

Current Australian Climate

While most young people in Australia are doing well on international comparisons there are areas where further gains in health and wellbeing, whether physical, emotional or mental need be achieved, particularly among young Indigenous Australians, young people in regional and remote areas and young people suffering socioeconomic disadvantage.

Issues relating to mental illness,¹ obesity,² overweight,³ body image⁴ and drug and alcohol abuse⁵ affect the lives of too many young Australians and are key to improving access to education, employment, and harnessing opportunities into adult life. More needs to be done and can be done at local community level to address these fundamental issues to ensure the immediate and longer-term health and wellbeing of young people.

Obesity

The Australian Institute of Health and Welfare found in 2010 that nearly 30% of young people (13-17 years) are either overweight or obese.⁶ From 1985 to 1995 the number of overweight 7-15 year olds almost doubled. The numbers of obese children has more than tripled.

It is predicted that 65 per cent of young Australians will be overweight or obese by 2020.⁷

Lack of physical activity and poor food habits are frequently cited as being prime contributors to rising obesity levels in Australia. In 2004-05, only 46% of males and 30% of females aged 15-24 years participated in levels of physical activity recommended in the national guidelines to obtain a health benefit.⁸

The Australian Government Department of Health and Ageing states the most concerning long-term consequences of childhood obesity is its persistence into adulthood and an increased likelihood of developing short and long-term preventable diseases.

As major causes of obesity in children include unhealthy food choices and lack of physical activity, providing healthy food choices is critical in reducing overweight and obesity rates. Adequate consumption of fruit and vegetables is a protective factor against many diseases including coronary heart disease,

hypertension, stroke, Type 2 diabetes and many forms of cancer.⁹ Good eating habits are important during adolescence as this is a period of rapid growth in weight and height. Sufficient nutritious food is needed to support growth and normal development.¹⁰

An observed link between skipping meals and the development of overweight in young people suggests that a consistent meal pattern, including regular consumption of breakfast, lunch and dinner, is important for healthy weight.¹¹

Regular healthy eating improves cognitive function, attentiveness, social interaction and helps to maintain a healthy body weight.¹²

Mental Ill Health

Adolescence is a critical period for social and emotional development, a time when individuals can face serious challenges to their mental health and wellbeing.

1 in 4 (26.4%) young people aged between 16 and 24 are living with a diagnosable mental disorder in any 12 month period.¹³

In 2009, just over 1 million Australians aged 12-25 years had a mental illness.¹⁴ Anxiety, depression and substance use disorders account for 75% of these mental illnesses in any one year.¹⁵

Mental ill health significantly disrupts relationships, education and social interactions and increases the risk of chronic illness, self harm and suicide. In any given 12 months, only 23% of young people (16-24 years) with a mental illness access services for intervention and support.¹⁶

Improvements in mental ill health can be attributed to participation in physical activity and increased social contact and result in immediate positive physiological changes in mood including lessening of anxiety and depressive symptoms.¹⁷

Alcohol and Drug Use

Youth is often the stage of life when people begin to experiment with alcohol and other drugs.

Data from the 2007 National Drug Strategy Household Survey¹⁸ shows that risky and high risk drinking is relatively

common among young people, making them the group at greatest risk of alcohol-related harm (both short and long term) such as motor vehicle accidents, physical and sexual assault, falls, drowning and suicide.¹⁹

Male and female teenagers aged 15 to 19 years had the highest hospitalisation rates for acute intoxication among all the groups. A large number of young people are drinking at levels which place them at risk.

Early onset of drug use is associated with a number of problematic behaviours, including engaging in risky sexual behaviour, criminal activity, and poor educational achievement.^{20 21}

Young people with a mental disorder are over one and a half times more likely than those without a mental disorder to have consumed alcohol at least weekly (57% compared with 34%).^{22 23}

Young people with a mental disorder were more than 5 times as likely as those without mental disorders to have misused drugs in the previous year (36% compared with 7%).²⁴

In Australia, smoking is the single most preventable cause of premature death and chronic disease. Smoking is known to cause damage to nearly every organ in the body.

The first drug used by young people is often tobacco and most adult tobacco users begin smoking during adolescence. In addition to the increased risk of disease in later life, young smokers experience immediate adverse health effects such as decreased physical fitness, a higher susceptibility to respiratory illnesses, and lower lung growth.²⁵

Sexual Health

Unsafe sex practices and unwanted pregnancy are significant health issues for Australian young people.

Increasing earlier rates of sexual activity in young people (with the majority of young people experiencing 10-20 years of sexual activity before committing to a life partner) are increasing the risk of unintended pregnancy and sexually transmissible infections (STIs) in Australia.²⁶

Studies tell us most young people aren't practising safe sex.^{27 28} One in four young people (13-17 year old) report they were either drunk or taking drugs during their most recent sexual encounter with higher figures for females than males.

Australian Research (2008)²⁹ tells us one in four teenagers have had sexual intercourse without using a condom. Among those engaging in sexual intercourse there have been substantial increases in the proportion reporting three or more partners. Further, over one in four teenagers had also experienced an unwanted sexual encounter.

In 2008 there was a 13% increase in STI's (from 2007) and it is young people who are most at risk. Undiagnosed and untreated STI's can lead to chronic illness and disease, cancers and death. Chlamydia rates quadrupled in the last decade, and this was predominantly among young people.³⁰ Estimates suggest that about 28% of Australian teenagers may be infected with Chlamydia which leads to long-term infertility and illness.

Teenage pregnancy rates remain too high. Australia's rate of 18.4 births per 1,000 teenage women aged 15-19 years is behind Canada (26), UK (28), New Zealand (32), and USA (54).³¹

We know that teenage motherhood is associated with an increased risk of poor pregnancy, social, economic and health outcomes.³²

Sexual and reproductive health issues and problems are over represented in young people experiencing poverty, social isolation discrimination plus lack of access to health information and education. Improving youth sexual health by removing these inequities requires serious attention to underlying societal causes. Solutions provided by the health sector are important but are not sufficient. Education and participation in learning across a range of environments that empower young people and communities to make informed health choices will improve health outcomes.

Potential Impacts of Midnight Basketball

Youth is a critical time for the effective development of positive health behaviours, as the patterns that develop when people are young often continue into adulthood.³³ Early developed negative health behaviours that account for the greatest burden of disease and injury in Australia include tobacco smoking, physical inactivity, alcohol consumption, use of illicit drugs and lack of fruit and vegetables.³⁴

Physical activity is ranked second only to tobacco control in being the most important factor in health promotion and disease prevention in Australia.³⁵

Most young people rely on a combination of personal resilience, safe and supportive families, a good network of friends and strong ties to schools or recreation to protect them from these issues and risks that present as a normal part of the transition to adulthood.

However through a combination of individual, family and community circumstances and barriers to participation, disadvantaged young people face markedly higher risks of poor health and not reaching their potential. Youth from more disadvantaged backgrounds tend to have higher rates of mental illness, are more overweight, do less activity and undertake more risky behaviours such as increased drug and alcohol use.

Midnight Basketball is a vehicle that can be utilised to improve individual and community understanding of health issues and demonstrates purposeful action to address the health requirements of disadvantaged Australian youth.

Specifically, it provides an opportunity for communities to address local issues including higher than average levels of suicide and self harm, sexual health issues, lack of access to fresh food and higher than accepted levels of drinking.

Participation in Midnight Basketball provides the opportunity for disadvantaged youth to address the following:

- Increase physical activity levels through participation in a targeted program that is inclusive, supportive and promotes activity being fun.
- Decrease overall drug and alcohol consumption on Friday and/or Saturday nights due to being involved in a diversionary supervised sporting activity that strictly enforces no drinking, drugs, or smoking while attending the program.
- Decrease their potential risk of depressive symptoms and lowered self-esteem often developed through

isolation. This will lessen the risk of mental illness in adulthood.

- Increase their knowledge and make informed choices about their sexual health thus potentially delaying or preventing unsafe sexual practices and preventable diseases.
- Be exposed to healthy food choices that may not otherwise be available within their family environment.
- Participation in the compulsory workshop program that delivers a range of health related topics. This may be the only opportunity for health education to be delivered as mainstream education may not meet the requirements or be the ideal environment for participants to learn about health issues that affect them.
- Benefit from the Midnight Basketball strong ethical and professional guidelines regarding sponsorship of the program. These include no drugs or tobacco, alcohol, fast food, soft drinks, or organisations that may contribute negative or unclear support for the health and wellbeing messages of the program.

¹ Access Economics Pty Ltd (2009) *The economic impact of youth mental illness and the cost effectiveness of early intervention*

² <http://www.asso.org.au/home/obesityinfo/stats/fastfacts>

³ http://www.asso.org.au/freestyler/gui/files/factsheet_children_cons_causes_prev_mment.pdf

⁴ <http://www.missionaustralia.com.au/news/2493-body-image-and-environment-of-greatest-concern-to-young-australians> (complete report can be found at: <http://www.missionaustralia.com.au/downloads/214-national-survey-of-young-australians>)

⁵ Muir K, Mullan K, Powell A, Flaxman S, Thompson D, Griffiths M (2009) *State of Australia's Young People: a report on the social, economic, health and family lives of young people*, Department of Education, Employment and Workplace Relations, Commonwealth of Australia, Canberra, 2009, p. 94 and 103

⁶ Australian Institute of Health and Welfare (2010) *Australia's Health 2010 The twelfth biennial health report of the Australian Institute of Health and Welfare*. Australian Government Canberra.

⁷ [http://www.goforyourlife.vic.gov.au/bhcv2/bhcv2.nsf/ByPDF/Obesity_in_children/\\$File/Obesity_in_children.pdf](http://www.goforyourlife.vic.gov.au/bhcv2/bhcv2.nsf/ByPDF/Obesity_in_children/$File/Obesity_in_children.pdf)

⁸ Australian Institute of Health and Welfare (2010) *Australia's Health 2010 The twelfth biennial health report of the Australian Institute of Health and Welfare*. Australian Government Canberra.

⁹ National Health and Medical Research Council (2003) *Dietary Guidelines for Children and Adolescents in Australia* Australian Government Canberra.

¹⁰ Ibid

¹¹ Booth, M, Okely, A.D., Denney-Wilson, E., Hardy, L., Yang, B., and Dobbins, T. (2006). *NSW Schools Physical Activity and Nutrition Survey (SPANS) 2004: Summary Report*. Sydney: NSW Department of Health.

¹² Ibid

¹³ National Survey of Mental Health and Wellbeing (2007). Australian Bureau of Statistics (cat. no. 4327.0)

¹⁴ Access Economics Pty Ltd (2009) *The economic impact of youth mental illness and the cost effectiveness of early intervention*

¹⁵ National Survey of Mental Health and Wellbeing (2007). Australian Bureau of Statistics (cat. no. 4327.0)

¹⁶ Ibid

¹⁷ Vic Health(2010) *Opportunities for social connection A determinant of mental health and wellbeing Summary of learnings and implications*

¹⁸ National Drug Strategy Household Survey 2007 Australian Institute of Health and Welfare

¹⁹ Australian Institute of Health and Welfare *Australia's Health 2010 The twelfth biennial health report of the Australian Institute of Health and Welfare*. Australian Government Canberra.

²⁰ Loxley W et al. (2004) *The prevention of substance use, risk and harm in Australia: a review of the evidence*. Canberra: Department of Health and Ageing.

²¹ Australian Institute of Health and Welfare *Australia's Health 2010 The twelfth biennial health report of the Australian Institute of Health and Welfare*. Australian Government Canberra.

²² Ibid

²³ White V and Hayman J (2005) *Australian secondary school students' use of alcohol in 2005* Drug Strategy Branch Australian Government Department of Health and Ageing

²⁴ National Survey of Mental Health and Wellbeing (2007) Australian Bureau of Statistics (cat. no. 4327.0)

²⁵ Australian Institute of Health and Welfare (2010) *Australia's Health 2010 The twelfth biennial health report of the Australian Institute of Health and Welfare*. Australian Government Canberra.

²⁶ Sexual Health and Family Planning Australia (2008) 'Call to Action: Time for a national sexual and reproductive health strategy' Public Health Association of Australia and the Australian Reproductive Health Alliance.

²⁷ <http://www.latrobe.edu.au/arcshs/downloads/arcshs-research-publications/secondary-students-and-sexual-health-2008.pdf>

²⁸ Sexual Health and Family Planning Australia (2008) 'Call to Action: Time for a national sexual and reproductive health strategy' Public Health Association of Australia and the Australian Reproductive Health Alliance.

²⁹ <http://www.latrobe.edu.au/arcshs/downloads/arcshs-research-publications/secondary-students-and-sexual-health-2008.pdf>

³⁰ <http://www.health.gov.au/internet/sti/publishing.nsf/Content/young>

³¹ Australian Institute of Health and Welfare (2010) *Australia's Health 2010 The twelfth biennial health report of the Australian Institute of Health and Welfare*. Australian Government Canberra.

³² Ibid

³³ Dimitrakaki C and Tountas Y (2006) *Health education for youth* *Pediatr Endocrinol Rev.* Jan;3 Suppl 1:222

³⁴ Australian Institute of Health and Welfare (2010) *Australia's Health 2010 The twelfth biennial health report of the Australian Institute of Health and Welfare*. Australian Government Canberra.

³⁵ Ibid