CHAPTER 5

Health issues facing Australia’s youth

WHY IS THIS IMPORTANT?
Although the health of Australia’s youth is very good, a number of preventable health issues continue to affect the health and individual human development of many young people. You will be required to investigate one of these issues in depth. A brief overview of a range of topics is included, and after reviewing the outline of issues, you will be able to work with your teacher to select an issue to research in greater detail. A comprehensive look at mental health is also included to provide you with an idea of the depth required in your research and report.

KEY KNOWLEDGE
2.5 health issues facing Australia’s youth such as mental health, weight issues (including obesity), injury (including injury and death from drowning), tobacco smoking, alcohol use, illicit substance use and STI prevention (pages 154–63)
2.6 the key features of one health issue for Australia’s youth (pages 165–8), including:
- its impact on all dimensions of health and individual human development (pages 169–71)
- its incidence, prevalence and changes over time (trends) (pages 165–6)
- determinants of health that act as risk and/or protective factors (pages 171–2)
- government, community and personal strategies or programs designed to promote health and individual human development of youth (pages 174–5)
- the range of health care services available to youth and their rights and responsibilities in accessing and using relevant services (including Medicare) (pages 175–9).

KEY SKILLS
- analyse data to draw informed conclusions about the range of health issues facing Australia’s youth (pages 168, 179–80)
- describe a specific health issue facing Australia’s youth (pages 168, 181–2)
- gather information on a selected health issue related to youth using a range of sources such as primary data, print and electronic material (pages 168, 183–4)
- analyse information on a selected youth health issue and draw informed conclusions about personal, community and government strategies and programs to optimise youth health and development (pages 176, 177, 179, 184–5)
- identify the range of health care services available to youth and discuss their rights and responsibilities in accessing and using these services (pages 179, 185–6).
KEY TERM DEFINITIONS

allied health services  health services provided by health professionals that are distinct from doctors, nurses and dentists. These services exist in conjunction with clinical health professionals and include physiotherapists, speech therapists and occupational therapists.

binge drinking  consuming seven or more standard drinks for males or five or more standard drinks for females in one sitting

complementary health services  (also referred to as alternative medicine); health services that operate outside the boundaries of modern medicine (e.g. naturopathy, acupuncture and chiropractic services)

illicit drugs  illegal substances, or legal drugs used in an illegal manner

psychotic  a state in which the individual experiences a loss or distortion of reality

sexually transmissible infections (STIs)  a range of conditions that are generally transmitted sexually from one person to another

stigma  a negative stereotype
5.1 Health issues facing Australia’s youth

**KEY CONCEPT** Understanding health issues facing Australia’s youth — weight issues (including obesity), injury (including injury and death from drowning), tobacco smoking, alcohol use, illicit substance use and STI prevention

As explored in chapter 1, the health of Australia’s youth is generally good. If further improvements to health in this area are to be made, however, the current issues facing Australia’s youth must be explored. There are numerous issues that can be improved by either behaviour change or early intervention. Your task will be to explore one of these issues and produce a detailed report. Some of the issues you can research will be briefly outlined in the coming section. These outlines are not intended to provide you with a detailed explanation, but rather, just enough information for you to make a decision as to which issue you want to learn more about.

**Weight issues**

Underweight, overweight and obesity all impact significantly on youth health and development.

In 2011–12, around 5 per cent of those aged 12 to 17 were considered to be underweight. Underweight can indicate that the nutrients required for optimal health and development are not present. The effects of being underweight can include:

- Greater risk of infection and disease, as a result of a weakened immune system.
- An inability to concentrate at school due to low levels of energy (physical health) thereby impacting intellectual development.
- Delayed puberty. Low body weight can contribute to delayed puberty and when it does commence, developmental processes such as increases in bone and muscle mass may not be achieved.

The percentage of overweight and obese children and youth has more than doubled over the past two decades and continues to increase. The Australian Bureau of Statistics in 2014 estimated the current levels of overweight and obesity among Australian youths to be around one in four. Obesity in youth can have lifelong implications and contribute to many leading causes of death among adults, such as cardiovascular disease, some cancers and type 2 diabetes. If the youth carries the extra weight into adulthood, the risk of developing these conditions continues to increase. In the short term, youth can suffer from psychological distress, sleeping problems and low levels of energy. Long-term risks include cardiovascular disease, type 2 diabetes, arthritis and some cancers. The increased prevalence of overweight/obesity among youth is due to the combination of changes to food intake and the development of sedentary lifestyles. Guidelines released by the federal government recommend that young people participate in at least 60 minutes of moderate to vigorous physical activity every day. Examples of moderate exercise include medium-paced cycling, swimming and brisk walking. Examples of vigorous exercise include jogging and basketball.
Table 5.1 shows the activity levels of young people. Those classified as sedentary or low (engaging in no exercise to little exercise respectively) were considered to be getting not enough physical activity.

<table>
<thead>
<tr>
<th>Activity Level</th>
<th>Males 15–17</th>
<th>Males 18–24</th>
<th>Females 15–17</th>
<th>Females 18–24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate to high</td>
<td>49.0</td>
<td>41.3</td>
<td>34.7</td>
<td>26.2</td>
</tr>
<tr>
<td>Low</td>
<td>31.0</td>
<td>31.6</td>
<td>40.0</td>
<td>42.7</td>
</tr>
<tr>
<td>Sedentary</td>
<td>19.8</td>
<td>27.2</td>
<td>25.2</td>
<td>31.1</td>
</tr>
</tbody>
</table>

Source: Adapted from ABS, National Health Survey, 2007–08.

Injury

‘Injury’ is an umbrella term that refers to a range of causes of mortality and morbidity, including traffic accidents, suicide, poisoning, drowning and near drowning. All injuries are considered to be preventable, which can add to the impact that they have on individuals. Although death rates from injury have decreased significantly over the past 20 years, it is still the leading cause of death for youth in Australia (AIHW, 2011).

Transport accidents (largely motor vehicle accidents) were the most common cause of injury death for both males and females in 2007 (see figure 5.3). According to the Australian Institute of Health and Welfare:

- Young men are significantly more likely than the rest of the population, including young women, to be killed or injured in a motor vehicle accident.
- In 2012, young males accounted for three-quarters of road transport accident deaths involving young people, with death rates over twice as high among males as females (13 and 5 per 100 000 respectively). In 2012, almost half (47 per cent) of 15–24 year olds killed in a vehicle accident were the driver; around 28 per cent were passengers. The rest were motorcycle riders (13 per cent), pedestrians (9 per cent) or cyclists (0.7 per cent).
- Young people differ from the general population in that their fatal vehicle accidents occur more often at weekends or at night. Age and inexperience separately or combined are associated with the higher death rate as well as risky driving behaviour, including speeding, driving when fatigued, and driving under the influence of alcohol or drugs (AIHW, Australia’s health 2014, p. 232).

![Injury and poisoning deaths among young people aged 15 to 24, by external cause of injury, 2007](source: AIHW 2011, Young Australians: their health and wellbeing 2011.)
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Injuries not resulting in death can lead to disability and various lifelong conditions, which also have the potential to significantly impact the health and individual human development of youth and their families.

The youth stage of the lifespan has specific relationships with both the type and rate of injuries experienced. Rates of injury are significantly higher than in most other lifespan stages, largely due to the stage of development that youth are experiencing. Developing independence increases the opportunity for decision making, which can, in turn, increase risk-taking behaviour. Brain development, substance use, the peer group, the media and other social pressures can play a role in the high rates of injuries experienced among youth.

Drowning and near drowning are a significant contributor to injury among youth. In 2012, there were 45 drowning deaths among those aged 15 to 24. Of those, 89 per cent were male (Royal Life Saving Society Australia, National Drowning Report, 2012).

Drowning can occur in a range of locations. The sites of drowning death for youth in 2013–14, compared to the 10-year average, are shown in figure 5.4.

**FIGURE 5.4** Drowning deaths of young people aged 15 to 24 by location, 10-year average, 2013–14.


Risk-taking behaviours, including alcohol consumption, are particularly significant during youth and have a strong relationship with drowning injury and death. In 2011–12, alcohol played a major factor in drowning deaths in the 15 to 19 years age group, with 20 per cent of all cases known to involve alcohol.

**Tobacco smoking**

Youth is a critical time in the development of tobacco addiction, and those who do not smoke during youth are less likely to smoke later in life. Smoking increases the chances of premature death and a range of conditions including cancer, cardiovascular disease and respiratory illness. Even though AIHW figures show that smoking rates steadily declined between 1991 and 2014, tobacco use is the single most preventable cause of ill-health and death in Australia, contributing an estimated 7.8 per cent of the total burden of disease. This equates to more drug-related hospitalisations and deaths than alcohol and illicit drug use combined.
Rates of smoking among young people are shown in figure 5.5. According to the AIHW’s 2013 National drug strategy household survey, males had their first full cigarette at age 16 years on average and females at 15.7 years (figure 5.6).

**FIGURE 5.6** Lifetime smokers generally start smoking during youth.

### Alcohol use

Youth is a stage when many people experiment with alcohol consumption. In moderation, alcohol consumption causes few health problems. However, excessive alcohol intake — such as **binge drinking** — during youth is associated with higher rates of injury deaths and violence, can impact on brain development, and increases the risk of alcohol-related problems later in life.

The AIHW in 2010 estimated that harm from alcohol was the cause of 5.5 per cent of the burden of disease for males and 2.4 per cent for females.

Youth under the age of 18 are recommended not to consume any alcohol as their bodies and brains are experiencing rapid development. Youth who do consume alcohol may increase their risk of ill-health on the occasion they drink (called single occasion risk) due to injuries, alcohol poisoning and sexually transmissible infections. Alcohol consumption by youth also increases their lifetime risk of developing conditions including cardiovascular disease, type 2 diabetes, some cancers and liver disease. For youth aged 18, in order to reduce the risk associated with alcohol consumption, the Department of Health and Ageing recommends not consuming more than:
- two standard drinks on any day (to reduce lifetime risk)
- four standard drinks on any day (to reduce short-term risks).

It also states that:
- Drinkers under the age of 15 years are much more likely than older drinkers to undertake risky or antisocial behaviour connected with their drinking.
- Risky behaviour is more likely among drinkers aged 15 to 17 years than older drinkers. If drinking does occur in this age group, it should be at a low-risk level and in a safe environment supervised by adults.
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**FIGURE 5.7** Common examples of alcoholic drinks and the number of standard drinks contained in each

Source: Adapted from ‘The Australian standard drinks contained in each alcoholic drinks and the number of standard drinks contained in each drink’, www.alcohol.gov.au.

Standard drink information is printed on all prepacked alcohol containers (figure 5.7). Table 5.2 shows how many standard drinks are harmful to people over 18 years of age. This information is supposed to act as a guide only, because everyone is different. The way that the body breaks alcohol down depends on body weight, metabolic rates, food consumed and gender. The proportion of young people who drink to risky levels is shown in figure 5.8.
TABLE 5.2 Alcohol consumption associated with harm among people over 18 years

<table>
<thead>
<tr>
<th>Alcohol consumption associated with harm</th>
<th>Short-term harm</th>
<th>Long-term harm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Risky</td>
<td>High-risk</td>
</tr>
<tr>
<td>Males</td>
<td>7 to 10 standard drinks on any one day</td>
<td>11 or more standard drinks on any one day</td>
</tr>
<tr>
<td>Females</td>
<td>5 to 6 standard drinks on any one day</td>
<td>7 or more standard drinks on any one day</td>
</tr>
</tbody>
</table>

Source: AIHW 2007, Young Australians: their health and wellbeing 2007, cat. no. PHE 87, Canberra, p. 83.

As most youth are not of legal drinking age, the environment in which they drink can promote or discourage excessive alcohol consumption. The places where youth consume alcohol are detailed in Table 5.3.

TABLE 5.3 Usual place of alcohol consumption by age group, 2010

<table>
<thead>
<tr>
<th>Place</th>
<th>Age group (years)</th>
<th>12–15</th>
<th>16–17</th>
<th>18–19</th>
<th>20–29</th>
</tr>
</thead>
<tbody>
<tr>
<td>In my home</td>
<td></td>
<td>35.1</td>
<td>36.1</td>
<td>50.7</td>
<td>70.9</td>
</tr>
<tr>
<td>At friend's house</td>
<td></td>
<td>37.1</td>
<td>49.2</td>
<td>58.7</td>
<td>56.9</td>
</tr>
<tr>
<td>At private parties</td>
<td></td>
<td>59.2</td>
<td>72.4</td>
<td>61.1</td>
<td>50.6</td>
</tr>
<tr>
<td>At licensed premises</td>
<td></td>
<td>1.1</td>
<td>7.7</td>
<td>71.2</td>
<td>62.9</td>
</tr>
<tr>
<td>At restaurants/cafes</td>
<td></td>
<td>2.5</td>
<td>4.8</td>
<td>35.9</td>
<td>46.2</td>
</tr>
<tr>
<td>At workplace</td>
<td></td>
<td>–</td>
<td>0.9</td>
<td>4.6</td>
<td>5.9</td>
</tr>
<tr>
<td>At raves/dance parties</td>
<td></td>
<td>8.6</td>
<td>16.9</td>
<td>28.8</td>
<td>15.4</td>
</tr>
<tr>
<td>In public places</td>
<td></td>
<td>12.9</td>
<td>9.6</td>
<td>8.2</td>
<td>6.2</td>
</tr>
<tr>
<td>In a car</td>
<td></td>
<td>1.4</td>
<td>5.2</td>
<td>6.8</td>
<td>4.4</td>
</tr>
<tr>
<td>At school/TAFE/university, etc.</td>
<td></td>
<td>0.7</td>
<td>0.6</td>
<td>5.9</td>
<td>3.2</td>
</tr>
<tr>
<td>Somewhere else</td>
<td></td>
<td>16.0</td>
<td>7.3</td>
<td>5.1</td>
<td>3.4</td>
</tr>
</tbody>
</table>

Notes
1. Base is recent drinkers.
2. Respondents could select more than one response.

Source: Adapted from AIHW 2011, 2010 National drug strategy household survey: detailed findings, p. 84.
Case study

Alcohol putting teens at sex risk

By Kate Hagan; Caroline Zielinski

TEENAGERS who drink alcohol to excess are much more likely to engage in risky sexual behaviour, including having multiple partners and sex they later regret.

A study of more than 500 year 11 students in Victoria, whose average age was 17, found half had consumed five or more drinks on a single occasion in the previous two weeks and 44 per cent reported having sex in the past year.

The study, published in The Australian and New Zealand Journal of Public Health, found students who drank alcohol excessively were more than twice as likely to be sexually active.

Students who reported binge drinking were three times as likely to have had three or more sexual partners in the past year. Compulsive drinkers, who said they were unable to stop, were four times as likely to have had sex they later regretted.

Lead author Paul Agius, of the Burnet Institute, said the links between excessive drinking and risky sexual behaviour occurred even in students with strong ties to school and family, which might have shown a protective effect.

He said 34 per cent of sexually active students had sex without a condom at their last sexual encounter, but excessive drinking was not associated with failing to use a condom.

‘Hopefully what this says is that condom use is becoming more of a normative behaviour for young people and can withstand instances where they may have lost control, for example from drinking too much,’ he said.

Mr Agius said it was nonetheless concerning that high numbers of young people continued to engage in unprotected sex.

The study found 19 per cent of sexually active students had three or more sexual partners in the past year, and 28 per cent had sex they later regretted due to alcohol use which, according to the study’s authors, ‘may indicate a sexual encounter contextualised by sexual coercion, poor communication about expectations of the encounter or sexual inexperience and unpreparedness for sex’.

Youth Support and Advocacy Service spokesman Peter Wearne said increased binge drinking among young women was adding to their risk of unwanted and unsafe sexual encounters. ‘The best way to help young people understand the risks of heavy drinking is through education, information and empowerment,’ he said.

Source: The Age, 2 June 2013.

Case study review

1 Discuss the relationship between alcohol consumption and sexual behaviours as outlined in the article.
2 Explain how regretting sexual encounters could impact on the health of youth.
3 Design a poster that could be used to educate youth about the risks associated with alcohol consumption and risky or unwanted sexual encounters.

Illicit substance use

Youth is a common time to experiment with drugs and other substances. If misused, these substances can lead to a range of short- and long-term effects on health and individual human development. Although the impacts will depend on the type of drug, how it is taken and the duration of use, some common impacts include social isolation, mental illness, poor academic performance, unemployment, increased rate of criminal behaviour and family breakdown. Those who experiment with substances during youth are more likely to develop substance abuse issues later in life, which further increases the risk of health conditions.

Some of the common substances used during youth include marijuana, amphetamines (including ecstasy and crystal meth), cocaine and heroin.
The reasons for trying drugs are complex. Like most risk-taking behaviours, drug use arises from a combination of factors. Reasons for trying illicit drugs are shown in table 5.4, and the rates of drug use among young people are shown in table 5.5.

**TABLE 5.4** Factors influencing first use of any illicit drug, lifetime users aged 14 years or older, by sex, 2010

<table>
<thead>
<tr>
<th>Factor</th>
<th>Males %</th>
<th>Females %</th>
<th>Persons %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curiosity</td>
<td>78.8</td>
<td>79.3</td>
<td>79.0</td>
</tr>
<tr>
<td>Peer pressure</td>
<td>47.6</td>
<td>50.2</td>
<td>48.8</td>
</tr>
<tr>
<td>To do something exciting</td>
<td>20.3</td>
<td>19.7</td>
<td>20.0</td>
</tr>
<tr>
<td>To enhance an experience</td>
<td>12.6</td>
<td>13.0</td>
<td>12.8</td>
</tr>
<tr>
<td>To take a risk</td>
<td>8.8</td>
<td>9.1</td>
<td>8.9</td>
</tr>
<tr>
<td>To feel better</td>
<td>5.5</td>
<td>6.6</td>
<td>5.9</td>
</tr>
<tr>
<td>Family, relationship, work or school problems</td>
<td>4.6</td>
<td>5.9</td>
<td>5.2</td>
</tr>
<tr>
<td>Don’t know/can’t say</td>
<td>2.8</td>
<td>2.1</td>
<td>2.5</td>
</tr>
<tr>
<td>Traumatic experience</td>
<td>2.1</td>
<td>4.0</td>
<td>2.9</td>
</tr>
<tr>
<td>To lose weight</td>
<td>0.5</td>
<td>1.5</td>
<td>1.0</td>
</tr>
<tr>
<td>Other</td>
<td>2.7</td>
<td>1.8</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Notes
1. Base is those who had used an illicit drug in their lifetime.
2. Respondents could select more than one response.


**TABLE 5.5** Illicit drug use by age, 2010

<table>
<thead>
<tr>
<th>Period</th>
<th>14–17</th>
<th>18–19</th>
<th>20–29</th>
</tr>
</thead>
<tbody>
<tr>
<td>In lifetime</td>
<td>18.7</td>
<td>37.0</td>
<td>51.3</td>
</tr>
<tr>
<td>In the last 12 months</td>
<td>14.5</td>
<td>25.1</td>
<td>27.5</td>
</tr>
<tr>
<td>In the last month</td>
<td>6.0</td>
<td>16.1</td>
<td>14.9</td>
</tr>
<tr>
<td>In the last week</td>
<td>2.3</td>
<td>9.8</td>
<td>9.0</td>
</tr>
</tbody>
</table>


**STI Prevention**

Youth is often a time of sexual exploration (figure 5.9), and this can have both short- and long-term effects on young people. If youth participate in unsafe sex, they may expose themselves to a range of **sexually transmissible infections (STIs)**. STIs are passed from one person to another through sexual contact. This includes oral, genital and anal sex.

Many STIs, such as chlamydia and syphilis, can have long-term effects on health and development if not treated. Treatment is often not sought as the condition may not have obvious symptoms. Other STIs, such as herpes and human immunodeficiency virus (HIV), are incurable and can impact on health throughout the rest of the individual’s life.

According to the AIHW (2011), youth may be at an increased risk of STIs due to a lack of knowledge about these conditions, inconsistency with condom use, and lack of communication and negotiation skills which can make using condoms difficult.
As many youths have not committed to a long-term partner, there is potential for STIs to spread at high rates in these age groups. Chlamydia, for example, is particularly common among youth, with 81 per cent of the 82,707 new cases in Australia in 2012 being diagnosed among 15–19 year olds. Although rates have decreased in recent years, there is still significant room for improvement (see figure 5.10).

![Graph showing Chlamydia notification rates among young people aged 15 to 19 years, 1998–2014](http://www9.health.gov.au/cda/source/rpt_5_sel.cfm)

**FIGURE 5.10** Chlamydia notification rates among young people aged 15 to 19 years, 1998–2014


The prevention of STIs is important to promote the health and individual human development of youth in Australia. Avoiding sexual contact is the safest way to prevent contracting an STI. For those who are sexually active, using a condom during sexual contact can reduce the risk of contracting an STI. In 2013, 41 per cent of sexually active students did not use a condom at their most recent sexual encounter (Australian Research Centre in Sex, Health and Society, 2014).

### Case study

**Chlamydia epidemic may cause rise in infertility among young Australians, experts warn**

*By Kerry Brewster*

Health experts are warning that an epidemic of chlamydia may herald a wave of infertility among young Australians.

Last year, nearly 83,000 Australians under age 24 tested positive for the common sexually transmitted infection.

Alarming, a high rate of chlamydia has been found in girls aged as young as 12.

Professor David Wilson from the Kirby Institute says the figures are the top of the iceberg.

‘We know that there are many more Australians out there who are undiagnosed,’ he said.

‘We know that because we’ve gone out and tested people in rural, remote and urban settings in every state and territory, and we’ve found one in 20 young Australians have chlamydia.

‘We estimate about 500,000 young Australians have chlamydia right now.’

Doctors say if chlamydia in any young person is not detected, then there is a significant risk of infertility and complications down the track.

‘To start with it’s often asymptomatic. They’re not aware of it,’ Professor Wilson said.
‘But down the line what’s often likely to occur is that they might get pelvic inflammatory disease, that’s effectively pain in the pelvic region. Following that, what it can lead to is infertility.

‘So, many young women are likely to want to get pregnant in the future, and they might be precluded from doing that because they had chlamydia in the past.’

Professor Wilson’s research colleague Carol el-Hayek has analysed data from five states over three years.

She found 13 per cent of 12- to 15-year-old girls tested for sexually transmitted infections carried chlamydia.

‘Twelve to 15-year-olds are sexually active. The fact that they’re testing for STIs or that doctors are testing them for STIs means that they are practising sex, and they’re probably practising unsafe sex,’ she said.

Safe sex message falls off the radar

Professor Wilson says there has been a substantial trend towards people having sex at a younger age.

‘I think our main messaging through schools, but more importantly through the home, through parents, and then through friends, the social media and other educational messages are not getting through most appropriately,’ he said.

Dr Anna McNulty from the Sydney Sexual Health Centre says chlamydia is easy to detect, easy to test for and easy to treat.

‘I would encourage all young people who are sexually active to either see their GP or find a service; Google sexual health and find their closest service and seek some testing,’ she said.

One of Sydney’s biggest fertility clinics, Sydney IVF, says the safe sex message has fallen from the public radar.

The clinic says it is expecting fallopian tube-related infertility to steadily increase over the next few years as a result of increased chlamydia infections.


Case study review

1 According to Dr McNulty, chlamydia is easy to detect, easy to test for and easy to treat. If this is the case, suggest reasons that might account for so many young Australians having the condition.

2 Outline the possible long-term impacts of chlamydia infection.

3 Research chlamydia and film a short commercial that could be used to educate youth about this condition.

TEST your knowledge

1 Explain why each of the following are a significant health issue for youth:
   (a) weight issues
   (b) injury
   (c) tobacco smoking
   (d) alcohol use
   (e) illicit substance use
   (f) STI prevention.

2 Use a concept map to brainstorm the possible impacts of obesity on the health and individual human development of youth. Be sure to address all dimensions of health and individual human development in your answer.

3 Why might overweight or obese people be more susceptible to psychological distress?

4 (a) Explain how physical activity levels change as people get older according to table 5.1.
   (b) Discuss factors that may contribute to these patterns.

5 Suggest two ways that injuries among youth could impact on the health and/or individual human development of their family.

6 (a) What percentage of young people drink in their own home?
   (b) Does this mean that parents are supporting their child’s drinking? Explain.

7 (a) Identify two changes in the patterns of where people drink as they move from the youth stage to the early adulthood stage of the lifespan.
   (b) Discuss possible reasons for these changes and share your results in small groups.

8 What were the main reasons for individuals trying illicit drugs?
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**APPLY your knowledge**

9 Devise a strategy that could be implemented to reduce the rates of overweight and obesity in school-aged children.

10 Design a poster that could be used to reduce the risk of injury among youth.

11 What factors have led to the decrease in smoking rates since 1991?

12 Do you agree with parents allowing youth to drink alcohol? Explain your response.

13 (a) Are youth more likely to be at risk of short- or long-term effects on their health from consuming alcohol?

(b) Why would this be the case?

14 (a) Create a list of consequences that would be considered short-term effects of heavy drinking.

(b) Create a list of consequences that would be considered long-term effects of heavy drinking.

15 Why might alcohol consumption cause more disability adjusted life years (DALYs) for males compared to females?

16 Brainstorm a list of determinants that could decrease the risk of tobacco smoking, alcohol use or illicit substance use.

17 Devise a strategy that could be used to reduce tobacco, alcohol or drug use among youth.

18 What factors could account for the high rates of chlamydia among youth?

19 What determinants of health and development could increase the risk of youth contracting an STI?

20 Brainstorm ways that contracting an STI could impact on the health and development of a young person.

21 Research one of the following STIs and produce a poster that could assist in educating youth about the condition:

- chlamydia
- herpes
- HIV.

22 Use the Ask 500 links in the Resources section of your eBookPLUS to find the weblink and questions for this activity.
5.2 A health issue in focus: anxiety and depression, part 1

**KEY CONCEPT** Understanding the key features of one health issue relevant to Australia’s youth — a description of anxiety and depression and the incidence, prevalence and changes over time (trends) of mental illness

Mental health and, in particular, anxiety and depression, have been selected as a focus issue for this chapter. This section presents a detailed look at the issue and contains similar information that should be evident in your own research task.

**Mental health issues**

Mental health issues affect a large number of Australians over the course of their lives, and many of these issues have their origins in the youth stage of the lifespan.

The term ‘mental illness’ is an umbrella term that encompasses a number of conditions, including anxiety and depression. These conditions can affect the way a person thinks, acts, feels. Such conditions are also referred to as ‘mental disorders’ (figure 5.11). These disorders have a set of symptoms that can be used to diagnose and subsequently treat the condition.

Mental health problems, on the other hand, have a negative impact on mental health and may occur as a result of life stresses. These are often temporary and disappear with time. Mental health problems are generally not as severe as mental disorders and do not usually get medically diagnosed.

There are a range of mental illnesses, and the signs and symptoms vary both in their nature and severity depending on the type experienced. Some mental illnesses do not greatly interfere with daily life and can be effectively treated. On the other hand, some can be quite severe, such as psychotic mental illnesses. During a psychotic episode, the individual loses touch with reality and may see, hear, smell or taste things that are not there.

The rates of mental illness are high among youth and contribute significantly to the overall burden of disease in this age group.

**The incidence, prevalence and trends of mental illness among youth**

According to the Australian Bureau of Statistics, in 2011–12 around 13 per cent of people aged 15–24 were currently experiencing a mental illness. A study by Mission Australia indicated that around one in five youth aged 15–19 had symptoms of a mental illness in 2014. Up to 70 per cent of young people do not seek help when they are feeling mentally unwell (headspace.com.au), so the rates of people suffering from a diagnosable mental illnesses may be higher than reported.
There have been some fluctuations in the rates of mental illness over time but the AIHW found that the overall rates of mental illness have remained fairly constant in the 10 years to 2007 (Making progress: the health, development and wellbeing of Australia’s children and young people, 2008).

Deaths of young people from mental disorders have steadily decreased from 1997 to 2012 (figure 5.13). Many of these deaths are due to substance use disorders, and a reduced availability of heroin during this period was largely responsible for the decline.

### TABLE 5.6 Burden (YLL, YLD and DALYs) of major disease groups for 15–24 year olds, 2003

<table>
<thead>
<tr>
<th>Rank</th>
<th>Males</th>
<th>% of DALYs</th>
<th>Females</th>
<th>% of DALYs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Anxiety and depression</td>
<td>17 868</td>
<td>17.4</td>
<td>Anxiety and depression</td>
</tr>
<tr>
<td>2</td>
<td>Road traffic accidents</td>
<td>10 380</td>
<td>10.1</td>
<td>Asthma</td>
</tr>
<tr>
<td>3</td>
<td>Schizophrenia</td>
<td>9 795</td>
<td>9.6</td>
<td>Migraine</td>
</tr>
<tr>
<td>4</td>
<td>Suicide and self-inflicted injuries</td>
<td>7 320</td>
<td>7.1</td>
<td>Other genito-urinary diseases</td>
</tr>
<tr>
<td>5</td>
<td>Heroin or polydrug dependence and harmful use</td>
<td>5 657</td>
<td>5.5</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>6</td>
<td>Alcohol dependence and harmful use</td>
<td>4 848</td>
<td>4.7</td>
<td>Road traffic accidents</td>
</tr>
<tr>
<td>7</td>
<td>Migraine</td>
<td>3 539</td>
<td>3.5</td>
<td>Personality disorders</td>
</tr>
<tr>
<td>8</td>
<td>Cannabis dependence and harmful use</td>
<td>3 520</td>
<td>3.4</td>
<td>Bulimia nervosa</td>
</tr>
<tr>
<td>9</td>
<td>Personality disorders</td>
<td>3 130</td>
<td>3.1</td>
<td>Bipolar disorder</td>
</tr>
<tr>
<td>10</td>
<td>Bipolar disorder</td>
<td>2 672</td>
<td>2.6</td>
<td>Anorexia nervosa</td>
</tr>
<tr>
<td></td>
<td>All causes</td>
<td>102 476</td>
<td>100.0</td>
<td>All causes</td>
</tr>
</tbody>
</table>

Source: AIHW 2007, Young Australians: their health and wellbeing 2007, cat. no. PHE 87, Canberra, p. 21.
What is anxiety?

Anxiety disorders cover a range of conditions including phobias, panic disorder and generalised anxiety. Anxiety disorders are characterised by an uneasy emotional state that may be brought on by an actual or perceived threat to the safety and wellbeing of the individual (figure 5.14). Everyone experiences anxiety at one time or another, but if the anxiety starts to interfere with a person’s normal activities, an anxiety disorder may be diagnosed. Anxiety disorders can be treated in a range of ways including medication and therapy.

What is depression?

Everyone feels sad from time to time, but depression is more than this. Depression is a debilitating condition in which the feelings of sadness or worthlessness continue for an extended period of time. It is usually more severe than just ‘feeling down’. A person suffering from depression may withdraw from their normal activities, suffer from sleep disturbances and experience a decreased or increased appetite which can impact on health and individual human development.

Case study

One in five young people struggle with mental illness but few seek help: report

By medical reporter Sophie Scott and Sophie Quinn

One in five young Australians are dealing with a serious mental illness but more than 60 per cent feel uncomfortable seeking professional support, a new report from Mission Australia and the Black Dog Institute has found.

The research shows young people who are experiencing the greatest distress are also the least willing to seek information or support from counselling services.

‘The confronting findings in this report illustrate the significant challenges many of our young people are facing when it comes to psychological distress and mental health issues,’ Mission Australia chief executive Catherine Yeomans said.

‘We know that many of our youth are struggling with complex issues, and it’s impacting on their ability to transition with confidence into adulthood.’

The study found young women are almost twice as likely to experience mental illness compared to young men, and Aboriginal and Torres Strait Islander people are also more likely to be affected.

However, when it comes to use of mental health services, young men are least likely to seek professional help, according to the report.

Almost 15 000 young Australians aged between 15 and 19 responded to the survey which asked participants to answer questions about their experiences of depression and anxiety in the past four weeks.

Respondents were asked about their level of concern on 12 major issues including alcohol, drugs, bullying, depression, discrimination, family conflict and suicide.

The results show that coping with stress, school problems and body image are the primary issues of concern for young Australians.

Young people prefer to seek help online

The survey findings show most young people felt comfortable seeking support, information and advice from the internet.

The authors call for further development of online support programs, such as involving elements of interactive gaming, and telephone hotline services.

(continued)
This comes after earlier revelations that increased numbers of young people are reaching out to the Kids Helpline, but as many as 156,000 calls went unanswered in 2013.

The Mission Australia report said online support offers greater accessibility for youth living in remote or rural Australia, where stigma associated with accessing mental health services can be worse than in metropolitan areas.

“This mode of delivery has a number of advantages including low cost and en masse delivery,” the report’s authors said.

The authors make a strong recommendation for policy development focused on preventative measures. “Early intervention and prevention, stigma reduction and mental health promotion are imperative, and it is necessary for schools to take action and play a central role,” they said.

“It is critical that there is early recognition and support for students struggling with mental health issues to assist them in remaining actively engaged and participating in schools to the extent that they are able to complete their education.”

Ms Yeomans says early intervention is a key area. “We must invest in early intervention and support to ensure vulnerable youth get the assistance they need to work through these challenges and live happy and healthy lives,” she said.

If you or anyone you know is in need of crisis support contact Lifeline Australia on 13 11 14, Kids Helpline on 1800 55 1800 or visit BeyondBlue.


**Case study review**

1. What proportion of young people are dealing with a serious mental illness according to the article?
2. Discuss factors that may prevent young people from accessing professional support.
3. Discuss reasons why youth may feel more comfortable accessing information online.
4. Suggest reasons why it is important for schools to play a role in addressing mental health issues.

**TEST your knowledge**

1. (a) Explain what the term ‘mental illness’ means.
   (b) What does the term ‘mental health problems’ refer to?
   (c) Outline the difference between these terms.
2. (a) What is a psychotic episode?
   (b) Why would these be considered more severe than other mental illnesses?
3. According to table 5.6, what percentage of DALYs are attributable to anxiety and depression for males and females respectively?
4. (a) According to headspace, what percentage of young people do not seek help when they are feeling mentally unwell?
   (b) Suggest reasons for this.
5. Explain the difference between anxiety and depression.

**APPLY your knowledge**

6. Would the statistics in table 5.6 be completely accurate? Explain.
7. (a) Which causes in table 5.6 have a relationship with mental illness?
   (b) What percentage of DALYs do they contribute for males and females respectively?
8. (a) Describe one trend from figure 5.13.
   (b) Suggest reasons for this trend.
9. Using books and the internet, conduct research to find information relating to an issue of your choice. Arrange this information into paragraphs and diagrams to produce an explanation of what the issue is.
10. Use the Young Australians links in the Resources section of your eBookPLUS to find the weblink and questions for this activity.
Anxiety and depression can affect health in a number of ways, as outlined below.

**Physical health**
- Self-harm — people suffering from depression may be prone to hurting themselves or to attempt suicide. Taking pills and cutting oneself are two common forms of self-harm with direct effects on physical health.
- Lack of sleep — individuals experiencing depression may have disturbed sleep patterns. The body might not be adequately rested and they may therefore be unable to cope with day-to-day tasks.
- Lack of physical activity — a person who withdraws from regular activities might not get enough physical activity. This can mean that the body is not in an optimal state.
- Substance and alcohol abuse — people experiencing anxiety and depression are more likely to abuse drugs and alcohol, which can affect the body’s systems.

**Social health**
- Social isolation — many individuals suffering from anxiety and depression will remove themselves from social interactions. This may impact on the friendship network of the individual and magnify the effects of the condition.
- Strained family relationships — family life may be interrupted during depressive episodes. Family bonds might become weaker as a result.

**Mental health**
- Poorer quality of life — people suffering from anxiety or depression often back away from the things in life that used to make them happy. This can lead to a lower quality of life and a continuing cycle of negative thoughts that can contribute to an increased risk of suicide and self-harm.
The impact of anxiety and depression on individual human development

Anxiety and depression can also affect the four areas of individual human development in the ways outlined below.

Physical development

- Impaired development from lack of nutrition — youth is a stage of rapid growth, so nutrition is very important. If the youth suffers from a loss of appetite, they may not get adequate nutrients to meet the requirements for growth.
- A lack of physical activity may impact on bone density and growth as weight-bearing exercise is important for strong bones.

Social development

- Forgone social experiences — important experiences such as associating with members of the opposite sex and rites of passage such as school formals assist in developing the young person’s social skills (figure 5.16). If they miss out on these experiences, their social skills may not develop as well as they could have.

Emotional development

- Impacts on self-concept — people suffering from ongoing anxiety or depression are less likely to be employed than those who do not suffer from one of these conditions. Employment can promote feelings of satisfaction and can lead to a more positive self-concept. Unemployment can have the opposite effect.
- Learning to deal with emotions — people experiencing anxiety or depression may develop mechanisms to assist in dealing with the associated emotions such as sadness and despair.
**Intellectual development**

- Higher school dropout rates — according to the Australian Institute of Health and Welfare, youth suffering from mental illness are less likely to finish secondary school than those without a mental illness. Many important skills that are normally learned at school may not be attained.
- Lack of concentration at school — a student in poor mental health may not concentrate as much at school. They may also not complete homework tasks, and this can affect intellectual development.

**Determinants of health that act as risk and/or protective factors**

Anxiety and depression are often diagnosed for the first time in youth or early adulthood. Research suggests that 75 per cent of mental health disorders begin before the age of 25 years (www.headspace.org.au). In fact, the causes can reach back into early childhood or even prenatally. While the exact causes of these conditions are unknown, there are many determinants that can contribute to or protect an individual from anxiety and depression, so it is most likely that these conditions arise from a combination of factors.

Anxiety and depression can increase the chances of risky health behaviours such as self-harm, social withdrawal and substance abuse. These in turn can intensify the cycle of mental ill-health. Some specific determinants that act as risk and protective factors include the following.

**Biological**

- Genetic factors — those with a family history of mental illness are more likely to develop a mental illness themselves.
- Prenatal brain damage — damage caused during the prenatal period from injury or teratogens (agents that can cause birth defects) can raise the risk of anxiety and depression.
- Body weight — those who are overweight and/or obese are more likely to develop anxiety and depression.

**Behavioural**

- Substance use — use of illicit drugs is linked to depression.
- Food intake — adequate nutrition acts to keep the body and mind in optimal condition, which may help protect individuals from anxiety and depression.
- Physical activity — physical activity has been shown to reduce feelings of stress, depression and anxiety (figure 5.17).

**Physical environment**

- Access to recreational facilities — youth without access to recreational facilities may not have many opportunities for physical activity and/or the opportunity to participate in activities that they value. This can lead to increased rates of anxiety and depression.

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**FIGURE 5.17** Physical activity is a protective factor for anxiety and depression.
• Work environment — an unsafe work environment can increase the risk of injury among youth and, as a result, can be a source of anxiety.
• Inadequate housing — housing that does not have enough bedrooms may be overcrowded. Overcrowded housing often means that individuals cannot find their own space and contributes to increased rates of anxiety and depression.

Social environment
• Family situation — a supportive family life, free from conflict and abuse, is a protective factor for anxiety and depression (figure 5.18). Conflict between family members, on the other hand (especially parents), can lead to an unstable family situation, and this is a risk factor for anxiety and depression.
• Early life experiences — negative experiences early in life are a risk factor for mental illness.

Socioeconomic situation — those in a lower socioeconomic situation are more likely to develop anxiety or depression.
• Failure to achieve academically — those who do not achieve academically are more likely to have a mental illness such as anxiety or depression. As with all risk factors, it is difficult to say whether the mental illness contributes to low academic achievement or vice versa.
• Social networks — those with good social networks are less likely to develop a mental illness.
• Social harmony — social harmony is a protective factor for mental illness.
• Social isolation — this is both a risk factor for, and a consequence of, mental illness.
• School environment — bullying can increase the chances of mental illness such as anxiety or depression. A supportive school environment can be a protective factor for mental illness.

FIGURE 5.18 A supportive family is a protective factor for anxiety and depression.

Case study

Substance and alcohol abuse
Mike is 18 and has been experimenting with drugs and alcohol for the past three years. In the past few months he has been feeling depressed and has lost his usual enthusiasm for life. As a result, he has dropped out of his TAFE course and quit his part-time job. Mike now relies on financial government assistance but this has not been enough to support his lifestyle. At the moment he spends most of his days sitting around the house that he shares with three friends, who are also alcohol and drug users.

Case study review
1 Identify the determinants of health and individual human development that may be affecting Mike.
2 Is it possible that Mike has a mental illness? Discuss.
3 Explain how Mike’s current situation may affect his health and individual human development.
4 Suggest ways that Mike could improve his mental health.
TEST your knowledge

1 List five risk factors for anxiety and depression.
2 List five protective factors for anxiety and depression.

APPLY your knowledge

3 Select one effect that anxiety or depression can have on any area of health and discuss how this could flow on to the other areas of health and individual human development.
4 Select one effect that anxiety or depression can have on any area of individual human development and discuss how this could flow on to the other areas of health and individual human development.
5 Why is it difficult to say whether the risk factor leads to anxiety and depression, or vice versa?
6 Why would it nearly always be a combination of factors that lead to anxiety or depression?

7 On your own or with a partner, select an issue affecting youth (your teacher may also decide to choose one issue for the class to consider).
   (a) Use a concept map or summary table to brainstorm:
      i. the possible impacts of this issue on all dimensions of health and individual human development
      ii. the determinants of health and development that may contribute to the selected issue.
   (b) Which determinant do you think has the greatest influence? Justify your choice and discuss your responses with the rest of the class.

8 Use the Mental health case studies links in the Resources section of your eBookPLUS to find the weblink and questions for this activity.

9 Use the Nutrition and mental health links in the Resources section of your eBookPLUS to find the weblink and questions for this activity.
5.4 A health issue in focus: anxiety and depression, part 3

KEY CONCEPT Understanding the key features of one health issue relevant to Australia’s youth — government, community and personal strategies or programs designed to promote the health and development of youth, health care services available to youth and the rights and responsibilities of youth in accessing and using relevant services.

Both anxiety and depression have been the subject of numerous strategies that aim to improve the health and individual human development of those experiencing these conditions.

Australia’s health system also provides opportunities for youth to seek care relating to their mental health and there are a range of rights and responsibilities that apply to youth accessing these services.

Strategies and programs designed to promote mental health

Mental illnesses such as anxiety and depression have been increasingly in the public spotlight in recent years. Despite this, many young people suffering from these conditions do not seek or receive help.

There are many government and community strategies and programs aimed at reducing the rates of anxiety and depression, and improving the overall mental health of Australians. Some are focused on youth in particular, while others are aimed at the whole population. Some of these strategies and programs focus on the stigma attached to mental illness while others aim to improve personal skills, early detection and/or treatment.

Government and community strategies/programs

SANE Australia

SANE Australia is a national charity working for a better life for people affected by mental illness, including anxiety and depression. Through education and campaigning, SANE aims to assist those with mental illness as well as their families. SANE provides a helpline for those dealing with mental illness and educational resources such as books, DVDs and online resources (figure 5.19).

SANE also acts to reduce the stigma associated with mental illness through strategies such as ‘Stigmawatch’, where media that promote stigma associated with mental illness are contacted with an explanation of the damage that can be done by promoting such views. Stigmawatch also congratulates media for good coverage.

Youthbeyondblue

Youthbeyondblue is the youth arm of beyondblue and focuses on young people aged 12 to 25 years. Youthbeyondblue aims to raise awareness of depression and anxiety by reassuring young people that it’s okay to talk about depression and anxiety, and to get help when it’s needed.

Youthbeyondblue.com provides an informative website with information for young people about depression and anxiety, and where to get help. Youthbeyondblue also provides young people with an opportunity to share their experiences of

FIGURE 5.19 SANE Australia is a national charity working for a better life for Australians affected by mental illness.

website: www.sane.org
Helpline: 1800 18 SANE (7263)

FIGURE 5.20 The beyondblue logo

Youthbeyondblue Depression, Anxiety.
depression and anxiety, their ideas and thoughts, and general information about getting help and getting better. In this forum, young people can also respond to other people’s stories.

**Personal strategies that promote mental health**

As well as the government and community strategies and programs put in place to combat anxiety and depression, there are a number of things that individuals can do to promote their own mental wellbeing. They include:

- Communicating with friends and family — this is a very effective way of promoting mental health (figure 5.21). Effective communication means that individuals can discuss their problems and solve issues before they become seemingly unmanageable.
- Seeking help from medical professionals — this assists in promoting mental health. Mental health problems can therefore be professionally identified before they develop into clinical anxiety or depression.
- Taking time for relaxation enhances mental wellbeing — strategies such as undertaking hobbies, exercise and meditation can all help with relaxation.

Strengthening the protective factors already mentioned is obviously a key determinant in mental health promotion.

**Mental health care services available to youth**

As well as government, community and personal programs and strategies, youth can access a range of health care services for both preventative and curative mental health care. In Australia, mental health care services are provided in a number of ways, including general practitioners, specialists such as psychologists and psychiatrists, and hospital care. Many of these services are either fully or partially funded through Medicare (see case study).

**Case study**

**Medicare**

Medicare is Australia’s universal health-insurance scheme. Established in 1984, it gives all Australian citizens, permanent residents and people from countries with a reciprocal agreement access to health care that is subsidised by the government. Countries with a reciprocal agreement include New Zealand, the United Kingdom, the Republic of Ireland, Sweden, the Netherlands, Finland, Italy, Malta and Norway. As a result of this agreement, Australian citizens can also access subsidised health care in those countries if they require treatment while abroad.

Youth aged 15 and over are able to apply for their own Medicare card. A Medicare card can be used for:

- making a Medicare claim for a paid or unpaid doctor’s account
- visiting a doctor who bulk bills
- getting treatment as a public patient in a public hospital
- filling a Pharmaceutical Benefits Scheme prescription at a pharmacy.

(continued)
Youth enrolled in Medicare can receive subsidised treatment for a range of health services including:
- doctors’ consultations (including specialists) and associated treatments
- tests and examinations by doctors
- x-rays and pathology tests
- eye tests performed by optometrists
- free treatment in public hospitals
- subsidised treatment in private hospitals.

Medicare covers most ‘clinically necessary’ hospital and doctors’ fees. Any cosmetic or elective procedures are generally not covered. Other services not covered by Medicare include dental examinations, home nursing treatment and ambulance services. A number of treatments that exist in addition to mainstream medicine are also generally not covered by Medicare. Some of these services are referred to as **allied health services** and include physiotherapy, occupational therapy, speech therapy, eye therapy, podiatry and psychology. **Complementary health services** are also generally not covered and include chiropractic services, acupuncture and hypnotherapy. Allied and alternative health services may be covered by Medicare in some cases, especially if they are referred by a GP.

**Case study review**

1. (a) Explain Medicare.
   (b) Discuss the range of health care services available to youth through Medicare.
2. Use the Medicare Information links in the Resources section of your eBookPLUS to find the weblink and questions for this activity.

**General practitioners and specialist services**

In relation to mental health, youth can access a range of health services. **General practitioners (GPs)** are often the first contact youth have with the health system. In 2012–13, around 12.3 per cent of all GP encounters were related to mental health, which translates to around 16 million visits. GPs provide a range of services including treating mental health issues and referring individuals to specialists. **Mental health specialists** include psychologists, psychiatrists, mental health nurses, occupational therapists, social workers and Aboriginal health workers. These services are provided in a range of settings; for example, in hospital, consulting rooms, home visits and over the phone. Each year, there are over 5 million Medicare-subsidised mental health-related services provided by psychiatrists, psychologists and other allied health professionals in addition to the services provided by GPs.

**Hospital care**

Hospital emergency departments also play a significant role in treating mental health issues and, in addition to GP consultations, can be the initial point of contact with the health system for youth. A Victorian study of emergency department presentations found that emergency departments were used as an initial point of care for those seeking mental health-related services for the first time, as well as an alternative point of care for people seeking after-hours mental health care (Victorian Government Department of Human Services, 2006). In 2012–13, around 8.6 per cent of all hospital separations for those aged 15–19 were related to mental health (AIHW, 2015). Almost two-thirds of the mental health-related emergency department occasions of service were resolved without the need for admission or referral. Most of the remaining mental health-related occasions of service were admitted to hospital.
Fewer people receiving mental health treatment

By Adam Cresswell, health editor

A smaller proportion of people with a chronic mental health condition is getting treatment now than 10 years ago — a finding that has shocked experts and called into question the effectiveness of the $1.8 billion poured into the neglected sector since 2006.

National figures published by the Australian Bureau of Statistics yesterday show that of the 3.2 million people who had a mental health disorder in the previous 12 months, only 35 per cent obtained treatment services — less than the 38 per cent reported in the previous survey in 1997.

And 2.1 million Australians recorded in the latest survey as having had a mental problem in the previous year did not use the health services, but felt they had missed out.

The figures, contained in the latest National Survey of Mental Health and Wellbeing, have prompted calls for a rethink of mental health policies.

Brain and Mind Research Institute executive director Ian Hickie, a long-standing advocate of reform in mental health services, said many experts had expected the access figure to rise to at least 50 per cent after the huge cash injections of recent years, including the $1.8 billion package pledged by John Howard in 2006 and subsequent announcements by most states.

But Professor Hickie said that instead the report showed Australia had been tipping ‘new money into old services’ such as GP consultations. This meant the people benefiting the most, middle-aged women, were the same people who had always most used such services, and that those missing out, men and young people, were seeing little improvement in their treatment.

‘We were shocked in 1997 to find that only 38 per cent had access to services in the past year,’ Professor Hickie said.

‘Once that became clear, it became a goal to increase access to care. If we were shocked in 1997, we are staggered now. We should never have gone for 10 years without knowing whether all the money we were spending was having any effect.’

Professor Hickie called for new and innovative policies, such as delivering more mental health care through community services, and better use of communications technologies and private providers.

The study, conducted between August and December last year, indicated no reduction in the need for mental health treatment. It found 45 per cent of Australians would experience a mental health problem at some stage in their lives, and that 20 per cent had a mental problem in the past year.

Among people aged 16–24, the rate was more than a quarter.

Mental Health Council of Australia chief David Crosbie said the figures were deplorable.

‘When you think it’s no better than it was 10 years ago, and with all the investment and the rejigging of the existing system and the talk about reform, you have to wonder if it reaches real people in real communities,’ he said.

‘As well as supporting the current system, we need a lot more new and different services, and community-based services. The bottom line is we are just not reaching people with a mental health disorder.’


Case study review

1  (a) How has Australia poured ‘new money into old services’ according to Professor Hickie?
   (b) Who was most likely to benefit from this?
2  (a) What ‘new and innovative policies’ does Professor Hickie call for?
   (b) With a partner, select one of these suggestions and devise a plan for implementing it.
Rights and responsibilities of youth in using health services

There are a number of rights and responsibilities that youth have when accessing health care services to promote health, including those services addressing anxiety and depression. These rights and responsibilities are established to ensure that the best possible outcomes are achieved for the individual’s health. Many young people are not aware of their rights, and this is a contributing factor for youth not accessing health services.

The rights and responsibilities of youth in accessing health care are outlined below:

- **The right to privacy.** Any information about an individual must be treated confidentially. If the doctor deems a young person (under the age of 18) to be mature, then parents do not have to be informed of consultations or treatment. If the person is deemed not mature by the doctor, then parents may be informed. In most cases, those aged 14 years or older demonstrate the maturity to make their own decisions, but this will of course depend on the individual and the nature of the consultation and/or treatment.

- **The right to a second opinion.** Regardless of the illness, all patients have the right to a second opinion or to be dealt with by a different worker without fear of victimisation.

- **The right to use public health services.** Most people residing in Australia have the right to use Medicare, which can provide treatment free of charge. Those aged 15 and over are entitled to their own Medicare card.

- **The right to help develop a treatment plan.** Individuals have the right to assist in the development of a treatment plan that suits them (figure 5.22).

- **The right to refuse treatment.** A person can usually refuse treatment. However, in extreme cases, where the individual with a mental illness is a risk to themselves or the community, they may be held against their will in a psychiatric hospital. In these cases, the person does not have the right to leave that care but can appeal against their detention.

- **The right to complain about treatment.** If the youth feels that their treatment has not been satisfactory, they can lodge a complaint through the Health Services Commissioner (www.health.vic.gov.au/hsc).

- **The right to have a family member or friend present during consultations.** Some people feel more comfortable with a friend or relative present, and health workers should respect this right.

- **The right to be treated with respect and dignity.** All human beings have certain rights, including the right to dignity and respect. If a person feels that they have not been treated with dignity and respect, a complaint can be made. In addition to the range of rights, users of health care services also have a number of responsibilities that include:

  - **The responsibility to give accurate accounts of medical history, and behavioural factors.** Health workers cannot decide on the best treatment options if they have only half the story. It is therefore in the patient’s best interests to be completely honest. Health workers are there to help, not to judge.
• The responsibility to keep appointments. Appointments can be difficult to get for certain services. Every time someone fails to keep an appointment, another person effectively misses out on care.
• The responsibility to tell medical staff if they do not intend to follow treatment. If a person does not agree with a treatment plan or intends to not follow it, they should communicate this with their health worker so that a more appropriate plan can be devised.
• The responsibility to work with medical staff to make the most of the opportunities available to improve their health. Medical professionals can provide opportunities to improve health (e.g. by giving advice on how to alter behavioural factors), but the responsibility to act on these opportunities lies with the patient.
• The responsibility to treat others with respect and dignity. All humans have these rights and are entitled to be treated in this manner.
• The responsibility to respect the privacy of others. All people receiving and giving care are entitled to their privacy.

**TEST your knowledge**

1. (a) What is SANE Australia?
   (b) How does it promote health and individual human development?

2. (a) What is Youthbeyondblue?
   (b) How does it promote the health and individual human development of those suffering from mental illness?

3. Does a doctor have to report medical issues to the parents of young patients? Explain.

**APPLY your knowledge**

4. Discuss why it would be beneficial for an individual to assist in devising their treatment plan.

5. How could you improve your personal skills to assist in the prevention of mental illness?

6. Discuss the characteristics a doctor would look for in evaluating a young person’s maturity.

7. Why is it important to consider getting a second opinion for any serious condition?

8. (a) Which rights and responsibilities were you not aware of with regards to accessing health services?
   (b) Would knowledge of these rights and responsibilities change the way you feel about accessing health services? Explain.

9. (a) Research government and non-government strategies that are employed to address an issue of your choice.
   (b) Produce a summary on the strategy and include the following information:
      i. name of the organisation/level of government
      ii. aims/goals of the organisation/strategy
      iii. a description of how they attempt to achieve their goals.
   (c) How can you tell if the strategy is a government or non-government initiative?

10. Brainstorm the personal strategies that may assist youth in reducing the impact of a selected health issue. Consider the determinants that increase the risk of the issue when answering this question.
KEY SKILL Analyse data to draw informed conclusions about the range of health issues facing Australia’s youth

This key skill requires the ability to use information presented (in the form of tables, graphs or case studies, for instance) and combine it with existing knowledge about health and development in order to draw conclusions about issues facing Australia’s youth.

Whenever using information presented, take time to understand what the information is saying. If it is presented in graphical form, follow the steps presented in the skills section at the end of chapter 2. If it is in written form, always re-read the information carefully. It is easy to miss key information on a first reading.

In the following example, data about the patterns of injury and poisoning mortality rates over time (figure 5.23) are analysed, trends identified and conclusions drawn.

![Graph showing injury and poisoning death rates for young people aged 10–24 years, 1997–2011](image)

**FIGURE 5.23** Injury and poisoning death rates for young people aged 10–24 years, 1997–2011

Source: Adapted from AIHW, GRIM (general record of incidence of mortality) books, 2015.

Overall, mortality rates due to injury and poisoning have decreased over time. Rates for those aged 15–19 decreased from around 43 deaths per 100,000 people in 1997 to around 22 per 100,000 in 2011. During the same period, mortality rates due to injury and poisoning decreased for those aged 20–24 from around 60 deaths per 100,000 to around 33 per 100,000. The mortality rates for those aged 10–14 remained fairly stable over time at around 5–8 per 100,000. The graph shows that those aged 12–14 are the least likely to die from injury and poisoning compared to those aged 15–19 and those aged 20–24. Those aged 20–24 are most likely to die from injuries and poisoning of the three age groups.
Health issues facing Australia’s youth

KEY SKILL  Describe a specific health issue facing Australia’s youth

To complete this key skill, you must describe in detail one health issue that faces Australia’s youth. As the issue of mental health is explored in detail in this chapter already, it may be useful to explore another issue to demonstrate this key skill. To give a comprehensive overview, in addition to being able to describe the issue, it is important to provide any related information.

For example, to describe injuries, it is required to explain what they are, how they affect the sufferer and their causes. The following is a description of injuries as a health issue facing Australia’s youth.

‘Injury’ is a term that refers to the physical damage that can occur to the body as a result of trauma. Examples of injuries affecting youth include drowning, car crashes, suicide and poisoning. Mortality rates from injuries have declined in recent years but they still remain the leading cause of death for youth in Australia. During youth, males have significantly higher rates of injury deaths than females. As well as mortality, injuries can result in lifelong disability and contribute significantly to morbidity. When not fatal, injuries can require hospitalisation and ongoing treatment, including rehabilitation. Behavioural determinants such as alcohol and drug use, risk-taking behaviours and social determinants such as the influence of the peer group can act to increase or decrease the risk of sustaining injuries.

FIGURE 5.24  Accidental poisoning death rates for young people aged 12–24 years, 1987–2007

Source: AIHW 2011, Young Australians: their health and wellbeing.

1 Analyse the data relating to accidental poisoning death rates over time for males and females and draw a conclusion about the differences between the two groups.
2 Use the Young Australians weblink in your eBookPLUS to find the link for this question.
   (a) Find data relating to an issue of your choice.
   (b) Analyse the data and draw a conclusion relating to your selected health issue.

The characterising features of injuries are identified.
Examples related to youth are identified.
The reason why injury is considered a health issue is identified. In this case, it is due to the high rates of mortality and morbidity.
Determinants that can increase or decrease the risk of injuries are identified.
KEY SKILL Gather information on a selected issue related to youth health using a range of sources such as primary data, print and electronic material

Information should be gathered from a range of sources and presented in a variety of ways including discussions, tables, graphs, and other media such as podcasts. Information should relate to different aspects of the issue and can include morbidity (including prevalence and incidence where appropriate), the impact on mortality, differences between males and females, the amount of money spent addressing the issue, and strategies devised to address the issue. The data must relate to youth, although other lifespan stages can be included when they are used as a basis of comparison with youth.

It is important to record where information comes from, so a source can be presented for each piece of data and can also be recorded in a bibliography.

In the following example, selected data relating to injuries are presented.

Injuries contribute more to mortality for youth in Australia than any other cause, with land transport accidents the single greatest cause of injuries, followed by suicide (AIHW, Young Australians: their health and wellbeing, 2011). As shown in figure 5.25, males experience a greater percentage of injury deaths than females.

![Figure 5.25: Injury and poisoning deaths among young people aged 15–24 years, by external cause of injury](source: AIHW National Mortality Database)

In 2011, the Australian Institute of Health and Welfare collected information relating to hospitalisations due to injuries for those aged 15–19. It found that there were 19,351 cases of children aged 15 to 17 years hospitalised as a result of...
an injury, representing 15 per cent of all hospitalised injury cases in youth. The incidence rate of injury was 2244 cases per 100,000 population (AIHW, Injury research and statistics series, 2014). Rates of hospitalisation due to injuries are shown in figure 5.26. These data show that males and females in the 15–19 age group are more likely to be hospitalised due to injuries compared to those aged 12–14 and 20–24. In all age groups, males are more likely to be hospitalised than females.

In the 2011–12 financial year, injury expenditure was around $5.2 billion, representing more than 6 per cent of total allocated health expenditure in that year.

The TAC produce a range of initiatives including advertising campaigns, with the aim of reducing the incidence and severity of injuries occurring as a result of road accidents. The Everybody Hurts campaign is an example of this (see figure 5.27).

The Everybody Hurts campaign is an advertising strategy aimed at encouraging people to reduce their speed and therefore their risk of sustaining injuries on Victorian roads. Everybody Hurts utilises social media such as Facebook to personalise road safety messages. It also provides a website that contains clips of all the different people who are affected by road trauma.
PRACTISE the key skills

5 For an issue of your choice, collect information relating to:
(a) morbidity (including incidence and prevalence where appropriate), mortality and burden of disease data
(b) differences between males and females
(c) the amount of money spent addressing the issue
(d) personal, community and/or government strategies or programs designed to address the issue.

Key skills exam practice

There are many issues facing Australia’s youth. If continual improvements to health status are to be made, these issues must be addressed. Individuals, communities and governments implement a range of strategies and programs in order to optimise health and development.

6 List three issues that impact on the health and development of Australia’s youth.

____________________________________________________
____________________________________________________
____________________________________________________

3 marks

7 Select one of the issues identified in question 6 and describe it briefly.

Issue selected _______________ Description _______________

____________________________________________________
____________________________________________________

4 marks

KEY SKILL Analyse information on a selected youth health issue and draw informed conclusions about personal, community and government strategies and programs to optimise youth health and development

This key skill requires statements to be made about the information and data that have been collected on a selected health issue.

To begin an analysis of the issue, examine the trends that have become evident and the associated impact on youth health and development. In addition, analyse a range of personal, community and government strategies or programs that have been implemented to address the issue. Comment on their actual or possible effectiveness. For this, a critical approach is required. For instance, there may be financial constraints that prevent the strategy from being more effective than it is. It is not expected that all comments will be positive. There will no doubt be room for improvement evident in at least some of them.

In the following example, the data and information on injuries are analysed and conclusions about the TAC’s ‘Everybody hurts when you speed’ campaign are made.

Although the focus here is on a community program, this skill should also be applicable to personal and government strategies and programs.

Injury rates are high among Australian youth, with males more likely to experience injuries than females. Land transport accidents were the most common cause of injury death among Australian youth. Around 35 per cent of all injury deaths were due to land transport accidents, with males accounting for around
three-quarters of all land transport deaths. In 2011–12, males aged 12–14 and 15–19 were more than twice as likely to be hospitalised due to injuries compared to females. For instance, males aged 12–14 experienced a hospitalisation rate of around 2000 hospitalisations per 100 000 people, compared to around 900 hospitalisations per 100 000 people for females.

Those aged 15–19 were significantly more likely to be hospitalised than those aged 10–14. For example, rates for males aged 10–14 were around 2000 per 100 000 compared to rates of around 3000 per 100 000 people for males aged 15–19.

The TAC’s ‘Everybody Hurts’ campaign utilises media (including social media) to reach its audience. Young people are often engaged in social media so may be more likely to be exposed to its message. Everybody Hurts aims to educate people by accessing their social media profiles and making personalised messages relating to the impact of injuries sustained on roads.

Not all young people at risk of road injuries access social media and not all will be exposed to the ‘Everybody Hurts’ message. Youth is a time of risk taking for some individuals and even if they are exposed to the Everybody Hurts campaign, they may not respond to the message within it.

Overall, the Everybody Hurts campaign is effective as it targets speed, which is a major cause of land transport accidents, the major cause of injury death among young people. The campaign acts to reach young people via media that they engage in, particularly social media. This may encourage youth to think twice about risk taking on the road and may decrease the rate of injury death among youth.

### PRACTISE the key skills

1. **Identify the range of health care services available to youth and discuss their rights and responsibilities in accessing and using these services**

The first part of this key skill is identifying the range of health care services available to youth. Discussion of these services is not necessary but an understanding of them is essential to ensure that appropriate services are identified for the given issue or situation. Medicare provides a range of health care services in Australia and is a key concept for this key skill.

The second part of this skill requires a discussion of the rights and responsibilities of youth in accessing these services.

In the following example, health care services relating to injuries are identified and the rights and responsibilities relating to the use of them are discussed:

Health care services available to youth relating to injuries include:

- Ambulance services
- General practitioners
- Emergency departments at public hospitals
- Rehabilitation services
- Allied health professionals such as physiotherapists

**KEY SKILL** Identify the range of health care services available to youth and discuss their rights and responsibilities in accessing and using these services

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**Statements relating to injuries among Australian youth are made, with data from the graph used to provide statistical evidence.**

**Trends relating to hospitalisations are identified based on the data presented.**

**Elements of TAC’s ‘Everybody Hurts’ campaign are discussed.**

**Possible limitations of the campaign are identified.**

**A conclusion is drawn and points made to support the conclusion.**

**The likely impact of the campaign is outlined.**
Youth have a number of rights and responsibilities when accessing health services, including:

- Those aged 15 and over have a right to obtain their own Medicare card and use Medicare-funded services. This allows youth to make their own appointments for consultations and treatments.
- Youth have a right to choose their own general practitioner (GP). Medicare subsidises the cost of GPs' services regardless of which GP the individual accesses.
- Youth have a right to have their privacy protected. Consultation and treatment plans are not discussed with other people. This includes parents, provided the youth is considered to be mature.
- Youth have a responsibility to be honest with their health care professional with regards to their medical history and relevant behavioural factors so the most appropriate type of care can be provided.
- Youth have a responsibility to keep all medical appointments. This assists the health care system in treating as many people as possible.

PRACTISE the key skills

9 In relation to a health issue of your choice:
   (a) Identify a range of health care services available for youth.
   (b) Discuss the rights and responsibilities associated with using these services.

10 Design a poster aimed at educating youth as to the range of health care services available relating to STI prevention.
Chapter summary

- Overweight and obesity rates have increased in recent decades and this is a risk factor for a range of other health concerns such as psychological distress, cardiovascular disease and type 2 diabetes. Increased consumption of energy-dense foods and a decrease in physical activity levels have contributed to this issue.
- Injuries are the leading cause of death for youth and are higher for males.
- Youth is a stage of experimentation, but tobacco, alcohol and drug use can have far-reaching implications.
- Tobacco smoking rates have decreased over time, but smoking still poses a risk to the health of many individuals. The youth stage of the lifespan is when most lifelong smokers develop their habit.
- Binge drinking increases the risks associated with alcohol consumption.
- Rates of STIs are relatively high among youth, especially chlamydia infection.
- Anxiety and depression cause the largest burden of disease among Australian youth.
- There are a number of other mental illnesses that affect young people such as bipolar disorder, schizophrenia, eating disorders and substance use disorders.
- Mental illnesses affect the health and development of youth in many different ways.
- Up to 70 per cent of youth with a mental illness do not seek help.
- The rates of mental illness have been fairly stable over the 10 years to 2007.
- The death rates for mental and behavioural disorders decreased significantly over time.
- Biological, behavioural, physical environment and social determinants can either protect a person against, or put them at risk of, developing a mental illness.
- A number of strategies have been implemented to address the issue of mental illness in Australian society, including SANE Australia’s helpline and ‘Stigmawatch’ and Youthbeyondblue.
- Personal strategies such as relaxation and communication can protect individuals from mental illness.
- A range of health care services are available to youth, many of which are fully or partially funded by Medicare.
- Medicare is Australia’s universal health insurance scheme.
- Services covered by Medicare include general practitioners, specialist services and hospital treatment.
- Young people have rights when accessing mental health services including the right to:
  - privacy
  - a second opinion
  - use public health services
  - help develop a treatment plan
- The responsibilities associated with using these services include the responsibility to:
  - refuse treatment
  - have a person present with them
  - be treated with respect and dignity.

TEST your knowledge

1. What are the major health issues for Australia’s youth in relation to: (a) morbidity? (b) mortality? (c) overall burden of disease?

APPLY your knowledge

2. Select one health issue and explain the determinants of health that together may influence the decisions a person makes regarding this issue.