Australia's National
Science Agency

The future we choose – mental health support in Australia through the next decade of change

September 2026

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Copyright and disclaimer

Important disclaimer

Acknowledgement of Country

CSIRO and Beyond Blue acknowledge the Traditional Owners of the lands, seas and waters of the area that we live and work on across Australia and pay respects to Elders past and present. CSIRO and Beyond Blue recognise that Aboriginal and Torres Strait Islander peoples have made, and will continue to make, extraordinary contributions to Australian life, including in cultural, economic, and scientific domains.

Acknowledgement of lived and living experience

Beyond Blue acknowledges those who are living with and managing mental health conditions such as anxiety and depression, their families, friends, and supporters, and those affected by suicide.

Currency and terminology note

All dollar values in this report are presented in Australian dollars unless otherwise specified.

'Lived' and 'living' experience: for readability, we sometimes use only one of these terms. Unless otherwise specified, references to lived or living experience should be understood to include both, as well as the experiences of families, carers and supporters.

Mental illness, mental health conditions and mental health disorder: these terms are used interchangeably throughout the report. Mental health disorder is used where it reflects the terminology of the original source (for example, in statistical reporting).

Augmentation with generative artificial intelligence

We used ChatGPT, Claude, NotebookLM and Microsoft Copilot as extended search tools and to assist with copyediting. This approach allowed us to focus on tasks requiring creativity, analytics, reasoning, comprehension, and social and emotional intelligence.

Images

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Foreword

Australians' mental health and wellbeing is being shaped by a world that is more dynamic and complex than ever before. The decade ahead will bring extraordinary opportunities, but also significant challenges, as technological disruption, shifting social norms, environmental pressures and global uncertainty reshape the way we live, work, connect and find meaning.

Preparing for that future begins with understanding the forces already transforming our lives today. It also invites us to consider a liberating truth that is often overlooked – there is no single future waiting for us. Different futures are possible, and the path we take will be shaped by the choices we make today.

That is the value of this strategic foresight report.

We have combined research, foresight and stakeholder insights to explore the mega-trends influencing Australia's mental health landscape, considered how they may evolve under different future scenarios, and identified the actions that can help build a more resilient, connected and future-ready mental health system.

The case for change is both clear and urgent.

Across Australia, the conditions that shape mental health are shifting. Loneliness, social fragmentation, economic insecurity, technological change and growing complexity are creating new pressures, while long-standing inequities continue to leave too many people behind. If the challenges are changing, our response must change too.

Digital tools and AI are embedded in how people seek mental health information and support, highlighting the need for a coordinated, risk-based approach that builds trustworthy and equitable AI infrastructure, and supports human care by extending, not replacing, connection, contextual understanding and ethical judgement.

We have reached an inflection point for Australia's mental health system—a moment that calls for courage, vision and collective action. We can choose to strengthen prevention, intervene earlier, build stronger and more connected communities, harness technology responsibly, and ensure people can access trusted support wherever and whenever they need it. We can move beyond responding to crisis and focus on creating the conditions that bring out the best in people, communities and society. We can take deliberate steps towards building the social, economic and community infrastructure that protects our mental health, strengthens the systems people rely on, and gives people every chance of a contributing life – a safe place to live, something meaningful to do, a decent education.

The coming decade will be defined by rapid transformation at scale. There will be uncertainty, disruption and difficult choices. But there will also be innovation, possibility and moments of remarkable progress.

The future is not predetermined. It will be shaped by the decisions we make today, the investments we choose to make, and the vision we hold for improving the lives of every Australian.

We hope this report sparks conversation, challenges assumptions and inspires action among everyone committed to strengthening Australia's mental health and wellbeing. The future is still ours to choose.

Dr Katja Digweed
Director of Technology, CSIRO

Georgie Harman AO
CEO of Beyond Blue

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The individuals and organisations acknowledged below are among the many contributors to this research and have kindly agreed to be recognised. We also gratefully acknowledge the reviewers who provided thoughtful feedback on earlier drafts.

This report reflects the collective insights gathered through the research process. While it has been informed by the expertise and perspectives of many individuals and organisations, its findings and conclusions are those of the authors and should not be taken to represent the views or formal positions of any individual or organisation.

Professor Mario Alvarez-Jimenez, Chief, Orygen Digital
Dame Kate Campbell Fellow Centre for Youth Mental Health, Faculty of Medicine, Dentistry and Health Sciences

Professor Phil Batterham, Australian National University

Associate Professor Grant Blashki, University of Melbourne

Dr Stephen Carbone MBBS, MPH former CEO Prevention United

Morgan Cataldo, independent practitioner

Dr John Chan, Managing Director, Infinite Potential, Industry Fellow, University of Technology Sydney

Will Cook

Lisa Corrigan, Lived Experience Advisor

Professor Catherine Gomes, School of Media and Communication, RMIT University

Jane Hantanto

Professor Helen Herrman AO, Professor Emerita of Psychiatry, Centre for Youth Mental Health, University of Melbourne

Professor Michael Kidd AO, Chief Medical Officer for Australia

Professor Helen Milroy AM, University of Western Australia and Director, Beyond Blue

Carolyn Nikoloski, Chief Executive Officer, Mental Health Australia

Professor Jeannie Marie Paterson, University of Melbourne

Professor Jane Pirkis, Director, Centre for Mental Health and Community Wellbeing, University of Melbourne

Dom Price, Partner at Be Luminous and Director, Beyond Blue

Stela Solar, CEO, Stone & Chalk

Professor Nick Titov, MindSpot, MQ Health, Macquarie University

Professor Didar Zowghi, Senior Principal Research Scientist, CSIRO; Emeritus Professor, University of Technology Sydney

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Contents

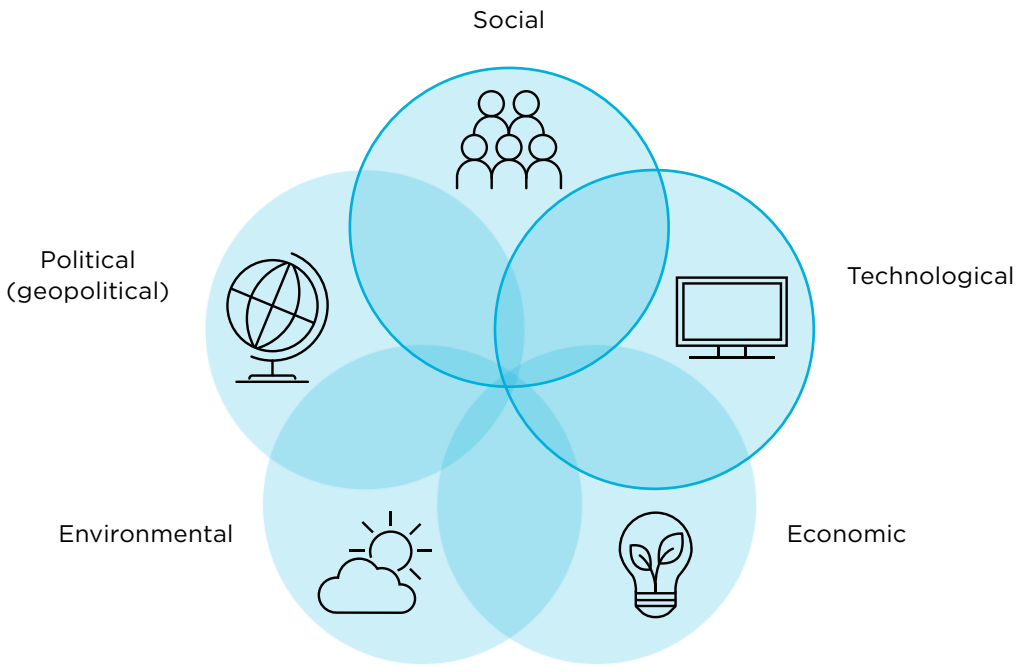
Executive summary

Mental ill-health is one of the most widespread and consequential challenges facing Australia. Nearly half of people in Australia aged 16 and over will experience a mental health condition at some point in their lives. Further, mental illness and suicide impose substantial social and economic costs on individuals, families, communities, employers and governments. In this regard, Australia enters the decade ahead with important strengths, including relatively high levels of education, wealth, social trust and community participation, together with a diverse society that is home to the world's oldest continuing cultures. However, these strengths are being tested by rising cost-of-living pressures, climate-related disruption, geopolitical instability, rapid technological change, workforce pressures and persistent inequities across domains, including in access to mental health care.

This report looks beyond current conditions to explore how Australia's mental health landscape may evolve over the coming decade. It does not predict a single future. Instead, it identifies major trends shaping mental health, draws on stakeholder insights, and uses scenarios to explore plausible future conditions. The aim is to support more forward-looking thinking about the choices, capabilities and system settings that may leave Australia better prepared for a range of possible futures.

The analysis combines horizon scanning across social, technological, economic, environmental and geopolitical domains with qualitative insights from 15 stakeholder interviews, a Beyond Blue Data & AI Advisory Council discussion and a scenario workshop.

Within the broader context of economic, environmental and geopolitical pressures shaping mental health, the report focuses closely on social and technological trends. These trends underpin the scenario framework and are central to how people experience connection, access information and support, and how mental health organisations can support, equip and influence communities in moments that matter.



Of the 25 social and technological trends examined, 16 currently point to rising demand, widening inequities or new risks for mental health and service systems. Four trends are more clearly positive and create opportunities for action: community connection; physical activity; nutrition and sleep; and hope. The final five are mixed or double-edged: growing use of digital channels for mental health information and care; social media; data, analytics and AI-enabled personalised care; AI-driven changes to work and employment; and declining costs of digital mental health technologies. Importantly, several trends that appear negative in the short term may create medium- to long-term opportunities if supported by effective policy, service design, governance and community action.

Several broad findings emerge. First, the social conditions around mental health matter. Childhood adversity, loneliness, weakening social cohesion, discrimination and declining hope all shape mental wellbeing. So too do everyday protective factors such as physical activity, sleep, nutrition and social connection, although people have uneven opportunity and capacity to sustain these behaviours over time. These factors point to the importance of strengthening connectedness and the environments in which people live, learn, work and connect, alongside improving access to clinical care. Such strengths-based, holistic socioecological models of social and emotional wellbeing are embedded in First Nations culture and serve as an example of how this approach can promote strength and resilience through generations.

Second, the pressures shaping mental health are becoming more complex and cumulative. This reflects a broader context of 'polycrisis', in which multiple interacting disruptions amplify one another, and 'permacrisis' – a prolonged period of recurrent instability with limited time for recovery. Financial stress, housing insecurity, climate anxiety, geopolitical instability, social fragmentation, workforce change and digital saturation are interacting in ways that can amplify distress. These pressures do not affect all people equally. Those facing distinct and compounding risks include young people, First Nations communities, people experiencing financial hardship, populations in regional and remote areas, LGBTQ+ people, people with disability and culturally diverse communities.

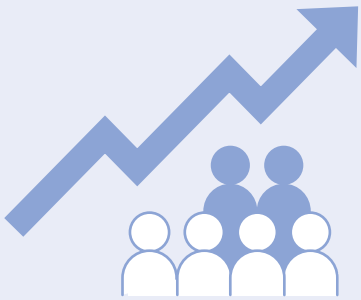
Third, demand for mental health support is likely to continue rising. Awareness of mental health has improved and some stigma has reduced, but service capacity has not kept pace with need. Workforce shortages, affordability barriers, geographic maldistribution and system fragmentation remain persistent constraints. Stakeholders described a system still weighted towards crisis response, with many people receiving support only once distress has escalated or become more complex.

25 social and technological trends shaping Australia's mental health future

16

Increasing pressure

Point to rising demand, widening inequities or new risks for mental health and service systems.



4

Opportunities

Create clear opportunities for action.

- Community connection
- Physical activity
- Nutrition and sleep
- Hope

5

Mixed or double-edged

Have both potential benefits and risks.

- Growing use of digital channels for mental health information and care
- Social media
- Data, analytics and AI-enabled personalised care
- AI-driven changes to work and employment
- Declining costs of digital mental health technologies

99.6 days

Average wait for treatment

Adolescents waited an average of 99.6 days for mental health treatment.

1 in 2

Missed necessary health care

Around one in two people missed necessary health care in 2025, mainly because of cost.

US$17.5 billion

Global mental health app market

The global mental health app market is projected to grow from US$7.5 billion in 2024 to US$17.5 billion by 2030.

89 → 78

Social cohesion score

Australia's social cohesion score fell from 89 in 2020 to 78 in 2024, the lowest level since 2007.

25%

Households with at least one cash-flow problem

The share of households with at least one cash-flow problem increased from 22% in 2019 to 25% in 2025.

39%

Young people experienced a mental disorder

Almost 39% of Australians aged 16–24 experienced a mental disorder in 2020–2022, up 26% since 2007.

50%

of Australians say most people can be trusted

Trust in others fell from 61% in 2020 and to 50% in 2025.

92% → 62%

Sense of personal safety

Australians' sense of personal safety fell from 92% in 2010 to 62% in 2024.

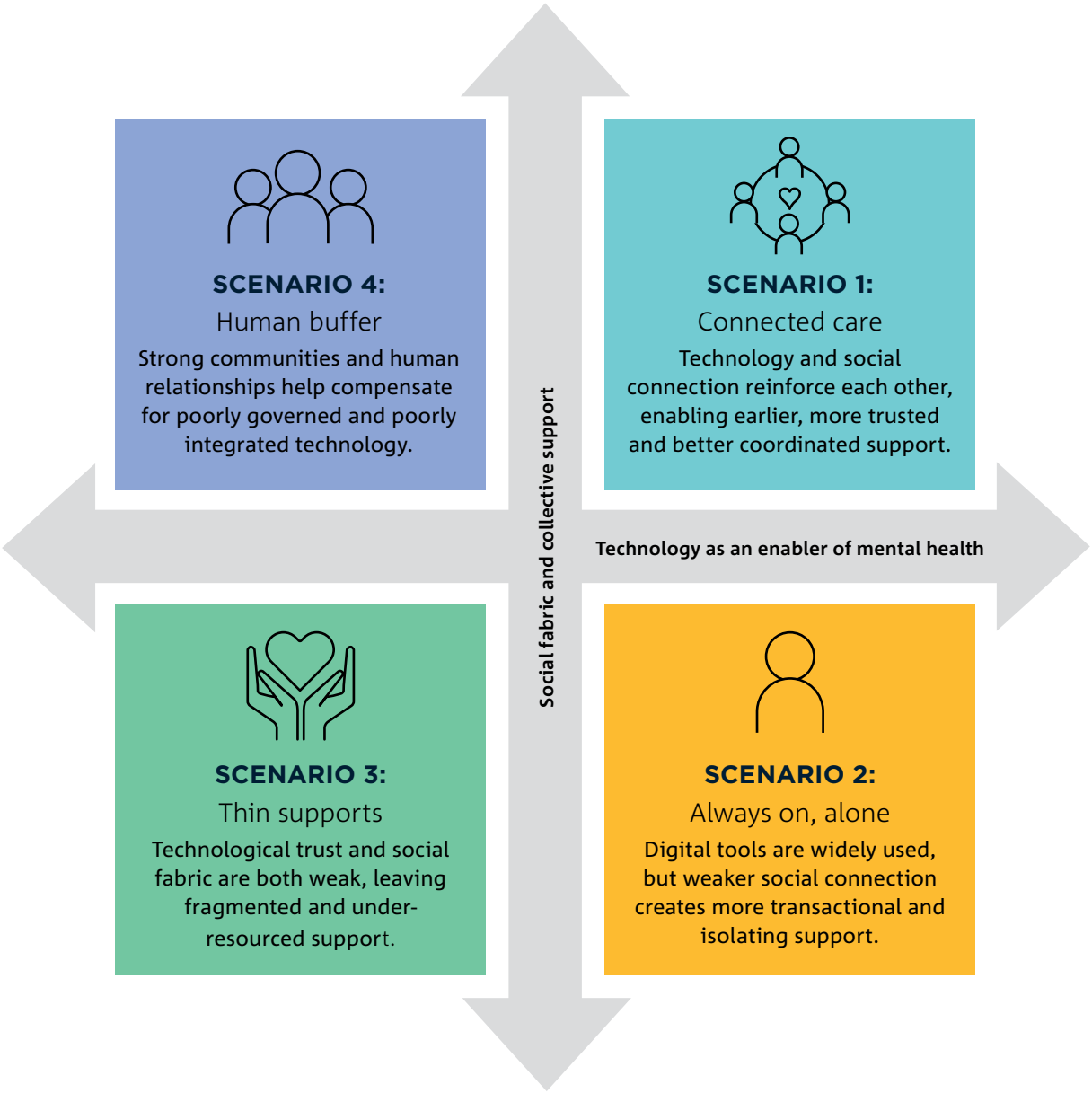
Fourth, technology is becoming central to both the future mental health impacts and the future delivery of support and information, but its effects are deeply uncertain. Digital services, telehealth, data analytics and the tools enabled by artificial intelligence (AI) may expand access, improve navigation, support earlier intervention and reduce pressure on parts of the workforce. However, poorly governed digital tools may introduce new risks around privacy, safety, misinformation, over-reliance, exclusion and the weakening of trusted human relationships. Social media, attention-optimised platforms and AI-generated content are reshaping how people seek information, interpret distress and access support. The central question is not whether technology will play a role, but whether it strengthens human-centred care, trust and equity, or becomes another source of fragmentation and harm.

The report then explores these uncertainties through four scenarios for Australia's mental health future. Scenarios offer a tool for guiding strategic planning and policy development.

The scenarios are structured around two key dimensions: the extent to which technology becomes a trusted and effective enabler of mental health, and the strength of Australia's social fabric and collective support.

In *Scenario 1: Connected care*, technology and social connection reinforce one another, enabling earlier, more trusted and better coordinated support. In *Scenario 2: Always on, alone*, digital tools are widely used but social connection weakens, creating risks of transactional and isolating forms of support. In *Scenario 3: Thin supports*, both technological trust and social fabric are weak, leaving people and services to navigate fragmented, under-resourced and low-trust conditions. In *Scenario 4: Human buffer*, strong communities and human relationships help compensate for poorly governed and integrated technology.

The current environment appears closest to the *Thin supports* scenario: demand is high, system capacity is constrained, trust is fragmented, and digital tools are expanding faster than governance and integration.



However, the scenarios also show that the future is not fixed. The coming decade presents an opportunity to build a more connected, trusted and preventative mental health system, shaped by the choices made today.

The report identifies **five interconnected shifts** that together can strengthen Australia's preparedness for the future.

Shift 1 – towards mental health capability and action

Shift 2 – towards a system designed for prevention and earlier support

Shift 3 – towards recognising communities as a foundation of mental health alongside clinical care

Shift 4 – towards trusted, evidence-based and human-centred AI and technology

Shift 5 – towards trusted information and navigation supports as core infrastructure

These shifts recognise that improving mental health outcomes will require more than expanding services alone. They call for stronger community capability and connection, informed by diverse worldviews, trusted and human-centred technology, earlier and more accessible support, a broader and more empowered mental health workforce, and a system architecture that better connects prevention, community support and clinical care. Progress across these areas is mutually reinforcing and will be essential to building a system that responds earlier, adapts more effectively to change and supports people before they reach crisis.

The decade ahead is likely to bring continued disruption. Economic pressures, climate change, geopolitical instability, rapid technological change and evolving social conditions will continue to reshape how people experience mental health and seek support. A future-ready mental health system will therefore need to be adaptive, preventive and connected across sectors. It will need to strengthen the social conditions that protect wellbeing, harness technology safely and responsibly, support people earlier in their mental health journeys, and invest in the capabilities, relationships and system settings that enable people and communities to thrive.

Introduction

Mental ill-health is one of the most widespread and consequential challenges facing Australia. Nearly half of people in Australia aged 16 and over will experience a mental health condition at some point in their lives [1], underscoring the scale of the issue across the population [2, 3]. While mental ill-health affects all groups, its impacts are unevenly distributed, reflecting broader patterns of disadvantage, exposure to trauma and social exclusion [4].

The economic and social costs are substantial. Mental illness and suicide together are estimated to cost the Australian economy between $40 billion and $70 billion annually in direct impacts, including health care, lost productivity and informal care [5]. These impacts extend beyond individuals to families, communities, employers and government systems. Mental health is therefore not only a health issue, but a central determinant of Australia's social and economic resilience. While mental ill-health and mental wellbeing are closely connected, this report uses a broader wellbeing lens to explore the conditions that may shape future mental health outcomes across the population.

At the same time, Australia enters this challenge with considerable strengths. It remains one of the wealthiest nations globally on a per-household basis, with strong levels of education, social trust and community participation and support for democracy [6, 7]. These assets provide a foundation for resilience and adaptation. Yet, they coexist with rising pressures — global, economic and geopolitical shifts that are reshaping consumption and supply chains, alongside technological change, rising cost of living, and indications of social instability, that are changing how mental health risks emerge and how support systems respond [8].

Australia's mental health system is also undergoing a period of reform. While national strategies and intergovernmental agreements aim to work towards a more coordinated, person-centred and outcomes-focused system [9, 10], persistent challenges remain. Demand continues to outpace supply, workforce shortages are entrenched, and access remains uneven across regions and population groups. Reviews highlight fragmentation, affordability barriers and system complexity as ongoing constraints, alongside concerns that reform actions have not always been clearly linked to objectives and that some key commitments remain undelivered [11].

Taken together, these dynamics point to a critical juncture. The conditions shaping mental health are changing rapidly, while system capacity is evolving more gradually. Decisions made today about how supports and services are designed, how resources are allocated, and how broader social and technological changes are managed will determine whether Australia becomes better or less well equipped to support mental health in the future.

Recognising these pressures, this report looks beyond current conditions to examine how Australia's mental health landscape may evolve over the coming decade. Rather than predicting a single future, it explores the key forces shaping mental health outcomes and considers how different trajectories may unfold to better prepare for the future. This forward-looking perspective is essential in a context where many of the drivers of mental health sit outside the health system itself, trends interplay is complex and often bi-directional and where delays in response can have long-lasting consequences.

Our analysis begins with horizon scanning. This is a structured process for identifying and interpreting emerging signals, trends and drivers of change across social, technological, economic, environmental and geopolitical domains, with a particular focus on technological and social trends [12, 13]. This is then combined with insights from cross-sectoral stakeholder consultations – interviews, discussions and a workshop. These inputs are used to identify the most significant and uncertain drivers of change, which are then explored through a set of four plausible future scenarios. The report also provides a deep dive into workplaces as an example of settings where changing social, technological and organisational conditions are shaping mental health risks and supports. Together, the trends and scenarios provide a structured way to examine emerging risks and opportunities, test assumptions, and inform decisions that can strengthen Australia's preparedness for the future.

Australia's mental health by numbers

42.9%
of people in Australia aged 16–85 had experienced a mental disorder in their lifetime.

3,326
people died by suicide in 2024, with males accounting for around three quarters of deaths.

$43–70B
The direct economic cost of mental ill-health and suicide to the Australian economy is $43–70 billion annually.

16–24
The highest growth in mental disorders and psychological distress has been among people aged 16–24.

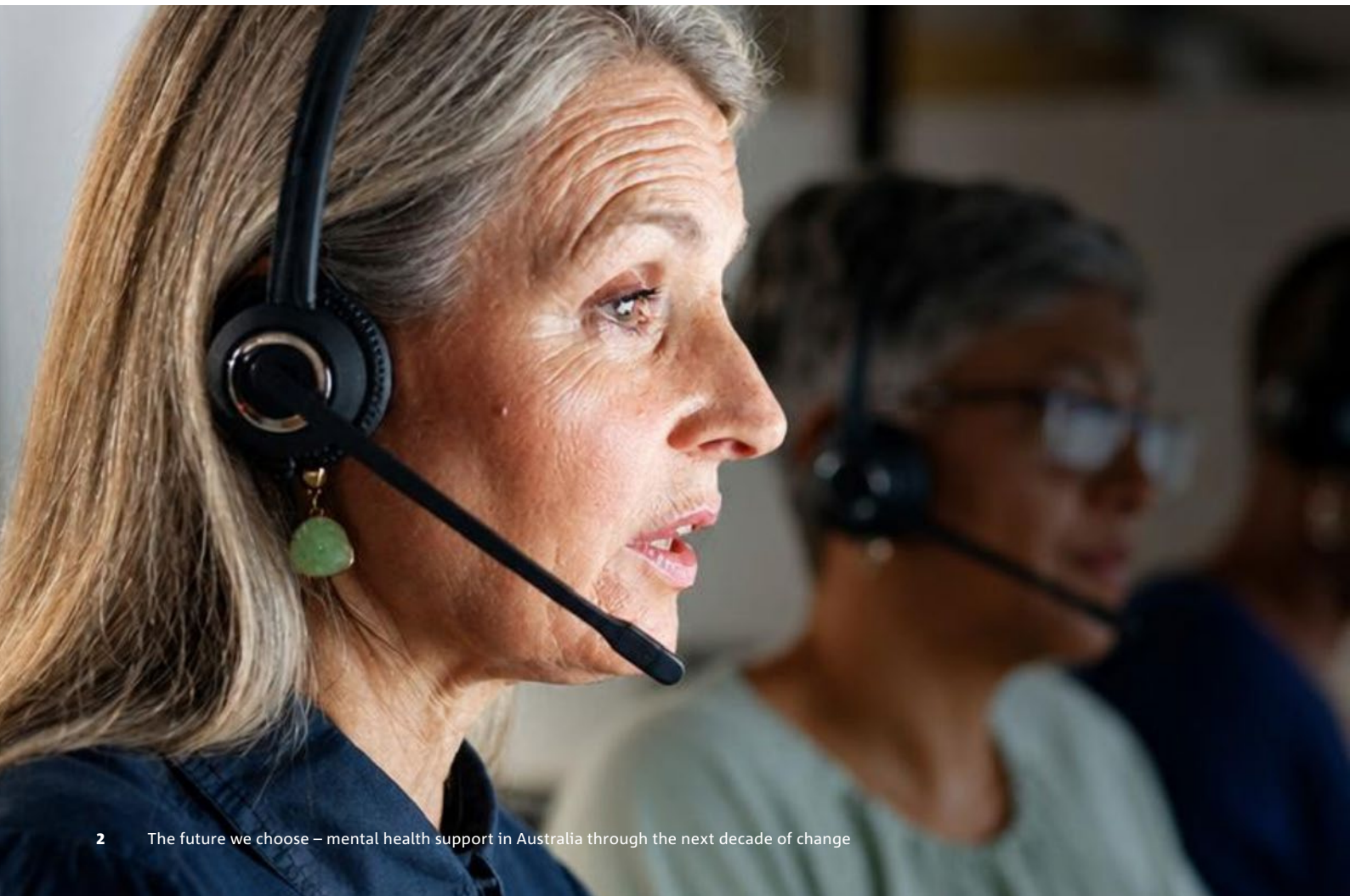
$550–600M
per day

When the costs of reduced health and life expectancy are included, the total annual cost of mental ill-health and suicide is $200–220 billion or $550–600 million per day.

15–44
Suicide remains the leading cause of death among people aged 15–44.

21.5%
of people had a 12-month mental disorder.

Sources: AIHW, ABS, Productivity Commission [3, 5, 11, 14-16]



The trends of Australia's mental health future

The STEEP trends

Trend analysis is a widely used approach for understanding long-term structural change and identifying emerging risks and opportunities in uncertain environments. Rather than focusing only on immediate pressures, it examines the deeper forces shaping future demand, system capacity and societal expectations. In mental health, this is particularly valuable because many of the drivers of need sit outside the health system itself, including changes in labour markets, climate, demographics, technology and geopolitics.

A common way to organise this analysis is through a STEEP framework, named after the first letters of the social, technological, economic, environmental and political (or geopolitical) domains it uses to group trends (Figure 1). STEEP analysis is not a predictive tool; rather, it provides a structured way to scan and interpret change across interconnected systems. STEEP necessarily simplifies these dynamics: trends often interact in complex, potentially bi-directional ways, but the framework provides a practical structure to support understanding and decision-making.

In this report, we apply a STEEP lens to the future of mental health in Australia. STEEP forces are deeply interconnected and together shape future demand, funding pressures, equity and system resilience. While all five domains are relevant, most structural drivers of mental health sit outside the direct remit of mental health organisations. Hence, this analysis focuses in greater depth on social and technological trends, where mental health organisations are most likely to support, equip and influence communities. This chapter first presents selected economic, environmental and geopolitical indicators to illustrate the broader context in which Australia's mental health system is evolving. That context is shaped by both 'polycrisis' and 'permacrisis': multiple interacting pressures that amplify one another, alongside a prolonged state of recurrent disruption and instability, respectively. Within this environment, mental health outcomes and responses are being shaped. The remainder of this chapter explores the social and technological trends in greater depth, examining the drivers of change most likely to influence Australia's mental health future over the coming decade.

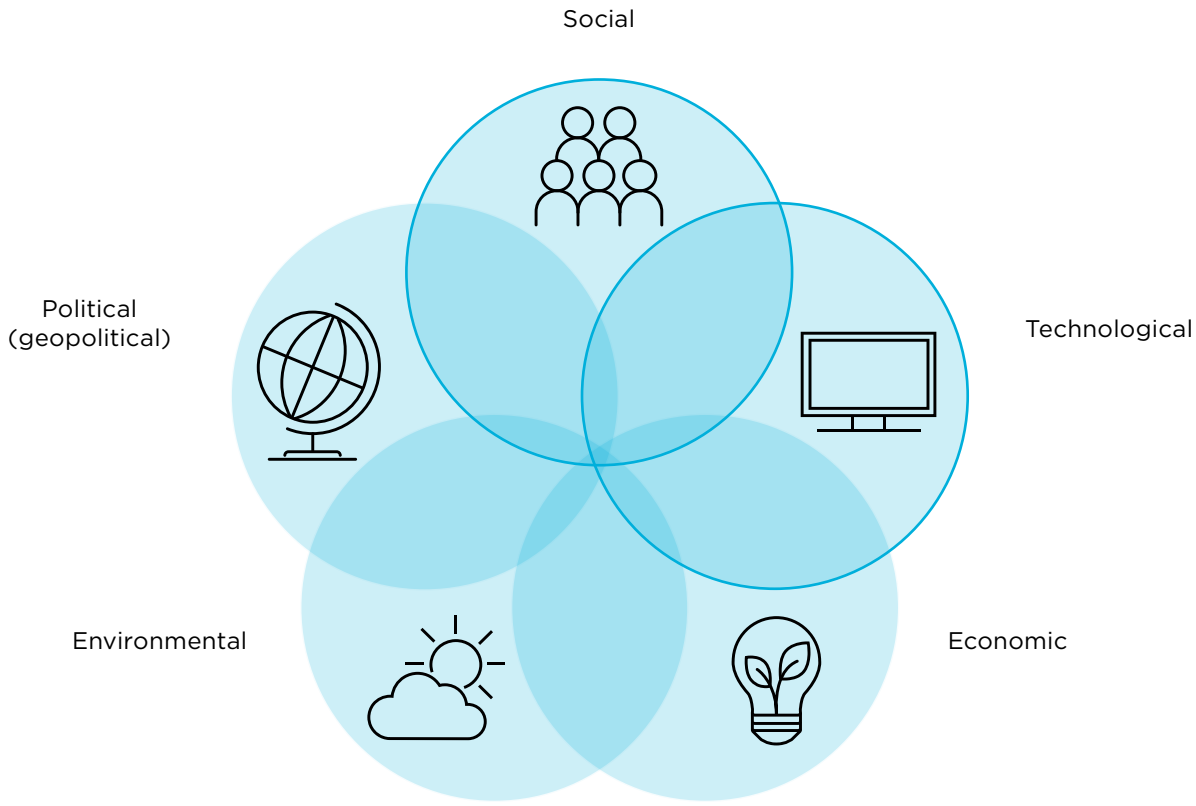


Figure 1. STEEP trends classification

Economic, environmental and geopolitical pressures

Economic stressors have become persistent and measurable contributors to psychological distress and mental ill-health in Australia over the past decade. Financial hardship, housing pressure and income insecurity are key determinants of mental wellbeing [17]. Financial stress has fluctuated in line with major economic disruptions, with Household, Income and Labour Dynamics in Australia (HILDA) Survey data identifying three clear surges since 2001. Financial stress peaked at 17% in 2001, amid rising household debt and labour market instability; increased again following the global financial crisis, reaching 13% by 2011; and rose sharply to 13% in 2023 after a series of rapid interest rate increases beginning in mid-2022. Over time, such financial stresses have been mirrored in the prevalence of poor mental health reported by HILDA Survey respondents (Figure 2) [17].

Current conditions reflect sustained cost-of-living pressures, driven by ongoing inflation and rising housing, transport, food and energy costs [18]. Surveys show that cost of living is rated by people in Australia as twice as important as any political concern [19], with rising insecurity and record-high economic pessimism, exceeding levels recorded during COVID-19 and the Global Financial Crisis [8].

In parallel, recent evidence points to a growing gap between confidence in health care quality and confidence in affordability. That is, people in Australia report trusting the care they receive, but not whether they can afford it when needed. Around one in two missed out on necessary care in 2025, mainly due to cost [20].

Vulnerability to economic stressors is not evenly distributed. In 2023, financial stress was reported by 30% of unemployed people, 29% of single parents, and 25% of renters, with consistently higher rates among women, lower-income households and those with lower educational attainment [17].

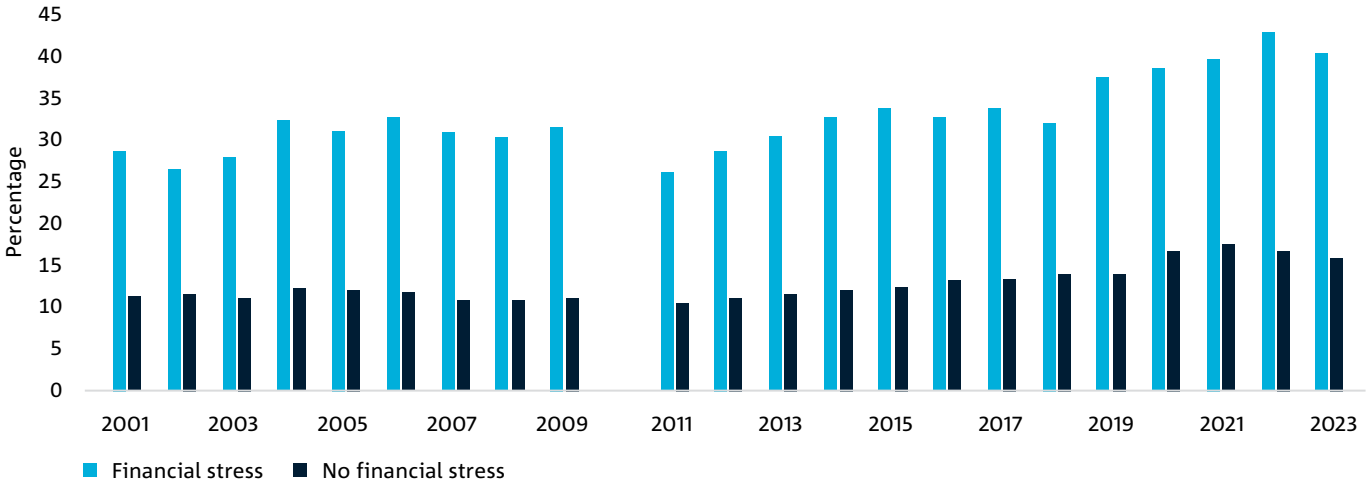


Figure 2. Prevalence of poor mental health by financial stress status

Note: Data from the HILDA Survey, waves 1–9 and 11–23. Questions about financial stress were not included in the wave 10 survey in 2010.

Source: AIHW [17]

The relationship between financial stress and mental health is bi-directional. Financial stress increases the risk of anxiety, depression and psychological distress, while poor mental health can reduce employment stability and financial management capacity, heightening exposure to hardship. These pressures may arise from sudden income loss, unexpected expenses or ongoing difficulty meeting the cost of essentials such as food, housing and fuel. They can also increase suicide risk where hardship is prolonged or compounded by debt, job loss or benefit changes [21]. By 2023, nearly 55% of the financially stressed population reported high or very high psychological distress—around 2.6 times the rate of those not under financial stress [17]. At the same time, rising service costs are influencing help-seeking behaviour. Without structural change, economic volatility is likely to intensify both mental health risks and barriers to treatment in the years ahead. More integrated responses that connect mental health care with practical financial, debt and social support may help reduce distress earlier, before financial strain becomes more entrenched [21].

Australia is one of the most climate-exposed developed nations, and the mental health toll of climate-related anxiety is now measurable. Global studies indicate that children born in 2020 are expected to experience two to seven times more extreme events, particularly heat waves, compared with people born in 1960 [22]. Among people in Australia who have directly experienced an extreme climate event, one in four reports post-traumatic stress symptoms [23]. A further 9.4% report clinically significant eco-anxiety, with younger people and women disproportionately affected [23]. This burden is not short-lived, with impacts persisting for years after the event. Following the 2019–20 Black Summer fires, one in five highly exposed community members exhibited post-traumatic stress symptoms 12–18 months later, and suicidal ideation among first responders ran at roughly twice the general population rate two years on [24, 25].

Disaster mental health supports and services remain reactive and siloed, funded after events rather than built into community infrastructure. Rural and remote communities absorb the greatest climate exposure, yet have access to as few as 1.4 psychiatrists per 100,000 people (compared with 15.1 per 100,000 in major cities), while the national psychiatrist undersupply is projected to reach almost 21% by 2048 [26, 27].

For First Nations people, climate change and disasters can also affect social and emotional wellbeing through damage to Country, displacement, disruption to cultural practices, and loss of culturally significant places and plant and animal species [28].

Studies underscore the importance of culturally safe, community-led and place-based disaster preparedness, response and recovery for many communities, particularly for First Nations communities [29]. At the same time, trauma-informed disaster recovery is maturing as a response field. For example, Phoenix Australia's Disaster Mental Health Hub offers a stepped-care framework enabling non-specialists to deliver psychological first aid in underserved communities [30].

Evidence supporting the efficacy of eco-therapy and nature-based interventions is also building [31], and pre-disaster individual and community resilience investment is associated with better long-term recovery outcomes [32]. The way Australia responds – including whether climate risks are integrated into mental health system planning or addressed primarily through post-disaster responses – will influence future population mental health outcomes.

Geopolitical instability is increasingly shaping population-level mental health risks in Australia. Over the past decade, a succession of global disruptions has compounded the mental health burden, creating a broader sense of permacrisis — a prolonged period of instability in which communities have limited time to recover before the next disruption.

The COVID-19 pandemic was the major disruption: in the first month of stage-two restrictions alone, almost 28% of adults reported clinically significant depression symptoms and 21% reported significant anxiety – substantially higher than pre-pandemic baselines [33]. Since then, major global shocks, including the conflicts in Ukraine and the Middle East, have contributed to a sustained background of geopolitical stress. The National Mental Health Commission's (NMHC) 2024 Report Card identified geopolitical tensions as a contributing factor to declining population wellbeing in Australia, noting that people's sense of control over their lives fell from close to 76% in 2019 to just over 71% in 2023 [34].

These pressures are also being felt domestically through heightened perceptions of threat and insecurity. In 2026, a majority of people in Australia reported feeling 'unsafe' or 'very unsafe' in the world (53%), while 47% reported feeling 'safe' or 'very safe' — the lowest level recorded in the history of the Lowy Institute Poll and a 45-point fall from 2010 [8]. Recent polling also found that fear of cyberattacks from other countries (62%) and a severe global economic downturn (60%) were regarded as the most significant threats facing Australia, followed by the rise of authoritarian governments (59%) and international terrorism (59%) [8]. National security surveys indicate that

people in Australia rank a range of non-military threats among the most serious risks over the next decade. These include AI-enabled attacks, severe economic crisis, supply disruption, disinformation and foreign interference. A February 2026 survey also found high concern about cyber threats, violent extremism and terrorism, with terrorism showing the sharpest rise following the December 2025 Bondi attack [35].

Global instability also amplifies domestic economic stress. The percentage of people reporting at least one cash-flow problem reached 25% in 2025 – up from 21% in 2020 and 22% in 2019. This reflects both post-pandemic shock and the economic consequences of global conflict disrupting energy markets and supply chains [36].

Impacts are not evenly distributed. Continuous exposure to global crises through digital and social media channels can intensify their perceived proximity and persistence, particularly for people with direct personal or family connections to affected regions. Research focused on Australian multicultural communities found that those with family connections to conflict-affected regions experienced elevated panic disorder symptoms and deteriorating quality of life during periods of active conflict [37]. Geopolitical tensions have also been reflected domestically, with recent evidence pointing to rising experiences of racism and religion-based discrimination, including anti-Semitism and Islamophobia [38].

Looking ahead, geopolitical, economic and environmental pressures are not expected to ease. Services and practitioners have long supported people experiencing distress linked to population-level threats, including pandemics, conflict, terrorism, economic shocks and climate change, and many existing modalities are relevant to reducing associated anxiety and distress. Emerging research, training and guidance on issues such as climate anxiety further strengthen this capability. However, there remains scope to improve how systems of care conceptualise and respond to these diffuse, slow-burn stressors and their downstream consequences.

The unresolved question is not whether individual distress can be supported, but whether services are configured to recognise population-level threat anxiety in ways that reflect underlying needs. There is also scope to enable a wider range of responses, including social, community and preventative supports alongside traditional bio-psychological care.

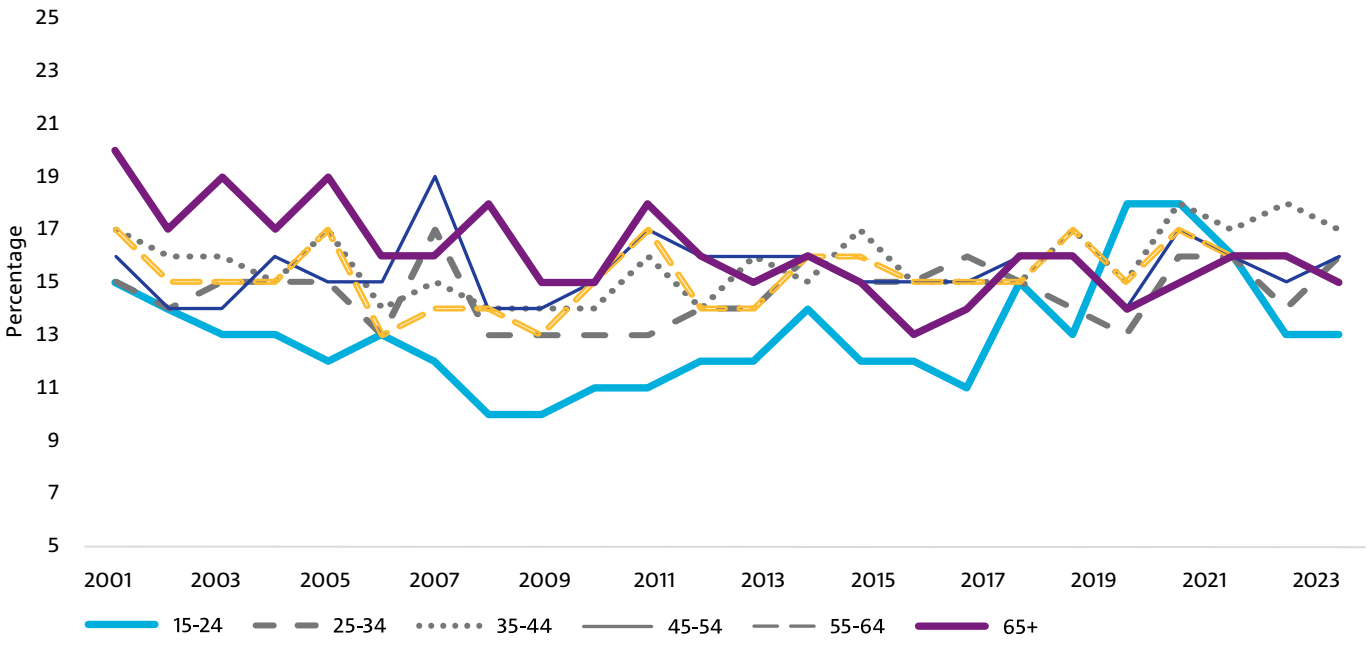


Figure 3. Percentage of people experiencing loneliness by age group

Source: AIHW [43]

Deep dive: Social trends

Australia's social landscape is changing rapidly, reshaping the conditions in which mental health and wellbeing are experienced. These shifts are creating new pressures, while also opening opportunities to adapt supports, services and broader systems of care. The trends in this section, informed by horizon scanning and expert consultation, point to a range of social forces likely to influence Australia's mental health environment over the coming decade. They do not cover every relevant social trend but focus on those that emerged as particularly significant for this report. While these developments do not all move in the same direction, each offers insight into how the social conditions shaping mental health may continue to evolve.

Social isolation and loneliness are significant drivers of mental health challenges in Australia. Social isolation is linked to mental illness, emotional distress, suicide, dementia, poorer health behaviours and adverse biological effects, while loneliness is associated with poorer physical and mental health outcomes and is now considered a major public health priority [39-41]. A recent study found that people experiencing loneliness are more likely to report clinical depression (4.6 times more likely), social anxiety (4.1 times), and poor wellbeing (5.2 times) [42]. This relationship is particularly pronounced among those with long-term mental health conditions, who report loneliness at a rate of 35.1%, compared with 12.3% among those without [34]. Measured loneliness remained relatively stable at 15.3% between 2011 and 2023, with a slight increase to 16.6% during the 2021 pandemic period [34]. However, loneliness among young people aged 15–24 has increased significantly over 2019–2021, in contrast to declining trends among older age groups (Figure 3) [43].

Broader social indicators point to a gradual weakening of connection, trust and cohesion, although relationship quality matters more than the number of social ties alone. Recent surveys also suggest growing concern about discrimination, social polarisation and changing attitudes towards migration and cultural diversity [8, 44]. The perceived number of friends has declined by 0.5 points on a 7-point scale since 2010, remaining at a low of 4.1 through 2023 [45]. At the same time, measures of social cohesion and national belonging have fallen to their lowest levels since 2007 [46]. Surveys point to declining levels of trust: 50% of Australians felt that most people can be trusted in 2025 – down from 61% in 2020 and 55% in 2019. Trust in the health care system, police and justice system also declined [36].

Digital technologies may also affect social cohesion by shaping how people interpret shared information, with algorithmic environments potentially amplifying distrust, polarisation and competing perceptions of reality [47-49]. These concerns are increasingly reflected in public attitudes, with a majority of people in Australia now viewing the risks of artificial intelligence as outweighing its benefits [8].

Looking ahead, rapid social, demographic and technological change is likely to further reshape how people in Australia connect with one another, and with services. This has the potential to deepen social disconnection and its mental health consequences [50]. Without broader efforts to strengthen the social fabric, disconnection may remain an influential driver of declining wellbeing and suicidal risk for future generations [10, 51]. At the same time, social connection is not only an individual experience – it is also shaped by community infrastructure, including the places, activities and social connectors that help relationships form and endure over time [52]. Growing public and policy attention today is creating momentum for future-focused responses such as investment in community infrastructure, social prescribing in primary care, and public spaces designed to support everyday social interaction.

Community connection remains a protective factor for Australia's mental health. A growing body of research in settings such as neighbourhoods, schools and workplaces links sense of community and belonging to measurable improvements in mental wellbeing, with higher levels of perceived social cohesion and support associated with lower rates of depressive symptoms and psychological distress. These communal bonds strengthen trust and cooperation, while strong social support can also buffer the impact of stressors for individuals [53].

In Australia, mental health policy frameworks include community participation and social inclusion, which emphasise participation, social roles and connection as critical components of both mental health maintenance and recovery-oriented care [54, 55]. This aligns with broader public sentiment: 35% of people in Australia identify safe and peaceful communities as the country's top national priority, ahead of increasing economic prosperity (26%), upholding democratic rights and freedoms (23%), and strengthening Australia's security (15%) [35].

Despite mounting pressures and some weakening of traditional neighbourhood ties, people in Australia continue to show resilience through active community participation. There is also growing recognition of the health benefits of micro-interactions – everyday encounters such as brief chats with neighbours, baristas or other parents at school – which can, over time, play a meaningful role in fostering belonging and supporting wellbeing [7].

Those who volunteer consistently report higher wellbeing than non-volunteers, and Australian social indicators confirm that formal and informal community engagement remain prevalent, though trends are shifting. Around 25% of people aged 15 and over participated in unpaid voluntary work through an organisation in 2020 (down from 30% in 2019), while around 49% provided unpaid work or support to people outside their household in the four weeks prior to the 2020 survey [56]. Meanwhile, volunteer participation has fallen over the past decade [56] (Figure 4). The most commonly cited barrier to volunteering is time constraints [56].

More broadly, involvement in social, community, civic and political groups decreased between 2010 and 2020 [56] alongside a marked decline in national social cohesion, which fell from 89 in 2020 to 78 in 2024. This was the lowest level recorded since 2007, measured using the Scanlon Index of Social Cohesion [7, 57]. The term social cohesion itself has been questioned by some as being less unifying and more focused on conformity [58]. Rising inequality contributes to this fragmentation by making the time, resources and secure conditions needed for community participation less evenly distributed.

Lower education — particularly among younger Australians — alongside low trust, economic insecurity, perceived unfairness, and entrenched disadvantage are associated with weaker democratic attitudes and lower satisfaction with democratic performance, highlighting clear social polarisation [59].

At the same time, the experiences of social cohesion and community connection are being reshaped by digital modes of interaction, with implications for both the scale and nature of social ties.

Against this backdrop, shared collective experiences continue to demonstrate the capacity to strengthen social connection. The 2023 FIFA Women's World Cup, for example, generated greater-than-expected community benefits across most Australian host cities and increased support for women's sport [60].

More broadly, strong identification with a group or team is consistently associated with improved social and psychological outcomes, including a greater sense of belonging and reduced loneliness [61]. Looking ahead, sustained investment in community infrastructure, participation pathways and inclusive engagement will be critical to rebuilding and maintaining social cohesion. Major events such as the Brisbane 2032 Olympic and Paralympic Games offer one potential lever — providing focal points for collective experience, volunteering and local engagement. However, their longer-term value will depend on how effectively they are integrated into broader efforts to support resilient, connected communities.

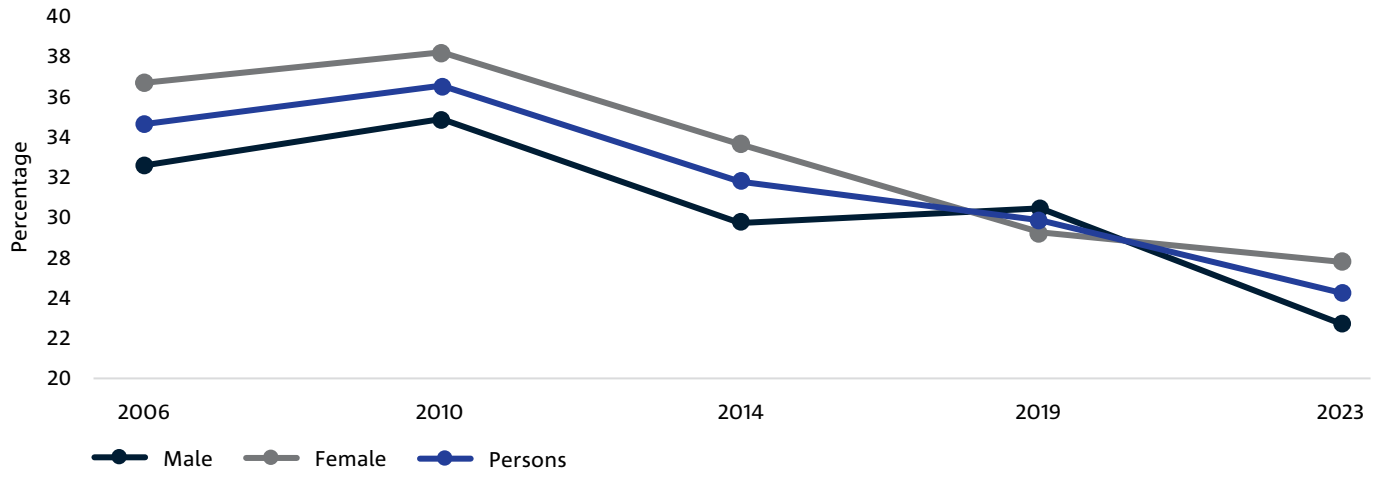


Figure 4. Percentage of people aged 18 and over who undertook voluntary work in the last 12 months

Source: AIHW [62]

Hope and optimism are increasingly important determinants of mental wellbeing. Around 69% of Australians report being fairly, very or completely happy, although this varies by age, income and other socioeconomic factors. Personal life satisfaction in Australia has also remained relatively steady. However, optimism about the country's future has fallen to its lowest recorded level. Only 19% of people in Australia report feeling hopeful or very hopeful about what lies ahead, while 44% describe themselves as low in hope; older people in Australia are notably more pessimistic than younger cohorts [63, 64]. This is unfolding within a broader context of global instability, economic strain and social uncertainty. At the same time, Australian longitudinal evidence suggests that hope is not simply a passive outlook, but an active psychological resource. Analysis of over 25,000 adults found that people with higher levels of hope were less affected by negative life events, adapted more quickly and completely after disruption, and showed stronger resilience, internal locus of control and future-oriented behaviour [65].

Stakeholder interview insights reinforce that hope is closely tied to agency, purpose and connection to others, rather than optimism alone. Pathways to rebuilding it include: elevating hopeful narratives; supporting agency through local action, such as volunteering; strengthening relational bonds through cross-generational connection and storytelling; and cultivating and communicating longer-term thinking through institutions and policies oriented to future generations [65]. Hope also matters for people recovering from trauma, with evidence linking it to better treatment outcomes and positive adaptation after trauma [66]. In this sense, hope functions as both an individual and collective asset, with growing relevance for mental health resilience over the decade ahead.

Age and generational differences affect how mental health problems are recognised and addressed. Longitudinal analysis indicates these differences reflect cohort effects rather than age alone. Using 20 years of nationally representative data, Botha et al. [67] show that increases in population-level mental ill-health are driven disproportionately by younger cohorts, particularly those born in the 1990s and, to a lesser extent, the 1980s.

Help-seeking patterns also vary across generations in both scale and form. Data from the National Surveys of Mental Health and Wellbeing indicate that respondents' perceived need for care increased between 1997 and 2007, with counselling, information and skills training among the most commonly identified unmet needs [68]. In 2007, just over one-third of people (34.9%) with a 12-month mental disorder had consulted a health professional for their mental health in the past year. The proportion increased to almost every second person by 2020–22 (45.1%) [34]. The consultation rate increase was not even – researchers demonstrated that people aged 66–85 were less likely than all younger groups to consult for their mental health [69].

Barriers to care differ by cohort. For young people, stigma, embarrassment, limited symptom recognition and a preference for self-reliance are key obstacles, while social support and prior positive experiences facilitate access [70]. Young men face additional barriers linked to norms around masculinity, contributing to lower consultation rates than young women. Older adults, meanwhile, continue to report lower service use overall [69]. Mental health literacy further shapes these patterns. Older adults are less likely to recognise conditions such as depression and schizophrenia, while younger cohorts show different gaps, including misidentification of conditions and a stronger preference for informal support [71]. Overall, the evidence points to distinct, cohort-specific help-seeking profiles, suggesting future responses will need to be tailored across age groups to improve access and outcomes.

Childhood adversity is shaping lifelong mental health trajectories. Adverse childhood experiences (ACEs) – including abuse, neglect, domestic violence, harsh parenting and family dysfunction – are a major contributor to later mental illness, substance use, poor physical health and suicidal behaviour [72-74]. Australian and international evidence consistently shows that children exposed to adversity are 6–10 times more likely to experience mental health difficulties later in life. In addition, ACEs are associated with more than a twofold increased risk of first onset of common mental disorders [75]. Evidence from population-level studies shows that 40–60% of adults report at least one ACE, with around a quarter experiencing three or more, pointing to a substantial risk load accumulating early in life [75]. In Australia, the National Child and Adolescent Mental Health and Wellbeing Study, currently underway, is expected to strengthen the evidence base on mental health needs in younger cohorts.

The Productivity Commission highlighted that intervention in early childhood, particularly through family support, parenting programs and community services, can mitigate long-term adverse outcomes for children exposed to ACEs [5]. Looking ahead, these dynamics present both a challenge and a structural opportunity for the Australian mental health sector. Parenting programs, including Triple P and Incredible Years, carry the strongest available evidence ratings and are operating in Australia [75, 76]. Yet consistent reach of such programs to the families carrying the greatest ACE burden remains an enduring implementation gap [77].

As pressure on downstream treatment and crisis services continues to mount over the coming decade, the case for greater investment in the first years of life is likely to strengthen.

Youth mental health has deteriorated markedly over the past decade. In 2020–2022, almost 39% of people aged 16–24 experienced a mental disorder in the previous year, up from 26% in 2007 [3, 78]. During late adolescence and early adulthood, young women are more likely than young men to experience both high psychological distress and diagnosable mental disorders. Between 2007 and 2020–2022, rates among females aged 16–24 rose sharply from 29% to 46%, while rates among males in the same age group increased more moderately, from 23% to 32% [79, 80]. Evidence attributes issues to compounding stressors. These include social media, academic and social pressure [81], housing stress and economic insecurity [82], being out of school during the pandemic and climate anxiety [83]. Youth-oriented services such as headspace, though widely available and accessed, face capacity constraints and wait times that limit timely help-seeking and effective intervention [84]. Recent Australian research found that adolescents waited an average of 99.6 days for mental health treatment, and many young people reported that their mental health worsened while waiting [85].

While the trend over the past decade has been largely negative, very recent data provide cautious grounds for hope, with early signs that youth mental health may be beginning to recover from its 2021 low point [86]. This suggests that growing awareness and coordinated action may be starting to help slow, and potentially reverse, the trend. Advocacy for young people's mental health has brought the issue onto the political agenda in new ways, reshaping public discourse and policy attention [87, 88]. At the same time, digital-native young people are more willing to seek help online, lowering barriers to services such as headspace and Beyond Blue. In addition, schools are increasingly being used as platforms for prevention and early intervention, including through curriculum reforms that build students' wellbeing, resilience and help-seeking capabilities [89]. These are important developments, but further active and sustained measures will still be needed for the trend to be meaningfully reversed.

Awareness has grown but supports have not kept pace with demand. Public awareness of mental health has grown through sustained campaigns that have helped reduce stigma and normalise help-seeking, although stigma and discrimination remain persistent barriers for many people experiencing mental health challenges [90]. This shift has contributed to increased demand for services, alongside rising prevalence and broader pressures. In parallel, system supports have expanded, with Medicare-subsidised mental health services exceeding 3.4 million consultations in a single quarter by late 2025 [91]. Government investment has grown in step, with recurrent spending on specialised state and territory mental health services rising from $6.6 billion in 2014–15 to $9.1 billion in 2023–24 (Figure 5). This represents a 23% real per capita increase across all service categories (from $280 to $344) [92]. The service landscape has broadened, with digital and telehealth supports retained under Medicare following the pandemic and new services emerging to support earlier intervention [93]. The introduction of Medicare Mental Health Check In also signals a further shift towards stepped care and population-level early intervention, offering free low-intensity support for people experiencing mild or emerging mental health challenges [94].

Yet, demand has consistently outrun supply. Workforce modelling indicates that the current shortfall of mental health workers (32% below the National Mental Health Service Planning Framework benchmark set in 2019) will reach 42% by 2030 if current trends continue [95] (for more detailed discussion on workforce see trend 'Shortages within the mental health workforce remain a structural constraint on the sector'). Geographical maldistribution remains acute, with 85% of psychiatrists concentrated in metropolitan areas [27], while local and community-based supports often lack visibility [96].

Looking ahead, demand is likely to continue rising. The core challenge of the next decade is not awareness alone (that battle is largely won, though not universally) but aligning system capacity with this demand. Stepped care is the government-endorsed approach for managing this alignment. This approach aims to match people to the least intensive, effective support appropriate to their needs, while enabling escalation when required [97]. Ongoing efforts to strengthen workforce, funding and system capacity will therefore need to be complemented by prevention, early intervention, expanded primary care and community-based psychological services, alongside action on structural drivers such as financial inequality. These approaches are associated with better outcomes at lower system cost [5, 98], particularly where implemented equitably.

Early intervention and prevention remain unrealised priorities in Australia's mental health response. This is reflected in both policy settings and funding, with around $336.3 million allocated to these areas compared with $1.8 billion for treatment and clinical service expansion under the nearly $3 billion reform package [99, 100]. Early intervention is commonly understood across three dimensions: early in life, early in onset and early in episode.

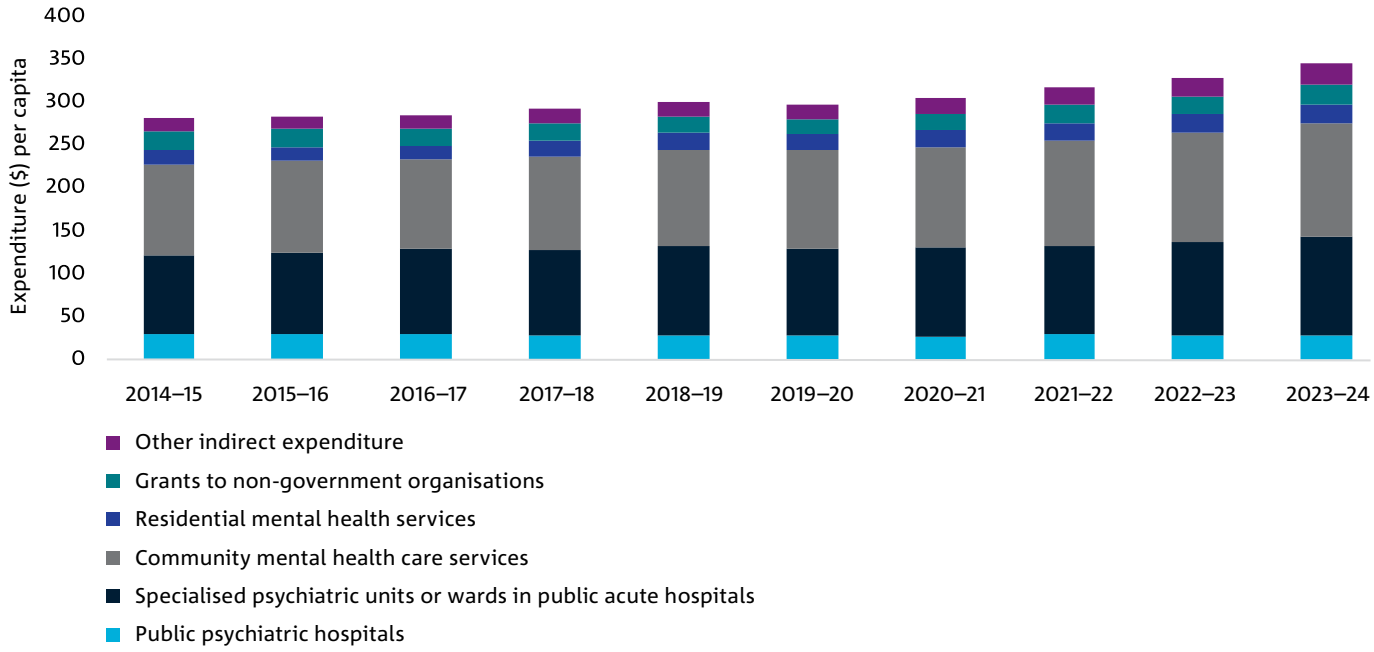


Figure 5. Recurrent spending on national (including state and territory) specialised mental health services (constant prices, per capita)

Source: AIHW [92]

Policy and investment have largely focused on the first (supporting children and young people) where the evidence base is strongest [101, 102]. However, this emphasis does not consistently extend to intervening early in an episode of distress across the life course, despite evidence that many individuals delay seeking support for years, allowing conditions to become more severe and complex [103].

Prevention focuses on reducing risk factors and strengthening protective factors through education, community support and public health approaches [104]. A large body of evidence shows that addressing upstream determinants, such as ACEs, socioeconomic disadvantage and family stress, can reduce the risk of later mental illness and suicidality [72, 75]. The Productivity Commission [5] identifies early childhood intervention, support for new parents and community-based supports as priority investments, noting that a focus on prevention and early help is central to achieving the large-scale quality of life and economic benefits that mental health reform could deliver.

Together, these approaches reflect a broader shift towards whole-of-society responses, including addressing harmful social environments, expanding frontline supports, integrating more personalised care, protecting human rights, and centring lived experience [104]. Strengthening early intervention and prevention remains critical to reducing the prevalence and severity of mental ill-health, improving quality of life, and building a more resilient population [100, 104].

Normal reactions to life stressors may be increasingly interpreted as pathology. Reduced stigma and improved mental health literacy are important and widely positive developments, helping more people in Australia recognise distress and seek support earlier [105]. However, emerging research also points to a more complex and nuanced picture in which the boundaries between clinical mental illness and everyday emotional distress may become less clear – a phenomenon described as 'concept creep' [106]. Reflecting this complexity, an independent United Kingdom Government review published in 2026 found that rising rates of distress appear to reflect genuine increases in distress and functional impact, rather than simply greater willingness to report symptoms. The review also noted, however, that rising rates of diagnosis and service demand may not straightforwardly reflect increases in underlying need, and may be shaped by broader social, developmental and institutional factors [107]. Australian evidence similarly suggests increasing uncertainty in how emotional experiences are interpreted and labelled, with studies finding both over-identification of milder distress and under-recognition of more severe conditions – with the authors concluding that public messages need to be more nuanced about when non-medical responses are more appropriate [106].

Looking ahead, the critical question is not whether distress is increasing, but how it is understood and supported as an important precursor to mental health conditions and a key point for preventative action. This strengthens the case for earlier, less intensive and more accessible supports that do not require people to identify with a clinical diagnosis, using normalising rather than diagnostic language, particularly at the early help stage [108]. But this approach also recognises that many people face barriers to safe, inclusive clinical care, may seek support through informal or community settings, and that diagnosis can be transformative for many people. This creates both risks and opportunities, including the need to better equip communities with mental health literacy and suicide prevention capability.

Antidepressant use has increased steadily over the past two decades in Australia, placing it among the higher-use countries in the Organisation for Economic Co-operation and Development (OECD) [109]. Pharmaceutical Benefits Scheme (PBS) data indicate that around 4–5 million people in Australia receive at least one antidepressant prescription annually (15–18% of the population), with around 7–8% of the population using them daily [110]. Growth has been particularly pronounced among children and adolescents (Figure 6). Dispensing rates for 10–17-year-olds increased by around 50% between 2015 and 2019, with the sharpest rises among adolescent females. By 2021, rates had reached 20.4 per 1,000 for boys and 33.8 per 1,000 for girls, up from 11.7 and 18.0 in 2013, respectively [111]. This growth reflects increased diagnosis and awareness, expanded clinical indications (including anxiety and chronic pain), the improved tolerability of newer antidepressants, including fewer side effects, and longer treatment durations [112-115]. Sustained high use, despite ongoing safety concerns, has prompted debate about the appropriateness of prescribing psychotropic medications to young people [111]. Looking ahead, continued growth in prescribing is likely to reflect rising demand, earlier help-seeking and greater clinical engagement, while keeping questions of appropriateness, access to psychological therapies and the balance of care firmly in view.

First Nations Australians demonstrate enduring strengths and resilience while continuing to experience significantly higher levels of psychological distress. A strong body of evidence emphasises the strengths within First Nations communities that underpin social and emotional wellbeing. The Aboriginal and Torres Strait Islander Social and Emotional Wellbeing (SEWB) Framework, developed by First Nations scholars and practitioners, conceptualises wellbeing as holistic and grounded in connections to family, community, culture, Country and spirituality [122]. These connections are central protective factors that support resilience, healing and continuity, even in the context of ongoing adversity.

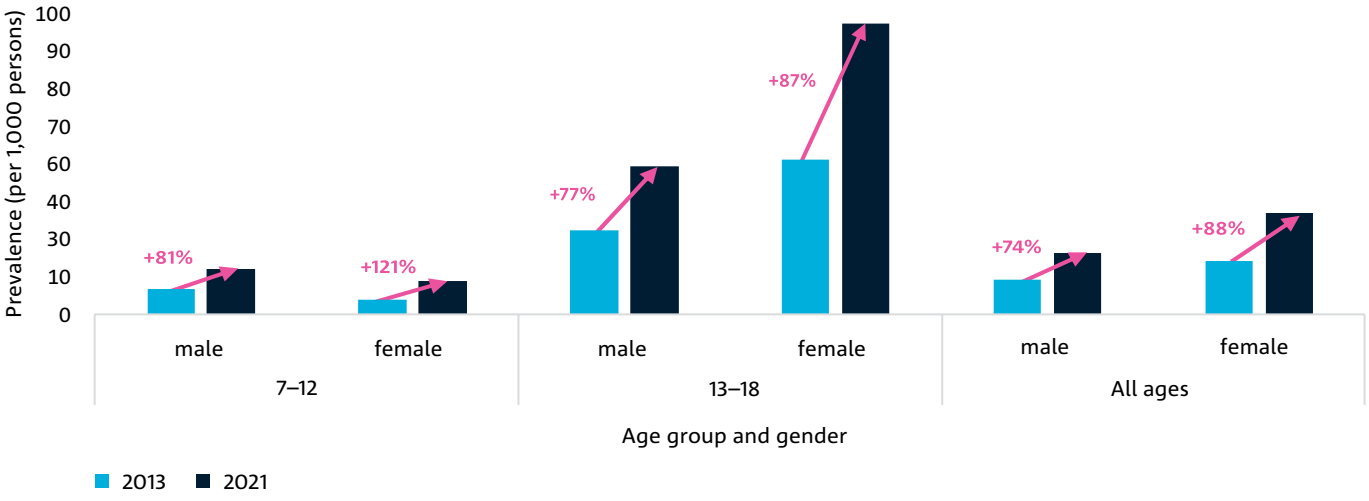


Figure 6. Estimated prevalence of the dispensing of antidepressants to children and adolescents

Source: Wood et al [111]

Contemporary policy frameworks reinforce this strengths-based approach. The Gayaa Dhuwi (Proud Spirit) Declaration places cultural strength, leadership and First Nations presence at the centre of mental health system reform [123]. In addition, the National Agreement on Closing the Gap emphasises shared decision-making, community control and culturally safe services as key system levers, including the role of Aboriginal Community Controlled Organisations in delivering locally led care [124].

The SEWB Framework also recognises that social, historical and political determinants affect First Nations social and emotional wellbeing. In 2022–23, 30.2% of Aboriginal and Torres Strait Islander adults experienced high or very high psychological distress, more than double the 14.3% for the general adult population (Figure 7) [116]. Underlying this gap is extensive evidence of the ongoing and compounding impacts of intergenerational trauma [117]. The legacy of colonisation continues to drive cycles of trauma and persistent health inequity [117]. Poverty, systemic and structural racism and high incarceration rates also contribute to severe and enduring disadvantage, with the Australian Human Rights Commission confirming in 2024 that systemic racism continues to have serious consequences for mental and physical health [118, 119]. Access to culturally appropriate support is also constrained. Many First Nations Australians live in regional and remote areas where mental health services are limited. As well, 41% are digitally excluded — around twice the rate of non-Indigenous Australians — restricting access to online supports [120]. This gap persists in part due to limited infrastructure and low household connectivity in remote communities, though digital participation is on the rise, with more First Nations Australians than ever actively seeking to connect online [121]. Together, these conditions highlight a persistent gap between need and access.

How Australia responds to intergenerational trauma, including acknowledging truth-telling as the foundation of progress, strengthening culturally grounded models of care and improving digital and service access, will shape mental health outcomes for First Nations communities well into the future.

Physical activity is increasingly seen as a key lever for mental wellbeing. The mental health benefits of physical activity are well established and overall physical inactivity is the ninth leading preventable cause of ill-health and premature death [125]. Even small amounts of activity are associated with substantially lower risks of depression [126]. As well, exercise is increasingly recognised as an effective treatment, with walking, yoga and strength training each producing clinically meaningful reductions in depression severity [127]. The relationship between physical and mental health also varies across life stages, with different periods bringing distinct biological and activity-related needs. For example, during perimenopause and menopause, hormonal, sleep and physical changes can interact with anxiety, depressive symptoms and overall wellbeing, shaping the types of support that may be most effective [128, 129].

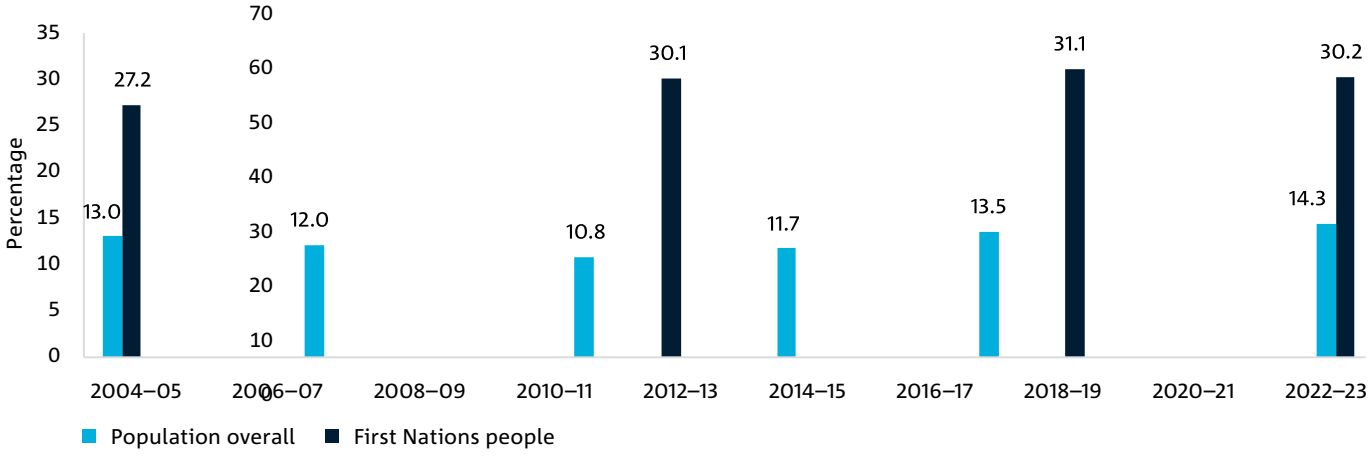


Figure 7. Percentage of adults experiencing high or very high levels of psychological distress

Source: ABS [116]

Stakeholder interview insights reinforce this, highlighting physical activity as one of a small set of everyday behaviours, alongside sleep, nutrition and social connection, that underpin mental wellbeing when practised consistently. The activity patterns among people in Australia are shifting, though progress remains uneven. The percentage of adults aged 18–64 meeting physical activity guidelines increased from 17% in 2017–18 to 22.4% in 2022, while among adolescents aged 15–17 it rose from 1.9% to 5.6% [130]. However, sedentary behaviour remains widespread, with 46.9% of employed adults reporting that most of their workday is spent sitting [130]. Socioeconomic disparities persist: adults in the most disadvantaged groups are less likely to meet activity guidelines (21.5% compared with 29.5%) and more than twice as likely to report no physical activity in the previous week [130]. Overall, insufficient activity remains common, affecting 83% of adolescents, 37% of adults aged 18–64 and 57% of those aged 65 and over [125].

A consistent insight is that awareness is not the primary constraint. Many people understand the role of behaviours such as exercise in supporting mental health, but sustaining these habits over time can be difficult. This is particularly so where time, cost, caring responsibilities, stigmatising and unsafe environments or limited access to suitable spaces constrain everyday choices [90, 131, 132].

Looking ahead, patterns of physical activity, and the extent to which they are supported by people's social and economic conditions and choices, are likely to remain an important influence on mental health outcomes, representing one of the more tractable levers for reducing long-term demand on mental health services [133].

Nutrition and sleep are increasingly recognised as interconnected pillars of mental wellbeing. Evidence shows that healthy dietary patterns are associated with fewer depressive symptoms, while improving sleep quality leads to clinically significant reductions in depression and anxiety [134].

In Australia, deficits in both are widespread. Around 96% of adults do not meet fruit and vegetable guidelines (Figure 8) [135]. In addition, ultra-processed foods account for 42% of dietary energy intake, with higher consumption among younger and socio-economically disadvantaged groups [136]. Sleep problems affect 33–45% of adults [137], with an estimated economic burden of US$35.4 billion in 2019–20 [138].

Biological pathways underpin these relationships. Research points to several interconnected mechanisms – including the gut–brain axis, immune-mediated inflammation, and circadian rhythm regulation – that may influence neurotransmitter activity, stress hormone regulation and mood [139, 140]. Emerging research further links the diversity and balance of gut microbiota to depression, anxiety and cognitive function through complex signalling between the gut and brain [141, 142]. Diet and sleep also reinforce one another: poor diet increases insomnia risk by 53%, while disrupted sleep combined with low dietary quality is associated with greater depressive burden [143, 144]. Conversely, healthier diets are linked to improved sleep outcomes [145]. Sleep also has cultural dimensions; for example, for First Nations people, sleep health can be connected to culture, identity, creativity and spiritual wellbeing [146]. Together, these patterns point to nutrition and sleep as scalable, evidence-based levers for reducing long-term demand on mental health services.

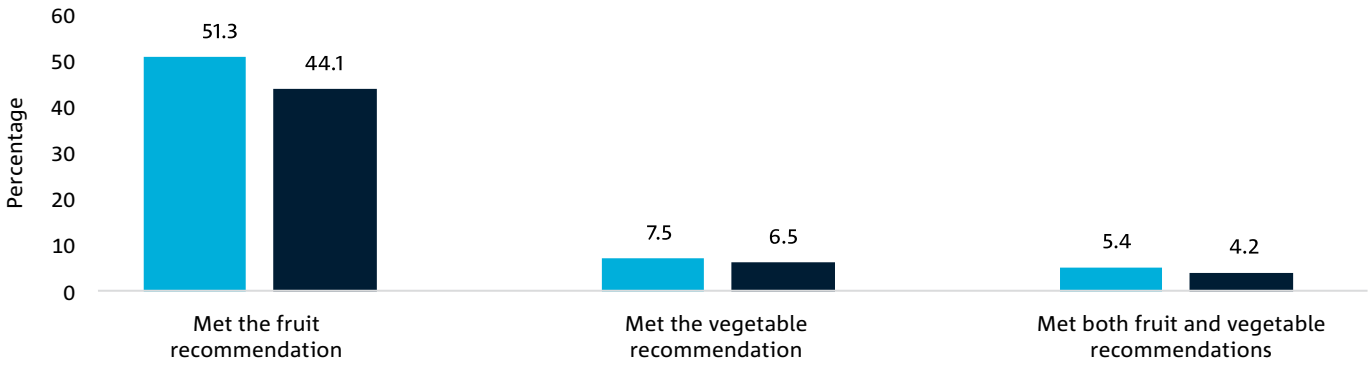


Figure 8. Percentage of adults who met the fruit and vegetable recommendations

Source: ABS [135]

Substance use remains closely linked to Australia's mental health future. Alcohol, tobacco, vaping and illicit drug use interact with distress, trauma, disadvantage, service demand and workforce pressure. In 2020–2022, 19.6% of people aged 16–85 had experienced a substance use disorder at some point in their lives, and 3.3% had experienced one in the previous 12 months [2].

Population trends are mixed. Daily smoking continues to decline, falling to 5.6% among people aged 14 and over in 2025, down from 19.5% in 2001 and 8.3% in 2022–23 [147]. However, e-cigarette use (vaping) increased rapidly between 2019 and 2022–23, particularly among young people. It rose from 5.3% to 21% among those aged 18–24, and from 1.8% to 9.7% among those aged 14–17 [2, 3], before levelling off and showing early signs of decline by 2025 [147, 148]. Risky alcohol consumption remains common, although it has declined since 2004 [148].

Substance use and mental ill-health often reinforce one another. People with mental health conditions or high psychological distress are more likely to smoke, vape, drink at risky levels and use illicit drugs [149]. These patterns also intersect with inequality: prevalence may be higher in some socioeconomically advantaged groups, but harms are often greater among people experiencing socioeconomic disadvantage, including higher rates of daily smoking, alcohol-induced deaths and drug-related hospitalisations [149].

Substance use is also relevant to the health workforce, where stress, burnout and isolation can contribute to risky alcohol use [150]. Looking ahead, integrated responses that address mental health and substance use together will be increasingly important, including greater attention to screening and the use of evidence-based treatments across all substances, including tobacco [150]. This will also require continued expansion, diversification and capability-building across the alcohol and other drugs (AOD) workforce to meet growing and increasingly complex needs.

Mental ill-health is unevenly distributed, following established lines of inequality and discrimination. National data show persistent disparities that aggregate figures can obscure. First Nations people experience psychological distress at more than twice the rate of non-Indigenous Australians and are estimated to have 1.6 to 3.3 times the national prevalence of anxiety and mood disorders [116, 151]. LGBTQ+ people also face a markedly higher burden, with 12-month mental disorder prevalence nearly three times that of heterosexual people (58.7% versus 19.9%, respectively) [152]. These gaps are closely linked to stigma, discrimination and exclusion. Socioeconomic inequality compounds these patterns. Analysis of national Medicare data found psychiatric consultations during the pandemic were concentrated in higher-income areas, with access inequality peaking during the COVID-19 period [153]. The NMHC's 2024 Report Card further showed that 17% of adults experienced discrimination based on skin colour, ethnicity or religion in 2024, while loneliness and discrimination have shown no improvement over the decade [34]. Australia is not unique in this regard: a 2025 OECD working paper across 37 member countries found mental health inequalities by sexual orientation, Indigeneity, migration status and socioeconomic position to be pervasive and systematically under-addressed [154].

Together, these patterns point to a compounding dynamic in which structural discrimination, economic inequality and unequal access to care reinforce one another. The decade ahead will test whether Australia's mental health system can respond where need is greatest, or whether it continues to reproduce the inequalities it is intended to reduce. This includes strengthening responses to climate-related disasters and other shocks in ways that recognise First Nations leadership, knowledge and connection to Country.

Shortages within the mental health workforce remain a structural constraint on the sector, particularly among psychiatrists and mental health nurses, as demand for mental health services continues to outstrip supply across all levels of the care system. These shortages are unevenly distributed, with the greatest deficits in regional and remote areas, where provider density remains substantially lower than in metropolitan centres and long-standing inequities in access persist (Figure 9) [155]. Recent national modelling projects a 28.4% shortfall in psychologists in health settings by 2038 (up from 3% in 2025). When considering unmet demand, the shortage estimate rises to 96.6% by 2038 (compared with 57.3% in 2025), highlighting the scale of the projected workforce gap if current trends continue [156].

Although demand has increased further since the COVID-19 pandemic, workforce growth has not kept pace. The training pipeline for psychiatrists and other specialist clinicians is lengthy and costly, while burnout and workload pressures continue to drive attrition [1, 157]. At the same time, mental health care delivery is broadening beyond specialist roles with occupational therapists, social workers and other allied health professionals contributing to mental health support, including under Better Access arrangements [158]. Telehealth has helped reduce some geographical barriers, but it is not a full substitute for in-person care. Access remains more limited for older adults, people in remote communities, those with low digital literacy, and those without reliable internet connection [5, 159].

Better integrated policy and service networks may also help extend the effective reach of mental health care by connecting clinical and community supports with financial, utilities and legal advice. United Kingdom service modelling suggests that, for people experiencing both mental ill-health and financial difficulties, combining debt advice with talking therapy or counselling could increase recovery rates from 24% to 51% for depression, and from 41% to 53% for anxiety [21].

Broader workforce approaches enable trained workers to provide appropriate lower-intensity support, and multidisciplinary roles that draw on allied health and peer expertise offer one practical and effective way to extend system capacity [160]. Emerging AI-assisted tools may also help manage lower-acuity needs and reduce pressure on specialist services [161]. However, without careful design and governance, these responses risk deepening inequity by entrenching a two-tiered system in which specialist care remains concentrated among those who can afford it rather than those whose needs are best matched to higher intensity services [162].

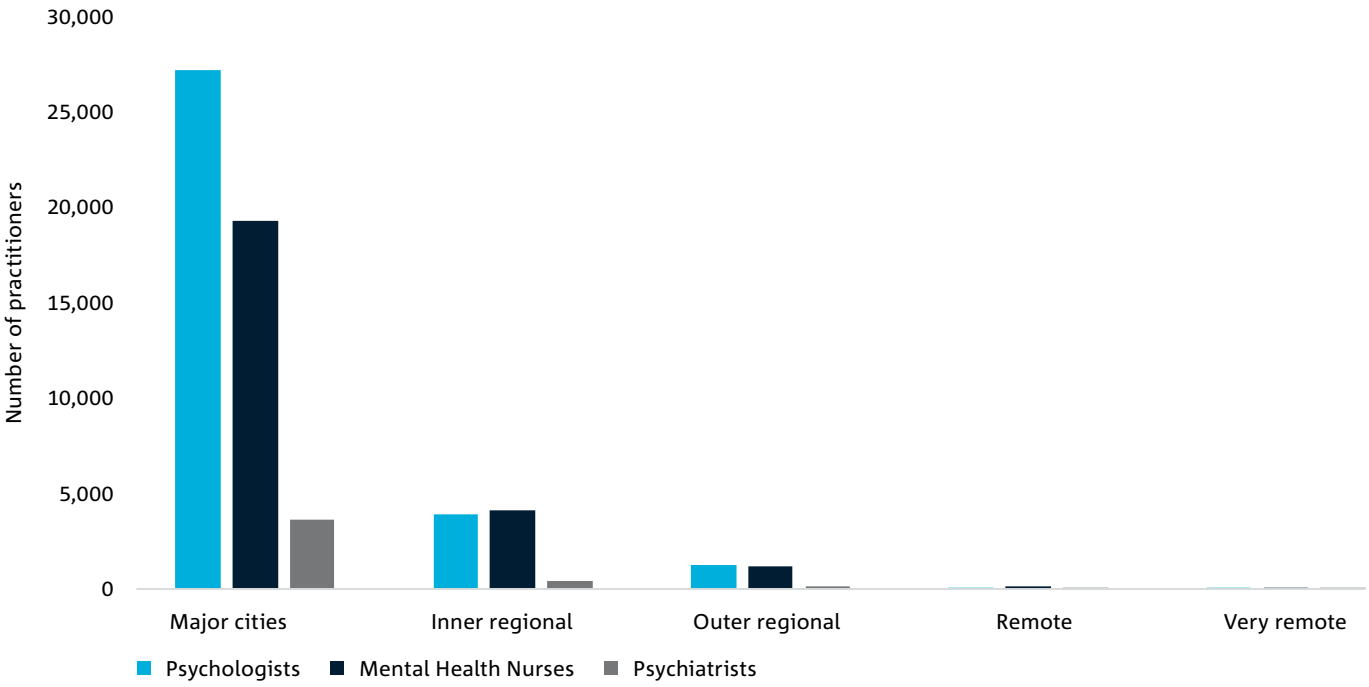


Figure 9. Number of mental health practitioners by remoteness in Australia

Source: AIHW [155]

Deep dive: Technological trends

Technology is a double-edged sword in shaping the future of Australia's mental health and the systems that support it. On one hand, advances in digital tools, artificial intelligence (AI) and data use can enable more personalised and scalable support, broaden access, and create new opportunities for earlier intervention and more flexible models of care. On the other, these same technologies may intensify harmful patterns of use and content, disrupt sleep and social connection, expose people to misinformation and risk, and contribute to anxiety associated with automation and wider social change. Their overall effect will depend less on the technologies themselves than on how they are governed, designed and embedded across systems and everyday life. This creates a time-sensitive opportunity to shape digital systems, institutions and community infrastructure before patterns of dependency, distrust and polarisation become more deeply embedded. This section examines the technological trends that emerged through the horizon scan and stakeholder consultations as the most significant for Australia's mental health future.

People in Australia are increasingly turning to digital channels for mental health information and care.
Telehealth is now an established component of the system: in 2024–25, around 26% of people who needed to see a health professional for their mental health did so at least once via telehealth, following its permanent inclusion in Medicare in 2022 [163, 164]. Australia was the first nation to develop safety and quality standards specifically for digital mental health [165]. Beyond consultations, digital technologies are expanding into monitoring, coaching and early intervention. Smart devices are widely used to track sleep and activity, while similar tools are being applied to mental health. This shift is reflected in the rapid growth of the global mental health application (app) market, valued at almost US$7.5 billion in 2024 and projected to reach US$17.5 billion by 2030 [166].

At the same time, generative AI is emerging as a new layer within this digital ecosystem, reshaping how people seek immediate and informal support, bringing new opportunities and risks [167]. Nearly half of young people report turning to online sources for mental health support, with around 7% engaging directly with AI chatbots [168]. Tools such as ChatGPT, Gemini and Copilot are increasingly used to discuss personal concerns, often driven by barriers such as cost, access and stigma as well as by the convenience, affordability, anonymity and perceived usefulness of these tools. Early evidence suggests some users' perceived benefits include improvements in mood, relationships and anxiety [169].

Together, these technologies have the potential to expand access, particularly in regional and underserved areas, and to complement constrained mental health workforces. Telehealth outcomes are broadly comparable to in-person care for verbally based assessments, and digital tools are increasingly seen as part of task-sharing approaches to extend system capacity [170, 171]. However, limitations remain. Telehealth is less effective where physical observation is required, and many digital tools raise concerns around privacy, data governance and clinical oversight, including the sharing of sensitive data with third parties [172]. As shortages of mental health professionals persist globally, digital tools and task-sharing models are increasingly viewed as complementary ways to expand system capacity.

Generative AI introduces additional challenges around safety, accuracy and appropriate therapeutic use [169, 173]. As digital mental health care expands, the key issue is how these tools are governed and integrated. Existing frameworks, such as the National Safety and Quality Digital Mental Health Standards, provide foundations for safety, transparency and escalation pathways, but will require adaptation to keep pace with generative AI. Their role will depend on whether they can safely augment care, improve access and maintain trust without amplifying risks or inequalities.

Data, analytics and emerging AI tools are increasingly shaping both the planning and delivery of mental health services in Australia, alongside a broader shift towards more personalised models of care.
The integration of large administrative datasets, such as hospital admissions, Medicare claims and community mental health records, is improving visibility of service use, gaps and high-risk populations. National monitoring systems now track activity across crisis services, and Medicare-funded services and digital supports, informing commissioning and workforce planning decisions at scale [174]. Predictive analytics are also supporting earlier identification of mental health risk with initiatives such as Pre-empt (an Australian Centre of Research Excellence) developing tools to inform more personalised prevention and care for young people [175]. Another example is the Black Dog Institute's Future Proofing Study, which aims to prevent depression and anxiety in adolescents. It does this by combining self-reported surveys, clinical information and smartphone-derived behavioural data to identify indicators of changes in adolescent mental health [176, 177]. Research groups at Australian universities are developing computational models that aim to personalise treatment pathways using clinical and behavioural data [178].

Some developments are extending into more advanced forms of personalised care. Multimodal AI systems and 'just-in-time' adaptive interventions aim to use real-time data to detect emotional states and deliver support when it is most needed [179]. More speculative approaches, such as mental health 'digital twins' and biologically informed subtypes of conditions, point towards a longer-term shift to precision psychiatry [180, 181]. Together, these approaches offer the potential for earlier detection, more responsive care pathways and a move from reactive crisis management towards proactive, preventative support [179].

However, these advances also introduce significant risks. The use of sensitive mental health data raises privacy and security concerns, while algorithmic bias and digital exclusion may reinforce existing inequalities. There are also concerns that increased reliance on AI could weaken the therapeutic relationships central to care [105, 180, 182-186]. The governance choices made now will be critical in determining whether data-driven and personalised approaches expand access and improve outcomes or introduce new risks and disparities.

Declining costs of hardware, connectivity and computing are improving the feasibility of digital mental health delivery, but affordability alone does not address persistent gaps in digital literacy, safety, equity and cultural appropriateness [187]. At the same time, the rapid expansion and commoditisation of digital mental health have accelerated the proliferation of apps (some estimates point to between 10,000 and 20,000 in major app stores), many of which lack strong clinical validation or adequate regulatory oversight, creating quality and safety risks for consumers [188, 189]. Virtual and augmented reality tools are also moving from research into practice: meta-analyses show that virtual reality (VR) exposure therapy can be as effective as actual exposure for several anxiety-related conditions [190], while immersive environments are also being explored for pain management, trauma-related care and mindfulness [191]. Although consumer VR headset sales declined in 2023–2024 [192], long-term hardware trends and growing clinical adoption suggest improving feasibility for clinical and community use.

Social media is now deeply embedded in daily life in Australia, with complex implications for mental health. Use is especially high among young people: in 2024, 97% of young adults in Australia reported using social media at least daily [193]. Used well, social media can support wellbeing and access to mental health information. It can help people maintain relationships, build identity and belonging, access peer support, and connect with communities that may be harder to reach offline. This is particularly so for those experiencing isolation, stigma or marginalisation, including those managing chronic illness, disability or geographical isolation [194-196]. In Australia, a survey of over 2,000 young people found that 66% reported greater awareness of their own mental health through mental health content accessed via social media [195]. For LGBTQ+ Australians across all age groups, social media has been shown to support identity development, peer connection and access to communities they may not be able to find locally or offline [197, 198].

However, growing evidence also points to important risks. In one survey, 42% of young people identified social media as a main factor worsening their mental health, an increase on previous years [199]. Higher use is also associated with greater psychological distress, particularly among female and gender-diverse youth (Figure 10). These findings are correlational only, and the relationship is likely complex and bi-directional [193].

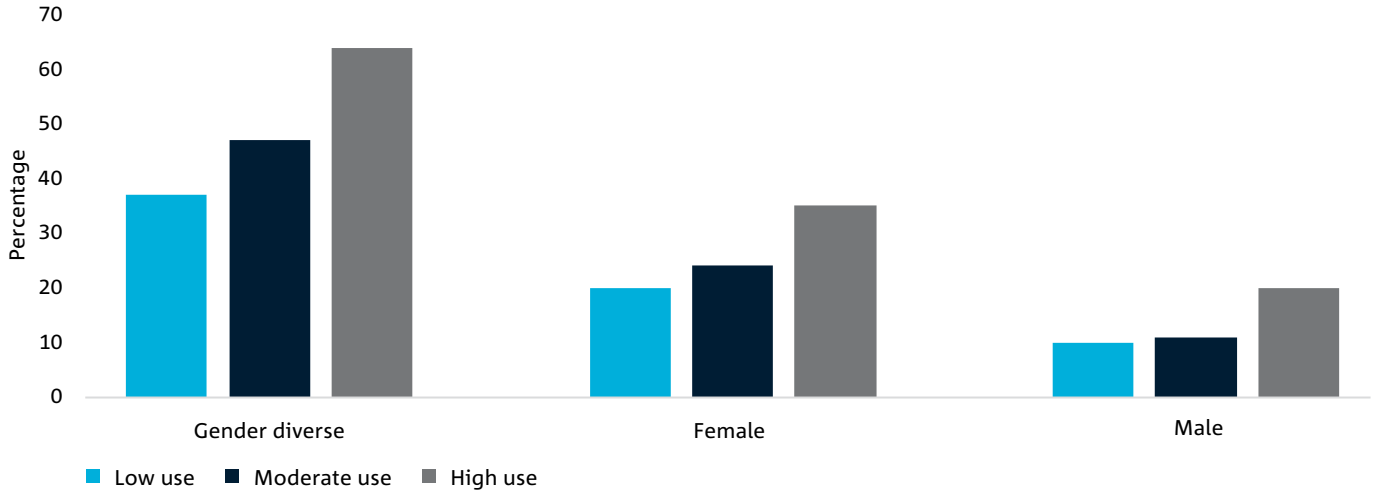


Figure 10. Percentage of young people reporting high psychological distress and association with social media use

Source: Mission Australia [193]

Research continues to highlight risks associated with online environments, including cyberbullying, negative social comparison and exposure to harmful content, all of which are linked to anxiety, depression, suicidal ideation and poorer wellbeing [194, 200]. Concern about these effects has already shaped policy, including Australia's recent social media delay for under-16s [201]. However, early evaluation suggests the benefits of age-based restrictions may take time to emerge and depend on accountability and education mechanisms that support compliance and uptake [202]. The Australian Government is also developing a Digital Duty of Care under the Online Safety Act 2021, signalling a shift towards more proactive, safety-by-design and systems-based approaches to online harms. As people in Australia spend more time online, social media is likely to remain an important influence on mental health outcomes.

Generative AI is spreading rapidly, but so is the rise of low-quality 'AI slop'. ChatGPT reached one million users within five days of its November 2022 launch and an estimated 100 million monthly active users within about two months, making it one of the fastest-growing consumer apps on record and far outpacing earlier platforms such as TikTok and Instagram [203, 204]. Although AI had been under development for decades, this was the first widely adopted generative AI system to place the technology directly and intuitively in the hands of everyday users at global scale.

That rapid uptake has been accompanied by a familiar shift from enthusiasm to concern. Early attention to usefulness and productivity gains has increasingly been matched by worries about the volume and quality of AI-generated content. This concern was reflected in both Merriam-Webster's 2025 Word of the Year, 'slop', and Macquarie Dictionary's 'AI slop', both referring to low-quality AI-generated material produced at scale [205, 206]. Emerging evidence is also beginning to question whether productivity and cost-efficiency gains are being realised consistently in practice. Youth perspectives reflect the same ambivalence, with mental health appearing among both the perceived benefits and concerns associated with AI use (Figure 11) [207].

The implications extend beyond annoyance. People often struggle to distinguish AI-generated from human-produced content, including misinformation. In addition, the growing volume of synthetic material may increase information overload and reduce critical engagement, particularly in health information environments [208, 209]. Emerging evidence also suggests that heavier reliance on generative AI in knowledge work may be associated with weaker critical thinking [210]. Beyond health information, concerns are growing around the broader wellbeing impacts of AI-enabled misinformation, disinformation, manipulation and polarising content, including heightened distrust, anxiety, confusion and social fragmentation in already strained information environments [211, 212].

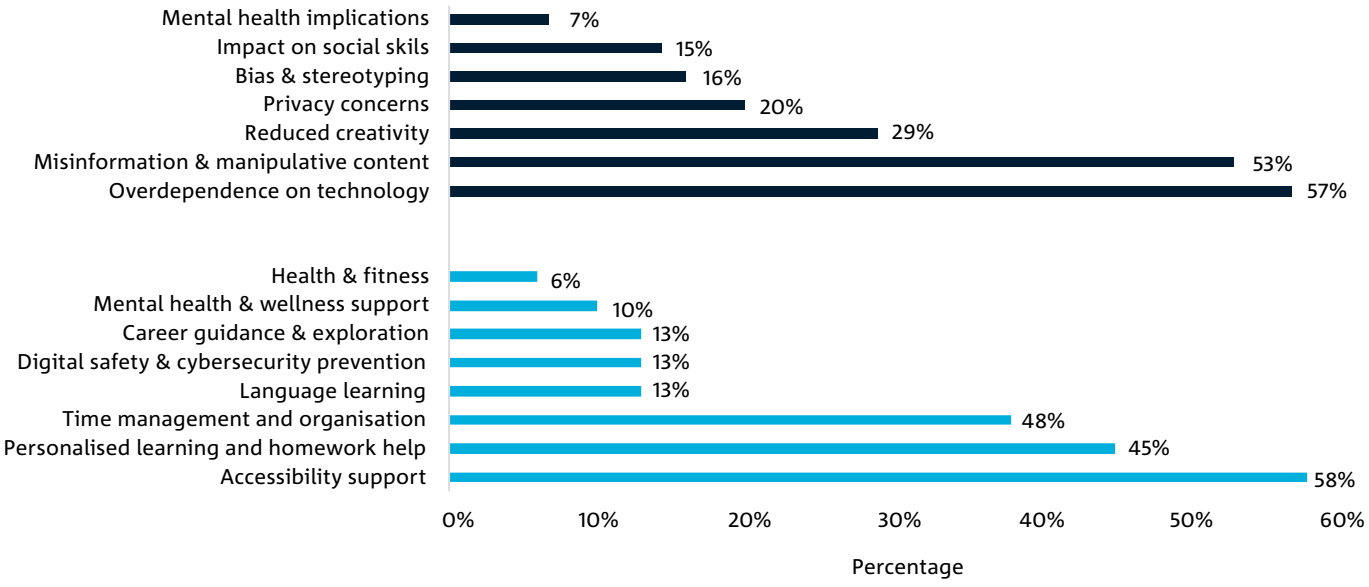


Figure 11. Top concerns (dark blue, top) and top positive uses (light blue, bottom) of AI reported by young people in Archewell Foundation conversations

Source: Archewell Foundation [207]

For mental health, this raises the risk that plausible-sounding but inaccurate advice may become harder to distinguish from expert guidance, increasing the importance of trusted, evidence-based communication and strong digital literacy.

AI introduces new risks to youth autonomy and mental wellbeing. As AI systems become embedded in learning, social interaction and information seeking, new safety risks are emerging for children and young people that extend beyond traditional digital harms. Evidence highlights growing concerns around the erosion of autonomy and agency, particularly during developmental stages where identity, judgement and self-regulation are still forming. Increasing reliance on AI for tasks such as writing, problem-solving and decision-making may lead to 'cognitive offloading', reducing opportunities to develop critical thinking skills over time [213, 214].

AI systems may also reinforce automation bias, where outputs are accepted with limited scrutiny. This underscores the importance of meaningful human-in-the-loop review in higher-risk settings, such as clinical documentation, decision support and other AI-assisted health applications [215, 216]. For younger users, this can shape long-term epistemic habits, influencing how knowledge is evaluated and decisions are made. Emerging evidence also points to emotional dependence on AI companions, with high-frequency interactions potentially affecting social development, self-regulation and mental wellbeing. These risks may be amplified for adolescents navigating identity formation and social belonging [213, 214]. They may be further intensified where distress becomes a commercial opportunity, with AI companions and wellness apps potentially commodifying young people's vulnerability through engagement-driven and profit-oriented design [217].

The risks of AI are compounded by broader systemic challenges identified in AI safety research, including unreliable outputs and manipulation risks [213, 214]. In Australia, the eSafety Commissioner has raised related concerns about children's exposure to unsafe AI companion interactions, gaps in age assurance and safety pathways, and AI-generated deepfake abuse affecting school communities [218-220]. Recent reported cases of serious harm involving young people and AI companions, including suicide-related cases, further highlight the need for caution, although the evidence base remains low and uneven [221]. For younger populations, these dynamics may shape not only immediate wellbeing, but longer-term cognitive, social and behavioural trajectories.

While evidence remains limited and evolving, the convergence of these risks points to a critical need for age-appropriate safeguards, transparency and design approaches that actively support, rather than undermine, the development of autonomy, resilience and healthy social functioning in the context of AI [217].

The boundary between work and personal time is increasingly blurred for many. Always-on digital connectivity, more precarious forms of employment and ongoing workplace tensions are contributing to sustained levels of stress. These pressures sit alongside related mental health risks for people without secure access to paid work, including those experiencing unemployment, underemployment or unstable hours. At the same time, cognitive overload has become a defining feature of work, as employees navigate continuous streams of emails, notifications and novel digital work tools and collaboration platforms. A 2024 survey of over 2,000 knowledge workers found that more than half reported workloads so unmanageable they needed to take time off at least once a month, while 55% felt leaders were not doing enough to address digital exhaustion [222]. These pressures are unfolding alongside compensation data: mental health conditions accounted for 10.5% of serious workers' compensation claims in 2022–23. This represents a 19.2% increase on the previous year and a 97.3% rise over the past decade [223]. Simultaneously, opportunities for social connection can be limited, as relationships require time and energy that are often consumed by work demands, financial stress and digital overload [52].

While psychosocial regulations have strengthened, implementation remains uneven and is often compliance-driven, particularly in more precarious forms of work where risks are highest and access to support is lowest. Workplace wellbeing initiatives often remain focused on individual coping rather than underlying structural protections. At the same time, early signs of change are emerging. These include Australia's 2024 'right to disconnect' legislation [224] and a growing policy and research focus on addressing psychosocial hazards through organisational design [225].

If these structural drivers remain unaddressed, demand for mental health support is likely to continue outpacing supply. The extent to which workplace mental health is treated as a systemic issue, rather than an individual responsibility, will be a key determinant of future outcomes for both workers and the mental health system.

AI is reshaping Australia's employment landscape, with growing implications for mental health and wellbeing. The World Economic Forum's (WEF) *Future of Jobs Report 2025* estimates that 92 million roles will be displaced globally by 2030, with 22% of jobs expected to change through a combination of job creation and displacement [226]. A 2026 WEF report also highlights the rapid AI commercialisation, evolving talent landscape and growing geopolitical fragmentation as key forces shaping the future of work [227]**.** In Australia, exposure is already evident. Jobs and Skills Australia has identified data entry, record-keeping, accounting and communications roles among those most affected by automation and augmentation, with administrative occupations showing particularly high exposure [228].

The mental health effects are not limited to those who lose work. Emerging evidence suggests that the anticipation of displacement can itself be a significant stressor. AI exposure is associated with elevated stress, anxiety and burnout even among currently employed workers – with psychological harm appearing to stem from perceived threat and uncertainty rather than actual job loss [229, 230]. These pressures are unlikely to be evenly distributed. Older workers, First Nations Australians and people with disability may face heightened risks due to occupational concentration and digital access gaps [228]. Young people are also disproportionately exposed as many early-career and administrative pathways are among the roles most vulnerable to AI-driven change, raising concerns about the future stability of entry-level employment [231, 232].

The picture is not, however, uniformly negative. AI may also create accessibility benefits for some people with disability, including through voice-to-text, translation, summarisation and task-completion tools that support participation in work and learning [233]. Where AI removes repetitive or tedious work, evidence points to gains in job satisfaction, autonomy and productivity, with workers using generative AI tools reporting meaningful time savings [234-236]. These benefits tend to favour higher-skilled workers – and whether AI enhances or undermines wellbeing appears to depend significantly on how it is implemented and how confident workers feel in using it. Those with stronger belief in their ability to learn and work with AI consistently report lower stress, suggesting that building AI self-efficacy is one of the more actionable protective factors available to employers and policymakers [229, 237].

These shifts position workforce transition support – including reskilling, career guidance, psychologically safe role transitions and anxiety-management skills – as an increasingly important part of the mental health response. As employers invest in both automation and reskilling, the psychological dimensions of workforce change will require as much attention as the economic ones [226].

The attention economy creates mental health consequences. The dominant business models of online media are to capture and sustain user attention. Features such as infinite scroll, autoplay and algorithmic recommendation systems optimise engagement by exploiting behavioural reward mechanisms, making disengagement structurally difficult. The Australian Parliament's inquiry into social media found that platform algorithms are intentionally designed to maximise engagement. This can exploit adolescents' developmental vulnerabilities, exposing young users to highly targeted advertising and gambling ecosystems worth billions of dollars globally [238].

At the same time, the rapid rise of short-form video platforms (such as TikTok, Instagram Reels and YouTube Shorts) is happening as patterns of attention and information consumption shift. Researchers found consistent associations between higher short-form video use and lower cognitive performance, particularly in the domains of sustained attention and inhibitory control. The study also identified weaker but statistically significant associations with poorer mental health outcomes, including anxiety and stress [239]. While causal pathways remain under investigation, the findings add to a growing body of research suggesting that high-intensity digital media environments may fragment attention and contribute to cognitive overload.

These dynamics carry implications for mental health service delivery. Many therapeutic approaches require sustained concentration, reflection and emotional processing, capacities that may be challenged in environments characterised by continuous digital stimulation.

Australia has begun responding to emerging online safety risks through strengthened regulatory frameworks under the Online Safety Act 2021 [240]. However, regulatory efforts remain focused primarily on child safety and harmful content. The broader mental health implications of attention-optimised platform design for the general population remain largely unaddressed in policy and clinical frameworks [202].

Beyond its psychological effects, digital technology use may also influence mental health through physiological pathways. The clearest mechanism is sleep disruption. A study in the United States of America showed that evening screen use is associated with later bedtimes and approximately 50 minutes less sleep per week. This is in part because blue-spectrum light suppresses melatonin and delays circadian rhythms [241]. Given the strong relationship between poor sleep and depression and anxiety, widespread evening device use represents a potentially important and modifiable population-level risk factor. Sedentary behaviour adds to this risk, with prolonged device use being one contributor to sedentary time, particularly among adolescents and working-age adults [242]. Emerging evidence also suggests that heavy smartphone and internet use may affect physiological stress regulation. Experimental studies reducing smartphone use have found changes in heart rate variability, while trials limiting recreational screen time have reported improvements in mood and wellbeing, pointing to a possible link between digital exposure and stress-response systems [243, 244].

These risks may be greatest, and least well understood, among children and adolescents. A 2024 meta-analysis found that forms of early childhood screen use such as solo viewing, background television and device-based soothing were associated with poorer cognitive and psychosocial outcomes [245]. High screen exposure in early childhood has also been linked to sleep disturbance, social-emotional difficulties and possibly lower later cognitive performance [245]. Although causal pathways are still being clarified, the long-term mental health implications of increasingly screen-saturated childhoods remain an important and uncertain public health challenge.

Stakeholder insights and reflections on the future of mental health

To complement and validate the analysis of mental health trends, we also collected qualitative data from a range of groups affected by, or involved in, mental health policy and service delivery in Australia. This included 15 in-depth interviews with people who bring distinctive and consequential perspectives to the future of mental health. They included clinicians, researchers, insurance and disability specialists, workplace wellbeing leaders, youth advocates, people with lived and living experience, and cultural knowledge holders. Many of the interviewees were operating in upstream, cross-sector or community-facing settings rather than downstream clinical or acute service delivery. This helped orient the considerations towards broader social, institutional and system-level influences on mental health. These insights were complemented by a discussion session with the Beyond Blue Data & AI Advisory Council and a scenario workshop with more than 20 participants to test future scenarios and implications (see Appendix for detailed description of the research method).

Stakeholders across these consultations reflected on the forces shaping mental health today, how those forces might evolve over the coming decade, and what needs to happen to turn the tide. Their insights are presented here as seven major considerations for Australia's mental health future. They are deeply interconnected and together point to both future risks and opportunities for positive change.

1. A system designed for crisis, facing a population under sustained pressure

Stakeholders consistently described a qualitative shift in the nature of psychological stress facing people in Australia. People are navigating multiple, overlapping and ongoing pressures. These include cost of living, housing insecurity, climate anxiety, job market uncertainty, AI-driven change and political polarisation. Technology appears to intensify this burden by maintaining exposure to threat-focused information and drawing attention away from local relationships and community ties that have historically helped buffer distress. Several interviewees linked these conditions to a persistent state of low motivation, disengagement and diminished sense of purpose – a condition that one interviewee described as 'languishing'. Workshop participants similarly described a growing sense of permacrisis, characterised by fatigue, apathy and emotional withdrawal arising from continual exposure to overlapping crises. Such ongoing uncertainty and stress increase the likelihood that individuals will experience serious mental health issues in the future.

This state of polycrisis and permacrisis (as one interviewee described it) requires a different approach to mental health support. Currently, with demand for mental health services outstripping supply, cases meeting diagnostic thresholds or with acute need are given priority. This is often through emergency presentations, short-term care plans, and calls to crisis lines. Yet, there was consensus that the people with the most to gain from timely support are frequently those who have not yet crossed a diagnostic threshold. These are individuals who are struggling and deteriorating but do not qualify for funded care under current arrangements. Mental health operates on a continuum, and the point at which intervention is most likely to be effective is often well before formal diagnosis is reached. The current funding architecture can inadvertently require people to deteriorate further before becoming eligible for support – an outcome that is neither clinically nor economically rational. Stakeholders reported that there is good evidence that staged intervention models, which distribute support earlier and more broadly, are more effective; the gap is one of funding mechanisms and policy settings, not knowledge.

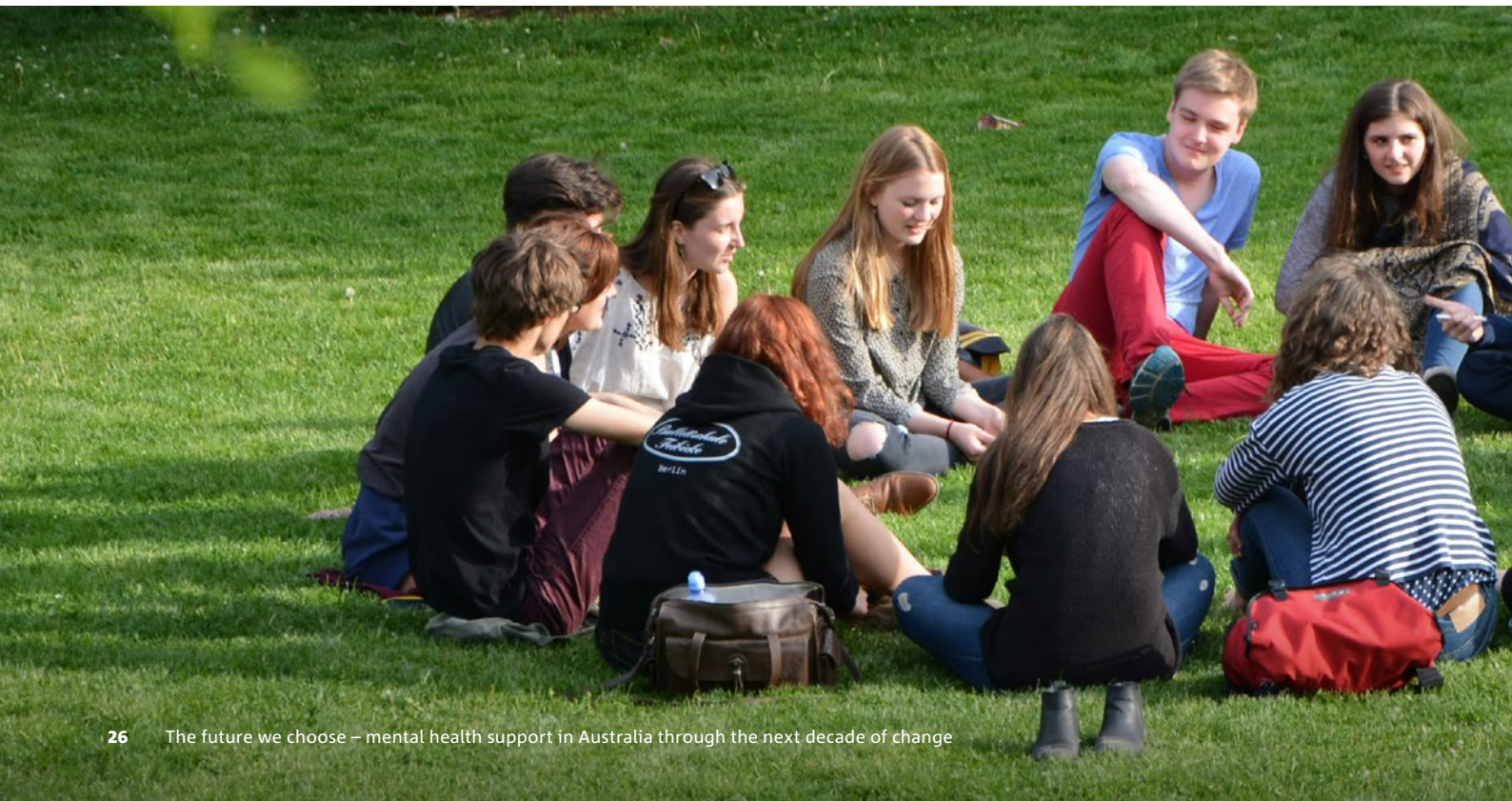
2. Social media: A mixed picture with unresolved risks

Social media was one of the most frequently discussed topics across interviews, and stakeholders provided a nuanced view of the issue. They recognised that these platforms served real needs – for connection, information, community and self-expression – but also that they were generating harms that are neither well-understood nor adequately governed.

On the positive side, social media platforms provide access to peer communities and enable connection across distance. They have also opened up conversations about mental health that may not have occurred otherwise. For young people in particular, social media can function as a meaningful channel for finding others with shared experiences. Stakeholders also noted an organic pattern worth acknowledging: social media is increasingly being used to spark in-person connection. This can be prompted by discovering shared interests or venues online as a precursor to meeting physically, suggesting that digital and in-person social life are not inherently opposed.

However, stakeholders also raised substantive concerns about social media platforms. They noted that technology providers were motivated by profit rather than users' wellbeing, with the result that their algorithms are designed to maximise engagement by leading people towards increasingly narrow, niche or extreme content. Workshop discussions extended this concern to AI companionship platforms – particularly among children, international students and recent migrants – where emotional reliance on AI systems and potentially predatory forms of engagement were seen as emerging risks. For people who are already disengaged, socially isolated or vulnerable to mental health issues, social media can provide access to extremist views and self-harm behaviours. In so doing, it can make these behaviours appear more accessible and acceptable.

The absence of meaningful content moderation on social media platforms means misinformation circulates alongside accurate information. The AI-driven saturation of feeds with generated content is compounding the problem by reducing overall content quality and increasing the effort required to find reliable material. Several stakeholders also raised the degree to which platform dependency has become structural – leaving the platform means losing the relationships and identity built within it, which creates a form of lock-in with real psychological consequences. Recent legislative responses were noted, such as age-based access restrictions, though their practical effectiveness remains uncertain. Stronger safety-by-design expectations and digital duty of care principles may therefore become increasingly important as platform risks evolve. Stakeholders emphasised that technology providers are well-resourced and able to innovate rapidly, while regulatory and policy responses may take longer to develop and adapt to emerging challenges.



3. Work as both a risk factor and a resource for mental health

The relationship between work and mental health was a recurring theme across interviews, and the picture that emerged was more nuanced than conventional narratives about workplace stress suggest. While settings such as education, family and community also create important opportunities for mental health promotion and prevention, workplaces came through particularly strongly in interviews as a setting where risks and protective factors are changing. Stakeholders noted that purposeful, well-designed work is known to have mental health benefits. But they pointed to signs that the nature of work and its wellbeing impacts are changing. Advanced technologies offer greater flexibility in terms of how and when we work. However, they can also erode boundaries between work and personal time, increase workers' cognitive load, enable new forms of managerial surveillance and threaten to displace workers. It was mentioned that total permanent disability claims used to be predominantly the result of physical injuries occurring in traditional blue-collar roles. In contrast, mental health conditions in the white-collar workforce are now a growing source of total permanent disability claims in Australia.

Given the important role of work in providing people with economic security, purpose, connection to society and structure, stakeholders believed that labour market policy and work design represented important levers for ensuring the wellbeing of people in Australia into the future. Workshop participants similarly highlighted workplaces as an important form of social infrastructure, noting that workplace disconnection and operational pressures often flow through into families and communities. Workplaces that provide manageable workloads, clear role expectations, psychological safety and positive culture are known to be better for workers' mental health. Experts also pointed to workplace studies that suggest that hybrid working arrangements, structured thoughtfully, tend to outperform both fully remote and fully office-based models on mental health indicators. Employers are increasingly positioned to function as active partners in mental health promotion and prevention, and the evidence base for what effective employer engagement looks like is growing.

A few interviewees commented on increasingly widespread concerns about AI displacing workers. Job loss can have negative impacts not only for the worker but also for family members. The primary concern was not the long-run labour market outcome (most interviewees anticipated new roles would emerge), but the mental health impact of navigating the transition.

4. Artificial intelligence and digital mental health tools: realising promise through stronger guardrails

AI-based and digital mental health tools were seen to be already playing a role in the delivery of mental health support. Stakeholders recognised that it is difficult to access professional mental health support in a timely manner due to financial barriers, long waiting lists, disability or living in a remote location. AI chatbots are already functioning as an informal first point of contact for some young people, driven by accessibility, immediacy and low stigma. These tools can provide a sense of connection in the moment through reflective prompts, calming interactions or simple check-ins, and may help people stabilise before seeking further help. Overall, stakeholders described digital tools as already embedded in how people seek mental health support, with their use likely to grow, particularly where access to traditional services is limited or delayed.

At the same time, concerns were consistently raised about how these tools function in practice. A key issue is that AI systems may act as a 'yes chamber', reinforcing what users are feeling or thinking rather than challenging harmful patterns. Stakeholders noted that this can be particularly risky in situations involving distress or suicidal thinking, where responses may not be sufficiently safe or appropriate. While some safeguards are emerging – such as redirecting users to services when certain terms are detected – these were described as incomplete and relatively easy to bypass. However, their potential to extend system reach is significant, particularly when supported by appropriate oversight and safeguards.

There was a strong consensus that AI and digital systems could not, and should not, replace human connection and human mental health professionals. However, AI and digital systems can complement mental health professionals in a variety of ways. As well as assisting with note-taking and report-writing, they can reinforce therapeutic interventions with out-of-session reminders or nudges. They can also provide ongoing monitoring and therapeutic support after formal therapy ends.

Across these discussions, stakeholders also pointed to emerging questions around how AI use is disclosed and governed in mental health contexts. Rather than one-size-fits-all approaches, disclosure needed to reflect the level of impact on users. Workshop participants strongly reinforced the importance of regulation, trust and 'people-first' technology design, arguing that technology should follow clearly defined human needs rather than drive solutions itself. Disclosure requirements need to be strongest in contexts where AI systems are used to influence decisions or reduce access to human judgement. Clear differentiation between types of AI, including generative and operational systems, was noted as important, as was the need for transparency to be layered in ways that preserve usability while supporting informed engagement. The complexity of informed consent in moments of distress was also highlighted. Stakeholders emphasised the need for strong guardrails, co-design (involving people with lived and living experience of mental health issues) and ongoing monitoring. AI users also need mechanisms through which they can provide feedback on issues and concerns relating to the system. However, stakeholders also raised concerns about privacy, confidentiality and the handling of sensitive information, particularly where tools operate outside clinical frameworks. At the same time, the private nature of these interactions was seen as part of their appeal, creating a tension between safety and confidentiality.

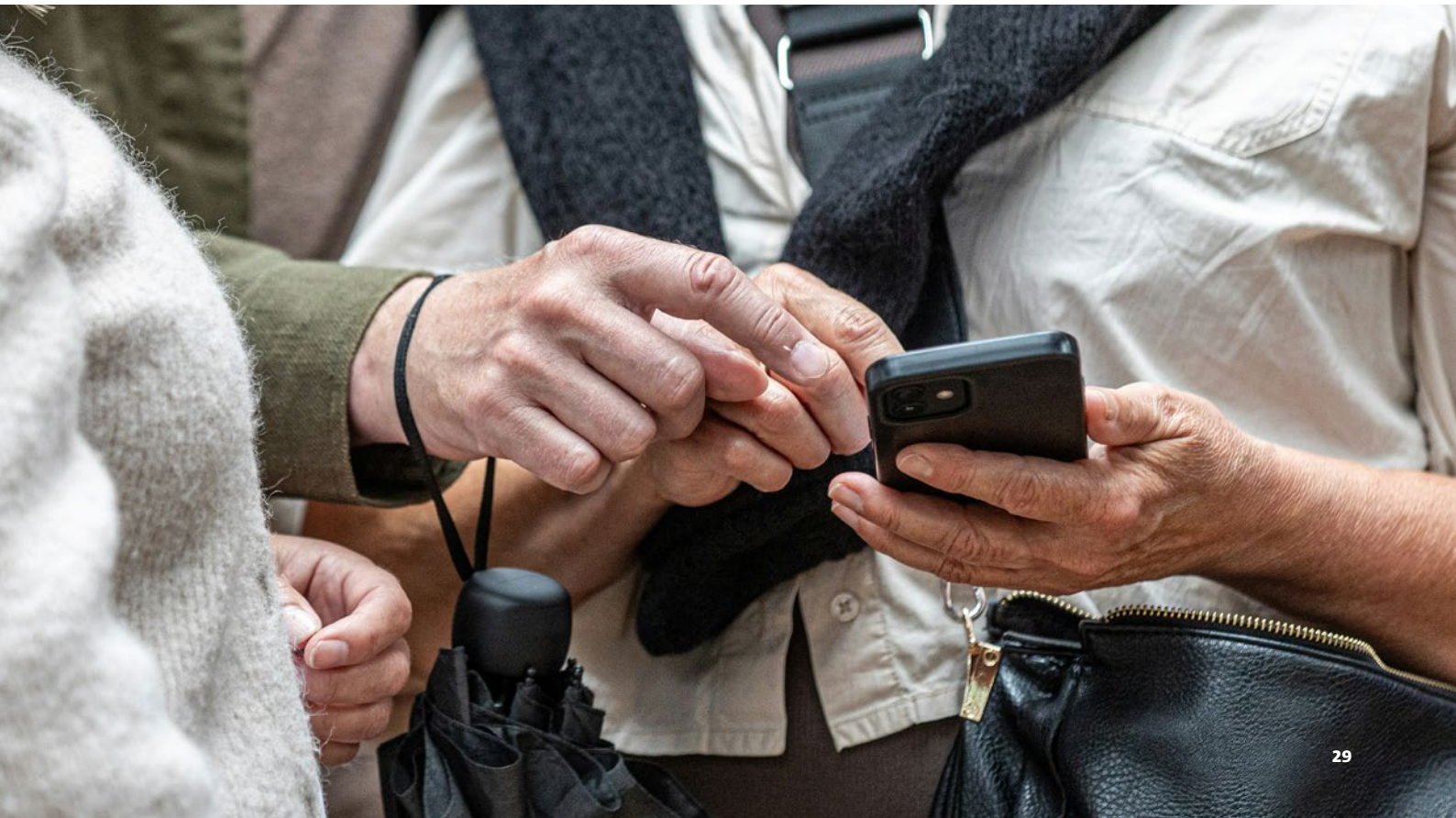
5. Community connection as a mental health resource that needs more investment

The protective role of community emerged as one of the most consistent themes across interviews, raised in clinical, workplace, youth and cultural contexts alike. The evidence base for social connection as a determinant of mental health is well established. What stakeholders highlighted was the degree to which this evidence has not translated into proportionate policy investment, leaving community-based protective factors significantly underfunded relative to their demonstrated impact.

Several interviewees pointed to existing community infrastructure across Australia – sports clubs, neighbourhood networks, community arts organisations, environmental working groups and similar bodies – that performs a meaningful prevention function, largely without formal recognition or adequate resourcing. Workshop participants also emphasised the role of schools, workplaces and lived experience peer networks as trusted forms of social infrastructure that help people engage with support earlier and navigate increasingly complex systems. With more resources, these groups could help to counteract isolating and polarising forces by bringing people together and strengthening local communities. The opportunity identified is less about creating new institutions than about identifying what is working and building on that. It also recognises that the benefits of investment may occur across sectors, not only within the sector funding the action. Technology was seen as potentially useful in coordinating and scaling these trusted community networks, recognising that connection increasingly occurs across both physical and digital settings, provided it strengthens rather than replaces human connection.

Multigenerational and extended community models, including those embedded in many First Nations communities, were raised as offering a substantively different framework for understanding mental health protection – one in which shared responsibility, intergenerational connection, and extended family networks provide structural buffering against mental health stressors. Stakeholders suggested that these strengths, together with First Nations knowledges and ways of knowing, being and doing, offer important insights for the future design of more holistic and socioecological approaches to mental health.

Stakeholders were clear that for First Nations communities, effective programs are those that are community-designed, community-controlled and sustained beyond the pilot phase. The pattern whereby external initiatives are withdrawn before they can consolidate was identified as a persistent barrier to progress; one that erodes trust in ways that are difficult to repair.



6. Changing information pathways in youth mental health engagement

Social media and AI have substantially changed how young people encounter mental health information, form understandings of their own experiences, and make decisions about seeking help. Stakeholders described this shift as presenting both concern and opportunity in roughly equal measure.

The information environment in which young people navigate these questions is largely unmoderated, commercially driven, and of variable accuracy. Participants noted that many young people now expect personalised, immediate and conversational forms of support, including through AI-enabled systems, even while trust in institutions and traditional information sources may be weakening. At the same time, young people are engaging with mental health topics more openly than any previous generation. This shift represents a meaningful reduction in stigma and an increased willingness to seek support.

The phenomenon of social-media-driven self-identification – in which young people encounter content relating to conditions such as attention deficit hyperactivity disorder (ADHD), anxiety or depression and recognise aspects of their own experience – is not straightforwardly negative. It reflects a genuine appetite for language and frameworks through which to understand inner experience. In some cases, it serves as a pathway towards help that would not otherwise have been sought. The concern is that the same channels carry significant misinformation, and that certain algorithms – particularly around self-harm content – carry documented risks for vulnerable individuals. As AI-generated content proliferates, these risks are likely to intensify.

Mental health service providers need to meet young people in the channels they inhabit, rather than waiting to be found. Young people expect accurate, personalised answers on demand – not a website to navigate. Calibrating content and delivery to match how young people seek information will be increasingly important in the future.

7. The activation gap: knowing what helps, but not doing it

The importance of physical activity, adequate sleep, nutrition, regular social connection, and purposeful engagement for mental wellbeing is well-understood. Understanding what to do is not the problem – rather, the challenge lies in maintaining these healthy behaviours when other demands (work, family, money) arise. For many people, this challenge is also shaped by structural, cultural and economic conditions that limit the time, safety, resources, confidence or social support needed to act on health advice**.** When these positive behaviours are not maintained, mental 'fitness' deteriorates relatively quickly. Restarting once momentum is lost requires disproportionate effort, in a pattern closely analogous to physical fitness. A compounding factor is that people in low wellbeing states are often the least motivated to take the actions most likely to help. This is in part because a depleted sense of self-worth can make self-care feel undeserved.

Stakeholders argued that the period ahead will heighten the need for individual resilience, self-care management and personal agency. Given that demand for formal services continues to outpace supply, and the pressures on mental health show no signs of easing, the capacity of individuals to sustain their own wellbeing through positive mental health choices and consistent behaviour becomes increasingly important. However, this capacity is not evenly distributed. People facing financial stress, insecure housing, unsafe environments, stigma, discrimination, caring responsibilities, social isolation or limited access to supportive infrastructure may have fewer realistic opportunities to practise these choices and sustain these behaviours. This is not an argument for withdrawing support, but for complementing it with better resources to promote self-directed mental health practice. As one interviewee framed it, this required moving towards a conversation that complements consumer rights with consumer responsibilities.

Closing the activation gap requires support: practical advice, prompts, social reinforcement and nudges towards healthy behaviours and self-care. Workshop participants noted that technology may play a useful role if it can help embed preventative support and healthy routines into everyday life without relying entirely on scarce human time. Stakeholders pointed to enduring public health norms (such as 'slip-slop-slap' for sun protection, drink two litres of water a day) as a model for embedding positive mental health behaviours as a cross-generational practice. Such interventions would require a holistic approach, involving public-sector support, community organisations, schools and parents, as well as stronger cross-sector collaboration beyond the health system alone, with community organisations playing a central role and communities, rather than government, owning the approaches. The approaches would also need to be designed with health equity in mind, recognising that simple behaviour-change messages are unlikely to be effective unless people's living conditions make those behaviours possible.

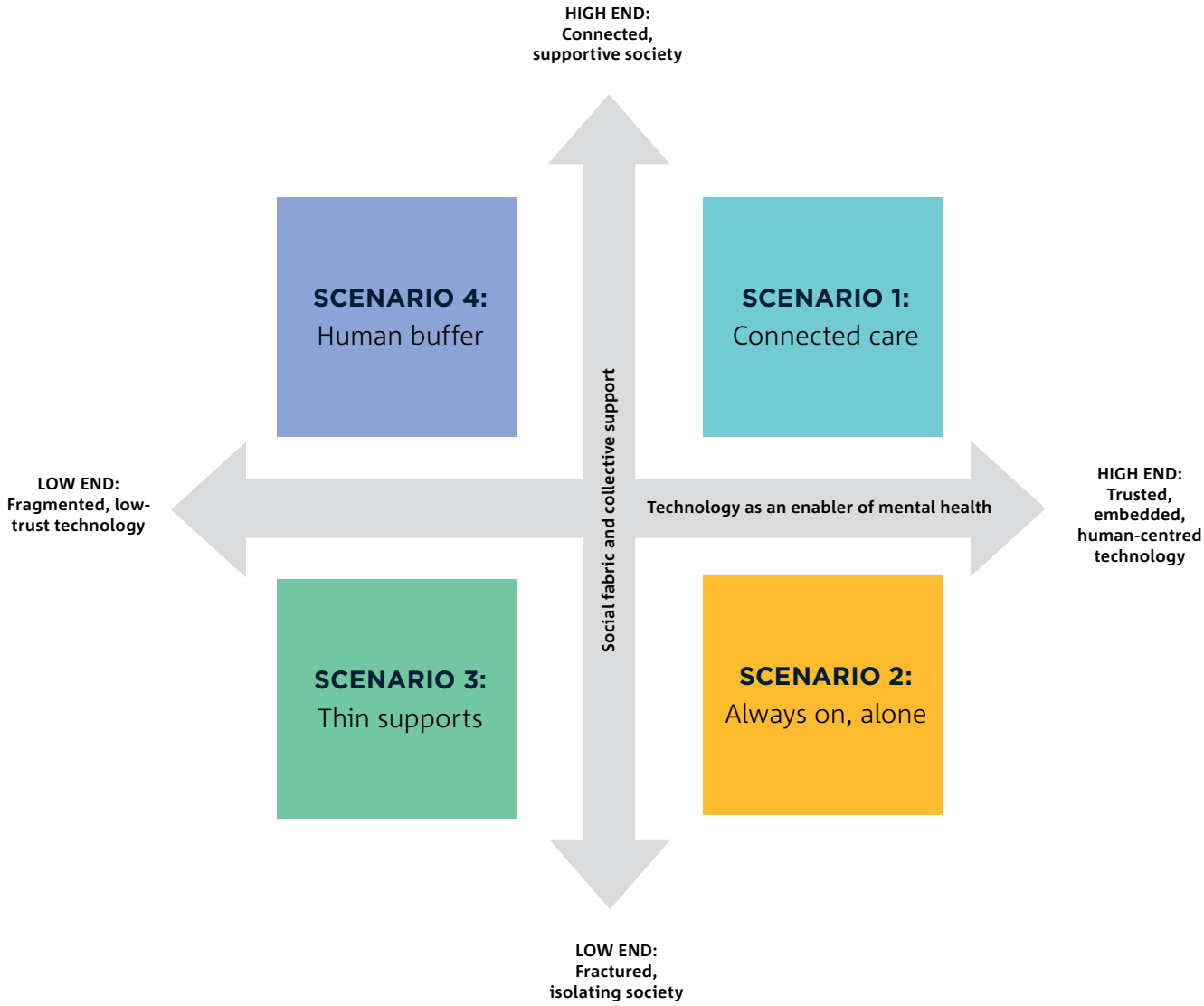


Figure 12. Four scenarios for the future of Australia's mental health

Scenario framework for the future of mental health

What are the scenarios?

Scenarios are not predictions. They offer a structured framework of plausible stories about how the future might unfold under different combinations of high-impact trends, developed from the horizon scan, trend analysis, stakeholder interview insights and workshop discussions. Here, they are used to explore how Australia's mental health and the supports and services around it could evolve over the next decade. They help test assumptions, surface risks and opportunities, and identify choices that may matter under very different conditions. This scenario framework can be used for organisational strategic planning, policy development, agenda setting and reflection on where organisational and sector efforts may best be positioned for the future. Its application in specific contexts should, however, be informed by local knowledge, in-depth consultation and the perspectives of the communities involved. It is a framework for considering what it may take to improve the mental health of people in Australia in a world where the social environment, technology and the mental health system are under active change.

This scenario framework is organised around two highly uncertain and highly consequential continuums (Figure 12). The first is the extent to which technology becomes a genuine enabler of mental health: safe, trusted, affordable and well-integrated into prevention, navigation, care and recovery. The second is the strength of Australia's social fabric and collective support: whether people experience greater connection, trust and safety through families, workplaces, schools, neighbourhoods and institutions, or whether loneliness, fragmentation and low trust deepen over time.

Together, these trends shape whether distress is prevented earlier or escalates further, and whether formal services are reinforced by stronger communities or left to respond alone. These two axes were selected because social conditions and the role of technology emerged as especially uncertain and influential across the trends and stakeholder insights. The strength of social connection was consistently identified as a key protective factor for mental health, while the rapid pace of technological change is creating significant uncertainty about how people access information, support and mental health care. These dynamics also intersect closely with broader economic, environmental and geopolitical pressures, shaping how disruption is experienced by individuals and communities. Other powerful exogenous forces may warrant separate scenario analysis.

How to use the scenarios

These scenarios are intended to support reflection, planning and decision-making under uncertainty. When reading them, three questions are particularly useful:

- Where is the need likely to emerge and be most effectively addressed – in acute care or earlier-stage distress?
- Who is most likely to benefit, miss out or be placed at greater risk under each scenario, and what would be needed to make support more equitable?
- How are people accessing support? Is it through formal services, community networks or digital tools, and with what level of safety, trust and effectiveness?

Used in this way, the scenarios can help clarify priorities, test current strategies, and identify actions that are likely to remain valuable across multiple futures.

The two axes in Figure 12 produce four plausible future scenarios for Australia's mental health over the next 10 years. Some futures are more enabling than others, but none are entirely good or bad. Each contains both risks and opportunities, and each raises different questions for policy, service design and investment. While all scenarios include positives and negatives, some are preferable from a mental health perspective. For example, many services would aim to move towards *Connected care*, as it strengthens protective factors for mental health through trusted technology, stronger social connection and more integrated support. At the same time, aspects of the other scenarios may feel closer to current pressures and hence useful for testing whether today's strategies are robust enough for less favourable futures.

The purpose of the framework is therefore not to treat one future as a preferred option, but to make the choices, risks and trade-offs visible. Used in this way, the scenarios can help identify where action is needed to avoid less desirable futures and strengthen the conditions that make more supportive futures possible.

Axis 1: Technology as an enabler of mental health

This axis reflects the pace of technological change, and whether digital and data-driven tools for mental health support are implemented with guardrails, validation and complementary supports, or rolled out in rapid and weakly governed ways (Table 1). Across the trends examined in this report, technology appears as both a source of opportunity and a source of risk. Telehealth has become embedded in care delivery; digital platforms, AI-enabled tools and lower-cost computing are expanding the feasibility of more personalised, scalable and continuous support; and new models of care are emerging around digital navigation, monitoring and augmentation. At the same time, other trends point to concerns around privacy, regulatory controls, fragmented quality, misinformation, attention harms, physiological disruption and the uneven trustworthiness of many digital tools. These countervailing signals form the two end points of this highly consequential axis.

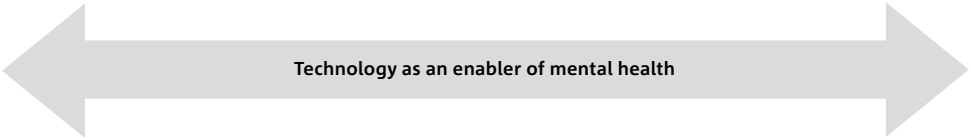


Table 1. Low and high endpoints of Axis 1: Technology as an enabler of mental health

LOW END: FRAGMENTED PARTICULARLY AMONG YOUNGER AND MISALIGNED DIGITAL SUPPORT	HIGH END: TRUSTED, INTEGRATED AND SAFE DIGITAL SUPPORT
At one end, digital and AI tools expand rapidly but unevenly, with limited safeguards and weak integration into formal care. Quality varies widely, and users struggle to distinguish between reliable and unreliable sources. Some tools reinforce existing beliefs or distress – acting as 'echo chambers' – while pathways to human support remain unclear or inconsistent. Over-reliance on automated support can displace help-seeking or delay appropriate care. This future reflects stakeholders' concerns about safety, bias and regulation not keeping pace with deployment. While access is widespread, the overall system is fragmented, with mixed outcomes and uneven protection for users.	At the other end, digital and AI-enabled tools are trusted, safe and well-integrated into the broader mental health system. They are used to complement, not replace, human care — supporting early engagement, continuity between and after appointments, and providing an alternative pathway for access for those who might not otherwise seek help. Safeguards around quality, privacy and escalation are embedded, with clear pathways to human support when needed. Tools are designed to support healthy behaviours and routine, helping close the gap between knowing and doing. This future is plausible given rapid innovation and growing technology uptake, particularly among younger people.

Axis 2: Social fabric and collective support

This axis reflects the extent to which Australian society becomes more connected, participatory and protective, or whether we see further growth in inequality, division and polarisation that lead people to become more isolated and disconnected (Table 2). On the one hand, pressures affecting social relationships are accumulating: growing loneliness, increasing racism and discrimination, intensified financial stress, flourishing misinformation, concerns about AI-related job displacement, and the effects of climate change and geopolitical instability are all contributing to more diffuse forms of stress and anxiety. On the other hand, despite these pressures, Australia has enduring national strengths, including our public health care system, welfare safety net, cultural diversity, regulatory safeguards and relatively high levels of volunteering, education, civic capacity and trust in institutions.

This points to the elevation of broader aspects of wellbeing beyond the biomedical model, including the connection with community, family and culture. Existing socioecological models, such as the SEWB Framework, recognise that these factors are interdependent and represent an important source of collective resilience that will help people navigate pressures and forces for change.

Table 2. Low and high endpoints of Axis 2: Social fabric and collective support

Social fabric and collective support

HIGH END: CONNECTED, SUPPORTIVE SOCIETY
At one end is a more connected and supportive society. Australia's diverse population, cohesive society, trusted civic institutions and strong safety nets provide a buffer that allows people in Australia to weather external shocks and pressures. The experience creates renewed appreciation for Australia's social and institutional systems, and personal, family and community connections are strengthened. Formal mental health services remain important, but they are reinforced by stronger peer, neighbourhood, school, workplace and culturally grounded supports that help respond to distress earlier. This future is plausible because many of the foundations of mental wellbeing identified in the trends and stakeholder engagement – connection, trust, safety, routine and purpose – sit in everyday life, not only in the health system. Even here, however, community capacity remains uneven and informal supports can come under strain.
LOW END: FRACTURED, ISOLATING SOCIETY
At the other end is a more fractured and isolating society. Loneliness rises, trust weakens, and family and community supports become thinner and less reliable. More people face life's pressures with fewer buffers around them, while social fragmentation, weaker local connection, and declining confidence in institutions erode the conditions that help prevent or contain distress. Formal demand for mental health support grows because the social environment is less protective. This future is plausible given the trends towards increasing inequality, disconnection, anxiety and the growth of subclinical distress or 'languishing' described by the stakeholders. Some people adapt through self-management or their own support networks, but others become socially and economically excluded.

Scenario 1: Connected care

In this future, technology becomes a trusted enabler of mental health support, complementing human care. Clinicians and people with lived and living experience are involved in co-designing and improving mental health technology. Digital and in-person services are better connected, making support easier to access early and easier to navigate across different levels of need. Stronger communities, families, workplaces and schools help protect wellbeing and respond before distress escalates. The result is a more coordinated, preventive and responsive system, with higher trust in services, tools and institutions.

By 2036, digital navigation systems, shared referral pathways and interoperable assessment tools help people identify and connect more easily to appropriate services and supports. Low-intensity digital supports are integrated into broader, stepped-care systems, making it easier for people to access early support before crisis develops, and to escalate to more intensive care when needed. For people with complex or enduring mental health conditions, improved navigation also supports movement between clinical, psychosocial and community-based supports over time. Mental health support extends beyond the formal health system, with schools, workplaces, community organisations and social services playing a larger role in prevention and early intervention. Teachers, managers, carers and community workers are better equipped to identify distress early and support referrals into appropriate digital and in-person supports or services.

Technology in this future is used not only to expand access, but also to improve coordination and free up more human time for care and connection. Digital tools reduce some administrative burden and help people navigate a complex system more easily, but human relationships remain central to support. Technology is increasingly used to augment rather than replace frontline workers and carers.

Strong communities and systems also serve to protect mental wellbeing. There is growing recognition of the strengths of more holistic models of wellbeing that incorporate the social, emotional and cultural wellbeing of individuals and communities. Policy and practice recognise that mental health is shaped not only by access to therapy and clinical care, but also by trust, belonging, reconciliation, financial security, safe workplaces, opportunities for meaningful participation in community life and other broad social and economic factors. Schools, workplaces, libraries, neighbourhood centres and other community spaces – both physical and digital – play a larger role in fostering social connection and reducing isolation.

This future is not frictionless or universally equal. Differences in digital literacy, cultural trust and access to technology remain, particularly for some culturally and linguistically diverse groups, newly arrived migrants and people experiencing disadvantage. However, stronger guardrails, accreditation systems and public awareness help people better distinguish trustworthy mental health technologies from low-quality or exploitative services.

This scenario emerges not because technology alone solves mental health challenges, but because governance, regulation, public trust and social investment evolve alongside technological capability. Responsibility for mental wellbeing is shared more broadly across systems and institutions rather than resting solely on overstretched clinical services.

If this future emerges, what questions could be important for strategic planning?

STAKEHOLDER GROUP	QUESTIONS TO CONSIDER
Individuals	What trusted community, digital and human supports can help people sustain routines, seek help early and prevent drift into distress?
Communities	What would help communities strengthen social connection and partner with services and digital tools without over-reliance on volunteers?
Supports and services	How should supports and services integrate digital tools, navigation and referral pathways while maintaining quality, safety and continuity?
Workplaces	What would help workplaces support mental wellbeing, identify distress early and connect people to appropriate supports before problems escalate?
Government	What forms of coordination across community, clinical, education, workplace and digital systems are needed to provide security, equity and trust?
Technology providers	How should technology providers design safe, accredited tools that support behaviour change, reduce system friction and connect seamlessly to human care?

Scenario 2: Always on, alone

By 2036, Australia's mental health system is more digital, automated and available on demand. AI tools, telehealth and app-based supports make help faster, more flexible and easier to access. Digital mental health services are embedded in workplaces, education, social media and consumer platforms, with many people turning to AI-enabled support as a first point of contact. But this future is also marked by weaker social connection, lower trust and greater pressure on individuals to self-manage. Digital tools improve convenience and reach, but services are less able to respond to loneliness, disconnection and the deeper social conditions that shape mental wellbeing.

In this future, mental health support becomes increasingly individualised and transactional. Many interactions that were once relational or community-based are mediated through platforms, automated systems or AI companions. People receive faster responses and more personalised recommendations, but often with less sustained human connection or social reinforcement. Some individuals prefer interacting with AI over other people because it feels easier, safer or more convenient, particularly in contexts where services are overstretched or social trust is low.

The rapid expansion of digital support is driven partly by capability and partly by necessity. Workforce shortages, rising demand and ongoing cost pressures make scalable digital systems attractive to governments and service providers. Technology is increasingly used to compensate for gaps in workforce capacity and uneven service availability, particularly in regional areas and lower-intensity care. While this improves access for many people, it also increases expectations that individuals will monitor, manage and maintain their own mental wellbeing through digital tools and self-guided support.

In this scenario, digital systems are relatively effective and widely adopted, but social cohesion continues to weaken. People remain highly connected online while experiencing growing loneliness, weaker neighbourhood ties and declining trust in institutions and each other. Social interaction becomes more transactional and fragmented and is mediated through platforms. Workplaces, schools and communities continue to provide support, but many struggle to balance operational pressures with the growing expectation that they serve as the human point of contact for people showing emerging signs of mental health challenges.

Strong guardrails and governance exist in some parts of the system, but they struggle to keep pace with the speed of technological change and commercial incentives. High-quality digital mental health services coexist with low-quality, commercially exploitative or poorly regulated tools, creating a crowded and uneven digital environment. Digital literacy and trust become increasingly important determinants of who benefits from technological change and who becomes more vulnerable to misinformation, harmful content or ineffective support.

This future improves access, speed and convenience, but it does not strengthen the social conditions that protect mental wellbeing. The core tension is that technology becomes better integrated into everyday support systems while the social fabric around individuals becomes thinner and less protective.

If this future emerges, what questions could be important for strategic planning?

STAKEHOLDER GROUP	QUESTIONS TO CONSIDER
Individuals	What supports, skills and safeguards would help people maintain mental wellbeing without becoming over-reliant on self-guided or automated support?
Communities	What would help communities maintain connection and belonging where relationships are more fragmented and reach is more limited?
Supports and services	How should supports and services use digital channels to reach dispersed and disconnected populations while preserving clear pathways to human care?
Workplaces	How can workplaces avoid becoming another always-on digital support channel, while still recognising and responding to mental health risks among employees?
Government	How can technology providers support sustained engagement without fostering dependency, harmful self-management or transactional substitutes for care?
Technology providers	How should technology providers design safe, accredited tools that support behaviour change, reduce system friction and connect seamlessly to human care?

Scenario 3: Thin supports

Australia's mental health system is under pressure from both weakened social connection and underperforming technology in this future. Digital tools are widely available, but uneven in quality, hard to navigate and not consistently trusted, particularly after data breaches. At the same time, loneliness is rising and community supports are thinner. Demand for care remains high, but services are reactive and fragmented, with people expected to self-manage. General awareness of digital tools is increasing, but information overload and uncertainty about which tools or sources to trust make them difficult to navigate and use effectively. Some local innovation and peer support emerge, but remain uneven and insufficient to strengthen the system overall.

By 2036, this future reflects the continuation of many current pressures rather than a major disruption or collapse. Mental health awareness remains high, but system capacity continues to lag behind demand. Workforce shortages persist, wait times remain long and care pathways are difficult to navigate, particularly for people with complex or ongoing needs.

In this scenario, people increasingly rely on their own ability to navigate support systems, often moving between digital tools, primary care, crisis services and informal supports, with limited coordination. Experiences vary significantly across regions and population groups: some communities maintain strong local connection and mutual support, while others face deepening isolation, mistrust and social fragmentation.

Technology continues to expand, but governance and coordination struggle to keep pace. High-quality digital mental health services coexist with low-quality, commercially driven or poorly regulated tools, making it difficult for people to distinguish trustworthy support from ineffective or harmful content. Concerns around privacy, misinformation and 'AI slop' further weaken confidence in digital systems. Investment in digital tools continues, but implementation is uneven and often layered onto already fragmented systems rather than redesigning them.

Social cohesion is weaker and inconsistent. Economic pressure, housing stress, inequality and ongoing societal strain contribute to declining trust and a growing sense that people are managing largely on their own. Community connection may strengthen temporarily during crises and disasters, but these moments are difficult to sustain. Schools, workplaces and families are expected to absorb growing mental health pressures despite limited capacity, resources or training.

At the same time, some local innovation continues to emerge. Peer networks, community-led responses and place-based initiatives provide important support in some settings, particularly where trust in formal systems is low. However, these efforts remain uneven, dependent on local leadership and often constrained by insecure funding and workforce fatigue.

This future is not defined by the absence of care or technology, but by fragmentation, inconsistency and limited coordination across systems already under strain. The central challenge is the growing gap between rising mental health needs and the system's ability to provide trusted, connected and preventative responses at scale.

If this future emerges, what questions could be important for strategic planning?

STAKEHOLDER GROUP	QUESTIONS TO CONSIDER
Individuals	What would help people find trusted support and avoid being left to navigate fragmented systems on their own?
Communities	What local supports are most important to protect and strengthen when formal systems are stretched and uneven?
Supports and services	How should supports and services prioritise coordination, continuity and trust when demand is high and pathways are poorly connected?
Workplaces	What realistic role can workplaces play in supporting mental wellbeing when they are also under pressure and have limited capacity?
Government	Where are the most critical gaps in access, safety, coordination and prevention that need attention before fragmentation deepens further?
Technology providers	What minimum standards, safeguards and transparency are needed to reduce harm and rebuild trust in digital environments in which people have low confidence?

Scenario 4: Human buffer

In this future, mental health support remains grounded primarily in human relationships, community connection and local networks rather than highly integrated digital systems. Technology adoption continues, but unevenly and cautiously. Digital tools are used to support some aspects of care and access, particularly for information, administration and low-intensity support, but they are not consistently trusted or embedded across the system. Instead, families, peers, workplaces, schools and communities play a larger role in buffering distress and helping people navigate difficult periods before crisis develops.

By 2036, people in Australia place growing value in trust, human connection and locally grounded forms of support. In response to rising concerns about misinformation, data privacy, commercialisation and the social effects of digital life, many people become more cautious about relying heavily on AI-enabled mental health tools or automated systems. Human relationships are increasingly viewed as protective factors that technology can support but not replace.

Community and peer-based supports strengthen in this scenario. Local initiatives, neighbourhood networks, peer workers and lived-experience models become more visible and valued, particularly in settings where formal services remain difficult to access. Schools, workplaces, libraries and community organisations play a larger role in fostering belonging, connection and early support. Families and carers also take on a greater role in mental wellbeing, although many experience growing pressure and limited formal support themselves.

Technology still plays an important role, but primarily as an enabler rather than a central organising system. Digital tools help reduce some administrative burden, support navigation and expand access to information and low-intensity care, particularly in regional and underserved areas. However, adoption remains uneven and fragmented, and digital tools have not become fully integrated into the broader system of care. Ongoing public concern about their safety, trustworthiness and quality also limits confidence in digital mental health tools. Strong guardrails exist in some parts of the system, but broader trust in technology remains limited.

This future also reflects a broader recognition that mental health is shaped by social and economic conditions, not only clinical care. Public discussion increasingly focuses on loneliness, financial stress, housing insecurity, discrimination and the erosion of shared community spaces as drivers of distress. Prevention efforts therefore place greater emphasis on strengthening social fabric, community participation and everyday environments that support wellbeing, including the role of families, carers, local communities and informal supporters in sustaining mental health over time.

At the same time, this scenario places substantial pressure on communities, carers and informal supports. Without major expansion in system capacity or fully integrated digital infrastructure, responsibility for prevention and early intervention is often carried by families, schools, workplaces and community organisations already operating under strain. The strength of this future lies in human connection and trust, but its vulnerability is the risk of exhaustion and uneven capacity across communities.

If this future emerges, what questions could be important for strategic planning?

STAKEHOLDER GROUP	QUESTIONS TO CONSIDER
Individuals	What would help people navigate digital tools critically while maintaining access to trusted human, peer and community support?
Communities	What capacity and support do communities need to act as stable anchors of connection where digital quality and trust are uneven?
Supports and services	How can supports and services provide clear entry points and guidance while working effectively with families, carers and community networks?
Workplaces	What actions would help workplaces contribute to connection and early support without adding unsustainable pressure to managers and employees?
Government	What investment, standards and coordination are needed to strengthen community capacity and improve the visibility of safe support options?
Technology providers	How should technology providers build trust through transparency, safety and human-centred design rather than scale or automation alone?

Strategic implications: Five shifts to prepare Australia for the next decade

Australia's mental health environment is being reshaped by forces that are more interconnected, persistent and unpredictable than in previous decades. The trends and stakeholder insights in this report point to a system currently operating closest to a 'Thin supports' future, with high demand, constrained capacity, fragmented trust and digital tools expanding faster than governance and integration.

The scenarios also show that this trajectory is not fixed. The coming decade offers a genuine opportunity to build a more connected, trusted and preventative system. Realising this opportunity requires five shifts across policy, service design, funding, technology governance and community investment, that need to progress together with action that is deliberate and spans across sectors. This would enable a transition from a system defined by how it responds to crisis to one defined by how well it helps people stay well, act early and receive trusted support the moment they need it. Such a system would be underpinned by a leading role of lived and living experience, stronger community infrastructure, learning from diverse worldviews, safer human-centred technology, and clearer pathways between them.

Shift 1 – towards mental health capability and action

The next decade requires a decisive move from telling people about mental health to equipping them with the capability, opportunity and motivation to act on it, recognising the influence of the broader socioecological context.

What needs to change: For many sections of the community, awareness alone is no longer enough. Improved awareness and literacy have been important gains, but they are not, on their own, sufficient to shift population outcomes. Recognising early signs of distress has limited impact if people do not also have the confidence, motivation and everyday opportunity to act, whether that means adopting self-care, adjusting a routine, reaching out to someone, seeking professional help, implementing a suicide safety plan or supporting a person who is struggling.

Capability is not a single toolkit. It needs to be tailored to different roles and life stages, including young people, older people, parents, peer workers, educators, managers, health professionals and community-facing workforces, and reinforced through the everyday settings and critical life transitions where people are most likely to need it.

Actions for impact: Mental health literacy approaches must evolve. The greatest impact will come from building behaviourally informed, practical, role-specific and life-stage relevant capability across communities, workplaces, schools, families and services, with reinforcement through the systems, relationships and cultures around people. This includes closing the intention-to-action gap for protective behaviours and effectively shifting help-seeking earlier.

Shift 2 – towards a system designed for prevention and earlier support

The next decade requires a system deliberately designed for responsiveness and early action, with funding, governance and accountability aligned to prevention and early support.

What needs to change: Australia's mental health system remains too crisis-oriented, with support often arriving only once people are in acute distress. Despite significant effort, services remain fragmented, difficult to navigate and unevenly connected, with underinvestment in prevention and early intervention.

Actions for impact: System architecture must prioritise prevention and early intervention. The greatest opportunity for impact sits earlier in the continuum – early in life, early in onset and early in episode. This requires redesigning the system architecture: how care is funded, who is eligible, which forms of support are recognised (including lower-intensity supports), and how prevention, early intervention and clinical care are connected. Equally important is investment in the expansion and empowerment of the mental health workforce, including multidisciplinary, peer and other non-traditional mental health roles, to better meet growing and increasingly diverse needs. Improving mental health outcomes requires action beyond the health system, including addressing social determinants, providing earlier support during high-risk life transitions, strengthening cross-sector collaboration, and better measuring the mental health impacts of programs delivered across other wellbeing domains.

Shift 3 – towards recognising communities as a foundation of mental health alongside clinical care

Families, carers, peer workers and communities are already delivering a significant share of Australia's frontline mental health response. They should be recognised and supported as such – rather than an invisible extension of a stretched system.

What needs to change: Mental health is shaped by the conditions in which people live, learn, work and connect. Childhood adversity, loneliness, discrimination, financial stress and the erosion of social cohesion are contributing to increasing demand for mental health services as much as clinical need. Three implications flow from this.

First, prevention requires designing mentally healthy settings from the outset. Schools, workplaces, digital environments, community spaces and public services should not simply respond to challenges once they arise. These settings should be actively designed to be conducive to good mental health, buffering people against adversity and creating everyday conditions that support wellbeing before distress emerges. As people spend more of their lives in digital environments, there is an opportunity to explore how technology and data can be designed to strengthen social connection and community, both online and offline.

Second, families, carers, peer workers, community leaders and trusted local networks increasingly serve on the frontline of Australia's mental health response. As prevalence and acuity continue to rise, so does the strain on these supporters, many of whom are absorbing complex needs with little training, recognition or backing. The next decade requires formal recognition of supporters and carers as part of the mental health infrastructure, alongside mental health professionals, with proportionate investment, support and safeguards.

Third, social connection and cohesion should be prioritised as critical enablers of this shift. This includes recognising and strengthening the local community networks and facilities that foster connection and active lifestyles. Place-based approaches such as these serve to proactively address behaviours and trends that undermine social connection and cohesion, such as racism, discrimination, bullying and victimisation (online and offline).

The First Nations Social and Emotional Wellbeing (SEWB) Framework provides a powerful example of how strong communities, cultural connection and collective wellbeing can protect mental health, highlighting the need for a more holistic approach alongside clinical care.

Actions for impact: Acknowledging community connection, peer support, culturally grounded models, families and carers, and the settings in which people spend their everyday lives as legitimate mental health infrastructure. This includes sustained funding for community-led capability, embedding mental health by design in schools and workplaces, and structured support for the growing role of peer and informal supporters. These foundations must be underpinned by the principles of human rights, equality, self-determination of First Nations peoples voice, including truth-telling as foundational to all national efforts to address racism and discrimination against First Nations Australians.

Shift 4 – towards trusted, evidence-based and human-centred AI and technology

Digital tools and AI are already embedded in how people seek mental health information and support, and the public has moved ahead of the system in adopting AI. The question is no longer whether to regulate it, but how quickly Australia can build the evidence, governance and safety infrastructure to match its pace and harness its benefits, before unsafe trajectories and inconsistent standards become entrenched. Human–technology collaboration offers the most promise: technology can provide scale, consistency and coordination, while humans provide relational care – connection, contextual understanding and ethical judgement.

What needs to change: Development and uptake of AI for mental health have outpaced the clinical evidence, governance and safety frameworks needed to guide them, and coordinated timely action is required to harness safe and effective opportunities before unsafe patterns and inconsistent standards become locked in.

This means moving beyond ad hoc responses towards a coherent, risk-based framework that covers the full spectrum of tools people are actually using, including general-purpose large language models that sit outside traditional clinical categories but are being used for mental health support at scale.

Actions for impact: Holding technology companies accountable for the mental health impacts of their products through an effective regulatory regime and a proactive digital duty of care. Products providing mental health information, support or advice should also be required to meet adapted standards as set for other digital supports. This requires building the evidence, governance and safety infrastructure needed to make AI and digital tools trustworthy, equitable and clinically sound. This would allow them to extend human capacity rather than substitute for it, while ensuring that risks relating to harm, misinformation and inequity are proactively governed and mitigated.

Shift 5 – towards trusted information and navigation supports as core infrastructure

In a decade of rising information complexity and declining trust in institutions, the ability to find, understand and move between trusted supports will be as consequential as the supports themselves. Trusted information and navigation supports must be treated as core mental health infrastructure, not left to individuals to figure out alone.

What needs to change: Australia's mental health environment is becoming more complex, with expanding services, providers, digital tools and AI-generated content, at the same time as institutional and interpersonal trust are declining. These two dynamics compound each other. As the landscape becomes harder to navigate, trust in the guides, sources and institutions that people rely on to navigate it, is weakening.

Trust and navigation are not separate problems. Navigation without trust does not lead people to help. Trust without navigation does not help people find the right support at the right time. Both need to be built together, and both are increasingly delivered through people, relationships and settings that communities already regard as credible, trusted intermediaries, including a leading role for lived and living experience.

Actions for impact: Investing in trusted human and digital navigation that helps people move confidently across digital, clinical, peer, community, workplace and social supports, and recognising the people and organisations who act as trust brokers as core parts of the mental health system. This includes clearer entry points, better-connected pathways and system-level responsibility for navigation rather than leaving it as an individual burden. It also means investing in navigation that can match people with the right care at the right time.

Conclusion

Australia's mental health landscape is entering a period of accelerated change. The forces shaping mental health – social, technological, economic, environmental and geopolitical – are becoming increasingly interconnected and persistent, and less predictable. As this report has shown, these dynamics present real risks: rising demand, uneven access, information overload and increasing complexity in how people experience and respond to mental health challenges.

At the same time, they also create a window of opportunity – but one that should not be assumed to remain open indefinitely. Many of the most influential levers sit within reach. Earlier and more sustained forms of support, stronger community connections and cross-sectoral links, learning from diverse worldviews, better integration of digital tools, and more responsive systems can all shift outcomes over time. Improving outcomes will also depend on people's ability to find, understand and move between supports as needs change. The evidence and insights in this report point to a consistent message: mental health is not determined by any single factor or system, but by the interaction between people, services and the broader conditions in which they operate.

Looking ahead, the future is not fixed. The scenarios explored in this report are not predictions but prompts for action to better prepare for the future. They highlight that decisions made today – about how technology is governed, how services are designed, and how communities are supported – will shape whether the system becomes more preventative, ecological, equitable and trusted, or more fragmented and reactive. In this context, inaction is also a choice. Without deliberate action, current pressures are likely to deepen, and patterns of fragmentation, distrust and unmet need may become harder to reverse.

There are strong foundations to build on. Australia has established institutions, growing awareness, and a willingness across sectors to engage with the challenge. These foundations provide a platform for more coordinated action across health, community, education, workplace and digital systems, particularly as the mental health landscape becomes more complex.

The decade ahead is unlikely to be simple to navigate. But it is one in which progress is both possible and necessary. By acting now – investing in what works, strengthening trust and collaboration, and focusing on the conditions that enable people to maintain and recover their mental health – Australia can move towards a future where support is more accessible, more timely and more effective for all.

Appendix: Research method and data

This report used a strategic foresight approach to explore plausible futures for mental health and wellbeing in Australia over the coming decade. Strategic foresight does not predict the future. Instead, it provides a structured way to identify major drivers of change, examine uncertainty and develop evidence-informed narratives that can support planning and decision-making [12, 13].

The research was conducted in four linked stages, as depicted in Figure A1. First, the project scope was defined around the future of mental health and wellbeing in Australia, with particular attention to the social, technological and system-level conditions likely to shape future demand, support and service responses. Second, a horizon scan was undertaken using a framework covering social, technological, economic, environmental and geopolitical (STEEP) domains. The scan drew on academic literature, government reports, national datasets, policy and sector reports, media analysis and selected international evidence. Trends were screened for relevance to mental health and the extent to which they were supported by credible evidence.

Third, qualitative consultations were used to complement and test the evidence base. This included 15 in-depth semi-structured interviews with participants with distinctive perspectives on the future of mental health. Participants included clinicians, researchers, insurance and disability specialists, workplace wellbeing leaders, youth advocates, people with lived and living experience, and cultural knowledge holders. These interviews were complemented by a discussion with the Beyond Blue Data & AI Advisory Council and a scenario workshop with more than 20 participants. The research protocol for all stakeholder engagements was approved by the CSIRO Social Science Human Research Ethics Committee.

Finally, the trends and consultation insights were synthesised into a scenario framework. Key drivers of change were assessed for their potential impact and uncertainty, with two dimensions selected to structure the four scenarios: the extent to which technology becomes a trusted and effective enabler of mental health, and the strength of Australia's social fabric and collective support. The scenarios were then tested and refined through the stakeholder workshop. They are evidence-informed, plausible stories about how the future may unfold under different conditions. They are intended to test assumptions, highlight risks and opportunities, and support reflection on choices that may matter across a range of possible futures.

The strategic implications were then developed by synthesising insights from across the full research process, including the trend analysis, interviews, advisory discussion and workshop. These implications were tested against the four scenarios to examine whether they remained relevant under different future conditions and to identify areas where action may be robust across uncertainty.

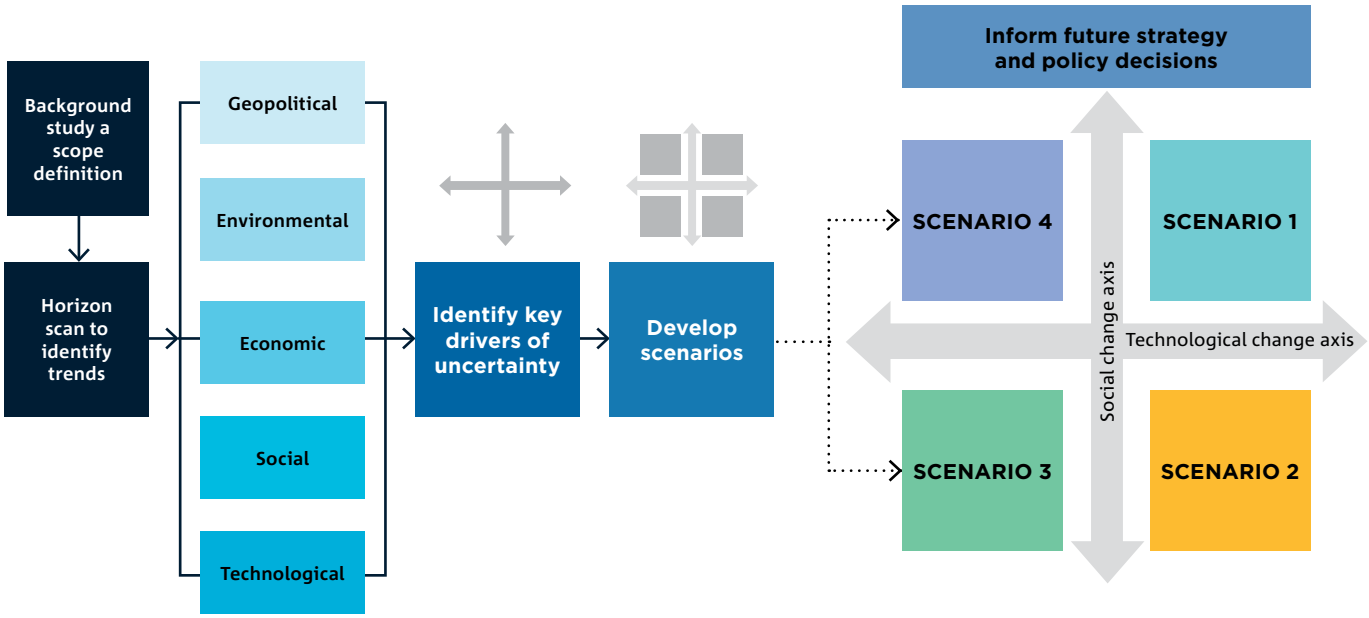


Figure A1. Components of the research and analysis process

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Contact us
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For further information
CSIRO Technology
Alexandra Bratanova
alexandra.bratanova@csiro.au

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