

# Well-Being, Mental Ill-Being, and Today's Youth

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## Abstract

In this article, the author argues that the well-being movement currently sweeping Western countries is having the reverse effect of unduly increasing young people's concern about their mental ill-being. Young people's concern with mental ill-being seems to be the unintentional effect of the emphasis on well-being in the media and most importantly in social media, from which young people get most of their news and information, and by the well-being programs widely introduced in schools. Furthermore, the author's longitudinal cohort analysis presented in this article indicates that if the well-being movement is allowed to continue, its deleterious effect on young people's mental ill-being will increase with every new generation. The well-being movement seems impossible to stop. However, it might be possible to reduce the resulting concern with mental ill-being if the government were to impose a reporting ban on it in the media and on social media, so that the attention paid to it gradually fades. This ban could be achieved under Section 19 of the International Covenant on Civil and Political Rights, which allows restriction of free speech if it poses a danger to public health. Also, mental health organizations should advise schools to stop well-being programs and work with parents to prevent school-aged children and teenagers from having smartphones and gaining uncontrolled access to social media.

## Keywords

Well-Being, Mental Ill-Being, Paradoxical Rebound, Agenda-Suppression

## 1. Introduction

The mental well-being movement, now typically referred to simply as "well-being," appears to have taken off in 1998 when the U.S. psychologist Martin Seligman chose positive psychology and well-being as the theme of his presidential address as incoming President of the American Psychological Association, a

concept that grew rapidly among psychology academics and practitioners through the Seligman-founded International Positive Psychology Association (see [International Positive Psychology Association, 2024](#) and “Positive psychology,” [Wikipedia, 2024a](#)). Positive psychology promotes the achievement of mental well-being, which on the surface seems to be a very desirable personal and societal objective. The governments of the 34 member countries of the Organisation for Economic Co-operation and Development ([OECD, 2013](#)) have endorsed the well-being movement, with member countries including the U.S.A., Canada, the United Kingdom, and Australia spending large sums to survey and monitor the positive mental well-being of the nation’s citizens. Also, most government schools and many private schools in those countries have introduced positive psychology-based well-being programs, and many large companies now offer these programs for their employees. As well, we have completely unqualified “influencers” on social media giving advice on how to improve your well-being. The result has been that the well-being and so-called wellness movement is now valued at more than \$4 trillion annually ([Wikipedia, 2024a](#)) and it is not going too far to say that the well-being movement is out of control, at least in Western countries.

Psychologists have enthusiastically supported positive psychology, recommending positive psychology practices as the optimal way to achieve mental well-being and maintain it ([Seligman & Csikszentmihalyi, 2000](#)). These positive psychology practices ([Seligman, 2011](#)) include activities such as writing a diary each night listing three things that “Went Well Today” and why they went well; contacting someone from the past who made a positive difference to your life and phoning them for a “Gratitude Visit”; and conducting regularly a “Signature Strengths Exercise” in which you choose from a list of 24 possible traits in the broad categories of wisdom, courage, love, justice, temperance, and transcendence, the latter a heterogeneous category that includes hope, spirituality, forgiveness, and appreciation of beauty and identify and write down what you believe to be your top five traits as “strengths” and then try to put them into practice in a new way, implementing at least one daily until you have covered all five and being sure to record these attempts and their outcomes in a daily diary. Quite evidently, positive psychology activities require a great deal of patience and self-discipline and would be unlikely to be taken up and persisted with by anyone other than those people who worry about their mental ill-being.

This worry has become most prevalent among today’s young people, who basically get all their news and information from social media (U.S. data on this can be found in [Pew Research Center, 2022](#); and Australian data can be found in [Hughes, 2023](#)). Those most affected by worry about their mental ill-being should therefore be young people growing up in the Internet era of the 2000s, who are known as Generation Z or the GenTech generation.

## 2. Theoretical Background to the Well-Being Problem

In this section, I introduce the theory of agenda-setting and the theory of para-

doxical rebound, and I also make a theoretical assessment of most widely used survey-based well-being measures, showing that they are incapable of measuring mental ill-being.

## 2.1. Agenda-Setting

Agenda-setting (McCombs, 1976) refers to the process whereby “communications media, through their ability to identify and publicize issues, play a pivotal role in shaping the problems that attract attention from governments and other organizations, and direct public opinion toward specific issues” (this definition comes from a very good summary in Wikipedia, 2024b: p. 1). Agenda-setting was originally identified for the “vertical” or top-down mass media of newspapers and television, with studies showing that coverage in these mass media can influence political issues leading up to elections (McCombs, 1976, 2005; McCombs & Shaw, 1972). Nowadays, however, the agenda can flow through to *social* media, known as “horizontal” media because there are so many different simultaneously available channels on which people can select content that they see as applying to them and can post or text comments to their friends or followers. Social media have arguably become the modern-day replacement for word-of-mouth communication in classic communication theory (Albalawi & Sixsmith, 2015).

In Australia over the past 10 years or so, agenda-setting on well-being and youth mental health has been led by *The Sunday Telegraph*, Australia’s widest-read weekly newspaper, which has been including not one but two lift-out magazines on well-being titled *The House of Wellness*, sponsored mainly by health product retailers, and *Body + Soul*, which offers health stories and lifestyle tips. At the same time, this newspaper has been running a campaign called “Can We Talk”, designed to raise awareness of mental health and suicide problems among young people. Also adding to mental health agenda-setting is the growing emphasis (Bita, 2023) on promoting well-being in schools.

## 2.2. Paradoxical Rebound

When people say “I am worried about your well-being,” they almost always mean the reverse, that they are worried about your possible *ill*-being, and particularly about your possible mental ill-being. This reversed thought process, also known as “ironic rebound” (Wikipedia, 2024c), was first identified more than 40 years ago by psychologist Daniel Wegner, who demonstrated it with the famous “white bear experiment.” In the experiment (Wegner, Schneider, Carter, & White, 1987), participants were told explicitly “Do *not* think of a white bear,” whereupon most reported that they could not prevent themselves from thinking of one. Wegner was concerned with deliberate thought suppression, which he postulated to involve two simultaneous processes (Wegner, 1994). First, there is 1) what he calls an operating process in which you try to consciously suppress the unwanted thought, followed by 2) what he calls a moni-

toring process that ironically, I would say paradoxically and problematically—results in an obsession with the very thought you are trying to suppress. Telling yourself to stop feeling anxious or to stop feeling depressed is an example that many of us can relate to. The more you tell yourself to stop, the more you keep thinking about it.

I believe, however, that Wegner's theory requires an extension to allow for the fact that there are certain concepts that cause a bypassing of process 1) and a direct evocation of process 2), whereby you think immediately of the concept's opposite. Concepts relating to your state of health are strong candidates for reversal. For example, mention of "health" suggesting immediately ill health, "mental health" suggesting immediately mental illness, and the concept we started with, "well-being", whereby you think immediately of ill-being and in most cases, mental ill-being. Wegner (1994) hypothesized that bypassing of the operating process occurs only under conditions of stress or distraction, but I propose that bypassing is commonplace with health concepts. The word "rebound" seems most appropriate to describe this reversal process and I call this extension of Wegner's theory *paradoxical rebound*. Paradoxical rebound appears to nicely explain what is going on with the well-being movement.

### 2.3. Well-Being Measures and Ill-Being

Another contribution to the problem is the survey measurement of well-being. The commonly used measures of well-being fail to measure mental ill-being. Typically, they measure either happiness or life satisfaction, and they do so in a one-sided manner (see Smith, 1979, for the early history of these measures). For example, the measure of happiness used by Gallup and others for many years in public opinion polls, asks "In general, how happy would you say you are very happy, fairly happy, or not at all happy?" The problem with this measure is that being "not at all happy" does not mean that you have a mental ill-being problem. Gallup has shifted in recent years to a life satisfaction measure rather than a happiness measure in what is confusingly called the World Happiness Survey (Gallup, 2023). This measure is called the Cantril Ladder (Kilpatrick & Cantril, 1960). In the Cantril Ladder measure, survey respondents are told to imagine a ladder with steps numbered from zero at the bottom to 10 at the top, and that the top of the ladder represents "the best possible life for you" and the bottom of the ladder represents "the worst possible life for you", and then are asked "On which step of the ladder would you say you personally feel you stand at this time?" A problem with this measure is that the ladder is scored unipolar 0 to 10 when it is clearly meant to be bipolar (best life/worst life) and this means that a midpoint score of 5 is often taken to mean a moderately satisfying life when it should mean just an average life. But the most significant problem is that even the worst possible life does not necessarily result in mental ill-being. The other common measure of life satisfaction is the one used in worldwide surveys conducted by the Office of Economic Co-operation and Development (OECD, 2020). The OECD's measure asks "Overall, how satisfied are you with your life

as a whole these days?” with the respondent to answer by choosing a number on an 11-point scale that has the endpoints 0 = “not at all satisfied” and 10 = “completely satisfied”. But this measure, too, is one-directional and does not measure dissatisfaction or whether mental ill-being is present.

### 3. Diagnosed Mental Illness Has Not Increased Except for Anxiety and Depression in the Younger Age Group

From here on I will focus mainly on Australia, not only because it is my home country but also because it has the highest prevalence in the world of the anxiety and depression, the most common mental disorders (GBD 2019 Mental Disorders Collaborators, 2022). The Australian Bureau of Statistics every few years or so conducts a National Survey of Mental Health and Wellbeing that measures the 12-month prevalence of mental disorders, using not self-reports as in most well-being surveys, but rather the World Health Organization’s CIDI structured clinical interview (Australian Bureau of Statistics, 1998, 2008, 2023). The CIDI is administered in-home, by an extensively WHO-trained ABS interviewer, to a randomly selected household member between the ages of 16 and 85. The results over the past three years of the survey, 1997, 2007, and 2022, are summarized in my **Table 1**. What is firstly apparent from the table is that the 12-month prevalence of serious, biological, internally caused mental disorders has remained low and constant over the years. These biologically based mental disorders include schizophrenia and other psychotic disorders as well as the severe form of bipolar disorder known as bipolar I and the equally severe melancholic form of major

**Table 1.** Diagnosed 12-month percentage prevalence of mental disorders in the age 16 and over population in Australia in 1997, 2007, and 2022 (ABS 1998, 2008, 2023). Based on the CIDI structured clinical interview. Sample: private household dwellers, excluding those in hospital or aged-care homes, homeless people, and those living in very remote communities. Disorders are listed by order of severity (Rossiter, 2022a, 2022b).

Disorder type	1997	2007	2022
Psychosis (schizophrenia, etc.)	<1	<1	<1
Bipolar I (severe form) <sup>a</sup>	1	1	1
Depression (biological)	2	2	2
PTSD	3	6	6
OCD	<1	2	4
Alcohol abuse	4	4	3
Drug abuse	2	1	1
Anxiety (reactive)	7	6	7
Depression (reactive)	5	4	5

<sup>a</sup>Bipolar II disorder, requiring only a hypomanic rather than full manic episode, is not counted as severe. Prevalence is about 1% in Australia, 2% in the U.S. (Sadock & Sadock, 2007).

depression (Sadock & Sadock, 2007). On the other hand, among the solely reactive, externally caused mental disorders, the only two that appear to have increased slightly are PTSD, post-dramatic stress disorder, due possibly to the greater willingness of people these days to report domestic and workplace assaults (Crittenden, 2023), and OCD, obsessive-compulsive disorder, reports of which could have been the result of people's increased concern with hygiene during the Covid pandemic. But what will be surprising to most readers, psychologists especially, is that the diagnosed prevalence of the two most common types of mental disorder, reactive anxiety and reactive depression, has not increased among the general population, remaining at the relatively low levels of 7% and 5% respectively.

A different picture emerges when we look at the diagnosed prevalence of anxiety disorders and depressive disorders by *age group*, as shown in my **Table 2**. As is evident, increases in both types of disorder occurred only in the 16-to-24 age group, the youngest age group in the survey. These increases are likely due to an increase in externally caused *reactive* anxiety and *reactive* depression (Rossiter, 2022a, 2022b). The largest increases occurred between 2007, a year that precedes the rapid growth of smartphone ownership and social media usage, and 2022, by which time smartphones and social media had reached peak

**Table 2.** Diagnosed 12-month prevalence of (a) anxiety disorders and (b) depression disorders in 1997, 2007, and 2022<sup>a</sup> for 16 to 74 year-olds, by age group.<sup>b</sup>

<b>(a) Anxiety disorders</b>				
12-month prevalence (%)				
Age group	1997	2007	2022	Trend
16 - 24	10	15	32	(+22)
25 - 34	16	16	22	(+6)
35 - 54	13	18	15	(+2)
55 - 74	4	9	11	(+7)
<b>(b) Depression disorders</b>				
12-month prevalence (%)				
Age Group	1997	2007	2022	Trend
16 - 24	7	6	17	(+10)
25 - 34	9	7	10	(+1)
35 - 54	10	8	6	(-4)
55 - 74	4	4	5	(+1)

<sup>a</sup>The figures for 2022 are based on data collected between December 2020 and October 2022, during the Covid pandemic. <sup>b</sup>Note that the age-group prevalences cannot be averaged to form a total figure for the population because the ABS surveys used stratified random samples and the sample size in each age group does not match each age group's population size. Source: ABS surveys in previous table.

usage rates among young people. By late 2022, an estimated 94% of Australians owned a smartphone by age 18, and 14 to 24-year-old males were spending an average of one hour and 17 minutes a day, and females of the same age almost two hours daily, on social media, mainly on Facebook, YouTube, WhatsApp, Instagram, and more recently the Chinese-owned video sharing site TikTok, which has now become the most popular social media platform among Australia's teenagers (Lehmann, 2023).

I note that U.S. researcher Jonathan Haidt (Haidt & Allen, 2020) has observed the same relationship between teenagers' social media use and a rise in their anxiety and depression. Although strictly correlational, a recent Gallup survey (Rothwell, 2023) found that among the more than one-third of U.S. teenagers who watch social media for more than five hours a day, 41% rated their mental health as either "poor" or "very poor." This compares with 23% among those with the social media use of less than two hours a day.

#### 4. The Present Study

The Australian Bureau of Statistics' mental-disorder diagnostic survey referred to above is what is known as a wave survey, where a new sample of respondents is interviewed in each year that it is conducted. I was fortunate enough to locate a panel survey, a longitudinal survey that tracks the same respondents over time. This type of survey, although tentatively of course, permits causal inferences to be made. The panel survey in this case is the Department of Health and Aging's annual HILDA (Household Income and Labor Dynamics in Australia) survey, the data from which were initially tabulated and reported by Botha, Morris, Butterworth, & Glozier (2023). Botha et al. used a measure included in the HILDA survey called the MHI-5, a self-report measure based on the five mental health items in Ware's well-known SF-36 general health questionnaire (Ware & Gandek, 1998). The MHI-5 is basically a measure of the absence of depression and anxiety symptoms, in which reporting feeling "happy" and "calm" most or all the time over the past month is taken as a sign of good mental health. The MHI-5 five-item total score is on percentage-like scale of 0 to 100, where 100 would indicate total absence of anxiety and depression.

The panel data enabled me to perform what is known as a *cohort analysis* (Reynolds & Rentz, 1981). Cohort analysis is a very useful though rarely used statistical technique that allows the researcher to separate the effect on a particular age-group (cohort) as it moves through time and compare this with the effect of age itself and the effect of events happening during that time period. I have selected the HILDA survey years 2001, 2010, and 2019 as nine-year periods to correspond with the nine-year age groups of 15 to 24-year-olds, 25 to 34-year-olds, 35 to 44-year-olds, etc. that Botha et al. used, noting that equalization of the length of age groups and the length of time periods, which Botha et al. failed to do in their study, is necessary in cohort analysis. The results are shown in **Table 3**. Here, we must consider three possible effects: an age effect (shown down each column), a cultural time-period effect (shown across the

**Table 3.** Self-reported mental health within age cohorts in 2001, 2010, and 2019 (HILDA panel survey data<sup>a</sup>). Numbers in the table are the percent of the age group reporting that they were “happy and calm” most or all of the time in the past month (MHI-5 measure). Effects are shown for the for social media growth period 2010 to 2019.<sup>b</sup>

Age group	Survey year			Effects: 2010 to 2019	
	2001	2010	2019	Period (rows)	Cohort (arrows)
15 - 24	72	74	65	-9	n.a. <sup>c</sup>
25 - 34	73	74	68	-6	-6
35 - 44	73	74	71	-3	-3
45 - 54	74	74	72	-2	-2
55 - 64	75	76	74	-2	0
65 - 74	-	77	77	0	+1

<sup>a</sup>See Botha et al. (2023). <sup>b</sup>See Lunn (2023): Smartphones were introduced in Australia in 2006. Facebook started in 2008. Instagram started in 2010. Snapchat video-sharing started in 2011. TikTok did not become available in Australia until 2023. <sup>c</sup>Not available because the 2019 cohort of 15 - 24 year-olds was below age 15 in the two previous periods.

rows), and a cohort effect, which is the effect on a given age group as this group moves through the periods (shown in the table by the downward sloping arrows). If we look only at the age effect down each column, it seems as though self-rated mental health improves as we get older. What the age effect hides, however, is a strong cohort and period effect for the social media growth period, 2011 to 2019. Most apparent is the steep decline in mental health reported by young people. Thus, the 2019 generation of 15 to 24-year-olds were coming out of the social media growth period with an estimated self-rated mental health level of just 65%, well below the 74% mental health level that the 2010 generation of 15 to 24-year-olds had. This cohort effect indicates that the mental ill-being problem is worsening with every successive generation of young people as they come through modern Western society.

## 5. Recommended Actions

The primary cause of the rise in mental ill-being among youth appears to be well-being agenda-setting by the media. It has been suggested agenda-setting can be counteracted by a process called agenda-cutting (Colistra, 2012), defined as directing attention away from the issue. But agenda-cutting seems bound to fail because the public can hardly be expected to avoid exposure and attention to the media. Accordingly, I think we need to adopt the normally controversial action of *agenda-suppression*. This follows an early comment by agenda-setting founder McCombs along the lines that “If the media does not report on an issue or topic, then it will most likely not be thought about by an individual” (Wikipedia, 2024b: p. 3). The most effective instruments of agenda-suppression would-be the Australian Government and the Australian Psychological Society, the main



mental health body in Australia.

### 5.1. A Governmental Ban on Mental Health Reporting

The usual objection to a proposed government ban on media reporting is that it would constitute a restriction of free speech. However, both the common law and international human rights law, see Section 19 of the International Covenant on Civil and Political Rights, which Australia signed into law on March 23, 1976 ([Attorney-General's Department, n.d.](#), accessed November 14, 2023), permit the restriction or censorship of freedom of speech and expression under two principal circumstances: "protection of the rights or reputation of others," and protection of "national security or of public order, or of public health or morals" (p. 5). It is the protection of public health that I believe justifies a government ban on mental health and suicide reporting, a ban that would take the form of a federal court-ordered suppression order. My foregoing analysis suggests that a substantial one in every three young people, around 33% and likely to rise to 40% if the current media freedom continues, is seriously worried about their mental health, many to the point of its interference with schoolwork and with their performance at whatever job they take afterwards. I would argue that this proportion is sufficiently large to warrant a ban on media mental health reporting.

A ban on the reporting of suicides can also be justified. Media reporting of suicide is self-regulated by the media industry and most importantly by the [Australian Press Council \(2014\)](#). The APC's standards (pp. 1-2) allow reportage of "suicide and related issues in print and online media" while prohibiting "sensational, glamorous or trivialized reporting as well as disclosure of the method and location." But the APC then contradicts this by allowing such details to be published if they are "sufficiently in the public interest", stating that "where appropriate, underlying causes such as mental illness should be mentioned [because they] may help to improve public understanding of causes and warning signs." But how could details of suicides possibly be in the interest of the public or positively educational. If anything, suicide reporting is likely to dangerously increase the salience of suicide as a way out for mentally ill or seriously physically ill people.

It would additionally be wise for the government to ban reporting of young people's self-harming behavior. There are too many main media reports of celebrity pop singers and successful sports people having self-harmed and having engaged in risky drinking and drug-taking, and many such reports reach young people via social media. A recent main media case is leading professional tennis player Nick Kyrios revealing on the program *Talk TV* that while on the professional tour several years ago and winning some spectacular matches that "It was a year and a half to two years of just complete harm. I won tournaments on the professional tour drinking every night, self-harming. It became an addiction of pain. I hated waking up and being Nick Kyrios" ([The Saturday Telegraph, 2023](#)). TV shows and popular novels, for instance, now frequently mention the term

“cutting,” which is a reference to the most common method of self-harming among young people today. Teenagers often hide cuts and burn marks under clothing, and alarmingly 15% of 14 to 15-year-old girls said they had self-harmed in the previous 12 months and 4% of boys in the same age group admit having done so, with double these percentages saying they had thought about it (Australian Institute of Family Studies, 2017). The government could help to stop this dangerous behavior from becoming seen as normal by banning media coverage of it.

## 5.2. What the Australian Psychological Society Should Do

Federal and state governments in Australia are limited in what they can do to control children’s behavior at school and in the home. Rather, recommendations for control must come from mental health organizations such as the Australian Psychological Society, the APS, to which a majority of practicing clinical psychologists belong.

Firstly, the APS should stop promoting “well-being” interventions in primary and secondary schools. These programs do not work (see the comprehensive review by Gunawardena, Voukelatos, Nair, Cross, & Hickie, 2023) and can only serve to exacerbate schoolchildren’s perceptions of having mental health problems. Nor should teachers be allowed to talk about mental health in class, let alone be required to undergo what would undoubtedly be superficial training in mental health to look for supposed signs of mental ill-health amongst their charges, as the APS has proposed (Australian Psychological Society, 2024). Children do not need to be taught about mental health or well-being. Counselors are not needed in schools other than to assist students with academic-related problems. Any concerns about mental health should remain a private matter between parents, the child, and the family medical practitioner.

Secondly, APS psychologists should be advising and assisting parents to block children’s access to social media via Internet-enabled phones or computers and telling parents to give their children only old-fashioned “dumbphones” and to not buy them Internet-accessible smartwatches (The Sunday Telegraph, 2024). Most private schools and an increasing number of state-run public schools are already banning children from using their phones and smartwatches at school, a ban, surprisingly enough, welcomed by the students themselves (Kowal, 2024). But many parents are failing to control what children look at before or after school or in the home. In Australia, children aged 6 to 13 are now spending an average of 16 hours a week, or 2.3 hours a day, online, 11 hours of which is at home and five hours out-of-home. This is far more than the average eight hours a week they spend playing with friends and the average four hours a week they spend playing sport (Roy Morgan Research, 2021). The goal should be strict limitation of children’s overall screen time given the severe health dangers that have been demonstrated. These include a disturbing increase in permanent eye-sight problems, particularly nearsightedness and blurred vision (Jargon, 2023),

loss of ability to read, spell and punctuate (d'Abrera, 2024), and a lack of outdoor exercise which, along with an unhealthy diet, has resulted in 25% of children being classified as overweight or obese by the time they start school and almost 30% by the time they finish primary school (The Daily Telegraph, 2024). U.S. expert Haidt (2024) recommends not only a ban on smart phones but also that parents make sure that their children spend more time in outdoor activities every day.

A further worry is children's access to pornographic websites on their smart phones and computers. A recent U.K. survey (Sinnerton, 2018) found that one in five 11 to 18-year-olds admitted to creating a social media account that they kept secret from adults and many children are undoubtedly using these accounts to access pornography and share pornographic material with their online friends, a scourge given that you cannot "unsee" porn and given the dangerously unrealistic expectations about sexual activity that this early-age access brings (Russell, 2023). Parents should be advised by the APS to step in when their children are very young and limit the child's TV and Internet use to children's educational programs or entertainment programs positioned as a reward for good behavior.

## 6. Conclusion

Hardly anyone in the mental health professions questions the well-being mantra or the idea that we should spend enormous amounts of money pursuing it. The Australian federal government recently has launched a ludicrously amateurish well-being program called "Measuring What Matters" (Department of the Treasury, 2023) which is going to rely on secondary wave survey data from various incompatible sources and use the OECD's one-directional life satisfaction measure as the dependent variable. This is the fourth government-initiated attempt to measure well-being in Australia this century, and like the others will come to nothing if a new government is elected. Moreover, government mental health action in Australia is operationally complicated by the duplication and lack of cooperation and coordination between the various government departments that deal with health matters, and this is not likely to change given that program managers fight fiercely to retain their current budgets and get new ones for new projects (Campion, 2023). Nor are mental health organizations such as the Australian Psychological Society or the smaller breakaway organization, the Australian Association of Psychologists, Inc., likely to want to reduce the public's fears about their mental ill-being because these fears allow practicing psychologists to maintain the now-extraordinary level of demand for their services.

As I have argued, this growing emphasis on well-being and its rebound effect on mental ill-being has to be stopped. I argue that the way to do this is by imposing a government ban on media coverage of youth mental health. At the same time, the Australian Psychological Society should stop lobbying for the placement of mental health counselors in schools and urge parents to limit their

children's access to smartphones and social media.

## Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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