



Australian Government

Australian Institute of
Health and Welfare

Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing

2018

in brief



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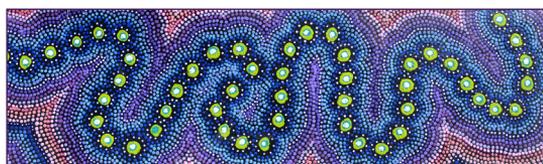
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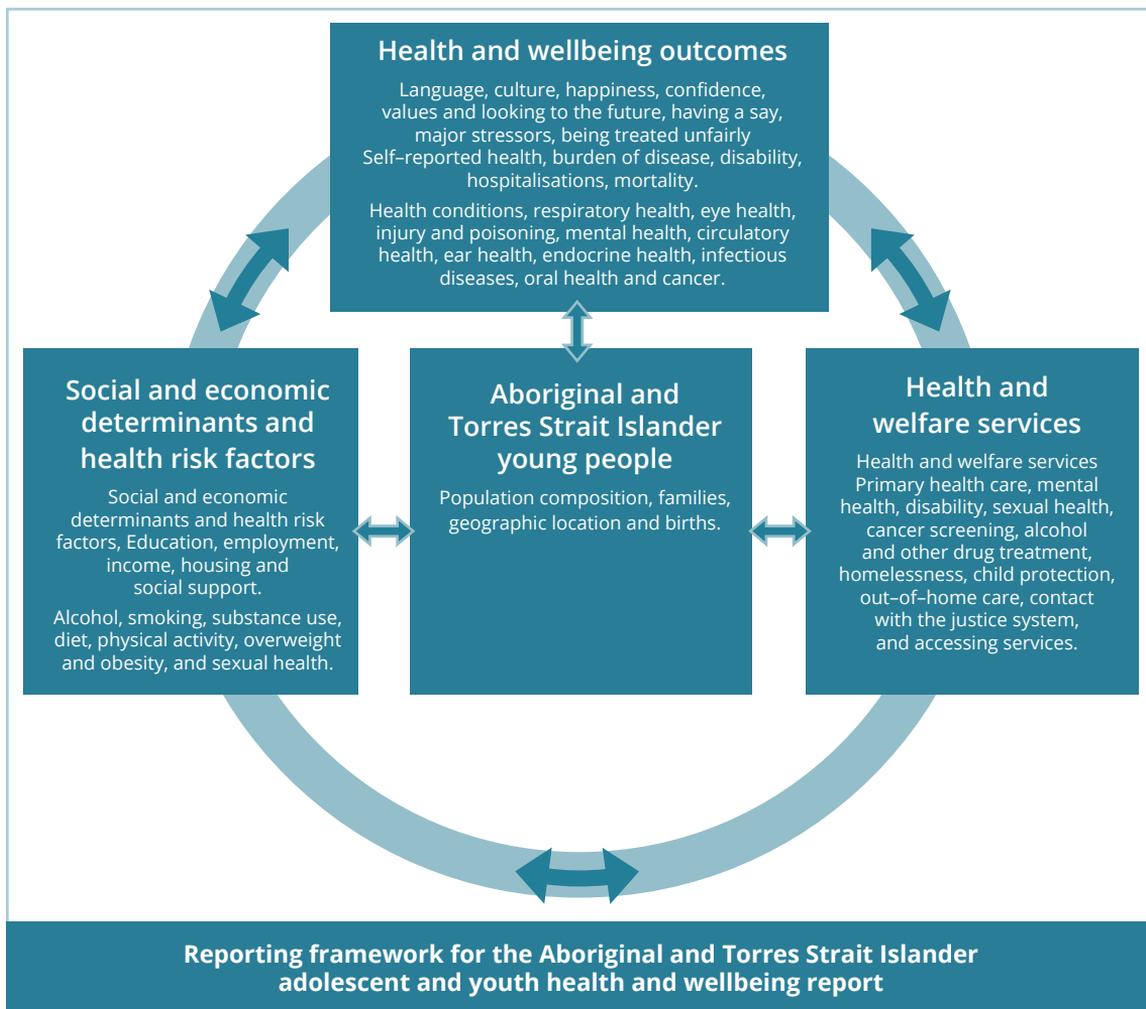
Introduction

Youth is a key transition period in a person's life. It is a time when decisions are made about relationships, education and career paths, employment and finances. The social, economic, environmental and technological changes that have occurred in recent decades mean that young people now face issues that previous generations may not have experienced.

Young Aboriginal and Torres Strait Islander people may face additional obstacles in making a successful transition to adulthood. The effect of inter-generational trauma, racism and prejudice, and socioeconomic disadvantage are all relevant in understanding the experiences of young Indigenous people today.

The forthcoming AIHW report, *Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing 2018*, focuses on Indigenous people aged 10–24. It reports on a framework that covers health and wellbeing outcomes, social and economic determinants, health risk factors, and health and welfare services (below).

This *In brief* report provides an overview of the data in the main report.





1

Young Indigenous population

About 1 in every 20 young people in Australia is Indigenous, and more than half of these young Indigenous Australians live in New South Wales and Queensland (62%). This section looks at some of the key characteristics of Australia's Indigenous youth.

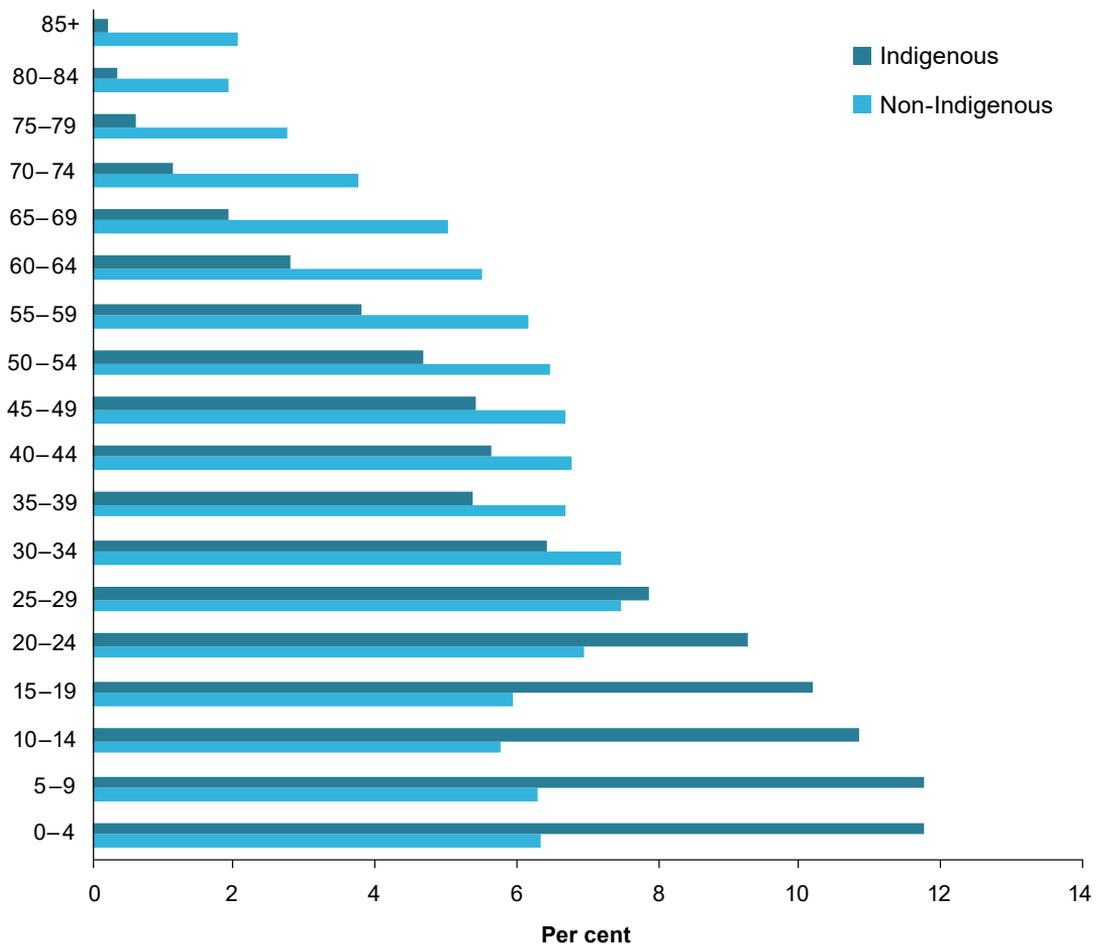
Young Indigenous people

In 2016, there were around 242,000 Indigenous people aged 10–24 in Australia—5% of the total Australian youth population. Of these, around 36% were aged 10–14, 34% were aged 15–19 and 30% were aged 20–24.

Among young Indigenous people, 91% identified as being of Aboriginal origin only, 5% as Torres Strait Islander and 4% as both Aboriginal and Torres Strait Islander.

The Indigenous population has a younger age structure than the non-Indigenous population.

Australia's population profile in 2016



Geography

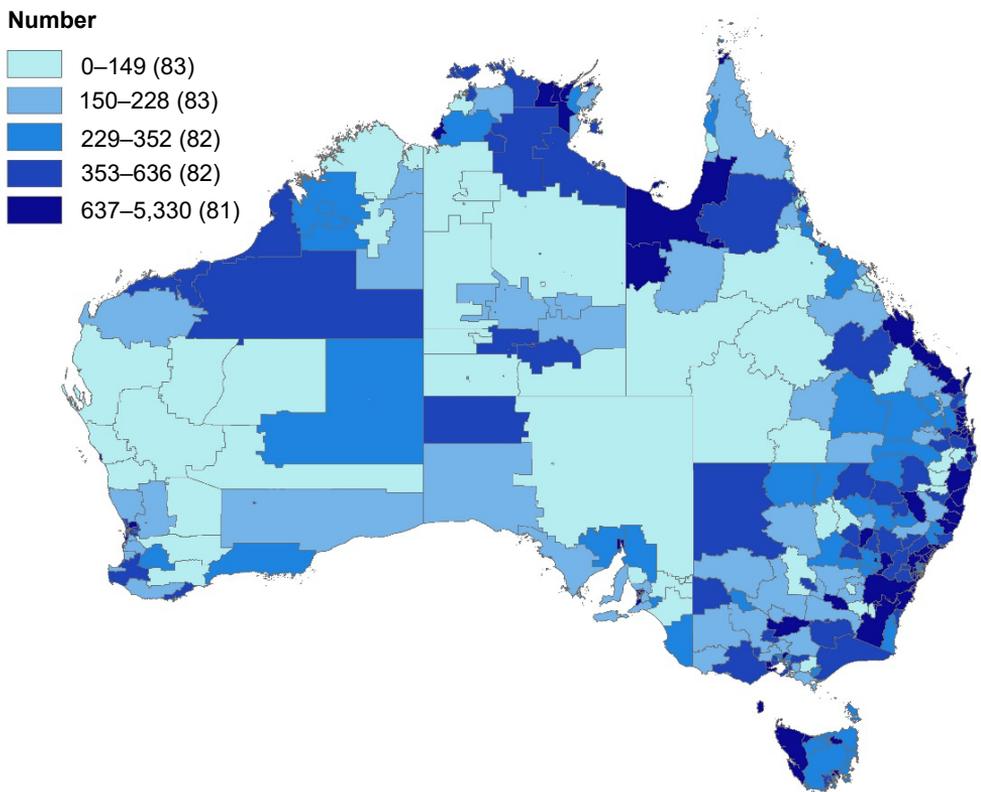
In 2016, most Indigenous people aged 10–24 lived in non-remote areas of Australia, with the greatest number living in *Major cities* (94,100 or 39%).

New South Wales and Queensland had the highest total number of young Indigenous people (81,200 and 68,600, respectively).

The map shows the distribution of the Indigenous youth population by Indigenous area. Indigenous areas with a higher number of Indigenous youth often encompass major population centres, and many are in the country's eastern regions.

Did you know
The 21,100 young Indigenous people in the Northern Territory represented 43% of the jurisdiction's total youth population

Number of Indigenous people aged 10–24 in each Indigenous area



Higher proportions of young people who are Indigenous, however, live in the northern and western regions of Australia, as well as in some areas of New South Wales and Queensland.

Young mums and dads

The fertility rate for young Indigenous females is higher than that of young non-Indigenous females.



In 2016, the age-specific fertility rate was:

55 per 1,000 Indigenous females aged 15–19 compared with 9 per 1,000 non-Indigenous females

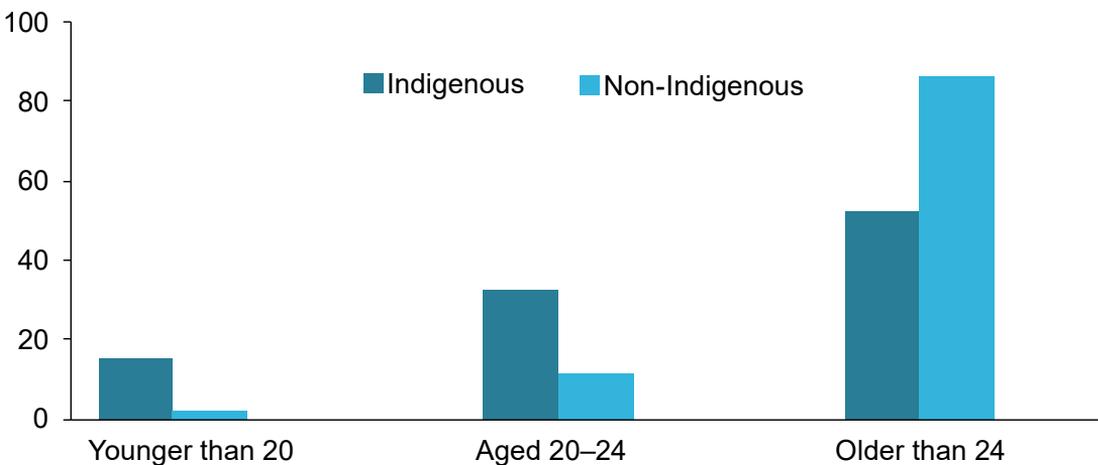
124 per 1,000 Indigenous women aged 20–24 compared with 43 per 1,000 non-Indigenous females.

Young Indigenous females in remote areas had higher fertility rates than those in non-remote areas.

Indigenous women also have a lower average maternal age (25.6) than non-Indigenous women (30.5). In 2015, almost 1 in 2 (48%) Indigenous women who gave birth were aged 24 or under compared with 1 in 7 (14%) non-Indigenous women.

Age of women who gave birth in 2015

Per cent



In all age groups, a higher proportion of Indigenous mothers than non-Indigenous mothers had low birthweight live born babies.

In 2011, the paternity rate for Indigenous males aged 15–19 was 9 per 1,000, while it was 36 per 1,000 for those aged 20–24.



2

Wellbeing of young Indigenous people

For Aboriginal and Torres Strait Islander Australians, good health is more than just the absence of disease or illness; it is a holistic concept that includes physical, social, emotional, cultural, spiritual and ecological wellbeing, for both the individual and the community. This section outlines some of the positive and negative factors that contribute to the wellbeing of young Indigenous Australians.

Happiness and connection to culture

In 2014–15, just over 3 in 4 (76%) Indigenous people aged 15–24 said they were happy all or most of the time in the previous 4 weeks; 18% were happy some of the time, while around 1 in 20 (6%) said they were happy a little or none of the time.



In 2014–15, more than 6 in 10 (61%) Indigenous people aged 10–24 recognised their traditional homelands or traditional country.



Nearly 7 in 10 (69%) were involved in selected cultural events (such as ceremonies, funerals or sorry business, and NAIDOC week activities) in the previous 12 months.

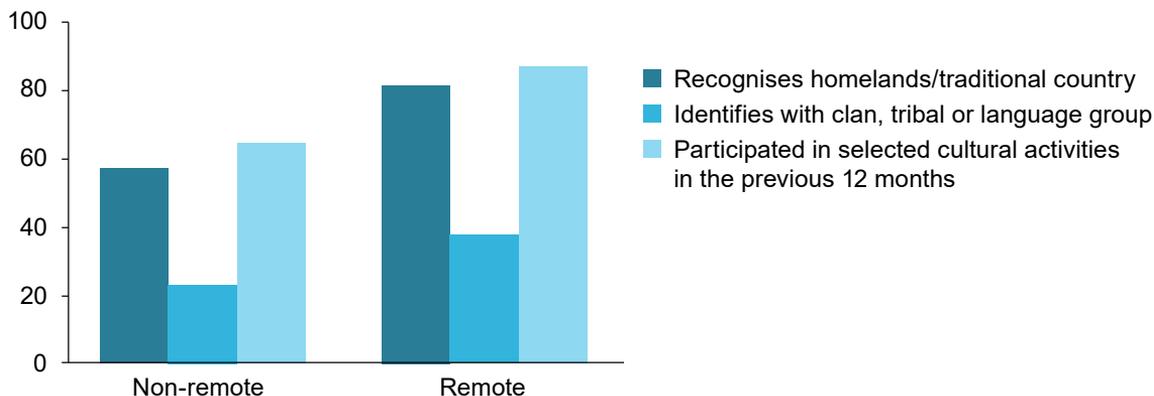


More than 1 in 2 (53%) identified with a clan, tribal or language group.

The proportion of young Indigenous people with these cultural attributes was higher in remote areas than in non-remote areas.

Connection with culture for Indigenous people aged 10–24

Per cent



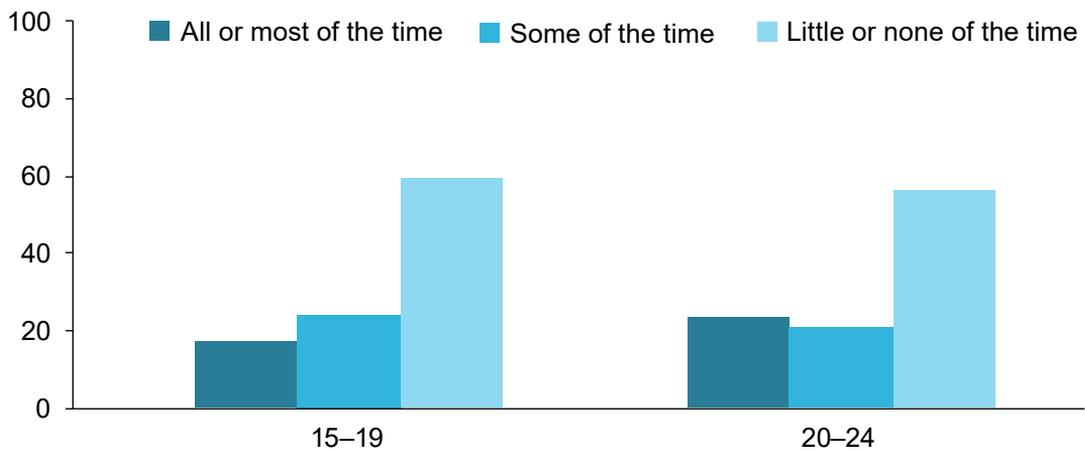
Having a say

More than half of Indigenous people aged 15–24 (58%) felt that they had a say on important issues within their communities either a little or none of the time in 2014–15. A further 22% reported having a say some of the time and 20% reported having a say all or most of the time.

Analysis by age group showed that 17% of those aged 15–19 and 24% of those aged 20–24 felt they had a say all or most of the time.

Young Indigenous people felt able to have a say on important issues within their community

Per cent



However, nearly three-quarters (73%) of Indigenous people aged 15–24 felt they were able to have a say on important issues with family and friends either all or most of the time. A further 15% felt able to have a say some of the time, while 12% felt able to have a say a little or none of the time.

Stressors

In 2014–15, almost 2 in 3 (65%) Indigenous people aged 15–24 reported experiencing one or more personal stressors in the previous year.

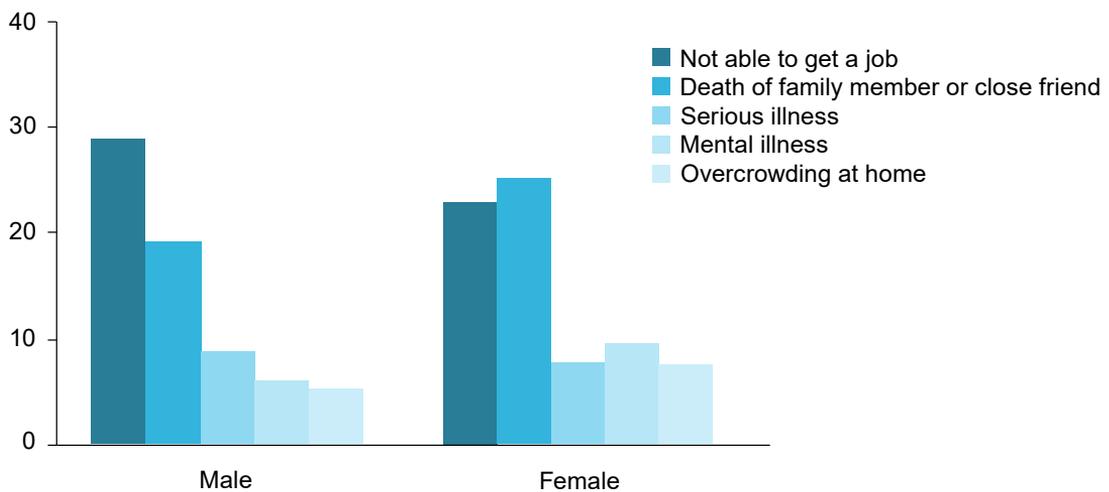
The most common stressor was not being able to get a job (26%). This was the case for both males (29%) and females (23%), and those living in remote (26%) and non-remote areas (24%). Other stressors that affected young Indigenous people were death of a family member or close friend, and serious illness.

Did you know

Around 1 in 8 (13%) Indigenous people aged 15–24 reported experiencing 3 or more stressors.

Stressors experienced by young Indigenous people

Per cent



Indigenous people aged 15–24 were also asked about their experiences of physical violence. Just under 1 in 5 (17%) experienced physical violence during the previous year. Of these, nearly 4 in 10 (37%) reported it to the police.

Racism and unfair treatment

Around 1 in 14 (7%) Indigenous people aged 10–14 reported being treated unfairly at their current school because they were Aboriginal and/or Torres Strait Islander.

Indigenous people aged 15–24 were asked about unfair treatment both in and outside of educational settings in the previous 12 months. Over 1 in 3 (34%) reported being treated unfairly because they were Indigenous.

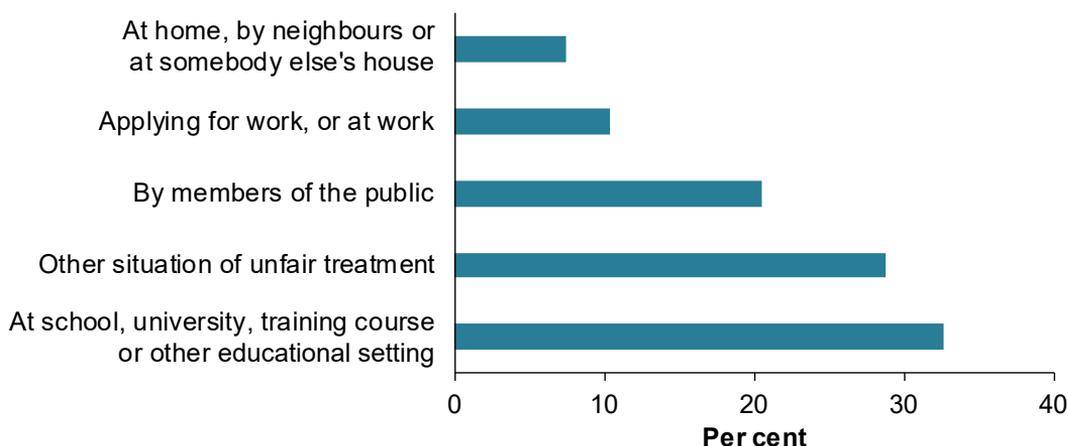
More females aged 15–24 (41%) reported unfair treatment in the previous 12 months than males (28%).



Among Indigenous people aged 15–24 who experienced unfair treatment in the previous 12 months, the most common form was racial comments or jokes (69%), followed by being called names, teased or sworn at (56%) and not being trusted (29%).

When Indigenous people aged 15–24 were treated unfairly in the previous 12 months, it most commonly took place at school, university, or in another educational setting (33%).

Young Indigenous people who experienced unfair treatment in the previous 12 months, by most recent location of unfair treatment



Psychological distress

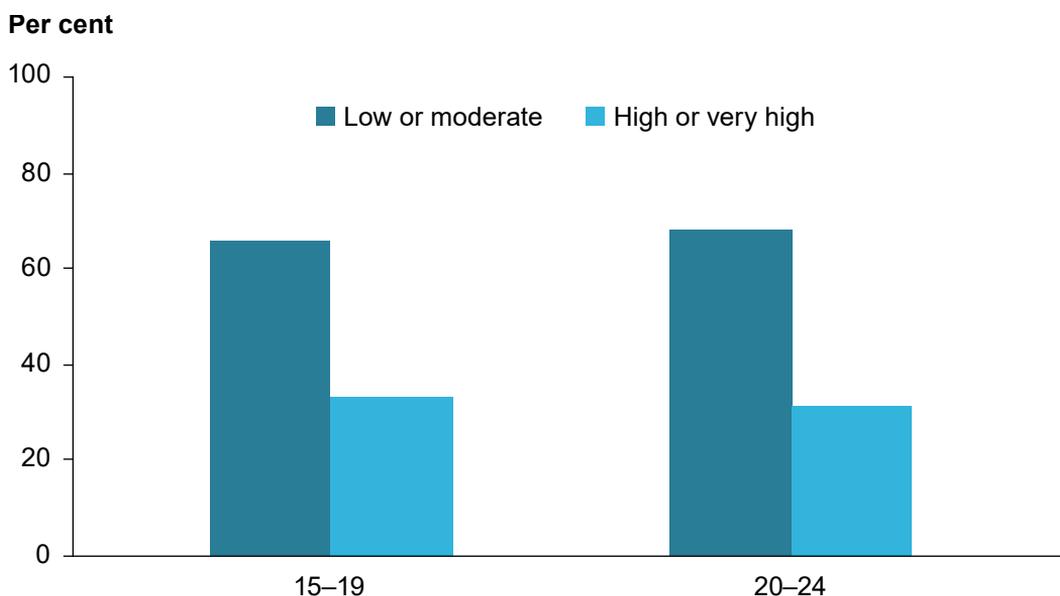
Psychological distress measures anxiety and depressive symptoms experienced over the previous 4 weeks. This includes feeling nervous, feeling without hope, feeling restless or jumpy, feeling that everything is an effort and not being able to be cheered up.

In 2014–15, most Indigenous people aged 15–24 (67%) experienced low to moderate levels of psychological distress in the previous month, while 33% experienced high to very high levels of psychological distress.

Did you know

Indigenous people aged 15–24 in non-remote areas (69%) were more likely to experience low or moderate psychological distress than those in remote areas (61%).

Young Indigenous people by level of psychological distress experienced in the previous 4 weeks





3

Health of young Indigenous people

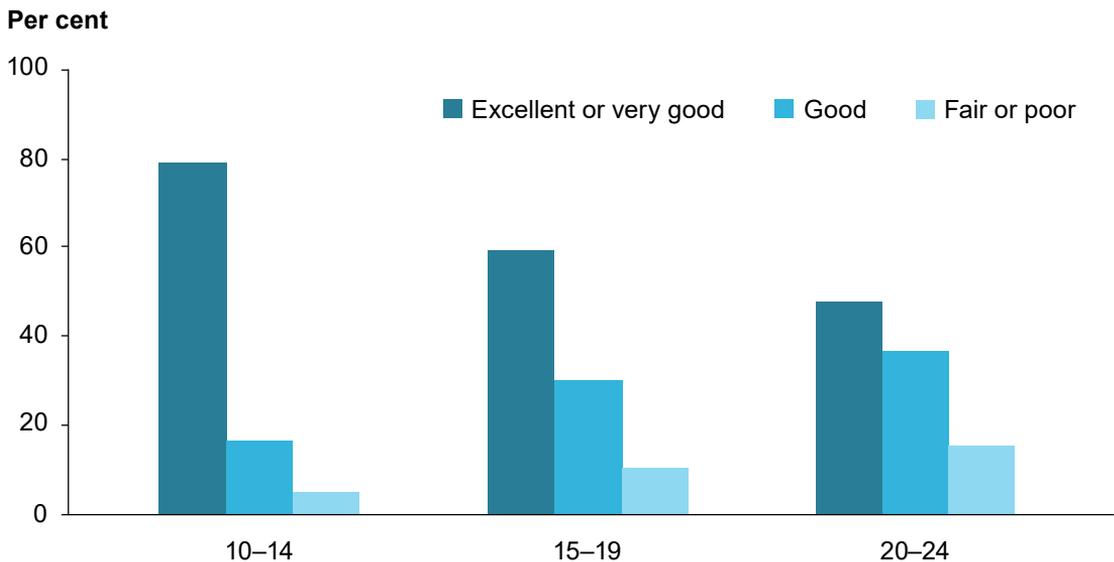
Young Indigenous Australians generally have good health based on a range of measures. However, not all are as healthy as they could be. This section provides some overall measures of health, and outlines the main causes of ill health and death for young Indigenous Australians.

Self-assessed health

In 2014–15, the majority of Indigenous people aged 10–24 assessed their health as either ‘excellent’ or ‘very good’ (63%). More than 1 in 4 reported their health as ‘good’ (27%), and 1 in 10 reported their health as fair or poor (10%).

Across age groups, the proportions who rated their health as excellent or very good decreased with age, from 79% of those aged 10–14 to 60% of those aged 15–19 and 48% of those aged 20–24.

Young Indigenous people’s self-reported health status by age group



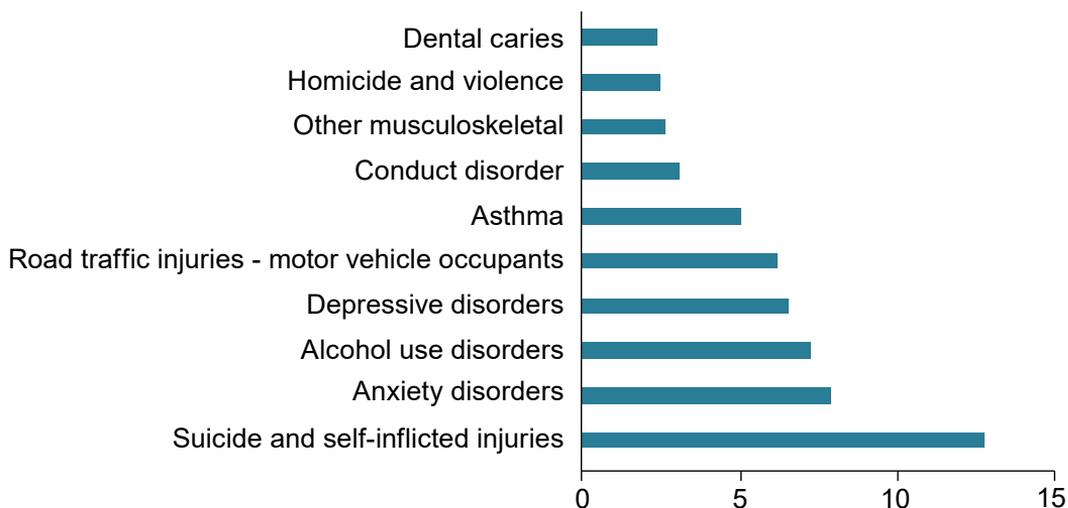
The proportion rating their health as excellent or very good was slightly higher in remote areas and across states and territories, was highest in the Northern Territory.

Burden of disease

Burden of disease is a useful summary measure of the impact of different diseases or injuries on a population. Burden of disease is measured by looking at how many years of life are lost because of diseases, due to people dying early or living their remaining years affected by ill health.

In 2011, for Indigenous people aged 10–24, the leading contributors to the disease burden were suicide and self-inflicted injuries (13%), anxiety disorders (8%), alcohol use disorders (7%) and road traffic accidents (6%).

Top contributors to the disease burden for Indigenous people aged 10–24



The leading contributors differed across age groups:

aged 10–14

asthma (10%), conduct disorder (10%) and anxiety disorders (9%)

aged 15–19

suicide and self-inflicted injuries (15%), alcohol use disorders (9%) and road traffic injuries- motor vehicle occupants (8%)

aged 20–24

suicide and self-inflicted injuries (13%), alcohol use disorders (9%) and anxiety disorders (8%)

Disability

The 2014–15 National Aboriginal and Torres Strait Islander Social Survey indicates that almost 1 in 3 (32%) Indigenous people aged 15–24 reported living with disability—that is, they indicated that they had a disability or restrictive long-term health condition that involved a limitation, restriction, impairment, disease or disorder that limited their everyday activities

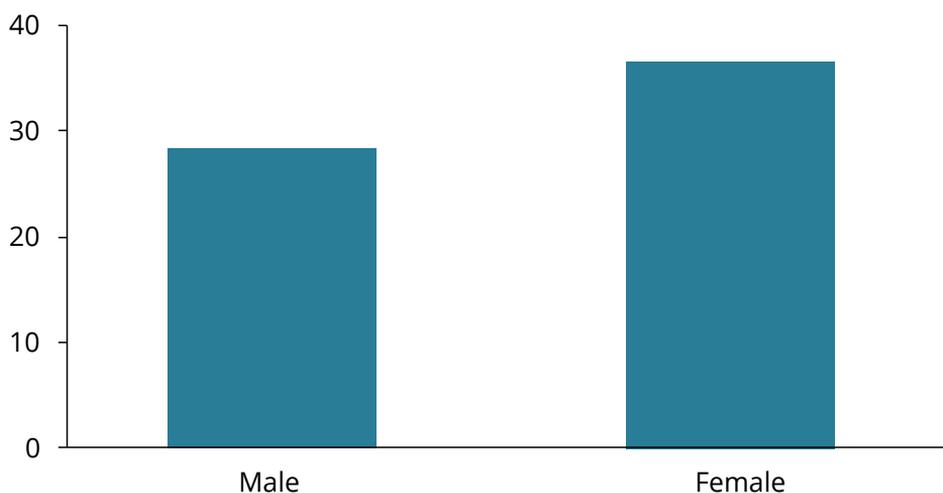


Of those living with disability, 15% had a profound or severe core activity limitation, 17% had a moderate or mild core activity limitation, 25% had a schooling or employment restriction, and 43% had no specific limitation or restriction.

A higher proportion of females (37%) than males (28%) reported having a disability.

Indigenous people aged 15–24 living with disability, by sex

Per cent



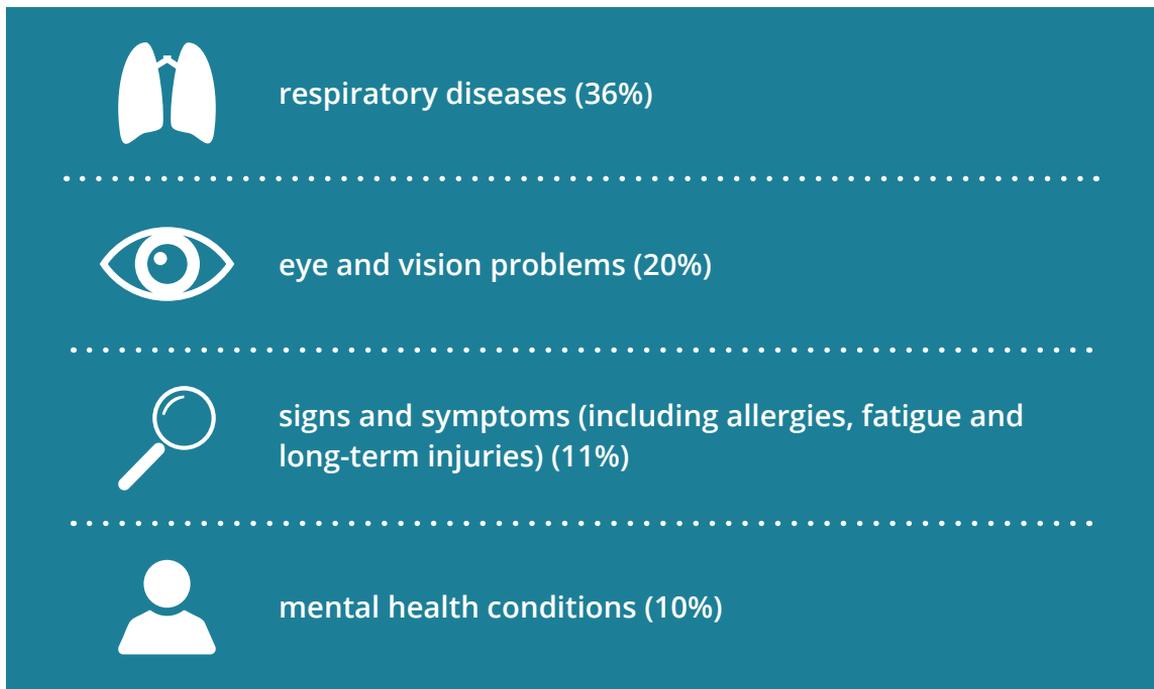
Long-term health conditions

Data from the 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey indicate that just under 4 in 10 (38%) Indigenous people aged 10–24 reported no current or long-term health condition.

Just over 6 in 10 (62%) had a long-term health condition; that is, a condition lasting or expected to last 6 months or more.

Did you know
1 in 5 (21%) young Indigenous people reported a short-term injury, that is, having been in an accident or hurt in the last 4 weeks.

Most prevalent long-term health conditions reported:



Deaths

The mortality rate for Indigenous people aged 10–24 has fallen over the last 10 years, from 70 per 100,000 in 2005 to 67 per 100,000 in 2015.

In 2011–2015, there were 674 deaths (70 per 100,000) registered for Indigenous people aged 10–24 in New South Wales, Queensland, Western Australia, South Australia and the Northern Territory combined. In 2016, young Indigenous people living in these jurisdictions represented 88% of the total Indigenous youth population in Australia.

Injury and poisoning accounted for the majority of these deaths (505 deaths, or 52 per 100,000). This category includes suicides (29 per 100,000, or 278 deaths), land transport accidents (12 per 100,000, or 115 deaths) and assaults (5 per 100,000, or 45 deaths).

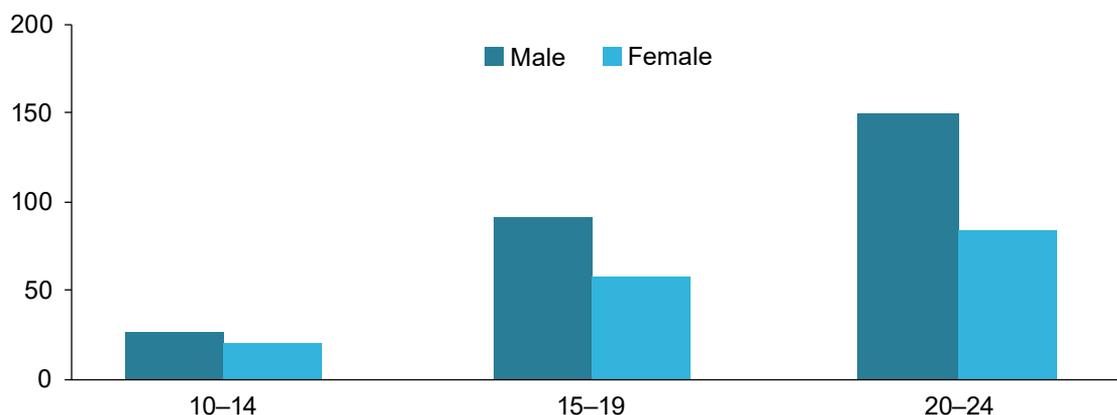
The mortality rate for Indigenous males aged 10–24 (86 per 100,000, or 428 deaths) was considerably higher than for young Indigenous females (52 per 100,000, or 246 deaths).

Did you know

In 2011–15, an estimated 490 (83%) of the deaths of Indigenous people aged 15–24 were classified as potentially avoidable.

Mortality rates for young Indigenous people in 2011–2015

Per 100,000



Note: Data only for NSW, Qld, WA, SA and NT combined due to data quality.

Many of the deaths of young Indigenous people are avoidable. This includes suicides, transport accidents and assault, which were the main causes of deaths for this age group. Rates of avoidable deaths were much higher for males aged 15–24 (102 per 100,000) than for females (54 per 100,000).



4

Social and economic determinants

A young person's health and wellbeing is influenced by many factors, including social and economic factors; behavioural and biomedical risk factors; and access to, and use of, health services. This section outlines the main social and economic determinants of health for young Indigenous people.

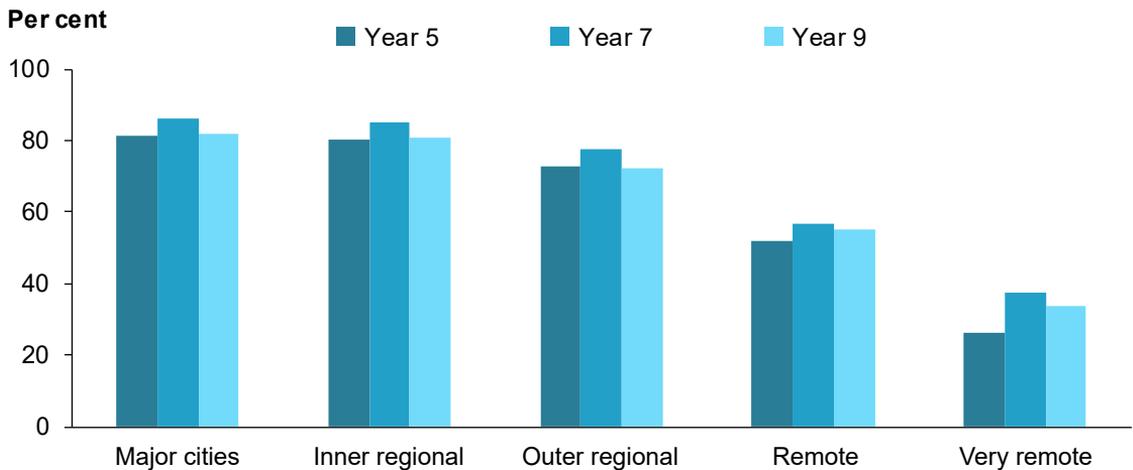
Education

In 2016, the proportion of Indigenous students in Years 5, 7 and 9 meeting national minimum standards for reading, writing and numeracy was lowest in *Very remote* areas and highest in *Major cities*. For example, more than 8 in 10 Indigenous students in *Major cities* met the standards for reading compared with less than 4 in 10 in *Very remote* areas.

Did you know

The proportion of Indigenous people aged 20–24 who had completed Year 12 or equivalent as the highest level of schooling rose from 47% in 2006 to 65% in 2016.

Indigenous students meeting national minimum standards in reading by year group and remoteness



In 2016, around 30% of Indigenous people aged 20–24 had a post-school qualification as their highest level of educational attainment.



Among young Indigenous people with a post-schooling qualification, nearly 3 in 4 attained a Certificate III or IV (74%); 13% attained advanced diploma and diploma level, 12% attained bachelor level or higher, and 1% attained Certificate I or II level.

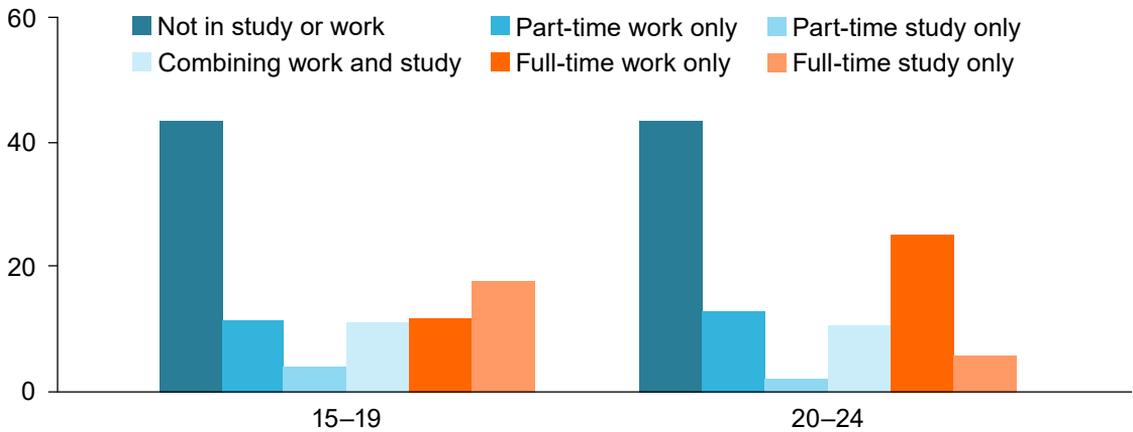
Employment

In 2016, around half (51%) of Indigenous people aged 15–24 were in the labour force, with 37% of those in this age group employed. The proportion who were employed was considerably higher in non-remote (40%) than remote areas (22%).

Around 40% of Indigenous people aged 15–24 were engaged in full-time work only, full-time study only or combining work and study, while 42% were not in employment, education or training. A slightly higher proportion of females (43%) were not in education, employment or training than males (41%).

Young Indigenous people’s participation in education and/or employment

Per cent



Income

In 2014–15, just over 4 in 10 (41%) Indigenous people aged 15–19 and 4% of those aged 20–24 received no personal income. Most of these young people, particularly those attending school, would be financially dependent on their families.

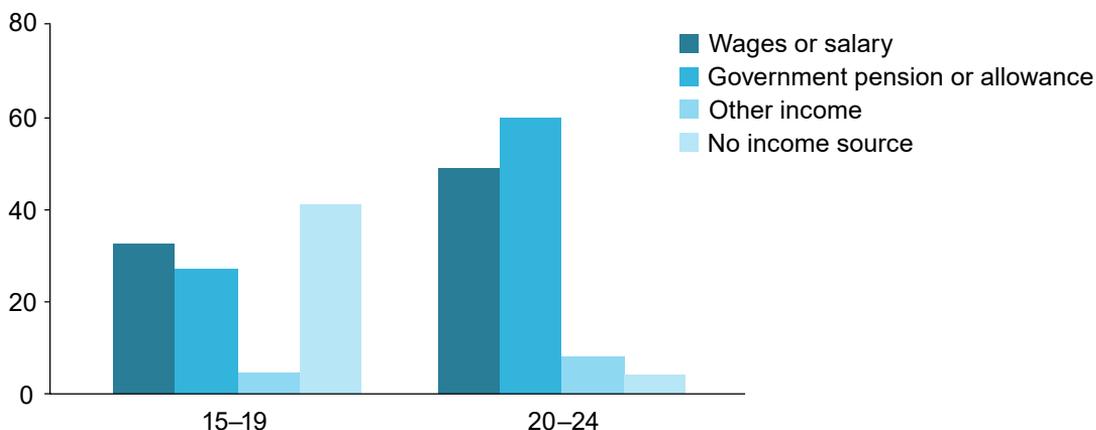
Young people who have an income can obtain this from a variety of sources, including from wages, salaries and government allowances. Among Indigenous people aged 15–19, 1 in 3 (33%) had income from wages or salary and 1 in 4 (27%) had income from a government payment. For those aged 20–24, 6 in 10 (60%) had income from a government payment and almost 1 in 2 (49%) had income from wages or salary.

Did you know

In 2014–15, more than half of all Indigenous people aged 15–24 (57%) did not themselves receive government income support.

All sources of income received by young Indigenous people

Per cent



Note: More than one income source could be reported.

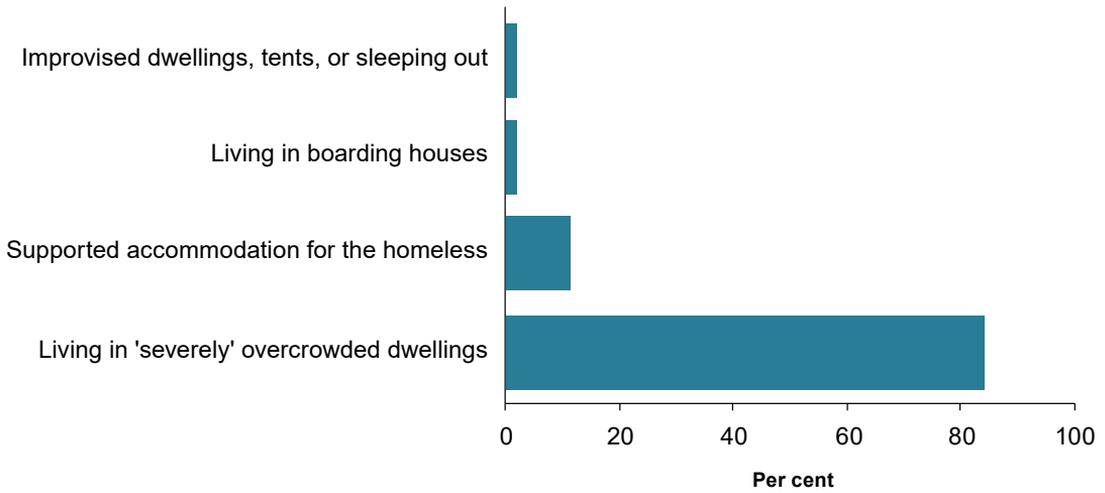
Youth Allowance was the most common type of government income support received by Indigenous people aged 15–19 (12%), followed by Abstudy (5%), while Parenting Payment was the most common support received by those aged 20–24 (16%) followed by Newstart Allowance (15%).

Housing

Just over 1 in 3 (34%) Indigenous people aged 10–24 lived in a home that was owner occupied (either owned outright or with a mortgage), while 30% lived in rented social housing and 24% in privately rented dwellings.

In 2016, there were an estimated 6,680 (4%) Indigenous people aged 10–24 who were homeless. Of these, most were living in severely overcrowded dwellings (84%).

Homeless Indigenous people aged 10–24 by type of living situation





5



Health risk factors



A person's health and wellbeing is influenced by many individual factors, including their genetic make-up and their health behaviours. Risk factors such as tobacco use, risky alcohol consumption and poor eating patterns can have a detrimental effect on health. This section looks at some of these risk factors.

Alcohol and tobacco smoking

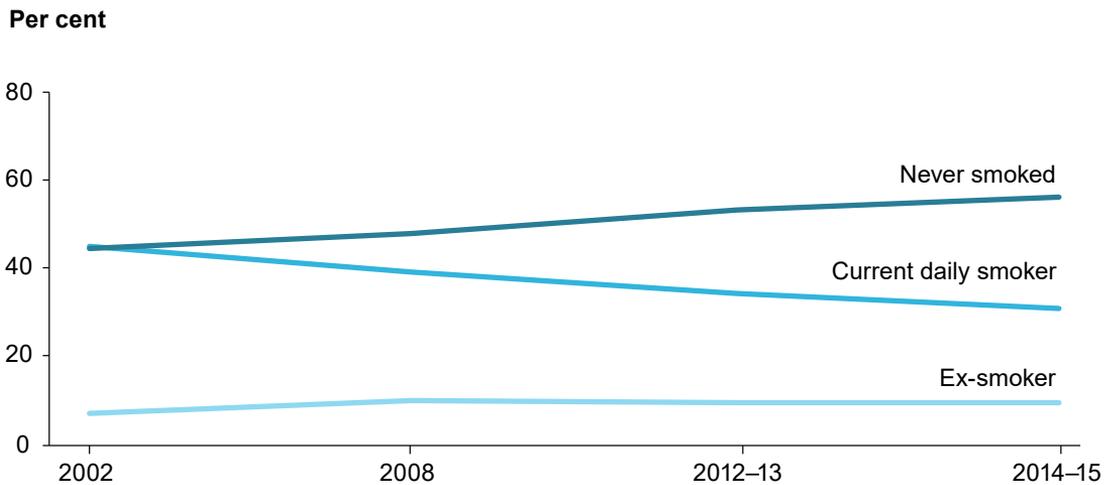
In 2014–15, just over 3 in 5 (62%) young Indigenous people indicated that they did not consume alcohol during the last 2 weeks, or that they drank less than one day a year. A further 12% did drink, but did not exceed guidelines for single occasion alcohol risk (no more than 4 standards drinks on any one occasion) while 27% drank more than the recommended guidelines. A higher proportion of young Indigenous females (67%) had not consumed alcohol during the last 2 weeks, compared with young males (56%).

The proportion of Indigenous people aged 15–24 who smoked daily fell from 45% in 2002 to 31% in 2014–15. Over the same period, the proportion of those who had never smoked rose from 44% to 56%.

A higher proportion of those aged 15–19 (70%) had never smoked than those aged 20–24 (40%).

Among Indigenous people aged 15–24 who smoked, almost 1 in 3 had tried to quit smoking.

Trend in smoking among Indigenous people aged 15–24



Weight

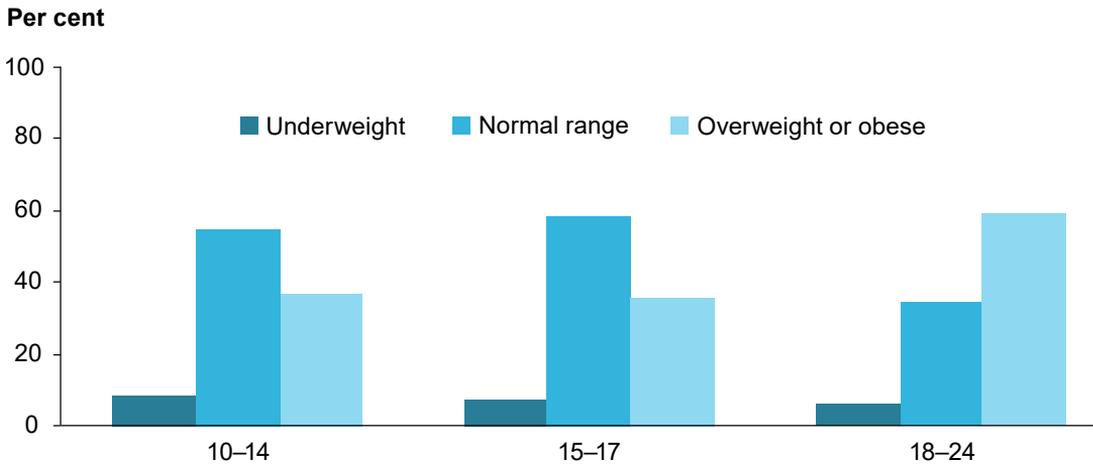
Just over half of Indigenous people aged 10–14 (54%) and 15–17 (58%) were in the normal weight range in 2012–13.

For Indigenous people aged 18–24, around one-third (34%) were within the normal weight range.

Those aged 18–24 were more likely to be overweight or obese (59%) than those aged 15–17 (36%) and 10–14 (37%).

Did you know
The Aboriginal community-based program, *Knockout health challenge*, partnered with the Agency for Clinical Innovation and NSW rugby league with support from NSW health, to encourage weight loss through physical activity. It showed that success was possible through partnering with Indigenous communities to improve health.

Bodyweight category of young Indigenous people

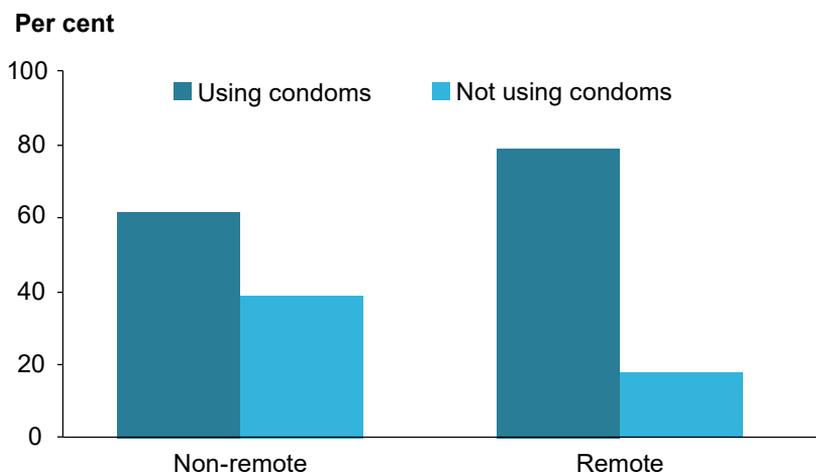


Sexual health

In 2012–13, of the Indigenous males aged 18–24 who reported ever using a condom (83%), over half (65%) used condoms in current sexual activity. The proportion was higher for those aged 18–19 than those aged 20–24, and for those in remote areas than in non-remote areas.

Around 49% of Indigenous females aged 18–24 had ever taken oral contraceptives. Among these women, the most common type of contraception currently used was oral (38%), followed by condoms (33%), implant (29%) and contraceptive injection (11%).

Condom use by Indigenous males aged 18–24





6



Health services



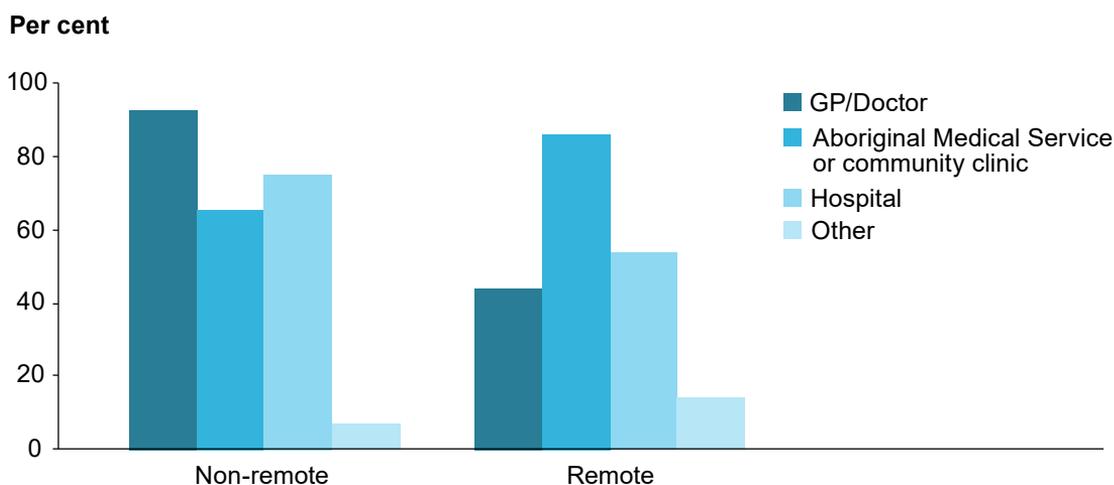
To evaluate whether the health system is adequately meeting the needs of young Indigenous people, it is important to understand their access to, and use of, health services. This section looks at the availability of health services, health service use, the take-up rate of Indigenous-specific health checks and hospitalisation rates.

Health service availability

Overall, more than 4 in 5 Indigenous people aged 10–24 (83%) had access to a doctor/general practitioner (GP) in their local area in 2012–13. More than 7 in 10 had a hospital and 69% had an Aboriginal medical service or community clinic in their local area.

Availability of GPs and hospitals was lower in remote areas than in non-remote areas, while availability of Aboriginal medical services or community clinics was higher in remote areas.

Type of health service available for Indigenous people aged 10–24, by remoteness



Health service use

In the 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey, 1 in 10 Indigenous people aged 10–24 (11%) did not go to the doctor when needed in the previous 12 months. Around 5% did not go to hospital when needed, 7% did not go to another health professional (nurses, health workers) and 16% did not go to the dentist when needed.



For young Indigenous people who did not go to the doctor when needed, the most common reasons were deciding not to seek care (32%), too busy (with work, personal or family) (28%), and waiting time was too long or not available at time required (21%). Another 14% did not go to the doctor when needed due to cost.

The most common reasons that young Indigenous people did not go to the hospital when needed were:

- deciding not to seek care (40%)
- waiting time was too long or not available at the time required (26%)
- dislikes the service, professional, or was afraid or embarrassed (17%)
- transport or distance (13%).

The most common reason young Indigenous people did not go to other health professionals or a dentist when they needed to was cost.

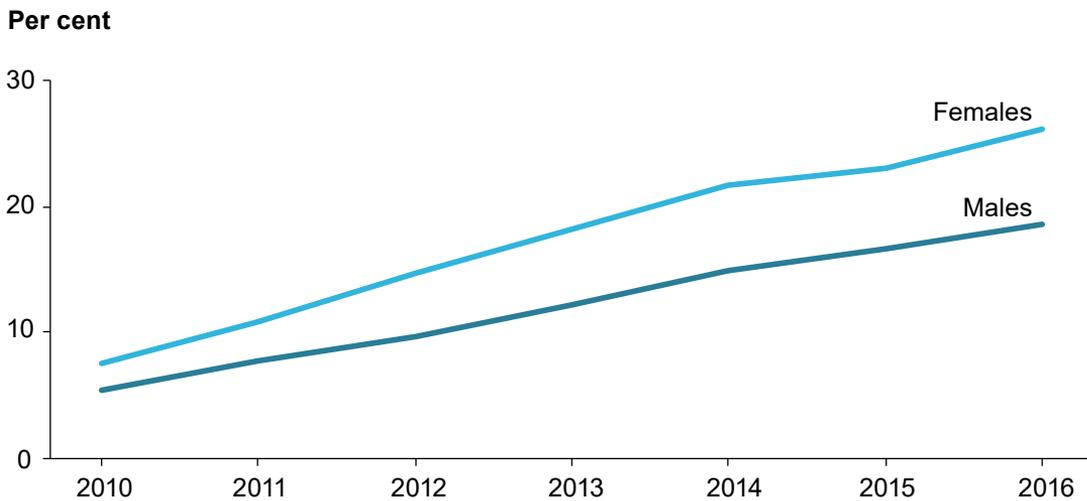
Health checks

All Indigenous people, regardless of age, are eligible for a Medicare-subsidised annual Indigenous-specific health check to assess their physical, psychological, and social wellbeing. The aim of the health checks is to ensure that Indigenous people have access to primary health care that matches their needs, and that common treatable conditions can be detected early.

Between 2010 and 2016, the proportion of Indigenous people aged 15–24 who had health checks rose from 6% to 22%.

A higher proportion of females (26%) than males (19%) had a health check in 2016.

Trends in Indigenous people aged 15–24 who had an Indigenous health check



Hospitalisation

The number of hospitalisations reflects both the occurrence of conditions requiring hospital treatment and access to, and use of, hospital services.

In 2015–16, there were 48,914 hospitalisations (214 per 1,000) of Indigenous people aged 10–24. Of these, 23% (11,311) of hospitalisations were related to pregnancy, childbirth or post childbirth.

Between July 2013 and June 2015, 21 per 1,000 hospitalisations of Indigenous people aged 15–24 were classified as potentially preventable—that is, they could have been avoided through effective preventive measures, or through early diagnosis and treatment as part of primary health care.



The leading causes of hospitalisation were injury and poisoning (37 per 1,000), followed by mental and behavioural disorders (20 per 1,000) and factors influencing health (including examinations and procedures) (18 per 1,000).



7

How do young Indigenous people compare

This report focuses on data about Indigenous youth, but understanding how the health and wellbeing of young Indigenous Australians compares with young non-Indigenous Australians is a key policy priority. This section explores selected key measures by Indigenous status.

Comparison by Indigenous status

| Category | Indicator or measure | Indigenous | Non-Indigenous |
|--|---|------------|----------------|
| Health and wellbeing outcomes | | | |
| Health status | Proportion aged 15–24 with self-rated health status as 'Excellent' or 'Very good' (%) | 54 | 69 |
| Mortality | Mortality rate for those aged 10–24, all causes (per 100,000) | 70 | 27 |
| | Leading causes of death among those aged 10–24 (per 100,000) | | |
| | Injury and poisoning | 52 | 18 |
| | Intentional self-harm | 29 | 7 |
| | Diseases of the circulatory system | 4 | 1 |
| Stressors | Proportion aged 15–24 experienced personal stressors in the last 12 months (%) | 70 | 58 |
| Psychological distress | Proportion aged 18–24 with high or very high levels of psychological distress (%) | 33 | 13 |
| Social determinants and health risk factors | | | |
| Education | Proportion of young people aged 20–24 who have completed Year 12 or equivalent (%) | 65 | 89 |
| Employment | Proportion of young people aged 20–24 who were not in employment, education or training (%) | 42 | 13 |
| Housing | Homelessness rate for those aged 10–24 (per 100) | 4 | 0.4 |
| Smoking | Proportion aged 18–24 who (%) | | |
| | Have never smoked | 46 | 70 |
| | Are current daily smokers | 37 | 14 |
| Alcohol | Proportion aged 18–24 who did not drink in the last 2 weeks, or drank but did not exceed single occasion alcohol risk (%) | 65 | 33 |
| Services | | | |
| Primary health care services | MBS claims for GP services in the last 12 months for those aged 15–24 (per 1,000) | 4,135 | 3,665 |
| Hospitalisations | Hospitalisation rates for those aged 10–24 (per 1,000) | 214 | 156 |



This in-brief report presents key findings from the Australian Institute of Health and Welfare's report: *Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing 2018*. It brings together data for Indigenous people aged 10–24 on health and wellbeing outcomes, social and economic determinants of health, health risk factors, and health service use.



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