiness, optimism and whether they feel the things they do are worthwhile.

Personal stressors: This report measured personal stressors by asking respondents about the following common sources of stress: financial pressure, relationship challenges, housing affordability, loneliness or lack of social connection, family health status, major illness or injury, job loss, transition or insecurity, having or raising children, death of a loved one or divorce.

Professional: The following members of the mental health workforce were together described as "professionals": GP, psychologist, psychiatrist, Employee Assistance Program (EAP), social worker, counsellor, occupational therapist, mental health coach, peer worker, national phone support line (e.g. Beyond Blue Support Service).

Recent symptoms of anxiety and depression: Symptoms of anxiety and depression as measured by the four-item Patient Health Questionnaire for Anxiety and Depression (PHQ-4)[2]. The PHQ-4 is a brief screening scale that asks respondents about symptoms experienced in the previous two weeks, without necessarily being formally diagnosed with anxiety or depression. It produces a distress score from 0 to 12 across anxiety and depression symptoms, with higher scores indicating greater symptom severity.

Resilience: The ability to adapt to change, recover from setbacks and cope with challenges. In this report, resilience is measured using the two-item Connor-Davidson Resilience Scale (CD-RISC2).

Self-management: Actions individuals take to maintain or improve their social and emotional wellbeing, such as exercise, healthy eating, social connection, sleep, relaxation techniques or other wellbeing practices.

Social determinants of health: The conditions in which people are born, grow, live, work and age, and people's access to power, money and resources, that have a powerful influence on health inequities.[3]

Self-reported anxiety, depression and suicidal thoughts or behaviours: Respondents were asked whether they experienced anxiety, depression and/or suicidal thoughts or behaviours in the preceding 12 months.

Severity of anxiety and depression symptoms: Severity of symptoms was measured by the PHQ-4 which gives a brief distress score from 0 to 12 across anxiety and depression symptoms. The bands are 0-2 normal, 3-5 mild, 6-8 moderate, and 9-12 severe psychological distress.

Significant findings: A finding that is statistically significant established at a 95% confidence level. Findings that are statistically significant represent differences that are unlikely to be random or chance variation.

Significant mental health challenges: This is another way to describe people who experienced "at least moderate functional impact" from a mental health issue. Refer to the definition above.

Support-seeking: Seeking information, advice or assistance for a personal, emotional or mental health concern from either a professional source (such as a GP, psychologist or support service) or a personal source (such as a friend, family member or partner).

1. Sampaio, F., Goncalves, P., Sequeira, C. (2022). Mental Health Literacy: It Is Now Time to Put Knowledge into Practice. Int J Environ Res Public Health,19(12):7030. doi: 10.3390/ijerph19127030
2. Kroenke, K., Spitzer, R.L., Williams J.B.W., & Lowe, B. (2009). An ultra-brief screening scale for anxiety and depression: the PHQ-4. Psychosomatics, 50(6):613-621. doi: 10.1176/appi.psy.50.6.613
3. World Health Organisation (2026) Health topics: Social determinants of health. Available at https://www.who.int/health-topics/social-determinants-of-health (Accessed 22 Sept 2026)

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Summary of key findings

Australia's mental health remains under pressure.

In 2026, one in two people (50%) experienced recent symptoms of anxiety or depression, up from 46% in 2022, after remaining broadly stable since 2024 (49%). One in five adults (20%), or 4.3 million people in Australia, experienced a mental health issue that lasted for at least several weeks and reduced the amount of time they could spend on work or everyday activities. Young adults (aged 25 to 34) and women experience poorer mental health outcomes than the broader population. Mental wellbeing has also declined, though people's self-rated ability to adapt to change remains steady. (See pages 11 to 14.)

Mental health is being shaped by pressures within and beyond people's personal lives.

Societal pressures taking place beyond the sphere of people's immediate personal lives negatively impacted the mental health of many adults. In 2026 the leading issues reported were global conflict, cost-of-living pressures and housing affordability Within people's personal lives, financial pressure was the leading stressor for almost one in two people (46%), followed by work-related stress (37%) and relationship challenges (30%). (See pages 16 to 18.)

There are indications of a shift towards earlier support-seeking.

More people are seeking support and findings indicate they may be doing so earlier. Fewer are delaying or not seeking support, and fewer are waiting until they're highly distressed to seek support. In 2026, 41% of adults sought support in the past year, compared with 37% in 2022. One in five delayed or went without support (19%), down from 22% in 2024 and fewer were highly distressed when seeking support than in 2024. (See pages 20 to 21.)

Personal connections and professionals are the leading support sources, despite the rapid uptake of generative AI.

People continued to turn to GPs, psychologists, friends and partners as the leading sources of support. At the same time, one in six adults (16%) used generative AI for mental health advice or support, and one in fourteen (7%) used it instead of professional help, despite widespread concerns about its accuracy, lack of human understanding and the risk of receiving harmful or inappropriate information. (See pages 22 to 24.)

Cost remains the leading barrier to support-seeking, while some common barriers eased

Nearly half continue to identify cost as a barrier (43%), though fewer identify waitlists (23%), lack of local services (5%) and help-seeking stigma (13%) as barriers than they did in 2022 and 2024. Knowing what to do or having a plan (47%) and trust in professionals (44%) were the leading enablers to seeking support. (See pages 28 to 29.)

Mental health literacy has declined

More than half all adults seek mental health information (58%). Most felt confident knowing where to find mental health information (78%), although this has declined since 2022 (86%).. Fewer people felt confident recognising when someone is experiencing a mental health issue or being able to support them than in 2022. (See pages 33 to 35.)

Almost all people in Australia recognise Beyond Blue and millions draw on its supports

Beyond Blue remained almost universally recognised by people in Australia, with millions accessing its information or services. Nearly half who engaged with Beyond Blue took further action afterwards to support their mental health as a direct result of their engagement. (See pages 37 to 39.)

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Mental health and wellbeing in Australia



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Mental health remains under pressure in Australia

Half of all adults continue to experience anxiety and depression symptoms, increasing since 2022

In 2026, half of all adults (50%) experienced symptoms of anxiety and depression in the previous two-week period (Figure 1).[4] While this finding is broadly consistent with 2024 (49%), the prevalence of these symptoms is significantly higher than 2022 (46%). Further, the proportion with scores in the normal range decreased between 2022 (54%) and 2026 (50%). These findings indicate that while rates of psychological distress have remained largely stable since 2024, more adults are experiencing symptoms of anxiety and depression since 2022. See Figure 2 for further details.

Figure 1: PHQ-4 anxiety and depression symptom rates

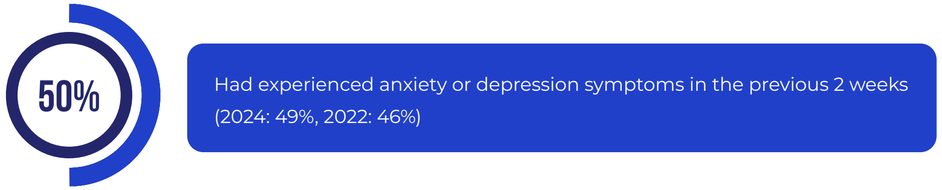
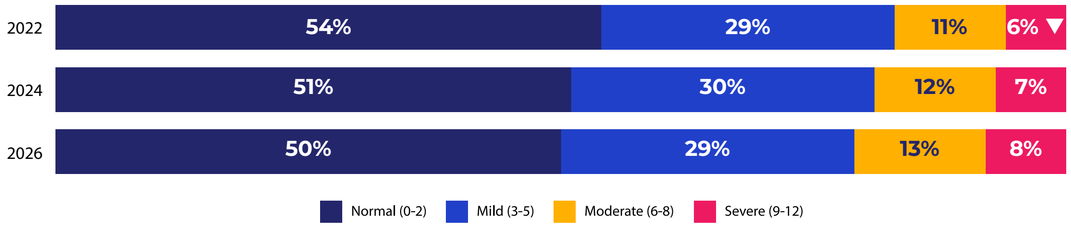


Figure 2: PHQ-4 anxiety and depression symptom severity



Severe symptoms are more common among young adults and women

A small statistically significant increase was observed in the proportion of adults experiencing severe symptoms between 2022 (6%) and 2026 (8%). Severe symptoms were more common among young adults aged 25 to 34 (13%) and women (10%) than the general population (8%).

Rates for most reported diagnosed conditions have remained steady

The survey asked participants whether they had ever been diagnosed with a mental health condition. Respondents could select from 19 conditions based on those included in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, or specify one if it was not listed. While the proportion of adults reporting a mental health diagnosis increased from 34% in 2022 to 40% in 2026, this change coincided with a marked increase in the proportion of people reporting a diagnosis of Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD). In 2026, 22% of people who reported receiving a mental health diagnosis said they had been diagnosed with ADD/ADHD, up from 15% in 2024 and 9% in 2022. The substantial wave-on-wave increase in reported diagnoses of this neurodevelopmental condition appears to account for much of the overall increase in diagnoses.

Key takeaway

- Symptoms of anxiety and depression remain common in Australia, affecting half of all adults.
- While symptoms of anxiety and depression have remained relatively stable since 2024, they have significantly increased since 2022.

4 Measured by the four-item Patient Health Questionnaire for Anxiety and Depression (PHQ4). Refer to Glossary of Terms on page 8 for further details. Hereafter, these will be referred to as recent symptoms of anxiety and depression.

* American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). American Psychiatric Publishing.

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Mental health issues continue to disrupt work and daily activities

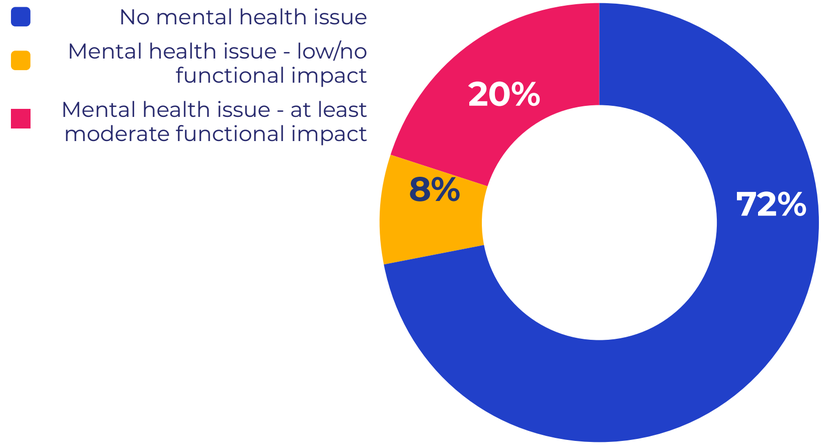
Mental health issues reduce people's capacity to perform their regular activities

In addition to exploring the presence of recent anxiety and depression symptoms experienced over a two-week period, the survey also explored the day-to-day functional impact of mental health issues. It did this by asking people whether, in the 12 months prior to the survey, they had experienced a mental health issue that had negatively impacted their social and emotional wellbeing for at least several weeks and, if so, the extent to which this had caused them to reduce the amount of time they spent on work or their usual activities.

In 2026, more than one in four adults (27%) experienced a mental health issue that negatively affected their social and emotional wellbeing for several weeks during the previous 12 months. For one in five adults, (20%), these issues caused them to reduce the amount of time they spent on work or their other usual activities to an extent they described as either "moderate", "quite a bit" or "extreme" (see Figure 3). While this proportion was similar to previous years (22% in 2024 and 20% in 2022), this continues to highlight the ongoing impact of mental health issues on people's day-to-day lives.

Throughout this report, people whose mental health issues interfered with their ability to work or engage in activities to an extent described as "moderate" to "extreme" will be described as "experiencing at least moderate functional impacts" from their mental health issue or as "experiencing significant mental health challenges".

Figure 3: Rates for those experiencing a mental health issue lasting at least several weeks



Key takeaway

- Mental health issues continue to impact the day-to-day lives of at least 4.3 million adults* in Australia, disrupting their ability to work and carry out their regular activities for at least several weeks at a time.
- These findings demonstrate the significant toll mental health issues are taking on people's lives, highlighting the importance of reaching people earlier and ensuring accessible pathways to support.

*Based on ABS national adult population estimate as of June 2024 (21,399,975). Australian Bureau of Statistics (2026) 'Table 7: National, state and territory population, Mar 2026, Estimated resident population, by age and sex–at 30 June 2024, accessed 17 September 2026..

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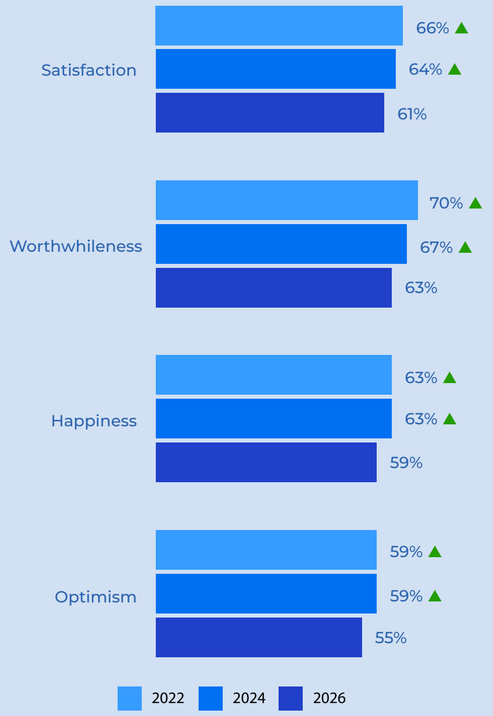
Mental wellbeing has declined yet most adults remain resilient

Mental wellbeing has continued to decline

To understand mental health and wellbeing beyond recent symptoms of anxiety and depression, respondents were also asked about key elements of mental wellbeing including life satisfaction, whether the things they do feel worthwhile, happiness and optimism about the future.[5]

For each of these, fewer adults reported high or very high mental wellbeing in 2026 in comparison to 2024 and/or 2022. Life satisfaction declined from 66% in 2022 to 61% in 2026, while the proportion who felt the things they do in life are worthwhile declined from 70% to 63%. Happiness also declined, from 63% in 2022 and 2024 to 59% in 2026. Optimism about the future was lower than in 2024, declining from 59% to 55%. See Figure 4 for further details. These findings appear to indicate a gradual decline in the mental wellbeing of adults in Australia since 2022.

Figure 4: Mental wellbeing rates

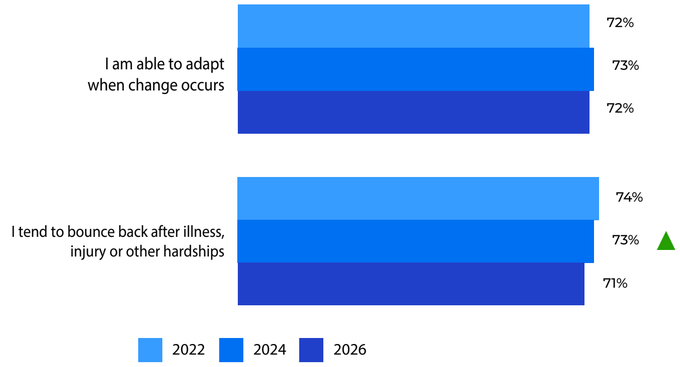


Most remain resilient and able to adapt to change

Most people in Australia continued to show high levels of resilience[6]. Many people reported feeling able to adapt when change occurs (72%), remaining largely consistent with 2022 (72%) and 2024 (73%), even though other indicators of mental health and wellbeing declined. While a similar proportion said they tended to bounce back after illness, injury or other hardship (71%), this has decreased slightly from 74% in 2022 and 73% in 2024 (see Figure 5).

Similar to other indicators of mental health and wellbeing, resilience was lower for adults aged 25 to 44. Young adults aged 25 to 34 were less likely to say they were able to adapt when change occurs (59%) and bounce back after illness, injury or other hardship (61%). There was a similar pattern for adults 35 to 44 (67% and 64%). In comparison to men, women were less likely to agree that they can bounce back after illness, injury or other hardship (68% versus 75% of men).

Figure 5: Resilience rates



Key takeaway

- These findings suggest mental wellbeing has declined among adults in Australia compared to previous years, with fewer feeling satisfied, optimistic or positive about their lives, or that the things they do are worthwhile.
- While many adults remain resilient and able to adapt while experiencing challenges, findings suggest fewer feel able to bounce back after hardship since 2022.

5. Life satisfaction, feeling that the things people do are worthwhile, and happiness were measured using items from the Office for National Statistics personal wellbeing measure, commonly referred to as the ONS4. Respondents rated each item from 0 to 10, with scores grouped as low (0 to 4), medium (5 to 6), high (7 to 8) and very high (9 to 10). The ONS4 anxiety item is not reported. Optimism was measured using an additional item and scored in the same way.

6. Resilience was measured using the two-item Connor-Davidson Resilience Scale, or CD-RISC 2. The CD-RISC 2 includes two items, each rated on a five-point scale, with higher scores reflecting greater resilience. The two statements were: "I am able to bounce back when change occurs" and "I tend to bounce back after illness, injury, or other hardship".

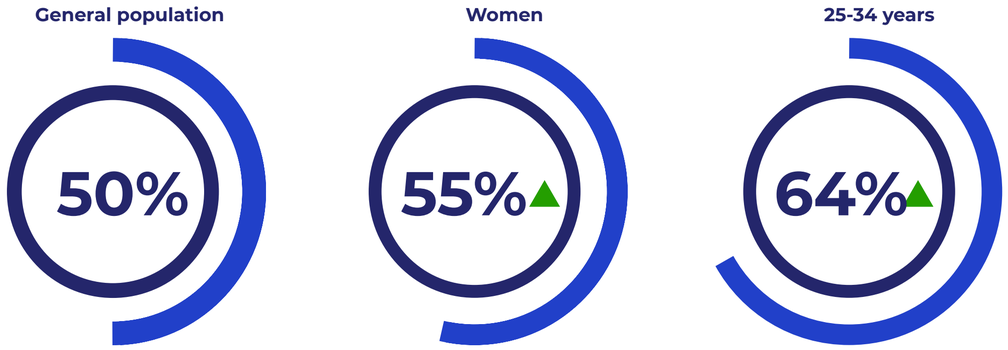
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Young adults and women continue to report poorer mental health outcomes

Young adults and women experience a higher prevalence of anxiety and depression symptoms

Consistent with previous survey waves, findings indicate that young adults and women continue to experience poorer mental health than other groups. Young adults aged 25-34 (64%) and women (55%) were more likely to report experiencing mild, moderate and severe symptoms of anxiety and depression than the general population (50%)(Figure 6). They were also more likely to have received a formal diagnosis of a mental health condition (48% of women and 56% of those aged 25 to 34 versus 40% of the general adult population).

Figure 6: PHQ-4 anxiety and depression rates among women and young adults



Young adults and women are more likely to report adverse functional impacts

Adults aged 25 to 34 years were also more likely to report a mental health issue with at least moderate functional impact (28%) than the general adult population, while adults aged 65 years and over were less likely to do so (9%). Women were also more likely than men to report at least moderate functional impact from mental health issues (25% versus 14%).

Mental wellbeing is worse for young adults aged 25 to 34 years

Adults aged 25 to 34 years were consistently less likely than the general population to report high or very high wellbeing across all elements of mental wellbeing explored, while those aged 65 years or older were generally more likely to report high or very high mental wellbeing. There were few clear differences between men and women across these measures.

Key takeaway

- Young adults aged 25 to 34 years and women continue to report poorer mental health than the broader population. They are more likely to experience symptoms of anxiety and depression, report that mental health challenges adversely affect their day-to-day activities, and have lower levels of mental wellbeing.

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Drivers of distress



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Macroeconomic and geopolitical issues are impacting mental health

Economic pressures and global uncertainty are weighing on mental health

Macroeconomic, geopolitical and broader social issues contributed to poorer mental health for many adults in Australia. Of these, global conflicts, cost of living pressures and housing affordability were most commonly reported as having a negative impact on mental health in 2026, adversely affecting more people than in previous years.[7] More than half said global conflicts impacted their mental health (53% versus 34% in 2024), while almost half said cost of living pressures (47% versus 44% in 2024 and 37% in 2022) and housing affordability (45% versus 34% in 2024) were adversely affecting them (see Figure 7).[8] These findings show the largest increase was for global conflicts,[9] followed by housing affordability. Concern about social media also increased from 27% to 33%. Negative mental health impacts from cost of living pressures has continued to rise over time, from 37% in 2022 to 44% in 2024 and 47% in 2026.

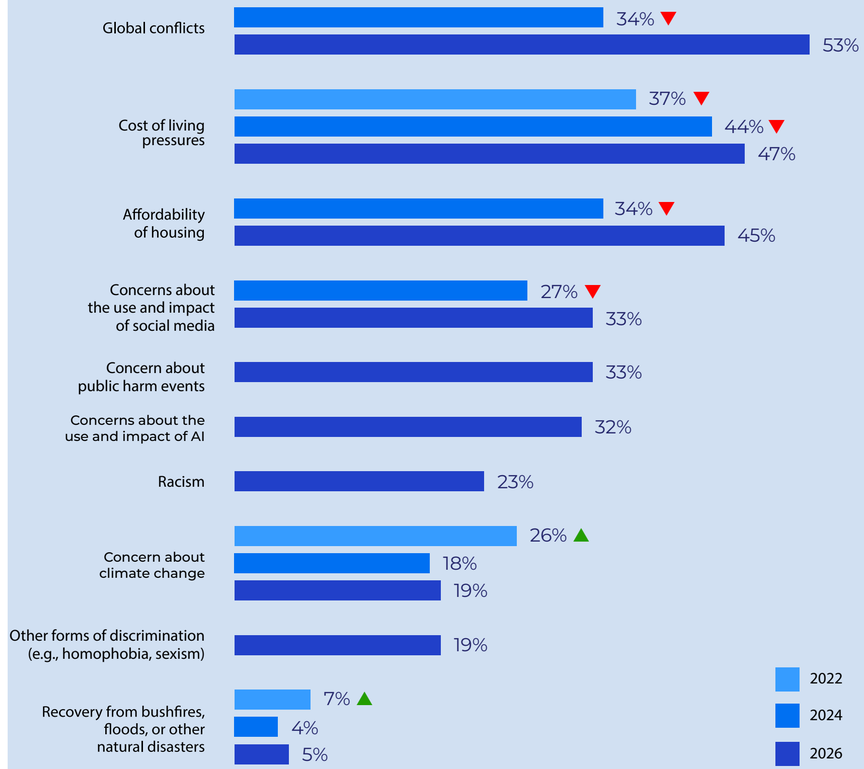
Economic pressures affect more adults aged 25 to 44 years

Cost of living pressures and housing affordability were more likely to have a negative impact on young and mid-life adults. In 2026, around three in five adults aged 25 to 34 years (62%) and 35 to 44 years (60%) said cost of living pressures had a negative impact on their mental health, compared with 29% of adults aged 65 years or older. Housing affordability showed a similar age pattern, with the highest impact reported by adults aged 25 to 34 years (60%) and 35 to 44 years (53%). Women were also more likely than men to report a negative impact from cost of living pressures (50% versus 44%).

Key takeaway

- Macroeconomic, geopolitical and societal pressures taking place beyond the sphere of people's immediate personal lives negatively impact the mental health of many adults.
- Distress associated with cost of living pressures and housing affordability appear particularly marked for adults aged between 25 and 44 years of age.

Figure 7: Proportion experiencing negative mental health impacts from macroeconomic, geopolitical and social issues



7. Global conflicts and affordability of housing were introduced as new response items in 2024 for this question and therefore comparative data from 2022 is not available.
8. Where data is not included for a response option in a particular wave, it was not measured in that wave.
9. The timing of the survey, conducted in May 2026, coincided with the conflict in the Middle East between Iran and the USA.

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Personal stressors drive distress for most people in Australia

Financial pressure and work-related stress are the leading drivers of personal distress

In addition to asking survey respondents about whether their mental health was impacted by broader societal pressures, in 2024 and 2026, the survey also asked people whether more immediate, personal stressors caused them distress.

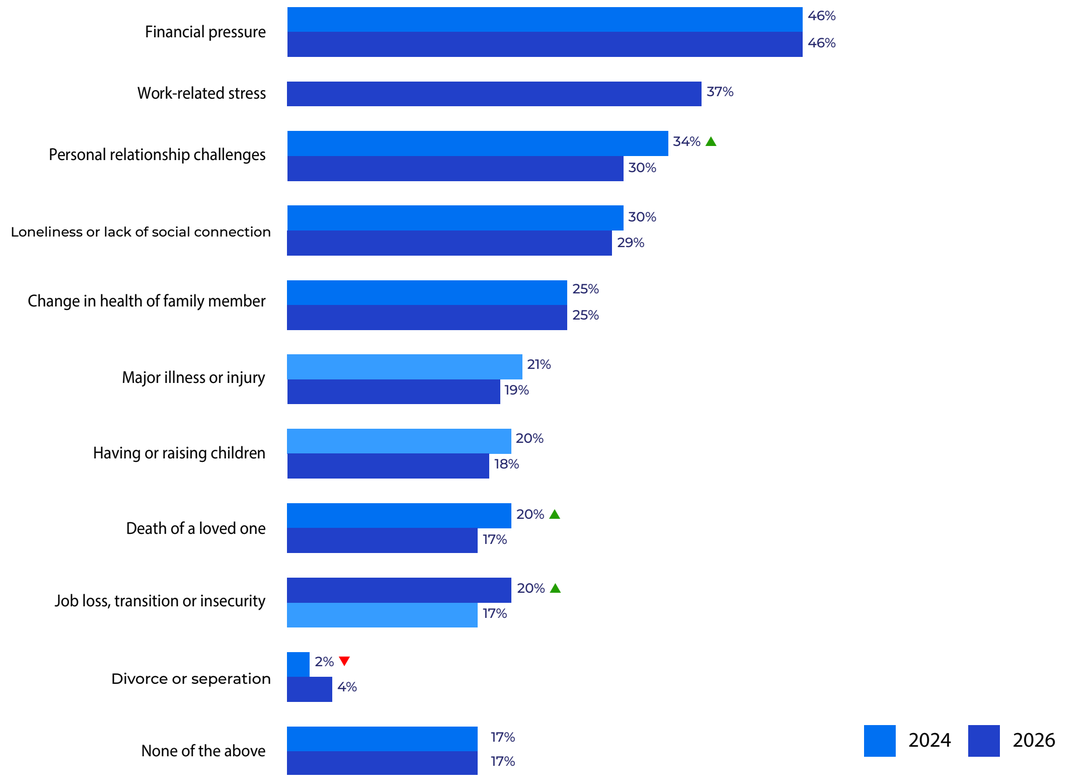
Consistent with the negative mental health impacts associated with broader macroeconomic factors (see page 16), financial pressure remained the leading driver of personal distress over the last 12 months, with nearly half of all adults in Australia reporting it as a source of distress (46%), consistent with 2024 findings (46%). This was followed by work-related stress (37%) and personal relationship challenges (30%).

Some personal stressors caused distress for fewer people than in 2024. In 2026, a smaller proportion said they experienced distress from personal relationship challenges (30%, down from 34%), death of a loved one (17%, down from 20%), and job loss, transition or insecurity (17%, down from 20%). However, there was a small increase in those distressed by divorce or separation (4%, up from 2%). Consistent with 2024, 83% of adults reported experiencing distress from at least one personal stressor (Figure 8). Adults aged 25 to 54 reported higher levels of distress from personal stressors than older Australians.

Key takeaway

- Financial pressure remained the leading personal source of distress for people in Australia, followed by work-related stress and personal relationship problems.

Figure 8: Proportion experiencing distress from personal stressors



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Adults aged 25 to 54 are more likely to experience multiple life stressors

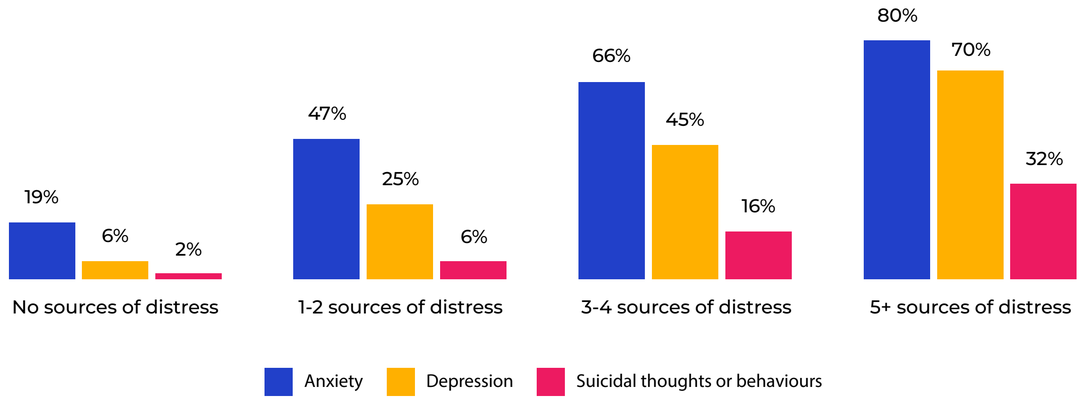
The number of personal stressors adults experience varies by age group. Adults aged 25 to 54 and women were more likely to experience distress from multiple personal stressors. Adults aged 25 to 54 years were the most likely to report five or more sources of distress, as were women in comparison to men. Conversely, adults aged 65 years or older were more likely than the general adult population to report no sources of distress

Mental health symptoms increase as the number of life stressors increases

There is a cumulative relationship between the number of sources of personal distress and mental health. Mental health challenges became progressively more common as the number of sources of distress increased.

People experiencing five or more sources of distress were substantially more likely to report experiencing anxiety (80% versus 19%), depression (70% versus 6%) and suicidal thoughts or behaviours (32% versus 2%) in the last 12 months than those reporting no sources of distress (see Figure 9). They were also more likely to report anxiety, depression and suicidal thoughts or behaviours than those reporting one to four sources of distress. This suggests that mental health challenges are more likely to be experienced in the context of multiple overlapping pressures rather than a single cause.

Figure 9: Number of stressors by self-reported mental health status

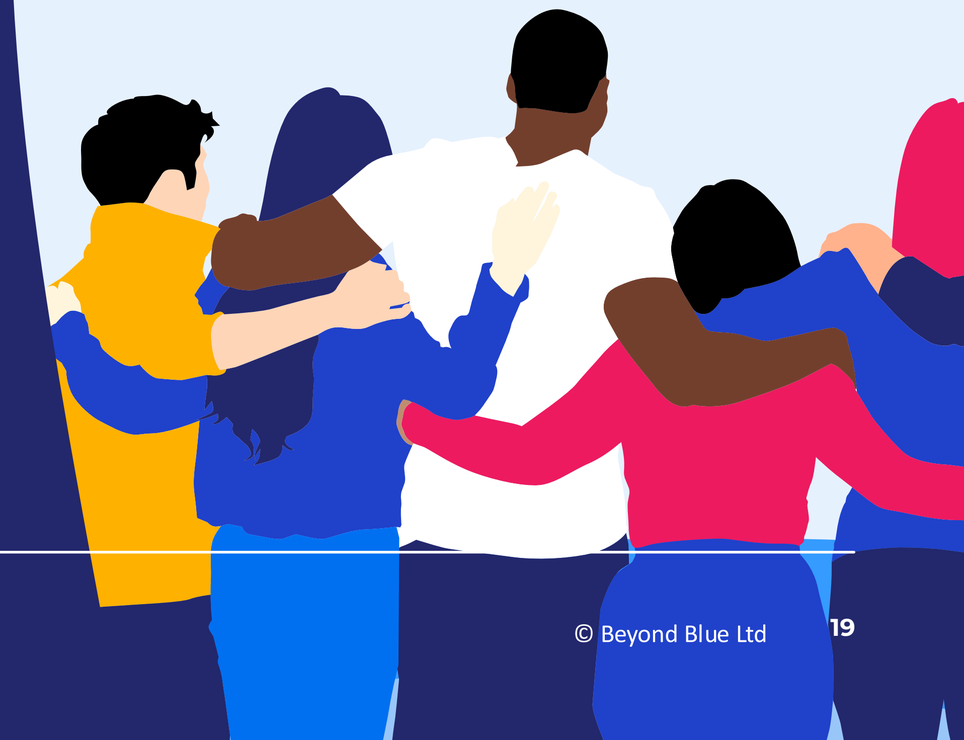


Key takeaway

- Collectively, these findings show how social determinants and life stressors shape mental health and wellbeing, and how symptoms can progressively worsen as stressors accumulate over time.
- These findings highlight that mental health is shaped by a range of factors beyond individual circumstances alone, from global uncertainty and economic pressures to more immediate stressors such as work-related stress and relationship challenges. Improving national mental health therefore involves addressing the social, economic and environmental factors that drive distress, while ensuring people experiencing difficult life events receive support early before challenges escalate and take a greater toll on their wellbeing.

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Support-seeking intentions and actions



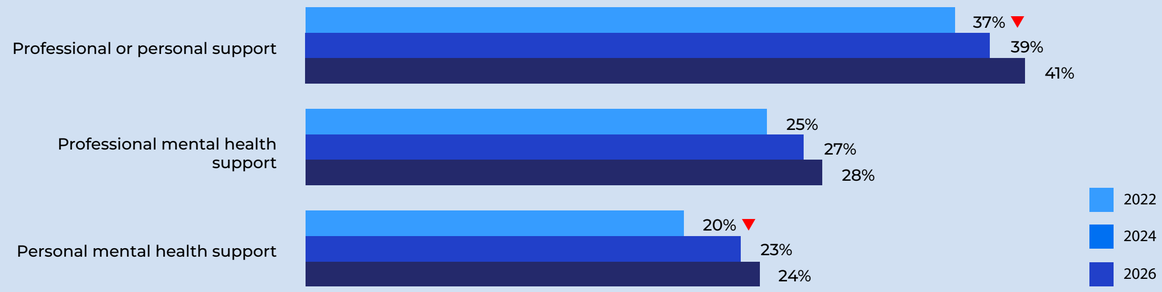
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More people are seeking support and they are seeking it earlier

More people are seeking professional and personal support than in 2022

More adults are reaching out for mental health support than they were in 2022, either from a mental health professional or someone they know. In 2026, 41% of adults reported seeking mental health support in the past 12 months in comparison to 37% in 2022, with 28% seeking it from a professional and 24% seeking it from someone they know (Figure 10). While the overall rate at which people sought support in 2026 (41%) is broadly consistent with 2024 (39%), the continued and significant increase since 2022 may suggest an emerging trend towards increased help-seeking.

Figure 10: Proportion who sought professional and/or personal mental health support



Key takeaway

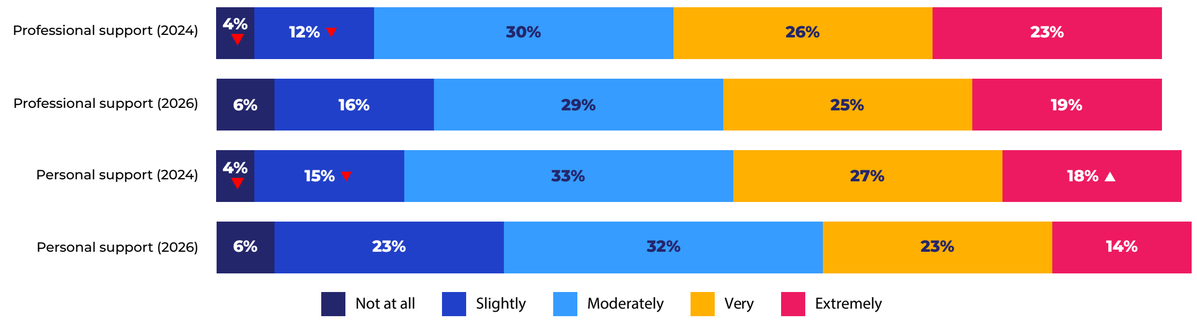
- These findings suggest an increasing proportion of people may be seeking support and doing so earlier, rather than waiting until their challenges snowball or become more severe.

People are seeking support earlier, when they're less distressed

In addition to more people seeking support, they are doing so at lower levels of distress than in 2024. Among those who sought professional support, the proportion seeking it when experiencing little or no distress increased from 16% to 22% between 2024 and 2026, while the proportion seeking professional support when extremely distressed declined from 23% to 19%. This shift is particularly evident in personal support-seeking, with 29% of those who sought support from someone they know doing so when they were "not at all" or "slightly" distressed, up from 19% in 2024. This question exploring the degree of distress experienced when seeking support was added to the survey in 2024. See Figure 11 for further details.

These findings suggest people are accessing support at earlier stages of distress rather than waiting until distress is at its highest levels and may suggest a modest move towards earlier intervention.

Figure 11: Level of distress when seeking support



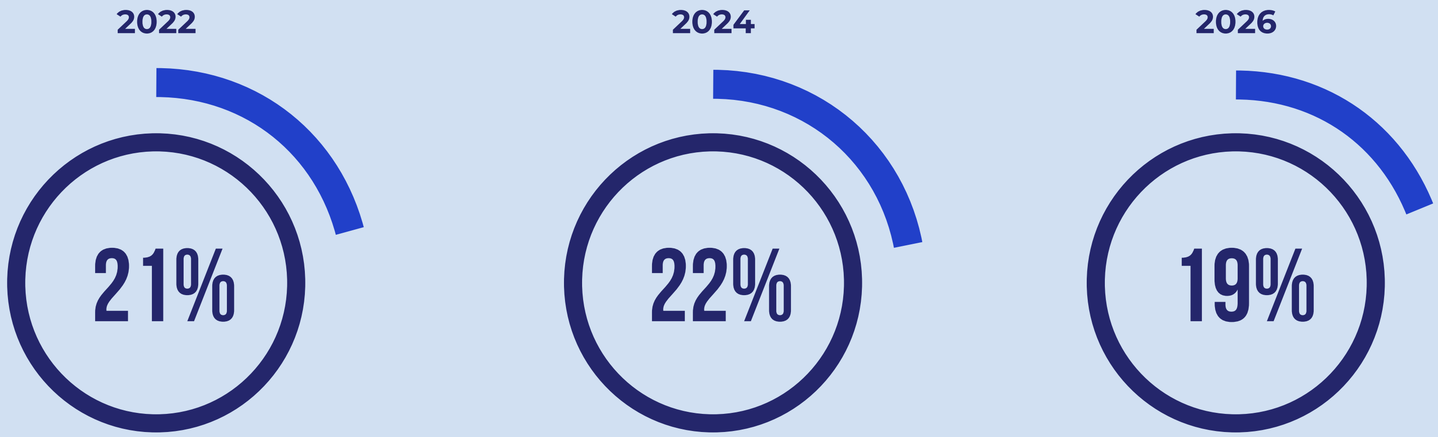
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Fewer people are delaying or going without professional support

Support is being accessed sooner

The emerging trend towards earlier support-seeking may also be supported by findings that indicate a modest shift away from delaying professional support-seeking. In 2026, one in five adults (19%) reported that there had been a time in the past 12 months when they needed professional mental health support but either delayed getting it or did not get it, down from 22% in 2024 and 21% in 2022 (Figure 12).

Figure 12: Proportion who delayed professional support-seeking



Among those who delayed or went without professional support, around one in four (24%) said they sought support from a mental health professional or support service within one month of first experiencing challenges. This was broadly consistent with 2024 (23%).

Delays in seeking support are highest among adults aged 18 to 44 years

Adults aged 18 to 44 years were more likely to delay or go without professional support when they needed it. This was reported by 27% of adults aged 18 to 24 years, 28% of adults aged 25 to 34 years and 24% of adults aged 35 to 44 years, compared with 14% of adults aged 55 to 64 years and 6% of adults aged 65 years or older.

This finding emerged despite young adults also being more likely to seek mental health support overall, suggesting that higher support-seeking among young adults sits alongside higher unmet or delayed need.

Key takeaway

- Findings show that more people are seeking support, doing so at lower levels of distress and with slightly less delay. Considered together with other observations in this section, these findings suggest a shift towards earlier support-seeking in 2026.

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Personal connections and mental health professionals lead support sources

Doctors, GPs and psychologists remain the main professional support sources

Doctors or GPs and psychologists remained the leading sources of professional support, at levels broadly consistent with 2022 and 2024. Among adults who sought professional support in the past 12 months, 64% received support from a doctor or GP and 48% from a psychologist. Around one in five received support from a psychiatrist (22%).

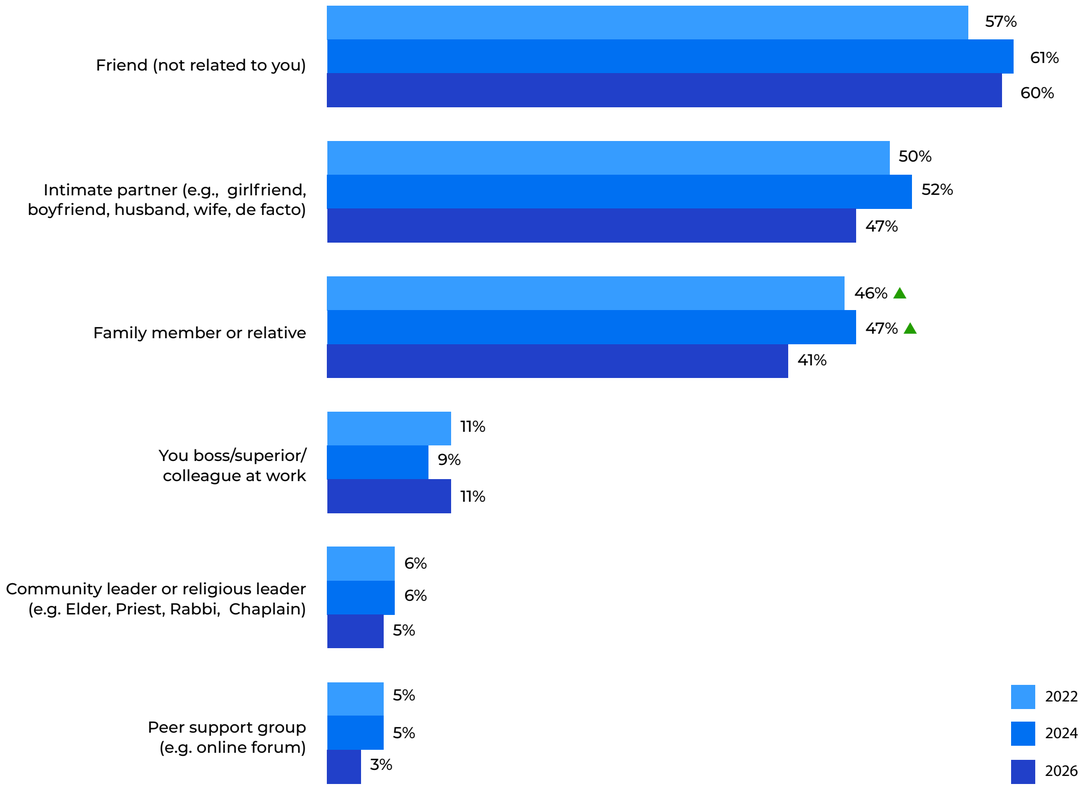
Friends and partners remain the main sources of personal support

Among adults who sought mental health support from someone they know, friends (60%), followed by intimate partners (47%), remained the two leading sources of personal support at levels consistent with those observed in 2024 and 2022. While family members or relatives (41%) remained the third most common source of support among someone known, this has decreased, from 46% in 2022 and 47% in 2024 in 2026. See Figure 13 for further details.

Key takeaway

- Personal connections and mental health professionals remain the most trusted and turned to sources of support.

Figure 13: Sources of personal support



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One in six use generative AI for mental health advice or support

Generative artificial intelligence (AI) was included for the first time as a source of advice or support in the 2026 wave of the survey. Findings show generative AI has quickly become a part of the mental health support landscape in Australia, being utilised regularly by a minority of people. In 2026, one in six adults (16%) said they had sought mental health advice or support from an AI chatbot or other AI tools in the past 12 months.

Those with significant mental health challenges are more likely to use AI

Those experiencing poorer mental health were more likely to use generative AI for advice or support. Adults whose mental health issue had at least a moderate impact on daily life were most likely to have used generative AI for advice or support (24%), followed by those whose issue had low or no functional impact (22%). Both were higher than adults with no mental health issue (14%)(Figure 14).

Figure 14: Proportion who used generative AI for mental health advice or support



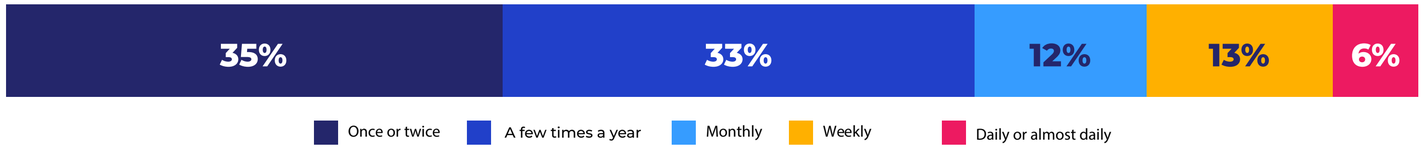
Adults aged 18 to 44 years are more likely to turn to AI

Use of generative AI for mental health advice or support was higher among adults aged 18 to 44 years and declined with increasing age. It was also more common among women (19% vs 13% men), and people who speak a language other than English (27% vs 13%).

Generative AI is not used frequently for advice or support

Although generative AI was used by one in six adults for mental health advice or support, most did not use it regularly. Among those who had used generative AI, 19% used it at least weekly, while 68% used it only a few times a year or less (Figure 15). Frequency of use was broadly similar across different age groups and genders.

Figure 15: Frequency of use of generative AI for mental health advice or support



Key takeaway

- Generative AI chatbots and tools have rapidly become established as mental health support sources, with one in six turning to these technologies for advice or support in 2026. This trend was more pronounced among younger adults and those experiencing mental health challenges.
- Generative AI's rapid emergence in the mental health landscape highlights the need for appropriate regulatory guardrails and safety-by-design principles to ensure people can use these technologies safely and with confidence.
- Despite the rise of generative AI as a source of mental health support, known people and mental health professionals remain the most trusted and turned to support sources.

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Generative AI is used both alongside and in place of professional support

Generative AI is being used at different stages of support-seeking

Those who had used generative AI for mental health advice or support were asked how they used it in relation to professional support. Respondents could select more than one response, so the categories presented in Figure 16 are not mutually exclusive.

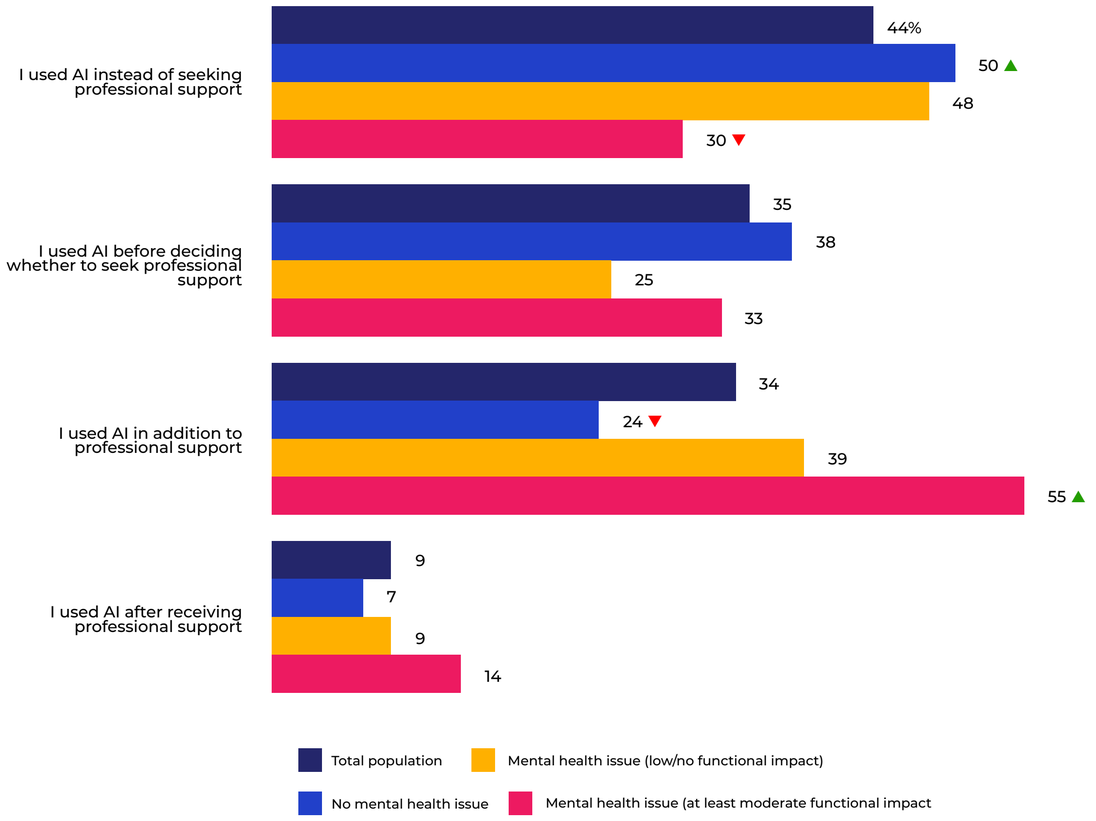
It was found that of those who use generative AI, almost half said they had used it instead of seeking professional support (44%), and one in three had used it before deciding whether to seek professional support (35%) or in addition to professional support (34%) (see Figure 16).

When these findings are considered in terms of overall population use of generative AI, they show that one in 14 (7%) of all adults in Australia used generative AI instead of seeking professional support, and that one in 18 used it before deciding whether to seek professional support (6%) or in addition to professional support (5%).

Key takeaway

- Those using generative AI for mental health advice and support are doing so at all stages of the help-seeking journey, and sometimes in place of professional support.
- Generative AI is being used by one in fourteen adults in place of professional mental health support, highlighting both the substantial need for support within the community and the critical importance of ensuring necessary safeguards and regulations are implemented to protect users and minimise harm.

Figure 16: Use of generative AI in relation to professional support-seeking



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Convenience drives generative AI use in place of professional support-seeking, despite concerns

Ease plays a key role in support-seeking

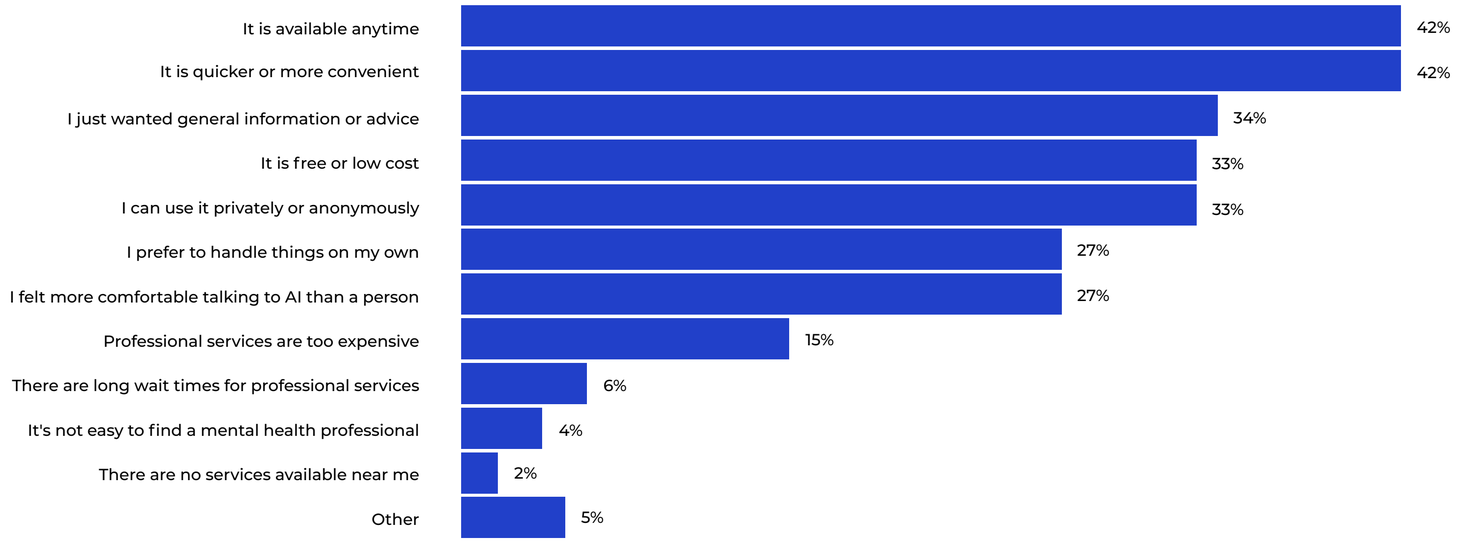
For those who used generative AI instead of professional support, the appeal appeared to be driven primarily by accessibility and convenience. The ability to access support immediately, privately and at little or no cost emerged as key advantages for this cohort, with the most common reasons for using generative AI being that it was available anytime (42%) and was quicker or more convenient (42%) than professional support (see Figure 17).

Of those who used generative AI instead of professional support one in three said they used it because they wanted general information or advice (34%), it was free or low cost (33%), or they could use it privately or anonymously (33%).

People have concerns about the use of AI

Despite using generative AI for mental health support and advice, the vast majority (86%) have a range of concerns about its use. The leading concerns related to the accuracy and reliability of the information provided (57%), lack of human understanding or empathy (55%) and the risk of receiving harmful or inappropriate information (53%).

Figure 17: Reasons for using generative AI instead of seeking professional support



Key takeaway

- Use of generative AI for mental health advice and support by many adults in Australia is occurring despite most people having concerns about the emerging technology.
- Rapid access and convenience are key drivers for the technology's use in place of professional support-seeking, illustrating the potential scale of unmet need for immediate support within the community and underlying the urgent requirement for appropriate technological safeguards and controls.

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Seeking mental health information is common

More than half are seeking mental health information

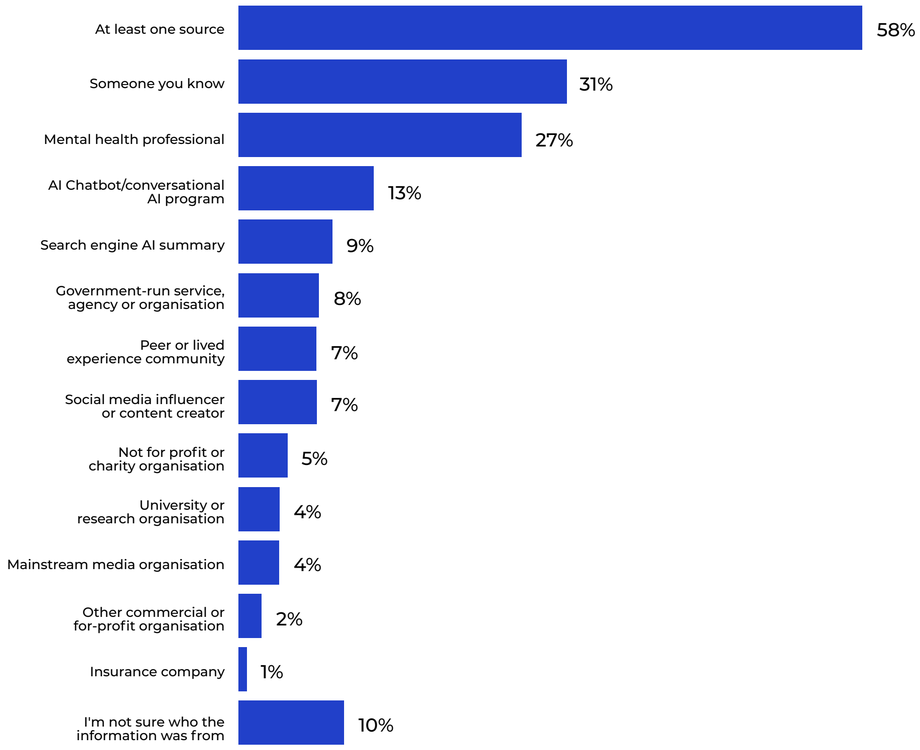
In 2026, a new question was added to understand more about how people seek mental health information. It was found that the majority of adults in Australia (58%) sought this information from at least one source during the previous 12 months, whether for themselves or for others.

Adults were most likely to seek mental health information from someone they know (31%), while just over one in four sought information from a mental health professional, such as a psychologist, psychiatrist, GP or counsellor (27%). See Figure 18 for further details.

Generative AI is the third most turned to source for mental health information

In addition to being a source of advice and support (see page 23), generative AI was the third most likely source people turned to for mental health information.

Figure 18: Sources of mental health information



Key takeaway

- More than half of all adults in Australia seek information on mental health, demonstrating its prominence in the lives of most people and illustrating the need to ensure access to trusted, evidence-based sources.
- Generative AI has rapidly become a leading source of mental health information for people in Australia, despite being a relatively new technology.

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Enablers and barriers to support - seeking



Trust and knowing what to do help people access support

Navigation and trust are the leading factors helping people seek support

Nearly half of those who sought professional mental health support in the last 12 months said that knowing what to do or having a plan (47%) and having access to a trusted mental health professional or service (44%) were the main factors that helped them access support. Feeling safe with a professional service also played a strong role, with more than one in three (36%) saying this factor enabled them to seek support. These findings are largely consistent with 2024 results. See Figure 19 for further details.

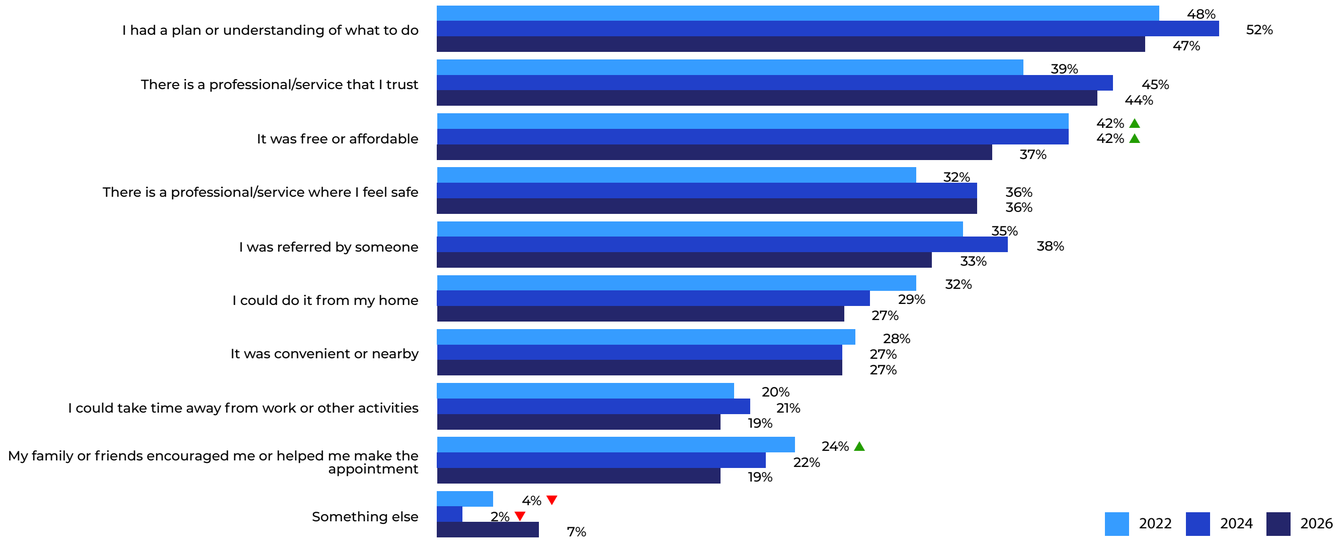
Affordability and referral help people access support

Practical factors also played a key role in helping people access support. More than one in three said affordability helped them access support (37%), although this was less of an enabling factor than in 2022 (42%) and 2024 (42%). Approximately one in three were helped by a referral from someone such as a GP or health professional (33%), while approximately one in four said accessing support from home (27%) or having a service that was convenient or nearby (27%) enabled them to seek support.

Referrals and feeling safe are especially important for those with significant mental health issues

For those experiencing at least moderate functional impacts from their mental health issue, in comparison to those without a mental health issue, referrals (40% vs 26%), personal encouragement (23% vs 14%) and feeling safe with a service (48% vs 28%) were more important in accessing support.

Figure 19: Professional support-seeking enablers



Key takeaway

- Findings suggest the most common enablers to support-seeking were not practical factors alone. Instead, the two leading factors related to confidence and navigation - having a plan, knowing what to do, and being able to identify a trusted and safe source of support.
- These findings suggest that, in addition to ensuring the availability and accessibility of services, helping people understand how and where to access evidence-based supports, as well as helping them connect to these support sources, is a key enabler of help-seeking.

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Cost remains the leading barrier to professional support

Cost is preventing people from seeking support

Cost remained the most common reason people delayed or went without professional mental health support. In 2026, more than two in five adults who delayed or went without support said they could not afford the cost (43%). While this was slightly higher in 2024 (46%) and lower in 2022 (39%), these differences were not statistically significant, suggesting cost has remained a persistent barrier to accessing support over time.

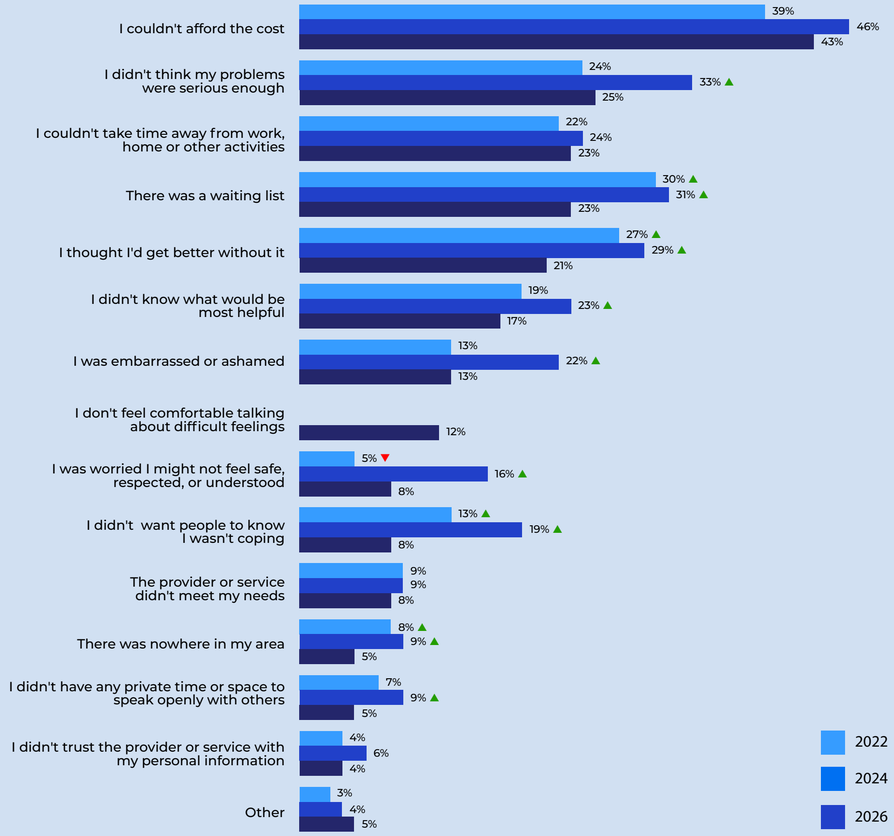
Waitlists, stigma and concerns about safety have eased as barriers

Other common barriers preventing adults from seeking support included, not thinking their problems were serious enough (25%), not being able to take time away from work, home or other activities (23%), being on a waiting list (23%), and thinking they would get better without support (21%). Several barriers have reduced since 2024, including not thinking problems were serious enough, waitlists, uncertainty about what would help, embarrassment or shame, concerns about feeling safe, respected or understood, and not wanting others to know they were not coping. See Figure 20 for more details.

Key takeaway

- While affordability remains a persistent barrier to accessing support for almost half of those who delayed support seeking or did not seek support, other common barriers have eased, such as waitlists, lack of access to local services and thinking challenges would resolve without support.
- While barriers such as stigma, not thinking problems were serious enough and feeling safe while seeking support have reduced since 2024, they largely represent a return to levels seen in 2022.

Figure 20: Professional support-seeking barriers



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Many seek support when symptoms worsen

Worsening symptoms and hitting rock bottom trigger support-seeking

In 2026, we added a new question to understand what triggers people to stop delaying support-seeking. Despite more people seeking support in 2026 than in 2022 (see pages 20), worsening symptoms was the main reason those who delayed support eventually sought it, with nearly half eventually seeking support for this reason and because they knew they needed help (47%) (see Figure 22).

Other common triggers that helped those delaying support-seeking to eventually seek it included an escalation in distress or that it had begun affecting other parts of life. Further reasons for approximately one in four included hitting rock bottom (26%), because an existing issue was made worse by something new (23%), or because their mental health began to affect people they care about (23%).

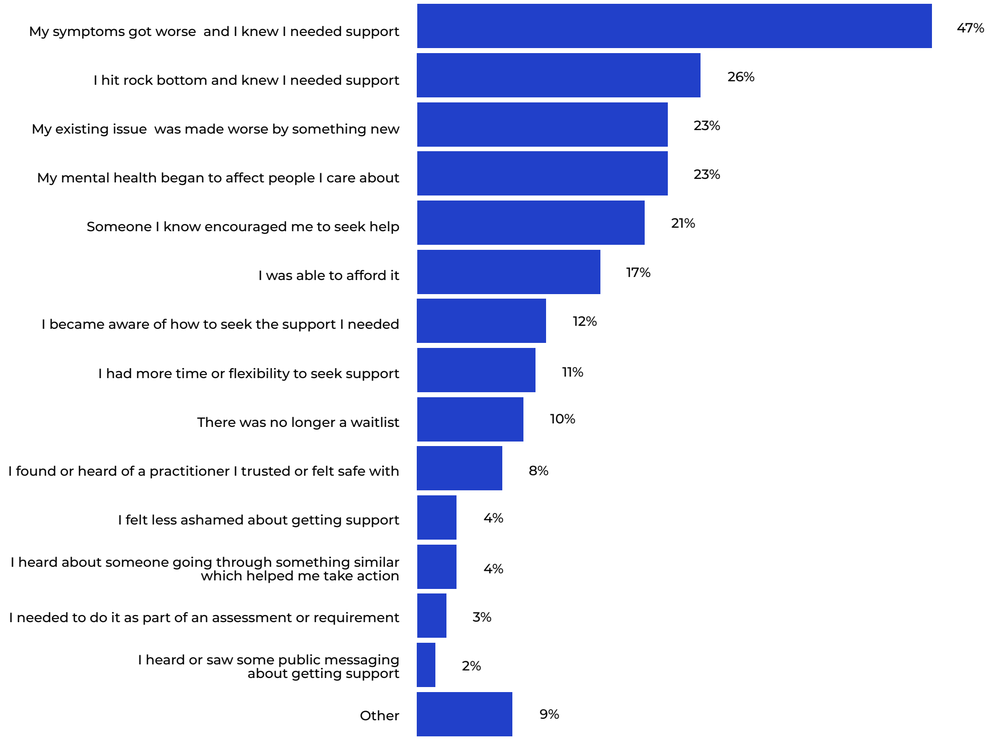
Encouragement from others leads to support-seeking

One in five who delayed support-seeking eventually sought it because they were encouraged by someone they know to seek help (21%), highlighting the importance of supportive social networks. For some, seeking help was not solely an individual decision but was influenced by family, friends or others recognising that support was needed.

Key takeaway

- For those who delay seeking professional support, taking action is more often triggered by worsening distress or encouragement from others than by practical factors such as affordability or access to services.
- These findings highlight the ongoing need to help people, and those who support them, to recognise the early signs of distress, the value of taking action sooner and the range of support avenues available.

Figure 22: Reasons for seeking professional support among those who delayed help-seeking



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Self-reliance and avoidance are reasons people do not seek support

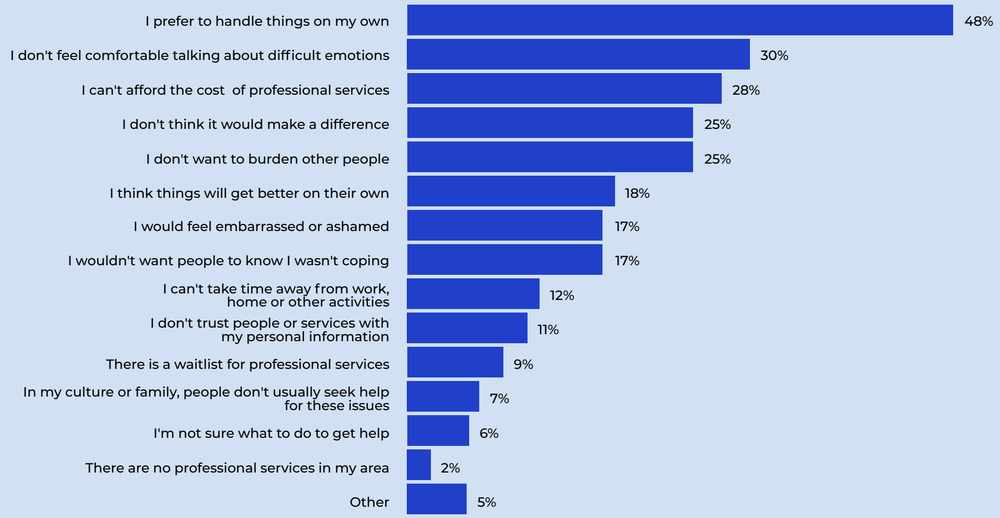
Some indicate they would not seek support despite experiencing challenges

In 2026, we introduced a new question to better understand why some people said they would not seek support if they were experiencing a personal or emotional problem. The most common reason reported for this was a preference to handle things on one's own (48%). Other common reasons included not feeling comfortable talking about difficult emotions (30%), not being able to afford professional services (28%), not thinking support would make a difference (25%), and not wanting to burden other people (25%) (see Figure 23).

Help-seeking differs by lived experience

Reasons for not seeking help differed by mental health experience. People with no mental health issue were more likely to say they preferred to handle things on their own (54%). In contrast, people whose mental health issue had at least a moderate impact on daily life were more likely to cite the cost of professional services (46%) and doubts that support would make a difference (35%). Doubts about whether support would help were highest among people who had experienced suicidal thoughts or behaviours (41%).

Figure 23: Actions taken after engagement with Beyond Blue



Key takeaway

- These findings suggest that decisions not to seek help are influenced not only by practical barriers, such as accessibility and affordability, but also by internal barriers.
- Internal barriers to support-seeking include personal beliefs, discomfort discussing emotions and uncertainty about whether support will help, underscoring the importance of continuing to normalise support-seeking, building confidence in sources of support and continuing to improve people's experiences with services.

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Mental health literacy, self-management and prevention

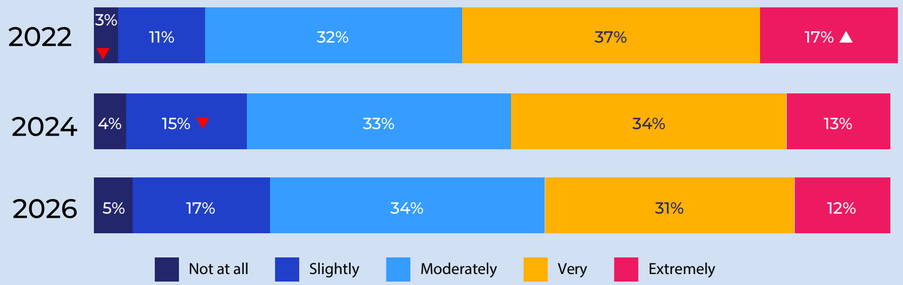


Confidence knowing where to find information continues to decline

While most know where to find information, confidence has declined since 2022

In 2026, most adults still felt moderately to extremely confident (78%) knowing where to find mental health information, but this has been in decline since 2024 (80%) and (2022 (86%) (Figure 24). Confidence also varied across the population. It was the highest among 25-34 year olds (84%) and lowest among those aged 65+ (73%). Women seeking mental health information were also more likely than men to feel confident (83% vs 73%).

Figure 24: Confidence seeking mental health information

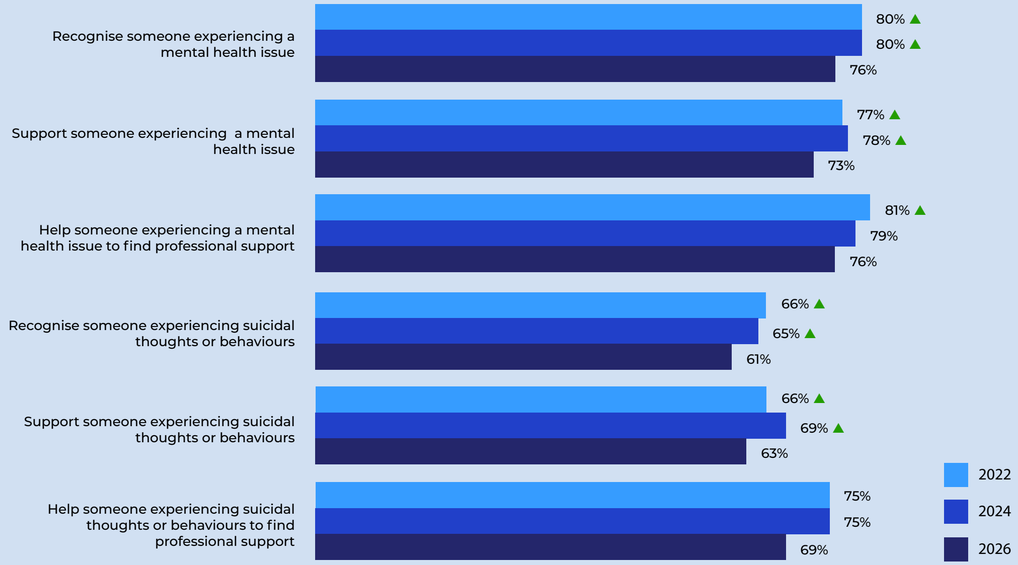


Confidence supporting others has also declined

While confidence supporting others remained high overall, it showed a similar pattern of decline across several measures of recognising and supporting others experiencing mental health issues or suicidal thoughts or behaviours.

In 2026, around three in four adults felt confident recognising someone experiencing a mental health issue (76%), supporting someone experiencing a mental health issue (73%), or helping someone experiencing a mental health issue find professional support (76%) (see Figure 25). Each of these measures was lower than in 2022, with the decline being more pronounced for confidence related to suicidal thoughts or behaviours.

Figure 25: Confidence recognising and supporting those experiencing mental health challenges



Key takeaway

- While findings broadly indicate more Australians are seeking support, they appear to be feeling less confident in recognising mental health challenges, knowing where to find information, or helping others experiencing distress. The decline is particularly evident in relation to suicidal thoughts or behaviours, pointing to a need to strengthen community confidence in recognising when someone may be at risk, helping them access appropriate care and supporting them when it is most needed.
- These declines in confidence and literacy are occurring in the context of rapid technological changes that are influencing information access and quality, underscoring the need to ensure continued access to trusted and evidence-based sources.

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Most recognise crisis more readily than early signs of distress

People find it harder to identify early signs of distress

To explore how people recognise different stages on the mental health continuum (Figure 26), respondents were randomly shown one of five vignettes about a person named “Sam”. Each vignette described Sam at a different point on the Beyond Blue mental health continuum (see glossary of terms), from currently well (corresponding with ‘healthy’ on the continuum) to in crisis (corresponding with ‘struggling’ on the continuum). They were then asked to identify what Sam was experiencing, determine Sam’s level of distress, and recommend actions Sam could take.

Australians were most likely to accurately identify the more severe presentations of distress. Two in three (65%) identified the ‘in crisis’ vignette as describing someone experiencing severe depression or anxiety and one in ten (11%) interpreted it as describing someone experiencing moderate depression or anxiety.

Everyday stress can be hard to distinguish from the early signs of depression and anxiety

Earlier and more subtle changes were harder to identify, however, and became evident in relation to interpretations of the ‘currently well’ vignette which depicts Sam as having a history of depression and experiencing work-related stress that is not causing impact on his day-to-day activities.

Only 7% of respondents shown the ‘currently well’ vignette correctly identified Sam as being well. The majority (67%), however, said that Sam was experiencing some level of distress, most commonly early signs of depression or anxiety. These findings indicate that people may be finding it difficult to distinguish between everyday emotional ups and downs and the early signs of anxiety and depression.

Emotional ups and downs can be confused with mental health symptoms

Recognising whether emotional ups and downs are part of everyday life or may be a sign of a mental health condition is an important aspect of mental health literacy. In 2026, however, only half (49%) said it was easy to know the difference, while one in seven (14%) said it was difficult. 37% selected the neutral response option which indicates they may be uncertain about recognising the difference between regular emotional ups and downs and signs of a mental health condition (see Figure 27).

Figure 27: Ease of recognising emotional ups and downs versus signs and symptoms of a mental health condition

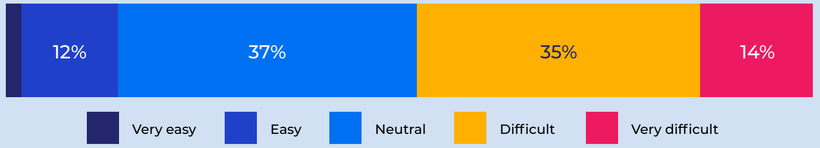


Figure 26: Beyond Blue mental health continuum



Key takeaway

- These findings suggest people can more readily recognise crisis than earlier signs of mental health challenges or conditions. This highlights the opportunity to build understanding of the full mental health continuum, including the difference between everyday emotional ups and downs, early signs of distress and more serious symptoms.

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Everyday wellbeing strategies remain common, but some have declined

Most use common strategies to look after their social and emotional wellbeing

In 2026, the most common strategies used to maintain or improve social and emotional wellbeing were eating a healthier diet (82%), connecting more with friends or family (80%), and increasing exercise or physical activity (78%). Practising better sleeping habits (77%) and reducing or cutting out alcohol or other drugs (76%) were also commonly reported. However, several strategies were less commonly used than in 2022. These included making time for meditation, mindfulness, yoga or other relaxation techniques (37%, down from 41%), volunteering or giving back to the community (30%, down from 37%), taking a break from social media (52%, down from 58%), taking time away from work or usual activities (42%, down from 46%), and connecting more with nature or country (72%, down from 75%). See Figure 28 for further detail.

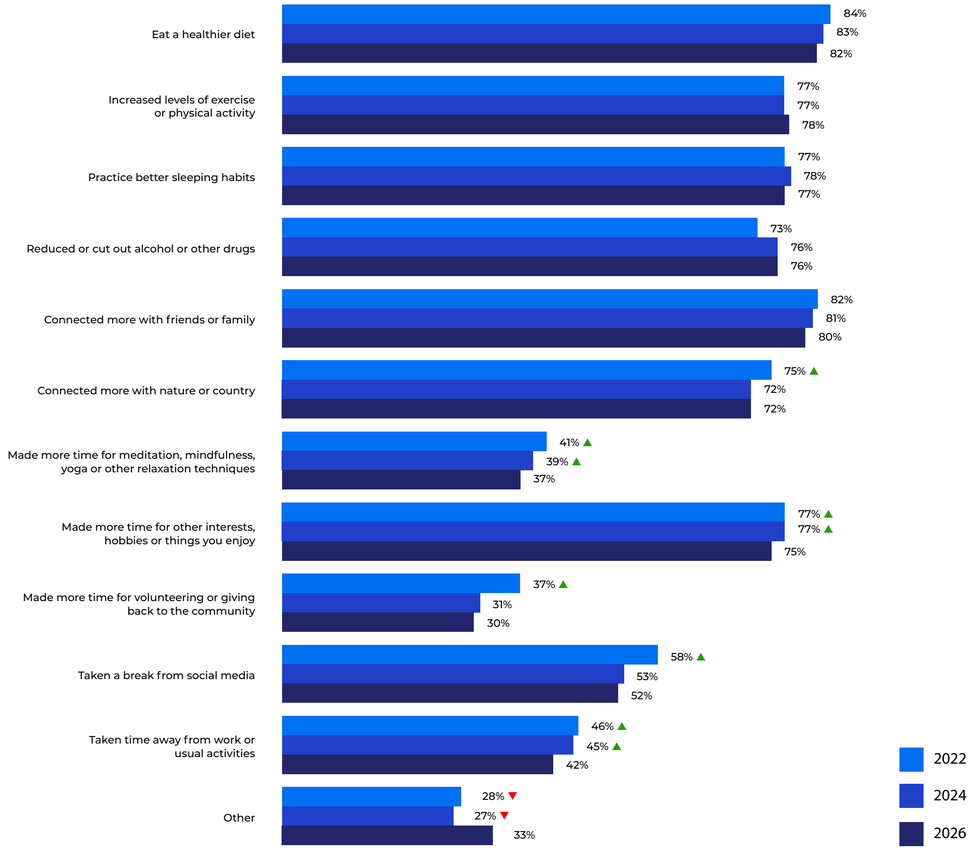
Those with significant mental health challenges are less likely to apply strategies

Those with a mental health issue with at least moderate functional impact were found to be less likely than those with no mental health issue to have engaged in prevention and self-management strategies in the last 12 months to manage their mental health. They were found to be less likely to connect with friends and family (73% versus 83%), increase exercise or physical activity (70% versus 80%) and practice better sleeping habits (73% versus 78%), along with being less likely to use a range of other strategies.

Key takeaway

- Continued use of prevention and self-management strategies suggests the majority of Australians remain actively engaged in maintaining their mental wellbeing. However, slight declines in activities that require people to set aside time for rest, reflection or recovery may reflect a reduced tendency to apply these strategies.

Figure 28: Use of self-management techniques



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Beyond Blue awareness and engagement



Beyond Blue is reaching millions of people

Almost all adults in Australia are aware of Beyond Blue

Beyond Blue remains widely recognised across Australia. In 2026, almost all adults (96%) had at least heard of Beyond Blue (Figure 29), consistent with the high levels of awareness recorded in previous years (94% in 2024 and 95% in 2022).

Figure 29: Beyond Blue awareness



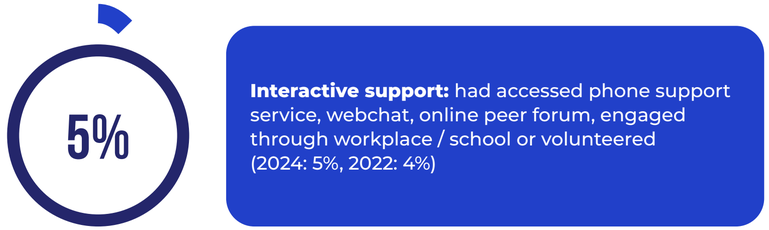
Millions are accessing Beyond Blue's content and information

People are continuing to access Beyond Blue's content and information in high volumes. While both this survey and Beyond Blue's digital usage statistics indicate millions are engaging with this content, total reach is difficult to quantify from this survey as people are not always accessing this content directly from Beyond Blue due to the recent emergence and widespread uptake of generative AI technologies. These technologies are surfacing and delivering content from Beyond Blue's digital platforms directly to users without requiring them to access it directly from Beyond Blue.

People engaged with Beyond Blue's interactive services and supports

Among adults in Australia, one in 20 (5%) used a Beyond Blue interactive service or support, including the Beyond Blue Support Service, NewAccess for Small Business Owners, the Online Peer Support Forums, or engaged through a workplace, school or volunteered (Figure 30). This highlights both the high levels of need for mental health support within the Australian community and the strong demand for Beyond Blue's interactive supports and services.

Figure 30: Beyond Blue interactive support engagement



Key takeaway

- Almost all people in Australia are aware of Beyond Blue with millions turning to its supports and services in a one-year period, highlighting the strong demand and need for mental health information and support among the Australian community.
- Beyond Blue's content and information continue to be accessed by millions though reach cannot be quantified from this survey as generative AI is surfacing and delivering Beyond Blue content to users without requiring them to directly access Beyond Blue's digital channels. Beyond Blue is working to ensure trusted information remains visible and accurate in AI-generated responses.

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Beyond Blue continues to reach people at all levels of need

Beyond Blue supports people at every stage of their mental health journey

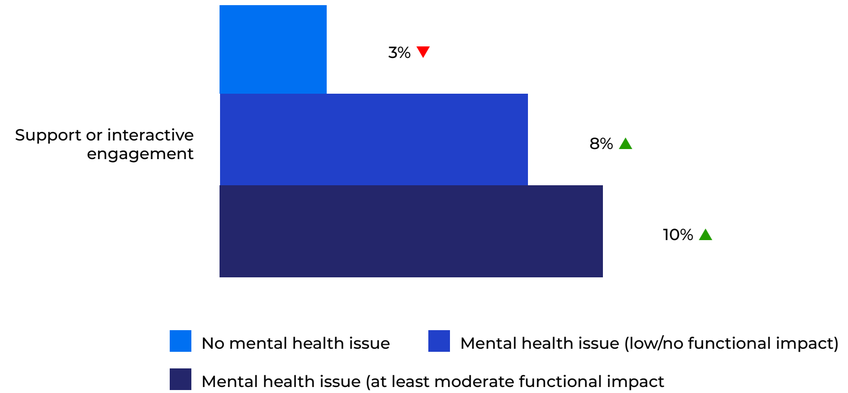
People continue to reach out to Beyond Blue for information and support at all levels of mental health need, however, the rate at which they engaged differed based on the presence of a mental health issue.

In terms of engagement with Beyond Blue's interactive supports and services, such as the Beyond Blue Support Service, NewAccess for Small Business Owners and the online Peer Support Forums, those with a mental health issue with at least a moderate functional impact on their lives were more likely to engage than those with a mental health issue with low or no functional impact on their lives. Those without a mental health issue in the past 12 months also sought information and support from Beyond Blue, though at lower rates than those experiencing mental health issues. See Figure 31 for further details.

Those with significant mental health challenges are more likely to reach out to Beyond Blue

The survey found that adults who experienced significant mental health challenges were more likely to engage with Beyond Blue's interactive services and supports than those who did not experience these challenges. Of all adults in Australia, one in ten with at least moderate functional impact from a mental health issue (10%) reached out to Beyond Blue's interactive services or supports in comparison to 3% of those with no mental health issue (see Figure 31).

Figure 31: Engagement with Beyond Blue interactive supports by mental health issue*



Key takeaway

- Beyond Blue's information and interactive support services continue to be widely utilised among the Australian population by people at all levels of need.
- While people experiencing mental health challenges are the most frequent users of Beyond Blue's information and services, people who do not report experiencing mental health challenges also access Beyond Blue's offerings. Consistent with previous survey waves, this suggests Beyond Blue is supporting people across the entire spectrum of mental health need, including those supporting others, and may be helping people access information and help earlier, before challenges become more severe.

*This data relates to engagement with Beyond Blue's interactive supports and does not include access of our content and digital information, which reflects far higher usage rates.

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Beyond Blue supports people to take further action to address their mental health

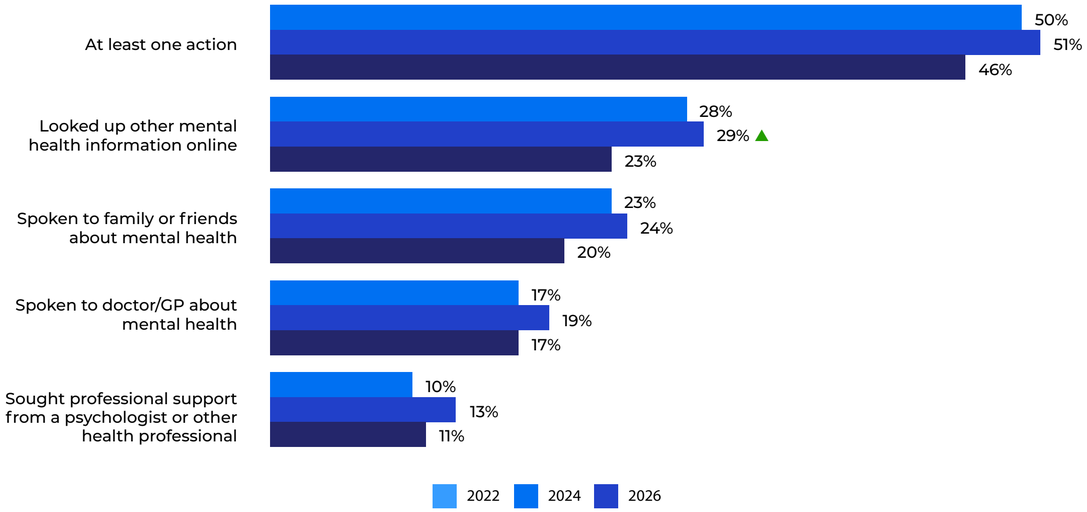
Almost half take further action following engagement with Beyond Blue

Engagement with Beyond Blue continues to lead half of all those who engage to take further steps to support their mental health. In 2026, almost half (46%) of all adults who engaged with Beyond Blue said they took at least one action afterwards as a direct result of their engagement (Figure 32). This was higher among people experiencing a mental health issue with at least moderate functional impact (57%) than among those with no mental health issue (39%).

The actions taken due to engagement demonstrate that Beyond Blue helps people take further action needed to support their mental health. For many people, engagement was followed by seeking additional information (23%), talking with family or friends (20%), or discussing mental health with a health professional (17%). This indicates that Beyond Blue may play an important role in connecting people with broader sources of information and support. See Figure 33 for further details.

Looking up other mental health information online was less common than in 2024 (23%, down from 29%), consistent with findings that people are receiving information from Beyond Blue indirectly via generative AI technologies (see page 37).

Figure 32: Actions taken after engagement with Beyond Blue



Key takeaway

- These findings suggest that Beyond Blue engagement continues to support people to take needed action to improve and maintain their mental health, via further information-seeking, conversations and support. This appears especially true for people experiencing a mental health issue with at least moderate functional impact, who were more likely to take at least one action after engaging with Beyond Blue.

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