



In New Zealand, young people aged 12 to 24 years make up 18% of the total population.

Adolescence has been defined by the World Health Organization as the period of life spanning the ages between 10 and 19 years, and youth defined as 15 to 24 years.

New Zealand secondary health services have traditionally split adolescents into paediatrics (less than 15 years) or adults (15 years and over). As a result there has been little recognition of the specific needs of adolescents or efforts to provide services that meet these needs.

Why Youth Health?

Young people face significant threats to their health and well-being. Accompanying the transition from childhood to adulthood are emerging health issues arising from the risk taking and experimentation that are a normal part of growing up.

Risk behaviours & Emotional health

A recent nation-wide school health survey showed that many adolescents participate in health risking behaviours such as unsafe sexual activity, violence, drinking and driving, and substance use. Furthermore emotional health concerns such as depression dramatically increase around puberty. Significant numbers of young people, especially females, have high rates of depressive symptoms. While the majority of young people navigate successfully through these issues, a small but significant number do not. In this respect, New Zealand has a poor record of youth health compared to other OECD countries. Our rates of youth suicide, death from motor vehicle injuries, unplanned pregnancy and drug and alcohol use are among the highest in the western world.

Obesity & adult health

Rates of obesity among children and adolescents are increasing exponentially. Prevention efforts need to target children and adolescents to prevent them from becoming obese adults. Young people who establish a habit of participation in sports or other activities are more likely to engage in physical activity throughout their lives. In fact, most of the leading causes of mortality and morbidity in adults, such as heart disease, obesity and hypertension, are due to behaviours and attitudes established and maintained during adolescence. For

example, most adults who smoke cigarettes started during their teenage years. Preventing problems during the teenage years is often easier than attempting to treat established problems in adulthood.

Chronic illness

There are increasing numbers of young people with a chronic illness who are surviving childhood. Illnesses that were once thought to be confined to childhood, such as cystic fibrosis and spina bifida, are now thought of as diseases that begin in childhood but continue into adult life. Often these diseases worsen for adolescents as their growing independence and risk taking impacts on their health. At the present time most traditional health services do not have the ability or capacity to meet the needs of adolescents with chronic illness.



What can be done?

To meet these challenges health services need to recognise the health needs of the adolescent population and health providers need to be trained with the skills and knowledge to work effectively with young people. This requires a restructuring of funding models that have erroneously split adolescents into being either 'big' children or 'little' adults.

Health care is generally regarded as a fundamental human right; all people, including young people, have the right to developmentally appropriate, accessible and high quality health services to meet their needs.