



**Comment
on the Review
of ACT
Colleges.**

October 2005

INTRODUCTION

ACTCOSS acknowledges Canberra is built on the traditional lands of the Ngunnawal people. We pay our respects to their elders and recognise the displacement and disadvantage they have suffered since European settlement. ACTCOSS celebrates the Ngunnawal's living culture and valuable contribution to the ACT community.

The ACT Council of Social Service Inc. (ACTCOSS) is the peak representative body for not-for-profit community organisations, people living with disadvantage, and low-income citizens of the Territory. ACTCOSS is a member of the nationwide COSS network, made up of each of the state Councils and the national body, the Australian Council of Social Service (ACOSS).

ACTCOSS's objectives are representation of people living with disadvantage, the promotion of equitable social policy, and the development of a professional, cohesive and effective community sector.

The membership of the Council includes the majority of community based service providers in the social welfare area, a range of community associations and networks, self-help and consumer groups and interested individuals.

ACTCOSS receives funding from the Community Services Program (CSP) which is funded by the ACT Government.

Background

The ACT Council of Social Service participates in and convenes various groups that work towards overcoming social exclusion and disenfranchisement. These groups include the ACT Government's Affordable Housing forums, the Homelessness Task Groups, the ACTCOSS Corrections Coalition, community sector mental health forums and drug and alcohol groups. We are also responsible for the provision of training in the Supported Accommodation sector.

ACTCOSS convenes the ACT Peaks Forum, which is made up of the major community sector peak groups in Canberra.

ACTCOSS does not normally comment directly on youth policy issues, as this is rightly the core work of the Youth Coalition of the ACT. However, in this instance ACTCOSS believes that there are wider issues that need to be incorporated into the further development of the ACT college system. These mostly concern the need for increased community sector services that assist young people as they make the change from relative dependence to independence.

This belief developed out of work ACTCOSS has done in examining the social determinants of health. In a literature review of the topic, Dr Sandra Lilburn and Merrindahl Andrew¹ found that:

“The main health concerns (as measured by hospital admissions) for young people are injury, respiratory conditions, and mental illness. Other health challenges for young people include sexually transmitted infections and blood-borne viruses. The Youth Coalition has reported that young people in the ACT lack adequate access to GPs. (Copy of extract attached)

Such health outcomes, and in turn the predisposing circumstances, cannot be overlooked as we examine the further development of the ACT college system.

The young adult as a community member.

During years 11 and 12 most young people will develop their adult relationships with the wider community, taking up more responsible paid employment and becoming financially and physically independent. Many will have caring responsibilities and will be juggling these with college study, career planning and life skills development. ACTCOSS, as a community sector leader, has long held the view that young adults need to be able to make decisions and access services with support and consideration of their right to privacy. Such decisions would include matters concerning their relationships, medical and sexual health needs, drug and alcohol issues, accommodation and employment.

¹ Dr Sandra Lilburn & Merrindahl Andrew, “**The Social Determinants of Health Literature Review – Young People**”. Unpublished. ACTCOSS 2004. Reproduced as Appendix 1 to this comment.

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While the Review of ACT Colleges has a major focus on college courses and curricular issues, there is acknowledgement that the welfare issues affecting students have an impact on their education (TOR 1 and 3). ACTCOSS therefore believes there is a need for this review to recognise the need for increased, easily accessible, no-cost medical, dental, sexual health, family planning, drug, and alcohol services, delivered in collaboration with counselling, family violence, mental health and accommodation information and referral.

ACTCOSS acknowledges that many colleges have been innovative and have provided for independent, confidential health services to be delivered to students on site. There are also programs that assist young people to address their behavioural issues in an alternative learning environment, often starting in high school. Such programs are to be applauded.

ACTCOSS also acknowledges the support given by the Government and community sectors to young people facing personal circumstances that impact on their studies. There are many young people who are currently in supported accommodation, in the Corrections system and living with significant social and economic disadvantage who work extremely hard to ensure that they obtain their year 12 certificate. While this shows remarkable courage and tenacity in the young person, it also shows that social supports are vital to education.

ACTCOSS and the Youth Coalition of the ACT expressed the view, when the ACT Government identified new positions for youth workers in schools, that these workers should be community-based, not employees of the Department and should be given a wide brief to facilitate access to a range of services that met the young person's needs in a way that also preserved their dignity and privacy. ACTCOSS understands that there is a review of that program about to get underway, and looks forward to seeing the results of that study.

That study should form part of the deliberations of the College review in terms of the third term of reference: "examine the extent to which effectivestudent support structures are used by colleges and college teachers in meeting the full range of education needs of students."

The provision of robust and accessible youth services is relevant to the issue of educational needs in that poor health, alcohol and drug misuse (their own or a household member), homelessness, excessive demands as a carer, and a wide range of other non-curricular issues impact on the educational opportunities for young people. It is crucial that college students have adequate housing, health and wellbeing services to support their studies. Skilled youth workers, linked to effective community services, can assist those students who cannot, or as young adults choose not to, access those services with the help or knowledge of their family.

Several studies have looked at the needs of young people in terms of completion of their year 12 studies. ACTCOSS has looked at the Australian Council for Educational Research (ACER), Youth Coalition of the ACT and Mission Australia studies, as well as ACTCOSS' own work and finds that

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these provide some useful insights into the things that impact on the lives of young people, and as such provide some direction for analysis of college-related issues.

ACER – The Longitudinal Study of Australian Youth

In one ACER study on school leavers², it was found that over half of young adult school leavers wanted to find a job or take up an apprenticeship. However the report also discussed the problems with quantitative analysis, quoting from a smaller, earlier study of reasons why young people left before completing year 12. That study found that:

“Early leaving is often more related to the push from a negative experience of school than the pull of a job or a clear idea of future pathways to adulthood ... Most of the young people’s reasons had to do with wanting to get away from school, especially because the teacher/student relationship was a profoundly negative experience or they found the school environment and work uninteresting and uninspiring.”

ACTCOSS believes that this supports anecdotal evidence as to why leaving school becomes a priority at that particular time in the young person’s life. For some young people leaving will be the result of weighing up their options and making informed decisions about their future, based on their interests and skills. For others it will be a case of leaving being a better option than trying to master literacy, numeracy and study skills that have so far eluded them in the formal education system, making relationships with teachers difficult. School may also become uninspiring and uninteresting if you have mental health or drug and alcohol problems. Getting away from school can also lead to the financial independence that provides a way out of home conditions they find oppressive.

ACTCOSS is sure that the review is looking at various ACER reports in detail to ascertain the best way to improve and support the ACT College system. However, it is important that the social, health and economic circumstances of the young people making the transition to college and within college are taken into account. It is important that colleges support the development of the adult person as well as the academic.

Mission Australia – 2004 Annual Youth Survey

Mission Australia’s annual Youth Survey (MA) takes a more qualitative, values approach to the issues of concern to young people³. While alcohol and drugs were the top issue of concern nationally for 15-19 year olds, coping with life in general was one of the toughest challenges:

² Julie McMillan and Gary N. Marks, “**School Leavers in Australia: Profiles and Pathways**”. LSAY Research Report Number 31, May 2003. Australian Council for Educational Research, pp48 &49. Accessed at: <http://www.acer.edu.au/research/projects/lsay/reports/lsay31.pdf>

³ Mission Australia, “**Annual youth Survey 2004**”. http://www.mission.com.au/cm/resources/documents/Youth_survey_2004.pdf
Accessed 20-09-05 to 04-10-05

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“Coping with stress has also steadily increased in importance since 2002. Closer examination reveals differences between the age cohorts in its ranking, with stress becoming more of an issue with increasing age.

• 11-14 ranked coping with stress in sixth position and it was important for 31.8% of this age group. It was ranked second by 15-19 year olds and 20-24 year olds (37.6% and 41.1% respectively)” (MA op cit, p. 7)

ACTCOSS believes that college students need to be able to access services within their community. For many, this will be the college itself as they learn to negotiate cross-town or cross-suburb transport and increased independence. For this reason, some basic services, such as community health services, need to be available on site. This is particularly important for young people who do not feel they have adequate privacy in the medical services they may have used up until college age. It is also important that those services be provided at no cost, given the difficulty of finding bulk-billing medical practices in Canberra and the recognised status of young people as a low-income group.

If offered as part of an holistic, independent student health service (similar to the services provided on tertiary campuses) such centres could provide a bridge to mainstream, community based service providers, such as Sexual Health and Family Planning, doctors, counsellors, stress management and drug and alcohol services. Such holistic services could also accommodate information about homelessness, income support and legal matters.

The MA survey also demonstrated that relationships are crucial to this age group, with 82% putting friendships/ relationships at the top of the list of things they valued⁴. ACTCOSS would also venture to say that major impediments to friendships could also impact disproportionately on educational attainment, as young people are still learning to put their friendships into perspective with their studies. School or study satisfaction came 5th in ranking, just ahead of getting a job. (MA op cit, p. 12)

Given the importance of friends, family and the internet for young people looking for guidance (MA op cit, page 13) it would seem appropriate that colleges offer some forms of computer-based counselling tools and information reference libraries as part of the holistic health service. This is backed up by the finding that, although 80% of young people in NSW and the ACT felt they had enough information on the issues that concerned them, for the rest of those surveyed the issues are serious:

“Of the 20% who indicated they'd like more information, the most commonly mentioned issues were depression; alcohol and drug abuse; bullying; family conflict; physical and sexual abuse; sexuality issues including sex education and pregnancy; suicide and self harm; and coping with stress generally and stress related to school and study.” (MA, op cit, p.13)

⁴ The survey data aggregates the ACT into the NSW cohort, because of the small sample size. ACTCOSS is assuming some commonality in outcomes, while understanding that ACT students may vary in their answers.

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This paper has previously mentioned in passing that homelessness and non-traditional living arrangements are significant for young people in college. In the ACT and NSW sample, 3.9% of young people surveyed lived away from home – a higher percentage than the national average, and including 1.1% of homeless youth. Combined with this is data that shows that, in the NSW/ACT sample, nearly 40% of 15-19 year olds were providing their own income through employment or Government allowance. While that number needs some further explanation, it shows that many young people at college have a high level of financial independence. ACTCOSS is not aware of any studies that determine whether young people are facing growing pressure to become financially independent or even to assist with family finances while studying. Such data would assist with planning of services that would assist young people, particularly in relevant financial planning and budgeting.

Youth Coalition of the ACT – Young Carers Project

Another significant issue for the ACT and for college students is the role that many young people play as carers. The Youth Coalition of the ACT recently interviewed a wide range of young carers in the ACT⁵, and ACTCOSS believes that work has implications for services in Colleges and how they are delivered. In the “More Than Words” (*Words*) report, the researchers made the following estimate:

“According to the Australian Bureau of Statistics (1998), there are around 7 600 young carers in the ACT with more than half being under the age of 18 It is important to note that only young carers aged between 18 and 25 are identified within these statistics and that, more generally, the figure is a gross underestimation and that, when the true number of young people caring for a relative with an AOD issue and/or undiagnosed mental health issue are accounted for, the figure is closer to 11 500, accounting for 10% of the ACT’s youth population (Gays, 2002). Regardless of which figure is used, a considerable proportion of young people in the ACT community have care responsibilities for a relative.” (YC, op cit p. 15)

Furthermore, the third report of this group: “*Stop to Listen: Findings from the ACT Young Carers Research Project*” (*Listen*) found that:

Regarding the types of caring tasks they assume:

- *A large number of young carers are responsible for tasks around the home (78%), for caring for other relatives (including ensuring their safety) (78%), providing emotional support (74%), helping financially (50%) and protecting the family (68%);*
- *These caring responsibilities are more intense than their non-caring peers and are most often provided without supervision or support; and*

⁵ Tim Moore, “**Reading Between the Lines: Listening to Children and Young People About Their Experiences in Young Caring in the ACT**”, “**Stop to Listen: The Findings of the ACT Young Carers Research Project**” and “**More Than Words: Responding to the Needs of Young Carers**”: April 2005. Youth Coalition of the ACT. Accessed at: <http://www.youthcoalition.net/downloads/>

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- *Young carers often assume similar levels of caring responsibility to adults. (YC: Listen, p.6)*

Outcomes for young carers can be diverse, so there is no “one size fits all” response to the needs of carers:

Regarding the impacts of caring on their lives, their health and wellbeing and their participation:

- *Young carers may experience positive impacts of caring including feelings of pride and worth, a sense of accomplishment, greater levels of fitness, greater resilience, stronger family relationships, better outcomes in education, more skills and a positive outlook on life;*
- *Young carers may experience negative impacts of caring including fatigue, injury, greater levels of stress, anxiety and feelings of hopelessness, family conflict and breakdown, financial insecurity, limited social and recreational opportunities and poor outcomes in education; and*
- *Young carers caring for a relative with an alcohol or other drug issue are likely to experience similar impacts of care to other young carers, though they may experience greater social isolation, be exposed to less safe situations and be less likely to receive support. (YC: Listen, p7)*

Young people also identified the need for assistance with their education:

- *Young carers called for more support for themselves including help with education, community awareness, recognition and respect, training of professionals, information on their relative's condition, information on available services, respite and personal support. (YC: Listen, p7)*

While the Department of Education cannot be expected to implement all the recommended strategies in the “Listen” report (YC: Listen, pp. 8-15) it is essential that colleges are aware of these issues, and that adequate resources are provided to ensure that young carers can access support both within the college, and links to external service providers. It is also important that all agencies involved in the support, education and care of young people advocate for effective and adequate services for young carers.

ACTCOSS: Social Determinants of Health – Literature Review

Young people at risk of homelessness were identified by ACTCOSS in its review of homelessness in Canberra in 2002. That work was carried out for the then Department of Education, Youth and Family Services the recommendations of the report were incorporated into parts of the work on alleviating accommodation stress.

ACTCOSS has seen accommodation security as a major issue in the overall health and wellbeing of Canberrans for much of its 40 year history. Affordability, suitability, tenure, tenancy support services and accessibility have all been issues that have been seen to have impacts on a person's ability to participate in the community. This work has recently been

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amplified by consideration of a wider range of issues that may affect that participation, including the ability to obtain and maintain appropriate housing – the social determinants of health.

That work, in part reproduced as an appendix to this comment, arises from the international recognition that wellbeing is the product of a wide range of social and economic circumstances that affect the life-opportunities of people. In a submission to the ACT Health Summit in 2002, ACTCOSS made the following comment as part of its first recommendation⁶:

Poverty and health have a complex interaction. Often people who experience poor health also experience poverty. Often this is because these people are unable to work because of their illness or because of the costs associated with their illness. Moreover, people with chronic illness often experience extended periods of poverty. Equally, there is growing evidence that the impact of poverty itself gives rise to poor health.

World Health Organisation (WHO) research has found that a person's social and economic circumstances strongly affects their health throughout life. The Solid Facts Report from the WHO indicates that this effect occurs because of the complex interplay of factors including:

*Stress;
Early life experiences;
Feelings of social exclusion;
Work;
Unemployment;
Social Support;
Addiction;
Food; and
Transport.*

Given this research, it is evident that social and economic determinants of health should underpin health policy.

Tackling the health effects of poverty requires an integrated approach across Government, and the establishment of projects, programs and mechanisms that develop these connections between policies and services. A holistic approach to the lives and circumstances of people affected by poverty does not happen accidentally. Government must seek a directed and deliberated strategy.

⁶ ACTCOSS, “Comment on the Agenda Items for the ACT Health Summit”, accessible via: <http://www.actcoss.org.au/publications/submissions.html#subhealth>

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In this comment, ACTCOSS goes further to say that, not simply poverty, but social and/or economic disadvantage can contribute to adverse outcomes for young people at any transition point in their lives. A holistic approach that looks at the needs of the young person at college would meet the need for “effective student support services” (TOR) that complement and facilitate educational achievement.

Other areas for investigation

ACTCOSS believes that other groups need to be sought out for their opinions on the range of support services that may be needed for particular cohorts of young people in college. Among these groups are consumer groups for people with a disability; Indigenous students; those from a non-English speaking background; young people identifying as gay, lesbian, bisexual, transgender or intra-sex; gifted and talented young people; and those with behavioural problems such as Attention Deficit Hyperactivity Disorder or Autism spectrum disorders.

Some of these cohorts are also subject to care orders and spells in juvenile detention. This group of young students have specific needs which may need more flexible learning options and increased capacity building within colleges that will ensure that these students are supported when they are attending college. As mentioned in the Young Carers Research Project, many young people in juvenile detention are also young carers who attempt to continue their caring roles while in Quamby. The Youth Coalition of the ACT has particular expertise in young people’s policy and consults with Government on a regular basis on many of these issues.

ACTCOSS also believes that, echoing the ACT Government’s policy decisions on promoting the middle school model in its new super-school campuses and the transition from preschool to primary school settings, there are issues to be explored in the connections between high school and college. While the change from a formal school setting to the increased independence of college is welcome by many, there are some high school students who need to have a better transition between settings. This can be because of issues not related to academic ability but to the socio-economic/family circumstances of the young person, as discussed in this comment in relation to college students.

ACTCOSS therefore asks that the inquiry look at recommending:

- ***That the ACT College system be provided with the resources and structures needed to provide holistic, accessible, no-cost services to students in areas of primary health care, drug and alcohol, mental health, stress management, relationship and general counselling, personal development and social support.***
- ***These services should be based around on-campus health services that can provide facilitated links and information about community-based services.***
- ***That young carers be acknowledged and supported within the education system, including contact with***

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service providers who can assist them to receive respite and other services to assist their family member/s requiring care.

- *Services for young people must be delivered in a way that recognises the young person's dignity and right to privacy, recognising that accessing such services independently may be a new experience and they may not be entirely sure of those rights.*
- *Colleges need to develop as supportive communities that address the needs of the whole person as a way that fosters academic engagement and achievement.*

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Resources:

ABS Demographical data:

[http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/Lookup/C737E8AFCDF2F4FCCA25708300773343/\\$File/31010_mar%202005.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/Lookup/C737E8AFCDF2F4FCCA25708300773343/$File/31010_mar%202005.pdf)

Mission Australia, 2004 Annual Youth Survey

http://www.mission.com.au/cm/resources/documents/Youth_survey_2004.pdf

ACER, Longitudinal Study of Australian Youth

<http://www.acer.edu.au/research/projects/lsay/overview.html>

ACTCOSS Report on Homelessness for the ACT Department of Education and Community Services - 2002

http://www.decs.act.gov.au/publicat/pdf/acthomelessness_report.pdf

Young Carer's Project: "Reading Between the Lines: Listening to Children and Young People About Their Experiences in Young Caring in the ACT", "Stop to Listen: The Findings of the ACT Young Carers Research Project" and "More Than Words: Responding to the Needs of Young Carers":. Youth Coalition of the ACT, April, 2005.

<http://www.youthcoalition.net/downloads/>

ACTCOSS: Comment on the Agenda for the ACT Health Summit, 2002.

<http://www.actcoss.org.au/publications/submissions.html#subhealth>

Extract:

The Social Determinants of Health – Literature Review

Dr S. Lilburn and M. Andrew

Young people

The ACT has a younger age profile than Australia generally, although the overall number of young people in the ACT is projected to decrease as the population ages (*Youth in the ACT: A social and demographic profile*: 13). Taken as a whole, ACT residents aged 12-25 have many of same positive characteristics as the ACT population generally: relative affluence, high levels of workforce participation, and good health status. However, young people in the ACT face particular social, economic, and health challenges.

Young people in the ACT experience a higher-than-average risk of living in poverty (*ACT Poverty Task Force*, 2000), and struggle to access adequate income support through the Youth Allowance system (Youth Coalition, *Budget Submission* 2003-04). Some, but not all, of these experiences may be regarded as “transitional,” as young people move through the further education system and on to employment. However, these periods of poverty, which may last for years, are still a matter of concern. Even “transitional” poverty impairs health, and the various flow-on effects of poverty can work against a successful transition to income security (as in those cases where young people cannot afford to continue their education).

Homelessness and insecure housing have been identified as problems for young people, as for all the groups discussed in this report. Young people are sometimes housed in the Quamby Youth Detention Centre for overnight stays as a response to the shortage of appropriate housing (Youth Coalition, *Budget Submission* 2003-04: 42). Evidence has been presented to an Assembly Committee and in the *Needs Analysis of Homelessness in the ACT* (p.73) on the sexual exploitation of young women who lack adequate accommodation (YC oral evidence to SoW Comm). Over half of all young people aged 20-25 in the ACT live in rented dwellings (*Youth in the ACT: A social and demographic profile*: 84). Combined with the higher risk of poverty and increasing rental prices, this means that young people face a housing affordability problem, as discussed by the Ministerial Taskforce on Affordable Housing, which found ‘a strong relationship...between age and housing unaffordability’ (p. iv).

Unemployment is one of the main challenges faced by young people. Around 1,800 young people aged 15 – 19 years were unemployed in the ACT in November 2002 (ABS Cat. 1367.8, Australian Capital Territory Statistical Indicators). The unemployment rate (12%) for young people in this age group in the ACT is better than the national figures (15.2%), but is still far higher than average unemployment rates for the general community (6.1% nationally and 4.2% in the ACT). [In Australia, the cross-sectional National Health Survey (1989-90) noted that young unemployed people reported only fair to poor health (about 65% for men and about 80% for women), and serious chronic illness (62% for males and 35% for females) significantly more often than employed people]

Taken as a whole, however, young ACT residents experience relatively successful transitions from school to the workforce. However, the ACT labour market presents particular challenges for those young people who have only a

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basic level of skills and education. In fact, the ACT labour market provides fewer opportunities for early school leavers than any other Australian jurisdiction. The ACT has a higher than average unemployment rate for people without a post-school qualification (10.4% in 2002 compared with the Australian average of 9.6%) and the lowest unemployment rate in the country for people with a post-school qualification (3.1%) (ABS, *Australian Social Trends 2002*, pp. 99, 127). Morrell, Taylor and Kerr have noted the strong association between young people's unemployment and poor mental and physical health, including health risk factors (Stephen L Morrell, Richard J Taylor and Charles B Kerr, *Unemployment and young people's health*, Medical Journal of Australia, 1998; Vol. 168: pp. 236-240)

While an increasing proportion of young people are in paid work, young people are vulnerable to workplace discrimination, harassment and job insecurity. Many young people's incomes are limited by youth wages, while apprenticeships are sometime little more than "cheap labour" options for employers.

Young people have a higher-than-average risk of experiencing mental illness. Co-morbidity (concurrent mental illness and drug or alcohol dependency) is a major concern, as is harmful alcohol and other drug use generally (YC BS 03-04; Youth in the ACT: A social and demographic profile). Nearly a third of female students and a quarter of male students at secondary school report that they smoke (Youth in the ACT, p. 100).

Suicide remains the second most common cause of death for young women and young men aged 20-24 (Youth in the ACT). For young women, the most common cause of hospitalisation for injury was self harm, accounting for 28% of all injury-related hospitalisations.

While young people benefit from supportive family structures, family life can be a source of stress and trauma for some. A significant number of young people act as carers for parents and other family members, and this role makes them vulnerable to isolation and other health problems. Children and young people in families affected by drug dependence also face many challenges to their health and well-being. Child abuse and neglect, and the experiences of young people in the care and protection system, clearly have serious implications for present and future health.

Young people are more dependent on public transport than the ACT population generally. Over half of all young people use public transport, which is twice the proportion of Canberrans generally. Predictably, young people do not have the same level of access to private car transport (as drivers) as the general population. While it is probable that this disparity largely reflects driver licensing laws and financial capacity, it is important to recognise that young people's lack of access to private transport does restrict autonomy and opportunities.

Young people in the ACT engage in health supporting activities at a high rate, including cultural, sport, volunteering and leisure activities, but it is worth noting that many of these depend on a person's capacity to pay. While the majority (72.7%) of young people aged 12-15 eat fruit regularly (an indicator of a healthy diet), this rate decreases as young people get older, with just over 40% of people aged 19-24 years having eaten fruit in the last two weeks

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when surveyed in 1995 (Youth in the ACT, p. 95). Poor nutrition is reported as a significant health problem by the Youth Coalition (YC Budget Submission, p. 25).

The main health concerns (as measured by hospital admissions) for young people are injury, respiratory conditions, and mental illness. Other health challenges for young people include sexually transmitted infections and blood-borne viruses. The Youth Coalition has reported that young people in the ACT lack adequate access to GPs.