

*Young  
Australians*

Their health and wellbeing  
2007

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# Young Australians

Their health and wellbeing  
2007

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Australian Institute of Health and Welfare  
Canberra

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# Foreword

*Young Australians: their health and wellbeing 2007* is the third national statistical report on the health and wellbeing of Australia's young people aged 12–24 years produced by the Australian Institute of Health and Welfare (AIHW). The AIHW has played a leading role in the monitoring and reporting on young people's health and wellbeing since 1999, and the 2007 report builds on previous reports in the series by presenting a comprehensive picture of the health status of young Australians and the factors influencing their health.

Youth is a period of rapid emotional, physical and intellectual change, where young people progress from being dependent children to independent adults. Young people who are unable to make this transition smoothly can face significant difficulties in both the short and long term. All levels of governments are interested in positively influencing the environment of young people by providing support in areas such as health, education, welfare, work and safety. Prevention and early intervention are the key themes for current policies. Data which support a better understanding of the needs of young people and their families are therefore of critical importance.

This report brings together data from a wide variety of sources, including information on the health status of young Australians and the factors influencing their health such as health behaviours, environmental factors, family and community capacity, and socioeconomic factors. New topics in the 2007 edition include: burden of disease; parental health, disability and socioeconomic status; social support; assault and victimisation; environmental factors; and health system performance.

The key message from the report is that most young people in Australia are faring well but there are still significant areas of concern. In particular, Aboriginal and Torres Strait Islander young people and young people from lower socioeconomic backgrounds continue to be disadvantaged across a broad range of health and socioeconomic indicators. In addition, rising hospital separation rates for some chronic conditions and high rates of mental illness and some communicable diseases indicate the potential for further health gains to be made in these areas.

This report was produced by the Children, Youth and Families Unit at the AIHW, assisted by funding from the Australian Government Department of Health and Ageing. I thank members of the National Youth Information Advisory Group for their expert advice in the development of this report and the key national indicators of health and wellbeing for young Australians.

Penny Allbon  
Director

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# Executive summary

## Introduction

Youth is the period of time during which dependent children develop into independent adults. It is also a critical time for establishing and reinforcing good health and social behaviours. Young people who are unable to make a smooth transition to adulthood can face significant difficulties and barriers in both the short and long term.

*Young Australians: their health and wellbeing 2007* is the third in a series of national statistical reports on young people aged 12–24 years produced by the Australian Institute of Health and Welfare (AIHW). It brings together data from a wide variety of sources, including information on health status, health outcomes and factors influencing the health and wellbeing of young Australians, such as behaviour, environment, family, community and socioeconomic factors. In recognising that young people's health and wellbeing are influenced by a multitude of factors, the AIHW has broadened the list of indicators included in earlier reports to include burden of disease, social support, assault and victimisation, environmental factors, health system performance and indicators relating to the health, disability and socioeconomic status of parents of young people.

## Key findings

This report presents the latest available data on key national indicators of health, development and wellbeing of young Australians aged 12–24 years. This report found that while most young people in Australia are doing well, there are areas where further gains in health and wellbeing could be achieved, particularly among young Indigenous Australians, young people in regional and remote areas and young people suffering socioeconomic disadvantage.

The report also emphasises the need to work toward improved national data to support future monitoring of the health and wellbeing of young Australians. While there is a wealth of data to measure many aspects of their health and wellbeing, there are also a number of important data gaps. More recent and reliable information on key areas of concern (such as mental health) and for population groups at risk are required.

Key statistics addressing the indicators with available data are presented following the Executive Summary as a quick reference guide.

### Areas in which young Australians are faring well

- Life expectancy at birth has improved over the last 20 years: a gain of 5.6 years for males and 4 years for females. A boy born in 2002–2004 would be expected to live to 78.1 years, on average, while a girl would be expected to live to 83.0 years, on average.
- Death rates among young people aged 12–24 years halved between 1980 and 2004, largely due to decreases in deaths due to injury (including poisoning). Suicide and transport accident deaths declined by 40% and 35% respectively between 1995 and 2004 and deaths due to drug dependence disorder decreased from 142 deaths in 1997 to 3 deaths in 2004.
- Over 90% of young people rate their health as excellent, very good or good.
- Young people are less likely to have a 'severe disability' than people in other age groups (2% of young people).
- Asthma prevalence, although still higher than the general population, has declined from 16% to 13% between 2001 and 2004–05 for young people and hospital separation rates for asthma have more than halved between 1996–97 and 2004–05.

- Between 1993–97 and 1998–2002, the rate of melanoma incidence decreased by 23% (from 7.6 to 5.9 per 100,000 young people) for males and by 14% (from 9.1 to 7.8 per 100,000 young people) for females.
- The incidence of most vaccine-preventable communicable diseases is low. There has been a large decline in the notification rates for measles and rubella over the last decade and for meningococcal disease since 2003. The notification rates for meningococcal diseases, rubella and mumps were less than 3 per 100,000 each in 2005. Large declines have also been observed in notification rates for hepatitis A and B between 1995 and 2005 (a rate of 2.1 and 1.4 per 100,000 respectively in 2005). There has been an overall fall in the HIV notification rate since 1995, although a slight upward trend has been observed in recent years (a rate of 2.5 per 100,000 in 2005).
- Increasing proportions of young people are free from clinical tooth decay. Sixty per cent of those aged 12 years and 40% of those aged 15 years were decay free in 2001, an almost 1.7 fold increase since 1990.
- Young people aged 15–24 years accounted for 8% of the total disease and injury burden in 2003, with 71 disability-adjusted life years (DALYs) per 100,000 young people. This was half the rate for all Australians.
- Of young people living in families, most (80%) were living in couple-parent families in 2003. Young people in couple-parent families were more likely than young people from lone-parent families to have an ‘employed’ parent or one that had completed secondary school.
- The vast majority (90%) of young people were living in households that were not considered to be overcrowded in 2001.
- Most Year 7 students met the national benchmarks for reading, writing and numeracy (91%, 94% and 82%) in 2004.
- The apparent retention rate to Year 12 has increased substantially from 49% in 1986 to 75% in 2006 and the proportion of those aged 15–24 years with post-school qualifications rose from 23% to 26% between 1996 and 2006.
- The majority of young people (85% of those aged 15–19 years and 76% of those aged 20–24 years) were participating full time in education and/or work in 2006.

### **Significant areas of concern for young people**

- There were over 47,000 hospital separations for mental disorders in 2004–05. Over half of these were for psychoactive substance use, schizophrenia and depression. Mental disorders accounted for almost 50% of the total disease burden among young people in 2003.
- Injury (including poisoning) continues to be the leading cause of death for young people, accounting for two-thirds of all deaths of young people in 2004. Transport accidents accounted for 45% and intentional self-harm (suicide) accounted for 27% of all injury deaths. Injury was also the leading cause of hospital separation for males and the fourth highest for females in 2004–05. Transport accidents (largely motor vehicle accidents) were the most common external cause of injury for males and intentional self-harm was the most common cause for females.
- The hospitalisation rate for Crohn’s disease increased by 58% between 1996–97 and 2004–05, and the rate for diabetes increased by 16% between 2000–01 and 2004–05.
- Large increases in rates of notification for pertussis (whooping cough), chlamydia and gonococcal infection occurred between 1995 and 2005, although for chlamydia and gonococcal infection, this increase may in part be due to increased awareness and diagnosis.
- Overall, 25% of young people in 2004–05 were overweight or obese. Obesity rates increased from 3% to 5% between 2001 and 2004–05 and overweight (but not obese) rose from 17% to 22% for those aged 18–24 years. Coinciding with these increases, less than half of young people (46% of males and 30% of females) were meeting recommended physical activity guidelines in 2004–05.

- Less than half (47%) of those aged 12–18 years and only 8% of those aged 19–24 years were meeting the daily vegetable consumption guidelines in 2004–05.
- Only half of young people had their skin regularly checked for changes in freckles and moles in 2004–05. Melanoma remains the type of cancer with the highest incidence rate among young people.
- Almost one-third (31%) of young people drank alcohol in amounts that put them at risk or high risk of alcohol-related harm in the short term, and 11% at risk of long-term harm. Around 17% of young people were current smokers in 2004.
- Young mothers were more likely to smoke during pregnancy than mothers in other age groups (42% for those aged under 20 years and 30% for those aged 20–24 years compared with 17% for all ages in 2004).
- The unemployment rates for 15–19 and 20–24 year olds were 12.5% and 6.3% respectively in July 2006, compared with a national unemployment rate of 4.4%.
- Around 13% of young people were exposed to tobacco smoke inside their home in 2004–05.
- The proportion of young people on care and protection orders and in out-of-home care continued to increase. Over 9,000 12–17 year olds were on a care and protection order in 2006.
- Young adults (those aged 18–24 years) accounted for 20% of the total prison population in 2006, and there were over 9,000 12–17 year olds under juvenile justice supervision in 2003–04.
- One in three (34%) clients of agencies funded through the Supported Accommodation and Assistance Program (SAAP) (agencies providing assistance to homeless people) were aged 12–24 years in 2004–05. For males, accommodation problems were the main reason for seeking assistance, and interpersonal relationships was the main reason for females.

### Population groups

- Young Aboriginal and Torres Strait Islander people had higher rates of death, injury and some chronic diseases compared with other young Australians. During 2002–2004, the death rate for Indigenous young people was almost 4 times the rate for other young Australians, and the injury death rate was almost 5 times that of other young people. Indigenous young people had higher hospital separation rates for injury (1.7 times the rate for other young Australians), asthma (1.3 times) and diabetes (more than 3 times). Young Indigenous Australians were also more likely than other young Australians to experience health risk factors such as obesity, physical inactivity, smoking, imprisonment, and lower educational attainment.
- A small proportion (2.3%) of young people lived in Remote and Very Remote areas in 2005, however, these young people had substantially higher rates of death and hospital separation for specific health conditions and were more likely to engage in certain risky health behaviours than young people in Major Cities. For example, injury separation rates were 2.7 times as high as in Major Cities and death rates were 5 times as high. Consumption of recommended levels of fruit and vegetables declined with increasing remoteness, while the proportions of risky and high-risk drinking for short-term harm increased.
- The health and wellbeing status of young people varied significantly according to socioeconomic status. Young people from the most disadvantaged areas were less likely to rate their health as excellent or very good, were more likely to lack social support and be victims of assault, had lower Year 12 completion rates and had death rates almost twice as high as the least disadvantaged areas.

# Snapshot of health and wellbeing of young Australians

Tier 1: Health status and outcomes		Proportion of young people	Page
<b>Physical, mental and social wellbeing</b>	Self-rated health status as excellent, very good or good (15–24 years) (2004–05)	93%	12
<b>Disability and activity limitation</b>	Severe or profound core activity limitation (15–24 years) (2003)	2%	15
<b>Health conditions</b>	High or very high levels of psychological distress as measured by the Kessler 10 (K10) scale (18–24 years) (2004–05)	Males: 12% Females: 19%	24
	Burden of disease and injury (15–24 years) (2003)	71 DALYs per 1,000	19
	Mental health disorder prevalence rate (12–17 years) (1998)		
	Attention deficit/hyperactivity disorder (ADHD)	8%	25
	Conduct disorders	3%	
	Mental health disorder prevalence rate (18–24 years) (1997)		
	Substance use	16%	
	Affective	7%	
	Anxiety	11%	25
	Suicide rate (12–24 years) (2004)	8 per 100,000	28
	Injury and poisoning hospital separation rate (12–24 years) (2004–05)	2,395 per 100,000	30
	Assault hospital separation rate (12–24 years) (2004–05)	203 per 100,000	32
	Injury and poisoning death rate (12–24 years) (2004)	28 per 100,000	32
	Assault death rate (12–24 years) (2004)	0.7 per 100,000	35
	Transport accident death rate (12–24 years) (2004)	13 per 100,000	35
	Chronic disease prevalence (12–24 years) (2004–05)	63%	37
	Asthma 12–24 year olds (2004–05)	13%	38
	Diabetes 15–24 year olds (2004–05)	0.4%	41
	Cancer (incidence) 12–24 year olds (2002)	27 per 100,000	42
	Incidence of vaccine-preventable diseases (12–24 years) (2005)	<i>Per 100,000</i>	
	Pertussis	42	53
	Influenza	20	53
	Meningococcal diseases	2.8	53
	Rubella	0.3	53
	Mumps	<2	54
	Incidence of other notifiable preventable diseases (12–24 years) (2005)	<i>Per 100,000</i>	
	HIV	2.5	55
	Chlamydia	Males: 221 Females: 961	58
	Syphilis	8	59
	Gonococcal infection	93	59
	Hepatitis A	2.1	57
	Hepatitis B	1.4	57
	Hepatitis C	3.5	57
	Free from clinical tooth decay at 12 years and at 15 years (2001)	12 years: 60% 15 years: 40%	62
	Mean number of decayed, missing and filled teeth at 12 and 15 years (2001)	12 years: 0.95 15 years: 2.23	62
<b>Deaths</b>	Death rates all causes (12–24 years) (2004)	41 per 100,000	64

<b>Tier 2: Factors influencing health and wellbeing</b>		<b>Proportion of young people</b>	<b>Page</b>
<b>Environmental factors</b>	Living in households where adults smoked inside (12–17 years) (2004–05)	12%	135
	Living in overcrowded housing (15–24 years) (2001)	10%	136
<b>Socioeconomic factors</b>	Parents did not complete secondary school (Year 10 or above) (12–24 years) (2004)	9%	133
	Apparent retention rates to Year 12 (2006)	75%	119
	With post-school qualifications (15–24 years) (2006)	26%	120
	Meeting national reading, writing and numeracy benchmarks in Year 7 (2006)	Reading: 91% Writing: 94% Numeracy: 82%	121
	Living in families where no parent is employed (12–24 years) (2003)	14%	132
	Full-time participation rate (15–24 years) (2006)	15–19 years: 85% 20–24 years: 76%	123
	Unemployment (15–24 years) (July 2006)	15–19 years: 13% 20–24 years: 6%	124
	Long-term unemployed (15–24 years) (September 2005)	1%	124
	Underemployment rate (15–24 years) (2005)	15–19 years: 12% 20–24 years: 8%	125
	Financially dependent on their families (15–24 years)	No data available	126
	Receiving a regular allowance/ income from parents (15–24 years) (2004)	25%	126
	Mean income earned by young people (15–24 years) (2005)	15–19 years: \$234 20–24 years: \$570	127
	Receiving government income support (15–24 years) (2006)	19–20%	128
	Carry various types of debt (and overall debt) (12–24 years) (2003)	20% (NSW study)	129
	Living independently and receiving rent assistance (15–24 years)	162,695 young people	129
	Experienced hardship because of a shortage of money (15–24 years) (2004)	Could not pay electricity, gas or telephone bills on time	12% to 15%
Could not pay mortgage or rent on time		6%	
Went without meals		5% to 6%	
<b>Community capacity</b>	Living in families with low family cohesion (12–17 years) (1998)	16%	95
	Health status of parents:	<i>Proportion of parents</i>	
	Parents (of 12–24 year olds) rating their health as fair or poor (2004)	17%	96
	Parents (of 15–24 year olds) with disability (2003)	16%	96
	Parents (of 12–24 year olds) scoring poorly on mental health scale (2004)	23%	98
	Caring for family members (e.g. parents, siblings and partners) (15–24 years) (2003)	7%	97
	Subject of child protection substantiations (12–16 years) (2005–06)	<i>Per 1,000</i> Males: 4.3 Females: 6.9	100
	Subject of care and protection orders (12–17 years) (2006)	<i>Per 1,000</i> 12–14 years: 6.0 15–17 years: 5.0	101
	Young people in out-of-home care (12–17 years) (2006)	12–14 years: 5.8 15–17 years: 4.1	102
	Score well on a social support scale (15–24 years) (2004)	91%	104

(continued)

<b>Tier 2: Factors influencing health and wellbeing (continued)</b>		<b>Proportion of young people</b>	<b>Page</b>
<b>Community capacity (continued)</b>	Volunteering rate (18–24 years) (2002)	28%	106
	Victim of physical and/or sexual assault (12–24 years) (2005)	9%	108
	Alcohol and other drug-related violence victimisation rate (14–24 years) (2004)	31%	109
	Witnessing family violence	No data available	
	Currently homeless (12–24 years) (2001)	1%	112
	In juvenile justice supervision (12–17 years) (2003–04)	549 per 100,000	115
	Rate of imprisonment (18–24 years) (2005)	251 per 100,000	116
<b>Person-related factors</b>	Overweight or obese (15–24 years) (2004–05)	25%	72
	<b>Health behaviours</b>	Meeting recommended physical activity guidelines (2004–05)	Males: 46% Females: 30%
Meeting daily fruit consumption guidelines (2004–05)		12–18 years: 26% 19–24 years: 43%	76
Meeting daily vegetable consumption guidelines (2004–05)		12–18 years: 47% 19–24 years: 8%	77
Year 8 and Year 10 students eating breakfast (2004) (NSW only)		Year 8 Males: 74% Females: 66% Year 10 Males: 67% Females: 59%	77
Using sun protection (12–24 years) (2003–04)		No data available	79
Skin regularly checked for changes in freckles and moles (12–24 years) (2004–05)		50%	80
Mean age of substance use initiation (2004)		<i>Mean age</i>	
Tobacco		14.4 years	
Alcohol		14.7 years	
Marijuana		15.7 years	
Meth-amphetamine		18.0 years	
Ecstasy		18.4 years	86
Current smokers (12–24 years) (2004)		17%	82
Engaged in high risk (5 or more drinks) drinking at least once in the last week (12–17 years) (2002)		2% (12 year olds) to 22% (17 year olds)	83
Drinking at risky or high-risk levels for (12–24 years) (2004–05)			
short-term harm	31%		
long-term harm	11%	84	
Using an illicit drug within the last 12 months (12–24 years) (2004)	23%	85	
Sexual intercourse in Year 10 and Year 12 students (2002)	Year 10: 26% Year 12: 47%	88	
Any contraception use to avoid pregnancy among those sexually active (Year 10 & Year 12 students) (2002)	90%	89	
Proportion of students in Years 10 and 12 who used a condom at their most recent sexual encounter (with someone they had just met) (2002)	Year 10: Males: 68% Females: 53% Year 12: Males: 75% Females: 80%	91 91	
Substance use during pregnancy: proportion of mothers smoking during pregnancy (2004)	> 20 years: 42% 20–24 years: 30%	92	

<b>Tier 3: Health system performance</b>		<b>Proportion of young people</b>	<b>Page</b>
<b>Effective</b>	Hospital separation rate for ambulatory care sensitive conditions (2004–05)	<i>Per 1,000</i> 12–17 years: 9 18–24 years: 12	160
	Percentage of injecting drug users who reported recent sharing of needles and syringes	No data available	
	Percentage of teenage smokers aged 12–17 years who personally purchased their most recent cigarette (2002)	22%	161
	Participation rate for cervical screening among young women aged 20–24 years (2003–04)	48%	161
<b>Appropriate</b>	Proportion of prescriptions for oral antibiotics ordered by general practitioners for the treatment of upper respiratory tract infections (URTIs) for young people (12–24 year olds) (2003–04)	37%	163
	Proportion of young people with diabetes who have received an annual cycle of care within general practice	No data available	
	Caesarean sections as a proportion of all confinements of young women aged 15–24 years (1999)	15–19 years: 13% 20–24 years: 16%	163
<b>Efficient</b>	Relative stay index (RSI) for those aged 12–24 years by medical, surgical and other DRGs (length of stay in hospital)	No data available	
<b>Responsive</b>	Percentage of patients aged 12–24 years who are treated within national benchmarks for waiting in public hospital emergency departments for each triage category	69%	164
<b>Accessible</b>	Median waiting time for access to elective surgery for those aged 12–24 years	No data available	
	Proportion of young people aged 15–24 years attending antenatal services during pregnancy	No data available	
	Proportion of non-referred attendances at GPs that are bulk-billed under the Medicare program	No data available	
	Availability of general practitioner services	No data available	
<b>Safe</b>	Proportion of hospital separations for young people aged 12–24 years where an adverse event was treated and/or occurred (2004–05)	2%	165