Summary

There are divergent views about the health and wellbeing of young people in Australia (those aged 12–24 years). One opinion is that young people have better health than their older counterparts, while another is that this age group is particularly vulnerable to some of the ill-effects of modern society. This report documents some of the evidence for these perceptions and attempts to inform public debate on these issues. The report uses existing data sources to measure levels and trends in the health and wellbeing of young people. While recognising that there are gaps and deficiencies, this represents the best available data. Gaps in the analysis demonstrate that there is potential to further develop and improve the information available on young Australians.

Young people in Australia are in good health...

- Two-thirds of young people rated their health as 'excellent' or 'very good' (Chapter 3).
- Eight per cent of 15–19 year olds and 9% of 20–24 year olds self-reported as having a disability, the lowest of all age groups (Chapter 7).
- Furthermore, in relation to their disability, only 2% of males and 1% of females aged 15–24 years reported having restrictions in core activities to an extent classified as 'profound' or 'severe' (Chapter 7).
- Fifty-four per cent of young people aged 15–24 years were classified as being of 'acceptable weight', compared with only 35% of those over 24 years (Chapter 16).
- About 80% of those aged 20–24 years had completed secondary school, and 39% had some post-school qualification (Chapter 20).
- In 1993–94, 9.4% of total health expenditure was for 15–24 year olds, who accounted for 15.3% of the population (Chapter 23).

and it's getting better...

- Death rates for 12–24 year olds declined by 29% over the period 1979–1992 to 60 per 100,000, and have remained stable since then (Chapter 5).
- Part of the decline in death rates is due to a decline in motor vehicle accident deaths, which have fallen from 40 to 16 per 100,000 for males and 16 to 6 per 100,000 for females over the period 1979 to 1997 (Chapter 8).
- New cases of HIV infection among young males declined from 11 per 100,000 in 1991 to 3 per 100,000 in 1998; among young females HIV infection rates have consistently been much lower, about 1 per 100,000 (Chapter 6).
- Teenage fertility declined from 55 births per 1,000 women in 1971 to 20 in 1988, and has been stable since then (Chapter 11).
- Notifications of syphilis infections declined from 32 per 100,000 in 1992 to 11 per 100,000 in 1997 (Chapter 11).

but there are still some areas of concern...

- The major burden of disease (measured as a combination of the effect of mortality and disability) for this age group is from mental disorders (clinically recognisable symptoms or behaviour associated with stress and interference with personal functions) (Chapter 4).
- Injury is the leading cause of death for 12–24 year olds with two-thirds of all deaths attributed to some form of injury, including accidents and suicide (Chapters 5 and 8).
- Injury death rates for 15–24 year olds are higher than all other age groups under 75 years (Chapter 8).
- While 54% of 15–24 year olds in 1995 were of acceptable weight, 22% were overweight or obese (Chapter 16).
- Suicide has not followed the declines seen for most other causes of death in this age group—suicide rates increased over the period 1979–1997, particularly for males (Chapter 10).
- Chlamydia is the main sexually transmissible disease among young people, especially females, and notifications for this infection increased from 105 to 292 per 100,000 over the period 1991–1998 (Chapter 11).
- Drug dependence accounted for 7% of youth deaths.
- Deaths where drugs and medicinal substances were either the underlying or contributing cause represented 24% of youth deaths.
- One in 5 males and 1 in 10 females in the 18–24 years age group were found to have substance use disorders ('harmful use' or 'dependence' on drugs and/or alcohol) (Chapter 9).
- Alcohol dependence was more prevalent than drug dependence, with 12% of males having alcohol dependence compared with 9% for cannabis and opioid dependence.
- Nearly half of 14–24 year old males and one-third of females of the same age had an alcoholic drink at least once a week (Chapter 13).
- In 1998, 25% of young persons aged 14–19 years and 40% of those aged 20–24 years were regular or occasional smokers (Chapter 13).
- Thirty-eight per cent of young people aged 14–24 years reported using marijuana in the past 12 months (Chapter 13).
- Between 1995 and 1998, the proportions reporting using illicit drugs in the past 12 months increased for all drugs (Chapter 13).
- The proportions of young people who reported exercising at a 'vigorous' or 'moderate' level for sport or recreation declined with age, from about 61% of males aged 15–17 to about 44% of males aged 20–24, and from 41% of females aged 15–17 to 31% of those aged 20–24 (Chapter 14).
- Similarly, the proportions of young people who reported that they ate cereals and fruit products and dishes on the previous day decreased with age (Chapter 15).
- Young people aged 15–24 years were less likely (35%) to always use sun protection measures, compared with children under 15 (56%) and adults over 24 years (46%) (Chapter 17).
- Rates of retention in secondary school through to Year 12 declined since reaching a peak in 1992, from 73% for males and 82% for females to 66% for males and 78% for females in 1998 (Chapter 20).
- Young people were more likely to be victims of assault, sexual assault and robbery than the whole population (Chapter 22).
- Young people, especially males, were also more likely to be in prison than those over 24 years (Chapter 22).

some groups are comparatively worse off...

- Using recent data, death rates for young Aboriginal and Torres Strait Islander people were found to be 2.8 times higher for males and 2.0 times higher for females than their non-Indigenous counterparts (Chapter 25).
- The 20% of males in the lowest socioeconomic group were 1.7 times more likely to die and 1.4 times more likely to be hospitalised than the 20% of males in the highest socioeconomic group; for females, these ratios were 1.4 and 1.2 respectively (Chapter 27).
- Twenty per cent of unemployed youth in 1995 assessed their health status as being fair or poor, compared with 9% of employed youth and 8% of students (Chapter 21).
- Youth living in rural and remote areas appear to have poorer health compared with those in capital cities and other metropolitan areas—both death rates and hospitalisation rates increase with increasing remoteness (Chapter 26).

and there are differences between males and females.

- Among young Australians, there are about three male deaths to every one female death (Chapter 5).
- Higher death rates for young males from accidents and suicide account for most of this difference (Chapter 5).
- The gap in death rates between the lowest and highest socioeconomic status groups widened between 1985–87 and 1995–97 for males but narrowed for females (Chapter 27).
- Rates of depressive disorders are three times higher for young females than for males (Chapter 9).
- On the other hand, the rate of substance use disorders for males is twice the rate for females (Chapter 9).
- The higher rate of substance use disorders in males is reflected in higher rates of alcohol and drug dependence: 12% of males were alcohol dependent, compared with 4% of females, and 9% of males were cannabis and opioid dependent, compared with 3% of females (Chapter 9).
- The male suicide rate was four times the female rate, but the female hospitalisation rate for parasuicide was greater at all ages and more than three times the rate for males at ages 15 and 16 (Chapter 10).
- Of those whose weight is outside the 'acceptable' range, a higher proportion of males are overweight or obese (25% of all males compared with 19% of all females), while a higher proportion of females are underweight (26% compared with 19%) (Chapter 16).
- Female secondary school retention rates to Year 12 have been about 10% higher than those of males since 1989 (Chapter 20).
- Males under 25 years are much more likely to be in prison than females, with a rate of 428 per 100,000 compared with a rate of 17 per 100,000 for females (Chapter 22).

Where to now?

Australian governments recognise the need for good quality information on the health of young people in Australia. This report goes some way to improving the information available on the health and wellbeing of Australian youth.

There remain a number of important gaps in the data available and deficiencies in existing information (Chapter 29), including:

- lack of adequate information on the physical, biomedical and behavioural risk factors affecting youth health;
- lack of a measure of health status and wellbeing for the 12–17 year olds; and
- inability to link determinants of health with health status, especially over time.

The identification of such data gaps and deficiencies will provide a basis from which the progress for improved national data can begin.