Policy brief - June 2015

Adolescent Health

A snapshot

- In general, young people in WA are healthy. However, outcomes for a number of vulnerable and disadvantaged groups are poorer than the general population.
- Fewer children and young people are using tobacco or alcohol in recent years, although there is an increased prevalence of young people drinking at risky levels.
- Adolescent males are more likely to be hospitalised for most causes of injury and accident, while adolescent females are more likely to be hospitalised for intentional self-harm.
- The numbers and rates of young people accessing child and adolescent mental health services has increased between 2007 and 2012.
- The numbers of births between 2007 and 2013 to women 17 years and under have decreased.
- STIs for the age group 15 to 19 years have decreased in recent years. In this age group reported cases of chlamydia reduced from 3,445 in 2011 to 2,633 in 2014, and gonorrhoea reduced from 556 in 2012 to 401 in 2014. However, one in four new chlamydia cases and one in five new gonorrhoea cases reported are from this age group.

What is the Wellbeing Monitoring Framework?

The Commissioner for Children and Young People Western Australia developed the Wellbeing Monitoring Framework to monitor and report on the wellbeing of Western Australia's children and young people.

The Framework comprises two reports, the second editions of which were tabled in the Western Australian Parliament on 14 July 2014:

- *The State of Western Australia's Children and Young People* provides a picture of how children and young people in WA are faring according to 40 key measures of wellbeing.

- *Building Blocks* lists and describes best practice and promising programs from around Australia which have been shown to be effective in improving the wellbeing of children and young people.

This policy brief explores key information from the two Wellbeing Monitoring Framework reports relating to health behaviours of adolescent young people.

Why this issue is important

There is growing awareness among health professionals and in the community that positive physical and mental health in young people can provide a strong foundation for lifelong wellbeing. Young people who are healthy are more likely to achieve better educational outcomes, make a successful transition to work, develop healthy adult lifestyles, experience fewer challenges forming families and parenting children, and be actively engaged as citizens.[1] [2]

The period of adolescence is second only to early childhood in the rate and breadth of developmental change.[3] Young people have specific health needs that stem from the physical, behavioural, psychological and cognitive developments they are experiencing, including in areas such as sexual health, mental health, alcohol and drug use, body weight, nutrition and injury prevention. During adolescence, young people form health-related attitudes and behaviours that can stay with them for life, making it a critical time for supporting positive and deterring negative health practices.[4]

What we know already

Note that different sources collect data in different age brackets, so the age range may not be consistent across all measures.

Smoking – The prevalence of smoking among young people aged 12 to 17 years has consistently decreased from 1992 to 2011. In 2011, over three-quarters (77.4%) of all adolescents had never smoked. However, as age increased, so did the likelihood of having ever smoked – while 90.1 per cent of 12 year-olds had never smoked, only 58.6 per cent of 17 year-olds had never smoked.[5]

Alcohol use – Just under one-quarter (23.9%) of young people aged 12 to 17 years have never consumed alcohol. By the age of 12, over half (58.2%) had tried alcohol at least once, and by the age of 17 years only 5.7 per cent had never drank. The overall percentages of young people using alcohol have decreased since 1996. However, there has been an increase in drinking at risky levels (defined as at least five but no more than 20 standard drinks on any one occasion in the previous week).[6] In 2011, more than one-quarter (27.3%) of young people aged 12 to 15 years and almost half (45.9%) of those aged 16 to 17 years drank at risky levels.[7]

Mental Health – Although data is limited, reports show that young people's use of child and adolescent mental health services is increasing. In 2007, 2032.5 per 100,000 young people aged 13 to 17 years used such services, and 2909.5 per 100,000 in 2012. Girls in that age group were consistently more likely than boys to receive services.[8]

Self-harm – The rate for self-harm by girls is three to five times higher than that for boys. The rate of self-harm for 13 to 17 year-olds has increased between 2005 and 2012 for boys, while for girls there was a net decrease in the reported rate of self-harm between 2005 and 2011, followed by a significant increase in 2012.[9]

Injuries and deaths – The most common causes of hospitalisations for injury among young people aged 13 to 17 years are transport accidents (21.2%), falls (18.1%), intentional self-harm (8.3%) and interpersonal violence (6.7%).[10] Males aged between 13 and 17 years have the highest rate of hospitalisations for all injuries except intentional self-harm, for which females have a considerably higher rate.[11] Between 2005 and 2011, the most prevalent causes of death for young people aged 13 to 17 years were transport accidents (45.9% of all deaths) and intentional self-harm (32.6%).[12]

Physical activity and body weight – The majority of 16 and 17 year-olds met the physical activity guidelines for adults of 150 minutes or more of activity over five or more sessions per week between 2006 and 2012. Between 65.8 per cent (2009) and 79.9 per cent (2011) of this group met the guidelines each year.[13] Most 16 and 17 year-olds are not overweight or obese, although exact percentages vary depending on the source and whether the data is self-reported or independently measured. In 2012, based on self-reported data, 77.2 per cent of 16 and 17 year-olds were not overweight or obese, 19.1 per cent were overweight and 3.6 per cent were obese.[14] However, a separate 2011–12 study based on independently measured data found that 70.4 per cent were not overweight or obese, 20.7 per cent were overweight and 7.6 per cent obese.[15]

Births to teen mothers – Age-specific fertility rates for adolescent women aged 15 to 19 years from 2003 to 2012 have ranged from 18.5 per 1,000 to 22.8 per 1,000. The rate for Aboriginal adolescent mothers is considerably higher, ranging from 89.7 per 1,000 to 116.6 per 1,000.[16] The number of births to mothers aged under 17 years has decreased from 442 in 207 to 294 in 2013.[17]

Health-risk sexual behaviour by young people is also demonstrated by the rates of STIs in the community.[18] The numbers of chlamydia cases reported for young people aged 15 to 19 years increased from 2008 (2,426) to 2011 (3,445), then decreased in the following years to 2,633 in 2014.[19] Reported cases of gonorrhoea for the same age group peaked in 2012 (556) and then decreased to 401 in 2014.[20] Infectious syphilis decreased from 32 reported cases in 2008 to 2 in 2012.[21]

Programs that have been evaluated as effective in this area

The Commissioner for Children and Young People Western Australia's *Building Blocks* edition one and two reports showcase 126 programs that have been shown to be effective at improving the wellbeing of children and young people or that demonstrate promise in this regard. Common themes of effective programs include meaningful community engagement, local design, reciprocity and strong and engaged leadership.

Seventeen programs from editions one and two of the *Building Blocks* report have been shown to have positive effects in relation to adolescent health behaviours.

Compass – Edition 2, page 48. A public health campaign focusing on the early identification of mood disorders and psychosis in young people. The program included the use of multimedia, a website and information telephone service.

School Sports Program for Adolescent Girls – Edition 2, page 57. A school-based physical activity program for adolescent girls from low income, predominantly culturally and linguistically diverse backgrounds. The program is designed to increase physical activity by improving enjoyment, physical self-perception and physical activity during school sports sessions.

BRiTA Futures adolescent program – Edition 2, pages 100 to 101. A group program designed to promote mental health, mental health literacy and positive acculturation in culturally and linguistically diverse children and young people. The program is organised in modules based on issues such as cultural and personal identity, self-talk and building self-esteem, and is adapted for age-appropriateness and addresses issues such as stereotypes and awareness of support services.

Yirriman Project – Edition 2, page 102. A cultural youth program for Aboriginal young people with objectives such as passing on traditional culture to assist young people with regards to risk-taking and self-harming behaviours.

Reduce Risk Increase Student Knowledge (RRISK) – Edition 2, pages 111 to 112. A program targeting adolescent risk-taking behaviour, which gives students skills to make informed decisions about risk taking in relation to drug and alcohol use, driving and celebrating.

The School Health and Alcohol Harm Reduction Project (SHAHRP) – Edition 2, pages 115 to 116. A program for secondary students with harm minimisation goals. The intent of the program is to reduce alcohol-related harm by teaching young people how to manage high-risk drinking situations.

Strengthening Families Program - Edition 2, pages 119 to 120. A program for families with young adolescents, which aims to enhance family protective and resiliency processes, and reduce family risk related to adolescent substance abuse

and other problem behaviours. Youth participants are taught refusal skills for dealing with peer pressure and other personal and social interactional skills.

Innovative Health Services for Homeless Youth (IHSHY) – Edition 1, page 40. This program promotes health care for homeless and vulnerable young people, and aims to address the complex needs of young people who are at risk and enhance their access to mainstream health services.

Core of Life: National Project – Edition 1, page 48. A program designed to empower male and female Aboriginal young people through providing comprehensive education on pregnancy, birth and parenting a newborn. The program focusses on young people between 14 and 17 years, many of whom are at risk of early pregnancy.

Youth Insearch Youth Programs – Edition 1, page 67. An early intervention 'peer-to-peer' assistance program for troubled young people between 12 and 18 years. The targeted groups are from regional and rural communities and experience difficulties including drug and alcohol abuse and self-harm. The intensive weekend programs rely heavily on cultivation of peer support and peer leadership, providing participants with access to positive young role models.

ACE: Adolescents Coping with Emotions – Edition 1, page 70. A school-based early intervention program for 13 to 15 year olds aiming to build resilience and increase coping skills using cognitive behavioural and interpersonal skills. The program is offered to participants at risk of depression, to address the negative impacts, increase coping skills and encourage appropriate health-seeking behaviour.

MindMatters – Edition 1, page 76. A national mental health initiative using whole school approaches to mental health promotion. The program includes assisting young people to develop social and emotional skills, and to develop strategies enabling a continuum of support for students with mental health needs.

Resourceful Adolescent Programs (RAP) (RAP-A, RAP-P and RAP-T) – Edition 1, page 77. A program designed to prevent teenage depression and related difficulties, using cognitive behavioural and interpersonal approaches to improve coping skills and resilience. The three components of the program (for adolescents, parents and teachers respectively) are run primarily as universal prevention programs and designed for all groups of teenagers.

Deadly Sista Girlz – Edition 1, page 83. A program designed around the needs of Aboriginal girls and young women, which includes elements of healthy relationships, sexual and women's health, drug and alcohol abuse and healthy lifestyles.

The Gatehouse Project – Edition 1, page 84. A program using a whole-of-school approach to enhance students' sense of belonging in the school community, which

has been show to lead to improvements in health outcomes for young people, most notably in relation to a reduction in the use of alcohol, tobacco and illicit drugs.

Growing and Developing Healthy Relationships – Edition 1, page 86. These curriculum support materials are designed to help encourage a positive, preventative approach to sexual health, while focusing on abstinence for school-aged students.

Smarter than Smoking – Edition 1, page 90. A multi-faceted strategy to prevent the uptake of smoking among 10 to 15 year olds. The program includes high-profile promotion of the Smarter than Smoking message in mass media campaigns and in sports and arts sponsorships.

Although it was not reported in *Building Blocks,* the **Alcohol. Think Again – 'Parents, Young People and Alcohol' campaign** has had some success in re-enforcing the message that 'for under 18s not drinking alcohol is the safest option' to parents of 12 to 17 year olds, and other adults with regular contact with that age group. The campaign also targets young people through relevant mediums with the evidence supporting the message being given to parents. In comparison to other Australian jurisdictions, key campaign knowledge and awareness indicators are significantly better in Western Australia.[22]

Policy implications

Recent improvements in young people's health in Australia have not matched those seen in other age groups, including younger children and older populations.[23] The Australian Research Alliance for Children and Youth has ranked Australia 17 out of 30 countries in the Organisation for Economic Co-operation and Development (OECD) on the physical health of children and young people, noting that those from lower socio-economic and Indigenous backgrounds, or rural and remote communities, have significantly poorer outcomes across many health measures.[24] Contributing to these poorer outcomes are the social and economic circumstances in which some young people live, their health behaviours and access to services.

Although there is some recognition that adolescence is a distinct developmental phase, generally young people are not considered a discrete group in public health policy, and are incorporated into plans that also target children, adults or whole populations. That being said, there have been a number of calls for the establishment of whole-of-government youth health policies at a state and national level.[25]

In 2014 the Commissioner co-hosted a seminar on youth health, which brought together senior representatives from health, government and community organisations, and young people to discuss priorities and future directions for youth health in WA. One of the outcomes of this event was a suggestion to develop a state youth health policy, strategy or plan, focussing on the specific needs and issues of

young people as distinct from children and from adults. In addition, there was clear consensus that young people themselves should play a central role in the future direction of youth health in WA, including having effective participation in governance and decision-making processes.

Ongoing efforts are required in regard to reducing the disparities in health outcomes for vulnerable groups and in addressing the impact of risky alcohol consumption, transport accidents and self-harm in young people in WA.

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[1] Muir K et al 2009, *State of Australia's young people: a report on the social, economic, health and family lives of young people*, Department of Education, Employment and Workplace Relations and the Social Policy research centre, University of New South wales.

[2] Australian Institute of Health and Welfare 2011, *Young Australians: their health and wellbeing 2011*, Australian Institute of Health and Welfare, p.1.

[3] Viner RM et al 2012, 'Adolescence and the social determinants of health', *The Lancet*, [Online] Vol. 379 No. 9826, http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60149-4/fulltext

[4] Australian Institute of Health and Welfare 2011, Young Australians: their health and wellbeing 2011, Australian Institute of Health and Welfare, p. 1.

[5] Hood R, Bridle R and Christou A 2012, *Australian School Student Alcohol and Drug Survey: Tobacco Report 2011 – Western Australian Results,* Drug and Alcohol Office Surveillance report, Number 7, Drug and Alcohol Office.

[6] It should be noted that between 2008 and 2011 the definition of risky drinking changed, but was retained in this survey for comparison purposes. The current guidelines state that adults are at risk of short term harm if they drink more than four standard drinks on any one occasion, or at lifetime risk of harm if they drink more than two standard drinks on any day, and that for people under 18 not drinking alcohol is the safest option.

[7] Bridle R, Miller J, King T and Christou A 2012, *Australian School Student Alcohol and Drug Survey: Alcohol Report 2011 – Western Australian Results,* Drug and Alcohol Office Surveillance Report, Number 8, Drug and Alcohol Office.

[8] Commissioner for Children and Young People 2014, *The State of Western Australia's Children and Young People – Edition Two,* Commissioner for Children and Young People, p.107.

[9] Commissioner for Children and Young People 2014, *The State of Western Australia's Children and Young People – Edition Two,* Commissioner for Children and Young People, p.112.

[10] Commissioner for Children and Young People 2014, *The State of Western Australia's Children and Young People – Edition Two,* Commissioner for Children and Young People, pp.117–8.

[11] Commissioner for Children and Young People 2014, *The State of Western Australia's Children and Young People – Edition Two,* Commissioner for Children and Young People, p.117.

[12] Commissioner for Children and Young People 2014, *The State of Western Australia's Children and Young People – Edition Two,* Commissioner for Children and Young People, p.125.

[13] Commissioner for Children and Young People 2014, *The State of Western Australia's Children and Young People – Edition Two,* Commissioner for Children and Young People, p.91.

[14] Commissioner for Children and Young People 2014, *The State of Western Australia's Children and Young People – Edition Two,* Commissioner for Children and Young People, p.99.

[15] Australian Bureau of Statistics 2013, *Australian Health Survey: Updated Results, 2011–12,* [website] viewed 25 October 2013, http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4364.0.55.003Main+Features12011-2012?OpenDocument

[16] Australian Bureau of Statistics 2013, *Births, Australia, 2012.*

[17] Commissioner for Children and Young People 2014, *The State of Western Australia's Children and Young People – Edition Two,* Commissioner for Children and Young People, p.278.

[18] Although the Wellbeing Monitoring Framework report Editions one and two do not include information on STIs, it is being considered for future editions.

[19] Department of Health [series] *The Epidemiology of Notifiable Sexually Transmitted Infections and Blood-Borne Viruses in Western Australia* [year], various paginations.

[20] Department of Health [series] *The Epidemiology of Notifiable Sexually Transmitted Infections and Blood-Borne Viruses in Western Australia* [year], various paginations.

[21] Department of Health [series] *The Epidemiology of Notifiable Sexually Transmitted Infections and Blood-Borne Viruses in Western Australia* [year], various paginations

[22] Information provided by Drug and Alcohol Office, Department of Health, 12 June 2015.

[23] Viner RM & Barker M 2005, 'Young people's health: the need for action' cited in Payne D 2013, 'Meeting the needs of young people in hospital'*, Archives of Disease in Childhood*, Vol. 98 No. 12, p. 930.

[24] Australian Research Alliance for Children and Youth 2013, The Nest action agenda, Australian Research Alliance for Children and Youth, p. 12.

[25] Commissioner for Children and Young People 2013, *Position Statement on Youth Health,* Commissioner for Children and Young People, p.7.