

3.1 Young people summary

The health of children and young people has been identified as a target health improvement area in the *Smart State: Health 2020 Directions statement* strategic vision for Queensland Health. Young people aged 15-24 years represent 14% of the Queensland population.

The health of young people is the result of a complex interplay of genetic, social, environmental, economic and cultural factors. The impact of these factors in adolescence affects health in adult life. There is growing evidence that effective nurturing throughout childhood, and the psychosocial transitions to young adulthood, have significant effects on health and wellbeing throughout the life course.

The health status of young people in Queensland is relatively high compared with other age groups and by international comparison. However, some key issues remain:

- poorer health of Indigenous young people
- mental health problems and disorders
- alcohol, tobacco and other drug misuse
- injury
- suicide and self-harm
- inappropriate nutrition
- overweight and obesity
- physical inactivity.

For the first time in Queensland, *Health Determinants Queensland 2004* combines indicators of the major behavioural, social, economic and environmental determinants of health for young people. This report describes the relationship between health determinants and health outcomes. In doing so, it provides: evidence for investment in population health, both in the health sector and across government; priority areas for investment; and interventions which can most improve the health of young people in Queensland.

What is the health status of young people in Queensland?

- In general, Queensland young people are satisfied with the quality of their lives and health. In 2002, young people aged 18-29 years report better quality of life and health status than older age groups. Most young people report satisfaction with their health.
- Two thirds of Queensland's total Indigenous population is under 25 years of age. Hence, the health of Indigenous children and young people is critical to overall Indigenous health in this state.
- In Australia in 1996, mental health disorders accounted for 55% of the burden of disease and injury in young people. Substance use disorders account for the majority of this burden. In Queensland over the last ten years, hospitalisations for intentional self-harm have increased for both young males and young females.
- Injury is responsible for more deaths of young people in Australia than all other causes combined.
- In Queensland over the past ten years, hospitalisations for diabetes have increased for young people.
- About three quarters of the cases of invasive meningococcal disease are aged less than 25 years; young people aged 15-19 (19% of cases) and 20-24 (11% of cases) years were more likely to contract this disease than all other age groups except children 0-4 years.
- In 1997-2001 in Queensland, rates for hepatitis C notifications in young people aged 20-24 years were consistently higher than rates for the total Queensland population.
- In 1997-2001 in Queensland, nearly two thirds of all diagnosed cases of chlamydia were aged 15-24 years. The highest rate occurred in 15-19 year old females.

Key population groups

Young men

- Road traffic accidents, alcohol dependence and harmful use, anxiety disorders, suicide and self-inflicted injuries, and heroin dependence and harmful use, are the top five causes of burden of disease and injury in young Australian males.
- In Queensland over the past ten years, young men are more likely to die or be hospitalised as a result of an injury, and specifically for road traffic accidents and intentional harm by another, than young women.
- Young males are more likely to commit suicide than young females. However, females were much more likely to be hospitalised for intentional self-harm.
- Young men aged 18-24 years are more likely than young women to have substance abuse disorders. Males have more deaths and hospitalisations due to hazardous and harmful consumption of alcohol and illicit drug use.

Young women

- Depression, anxiety disorders, bipolar affective disorder, alcohol dependence and harmful use, and eating disorders are the top five causes of burden of disease and injury in young Australian females.
- Young women aged 18-24 years are more likely than young men to have affective and anxiety disorders.
- In Queensland over the past 10 years, young females were more likely to be hospitalised for asthma than young males. In Australia, prevalence of asthma is highest in young females aged 15-24 years.
- Young females were much more likely to be hospitalised for intentional self-harm than young males, however males were more likely to commit suicide.
- In Queensland, young females aged 15-19 years were more likely to be diagnosed with Chlamydia than any other male or female age group.

What are the health determinants impacting on young people in Queensland?

Health determinants can be broadly divided into:

- ‘upstream’ (education, employment, income, living and working conditions);
- ‘midstream’ (health behaviours and psychosocial factors); and
- ‘downstream’ (physiological and biological factors).

In this report, the upstream determinants of health for young people are addressed in sections on environmental factors and socioeconomic factors, and midstream determinants in sections on community capacity and health behaviours. The downstream effects are addressed in the health behaviour section.

Socioeconomic factors

- In Queensland in 2002, 85.5% of female students and 77.4% of male students continued from Year 8 to Year 12, which was higher than the national average. In 2002, 55.9% of Indigenous students continued from Year 8 to Year 12, which was also higher than the national average.
- In Queensland in 2001, the weekly income of a quarter of Queensland families was less than \$500 per week. The majority (over 80%) of young people aged 15-24 years have an income of less than \$500 per week.

Community capacity

- Over 90% of young people in Queensland rated their families as of great importance in their lives. The majority of young people aged 15-29 years reported they were satisfied with their life overall, their personal safety, and their health and home. Young people were least satisfied with their financial situation and connection to their community.
- Young people aged 18-29 years reported higher informal social networks than older people and higher feelings of civic trust than people aged 30-64 years. Young people reported lower community identity and community involvement than other age groups.
- In Queensland in 2002/03, young people aged 15-19 years were the most common victims of crimes. Young males aged 15-19 years were the most common offenders against another person and against property, followed by young males aged 20-24 years.
- In Australia in 2001, 36% of homeless people were estimated to be in the age group 12-24 years.

Health behaviours

- In Queensland in 2001, 13.5% of young people aged 14-17 years smoked daily. Nearly 30% of young males and about 25% of young females aged 18-29 years smoked daily.
- In the state in 2001, about 25% of young males and about 45% of young females aged 14-17 years drank alcohol at hazardous or harmful levels. For young people aged 18-24 years, 52% of males and 65% of females drank alcohol at these levels. In 1999-2001 for young people, there were 61 deaths and 2,955 hospitalisations due to hazardous and harmful alcohol consumption each year. Suicide and road transport accidents were the leading causes of such deaths.
- Young people aged 18-24 years are more likely to report use of illicit drugs than the population as a whole. One quarter of all deaths due to illicit drug use in Queensland was for young people aged 15-24 years. In 1999-2001 for young people, there were 24 deaths and 1,317 hospitalisations due to illicit drug use.
- In Queensland in 2001, about one third of young people were overweight or obese. Almost one in five young people were underweight, with levels three times higher in young females than young males.
- Young people are much less likely than other adult age groups to eat the recommended quantities of fruit and vegetables.
- In Queensland in 2001, just over one half of young people aged 18-29 years undertook sufficient physical activity for a health benefit. Over the past few years, the proportion of young people achieving sufficient physical activity has decreased. There are no current reliable physical activity data for adolescents.
- Young women aged 18-24 years are much less likely than older adult women to have had a Pap smear.
- The level of knowledge and awareness of sun protection issues in Queensland secondary schools is high.

Evidence based strategies which address the determinants of health have the potential to reduce the burden of ill health and premature death in the lives of all Queenslanders, particularly those who are most disadvantaged.