

Briefing

Overview of youth health

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To:	Hon Matt Dooccy, Associate Minister of Health		
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Contact for telephone discussion

Name	Position	Telephone
Emma Prestidge	Group Manager, Family and Community Health Policy, Ministry of Health Manatū Hauora	s 9(2)(a)
Derek Senior	Manager, Family and Whānau Policy, Ministry of Health Manatū Hauora	

Minister's office to complete:

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| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn | |

Comment:

Overview of youth health

Security level: IN CONFIDENCE **Date:** 14 March 2024

To: Hon Matt Doocey, Associate Minister of Health

Purpose of report

1. This briefing responds to your request for information on youth health, as this falls within your new delegation.
2. We have consulted with Health New Zealand | Te Whatu Ora and the Ministry of Youth Development (MYD) – Te Manatū Whakahiato Taiohi on this briefing.

Summary

3. Youth health is influenced by social, environmental, economic, and genetic factors that together contribute to the quality of health of young people. These factors, often referred to as the 'social determinants of health', impact youth health outcomes.
4. In New Zealand, there are approximately 850,000 young people aged 12 to 24 years, making up 17 percent of the population. This population is generally healthy, however some are growing up in circumstances that challenge their ability to stay healthy into adulthood.
5. Some groups of young people have higher health needs, including many young Māori, Pacific people, disabled people, rainbow people, people in care, and people not in education, employment, or training.
6. Young people have shared that the biggest issues they face today include concerns about mental health, social media and online harms, racism and discrimination, and uncertain futures with inherited social, economic, and environmental challenges.
7. The area of greatest health need for young people is mental health. Although many young people experience good mental health, recent evidence shows that mental health of young people has declined rapidly over the past decade.
8. Other issues include variable access to health care services, impacts of substance use and other modifiable risk factors, high levels of sexually transmitted infections, impacts of housing-related conditions, and risks associated with family violence and sexual violence.
9. We can provide you with further information on any matters raised in this briefing at your request.

Recommendations

We recommend you:

- a) **Note** that youth health is a broad delegation with a range of issues.
- b) **Note** the area of greatest health need for young people as a population is mental health.
- c) **Note** that we can provide you with further advice on any of the youth health issues and opportunities raised in this briefing at your request.



Emma Prestidge

**Group Manager, Family and Community
Health Policy**

Date: 14 March 2024

Hon Matt Doocey

Minister for Youth

Date:

PROACTIVELY RELEASED

Overview of youth health

Background

Your delegated responsibility for youth health

1. This briefing provides information relating to youth health, noting that you have recently received a briefing on rainbow health (H2024034849 refers).
2. Your delegation for youth and rainbow health overlaps with other delegations, including neurodiversity, nutrition and physical activity, rural health, and eating disorders. Officials will provide you with separate briefings on these matters.
3. Your delegated responsibilities overlap with several of Minister Costello's delegations, including sexual and reproductive health, the Smokefree Environments and Regulated Products Act, vaping, smokeless tobacco, and oral nicotine.

The roles of health agencies relating to youth health

4. The Ministry of Health | Manatū Hauora (the Ministry) is the chief steward of the health system and lead advisor for the Government on matters relating to policy, regulation, and monitoring of the health system – this includes how it supports young people.
5. We work in partnership with Health New Zealand | Te Whatu Ora (Health New Zealand) who fund the delivery of health services, including youth-specific health services such as School Based Health Services (SBHS).

Health status of young people

New Zealand's young people

6. In New Zealand, 'youth' or 'young people' is generally defined as those 12–24 years of age. This is the age range adopted by the Ministry of Youth Development – Te Manatū Whakahiato Taiohi (MYD).
7. There are approximately 850,000 young people in New Zealand, making up 17 percent of the population.¹ Of the youth population, 25% are Māori, 19% are young people from ethnic communities, 13% are Pacific, 12% are young people living in the regions, 9% are disabled young people, and 14% of 18 to 24-year-olds are rainbow young people.²
8. New Zealand has a diverse youth population, with the number of young people who identify with more than one ethnic group increasing. In the Growing Up in New Zealand longitudinal study³, one third of 12-year-olds identified with more than one ethnic group.

¹ Statistics New Zealand's projection based on the 2018 Census.

² Based on data customisation work commissioned by MYD to Statistics New Zealand in August 2022

³ The latest report of the Growing Up in New Zealand survey, *Now We Are Twelve*, shares findings from when the young people in the study are at the start of adolescence: <https://www.growingup.co.nz/>

The determinants of youth health are broad

9. Youth health is influenced by social, environmental, economic, and genetic factors that together contribute to the quality of health of young people. These factors impact youth in a range of ways and are important to understand to improve health outcomes.
10. Some contributors to the health of young people include their housing situation, level of education, experience of racism and/or discrimination, access to sufficient nutritious food, and physical activity opportunities.
11. Many young people are accessing health services which contribute towards their health. These services also help them establish good lifelong relationships with future care providers as adults. This matters because continuity of care provision is strongly associated with health outcomes over time. For example, evidence shows that for adolescents with severe mental illness, continuity with a primary care physician during transition from paediatric to adult care is associated with decreased mental health-related hospitalisations and emergency department visits.⁴
12. As set out below, some young people are not accessing the health services they need, and are growing up in circumstances that challenge their ability to stay healthy into adulthood. The main current issues relating to youth health include:
 - a. high levels of youth mental distress
 - b. variable access to health care services
 - c. impacts of substance use and other modifiable risk factors
 - d. high levels of sexually transmitted infections (STIs)
 - e. impacts of housing-related conditions
 - f. risks associated with family violence and sexual violence (FVSV).

Key issues

Youth mental distress levels are high

13. Mental health concerns are the biggest health issue facing young people. For the past decade, levels of youth mental distress have been increasing, and levels of mental wellbeing are falling. While this is an international trend, it is of concern not only because young people have the right to mental wellbeing, but because of the importance of mental wellbeing during adolescence for a healthy life.
14. There is robust evidence that the onset of mental illness peaks in adolescence and early adulthood with:
 - a. 35% of mental illness emerging before age 14
 - b. 48% of mental illness emerging before age 18

⁴ Toulany A, Stukel TA, Kurdyak P, Fu L, Guttman A. Association of Primary Care Continuity With Outcomes Following Transition to Adult Care for Adolescents With Severe Mental Illness. *JAMA Netw Open*. 2019 Aug 2;2(8):e198415. doi: 10.1001/jamanetworkopen.2019.8415. PMID: 31373654; PMCID: PMC6681550.

- c. 62.5% of mental illness emerging before age 25.⁵
15. The 2021 Youth Health and Wellbeing Survey⁶ found that most of the high-school aged young people in its cohort felt loved and connected and were participating in society. About 60% of the survey participants reported good to excellent mental wellbeing in 2021 which while still a majority is a decline of around nine percentage points from 2019.
 16. Results from the 2022/23 iteration of the New Zealand Health Survey⁷ show that rates of psychological distress were high in young people aged 15–24 years, with one in five (21.2%) experiencing high or very high levels of psychological distress (compared to 11.9% for the general population aged 15 years and over). In particular, there are growing numbers of young Māori who report depressive symptoms (28% in 2019 compared to 14% in 2012).
 17. An effective way for government to support young people's mental wellbeing is for it to use its levers to increase exposure to protective factors and reduce exposure to the risk factors, for both groups and individuals, in addition to ensuring access to suitable mental health and addiction services for those who need them. For example, evidence shows that building young people's social, mental wellbeing strategies and skills, identity-building (te reo, whakapapa) and promoting access to mental health services (counselling, Kaupapa Māori practices) can support youth mental health.
 18. Further information on this topic can be found in the child and youth mental wellbeing briefing previously provided to you (H2024035287 refers).

Youth health care access is variable

19. The transition between child and adult health services can be difficult for young people. Young people traditionally seek less mainstream care, but are often expected to fit into services and models of care designed for adults.
20. The Youth19 Rangatahi Smart Survey (Youth19)⁸ showed that nearly four in five students accessed at least one health care service within a year. However, one in five students were unable to see a health professional when they needed to. This was more common among students from low-income neighbourhoods, low decile schools, and small towns, and for Māori and Pacific youth.
21. Private and confidential care is an essential component of youth health services. However, the Youth19 study findings show that fewer than half of the students who

⁵ Solmi, M., Radua, J., Olivola, M., Croce, E., Soardo, L., Salazar de Pablo, G., . . . Fusar-Poli, P. (2021). Age at onset of mental disorders worldwide: large-scale meta-analysis of 192 epidemiological studies *Molecular Psychiatry*

⁶ The Youth Health and Wellbeing Survey monitors the health and wellbeing outcomes of young people aged 12-19 years. <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/consultations/youth-health-and-wellbeing-survey-results/index.html>

⁷ The New Zealand Health Survey is a national population health survey: <https://www.health.govt.nz/nz-health-statistics/surveys/new-zealand-health-survey>

⁸ Youth19 is the latest in the Youth2000 series of health and wellbeing surveys and collects information from large representative samples of New Zealand secondary school students: <https://www.youth19.ac.nz/>

accessed healthcare were assured of their confidentiality, and fewer than half of the students had the opportunity to talk with a health provider in private.

22. Many of the barriers that young people experience in accessing health care can be overcome if services and supports are tailored to the specific needs of young people. Tailoring support to the specific needs of young people means ensuring that support is available in places where young people commonly spend time – for example, a proven way to support young people in low socio-economic groups is to provide free services in schools and other accessible community locations.

Youth are impacted by substance abuse and other modifiable risk factors

23. As part of a focus on prevention, there is a need to address modifiable risk factors, including smoking and e-cigarette usage, alcohol abuse, as well as physical inactivity, nutrition and interaction with the environment and social connection. These risk factors are often driven by the wider determinants of health, and effective public and population health campaigns.
24. Adolescence is a time of rapid brain development when young people are uniquely vulnerable to the risks of substance use. Alcohol is the most commonly used substance by young people. In the Youth19 survey, more than one in five students (22%) reported binge drinking in the last four weeks. Binge drinking increased with age, and prevalence is very high in the 17+ age group (42%). However, it is important to note that youth binge drinking has declined over time, from a peak of around 36% in 2007, which is a significant health gain.
25. E-cigarettes and vaping have emerged as a new issue in the past decade. The ASH Year 10 (14–15-year-olds) survey conducted in 2023 showed that 10% of students vape daily and 16.4% are regularly vapers (daily, weekly or monthly).⁹ While the rate of regular vaping has declined from 2022, it is still particularly high for Māori students (32.0%) and Pacific students (22.5%).
26. While there have been large declines in cigarette smoking for 14-15-year-olds from 2001-2019, youth smoking is still a concern, particularly in higher deprivation communities. For example, the ASH Year 10 survey showed that regular smoking was highest for Māori students (6.2%) followed by Pacific (3.7%), Pākehā (2.0%), and Asian (1.0%) students.
27. Information on other modifiable risk factors can be found in the nutrition and physical activity briefing (H2024036866 refers) and the eating disorders briefing provided to you (H2024036864 refers).

Youth have high levels of STIs and low levels of HPV immunisation coverage

28. Young people are disproportionately affected by Sexually Transmitted Infections (STIs). For example, chlamydia is the most commonly reported STI in New Zealand, with most cases in those aged 15-29 years.
29. There is also a low rate of human papillomavirus (HPV) immunisation in New Zealand, despite it being effective at preventing cervical cancer and other cancers caused by HPV

⁹ Action for Smokefree 2025 (ASH). 2023. ASH Year 10 Snapshot Survey 2023 Topline – Youth smoking and vaping. Available from: <http://ash.org.nz>

infection. This immunisation is free for everyone aged 9-26 years and for non-residents under the age of 18 years. The target for HPV immunisation coverage across the country is 75%, however only 68.4% have completed their first dose, and 38.8% have completed their second, final dose.

30. Further information on this topic can be found in the sexual and reproductive health briefing previously provided to you (H2024035864 refers).

Youth are impacted by housing-related conditions

31. Housing is a key determinant of health and wellbeing. Addressing housing affordability, supply, quality, and security of tenure is essential to improving health and wellbeing outcomes. When young people live in cold, damp, or mouldy homes, they are more likely to experience respiratory illnesses and infections.
32. It is estimated that around 30,000 children are hospitalised every year from preventable, housing-related conditions. Young people are particularly vulnerable to the effects of poor housing, as they spend proportionally more time indoors. Recent rises in cases of rheumatic fever are almost exclusively among Māori and Pacific children and young people living in the North Island.
33. Data shows that the severely housing deprived (homeless) population of New Zealand is disproportionately young, with nearly 50 percent aged under 25 years of age. The 15–24-year-old age group has the highest rate of severe housing deprivation across all ethnic groups. Pacific and Māori young people had the highest rates of severe housing deprivation across all age groups.
34. Health New Zealand's Healthy Homes Initiative (HHI) aims to ensure children and their families and whānau are living in warm, dry, and healthy homes, to reduce and prevent avoidable hospitalisations due to housing-related conditions. The programme assesses homes and then identifies funded interventions that may help and is successfully working with low-income, mostly Māori and Pacific families and whānau nationwide.
35. To date, over 36,000 children and over 130,000 families and whānau members have been seen by HHI providers. 77% of referrals have been either Māori or Pacific people. Over 118,000 interventions have been received (such as beds, bedding, curtains, heating, insulation, education, and support to find alternative accommodation).
36. Improvements to housing quality and more suitable and stable housing options for young people is important for youth health outcomes and can help remove barriers to accessing health services.

Youth are impacted by family violence and sexual violence (FVSV)

37. FVSV is a key determinant of health that has significant and intergenerational impacts on individuals, families, whānau and communities.
38. One in seven children in New Zealand grow up in violent homes. There is a higher risk that children and young people who experience FVSV will have poorer outcomes in adulthood, including poorer mental health and wellbeing, a higher likelihood of involvement in the justice system, and poorer socio-economic status.
39. Several population groups are disproportionately impacted by FVSV. Data gathered by Te Puna Aonui found that 18% of disabled young people had been physically hurt by an adult in their home in the past year, compared to 10% of non-disabled young people.

40. Te Puna Aonui agencies, including the Ministry, are continuing to explore cross-agency opportunities to improve how we respond to children and young people who have been impacted by FVSV. The second Te Aorerekura Action Plan is currently being developed and will provide an opportunity for agencies to strengthen their response to this issue.
41. Further information on our work to prevent and respond to FVSV can be found in the briefing previously provided to you (H2024035115 refers).

Some young people have higher health needs

42. Several groups of young people have higher health needs, including Māori, Pacific people, disabled people, Rainbow people, people in care, and people not in education, employment, or training. For many young people, the above identities intersect, with a compounding risk of disadvantage.
43. The Youth19 study found that:
 - young Māori face greater poverty (i.e., housing stability, food insecurity) and ethnic discrimination, which in turn impacts on their mental health, substance use, sexual health, and ability to access services they need
 - Pacific young people are navigating challenges associated with significant housing and socio-economic deprivation, clinically significant depressive symptoms, and experiences of racism
 - rainbow young people and young people with a disability or chronic condition often reported less positive family, school, and community contexts, as well as large disparities in mental health and wellbeing
 - young people involved with Oranga Tamariki face major inequities in communities, including in areas of schooling, substance use, exposure to violence, police involvement and community connections
 - young people who are not in education, employment or training have been exposed to high levels of poverty, family violence, sexual violence, and ethnic discrimination.
44. It is important that work to promote youth health considers the high needs of these population groups and prioritises action that will reduce disparities in health outcomes.

The health system provides a range of health services

45. Young people engage with health services in a similar way to the general public, such as accessing general practice, practice nurse or after-hours services.
46. The main ways the health system targets services towards youth include:
 - School Based Health Services (SBHS), which are nurse-led primary care services in low-decile secondary schools and other education settings
 - Youth One Stop Shops (YOSS) which deliver free wraparound health and social care for young people aged 10–24 years. There are other similar community-based services for young people, including Kaupapa Māori services and other culturally responsive models
 - youth-specific mental health and addiction services such as Infant Child and Adolescent Mental Health Services (ICAMHS), primary mental health and

addiction services, school-based holistic mental health and wellbeing programmes, and other supports (H2024035287 refers)

- oral health services such as free basic dental care for adolescents, immunisations such as HPV vaccinations, sexual and reproductive health services, and other youth-specific public health campaigns and programmes.

47. There are several ways agencies work together to support the health of young people. The foundations for this collaborative work exist under the Child and Youth Wellbeing Strategy, the development of a new Suicide Prevention Action Plan, the implementation of Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing, and work we are doing under the Oranga Tamariki Action Plan.

Listening to young people is key to designing services that improve their health outcomes

48. We know from international research and local experience that young people do not engage in services that they do not perceive as relevant to them.

49. When young people were asked what they think are the biggest problems they face today in the Youth19 study, they raised concerns about mental health, 'bleak futures' (referring to climate change and the sense of inheriting a 'broken' world), social media and technology, and risky choices such as easy access to drugs, alcohol, and porn, in addition to peer pressures.

50. This aligns with Te Hiringa Mahara – Mental Health and Wellbeing Commission's report: *Young people speak out about Wellbeing*.¹⁰ This report identifies wellbeing barriers identified by young people between 2018 and 2022: racism and discrimination, social media and online harms, whānau wellbeing and intergenerational connections, and uncertain futures with inherited social, economic, and environmental challenges.

51. There are several ways youth voice is captured to shape service design and delivery, including:

- a. the *Youth Plan: Voice, Leadership, Action* (Youth Plan), launched in August 2023, which you are responsible for as the Minister for Youth. You have received separate advice from MYD on the Youth Plan and how it can be tailored to your Ministerial priorities in your capacity as Minister for Youth.
- b. *The Hive*: which is a collaboration between MYD and creative agency Curative NZ and aims to increase young people's participation in government's policy development process. In 2023, they ran an engagement with 91 young people who shared that when healthcare providers have dedicated time to genuinely get to know the many aspects of a young person, they are better able to provide tailored care, and generate trust and safety.
- c. health agencies maintain youth advisory groups, including the *National Youth Committee for School Based Health Services* (led by Health New Zealand) and a *Youth Voices Advisory Group* led by Te Tāhū Hauora – Health Quality & Safety Commission.

¹⁰ Young people speak out about Wellbeing: An insights report into the Wellbeing of Rangatahi Māori and other Young People in Aotearoa. <https://www.mhwc.govt.nz/news-and-resources/youth-wellbeing-insights/>

Opportunities

52. As referenced earlier in this briefing, we consider that the single area of greatest health need for young people as a group is mental health. There is a significant opportunity to improve health and wellbeing by focusing on how young people (and children) can be better supported with their mental health, by the health system, by the social system, and by wider society (H2024035287 refers).
53. Many of the factors impacting on the health of young people involve wider social determinants. The levers to address these sit across a range of agencies and Ministers. The child and youth Ministers group (which you are a part of) provides an opportunity for you to engage with and seek to influence cross-government work on a number of these issues. This group is still in the early stages, with Ministers meeting for the first time at the end of January and **s 9(2)(f)(iv)**
[REDACTED] We can provide you with advice to support your attendance at future meetings.
54. If you are interested in understanding how the health system could be improved to better respond to the health needs of young people, you could **s 9(2)(f)(iv)**
[REDACTED]
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Next steps

55. We can provide advice on the youth health issues and opportunities raised in this briefing at your request.

ENDS.

Minister's Notes

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