The major health issues that impact on young people

Analyse TWO of the major health issues listed by examining:

- Mental health problems and illnesses (focusing on depression)
- The nature and extent of the major health issue

Different types of depression often have slightly different symptoms and may require varying treatments. Three of the main types of depression are:

- **Major depression** — a depressed mood that lasts for at least two weeks. This may also be referred to as clinical depression or unipolar depression.

- **Psychotic depression** — a depressed mood which includes symptoms of psychosis. Psychosis involves seeing or hearing things that are not there (hallucinations), feeling everyone is against you (paranoia) and having delusions.

- **Bipolar disorder** — formally known as manic depressive illness, it involves periods of feeling low (depressed) and high (manic).

www.beyondblue.org.au

In 2004–2005, the Australian Institute of Health and Welfare reported that the proportions of young males and females aged 18–24 years having high or very high levels of distress were 12% and 19% respectively, an increase from 1997, when the corresponding proportions were 7% and 13% (AIHW 2007). Another report revealed that 10% of young people have a long-term mental or behavioural problem, and 16% report high or very high levels of psychological distress (AIHW 2008a:281).

### Table 2.1

<table>
<thead>
<tr>
<th></th>
<th>Anxiety Disorders</th>
<th>Affective Disorders</th>
<th>Substance Use Disorders</th>
<th>Any 12 Month Mental Disorder (A)(B)</th>
<th>No 12 Month Mental Disorder (C)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><code>000</code></td>
<td><code>%</code></td>
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<td><code>%</code></td>
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<td><code>%</code></td>
</tr>
<tr>
<td>Males</td>
<td>120.3</td>
<td>9.3</td>
<td>56.3</td>
<td>4.3</td>
<td>201.0</td>
<td>15.5</td>
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<tr>
<td>Females</td>
<td>270.9</td>
<td>21.7</td>
<td>105.0</td>
<td>8.4</td>
<td>122.5</td>
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<tr>
<td>Combined</td>
<td>391.3</td>
<td>15.4</td>
<td>161.4</td>
<td>6.3</td>
<td>323.5</td>
<td>12.7</td>
</tr>
</tbody>
</table>

Source: Adapted from ABS 2008, National Survey of Mental Health and Wellbeing: Summary of Results, 2007, p. 29
Anyone who is depressed may be at risk of suicide. In 2004–2006, 266 deaths per year were attributed to suicide among young people aged 15–24 years, representing 20% of deaths in this age group (ABS 2008).

Deaths by suicide decreased by 40% between 1995–2004. Between 1985–1997 the rate of suicide among young males fluctuated between 19 and 23 per 100 000 young people when the rate peaked. Since then, the death rate from suicide among young males has declined by over 50% from 23 per 100 000 young males in 1997 to 11 per 100 000 in 2004. Female suicide death rates have remained relatively stable since 1985 (AIHW 2007).

the risk factors and protective factors

When someone is depressed they may display the following symptoms:

- feeling hopeless
- lack of interest
- having no energy
- feeling lonely or unloved
- not wanting to socialise
- poor nutrition and loss of weight
- taking unnecessary risks
- thinking about death or suicide.

If a young person is suffering from multiple symptoms for most of the time over a two-week period or longer, then they are likely to have depression. Some reasons why depression can occur include:

- a genetic risk, whereby other people in the family may have experienced it
- a trigger from a stressful event or chain of events, such as a family or relationship breakup, abuse, bullying, a death, family or peer conflict, or perhaps a combination of these issues happening close together
- postnatal depression for some women after giving birth
- social rejection
- family turmoil
- failing exams.

Someone who is depressed should seek professional help from a family doctor or counsellor to manage the depression.

Medication can be useful for many people with depression, but it is usually not used for younger people unless other therapy such as counselling, changing what is happening at school or home, and support are not helping enough.

the sociocultural, socioeconomic and environmental determinants

The experience of resettlement into a new country and adopting a new culture and social life are major issues which can challenge value systems, a person’s way of thinking and their behaviour. For a young person who
has to completely adopt a new culture, this may make them feel marginalised, reject the new culture and lead to depression.

There is substantial social pressure on women within western society to conform to the ideal body image. Being ‘thin’ is highly credited in modern society. The male muscular image also influences boys to feel that they need to build up their muscles to be attractive to women and to feel better about themselves.

The more disadvantaged a person’s socioeconomic condition is the higher their risk for developing mental illness. Rising unemployment, poverty and poor housing affordability are socioeconomic issues that impact directly on a person’s coping ability and stress level, especially among lower income groups, and eventually can lead to depression. Some young people use alcohol or other drugs in an attempt to block out their depression, but unfortunately drugs are often misused and can have serious side effects.

Environmental causes of depression for young people are concerned with sociological factors that occur during the course of their everyday lives. These may include prolonged stress at home or work, coping with the loss of a loved one or traumatic events. Relationships young people have with others, how they are brought up, and how they cope with loss and crisis affect their thoughts, emotions and behaviours. Young people’s reactions to these events may bring on the onset of depression.

– young people most at risk

Young people most at risk of mental illness are those suffering from:
- anxiety disorders, including panic disorder, agoraphobia, obsessive-compulsive disorder (OCD) and post-traumatic stress disorder
- mood disorders, including depression and bipolar disorder
- alcohol abuse, including harmful use and dependence
- drug addiction, including harmful use and dependence
- medication dependency.

People who are more likely to be diagnosed with depression are those with a family history of mental illness, smokers, and young females (as opposed to young males).
road safety

the nature and extent of the major health issue

Young people continue to be over-represented in road crash statistics. People under the age of 26 comprise only 15% of driver licences but are involved in 36% of road fatalities. During a five-year period between 1999–2003, road crashes involving drivers aged under 26 years of age resulted in 1017 fatalities, with males making 79% of drivers. A 17-year-old driver with a P1 licence is about four times more likely to be involved in a fatal crash than a driver aged 26 years or older.

The latest statistics from the Road Traffic Authority provide breakdowns of road fatalities that occurred over a 12 month period by age (Fig. 2.3) and by age and user class (Fig. 2.4).

**Figure 2.3**
Number of fatalities, by age, for 12 months ending May 2009

**Figure 2.4**
Distribution of fatalities, age and road user class, for 12 months ending May 2009

**Figure 2.5**
Number of motor vehicle controllers, by age, involved in fatal crashes for 12 months ending May 2009
In 2008, of the 973 drivers and riders aged under 26 years involved in crashes, 760 (78%) were identified as the controller of the vehicle primarily responsible for the crash. As shown in Figure 2.5, while the number of fatal crashes is still high, death rates appear to be on a downward trend.

**– the risk factors and protective factors**

The range of risk factors that impact on a young person and road safety include the:
- immaturity of the adolescent brain—the prefrontal cortex is a late maturing part of the brain responsible for reasoning, self-control and making good judgments
- tendency to experiment and a desire for thrill seeking
- attitudes and patterns of behaviour relating to safety
- strong significance and influence of peers
- presence of fatigue often associated with a younger, busy lifestyle that combines study, work and social activities
- inexperience of combining activities such as alcohol and drug use that compromise safety when on the road
- inexperience in managing the complexity of mental and physical tasks associated with driving, such as identifying hazards and making decisions while controlling the vehicle
- exposure to the amount of time spent driving and to various types of road and hazardous conditions such as night driving and heavy rain etc.
- motivation for driving, considered as a form of entertainment.

Young drivers can take charge of building their driving skills and experience through learning the following protective behaviours:
- Get as much driving practice as possible when learning to drive—statistics show that those who have around 120 hours of supervised practice have reduced crash rates substantially by up to 35%.
- Learn defensive driving by anticipating trouble before it occurs.
- Gain experience in night driving.
- Avoid carrying more than one passenger.
- Ask a more experienced or fully licensed driver to drive a group of young people (www.dtei.sa.gov.au).

**– the sociocultural, socioeconomic and environmental determinants**

Sociocultural environments, which vary with gender, age and cultural background, influence choices that affect driving safety. The motor vehicle is considered an essential part of life among youth culture, so there is a greater tendency for young people to want to participate in driving. This opens up increased risk-taking in speeding or drink driving. Further, a culture has developed among young males that risk-taking when driving demonstrates their masculinity and a feeling of power and control over a powerful vehicle.

The recent RTA Pinkie ‘Speeding. No one thinks big of you’ campaign was the most persuasive youth speeding campaign ever. Over 98% of the young male target audience were aware of the campaign with 70% believing it is effective in encouraging young male drivers to obey the speed limit. Overall the ‘Pinkie’ campaign elicited a crucial behavioural shift, provoked a global media storm and empowered the community to render speeding socially unacceptable (see www.rta.nsw.gov.au).
According to a study conducted by the Australian Institute of Family Studies, there are generally no significant group differences in driving for young people from a low socioeconomic status. The locality in which young people live, whether metropolitan, regional or rural, indicate differences in the following aspects of driving:

- Young learner drivers in metropolitan areas tend to take on more professional driving lessons than those in regional areas, who practise driving less frequently.
- Car crash incidents were more likely to occur among young people in metropolitan localities.
- Unsafe driving behaviour appeared to be prevalent among young people in regional centres where they were more likely to drive under the influence of alcohol; while those in rural areas were less likely to wear a seatbelt or helmet. (AIFS 2005)

The immediate physical environment inside the car also contributes to risk-taking behaviour. Recent research conducted by the George Institute into the broader issues of driver distraction, shows that drivers are engaged in a distracting activity once every six minutes. During a given driving trip, 72% of drivers will report a lack of concentration, 69% will adjust in-vehicle equipment, 58% are distracted by outside events, objects or people and 40% will talk to passengers—all of which account for thousands of driver errors and road accidents each year. In fact, 1 in every 5 crashes in this study was caused by driver distraction.

The most common adverse effect of mobile phone use while driving were taking eyes off the road, slowing down, lack of concentration, failing to indicate, lane drift and sudden braking (The George Institute).

The likelihood and severity of injury can be reduced by safety devices such as seatbelts, airbags and crumple zones in cars, and helmets for cyclists and motorcyclists. Policies that include increased driver awareness and training, good road design and traffic control, better vehicle designs for easier control, and innovative enforcement practices are essential to reduce adverse outcomes from risk-taking behaviours.

### young people most at risk

Young males are more likely than young females to be involved in road trauma, especially if they exhibit risk-taking factors mentioned throughout this chapter.

There is a growing theory among road safety professionals that many problem behaviours apparent in adolescence and early adulthood stem from childhood. For example, underlying aggressive or impulsive tendencies learnt earlier in life may cause an individual to respond in an aggressive or impulsive manner when driving. In theory, if a young person fails to learn how to regulate or control testing and demanding childhood characteristics, these may directly influence their driving behaviour later in life.

### alcohol consumption

### the nature and extent of the major health issue

Young people try alcohol for many reasons. It might be out of curiosity, the need to fit in with their peer group, to make them feel more grown-up, or because it gives them a certain image among their circle of friends.
Some young people drink when they go to parties and nightclubs with the idea that they will enjoy themselves more; some use alcohol to help them sleep or to forget things, while some people need to drink every day because they are dependent on alcohol.

In 2008, 90% of Australians aged 14 years and over report having consumed alcohol at some time in their lives and 83% report having consumed alcohol in the previous year (AIHW 2008). One in five teenagers report drinking weekly and 15% of adult males and 12% of adult females reported drinking at a high risk level for short-term harm within the last month (AIHW 2008).

The increase in those drinking at a high-risk level since 1995 has been greater for women than men. From the three surveys since 1995, the proportion of females who drank at a high-risk level increased from 6.2% to 11.7%, while for males the increase was from 10.3% to 15.2% (AIHW 2005).

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The reasons young people consume alcohol include:

- boredom
- inexpensive leisure option
- lack of community support
- absent family structure (single/broken homes)
- conflict within families or other relationships
- pressure from peer groups
- low self-identity and esteem.

Consuming a small quantity of alcohol does not harm most people. However, many young people act irresponsibly when they are drinking alcohol and can do things that could endanger themselves and others, especially when alcohol affects their judgment and physical skills.

Unfortunately, many young people binge drink at least once a month, some much more regularly. The biggest risks associated with binge drinking are alcohol poisoning and for women they are at high risk of sexual abuse when they are drunk.

Excessive alcohol use is associated with a range of health-risk behaviours, including smoking, unsafe sex, unwanted pregnancy, drink-driving and road accidents, violence and criminal activity.

High-risk settings include places where there is reduced monitoring, increased access to alcohol and congregations of young people at parties, music events and during ‘Schoolies’ week.

Some effective strategies to reduce the risks associated with binge drinking at high-risk settings include: providing non-alcoholic drinks, making food available, providing safe transport home, training
workplace staff where alcohol is sold, and taking responsibility as the host for people who attend their parties.

Assistance should be given to young people to develop their understanding, attitude and behaviour about drinking and the effects of alcohol, to enable them to minimise and avoid the harmful consequences associated with excessive alcohol use. Only within a safe and supportive environment can young people learn to manage their drinking intake responsibly. Parents need to be encouraged and supported to discuss alcohol misuse with their children.

— the sociocultural, socioeconomic and environmental determinants

There are a range of sociocultural determinants which can impact on a young person's use of alcohol. Firstly, in Australia, drinking alcohol is a social activity. The cultural significance of drinking is imparted onto young people at an early age by family members and older siblings. As they grow older, drinking has a cultural function for young people as it communicates to others how they wish to be seen, particularly by their peers—drinking constructs a young person's identity.

Drinking for young people is not just opportunistic. It involves a reasonable amount of planning and organisation and is discussed socially prior to the event. In more disadvantaged groups, however, drinking can relieve boredom when there is a lack of appropriate leisure options available.

The Australian culture supports heavy consumption of alcohol, especially at large events during public holidays. This is further fuelled by the ever-increasing range of alcoholic beverages produced for their novelty value. There is also an obvious connection between alcohol and sport in Australia, with large beer companies as major sponsors of team sports.

Class or socioeconomic status does not generally appear a strong predictor of drug use among youth in Australia. The World Health Organization conducted a survey of 162,305 young people (aged 11, 13 and 15 years) in 34 countries, providing data on family affluence, alcohol consumption and episodes of drunken behaviour. They found no correlation between family socioeconomic status and drinking patterns among 15-year-olds. Rather, alcohol consumption was found to be more likely to be influenced by factors such as coping strategies, peer group and culture (WHO 2000).

The risk of alcohol-related harm will vary depending on the environmental determinants that exist. For instance, where a young person drinks—at home, in a licensed venue, a public event, with family or friends, or alone—will determine the level of alcohol they consume.

Some young people seek out environments where heavy drinking is available. Social settings featuring activities that encourage risky drinking include group parties, illicit drug taking, BYO alcohol gatherings, and drinking games.

— young people most at risk

Those at high risk of excessive alcohol consumption are young males (as opposed to young females), people who use hard drugs or combined drugs, and people who have experienced negative life events.

In 2001, there were an estimated 46,114 homeless people under 25 years old. The large majority of homeless young people aged 12–20 years used alcohol (82%). Indigenous young Australians aged 18–24 years are also a risk population for alcohol-related harm. About 20% of Indigenous males and 14% of Indigenous females consume alcohol at risky or high risk levels.

While the abovementioned groups are most at risk, it is fair to say that binge drinking is a major concern for young people.
violence

the nature and extent of the major health issue

Violence is anything that is intentionally done to make someone feel afraid, controlled or powerless. Violence can take many forms for young people, including:

- physical assault—where a person is trying to hurt someone
- emotional or verbal abuse—where a person is threatening, bullying or harassing someone
- sexual abuse or violence—where someone is forced into a sexual act without their consent
- financial abuse—where money is used as a source of power over someone.

Young people, especially young men, are at greater risk than other age groups of experiencing violence. According to findings in the ABS *Personal safety survey* conducted in 2005:

- Of people aged 18–24 years, 12% were physically assaulted by a man during the preceding 12 months, and 3% were physically assaulted by a woman.
- The proportion of men aged 18–24 years (19%) who were physically assaulted by a male was almost five times higher than for men aged 25 years and over (4%).
- A higher proportion of men aged 18–19 years (29%) were physically assaulted by a male than for men aged 20–24 years (15%).
- Of men aged 18–24 years who were physically assaulted by a male, most (77%) were attacked by a stranger. In contrast, women in this age group who were physically assaulted by a male were likely assaulted by a man who knew them (82%).
- Young men aged 18–24 years most frequently reported that the physical assault occurred at licensed premises (44%) or in the open (34%). For young women, the most common location of physical assault was in their or another person’s home (49%).


In 2006, there were 9276 young people aged 12–17 years on care and protection orders (5.5 per 1000 young people). The rate of young people aged 12–14 years on care and protection orders increased from 4.3 to 6.0 per 1000 young people between 1998 and 2006. The corresponding rate for 15–17 year olds increased from 4.1 to 5.0 per 1000 young people (AIHW Child protection database).

Research in Australia based on children’s reports suggests that about one child in six is bullied at least once a week. Boys tend to be bullied more than girls and also to engage more in physical bullying. Girls are more likely to engage in indirect forms of bullying such as deliberate exclusion (www.crimeprevention.gov.au).
In the area of sexual abuse, 14% of girls aged 12–20 years have been sexually assaulted along with 3% of boys—the vast majority by people they know. While only about 15% of sexual assaults are reported to police, around two-thirds of victims tell someone in their informal support network, with older teenagers aged 14–17 years more likely to tell someone (www.yourkidsed.com.au).

– the risk factors and protective factors

Risk factors which increase the likelihood for a young person to become violent include:
- exposure to violence within the family
- attention deficits, hyperactivity or learning disorders
- involvement with drugs, alcohol or tobacco
- poor behavioural control
- high emotional distress
- association with delinquent peers
- social rejection by peers
- poor academic performance.

Protective factors shielding young people from risk of becoming violent may include:
- connectedness to family or adults outside of family unit
- consistent presence of a parent during at least one of the following: upon waking up, arriving home from school, at evening mealtime, and when going to bed
- involvement in school and/or social activities.

Violence reduction programs have been shown to produce positive and lasting change in attitudes and behaviours, particularly programs within the curriculum that educate young people of the dangers associated with violence and assist with prevention strategies to reduce the risk of victimisation at school.

– the sociocultural, socioeconomic and environmental determinants

The term ‘race’ is used socially to maintain group boundaries and to consider some young people who are inferior to, or excluded from, the dominant culture regarded as the norm. Racism occurs everywhere; it can be obvious or hidden. It can take different forms, but it always involves the misuse of power by individuals, groups and communities against each other.

From a social and cultural perspective, young males reinforce stereotypes introduced predominantly by their fathers or other male role models. Many young males still see it as culturally acceptable to have power over young females and are more likely to accept violence being directed towards them.

A young person’s exposure to violence in relationships is heightened by strong peer norms, inexperience, age differences in relationships and lack of access to social services. Attitudes towards violence within intimate partnerships are worst among younger males, with sexist peer cultures key risk factors for violence. Often young people’s cultural attitudes towards violence are shaped by pornography and other media.

Socioeconomic disadvantages are strongly linked to violence and young people. Low income and unemployment put pressure on families and are determinants of violence against young people, both within and outside the home. The social, economic and educational exclusion associated with poverty can be worsened by acts of violence such as bullying, harassment and discrimination.

Females from lower socioeconomic backgrounds are more likely to have experienced crimes of date rape and sexual violence in personal relationships.

Generally, people with low education levels have poorer health status and are more vulnerable in terms of seeking employment and managing change. Young people who experience a safe and supportive school environment have an increased sense of connectedness to their school and community. This sense of belonging is protective against a range of health issues including depression, violence, unsafe sexual activity and substance misuse.
In the environment, determinants of youth violence include poverty, poor housing, an uncaring community or neighbourhood, drug availability and prevailing community crime and violence. Other contributing factors are the media, family life, school and peer environment. Physical environments such as pubs, clubs and parties, where alcohol is consumed at high levels, can also heighten the risk of violence occurring.

**– young people most at risk**

Young people growing up in families experiencing marginalisation and where domestic violence is commonplace are at greater risk of becoming either perpetrators or victims (or both) of domestic violence as they enter intimate relationships of their own.

Young Indigenous Australian and young non-English speaking people are at greater risk of contributing to violence in society. There is an over-representation of Indigenous people in prison and the intensity of racist violence is increasing, partially influenced by international crises such as terrorism. Many young people in these groups have been victims of repeated and multiple forms of victimisation including emotional abuse and neglect, trauma, physical violence and sexual abuse, many of whom have witnessed extreme forms of violence.

Lesbian, gay and bisexual young people have attempted suicide and self-harm at a high rate because of the violence that is perceived, threatened or experienced.

Children up to 12 years of age are subjected to child abuse, which may include neglect, physical abuse, sexual abuse and emotional or psychological abuse. As a result, abused children may experience fear and bodily harm, poor school performance, learning disorders, poor peer relations, antisocial behaviour and mental health disorders.

Those up to the age of 14 years who have been victims of physical and sexual assaults may experience depression, anxiety, phobias, post-traumatic stress and substance abuse; and as a result may become violent and sexual offenders later in life (AIHW 2007b). Sexual violence is experienced far more by young women than young men. In turn, young women face high risks of sexual violence and harassment including high levels of sexual harassment in schools.

Young people who are bullied at school usually experience lower academic achievement. School bullying makes them feel ‘unsafe’, depressed and is a major contributor to their inability to cope with everyday issues at school.
Activities

**Activity 1 (Page 167)**
In pairs, *determine* to what degree young people are prepared to take risks. How do young people perceive risk? When do males and females stop taking the risk and why? How does this compare to older age groups?

**Activity 2 (Page 167)**
Choose ONE major health issue and conduct internet research to *determine* the number of support groups available for young people.

**Activity 3 (Page 167)**
*Examine* what policies may exist within the school to address the major health issues you have studied.

**Activity 4 (Page 167)**
In groups, *create* a health promotion advertisement to highlight the issues associated with ONE major health issue.

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**Review Questions**

1. *Examine* the trends of *TWO* major health issues you have studied.
2. *Compare* the risk factors and protective factors that exist with young people for *TWO* major health issues.
3. *Assess* the effect multiple risk factors could have on a young person.
4. Referring to *TWO* major health issues you have studied, *critically analyse* the determinants that impact on young people.
5. *Describe* the impact a major health issue may have on the community.
6. Using *TWO* major health issues for young people you have studied, *evaluate* why certain young people are most at risk.