# **PHAA_letterhead_word_docPublic Health Association of Australia (Victorian Branch) submission to the Department of Health and Human Services New Youth Policy**

The Public Health Association of Australia (PHAA) is a national organization comprising around 1900 individual members and representing over 40 professional groups concerned with the promotion of health at a population level. Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector.

The PHAA (Victorian Branch) has over 500 members in public health related occupations in health service, research, government and community sectors. We work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals.

The PHAA Vic Branch welcomes the discussion paper on maximising opportunities and reducing barriers for adolescents and young adults, who can be a vulnerable population group. We also welcome to opportunity to comment on a number of relevant areas.

**DRAFT VISION**

The draft vision outlined in the discussion paper is brief and broad. The PHAA Vic Branch supports efforts to improve the wellbeing of Victorian youth on the many areas listed in the paper including mental health, alcohol and drugs, housing and discrimination. Reference to the notion that certain groups of young people who are “*disadvantaged, disengaged or face particular challenges*” will require consideration and support is similarly encouraging.

**DRAFT OBJECTIVES**

The draft objectives provide some more detail for the direction of a new youth policy, but the terms are still held relatively broadly. The PHAA Vic Branch is encouraged by the mention of prevention and early detection of problems that young Victorians may encounter. We encourage engagement with the appropriate organisations, as well as including Victorian youth in the design and implementation of the policy. Youth consultation in this early stage is a positive sign. Further comments for specific areas are included below.

**WHAT’S IMPORTANT TO YOUNG PEOPLE?**

Q. What do you think should be done to improve the mental health of young people?

Addressing the mental of mental health of Victorian adolescents and young adults is critical, as the risk of mental health issues in these age groups is high. We think it is vital to ensure a strong focus on prevention, and specify the coordination and resources which will be allocated to support these efforts.

It is imperative that services which support young people’s mental health should be inclusive and accessible to all young people, including the groups identified as disadvantaged, disengaged or facing particular challenges. In ensuring this, a framework of equal opportunities, non-discrimination and respect for young people’s backgrounds, identities and choices can be found in Victoria’s youth sector’s Code of Ethical Practice. We refer to specific recommendations made by the Youth Affairs Council of Victoria in their submission to the Victorian Government 10 year mental health strategy[[1]](#footnote-1)

Additionally by identifying unserviced areas in the community and implementing or improving community-based mental health services for young people, this will create more opportunity for people to seek help. Alongside this it is recommended that the government provide funding to create more mental health Prevention and Recovery Centres for young people, to provide specialist residential support.

To address unserviced and/or unskilled rural areas, providing framework and support for specialist mental health staff from regional or metropolitan services to share experience and up skill local staff in rural service settings, part-time. Additionally it is important to undertake work to create a better network between GPs and Link GPs and community-based youth services.

Ensure that people with mental illness who are not eligible for the NDIS will retain access to community mental health services including young people with Aspergers.

The PHAA Vic Branch acknowledges the needs of young people with Aspergers and would like to urge the government to address the need for investment in the provision of mental health services for young people with Aspergers. This includes services provided by organizations such as Aspergers Victoria, in particular peer support and the provision of information, as well as mental health consultations and social skills training to prevent the severe mental health complications which can occur as a result of social isolation, misunderstanding and miscommunication with young people with Aspergers.

It is the understanding of PHAA Vic Branch that mental health problems caused by Aspergers and other autism spectrum disorders, such as anxiety and depression can be significant, but the complications for young people with Aspergers such as severe depression, school refusal, unemployment and suicide are all preventable. Proven strategies for promoting effective communication and understanding and respectful relationships with young people with Aspergers are recognised in the Aspergers community including amongst specialist health professionals, but these skills and information are not well known in the general community, nor even amongst health professionals.

For this reason the PHAA Vic Branch would like to urge government to take into account the significant differences between the needs of young people on the broader autism spectrum and the needs of young people with Aspergers in the implementation of the Victorian State Disability Plan to fund “better support for people with autism spectrum disorder” through providing “better targeted and integrated services” (Outcome 11).

It is the understanding of PHAA Vic Branch that one particular concern of the Aspergers community is misunderstanding and lack of appropriate responses to the particular needs of young people from families, teachers and health professionals, even when an Aspergers diagnosis is obtained. The PHAA Vic Branch understands that everyone who interacts with young people - peers, teachers, parents and health professionals – needs awareness, knowledge and training for understanding and communicating effectively with young people with Aspergers.

For this reason the PHAA Vic Branch would like to urge the government to address the need for research to better understand the diverse spectrum of autism related disorders and in particular to better understand the needs of young people with Aspergers. The PHAA Vic Branch understands that the need for further study of Aspergers is acknowledged in the field of specialist autism spectrum research, despite the DSM classification in relation to autism.

Q. What do you think should be done to tackle alcohol and drug issues for young people?

Alcohol is a significant health and social problem in Australia. The harms associated with alcohol provide an urgent and compelling case for policy action. There are high levels of community concern about alcohol; 75% of Australian adults believe Australia has a problem with alcohol[[2]](#footnote-2), and 94% are concerned about alcohol-related violence and alcohol use among young people[[3]](#footnote-3).

The drinking patterns of Australians provide major cause for concern:

* Almost 1 in 5 (18.2%) people aged 14 years or older consumed more than 2 standard drinks per day on average, exceeding the National Health and Medical Research Council (NHMRC) low risk drinking guidelines to prevent lifetime risk.[[4]](#footnote-4)
* More than 1 in 3 (38%) people aged 14 years or older reported that on at least 1 occasion in the previous 12 months, they had consumed alcohol at a level placing them at risk of injury; 1 in 4 (26%) had done so as often as monthly.[[5]](#footnote-5)
* Australia’s per capita alcohol consumption remains high by world standards.[[6]](#footnote-6)
* There is particular concern about the drinking patterns of young people:
* 80% of alcohol consumed by young people aged 14 to 24 years is consumed in ways that puts the drinker’s (and others’) health at risk of acute harm, e.g. from falls, assault injuries, road crashes, and burns.[[7]](#footnote-7)
* In 2013, 15.4% of males and 11.3% of females aged 12 to 17 years exceeded the adult drinking guidelines for single occasion risk (5 or more standard drinks on a single occasion).[[8]](#footnote-8)
* Many young people drink to get drunk; 45% of current drinkers aged 16 to 17 years report intending to get drunk on most or every occasion when they drink alcohol.[[9]](#footnote-9)
* In a 15-year Australian prospective cohort study, the overwhelming majority of adolescent binge drinkers (90% of males and 70% of females) continued to binge drink in young adulthood.[[10]](#footnote-10)

In line with policy priorities from the Alcohol Policy Council, we recommend:

1. Introduction of 3am as the latest time for serving alcohol in pubs and clubs

2. Reforming Victorian Comission for Gambling and Liquor Regulation:

* Make the licence annual renewal a real review of the establishment’s record during the past year and give local government and Police the opportunity to contribute to the process CAPR cooperation including between Victoria Police and Local Councils, Melbourne Primary Care Network and Cancer Council Victoria
* Increase regulatory focus on enforcement and promote better inter-agency cooperation including between Victoria Police and Local Councils
* Introduction of stricter mandatory training requirements for new and existing licensees

3.  Making better use of existing powers to regulate alcohol advertising

Additionally we would encourage more education around legislation on supply of alcohol to minors, particularly targeting parents.

Q. What do you think should be done to improve housing for young people?

As seen in the YACVic submission to the Victorian Government 10 year mental health strategy[[11]](#footnote-11), a primary recommendation is to extend support to young people leaving out-of-home care until at least the age of 21, and provide a housing guarantee to young care leavers, as recommended by Victorian Council of Social Services (VCOSS), the Council to Homeless Persons, the Centre for Excellence in Child and Family Welfare, Victorian Aboriginal Child Care Agency, Anglicare Victoria, and Berry Street. This guarantee could be used for a range of supports, including rental guarantees and supplements, to encourage landlords to rent to young people and to assist young person if they are studying and/or unable to work.

In keeping with recommendations made by YACVic, the Council to Homeless Persons and the Victorian Council of Social Service (VCOSS):

* Develop a long-term affordable housing strategy to address the soaring public housing waiting list and the unaffordability of private rental for low-income Victorians. A new affordable housing growth fund of $200 million per year could build a minimum of 800 homes.
* Establish a rapid rehousing program to assist women and children escaping family violence to be quickly rehoused with appropriate supports in place. $10 million per year could assist over 1000 women and their children[[12]](#footnote-12).

Q. Any other comments?

In designing this new youth policy for Victorian youth, we hope that consideration is given to the recently released World Health Organisation (WHO) global standards for quality health-care services for adolescents.[[13]](#footnote-13) These standards outline eight standards and provide guide for their implementation.

PHAA Vic Branch would also like to urge the government to ensure that efforts are made to address the health and wellbeing of young Victorians regardless of race, religion, ethnicity, background etc. And young Victorians from culturally diverse ethnic and religious groups, as well as Aboriginal and Torres Strait are considered and included in this planning.

An Aboriginal or Torres Strait Islander youth is 19 times more likely than a non-Aboriginal and Torres Strait Islander youth to be detained in a juvenile facility.2 Contact with the Juvenile Justice system is a strong indicator of incarceration as an adult. 86% of Aboriginal and Torres Strait Islander juvenile offenders enter the adult correction system, compared with 75% of non-Aboriginal and Torres Strait Islander juvenile offenders, with 65% serving prison terms compared with 41% of non-Aboriginal and Torres Strait Islander juveniles. Further, 91% of juvenile offenders who had been subject to a care and protection order progressed to the adult prison system.

Q. What do you think should be done to improve educational opportunities for young people?

Q. What do you think should be done to improve training opportunities for young people?

Q. What do you think should be done to increase employment opportunities for young people?

The PHAA Vic Branch acknowledges the needs of young people with Aspergers and would like to urge the government to address the need for investment in the provision of services to address barriers to participation of young people with Aspergers in education and workplace settings, to raise awareness and training for teachers and employers to increase understanding and skills in communicating with young people with Aspergers, through the provision of services such as those services provided by Aspergers Victoria. It is the understanding of PHAA Vic Branch that young people with Aspergers can fully participate in education and employment if appropriate accommodations are made at school and in the work environment to accommodate sensory overload and problems with interpretation, such as inter-personal communication skills used by peers and colleagues, and management styles adopted by teachers and employers.

Q. What do you think should be done to tackle discrimination of young people?

Q. What do you think should be done to improve public transport for young people?

Q. What else do you think should be done to improve the lives of young people in Victoria?

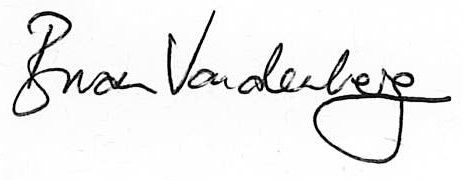
The PHAA Vic Branch would like to urge the government to address the need for services specifically designed to address the needs of young people with Aspergers, such as those provided by Aspergers Victoria. The needs of young people with Aspergers are not being met by services which currently receive funding to meet the needs of the broader community of people with Autism. We understand that Aspergers Victoria regularly receives referrals and requests from specialist organisations to assist individuals with Aspergers and their families, as well as to provide information and advice to parents, teachers, health professionals and government.

PHAA Vic Branch understands that many adults with Aspergers are proud to participate in the workforce and raise their own children with their spouse. Also, an increasing number of adults are recognised as having Aspergers, which helps to resolve long standing difficulties sustaining employment, spousal relationships and parenting their own children – who include young people with Aspergers. So newly diagnosed adults need similar information, understanding and support services as mentioned above in relation to young people.

The PHAA Vic Branch acknowledges the assistance provided by Amaze with reference sources. We would like to acknowledge Aspergers Victoria for the information provided in relation to the needs of young people with Aspergers as well as the information provided about the services made available by Aspergers Victoria to meet the needs of young people with Aspergers.

The PHHA Vic Branch acknowledges the issues of education, training and employment, public transport and discrimination are vital to the wellbeing of Victoria’s youth and broader population. In this instance, we do not think we have the expertise appropriate to respond to these questions in full. We instead refer to those organisations that do, including the Youth Affairs Council of Victoria (YACVic), and Orygen Youth Health.

The PHAA (Victorian Branch) appreciates the opportunity to make this submission.



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1. The Youth Affairs Council of Victoria. Submission to the Victorian Government’s 10 Year Mental Health Strategy, Melbourne, September 2015 [↑](#footnote-ref-1)
2. Foundation for Alcohol Research & Education. Annual Alcohol Poll 2015: Attitudes and Behaviours. Canberra: FARE; 2015. [↑](#footnote-ref-2)
3. Independent market research commissioned by the McCusker Centre for Action on Alcohol and Youth and the Foundation for Alcohol Research & Education, June 2013. Available from www.mcaay.org.au. [↑](#footnote-ref-3)
4. Australian Institute of Health and Welfare. National Drug Strategy Household Survey detailed report. Drug statistics no. 28. Cat. no PHE 183. Canberra: AIHW; 2013. [↑](#footnote-ref-4)
5. Ibid. [↑](#footnote-ref-5)
6. Organization for Economic Co-operation and Development. Tackling Harmful Alcohol Use: Economics and Public Health Policy. OECD Publishing; 2015. [↑](#footnote-ref-6)
7. Chikritzhs T, Catalano P, Stockwell T, et al. Australian alcohol indicators, 1990-2001: Patterns of alcohol use and related harms for Australian states and territories. Perth: National Drug Research Institute and Turning Point Alcohol and Drug Centre Inc; 2013. [↑](#footnote-ref-7)
8. Australian Institute of Health and Welfare. National Drug Strategy Household Survey detailed report. Drug statistics no. 28. Cat. no PHE 183. Canberra: AIHW; 2013. [↑](#footnote-ref-8)
9. White V, Bariola E. Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2011. Prepared for Drug Strategy Branch, Australian Government Department of Health and Ageing. Melbourne (Australia): Centre for Behavioural Research in Cancer, Cancer Council Victoria; 2012. [↑](#footnote-ref-9)
10. Ibid. [↑](#footnote-ref-10)
11. The Youth Affairs Council of Victoria. Submission to the Victorian Government’s 10 Year Mental Health Strategy, Melbourne, September 2015 [↑](#footnote-ref-11)
12. See Community Housing Federation of Victoria, Victorian Council of Social Service, Council to Homeless Persons, Victorian Public Tenants Association, Tenants Union of Victoria, Domestic Violence Victoria, Justice Connect Homeless Law, Making Social Housing Work: Better homes for low-income Victorians, Melbourne, 2014, and Council to Homeless Persons, Pre Budget Submission 2015–16, Melbourne 2015 [↑](#footnote-ref-12)
13. World Health Organisation. Global Standards for Quality Health-care Services for Adolescents: A guide to implement a standards-driven approach to improve the quality of health-care services for adolescents. Geneva, 2015. [↑](#footnote-ref-13)