

HEALTHY CHILDREN, HEALTHY FUTURES

A review of Australian
children and young
people's health

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in collaboration with
UNICEF Australia



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About ARACY

For over 20 years ARACY – Australian Research Alliance for Children and Youth – has been bringing people and knowledge together, to make change for the benefit of children and young people. ARACY is unique in linking all areas of wellbeing for children, young people, and their families.

We believe all children and young people should have the opportunity to thrive.

We strive to achieve this by championing evidence-based policy and practice, while forging alliances between government, policy making, research, philanthropy and service delivery with a focus on prevention, early support and engagement. We work for the creation of better systems and supportive environments, and to grow capability across the sector, improving outcomes for children and young people.

About UNICEF Australia

UNICEF Australia, the United Nations Children's Fund, is the world's largest children's charity working to protect the rights of children, globally and here in Australia. Established in 1946 in the aftermath of World War II, we now operate in more than 190 countries and territories.

Run entirely on voluntary donations, UNICEF works to improve the lives of every child, no matter who they are or where they live. Our teams are on the ground to ensure every child has safe water, food, health care, education, and a safe place to grow up.

UNICEF Australia was formed in 1966 to support this mission. From sending emergency supplies to children during conflict, natural disasters, or humanitarian crises, to long-term survival and development programs, UNICEF Australia works to protect children, no matter what.

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Executive Summary

The Australian Children’s Wellbeing Index was developed by UNICEF Australia and ARACY in 2021 to provide a comprehensive picture of how children in Australia are faring across all aspects of wellbeing and how that is changing. By using data to measure and track children’s progress over time, the Index provides a view of where Australia is doing well, and which areas need greater attention and investment to help all Australian children thrive.

The wellbeing of Australia’s children is measured and tracked across the six interconnected domains of the Nest – Australia’s Child and Youth Wellbeing Framework. These include being valued, loved and safe; being healthy; learning; having basic material needs met; having a positive sense of identity; and participating in their and in decision making.

Our publications ultimately aim to set policy priorities and guide action to ensure Australia is an equitable place to grow up and improve outcomes for all Australian children – to make Australia the best place in the world for every child to grow up.

This is the first in a series of papers that ARACY – Australian Research Alliance for Children and Youth and UNICEF Australia are developing in partnership to further examine the Australian Children’s Wellbeing Index through each of the Nest domains. The papers measure and track what’s important for children and young people, incorporating their voices and analysis of emerging issues. This paper explores the healthy domain.

What do we mean by Healthy?

The Nest defines healthy in the context of physical, mental and emotional health, while also considering the need for timely access to appropriate health services and preventative measures.¹

Australia is a high-income country, with strong economic, social and environmental conditions when compared to other countries in the world. However, too often these conditions are not translating into positive health outcomes for all children and young people across all ages.

While many Australian children are healthy, we still see poor physical health outcomes and increasingly challenges in mental health. The impact of climate change is also an area of concern. Further, inequalities for marginalised children and young people including Aboriginal and Torres Strait Islander, LGBTIQ+ and from lower socio-economic communities persist.

In this report we highlight key indicators which give a snapshot of where we are doing well by Australia’s children and young people and where we need to improve on their health outcomes. In doing so, we hope to highlight policy areas that can be leveraged to enhance the wellbeing of all Australian children, ensuring every child can thrive.

Key findings

Antenatal period and early childhood (conception to 5 years)

Where is Australia doing well?

- In 2021, low birthweight rates were 6 per cent of live births for the general population and 11 per cent for Aboriginal and Torres Strait Islander babies.
- 80 per cent of women who gave birth in Australia accessed antenatal care in their first 14 weeks of pregnancy. For Aboriginal and Torres Strait Islander women the rate was 72 per cent – an increase of 22 per cent since 2012.
- 96 per cent of Aboriginal and Torres Strait Islander children and 94 per cent of Australian children overall are fully immunised at age 5.

Where is Australia lagging?

- One in three children aged five and six years already have tooth decay, despite it being largely preventable it is the most common chronic illness and the highest cause of preventable hospitalisations.
- The child mortality rate has slightly reduced but the gap between non-Indigenous children and Aboriginal and Torres Strait Islander child mortality rate has widened.

Middle years (5–15 years)

Where is Australia doing well?

- Childhood asthma rates peaked at 14 per cent in 2001 but have not increased in recent years.
- 80 per cent of children in school from years four to eight rated their health as good, very good or excellent, but unfortunately this does not translate to healthy behaviours.

Where is Australia lagging?

- 24 per cent per cent of children aged 5 to 14 were overweight and 8 per cent per cent were obese, this remains high and stable.
- Only 9 per cent of children aged 2 to 17 met the daily recommended consumption of vegetables and fruit.
- Less than 25 per cent of children met the recommended daily physical activity guidelines.

Young people (12–25 years)

Where is Australia doing well?

- Risky drinking and illicit use of drugs among young people aged 14 to 24 has decreased significantly from 47 per cent to 30 per cent for drinking and for illicit drugs from 32 per cent to 24 per cent between 2001 and 2019.
- 9 per cent of young people aged 18 to 24 felt they had sufficient information to manage their own health.

Where is Australia lagging?

- Young people are more sexually active now than in previous years, but there has been a 10 per cent decrease in condom usage and chlamydia rates were 3 times higher than they were in 2000.
- 47 per cent of females and 31 per cent of males aged 16 to 24 experienced a mental disorder in the previous 12 months, a significant increase.
- 66 per cent of LGBTQIA+ young people have self-harmed at least once in their life.
- Suicide is the leading cause of death for young people aged 15 to 24 years, and Aboriginal and Torres Strait Islander young people have 3 times higher deaths by suicide.

Emerging challenges to children's health

- **Health impacts of climate change** – Children and young people in Australia are both highly exposed and uniquely vulnerable to the impacts of climate change. Children, particularly young children, experience distinct and heightened risks, linked to their unique physical and physiological vulnerabilities, behaviours and activity patterns. We are just beginning to quantify the serious physical and mental health impacts of increased heat waves and natural hazards, including floods, fires, and cyclones.
- **Climate anxiety** – 82 per cent of young people aged 16 to 25 are moderately to extremely worried about climate change and over 75 per cent think the future is frightening.
- **Mental health impacts of COVID-19** – The COVID-19 pandemic has significantly impacted mental health and child development. The full effect may not be felt for several years. 22 per cent of 18- to 24-year-olds reported psychological distress after the lockdowns compared to 14 per cent before the lockdowns and 41 per cent of 9- to 17-year-olds said the pandemic had a negative impact on their wellbeing.
- **E-cigarette use** – More than one in six young people reported they use e-cigarettes products illegally that contain nicotine.
- **Sleep hygiene** – 25 per cent of 12- to 15-year-olds and 50 per cent of 16- to 17-year-olds were not meeting national sleep guidelines on school nights.

Areas for action: How young people want us to address these key health challenges

Numerous consultations and studies have been conducted with young people across Australia on key health issues highlighted throughout this paper. We have utilised the findings and outcomes from these consultations and reports to develop the following calls for action from young people:

1. Increasing access to greater mental health education and wellbeing literacy for children and young people within the school environment and curriculum.
2. Investing in peer-based mental health programs. Young people find that peer workers create safe spaces and provide examples of resilience.
3. Listening to children and young people and providing opportunities for them to participate in the design of health services.
4. Ensuring health care services are inclusive and youth friendly, as well as providing help navigating the health system.
5. Increasing education about the health effects and risks of vaping and providing information for those who are concerned they are becoming addicted about where to go for support.

About the Index

The Index was developed as a resource to:

- Show what life is like for children and young people aged 0 to 24 in Australia.
- Track progress on children’s rights and wellbeing.
- Influence decision-makers to make Australia among the best places to grow up.

The Index is built on UNICEF Australia’s five Children’s Goals. Based on the United Nations Convention on the Rights of the Child (UNCRC), the Children’s Goals work together to capture everything a child needs to live a good life and thrive. They are:

- Every child thrives and survives
- Every child has a fair chance in life
- Every child is protected from violence and exploitation
- Every child lives in a clean and safe environment
- Every child learns

Data is organised using the Nest, Australia’s evidence-based framework for child and youth wellbeing. The Nest presents holistic wellbeing as six interdependent domains. A child or young person needs to be doing well in all six domains to thrive. These domains are:

Valued, Loved and Safe – children have trusting relationships with family and friends

Material Basics – children live in suitable housing with appropriate clothing, nutritious food, clean water, and clean air.

Healthy – children have their physical, mental, and emotional health needs met.

Learning – children and young people learn through a variety of experiences within the classroom, the home, and the community in which they live.

Participating – children and young people having a voice, are listened to and have a say in decisions that impact them.

Positive Sense of Identity and Culture – children feel safe and supported to express their identity and have a sense of belonging.

Together, the Children’s Goals and the Nest align as shown below:

The Nest wellbeing domains	UNICEF’s Children’s Goals
Valued, Loved and Safe	Every child thrives and survives Every child is protected from violence and exploitation Every child lives in a clean and safe environment
Material Basics	Every child thrives and survives Every child has a fair chance in life Every child lives in a clean and safe environment
Healthy	Every child thrives and survives Every child lives in a clean and safe environment
Learning	Every child learns
Participating	Every child has a fair chance in life Every child thrives and survives
Positive Sense of Identity and Culture	Every child has a fair chance in life Every child thrives and survives Every child learns

The Index collates indicators of wellbeing within each domain and uses these to describe the wellbeing of Australia children now and, where the data is available, over time to track progress and detect important trends.

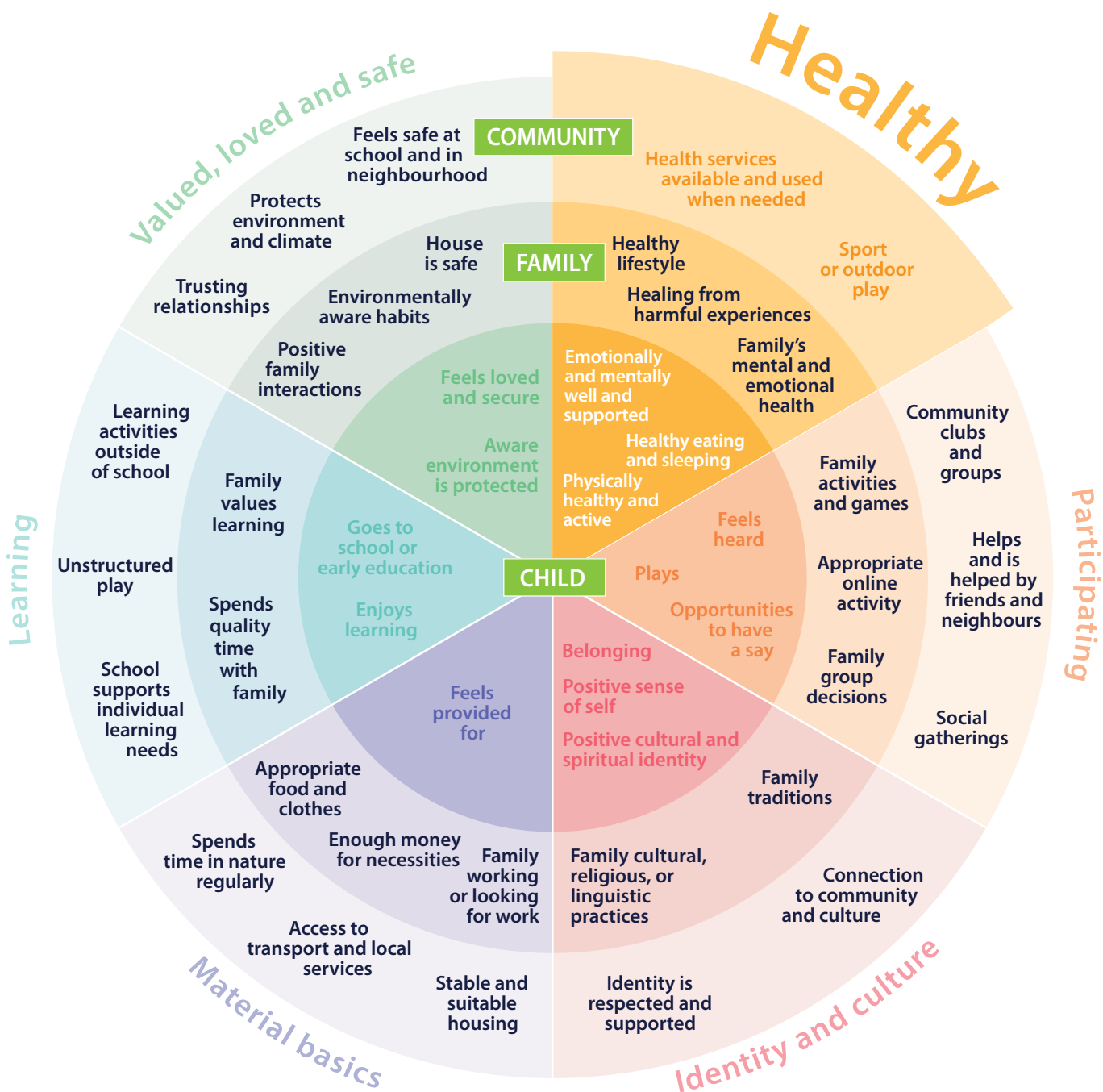
This paper builds on and complements the data and analysis in the Australian Children’s Wellbeing Index.

What do we mean by 'Healthy'?

The Australian Children's Wellbeing Index draws on the Convention on the Rights of the Child, UNICEF's global goals for children and Australia's Wellbeing Framework for Children and Young People - the Nest.

The Nest - defines healthy children and young people as

“having their physical, mental and emotional health needs met. All their development health needs are provided for in a timely way and they receive appropriate health services, including preventative measures to address potential or emerging physical, emotional or mental health concerns”¹





While this paper builds on and complements the Australian Children's Wellbeing Index, using the definition of "Healthy" from the Nest, we recognise and respect health can be defined in many ways and is influenced by various factors, including environment, culture, socio-economic status and individual behaviour.

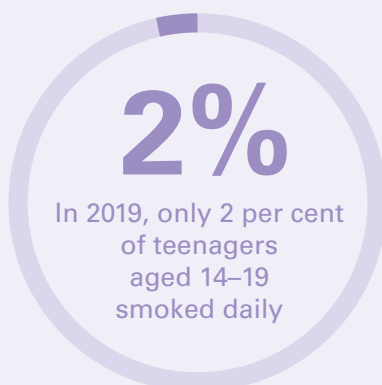
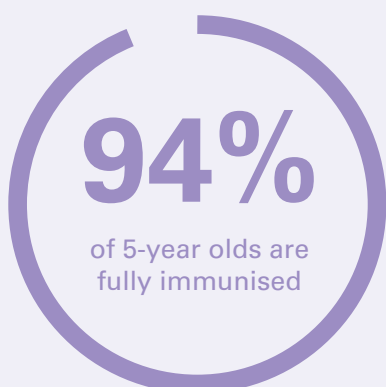
The World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".³

When we are speaking about the health of Aboriginal and Torres Strait Islander children and young people, we acknowledge the definition of health adopted by the National Aboriginal Community Controlled Health Organisation:

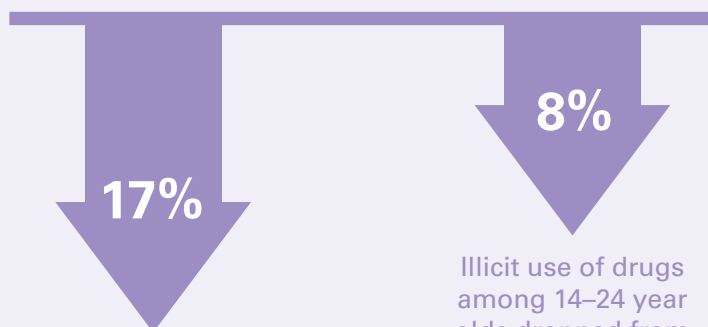
"Aboriginal health does not mean the physical wellbeing of an individual, but refers to the social, emotional, and cultural wellbeing of the whole community in which each individual is able to achieve their full potential."⁴

“ To me health or wellbeing primarily means physical health, good eating and adequate exercise, but also is inclusive of social health (e.g., friendship connections, relationships with relatives, frequent contact with people and the community) and mental health, such as having time to relax, sleep, maybe meditation, as well as state of mind...” – 18 year old⁵

Where is Australia going well?



Between 2001 to 2019



Risky drinking among 14–24 year olds decreased from 47 per cent to 30 per cent

Illicit use of drugs among 14–24 year olds dropped from 32 per cent to 24 per cent

“I think there should be healthier food around where we live”
8 year old

Where is Australia lagging?



42%

42 per cent of young people who needed support did not seek it, with stigma and shame listed as barriers



9%

Only 9 per cent of children aged 2 to 17 are eating the recommended daily serves of vegetables



25%

Australian children received a D- from the Australian Physical Activity Report Card, as less than 1 in 4 Australian children are undertaking recommended amounts of physical activity



32%

Almost one third of 14–17 year olds have used e-cigarettes



1 in 3 children aged 5 and 6 years already have tooth decay, despite it being largely preventable and is the highest cause of preventable hospitalisations

Where is Australia going well?

Antenatal period and early childhood (Conception to 5 years)

In 2021, 80 per cent of women who gave birth in Australia accessed antenatal care in their first 14 weeks of pregnancy. For Aboriginal and Torres Strait Islander women, the rate was 72 per cent. This is a significant increase from 50 per cent for Aboriginal and Torres Strait Islander women in 2012. More than 9 in 10 mothers had five or more antenatal visits, with 58 per cent of first-time mothers attending 10 or more antenatal visits and 83 per cent of mothers who had previously given birth attending 7 or more visits, as recommended in clinical practice guidelines. These visits reduce the risk of babies requiring special care and improves psychological health for mothers.⁶

Rates of smoking during pregnancy continue to decline. In 2021, fewer than 9 per cent of mothers who gave birth smoked during pregnancy, compared to 13 per cent in 2011. However, rates of smoking during pregnancy continue to be high for Aboriginal and Torres Strait Islander mothers, at 42 per cent. Supporting women to quit smoking during pregnancy can reduce the risk of low birthweight, pre-term birth and perinatal death.⁶

Birth weight is a key indicator of a baby's immediate health and a predictor of their future health. Children born with a low birth weight are more likely to have increased risks of illnesses, developmental difficulties or to die during infancy. In 2021, the rate of babies born with low birth weight was 6 per cent of live births for the general population and 11 per cent for Aboriginal and Torres Strait Islander babies.⁷

Australia continues to have high childhood immunisation rates, with 94 per cent of Australian children overall and 96 per cent of Aboriginal and Torres Strait Islander children fully immunised at age 5.⁸

Middle years (5–15 years)

In 2021 in Western Australia, over 80 per cent of children in school years four to eight rated their health as good, very good or excellent.⁹ Primary school aged children across Australia recognise the importance of eating well, noting that "it is good for your body" and "you need to eat a good balance." They also acknowledge the importance of learning about nutrition.¹⁰ Unfortunately, this does not carry through to healthy eating behaviours, which are discussed further in "Where are we lagging?"

“ Yes, it is good to learn about nutrition. Because at this age you're at a growing point and if you don't eat healthy, then you won't be able to grow that well.” – 11 year old ¹⁰

Asthma is a significant contributor to the burden of disease among children, affecting approximately 10 per cent of Australian children aged 0 to 14. Childhood asthma rates have not increased in recent years, after peaking at 14 per cent in 2001.¹¹

Young people (12–25 years)

Alcohol and other drugs

Use of alcohol and other drugs has reduced significantly among Australian young people. Between 2001 and 2019, risky drinking among young people aged 14 to 24 decreased significantly – from 47 per cent to 30 per cent.¹² Among those aged 14 to 17, the rate decreased from 30 per cent in 2001 to 9 per cent in 2019. Between 2001 and 2019, the proportion abstaining from alcohol rose from 10 per cent to 21 per cent for 18- to 24-year-olds.

In 2019, 24 per cent of young people aged 14 to 24 had engaged in illicit use of drugs in the previous 12 months. This is a significant decline from 32 per cent in 2001.¹² Smoking rates have improved significantly, with the proportion of young people aged 14 to 17 who had never smoked tobacco increasing to 97 per cent in 2019 compared to 80 per cent in 2001.

The proportion of teenagers aged 14 to 19 who smoked daily reduced from 11 per cent in 2001 to 2 per cent in 2019.¹² For those aged 18 to 24, the rate of daily smoking reduced from 24 per cent to 9 per cent.¹³ Although smoking of tobacco has reduced significantly over the last 20 years, recent research suggests rates may be increasing again.¹⁴ There has also been a marked increase in the use of e-cigarettes among young people, with nearly one-third of 14 to 17 year-olds having used an e-cigarette at least once.¹⁵ E-cigarettes are further discussed under "Emerging Issues".

Health literacy

Almost all (98 per cent) of young people aged 18 to 24 felt they had sufficient information to manage their own health.¹⁶ Among year 10 to 12 students, general knowledge about sexually transmitted infections has improved over the last 10 years and knowledge about HIV transmission has also remained high.¹⁷

Where are we lagging?

Antenatal period and early childhood (Conception to 5 years)

Despite being largely preventable, tooth decay is the most common chronic childhood illness in Australia among young children and the highest cause of preventable hospitalisations, with almost half of all Australian pre-school children experiencing tooth decay.^{18,19,20} The Australian Dental Association estimates one in three children between the ages of five and six years already has tooth decay. This rate is higher among Aboriginal and Torres Strait Islander children of the same age.²¹

The Closing the Gap target to halve Aboriginal and Torres Strait Islander child mortality by 2018 has not been reached.²² In 2018, the Aboriginal and Torres Strait Islander child mortality rate was 141 per 100,000, which was twice the rate for non-Indigenous children. Since the 2008 target baseline (182 deaths per 100,000), the Aboriginal and Torres Strait Islander child mortality rate has improved by 7 per cent, however, the mortality rate for non-Indigenous children has improved at a faster rate and, as a result, the gap has widened. Rates of maternal smoking among Aboriginal and Torres Strait Islander mothers are still concerningly high, with 42 per cent of Aboriginal and Torres Strait Islander mothers having smoked at some point during their pregnancy.⁷

Middle years (5 to 15 years)

Overweight and obesity

A lack of physical activity, consuming unhealthy food and drinks regularly, and irregular sleep patterns play major roles in influencing obesity outcomes in children and young people.²³ Screen time has also been associated with negative effects on weight and diet, particularly when viewing television.²⁴

In 2017–18, 24 per cent of Australian children and adolescents aged 5 to 14 were overweight and 8 per cent were obese.²⁵ While this rate has remained relatively stable since 2007 it continues to contribute significantly to the burden of disease and has continued to increase for Aboriginal and Torres Strait Islander children. In 2017–18, Aboriginal and Torres Strait Islander children and adolescents were also more likely to be overweight or obese, with 38 per cent either overweight or obese – an increase from 31 per cent in 2012–13. Children in regional and remote areas had a higher likelihood of being overweight or obese compared to children living in cities. In addition, children living in the most socio-economically disadvantaged areas had a higher rate of obesity and overweight than children in the most socio-economically advantaged.

“ I believe if we had youth encouraging healthy habits and getting help more youth would; because teenagers don't always listen to adults but they might listen to other teenagers.” — 17 year-old ⁵



Physical activity and screen use

The Australian Physical Activity and Exercise Guidelines recommend at least 60 minutes of moderate to vigorous physical activity per day for 5- to 17-year-olds, and no more than two hours of sedentary recreational screen time per day. In 2018, Australian children ranked 140 out of 146 countries for physical activity²⁶ with fewer than one in four Australian children meeting the recommended daily physical activity guidelines.²⁷ Aboriginal and Torres Strait Islander children were more likely to engage in recommended levels of physical activity than the general population.²⁸

Only 15 per cent of 5- to 12-year-olds are meeting the recommended limits on recreational screen use. Increased screen time is associated with increased weight and poorer diet as well as behaviour problems and poorer psychosocial health.²⁴

Fruit and vegetable intake

The Australian Dietary Guidelines recommend 2 serves of fruit and 5 serves of vegetables per day for children aged 9 to 18 years, with slightly lower amounts recommended for younger children.²⁹ In 2020–21, just 9 per cent of children aged 2 to 17 met the daily vegetable recommendation.³⁰ This has not changed significantly since 2014.



Young people (12 to 25 years)

Sexual health

Young people continue to experience a significant burden of sexually transmitted infections (STIs) in Australia. For young people aged 20 to 24, chlamydia cases rose by more than 30 per cent between 2009 and 2019 but dropped again in 2021²³. Young people aged 15 to 24 are more likely to contract chlamydia than any other sexually transmitted infection, with nearly 5 times as many notifications of chlamydia than other sexually transmitted infections.³¹

Young people are more sexually active now than in previous years, with a 20 per cent increase of sexually active Year 12 students in 2021 compared to 1992. There has been a 10 per cent decrease in condom usage across the same time period.³² In the National Survey of Secondary Students and Sexual Health, 72 per cent of participants reported they sometimes, often or always use a condom. Just over half did not use a condom in their most recent sexual experience. The top reasons cited for not using a condom were because they were using another form of contraception (46 per cent) or did not feel at risk of pregnancy (32 per cent) or at risk of STIs (31 per cent).

Health service access

Young people have lower use of health services than older age cohorts. While this may be due to their better health, and therefore lower need, survey results suggest nearly 10 per cent delayed or did not purchase their prescribed medication.³³ Cost and distance from preventative early intervention and tertiary services continue to be major barriers for children and youth in regional and remote areas.³⁴ More than a quarter of young people aged 12 to 24 cited embarrassment as a barrier to accessing health services, with cost and opening hours ranking as other significant factors.³⁵ The effect of embarrassment was highest in 15 to 19 year olds, and was especially high among gender and sexually diverse young people where embarrassment was a barrier for almost 4 in 10 respondents.³⁵

Children and young people with disabilities

Children and young people with disabilities rely on their parents or families to research, navigate and advocate on their behalf because of the complexity of the health system.³⁶ There continues to be disparity between service availability, quality and location, particularly for regional and remote children with disabilities. Children and young people with disabilities who also present with a mental illness feel discriminated against as some services do not accept clients with these dual conditions, and it is extremely difficult to find services that were able to support complex and overlapping mental health and other disability needs.

Spotlight – Mental Health

Mental health

The National Study of Mental Health and Wellbeing, conducted between 2020 and 2021, found 47 per cent of females and 31 per cent of males aged 16 to 24 had experienced a mental disorder in the previous 12 months.³⁷ This is a significant increase from 30 per cent (females) and 23 per cent (males) reported in the previous survey in 2007.³⁸ The most recent survey data was collected during the COVID pandemic, and this may have impacted the results. Anxiety disorders continued to be the most common mental disorder, with 32 per cent of 16 to 24 year olds experiencing an anxiety disorder in the 12 months prior to the survey.³⁷ Rates of psychological distress are particularly high among LGBTQIA+ young people, with high or very high levels of psychological distress reported by 83 per cent.³⁹

For younger children and adolescents, recent data is not available. In 2014–15, 14 per cent of children and adolescents aged 4 to 17 years experienced a mental disorder in the 12 months prior to the survey. Attention Deficit Hyperactivity Disorder was the most common mental disorder, affecting 7.4 per cent of children and adolescents.⁴⁰ Anxiety disorders were the next most common at 7 per cent. Updated data for this age range will be available later in 2023. School aged young people identify school as being a significant contributor to mental health problems.^{41,9}

How do young people feel about their mental health?

In the Mission Australia Youth Survey 2022, young people aged 15 to 25 years old indicated mental health was among their top three concerns.⁴² Although half of the 18,800 young people surveyed were positive about their future, the proportion of young people with a positive outlook has decreased since the previous survey in 2020.⁴² The Australian Human Rights Commission found one in five children and young people aged 9 to 17 reported they felt more down, scared or worried than they had in the past year.⁴³

Forty-two per cent of young people who needed support reported they did not seek help, with stigma and shame listed as the top barriers.

“ *Myself and a few of my friends suffer from mental health issues and that has always challenged our ability to achieve our desired physical and mental health. I think about my mental health more than my physical health, because how I feel always overcomes the way in which I take care of my body.*” - 20 years old ⁵

Body image

Adolescents and young adults are at greatest risk of eating disorders, with the average age of onset between 12 and 25 years.⁴⁴ For eleven years in a row, young Australians rated body image as being one of their top concerns through Mission Australia’s National Youth Survey.⁴² Over a third of 10- to 24-year-olds were very or extremely concerned about their body image. Significantly more females (44 per cent) and gender diverse young people (51 per cent) were concerned than males (15 per cent).⁴² Over 66 per cent of young people report they compare themselves to influencers on social media, and 54 per cent rarely speak positively about their appearance.⁴⁵

“ *I am teased a lot about my appearance and my body weight. I feel very insecure about how I look, and I always try and cover my body so I’m not judged.* – 12-year-old ⁴⁶

Self harm

Rates of intentional self-harm hospitalisations are rising in the 14 to 24 age group, particularly among females and Aboriginal and Torres Strait Islander children.⁴⁷ The rate of self-harm among females aged 15 to 19 years was more than three times that of males of the same age. More than 44 per cent of LGBTQIA+ young people had self-harmed in the previous 12 months, and 66 per cent had self-harmed at least once in their life.³⁹

Suicidality

Suicide is the leading cause of death for young people aged 15 to 24 years, representing 35 per cent of all deaths in this age group.⁴⁸ There have been significant increases in male and female suicides for 15- to 24-year-olds between 2017 and 2021. Males are much more likely to die by suicide, with rates almost double that of females.⁴⁸ For males, deaths by suicide peaked in 2020 at 25 per 100,000 deaths for those aged 20 to 24 and 17 per 100,000 for those aged 15 to 19. Suicides by females also continued to increase. In 2021, the rate of suicide among females was 7 per 100,000 for 15- to 17-year-olds and 9 per 100,000 for 20 to 24 year olds. Suicidal deaths among Aboriginal and Torres Strait Islander children and young people are three times higher than non-Indigenous children and young people.⁴⁷

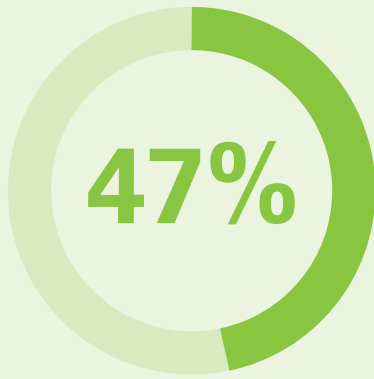
Gender diverse and LGBTQIA+ young people

In 2019, the Australian Research Centre in Sex, Health and Society at La Trobe University conducted the largest ever study on the experiences of LGBTQIA+ young people in Australia, gaining feedback from 6,418 LGBTQIA+ young people across all states and territories. The findings were concerning, with participants reporting higher levels of psychological distress, poorer mental health and higher rates of suicidality than their peers.¹⁷ Participants were three times more likely to have high or very high levels of psychological distress (83 per cent compared to 27 per cent) and highly more likely to have considered suicide (59 per cent compared

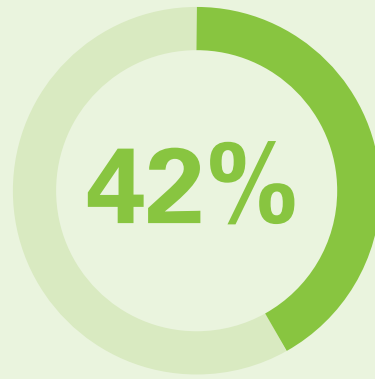
to 11 per cent). One in ten LGBTQIA+ young people in the survey had attempted suicide in the past 12 months and one in four had attempted suicide at some point in their life, with higher prevalence amongst trans and gender diverse participants. Only one in three LGBTQIA+ young people who had experienced suicidal ideation, planning, attempts or self-harm had accessed professional mental health support.

“ I just need to sort out my mental health, but it's like very stigmatised, like, “Oh you're a trans, that's the problem right there.” It's like, no, not necessarily ... ”⁹

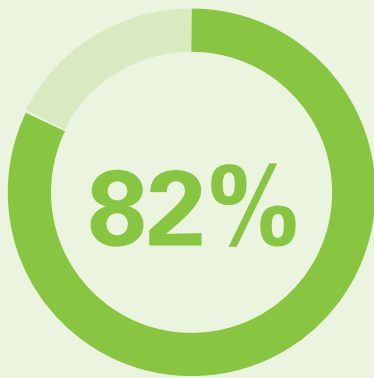




Of females and 31 per cent of males aged 16 to 24 had experienced a mental disorder in the past 12 months



Of young people who needed mental health support did not seek it, with stigma and shame listed as the top barriers.



Of Australian young people aged 16 to 25 are moderately to extremely worried about climate change.



Of children and young people have experienced at least one natural hazard in the last three years.



Suicide is the leading cause of death for young people aged 15–24 years. Males are nearly twice as likely to die by suicide than females



LGBTQIA+ young people are three times more likely to have high or very high levels of psychological distress

What are the emerging challenges?

Climate Change

Climate change has adverse effects on physical, emotional, and mental health. Heat waves are particularly dangerous for young children, as they are less able to regulate their temperature. Heat waves also increase the load on hospitals, reducing availability of scarce health services for others in need. Climate variability and the impact of increased natural disasters can lead to food insecurity, contributing to malnutrition and obesity.⁴⁹

Health impacts of natural disasters

Children and young people in Australia are both highly exposed and uniquely vulnerable to the impacts of climate change. Children, particularly young children, experience distinct and heightened risks, linked to their unique physical and physiological vulnerabilities, behaviours and activity patterns. In 2020, 90 per cent of children and young people surveyed by the Australian Institute for Disaster Resilience reported that they had experienced at least one natural hazard in the last three years and nearly two-thirds said that disasters were occurring more often. However, only 13 per cent of the young people surveyed indicated they felt their views were listened to by leaders in government.⁵⁰ Further, in the summer of 2019–20 alone, two in five children and young people were personally affected by bushfires; three in ten children were personally impacted by drought; almost 25 per cent were personally impacted by floods.¹⁵ Given current greenhouse gas emissions trajectories, exposure to sudden and slow-onset climate disasters will only increase. A 2022 UNICEF research report has found, under current emissions trajectories, every child in Australia could be subject to more than 4.5 heatwaves a year, and up to 2.2 million Australian children could be living in areas where heatwaves will last longer than 4.7 days. Also, the number of children who live in areas where the temperature exceeds 35°C for 83+ days a year could double, from 70,000 to 140,000 children.¹⁶

“ I feel stressed about various things (people, schoolwork). I much preferred online school and have found going back to school very emotionally, physically, and mentally draining. I'm always tired” –16 year-old⁶¹

Heatwaves kill more Australians than any other natural hazard, including bushfires, storms, tropical cyclones, and floods, and are especially damaging to children, as they are less able to regulate their body temperature compared to adults. Infants and young children are uniquely vulnerable to heatwaves. They sweat less, reducing their ability to cool down. As a result, they overheat more quickly, and are at high risk of developing heat-related illnesses such as dehydration, or heat stroke.⁵¹ The more heatwaves children are exposed to, the greater the chance of ongoing and lifelong health problems including chronic respiratory conditions, asthma, and cardiovascular diseases.

In addition, research by UNICEF Australia and Royal Far West found that children under 12 who had experienced the 2022 floods in Northern New South Wales and Southeast Queensland were at increased risk of heightened anxiety and post-traumatic stress responses, regression in developmental skills such as toileting, changes in appetite, sleep disturbances, difficulty concentrating, withdrawing socially and outbursts of anger.⁵² Exposure to mould increased in the aftermath of the floods and there was reduced access to essential services such as general practitioners as well as mental health, disability, and allied health services. Infant and maternal nutrition was also a concern due to limited access to a varied diet.

During the bushfires of 2019–20, air pollution increased to hazardous levels in many regions of Australia, with public health advice to avoid spending time outdoors. Concerningly, children's levels of outdoor physical activity only declined when the air pollution levels were three times the hazardous level.⁵³ Further, there is a growing body of research that maternal exposure to bushfire smoke can lead to premature labour, low birth weights and impaired lung development.^{54,50}

“ My generation is staring down the barrel of an uncertain future and instead of being excited and hopeful for what it may hold...I am scared to watch the fires that burned all summer long, climb higher and edge closer to home. – 16 year old⁵⁵

Climate Anxiety

Age is a significant predictor of climate related anxiety, directly causing mental health issues for young people in Australia.⁵⁶ A national survey found 82 per cent of young people aged 16 to 25 are moderately to extremely worried about climate change.⁵⁷ One third of young people indicated their feelings about climate change negatively affect their daily life and functions; over three quarters reported they think the future is frightening; and over 80 per cent believe people have failed to take care of the planet.

“ Responsibility to fix this global crisis is falling on youth, because we are the ones growing up with this as our reality. It makes me angry. It makes me anxious. I am tired of being angry and anxious about this huge problem especially when I feel so small and powerless.” – 14 year old⁵⁰

Mental health impacts of COVID-19

The impacts of COVID-19 lockdowns in 2020 and 2021 on Australian children's mental health are continuing to unfold. In early 2022, 41 per cent of 9 to 17 year-olds reported the pandemic had a negative impact on their wellbeing, with one in five children reporting they were feeling more down, scared or worried than they used to feel.⁵⁸ These rates were higher for children identifying as non-binary or transgender and for girls.

In April 2020, soon after COVID-19 lockdowns commenced, 22 per cent of 18 to 24 year-olds reported psychological distress, compared to 14 per cent in 2017.⁵⁹ By October 2021, psychological distress had reduced but remained higher than previous measurements in 2017. Later in 2021, lockdowns were reintroduced as COVID-19 cases grew. The impact of these lockdowns on psychological wellbeing is not yet known.

During COVID-19 lockdowns, there was a 109 per cent increase in emergency response call outs based on Kids Helpline phone calls.⁶⁰ One in two phone calls received during this time discussed mental health and wellbeing, one in six related to suicide and one in 13 related to self-injury. Notably, 85 per cent of the calls were from NSW and Victoria, areas which had the longest and most restrictive lockdowns. The long-term impacts of lockdown on youth mental health is still unknown.

E-cigarettes

E-cigarettes (also called vapes) have been available in Australia since the mid 2000s, but little is known about their long-term impacts on health. There has been a significant increase in the use of e-cigarettes over recent years. In 2019, one in five (20 per cent) of non-smokers aged 18–24 years had tried an e-cigarette, up from 13.6 per cent in 2016.¹² Of those vaping, over 50 per cent knew the e-cigarette contained nicotine, which is illegal.¹⁵ These products appear to be highly appealing to young people due to the colour of their containers, their design, taste and flavours.¹⁵

“ About 75 per cent of my friends have owned a vape in the past week. However, there are still a lot of people who choose to steer away from it.” – 17 year old ⁶²

Sleep

In 2018, a quarter of 12 to 15 year-olds and half of 16 to 17 year-olds were not meeting national sleep guidelines on school nights.⁶³ This is despite four in five young people self-reporting they thought they were getting enough sleep. Those who were not getting sufficient sleep were more likely to report symptoms of poor mental health, have absences from school and have increased screen time. Concerningly, one in five female students in Years 7 to 12 said they often go without eating or sleeping because they are too busy using their mobile phone.⁹



AREAS FOR ACTION:

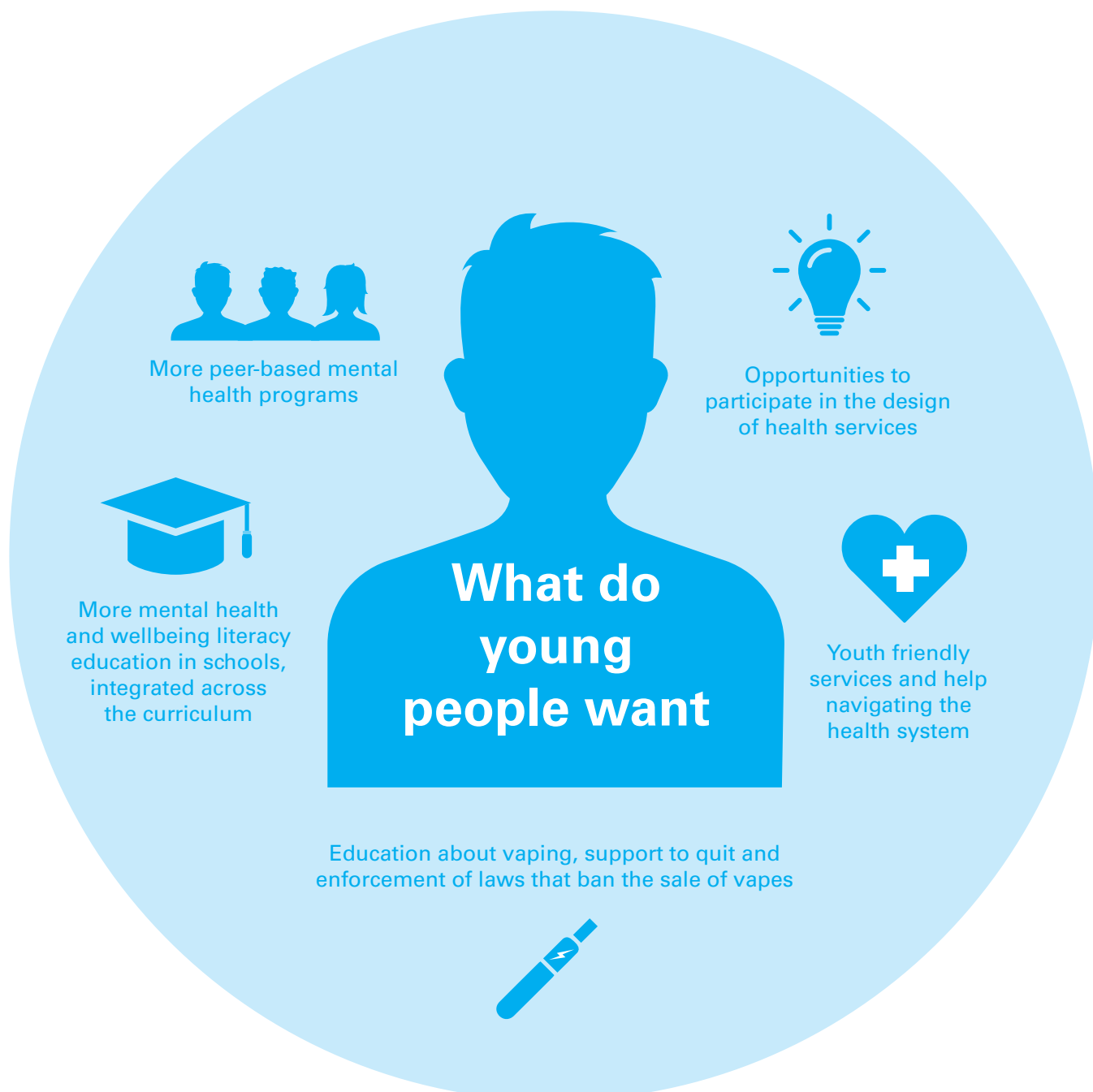
How young people want us to address these key health challenges

Numerous consultations and studies have been conducted with young people across Australia on key issues highlighted throughout this paper. These studies include:

- 'Designing the Future: Research and ideas for action from the 2022 UNICEF Australia Young Ambassadors, to improve outcomes for children and young people'
- 'Key Findings – What do young people in South Australia think about current responses to vaping and how to better respond?' Commissioner for Children and Young People, South Australia

- 'Listen Carefully Project: Exploring Best Practice in Implementing Children and Young People's Right to be Heard in Healthcare', Starlight Children's Foundation.
- 'Mental Health Shapes My Life': COVID-19 & kids' wellbeing', Australian Human Rights Commission.

We have utilised the findings and outcomes from various consultations and reports to develop key areas for action.



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Papers addressing the other domains within the Nest will be released in coming months.
Please contact ARACY or UNICEF Australia if you're interested
in learning more about our work or have any questions.

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