What Kids Say About Health







Health



Mental Health



Sexual Health



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Introduction



Wouldn't it be great to know what children and young people think – what they really think; what matters to them, what worries them, what they want for the future? When we talk about things like health, wellbeing, learning, play, work and the environment, what do these things mean to children and young people? What challenges are they facing?

The easiest way to find out what children and young people think is to ask them, and in my role as South Australia's Commissioner for Children and Young People that's what I do. Information contained in this guide has been sourced from many conversations, discussions and consultations with children and young people of all ages and backgrounds living, studying and working throughout South Australia.

Many of us make decisions and take actions that affect children and young people's lives every day. We do this as parents, carers, community leaders, professionals, service providers and elected and appointed public representatives. What we decide and do, colours and affects how children and young people experience the world, as well as how they understand their place within it.

The following guide provides insights into what children and young people think about their health, including their mental and sexual health, gender diversity and the importance of play. It includes ideas and suggestions for what changes you can make to your environment and to the ways in which you communicate with children and young people that will make a difference to their health.



Health

Children and young people have a clear idea of what being healthy means to them. The majority see major health concerns as relating to relationships with peers, partners and families, including such issues as self-harm, bullying, family and domestic violence, child abuse and neglect, and family stress. Costs and access are also a matter of particular concern to them.



Children and young people have told us that being healthy is important to them. They are clear about how healthy kids feel, what they can do, and what foods keep you healthy. A healthy kid is happy, they can do anything, they are excited, and strong. A healthy kid plays sport, is active, and has fun. Healthy kids eat fruit/vegetables and sometimes treats, as well as healthy food.

The majority of young people see major health concerns being those related to their relationships with peers, partners and families. These include self-harm, bullying, family and domestic violence, child abuse and neglect, and family stress. They describe these as having a direct impact on their health. For some, cost of living pressures means they don't have the same healthy food choices as others.

Many young people frequently raise issues of health care affordability, including the cost of treatment, travel to appointments, and how letting small issues escalate into major ones is often, in their view, unavoidable because of the costs involved.

We heard that for many who are struggling, health is a big issue, and that young people perceive that free health care is virtually non-existent and highly inaccessible. They talked about waiting lists that were often 'months and months' long, and their perception that poorer quality health care is available to them

We heard that children experiencing poverty are often 'predisposed to anxiety/depression' but cannot afford treatment for these conditions.

Many of the participants in consultations held by the Commissioner talked about wanting, as well as needing, to go to the doctor or dentist, but that all their 'health stuff' is something they simply cannot afford to do. For some, their perceptions of healthcare costs are influenced by American television programs and media. Young people have also told us they face difficulties affording hygiene products such as deodorant, toothpaste and soap.



'There is a limited understanding [of] how to access mental health services among young people. Many resources such as a GP provided mental health plan are not made known to young people who want to access to this type of service but are unsure how to.'



'We should be placing a greater emphasis on nurturing environments where individuals feel comfortable to work on their personal skills and assets, as well as feel comfortable in their own skin – culture, gender, socio-economic standing; promoting self-love and positive health.'

- Understanding what health means to young people and talking with them about nutrition, play and recreation activities.
- Hearing and understanding what young people may experience in relation to relationships, self-harm, bullying, family and domestic violence, child abuse and neglect, and family stress. Providing space in consultations for that 'something else'. Having information and contact numbers for support.
- Talking about things that are part of young people's everyday experience today, such as social media and gaming, as well as knowing some of the language used by young people.
- Remembering that some young people live in poverty, and cost pressures may not always be apparent.
 Doing what you can to mitigate its effects when you are providing services and advice to young people.

- Providing clear channels though which young people can make suggestions and provide feedback, including anonymously. Encouraging it, following up, and acting upon it.
- Think about how you welcome children and young people. Considering how this can be reflected in the physical environment in waiting rooms and other spaces.
- Having information about measures such as access to a Medicare card, Health Care Card, carer and disability payments, as well as bulk billing, costs and payment options.



Mental Health

Mental health is a key concern for children and young people: their own, and that of others. The top issues they raise are stigma associated with mental illness, and their role supporting friends who have mental health issues.

Children and young people have indicated their main health concern is mental health. Young people of all ages are worried about their own mental health, as well as the mental health of others; they talk about the impact and the barriers to getting what they described as the 'right help'.

Many young people have spoken about friends being suicidal, parents suffering depression, and struggles of stigma, lack of understanding, embarrassment and isolation. It is recognised that mental illness when a person is young can affect schooling and other factors, which can in turn influence opportunities over their lifetime, and that most mental illnesses experienced in adult life have their onset in childhood or adolescence. Further, mental health challenges disproportionately affect the more vulnerable groups, including children from a lower socio-economic background, out-of-home care, and those who have been abused and/or bullied.

The two most prevalent issues young people have raised are the ongoing level of stigma in relation to mental health, and their role in supporting their mates who have significant mental health issues.

Many young people are trying to support peers whilst often dealing with their own issues. These informal support networks can often be overstretched. Young people talk about the barriers they face in getting adults to help. They also tell the Commissioner they are most likely to turn to their parents for help, rather than school staff or professionals.

Mental health services provided specifically for children and young people in South Australia are thin on the ground. Children with mental illnesses may 'fall through the gaps' and some are not being treated at all. It is also somewhat unclear as to exactly what clinical mental health services are available, particularly for young children, with these often being often packaged into 'family health services' rather than being child-specific.

Young people have told the Commissioner that mental health support in schools is both hard to access, and ill-equipped to respond to students' needs. They feel that schools simply aren't prepared to deliver the kind of mental health support that young people need.

Young people also discuss only receiving mental health support when things reach a 'critical level.' Whilst schools do offer young people an opportunity to seek assistance by talking to a school counsellor, they have told the Commissioner that they feel that limited resources often make this inaccessible due to shortages such as 'one counsellor for a whole public school.'

Young people want:

- Mental health education at school to help reduce stigma and to provide information on where children and young people are able to access services and support outside of school.
- More specialised counselling and services that work specifically with children and young people.
- Easier transition from youth to adult services.



'I was an A grade student and then started having mental health issues. All I was told was '[it] sucks to be younger, get yourself fixed because year II and I2 are important, you don't want to **** that up.' Like I could just control my mental health like that.'

'Less homework, I think is very important because homework messes with my mental health, it makes me stress and then I can't sleep and I get grumpy and sad and depressed. Because I want to spend time with my family and friends and be doing things I love and am happy doing and bring me joy! Thanks.'

- Considering mental health in discussions with young people, including the role they may play in supporting peers who are facing mental health issues.
- Having information to hand for young people in difficulty or distress, including avenues to get help and support.
- Having information visible and available on mental health services and support for children and young people. This can include having materials on display that help to destigmatise mental health issues, and support seeking help.



Sexual Health

Sexual health and sexual education are very important to young people, including information about consent, recognising abuse, and navigating intimacy and relationships for the first time. Also important is information that reflects the diversity of young people's sexuality and experiences.

Young people have told the Commissioner that sexual health and sexual education is very important to them. They want to be treated as the young adults they are, and be engaged in frank, age-appropriate discussions about sex, consent, and safety.

Some young people feel judged or not taken seriously by school teachers and counsellors. Some say they have been asked intrusive questions, while others felt they are not being listened to, particularly during discussions about sex. Young people indicated that issues of consent are not adequately addressed in current sexual health curricula at schools, and that the curriculum is largely hetero-normative and marginalises queer experiences.

Young women also identify a need for female-centric spaces for teens to talk about health problems, as they don't always feel comfortable with male doctors or counsellors.

Many LGBTQI+ youth express a desire to learn more about diverse forms of sex and how to stay safe, and that they feel the curriculum is currently very hetero-normative.

Additionally, young people have told the Commissioner they want to learn more about how to navigate relationships and intimacy for the first time.

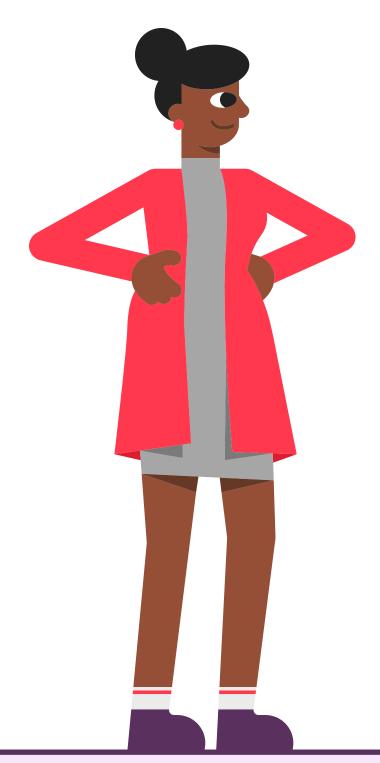
Finally, young people feel they need to know more about how to recognise abuse in their relationships and those of their peers, and what to do if such a situation should arise.

The Australian Bureau of Statistics reports that from the age of 15 years 1 in 5 women and 1 in 20 men have experienced sexual violence. Whilst we know relationship and sexual health education in isolation will not fully inform and protect children, we do know through research that sexuality education can influence behaviour positively by delaying sexual activity, reducing the number of partners and sexual risk taking, informing young people on how to identify problematic sexual behaviours, and teaching young people what to do in the event sexual violence occurs or is occurring.

The online world presents both opportunities and risks to young people. It is vital therefore that children and young people be equipped to view online content critically. Evidence suggests the incidence of children accessing pornography through their own devices is on the increase. Often this can be unintentional and occurs when children and young people are researching sexual health, relationships or medical information. While parents often overestimate exposure for young children, and underestimate the extent of exposure for older children, the research shows that exposure is highly likely to occur.

In fact, Australian research reveals that just under half (44%) of children aged 9-16 years encounter sexual images per month. Of these, 16% had seen images of someone having sex and 17% had seen images of a person's genitals. Knowing this, it is clear that equipping children and young people with the sex education they need to discern between safe and unsafe sexual practices and sexual safety is therefore crucial.

Young people and advocates have said that a lack of understanding and education of what healthy sexual relationships are, including what consent looks like, may explain why intimate violence, harmful behaviour between peers, and other domestic sexual violence, continues to be on the increase.





'Year 10 and up... sex ed needs to be more about consent – contraception – body – relationships.'



'Other subjects aren't always relevant to everyone but this is. For some kids sex ed in school is their only reliable source of information.'

- Being open and appropriate in talking with young people about sex and sexual health, and not making assumptions about gender and sexuality.
- Being ready and informed to talk with young people about sexual heath, safe sex, consent, relationships, abuse, and other sensitive or challenging topics that impact on health.
- Understanding the landscape that young people today are navigating, including its diversity, and the impact and role of online technologies in relationship interactions.

- Ensuring that sexual health information reflects diversity of sexual orientations.
- Having the option for young people to see a practitioner of their preferred gender, and making this clear.



Gender Diversity

Trans and gender diverse health care is a rapidly evolving area of practice. There has been a high level of goodwill and commitment to working collaboratively across health and consumer groups in the best interests of trans and gender diverse children and young people.

Although positive steps are being taken, unfortunately, many trans and gender diverse children and young people in South Australia struggle to access support and treatment relating to gender, either through primary health services or via other areas of the health system. This can be due to a lack of awareness of gender issues amongst practitioners, confusion regarding referral pathways, or the chronic shortage in specialist gender services within this state.

The children and young people consulted by the Commissioner repeatedly stressed how marginalised and isolated they often felt. This was identified as a driver of many of their health needs. Overwhelmingly, trans and gender diverse children and young people wanted to be 'normalised' not 'judged', and have quicker access to services.

Delays and barriers to accessing services often worsen health outcomes and contribute to the development of co-morbidities that can detrimentally impact on a child or young person's mental and physical health over the long term. Significant additional barriers often operate for trans and gender diverse people coming from some Aboriginal and Torres Strait Islander communities, as well as from those that are culturally and linguistically diverse.

Trans and gender diverse young people identified the following priorities:

- More visibility around gender diversity at the health system and societal levels, and better understanding of the needs of trans and gender diverse children and young people.
- Better information for children and their parents/carers about gender diversity, therapeutic services and access pathways.
- Better education and training for GPs and other health workers, to improve the quality of primary and mental health care available to trans and gender diverse children and young people.
- Gender-affirming health services to be available to children when they need them, increasing resources and reducing waiting lists.

Trans and gender diverse children and young people report needing support in relation to gender dysphoria or co-morbidities separate from, but related to, their gender dysphoria. For many, it is about both, and for others financial factors are an issue. Stage one treatment is not listed on the Pharmaceutical Benefits Scheme (PBS) and some stage two treatments are also not covered. As young people told us, 'transition is expensive' and it is an ongoing cost. For this reason, advocates have told the Commissioner that young people were known to source medications and dangerous hormone supplements via the black market, placing their health at further risk.

Children requiring access to gender-affirming therapies will at some point need a referral to the Women's and Children's Hospital (WCH). Stage one treatment, which in South Australia requires parental consent and assessment by two medical practitioners, is only available through the WCH. There is currently no formal gender unit in operation, although a dedicated cohort of medical professionals work with trans and gender diverse children and young people as part of their practice and establishment of a dedicated unit is being discussed.

The numbers are significant, with estimates that the number of Australian school aged young people who identify as trans and gender diverse is somewhere between 1.2% and 2.5%.

Anecdotally, advocates have said that ten years ago gender specialists within the WCH may have seen only one or two referrals a year. Today, referrals are reaching between 150-200 children a year. Children and their families told us that it can take up to 12 months to receive a referral to specialist services in South Australia, while advocates confirmed that the waiting list for an appointment with these services was reported to be up to another 12 months. Accessing gender-affirming therapies can be time-sensitive, as they may require delaying the onset of puberty and the arrival of more defined sex characteristics. Some young people told us their wait for treatment meant it came too late for them to receive the full benefit, resulting in serious negative effects.

Professionals and advocates highlight the need for young people to receive access to fertility services to preserve reproductive options. Also, the need for GPs to better understand the health needs of trans and gender diverse people as they get older, such as screening trans women for prostate cancer and trans men for cervical cancer, or understanding the potential long-term health effects of gender-affirming therapies.

Find out more in the Commissioner's First Port of Call report at ccyp.com.au/ccyp-reports

'Nurse miss gendered me in spite of parents telling them not to. They are part of the problem and making it worse.'



'If I could change the world which I know I can't, I would make everyone be treated like equals. No matter what



gender they are, how they look or who they love. Humans can be so mean. Its unfair what these people have to go through just because they're not your so called 'normal'.'

'Transgender people and children are both groups not really heard by society (at least compared to cis people



and adults). Improving the status of transgender people and considering children's rights are some thoughts.'

- Using preferred gender/preferred names to reduce the shame and embarrassment experienced by misgendering.
- Providing information on treatment options and local family support options.
- Displaying trans and gender diverse symbols in waiting areas.
- Having registration forms and mechanisms that allow children and young people to record their preferred names and gender identity.



Adolescent Play

Play is critical to young people's health, development and wellbeing, but the ways in which young people today want to spend their leisure and play time are different to the ways in which earlier generations chose to do so. We need to recognise these differences and work to create the infrastructure that supports young people alive today to play in the ways they wish to.

Between early childhood and primary school, we tend to lose sight of the importance of play for young people, instead viewing it as an activity that is only relevant to young children. We encourage teenagers to put their toys away and to spend their time learning about life through school and activities that remove opportunities for play and free time. We do this without realising that by doing so we risk impairing their cognitive development and their capacity to learn the social skills they will need to successfully navigate their way into the adult world.

Play means a range of different things to children and young people – from in-person sport and games, to solo or group play using new (or newer) technologies.

Access to team sports and outdoor activities is very important to many children and young people, and has consistently been brought up during the Commissioner's consultations. Children and young people want to be able to play their favourite sports in their own local communities, and say they feel they're happiest when they play sports with their friends. They also acknowledge the importance of outdoor play to both their physical and mental health.

Children also bring up that there are few opportunities for play for children who are under 18 years but over the age at which traditional playgrounds are fun. They feel marginalised in public spaces which largely cater to adults and view groups of young people as disruptive. They want

public spaces that are vibrant, filled with art and colour, close to transport options, and welcoming to young people. They want spaces set aside specifically for young people to meet, network, and 'hang out.'

According to the Mental Health Foundation of the United Kingdom, having time and the freedom to play indoors and outdoors, is one of the top five activities that contributes to maintaining good mental health in young people. In 2010, research into play in the United States found that there is a direct correlation between the decline of free play in the lives of children and young people, and an increase in anxiety and depression.

However, despite the years of research supporting the importance of play, decision makers and community leaders still do not prioritise projects or build infrastructure that will encourage and support young people to engage in play. In fact, because so much of a young person's life these days is regulated and defined by adults, there is not much room left for young people to enjoy free time at all.

When asked about the practical everyday barriers to play they experience, young people reported feeling tired and being too busy with school, homework and other commitments, making it difficult for them to find the time and motivation to focus on spending time doing the things they enjoy.

Youthfulness, particularly in terms of institutions and public spaces, means creative ways of being. It means including young people in the design of spaces, programs, and facilities they will use.

Video games are seen by young people as an important and creative way to connect with their peers. They are the fastest growing form of entertainment, and a vital part of youth culture. Children and young people say that these games help them to relax, express frustration, or make friends across the world. Young people want them to be taken seriously in the same way that physical sports and other forms of play are.

As digital natives, young people see the Internet as an extension of their daily lives, and want that to be reflected in their education, and the spaces they inhabit. They want to be engaged through digital devices, and for public spaces to prioritise facilities such as WiFi, chargers, and augmented reality. They want a 24-hour community more in line with global trends.

Find out more in the Commissioner's *Press Play* report at ccyp.com.au/ccyp-reports



'More activities around the city for young people would be nice, and you get to meet new people as well.'



'Playgrounds for older kids because us older kids can't do much in Port Lincoln. Free wi-fi. Paintball. Bowling. Go carts. Laser tag. Bounce. Upgraded jetty.'



'After school we like to go to the youth centre and play all the games that are there. And going to the netball courts and shooting goals and going to people's houses.'



Everything closes too early in the city. Shops, cafes, restaurants - only clubs for 18+. It is a dead city on the weekends for under 18. Open to later times - more stuff to do at night music, events/food events, hang out spots.'

- Remembering the importance of play, developmentally and for health and wellbeing, when working with and making recommendations for children and young people.
- Considering how the benefits of play can be preserved,
 even for children and young people who face challenges.
- Being aware of play opportunities and spaces in the local community, to be able to make suggestions and recommendations, where appropriate.
- Being an advocate for healthy play and recreational spaces for children and young people in the local community and beyond it.
- Supporting local developments that provide play and recreational opportunities and spaces for children and young people.

