



Position Statement on Youth Health

1. Why investing in young people's health is important

'Adolescence is an age of opportunity for children, and a pivotal time for us to build on their development in the first decade of life, to help them navigate risks and vulnerabilities, and to set them on the path to fulfilling their potential.'¹

The United Nations Children's Fund (UNICEF), 2011

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.^{2 3}

The period of adolescence is second only to early childhood in the rate and breadth of developmental change.⁴ 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.⁵ In many respects, adolescence provides a window of opportunity and a 'second chance' to shape positive health behaviours and attitudes that will endure throughout the remainder of the life course.⁶

The health and wellbeing of young people not only affects their immediate quality of life but also shapes the future health of the whole population and, in a broader sense, the wellbeing of society.^{7 8} Tackling health and wellbeing issues when they occur in adolescence is socially and economically more effective than dealing with enduring problems in adulthood.⁹ In a context of increasing pressure on health budgets and public spending, improving the health of young people helps to reduce future health care costs and protects previous investments made into child and maternal health.

Recent improvements in young people's health in Australia have not matched those seen in other age groups, including younger children and older populations.¹⁰ 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.¹¹ Contributing to these poorer outcomes are the social and economic circumstances in which some young people live, their health behaviours and access to services.

2. The Commissioner's work on youth health

The Commissioner for Children and Young People WA (the Commissioner) has a statutory role to promote and monitor young people's wellbeing, advocate for young people and consult with them about issues that impact on their lives.¹² The Commissioner's previous work includes the *Report of the Inquiry into mental health and wellbeing of children and young people in Western Australia*, a project to reduce alcohol-related harm, research into children and young people's wellbeing, and the publication of the Wellbeing Monitoring Framework reports.

In 2013, the Commissioner identified youth health as a priority area of work, noting the increased focus on young people among health experts in Australia and internationally, and previous advocacy by stakeholders in WA to improve youth health policy and service provision. The Commissioner initiated a project to consult young people about their views and experiences of health services, review the evidence on good practice in policy and service delivery, and engage with stakeholders.

In October and November 2013, the Commissioner consulted with more than 1,000 young people from diverse backgrounds about their experiences with health services, their views on what works well and where they would like to see improvements. The Telethon Kids Institute and the Social Research Group were contracted to conduct an online survey, which attracted 1,057 respondents, and eight focus groups, with a total of 53 participants. The vast majority of young people were aged 13 to 17 years, consistent with the definition of children and young people in the *Commissioner for Children and Young People Act 2006*.¹³ There was strong representation of vulnerable and disadvantaged young people and those living in regional areas.¹⁴

The Telethon Kids Institute also produced a review of the literature on youth health, including previous consultations with young people and examples of good practice in policy and service delivery.

The review included academic, peer-reviewed and credible grey literature (such as government reports and policy documents) from Australia and selected overseas jurisdictions published since 2000.¹⁵

To obtain stakeholder views, the Commissioner established an expert Reference Group and engaged with a wide variety of individuals and organisations in the public health and community sectors.

On the basis of this work, this position statement advocates for improving the approach to youth health in WA to enhance the wellbeing of young people and the community.

3. A profile of WA young people

The terms 'young people', 'youth' and 'adolescence' do not have a fixed meaning. Adolescence is generally considered to begin with the onset of puberty and conclude with young people reaching cognitive and social maturity, which can occur as late as the mid-twenties.¹⁶ The literature on youth health discusses individuals as young as 10 years and as old as 24 years. References to young people in this position statement may be interpreted to include a similar age range.

In June 2012, WA was home to 488,422 young people aged 10 to 24 years.¹⁷ From 2002 to 2012, the strongest growth in the number of children and young people occurred in the early childhood age group of 0 to eight years.¹⁸ This 'baby boom' will result in a growing number of young people in WA in the coming years.

The demographic profile of WA young people is diverse. Three-quarters (75.9%) of 10 to 24 year-olds live in the Perth metropolitan area, with the south-west region having the largest number of young people (9.8%) outside Perth.¹⁹

The proportion of children and young people in WA who are Aboriginal is 5.6 per cent.²⁰ Two-thirds (64.4%) of Aboriginal children and young people live outside the Perth metropolitan area compared to less than one-third (28.9%) of non-Aboriginal children and young people.²¹

State data indicates that 12.5 per cent of 10 to 15 year-olds are living with 'disability, long-term illness or pain that puts a burden on the family'.²²

The Commissioner's report, *Profile of Children and Young People in Western Australia*, contains a range of additional socio-demographic information based on existing research and data. The report is part of the Wellbeing Monitoring Framework, which monitors and reports on the wellbeing of children and young people. The second edition of the framework will be published in 2014.

The most important determinants of health for young people in WA are the social, physical and economic environments in which they live, and their individual characteristics and behaviours. Access to health services can also be an influential determinant.²³

Health surveys suggest that most young people in WA are healthy and faring well. In 2012, a WA Department of Health survey found that 84 per cent of parents and carers reported their 10 to 15 year-old children as having excellent or very good general health.²⁴ In the Commissioner's survey of 1,057 young people, 63 per cent reported their health as excellent or very good and 28 per cent said their health was good.²⁵

Self-reported data is useful in providing a picture of young people's health overall, however it has limitations. Other research highlights notable trends in certain health issues, the prevalence of some illnesses and conditions, and health disparities in the population.

Recent positive trends in youth health in Australia include declines in injury deaths, asthma hospitalisations, hepatitis, smoking and illicit substance use. However, young people are experiencing rising rates of diabetes and sexually transmissible infections, and high rates of mental disorders, overweight or obesity, risky alcohol consumption, drug and alcohol-related violence, homelessness and failure to meet nutrition guidelines.²⁶

There are inequalities in the health status of a number of vulnerable and disadvantaged groups, who fare worse compared to the general youth population on a broad range of health measurers. This includes young people who are Aboriginal, socially and economically disadvantaged, culturally and linguistically diverse, with disabilities, experiencing mental health problems, in contact with the justice system or living in rural and remote areas.^{27 28}

4. Key issues for youth health in WA

A number of priority issues for youth health in Western Australia have been identified, based on the Commissioner's consultations with young people and stakeholders, and a review of the literature on youth health. These issues are discussed in the following sections.

The Commissioner has focused on health policies and services. There are other important issues for youth health that are outside the scope of this position statement, such as the major health concerns affecting young people and the social and environmental determinants of their health.

4.1 Strengthening the focus on young people in health policies and services

Young people in WA access a wide variety of health services delivered by public, private and community organisations. A useful illustration of child and youth health care in WA is provided in the 2008 document, *Our Children Our Future: A framework for Child and Youth Health Services in Western Australia 2008–2012*, and is reproduced on the following page.²⁹ The model of care shows the breadth of health services for children and young people, and the focus areas of a large number of service providers.

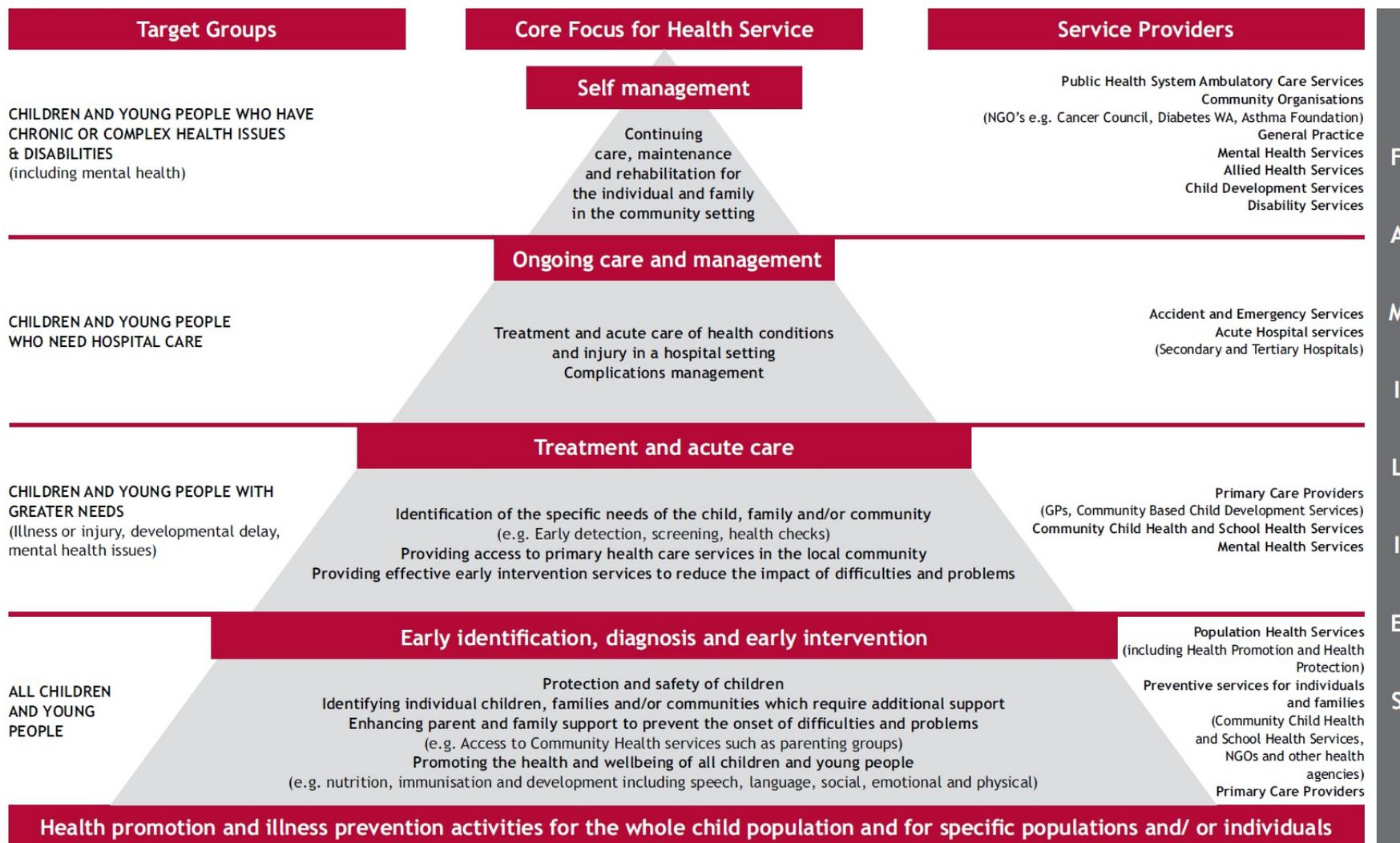
The Commonwealth and state governments each have important policy and funding roles, which are sometimes distinct (as with state funding of school health nurses or Commonwealth funding of general practitioners through the Medicare system) while at other times they overlap (as with joint state and Commonwealth funding of public hospitals, which are operated by the state). It is important to note that the services with the greatest reach (prevention, early intervention and primary care) are not the responsibility of any single jurisdiction, rather they are funded or provided by the state, the Commonwealth, community organisations and privately, with varying levels of coordination or integration.

Historically, there has been little focus on young people as a distinct target group in public health policy. There is no overarching strategy on youth health at the national or state level. The planning and delivery of health services for young people is guided by policies and frameworks that generally take a broad, population-based approach. Youth health strategies continue to be largely incorporated into plans that also target children and/or adults.

There has been a shift in recent years among some policy makers and service providers to focus more on adolescence as a distinct developmental phase and support specific health policies and services for young people.

Internationally, there has been growing attention on youth health in national plans and strategies, reports and peer-reviewed journals.³⁰ The World Health Organization will soon be launching a report that describes developments in youth health worldwide.³¹ This will build on the momentum generated by recent initiatives such as a major United Nations debate on young people's wellbeing,³² the 'Series on Adolescent Health' by the prestigious medical journal *The Lancet*,³³ and a key report by UNICEF advocating for investment into youth health.³⁴

Figure 1: Child and Youth Health Continuum of Care Model



** Families are critical partners in the delivery of services for children and young people and must also be included as part of the target group for services.

Source: *Our Children Our Future: A framework for Child and Youth Health Services in Western Australia 2008–2012.*³⁵

In Australia, New South Wales has led a focus on youth health by developing a youth health policy that relates specifically to young people aged 12 to 24 years, which includes priorities for action and an implementation plan, and applies to all public and government-funded health services.³⁶

At a health service level, the Commonwealth-funded youth mental health foundation, headspace, has been recognised for its mental health services for young people aged 12 to 25 years. The success of headspace has led the Commonwealth to commit to an additional 35 centres by 2015, taking the total number to 90.

In the hospital sector, a partnership between the Commonwealth, states and territories, and the organisation for young people living with cancer, CanTeen, has resulted in specialist treatment and support services for young people aged 15 to 25 years in major public hospitals. In 2013, the Commonwealth committed to additional funding for four years to expand the services.³⁷

A positive example in WA has been set by the State Government's ten-year mental health policy, *Mental Health 2020: Making it personal and everybody's business*. The policy promotes a 'new and comprehensive youth stream approach' and commits to 'individualised planning and coordinated approaches as a priority' across the mental health service system for young people up to 24 years.³⁸

These examples provide useful models for future health service planning in WA. To help embed a focus on youth health at a broader health policy level, however, further action may be required.

The WA Clinical Senate, a body of leading clinicians established to provide advice to the Director General of Health and the State Health Executive Forum, has called for a State-wide youth health policy on two recent occasions.^{39 40} The Clinical Senate has recommended a whole-of-government youth health policy that is responsive to the changing needs of young people and is based on evidence of what works.

At a national level, the Australian Medical Association has called for a youth health policy that considers the overall health and wellbeing of young people.⁴¹ This is supported by the national youth health organisation, the Australian Association for Adolescent Health.⁴²

A key principle established in the literature on youth health is the value of including young people in planning and decision-making processes to achieve better policies, services and outcomes. Young people have unique insights into issues, can offer creative solutions and can help ensure services are relevant and sustainable.

The Commissioner has developed guidelines to assist government agencies and other organisations to involve children and young people in planning and decision-making processes.⁴³ In relation to health services specifically, the United Kingdom's Royal College of Paediatrics and Child Health has produced the guide, *Not just a phase: a guide to the participation of children and young people in health services*.⁴⁴

What more needs to happen?

Recognise at a health policy level that adolescence is a distinct and important developmental phase and that young people benefit from tailored health policies and services.

Develop a state youth health policy and implementation plan to support optimal health and wellbeing for young people. The WA Department of Health is well placed to lead this work and engage with public, private and community organisations to support an integrated approach.

Involve young people in a meaningful way in the development of health policies and services that affect them.

4.2 Shaping youth-friendly services

The Commissioner's consultations with young people and a review of previous consultations and other literature suggest that young people in WA have generally positive experiences with health services, though there is room for improvement.

In the Commissioner's consultations, survey respondents said they were helped and treated well and with respect in three-quarters of experiences with health services.⁴⁵ When young people highlighted concerns, they mostly focused on discussions about confidentiality, receiving information, links to other services, being welcomed and comfortable, and being encouraged to voice an opinion.⁴⁶

Vulnerable and disadvantaged young people were less likely to feel positive about their experiences overall or that they were helped, particularly young people who were carers, in unstable accommodation, in out-of-home care, with chronic illness or Aboriginal.⁴⁷

There are many factors that influence young people's experiences of services, empower them to access services or present barriers to access. The main practical considerations include:⁴⁸

- location and proximity of services to public transport
- opening hours and flexibility around appointments
- cost
- young people's access to a Medicare card.

Factors that further influence young people's confidence to access services include:⁴⁹

- knowledge and availability of information about services
- embarrassment or discomfort about disclosing health issues
- concerns about confidentiality
- concerns about not being taken seriously or treated with respect.

Positive experiences and empowerment for young people may be achieved through:⁵⁰

- a friendly and welcoming approach by service providers
- trust, relationship-building, respect and validation
- culturally appropriate and responsive services, particularly for young people who are Aboriginal or from culturally and linguistically diverse backgrounds
- the presence of youth workers and staff with training and experience in providing services to young people
- a relaxed physical environment.

Some of these issues may be more acute for vulnerable or disadvantaged young people, and they may face additional barriers to access, such as language difficulties.⁵¹

The literature on youth health describes a number of principles for effective, youth-friendly health services. These are captured in the seven 'ACCESS' principles that shape the New South Wales youth health policy:⁵²

1. Accessibility: services should be easily accessible, flexible, affordable, relevant and responsive to the needs of all young people.
2. Evidence-based practice: services and their programs should be developed and regularly reviewed according to evidence of best practice.
3. Youth participation: young people should be actively involved in developing, implementing, reviewing and evaluating services and programs.
4. Collaboration: service providers should develop working relationships with other organisations, including in other sectors.
5. Professional development: appropriate, adequate and ongoing professional development, support and supervision should be available to service providers.
6. Sustainability: services should develop and implement strategies to optimise their longevity and sustainability.
7. Evaluation: services should regularly examine the relevance, quality and results of their programs.

The New South Wales principles align with overseas examples, such as the 'You're Welcome' quality criteria for youth-friendly health services developed by England's Department of Health,⁵³ and the World Health Organization's publication, *Making health services adolescent friendly: Developing national quality standards for adolescent friendly health services*.⁵⁴

Training and resources are available to increase the capacity of health professionals to deliver youth-friendly services. The Australian Medical Association's 'Youth-Friendly Doctor' program provides training on young people's rights, communicating with young people, adopting youth-friendly policies and procedures, and developing expertise in areas such as alcohol and drugs, sexual health, mental health and body weight. Over 1,000 doctors (mainly general practitioners) have taken part in the program in WA, with around 700 fully accredited.⁵⁵

The Royal Australasian College of Physicians has produced the *Working with Young People* training resource for paediatricians and physicians to develop basic skills and competencies to deliver youth-friendly health services.⁵⁶

New South Wales has developed practical resources based on the ACCESS principles to assist mainstream and youth-specific health services to improve service provision for young people. This includes a resource kit and training toolkit for general practitioners, and guidelines for using technologies to promote young people's wellbeing.⁵⁷

The literature suggests that outreach, culturally-specific and community-based services can increase access to health care for vulnerable and disadvantaged young people.⁵⁸

Improving the health and wellbeing of specific population groups through improved access and cultural sensitivity is one of the five major objectives outlined in the 'Our Children Our Future' framework for child and youth health services in WA.⁵⁹

A good practice example of a culturally-specific resource is the manual for sexual health workers who work with Aboriginal and Torres Strait Islander young people produced by the Australasian Society for HIV Medicine, *Djiyadi - Can we talk?*. The manual contains advice and resources to assist sexual health workers to provide youth-centred, culturally sensitive sexual health services.⁶⁰

The evidence highlights that holistic health and wellbeing is an important consideration for youth-friendly services. Holistic health and wellbeing is a key principle in public health policy and young people consistently express a view of health that includes physical, mental, emotional and social dimensions.⁶¹

General practitioners, dentists and school-based services are critical to promoting young people's wellbeing, as these are the services most commonly accessed by young people.⁶² Each interaction with a young person is an opportunity to provide them with health-related information and conduct a broader wellbeing inquiry, including in areas such as diet and exercise, relationships and friendships, and mental and emotional health.

An example of a useful resource in this area is the HEADSS psychosocial risk assessment tool recommended by the Royal Australasian College of Physicians, which is commonly used in schools.

HEADSS helps health professionals to develop rapport with a young person, gather information about their world, identify areas for intervention and prevention, and develop a picture of the young person's strengths and protective factors.^{63 64}

The integration or co-location of services and effective referral pathways between service providers are also important factors for promoting young people's wellbeing. Coordination and collaboration between health professionals can improve access to a range of preventive and curative services, and in a way that is easier, cheaper and more effective for both individuals and service providers.⁶⁵

headspace is an innovative example of an integrated service for young people, providing mental health and counselling support as well as assistance around general health, alcohol and drugs, education and employment.

Medicare Locals are important for improving the coordination of services in communities. Medicare Locals assess local needs, identify gaps in services, plan and fund health services, and help individuals navigate their local health care system.

What more needs to happen?

Strengthen and promote training and resources to support health professionals to establish youth-friendly practices and conduct broader wellbeing inquiries with young people. Efforts should particularly focus on general practitioners, dentists and school-based services.

Encourage the integration or co-location of services, and referral pathways between service providers, to provide holistic health and wellbeing support to young people.

4.3 Caring for young people in hospitals and other services

There are a number of factors that foster high quality care of young people in hospitals. These include staff who are skilled in meeting the diverse needs of young patients, appropriate facilities and equipment, social and peer support, referral pathways, integration with other services, and processes for transitioning young people from paediatric to adult care.

Many of these factors are also relevant for other health services that care for young people, such as day procedure centres, ambulatory services, community and child health centres, and mental health services.

The key principles of youth-friendly practice for hospitals and other care services are similar to those discussed in the previous sections. New South Wales' ACCESS principles and England's 'You're Welcome' quality criteria are highly relevant for these services.

Young people say that the most important aspects of care services are the skills, attitudes and values of the staff they interact with, which includes not only clinicians but also administrative and support staff.⁶⁶

Developing a youth-friendly culture is therefore essential for providing high quality care. This culture could be embedded through a greater emphasis on youth health in medical, nursing and allied health training programs, and more reliance on evidence of good practice and youth participation in developing services.⁶⁷

All hospitals, including children's, adult, general and specialist hospitals, care for young people. In WA, children's hospitals care for young people up to 16 years.

Youth health advocates have suggested that children's hospitals could be made youth-friendly through the provision of:⁶⁸

- clinicians with appropriate skills to manage young people with complex developmental, behavioural and mental health problems
- appropriate clinical programs such as adolescent medicine and psychiatry that include expertise and service provision for highly vulnerable youth
- social and peer support
- a focus on learning and educational integration
- hospital-wide systems to support timely transfer to adult services
- therapeutic programs such as art and music therapy
- youth advisory committees.

The Royal Children's Hospital in Melbourne has undertaken significant work to improve its approach to the care of young people up to 18 years, adopting a hospital-wide approach that includes:⁶⁹

- a set of principles for the treatment of all adolescents in the hospital
- routine psychosocial screening
- adolescent medicine liaison nurses
- expansion of the existing adolescent medicine consultation service
- strengthening of evaluation and clinical research
- training and capacity building with all relevant staff
- referral pathways
- an integrated and collaborative model of care linked with other stakeholder groups.

The transition from child to adult care services is a key point of vulnerability for young people and service providers. Failure to ensure satisfactory transition is known to be associated with poor health outcomes and increased service costs.⁷⁰

In 2009, the WA Child and Youth Health Network developed the *Paediatric Chronic Diseases Transition Framework*, which details best practice processes for the transition of young people to adult services. These include:⁷¹

- being planned, accessible, coordinated and continuous
- being developmentally and psychologically appropriate
- being patient-centred
- recognising the shifting role of parents and carers, and health care professionals
- reducing the likelihood of adverse health outcomes
- meeting the expectations of the young person, their family and the transition team.

The framework identified a range of strategies to promote effective transition. The WA Child and Youth Health Network has taken initial steps toward developing an implementation plan to assist stakeholders to understand and apply the framework.⁷²

Australian peak health and welfare organisations have developed the *Standards for the Care of Children and Adolescents in Health Services* for services that care for children and young people alongside adults. The standards recognise that the medical and psychosocial needs of children and young people differ from those of adults, and specify that care should include child, youth and family-friendly facilities, child and youth-specific equipment, and appropriately trained staff.⁷³

The Royal Prince Alfred Hospital in Sydney offers a good practice example of a general hospital responding to the needs of young people. It has developed a Youth Care Plan to assess young people admitted to the hospital in a way that is appropriate to their stage of development.

The hospital has a Department of Adolescent and Transition Medicine, which provides:⁷⁴

- inpatient and outpatient clinical services
- occupational therapy services, including self-management assessment, goal setting, self-esteem building, stress management and energy conservation
- psychosocial health risk assessments enabling appropriate referral, follow-up and support
- advocacy, support and liaison for young people and their families
- peer support networks
- resources and education on youth health and development
- leisure activities and games.

Western Australia is currently investing \$5 billion in health care building projects, including the Perth Children's Hospital and the Fiona Stanley Hospital, which, between them, will care for thousands of young people each year.⁷⁵ The development of this infrastructure provides a unique opportunity to foster two world-class environments for the care of young people.

What more needs to happen?

Adopt a stronger focus on adolescent health and provide tailored approaches to the care of young people in children's, adult, general and specialist hospitals, and other services in which young people receive care.

Provide training and resources to clinicians and support staff to help them achieve optimal health outcomes for young people in all settings.

As a priority, implement the *Paediatric Chronic Diseases Transition Framework*.

4.4 Educating and providing information to young people and their families

The importance of empowering young people and their families with information and education on how to be healthy, identify problems early and seek help when needed is highlighted both in consultations with young people and in the literature.

Young people consistently express a desire for more information about resources and services available to them, and on how to go about accessing services. Young people say they want to receive information in a way that

preserves their anonymity, such as online or through school and other group settings.⁷⁶

In the Commissioner's consultations, young people expressed low levels of awareness about the availability of low cost or free services, eligibility for a Medicare card at 15 years and existing online health resources.⁷⁷ Future education and information campaigns could target these issues.

Family members are important sources of information and advice for young people, who generally turn to their parents when a health-related issue arises.⁷⁸ Families are therefore an important target group for health promotion campaigns.

Friends can also play an influential role in promoting young people's wellbeing. Peer education is a common theme in the literature on youth health, with several examples of effective peer education programs.

The Youth Affairs Council of Western Australia's 'Youth Educating Peers' project increased young people's capacity to provide peer support and education to each other around sexual health, relationships and blood-borne virus issues.⁷⁹

Dr YES (youth education sessions) is a program run by the Australian Medical Association where medical students visit high schools to have open and engaging discussions with students about major health issues such as alcohol and drugs, mental health and sexual health.

The program helps break down the barriers preventing young people from accessing health care and overcome some of the common misconceptions about doctors.⁸⁰

The internet is an increasingly important source of information for young people. However, a review of the literature suggests that more evidence is needed of what works in using the internet and social media for health promotion and education.⁸¹

An example of a useful online resource is the eight-minute video produced by ReachOut.com and the New South Wales government to help young people understand the role of general practitioners, how to access them, confidentiality issues and what to expect from the experience.⁸²

Improving young people's and their families' capacity to navigate the health system and access services is key to empowerment. The literature identifies the concept of 'health literacy', which refers to 'the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.'⁸³

Differences in health literacy are an important factor behind health disparities.⁸⁴ Health promotion campaigns should aim to boost health literacy through approaches that encourage participation and interaction, particularly for vulnerable and disadvantaged groups.

What more needs to happen?

Increase resources and health promotion campaigns to help young people and their families stay healthy, identify problems early, navigate the health system and access services.

Involve young people in the development and testing of resources and campaigns to improve their effectiveness and reach.

4.5 Using quality evidence to guide policies and services

The collection and use of data to drive the development of policies and services is a fundamental part of good practice in public health. While it is difficult to assess the degree to which data is currently collected and shared by organisations in WA, stakeholder feedback suggests there is room for improvement.

An important source of data in WA is the Health and Wellbeing Surveillance System (HWSS). The HWSS is a continuous data collection process under which interviews are held with people aged 16 years and older, and with the parents or carers of children up to the age of 15 years. More than 65,000 interviews were conducted between March 2002 and December 2012.⁸⁵ A diverse range of data is collected, including general health status, health service utilisation, prevalence of certain conditions and information on a large range of health and wellbeing measures.

A good practice example against which WA data collection and dissemination may be benchmarked is found in New Zealand, where the Adolescent Health Research Group has been conducting broad-based youth health and wellbeing surveys since 2000.⁸⁶ The most recent survey in 2012 gathered data from more than 10,000 young people in New Zealand schools. The survey is also conducted with teenage parents and young people in alternative education who have disengaged from mainstream schools.

The New Zealand survey includes a wide range of questions that contribute to the health and wellbeing of young people including questions about ethnicity and culture, physical health, nutrition, physical activities, substance use, sexual health, injuries, violence, home and family health, school achievement and participation, neighbourhood environment, spirituality and access to healthcare.

The data is disseminated widely and used to inform policy and service delivery at both a national and local level, as the data is able to be disaggregated by local health district area.

Nationally, the Australian Institute for Health and Welfare has highlighted gaps in data around sexual and reproductive health, oral health, mental health, sun protection, bullying, sexual assault, community participation, family functioning, school relationships and sleep disorders.⁸⁷

What more needs to happen?

Review the collection, accessibility and use of data on young people's health and wellbeing to guide policy and service development.

5. Conclusion

This position statement highlights the substantial evidence that supports investing in young people's health to improve their wellbeing, with broader social and economic benefits to the community.

Consultations with young people and stakeholders, and a review of the youth health literature, suggest opportunities for improvement and reform in WA.

These include:

- strengthening the focus on young people in health policies and services by acknowledging adolescence is an important and distinct life phase, developing a state youth health policy and involving young people in planning and decision-making processes
- shaping youth-friendly services by supporting health professionals with training and resources, encouraging collaboration and referral pathways, and emphasising holistic health and wellbeing
- adopting a stronger focus on adolescent health and providing tailored care to young people in hospitals and other care services, with particular attention to the transition from paediatric to adult services
- increasing resources and health promotion campaigns to help young people and their families stay healthy, identify problems early, navigate the health system and access services
- reviewing the use of data and other evidence to guide policy and service development.

Policy makers, service providers, researchers and young people all have important roles for further advocacy and reform. A collaborative approach by these stakeholders and a shared commitment to young people's health can shape a clear path for youth health in WA.

Endnotes

¹ United Nations Children's Fund 2011, *The State of the World's Children 2011: Adolescence – An Age of Opportunity*, United Nations Children's Fund, p. 2.

² 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.

³ Australian Institute of Health and Welfare 2011, *Young Australians: their health and wellbeing 2011*, Australian Institute of Health and Welfare, p. 1.

⁴ 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](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60149-4/fulltext)

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⁶ The Lancet (editorial) 2013, 'Adolescence: a second chance to tackle inequities', *The Lancet*, [Online] Vol. 382 No. 9904, [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)62308-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62308-9/fulltext)

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⁸ Eckersley R 2008, *Never better — or getting worse? The health and wellbeing of young Australians*, Australia21.

⁹ Australian Institute of Health and Welfare 2011, *Young Australians: their health and wellbeing 2011*, Australian Institute of Health and Welfare, p. 1.

¹⁰ 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.

¹¹ Australian Research Alliance for Children and Youth 2013, *The Nest action agenda*, Australian Research Alliance for Children and Youth, p. 12.

¹² Section 19, *Commissioner for Children and Young People Act 2006 (WA)*.

¹³ Section 5 of the *Commissioner for Children and Young People Act 2006* defines 'children and young people' as 'people under 18 years of age'. Thirteen per cent of the 1,057 survey respondents indicated they were 18 years old and three of the 53 focus group participants were 20, 21 and 23 years old.

¹⁴ Van Dyke N et al 2014, *Young People's Experiences with Health Services: Final Report*, Commissioner for Children and Young People WA, p. 61.

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