

Health Information for Young People

A research-informed report examining the barriers young people face in accessing accurate health information, and why addressing them is urgent.

Ernest Lin · May 2026

Young people today have access to more health information than any previous generation, but access is not the same as understanding; there is an enormous amount of content available, and much of it is inaccurate or poorly designed. Combined with the societal and psychological challenges that come with seeking information, this raises the question: Does greater access create as many problems as it solves?

This report summarises information and findings from around 40 academic papers and credible resources relevant to health information and young people. The report first explores the urgency and consequences of the issue, then highlights the process of seeking health information, and dissects the main issue into *three* major themes: the misinformation environment, why accurate information often doesn't land, and social, psychological and structural barriers to seeking health information.

BACKGROUND

Why Addressing Health Information Access Is Necessary and Urgent

Before examining what goes wrong, it is important to establish why this issue demands serious attention. Research demonstrates the urgency of the problem through highlighting consequences that span epidemiology, public health, and the developmental psychology of young people.

Developing Health Literacy During Adolescence is Key to Future Health Outcomes

Evidence suggests that deficits in *health literacy* translate into concrete, measurable harm across a range of health domains, demonstrating not only statistical correlation but also causal relationships. (Berkman et al., 2011). This relationship is especially important for young people because health literacy is acquired, shaped, and consolidated during childhood and adolescence. (Bröder et al., 2017). The cognitive processes required to assess and evaluate health information are still developing during this period. (Reen et al., 2019). This means that adolescents are more susceptible to low-quality information compared to adults. As a result, developing accessible and accurate health information during this stage addresses current needs, while also influencing future health information behaviours and decision-making patterns.

Adolescents Are Major Consumers of Online Health Information, Making Information Quality a Population-Level Issue

As the study by Rideout & Fox (2018) suggests, young people are major users of the internet for health information. The scale of this shift transforms the concern from an individual-level issue into a broader public health matter. The quality, accuracy, and accessibility of information on these platforms are thus central to whether young people receive useful health guidance. Among adolescents experiencing depression, reliance on online sources is more pronounced, suggesting that those with a greater need for accurate information are also the groups that are more engaged with digital

Health literacy

The capacity to obtain, process, and understand basic health information to make informed health decisions.

Research

Low health literacy was consistently associated with more hospitalisations; greater use of emergency care ... poorer ability [in taking medications] ...

Berkman et al., 2011

Research

Adolescence is a unique developmental period characterised by biological, social, and cognitive changes, as well as an interest in managing one's own health care. However, young people face barriers before they can understand and apply the health information that they access...

Reen et al., 2019

Research

Nearly nine out of ten (87%) teens and young adults say they have gone online for health information: the top five topics searched are fitness (63%), nutrition (52%), stress (44%), anxiety (42%), and depression (39%)

Rideout & Fox, 2018

health information environments. (Rideout & Fox, 2018).

COVID-19 Pandemic Exposes Health Literacy Deficits as a Systemic Public Health Crisis

The COVID-19 pandemic highlighted that health literacy deficits are not limited to specific groups but represent a broader population-level vulnerability. The *infodemic* that emerged during the pandemic showed that the effects of limited health literacy of individuals create consequences on a larger, societal level. (Paakkari & Okan, 2020). For young people, this was particularly evident due to high engagement with social media alongside their still-developing skills in evaluating information. Thus, addressing health information access should be framed as a public health issue, rather than solely an educational concern, heightening the urgency of the matter.

Disproportionate Burden and Early Development of Mental Health Conditions in Youth

The prevalence of mental health disorders is higher among adolescents and young adults than at any other stage of life. For many, mental health conditions emerge before they reach adulthood. (Aguirre Velasco et al., 2020). Yet only a minority receive appropriate treatment to support their conditions. (Gulliver et al., 2010). This reflects fundamental failures in how health information – particularly the kind that could direct young people toward appropriate services – reaches and is understood by them. Thus, adolescence serves as a key period for prevention and early intervention of mental health conditions. Improving the quality of information available during this period could meaningfully influence longer-term health outcomes.

Research

Large numbers of teens and young adults experiencing moderate to severe symptoms of depression are turning to the internet for help, including researching mental health issues online (90 percent).

Rideout & Fox, 2018

Infodemic

A rapid, large-scale spread of information – this can include both accurate and inaccurate information about a health crisis, making it difficult to find reliable guidance.

Research

Rapid development of coronavirus ... has called for people to acquire and apply health information at a fast pace ... Unfortunately, there is also complex, contradictory, and false information.

Paakkari & Okan, 2020

Research

Young people present with the highest prevalence of mental health disorders compared to individuals at any other stage of the lifecycle, with up to 20% of adolescents likely to experience mental health disorders ... Around 50% of mental health conditions start before the age of 14 and ... 75% ... before the age of 18.

Aguirre Velasco et al., 2020

DIAGRAM

The Process of Accessing Health Information

This conceptual diagram, based on findings throughout the report, demonstrates the behaviours and events required for a young person to effectively access accurate health information. The diagram also outlines where different barriers can act throughout this process, serving as a guide to understanding the broader picture.

The process is summarised into five steps: desire, act, receive, process and application.

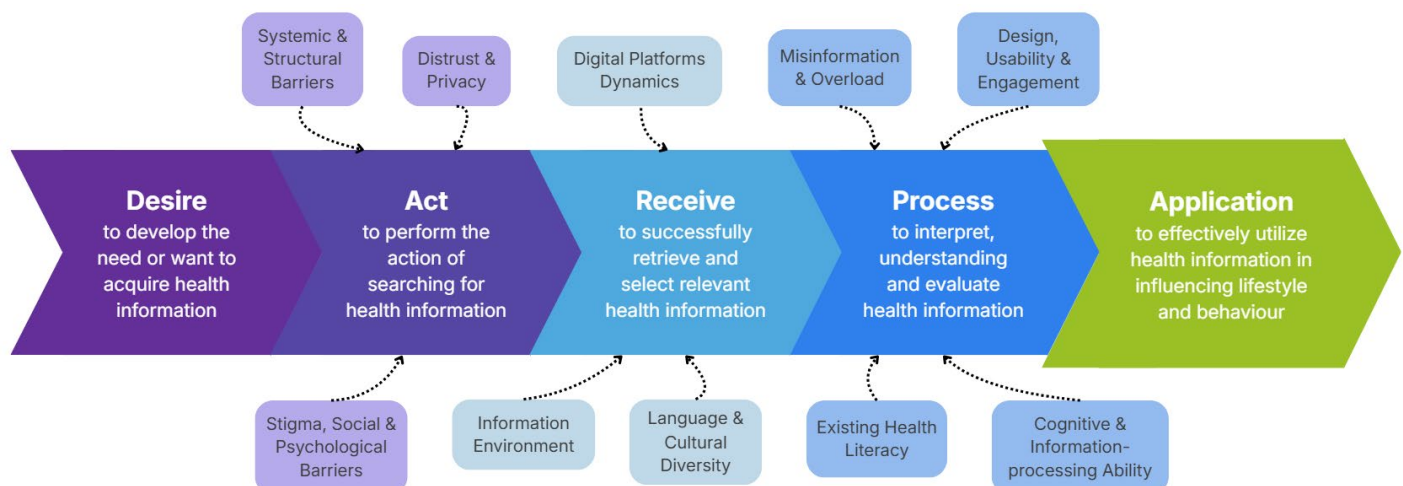


Figure 1 – DARPA Diagram

The Misinformation Environment

Young people are navigating an online health landscape that is noisy, commercially driven, and structurally biased toward engaging content over accurate information. Various factors contribute to the ways in which misinformation outcompetes truth in reaching young people in digital environments.

Finding 1.1 – Social Media and Short-Form Video Platforms Contain Overwhelming Health Misinformation

MISINFORMATION & OVERLOAD

Short-form video platforms, including TikTok, are widely used by adolescents as sources of health information. The vast volume of health content available online is not a straightforward advantage, but rather, can reduce the ability of young people to navigate such information. Compounding this is the quality of information provided. Content analysis showed that influencer-generated content contributes disproportionately to inaccurate health claims, reflecting how platform dynamics prioritise engagement. (Basch et al., 2022). The lack of credential requirements for content creators producing health content – where many are not health professionals themselves – allows misinformation to circulate broadly and repeatedly without correction. Adolescents who engage with these platforms as health information sources are therefore exposed to inaccurate content as a routine part of their media consumption, increasing the ease of spreading health misinformation.

Research

Pharmacological education was scarce among content generators. Thirty-two percent of posts contained misinformation, with influencers contributing overproportionally to misinformation.

Haß & Seifert, 2026

Research

Social media platforms that are based on the creation of visual media, such as TikTok, are increasingly popular with adolescents. Online social media networks provide valuable opportunities to connect with each other to share experiences and strategies for health and wellness.

Basch et al., 2022

Finding 1.2 – Emotional Stimulation in False Information Structurally Outcompetes True Information

MISINFORMATION & OVERLOAD

False information consistently spreads faster and to larger audiences than true information across digital platforms. Long-term analyses of *rumour cascades* on Twitter show that this pattern occurs across most topical categories. This pattern is primarily driven by human behaviour, due to the tendency for false information to be more novel and emotionally stimulating, which increases its likelihood of being shared. Health misinformation frequently uses emotionally charged and morally framed language to increase dissemination. (Vosoughi et al., 2018). Examples of content topics include medication risks, vaccine harms, or conspiracy narratives, which often evoke fear or outrage, and thus support wider circulation. In contrast, accurate health information is often more cautiously worded, factual, and less novel, making it less likely to circulate widely. As a result, the digital information environment is biased toward content that is less reliable, limiting exposure to information that is more likely to be beneficial.

Rumour cascade

The chain of sharing events as a piece of information spreads from person to person across a social network.

Research

False news was more novel than true news ... people were more likely to share novel information. Whereas false stories inspired fear, disgust, and surprise in replies, true stories inspired anticipation, sadness, joy, and trust.

Vosoughi et al., 2018

Research

Each additional moral-emotional word in a tweet increased retweet probability by approximately 20%. The expression of moral emotion facilitates the spread of social information.

Brady et al., 2017

Finding 1.3 – Algorithmic Systems Actively Amplify Misinformation Through Engagement-Optimised Design

DIGITAL PLATFORMS DYNAMICS

In addition to human behaviour, algorithms on major social media platforms also play a role – through distributing content based on engagement metrics rather than accuracy or relevance. As mentioned, there is a tendency for misinformation to be more emotionally provocative, novel, or counterintuitive. This results in such content being prioritised by platforms due to *algorithmic amplification*. This can then be intentionally exploited by content creators on digital platforms who are motivated by commercial incentives. Deliberate misinformation may be

Research

Falsehood diffused significantly farther, faster, deeper, and more broadly than the truth in all categories of information.

Vosoughi et al., 2018

Algorithmic amplification

When a platform's algorithm automatically promotes content that generates more reactions, regardless of whether it is accurate.

created solely to drive views, sell products, or fulfil sponsored content obligations. All this contributes to an unregulated environment in which inaccurate health information is continuously amplified, leaving adolescents persistently exposed.

Finding 1.4 – Echo Chambers in Online Information Ecosystems Reinforce Misinformation

DIGITAL PLATFORMS DYNAMICS

Users tend to be repeatedly exposed to and confined within the same type of content. Once individuals are embedded within a particular information environment, for example, one filled with misinformation, the algorithms of platforms create a separation that reduces exposure to corrective information. Wang and Togher (2024) identified *feedback effects*, where interaction with inaccurate content leads to increased exposure to similar material over time. As a result, inaccurate beliefs are reinforced through repeated exposure, while alternative perspectives remain less accessible. For adolescents, whose health beliefs and information habits are still developing (Bröder et al., 2017), early exposure in these environments may contribute to the long-term persistence of misinformation.

Feedback effects

The process when a user's past behaviour causes more exposure to increasingly similar content, reinforcing existing beliefs.

Research

Social media algorithms tailor content based on users' past interactions [that] reinforce and perpetuate skewed or inaccurate content.

Wang & Togher, 2024

Research

Online users form homogeneous clusters in which information is consumed by users who already believe in it, making misinformation self-reinforcing.

Del Vicario et al., 2016

Help-seeking behaviours

Actions a person takes to find information, support, or treatment for a health concern, including searching for health information online.

Research

Adolescents' exposure to health misinformation on social media has significant real-world consequences; misleading nutrition claims, false health advice, and unverified medical guidance can directly alter behaviours.

Wang & Togher, 2024

Finding 1.5 – Misinformation Exposure Has Direct Behavioural and Health Consequences for Young People

MISINFORMATION & OVERLOAD

Health misinformation influences both behaviour and understanding in young people. Exposure to misinformation is associated with lifestyle changes in multiple domains, including nutrition, medication use, and *help-seeking behaviours*. (Wang & Togher, 2024). Examples include dietary choices shaped by online trends, pharmacological decisions guided by influencers, and reduced willingness to seek support due to stigma-related narratives. This indicates that misinformation contributes to observable health outcomes, which may be amplified in a population that is reliant on online sources and particularly susceptible to misinformation.

Proposed Solutions

Combating Misinformation

- **Recognising credible health information**
Prioritise content and introduce credibility scores or markers for health content created by verified health professionals and evidence-based creators
- **Enforcing accountability of digital platforms**
Platforms should enforce strong moderation of demonstrably false health claims and unreliable content
- **Implementing consequences for producing misinformation**
Impose platform-based or legal consequences to deter creators from spreading misinformation
- **Enhancing transparency of content**
Require clear and prominent disclosure of financial incentives and conflicts of interest in health-related posts
- **Reducing algorithmic repetition of similar content**
Limit repeated exposure to similar content, especially misinformation, by reducing algorithmic echo effects

Strengthening Accurate Information

- **Increasing appeal of accurate content**
Redesign the communication of accurate health content to include engaging aspects like narrative structures, emotional language, and relatable framing
- **Increasing participation in accurate content creation**
Encourage healthcare professionals and educators to produce reliable content to outcompete misinformation

Improving Youth Health Literacy

- **Educating youth on identifying misinformation**
Educate young people to recognise signs of misinformation, such as persuasion tactics, emotional manipulation, and misleading claims
- **Raising misinformation awareness**
Use community, school-based events or online campaigns to raise awareness of health misinformation amongst the youth audience
- **Implementing guidance systems**
Use humans (youth, educators, or volunteer ambassadors), or technology (AI smart detection tools), to guide and assist young people in identifying misinformation

THEME 2

Why Accurate Information Often Doesn't Land

Even when reliable health information exists, it frequently fails to reach young people in a form they can find, understand, or act on. There often exist structural, cognitive, and design barriers that prevent accessible information from becoming useful information.

Finding 2.1 – Existing Health Information Is Poorly Designed for Adolescent Developmental Needs

DESIGN, USABILITY & ENGAGEMENT

Evidence shows that health information websites, including those designed for adolescents, often fail to align with the neurodevelopmental characteristics of their intended users. Strong literacy skills are required to engage with reliable health information effectively. (WHO, 2025). The brain's *executive functions* are still developing during adolescence, which creates unique disadvantages for young people that are not often accounted for. (Bröder et al., 2017). Features such as high text complexity, poor navigation, and limited interactivity, which are commonly present in credible health information, thus may often have lower usability for a younger audience. The gap between what is available and what adolescents can meaningfully engage with is largely unacknowledged in how most health resources are produced.

Finding 2.2 – Young People Experience Difficulties in Evaluating Quality and Contradictions in Information

COGNITIVE & INFORMATION-PROCESSING ABILITY

The ability for young people to assess credibility is inconsistent and lacking, posing a significant challenge to their ability to navigate information. (Pretorius et al., 2019). Common strategies used to evaluate sources, like relying on multiple references or professional appearance, are not reliable indicators of accuracy. Diviani et al. (2015) showed that misinformation can replicate these cues, making it difficult to distinguish from credible content. Low baseline health literacy and limited health education, combined with vulnerabilities in cognitive development, also contribute to difficulties in evaluating information. These challenges may lead to reduced evaluation, and thus, increased reliance on information that is more immediately accessible. (Lim et al., 2022).

Finding 2.3 – Current Health Literacy Models Fail to Consider Youth-Specific Engagement

DESIGN, USABILITY & ENGAGEMENT

Studies indicate that health literacy frameworks are mostly designed with adult-oriented characteristics in mind, which lack consideration of factors

Research

Life phase specificities are mainly considered from a cognitive and developmental perspective, leaving children's and young people's specific needs, vulnerabilities, and social structures poorly incorporated...
Bröder et al., 2017

Research

Young people constitute a core target group for health literacy research and practice ... fundamental cognitive, physical and emotional development processes ... health-related behaviours and skills develop [at this stage]
Bröder et al., 2017

Executive function

Higher-order cognitive abilities, including planning, impulse control, working memory, and flexible thinking.

Research

Many adolescents use the internet to seek health care information. However, young people face barriers before they can understand and apply the health information that they access on the web.
Reen et al., 2019

Research

"I ... get most of my information about health and fitness from YouTube. I ... can't really learn that well by just reading off a web page. I would much rather watch a video about someone doing something, I learn a lot more that way."
[Male participant, aged 22-24 years, high health interest]
Lim et al., 2022

that influence how young people engage with health information. (Bröder et al., 2017). This may include elements such as peer influence, relationships with authority figures, and developmental stages, which are crucial to shaping the health-related behaviour of young people. Where accurate content is currently located also demonstrates a flaw in the current framework—young people spend much of their time on social media, yet accurate health information is often concentrated on institutional websites, clinical literature, and government portals, isolated from platforms they frequently use. As a result, even interventions and resources that are well developed but follow poorly tailored frameworks may not engage young people as effectively as intended.

Finding 2.4 – Unique Challenges for Youth from Demographically and Culturally Diverse Backgrounds

LANGUAGE & CULTURE DIVERSITY

Barriers to health information access vary across populations and are shaped by demographic factors. Berkman et al. (2011) found that limited health literacy is more common among minority groups, low-income populations, and individuals with lower educational attainment. Cultural and linguistic exclusion is also present; accessible content is often more difficult to find in other languages, simply because less content exists in other languages, and because translated materials are often of lower quality or readability. This results in young people from *Culturally and Linguistically Diverse (CALD)* backgrounds facing compounded barriers in assessing information. (AIHW, 2025; Kbaier et al., 2024). Additionally, a “one-size-fits-all” approach fails to consider the diversity of young people’s experiences and backgrounds. This indicates that general improvements to health information quality may not reach all groups equally, and a failure to consider these differences may fail to reduce existing disparities.

Research

Young people are engaging in strategies to assign credibility to web-based resources, however, uncertainty around their reliability is a significant barrier.

Pretorius et al., 2019

Research

It is essential that usability of adolescent health websites on the internet is improved to help adolescents overcome these barriers and allow them to engage successfully with web-based health care content.

Reen et al., 2019

Culturally and Linguistically Diverse (CALD)

The term refers to those whose first language is not English, or who come from non-English-speaking backgrounds.

Research

Health literacy is associated with age, gender, educational attainment, income and occupation, poverty, racial/ethnic minority status, literacy and language skills, health insurance coverage, and self-reported health.

WHO, 2025

Proposed Solutions

Improve Current Health Information Frameworks

- **Implementing youth-targeted content design**
Present health information in short-form, engaging formats such as videos, infographics, and microlearning modules, translating complex information into digestible content
- **Improving navigation and usability**
Design platforms with intuitive layouts and interactive elements suited to adolescents' cognitive development
- **Changing platform delivery**
Embed accurate health content directly into mainstream digital environments, such as social media and video platforms, where adolescents more frequently engage
- **Utilising adolescent-specific or adolescent-inclusive frameworks**
Involve young people in the creation of health literacy content, improving relevance and accessibility whilst enhancing youth engagement in the health information environment

Enhancing Youth Health Literacy

- **Educating youth on accessing reliable information**
Teach young people how to locate reliable sources like government and institutional websites, as well as how to effectively navigate and evaluate the information they receive
- **Utilising technology in processing information**
Teach young people to utilise technology and AI to assist in searching and interpreting health information

Enhancing Inclusion and Diversity in Information

- **Producing multilingual and culturally inclusive materials**
Co-design resources with communities of diverse backgrounds to improve the relevance of materials

- **Developing translation tools with high accuracy and usability**
Build digital tools that can accurately translate health information into various languages without loss in quality, comprehensiveness, or understandability

THEME 3

Social, Psychological and Structural Barriers

Even where accurate information is available and understandable, many young people face invisible psychological barriers stemming from social perceptions that prevent them from getting information. This is further compounded by existing systemic and structural barriers in society, reducing young people's ability to receive the information they need.

Finding 3.1 – Stigma, Most Consistently Identified Barrier, Inhibits Seeking Health Information

STIGMA, SOCIAL & PSYCHOLOGICAL BARRIERS

Systematic reviews across different time periods, countries, and study designs consistently identify *stigma*, including social stigma and internalised stigma, as a primary barrier to seeking health information among young people. This pattern is observed across diverse contexts and populations. This means that even before other structural or cognitive barriers are presented, young people are already deterred from searching for health information in the first place.

The effects of stigma on accessing health information are diverse:

Preference for Self-Reliance

Research on help-seeking behaviour shows that adolescents often prefer to manage health concerns independently, particularly during a developmental stage associated with increasing autonomy. Gulliver et al. (2010) describe their tendency to independently deal with health issues as one of the main barriers to accessing mental health help, which includes seeking out information related to their concerns.

Peer Visibility and Reputation

Adolescent social environments are shaped by peer evaluation, visibility, and *reputation management*. Teenagers perceive that seeking mental health information can carry social risk if it is visible to others. (Radez et al., 2021). Digital platforms may further increase this visibility through traceable activity, such as search histories or interaction records. Peer attitudes toward help-seeking significantly influence individual behaviour, which may result in lower engagement with health information.

Fear of Dismissal

Young people seeking information, especially asking for help with health-related concerns, frequently encounter dismissal as well as negative or unproductive responses from others. (Aguirre Velasco et al., 2020). Healthcare providers, parents, and teachers often minimise adolescent health concerns. This may drive psychological and behavioural changes and cause a gradual decline in seeking information over time.

Finding 3.2 – Poor Mental Health Literacy Drives Stigma, Creating Positive Feedback Effect

STIGMA, SOCIAL & PSYCHOLOGICAL BARRIERS

Limited mental health literacy results in the inability to recognise symptoms and identify when support is needed for themselves or others around them, which can strengthen the effects of stigma. In social contexts like families or friend groups, low mental health literacy and

📖 Stigma

A mark of disgrace associated with a particular condition or behaviour – in health contexts, negative attitudes that prevent people from acknowledging or seeking help for health concerns.

📖 Research

Young people perceived stigma and embarrassment, problems recognising symptoms (poor mental health literacy), and a preference for self-reliance as the most important barriers to help-seeking.
Gulliver et al., 2010

📖 Research

A high reliance on self to solve problems, a lack of emotional competence, and negative attitudes about seeking professional help were barriers to help-seeking.
Gulliver et al., 2010

📖 Reputation management

The active effort to control how one is perceived by others.

📖 Research

The second most commonly (92%) reported theme [in the study] related to social factors, for example, perceived social stigma and embarrassment.
Radez et al., 2021

📖 Research

Negative responses from others [were] listed as a common barrier across multiple systematic reviews.
Aguirre Velasco et al., 2020

📖 Research

Almost all studies (96%) reported barriers related to young people's individual factors, such as limited mental health knowledge and broader perceptions of help-seeking.
Radez et al., 2021

ignorance allows stigmatising attitudes to persist and grow. The study by Aguirre Velasco et al. (2020) suggests how increasing mental health literacy can directly counter stigma-related barriers to seeking information and help. As lower literacy contributes to stigma, stigma reduces engagement with accurate information, creating a self-reinforcing cycle.

Finding 3.3 – Psychological Mechanisms Driving Behaviour Can Prevent Information-seeking

STIGMA, SOCIAL & PSYCHOLOGICAL BARRIERS

Aside from mental health and social stigma, young people may delay or avoid seeking information due to psychological processes such as *denial*, *normalisation* of symptoms, or avoidance of situations that require acknowledging a problem. (Radez et al., 2021). This deters young people from acting upon their health concerns and delays their access to health information. Mental health is a common example, where studies show how difficulty understanding one's own experiences acts as a key barrier to recognising the need for information, help or treatment. Such effects directly inhibit young people from establishing the need for seeking information in the first place.

Finding 3.4 – Systemic Barriers Limiting Access to Reliable Health Information

SYSTEMIC & STRUCTURAL BARRIERS

Structural barriers embedded in young people's lives challenge their ability to retrieve accurate information. Specific health information may require professional health services, which are strongly dictated by costs, geographic access, and service availability. (Radez et al., 2021). The ability for young people to overcome such barriers may vary. These constraints also interact with psychological barriers – limited access to formal, accurate sources of information may drive an increased reliance on informal or unreliable online sources.

Finding 3.5 – Distrust of Professionals and Institutions

DISTRUST & PRIVACY

Some young people, due to varying personal experiences or circumstances, may lack trust in workers or institutions, thus dissuading them from engaging with information sources. (Radez et al., 2021). Also, accessing specific or tailored health information often requires disclosure of personal information, which raises concerns about *confidentiality* and trust. Having the confidence that their privacy will be respected is a key consideration for young people when seeking help with their health. (Aguirre Velasco et al., 2020). When young people believe that accessing information may lead to unwanted disclosure to parents, schools, or authorities, they are less likely to use these sources. As a result, alternative channels that offer greater anonymity, which include less reliable sources like social media, may be preferred despite differences in information quality.

Research

Adolescents discussed the struggle they felt in recognising and understanding symptoms of depression and anxiety.
Aguirre Velasco et al., 2020

Denial

A psychological defence mechanism where a person refuses to accept the reality of a distressing situation, preventing them from seeking help or information.

Normalisation

The process of dismissing certain concerns, such as health symptoms, as typical or expected, rather than recognising them as signs that information or support may be needed.

Research

[A theme identified was] related to systemic and structural barriers (58%), such as financial costs associated with mental health services, logistical barriers, and the availability of professional help.
Radez et al., 2021

Research

Facilitators included assurance of confidentiality, being treated with respect and with no judgment, and previous positive experiences.
Aguirre Velasco et al., 2020

Confidentiality

The principle that personal information shared with a health provider or service will not be disclosed to others without consent – an important ethical principle for any interactions between patients and healthcare.

Research

Adolescents can prefer it if other people (e.g., their parents or professionals) initiate the conversation about mental health. When deciding who to speak to, adolescents need to perceive the person as trustworthy.
Radez et al., 2021

Proposed Solutions

Reducing Social and Psychological Challenges

- **Promoting awareness to mitigate stigma**

Use events and initiatives for adolescents to promote awareness, as well as mindsets and attitudes that challenge stigma, such as destigmatising seeking health information

- **Implementing youth leaders, ambassadors and peer support**
Leverage peer networks of young people within school or community settings by getting young people to take part and be leaders in normalising information-seeking and reducing social risk
- **Enhancing education initiatives for young people**
Foster the correct mindset and attitudes among young people at a younger age to shape an environment with less stigma and social concerns about seeking information
- **Improving the education of adults and carers**
Introduce educational initiatives or resources that help parents, teachers, and healthcare providers be respectful and supportive in communicating with young people about health

Improving Anonymity in Information Search

- **Implementing anonymous options of information-seeking**
Provide platforms where young people can stay anonymous whilst receiving accurate health information, such as anonymous Q&A platforms attended by health professionals
- **Enhancing confidentiality awareness**
Clearly communicate how the privacy of young people is protected when seeking health information

Reducing Structural Barriers to Accessing Information

- **Enhancing modality diversity of information**
Increase the format and delivery methods of health information, such as online, physical leaflets, radio and workshops, to reach more young people in different communities
- **Decreasing costs associated with health information**
Implement subsidies, schemes, or volunteer involvement to reduce costs of providing health information
- **Integrating health information access in schooling**
Create health information access pathways within school communities, removing barriers and increasing convenience for students to acquire health information

SUMMARY

Key Findings of Report

1. Young People are Experiencing a Compounding Health Information Crisis

Adolescents are using online platforms such as social media for health information more than ever. With underdeveloped cognitive skills and disproportionate needs for information, young people are more susceptible to low-quality information, creating a broader concern that directly influences public health and health outcomes.

2. The Digital Environment Systematically Favours Misinformation

False information spreads more rapidly and widely than accurate information, driven by engagement-focused platform design. Algorithms prioritise emotionally provocative content, while echo chambers reinforce existing beliefs, resulting in a digital environment that systematically exposes young people to misinformation.

3. Health Information Systems are Not Designed for Adolescents

Health information fails to consider the needs for youth engagement, overlooking the developmental, linguistic, and cultural needs of younger audiences. This misalignment limits adolescents' ability to effectively engage with available resources, especially affecting culturally diverse young people.

4. Stigma Remains a Primary Barrier to Accessing Health Information

Stigma consistently emerges as the most significant barrier to health information-seeking. It shapes whether young people feel able or entitled to seek health information when they need to, often preventing engagement before other obstacles arise.

5. Structural Inequities Compound Information-access Barriers

Cost, geography, language, and institutional distrust interact to amplify existing challenges, disproportionately affecting vulnerable populations, such as young people with CALD backgrounds. Without explicit equity-focused design, improvements in content quality alone are unlikely to reach those most in need.

6. Effective Responses and Solutions Require Multi-Level Action

Addressing these issues requires coordinated interventions—platform accountability, youth-centred content design, stigma reduction using community channels, and structural reforms improving health information access.

Research Method

An AI-integrated approach was used to screen and select relevant papers, which were then used to synthesise content of the report (see *References* section).

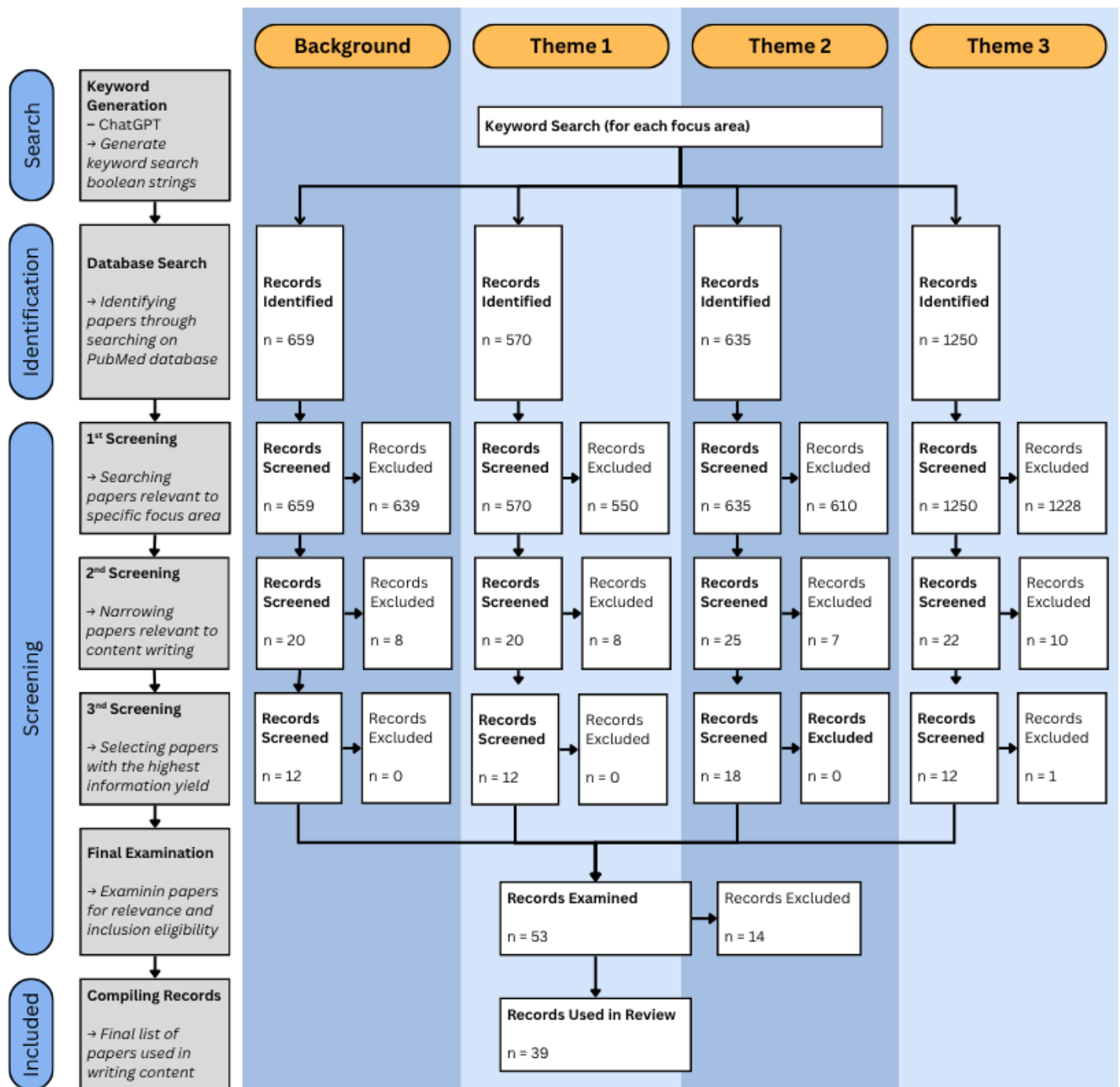


Figure 2 – Flow Chart of Records Selection Process

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