

1.2 THE HEALTH AND WELLBEING OF YOUNG AUSTRALIANS

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Young people are neither over-grown children nor mini-adults. The period of adolescence is characterised by its own set of health issues and a unique developmental context that produce health issues specific to this time of life. In particular:

- **The causes of ill-health in young people are mostly psychosocial rather than biological**
- **Young people often engage in behaviours that present risks to their health but reflect the adolescent developmental processes of experimentation and exploration**
- **Young people often lack awareness of the harm associated with risk taking behaviours and do not yet have the skills to protect themselves**
- **Young people lack knowledge about how and where to seek help for their health concerns**
- **Developmental difficulties and conditions related to pubertal growth commonly occur in adolescence**

The health of young people is strongly influenced by the context in which they live, including family, social and cultural factors as well as environmental hazards. The following factors are associated with how healthy a young person is:

- Socio-economic status, including low levels of education, employment and income
- Family breakdown
- Physical / sexual abuse and neglect
- Homelessness

Most health problems that young people experience are psychosocial: that is, they emerge as a consequence of health-risk behaviours, mental health problems and exposure to social and environmental risk factors. Youth health problems rarely stand alone. Rather, young people frequently experience co-morbidities (where one health problem raises the risk of other health problems occurring). Mental health problems and substance use problems, for example, often occur together.

Many health-risk behaviours and lifestyles are established in adolescence and continue into adulthood leading to chronic health problems: smoking, poor dietary habits and alcohol consumption often begin in the teenage years. Worldwide, at least 70% of premature adult deaths are linked to behaviours

which start or are reinforced in adolescence (Resnick et al. 2012).

In 2009, nearly 4 million young people (2.0 million males and 1.9 million females) aged 12-24 lived in Australia (18% of the total population). In 2006, 71% of young people lived in major cities, 26% in regional areas and 2% in remote and very remote areas.

HOW WELL ARE YOUNG AUSTRALIANS?

The Australian Institute of Health and Welfare's fourth comprehensive national report on the health of young people aged 12-24 years, *Young Australians: Their Health and Wellbeing 2011*, found that overall young Australians are healthy according to many indicators.

MENTAL HEALTH

- In 2007, 9% of young people aged 16-24 experienced high or very high levels of psychological distress, with females more likely to report high or very high distress.
- In 2011, 37% of students aged 12-17 reported psychological distress in the previous 6 months (NSW School Students Health Behaviours Survey).
- It is estimated that one in four young people aged 16-24 experienced at least one mental disorder over a one-year period. Mental disorders include anxiety, affective (mood) disorders and substance use disorders.
- According to a 2008 survey which used a slightly different method to estimate distress, 31% of Indigenous young people aged 16-24 years experienced high or very high levels of psychological distress (ABS 2008).
- Young people do not access services for mental health problems as often as other age groups.
- The health professionals most likely to be consulted by young people for mental health problems are general practitioners, followed by psychologists and then psychiatrists.

CHRONIC CONDITIONS

- Chronic conditions include asthma, diabetes, and cancer among others.
- In 2007-08, about three in five young people experienced a chronic health condition, although only 17% of young people who reported having a chronic condition reported that it limited their activity.
- The prevalence of asthma among young people aged 15-24 declined from 16% in 2001 to 11% in 2007-08. Hospitalisations for asthma have declined over the past decade.

- There was a 41% increase in the rate of insulin-treated diabetes in young people aged 15-24 from 2001 to 2007.
- Cancer rates among young people are stable. Cancer is the second leading cause of death among young people, after injury and poisoning. Overall, the most common form of cancer for young people is melanoma, with cancer of the testis for young men and Hodgkin lymphoma for young women also being common cancer diagnoses.

COMMUNICABLE DISEASES

- Pertussis (whooping cough) was the most common vaccine-preventable infection among young people in 2008, with 2,480 notifications to health authorities.
- In 2008, the reported rates of hepatitis A, B and C were 67 cases per 100,000 young people, down from 154 cases per 100,000 in 1998
- In 2008, there were 119 reported new cases of HIV infection for young people aged 12-24; most were within the 18-24 year age range.
- Chlamydia is the most commonly reported sexually transmissible infection in Australia for young people, and the rate at which it is notified has increased nearly five-fold since 1998.

SUBSTANCE USE

- In 2007, 13% of young people aged 16-24 had a substance use disorder.
- Although the rate of daily smoking had fallen, 11% of young people aged 12-24 reported smoking daily in 2007. Indigenous young people are twice as likely to smoke as non-Indigenous young people.
- Among young people aged 12-24, 30% drank at levels that risked short-term harm, and 12% drank at levels that risked long term harm. Rates of risky drinking were similar for both young men and women.
- Nearly 40% of young people reported being a victim of drug- or alcohol-related violence, including threats or intimidation, in the previous 12 months
- 19% of young people reported using an illicit drug in the last 12 months. Rates of use were similar for young men and women. Illicit drug use is a risk factor for poor physical and mental health and criminal behaviour.
- There is a high incidence of mental health disorders among young drug users.

DEATHS OF YOUNG PEOPLE

- In 2007, there were 1,418 deaths among young people aged 12-24. 70% of these young people were male. The death rate was highest for the oldest section of this age group (20-24 year olds).

- The leading causes of death were injury and poisoning (66%). This statistic includes deaths from traffic accidents and suicide. In 2009, among young people aged 12-24, there were 370 road accident deaths of young people aged 12-24. In 2007, among young people aged 15-24, there were 284 deaths from suicide.
- Death rates were higher for young people living in remote areas; living in the lowest socioeconomic status areas; and for Indigenous young people.
- Young people are more likely to be killed or injured in road traffic accidents than other age groups.
- In 2007-08, 50 young people aged 12-24 died following an assault. Two thirds of these were young men.
- Accidental poisoning is also a leading cause of death for young people, accounting for 41 youth deaths in 2007.

OTHER HEALTH RISK AND PROTECTIVE FACTORS

- In 2007-08, 35% of young people aged 12-24 were overweight or obese.
- In 2007-08, only 44% of young people met National Physical Activity Guidelines. Indigenous young people were even less likely to meet these guidelines.
- In 2007-08, only 5% of young people met Australian Dietary Guidelines for recommended daily intake of fruit and vegetables.
- In 2006-07, only 37% of young people aged 12-17 reported using sunscreen to protect themselves from the sun. 47% of those aged 18-24 reported wearing sunglasses.
- A survey of year 10 and year 12 students in 2008 found that 99.8% of those who reported that they had sexual intercourse said they had used contraception in their most recent sexual encounter.
- Rates of teenage motherhood appear stable, and are much higher for Indigenous young women than non-Indigenous young women.
- In 2010, about 12,500 young people aged 12-17 were on care and protection orders because their families were deemed unable to adequately care for them. Many of these young people (11,800) lived in out-of-home care.
- In 2008, it is estimated that 138,000 young people were victims of physical or sexual assault.
- Young people are more likely to be imprisoned. In 2009, about 5,600 young people were in prison.

POSITIVE HEALTH TRENDS

- Large decline in death rates among young people – largely due to decrease in deaths due to injury
- Decline in hospitalization for asthma, notifications for hepatitis (A, B and C), improved survival for cancer including melanoma
- Declines in smoking and illicit substance use
- In 2008, 93% of young people aged 15-24 rated their health as excellent, very good, or good

NEGATIVE HEALTH TRENDS

- 7% of 15-24 year olds having a severe disability or profound activity limitation
- 9% of young people aged 16-24 report high or very high levels of psychological distress, and 26% have a mental disorder
- 60% prevalence rate of long-term conditions amongst 12-24 year olds
- Nearly five-fold increase in notification of chlamydia since 1998

WHAT YOUNG PEOPLE WORRY ABOUT

Mission Australia regularly surveys young people asking about their worries and concerns. In 2011, the Mission Australia survey reported on the responses of 45,916 young people aged 11-24. Survey respondents included 5.8% who identified as Aboriginal or Torres Strait Islanders, 19.4% who spoke a language other than English at home, and 4.0% of whom had a disability. Nearly half the surveyed group were in some kind of paid employment.

The main issues of concern for young people were school or study problems, coping with stress and body image. Females were more likely to be concerned about coping with stress and body image, while males were more likely to be concerned about drugs and alcohol.

When asked about the things they value most, 74.3% of respondents ranked family relationships as the thing they most valued; followed by friendships (59.0%) and school or study satisfaction (36.9%).

Friends, parents and family were most commonly identified as sources of support. The internet was also identified as a source of advice and support for more than one in five respondents. Unfortunately, the survey found that 20% said that they did not have anywhere to go for advice or support about their issue of greatest concern.

YOUNG PEOPLE AT HIGHER RISK

Some groups of young people are disproportionately affected by particular health conditions and risks because of social, cultural and environmental factors, and socio-economic disadvantage.

INDIGENOUS YOUNG PEOPLE

Indigenous young people's health is poorer than the health of non-Indigenous young people (ABS 2008). Death rates, injury rates, mental distress, and rates of hospital admissions for mental and behavioural conditions are all higher amongst Indigenous young people.

- Indigenous young people are more likely to be involved in the child protection system and to experience violence.
- Young Indigenous Australians are more likely to experience health risk factors such as obesity, physical inactivity, smoking, imprisonment, and lower educational attainment.
- The history of Indigenous people means that they experience health risk factors related to loss, such as loss of cultural identity.
- Aboriginal young people benefit from having a strong sense of identity – a known protective factor.

FINDING OUT MORE...

There are many web-based resources providing useful information about the health needs and inequities faced by Indigenous Australians, including:

- The Closing the Gap Clearinghouse provides evidence-based research on overcoming disadvantage for Indigenous Australians. Visit www.aihw.gov.au/closingthegap
- Information and resources on federal government programs can be found at www.indigenous.gov.au
- NACCHO is the national peak body representing over 150 Aboriginal Community Controlled Health Services (ACCHSs) across the country on Aboriginal health and wellbeing issues. Learn more at www.naccho.org.au

YOUNG PEOPLE FROM CALD BACKGROUNDS

Young people aged 15-24 years born overseas have lower mortality and morbidity rates than Australian-born youth. Familial and cultural support may be providing a protective factor for these young people.

Some CALD young people may be at risk of poor mental health outcomes because of the stress associated with the experience of migration, resettlement and acculturation, as well as exposure to traumatic experiences (Minas et al. 1996). Stressors include:

- Settlement and adaptation difficulties
- English language difficulties
- Conflict between the cultural values of their family and the cultural values of their new society
- The experience of being a refugee
- Experience of torture or trauma in their country of origin
- Exposure to racism or discrimination
- Isolation
- Lack of access to culturally appropriate mental health services

FINDING OUT MORE...

The Diversity Health Institute offers a wide range of multicultural health information, including information about the Transcultural Mental Health Centre (TMHC). TMHC provides consultation, training and information services to health professionals on transcultural mental health, as well as services to people from CALD backgrounds. To access the Diversity Health Clearinghouse and the TMHC, visit the Diversity Health website– www.dhi.health.nsw.gov.au

YOUNG PEOPLE WHO HAVE EXPERIENCED VIOLENCE, ABUSE OR NEGLECT

The experience of the trauma of violence, abuse or neglect can have a significant impact on health and increase risk for a wide range of health problems. It is important to understand that the experience of trauma has specific and real effects on the vulnerable and development adolescent brain prompting the brain to switch from 'learning' to 'survival'. (Cozolino 2002; Kezelman and Stavropoulos 2012).

FINDING OUT MORE...

Learn more about the impact of child abuse on health outcomes. Adults Surviving Child Abuse (ACSA) has produced a set of guidelines for practitioners working in health and human services: The Last Frontier. Practice Guidelines for Treatment Of Complex Trauma and Trauma Informed Care And Service Delivery. Visit www.asca.org.au/guidelines

RURAL YOUNG PEOPLE

- Young people living in rural and remote areas have higher death, assault and hospitalisation rates than those in metropolitan areas
- The death rates of young males from accidents, injuries and suicide increase dramatically with increasing geographical remoteness
- The death rates for young Australians in remote and very remote areas are almost 2.5 times that for major cities
- Rates of substance use are higher in remote areas

GAY, LESBIAN, BISEXUAL, TRANSGENDER OR INTERSEX (GLBTI) YOUNG PEOPLE

- GLBTI young people may be at increased risk of depression, substance use, isolation and injury due to violence.
- There is also an increased risk of suicidal behaviour among young people who identify as gay, lesbian, bisexual or transgender

SOCIO-ECONOMICALLY DISADVANTAGED GROUPS

- Socio-economic disadvantage can include low income, poor education, unemployment, limited access to health services, living in poor housing, and working in an unsafe, unrewarding job.
- Young people who are socio-economically disadvantaged have higher death and hospitalisation rates.
- Young people aged 15–24 years in the most socio-economically disadvantaged areas of Australia had death rates almost twice as high as those from the least disadvantaged areas.

DIFFERENCES BETWEEN MALES AND FEMALES

- Young males are almost twice as likely to die as young females – mostly due to accidents and suicide.
- Females are more likely than males to experience a mental disorder, except for substance abuse disorders where the rate is higher for males than females.
- The male suicide rate is 3 times higher than female rate.

YOUNG CARERS

- In 2003, 7% of young people were estimated to be caring for a family member with disability, most often a parent. Of these young carers, one in ten was helping a parent with self-care.

CULTURAL CONSIDERATIONS FOR HEALTH SERVICES AND PRACTITIONERS

Providing effective and accessible health care to young people requires us to be aware of the diversity that exists between and within cultures. In order to provide good health care to all young people, we need to:

- Understand that our assumptions, attitudes and beliefs about culture and different cultural groups are shaped by our own cultural background and values
- Be aware of how the young person's cultural background may impact upon their developing adolescent identity
- Adopt a respectful and non-judgemental approach in dealing with different cultural norms and practices
- Be careful not to label and make assumptions about the young person based on cultural stereotypes
- Consult with specialist services or workers for advice about cultural issues and impacts on health

And while it is important to understand cultural influences operating in the young person's life, it is also important to:

- Treat each young person as an individual
- Ask how the young person identifies themselves within mainstream culture and their own culture
- Enquire about the young person's own particular experiences, cultural beliefs and health practices
- Enquire about family views of the causes of social or health problems
- Ask about the beliefs and history of their family – where this is appropriate for gaining a better understanding of the young person's concerns and background factors that may be influential

FINDING OUT MORE...

This chapter should be read in conjunction with chapters 3.6 Culturally competent practice, 3.7 Resilience and Indigenous young people, and 3.13 Working with families.

Much information about research into adolescent health is summarised in a series of articles in the Lancet, volume 379, April 28, 2012. Visit www.thelancet.com

CHAPTER SUMMARY - WHAT TO REMEMBER

The leading health problems in the age group 12 – 24 years are:

- Accidents and injuries – both unintentional and self-inflicted
- Mental health problems – depression and suicide
- Behavioural problems – including substance use

Co-morbidity is common with the occurrence of one health problem raising the risk for a subsequent problem.

REFLECTION QUESTIONS

How do the current trends in youth health affect your service?

How visible are the needs of young people in your service?

Are there any youth health needs to which you need to develop your service response?

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