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SUBMISSION

TOWARDS THE NEXT YOUTH HEALTH STRATEGY

Youth Action Policy Paper





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About Youth Action

Youth Action is the peak organisation representing young people and youth services in NSW. Our work helps build the capacity of young people, youth workers and youth services, and we advocate for positive change on issues affecting these groups.

It is the role of Youth Action to:

1. Respond to social and political agendas relating to young people and the youth service sector.
2. Provide proactive leadership and advocacy to shape the agenda on issues affecting young people and youth services.
3. Collaborate on issues that affect young people and youth workers.
4. Promote a positive profile in the media and the community of young people and youth services.
5. Build capacity for young people to speak out and take action on issues that affect them.
6. Enhance the capacity of the youth services sector to provide high quality services.
7. Ensure Youth Action's organisational development, efficiency, effectiveness and good governance.

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Introduction

Youth Action welcomes the opportunity to provide a response to 'Towards the Next Youth Health Policy' Consultation Paper. As the NSW peak body for the state's 1.25 million young people aged 12 - 25, and the services that support them, we are pleased to see an ongoing commitment to a youth-specific health strategy in NSW.

As identified by the World Health Organisation, and many others, young people aged 12 – 25 must be a key focus for governments. It is now well established that young people experience a key period of rapid and extensive psychological and biological growth, 'second only to early childhood in the rate and breadth of developmental change'.¹ During such an important period of growth, risks can become embedded or averted, with the potential to change life trajectories. Interventions during adolescence can decrease the adverse long-term impacts of, for example, violence and abuse.²

A young person's good health, amongst other things, lays a strong foundation for social and economic development.³ Young people are at a stage of life or developmental stage where risk and protective factors, as well as behaviours, emerge and solidify. As identified in the previous Youth Health Strategy, good health for young people goes beyond a medical response to disease or ill health.

¹ World Health Organisation, 'Health for the World's Adolescents A second chance in the second decade', 2014, accessed via http://apps.who.int/adolescent/second-decade/files/1612_MNCAH_HWA_Executive_Summary.pdf

² *ibid.*, p. 3

³ WHO, 2014, 'Health for the World's Adolescents A second chance in the second decade', p.2, accessed via <http://apps.who.int/adolescent/second-decade/section1/page2/reasons-for-growing-attention.html>

Health envelops physical, emotional, mental, social and sexual wellness, as should primary responses and targeted early interventions.

Overall, while most young people in NSW are in good health, improvement is needed. The Australian Research Alliance for Children and Youth (ARACY) report Australia 'performs moderately in relation to child and youth health and wellbeing indicators compared with other OECD countries.'⁴ However, the first ever Australia Youth Development Index shows that health and wellbeing is the only youth development domain that has deteriorated across Australia since 2010, as is the case for NSW.⁵

Regional and rural gaps continue to exist, particularly in relation to youth specific services, such as mental health services and AOD support and rehabilitation.

As acknowledged in the strategy, access to services continues to be a core issue. Young people generally are less likely or reluctant to seek help and as access is exacerbated for young people from rural and remote areas, Aboriginal and Torres Strait Islander young people, young people from refugee and migrant backgrounds, young LBGTIQ people as well as young people experiencing homelessness. We do note and are pleased to see the *Access 3 Study* taking a data informed approach to reducing barriers to access.

⁴ ARACY, 2013, 'Report Card: The Wellbeing of Young Australians', Canberra, p.4, accessed via <http://www.aracy.org.au/documents/item/126>

⁵ Australian Youth Development Technical Advisory Committee, 2016, 'Australian youth development index: 2016 report', Commonwealth Youth Program, accessed via http://www.youthaction.org.au/australian_ydi

Youth Action’s response draws from a wealth of expertise and research that has been built in consultation with young people and those that support them on an ongoing basis. We also draw from two milestone reports Youth Action partnered to released in 2016, the *Agenda for Action* report which surveyed almost 3400 young people, and the first ever *Australian Youth Development Index*.

Youth Perspectives on Health and Health Policy

Young people are engaged and interested in health policy, and it is one of the most important issues to them.⁶ It is imperative that young people are engaged in policy development and delivery and we note the proactive work of the Department in involving young people. In 2016 Youth Action surveyed almost 3400 young people on issues important to them, of which 49.3% or 1660 responses were from NSW young people. The findings of the survey demonstrate both how important this area of work is in young people’s opinion but also how they conceive of health policy and what health issue are emerging for young people. Further demographic data is highlighted below.

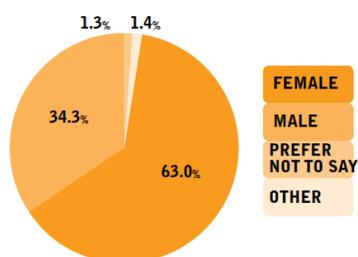


Figure 5.1: Respondent percentages by gender

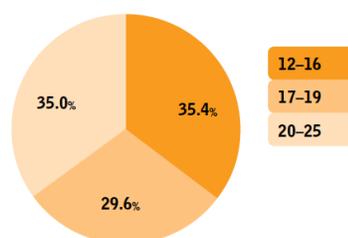


Figure 5.2 Respondent percentages by age

⁶ J McKenzie & T Sealey, 2016, 'Agenda for Action: What young Australians want from the 2016 election', Youth Action, accessed via http://www.youthaction.org.au/agenda_for_action

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Figure 5.3: NSW respondents' percentage by gender and age

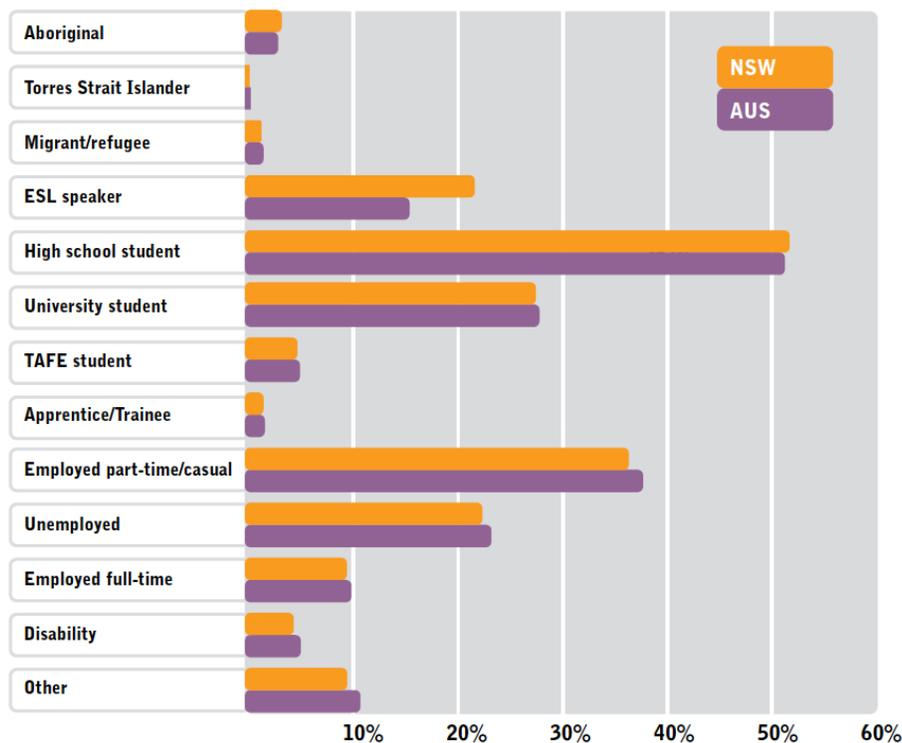


Figure 5.4: NSW and AUS respondents demographic profile

Young people were asked to nominate three issues that they wanted addressed, followed by a ranking question.

When self-reporting, 'better health policy' ranked eight of a top ten issues. It ranked higher by NSW respondents than other states and made the top 5 issues for apprentices, but not for other demographics.

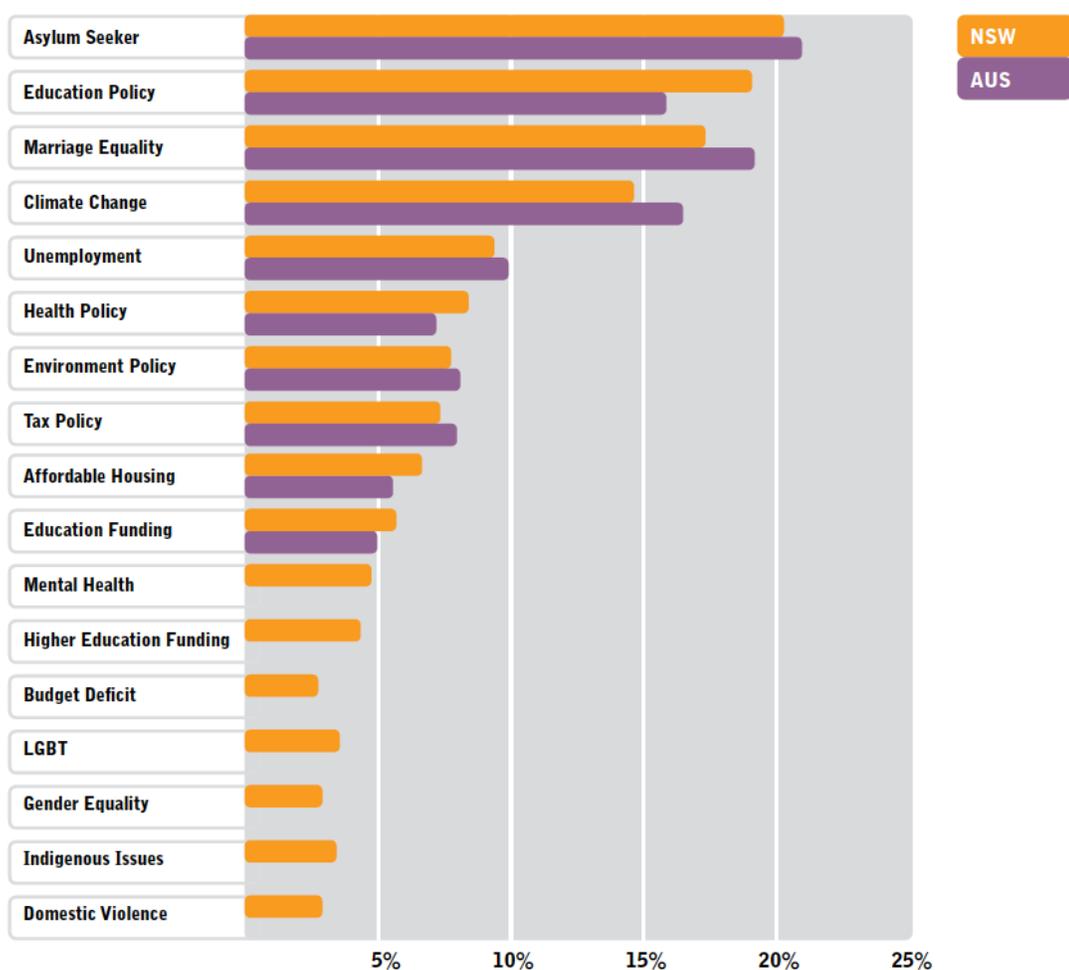


Figure 5.12: NSW vs AUS Respondents' top ten issues

Whe

n asked to rank a number of policy areas from ‘extremely important’ to ‘not at all important’, health was the 2nd most highly regarded area and considered such by 53% of respondents.

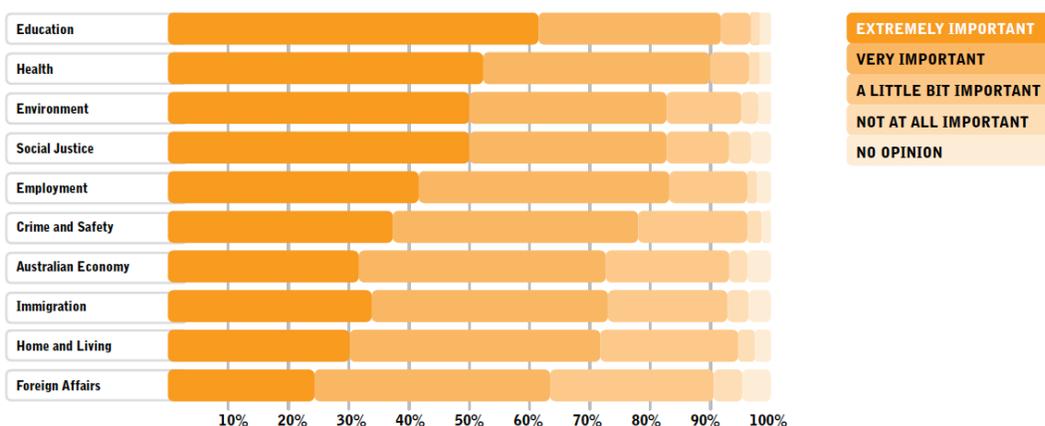


Figure 5.13: NSW issues by importance

A brief analysis of qualitative responses revealed that primary themes of concern to young people included mental health, obesity, dental care, body image, costs and access. Issues of access were associated with a mixture of costs, service availability in rural Australia, and waiting times for services were mentioned. Many were concerned about cuts to funding, the cost of treatment and dental care, while others spoke about issues with privatising healthcare and the associated extra costs to see a doctor. A number of young people were also aware of the increasing ageing population and their need for support, while others wanted an expansion in medical research. Young people said:

- ‘I’ve lost 6 friends to suicide and experienced mental health issues myself. It

is something that needs increased funding.'

- 'With an aging population, there needs to be greater efficiency and strength in our health system to be able to maintain the same or increased services across the population into the future.'

Responses also highlighted the interrelated nature of 'health' for young people, as their wellbeing and concerns are not primarily impacted by illness, but by environmental and social factors aswell. This was articulated in response to Youth Action's survey by concern for others, which highlights the diverse way that young people interface with health services, not just with services that target youth or life stage specific issues. Concerns regarding family members, inequality and more were themes.

- 'We cannot afford to privatise Medicare in the way the government is proposing. It will mean less visits to the doctor for struggling and unhealthy families!'
- 'My mum is chronically ill but the government doesn't seem to recognise her illness or struggle. Chronic illnesses need more research and support.'

Some young people perceived inequity in Australia's health system, particularly related to ability to pay. Suggestions were put forward regarding bulk billing, such as extending eligibility criteria to young people as a group, or for those earning under \$55,000 per year. Others suggested funding better health services and access through tax reform – a 15% flat tax after the tax free threshold. Many young people spoke about making healthy food the cheapest option, and taxing unhealthy

food – with clear labelling. Others still suggested more consumer consultation.

- 'Lower the price of healthy food, and raise the price of unhealthy food. Hold country-wide events to encourage a healthier lifestyle. More sporting and exercise events.'
- 'Commit to fully funding the NDIS, fund prevention and health promotion (better financial investment), don't ask for copayments/make cuts to Medicare that make it likely services will need to be paid for out of pocket.'

Further analysis of qualitative responses is possible, but not conducted within the scope of response to this discussion paper.

Youth Health Issues of Particular Concern

Sexual Health, Assault and Alcohol and Other Drugs – Findings from the Australian Youth Development Index

This year Youth Action partnered with several other organisations to launch the 2016 Australian Youth Development Index (YDI).⁷ This index provided a measure of how young people are doing globally, nationally and on a state and territory level. The index measured outcomes on a scale between 0 and 1 where 1 is the upmost situation of youth development and 0 the least. This measurement was comprised of indicators from multiple domains amongst them was health and wellbeing.

⁷ Australian Youth Development Technical Advisory Committee, 2016, 'Australian youth development index: 2016 report', Commonwealth Youth Program, accessed via http://www.youthaction.org.au/australian_ydi

The health and wellbeing measure used rates of assault, chlamydial infection, recent drug use and suicides in order to evaluate the health and wellbeing of young people in each domain.⁸ In comparison to other states and territories NSW had the second best health and wellbeing score (0.723).⁹ However this had fallen dramatically from a score of nearly 0.9 in 2006. In NSW health and wellbeing declined more than any other development indicator.¹⁰

Of all health and wellbeing indicators the one that fell the least was suicide rates. There was a small reduction in suicide rates between 2007-2011 however the rate of suicides amongst young people in NSW has remained fairly stable overall. In 2006 there were 72 suicide deaths amongst 15-24 year olds, this number increased slightly to 78 people in 2013. This has produced a marginal rise in the suicide rate of 7.8 suicides per 100,000 people from to 7.9 suicides per 100,000 people.¹¹

In 2006 just under 9% of male and nearly 5% of female victims of assault were between 15-24 years old, whereas in 2015 nearly 13% of male and just over 16% of female assault victims were between 15-24.¹²⁺ A similar increase occurred in the rate of chlamydia. In 2006 there were 5,717 reports of Chlamydia amongst 16-25

⁸ *ibid.*, p. 3.

⁹ *ibid.*, p. 9.

¹⁰ *ibid.*, p. 14.

¹¹ HealthStats NSW, 2016, *HealthStats NSW – Suicide*, accessed via

http://www.healthstats.nsw.gov.au/Indicator/men_suidth/men_suidth

¹² Australian Bureau of Statistics, 2006, *Crime and safety New South Wales (No. 4509.1)*, accessed via [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/B6A7EC43C63804F7CA257230001C234D/\\$File/45091_apr%202006.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/B6A7EC43C63804F7CA257230001C234D/$File/45091_apr%202006.pdf); Australian Bureau of Statistics, 2015, *Recorded crime – Victims, Australia (No. 4510.0)*, accessed via

<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4510.0~2015~Main%20Features~New%20South%20Wales~7>

year old in NSW, by 2014 this had almost doubled to 10,522.¹³ Chlamydia disproportionately impacts Aboriginal and Torres Strait Islander people and young women.¹⁴ It has been suggested that the rise in rates of chlamydia can partly be explained by increased rates of reporting particularly amongst young women, whereas young men lag significantly behind.¹⁵

In comparison to rates of assault and chlamydia there has been a smaller increase of illicit drug use. In 2007 the AIHW found that 17.2% of 14-24 years olds in NSW had used drugs in the last 12 months.¹⁶ In 2013 this number was 17.4% of people between 14-19.¹⁷ Unfortunately the results are limited in their comparability because of the different divisions in age, however if the percentage of the smaller age range (14-19 years) is comparable to that of the larger age range (14-24 years) it is a strong indicator that illicit drug use has risen in NSW overall. In 2014 15-24 year olds had the highest rate of emergency department visits due to drug overdose,

¹³ HeathStats NSW, 2016, *Chlamydia notifications*, accessed via http://www.healthstats.nsw.gov.au/Indicator/com_chlamnot/com_chlamnot

¹⁴ T Wozniak, H Moore & C MacIntyre, 2013, *Epidemiology of sexually transmissible diseases in New South Wales: are case notifications enough?*, CDI, No. 4, Vol. 37, pp. E414-407, accessed via [http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdi3704-pdf-cnt.htm/\\$FILE/cdi3704e.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdi3704-pdf-cnt.htm/$FILE/cdi3704e.pdf)

¹⁵ *ibid.*, p. E409.

+ Calculations based on ABS 2015 data set using formula $(A/B) \times 100$ where A is victims of assault by gender and B is total number of assaults in NSW.

¹⁶ AIHW, 2007, *2007 National drug strategy household survey: state and territory supplement*, accessed via <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442459903>

¹⁷ AIHW, 2013, *National Drug Strategy Household Survey Detailed report: 2013*, accessed via <http://www.aihw.gov.au/publication-detail?id=60129549469&tab=3>

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indicating that of the entire drug-using population within NSW young people are the most at risk of using drugs unsafely.¹⁸

The findings from the YDI indicate a particular focus on sexual health, assault and harmful use of drugs is key.

Violence against women

Young people experience domestic and family violence in many ways, as well as within their own intimate relationships and are at increased risk of negative health outcomes such as emotional, physical or sexual abuse.¹⁹ As highlighted in the discussion paper, young people are at a higher risk to violence as would be classed by many as domestic and family violence. However young people are also at greater risk of falling between the services system gaps as they are not recognized as experiencing domestic violence in their own relationships. As highlighted by the Victorian inquiry, they are not responded to by child protection system, or too young to access domestic and family violence services.²⁰

Young people's experience is unique and different to children, as it is different to adults. We must therefore have specific responses that cater to the drivers and

¹⁸ Department of Health, *New South Wales school students health behaviours survey: 2014 report*, Government of NSW, 2014, accessed via <http://www.health.nsw.gov.au/surveys/student/Publications/student-health-survey-2014.pdf>

¹⁹ Australian Human Rights Commission 2015, *The Children's Rights Report 2015*, accessed via https://www.humanrights.gov.au/sites/default/files/AHRC_ChildrensRights_Report_2015_0.pdf

²⁰ State of Victoria, 2016, *Royal Commission into Family Violence: Summary and recommendations*, Parl Paper No.132 (2014-16), accessed via <http://files.rcfv.com.au/Reports/Final/RCFV-All-Volumes.pdf>

impacts for young people. However in NSW this has yet to be realised. The most recently released *Domestic and Family Violence Blueprint for Reform 2016-2021: Safer Lives For Women, Men And Children* did nothing to recognise the huge gaps for young people in services as clients in their own right nor the opportunity young people present to initiate long-term prevention for the community.

As information and awareness in the community increases, it may have a flow on affect to demand for services. This would also be true for young people.

Youth Action has published research on young people's attitudes, as well as a submission to government regarding policy recommendations for young people. We have and continue to work in partnership with Domestic Violence NSW to address significant gaps. Youth Action would be happy to discuss these findings further in the context of the development of the NSW Youth Health Strategy.

Mental Health

Youth Action works with young people who raise mental health as a core concern. Youth sector workers also report mental health as an area of unmet need. Mental ill health and disorders account for the highest burden of disease among young people, comprising nearly 50% of the burden of disease in 16-24 year olds.²¹ Early intervention where young people are experiencing mental health problems can limit negative outcomes such as the onset of chronic mental illness and suicide.²²

²¹ AIHW, 2011, *Young Australians: their health and wellbeing 2011*, accessed 8th February 2014, <<https://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737419259>>, pg. 25.

²² Patel et al., 2007, 'Mental health of young people: a global public health challenge', *The Lancet*, v. 369, 9569, p. 1302-1313.

However, the early identification of mental health problems is impeded by the reluctance of young people to seek help when experiencing mental health difficulties.²³ Reluctance to seek help is particularly problematic in rural areas, where more substantial social barriers to help seeking exist, and access to support services is poor. These difficulties must be addressed in order to better support young people experiencing mental health problems.

Three quarters of all lifetime mental health disorders emerge by the age of 24, however quality and access of services for young people aged 12 to 24 is among the poorest.²⁴ As emphasised by ReachOut 'timely and appropriate help-seeking, especially during adolescence, can reduce the long-term health, economic and social impact of many...mental health problems - however studies repeatedly show that more than 70% of young women and 80% of young men who need help and support don't get it.'²⁵

Healthy Sexual Development

The ability to develop a healthy sexuality is an essential component of an individual's mental and physical wellbeing. Young people should have the freedom to experience their individual sexual development at their own pace and in a way that is clearly led by independent and informed thinking. Education and information regarding sexuality and health is an inherent right, but many young

²³ AIHW, 2012, *Young Australians: their health and wellbeing 2011*, pg. 26.

²⁴ Mission Australia, 2015, *Young People's Mental Health Over the Years: Youth Survey 2012-2014*, p. 21.

²⁵ Reach Out, 2014, 'Crossroads', p. 4, accessed via <http://about.au.reachout.com/wp-content/uploads/2015/01/ReachOut.com-Crossroads-Report-2014.pdf>

people do not find current education relevant or engaging, turning to other sources of information.²⁶

Social media, increasing access to information and new technology are changing the way sexuality in young people is learnt about, developed and expressed. It is important to acknowledge that the many different forms of media, including social media, can be a vast resource for safe and informed socialisation, education, and expression for young people.²⁷ Given that young people are often reluctant to discuss sensitive questions or request sexual health advice from their parents, reliable and accurate media can be a useful tool for gaining knowledge about sex and sexuality. Media content—such as films and TV shows—can also be used as a catalyst for discussions of sex and sexuality and can help to shape young people’s identities in positive ways. Social media sites provide a platform where young people can discuss issues related to their sexual identity. Young people, who identify as lesbian, gay, bisexual, transgender, queer, or intersex (LGBTQI) may find these platforms especially important, as their identities are not typically well represented in mainstream mass media. Many young people benefit from this

²⁶ See, for example, Salvation Army, ‘Sexting in Australia: The legal and social ramifications’, submission to the Parliament of Victoria Law Reform Committee Sexting Inquiry, May 2012, accessed via http://www.parliament.vic.gov.au/images/stories/committees/lawrefrom/isexting/subs/S07_-_Salvation_Army_Oasis_Hunter.pdf; Australian Youth Affairs Coalition and Empowerment Against HIV/AIDS, ‘Let’s Talk About Sex: Young People’s views on sex and sexual health information in Australia’, June 2012, accessed via http://www.redaware.org.au/wpcontent/uploads/2014/06/LetsTalkAboutSex_AYACYEAH_FinalReport.pdf

²⁷ C Lumby & K Albury, 2010, ‘Too much? Too young? The sexualisation of children debate in Australia’, *Media International Australia*, No. 135, p. 147.

connection to a wider community of peers as it leads to an improved sense of community and belonging.²⁸

While access to community of peers is one important element of young people's learning and development, it should not be the only. Young people require the skills and knowledge to consume and navigate such content and information that supports their healthy sexual development. Given that current education appears to be falling short, Youth Action believes that this requires review and adaptation in partnership with young people. Education should have a focus on emerging trends such as sexting, non-consensual sharing of intimate images and attitudes regarding gender and gender inequality. There is a very strong evidence base regarding proper implementation of respectful relationships in schools using a whole school approach, but NSW has yet to embrace this approach.

Alcohol and Other Drugs

While evidence suggests harmful consumption of alcohol by young people is decreasing,²⁹ hospital contact shows young people at a continued risk of harm from drug use. It is clear that a 'no-tolerance' approach is not stopping underage young people from engaging in risky drinking or drug-taking, and despite a decrease in the number of young people drinking, there is 'no level of safe drinking

²⁸ 5 P Collin, K Rahilly, I Richardson, & A Third, 'The Benefits of Social Networking Services: A literature review', Cooperative Research Centre for Young People, Technology and Wellbeing, Melbourne, 2011

²⁹ See <https://ndarc.med.unsw.edu.au/blog/don%E2%80%99t-believe-hype-teens-are-drinking-less-they-used>

for those under the age of 18'.³⁰ A continued focus on young people and alcohol and other drugs is warranted.

Binge drinking by those aged between 14 and 18 is directly linked to poor mental, physical, and social outcomes. The World Health Organisation identifies that education about alcohol needs to go beyond providing information about the risks of harmful use of alcohol to be effective.³¹ Current studies support this claim and have been conducted around harm minimization programs for school students (SHAHRP). Results showed that in a follow up 8 months later levels of alcohol consumption were 31.4% lower compared to students who did not partake in the program.³² After 20 months students who were involved in this program were also less likely to consume to risky levels.³³ Consequently there is a need to develop programs that more effectively engage with young people and focus on minimising the negative outcomes associated with alcohol and drug use. School based intervention programs that target 14-18 year olds can specifically reduce risky alcohol and drug behaviours, and are cost-effective investments for governments.

It is essential that NSW Government create AOD education programs specifically for student's aged 15-17 in collaboration with schools, field experts and students. In order to formulate and structure these programs, research must be conducted around what young people already know about alcohol and other drugs to identify what additional information they need. These early intervention programs need to

³⁰ For example <http://fare.org.au/2015/07/young-aussie-binge-drinking-in-decline/>

³¹ World Health Organization 2010, *Global Strategy to reduce the harmful use of alcohol*, p.31, accessed via http://www.who.int/substance_abuse/alcstratenglishfinal.pdf?ua=1

³² N McBride et al., 2004, 'Harm minimization in school drug education: final results of the School Health and Alcohol Harm Reduction Project (SHAHRP)', *Addiction*, p.283

³³ N McBride *op.cit.*, p. 284.

be run at schools as part of the curriculum and must be given appropriate funding. Involving a local youth service in designing and running AOD programs will establish opportunity for a holistic approach to young people and AOD issues. Evaluation measures of these programs must then be implemented to comprehensibly assess the use of early intervention AOD programs for the 15-17 year age group.

With regards to access being able to refer young people to appropriate drug and alcohol services is limited, as are options for rehabilitation.

Approaches to Improve Access

There are a number of barriers to accessing health care, which are primarily understood in research as concerns regarding confidentiality, embarrassment about disclosure and accessibility.³⁴ These barriers are not insurmountable. An approach that includes both integrated services specifically for young people as well as investment in youth services to increase their capacity and extend reach is required. This is particularly important if the NSW health strategy is to go beyond 'ill-health' and encourage initiatives that foster healthy behaviours.

Anecdotally, accessibility is a major issue has also been raised particularly by services in regional and rural areas. This is certainly true for access to services such as mental health and AOD case management including rehabilitation services. Services emphasis the need for geographically accessible services, a reduction in

³⁴ John Cain Foundation, 2015, 'Under the pump! The Pressures on Young Australians', ed. D Nellor, John Cain Foundation, Melbourne, p. 126.

wait times that can be as long as 6 months as well as ensuring there are first responders early on.

Transport continues to be a major barrier, where young people cannot cover the costs and/or are inhibited by the time to travel to a regional hub to access support. For example, Lake Macquarie transportation is split into eastern and western 'villages'. Eastern parts of Lake Macquarie have relatively easier access to Newcastle mental health supports like Headspace, but this is not the case for Western 'villages'. Evidence provided to Youth Action demonstrates the lack of support to young people in this area despite higher rates of mental ill health, school suspension, disengagement and more. There is no Headspace, no Aboriginal specific services, nor is there AOD case management support or rehabilitation for young people in this area. It would appear that this is not an isolated experience for many rural and regional young people and services.

Additional funding must be placed into making sure regional and rural young people have local placed based, accessible and culturally appropriate services that do not rely on outreach alone, and are not dependent on young people travelling for long durations on infrequent and expensive transport to access critical help.

This has emphasized the importance of generalist youth services in providing support to young people. Youth workers frequently come into contact with young people who present with a range of issues, and they are particularly important points of contact for disadvantaged young people who are at greater risk of experiencing mental ill-health. Further, young people are more likely to seek support for mental health problems from youth workers, school counsellors and

general practitioners, than other formal sources.³⁵ Developing youth workers' skills and knowledge in relation to mental health issues will enable them to identify and assist young people with mental health problems. This training would allow youth workers to become gatekeepers, helping young people access specialised mental health services where required.³⁶ Providing this training is critical in rural settings where social barriers and limited access to services prevent young people from receiving the support they need. In 2015 the NSW government provided one-off funding to increase the number of youth workers with this training, but a commitment to sustainable delivery of training would be an improvement.

Mental health services for young people often are provided through emergency response initiatives and early intervention. There is, however, a larger role for self-help and peer support as first responders to mitigate or reduce the burden on high intensity interventions clinicians.

Youth Action has worked with young people and the sector in NSW to develop a program called Friend-to-Friend. It is based on the concept that young people are often the first to know when a peer is experiencing mental health issues, the evidence that peers are a primary source of support for young people and that young people have the capacity to be 'first responders' and to support help-seeking behaviour. There are a number of groups and services who have stretched resources to support young people early, but this continues to go unfunded. Lake Macquarie local youth development officer, for example, worked with young people

³⁵ D Rickwood, F Deane & C Wilson, 2007, 'When and how do young people seek professional help for mental health problems?', *Medical Journal of Australia*, No. 7, Vol. 187, p.35.

³⁶ *ibid.*,

to develop a program called 'Bright Minds' which aimed to create new resources, increase awareness and reduce the stigma surrounding the mental health of young people. A greater strategic focus on first responders would appear warranted.

A Focus on Data

The development of an Australian Youth Development Index was an exercise in understanding what data we don't have as much as it was unpacking the data we do have.

Some core findings include the need to include measurement of protective factors, rather just than the absence of avoidance of negative or risk factors. Health NSW could be a leader in ensuring data collection covers the breadth of young peoples experience.