

IMPORTANT INFORMATION – PLEASE READ

This survey asks questions about you, your concerns and views about a range of issues. It is up to you if you wish to take part in this survey. If you do not feel comfortable answering a question, you can skip that question. If you change your mind, you are welcome to stop at any time. We will not use any of your responses in our reports if you choose not to complete the survey.

Your answers to this questionnaire will be kept confidential. Your parents or teachers will not know what you write, unless we need to disclose concerning responses as part of our duty of care. More information about this process as well as how the data will be used can be found at the end of the survey.

Young people are at the heart of the Youth Survey. We care about your wellbeing. If the questions raise any issues and you would like someone to talk with, you can call the Kids Helpline at any time on **1800 55 1800** (or go to kidshelp.com.au), contact headspace on **1800 650 890** (or go to headspace.org.au), contact Butterfly Foundation on **1800 334 673** (or go to butterfly.org.au) or contact 13YARN on **13 92 76** (or go to 13yarn.org.au). You may also choose to talk to a counsellor or trusted adult at school, or a family member at home. Mission Australia's Youth Survey has obtained Human Research Ethics Committee approval from the University of Melbourne.

Researchers involved in the Youth Survey: Dr Kate Folia, Prof Eoin Killackey, Dr Caroline Gao.

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By ticking the box on the right, you are telling us that you understand what you have read above about the Youth Survey. **Ticking the box tells us that you agree to be involved in this research project and to have your responses used as described.**

Please **tick here** if you:

- Are 14-19 years old;
- Have read and understood the above information;
- **AND** you consent to participate.

Background information

Q1. Which State/Territory do you live in most of the time? (Please tick one only)

- NSW VIC QLD SA WA TAS NT ACT

Q2. What is your date of birth? (DD/MM/YYYY) _____

Q3. What was your sex recorded at birth? (Please tick one only)

- Male Female Another term (please specify) _____ Prefer not to answer

Q4. How do you describe your gender? (Please tick one only)

- Boy, man or male Girl, woman or female Non-binary
 I use a different term (please specify) _____ Prefer not to answer

Q5. Are you Aboriginal and/or Torres Strait Islander? (Please tick all that apply)

- Yes, Aboriginal Yes, Torres Strait Islander No

Q6. What is the postcode of the place you live in most of the time? _____

Study and work

Q7. Are you a student? (Please tick one only)

- Yes → Go to Q8a No → Go to Q10

Q8a. Where are you studying? (Please tick one only)

- School or equivalent → **Q8b. Are you planning to complete Year 12?** Yes No
 TAFE or equivalent → Go to Q10
 University → Go to Q10

Q9a. When you miss a day (or days) of school, what are the reasons? (Please tick all that apply)

- Anxiety/depression/mental health issues I don't have the things I need for school (e.g. books, food, uniform, sanitary items)
 Family holiday or fun activity I don't like school
 I'm looking after parents/siblings at home I find schoolwork hard
 I'm sick I have an appointment (e.g. doctor/dentist)
 I'm worried about my safety at school Participating in extra-curricular activities (e.g. sport, dance, academic competitions)
 I can't get to school (e.g. car, bus, train trouble) Other (please specify) _____
 None of these options, I rarely miss a day(s) from school

Q9b. If you are gender diverse and currently studying in school, is your school aware of your gender identity? (Please tick one only)

- Yes, most/nearly everyone knows Yes, but only some people know No

Q10. Do you currently have paid work? (Please tick one only)

- Yes, full-time (35+ hours per week) No, but I am looking for work
 Yes, part-time (1-34 hours per week) No, and I am NOT looking for work

Q11a. Is there anything that is stopping you from achieving your study/work goals? (Please tick one only)

- Yes → Go to Q11b No → Go to Q12 I don't have any study/work goals → Go to Q12

Q11b. Which of the following are stopping you from achieving your goals? (Please tick all that apply)

- Not being good at school Mental health concerns
 Not feeling motivated Not having time or space to focus on my goals
 Not having confidence in myself Other (please specify) _____
 Not having enough money I'm not sure

Personal and national issues

Q12. Which of the following issues made you feel stressed in the last year? (Please tick all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Body image | <input type="checkbox"/> Managing my time | <input type="checkbox"/> School or study problems |
| <input type="checkbox"/> Climate change/environment | <input type="checkbox"/> Mental health and wellbeing | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Cost of living | <input type="checkbox"/> Physical health | <input type="radio"/> None of these options, I didn't experience much stress this last year |
| <input type="checkbox"/> Feeling safe | <input type="checkbox"/> Problems with family | |
| <input type="checkbox"/> Having somewhere to live | <input type="checkbox"/> Problems with friends | |

Q13. What do you think are the three most important issues in Australia today?

(Please provide a response in all three boxes)

- 1.
- 2.
- 3.

Housing and financial situation

Q14a. Have you and/or your family experienced a time you were homeless in the last year? Being homeless can include rough sleeping, couch surfing, staying in temporary/crisis/transitional accommodation or in boarding houses, shelters or refuges. (Please tick one only)

- Yes, only me → **Go to Q14b** Yes, with my family/someone else → **Go to Q14b** No → **Go to Q15a**

Q14b. Which of the following reasons could have caused you and/or your family to experience homelessness in the last year? (Please tick all that apply)

- Couldn't find or keep somewhere to live that we could afford
- Cost of living pressures (e.g. rising bills, groceries and other household expenses)
- Family/domestic violence
- Family/relationship breakdown and/or conflict
- Poor living conditions (e.g. lack of electricity, over-crowded living situation)
- Medical issues
- Transition from institutional settings (e.g. hospital or healthcare facility, or prison)
- Transition from out-of-home care
- Unemployment/can't find work
- Other (please specify) _____
- I'm not sure

Q15a. If you answered no to experiencing homelessness, did you and/or your family ever struggle to find or keep a place to live in the last year? (Please tick one only)

- Yes, only me → **Go to Q15b** Yes, with my family/someone else → **Go to Q15b** No → **Go to Q16**

Q15b. Which of the following reasons could have caused you and/or your family to struggle to find or keep a place to live in the last year? (Please tick all that apply)

- Couldn't find or keep somewhere to live that we could afford
- Cost of living pressures (e.g. rising bills, groceries and other household expenses)
- Family/domestic violence
- Family/relationship breakdown and/or conflict
- Poor living conditions (e.g. lack of electricity, over-crowded living situation)
- Medical issues
- Transition from institutional settings (e.g. hospital or healthcare facility, or prison)
- Transition from out-of-home care
- Unemployment/can't find work
- Other (please specify) _____
- I'm not sure

Q16. Have you and/or you family experienced any of the following in the last year? (Please tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Couldn't access mental health support(s) | <input type="checkbox"/> Missed at least one meal in the day |
| <input type="checkbox"/> Couldn't buy clothes/other essential items | <input type="checkbox"/> Sought financial help from family, friends or a charity |
| <input type="checkbox"/> Couldn't get medical treatment/medicine | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Couldn't participate in activities, hobbies or groups | <input type="radio"/> I'm not sure |
| <input type="checkbox"/> Couldn't pay for school uniform, supplies, excursions or fees | <input type="radio"/> No, none of these options |
| <input type="checkbox"/> Couldn't pay rent/mortgage | |



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Wellbeing

Q17. How happy are you with your life as a whole?

(Please tick one only where zero means you feel VERY SAD, 5 means you feel NOT HAPPY OR SAD, and 10 means you feel VERY HAPPY)



Very sad



Not happy or sad



Very happy

O₀ O₁ O₂ O₃ O₄ O₅ O₆ O₇ O₈ O₉ O₁₀

Q18. How would you describe your feelings when you think about the future? (Please tick one only)

Very negative Negative Neither positive nor negative Positive Very positive

Q19. In the last four weeks, how much of the time did you feel lonely? (Please tick one only)

All of the time Most of the time Some of the time A little of the time None of the time

Q20. In the last four weeks, how much of the time did you feel ... (Please tick one option per row)

All of the time Most of the time Some of the time A little of the time None of the time

So sad nothing could cheer you up?	O ₁	O ₂	O ₃	O ₄	O ₅
Nervous?	O ₁	O ₂	O ₃	O ₄	O ₅
Restless or fidgety?	O ₁	O ₂	O ₃	O ₄	O ₅
Hopeless?	O ₁	O ₂	O ₃	O ₄	O ₅
That everything was an effort?	O ₁	O ₂	O ₃	O ₄	O ₅
Worthless?	O ₁	O ₂	O ₃	O ₄	O ₅

Q21a. If you are currently studying in school, how much do you agree or disagree with the following statements? (Please tick one option per row)

	Strongly disagree	Disagree	Mixed feelings	Agree	Strongly agree
I like my school	O ₁	O ₂	O ₃	O ₄	O ₅
There is a teacher or another adult at my school who I can reach out to for support when I need it	O ₁	O ₂	O ₃	O ₄	O ₅

Q21b. How much do you agree or disagree with the following statements? (Please tick one option per row)

	Strongly disagree	Disagree	Mixed feelings	Agree	Strongly agree
I am able to do things as well as most other people	O ₁	O ₂	O ₃	O ₄	O ₅
I believe I'll know how to make smart choices about money in the future	O ₁	O ₂	O ₃	O ₄	O ₅
I can deal with things that happen in my life	O ₁	O ₂	O ₃	O ₄	O ₅
I have someone I can turn to when I'm unsure about important decisions in my life	O ₁	O ₂	O ₃	O ₄	O ₅
I'm confident I'll be able to afford a safe place to live in the future	O ₁	O ₂	O ₃	O ₄	O ₅
My family are often stressed about money	O ₁	O ₂	O ₃	O ₄	O ₅

Sources of support

Q22. Which of the following sources are helpful for you when you need support? If there are any you don't use, please select 'Don't use'. (Please tick one option per row)

	Helpful	Not helpful	Don't use
AI (e.g. ChatGPT)	O	O	O
Boyfriend/girlfriend/partner	O	O	O
Doctor or health professional (e.g. psychologist, occupational therapist)	O	O	O
Friend(s)	O	O	O
Internet and/or digital platforms (e.g. websites, mobile apps)	O	O	O
Other family members	O	O	O
Parent(s) or guardian(s)	O	O	O
Pet(s)	O	O	O
School counsellor/teacher/coach	O	O	O
Siblings (e.g. brother, sister)	O	O	O
Social media	O	O	O
Spiritual/religious mentor	O	O	O

Q23. In general, how well does your family get along with each other? (Please tick one only)

O₁ Poor O₂ Fair O₃ Good O₄ Very good O₅ Excellent



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Community support & connections

Q24. How much do you agree or disagree with the following statements? Please note that 'neighbourhood' refers to your local area.

(Please tick one option per row)

	Strongly disagree	Disagree	Mixed feelings	Agree	Strongly agree
I'm happy to live in my neighbourhood	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
I'm proud to be part of my neighbourhood	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
I feel connected to the people in my neighbourhood	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
I feel safe in my neighbourhood	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
I have a say about what goes on in my neighbourhood	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
My neighbourhood has the things that I need to have a positive and thriving future	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅

Q25a. What's one thing that could be changed in your neighbourhood to make your life better? Please note that 'neighbourhood' refers to your local area.

Q25b. How would this make your life better?

We're interested in your experiences of feeling connected and being able to do the things you want to do.

Q26. Do you find it easy to... (Please tick one option per row)

	Yes	No
Fit in and socialise with new people? (<i>e.g. at school, work or socially</i>)	<input type="radio"/>	<input type="radio"/>
Make choices and feel independent?	<input type="radio"/>	<input type="radio"/>
Spend time with friends in public places? (<i>e.g. go to shopping centres, sporting or music events</i>)	<input type="radio"/>	<input type="radio"/>
Travel around the community? (<i>e.g. using footpaths or public transport</i>)	<input type="radio"/>	<input type="radio"/>
Turn to friends and family if you need help?	<input type="radio"/>	<input type="radio"/>
Turn to services/organisations if you need help?	<input type="radio"/>	<input type="radio"/>

Q27. In the last year, have you been involved in any of the following outside of standard school hours? (Please tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Art, music or performance lessons | <input type="checkbox"/> Team sport |
| <input type="checkbox"/> Church or other faith groups | <input type="checkbox"/> Volunteer work (<i>e.g. through a sports club, charity, religious organisation, school</i>) |
| <input type="checkbox"/> Clubs/groups (<i>e.g. debating, chess, youth groups</i>) | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Environmental activities | <input type="radio"/> None of these options |
| <input type="checkbox"/> Individual sport | |

Q28a. Would you be interested in joining activities or events run by the community for young people? (*e.g. sport, arts, volunteering.*)

Please tick one only)

- Yes → **Go to Q28b** No → **Go to Q29** I'm not sure → **Go to Q28b**

Q28b. If yes or I'm not sure, what types of activities or events would interest you? (Please tick up to three options)


- | | |
|--|--|
| <input type="checkbox"/> Activities connecting with older or younger people | <input type="checkbox"/> Sporting or physical activities (<i>small group</i>) |
| <input type="checkbox"/> Caring for environment (<i>e.g. tree planting, gardening, cleanup</i>) | <input type="checkbox"/> Sporting or physical activities (<i>large team/club</i>) |
| <input type="checkbox"/> Creative or arts-based activities (<i>e.g. music, art, photography, performance</i>) | <input type="checkbox"/> Skill-building activities (<i>e.g. coding, gaming, technology, trades, media</i>) |
| <input type="checkbox"/> Cultural or community groups (<i>e.g. scouts, girl guides or church/other faith-based groups</i>) | <input type="checkbox"/> Volunteering or helping in the community (<i>e.g. helping charities, food banks, animal shelters or sports clubs</i>) |
| <input type="checkbox"/> Gaming and role-playing groups (<i>e.g. online or in-person</i>) | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Mindfulness or wellbeing activities (<i>e.g. yoga, meditation</i>) | <input type="radio"/> I'm not sure → Go to Q29 |
| <input type="checkbox"/> Outdoor or nature-based activities (<i>e.g. hiking, birdwatching</i>) | |

Q28c. Who would you like to organise or lead these activities or events? (Please tick all that apply)

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Cultural or community leaders | <input type="checkbox"/> Schools | <input type="radio"/> I'm not sure |
| <input type="checkbox"/> Local community organisations | <input type="checkbox"/> Youth workers or support workers | |
| <input type="checkbox"/> Online facilitators or digital groups | <input type="checkbox"/> Other (please specify) _____ | |

Q29. What might stop you from participating in these activities or events? (Please tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> I am not interested in activities or events | <input type="checkbox"/> Physical health reasons |
| <input type="checkbox"/> I don't have enough money | <input type="checkbox"/> Mental health reasons |
| <input type="checkbox"/> I don't have enough time | <input type="checkbox"/> My parents/carers wouldn't support it |
| <input type="checkbox"/> I don't have transport to get there | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> I don't think these activities are for people like me | <input type="checkbox"/> None of these options, there are no barriers to me participating in any activities or events |
| <input type="checkbox"/> I feel too nervous or shy | |

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Community support & connections cont.

Q30a. In the last year, have you been unfairly treated or discriminated against? This could mean any treatment that is hurtful, disrespectful, including being teased, excluded or humiliated. (Please tick one only)

Yes → Go to Q30b

No → Go to Q31a

Q30b. Why do you think you were unfairly treated or discriminated against? (Please tick all that apply)

- Age Personal views Sexuality
- Disability Physical appearance Other (please specify) _____
- Gender Race/cultural background I'm not sure
- Mental health Religion/Faith beliefs

Social media

Q31a. How much do you agree with the following statements about the social media restrictions for young people aged under 16? (Please tick one option per row)

	Strongly disagree	Disagree	Mixed feelings	Agree	Strongly agree
I am aware of the social media sites that are impacted by the restrictions	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
I know young people who have found ways around the restrictions	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
I understand the reasons behind the restrictions	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
I think the restrictions will have more positive than negative effects	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
The rollout of the restrictions has been handled well	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅

Q31b. Overall, how would you describe the personal impact you've experienced from the social media restrictions? (Please tick one only)

- No impact Mostly negative impact Mixed impact Mostly positive impact I don't use social media

Climate

Q32. How much do you agree or disagree with the following statements? There are no right or wrong answers. Choose the answer that best describes what you feel. (Please tick one option per row)

	Strongly disagree	Disagree	Mixed feelings	Agree	Strongly agree
I am interested in a career that helps protect the environment or tackles climate change	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
I believe that when people work together, we can solve environmental problems	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
I care deeply about protecting nature	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
I enjoy spending time in nature	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
I know other people who care about the environment like me	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
Our health is connected to the health of the planet	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅

Demographics

Q33. Do you speak a language other than English at home? (Please tick one only)

- Yes (please specify) _____ No, English only

Q34. How would you describe your cultural heritage/ethnic background (i.e. not necessarily your country of birth)? (Please tick all that apply)

- Indigenous/Aboriginal Persons (e.g. Aboriginal people, Torres Strait Islander, First Nation, Māori)
- Australian / New Zealander / European / British / Irish / North American / Russian
- East Asian (e.g. China, Japan, Korea, Philippines)
- Southeast Asian (e.g. Cambodia, Indonesia, Vietnam, Malaysia)
- South Asian (e.g. India, Pakistan, Sri Lanka, Nepal, Bangladesh)
- West / Central Asian and Middle Eastern (e.g. Lebanon, United Arab Emirates, Afghanistan, Iran, Turkey)
- African (e.g. Egypt, Kenya, Zimbabwe, South Africa)
- Central / South American (e.g. Mexico, Jamaica, Chile, Brazil)
- Polynesian (e.g. native Hawaiian or Pacific Islander)
- Other (please specify) _____

Demographics cont.

Q35. How do you describe your sexual orientation? (Please tick one only)

- Straight (heterosexual) I use a different term (please specify) _____
- Gay or lesbian Don't know
- Bisexual Prefer not to answer

Q36a. Do you have a disability? Our definition of disability is if you have a limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities. (Please tick one only)

- Yes → Go to Q36b No → Go to Q37 Prefer not to say → Go to Q37

Q36b. If yes, what type of disability do you have? (Please tick all that apply)

- Head injury, stroke or acquired brain injury Sensory (e.g. loss of sight, hearing, speech issues)
- Intellectual (e.g. learning difficulties like dyslexia) Other (please specify) _____
- Physical (e.g. chronic pain, severe asthma) Prefer not to say
- Psychosocial (e.g. mental health issues like autism, ADHD)

Q37. Do you have a mental health condition? Our definition of mental health condition is a type of condition that can affect your thoughts, mood and/or behaviour. (Please tick one only)

- Yes (please specify) _____ No Prefer not to say

Thank you for participating in the 2026 Mission Australia Youth Survey.

Your responses help us to gain important insights into the ambitions, concerns and experiences of young people just like you, from right across Australia. The results of the survey will be published by Mission Australia on their website:

missionaustralia.com.au/youthsurvey in November 2026.

If you have any questions, please send us an email at youthsurvey@missionaustralia.com.au

How the data will be used

Data we collect will be used to produce reports, publications and presentations for a variety of forums. Data will be retained for use in future reports. In any reporting, we only use national, state and/or postcode-level results. School Principals and Mission Australia Area/Program Managers may request a report on localised results. You will not be identified in any reports released from the study.

Our duty of care to you

Mission Australia has a duty of care to the young people who take part in the Youth Survey. If any of your answers to the open-text questions indicate that you might be unsafe or at any risk of harm, we will alert your School Principal, Mission Australia Area/Program Manager or Child Protection Authority so that they can help to make you safe. Additionally, if your responses to the wellbeing questions (Kessler 6) indicate that you might be experiencing symptoms of psychological distress or low wellbeing, we will inform your School Principal or Area/Program Manager so they can give you support.

Young people are at the heart of the Youth Survey. We care about your wellbeing. If the questions raised any issues or became upsetting and you would like someone to talk with, you can call a counsellor or chat with a counsellor online:

- Kids Helpline (24/7) **1800 55 1800** or go to kidshelp.com.au
- eheadspace (9am-1pm AEST) **1800 650 890** or go to eheadspace.org.au
- Lifeline (24/7) **13 11 14** or go to lifeline.org.au/get-help/online-services/crisis-chat
- QLife (3pm-12am AEST) **1800 184 527** or go to qlife.org.au
- Butterfly Foundation (8am-12am AEST) **1800 334 673** or go to butterfly.org.au
- 13YARN (24/7) **13 92 76** or go to 13yarn.org.au

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