batyr's Pre-Budget Submission 2026

Australia's youth mental health response remains crisis driven and inequitable, with prevention being underfunded and the mental health system overwhelmed, especially outside of metropolitan areas. Approximately 30% of Australians aged 10–24 live outside metropolitan areas, yet regional, rural and remote (RRR) communities have access to fewer services, face longer wait times, and higher barriers to early help. This is despite youth suicide and psychological distress rates being up to 2 times higher in remote and very remote areas[1]. Australia is left with a mental health system that fails those who need it the most. Across the Australian mental health landscape, current funding is geared towards clinical services, with only 1% of the overall mental health budget being attributed to prevention. This leaves RRR young people least likely to receive timely, upstream support. With almost 40% of young people reporting high to very high levels of psychological distress[2], and suicide remaining the leading cause of death for young people - batyr are positioned to reduce this statistic now.

Investment request

(FY 2026–27 to FY 2028–29)

batyr requests $966k per annum, **($2,852,450 over three years)** to deliver youth mental health co-designed prevention and lived-experience activities in all states and territories. By investing **less than 70c per young Australian** (aged 10-24 years), the Government will achieve the following outputs:

- **Focus on regional prevention**
- **Increase capacity for youth voice and co-design**
- **Implement national awareness campaigns**

These activities will have an expected direct reach of 14,000 young people (unit cost $69 per person), and an expected **extended reach of more than 2,000,000.** This investment will **reduce stigma and improve help-seeking** amongst young people early enough in their journey that it eases pressure on headspace, GPs, and acute services, and **most importantly saves lives.**

Activities

FOCUS ON REGIONAL PREVENTION

- Identify and assess the regions with greatest youth mental health needs
- Engage communities of young people to deeply listen to their experiences and needs in order to **understand social determinants and factors driving youth mental health.**
- Develop and deliver adaptive **school and community prevention activities** to increase mental health literacy, strengthen peer support, enhance social inclusion and wellbeing, increase help-seeking and reduce stigma.
- Be a connection and referral point for local and national services including **headspace centres, Orygen, Reachout, Lifeline and other local support services**.

INCREASE CAPACITY FOR YOUTH VOICE AND CO-DESIGN

- Deliver **lived experience and public awareness** to young people, listening to their needs and empowering them to use their experiences and their stories for targeted influence and practical actions, particularly for cohorts disproportionately affected by social determinants.
- Measure and evaluate activities for efficacy including **help seeking and stigma reduction outcomes.**
- Utilise these insights to create data driven decisions, including collaboration with research partners, PHNs and government for **systems reform and improvement.**

IMPLEMENT NATIONAL AWARENESS CAMPAIGN

- Embed **youth participation for co-design, input and consultation** in order to further develop **prevention and public awareness activities** that create real change led by young people. This includes:
  - **nationwide awareness campaigns** to address the drivers of the youth mental health crisis (building on Health North Coast PHN model);
  - informed responses to government led inquiries to **support system reform.**

[1] Policy Writing Group. Fit for purpose: Improving mental health services for young people living in rural and remote Australia. Melbourne: Orygen 2020.

[2] National Mental Health Commission. National Report Card 2024. Sydney: NMHC; 2025.

Delivery and governance

Regions for delivery will be selected using the Modified Monash Model and PHN Needs Assessments to target communities facing the greatest access barriers. Delivery and governance will be anchored in clear prioritisation, rigorous partnerships, and transparent oversight. Safety and integrity will be maintained through privacy-preserving data sharing. Embedded evaluation will measure help-seeking, stigma reduction, and service navigation, including research to assess economic impacts. Overall progress, risk management, and achievements will be tracked through regular reporting to the Government.

Value for money and alignment

By improving informal help-seeking amongst young people early enough in their journey, research shows this will ease demand on headspace, GPs, acute services and reduce youth suicide (Appendix 1). Based on batyr's SROI score for RRR program delivery, this means the government **creates a potential $26,800,000 in social value.** It will also deliver the prevention and systems-change objective of the 2025 National Suicide Prevention Strategy, with a specific focus on geographic equity.

The following submission from batyr outlines our request for investment that will genuinely shift the youth mental health system. We call on the Government for:

Youth Voices, Lasting Impact:

A Youth Mental Health Prevention Investment for 2026–29

Achieved through co-designed prevention activities and local stigma reduction efforts to achieve national benefit.

There is an urgent need to address the youth mental health crisis in Australia. Gen Z are experiencing suicidal thoughts, self-harm, and suicide attempts at significantly higher rates, and at earlier ages than previous generations[3]. Despite government investment across the mental health service sector - expanding and strengthening headspace, establishing the new Medicare Mental Health Check In service and incentivising bulk billed GP visits - we're seeing little to no impact on mental ill health rates and **suicide remains the leading cause of death for young Australians[4].**

Australia's youth mental health system is crisis-driven and focused on clinical responses while prevention and early intervention remain seriously underfunded. Young people across Australia report feeling powerless and having little agency. Hopelessness is driving unprecedented rates of mental ill health and loneliness is rapidly increasing amongst the younger generations even though they are more connected than ever before.

batyr has collaborated on several significant projects to evaluate the youth mental health system and understand the social and structural issues driving this crisis, most recently leading the youth consultation on the Youth Mental Health Model of Care project[5]. These initiatives all point to the same core problem - we have a crisis driven mental health system that doesn't meet young people where they are or when they need it.

[3] Orygen (2025). Gen Z four times more likely to report suicidal thoughts than older generations: new research. https://www.orygen.org.au/About/News-And-Events/2025/Gen-Z-four-times-more-likely-to-report-suicidal-th

[4] National Suicide Prevention Office. The National Suicide Prevention Strategy 2025-2035. Canberra: 2025

[5] Orygen (2025). Sector-led
ice on new and/or refined youth mental health models of care. https://www.orygen.org.au/Orygen-Institute/Youth-Mental-Health-Models-Of-Care

"...you basically just have to hope you get worse, and then hope there's a service that can capture you. And that's really not okay[6]."

Not all young people experience mental ill-health equally. Those disproportionally impacted include those from backgrounds already negatively influenced by the social determinants of health. All young Australians know their rural peers are falling behind. They report experiencing two different mental health systems, and it's **not fair**. Where you live should not dictate the kind of mental health care you receive. Unique stressors like **geographic isolation** and **natural disasters**, compounded by **limited access to services**, **stigma**, and **socioeconomic challenges**, contribute to **higher rates of psychological distress and suicide** compared to their metro counterparts[7]. Program delivery costs are higher, the need is greater, and the opportunity for connectivity is less.

In 2025 batyr engaged with over 30,000 young people across Australia confirming our important role in listening to and understanding young people's needs. We took part in the Youth Innovation Incubator Challenge (YINC) on 'Mental Health and Wellbeing' involving the delivery of 15 design thinking workshops across the country in 15 diverse schools to reimagine digital mental health. The YINC took batyr from Darwin (NT, Solomon) to Gungahlin (ACT, Fenner), from Piara Waters (WA, Burt) to Sandgate (QLD, Lilley) to Mount Barker (SA, Barker). We listened closely to over 400 young people to hear their voices, needs and ideas on social media, online bullying, digital safety, storytelling, connection and community and how this impacts on their mental health and wellbeing. The resounding message they had to share?

'Young people in regional, rural and remote communities need batyr to go there'

Having heard this directly from young people, we have a mandate to respond. batyr is ideally placed to continue our proven work (Healthy North Coast PHN pg.5) and adapt to the unique complexities facing RRR young people in relation to their mental health and wellbeing. Our educational model allows for a **tailored, place based and lived experience centered approach while ensuring universal, measurable and proven outcomes**. To reach those who need us most - and early - batyr utilise existing, trusted resources, including the Modified Monash Model as a way to determine access and barriers to services, and PHN Needs Assessments to guide priorities.

In 2022 **batyr, the NSW Government and The University of Sydney** explored **young people's mental health needs in rural and regional Australia** (Klinner, Glozier et al. 2023). Through delivering batyr programs, the research aimed to establish an in-depth understanding of **young people's experiences and needs regarding mental health, what facilitates their help-seeking, and what kind of mental education and support they want and is useful.** The results from the study showed that at **6 month post program, batyr was effective at increasing help-seeking behaviors from 30% at to 65%.** This is more than double the national average of help-seeking for people ages 15-34 at 22.9%. The study also found that **for every $1 spent on batyr@school programs in regional communities there is a social return on investment of $13.40.**

- An investment of **$2,852,450 gives batyr an expected expanded reach of over 2 million young people** across 3 years, averaging at less than 70 cents per young Australian.
- Based on our SROI score this indicates **$26,800,000 in cost savings** and positive outcomes.
- Compared to what it costs the government for 2 GP visits alone, this **investment will increase help-seeking and create capacity with young people** and their communities, significantly reducing the burden on the acute care health system, including reduction in youth suicides.

[6] batyr (2025). Youth Consultation Report. https://www.orygen.org.au/Orygen-Institute/Youth-Mental-Health-Models-Of-Care/Youth-Consultation-Report-batyr.aspx

[7] Klinner C, Glozier N, Yeung M, Conn K, Milton A. A qualitative exploration of young people's mental health needs in rural and regional Australia: engagement, empowerment and integration. BMC Psychiatry. 2023 Oct 13;23(1):745.

Ensuring every young person has access to a batyr activities and outcomes, regardless of geographic location.

Working with young people in an expected 12 regional communities (MM2)

- Delivering prevention, lived experience, advocacy and co-design activities to young people and their communities
- Build peer-to-peer capacity and capability with community for an **expected 7,000 young people** and their networks

Investment per young person: $77

Working with young people in an expected 10 rural communities (MMM 3-5)

- Delivering prevention, lived experience, advocacy and co-design activities to young people and their communities
- Build peer-to-peer capacity and capability with community for an **expected 5,000 young people** and their networks

Investment per young person: $170

Working with young people in an expected 8 remote communities (MMM 6-7)

- Delivering prevention, lived experience, advocacy and co-design activities to young people and their communities
- Build peer-to-peer capacity and capability with community for an **expected 1,000 young people** and their networks

Investment per young person: $765

Delivery of 2 national advocacy and awareness campaigns, transforming young people's lived experiences to address social determinants of youth mental health and wellbeing **for an expanded reach of over 2 million young people**

2026-2029

Expected Total Young People reached:	*2,014,000*
Total Investment:	*$2,852,450*
Average investment per Young Australian:	*less than $0.70*
Total Saving:	*$26,800,000*

"Inclusion means every young person gets the same opportunity."

Student, Darwin High School

batyr's Proven Model

batyr is a proven, peer-to-peer prevention organisation that engages young people before crisis, to reduce mental ill-health stigma, strengthen peer support, increase social inclusion and help-seeking, and connect those who need it to support service pathways. batyr is led by the voices of young people who have lived-living experiences of mental health challenges. This intersection between young people and lived experience is batyr's unique strength in responding to, and reducing, the distress that is all too commonplace among young Australians.

Young people's stories and lived experiences are the DNA that has shaped our activities since 2011. batyr listens and empowers, providing young people with the skills to transform their lived experience into a tool for positive change.

This model is central to how we create impact across communities and the country. By connecting young voices into the broader system, we are able to better understand young people's needs and feed this directly back to governments and decision makers. This will allow for a mental health and policy ecosystem that can pro-actively respond to the existing and emerging needs of young people.

We are now investing more resources into regional communities, utilising co-design principles to develop and deliver prevention activities to those with the greatest need, and **it is a model that is working**. We have a clear mandate to expand this across more of Australia to combat the youth mental health crisis.

With Community for Community- the Healthy North Coast PHN mode

In early 2025, batyr commenced a Healthy North Coast PHN funded project to design and deliver a student-led social media campaign to increase help-seeking, reduce stigma, promote mental wellbeing and social inclusion across identified LGAs.

Following batyr's localised school program delivery, and built with young people at its core, the campaign is co-designed through online workshops, drawing on existing community relationships to ensure diverse participation.

Leveraging batyr's expertise in youth mental health, social media marketing and peer-to-peer storytelling, it embeds young people's ideas, digital media best practice, and evidence-based messaging to encourage peers to support one another and reach out early and often.

The campaign aims to reduce stigma, strengthen peer support, and connect regional and remote young people with engaging, accessible, and culturally safe content, leveraging social media strategies to amplify reach and impact.

batyr ensure a targeted reach of young people with greatest need by:

- engaging current school partners and onboarding additional high schools,
- consulting with community leaders, the HNC PHN, headspaces and the Department of Education to understand local needs,
- training and embedding local lived experience to enhance relatability and impact,
- applying prior experience with at-risk youth, and
- co-designing a youth-led campaign with students to produce authentic, relatable content for regional young people.

With the project due to finish at the end of 2026, we have a solid model to expand to meet more regional communities where they are at - **to listen to young people, co-design solutions to local challenges, deliver practical actions, effectively measure and evaluate these activities and strengthen communities, the sector and the system as a result.**

[8] System 2. (2025). A fresh approach to improving access to quality mental health services for young Australians. https://system2.org.au/research/youth-mental-health/

[9] National Suicide Prevention Office. The National Suicide Prevention Strategy 2025-2035. Canberra: 2025.

The time for change is now

Across the Australian mental health landscape, current funding is geared towards services, with only 1% of the overall mental health budget being attributed to prevention. A thriving prevention sector is the cornerstone of a functioning mental health system. Greater investment in prevention would also reduce the number of young people needing psychological and psychiatric support,[8] easing pressure on mental health services.

The 2025 National Suicide Prevention Strategy[9] makes clear the need for change. Past efforts have services oriented to reactive care that fails to address underlying causes. A broader, systemic approach is required, one that tackles social determinants such as housing insecurity, unemployment, poverty, discrimination, justice system involvement, and social exclusion. The Strategy marks a major shift from fragmented crisis responses toward prevention and systems change, and must happen across multiple portfolios and departments.

batyr centre young people's lived experience into everything that we do. Our Theory of Change acknowledges that we build awareness, reduce stigma, increase help-seeking, reduce strain on acute mental health services, including reduction in youth suicides. Our solutions to the youth mental health crisis are ongoing, as we consciously continue to listen to what young people need. The government's investment in furthering our work is key, as we move the dial toward improving mental health outcomes for young people and their communities, building greater wellbeing, creating economic reform, and giving young people the possibility to change their trajectories.

It is incumbent on a government who has shown a strong commitment to the health and wellbeing of young people to continue to invest in the prevention of distress. By reaching young people before they experience mental ill health, we are shifting and protecting their futures. We request the prioritisation of activities that are targeted to listening and amplifying young people's voices and needs, extending proven co-designed solutions, delivering prevention and lived experience activities, working with and for communities. This is the only way to genuinely turn the tide of the mental health crisis currently inundating young people.

We would welcome the opportunity to discuss this submission in more detail. For more information, please contact:

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