

Summary

Youth is the transition from child to adult. It is a period of great and rapid emotional, physical and intellectual change. Because it is a time of transition, it is also a time when individuals can experience significant fluctuations in health and wellbeing. This report documents the changes in health and wellbeing of young people during their transition from childhood to young adulthood. This report shows that the majority of Australia's youth experience very good mental and physical health.

What does Australia's young population look like?

- At 30 June 2001, there were 3.5 million young people aged 12–24 years – 1.8 million males and 1.7 million females. They make up 18% of the total Australian population.
- In 2001, nearly 70% of young people aged 15–24 years lived in major cities, another 19% lived in inner regional areas and around 12% lived in outer regional and remote areas of Australia.
- At 30 June 2001, the number of Aboriginal and Torres Strait Islander young people aged 12–24 years was estimated to be 116,698 – about 3% of the total number of young people in Australia.
- The majority of young people (62%) were living with their parents. More males than females were living with their parents. In 2000, 91% of males and 85% of females aged 15–19 years were living at home. The corresponding proportions for those aged 20–24 years were 52% and 39% respectively.
- Around 11% of young people were either married or living in a de facto relationship. Marriage rates for young people under 25 years declined considerably between 1976 and 2000, partly because of an increase in de facto relationships.
- In Australia in 2000 the Year 12 completion rate was about 67%, with a higher proportion of females completing Year 12 (74%) than males (61%).
- Educational attainment is the highest school or post-school educational qualification attained. In 2000, 76 per cent of 19-year-olds had completed year 12 or obtained a post-school qualification and 44 per cent of 24-year-olds had attained a skilled vocational qualification or higher.
- Between 1982 and 2002 the proportion of young people in full-time employment decreased from 40% to 16% for young people aged 15–19 years and from 65% to 50% for young people 20–24 years. Over the same period the proportion of young people in part time employment increased from 12% to 32% for young people aged 15–19 years and from 8% to 23% for those aged 20–24 years. Many young people working part time were also in full-time education.

Most young people in Australia feel they are in good health and have a good quality of life

- In 2001, 76% of young Australians aged between 15–17 years and 59% of those aged between 18–24 years rated their health as ‘excellent’ or ‘very good’.
- Completion of schooling directly influenced self-assessed health; 63% of those who had completed Year 12 rated their health as ‘excellent’ or ‘very good’ compared to 44% of those who had completed only Year 9.
- A higher proportion of young people who were employed assessed their health as ‘excellent’ or ‘very good’ than those who were unemployed.
- Just over 80% of young people were ‘delighted’, ‘pleased’ or ‘mostly satisfied’ with their quality of life; only 4% saw their lives as ‘unsatisfactory’, ‘unhappy’ or ‘terrible’.
- A greater proportion of young people who were not satisfied with their quality of life had not completed schooling beyond Year 9.

And death rates declined...

- Of all Australians who died in 2001, only 1% (1,637 deaths) were young people aged 12–24 years. Of these 74% were males and 26% were females. Most of the deaths among young people were of those aged 18–24 years.
- Death rates for both males and females aged 12–24 years declined between 1982 and 2001 – by 43% for males (from 120.4 to 68.3 per 100,000) and 34% for females (from 38.4 to 25.4 per 100,000). The difference in death rates between males and females narrowed from 3:1 to 2.7:1.

Injury is still the main cause of death among young people but deaths due to transport accidents and suicide are decreasing

- Injury and poisoning were the cause of just over 70% of all deaths in people aged 12–24 years in 2001 (1,170 deaths); almost 80% of those who died of these causes were males. The next highest cause of death in young people was cancer (144 deaths), which caused 9% of deaths.
- Of deaths caused by injury and poisoning, 46% (or 534 deaths) were caused by transport accidents and 30% (349 deaths) were suicide. A further 9% (107 deaths) were due to accidental poisoning, some of which were drug overdoses. Only 1% of deaths among young people aged 15–24 in 2001 were recorded as caused by drug dependency. The death rate from drug dependency in young people peaked in 1998 at 9 per 100,000 and fell to around 1 per 100,000 in 2001.
- Transport accident deaths in young people of both sexes decreased by 62% between 1982 and 2001 from 41.0 to 15.4 deaths per 100,000 young people. Between 1982 and 2001, males aged 12–24 years died in transport accidents at 3 to 4 times the rate of females.
- The suicide rate for young people – which had been increasing in Australia – reached a peak in 1997 with a rate of 15.2 deaths per 100,000 young people. From 1997 however, the death rate from suicide decreased to 10.1 deaths per 100,000 young people in 2001.
- Males aged 12–24 years died from suicide at around 4 to 5 times the rate of females. However, females aged 12–24 years were hospitalised for intentional self-harm at twice the rate of males.

What puts young people in hospital?

- Of all hospitalisations in 2000–01, 533,108, or 9%, were of young people aged 12–24 years.
- The most common cause of hospitalisation in young people was pregnancy and childbirth. These were the reason for 19% of all hospitalisations for young people aged 12–24 years. The next most common cause of hospitalisation was injury to young males. Injury to males was 15% of all hospitalisation for young people aged 12–24 years.
- Other common causes for young people to be hospitalised were impacted wisdom teeth and mental and behavioural disorders. Mental disorders were the reason for almost 9% of all hospitalisations for young people aged 12–24 years. Young males and females were hospitalised for mental disorders at approximately equal rates.

Why do young people visit the doctor?

- Respiratory conditions, including colds, asthma and bronchitis were the most frequent cause of young people visiting a general practitioner in 2001–02. Other frequent causes were for contraception and for sporting injuries, tonsillitis and acne.
- During 2001–02, general practitioners prescribed antibiotics to young people in 20 out of every 100 consultations. Other common prescriptions were for neurological problems, asthma and bronchitis medications and contraceptives.

What are the most important infectious diseases in young people in Australia?

- The most common infectious diseases in young people aged 12–24 years in 2001 were pertussis (2,996 notifications), followed by hepatitis C (326 notifications), meningococcal (215 notifications), hepatitis B (161 notifications), rubella (140 notifications) and hepatitis A (101 notifications).
- The infectious diseases that caused the greatest number of hospitalisations among young people in 2000–01 were meningococcal, hepatitis C and hepatitis B.
- Between 1991 and 2001 the greatest increase in notifications was for pertussis, hepatitis C and meningococcal.

The mental health status of Australia's young people

- In 2001, 54% of young people aged 18–24 years, exhibited low levels of psychological distress, as measured by the Kessler 10 scale.
- Less than 3% of males and 6% of females were found to have very high levels of psychological distress. High levels of psychological distress were associated with being unemployed or not completing school beyond Year 9.
- Hospitalisation of young people for mental disorders increased between 1996–97 and 2000–01. Rates were highest for young people aged 18–24 years (1,673 per 100,000 young people) and were over 3 times the rates for young people aged 12–14 years (464 per 100,000). In 2000–01 there were around 43,500 hospitalisations of young people with mental and behavioural disorders.
- The most common causes of hospitalisation for mental disorders among young people aged 12–24 years were depression (6,264 hospitalisations), schizophrenia (5,514 hospitalisations), reaction to severe stress (4,073 hospitalisations) and eating disorders (3,701 hospitalisations). Most eating disorders hospitalisations were for females and most schizophrenia hospitalisations were for males.

What is the 'teenage' pregnancy rate?

- The birth rate for young women aged 15–19 years declined from 55 per 1,000 in 1971 to 20 per 1,000 in 1988 and has been fairly stable since then.
- However, not all pregnancies lead to a live birth. In South Australia, data from the pregnancy termination register shows that while the number of teenage pregnancies declined in the 1970s and 1980s, abortion as an outcome of teenage pregnancies increased from 21% in 1970–1974 to 54% in 1995–1999.

Sexually transmitted infections (STIs) are on the rise...

- An increasing number of young Australians are being infected with sexually transmitted diseases. The most common STIs among young people were chlamydia and gonorrhoea.
- In 2001, 11,859 Australian young people were reported as being infected with chlamydia. It is believed many chlamydia infections go undetected because symptoms are mild. The rate of notified chlamydia infections increased by more than 3 times between 1991 and 2001 from 98 to 338 cases per 100,000 young people.
- In 2001, a total of 2,213 young Australians were infected with gonorrhoea. The infection rate for gonorrhoea increased 1.5 times between 1991 and 2001 from 47.4 to 71.6 cases per 100,000 young people.
- In 2001, there were 382 infections with syphilis among young people. The rate of infections with syphilis decreased by 56% between 1991 and 2001 from 25 per 100,000 young people to 11 per 100,000.

What are the patterns of drug use among young people and what do they think about them?

- A household survey in 2001 found that among those aged 18–24 years, 56% of males and 59% of females had never smoked. Among young people aged 14–17 years, around 82% had never smoked.
- Twenty per cent of males and 17% of females aged 14–17 years said they were 'regular' drinkers of alcohol. Around 35% of young people in this age group were assessed to be drinking at a level that put them at a high risk of death or injury in the short term. Among young people aged 18–24 years, 57% of males and 42% of females were regular drinkers. In this age group around 64% drank at levels that were risky or high risk for short-term harm.
- Among young people aged 14–17 years, 21% said they had used cannabis, 1% inhalants, 4% amphetamines, 3% ecstasy, 0.5% injecting drugs, and 6% some other illicit drug, in the previous 12 months. In comparison, in 1998 the proportion using cannabis was 31%, and the proportion using ecstasy was 0.8%. Among those aged 18–24 years, 40% of males and 26% of females used cannabis. Use of cannabis in this age group declined significantly between 1998 and 2001 (32% in 2001 compared with 42% in 1998). Amphetamines were used by 13% of young people aged 18–24 years and ecstasy was used by 12%. In 2001, injecting drugs were used by slightly less than 2% of young people aged 18–24 years.
- Young Australians aged 14–24 years think that heroin and cannabis are 'problem' drugs, but that alcohol, amphetamines, cocaine, tobacco and ecstasy are not. The most socially 'acceptable' drugs were thought to be alcohol, tobacco and cannabis.

How do Aboriginal and Torres Strait Islander young people compare with other Australians?

- In 2001 there were an estimated 116,698 Indigenous young people aged 12–24 years in Australia, 26% of the total Indigenous population. The majority of these young people lived in New South Wales or Queensland.
- Indigenous young people had much lower education participation rates than non-Indigenous young people. In 2001, 29% of Indigenous males and 38% of Indigenous females aged 19 years were still at school or had completed Year 12 compared to 68% of other Australian males and 78% of other Australian females.
- In 2001, Aboriginal and Torres Strait Islander young people aged 15–24 years were more likely to be unemployed than other Australian young people – 13% compared with 9%. Only about one third of Indigenous young people (34%) were employed compared with more than half of other Australian young people. Around one fifth of Indigenous young people who were employed were in community development employment programs (CDEP).
- The overall death rates for Indigenous people aged 12–24 years were higher than for other young Australians. For young males death rates were 2.4 times higher and for young females they were 2.8 times higher.
- The highest proportion of deaths for Indigenous young people was due to injury and poisoning (70% or 203 deaths between 1999 and 2001). Of all deaths due to injury and poisoning, suicide, transport accidents, assault and poisoning were the major causes of death.

- In 2000–01, there were 23,564 hospitalisations of Aboriginal and Torres Strait Islander young people aged 12–24 years. Hospitalisation rates for Indigenous young people were 1.4 times higher than for other young Australians. The most common reasons for hospitalisation were pregnancy and childbirth, injury and mental and behavioural disorders. Indigenous people, however, are underidentified in hospitalisation statistics and the actual rate of hospitalisation for Indigenous young people are likely to be substantially higher.
- In 2001, more than half of Indigenous young people aged 18–24 who were surveyed were current daily smokers, compared with 28% of other Australian young people. More than one quarter of Indigenous young people drank at levels considered to be high risk over the long term compared with 14% of other Australian young people. Just over 38% used an illicit drug in the last 12 months compared with 32% of other Australian young people.