

The Health of Young People

2013

Youth is a significant period of growth and development. As a group, those aged from 10 to 24 years have specific health care needs. These health needs are distinct from the health needs of children and the health needs of adults. The combination of biological and social changes that takes place during adolescence and early adulthood results in unique challenges for clinicians, the health care system and young people themselves.

Many young Australians report feeling 'healthy' and are generally doing well.² However, data on health outcomes are mixed. Over the past twenty years overweight has doubled and obesity has tripled among young people.³ Even though recent research suggests that rates may have reached a plateau⁴, current data suggests that over one third of Australian young people are overweight or obese.⁵ Overweight and obesity is a risk factor for a range of physical health conditions including cardiovascular disease, asthma, diabetes, osteoarthritis and some cancers. Mental health disorders account for almost half of the burden of disease among young people, with 9 percent of young people reporting high or very high levels of psychological distress.⁶ Mental health disorders can impact on young people's psychosocial growth and development, health care needs, education and occupational attainment and involvement with the justice system.⁷ Given the impacts on affected individuals and the broader social and policy implications, both health issues warrant specific attention.

Other areas of concern include injury and poisoning hospitalisations, incidence of diabetes, incidence of notifiable sexually transmitted infections (STIs), and the proportion of young people meeting Australian Dietary Guidelines.⁸ However, it is not all bad news. Improvements have been observed in areas such as overall death rate, hepatitis notifications, road transport accident deaths and the proportion of young people who are daily smokers.

Many health related behaviours are established during adolescence. These habits can have long lasting implications. Young people may not consider the long term effects of their behaviours placing them at additional risk when it comes to engaging in risky behaviours such as excessive alcohol consumption, smoking, drug taking, inappropriate diet, excessive sun exposure and unsafe sexual practices. It is important to acknowledge that this is also a time when more positive health behaviours can be established and supported including reproductive and sexual health, undertaking regular physical activity, eating a balanced diet and getting enough rest.

Young people face a range of real and perceived barriers to evidence informed health information and appropriate health care. Barriers may include lack of financial independence, lack of autonomy, inadequate access to transport, communication difficulties, lack of experience, information, education, cultural differences, time and geographical location. Some groups of young people face additional disadvantages when it comes to accessing healthcare and achieving good health including Aboriginal and Torres Strait Islanders, culturally and linguistically diverse (CALD), the homeless, young parents, unemployed, those living in rural and remote areas, young offenders, young people living with disability or chronic illness and young people marginalised because of their sexuality.

Investing in young people is an important part of ensuring that Australia can meet the challenges of the future.⁹ Funding of youth health related initiatives has increased in recent

times but the funding tends to target single aspects of youth health rather than improving the overall health and wellbeing of young people. While the increased investment is welcome, more can be done to improve the health and wellbeing of all young people in Australia.

Health promotion / health information

A large amount of illness occurring in young people is preventable.¹⁰ This makes the youth audience an important target for many health promotion messages and mass media health education campaigns. Care must be taken to consult with young people during the development of health promotion campaigns to ensure that key messages are appealing, understandable and relevant.

Almost all young Australians spend a significant amount of time online. This may increase young people's exposure to commercial interests including the marketing of unhealthy products. Concerns also exist in relation to social networking websites, in which young people may experience bullying. However, young people are also likely to use the internet to access health information, which also provides an important opportunity to provide developmentally appropriate and relevant material. Health promotion initiatives aimed at young people also need to ensure a suitable online presence. Online interventions focusing on mental health disorders, improved diet and increased physical activity have had some success among young people and are likely to expand, however these interventions should include appropriate medical oversight.

Accessing general practice

Young people are consistently underrepresented in general practice consultations¹¹. This may be because many young people do not experience the sorts of illness regularly seen in general practice. It is nevertheless beneficial to develop a long-term relationship with a GP. Other real and perceived barriers exist which also limit young people's access to general practice, and can include lack of financial independence, lack of autonomy, inadequate access to transport, communication difficulties, lack of experience or information, cultural differences, time and geographical location.

Young people may also have significant concerns about confidentiality.¹² While it is important to achieve the appropriate balance between confidential health care and the parents' rights to be informed, confidentiality is an ethical and legal right for young patients who are sufficiently competent to make their own medical decisions.¹³ While this decision is primarily clinical, medical practitioners also need to be aware of relevant legislation (as well as requirements of their medical insurer). When young people do access general practice there are a number of excellent resources available that support consultations with young people (such as the Adolescent Health GP Resource Kit, The HEADSS Assessment¹⁴).

Accessing specialised medical care

In some instances young people will require more specialised and ongoing medical care. Access to paediatric and adolescent medical specialists and tertiary level hospital care is often confined to major cities. While this specialist care is important, many young people may find themselves admitted to general hospitals where they will be placed in wards that accommodate either young children or adults. These options may not be developmentally appropriate for young people. Standards for the medical care of young people¹⁵ have been developed and efforts should be made to adhere to these where possible. Telemedicine may provide opportunities for young people to consult with specialists who practice some

distance away and it may also be used to help young people who are being cared for away from the family and friends, to keep in contact.

Transition of Care

For young people with a disability or chronic condition the transition between paediatric care and adult care is extremely important. Many young people and their families encounter difficulties with this transition. It is important that medical practitioners and other health professionals consult and plan the transition process with young people and their families in a way that promotes the young person's capacity for self management and increased life chances. Ideally, one health care provider will take specific responsibility for managing this transition.¹⁶

Education and Training for Medical Professionals

Young people should be cared for by health professionals who have a good understanding of their needs; developmentally, socially and emotionally. This means that there must be appropriate opportunities for training and ongoing professional development in youth health for all medical practitioners. Additionally, youth health should also be included as part of the curriculum in all medical training.

The speciality of adolescent medicine has only been recently recognised.¹⁷ Continued training and support for those medical practitioners wishing to specialise in adolescent health needs to be supported.

The AMA:

- Calls for the development of a National Health Policy for Young People which considers the overall health and wellbeing of young people;
- Calls for young people to be engaged during the development of all youth health initiatives and programs;
- Calls for general practitioners to be involved, where possible, in the development and delivery of youth health initiatives and programs;
- Calls on the Federal Government to increase the availability of Medicare cards, this should be complemented with education about applying for and using the cards;
- Calls for investment in areas of youth health to be commensurate with the impacts on individuals and the broader community, and should include particular focus on prevention and early intervention;
- Calls for young people to be placed in hospital wards with people of the same age rather than children or mature adults (where appropriate);
- Calls for more emphasis on the transition of care between paediatric and adults services for young people with a chronic illness or disability; and
- Calls on medical schools and the medical Colleges to recognise the importance of providing high quality education and training in youth health.

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<http://www.youth.gov.au/ayf/media/Pages/NationalStrategyforYoungAustralians.aspx>
- ² Muir, K., Mullan, K., Powell, A., Flaxman, S., Thompson, D. & Griffiths, M. (2009) State of Australia's Young People. Office for Youth, Commonwealth Government.
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- ⁴ Garnett, S., Baur L. & Cowell, C. (2011) The prevalence of increased central adiposity in Australian school children 1985-2007. *Obesity Reviews* 2011 (12) 887-896
- ⁵ Australian Institute of Health and Welfare. *Young Australians their Health and Wellbeing 2011*.
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- ⁷ Bhatia, S. & Bhatia S. (2007). *Child and adolescent depression*. American Family Physician. 75(1) 73-80
- ⁸ Australian Institute of Health and Welfare. *Young Australians their Health and Wellbeing 2011*.
- ⁹ National Strategy for Young Australians
- ¹⁰ Sawyer, SM., Afifi, RA., Bearinger, LH., Blakemore, SJ. Dick, B., Ezech, AC., & Patton, GC. (2012) *Adolescence: a foundation for future health*. Lancet. 6736 (12) 60072-5
- ¹¹ General practice activity in Australia - BEACH
- ¹² Sancu LA, Sawyer SM, Haller DM, Patton GC & Kang M. (2005) *Confidential health care for adolescents: Reconciling clinical evidence with family values*. Med J Aust, 183(8): 410-414
- ¹³ RACP. (2010) *Confidential Health Care for Adolescents and Young People (12-24 years)*
- ¹⁴ Chown, P., Kang, M., Sancu, L., Newnham, V., Bennett, D.L.(2008). *Adolescent Health: Enhancing the skills of General Practitioners incaring for young people from culturally diverse backgrounds*, GP Resource Kit 2nd Edition. NSW Centre for the Advancement of Adolescent Health and Transcultural Mental Health Centre, Sydney. Available from:
http://www.caah.chw.edu.au/resources/gpkit/Complete_GP_Resource_Kit.pdf
- ¹⁵ RACP Standards of Care 2008. Available from: <http://www.racp.edu.au/index.cfm?objectid=393E4ADA-CDAA-D1AF-0D543B5DC13C7B46>
- ¹⁶ RACP Transition to adult healthcare services for adolescents with chronic conditions
- ¹⁷ Sawyer, SM., Afifi, RA., Bearinger, LH., Blakemore, SJ. Dick, B., Ezech, AC., & Patton, GC. (2012) *Adolescence: a foundation for future health*. Lancet. 6736 (12) 60072-5