



5.4 Health of young Australians

Adolescence and young adulthood is a significant period of transition in a person's life. Many modifiable behavioural risk factors that can affect current and future health and wellbeing either emerge or accelerate during this time. Addressing health concerns and choices early can improve the immediate quality of life for young people and is socially and economically more effective than dealing with enduring problems in adulthood.

Recognising the importance of youth health, the Council of Australian Governments Health Council recently endorsed *Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health*. The framework identifies five strategic priorities in Australia for the next 10 years (COAG Health Council 2015). (See 'Chapter 5.3 How healthy are Australia's children?') These strategic priorities comprise 27 objectives and 64 actions. Six of these objectives have actions relating to youth health which are measurable using existing data:

1. Children and young people are active, healthy and thriving.
2. Children and young people have lower rates of preventable injury and mortality.
3. Children and young people experience lower rates and impact of chronic disease.
4. Children and young people are supported in their mental health needs.
5. Young people reduce risk behaviours such as smoking, drug and alcohol use.
6. Young people make sound choices about their sexual and reproductive health.

This snapshot examines how Australia's 3.1 million young people aged 15–24 (13% of the Australian population) are faring against these six objectives.

How young people are faring

Objective 1: Young people are active, healthy and thriving

According to the 2014–15 National Health Survey (ABS 2015c):



57% of young people were in the normal weight range (with a body mass index of 18.50–24.99), but 22% were classified as overweight and 15% as obese.



Just over half (52%) of young people aged 18–24 were sufficiently active (more than 150 minutes of physical activity over 5 or more sessions in the previous week).



Only 3.3% of young people ate enough fruit and vegetables according to the Australian Dietary Guidelines (NHRMC 2013)—46% ate the recommended 2 daily serves of fruit (3 serves for 15–17 year olds) but only 4.0% had 5 serves of vegetables a day (or 4 serves for 15–17 year olds).

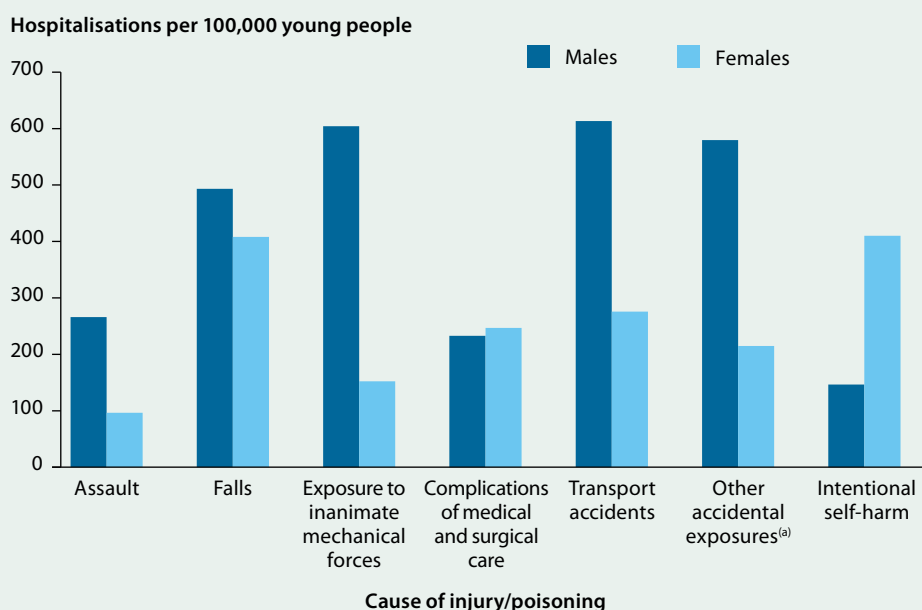


Objective 2: Young people have lower rates of preventable injury and mortality

In 2013–14, there were over 80,000 hospitalisations (2,572 per 100,000) of young people due to injury and poisoning. Rates have changed little since 1993–94 (which were then 2,514 per 100,000). Males aged 15–24 were 1.9 times as likely as females to be hospitalised for injury/poisoning, but causes of hospitalised injuries by sex were very different for this age group (Figure 5.4.1).

The most common cause of injury/poisoning hospitalisation for females was intentional self-harm (410 per 100,000), which ranked 8th for males (147 per 100,000)—females were 2.8 times as likely to be hospitalised for self-harm as males aged 15–24. Males were most likely to be hospitalised for transport accidents (613 per 100,000), and 2.2 times as likely to be hospitalised for this reason as females. Transport accidents ranked as the 3rd most common reason for hospitalisations for females (276 per 100,000). See 'Chapter 3.13 Injury'.

Figure 5.4.1: Hospitalisations for the most common principal diagnoses of injury and poisoning, by cause and sex, young people aged 15–24, 2013–14



(a) This category comprises accidental drowning and submersion; accidental threats to breathing; overexertion; travel and privation; and accidental exposure to other and unspecified factors.

Source: AIHW Morbidity Database.

In 2014, there were 989 deaths (32 per 100,000 young people) among young people aged 15–24. Males were 2.2 times as likely as females to die between the ages of 15 and 24 (22 per 100,000 young people compared with 10 per 100,000 young people, respectively) (ABS 2015b).



The leading causes of death for young people in 2011–2013 were suicide (11 per 100,000), land transport accidents (9 per 100,000), accidental poisoning (2 per 100,000) and assault (1 per 100,000).



In 2015, there were 225 deaths due to road traffic accidents (7 per 100,000 young people), significantly less than in 2010 (when there were 332 deaths or 11 per 100,000 young people) (BITRE 2015).

Objective 3: Young people experience lower rates and impact of chronic disease



In 2014–15, just over 1 in 10 (11%) young people were diagnosed with asthma. Rates have remained stable since 2011–12 (ABS 2015b). See 'Chapter 3.10 Chronic respiratory conditions'.



The most common reported long-term conditions in young people were allergic rhinitis (hay fever) (24%, up from 19% in 2011–12) and short-sightedness/myopia (20%). Food allergies were reported for the first time, with 8.2% of young people having a food allergy (ABS 2015d).



In 2014, 484 new cases of type 1 diabetes were diagnosed in young people (equivalent to a rate of 16 cases per 100,000). Rates for this age group have remained relatively stable since 2000. Males were 1.8 times as likely to be newly diagnosed as females.

Objective 4: Young people are supported in their mental health needs

According to the Young Minds Matter Survey, in 2013–14 (Lawrence et al. 2015):



14% (245,000) of young people aged 12–17 had a mental health disorder in the last 12 months—anxiety was most common (7.0%), followed by Attention Deficit Hyperactivity Disorder (6.3%) and major depressive disorders (5.0%).



Just over one-fifth (21%) of all 12–17 year olds accessed services for emotional or behavioural problems and almost two-thirds (65%) of 12–17 year olds with mental disorders had used these services in the previous 12 months. See 'Chapter 5.5 Mental health of Australia's young people and adolescents'.

Objective 5: Young people reduce risk behaviours such as smoking, drug and alcohol use

According to the 2013 National Drug Strategy Household Survey:



39% of young people aged 15–24 drank alcohol at levels that put them at risk of harm (more than four standard drinks on one occasion, at least once a month)—down from 49% in 2001. Over one-quarter (27%) had never drunk alcohol—an increase from 16% in 2001.



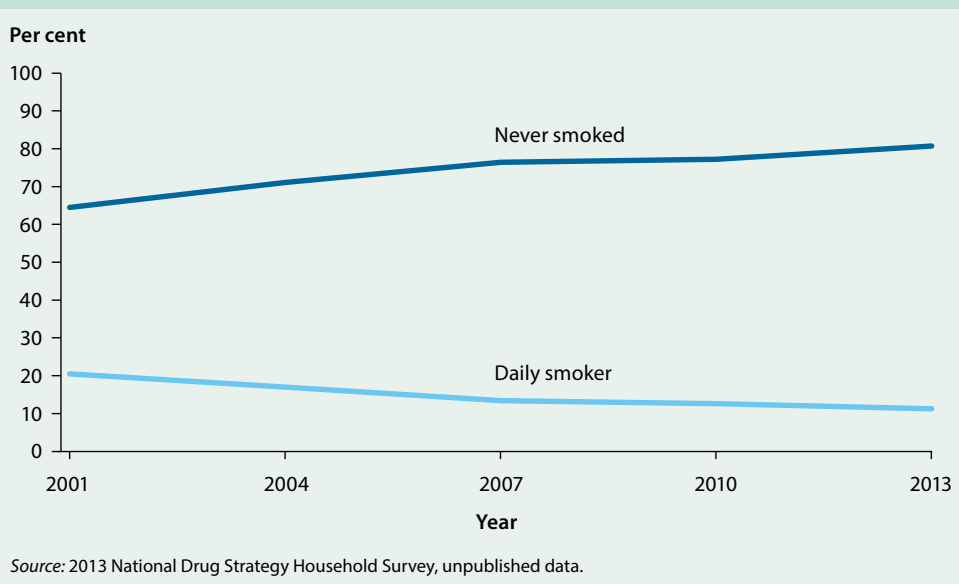
Just over 1 in 10 (11%) young people were current, daily smokers in 2013. This has almost halved since 2001 when 21% were daily smokers. The majority of young people have never smoked (81%) (see Figure 5.4.2). See also 'Chapter 4.7 Tobacco smoking'.



In 2013, one-quarter of young people (25%) had used illicit drugs in the previous 12 months—significantly less than in 2001 (33%). See also 'Chapter 4.5 Illicit drug use'.



Figure 5.4.2: Tobacco smoking status, young people aged 15–24, 2001–2013



Objective 6: Young people make sound choices about their sexual and reproductive health



In 2013, 43% of sexually active young people (in Years 10–12) reported 'always' using condoms when they had sex in the previous year. A further 39% used condoms only 'sometimes' and 13% 'never' used condoms (Mitchell et al. 2014).

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In 2014, there were more than 50,000 notifications of chlamydia, gonorrhoea and syphilis, a rate of 1,812 per 100,000, with chlamydia accounting for 89% of notifications among young people. Rates have increased since 2005 when 1,040 per 100,000 notifications were reported (Department of Health 2015).



There were around 9,200 births to teenage mothers in 2014. The corresponding age-specific fertility rate for 15–19 year olds was 13 births per 100,000, which has decreased from 16 births per 100,000 in 2004 (ABS 2015a).

What is missing from the picture?

A significant number of the new priorities outlined in the Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health do not have any associated data sources or measures for success. Work to develop measures of how children and young people are faring against all objectives in the framework should be progressed so that the success of the framework can be measured.



Where do I go for more information?

More information on youth health is available at <http://www.aihw.gov.au/youth-health-and-wellbeing/> or the AIHWs National Youth Information Framework data portal <http://www.aihw.gov.au/nyif/>.

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