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VCE HEALTH AND HUMAN DEVELOPMENT

Units 1 & 2

2ND EDITION

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2ND EDITION

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Our mission is simple: to improve education.

Aboriginal and Torres Strait Islander peoples are advised that this book may contain names or images of people who are now deceased.

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Answers

USING THIS RESOURCE TO TEACH AND LEARN

Student tip

LEARN THE THEORY

Every dot-point in your study design is covered in our video lessons and textbook theory - perfect to use for pre-learning, during class, and as revision.

1

Teacher tip

EVALUATE STRENGTHS AND AREAS FOR IMPROVEMENT

Teachers see class-level data and individual student responses - use this to provide feedback, differentiate student learning, plan future lessons, and inform the revision program of your students.

4
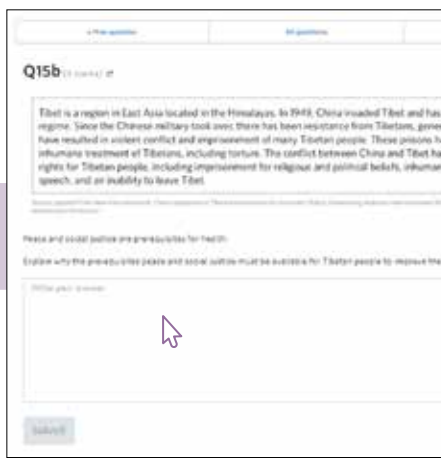
1A Health and wellbeing

23 questions

Q5

I have outlined an advantage of the WHO definition of health	8/13
	5/13
I have outlined an disadvantage of the WHO definition of health	5/13
	8/13
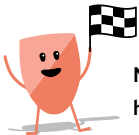
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2

CHECK FOR UNDERSTANDING

Each lesson has theory review questions, skills questions, and exam-style questions so you can apply your knowledge in different ways and consolidate your learning. You'll also find tests/exams within each area of study.

3

SELF-ASSESS AND GET FEEDBACK

At the back of your textbook you'll find exemplar responses and checklists for every exam-style question. In your Edrolo account, you'll find video solutions as well as the interactive checklists and exemplar responses. Use these answers to target your revision and get the greatest impact from your study time. This enables you to focus on the parts of the theory you struggled with, and ask your teacher for support if you get totally stuck!

FEATURES OF THIS BOOK

Edrolo's VCE Health and Human Development Units 1 & 2 textbook has the following features.

Hooks describe the relevance of the concepts of a lesson to your own life, often by posing thought-provoking questions that you should be able to solve by the end of the lesson.

Study design dot points from the VCAA curriculum provide explicit links between our lessons and the syllabus.

Key knowledge units break down the theory into smaller chunks and can be used to help navigate the corresponding theory lesson videos online.

Explore boxes include want to know more, useful tips, memory devices, lesson links and real-world examples.

Activities include things like class discussions, quizzes, a model to fill in, or a video or article to read or watch and respond to.

Theory review questions test if students can remember the basic theory and overcome common misconceptions. They are stepping stones between the content and exam-style questions.

Exam-style questions reflect the style of your end-of-year exam in Year 12. These include questions from both within the lesson and from multiple lessons.

Exemplar responses are provided for every exam-style question to show you what a full mark response could look like.

Checklists break answers down into the smallest components required to get full marks. Each numbered checklist item details what is required for one full mark. Checklist items that are not numbered also show you how to articulate your response coherently, for example, by including key terms or comparative language.

Skills questions develop students' practical skills that are required for examinations, such as unpacking a scenario, developing the most correct and appropriately nuanced phrasing, and analysing data that relates to the concepts covered within the lesson.

Other acceptable responses are included when there are multiple answers that could achieve full marks.

Reviews are outlines of the knowledge from the entire chapter that use models and diagrams to emphasise key theory details. They also show connections between lessons to help you zoom out and see the big picture.

Chapter review activities help to revise chapter concepts and develop your understanding of content throughout the whole chapter so as to prepare you for the chapter test that follows and any assessments you have at school.

REVIEW

CHAPTER 1 REVIEW

CHAPTER SUMMARY

This chapter introduced you to the fundamental concepts of VCE Health and Human Development. You learnt about the concept of health and wellbeing and its dimensions, how optimal health and wellbeing can act as a resource, the indicators which are used to measure and understand health status, and the World Health Organisation's (WHO's) prerequisites for health.

In lesson **1A: Health and wellbeing**, you were introduced to the concepts of health and wellbeing, and illness. You learnt how health and wellbeing and illness are both dynamic (constantly changing) and subjective (influenced by individual opinions). You also learnt about the five dimensions of health and wellbeing, which are summarised in the following table:

Dimension of health and wellbeing	Examples of components of this dimension
Physical The functioning of the body and its systems, including the body's capacity to perform daily tasks and activities.	• regular exercise • a strong immune system, contributing to minimal illnesses • a balanced diet in which nutrition needs are met
Mental The current state of wellbeing of the mind, involving the ability to think and process information.	• the ability to use logic • the ability to make decisions • the ability to independently form opinions
Emotional The ability to express, control and manage feelings in a positive way and display resilience.	• the appropriate expression of emotions, such as in the right environment and in front of the right people • managing emotions in an effective manner, such as learning techniques to cope with emotions • having appropriate emotional reactions to events
Social The ability to form meaningful and satisfying relationships with others, as well as the ability to appropriately manage and adapt to social situations.	• having a strong support network provided by friends, family, and the wider community • the ability to maintain positive relationships with others, including the ability to express emotions and overcome conflict • the ability to form new relationships with others
Spiritual The ideas, beliefs, values and ethics that an individual possesses, contributing to a sense of meaning, purpose, and belonging.	• a sense of hope about the future • a sense of meaning or value which guides an individual through their life • the ability for an individual to reflect on their place in the world

It is important to memorise these dimensions as you require this knowledge for the entire course. Specifically, when a question asks you to talk about 'health and wellbeing', 'health outcomes', or 'health', you are required to or can refer to the dimensions.

Finally, you learnt that the dimensions of health and wellbeing are interrelated, meaning a change to one dimension could positively or negatively affect the other four dimensions in some way.

In lesson **1B: Health and wellbeing as a resource**, you learnt about how optimal health and wellbeing can act as a resource individually, nationally, and globally. This is summarised in the following table:

Individually	Nationally	Globally
• ability to participate in sporting, recreational, and leisure activities • effective participation at work and school • ability to carry out daily tasks • ability to participate in meaningful relationships with others • lower healthcare costs	• greater community participation • greater levels of volunteering • less reliance on social support systems • less burden placed on the healthcare system • greater national income (as collected by tax) due to greater productivity, more meaningful employment opportunities, and less absenteeism	• increased trade opportunities • lower levels of conflict • greater health outcomes, such as life expectancy • reduced spread of communicable diseases

---

CHAPTER 1: UNDERSTANDING AND MEASURING HEALTH AND WELLBEING

CHAPTER REVIEW ACTIVITIES

Review activity 1: Fill in the table

This table focuses on linking scenarios to its effect on health status or a dimension of health and wellbeing. Read each scenario and state its impact on health outcomes as directed.

Scenario	Link to health status indicator or dimension of health and wellbeing
The world is experiencing the COVID-19 pandemic. Explain how the transmission of this disease impacts Australia's health status.	
Vishnu has broken his leg and cannot play soccer with his team. Explain how this injury impacts **two** dimensions of Vishnu's health and wellbeing.	
COVID-19 has impacted Australian students' ability to attend school in-person. Explain how this could impact **two** dimensions of Australian students' health and wellbeing.	
Countries experiencing conflict often have poorer quality healthcare systems compared to countries experiencing peace. Explain how a poor quality healthcare system can impact health status.	

Review activity 2: Match the terms to its description

Match the key terms relevant to this chapter on the left with the correct description on the right.

Peace	the ability to express, control, and manage feelings in a positive way and display resilience
Social health and wellbeing	a permanent structure that provides protection from the outside environment
Morbidity	a self-perceived negative state of health and wellbeing, in which an individual believes that they are experiencing something which makes them unwell
Dynamic	ill health in an individual and the levels of ill health in a given population group
Illness	a state of harmony and tranquility, which involves freedom from civil disturbance and conflict
Emotional health and wellbeing	something that is constantly changing over time
Burden of disease	the ability to form meaningful and satisfying relationships with others, as well as the ability to appropriately manage and adapt to social situations
Shelter	a measurement of the impact of disease and injuries, specifically measuring the gap between the current health status and an ideal situation

---

The **chapter test** includes exam-style questions from content throughout the chapter in order to provide thorough preparation for upcoming tests. The chapter test also includes questions from multiple chapters so as to continue to develop a more holistic understanding of content throughout Health and Human Development.

AOS reviews are 50 mark practice tests for each area of study. They only include questions from within that area of study so as to prepare you for an upcoming test.

REVIEW 5

CHAPTER 1 TEST

Question 1 (2 MARKS)

Describe mental health and wellbeing.

Question 2 (2 MARKS)

Using **one** example, outline why health and wellbeing is said to be subjective.

Adapted from 2020 Health and Human Development exam Q1a

Question 3 (5 MARKS)

Under 5 mortality rate (per 1000 live births) 1970–2019

Source: adapted from The World Bank, Mortality rate, under-5 (per 1000 live births), <https://data.worldbank.org/indicator/SH.DYN.MORT?end=2019&name_desc=false&start=2019&view=map&year=2019>

a Describe under 5 mortality rate. (1 MARK)
b Describe a trend which is evident in the graph. (2 MARKS)
Adapted from VCAA 2020 exam Q1a
c Explain how the WHO prerequisite, shelter, could decrease the under 5 mortality rate in Nigeria. (2 MARKS)

Question 4 (2 MARKS)

Outline how prevalence differs from incidence.

Adapted from 2018 Health and Human Development exam Q1a

Question 5 (6 MARKS)

Jean and Claude are a married couple who own a French cafe called Miam. Alongside two bakers, Claude makes an assortment of pastries and cakes each morning, and Jean is responsible for managing the cafe. Recently, Claude has given birth to their first baby, and has taken two months off work. However, Claude has been struggling mentally since giving birth due to experiencing high levels of stress in caring for the new baby, and has decided to take another month off work.

a Explain how Claude's current situation could impact her mental health and wellbeing. (2 MARKS)
Adapted from 2020 Health and Human Development exam Q2c
b Explain how Claude's mental health and wellbeing could have an impact on her social and spiritual health and wellbeing. (4 MARKS)
Adapted from 2020 Health and Human Development exam Q2d

Question 6 (2 MARKS)

Outline one benefit of optimal health and wellbeing as a resource globally.

Adapted from 2020 Health and Human Development exam Q1b

AOS REVIEW 1

UNIT 3 AOS 1 REVIEW

Complete the following 50 mark practice SAC, which tests all content from within Unit 3 AOS 1.

Question 1 (1 MARK)

Describe the health status indicator of morbidity.

Question 2 (2 MARKS)

Outline one way in which smoking contributes to Australia's health status.

Question 3 (3 MARKS)

a Describe the prerequisite for health 'education'. (1 MARK)
b Suggest one way in which the prerequisite for health 'education' can impact Australia's health status. (1 MARK)
c Education is an important prerequisite for health and is also one component of socioeconomic status (SES). Identify an example of a difference in health status between those low SES and high SES Australians. (1 MARK)

Question 4 (1 MARK)

Outline the dynamic nature of health and wellbeing.

Question 5 (3 MARKS)

a Identify one biological factor that contributes to variations in health status between population groups. (1 MARK)
b Explain how your identified factor in **part a** could contribute to differences in burden of disease between male and female Australians. (2 MARKS)

Question 6 (6 MARKS)

Female genital mutilation (FGM) is a traditional practice in some countries which involves injury to or removal of part of or all of external female genitalia. This practice has no health benefits, is usually performed without consent, and causes harm. As such, FGM has been described as a breach of human rights due to violating a person's right to health, dignity, and freedom from torture. At the time of writing, more than 200 million females have experienced FGM across the world. FGM interferes with the natural functioning of female bodies and can lead to many negative health outcomes, such as infections and haemorrhages (excessive bleeding), both of which can lead to death.

Source: adapted from World Health Organization, Female genital mutilation, <https://www.who.int/health-topics/female-genital-mutilation#tab=tab_1>

a Explain how female genital mutilation (FGM) could negatively impact physical health and wellbeing. (2 MARKS)
b Outline how FGM can negatively impact health status. (2 MARKS)
c According to the Ottawa Charter for Health Promotion, social justice is a prerequisite for health. Explain why social justice must be made available to females experiencing FGM to improve health and wellbeing. (2 MARKS)

Adapted from VCAA 2020 exam Q12a

Question 7 (6 MARKS)

Socioeconomic status is a measure used to determine the social status of an individual using the factors of income, occupation, and education. Lower levels of socioeconomic status can also be called socioeconomic disadvantage, with higher levels of socioeconomic status being called socioeconomic advantage. Levels of socioeconomic disadvantage can be presented in the form of quintiles, with each quintile representing 20% of Australia's population. The first quintile reflects the greatest level of socioeconomic disadvantage, and the fifth quintile reflects the lowest level of socioeconomic disadvantage.

GUIDE TO INTERPRETING DATA IN HEALTH AND HUMAN DEVELOPMENT

Throughout Units 1 and 2 in VCE Health and Human Development, you will be required to interpret and use data. To do so, you need to have an understanding of the different ways in which data can be presented and the steps required to correctly interpret them. VCAA has identified that this can be difficult for students in the Units 3 and 4 exam, and it is often an area of difficulty in Units 1 and 2 tests. To address this, this guide will provide you with approaches to looking at and understanding health-related data to prepare you for Units 1 and 2 tests, as well as the Units 3 and 4 exam. You can refer back to this guide for a refresher on these concepts at any point in the course.

Interpreting data

There are many different ways in which health data can be presented. There are some general questions that need to be addressed for all data forms. These include:

- What is the context of the data?
  - What is the health issue the data is about?
  - What population is the data representing?
- What is the unit of measurement of the data?
  - A *unit of measurement* refers to a standardised quantity you can use to measure things. In real life, examples include centimetres and kilograms.
  - In VCE Health and Human Development, there are multiple units of measurement commonly used, such as *percentages* of a population, the total number of cases of a condition in a population, the number of cases of a condition per 1000 in the population, the average number of years a person is expected to live, and so on.
  - When considering the unit of measurement, we need to consider *what* is being measured and *how* it is being measured. For example, if we were learning about how many people in Australia have cancer, there are different ways in which we can look at this. This included:
    - The *percentage* of Australians diagnosed with cancer at a given time.
    - The *number* of Australians diagnosed with cancer in a year.
    - The *number* of Australians diagnosed with cancer *per 100,000 in the population.*
    - All of these different ways of measuring cancer, which have been italicised, are different units of measurement.

Interpreting data is a necessary skill in VCE Health and Human Development. It is guaranteed that there will be health data that you need to interpret in your tests. This data will usually refer to health status indicators, which are measurement tools used to understand health status. You will first be introduced to health status indicators in lesson *2A: Measuring health status,* and they will be included in most lessons of the textbook.

(!) *Useful tip*

When looking at a visual presentation of data, it is crucial to carefully examine the numerical values being used in a unit of measurement. In VCE Health and Human Development, we often work with large values, such as 26,000 individuals suffering from a given disease. If we were to always label data with these large values, the visual presentation may be crowded. Therefore, it is common for graphs to use brackets with a ' ('000) so that they can visually present data more cleanly.

The number of zeros included in the brackets should be added to the end of the number on the axis. For example:

- If the bracket is ('000) and the number on the axis is 50, the exact value = 50,000.
- If the bracket is ('000) and the number on the axis is 5, the exact value = 5000.
- If the bracket is ('00) and the number on the axis is 5, the exact value = 500.
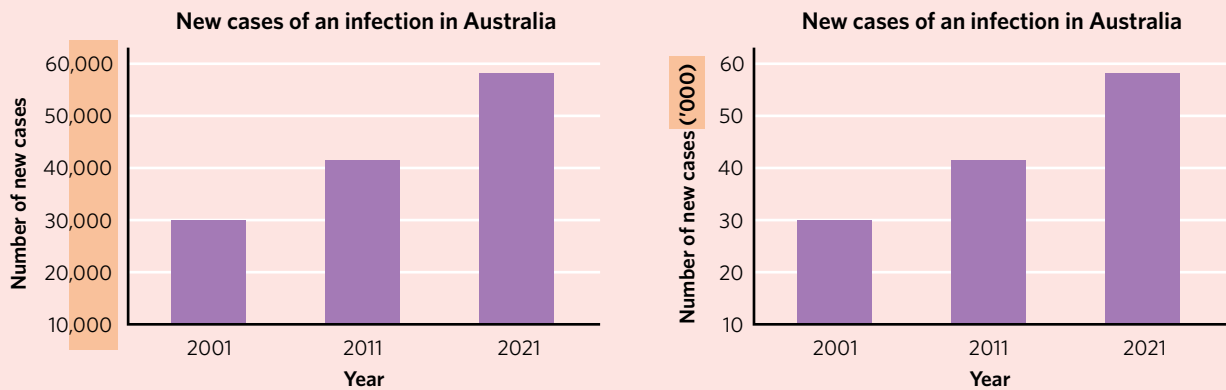
Figure 1 Example of the use of brackets to indicate the unit of measurement when large data values are used

As can be seen in figure 1, when large data values are used to label the axes of a graph, it can be crowded and overwhelming to read. The graph on the right uses ('000) instead to make the graph easier to read. When using even larger data values, this is even more useful.

It is important to note that if you were answering a question and referring to any data from either of these two graphs, you would need to state the whole number rather than the shortened version, such as 20,000 rather than 20. Overall, this demonstrates the need to always check the units of measurement in data visualisations (especially if brackets have been used) and ensure you use the correct unit of measurement when responding to questions.

Visual presentations of data

There are many ways in which data can be presented visually, such as in a graph or table. Let's now have a look at some types of visual data presentations and some tips on how to best interpret them.

Tables

Tables are a helpful visual presentation used to neatly arrange data into rows and columns. When looking at tables, it is important to look at:

- the context of the data in the table, which is usually provided in the heading of the table.
- the different groups included in the table, such as different years or different population groups. These are typically presented in each row and column.
- the unit of measurement used in the table, such as the number of deaths per 1000 people.

You can refer to tables 1 and 2 as examples of how health data can be presented in tables.

Table 1 Brazil's life expectancy (World Health Organisation [WHO], 2021)

	Life expectancy at birth *(years)*		
	Both sexes	**Male**	**Female**
2019	75.9	72.45	79.39
2015	75.13	71.67	78.64
2010	74.09	70.57	77.68
2000	71.47	67.9	75.18

■ Context of the data
■ Units of measurement
■ Population groups

Table 2   New HIV infections in Brazil (WHO, 2021)

	New HIV infections *(per 1000 uninfected population)*		
	Both sexes	**Male**	**Female**
2019	0.23	0.34	0.13
2015	0.25	0.36	0.14
2010	0.21	0.27	0.15
2005	0.25	0.3	0.21
2000	0.29	0.35	0.24

As previously mentioned, it is important to look at the units of measurement used in tables. Table 1 measures life expectancy at birth in *years*, while table 2 measures new HIV infections *per 1000 uninfected population*. In question answers, you will need to correctly identify the units of measurement used in tables to get full marks for your response.

Pie charts

Pie charts are a visual presentation tool often used to compare smaller groups within an overall group. For example, deaths caused by cancer could be the overall data shown in the pie chart, with types of cancer making up the smaller groups. To compare these groups, we need to look at the size of each 'slice' of the pie chart, with larger 'slices' representing a larger proportion within the overall pie. When looking at pie charts, it is important to interpret them by understanding their context, the groups included in the pie chart, and the units of measurement.
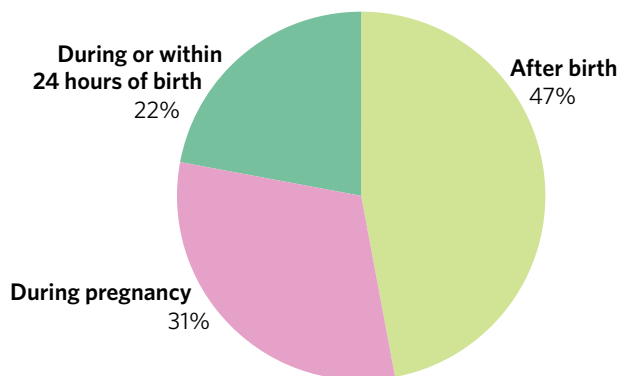
Figure 2   The timing of maternal mortalities in Australia in 2018 (Australian Institute of Health and Welfare [AIHW], 2020)

As we can see in figure 2, this pie chart is displaying maternal mortalities in Australia in 2018 (which is the overall group of data). You can see that maternal mortalities 'after birth' made up the biggest proportion of the pie chart, accounting for 47% of maternal mortalities in Australia in 2018. This was followed by 31% 'during pregnancy' and 22% 'during or within 24 hours of birth'.

Graphs

Graphs are commonly used to present data. Particularly when representing data changes over time. When looking at a graph, you need to be aware of the X- and Y-axis.
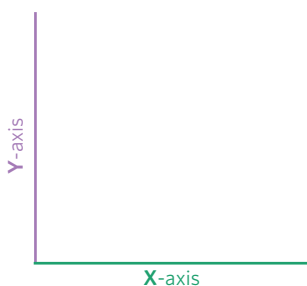
Figure 3   The difference between an X- and Y-axis

Want to know more?

Variables and graphs

A variable is something that is likely to vary or change.

Graphs typically have two types of variables:

- independent variable (most commonly found on the X-axis of a graph)
- dependent variable (most commonly found on the Y-axis of a graph)

The independent variable is a variable that is *manipulated* and can result in a change in the dependent variable. The dependent variable is the variable we are *measuring*. It is the variable that we observe a change in, based on the change in the independent variable.

Figure 4 Types of variables in a graph

Deaths in Australia between 1910–2000
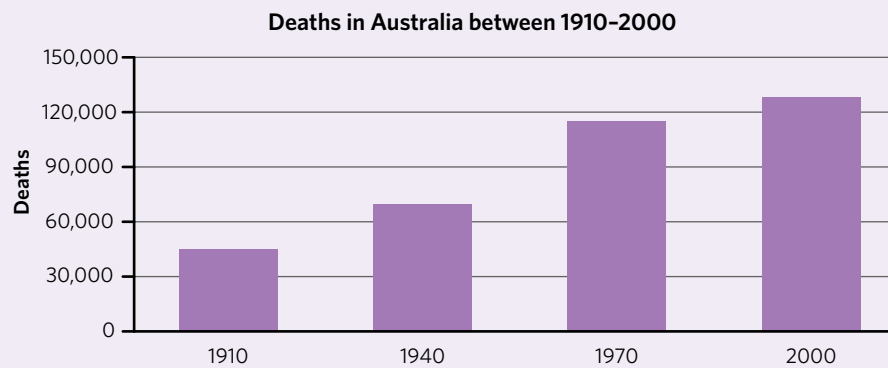
Figure 5 This graph has two variables, year and deaths (AIHW, 2020)

The graph in figure 5 measures the number of deaths in Australia between 1970 and 2000. There are two variables presented in the graph: the independent variable is year, whereas the dependent variable is deaths. This is because as the year changes, the number of deaths change (a change in the independent variable causes a change in the dependent variable, which is the variable we are measuring).

As shown in figure 3, the Y-axis is the vertical axis, while the X-axis is horizontal. Each graph is made up of these two axes, with each often representing different variables. For example, in figure 6, the Y-axis represents the number of road mortalities ('000) and the X-axis represents the year.

Road mortalities, 1926-2019, Australia
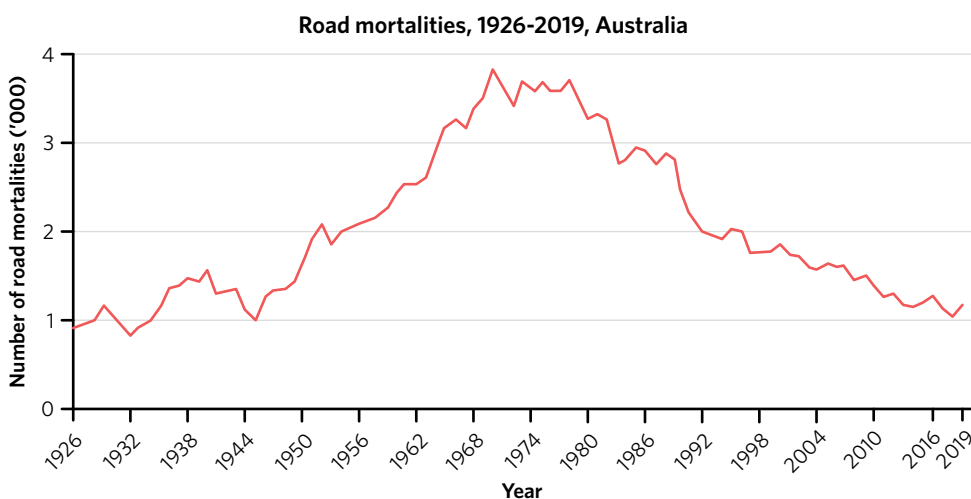
Figure 6 Road mortalities in Australia from 1926-2019 (Australian Bureau of Statistics, 2012; National Road Safety Strategy, n. d.)

In figure 6, the X-axis represents the year while the Y-axis represents the number of road mortalities ('000). We can use these axes to understand each individual data point, such as that in 1944 there were *approximately* 1000 road mortalities.

This graph shows a pattern over time, which reflects a trend. We will look at trends in data later on in this guide.

(!) **Useful tip**

When answering questions about data, it is important that you use words, such as 'approximately', in your response; for example, 'there were approximately 3500 deaths in ...'. This is to leave room for error as it is unlikely that a visual representation of data, such as a graph, will clearly show the exact figure. To help you remember this, exemplar answers for exam-style questions throughout this textbook that refers to data have the checklist item:

✓ ✗   I have used a qualifier, such as 'approximately', when referring to data.

⊕ **Want to know more?**

Stacked graphs

There are many different types of graphs. Stacked graphs, also known as stacked area charts, are one type of graph that students sometimes find difficult to interpret. Stacked graphs are typically used to show changes in data over time across different groups. To do this, each segment of the graph is stacked on top of each other. There are multiple types of stacked graphs; we will look at a stacked area graph in figure 7 as an example.
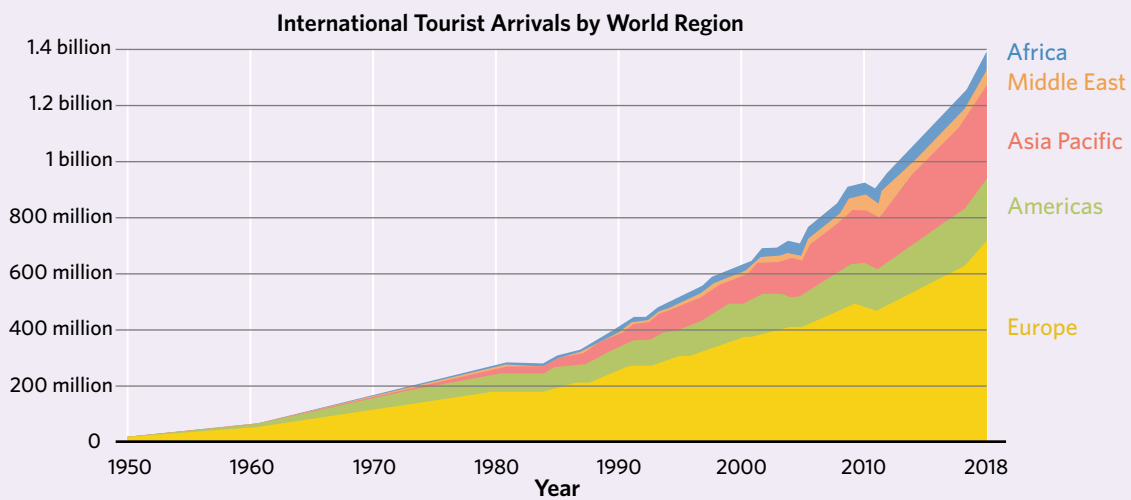
Figure 7 In this stacked area graph, different world region groups (Africa, Europe etc.) have been stacked on top of each other (Our World in Data, n. d.)

As we can see in figure 7, the number of international tourist arrivals from each region stack on top of each other. For example, the number of international tourists arrivals in the Americas (green) stacks on top of Europe (yellow). When you look at the top of the stack for each year, you can see how many international tourist arrivals there were across all world regions. For example, in 2018, there were approximately 1.4 billion tourist arrivals in total across all world regions.

Although stacked graphs are useful to see the total data value, such as the number of international tourist arrivals across groups, it can be difficult to interpret the data value of *each* group. As a result, you are unlikely to be asked to provide the exact figure of each group, but you may need to interpret which groups have the highest and lowest data values.

Stacked graphs help us visually compare groups; for example, it is obvious that there were a greater number of international tourists from Europe (yellow) compared with Africa (blue). Let's take a further look at how to interpret this graph.
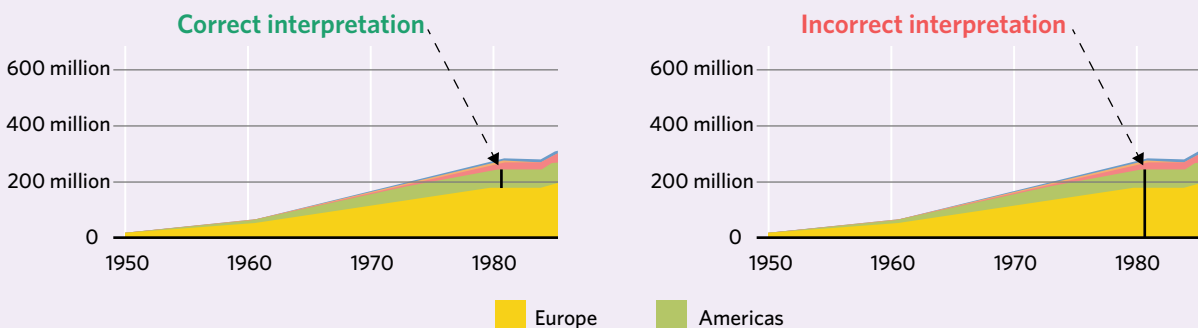
Figure 8 How to interpret the data value of each group in a stacked graph

Figure 8 provides instruction on how to interpret the value of each group, using the Americas in 1980 as an example. As can be seen in figure 8, the value of each group starts from the top of the stack of the group below and continues to the bottom of the stack of the group above. It does *not* stretch all the way to the bottom of the yellow stack (the bottom of the stack below), as this data represents the group below, in this case, Europe. As such, it is clear that there were approximately 190 million international tourist arrivals to Europe in 1980 and approximately 40 million international tourist arrivals to the Americas in 1980. As mentioned previously, you are unlikely to be asked about a specific number and are more likely to need a general understanding of the differences between each group. If you use the word 'approximately' when referring to data, you will be covered.

Trends in data

One main component of data interpretation in VCE Health and Human Development is looking at trends. A trend (in data) is considered to be a pattern or relationship in the data, often observed over time. For example, it can be an upwards or downwards (increasing or decreasing) shift in the data. For example, a trend could be the number of deaths due to cancer decreasing in Australia over time.

> **(!) Useful tip**
>
> In the 2020 Health and Human Development report, VCAA outlined that trends relate to patterns within data over time. For example, one question asked students to outline a trend in data relating to life expectancy for males and females. VCAA stated that outlining the difference in life expectancy between males and females at one point in time did not answer the question. Instead, you would have to outline the difference between males and females over time, which are represented as two or more separate data points. For example: the following were accepted as correct responses:
>
> 1   Both male and female life expectancy at birth increases over time.
> 2   Female life expectancy is always higher than males throughout time.

It is useful to look at trends when trying to understand how health status has changed over time. For example, one major focus related to health has been trying to improve life expectancy around the world, which is the number of years an individual is expected to live. To understand if life expectancy is increasing over time, data from a range of years needs to be collected and organised, and a trend needs to be identified. Trends can be observed in different data presentations, such as in tables and graphs.

When looking at trends in data, there are four components you should identify and consequently include in an answer for an exam-style question to gain full marks if a single trend is worth two marks. These are:

1   The general direction of the trend.

2   At least two pieces of data to support the direction you have identified.

3   The context of the data and trend.

4   The units of measurement used in the presentation of the trend.

> **(!) Useful tip**
>
> If a question asks you to outline a trend in data and is worth *two marks*, you should include the four components outlined above in your answer to gain full marks. If instead, the question is worth *one mark* you should:
>
> 1   Outline the general direction of the trend.
> 2   Prove the context of the data and trend.

Table 3 Explanation of the components of a trend

Trend component	How to refer to this component in your answer
Direction of trend	• What is the general pattern in the data? Is it increasing or decreasing? Or has there been no change?
Two pieces of data to support identified direction	• If you have outlined that the number of deaths in a population has increased over time, you need data to support this claim. This may involve you identifying and outlining exact data supporting that life expectancy was lower in earlier years and increased to a higher life expectancy in later years. • When identifying what data to select to support your trend, it is important it illustrates the direction of the trend you described in the first part of your answer. It may be best to select values from two extremes of the data presentation, such as from the first data point and last data point of a graph.
The context of the trend	• What is the trend looking at? Is it looking at the number of cancer diagnoses? In what period of time? Over a year, over 10 years? In what country or region? You need to ensure that you have an understanding of the context of the data so that you can form a thorough understanding of the trend and use this to formulate your answer.

The units of measurement used	• The units of measurement refer to both:
	  – what is actually being measured, such as the number of deaths or life expectancy.
	  – how the measurement is represented, such as as a percentage. For example, if death is being measured, is it the total number of deaths per population, or deaths per 1000 population?
	• The units of measurement are usually outlined on the axes of a graph, or in the heading of rows and columns of a table.

Figure 9 The trend of Australia's male life expectancy at birth from 1992 to 2017-2019, annotated (ABS, 2020)

> (!) **Useful tip**
>
> When choosing the two data points to demonstrate a trend, it is best to choose two data points at each extreme (such as one of the first data points and one of the last). It is also important that you choose data points which are clear and easy to identify. For example, in the example provided, 1993-1995 was selected as it was easy to identify this point as 75 years of age.

Figure 9 displays each of the four components to consider when answering trend questions:

1. The green arrow displays that the trend among males is *increasing* over time (between 1992 to 2017-2019).

2. Two data points have been identified to demonstrate this trend.

3. The title of the graph displays the context of the trend.

4. The Y-axis outlines the units of measurement used in the trend.

Let's put these four components together now to write out an analysis of a trend. This response would be appropriate for a question that simply asked you to 'Outline a trend in the graph in figure 9'.

- In the graph referring to Australia's male life expectancy at birth from 1992 to 2017-2019 *(3. Context)*, male life expectancy has increased over time *(1. Direction)*. This is demonstrated by the life expectancy for males being approximately 75 years of age *(4. Unit of measurement)* in 1993-1995 *(2. First data point)*, which increased to a life expectancy of approximately 81 years of age for males *(4. Unit of measurement)* in 2017-2019 *(2. Second data point).*

> (!) **Useful tip**
>
> When you first learn about trends, it can be hard to remember all the components that you should include in your response. This will take practice, so for each exemplar answer to an exam-style question on trends in this textbook, we have included the following checklist items to help you remember all the components that you should include:
>
> ✓ ✗   I have have outlined the general direction of the trend.[1]
> ───
> ✓ ✗   I have referred to at least two points of data in the graph to illustrate the direction of the trend.[2]
> ───
> ✓ ✗   I have provided the context of the graph.
> ───
> ✓ ✗   I have included the correct units of measurement (e.g. per 1000 live births), ensuring to check the axis titles.

(!) **Useful tip**

When identifying trends in data, we are looking for the general direction of a trend. To do so, we need to identify whether there has been an increase or decrease in the trend, or no change/difference at all. However, within this general, overall trend, *there can be fluctuations.*

Intentional self-harm hospitalisations in young people, 2008-09 to 2018-19
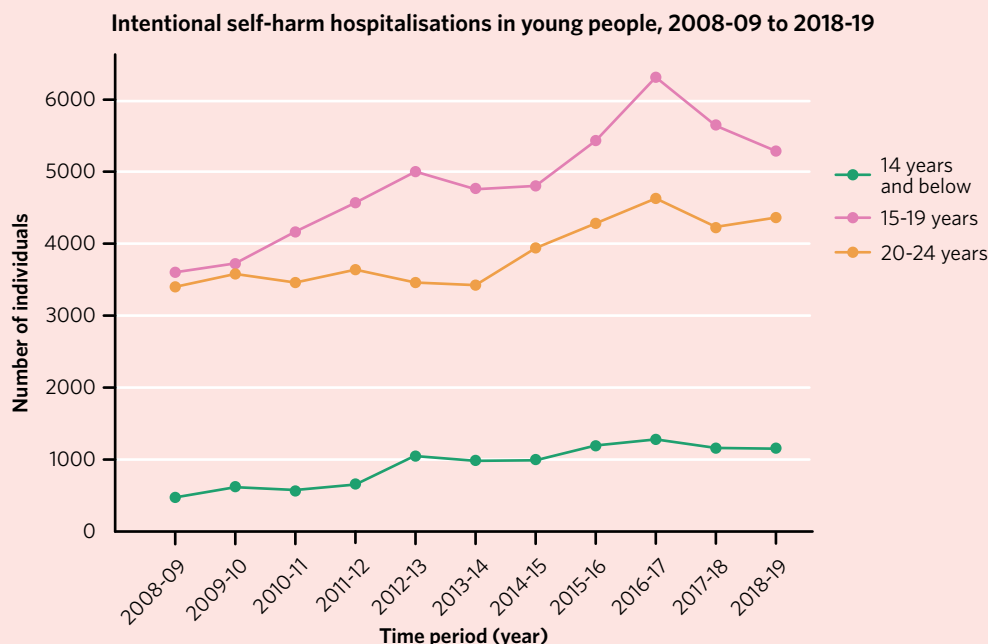
Figure 10 It is rare that data follows a smooth consistent pattern. Often we see fluctuations in data as seen in this graph (AIHW, 2021)

For example, as seen in figure 10, overall, the number of hospitalisations due to self-harm in Australians aged 20-24 years has *increased* between 2008-2009 and 2018-2019. This can be seen as in 2008-2009 there were approximately 3400 individuals aged 20-24 years hospitalised due to self-harm, which *increased* to around 4400 individuals aged 20-24 years hospitalised due to self-harm in 2018-2019.

However, we can also see that there have been fluctuations in this increase over time. For example, for Australians aged 20-24, there was a *decrease* in hospitalisations due to self-harm in 2017-2018 compared to 2016-2017. Even though there was this fluctuation and others, it is important that we recognise the general trend over time, where the data has *increased*.

Drawing comparisons between groups

In VCE Health and Human Development, there are multiple topics where you will need to compare data between population groups. To do this, you will most commonly look at the differences in health status between different population groups. When comparing population groups, you will most likely compare one health status indicator or factor between these groups, and then support this statement with data.

When looking to draw comparisons, consider the following:

- Is there a difference between the two population groups? Is one group higher than the other in a certain measure, such as one group having a greater life expectancy than the other?
- Is there clear data to support this?
- If there are multiple data points over time, is this difference consistent over the data points presented? For example, if one population group has a greater number of deaths for one out of ten years, it is important that you specify that it is *only* for that year.

Table 4 Percentage of Australian youth who rated their level of psychological distress as high, 2018 and 2020 (National Youth Mental Health Foundation, 2020)

	12-14 years	15-17 years
2018	20%	33%
2020	25%	38%

For example, using the data in table 4, let's draw a comparison between high psychological distress amongst young people aged 12-14 and those aged 15-17 in 2020. A comparison we can draw is young people aged 15-17 have higher rates of high psychological distress in 2020 compared to 12-14-year-olds. This is supported by the data, with 38% of 15-17-year-olds having high psychological distress in 2020 compared to 25% of 12-14-year-olds.

(!) *Useful tip*

When drawing comparisons between groups, it is important to use a comparison word. For example, if you were asked to compare the life expectancy between two countries in an exam-style question, an answer that 'country A has a life expectancy of X year *and* country B has a life expectancy of Y years' may not adequately show a comparison.

What would a better answer look like? 'Country A has a life expectancy of X year, *whereas* country B has a life expectancy of Y years' better demonstrates a clear comparison between two different groups, in this case populations of country A and B.

To help you remember this, exemplar answers to exam-style questions throughout this textbook that refers to comparisons between groups has the checklist item:

✓   ✗   I have used comparison words, such as 'whereas'.

Lesson link

You will need to draw comparisons between population groups throughout this course. You will first be introduced to this in lesson **1D: Indigenous perspectives of health and wellbeing,** where you will learn about some differences in perspectives of health and wellbeing between Indigenous and non-Indigenous Australians.

Data in VCAA exams

As previously mentioned, data is always included in the questions of VCAA Health and Human Development exams and tests. This section will outline examples of the use of data in VCAA exam questions. While these questions are from the VCE Health and Human Development Units 3/4 final exam, the skills needed to interpret and understand data are also needed throughout VCE Health and Human Development Units 1/2.

Example A

The following question includes a *graph* and involves *identifying trends*. The question was asked in the 2020 Health and Human Development Exam.

Question 5a

Life expectancy at birth (years) by sex, 1890-2017

Source: adapted from the Australian Institute of Health and Welfare, *Deaths in Australia,* cat. No. PHE 229, AIHW, Canberra, 2019; ABS 2014a, ABS 2014b, ABS 2015, ABS 2016, ABS, 2017, ABS 2018a

'Identify **two** trends that are evident in the graph above. (2 MARKS).'
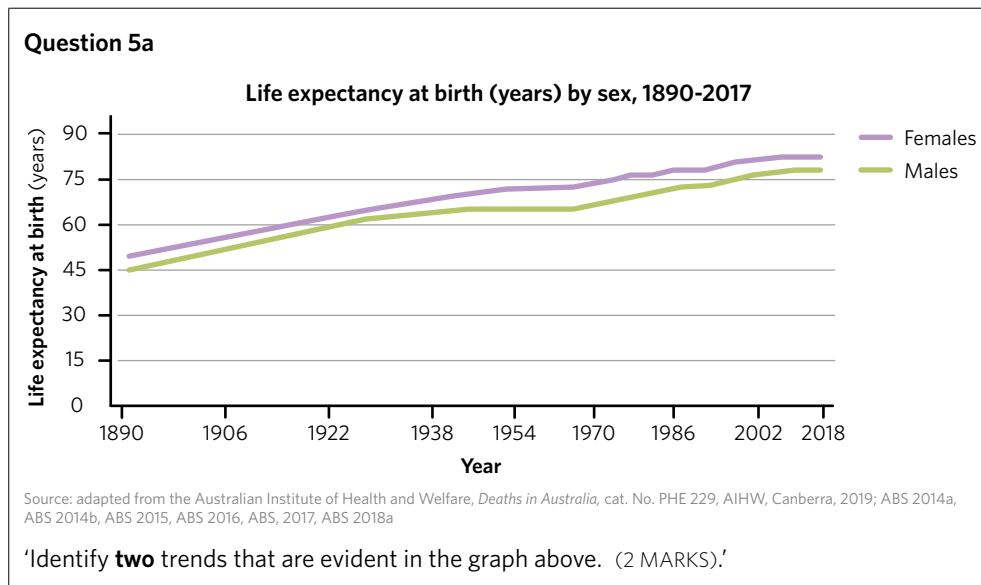
NOTE

As outlined previously in this guide, if a trend is only worth *one mark* (as each of the two trends in question 5a are), you should only include the following two components of a trend:

1   The general direction of the trend.
2   The context of the trend.

As you can see, this question requires us to identify **two** trends and is worth 2 marks, meaning each trend is worth only one mark. The following is an example of a full-scoring response to this exam question from the VCAA examination report.

Question 5a – Response

[Both male and female life expectancy at birth increased over time from 1890-2017.[1]] [Female life expectancy at birth was always higher than male life expectancy at birth throughout time from 1890-2017.[2]]

✓ ✗   I have identified the general direction of a trend and its context.[1]

✓ ✗   I have identified the general direction of another trend and its context.[2]

NOTE

Some trend questions require a more in-depth response. If the exam-style question required you to only identify **one** trend but was worth **two** marks, the following is an example of what a full-scoring response could look like:

[Female life expectancy at birth was always higher than male life expectancy at birth throughout time from 1890-2017.[1]] [This is demonstrated by females having a greater life expectancy at birth in 1890 of approximately 47 years than males who had a life expectancy of birth of approximately 45 years in 1890, which is consistent with 2018, as females had a greater life expectancy at birth than males of approximately 82 years and 75 years respectively.[2]]

✓ ✗   I have outlined the general direction of the trend.[1]

✓ ✗   I have referred to at least two points of data in the graph to illustrate the direction of the trend.[2]

✓ ✗   I have provided the context of the graph.

✓ ✗   I have included the correct units of measurement (years), ensuring to check the axis titles.

Example B

The following question includes a *graph* and involves *drawing comparisons* between population groups. The question was asked in the 2019 Health and Human Development Exam.

Question 12b

The World Bank classifies countries as fragile or non-fragile. A fragile state is a country that experiences conflict, violence and instability.

Proportion of the population using basic sanitation services in fragile and non-fragile states, 2015 (percentage)
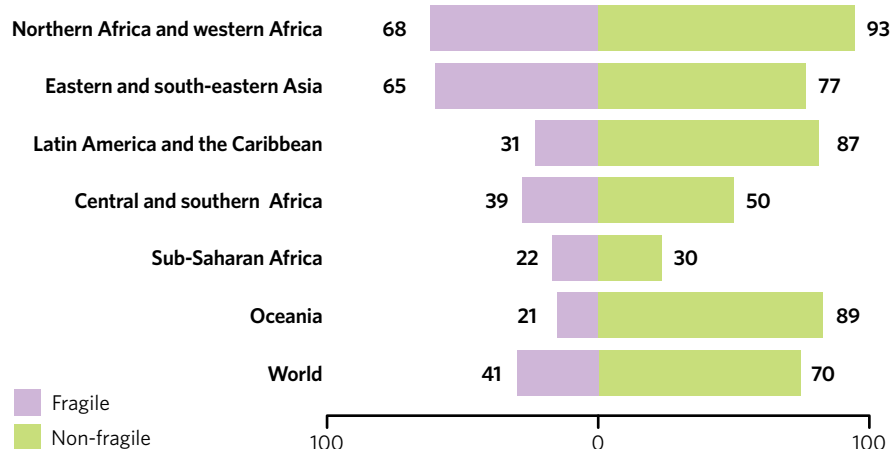
Region	Fragile	Non-fragile
Northern Africa and western Africa	68	93
Eastern and south-eastern Asia	65	77
Latin America and the Caribbean	31	87
Central and southern Africa	39	50
Sub-Saharan Africa	22	30
Oceania	21	89
World	41	70

Fragile
Non-fragile

100   0   100

'Using information from the graph, compare the use of basic sanitation services in fragile and non-fragile states. (2 MARKS).'

The following is an example of a full-scoring response from the VCAA examination report.

Question 12b – Response

[Greater proportions of populations in non-fragile states use basic sanitation services compared with those of fragile states.[1]][For example, in 2015 the proportion of people using basic sanitation services in 'northern Africa and western Asia' was measured at 93 percent for non-fragile states compared to 68 percent for fragile states.[2]]

✓ ✗   I have compared the use of basic sanitation services in fragile and non-fragile states.[1]

✓ ✗   I have used information from the graph to support my comparison.[2]

✓ ✗   I have used comparison words, such as 'compared with'.

✓ ✗   I have included the correct unit of measurement (percent).

Example C

The following question includes a *table* and involves *drawing comparisons* between population groups. The question was asked in the 2016 Health and Human Development Exam.

Question 2a

The following data relates to the health status of Indigenous and non-Indigenous Australians.

	Prevalence of diabetes mellitus (age-standardised per cent)*	Incidence of type 1 diabetes (per 100,000)	Mortality with diabetes as underlying cause (per 100,000)*
Indigenous	15	7	89.4
Non-Indigenous	4.7	10	15.6

Sources: adapted from the Australian Institute of Health and Welfare, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2015*, cat. No. IHW 147, AIHW, Canberra, 2015; the Australian Institute of Health and Welfare, *Incidence of Type 1 Diabetes in Australia 2000-2013*, 'Diabetes' series no. 23, cat. No. CVD 69, AIHW, Canberra, 2015

'Use data from the **table** to **compare the health status** of Indigenous and non-Indigenous Australians. (2 MARKS).'

The following is an example of a full-scoring response from the VCAA examination report.

Question 2a – Response

[Non-Indigenous Australians have a higher health status compared to Indigenous Australians. The prevalence of diabetes mellitus (age-standardised) is lower for non-Indigenous with 4.7% compared to Indigenous with 15%.[1]][Non-Indigenous have lower mortality with diabetes as an underlying cause with 15.6 deaths per 100000 compared to 89.4 deaths per 100000 for Indigenous Australians.[2]]

✓ ✗   I have outlined the overall comparison in health status between Indigenous and non-Indigenous Australians, with reference to a health status indicator.[1]

✓ ✗   I have outlined a comparison in health status between Indigenous and non-Indigenous Australians from the table, with reference to a health status indicator.[2]

✓ ✗   I have used comparison words, such as, 'compared to'.

✓ ✗   I have included the correct units of measurement (age-standardised and per 100,000).

NOTE

There are alternative ways in which you could answer question 2a (from the VCAA Health and Human Development 2016 exam). For example, rather than drawing two comparisons between Indigenous and non-Indigenous Australians (each for a mark each), you could draw one comparison and use data to support this comparison. The following is an example of how you could draw **one** comparison and get full marks:

[Non-Indigenous Australians have a greater health status compared to Indigenous Australians, as indicated by significantly lower mortality with diabetes as an underlying cause (per 100,000) compared to Indigenous Australians.[1]][This can be identified as non-Indigenous Australians have a significantly lower mortality with diabetes as an underlying cause of 15.6 per 100,000, compared to the much higher mortality with diabetes as an underlying cause for Indigenous Australians of 89.4 per 100,000.[2]]

I have outlined one comparison in health status between Indigenous and non-Indigenous Australians.[1]

I have used data from the table to support my comparison.[2]

I have used comparison words, such as, 'compared to'.

I have included the correct units of measurement (per 100,000).

You have now learnt skills that you will need to use to interpret and analyse data in VCE Health and Human Development. If you ever feel like you need a refresher on how to interpret health data, you can return to this guide. There are also 'Data analysis' skills questions, as well as exam-style questions including data throughout the textbook to help you practice your ability to interpret data and prepare you for tests.

GUIDE TO RESPONDING TO HEALTH TERMS IN QUESTIONS

The following guide outlines the key health terms in VCE Health and Human Development Units 1/2, including how you are to respond to these health terms when they appear in questions. This guide is to be used as a reference point when you are preparing for tests. The theory components that these health terms relate to are covered at a later point in their own lessons.

What are 'health terms' in Health and Human Development?

There are several foundational concepts in VCE Health and Human Development Units 1/2. These foundational concepts constitute the core of VCE Health and Human Development Units 1/2; many topics throughout the course are related back to these foundational concepts.

'Health terms' in this guide refer to the terms that are used in questions to signify each of these foundational Health and Human Development concepts. You need to be very familiar with the meaning of these terms as well as how to answer questions according to the health terms that are used in the question. This ensures that you address the concept that each health term relates to.

The fundamental health terms in Health and Human Development

There are three fundamental health terms in VCE Health and Human Development Units 1/2: health and wellbeing, health status, and health. Each of these health terms relate to different concepts that contain different key ideas that you need to refer to in your responses to questions.

Health and wellbeing

What does 'health and wellbeing' refer to?

'Health and wellbeing' relates to an individual's physical, mental, emotional, social, and spiritual states, where an individual can experience balance and an overall level of satisfaction, enabling them to effectively function. The concept of 'health and wellbeing' is covered in lesson *1A: Health and wellbeing*.

What are the key elements of 'health and wellbeing'? What do I need to refer to in my answers to questions on 'health and wellbeing'?

'Health and wellbeing' includes the key elements of health and wellbeing dimensions. The health and wellbeing *dimensions* include:

- physical health and wellbeing
- mental health and wellbeing
- emotional health and wellbeing
- social health and wellbeing
- spiritual health and wellbeing.

Any change to 'health and wellbeing' (i.e. either an improvement or impairment) results in a corresponding change to the *dimension(s)* of health and wellbeing. For example, promoting 'health and wellbeing' will result in the promotion of health and wellbeing *dimension(s)*. This means that a question that includes the term 'health and wellbeing' requires you to mention health and wellbeing *dimension(s)* in your answer. When referring to a dimension, you should refer to one of the examples of that dimension. You can choose any health and wellbeing *dimensions* relevant to the question to use in your responses unless the question asks for a specific *dimension* to be used.

Health status

What does 'health status' refer to?

'Health status' refers to an individual or population's overall health, taking into account a range of measures, such as life expectancy and experiences of illness, disability, and disease. The concept of 'health status' is covered in lesson *2A: Measuring health status*.

How is 'health status' measured? What do I need to refer to in my answers to questions on 'health status'?

'Health status' is instead measured by health status *indicators*. The health status *indicators* include:

- incidence
- prevalence
- morbidity
- rates of hospitalisation
- burden of disease
- mortality
- life expectancy
- core activity limitation
- psychological distress
- self-assessed health status.

Any change to 'health status' (i.e. either an improvement or impairment) results in a corresponding change to health status *indicator(s)*. For example, promoting 'health status' will result in the promotion of health status *indicator(s)*. This means that a question that includes the term 'health status' requires you to mention health status *indicator(s)* in your answer. You can choose any health status *indicators* relevant to the question to use in your responses unless the question asks for a specific *indicator* to be used.

Health

What does 'health' refer to?

The term 'health' in VCE Health and Human Development Units 1/2 is a broad term that includes both 'health and wellbeing' and 'health status.'

What are the key elements of 'health'? What do I need to refer to in my answers to questions on 'health'?

'Health' can be referred to in different ways; a question may ask how a particular idea in the course improves 'health outcomes' or 'population health.' In the case that this occurs, it is usually acceptable for you to refer to the impact of that idea on either 'health and wellbeing' (i.e. by referencing its impact on health and wellbeing dimensions) or 'health status' (i.e. by referencing its impact on health status indicators). As demonstrated by the following flowchart, the components of 'health' can be summarised by the statement that 'health' equals 'health and wellbeing' and/or 'health status'.

Health / Health outcomes / Population Health = Health and wellbeing And/Or Health status

Figure 1 The concept of health is made up of health and wellbeing and/or health status

Health terms flowchart

See the following flowchart for a summary of the distinction between each of the key health terms in VCE Health and Human Development Units 1/2, including the different components that you need to mention in your responses for each.

What is the question on?   **What can I refer to in my answer?**

- Physical health and wellbeing
- Mental health and wellbeing
- Emotional health and wellbeing
- Social health and wellbeing
- Spiritual health and wellbeing

Health and wellbeing → Health and wellbeing dimensions

Health / Health Outcomes / Population Health

Health status → Health status indicators

- Incidence
- Prevalence
- Morbidity
- Rates of spitalisation
- Burden of disease
- Mortality
- Life expectancy
- Core activity limitation
- Psychological distress
- Self-assessed health status

Figure 2 The different health terms require you to mention different components in your responses

Health terms in VCAA exams

An example of an exam question for each of the key health terms is provided below. The health terms in the questions have been bolded and their corresponding components are also bolded in the exemplar response. This helps to illustrate how each exemplar response addresses the health term mentioned in the exam question. While these questions are from the VCE Health and Human Development Units 3/4 final exam, the health terms that they use could also appear on questions throughout VCE Health and Human Development Units 1/2.

Health and wellbeing question example

The following question that includes the health term 'health and wellbeing' was asked in the 2020 Health and Human Development Units 3/4 Exam.

Question 7b

'Identify one example of the work of the WHO and outline how this example contributes to good **health and wellbeing**. (2 MARKS).'

NOTE

Because this question is on 'health and wellbeing,' you should refer to one of the following:

- physical health and wellbeing
- mental health and wellbeing
- emotional health and wellbeing
- social health and wellbeing
- spiritual health and wellbeing.

The following is an example of a full-scoring response. You can see that the answer incorporates a health and wellbeing *dimension*.

Question 7b – Response

[One example of the work of the WHO is helping to build sustainable health systems.**1**] [Through helping countries build stable health systems that can be accessible to all, the WHO is able to reduce stress and anxiety caused by concerns about becoming ill and not being able to access healthcare, therefore promoting **mental health and wellbeing**.**2**]

✓ ✕ I have identified one example of the work of the WHO.**1**

✓ ✕ I have outlined how this example of the work of the WHO contributes to good health and wellbeing, with reference to a **health and wellbeing dimension**.**2**

Health status question example

The following question that includes the health term 'health status' was asked in the 2020 Health and Human Development Exam.

Question 2b

'Provide two examples of how the **health status** of Indigenous people compares to the health status of non-Indigenous people. (2 MARKS).'

NOTE

Because this question is on 'health status,' you should refer to one of the following:

- incidence
- prevalence
- morbidity
- rates of hospitalisation
- burden of disease
- mortality
- life expectancy
- core activity limitation
- psychological distress
- self-assessed health status.

The following is an example of a full-scoring response. You can see that the answer incorporates health status *indicators*.

Question 2b – Response

[One difference in health status between Indigenous people and non-Indigenous people is that Indigenous people are more likely to experience higher **maternal mortality rates** than non-Indigenous people.**1**] [Another difference in health status between Indigenous and non-Indigenous people is that Indigenous people have a lower **life expectancy** than non-Indigenous people.**2**]

✓ ✕ I have provided an example of a difference in health status between Indigenous people and non-Indigenous people, with reference to a **health status indicator**.**1**

✓ ✕ I have provided another example of a difference in health status between Indigenous people and non-Indigenous people, with reference to a **health status indicator**.**2**

Health question example

The following question that includes the health term 'health' was asked in the 2018 Health and Human Development Exam.

Question 13

'Explain how peace can lead to improved **health** outcomes. (2 MARKS).'

NOTE

Because this question is on 'health,' you should refer to either a health status *indicator* or a health and wellbeing *dimension*.

The following is an example of a full-scoring response. You can see that this answer incorporates a health status *indicator*.

Question 13 – Response 1

[Infrastructure is less likely to be damaged due to war when a country achieves peace.[1]] [This ensures that healthcare infrastructure is not damaged, ensuring that people are able to visit hospitals to receive surgeries for potentially life-threatening conditions, therefore increasing **life expectancy**.[2]]

✓ ✗   I have provided an example of peace.[1]

✓ ✗   I have explained how this example of peace can lead to improved health outcomes, with reference to a **health status indicator** or a health and wellbeing dimension.[2]

The following is another example of a full-scoring response. You can see that this answer incorporates a health and wellbeing *dimension*.

Question 13 – Response 2

[Living in peace ensures that a person does not need to worry about getting injured due to violent behaviour in the community.[1]] [This decreases stress and anxiety associated with getting injured when completing daily tasks, therefore promoting **mental health and wellbeing**.[2]]

✓ ✗   I have provided an example of peace.[1]

✓ ✗   I have explained how this example of peace can lead to improved health outcomes, with reference to a health status indicator or a **health and wellbeing dimension**.[2]

UNIT 1

Understanding health and wellbeing

This unit looks at health and wellbeing as a concept with varied and evolving perspectives and definitions. It takes the view that health and wellbeing are subject to a wide range of contexts and interpretations, with different meanings for different people.

As a foundation to the understanding of health, students should investigate the World Health Organisation's (WHO) definition and also explore other interpretations. Wellbeing is a complex combination of all dimensions of health, characterised by an equilibrium in which the individual feels happy, healthy, capable and engaged. For the purposes of this study, students should consider wellbeing to be an implicit element of health.

In this unit students identify personal perspectives and priorities relating to health and wellbeing, and enquire into factors that influence health attitudes, beliefs and practices, including among Aboriginal and Torres Strait Islanders. Students look at multiple dimensions of health and wellbeing, the complex interplay of influences on health and wellbeing and the indicators used to measure and evaluate health status. With a focus on youth, students consider their own health as individuals and as a cohort. They build health literacy through interpreting and using data, through investigating the role of food, and through extended inquiry into one youth health focus area.

UNIT 1

AOS1

Health perspectives and influences

This area of study takes a broad, multidimensional approach to health and wellbeing. Such an approach acknowledges that defining and measuring these concepts is complicated by a diversity of social and cultural contexts. Students consider the influence of age, culture, religion, gender and socioeconomic status on perceptions of and priorities relating to health and wellbeing. They look at measurable indicators of population health, and at data reflecting the health status of Australians. With a focus on youth, students enquire into reasons for variations and inequalities in health status, including sociocultural factors that contribute to variations in health behaviours.

Outcome 1

On completion of this unit the student should be able to explain multiple dimensions of health and wellbeing, explain indicators used to measure health status and analyse factors that contribute to variations in health status of youth.

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CHAPTER

1

Understanding health and wellbeing

1A **Health and wellbeing**

1B **Variations in perspectives of health and wellbeing**

1C **Youth perspectives of health and wellbeing**

1D **Indigenous perspectives of health and wellbeing**

Key knowledge

- various definitions of health and wellbeing, including physical, social, emotional, mental and spiritual dimensions
- variations in perspectives of and priorities relating to health and wellbeing, according to age, culture, religion, gender and socioeconomic status
- youth perspectives on the meaning and importance of health and wellbeing
- Aboriginal and Torres Strait Islander perspectives on health and wellbeing

1A HEALTH AND WELLBEING

Are you healthy? Do you have a strong sense of wellbeing? How can you tell? An individual's health and wellbeing is determined by their level of effective functioning and a level of happiness which is achieved when their physical, social, mental, emotional, and spiritual states are balanced. In this lesson, you will learn more about the concept of health and wellbeing, as well as the dimensions of health and wellbeing.

Image: Studio_G/Shutterstock.com

1A Health and wellbeing	1B Variations in perspectives of health and wellbeing	1C Youth perspectives of health and wellbeing	1D Indigenous perspectives of health and wellbeing

Study design dot point

- various definitions of health and wellbeing, including physical, social, emotional, mental and spiritual dimensions

Key knowledge units

Health and wellbeing	1.1.1.1
Physical health and wellbeing	1.1.1.2
Mental health and wellbeing	1.1.1.3
Emotional health and wellbeing	1.1.1.4
Social health and wellbeing	1.1.1.5
Spiritual health and wellbeing	1.1.1.6

Health and wellbeing

Health and wellbeing 1.1.1.1 — Physical health and wellbeing 1.1.1.2 — Mental health and wellbeing 1.1.1.3 — Emotional health and wellbeing 1.1.1.4 — Social health and wellbeing 1.1.1.5 — Spiritual health and wellbeing 1.1.1.6

Health and wellbeing 1.1.1.1

OVERVIEW

The quality of an individual's life is heavily impacted by their level of health and wellbeing. The concept of health and wellbeing has five dimensions: physical, mental, emotional, social, and spiritual.

THEORY DETAILS

Health and wellbeing is an all-encompassing term which describes an individual's overall state of being. In such a way, **health and wellbeing** relates to an individual's physical, mental, emotional, social, and spiritual states, where an individual can experience balance and an overall level of satisfaction, enabling them to effectively function.

> 🧩 *Lesson link*
>
> In the ***Guide to responding to health terms in questions*** at the start of this book, you learnt about the concept of health and wellbeing, how it is measured, and what VCE Health and Human Development health and wellbeing questions look like. For a refresher on this, you can turn back to this guide.

Study design key skills dot point

The following key skills dot point applies to the whole lesson:

- analyse various meanings of health and wellbeing

KEY DEFINITIONS

Health and wellbeing relates to an individual's physical, mental, emotional, social, and spiritual states, where an individual can experience balance and an overall level of satisfaction, enabling them to effectively function

There are five dimensions of health and wellbeing. These dimensions are:

- physical health and wellbeing
- mental health and wellbeing
- emotional health and wellbeing
- social health and wellbeing
- spiritual health and wellbeing.

Optimal health and wellbeing involves an individual experiencing the highest possible level of health and wellbeing when taking their unique experiences, characteristics, and lifestyle into account. To achieve optimal health and wellbeing, an individual needs to focus on prioritising all five dimensions of health and wellbeing to ensure that the five dimensions are balanced and effectively interacting with each other. For example, an individual may exercise every day, therefore having optimal physical health and wellbeing. However, their overall level of health and wellbeing may be poor if they ignore the other four dimensions of health and wellbeing.

'Health and wellbeing' is currently described as one single concept. However, in the past, 'health' and 'wellbeing' were considered to be separate concepts. During this time, the concept of health was more focused on the physical functioning of the body and referred to the absence of **disease** and **infirmity**. In contrast, wellbeing was a more holistic concept which described an individual's perceptions on their quality of life. Due to the limiting nature of these terms, these concepts are now accepted as one: health and wellbeing.

The World Health Organisation (World Health Organisation [WHO], 2021) created the first globally accepted definition of health in 1946. The WHO's (2021) definition of health is 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'. This definition shifted away from the traditional understanding of the concept of health, which considered health to exist only in physical terms, and only among those who were not experiencing a disease, illness, injury, or infirmity. The WHO's definition shifted towards a more positive and holistic perspective of health, which acknowledged multiple dimensions of health and wellbeing.

Table 1 Evaluation of the WHO's definition of health

Strengths	Weaknesses
- Went beyond the pre-existing focus of health as simply involving the absence of disease and infirmity, creating a positive shift in understanding of health - More holistic concept than previous definitions due to inclusion of the word 'wellbeing' to highlight an individual's unique perceptions - The first globally accepted definition of health, leading to a shared understanding of health across the world - Presents health positively, which differs from previous negative definitions that focused on disease, illness, injury, and infirmity	- Use of the word 'complete' may be inaccurate, suggesting that there is a potential perfect level of wellbeing (which is false) and would classify most people as 'unhealthy' at most points of their life (Huber et al., 2011) - The definition neglects spiritual and emotional dimensions of health and wellbeing - It is difficult to objectively measure the definition due to the subjective nature of wellbeing

Definitions of health and wellbeing can vary between cultures. For example, Aboriginal peoples have a very holistic understanding of health and wellbeing, and may focus on the influence of language, culture, and spirituality on health and wellbeing more than other population groups, such as non-Indigenous Australians.

Illness and disease

The concept of health and wellbeing is closely related to the concept of **illness**. Illness is a self-perceived negative state of health and wellbeing, in which an individual believes that they are experiencing something which makes them unwell. Illness is an individual's personal experience which exists when they are unwell and can be impacted by multiple factors, such as their previous experiences of diseases and conditions, their personality, and their attitudes. Although the experience of illness is unique to each individual, it is a normal experience which occurs for everyone.

KEY DEFINITIONS

Optimal health and wellbeing involves an individual experiencing the highest possible level of health and wellbeing when taking their unique experiences, characteristics, and lifestyle into account

ADDITIONAL TERMS

Disease is a diagnosable negative state of health and wellbeing which is accompanied by symptoms

Infirmity is a state of weakness or a lack of energy, usually due to old age

Lesson link

In the next lessons of this chapter, you will learn about the varying perspectives of health and wellbeing. In lesson *1B: Variations in perspectives of health and wellbeing*, you will learn about how age, culture, gender, religion and socioeconomic status influence perceptions of health and wellbeing. You will also learn about youth perspectives in lesson *1C: Youth perspectives of health and wellbeing* and Indigenous perspectives in lesson *1D: Indigenous perspectives of health and wellbeing*.

ADDITIONAL TERMS

Illness is a self-perceived negative state of health and wellbeing, in which an individual believes that they are experiencing something which makes them unwell

Illness differs from the concept of disease, which is an experience of being unwell that can be diagnosed, such as the flu, which involves symptoms. Illnesses instead are more subjective and are based on how an individual negatively perceives their health and wellbeing. Therefore, an individual could be experiencing illness which has arisen due to the existence of a disease.

The dynamic and subjective nature of health and wellbeing

Health and wellbeing is **dynamic**, which means that it is constantly changing over time in response to an individual's environment. For example, someone may believe that they have optimal health and wellbeing due to having strong relationships, being in control of their emotions, and being physically active most days of the week. However, this evaluation of health and wellbeing may shift in response to changes in that individual's environment, such as, the individual sustaining an injury (negatively affecting their physical health and wellbeing), or being fired from their job (which may negatively affect their mental health and wellbeing due to stress). This example demonstrates how an individual's health and wellbeing can shift and change quite quickly, with every individual being likely to experience fluctuations in their health and wellbeing over time. This can be visualised in a continuum as shown in figure 1.

ADDITIONAL TERMS

Dynamic refers to something that is constantly changing over time

| Impaired health and wellbeing | Moderate health and wellbeing | Optimal health and wellbeing |

Figure 1   Health and wellbeing as a dynamic concept

Health and wellbeing is also said to be **subjective**, which means it is influenced by unique and individual opinions and judgements. Different people may consider their health and wellbeing in various ways depending on unique characteristics, such as their past experiences, their level of resilience, their personality, and their attitude towards certain occurrences, like illness and injury. This helps to explain why individuals may have different perspectives of health and wellbeing, as their unique characteristics can influence what health and wellbeing means to them. Refer to figure 2 for a visual example of how health and wellbeing is said to be subjective.

ADDITIONAL TERMS

Subjective refers to something which is influenced by unique and individual opinions and judgements

Occurrence: Jasper, Dervla, and Harriet catch a cold
They all evaluate their health and wellbeing differently in response to catching a cold
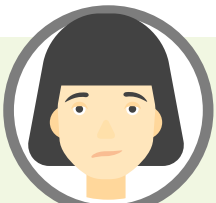
Jasper

Jasper has recently experienced the death of a family member which has led to him isolating himself from his friends and family. He is also recovering from a terrible back injury. In such a way, him catching a cold may be the final straw which leads him to consider himself to have impaired health and wellbeing.

Dervla

Dervla hates getting sick as it really slows her down and leads to her being behind in her work and her goal to run a marathon. However, she still considers herself to be physically healthy and has a strong spiritual connection to her faith. Therefore, she considers herself to have average health and wellbeing.

Harriet

Harriet often finds it easy to 'power through' when she has a cold and recognises that it is normal to get a cold now and again. In such a way, she does not change her evaluation of her health and wellbeing and still considers herself to have optimal health and wellbeing.

Image: Visual Generation/Shutterstock.com

Figure 2   An example of the subjective nature of health and wellbeing

Physical health and wellbeing 1.1.1.2

OVERVIEW

Would you consider yourself to be healthy? When asked this question, it is likely that you first think about the food you eat and whether you regularly exercise. These concepts relate to the physical dimension of health and wellbeing.

THEORY DETAILS

The first dimension of health and wellbeing we will discuss is **physical health and wellbeing**, which is the functioning of the body and its systems, including the body's capacity to perform daily tasks and activities. To make it more likely for optimal health and wellbeing to be achieved, it is important for an individual to consider all areas of physical health and wellbeing and make healthy decisions, such as exercising and resting to avoid illnesses and injuries. Optimal physical health and wellbeing involves the highest level of functioning of the body and its systems possible for each individual, which leads to the capacity to perform daily tasks and activities.

Figure 3 The components of optimal physical health and wellbeing

Components of optimal physical health and wellbeing include:

- regular exercise
- a strong immune system, contributing to minimal illnesses
- a balanced diet in which nutrition needs are met
- an appropriate amount and quality of sleep
- allowing the body to recover by providing adequate amounts of rest
- the maintenance of a healthy body weight
- adequate energy levels
- minimal experiences of illness, disease and injury.

(VCAA, 2021)

> ⓘ **Useful tip**
>
> For each dimension of health and wellbeing you should be aware of:
> - The key terms in its definition e.g. 'the functioning of the body and its systems'
> - A few components within the dimension e.g. 'regular exercise'.
>
> This will help you to form strong answers to questions about the dimensions of health and wellbeing.
> You won't be asked to define the dimensions but may be asked to describe, explain, or discuss the dimensions.

Study design key skills dot point

The following key skills dot point applies to the rest of the lesson:

- describe different dimensions of health and wellbeing

KEY DEFINITIONS

Physical health and wellbeing is the functioning of the body and its systems, including the body's capacity to perform daily tasks and activities

Mental health and wellbeing 1.1.1.3

OVERVIEW

Can you form your own opinions? Do you use logic to make effective decisions? These questions relate to the concept of mental health and wellbeing.

THEORY DETAILS

Mental health and wellbeing is the current state of wellbeing of the mind, involving the ability to think and process information. Optimal mental health and wellbeing involves the ability to effectively form opinions, use logic, and make decisions effectively and independently. Having optimal mental health and wellbeing allows an individual to function independently, which involves effectively carrying out day-to-day tasks and responding to changes and demands in the environment.
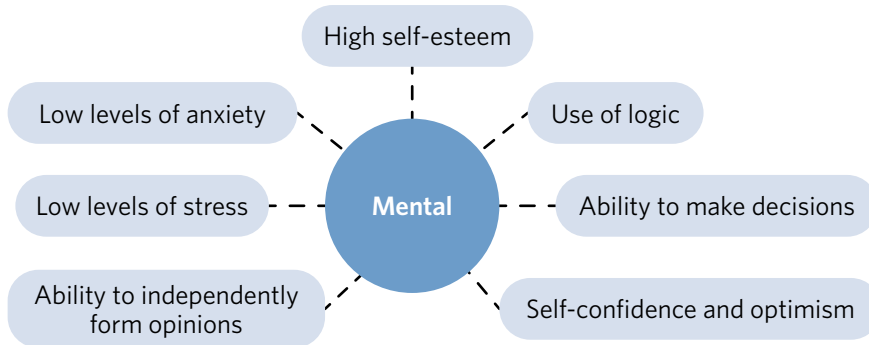
Figure 4 The components of optimal mental health and wellbeing

Components of optimal mental health and wellbeing include:

- the ability to use logic
- the ability to make decisions
- the ability to independently form opinions
- low levels of stress and anxiety
- high self-esteem
- a sense of self-confidence and optimism.

(VCAA, 2021)

Want to know more?

There are many support services in the community if you want to talk to someone about your own mental health, or the mental health of someone you know.

This includes visiting:

- Your GP
- Your school counsellor
- Non-profit organisation mental health resources. **Headspace** and **Beyond Blue** provide assistance for young adults, with many resources including online chats and forums.
  You can visit Headspace at *headspace.org.au* and Beyond Blue at *beyondblue.org.au*.

Source © Beyond Blue

Figure 5 Beyond Blue is an Australian organisation founded in 2000 which works to address a range of mental health issues

Emotional health and wellbeing 1.1.1.4

OVERVIEW

Can you recognise your own feelings? Do you have coping mechanisms in place to regulate your emotions and express them in a positive way? If the answer to both of these questions is yes, you likely have optimal emotional health and wellbeing.

THEORY DETAILS

Emotional health and wellbeing is the ability to express, control, and manage feelings in a positive way and display resilience. This involves having appropriate and proportionate emotional reactions to events. Emotional health and wellbeing also involves being able to display resilience, which can mean 'bouncing back' from adverse (difficult or unwanted) events.

KEY DEFINITIONS

Emotional health and wellbeing is the ability to express, control and manage feelings in a positive way and display resilience
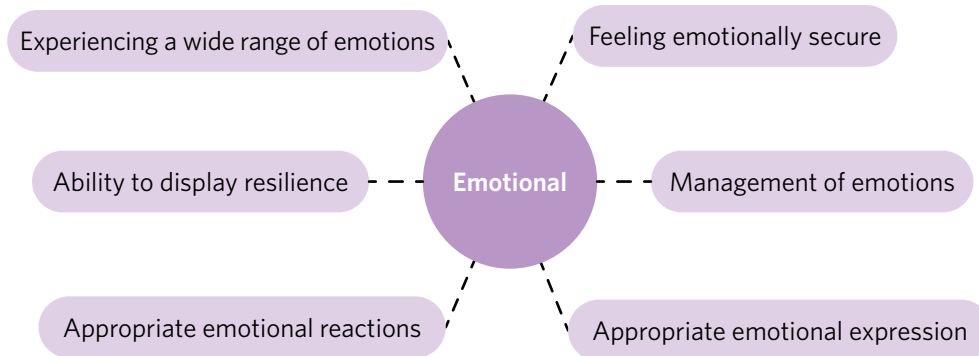
Figure 6 The components of optimal emotional health and wellbeing

Although emotional health and wellbeing involves positively expressing emotions, it does not mean that people who experience negative emotions have poor emotional health and wellbeing. 'Positive' does not necessarily mean 'happy' emotions, but rather any emotions that are expressed in a constructive and appropriate manner. Negative emotions are a normal part of life, and the ability to recognise and distinguish negative emotions is an essential component of optimal health and wellbeing. Constantly experiencing negative emotions or being unable to manage them in a constructive way results in poor emotional health and wellbeing.

Components of optimal emotional health and wellbeing include:

- the appropriate expression of emotions, such as in the right environment and in front of the right people
- managing emotions in an effective manner, such as learning techniques to cope with emotions
- having appropriate emotional reactions to events
- experiencing a wide range of emotions
- the ability to display resilience
- feeling emotionally secure and relaxed in day-to-day life.

(VCAA, 2021)

> **(!) Useful tip**
>
> It can sometimes be difficult to distinguish between emotional and mental health and wellbeing as these two dimensions are highly interrelated (you will learn about interrelationships at the end of this lesson). To help remember the difference between these two dimensions focus on:
>
> - *Emotional health and wellbeing* refers to the expression and management of *feelings*. E.g. someone lacks resilience, or has trouble expressing emotions in the appropriate settings.
> - *Mental health and wellbeing* refers to *thoughts* and *mental processes*. E.g. someone is experiencing stress and anxiety, has difficulty concentrating, or struggles to form opinions and make decisions.

Social health and wellbeing 1.1.1.5

OVERVIEW

Do you feel supported by your friends and family? How do you feel when one of your relationships is not going well? As humans are naturally social beings, the dimension of social health and wellbeing greatly affects our overall sense of health and wellbeing.

THEORY DETAILS

The dimension of **social health and wellbeing** refers to the ability to form meaningful and satisfying relationships with others, as well as the ability to appropriately manage and adapt to social situations. Human beings have an innate drive to interact and connect with others, highlighting the importance of strong social health and wellbeing.

Having optimal social health and wellbeing involves individuals having a strong support network which they can rely on when experiencing hardship, and feeling connected to their family, friends, and community. Optimal social health and wellbeing is characterised by components, such as strong communication skills and having a high level of empathy (understanding how someone else feels).

KEY DEFINITIONS

Social health and wellbeing is the ability to form meaningful and satisfying relationships with others, as well as the ability to appropriately manage and adapt to social situations
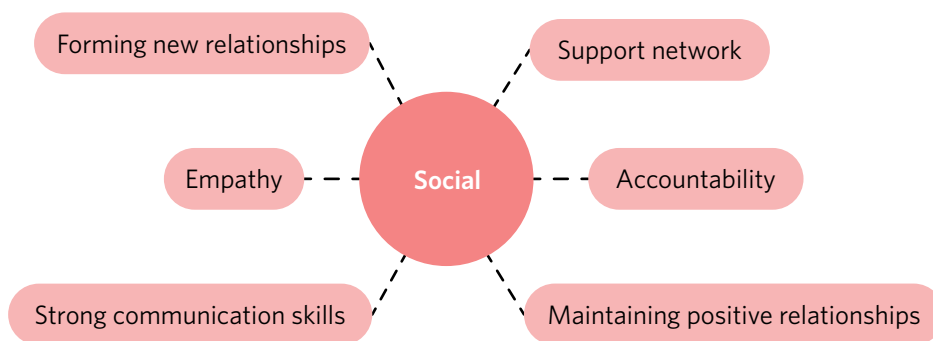
Figure 7 The components of optimal social health and wellbeing

Components of optimal social health and wellbeing include:

- having a strong support network provided by friends, family, and the wider community
- the ability to maintain positive relationships with others, including the ability to express emotions and overcome conflict
- the ability to form new relationships with others
- having strong communication skills
- having empathy for others
- having a sense of personal accountability, leading to more positive actions in relationships.

(VCAA, 2021)

🧠 *Want to know more?*

The recent rise of social media sites has greatly impacted social health and wellbeing, as well as other dimensions of health and wellbeing. Social media sites are meant to make us feel more socially connected, right? Although this is true at times, with social media allowing individuals who are geographically isolated (as was common during the COVID-19 pandemic) the opportunity to connect, social media has also contributed to feelings of social isolation (Clark et al., 2017). This sense of isolation or loneliness can occur due to feelings of FOMO (fear of missing out) and social comparison (Clark et al., 2017). When social media users view a carefully curated highlight reel of people's lives, they may feel as if they are missing out on something more, resulting in people questioning their existing relationships.

Additionally, individuals can focus so heavily on social media sites that it can lead to them ignoring their friends and family who they are physically surrounded by, leading to less conversation and fewer social connections as visualised in figure 8. This demonstrates how social media is both beneficial and harmful to social health and wellbeing.

Image: BRO.vector/Shutterstock.com

Figure 8 An issue of social media site usage is that it can lead to withdrawal from others in an individual's physical environment

Spiritual health and wellbeing 1.1.1.6

OVERVIEW

Do you feel like you have a sense of purpose? Do you feel like you belong? Both of these questions relate to the dimension of spiritual health and wellbeing.

THEORY DETAILS

The last dimension of health and wellbeing is spiritual health and wellbeing. **Spiritual health and wellbeing** refers to the ideas, beliefs, values, and ethics that an individual possesses, contributing to a sense of meaning, purpose, and belonging. Spiritual health and wellbeing is different for each individual depending on their own unique beliefs and values. For example, some individuals have optimal spiritual health and wellbeing due to feeling connected to and like they belong to their community, while others may have optimal spiritual health and wellbeing due to practising their religion everyday in a way that is meaningful and positive to them. It is important to remember that there are many different ways in which spiritual health and wellbeing can exist, and that an individual's experiences and environment heavily impact where their sense of spirituality comes from.

KEY DEFINITIONS

Spiritual health and wellbeing includes the ideas, beliefs, values and ethics that an individual possesses, contributing to a sense of meaning, purpose, and belonging
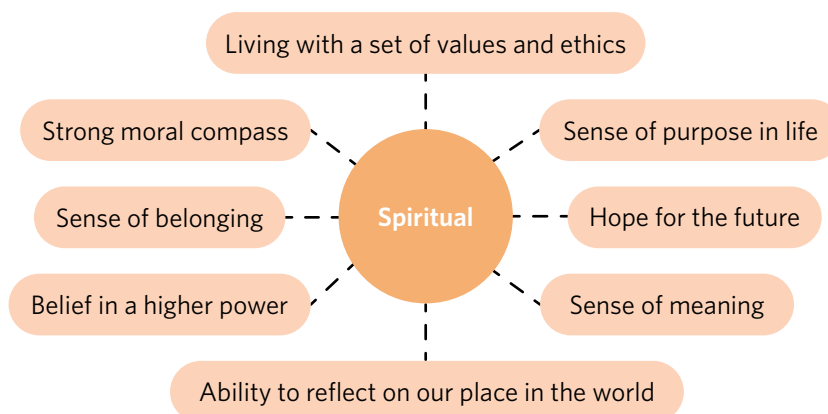
Figure 9 The components of optimal spiritual health and wellbeing

Components of optimal spiritual health and wellbeing include:

- a sense of hope about the future
- a sense of meaning or value which guides an individual through their life
- the ability for an individual to reflect on their place in the world
- believing in a higher power, such as an organised religious group
- having a strong moral compass
- living with a set of values and ethics
- having a sense of purpose in life
- a sense of connection to others and a sense of belonging.

(VCAA, 2021)

ACTIVITY 1

Read the following scenarios and fill in the gaps with the dimensions being affected. The options for the dimensions are listed below. This activity illustrates the dynamic nature of health and wellbeing.

- Physical
- Mental
- Social

Ophelia recently broke her hip which has led to her having to take a break from her dance classes.

1   Her _____ health and wellbeing is likely to improve when her broken hip recovers as she will be able to resume socialising with her classmates to strengthen her network of friends.

2   Ophelia's _____ health and wellbeing is likely to improve when she can begin dancing and therefore exercising to maintain a healthy body weight once her hip has healed.

3   Ophelia's _____ health and wellbeing is likely to improve when she can resume dancing, as the benefits of exercise will help reduce her stress levels, as well as lower her levels of anxiety about not feeling a part of her dance class.
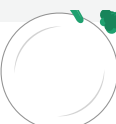
Want to know more?

As you may have noticed, the dimensions of health and wellbeing overlap and influence each other in many ways. This demonstrates the interrelated nature of the dimensions of health and wellbeing. This means that a change to one dimension has the ability to positively or negatively affect the other four dimensions in some way. For example, if an individual sustains a severe injury (physical health and wellbeing), this may lead them to lash out at their friends and family due to them being stressed about the impact the injury will have on their social life (social health and wellbeing). This may be particularly important if the individual maintains relationships with others by playing netball with their friends. By lashing out on their friends and potentially harming these relationships, it may be more difficult to recover as the injured person may need day-to-day assistance to carry out tasks such as getting dressed and getting out of bed (physical health and wellbeing).

Figure 10 Optimal health and wellbeing occurs when all five dimensions are in balance

This interrelationship between the dimensions affects whether optimal health and wellbeing is achieved. To be achieved, an individual needs to balance out and equally focus on maintaining optimal levels of all five dimensions. This means that they should not focus too much on one dimension of health and wellbeing, as they may neglect other dimensions. When all five dimensions are at optimal levels, they affect each other in a positive way, leading to overall optimal health and wellbeing for that individual. This is visualised in figure 10.

Theory summary

In this lesson, you have learnt about the concepts of health and wellbeing. More specifically, you have learnt about various definitions of health and wellbeing. You have also learnt about the dimensions of health and wellbeing, which are outlined in table 2.

Table 2 Overview of the dimensions of health and wellbeing

Dimension	Definition	Some components of optimal health and wellbeing
Physical	The functioning of the body and its systems, including the body's capacity to perform daily tasks and activities	- regular exercise - a strong immune system
Mental	The current state of wellbeing of the mind, involving the ability to think and process information	- high self-esteem - low levels of stress and anxiety
Emotional	The ability to express, control and manage feelings in a positive way and display resilience	- the appropriate expression of emotions - the ability to display resilience
Social	The ability to form meaningful and satisfying relationships with others, as well as the ability to appropriately manage and adapt to social situations	- strong support network - strong communication skills
Spiritual	The ideas, beliefs, values and ethics that an individual possesses, contributing to a sense of meaning, purpose, and belonging	- having a sense of purpose in life - a sense of belonging in their environment

1A QUESTIONS

Theory-review questions

Question 1

Which of the following best fills in the blank?

A Perfect.

B Optimal.

Experiencing the highest possible level of health and wellbeing when taking unique characteristics into account refers to _____ health and wellbeing.

Question 2

Maintaining a healthy body weight and supporting immune system functioning relates to

A Physical health and wellbeing.

B Spiritual health and wellbeing.

Question 3

Which of the following are aspects related to positive mental health and wellbeing? *(Select all that apply)*

I The ability to use logic.

II Low levels of stress.

III Not feeling sad.

Question 4

Optimal emotional health and wellbeing only occurs if an individual never experiences negative emotions.

A True.

B False.

Question 5

An individual automatically has optimal social health and wellbeing if they have more than two relationships with others in their life.

A True.

B False.

Question 6

Which of the following are aspects related to positive spiritual health and wellbeing? *(Select all that apply)*

I Having a sense of hope for the future.

II Having strong communication skills.

III Displaying resilience.

Question 7

Perceptions of health and wellbeing remain the same for all individuals, regardless of individual characteristics such as culture.

A True.

B False.

Skills

Perfect your phrasing

Question 8

Which of the following sentences is most correct?

A   Optimal health and wellbeing involves an individual experiencing the *highest possible level* of health and wellbeing when taking their unique experiences, characteristics and lifestyle into account.

B   Optimal health and wellbeing involves an individual experiencing *perfect* health and wellbeing when taking their unique experiences, characteristics and lifestyle into account.

Unpacking the case study

Use the following information to answer Questions 9 and 10.

Odelia has just started working at her dream job as a pediatrician. Since she started a few weeks ago, she has felt like she is meeting her purpose of life which is to help others. Although she is loving her job, she is struggling to make friends at work. She has decided to make an effort with her colleagues over the next few weeks and asks some of them to grab a coffee when their break times line up.

Question 9

Odelia's spiritual health and wellbeing being enhanced through her new job is reflected by the statement that

A   'she has felt like she is meeting her purpose of life which is to help others'.

B   'she is struggling to make friends at work'.

Question 10

Odelia is currently experiencing negative social health and wellbeing. This is reflected by the statement that

A   'she is struggling to make friends at work'.

B   'She has decided to make an effort with her colleagues over the next few weeks'.

Exam-style questions

Question 11   (1 MARK)

Describe the concept of optimal health and wellbeing.

Question 12   (2 MARKS)

Describe the spiritual dimension of health and wellbeing.

Question 13   (2 MARKS)

Describe the mental dimension of health and wellbeing.

Question 14   (2 MARKS)

Jax is on the top football team at his school. He has recently developed a serious cough. He went to the doctor, who told him that he had bronchitis, and prescribed him antibiotics. The doctor told Jax that he has to rest and recover and is not allowed to exercise for the next week.

Explain how Jax's current situation could have an impact on his physical health and wellbeing.

Question 15   (2 MARKS)

Outline an advantage and disadvantage of the WHO definition of health.

Question 16   (4 MARKS)

Marcus just broke up with his girlfriend two days ago. Since breaking up with his girlfriend, he has been upset and has been questioning whether he made the right decision breaking up with her. His friends Nathaniel and Dara have made sure to check up on him.

a   Explain whether Marcus is displaying optimal emotional health and wellbeing. (2 MARKS)

b   Explain whether Marcus is displaying optimal social health and wellbeing. (2 MARKS)

1B VARIATIONS IN PERSPECTIVES OF HEALTH AND WELLBEING

When you were a young child, did you associate being healthy with eating broccoli? Do young children avoid injury and illness in the same way that elderly people do? Do people who are very spiritual have positive outlooks on ill health? There are many different factors that influence people's views on health and wellbeing. In this lesson, you will learn about how age, culture, religion, gender, and socioeconomic status can influence perspectives and priorities related to health and wellbeing.

Image: melitas/Shutterstock.com

1A Health and wellbeing	1B Variations in perspectives of health and wellbeing	1C Youth perspectives of health and wellbeing	1D Indigenous perspectives of health and wellbeing

Study design dot point

- variations in perspectives of and priorities relating to health and wellbeing, according to age, culture, religion, gender and socioeconomic status

Key knowledge units

Age	1.1.3.1
Culture	1.1.3.2
Gender	1.1.3.3
Religion	1.1.3.4
Socioeconomic status (SES)	1.1.3.5

Variations in perspectives of health and wellbeing

Age 1.1.3.1 · · · **Culture** 1.1.3.2 · · · **Gender** 1.1.3.3 · · · **Religion** 1.1.3.4 · · · **Socioeconomic status (SES)** 1.1.3.5

Age 1.1.3.1

OVERVIEW

Is the way you view your health now the same as how you viewed your health when you were five? Does an elderly person avoid illness the same way a young child does? Age is a factor that can influence an individual's perspective and priorities related to health and wellbeing.

THEORY DETAILS

Age refers to the length of time that a person has lived for. Views on health and wellbeing vary across different age groups. As people grow up, their understanding of health and wellbeing changes and can grow in complexity. Children often view illness as the main component of health. As an individual grows and matures, their understanding of health and wellbeing broadens, and therefore so do their perspectives and priorities related to health and wellbeing. The influence of age on perspectives and priorities related to health and wellbeing is outlined in table 1.

Study design key skills dot point

The following key skills dot point applies to the whole lesson:

- describe a range of influences on the perspectives and priorities of health and wellbeing

KEY DEFINITIONS

Age refers to the length of time that a person has lived for

Variations in perspectives

Perspectives change through life experience and education. **Perspective** refers to the way someone sees something or their point of view or attitude towards something. Therefore, it is clear that a young child will not have the same perspective of health and wellbeing compared to an elderly person because of the differences in their education and life experiences. Some examples of how age can influence perspectives towards health and wellbeing are summarised in table 1, which looks at young children and adults of different ages.

Table 1 Some common variations in perspectives related to health and wellbeing across different age groups

Children and Youth: *(birth - 18)* Image: Simple Line/ Shutterstock.com	Young children (of primary school age) have perspectives of health and wellbeing that are shaped by what they learn in school and at home. They often view health as related to the absence of illness and injury and only understand physical health and wellbeing. As a child grows into their teenage years, their view of health and wellbeing broadens and individuals begin to make their own health-related decisions, such as purchasing their own lunch.
Early adulthood: *(18-40)* Image: OneLineStock. com/Shutterstock.com	Young adults' perspectives of health and wellbeing are often shaped by the media and other influences outside of the home or school. Their perspectives relating to health and wellbeing are often associated with their physical health and wellbeing and their body image. As such, a person who is happy with their body image is more likely to perceive themselves as healthy. Young adults often view the absence of harmful practices, such as drug use and unsafe sexual practices, as important to maintaining health and wellbeing. They also often place great importance on social interactions and relationships with others, and therefore may view social health and wellbeing as of a greater importance than other dimensions. Mental health and wellbeing also becomes a greater priority for young adults in this age bracket as they begin to manage many new life stressors that emerge in early adulthood, such as moving out of home.
Middle adulthood: *(40-65)* Image: Dychkova Natalya/ Shutterstock.com	Older adults' perspectives on health and wellbeing are less associated with their physical appearance and more with illness and injury prevention, as well as the maintenance of optimal health and wellbeing. As a person ages, their body ages too, and the risk of the development of chronic diseases, such as cardiovascular disease, increases. Due to having a greater education and more life experience than children and young adults, older adults often value the balance of all of the dimensions of health and wellbeing more than younger people might. For example, older adults may see the maintenance of good mental health and wellbeing as of equal importance to the maintenance of physical health and wellbeing.
Late adulthood: *(65+)* Image: Mikhail Gnatuyk/ Shutterstock.com	As an individual ages into later adulthood, there is a large focus on the ability to live independently without assistance; this comes back to the maintenance of physical health and wellbeing and mobility. Elderly people often have reduced mobility so they may find it more difficult to maintain social connections, impacting social health and wellbeing. This results in optimal social health and wellbeing often being of great importance to elderly people as for many it can be difficult to maintain. Elderly people also experience a slower, quieter lifestyle and therefore often value their sense of belonging and connection to a community as of greater importance than a younger adult who is busy raising children and working full time. This results in elderly people often perceiving spiritual health and wellbeing as of greater importance than younger adults do.

Variations in priorities

In the same way an individual's perspectives of health and wellbeing can change as they grow up, their **priorities** related to health and wellbeing can change too. Priorities refer to things that are treated as of higher importance when compared to something else. Some examples of how age can influence priorities towards health and wellbeing are summarised in table 2, which looks at young children and adults of different ages. You will notice that next to each priority there is a dimension of health and wellbeing. This helps you see how different age groups prioritise different dimensions of health and wellbeing. Remember, these are just examples, and in real life these will vary depending on an individual's circumstance.

Table 2 Some common variations in priorities related to health and wellbeing across different age groups

Children and Youth: *(birth - 18)* Image: Simple Line/ Shutterstock.com	Children's priorities related to health and wellbeing commonly include: • avoiding sporting injuries (physical health and wellbeing) • finishing their fruit and vegetables (physical health and wellbeing) • avoiding missing school because of a cough or cold (physical health and wellbeing).
Early adulthood: *(18-40)* Image: OneLineStock. com/Shutterstock.com	Young adults' priorities related to health and wellbeing commonly include: • eating a nutrient-dense rather than energy-dense diet to manage weight (physical health and wellbeing) • providing for and looking after the health and wellbeing of a whole family, including children, which can often result in financial stress (mental health and wellbeing) • fitting into society's views of what is 'healthy', which can be heavily shaped by social media (this may relate to multiple dimensions of health and wellbeing, such as social and physical dimensions) • maximising and prioritising social interactions and relationships (social health and wellbeing) • managing stress (mental health and wellbeing) • regular vigorous exercise maintaining fitness levels (physical health and wellbeing).
Middle adulthood: *(40-65)* Image: Dychkova Natalya/ Shutterstock.com	Older adults' priorities related to health and wellbeing commonly include: • the maintenance of a healthy, balanced diet (physical health and wellbeing) • prevention of illness (physical health and wellbeing) • the balance and management of stressors and demands, such as full-time work and raising a family (mental health and wellbeing) • physical activity to reduce injury and maintain mobility, such as yoga and pilates (physical health and wellbeing) • religious commitments and connections (spiritual and social health and wellbeing).
Late adulthood: *(65+)* Image: Mikhail Gnatuyk/ Shutterstock.com	Elderly people's priorities related to health and wellbeing commonly include: • the maintenance of mobility through, for example, walking daily (physical health and wellbeing) • mental stimulation to maintain cognitive functioning (mental health and wellbeing) • participation in enjoyable recreational activities (spiritual health and wellbeing) • staying connected to a social group (social health and wellbeing).

ⓘ *Useful tip*

Throughout this lesson, you will continue to learn about different factors that influence variations in perspectives and priorities related to health and wellbeing. In order to discuss these differences, there are a lot of generalisations made about people in different population groups which are based on broad common characteristics, such as religion and gender. It is important to remember that these variations discussed are generalised and do not apply to all members of a given population group, and may appear to be described in overly simplistic ways. Perspectives and priorities related to health and wellbeing are also likely to vary within a given population group. For example, although some young adults will prioritise fitting into society's views of what is 'healthy', as heavily shaped by social media, not all people who fit into this age group will see this as a priority.
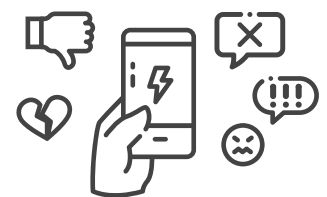
Image: ALX1618/Shutterstock.com

Figure 1 Social media can have a major impact on an individual's mental health and wellbeing

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ACTIVITY 1

How is social media influencing your perspectives on health?

Teenagers' and young adults' views of what is 'healthy' is heavily influenced by social media. Type *'The Surprising Ways Social Media Influences Your Health Choices'* into your browser and read the **Healthline** article.

• Copy out the following table into your workbook and list some pros and cons of social media use in relation to your health.
• Do you agree with the article? Do you disagree? Discuss with your classmates how you think social media affects your own health perspectives and priorities related to health.

Pros	Cons
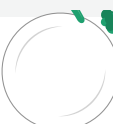
Culture 1.1.3.2

OVERVIEW

Which cultures do you see yourself as a part of? Do you think these cultures have an influence over your thoughts and opinions? Culture is a factor that can influence an individual's perspective and priorities related to health and wellbeing.

THEORY DETAILS

Culture is a multi-layered concept that encompasses the shared characteristics and behaviours of a particular group of people, including their traditions, customs, language, religion, music, art, and cuisine. For some, culture may be closely related to their ethnicity, and for others, culture may be closely related to their religion or their geographical location. Culture is complex and should neither be merely associated with an ethnic identity nor national allegiance. An individual's culture can influence their life in a multitude of ways.

For years, anthropologists, psychologists, and sociologists have shown, through research, the vast impact that culture can have on people's views and opinions related to illness and health. Culture can influence perceptions of the cause of disease and illness, language used to describe pain and illness, approaches to treatment, where people seek treatment, as well as lifestyle habits for the maintenance of good health (Furnham et al., 2010).

Variations in perspectives

Due to the fact that culture is such a broad concept and there are many variations within one culture, it is very hard to make generalisations about the direct relationship between culture and views of health and wellbeing. However, there are some studies that have highlighted some key points related to culture and health and wellbeing, some of which are summarised below:

- Perspectives of health and illness are shaped by an individual's complex **folklore**, which is then modified by medicine and the media and continues to evolve over time (Furnham et al., 2010).
- People from **industrialised societies** and cultures, such as those in England, are more likely to attribute the cause of illness to the individual or circumstances in the natural world compared to cultures from non-industrialised societies, such as from Uganda, who are more likely to explain illness and poor health as a result of social and supernatural causes (Furnham et al., 2010).
- Some immigrants who do not live in a place where their culture is of the majority may not seek professional healthcare because they may either lack awareness of the healthcare services offered or believe that the services are not culturally appropriate or sensitive (Mir et al., 2002).
- Eating disorders affect both physical and mental health and wellbeing and are especially high in western cultures, particularly amongst young women (Vaughn et al., 2009). The notion that a 'thin' body is ideal and indicates optimal health shows that culture has an influence on perspectives of health and attitudes towards body size, shape, and eating behaviours.
- Some cultures do not see a difference between mental and physical health. A study with Afghan refugees in the Netherlands found that they did not make any distinction between physical and mental health and never have (Gopalkrishnan, 2018). This is very different to **Western medicine**, which now takes an approach that separates the body and the mind.

Variations in priorities

There are some studies that have highlighted some key points related to culture and health and wellbeing priorities, some of which are summarised below:

- In some cultures, particularly western cultures, such as within Australia, conventional/biomedical medicine is prioritised. In other cultures, alternative medical systems, such as Traditional Chinese Medicine, are valued highly over conventional medicine systems. Some cultures see the value of both: **medical pluralism** is valued highly in some cultures.

KEY DEFINITIONS

Culture is a multi-layered concept that encompasses the shared characteristics and behaviours of a particular group of people, including traditions, customs, language, religion, music, art, and cuisine

ADDITIONAL TERMS

Folklore refers to the traditional beliefs, customs, values, and stories of a community that are passed down through generations, often by word of mouth through stories, tales, and proverbs

Industrialised societies are countries or nations which have a high quality of life, a developed economy, and advanced technological infrastructure in comparison to other less industrialised societies

Western medicine (also known as conventional medicine or biomedicine) is a system of medicine in which medical doctors and other qualified healthcare professionals treat illness, symptoms, and diseases using scientifically researched drugs, radiation, or surgery

Medical pluralism is the employment of more than one medical system, often involving the use of both conventional and alternative medical systems, for promotion of health and treatment of illness

- In some cultures, being plump and larger in size is associated with good health and prosperity, whereas in other cultures, being thin and fit has increased in popularity (Vaughn et al., 2009).

- Some people from **collectivist cultures**, such as Japan and India, value family support and the needs and goals of a group above individual needs and goals (Vaughn et al., 2009). Therefore, they may place greater value on the role of a family member as a caregiver when someone falls ill, which may cause a delay in seeking professional healthcare compared to people from **individualistic cultures**. People from individualistic cultures are also more likely to utilise available social support, such as free healthcare, for their own benefit as they prioritise individual health and the needs of the individual.

- The **stigma** around mental health can be higher in different cultures than in others. When stigma is high, people can feel ashamed and subsequently may not seek treatment. For cultures where there is less stigma associated with mental health and discussion around the importance of mental health, people are more likely to prioritise seeking treatment and looking after their mental health (Gopalkrishnan, 2018).

In summary, different cultures hold different beliefs and values which are passed down through generations: some cultures perceive traditional medicine as the optimal treatment for illness, some cultures prioritise mental health, and some cultures believe the health of a whole community is paramount. Ultimately, culture can greatly influence people's perspectives and priorities related to health and wellbeing.

ADDITIONAL TERMS

Collectivist cultures are cultures that value the needs and goals of a group over the needs of each individual

Individualistic cultures are cultures oriented around individualism that value the needs of the individual over the needs of the group as a whole

Stigma refers to a a mark of shame or disgrace experienced by an individual for a characteristic that distinguishes them from others

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🌐 *Real world example*

Traditional medical practices from around the world

Traditional Chinese medicine (TCM)

TCM is a healing system that is based on over 2,500 years of traditional medicine practices in China (Melbourne Natural Medicine Clinic, n.d.). Unlike Western medicine which is focused on science and is very methodical and research-based, TCM is based on balance, harmony and energy, and treating the body as one whole entity. TCM incorporates a variety of treatment methods and practices including acupuncture, meditation, herbal remedies, and Tai Chi.

Image: Dragon Images/Shutterstock.com

Figure 2 Man measuring ingredients in traditional Chinese apothecary

Ayurveda

Ayurveda is a system of traditional medicine native to India which utilises a range of treatments, including panchakarma, yoga, massage, and herbal medication, to optimise health and wellbeing (The Ayurvedic Institute, n.d.). Ayurveda means 'the science of life' and originated in India more than 5,000 years ago. Ayurveda is focused on the balance between one's thoughts, diet, lifestyle, and the use of herbal medicines. More specifically, Ayurveda focuses on the balance between three energies, known as doshas, called Vata, Pitta, and Kapha. These doshas are believed to be responsible for a person's physiological, mental, and emotional health.

Image: Soumitra Pendse/Shutterstock.com

Figure 3 Traditional Ayurvedic massage products

Aboriginal Australian Bush Medicine

Bush Medicine refers to the ancient and traditional use of native Australian botanicals by Aboriginal peoples for physical and spiritual treatment, which has been in practice for thousands of years (Bush Medijina, 2020). Aboriginal culture traditionally uses Bush Medicine as part of a holistic approach to healing and wellness. An example is the use of Dingadilyenjirkka (white cloud tree) and weeping tree, which is found in the bush on the Australian island Groote Eylandt. This has been traditionally used by Warningakalina women to help their hair grow strong, long, and healthy. To read more about bush medicine, type *bushmedijina.com.au* into your browser and explore the website of Bush Medjina: a small business run by Warnindilyakwa women from Groote Eylandt in the Northern Territory who harvest botanicals from their country, take them back to their sheds, and hand-make all their products following recipes passed down by their mothers, aunties, and grandmothers.

Image: Benny Marty/Shutterstock.com

Figure 4 Sandalwood Tree Seed, used by Aboriginal peoples in skin remedies

🌐 *Real world example*

The intersection of Traditional Chinese medicine (TCM) and Western medicine

Different models of medicine do not have to work alone (Qiu, 2007). Many people believe that a balance between Western and holistic/alternative medicine is ideal and many value and see the place for both in the treatment of illness and disease. Some people will consult a range of different healthcare professionals when ill to seek treatment. For example, a cancer patient may consult both an oncologist and cancer specialist, as well as a naturopath in their journey of fighting cancer. There is also a place for collaboration between traditional medical systems and Western medicine.

For example, Western and TCM are quite different in their research methods, ideologies, and practices, yet both sometimes utilise the same ingredients for medical purposes. Why are these models of medicine different? In Western medicine, scientists and researchers test a drug's safety and efficacy in a randomised, controlled trial, that is in line with laws and regulations. Medical practices and treatments are research-based, controlled, and regulated.

In contrast, TCM treatments are mixtures of ingredients, concocted on the spot on the basis of the symptoms a patient is displaying, using theories and beliefs passed down through generations. Treatment practices are holistic and customised to the individual patient, but can often lack the rigorous testing used in Western medicine.

An interesting example of the intersection of these two very different models of medicine is the use of artemisinin, which is a drug derived from the Asian native plant Artemisia annua. In 2006, the World Health Organisation recommended the use of artemisinin as the first line of treatment for Malaria, a deadly, communicable disease, after 30 years of research and drug trials. However in TCM, use of artemisinin to treat malaria dates back to 317–420 AD: first found mentioned as a specific treatment for symptoms of malaria in Eastern Jin Dynasty, Ge Hong's Zhouhou Beiji Fang (Handbook of Prescriptions for Emergency; Wang et al., 2020).

Gender 1.1.3.3

OVERVIEW

Might people of the same gender have similar health priorities? Could your gender influence the way you view health and wellbeing? Gender is a factor that can influence an individual's perspective and priorities related to health and wellbeing.

THEORY DETAILS

Gender refers to the socially constructed ideas, attitudes, and behaviours that a given culture or society associates with a person's biological sex; it may also refer to a person's own or perceived **gender identity**. In order to understand how gender can influence perspectives and priorities related to health, it is important to first understand what gender is and how it differs from sex. **Sex** refers to the biological categorisation of humans based on their reproductive organs, generally assigned at birth but that can also be changed later in life. Gender is then about the socially constructed ideas, attitudes, and behaviours that a given culture or society associates with a person's biological sex. Gender can also refer to a person's own or perceived gender identity. For the purpose of this lesson, the discussion is based on both the male gender and the female gender. However, it is important to know that gender and gender identity is not limited to male or female: there are many different gender identities other than male and female, some of which include transgender, gender-neutral, pangender, and non-binary.

Due to the fact that gender is such a broad concept and there are many different people who fit within the one 'gender', it is very hard to make generalisations about the cause and effect relationship between gender and views of health and wellbeing. However, some studies have demonstrated some interesting points in relation to variations in perspectives and priorities related to health and wellbeing.

Variations in perspectives

Societal expectations and traditional gender roles are majorly responsible for the differences in health and wellbeing perspectives in men and women. Men were traditionally the money-makers and were expected to be dominant and strong. Women were traditionally expected to be polite, dress respectfully, run the household which often involved preparing food, and were responsible for raising the children of a family. These traditional gender roles, although not widely accepted in western societies today, are still culturally ingrained ideas that exist within society and have a major impact on how people view health and wellbeing. Some examples of these varied perspectives include:

- Men may view reaching out about mental health problems as 'weak' (Mental Health Foundation, 2020; AIHW, 2021). Men are less likely to seek help for mental health problems than women and subsequently have higher rates of suicide than women.

KEY DEFINITIONS

Gender refers to the socially constructed ideas, attitudes, and behaviours that a given culture or society associates with a person's biological sex; it may also refer to a person's own or perceived gender identity

ADDITIONAL TERMS

Gender identity refers to an individual's own understanding of their gender as masculine, feminine, or other

Sex refers to the biological categorisation of humans based on their reproductive organs, generally assigned at birth but that can also be changed later in life

- Men are more likely to have greater confidence in their ability to remain physically active and strong and are more likely to perceive strength as an important aspect of physical health and wellbeing than women. This could be a product of the fact that traditional gender roles have been shown to influence self-efficacy (Science Daily, 2019). It is likely also the result of one's biological sex commonly influencing one's chosen gender identity; for example, testosterone (a hormone higher in biological males) is responsible for muscle mass and strength, as well as being involved in desires for competition and dominance.

- Women are more likely to have health and diet-related anxiety and are more likely to reduce consumption of foods that are perceived as unhealthy, such as food additives and white carbohydrates (Bärebring, 2020).

- Women are more prone to accept a health condition as part of themselves, rather than to see it as a challenge to be overcome like their male counterparts tend to do (Valssoff, 2007).

Variations in priorities

Societal expectations and traditional gender roles are also majorly responsible for the differences in health and wellbeing priorities for men and women. Some examples include:

- Men are more likely than women to connect health and wellbeing to physical fitness and are more likely to prioritise physical activity that will optimise their muscle mass and help them develop and maintain a strong, muscular body type (Valssoff, 2007).

- Women are more likely to strive to achieve the 'ideal' body shape as influenced by western society, and are more likely to prioritise their diet and food intake (Valssoff, 2007), and are subsequently more likely to suffer from eating disorders than men, especially young, adolescent girls (Eating Disorders Victoria, 2021).

- Women are more likely to be health-conscious, especially around the time of childbearing years (mid-20s – mid-30s) and are more likely to strive for optimal health and wellbeing in all dimensions of health than men (Bärebring, 2020).

- Women are more likely to financially invest in their health than men; for example, they are more likely to purchase vitamin and mineral supplements than men (Mielczarek, 2019).

- Traditional masculine gender 'norms' support the idea that a male should be fearless and not vulnerable; therefore, men are more likely to participate in risk-taking behaviours than females and are more likely to overly consume tobacco products or alcohol (Budesa et al., 2008). Men are less likely to prioritise their physical safety-related health and wellbeing than females.

🧠 *Want to know more?*

Women's health as a global concern

The health of women and girls is a global concern because, in many cultures and societies, females are disadvantaged as a result of gender-based discrimination which is rooted in many sociocultural factors (World Health Organisation [WHO], 2021). Some of these factors which contribute to the differences in both health and access to health services for women include:

- unequal power in relationships between females and males
- societal 'norms' and gender 'norms' that decrease education and paid employment opportunities for women
- exclusive focus on the role of women in reproduction when men also play an important role
- exposure to physical, sexual, and emotional violence.

The World Health Organisation (WHO) outlines 6 priorities for women and health which show us where they direct their work to improve women's health (WHO, 2021). Considering these priorities helps us understand some of the biggest health and wellbeing-related challenges women face in today's world. These priorities include:

1 Address gender inequality in the COVID-19 response and recovery, particularly in relation to social and economic consequences.

2 Increase the position of women in the healthcare workforce, in particular, invest in equal pay, and strive to ensure representation in leadership and decision-making roles.

3 Prevent and respond to violence against women.

4 Ensure quality sexual and reproductive health for all.

5 Reduce non-communicable diseases among women.

6 Increase women's participation and leadership in science and public health.

Religion 1.1.3.4

OVERVIEW

Would a very spiritual person have a very positive outlook on health and wellbeing?
Do strong religious beliefs assist people in finding comfort when terminally ill?
Religion is a factor that can influence an individual's perspective and priorities related to
health and wellbeing.

THEORY DETAILS

Religion as a concept is notoriously hard to define and may have different definitions
depending on the subject matter at hand. For the purposes of Health and Human
Development, **religion** may refer to a set of beliefs, values, practices, and doctrines that
are accompanied by a belief in a higher power, often in the form of a god or gods. Religious
beliefs can shape the way individuals view the world, and therefore, their health and
wellbeing too.

Religion is a broad concept: not everyone who follows the same religion has exactly the
same beliefs, many different people from all over the world might follow the same religion
yet live in very different places. Therefore, it is very hard to make generalisations about the
direct relationship between religion and views of health and wellbeing. For example, over
1.9 billion people from over 30 different countries globally are Muslim; i.e., followers of the
religion Islam (World Population Review, 2021). These 1.9 billion people would not all be
influenced by Islam in the same way. Despite the broad nature of religion, there are some
key associations between different religious beliefs and perspectives and priorities related
to health and wellbeing. These are discussed below through the inclusion of specific
examples of different religions.

Variations in perspectives

Some religious beliefs impact people's perspectives on medical treatment, which
can greatly impact health and wellbeing, especially physical health and wellbeing
(HealthStream, 2021). For example:

- Jehova's Witnesses typically don't accept blood transfusions because they perceive
  God as the giver of life and that it is against God to do so.
- Amish people typically don't approve of heart transplants, and sometimes heart surgery
  because they perceive the heart as the 'soul of the body'. Amish people also do not
  commonly practice birth control and do not commonly employ preventative health
  care, such as vaccinations and prenatal care.
- Vaishnavism (the major branch of the Hindu faith) considers the killing of animals,
  especially cows, to be sinful and is not accepted. Therefore, they do not condone the use
  of any drugs or medical treatments that contain animal products.

In 2011, Victorian Health Promotion Foundation (VicHealth) produced a report called
'How does freedom of religion and belief affect health and wellbeing' (Klocker et al., 2011).
This report explores the findings of multiple studies analysing the relationship between
religion and health and wellbeing. This report helps us understand how religion can both
positively and negatively impact health and wellbeing related perspectives. Some of these
findings include:

- Many religions are associated with a positive mindset and emotions, (such as optimism,
  sense of meaning, and purpose to life), which promote spiritual and mental health
  and wellbeing.
- Religious beliefs can help people cope better with stress by not viewing negative events
  as their own fault, and can act as an alternative to unhealthy coping strategies, such as
  turning to alcohol and smoking.
- Some people discriminate against other people based on their religious beliefs.
  Such discrimination can cause individuals to have warped perceptions of others and
  can be a cause of stress, impacting mental health and wellbeing.

KEY DEFINITIONS

Religion refers to a set of beliefs, values, practices, and doctrines that are accompanied by a belief in a higher power, often in the form of a god or gods

Variations in priorities

The 2011 VicHealth report also helps us understand how religion can both positively and negatively impact health and wellbeing related priorities (Klocker et al., 2011). Some of these findings include:

- Religious belief is associated with a reduced likelihood of engaging in risk-taking behaviours, such as alcohol and drug use and cigarette smoking.
- There is a link between religious belief and valuing spirituality and spiritual health and wellbeing.
- For many people, religious practices, such as prayer and meditation, are a priority. These practices are proven to reduce stress and promote mental health.
- There is an association between religious belief and decreased mental health issues, specifically decreased depression, anxiety, and suicide risk.
- Many people who believe in a religion value and prioritise their social connections with others of the same religious community (through, for example, weekly religious ceremonies). This secures social support for individuals and promotes their social health and wellbeing.
- Many people prioritise the regular attendance of places of worship which helps keep people physically active, especially in old age. This reason to keep active and move one's body, due to travelling to and attending places of worship, promotes physical health and wellbeing.
- Discrimination based on religion can restrict access to resources required for health and wellbeing, such as employment and education.
- Discrimination based on religion can also manifest in violence which negatively impacts all dimensions of health and wellbeing.

Socioeconomic status (SES) 1.1.3.5

OVERVIEW

If you can barely afford basic necessities, are you likely to spend money on expensive vitamins and supplements? Is someone with a high level of education likely to have a good understanding of the importance of nutrition for health? Socioeconomic status is a factor that can influence an individual's perspective and priorities related to health and wellbeing.

THEORY DETAILS

Socioeconomic status (SES) is a measure used to determine the social status of an individual using the factors of income, occupation, and education. A low SES can often have adverse effects on health outcomes as it may limit the resources available to an individual to live a healthy and productive life. In the same way, a high SES can have a positive effect on health outcomes as it may enable individuals to afford resources to optimise their health. Therefore, SES is a factor that can affect an individual's perspective and priorities related to health and wellbeing.

KEY DEFINITIONS

Socioeconomic status (SES) is a measure used to determine the social status of an individual using the factors of income, occupation, and education

Figure 5 Socioeconomic status (SES) is measured using three factors: income, education, and occupation

Before understanding how SES can affect an individual's perspective and priorities related to health and wellbeing, it is important to understand what the three factors related to socioeconomic status are, and their influence on health. This is outlined in table 3.

Table 3 Components of socioeconomic status (SES) and their potential influence on health outcomes

Component	Influence on health outcomes
Income Image: musicman/ Shutterstock.com	Income has a direct influence on the resources people can have access to live a healthy and productive life. Having a low income can prevent individuals from accessing some of the following resources: • nutritious food • adequate housing • healthcare (private health insurance) • transport • educational resources. Inability to access these resources can prevent individuals from maintaining a healthy body weight, preventing disease, and living a healthy and productive life.
Education Image: Drk_Smith/ Shutterstock.com	Education can have a direct impact on the health outcomes of individuals. For example, those who are more educated are typically more likely to have higher levels of health literacy. On the other hand, those who are less educated are likely to have lower levels of health literacy. **Health literacy** is the ability to obtain, read, and understand health information to make informed health-related decisions. Lower levels of health literacy often means that people are less likely to: • attend regular health checkups • maintain a nutritious diet • take notice of health promotion campaigns • regularly exercise. Additionally, lower levels of health literacy often mean that people are more likely to: • use tobacco and alcohol products • over-consume processed foods. Higher education levels can also lead to higher-paying jobs and thus a higher income, allowing individuals to have access to more resources.
Occupation Image: AVIcon/ Shuttertsock.com	Occupation can also have an impact on the health outcomes of individuals. Different occupations require different levels of physical labour and expose individuals to different hazards. For example, manual occupations, such as building and other trades, require high levels of physical labour which can increase the risk of injury and body pain. Manual occupations also pose greater risks of hazard around the workplace, which can increase the chance of injury. On the other hand, some occupations require little to no physical labour, such as administrative positions. This may increase the likelihood of obesity if the individual is not partaking in physical activity outside of the workplace.

ADDITIONAL TERMS

Health literacy is the ability to obtain, read, and understand health information to make informed health-related decisions

As you can see, people can have varying levels of education, different access to knowledge and information, and varying levels of financial security; all of these factors influence the varied perspectives and priorities related to health and wellbeing amongst individuals. Some examples are outlined below.

Variations in perspectives

Education is a factor that influences people's SES. People of lower SES are likely to have lower levels of health literacy which means they may be less informed about health-related issues, such as the health risks of smoking tobacco and drinking alcohol excessively. Therefore, they may not perceive smoking or excessively consuming alcohol as something that could negatively influence their physical health and wellbeing.

People of higher SES are more likely able to easily access and afford resources that are beneficial to their health, such as **private health insurance**. Being able to afford such resources allows individuals to access the best possible healthcare to maximise their health and wellbeing. With minimal financial stress involved in accessing such resources, people of a higher SES may perceive such resources as important to obtain.

ADDITIONAL TERMS

Private health insurance is an optional type of health insurance which people can have in addition to Medicare, in which members pay a premium in return for payment towards services that are not covered by Medicare

Variations in priorities

Income is a major factor that determines an individual's SES. People of lower SES have lower incomes than those of higher SES. This means that they may have different priorities relating to what they spend their money on. For example, an individual of a lower SES may have a low income and therefore it may not be a priority for such individuals to spend substantial proportions of their income on **preventative healthcare**, such as a gym membership, counselling and psychology visits, or prenatal vitamins and supplements.

An individual of a higher SES may have more financial freedom to spend money on a range of resources to optimise their health and wellbeing, such as fresh nutritious foods (which are more expensive than processed foods that are typically not healthy). Therefore, promoting health and wellbeing through food choices may be more of a priority for these people compared to those who cannot financially invest in their health.

Those who are more highly-educated (higher SES) are typically more likely to have higher levels of health literacy, compared to those who are less educated (lower SES). High SES individuals with higher levels of health literacy are more likely to know about a range of **risk factors** and **protective factors** related to their health and wellbeing and are therefore able to avoid certain harmful behaviours (such as high-fat foods) and ensure they engage with other health promoting behaviours (such as maintain physical activity) that they know impact their health.

Theory summary

In this lesson, you have learnt about a range of factors that influence people's perspectives and priorities related to health and wellbeing. The theory from this lesson is summarised in figure 6.
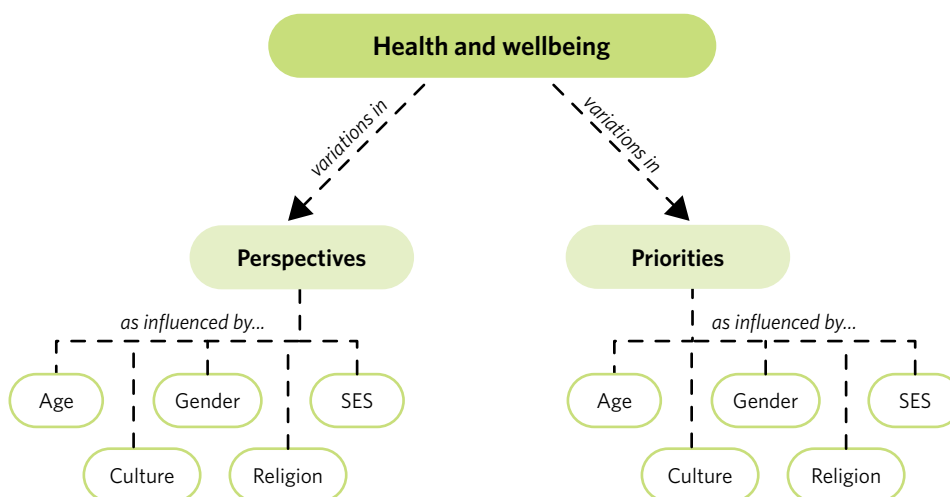
Figure 6 1B lesson summary

ADDITIONAL TERMS

Preventative healthcare can include both medical services (such as breast cancer screenings) and lifestyle choices (such as exercising and quitting smoking) which reduce the risk of an individual being exposed to negative health outcomes

Risk factors refer to something that can negatively impact health by increasing the likelihood of developing a disease, illness, or injury

Protective factors refer to something that reduces the likelihood of negative health outcomes and reduces the potential negative impact of a risk factor on health

1B QUESTIONS

Question 1

Perspectives and priorities related to health and wellbeing vary between individuals and are primarily influenced by age and culture.

A   True.

B   False.

Question 2

Which of the following can influence what an individual prioritises in relation to their health and wellbeing? *(Select all that apply)*

I   Religious beliefs.

II   Income and level of education.

III   Age and gender.

Question 3

Despite a person's age, their perspectives of health and wellbeing are only shaped by their family upbringing and education.

A   True.

B   False.

Question 4

Which of the following best fills in the blank?

A   Can.

B   Cannot.

Societal expectations and traditional gender roles _____ influence people's perspectives of what is healthy.

Question 5

People of the same culture tend to have shared values and beliefs; therefore, culture is not a factor that causes individuals to have varied perspectives and priorities related to health and wellbeing.

A   True.

B   False.

Question 6

There are so many different religions that are characterised by different beliefs and values. Therefore, followers of different religions tend to have different beliefs and values which can translate into different values relating to health.

A   True.

B   False.

Question 7

An individual's income does not play a role in them being able to access different healthcare services and individuals do not need to prioritise where they spend their money regarding their health.

A   True.

B   False.

Skills

Data analysis

Use the following information to answer Questions 8-11.

Proportion of Australian adults who smoked daily, by socioeconomic area, 2017-18
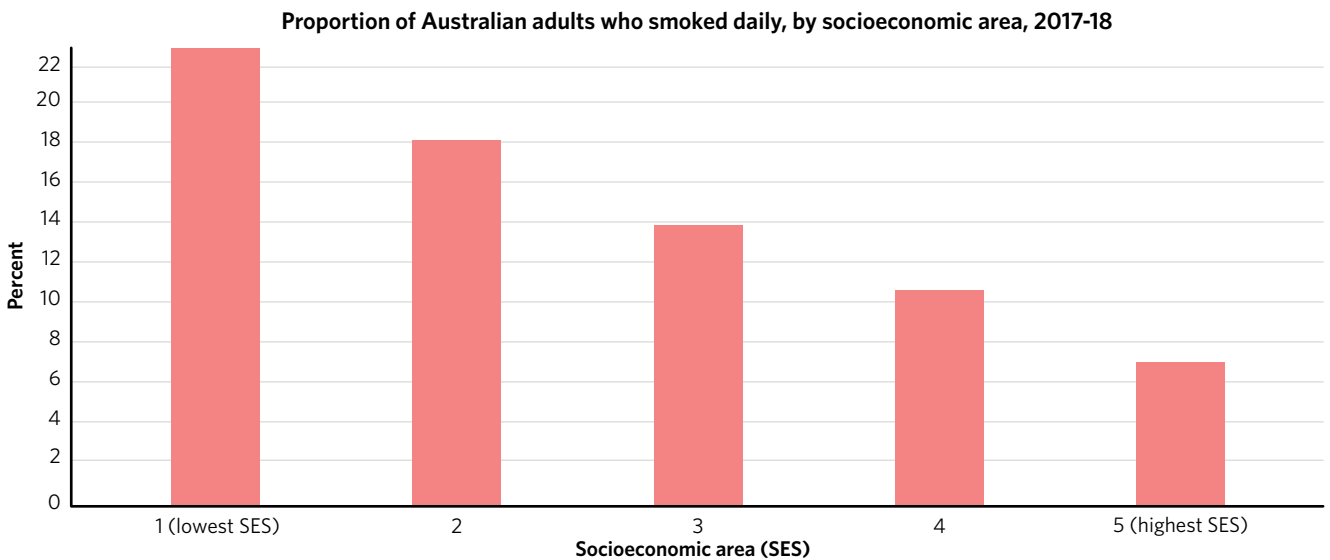
Source: adapted from Australian Institute of Health and Welfare (AIHW), *Health across socioeconomic groups*, <https://www.aihw.gov.au/reports/australias-health/health-across-socioeconomic-groups>

Question 8

How many population groups are analysed in this graph?

A 1.

B 5.

Question 9

Identify the population group that has the highest percentage of Australian adults smoking daily during 2017-18.

A Socioeconomic area 1 (lowest SES).

B Socioeconomic area 5 (highest SES).

Question 10

Which statement correctly outlines a comparison between lowest SES and highest SES Australian adults that is evident in the graph provided?

A In 2017-18, as socioeconomic area increases from lowest SES to highest SES, Australian adults are less likely to smoke daily.

B In 2017-18, as socioeconomic area increases from lowest SES to highest SES, Australian adults are more likely to smoke daily.

Question 11

Which statement can be correctly assumed from the data above?

A Approximately 11% of Australian adults in 2017-18 in the highest socioeconomic area smoked daily.

B Approximately 23% of Australian adults in 2017-18 in the lowest socioeconomic area smoked daily.

Exam-style questions

Question 12   (1 MARK)

Identify one factor that can influence perspectives and priorities related to health and wellbeing.

Question 13   (2 MARKS)

Outline what is meant by varied perspectives and priorities related to health and wellbeing.

Question 14   (2 MARKS)

Describe culture as a factor that can influence perspectives and priorities related to health and wellbeing.

Question 15   (4 MARKS)

a   Explain one example of a factor that can influence perspectives and priorities related to health and wellbeing. (2 MARKS)

b   Explain how the factor identified in **part a** can influence variation in priorities related to health and wellbeing. (2 MARKS)

Question 16   (4 MARKS)

a   Describe what is meant by the term socioeconomic status (SES). (2 MARKS)

b   Explain how SES can influence an individual's perspectives related to health and wellbeing. (2 MARKS)

Question 17   (6 MARKS)

Health-related behavioural risk factors, by age group, Australia, 2017-18

Behavioural risk factor	Aged 65 and over (% of total age group population)	Aged 18-24 and over (% of total age group population)
Overweight or obese (BMI of 25 or more)	75.6	46.0
Currently a daily smoker	7.0	13.9
Exceeded lifetime risk guideline for alcohol consumption [a]	15.3	10.6
Exceeded single occasion risk guideline for alcohol consumption [a]	18.2	60.9
Did not meet recommended daily consumption of fruit and vegetables	91.8	96.9
Insufficient physical activity [b]	71.9	44.6
[a] National Health and Medical Research Council (NHMRC) Australian guidelines to reduce health risks from drinking alcohol (2009): Guideline 1 (lifetime risk) recommends drinking no more than 2 standard drinks per day. Guideline 2 (single occasion risk) recommends drinking no more than 4 standard drinks on a single occasion.		
[b] For 18–64 year olds, insufficient physical activity is captured here as not completing 150 minutes of moderate to vigorous activity (where time spent on vigorous activity is multiplied by 2) across 5 or more days a week. For adults aged 65 and over, insufficient physical activity is captured here as not completing 30 minutes or more of physical activity on at least 5 days each week.		

Source: adapted from Australian Institute of Health and Welfare (AIHW), *Health of older people*, <https://www.aihw.gov.au/reports/australias-health/health-across-socioeconomic-groups>

a   Using the information from the table above, what age group has a higher prevalence of insufficient physical activity? (1 MARK)

b   Outline what physical health and wellbeing is and explain the role physical activity plays in promoting physical health and wellbeing. (2 MARKS)

c   Using the information in the table above, explain how age is a factor that can influence priorities related to health and wellbeing. (3 MARKS)

Questions from multiple lessons

Question 18   (4 MARKS)

Using examples, outline the meaning of health and wellbeing and discuss how age can influence changes in an individual's perspective on health and wellbeing over time.

1C YOUTH PERSPECTIVES OF HEALTH AND WELLBEING

Did you know that young adolescents aged 10–14 years have the lowest risk of death of all age groups (WHO, 2021)? Did you know that half of all mental health disorders among adults start to develop at around the age 14 (WHO, 2021)? Youth is a complex time in one's life: it is a time of great transition, change, and growth. In this lesson, you will zoom in on how youth perceive health and wellbeing. More specifically, you will learn about youth perspectives on the meaning and importance of health and wellbeing. You will also learn how to collect and analyse data relevant to youth perspectives of health and wellbeing.

Image: Cienpies Design/Shutterstock.com

1A Health and wellbeing	1B Variations in perspectives of health and wellbeing	1C Youth perspectives of health and wellbeing	1D Indigenous perspectives of health and wellbeing

Study design dot point

- youth perspectives on the meaning and importance of health and wellbeing

Key knowledge units

Youth perspectives of health and wellbeing 1.1.2.1

Collecting and analysing data 1.1.2.1.1

Youth perspectives of health and wellbeing

Youth perspectives of health and wellbeing 1.1.2.1

Collecting and analysing data 1.1.2.1.1

Youth perspectives of health and wellbeing 1.1.2.1

OVERVIEW

How important is health and wellbeing to people in their youth? What does health and wellbeing mean to young people? Individuals who are in their youth have different perspectives of health and wellbeing compared to people at different stages of their lives.

THEORY DETAILS

Youth refers to the stage of the human lifespan that occurs from ages 12 to 18; it also refers to people in this age bracket. Youth is a time of great change and growth which occurs as individuals transition from childhood through to adulthood. During youth, individuals often spend more time with their friends and peers and less time with their family. Youth is also when individuals typically experience **puberty** and start to gain great independence. An increase in independence gives individuals freedom to make their own choices which can impact their health and wellbeing.

KEY DEFINITIONS

Youth refers to the stage of the human lifespan that occurs from ages 12 to 18; it also refers to people in this age bracket

ADDITIONAL TERMS

Puberty is the natural process in which an individual's body physically changes and matures in order to become capable of sexual reproduction

You may experience an increase in independence in your youth for numerous reasons, which could include:

- starting highschool
- working your first part-time job
- getting yourself to and from places independently, often by using public transport
- obtaining your driver's license
- managing a range of commitments
- spending more time outside of your home.

Have any of these examples increased your independence?

Image: GoodStudio, Andrii Symonenko/Shutterstock.com

Figure 1 Independence in youth can arise due to a range of factors.

There are many similarities in how young people view the world. There is a reason why marketing campaigns and advertisements you might see on TV usually have a specific target audience of a specific age group (young children, teenagers, elderly people): people of similar ages often perceive things in similar ways because they may have similar needs, have similar interests, and might be tackling similar challenges in life. But how do we know how Australian youth view the world, and even more specifically, how can we understand their perspectives of health and wellbeing? Even though everyone is different and has different experiences of youth, Mission Australia is an example of a source of information which can help us understand the way Australian youth view the world through their annual national survey.

Mission Australia is a national charity that aims to improve people's overall wellbeing through the provision of numerous services to Australians which are often government-funded. Every year, Mission Australia surveys thousands of youth online. For example, 25,800 young Australians responded to the Mission Australia Youth Survey in 2020. This annual survey provides many young people aged 15 to 19 with a platform to have their voices heard about the issues that concern them and affect their lives.

One of the survey questions required young people to indicate what they were most concerned about in the past year. The results from thousands of young Australians are summarised in figure 2 and the top 10 issues of biggest personal concern are displayed.

Issues of personal concern to young people, Australia, 2020
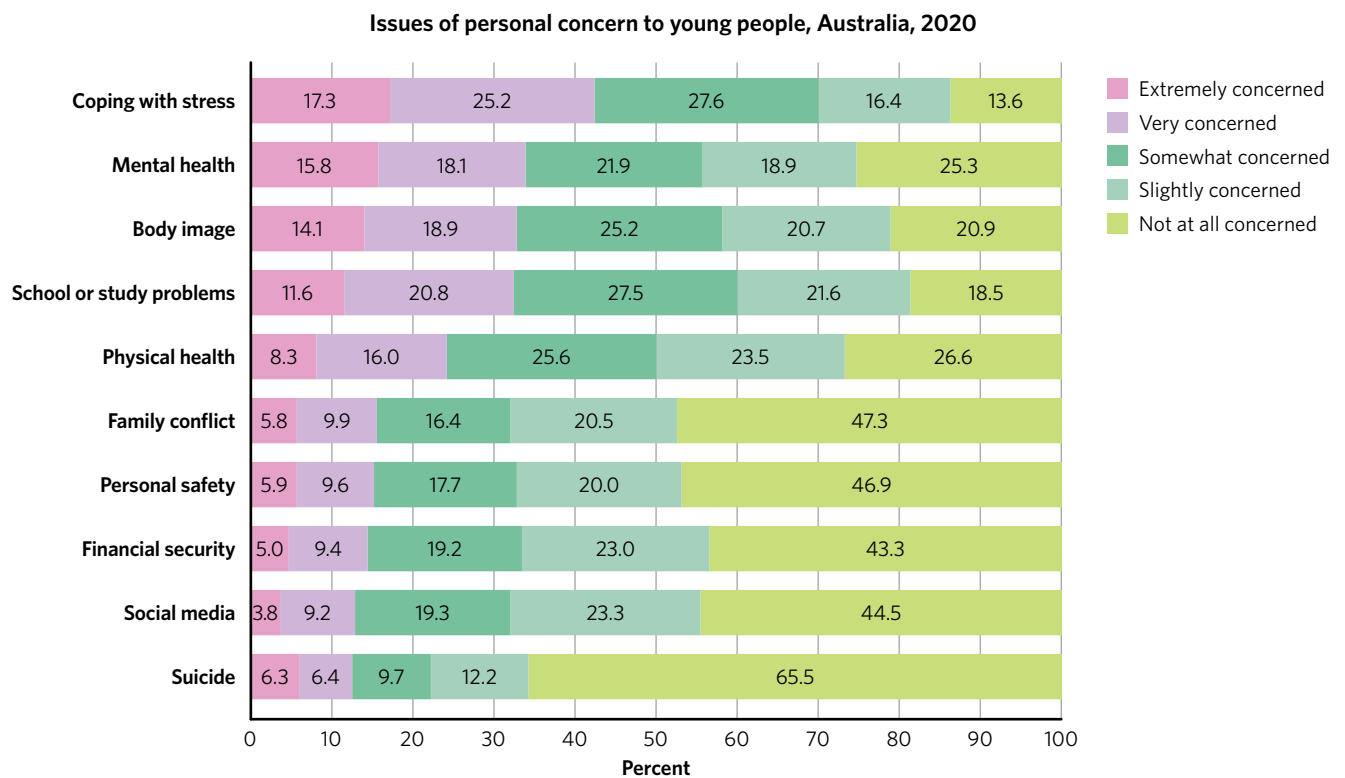
Figure 2 Mission Australia Youth Survey results (Mission Australia, 2020)

Let's take a look at the data in figure 2. You can see that the issue of greatest concern to young people is coping with stress, which is closely followed by mental health.
What does this tell us about youth perspectives on health and wellbeing? These top two issues of greatest concern – coping with stress and mental health – relate directly to the dimension of mental health and wellbeing. Rating these two issues as of great concern highlights the fact that youth across Australia recognise the importance of their mental health and wellbeing, and often struggle with maintaining optimal mental health and wellbeing. This may be because the changes and challenges that youth experience can be expansive and complex. Young children often view the world through rose-tinted glasses, which means they tend to take an optimistic, positive view of things. Youth is often the first time people start to see the reality of some challenges in their world, such as exposure to poverty and violence, understanding the reality of family health issues, or seeing the truth of some devastating global problems. Additionally, as young people grow up, they learn more about health and wellbeing from a range of sources and often begin to understand the importance of all dimensions of health and wellbeing, not simply physical health and wellbeing.

Furthermore, the data in figure 2 indicates that body image is an issue for many young Australians, with nearly 80% of youth expressing concern about this issue. Young people's perspectives and priorities related to health and wellbeing are often strongly influenced by social media, which can foster obsession over unrealistic standards of beauty, health, and dieting. This can have a very harmful impact on people's body image, physical health, self-esteem, and confidence in social situations, impacting their physical, social, and mental health and wellbeing. Young people in today's society are the most vulnerable to the damaging effects of social media. For example, they may constantly compare themselves with others or strive to achieve unrealistic goals presented to them on social media. This is because today's youth are one of the first generations to grow up in a world where technology and social media is everywhere. With this in mind, we can begin to understand why the issue of body image ranks so highly amongst young Australians.

ACTIVITY 1

Social media and mental health

Social media has a major impact on the health and wellbeing of youth. Not only does social media influence their perspectives of health and wellbeing, but it can damage their mental health. Type *'Mental health and social media'* (Psych Hub, 2020) into YouTube and watch the 4 minute and 57 second video by Psych Hub.

After watching the video, discuss with your classmates the impact of social media on mental health, using the following questions as prompts:

- What are some of the benefits and drawbacks of social media Makinzy talks about?
- Why might many young people feel lonely but have many 'friends' on social media?
- How does Makinzy use her social media to positively maintain her mental health?
- Why do you use social media? How does your social media use impact you?

Image: Visual Generation/Shutterstock.com

Figure 3 Social media can impact mental health

What else does the data from figure 2 tell us about youth and health and wellbeing?

- Physical health was identified as either extremely concerning/very concerning for nearly 24% of youth. This means that physical health and wellbeing is important to young people.

- Family conflict was identified as an issue of concern for over 50% of youth surveyed. This data tells us that feeling comfortable with family is important to young people. Family conflict can disrupt a person's sense of belonging, physical safety, self-confidence, and stress and anxiety levels, impacting several dimensions of health and wellbeing.

- School or study problems was identified as an issue of concern for over 80% of youth. This tells us that young people care about when school is not enjoyable or is causing them stress. The social dimension of health and wellbeing is heavily impacted by one's school experience, as during school, youth form many social connections and friendships with others.

Young people are also strongly influenced by issues outside their immediate personal concerns. This is due to young people often having energy, passion, curiosity, and interest in the world around them. Youth is a time when people often start to learn about life outside their childhood bubble of family, friends, and school, and start to see the bigger picture of the world they live in. Having a more complex view of the world in which one lives can influence how they view their health and wellbeing, as well as what is important to them.

Australian youth perspectives can also change over time and are strongly influenced by world events and current affairs. In both 2010 and 2020, the Mission Australia National Youth Survey asked respondents to indicate what they thought were the three most important issues in Australia today. Both groups surveyed consisted of approximately 25,000 Australians aged between 15 and 19. Data from both the 2010 and 2020 Mission Australia Youth Survey on the most important issues in Australia as viewed by young people are summarised in table 1.

Table 1 Issues in Australia perceived as important by Australian youth, as measured by percentage of 15-19 year olds in 2010 and 2020 (Mission Australia, 2010; Mission Australia, 2020)

Issue in Australia	2010 *(% of 15-19 year olds)*	2020 *(% of 15-19 year olds)*
The environment	37.8	29.8
Equity and discrimination	24.7	40.2
COVID-19	0	38.8
Mental health	12.5	30.6
Alcohol and drugs	35.6	10.5
The economy and financial matters	19.5	15.3
Crime, safety and violence	19.1	9.3
Politics	14.0	7.5
Homelessness/housing	5.7	8.3
Employment	6.1	7.5

By comparing the data from these two surveys, we can understand which issues are becoming increasingly important for young Australians and which issues are becoming less important over time. The data from table 1 reinforces that mental health has become a more important issue for young people in recent years. As seen in table 1, mental health jumped by almost 20% as an issue of great importance to youth from 2010 to 2020. This tells us that mental health and wellbeing is at the forefront of youths' minds in Australia today.

Another major difference between 2010 and 2020 involves the issue of **equity** and **discrimination**. In 2010, 24.7% of youths identified this as an issue of importance in Australia, yet in 2020, this number jumped to over 40%. Equity and discrimination relate to numerous dimensions of health and wellbeing.

- When equity does not exist, a person is not treated equally in society and their individual needs are not being met. This may negatively impact their self-esteem and self-worth, which negatively influences their mental health and wellbeing.
- When discrimination exists, a person's sense of belonging may be damaged because they are not treated as a valued and respected member of the community by others, decreasing their spiritual health and wellbeing.
- Furthermore, when discrimination and injustice manifest in the form of violence, physical health and wellbeing is impacted.

Given that Australian youth identify equity and discrimination as a major issue our country is facing, we can assume that it is important to young people that these issues are overcome.

Take a look at COVID-19 as an issue: non-existent in 2010, yet an issue of importance to nearly 40% of young people in 2020. This tells us that young people's values and perspectives on health and wellbeing change as the world changes. The emergence of a global pandemic in 2020 may have changed the way we view health and wellbeing. Do you look at hand-sanitiser in a different light now than you did before? Has the word 'quarantine' changed meaning to you? Had you ever used a face mask before the spread of COVID-19? These are just some examples that illustrate how issues in our world can influence the way we perceive the world. In the same way, such issues can shape and change the way we view health and wellbeing.

Figure 4 presents a summary of the findings from this lesson related to youth perspectives of health and wellbeing.

ADDITIONAL TERMS

Equity involves distribution of resources and the provision of services in accordance with and relative to individuals' needs

Discrimination refers to the unjust treatment of people due to their membership within a certain social category
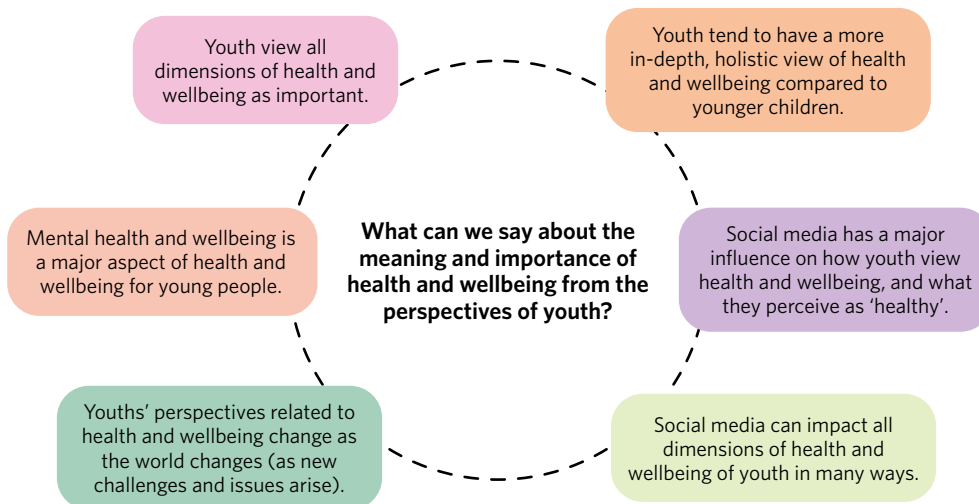
Figure 4 Summary model of the meaning and importance of health and wellbeing from the perspectives of youth

Collecting and analysing data 1.1.2.1.1

Now that you have learnt about youth and their perspectives on health and wellbeing through analysing data from a national survey, it is time to start collecting and analysing data of your own. Let's begin by learning how to analyse health-related data.

Before analysing

Analysing data involves interpreting the meaning of the data we are looking at, which is often in the simple form of a graph or a table. Before analysing data, we first need to ask ourselves some questions to ensure we understand what we are actually looking at and to ensure the data is valid (accurately measures what it intends to). These questions include:

- What is the context of this data?
- What population group does this data relate to? Is the data representative of this population group?
- When was this data collected? Is it relevant?
- How was the data collected? Is it a reliable method?
- Where did this data come from? Is it a reliable source?

The following graph presents data related to young people.

Leading causes of total burden of disease among young Australian males aged 15-24, 2015

Figure 5   Young people in Australia burden of disease graph (AIHW, 2020)

Let's make sure we understand the data in figure 5 before analysing it. We can do this by answering the simple questions discussed above. The answers to those questions are summarised in table 2.

Table 2   Questions to ask before analysing data

Question	Answer *(based on the data in figure 5)*
What is the context of this data?	This data is about leading causes of burden disease for young Australian males.
What population group does this data relate to?	The population group represented in this data is Australian males aged 15-24.
When was this data collected? Is it relevant?	This data was collected in 2015, and therefore is somewhat relevant. However, it is not extremely recent data, meaning that leading causes of burden of disease may have changed.
Where did this data come from? Is it a reliable source?	This data came from the Australian Institute of Health and Welfare, which is a government website. This source can therefore be considered reliable.

Study design key skills dot point

The following key skills dot point applies to the rest of the lesson:

- collect and analyse data relating to variations in youth attitudes and priorities regarding health and wellbeing

Analysing data: identifying trends

After you understand the data you are looking at, it's time to begin analysing it. One important skill involved in analysing data is identifying trends. A **trend (in data)** is a pattern that is evident in data: an upwards or downwards (increasing/positive or decreasing/negative) shift in the data, often observed over time. Table 3 presents data relating to young Australians and mental health. Before looking at the data, be sure to ask yourself some analytical questions to ensure you understand what you are looking at.

Table 3 Percentage of Australian youth who rated their level of psychological distress as high, 2018 and 2020 (National Youth Mental Health Foundation, 2020)

	12-14 years	15-17 years
2018	20%	33%
2020	25%	38%

When identifying trends, be sure to use language that shows the *direction* of the trend. You should also provide two points of data to support your statement and demonstrate this change in direction. Can you identify any trends in data presented in table 3? A trend you may have identified includes:

- Rates of high psychological distress for young Australians in both age groups *increased* from 2018 to 2020.
  - More specifically, in 2018, 20% of 12-14 years and 33% of 15-17 years had high psychological distress, which increased in 2020 to 25% of 12-14 years and 38% of 15-17 years.

Analysing data: drawing comparisons

Another useful skill in analysing data is drawing comparisons. When drawing comparisons between data, we often compare one factor between two different population groups, and we support this statement with data. For example, using the data in table 3, let's draw a comparison between high psychological distress amongst young people aged 12-14 and those aged 15-17 in 2020. The factor we are comparing is high psychological distress, which we are comparing between two population groups: 12-14-year-olds and 15-17-year-olds. Therefore, our comparison is:

- Young people aged 15-17 have higher rates of high psychological distress in 2020 compared to 12-14-year-olds.
  - More specifically, in 2020, 38% of 15-17-year-olds had high psychological distress compared to 25% of 12-14-year-olds.

Analysing data: drawing conclusions

Once we have understood our data, and possibly identified some trends or drawn some comparisons, we can come to some conclusions. Looking back at the data in figure 5, can we conclude anything with certainty from this data? Some examples of conclusions you could draw from the data in figure 5 include:

- The leading cause of burden of disease for Australian males aged 15-24 in 2015 was suicide/self-inflicted injuries.
- 7.2% of young Australian males aged 15-24 suffered from alcohol use disorders in 2015.
- Back pain and problems was the fifth leading cause of burden of disease in 2015 for young males aged 15-24 in Australia.

What else can you infer from the data in figure 5?

ADDITIONAL TERMS

Trend (in data) refers to a pattern that is evident in data: an upwards or downwards (increasing/positive or decreasing/negative) shift in the data, often observed over time

ACTIVITY 2

The graph in figure 6 graph presents data related to young Australians. Before looking at the data, be sure to ask yourself some analytical questions to ensure you understand what you are looking at. What comparisons can you make with this data? Complete activity 2 to practice drawing comparisons with data.

Issues of personal concern to young people aged 15-19 years, by remoteness, Australia, 2020
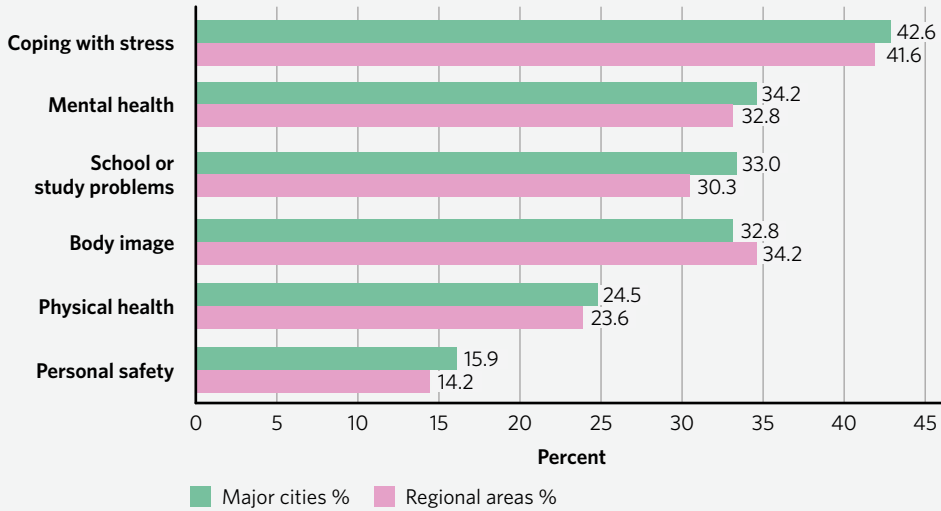
Figure 6 Mission Australia Youth Survey results (Mission Australia, 2020)

Analyse the data in figure 6 by completing the following steps:

1   Ask yourself the following key questions to make sure you understand the data you are looking at.

   a   What is the context of this data?

   b   What population group does this data relate to? Is the data representative of this population group?

   c   When was this data collected? Is it relevant?

   d   Where did this data come from? Is it a reliable source?

2   Identify three conclusions that you can make from the data in figure 6.

3   Compare the percentage of young people who live in major cities who identified body image as an issue of personal concern, with those who live in regional areas. Use data to support your response.

4   What can you say about the difference between mental health as an issue of personal concern to young Australians who live in major cities with those who live in regional areas? Use data to support your response.

5   Discuss your responses with your peers.

Figure 7 summarises the three key data analysis skills you have learnt in this lesson.
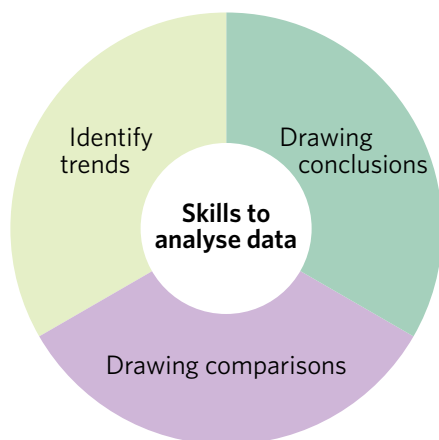
Figure 7 Skills involved in data analysis

Collecting data

Now that you know how to analyse data, try collecting some of your own, related to youth perspectives of health and wellbeing. Complete activity 3 to practice data collection.

ACTIVITY 3

Collecting data relating to youth perspectives on the meaning and importance of health and wellbeing

Complete the following steps to collect and analyse your own data relating to youth health and wellbeing. You can use the Mission Australia National Youth Survey as inspiration for your data collection.

1 **Create a survey:**

- Develop a set of questions that you will ask your participants based on health and wellbeing.
- What do you want to know about? Do you want to know how important spiritual health and wellbeing is to youth? Do you want to know how they would define health? Maybe you want to know what they think the biggest influence on their health and wellbeing is?
- Will your survey consist of questions? Will participants be required to rank something? Or rate something?
- Useful tip regarding data collection: when designing your survey, think about what responses your questions may get. If you ask questions that are not open-ended, ie: possibly require a yes/no answer, or rating on a scale from 1-5, you can put numerical values on responses, more easily compare participant responses, draw comparisons, and analyse trends. It can become complex to try and convert non-numerical, descriptive data into numerical data.
- Before collecting data, it is important you are aware of the following ethical principles:
  - informed consent
  - ensuring you do no harm to the participants, researcher or community
  - the individual's right to privacy.

2 **Find your participants:**

- How many participants will assist you with your data collection?
- What age will your participants be?
- Will you try to ensure your participants fairly represent the population you are analysing? For example, if you are collecting data relating to mental health and wellbeing at your school, will you survey only five students from your one class? Or will you survey an equal number of students from all year levels?

3 **Complete your data collection:**

- Will you gather data online? Or in person? Do participants answer questions? Or complete an activity?
- Gather the data.

4 **Summarise and display your data:**

- Once you have collected your data, it's time to collate it.
- Will you put your data into a table? Or will you create a graph?

5 **Analyse your data:**

- Now you have collated your data and finished your research... you can analyse your *own* data!
- What conclusions can you draw from your data?
- Can you identify any patterns in your data?
- Can you draw any comparisons between two things from your data?

Theory summary

In this lesson, you have learnt about youth perspectives of health and wellbeing, including what health and wellbeing means to youth, as well as the importance of health and wellbeing to them. You have also learnt how to analyse data relating to youth perspectives of health and wellbeing, and practised data collection yourself.

1C QUESTIONS

Theory-review questions

Question 1

All young people perceive health and wellbeing in the exact same way.

A True.

B False.

Question 2

Physical health and wellbeing is most important to youth.

A True.

B False.

Question 3

Which of the following can influence youths' perspectives of health and wellbeing? *(Select all that apply)*

I School and education.

II Family and peers.

III Social media.

Question 4

Youth is a time when young people often gain independence and begin to expand their knowledge of the world around them, therefore narrowing their view of the meaning of health and wellbeing.

A True.

B False.

Question 5

When analysing data, it is important we understand the data we are looking at and ensure it is valid. Which of the following do we **not** need to know about the data we are analysing. *(Select all that apply)*

I The source of the data.

II The name of the person who collected the data.

III The population group the data is related to.

Skills

Data analysis

Use the following information to answer Questions 6-8.

Tobacco smoking status among young people aged 15-24, 2001-2013
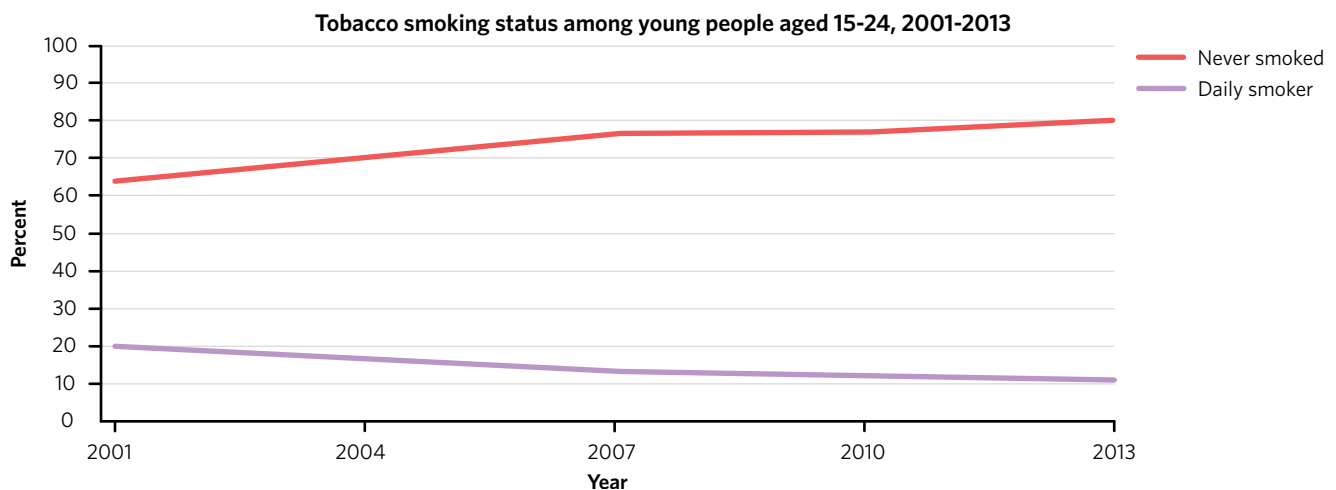
Question 6

How many population groups are analysed in this graph?

A 1.

B 2.

Question 7

Identify the year with the lowest percentage of daily smokers among youth aged 15-24.

A 2004.

B 2013.

Question 8

Which statement correctly outlines a trend evident in the graph above?

A Between 2001 and 2013, there was a gradual decrease in the percentage of youth aged 15-24 who had never smoked in Australia.

B Between 2001 and 2013, there was a gradual decrease in the percentage of youth aged 15-24 who smoked daily in Australia.

Exam-style questions

Question 9 (1 MARK)

Outline the meaning of youth.

Question 10 (2 MARKS)

Using one example, discuss youth perspectives of health and wellbeing.

Question 11 (3 MARKS)

a Identify one influence on the health and wellbeing perspectives of youth. (1 MARK)

b Describe how the factor you identified in **part a** could influence youths' perspectives on health and wellbeing. (2 MARKS)

Question 12 (4 MARKS)

Issues of concern to young Australians aged 15-19, 2020
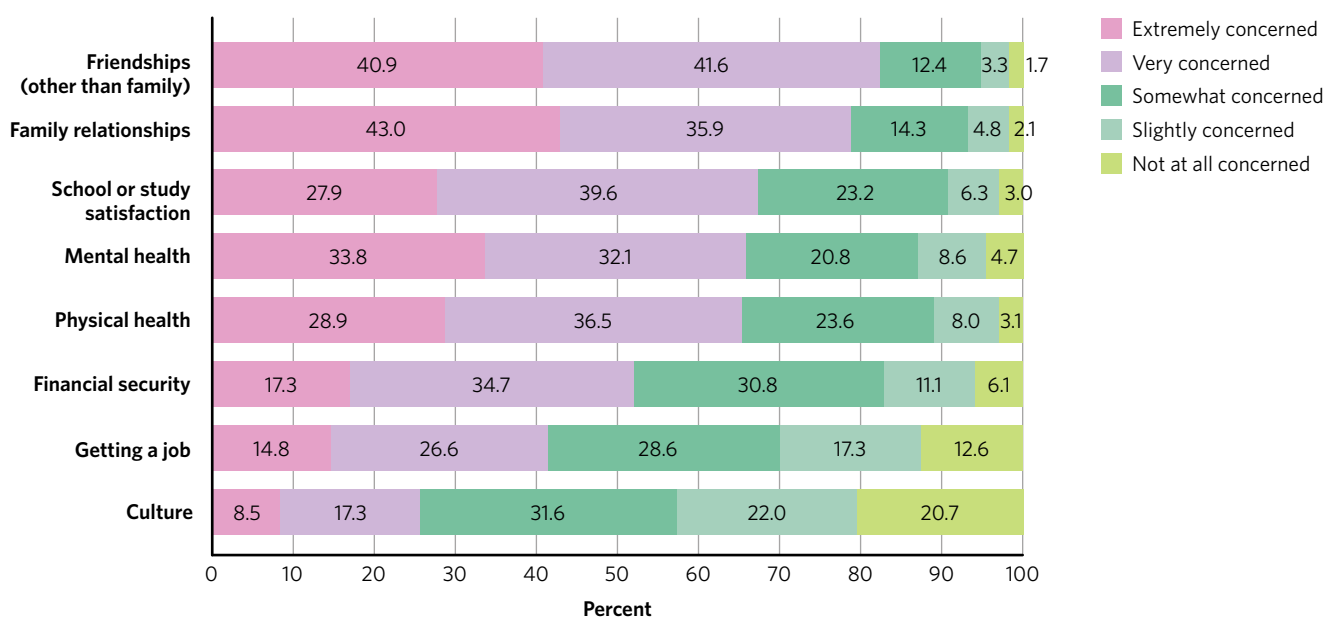
Source: adapted from Mission Australia, *Youth Survey Report*, <https://www.missionaustralia.com.au/what-we-do/research-impact-policy-advocacy/youth-survey>

a Identify the item that the greatest percentage of Australian youth were 'extremely concerned' about in 2020. (1 MARK)

b Using data from the graph to support your response, discuss how youth perceive physical and mental health and wellbeing. (3 MARKS)

Question 13   (5 MARKS)

Orla is a 14-year-old girl who has started in a new school in year 9. Orla now travels into the city for her new school, and for the first time in her life, she gets public transport to and from school. She has made lots of new friends from all over Melbourne and has learnt a lot about the city she lives in since travelling further than she used to. Orla finds she has more freedom to make decisions about her life, such as what she buys in the canteen for lunch once a week, as well as what time she arrives at school, since her mum is no longer dropping her off.

a Explain how Orla's experiences at her new school may have impacted her social health and wellbeing. (2 MARKS)

Adapted from 2020 Health and Human Development exam Q2c

b Orla has experienced an increase in independence since starting in a new school. Outline two ways in which Orla's independence has increased as a result of this change in her life and explain how this increase in independence could impact Orla's perspectives on health and wellbeing. (3 MARKS)

Questions from multiple lessons

Question 14   (4 MARKS)

People of different ages have varied perspectives on health and wellbeing.

a Compare youth's perspectives on health and wellbeing with young children. (2 MARKS)
b Suggest one reason why elderly people may have different priorities related to health and wellbeing compared to youths. (2 MARKS)

1D INDIGENOUS PERSPECTIVES OF HEALTH AND WELLBEING

Aboriginal and Torres Strait Islander peoples have lived on the land we now call Australia for at least 65,000 years: this is widely recognised as one of the oldest civilisations in the world. Aboriginal and Torres Strait Islander peoples are the Indigenous peoples of Australia. In this lesson, you will learn about Australia's Indigenous peoples, as well as their perspectives of health and wellbeing, as influenced by a range of important factors.

1A Health and wellbeing	1B Variations in perspectives of health and wellbeing	1C Youth perspectives of health and wellbeing	1D Indigenous perspectives of health and wellbeing

Study design dot point

- Aboriginal and Torres Strait Islander perspectives of health and wellbeing

Key knowledge units

Indigenous perspectives of health and wellbeing	1.1.4.1
Youth Indigenous perspectives of health and wellbeing	1.1.4.1.1

Indigenous perspectives of health and wellbeing

Indigenous perspectives of health and wellbeing 1.1.4.1

Youth Indigenous perspectives of health and wellbeing 1.1.4.1.1

Indigenous perspectives of health and wellbeing 1.1.4.1

OVERVIEW

Indigenous perspectives of health and wellbeing are influenced by a range of factors, such as, colonisation, beliefs, language, and culture.

THEORY DETAILS

In order to understand Indigenous perspectives of health and wellbeing, it is essential to understand the historical and cultural context of Aboriginal and Torres Strait Islander peoples. This involves understanding Aboriginal and Torres Strait Islander peoples' cultures, values, and history, as these factors influence the perspective Indigenous people have on health and wellbeing.

Australia's Indigenous peoples

Aboriginal and Torres Strait Islander individuals are the Indigenous peoples of Australia. Australia's Indigenous population is not one homogenous group, but rather hundreds of diverse groups of people that have their own distinct cultural traditions, beliefs, languages, and history, yet all share a common connection to land. So, when we use the words 'Indigenous peoples of Australia', we actually refer to many different language groups or 'nations'. Did you know that before colonisation of Australia, there were over 500 different language groups or 'nations' on the land we know as Australia, many with different cultures, beliefs, laws, and languages (Australian Government, n. d.)?

Let's take a closer look at the history of Australia's Indigenous peoples. Table 1 summarises some key information relating to Aboriginal and Torres Strait Islander peoples, including a look at today's population as well as an important historical overview.

Table 1 Australia's Indigenous peoples: critical background knowledge

	Aboriginal peoples	Torres Strait Islander peoples
Who are Australia's Indigenous people?	Aboriginal peoples are the original inhabitants, and descendants, of mainland Australia. The term itself is derived from the Latin words 'ab' (meaning from), and 'origine' (meaning origin, or beginning), meaning 'original inhabitants'. Since colonisation, the term has been used to refer to the original inhabitants of the land, and their descendants (Dudgeon et al., 2015).	Torres Strait Islander peoples are the original inhabitants, and descendants, of the 274 islands located north of Australia in the seaway between Cape York (Australia) and Papua New Guinea: the Torres Strait (Torres Strait Regional Authority, n. d.). The name 'Torres Strait' originates from the Spanish Explorer Luis Vaex de Torres, who sailed through the area in 1606.
	Aboriginal or Torres Strait Islander identity is generally accepted as a person who is a descendant of an Aboriginal and/or Torres Strait Islander inhabitant of Australia, who identifies as an Aboriginal and/or Torres Strait Islander person, and who is recognised as such persons of the community in which they belong to/live.	
A look at today's population	As of the 2016 Census (AIHW, 2019), when the Indigenous population of Australia was an estimated 798,365, approximately: • 91% of Australia's Indigenous population identified as being of Aboriginal origin • 5% of Australia's Indigenous population identified as being of Torres Strait Islander origin • 4% of Australia's Indigenous population identified as being of both Aboriginal and Torres Strait Islander origin. In 2020, Aboriginal and Torres Strait Islander peoples made up 3.3% of the Nation's total population (approximately 864,200 people). The Indigenous population of Australia is growing, and is expected to reach 1.1 million by 2031.	
Historical overview	As supported by archeological evidence and discovery of artefacts, Aboriginal peoples have occupied the land we know as Australia for at least 65,000 years (it is not known for exactly how long). Aboriginal peoples do not necessarily believe that their existence is only dated back 65,000 years, believing that they have lived on this land since **time immemorial.** When the British invaded the land that is now known as Australia in 1788, there were approximately 260 distinct language groups, and 500 **dialects** spoken amongst an estimated 750,000 Aboriginal peoples. They lived in small family groups in a defined territory which sometimes moved with seasonal changes. Each group had their own shared culture and language, and everyone understood the land they lived on. Aboriginal peoples built semi-permanent dwellings: greater emphasis was put on social and spiritual connections, and relationships with family, group, and country, than the development of a built society. Invasion had a major impact on the Aboriginal population: it is estimated that around 90% of the Aboriginal population prior to invasion was killed over the few hundred years that followed 1788. The Aboriginal population is still deeply affected by the devastating effects of colonisation, and this is reflected in their health and wellbeing perspectives, which we will discuss later in this lesson. It is important to note that the battle for equality, justice, and Aboriginal rights is ongoing, and has been a significant part of Aboriginal history. (Dudgeon et al., 2015)	Archeological evidence suggests that Torres Strait Islander peoples have occupied 270 islands in straits between Australia and Papua New Guinea for approximately 2500 years. But, it is possible that evidence of earlier settlement could be found. The economy of the Torres Strait was always centred around agriculture and fishing. Across the islands, there are five main cultural groups: the Eastern (*Meriam*), Top Western (*Guda Maluilgal*), Near Western (*Maluilgal*), Central (*Kulkalgal*), and Inner Islands (*Kaiwalagal*). Inter-island trading of food and weapons was traditionally a key aspect of everyday life. Some islands were better able to support growth of crops, whereas for others, fishing was the main food source. Torres Strait Islanders were, and continue to be, farmers, gardeners, fishers, hunters, and excellent sailors and navigators. In 1879, the Torres Strait was annexed and became a part of Queensland (therefore a part of the British colony). Torres Strait Islander history and culture is different to Aboriginal history and culture, yet cannot be completely separated as there are many similarities. Like Aboriginal peoples, Torres Strait Islander peoples also continue to suffer from the effects of colonisation. (Torres Strait Regional Authority, n. d.)
	Understanding the history of Australia's Indigenous peoples helps us better understand the health divide that exists between Indigenous and non-Indigenous peoples. Part of the Health and Human Development Unit 3 course focuses on analysing the differences in health status between Indigenous and non-Indigenous peoples. To read more about history relating to Aboriginal and Torres Strait Islanders, read the 'Want to know more?' box which details a timeline with some key historical dates pertaining to the history of Australia's Indigenous peoples.	

ADDITIONAL TERMS ↑

Time immemorial is used to refer to past times that extend beyond the reach of memory or record

Dialects are varieties of a language that are specific to geographic locations or social groups

Want to know more?

Key historical dates pertaining to the history of Australia's Indigenous peoples

65,000+ BC (approx)

Archeological evidence of first peoples living on the land which we know as Australia dates back around 65,000 years BC (known because of the discovery of artefacts by archeologists; Deadly Story, n. d.). Aboriginal peoples do not necessarily believe that their existence is only dated back 65,000 years, as some believe that they have lived on this land since time immemorial.

1770: Captain James Cook sets foot on 'Australian' land

British Lieutenant James Cook finds the land that is now known as Australia on the voyage of his ship the Endeavour, claiming it as British land and naming the eastern coast of the Australian continent New South Wales (Deadly Story, n. d.).

1788: Colonisation: January, 1788

The First Fleet (11 ships consisting of over 1000 British people most of whom were convicts) from England enters Sydney Harbour at Botany Bay (Deadly Story, n. d.). On January 26th, 1788, Captain Arthur Phillip raised the Union Jack flag and claimed the land as Britain's. This marks the beginning of the invasion and colonisation of land that is now known as 'Australia', along with the many years of violence towards Aboriginal peoples and resistance that followed.

1788 – early 1900s: The Frontier Wars

The Frontier Wars is a collective term referring to all the massacres, wars, violence, and instances of resistance from the beginning of colonisation of Australia (Deadly Story, n. d.). Officially, the war and fighting is said to have ended as late as 1934, but oppression and acts of violence against Australia's Indigenous peoples still exist today.

It is impossible to know the true death toll that resulted from invasion and resistance; however, it is estimated that around 5000 colonists were killed over the years. Furthermore, it is estimated that around 90% of the Aboriginal population prior to invasion was killed over this period of time: a product of both colonial violence and death from foreign illnesses colonists brought with them, such as the flu, tuberculosis, and smallpox.

1901 – 1970s: White Australia Policy

Following the Australian Federation in 1901 (when Australia became one nation, the Commonwealth of Australia), numerous policies were implemented that were designed in an attempt by British colonists to achieve racial and cultural homogeneity in Australia (Deadly Story, n. d.). These were collectively referred to as the White Australia Policy.

1905: Stolen Generations - The Western Australian Aborigines Act 1905

The *Western Australian Aborigines Act* is one example of a legislation implemented under the White Australia policy (Dudgeon et al., 2015). The damage from the *WA Aborigines Act* 1905 still has a profound impact today because of the widespread forcible removal of children from their families. This law made the Chief Protector of Aborigines, Henry Charles Prinsep, the legal guardian of every single Aboriginal child, and every 'half-caste' child (those born to a one 'white' parent and one Aboriginal parent). Under this act, children were forcibly removed from their families and taught to reject their Indigenous heritage and to adopt white Australian culture. Their names were often changed, and they were forbidden from speaking their traditional language. These generations of children became collectively known as the 'Stolen Generations'. This was the first act of its type, and in following years, many other states followed to enact similar laws.These people, their families, and their descendants, were left with lifelong trauma from being separated from their families, the impacts of which are still seen today.

1967: Australian Referendum

Until the 1967 referendum, Aboriginal and Torres Strait Islander peoples were not constitutionally recognised as people of Australia (AIATSIS, n. d.). On 27th May, 1967, Australians voted to change the Constitution so that Aboriginal and Torres Strait Islander peoples would be counted as part of the population. This referendum saw the highest 'yes' vote ever recorded in a federal referendum, with 90.77 percent voting for positive change.

1960s – 1970s: key achievements

The 1960s and 70s saw milestone achievements in mass civil rights movements across the world (Deadly Story, n. d.). In Australia, key historical moments in the struggle for Aboriginal rights and equality in Australia include:

- the establishment of the Aboriginal Tent Embassy in Canberra
- the development and copyright of the Aboriginal flag by Harold Thomas in 1971
- the beginning of civil rights and land rights legislation.

1992: Abolishment of 'terra nullius' - Mabo case

Until 1992, the phrase *'terra nullius'*, meaning 'land belonging to no one' was used legally to refer to the land that was 'discovered' by the British (Australians Together, 2021). In other words, before British colonisation, Australia was considered to be nobody's land. In 1992, Torres Strait Islander, Eddie Mabo, successfully led himself and four other Indigenous people in their legal claim for ownership of their land. The Mabo case was responsible for the eventual acknowledgement of the history and land ownership of Aboriginal and Torres Strait Islander people. This was a landmark case for Australian history and is marked every year on June 3rd.

cont'd

Key historical dates pertaining to the history of Australia's Indigenous peoples – continued

1997: Australian Government 'Bringing Them Home' Report

In 1997, the Australian Government released a report from the National Inquiry into the separation of Aboriginal and Torres Strait Islander children from their families: an inquiry into the Stolen Generations (Australians Together, 2021). This report acknowledged the strength and struggles of many thousands of Aboriginal and Torres Strait Islander people affected by forcible removal. The report estimated that between 10 and 33 percent of all Aboriginal and Torres Strait Islander children were forcibly removed from their families between 1910-1970. The report concluded that these actions were a breach of fundamental human rights.

2008: Australian Government Apology

Following the findings from the 1997 National report, Prime Minister Kevin Rudd made a national apology to the Stolen Generations in Parliament on 13th of February, 2008 (Deadly Story, n. d.). Many Stolen Generations members attended the apology at Parliament House. For the first time, a Welcome to Country ceremony was held at the opening of Parliament. This apology was a significant event across Australia: millions watched the Prime Minister acknowledge the wrongdoings of the Australian Government and the pain inflicted on Aboriginal and Torres Strait Islander peoples.

2017 - ongoing : The Uluru Statement from the heart

In 2017, Aboriginal and Torres Strait Islander peoples gathered at the National Constitutional Convention, to make a statement from the heart (Uluru Statement, 2017). Held at the foot of Uluru in Central Australia, this statement called for Australians to recognise Aboriginal and Torres Strait Islander sovereignty. More specifically, it called for the establishment of a 'First Nations Voice' in the Australia Constitution and Parliament, and the establishment of a 'Makarrata Commission' to supervise agreement making between the federal and state governments and First Nations peoples and ensure truth-telling about history. *Makarrata* is a word from the language of the Yolngu people which means two parties coming together to restore peace and heal the wounds of the past after a dispute or struggle.

Figure 1 Timeline of some key historical dates pertaining to the history of Australia's Indigenous peoples

Health and wellbeing perspectives

Since the arrival of British colonists in 1788, Aboriginal and Torres Strait Islander peoples have experienced significant displacement, racism, and deprivation of their fundamental human rights. They have been targets of genocidal practices and policies and had families torn apart through the forcible removal of children. To this day, Aboriginal and Torres Strait Islander peoples continue to face the ongoing stress of living in a country where a divide still exists– the product of a system which, has for years, dishonoured, oppressed, and undervalued Indigenous cultures, people and history.

Such experiences still have a profound effect on health and wellbeing for affected individuals, families and communities. These experiences also shape the way Australia's Indigenous peoples view health and wellbeing, as does their culture, values, and beliefs. How people view health and wellbeing is not one-dimensional: there are a range of factors which influence Aboriginal and Torres Strait Islander peoples' perspectives of health and wellbeing.

Aboriginal and Torres Strait Islander peoples view health in a **holistic** way, as reflected in the National Aboriginal Health Strategy (1989) which defines Aboriginal health as:

'not just the physical well-being of an individual but refers to the social, emotional, and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole-of-life view and includes the cyclical concept of life-death-life'.

(National Aboriginal Health Strategy Working Party, 1989)

In the late 1990s, the Australian government used this definition of health to further develop an understanding of Aboriginal and Torres Strait Islander peoples' perspectives of health and wellbeing. In 1995, the Australian Government released the *Ways Forward* report which highlighted the need for culturally-appropriate, community-led, physical, mental, social, and emotional health and wellbeing services and programs for Aboriginal and Torres Strait Islander peoples. The report detailed Aboriginal and Torres Strait Islander peoples' understanding of wellbeing through what is now known as the model of Social and Emotional wellbeing (SEWB) framework. The SEWB model guides Indigenous health policy and practice – it is an important resource for many Australians, including healthcare workers. The SEWB model is seen in figure 2.

ADDITIONAL TERMS

Holistic refers to something being well-rounded, where a wide range of factors are considered

Image: SEWB Diagram adapted from Gee et al., (2014)

Figure 2 Model of Aboriginal and Torres Strait Islander Social and Emotional Wellbeing (SEWB)

The framework for Aboriginal and Torres Strait Islander peoples' SEWB is underpinned by nine guiding principles. These guiding principles help us understand the many considerations that need to be made when attempting to understand the reasons why Australia's Indigenous people view health and wellbeing in a certain way. These nine guiding principles are summarised in figure 3.
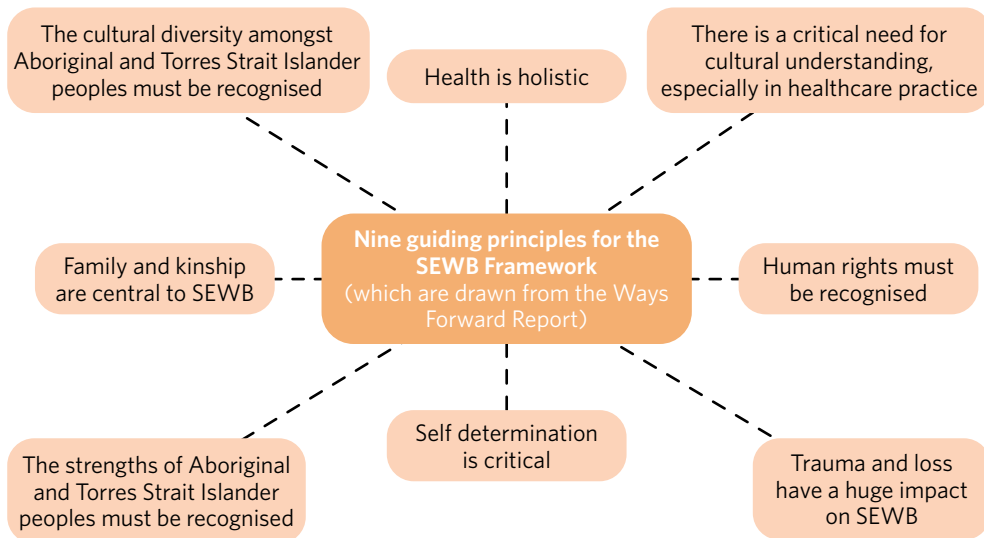
Figure 3 Nine guiding principles of the SEWB framework (Dudgeon et al., 2015)

> ### 🧠 *Want to know more?*
>
> The '*National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing*' is where the SEWB framework is explored in depth. This framework is an Australian Government report which is revised and republished regularly. It provides a dedicated focus on Aboriginal and Torres Strait Islander health and wellbeing, specifically SEWB. The SEWB model is explored in depth in this report. To read the 2017-2023 (most recent) version of the framework, type the URL *niaa.gov.au/sites/default/files/publications/mhsewb-framework_0.pdf* into your browser.
>
> (Commonwealth of Australia, 2017).

So, what does all of this tell us about Aboriginal and Torres Strait Islander perspectives of health and wellbeing? From the SEWB model we can see that (Dudgeon et al., 2015):

- Aboriginal and Torres Strait Islander peoples view health in a very holistic way.
- SEWB is at the centre of Aboriginal and Torres Strait Islander health.
- The health of an individual is deeply related to family, community, and extended **kinship** and language group networks.
- Aboriginal and Torres Strait Islander peoples' sense of self is grounded in a **collectivist perspective** that understands 'self' as being interconnected with family and community.
- Connection and relationship with land, culture, and spirituality shape the kinship and language group networks individuals are a part of.
- Mental, social, emotional, physical, cultural, and spiritual health and wellbeing are all important dimensions and considerations of Aboriginal and Torres Strait Islander wellbeing which are linked and interdependent.
- There are a range of factors which influence health and wellbeing, which include social, historical, political, and cultural determinants. The diversity of cultures and histories amongst Indigenous peoples influences their individual expressions of and experiences with SEWB.

ADDITIONAL TERMS

Kinship is a broad term which refers to the relationship between members of a family, sometimes based on blood, but not always

Collectivist perspective refers to way of seeing something that values the needs and goals of a group/community over the needs of each individual

ACTIVITY 1

What do the Indigenous flags tell us about cultural identity and values?

Below are two images of the Indigenous flags of Australia. Research these flags, copy out the points below and fill in the blanks. What do the colours represent? What do the symbols represent? After researching, have a discussion with your classmates using these prompts:

- What do the flags tell us about Aboriginal and Torres Strait Islander values?
- What are some similarities and differences between the flags?
- When were these flags first flown? When was a flag with the Union Jack first flown in Australia? What does this tell us?

Aboriginal Flag	Torres Strait Islander Flag
• **Black:** represents _____ • **Yellow:** represents _____ • **Red:** represents _____ • This flag was designed/created by: _____ • This flag was first flown in (year and location): _____	• **Green:** represents _____ • **Black:** represents _____ • **Blue:** represents _____ • **White:** represents _____ • The *Dhari* in the centre of the flag represents _____ • The five-pointed star represents _____ and _____ • This flag was designed/created by: _____

Now that we know how Aboriginal and Torres Strait Islander peoples define health and wellbeing, it's important to understand the reasons *why* they may view health in this way. The rest of this lesson will give you a broad understanding of Aboriginal and Torres Strait Islander peoples' cultures, values, and history, and how these factors all influence health and wellbeing perspectives of health and wellbeing. You will also take a closer look at Aboriginal and Torres Strait Islander youths' perspectives related to health and wellbeing. Figure 4 summarises the factors you will learn about in this lesson.
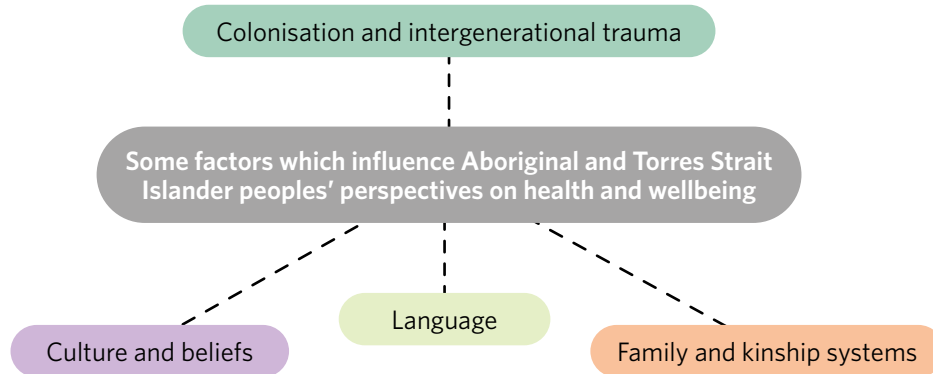
Figure 4 Summary of some factors which influence Indigenous perspectives of health and wellbeing which are discussed in this lesson

Now, let's break down these factors, understand what they mean, and look at how they influence perspectives of health and wellbeing. Table 2 explores the factors that influence Aboriginal and Torres Strait Islander peoples' perspectives of health and wellbeing.

Table 2 Factors that influence Aboriginal and Torres Strait Islander peoples' perspectives of health and wellbeing

	Discussion of factor that influences perspectives of health and wellbeing	How this factor influences health and wellbeing perspectives
Family and kinship systems	Aboriginal and Torres Strait Islander peoples have a kinship system that is very different to how non-Indigenous peoples view family (Reconciliation Australia, n.d.; Australians Together, 2015). A kinship is more than a social hierarchy: it is a complex system which connects people through blood, regional language group, culture, and geography. Children are not just the concern and responsibility of their biological parents, but are the concern and responsibility of the entire community and kinship. Raising children, providing care, education, and discipline of children are the responsibility of all. Kinship care is central to a child's wellbeing. Traditional kinship systems remain an integral part of Indigenous communities today. There are three principles of a traditional kinship system in Aboriginal communities which include:	• Family and kinship systems play an integral role in the responsibility of individuals when it comes to healthcare. • Caring for the ill is the responsibility of all, not simply one's biological parents or children. • The concept of **community** is fundamental to Indigenous peoples identity and sense of belonging in Australia. The ability to maintain community connections plays an integral role in the health and wellbeing of individuals. (Dudgeon et al., 2015)
	• *Moiety:* considers everything (humans and the environment alike) as a half of a whole. People from the same moiety are considered siblings and cannot marry. • *Totems:* each individual holds at least four Totems representing themselves, their nation, language group, and family. Each individual is responsible for protecting their Totems and passing them on to future generations. • *Skin names:* similar to surnames, but indicate a person's bloodline and given based on the preceding name in the naming cycle.	*cont'd*

ADDITIONAL TERMS ↑

Community refers to a social unit of people with commonality, such as where they live, shared attitudes, cultures, customs, religions, or identities

Table 2 Continued

	Discussion of factor that influences perspectives of health and wellbeing	How this factor influences health and wellbeing perspectives
Language	**Aboriginal peoples:** There are many Aboriginal nations that cover mainland Australia. Within these nations there are language groups (Deadly Story, n. d.). Language groups are larger than one single family, but are based on family links through common ancestry. Language groups share a language and kinship system which is based on either patrilineal or matrilineal lines of descent. A language group is also sometimes referred to, amongst Aboriginal and Torres Strait Islander peoples themselves, a 'mob'. An individual's identity is tied to their language group/nation. For example, south central Victoria is made up of five Indigenous nations which is collectively referred to as the Kulin Nation (Wurundjeri Walk History, n. d.). These nations include Woiwurrung, Boonwurrung, Wathaurung, Taungurung and Dja Dja Wurrung. Each of these nations traditionally consists of multiple smaller groups and families. There are around 145 Aboriginal languages spoken in Australia today, many of which are at risk of being lost. Around 250 were spoken around the time of British Invasion. It is estimated that there are around 60 Aboriginal languages which are used today as a mother tongue and are considered 'alive'. Language is integral to Aboriginal identity: it is more than merely a means of communication (AIATSIS, n. d.). Language is what makes individuals unique and is what allows the passing down of cultural knowledge and heritage. Language is central to keeping culture and identity strong. Speaking and learning languages is what provides a strong sense of belonging and connection. **Torres Strait Islander peoples:** There are two main language groups in the Torres Strait Islands (Deadly Story, n. d.): • *Miriam Mir* is mainly spoken on the Eastern islands and is closely related to Papuan languages. It is made up of two regional dialects. • *Kala Lagaw Ya* is mainly spoken on the western and central islands and is more closely related to Aboriginal languages of mainland Australia. It is made up of four regional dialects. Another widely spoken language is referred to as the *Torres Strait Creole* which: • emerged from contact with British colonists from the 1800s onwards. • is composed of a mixture of standard Australian English and traditional Torres Strait Islander languages. • is also known as *Ailan Tok* or *Yumplatok*. Traditional Torres Strait Islander languages are not simply a means of communication. Each language is associated with an area of land, and has a strong spiritual significance. It is through traditional languages that Torres Strait Islanders are able to articulate and pass on knowledge such as understanding of astronomy, biology, and marine life. Language is integral to Torres Strait Islanders' identities, however government policies in the past have prohibited Torres Strait Islanders from using their traditional languages which resulted in lost culture and language.	• For many individuals who live in remote Indigenous communities, language and understanding of English can be a barrier that stands in the way of individuals accessing healthcare services (Dudgeon et al., 2015). When individuals do not have easy access to healthcare services that are culturally sensitive and appropriate, they may not develop knowledge surrounding health. This may include not knowing of health protective behaviours, or ways to minimise impacts from an illness or disease. • Torres Strait Islanders who speak the Torres Strait Creole may be better able to receive support from mainstream healthcare services because of the influence of the English language, such as understanding health promotion campaigns. This may influence health literacy and knowledge surrounding health and wellbeing. • Due to the fact that language is integral to Aboriginal and Torres Strait Islander peoples' identities, language loss can have a major impact on individuals. There have been links found between language loss and damage to mental health and wellbeing (Dinku et al., 2020). When one's language is widely spoken by their community, they are better able to communicate with others and support one another. This can positively impact perspectives of health and wellbeing as individuals have the ability to discuss health issues, learn from external resources, and communicate with and benefit from healthcare professionals/services.

cont'd

Table 2 Continued

	Discussion of factor that influences perspectives of health and wellbeing	How this factor influences health and wellbeing perspectives
Culture and beliefs	Spirituality and Dreamtime (Deadly Story, n. d.): • Aboriginal spirituality is the foundation of Aboriginal culture and community. Aboriginal spirituality is defined as being 'at the core of Aboriginal being, their very identity. It gives meaning to all aspects of life including relationships with one another and the environment, and can be expressed visually, musically and ceremonially' (Grant, 2004). • 'Dreaming' or 'Dreamtime' are English words that describe a rich, traditional Aboriginal and Torres Strait Islander concept which is closely connected to culture and spirituality. • Dreamtime is more than simply telling stories: it refers to the 'Spirit World' that accompanies the physical one. Aboriginal peoples believe that the Creator Spirits and Ancestors reside there and is where one will go once they pass. Dreaming is passed from generation to generation through stories, song, dance, and art. • The spirituality and customs of Torres Strait Islander peoples is heavily influenced and shaped by their dependence on the natural world, their islands, and the surrounding water and marine life. Their culture and spirituality is closely linked with their deep knowledge of the stars and the sea, and is influenced by stories of the Tagai: a spiritual being who the Torres Strait Islanders believed created the world (Encyclopaedia Britannica, 2020). Connection to land (Deadly Story, n. d.): • Aboriginal and Torres Strait Islander beliefs are tied heavily to the land and how one lives on it. There is a strong belief that one should and does not take more than one needs so the land continues to thrive. • Aboriginal people see themselves as having been born from the land and therefore it is their job to protect it. Landforms are not only protected, but are often sacred. For example, Uluru, a sandstone monolith in central Australia, is a sacred site and it is seen as a resting place for ancient spirits. • Connection to country is a strong part of Aboriginal culture. Many go to country (such as sitting by a tree or a river) when they feel overwhelmed or need to think. Ancestors (Deadly Story, n. d.): • Aboriginal and Torres Strait Islander people believe that their ancestors watch over them for the entirety of their life. There is a strong belief that ancestors will offer guidance when needed and answer questions in unique ways when least expected. Introduction of Christianity (Deadly Story, n. d.): • In 1871, Christian missionaries arrived at Erub (an island in the Torres Strait) and later opened the first Torres Strait school. This resulted in traditional Islander values and beliefs merging with Christian beliefs. Today, Christianity remains strong in Torres Strait Islander communities and is still celebrated in an annual Coming of Light ceremony.	• Many Aboriginal and Torres Strait Islander peoples' worldviews and beliefs are closely tied to spirituality. It is through ceremony and everyday cultural practices that children learn about their culture's systems of morals, ethics, beliefs, values, rights, and responsibilities. This includes those related to health and wellbeing. • Spirituality underpins many traditional Aboriginal healing practices and philosophies of care (McKendrick et al., 2013). Traditional Aboriginal healing practices, which have been used for centuries and involve healing treatments such as bush rubs and bush medicines. These practices are underpinned by a holistic understanding of health and wellbeing and concept of self. Connection to land (through, for example, bush medicines), connection to spiritual healing, and involvement in community are critical elements of traditional Aboriginal healing practices. • Spirituality and connection to country has played a major role in Aboriginal and Torres Strait Islander peoples' families and communities' abilities to maintain resilience and survive multiple widespread devastating life events over numerous generations (Dudgeon et al., 2015). The strength and resilience, along with valuing the health of the community, has influenced how Indigenous people view community and individual health: the health of the whole community is just as important as the health of oneself. • Aboriginal and Torres Strait Islander concepts of health and wellbeing prioritise wellness and emphasise the importance of balance, rather than illness and symptom reduction. These beliefs are influenced by the importance of spirituality and connection to ancestors.

Table 2 Continued

	Discussion of factor that influences perspectives of health and wellbeing	How this factor influences health and wellbeing perspectives
Colonisation and intergenerational trauma	Britain invaded Australian land in 1788. The impact of colonisation still lives on today, hundreds of years later (Australians Together, 2016). 1788 may be the year that Australia was invaded, but it was only the beginning of years of violence, trauma, racism and division for Australia's first-nation people. It is difficult to summarise the impact of colonisation on Aboriginal and Torres Strait Islander peoples: it is devastating. For Aboriginal and Torres Strait Islander peoples, colonisation partly meant: • massacre, violence, disease, slave-labour, death. • displacement, loss of land, unemployment, denial of wages, difficulty attaining housing and education. • racial discrimination, prejudice and disrespect (including race-based legislation and imposition of a foreign legal system, laws, and policies) • trauma and loss from the forcible separation of families, known as the Stolen Generations. • the establishment of racist and disrespectful policies. • an ongoing battle for systemic equality and acceptance. A major aspect of colonisation was the deliberate fragmentation of Aboriginal and Torres Strait Islander peoples' kinship systems and families. This has had a profound impact on many generations of Aboriginal and Torres Strait Islanders, resulting in a major sense of loss and feelings of disconnection, isolation, grief, and despair. Due to the scale of damage caused by invasion, many of these feelings are passed down to younger generations. This is referred to as intergenerational trauma. For many Aboriginal and Torres Strait Islander families and communities, trauma from colonisation continues to be passed down from generation to generation – this has devastating effects.	• The impacts of colonisation have influenced, and continue to influence, Aboriginal health and wellbeing perspectives in a multitude of ways (Dudgeon et al., 2015). These impacts interact and cumulatively impact SEWB. For example, difficulty to attain employment and education impacts peoples' levels of health literacy, impacting knowledge of health and illness. • Many members of the Stolen Generations and their descendants continue to experience grief, loss, and confusion about identity and belonging (Deadly Story, n.d.). This intergenerational trauma has, and will continue to influence people's ability to express emotions, and their levels of stress and anxiety. Intergenerational trauma can also shape perceptions and beliefs relating to the system in which they live (i.e. Western healthcare), influencing people's desire to seek help and support– a major impact on health and wellbeing perspectives.

⊕ *Want to know more?*

One of the best ways to close the gap that exists between Indigenous and non-Indigenous people in Australia is through *understanding*. Understanding, including cultural understanding, helps us realise why individuals have different perspectives of the world we live in. Understanding helps dispel negative stereotypes and personal biases about groups of people, and helps people move forward together. Are you a non-Indigenous Australian? Type *deadlyquestions.vic.gov.au* into your browser and explore the site (Victorian Government, 2018). This website is a resource which was developed as part of the Victorian Government's commitment to self-determination and Treaty. It includes a range of questions you may feel you could never ask an Aboriginal or Torres Strait Islander person. These questions have been answered by Indigenous people themselves, and are a fantastic way to start such an important conversation. You can even ask a question yourself.

Another fantastic resource you may like to explore is the ABC *You Can't Ask That* series. This series of episodes is focused on asking (and answering) the most 'outrageous and uncomfortable questions to uncover the truth behind what it's like for marginalised and misunderstood Australians'. Type *'ABC You Can't Ask That Indigenous'* into your browser and watch the 21 minute episode on ABC iview (Porter et al., 2016).

🌏 *Real world example*

Culturally safe healthcare in Australia

Healthcare services and professionals must have cultural awareness when it comes to practice, as should all Australians (AIHW, 2020). Cultural awareness involves understanding how a person's culture and history may inform their values, beliefs, behaviours, and assumptions, including our own perspectives. Culturally safe healthcare in Australia for Aboriginal and Torres Strait Islanders involves many things, such as:

- being aware of cultural differences that exist amongst Indigenous Australians.
- taking into consideration Aborignal and Torres Strait Islander definitions of health and wellbeing.
- educating oneself about traditional Indigenous healing practices.
- completing cultural safety training.
- speaking with Aboriginal and Torres Strait Islander communities about how healthcare workers can better assist and support them.
- be aware of barriers to improve Aboriginal and Torres Strait Islander health and wellbeing.

In response to the importance of community and culture to Aboriginal and Torres Strait Islander peoples health and wellbeing, and the inability of mainstream health services to effectively engage all individuals, Aboriginal Community Controlled Health Organisations (ACCHOs) were developed (NACCHO, 2021). The National Aboriginal Community Controlled Health Organisation (NACCHO) is the leading body for all ACCHOs. ACCHOs define Aboriginal community control in health services as ''a process which allows the local Aboriginal community to be involved in its affairs in accordance with whatever protocols or procedures are determined by the Community' (NACCHO, 2021). The first ACCHO was established in Redfern in NSW in 1971. This was a response to the racism experienced in mainstream health services and an unmet need for culturally safe and accessible primary health care for Indigenous peoples. There are now over 140 ACCHOs in Australia, located in all states and territories.

Youth Indigenous perspectives of health and wellbeing 1.1.4.1.1

In lesson *1C: Youth perspectives of health and wellbeing,* you learnt about the importance of and meaning of health and wellbeing to Australian youth. Let's take a look at Aboriginal and Torres Strait Islander youths' perspectives of health and wellbeing. Mission Australia is a national charity that aims to improve people's overall wellbeing through the provision of numerous services to Australians which are often government-funded. In 2019, Mission Australia completed a National Aboriginal and Torres Strait Islander youth survey which had over 1,500 participants aged 15 to 19 years. Some of the results from the survey provide us with insight into the experiences of Aboriginal and Torres Strait Islander young peoples today, as well as their perspectives of health and wellbeing. These results were compared with the national survey of non-Indigenous Australians in 2019. Some key findings from the survey are summarised in figure 5.

Aboriginal and Torres Strait Islander Youth Survey Mission Australia
Summary of results, compared with non-Indigenous, 2019.

Aboriginal and Torres Strait Islander young people were much more likely to highly value culture than their non-Indigenous peers (47.4% compared with 25.3%).

31.7% of Aboriginal and Torres Strait Islander young people indicated some form of distress (compared with 26.7% of non-Indigenous respondents).

16.8% of Aboriginal and Torres Strait Islander young people identified discrimination as a major personal concern, compared with 9.9% of non-Indigenous Australian youth.

Aboriginal and Torres Strait Islander young people are heavily involved in their communities:
- 64.5% were involved in sport as a participant
- 46.0% volunteered in their community through arts/music/cultural activities
- 38.6% were involved in youth groups
- 32.5% involved in student leadership activities

Fewer Aboriginal and Torres Strait Islander young people felt they would finish school (89.7%) compared with non-Indigenous young people (96.4%).

Figure 5 Summary from Mission Australian National Youth Survey results, 2019 (Mission Australia, 2019)

The results in figure 5 can tell us a lot about youth perspectives of health and wellbeing. For example, we can see that community involvement is valued highly by youths. This means that one's relationship with others, as well as their sense of belonging is important, perceiving both social and spiritual health and wellbeing as of great importance.

ACTIVITY 2

What else does the data presented in figure 5 tell us about Aboriginal and Torres Strait Islander youths' perspectives of health and wellbeing? Discuss your thoughts with your classmates.

Theory summary

There are a range of factors which influence an individual's perspectives of health and wellbeing. In this lesson, you learnt about Australia's Indigenous peoples, as well as their perspectives of health and wellbeing, as influenced by a range of important factors. You also had a closer look as Aboriginal and Torres Strait Islander Australian Youth perspectives.

1D QUESTIONS

Theory-review questions

Question 1

Aboriginal and Torres Strait Islander peoples have a very holistic view of health and wellbeing.

A   True.

B   False.

Question 2

There are only two key factors that influence Aboriginal and Torres Strait Islander peoples' perspectives of health and wellbeing.

A   True.

B   False.

Question 3

Which of the following are factors that may influence Aboriginal and Torres Strait Islander peoples' perspectives of health and wellbeing?   *(Select all that apply)*

I   Culture.

II   History of colonisation.

III Language.

Question 4

Aboriginal and Torres Strait Islander peoples' perspectives of health and wellbeing are the same because of shared experiences.

A   True.

B   False.

Question 5

Which of the following best fills in the blank?

A   Do.

B   Do not.

Young Aboriginal and Torres Strait Islander peoples _____ value connection to and participation in one's community.

Skills

Data analysis

Use the following information to answer Questions 6-8.

Issues in Australia perceived as important by Aboriginal and Torres Strait Islander youths, as measured by percentage of 15-19 year olds in 2019

Issue in Australia	2019 (% of 15-19 year olds)
Equity and discrimination	24.3
Mental health	28.9
Alcohol and drugs	28.1
Crime, safety and violence	12.5
The environment	23.7

Source: adapted from Mission Australia, *National Aboriginal and Torres Strait Islander Youth survey 2019 report*, <https://www.missionaustralia.com.au/what-we-do/research-impact-policy-advocacy/youth-survey >

Question 6

How many population groups are analysed in this table?

A 1.

B 2.

Question 7

Which issue was perceived as of great importance to the *most* Aboriginal and Torres Strait Islander youths' in 2019.

A Mental health.

B Equity and discrimination.

Question 8

Which statement correctly outlines a conclusion that can be drawn from the data above?

A In 2019, equity and discrimination was an issue in Australia perceived as important by fewer Aboriginal and Torres Strait Islander youth aged 15-19 than the environment was.

B In 2019, equity and discrimination was an issue in Australia perceived as important by a greater number of Aboriginal and Torres Strait Islander youths aged 15-19 than the environment was.

Exam-style questions

Question 9   (1 MARKS)

Outline who the Indigenous peoples of Australia are.

Question 10   (2 MARKS)

Describe how Aboriginal and Torres Strait Islander peoples view health and wellbeing.

Question 11   (3 MARKS)

Identify three examples of factors that can influence Aboriginal and Torres Strait Islander peoples' perspectives of health and wellbeing.

Question 12   (3 MARKS)

Using an example, describe how Aboriginal and Torres Strait Islander kinship systems can influence perspectives related to health and wellbeing.

Question 13   (5 MARKS)

a   Explain what the social and emotional wellbeing (SEWB) model is. (2 MARKS)

b   Outline three things the SEWB model tells us about Aboriginal and Torres Strait Islander peoples' perspectives of health and wellbeing. (3 MARKS)

Questions from multiple lessons

Question 14   (3 MARKS)

Culture is a factor that can influence everyone's perspectives of health and wellbeing, not just Aboriginal and Torres Strait Islander peoples. Australia's Indigenous communities may be considered collectivist cultures. Collectivist cultures are cultures that value the needs and goals of a group over the needs of each individual, whereas individualistic cultures are cultures that prioritise the needs of the individual over the needs of the group as a whole.

Using an example, compare how priorities related to health and wellbeing can be impacted by culture, specifically amongst collectivist cultures compared with individualistic cultures.

CHAPTER 1 REVIEW

CHAPTER SUMMARY

This chapter was all about health and wellbeing. You learnt about the 5 dimensions of health and wellbeing, and the importance of each of them in achieving optimal health and wellbeing. You also learnt about the influence of a range of factors on different population groups' perspectives and priorities related to health and wellbeing.

In lesson **1A: Health and wellbeing**, you learnt about the concept of health and wellbeing. This included learning about the various definitions of health and wellbeing. In particular, you learnt about:

- physical health and wellbeing
- mental health and wellbeing
- emotional health and wellbeing
- social health and wellbeing
- spiritual health and wellbeing.

In lesson **1B: Variations in perspectives of health and wellbeing**, you learnt variations in perspectives and priorities related to health and wellbeing. In particular, you learnt about the multiple influences which lead to variations in perspectives and priorities relating to health and wellbeing. These influences include:

- age
- culture
- gender
- religion
- socioeconomic status (SES).

In lesson **1C: Youth perspectives of health and wellbeing**, you learnt about Australian youth perspectives on the meaning and importance of health and wellbeing. In particular, you learnt about:

- a range of influences on youth perspectives of health and wellbeing, including social media, independence, and the changing world
- analysing data related to youth perspectives of health and wellbeing, including the importance to assessing the reliability of the data, identifying trends, drawing comparisons, and drawing conclusions
- collecting data related to youth perspectives of health and wellbeing.

In lesson **1D: Indigenous perspectives of health and wellbeing**, you learnt about Australia's Indigenous peoples, as well as their perspectives of health and wellbeing, as influenced by a range of important factors. In particular, you learnt about:

- Aboriginal and Torres Strait Islander peoples, including a historical overview
- Aboriginal and Torres Strait Islander peoples' definition of health and wellbeing, including the Social and Emotional Wellbeing (SEWB) model
- a range of factors that can influence perspectives of health and wellbeing, including:
    - family and kinship
    - language
    - culture and beliefs
    - colonisation and intergenerational trauma.
- Aboriginal and Torres Strait Islander youths' perspectives of health and wellbeing.

Understanding health and wellbeing

1A

Health and wellbeing

Physical   Mental   Emotional   Social   Spiritual   Various definitions of health and wellbeing

1B

Variations in perspectives of health and wellbeing

variations in   *variations in*

Perspectives   Priorities

as influenced by   *as influenced by*

Age   Culture   Religion   Gender   SES

1C

Youth perspectives of health and wellbeing

Collecting and analysing data

1D

Indigenous perspectives of health and wellbeing

Family and kinship   Language   Culture and beliefs   Colonisation and intergenerational trauma

CHAPTER REVIEW ACTIVITIES

Review activity 1: Summary table

In this chapter, you have learnt about health and wellbeing. Copy out the table below onto a piece of paper and fill in the summary table to revise your learnings.

	What does this concept mean?	Can you explain this concept in more detail?	Can you provide an example of this concept?
Physical health and wellbeing			
Mental health and wellbeing			
Emotional health and wellbeing			
Social health and wellbeing			
Spiritual health and wellbeing			
Optimal health and wellbeing			

Review activity 2: Create a mind map

In chapter 1, you learnt about varied perspectives and priorities related to health and wellbeing. Mind maps can be helpful revision tools to visually represent your knowledge. Copy out the mind map skeleton or create your own.
You might like to use different coloured pens or highlighters to group content or make connections. What other bubbles could you add to your mindmap? What else have you learnt in this chapter?

Age as an influencing factor

Socioeconomic status (SES) as an influencing factor

Varied perspectives and priorities related to health and wellbeing

Australian youth

Religion as an influencing factor

Aboriginal and Torres Strait Islander peoples
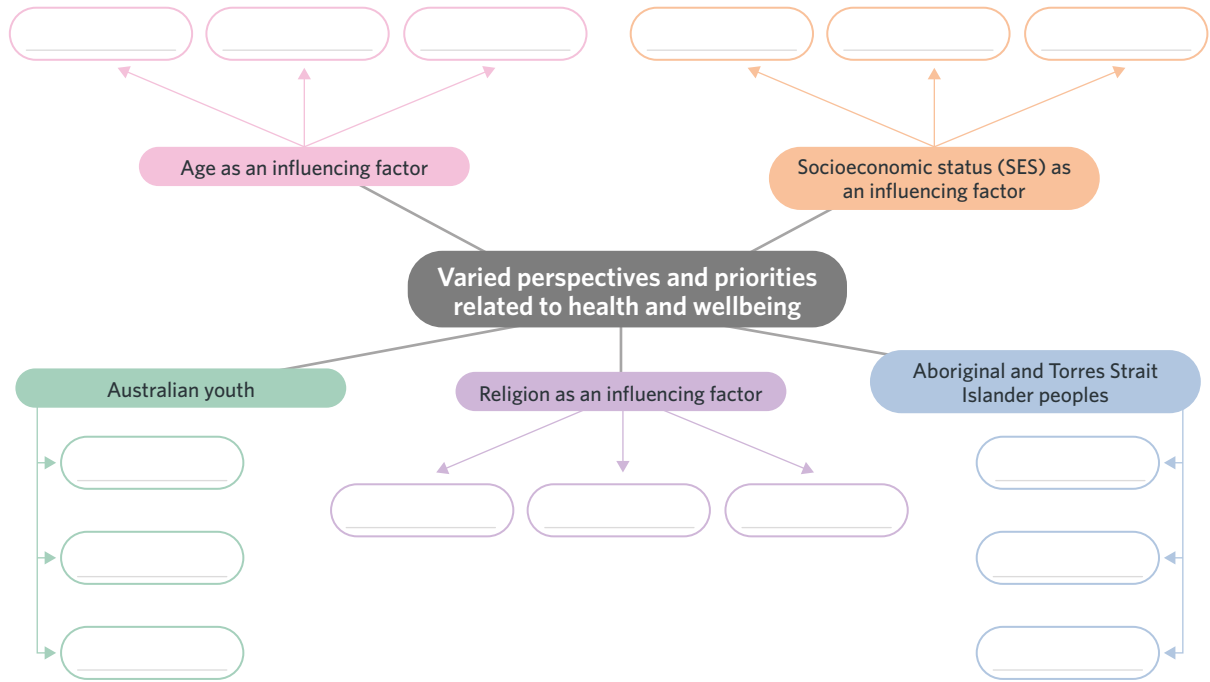
CHAPTER 1 TEST

Question 1   (1 MARK)

Outline the concept of health and wellbeing.

Question 2   (2 MARKS)

Using an example, explain how age can influence perspectives of health and wellbeing.

Question 3   (2 MARKS)

Using an example, explain the meaning of optimal health and wellbeing.

Question 4   (1 MARK)

Outline one disadvantage of the World Health Organisation's definition of health.

Question 5   (5 MARKS)

Comparison of socioeconomic outcomes between members of the Stolen Generations aged 50 and over and Indigenous reference group aged 50 and over, 2018-19
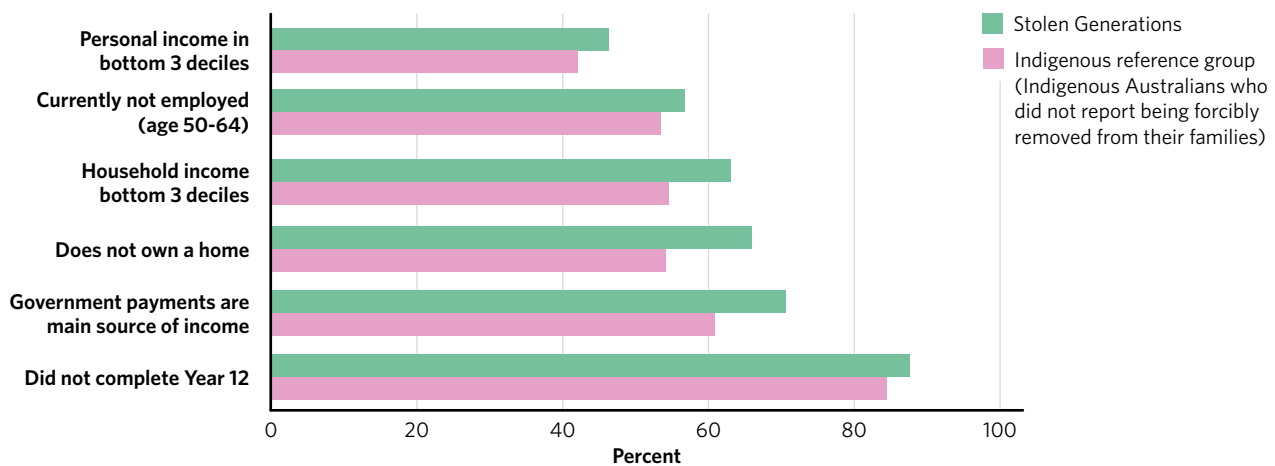
Source: adapted from Australian Institute of Health and Welfare, *Aboriginal and Torres Strait Islander Stolen Generations aged 50 and over: updated analyses for 2018–19,* 2019
<https://www.aihw.gov.au/getmedia/d7a0f2d9-c965-471c-86a7-919edcb3458f/aihw-ihw-257.pdf.aspx?inline=true>

a   Use data from the graph to compare the socioeconomic outcomes of the different population groups. (2 MARKS)

b   Using an example, explain how colonisation has had an impact on Aboriginal and Torres Strait Islander peoples' perspectives of health and wellbeing. (3 MARKS)

Question 6   (4 MARKS)

Dervla recently failed her first semester of university. Since failing, she has been very upset and questioning her ability to pass her next semester. She has been feeling very down on herself and not wanting to socialise as she is embarrassed. Her friends Molly and Liam have made sure to support Dervla, reassuring her that things will be ok and that she definitely has the ability to succeed in university. Dervla has since felt a bit better about herself and is not so ashamed.

a   Explain how failing university has impacted Dervla's health and wellbeing. (2 MARKS)

b   Outline one way that Dervla's friends have positively impacted her mental health and wellbeing. (2 MARKS)

Question 7   (3 MARKS)

Identify one factor that can influence Aboriginal and Torres Strait Islander peoples' perspectives of health and wellbeing, and explain how that factor could influence Aboriginal and Torres Strait Islander peoples' perspectives on health and wellbeing.

Question 8   (4 MARKS)

a   Discuss the meaning of health and wellbeing for youth. (2 MARKS)

b   Explain one factor that can influence youth perceptions of health and wellbeing. (2 MARKS)

Question 9   (2 MARKS)

Miya is in year 4. Miya has an older sister in year 6. A few days ago some of Miya's sister's friends came up to her and made fun of her, saying she had a big head. Ever since, Miya has felt self-conscious about herself and has lost a lot of confidence.

Explain how Miya's health and wellbeing has been impacted by the comments from older students.

Question 10   (3 MARKS)

a   Outline what is meant by the term socioeconomic status (SES). (1 MARK)

b   Using the example of income, explain how SES can influence an individual's priorities related to health and wellbeing. (2 MARKS)

2

Measuring and understanding health status

2A **Measuring health status**

2B **Health status of Australian youth**

2C **Sociocultural factors and health variations between youth: Part 1**

2D **Sociocultural factors and health variations between youth: Part 2**

Key knowledge

- indicators used to measure the health status of Australians, including incidence and prevalence of health conditions, morbidity, rates of hospitalisation, burden of disease, mortality, life expectancy, core activity limitation, psychological distress and self-assessed health status

- the health status of Australia's youth

- sociocultural factors that contribute to variations in health behaviours and health status for youth such as peer group, family, housing, education, employment, income, and access to health information and support services (including through digital technologies)

2A MEASURING HEALTH STATUS

How was Coronavirus measured in Australia? How are diseases and illnesses generally measured in any given population? In this lesson, you will learn about the health status indicators used to measure health status. You will also learn about Australia's health status, and how health status data reflects health and wellbeing.

Life expectancy

Image: Zilu8/Shutterstock.com

2A Measuring health status	2B Health status of Australian youth	2C Sociocultural factors and health variations between youth: Part 1	2D Sociocultural factors and health variations between youth: Part 2

Study design dot point

- indicators used to measure the health status of Australians, including incidence and prevalence of health conditions, morbidity, rates of hospitalisation, burden of disease, mortality, life expectancy, core activity limitation, psychological distress and self-assessed health status

Key knowledge units

Incidence and prevalence	1.1.5.1
Morbidity	1.1.5.2
Mortality	1.1.5.3
Rates of hospitalisation	1.1.5.4
Burden of disease	1.1.5.5
Life expectancy	1.1.5.6
Core activity limitation	1.1.5.7
Psychological distress	1.1.5.8
Self-assessed health status	1.1.5.9

Measuring health status

Incidence and prevalence 1.1.5.1

Morbidity 1.1.5.2

Mortality 1.1.5.3

Rates of hospitalisation 1.1.5.4

Burden of disease 1.1.5.5

Life expectancy 1.1.5.6

Core activity limitation 1.1.5.7

Psychological distress 1.1.5.8

Self-assessed health status 1.1.5.9

Incidence and prevalence 1.1.5.1

OVERVIEW

To measure diseases and conditions in a population we can use the indicators prevalence and incidence.

> 🧩 *Lesson link*
>
> Measuring health status involves interpreting and analysing a lot of data. To help you understand and respond to the data in this lesson, return to the *Guide to interpreting data in Health and Human Development* at the start of this book to assist you. As mentioned in the data guide, when a question refers to health status, you must include a health status indicator in your response. You can also return to the *Guide to responding to health terms in questions* at the start of the book which explains the concept of health status.

Study design key skills dot point

The following key skills dot point applies to the whole lesson:

- analyse the extent to which health status data reflects concepts of health and wellbeing

THEORY DETAILS

Health status indicators are measurement tools used to understand **health status**, which refers to an individual or population's overall health, taking into account a range of measures, such as life expectancy and experiences of illness, disability, and disease. There are many forms of health status indicators, including incidence and prevalence.

Both incidence and prevalence are measurements of the existence or new instances of certain diseases or conditions in a population at a given time. These two concepts vary depending on whether they are measuring the entire number of cases of a certain disease, or only the new cases.

Prevalence refers to the number of cases of a particular disease or condition that are present in a population at a given point in time. For example, to measure how many people in Australia currently have breast cancer, you would measure the prevalence of breast cancer.

This differs from the health status indicator **incidence** which refers to the number of *new* cases of a particular disease or condition that arise in a population in a certain period of time. Incidence of a disease or condition is often measured throughout the period of a year or decade. For example, it may be helpful to compare the number of new cases of breast cancer in Australia in 2020 compared to in 2019, and even 1980. Incidence is therefore helpful when analysing the changing patterns in the new cases of a particular disease or condition over time.
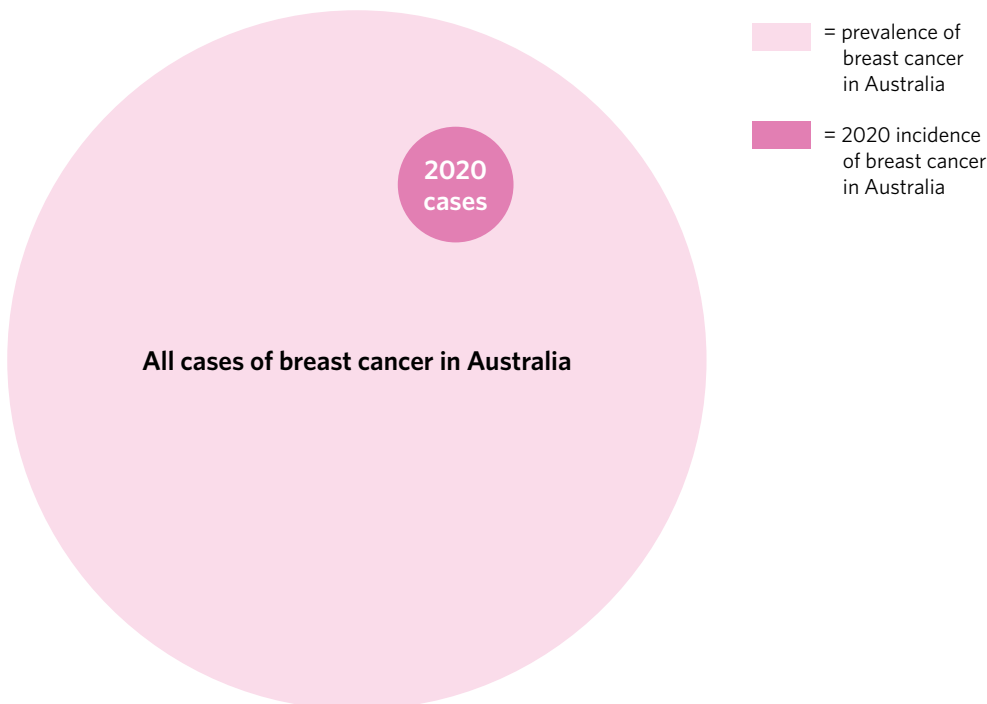
Figure 1 The 2020 incidence of breast cancer contributes to the overall prevalence of breast cancer in Australia

As illustrated in figure 1, the incidence of a disease or condition still contributes to and is counted as part of its prevalence. However, if the number of new cases in a certain time period, such as a year, five years, or ten years, wants to be measured, then the incidence of that condition in that time period is used.

KEY DEFINITIONS

Health status refers to an individual or population's overall health, taking into account a range of measures, such as life expectancy and experiences of illness, disability, and disease

Prevalence refers to the number of cases of a particular disease or condition that are present in a population at a given point in time

Incidence refers to the number of new cases of a particular disease or condition that arise in a population in a certain period of time

ADDITIONAL TERMS

Health status indicators are measurement tools used to understand health status, which refers to an individual or population's overall health, taking into account a range of measures, such as life expectancy and experiences of illness, disability, and disease

🖋 **Memory device**

To remember the difference between incidence and prevalence, focus on how the number of new cases of a condition (which refers to the **in**cidence of a condition) **in**creases the prevalence of that condition at the time in which the data is recorded.

ACTIVITY 1

Watch a video on incidence and prevalence

Search up *'The relationship between incidence and prevalence'* on YouTube and watch the entire three minute and thirty nine second video (Patwari, 2013). Then answer the following questions:

1 In the bathtub analogy, the water from the faucet refers to what? Incidence or prevalence?

2 In the bathtub analogy, the water in the bathtub refers to what? Incidence or prevalence?

3 What are the two ways in which the level of the water in the tub can lower?

Incidence and prevalence in Australia

In 2017-2018, the prevalence of osteoporosis in Australia was 924,000 cases (Australian Bureau of Statistics [ABS], 2018). This was significantly higher than the prevalence of osteoporosis in Australia in 2014 to 2015 which was 801,800 cases (ABS, 2018). Additionally, the incidence of osteoporosis in the three years following 2015 was 122,200, with these 122,200 new cases arising between 2016-2018 (ABS, 2018).

Incidence and prevalence and health and wellbeing

As incidence and prevalence measure the number of new or total cases of a condition, respectively, they are most closely related to the health and wellbeing dimension of physical health and wellbeing. This is due to physical health and wellbeing referring to the functioning of the body and its systems. As such, conditions captured by the health status indicators of incidence and prevalence may represent limited functioning of the body and its systems due to the experience of a disease, disability, injury, and potentially poor immune system functioning. Therefore, incidence and prevalence may indicate a lack of optimal physical health and wellbeing. Incidence and prevalence also relate to other dimensions of health and wellbeing, such as mental health and wellbeing.

Morbidity 1.1.5.2

OVERVIEW

Levels of ill health in a population due to diseases and conditions are measured by the health status indicator morbidity.

THEORY DETAILS

Morbidity refers to ill health in an individual and the levels of ill health in a given population group. We will focus more on morbidity at a population level. Morbidity measures the presence of injuries, diseases, illnesses, and any other conditions which are non-fatal. Morbidity levels in a population can be measured as a whole, or for specific conditions. For example, it is possible to measure the morbidity in a population due to a certain condition, such as **multiple sclerosis**. Morbidity can be represented in multiple numerical forms, such as calculating the percentage that a condition proportionally contributes to the overall amount of morbidity in a population, or as a number of cases of a condition which reflects ill health in a population.

It can sometimes be hard to gain accurate morbidity data as it relies on health professionals recording data on diseases and conditions existing in the population, which can be timely and costly. This can sometimes lead to inaccurate morbidity data.

> **KEY DEFINITIONS**
>
> **Morbidity** refers to ill health in an individual and the levels of ill health in a given population group
>
> **ADDITIONAL TERMS**
>
> **Multiple sclerosis** refers to a condition in which nerve damage progressively worsens overtime, leading to symptoms, such as impairment of speech

---

(!) **Useful tip**

The health status indicator morbidity is related to the indicators prevalence and incidence. In fact, you can think of morbidity as an umbrella term with prevalence and incidence sitting underneath the umbrella. This is due to incidence and prevalence measuring the levels of particular diseases and conditions that cause ill health (morbidity) in a population.

In your responses, it is important that you do not refer to incidence and prevalence as measures of morbidity and instead refer to incidence and prevalence separately to morbidity. However, it may be helpful conceptually to understand the relationship between these indicators.
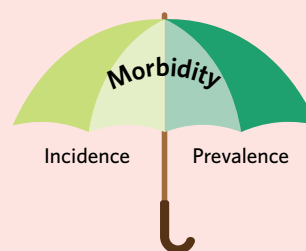
Image: Lidiia Koval/Shutterstock.com

Figure 2 The relationship between morbidity, incidence, and prevalence

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Morbidity in Australia

As mentioned, the level of morbidity in Australia can be recorded according to a particular condition or group of conditions. For example, almost half of Australians (47.3%) experienced chronic conditions in 2017-2018, which contributed to the overall level of morbidity in Australia (ABS, 2018). In the past ten years, levels of morbidity due to chronic health conditions have significantly increased from 42% to 47.3% (ABS, 2018). Some of the chronic health conditions experienced at this time are outlined in table 1.

Table 1 Chronic health conditions experienced by Australians between 2017 and 2018 (ABS, 2018)

Chronic health condition	Number of Australians experiencing the condition
Mental and behavioural problems	4.8 million
Arthritis	3.6 million
Asthma	2.7 million
Osteoporosis	924,000
Cancer	432,400
Kidney disease	237,800

Morbidity and health and wellbeing

Due to reflecting the level of ill health in a population or group, morbidity also most closely relates to physical health and wellbeing. Again, this may be due to morbidity levels indicating a lack of effective functioning of the body and its systems, with ill health potentially occurring due to inadequate recovery of the body, an inability to maintain a healthy body weight, and experiences of illness, disease, and injury.

Mortality 1.1.5.3

OVERVIEW

The number of deaths in a population is measured by the health status indicator mortality.

THEORY DETAILS

In everyday life, you may have heard of the word mortality, which refers to the experience of death. In VCE Health and Human Development, **mortality** refers to the number of deaths in a population. **Mortality rate** refers to the number of deaths in a population in a certain period, usually expressed per 1000 or 100,000 live births in a twelve month period. Therefore, mortality rates can be presented in numerous ways, such as according to different groups in the population. For example, maternal mortality, infant mortality, and under 5 mortality are different categories of mortality which can be expressed as different mortality rates. These categories of mortality will be explored in further in this lesson. Figure 3 outlines how mortality rates can be calculated.

$$\text{Mortality rate} \; = \; \frac{\text{Number of deaths in a given population}}{\text{Number of people within the given population}}$$

Figure 3 Mortality rates are usually calculated by dividing the number of deaths in a given population by the number of people within the given population

It is common for mortality rates to be calculated according to specific diseases or conditions. For example, the mortality rate of pneumonia would be calculated by dividing the number of deaths due to pneumonia in a population by the total population.

> ⓘ **Useful tip**
>
> The health status indicators morbidity and mortality are related, with morbidity referring to all existing diseases and conditions within a population that cause ill-health, while mortality refers to the number of deaths in a population. Therefore, some diseases and conditions can be recorded as the morbidity of that condition when they are only causing ill-health, and can then be recorded under mortality if the condition leads to death. For example, an individual experiencing cardiovascular disease such as a heart attack can be recorded under the health status indicator of morbidity, and then under mortality if it later leads to death.

> ⓘ **Useful tip**
>
> It can sometimes be difficult to understand high and low mortality rates. High mortality rates are bad and should be avoided, as this means there is a high number of deaths in a population, while low mortality rates means there are fewer deaths in a population.

KEY DEFINITIONS

Mortality refers to the number of deaths in a population

ADDITIONAL TERMS

Mortality rate refers to the number of deaths in a population in a certain period, usually expressed per 1000 or 100,000 live births in a twelve month period

Mortality in Australia

One of the leading causes of death in Australia in 2018 was **cardiovascular disease**, which encompasses multiple conditions, such as coronary heart disease, stroke, and peripheral vascular disease. The mortality rates of these conditions are presented in table 2.

Table 2 Mortality rates due to cardiovascular disease conditions in Australia in 2018 (Australian Institute of Health and Welfare [AIHW], 2020)

Condition	Overall deaths	Male deaths	Female deaths
Coronary heart disease	17,533	10,269	7,264
Stroke	8,420	3,480	4,940
Peripheral vascular disease	1,845	1,013	832

Want to know more?

Three common types of mortality are maternal, infant, and under 5 mortality. Each of these types of mortality are measured using different rates. For example, infant and under 5 mortality refers to the number of deaths per 1000 live births, while maternal mortality refers to the number of deaths per 100,000 live births.

Table 3 Description of the types of mortality

Types of mortality	Description
Maternal mortality	**Maternal mortality rate** refers to the number of deaths of pregnant women before birth, during birth or within the first six weeks after birth, per 100,000 live births. It is important to measure maternal mortality rates as pregnancy and childbirth can significantly affect the health of women.
Infant mortality	**Infant mortality rate** refers to the number of deaths of infants between birth and their first birthday per 1000 live births. Infants in this case refer specifically to individuals who have just been born up until their first birthday.
Under 5 mortality	**Under 5 mortality rate** refers to the number of deaths of children under five years of age per 1000 live births. In such a way, under 5 mortality measures the number of deaths occurring during early childhood.

In high-income countries, such as Australia, maternal, infant, and under 5 mortality rates are declining. However, in low-income countries, these mortality rates are still relatively high and are experiencing much slower decreases compared to high-income countries. For example, Chad's under 5 mortality rate was significantly higher than Australia's in 2019.

- 2019 under 5 mortality rate in Australia = 3.6 deaths per 1000 live births
- 2019 under 5 mortality rate in Chad = 113.8 deaths per 1000 live births

(Unicef Data, 2021)

Mortality and health and wellbeing

With mortality referring to the number of deaths in a population, it most closely reflects physical health and wellbeing. This is due to death representing a lack of effective functioning of the body and its systems. Mortality also connects to other dimensions of health and wellbeing. For example, it can lead to severe emotional reactions in individuals close to the person who has died, negatively impacting emotional health and wellbeing.

Rates of hospitalisation 1.1.5.4

OVERVIEW

It is important to understand the burden that ill health places on our healthcare system. One way to measure this is to look at rates of hospitalisation.

THEORY DETAILS

One core component of the healthcare system is hospitals. Being admitted to a hospital generally reflects a serious experience of disease, injury, or disability which requires ongoing care from healthcare workers. The number of individuals who have been admitted to a hospital in a certain period of time refers to **rates of hospitalisation**. Rates of hospitalisation can be presented in many different ways, such as per 1000 people in a geographical area, or divided by the entire population.

ADDITIONAL TERMS

Cardiovascular disease affects the heart and blood vessels within the body and interferes with the circulation of blood throughout the body and includes conditions, such as coronary heart disease, stroke, and peripheral vascular disease

ADDITIONAL TERMS

Maternal mortality rate refers to the number of deaths of pregnant women before birth, during birth, or within the first six weeks after birth, per 100,000 live births

Infant mortality rate refers to the number of deaths of infants between birth and their first birthday per 1000 live births

Under 5 mortality rate refers to the number of deaths of children under five years of age per 1000 live births

KEY DEFINITIONS

Rates of hospitalisation refers to the number of individuals who have been admitted to a hospital in a certain period of time

Rates of hospitalisation reflect a wide range of ill health, ranging from admissions due to childbirth, emergency procedures, and treatment for chronic conditions, such as cancer. Rates of hospitalisation can be measured for all conditions, or for certain conditions, such as the number of hospitalisations due to cardiac arrest in a given year.

Hospitalisation rates are commonly linked to the concept of hospital separation. **Hospital separation** refers to the process where a hospitalised patient receives care and is then transferred, discharged, or pronounced dead. As the name suggests, this concept analyses the path taken by a patient once they have been admitted to and received care in a hospital. This can involve:

- being transferred, such as to another hospital or to another healthcare service, such as a mental health clinic
- being discharged, which involves the patient returning to their home
- being pronounced dead.

Hospital separation can be measured for all hospitalisations, or for certain conditions. For example, the hospital separation due to cancer in a certain period of time can analyse the paths patients with cancer have taken after being admitted to and receiving care in a hospital.

Rates of hospitalisation in Australia

As mentioned, rates of hospitalisation can be measured for certain conditions. In table 4, rates of hospitalisations for childbirth, mental health care, surgery, and palliative care in Australia are outlined.

Table 4 Rates of hospitalisation for certain conditions in Australia between 2017-18 (AIHW, 2019)

Condition/Reason	Rate of hospitalisation (public hospitals)	Rate of hospitalisation (private hospitals)
Childbirth	231,765	67,491
Mental health care	141,760	195,178
Surgery	1,069,202	1,530,563
Palliative care	39,117	6,444

In 2017 to 2018, there were 6.7 million hospital separations from public hospitals (Productivity Commission, 2021). Of these hospital separations, approximately half involved admitted patients being discharged from the hospital on the same day of admission (Productivity Commission, 2021).

Rates of hospitalisation and health and wellbeing

Hospital admissions can often occur due to the experience of disease or injury, such as from a car accident or due to a heart attack. When individuals are admitted to the hospital for this reason, a disruption to the effective functioning of the body and its systems is evident. Therefore, this links to physical health and wellbeing. Individuals can also be hospitalised for other reasons. For example, individuals can be hospitalised for mental health care. When this occurs, this can reflect mental health and wellbeing, with individuals potentially having high levels of stress and anxiety.

Burden of disease 1.1.5.5

OVERVIEW

How do we measure the overall impact of all diseases, disabilities, and deaths? These occurrences all contribute in different ways to the burden which is placed on society, and more specifically, the health care system. Therefore, it is measured by the health status indicator burden of disease, which is measured by the unit disability-adjusted life years (DALYs).

THEORY DETAILS

Diseases, disabilities, and deaths place a strain on the healthcare system in Australia. This strain on the health care system can lead to the experiences of diseases and deaths becoming a burden to society. To measure the burden of diseases and deaths, the health status indicator burden of disease is used.

ADDITIONAL TERMS

Hospital separation refers to the process where a hospitalised patient receives care and is then transferred, discharged, or pronounced dead

Burden of disease is a measurement of the impact of disease and injuries, specifically measuring the gap between the current health status and an ideal situation where everyone lives to an old age, free of disease and disability. Burden of disease is specifically measured by the unit of disability-adjusted life years (DALYs).

Burden of disease can be viewed as a holistic and overarching measurement of the existence of diseases, disabilities, and death in a society. Diseases, disabilities, and death place a burden on society to different extents, such as placing a financial or time burden on health care services. Examples of different conditions that contribute to burden of disease are visualised in table 5.

Table 5 Examples of how diseases, illnesses, or injuries can place a burden on society

Disease, illness or injury	How does this contribute to burden of disease?
Individual experiencing arthritis	• Costs of treatments and medications – These might be partially covered by the government, therefore placing a financial burden on the government • Time burden on health care services, such as physiotherapists
Individual involved in a car accident	• Time burden of emergency services, such as an ambulance and police car • Costs of treatments and medications • Time burden on health care services, such as at a hospital

As mentioned, burden of disease is measured by the unit **disability-adjusted life year (DALY)**, in which one disability-adjusted life year (DALY) equals one healthy year of life lost due to the experience of a disability or disease (YLD) or premature death (YLL).

A healthy year of life can be lost in two ways, either due to:

• years of life lost due to disability or disease (YLD), or
• years of life lost due to premature death (YLL).

Therefore, DALY is a measure that numerically represents burden of disease by summing the total number of healthy years of life lost due to disability or disease (YLD) and premature death (YLL). This sum is then subtracted from the total amount of years an individual is expected to live based on when they were born. After this final calculation, the DALY has been calculated and the burden of disease has therefore been measured. The difference between YLL and YLD is that YLL is **fatal**, whereas YLD is non-fatal. This difference, demonstrated with examples, is outlined in table 6.

Table 6 The difference between years of life lost due to disability (YLD) and years of life lost due to premature death (YLL)

Description	Fatal vs non-fatal	Examples include:
Years of life lost due to disability (YLD) refers to the non-fatal contribution to the burden of disease measurement of disability-adjusted life year (DALY).	Non-fatal	• living with a chronic disease, such as asthma • living with a physical disability • living with a mental health condition.
Years of life lost due to premature death (YLL) refers to the fatal contribution to the burden of disease measurement of disability-adjusted life year (DALY).	Fatal	• death due to a fatal car-accident • death due to lung cancer • death due to a heart attack.

> ⓘ *Useful tip*
>
> When answering questions about burden of disease, VCAA has specified that you must write out disability-adjusted life year, years of life lost and years of life lost due to disability in full. When outlined once and if accompanied by the relevant acronym (DALY, YLL, and YLD respectively), you can then use the acronym instead of the full title of the health status indicator for that question. However, if you use the acronym without first outlining the title in full you may not receive full marks for your response.

KEY DEFINITIONS

Burden of disease is a measurement of the impact of disease and injuries, specifically measuring the gap between the current health status and an ideal situation where everyone lives to an old age, free of disease and disability. Burden of disease is specifically measured by the unit disability-adjusted life years (DALYs)

Disability-adjusted life year (DALY) is a measure of burden of disease in which one disability-adjusted life year (DALY) equals one healthy year of life lost due to the experience of a disability or disease (YLD) or premature death (YLL)

ADDITIONAL TERMS

Fatal refers to something that can cause or lead to death

KEY DEFINITIONS

Years of life lost due to disability (YLD) refers to the non-fatal contribution to the burden of disease measurement of disability-adjusted life year (DALY)

Years of life lost due to premature death (YLL) refers to the fatal contribution to the burden of disease measurement of disability-adjusted life year (DALY)

Due to measuring the amount of healthy years of life lost, DALY considers the age of those who experience diseases, disabilities, or death. For example, if two individuals died of cancer, one two years old and the other 86 years old, the two year old would contribute to the measurement of DALY significantly more, as a much greater amount of healthy years of life was lost. This reflects the way in which YLL is measured.

Similarly, YLD is a complex measurement as it considers the level of severity of a disability or disease. For more debilitating diseases, such as the late stages of dementia in which an individual finds it difficult to get through day-to-day life without assistance, a greater contribution to DALY will be made compared to someone experiencing a mild, but bearable disease.

Years of life lost due to premature death (YLL) + years of life lost due to disability or disease (YLD)
= Disability-adjusted life year (DALY)
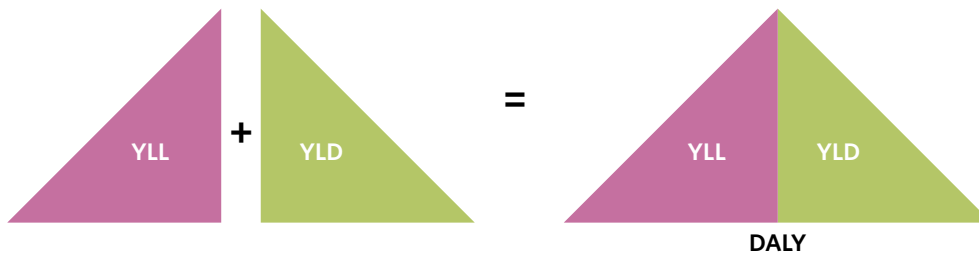
Figure 4 Disability-adjusted life year (DALY) is made up of years of life lost due to premature death (YLL) and years of life lost due to disability or disease (YLD)

As seen in figure 4, the combination of YLL and YLD contribute to the overall measurement of DALY, the unit which represents burden of disease. This can be thought of as the calculation for DALY.

> ⓘ *Useful tip*
>
> If a question asks you to describe burden of disease, it is likely to be worth at least two marks. In this response, you must outline the description of burden of disease, ensuring to refer to the unit of measurement of disability-adjusted life year (DALY), as well as refer to DALY being made up of years of life lost due to premature death (YLL) and years of life lost due to disability (YLD) to gain full marks.

Burden of disease in Australia

A 2015 study on burden of disease conducted by the Australian Institute of Health and Welfare (2020) identified the following:

- There were 2,394,031 healthy years of life lost due to disability (YLD) in the total Australian population.
- There were 2,358,384 healthy years of life lost due to premature death (YLL) in the total Australian population.

The disease groups which most greatly contributed to the burden of disease are presented in figure 5.

Disease group

Cancer and other neoplasms	Injuries
Cardiovascular diseases	Respiratory diseases
Musculoskeletal conditions	Neurological conditions
Mental and substance use disorders	
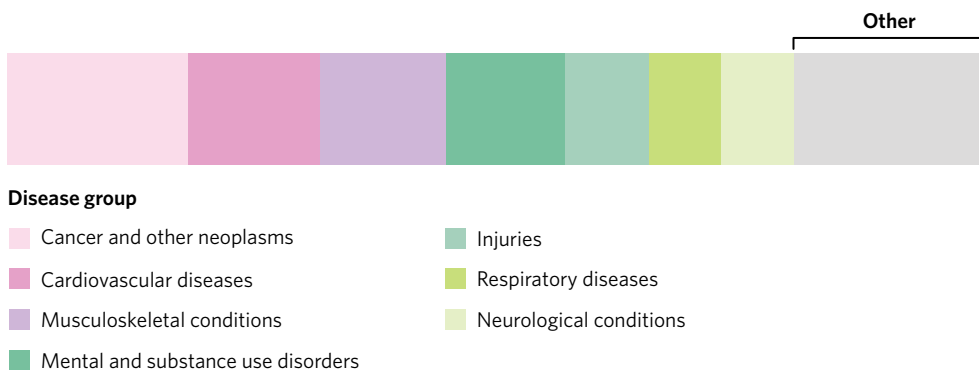
Figure 5 Proportion of total burden of disease by disease group in Australia in 2015 (AIHW, 2020)

In 2015, the DALY in Australia was 4.8 million years of healthy life lost due to illness or death (AIHW, 2020). The DALY in 2015 in Australia by age group is outlined in figure 6.

Disability-adjusted life years by age in Australia in 2015
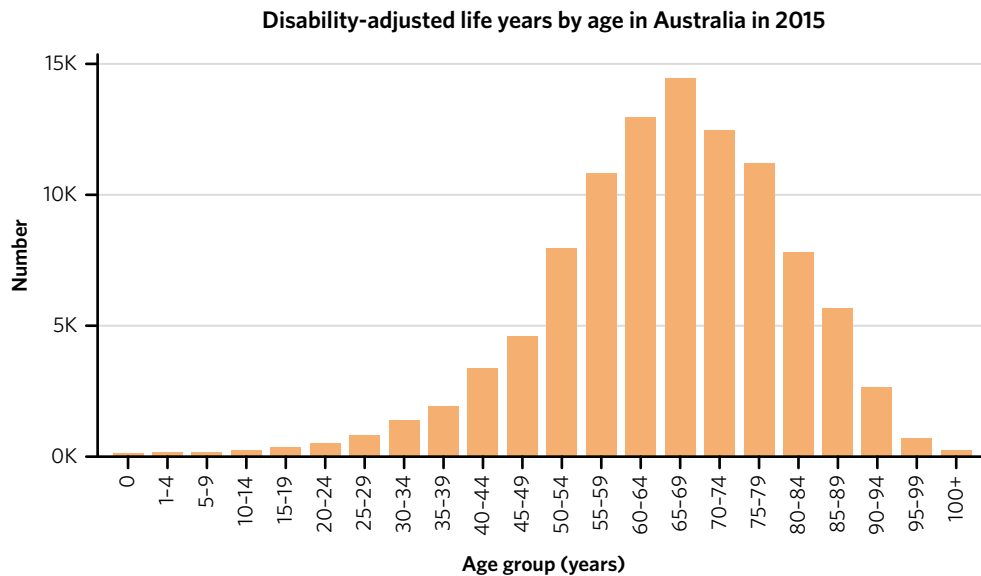
Figure 6 DALY in persons by age in Australia in 2015 (AIHW, 2020)

ACTIVITY 2

Explore the interactive data on burden of disease in Australia for 2003, 2011, and 2015

Type the URL *aihw.gov.au/reports/burden-of-disease/abds-2015-interactive-data-disease-burden/contents/burden-of-disease-in-australia* into your browser to explore the interactive data on burden of disease in Australia (AIHW, 2020). This resource allows you to look at the data from 2003, 2011, and 2015 on burden of disease in general and in relation to specific disease groups or diseases. You are also able to change the measurement to either DALY, YLL, or YLD.

When looking at this website, see if you can find the answers to the following questions.

- What was the overall DALY in Australia in 2003?
- What was the YLL and YLD in Australia in 2011?
- What was the overall DALY in Australia due to Gastrointestinal disorders in 2015?
- What was the overall DALY in Australia due to Type 2 diabetes in 2015?

Burden of disease and health and wellbeing

Both years of life lost due to disability or disease (YLD) and years of life lost due to premature death (YLL) reflect a lack of effective functioning of the body and its systems, relating to physical health and wellbeing. Years of life lost due to disability or disease, such as Alzheimer's disease, not only reflects an impact on physical health and wellbeing, but on social health and wellbeing as well as it may place a strain on the ability to maintain strong relationships with others. Individuals with chronic conditions may also find it difficult to lean on their social support system to assist them in their functioning.

Life expectancy 1.1.5.6

OVERVIEW

Over time, people have been living longer. Life expectancy is a health status indicator which measures the length of life.

THEORY DETAILS

Life expectancy measures the number of years a person is expected to live, on the basis that current health conditions do not change. This is measured by reflecting on the health conditions existing at the time at which life expectancy is measured. By reflecting on these health conditions, the extent to which they may shorten life expectancy is taken into account. For example, if a severe and fatal disease exists at a certain point in time, life expectancy at that time will shift to reflect this. Similarly, medical and technological advancements can increase life expectancy. In such a way, life expectancy is a dynamic concept which fluctuates over time in line with current health conditions and medical technologies.

KEY DEFINITIONS

Life expectancy measures the number of years a person is expected to live, on the basis that current health conditions do not change

---

⊙ *Useful tip*

Although life expectancy can be measured at any stage of a person's life, it is extremely common to be measured and reported at birth. For example, when asked about Australia's current life expectancy, it is likely that the life expectancy of people born in the current year would be reported.

Therefore, most sources of data in questions refer to life expectancy at birth specifically. To gain full marks for questions, it is important to mention whether the data used in a question refers to life expectancy at birth.

⊕ *Want to know more?*

The longer a person lives, the more their life expectancy increases. This is due to life expectancy at birth taking into consideration all potential conditions or causes which may lead to an early death. For example, young adults have a greater susceptibility to death from road accidents. Once young adults have passed this heightened susceptibility to death and are well and truly into adulthood, their life expectancy increases in accordance.

You can think of each of these moments of heightened susceptibility to death as hurdles to jump over. These hurdles are laid out at the start of someone's life and increasingly decrease as they jump over more hurdles. As such, life expectancy increases gradually as each hurdle is passed.

Image: yokunen/Shutterstock.com

Figure 7 Jumping over the hurdles of heightened susceptibility to death increases life expectancy

---

⊕ *Want to know more?*

Although a valuable health status indicator, life expectancy fails to consider the quality of a person's life. This differs from the indicator of **health-adjusted life expectancy (HALE)**, which is a measure of burden of disease based on life expectancy at birth, but including an adjustment for time spent in poor health. It is the number of years in full health that a person can expect to live, based on current rates of ill health and mortality in a population.

ADDITIONAL TERMS

Health-adjusted life expectancy (HALE) is a measure of burden of disease based on life expectancy at birth, but including an adjustment for time spent in poor health. It is the number of years in full health that a person can expect to live, based on current rates of ill health and mortality
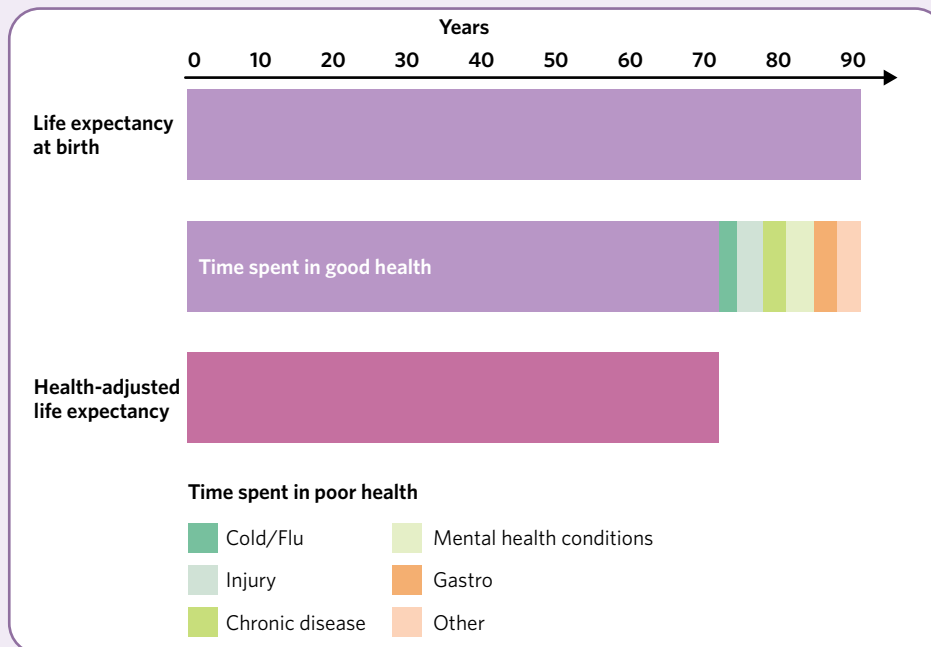
Figure 8 Health-adjusted life expectancy compared to life expectancy

Figure 8 visualises the difference between health-adjusted life expectancy and life expectancy. The greater the number of years a person can expect to live in poor health is subtracted from their overall life expectancy, leading to a lower HALE. In this figure, you can see how an individual's potential life expectancy at birth of 90 years is reduced to a HALE of around 80 when considering time spent in poor health. Therefore, this means that the gap between life expectancy and HALE is about 10 years.

Australia's life expectancy

In 2017-2019, Australia's life expectancy at birth was 80.9 years for males and 85.0 years for females (ABS, 2020). Life expectancy in Australia has steadily increased due to improvements, such as increased access to healthcare, medical and technological advances, and safer working environments (ABS, 2020). Figure 9 illustrates this increasing life expectancy from 1992 to 2017-19.

Australia's life expectancy at birth from 1992 to 2017-19
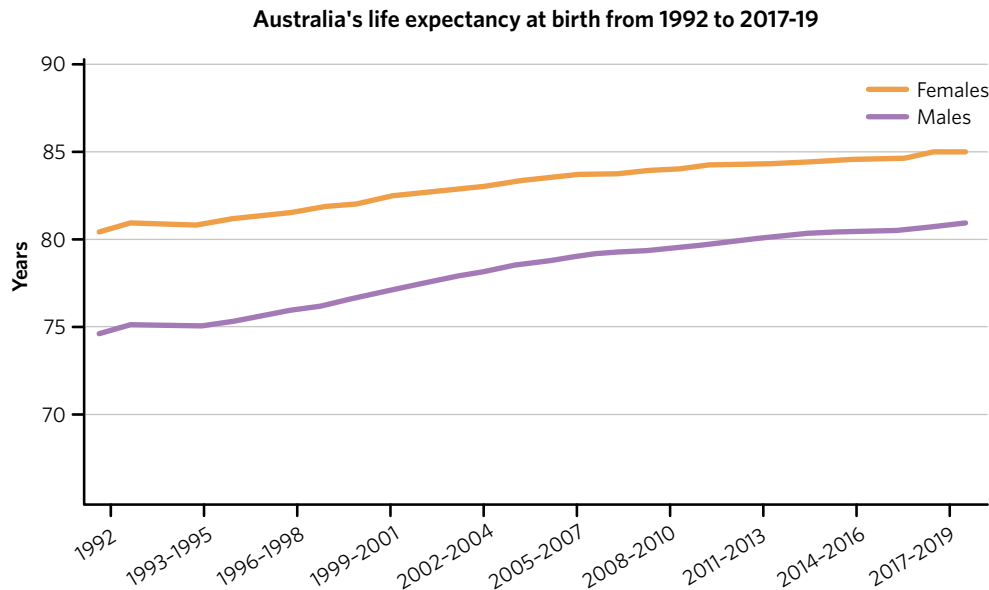
Figure 9   Australia's life expectancy at birth from 1992 to 2017-19 (ABS, 2020)

Life expectancy and health and wellbeing

Due to measuring the number of years a person is expected to live, on the basis that current health conditions do not change, life expectancy most closely reflects physical health and wellbeing. This is due to life expectancy analysing how conditions may impact the functioning of the body and its systems and therefore affect the number of years that an individual may live.

Core activity limitation 1.1.5.7

OVERVIEW

How do we measure the capability of individuals to function and meet everyday tasks? One way we can do this is by looking at core activity limitation.

THEORY DETAILS

Core activity involves the ability to carry out tasks and meet individual needs in three areas. These three areas are:

1   self-care, such as maintaining personal hygiene and meeting nutritional needs by eating when hungry

2   mobility, which involves the ability to independently move around in one's house and outside one's house

3   communication, which involves being able to understand others and have others understand you through either verbal or sign language.

When an individual struggles to meet any of these core activity areas, they may be experiencing core activity limitation. **Core activity limitation** refers to an individual's limited ability to undertake daily activities or participate in core life areas of self-care, mobility, and communication. As such, individuals experiencing core activity limitation often require assistance and resources, such as mobility aids or a caretaker. Core activity limitation can occur due to various reasons, including as a result of an injury, illness, or disability.

There are four levels of core activity limitation; profound, severe, moderate, and mild. These are described in table 7.

KEY DEFINITIONS

Core activity limitation refers to an individual's limited ability to undertake daily activities or participate in core life areas of self-care, mobility, and communication

Table 7 Descriptions of the core activity limitation levels

Core activity limitation level	Description
Profound	• Involves the constant inability to meet a core activity task independently, therefore requiring assistance to do so.

Severe	• Involves the frequent inability to meet a core activity task independently, leading to the individual sometimes needing assistance to do so.
	• Can also involve:
	  – an individual having difficulty being understood by friends or family, or,
	  – communicating with greater ease using sign language or other non-verbal communication forms.

Moderate	• Requires no assistance even though an individual has difficulty with a core activity task.

Mild	• Requires no assistance and no difficulty with any of the core activity task, but:
	  – using aids and equipment
	  – difficulty walking 200 metres
	  – difficulty walking up and down stairs without a handrail
	  – difficulty bending down to pick up an object from the floor
	  – difficulty or inability to use public transport without assistance.

Core activity limitation in Australia

In 2018, 3.9 million Australians experienced core activity limitation (ABS, 2019). As a proportion of the Australian population:

• 3.2% of Australians had a profound limitation

• 2.6% of Australians had a severe limitation

• 2.4% of Australians had a moderate limitation

• 6.1% of Australians had a mild limitation.

(ABS, 2019).

Each state has a different percentage of its population experiencing core activity limitation. Refer to figure 10 for an understanding of the proportion of Australians in each state experiencing a severe or profound core activity limitation in 2018.

Severe or profound core activity limitation rate, proportion to persons (%)
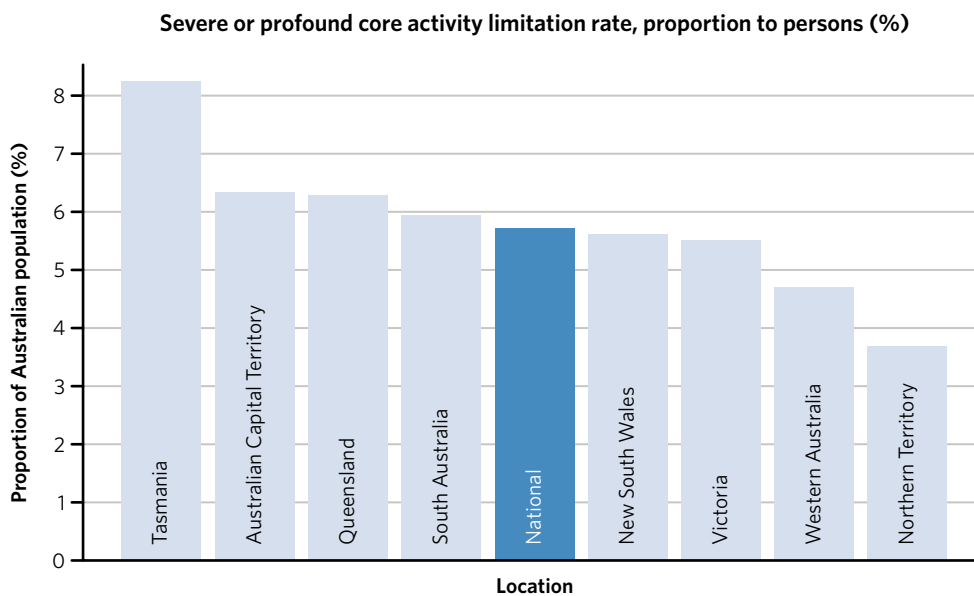
Figure 10 The proportion of Australians experiencing a severe or profound core activity limitation in 2018 by state (AIHW, 2021)

Core activity limitation and health and wellbeing

Core activity limitation can be linked to many dimensions of health and wellbeing. Mobility and self-care limitations relate to physical health and wellbeing. Limitations relating to communication can negatively impact social health and wellbeing, as it may limit the ability for individuals to form and maintain strong relationships with others. Furthermore, it may negatively impact mental health and wellbeing, as individuals with severe or profound core activity limitation may experience large amounts of stress and may have low levels of optimism.

Psychological distress 1.1.5.8

OVERVIEW

How do we measure the mental health of the population? There are many ways to measure this, one of which is measuring psychological distress.

THEORY DETAILS

It is important to understand the mental health experienced within a population. One way to measure this is to measure psychological distress. **Psychological distress** refers to an individual's state of psychological suffering, and involves unpleasant emotions and/or thoughts that impact an individual's ability to function. Psychological distress is not just experiencing negative emotions, as this is a normal part of life, but is rather these negative emotions placing a significant strain on an individual and impacting their daily functioning. For example, individuals experiencing psychological distress may be finding it difficult to get out of bed in the morning, to maintain hygiene practices, and to stay in touch with their family and friends.

> ⚠️ **Useful tip**
>
> Although psychological distress illustrates a disruption to mental health, it does not mean that all individuals experiencing psychological distress are experiencing mental health disorders. Psychological distress can at times last for only a short duration of time and can sometimes be proportionate to experiences in one's daily life. Although psychological distress can lead to disruptions in daily functioning, it does not always constitute a mental health disorder as this requires a prolonged and severe disturbance to functioning. However, if an individual does not seek assistance when experiencing psychological distress, it does have the possibility to contribute to the onset of mental health disorders, such as anxiety and depression. In chapter 6, you will learn more about mental health.

A common way to measure psychological distress is using the Kessler Psychological Distress Scale (K10). This test includes ten questions, with each of these questions accompanied by a five-point scale from one (*none of the time*) to five (*all of the time*). For example, one question is 'During the last 30 days, about how often did you feel that everything was an effort?' (REF). The responses on the test are calculated, with scores categorising individuals as having either low, moderate, high, or very high psychological distress. The scores for these categories are presented in figure 11.

> 🧠 **Want to know more?**
>
> If you want to see the full K-10 scale and learn more about how it's calculated, type the URL *blackdoginstitute. org.au/wp-content/uploads/2020/04/k10.pdf* into your browser (Black Dog Institute, 2020).

KEY DEFINITIONS

Psychological distress refers to an individual's state of psychological suffering, and involves unpleasant emotions and/or thoughts that impact an individual's ability to function

Score	Level of psychological distress
0–5	Low
6–11	Moderate
12–19	High
20–40	Very high

Figure 11 The K-10 psychological distress classifications

Psychological distress in Australia

In 2017-18, 13% of Australians (2.4 million) aged 18 years and over experienced high or very high levels of psychological distress as measured by the K-10. This proportion of Australians was an increase from the 11.7% experiencing high or very high levels of psychological distress in 2014-15. High or very high levels of psychological distress were greater amongst women (15%) than men (11%) in 2017-18. Additionally, young people aged 18-24 experienced the greatest levels of high or very high psychological distress (15.2%).

(AIHW, 2021).

Psychological distress and health and wellbeing

Psychological distress is closely related to mental health and wellbeing. This is due to psychological distress contributing to the occurrence of mental health disorders if prolonged, as it can involve high levels of stress and anxiety. Due to involving unpleasant emotions, it is also related to emotional health and wellbeing as it may involve having exaggerated emotional reactions to events. Finally, due to disrupting daily functioning, psychological distress is also related to physical health and wellbeing as it may limit the ability to perform daily tasks and activities.

Self-assessed health status 1.1.5.9

OVERVIEW

So far in this lesson, all of the health indicators we have looked at are objective measures. But how do we measure an individual's subjective feelings about their health? This is when the health status indicator self-assessed health status is used.

THEORY DETAILS

Self-assessed health status measures health status by asking individuals how they feel about their health. Therefore, **self-assessed health status** measures an individual's overall perception of their own health status at a given point in time. This measure is therefore subjective, as it relies on each individual's unique interpretations of their health status. In such a way, the characteristics of each individual, such as their level of optimism and their perception of all dimensions of health and wellbeing will influence how they rate their health status. Self-assessed health status is most commonly measured through the use of a rating-scale, in which individuals rate their health according to multiple descriptions. An example of this is visualised in figure 12.

Figure 12 Self-assessed health status is often measured through the use of a rating scale, in which individuals may select whether their health status is very poor, poor, fair, good, or very good

Australia's self-assessed health status

Younger Australians are typically more likely to rate themselves as having a better health status than older Australians. This general pattern is illustrated in table 8, where Australians aged 15-24 were much more likely to rate their health as excellent or very good (67.6%) than those aged 75 and over (36.7%; ABS, 2018). This consistent pattern can be due to chronic illnesses and diseases being much more prevalent in older age.

Table 8 2017-18 self-assessed health status for individuals aged 15 years and over (ABS, 2018)

Age group	Fair/Poor (%)	Good (%)	Excellent/Very good (%)
15-24	8.1	24.3	67.6
25-34	8.5	27.3	64.0
35-44	10.7	29.0	60.0
45-54	14.8	30.8	54.2
55-64	20.1	28.7	51.0
65-74	22.1	33.0	45.1
75 years and over	32.1	31.2	36.7

KEY DEFINITIONS

Self-assessed health status measures an individual's overall perception of their own health status at a given point in time

Lesson link

In lesson **1A: Health and wellbeing**, you learnt about the subjective nature of health and wellbeing and illness. Self-assessed health status is a valuable health status indicator which is often used to measure this subjectivity of health. Refer to this lesson if you need a refresher on what it means for health and wellbeing and illness to be subjective.

Lesson link

In lesson **1B: Variations in perspectives of health and wellbeing**, you learnt about the concept of socioeconomic status (SES). SES is made up of an individual's income, occupation, and education level.

In 2017-2018, differences in self-assessed health status occurred due to different levels of SES, with those with higher levels of SES having greater self-assessed health status outcomes. These outcomes were as follows:

- 64.9% of people with the highest level of SES rated their health as being excellent or very good.
- Only 45.1% of people with the lowest level of SES rated their health as excellent or very good.

(ABS, 2018)

Self-assessed health status and health and wellbeing

Due to self-assessed health status measuring an individual's overall perception of their own health status at a given point in time, it can be related to all dimensions of health and wellbeing. For example, an individual's perception of their health may be impacted by whether they have a sense of purpose and hope about the future, relating to spiritual health and wellbeing. Self-assessed health status can also relate to physical health and wellbeing, as individuals can assess whether they believe they have adequate rest to support the functioning of their body and its systems.

Theory summary

In this lesson, you have learnt about the health status indicators which are used to measure health status. These health status indicators are outlined in table 9. You have also learnt about Australia's health status, as well as how health and wellbeing is reflected by health status data.

Table 9   Overview of the health status indicators

Health status indicator	Description
Prevalence	The number of cases of a particular disease or condition that are present in a population at a given point in time.
Incidence	The number of new cases of a particular disease or condition that arise in a population in a certain period of time.
Morbidity	The ill health in an individual and the levels of ill health in a given population group.
Mortality	The number of deaths in a population.
Rates of hospitalisation	The number of individuals who have been admitted to a hospital in a certain period of time.
Burden of disease	A measurement of the impact of disease and injuries, specifically measuring the gap between the current health status and an ideal situation where everyone lives to an old age, free of disease and disability. Burden of disease is specifically measured by the unit disability-adjusted life years (DALYs).
Disability-adjusted life years (DALY)	A measure of burden of disease in which one disability-adjusted life year (DALY) equals one healthy year of life lost due to the experience of a disability or disease (YLD) or premature death (YLL).
Life expectancy	The number of years a person is expected to live, on the basis that current health conditions do not change.
Core activity limitation	An individual's limited ability to undertake daily activities or participate in core life areas of self-care, mobility and communication.
Psychological distress	An individual's state of psychological suffering, and involves unpleasant emotions and/or thoughts that impact an individual's ability to function.
Self-assessed health status	An individual's overall perception of their own health status at a given point in time.

2A QUESTIONS

Theory-review questions

Question 1

There are many health status indicators. These indicators help us understand health status, which refers to an individual or population's overall health, taking into account a range of measures, such as life expectancy and experiences of illness, disability, and disease.

A   True.

B   False.

Question 2

Incidence and prevalence measure the number of new cases, and cases in general, respectively, of a particular condition in a population.

A   True.

B   False.

Question 3

Which of the following best fills in the blank?

A the number of deaths, ill health

B ill health, the number of deaths

Morbidity and mortality are health status indicators which can look at a population. The difference between them is that morbidity measures _____ while mortality measures _____ in a population.

Question 4

Rates of hospitalisation *(Select all that apply)*

I measures the number of individuals who have been admitted to hospitals in a certain period of time.

II are related to hospital separations.

Question 5

Which of the following best fills in the blank?

A disability-adjusted life years (DALY).

B K-10 classifications.

Burden of disease is a health status indicator which measures the gap between the current health status and an ideal situation where everyone is free of disease and disability and lives to an old age. It is measured by _____.

Question 6

Life expectancy refers to the number of years that a person can expect to live, on the basis that current health conditions

A change.

B do not change.

Question 7

Core activity limitation refers to an individual's limited ability to undertake daily activities or participate in core life areas of self-care, mobility, and communication. Core activity limitation *(Select all that apply)*

I has four levels.

II is measured by the K-10 scale.

Question 8

Psychological distress involves

A experiencing unpleasant emotions which leads to a disturbance in daily functioning.

B experiencing unpleasant emotions which always leads to mental health disorders.

Question 9

Self-assessed health status is able to be measured by individuals friends and parents for an individual.

A True.

B False.

Skills

Perfect your phrasing

Question 10

Which of the following sentences is most correct?

A Core activity limitation measures an individual's *ability* to undertake daily activities or participate in core life areas of self-care, mobility, and communication.

B Core activity limitation measures an individual's *limited ability* to undertake daily activities or participate in core life areas of self-care, mobility, and communication.

Question 11

Which of the following sentences is most correct?

A   Prevalence refers to the number of cases of a particular disease or condition which exist in a population in a certain period of time.

B   Prevalence refers to the number of *new* cases of a particular disease or condition which arise in a population in a certain period of time.

Question 12

Which of the following sentences is most correct?

A   Burden of disease measures the *time it will take* to reach an ideal situation where everyone lives to an old age, free of disease and disability.

B   Burden of disease measures the *gap between* current health status and an ideal situation where everyone lives to an old age, free of disease and disability.

Exam-style questions

Question 13   (1 MARK)

Outline how burden of disease is measured.

Adapted from VCAA 2016 exam Q8cii

Question 14   (1 MARK)

Describe the health status indicator of core activity limitation.

Question 15   (1 MARK)

Describe the health status indicator of psychological distress.

Question 16   (2 MARKS)

Explain the difference between incidence and prevalence.

Adapted from VCAA 2015 exam Q1a

Question 17   (2 MARKS)

Suggest how rates of hospitalisation reflect health and wellbeing.

Question 18   (2 MARKS)

Australia's life expectancy at birth from 1992 to 2017-19
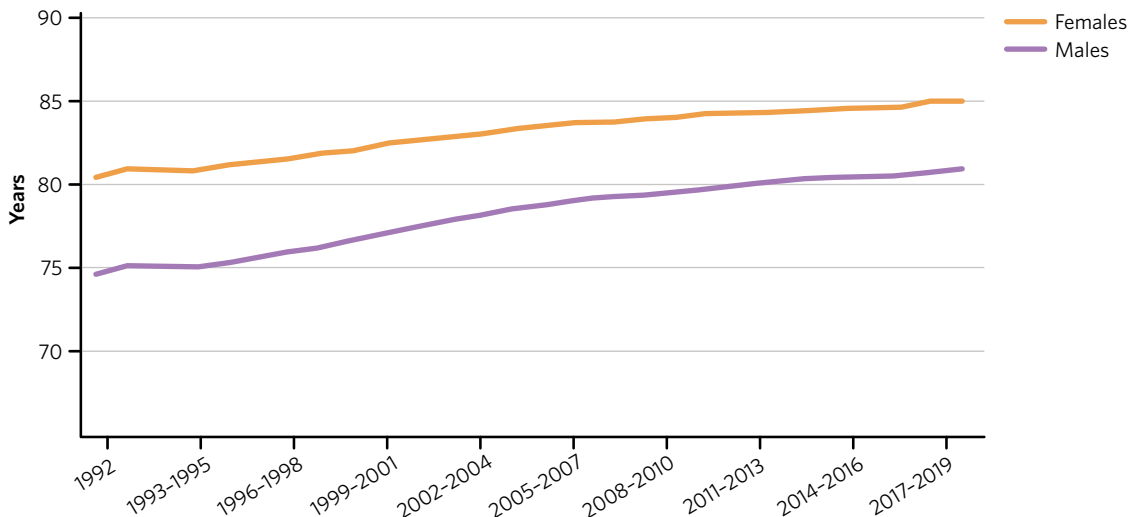
Source: adapted from ABS, *Life tables*, <https://www.abs.gov.au/statistics/people/population/life-tables/latest-release#:-:text=Life%20expectancy%20at%20birth%2C%201992%20to%202017%2D2019,-Line%20chart%20with&text=Range%3A%2066%20to%2090.>

Identify a trend evident in the graph.

Question 19   (2 MARKS)

Suggest how morbidity reflects health and wellbeing.

Question 20   (2 MARKS)

5 year survival rate from cancer in Australia over time
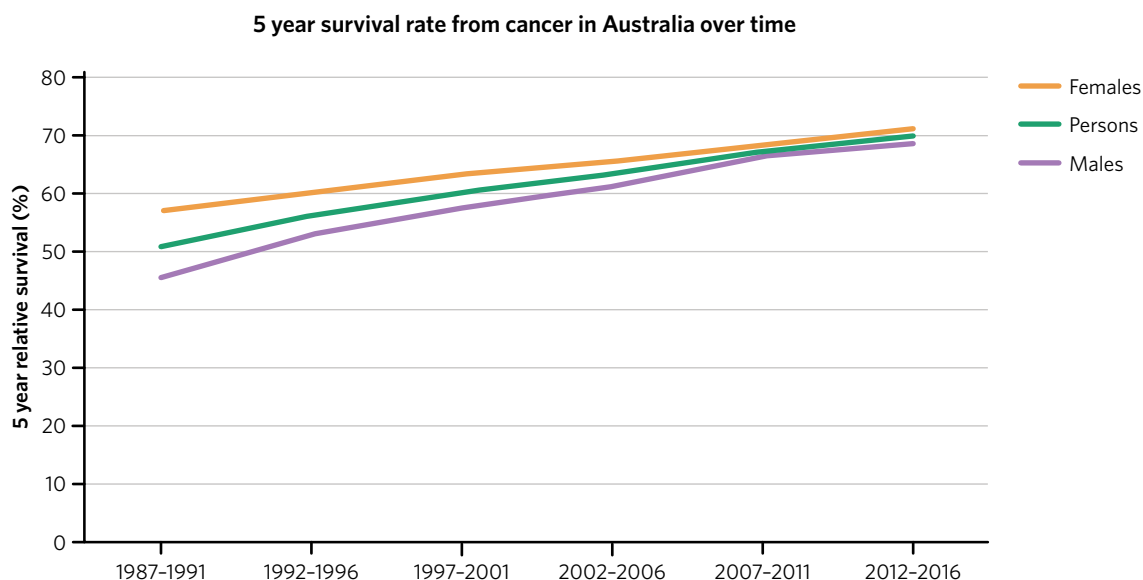
Source: adapted from Cancer Australia, *Cancer in Australia statistics*, <https://www.canceraustralia.gov.au/affected-cancer/what-cancer/cancer-australia-statistics#:~:text=The%20number%20of%20deaths%20from,deaths%20per%20100%2C000%20in%202018.>

Outline the trend of mortality due to cancer in the graph.

Questions from multiple lessons

Question 21   (3 MARKS)

Suggest how age as a factor that can influence perspectives related to health and wellbeing can influence an individual's self-assessed health status.

2B HEALTH STATUS OF AUSTRALIAN YOUTH

What is the health status of Australian youth? Do they have good health overall compared to other age groups? Now that we have an understanding of health status indicators, we can delve into the health status of Australian youth. In this lesson, you will learn about the health status of Australian youth and how to draw conclusions about the health status of Australian youth from health data.

Image: ZOVICOTA/Shutterstock.com

2A Measuring health status	2B Health status of Australian youth	2C Sociocultural factors and health variations between youth: Part 1	2D Sociocultural factors and health variations between youth: Part 2

Study design dot point

- the health status of Australia's youth

Key knowledge units

Health status of Australian youth	1.1.6.1
Australian youths' incidence and prevalence	1.1.6.1.1
Australian youths' morbidity	1.1.6.1.2
Australian youths' mortality	1.1.6.1.3
Australian youths' rates of hospitalisation	1.1.6.1.4
Australian youths' burden of disease	1.1.6.1.5
Australian youths' life expectancy	1.1.6.1.6
Australian youths' core activity limitation	1.1.6.1.7
Australian youths' psychological distress	1.1.6.1.8
Australian youths' self-assessed health status	1.1.6.1.9

Health status of Australian youth

Health status of Australian youth 1.1.6.1

- Australian youths' incidence and prevalence 1.1.6.1.1
- Australian youths' morbidity 1.1.6.1.2
- Australian youths' mortality 1.1.6.1.3
- Australian youths' rate of hospitalisation 1.1.6.1.4
- Australian youths' burden of disease 1.1.6.1.5
- Australian youths' life expectancy 1.1.6.1.6
- Australian youths' core activity limitation 1.1.6.1.7
- Australian youths' psychological distress 1.1.6.1.8
- Australian youths' self-assessed health status 1.1.6.1.9

Health status of Australian youth 1.1.6.1

OVERVIEW

Now that we have learnt about all the different health status indicators, we can use this knowledge to gain an understanding of the health status of Australian youth.

THEORY DETAILS

Are Australian youth healthy? The answer to this question depends on the health status indicator you are referring to. For example, Australian youth have a lower prevalence of cancer compared to Australian adults, indicating a greater health status in this sense. However, Australian youth experience greater levels of psychological distress than Australian adults, indicating a worse status in this regard. As such, it is important to consider all the health status indicators discussed in the previous lesson when analysing the health status of Australian youth. **Health status** refers to an individual or population's overall health, taking into account a range of measures, such as life expectancy and experiences of illness, disability, and disease. To consider the health status of youth, we must have an understanding of **youth**, which refers to the stage of the human lifespan that occurs from ages 12 to 18; also referring to people in this age bracket.

In this lesson, we will examine the health status of Australian youth by referring to specific conditions for each health status indicator. There are many different conditions you can refer to when examining the health of youth, with the ones chosen in this lesson purely serving as examples. Using the data in the lesson, we will draw conclusions from the health data about the health status of Australian youth. These conclusions will help us understand where youth sit in regards to specific health status indicators. However, conclusions from one health status indicator will not be able to tell us about Australian youth health status overall. This is because understanding Australian youth status as a whole requires the analysis of many health status indicators, rather than just one. For example, you may be inclined to believe that Australian youth have a good overall health status because they have lower levels of profound or severe core activity limitations compared to Australian adults. However, this is only one health status indicator, and neglects to consider how other health status indicators may change our understanding of the health status of Australian youth.

Australian youths' incidence and prevalence 1.1.6.1.1

When exploring the health status of Australian youth, the health status indicators of prevalence and incidence can be used. **Prevalence** refers to the number of cases of a particular disease or condition that are present in a population at a given point in time. By contrast, **incidence** refers to the number of new cases of a particular disease or condition that arise in a population in a certain period of time.

Prevalence

We will look at asthma as an example of the prevalence of conditions among Australian youth. Figure 1 presents the prevalence of asthma in Australia in 2017-18 by age group.

Prevalence of asthma, by sex and age group, in Australia in 2017-18
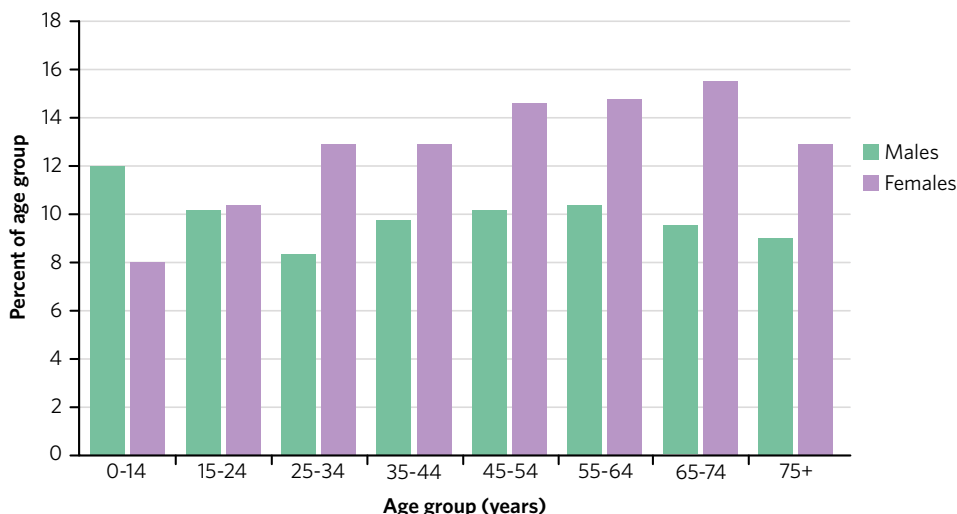
Figure 1 The prevalence of asthma in Australia in 2017-18 (Australian Institute of Health and Welfare [AIHW], 2020)

KEY DEFINITIONS

Health status refers to an individual or population's overall health, taking into account a range of measures, such as life expectancy and experiences of illness, disability, and disease

Youth refers to the stage of the human lifespan that occurs from ages 12 to 18; it also refers to people in this age bracket

> 🧩 *Lesson link*
>
> In lesson *1C: Youth perspectives of health and wellbeing*, you learnt about how to draw conclusions from data. Refer to this lesson for a refresher on how to draw conclusions.

KEY DEFINITIONS

Prevalence refers to the number of cases of a particular disease or condition that are present in a population at a given point in time

Incidence refers to the number of new cases of a particular disease or condition that arise in a population in a certain period of time

Some conclusions we can draw from figure 1 about the prevalence of asthma among Australian youth in 2017-2018 include:

- The prevalence of asthma among Australians aged 15-24 was approximately equal between males and females.
- Australian males aged 15-24 had a lower prevalence of asthma compared to males aged 0-14.

Incidence

To consider the incidence of conditions among Australian youth, we need to look at the number of *new* cases of a given condition within a certain period of time. To explore this, we will look at the incidence of COVID-19 among Australian youth in 2020. By looking at the number of new cases which arise in a given year (in this case, 2020), we can compare the number of new cases to the total number of cases existing within a population at a given time, which refers to the prevalence of a condition.

Incidence of COVID-19 cases in Australia in 2020, by sex and age
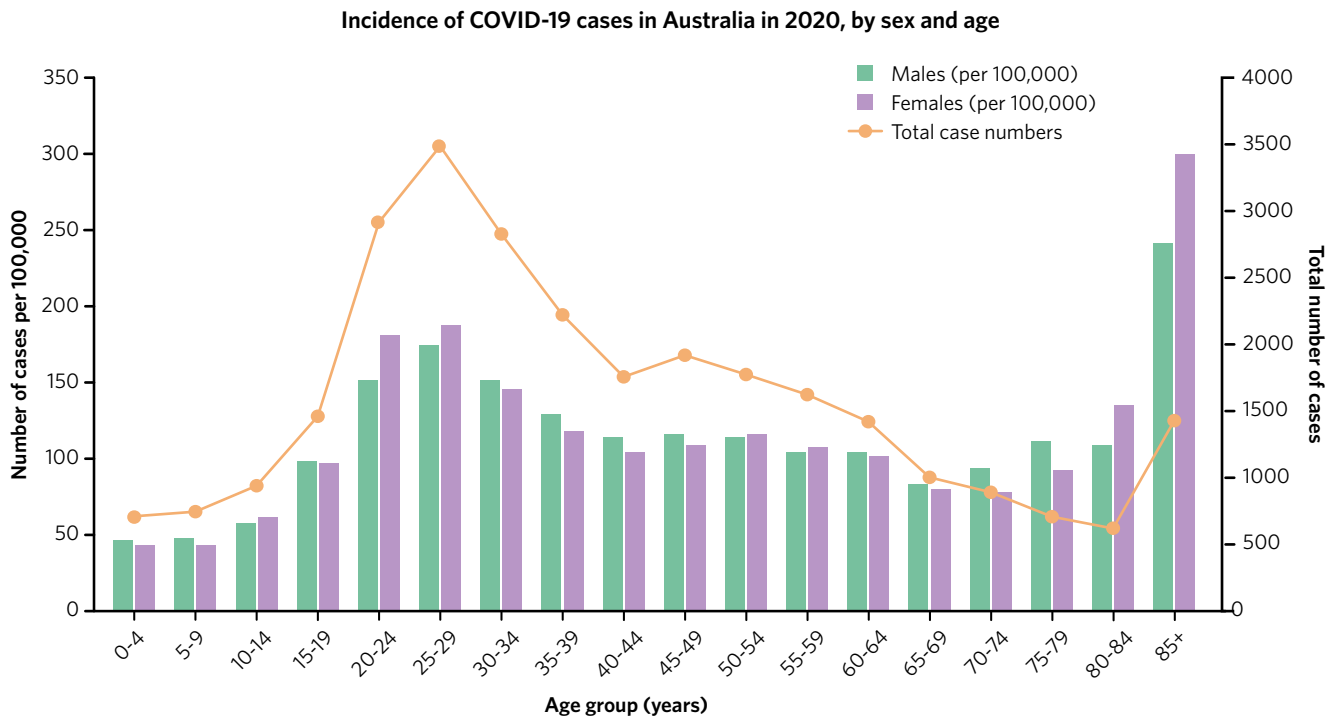
Figure 2 The incidence of COVID-19 cases by age and sex in Australia in 2020 (AIHW, 2021)

Some conclusions we can draw from figure 2 about the incidence of COVID-19 cases among Australian youth include:

- 15-19 year old Australians had a greater number of new COVID-19 cases compared to 9-14 year olds in 2020.
- Male and female 15-19 year old Australians had an approximately equal number of new COVID-19 cases per 100,000 people, with males only having a slightly higher number of new cases than females.

Australian youths' morbidity 1.1.6.1.2

Morbidity refers to ill health in an individual and the levels of ill health in a given population group. Morbidity can be measured for different conditions within a population group. To illustrate this, we will look at levels of ill-health by referring to the number of Australian youth who are overweight or obese.

KEY DEFINITIONS

Morbidity refers to ill health in an individual and the levels of ill health in a given population group

The proportion of Australians aged 15-24 years old who are overweight or obese, 2017-2018
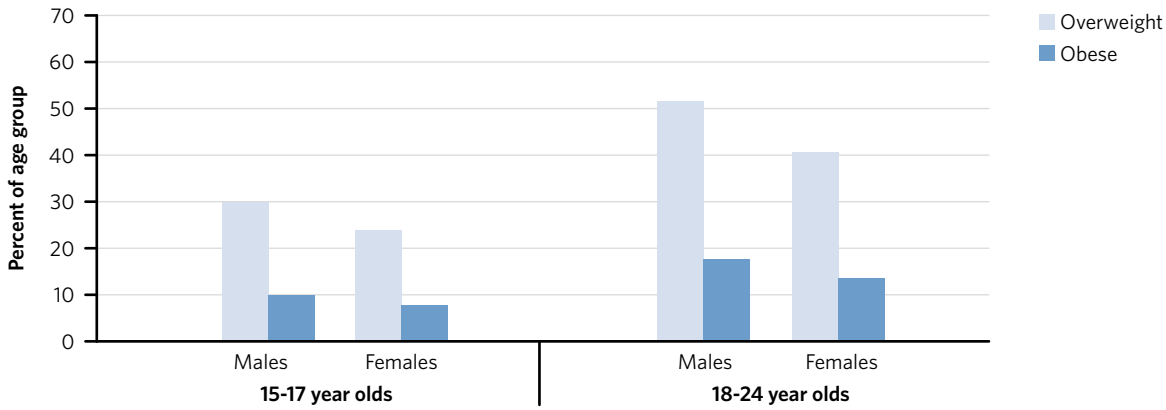
Figure 3　Morbidity due to being overweight or obese among Australian youth in 2017-2018 (AIHW, 2021)

Some conclusions we can draw from figure 3 about morbidity due to being overweight or obese among Australian youth include:

- Overall, 18-24 year old Australians were more likely to be overweight compared to 15-17 year olds in 2017-2018.
- Australian males were more likely to be overweight or obese than females in 2017-2018.

Australian youths' mortality　1.1.6.1.3

Mortality refers to the number of deaths in a population. Refer to table 1 for the leading causes of mortality among Australian youth in 2016-2018.

Table 1　Leading causes of mortality, by age group, in Australia in 2016-18 (AIHW, 2021)

	Age group	
	1-14	**15-24**
1st	Land transport accidents	Suicide
2nd	Perinatal and congenital conditions	Land transport accidents
3rd	Brain cancer	Accidental poisoning
4th	Accidental drowning and submersion	Assault
5th	Suicide	Other ill-defined causes

Additional data in relation to table 1 includes that 11% of deaths among Australians aged 1-14 were land transport accidents, while 37% of deaths among Australians aged 15-24 were due to suicide (AIHW, 2021).

Some conclusions we can draw from table 1 about the leading causes of mortality among Australian youth include:

- In 2016-18, suicide was the fifth-leading cause of mortality among Australians aged 1-14, while it was the first leading cause of mortality among Australians aged 15-24.
- In 2016-18, land transport accidents were the first leading cause of mortality among Australians aged 1-14.

Australian youths' rates of hospitalisation　1.1.6.1.4

Rates of hospitalisation refers to the number of individuals who have been admitted to a hospital in a certain period of time. The rates of hospitalisations can be assessed for different types of conditions. Figure 4 refers to the number of hospitalisations among Australian youth due to self-harm between 2008-2009 and 2018-2019.

KEY DEFINITIONS

Mortality　refers to the number of deaths in a population

KEY DEFINITIONS

Rates of hospitalisation　refers to the number of individuals who have been admitted to a hospital in a certain period of time

Intentional self-harm hospitalisations in young people, 2008-09 to 2018-19
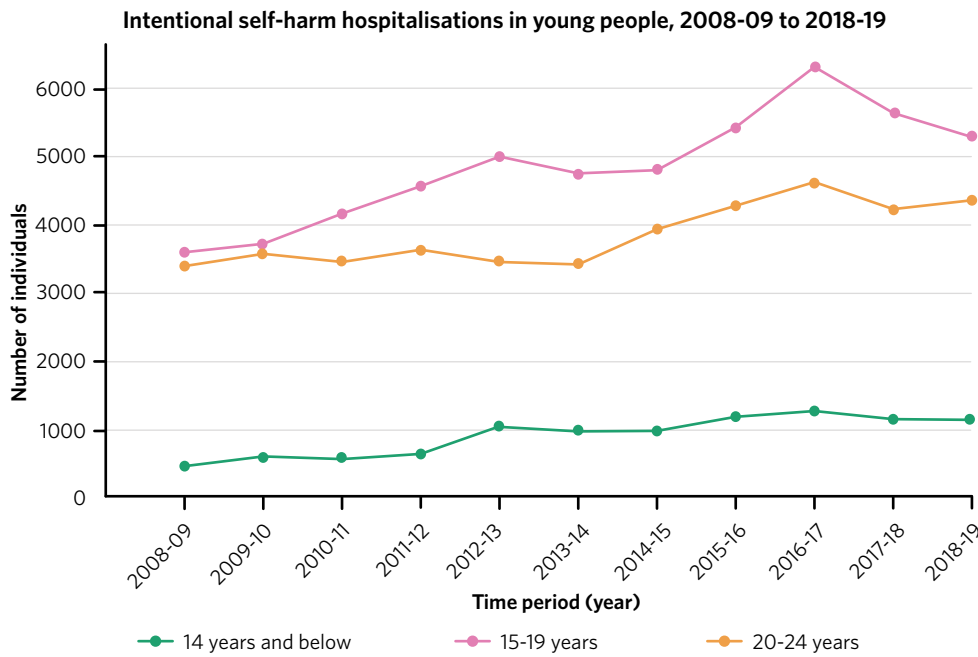
Figure 4 The number of hospitalisations due to self-harm among Australian youth between 2008-2009 and 2018-2019 (AIHW, 2021)

Some conclusions we can draw from figure 4 about the rate of hospitalisations due to self-harm among Australian youth include:

- The number of Australians aged 15-19 years hospitalised for self-harm has increased over time, with approximately 3600 hospitalisations in 2008-2009, which significantly increased to around 5100 hospitalisations in 2018-2019.
- Australian youth aged 15-19 have had greater rates of hospitalisation between 2008-2009 to 2018-2019 due to self-harm than those aged 14 years and below and those aged 20 to 24.

Australian youths' burden of disease 1.1.6.1.5

Burden of disease is a measurement of the impact of disease and injuries, specifically measuring the gap between the current health status and an ideal situation where everyone lives to an old age, free of disease and disability. Burden of disease is specifically measured by the unit **disability-adjusted life years (DALYs)**, which is made up of **years of life lost due to disability (YLD)** and **years of life lost due to premature death (YLL)**. Table 2 outlines the leading causes of total burden by age group in 2015. In table 2, the percentages listed reflect the proportion of total burden of disease which can be attributed to that specific condition within the relevant age group.

Table 2 Leading causes of total burden of disease in Australia, by age group, in 2015 (AIHW, 2020)

Age group		
	5-14	**15-24**
1st	Asthma (13.1%)	Suicide and self-inflicted injuries (9.7%)
2nd	Anxiety disorders (10.6%)	Anxiety disorders (7.6%)
3rd	Depressive disorders (7.1%)	Depressive disorders (7.0%)
4th	Conduct disorder (6.0%)	Asthma (5.8%)
5th	Dental caries (4.8%)	Alcohol use disorders (5.7%)

Some conclusions we can draw from table 2 about the burden of disease among Australian youth include:

- Asthma was the leading cause of total burden of disease among Australians aged 5-14 in 2015.
- Anxiety disorders accounted for 7.6% of the total burden of disease among Australians aged 15-24 years of age in 2015.
- Depressive disorders was the third leading cause of total burden of disease for both Australians aged 5-14 years and those aged 15-24 in 2015.

KEY DEFINITIONS

Burden of disease is a measurement of the impact of disease and injuries, specifically measuring the gap between the current health status and an ideal situation where everyone lives to an old age, free of disease and disability. Burden of disease is specifically measured by the unit disability-adjusted life years (DALYs)

ADDITIONAL TERMS

Disability-adjusted life year (DALY) is a measure of burden of disease in which one disability-adjusted life year (DALY) equals one healthy year of life lost due to the experience of a disability or disease (YLD) or premature death (YLL)

Years of life lost due to disability (YLD) refers to the non-fatal contribution to the burden of disease measurement of disability-adjusted life year (DALY)

Years of life lost due to premature death (YLL) refers to the fatal contribution to the burden of disease measurement of disability-adjusted life year (DALY)

> **Want to know more?**
>
> The measure of burden of disease, disability-adjusted life years (DALYs), is typically measured for the entire Australian population, or according to certain conditions. This is because it is difficult to find data relating to DALY for population groups. This explains why this lesson does not contain data relating to the DALY of Australian youth.

Australian youths' life expectancy 1.1.6.1.6

Life expectancy measures the number of years a person is expected to live, on the basis that current health conditions do not change. Life expectancy can be measured at multiple points of the lifespan, but is most commonly measured at the age of birth. Australian youth who are, at the time of writing, between 15 and 17 years of age were born between 2004 and 2006. The life expectancy at birth for these individuals born between 2004 and 2006 was 78.7 years for males and 83.5 years for females (Australian Bureau of Statistics [ABS], 2017).

A conclusion we can draw from the data provided about life expectancy at birth among Australian youth includes:

- Between 2004 and 2006, females had a greater life expectancy at birth than males in Australia.

Australian youths' core activity limitation 1.1.6.1.7

Core activity limitation refers to an individual's limited ability to undertake daily activities or participate in core life areas of self-care, mobility, and communication. The four levels of core activity limitation are profound, severe, moderate, and mild. The proportion of Australians with severe or profound core activity limitation by age and sex in 2015 is presented in figure 5.

KEY DEFINITIONS

Life expectancy measures the number of years a person is expected to live, on the basis that current health conditions do not change

KEY DEFINITIONS

Core activity limitation refers to an individual's limited ability to undertake daily activities or participate in core life areas of self-care, mobility, and communication

People with severe or profound core activity limitation, by age and sex, in Australia in 2015
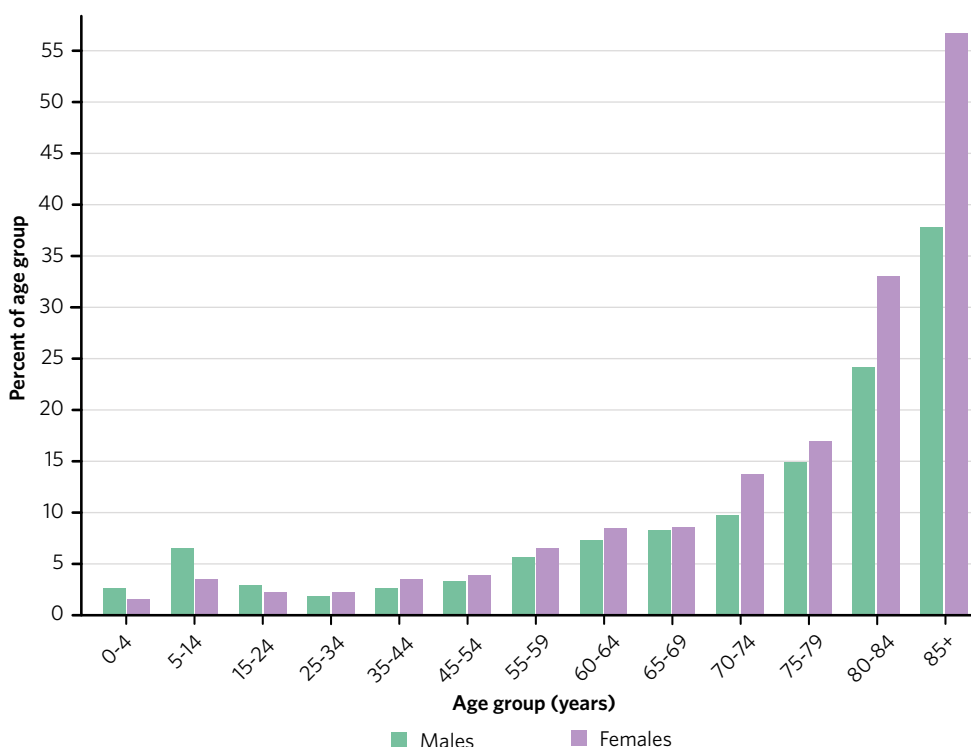
Figure 5 The proportion of Australians with severe or profound core activity limitation by age and sex in 2015 (AIHW, 2018)

Some conclusions we can draw from figure 5 about core activity limitation among Australian youth include:

- Australian youth are significantly less likely to experience severe or profound core activity limitation compared to older Australian adults.
- Males aged 5-14 were more likely than females to have a severe or profound core activity limitation, in 2015, Australia.

Australian youths' psychological distress   1.1.6.1.8

Psychological distress refers to an individual's state of psychological suffering, and involves unpleasant emotions and/or thoughts that impact an individual's ability to function. Psychological distress is highly prevalent among Australian youth, with almost one fifth of all young people aged 11 to 17 years experiencing high or very high levels of psychological distress in 2014 (Headspace, 2020). Figure 6 presents the rates of Australian youth experiencing high or very high psychological distress in Australia in 2018 and 2020.

Proportion of Australian youth experiencing high or very high psychological distress in 2018 and 2020
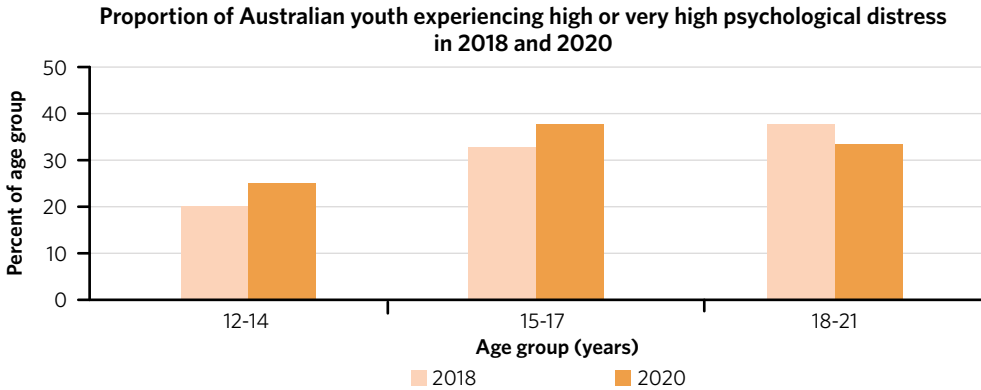
Figure 6   The proportion of Australian youth experiencing high or very high psychological distress in 2018 and 2020 (Headspace, 2020)

Some conclusions we can draw from figure 6 about psychological distress among Australian youth include:

- The percentage of 12-14 year olds and 15-17 year olds experiencing high or very high psychological distress increased between 2018 and 2020.
- In 2020, 15-17 year olds had the greatest proportion of high and very high psychological distress in comparison to other age groups.
- 38% of 18-21 year olds experienced high or very high psychological distress in 2018.

Australian youths' self-assessed health status   1.1.6.1.9

Self-assessed health status measures an individual's overall perception of their own health status at a given point in time. Figure 7 outlines the self-assessed health status of Australians, by age group, in 2017-2018.

Australian self-assessed health status in 2017-2018
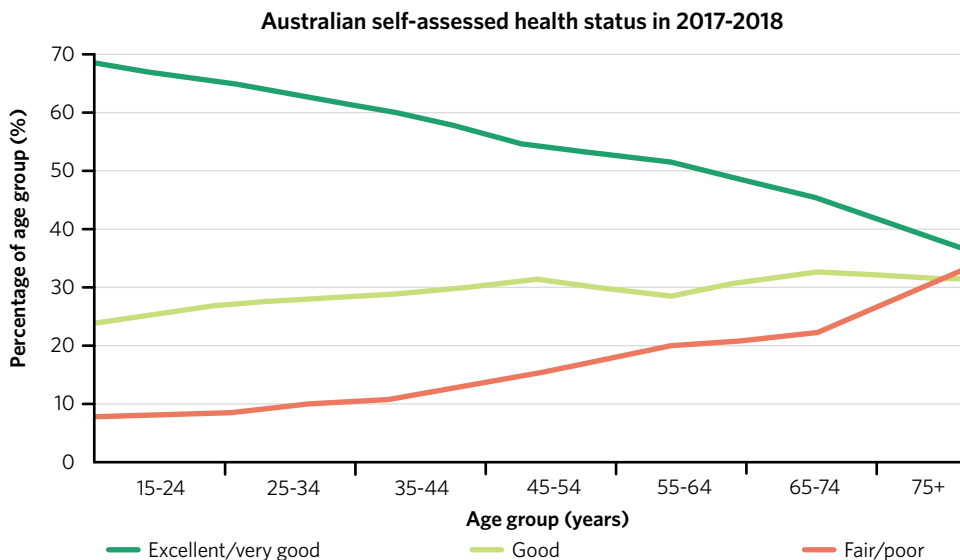
Figure 7   The self-assessed health status of Australians in 2017-2018 (ABS, 2018)

Some conclusions we can draw from figure 7 about self-assessed health status among Australian youth include:

- Australians aged 15-24 years were more likely to have an excellent/very good self-assessed health status compared to older adults in 2017-2018.
- Almost 70% of Australians aged 15-24 years identified themselves as experiencing excellent/very good self-assessed health status in 2017-2018.

ACTIVITY 1

How do health behaviours and conditions affect youth health status? To explore this, type the URL *aihw.gov. au/reports/children-youth/australias-youth/contents/explore-youth-topics* into your browser and select one of the options under the topic of 'Health' (AIHW, 2021).

Consider the following in relation to your chosen topic:

- Is this influenced by the behaviour of youth? In what way?
- Have changes occurred in relation to this topic over time? If so, why may this be?
- How may this affect youth health status? Look at what is listed on the page and try to think of other links to health status.

Theory summary

In this lesson, you have learnt about the health status of Australian youth. To do this, you have looked at health data relating to Australian youth, including the following health status indicators:

- incidence and prevalence
- morbidity
- mortality
- rates of hospitalisation
- burden of disease
- life expectancy
- core activity limitation
- psychological distress
- self-assessed health status.

You have also learnt about conclusions that can be drawn from the data in this lesson relating to the health status of Australian youth.

2B QUESTIONS

Theory-review questions

Question 1

Australian youth include infants, children, teenagers, and young adults.

A   True.

B   False.

Question 2

Which of the following best fills in the blank?

A   individuals

B   countries

Health status refers to the diseases and illnesses experienced by _____ and groups.

Question 3

Compared to adults, Australian youth have a significantly lower proportion of individuals with severe or profound core activity limitations. This demonstrates strong health status for youth in Australia, meaning that Australian youth have stronger health status compared to adults overall.

A   True.

B   False.

Data analysis

Use the following information to answer Questions 4-6.
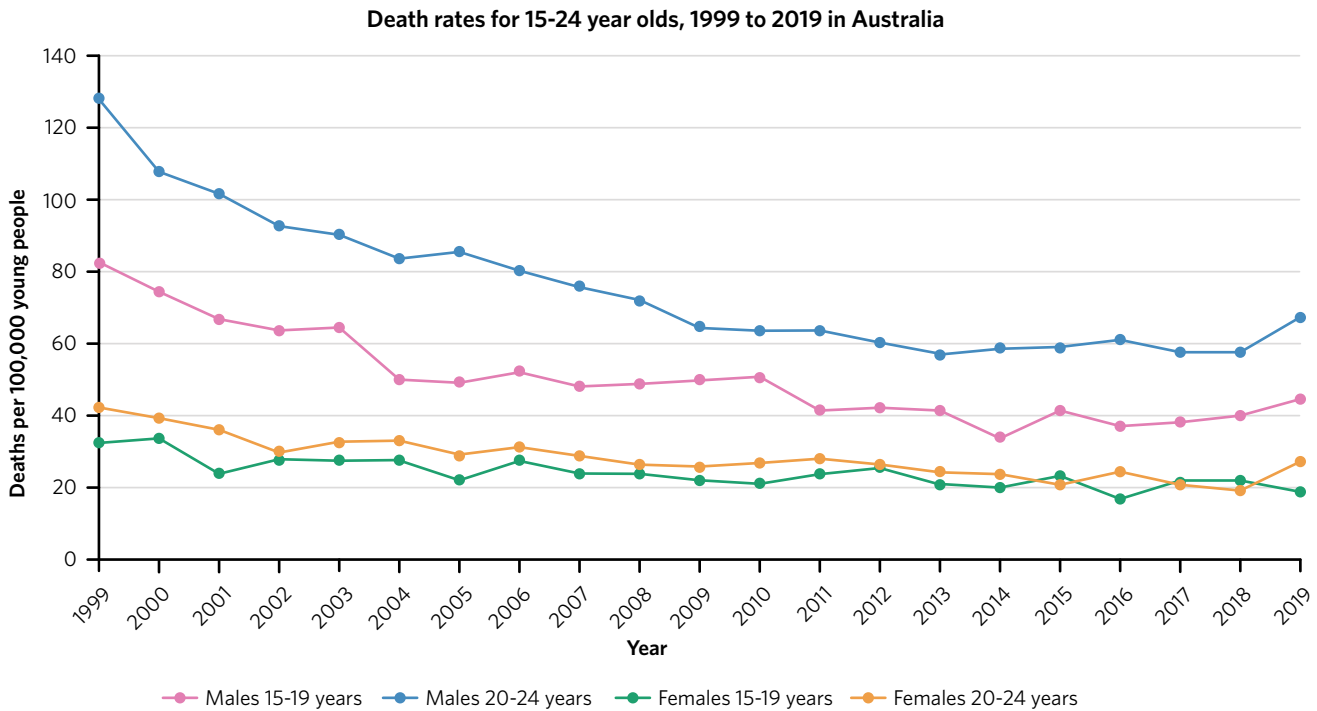
Death rates for 15-24 year olds, 1999 to 2019 in Australia

Source: adapted from Australian Institute of Health and Welfare, *Australia's youth in brief 2021*, <https://www.aihw.gov.au/reports/children-youth/australias-youth-in-brief/contents/summary>

Question 4

Which of these three years has the highest death rate for 15-24 year olds per 100,000 young people in Australia?

A　2013.

B　2001.

C　2017.

Question 5

The overall trend of the graph indicates

A　an increase in the number of deaths per 100,000 young people over time.

B　no change in the number of deaths per 100,000 young people over time.

C　a decrease in the number of deaths per 100,000 young people over time.

Question 6

Identify which of the following statements about the data is correct.　*(Select all that apply)*

I　Overall, over time (between 1999 to 2019), males aged 15-19 years have had a greater number of deaths per 100,000 young people compared to males aged 20-24 years.

II　Overall, over time (between 1999 to 2019), males have had a greater number of deaths per 100,000 young people compared to females.

III　In 2015, females aged 20-24 years had the greater number of deaths per 100,000 young people across the four age groups.

Exam-style questions

Question 7 (1 MARK)

Describe health status.

Question 8 (2 MARKS)

Intentional self-harm hospitalisations in young people, 2008-09 to 2018-19
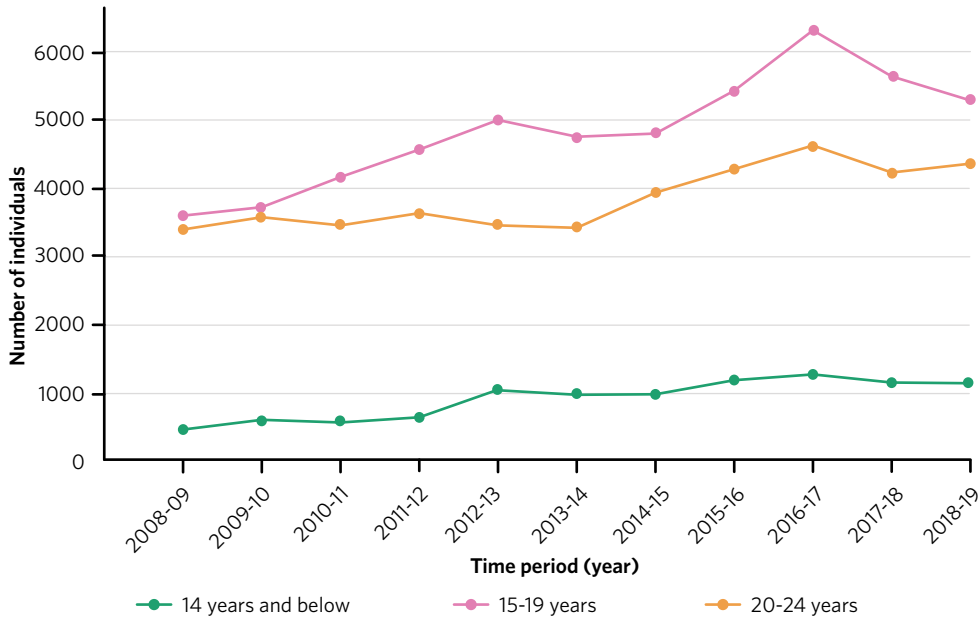
Outline a trend which is evident in the graph.

Adapted from VCAA 2020 exam Q5a

Question 9 (2 MARKS)

Proportion of young people who were sufficiently active, 2017-18 in Australia
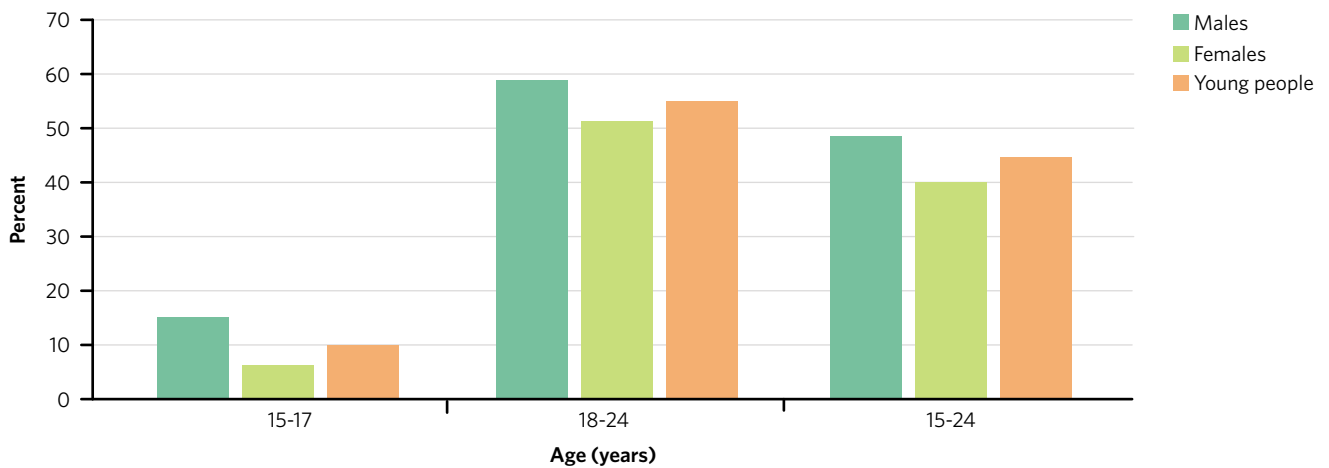
As shown in the graph, only 10% of Australians aged 15-17 were sufficiently active in 2017-18. Suggest how this may negatively affect youth health status.

Question 10   (5 MARKS)

Monthly underemployment rate among young people aged 15-24, November 2019 to April 2021 in Australia
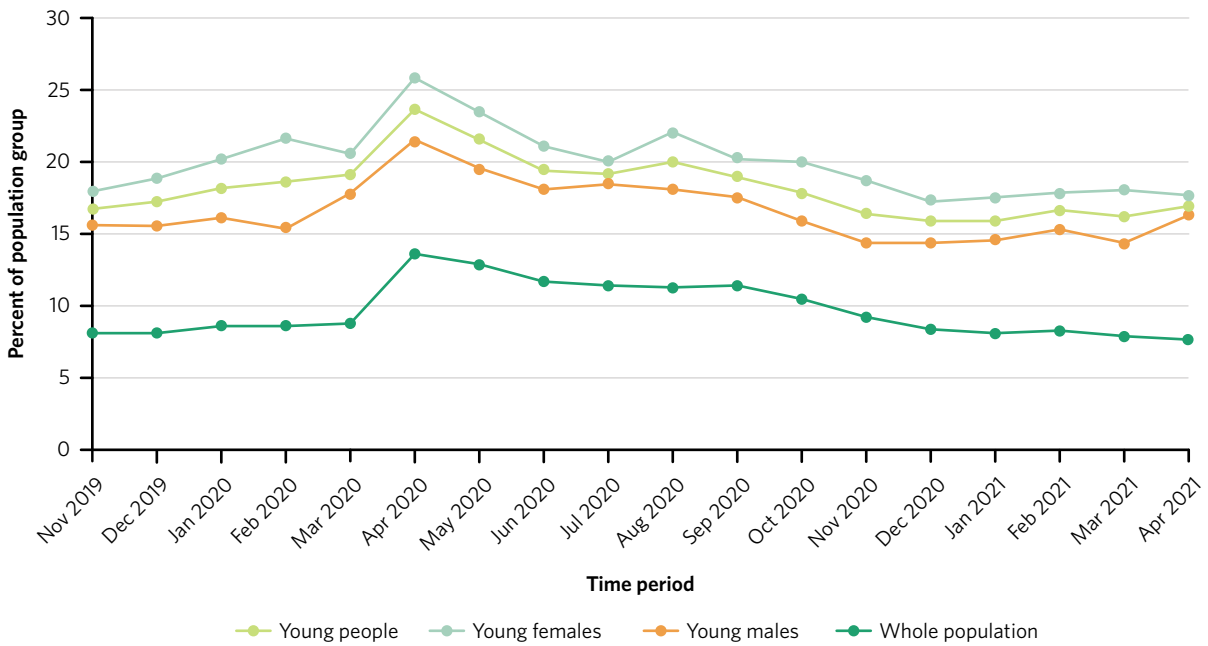
Source: adapted from Australian Institute of Health and Welfare, *Australia's youth in brief 2020*, <https://www.aihw.gov.au/reports/children-youth/australias-youth-in-brief/contents/summary>

a   Using data, compare the underemployment rate among young people to the whole population. (2 MARKS)

b   Draw a conclusion from the graph. (1 MARK)

c   Suggest how underemployment may affect the health status of Australian youth. (2 MARKS)

Question 11   (5 MARKS)

Australian youth with the lowest socioeconomic status (SES) were eight times more likely to live in overcrowded housing than those with the highest SES in 2016 (AIHW, 2021). Overcrowded housing is a form of inadequate housing which can involve poor facilities, such as unsanitary kitchen and bathroom facilities which can expose youth to greater levels of bacteria.

a   Describe socioeconomic (SES) status. (1 MARK)

b   Explain how low SES can influence an individual's priorities related to health and wellbeing. (2 MARKS)

c   Suggest how overcrowded housing may impact health status. (2 MARKS)

2C SOCIOCULTURAL FACTORS AND HEALTH VARIATIONS BETWEEN YOUTH: PART 1

When you're stressed, do you turn to your family for advice and support? Have you ever joined a club or extracurricular activity because your friends were doing it too? Do you go for daily walks or bike rides in your local park because it's close to home? Your family, peer group, and housing are all examples of factors that exist in your everyday social and cultural environment; they are sociocultural factors. These factors all have a great influence on the actions we take regarding our health and wellbeing. In this lesson, you will learn about the different sociocultural factors and how these factors impact health behaviours and health status for youth.

Image: Michael D Brown/Shutterstock.com

2A Measuring health status	2B Health status of Australian youth	2C Sociocultural factors and health variations between youth: Part 1	2D Sociocultural factors and health variations between youth: Part 2

Study design dot point

- sociocultural factors that contribute to variations in health behaviours and health status for youth such as peer group, family, housing, education, employment, income, and access to health information and support services (including through digital technologies).

Key knowledge units

Sociocultural factors	1.1.7.1
Peer group	1.1.7.2
Family	1.1.7.3
Housing	1.1.7.4

Sociocultural factors and health variations between youth: Part 1

Sociocultural factors 1.1.7.1   Peer group 1.1.7.2   Family 1.1.7.3   Housing 1.1.7.4

Sociocultural factors 1.1.7.1

OVERVIEW

It's an age-old question: can you tell me a bit about yourself? When asked this question, you usually list the same things. You might tell people about your family, where you live, what school you attend, where you work, and what you do with your friends. All these things are a part of your everyday life and are referred to as sociocultural factors. Whether you realise it or not, these factors impact your health behaviours and health status outcomes.

THEORY DETAILS

Sociocultural factors are the social and cultural conditions that people experience throughout their lifetime, such as someone's family, peer group, housing, education, and employment. Everyone grows up in different cultural and social settings, and these settings can impact health status outcomes and influence health behaviours in different ways. Some of the sociocultural factors we will be learning about are listed in figure 1.

Study design key skills dot point

The following key skills dot point applies to the whole lesson:

- explain a range of sociocultural factors that contribute to variations in the health status and health behaviours of Australia's youth

KEY DEFINITIONS

Sociocultural factors are the social and cultural conditions that people experience throughout their lifetime

Sociocultural factors

			Housing	Education	Employment		
		Family	Income	Peer group			
		Access to health information and support services					
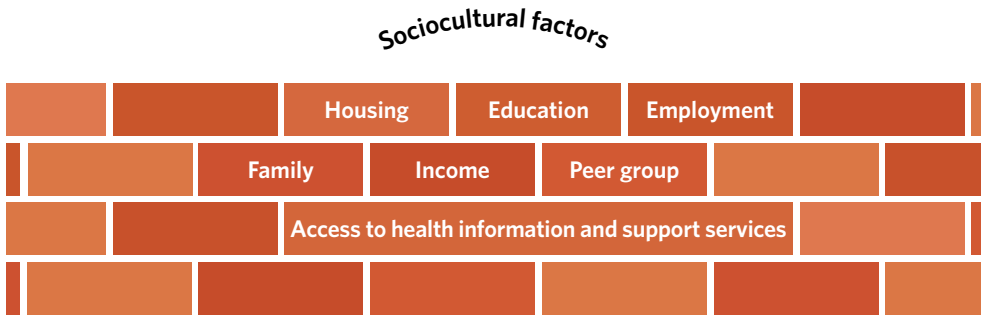
Figure 1 Sociocultural factors

Health behaviours are actions people take relating to their health that can have a negative or positive effect on their health and wellbeing and health status. Positive health behaviours can include exercising regularly or wearing sunscreen, while negative health behaviours include going to bed very late or drink-driving. These health behaviours can impact the **health status** of **youth**, which refers to an individual or population's overall health, taking into account a range of measures, such as life expectancy and experiences of illness, disability, and disease. Some common health status outcomes amongst youth include a high prevalence of mental health conditions, such as anxiety and depression, morbidity due to being overweight and experiencing obesity, and mortality due to injuries.

Young people are starting to gain independence and find their way in the world. Therefore, their health behaviours and health status outcomes are heavily influenced by the people they surround themselves with and the environments in which they work, attend school, and socialise.

> 🧩 **Lesson link**
>
> In lesson **2A: Measuring health status**, you learnt about the health status indicators used to measure health status. If you need a refresher on these concepts, return to this lesson. In **2B: Health status of Australian youth**, you learnt about the health status outcomes of youth in particular. Some of these health status outcomes are revisited in this lesson.

KEY DEFINITIONS

Health behaviours are actions people take relating to their health that can have a positive or negative effect on their health and wellbeing and health status

Health status refers to an individual or population's overall health, taking into account a range of measures, such as life expectancy and experiences of illness, disability, and disease

ADDITIONAL TERMS

Youth refers to the stage of the human lifespan that occurs from ages 12 to 18; it also refers to people in this age bracket

ACTIVITY 1

What actions do I take that influence my health?

1   Read the following list of health behaviours and see if they apply to you by either placing a tick or cross next to each statement.

Health behaviour	✔	✘
I'm a part of a sporting club or fitness group.		
I attend religious gatherings.		
When I have a problem, I talk to someone about it.		
I enjoy meditating.		
When I go to a restaurant, I usually order what other people order.		
I volunteer in my local community.		
When I'm outdoors, I generally wear sunscreen.		
I try to limit my screen time on devices.		
Whenever I feel unwell, I eat soup or drink warm beverages.		
I always wash my hands after I go to the toilet.		

2   Now that you've considered the health behaviours, reflect on the following questions:
   • What motivates you to do these behaviours?
   • Where or who did you learn them from?
   • What benefit or consequence do you think they could have on your health and wellbeing?

Peer group 1.1.7.2

OVERVIEW

Have you ever tried to convince your parents to let you do something because 'everyone else was doing it?' Did they reply by saying 'just because everyone else is doing it, doesn't mean you have to'? You probably thought that there was truth in what they said, but at the same time, you didn't want to be perceived by your peers as the odd one out or miss out on potentially having fun. This scenario relates to the sociocultural factor *peer group*.

THEORY DETAILS

Belonging to a peer group is an essential aspect of young people's everyday lives. A **peer group** is a group of people who are generally of the same age and have common interests or characteristics. Youth can belong to numerous peer groups that exist at school, work, or in afterschool activities, such as sporting teams. The peer groups an individual belongs to can impact their life in many ways. You will learn about the impact of peer support, peer influence, and peer food choices on youth health behaviours and health status outcomes.

Peer support

Friendships provide young people with someone they can turn to for support and advice. As friends are typically going through the same stages of life together, they can provide an understanding and perspective on situations that may be absent when young people approach adults. Mental health is a pressing issue facing Australian youth, with almost one-fifth of all young people aged 11 to 17 years experiencing high or very high levels of psychological distress in 2015 (Australian Government Department of Health, 2015). Therefore, having support from peers during difficult times can enable young people to feel supported and less stressed about certain events. Supportive peers may also encourage individuals experiencing stress to undertake behaviours which promote health, such as exercising and meditating. This support can decrease the prevalence of mental health disorders, such as anxiety or depressive disorders.

However, when young people surround themselves with peers who do not provide this support, it can increase the risk of psychological distress. Young people communicate heavily through social media platforms, such as Snapchat and Instagram. These platforms involve less direct communication, and studies have shown that young people are more likely to make hurtful comments about other peers when on these platforms. Messages from peers that belittle them instead of providing support can lower self-esteem and increase levels of stress and anxiety, contributing to morbidity associated with mental health disorders and therefore worsening health status outcomes.

Peer influence

Young people value the opinions of their peer group and often seek validation from them. This contributes to **peer influence**, which refers to when an individual does something to 'fit in' with a group's expectations and meet social norms. Peers can exert pressure on an individual to do something and young people might succumb to this pressure if they are ridiculed or teased for abstaining from the behaviour as they don't want to be the 'odd one out'.

KEY DEFINITIONS

Peer group refers to a group of people who are generally of the same age and have common interests or characteristics

ADDITIONAL TERMS

Peer influence refers to when an individual does something to 'fit in' with a group's expectations and meet social norms

> ### Want to know more?
>
> 'I'm not feeling well, but I went out to dinner because I have FOMO.' Have you ever heard someone reason their behaviour by saying they have FOMO? It's a relatively new phenomenon that is gaining in popularity and use especially among youth. It stands for 'Fear of Missing Out' and refers to worries about missing out on something potentially fun. The increased use of FOMO has been linked to the rise of social media, with youth often feeling left out if they see posts of others having fun. It is associated with peer influence as young people are likely to engage in behaviours if all their friends are doing it, in fear that everyone else will have a good time without them. Have you ever had FOMO? How can having FOMO impact your health and wellbeing?

Peer influence can be positive or negative. Peer influence can have a positive impact on health behaviours by, for example, promoting exercise through joining sporting teams which can decrease the risk of obesity. Similarly, joining a social club, such as a theatre group can boost confidence and promote mental health and wellbeing. Peer influence can also have a negative impact on health behaviours by encouraging the use of substances, such as tobacco, alcohol, and illicit drugs which can increase the risk of injuries and prevalence of diseases, such as cardiovascular disease, negatively impacting youth health status. Figure 2 provides some examples of how peer influence can impact health behaviours and the consequent impact of those health behaviours on health status for youth.

Positive peer influence

	Situation	*Health behaviour*	*Potential health status outcome*

Landon doesn't enjoy exercise and always tries to avoid physical activity. Landon's friends are all joining the cross country team and every morning they talk about what they did at training. Landon starts to feel that he is missing out and his friends encourage him to join them.

Landon decides to join the cross country team. At first he finds it very difficult, but with the support from his friends he starts to enjoy it. Landon attends every training session and is looking forward to the cross country race.

Landon's newfound enjoyment for exercising with his friends has encouraged regular exercise which assists in weight management. This can contribute to decreased prevalence of obesity and type 2 diabetes in youth.

Negative peer influence

	Situation	*Health behaviour*	*Potential health status outcome*

Cho arrives at her friend's house party where everyone is drinking alcohol. Cho has never tried alcohol and declines the offer from her friends. Cho's friends tease her by saying she's no fun and reassure her that there's no harm in trying it.

Cho feels embarrassed and doesn't want to be teased by her friends, so she has a drink. Her friends cheer her on, which encourages her to drink more. Cho starts to feel disorientated and carefree. She decides to join her friends in skateboarding on the street.

Cho's risk-taking behaviour can lead to an accident. This can increase the risk of injury, such as a broken leg. This can contribute to youth morbidity and burden of disease due to injury.

Image: GoodStudio/Shutterstock.com

Figure 2 The effect of positive and negative peer influence on health behaviours and health status outcomes

ACTIVITY 2

Peer pressure in films

Peer influence is a major part of young people's lives as they navigate the social scene and has been depicted in many popular teenage films and TV shows. Peer pressure might not always involve someone directly telling you to do something. It can also involve conforming to social norms in order to fit in. Type '*High School Musical Cast - Stick to the Status Quo*' (DisneyMusicVevo, 2019) into YouTube and watch the 4 minute and 45-second video.

After watching the video, discuss with your classmates the impact of peer influence on youth, using the following questions as prompts:

- How is peer pressure evident in this scene?
- Do you think the characters' mental and social health are affected when they are told to hide their interests?
- Why are these characters trying to fit in?
- Do you think that cliques and high school hierarchies still exist or are they exaggerated in films? How do these systems impact youth?

Image: Portrait Image Asia/Shutterstock.com

Want to know more?

It can be difficult to say 'no' when you're being pressured into doing something by your friends. You might be scared of their reaction or what they think of you. Standing up for yourself isn't easy and below are some tips that can help you stick by your beliefs and not give in to peer pressure:

- Reply by confidently saying 'no thanks' or 'not for me'.
- Crack a joke or use humour to deflect the attention.
- Remove yourself from the situation by going to the bathroom or getting some water.
- Be honest and tell them you don't appreciate feeling pressured.
- Talk to someone you trust about the situation and how you are feeling.
- Be true to yourself by knowing what you're okay with and not okay with.

(Kids Helpline, 2021)

Peers and food choices

Spending time with peers often involves food, whether you're catching up for lunch or hanging out at someone's house. The type of restaurants young people go to and the food they eat with their friends can influence their diet, and therefore their physical health and wellbeing and health status outcomes. Friends who tend to snack a lot when they spend time together will most likely consume foods high in salt and sugar like chips or chocolate. Young people may opt to eat at cheaper restaurants, such as burger chains or pizza places (fast-food). Consuming foods that are high in saturated fat, sugar, and salt can contribute to morbidity associated with obesity and type 2 diabetes, negatively impacting health status for youth. However, having friends who choose healthier options, such as smoothies or acai bowls, may also incline young people to eat nutritious foods which can reduce morbidity and improve health status.

Overall, you can see that peer groups can influence youth in many ways. Table 1 provides a summary of how the sociocultural factor peer group can influence youth health behaviours and health outcomes.

Table 1 Impact of peer group on health behaviours and potential health status outcomes

Health behaviours	Potential health status outcomes
Young people can turn to their peers for advice and support.	Can reduce the prevalence of anxiety and depressive disorders.
Young people can be influenced by peers to join sport clubs or exercise.	Can reduce morbidity associated with obesity or type 2 diabetes.
Young people can be influenced to use substances, such as tobacco, alcohol, and illicit drugs.	Can increase the prevalence of cardiovascular diseases and increase mortality rates due to injuries.
Young people may snack or eat at fast-food places with their peers.	Can increase morbidity associated with obesity or type 2 diabetes.

Family 1.1.7.3

OVERVIEW

When you think of your favourite meal, is it something that your mum or dad cooks? When a problem arises do you ask your brother, aunty, or maybe even grandmother for advice and help? Do you have a strong sense of faith because you attended religious gatherings with your family when you were younger? These questions relate to the sociocultural factor *family*.

THEORY DETAILS

In general, **family** refers to a group of two or more people who are related by blood, marriage (registered or de facto), adoption, step, or fostering, and who often live in the same household. No two families are alike and people's relationship with their family members can vary greatly. Regardless of these differences, families generally have the most influence on our values and behaviours, especially in the early years of life. You will learn about the impact of a family's ability to provide food and resources, family functioning and cohesiveness, and family substance use on youth behaviours and health status outcomes.

KEY DEFINITIONS

Family refers to a group of two or more people who are related by blood, marriage (registered or de facto), adoption, step, or fostering, and who often live in the same household

Providing food and resources

For many young people, their family is the main provider of resources, such as food, housing, transport, and education. The ability of a family to provide resources and opportunities for young people is important in promoting their development and health and wellbeing. For young people, meals and food are generally prepared by their parents or guardians. Figure 3 and figure 4 reflect the different ways family can influence young people's diet. Figure 3 shows how providing home-cooked meals can have a positive effect on health behaviours and health status by potentially decreasing the prevalence of diet-related conditions, such as obesity and iron deficiency anemia, while figure 4 shows how a family's reliance on takeaway can negatively impact health status.

Claudia's parents love cooking and eating meals as a family. They create meal plans every week and ensure that their meals consist of a variety of fruits, vegetables, and proteins.

Connell's parents have to travel far to work and tend to come home late. When they come home, they are too tired to cook and generally order take out or heat up pre-made meals.

As a result of her parent's careful cooking, Claudia consumes the required nutrients to promote her physical health and wellbeing and does not over consume foods high in salt, sugar, or fats.

As a result of his parents busy work schedules, Connell eats a lot of takeaway food which are high in saturated fats, salts, and sugar.

This decreases Claudia's risk of developing diet-related conditions, such as obesity and type 2 diabetes.
It also ensures that Claudia doesn't have any nutrient deficiencies, which decreases her risk of conditions, such as iron deficiency anaemia.

Connell's frequent consumption of fast foods contribute to his risk of developing obesity and type 2 diabetes.
Connell's eating habits are also likely to follow into his adulthood and may contribute to nutrient deficiencies.

Image: GoodStudio/Shutterstock.com

Image: GoodStudio/Shutterstock.com

Figure 3 How a family can positively influence diet

Figure 4 How a family can negatively influence diet

Family functioning and cohesiveness

Cohesive families who have close relationships with one another and treat each other with care and respect tend to have better health outcomes. If young people feel they can turn to their family members for support and advice then they are less likely to withhold their problems and emotions, which can help them cope with stressful situations. Open and honest communication amongst family members can therefore promote mental health and wellbeing and reduce morbidity associated with mental health disorders.

On the other hand, young people who suffer from neglect or abuse within their households can have high levels of insecurity and feel unsafe. These feelings can contribute to the prevalence of mental health disorders amongst youth. It may also severely impact their social health and wellbeing by impeding their ability to form meaningful relationships, as they might be hesitant to trust others. Table 2 shows how the prevalence of mental disorders is more common for young people who determine that their level of family functioning is poor.

Table 2 12-month prevalence of mental disorders among 4-17 year olds by the level of family functioning (Australian Government Department of Health, 2015)

Level of family functioning	Males (%)	Females (%)	Persons (%)
Very good	12.7	9.1	10.9
Good	16.7	13.8	15.3
Fair	25.3	13.5	19.7
Poor	36.4	33.8	35.3

ACTIVITY 3

Who do you turn to for help?

No matter what age you are, when a problem or stressful situation occurs you often turn to others for support and help. Below is a graph outlining who people go to for help across different age groups.

Who people go to for help across the lifespan, Australia, 2014
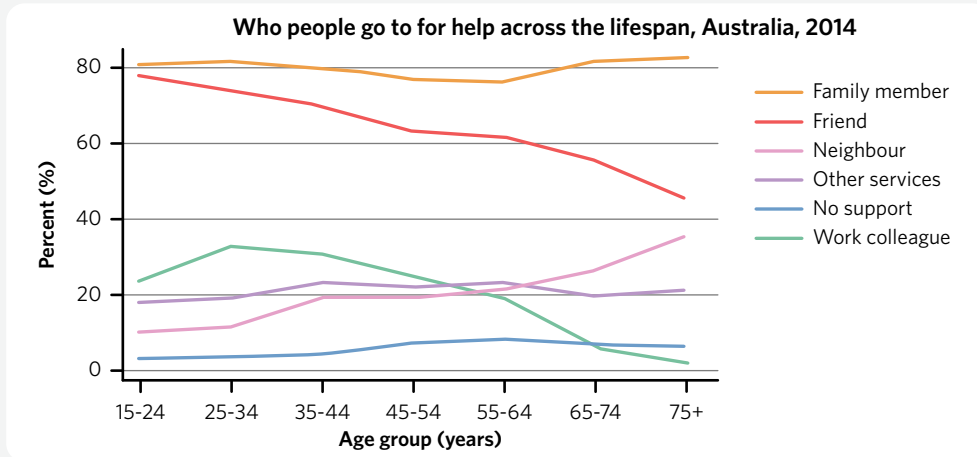
(Australian Institute of Family Studies, 2016)

After looking at the graph, discuss with your classmates the different types of support available, using the following questions as prompts:

- Who do you turn to for support when you're stressed?
- What qualities do these people have that encourage you to talk to them?
- The percentage of 15-24 year olds who turn to family and friends is very close. Why do you think this is the case?
- Why do you think the percentage of seeking friends' help decreases over time while family members remain the number one source of support across the lifespan?
- What are examples of other services that people might receive help from?
- Is there anything about this graph that surprises you?

Substance use

Young people who are surrounded by family members who are heavy drinkers or smokers might adopt these behaviours in their youth. Being constantly surrounded by tobacco smoke, or taking up the habit of smoking itself, can increase the risk of developing conditions, such as lung cancer or cardiovascular disease due to second-hand smoking. People who take up smoking at a younger age are also more likely to progress to daily smoking and become addicted later on in life, which can contribute to morbidity due to addictive disorders. Alcohol consumption at a young age leads to increased risk-taking behaviours which can result in accidents and injuries and contribute to youth mortality. Alcohol can also increase blood pressure and contribute to the development of hypertension and cardiovascular disease later in life. The good news is that these behaviours are becoming less common amongst youth. Fewer people are taking up smoking at a young age and two-thirds of people aged between 14-17 have never had a full serving of alcohol (Australia Institute of Health and Welfare [AIHW], 2020).

Overall, you can see that family can influence youth in many ways. Table 3 provides a summary of how the sociocultural factor family can influence youth health behaviours and health outcomes.

Table 3 Impact of family on health behaviours and potential health status outcomes

Health behaviours	Potential health status outcomes
Young people may eat nutritious, home-cooked meals prepared by their family.	May reduce morbidity associated with obesity or type 2 diabetes.
Young people may rely on premade or takeaway food if their families cannot provide for them.	May increase morbidity associated with obesity or type 2 diabetes.
Young people can turn to their family for advice and support.	May reduce prevalence of anxiety and depressive disorders.
Young people can be influenced to use substances, such as tobacco and alcohol by family members.	May increase prevalence of cardiovascular diseases and increase mortality rate due to injuries.

Housing 1.1.7.4

OVERVIEW

Have you ever shared a bedroom with your sibling? Did you constantly complain about how annoying they were when you were trying to fall asleep? Or did you enjoy their company and feel less lonely when they were around? These questions relate to the sociocultural factor of *housing*.

THEORY DETAILS

Every person has the right to adequate **housing**, which refers to the shelter or accommodation people reside in. Without a right to housing, many other basic human rights are compromised including the right to privacy, family life, health, and development. Therefore adequate housing is important to ensure that all people can live with dignity and that the facilities needed to maintain a good standard of living are readily available, such as sanitation facilities, kitchen appliances, and waste removal facilities. You will learn about the impact of housing quality, overcrowding, and household location on youth health behaviours and health status outcomes.

Housing quality

Houses that have reduced facilities that are required for a good standard of living can negatively affect health and wellbeing. Insufficient cooking appliances, heating facilities, or ventilation systems can contribute to **indoor air pollution**, which is when the air inside buildings is contaminated with pollutants, such as fine particles and carbon monoxide. This can contribute to the development of respiratory conditions, such as asthma, which is the third leading cause of total burden of disease among females aged 15-24 (AIHW, 2020). Unsafe houses that have a poor design can also contribute to the morbidity of youth. Houses with hazardous staircases or uneven flooring can increase the risk of accidents, such as falling down, contributing to morbidity due to injuries for youth. Houses with poor kitchen facilities can also increase the risk of severe burns.

Overcrowding

Overcrowding is what occurs when too many people reside in a place that is too small to adequately meet the needs of those living there. Overcrowded houses increase the demand for bathroom, laundry, and water facilities. This can lead to insufficient sanitation, which can increase the risk of spreading diarrhoeal diseases, such as gastroenteritis. Overcrowding can also contribute to the spread of infectious diseases, such as the flu, increasing youth morbidity.

🌐 *Real world example*

Trachoma in remote Indigenous communities

Trachoma is an infectious eye disease that is caused by chlamydia trachomatis that inflames the eye and contributes to scarring and in-turned eyelashes. Trachoma often occurs in young children, and if left untreated, can potentially lead to blindness.

You might not have heard of trachoma because it was eliminated in 'mainstream' Australia more than 100 years ago with improved hygiene facilities, water infrastructure, and living conditions. Despite this, trachoma is still present in very remote Indigenous communities and Australia's target to have eliminated the disease by 2020 has not been met, making Australia the only high-income country to have trachoma.

4% of Indigenous children aged from five to nine years old have an active trachoma infection. Trachoma spreads from child to child through eye and nose secretions. Therefore, maintaining facial cleanliness is the key to reducing the spread of trachoma. Facial cleanliness and such hygiene practices might not be common for many reasons.

In order to keep children's faces clean, one must have access to safe and functional sanitation facilities in their houses. Very few households in very remote Indigenous communities have access to soap and hygiene-related amenities which can make it difficult for children to wash their faces when they are dirty. Some remote Indigenous households also have structural problems, such as leaky taps or blocked drains that don't get repaired immediately. This means people have to rely on public water services that may be contaminated or difficult to access. Overcrowding in houses also contributes to the spread of trachoma. Many houses do not have the sanitation facilities required to meet the needs of all their residents. This may reduce the capacity for children to wash themselves and their faces as the water may be needed for other purposes, such as cooking.

cont'd

Housing refers to the shelter or accommodation people reside in

ADDITIONAL TERMS

Indoor air pollution is when the air inside buildings is contaminated with pollutants, such as fine particles and carbon monoxide

Overcrowding refers to what occurs when too many people reside in a place that is too small to adequately meet the needs of those living there

Image: LittlePanda29/Shutterstock.com

Figure 5 Trachoma is an infectious disease that affects 4% of Indigenous children in Australia

> 🌐 *Real world example*
>
> **Trachoma in remote Indigenous communities – continued**
>
> To help eliminate trachoma, the following strategies need to be implemented:
>
> - Ongoing government funding is needed to promote screening and treatment of trachoma.
> - Provision of antibiotics to reduce community spread.
> - The housing departments in the Northern Territory, Western Australia, and South Australia need to make sure that houses in remote communities have functional and safe bathrooms.
> - The education, health, and housing departments also need to make sure that every house, school, and public centre has access to working taps and basins, soap, paper towels, and waste removal facilities.
> - Education programs associated with trachoma awareness and healthy hygiene practices are needed to maintain good levels of facial cleanliness.
>
> (Hall et al., 2020; Taylor et al., 2016)

Overcrowding can also reduce feelings of privacy as children generally have to share a bedroom with their siblings, which can lead to conflict as well as interfere with sleep. This can lead to young people developing poor sleeping habits which can contribute to fatigue and increase levels of stress. Poor sleeping habits could potentially lead to the development of insomnia, and the increase incidence of insomnia amongst young people. However, on the flip side, constantly being surrounded by loved ones can decrease social isolation and positively impact mental health and wellbeing by reducing stress and anxiety and thus decreasing the prevalence of mental health disorders.

Household location

Whether you live in an urban suburb, the city, or rural Australia, the location of your house can influence your health status. If young people live in an area that contains many recreational parks, swimming centres, gyms, or walking tracks then they are more likely to use these facilities for regular exercise which can promote a healthy body weight and decrease the risk of obesity and type 2 diabetes. Figure 6 shows how being close to a number of other different buildings and services can influence health behaviours and health status. Neighbourhoods that come together frequently and host events can also encourage youth to become active members of their community, which can reduce social isolation and decrease morbidity due to stress and anxiety.

Hospitals
Having a hospital close to home can ensure that you receive timely treatment in an emergency or for any other medical issues which can decrease mortality rates.
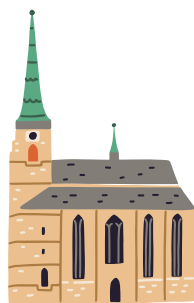
Places of worship
Having different places of worship within a community can encourage the regular practice of faith and can promote spiritual health and help build connections in the community.

Parks
Having parks in your local area can encourage exercise and can also provide a place to connect with nature which can help ease anxiety.

Fresh food markets
Living in a suburb close to fresh food markets can encourage the consumption of fresh and local ingredients, such as homegrown fruits and vegetables, which promotes nutrient intake.

Image: GoodStudio/Shutterstock.com

Figure 6 Services available in communities

On the other hand, communities that are unsafe or have high levels of crime can increase stress and anxiety. Youth that feel concerned about their safety in their community may avoid going for walks and bike rides, reducing physical activity and potentially increasing the risk of developing obesity and type 2 diabetes. Suburbs that are densely populated with fast-food outlets can also increase the risk of obesity and type 2 diabetes as youth are likely to consume foods high in salt, sugar, and fats more frequently.

Overall, you can see that housing can influence youth in many ways. Table 4 provides a summary of how the sociocultural factor housing can influence youth health behaviours and health outcomes.

Table 4 Impact of housing on health behaviours and potential health status outcomes

Health behaviours	Potential health status outcomes
Young people may live in houses with insufficient cooking appliances, heating facilities, or ventilation systems.	May increase the prevalence of respiratory conditions, such as asthma.
Young people may adopt poor sleeping habits if they live in overcrowded housing.	May increase morbidity associated with mental health disorders and increase the incidence of insomnia.
Young people may frequently access recreational parks, swimming centres, gyms, and walking tracks close to their house.	May reduce morbidity associated with obesity or type 2 diabetes.
Young people living in suburbs densely populated with fast-food outlets may over consume processed foods.	May increase morbidity associated with obesity or type 2 diabetes.

Theory summary

In this lesson, you have learnt about the everyday sociocultural factors that impact the health behaviours and health status of youth. In particular, you looked at how family, peer groups, and housing can influence youth in different ways, such as through their diet or by providing resources and support.

2C QUESTIONS

Theory-review questions

Question 1

What do sociocultural factors consist of?

A   Emotional and cultural factors.

B   Social and critical factors.

C   Social and cultural factors.

Question 2

Which of the following are examples of sociocultural factors? *(Select all that apply)*

I   Family.

II   Housing.

III Genetics.

IV Peer group.

Question 3

Peer influence always has bad consequences for health.

A   True.

B   False.

Question 4

All families influence youth in the same way.

A   True.

B   False.

Question 5

Sociocultural factors that can encourage physical activity include **1.** having parents who enjoy playing sports on the weekend and **2.** living in a neighbourhood that contains a variety of parks, swimming centres, walking tracks, and gyms.

These types of factors are, respectively,

A   peer group and housing.

B   family and housing.

C   family and peer group.

Skills

Unpacking the case study

Use the following information to answer Questions 6 and 7.

Wendy's parents both work late shifts and struggle to get home in time to prepare and cook dinner. They often ask Wendy to organise her dinner, but she is busy with homework and doesn't have time to cook dinner. Therefore, if her parents don't prepare dinner, she often orders food to be delivered to her house. Wendy doesn't mind eating dinner alone, but when Wendy has a problem, she feels lonely and stressed without her parents to talk to.

Question 6

Wendy's diet has been influenced by the sociocultural factor family. This is reflected by the statement that

A   'When Wendy has a problem, she feels lonely and stressed without her parents to talk to.'

B   'If her parents don't prepare dinner, she often orders food to be delivered to her house.'

Question 7

Which of the following inferences about health status can be made from the case study. *(Select all that apply)*

I   Wendy doesn't mind eating alone, which can increase her risk of suffering from a mental health disorder and contribute to youth morbidity due to mental health disorders.

II   Wendy feels lonely and stressed when she doesn't have her parents to talk to, which can increase her risk of suffering from a mental health disorder and contribute to youth morbidity due to mental health disorders.

III Wendy feels lonely and stressed when she doesn't have her parents to talk to, which can increase her risk of developing type 2 diabetes and contribute to youth morbidity due to type 2 diabetes.

Data analysis

Use the following information to answer Questions 8 and 9.

Proportion of Australians with current long-term mental or behavioural conditions, by age group and sex, 2017-18
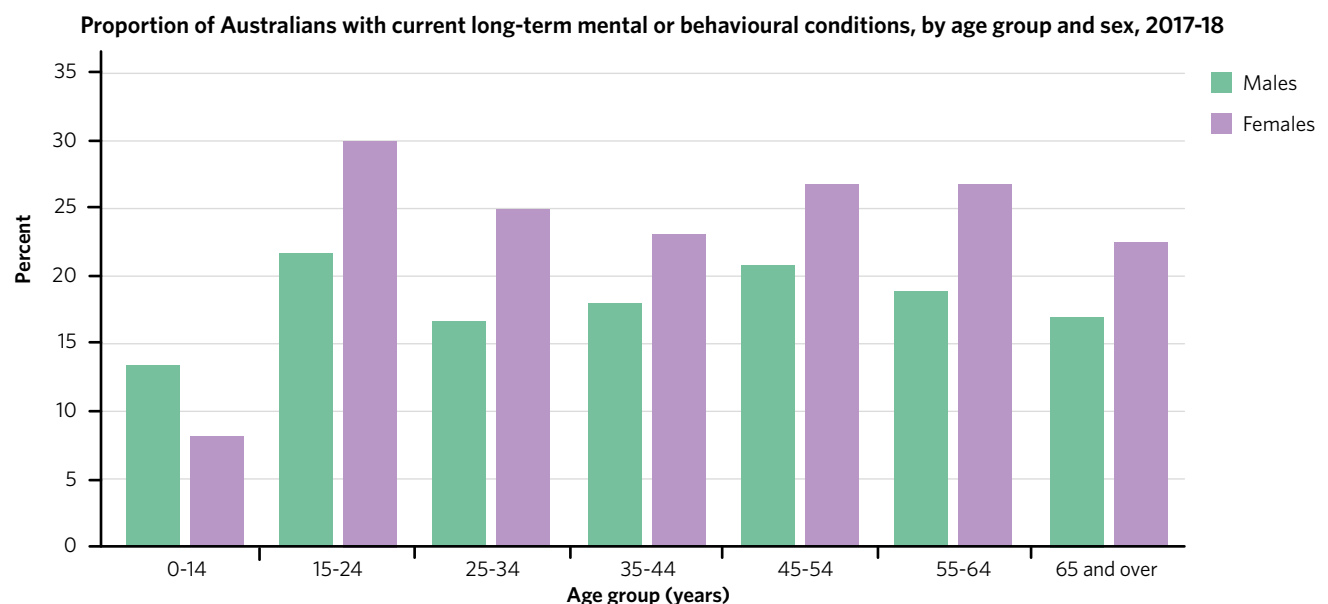
Source: adapted from AIHW, *Mental Health*, <https://www.aihw.gov.au/reports/australias-health/mental-health>

Question 8

Identify the health issue represented in this graph.

A   Obesity.

B   Anxiety.

C   Long-term mental or behavioural conditions.

Question 9

Identify which of the following statements about the data are correct. *(Select all that apply)*

I   Around 30% of Australian females aged 15-24 experience long-term mental or behavioural conditions.

II   Females aged between 25-34 have a higher proportion of long-term mental or behavioural conditions than females aged between 15-24.

III   For males, the age group with the highest proportion of long-term mental or behavioural conditions is 45-54 years.

IV   For both males and females, the age group with the highest proportion of long-term mental or behavioural conditions is 15-24 years.

Exam-style questions

Question 10   (2 MARKS)

Using an example, explain what is meant by health behaviours.

Question 11   (2 MARKS)

Describe how family can have an effect on the health behaviours of youth.

Question 12   (2 MARKS)

a   Identify one way peers can influence the health behaviours of youth. (1 MARK)

b   Outline how the health behaviour you identified in **part a** could influence the health status of youth. (1 MARK)

Question 13   (4 MARKS)

Prevalence of mental health problems in Australian children and young people

3/4 of all mental health problems first appear in people under 25 years

5.6% of Australian children have moderate to severe mental health problems

1 in 4 young Australians 16-24 years will experience mental health problems in any given year

10.9% of Australian adolescents have deliberately injured themselves
and
2.4% attempt suicide each year
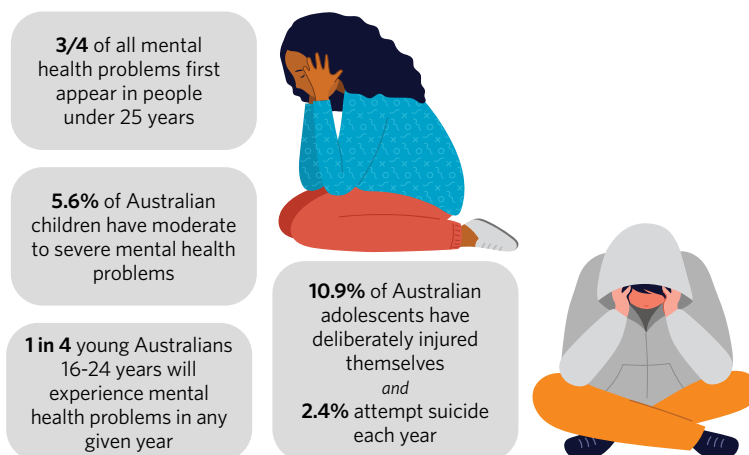
Image: Marish/Shutterstock.com

Source: adapted from Victorian Auditor-General's Office, *Child and youth mental health*, <https://www.audit.vic.gov.au/report/child-and-youth-mental-health?section=>

a   Using data from the infographic above to support your answer, identify a health issue affecting youth in Australia. (2 MARKS)

b   Identify and describe a sociocultural factor that can contribute to the health issue you identified in **part a**. (2 MARKS)

Question 14   (5 MARKS)

Fred is one of seven children. He lives with his parents and siblings in a small rural house. His house is far away from the town centre, which means that he has to travel far for school and groceries. The nearest hospital is also an hour away. The house has three bedrooms and two bathrooms which means that he has to share a room with his brother George. George loves to get up to mischief and stay up late playing video games and watching TV. Fred doesn't mind it sometimes because he enjoys spending time with George, but at other times, he feels annoyed because he is tired and wants to sleep.

a   Explain how Fred's housing situation may impact his health behaviours and health and wellbeing. (3 MARKS)

b   Fred lives far away from the town centre which means he has to travel far for essential services. Outline two ways living far away from essential services can impact on the health status of Australian youth. (2 MARKS)

Questions from multiple lessons

Question 15   (4 MARKS)

a   Identify two ways in which independence can increase in youth. (2 MARKS)

b   Using an example, explain how peers can contribute to an increase in independence and how this can influence health behaviours. (2 MARKS)

2D SOCIOCULTURAL FACTORS AND HEALTH VARIATIONS BETWEEN YOUTH: PART 2

Has the knowledge you have gained from Health and Human Development classes influenced your choices in life? Does going to work enable you to learn new skills and build your confidence? Have you ever gone to a restaurant because the food was cheap? Have you ever had a doctor's appointment over the phone because you weren't able to go in person? Your education, employment, income, and access to health information and support services are other examples of the sociocultural factors that influence your health and wellbeing. In this lesson, you will continue to learn about these sociocultural factors and how they can impact the health behaviours and health status of youth.

Image: Vector Stall/Shutterstock.com

2A Measuring health status	2B Health status of Australian youth	2C Sociocultural factors and health variations between youth: Part 1	2D Sociocultural factors and health variation between youth: Part 2

Study design dot point

- sociocultural factors that contribute to variations in health behaviours and health status for youth such as peer group, family, housing, education, employment, income, and access to health information and support services (including through digital technologies).

Key knowledge units

Education	1.1.7.5
Employment	1.1.7.6
Income	1.1.7.7
Access to health information and support services	1.1.7.8
Access to health information and support services through digital technologies	1.1.7.8.1

2D: Sociocultural factors and health variations between youth: Part 2

Education 1.1.7.5   Employment 1.1.7.6   Income 1.1.7.7   Access to health information and support services 1.1.7.8

Access to health information and support services through digital technologies 1.1.7.8.1
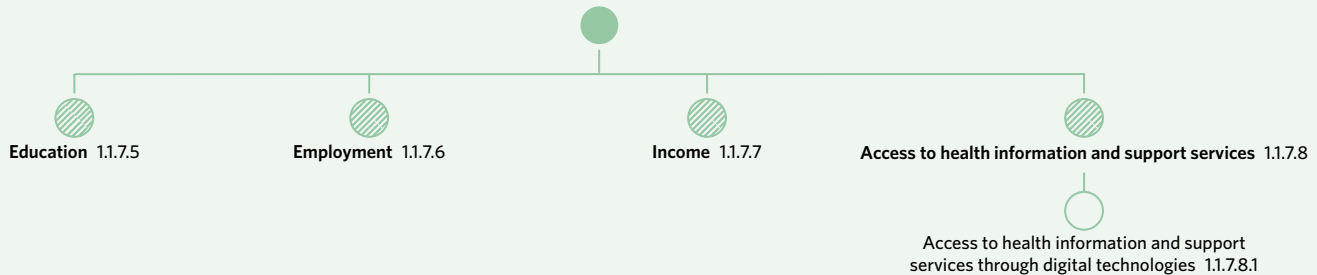
Education 1.1.7.5

OVERVIEW

High school. Some love it while others don't. Do you look forward to going to school and catching up with all your friends? Do you enjoy learning about health in this subject? Or do you feel stressed at school due to exams and upcoming assignments? These questions relate to the sociocultural factor of *education*.

Study design key skills dot point

The following key skills dot point applies to the whole lesson:

- explain a range of sociocultural factors that contribute to variations in the health status and health behaviours of Australia's youth

THEORY DETAILS

Education refers to the process of learning and gaining knowledge and skills. Education comes in a variety of forms including secondary schooling, apprenticeships, traineeships, and tertiary education. Young people typically spend a great deal of time in education settings, and those with higher levels of education generally have better health status outcomes. You will learn about the impact of education, health literacy, and academic stress on youths' behaviours and health status outcomes.

Education

Young people with higher levels of education are more likely to have better employment prospects in the future, which may lead to a higher income. The possibility of earning a high income in the future may reduce levels of stress and anxiety associated with financial security and accessing essential resources later in life. Education also allows young people to learn and practice skills that can enhance confidence and self-esteem levels, improving mental health and wellbeing. This can reduce the prevalence of mental health disorders and improve the health status of youth. Education settings can also enable young people to form positive relationships with peers and teachers. This can promote social health and wellbeing by establishing a supportive social network.

Health literacy

In school, young people can learn about the importance of health and wellbeing in class. There are also opportunities for physical activity through physical education classes and extracurricular sports programs. These can promote regular exercise and improve physical health by maintaining a healthy body weight, potentially reducing the prevalence of obesity. Young people may also receive education about health-related topics, such as nutrition, disease, and health risks, which can lead to higher levels of health literacy. **Health literacy** is the ability to obtain, read, and understand health information to make informed health-related decisions. Young people with higher levels of health literacy are more likely to engage in health-promoting behaviours that can improve health status outcomes, such as:

- attending regular health checkups.
- maintaining a nutritious diet.
- abstaining from substance use.
- participating in preventative health measures, such as cancer screening programs.

Maintaining a nutritious diet decreases the risk of obesity, therefore reducing morbidity due to obesity. Participating in preventive health measures, such as cancer screening programs, may ensure that cancers are detected early, which improves the likelihood of successful treatment and cure, reducing youth mortality due to cancers.

On the other hand, if young people have low levels of health literacy, they may be unaware of the health risks associated with tobacco, alcohol, and illicit substance use and therefore engage with these substances. This can increase the risk of developing smoking-related diseases, such as lung cancer, and alcohol-related diseases, such as cardiovascular disease, increasing morbidity. Additionally, if youth are not familiar with the health services available for them, they may also be less likely to undergo regular health checks. This increases the risk of delayed detection and treatment of diseases, potentially increasing years of life lost (YLL) due to premature death. This increases the number of disability-adjusted life years (DALY), therefore contributing to the burden of disease for youth. Figure 1 provides an example of how levels of health literacy can impact health behaviours and the consequent impact of those health behaviours on health status for youth.

KEY DEFINITIONS

Education refers to the process of learning and gaining knowledge and skills

ADDITIONAL TERMS

Health literacy is the ability to obtain, read, and understand health information to make informed health-related decisions

Scenario	*Health behaviour*	*Potential health status outcomes*
Lina loves summer and has spent a lot of time outdoors at the beach or going for walks in the park. When she is outdoors, she always ensures that she wears a hat and applies sunscreen. One day, while Lina is getting dressed, she notices a dark mole on her shoulder that wasn't there before.	Lina has learnt about skin cancer at school and is concerned as the shape of her mole is quite unlike the other dots on her skin. Lina continues to protect her skin from the sun when she is outdoors and decides to visit her GP for a mole check.	Protecting her skin from the sun by wearing sunscreen and protective clothing can decrease the risk of developing melanoma, potentially decreasing morbidity due to melanoma. If cancer is detected from her mole check, an early diagnosis can ensure that she receives timely treatment. This can potentially decrease the years of life lost (YLL) due to premature death or years of life lost due to cancer (YLD). This decreases DALYs, therefore reducing burden of disease.
Tony loves summer and spends a lot of his time tanning on the beach. However, when he is outside he never wears sunscreen or protective clothing because he knows that his skin rarely burns. Tony notices a dark mole on his back that seems abnormally large.	Tony doesn't know much about moles and shrugs it off, believing that he must have simply not noticed the size before. Tony doesn't change any of his habits and continues to spend a lot of time unprotected in the sun.	Not protecting his skin from the sun can increase the risk of developing melanoma, potentially increasing morbidity due to melanoma. If Tony doesn't notice the warning signs of potential cancer, he might not decide to get checked until it's too late. This can potentially increase the years of life lost (YLL) due to premature death or years of life lost due to cancer (YLD). This increases DALYs, therefore increasing burden of disease.

Image: Andrew Rybalko/Shutterstock.com

Figure 1 The effect of high and low levels of health literacy on health behaviours and health status outcomes

Fortunately, in 2018, a survey regarding the health literacy levels of young people found that 98% of people aged between 18 and 24 agreed or strongly agreed that they have sufficient information to manage their health (Australian Institute of Health and Welfare, 2021). Educational institutions need to continue to equip their students with health literacy skills to empower them to make well-informed health decisions, which will ultimately improve health status outcomes.

Academic stress

Although education has numerous benefits, it can also lead to increased stress and anxiety. 67% of Australian students agreed with the statement, 'even if I'm well prepared for a test, I feel very anxious', which was higher than the international average of 55% (PISA, 2015). This statistic demonstrates that students experience increased levels of stress and anxiety surrounding tests, exams, and assignments. Anxiety surrounding assessments and feeling pressured to do well can lead to unhealthy behaviours, such as cramming for tests and staying up very late studying. Students in high school may also experience high levels of anxiety regarding decisions about their life after high school. Bullying is another issue that is prevalent in Australian schools, which can negatively affect the mental and social health and wellbeing of young students. For example, bullying can lower self-esteem and confidence levels and because of this, students may want to avoid school and social interactions with their peers. All together, these different sources of stress relating to education can contribute to the prevalence of mental health disorders, such as anxiety and depressive disorders, negatively impacting the health status of Australian youth.

ACTIVITY 1 - CLASS DISCUSSION

Take a moment to reflect upon your education experiences. Consider the following questions and discuss them with your classmates.

- What education or opportunities does your school provide to promote health?
- Why are you studying Health and Human Development? What do you hope to learn from this subject?
- Do you feel any stress regarding your studies?
- Are you nervous about the decisions you have to make after high school?
- How do you think your education impacts your health and wellbeing?

Image: Zaie/Shutterstock.com

Overall, you can see that education can influence youth in many ways. Table 1 provides a summary of how the sociocultural factor of education can influence youths' health behaviours and health outcomes.

Table 1 Impact of education on health behaviours and potential health status outcomes

Health behaviours	Potential health status outcomes
Young people can build trusting relationships with peers and teachers in education settings, which can reduce social isolation.	This can reduce the prevalence of anxiety and depressive disorders.
Youth with high levels of health literacy may undergo regular health checks and participate in preventative health measures, such as cancer screening.	This can reduce years of life lost (YLL) due to premature death from these diseases, therefore reducing the total burden of disease.
Youth with low levels of health literacy may use tobacco, alcohol, and illicit substances, because they do not understand the health risks of these behaviours.	This can increase the prevalence of cardiovascular disease, as tobacco, alcohol, and illicit substances are risk factors for cardiovascular disease.
Young people may feel stressed about school and cram for tests, exams, and assignments.	This can increase morbidity associated with anxiety disorders.

Employment 1.1.7.6

OVERVIEW

Do you have a part-time job or are you currently looking for work? Does the work environment and type of job influence what you apply for? Do you sometimes wish that you could get a different job but you don't have the relevant experience and qualifications? These questions relate to the sociocultural factor of *employment*.

THEORY DETAILS

Employment refers to the state of undertaking paid work. Many young people are involved in part-time work and some even work full-time. Employment provides young people with the opportunity to learn new skills, interact with others, and contribute to society. You will learn about the impact of employment, unemployment, and work environments on youth behaviours and health status outcomes.

Employment

Employment has a large range of benefits for young people. It can provide them with an opportunity to form meaningful and respectful relationships with their colleagues, promoting their social health and wellbeing. It can also provide an opportunity to learn new skills and build confidence. Establishing a good work ethic often helps with time management and can encourage young people to set goals. Goal setting can increase motivation and self-confidence levels, improving mental health and wellbeing. This may decrease morbidity due to mental health disorders. Job security can also decrease stress associated with finances, once again improving mental health and wellbeing.

Unemployment

The unemployment rate among youth in 2021 was 10.7%, which was higher than the national unemployment rate of 5.1%, making it an issue of concern (Australian Bureau of Statistics, 2021). Unemployment is linked to poorer health status outcomes, such as higher mortality and morbidity rates. Youth unemployment can lead to increased reliance on parents and social services for financial support. This lack of financial security can increase stress and anxiety regarding income. Difficulty finding work can also increase stress levels, as many jobs require skills and qualifications that young people might not have yet. As a result, the increased levels of stress and anxiety associated with unemployment can contribute to the prevalence of mental health disorders.

Long-term unemployment may also lead to poor health behaviours. Youth who are unemployed may withdraw themselves from society and avoid social interactions or employment opportunities. This can decrease social participation and reduce feelings of belonging and purpose in life, negatively impacting social and spiritual health and wellbeing. Unemployment can also lead to a lack of structure and poor daily routine, which is linked to poorer mental health outcomes. A poor routine can worsen sleep habits, such as oversleeping or going to sleep at a very late time. This can potentially lead to the development of insomnia and increase the incidence of insomnia amongst youth.

KEY DEFINITIONS

Employment refers to the state of undertaking paid work

⊕ *Want to know more?*

There are a variety of services available to help young people who are unemployed. Some services provide financial aid for young people looking for work while other services help prepare young people with the skills and knowledge needed to find employment. Below are some of the services available to support unemployed youth.

- *Centrelink* provides youth allowances and other financial support for young people looking for work, studying full time, or completing a full-time Australian Apprenticeship.
- *Work for the dole* provides job seekers with an opportunity to gain work experience whilst also providing financial support.
- *Headspace centres* provide resources and support to help young people prepare for finding work, job interviews, networking, and other employment-related issues.
- *Youth Projects* provide a wide range of services to help young people find employment and work toward achieving career goals. They also provide specialised services to help those with a disability find work.

Image: Daria Nipot/Shutterstock.com

Figure 2 Centrelink provides financial support for unemployed youth

Work environment

There are many different work environments that young people will encounter in their life. For example, they might find themselves in retail, hospitality, construction, healthcare, and many other settings. Work environments that promote a sedentary lifestyle and require long periods of sitting can increase the risk of developing obesity and contribute to the prevalence of obesity. Young people might also encounter abuse in their workplace, contributing to poor mental health outcomes. Figure 3 provides examples of how different working environments can impact the health behaviours and health status of youth.

Isabel works on a construction site in the city. Isabel spends a lot of her time working outdoors in hot weather. Sometimes, Isabel forgets to put on sunscreen which results in sunburn. After a long day working outside, Isabel feels fatigued.

Working outdoors increases exposure to UV rays which can increase the risk of developing skin cancer and therefore contribute to the prevalence of skin cancer. Feeling fatigued can reduce energy levels and negatively impact physical health and wellbeing.

Ollie has a receptionist job in a health clinic. His main responsibilities involve scheduling appointments, organising data, and answering phone calls. Ollie spends the majority of his time sitting down at a computer at work and has begun noticing that his back has been sore.

Jobs that require long periods of sitting can promote a sedentary lifestyle. This can decrease physical activity and increase the risk of developing type 2 diabetes and obesity, contributing to youth morbidity. Backaches and pains can also contribute to morbidity and future health problems.

Natarsha has a retail job at a chocolate store. She likes the job, but sometimes her manager and customers can be rude towards her. One day a customer comes in wanting a refund. Natarsha politely explains the policy to the customer but he begins to get angry and storms out, verbally insulting her as he leaves. Natarsha feels overwhelmed and upset following the incident.

Dealing with complaints and workplace abuse from customers or coworkers can be very difficult. Being the victim of verbal abuse can decrease confidence and self-esteem and contribute to morbidity due to mental health conditions.

Maggie has a new part-time job at a cafe. Maggie is responsible for serving customers and will be trained as a barista. On Saturday the cafe is extremely busy. Maggie is not confident with using the coffee machine yet, however, customers are waiting and her manager asks her to make their orders. Maggie attempts to use the coffee machine and ends up burning her hand.

Not receiving adequate training regarding equipment use can increase the risk of injuries and accidents, such as burns. This can contribute to morbidity and mortality due to injuries.

Image: Irina Strelnikova, ivector/Shutterstock.com

Figure 3 Work environments can impact health status in different ways

Hazardous environments and insufficient training regarding the use of equipment can increase the risk of workplace injuries. Young people are particularly at risk of injuries at work. WorkSafe Victoria (2016) revealed that 49 young people between 15 and 24 years of age were injured every week at work in 2015-2016. This is an alarming statistic that can contribute to youth morbidity and mortality associated with injuries. Young people may be vulnerable to poor work conditions if they are not fully aware of their rights as an employee.

ACTIVITY 2

The WorkSafe website provides information regarding the rights and safety of young workers. This is important information for all young workers, but particularly for those who may be vulnerable to poor working conditions, exploitation, and abuse. Under the supervision of a psychologist, WorkSafe conducted a social experiment where participants aged between 18 and 25 took part in 'industry information sessions', unaware that they were in an experiment. In these sessions, they were informed of the conditions that they could face and were asked whether they would be willing to work in these conditions. Type the URL *worksafe.vic.gov.au/unsafe-always-unacceptable* into your browser and watch the 2 minute and 25-second video to view the outcomes of this experiment, then answer the following questions.

- Are you surprised by the results of this experiment?
- Why do you think young people may be willing to work in unsafe conditions?
- Would you have said yes to the job?
- Are you aware of what questions employers are not allowed to ask you?
- Do you know what your rights are as a worker?
- Have you ever been in a situation where your rights as a worker were overlooked?
- Have you suffered from workplace abuse? How did you respond? Did you ignore it or confront the situation?

Overall, you can see that employment can influence youth in many ways. Table 2 provides a summary of how the sociocultural factor of employment can influence youths' health behaviours and health outcomes.

Table 2 Impact of employment on health behaviours and potential health status outcomes

Health behaviours	Potential health status outcomes
Young people might set work-related goals, which can increase motivation.	This can reduce the prevalence of mental health disorders.
Young people who are unemployed may have a lack of routine in their daily lives.	This can increase morbidity due to mental health disorders.
Young people might spend long periods of time sitting at work.	This can increase the prevalence of obesity, as they do not engage in adequate levels of physical activity.
Young people might spend long periods of time working outdoors.	This can increase morbidity associated with skin cancer, due to prolonged exposure to the sun.

Income 1.1.7.7

OVERVIEW

'Money can't buy you happiness'; it's a saying you've probably heard time and time again. Although it may be true, there are a lot of things money *can* buy you. Money can be used to pay for food, shelter, healthcare, and recreational activities, which could potentially lead to happiness and better health outcomes. This relates to the sociocultural factor *income*.

THEORY DETAILS

Income refers to the amount of money a person earns through employment, investments, government allowances, or providing goods and services etc. For young people, income can either come from their source of employment, government allowances, or family income. Income influences health, as it allows people to access and afford resources. You will learn about how access to essential and non-essential resources through income impacts youth behaviours and health status outcomes.

Access to essential resources

Young people who earn a regular income or whose families are high-income earners have an increased capacity to access essential services and resources. This can decrease stress levels associated with accessing these resources now and in the future, promoting mental health and wellbeing. Furthermore, having a high income may ensure that young people can afford resources, such as nutritious foods. This promotes a healthy diet and can decrease the prevalence of diet-related diseases, such as obesity and type 2 diabetes. A stable income may also ensure that youth can access healthcare and private health insurance. Having access to these services means that young people can regularly visit a GP and other specialists, such as the dentist. Regularly going to the dentist can improve health status outcomes for youth by decreasing the prevalence of oral health conditions, such as dental caries and gum infections. Figure 4 presents other ways in which having

KEY DEFINITIONS

Income refers to the amount of money a person earns through employment, investments, government allowances, or providing goods and services etc.

📎 *Lesson link*

In lesson *1B: Variations in perspective of health and wellbeing*, you learnt about socioeconomic status (SES) which is measured using the three factors: income, education, and occupation (in this lesson, occupation is associated with employment). Differences in health behaviours and health status outcomes exist between different socioeconomic groups, which highlights how the sociocultural factors of education, employment, and income have a great impact on the health of youth. Some of the differences in health behaviours and health status will be outlined in this lesson. However, if you need a refresher on this concept, return to lesson 1B.

a high or stable income can influence access to essential resources, and how having access to these essential resources positively impacts the health status of youth.

Ability to afford nutritious foods promotes good dietary intake which assists in weight management and can decrease the prevalence of obesity.

Ability to afford healthcare can ensure that young people can get treated for diseases and injuries which can reduce mortality rates.

Ability to afford transportation can decrease stress and anxiety levels associated with travelling to access services, improving mental health and wellbeing and potentially decreasing the incidence of mental health disorders.

Ability to afford adequate housing can ensure that young people have adequate cooking facilities and ventilation systems which can decrease the risk of respiratory diseases and reduce morbidity due to these diseases.

Figure 4   Ways income can impact youth health status

On the other hand, a low income can increase financial stress and anxiety, therefore contributing to morbidity due to mental health disorders. Young people with low incomes may also find it difficult to access essential resources and services. For example, the cost of nutritious foods is generally higher than fast-food items, which can encourage regular consumption of foods that are high in salt, sugar, and fat. This can contribute to the prevalence of obesity, which is twice as high for young people aged 15-24 living in low-socioeconomic areas than those living in high-socioeconomic areas (22% compared with 11% respectively) (AIHW, 2021). A reduced ability to access healthcare services, such as surgeries, may also mean that diseases or injuries can be left undetected and untreated, potentially increasing mortality rates. In fact, in 2019, the mortality rate of young people aged between 15-24 was 1.9 times as high in the lowest socioeconomic areas compared with the highest socioeconomic areas (AIHW, 2021).

Access to non-essential resources

Having a stable or high income can increase the capacity of young people to access non-essential resources or services. They may choose to register in sporting activities, such as rowing or soccer, which can promote regular exercise and decrease morbidity due to obesity. It may also promote social health and wellbeing as participating in sporting activities can enable young people to meet peers with similar interests and build social connections. Young people might also have enough money to travel and go on holidays, which can promote relaxation and decrease stress levels, potentially reducing the prevalence of mental health disorders. The prevalence of mental health disorders can also be reduced if young people can access counselling or mental health services, such as meditation therapies. Accessing other health therapies, such as physiotherapy, can also ease muscle pains and promote physical health and wellbeing.

On the other hand, young people who do not earn a stable income or whose families are low-income earners may experience difficulties accessing non-essential services, as their income is most likely directed to essential resources required for everyday living. This means that they may be unable to afford registration for sporting clubs or memberships for gyms, which can decrease physical activity and increase morbidity due to obesity. Reduced ability to access other health therapies, such as counselling, can also worsen health outcomes by increasing the prevalence of mental health disorders.

Want to know more?

Although joining sporting clubs is a great way for young people to stay active and participate in physical activity, the price of fees is alarmingly high. Sports Australia conducted a recent survey that revealed that the annual average spend on sporting clubs nationally was $783.78 per child (ABC News, 2020). This high fee may be too costly for some families, which could reduce the ability for some young people to join clubs. It is important that the cost of fees does not become a barrier for physical activity. To ease the financial burden, many clubs provide payment plans to help struggling families

Image: muzsy/Shutterstock.com

Figure 5   Australian families spend an average of $783.78 on sporting clubs annually per child

Overall, you can see that income can influence youth in many ways. Table 3 provides a summary of how the sociocultural factor of income can influence youths' health behaviours and health outcomes.

Table 3 Impact of income on health behaviours and potential health status outcomes

Health behaviours	Potential health status outcomes
A high or stable income enables young people to regularly visit a GP and access healthcare services and treatment.	Can reduce mortality rates as diseases and injuries are more likely to be treated.
A high or stable income enables young people to participate in sporting clubs and exercise regularly.	Can reduce the prevalence of obesity.
A low or unstable income might lead to young people frequently consuming fast foods.	Can increase the prevalence of obesity, as they might over consume foods high in fat, sugar, and salt.
A low or unstable income reduces the ability for young people to access other health therapies, such as meditation and counselling.	Can increase morbidity associated with mental health disorders.

Access to health information and support services 1.1.7.8

OVERVIEW

Do you know how to access your personal health information and medical history? Are you aware of the support services available? What prevents you from accessing these services? Have you ever turned to the internet for health information? These questions relate to the sociocultural factor *access to information and support services* (including through digital technologies).

THEORY DETAILS

Access to health information and support services can impact health behaviours and health status. **Health information** refers to information and data related to health. **Support services** refer to institutions and organisations that provide care and assistance to people. Providing youth with access to health information and support services can empower them to make well-informed decisions and seek the care they need. In this section, you will learn about how access to health information, support services, and digital technologies impacts youth behaviours and health status outcomes.

Health information

Access to health information can empower young people to make well-informed decisions regarding their healthcare. Accessing reliable health and wellbeing information, such as information regarding nutrition, can promote healthy behaviours by encouraging nutritious diets and decreasing the risk of obesity. Additionally, health information regarding the risks of unhealthy behaviours, such as smoking, can decrease the risk of developing smoking-related diseases, such as lung disease and chronic obstructive pulmonary disease, reducing morbidity from these conditions. On the other hand, difficulties associated with accessing reliable health information can lead to delayed treatment, inaccurate diagnosis, or unsuitable advice. This can increase the years of life lost (YLL) due to premature death and years of life lost due to disability (YLD). This increases the number of DALYs, therefore contributing to the burden of disease for youth.

Support services

Support services can provide guidance and assistance for youth in healthcare settings, potentially reducing apprehension and concern associated with accessing healthcare. Furthermore, accessing specialised support services that aim to promote mental health, such as counselling services, can enable young people to receive help and develop healthy coping strategies. This can decrease the prevalence of mental health disorders, improving youths' health status.

Access to health information and support services through digital technologies 1.1.7.8.1

Access to health information and support services is beneficial for youth. However, various barriers exist which reduce this access. Young people may be unable to access health information and support services due to a number of reasons including:

KEY DEFINITIONS

Health information refers to information and data related to health

Support services refer to institutions and organisations that provide care and assistance to people

- affordability
- concerns regarding confidentiality
- concerns regarding being treated with respect
- location of services
- stigma
- inflexible opening hours or appointment times.

A way to reduce these barriers is through the use of **digital technologies**, which refers to the range of devices and technologies that allow people to connect with others, deliver and access services, and store information. Digital technologies can provide young people with easy access to health information and support services. However, there are concerns associated with the use of digital technologies, including privacy breaches, false information, and untrustworthy sources.

KEY DEFINITIONS

Digital technologies refer to the range of devices and technologies that allow people to connect with others, deliver and access services, and store information

ACTIVITY 3

During the COVID-19 pandemic, there was a big rise in the use of digital technologies to provide healthcare. With the person next to you, reflect on how digital technologies are used in healthcare settings by discussing the questions below.

- How has healthcare changed since the pandemic? Think about how you accessed healthcare services before and after the pandemic.
- During COVID-19, how did the Australian government utilise digital technologies to communicate health messages?
- Do you think that the COVID app and QR codes are an invasion of privacy?
- Did you have to access any healthcare services online during the pandemic? What was your experience?

Table 4 shows a variety of digital health technologies and their impact on the health behaviour and health status of youth.

Table 4 Ways digital technologies can impact youth health behaviour and health status

Digital health technologies	Health behaviour and health status
My Health Record Image: Vadym Nechyporenko/ Shutterstock.com	The Australian Government developed My Health Record with the aim of securely storing an individual's health information electronically so it is easily accessible for both patients and healthcare providers. My Health Record is available when it's needed, including during an emergency, which can ensure that the patient is treated effectively, potentially reducing mortality rates. Individuals can access a summary of their health, which can enable them to continually make well-informed decisions regarding their health and behaviours, which can potentially reduce morbidity.
Wearable technologies Image: Alexandr III/Shutterstock.com	Wearable technologies include fitness trackers, smartwatches, or sleep trackers which can allow young people to monitor their health. Fitness trackers can encourage young people to increase their step count, which can decrease the risk of developing obesity and reduce the prevalence of obesity. Sleep trackers can encourage young people to meet the recommended hours of sleep, decreasing the risk of developing insomnia and therefore reducing morbidity.
Telehealth Image: Martial Red/Shutterstock.com	Telehealth refers to the provision of health services and resources via telecommunications technology, such as Facetime and Zoom. Telehealth consultations make it easier to book appointments and receive professional health care advice, easing stress associated with accessing support services. This can potentially reduce the prevalence of mental health disorders. Telehealth allows patients to receive professional health advice promptly, which can encourage them to seek necessary treatment, potentially decreasing morbidity.
The internet	The internet can provide access to health information through a variety of websites. A wide range of support services also exists online, such as community groups and discussion forums. Young people may opt to access support via the internet as it may provide anonymity, which can decrease the fear and stigma associated with accessing health services, especially around sensitive topics, such as sexual and mental health. This can reduce concerns about being judged, promoting mental health and wellbeing and decreasing morbidity due to mental health disorders. Accessing health information online might be dangerous as the information may be from an illegitimate source and inaccurate. This can lead to misdiagnosis or delayed treatment, increasing the risk of premature death and increasing mortality rates.

Want to know more?

Have you ever had a sore throat that appeared out of the blue? Did you turn to your trusted friend Google and search your symptoms to find what might have caused it? Did Google tell you that you have a tumour growing in your throat, tongue, or larynx? From this information, you might have jumped to conclusions and self-diagnosed yourself with a serious health condition, when in reality you could just be experiencing a cold. Therefore, self-diagnosing conditions based on the information you find online can lead to misdiagnosis, which can be detrimental to your health as it may lead you to seek treatment that isn't suitable to your needs. Self-diagnosing can also mean that the real cause of ill health may be missed, which can have serious implications as treatment may be delayed. Therefore, it is crucial to understand that although the health information you are accessing may be reliable and trustworthy, the information does not necessarily always apply to you and your unique health situation. Seeking professional help or advice from a GP or other specialist when you are feeling ill is recommended to receive the most accurate diagnosis.
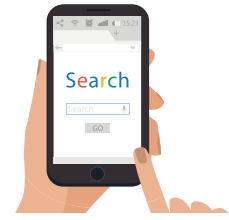
Image: ya_blue_ko/Shutterstock.com

Figure 6 Health information found online is not always reliable or accurate

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Overall, you can see that access to health information and support services (including through digital technologies) can influence youth in many ways. Table 5 provides a summary of how the sociocultural factor access to health information and support services can influence youth health behaviours and health outcomes.

Table 5 Impact of access to health information and support services on health behaviours and potential health status outcomes

Health behaviours	Potential health status outcomes
Youth can access My Health Record and monitor their health.	Can reduce morbidity.
Youth may regularly track their step count using a wearable device.	Can reduce the prevalence of obesity.
Youth may regularly access support services online, such as community groups.	Can reduce morbidity associated with mental health disorders.
Youth may access inaccurate health information.	Can increase morbidity and mortality rates.

Theory summary

In this lesson, you have learnt about some more sociocultural factors that impact the health behaviours and health status of youth. In particular, you looked at how education, employment, income, and access to health information and support services (including through digital technologies) can influence youth in different ways. This lesson concludes our exploration of the sociocultural factors that influence health variations among youth.

2D QUESTIONS

Theory review questions

Question 1

Health literacy refers to the ability to read health information.

A True.

B False.

Question 2

Being employed always has positive effects on youth health status as it provides them with an opportunity to learn new skills and build confidence.

A True.

B False.

Question 3

Income is a sociocultural factor that may affect youth health behaviours and health status and only comes from employment.

A   True.

B   False.

Question 4

Not accessing health information can have negative effects on youth health status. Which of the following is a barrier associated with accessing health information and support services? *(Select all that apply)*

I   Concerns regarding confidentiality.

II   Stigma.

III   Convenient location.

IV   Inflexible opening hours.

Question 5

Which of the following best fills in the blank?

A   always.

B   sometimes.

Health information that is accessed online is _____ accurate and trustworthy.

Skills

Data analysis

Use the following information to answer Questions 6-8.

Mortality rate due to diabetes by education level in Australia, 2011-12
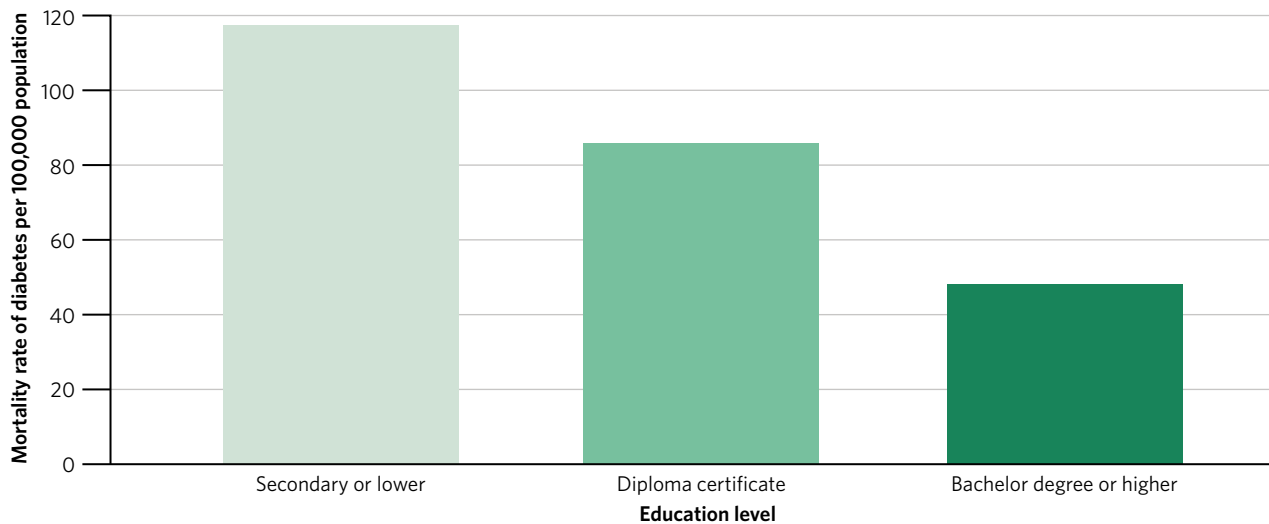
Source: adapted from Australian Institute of Health and Welfare, *Health across socioeconomic groups*, <https://www.aihw.gov.au/reports/australias-health/health-across-socioeconomic-groups>

Question 6

Identify the highest level of education depicted on the graph.

A   Secondary or lower.

B   Diploma, certificate.

C   Bachelor degree or higher.

Question 7

Identify the education level with the highest diabetes mortality rate.

A   Secondary or lower.

B   Diploma, certificate.

C   Bachelor degree or higher.

Question 8

Which of the following statements about the data is correct?

A   In 2011-12, as the level of education increased, the diabetes mortality rate increased.

B   In 2011-12, as the level of education increased, the diabetes mortality rate decreased.

C   In 2011-12, as the level of education decreased, the diabetes mortality rate decreased.

Exam-style questions

Question 9   (2 MARKS)

Outline one benefit and one risk associated with using digital technologies to access health information and support services.

Question 10   (2 MARKS)

Describe how having a low income can impact the health status of youth.

Question 11   (4 MARKS)

a   Explain one way that employment can influence the health behaviours of youth. (1 MARK)

b   Explain one way that unemployment can influence the health behaviours of youth. (1 MARK)

c   Outline how both the health behaviours you identified in **part a** and **part b** could influence the health status of youth. (2 MARKS)

Question 12   (5 MARKS)

Daniella notices a white spot on her fingernail that wasn't there previously. Daniella feels embarrassed and uncomfortable asking her doctor about such a small issue and decides to search 'white spots in nails' on the internet. Daniella discovers that there is a name for her condition, leukonychia, which is when there are white lines or dots that appear on fingernails and toenails. As Daniella continues researching, she discovers that this condition is commonly linked to calcium deficiency. Daniella never learnt about nutrition in school and doesn't know much about calcium. She decides to research different food sources of calcium and notices that dairy products, such as milk, cheese, and yoghurt are good sources of calcium. Daniella finds a blog that has a diet plan that incorporates cheese into every meal of the day and decides to try it.

a   Explain how Daniella's use of digital technology to access health information may impact her health behaviours and health and wellbeing. (3 MARKS)

b   Outline how Daniella's education may influence her health behaviour and health status. (2 MARKS)

Questions from multiple lessons

Question 13   (2 MARKS)

Outline one way that family can impact the education of youth and explain how this can influence health behaviours.

Question 14   (2 MARKS)

Outline one way that housing can impact access to health information and support services, and explain how this can influence health status.

CHAPTER 2 REVIEW

CHAPTER SUMMARY

This chapter was all about the health status of Australian youth. As you now know, the health status of Australian youth can be measured using a variety of health status indicators. Variations in the health status and health behaviours of Australian youth can be attributed to a range of sociocultural factors.

In lesson **2A: Measuring health status**, we learnt about a range of health status indicators that are used to assess health status. In particular, you learnt about:

- incidence
- prevalence
- morbidity
- mortality
- rates of hospitalisation
- burden of disease
- life expectancy
- core activity limitation
- psychological distress
- self-assessed health status.

In lesson **2B: Health status of Australian youth**, we looked at a wide range of data relating to youth health status. We then used this data to identify trends and draw conclusions about the health status of Australian youth. In particular, you learnt about:

- Australian youths' incidence
- Australian youths' prevalence
- Australian youths' morbidity
- Australian youths' mortality
- Australian youths' rates of hospitalisation
- Australian youths' burden of disease
- Australian youths' life expectancy
- Australian youths' core activity limitation
- Australian youths' psychological distress
- Australian youths' self-assessed health status.

In lesson **2C: Sociocultural factors and health variations between youth: Part 1**, you were introduced to sociocultural factors and how they can influence youth. We looked at how the sociocultural factors peer group, family, and housing influence health behaviours and health status of Australian youth. In particular, you learnt about:

Sociocultural factor	What is it?	Aspects of the sociocultural factor that influence youth health behaviours and health status
Peer group	Peer group refers to a group of people who are generally of the same age and have common interests or characteristics.	• peer support • peer influence • peers and food choices
Family	Family refers to a group of two or more people who are related by blood, marriage (registered or de facto), adoption, step, or fostering, and who often live in the same household.	• providing food and resources • family functioning and cohesion • substance use
Housing	Housing refers to the shelter or accommodation people reside in.	• housing quality • overcrowding • household location

In lesson **2D: Sociocultural factors and health variations between youth: Part 2,** we looked at how the sociocultural factors education, employment, income, and access to health information and support services (including through digital technologies) influence the health behaviours and health status of Australian youth. In particular, you learnt about:

Sociocultural factor	What is it?	Aspects of the sociocultural factor that influence youth health status and health behaviours
Education	Education refers to the process of learning and gaining knowledge and skills.	• benefits of education • health literacy • academic stress
Employment	Employment refers to the state of undertaking paid work.	• benefits of employment • unemployment • work environment
Income	Income refers to the amount of money a person earns through employment, investments, government allowances, or providing goods and services etc.	• access to essential resources and services, such as food • access to non-essential resources and services, such as recreational activities
Access to health information and support services (including through digital technologies)	Access to health information and support services refers to accessing information and data related to health and wellbeing as well as institutions and organisations that provide care and assistance to people.	• health information • support services • digital technologies

2A

Health status indicators

Incidence Prevalence Morbidity Mortality Rates of hospitalisation

Burden of disease Life expectancy Core activity limitation Psychological distress

Self-assessed health status

2B

Health status of Australian youth

Differences in the health status of Australian youth can be due to sociocultural factors

2C

Family

Peer group

Housing

Education

Employment

Income

Access to health information and support services (including through digital technologies).

2D

CHAPTER REVIEW ACTIVITIES

Review activity 1: Match the key terms

In chapter 2, you learnt about the different health status indicators. In Health and Human Development, you may be required to describe, explain, or outline a health status indicator. Therefore, it is helpful to have a good understanding of each health status indicator. The activity below requires you to match the health status indicator to the correct definition.

a   Incidence

b   Prevalence

c   Morbidity

d   Mortality

e   Rates of hospitalisation

f   Burden of disease

g   Disability-adjusted life year (DALY)

h   Years of life lost due to disability (YLD)

i   Years of life lost due to premature death (YLL)

j   Life expectancy

k   Core activity limitation

l   Psychological distress

m   Self-assessed health status

1   _____ refers to the number of individuals who have been admitted to a hospital in a certain period of time.

2   _____ measures an individual's overall perception of their own health status at a given point in time.

3   _____ refers to the number of cases of a particular disease or condition that are present in a population at a given point in time.

4   _____ refers to the fatal contribution to the burden of disease measurement of disability-adjusted life year.

5   _____ refers to the number of deaths in a population.

6   _____ is a measure of burden of disease in which one _____ equals one healthy year of life lost due to experience of a disability or disease, or premature death.

7   _____ refers to the number of new cases of a particular disease or condition that arise in a population in a certain period of time.

8   _____ refers to an individual's state of psychological suffering, and involves unpleasant emotions and/or thoughts that impact an individual's ability to function.

9   _____ refers to ill health in an individual and the levels of ill health in a given population group.

10   _____ measures the number of years a person is expected to live, on the basis that current health conditions do not change.

11   _____ is a measurement of the impact of disease and injuries, specifically measuring the gap between the current health status and an ideal situation where everyone lives to an old age, free of disease and disability.

12   _____ refers to the non-fatal contribution to the burden of disease measurement of disability-adjusted life year.

13   _____ refers to an individual's limited ability to undertake daily activities or participate in core life areas of self-care, mobility, and communication.

Review activity 2: Label the scenario

For each of the scenarios listed, identify the sociocultural factor/s that influence the health behaviour. There may be more than one sociocultural factor relevant to each scenario. You can use each sociocultural factor more than once, as long as it applies to the scenario. Choose from the following sociocultural factors:

- peer group
- family
- housing
- education
- employment
- income
- access to health information and support services (including through digital technologies).

Scenario 1: Augustine lives in a house close to her school and friends. Every morning before school, Augustine's friends like to go for a run and grab a smoothie along the river. Augustine usually prefers to sleep in, but her friends encourage her to join them. Augustine finds that going for a run before school energises her and increases her motivation for the day.

Scenario 2: James' parents are neurosurgeons. His two older sisters are following their parent's path and studying medicine at university. James' parents also want him to study medicine which has a very high university entry score. James is in Year 12 and often stays up very late studying and preparing for assignments and exams to make his parents proud. He has also decided to stop playing tennis after school so he has more time to study.

Scenario 3: Betty is feeling very upset after her best friend, Ines, moved to another state. She feels lonely and is finding it difficult to maintain constant communication with Ines. Betty feels as though she has no one to talk to when she is feeling down and has recently been bottling up her feelings. Betty thinks about visiting a counsellor or mental health worker but all the appointment times are during school hours.

Scenario 4: Abigail is employed as a waitress in a fast-food restaurant. Abigail's manager is very rude to her when she makes a mistake at work. This makes Abigail feel anxious and stressed every time she works in fear of making a mistake. The only aspect of her job Abigail enjoys is that at the end of her shift she is allowed to take the leftover food home. She often relies on the leftovers for dinner.

Scenario 5: Drew has a large family and his parents struggle to earn enough money to support all their children. As a result, they live in a very small house that often has issues with its heater. Drew often finds it difficult to breathe in the house and has been recently diagnosed with asthma. He is yet to buy an inhaler because his parents are unable to afford it until their next paycheck.

CHAPTER 2 TEST

Question 1   (2 MARKS)

Describe the health status indicator of disability-adjusted life years (DALY) and explain how it is measured.

Question 2   (2 MARKS)

Explain the difference between mortality and morbidity as measures of health status.

Adapted from VCAA 2017 exam Q1a.

Question 3   (5 MARKS)

Prevalence of mental disorders in the previous 12 months by age and sex, 2007
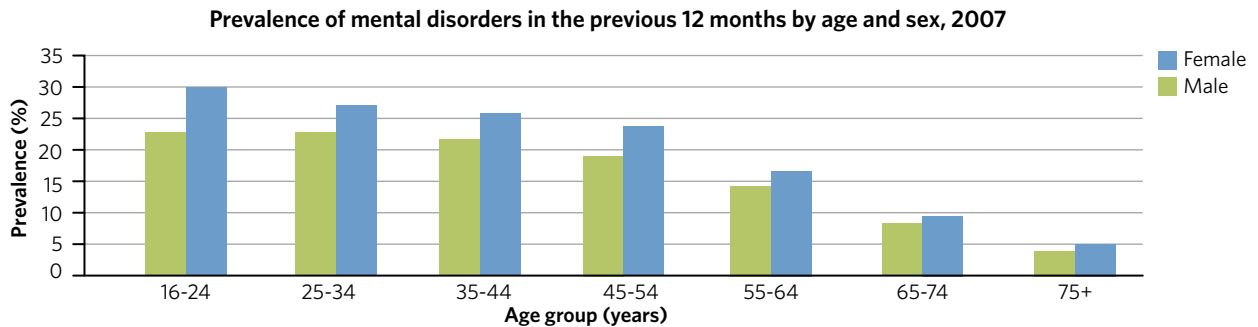
Source: adapted from Department of Health, *Prevalence of mental disorders in the Australia population,* <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-m-mhaust2-toc-mental-pubs-m-mhaust2-hig-mental-pubs-m-mhaust2-hig-pre>

a   Identify and describe the health status indicator reflected in this graph. (2 MARKS)

b   Using data from the graph, draw a comparison between two age groups in terms of the prevalence of mental disorders in the Australian population. (2 MARKS)

c   Draw a conclusion from the graph. (1 MARK)

Question 4   (3 MARKS)

'At 12-13 and 14-15 years of age, 80-90% of Australian adolescent boys and girls reported having good friends who they trusted and who they felt respected their feelings and listened to them' (Gray, Romanuik and Daraganova, 2018).

Explain how peer support can influence the health behaviours and health status of youth.

Question 5   (2 MARKS)

Suggest how psychological distress reflects health and wellbeing.

Question 6   (5 MARKS)

Rate of hospitalisation due to injuries of young people aged 15-24, by causes of injury, 2017-18, Australia
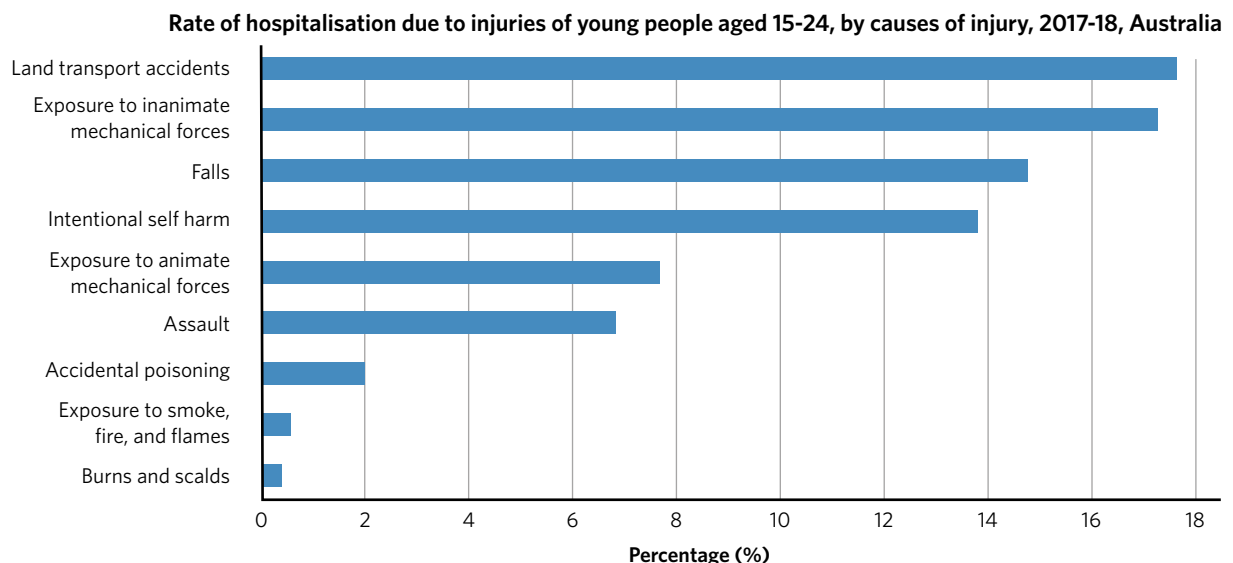
Source: adapted from Australian Institute of Health and Welfare, *Health of young people,* <https://www.aihw.gov.au/reports/australias-health/health-of-young-people>

a   Identify and describe the health status indicator reflected in this graph. (2 MARKS)

b   Using data, choose one sociocultural factor and explain how it can contribute to injuries. (3 MARKS)

Question 7   (5 MARKS)

Every summer, Nova and her family stay in their holiday house by the beach. It's Nova's favourite place and every year she looks forward to a relaxing holiday. Nova is very close to her father who is a well-respected lifeguard. Nova's father encouraged her to join the life-saving club and she has been training since she was 13. Now that Nova is 17, she is employed as a lifeguard. Nova loves her job as saving lives provides her with a sense of purpose. She also enjoys being able to work on her fitness. However, one day, someone drowns while she is on watch. Although it wasn't her fault, Nova feels troubled by the accident and feels anxious when she goes to work. Nova tells her father how she is feeling and he suggests she sees a counsellor. Nova feels uneasy about seeing a counsellor and decides to go without help.

a   Explain how Nova's employment may impact a dimension of health and wellbeing. (2 MARKS)

b   Aside from employment, select one sociocultural factor reflected in the case study and explain how it can influence Nova's health behaviours and health status. (3 MARKS)

Question 8   (4 MARKS)

Prevalence of insufficient physical activity among adults, by socioeconomic status, 2017–18, Australia
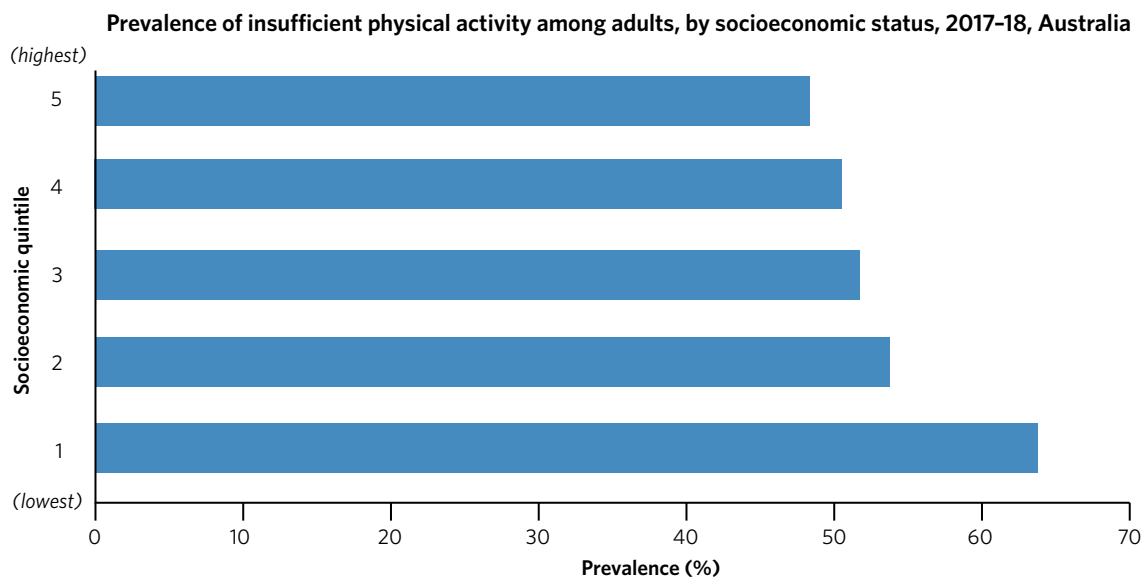
Source: adapted from Australian Institute of Health and Welfare, *Insufficient physical activity*, <https://www.aihw.gov.au/reports/risk-factors/insufficient-physical-activity/contents/insufficient-physical-activity>

a   Using data from the graph, draw a comparison between two socioeconomic status subgroups in terms of the prevalence of insufficient physical activity among adults. (2 MARKS)

b   Discuss how the sociocultural factors of either income, education, or employment could contribute to the comparison drawn in **part a**. (2 MARKS)

Questions from multiple chapters

Question 9   (5 MARKS)

a   Outline what is meant by self-assessed health status. (1 MARK)

b   Compare the health and wellbeing priorities of two different age groups and discuss how this can contribute to variations in self-assessed health status. (4 MARKS)

UNIT 1 AOS 1 REVIEW

Complete the following 50 mark practice test, which tests all content from within Unit 1 AOS 1.

Question 1   (6 MARKS)

Clodagh is a 16 year old girl who loves Irish dancing. She is on her dancing school's top dance team who are training for the World Championships. There are three months to go until the big competition. Clodagh recently injured her ankle and the physiotherapist told her she ideally needs about eight weeks of rest and no dancing. Clodagh is very worried that her place on the dancing team may be replaced. She isn't sleeping very well lately and is feeling quite anxious and stressed about what the future holds – her mind is spinning constantly.

a   Explain how Clodagh's current situation has impacted her physical health and wellbeing. (2 MARKS)

b   Is Clodagh experiencing optimal health and wellbeing? Justify your answer. (2 MARKS)

c   Aside from physical health and wellbeing, describe one way that Clodagh's current situation has impacted her health and wellbeing. (2 MARKS)

Question 2   (7 MARKS)

Deaths associated with or caused by diabetes, by sex, 1997-2018, Australia
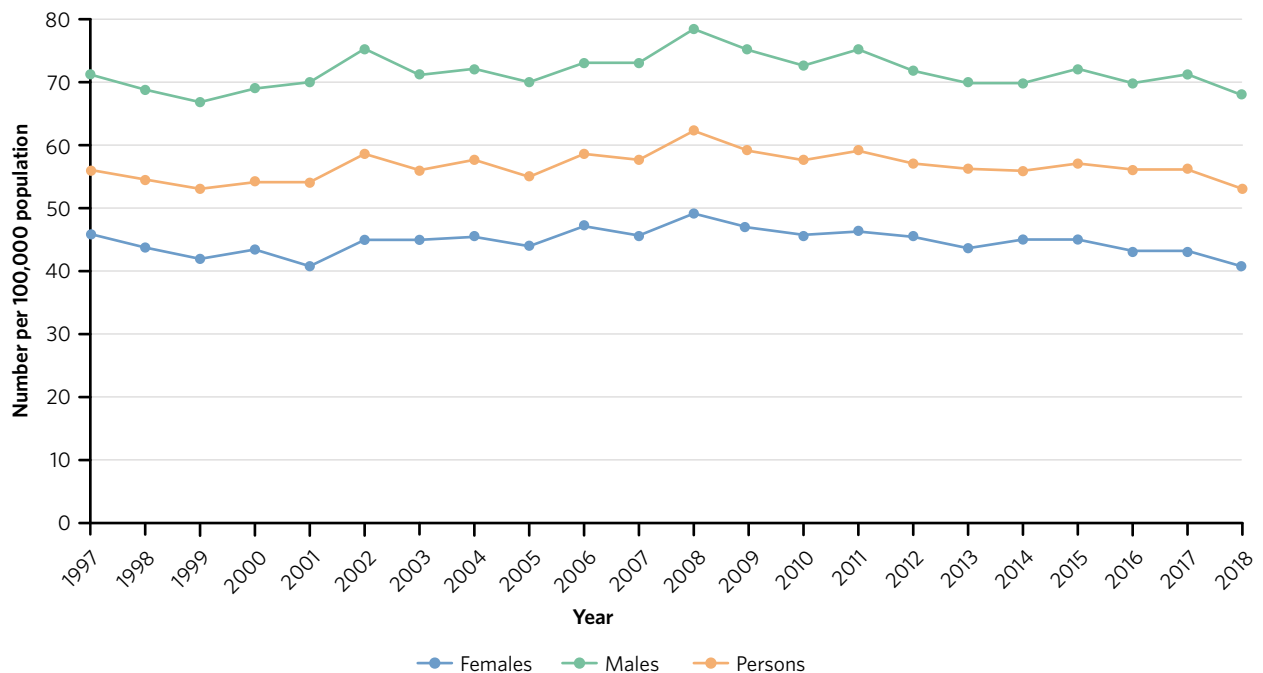
Source: reproduced from Australian Institute of Health and Welfare. *Diabetes*, <https://www.aihw.gov.au/reports/diabetes/diabetes/contents/deaths-from-diabetes>

a   Describe the difference between incidence and prevalence. (2 MARKS)

b   Describe the difference between morbidity and mortality. (2 MARKS)

c   Identify the health status indicator which is reflected in the graph. (1 MARK)

d   Identify a trend that is evident in the graph. (2 MARKS)

Adapted from VCAA 2020 exam Q5a

Question 3   (3 MARKS)

a   Outline how Aboriginal and Torres Strait Islander peoples view health and wellbeing. (1 MARK)

b   Explain how kinship systems can influence Aboriginal and Torres Strait Islander peoples' priorities related to health and wellbeing. (2 MARKS)

Question 4   (3 MARKS)

Outline what sociocultural factors are, and, using an example of a sociocultural factor, explain how sociocultural factors can impact the health status of youth.

Question 5 (6 MARKS)

a What is socioeconomic status? (1 MARK)

b Describe how socioeconomic status impacts health literacy levels and, using an example, describe how this can influence priorities related to health and wellbeing. (3 MARKS)

c Outline how socioeconomic status can influence the health status of youth. (2 MARKS)

Question 6 (5 MARKS)

a Using an example, outline the meaning of health behaviours. (2 MARKS)

b Outline the meaning of health status and describe how health behaviours can influence the health status of youth. (3 MARKS)

Question 7 (4 MARKS)

Alex is attending his soccer friend's 18th birthday party. When Alex arrives at his friend's house, everyone is drinking alcohol. Alex has never consumed alcohol at a party as he is only 16, so when some of his friends offer him a drink, he declines. Alex's mates tease him for not drinking alcohol, saying he is no fun and that there is nothing wrong with having a drink. Alex feels very embarrassed because he looks up to his older soccer friends. Eventually, he decides to take a drink because he does not want to feel embarrassed or continue to be teased all night by his friends. Later on, Alex starts to feel more confident, talkative, and carefree. He decides to head out with the older boys who are going to drive a car. Despite not having his license, Alex wants to try driving as he feels invincible.

a Referring to the case study, outline the meaning of peer influence. (2 MARKS)

b Suggest how peer influence has negatively impacted Alex's health behaviours. (2 MARKS)

Question 8 (2 MARKS)

Using an example, explain how religion can influence perspectives of health and wellbeing.

Question 9 (6 MARKS)

People with severe or profound core activity limitation, by age and sex, in Australia in 2015
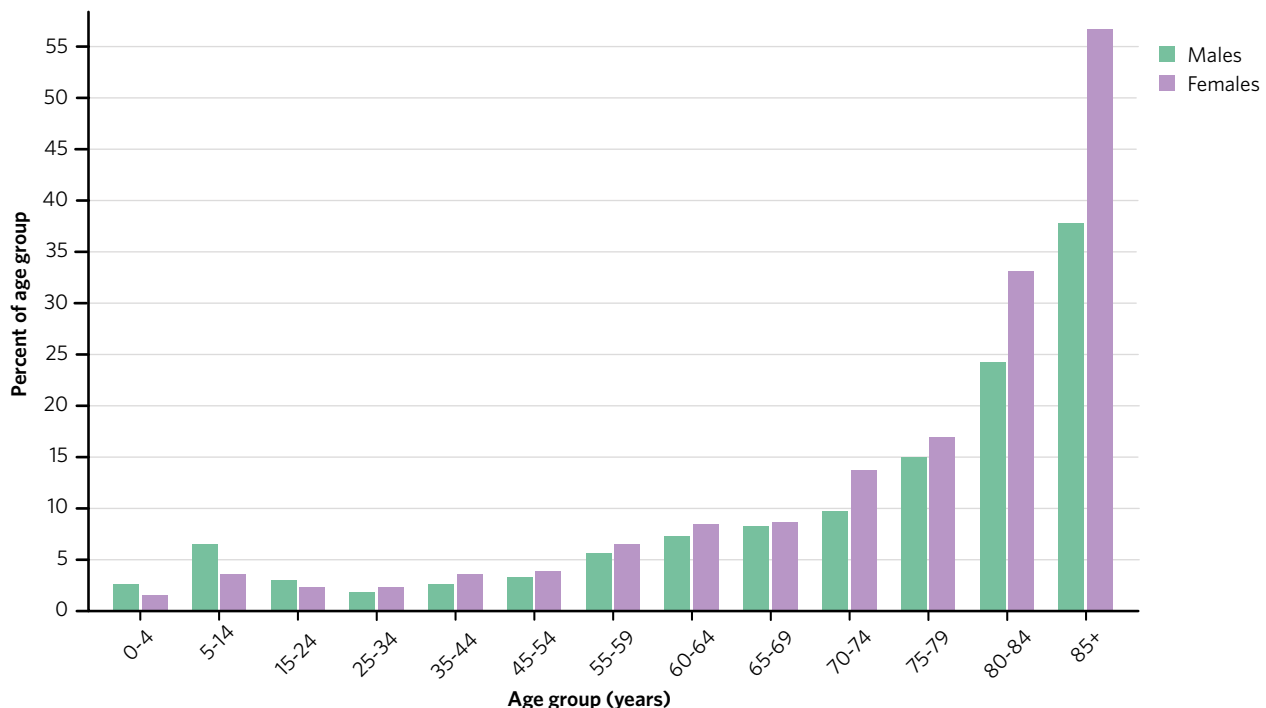
Source: adapted from Australian Institute of Health and Welfare. *Australia's health 2018,* <https://www.aihw.gov.au/reports/australias-health/australias-health-2018/contents/indicators-of-australias-health/severe-or-profound-core-activity-limitation>

a Using data, provide one conclusion that can be drawn from the graph above. (2 MARKS)

b Describe the health status indicator core activity limitation and explain how profound core activity limitation can negatively influence health and wellbeing. (4 MARKS)

Question 10 (8 MARKS)

Consider the following sources related to health and wellbeing.

Source 1

Model of Aboriginal and Torres Strait Islander Social and Emotional Wellbeing (SEWB)

Image: SEWB Diagram adapted from Gee et al., (2014)

Source 2

Australia, how do you look after your health?
Meet some of our surveyees below

Sam	Imandi	Shayan	Ruwanya	Matt	Max	Kat	Arjun
"Mum and Dad decide for me!"	*"Mum makes me finish my vegetables every night to stay healthy"*	*"To stay healthy, I play football once a week and catch up with friends"*	*"To stay healthy, I ensure I go to the gym at least 5 times a week. My mental health is a major priority for me."*	*"To keep myself healthy, I eat balanced whole-food meals, and spend time doing things I love."*	*"I make sure I spend time with loved ones, and cycle to and from work."*	*"I need to walk to the shops every day to keep my body moving."*	*"I look after my health as I ensure to eat my vegetables and spend time at my local bridge club."*

Image: GoodStudio/Shutterstock.com

Source 3

The health – wealth relationship model
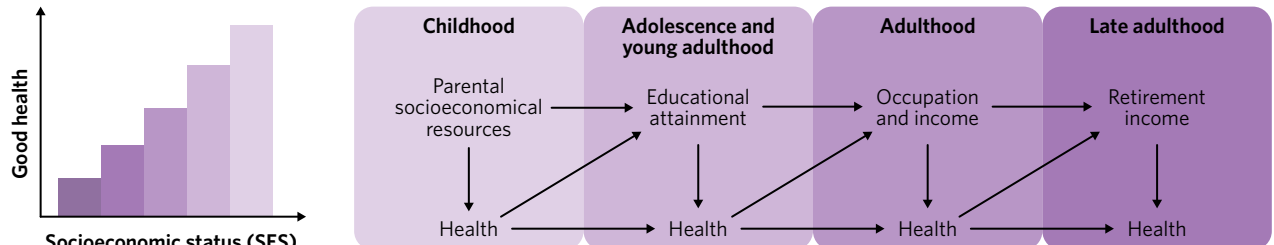
Source: adapted from Mariana, C., Arcaya, Alyssa, L., & S. V. Subramanian. (2015). Inequalities in health: Definitions, concepts, and theories. *Global Health Action*. <https://doi.org/10.3402/gha.v8.27106>

Using the information provided and your understanding of the range of factors that influence both health status and variations in perspectives and priorities related to health and wellbeing, discuss the statement *'it is not possible to have one universal definition of health and wellbeing that is accepted by all'*, with reference to:

- age
- socioeconomic status (SES)
- Australia's Indigenous peoples.

UNIT 1

AOS2
Health and nutrition

This area of study explores food and nutrition as foundations for good health and wellbeing. Students investigate the roles and sources of major nutrients and the use of food selection models and other tools to promote healthy eating. They look at the health and wellbeing consequences of dietary imbalance, especially for youth, and consider the social, cultural and political factors that influence the food practices of and food choices made by youth. They develop strategies for building health literacy and evaluating nutrition information from various sources, including advertisements and social media.

Outcome 2

On completion of this unit the student should be able to apply nutrition knowledge and tools to the selection of food and the evaluation of nutrition information.

Reproduced from VCAA VCE Health and Human Development Study Design 2018-2023

Key knowledge

- the function and food sources of major nutrients important for health and wellbeing
- the use of food selection models and other tools to promote healthy eating among youth, such as the Australian Guide to Healthy Eating, the Healthy Eating Pyramid and the Health Star Rating System
- sources of nutrition information and methods to evaluate its validity

3A MAJOR NUTRIENTS

Did you know that the average person spends around four and a half years of their life eating? With food being such a significant aspect of our lives, it is important to understand how the macronutrients and micronutrients that we put into our bodies impact our health.

Carbohydrates, protein, fats, vitamins, minerals, and water each have an important role in your body. These nutrients should be consumed in adequate proportions every day to provide energy and facilitate various bodily processes. In this lesson, you will learn about the function of major nutrients that are essential for health and wellbeing, as well as which foods are a source of these nutrients.

Image: LenLis/Shutterstock.com

3A Major nutrients	3B Food selection models	3C Sources of nutrition infomation

Study design dot point

- the function and food sources of major nutrients important for health and wellbeing

Key knowledge units

Major nutrients for health and wellbeing	1.2.1.1
Carbohydrates	1.2.1.1.1
Protein	1.2.1.1.2
Fats	1.2.1.1.3
Vitamins	1.2.1.1.4
Minerals	1.2.1.1.5
Water	1.2.1.1.6

Major nutrients

Major nutrients for health and wellbeing 1.2.1.1

Carbohydrates 1.2.1.1.1　　Protein 1.2.1.1.2　　Fats 1.2.1.1.3　　Vitamins 1.2.1.1.4　　Minerals 1.2.1.1.5　　Water 1.2.1.1.6

Major nutrients for health and wellbeing 1.2.1.1

OVERVIEW

Food contains nutrients that are essential for optimal health and wellbeing. Each nutrient has a specific function in the body.

THEORY DETAILS

Food contains nutrients that are essential for health and wellbeing. Once you finish eating, the digestive process has only just begun as your body breaks down the food to obtain nutrients. The nutrients are then absorbed and transported around the body which enable cells to perform their functions.

Study design key skills dot point

The following key skills dot point applies to the whole lesson:

- explain the functions of major nutrients for general health and wellbeing

Nutrients are substances in food that are required by the body as a source of energy and nourishment and to facilitate bodily functions, such as the growth and maintenance of cells.

The major nutrients for health and wellbeing are:

- carbohydrates
- protein
- fats
- vitamins
- minerals
- water.

Carbohydrates, protein, and fats are **macronutrients** that are required by the body in large amounts for optimal health and wellbeing. Vitamins and minerals are **micronutrients** that are required by the body in small amounts for optimal health and wellbeing.

Each nutrient has a specific function in the human body. Some nutrients provide energy, while others are responsible for cell maintenance and repair. Nutrients may also regulate and facilitate bodily processes, such as respiration, metabolism, and growth, or strengthen the immune system. While each nutrient has a different role in the body, all nutrients are essential for optimal health and wellbeing. Adequate nutrient intake prevents the development of a range of diet-related diseases and health complications.

Not every food contains every nutrient, and some food sources are more nutritious than others. By consuming a wide variety of food sources and achieving a balanced diet, we are less likely to be deficient in a certain nutrient and our body and its systems can function effectively.

KEY DEFINITIONS

Nutrients are substances in food that are required by the body as a source of energy, nourishment, and to facilitate bodily functions, such as the growth and maintenance of cells

Macronutrients are nutrients that are required by the body in large amounts for optimal health and wellbeing

Micronutrients are nutrients that are required by the body in small amounts for optimal health and wellbeing

> ⓘ *Useful tip*
>
> The key skill for this lesson requires that you can explain the function of each nutrient. You must also know some food sources of each nutrient. Therefore, it is important to remember both the function of each nutrient and several examples of foods that contain it.
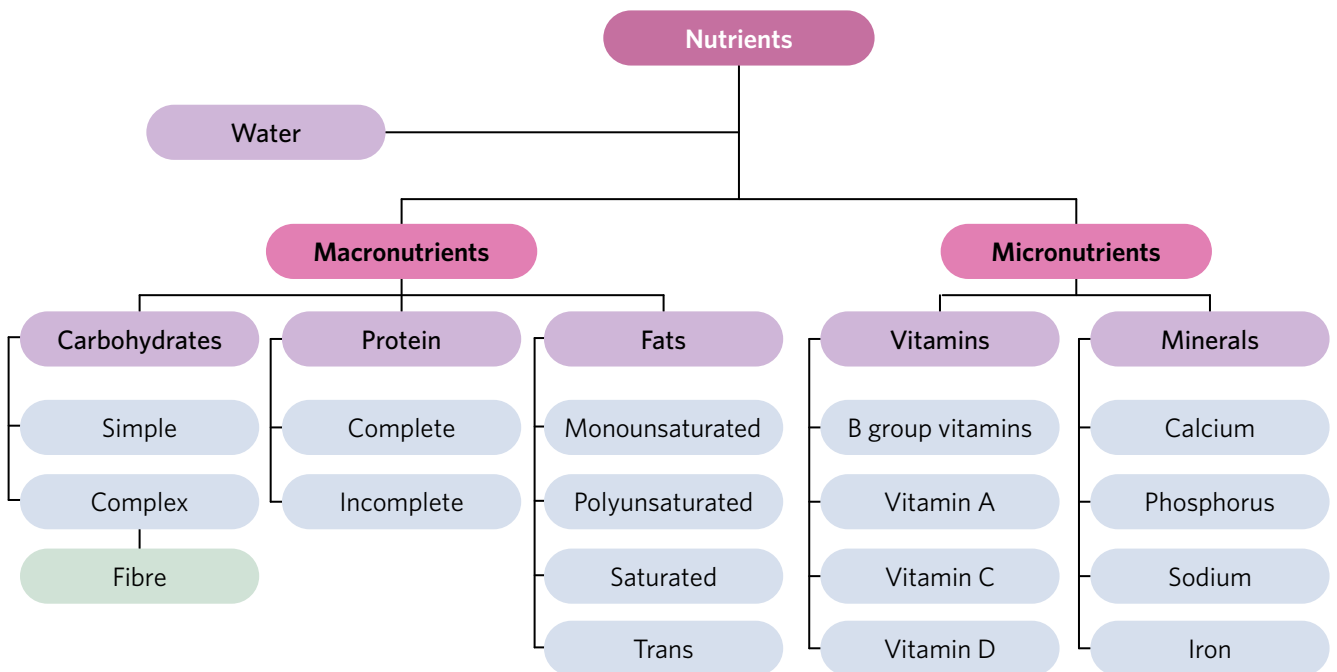
Figure 1 An overview of the major nutrients for health and wellbeing

Carbohydrates 1.2.1.1.1

All the activities you do each day, from going to school to playing sport with your friends, require energy. Without energy, your body could not function optimally, and you would not be able to carry out the daily activities of your life. **Carbohydrates** are the body's primary energy source, providing the body with **kilojoules** (a measure of the energy value of foods) to support physical activity and bodily processes. They are found in foods such as pasta, bread, fruit, and vegetables.

Carbohydrates are composed of individual sugar molecules called monosaccharides ('mono' means 'one') that are joined together to form polysaccharide ('poly' means 'many') molecules of varying lengths. When you digest carbohydrates, these larger molecules are broken down into individual glucose molecules that are absorbed into the bloodstream and used by cells for energy. Glucose is the basic functional molecule of energy for human cells. When glucose is absorbed into the bloodstream, it is also referred to as 'blood sugar'.
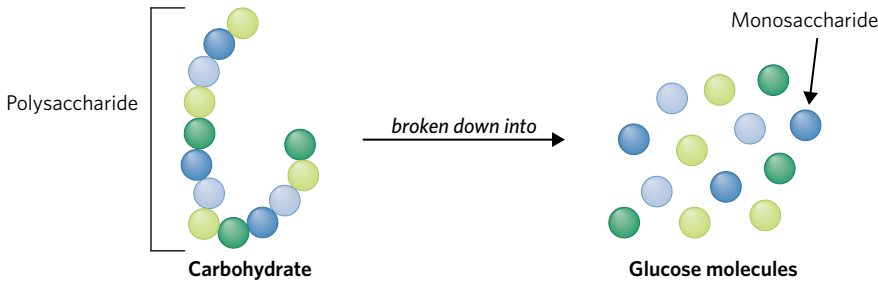
Figure 2 During digestion, carbohydrates are broken down into individual glucose molecules

When carbohydrates are consumed in excess, glucose that is not required by the body for energy is converted to fat and stored in adipose (fat) tissue. This may contribute to weight gain. Therefore, it is important to consume carbohydrates in appropriate amounts that match individual energy needs. However, adipose tissue can be converted back into glucose if energy is required by the body.

While other macronutrients also provide the body with energy, glucose is the preferred source of energy for cells, and carbohydrates contain large amounts of glucose. Therefore, a large proportion of our energy intake should be from consuming carbohydrates.

There are two forms of carbohydrates: simple and complex carbohydrates. They differ in chemical structure, which impacts how quickly they are broken down into glucose molecules and absorbed into the bloodstream. Simple carbohydrates are made up of either one or two sugar molecules. Because of their small size, simple carbohydrates are digested and absorbed into the bloodstream quickly, providing the body with a quick burst of energy. By contrast, complex carbohydrates consist of many sugar molecules joined together to form longer chains. Therefore, it takes the body a longer amount of time to break down the molecule into individual glucose molecules. This provides a stable, sustained source of energy to the body that is longer-lasting. Food sources of carbohydrates are listed in table 1.

Table 1 Food sources of carbohydrates

Simple carbohydrates	Complex carbohydrates
• Table sugar • Honey • Syrups • Milk • Fruits • Lollies	• Whole-grain products, such as bread, pasta, rice, and cereal • Fruits, such as apples and berries • Vegetables, such as carrots and corn • Beans and legumes

Some food sources of carbohydrates are more nutritious than others. Simple carbohydrates, such as soft drinks and lollies, are digested quickly, providing the body with a quick burst of energy. This can increase the risk of overeating, because this rapid digestion causes the person to quickly become hungry again.

By contrast, complex carbohydrates are nutrient-dense and are digested more slowly than sugary foods, providing sustained energy to the body. This provides a long-lasting feeling of fullness, reducing the risk of overeating. Complex carbohydrates are considered to be healthy carbohydrates and should be consumed regularly as the body's primary source of energy.

ADDITIONAL TERMS

Carbohydrates are the body's primary energy source, providing the body with kilojoules to support physical activity and bodily processes

Kilojoules are a measure of the energy value of foods

Image: Andrii Bezvershenko/Shutterstock.com

Figure 3 Food sources of carbohydrates

Want to know more?

Carbohydrates in action

The food that athletes consume acts as fuel for their bodies. Carbohydrates are the body's primary source of energy and are a vital component of an athlete's diet. By consuming the right carbohydrates at the right time, athletes can optimise their physical performance on competition day.

As mentioned, complex carbohydrates are digested more slowly than simple carbohydrates as a result of their differing chemical compositions. This explains why athletes increase their consumption of complex carbohydrates in the days leading up to a sporting event. This practice, commonly referred to as 'carb-loading', provides the body with a stable, long-lasting supply of energy. This more sustained breakdown of food molecules results in a controlled release of energy, preventing energy levels from becoming depleted during vigorous physical activity. This enables athletes to maintain physical performance during competition.

Image: GoodStudio/Shutterstock.com

Figure 4 Athletes eat carbohydrates to fuel their bodies during vigorous physical activity

By contrast, simple carbohydrates provide the body with a quick burst of energy, spiking blood sugar levels. However, this energy boost is temporary, as the simple carbohydrates are quickly digested and absorbed into the bloodstream. If an athlete was to consume simple carbohydrates in the days before a race, the increased energy levels provided by the food could not be maintained until competition day. The rapid spike in blood sugar levels would be followed by a subsequent drop, meaning the athlete would experience depleted energy levels, or an 'energy crash'.

Instead, simple carbohydrates should be consumed immediately before a race (or during the race, if it is very long). Athletes may eat a piece of fruit or a sugary sports drink immediately before or during physical activity to rapidly increase energy levels. Their body is provided with a supply of 'ready-to-use' energy that does not need to be sustained for a long period of time.

If you play sports, you could adopt these eating habits used by athletes to optimise your sporting performance. Try eating food sources of complex carbohydrates in the days leading up to competition and food sources of simple carbohydrates immediately before or during competition. This will maximise your energy levels and ensure that your body has the fuel it needs to be physically active.

Fibre is an indigestible form of complex carbohydrate that cannot be broken down and absorbed by the body. Instead, it passes through the digestive system relatively unchanged, stimulating and aiding digestion. Fibre is found in foods of plant origin.

Unlike other forms of carbohydrate, fibre does not provide the body with energy. However, it has other important functions within the body, including promoting bowel health and maintaining a healthy body weight. Fibre can either be soluble or insoluble. Both types of fibre have different functions and should be consumed as part of a healthy and balanced diet.

Soluble fibre slows the emptying of the stomach, increasing feelings of fullness. If a person feels fuller for longer, they are less likely to overeat, reducing the risk of weight gain. Soluble fibre also functions to lower cholesterol levels and regulate blood glucose levels.

Insoluble fibre functions to promote a healthy bowel environment and facilitate regular bowel movements. It absorbs water to add bulk to faeces, which assists with the removal of waste from the body. This reduces the risk of constipation and maintains colon health.

Food sources of fibre include:

- fruit and vegetables (particularly the skin)
- whole-grain products, such as bran, bread, and oats
- nuts and seeds
- legumes.

Protein 1.2.1.1.2

Proteins are an essential component of your body. Touch the hair on your head; that is made up of protein. Feel your fingernails; that is also thanks to protein. What about the skin that protects your internal systems? The muscles that allow you to move? You guessed it, protein!

Proteins are composed of small molecules called amino acids. These minuscule 'building blocks' join together to form polypeptide chains of different sequences and lengths. These polypeptide chains are proteins.

ADDITIONAL TERMS

Fibre is an indigestible form of complex carbohydrate that cannot be broken down and absorbed by the body, and is found in foods of plant origin

Soluble fibre is a type of fibre that can dissolve in water during digestion

Insoluble fibre is a type of fibre that cannot dissolve in water during digestion

Amino acid molecules
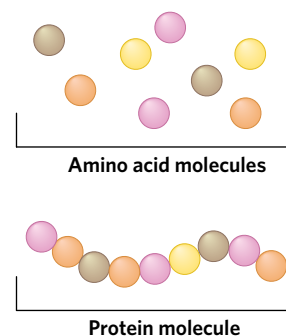
Protein molecule

Figure 5 Individual amino acids join together to form protein molecules

There are 20 different amino acids that the body needs to function effectively. There are 11 non-essential amino acids that do not have to be consumed in the diet, because the body can produce them on its own. However, the body is unable to produce the other nine amino acids. These are called essential amino acids, and they must be acquired through consuming foods that contain them. **Complete proteins** are protein foods that contain all nine essential amino acids in sufficient amounts. By contrast, **incomplete proteins** are protein foods that do not contain all nine essential amino acids.

Protein can be obtained from both animal and plant-based foods. Animal products, such as meat, are generally complete proteins that provide the body with all nine essential amino acids. Incomplete proteins are typically foods of plant origin, such as beans and legumes. These plant-based sources of protein contain some, but not all, of the essential amino acids and in varying amounts.
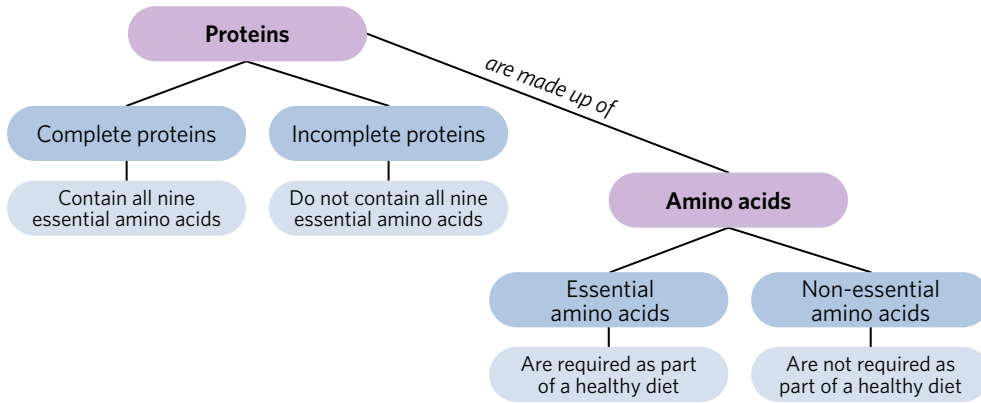
Figure 6 An overview of proteins

The main function of **protein** is to build, maintain, repair, and replace body cells. Protein is essential for growth and development, as it increases the number and size of cells. When food sources of protein are consumed, the body chemically breaks down the protein into its individual amino acid molecules. Using these amino acids, the body can then synthesise various new types of proteins. These new proteins include structural components of the body, such as muscles, skin, nails, and hair. The body also uses amino acids to produce enzymes, hormones, and antibodies. These proteins facilitate important bodily systems and processes, such as metabolism and the immune system.
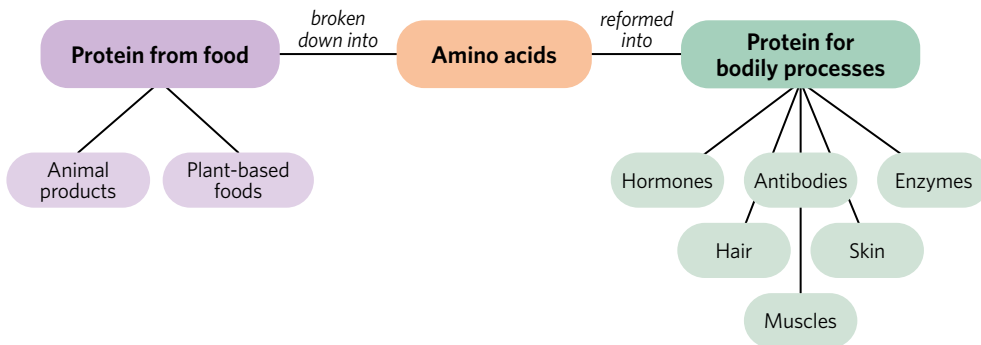
Figure 7 The process by which proteins in food are broken down into amino acids and reformed into proteins that are essential for bodily functioning

Protein also functions as a secondary source of energy. It can be used to produce energy when there is insufficient glucose (from carbohydrates) in the body to meet energy needs. Proteins in the body, such as muscles and tissues, are broken down into individual amino acids, which are then converted into glucose. This glucose is then used in energy production. However, nutrition experts advise that the amount of energy obtained from protein should not exceed 12-20% of total energy requirements in a healthy and balanced diet (Cotton, 2019).

📎 Lesson link

You will learn about food selection models, such as the Australian Guide to Healthy Eating, in lesson **3B: Food selection models**. The Australian Guide to Healthy Eating is a visual tool that helps people incorporate each macronutrient into their diet in appropriate proportions. When you examine this food selection model, you will learn that not all macronutrients should be consumed in equal amounts.

Food sources of protein are listed in table 2.

Table 2 Food sources of protein

Animal products	Plant-based foods
• Red meat, such as beef and pork • Poultry • Fish • Dairy products, such as milk and cheese • Eggs	• Whole-grain foods, such as brown rice, quinoa, and cereal • Beans and legumes • Nuts and seeds • Soy products, such as tofu

Image: Andrii Bezvershenko/Shutterstock.com

Figure 8 Food sources of protein

🧠 *Want to know more?*

How do vegetarians and vegans get enough protein?

It is important to consume all nine essential amino acids so that your body can function effectively. Most people obtain these essential amino acids by consuming animal products that are complete proteins. However, some people are vegetarian, which means they do not consume meat. Furthermore, other people are vegan, which means they only consume plant-based foods. How do these people who do not eat meat-based complete proteins ensure they consume all nine essential amino acids as part of their diet?

Nutrition experts used to believe that vegetarians and vegans had to rigorously monitor their protein intake to ensure they were consuming foods that together contained all nine essential amino acids. However, we now know that this complex process of eating specific combinations of incomplete proteins is not necessary: vegetarians and vegans can consume all the essential amino acids by simply eating a wide variety of plant-based foods each day. This ensures that their protein needs are being met.

Furthermore, there are several plant-based complete proteins that vegetarians and vegans can consume. For example, tofu and quinoa are two plant-based food sources of protein that contain all nine essential amino acids.

Fats 1.2.1.1.3

When most people hear the word 'fats', they often think of unhealthy foods that have negative health implications and should be avoided. However, fats are an important macronutrient for health and wellbeing, and should be consumed as part of a healthy and balanced diet.

Fats are energy-dense food molecules that can be categorised based on their chemical composition, which determines their function in the body. There are four types of fats: monounsaturated, polyunsaturated, saturated and trans. Each type of fat has a distinct molecular structure, resulting in differences in how they behave in the body. Some fats are healthier than others. Monounsaturated and polyunsaturated fats are 'good' fats that can have a positive impact on health and wellbeing. On the other hand, saturated and trans fats are 'bad' fats that can have a negative impact on health and wellbeing and increase the risk of diet-related diseases.

The majority of fat intake should come from foods containing monounsaturated or polyunsaturated fats. This means that saturated and trans fats should only be consumed occasionally. A person consuming large amounts of saturated and trans fat should replace these 'bad' fats with monounsaturated and polyunsaturated fats to improve their health and wellbeing and reduce their risk of diet-related diseases.

ADDITIONAL TERMS

Fats are energy-dense food molecules that have a variety of functions based on their chemical composition

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🧠 *Want to know more?*

Understanding fats

Your health isn't impacted by how much fat you eat nearly as much as it is impacted by the type of fats you eat. For example, olive oil is 100% fat, whereas pancake mix is only around 11% fat. However, olive oil is much healthier than pancake mix. This can be explained with reference to the different chemical compositions of the fat molecules within these foods.

Search '*What is fat? - George Zaidan*' on YouTube and watch the video about how the chemical structure of different types of fats determines how healthy they are (TED-Ed, 2013).

Functions of fats

All types of fat provide the body with energy. Fat molecules are extremely energy-dense, containing more than double the amount of energy of protein or carbohydrate molecules. However, it is important to understand that carbohydrates are the body's preferred source of energy. This is because carbohydrate molecules are easier to break down and convert into useful energy that can be used by cells, compared to protein or fat molecules.

> **⊕ Want to know more?**
>
> Macronutrients provide energy to the body. The body uses energy for maintaining essential functions, such as cell growth and repair, and performing daily tasks, such as work and physical activity. The amount of energy (in kilojoules) provided to the body by each macronutrient varies depending on the type of macronutrient, as shown in table 3.
>
> Table 3 Energy content of macronutrients
>
> | Macronutrient | Energy content |
> | --- | --- |
> | Carbohydrates | 16 kj/g |
> | Protein | 17 kj/g |
> | Fats | 37 kj/g |
>
> It is estimated that the average Australian requires around 8700kJ every day for their energy needs. However, the amount of kilojoules an individual should consume is based on factors, such as their age, gender, activity level, and metabolism. Therefore, daily kilojoule consumption is different from person to person.

Furthermore, fats function to insulate the body and protect internal organs. Fats are also essential for the formation, development, and maintenance of cell membranes. The cell membrane is a layer of lipids (fat) that surrounds the cell. It is a very important component of cells, controlling what molecules enter and exit the cell. For example, the transportation of nutrients into the cell, and toxins out of the cell, is facilitated by the cell membrane. Cell membranes also protect the interior of the cell and maintain cell structure.

Health impacts of fats

Different types of fats have different impacts on cholesterol levels in the body. Cholesterol is a fatty substance that is produced by the body, and is present in all cells and in the bloodstream. There are two types of cholesterol in the body: high-density lipoprotein (HDL) cholesterol and low-density lipoprotein (LDL) cholesterol. HDL cholesterol is considered to be 'good' cholesterol, as high-density lipoproteins absorb cholesterol and remove it from the body via the liver. In contrast, LDL cholesterol is considered to be 'bad' cholesterol, as low-density lipoproteins transport cholesterol to the arteries and deposit it on artery walls. These fatty substances on artery walls build up over time, restricting blood flow. This condition is known as atherosclerosis and increases the risk of cardiovascular disease, including heart attack and stroke.

Monounsaturated and polyunsaturated fats reduce the amount of LDL cholesterol in the body. This promotes heart health by reducing the risk of atherosclerosis and cardiovascular disease. Polyunsaturated fat also contains omega-3 and omega-6 fatty acids that can increase levels of HDL cholesterol in the body. Omega-3 also prevents blood clots by maintaining the elasticity of blood vessels.

While monounsaturated and polyunsaturated fats have health benefits, all fats are extremely energy-dense. This means that all fats can contribute to weight gain when consumed in excess, because if the large amount of energy they provide is not used, it is instead stored as adipose (fat) tissue. This increases the risk of obesity and associated health complications.

Saturated and trans fats have negative implications for health and wellbeing. These 'bad' fats increase levels of LDL cholesterol in the body. In turn, this increases the risk of cardiovascular disease, including heart attack and stroke. Trans fat is considered to be the unhealthiest type of fat. Not only does it increase LDL 'bad' cholesterol levels, but it also decreases HDL 'good' cholesterol levels. Trans fat also interferes with cell membrane structure, preventing it from functioning effectively. Additionally, trans fat can cause impaired glucose regulation, which is a risk factor for type 2 diabetes.

Reducing your intake of saturated and trans fat, and replacing them with monounsaturated and polyunsaturated fats improves your health and wellbeing, and reduces your risk of developing diet-related diseases later in life.

> **⧉ Lesson link**
>
> You just briefly learnt about the negative consequences of saturated and trans fat on health and wellbeing. In lesson **4A: Nutritional imbalances in youths' health and wellbeing**, you will learn about the short- and long-term consequences of under and over-consumption of each nutrient in detail.

Food sources of fats are listed in table 4.

Table 4 Food sources of fats

Monounsaturated fat	Polyunsaturated fat	Saturated fat	Trans fat
• Oils, such as olive oil and canola oil • Nuts, such as peanuts, hazelnuts, cashews, and almonds • Peanut butter • Avocado • Canola-based margarine spreads	• Oily fish, such as sardines, tuna, and salmon • Nuts, such as walnuts and Brazil nuts • Seeds • Vegetable oils, such as sunflower oil and soy oil	• Animal products, such as red meat and fatty meats • Dairy products, such as cheese, butter, cream, and full-fat milk • Fried 'fast' food • Commercially-baked products, such as biscuits and pastries	• Processed foods, such as pies, pastries, and cakes • Fried 'fast' food • Beef and some dairy products (naturally-occurring in very small amounts)
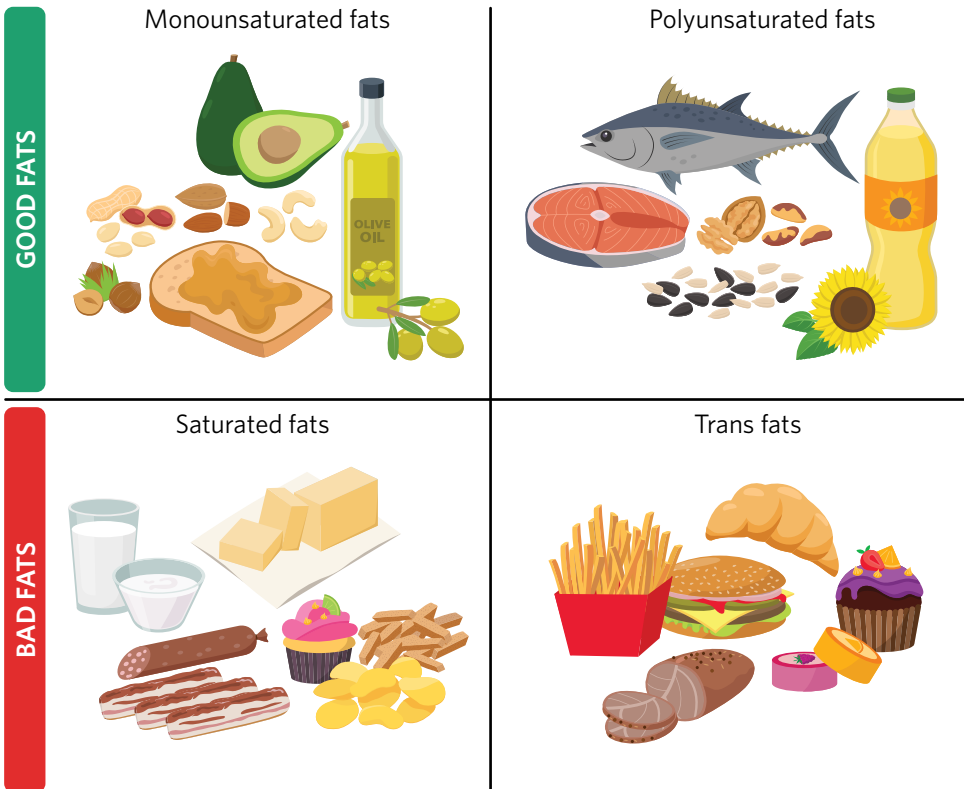
Image: Andrii Bezvershenko/Shutterstock.com

Figure 9 Food sources of different fats

ACTIVITY 1

This activity tests your knowledge of food sources of macronutrients. Copy the following sentences into your book and fill in the blanks with the most appropriate option. The options are:

- simple carbohydrates
- complex carbohydrates
- fibre
- protein
- monounsaturated fats
- polyunsaturated fats
- saturated fats
- trans fats.

1 Poultry, eggs, and tofu are food sources of _____.
2 Vegetables, pasta, and whole-grain bread are food sources of _____.
3 Pastries, cakes, and fried 'fast' food are food sources of _____.
4 Salmon, tuna, and sunflower oil are food sources of _____.
5 Honey, fruit, and syrups are food sources of _____.
6 Fatty cuts of meat, butter, and cream are food sources of _____.
7 The skin of fruits and vegetables, and foods of plant origin are food sources of _____.
8 Avocado, olive oil, and peanut butter are food sources of _____.

Vitamins 1.2.1.1.4

Have you ever had vegemite on toast? While you may love it or hate it, did you know that this classic Australian spread is packed with vitamins, such as vitamin B1, B2, B3 and B9?

Although **vitamins** are micronutrients that are required by our bodies in small amounts, they are substances that we need to function effectively. Adequate vitamin intake is important for optimal health and wellbeing, and vitamins should be consumed as part of a healthy diet.

Table 5 The function and food sources of vitamin A, C, and D

Vitamin	Functions	Food sources
Vitamin A	Vitamin A enables cell growth and differentiation and is therefore essential for the formation and maintenance of organs in the body. It particularly promotes the health and development of skin. Vitamin A is critical for eye development and vision. This is because it is an essential component of proteins that absorbs light in the retinal receptors of our eyes and provides protection to the cornea. Vitamin A also supports immune function.	• Leafy green vegetables, such as broccoli and spinach • Orange and yellow fruits and vegetables, such as carrot, sweet potato, and pumpkin • Meat products, such as lean meats and liver • Dairy products, such as milk, cheese, and butter • Oily fish • Eggs
Vitamin C	Vitamin C helps the body produce collagen, which is the main component of connective tissues. Therefore, vitamin C is important for the formation and maintenance of ligaments, skin, cartilage, bones, and blood vessels. By promoting the health of these connective tissues, vitamin C facilitates wound healing. It also boosts the immune system, and helps to prevent infections. Vitamin C enhances the absorption of iron into the bloodstream, and the transport of iron around the body. This helps to ensure sufficient intake of iron. Vitamin C also functions as an antioxidant. Antioxidants remove unwanted substances from the body that cause cell damage. These unwanted substances are called free radicals and can arise from natural bodily processes and exposure to pollution. By reducing the negative impacts of free radicals through its antioxidant activity, vitamin C may reduce inflammation and prevent the development of health conditions, such as cancer and cardiovascular disease.	• Citrus fruits, including limes, oranges, and lemons • Broccoli and brussel sprouts • Berries • Tomatoes • Kiwi fruit • Red, yellow, and green capsicum • Other fruits and vegetables
Vitamin D	Vitamin D enhances the absorption of calcium and phosphorus from the digestive system into the bloodstream. Calcium and phosphorus are minerals that are essential for teeth and bone health. Therefore, vitamin D ossifies (strengthens and hardens) teeth and bones, and promotes bone growth.	• Oily fish, such as tuna, salmon, and sardines • Egg yolks • Beef liver • Cheese • Fortified foods, such as milk and cereals

Image: Spreadthesign/Shutterstock.com

Figure 10 Fortification involves vitamins being added to foods that do not naturally contain them. Staple foods such as bread, cereal, and milk are often fortified with vitamins during the manufacturing process

Image: SpicyTruffel/Shutterstock.com

Figure 11 Vitamin supplements may be prescribed by medical professionals to artificially provide vitamins to the body as treatment for vitamin deficiencies

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⊕ Want to know more?

Vitamin D from the sun

Only a small proportion of vitamin D intake should be from food. Sunlight contains UV radiation, which stimulates the production of vitamin D in the body. Regular exposure to the sun is often sufficient to satisfy the vitamin D requirements of your body.
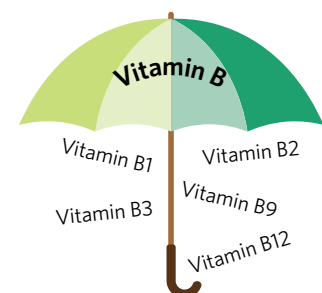
Image: Lidiia Koval/Shutterstock.com

Figure 12 Vitamin B is an umbrella term that encompasses the different B-group vitamins

Vitamin B1, B2, B3, B9 and B12 are B-group vitamins. While each B-group vitamin is chemically distinct, these substances are dependent on each other, and work together to carry out their functions. B-group vitamins have an important role in energy production, as they are involved in metabolic processes that convert macronutrients into energy. B-group vitamins are also essential for cell growth and duplication and nervous system development.

Table 6 The function and food sources of the B-group vitamins

Vitamin	Functions	Food sources
Vitamin B1 (thiamine)	Vitamin B1 has an important role in energy production, as it facilitates the breakdown of carbohydrates into glucose molecules. This metabolic function of vitamin B1 means it enables cell growth and development and promotes muscle and organ health. Vitamin B1 works in conjunction with other B-group vitamins to produce energy.	• Whole-grain products, such as fortified breads and cereals • Nuts and seeds • Legumes, such as black beans and soybeans • Pork
Vitamin B2 (riboflavin)	Working with other B-group vitamins, vitamin B2 supports energy production in the body by facilitating the digestion of macronutrients. This supports growth and development. Vitamin B2 is also critical for the formation of vitamin B3.	• Dairy products, such as milk, cottage cheese and yoghurt • Leafy green vegetables • Liver and kidney • Fortified breads and cereals • Almonds
Vitamin B3 (niacin)	Like vitamin B1 and B2, vitamin B3 is essential in the metabolism of carbohydrates, fats, and proteins. It is involved in the creation of specific coenzymes that facilitate the breakdown of these macronutrients. Therefore, vitamin B3 is important in the process of producing energy in the body.	• Animal products, such as lean meats, fish, and poultry • Mushrooms • Eggs • Nuts and legumes • Fortified breads and cereals
Vitamin B9 (folate)	Vitamin B9 is essential for the production and replication of DNA. It plays an important role in cell formation, duplication, and division during periods of growth. Working in conjunction with vitamin B12, vitamin B9 also assists in the production of red blood cells and white blood cells. Vitamin B9 is important for the normal development of a foetus in the womb. Therefore, pregnant women must consume a diet rich in vitamin B9 to reduce the risk of birth defects affecting the brain and spinal cord.	• Leafy green vegetables • Nuts and seeds • Beans and legumes • Fortified breads and cereals • Poultry and eggs • Fruits, such as papaya, citrus fruits, and avocado • Liver
Vitamin B12 (cobalamin)	Working in conjunction with vitamin B9, vitamin B12 plays an essential role in cell formation and division. It is particularly important for the production of red blood cells, which facilitate the transportation of oxygen in the bloodstream. Vitamin B12 also promotes nervous system development and optimal brain functioning. It is involved in the production of myelin, which is a layer of fat and protein that protects neurons in the body. Furthermore, vitamin B12 assists in the metabolism of macronutrients, and has a role in energy production.	• Liver and kidney • Milk, yoghurt, and cheese • Seafood, such as clams, oysters, and fish • Eggs • Meat

Figure 13 B-group vitamins work together to metabolise macronutrients, provide energy to the body, and enable growth and development

Figure 14 Vitamin B9 and vitamin B12 work together to enable cell formation and division and the formation of red blood cells

Minerals 1.2.1.1.5

You may have seen the periodic table of elements in science class before. Did you know that some of these elements are minerals that are needed by the body for good health and wellbeing? **Minerals** are naturally-occurring, inorganic (non-living) substances that are important for optimal functioning. Minerals cannot be synthesised by the body, which means they must be consumed through food intake.

Calcium

Calcium is the most abundant mineral in the body, and is consumed more than any other mineral. Around two percent of the average adult's body weight is made up of calcium, with the majority being stored in bones and teeth (Better Health Channel, 2019).

ADDITIONAL TERMS

Minerals are naturally-occurring, inorganic (non-living) substances that cannot be synthesised by the body

The main function of calcium is to develop and maintain strong bones and healthy teeth. Calcium is an essential component of these hard tissues, increasing bone density and strength and hardening the enamel and dentine of teeth. Due to its involvement in bone formation, calcium is particularly important during periods of rapid growth during youth and adolescence. Bones continue to develop until they reach maximum strength and density, which is referred to as peak bone mass. Peak bone mass is usually achieved between ages 20 to 30. Bone tissue must absorb calcium from the bloodstream to increase in strength and density. Therefore, it is essential that young people consume adequate amounts of calcium to maximise peak bone mass. However, calcium must be consumed at all stages of the lifespan, even when a person is no longer growing, because it contributes to the maintenance of bones and slows the deterioration of bone mass and strength as a person ages.

Want to know more?

Age-related changes to bone mass in males and females

Did you know that as you become older, your bone mass will change? Furthermore, did you know that your bone mass is dependent on your biological sex?

Figure 15 shows how bone mass changes during the lifespan and how bone mass differs between males and females. For example, it shows how bone mass increases during youth and adolescence until peak bone mass is achieved at approximately age 25. Furthermore, it shows that bone mass gradually declines as a person ages, and that when females go through menopause, their bone mass is further reduced. This is because menopause decreases oestrogen levels, which is a hormone that protects and strengthens bones.

Age-related changes to bone mass in males and females
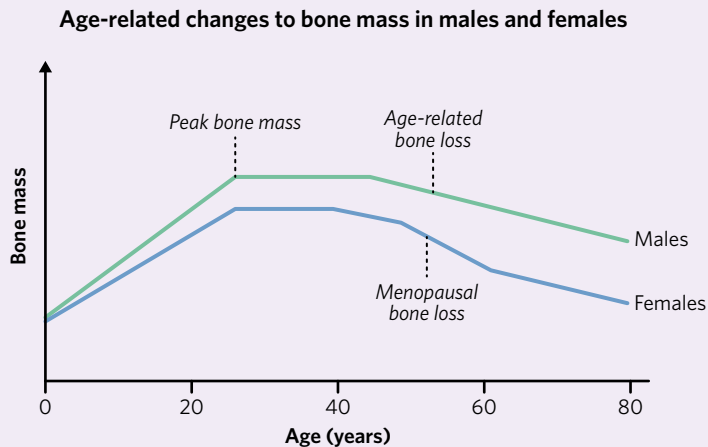
Figure 15 Bone mass changes during the lifespan and differs between males and females (McDonnell et al., 2007)

Other important functions of calcium include regulating muscle contraction and relaxation. Calcium is released into muscle cells when a nerve stimulates that muscle, enabling muscle contraction. In this way, when muscles are not stimulated, calcium is no longer released, and muscles relax. The role of calcium in muscle contraction and relaxation extends to the pumping action of the heart muscle. Therefore, calcium promotes regular heart functioning.

Food sources of calcium include:

- dairy products, such as milk, cheese, and yoghurt
- calcium-fortified products, such as cereals and soy milk
- leafy green vegetables, such as broccoli, spinach, and kale
- tofu that has been chemically prepared with calcium
- some nuts, seeds, and legumes.

When you eat foods that contain calcium, not all of this mineral is absorbed into the bloodstream. Furthermore, different food sources of calcium have different efficiencies of absorption. For example, leafy green vegetables and dairy products are sources of calcium that are easily absorbed into the bloodstream. In contrast, some foods that contain calcium, such as spinach, also contain oxalic acid. Oxalic acid is a naturally occurring substance that binds to calcium, meaning this calcium cannot be used by the body. Therefore, calcium absorption from foods that also contain oxalic acid is relatively ineffective. To achieve adequate calcium intake, it is important to consume a variety of foods that contain calcium.

Phosphorus

Phosphorus is the second most plentiful mineral in the body. This mineral is an essential component of hard tissue, promoting the health and strength of teeth and bones. In this way, phosphorus and calcium are co-dependent, due to their involvement in the maintenance of teeth and bone health.

Furthermore, phosphorus functions to repair damaged tissue and cells, and remove waste from kidneys. It is also involved in the production of DNA and RNA, which are protein molecules that store genetic information, and enable the synthesis of protein molecules in the body. Therefore, protein production in cells is dependent on adequate phosphorus intake. Phosphorus has an important role in various biochemical processes, such as energy production. It is a structural component of adenosine triphosphate (ATP), which is the form of energy that the body requires to function effectively, and carry out various bodily processes.

Food sources of phosphorus include:

- meat, such as beef and lamb
- poultry
- fish
- nuts and legumes
- dairy products, such as milk, cheese, and yoghurt
- eggs.

🧠 **Want to know more?**

The difference between teeth and bones

A common misconception is that teeth and bones are the same substance, due to the presence of phosphorus and calcium within their structure. While both hard tissues share similarities, teeth and bones are not actually the same.

Bones are comprised of living tissue, whereas teeth are not made up of living tissue. The enamel in teeth does not have nerves, and is therefore unable to undergo regeneration or repair when damaged. This is why good dental hygiene, such as regular teeth brushing, is so important to preserve the health of teeth. In contrast, bone material has the capacity to be remodelled and regenerated throughout the lifespan. This is why broken bones are able to heal, because new hard bone tissue replaces the old, damaged tissue. Bones also contain marrow, which is involved in the production of blood cells, whereas teeth do not.

Therefore, while teeth and bones may appear to be the same material, and both contain phosphorus and calcium, there are differences between these two hard tissues.

Tooth   **Bone**

Image: gomolach, Cinemanikor/ Shutterstock.com

Figure 16 Despite both containing phosphorus and calcium, bones and teeth are different materials

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Sodium

Sodium has an important role in regulating fluid levels in the body. Bodily fluids are attracted to sodium that is located in the extracellular fluid (fluid outside of cells) and in the bloodstream. Therefore, the amount of fluid within cells is influenced by sodium concentration. High sodium levels draw excess fluid from cells into the bloodstream and extracellular space. Conversely, low sodium levels mean that fluid travels from the bloodstream and extracellular space into cells. In this way, sodium functions to maintain optimal blood volume and control blood pressure, as it ensures bodily fluids within cells, and bodily fluids outside cells, are balanced. Sodium is also essential for optimal nerve and muscle function.

While sodium is important for good health and wellbeing, the average Australian consumes almost double the amount of sodium they need in their diet (Better Health Channel, 2020). Over-consumption of sodium means that sodium levels in the body are too high. This draws fluid into the bloodstream, increasing blood volume. High blood volume is a risk factor for hypertension, which contributes to cardiovascular disease, including heart attack and stroke.

Food sources of sodium include:

- table salt
- processed foods, such as pizza, takeaway 'fast' food, chips, pies, sauces, and canned vegetables
- ready-made, packaged meals
- cheese
- bread
- eggs
- olives
- fish
- soup
- cured meats, such as salami and ham.

Image: mything/Shutterstock.com

Figure 17 Sodium is ingested into the body as salt, which is either contained in processed foods, or as salt used in cooking and seasoning

Iron

Iron is an important component of blood. It plays an essential role in the production of haemoglobin. Haemoglobin is a structural protein in red blood cells that carries oxygen from the lungs to cells around the body via the bloodstream. Cells require oxygen to perform bodily functions that are essential for life. For example, the production of energy in cells is dependent on oxygen being present. Therefore, iron is important for maintaining optimal energy levels. Adequate intake of iron means that the body has enough energy to participate in daily activities, such as working, studying, exercising, and socialising. By ensuring cells have a sufficient oxygen supply, iron also supports growth, development, and metabolism.

Iron must be consumed in greater amounts during periods of growth and development. As body mass and muscle mass increases, blood volume also increases. Therefore, more iron is required so that there is sufficient haemoglobin in the bloodstream to transport oxygen around the body. This provides new cells with oxygen for energy production.

Food sources of iron include:

- lean red meat
- poultry, such as turkey and chicken
- oily fish, such as sardines and mackerel
- nuts and seeds
- leafy green vegetables, such as spinach and kale
- whole-grain products, such as bread and brown rice
- tofu
- eggs.

Water 1.2.1.1.6

All living things, from microscopic bacteria to large mammals, are dependent on water for survival. Water is sometimes referred to as the 'matrix of life' because it made life on Earth possible. In fact, when liquid water appeared on Earth around four billion years ago, the first cells emerged soon after.

Water is a colourless and odourless liquid composed of hydrogen and oxygen atoms. It is the most plentiful substance in the body, making up around 50-75% of body weight (Better Health Channel, 2019). It has many essential functions in the body including preventing dehydration, and is vital for health and wellbeing. However, the body cannot store water, and it is also expelled from the lungs, skin, urine, and faeces. This means that drinking water everyday is important to replenish water levels.

Water plays an important role in numerous bodily processes, including chemical reactions involved in energy production, and cell duplication, which enables growth. Water distributes nutrients and oxygen throughout the body, acting as a transportation system that brings essential substances to cells. It also functions to regulate body temperature, aid digestion and maintain the health of cells. Water is a key component of cells, blood, urine, and perspiration, and can be found in fat, soft tissue, muscles, and bones.

ADDITIONAL TERMS

Water is a colourless and odourless liquid composed of hydrogen and oxygen atoms, and is the most plentiful substance in the body

The best way to ensure that your body is adequately hydrated is by drinking plenty of water every day. It is recommended that adult men drink approximately ten cups of water each day, and that women drink around eight cups (Better Health Channel, 2020). Water is the body's preferred source of hydration, and should be consumed in favour of soft drinks that contain large amounts of sugar. This is because water does not contain any kilojoules, and does not contribute to weight gain and associated health problems. There are also alternative sources of water. Water is contained in fruit and vegetables, including watermelon, cucumber, lettuce, pineapples, tomatoes, apples, and celery. Different fruit and vegetables have different water contents. Water can also be found in drinks, such as tea, coffee, juice and milk.

ⓘ *Useful tip*

Different sources refer to water differently. For example, some sources refer to water as a nutrient (because it is an essential substance that is required by the body), whereas others refer to water as a macronutrient (because it must be consumed in large amounts). Either way, you will not be asked about whether water should be classified as a nutrient or macronutrient because opinions vary.

🧠 *Want to know more?*

The walk for water

When most of us are thirsty, all it takes is about one minute to walk to the kitchen and fill a glass with clean water. However, many people around the world do not have this luxury. The World Health Organisation estimates that around 2.2 billion people do not have access to safe drinking water (2019). This means that there is not a supply of safe and uncontaminated water available in or near their place of residence.

Image: VectorMine/Shutterstock.com

Figure 18 Having access to safe and clean drinking water is essential for health and wellbeing

Water is vital for the effective functioning of the body and its systems, and without it, you could not survive. Therefore, people without a supply of fresh drinking water nearby must walk long distances to collect water. Can you imagine walking six kilometres every day just to have water to drink? This is the average distance walked by people in poorer communities around the world who do not have access to safe drinking water, and some walk even further (World Vision, 2017). Furthermore, multiple trips are often required to collect a sufficient amount of water each day for drinking, cooking, cleaning, and bathing. This time-consuming task leaves little time for other activities and disrupts education and work. The water is also often dirty and contaminated, which may cause disease and illness.

There are many organisations that work to improve access to water in poorer communities, such as WaterAid, the World Health Organisation and Clean Water Action. However, further action must be taken to ensure that all people worldwide have access to safe and clean drinking water in or close to their homes.

Theory summary

In this lesson, you learnt about the major nutrients in food that are essential for good health and wellbeing. Macronutrients include carbohydrates, protein, and fats, and micronutrients include vitamins and minerals. Water is also important for the effective functioning of the body and its systems. You learnt about the specific function of each nutrient, as well as examples of food sources of each nutrient.

ACTIVITY 2

Copy the summary table onto a sheet of paper and complete it by outlining the function and food sources of each major nutrient.

Nutrient	Function	Food sources
Carbohydrates		• •
Protein		• •
Fats		• •
Vitamin A		•
Vitamin B1		•
Vitamin B2		•
Vitamin B3		•
Vitamin B9		•
Vitamin B12		•
Vitamin C		•
Vitamin D		•
Calcium		• •
Phosphorus		• •
Sodium		• •
Iron		• •
Water		• •

3A QUESTIONS

Theory-review questions

Question 1

Which of the following best fills in the blank?

A   Positive.

B   Negative.

Consuming all major nutrients in healthy amounts and drinking plenty of water every day would have a _____ effect on a person's health and wellbeing.

Question 2

Only foods that contain all five nutrients should be consumed in a healthy diet.

A   True.

B   False.

Question 3

The only function of nutrients is to provide energy to the body.

A   True.

B   False.

Question 4

Without adequate energy levels, the body could not function effectively and a person would struggle to participate in daily tasks, such as working and socialising.

A True.

B False.

Question 5

Eating foods that contain protein is optional in a healthy diet because the body can produce all 20 amino acids on its own, and does not need to obtain any from food sources of protein.

A True.

B False.

Question 6

Macronutrients are required by the body in large amounts for optimal health and wellbeing.

A True.

B False.

Question 7

Which of the following are only required by the body in small amounts? *(Select all that apply)*

I Minerals.

II Carbohydrates.

III Vitamins.

Question 8

Some types of fats are healthier than others and should be consumed more than unhealthier types of fat.

A True.

B False.

Question 9

Which of the following is not a function of water?

A Replenish water levels in the body.

B Prevent dehydration.

C Provide energy to the body.

Skills

Unpacking the case study

Use the following information to answer Questions 10-12.

Amelie is a sixteen-year-old girl who tries to eat healthily as much as she can. She eats plenty of fruits and vegetables every day. One of her favourite foods is pasta, which her Grandma cooks her twice a week. She also really likes to eat animal products, such as meat, fish, and eggs. However, Amelie hardly ever consumes dairy products, such as milk and cheese, because she doesn't like the taste of them. Amelie also sometimes forgets to drink water during the day, and may only drink three glasses of water some days. This means Amelie sometimes gets headaches and feels dehydrated.

Question 10

Amelie's adequate protein intake is reflected by the statement that

A 'She also really likes to eat animal products, such as meat, fish, and eggs'.

B 'Amelie hardly ever consumes dairy products, such as milk and cheese'.

Question 11

Amelie may not consume adequate amounts of calcium. This is reflected by the statement that

A   'Amelie hardly ever consumes dairy products, such as milk and cheese'.

B   'This means Amelie sometimes gets headaches and feels dehydrated'.

Question 12

Amelie's adequate fibre intake is reflected by the statement that

A   'Amelie also sometimes forgets to drink water during the day, and may only drink three glasses of water some days'.

B   'She eats plenty of fruits and vegetables every day'.

Data analysis

Use the following information to answer Questions 13 and 14.

Australian people aged 15 years or over who usually eat the recommended daily intake of fruits and vegetables
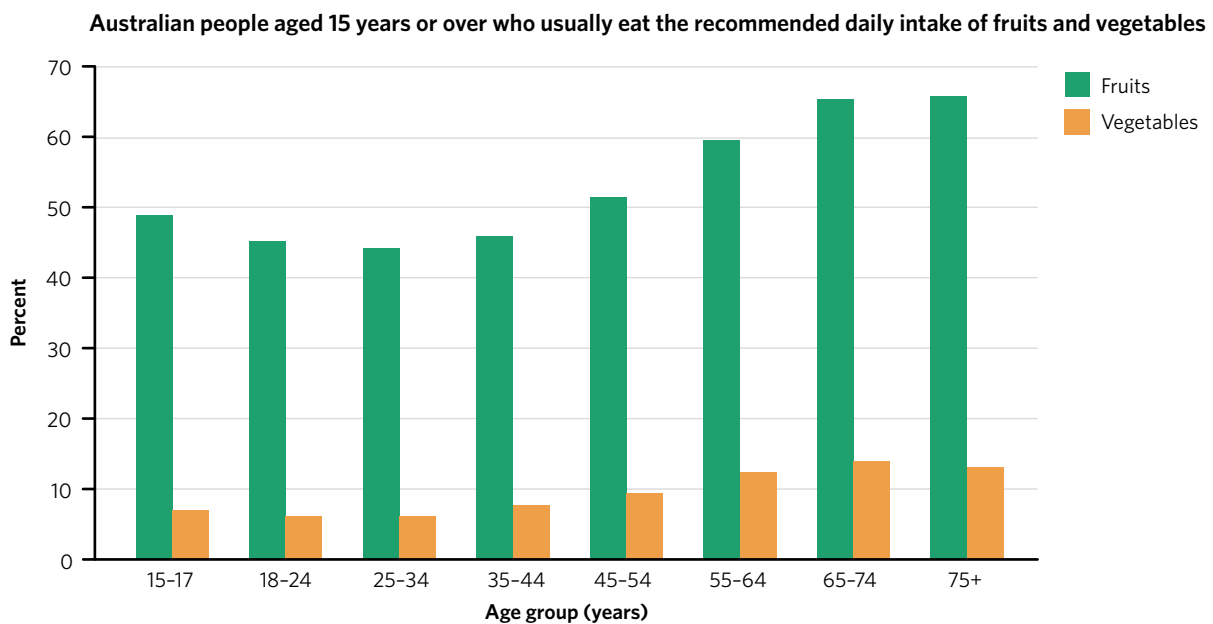
Source: reproduced from Australian Institute of Health and Welfare, *Australia's welfare 2011*, <https://doi.org/10.25816/5eba368574757>

Question 13

Identify the population of this graph.

A   Australian people aged 15 years and over.

B   People aged 15 years and over.

C   People aged 15 years and under who usually eat the recommended daily intake of fruits and vegetables.

D   Australian people aged 15 years and over who usually eat the recommended daily intake of fruits and vegetables.

Question 14

Identify which of the following statements about the data are correct. *(Select all that apply)*

I   Around 35% of Australians aged 15-17 usually eat the daily recommended intake of fruits and vegetables.

II   In all age groups, the proportion of Australian people aged 15 years and over who usually eat the recommended daily intake of fruits is higher than those who eat the recommended daily intake of vegetables.

III   The age group with the highest proportion of members eating the recommended daily intake of vegetables is 65-74 years.

IV   The proportion of people eating the recommended daily intake of fruit increases as age increases.

Exam-style questions

Question 15   (1 MARK)

Outline the function of sodium for the human body.

Question 16   (2 MARKS)

List two major food sources that contain protein.

Question 17   (2 MARKS)

Describe how an adequate intake of water promotes health and wellbeing.

Question 18   (2 MARKS)

Explain the role of nutrition in addressing teeth and bone health.

Question 19   (3 MARKS)

Annabel visited the doctor and was told that she is iron-deficient. This means she does not consume enough iron in her diet.

a   Identify a food source that the doctor may have recommended Annabel should consume to increase her intake of iron. (1 MARK)

b   Explain the importance of iron for Annabel's social health and wellbeing. (2 MARKS)

Question 20   (5 MARKS)

Harry has been over-consuming energy-dense foods recently. This has led to him becoming overweight.

a   Identify one nutrient that Harry may be consuming in excess. (1 MARK)

b   Name two examples of food sources that Harry should limit his intake of to return to a healthy body weight. (2 MARKS)

c   Explain how consuming the nutrient identified in **part a** in healthy amounts promotes health and wellbeing. (2 MARKS)

Questions from multiple lessons

Question 21   (2 MARKS)

Identify one sociocultural factor and outline how this may prevent Australian youth from consuming a balanced diet of macronutrients and micronutrients in healthy amounts.

3B FOOD SELECTION MODELS

Eating healthily is not as simple as it sounds. There are thousands of different foods to choose from, each containing different types and amounts of nutrients. It may seem impossible to know which foods to eat, how much of each food to eat, and how to achieve adequate nutrient intake!

In this lesson, you will learn about food selection models that have been developed by government and non-government agencies to promote healthy eating among Australian youth, and help them make healthier food choices. There are three food selection models that you will learn about: the Australian Guide to Healthy Eating, the Healthy Eating Pyramid, and the Health Star Rating System.

Image: Zevector/Shutterstock.com

3A Major nutrients	3B Food selection models	3C Sources of nutrition information

Study design dot point

- the use of food selection models and other tools to promote healthy eating among youth, such as the Australian Guide to Healthy Eating, the Healthy Eating Pyramid and the Health Star Rating System

Key knowledge units

Australian Guide to Healthy Eating	1.2.2.1
The Healthy Eating Pyramid	1.2.2.2
Health Star Rating System	1.2.2.3

Food selection models

Australian Guide to Healthy Eating 1.2.2.1   The Healthy Eating Pyramid 1.2.2.2   Health Star Rating System 1.2.2.3

Australian Guide to Healthy Eating 1.2.2.1

OVERVIEW

Do you consume appropriate proportions of the five food groups each day? To help Australians make healthier food choices, the Australian Guide to Healthy Eating was developed.

THEORY DETAILS

The **Australian Guide to Healthy Eating** is a food selection model that provides a visual pie chart representation of the recommended proportions of the five food groups that should be consumed each day as part of a healthy and balanced diet. This food selection model provides dietary advice that is based on scientific evidence and expert opinion, and aims to promote healthy eating and improve the health and wellbeing of Australians.

Study design key skills dot point

The following key skills dot point applies to the whole lesson:

- evaluate the effectiveness of food selection models and other tools in the promotion of healthy eating among youth

KEY DEFINITIONS

Australian Guide to Healthy Eating is a food selection model that provides a visual pie chart representation of the recommended proportions of the five food groups that should be consumed each day as part of a healthy and balanced diet

Despite adequate nutritional intake being essential for good health and wellbeing, many Australians fail to consume appropriate proportions of nutrients every day. For example, they may consume too much of one nutrient, and not consume enough of another. They may also over-consume **discretionary foods** that are high in saturated and trans fat, added salt, and added sugar, contributing to weight gain. This explains why diet-related diseases, such as cardiovascular disease and type 2 diabetes, significantly contribute to morbidity and mortality rates in Australia. By visually presenting nutritional information on the types and proportions of foods that should be consumed each day, the Australian Guide to Healthy Eating equips Australians with the knowledge they need to make healthy food choices. This helps to reduce the prevalence of diet-related diseases, promoting the health and wellbeing of Australians.

The Australian Guide to Healthy Eating is a federal government initiative that was developed by the National Health and Medical Research Council (NHMRC). The NHMRC is an Australian government agency that aims to improve the health and wellbeing of all Australians. It works to achieve improved health outcomes by conducting health and medical research, and providing health and dietary advice through guidelines and resources. The nutritional information displayed in the Australian Guide to Healthy Eating reflects the Australian Dietary Guidelines, which were also developed by the NHRMC.

The Australian Guide to Healthy Eating targets the healthy Australian population. It also targets individuals suffering from common health conditions, such as obesity, aiming to help them improve their diet and return to a healthy body weight. However, this food selection model is not intended to be used by people who receive special dietary advice from a doctor or nutritionist, or the elderly.

ADDITIONAL TERMS

Discretionary foods are foods that are high in saturated and trans fat, added salt, and added sugar, have minimal nutritional value, and are not essential for a healthy and balanced diet

Want to know more?

The Australian Dietary Guidelines

The Australian Dietary Guidelines are five guidelines that were developed by the NHRMC in 2013 to promote healthy eating in Australia. Because the Australian Dietary Guidelines are very specific and detailed, the Australian Guide to Healthy Eating was developed as a complementary resource that encapsulates the key message of the guidelines. Type the URL *eatforhealth. gov.au/guidelines* into your browser to learn about the Australian Dietary Guidelines (NHMRC, 2020).

Lesson link

In lesson *3A: Major nutrients*, you learnt about the major nutrients that are essential for optimal health and wellbeing. You may recognise some of the food sources of each nutrient presented in the Australian Guide to Healthy Eating. To remind yourself of the benefits of each major nutrient, you can return to this lesson.

Image: National Health and Medical Research Council (representing the Commonwealth of Australia)

Figure 1 The Australian Guide to Healthy Eating

The main component of the Australian Guide to Healthy Eating is the pie chart that is central to the poster. Each section of this chart can be thought of as a 'slice' of this 'pie'. Each 'slice' represents a different food group. The size of each slice indicates the proportion in which foods from that food group should be consumed each day as part of a healthy and balanced diet.

The five food groups displayed on the Australian Guide to Healthy Eating and the proportions in which they should be consumed each day are:

- *vegetables and legumes/beans* should make up around 30% of daily food intake.
- *fruit* should make up around 10% of daily food intake.
- *milk, yoghurt, cheese and/or alternatives, mostly reduced fat* should make up around 10% of daily food intake.
- *lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans* should make up around 15% of daily food intake.
- *grain (cereals) foods, mostly wholegrain and/or high cereal fibre varieties* should make up around 35% of daily food intake.

Within each slice of the pie, there are multiple images of different foods that have been classified into their respective food groups. In this way, the Australian Guide to Healthy Eating visually offers a variety of food choices so that Australians can select foods from each food group and make healthier food choices. This promotes the key message of this food selection model to 'enjoy a wide variety of nutritious foods from the five food groups everyday'.

You may have noticed that the pie chart is not the only component of the Australian Guide to Healthy Eating, and that there is additional information displayed on the poster. If you look at the bottom left-hand corner of the poster, you will see foods, such as margarine and cooking oil that should only be 'used (in) small amounts'. These foods are sources of monounsaturated or polyunsaturated fats, which are considered to be 'healthy' fats. However, because fats are very energy-dense, they should only be consumed in limited quantities to reduce the risk of weight gain.

If you look at the bottom right-hand corner of the poster, you will see foods, such as pies, chocolate, ice-cream, chips, biscuits, and other foods. You will also see drinks, such as alcohol, sports drinks, and soft drinks. These discretionary foods and drinks are high in saturated and trans fat, added salt, and added sugar. They contribute to weight gain, have minimal nutritional value, and are not essential for a healthy and balanced diet. This is why the Australian Guide to Healthy Eating recommends that they should be consumed 'only sometimes and in small amounts'.

If you look at the top right-hand corner of the poster, you will see an image of a tap filling a glass of water. This reflects the recommendation that Australians should 'drink plenty of water'. The Australian Guide to Healthy Eating advises people to choose water over other liquids, such as soft-drink and alcoholic beverages, that should be consumed 'only sometimes and in small amounts'.

⊕ *Want to know more?*

The Aboriginal and Torres Strait Islander Guide to Healthy Eating

In Australia, Indigenous Australians are more likely to be overweight or obese than non-Indigenous Australians. To address this problem and promote healthy eating in Aboriginal communities, the National Health and Medical Research Council adapted the Australian Guide to Healthy Eating to produce a second version called the Aboriginal and Torres Strait Islander Guide to Healthy Eating.

While there are obvious similarities between the original poster and the adapted poster, this version targets Indigenous Australians, particularly those living in rural and remote communities. It aims to promote healthy eating more effectively by providing culturally-appropriate dietary advice that Aboriginal people are more likely to understand and apply to their daily food intake.

Compare the Australian Guide to Healthy Eating and the Aboriginal and Torres Strait Islander Guide to Healthy Eating. What are some similarities and differences between these food selection models?

cont'd

Want to know more?

The Aboriginal and Torres Strait Islander Guide to Healthy Eating - continued
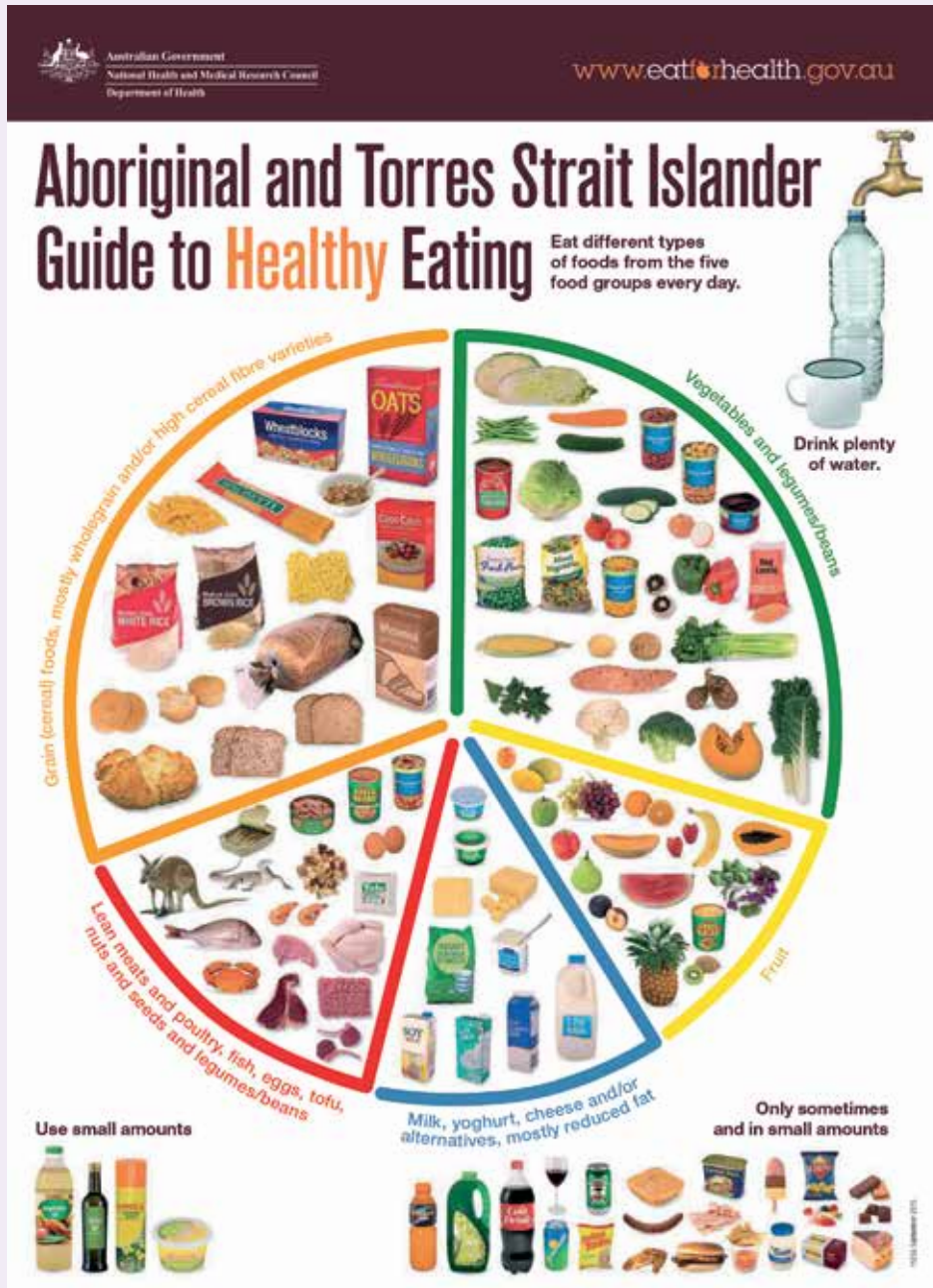
Image: National Health and Medical Research Council (representing the Commonwealth of Australia)

Figure 2 The Aboriginal and Torres Strait Islander Guide to Healthy Eating

The strengths and limitations of the Australian Guide to Healthy Eating are listed in table 1.

Table 1 Strengths and limitations of the Australian Guide to Healthy Eating

Strengths	Limitations
• The Australian Guide to Healthy Eating is easy to understand. The pie format clearly shows the proportions in which the five food groups should be consumed each day as part of a healthy and balanced diet. People with limited nutritional knowledge and literacy skills, such as young children, are likely to still find this food selection model helpful.	• **Composite foods**, such as sandwiches and homemade pizza, contain ingredients from more than one food group. The Australian Guide to Healthy Eating does not take these foods into account, only providing information on foods that are classified into one food group. It may be difficult for Australian youth to 'break down' and 'sort out' the multiple components of these foods into each individual food group. This means that this food selection model is more difficult to apply to everyday food intake that often contains these composite foods.
• The Australian Guide to Healthy Eating is visually appealing. By using images and colours and enabling individuals to make their own food choices, this food selection model may be fun and engaging for Australian youth, and may be successful in helping them make healthier food choices.	• While the recommended proportions of each food group for daily consumption are clearly displayed, the Australian Guide to Healthy Eating does not provide information on the appropriate daily serving sizes of each food group. It fails to address the importance of not overeating for a healthy diet.
• Rather than focusing on nutrients, the Australian Guide to Healthy Eating simply provides images of the foods that contain these nutrients. This is helpful because many people do not have adequate knowledge about which foods contain which nutrients. Therefore, by focusing on food types rather than nutrients, more Australian youth can understand this food selection model and apply it to their everyday food intake.	• The Australian Guide to Healthy Eating displays a wide variety of individual foods within each food group. However, these foods are not equal in nutritional value, and this food selection model does not indicate which of these foods should be consumed in preference to others. Therefore, Australian youth may have difficulty deciding which food is the best choice for health and wellbeing within each food group.
• The Australian Guide to Healthy Eating was developed by the NHMRC. This means that it was informed by scientific evidence and expert opinion and provides accurate dietary advice to promote healthy eating among Australian youth.	

ADDITIONAL TERMS

Composite foods are foods that contain ingredients from more than one food group

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⚠ ***Useful tip***

The key skill for this lesson requires that you can evaluate how effectively each food selection model promotes healthy eating among Australian youth. By understanding the strengths and limitations of a food selection model, you can justify whether you think it provides dietary advice that is successful in helping young Australians make healthier food choices. It is important to remember that although a food selection model may be useful for many Australians, you should focus on its strengths and limitations in relation to promoting healthy eating among Australian youth when evaluating its effectiveness.

The Healthy Eating Pyramid 1.2.2.2

OVERVIEW

To help Australians understand the proportions in which different foods should be consumed, the Healthy Eating Pyramid was developed by Nutrition Australia.

THEORY DETAILS

The **Healthy Eating Pyramid** is a food selection model that displays the types and proportions of foods that should be consumed each day as part of a healthy and balanced diet in a pyramid format. This simple visual guide is a non-government initiative that provides basic nutrition information and promotes healthy eating among Australian youth. It is a conceptual model that advocates for the consumption of a varied and balanced diet by encouraging Australians to consume a variety of healthy foods from each food group every day.

The Healthy Eating Pyramid was developed by Nutrition Australia, which is a non-government organisation that promotes healthy eating in Australia. It delivers evidence-based nutrition education and community-based resources to help the Australian community consume a healthy and balanced diet. The Healthy Eating Pyramid was developed in accordance with the Australian Dietary Guidelines as outlined by the NHRMC. The dietary advice provided by this food selection model is targeted towards Australians aged 1 to 70 years, providing them with nutrition information that they can use to make healthier food choices.

KEY DEFINITIONS

Healthy Eating Pyramid is a food selection model that displays the types and proportions of foods that should be consumed each day as part of a healthy and balanced diet in a pyramid format

Image: (Nutrition Australia, 2015)

Figure 3 The Healthy Eating Pyramid

The Healthy Eating Pyramid categorises the five food groups, as well as healthy fats, into four levels according to the proportions in which they should be consumed as part of a healthy and balanced diet. Foods that are located in the bottom layer of the pyramid should make up the largest proportion of the diet. By contrast, foods that are located in the top layer of the pyramid should make up the smallest proportion of the diet.

The two layers at the bottom of the pyramid are collectively referred to as 'foundation layers'. The layer at the bottom of the pyramid contains fruit, vegetables, and legumes. Vegetables and legumes should be consumed more than fruits, as indicated by the larger section of the bottom layer being dedicated to vegetables and legumes. The next layer above the bottom layer contains grains. These 'foundation layers' contain foods of plant origin that should make up the majority of daily food intake.

The middle layer of the pyramid that is above the two 'foundation layers' contains two food groups. The first food group includes milk, yoghurt, cheese, and alternatives. Alternatives refer to non-dairy options, such as soy milk and almond milk. It is recommended that reduced-fat dairy products are selected over full-fat dairy products to reduce saturated fat intake and prevent weight gain. The second food group that is included in the middle layer is 'lean meat, poultry, eggs, nuts, seeds, and legumes'. It is recommended that lean cuts of meat are selected over fatty cuts of meat to reduce saturated fat intake, and prevent weight gain.

The top layer of the pyramid involves foods containing healthy fats. It is recommended that foods containing these 'good' monounsaturated and polyunsaturated fats are selected over foods containing these 'bad' saturated and trans fats. Foods that contain healthy fats, such as cooking oils, avocados, nuts and seeds, should make up the smallest proportion of the diet.

You may have noticed that the pyramid is not the only component of the Healthy Eating Pyramid, and that there is additional information displayed on the poster. If you look at the top left-hand corner of the poster, you will see images of salt and sugar, which are accompanied by a red cross. This reflects the message of the Healthy Eating Pyramid to 'limit salt and added sugar'. By avoiding foods that contain large amounts of salt, this reduces the risk of hypertension and therefore cardiovascular disease. By avoiding foods that contain large amounts of added sugar, this reduces the risk of weight gain. Despite these health consequences, the average Australian consumes too much salt and added sugar in their diet. By avoiding processed foods that have a high salt or added sugar content and cooking meals at home with small amounts of salt and sugar, Australians can limit their salt and added sugar intake, thereby improving their diet.

If you look at the bottom left-hand corner of the pyramid, you will see images of various herbs and spices. This reflects the message of the Healthy Eating Pyramid to 'enjoy herbs and spices'. The addition of herbs and spices adds colour, smell, and flavour to different foods. Instead of adding salt and sugar to meals for flavour, Australians can add herbs and spices to suit their tastes, increasing their enjoyment of food in a healthy way.

If you look at the bottom right-hand corner of the pyramid, you will see an image of a glass of water, which is accompanied by a green tick. This reflects the message of the Healthy Eating Pyramid to 'choose water' as the body's primary source of hydration. Water is essential to prevent dehydration and facilitate various bodily functions. Australians should drink plenty of water every day in preference to other liquids, such as soft drinks and alcoholic beverages, that contribute to weight gain.

The strengths and limitations of the Healthy Eating Pyramid are listed in table 2.

Lesson link

While the negative health consequences of over-consuming salt and sugar are briefly mentioned in this lesson, you will learn in detail about the short- and long-term health consequences of the excessive or insufficient consumption of different nutrients in lesson *4A: Nutritional imbalances in youths' health and wellbeing*.

Table 2 Strengths and limitations of the Healthy Eating Pyramid

Strengths	Limitations
• The Healthy Eating Pyramid is easy to understand. The pyramid format clearly shows the proportions in which different foods should be consumed based on the layer of the pyramid they appear in. People with limited nutritional knowledge and literacy skills, such as young children, are likely to still find this food selection model helpful in determining which foods should make up the largest proportion of their diet. • The Healthy Eating Pyramid is visually appealing. By using pictures and colours to display basic nutritional information and enabling individuals to make their own food choices, this food selection model may be fun and engaging for Australian youth, and may be successful in helping them make healthier food choices. • Rather than focusing on nutrients, the Healthy Eating Pyramid focuses on the foods that contain these nutrients. This is helpful because many people do not have adequate knowledge about which foods contain which nutrients. Therefore, by focusing on food types rather than nutrients, more Australian youth can understand this food selection model, and apply it to their everyday food intake. • The Healthy Eating Pyramid was developed by Nutrition Australia. This means that it was informed by scientific evidence and expert opinion and provides accurate dietary advice to promote healthy eating among Australian youth.	• The Healthy Eating Pyramid does not take composite foods that contain more than one nutrient into account, only providing information on foods that are classified into one food group. It may be difficult for Australian youth to 'break down' and 'sort out' the multiple components of these foods into each individual food group. This means that this food selection model is more difficult to apply to everyday food intake that often contains these composite foods. • While the recommended proportions of each food group for daily consumption are clearly displayed, the Healthy Eating Pyramid does not provide information on the appropriate daily serving sizes of each food group. It fails to address the importance of not overeating for a healthy diet. • The Healthy Eating Pyramid displays a wide variety of individual foods within each food group. However, these foods are not equal in nutritional value, and this food selection model does not indicate which of these foods should be consumed in preference to others. Therefore, Australian youth may have difficulty deciding which food is the best choice for health and wellbeing within each food group. • The foundation layer of the Healthy Eating Pyramid displays both fruit and vegetables. Although these foods are in separate sections, this design may mislead some Australian youth, as they may believe that fruits and vegetables should be consumed in equal amounts to make up the largest portion of their diet. In reality, vegetables should be consumed more than fruits, as fruits contain large amounts of sugar, and may contribute to weight gain when consumed in excess.

⚠ *Useful tip*

You may notice that some of the strengths and limitations of the Healthy Eating Pyramid are similar to some of the strengths and limitations of the Australian Guide to Healthy Eating. This is because these food selection models have multiple similarities. For example, they both visually present the proportions in which the food groups should be consumed each day as part of a healthy and balanced diet. This is an advantage for you! By remembering some of the strengths and limitations of one food selection model, this may help you to remember some of the strengths and limitations of the other food selection model. However, it is important that you explain the strength or limitation in the context of the food selection model that you are writing about. This means that you can't just 'copy and paste' the same strength or limitation for both food selection models. You must specifically address either the Healthy Eating Pyramid or the Australian Guide to Healthy Eating.

⊕ *Want to know more?*

The evolution of the Healthy Eating Pyramid

The current version of the Healthy Eating Pyramid that is shown in figure 3 was launched in 2015. However, did you know that the first edition of the Healthy Eating Pyramid was released by Nutrition Australia in 1980? All together, there have been six different versions of the Healthy Eating Pyramid that have all aimed to promote healthy eating in Australia.

The reason why Nutrition Australia changes the pyramid is to ensure that the nutrition information reflected in the food selection model is consistent with current dietary guidelines. For example, the release of the Australian Dietary Guidelines in 2013 prompted Nutrition Australia to adapt the Healthy Eating Pyramid to reflect these new guidelines.

Type the URL *nutritionaustralia.org/division/national/a-brief-history-of-the-pyramid-17967* into your browser to learn about the evolution of the Healthy Eating Pyramid and view the previous versions of the pyramid that Nutrition Australia has released (Nutrition Australia, 2019).

ACTIVITY 1

Comparing food selection models

The Australian Guide to Healthy Eating and the Healthy Eating Pyramid are both food selection models that promote healthy eating in Australia. How are they similar? How are they different? Discuss with a partner the similarities and differences between these two food selection models.

Health Star Rating System 1.2.2.3

OVERVIEW

When you go to buy groceries at the supermarket, it can be difficult to know which food products are more nutritious than others. The Health Star Rating System is a government initiative that takes the guesswork out of making healthy food choices while shopping.

THEORY DETAILS

The **Health Star Rating System** is a food selection model that calculates the nutritional value of packaged foods and assigns a rating between half a star and five stars which is displayed on the front of the food packaging. Put simply, the more stars assigned to a food product, the healthier it is. For example, a food product with a rating of four stars is considered to be a healthier choice than a similar food product with two stars under this rating system.

While you shop at the supermarket, you are constantly making choices about which foods to buy and later consume. By providing Australian consumers with basic dietary advice at the point of purchase, the Health Star Rating System aims to assist shoppers in making healthier choices, promoting healthy eating in Australia. In other words, this labelling system allows Australians to quickly and easily compare the nutritional profile of similar packaged foods by simply glancing at the health star rating that is clearly visible on the food packaging.

KEY DEFINITIONS

Health Star Rating System is a food selection model that calculates the nutritional value of packaged foods and assigns a rating between half a star and five stars which is displayed on the front of the food packaging

Image: Inspiring/Shutterstock.com

Figure 4 The Health Star Rating System aims to influence the food choices of Australian shoppers at the point of purchase

The Health Star Rating System is a government initiative that was developed by the Australian federal, state, and territory governments in consultation with representatives from the food industry, consumer groups, and the public health sector. This food selection model was implemented in June 2014 to address the increasing number of Australians who are overweight or obese. It is funded by the Australian federal, state, and territory governments.

Protective nutrients are nutrients that decrease the likelihood of developing a particular health condition when consumed. By contrast, **risk nutrients** are nutrients that increase the likelihood of developing a particular health condition when consumed. The Health Star Rating System takes into account the energy content in kilojoules, selected protective nutrients, and selected risk nutrients present in 100 grams of the food product. This calculation is then converted into a rating between half a star and 5 stars, and this health star rating is assigned to the food product.

The protective nutrients that the Health Star Rating System takes into account are fibre, protein, and the vegetable, fruit, nut, and legume content. The risk nutrients that the Health Star Rating System takes into account are saturated fat, sodium (salt), and sugars. Food products that are high in protective nutrients and low in risk nutrients will produce a higher health star rating, which indicates that they are healthy food choices. These food products can be consumed as part of a healthy and balanced diet and may reduce the risk of diet-related diseases.
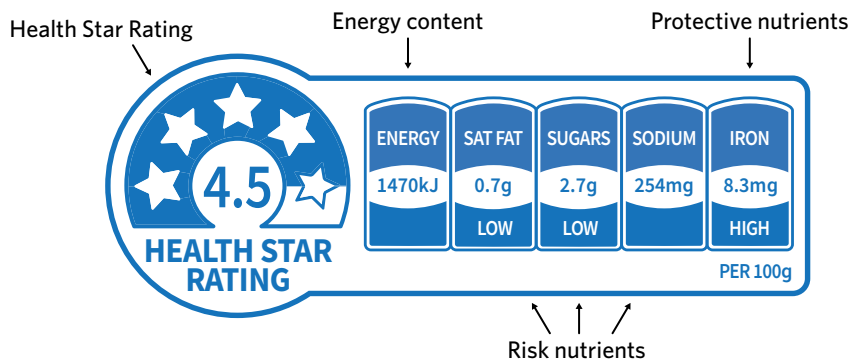
Image: Teneresa/Shutterstock.com

Figure 5 A health star rating that could be displayed on the packaging of a food product

When using the Health Star Rating System, it is important to be aware that:

- The Health Star Rating System is designed to compare similar food products that are usually displayed together in the supermarket. For example, it is useful for comparing the nutritional profile of two breakfast cereals. However, this food selection model is not useful when determining which food is healthier if these foods are from different categories. For example, it is not designed to compare the nutritional profile of a yoghurt and a muesli bar.

- The Health Star Rating System is designed to calculate the nutritional value of packaged foods. Therefore, fresh produce, such as fruit and vegetables, are not assigned a health star rating. It is important to remember that consuming fresh produce is essential for a healthy and balanced diet. Just because a food does not have a health star rating does not mean that it is an unhealthy food choice.

- The Health Star Rating System is not designed to replace the nutritional information that is found on the back of food packaging. It is meant to simplify the information so that busy shoppers can quickly and easily understand the nutritional value of a food product without having to read the nutrition information panel thoroughly. However, this nutritional information should still be present on the back of food packaging so shoppers can make even more informed food choices if they wish to.

The Health Star Rating system is not mandatory, meaning that food manufacturers and retailers can choose whether or not to include the rating on the packaging of their products. There is no cost for food manufacturers and retailers to apply the Health Star Rating System to their products, and they are free to add or remove the health star rating at any time. However, if they choose to adopt this food selection model, they must correctly use the Health Star Rating System. For example, they must accurately calculate the health star rating, comply with legislation and regulations, and ensure that the health star rating displayed on the front of the packaging is consistent with the nutritional information on the back of the packaging.

KEY DEFINITIONS

Protective nutrients are nutrients that decrease the likelihood of developing diet-related diseases when consumed

Risk nutrients are nutrients that increase the likelihood of developing diet-related diseases when consumed

Memory device

To help remember the definitions for protective nutrients and risk nutrients, you can think about how protective nutrients 'protect' you from diet-related diseases when consumed, whereas risk nutrients put you at 'risk' of developing diet-related diseases when consumed.

> ### 🧠 *Want to know more?*
>
> **Should the Health Star Rating System become mandatory?**
>
> The Health Star Rating System is not mandatory, which means that some food products have a health star rating while others do not. In fact, only 30% of packaged foods display a health star rating on their packaging. There are concerns that food manufacturers and retailers pick and choose when to display health star ratings, only including them on healthier products to attract buyers. If the Health Star Rating System was made compulsory, this would prevent food manufacturers and retailers from misleading Australian shoppers by not applying a health star rating to their unhealthy products.
>
> According to Choice, which is Australia's largest consumer advocacy group, the Health Star Rating System should be made mandatory for all eligible products in supermarkets. Choice conducted research on Australian consumers and discovered that when health star ratings are not present on the packaging of food products, people are much less likely to accurately identify unhealthy food products. Furthermore, they discovered that people have difficulty comparing food products effectively when some have health star ratings and others do not. This highlights that Australian consumers would be able to make more informed and healthier food choices if the Health Star Rating System was made mandatory.
>
> (Choice, 2019)

Next time you go to the supermarket to buy groceries, see if you can find the Health Star Rating System on the front of packaged food products. By using this food selection model to compare the nutritional value of similar food products, you can make informed, healthier food choices while you shop.

The strengths and limitations of the Health Star Rating System are listed in table 3.

Table 3 Strengths and limitations of the Health Star Rating System

Strengths	Limitations
• The Health Star Rating System is simple and easy to understand. The number of stars in the rating clearly indicates which foods are a healthier choice than others. People with limited nutritional knowledge and literacy skills, such as young children, are likely to still find this food selection model helpful in comparing the nutritional value of similar packaged foods. • The Health Star Rating System makes the process of identifying a healthy food product quick. Busy Australian shoppers are unlikely to consult the nutrition information panel when selecting food products, as reading the information may be time-consuming. The health star rating acts as a quick reference, encapsulating the nutritional information displayed on the back of the food packaging. This makes it easier for Australian youth to quickly make healthy food choices, promoting healthy eating. • While the nutrition information panel is displayed on the back of the food packaging, many Australian shoppers do not consult this while at the supermarket, as they may find the information complex and confusing. The Health Star Rating System is designed to take the guesswork out of food labels. It can be used by Australian youth to easily identify healthy food products from the various options at the supermarket without having to read the nutrition information panel.	• The Health Star Rating System is not mandatory, meaning that food manufacturers and retailers can choose whether or not to include the rating on the packaging of their products. This decreases the effectiveness of this food selection model, as food manufacturers and retailers may be more inclined to display health star ratings on their healthier products, and may avoid including it on their unhealthier products that have less stars. If health star ratings are only displayed on some products and not others, this may cause confusion among Australian youth. • The Health Star Rating System is designed to only compare food products that are from the same category. If youth do not remember this when using this food selection model, they may compare foods from different categories, and be misled about which food is healthier out of the two options. • Fresh produce, such as fruit and vegetables, are not assigned a health star rating. If youth do not remember this when using the Health Star Rating System, they may believe that fresh foods are not a healthy food choice, even though consuming fruits, vegetables, and other fresh foods are essential for a healthy and balanced diet. • The Health Star Rating System only takes into account selected protective and risk nutrients. It does not provide any information about the presence of other nutrients, such as calcium and iron. This means that a high health star rating does not necessarily indicate that the food product contains all essential nutrients, and Australian youth may not receive the complete nutritional profile of the food product.

cont'd

Table 3   Continued

Strengths	Limitations
• The Health Star Rating System may motivate food manufacturers to modify their recipe to increase the health star rating of their food product. If food manufacturers change the ingredients in their food products to make them healthier, this would mean that more healthy food choices are available to Australian youth, promoting healthy eating.	• The Health Star Rating System fails to address the importance of not overeating for a healthy diet. Australian youth should not eat large portions of food products, even if they have a high health star rating. • The Health Star Rating System focuses on nutrients rather than the foods that contain these nutrients. It fails to examine the food product as a whole. For example, more stars may be awarded to a packet of lollies than a yoghurt because more sugar is present in the yoghurt, even though lollies are a discretionary food. Based on this health star rating, Australian youth may believe that lollies are healthier than yoghurt. By only providing nutritional information on individual nutrients, the Health Star Rating System may provide misleading advice to Australian youth about which food choice is healthier.

ACTIVITY 2

The Health Star Rating System

Search *'Health Star Rating Animation'* on YouTube and watch the forty-five second video that summarises the Health Star Rating System (Australian Government Department of Health, 2019). Then respond to the following questions:

• What is the Health Star Rating System designed to help Australian consumers compare?
• Where is the health star rating of a food product located?
• What is the purpose of the Health Star Rating System?

⚠ *Useful tip*

It is important that you use the language of each food selection model when answering questions about it. For example, if you were asked a question about the Health Star Rating System, it is important to mention 'protective nutrients' and 'risk nutrients' instead of just 'nutrients'. Similarly, if you were asked a question about the Healthy Eating Pyramid, it is important to mention 'foundation layers' when explaining the pyramid.

Theory summary

In this lesson, you learnt about three food selection models that aim to promote healthy eating among Australian youth.

Table 4   Summary of food selection models

	What is it?	Who was it developed by?
Australian Guide to Healthy Eating	It provides a visual representation of the recommended proportions of the five food groups that should be consumed each day as part of a healthy and balanced diet in a pie chart format.	The National Health and Medical Research Council (NHMRC) as part of an Australian government initiative.
Healthy Eating Pyramid	It displays the types and proportions of foods that should be consumed each day as part of a healthy and balanced diet in a pyramid format.	Nutrition Australia, which is a non-government organisation.
Health Star Rating System	It calculates the nutritional value of packaged foods and assigns a rating between half a star and five stars which is displayed at the front of the food packaging.	Australian federal, state, and territory governments, in consultation with the food industry, consumer groups and the public health sector.

3B QUESTIONS

Question 1

The purpose of food selection models is to provide nutritional information that helps the target population to make healthier, more informed food choices.

A True.

B False.

Question 2

Food selection models are completely accurate and are always beneficial for promoting healthy eating among Australian youth.

A True.

B False.

Question 3

Food selection models only target overweight and obese people to help them return to a healthy body weight.

A True.

B False.

Question 4

Which of the following food selection models provide information on the proportions in which foods should be consumed each day as part of a healthy and balanced diet? *(Select all that apply)*

I   Australian Guide to Healthy Eating.

II   Healthy Eating Pyramid.

III Health Star Rating System.

Question 5

The Australian Guide to Healthy Eating recommends that the five food groups should be consumed in equal proportions for good health and wellbeing.

A True.

B False.

Question 6

Foods that should be consumed in the greatest proportions are displayed in the bottom layer of the Healthy Eating Pyramid.

A True.

B False.

Question 7

The Health Star Rating System is not designed to replace the nutrition information panel which is displayed on the back of food packaging.

A True.

B False.

Skills

Unpacking the case study

Use the following information to answer Questions 8-11.

Yesterday at school, Tessa learnt about three food selection models in her Health and Human Development class: the Australian Guide to Healthy Eating, the Healthy Eating Pyramid, and the Health Star Rating System. She has decided to use what she learnt to help her make healthier food choices today. Tessa decides to bring a bottle of water to school instead of buying a soft drink from the canteen. She packs her lunch box with an apple, some carrot sticks, and some capsicum. She was also going to bring a doughnut to school, but she decides to leave it out. Tessa has a piece of whole-grain toast with vegemite for breakfast before leaving for school. While in the car on the way to school, she tells her mum to try to buy food products that have at least four stars on their packaging when she next shops at the supermarket.

Question 8

The advice to 'drink plenty of water' as recommended by the Australian Guide to Healthy Eating is reflected by the statement that

A   'She has decided to use what she learnt to help her make healthier food choices today'.

B   'Tessa decides to bring a bottle of water to school instead of buying a soft drink from the canteen'.

Question 9

Consuming foods in the bottom foundation layer of the Healthy Eating Pyramid is reflected by the statement that

A   'She packs her lunch box with an apple, some carrot sticks and some capsicum'.

B   'Tessa learnt about three food selection models in her Health and Human Development class'.

Question 10

The advice to consume discretionary foods 'only sometimes and in small amounts' as recommended by the Australian Guide to Healthy Eating is reflected by the statement that

A   'She was also going to bring a doughnut to school, but she decides to leave it out'.

B   'Tessa has a piece of whole-grain toast with vegemite for breakfast before leaving for school'.

Question 11

The Health Star Rating System is reflected by the statement that

A   'Tessa decides to bring a drink bottle of water to school instead of buying a soft drink from the canteen'.

B   'she tells her mum to try to buy food products that have at least four stars on their packaging when she next shops at the supermarket'.

Exam-style questions

Question 12   (3 MARKS)

a   Identify the food selection model introduced by Nutrition Australia to promote healthy eating in Australia. (1 MARK)

b   Outline how this initiative identified in **part a** promotes healthy eating among Australian youth. (2 MARKS)

Question 13   (3 MARKS)

Carla has not been consuming a healthy diet. For example, she does not eat fruit and vegetables every day. She also eats ice-cream for dessert every night, and prefers to drink soft drink rather than water. Carla has recently decided that she wants to eat more healthily.

Select one food selection model and discuss two ways in which it could help Carla improve her diet.

Question 14   (4 MARKS)

a   Explain what is meant by 'protective nutrients' and identify one protective nutrient that the Health Star Rating System accounts for. (2 MARKS)

b   Explain what is meant by 'risk nutrients' and identify one risk nutrient that the Health Star Rating System accounts for. (2 MARKS)

Question 15   (4 MARKS)

a   Describe the Health Star Rating System. (2 MARKS)

b   Outline one strength and one limitation of the Health Star Rating System. (2 MARKS)

Question 16   (4 MARKS)

The Better Health Channel is a Victorian Government initiative that provides health and medical information to improve the health and wellbeing of Victorians. To promote healthy eating they recommend to:

- eat a wide variety of foods from each of the five major food groups daily, in recommended amounts.
- eat 'junk' foods that are usually high in saturated fat, added salt and added sugars occasionally and in small amounts.
- eat the correct number of daily serves of each food group based on your age, gender and activity levels. These are provided on the Better Health Channel website.

Source: adapted from Better Health Channel, *Healthy Eating*, <https://www.betterhealth.vic.gov.au/health/HealthyLiving/healthy-eating>

Compare this advice with the advice provided by the Australian Guide to Healthy Eating.

Adapted from VCAA 2012 exam section B Q4a

Questions from multiple lessons

Question 17   (5 MARKS)

According to the Australian Institute of Health and Welfare, only 7% of adults and 5% of children ate sufficient serves of vegetables in 2014-2015 (AIHW, 2018).

a   Leafy green vegetables are a food source of iron. With reference to the function of iron in the body, outline the importance of iron for an individual's health and wellbeing. (2 MARKS)

b   Explain how the Healthy Eating Pyramid could be used to increase the consumption of vegetables among Australian youth. (2 MARKS)

c   The Healthy Eating Pyramid also suggests to 'choose water' for hydration. Outline the function of water in the body. (1 MARK)

3C SOURCES OF NUTRITION INFORMATION

It is not unusual to see misleading headlines, such as 'lose 10 kilograms in two weeks by cutting carbs from your diet!' in magazines and online articles. Not all sources of nutrition information are accurate, and it is important to remember that you cannot trust everything you see or hear. By strategically evaluating the validity of sources of nutrition information, you can distinguish between reliable and unreliable dietary advice and make positively informed food choices.

In this lesson, you will learn about different sources of nutrition information, including nutrition information panels, healthcare professionals, nutrition organisations, digital apps, media, and websites. You will also learn strategies to help you evaluate the validity of different sources of nutrition information.

Image: Andrew Krasovitckii/Shutterstock.com

3A Major nutrients	3B Food selection models	3C Sources of nutrition information

Study design dot point

- sources of nutrition information and methods to evaluate its validity

Key knowledge units

Sources of nutrition information	1.2.4.1
Nutrition information panels	1.2.4.1.1
Healthcare professionals	1.2.4.1.2
Nutrition organisations	1.2.4.1.3
Digital apps	1.2.4.1.4
Media	1.2.4.1.5
Websites	1.2.4.1.6
Evaluating sources of nutrition information	1.2.4.2

Sources of nutrition information

- Sources of nutrition information 1.2.4.1
  - Nutrition information panels 1.2.4.1.1
  - Healthcare professional 1.2.4.1.2
  - Nutrition organisations 1.2.4.1.3
- Evaluating sources of nutrition information 1.2.4.2
  - Digital apps 1.2.4.1.4
  - Media 1.2.4.1.5
  - Websites 1.2.4.1.6
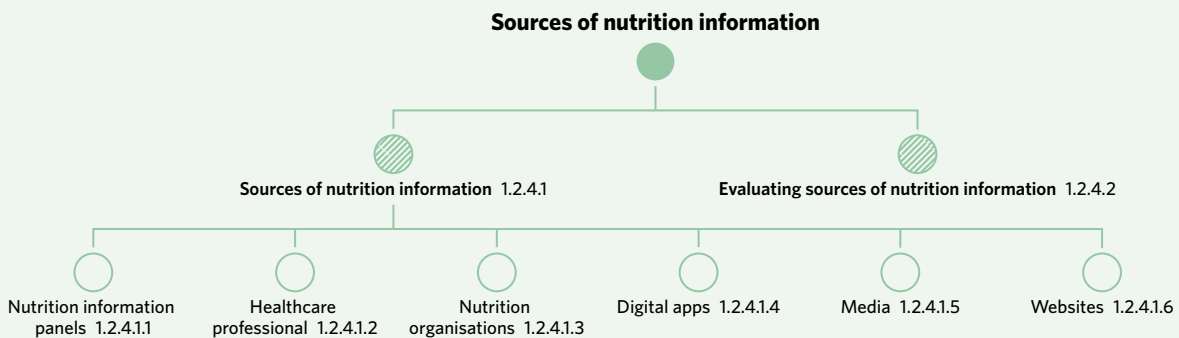
Sources of nutrition information 1.2.4.1

OVERVIEW

There are many different sources of nutrition information that can be used to positively inform food choices and to help Australians achieve adequate nutrient intake.

THEORY DETAILS

Consuming a healthy and balanced diet that incorporates all the essential nutrients is important for promoting growth and development, maintaining a healthy body weight, and preventing the development of various diet-related diseases, such as cardiovascular disease. Accurate and reliable sources of nutrition information help us consume a healthy and balanced diet and achieve adequate nutrient intake.

It is important that people have access to accurate and reliable sources of nutrition information to help them make healthier food choices. This is particularly important in Australia, where 67% of adults were considered to be overweight or obese in 2017-2018 (AIHW, 2020). This equates to approximately 12.5 million Australian adults exceeding a healthy body weight! To reduce this alarmingly high prevalence of overweight and obesity in Australia, it is important that accurate and reliable sources of nutrition information are available so that Australians can use this nutrition information to improve their diet.

There are many different sources of nutrition information that we can use to positively inform our food choices. Figure 1 outlines six examples of sources of nutrition information which will be discussed in this lesson.
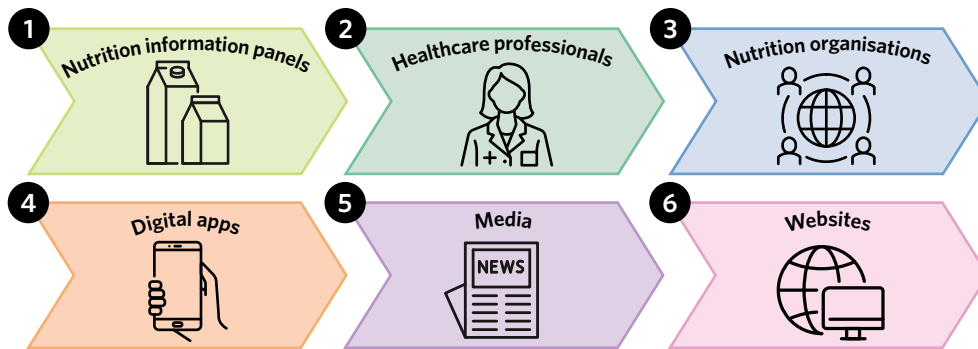
Image: VikiVector, Nadiinko, davooda/Shutterstock.com

Figure 1 Sources of nutrition information that will be discussed in this lesson

> ⚠ **Useful tip**
>
> In this lesson, six examples of sources of nutrition information are discussed. It is important to understand that there are other sources of nutrition information that are not discussed in this lesson. For example, you could learn about nutrition at school from your teacher, or your friend may give you dietary advice that their parent told them. However, if every source of nutrition information was included in this lesson, it would be hundreds of pages long. Therefore, six key examples have been selected for you to learn.

> 🧩 **Lesson link**
>
> In lesson **3B: Food selection models**, you learnt about the Australian Guide to Healthy Eating, the Healthy Eating Pyramid, and the Health Star Rating System. It is important to understand that these food selection models are sources of nutrition information, even though they are not included in this lesson.

Nutrition information panels 1.2.4.1.1

Nutrition information panels provide information on the nutritional content of packaged foods and drinks. Without a nutrition information panel being displayed on a food or drink label, we would have no way of knowing the quantity of each nutrient in the particular product. By knowing the nutritional profile of packaged foods and drinks, we can make healthier, more informed food and drink choices.

Food Standards Australia and New Zealand (FSANZ) is an agency that is responsible for developing and maintaining food labelling regulations for Australia and New Zealand. These regulations are mandatory for commercial companies that manufacture and sell packaged foods and drinks. FSANZ requires that nutrition information panels are displayed on packaged foods and drinks, and that the nutrition information is truthful. This ensures that Australians are provided with an accurate description of the product, and have adequate nutritional knowledge to make informed dietary choices.

Nutrition information panels display information on:

- the energy content (in kilojoules) of the food or drink product
- the quantity of protein in the food or drink product
- the quantity of fat (including saturated fat) in the food or drink product
- the quantity of carbohydrates (including sugars) in the food or drink product
- the quantity of sodium (salt) in the food or drink product.

Furthermore, if the manufacturer has made a specific claim about another nutrient, then the quantity of this nutrient must be displayed on the nutrition information panel. For example, if a manufacturer claims that their product is an excellent source of dietary fibre, then the amount of dietary fibre present in the product must be displayed on the nutrition information panel to validate this claim.

The energy content and nutrient quantities are displayed per serving size. This indicates the amount of each nutrient a person obtains when consuming one serving of the product. These amounts are also displayed per 100 grams for food products, or per 100 millilitres for drink products. This enables different products to be easily compared.

Figure 2 shows an example of a nutrition information panel that could be displayed on a food or drink product.

Nutrition information panel		
Servings per package: 10		
Serving size: 50g		
	Per serve	Per 100g
Energy	**584kJ**	**1168kJ**
Protein	12.4g	24.8g
Fat		
Total	0.6g	1.2g
Saturated	0.3g	0.6g
Carbohydrate		
Total	33.7g	67.4
Sugars	4.6g	9.2g
Sodium	51mg	102mg

Figure 2 An example of a nutrition information panel

By providing information on the energy content and nutrient quantities of food and drink products, nutrition information panels help Australian consumers make healthier dietary choices. For example, Australians can avoid foods that contain unnecessary kilojoules and large amounts of risk nutrients, such as saturated fat, sugars, and sodium.

Some food and drink products are not required to display a nutrition information profile. For example, herbs, spices, water, tea, and coffee do not display nutrition information panels because they are not of significant nutritional value. Furthermore, unpackaged foods, including fresh fruit and vegetables, are not required to display a nutrition information panel.

In addition to the nutrition information panel, food and drink labels display additional information, including the ingredients of the product, the use-by or best-before date, food storage instructions, the food supplier and manufacturer, and the country of origin. Food labels also must inform consumers of the presence of any major allergens or food additives. Next time you are in your kitchen or at the supermarket, take a look at the label of your favourite food or drink product and examine the nutrition information panel. Is your product a healthy food choice? Furthermore, see if you can spot any of the additional information that is displayed on food and drink labels.

Healthcare professionals 1.2.4.1.2

Some healthcare professionals may provide nutrition information and dietary advice. They may help people change their eating patterns, consume a healthy and balanced diet, and achieve adequate nutrient intake. Furthermore, they may be qualified to provide treatment and support to individuals suffering from diet-related conditions, such as obesity. By promoting healthy eating messages and offering nutrition services, healthcare professionals can be a source of nutrition information for Australians.

General practitioners, dietitians, and nutritionists are examples of healthcare professionals who provide nutrition information. These healthcare professionals and their roles in relation to nutrition are explored in table 1.
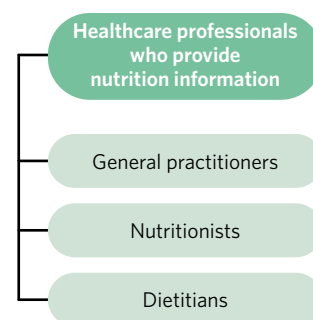
Figure 3 Healthcare professionals who provide nutrition information

Table 1 Healthcare professionals who provide nutrition information

Healthcare professional	Who are they?	What do they do in relation to nutrition?
General practitioner	General practitioners (GPs) are qualified healthcare professionals who treat patients with common medical conditions, refer patients with uncommon medical conditions to a specialist, and refer patients with serious medical conditions to a hospital.	In relation to nutrition, general practitioners can identify individuals who may be consuming an unhealthy diet and who may require additional dietary advice and support. They can also identify people who are suffering from diet-related conditions, such as diabetes, and then refer these people to a healthcare professional who specialises in nutrition, such as a dietitian. Furthermore, general practitioners may promote healthy eating messages and share nutrition information with their patients and their community.
Dietitian	Dietitians are qualified healthcare professionals who specialise in nutrition. They have studied nutrition and dietetics at university, and have also completed additional study by practising in professional environments, such as hospitals, public health settings, and medical therapy.	In relation to nutrition, dietitians are qualified to provide expert nutrition information and dietary advice. They can deliver personalised dietary treatment for diet-related conditions, such as obesity, food allergies, diabetes, and heart disease. Furthermore, they may help people plan a healthy and balanced diet that is specific to their individual needs, and positively change their eating patterns. Dietitians are qualified to work across numerous settings, including private practices, hospitals, community health centres, the food industry, and university research.
Nutritionist	Accredited nutritionists are healthcare professionals that specialise in nutrition and dietetics. They have completed tertiary study related to food and nutrition, and have received qualifications from a national nutrition licensing organisation.	In relation to nutrition, accredited nutritionists can provide nutrition information and dietary advice within the community and public health sector. They may be involved in the development, implementation and coordination of nutrition interventions that promote healthy eating among Australians. Accredited nutritionists may also conduct nutrition research.

It is important to understand the difference between a dietitian and a nutritionist. In contrast to dietitians, nutritionists are not qualified to provide individualised medical consultations and treatment for diet-related conditions. Furthermore, they are not qualified to offer medical nutrition therapy to neither individuals nor groups. In other words, a dietitian can also work as a nutritionist, but a nutritionist cannot also work as a dietitian without first obtaining further qualifications. If you required medical nutrition therapy or individualised dietary advice to treat a diet-related condition, a dietitian would be more qualified to provide these services than a nutritionist.

Want to know more?

The credibility of Australian nutritionists and dietitians

In Australia, professional nutrition practice is not regulated by the government. This means that the titles 'nutritionist' and 'dietitian' are not legally protected, and anyone can refer to themselves as a nutritionist or dietitian, even if they only have limited nutritional knowledge and have not obtained the necessary qualifications.

When visiting a nutritionist or dietitian, it is therefore important to ensure that the healthcare professional is qualified to provide dietary advice. All accredited dietitians in Australia have received recognition from the Dietitians Association of Australia, and are listed on the register of Accredited Practising Dietitians. This register is available online. All accredited nutritionists in Australia have received qualifications from a national nutrition licensing organisation, such as the Nutrition Society of Australia. The nutrition licensing organisation assesses the applicant and confirms that they have adequate credentials and experience to be a nutritionist.

Image: olesia_g/Shutterstock.com

Figure 4 It is important that the nutritionists and dietitians we visit are qualified to provide us with nutrition information

Healthcare professionals who are qualified to provide dietary advice are an extremely reliable source of nutrition information. They have expertise and experience that enables them to provide accurate nutrition information. Even if you do not directly visit an accredited healthcare professional for dietary advice, you may read an online article or a magazine column that they wrote, and would be able to trust this source of nutrition information.

Nutrition organisations 1.2.4.1.3

In Australia, there are numerous government and non-government nutrition organisations that act as a source of nutrition information by offering dietary advice and promoting healthy eating. Several examples of nutrition organisations are explored in table 2.

Table 2 Nutrition organisations in Australia

Nutrition organisation	What is it?	What is their mission and goals?	How do they act as a source of nutrition information?
Nutrition Australia	Nutrition Australia is a non-government, non-profit nutrition organisation that promotes healthy eating in Australia. It delivers evidence-based nutrition education and community-based resources to help the Australian community consume a healthy and balanced diet. Nutrition Australia is considered to be the leading nutrition education body in Australia, with many influential and renowned nutrition experts being involved in the organisation.	Nutrition Australia aims to 'inspire and empower healthy eating for all Australians' (Nutrition Australia, n.d.). It seeks to promote healthy eating messages to the Australian population and encourage healthy food choices to reduce the prevalence of diet-related diseases, such as obesity and type 2 diabetes. The organisation aims to translate current and reputable nutrition research into an accessible and easy-to-understand format, and share this nutrition information with all Australians.	Nutrition Australia designs and implements community-based nutrition education programs that target numerous audiences, such as aged care facilities, schools, the food industry, workplaces, families, and early learning centres. It develops nutrition resources, such as fact sheets and posters, and facilitates nutrition workshops and seminars. The organisation also runs nutrition awareness campaigns, including the annual National Nutrition Week campaign.
Diabetes Australia	Diabetes Australia was established in 1984 as an organisation that advocates for people living with diabetes, or people at risk of developing diabetes (Diabetes Australia, 2021). It engages in leadership, prevention, management, and research. The organisation promotes the consumption of a healthy and balanced diet to reduce the risk of developing diabetes.	Diabetes Australia aims to reduce the prevalence of diabetes in Australia. It seeks to raise awareness about the disease and related issues among the Australian community. The organisation also aims to enable diabetes prevention by promoting healthy eating, such as encouraging the widespread use of the Australian Dietary Guidelines.	Diabetes Australia acts as a source of nutrition information by providing helpful tips about modifying recipes to reduce saturated fat, salt and added sugar intake. It offers a selection of healthy recipes that decrease the risk of developing diabetes. The organisation also recommends that people living with diabetes visit a dietitian for dietary advice, and funds and coordinates scientific research towards the prevention, management, and cure for diabetes.
Heart Foundation	The Heart Foundation was established in 1959 as the leading Australian body for heart health. It advocates for the improvement of heart disease prevention, detection, and support. Given that consuming an unhealthy diet is one of the leading risk factors for the development of heart disease in Australia, the organisation promotes the importance of a heart-healthy lifestyle, which includes eating healthily.	The Heart Foundation aims to reduce the prevalence of heart disease in Australia, and improve the heart health of Australians. The organisation works 'towards an Australia free of heart disease' (Heart Foundation, 2021). It aims to protect Australian hearts and make a difference in the fight against heart disease. The Heart Foundation also acknowledges that making healthy food choices is vital for optimal heart health, and works to promote this message within the community.	The Heart Foundation acts as a source of nutrition information by providing a 'heart-healthy eating pattern' to healthy Australians to reduce the risk of developing heart disease. The organisation also runs heart health awareness campaigns, and offers accessible resources that promote a heart-healthy lifestyle. For example, it provides a four week 'heart-healthy dinner plan', which is a collection of delicious and healthy recipes that promote heart health.

ⓘ ***Useful tip***

Some nutrition organisations focus on providing dietary advice to address a specific health condition. For example, Diabetes Australia focuses on providing nutrition information to people suffering from diabetes. It is important to remember this when accessing this material, as the dietary advice and resources may not be suitable for all Australians. It is also important to understand that some nutrition organisations also provide information that is not related to nutrition. For example, The Heart Foundation also promotes physical activity as a way to prevent heart disease, in addition to a healthy and balanced diet.

🧩 ***Lesson link***

In lesson ***3B: Food selection models***, you learnt about the Healthy Eating Pyramid, which was developed by Nutrition Australia. This food selection model is an example of how nutrition organisations act as a source of nutrition information to promote healthy eating in Australia.

For a nutrition organisation to be an accurate and reliable source of nutrition information, the dietary advice that it provides must be based on unbiased research. There are some commercial nutrition organisations that sell dietary products, and this may cause the nutrition information provided by these organisations to be more focused on increasing profits, rather than promoting healthy eating. Therefore, non-profit nutrition organisations that provide nutrition information based on government guidelines and up-to-date research are considered more reliable than profit-driven nutrition organisations.

Digital apps 1.2.4.1.4

If you own a mobile phone, you most likely have many digital apps installed on your device, including social media apps, gaming apps, and music apps. Do you have any digital apps that are a source of nutrition information?

There are countless digital apps that you can install on your mobile phone to help you consume a healthy and balanced diet, and maintain a healthy body weight. These digital apps may have been developed by government agencies, non-government organisations, or profit-driven commercial organisations.

Some digital apps may provide nutritious recipes with step-by-step instructions, while others may help users keep track of their daily food intake. Alternatively, some digital apps may provide nutrition facts and helpful tips to help people make healthier food choices. Open the app store on your mobile phone and search the word 'nutrition' to explore the many digital apps available as a source of nutrition information.

🌐 *Real world example*

8700

'8700' is a digital app that is named after the daily kilojoule intake of the average Australian adult. It was designed by two government agencies: the NSW Ministry of Health and the NSW Food Authority.

The free digital app aims to 'help you make healthier choices' by providing users with an individualised recommendation of the number of kilojoules they should consume each day to maintain a healthy body weight (NSW Government, n.d.). This 'kilojoule calculator' takes into account your height, weight, activity levels, age, and gender to estimate your recommended daily kilojoule consumption.

After this calculation, '8700' provides the kilojoule content of foods and drinks from major fast food outlets and snack chains to help users not exceed their estimated daily energy requirements. By understanding how many kilojoules they need, and knowing the kilojoule count of some common foods and drinks, users of this digital app are provided with nutrition information to help them maintain a healthy body weight.

Image: Pogorelova Olga/Shutterstock.com

Figure 5 '8700' is a digital app that helps Australians to maintain a healthy body weight

Media 1.2.4.1.5

Nutrition information is also presented by the media in multiple forms. For example, cooking programs are broadcast on television, nutrition articles are published in magazines or newspapers, and the findings of recent nutrition studies may be accessible online. Furthermore, media campaigns that provide nutrition information may involve the distribution of promotional brochures and posters. There are also more ways in which the media provides nutrition information.

It is important to remember that nutrition information presented by the media is not always accurate and reliable. While some media campaigns that are run by government agencies or reputable nutrition organisations are likely to provide accurate nutrition information, some media campaigns may be aiming to increase profits. For example, they may be advertising a specific dietary product or aiming to capture the attention of viewers. This may mean that the nutrition information they provide is sensationalised and exaggerated, and is therefore unreliable. Furthermore, it is common for social media influencers to promote weight loss strategies and dietary products on their social media accounts to a large number of followers. However, this nutrition information is often sponsored by profit-driven commercial organisations and is therefore untrustworthy.

Real world example

Go for 2&5

The 'Go for 2&5' campaign was an initiative of the Western Australian Department of Health that ran from 2002 to 2012. This media campaign aimed to address the insufficient consumption of fruits and vegetables among Western Australian adults by increasing awareness of the importance of adequate fruit and vegetable intake.

'Go for 2&5' encouraged adults to consume the recommended two serves of fruits and five serves of vegetables each day. The campaign was promoted on various media channels, including television, radio, posters, brochures, and billboards. It featured an animated character made from colourful fruits and vegetables who suggested practical ways to incorporate more fruits and vegetables into one's diet.

Image: WA Department of Health, n.d.

Figure 6 'Go for 2&5' was a media campaign that promoted adequate consumption of fruit and vegetables

The 'Go for 2&5' media campaign was successful in increasing daily fruit and vegetable consumption among Western Australian adults by 0.8 serves. It acted as a source of nutrition information by emphasising the importance of consuming sufficient amounts of fruits and vegetables, and accurately providing the recommended daily serves of fruits and vegetables that Australian adults should consume.

(WA Department of Health, n.d.)

Websites 1.2.4.1.6

There are countless websites available online that provide nutrition information. For example, when you search the word 'nutrition' into the Google search engine, approximately 962 million search results appear almost instantly!

Our ability to access nutrition information quickly and easily at any time and place via the internet is remarkable. However, it is important to remember that not all websites provide nutrition information that is accurate and reliable. For example, some websites may advertise dietary products and may be more focused on increasing profits than promoting healthy eating. Furthermore, there are no restrictions as to who can create a website, and people who are not qualified dietitians or nutritionists can easily provide dietary advice online. This is in contrast to websites that are written by government agencies, renowned nutrition organisations, or reputable dietitians and nutritionists that usually provide accurate and reliable nutrition information.

Want to know more?

What sources of nutrition information are used by Australians the most?

A research study was conducted to determine which sources of nutrition information Australians use most frequently. Participants completed an online survey in which they were asked about which sources of nutrition information they have previously used to inform their food choices and which sources they perceived to be the most accurate and reliable.

The findings of the research study revealed that online internet searches were the most popular source of nutrition information, with 62.9% of participants reporting that they had previously accessed nutrition information online. By contrast, only 32% of participants had ever visited a dietitian for dietary advice. This was despite participants perceiving this source of nutrition information to be the most accurate and reliable. Why do you think that Australians are more likely to use the internet to access nutrition information than dietitians, even though they believe that dietitians provide more accurate and reliable nutrition information?

This research study also found that the second most frequently used source of nutrition information was family and friends, with approximately 59% of participants previously acquiring knowledge from these sources. Furthermore, 57.7% of participants had used magazines as a source of nutrition information, despite most participants judging dietary advice published in magazines as unreliable and not credible.

(Cash et al., 2015)

Evaluating sources of nutrition information 1.2.4.2

OVERVIEW

Not every source of nutrition information is accurate and reliable. It is important to evaluate the extent to which the source is valid before trusting the nutrition information it provides.

THEORY DETAILS

There is an abundance of nutrition information available from many different sources. While it is not difficult for Australians to access nutrition information, it can be challenging to determine whether the source of nutrition information is accurate and reliable. It is important to remember that before you can trust a source of nutrition information, you must first evaluate its **validity**, or the extent to which it is factually accurate.

When nutrition information is valid, it can accurately inform our food choices, helping us achieve adequate nutrient intake. By contrast, when nutrition information is not valid, it can misinform and mislead us, preventing the consumption of a healthy and balanced diet. By knowing how to strategically evaluate the validity of a source of nutrition information, this ensures that we are informed consumers and that the dietary advice being accessed is accurate and reliable.

When evaluating a source of nutrition information, it is important to ask the following questions:

1   Where did the nutrition information come from?

2   What is the purpose of the nutrition information?

3   Is the nutrition information realistic?

4   How is the nutrition information supported?

5   When was the nutrition information last updated?

Each question will now be explained in detail. This will help you understand how they are used to evaluate the validity of a source of nutrition information.

Where did the nutrition information come from?

It is important to know who developed and published the nutrition information, and consider if they are qualified to provide nutrition information. By verifying the credentials of the author, publisher, and organisation that provided the nutrition information, this can ensure that the source is accurate and reliable. For example, if the nutrition information was written by qualified healthcare professionals or nutrition experts and was published by a reputable nutrition organisation or a government agency, it is likely that this source is valid. By contrast, if the nutrition information is published by a commercial organisation, posted by a social media influencer, or the author is anonymous, the source may not be valid.

> (!) *Useful tip*
>
> When accessing nutrition information online, it is useful to remember that website URLs ending in .org, .edu, or .gov are generally accurate and reliable. By contrast, website URLs ending in .com are commercial websites that may be attempting to sell you something and may not be valid sources of nutrition information.

What is the purpose of the nutrition information?

It is important to understand what the source of nutrition information is intending to do. Is the source of nutrition information aiming to promote healthy eating and positively inform food choices? Or is it intending to make a profit off consumers? A source that is affiliated with a commercial brand or dietary product may not provide valid nutrition information, as it may be more focused on increasing profits than promoting healthy eating. The nutrition information may be manipulated to present a favourable depiction of the brand or product. By contrast, sources from government agencies or non-profit nutrition organisations are likely to provide valid nutrition information. This is because these sources' only purpose is to provide accurate and reliable dietary advice to help people make healthier food choices. The nutrition information from these sources is unbiased, as it is not focused on endorsing any commercial brands or products.

ADDITIONAL TERMS

Validity refers to the extent to which a source of information is factually accurate

Image: GoodStudio/Shutterstock.com

Figure 7 Evaluating sources of nutrition information involves detective work. You must examine the source from all angles, and judge whether you can trust the dietary advice it provides

Is the nutrition information realistic?

If you have ever read or heard of something that sounds too good to be true, it is likely that this is the case. For example, some dietary products claim to help you lose weight instantly. These claims may be accompanied by testimonials of its effectiveness, such as 'I lost 12 kilograms by using this product!' While the promise of a 'quick fix' to weight loss may be appealing, this information is unrealistic, because losing body weight in a healthy way requires long-term dietary and lifestyle changes.

It is important to judge whether the nutrition information is believable. For example, dietary products that claim to be a 'miracle cure', such as a supplement that suppresses appetite, should be judged as unrealistic. Furthermore, it is important to judge whether the nutrition information makes logical sense. Dietary advice that requires irregular food consumption patterns, or advises you to eliminate entire food groups from your diet, should be judged as illogical. This decreases the validity of these sources of nutrition information.

How is the nutrition information supported?

It is important that the nutrition information is supported by other sources of nutrition information. If other sources contradict the claims of the source being accessed, then it is unlikely that the nutrition information is reliable. Furthermore, if a source is based on opinion, rather than factual scientific evidence and unbiased scientific research, this may decrease the validity of the nutrition information. Valid sources of nutrition information draw upon multiple evidence-based research studies to support their dietary advice.

When was the nutrition information last updated?

Dietary advice is constantly changing, as scientists and healthcare professionals conduct nutrition research and new findings emerge. This means that sources of nutrition information must be constantly reviewed and updated to ensure that they are current, relevant, and reflect the latest scientific research. Sources of nutrition information that are not reviewed and updated regularly may become outdated and inaccurate, even if it was developed by a reliable source some time ago. For example, the US Department of Agriculture advised people to 'eat butter everyday' in 1943 (Veggie Quest, 2016). However, current dietary advice would not recommend the regular consumption of butter, which is high in saturated fat. It is important to know when the nutrition information being accessed was last reviewed and updated. Nutrition information that has been updated in recent years is more likely to be valid than nutrition information that has not been updated for several years.

Image: hobbit, Nadiinko/Shutterstock.com

Figure 8 This headline presents an unrealistic claim, and the article is unlikely to provide valid nutrition information

Evaluating a source of nutrition information

Where did the nutrition information come from?	
Anonymous author, or a commercial brand selling a dietary product	Scientists, qualified healthcare professionals, nutrition experts, government organisations

What is the purpose of the nutrition information?	
To sell a dietary product, endorse a commercial brand, attract viewers and increase profits	To provide accurate and reliable dietary advice to help people make healthier food choices

Is the nutrition information realistic?	
The information does not make logical sense, or the claims sound too good to be true	The information makes logical sense, and the claims are believable and realistic

How is the nutrition information supported?	
The information is based on opinion, or information from other sources contradicts it	The information is supported by factual, scientific evidence and multiple research studies

When was the nutrition information last updated?	
The information has not been reviewed and updated for several years	The information has been reviewed and updated recently

If the source of nutrition information achieved any red boxes, it may not be valid, and may not be trustworthy.	**If the source of nutrition information achieved five green boxes, it is highly likely that it is valid, and can be trusted.**

Figure 9 This strategy for evaluating a source of nutrition information involves asking questions

By asking yourself these questions when evaluating a source of nutrition information, you can accurately determine the validity of the source, and whether you can trust the dietary advice it provides. In other words, you can be an informed consumer of nutrition information. These questions can be applied to any source of nutrition information that you encounter to determine its accuracy and reliability.

However, it is important to be aware that even valid sources of nutrition information are not designed to replace individualised dietary advice that you would receive from a healthcare professional. Each person is different, and not all dietary advice will be suitable for everyone and their stage of the lifespan. Healthcare professionals are qualified to answer your specific questions and provide you with individualised dietary advice. This means that sources of nutrition information that target the general population are only designed to be educational and informational. They are not intended to provide individualised dietary advice, or diagnose diet-related conditions, such as type 2 diabetes. This is the role of a healthcare professional who specialises in nutrition, such as a dietitian.

ACTIVITY 1

Evaluating sources of nutrition information

Evaluate whether the following sources of nutrition information are likely to be valid or invalid. Answer each question with either 'yes' or 'no', and justify your answer.

1   A television show aired an episode in which they promoted the importance of maintaining a healthy body weight. This episode was sponsored by a commercial company that sells dietary products. Is this source of nutrition information likely to be valid?

2   A media campaign about the importance of consuming foods from five food groups in appropriate proportions each day was introduced by a reputable, non-profit nutrition organisation in Australia. Is this source of nutrition information likely to be valid?

3   A food selection model that was created by nutrition experts as part of an Australian government initiative was published in 1990. It has not been updated since it was published. Is this source of nutrition information likely to be valid?

4   A magazine article was printed. The headline of this article was 'lose four kilograms in two days by only making one change to your diet!'. Is this source of nutrition information likely to be valid?

5   A journal article on the importance of consuming micronutrients for optimal development was collaboratively authored by several leading nutrition experts. The article referenced multiple evidence-based research studies to support its claims. Is this source of nutrition information likely to be valid?

Theory summary

In this lesson, you learnt about six different examples of sources of nutrition information. You also learnt about the importance of strategically evaluating the validity of a source of nutrition information before trusting the dietary advice it provides. Furthermore, you learnt several questions you can ask yourself to determine whether a source of nutrition information is accurate and reliable or not.

3C QUESTIONS

Theory-review questions

Question 1

Accurate and reliable sources of nutrition information help people make healthier food choices and achieve adequate nutrient intake.

A   True.

B   False.

Question 2

There are only six sources of nutrition information.

A   True.

B   False.

Question 3

Every source of nutrition information is trustworthy.

A   True.

B   False.

Question 4

What is the purpose of evaluating the validity of a source of nutrition information?

A   To determine if the dietary advice it provides is accurate and reliable before using it.

B   To check that the dietary advice it provides is accurate and reliable after using it.

Question 5

Who is most qualified to provide you with individualised dietary advice?

A   Your parents.

B   Online websites.

C   Healthcare professionals.

Question 6

Sources of nutrition information that target the general population can be used to diagnose diet-related conditions without having to visit a healthcare professional.

A   True.

B   False.

Question 7

Nutrition information from non-profit nutrition organisations is less likely to be biased than nutrition information from commercial companies that sell dietary products.

A   True.

B   False.

Question 8

Which of the following best fills in the blank?

A   Always.

B   Sometimes.

Nutrition information that is accessed online is _____ accurate and reliable.

Skills

Unpacking the case study

Use the following information to answer Questions 9-11.

Luka wanted to know how many servings of fruit and vegetables he should consume each day as part of a healthy and balanced diet. He found a website that was created by a reputable nutrition organisation, and discovered that the serving recommendations were based on government guidelines. He also checked to see when the website page was last updated, which was only a few months ago. Luka decided that this source of nutrition information was valid and trustworthy.

Luka also wanted to know which foods he should avoid to help him maintain a healthy body weight. He asks his friend, Jimmy, for dietary advice. Jimmy tells Luka that he read a magazine article that claimed you could lose five kilograms in two weeks by completely eliminating carbohydrates from your diet. Luka thought this sounded too good to be true, and decided not to listen to Jimmy's advice.

Question 9

An example of a valid source of nutrition information is reflected by the statement that

A 'He found a website that was created by a reputable nutrition organisation'.

B 'Jimmy tells Luka that he read a magazine article that claimed you could lose five kilograms in two weeks by completely eliminating carbohydrates from your diet'.

Question 10

Luka evaluating the validity of a source of nutrition information is reflected by the statement that

A 'He asks his friend, Jimmy, for dietary advice'.

B 'He also checked to see when the website page was last updated'.

Question 11

Both sources of nutrition information that Luka had access to could be considered accurate and reliable.

A True.

B False.

Exam-style questions

Question 12 (1 MARK)

Outline the importance of evaluating the validity of sources of nutrition information.

Question 13 (2 MARKS)

Identify two sources of nutrition information.

Question 14 (2 MARKS)

Provide an example of a nutrition organisation and explain how it acts as a source of nutrition information.

Question 15 (2 MARKS)

Using examples, discuss the validity of the media as a source of nutrition information.

Question 16 (2 MARKS)

Compare the validity of healthcare professionals and websites as sources of nutrition information.

Question 17 (3 MARKS)

Identify one example of a source of nutrition information and evaluate the validity of the nutrition information it provides.

Questions from multiple lessons

Question 18 (3 MARKS)

Identify one sociocultural factor and explain how it may prevent a person from accurately evaluating a source of nutrition information. Outline how this may impact their health and wellbeing.

CHAPTER 3 REVIEW

CHAPTER SUMMARY

In this chapter, you learnt about the importance of consuming a healthy and balanced diet and consuming appropriate amounts of nutrients for optimal health and wellbeing. You also learnt about sources of nutrition information that inform dietary choices.

In lesson **3A: Major nutrients**, you learnt about the major nutrients that are essential for health and wellbeing.

Key information covered in this lesson includes:

- the major nutrients, including carbohydrates, protein, fats, vitamins, minerals, and water
- the difference between macronutrients and micronutrients
- the function of major nutrients
- food sources of major nutrients.

In lesson **3B: Food selection models**, you learnt about three food selection models that have been developed by government and non-government agencies to promote healthy eating among Australian youth.

Key information covered in this lesson includes:

- the Australian Guide to Healthy Eating
- the Healthy Eating Pyramid
- the Health Star Rating System
- the strengths and limitations of each food selection model.

In lesson **3C: Sources of nutrition information**, you learnt about different sources of nutrition information. You also learnt how to evaluate the validity of a source of nutrition information.

Key information covered in this lesson includes:

- sources of nutrition information, including nutrition information panels, healthcare professionals, nutrition organisations, digital apps, media, and websites
- the importance of evaluating the validity of sources of nutrition information
- how to evaluate the validity of a source of nutrition information.

Health and nutrition

3A

Major nutrients that are essential for health and wellbeing

Carbohydrates | Protein | Fats | Vitamins | Minerals | Water

↓

To promote adequate consumption of these major nutrients, there are…

Food selection models

Australian Guide to Healthy Eating

The Healthy Eating Pyramid

Health Star Rating System

3B

Sources of nutrition information

Nutrition information panels

Healthcare professionals

Nutrition organisations

Digital apps

Media

Websites

Other sources of nutrition information

3C

It is important to evaluate the validity of a source of nutrition information to ensure that the dietary advice it provides is accurate and reliable.

CHAPTER REVIEW ACTIVITIES

Review activity 1: Fill out the diagram

In chapter 3, you learnt about the major nutrients that are essential for health and wellbeing. The diagram below is a framework for summarising the function and food sources of each major nutrient. Copy onto a piece of paper and fill out the diagram.

Major nutrients

Macronutrients	**Micronutrients**

Simple carbohydrates
Function: _____
_____
Food sources: _____

Vitamin A
Function: _____
_____
Food sources: _____

Complex carbohydrates
Function: _____
_____
Food sources: _____

B-group vitamins
Function: _____
_____
Food sources: _____

Fibre
Function: _____
_____
Food sources: _____

Vitamin C
Function: _____
_____
Food sources: _____

Protein
Function: _____
_____
Food sources: _____

Vitamin D
Function: _____
_____
Food sources: _____

Monounsaturated fat
Function: _____
_____
Food sources: _____

Calcium
Function: _____
_____
Food sources: _____

Polyunsaturated fat
Function: _____
_____
Food sources: _____

Phosphorus
Function: _____
_____
Food sources: _____

Saturated fat
Function: _____
_____
Food sources: _____

Sodium
Function: _____
_____
Food sources: _____

Trans fat
Function: _____
_____
Food sources: _____

Iron
Function: _____
_____
Food sources: _____

Water
Function: _____
Food sources: _____

Review activity 2: Fill out the diagram

In chapter 3, you learnt about different sources of nutrition information, and the importance of evaluating their validity to ensure that they provide accurate and reliable nutrition information. The diagram below is a framework for summarising the different sources of nutrition information, and the strategic questions that can be used to evaluate their validity. Copy onto a piece of paper and fill out the diagram.

Sources of nutrition information

Food selection models

Source: _____ Description: _____
_____

Source: _____ Description: _____
_____

Source: _____ Description: _____
_____

Source: _____ Description: _____
_____

Source: _____ Description: _____
_____

Source: _____ Description: _____
_____

Source: _____ Description: _____
_____

Source: _____ Description: _____
_____

Source: _____ Description: _____
_____

Questions to evaluate their validity

1. _____
_____

2. _____
_____

3. _____
_____

4. _____
_____

5. _____
_____

CHAPTER 3 TEST

Question 1 (4 MARKS)

a Distinguish between macronutrients and micronutrients. (2 MARKS)

b Provide one example of a macronutrient and one example of a micronutrient. (2 MARKS)

Question 2 (1 MARK)

Outline a function of protein for the human body.

Question 3 (6 MARKS)

a Explain protective nutrients and risk nutrients. Explain whether fibre is a protective nutrient or a risk nutrient. (4 MARKS)

b Identify two food sources of fibre. (2 MARKS)

Question 4   (4 MARKS)
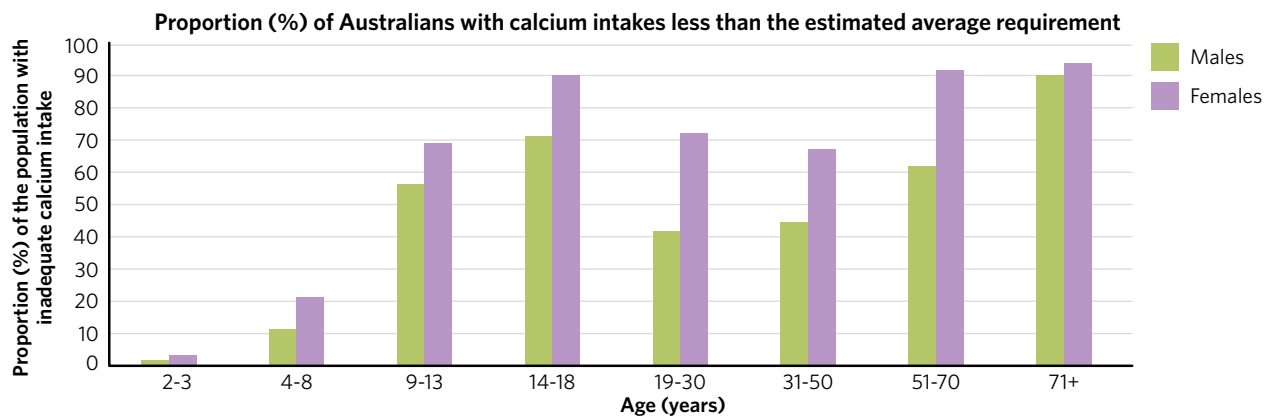
Proportion (%) of Australians with calcium intakes less than the estimated average requirement

Source: adapted from Australian Institute of Health and Welfare, *Nutrition across the life stages*, <https://doi.org/10.25816/5ebcaca1fa7e2>

a   Using data from the graph, draw a comparison between females and males in terms of the proportion of Australians with calcium intakes less than the estimated average requirement. (2 MARKS)

b   Outline the importance of adequate calcium intake for the human body. (1 MARK)

c   Identify a food that Australians could consume to increase their calcium intake. (1 MARK)

Question 5   (4 MARKS)

Violet is underweight, and is told by her dietician that she needs to increase her energy intake. The dietician recommends that Violet consumes more healthy fats.

a   Identify the two types of fats that are classified as healthy fats. (2 MARKS)

b   Outline a function of fats for the human body, and explain why this may have caused the dietician to advise Violet to increase her fat consumption. (2 MARKS)

Question 6   (2 MARKS)

Describe the Australian Guide to Healthy Eating.

Question 7   (5 MARKS)

The Healthy Eating Pyramid is a food selection model that was developed by Nutrition Australia.

a   Evaluate the effectiveness of the Healthy Eating Pyramid in promoting healthy eating among Australian youth, with reference to its strengths and limitations. (2 MARKS)

b   Many Australians consume too much sodium in their diet (AIHW, 2018), increasing their risk of developing diet-related diseases, such as cardiovascular disease. Explain how the Healthy Eating Pyramid could help Australians to reduce their sodium intake. (2 MARKS)

c   Outline the importance of sodium for the human body when consumed in healthy amounts. (1 MARK)

Question 8   (7 MARKS)

Charlie has a very busy day today, and has limited time to do his grocery shopping at the supermarket.

a   Describe the Health Star Rating System, and explain how it may help Charlie quickly make healthy food choices while shopping for groceries. (2 MARKS)

b   Outline one limitation of the Health Star Rating System. (1 MARK)

The following week, Charlie goes grocery shopping on a day where he is not busy at all. Because he has more time this week, he decides to use the nutrition information panels to help him make healthier food choices, rather than health star ratings. He also read a magazine article recently about how complex carbohydrates are a more sustained source of energy than simple carbohydrates, which reduces the risk of overeating. Therefore, Charlie wants to consume more complex carbohydrates, and less simple carbohydrates.

c   Explain why it may be better for Charlie to consult nutrition information panels rather than the health star ratings of food products at the supermarket. (2 MARKS)

d   Identify one food source of carbohydrates that Charlie should purchase, and one food source of carbohydrates that Charlie should avoid purchasing. (2 MARKS)

Question 9   (2 MARKS)

Other than nutrition information panels and food selection models, identify two sources of nutrition information.

Question 10   (7 MARKS)

Many people like to drink soft drink, and some people even drink it every day! However, soft drink contains large amounts of added sugar. This may contribute to weight gain and increases the risk of developing diet-related conditions, such as type 2 diabetes. A non-profit nutrition organisation decided to run a media campaign to address this problem. This media campaign encouraged Australians to choose water as their main source of hydration, and limit soft-drink consumption. Informative posters and brochures were developed based on current, unbiased scientific research, and distributed among the community. The organisation also created a promotional video that was broadcasted on television. The video advised viewers to drink water instead of soft drink, and revealed the negative health consequences of consuming large amounts of added sugar.

a   Evaluate the validity of the media campaign that is described above. (3 MARKS)

b   Outline one function of water for the human body. (1 MARK)

Silas was watching a television channel that did not broadcast the promotional video from the media campaign. Instead, Silas saw an advertisement for herbal tea. The advertisement claimed that drinking this brand of herbal tea had greater health benefits than drinking water. It also claimed that drinking this herbal tea can help you lose weight. At the end of the advertisement, there was a phone number that viewers could call to purchase the herbal tea. Silas, who has been wanting to lose some weight, wonders whether he should call the phone number to purchase the herbal tea.

c   Justify whether you would recommend that Silas purchase the herbal tea. (3 MARKS)

Question 11   (5 MARKS)

Erin has just found out that she is pregnant for the first time. She visits her general practitioner and asks which foods she should consume more of, and which foods she should avoid, to support the development of her baby. The general practitioner refers Erin to a qualified dietician so that her questions can be answered.

a   Explain why the general practitioner may have referred Erin to a qualified dietician, rather than answering the questions themselves. (2 MARKS)

Erin visits the dietician, who provides her with the appropriate dietary advice. For example, they recommend that Erin consume lots of folate (vitamin B9) while pregnant.

b   Outline the importance of adequate folate consumption while pregnant. (1 MARK)

c   Identify two food sources of folate that Erin could consume while pregnant. (2 MARKS)

Questions from multiple chapters

Question 12   (10 MARKS)

In 2015, 8.4% of the burden of disease in Australia was attributable to overweight and obesity (AIHW 2020). The excessive consumption of unhealthy fats among Australians may contribute to this problem.

a   Describe the concept of burden of disease and how it is measured. (2 MARKS)

b   Identify two food sources of unhealthy fats. (2 MARKS)

Percentage of Australians who are classified as obese (2014-15)
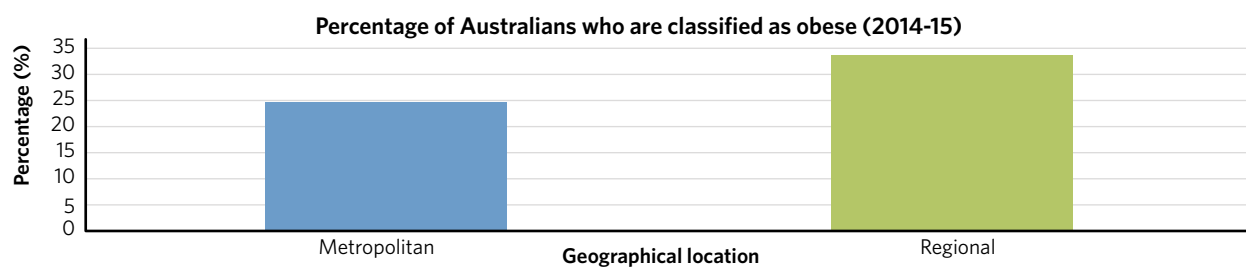
Source: adapted from Australian Institute of Health and Welfare, *Overweight and obesity rates across Australia 2014–15,* <www.aihw.gov.au/reports/overweight-obesity/overweight-and-obesity-rates-2014-15/contents/summary>

c   Using data from the graph, draw a comparison between regional and metropolitan areas in terms of the percentage of Australian adults who were classified as obese in 2014-2015. (2 MARKS)

d   Australians living in regional areas are more likely to have lower levels of education than those living in metropolitan areas. Explain how this sociocultural factor may account for the difference identified in **part c**. (2 MARKS)

e   Explain how being obese may impact someone's mental health and wellbeing. (2 MARKS)

CHAPTER

4

Nutrition and youths' health and wellbeing

4A Nutritional imbalances in youths' health and wellbeing

4B Marketing and promoting foods to youth

4C Enablers and barriers to healthy eating among youth

Key knowledge

- the consequences of nutritional imbalance in youths' diet on short- and long-term health and wellbeing
- tactics used in the marketing of foods and promoting food trends to youth, and the impact on their health behaviours
- social, cultural and political factors that act as enablers or barriers to healthy eating among youth, including nutrition information sourced from social media and/or advertising

4A NUTRITIONAL IMBALANCES IN YOUTHS' HEALTH AND WELLBEING

Reflect upon your eating habits. Do you often eat fast food? Do you eat enough fruit and vegetables? Do you often eat outside of home? It is important to consume foods, and therefore nutrients, in appropriate amounts to avoid nutritional imbalance and to promote health and wellbeing.

In this lesson, you will learn how the overconsumption and underconsumption of specific foods, and therefore specific nutrients, during youth may cause nutritional imbalance, which can have both short-term and long-term consequences on youths' health and wellbeing.

4A Nutritional imbalances in youths' health and wellbeing	4B Marketing and promoting foods to youth	4C Enablers and barriers to healthy eating among youth

Study design dot point

- the consequences of nutritional imbalance in youths' diet on short- and long-term health and wellbeing

Key knowledge units

Nutritional imbalance	1.2.3.1
Overconsumption	1.2.3.1.1
Underconsumption	1.2.3.1.2
Eating patterns	1.2.3.1.3

Nutritional imbalances in youths' health and wellbeing

Nutritional imbalance 1.2.3.1

Overconsumption 1.2.3.1.1   Underconsumption 1.2.3.1.2   Eating patterns 1.2.3.1.3
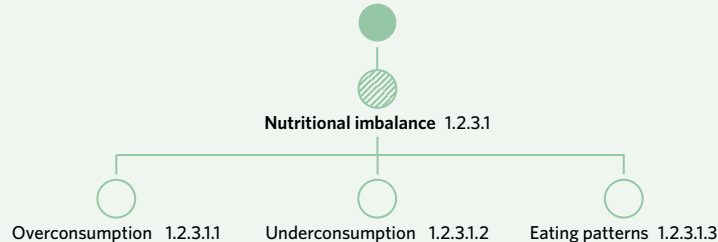
Nutritional imbalance 1.2.3.1

OVERVIEW

Do you consume each nutrient in appropriate amounts? If you over-consume or under-consume specific nutrients, you may be experiencing nutritional imbalance, which can have both short-term and long-term consequences on your health and wellbeing.

THEORY DETAILS

Adequate nutrient intake is essential for all people in all stages of the lifespan. **Nutrients** are substances in food that are required by the body as a source of energy, nourishment, and to facilitate bodily functions, such as the growth and maintenance of cells. Individuals must consume nutrients in appropriate amounts as part of a healthy and balanced diet for optimal health and wellbeing.

> 🧩 *Lesson link*
>
> In lesson *3A: Major nutrients*, you learnt about the function of major nutrients that are essential for optimal health and wellbeing. To remind yourself of the importance of each major nutrient for the human body and examples of foods that contain it, you can return to this lesson.

Study design key skills dot point

The following key skills dot point applies to the whole lesson:

- describe the possible consequences of nutritional imbalance in youths' diet on short- and long-term health and wellbeing

ADDITIONAL TERMS

Nutrients are substances in food that are required by the body as a source of energy, nourishment, and to facilitate bodily functions, such as the growth and maintenance of cells

While healthy eating is important for all people in all stages of the lifespan, it is particularly important for youth. During youth, which is from ages 12 to 18, adolescents experience significant growth and development. Adequate nutrient intake is essential during youth to facilitate these physical changes. Therefore, young people should consume healthy and nutritious foods to promote growth and development. Furthermore, consuming a healthy and balanced diet during youth can establish healthy eating habits that persist into adulthood, promoting health and wellbeing into the future.

Nutritional imbalance is when nutrients are not present in the human body in appropriate amounts. Nutritional imbalance can occur when foods containing specific nutrients are over-consumed or under-consumed.

Overconsumption relates to when foods containing specific nutrients are consumed in excessive amounts. For example, a person may over-consume processed foods that contain large amounts of sodium. This may cause sodium levels in the body to become too high, which is a nutritional imbalance. By contrast, **underconsumption** relates to when foods containing specific nutrients are consumed in insufficient amounts. For example, a person may under-consume vegetables that contain large amounts of fibre. This may cause fibre levels in the body to be deficient, which is a nutritional imbalance.

Nutrients are consumed in appropriate amounts

Nutritional balance

Some nutrients are over-consumed

Some nutrients are under-consumed

Nutritional imbalance
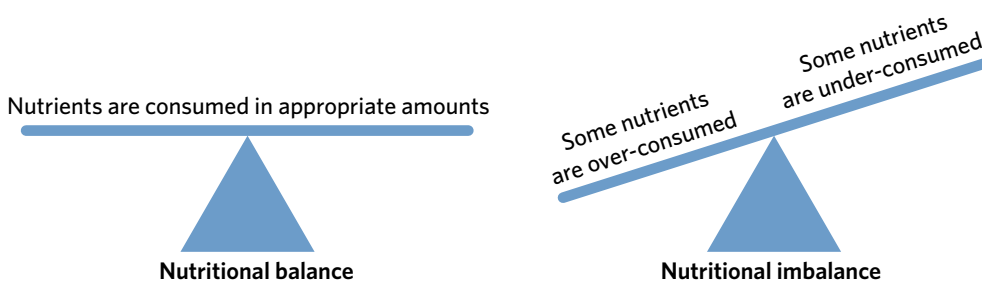
Figure 1 Nutritional imbalance occurs when specific foods, and therefore specific nutrients, are over-consumed or under-consumed

Nutritional imbalance impacts health and wellbeing. The overconsumption or underconsumption of specific nutrients has negative health consequences. For example, it increases the risk of diet-related diseases, such as cardiovascular disease. Many young Australians fail to consume adequate amounts of nutrients, and experience nutritional imbalance. These unhealthy eating habits contribute to morbidity and mortality rates in Australia.

> **(!) Useful tip**
>
> In this lesson, several examples of nutritional imbalance are discussed. It is important to understand that there are other nutritional imbalances that are not discussed in this lesson. Specifically, there are other foods and nutrients that can cause short-term and long-term health consequences when over-consumed or under-consumed. However, if every nutritional imbalance was included in this lesson, it would be hundreds of pages long. Therefore, several key examples have been selected for you to learn.

Nutritional imbalance has both short-term and long-term consequences on health and wellbeing. This means that the foods you consume during youth not only impacts your current health and wellbeing, but also your future health and wellbeing. For example, young people who over-consume or under-consume specific nutrients may not develop a diet-related disease during youth. However, they are more likely to develop a diet-related disease in their adulthood.

🧩 Lesson link

In lesson **7A: The human lifespan**, you will learn about the seven stages of the human lifespan, including youth, which is from ages 12 to 18.

KEY DEFINITIONS

Nutritional imbalance is when nutrients are not present in the human body in appropriate amounts

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ADDITIONAL TERMS

Overconsumption is when foods or nutrients are consumed in excessive amounts

Underconsumption is when foods or nutrients are consumed in insufficient amounts

Food consumption during youth

↓ Days or weeks later

short-term consequences on health and wellbeing

↓ Months or years later

long-term consequences on health and wellbeing

Image: Irina Strelnikova/Shutterstock.com

Figure 2 Nutritional imbalance has both short-term and long-term consequences on health and wellbeing

Overconsumption 1.2.3.1.1

The overconsumption of certain foods, and therefore the nutrients they contain, can cause nutritional imbalance, which has both short-term and long-term consequences on youths' health and wellbeing. In this section, the overconsumption of sugary drinks and fast food will be discussed.
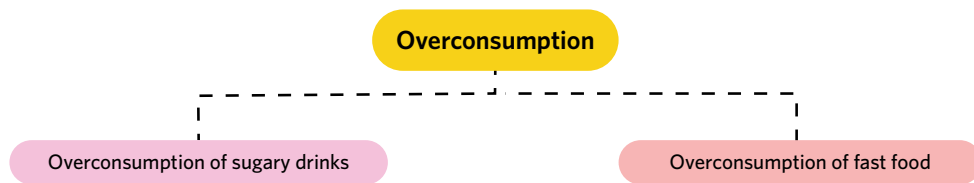
Figure 3 The overconsumption of sugary drinks and fast food will be discussed in this lesson

Overconsumption of sugary drinks

Sugary drinks are beverages that contain added sugar, including soft drinks, energy drinks, cordial, and fruit juice. Based on their name, you can probably guess that sugary drinks contain large amounts of sugar. For example, a 375ml can of coke contains 10 teaspoons of sugar (Cancer Council Victoria, 2021). Many young people over-consume sugary drinks, and therefore over-consume sugar. For example, 17% of Australian adolescents consume at least 5.2 kilograms of sugar per year from their consumption of sugary drinks alone (Cancer Council, 2019). The short-term and long-term consequences of over-consuming sugary drinks on youths' health and wellbeing are explained in table 1.

Table 1 The short-term and long-term health consequences of over-consuming sugary drinks

	Consequence	
	Weight gain, overweight, and obesity	**Dental caries**
Explanation	Sugar is a type of simple carbohydrate, meaning that it is digested quickly. Therefore, sugary drinks increase the risk of overeating, because this rapid digestion of sugar does not promote feelings of fullness and may cause the person to quickly become hungry again. This contributes to weight gain, overweight, and obesity.	When sugary drinks are consumed, bacteria in the mouth uses this sugar to produce acids that are damaging to teeth. These acids dissolve the tooth enamel, contributing to tooth decay and the development of dental caries.
Short-term or long-term consequence?	This is both a short-term and long-term consequence on youths' health and wellbeing. A young person may overeat, gain weight, and become overweight in the short-term from consuming too many sugary drinks. If this person continues to over-consume sugary drinks into adulthood, this may cause overweight and obesity over a prolonged period of time.	This is a long-term consequence on youths' health and wellbeing because the development of dental caries is prolonged over months or years.
How does it impact health and wellbeing?	• Overweight and obesity increase the likelihood of developing diet-related diseases, such as cardiovascular disease and type 2 diabetes. This experience of disease negatively impacts physical health and wellbeing. • Being overweight or obese means that an individual has excess body weight may appear larger than average, which may cause them to experience negative thought patterns about their body image. This negatively impacts mental health and wellbeing.	• Dental caries may cause sensitivity, inflammation, and pain in the mouth tissues, negatively impacting physical health and wellbeing. • Dental caries may also require decayed teeth to be extracted. Having missing teeth may reduce self-esteem and self-confidence, negatively impacting mental health and wellbeing.
How prevalent is it?	In 2017-2018, around 25% of children and youth aged 2 to 17 years, and around 67% of adults aged 18 years and over, were classified as overweight or obese in Australia (Australian Institute of Health and Welfare [AIHW], 2020). Children who are overweight or obese are more likely to be overweight or obese during adulthood, as their unhealthy eating and drinking habits are likely to persist.	Dental caries are extremely prevalent. In 2017-2018, Australians aged 15 years and over had an average of 11.2 decayed, missing, or filled teeth over their lifetime (AIHW, 2021). High sugar consumption and poor oral hygiene during youth is likely to have contributed to the development of these dental caries in adulthood.
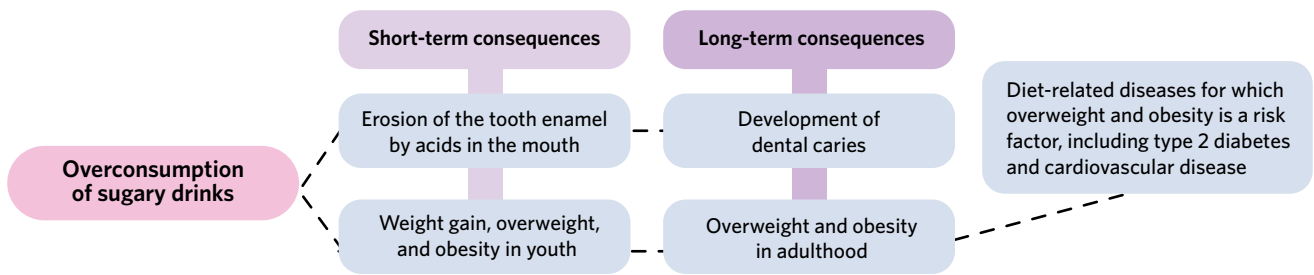
Figure 4 The short-term and long-term health consequences of over-consuming sugary drinks

Want to know more?

Body mass index

Measuring body mass index (BMI) is a useful way to assess if a person's body weight is within a healthy range or not. BMI is calculated using the following equation:

$$BMI = \frac{weight\ in\ kilograms}{(height\ in\ metres)^2}$$

This calculation produces a number that classifies the person's body weight into one of four categories: underweight, healthy, overweight, or obese.

While measuring BMI can be useful for indicating if a person is overweight or obese, which is a health consequence often caused by nutritional imbalance, it is important to remember that BMI has limitations. For example, the equation used to calculate BMI is very simple, only taking into account a person's weight and height. It does not differentiate between body fat and muscle mass. This means that someone who is very muscular may have a BMI that classifies them as overweight, even though they have a healthy body weight. In this way, BMI may not always accurately indicate whether a person's body mass is within a healthy range or not. Furthermore, BMI is designed to be used by people over the age of 18 years. Therefore, it may not accurately indicate whether a young person's body mass is within a healthy range or not.

Figure 5 BMI classifies a person's body weight into one of four categories: underweight, healthy, overweight, or obese

Overconsumption of fast food

Fast food is convenient and inexpensive food that is prepared and served quickly by chain restaurants, such as McDonalds and KFC. Fast food is generally unhealthy, and contains large amounts of saturated fat, trans fat, and sodium.

While occasionally consuming fast food is unlikely to cause nutritional imbalance and subsequent negative health consequences, many young people over-consume fast food. For example, around 38% of Australian high school students who responded to a survey reported that they consumed fast food at least once a week (Scully et al., 2020).

The overconsumption of fast food has both short-term and long-term consequences on youths' health and wellbeing:

- *Overweight and obesity*: Fast food contains large amounts of saturated fat and trans fat. Fat molecules are extremely energy-dense, and are stored as adipose tissue when the energy provided by them is not used. This contributes to weight gain and overweight, and obesity, which are both short-term and long-term consequences of unhealthy food choices on youths' health and wellbeing. For example, a young person may eat too much fast food, causing them to gain weight and become overweight in the short-term. If this person continues to over-consume fast food into adulthood, this may cause overweight and obesity over a prolonged period of time. Being overweight or obese also increases the likelihood of developing diet-related diseases, such as cardiovascular disease and type 2 diabetes.

- *Type 2 diabetes*: Type 2 diabetes is a chronic, diet-related disease that involves impaired glucose regulation in the body, which causes high blood sugar levels. Almost one million Australian adults suffered from type 2 diabetes in 2017-2018 (Australian Bureau of Statistics [ABS], 2018).

  Being overweight or obese is a significant risk factor for developing type 2 diabetes. In fact, around 88% of adults suffering from type 2 diabetes are also overweight or obese (Healthline, 2019). Given that over-consuming fast food contributes to weight gain, overweight, and obesity, over-consuming fast food also increases the likelihood of developing type 2 diabetes. This disease is a long-term consequence on youths' health and wellbeing, because it develops over a prolonged period of time.

- *Cardiovascular disease*: Cardiovascular disease is an umbrella term that encompasses the different diseases that impact the heart and blood vessels, including coronary heart disease, heart attack, and stroke. Cardiovascular disease significantly contributes to the burden of disease in Australia. For example, in 2018, it was the underlying cause of death in 26% of total deaths (AIHW, 2020). Over-consuming fast food increases the likelihood of developing cardiovascular disease, which is a long-term consequence on youths' health and wellbeing because it develops over a prolonged period of time. Fast food contains large amounts of saturated fat, trans fat, and sodium. The overconsumption of these nutrients increases the likelihood of developing hypertension and atherosclerosis. These conditions place strain on the heart and force it to work harder, increasing the likelihood of developing cardiovascular disease. These risk factors for developing cardiovascular disease are explained in table 2.

Table 2 Risk factors for developing cardiovascular disease

Risk factor	What causes it?	How does it cause cardiovascular disease?
Hypertension *(high blood pressure)*	Over-consuming sodium increase the risk of developing hypertension.	When sodium levels in the body are too high, this draws fluid from cells into the bloodstream, increasing blood volume. Increased blood volume means that a greater volume of blood is flowing through blood vessels and more pressure is being exerted on blood vessel walls. This increased blood pressure causes hypertension.
Atherosclerosis	Over-consuming saturated fat and trans fat, which increases levels of low-density lipoprotein (LDL) (bad) cholesterol in the body, increases the risk of developing atherosclerosis.	Cholesterol is a fatty substance. When LDL cholesterol levels in the bloodstream are too high, LDL cholesterol is deposited, and accumulates over time, on blood vessel walls. This leads to the hardening and narrowing of blood vessels, restricting blood flow. This condition is atherosclerosis.

normal vessel
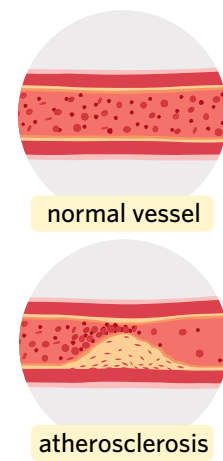
atherosclerosis

Image: eranicle/Shutterstock.com

Figure 6 Atherosclerosis involves cholesterol being deposited, and accumulating over time, on blood vessel walls, which restricts blood flow
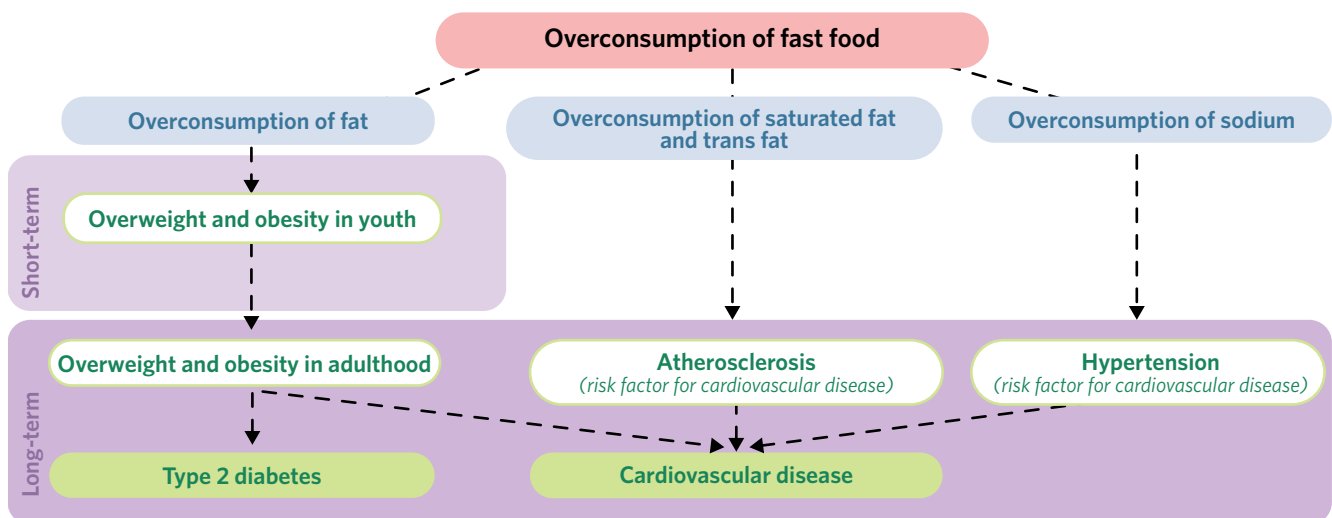
Figure 7 Short-term and long-term consequences of over-consuming fast food

Are healthy foods really more expensive than unhealthy foods?

Many Australians are of the impression that healthy foods are more expensive than unhealthy foods, such as fast food. However, this public perception is inaccurate and may act as a barrier to healthy eating (The Australian Prevention Partnership Centre, 2017). A study conducted by The Australian Prevention Partnership Centre compared the cost of healthy and unhealthy diets in Australia. This study found that, for an Australian family of four people, healthy diets are 12% to 15% cheaper than unhealthy diets.

When Australians choose unhealthy food options, such as fast food, instead of healthy food options because they believe they are more affordable, this prevents adequate nutrient intake and increases the risk of diet-related diseases, such as cardiovascular disease. Therefore, it is important that this inaccurate public perception is changed and Australians are made aware that healthy foods are less expensive, rather than more expensive, than unhealthy foods.

Figure 8 Many Australians are of the impression that healthy foods are more expensive than unhealthy foods, but is this actually the case?

Underconsumption 1.2.3.1.2

The underconsumption of certain foods, and therefore the nutrients they contain, can cause nutritional imbalance, which has both short-term and long-term consequences on youths' health and wellbeing. In this section, the underconsumption of fruits and vegetables, dairy, and iron will be discussed.

Underconsumption

Underconsumption of fruits and vegetables — Underconsumption of dairy — Underconsumption of iron
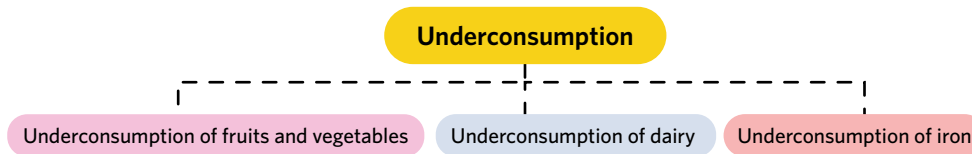
Figure 9 The underconsumption of fruits and vegetables, dairy, and iron will be discussed in this lesson

Underconsumption of fruits and vegetables

Fruits and vegetables are foods of plant origin that are essential for good health and wellbeing. They are a rich source of soluble fibre and insoluble fibre, and also contain water. Furthermore, different fruits and vegetables contain various vitamins and minerals that have important functions in the human body.

The Australian Dietary Guidelines, which were developed by the National Health and Medical Research Council (NHRMC), recommend the number of serves of fruits and vegetables that Australians should consume each day based on their age and gender. However, many Australians do not consume the recommended number of serves. Figure 10 shows the proportion of Australian youth who consume the recommended daily intake of fruits and vegetables each day.

Proportion of Australian youth who consumed the recommended daily intake of fruits and vegetables in 2014-2015

- 12-13 years
- 14-18 years

(Vertical axis: Proportion (%), 0 to 100)
(Horizontal axis: Fruits, Vegetables)
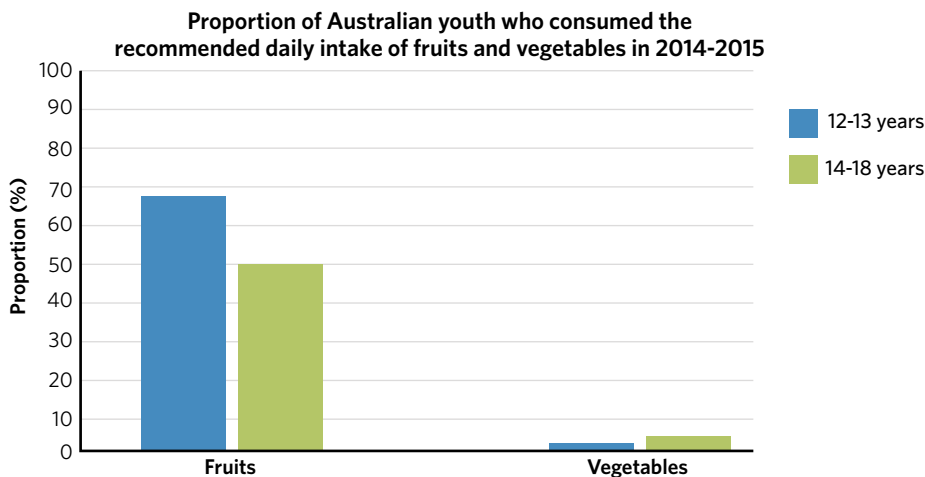
Figure 10 Many Australian youth do not consume the recommended daily intake of fruits and vegetables (AIHW, 2018)

Figure 10 reveals that many young people under-consume fruits and vegetables. In particular, the majority of Australian youth do not consume adequate amounts of vegetables. The short-term and long-term consequences of under-consuming fruits and vegetables on youths' health and wellbeing are explained in table 3.

Table 3 The short-term and long-term health consequences of under-consuming fruits and vegetables

What nutrients do fruits and vegetables contain?	How does under-consuming this nutrient impact health and wellbeing?	Short-term or long-term consequence?
Fruits and vegetables contain soluble fibre, which slows the emptying of the stomach and increases feelings of fullness.	The underconsumption of soluble fibre means that people may quickly become hungry after eating, increasing the risk of overeating. This increases the likelihood of weight gain, overweight, and obesity. Being overweight or obese increases the likelihood of developing diet-related diseases, such as cardiovascular disease and type 2 diabetes. This negatively impacts physical health and wellbeing.	This is both a short-term and long-term consequence on youths' health and wellbeing. A young person may overreat, gain weight and become overweight or obese in the short-term from under-consuming fruits and vegetables. If this person continues to under-consume fruits and vegetables into adulthood, this may cause overweight and obesity over a prolonged period of time.
Fruits and vegetables contain insoluble fibre, which promotes a healthy bowel environment and facilitates regular bowel movements. It absorbs water to add bulk to faeces, which assists with the removal of waste from the body.	The underconsumption of insoluble fibre prevents the effective removal of waste from the body. Faeces may not easily pass through the digestive tract, increasing the likelihood of experiencing constipation. Constipation is often painful, negatively impacting physical health and wellbeing. It may also be embarrassing for the individual, increasing stress levels and negatively impacting mental health and wellbeing.	This is a short-term consequence on youths' health and wellbeing. If an individual is experiencing constipation, they can increase their intake of insoluble fibre (as well as their intake of water) to empty their bowels more easily and no longer experience constipation.
	The underconsumption of insoluble fibre prevents the effective removal of waste from the body, decreasing the health of the colon This may cause uncontrolled cell growth and tumour formation, increasing the likelihood of developing colorectal cancer. This negatively impacts physical health and wellbeing.	This is a long-term consequence on youths' health and wellbeing, because colorectal cancer develops over a prolonged period of time.
Fruits and vegetables contain water, which is an essential substance that facilitates numerous bodily processes, including energy production and cell duplication. Every living cell in your body requires water to function.	The underconsumption of water can cause dehydration. Someone who is dehydrated does not have enough fluids in their body to function optimally. They may experience headaches and fatigue, negatively impacting physical health and wellbeing.	This is a short-term consequence on youths' health and wellbeing. If an individual is experiencing dehydration, they can increase their water intake to replenish water levels and become hydrated.
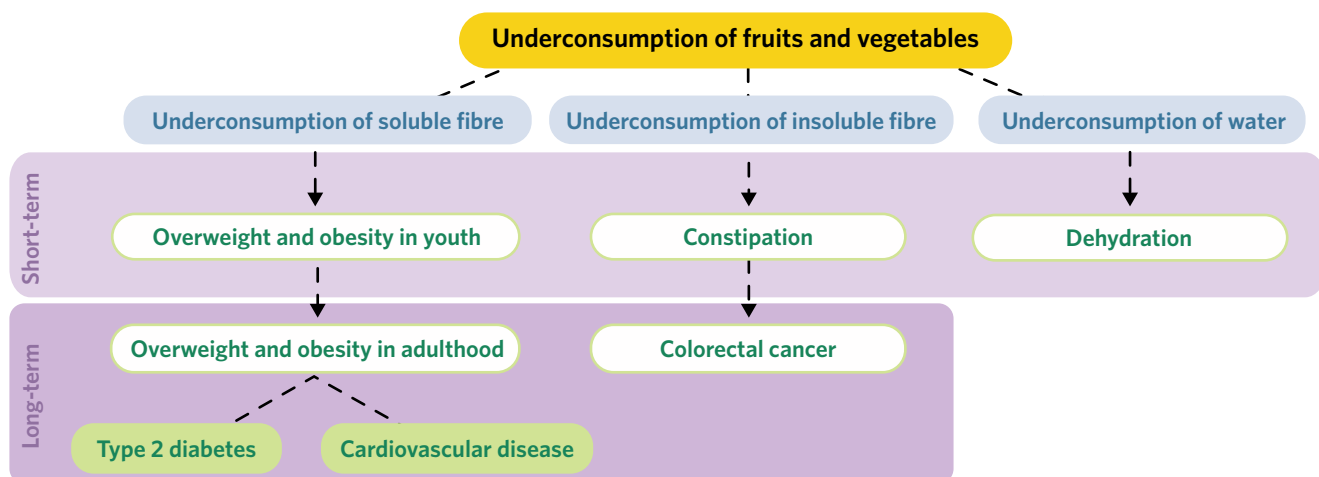
Figure 11 Short-term and long-term consequences of under-consuming fruits and vegetables

Underconsumption of dairy

Dairy relates to foods and drinks that are made from milk, such as cheese and yoghurt. Dairy products are a rich source of calcium, which is an essential mineral for teeth and bone health. Many young people under-consume calcium. For example, in Australia, 90% of females and 71% of males aged 14 to 18 consumed less calcium than the estimated average requirement in 2018 (AIHW, 2018). Because dairy products are a rich source of calcium, the underconsumption of dairy contributes to this inadequate calcium intake.

Dairy products also contain phosphorus, which promotes teeth and bone health, and are often fortified with vitamin D, which enhances the absorption of calcium and phosphorus from the digestive system into the bloodstream.

The underconsumption of dairy has both short-term and long-term consequences on youths' health and wellbeing:

- *Osteoporosis*: The underconsumption of dairy, and therefore calcium, decreases the strength of hard tissues, such as bones. Inadequate calcium intake increases the likelihood of developing osteoporosis. Osteoporosis is a condition that is characterised by porous bones that are weak and brittle, increasing the likelihood of bone fractures. It is estimated that around 924 million Australians suffer from osteoporosis (AIHW, 2020). The underconsumption of calcium during periods of rapid growth, such as youth, prevents young people from reaching their peak bone mass potential, increasing the risk of having porous bones later in life. Therefore, osteoporosis is a long-term consequence on youths' health and wellbeing.

- *Dental caries*: The underconsumption of dairy decreases the health of hard tissues, such as teeth. This means that teeth are more susceptible to decay, increasing the likelihood of developing dental caries. This is a long-term consequence on youths' health and wellbeing because the development of dental caries is prolonged over months or years.

Underconsumption of iron

Iron is a mineral that is an essential component of blood. This is because it plays an important role in the production of haemoglobin. Haemoglobin is a structural protein in red blood cells that carries oxygen from the lungs to cells around the body via the bloodstream. Cells require this oxygen to perform bodily functions that are essential for life, such as energy production, growth, and metabolism.

Adequate iron intake is achieved by consuming food sources of iron, such as red meat, poultry, and leafy green vegetables. Many young people, particularly females, under-consume iron. For example, in Australia, 40% of females and 8.3% of males aged 14 to 18 consumed less iron than the estimated average requirement in 2018 (AIHW, 2018).

The underconsumption of iron increases the likelihood of developing iron-deficiency anaemia. When iron intake is not consumed in adequate amounts, this interferes with the production of haemoglobin. This decreases haemoglobin levels within red blood cells. Inadequate levels of healthy red blood cells in the bloodstream prevents the effective transportation of oxygen around the body. The oxygen requirements of cells are not met, preventing them from functioning effectively. This condition is referred to as iron-deficiency anaemia.
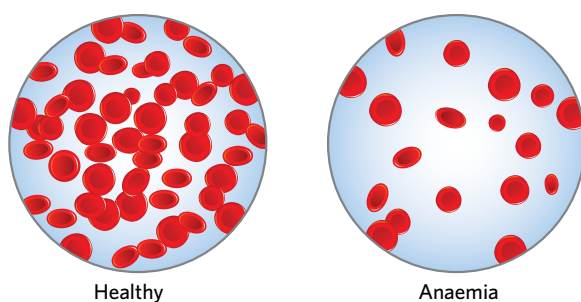
Healthy

Anaemia

Image: solar22/Shutterstock.com

Figure 13 Iron-deficiency anaemia is characterised by inadequate levels of healthy red blood cells in the bloodstream

Iron-deficiency anaemia is characterised by fatigue and weakness. Other symptoms include pale skin, shortness of breath, dizziness, headaches, brittle nails, and irregular heartbeat.

Iron-deficiency anaemia due to the underconsumption of iron is a short-term consequence on youths' health and wellbeing. Young people who experience iron-deficiency anaemia because they under-consume food sources of iron can increase their iron intake to increase the number of healthy red blood cells in their bloodstream and treat their condition. They may increase their iron intake by taking iron tablets or consuming foods that are a rich source of iron, such as red meat and leafy green vegetables.

Healthy bone

Osteoporosis

Image: BigMouse/Shutterstock.com

Figure 12 Osteoporosis is characterised by porous bones that are weak and brittle, increasing the likelihood of bone fractures

⊕ **Want to know more?**

Are some people more likely to experience iron-deficiency anaemia than others?

Some people are more likely to develop iron-deficiency anaemia than others. For example, young people must consume greater amounts of iron, because they are experiencing periods of rapid growth and development. As their body mass and muscle mass increases, their blood volume also increases. Therefore, more iron is required so that there is sufficient haemoglobin in the bloodstream to transport oxygen around the body. Young people may not consume enough iron to meet their increased iron requirements, increasing their risk of experiencing iron-deficiency anaemia. Menstruating females are also more likely to experience iron-deficiency anaemia than others, because they lose blood each month as part of their menstrual cycle.

Some people are also genetically predisposed to iron-deficiency anaemia, or have an underlying condition that can cause iron-deficiency anaemia. This means that they are more likely to experience iron-deficiency anaemia than others. Furthermore, if these people do suffer from iron-deficiency anaemia, increasing their consumption of iron may not be sufficient to treat their condition. They may have to undergo medical procedures, such as blood transfusions, or surgeries, such as the removal of a stomach ulcer, to overcome chronic iron-deficiency anaemia.

Eating patterns   1.2.3.1.3

A person's eating patterns may cause nutritional imbalance. For example, some people may skip meals or regularly eat outside of home, which can cause nutrients to be present in the body in inappropriate amounts.
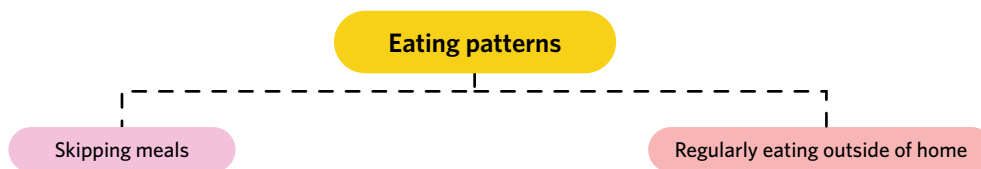
Figure 14   The eating patterns that will be discussed in this lesson

Skipping meals

Do you ever skip breakfast in the morning because you don't feel hungry?
Do you sometimes skip meals because you are too busy and don't have time to eat?
There are many reasons why a young person may choose to not eat breakfast, lunch, or dinner. This practice is referred to as skipping meals and may cause nutritional imbalance, which impacts on youths' health and wellbeing.

The majority of young people should consume three meals each day that consist of a variety of healthy foods to achieve adequate nutrient intake. However, many young people skip meals. In particular, breakfast is the meal that is most frequently skipped. For example, a national survey found that around 15% of Australian school children skipped breakfast on the day they responded to the survey (Australian Food News, 2013).

People who are most likely to skip meals are people who:

- are female
- are not within a healthy weight range (underweight or overweight)
- are less physically active
- are from lower-income households
- are from single parent households
- are experiencing an eating disorder.

Reasons why people may skip meals include:

- not feeling hungry
- wanting to lose weight
- being busy and not having enough time to eat
- having an irregular schedule
- not having enough food available to eat
- not being able to afford food.

The short-term and long-term consequences of skipping meals on youths' health and wellbeing are explained in table 4.

Table 4 The short-term and long-term health consequences of skipping meals

	Health consequence	
	Nutrient deficiencies	**Underweight**
Explanation	If a young person regularly skips meals, this may cause them to have inadequate nutrient intake, and they may become deficient in one or more nutrients. Common nutrient deficiencies include iron, calcium, folate, and iodine. However, a person can become deficient in any nutrient when they do not consume enough food sources that contain it. Because each nutrient has an important function in the human body, each nutrient deficiency has a different impact on health and wellbeing. For example, inadequate iron intake may cause fatigue, weakness, and low energy levels, negatively impacting physical health and wellbeing.	If a young person regularly skips meals, this may cause them to become underweight. This means that their body weight is below a healthy weight range. Underweight indicates that a person's nutritional and energy needs are not being met. For example, if a young person skips meals, they may not consume enough food, and therefore have inadequate nutrient and energy intake.
Short-term or long-term consequence?	This is both a short-term and a long-term consequence on youths' health and wellbeing. A young person may have a nutrient deficiency in the short-term due to skipping meals. If this person continues to skip meals and under-consume the nutrient over a prolonged period of time, this may cause them to experience long-term developmental problems and diet-related diseases. For example, inadequate calcium intake during youth increases the likelihood of developing osteoporosis during adulthood.	This is both a short-term and long-term consequence on youths' health and wellbeing. A young person may become underweight in the short-term due to skipping meals. If this person continues to skip meals over a prolonged period of time, this may cause them to be underweight during adulthood.
Prevalence	There are many different nutrients. Therefore, there are many different nutrient deficiencies. A prevalent nutrient deficiency among Australian youth is calcium deficiency, which impacts around 90% of females and 71% of males between the ages of 14 and 18 (AIHW, 2018).	In 2017-2018, 1.3% of Australians were underweight (ABS, 2018). Underweight is less prevalent than overweight or obesity in Australia.

It is important to understand the relationship between regularly skipping meals and eating disorders. If a young person regularly skips meals, it is possible that they are experiencing an eating disorder. In this way, eating disorders are a cause, rather than a consequence, of regularly skipping meals.

There are many different eating disorders, including anorexia nervosa, bulimia nervosa, and binge eating disorder. Eating disorders are mental illnesses that are characterised by abnormal eating patterns. People who have eating disorders experience psychological distress that contributes to their unhealthy, and sometimes restrictive, eating habits. For example, a young person who has an eating disorder may feel dissatisfied with their body and skip meals to lose weight.

It is estimated that around 9% of Australians experience an eating disorder during their lifetime (The Butterfly Foundation, 2015). Eating disorders are more prevalent among young people and females.
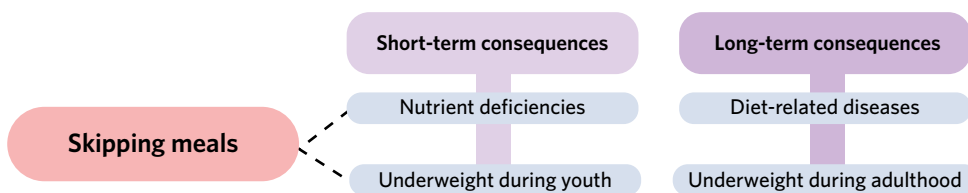
Figure 15 The short-term and long-term health consequences of skipping meals

Want to know more?

The Butterfly Foundation

The Butterfly Foundation is an Australian charity that provides support to people who are impacted by eating disorders and body image issues. This includes people who themselves experience an eating disorder, as well as their family, their friends, and the communities who support them. Type the URL *butterfly.org.au* into your browser to explore the services and information they provide, including a national helpline that people can call on 1800 33 4673, for support and advice related to eating disorders and body image issues.

(The Butterfly Foundation, 2021)

Regularly eating outside of home

When you purchase a meal outside of home, think about the many options that you can choose from, such as pizza, fish and chips, and fast food. Do you think that these takeaway meals are healthier than homemade meals you and your family would prepare using fresh ingredients?

Takeaway food that is prepared and purchased outside of home, such as fast food, is generally less healthy and nutritious than fresh food that is prepared inside the home. For example, takeaway food usually contains larger amounts of saturated fat, trans fat, added sugar, and salt than fresh food. The short-term and long-term health consequences of over-consuming these nutrients have been explained in the previous section about overconsumption.

Despite this, the average Australian eats out two or three times every week (The Intermedia Group, 2017). Some people may spend more time outside of home than others due to work, school, or extracurricular commitments, and consequently are more likely to regularly eat outside of home. For example, a young person who leaves home at 7am each morning to attend school, and participates in sporting practice after school until 7pm each night, may regularly purchase their meals outside of home.

Given that food that is prepared and purchased outside of home is generally less healthy and nutritious than food that is prepared inside the home, young people who regularly eat outside of home are more likely to consume an unhealthy diet, which negatively impacts their health and wellbeing. For example, they may regularly purchase and consume fast food, which contributes to weight gain. This increases the likelihood of becoming overweight or obese, negatively impacting physical health and wellbeing.

ACTIVITY 1

This activity tests your knowledge of nutritional imbalances and their consequences on health and wellbeing. Copy the following sentences into your book and fill in the blanks with the most appropriate option. The options are:

- fruits and vegetables
- sugary drinks
- iron-deficiency anaemia

- atherosclerosis
- type 2 diabetes
- underweight

- osteoporosis
- sodium
- cardiovascular disease.

1   The overconsumption of _____ increases the likelihood of developing dental caries.
2   Being overweight or obese increases the likelihood of developing diet-related diseases, such as _____ and _____.
3   The overconsumption of _____ increases the likelihood of hypertension, which is a risk factor for cardiovascular disease.
4   The overconsumption of saturated fat and trans fat increases the likelihood of developing _____, which is a risk factor for cardiovascular disease.
5   The underconsumption of _____ increases the likelihood of developing colorectal cancer.
6   The underconsumption of dairy increases the likelihood of developing _____.
7   The underconsumption of iron increases the likelihood of developing _____.
8   Skipping meals increases the likelihood of becoming _____.

Theory summary

In this lesson, you learnt about the short-term and long-term consequences of nutritional imbalance on youths' health and wellbeing. The nutritional imbalances you learnt about are summarised in figure 16.
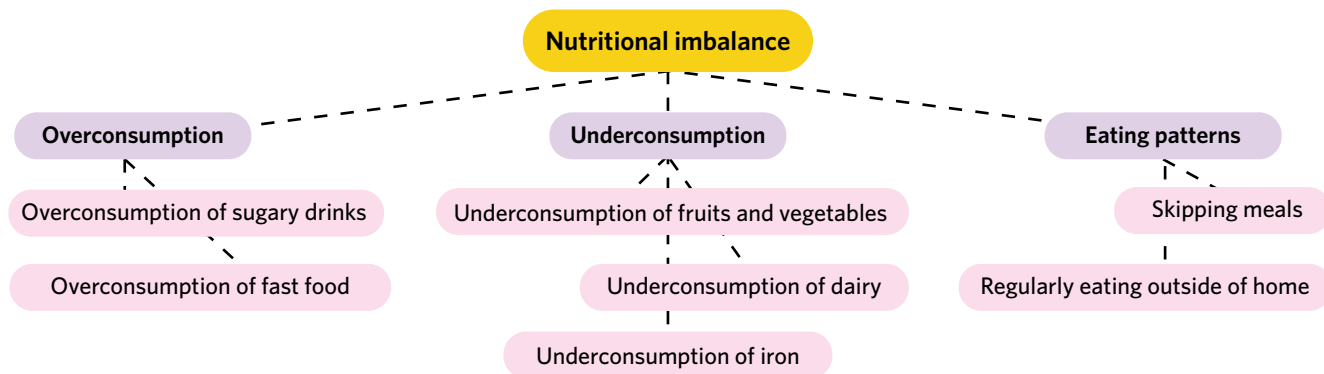
Figure 16 The nutritional imbalances that you have learnt about in this lesson

4A QUESTIONS

Question 1

Nutritional imbalances only involve the overconsumption of foods, and therefore the overconsumption of nutrients.

A   True.

B   False.

Question 2

Which of the following can be diet-related diseases? (*Select all that apply*)

I   Type 2 diabetes.

II   Osteoporosis.

III Cardiovascular disease.

Question 3

Which of the following best fills in the blank?

A   Always.

B   Sometimes.

The underconsumption of fruits and vegetables _____ causes colorectal cancer.

Question 4

If a young person skips meals, this means that they must have an eating disorder.

A   True.

B   False.

Question 5

People who regularly eat outside of home are less likely to consume a healthy and balanced diet than people who regularly prepare their own homemade meals.

A   True.

B   False.

Skills

Perfect your phrasing

Question 6

Which of the following sentences is most correct?

A   Nutritional imbalance is when *foods* are not present in the human body in appropriate amounts.

B   Nutritional imbalance is when *nutrients* are not present in the human body in appropriate amounts.

Data analysis

Use the following information to answer Questions 7-9.

Proportion of Australians aged 2 years and over with sodium intakes that increase their risk of adverse health effects, 2011-2012
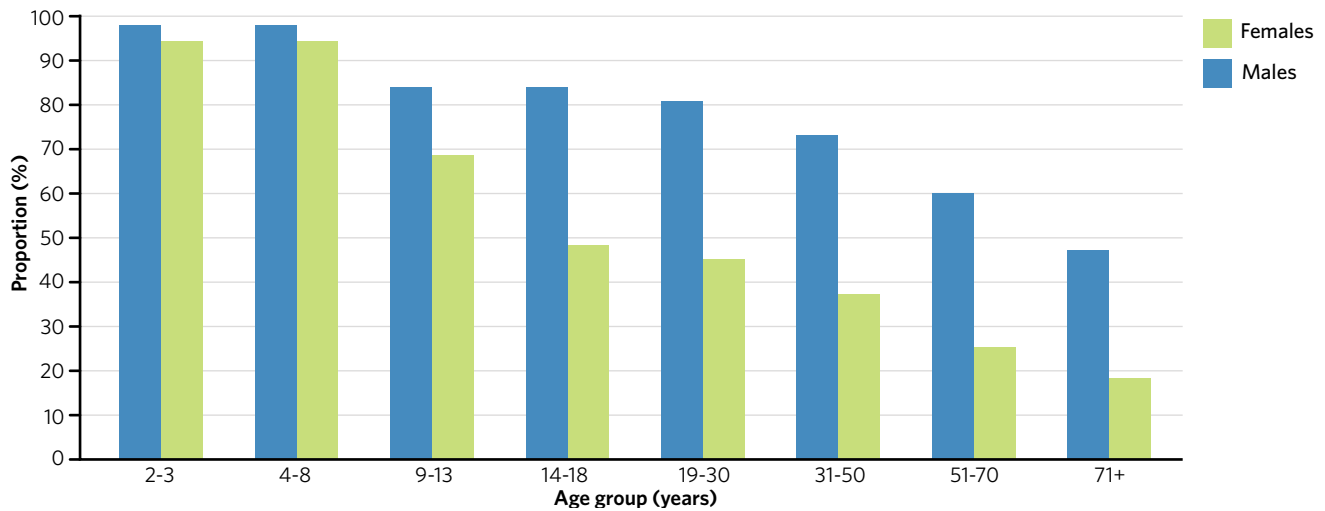
Source: adapted from Australian Bureau of Statistics, *Australian Health Survey: Usual Nutrient Intakes*, <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/australian-health-survey-usual-nutrient-intakes/latest-release>

Question 7

Identify the population of this graph.

A   Australians with sodium intakes that increase their risk of adverse health effects.

B   Australians aged 2 years and over with sodium intakes that decrease their risk of adverse health effects.

C   Australian youth with sodium intakes that increase their risk of adverse health effects.

D   Australians aged 2 years and over with sodium intakes that increase their risk of adverse health effects.

Question 8

Identify which of the following statements about the data is **incorrect**.

A   Around 86% of males aged 14 to 18 had sodium intakes that increased their risk of adverse health effects in 2011-2012.

B   In all age groups, a greater proportion of females had sodium intakes that increased their risk of adverse health effects than males in 2011-2012.

C   In general, the proportion of people with sodium intakes that increase their risk of adverse health effects decreases as age increases.

Question 9

The graph above shows younger Australians are more likely to have sodium intakes that increase their risk of adverse health effects than older Australians. An inference from this data that could be made is that younger Australians may consume more fast food than older Australians.

A   True.

B   False.

Exam-style questions

Question 10   (1 MARK)

Outline what is meant by nutritional imbalance.

Question 11   (2 MARKS)

Explain one long-term health consequence of over-consuming sugary drinks.

Question 12   (2 MARKS)

In Australia, 40% of females and 8.3% of males aged 14 to 18 consumed less iron than the estimated average requirement in 2018 (AIHW, 2018).

With reference to a health consequence of under-consuming iron, explain how the underconsumption of iron may impact youths' health and wellbeing.

Question 13   (4 MARKS)

Proportion of Australian youth who consume less calcium than the estimated average requirement
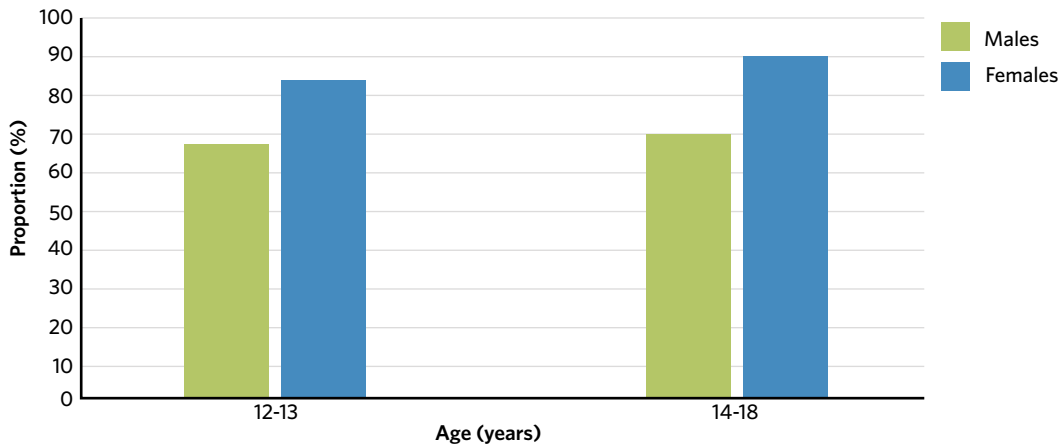
Source: adapted from Australian Institute of Health and Welfare, *Nutrition across the life stages*, <https://doi.org/10.25816/5ebcaca1fa7e2>

a   Using data from the graph, draw a comparison between females and males in terms of the proportion of Australian youth who consume less calcium than the estimated average requirement. (2 MARKS)

b   Dairy products are a rich source of calcium. Explain one long-term health consequence of under-consuming dairy. (2 MARKS)

Question 14   (5 MARKS)

Usually, Maya eats three meals a day. However, this week, Maya has not eaten breakfast on three mornings. She also did not eat dinner on Tuesday night. Her mother has noticed that Maya has skipped several meals this week and is concerned how this could affect her health and wellbeing.

a   Suggest two reasons why Maya may have skipped meals this week. (2 MARKS)

b   Identify one health consequence that Maya may experience if she continues to regularly skip meals. (1 MARK)

c   Outline how the health consequence you identified in **part b** could impact Maya's health and wellbeing. (2 MARKS)

Question 15   (5 MARKS)

a   Identify a nutrient that is present in fast food and contributes to cardiovascular disease. (1 MARK)

b   Explain how the overconsumption of this nutrient identified in **part a** increases the likelihood of developing cardiovascular disease. (2 MARKS)

c   The overconsumption of fast food also increases the likelihood of becoming overweight or obese. Discuss how this may impact youths' health and wellbeing. (2 MARKS)

Questions from multiple lessons

Question 16   (4 MARKS)

Noah hardly ever eats fruits or vegetables. He doesn't like the taste of them, and would much rather eat other foods, such as pizza and chips. Noah has never learnt about the importance of consuming fruits and vegetables. He does not even know he should be consuming them every day as part of a healthy and balanced diet.

a   Explain one short-term consequence of under-consuming fruits and vegetables that Noah may experience. (2 MARKS)

b   Identify a food selection model and explain how it may help Noah increase his consumption of fruits and vegetables. (2 MARKS)

4B MARKETING AND PROMOTING FOODS TO YOUTH

Think of the last time you saw a food product being advertised on television, endorsed by a celebrity, or promoted on social media. These are examples of food marketing tactics that commercial companies use to capture your attention and encourage you to purchase their food products.

In this lesson, you will learn about different food marketing tactics that commercial companies use to promote their food products to youth. You will also learn about how these food marketing tactics impact the health behaviours of youth.

Image: Irina Strelnikova/Shutterstock.com

4A Nutritional imbalances in youths' health and wellbeing	4B Marketing and promoting foods to youth	4C Enablers and barriers to healthy eating among youth

Study design dot point

- tactics used in the marketing of foods and promoting food trends to youth, and the impact on their health behaviours

Key knowledge units

Food marketing tactics	1.2.5.1
Social media	1.2.5.1.1
Influential figures	1.2.5.1.2
Television advertisements	1.2.5.1.3
Sponsorships	1.2.5.1.4
Product packaging	1.2.5.1.5
Games and competitions	1.2.5.1.6
Impact on youths' health behaviours	1.2.5.2

Marketing and promoting foods to youth

- **Food marketing tactics** 1.2.5.1
  - Social media 1.2.5.1.1
  - Influential figures 1.2.5.1.2
  - Television advertisements 1.2.5.1.3
  - Sponsorships 1.2.5.1.4
  - Product packaging 1.2.5.1.5
  - Games and competitions 1.2.5.1.6
- **Impact on youths' health behaviours** 1.2.5.2
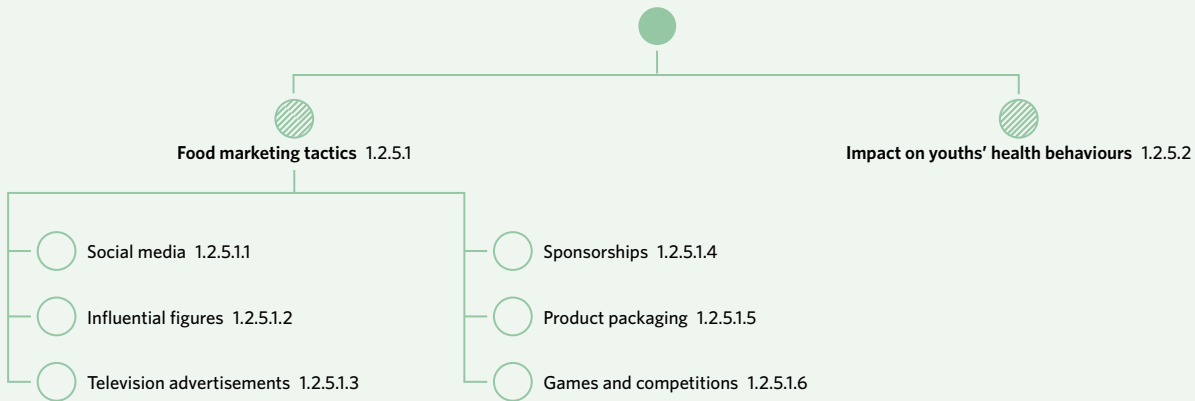
Food marketing tactics 1.2.5.1

OVERVIEW

Did you know that behind every food product, there is a commercial company that strategically employs food marketing tactics to encourage you to purchase that food product?

THEORY DETAILS

Commercial companies that manufacture and sell food products ultimately aim to maximise their profits. To achieve this goal, they employ **food marketing tactics**, which are strategic actions that commercial companies use to promote their food products.

KEY DEFINITIONS

Food marketing tactics are the strategic actions that commercial companies use to promote their food products

These food marketing tactics aim to increase awareness of their brand and draw attention to their food products so that people are more likely to purchase them.

Commercial companies dedicate time, effort, and resources towards determining which food marketing tactics will most effectively promote their food products. They often conduct extensive research to find out how to advertise their food products in a way that captures the attention of potential customers, encourages them to purchase the product, and ultimately increases their profits.

This lesson will focus on how commercial companies use food marketing tactics to promote their food products to youth. Youth is a stage of the human lifespan that occurs from ages 12 to 18. Young people are particularly vulnerable to being influenced by food marketing tactics. This is because young people are generally impressionable, easily influenced, and sensitive to their environment (Gwon & Jeong, 2018). Therefore, commercial companies often target their promotional activities towards youth to persuade them to purchase their food products because it is relatively easy to change their attitudes and behaviours. For example, commercial companies may design an advertisement that appeals to the desires and interests of youth to influence their health behaviours and food choices. The food industry spends approximately $1.8 billion on food marketing to youth each year (Medical Daily, 2016). Current government regulations do not adequately protect people, particularly youth, from the food marketing tactics that commercial companies use to promote their food products.

There are many different food marketing tactics that commercial companies use to promote their food products to youth. Figure 1 outlines six food marketing tactics that will be discussed in this lesson.

Food marketing tactics

1 Social media
2 Influential figures
3 Television advertisements · BUY NOW!
4 Sponsorships · $
5 Product packaging
6 Games and competitions
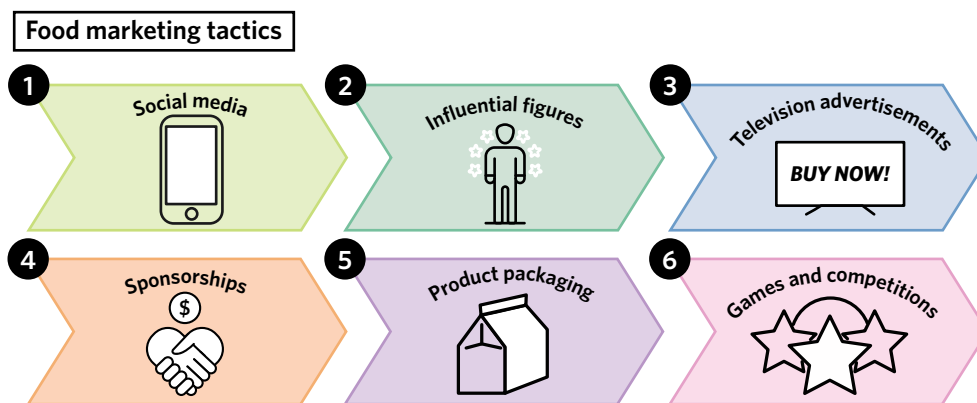
Image: Rvector, ALX1618/Shutterstock.com

Figure 1 The food marketing tactics that will be discussed in this lesson

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⚠ *Useful tip*

In this lesson, six examples of food marketing tactics are discussed. However, it is important to understand that there are food marketing tactics that are not discussed in this lesson. If every food marketing tactic was included in this lesson, it would be hundreds of pages long. Therefore, six key examples have been selected for you to learn.

Social media 1.2.5.1.1

The average Australian teenager spends around 1200 hours on social media each year (Australian Psychological Society, 2017). This reflects the enormous impact and influence that social media has on young people.

Commercial companies who manufacture and sell food products have infiltrated social media applications, including Facebook and Instagram, to promote their food products to youth. They have taken advantage of the fact that young people regularly use social media, and target their food marketing campaigns towards this young audience.

It is very common for youth to be exposed to food marketing on social media. For example, 86% of teenagers who responded to a survey reported that they had seen advertisements for foods and drinks that are high in fat, salt, and sugar on social media within the past month (Cancer Research UK, 2020).

Furthermore, social media platforms use complex algorithms so that social media users see online content that is relevant to them and appeals to their individual likes and interests. For example, they may collect data about the posts that the social media user regularly interacts with. In this way, young people are likely to see advertisements of food products on social media that capture their attention and are engaging to them. This increases the likelihood that they will be interested in purchasing the food product being advertised. Social media platforms even collect data on users' physical location and advertise certain food products to users who are in close proximity to the store that sells them. This increases the likelihood that young people will be able to access and purchase the food product being advertised.

Next time you use social media, try to notice if any promotions of food products appear as you scroll through your feed. If you do see one, remember that these advertisements are strategically designed to persuade you, and other young people, to purchase the food product that is being promoted.

Influential figures 1.2.5.1.2

Think of your favourite influential figure. This could be a celebrity, a social media influencer, a sporting star, or a musician, among others. Do you look up to them? Do you aspire to be like them? Do you trust them? Many young people admire and idolise influential figures. In this way, influential figures have the power to influence the attitudes and behaviours of young people.

Commercial companies that manufacture and sell food products have taken advantage of this. They often pay influential figures to promote their food products to youth. For example, a famous celebrity may enter into a deal with a commercial company that requires them to publicly endorse a food product on social media, as well as feature in an advertisement. This food marketing tactic involves an influential figure using their publicity to promote the consumption of a food product to youth.

When influential figures promote a food product, this influences the attitudes and behaviours that young people have towards it. Food products that are endorsed by or associated with influential figures are more likely to be purchased and consumed by young people. This is because young people who idolise and trust the influential figure form a positive perception of the brand and its food products. Furthermore, brand recognition and brand loyalty are enhanced when an influential figure promotes a food product. The desirability of the food product also increases, because young people may aspire to be like the person who is endorsing the food product.

Unfortunately, influential figures are more likely to promote an unhealthy food product than a healthy food product. Research has found that the majority of celebrity endorsements of food products involve the promotion of energy-dense foods that lack nutritional value (Zhou et al., 2019).

Furthermore, it can be challenging for young people to realise that the unhealthy food products that are being endorsed by influential figures are foods to be avoided, rather than consumed. This is because they may trust the celebrity, and believe that this person is actually consuming the food product they endorse. In reality, influential figures may not regularly consume the food product that they are promoting. Instead, they endorse it to gain revenue. Some young people may be unaware that these influential figures, particularly social media influencers, are being paid to promote a particular food product.

🌐 *Real world example*

Travis Scott and McDonald's partnership

In 2020, McDonald's formed a partnership with Travis Scott, who is a famous American rap artist. This collaboration involved the introduction of a branded celebrity meal of Travis Scott's favourite menu items, a television advertisement featuring Travis Scott, and merchandise, including jumpers, blankets, and pillows. Travis Scott received at least $20 million from McDonald's in return for promoting their brand.

The Travis Scott campaign at McDonald's launched in September, and rapidly became very popular, particularly among Travis Scott's young fans. For example, McDonald's experienced ingredient shortages for their 'Quarter Pounder' burger, which was a menu item included in the branded celebrity meal, towards the end of 2020. Furthermore, McDonald's share prices increased to their highest amount since 2019. This demonstrates that using influential figures, such as Travis Scott, to promote food products is an effective and powerful food marketing tactic.

(Forbes, 2020)

Television advertisements 1.2.5.1.3

As online streaming services, such as Netflix, become increasingly popular, youth are spending less time watching programmed television. However, food advertisements that are broadcasted on television remain an effective way for commercial companies to promote their food products to young audiences. These television advertisements aim to present the brand and its food products in a positive light, and may use deception to achieve this. For example, a television advertisement for an unhealthy food product may highlight that the product contains no saturated fat, yet may make no mention of the large amount of added sugar that it contains.

Research has found that young people who watch 80 minutes of television each day are exposed to more than 800 television advertisements promoting unhealthy 'junk' foods each year. (Hospital And Healthcare, 2018). Furthermore, these advertisements are broadcasted more often during peak viewing times of young people, despite there being legislation that rules against this (SBS News, 2018). This reveals how commercial companies take advantage of the vulnerable age of their young audience, targeting their television advertisements of unhealthy food products towards them.

Want to know more?

If fast food commercials were honest...

Television advertisements that promote unhealthy food products may exercise deception to present their food products in a positive light. If television advertisements promoting unhealthy food products were honest, their advertisements would likely be very different.

Search *'If Fast Food Commercials Were Honest – Honest Ads (McDonald's, Burger King, Wendy's, Taco Bell)'* on YouTube and watch the three minute and forty second video that presents a parody of a fast food advertisement (Cracked, 2015). Although this video is intended to be funny, it also has aspects of truth to it.

ACTIVITY 1

McDonald's television advertisement

Search *'McDonald's Australia 2020 Tv Ad'* on YouTube and watch the one minute and thirty second video (Renae Jennings, 2020). Then respond to the following questions:

- What is the target audience of this television advertisement?
- What are the creators of this television advertisement aiming to achieve?
- Does this television advertisement mention the negative health consequences of consuming McDonalds?
- Does this television advertisement present McDonalds in a positive or negative light?

Sponsorships 1.2.5.1.4

When you attend a sporting match or watch your favourite television show, do you notice the commercial companies that sponsor these events and productions? Commercial companies that manufacture and sell food products may provide financial support to a business or organisation as a way of gaining exposure and promoting their food products. This food marketing tactic involves commercial companies paying money to businesses or organisations that provide entertainment to the public. In return, their brand and food products are promoted to the public.

Sponsorships often involve the audience of a sporting event or television program being indirectly exposed to the brand while they are viewing the event or program, which is sometimes a long period of time. For example, the brand logo may be constantly present on the television screen, or the food products may be consumed by those being filmed. This indirect form of advertising relates to product placement, and is usually so subtle that viewers are unlikely to change the channel. This is in comparison to traditional advertising, where advertisements are disruptive to viewers and may cause them to change the channel. Product placement forms a subconscious connection between the viewer and the brand, and increases the desirability of the food products being displayed.

🌐 *Real world example*

KFC sponsors the Big Bash League

Since 2011, KFC has been the naming rights sponsor (this means they have the right to name the event) of Cricket Australia's Big Bash League. This popular cricket competition attracts thousands of supporters each year to the stadiums, and many more watch the games on television. Many of these supporters are young Australians.

If you watch a Big Bash League game, you will notice the KFC logo and colours on the cricket stumps, on the players' uniforms, and on the stadium panels. Furthermore, the KFC logo is present in the Big Bash League logo, and the cricket competition is officially called 'KFC Big Bash League'. Fans are even encouraged to wear KFC buckets on their heads during the games.

This overwhelming presence of KFC at Big Bash League games contributes to around 4.2 million Australians associating the fast food company with the cricket competition (Roy Morgan, 2019). This demonstrates that sponsorships are a very effective way to increase public awareness of a brand. Therefore, many commercial companies use sponsorships as a food marketing tactic.

Image: Vectomart/Shutterstock.com

Figure 2 KFC sponsors Cricket Australia's Big Bash League

➕ *Want to know more?*

Cristiano Ronaldo tells soccer fans to drink water instead of Coca-Cola

UEFA EURO 2020 was an international soccer competition that was sponsored by Coca-Cola. This commercial company sells soft drinks that contain large amounts of sugar.

During a press conference, Cristiano Ronaldo, who is arguably the most famous soccer player in the world, removed the Coca-Cola bottles that were being displayed to the cameras so that they were no longer in view. He also said the word 'water' in Portuguese, advising fans to drink water instead of soft drinks, such as Coca-Cola.

Cristian Ronaldo expressing his disapproval of Coca-Cola sponsoring the UEFA EURO 2020 demonstrates that athletes can be opposed to the promotion of unhealthy foods and drinks during their sporting events.

Search *''Drink water': Ronaldo removes Coca-Cola bottles in press conference'* on YouTube and watch the forty five second video in which Cristiano Ronaldo removes Coca-Cola bottles from the table during a press conference (The Telegraph, 2021).

Furthermore, Coca-Cola's market value decreased by around $4 billion after this press conference (Independent, 2021). This demonstrates the powerful influence of influential figures, such as Cristiano Ronaldo, on people's attitudes and behaviours.

Many young people participate in community sport at their local sporting clubs. Many of these clubs are sponsored by commercial companies that manufacture and sell food products. While many people perceive these commercial companies that provide financial support to local sporting clubs as generous and community-focused, this is actually another food marketing tactic that commercial companies use to increase brand awareness and promote their food products to youth.

When commercial companies sponsor local sporting clubs, this may influence the attitudes and behaviours that youth have towards their brand and their food products. For example, young people aged between 10 and 14 years tend to perceive the sponsors of their local sporting clubs as 'cool' and have a desire to consume their food products (Obesity Evidence Hub, 2020). In this way, if a local sporting club is sponsored by a commercial company that manufactures and sells unhealthy food products, then young people who play sport at this club are more likely to demand and consume these unhealthy food products, contributing to negative consequences on youths' health and wellbeing.

ACTIVITY 2

Is your local sporting club sponsored by any commercial companies? Do any of these commercial companies manufacture and sell food products? Discuss with a partner any such sponsorships that you are aware of in your local community.

Product packaging 1.2.5.1.5

Look at the two packets of lollies that are displayed in figure 3. If you were in a supermarket aisle and had to choose one packet of lollies to purchase and consume, which packet of lollies would you choose?

People are more likely to notice, prefer, purchase, and remember the bottom packet of lollies than the top packet of lollies. This is because the packet is bright, colourful, engaging, and includes pictures. Therefore, it is more likely to capture the attention of and appeal to potential customers.

Commercial companies that manufacture and sell food products design their product packaging in a way that appeals to potential consumers, particularly youth. For example, they may include a familiar cartoon character on the packaging of their food product, which is likely to appeal to young potential customers.

Product packaging that is engaging means that people are likely to be more interested in purchasing the food product. In this way, when this food marketing tactic is used to promote unhealthy food products, youth are more likely to purchase these unhealthy options. Some health experts are calling for the implementation of government regulations that require commercial companies to have plain packaging, rather than bright, colourful, and engaging packaging, for their unhealthy food products. This would prevent commercial companies from using this food marketing tactic to promote their food products to youth. Similar regulations have previously been implemented that require plain packaging on tobacco products, such as cigarettes. Due to the success of these laws in reducing smoking rates in Australia, it is predicted that the implementation of similar laws for unhealthy food products would be successful in reducing the consumption of such food products.

Image: Pack/Shutterstock.com

Figure 3 If you had to choose, which packet of lollies would you rather purchase and consume?

Games and competitions 1.2.5.1.6

Commercial companies that manufacture and sell food products may create games and competitions that promote their brand and their food products. This food marketing tactic particularly targets youth, because young people are easily engaged by fun, interactive, and immersive games and competitions. For example, young people may be able to win prizes, collect toys, accumulate points, and enter competitions by purchasing food products.

Participating in games and competitions is an engaging and interactive experience for young people. In this way, games and competitions that are associated with a particular brand may establish a connection between this brand and a consumer. This may cause youth to have a positive perception of the brand and a desire to purchase its food products. Furthermore, prize incentives may encourage young consumers to purchase more food products than they otherwise would to increase their chances of winning.

🌐 *Real world example*

McDonald's Monopoly Game

Since 1987, McDonald's has run the McDonald's Monopoly Game for around two months each year in McDonald's restaurant chains around the world.

The game, which is inspired by the traditional Monopoly board game, involves participants purchasing selected McDonald's menu items to collect tickets. These tickets may be 'instant win' tickets, which enables participants to immediately claim their prize at the counter. This prize is a McDonald's menu item that is specified on the 'instant win' ticket.

Other tickets can be collected over time. Certain ticket combinations, such as collecting one set of Monopoly properties, means that the participant wins larger prizes, such as movie tickets, retail discounts, technological devices, and cash prizes of up to $1 million.

Figure 4 The McDonald's Monopoly Game encourages youth to purchase McDonald's food products by providing prize incentives

The McDonald's Monopoly Game has been described by political leaders as a 'grotesque marketing strategy' that is a 'danger to health' (The Guardian, 2019). This is because it uses prize incentives to motivate people, particularly youth, to purchase more unhealthy food products.

Impact on youths' health behaviours 1.2.5.2

OVERVIEW

You may not realise it, but the food products you purchase, and therefore your health behaviours, are influenced by food marketing tactics that promote food products.

THEORY DETAILS

In the previous section, you learnt about six examples of food marketing tactics that commercial companies use to promote their food products to youth. In this section, you will learn about how food marketing tactics impact the **health behaviours** of youth.

Food marketing tactics aim to encourage people, including youth, to purchase and consume the food product being advertised. This ultimately increases the profits of the commercial company that manufactures and sells the food product.

Figure 5 outlines the impact of food marketing tactics on youths' health behaviours.

ADDITIONAL TERMS

Health behaviours are actions people take relating to their health that can have a positive or negative effect on their health and wellbeing and health status

Impact on youths' health behaviours

Food marketing tactics are used to promote a food product → The brand and the food product are presented in a positive light → Youths' attitudes towards the brand and food product improve → **Young people are more likely to purchase and consume the food product** → Increased sales of the food product → Increased profits for the commecial company

Figure 5 The impact of food marketing tactics on youths' health behaviours

ACTIVITY 3

Search *'How does junk food marketing influence kids?'* on YouTube and watch the one minute and seven second video (Cancer Council Victoria, 2017). Then discuss the following questions with the person next to you:

- Which food marketing tactics can you identify in this video?
- What impact does these food marketing tactics have on the attitudes and health behaviours of this young person?
- Do you think that young people are more vulnerable to food marketing tactics than older people? Why or why not?

Food marketing tactics impact youths' health behaviours by increasing the likelihood that they will want to purchase and consume the food product that is being marketed. This means that if an unhealthy food product is being promoted, youth are more likely to purchase and consume this unhealthy food product. The overconsumption of unhealthy food is a negative health behaviour, because it increases the likelihood of experiencing nutritional imbalance and developing diet-related diseases, such as obesity, during youth. It also increases the likelihood of developing diet-related diseases, such as cardiovascular disease, in the future.

In 2017-2018, around 25% of children and youth aged between 2 and 17 years were classified as overweight or obese in Australia (Australian Institute of Health and Welfare [AIHW], 2020). Food marketing tactics that promote unhealthy food products may have contributed to this alarmingly high prevalence of overweight and obesity among young people in Australia by encouraging them to purchase and consume these unhealthy food products.

⧉ Lesson link

In lesson **4A: Nutritional imbalances in youths' health and wellbeing**, you learnt about the consequences of nutritional imbalance, such as the overconsumption of nutrients, on youths' health and wellbeing. Food marketing tactics that promote unhealthy food products may increase the consumption of these unhealthy food products. This may contribute to nutritional imbalance, and the negative health consequences of nutritional imbalance, during youth.

Theory summary

In this lesson, you learnt about food marketing tactics that commercial companies use to promote their food products to consumers, particularly youth. Figure 6 summarises the food marketing tactics that were discussed in this lesson, and the impact of food marketing tactics on youths' health behaviours.
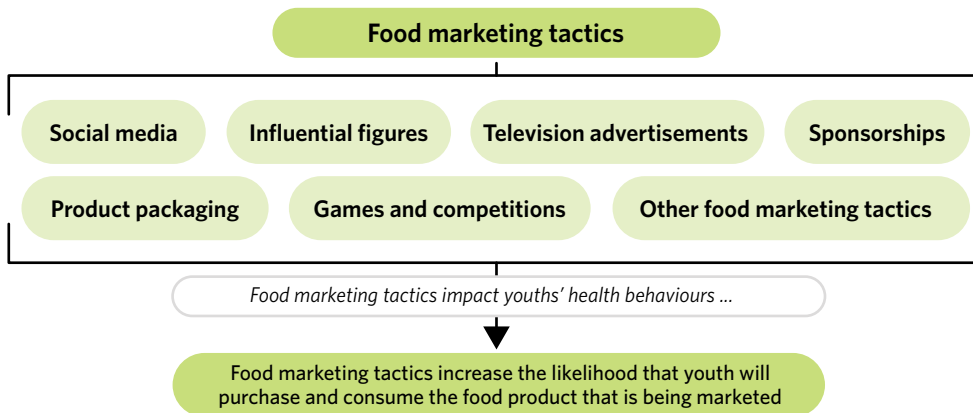
Figure 6 Food marketing tactics and their impact on youths' health behaviours

4B QUESTIONS

Theory-review questions

Question 1

Why do commercial companies that manufacture and sell food products use food marketing tactics? *(Select all that apply)*

I   To increase awareness of their brand and draw attention to their food products.

II   To maximise their profits.

III   To present their brand and their food products in a positive light.

Question 2

Commercial companies dedicate lots of time, effort, and resources towards determining which food marketing tactics will most effectively promote their food products.

A   True.

B   False.

Question 3

Commercial companies that manufacture and sell food products often target their food marketing tactics towards youth.

A   True.

B   False.

Question 4

Food marketing tactics are only used to promote healthy food products to youth.

A   True.

B   False.

Question 5

Which of the following best fills in the blank?

A   Increase.

B   Decrease.

Food marketing tactics _____ the likelihood that young people will want to purchase and consume the food product that is being marketed.

Question 6

Which of the following are effective food marketing tactics? *(Select all that apply)*

I   A famous celebrity features in a television advertisement promoting a new flavour of chocolate.

II   A company that manufactures and sells lollies removes the colours and cartoon characters from their product packaging.

III   A supermarket introduces a range of collectable prizes that can be accumulated by purchasing selected food products.

Question 7

Some commercial companies that manufacture and sell food products sponsor local sporting clubs. The reason why they provide this financial support is because they are generous and community-focused.

A   True.

B   False.

Skills

Perfect your phrasing

Question 8

Which of the following sentences is most correct?

A   Food marketing tactics are the strategic actions that *commercial companies* use to promote their food products.

B   Food marketing tactics are the strategic actions that *people* use to promote their food products.

Unpacking the case study

Use the following information to answer Questions 9-12.

Adele is scrolling through Instagram and sees an advertisement for a new flavour of chips that is being sold at major supermarkets in Australia. This advertisement was promoted by her favourite social media influencer who says these chips are 'the best thing they have ever tasted'. Therefore, Adele decides to go to her local supermarket and purchase a packet of these chips. While at the supermarket, another packet of chips that has very bright and colourful packaging captures Adele's attention. Adele picks up the packet of chips and reads that if she purchases it, she enters the draw to win a trip to the Bahamas with a friend. Adele decides to buy both packets of chips at the supermarket.

Question 9

The food marketing tactic, influential figures, is reflected by the statement that

A   'Adele is scrolling through Instagram and sees an advertisement for a new flavour of chips'.

B   'This advertisement was promoted by her favourite social media influencer who says these chips are 'the best thing they have ever tasted''.

Question 10

The food marketing tactic, product packaging, is reflected by the statement that

A   'Adele decides to go to her local supermarket and purchase a packet of these chips'.

B   'another packet of chips that has very bright and colourful packaging captures Adele's attention'.

Question 11

The food marketing tactic, games and competitions, is reflected by the statement that

A   'if she purchases it, she enters the draw to win a trip to the Bahamas with a friend'.

B   'another packet of chips that has very bright and colourful packaging captures Adele's attention'.

Question 12

The impact of food marketing tactics on youths' health behaviours is reflected by the statement that

A   'Adele is scrolling through Instagram and sees an advertisement for a new flavour of chips'.

B   'Adele decides to buy both packets of chips at the supermarket'.

Exam-style questions

Question 13 (2 MARKS)

Outline two reasons why commercial companies that manufacture and sell food products use food marketing tactics.

Question 14 (2 MARKS)

Identify two food marketing tactics that commercial companies use to promote their food products to youth.

Question 15 (2 MARKS)

Explain the impact of food marketing tactics on youths' attitudes and health behaviours.

Question 16 (3 MARKS)

Elle plays netball with her friends at her local netball club. This sporting club is sponsored by a commercial company that sells chocolate. Elle's coach, Seamus, tells Elle that their netball club would probably not have enough money without the financial support of this chocolate company. The next day, Elle decides to walk to her local store and buy a chocolate bar from the brand that sponsors her local netball club.

a Identify the food marketing tactic that is evident in the information above. (1 MARK)

b Using an example from the information above, describe the likely impact of the food marketing tactic identified in **part a** on Elle's health behaviours. (2 MARKS)

Question 17 (4 MARKS)

Finlay is feeling hungry and goes to the supermarket to buy something to eat. He decides that he wants a muesli bar. In the aisle, there are two options. One muesli bar box has bright blue and bright green packaging, and has an image of a famous soccer player on it. Furthermore, this muesli bar box has large, bold text that says 'use the code inside to redeem your prize!' The other muesli bar box has no colours or images on it. The text on this muesli bar box is small, and only says the name of the brand and the nutrition information.

a Identify two food marketing tactics that have been used by the commercial company that manufactures and sells the first muesli bar. (2 MARKS)

b Is it likely that Finlay will purchase the first muesli bar instead of the second muesli bar? Justify your answer, with reference to the product packaging of each muesli bar. (2 MARKS)

Questions from multiple lessons

Question 18 (5 MARKS)

Hugh is watching his favourite television show until the episode is interrupted by a television advertisement that promotes a brand of tropical fruit juice. The television advertisement claims that the tropical fruit juice is healthy, because it contains apples, mangoes, passionfruit, and oranges. Hugh, who always tries to choose healthy food and drink options, decides to add the tropical fruit juice to his shopping list. However, the television advertisement failed to mention that the tropical fruit juice contains around eight teaspoons of added sugar.

a Identify the food marketing tactic that was used to promote the tropical fruit juice to Hugh. (1 MARK)

b Explain why the commercial company that manufactures and sells this tropical fruit juice would avoid mentioning the large amount of added sugar that their product contains. (2 MARKS)

c Identify and describe one long-term health consequence that Hugh may experience if he drinks this tropical fruit juice every day for breakfast. (2 MARKS)

4C ENABLERS AND BARRIERS TO HEALTHY EATING AMONG YOUTH

Some people may believe that a person is in control of and responsible for their diet. However, this is not entirely true. There are numerous factors at play that can influence a person's eating patterns. These factors either make it more or less difficult for a person to eat healthily.

In this lesson, you will learn about the social, cultural, and political factors that act as enablers or barriers to healthy eating among youth. You will also learn about how these factors interact with each other to influence the eating patterns of youth.

Image: Evgeniya Mokeeva/Shutterstock.com

4A Nutritional imbalances in youths' health and wellbeing	4B Marketing and promoting foods to youth	4C Enablers and barriers to healthy eating among youth

Study design dot point

- social, cultural and political factors that act as enablers or barriers to healthy eating among youth, including nutrition information sourced from social media and/or advertising

Key knowledge units

Factors that act as enablers or barriers to healthy eating	1.2.6.1
Social enablers and barriers to healthy eating	1.2.6.1.1
Cultural enablers and barriers to healthy eating	1.2.6.1.2
Political enablers and barriers to healthy eating	1.2.6.1.3
Interactions between factors that act as enablers or barriers to healthy eating	1.2.6.2

Enablers and barriers to healthy eating among youth

- Factors that act as enablers or barriers to healthy eating 1.2.6.1
  - Social enablers and barriers to healthy eating 1.2.6.1.1
  - Cultural enablers and barriers to healthy eating 1.2.6.1.2
  - Political enablers and barriers to healthy eating 1.2.6.1.3
- Interactions between factors that act as enablers or barriers to healthy eating 1.2.6.2

Factors that act as enablers or barriers to healthy eating 1.2.6.1

OVERVIEW

Your diet is influenced by a range of social, cultural, and political factors. These factors act as enablers or barriers to healthy eating.

THEORY DETAILS

There are numerous factors that can influence your eating patterns. These factors act as either enablers or barriers to healthy eating. **Enablers** are factors that make something more likely to occur. By contrast, **barriers** are factors that make something less likely to occur. This lesson explores factors that act as enablers and barriers to healthy eating among youth. In this way, enablers to healthy eating increase the likelihood of youth eating healthily, whereas barriers to healthy eating decrease the likelihood of youth eating healthily.

KEY DEFINITIONS

Enablers are factors that make something more likely to occur

Barriers are factors that make something less likely to occur

There are different types of factors that act as enablers or barriers to healthy eating among youth. The three types of factors that will be discussed in this lesson are:

- social enablers and barriers to healthy eating
- cultural enablers and barriers to healthy eating
- political enablers and barriers to healthy eating.

```
                                          ┌─────────────────┐
                                          │   An enabler    │
                                          └─────────────────┘
                          can act as either...  Makes healthy eating
                                              more likely to occur
        ┌──────────┐
        │  Factor  │
        └──────────┘
         Social factors                   ┌─────────────────┐
                                          │   A barrier     │
         Cultural factors                 └─────────────────┘
                                            Makes healthy eating
         Political factors                  less likely to occur
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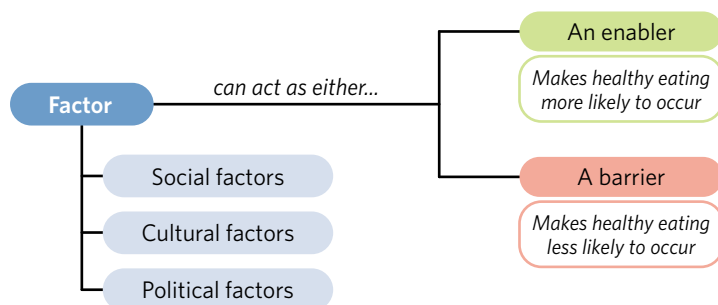
Figure 1 Social, cultural, and political factors act as enablers or barriers to healthy eating

> **Memory device**
>
> To help remember the meaning of enablers and barriers, you can think about how enablers 'enable' you to eat healthily, whereas barriers act as 'barriers' and 'block' you from eating healthily.

> **Useful tip**
>
> It is important to understand that many factors do not act as only an enabler or only a barrier to healthy eating. In other words, many factors can act as enablers to healthy eating in one context, while acting as barriers to healthy eating in another context.

Social enablers and barriers to healthy eating 1.2.6.1.1

Eating is often a social activity. For example, you usually eat with other people, such as your family and friends. In this way, there are social factors that can influence your eating patterns. Table 1 explores social factors that act as enablers or barriers to healthy eating among youth.

Table 1 Social factors that act as enablers or barriers to healthy eating among youth

Factor	Enabler or barrier?	Explanation
Family	Family can act as an enabler to healthy eating.	• If a family promotes healthy eating by providing healthy food options at home, such as fruits and vegetables, rather than unhealthy food options, such as processed foods, youth are more able to make healthy food choices at home. • If parents model healthy eating behaviours to their children, such as eating breakfast every morning, youth are more likely to mimic these healthy eating behaviours. • If parents also educate their children on the importance of consuming a healthy and balanced diet, and teach their children how to prepare and cook healthy meals, this enables healthy eating among youth.
	Family can act as a barrier to healthy eating.	• If a family often purchases processed foods that contain large amounts of saturated fat, salt, and added sugar, these unhealthy food options will be available to and regularly consumed by youth at home. • If parents model unhealthy eating behaviours to their children, such as regularly skipping meals, youth are more likely to mimic these unhealthy eating behaviours. • If parents also fail to educate their children on the importance of consuming a healthy and balanced diet, this prevents healthy eating among youth, as they may not be aware of the negative health consequences of an unhealthy and unbalanced diet.

cont'd

Table 1 Continued

Factor	Enabler or barrier?	Explanation
Friends	Friends can act as an enabler to healthy eating.	• Friends can positively influence the amount of food that a young person consumes. For example, a friend who is educated about how to maintain a healthy body weight can share this knowledge with their friends. This knowledge may include the proportions in which certain foods, and therefore nutrients, should be consumed as part of a healthy and balanced diet. • Friends can positively influence the types of food that a young person consumes. For example, if two friends go to a food court for lunch, and one friend decides to purchase a healthy meal, such as a fresh salad, this may influence the other friend to also purchase a fresh salad. In this way, friends who value healthy eating can support each other to make healthy food choices.
	Friends can act as a barrier to healthy eating.	• Friends can negatively influence the amount of food that a young person consumes. In other words, a young person may eat more or less food than what is healthy because of their friends. For example, if a young person's friend regularly talks about losing weight and pressures their friends to try restrictive diets, this may encourage the young person to develop distorted eating habits, such as regularly skipping meals. • Friends can negatively influence the types of food that a young person consumes. For example, if two friends regularly go out for dinner to restaurants, and one friend always purchases unhealthy menu items that contain large amounts of saturated fat, salt, and added sugar, this may influence the other friend to also regularly order unhealthy menu items.
Income	Income can act as an enabler to healthy eating.	• Youth who earn an adequate income, or who are from households that earn an adequate income, are likely to experience **food security**. This means that they have reliable access to adequate quantities of nutritious, safe, and culturally appropriate food at all times, from non-emergency sources. • Youth who earn an adequate income, or who are from households that earn an adequate income, have an increased ability to purchase a wide variety of healthy and nutritious foods. For example, they are likely to have enough money to afford organic produce, such as fresh fruits and vegetables, which are often more expensive than processed foods, particularly when not in season. In this way, adequate income enables healthy eating.
	Income can act as a barrier to healthy eating.	• Youth who do not earn an adequate income, or who are from households that do not earn an adequate income, may experience **food insecurity**. This means that they lack the financial resources they need to have reliable access to adequate quantities of nutritious, safe, and culturally appropriate food at all times, from non-emergency sources. For example, unhealthy, energy-dense, and processed foods tend to be cheaper than healthy and nutritious foods, such as fresh fruits and vegetables. For young people with lower incomes, this cost difference may impact their food choices. They are likely to purchase foods that are more affordable for them, preventing them from making healthy food choices. • Young people with lower incomes may not have enough money to purchase the resources needed to prepare and cook healthy meals, such as kitchen utensils and a working stove. This may cause them to purchase ready-made meals or takeaway foods that often contain large amounts of saturated fat, salt, and added sugar.
Education	Education can act as an enabler to healthy eating.	• Youth who have high levels of education are likely to have learnt about the importance of healthy eating. They are also likely to be educated on how to consume a healthy and balanced diet. For example, they may know the recommended number of serves of fruits and vegetables that they should consume each day. This knowledge enables youth to make informed food choices and adopt healthy eating behaviours. • Some schools offer practical cooking classes that teach students how to prepare and cook healthy meals. Having this knowledge means that youth do not have to rely on ready-made meals or takeaway foods that often contain large amounts of saturated fat, salt, and added sugar, because they can prepare and cook their own meals.

cont'd

ADDITIONAL TERMS

Food security is when a person has reliable access to adequate quantities of nutritious, safe, and culturally appropriate food at all times, from non-emergency sources

Food insecurity is when a person does not have reliable access to adequate quantities of nutritious, safe, and culturally appropriate food at all times, from non-emergency sources

Lesson link

In lesson **1B: Variations in perspectives of health and wellbeing**, you were introduced to the concept of socioeconomic status (SES). Specifically, you learnt that SES uses the factors of income, education, and occupation to determine a person's social status. In this lesson, these three factors are described as social factors that act as enablers or barriers to healthy eating among youth. In this way, SES influences the eating patterns of youth.

Table 1 Continued

Factor	Enabler or barrier?	Explanation
Education	Education can act as a barrier to healthy eating.	• Youth who have low levels of education may not understand the importance of healthy eating. They may also not be educated on how to consume a healthy and balanced diet. For example, they may not know that monounsaturated and polyunsaturated fats are healthier than saturated and trans fats. This may cause them to consume the four types of fats in equal proportions. If youth have limited knowledge about how to eat healthily, this may prevent them from making informed food choices and adopting healthy eating behaviours.
Occupation	Occupation can act as an enabler to healthy eating.	• If a young person, or their parents or carers, has a flexible job, reasonable work hours and plenty of time outside of work to shop for groceries, and prepare and cook healthy meals, this may enable them to avoid ready-made meals or takeaway foods that often contain large amounts of saturated fat, salt, and added sugar. • If a workplace has adequate kitchen facilities, this enables employees to use these facilities to prepare and cook healthy meals. Furthermore, some workplaces provide employees with healthy food options or are located close to stores and restaurants that provide healthy food options, which enables healthy eating.
	Occupation can act as a barrier to healthy eating.	• If a young person, or their parents or carers, works long hours, they may not have enough time to shop for groceries and prepare and cook healthy meals. This may mean that they rely on ready-made meals that often contain large amounts of saturated fat, salt, and added sugar. • If a young person has a very stressful job or does shift work, they may lack the energy and motivation to prepare and cook healthy meals. Instead, they may opt for more convenient, but less healthy meals, such as takeaway foods. • In addition to work commitments, some young people may also have other commitments, such as studying. This means that they have even less time to prepare and cook healthy meals.
Nutrition information sourced from social media or advertising	Nutrition information sourced from social media or advertising can act as an enabler to healthy eating.	• If a young person accesses nutrition information on social media or an advertisement that is accurate and reliable, this acts as an enabler to healthy eating. Accurate and reliable nutrition information improves health literacy and helps people to make healthier food choices. • For example, a young person may see a post on social media about the importance of limiting their intake of soft drinks to prevent the development of dental caries. If this nutrition information is informed by expert opinion and scientific evidence, and was posted by the state government department of health, then this is an example of accurate and reliable nutrition information that enables healthy eating among youth.
	Nutrition information sourced from social media or advertising can act as a barrier to healthy eating.	• If a young person accesses nutrition information on social media or an advertisement that is not accurate and reliable, this acts as a barrier to healthy eating. Nutrition information that is not accurate and reliable may misinform and mislead people and prevent them from consuming a healthy and balanced diet. • For example, a young person may see an advertisement on television about a meal plan that 'makes you lose eight kilograms in two weeks!' If this advertisement was developed by the commercial company that sells the particular meal plan, then this is an example of inaccurate and unreliable nutrition information that acts as a barrier to healthy eating among youth.

Lesson link

In lesson **3C: Sources of nutrition information**, you learnt how to evaluate the accuracy and reliability of sources of nutrition information. If you have the knowledge and skills to determine the validity of sources of nutrition information, you can distinguish between nutrition information on social media or advertising that acts as an enabler to healthy eating, and nutrition information on social media or advertising that acts as a barrier to healthy eating.

Cultural enablers and barriers to healthy eating 1.2.6.1.2

There is an incredible diversity of cultures in our world. Each culture may have its own religion, language, beliefs, and practices, which can influence people's eating patterns. Table 2 explores cultural factors that act as enablers or barriers to healthy eating among youth.

Table 2 Cultural factors that act as enablers or barriers to healthy eating among youth

Factor	Enabler or barrier?	Explanation
Ethnicity	Ethnicity can act as an enabler or as a barrier to healthy eating.	**Ethnicity** relates to the national and cultural traditions that belong to groups of people who live in different places around the world. Your ethnicity influences the types of foods that you consume. This is because people of different ethnicities eat different foods, as demonstrated in figure 2. Some cuisines are healthier than others. For example, a traditional Japanese breakfast usually consists of healthy and nutritious foods, such as grilled fish, rice, vegetables, and soup. By contrast, a traditional English breakfast usually consists of energy-dense foods, such as bacon, eggs, sausages, toast, and hash browns. The traditional English breakfast is less healthy and more likely to contribute to weight gain than the traditional Japanese breakfast. Furthermore, in some Asian and African cultures, it is customary that female members of the household eat after male members of the household. This means that, in developing countries where food is scarce, women may not have enough food to feed themselves, and may experience malnutrition and underweight (SBS, 2018).
Religion	Religion can act as an enabler or as a barrier to healthy eating.	There are five major religions: Christianity, Islam, Judaism, Buddhism, and Hinduism. However, there are thousands of other religions that are practised around the world. Each religion has its own customs, traditions, and rules, and some of these relate to food consumption. For example, many people who follow Hinduism are vegetarian, because this diet reflects their respect for other life forms. These people may not consume enough protein or iron because they do not eat meat. They must obtain adequate amounts of these nutrients from plant-based foods or artificial supplements so that their vegetarian diet does not act as a barrier to healthy eating. Furthermore, many religious events and celebrations involve food. For example, during the month of Ramadan, followers of Islam who observe this religious event do not eat and drink during the daytime. This practice can cause negative health consequences, such as dehydration (The Guardian, 2015). Additionally, followers of Christianity may celebrate Easter and Christmas each year, often by sharing food with their family or friends. For example, many people, particularly children and youth, receive chocolate eggs on Easter. This may cause the overconsumption of chocolate, which is a discretionary food that contains large amounts of saturated fat. Therefore, this religious tradition may contribute to weight gain and act as a barrier to healthy eating.

ADDITIONAL TERMS

Ethnicity is the national and cultural traditions that belong to groups of people who live in different places around the world
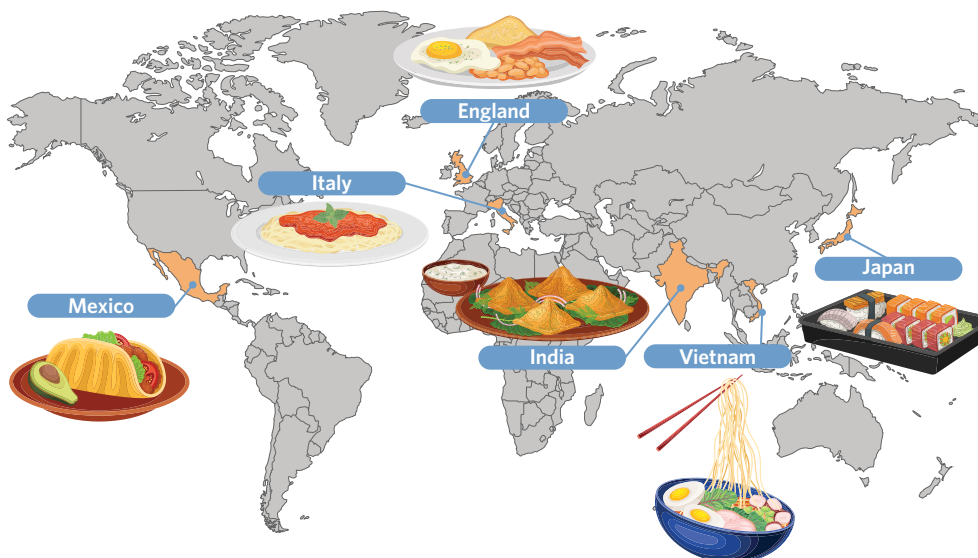
Image: HappyPictures, Andrei Minsk/Shutterstock.com

Figure 2 Examples of different cuisines that different ethnicities eat around the world

Political enablers and barriers to healthy eating 1.2.6.1.3

Political environments that enable healthy eating promote health and wellbeing among the population. These environments increase life expectancy, enhance productivity, and empower individuals to engage in healthy eating behaviours.

To create a political environment that enables healthy eating, the government may implement and enforce food policies and laws and impose taxes on unhealthy food and drink products. Furthermore, government agencies and non-government organisations may introduce health promotion campaigns that focus on nutrition. Table 3 explores these political factors that generally act as enablers to healthy eating among youth.

Table 3 Political factors that act as enablers or barriers to healthy eating among youth

Factor	Enabler or barrier?	Explanation
Policies and laws	Policies and laws generally act as enablers to healthy eating.	The government may implement and enforce policies and laws that enable healthy eating. These policies and laws include food labelling regulations that are developed and maintained by Food Standards Australia and New Zealand (FSANZ). Commercial companies that manufacture and sell food products must adhere to these regulations. For example, packaged food products must display a nutrition information panel that provides a truthful description of the product's nutritional profile. This ensures that youth have adequate nutritional knowledge about food products so that they can make informed dietary choices. Furthermore, FSANZ requires that bread manufacturers add folic acid, which is the artificial form of folate (vitamin B9), to their bread products (FSANZ, 2016). This mandatory fortification policy aims to prevent youth from being deficient in vitamin B9, given that bread is a staple food that many people consume every day. Other policies and laws that enable healthy eating among youth include legislation that prevents television advertisements that promote unhealthy food products from being broadcasted during peak viewing times of young people, such as before school and after school on weekdays (Australian Government, 2011).
Taxes	Taxes generally act as enablers to healthy eating.	The government may impose taxes on unhealthy food and drink products so that it costs a person more money to purchase these products. This is because the cost of a food or drink product greatly influences the likelihood that a person will purchase it, and therefore consume it. In this way, taxes that increase the price of unhealthy food and drink products may discourage youth from purchasing and consuming these products, which enables healthy eating among youth. An example of a tax that is imposed on some foods, but not others, is the **Goods and Services Tax (GST)**. GST is imposed on processed foods that often contain large amounts of saturated fat, salt, and added sugar (GST Register, 2019). This increases the price of these unhealthy food products, decreasing the likelihood that people will purchase them. However, staple foods, such as rice, and fresh produce, such as fruits and vegetables, are exempt from GST. This means that these healthier food products are not taxed, which provides an incentive for people to purchase them.
Health promotion campaigns	Health promotion campaigns generally act as enablers to healthy eating.	Government agencies and non-government organisations may introduce health promotion campaigns that promote healthy eating. Health promotion campaigns may aim to increase health literacy levels, raise awareness of the negative health consequences of an unhealthy diet, and improve nutrition education. They may involve informative brochures and posters being distributed, educational workshops being delivered to schools and workplaces, or promotional videos being posted on media platforms, such as YouTube or Facebook. These actions increase awareness of healthy eating behaviours and provide people with the knowledge and resources they need to eat healthily. Health promotion campaigns may target young people, which enables healthy eating among youth.

ADDITIONAL TERMS

Goods and Services Tax (GST) is a tax of 10% that is imposed on most goods and services that are sold and consumed in Australia

Lesson link

In lesson **3C: Sources of nutrition information**, you learnt about the 'Go for 2&5' campaign, which is an example of a health promotion campaign that was implemented by the Western Australian Department of Health. To remind yourself of an example of a health promotion campaign, you can return to this lesson.

> (!) **Useful tip**
>
> Table 3 describes political factors as generally acting as enablers to healthy eating. This is because government agencies and non-government organisations generally aim to promote health and wellbeing among the population. However, it is important to understand that political factors also have the potential to act as barriers to healthy eating. For example, governments could impose taxes on healthy foods to increase their revenue, making it more difficult for people to eat healthily. Furthermore, the nutrition information that is presented in health promotion campaigns could become invalidated as new scientific research findings emerge. If these outdated health promotion campaigns are not revised and amended, people may follow incorrect nutrition advice, which acts as a barrier to healthy eating.

ACTIVITY 1

Around 40 countries around the world have introduced a 'sugar tax' on drinks that contain large amounts of sugar, such as soft drinks and sports drinks (Obesity Evidence Hub, 2021). Currently, there is no 'sugar tax' in Australia that increases the price of sugary drinks.

There is significant debate about whether the Australian government should impose a tax on sugary drinks, with many health organisations calling for the introduction of a 'sugar tax' to reduce the consumption of sugary drinks and improve health outcomes in Australia.

Search *'Why Australia Needs A Sugary Drinks Tax'* on YouTube and watch the two minute and fifty-five second video (Cancer Council Victoria, 2016). Then respond to the following questions:

- If a sugary drinks tax were to be introduced in Australia, would this act as an enabler or as a barrier to healthy eating? Why?
- Why does the soft drink industry oppose the sugary drinks tax?
- Do you think the introduction of a sugary drinks tax in Australia will be effective in reducing sugary drink consumption among youth? Why or why not?
- Do you support the introduction of a sugary drinks tax in Australia? Why or why not?

Image: yukipon/Shutterstock.com

Interactions between factors that act as enablers or barriers to healthy eating 1.2.6.2

OVERVIEW

There are numerous factors in your life that interact with each other to influence your eating patterns.

THEORY DETAILS

In the previous section, you learnt about the social, cultural, and political factors that act as enablers or barriers to healthy eating. In this section, you will learn about how these factors interact with each other to influence a person's eating patterns.

There are numerous factors at play that are influencing your eating patterns at any given time. These factors exist simultaneously and may interact with each other. Some of these factors may act as enablers to healthy eating and some may act as barriers to healthy eating:

- If a young person has many factors that act as enablers to healthy eating and few factors that act as barriers to healthy eating, this may mean that they are likely to engage in healthy eating behaviours.
- If a young person has some factors that act as enablers to healthy eating and some factors that act as barriers to healthy eating, this may mean that they are somewhat likely to engage in healthy eating behaviours.
- If a young person has few factors that act as enablers to healthy eating and many factors that act as barriers to healthy eating, this may mean that they are unlikely to engage in healthy eating behaviours.

Figure 3 presents an example of how factors that act as enablers or barriers to healthy eating can interact with each other to influence a person's eating patterns.

> **Study design key skills dot point**
>
> The following key skills dot point applies to this section of the lesson:
>
> - analyse the interaction between a range of factors that act as enablers or barriers to healthy eating among youth
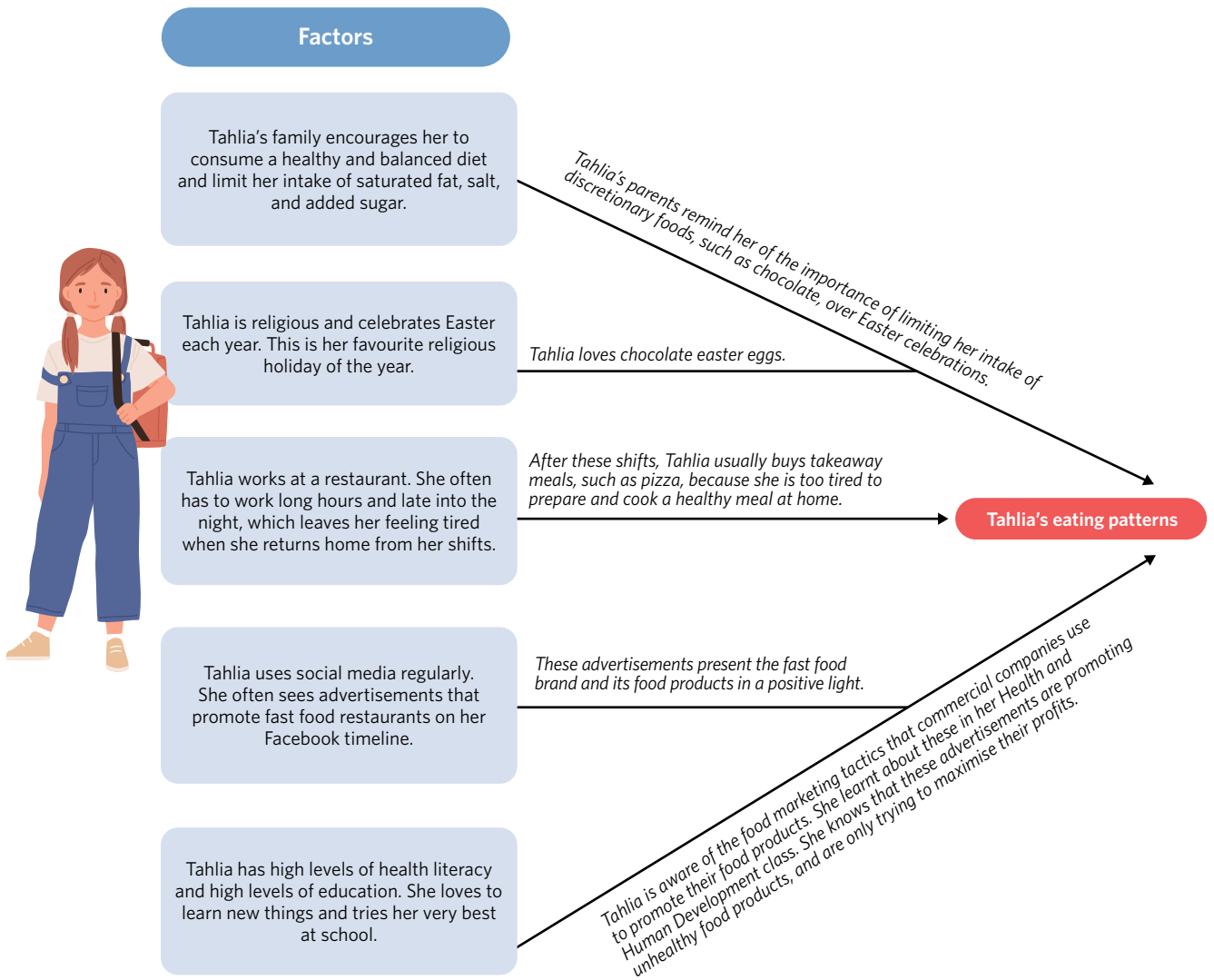
Figure 3 Numerous factors interact with each other to influence Tahlia's eating patterns

Image: GoodStudio/Shutterstock.com

ACTIVITY 2

Figure 3 demonstrates how factors that act as enablers or barriers to healthy eating interact with each other to influence Tahlia's eating patterns. Respond to the following prompts about the information presented in figure 3:

- Identify whether each factor is a social, cultural, or political factor.
- Identify whether each factor is acting as an enabler or as a barrier to healthy eating.
- Identify whether there are any factors that are interacting with one another. How do these interactions impact Tahlia's eating patterns? Do some factors minimise the impact of other factors?

Theory summary

In this lesson, you learnt about the social, cultural, and political factors that act as enablers or barriers to healthy eating among youth. Furthermore, you learnt about how these factors interact with each other to influence the eating patterns of youth. This lesson is summarised in figure 4.

Factors that act as enablers or barriers to healthy eating

Social factors
- Family
- Friends
- Income
- Education
- Occupation
- Nutrition information sourced from social media or advertising

Cultural factors
- Ethnicity
- Religion

Political factors
- Policies and laws
- Taxes
- Health promotion campaigns

*These factors **interact** with one another to influence a person's eating patterns*

Figure 4 Summary diagram of lesson 4C

4C QUESTIONS

Theory-review questions

Question 1

Enablers to healthy eating are factors that make healthy eating less likely to occur.

A   True.

B   False.

Question 2

Factors can act only as an enabler to healthy eating or only as a barrier to healthy eating.

A   True.

B   False.

Question 3

Which of the following are social factors that act as enablers or barriers to healthy eating? *(Select all that apply)*

I   Income.

II   Health promotion campaigns.

III   Family.

Question 4

Which of the following are cultural factors that act as enablers or barriers to healthy eating? *(Select all that apply)*

I   Religion.

II   Ethnicity.

III   Friends.

Question 5

Which of the following are political factors that act as enablers or barriers to healthy eating? *(Select all that apply)*

I   Occupation.

II   Policies and laws.

III Taxes.

Question 6

Factors that act as enablers or barriers to healthy eating can interact with each other to influence a person's eating patterns.

A   True.

B   False.

Skills

Unpacking the case study

Use the following information to answer Questions 7-10.

Amaya is a 17-year-old girl who lives with her mother, father, and younger brother. Amaya is Japanese and her parents moved from Japan to Australia when she was very young. Therefore, her family regularly cooks traditional Japanese dishes, such as grilled fish, sushi, and miso soup, which contains tofu and vegetables. Amaya has many friends at school, and some of her friends regularly talk about losing weight. Her closest friend, Zahara, has even pressured Amaya to skip meals. However, Amaya has learnt about the importance of consuming three healthy and balanced meals each day in her Health and Human Development class, and chooses to ignore Zahara. Recently, Amaya was given a health promotion campaign brochure about the negative health consequences of over-consuming saturated fat, such as cardiovascular disease. This brochure was developed by the Victorian Department of Health, which is a government agency.

Question 7

A factor that is acting as an enabler to healthy eating is best reflected by the statement that

A   'Amaya has learnt about the importance of consuming three healthy and balanced meals each day in her Health and Human Development class'.

B   'Amaya has many friends at school, and some of her friends regularly talk about losing weight'.

Question 8

A factor that is acting as a barrier to healthy eating is best reflected by the statement that

A   'Amaya is a 17-year-old girl who lives with her mother, father, and younger brother'.

B   'Amaya's closest friend, Zahara, has even pressured her to skip meals'.

Question 9

An example of a political factor is best reflected by the statement that

A   'Amaya is Japanese and her parents moved from Japan to Australia when she was very young'.

B   'Amaya was recently given a health promotion campaign brochure about the negative health consequences of over-consuming saturated fat, such as cardiovascular disease'.

Question 10

An interaction between a social factor and a cultural factor is best reflected by the statement that

A   'her family regularly cooks traditional Japanese dishes, such as grilled fish, sushi, and miso soup, which contains tofu and vegetables'.

B   'Amaya has many friends at school, and some of her friends regularly talk about losing weight'.

Exam-style questions

Question 11   (2 MARKS)

Distinguish between the meaning of enablers to healthy eating and barriers to healthy eating.

Question 12   (2 MARKS)

Identify one cultural factor and one political factor that can influence a person's eating patterns.

Question 13   (2 MARKS)

Family is a social factor that can influence a person's eating patterns.

Describe how family can act as an enabler to healthy eating among youth in one context and as a barrier to healthy eating among youth in another context.

Question 14   (2 MARKS)

Health promotion campaigns are a political factor that influences eating patterns. Explain whether health promotion campaigns generally act as an enabler or barrier to healthy eating.

Question 15   (6 MARKS)

Jahmal is 18 years old and has recently moved out of his family home to be more independent. Jahmal's parents can no longer tell him to stop watching television, and he has recently been watching television whenever he wants. He often sees television advertisements that promote inexpensive fast food meals, such as a burger, fries, and a drink for seven dollars.
These advertisements claim that these meals are healthy and nutritious. Jahmal has limited money to spend on food because he has many other expenses to pay, such as rent, and therefore, regularly purchases and consumes these fast food meals that are being advertised on television. When Jahmal first moved out, he used to purchase soft drinks each week. However, since the government has imposed a tax on sugary drinks, he now thinks that soft drinks are not worth the money and purchases them much less. Furthermore, Jahmal's family is religious, and Jahmal has continued to observe Islamic events since moving into his own residence. For example, during the month of Ramadan, Jahmal fasts during the daytime. He only eats and drinks from the hours of dusk until dawn.

a   Identify a cultural factor that is influencing Jahmal's eating patterns. (1 MARK)

b   Identify a factor that is acting as an enabler to healthy eating for Jahmal. (1 MARK)

c   Identify the two social factors that are interacting to influence Jahmal's eating patterns and explain whether this interaction is acting as an enabler or a barrier to healthy eating for Jahmal. (4 MARKS)

Questions from multiple lessons

Question 16   (8 MARKS)

Prevalence of overweight and obesity among Australians aged 2 to 17 years, by socioeconomic group, 2014-2015
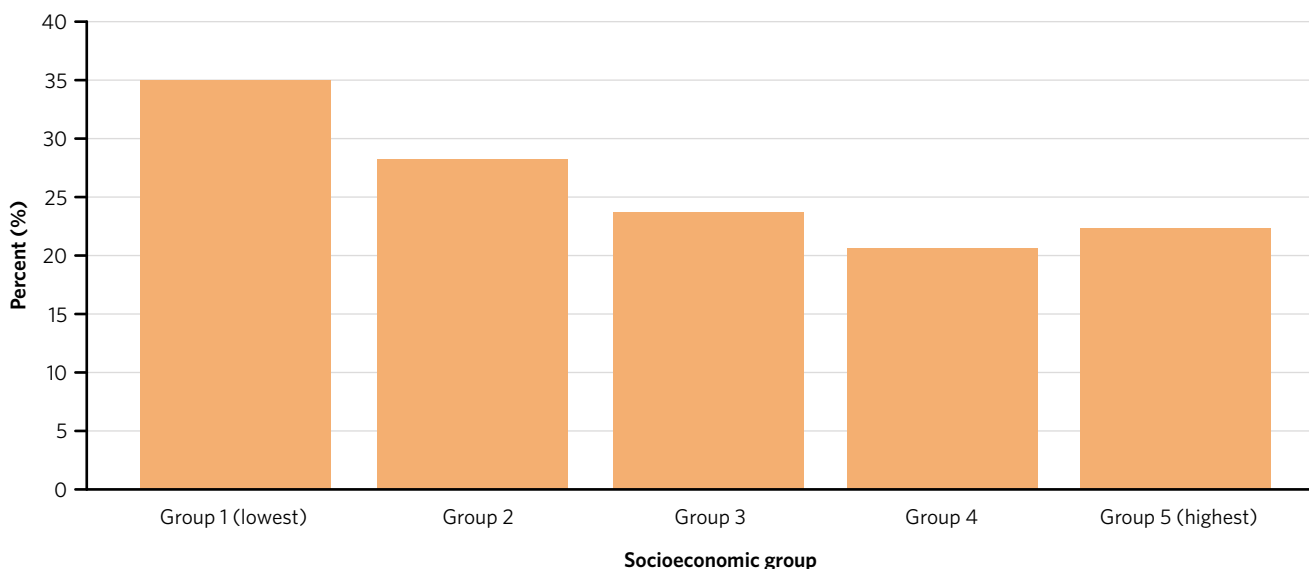
a Explain the meaning of socioeconomic status. (1 MARK)

b Describe prevalence. (1 MARK)

c Using data from the graph, draw a comparison between the highest and the lowest socioeconomic group in terms of the prevalence of overweight and obesity among Australians aged 2 to 17 years in 2014-2015. (2 MARKS)

d Youth from lower socioeconomic groups are more likely to have lower levels of education than youth from higher socioeconomic groups.

    i Identify whether education is a social, cultural, or political factor that influences a person's eating patterns. (1 MARK)

    ii Explain whether low levels of education acts as an enabler or as a barrier to healthy eating among youth and outline how this may contribute to the comparison you made in **part c**. (3 MARKS)

CHAPTER 4 REVIEW

CHAPTER SUMMARY

In this chapter, you learnt about nutrition and youth. Specifically, you learnt about nutrient intakes and eating patterns among youth. You also learnt about how these can be influenced by food marketing tactics and factors that act as enablers and barriers to healthy eating.

In lesson **4A: Nutritional imbalances in youths' health and wellbeing**, you learnt about the short-term and long-term consequences of nutritional imbalance on youths' health and wellbeing.

Key information covered in this lesson includes:

- the meaning of nutritional imbalance
- the health consequences of over-consuming sugary drinks and fast food
- the health consequences of under-consuming fruits and vegetables, dairy, and iron
- the health consequences of skipping meals and regularly eating outside of home.

In lesson **4B: Marketing and promoting foods to youth**, you learnt about food marketing tactics that commercial companies use to promote their food products to youth.

Key information covered in this lesson includes:

- food marketing tactics, including the use of social media, influential figures, television advertisements, sponsorships, product packaging, and games and competitions
- the impact of food marketing tactics on youths' health behaviours.

In lesson **4C: Enablers and barriers to healthy eating among youth**, you learnt about factors that act as enablers or barriers to healthy eating among youth.

Key information covered in this lesson includes:

- social factors that act as enablers or barriers to healthy eating
- cultural factors that act as enablers or barriers to healthy eating
- political factors that act as enablers or barriers to healthy eating
- how social, cultural, and political factors interact with each other to influence the eating patterns of youth.

Nutrition and youths' health and wellbeing
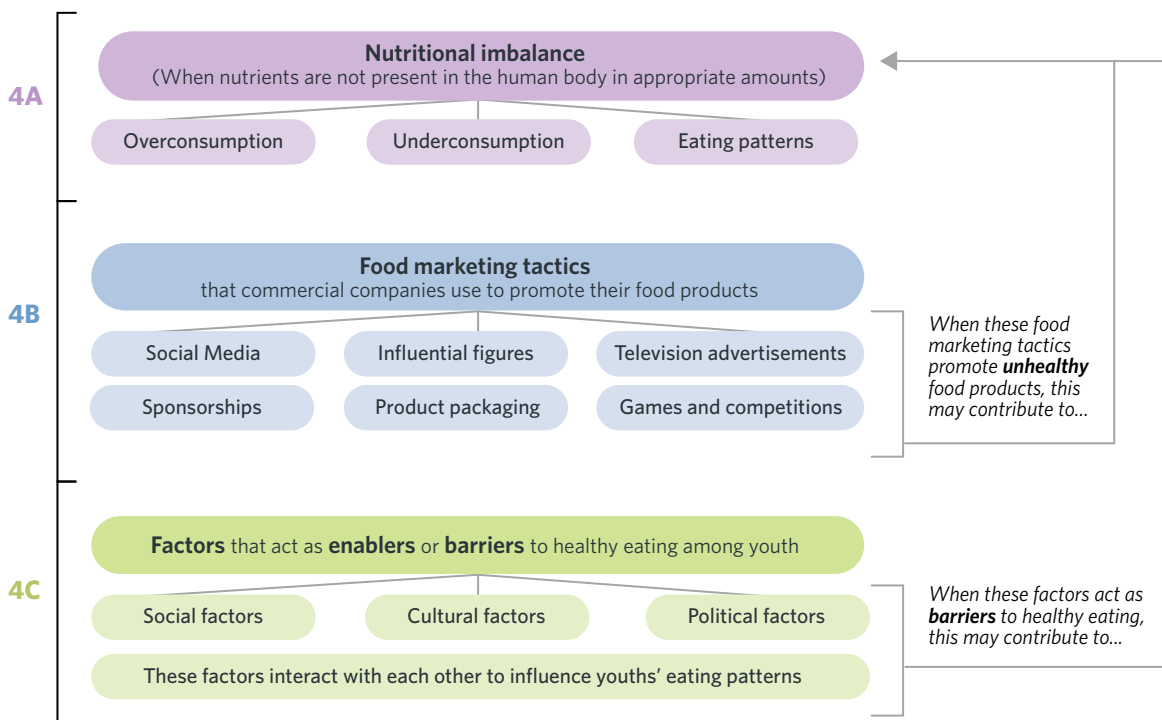
CHAPTER REVIEW ACTIVITIES

Review activity 1: Fill in the table

In chapter 4, you learnt about nutritional imbalance and how it impacts youths' health and wellbeing. The table below summarises the short-term and long-term health consequences of nutritional imbalances. Copy into your notes and fill in the table.

	Nutritional imbalance	Short-term consequence on youths' health and wellbeing	Long-term consequence on youths' health and wellbeing
Overconsumption	Overconsumption of sugary drinks		
	Overconsumption of fast food		
Underconsumption	Underconsumption of fruits and vegetables		
	Underconsumption of dairy		
	Underconsumption of iron		
Eating patterns	Skipping meals		
	Regularly eating outside of home		

Review activity 2: Fill in the diagram

In chapter 4, you learnt about food marketing tactics that commercial companies use to promote their food products to youth. You also learnt about factors that act as enablers and barriers to healthy eating among youth. The diagram below summarises this knowledge. Copy into your notes and fill in the diagram.

Food marketing tactics

Tactic	Description
Social Media	_____ _____
_____ _____	*Commercial companies pay famous celebrities to endorse their brand and food products*
_____ _____	_____
Sponsorships	_____
_____ _____	*Bright, colourful and engaging packaging may capture the attention of customers and make them more interested in purchasing the product*
Games and competitions	_____

Factors that act as _____ or _____ to healthy eating among youth

Social factors:
_____
Education   Friends
_____   Income
_____

An example of this factor acting as an enabler to healthy eating is _____

An example of this factor acting as an enabler to healthy eating is _____

_____ factors:
Religion   _____
An example of this factor acting as an enabler to healthy eating is _____

An example of this factor acting as an enabler to healthy eating is _____

_____ factors:
Policies and laws
_____
_____ campaigns

An example of this factor acting as an enabler to healthy eating is _____

These tactics and factors can influence the health behaviours and eating patterns of youth

CHAPTER 4 TEST

Question 1   (5 MARKS)

Angelique is 18-years-old and has been working at a busy restaurant for the past two months. She is rostered on most nights of the week and often has to travel straight to work once school finishes. This means that Angelique often does not have the time or energy to prepare and cook a healthy meal for dinner, and instead orders takeaway food, such as fast food. For example, last week, Angelique had fast food delivered to her door four nights in a row because she felt too exhausted to cook after a shift.

a   Identify one social factor that is influencing Angelique's eating patterns. (1 MARK)

b   Explain whether the social factor you identified in **part a** is acting as an enabler or as a barrier to healthy eating for Angelique. (2 MARKS)

c   Outline one health consequence of regularly consuming fast food that Angelique may experience. (2 MARKS)

Question 2   (2 MARKS)

Identify two political factors that can act as enablers or barriers to healthy eating.

Question 3   (4 MARKS)

Proportion of Australian youth who consumed the recommended daily intake of fruits and vegetables in 2014-2015
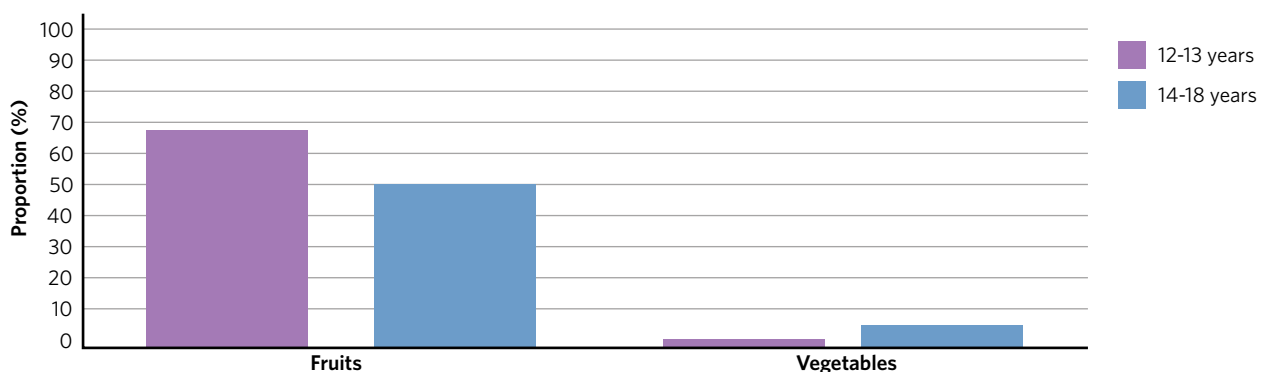
Source: adapted from Australian Institute of Health and Welfare, *Australia's Health 2018*, <https://www.aihw.gov.au/reports/australias-health/australias-health-2018/contents/indicators-of-australias-health/fruit-and-vegetable-intake>

a   Using data from the graph, draw a comparison between the likelihood of Australian youth consuming the recommended daily fruit intake and consuming the recommended daily vegetable intake in 2014-2015. (2 MARKS)

b   Explain how the underconsumption of fruits and vegetables may impact youths' health and wellbeing. (2 MARKS)

Question 4   (3 MARKS)

Bailey is watching television after school when he sees two advertisements from different brands that are both advertising lollies. The first advertisement displays an image of the lollies and the price of one packet. The second advertisement features Bailey's favourite actor holding a packet of the lollies. The actor says that he eats these lollies everyday and has never tasted anything better. The next day, while shopping at the supermarket, Bailey sees the two packets of lollies that had been advertised on television and decides to purchase one packet.

a   Other than television advertisements, identify the food marketing tactic that is evident in the information provided. (1 MARK)

b   Which packet of lollies is Bailey more likely to purchase? Justify your answer, with reference to the food marketing tactic you identified in **part a**. (2 MARKS)

Question 5   (6 MARKS)

It is estimated that around 924,000 Australians suffer from osteoporosis (AIHW, 2020).

a   Explain what is meant by osteoporosis. (1 MARK)

b   Identify the nutritional imbalance that contributes to osteoporosis rates. (1 MARK)

c   Describe how the nutritional imbalance you identified in **part b** contributes to the development of osteoporosis. (2 MARKS)

d   Health promotion campaigns is a political factor that can act as an enabler or a barrier to healthy eating among youth. Outline how health promotion campaigns could prevent youth from developing osteoporosis later in life. (2 MARKS)

Question 6 (4 MARKS)

a Outline what is meant by food marketing tactics. (1 MARK)

b Other than television advertisements and product packaging, identify and explain one food marketing tactic. (2 MARKS)

c Describe the likely impact of the food marketing tactic identified in **part b** on youths' health behaviours. (1 MARK)

Question 7 (8 MARKS)

Proportion of Australian secondary school students consuming four or more cups of sugary drinks per week, by socioeconomic status, in 2018

Source: adapted from Cancer Council, *Sugary Drink Consumption in Australian Secondary School Students,* <https://www.cancer.org.au/assets/pdf/sugary-drink-consumption-in-australian-secondary-school-students#_ga=2.38841891.1029715112.1627607680-108239108.1623825331>

a Using data from the graph, draw a comparison between low socioeconomic status and high socioeconomic status in terms of the proportion of Australian secondary school students who consumed four or more cups of sugary drink per week in 2018. (2 MARKS)

b Youth from higher socioeconomic groups are more likely to have higher levels of education than youth from lower socioeconomic groups.
Explain whether low levels of education acts as an enabler or as a barrier to healthy eating among youth and outline how this may contribute to the comparison you made in **part a**. (3 MARKS)

c Explain one long-term health consequence of over-consuming sugary drinks and outline how this may impact the health status of Australian youth. (3 MARKS)

Question 8 (5 MARKS)

Dakari and his friends are watching a football match at the MCG. During the half-time break, a representative of the fast food company that sponsors the football competition appears on the field and speaks to the crowds in the stadium. He promotes a chicken burger, which is a new menu item that is being sold by this fast food company. Dakari listens as the representative claims that the burger contains healthy ingredients, such as lettuce and tomato. However, the representative fails to mention that the chicken burger contains large amounts of sodium.

a Identify the food marketing tactic that is evident in the information provided. (1 MARK)

b Explain why the representative of the fast food company that sells this chicken burger may have avoided mentioning the large amount of sodium that their food product contains. (2 MARKS)

c Outline whether the nutrition information that is sourced from the representative is acting as an enabler or as a barrier to healthy eating for Dakari. (2 MARKS)

Question 9 (5 MARKS)

Lucia has a large group of friends at school. In the past month, Lucia has noticed that her friends have started to regularly talk about losing weight and dieting at recess and lunch. This has caused Lucia to feel concerned about her body. Furthermore, Lucia's friend, Dominique, has begun not eating during these breaks. When Lucia asked Dominique why she no longer eats any food during the school day, Dominique replied that she wants to become skinnier. Dominique also told Lucia that she should try skipping meals during the day to lose weight. Since this conversation with her friend, Lucia has stopped eating lunch several days of the week.

a Identify the social factor that is influencing Lucia's eating patterns and outline whether this social factor is acting as an enabler or as a barrier to healthy eating for Lucia. (2 MARKS)

b Identify one health consequence of regularly skipping meals that Lucia may experience. (1 MARK)

c Outline how the health consequence you identified in **part b** could impact Lucia's health and wellbeing. (2 MARKS)

Questions from multiple chapters

Question 10   (7 MARKS)
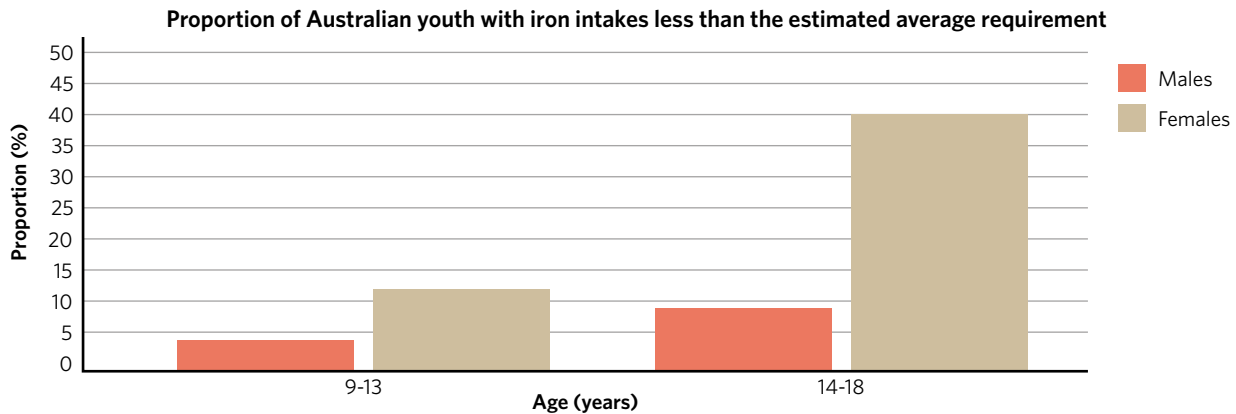
Proportion of Australian youth with iron intakes less than the estimated average requirement

Source: adapted from Australian Institute of Health and Welfare, *Nutrition across the life stages,* <https://doi.org/10.25816/5ebcaca1fa7e2>

a   Describe how an adequate intake of iron promotes health and wellbeing among Australian youth. (2 MARKS)

b   The graph provided presents data about the underconsumption of iron among Australian youth, which is a nutritional imbalance. Explain what is meant by nutritional imbalance. (1 MARK)

c   Outline one health consequence of under-consuming iron and explain how this may impact the health status of Australian youth. (2 MARKS)

d   Identify two food sources of iron that Australian youth could consume to increase their iron intake. (2 MARKS)

UNIT 1 AOS 2 REVIEW

Complete the following 50 mark practice test, which tests all content from within Unit 1 AOS 2.

Question 1 (3 MARKS)

a Outline the function of iron for the human body. (1 MARK)

b List two food sources that contain iron. (2 MARKS)

Question 2 (8 MARKS)

Raj is a year 12 student who has a part time job at his local McDonalds. Raj often has work shifts that finish during the evening, and afterwards he comes home and studies late into the night. Raj finds himself eating McDonalds for dinner most nights when he works. Raj is approaching his final exams, but wants to keep working to save money for a car. Whenever he finds himself tired, which has been very regularly lately, Raj drinks a couple of energy drinks to keep himself awake so he can study late into the night. One day after class, one of Raj's teachers mentioned to Raj he looked tired and needed to ensure he was looking after himself. As a result, Raj has recently decided that he wants to eat more healthily.

a Identify one food selection model and discuss two ways in which it could help Raj improve his diet. (3 MARKS)

b Outline one limitation of the food selection model identified in **part a**. (1 MARK)

c Identify one social factor that is influencing Raj's eating patterns and outline whether this social factor is acting as an enabler or as a barrier to healthy eating for Raj. (2 MARKS)

According to the organisation Rethink Sugar Drink Australia, some energy drinks can contain more than 20 teaspoons of sugar in each beverage (Rethink Sugary Drink, 2016). Cancer Council Australia's Public Health Committee Chair, Craig Sinclair, stated that energy drinks are a 'risky drink choice for anyone, but especially for students who may be consuming several a day during this stressful end of year exam period' (Rethink Sugary Drink, 2016).

d Raj is regularly consuming energy drinks to help him concentrate as he studies for his exams. Identify and explain one health consequence of over-consuming sugary drinks. (2 MARKS)

Question 3 (1 MARK)

Describe a function of water for the human body.

Question 4 (9 MARKS)

According to the World Health Organisation (WHO), free sugars (sugars added to foods by manufacturers, chefs, cooks, or consumers, as well as sugars that are naturally present in honey, syrups, fruit juices and fruit juice concentrates) should make up less than 10% of total energy intake. The Director of the WHO's Department of Nutrition for Health and Development, Dr Francesco Branca, stated in 2015 that the WHO has 'solid evidence that keeping the intake of free sugars to less than 10% of total energy intake reduces the risk of being overweight or obese, and tooth decay developing'.

Source: World Health Organisation, *WHO calls on countries to reduce sugars intake among adults and children*, <https://www.who.int/news/item/04-03-2015-who-calls-on-countries-to-reduce-sugars-intake-among-adults-and-children>

a Free sugars can be considered a 'risk nutrient'. Distinguish between the meaning of risk nutrients and protective nutrients. (2 MARKS)

b Compare the advice from the WHO on 'free sugar consumption' with the advice provided by the Australian Guide to Healthy Eating. (2 MARKS)

Adapted from VCAA 2021 exam Section B Q4a

c Outline the importance of evaluating the validity of sources of nutrition information. (1 MARK)

d The information above was taken from the WHO website. Discuss the general validity of websites as a source of nutrition information. (2 MARKS)

e Evaluate the validity of the information above, from the WHO website, as a source of nutrition information. (2 MARKS)

Question 5 (4 MARKS)

a Describe two functions of vitamin A for the human body. (2 MARKS)

b List two food sources that contain vitamin A. (2 MARKS)

Question 6 (5 MARKS)

a   Identify the food selection model that calculates the nutritional value of packaged foods and assigns a star rating to it. (1 MARK)

b   Outline how the food selection model identified in **part a** promotes healthy eating among Australian youth. (2 MARKS)

c   Outline two strengths of the food selection model identified in **part a**. (2 MARKS)

Question 7 (5 MARKS)

Monounsaturated and polyunsaturated fats are sometimes referred to as 'good' fats. In contrast, saturated fats and trans fats are sometimes referred to as 'bad' fats.

a   Identify two food sources that contain 'good' fats. (2 MARKS)

b   Referring to a food source that contains 'bad' fats, describe why 'bad' fats can negatively impact health and wellbeing. (3 MARKS)

Question 8 (7 MARKS)

Proportion of the Australian youth population with usual food intakes below the recommended serves (percent), by sex and food group, 2011–12

Food group	Boys (aged 2-18 years)	Girls (aged 2-18 years)
Vegetables and legumes/beans	99.6	99.7
Fruit (including dried fruit, fresh, or canned fruit and fruit juice)	53.5	54.0
Grain (cereal) foods	60.5	73.7
Lean meat and poultry, fish, eggs, nuts and seeds and legumes/beans	92.4	98.7
Milk, yoghurt, cheese and alternatives	80.4	79.8

Source: adapted from Australian Institute of Health and Welfare, *Australia's health 2018*, <https://www.aihw.gov.au/reports/australias-health/australias-health-2018/contents/indicators-of-australias-health/fruit-and-vegetable-intake>

a   Using data, identify which food group was under-consumed (based on the recommended serves) by the highest proportion of the Australian youth population aged 2-18 in 2011-12. (2 MARKS)

b   Outline the meaning of nutritional imbalance. (1 MARK)

c   Explain one long-term health consequence of under-consuming fruits and vegetables (2 MARKS)

d   Fruit and vegetables are a source of fibre. There are two types of fibre: soluble and insoluble. Explain the difference between the function of these two types of fibre in the human body. (2 MARKS)

Question 9 (8 MARKS)

Consider the following three sources relating to healthy food choices among youth.

Source 1

The following is a snapshot of data from the National Secondary Students' Diet and Activity (NaSSDA) survey established by Cancer Council Australia and the National Heart Foundation of Australia. A nationally representative sample of 8888 secondary school students in year levels 8 to 11, from nearly 200 schools, responded to this survey. The table below presents some results from the survey.

Influence of marketing on food choices on Australian secondary school students, 2012-13

Health behaviours that have been influenced by food marketing	% of students who reported engaging in these health behaviours due to food marketing
Try a new food or drink product that you had seen advertised	52.7
Ask your parents/carers to buy a food or drink product that you had seen advertised	43.8
Buy an extra food or drink product on display at the supermarket checkout	40.5
Choose a fast food outlet because it had a special offer or giveaway with the meal	34.9
Choose a food or drink product (e.g. cereal) linked with a movie or sports personality you like	24.3
Choose a snack food or soft drink in order to enter a competition or win a prize	20.2

Source: adapted from Cancer Council Australia, *Food marketing and fast food consumption among Australian secondary school students*, <https://www.cancer.org.au/assets/pdf/food-marketing-and-fast-food-consumption>

Source 2

Aoife is a high school student. The following is a snapshot of some sponsored advertisements she often sees on her social media feeds.
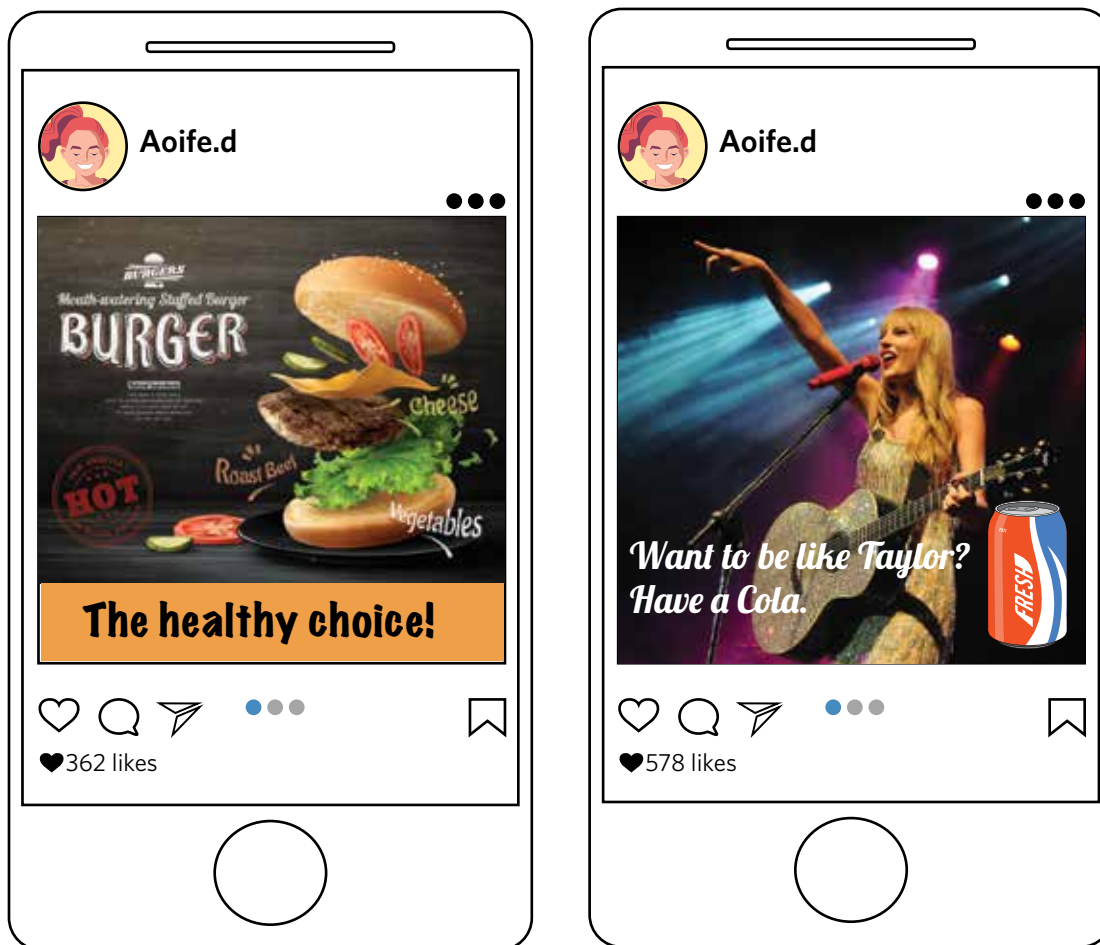
Image: lahansubur, A.PAES, Rolling Stones, Olga Lebedeva/Shutterstock.com

Source 3

Aoife Doherty

Age: 16

Sex: Female

Place of residence: Brighton, Melbourne

Place of birth: Dublin, Ireland

Occupation: student, and part-time worker at '24/7 Dunkin Donuts'

Additional details:

- eldest of four siblings
- attends a private, all-girls college
- lives in a single-parent household but is supported by both parents
- mother is a dietitian
- has a close group of supportive friends
- often eats outside of home because she regularly works and for long hours, usually purchases a quick and convenient meal from the food court before her shift

Image: Olga Lebedeva/Shutterstock.com

Using the sources provided and your own knowledge, discuss the range of influences that impact Aoife's ability to make healthy food choices, with reference to:

- marketing and food promotion to youth
- enablers and barriers to healthy eating among youth.

UNIT 1

AOS3

Youth health and wellbeing

In this area of study students focus on the health and wellbeing of Australia's youth, and conduct independent research into a selected area of interest. Students identify major health inequalities among Australia's youth and reflect on the causes. They apply research skills to find out what young people are most focused on and concerned about with regard to health and wellbeing. Students inquire into how governments and organisations develop and implement youth health programs, and consider the use of health data and the influence of community values and expectations. Students select a particular focus area and conduct research, interpret data and draw conclusions on how the health and wellbeing of Australia's youth can be promoted and improved.

Outcome 3

On completion of this unit the student should be able to interpret data to identify key areas for improving youth health and wellbeing, and plan for action by analysing one particular area in detail.

Reproduced from VCAA VCE Health and Human Development Study Design 2018-2023

CHAPTER

5

Target areas for youth health and wellbeing

5A Priority areas of youth health and wellbeing

5B Youth health and wellbeing programs

5C Community values and expectations of youth health and wellbeing programs

Key knowledge

- aspects of youth health and wellbeing requiring health action, as indicated by health data on burden of disease and health inequalities, and research on the concerns of young people
- government and non-government programs relating to youth health and wellbeing
- community values and expectations that influence the development and implementation of programs for youth

Image: Artsaba Family/Shutterstock.com

5A PRIORITY AREAS OF YOUTH HEALTH AND WELLBEING

What are some challenges you experience with your health and wellbeing? In this lesson, you will learn about different areas of youth health and wellbeing that require health action. We will explore what each issue involves, how it impacts health and wellbeing, data relating to each issue, and the factors that contribute to health inequalities for youth.

Image: GoodStudio/Shutterstock.com

5A Priority areas of youth health and wellbeing	5B Youth health and wellbeing programs	5C Community values and expectations of youth health and wellbeing programs

Study design dot point

- aspects of youth health and wellbeing requiring health action, as indicated by health data on burden of disease and health inequalities, and research on the concerns of young people

Key knowledge units

Areas of youth health and wellbeing that require health action	1.3.1.1
Injury	1.3.1.1.1
Alcohol and drugs	1.3.1.1.2
Weight issues and related health concerns	1.3.1.1.3
Stress	1.3.1.1.4
Bullying and discrimination	1.3.1.1.5
Sexual health	1.3.1.1.6
Factors contributing to health inequalities	1.3.1.2

Priority areas of youth health and wellbeing

Areas of youth health and wellbeing that require health action 1.3.1.1

Factors contributing to health inequalities 1.3.1.2

Injury 1.3.1.1.1   Alcohol and drugs 1.3.1.1.2   Weight issues and related health concerns 1.3.1.1.3   Stress 1.3.1.1.4   Bullying and discrimination 1.3.1.1.5   Sexual health 1.3.1.1.6

Areas of youth health and wellbeing that require health action 1.3.1.1

OVERVIEW

What concerns do you have? What issues affect you? In this section of the lesson, we will explore a range of youth health and wellbeing issues.

Study design key skills dot point

The following key skills dot points apply to the whole lesson:

- use research and data to identify social inequality and priority areas for action and improvement in youth health and wellbeing

THEORY DETAILS

Youth is a significant stage in the human lifespan as it involves many changes that encompass the transition from childhood to adulthood. Therefore, it is important that youth health and wellbeing is addressed and promoted by not only youth, but also the people around them. Unfortunately, health and wellbeing for youth is often not at an optimal level. Therefore, some areas of youth and health and wellbeing require health action.

Health action refers to a range of behaviours and processes that have the aim of creating positive change and achieving health outcomes for a health issue, cause, or interest. The areas of youth health and wellbeing that require health action are injury, alcohol and drugs, weight issues and related health concerns, stress, bullying and discrimination, and sexual health. These are reflected in figure 1.

KEY DEFINITIONS

Health action refers to a range of behaviours and processes that have the aim of creating positive change and achieving health outcomes for a health issue, cause, or interest
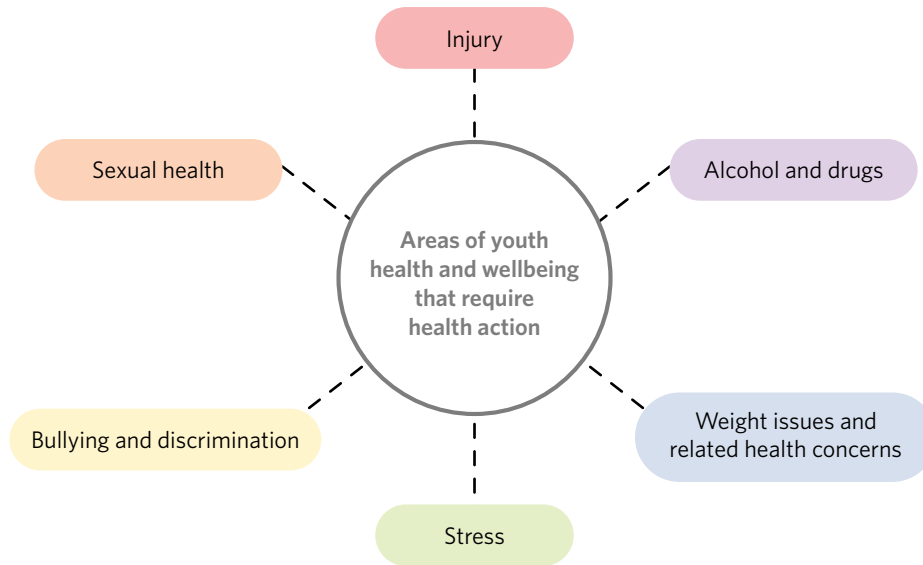
Figure 1 Areas of youth health and wellbeing that require health action

For each youth health and wellbeing issue, we will explore:

- what the issue involves
- how the issue impacts the dimensions of health and wellbeing
- health data regarding the issue
- why the issue actually is an issue
- ways the issue can be improved.

> ⓘ **Useful tip**
>
> A significant area of youth health and wellbeing that requires health action is mental health. However, in this lesson, we will not discuss mental health. This is because chapter 6 is dedicated to mental health and involves learning about mental health as a youth health and wellbeing issue in significant detail. Therefore, in this lesson we will discuss a range of other youth health and wellbeing issues.

The issues discussed in this lesson have been identified as areas of concern by youth from a range of data sources. These include youth surveys and statistics that highlight the severity of these issues for youth, which includes looking at the contribution these issues make to rates of mortality and morbidity, and burden of disease. The Annual Mission Australia Youth Survey is an example of a survey tool used to help identify areas of concern for youth. Throughout this lesson, we will present data on each issue which can suggest why it is an issue for youth health and wellbeing.

Want to know more?

Mission Australia Youth Survey

The Mission Australia Annual Youth Survey is an annual survey conducted by Mission Australia that aims to identify youth concerns and provides youth with an opportunity to share their views, opinions, and thoughts on their lives and their health and wellbeing. The Mission Australia Annual Youth Survey is completed by individuals aged 15-19 and asks a range of questions relating to school, work, values, and general health and wellbeing. Figure 2 presents data from the 2020 Mission Australia Survey that highlights issues of concern for youth.

42.5% of respondents reported that they were extremely concerned or very concerned about coping with stress.

33% of respondents reported that they were extremely concerned or very concerned about body image.

32.4% of respondents reported that they were extremely concerned or very concerned about school or study problems.

Mission Australia Youth Survey 2020

24.3% of respondents reported that they were extremely concerned or very concerned about their physical health.

Images: GoodStudio, Visual Generation, Andrew Krasovitckii, Nadya_Art/Shutterstock.com

Figure 2 Results from the 2020 Mission Australia Youth Survey that highlight issues of concern for youth (Mission Australia, 2020)

Want to know more?

The content in this lesson takes a negative approach, as we are looking at issues for youth and the negative ways these issues present in youth. However, the youth health and wellbeing issues discussed in this lesson do not always have to be an issue for youth: when these issues are dealt with in healthy ways, they can be positive for youth. For example, although we will discuss how drug and alcohol use has a negative impact on youth, and therefore is a youth health and wellbeing issue. But, when drug and alcohol use is legal, responsible, and healthy, it does not always have a negative impact on youth. Therefore, throughout this lesson, we will discuss ways you can promote positive behaviours and positive health and wellbeing for each youth issue.

Injury 1.3.1.1.1

The first youth health and wellbeing issue that we will look at is injury. **Injury** is a term that encompasses different health-related incidents that contribute to mortality and morbidity. These include suicide and self-harm, poisoning, road traffic and vehicle accidents, drowning, violence, and falls. These are presented in figure 4.
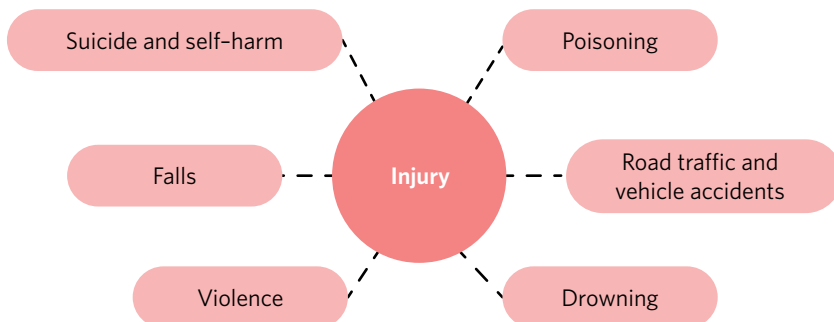
Figure 4 Injury is a general term that encompasses a range of incidents that result in poor health status

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ADDITIONAL TERMS

Injury is a term that encompasses different health-related incidents that contribute to mortality and morbidity

Image: GoodStudio/Shutterstock.com

Figure 3 Injury is an issue for youth health and wellbeing

Table 1 Some examples of the impact of injury on the health and wellbeing dimensions

Health and wellbeing dimension	Impact of injury on health and wellbeing dimension
Physical health and wellbeing	Injury directly negatively impacts *physical health and wellbeing*, because it harms the body.
Mental health and wellbeing	Injury can involve being hospitalised due to, for example, vehicle accidents, which can increase stress and anxiety for people, therefore negatively impacting *mental health and wellbeing*.
Emotional health and wellbeing	Injury can result in long-term or more permanent conditions or disabilities, such as being paralysed as a result of an incident, which can be significantly upsetting and frustrating for individuals. This can make it difficult for individuals to manage and express their emotions in appropriate and regulated ways, as they may want to act out in anger, therefore negatively impacting *emotional health and wellbeing*.
Social health and wellbeing	Injury can involve being in hospital, sometimes for long periods of time, which can make it difficult for individuals to socialise with others and form and maintain positive and healthy relationships, therefore negatively impacting *social health and wellbeing*.
Spiritual health and wellbeing	Injury can occur as a result of sudden, unexpected accidents, which can often lead to suffering individuals questioning their situation and wondering why a specific accident or injury happened to them. This can result in suffering individuals lacking a sense of hope for the future and potentially questioning their belief in a higher power, therefore negatively impacting *spiritual health and wellbeing*.

ACTIVITY 1

A cause of injury in youth is the injuries that arise from contact sports. On YouTube, search up '*Learning to walk again after schoolboy rugby neck injuries, Australian Story*' (ABC News In-depth, 2018) and watch the 30 minute episode of Australian Story to hear about a real-world example of sporting injuries in Australian youth.

After watching the video, have a go at answering the following questions.

- Reflect on the video and jot down your first thoughts and feelings that come to mind. For example, what did you feel when hearing the young people's stories in the video?
- How have the injuries experienced by the young people in the video impacted their health and wellbeing? What about the health and wellbeing of their families?
- What do you think could be done to help prevent these injuries?

Data on injury as a youth health and wellbeing issue

In conjunction with learning about the impact of injury on health and wellbeing, data about youth injuries can also help explain injury as a youth health and wellbeing issue. The following figures present a range of data regarding injury for youth.

Deaths of young people aged 15–19 due to unintentional injury in 2019, Australia
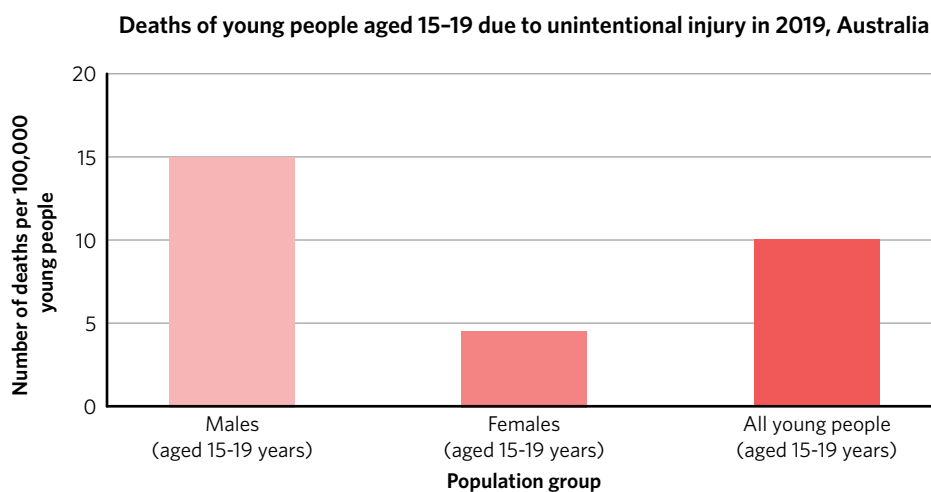
Figure 5 Number of deaths due to unintentional injury in youth (Australian Institute of Health and Welfare [AIHW], 2021)

Top three causes of deaths due to unintentional injury in young people aged 15-24 in 2019, Australia
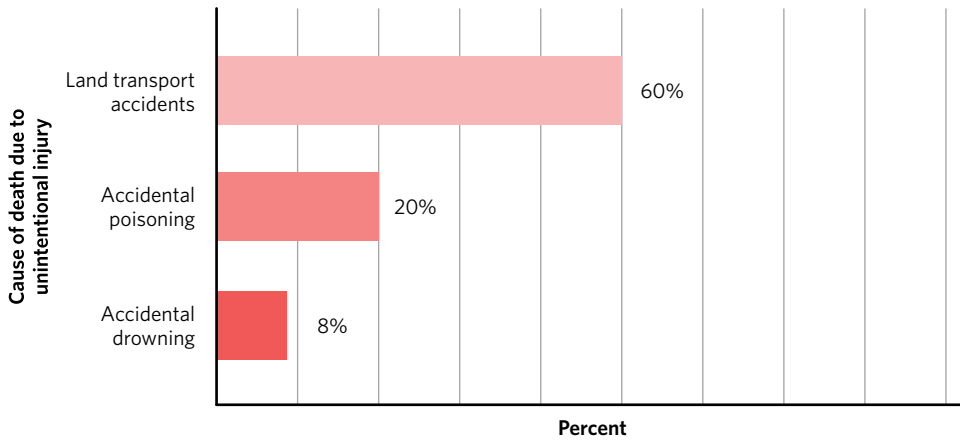
Figure 6 Causes of deaths due to unintentional injury in youth (AIHW, 2021)

1 in 3 deaths of Australian young people aged 15–24 in 2017–2019 were due to unintentional injury

Figure 7 Deaths to due unintentional injury (AIHW, 2021)

In summary, some of the key points highlighted in the data include:

- unintentional injury contributes significantly to youth mortality
- unintentional injury contribute to burden of disease through years of life lost due to premature death (YLL), leading to greater disability-adjusted life years (DALYs)
- motor and vehicle accidents are a large contributor to high rates of unintentional injury in youth.

Data and statistics can help provide insight into the rates and experiences of injury for youth, but there are also reasons that can help to explain why these rates are the way they are. Table 2 discusses some general reasons why injury is an issue for youth health and wellbeing.

Table 2 Some reasons why injury is an issue for youth

Why is this an issue for youth?	
Sport	During youth, many people begin to take up contact sports, such as football and basketball, which can lead to an increase in injury. In 2018-2019, sporting injuries contributed to 31% of unintentional injury hospitalised cases (AIHW, 2021).
Driving	Youth is the stage of the lifespan where people can learn how to drive. Although this driving is supervised until the age of 18, youth can still be involved in motor and vehicle accidents when learning to drive or if they are driving illegally.
Risk-taking behaviours	Youth is the stage of the lifespan where risk-taking behaviours are most common due to fluctuating hormones and peer pressure. Therefore, young people are more likely to engage in dangerous behaviours, such as engage in violence, which can result in injury.
Mental health	Mental health is an issue for youth, which you will learn all about in the next chapter. Poor mental health can increase injuries, such as self-harm and suicide.
Alcohol and drugs	The influence of alcohol and drugs can increase the likelihood of injuries, such as falls, road traffic and vehicle accidents, and accidental drowning.

> **⚠ Useful tip**
>
> You can see in table 2 how the impact of alcohol and drugs and mental health influence injury for youth. Therefore, it is important to recognise that the youth issues discussed in this lesson can impact each other. For example, alcohol and drug abuse in youth can lead to injury.

Figure 8 presents some ways you can help improve this youth health and wellbeing issue.

Following laws and rules around legal driving and drinking ages

Increasing awareness about the impact of unintentional injury on youth

How can this issue be improved?

Promoting mental health, for example, through providing more support services, to reduce associated injury, such as self-harm
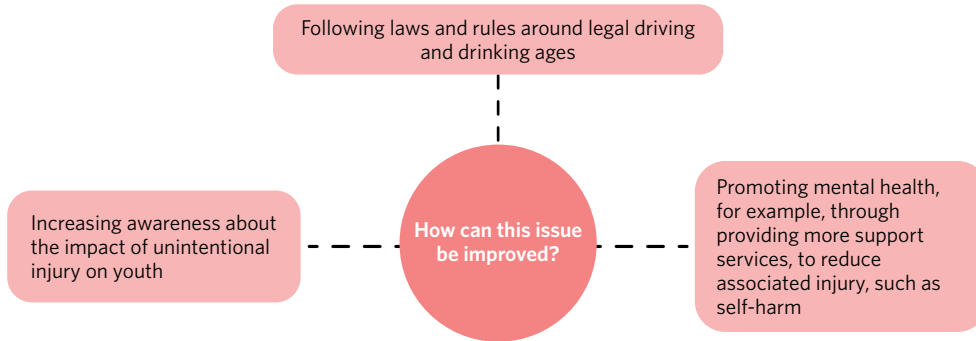
Figure 8 Ways that the health and wellbeing issue injury can be reduced in youth

Alcohol and drugs 1.3.1.1.2

Another issue for youth health and wellbeing is the use of alcohol and drugs. Although the legal age for drinking alcohol is 18 years of age in Australia, many people begin drinking alcohol at a younger age. The use of drugs involves both the use of illegal drugs, such as cocaine and marijuana, but also the abuse of legal drugs, such as tobacco or prescription medication.

> **⊕ Want to know more?**
>
> **Alcohol and drug addiction**
>
> Alcohol and drug addiction is a huge problem for many Australians, and it often begins in youth. On YouTube, search up 'Everything you think you know about addiction is wrong' (TED, 2015) and watch the fourteen minute and forty-three second video about addiction.

Image: Visual Generation /Shutterstock.com

Figure 9 Alcohol and drug use in youth is a health and wellbeing issue

Table 3 Some examples of the impact of alcohol and drugs on the health and wellbeing dimensions

Health and wellbeing dimension	Impact of alcohol and drugs on health and wellbeing dimension
Physical health and wellbeing	The use of alcohol and drugs can negatively impact the functioning of the body and its systems, through damaging organs, such as the liver, which can lead to illnesses and diseases, therefore negatively impacting *physical health and wellbeing*.
Mental health and wellbeing	The use of alcohol and drugs can alter the balance of chemicals in the brain, which can increase levels of stress and anxiety and affect concentration levels, therefore negatively impacting *mental health and wellbeing*.
Emotional health and wellbeing	The use of alcohol and drugs can inhibit people's ability to regulate their emotions, since alcohol and drugs alter the balance of chemicals in the brain. This means that people who abuse alcohol and drugs may struggle to identify their emotions and express them appropriately, therefore negatively impacting *emotional health and wellbeing*.
Social health and wellbeing	The use of alcohol and drugs can lead to problems with relationships, as people may not agree with or want to support unhealthy alcohol and drug use, which can lead to poor relationships, therefore negatively impacting *social health and wellbeing*.
Spiritual health and wellbeing	The use of alcohol and drugs can often lead to people acting and behaving in ways that are not necessarily aligned with their beliefs and morals, therefore negatively impacting *spiritual health and wellbeing*.

Data on alcohol and drugs as a youth health and wellbeing issue

In young people aged 15-24, alcohol and illicit drug use were the leading causes of total burden of disease for males, and the second (alcohol) and third (illicit drugs) leading causes of total burden of disease for females (AIHW, 2021). Therefore, alcohol and drug use can be considered an issue for youth health and wellbeing. The following figures and tables present data regarding alcohol and drug use in youth.

Age of first time consuming alcohol for young people
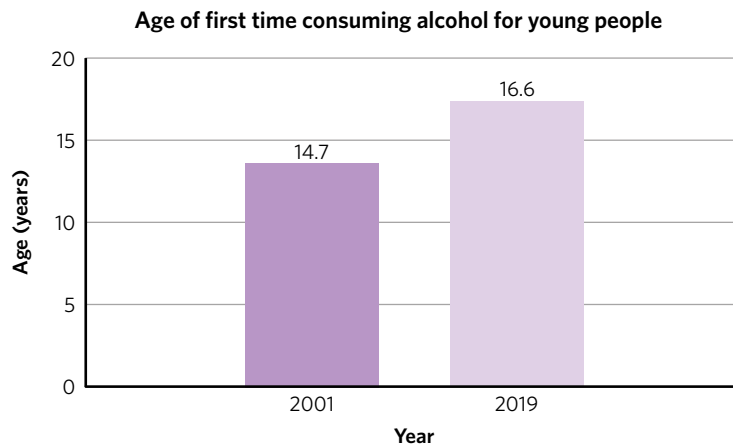
Figure 10   The age of first time alcohol consumption has increased from 2001 to 2019 (AIHW, 2021)

Table 4   A range of statistics regarding alcohol use in Australian youth (AIHW, 2021)

Alcohol use in Australian youth		
Age group	Year	Statistic
12-17	2019	46% of students aged 12-17 had drunk alcohol in the past year.
12-17	2019	27% had drunk alcohol in the past month.
14-17	2019	8.9% of young people aged 14–17 exceeded the adult single occasion risk guidelines.
15-19	2019	Alcohol related deaths were 4.2 per 100,000 for 15-19-year-olds.

Drug use in Australian youth in 2019

9.7% of youth aged 14–17 had recently used an illicit drug.

16% of students age 12–17 had used cannabis.

19% of students aged 12–17 have used tranquilisers for non-medical reasons.

5% of students were current smokers.

Figure 11   Drug use in Australian youth in 2019 (AIHW, 2021)

In summary, some of the key points highlighted in the data include:

- a significant number of young people use alcohol and drugs.
- alcohol use in youth contributes to youth mortality.
- although some data regarding alcohol and drug use in youth has improved, it still is an issue as most of the data is still concerning.

Table 5 discusses some general reasons why alcohol and drugs are an issue for youth health and wellbeing.

Table 5 Some reasons why alcohol and drug use is an issue for youth

Why is this an issue for youth?	
Age	In Australia, you must be at least 18 years old to purchase or drink alcohol in a licensed venue. Therefore it is considered an issue that many youth are negatively impacted by alcohol, as in most circumstances it is illegal for them to be consuming alcohol at their age.
Brain development	Youth are particularly vulnerable to the effects of alcohol and drugs as their brain is still developing. Excessive alcohol and drug consumption has been proven to have long-term effects on the brain. Some research says that the brain isn't fully developed until the age of 25. This means that alcohol and drug use in youth can have a more significant impact on the brain than for people in older stages of life.
	The following article 'Just how does drinking affect the teenage brain?' discusses the impacts of alcohol on the developing brain. Type the link *mcleanhospital.org/essential/what-you-need-know-about-alcohol-and-developing-teenage-brain* into your browser if you wish to read the article to learn more about this (McLean Hospital, 2021).

Figure 12 presents some ways you can help improve this youth health and wellbeing issue.

Figure 12 Ways that the health and wellbeing issue alcohol and drugs can be reduced in youth

Weight issues and related health concerns 1.3.1.1.3

Weight issues involve a range of health concerns relating to weight and the body. Figure 14 presents some of these health concerns.
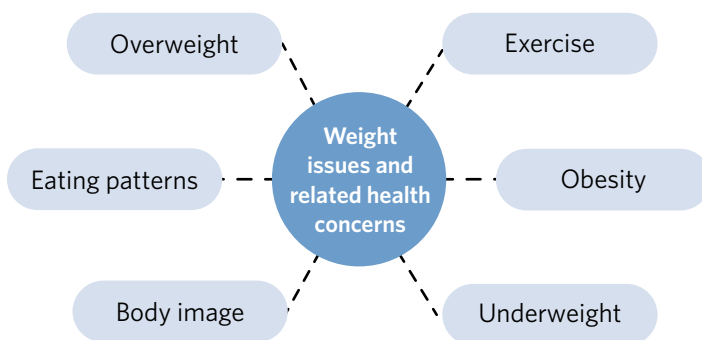
Figure 14 There are a range of health concerns involved in weight issues, such as being overweight or underweight, obesity, exercise, eating patterns, and body image

Table 6 Some examples of the impact of weight issues and related health concerns on the health and wellbeing dimensions

Health and wellbeing dimension	Impact of weight and body issues on health and wellbeing dimension
Physical health and wellbeing	Weight issues can involve being overweight or obese, which has a direct negative impact on *physical health and wellbeing*, as it means individuals are not at a healthy body weight.
Mental health and wellbeing	Weight issues can involve issues and challenges with body image, which can lower self-esteem and self-confidence, therefore negatively impacting *mental health and wellbeing*.

cont'd

Image: GoodStudio/Shutterstock.com

Figure 13 Eating patterns are included in the youth health and wellbeing issue weight issues and related health concerns

🧩 **Lesson link**

In lesson **4A: Nutritional imbalances in youths' health and wellbeing**, you learnt about a range of short-term and long-term consequences of nutritional imbalance. These consequences are reflected in this youth health and wellbeing issue as it is about body weight, which is largely impacted by diet and nutrition.

Table 6   Continued

Health and wellbeing dimension	Impact of weight and body issues on health and wellbeing dimension
Emotional health and wellbeing	Weight issues can involve eating disorders that can be associated with negative body image, which can result in a limited range of emotions, as suffering individuals may often experience negative emotions, therefore negatively impacting *emotional health and wellbeing*. When discussing eating disorders, it is important to recognise not all eating disorders are related to body image.
Social health and wellbeing	Weight issues can involve eating disorders and disordered eating patterns, which may limit an individual's ability to go out and socialise with friends if it involves eating at restaurants, as individuals suffering from eating disorders may not feel comfortable joining in these social activities. Therefore, such individuals may become left out of relationships and lack a supportive network of friends, which negatively impacts *social health and wellbeing*.
Spiritual health and wellbeing	Weight issues can involve negative body image, which can result in individuals feeling isolated from others and lacking a sense of belonging, therefore negatively impacting *spiritual health and wellbeing*.

Data on weight and body issues as a youth health and wellbeing issue

In 2017-2018, 27% of 15-17 year olds were either of overweight or obese and only 11% of 15-17 year olds were sufficiently active for their age (AIHW, 2021). Therefore, weight issues and related health concerns are considered an issue for youth health and wellbeing. The following figures and tables present data regarding weight issues and related health concerns for youth.

Body Mass Index for young people aged 15-17 in 2017-2018, Australia
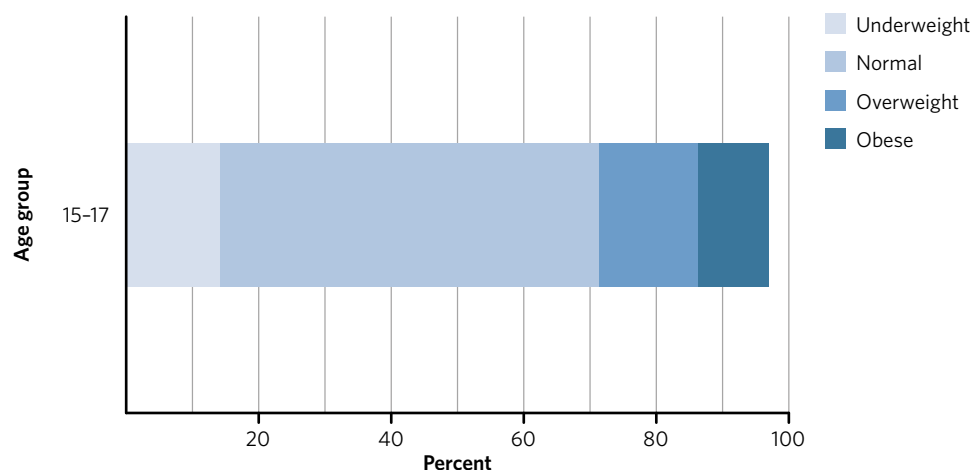
Figure 15   Body Mass Index for young people aged 15-17 in 2017-2018 (AIHW, 2020)

Table 7   Fruit and vegetable intake in Australian youth (AIHW, 2021)

Fruit and vegetable intake in Australian youth aged 15-18	
Year	Statistic
2017-2018	56% met the guidelines for fruit consumption.
2017-2018	2% of males met the national vegetable guidelines.
2017-2018	7.2% of females met the national vegetable guidelines.

Proportion of young people aged 15-18 consuming sugar-sweetened drinks at least once a week in 2017-2018, Australia
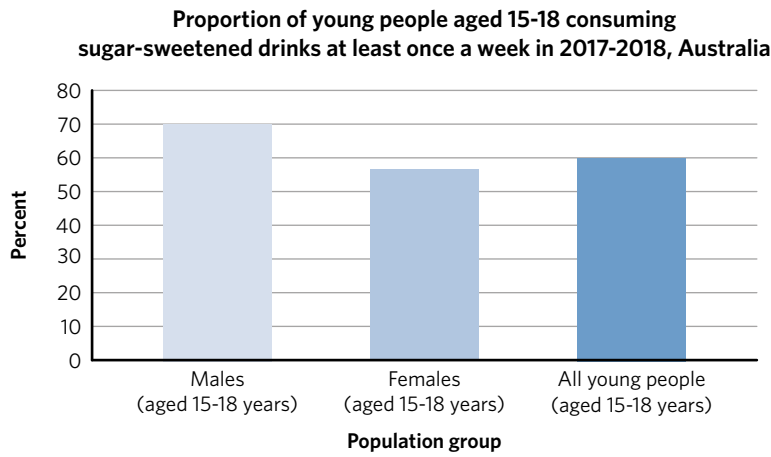
Figure 16 Proportion of young people aged 15-18 consuming sugar-sweetened drinks at least once a week in 2017-2018 (AIHW, 2021)

Table 8 A range of statistics regarding body image and disordered eating in Australian youth

Body image issues and disordered eating in Australian youth
33.1% of young people in the 2020 Mission Australia Youth Survey reported that they were extremely concerned or very concerned about body image (Mission Australia, 2020).
Only 9.3% of young people in the 2020 Mission Australia Youth Survey reported that they were not concerned about body image (Mission Australia, 2020).
In 2013-2014, 1.6% of young males and 3.2% of young females in Australia experienced problematic eating behaviours, such as bingeing and purging (The Australian Government Department of Health, 2015).

In summary, some of the key points highlighted in the data include:

- many young Australians are not meeting their activity and nutrition recommendations.
- young Australians are struggling to maintain a healthy weight and body mass index.
- young Australians are struggling with their body image.

Table 9 Some reasons why weight and related health concerns is an issue for youth

Why is this a youth issue?	
Lifestyle	From the data provided in this lesson, you can see that many young people struggle to meet their physical activity and nutritional recommendations, which can be related to their lifestyles. Having unhealthy lifestyles, with low levels of activity and inadequate nutrition, can contribute to increased problems with body weight. Due to being in school and spending time studying, it can be challenging for youth to complete adequate physical activity as their lifestyle is quite sedentary.
Media	The media, and in particular social media, can negatively influence weight issues and related health concerns for youth. For example, social media can foster obsession over unrealistic standards of beauty, health, and dieting, which can increase the likelihood of negative body image and low self-esteem in young people. Although social media can negatively impact people of all ages, today's youth are the most vulnerable to the damaging effects of social media. This is because today's youth are one of the first generations to grow up in a world where technology and social media is everywhere.

Figure 17 presents some ways you can help improve this youth health and wellbeing issue.
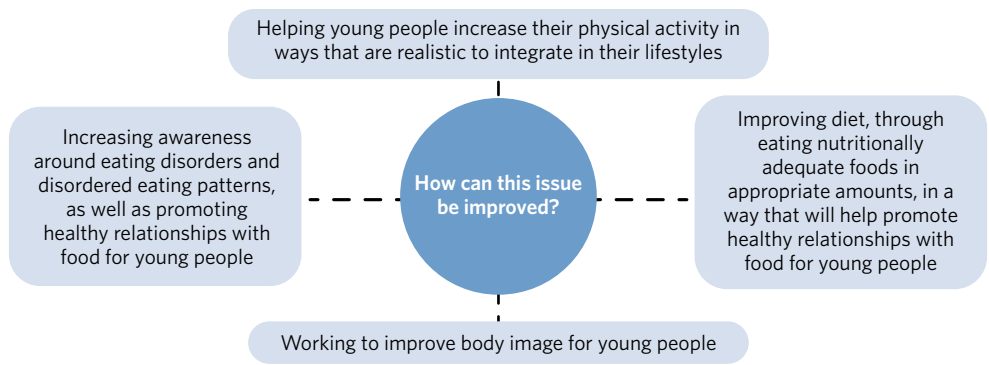
Figure 17 Ways that weight issues and related health concerns can be improved in youth

Stress 1.3.1.1.4

Arguably the most significant youth health and wellbeing issue due to its high prevalence in youth is stress. In the 2020 Mission Australia Youth Survey, the top concern for youth was coping with stress, (Mission Australia, 2020). **Stress** is an individual's physical and psychological response to a threat or perceived threat. Stress can involve a range of cognitive, emotional, behavioural, and physical symptoms. Some of these can include:

- shaking or trembling (physical)
- increased sweating (physical)
- rapid heart rate (physical)
- increased feelings of anger or irritability (emotional)
- trouble sleeping (behavioural)
- poor concentration (cognitive).

Table 10 Some examples of the impact of stress on the health and wellbeing dimensions

Health and wellbeing dimension	Impact of stress on health and wellbeing dimension
Physical health and wellbeing	Stress can increase cortisol (a stress hormone) levels in the body which can lead to weight gain, as it can increase insulin levels and therefore increase hunger levels. This may result in an individual becoming overweight or obese, therefore negatively impacting *physical health and wellbeing*.
Mental health and wellbeing	Stress has a direct negative impact on mental health and wellbeing because it relates to stress and anxiety levels. However, stress can also lead to negative thought patterns and low self-confidence, which negatively impacts *mental health and wellbeing*.
Emotional health and wellbeing	Stress can increase feelings of irritability and anger, which may increase the likelihood of emotional outbursts and result in individuals struggling to respond to emotions appropriately, therefore negatively impacting *emotional health and wellbeing*.
Social health and wellbeing	Stress can result in people neglecting relationships, as people who experience stress are often busy with commitments, which can result in poor communication with others, therefore negatively s*ocial health and wellbeing*.
Spiritual health and wellbeing	Stress is often associated with worry and concern for future events, which can lead to a lack of hope for the future, therefore negatively impacting s*piritual health and wellbeing*.

Data on stress as a youth health and wellbeing issue

Stress is experienced by a large number of young people in Australia. In the 2020 Mission Australia Youth Survey, 42.6% of young people felt stressed either all of the time or most of the time (Mission Australia, 2020).

Youth who are concerned about coping with stress in 2020, Australia
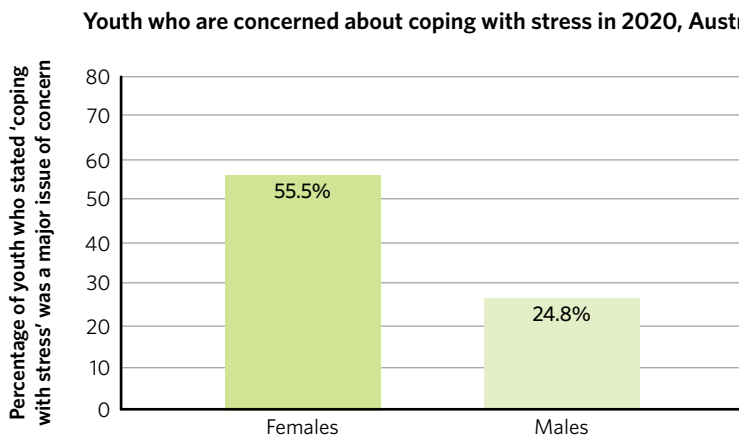
Figure 19 Coping with stress was a major issue of concern for both males and females (Mission Australia, 2020)

ADDITIONAL TERMS

Stress is an individual's physical and psychological response to a threat or perceived threat

Image: Nadya_Art/Shutterstock.com

Figure 18 Stress is a health and wellbeing issue for many young people

Comparison of psychological distress in 15-19-year-olds in Australia, 2012-2018
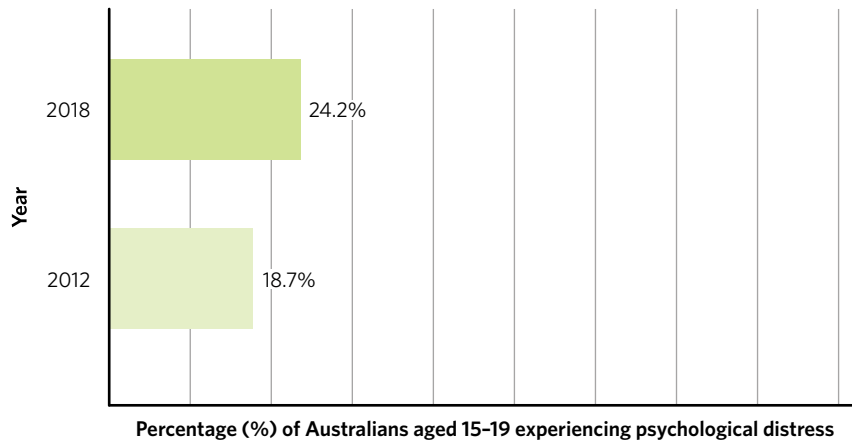
Figure 20 Psychological distress in young Australians from the Mission Australia 'Can We Talk?' Survey (Mission Australia, 2019)

Table 11 Some reasons why stress is an issue for youth

Why is this a youth issue?	
School	School and all of its associated expectations and demands for young people significantly contributes to stress. These demands include studying and extra curricular activities.
	The following article 'Why we should put yoga in the school curriculum' talks about stress in school. Type *https://theconversation.com/why-we-should-put-yoga-in-the-australian-school-curriculum-89962* into your browser to read the article. (The Conversation, 2018)
Work	Many young people have part-time jobs in addition to school, which can also increase their stress levels.
Pressure	The youth stage of the lifespan is a significant time of change and growth. This can involve a range of different pressures for young people, such as trying to establish self-identity or trying to fit in with peers. These pressures can contribute to high stress levels for youth. You will learn more about the youth stage of the lifespan in chapter 7.

Figure 21 presents some ways you can help improve this youth health and wellbeing issue.
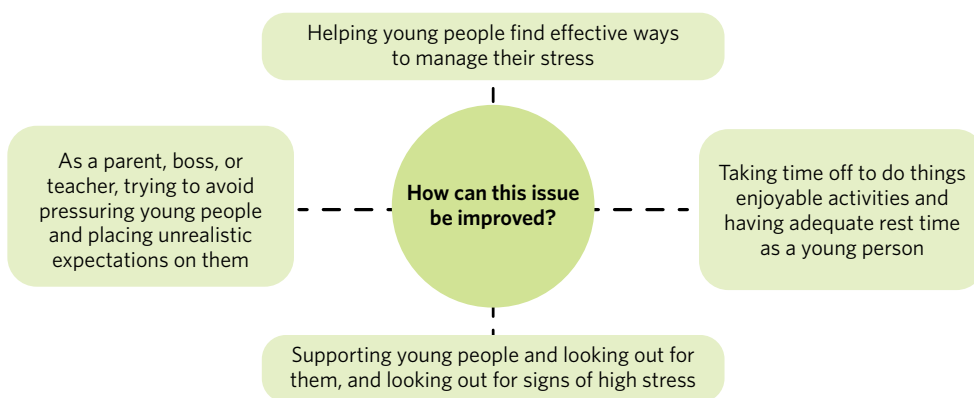
Figure 21 Ways that stress can be improved in youth

Bullying and discrimination 1.3.1.1.5

Bullying and discrimination are concerningly experienced by a number of youth. **Discrimination** refers to the unjust treatment of people due to their membership within a certain social category. For example, discrimination can involve being treated unfairly due to being of a certain race, ethnicity, religion, sex, gender identity, sexual orientation, or societal status. **Bullying** can be physical, verbal or social, and involves actions that intentionally aim to harm, hurt, or cause pain to an individual.
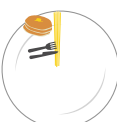
🌐 *Real world example*

Bullying is a huge problem in Australian schools. The following videos from A Current Affair present examples of bullying in Australian schools and the horrific impacts it can have on young people.

- On YouTube, search up '*Cruel school attack goes viral, A Current Affair*' (A Current Affair, 2019) and watch the entire nine minute and thirteen second video.
- On YouTube, search up '*Bullying crisis has kids 'terrified' to go to school, A Current Affair*' (A Current Affair, 2019) and watch the entire eight minute and thirteen second video.

    Please note that these videos discuss personal stories of bullying that may be confronting and distressing.

Image: GoodStudio /Shutterstock.com

Figure 22 Bullying and discrimination is a health and wellbeing issue for youth

Table 12 Some examples of the impact of bullying and discrimination on health and wellbeing dimensions

Health and wellbeing dimension	Impact of bullying and discrimination on health and wellbeing dimension
Physical health and wellbeing	Bullying can involve physical abuse which can increase risk of injury, therefore negatively impacting *physical health and wellbeing*.
Mental health and wellbeing	Bullying and discrimination can be upsetting and victims of bullying and discrimination may experience lower levels of self-esteem and self-confidence, therefore negatively impacting *mental health and wellbeing*.
Emotional health and wellbeing	Bullying and discrimination can often involve an individual feeling uncomfortable and distressed about their situation and their emotions, which can result in a lack of emotional security, therefore negatively impacting *emotional health and wellbeing*.
Social health and wellbeing	Bullying and discrimination can often create feelings of isolation and a lack of healthy relationships, as individuals are being treated badly by others, therefore negatively impacting *social health and wellbeing*.
Spiritual health and wellbeing	Bullying and discrimination can reduce an individual's sense of belonging, as they may feel isolated from others if the people around them are treating them poorly, therefore negatively impacting s*piritual health and wellbeing*.

Data on bullying and discrimination as a youth health and wellbeing issue

In 2019, 1 in 5 Australian students aged 15-19 experienced bullying in the past twelve months.

Figure 23 In 2019, 1 in 5 students aged 15-19 years old experienced bullying in the past 12 months (AIHW, 2021)

Type of bullying experienced by 15-19 year olds in the past 12 months, 2019, Australia
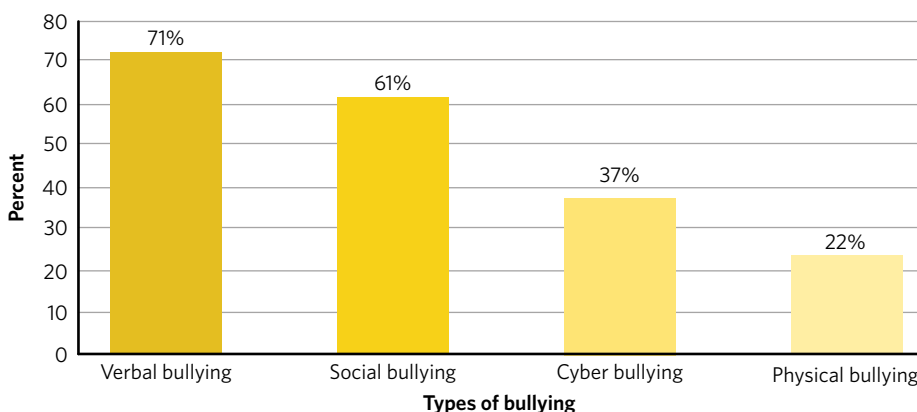
Figure 24 Types of bullying experienced by 15-19 year olds (AIHW, 2021)

<div style="border:1px solid #ccc">

Bullying in Australian youth in 2016, according to data from the Australian Institute of Health and Welfare

In 2016, 7 in 10 Australians aged 12-13 experienced bullying-like behaviour.

In 2016, 1 in 5 Australians aged 12-13 experienced cyberbullying in the past month.

In 2016, 42% of Australians aged 12-13 had experienced bullying-like behaviours in the past month.

</div>

Figure 25 A range of statistics on bullying in Australian youth (AIHW, 2020)

Table 13 Some reasons why bullying and discrimination is an issue for youth

Why is this a youth issue?	
School environment	Youth are particularly vulnerable to bullying and discrimination as the school environment is a common place where such behaviour can easily occur, and some schools may lack the appropriate regulations to monitor and appropriately deal with bullying and discrimination.
Home environment	Bullying can be influenced by a young person's home environment. For example, young people who are neglected at home may be more likely to bully others outside of their home to receive attention, as they may lack emotional awareness and education on how to better handle their situation. The article 'Why Do Kids Bully?' (STOMP Out Bullying, 2021) explores reasons why young children bully. Type the link *stompoutbullying.org/why-kids-bully* into your browser to read the article.

Figure 26 presents some ways you can help improve this youth health and wellbeing issue.

Improving school responses to bullying and implementing better anti-bullying programs

Raising awareness and educating people about bullying and discrimination

How can this issue be improved?

Speaking up about bullying and discrimination
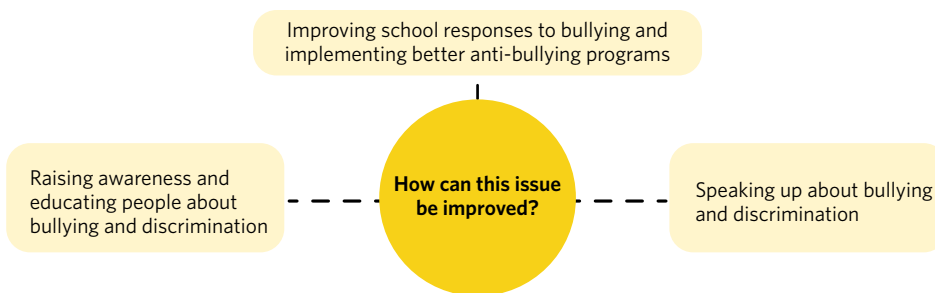
Figure 26 Ways that bullying and discrimination can be improved in youth

Sexual health 1.3.1.1.6

Sexual health encompasses a range of health topics relating to sexuality. **Sexual health** is a broad term which describes a state of physical, social, and mental health in relation to sexuality. Not only does sexual health involve physical health, such as sexually transmitted infections (STIs) and sexually transmitted diseases (STDs) but it also includes other concepts, such as healthy and respectful sexual relationships. Sexual health can also relate to sexual identity. According to the 2020 Mission Australia Youth Survey, 26.4% of young people are concerned with LGBTQIA+ issues (Mission Australia, 2020).

Table 14 Some examples of the impact of sexual health on the health and wellbeing dimensions

Health and wellbeing dimension	Impact of bullying and discrimination on health and wellbeing dimension
Physical health and wellbeing	Sexual health can involve sexually transmitted infections (STIs) and sexually transmitted diseases (STDs) which therefore have a direct negative impact on *physical health and wellbeing*, as they impact the body through the presence of disease.
Mental health and wellbeing	Sexual health can involve discovering and establishing an individual's sexual identity. For some young people, societal expectations and perceptions and/or religious beliefs around sexual identity can negatively impact levels of self-esteem and self-confidence. If an individual is struggling to feel comfortable with their sexual identity this can negatively impact *mental health and wellbeing*. *cont'd*

ADDITIONAL TERMS

Sexual health is a broad term which describes a state of physical, social, and mental health in relation to sexuality
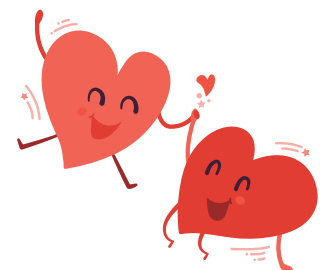
Image: L.Rey/Shutterstock.com

Figure 27 Sexual health is a health and wellbeing issue for youth and includes a range of different health topics that relate to sexuality

Table 14   Continued

Health and wellbeing dimension	Impact of bullying and discrimination on health and wellbeing dimension
Emotional health and wellbeing	Sexual health can involve sexual relationships: if an individual is experiencing unsafe or unhealthy sexual relationships, this can reduce their levels of emotional security, therefore negatively impacting *emotional health and wellbeing*.
Social health and wellbeing	Sexual health can involve sexual relationships: if an individual is experiencing unsafe or unhealthy sexual relationships, this can negatively impact *social health and wellbeing*, as it can lead to poor relationships.
Spiritual health and wellbeing	Sexual health can involve discovering and establishing an individual's sexual identity. For some young people, this can impact an individual's sense of belonging: if they feeling isolated or alone in regards to their sexual identity, this can negatively impacting *spiritual health and wellbeing*

Data on sexual health as a youth health and wellbeing issue

Youth experience poor sexual health, often due to a lack of education and awareness about it. Figure 28 and 29 present data on some areas of sexual health.

Incidence of sexually transmitted infections (STIs) Gonorrhoea and Chlamydia in young people aged 15–19, Australia											
Gonorrhoea						Chlamydia					
	2008	2009	2010	2011	2012		2008	2009	2010	2011	2012
Male 15–19	747	796	982	1027	1039	Male 15–19	3701	4092	5306	5492	5383
Female 15–19	843	838	1055	1283	1225	Female 15–19	11228	12148	14614	16168	15511

Figure 28   Incidence of sexually transmitted infections in young people (Australian Clearinghouse for Youth Studies [ACYS], 2014)

Use of condoms in sexually active students in Year 10, 11, and 12 in 2013, Australia
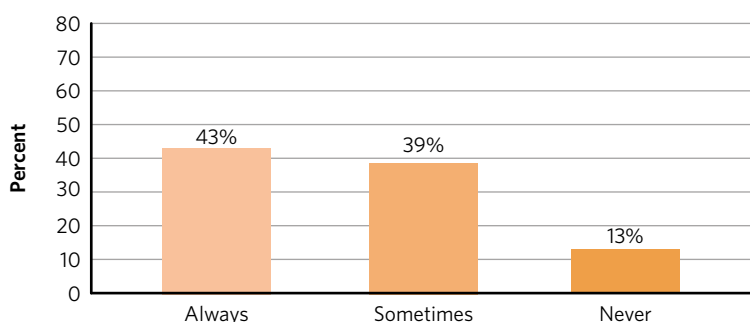
Figure 29   Use of condoms in sexually active students in Year 10, 11, and 12 (ACYS, 2014)

Table 15   Some reasons why sexual health is an issue for youth

Why is this a youth issue?	
Lack of education	Many youth are lacking education about sexual health as often it is an issue not taught or explained adequately to young people due to stigma and limited access to educational resources.
Stigma and shame	Stigma and shame are significant barriers for youth accessing resources for sexual health. Stigma refers to a mark of shame or disgrace experienced by an individual for a characteristic that distinguishes them from others. Many young people feel shame around discussing sexual health or asking about sexual health due to stigma. This can contribute to poor sexual health for youth.

Figure 30 presents some ways you can help improve this youth health and wellbeing issue.
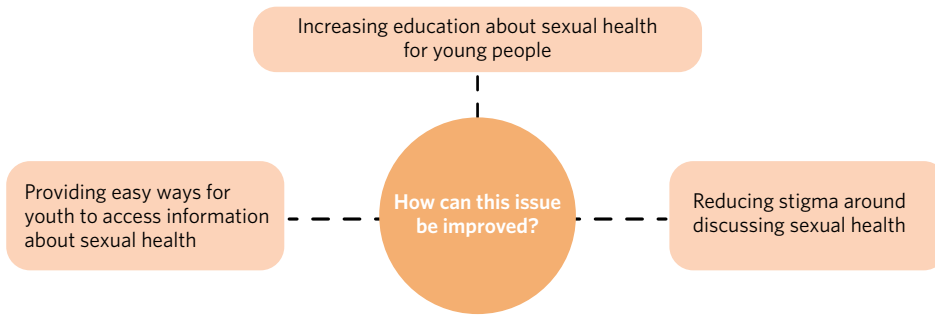
Figure 30 Ways that sexual health can be improved in youth

Factors contributing to health inequalities for youth 1.3.1.2

OVERVIEW

Why do youth experience these health and wellbeing issues? Do other age groups experience them too? In this section of the lesson, we will explore reasons for the health inequalities experienced by youth.

THEORY DETAILS

So far in this lesson, we have looked at a range of issues for youth health and wellbeing. Now, we will discuss factors that may contribute to the poor health and wellbeing experienced by youth, with a focus on health inequalities. **Health inequalities** refer to the differences in health between population groups or people. Health inequalities for youth can be explored by looking at the inequalities between different population groups within youth, such as Indigenous and non-Indigenous youth in Australia. Factors contributing to health inequalities in youth can include employment, education, friends and peers, family, socioeconomic status, culture, access to services and support, and media. Depending on how the factor exists in a young person's life, these factors can positively or negatively impact the youth health and wellbeing issues discussed in this lesson. Table 16 explores examples of how the factors contributing to health inequalities may impact the health and wellbeing issues discussed in this lesson.

KEY DEFINITIONS

Health inequalities refer to the differences in health between population groups or people

Table 16 Some factors contributing to health inequalities

Factor	Explanation
Employment	• Employment may increase stress for youth, as it is another commitment in addition to school and extracurricular activities. Additionally, the type of work or employment may be stressful for youth, such as if it involves deadlines. • Youth may experience bullying or discrimination through their work.
Education	• Education can contribute to health inequalities as young people who lack health literacy regarding issues, such as sexual health and alcohol and drug use, are more likely to experience poorer health in these areas. This is because they may not be aware of how to prevent or treat health concerns for health issues. • Education also involves young people attending school, which can put youth at risk of bullying and discrimination. • Additionally, attending school can also increase stress levels for youth.
Family	• Family can help educate youth on health and wellbeing issues. • Family can sometimes be a cause of stress, bullying, and discrimination for youth. • Weight issues and related health concerns can also be impacted by family, as young people who live with their family are often required to eat the food provided by their parents or caregivers, which may not always be nutritionally adequate.

cont'd

Table 16 Continued

Factor	Explanation
Friends and peers	• Friends can impact alcohol and drug use for youth, as if a young person's friends are engaging in alcohol and drug use they may be more inclined to do so as well. • Additionally, friends and peers can act to both increase and decrease stress levels, impact eating patterns and physical activity, and influence whether young people are bullied or discriminated against in school. • Friends play an important role in all youth health and wellbeing issues, as young people spend significant amounts of time with their friends and peers.
Socioeconomic status (SES)	• Socioeconomic status can impact a young person's ability to access education regarding health and wellbeing issues, such as sexual health. • Additionally, youth in low socioeconomic areas may have poorer access to nutritious food, which can impact weight issues and related health concerns.
Culture	• Culture can create barriers to education regarding sexual health, as some cultures may not choose to educate youth on sexual health if it doesn't align with their views and beliefs.
Access to services and support	• Youth health and wellbeing issues can become increasingly problematic if young people cannot access appropriate services and support. For example, young people may benefit from more education on alcohol and drug use, but they may struggle to access services and support that provide this, therefore contributing to poor health in this area.
Media	• The media, particularly social media, can increase the likelihood of problems with weight as it can promote disordered eating in youth.

Theory summary

In this lesson, you learnt about a range of youth health and wellbeing issues that require health action. You also learnt about factors that contribute to health inequalities in youth. Figure 31 presents a summary of this lesson.
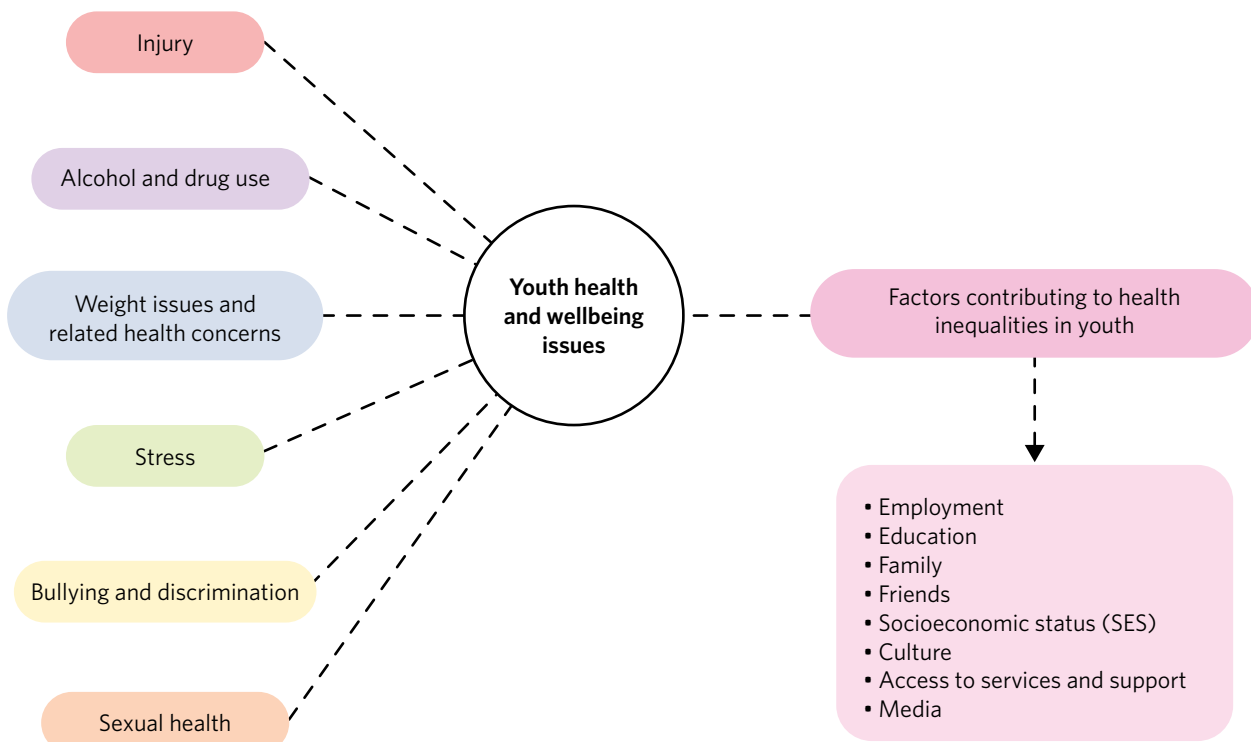
Figure 31 Youth health and wellbeing issues

5A QUESTIONS

Question 1

Youth health and wellbeing is at an optimal level.

A True.

B False.

Question 2

Some areas of youth health and wellbeing require health action. Health action involves working to create positive change.

A True.

B False.

Question 3

Which of the following are areas of youth health and wellbeing that require health action? *(Select all that apply)*

I Bullying and discrimination.

II Sexual health.

III Ageing.

Question 4

Bullying and discrimination often occurs in workplaces and not in schools; therefore, it is not an issue for youth health and wellbeing that requires health action.

A True.

B False.

Question 5

Many young people experience high levels of stress, often due to school, which can have a negative impact on their health and wellbeing.

A True.

B False.

Question 6

It is illegal for young people to use alcohol and drugs which means that it isn't a youth health and wellbeing issue that requires health action.

A True.

B False.

Question 7

Which of the following may influence the health inequalities experienced by youth? *(Select all that apply)*

I Education.

II Employment.

III Friends and family.
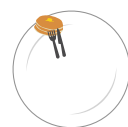
Skills

Data analysis

Use the following information to answer Questions 8–10.

Body Mass Index for young people aged 15-17 in 2017-2018, Australia
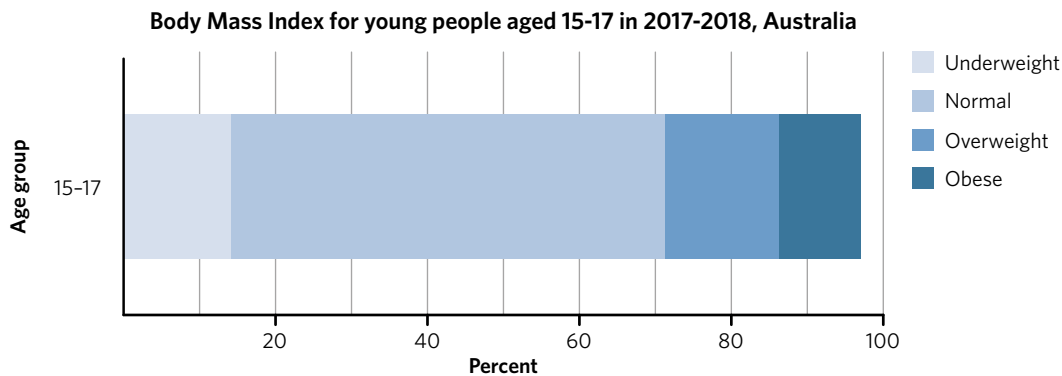
Source: adapted from The Australian Institute of Health and Welfare, *Body Mass Index*, <https://www.aihw.gov.au/reports/children-youth/body-mass-index>

Question 8

What priority area of youth health and wellbeing is reflected in the graph?

A   Stress.

B   Weight issues and related health concerns.

Question 9

Who is the population of this graph?

A   Young people aged 15–17 years old.

B   Young people with a BMI of 'normal'.

Question 10

Identify which of the following statements about the graph are correct. *(Select all that apply)*

I   More young people aged 15-17 years old are overweight than underweight according to BMI.

II   The majority of young people aged 15-17 years old are at a normal weight according to BMI.

III   More young people aged 15-17 years old are overweight than obese according to BMI.

Exam-style questions

Question 11   (1 MARK)

Outline what is meant by health action.

Question 12   (3 MARKS)

a   Identify an area of youth health and wellbeing that requires health action. (1 MARK)

b   Explain why the area of youth health and wellbeing identified in **part a** requires health action. (2 MARKS)

Question 13   (3 MARKS)

a   Identify a factor that contributes to the health inequalities experienced by youth. (1 MARK)

b   Explain how the factor identified in **part a** contributes to the health inequalities experienced by youth. (2 MARKS)

Question 14   (4 MARKS)

Nadia is in her last year of high school and is feeling very stressed and anxious about doing well in her assessments and final exams. Nadia has been sleeping less in order to study and finds she doesn't have enough time to go on her phone and talk to her friends. She also frequently feels irritated and gets annoyed with her family, and as a result tends to yell at or speak rudely to them. Nadia also finds her stress and anxiety levels make her feel nauseous and therefore she has been avoiding eating.

Referring to the information provided, discuss how stress can negatively impact youth health and wellbeing.

Question 15 (4 MARKS)

a Outline what is meant by discrimination. (1 MARK)

b Provide one reason why an individual may be discriminated against. (1 MARK)

c Suggest one way discrimination may negatively impact health and wellbeing. (2 MARKS)

Question 16 (7 MARKS)

Single-occasion risky drinkers are regarded as individuals who consume more than four standard drinks in one occasion. Lifetime risk drinkers are regarded as individuals who consume an average of more than 2 standard drinks per day (AIHW, 2020).
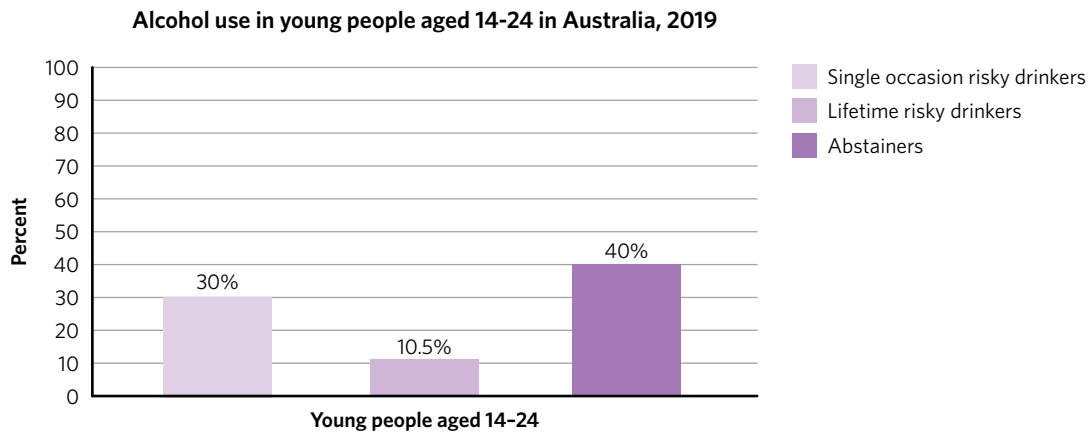
Alcohol use in young people aged 14-24 in Australia, 2019

Source: adapted from Australian Institute of Health and Welfare, *Alcohol, tobacco, and other drugs*, <https://www.aihw.gov.au/reports/children-youth/alcohol-tobacco-and-other-drugs>

a Using data, draw a comparison between alcohol use in young people in terms of single occasion risky drinkers and lifetime risk drinkers. (2 MARKS)

b Identify the priority area of youth health and wellbeing reflected in the graph. (1 MARK)

c Explain why the priority area of youth health and wellbeing reflected in the graph requires health action. (2 MARKS)

d Provide one way the priority area of youth health and wellbeing reflected in the graph negatively impacts health and wellbeing. (2 MARKS)

Questions from multiple lessons

Question 17 (5 MARKS)

Unintentional injury deaths for young people aged 15–24 according to socioeconomic area, Australia
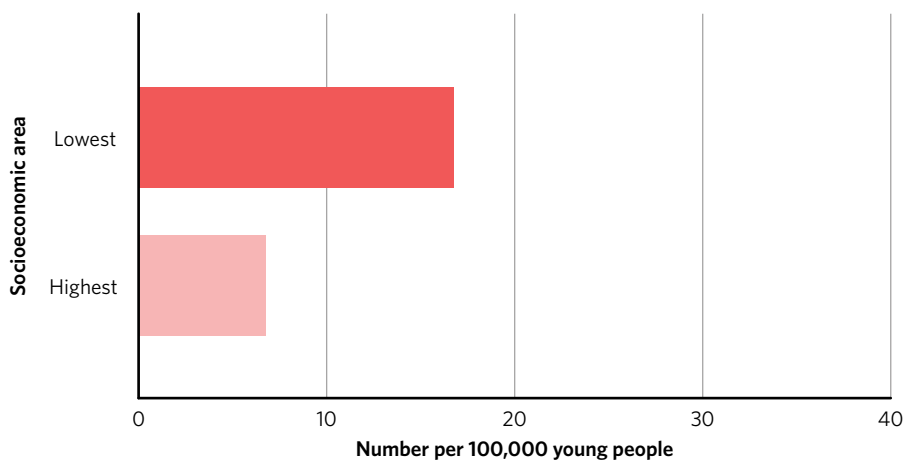
Source: adapted from Australian Institute of Health and Welfare, *Unintentional injuries*, <https://www.aihw.gov.au/reports/children-youth/unintential-injuries>

a Identify the sociocultural factor evident in the graph. (1 MARK)

b Outline what is meant by 'injury'. (1 MARK)

c Describe how injury can impact health and wellbeing. (2 MARKS)

d Peer group is another sociocultural factor that impacts youth. Outline how the sociocultural factor peer group may increase injury for youth. (1 MARK)

5B YOUTH HEALTH AND WELLBEING PROGRAMS

As you have learnt, youth suffer from a range of health and wellbeing issues. Although it may seem like it, this is not all bad news! There are many different organisations, programs, and campaigns, at both government and non-government levels, that focus on promoting the health and wellbeing of youth and reducing the negative impact of these issues. In this lesson, you will learn about different government and non-government programs that aim to promote youth health and wellbeing.

Image: GoodStudio/Shutterstock.com

5A Priority areas of youth health and wellbeing	5B Youth health and wellbeing programs	5C Community values and expectations of youth health and wellbeing programs

Study design dot point

- government and non-government programs relating to youth health and wellbeing

Key knowledge units

Government health and wellbeing programs for youth	1.3.2.1
Non-government health and wellbeing programs for youth	1.3.2.2

Youth health and wellbeing programs

Government health and wellbeing programs for youth 1.3.2.1

Non-government health and wellbeing programs for youth 1.3.2.2

Previously in this chapter, you explored a range of health and wellbeing issues that impact youth and require health action. In this lesson, you will learn about a range of government and non-government programs that aim to both promote youth health and wellbeing and address some of these issues that require health action.

Government health and wellbeing programs for youth 1.3.2.1

OVERVIEW

How do governments work to promote youth health and wellbeing? In this section of the lesson, you will learn about government programs that aim to address youth health and wellbeing and create positive change.

THEORY DETAILS

There are many government programs that address issues and aim to promote youth health and wellbeing. **Government organisations or programs** are initiatives that are developed, implemented, and solely funded by the government. In this section of the lesson, we will explore three government programs for youth health and wellbeing, which include:

- National Alcohol Strategy
- Coward's Punch Campaign
- This Girl Can.

KEY DEFINITIONS

Government organisations or programs are initiatives that are developed, implemented, and solely funded by the government

In addition to these three government programs, there are many other programs developed and implemented by the government that aim to promote youth health and wellbeing. Some of these are reflected in figure 1, as well as the government programs discussed in this lesson. For any of these government programs discussed, you can explore them in further detail by visiting the websites of the organisations that develop and implement them.
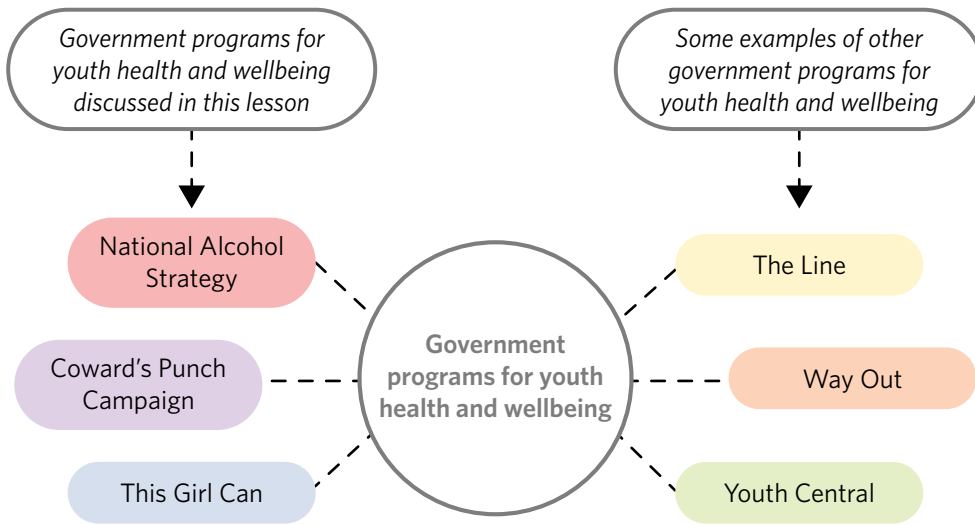
Figure 1 Government programs for youth health and wellbeing

National Alcohol Strategy

A government program that aims to improve youth health and wellbeing, as well as the health and wellbeing of all Australians, is the *National Alcohol Strategy* (National Alcohol Strategy, 2020). As you may have guessed from its name, the *National Alcohol Strategy* is about alcohol use. This program addresses the specific youth health and wellbeing issue of alcohol (and drug) use. Table 1 provides information about what the *National Alcohol Strategy* is, whilst table 2 explores some impacts of the *National Alcohol Strategy* on youth health and wellbeing. Additionally, you can access the full *National Alcohol Strategy* document by typing *health.gov.au/resources/publications/national-alcohol-strategy-2019-2028* into your browser.

Table 1 The *National Alcohol Strategy* (National Alcohol Strategy, 2020)

What is the National Alcohol Strategy?	What does the National Alcohol Strategy aim to achieve?
The *National Alcohol Strategy* is a government framework that has existed for over 30 years, the current National Alcohol Strategy is relevant from 2019-2028. The *National Alcohol Strategy* provides information and strategies for states and territories in Australia regarding minimising harm associated with alcohol use. The framework outlines a range of policies that states and territories can implement, such as providing and enforcing alcohol-free areas. The framework also provides a range of ways that states and territories can effectively measure their success in regards to promoting safer alcohol use, such as using lifetime risk and single occasion risk statistics.	The *National Alcohol Strategy* aims to prevent and reduce the negative impacts of alcohol use and promote the safe use of alcohol by Australians. Priorities of the *National Alcohol Strategy* include: • improving community safety and amenities • promoting healthier populations • managing availability, promotion, and price of alcohol • supporting individuals to obtain help and systems to respond.

Image: GoodStudio/Shutterstock.com

Figure 2 The *National Alcohol Strategy* is a framework created by the Australian government that focuses on reducing alcohol-related harm

Want to know more?

Let's explore the *National Alcohol Strategy*

The *National Alcohol Strategy* specifically works to achieve their aim by (National Alcohol Strategy, 2020):

- identifying agreed national priority areas of focus and options for policies to be implemented by states and territories
- promoting and facilitating collaboration, partnership, and commitment from government and non-government areas
- targeting a 10% reduction in harmful alcohol use.

The *National Alcohol Strategy* outlines policies that can be implemented by states and territories, such as:

- using plastic glassware in high-risk settings to minimise injury
- implementing measures to prevent the promotion of discounted/low priced alcohol that is associated with risky drinking, such as bulk-buys or two-for-one offers
- developing public health campaigns that promote the risks and harms associated with alcohol use.

The *National Alcohol Strategy* outlines indicators that states and territories can use to measure progress, such as:

- the age at which young people aged 14 to 24 years first tried a full serve of alcohol
- proportion of the population who are consuming a 'very high alcohol consumption' (consuming 11 or more standard drinks on a single occasion at least once a month)
- the rate of alcohol-related emergency department (ED) presentations per 1,000 people, on Friday, Saturday, and Sunday nights.

Type *health.gov.au/resources/publications/national-alcohol-strategy-2019-2028* into your browser if you wish to learn more about the *National Alcohol Strategy*.

Table 2 Some examples of the impact of the *National Alcohol Strategy* on youth health and wellbeing

Health and wellbeing dimension	Impact of the *National Alcohol Strategy* on youth health and wellbeing
Physical health and wellbeing	The *National Alcohol Strategy* aims to reduce alcohol-related harm, which includes injury due to alcohol and diseases that can arise due to unsafe alcohol use, such as liver disease. This can promote *physical health and wellbeing* for all people.
Mental health and wellbeing	The *National Alcohol Strategy* involves improving community safety, which can reduce young people's stress and anxiety levels if they are concerned about, for example, physical danger from other people unsafely using alcohol, therefore promoting *mental health and wellbeing* for youth.
Emotional health and wellbeing	The *National Alcohol Strategy* aims to reduce the number of people unsafely consuming alcohol, which can help improve people's ability to manage and appropriately respond to their emotions (as they are less likely to have reduced emotional awareness, which often occurs from unsafe alcohol use). This is because alcohol can negatively impair emotional functioning, as it alters chemicals in the brain. Therefore, the *National Alcohol Strategy* can promote *emotional health and wellbeing* for youth.
Social health and wellbeing	The *National Alcohol Strategy* focuses on reducing unsafe alcohol consumption, which can help young people have more positive and productive relationships, as alcohol reduces people's ability to engage in effective communication, due to the negative effect it has on brain functioning, especially in youth. Therefore, the *National Alcohol Strategy* can promote *social health and wellbeing* for youth.
Spiritual health and wellbeing	The *National Alcohol Strategy* aims to reduce unsafe alcohol use which can encourage more young people to act and behave in ways that are aligned with their beliefs and morals, as they are less likely to make risky alcohol-influenced decisions, therefore promoting *spiritual health and wellbeing*.

Coward's Punch Campaign

Another government program that addresses youth health and wellbeing is the *Coward's Punch Campaign*, which focuses on reducing injury, particularly in young males (Coward's Punch Campaign, 2019). This program addresses the specific youth health and wellbeing issue of injury. Table 3 and table 4 explore this campaign in more detail, including its aims and impact on youth health and wellbeing.

Image: GoodStudio/Shutterstock.com

Figure 3 The *Coward's Punch Campaign* is a government program that focuses on stopping the 'coward punch' and other forms of street violence

Table 3 Coward's Punch Campaign (Coward's Punch Campaign, 2019)

What is the *Coward's Punch Campaign*?	What does the *Coward's Punch Campaign* aim to achieve?
The *Coward's Punch Campaign* is a government campaign that addresses the negative impacts of violence, in particular one-punch attacks that are known as the 'coward punch', on young people. The *Coward's Punch Campaign* provides information for schools, communities, and victims about one-punch attacks.	The *Coward's Punch Campaign* aims to reduce the amount of harm caused by one-punch attacks and fighting. Violence is a significant contributor to injury and injury-related deaths in young Australians, which is why the *Coward's Punch Campaign* aims to stop the 'coward punch' and reduce associated harm.

> **⊕ Want to know more?**
>
> **Let's explore the *Coward's Punch Campaign***
>
> Resources provided by the *Coward's Punch Campaign* include (Coward's Punch Campaign, 2019):
> - lists of counselling services and victim helplines for states and territories in Australia
> - events to fundraise and raise awareness, such as the 'Stop the Coward Punch Dinner' held in 2021 in Melbourne
> - tips to stop the coward punch, such as how to walk away from conflict
>
> The *Coward's Punch Campaign* is also working towards developing specific educational programs that can be implemented in schools across Australia to educate students about violence, including the coward punch. Type *cowardpunchcampaign.com/* into your browser if you wish to learn more about the *Coward's Punch Campaign*.

Table 4 Some examples of the impact of the *Coward's Punch Campaign* on youth health and wellbeing

Health and wellbeing dimension	Impact of the *Coward's Punch Campaign* on youth health and wellbeing
Physical health and wellbeing	The *Coward's Punch Campaign* specifically focuses on reducing one-punch attacks, which can decrease injury levels in youth, therefore promoting *physical health and wellbeing*.
Mental health and wellbeing	The *Coward's Punch Campaign* provides support for victims of one-punch attacks, which can reduce stress and anxiety not only for the victim but also for their friends and family, therefore promoting *mental health and wellbeing* in youth.
Emotional health and wellbeing	The *Coward's Punch Campaign* helps educate young people on healthier ways to respond to situations rather than using violence, which helps improve people's ability to appropriately manage and respond to their emotions, therefore promoting *emotional health and wellbeing* in youth.

cont'd

Table 4   Continued

Health and wellbeing dimension	Impact of the *Coward's Punch Campaign* on youth health and wellbeing
Social health and wellbeing	The *Coward's Punch Campaign* can help people have better relationships with others, as reducing violence between young people will help to reduce the likelihood of problematic relationships arising, therefore promoting *social health and wellbeing*.
Spiritual health and wellbeing	The *Coward's Punch Campaign* provides support and care for victims of one-punch attacks, which can help improve their sense of positivity and purpose in life, therefore promoting *spiritual health and wellbeing*.

This Girl Can

As you have learnt, a youth health and wellbeing issue is weight issues and related health concerns, which involves physical activity. The Victorian program *This Girl Can* focuses on this youth health and wellbeing issue, and is all about promoting physical activity levels in females (This Girl Can, n.d.). Table 5 provides information about *This Girl Can* and table 6 explores its impact on youth health and wellbeing.

Table 5   This Girl Can (This Girl Can, n.d.)

What is *This Girl Can*?	What does *This Girl Can* aim to achieve?
This Girl Can is a Victorian campaign that focuses on physical activity levels in females. *This Girl Can* provides a range of resources to increase physical activity among females, including various workout videos, such as dance classes and full body HIIT (high-intensity interval training) workouts.	*This Girl Can* is a campaign that aims to increase physical activity levels in females and help them feel empowered. This campaign was created because many women did not engage in physical activity due to a fear of being judged.

Image: WinWin artlab/Shutterstock.com

Figure 4 This Girl Can is a Victorian government program that aims to promote physical activity among females

⊕ *Want to know more?*

Let's explore *This Girl Can*

This Girl Can works to achieve their aim by (This Girl Can, n.d.):

- inspiring women by providing personal stories of women who are getting active on their website
- offering an e-news email system where people can regularly receive emails about the program and ways to stay inspired and motivated
- providing a 'get active @ home' section of their website where people can access videos that guide them through specific physical activity, such as dance classes
- advertising their campaign on TV, these advertisements can also be viewed on their website under the 'video' section.

Type *thisgirlcan.com.au/* into your browser if you wish to learn about *This Girl Can* or to access their resources.

Table 6   Some examples of the impact of *This Girl Can* on youth health and wellbeing

Health and wellbeing dimension	Impact of *This Girl Can* on youth health and wellbeing
Physical health and wellbeing	*This Girl Can* directly improves *physical health and wellbeing*, as it focuses on increasing activity levels, which can promote adequate fitness levels and a healthy body weight in youth.
Mental health and wellbeing	Through increasing activity levels in young females, *This Girl Can* may promote self-esteem and confidence, as people may feel a sense of accomplishment from taking part in physical activities that they may not usually do, therefore promoting *mental health and wellbeing*.
Emotional health and wellbeing	*This Girl Can* aims to increase physical activity, which can help provide a positive outlet for emotions, such as anger and therefore can help females manage their emotions in a regulated way. Therefore, This Girl Can promotes *emotional health and wellbeing*.
Social health and wellbeing	*This Girl Can* may help young females form positive relationships with others by encouraging them to connect with others through exercise, therefore promoting *social health and wellbeing*.
	cont'd

Table 6 Continued

Health and wellbeing dimension	Impact of *This Girl Can* on youth health and wellbeing
Spiritual health and wellbeing	*This Girl Can* may help young females develop positive meaning and purpose in their lives through helping them set goals to improve their physical activity, which can help them feel as though they have something to work and strive for. Therefore, *This Girl Can* can promote *spiritual health and wellbeing*.

Non-government health and wellbeing programs for youth 1.3.2.2

OVERVIEW

So far, you have learnt about what the government does to promote youth health and wellbeing through the development and implementation of programs. However, are there other people or organisations that develop and implement programs that promote youth health and wellbeing?

THEORY DETAILS

Alongside government programs, there are many non-government programs that aim to address youth issues and promote youth health and wellbeing. **Non-government organisations or programs** are initiatives that are developed, implemented, and funded by people or communities outside of the government. In this section of the lesson, you will learn about three different non-government programs that promote youth health and wellbeing, which include:

- Rethink Sugary Drink
- Dove Self-Esteem Project
- DrinkWise.

Similarly to government programs, there are also many other non-government programs that are not discussed in this lesson. These programs, and the programs in this lesson, are reflected in figure 5. For any of these non-government programs, you can explore them in further detail by visiting the websites of the organisations that develop and implement them.
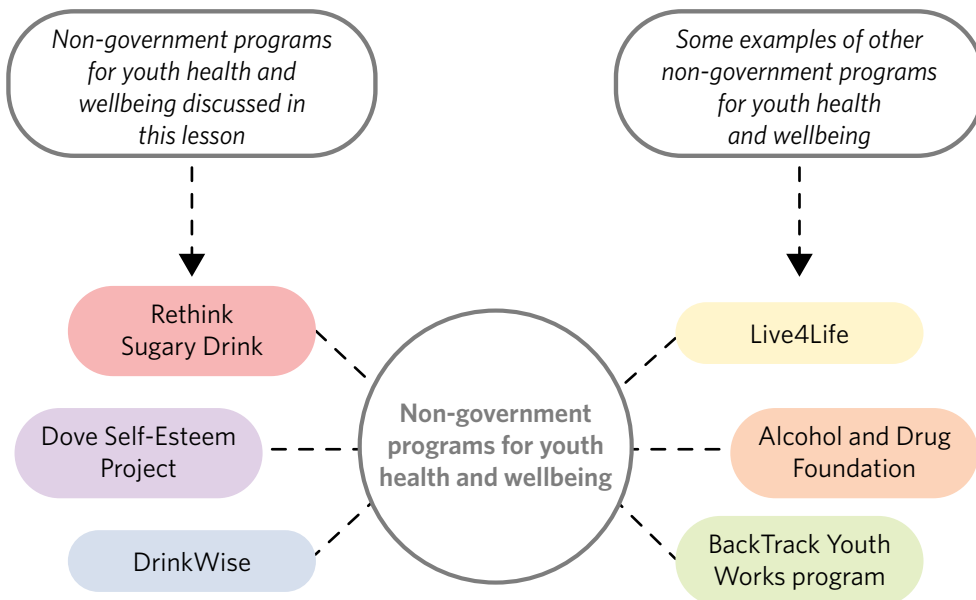
Figure 5 Non-government programs for youth health and wellbeing

Rethink Sugary Drink

A non-government campaign for youth health and wellbeing is *Rethink Sugary Drink* (Rethink Sugary Drink, n.d.). This campaign was created through a partnership between multiple community organisations, such as YMCA and Live Lighter. This youth health and wellbeing program focuses on the specific issue of weight issues and related health concerns, as it is about eating patterns. Table 7 explores what Rethink Sugary Drink involves and table 8 explores its impact on health and wellbeing.

⟨⟩ Lesson link

This chapter has focused on injury, alcohol and drugs, weight issues and related health concerns, stress, bullying and discrimination, and sexual health. As you know, mental health is another major health and wellbeing issue affecting youth that you will learn about in chapter 6. In lesson *6F: Reducing the negative impact of mental health problems*, you will learn about a range of government and non-government programs that address mental health as a youth health and wellbeing issue, such as Beyond Blue and Headspace.

KEY DEFINITIONS

Non-government organisations or programs are initiatives that are developed, implemented, and funded by people or communities outside of the government

Image: MarySan/Shutterstock.com

Figure 6 *Rethink Sugary Drink* is a campaign that focuses on reducing the consumption of sugar-sweetened beverages, such as soft drinks

Table 7 *Rethink Sugary Drink* (Rethink Sugary Drink, n.d.)

What is *Rethink Sugary Drink*?	What does *Rethink Sugary Drink* aim to achieve?
Rethink Sugary Drink is campaign that involves a partnership with a range of organisations across Australia, such as Cancer Council, Nutrition Australia, Live Lighter, and YMCA. The campaign focuses on reducing the consumption of sugary drinks in youth. *Rethink Sugary Drink* educates youth on the consequences of consuming sugary drinks and ways they can reduce their intake of sugary drinks.	*Rethink Sugary Drink* aims to encourage Australians to think about their choice of drink, and 'rethink' consuming sugary drinks, hence the name 'Rethink Sugary Drink'. From this, *Rethink Sugary Drink* also aims to reduce the negative health impacts, such as obesity and type 2 diabetes, of consuming sugar-sweetened beverages, such as soft drinks, for young Australians.

⊕ *Want to know more?*

Let's explore *Rethink Sugary Drink*

Rethink Sugary Drink works to achieve their aim by (Rethink Sugary Drink, n.d.):

- providing the specific amount of sugar in a variety of soft drinks, energy drinks, and sports drinks on their website
- providing a list of easy-to-understand facts about sugar on their website
- having a 'drink calculator' on their website where people can calculate how much sugar is in their drinks
- providing a range of videos, such as advertisements and educational videos, on their website under their 'videos' section.

These are just some of the resources provided by *Rethink Sugary Drink*. Type *rethinksugarydrink.org.au/* into your browser if you wish to learn more about *Rethink Sugary Drink* and explore all their resources.

Table 8 Some examples of the impact of *Rethink Sugary Drink* on health and wellbeing

Health and wellbeing dimension	Impact of *Rethink Sugary Drink* on health and wellbeing
Physical health and wellbeing	*Rethink Sugary Drink* encourages people to reduce their consumption of sugary drinks, such as soft drink, which can help reduce the likelihood of people being overweight or obese, therefore promoting *physical health and wellbeing*.
Mental health and wellbeing	*Rethink Sugary Drink* aims to reduce the consumption of sugary drinks, such as energy drinks and soft drinks. Large amounts of sugar and sometimes caffeine in these drinks can increase stress and anxiety in the body. Therefore, through reduced consumption of such drinks, anxiety and stress levels may decrease, which promotes *mental health and wellbeing*.
Emotional health and wellbeing	*Rethink Sugary Drink* can improve *emotional health and wellbeing* by helping reduce fluctuating energy levels from added sugar, which can reduce the likelihood of inappropriate emotional outbursts from energy spikes and energy crashes.
Social health and wellbeing	*Rethink Sugary Drink* can promote *social health and wellbeing* by decreasing the likelihood of obesity and associated low self-esteem and self-confidence, which may encourage more people to feel comfortable engaging in social activities and more people to communicate with others.
Spiritual health and wellbeing	*Rethink Sugary Drink* can promote *spiritual health and wellbeing* by helping individuals feel as though they are taking care of their health and reducing the risk of experiencing health issues, such as obesity, from consuming an excessive amount of sugary drinks. This can help people gain hope for the future as they are less likely to suffer from long-term illnesses.

Dove Self-Esteem Project

You may know Dove as a brand of deodorant, but did you know they also run a program for young people called the *Dove Self-Esteem Project*? The *Dove Self-Esteem Project* is another non-government program that focuses on improving youth health and wellbeing (Dove Self-Esteem Project, 2021). This project is about promoting positive body image and self-esteem among all young people. Therefore, the project addresses the youth health and wellbeing issue of weight issues and related concerns, by aiming to improve body image. Additionally, the project addresses the youth health and wellbeing issue of mental health, by promoting self-esteem. Table 9 and table 10 explore the *Dove Self-Esteem Project*.

⌂ *Lesson link*

In lesson **3B: Food selection models**, you learnt about the Australian Guide to Healthy Eating. The Rethink Sugary Drink program reflects the advice that is presented in this food selection model to consume sugary drinks 'only sometimes and in small amounts', as the program aims to reduce the consumption of sugary drinks, such as soft drinks, in youth.

Image: Marta Sher/Shutterstock.com

Figure 7 The *Dove Self-Esteem Project* focuses on improving body image and self-esteem in young people

Table 9 *Dove Self-Esteem Project* (Dove Self-Esteem Project, 2021)

What is the *Dove Self-Esteem Project*?	What does the *Dove Self-Esteem Project* aim to achieve?
The *Dove Self-Esteem Project* was created by the Dove brand and is all about improving body image and self-esteem among young people. The *Dove Self-Esteem Project* provides a range of resources to help promote body image and self-esteem, such as informative articles, guides for parents to promote body confidence in their children, and workshops for teachers to promote body confidence in their students.	The *Dove Self-Esteem Project* aims to increase self-esteem in young people and encourage young people to view their body more positively, therefore promoting body image. This project was created with the aim of making beauty a source of confidence for young people rather than a source of anxiety. They aim to ensure young people have a positive relationship with the way they look.

Want to know more?

Let's explore the *Dove Self-Esteem Project*

The *Dove Self-Esteem Project* provides a range of resources to Australian youth and ultimately aims for these resources to be used all across the world, not just in Australia (Dove Self-Esteem Project, 2021).

Some of these resources include:

- a 'building body confidence' conversation guide for parents which can be downloaded via their website
- a range of articles that can be accessed on their website that provide information and advice about body image and self-esteem
- specific resources for parents, teachers, youth leaders, and mentors, such as advice on how to talk about physical appearance with young people.

Type *dove.com/au/dove-self-esteem-project.html* into your browser to learn more about the *Dove Self-Esteem Project*.

Table 10 Some examples of the impact of the *Dove Self-Esteem Project* on health and wellbeing

Health and wellbeing dimension	Impact of the *Dove Self-Esteem Project* on health and wellbeing
Physical health and wellbeing	The *Dove Self-Esteem Project* helps young people feel more positive towards their body, which may encourage people to take more care of their body, by getting adequate rest and/or maintaining a healthy body weight. Therefore, the *Dove Self-Esteem Project* can promote *physical health and wellbeing* among youth.
Mental health and wellbeing	The *Dove Self-Esteem* Project has a focus on improving self-esteem in young people, which therefore directly promotes *mental health and wellbeing*.
Emotional health and wellbeing	The *Dove Self-Esteem Project* encourages young people to try to have positive feelings about themselves. This can help people experience a wide range of emotions, rather than just negative ones, therefore promoting *emotional health and wellbeing* among youth.
Social health and wellbeing	When people feel positive and confident within themselves, they are more likely to engage in social activities. Therefore, the *Dove Self-Esteem Project* can promote *social health and wellbeing* by increasing the likelihood of young people forming relationships with others and having a supportive network of friends.
Spiritual health and wellbeing	Through promoting self-esteem and self-worth, the *Dove Self-Esteem Project* can help young people feel more positive in their life and help them feel as though they have purpose and meaning, therefore promoting *spiritual health and wellbeing*.

DrinkWise

The last program we will discuss in this lesson is the non-government organisation that promotes safe alcohol use called *DrinkWise* (DrinkWise, 2021). *DrinkWise* focuses on creating a healthier and safer drinking culture in Australia, therefore it addresses the specific youth health and wellbeing issue of alcohol (and drug) use.

Image: Visual Generation/Shutterstock.com

Figure 8 *DrinkWise* is a non-government organisation focused on drinking culture in Australia

Table 11 *DrinkWise* (DrinkWise, 2021)

What is *DrinkWise*?	What does *DrinkWise* aim to achieve?
DrinkWise is a non-government organisation that was developed in 2005, and focuses on addressing alcohol use among Australians. *DrinkWise* provides a range of informative articles, tips, and strategies on how to have a healthier and safer relationship with alcohol, and specific advice for people under the age of 18 years.	*DrinkWise* aims to promote a healthier and safer drinking culture in Australia. It aims to achieve this by generating a change in the way that Australians consume alcohol and by increasing the age that young Australians begin drinking alcohol.

Want to know more?

Let's explore *DrinkWise*

DrinkWise provides many resources to young people, parents, and schools in Australia that help to achieve their aim (DrinkWise, 2021). Some of the resources and work of *DrinkWise* includes:

- providing fact sheets on their website, which are separated based on who they are targeted at, such as their fact sheets for parents and their fact sheets for under 18 years
- creating educational videos that can be accessed by schools to show to their students, via the *DrinkWise* website
- providing a standard drink calculator on their website that calculates the amount of standard drinks in an alcoholic beverage.

Type *drinkwise.org.au/* into your browser to learn more about the organisation and explore its resources.

ACTIVITY 1

Create your own health and wellbeing links

So far in this lesson, the links from youth programs to the health and wellbeing dimensions have been provided for you. Have a go at creating your own health and wellbeing links for the *DrinkWise* program. You may find it helpful to use the *DrinkWise* website to expand your understanding. Copy out and fill in the following table about how *DrinkWise* impacts youth health and wellbeing.

Health and wellbeing dimension	Impact of *DrinkWise* on health and wellbeing
Physical health and wellbeing	
Mental health and wellbeing	
Emotional health and wellbeing	
Social health and wellbeing	
Spiritual health and wellbeing	

Real world example

On YouTube, search up '*Australian of the year: Bernie Shakeshaft, BackTrack Youth Works Program*' and watch the three minute and twenty-three-second video (ABC Australia, 2020). The video explores an example of another non-government health and wellbeing program for young people in Australia.

Theory summary

In this lesson, you learnt about a range of government and non-government programs that promote youth health and wellbeing. Figure 9 presents a summary of this lesson.
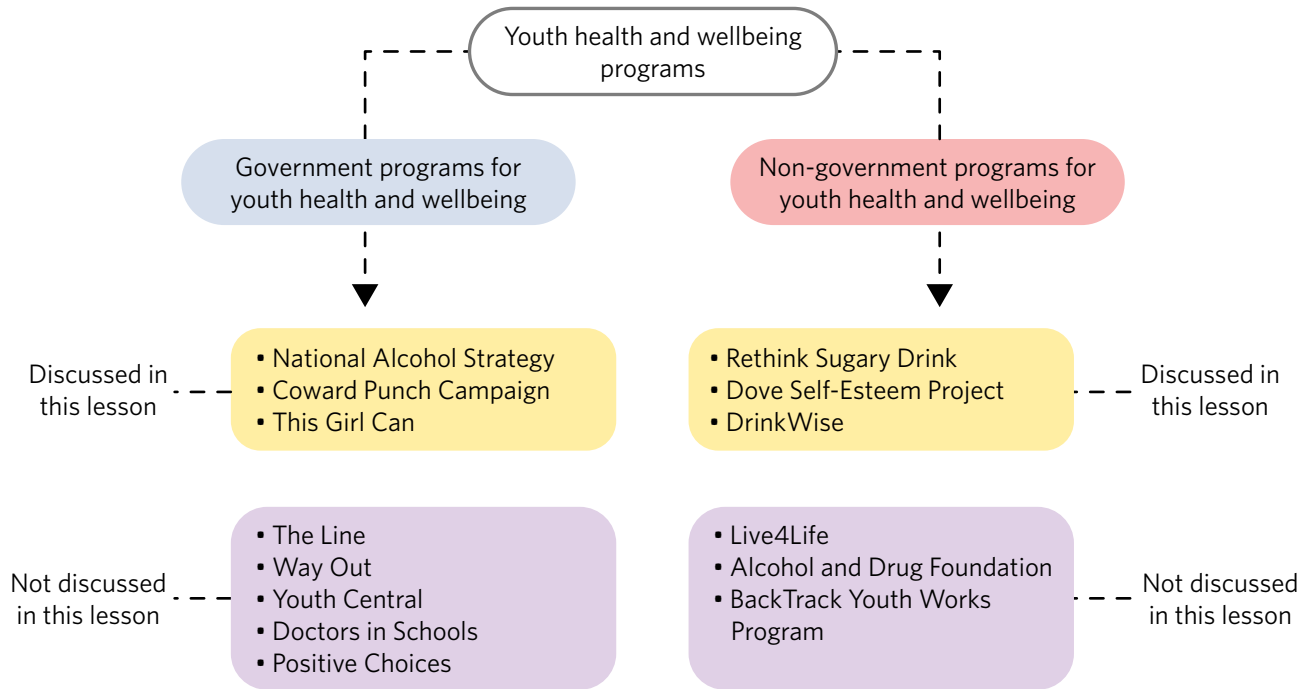
Figure 9 Youth health and wellbeing programs

ACTIVITY 2

Research one of the programs that was not discussed in this lesson and create a mindmap that explores the initiative and how it promotes youth health and wellbeing. You can use the following layout as a guide for your mindmap.
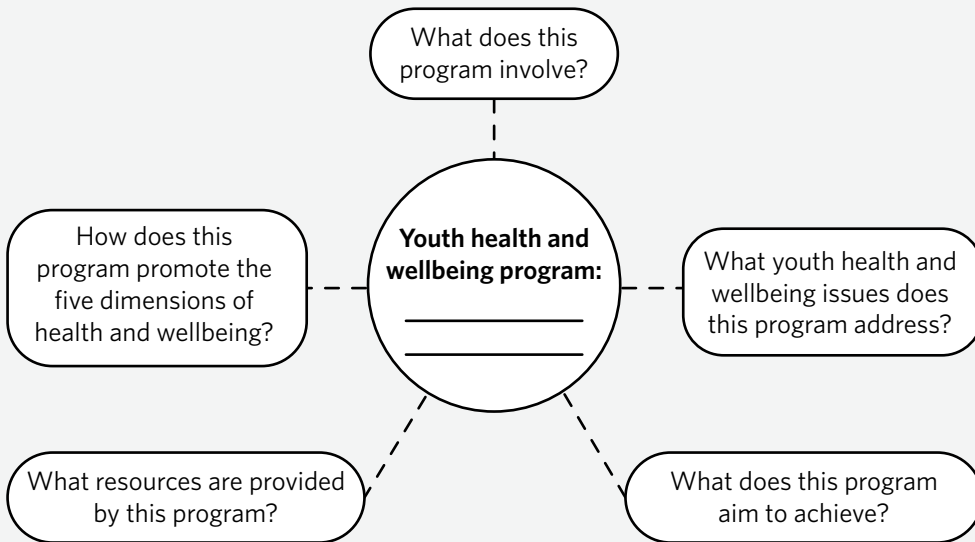
5B QUESTIONS

Theory-review questions

Question 1

There are not many programs that can improve youth health and wellbeing in Australia.

A   True.

B   False.

Question 2

Youth health and wellbeing programs for young Australians can be run by the government or by communities.

A   True.

B   False.

Question 3

Which of the following issues may youth health and wellbeing programs address? *(Select all that apply)*

I   Alcohol use.

II   Obesity.

III   Body image.

Question 4

Youth health and wellbeing programs can improve physical health and wellbeing by promoting freedom from illness, injury, and disease.

A   True.

B   False.

Question 5

Youth health and wellbeing programs can focus on specific issues, such as self-esteem. A youth program that focuses on self-esteem will only benefit mental health and wellbeing.

A   True.

B   False.

Skills

Unpacking the case study

Use the following information to answer Questions 6-8.

Live4Life

Live4Life is an organisation that aims to promote good mental health in young Australians and prevent suicide, specifically in rural and regional communities. *Live4Life* is a charity and is run independently from the government. *Live4Life* follows a four part model which involves:

- partnering with schools and communities
- support, coordination, and mentoring provided by Youth Live4Life staff
- mental health training
- *Live4Life*'s youth leadership and participation program, called 'The Crew'.

Live4Life encourages people to talk about mental health and aims to reduce stigma surrounding mental health. *Live4Life* helps to decrease rates of suicide and self-harm.

Additionally, young people who are involved in *Live4Life* may meet other people who also value good mental health and therefore may form new relationships and develop a strong support network.

Source: adapted from Live4Life, *What is Live4Life?*, <https://www.live4life.org.au/what-is-live4life>

Question 6

Live4Life addresses a youth health and wellbeing issue. This is reflected by the statement that

A   '*Live4Life* is an organisation that aims to promote good mental health in young Australians and reduce suicide...'.

B   'Additionally, young people who are involved in *Live4Life* may meet other people who also value good mental health and therefore may form new relationships and develop a strong support network. '

Question 7

Live4Life is a non-government organisation. This is reflected by the statement that

A   '*Live4Life* is a charity and is run independently from the government.'

B   '*Live4Life* encourages people to talk about mental health and aims to reduce stigma surrounding mental health.'

Question 8

Live4Life promotes youth health and wellbeing. This is reflected by the statement that

A   '*Live4Life* follows a four part model...'.

B   'Additionally, young people who are involved in *Live4Life* may meet other people who also value good mental health and therefore may form new relationships and develop a strong support network.'

Exam-style questions

Question 9   (1 MARK)

Identify a youth health and wellbeing program.

Question 10   (2 MARKS)

Compare what is meant by government and non-government organisations and programs.

Question 11   (2 MARKS)

Describe a program for youth health and wellbeing.

Question 12   (4 MARKS)

Describe a program for youth health and wellbeing and discuss its impact on two dimensions of health and wellbeing.

Question 13   (7 MARKS)

Positive Choices

Positive Choices is an online portal that helps educate youth on the safe use of alcohol and drugs. Positive Choices was developed under the Australian Government Department of Health and is funded by the Australian federal government. The online portal was created based on the idea that alcohol and drug use begins in youth, and in order to minimise harm, youth should be educated about alcohol and drug use. Positive Choices aims to inform and educate youth, schools, and communities on the dangers associated with alcohol and drug use, such as increased injury or risk of mental illness. It also aims to empower young people to make positive choices in their own lives regarding alcohol and drug use, and encourages young people to look out for their friends and peers who may be at risk due to unsafe alcohol and drug use.

Source: adapted from Positive Choices, *About Positive Choices*, <https://positivechoices.org.au/information/about-positive-choices>

a   Identify the youth health and wellbeing issue addressed by the program described in the information provided. (1 MARK)

b   Justify whether the program described in the information provided is a government or non-government program. (2 MARKS)

c   Explain how the program described in the information provided may promote health and wellbeing for youth. (4 MARKS)

Questions from multiple lessons

Question 14   (2 MARKS)

Explain how inadequate nutrition in youth may be reduced through a youth health and wellbeing program.

5C COMMUNITY VALUES AND EXPECTATIONS OF YOUTH HEALTH AND WELLBEING PROGRAMS

Imagine you had to develop your own program for youth health and wellbeing. Where would you begin? What values would guide your work? What expectations would you have for your program? In this lesson, you will learn about community values and expectations that influence the development and implementation of youth health and wellbeing programs.

YOUTH PROGRAMS

Image: turbodesign/Shutterstock.com

5A Priority areas of youth health and wellbeing	5B Youth health and wellbeing programs	5C Community values and expectations of youth health and wellbeing programs

Study design dot point

- community values and expectations that influence the development and implementation of programs for youth

Key knowledge units

Community values and expectations that influence programs for youth	1.3.3.1

Community values and expectations of youth health and wellbeing programs

Community values and expectations that influence programs for youth   1.3.3.1

Community values and expectations that influence programs for youth 1.3.3.1

OVERVIEW

How do youth programs begin? Who decides how to develop a youth program? What influences the development of youth programs? One of the most important influences at the beginning of developing and implementing youth programs is the community. Therefore, in this lesson, you will learn about community values and expectations that influence programs for youth.

THEORY DETAILS

The values and expectations of a community play an important role in the development of youth health and wellbeing programs. **Values** refer to intangible ideas or concepts that are viewed as important or worthy by individuals or communities, such as being respectful, whilst **expectations** refer to the beliefs or desires that something will or should happen. **Communities** refer to groups of people who often share a similar characteristic, such as where they live. Therefore, community values refer to the things a community believes are important, and community expectations refer to the things that a community believes will happen in the future.

In this way, community values, such as respect and accessibility, influence community expectations of youth health and wellbeing programs. Community values and expectations are important in developing and implementing youth health and wellbeing programs. This is because when youth health and wellbeing programs reflect and respond to the expectations of the community, more young people in the community are likely to use the program as it reflects their values. Therefore, youth health and wellbeing programs are unlikely to be successful if they do not consider the values and expectations of the young people within a community who are going to be using the program.

Study design key skills dot point

The following key skills dot point applies to the whole lesson:

- analyse the role and influence of community values and expectations in the development and implementation of health and wellbeing programs for youth

KEY DEFINITIONS

Values refer to intangible ideas or concepts that are viewed as important or worthy by individuals or communities

Expectations refer to the beliefs or desires that something will or should happen

Communities refer to groups of people who often share a similar characteristic, such as where they live

Figure 1 presents the community values and expectations of youth health and wellbeing programs that will be discussed in this lesson. It is important to understand that there are many community values and expectations, as values and expectations are often considered personal and subjective. For example, someone might value privacy in regards to their health, but someone else might be comfortable sharing their health-related experiences, and consequently may not value privacy as much as others. Therefore, the list of community values and expectations discussed in this lesson is not exhaustive or applicable to everyone, but the lesson covers some of the most common values and expectations.

Figure 1 There are many community values and expectations of youth health and wellbeing programs

> ⓘ **Useful tip**
>
> It is important to understand the link between community values and community expectations. The values a community has often impact the expectations a community has for a youth health and wellbeing program. For example, if a community values respect, then it is likely that the community will expect youth health and wellbeing programs to be respectful. Figure 2 reflects this process.
>
>
>
> Figure 2 The process of community values influencing community expectations for the development and implementation of youth health and wellbeing programs

ADDITIONAL TERMS ↓

Confidentiality involves personal details and information being kept private

Privacy (related to health) refers people's health information remaining confidential and only being shared with the appropriate health professionals with consent

Table 1 Community values and expectations of youth health and wellbeing programs

Community value and expectation	Explanation	Importance
Respect	Communities value respect and therefore a community expectation is that programs for youth health and wellbeing are respectful. This can involve youth health and wellbeing programs: • being culturally appropriate and considerate • showing understanding and care towards all people • treating people fairly and with dignity.	Respect is important for developing and implementing successful youth health and wellbeing programs because young people will be more likely to engage with a program if they feel respected and valued.
Confidentiality and privacy	An important community value, and consequent expectation, is that youth health and wellbeing programs are focused on ensuring the privacy and confidentiality of the young people involved where necessary. **Confidentiality** involves personal details and information being kept private. **Privacy** (related to health) refers to people's health information remaining confidential and only being shared with the appropriate health professionals with consent. In regards to healthcare and people's health information, it is a patient's right to have confidentiality and privacy.	Confidentiality and privacy are important for developing and implementing successful youth health and wellbeing programs because young people may wish to keep their health information and health concerns private. This may be because it is an issue deemed personal, such as mental health, weight issues, or sexual health, or it may just be a young person's preference to not share information related to health and wellbeing issues. Therefore, young people are more likely to use a program if they know their desire for privacy and confidentiality will be met.

Table 1 Continued

Community value and expectation	Explanation	Importance
Confidentiality and privacy	This can involve: • youth health and wellbeing programs ensuring that young people's personal information, such as phone numbers and home addresses, is kept private, secure and confidential. • youth health and wellbeing programs not sharing people's health-related information or concerns related to health and wellbeing issues, such as not publicly sharing a young person's weight issues or experiences with alcohol and drugs.	
Accessibility	Accessibility is a common community value and expectation for youth health and wellbeing programs. This can involve: • ensuring that youth health and wellbeing programs are affordable for all young people and will not put young people or their families in a state of financial stress. • ensuring that youth health and wellbeing programs are available to all young people regardless of their geographical location (where they live). • ensuring that youth health and wellbeing programs can be used by young people with physical and/or intellectual disabilities.	Accessibility is important for developing and implementing successful youth health and wellbeing programs because it allows young people to feel comfortable and safe using a program. Therefore, young people are more likely to use the program and experience its benefits. Additionally, young people who feel catered for in a health and wellbeing program are more likely to be engaged and responsive.
Target and relevance	A community value and expectation is that youth health and wellbeing programs are relevant and targeted. This can involve: • creating youth health and wellbeing programs that provide support based on what young people actually need, such as focusing on youth health and wellbeing issues and addressing issues that are relevant to specific communities. For example, a community may not find that young people struggle with injury but rather struggle more with weight issues; therefore, a targeted and relevant health and wellbeing program would address weight issues. • ensuring that youth health and wellbeing programs are developed in a way that is specific to youth, rather than other age groups.	Target and relevance are important for developing and implementing successful youth health and wellbeing programs because it means that programs will be relevant and suitable for their audience. Therefore, the programs are more likely to lead to improvements in youth health and wellbeing. Additionally, a program that is targeted and relevant may encourage more young people to use the program, as it actually targets them and their needs.
Empowerment and resilience	Resilience and empowerment are often valued by a community. Therefore, it is expected that youth health and wellbeing programs help young people develop resilience and provide young people in the community with a sense of empowerment. This can involve: • developing youth health and wellbeing programs that encourage young people to learn skills and strategies that they can use outside of the program. • encouraging youth health and wellbeing programs to promote positive behaviour change in young people. • developing youth health and wellbeing programs that aim to increase self-confidence and self-esteem in young people.	Empowerment and resilience are important for developing and implementing successful youth health and wellbeing programs because in order to improve the health and wellbeing issues that youth deal with, young people need to develop skills and behaviours that they can use within their own daily lives in the future, not just when using the program.

Table 1 Continued

Community value and expectation	Explanation	Importance
Effectiveness	A community value and expectation in relation to youth health and wellbeing programs is that they are actually effective. This means ensuring that programs have the appropriate measures in place to create positive change and results. This can involve youth health and wellbeing programs: • using strategies and providing information for young people that is backed by scientific research. • using some form of method to track individual and community health and wellbeing progress.	Effectiveness is important in youth health and wellbeing programs because in order to truly improve youth health and wellbeing and make positive change regarding youth issues, such as alcohol and drug use, the strategies and support that is provided needs to be beneficial and generate improved results.
Health literacy and education	Communities often value education, which means they are likely to expect youth health and wellbeing programs to be educational. As you have learnt, education related to health can be referred to as health literacy. **Health literacy** is the ability to obtain, read, and understand health information to make informed health related decisions.	Health literacy and education is important for developing successful youth health and wellbeing programs because when young people are educated, they are more likely to know how to appropriately and effectively improve their health and wellbeing, which will lead to better health and wellbeing for all youth. Additionally, education is a long lasting benefit of a program and will help youth into the future.
Transparency and honesty	Many young people and communities value honesty. Therefore, it is often expected that youth health and wellbeing programs are honest and transparent. This means that programs should be open with young people about what the program involves. Ensuring people have knowledge of what the program is about, such as the work of the program and its intentions, how the program is funded, and if there are any costs or requirements for people who wish to use the program.	Transparency and honesty is important for youth health and wellbeing programs because people often like to know details and information about a program before beginning to use it. Programs that are honest and transparent are less likely to have issues in the future where users of the program feel they have been lied to or deceived if there are 'hidden' costs or time commitments they were not made aware of before using the program.

Table 2 discusses some of the programs you learnt about in lesson *5B: Youth health and wellbeing programs* and explores how these programs reflect community values and expectations.

Table 2 Some examples of how community values and expectations are reflected in youth health and wellbeing programs

Community value and expectation	How is this reflected in youth health and wellbeing programs?
Respect	*This Girl Can* is a program that reflects respect as the program aims to be judgement-free and respectful of all women, in the hopes of making engaging in physical activity more comfortable and accessible.
Privacy and confidentiality	The *Alcohol and Drug Foundation* reflects privacy and confidentiality as it provides a service called 'Text The Effects', which is a text messaging service where people can find information about alcohol and drugs from health professionals in a confidential and private manner.
Accessibility	*Positive Choices* reflects accessibility as it is a program that is provided through an online portal, meaning it can be accessed by anyone who has some form of internet access, whether that is at their home, school, or through computers at a public library.
Target and relevance	*DrinkWise* reflects target and relevance as their website provides a section dedicated to supporting and educating people under the age of 18 years.
Empowerment and resilience	*Youth Central* reflects empowerment and resilience as it encourages young people to be leaders and provides opportunities for youth-led advocacy and action.
Effectiveness	The *National Alcohol Strategy* reflects effectiveness as it has detailed policies to ensure results and also provides a range of tools that can be used to measure the overall progress of the program and individual progress of young people who use the program.
Health literacy and education	*Rethink Sugary Drink* reflects health literacy and education as it provides a range of informative resources, such as articles, statistics, and videos, that encourage people to learn and understand the negative impacts of sugary drinks on health and wellbeing.
Transparency and honesty	*Live4Life* reflects transparency and honesty as they openly discuss and provide information on how they are funded.

ADDITIONAL TERMS ↑

Health literacy is the ability to obtain, read, and understand health information to make informed health-related decisions

🧩 *Lesson link*

In lesson **6D: Community values and expectations**, you will learn about the community values and expectations discussed in table 1 and table 2 in relation to mental health programs.

Theory summary

In this lesson, you have learnt about a range of community values and expectations that influence the development and implementation of youth health and wellbeing programs. Complete the following activity as a summary of this lesson.

ACTIVITY 1

Choose a youth health and wellbeing program and find out whether the program reflects all of the community values and expectations discussed in this lesson. Copy out the following layout into your notes and have a go at checking off which community values and expectations your chosen program reflects, and explaining how the program reflects them.

Youth health and wellbeing program:
_____

Does the program reflect:
- ☐ Respect?
- ☐ Privacy and confidentiality?
- ☐ Accessibility?
- ☐ Effectiveness?
- ☐ Target and relevance?
- ☐ Empowerment and resilience?
- ☐ Health literacy and education?
- ☐ Transparency and honesty?

How does the program reflect these community values and expectations?
_____
_____

5C QUESTIONS

Theory-review questions

Question 1

The values and expectations of a community play an important role in the development of youth health and wellbeing programs.

A   True.

B   False.

Question 2

All communities and individuals have the same values and expectations.

A   True.

B   False.

Question 3

Which of the following are commonly valued by a community? *(Select all the apply)*

I   Respect.

II   Honesty.

III   Privacy.

Question 4

If youth health and wellbeing programs reflect and listen to community values and expectations, they are more likely to be successful programs.

A   True.

B   False.

Question 5

Communities often value resilience, and therefore they don't expect youth health and wellbeing programs to encourage resilience.

A True.

B False.

Skills

Unpacking the case study

Use the following information to answer Questions 6-8.

Jocelyn is involved in developing a program in her community to help reduce unsafe alcohol and drug use in youth. Jocelyn's nephew Ander has said that many young people in their community feel uncomfortable talking about alcohol and drugs. This is because they want to keep it secret as they are worried about getting into trouble with adults and with the police. Ander also told Jocelyn that teenagers will expect the program to not share people's experiences with alcohol and drugs with others. Therefore, Jocelyn is going to try to make sure that young people's information can be kept private and will make all young people aware of this as it is important to help encourage them to use the program.

Question 6

A community value is reflected by the statement that

A 'Jocelyn's nephew Ander has said that many young people in their community feel uncomfortable talking about alcohol and drugs... because they want to keep it secret'.

B 'Jocelyn is involved in developing a program in her community to help reduce unsafe alcohol and drug use in youth'.

Question 7

A community expectation is reflected by the statement that

A 'Ander also told Jocelyn that teenagers will expect the program to not share people's experiences with alcohol and drugs with others'.

B 'Jocelyn's nephew Ander has said that many young people in their community feel uncomfortable talking about alcohol and drugs... because they want to keep it secret'.

Question 8

The importance of a community value and expectation for developing successful youth health and wellbeing programs is reflected by the statement that

A 'Jocelyn is involved in developing a program in her community to help reduce unsafe alcohol and drug use in youth'.

B 'Jocelyn is going to try to make sure that young people's information can be kept private and will make all young people aware of this as it is important to help encourage them to use the program'.

Exam-style questions

Question 9   (1 MARK)

Identify a common community value and expectation of youth health and wellbeing programs.

Question 10   (2 MARKS)

a Outline what is meant by community values. (1 MARK)

b Outline what is meant by community expectations. (1 MARK)

Question 11   (2 MARKS)

Explain how a community value can lead to a community expectation of youth health and wellbeing programs.

Question 12   (4 MARKS)

a Explain how effectiveness is a common community value and expectation of youth health and wellbeing programs. (2 MARKS)

b Justify why effectiveness is important for developing successful youth health and wellbeing programs. (2 MARKS)

Question 13   (6 MARKS)

Omar is 17 years old and has just heard that his community is introducing a new program focused on reducing bullying in schools and was able to pick up a flyer for this program. Omar spoke to some of his school friends about what he heard and showed them the flyer and they think the introduction of the program is probably because they know that some people in their school are being bullied. The flyer for the program talks about encouraging people to speak up if they know of bullying or to speak up if they are being bullied. In the flyer, there are some examples of ways to talk about bullying with a trusted adult, so Omar and his friends decided to go and talk to one of their teachers. Additionally, Omar and his friends thought it was cool that the flyer linked to an online website that provided the information in different languages and that they had the LGBTQIA+ flag on the flyer.

a   Identify a community value and expectation reflected in the information provided. Justify your answer. (2 MARKS)

b   Explain how the community value and expectation identified in **part a** is a community value and expectation. (2 MARKS)

c   Discuss why the community value and expectation identified in **part a** is important for the successful development of youth health and wellbeing programs. (2 MARKS)

Questions from multiple lessons

Question 14   (3 MARKS)

Describe a youth health and wellbeing program and discuss **one** community value and expectation reflected within the program.

CHAPTER 5 REVIEW

CHAPTER SUMMARY

In this chapter, you learnt all about youth health and wellbeing. In particular, you learnt about youth health and wellbeing issues, programs that promote youth health and wellbeing, and community values and expectations that influence these programs.

In lesson **5A: Priority areas of youth health and wellbeing**, you learnt about different issues related to youth health and wellbeing that require health action. These issues are:

- injury
- alcohol and drugs
- weight issues and related health concerns
- stress
- bullying and discrimination
- sexual health.

In lesson **5B: Youth health and wellbeing programs**, you learnt about government and non-government programs that aim to improve youth health and wellbeing in Australia.

These government programs include:

- National Alcohol Strategy
- Coward's Punch Campaign
- This Girl Can.

These non-government programs include:

- Rethink Sugary Drink
- Dove Self-Esteem Project
- DrinkWise.

In lesson **5C: Community values and expectations of youth health and wellbeing programs**, you learnt about the influence of the community, specifically community values and expectations, on the development and implementation of youth health and wellbeing programs.

These community values and expectations are:

- respect
- privacy and confidentiality
- accessibility
- target and relevance
- empowerment and resilience
- effectiveness
- health literacy and education
- transparency and honesty.

Target areas for youth health and wellbeing

5A

What health and wellbeing issues do youth experience?

- Injury
- Stress
- Unsafe alcohol and drug use
- Bullying and discrimination
- Sexual health
- Weight issues and related health concerns

5B

What programs help improve these health and wellbeing issues for youth?

Government programs
- National Alcohol Strategy
- This Girl Can
- Coward's Punch Campaign

Non-government programs
- Rethink Sugary Drink
- Dove Self-Esteem Project
- DrinkWise

5C

What community values and expectations influence youth health and wellbeing programs?

- Respect
- Privacy and confidentiality
- Accessibility
- Target and relevance
- Empowerment and resilience
- Effectiveness
- Health literacy and education
- Transparency and honesty

CHAPTER REVIEW ACTIVITIES

Review activity 1: Summary flow chart

The lessons within this chapter are all closely related to each other, therefore the following activity requires you to answer questions in a flow chart format to see how each lesson links to the next one. Copy out the following flow chart and fill in blanks.

Start here

Name a youth health and wellbeing issue that requires health action:
_____
_____
_____

Explain this youth health and wellbeing issue:
_____
_____
_____

How does this youth health and wellbeing issue impact health and wellbeing?
_____
_____
_____

Can you list some factors that may contribute to the health inequalities experienced by youth?
_____
_____

How does this program promote youth health and wellbeing?
_____
_____
_____

Explain what is involved in this program:
_____
_____
_____

Name a program that addresses this youth health and wellbeing issue:
_____
_____
_____

List a community value and expectation reflected in this program:
_____
_____
_____

Explain how the program reflects this community value and expectation:
_____
_____
_____

Why is this community value and expectation important for the program to be successful?
_____
_____
_____

Finish here

Review activity 2: Summary table

This chapter explores youth health and wellbeing, with a focus on issues relating to youth and programs that promote youth health and wellbeing. Copy out the table below and fill in the blanks asking you to discuss youth health and wellbeing issues.

Youth health and wellbeing issue	What do you know about this issue? *Include any relevant information you know about the issue. Some ideas have been brainstormed for you in the first row.*
Injury	*Injury involves...* *Injury affects youth because...* *Injury impacts health and wellbeing by...* *Programs to reduce injury in youth include...*
Alcohol and drugs	
Weight issues and related health concerns	
Stress	
Bullying and discrimination	
Sexual health	

CHAPTER 5 TEST

Question 1   (1 MARK)

Identify a youth health and wellbeing issue that requires health action.

Question 2   (5 MARKS)

In 2019, 1 in 5 Australian students aged 15-19 experienced bullying in the past twelve months.

Source: adapted from the Australian Institute of Health and Welfare, *Bullying and negative online experiences*, <https://www.aihw.gov.au/reports/children-youth/negative-online-experiences>

a   Identify the youth health and wellbeing issue reflected in the information provided. (1 MARK)

b   Outline why the issue identified in **part a** requires health action. (2 MARKS)

c   Explain how the issue identified in **part a** impacts health and wellbeing. (2 MARKS)

Question 3   (3 MARKS)

a   Outline what is meant by sexual health. (1 MARK)

b   Suggest one way poor sexual health can negatively impact health and wellbeing. (2 MARKS)

Question 4   (4 MARKS)

a   Describe a youth health and wellbeing program. (2 MARKS)

b   Discuss the impact of the program identified in **part a** on health and wellbeing. (2 MARKS)

Question 5   (5 MARKS)

Body Mass Index for young people aged 15-17 in 2017-2018, Australia
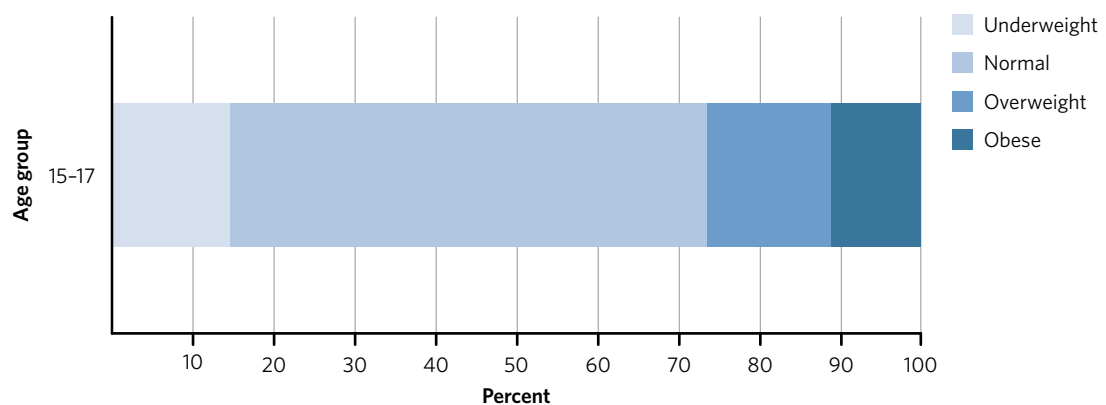
Legend: Underweight, Normal, Overweight, Obese

Age group: 15–17

X-axis: Percent (10, 20, 30, 40, 50, 60, 70, 80, 90, 100)

Source: adapted from the Australian Institute of Health and Welfare, *Body Mass Index*, <https://www.aihw.gov.au/reports/children-youth/body-mass-index>

a   Identify the youth health and wellbeing issue that requires health action reflected in the graph. (1 MARK)

b   Discuss the impact of the issue identified in **part a** on health and wellbeing. (2 MARKS)

c   Identify **one** factor that contributes to health inequalities experienced by youth. (1 MARK)

d   Outline how the factor identified in **part c** contributes to health inequalities. (1 MARK)

Question 6   (1 MARK)

Outline what is meant by injury.

Question 7   (4 MARKS)

a   Explain how accessibility is a common community value and expectation of youth health and
         wellbeing programs. (2 MARKS)
b   Justify why accessibility is important for developing successful youth health and wellbeing programs. (2 MARKS)

Question 8   (2 MARKS)

Astrid is in high school and is finding the amount of study she is required to do each night very overwhelming. Lately, she has been feeling increasingly stressed about trying to get all her work done and is hoping to talk to some of her teachers about reducing her workload.

Explain one way stress may negatively impact health and wellbeing.

Question 9   (4 MARKS)

In young people aged 15-24, alcohol and illicit drug use were the leading causes of total burden of disease for males, and the second (alcohol) and third (illicit drugs) leading causes of total burden of disease for females.

Source: adapted from the Australian Institute of Health and Welfare, *Alcohol, tobacco and other drugs*, <https://www.aihw.gov.au/reports/children-youth/alcohol-tobacco-and-other-drugs>

Analyse the implications of unsafe alcohol and drug use on the health and wellbeing of young Australians.

Question 10   (3 MARKS)

The *National Alcohol Strategy* is a government framework that has existed for over 30 years, the current *National Alcohol Strategy* is relevant from 2019-2028. The *National Alcohol Strategy* provides information and strategies for states and territories in Australia regarding minimising harm associated with alcohol use. The framework outlines a range of policies that states and territories can implement, such as providing and enforcing alcohol-free areas. The framework also provides a range of tools that states and territories can effectively use to measure their success in regards to promoting safer alcohol use, such as using lifetime risk and single occasion risk statistics. The *National Alcohol Strategy* creates these policies and tools based on research and past policies and tools that were effective. These detailed policies ensure results and progress for the program and individual progress of young people who use the program.

Source: adapted from the Australian Government Department of Health, *National Alcohol Strategy*, <https://www.health.gov.au/resources/publications/national-alcohol-strategy-2019-2028>

a   Justify whether the program reflected in the information provided is a government or
         non-government program. (2 MARKS)
b   Identify **one** community value and expectation reflected in information provided. (1 MARK)

Questions from multiple chapters

Question 11   (3 MARKS)

a   Identify a sociocultural factor that contributes to variations in health behaviours and health status in youth. (1 MARK)
b   Describe how the factor identified in **part a** may increase the likelihood of a young person suffering from the youth
         health and wellbeing issue weight issues and related health concerns. (2 MARKS)

CHAPTER

6

Mental health as a health and wellbeing issue for Australia's youth

6A Mental health and the dimensions of health and wellbeing

6B Data on mental health

6C Mental health risk and protective factors

6D Community values and expectations

6E Mental healthcare services and support

6F Reducing the negative impact of mental health problems

6G Costs of mental health

6H Opportunities for advocacy and action

In this chapter, you are required to take an in-depth look into a health and wellbeing issue for youth. The issue we have chosen is mental health, as managing mental health is a common challenge for youth. However, there are a range of other issues that can also be studied, such as bullying. The aim for this chapter is to develop an understanding of mental health as an issue for youth, through research on what mental health involves. Each lesson in this chapter will relate to mental health. The topics you will cover include: what mental health is, how mental health impacts the dimensions of health and wellbeing, data on mental health, mental health risk and protective factors, community values and expectations associated with mental health programs, mental healthcare, programs and personal strategies for mental health, costs associated with mental health, and opportunities for youth advocacy and action to improve mental health.

Key knowledge

- key features of one health and wellbeing focus relating to Australia's youth including:
  - impact on different dimensions of health and wellbeing
  - data on incidence, prevalence and trends
  - risk and protective factors
  - community values and expectations
  - healthcare services and support
  - government and community programs and personal strategies to reduce negative impact
  - direct, indirect and intangible costs to individuals and/or communities
  - opportunities for youth advocacy and action to improve outcomes in terms of health and equity

6A MENTAL HEALTH AND THE DIMENSIONS OF HEALTH AND WELLBEING

It is likely that you have heard the term 'mental health' before. Maybe from your teachers, friends, or from social media. But do you actually know what 'mental health' is? What is it like to have good mental health? Or to have poor mental health? In this lesson, you will begin to learn about mental health as a focus for the health and wellbeing of Australia's youth. Specifically, you will learn about what mental health is, mental health in young Australians, and the impact of mental health on health and wellbeing.

6A Mental health and the dimensions of health and wellbeing	6B Data on mental health	6C Mental health risk and protective factors	6D Community values and expectations	6E Mental healthcare services and support	6F Reducing the negative impact of mental health problems	6G Costs of mental health	6H Opportunities for advocacy and action

Study design dot point

- key features of one health and wellbeing focus relating to Australia's youth including:

  – impact on different dimensions of health and wellbeing

  – data on incidence, prevalence and trends

  – risk and protective factors

  – community values and expectations

  – healthcare services and support

  – government and community programs and personal strategies to reduce negative impact

  – direct, indirect and intangible costs to individuals and/or communities

  – opportunities for youth advocacy and action to improve outcomes in terms of health and equity.

Key knowledge units

Mental health of Australia's youth	1.3.4.1
Impact of mental health on different dimensions of health and wellbeing	1.3.4.2
Physical health and wellbeing	1.3.4.2.1
Social health and wellbeing	1.3.4.2.2
Mental health and wellbeing	1.3.4.2.3
Emotional health and wellbeing	1.3.4.2.4
Spiritual health and wellbeing	1.3.4.2.5

Mental health and the dimensions of health and wellbeing

Mental health of Australia's youth 1.3.4.1

Impact of mental health on dimensions of health and wellbeing 1.3.4.2

Physical health and wellbeing 1.3.4.2.1

Social health and wellbeing 1.3.4.2.2

Mental health and wellbeing 1.3.4.2.3

Emotional health and wellbeing 1.3.4.2.4

Spiritual health and wellbeing 1.3.4.2.5
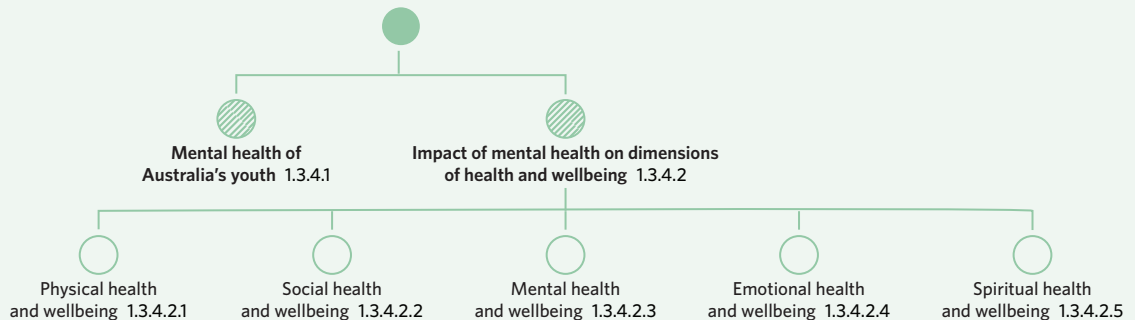
Mental health of Australia's youth 1.3.4.1

OVERVIEW

In this section of the lesson, you will learn about what mental health is and how it relates to Australia's youth.

THEORY DETAILS

Mental health plays an important role in the health and wellbeing of Australia's youth. **Mental health** can refer to the state of a person's mind, and their psychological wellbeing and functioning. Mental health is a broad term that can encompass many concepts, such as having good mental health, or having poor mental health, which can be described through mental health problems and mental illnesses. Good mental health can involve many different things. Some aspects of good mental health may include:

- having stability in life.
- being able to complete daily jobs and tasks adequately.
- having healthy feelings and thought patterns.
- accepting any negative feelings and thought patterns as a part of life.
- the ability to function in society.
- the ability to display resilience or 'bounce back' in the face of temporary setbacks and low mood.
- the ability to experience feelings of enjoyment, fulfilment, and contentment.

On the other hand, poor mental health can involve an inability to function in society and the experience of mental health problems and/or mental illnesses. **Mental health problems** describe disruptions to an individual's thoughts, feelings, and behaviours, which can negatively impact an individual's mental health and everyday functioning, but are not at the level of severity to be classified as a mental illness. **Mental illnesses** refer to a wide range of medical, diagnosable conditions that involve the mind, characterised by feelings of distress or disturbance that severely impact an individual's daily life and ability to function. Figure 1 summarises this.

KEY DEFINITIONS

Mental health refers to the current state of a person's mind, and their psychological wellbeing and functioning

Mental health problems describe disruptions to an individual's thoughts, feelings, and behaviours, which can negatively impact an individual's mental health and everyday functioning, but are not at the level of severity to be classified as a mental illness

Mental illnesses refer to a wide range of medical, diagnosable conditions that involve the mind, characterised by feelings of distress or disturbance that severely impact an individual's daily life and ability to function

Good mental health
Good mental health may include having stability in life, being able to complete daily jobs and tasks adequately, and being able to function in society.

Mental health
Mental health refers to the current state of a person's mind and their psychological wellbeing and functioning.

Poor mental health
Poor mental health can involve experiencing mental health problems and/or mental illness.

Mental health problems
Mental health problems describe disruptions and difficulties with an individual's thoughts, feelings, and behaviours, which can negatively impact an individual's mental health and everyday functioning, but are not at the level of severity to be classified as a mental illness.

Mental illness
Mental illnesses refer to a wide range of medical, diagnosable conditions that involve the mind, characterised by feelings of distress or disturbance that severely impact an individual's daily life and ability to function.

Figure 1 Model of mental health

> ⚠ ***Useful tip***
>
> There are multiple ways to refer to mental illness. The terms mental disorder, psychological disorder, and mental condition are commonly used as synonyms for mental illness. This means you can use the terms mental illness, mental disorder, and mental condition interchangeably.

Amongst Australian youth, the most common mental disorders are anxiety, depression, and attention deficit hyperactivity disorder (ADHD) (Young Minds Matter, 2015). **Anxiety** is an emotion that involves feelings of fear, worry, and apprehension, and can involve physical symptoms, such as shaking and sweating. Although many people commonly refer to anxiety-related mental illnesses as 'anxiety', the term anxiety on its own refers more specifically to the general emotion of anxiety, rather than a mental illness. **Anxiety disorders** are a group of mental disorders that involve persistent, constant, and intense states of anxiety. Some mental illnesses related to anxiety include:

- generalised anxiety disorder
- panic disorder
- social anxiety disorder
- post-traumatic stress disorder.

Depression is an emotion that involves feelings of deep sadness and apathy. Similarly to anxiety disorders, depressive disorders are commonly referred to as 'depression'. However, the term 'depression' on its own refers to the emotion of depression, rather than a specific mental illness. **Depressive disorders** are a group of mental disorders that involve a persistent, constant, and disabling state of low mood. Some mental illnesses related to depression include:

- major depressive disorder (also referred to as clinical depression)
- disruptive mood dysregulation disorder
- persistent depressive disorder
- premenstrual dysphoric disorder.

Attention deficit hyperactivity disorder (ADHD) is a mental illness associated with severe difficulties in attention, hyperactivity, and impulsive behaviour. Individuals can have different forms of ADHD. People can have predominantly inattentive ADHD, predominantly hyperactive-impulsive ADHD, or combination ADHD. Predominantly inattentive ADHD involves a reduced ability to focus and concentrate, whereas predominantly hyperactive-impulsive ADHD involves high levels of physical activity, such as fidgeting and impulsive behaviour. Combination ADHD involves both the inattentive component of ADHD, and the hyperactive-impulsive component of ADHD. ADHD can differ significantly depending on sex and age. Figure 2 presents things that are involved in depressive disorder, anxiety disorders, and ADHD. (American Psychiatric Association, 2013).

ADDITIONAL TERMS

Anxiety is an emotion that involves feelings of fear, worry, and apprehension, and can involve changes in physical states, such as shaking and sweating

Anxiety disorders are a group of mental disorders that involve persistent, constant, and intense states of anxiety

Depression is an emotion that involves feelings of deep sadness and apathy

Depressive disorders are a group of mental disorders that involve a persistent, constant, and disabling state of low mood

Attention deficit hyperactivity disorder (ADHD) is a mental illness associated with severe difficulties in attention, hyperactivity, and impulsive behaviour

Mental illness in Australia's youth

Depressive disorders
- feeling low in mood, such as feeling sad or apathetic
- struggling to engage in daily activities, such as going to school, or showering
- loss of interest in hobbies no longer finding things enjoyable that an individual used to enjoy, such as seeing friends
- lack of energy

Anxiety disorders
- feeling worried, uneasy, or uncomfortable
- constantly being concerned with the future
- struggling to engage in daily activities
- experiencing panic attacks
- struggling to sleep or relax

Attention deficit hyperactivity disorder (ADHD)
- struggling to focus or concentrate
- constantly fidgeting and/or moving
- aggressive behaviour
- forgetfulness
- daydreaming
- frequent mood swings
- difficulty listening to and following instructions
- lack of attention to detail and poor organisational skills

Figure 2 Depressive disorders, anxiety disorders, and ADHD

It is important to understand that mental illness can present differently in different individuals. For example, some individuals may experience physiological symptoms of anxiety, such as a fast heart rate, but may not experience shaking or trembling, which other individuals may experience as a physiological symptom of anxiety. Many mental disorders are commonly viewed in one specific way, such as depressive disorders, which are often perceived as simply involving symptoms of feeling sad and being unable to leave bed. Although these symptoms can be involved in depressive disorders, such disorders can also manifest themselves in a variety of ways. Additionally, it is important to understand that mental illnesses are medical conditions that are only diagnosable by mental health professionals. Although an individual may experience feelings of anxiety or depression, it does not necessarily mean they have an anxiety or depressive disorder.

However, in this way, just because an individual has not received a medical diagnosis for a mental illness, it does not mean they are not experiencing one. Many individuals suffer from mental illnesses without a medical diagnosis. This may be because not all individuals can access health services to receive a diagnosis, or because some suffering individuals may feel ashamed of receiving professional advice and consequently avoid it. Later in chapter 6 you will learn more about mental health services.

Want to know more?

In this lesson, you will look closely at the most common mental illnesses in Australia's youth: anxiety disorder, depressive disorder, and ADHD. However, it is important to recognise that there are many other mental illnesses that individuals can struggle with throughout their lives.

Some mental illnesses can be grouped into different categories. These categories can include, but are not limited to: anxiety disorders, mood disorders, personality disorders, psychotic disorders, and eating disorders.

In Australia, the most widely used guide to classify and diagnose psychological disorders is the 'Diagnostic and Statistical Manual of Mental Disorders' (Australian Institute of Family Studies, 2020). First published in 1952, it is now on its fifth edition which was released in 2013. It is often referred to shorthand as the 'DSM-5' or just 'DSM'. The DSM-5 is a book which mental health professionals can use to assist them with diagnosing and understanding psychological disorders (American Psychiatric Association, 2013). The mental disorders discussed throughout this lesson are informed by the DSM-5.

Anxiety disorders can include, but are not limited to:

- panic disorder: a mental illness that involves frequent recurring panic attacks and disrupts daily functioning.
- social anxiety disorder: a mental illness that involves severe anxiety that relates to socialising and social situations, and disrupts daily functioning.
- generalised anxiety disorder: a mental illness that involves severe anxiety that disrupts daily functioning, and has no specific cause or trigger, but rather, is about general life.
- obsessive-compulsive disorder: a mental illness that involves obsessive thoughts which result in compulsive behaviours.
- post-traumatic stress disorder: a mental illness involving ongoing anxiety and distress from a past traumatic event that may have caused shock, distress, and terror.

Mood disorders can include, but are not limited to:

- depressive disorders (such as clinical depression/major depressive disorder): a category of mental illness involving a persistent and intense depressed mood, a lack of interest in life, and lack of self-worth which disrupts daily functioning.
- bipolar disorders: a category of mood disorder characterised by alternation between periods of depression and periods of mania and/or hypomania.

Personality disorders can include, but are not limited to:

- borderline personality disorder (BPD): a mental illness involving frequent changes and fluctuations in mood, thinking, and behaviours, which can result in impulsiveness and instability in life and relationships. BPD also involves an inability to manage emotions.
- narcissistic personality disorder: a mental illness in which individual's have a heightened sense of self-worth and self-importance, and also involves a severe desire for attention and a lack of empathy for others.
- antisocial personality disorder: a mental illness involving a lack of concern for others and commonly irresponsible, reckless, and dangerous behaviour, such as lying, law-breaking, and violence.

Psychotic disorders can include, but are not limited to:

- schizophrenia: a mental illness involving problems with thought and behaviour that results in impaired perceptions, and can involve hallucinations, delusions, and paranoia.
- delusional disorder: a mental illness involving difficulty distinguishing between what is real and unreal and beliefs in things that are not true.

Eating disorders can include, but are not limited to:

- anorexia nervosa: a mental illness that can involve strict under-eating habits, low body weight, and an obsession with weight and physical appearance.
- orthorexia/orthorexia nervosa: a mental illness involving strict eating habits and an obsession with eating foods that are perceived as healthy, and also involves an obsession with the restriction of foods perceived as unhealthy.
- binge-eating disorder: a mental illness involving frequent episodes of eating food in excessively large amounts and feelings of having a lack of control around eating habits.
- bulimia: a mental illness associated with binge-eating episodes that are followed by dangerous behaviours, such as self-induced vomiting, starvation, over-exercising, and/or purging.

(American Psychiatric Association, 2013).

> **⊕ Want to know more?**
>
> There are many support services available in the community if you want to talk to someone about your own mental health, or the mental health of someone you know, including many services which are free, easily accessible, and confidential.
>
> These include visiting:
>
> - Your GP.
> - Your school counsellor.
> - Non-profit organisation mental health resources. Headspace and BeyondBlue provide assistance for young adults, with many resources including online chats and forums. You can visit Headspace by typing *headspace.org.au* into your browser and BeyondBlue by typing *beyondblue.org.au* into your browser.

Impact on dimensions of health and wellbeing 1.3.4.2

OVERVIEW

In this section of the lesson, you will learn about how mental health can impact the dimensions of health and wellbeing.

THEORY DETAILS

Mental health can impact all aspects of an individual's life. Specifically, mental health, mental health problems, and mental illnesses can impact physical, social, mental, emotional, and spiritual dimensions of health and wellbeing. Suffering from a mental health problem or mental illness is challenging and demanding and can cause changes in an individual's experience of health and wellbeing. Particularly, individuals with mental health problems and mental illnesses do not always experience **optimal health and wellbeing**. On the other hand, individuals with good mental health are more likely to experience optimal health and wellbeing. Let's look at how mental health can impact each of the dimensions of health and wellbeing.
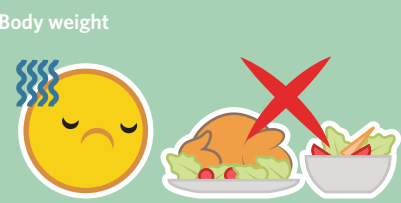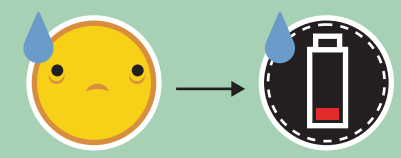
ADDITIONAL TERMS

Optimal health and wellbeing involves an individual experiencing the highest possible level of health and wellbeing when taking their unique experiences, characteristics, and lifestyle into account

Physical health and wellbeing 1.3.4.2.1
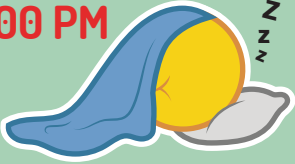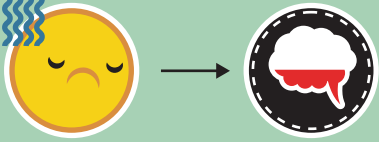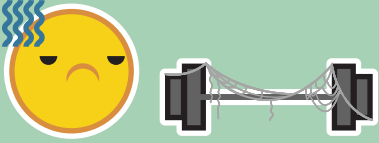
Mental health can impact an individual's physical health and wellbeing. Both good and poor mental health can have an affect on physical health and wellbeing. Table 1 outlines how poor mental health can impact different components of physical health and wellbeing.

Table 1 Physical health and wellbeing and poor mental health

Component of physical health and wellbeing	How does poor mental health impact physical health and wellbeing?
Body weight	Poor mental health can involve fluctuations in appetite, such as having a low appetite, which can result in weight loss and may lead to an unhealthy body weight. On the other hand, some individuals with poor mental health may experience weight gain, as poor mental health can lead to emotional eating. Therefore, individuals with poor mental health may not have a healthy body weight, negatively impacting physical health and wellbeing.
Levels of illness, disease, and injury	Poor mental health can result in a medical diagnosis of a mental illness. Additionally, some mental illnesses can be associated with self-harming behaviours, which increase injury. Therefore, individuals with poor mental health may have an increased risk of injury, negatively impacting physical health and wellbeing.
Energy levels	Poor mental health is often associated with fatigue and low energy levels. This is because mental health problems and mental illnesses are demanding on the mind and brain and are often draining for an individual. Therefore, individuals with a mental illness may not have adequate energy levels, negatively impacting physical health and wellbeing.

cont'd

Table 1 Continued

Component of physical health and wellbeing	How does poor mental health impact physical health and wellbeing?
Ability to complete physical tasks adequately	Poor mental health can result in fatigue, which can restrict an individual's ability to complete physical tasks adequately. In this way, poor mental health can negatively impact physical health and wellbeing.
Sleep and rest	Poor mental health is often associated with an unhealthy amount of sleep, as individuals either sleep too much or too little. For example, individuals suffering from an anxiety disorder may struggle to get enough sleep due to feelings of agitation and discomfort. Additionally, individuals suffering from depression may sleep or rest too much, as they may lack energy to get out of bed. In this way, poor mental health can negatively impact physical health and wellbeing.
Diet	Poor mental health can cause an individual to struggle to consume a balanced diet, as mental health problems and mental illnesses are associated with changes in appetite levels, which may cause individuals to not eat nutritionally adequate meals. Additionally, individuals with poor mental health may not have the energy to focus on consuming a balanced diet and preparing healthy meals. In this way, poor mental health can negatively impact physical health and wellbeing.
Functioning of the body, systems, and organs	Poor mental health is associated with mental illness. Mental illnesses can be a result of an individual's brain not functioning in an optimal way. In this way, poor mental health can negatively impact physical health and wellbeing.
Levels of fitness and regular exercise	Poor mental health can reduce an individual's ability to engage in regular exercise, as they are often very fatigued. Therefore, these individuals often lack fitness. In this way, poor mental health can negatively impact physical health and wellbeing.

Want to know more?

In the same way that poor mental health can negatively impact physical health and wellbeing, good mental health can positively impact physical health and wellbeing.

For example:

- Good mental health can involve having enough energy to eat healthily and to exercise regularly, which can help an individual maintain a healthy body weight, therefore promoting physical health and wellbeing.
- Good mental health reduces the risk of an individual suffering from a medically diagnosed mental illness, therefore promoting physical health and wellbeing.
- Good mental health can help decrease the risk of injury from self-harming behaviours, or reckless behaviours, such as drink-driving, because individuals are in a positive state of mind, which promotes physical health and wellbeing.

Physical health and wellbeing can also be specifically impacted by mental illnesses. Figure 3 outlines how anxiety disorders, depressive disorders, and ADHD can impact physical health and wellbeing.

| Anxiety | Anxiety disorders can involve an increased heart rate and feelings of agitation. | These physical changes can reduce an individual's ability to get adequate sleep. | Therefore, physical health and wellbeing can be negatively impacted. |

| Depression | Depressive disorders are associated with low energy levels. | Low energy levels can limit an individual's ability to engage in regular exercise. | Therefore, physical health and wellbeing can be negatively impacted. |

| ADHD | ADHD can involve impulsive behaviours. | Impulsive behaviours may increase an individual's risk of injury. | Therefore, physical health and wellbeing can be negatively impacted. |

Figure 3 Some examples of the impact of anxiety disorders, depressive disorders, and ADHD on physical health and wellbeing

Social health and wellbeing 1.3.4.2.2

Mental health can impact an individual's social health and wellbeing. Both good and poor mental health can have an affect on social health and wellbeing. Table 2 outlines how poor mental health can impact different components of social health and wellbeing.

Table 2 Social health and wellbeing and poor mental health

Component of social health and wellbeing	How does poor mental health impact social health and wellbeing?
Network of friends	Poor mental health can involve a range of behaviours that make it difficult for individuals to maintain a supportive and strong network of friends, negatively impacting their social health and wellbeing. Although it depends on the particular mental health disorder, behaviours that cause individuals to struggle to maintain social networks may include intentional isolation, amplified emotional responses, and misinterpretation of others.
Functioning of family	Poor mental health can lead to difficulties in family life. For example, if an individual lives at home with their family and is suffering from a mental illness, often the entire family is affected. This can be because the family may struggle to understand their family member's illness, or feel upset about their family member's suffering. In this way, poor mental health can negatively impact social health and wellbeing.
Communication with others	Poor mental health can often lead to poor communication with others, as an individual suffering from mental health problems and/or mental illnesses may withdraw from daily life and isolate themselves from others. This can involve behaviours like not replying to messages from friends or colleagues, or misunderstanding others. In this way, poor mental health can negatively impact social health and wellbeing.
Relationships with other people	Poor mental health can negatively impact an individual's relationships with others. This is because mental health problems and mental illness can result in difficulties in communication, self-isolation, and/or a lack of understanding for others. In this way, poor mental health can negatively impact social health and wellbeing.
Ability to manage or adapt appropriately to different social situations	Poor mental health may make it challenging for individuals to engage appropriately in social situations, as individuals may experience anxiety in social settings. Additionally, for some individuals suffering from mental health problems and/or mental illnesses, socialising can be challenging and tiring which can result in such individuals not acting in a healthy way, such as ignoring others or having an outburst. In this way, poor mental health can negatively impact social health and wellbeing.

cont'd

Table 2 Continued

Component of social health and wellbeing	How does poor mental health impact social health and wellbeing?
Ability to form new relationships with others 	Poor mental health can involve people avoiding social situations and struggling to form new relationships with others, therefore negatively impacting social health and wellbeing.
Levels of empathy 	Poor mental health can reduce an individual's ability to empathise with others as they are often caught up in their own struggles and they may also lack the time and space to empathise. In this way, poor mental health can negatively impact social health and wellbeing.

Want to know more?

In the same way that poor mental health can negatively impact social health and wellbeing, good mental health can positively impact social health and wellbeing.

For example:

- Good mental health can enable an individual to regularly engage and socialise with their friends, as well as support and encourage their friends, which can help an individual develop and maintain a supportive and strong network of friends, promoting social health and wellbeing.
- Good mental health can ensure individuals have the energy and ability to regularly talk to others in an appropriate way, therefore helping them to engage in effective communication, which promotes social health and wellbeing.

Social health and wellbeing can also be specifically impacted by mental illnesses. Figure 4 outlines how anxiety disorders, depressive disorders, and ADHD can impact social health and wellbeing.
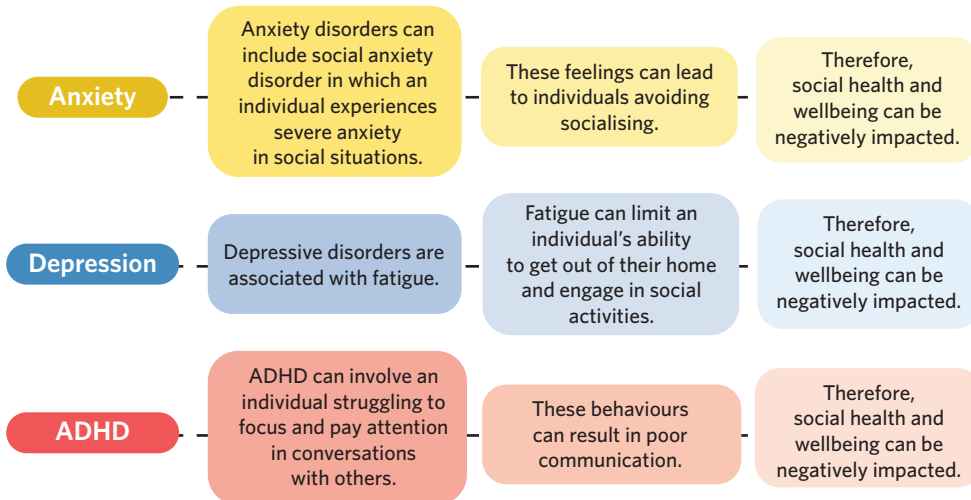
Figure 4 Some examples of the impact of anxiety disorders, depressive disorders, and ADHD on social health and wellbeing

Mental health and wellbeing 1.3.4.2.3

Mental health can, by definition, impact the dimension of mental health and wellbeing. Both good and poor mental health can have an affect on mental health and wellbeing. Table 3 outlines how poor mental health can impact different components of mental health and wellbeing.

Table 3 Mental health and wellbeing and poor mental health

Component of mental health and wellbeing	How does poor mental health impact mental health and wellbeing?
Levels of stress and anxiety	Poor mental health often involves high levels of stress and anxiety. Some mental illnesses, such as anxiety disorders, directly involve high levels of stress and anxiety. On the other hand, some mental illnesses, such as depressive disorders, may not be characterised by stress and anxiety but often individuals struggling from depressive disorders experience high levels of stress and anxiety as a result of their condition.In this way, poor mental health can negatively impact mental health and wellbeing.
Thought patterns	Poor mental health often involves a lack of positive thought patterns. Individuals suffering from mental health problems and/or a mental illness often experience negative thoughts. Negative thoughts can involve a range of different thought patterns, such as suicidal thoughts or thoughts of self-harm, intrusive thoughts, or thoughts about an individual's self-worth. In this way, poor mental health can negatively impact mental health and wellbeing.
Levels of self-esteem	Poor mental health often involves low self-esteem, as individuals suffering from mental health problems and/or mental illnesses often have a negative view of themselves and may experience feelings of unworthiness. Additionally, individuals may feel a sense of shame if they have a mental illness as a result of societal stigma, which can lead to lowered self-esteem. In this way, poor mental health can negatively impact mental health and wellbeing.
Levels of confidence	Poor mental health is often associated with low levels of confidence. Individuals suffering from mental health problems and/or mental illnesses may feel insecure and lack confidence in themselves. In this way, poor mental health can negatively impact mental health and wellbeing.
Ability to make decisions	Poor mental health can reduce an individual's ability to make positive decisions. Individuals suffering from mental health problems and/or mental illnesses may experience challenges with cognition, such as brain fog, which can decrease their ability to make decisions. Additionally, individuals suffering from a mental illness may struggle to make decisions that are positive because these individuals are often in a negative state of mind. In this way, poor mental health can negatively impact mental health and wellbeing.
Ability to independently form opinions	Poor mental health can reduce an individual's ability to independently form opinions. Individuals suffering from mental health problems and/or mental illnesses may lack confidence in their own views and opinions and therefore may struggle to form their own opinions without the validation and acceptance of others. In this way, poor mental health can negatively impact mental health and wellbeing.
Ability to use logic	Poor mental health can reduce an individual's ability to use logic. Someone suffering from a mental health problem and/or mental illness may struggle to use logic due to experiencing brain fog or poor cognition. In this way, poor mental health can negatively impact mental health and wellbeing.

Mental health and wellbeing can also be specifically impacted by mental illnesses. Figure 5 outlines how anxiety disorders, depressive disorders, and ADHD can impact mental health and wellbeing.
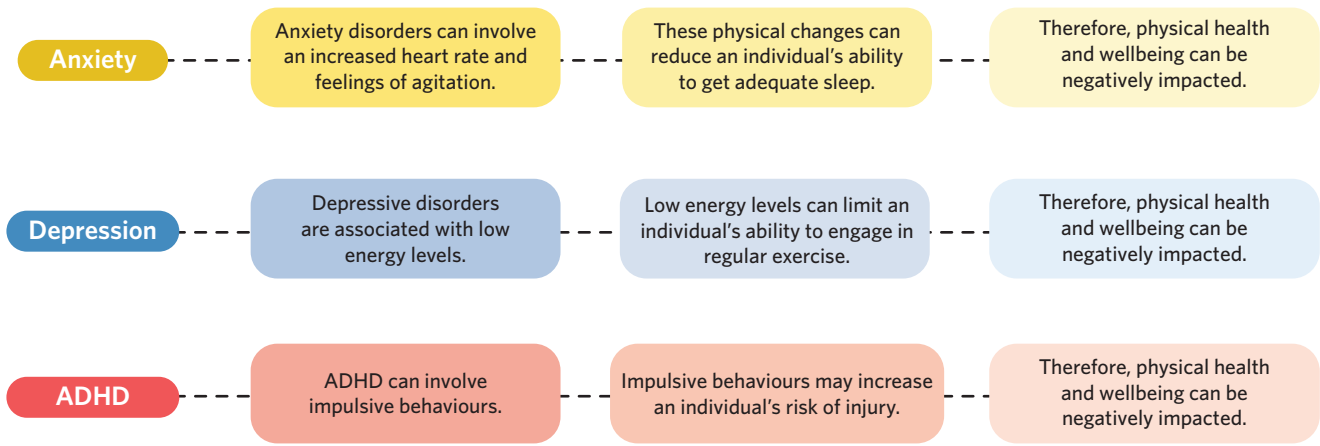

⊕ Want to know more?

In the same way that poor mental health can negatively impact mental health and wellbeing, good mental health can positively impact mental health and wellbeing.

For example:

- Good mental health often involves low levels of stress and anxiety, which promotes mental health and wellbeing.
- Good mental health may involve feeling good about oneself and feeling worthy, which can increase self-esteem, therefore promoting mental health and wellbeing.

Anxiety — Anxiety disorders can involve worrying and unease and questioning oneself. — These feelings and thoughts may result in a lack of confidence. — Therefore, mental health and wellbeing can be negatively impacted.

Depression — Depressive disorders can involve feelings of sadness and despair. — These feelings may lead to negative thought patterns, such as thoughts of self-harm. — Therefore, mental health and wellbeing can be negatively impacted.

ADHD — ADHD can involve impulsive and reckless behaviour — These behaviours can decrease an individual's ability to make positive decisions. — Therefore, mental health and wellbeing can be negatively impacted.

Figure 5 Some examples of the impact of anxiety disorders, depressive disorders, and ADHD on mental health and wellbeing

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① Useful tip

It may be challenging and confusing to discuss how mental health can impact mental health and wellbeing, because it appears to be obvious that mental health will impact mental health and wellbeing, as they are both mental. For the purpose of studying Health and Human Development, you may find it easier to use the components of mental health and wellbeing (reflected within the left column of table 3) to link to mental health.

For example:

- Poor mental health can involve experiencing brain fog and challenges with cognition, which can lead to a poor ability to make decisions and use logic, therefore negatively impacting mental health and wellbeing.

Ability to make decisions and use logic is a key component of mental health and wellbeing.

Emotional health and wellbeing 1.3.4.2.4

Mental health can impact an individual's emotional health and wellbeing. Both good and poor mental health can have an affect on emotional health and wellbeing. Table 4 outlines how poor mental health can impact different components of emotional health and wellbeing.

Table 4 Emotional health and wellbeing and poor mental health

Component of emotional health and wellbeing	How does poor mental health impact emotional health and wellbeing?
Ability to recognise and understand the range of emotions	Poor mental health can involve issues with recognising emotions and understanding emotions. Individuals suffering from mental health problems and/or mental illnesses may struggle to recognise and understand their own emotions and/or the emotions of other people. This may be because such individuals are often experiencing emotions in an atypical way and therefore they may struggle to understand what they are feeling. Alternatively, some symptoms of some mental disorders inherently involve low emotional empathy. In this way, poor mental health can negatively impact emotional health and wellbeing.
Ability to effectively manage emotions	Poor mental health is often associated with difficulties in effectively managing emotions and the experience of amplified emotions. Individuals suffering from mental health problems and/or mental illnesses may struggle to cope with the emotions they are experiencing. In this way, poor mental health can negatively impact emotional health and wellbeing.
Levels of emotional security	Poor mental health often is associated with a lack of emotional security. This may be because individuals suffering from mental health problems and/or mental illnesses may feel unsure and uncomfortable with the difficult emotions they are experiencing, such as anxiety and depression. Additionally, some mental illnesses are characterised by a lack of emotional security and stability, such as borderline personality disorder. In this way, poor mental health can negatively impact emotional health and wellbeing.
Range of emotions	Poor mental health can involve challenges with experiencing a wide range of emotions. Individuals with mental health problems and/or mental illnesses may experience dramatic fluctuations in emotions or may experience intense periods of one emotion. In this way, poor mental health can negatively impact emotional health and wellbeing.
Responding to emotions	Poor mental health can involve challenges with an individual's ability to respond to their own emotions and also to the emotions of others. In this way, poor mental health can negatively impact emotional health and wellbeing.
Expression of emotions	Poor mental health can involve difficulty appropriately expressing emotions. Individuals with mental health problems and/or mental illnesses may struggle with knowing how to express their emotions in a healthy way, as they are likely to be experiencing emotions at extreme levels. In this way, poor mental health can negatively impact emotional health and wellbeing.

Want to know more?

In the same way that poor mental health can negatively impact emotional health and wellbeing, good mental health can positively impact emotional health and wellbeing.

For example:

- Good mental health can involve an individual feeling a range of emotions, such as excitement, joy, anger, and sadness, which promotes emotional health and wellbeing as it involves experiencing a wide range of emotions.
- Good mental health can involve knowing how to deal with negative emotions in a positive way, such as telling someone you trust about your feelings, which promotes emotional health and wellbeing as it involves effectively managing emotions.

Useful tip

You would have learnt in chapter 1 that resilience is a key component of emotional health and wellbeing. The impact of poor mental health on resilience can be a difficult concept to understand and summarise. This is because mental health problems and mental illnesses can be considered challenges and adversities, and therefore individuals that struggle with them can be considered to have high resilience as they are overcoming obstacles. However, mental health problems and mental illnesses also can increase an individual's difficulty in completing daily tasks, which can suggest that they have lower levels of resilience.

In this way, the resilience of an individual with mental health problems and/or mental illnesses can be challenging to discuss, as there are different views to consider. Therefore, it is important to recognise that resilience can be different for individuals suffering from mental health problems and/or mental illnesses and it is important to try and avoid making over-generalised statements.

Emotional health and wellbeing can also be specifically impacted by mental illnesses. Figure 6 outlines how anxiety disorders, depressive disorders, and ADHD can impact emotional health and wellbeing.
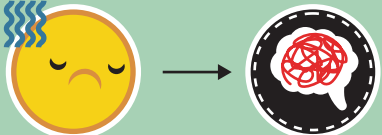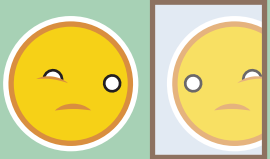

Anxiety – Anxiety disorders involve intense and persistent feelings of worry, unease, and anxiety. – These feelings can reduce the range of emotions experienced by an individual. – Therefore, emotional health and wellbeing can be negatively impacted.

Depression – Depressive disorders can involve intense feelings of anger. – These feelings can result in an individual struggling to express their emotions in a healthy way, as they may have angry outbursts. – Therefore, emotional health and wellbeing can be negatively impacted.

ADHD – ADHD can involve frequent mood swings. – Mood swings can result in emotional insecurity and instability. – Therefore, emotional health and wellbeing can be negatively impacted.

Figure 6 Some examples of the impact of anxiety disorders, depressive disorders, and ADHD on emotional health and wellbeing

Spiritual health and wellbeing 1.3.4.2.5

Mental health can impact an individual's spiritual health and wellbeing. Both good and poor mental health can have an affect on spiritual health and wellbeing. Table 5 outlines how poor mental health can impact different components of spiritual health and wellbeing.

Table 5 Spiritual health and wellbeing and poor mental health

Component of spiritual health and wellbeing	How does poor mental health impact spiritual health and wellbeing?
Sense of purpose and meaning in life	Poor mental health can involve feeling lost as individuals suffering from mental health problems and/or mental illnesses may be unsure and confused about their life at the current time. This can result in feeling a lack of purpose and meaning in life, therefore negatively impacting spiritual health and wellbeing.
Hope for the future	Poor mental health is often associated with a lack of hope for the future. Individuals suffering from mental health problems and/or mental illnesses may not believe that there is hope to recover from their condition, and also may not see a positive future for themselves. In this way, poor mental health can negatively impact spiritual health and wellbeing.
Sense of belonging	Individuals suffering from mental health problems and/or mental illnesses may feel isolated from other people and feel alone, as they may feel that people do not understand their condition and/or suffering. This can result in individuals feeling like they do not belong, therefore negatively impacting spiritual health and wellbeing.
Living and acting according to values and beliefs	Poor mental health may involve individuals suffering from mental health problems and /or mental illnesses struggling to act in a way that aligns with their own values and beliefs. This may be because these individuals are dealing with the difficulties of poor mental health, such as negative thoughts and feelings, which may lead them to compromise on their values in order to feel better and cope with their condition.
Having a strong moral compass	Poor mental health can involve suffering individuals feeling lost and confused about their identity. This may result in these individuals feeling unsure about their morals and struggling to understand the things they value and believe in. In this way, poor mental health can negatively impact spiritual health and wellbeing.

Spiritual health and wellbeing can also be specifically impacted by mental illnesses. Figure 7 outlines how anxiety disorders, depressive disorders, and ADHD can impact spiritual health and wellbeing.

| Anxiety | Anxiety disorders can involve constantly worrying about the future. | These thoughts can make an individual feel hopeless about their future. | Therefore, spiritual health and wellbeing can be negatively impacted. |

| Depression | Depressive disorders can involve feelings of despair and feeling lost. | These feelings can result in individuals feeling as though they lack purpose in life. | Therefore, spiritual health and wellbeing can be negatively impacted. |

| ADHD | ADHD can involve struggling to focus and pay attention. | These struggles may make an individual feel different from their peers, which may make them feel like they do not belong. | Therefore, spiritual health and wellbeing can be negatively impacted. |

Figure 7 Some examples of the impact of anxiety disorders, depressive disorders, and ADHD on spiritual health and wellbeing

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Want to know more?

In the same way that poor mental health can negatively impact spiritual health and wellbeing, good mental health can positively impact spiritual health and wellbeing.

For example:

- Good mental health can involve feeling positive about life and having goals for the future, which can increase an individual's sense of purpose and meaning in life, therefore promoting spiritual health and wellbeing.
- Good mental health can involve an individual understanding who they are and what they believe in, which can help an individual develop a strong moral compass, therefore promoting spiritual health and wellbeing.

Want to know more?

The bi-directional nature of mental illness and health and wellbeing

Mental health and health and wellbeing can be described as having a bi-directional relationship. This means that poor mental health can cause poor health and wellbeing, but in the same way, poor health and wellbeing can cause poor mental health. For example, if an individual has poor mental health, which may involve having an anxiety disorder, they may not get adequate sleep due to being agitated and worried, therefore resulting in poor physical health and wellbeing. In the same way, if an individual has poor physical health and wellbeing, due to not sleeping enough, they may experience an increase in feelings of fatigue, sadness, and despair, which can result in mental health problems.

Poor mental health can have a **negative** impact on health and wellbeing.
Good mental health can have a **positive** impact on health and wellbeing.

Mental health → Health & wellbeing

Poor health and wellbeing can have a **negative** impact on mental health.
Good health and wellbeing can have a **positive** impact on mental health.
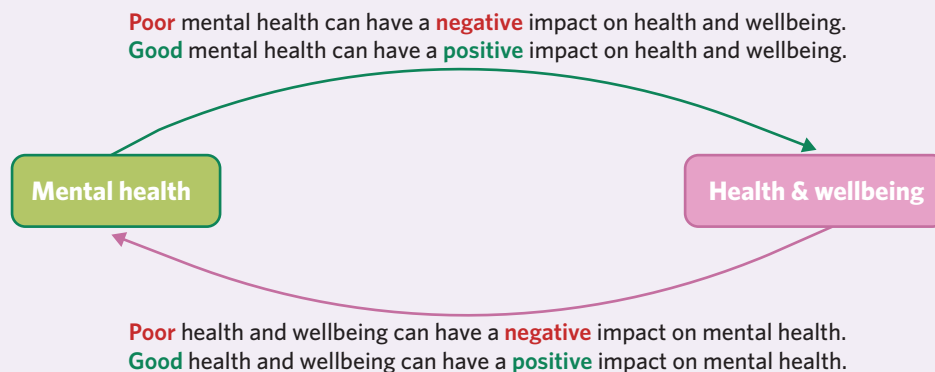
Figure 8 The bi-directional relationship between mental health and health and wellbeing

Theory summary

In this lesson, you have learnt about mental health, including what both poor mental health and good mental health look like. You have also learnt about how mental health impacts the dimensions of health and wellbeing. Figure 9 presents a summary of this lesson.

6A lesson summary

Good mental health

Mental health

Poor mental health
- mental health problems
- mental illnesses

Common mental illnesses in Australian youth
- anxiety disorders
- depressive disorders
- ADHD

Impact of mental health on the dimensions of health and wellbeing
- physical health and wellbeing
- social health and wellbeing
- mental health and wellbeing
- emotional health and wellbeing
- spiritual health and wellbeing
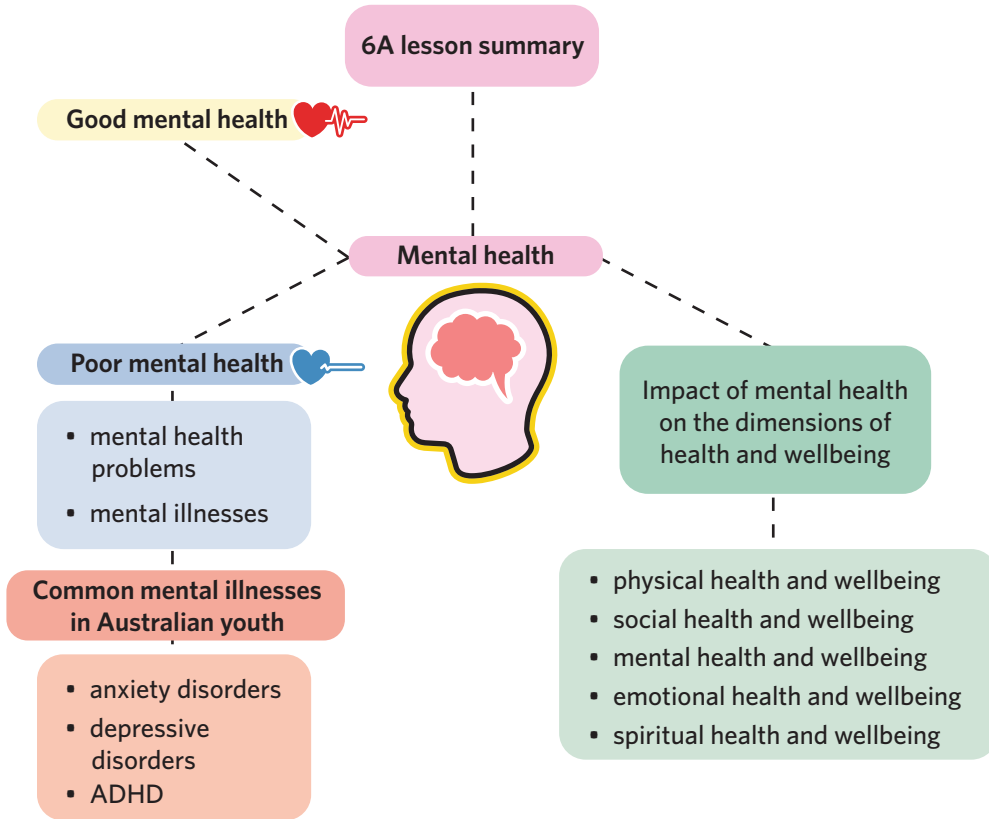
Figure 9 Summary of lesson 6A

The following activity will help you summarise your understanding of this lesson.

ACTIVITY 1

There are many ways that mental health, mental health problems, and mental illness can influence the dimensions of health and wellbeing. Create your own flow chart or use the one below to form your own links for how mental illness can impact the dimensions of health and wellbeing. Try to form links that have not been discussed in this lesson and try to use a variety of dimensions of health and wellbeing.

Poor mental health — How does poor mental health impact a dimension of health and wellbeing? — _____

Mental illness — How does mental illness impact a dimension of health and wellbeing? — _____

Depression — How do depressive disorders impact a dimension of health and wellbeing? — _____

ADHD — How does ADHD impact a dimension of health and wellbeing? — _____

Anxiety — How do anxiety disorders impact a dimension of health and wellbeing? — _____
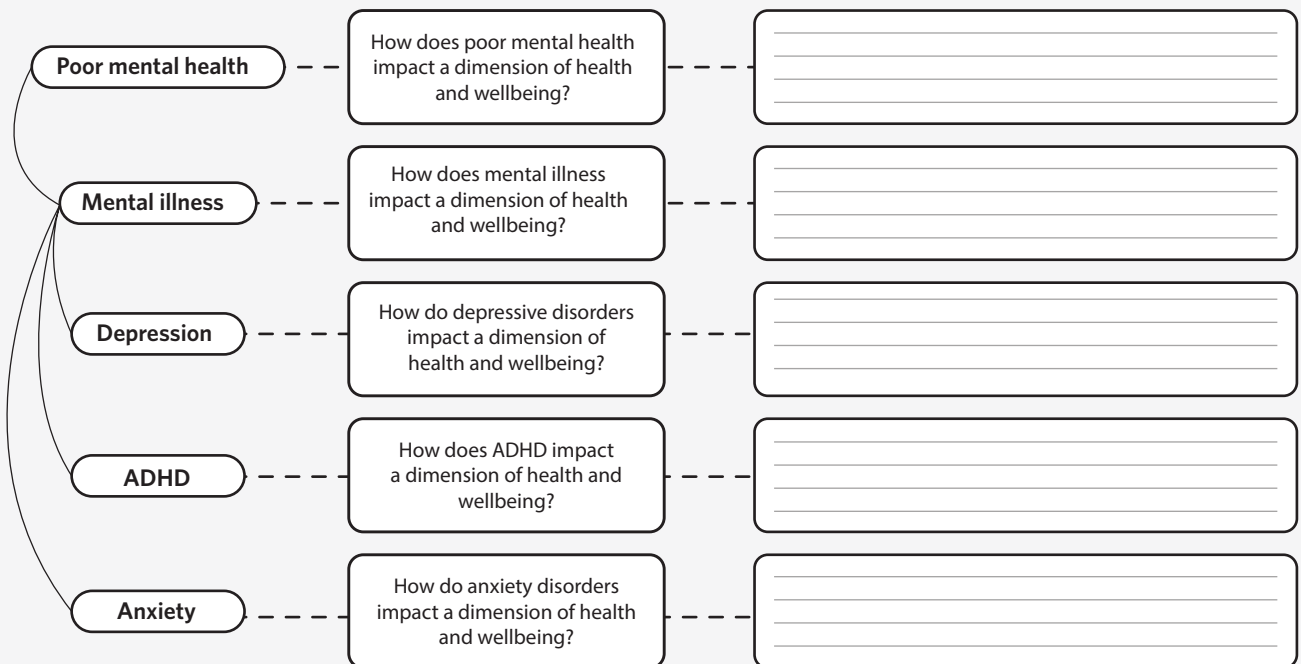
6A QUESTIONS

Question 1

Mental health only impacts mental health and wellbeing.

A True.

B False.

Question 2

People can experience poor mental health and/or good mental health.

A True.

B False.

Question 3

If an individual has poor mental health, it means they must have a mental illness diagnosed by a doctor.

A True.

B False.

Question 4

Poor mental health can negatively impact which of the following? (*Select all that apply*)

I Physical health and wellbeing.

II Emotional health and wellbeing.

III Spiritual health and wellbeing.

Question 5

Mental health problems and mental illnesses can result in feeling tired and having low energy.

A True.

B False.

Question 6

Individuals with poor mental health will never have positive relationships.

A True.

B False.

Question 7

An individual suffering from a mental illness is more likely to experience negative thoughts.

A True.

B False.

Question 8

Good mental health can negatively impact mental health and wellbeing.

A True.

B False.

Question 9

Mental health problems and mental illness are exactly the same.

A True.

B False.

Question 10

Good health and wellbeing can involve which of the following? *(Select all that apply)*

I   Having positive thoughts.

II   Being involved in the community.

III Being able to complete daily tasks.

Skills

Unpacking the case study

Use the following information to answer Questions 11–13.

Hunter is sixteen years old and has recently been diagnosed with generalised anxiety disorder. Hunter often feels anxious and as a result cannot go to school. Therefore, Hunter's relationships with school friends have become strained as Hunter doesn't see them or talk to them very often. Hunter's anxiety sometimes results in feeling nauseous and low in appetite.
Due to this, Hunter struggles to eat enough and has lost a significant amount of weight in a short period of time, which has made doctors quite concerned. Often, Hunter finds it challenging to deal with such intense feelings of anxiety and sometimes Hunter becomes very angry and acts dangerously to try to feel better. All of Hunter's experiences with anxiety have led to feelings of isolation and hopelessness about the future.

Question 11

The impact of Hunter's mental health on their physical health and wellbeing is best reflected by the statement that

A   'All of Hunter's experiences with anxiety have led to feelings of isolation and hopelessness about the future'.

B   'Hunter struggles to eat enough and has lost a significant amount of weight in a short period of time'.

Question 12

The impact of Hunter's mental health on their social health and wellbeing is best reflected by the statement that

A   'Hunter's anxiety sometimes results in feeling nauseous and low in appetite'.

B   'Therefore Hunter's relationships with school friends have become strained as Hunter doesn't see them or talk to them very often'.

Question 13

The impact of Hunter's mental health on their spiritual health and wellbeing is best reflected by the statement that

A   'All of Hunter's experiences with anxiety have led to feelings of isolation and hopelessness about the future'.

B   'Often, Hunter finds it challenging to deal with such intense feelings of anxiety'.

Exam-style questions

Question 14   (2 MARKS)

Provide an example of how mental illness can negatively affect social health and wellbeing.

Question 15   (3 MARKS)

Using an example, describe how poor mental health can impact spiritual health and wellbeing.

Question 16   (4 MARKS)

Explain how mental illness can impact health and wellbeing.

Question 17   (6 MARKS)

Using examples, distinguish between mental health, mental health problems, and mental illness.

Question 18   (6 MARKS)

Males and females experiencing a mental or behavioural condition in 2018
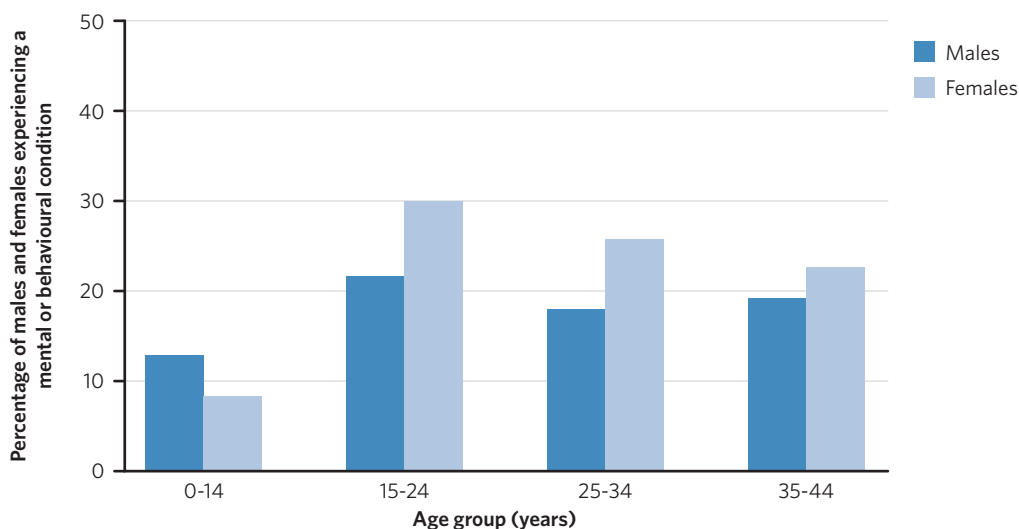
Source: adapted from the Australian Institute of Health and Welfare, *Mental health*, <https://www.aihw.gov.au/reports/australias-health/mental-health>

a   Using data, draw a comparison between males and females experiencing a mental or behavioural condition. (2 MARKS)

b   Discuss how having a mental condition may impact an individual's physical health and wellbeing. (4 MARKS)

Question 19   (7 MARKS)

a   Identify an example of a type of mental illness. (1 MARK)

b   Explain the type of mental illness you identified in **part a**. (2 MARKS)

c   Discuss how the mental illness you identified in **part a** can negatively impact health and wellbeing. (4 MARKS)

Questions from multiple lessons

Question 20   (5 MARKS)

a   Identify an example of a nutritional imbalance. (1 MARK)

b   Describe how poor mental health may lead to a nutritional imbalance. (2 MARKS)

c   Suggest one short-term and one long-term consequence of the nutritional imbalance identified in **part a**. (2 MARKS)

6B DATA ON MENTAL HEALTH

The number of people struggling with poor mental health is increasing. In this lesson, you will learn about data relating to mental health in Australia. More specifically, you will learn about the incidence and prevalence of mental illness, as well as trends of mental illness in Australia.

Image: Jiw Ingka/Shutterstock.com

6A Mental health and the dimensions of health and wellbeing	6B Data on mental health	6C Mental health risk and protective factors	6D Community values and expectations	6E Mental healthcare services and support	6F Reducing the negative impact of mental health problems	6G Costs of mental health	6H Opportunities for advocacy and action

Study design dot point

- key features of one health and wellbeing focus relating to Australia's youth including:

  – impact on different dimensions of health and wellbeing

  – data on incidence, prevalence and trends

  – risk and protective factors

  – community values and expectations

  – healthcare services and support

  – government and community programs and personal strategies to reduce negative impact

  – direct, indirect and intangible costs to individuals and/or communities

  – opportunities for youth advocacy and action to improve outcomes in terms of health and equity

Key knowledge units

Prevalence	1.3.4.3
Incidence	1.3.4.4
Trends	1.3.4.5

Data on mental health

Prevalence 1.3.4.3   Incidence 1.3.4.4   Trends 1.3.4.5

Prevalence 1.3.4.3

OVERVIEW

How many people suffer from a mental illness in Australia? In this section of the lesson, we will explore the prevalence of mental health problems and mental illnesses in Australia's youth.

THEORY DETAILS

Mental health in Australian youth can be measured through the health status indicator prevalence. **Prevalence** refers to the number of cases of a particular disease or condition that are present in a population at a given point in time. Prevalence can help provide an overview of mental health in Australian youth through measuring the total number of individuals experiencing mental health problems and mental illnesses at specific times. According to the 2017-2018 National Health Survey, the prevalence of mental illness has increased since the 2014-2015 National Health Survey (Australian Bureau of Statistics [ABS], 2018). This is reflected in table 1.

Study design key skills dot point

The following key skills dot point applies to the whole lesson:

- research and collect data on one particular health and wellbeing focus relating to youth, with critical analysis of its impact, management and costs

KEY DEFINITIONS

Prevalence refers to the number of cases of a particular disease or condition that are present in a population at a given point in time

Table 1 Prevalence of mental illness in Australia over time (ABS, 2018)

Mental illness	2014-2015	2017-2018
Australians experiencing a mental or behavioural condition	17.5%	20.1%
Australians experiencing an anxiety related disorder	11.2%	13.1%
Australians experiencing depression or feelings of depression	8.9%	10.4%

Figure 1, figure 2, and figure 3 present data regarding the prevalence of mental health-related issues amongst Australian youth. Additionally, table 2 also presents data regarding the prevalence of psychological distress in Australian youth. Take a look at the data and consider what the results may indicate about Australian youth.

Results from the Mission Australia 'Can We Talk?' Youth survey

Percentage of Australians aged 15-19 experiencing psychological distress
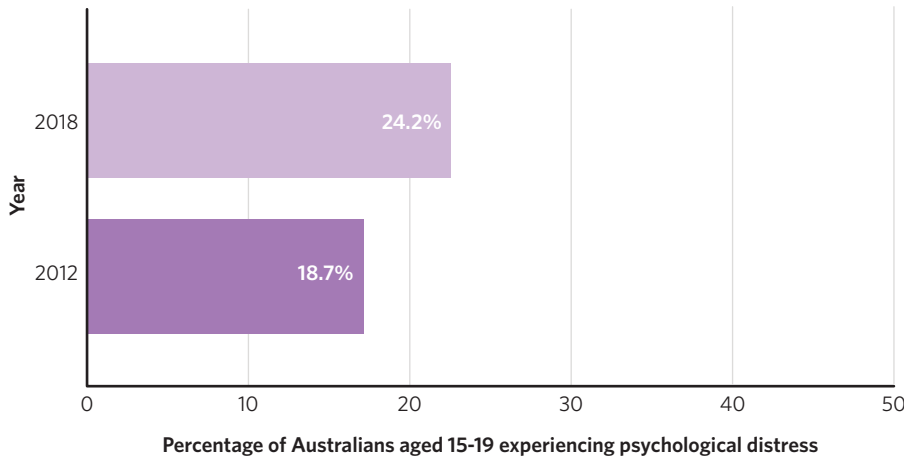
Figure 1 The Mission Australia 'Can We Talk?' Youth survey found that 24.2% of Australians aged 15-19 were experiencing psychological distress in 2018, compared to 18.7% in 2012 (Mission Australia, 2019)

In 2013-2014 approximately **1 in 10** adolescents aged 12-17 years old engaged in self-harming behaviours.

61.6% of the adolescents who engaged in self-harming behaviours had engaged in them more than four times within 2013-2014.

Figure 2 Data from the Australian Child and Adolescent Survey of Mental Health and Wellbeing 2013-2014 (The Australian Government Department of Health, 2015)

Table 2 Prevalence of psychological distress in Australian youth across different age groups, 2015 (The Australian Government Department of Health, 2015)

Age group (years)	Low	Moderate	High	Very high
11-15	53.9%	29.1%	12.2%	4.8%
16-17	43.6%	29.2%	16.2%	11%
Age groups combined (11-17)	50.9%	29.1%	13.3%	6.6%

Prevalence of mental disorders in Australians aged 14-17 over a 12 month period
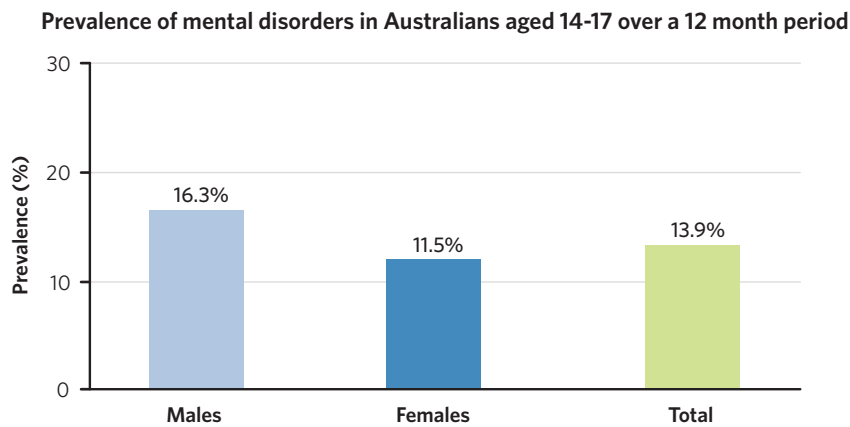
Figure 3 Prevalence of mental disorders in Australians aged 14-17 (The Australian Government Department of Health, 2015)

In summary, some of the key points highlighted in the data include:

- the prevalence of mental disorders has increased over time in Australian youth.
- the prevalence of anxiety disorders and depressive disorders in Australia has increased.
- experiences of psychological distress have increased over time in Australian youth.
- 1 in 10 Australians aged 12-17 engage in self-harm behaviours.

ⓘ *Useful tip*

It is important to understand that it can be challenging to obtain data regarding mental health. This is because mental health, specifically mental health problems and mental illnesses, are often considered personal and private, which means individuals may refrain from sharing their own challenges and their own experiences. Additionally, some mental health problems can be subjective, as individuals may view their struggles at different levels of severity and subsequently report it differently. Therefore, due to these characteristics of mental health, data and statistics regarding this issue can be difficult to obtain. It is important to recognise this when studying mental health data, as such data may not always reflect the entire population's mental health experiences

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⊕ *Want to know more?*

The article '*Mental health concerns increasingly common among young Australians*' from the ABC News discusses the increase in mental health problems and mental illnesses among Australian youth (ABC News, 2019). Type the URL *abc.net.au/news/health/2019-10-23/mental-health-concerns-increasingly-common-young-people/11628094* into your browser to read the article.

Incidence 1.3.4.4

OVERVIEW

Have you ever wondered how many *new* people suffer from poor mental health each year in Australia? In this section of the lesson, we will explore the incidence of mental health problems and mental illnesses in Australia's youth.

THEORY DETAILS

Mental health in Australian youth can be measured through the health status indicator incidence. **Incidence** refers to the number of new cases of a particular disease or condition that arise in a population in a certain period of time. Incidence can help to measure the new cases of mental illness in Australian youth. Additionally, incidence can also help to understand the different factors that may be contributing to increased mental illness in Australia.

KEY DEFINITIONS

Incidence refers to the number of new cases of a particular disease or condition that arise in a population in a certain period of time

> ⓘ **Useful tip**
>
> As you have just learnt, the prevalence of mental health-related issues amongst Australian youth is increasing. Therefore, this means the incidence of mental health-related issues amongst Australian youth is also increasing. This is because, in order for the total cases to increase (prevalence), the number of new cases must also increase (incidence).

The number of mental health-related issues amongst Australian youth is increasing (ABS, 2018). This means that the number of new cases of mental health-related issues is increasing, and more people are being diagnosed with mental illnesses for the first time or are suffering from mental health problems. Therefore, the incidence of mental health-related issues is increasing. Figure 4 and figure 5 reflect the increase in new cases of mental health problems and mental illnesses. Figure 4 presents the increase in mental or behavioural conditions and figure 5 presents the increase in psychological distress experienced by Australians.

Comparison of Australians experiencing mental or behavioural disorders
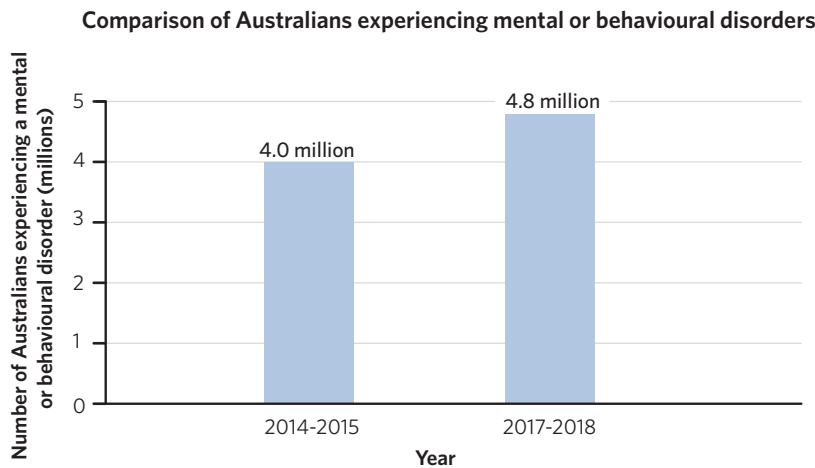
Figure 4 Increase in mental or behavioural conditions (ABS, 2018)

Rates of psychological distress amongst Australian youth, as rated high/very high by 12–17-year-olds in 2018 and 2020
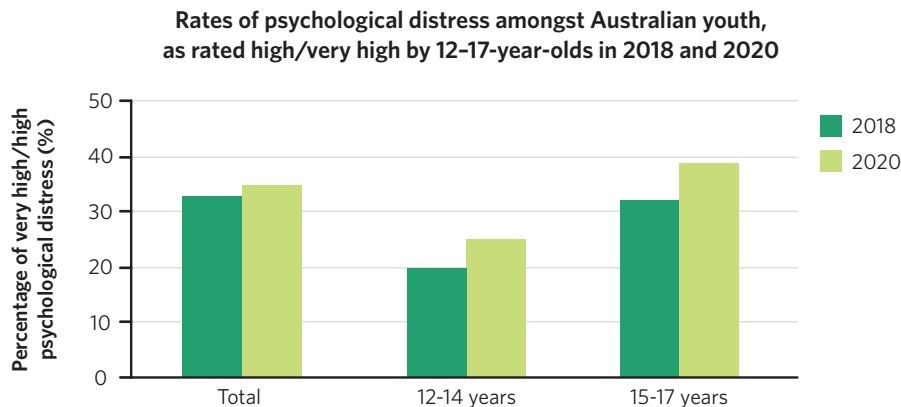
Figure 5 Increase in psychological distress amongst Australian youth (Headspace, 2020)

In summary, some of the key points highlighted in the data include:

- there has been an increase in new cases of mental disorders in Australian youth.
- there has been an increase in new experiences of psychological distress in Australian youth.

So why has there been an increase in mental health issues amongst youth? New cases of mental illnesses and mental health problems amongst Australian youth can be attributed to a range of reasons. Some of these are outlined in table 3.

Table 3 Factors contributing to an observed increase in incidence of mental illness in Australian youth

Reason	Explanation
Social media	The increased incidence of mental health-related issues, meaning the increase of new cases of mental health-related issues, in Australian youth may be explained by the recent increase in social media usage. Social media is a newly and widely used tool amongst Australian youth. Specifically, 91% of individuals aged 15-19 in Australia use social media (ABS, 2018). There are yet to be significant scientific studies exploring the direct impact of social media on mental health in Australian youth, however, there is still lots of discussion suggesting that social media can be potentially harmful to mental health.
	For example, the article '*Social Media and Mental Health*' discusses social media use, its impact on mental health, and how to use social media in a healthy way. Type the URL *helpguide.org/articles/mental-health/social-media-and-mental-health.htm* into your browser to read the article. (Help Guide, 2020)
	Additionally, the Tedx Talk '*Is Social Media Hurting Your Mental Health?*' is an interesting and engaging video that discusses social media and mental health. On YouTube, search up '*Is Social Media Hurting Your Mental Health? Bailey Parnell, Tedx Talks*' (Tedx Talks, 2017) to watch the video.
COVID-19	COVID-19 has had and will continue to have a significant impact on the mental health of Australian youth. It is likely that mental health-related data will be drastically different in upcoming years, in comparison to previous years, due to the impact of COVID-19. The incidence of mental health-related issues is likely to increase significantly due to this. Due to how recent and current the COVID-19 pandemic is and has been, there is limited data and research investigating its direct impact on mental health. However, some research suggests rates of psychological distress appear to have increased in 2020 compared to previous years, which could potentially be explained by the impacts of the pandemic (Australian Institute of Health and Welfare, 2021).
Increased awareness and diagnosis and reduced stigma	In the past, the majority of individuals lacked awareness regarding mental health-related issues. Over recent years, there has been a significant increase in the awareness, support, and information available regarding mental illness. There has also been a reduction in the stigma associated with mental health over recent years, which may have encouraged more people to share their struggles and be more open about their mental health. It may be that the increase in incidence of mental health-related issues can potentially be explained by the increase in the awareness and acceptance of them. In this way, it's not entirely clear whether the increased incidence of mental health-related issues is entirely attributable to rising cases: increased incidence may also be attributable to increased reporting.

As previously discussed, the increase in social media usage has influenced mental health. In the same way, the emergence of online gaming may have also contributed to increased mental health problems for youth. Figure 6 presents the percentage of males and females with problems regarding internet use and electronic gaming, with and without major depressive disorder. In recent years, as the internet has become more accessible for many, there has undoubtedly been an increase in gaming amongst adolescents (IGEA, 2020). The data in figure 6 shows the relationship between gaming and mental health issues in Australian adolescents.

Problem internet use and electronic gaming behaviours in individuals with major depressive disorder compared to individuals with no mental disorder
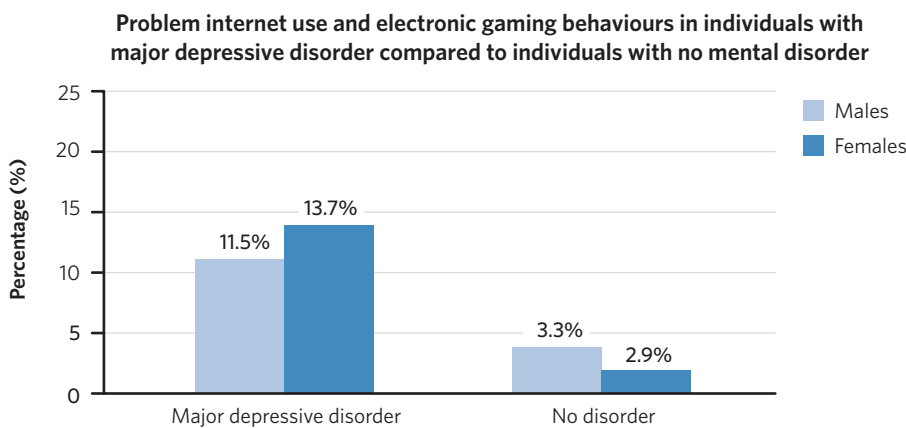
Figure 6 Relationship between problem internet use and electronic gaming behaviours and major depressive disorder (The Australian Government Department of Health, 2015)

Trends 1.3.4.5

OVERVIEW

Have you ever wondered who might be more susceptible to developing a mental illness? Or have you ever wondered what mental illnesses are most common? In this section of the lesson, we will explore trends relating to mental health problems and mental illnesses in Australia's youth.

THEORY DETAILS

Incidence and prevalence are not the only way mental health-related issues can be measured. There are many trends regarding mental health-related issues amongst Australian youth that have been identified throughout data and research. A **trend** refers to a pattern that is evident in data: an upwards or downwards (increasing/positive or decreasing/negative) shift in the data, often observed over time. Trends are general patterns of change or development over time. A trend regarding mental health in Australia that has already been discussed in this lesson is the general increase in mental illnesses over time in Australian youth. Other trends relating to mental health include exploring the most common mental disorders experienced, the most vulnerable population groups, and the most vulnerable age groups over time. Some of the trends relating to mental health in Australian youth are explored in table 4.

ADDITIONAL TERMS

Trend refers to a pattern that is evident in data: an upwards or downwards (increasing/positive or decreasing/negative) shift in the data, often observed over time

Table 4   Trends relating to mental health in Australian youth

Trend	Explanation
Types of disorders over time	There are many different types of mental disorders. Therefore, there are particular trends that exist in regard to which disorders are most common amongst Australian youth over time. The most common mental illnesses experienced by Australian youth are anxiety disorders, depressive disorders, and attention deficit hyper-activity disorder (ADHD). This is supported by the fact that in 2013-2014, anxiety disorders, depressive disorders, and ADHD were the most common mental illnesses experienced from individuals ages 4-17 (Youth Minds Matter, 2015). This is reflected in figure 7.
Age	Different age groups have been shown over time to be more susceptible to experiencing mental health problems and/or mental illnesses. Youth is the most vulnerable age group for developing mental health problems and/or mental illnesses. This is reflected in table 5, figure 9, and figure 10.
Population groups	Another trend regarding mental health is that over time, different population groups have been shown to be more likely to experience mental health problems and/or mental illnesses. For example, minority groups, such as individuals with low socioeconomic status (SES) or individuals in the LGBTQIA+ community, are more susceptible to suffering from mental health problems and/or mental illnesses. '*LGBTIQ+ Health Australia*' is a not-for-profit health organisation which provides and facilitates health-related programs, services and research focused on lesbian, gay, bisexual, transgender, intersex and queer people and other sexuality, gender and bodily diverse (LGBTIQ+) people and communities in Australia. The '*LGBTIQ+ Health Australia' 2021 Snapshot of Mental Health and Suicide Prevention Statistics for LGBTQIA+ individuals* found the following data: • LGBTQA+ young people aged 16 to 17 were five times more likely to attempt suicide in their lifetime • LGBTQA+ young people are over four times more likely to engage in self-injury • LGBTQA+ young people aged 16 to 17 were over three times more likely to report high or very high levels of psychological distress in the past 12 months • LGBTIQ people are two and a half times more likely to have been diagnosed or treated for a mental health condition in the past 12 months. (LGBTIQ+ Health, 2021) It is important to understand that this data does not reflect all members of the entire LGBTQIA+ community. This is because the 'LGBTIQ+ Health Australia' organisation was unable to gather sufficient sample sizes for people identifying as intersex or asexual for some of the data. This is why the LGBTQIA+ acronyms in the data provided do not always include 'I' (intersex) and 'A' (asexual). Additionally, the official name of the organisation that found this data is 'LGBTIQ+ Health', which does not include 'A' (asexual), hence why the acronym has not been written in full when referring to this organisation (LGBTIQ+ Health, 2021). Mental health problems and/or mental illnesses in individuals with different levels of income and education are outlined in table 6 and table 7 respectively. (The Australian Government Department of Health, 2015).

As you would have learnt in lesson *6A: Mental health and health and wellbeing,* there are many different kinds of mental disorders. Figure 7 reflects the most commonly experienced mental disorders in Australian youth.

Prevalence of different mental disorders in Australians aged 4-17 over a 12 month period, 2013-2014

Anxiety disorders: 6.9%
Major depressive disorder: 2.8%
ADHD: 7.4%

(y-axis: Prevalence (%) of disorder)
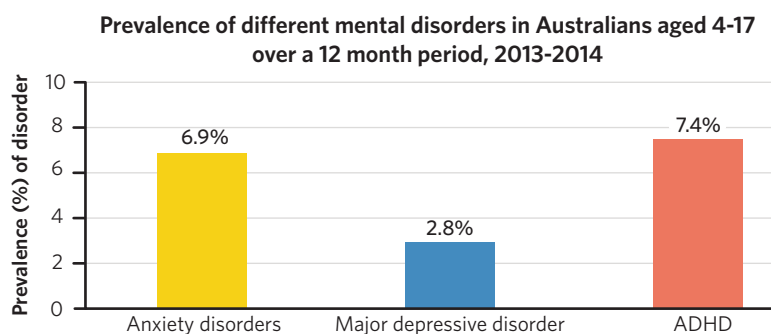
Figure 7   Different mental disorders in youth (The Australian Government Department of Health, 2015)

Youth is the most vulnerable age group in regards to developing mental health problems and/or mental illnesses. This can be attributed to a number of reasons, such as the many physical, emotional, and social changes that occur during youth and the demands of secondary education. Table 5 reflects the prevalence of mental disorders within children and adolescents Figure 8 and figure 9 reflect Australians experiencing mental or behavioural conditions according to age group.

Table 5 Prevalence of mental disorders according to age and sex over a 12 month period, Australia, 2013-2014 (The Australian Government Department of Health, 2015)

	4-11 years of age	12-17 years of age
Male	16.5%	15.9%
Female	10.6%	12.8%

Proportion of Australian females experiencing mental or behavioural disorders according to age group, 2017-2018
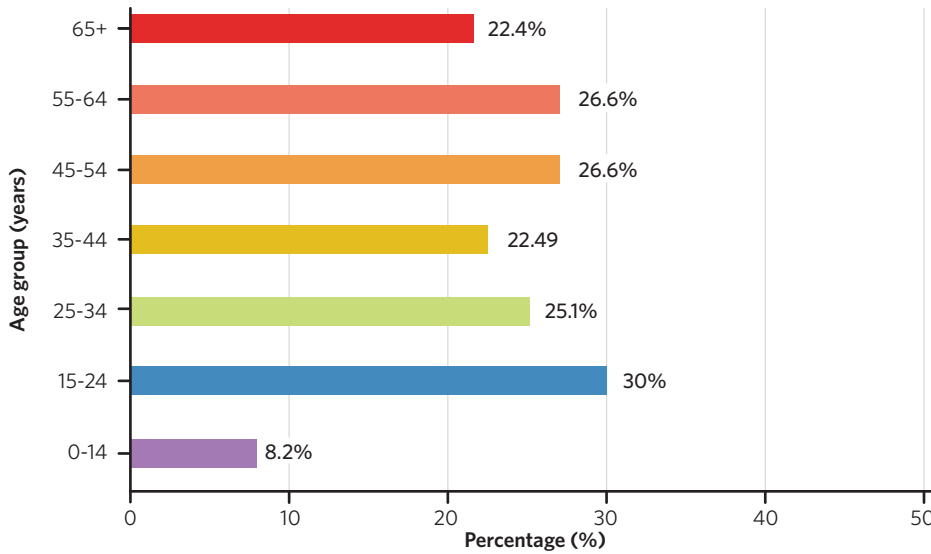
Figure 8 Proportion of Australian females experiencing a mental or behavioural condition according to age group (Australian Institute of Health and Welfare, 2020)

Proportion of Australian males experiencing mental or behavioural disorders according to age group, 2017-2018
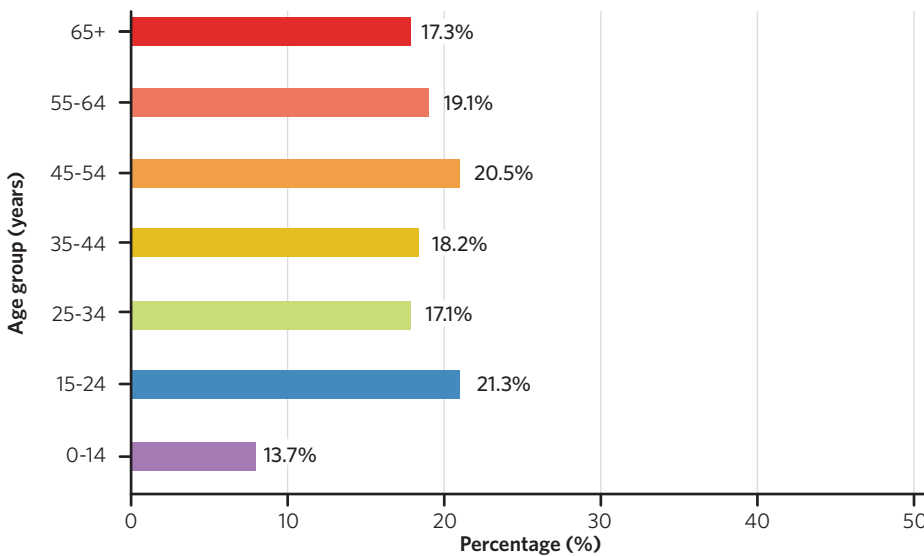
Figure 9 Proportion of Australian males experiencing a mental or behavioural condition according to age group (Australian Institute of Health and Welfare, 2020)

As discussed in table 4, over time some population groups have been shown to be more vulnerable to experiencing poor mental health. Individuals with low incomes and low levels of education are more likely to develop mental health problems and/or mental illnesses. Table 6 and table 7 reflect this trend.

Table 6 Prevalence of mental disorders according to household income over a 12-month period, Australia, 2013-2014 (The Australian Government Department of Health, 201)

Household income before tax	Percentage of Australian 4–17-year-olds with a mental disorder, 2013-2014
$130,000 or more per year	10.5%
$52,000- $129,999 per year	12.3%
Less than $52,000 per year	20.5%

Table 7 Prevalence of mental disorders according to parent or carer education level, Australia, 2013-2014 (The Australian Government Department of Health, 2015)

Highest level of education of either primary or secondary parent or carer	Percentage of 4–17-year-olds with a mental disorder, Australia, 2013-2014
Bachelor degree or higher	10.6%
Diploma or certificate III/IV	15.8%
Year 11 or 12	15.4%
Year 10 or below	19.7%

Want to know more?

A trend regarding Australia's mental health involves over time the higher rates of poor mental health in males compared to females. Men's mental health, and specifically the mental health of young men, is currently an important focus for Australia's health sector. On YouTube, search up '*The heartbreaking mental health crisis in young men that needs urgent action, 60 Minutes Australia*' (60 Minutes Australia, 2021) and watch the entire thirteen minute and one second video about mental health in young men. Please note that this video discusses suicide and therefore it may be upsetting and confronting.

The health status indicator burden of disease can also provide insight to trends of mental health-related issues in Australian youth. **Burden of disease** is a measurement of the impact of disease and injuries, specifically measuring the gap between the current health status and an ideal situation where everyone lives to an old age, free of disease and disability. Burden of disease is specifically measured by the unit disability-adjusted life years (DALYs). **Disability-adjusted life year (DALY)** is a measure of burden of disease in which one disability-adjusted life year (DALY) equals one healthy year of life lost due to the experience of a disability or disease (YLD) or premature death (YLL).

- **Years of life lost due to disability (YLD)** refers to the non-fatal contribution to the burden of disease measurement of disability-adjusted life year (DALY).
- **Years of life lost due to premature death (YLL)** refers to the fatal contribution to the burden of disease measurement of disability-adjusted life year (DALY). Mental health related-issues can contribute to YLD and YLL.

Specifically, the experience of a mental illness can contribute to YLD and deaths due to mental illness, such as suicide, can contribute to YLL. In 2018, 3046 suicide deaths were recorded in Australia, which is equivalent to an average of eight suicide deaths per day. (Australian Institute of Health and Welfare, 2020). Figure 10 reflects the leading causes of burden of disease for Australian youth in 2015. You can see that suicide and self-inflicted injuries was the number one leading cause of burden of disease for young Australians, accounting for 9.7% of total burden of disease in 2015. Table 8 also presents data regarding suicidal behaviours in Australian youth.

Leading causes of total burden for individuals aged 15-24 in 2015

1	Suicide and self-inflicted injuries	9.7%
2	Anxiety disorders	7.6%
3	Depressive disorders	7.0%
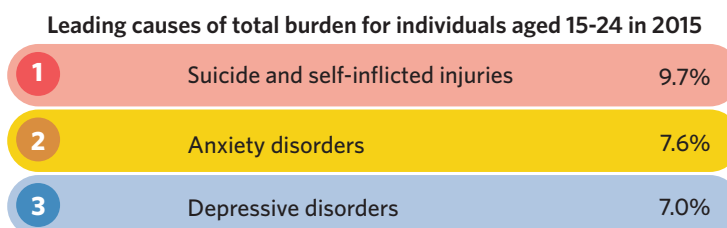
Figure 10 Leading causes of total burden for individuals aged 15-24 in Australia in 2015 (Australian Institute of Health and Welfare, 2020)

KEY DEFINITIONS

Burden of disease is a measurement of the impact of disease and injuries, specifically measuring the gap between the current health status and an ideal situation where everyone lives to an old age, free of disease and disability. Burden of disease is specifically measured by the unit disability-adjusted life years (DALYs)

ADDITIONAL TERMS

Disability-adjusted life year (DALY) is a measure of burden of disease in which one disability-adjusted life year (DALY) equals one healthy year of life lost due to the experience of a disability or disease (YLD) or premature death (YLL)

Years of life lost due to disability (YLD) refers to the non-fatal contribution to the burden of disease measurement of disability-adjusted life year (DALY)

Years of life lost due to premature death (YLL) refers to the fatal contribution to the burden of disease measurement of disability-adjusted life year (DALY)

⊕ ***Want to know more?***

World Suicide Prevention Day

The International Association for Suicide Prevention helps to facilitate World Suicide Prevention through running World Suicide Prevention day. Type *iasp.info* into your browser to read through the association's website. (International Association for Suicide Prevention, 2021).

Table 8 Suicidality (which includes suicidal ideation, suicide plan, suicide attempt) in individuals aged 12–17 years old over a 12 month period, Australia, 2013-2014 (The Australian Government Department of Health, 2015)

	Males aged 12-15	Males aged 16-17	Females aged 12-15	Females aged 16-17
Suicidal ideation	3.4%	6.8%	8.1%	15.4%
Suicide plan	2.0%	4.9%	5.9%	10.6%
Suicide attempt	0.8%	2.9%	2.7%	4.7%

⊕ ***Want to know more?***

In this lesson you have learnt about the prevalence, incidence, and trends of mental health in Australia's youth. Often, people are surprised at the high rates of mental health problems and mental illnesses in Australia, and particularly in youth. Therefore, you may find the information and statistics in this lesson overwhelming or confronting. However, these statistics also show that if you are suffering from a mental health illness, you are not alone. There is nothing to be ashamed of, and so many others, your peers, family, or friends may be struggling in similar ways.

There are many resources that can offer support to people struggling with mental health problems and/or mental illnesses. Not only can these resources provide support to people suffering, but they are also a place where people who are not suffering from mental health problems and/or mental illnesses can go to increase their knowledge and find ways to support other individuals. In the short-term, these resources can help to provide relief and help you feel good about making positive change. In the long-term, these resources can help to reduce the number of individuals in Australia suffering from mental health problems and/or mental illnesses. Some resources you can use include mental health organisations, such as Headspace, BeyondBlue, and Black Dog Institute. These organisations provide information that will help start you on a journey to improve your own mental health, help support a loved one struggling with their mental health, and ultimately improve mental health for Australian youth.

ACTIVITY 1

In this lesson you have learnt about data on mental health for Australian youth. The Mission Australia youth survey helped to contribute to some of this data. Every year, Mission Australia surveys thousands of youth online. This annual survey provides many young people aged 15 to 19 with a platform to have their voices heard about the issues that concern them and affect their lives. Search up '*Mission Australia Youth Survey*' in your browser, and read through their website. If available, complete the current Youth Survey to have your opinion included in their data.

Theory summary

In this lesson, you have learnt about data on mental health for youth in Australia. You have learnt about prevalence, incidence, and trends relating to mental health problems and mental illness in Australian youth.

6B QUESTIONS

Question 1

Incidence and prevalence can be used to measure mental health.

A True.

B False.

Question 2

Incidence is about new cases of a mental illness.

A True.

B False.

Question 3

Mental health problems and mental illnesses are rarely experienced by Australian youth.

A True.

B False.

Question 4

Mental health data may not always reflect the entire population accurately because (*Select all the apply*)

I   Reporting on mental health is subjective and therefore difficult to assess objectively.

II   Sometimes mental illnesses are deemed to be personal and private which can discourage people from sharing their struggles.

III Stigma surrounding mental health may discourage people from sharing or even being truly aware of their own mental health.

Question 5

Which of the following is a trend relating to mental health?

A   Over time it has been shown that people in the youth age group are more susceptible to developing a mental illness compared to other age groups.

B   Anxiety disorders, depressive disorders, and ADHD are types of mental disorders people may experience.

Skills

Data analysis
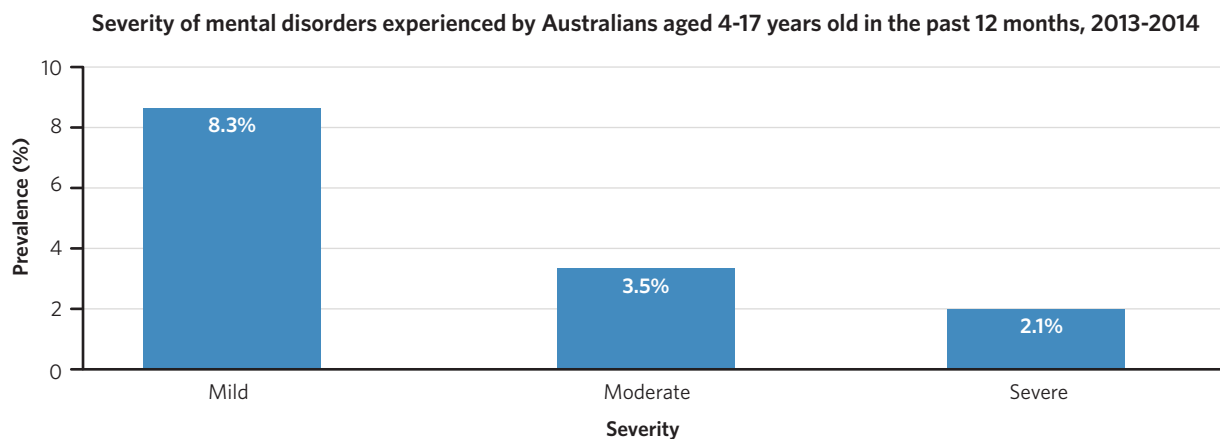
Use the following information to answer Questions 6-8.

Severity of mental disorders experienced by Australians aged 4-17 years old in the past 12 months, 2013-2014

Source: adapted from The Australian Government Department of Health, *The Mental of children and adolescents*, <https://www.health.gov.au/resources/publications/the-mental-health-of-children-and-adolescents>

Question 6

What does this graph measure?

A   Different types of mental disorders.

B   Mental disorders in different age groups.

C   Severity of mental disorders.

Question 7

Who is the population of the graph?

A   4-17 year olds without mental disorders.

B   4-17 year olds with mental disorders.

C   4-17 year olds.

Question 8

Identify which of the following statements about the graph are correct. *(Select all that apply)*

I   2.1% of 4-17 year olds with a mental disorder experience a severe mental disorder.

II   3.5% of 4-17 year olds with a mental disorder experience a moderate mental disorder.

III   8.3% of mental disorders experienced by 4–17 year olds are mild.

Exam-style questions

Question 9   (2 MARKS)

Outline the difference between incidence and prevalence.

Question 10   (2 MARKS)

Outline two trends related to mental health in Australian youth over time.

Question 11   (3 MARKS)
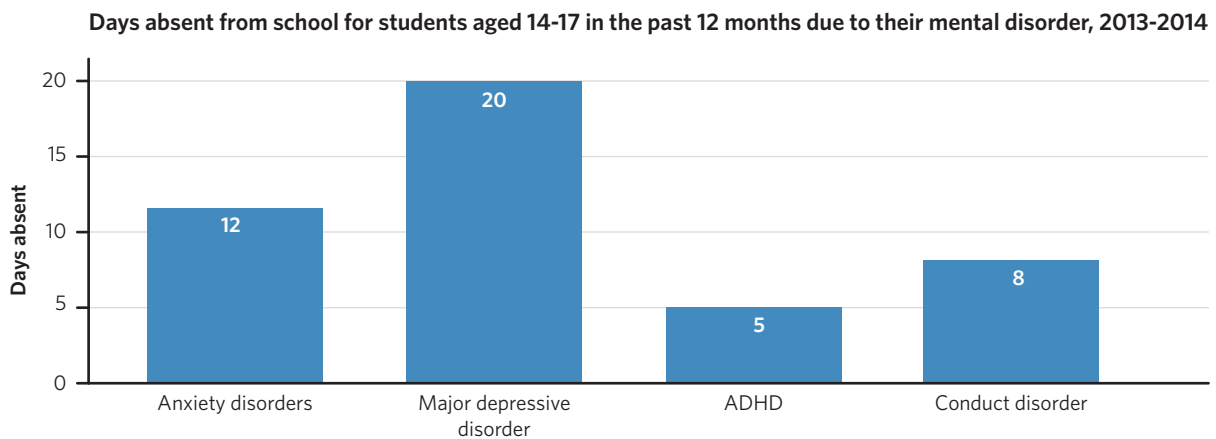
Days absent from school for students aged 14-17 in the past 12 months due to their mental disorder, 2013-2014

Source: adapted from The Australian Government Department of Health, *The Mental of children and adolescents*, <https://www.health.gov.au/resources/publications/the-mental-health-of-children-and-adolescents>

a   Identify the population represented in the graph. (1 MARK)

b   Using data, identify which mental disorder led to the highest number of days absent from school. (2 MARKS)

Question 12 (4 MARKS)

Using data, draw **two** comparisons between different population groups in the graph.

Self-harm in Australians aged 12-17 years old according to age and sex, 2013-2014
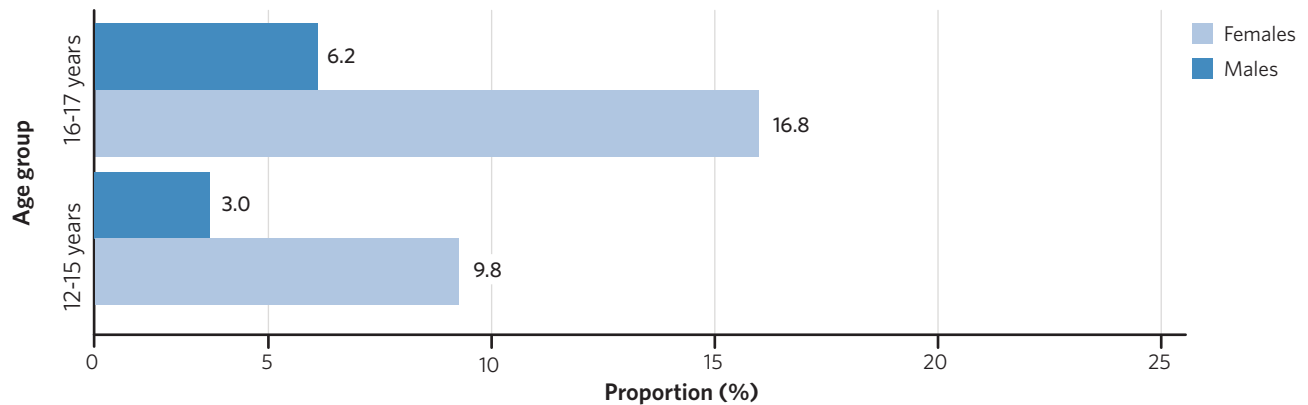
Source: adapted from The Australian Government Department of Health, *The Mental of children and adolescents*, <https://www.health.gov.au/resources/publications/the-mental-health-of-children-and-adolescents>

Question 13 (6 MARKS)

a Outline what is meant by burden of disease. (2 MARKS)

b Explain how mental illness may contribute to burden of disease. (4 MARKS)

Questions from multiple lessons

Question 14 (4 MARKS)

Kessler 10 level of psychological distress in Australians aged 11–17-year-olds, according to sex and age, 2013–2014

Sex	Age group	Low (%)	Moderate (%)	High (%)	Very high (%)
Male	11-15	57.6	29.2	9.9	3.3
	16-17	53.0	29.4	11.8	5.8
Female	11-15	49.8	28.9	14.7	6.6
	16-17	34.8	29.0	20.3	15.9

Source: adapted from The Australian Government Department of Health, *The Mental of children and adolescents*, <https://www.health.gov.au/resources/publications/the-mental-health-of-children-and-adolescents>

Levels of psychological distress can be used to measure mental health problems and mental illness in a population.

a Explain what is meant by psychological distress. (2 MARKS)

b Using data, draw a comparison between psychological distress experienced in males and females. (2 MARKS)

6C MENTAL HEALTH RISK AND PROTECTIVE FACTORS

Do you ever think that people who have good mental health are just 'lucky' and people who have poor mental health are just 'unlucky'? Is it really 'luck', or are there reasons why some people experience better mental health than others? Why is it that some people suffer from poor mental health throughout their entire life, and others rarely experience poor mental health? In this lesson, you will learn about mental health risk and protective factors and how they can impact mental health.

6A Mental health and the dimensions of health and wellbeing	6B Data on mental health	6C Mental health risk and protective factors	6D Community values and expectations	6E Mental healthcare services and support	6F Reducing the negative impact of mental health problems	6G Costs of mental health	6H Opportunities for advocacy and action

Study design dot point

- key features of one health and wellbeing focus relating to Australia's youth including:
  - impact on different dimensions of health and wellbeing
  - data on incidence, prevalence and trends
  - risk and protective factors
  - community values and expectations
  - healthcare services and support
  - government and community programs and personal strategies to reduce negative impact
  - direct, indirect and intangible costs to individuals and/or communities
  - opportunities for youth advocacy and action to improve outcomes in terms of health and equity

Key knowledge units

Risk factors	1.3.4.6
Protective factors	1.3.4.7

Mental health risk and protective factors

Risk factors 1.3.4.6   Protective factors 1.3.4.7

Risk factors 1.3.4.6

OVERVIEW

Are there actions or behaviours that you engage in that may be negatively influencing your mental health? In this section of the lesson, you will learn about mental health risk factors.

Study design key skills dot point

The following key skills dot point applies to the whole lesson:

- research and collect data on one particular health and wellbeing focus relating to youth, with critical analysis of its impact, management and cost

THEORY DETAILS

Mental health can be influenced by risk factors. **Risk factors** refer to things that can negatively impact health by increasing the likelihood of developing a disease, illness, or injury. There are many different things that can be considered mental health risk factors, such as low activity levels and unhealthy relationships. Mental health risk factors are discussed in table 1.

Table 1 Mental health risk factors
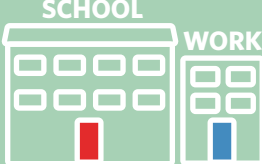
Risk factor	Explanation
Biological influences: genetics and chemical imbalances	Biological influences can make an individual more likely to experience a mental health problem and/or mental illness.
	The impact of biological influences can be seen through genetics. Some individuals may be genetically predisposed to poor mental health through hereditary factors, such as certain genes that increase the likelihood of developing a mental illness being passed on from parents to their offspring.
	The impact of biological influences can also be seen through chemical imbalances in the brain. An underproduction or overproduction of certain neurotransmitters in the brain, such as serotonin, dopamine, or gamma aminobutyric acid, can increase an individual's likelihood of developing mental illnesses, such as major depressive disorder or anxiety disorders. However, it is important to note that not just one chemical being imbalanced can be definitively said as causing mental illness: there are numerous chemical processes in the brain, as well as the environmental factors which can cause them, that all contribute to one's mental state (Harvard Health Publishing, 2019).
Poor diet	A poor diet can make an individual more likely to experience a mental health problem and/or mental illness. A poor diet may involve not consuming enough nutrient-dense food, such as fruit and vegetables, consuming too many energy-dense and processed foods, such as lollies and chips, or it may involve disordered eating behaviours, such as restriction and/or bingeing. Disordered eating can lead to the development of mental illnesses, such as anorexia, orthorexia, and binge-eating disorder, all of which are part of the mental illness category eating disorders. A diet consisting of large amounts of processed foods and a lack of nutritious food can be associated with poor mental health, as individuals may not be consuming adequate vitamins and minerals for optimal brain functioning. A poor diet can also negatively impact energy levels and mood, which can lead to poor mental health.
	For example, the Healthline article 'Your anxiety loves sugar' explores the link between diet and mental health. Some of the key points made by the article include that:
	• sugar can negatively affect your mood
	• sugar can impair your ability to cope with and manage stress
	• high sugar diets are associated with higher levels of depression
	• high sugar diets can lead to impaired cognition and brain functioning.
	(Healthline, 2020)
Low activity levels	Low activity levels can make an individual more likely to experience a mental health problem and/or mental illness. Low activity levels often involve an individual living a sedentary lifestyle, which may mean they do not leave their house often and therefore can negatively impact mental health, as individuals may be lacking any interaction with society. A lack of physical activity can also lead to poor brain functioning and can increase stress hormones in the body.
Lack of sleep	A lack of sleep can make an individual more likely to experience a mental health problem and/or mental illness. Sleep can impact many bodily functions, such as energy levels, hormone levels, cognition, and mood. If an individual lacks adequate sleep, they may experience poor concentration and have increased feelings of anger and irritability. This can lead to poor mental health, as individuals may begin to act irrationally, experience depression, or lose interest in daily life, due to fatigue.

cont'd

Table 1 Continued

Risk factor	Explanation
Excessive alcohol and drug use	Excessive alcohol and drug use can make an individual more likely to experience a mental health problem and/or mental illness. There are many reasons for this, such as the chemical effects of alcohol and drugs on the brain. Alcohol is a depressant, which means it slows nervous system activity. This can impact mood, which in turn may increase the likelihood of someone developing a mood-related disorder. Not only can drugs act as depressants, such as alcohol and marijuana, but they can also act as stimulants, such as cocaine, which increase nervous system activity, and can therefore lead to increased feelings of anxiety. Additionally, the extreme highs and extreme lows in mood and energy that are associated with excessive alcohol and drug use can increase an individual's likelihood of developing mental health issues. Another way that excessive drug and alcohol use can increase susceptibility to developing mental health problems and/or mental illnesses can be seen through an individual's lifestyle. If an individual is excessively using alcohol and drugs on a frequent basis, it may lead to them experiencing struggles in other areas of their life, such as relationship problems, which can increase the likelihood of mental health related issues.
Discrimination and/or bullying Image: Zunli/Shutterstock.con	Discrimination and bullying can make an individual more likely to experience a mental health problem and/or mental illness. Discrimination refers to the unjust treatment of people due to their membership within a certain social category. Individuals who experience discrimination may be more likely to have poor mental health. This is because discrimination is often upsetting and hurtful to the targeted individual and can result in them feeling isolated and worthless. Similarly to discrimination, bullying can also be damaging to the targeted individual, and can therefore increase the likelihood of experiencing mental health problems and/or mental illnesses.
Unhealthy relationships Image: ALX1618/Shutterstock.con	Unhealthy relationships can make an individual more likely to experience a mental health problem and/or mental illness. Unhealthy relationships may involve a lack of trust, poor communication, and/or different forms of abuse, such as verbal or physical abuse. Such relationships are often damaging as they can increase feelings of stress, anxiety, and concern. Unhealthy relationships may be damaging to just one individual, or to all individuals involved in the relationship.
Low socioeconomic status (SES)	Being positioned in a low socioeconomic status (SES) group can make an individual more likely to experience a mental health problem and/or mental illness. SES involves income, education, and occupation. If an individual has low SES, they may not be able to access resources that are important for good mental health, such as psychological treatment, knowledge, and nutritious food.
School/work environment	Negative school and/or work environments can make an individual more likely to experience a mental health problem and/or mental illness. Individuals often spend a large amount of time in their workplace or school environment, which means that the experiences people have in these places are often greatly influential on their state of mind. A negative work or school environment may involve: • stressful deadlines • unsupportive peers or coworkers • unsafe physical conditions.
Social media	Negative impacts of social media can make an individual more likely to experience a mental health problem and/or mental illness. Social media refers to online platforms that are used to communicate and share information, such as Instagram and Snapchat. Social media can have many negative impacts on mental health, such as lowering self-esteem and self-worth, increasing stress and anxiety, and increasing feelings of loneliness and isolation. This may be due to many people on social media apps presenting only the best versions of themselves, which is commonly referred to as the 'highlight reel' of their life. This means people only show their positive experiences, such as going out with friends or travelling, and avoid showing any experiences that may be perceived badly, such as losing their job. Often, this can lead to individuals comparing themselves and their lives to unrealistic standards, which can contribute to the negative impacts of social media. *cont'd*

Table 1 Continued

Risk factor	Explanation
Trauma	Trauma can make an individual more likely to experience a mental health problem and/or mental illness. Trauma refers to the experience of and response to an event that is significantly distressing, such as assault, the experience of war or a natural disaster, the death of a loved one, or being involved in a severe vehicle accident. Trauma can lead to an individual developing the mental disorder known as post-traumatic stress disorder (PTSD), and can also increase the likelihood of other mental disorders, such as an anxiety disorder. This is because trauma can involve heightened stress, feelings of being overwhelmed, and low self-esteem.
Life challenges and stressors Image: Motorama/Shutterstock.com	Significant life challenges and stressors can act as a mental health risk factor. Life challenges and stressors that may increase an individual's susceptibility to developing a mental health problem and/or mental illness may include the death of a loved one, divorce, or losing a job. The experience of such events may lead to negative emotions, such as feelings of depression, anxiety, and/or stress. Such emotions can lead to the development of a mental health problem or mental illness. Often, the more life challenges and stressors an individual experiences, the more likely they are to experience poor mental health. It is important to understand that usually the impact of life challenges and stressors are dependent upon an individual's ability to manage them, which is their level of resilience. It is when life challenges and stressors become unmanageable for an individual that they become a mental health risk factor.
Shame and stigma	Shame and stigma can make an individual more likely to experience a mental health problem and/or mental illness. Stigma refers to the disapproval or disgrace associated with a particular thing, whilst shame is a feeling of embarrassment or guilt. Many people suffering from mental health problems and mental illnesses can feel shame about their condition due to stigma. This shame can lead to people not seeking help when experiencing poor mental health, which can worsen symptoms and lead to the development of a mental disorder. Stigma of mental illness involves the misconceptions that individuals suffering from poor mental health are 'weak' or are not actually experiencing a genuine medical disorder. Therefore, people often hide their mental health problems and mental illnesses from others in fear of being ridiculed or perceived negatively by others. An insightful and interesting TEDx Talks presentation by Dr Jeffrey Lieberman explores the impact of stigma on mental health, and what life would be like if mental health stigma didn't exist. On YouTube, search up '*Imagine There Was No Stigma to Mental Illness, Dr Jeffrey Lieberman*' (TEDx Talks, 2016) and watch the entire twenty-two minute and seven second video.
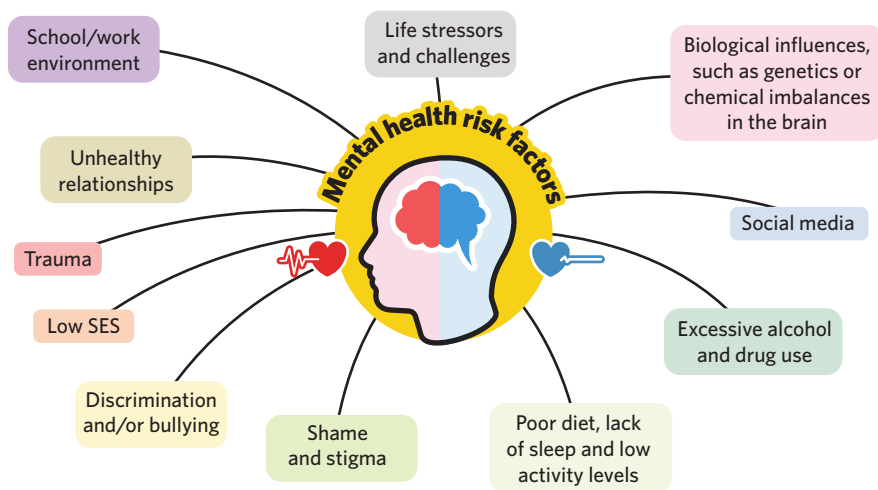
Figure 1 Summary of mental health risk factors

Want to know more?

There are many misconceptions about how and why people develop mental illnesses. One of these misconceptions is in regards to the biological basis of mental illness. Some people believe that mental illnesses are not genuine medical conditions in the same way that physical illnesses are, despite the fact that the susceptibility to developing a mental illness is often influenced by the state of an individual's brain. On YouTube, search up ' *The Science of Depression, AsapSCIENCE*' (AsapSCIENCE, 2014) and watch the entire three minute and forty-six second video about the relationship between biology and depression.

> **Want to know more?**
>
> A surprising yet uncommonly discussed mental health risk factor is actually having a mental illness. Often, the presence of one mental illness in an individual increases their likelihood of developing more mental illnesses. The article 'The hidden links between mental disorders' (Nature, 2020) discusses this idea and the way in which mental illnesses are diagnosed. Type *nature.com/articles/d41586-020-00922-8* into your browser to read the article.

Protective factors 1.3.4.7

OVERVIEW

Are there actions or behaviours you engage in that may be positively influencing your mental health? In this section of the lesson, you will learn about mental health protective factors.

THEORY DETAILS

Mental health can be influenced by protective factors. **Protective factors** refer to things that reduce the likelihood of negative health outcomes and reduce the potential negative impact of a risk factor on health. Similar to mental health risk factors, there are also many different things that can be considered mental health protective factors, these help to improve mental health. Mental health protective factors are discussed in table 2.

KEY DEFINITIONS
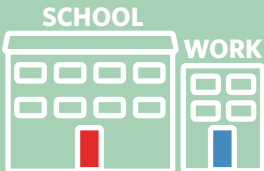
Protective factors refer to things that reduce the likelihood of negative health outcomes and reduce the potential negative impact of a risk factor on health

Table 2 Mental health protective factors

Protective factor	Explanation
Good diet Image: timicons/Shutterstock.com	A good diet can make an individual less likely to experience a mental health problem and/or mental illness. The consumption of healthy and nutrient-dense foods, such as fruits and vegetables, helps to ensure optimal brain functioning. This can help improve an individual's cognition, concentration, and mood, therefore promoting good mental health.
Regular exercise Image: Leremy/Shutterstock.com	Regular exercise can make an individual less likely to experience a mental health problem and/or mental illness. Exercise releases endorphins which can promote positive emotions and help an individual feel good about themselves. Exercise can also be used as an outlet for stress and anxiety; therefore, it can act as a healthy tool for coping with mental health challenges.
Adequate sleep 	Adequate sleep can make an individual less likely to experience a mental health problem and/or mental illness. Sleep is vital for good health, as it allows the brain and the body to repair, recover, and rest. Adequate sleep involves getting the right quality and quantity of sleep. Adequate sleep is important to ensure individuals have optimal brain functioning. In this way, adequate sleep promotes good mental health, as individuals are more likely to experience a positive and regulated mood and be in a healthy state of mind.
Healthy and positive relationships Image: Cube29/Shutterstock.com	Healthy and positive relationships can make an individual less likely to experience a mental health problem and/or mental illness. Healthy and positive relationships involve feelings of safety, trust, and care. They also involve healthy and effective communication, and promote self-esteem and confidence in an individual. Healthy and positive relationships are important for good mental health as they can: • help an individual feel positively about themselves • provide support for individuals • decrease feelings of isolation and loneliness. *cont'd*

Table 2 Continued

Protective factor	Explanation
Mental health support services Image: iconim/Shutterstock.com	The use of mental health support services can make an individual less likely to experience a mental health problem and/or mental illness. Mental health support services can provide advice and strategies about how to improve mental health for individuals struggling with poor mental health. Additionally, mental health support services can provide comfort and reassurance for struggling individuals, and help them to feel better about themselves and less alone. Mental health support services can include: • seeing a psychologist, psychiatrist, or counsellor • using websites or apps that are focused on mental health, such as Beyond Blue and Headspace • using phone services, such as Lifeline or other mental health hotline services. Later on in chapter 6, you will learn all about different mental health support services available in more detail.
Medication Image: cavidali/Shutterstock.com	Medication, when used appropriately, can make an individual less likely to experience a mental health problem and/or mental illness. Due to the impact of hormone and neurotransmitter levels in the brain, some mental illnesses benefit from being treated with medication that helps to regulate or increase hormone and neurotransmitter levels in the brain. The 'Want to know more?' box titled 'Medication for mental illness' explores this topic in more detail if you wish to extend your learning.
Regular mental health discussions and reducing stigma 	Reducing stigma around mental health can make an individual less likely to experience a mental health problem and/or mental illness. As previously discussed in table 1, stigma can increase the likelihood of an individual suffering from poor mental health. Therefore, reducing stigma, can act as a mental health protective factor. If individuals are exposed to regular discussions about mental health in a positive and understanding way, such as talking about how they feel and how they can manage their mental health, the negative misconceptions about mental health will be reduced. In this way, stigma will have less of a damaging impact on mental health.
Positive life experiences 	Positive life experiences can make an individual less likely to develop a mental health problem and/or mental illness. Positive life experiences are about an individual's day-to-day life involving regular activities that provide enjoyment, such as seeing friends, being able to go to school, and/or engaging with family. When an individual has positive life experiences, they are more likely to feel positively about their life, promoting good mental health.
Manageable life stressors Image: Vadym Nechyporenko /Shutterstock.com	Manageable life stressors can make an individual less likely to experience a mental health problem and/or mental illness. Having manageable life stressors involves the idea that despite an individual experiencing stressors, they are able to cope with them. Having stressors that are manageable can mean that: • stressors are not overly severe or intense • lots of stressors do not occur all at once • coping strategies are in place in order to deal with any stressors that arise in a healthy way. In this way, the negative impact of stressors are reduced and/or eliminated, as an individual is able to deal with the challenges in their life. Additionally, being able to cope with stressors not only reduces their negative impact, but also can help an individual feel good about themselves as they have the ability to be resilient and deal with adversity.
Healthy work and/or school environment 	A healthy work and/or school environment can make an individual less likely to experience a mental health problem and/or mental illness. A healthy work and/or school environment may involve receiving support and encouragement from peers and coworkers, being able to effectively complete tasks without excessive stress, and feeling safe and comfortable in the environment. This can help promote good mental health, as it can provide individuals with a sense of fulfilment and can provide individuals with a place of support and care.
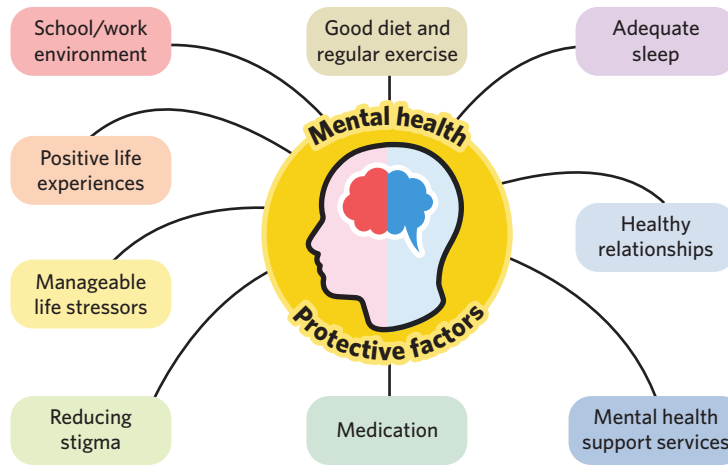
Figure 2 Summary of mental health protective factors

ACTIVITY 1

Create a visual tool that displays mental health protective factors that you can use in your day-to-day life to improve your own mental health. The following figure provides a brief example of how you could represent this. You can copy this figure onto a blank piece of paper and fill it in, or you can create your own version.
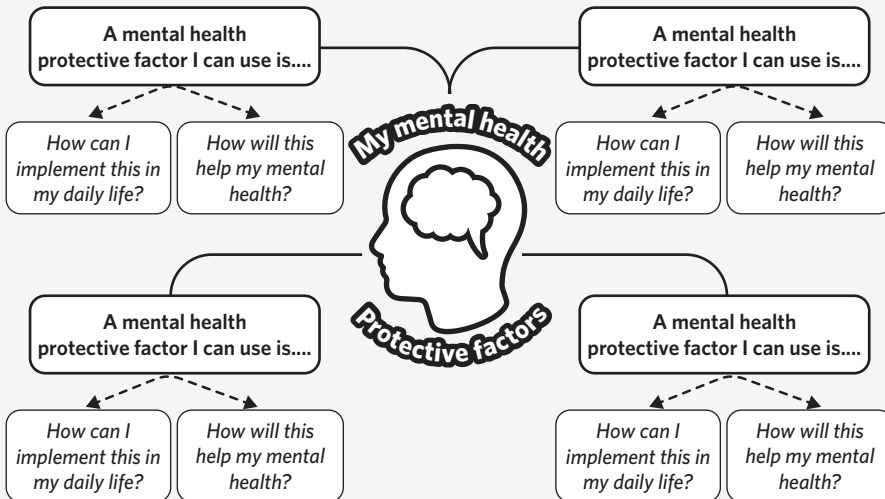
Want to know more?

Diet plays an important role in mental health. On YouTube, search up '*The surprisingly dramatic role of nutrition in mental health, Julia Rucklidge*' (TEDx Talks, 2014) and watch the entire seventeen minute and forty-two second TEDx Talk presentation.
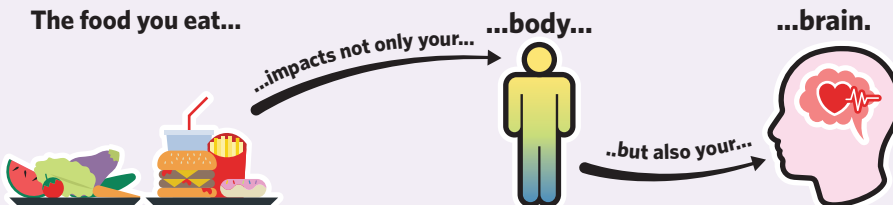
Figure 3 Nutrition can impact mental health

Lesson link

In lesson **3A: Major nutrients**, you learnt about the function of different nutrients for the human body. From what you learnt throughout chapter 3, you will understand that adequate nutrition is essential for good health and wellbeing. This relates to this lesson, as we discuss the importance of adequate nutrition for good mental health. You can combine your knowledge of nutrients and your knowledge of good mental health to help aid your explanations as to why adequate nutrition is important for an individual's mental state.

Want to know more?

Medication for mental illness

Medication can be used to help assist the treatment of mental illness. Often, medication is used to help regulate or increase the levels of hormones and neurotransmitters in the brain. Medication can be prescribed by an individual's GP (general practitioner) or psychiatrist. Some types of medications used to assist the treatment of mental illness include:

- antidepressants are medications used to treat depressive disorders and some anxiety disorders, and often act by aiming to increase levels of serotonin, norepinephrine, and dopamine in the brain
- antipsychotics are medications used to treat psychotic disorders, and often involve altering dopamine levels in the brain and altering brain circuitry
- mood stabilisers are medications used to treat mood disorders, specifically bipolar disorders, and are involved in decreasing abnormal brain activity
- anti-anxiety medications, also known as anxiolytics, are medications used to treat anxiety disorders. The way they work in the brain depends on the specific type of medication used, but often they impact the levels of dopamine, GABA, serotonin, and norepinephrine
- stimulants are medications often used to treat ADHD, and often aim to increase dopamine levels in the brain.

Figure 4 Medication can be used to help treat mental illness

Useful tip

The presence and/or absence of mental health protective and/or risk factors does not guarantee the state of an individual's mental health. If an individual has many mental health protective factors and few mental health risk factors, it does not guarantee that they will be free from mental health problems and mental illnesses for their entire life. In the same way, if an individual has many mental health risk factors and few mental health protective factors, it does not mean that they will suffer from poor mental health for their entire life. Therefore, in Health and Human Development, it is beneficial to use words such as 'may' or 'is likely to', in order to avoid making certain and definitive statements about an individual's mental state.

ACTIVITY 2

As discussed throughout this lesson, stigma plays a huge role in mental health. Reducing stigma is important to help promote good mental health. A way that people can reduce stigma about mental health is through having an accurate understanding of mental illness. The article '*Medical myths: Mental health misconceptions*' (Medical News Today, 2020) debunks common myths about mental illness. Type *medicalnewstoday.com/articles/medical-myths-mental-health-misconceptions* into your browser to read the article. Use the following prompts to initiate a class discussion.

- Which myths were you aware of? Which ones were you not aware of?
- Before you read the article, did you believe any of the myths were true?
- Why do you think misconceptions about mental illness are harmful?
- Do you know any other myths about mental illness?

Theory summary

In this lesson you have learnt about the impact of risk and protective factors on mental health. Figure 5 presents a summary of this lesson.

6C: Mental health risk and protective factors

Risk factors: refer to something that can negatively impact health by increasing the likelihood of developing a disease, illness, or injury

Protective factors: refer to something that reduces the likelihood of negative health outcomes and reduces the potential negative impact of a risk factor on health

Mental health risk factors include:
- poor sleep
- unhealthy relationships
- significant life challenges and stressors
- discrimination and bullying
- other factors that negatively influence mental health.

Mental health protective factors include:
- good diet
- use of mental health support services
- healthy work and/or school environment
- regular exercise
- other factors that positively influence mental health.

Figure 5 An overview of mental health risk and protective factors

6C QUESTIONS

Theory-review questions

Question 1

Mental health can be negatively influenced by risk factors and positively influenced by protective factors.

A   True.

B   False.

Question 2

If an individual has a poor diet, they will definitely suffer poor mental health.

A   True.

B   False.

Question 3

Which of the following positively impact mental health? *(Select all that apply)*

I   Healthy relationships.

II   Lack of sleep.

III Using mental health support services.

Question 4

Adequate sleep can act as a mental health protective factor, as it is important for good mental health. Therefore, inadequate sleep can act as a mental health risk factor.

A   True.

B   False.

Question 5

So long as the number of risk factors is outweighed by the number of protective factors, mental illness can be prevented.

A   True.

B   False.

Skills

Unpacking the case study

Use the following information to answer Questions 6-8.

Miles has just graduated from high school and is enjoying some time off over the summer. Miles doesn't have a job, and now that he doesn't have to study for exams, he is feeling very relaxed. Miles has manageable life stressors, as he has been able to cope with challenges, such as when he didn't get an early university offer like his friends. Due to having lots of free time, Miles has been hanging out with his friends all the time, which often involves drinking excessive amounts of alcohol. The excessive drinking often makes Miles feel down and feel badly about himself. Now, Miles rarely gets enough sleep and has been eating poorly. Miles thinks he is fine, but his family is worried about him, so he is going to see a psychologist to get some advice.

Question 6

A mental health protective factor is most reflected by the statement that

A   'Miles has manageable life stressors'.

B   'Miles has been hanging out with his friends all the time, which often involves drinking alcohol in excess'.

Question 7

A mental health risk factor is most reflected by the statement

A   'Miles' family is worried about him'.

B   'Now, Miles rarely gets enough sleep and has been eating poorly.'

Question 8

A mental health protective factor is most reflected by the statement that

A 'he is going to see a psychologist to get some advice'.

B 'Miles thinks he is fine'.

Exam-style questions

Question 9 (2 MARKS)

a Identify a risk factor that influences mental health. (1 MARK)

b Identify a protective factor that influences mental health. (1 MARK)

Question 10 (2 MARKS)

Kayla works hard to ensure she has a healthy diet through eating lots of fresh fruit and vegetables and a variety of whole grains.

Describe how Kayla's diet may act as a mental health protective factor.

Question 11 (3 MARKS)

a Identify a mental health risk factor. (1 MARK)

b Using the mental health risk factor identified in **part a**, explain how this risk factor increases the likelihood of experiencing poor mental health. (2 MARKS)

Question 12 (3 MARKS)

Identify a mental health protective factor and discuss how it decreases the likelihood of experiencing poor mental health. Use an example to support your answer.

Question 13 (3 MARKS)

Provide **three** examples of mental health protective factors.

Question 14 (4 MARKS)

Using examples, compare what is meant by 'risk factors' and 'protective factors'.

Questions from multiple lessons

Question 15 (2 MARKS)

There are a range of ways that food is marketed and promoted towards youth. Social media is one example of this.

Outline how the marketing and promotion of food on social media may act as a mental health risk factor.

6D COMMUNITY VALUES AND EXPECTATIONS

Famous psychologist Philip Zimbardo once said that 'human behaviour is more influenced by things outside of us than inside' (Dreifus, 2007). Do you think this is true? Do the different communities you are a part of influence who you are? In this lesson, you will learn about the impact of community values and expectations on mental health and the development and implementation of mental health programs.

Image: justaa/Shutterstock.com

6A Mental health and the dimensions of health and wellbeing	6B Data on mental health	6C Mental health risk and protective factors	6D Community values and expectations	6E Mental healthcare services and support	6F Reducing the negative impact of mental health problems	6G Costs of mental health	6H Opportunities for advocacy and action

Study design dot point

- key features of one health and wellbeing focus relating to Australia's youth including:

    – impact on different dimensions of health and wellbeing

    – data on incidence, prevalence and trends

    – risk and protective factors

    – community values and expectations

    – healthcare services and support

    – government and community programs and personal strategies to reduce negative impact

    – direct, indirect and intangible costs to individuals and/or communities

    – opportunities for youth advocacy and action to improve outcomes in terms of health and equity

Key knowledge units

Community values and expectations   1.3.4.8

Community values and expectations

Community values and expectations 1.3.4.8

Community values and expectations 1.3.4.8

OVERVIEW

Throughout chapter 6, you have learnt that poor mental health is increasingly common amongst Australian youth. How can we reduce the number of Australian youth suffering from poor mental health? One way is through the implementation of mental health programs within communities. How can these programs be successfully implemented and developed in a community? The values and expectations of a community can help to provide guidance about how to create and implement successful mental health programs.

Study design key skills dot point

The following key skills dot point applies to the whole lesson:

- research and collect data on one particular health and wellbeing focus relating to youth, with critical analysis of its impact, management and costs

THEORY DETAILS

The values and expectations of a community play an important role in the development of mental health programs. A community refers to a group of people that share a similar characteristic, such as where they live. Communities often have specific values and consequent expectations for mental health programs. The values of a community often influence the expectations of a community. For example, if a community values respect, then it is likely that the community will expect mental health programs to be respectful. Community values and expectations are important in developing and implementing mental health programs for youth; as such, programs are unlikely to be successful if they do not consider the values and expectations of the young people who are going to be using the program. Table 1 outlines a few common community values and expectations related to mental health programs for youth.

Lesson link

In lesson **5C: Community values and expectations of youth health and wellbeing programs**, you learnt about community values and expectations for youth health and wellbeing programs. Similarly, in this lesson, you are learning about community values and expectations. However, these community values and expectations will be discussed in relation to mental health programs

Table 1 Community values and expectations for mental health programs

	Community value and expectation		
	Respect	**Confidentiality and privacy**	**Accessibility**
Explanation	Communities value respect and therefore a community expectation is that mental health programs for youth are respectful. This can involve: • mental health programs being culturally appropriate and considerate. • mental health programs showing understanding and care towards all people. • mental health programs treating people fairly.	An important community value, and consequent expectation, is that youth mental health programs are focused on ensuring privacy and confidentiality when necessary. Confidentiality involves a person's right to have their personal details kept private. This can involve: • mental health programs ensuring that people's personal information is private and confidential. • ensuring that mental health programs that have one-on-one sessions between a healthcare professional and patient meet necessary privacy and confidentiality laws and requirements, including no disclosure of information shared unless someone's safety is at risk. • allowing people to remain anonymous if they wish to be.	Accessibility is a common community value and expectation for youth mental health programs. This can involve: • ensuring that mental health programs are affordable for all people and will not put people in a state of financial stress. • ensuring that mental health programs are available to people regardless of their geographical location. • ensuring that mental health programs can be used by people with physical and/or intellectual disabilities. • developing mental health programs that can be used by people regardless of factors, such as race, religion, sex, gender, or sexual orientation. • developing mental health programs that accommodate for the needs of all people.
Importance	Respect is important for developing and implementing successful youth mental health programs because young people will be more likely to engage with a mental health program if they feel respected and valued. Some young people may feel shame or feel embarrassed about seeking mental health support due to stigma in society. As such, it is important that people are treated with respect and not made to feel lesser than others if they seek help through accessing a program/service.	Confidentiality and privacy are important for developing and implementing successful youth mental health programs because mental health can be a personal issue for many young people. Often, young people value privacy and confidentiality when sharing information about their mental health. This means that young people are more likely to use a mental health program if they know their desire for privacy and confidentiality will be met.	Accessibility is important for developing and implementing successful youth mental health programs because it means more young people will feel comfortable and safe using a program, and therefore more young people will experience the benefits of using the program. Additionally, young people who feel catered for in a program are more likely to be engaged and responsive to advice and support provided.
Example	Mental health programs may demonstrate respect through valuing and caring for the people who use their program. For example, Mind Australia lists one of their goals as being customer and consumer-focused, demonstrating that they value and respect the opinions and needs of the people involved with their organisation (Mind Australia, 2021).	Often, mental health programs will demonstrate privacy and confidentiality through having clear policies regarding patient confidentiality. For example, Mental Health Australia has a Code of Conduct that outlines a range of policies for their organisation, including confidentiality requirements (Mental Health Australia, 2021). The Code of Conduct can be accessed on the Mental Health Australia website.	Mental health programs may demonstrate accessibility through ensuring their services are accommodating to all people regardless of personal factors, such as sexual identity or sexual orientation. For example, Headspace presents the LGBTQIA+ flag on their website and states that they are committed to embracing diversity and eliminating discrimination in regards to accessing health services (Headspace, 2021).

cont'd

Table 1 Continued

	Community value and expectation		
	Targvet and relevance	**Effectiveness**	**Empowerment and resilience**
Explanation	A community value is that youth mental health programs are relevant and targeted. This can involve: • creating mental health programs that provide support based on what people actually need/the issues a specific community actually faces. • ensuring that mental health programs are developed in a way that are specific to their target audience, for example, if targeted at youth compared to adults.	A community value and expectation in relation to youth mental health programs is that they are actually effective and create positive change and results. This can involve: • mental health programs using strategies and providing information that is backed by scientific research. • mental health programs using a method to track individual and community mental health progress.	Resilience and empowerment are often valued by a community. Therefore, it is expected that youth mental health programs help develop resilience and empower individuals in the community. This can involve: • developing mental health programs that encourage people to learn skills and strategies that they can use outside of the program. • ensuring that mental health programs promote positive behaviour change. • developing mental health programs that increase people's self-confidence and self-esteem.
Importance	Target and relevance are important for developing and implementing successful youth mental health programs because it means that programs will be actually relevant and suitable for their audience, and are therefore more likely to lead to greater mental health outcomes among youth. This means young people may be more inclined to use the program, as it targets them and their needs.	Effectiveness is important in youth mental health programs because in order to actually improve mental health for young people in a community, the strategies and support that is provided needs to be beneficial and generate improved results.	Empowerment and resilience are important for developing and implementing successful youth mental health programs because in order to promote mental health, young people need to be able to develop skills and behaviours that they feel confident using in their own life.
Example	Mental health programs may demonstrate target and relevance through using the opinions and knowledge from people with mental health experience to ensure that the programs provided are relevant for the targeted individuals. For example, the Butterfly Foundation for eating disorders was developed and created by a mother whose two daughters suffered from anorexia nervosa (Butterfly Foundation, 2021). Therefore, it is likely that the program is more effective for and tailored to individuals with eating disorders, as it has been developed by someone with first-hand experience.	Mental health programs may demonstrate effectiveness through using research and statistics to guide their work and the programs they provide. For example, the organisation Smiling Mind includes a variety of scientifically supported information on their website about the benefits of mindfulness for mental health (Smiling Mind, 2021). Additionally, their effectiveness is shown through their focus on results, as approximately 16% of individuals engaging with Smiling Mind services experienced improved mental health compared to their peers who were not using Smiling Mind.	Mental health programs may demonstrate empowerment and resilience through encouraging and teaching people how to make a difference. For example, The Movember organisation helps to empower people through developing their own skills with their 'Movember conversations' program (Movember, 2021). Movember conversations provides advice on how to approach difficult conversations about men's mental health and encourages people to check on and reach out to the men in their life.

ACTIVITY 1 - CLASS DISCUSSION

Use the following questions and prompts to initiate a class discussion about the implementation and development of mental health programs.

• Which of the values and expectations discussed in this lesson resonate with you? Why or why not?
• Can you think of any other values and expectations of mental health programs that are important? What are they?
• In your opinion, what is the most important value and expectation of mental health programs? Why?
• If you were to create a mental health program, what are the top five things you would ensure were involved in the development and implementation of the program?

Theory summary

In this lesson, you have learnt about different community values and expectations, such as respect, privacy, and accessibility. You have also learnt about the importance of these values in developing and implementing successful mental health programs in the community.

6D QUESTIONS

Theory-review questions

Question 1

Community values and expectations often help to create mental health programs that are successful.

A True.

B False.

Question 2

Respect is often a community value.

A True.

B False.

Question 3

Mental health programs are more successful if they are not confidential.

A True.

B False.

Question 4

Accessibility is a community value and expectation for mental health programs and is only about ensuring that mental health programs are affordable.

A True.

B False.

Question 5

Which of the following are important for successful mental health programs? *(Select all that apply)*

I Keeping people's personal information private.

II Respecting people who want to use the program.

III Creating a comfortable space for all people regardless of personal factors, such as race.

Skills

Unpacking the case study

Use the following information to answer Question 6–8.

A mental health program for youth has been developed and has just been trialled in a local community. Before the program was introduced a survey was given to youth in the community to find out what they felt was needed in the program. The majority of the responses suggested that youth value programs that focus on their specific needs and expected that this program would focus on their desire to manage stress and anxiety in school. Therefore, the people involved in developing the program made sure to have stress and anxiety at the centre of the program. This meant that a large number of youth in the community enrolled in the trial of the program. The survey also suggested that youth valued their privacy and expected that their personal mental health experiences and troubles would not be shared with other people in and out of the program. So far, the trial of the mental health program has been successful, but some small changes will be made before it is permanently implemented in the community.

Question 6

A community value and expectation is reflected by the statement that

A   'The survey also suggested that youth valued their privacy and expected that their personal mental health experiences and troubles would not be shared with other people in and out of the program'.

B   'So far, the trial of the mental health program has been successful, but some small changes will be made before it is permanently implemented in the community'.

Question 7

A community value and expectation is reflected by the statement that

A   'This meant that a large number of youth in the community enrolled in the trial of the program'.

B   'Majority of the responses suggested that youth value programs that focus on their specific needs, and expected that this program would focus on their desire to manage stress and anxiety in school'.

Question 8

The importance of community values and expectations for successful mental health programs is reflected by the statement that

A   'This meant that a large number of youth in the community enrolled in the trial of the program'.

B   'A mental health program for youth has been developed and has just been trialled in a local community'.

Exam-style questions

Question 9   (2 MARKS)

Describe how respect is a community value and expectation of mental health programs.

Question 10   (3 MARKS)

List three common community values of mental health programs.

Question 11   (4 MARKS)

a   Explain how privacy is a community value and expectation of mental health programs. (2 MARKS)

b   Discuss the importance of privacy for developing successful mental health programs. (2 MARKS)

Question 12   (4 MARKS)

Justify why accessibility is needed for mental health programs to be successful in a community.

Question 13   (5 MARKS)

a   Identify a community value of mental health programs. (1 MARK)

b   Outline how the value identified in **part a** leads to an expectation of mental health programs. (2 MARKS)

c   Describe how the expectation outlined in **part b** is important for developing successful mental health programs. (2 MARKS)

Questions from multiple lessons

Question 14   (3 MARKS)

The use of mental health support services can act as a mental health protective factor.

Outline how **one** community value and expectation is important in ensuring mental health support services can be used as a mental health protective factor.

6E MENTAL HEALTHCARE SERVICES AND SUPPORT

When you have a cold, you usually go to a doctor, or maybe a pharmacist. When you have muscle pain, or back problems, you might go to a physiotherapist. But what about when you are feeling more anxious than usual, or finding it too hard to get through basic day-to-day activities? Where do you go when you are experiencing poor mental health? In this lesson, you will learn about mental healthcare services and support that are part of Australia's health system.

Image: GoodStudio/Shutterstock.com

6A Mental health and the dimensions of health and wellbeing	6B Data on mental health	6C Mental health risk and protective factors	6D Community values and expectations	6E Mental healthcare services and support	6F Reducing the negative impact of mental health problems	6G Costs of mental health	6H Opportunities for advocacy and action

Study design dot point

- key features of one health and wellbeing focus relating to Australia's youth including:

    – impact on different dimensions of health and wellbeing

    – data on incidence, prevalence and trends

    – risk and protective factors

    – community values and expectations

    – healthcare services and support

    – government and community programs and personal strategies to reduce negative impact

    – direct, indirect and intangible costs to individuals and/or communities

    – opportunities for youth advocacy and action to improve outcomes in terms of health and equity

Key knowledge units

Mental healthcare services and support	1.3.4.9
Mental healthcare professionals	1.3.4.9.1
Hospital and emergency care for mental health	1.3.4.9.2

Mental healthcare services and support

Mental healthcare services and support 1.3.4.9

Mental healthcare professionals 1.3.4.9.1   Hospital and emergency care for mental health 1.3.4.9.2

Mental healthcare services and support 1.3.4.9

OVERVIEW

There are a range of healthcare services and support options available for mental health provided by Australia's health system, which we will discuss in this lesson.

THEORY DETAILS

Healthcare involves providing medical care for people, with the aim of maintaining or improving health. In this way, **mental healthcare** is the provision of care for people experiencing mental health problems and mental illnesses, through a range of prevention and treatment services, with the aim of improving mental health. Mental healthcare services and support are often provided through healthcare professionals, and hospital and emergency care. Healthcare services and support for mental health offered by Australia's health system are presented in figure 1.
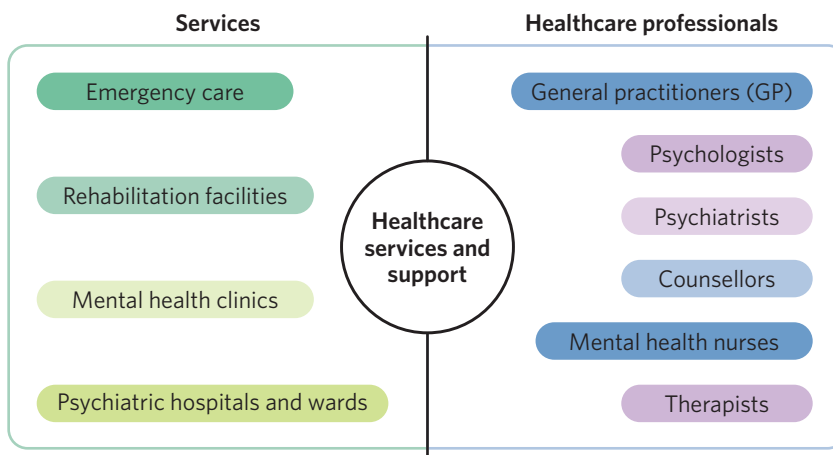
Figure 1 Healthcare services and support for mental health

> **Want to know more?**
>
> Although there are a variety of mental healthcare services available in Australia, there are still flaws within the mental healthcare system. Receiving suitable and quality mental healthcare when needed is still a struggle for many individuals. Some reasons for this include the:
>
> - cost of treatment
> - availability of treatment
> - quality of treatment.
>
> The eye-opening article, '*The worst it's ever been: Guardian readers tell us about Australia's mental health system*' (The Guardian, 2021) explores people's experiences with the mental health system in Australia. Type *theguardian.com/australia-news/2021/apr/19/the-worst-its-ever-been-guardian-readers-tell-us-about-australias-mental-health-system* into your browser to read the article.

Mental healthcare professionals 1.3.4.9.1

Often, the most common way to receive mental healthcare is by visiting a healthcare professional. Healthcare professionals that can provide mental healthcare include general practitioners (GPs), psychologists, psychiatrists, mental health nurses, counsellors, and therapists. The roles of each of these professionals in the provision of mental healthcare are explained in table 1.

Study design key skills dot point

The following key skills dot point applies to the whole lesson:

- research and collect data on one particular health and wellbeing focus relating to youth, with critical analysis of its impact, management and costs

KEY DEFINITION

Mental healthcare is the provision of care for people experiencing mental health problems and mental illnesses, through a range of prevention and treatment services, with the aim of improving mental health

Lesson link

In lesson *6F: Reducing the negative impact of mental health problems*, you will learn about mental health programs that offer support for people experiencing poor mental health. You will learn about a range of government and community mental health programs, such as BeyondBlue, and learn about how they operate and aim to improve mental health. Such programs, and the healthcare services provided through Australia's health system which are discussed in this lesson, both work to improve mental health.

Table 1 Healthcare professionals that can provide mental healthcare

Healthcare professional	Explanation
General practitioner (GP)	A general practitioner (GP) is a doctor involved in providing general medical healthcare. A GP can be a beneficial first point of contact for receiving mental healthcare. A GP can provide you with general advice for improving your mental health, and can also provide you with resources and refer you to specialist support. A key service that GPs can provide is a mental health treatment plan. A mental health treatment plan is a plan created by a GP in collaboration with the individual experiencing mental health problems. The plan often involves an overview of an individual's mental health, strategies for mental health, and usually includes a referral to a specialist, such as a psychologist or psychiatrist. In a mental health treatment plan, an individual and their GP may also set mental health goals. Another way GPs can provide mental healthcare is through their ability to prescribe medication. If an individual requires medication for a mental illness, such as antidepressants, these can be prescribed by their GP. An individual may visit their GP for mental healthcare when they begin experiencing issues regarding their mental health and are unsure of where to access support, or if an individual wants advice or strategies for maintaining good mental health.
Psychologist	A psychologist is a health professional who specialises in the study of mental states. Psychologists who help to provide treatment for individuals experiencing psychological problems are called clinical psychologists, but are more commonly referred to as psychologists. Psychologists are not doctors, and therefore cannot prescribe medication. However, due to being qualified by the Australian Psychological Society (APS), psychologists can diagnose mental illnesses. An individual may see a psychologist when they are struggling with their mental health and are looking for ways to improve their mental health. Psychologists can provide advice and strategies for people struggling with their mental health. Often, psychologists use psychological therapy, such as 'talking therapy', to help support an individual's mental health. One form of talking therapy is cognitive behavioural therapy (CBT). The 'Want to know more box?' titled 'Psychological therapy' provides more information about CBT if you wish to extend your learning.
Psychiatrist	A psychiatrist is a doctor who specialises in the diagnosis and treatment of mental illnesses. Similar to GPs, psychiatrists are able to prescribe medication to treat mental illness. Psychiatrists can also talk to an individual about their mental health and provide them with strategies and advice. An individual might see a psychiatrist when they need to see a doctor or if they need prescription medicine.
Mental health nurse	A mental health nurse is a type of nurse that specialises in mental health. Mental health nurses provide mental healthcare in different settings, such as working as a nurse in a psychiatric hospital or psychiatric ward of a general hospital. Mental health nurses are also good sources of support when an individual is experiencing a mental health crisis. Individuals can talk to a mental health nurse over the phone, in-person, or can see them if they are at a psychiatric hospital.
Counsellor	A counsellor is someone who an individual can talk to about their life and their problems. A counsellor cannot diagnose mental illnesses, and cannot prescribe medication. Counsellors do not need to have a degree in psychology, however some counsellors do have a clinical or counselling psychology degree. An individual might see a counsellor when they need general life and mental health support, but not necessarily when they need support and or/diagnosis for specific mental illnesses, as a psychologist and/or psychiatrist is better suited to dealing with mental illnesses due to having additional qualifications. Counsellors can be helpful for individuals who may want to discuss life issues such as a relationship break-up, friendship problems, or financial struggles, rather than receiving help for managing a mental illness. Counsellors provide mental healthcare through sessions, often one-on-one, and by giving advice, providing comfort and reassurance, and being a person that someone can talk to.
Therapist	A therapist is a broad term that refers to a range of healthcare professionals that can provide therapy, such as psychologists, counsellors, or family and marriage therapists. Often, therapists are specialised in one particular area. Therapists can provide mental healthcare by being a source of support, giving advice, or helping an individual get through a challenging time in their life. An individual might see a therapist if they need help with a particular concern in their life, such as family, or if they would like general support in their life.

⊕ *Want to know more?*

Psychological therapy

Psychological therapy, or psychotherapy, is a broad term used to describe the different kinds of therapy provided by mental health professionals, such as psychologists. Psychological therapy often involves exploring an individual's thoughts, feelings/emotions, and behaviours. Two types of psychological therapy are cognitive behavioural therapy (CBT) and dialectical behavioural therapy (DBT). CBT is often referred to as 'talk therapy', as it involves an individual discussing their problems with a healthcare professional. CBT focuses on an individual's thoughts, feelings, and behaviours. The aim of CBT is to recognise and consequently challenge and/or readjust any thoughts and behaviours that are unhelpful and negatively impact one's wellbeing. DBT is a more specific and specialised type of CBT. It focuses more on emotional regulation, and is often used for individuals with borderline personality disorder. DBT involves practising mindfulness, learning to manage distress, improving relationship skills, and learning to regulate emotions. Figure 2 and figure 3 reflect some key aspects of CBT and DBT.

cont'd

Psychological therapy - continued
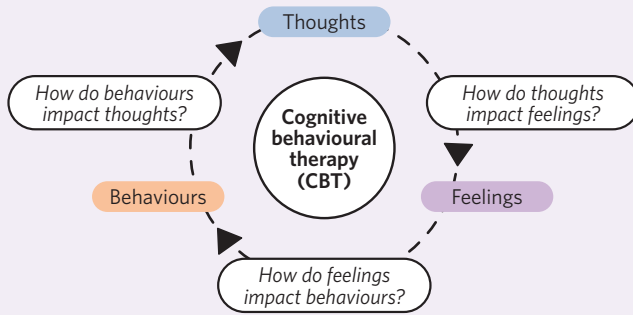
Figure 2 Cognitive behavioural therapy (CBT)
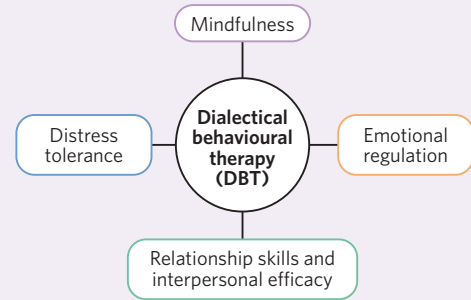
Figure 3 Dialectical behavioural therapy (DBT)

Want to know more?

Not only do people have one-on-one sessions with health professionals, but people can also have group sessions with health professionals, often referred to as group therapy. Group therapy involves therapy sessions with multiple patients, and either one, or sometimes multiple, healthcare professionals. Group therapy can differ greatly depending on the people involved, the type of therapy, how the session is conducted, and the aims of the therapy. Group therapy can be a great way for people to meet others with similar mental health problems and form supportive relationships with others. There is lots of information about group therapy available on the internet. The article, '*What is group therapy*' provides a helpful overview to understand what group therapy is. Type *verywellmind.com/what-is-group-therapy-2795760* into your browser to read the article. (Verywellmind, 2021)

Image: GoodStudio/Shutterstock.com

Figure 4 Group therapy involves therapy sessions with multiple patients

Hospital and emergency care for mental health 1.3.4.9.2

Hospital and emergency care can also provide support for people experiencing mental health problems and mental illnesses. Often, hospital and emergency care is provided for people with very severe mental illnesses. It is more likely that people with less severe mental health problems would be best suited to the care provided by healthcare professionals.

Hospital care for mental health

Hospital care involves a range of services, such as rehabilitation facilities, psychiatric wards, and psychiatric hospitals. General hospitals may provide mental health support through their psychiatric ward, whereas other hospitals may be a psychiatric hospital. Psychiatric wards and psychiatric hospitals usually offer inpatient and outpatient programs for people with mental illnesses. Inpatient means an individual stays at the hospital for a certain period of time, whereas outpatient means an individual attends the hospital at certain times for programs. Alongside hospital care, mental health clinics and rehabilitation facilities can provide mental healthcare. Mental health clinics can provide inpatient care for people suffering from mental illnesses and specialised programs for different disorders. Additionally, rehabilitation facilities can provide mental healthcare for people struggling with drug and alcohol addiction. Figure 5 presents the different options for mental health care in hospitals.
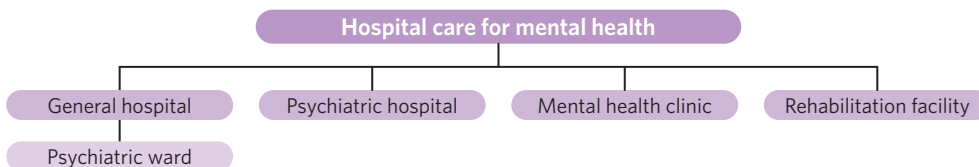
Figure 5 Options for mental healthcare in hospitals

Often, people who require high levels of support may receive care through a hospital. Reasons why people receive hospital care for mental health include:

- the use of health professionals alone is not enough support for an individual.
- an individual is not safe in their current environment, meaning that they are at risk of suicide or severe self-harm.

- the people and support options in an individual's environment are not capable of helping an individual; for example, if an individual lives at home with their family and their family is unable to provide necessary support.
- an individual's mental illness is severe.
- an individual's mental illness has led to significant physical issues, such as being underweight from an eating disorder.

Hospitals and clinics provide mental healthcare which helps to improve mental health and reduce symptoms of mental illnesses for suffering individuals. Hospitals and clinics can provide mental healthcare through:

- providing high levels of supervision, which can reduce the likelihood of relapsing or self-harming.
- monitoring progress and relapses, which can help an individual recognise their improvements and/or triggers.
- providing support options 24/7, which increases an individual's access to support.
- using trained healthcare professionals, which can enable an individual to engage in psychotherapy.
- maintaining safety, which can reduce the risk of self-harm and/or suicide.

> ### ⊕ *Want to know more?*
>
> **Media portrayals of psychiatric hospital care**
>
> Throughout the media, there are many different portrayals of psychiatric hospital care. Often, media portrayals are based on stereotypes of psychiatric hospital care. Such stereotypes often involve the idea that psychiatric hospitals are dangerous, scary, and for people who are incorrectly perceived as 'crazy' due to their mental illness. It is important to recognise and understand that psychiatric hospitals presented in this stereotypical way is often an incorrect reflection of mental health hospital care. This is mostly due to current depictions of mental health hospital care being based on some features of psychiatric hospitals in the past, or from very rare and unlikely experiences of few individuals. For example, in the past, some psychiatric hospitals did not care for their patients in a way that we would deem acceptable today, contributing to their 'dangerous' stereotype, which is reflected in the media, even though this is very uncommon now.

Emergency care for mental health

Emergency care relates to the role that emergency hospital departments play in mental health care. Emergency departments are crucial for providing support to those with mental health problems, as emergency departments can be the first place some people go to receive mental health care. Individuals with highly severe mental health problems can go to emergency departments for mental health care. Emergency departments may receive patients who have hurt themselves, who are experiencing severe psychological distress, or who have attempted suicide. Therefore, emergency departments are important for helping such individuals begin their journey to improving mental health and developing a plan for their future, such as a safety plan. Sometimes, people in an emergency department may have never accessed or received mental healthcare before. Individuals in an emergency department will not stay in the emergency department for long periods of time. They will often be transferred to another area of a hospital, such as a psychiatric ward, or will be sent home if deemed safe by healthcare professionals.

Theory summary

In this lesson you have learnt about healthcare services and support provided through Australia's health system. These include healthcare professionals, and hospital and emergency care. The following activity summarises what you have learnt from this lesson.

ACTIVITY 1

Copy the following table onto a piece of paper and fill in the blanks.

Mental healthcare service or support	What is it?	How does it work to improve mental health?
1		
2		
3		
4		
5		

6E QUESTIONS

Theory-review questions

Question 1

Healthcare aims to improve people's health and mental healthcare focuses on improving people's mental health.

A   True.

B   False.

Question 2

Which of the following are mental healthcare services? (*Select all that apply*)

I   Healthcare professionals, such as a mental health nurse.

II   Hospital care, such as a psychiatric hospital.

III   Emergency care.

Question 3

Which healthcare professional would be best suited to prescribing medication?

A   Counsellor.

B   Psychiatrist.

Question 4

If an individual is struggling with their mental health, what is something that they could do to help themselves?

A   Book an appointment with a GP and create a mental health treatment plan.

B   Keep it to themselves and try to deal with their negative thoughts and feelings.

Question 5

If an individual has a severe mental illness, they may be more suited to receiving mental healthcare from a psychiatric hospital.

A   True.

B   False.

Skills

Unpacking the case study

Use the following information to answer Questions 6-8.

Kieran is in his 50s and has been experiencing mental health problems lately. He has been feeling down and has been struggling to complete daily activities, such as eating at regular meal times and cleaning. Kieran's friend from work was recently admitted to hospital for their mental illness as they were unsafe and at risk. This has made Kieran concerned about his own struggles, so he decides to visit his GP and ask about what he can do to help improve his mental health. Kieran's daughter struggles from mental health problems and sees a psychologist every fortnight, so Kieran has been wondering whether his GP will recommend that he sees a psychologist as well.

Question 6

Mental healthcare services are best reflected by the statement that

A   'He has been feeling down and has been struggling to complete daily activities, such as eating at regular meal times and cleaning'.

B   'so he decides to visit his GP and ask about what he can do to help improve his mental health'.

Question 7

Mental healthcare professionals are best reflected by the statement that

A   'Kieran's friend from work was recently admitted to hospital for their mental illness as they were unsafe and at risk'.

B   'Kieran's daughter struggles from mental health problems and sees a psychologist every fortnight'.

Question 8

Hospital care for mental health is best reflected by the statement that

A   'Kieran's friend recently was admitted to hospital for their mental illness as they were unsafe and at risk'.

B   'Kieran's daughter struggles from mental health problems and sees a psychologist every fortnight'.

Exam-style questions

Question 9   (1 MARK)

Outline the meaning of mental healthcare.

Question 10   (1 MARK)

Provide an example of mental healthcare.

Question 11   (2 MARKS)

Compare the role of a psychologist and the role of a psychiatrist.

Question 12   (2 MARKS)

Describe how an individual's GP may provide mental healthcare.

Question 13   (3 MARKS)

a   Identify a health professional that can provide mental healthcare. (1 MARK)

b   Describe how the health professional identified in **part a** provides mental healthcare. (2 MARKS)

Question 14   (5 MARKS)

a   Suggest one reason why an individual may receive hospital care for mental health problems. (1 MARK)

b   Explain two ways that hospitals provide mental healthcare. (4 MARKS)

Question 15 (6 MARKS)

Poor mental health can negatively affect all dimensions of health and wellbeing.

a Discuss how the use of mental healthcare services and support may promote both the physical and social dimensions of health and wellbeing. (4 MARKS)

b Describe how the use of mental healthcare services and support may promote health status. (2 MARKS)

6F   REDUCING THE NEGATIVE IMPACT OF MENTAL HEALTH PROBLEMS

R U OK today? Do you have a good headspace? Or do you need to reach out for help? These questions may sound familiar, as they relate to well-known mental health organisations. In this lesson, you will learn about ways to reduce the negative impact of mental health problems. Specifically, you will learn about government programs, community and non-government programs, and personal strategies for mental health.

Image: plataa/Shutterstock.com

6A Mental health and the dimensions of health and wellbeing	6B Data on mental health	6C Mental health risk and protective factors	6D Community values and expectations	6E Mental healthcare services and support	6F Reducing the negative impact of mental health problems	6G Costs of mental health	6H Opportunities for advocacy and action

Study design dot point

- key features of one health and wellbeing focus relating to Australia's youth including:

  – impact on different dimensions of health and wellbeing

  – data on incidence, prevalence and trends

  – risk and protective factors

  – community values and expectations

  – healthcare services and support

  – government and community programs and personal strategies to reduce negative impact

  – direct, indirect and intangible costs to individuals and/or communities

  – opportunities for youth advocacy and action to improve outcomes in terms of health and equity

Key knowledge units

Government programs	1.3.4.10
Community and non-government programs	1.3.4.11
Personal strategies for mental health	1.3.4.12

Reducing the negative impact of mental health problems

Government programs 1.3.4.10   Community and non-government programs 1.3.4.11   Personal strategies for mental health 1.3.4.12
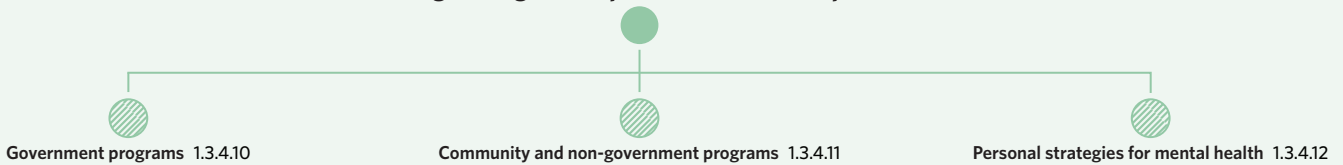
Government programs 1.3.4.10

OVERVIEW

How does the Australian government work to reduce the negative impact of mental health problems for youth? In this lesson, you will learn about government programs that focus on improving mental health for youth.

THEORY DETAILS

Government programs for mental health can help to reduce the negative impact of mental health problems and/or mental illnesses for youth. Government programs are established, run, and funded solely by the government. In this section of the lesson, you will learn about three organisations. These are *Headspace*, *Head to Health*, and *Reach Out*. A range of government programs for mental health are presented in figure 1. If you want to learn about government programs that are not discussed in this lesson, you can research them by looking them up on the internet. Additionally, you can search 'government mental health programs' into your browser to explore many more government organisations that help to reduce the negative impact of mental health problems.
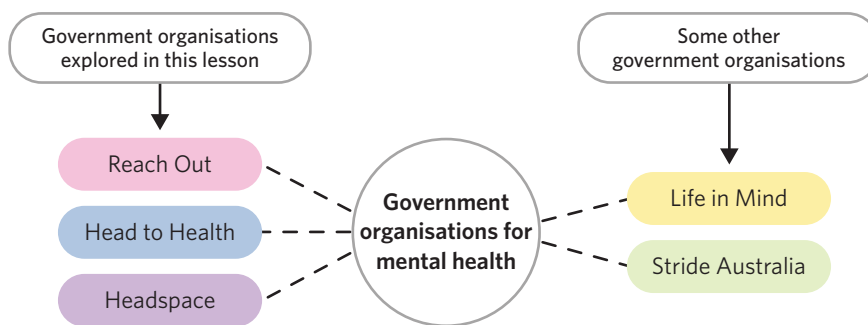
Figure 1 Government programs and organisations for mental health

> **Want to know more?**
>
> **Government and non-government organisations**
>
> A government organisation is an organisation that is run and supported entirely by the government, whereas a non-government organisation is an organisation that runs independently from the government. Non-government organisations can still receive funding from the government, but they are not solely funded or supported by the government.

Headspace

Headspace is a government organisation for mental health, targeted at young people aged 12 to 25, that was established in 2006 (Headspace, 2021). Table 1 presents some information about *Headspace*. If you want to learn more about this government organisation, type *headspace.org.au* into your browser to access and explore the *Headspace* website.

Table 1 Headspace (Headspace, 2021)

Aim	*Headspace* aims to provide mental health support to people aged 12 to 25, including support for mental health, physical health (including sexual health), alcohol and drug services, and work and study support. The organisation focuses on early intervention and also aims to respond to and meet the needs of all young people.
Services and resources	*Headspace* provides a range of services, such as *eHeadspace*, *Headspace* schools, *Headspace* vocational services, and the *Headspace* early psychosis program. *eHeadspace* offers free online and telephone counselling. *Headspace* centres across Australia are places where young people can go to access a range of mental health services, such as counselling, information, and support.
How does this organisation reduce the negative impact of mental health problems?	• *Headspace* provides advice and strategies, through articles and brochures, about how young people can cope with their mental health problems. • *Headspace* provides free online and telephone counselling, which can help people deal with their mental health with the assistance of a mental healthcare professional.

Image: MicroOne/Shutterstock.com

Figure 2 Many mental health programs, such as Headspace, provide online and telephone counselling for people struggling with their mental health

Head to Health

Head to Health is an organisation provided by the Australian Department of Health (Head to Health, n.d.). Table 2 explores some information about *Head to Health*. If you want to learn more about this government organisation, type *headtohealth.gov.au* into your browser to access and explore the *Head to Health* website.

Table 2 Head to Health (Head to Health, n.d.)

Aim	*Head to Health* aims to provide mental health resources for youth that are accessible, convenient, and private.
Services and resources	*Head to Health* is an online resource that provides a range of digital mental health resources, such as online forums, apps, and information about mental health.
How does this organisation reduce the negative impact of mental health problems?	• *Head to Health* offers a range of informative resources that can provide easily accessible advice for people coping with mental health problems. • *Head to Health* provides digital apps that can be used by individuals to help them develop skills and monitor their progress as they work to improve their mental health.

Reach Out

Reach Out is an online mental health service for young people and was established in 1998 (Reach Out, 2021). Table 3 discusses some information about Reach Out. If you want to learn more about this government organisation, type *au.reachout.com* into your browser to access and explore the *Reach Out* website.

Table 3 Reach Out (Reach Out, 2021)

Aim	*Reach Out* is a government organisation that aims to improve mental health amongst young people. *Reach Out* has a range of values that guide the work of their organisation, including courage, compassion, generosity, inclusiveness, responsibility, and fun.
Services and resources	*Reach Out* provides services for mental health, such as apps, articles, and community groups. Individuals can join the *Reach Out* community, and access forums and groups that allow them to communicate with others about mental health. These forums and groups also enable people to offer each other mental health support. *Reach Out* also provides a quiz on their website that helps individuals find tools and services that are appropriate for them and their mental health needs.
How does this organisation reduce the negative impact of mental health problems?	• *Reach Out* creates community groups and forums where people can offer and receive support and comfort about mental health problems. • *Reach Out* provides a range of informative articles about a range of different topics, such as bullying, abuse, drugs, and alcohol, which help to educate people about mental health.

Community and non-government programs 1.3.4.11

OVERVIEW

Aside from the government, what other groups of people and organisations help to reduce the negative impact of mental health problems for youth? In this section of the lesson, you will learn about community and non-government programs that focus on improving mental health for youth.

THEORY DETAILS

Community and non-government programs for mental health can help to reduce the negative impact of mental health problems and/or mental illness for youth. Non-government and community programs include all programs that are not directly established or run by the government, and are also not funded solely by the government. In this lesson, you will learn about *R U OK?*, *Butterfly Foundation*, and *Beyond Blue*. A range of community and non-government programs for mental health are presented in figure 3. Similarly to government programs, only a few of the non-government and community programs for mental health are discussed in this lesson. You can learn about other non-government and community programs through researching and visiting different websites.
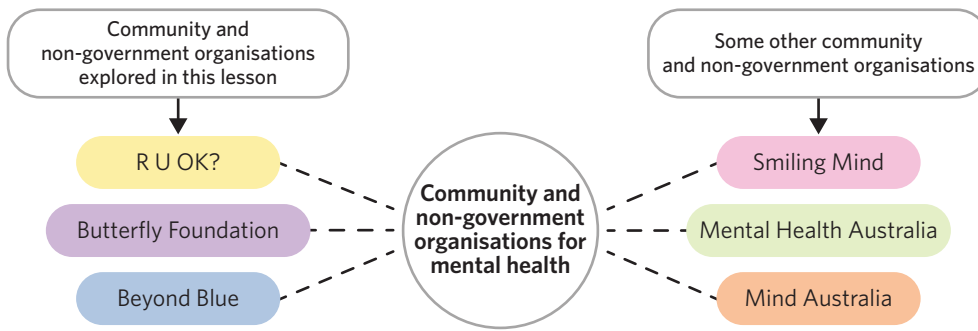
Figure 3 Community and non-government programs and organisations for mental health

R U OK?

'How are you?' is almost always one of the first questions someone will ask you in a conversation. What kind of responses are given when this question is asked? Do you think people are honest? This is the question that the organisation *R U OK?* aims to address (R U OK?, n.d.). The organisation *R U OK?* is an Australian charity organisation that fundamentally aims to prevent suicide. The organisation began in 2009 by Gavin Larkin, after his father died by suicide in 1995. The work and dedication of Gavin Larkin and Janina Nearn helped to create a documentary for *R U OK?* and led to the development of the organisation. Gavin Larkin passed away from cancer in 2011, but his legacy lives on through the *R U OK?* organisation. *R U OK?* is supported by and partners with many different organisations, such as 'Anytime Fitness' and Nestle's 'Kit-Kat'. Table 4 presents some information about *R U OK?* If you want to learn more about this organisation, type *ruok.org.au* into your browser to access and explore the *R U OK?* website.

Table 4 R U OK? (R U OK?, n.d.)

Aim	The aim of *R U OK?* Is to create a world where people are connected and protected from suicide. Their goals are to:
	1 Boost our confidence to meaningfully connect and ask about life's ups and downs.
	2 Nurture our sense of responsibility to regularly connect and support others.
	3 Strengthen our sense of belonging because we know people are there for us.
	4 Be relevant, strong and dynamic.
	R U OK? aims to create positive change through their idea of asking people how they are, hence the organisation's name 'R U OK?'.
Services and resources	The *R U OK?* website provides information on the most appropriate and effective ways to ask people how they are.
	Their website provides four stages of how to ask someone how they are:
	1 Ask: be relaxed, friendly, and caring.
	2 Listen: have an open mind, take them seriously, don't interrupt or rush them, don't judge them, encourage them to explain.
	3 Encourage action: ask what might help them and what has helped them in the past, offer advice based on what has previously helped you, encourage professional help if necessary.
	4 Check in: have a reminder to check in with them in a few weeks, ask how they are handling the situation and how they are feeling, and stay in touch with them.
How does this organisation reduce the negative impact of mental health problems?	• *R U OK?* helps to raise awareness about the importance of checking up on people's mental health, which can help spark conversation and encourage people to seek help if they need it.
	• *R U OK?* educates people on how to ask about someone's mental health.
	• *R U OK?* helps to reduce stigma surrounding suicide, which may encourage people to be more open about their struggles and ask for help.

Butterfly Foundation

Butterfly Foundation is a national charity for eating disorders, and was established in 2002 by an Australian mother, Claire Middleton, who became aware of the lack of support resources for eating disorders when her two daughters were suffering from anorexia nervosa (Butterfly Foundation, 2021). Table 5 explores some information about *Butterfly Foundation*. If you want to learn more about this organisation, type *butterfly.org.au* into your browser to access and explore the *Butterfly Foundation* website.

Table 5 Butterfly Foundation (Butterfly Foundation, 2021)

Aim	*Butterfly Foundation* aims to provide support for people suffering from an eating disorder and for friends and family who are supporting those who are suffering.
Services and resources	The organisation provides preventative and treatment services for eating disorders. It aims to raise awareness and reduce stigma surrounding eating disorders. It also offers a phone helpline and online chat services, as well as different support programs, including outpatient and inpatient treatment. The *Butterfly Foundation* website also gives people access to a range of articles about eating disorders, body image, and self-esteem. Some of the services and resources *Butterfly Foundation* offers include: • Butterfly National Helpline. • Online courses and workshops, such as the 'Understanding eating disorder recovery' workshop for people supporting someone with an eating disorder. • Online chat service with a counsellor. • Outpatient programs, such as their 'Youth program', which is a virtual program for people suffering from an eating disorder or disordered eating. • Residential treatment at the Butterfly eating disorder centre in Queensland. • Financial assistance program for people needing financial help for recovery.
How does this organisation reduce the negative impact of mental health problems?	• *Butterfly Foundation* offers online courses and workshops for supporters of people experiencing an eating disorder. This works to educate others about eating disorders and promotes recovery. • *Butterfly Foundation* provides articles about promoting self-esteem, which can help people feel better about themselves and reduce the likelihood of developing eating disorders.

Beyond Blue

Beyond Blue is a mental health organisation, beneficial for youth, which focuses on offering support for depression, anxiety, and suicide (Beyond Blue, 2021). Table 6 discusses information about *Beyond Blue*. If you want to learn more about this organisation, type *beyondblue.org.au/home* into your browser to access and explore the *Beyond Blue* website.

Table 6 Beyond Blue (Beyond Blue, 2021)

Aim	*Beyond Blue* values community and aims to centre their programs and services around community needs and goals. *Beyond Blue's* 2020 strategy, a part of their 2020–2023 strategic plan, outlines three strategic priorities: 1 Promote mental health and wellbeing. 2 Be a trusted source of information. 3 Work together to prevent suicide.
Services and resources	Some of the services and resources provided by *Beyond Blue* include: • 24/7 phone service. • 24/7 online forums. • Blue Voices: a group of people suffering from anxiety or depression over the age of 16 who help in the development of mental health programs and services. • Resource library: a section of their website that provides many different informative brochures, fact sheets, and flyers about mental health. • Success stories: on their website, *Beyond Blue* provides stories of people's experiences of mental illness. • Beyond Now: an app where people can create a suicide safety plan.
How does this organisation reduce the negative impact of mental health problems?	• *Beyond Blue* offers online and phone services for struggling individuals, which helps to promote access to counselling for all individuals. • *Beyond Blue* provides fact sheets and informative resources to educate people about mental health. This can promote awareness of mental health problems and aid prevention, as people will be more educated on mental illness symptoms to look out for and how to promote good mental health. • *Beyond Blue* helps reduce the negative impact of mental health problems by reducing the risk of suicide, through their app Beyond Now, where people can create a suicide safety plan.

ACTIVITY 1

Choose a mental health program to explore. You can choose one mentioned in this lesson or you can pick your own one. Copy out the mind map below, or create your own, and answer the questions in relation to your chosen program.

Does this program have any specific goals or values?
_____
_____

What services does this program provide?
_____
_____

What is the aim of this program?
_____
_____

Program name:
_____

How does this program improve mental health?
_____
_____

How was this program created?
_____
_____

Who is this program for?
_____
_____
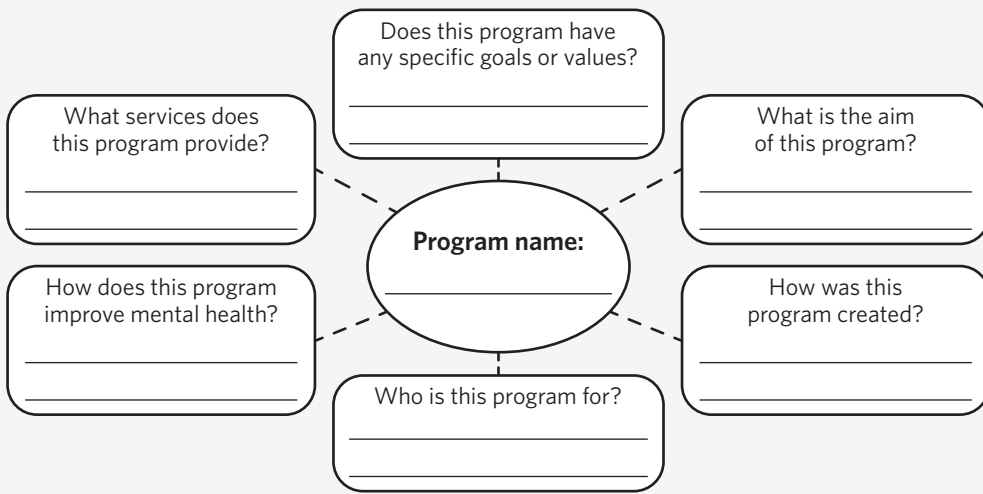
Personal strategies for mental health 1.3.4.12

OVERVIEW

So far, you have learnt about how others can help reduce the negative impact of mental health problems for youth. But what can *you* do for your own mental health? In this section of the lesson, you will learn about personal strategies for improving mental health and reducing the negative impact of mental health problems.

THEORY DETAILS

There are many different personal strategies that help to reduce the negative impact of mental health problems. Personal strategies include a range of behaviours that people can use themselves, or things people can have in their lives, to help improve mental health, such as engaging in regular exercise or having a strong support network. Figure 4 demonstrates how personal strategies for mental health can be used to reduce the negative impact of mental health problems.

Some personal strategies for mental health are discussed in table 7.

Table 7 Personal strategies for reducing the negative impact of mental health problems

Using personal strategies for mental health

Image: svtdesign/Shutterstock.com

Figure 4 Personal strategies for mental health to improve mental health

Personal strategy	Explanation
Regular exercise Image: Leremy/Shutterstock.com	Exercise is a great tool for promoting mental health. Exercise releases endorphins, which are chemicals that promote positive feelings, including pain relief and stress relief. Endorphins are often referred to as the 'feel-good' chemical, which may explain why exercise is beneficial for mental health. Additionally, exercise can be a good outlet for stress, anxiety, and anger, as high-intensity forms of exercise involve high levels of physical exertion. This can be beneficial for people who are experiencing these intense emotions. However, exercise does not need to be high-intensity to support mental health; relaxed and low-intensity exercise, such as walking, is also beneficial for the mind and body.
Adequate diet and nutrition Image: tmicons/Shutterstock.com	The foods and drinks that people consume can impact mental health. Having a diet that involves adequate nutrient intake can promote optimal brain and body functioning, which can consequently result in people feeling better mentally. Additionally, having a diet without alcohol and drugs, or with a healthy and regulated consumption of alcohol and legal drugs, is beneficial for mental health. Often, many people who experience mental illness are advised to reduce their consumption of alcohol and drugs, as these substances can alter brain chemistry and negatively impact mental health. Caffeine also impacts brain chemistry and can increase anxiety and stress, which can suggest that a diet low in caffeine may be beneficial to promoting mental health. *cont'd*

Table 7 Continued

Personal strategy	Explanation
Having enjoyable activities, such as creative outlets and hobbies Image: Alexander Lysenko/Shutterstock.com	Having enjoyable activities, such as creative outlets and hobbies, is a great way to help promote mental health. Things that you do that make you feel good, such as playing an instrument, playing a sport, or painting, are all examples of hobbies that can promote mental health. In times of poor mental health, it is common for people to struggle with being able to enjoy daily life. Therefore, being aware of the things that you enjoy doing can provide suggestions for what to do to try and feel better. Sometimes, it can be beneficial to make a list of the things you enjoy and put it somewhere you can see each day, so that when you are struggling, it is easy to see the things that you enjoy in your life. Some creative outlets and hobbies include: • musical activities, such as playing an instrument or listening to music • sporting activities, such as going to the gym, dancing, or playing a team sport • being outdoors and sitting in the sun • art activities, such as drawing, sewing, or painting • social activities, such as seeing friends and/or family.
Support network Image: elnurSS/ Shutterstock.com	A support network involves all the people in someone's life who play a significant role in their wellbeing. For many people, support networks include their parent/s or primary caregiver, siblings, friends, teachers, or colleagues. Having a strong support network helps to improve mental health, as when you are struggling with poor mental health, it can be comforting to know you have people who care about you and will help you in times of need. Additionally, a strong support network means that you have access to care and advice when needed. Regular communication with the people in your support network is important for making the most of their positive impact on your mental health.
Using mental healthcare services and support Image: iconim/ Shutterstock.com	As you have learnt so far in this chapter, the use of mental healthcare services and support is important for improving mental health and reducing the negative impact of mental health problems. Mental healthcare services involve healthcare professionals, such as psychologists and psychiatrists, as well as mental health hospital care. These services help to provide professional advice and treatment for mental health problems and mental illnesses. Individuals who are struggling with their mental health can use these support services to improve their mental health and receive the help they need.

Lesson link

In lesson **6C: Mental health risk and protective factors**, you learnt about factors that can positively and negatively impact mental health. Personal strategies for mental health, when employed effectively, are examples of some protective factors. For example, engaging in regular exercise is a protective factor for mental health, and it is also a personal strategy for mental health, as it is a behaviour people can carry out to improve their mental health.

ACTIVITY 2

Mental health 'tool-box'

Some people develop a mental health 'tool-box' to help provide themselves with mental health support. A mental health 'tool-box' is a metaphorical 'tool-box' of strategies and other things that work to improve a person's mental health or reduce the negative impact of poor mental health. For example, some people may find that listening to music, going for a walk, and talking to their family are things that often provide them with relief from poor mental health. Therefore, these people may have those activities in their mental health 'tool-box', so that whenever they are feeling as though they need mental health support, they can go back to their 'tool-box' and engage in behaviours and activities that make them feel better.

Reflect on what things may improve your mental health or help you feel better mentally. Write down your own list of personal strategies and create your own mental health tool-box. You can use the following layout as a guide for what to write. The row shaded in pink is an example to help get you started.

My mental health tool-box
Personal strategy
1   Talking to a friend
2
3
4
5

Theory summary

In this lesson, you have learnt about different ways to reduce the negative impact of poor mental health. These include government programs, community and non-government programs, and personal strategies for mental health. Figure 5 presents a summary of this lesson.
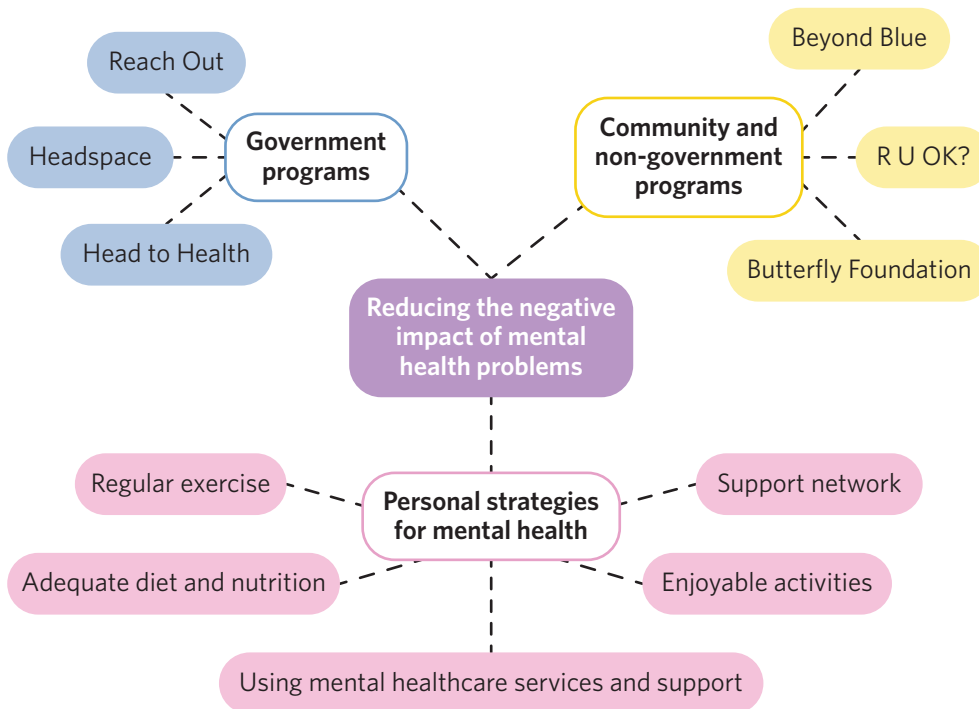
Figure 5 Reducing the negative impact of mental health problems

6F QUESTIONS

Question 1

Mental health programs can be run by the government or can be run independently from the government.

A True.

B False.

Question 2

The negative impact of mental health problems can be reduced only through mental health programs.

A True.

B False.

Question 3

Which of the following services may be provided by mental health programs? *(Select all that apply)*

I Online forums.

II Telephone counselling.

III Informative articles.

Question 4

Personal strategies for mental health are things people do in their daily lives that increase the likelihood of mental health problems.

A True.

B False.

Question 5

Regularly communicating with the people in your support network can help promote mental health.

A True.

B False.

Unpacking the case study

Use the following information to answer Questions 6–8.

Smiling Mind is a mental health organisation that helps to promote mental health through encouraging mindfulness. The aim of *Smiling Mind* is to 'help every mind thrive'. The work of *Smiling Mind* is guided by their values, such as being inclusive, informed, and agile. *Smiling Mind* provides an app that people can download on their devices with different programs for at work, school, and home. One of the services on their app is the stress program, which provides mindfulness specifically tailored for coping with stress.

Source: adapted from Smiling Mind, *About us*, <https://www.smilingmind.com.au/about-us>

Question 6

Smiling Mind provides mental health services and programs. This is best reflected by the statement that

A '*Smiling Mind* is a mental health organisation that helps promote mental health through encouraging mindfulness'.

B 'One of the services on their app is the stress program, which provides mindfulness specifically tailored for coping with stress'.

Question 7

There are a range of values of *Smiling Mind*. This is best reflected by the statement that

A 'The work of *Smiling Mind* is guided by their values, such as being inclusive, informed, and agile.'

B 'The aim of *Smiling Mind* is to 'help every mind thrive'.'

Question 8

Smiling Mind promotes mental health. This is best reflected by the statement that

A '*Smiling Mind* is a mental health organisation that helps to promote mental health through encouraging mindfulness.'

B '*Smiling Mind* provides an app that people can download on their devices with different programs for at work, school, and home.'

Question 9   (1 MARK)

Identify a personal strategy that can help reduce the negative impact of mental health problems.

Question 10   (2 MARKS)

There are many organisations that focus on improving mental health and reducing the negative impact of mental health problems. Often, mental health organisations provide a range of services that help promote mental health. Mental health organisations can target a specific population group, such as youth, or can be for a wide range of individuals.

List two organisations that aim to reduce the negative impact of mental health problems.

Question 11   (3 MARKS)

a Provide **one** personal strategy that can help reduce the negative impact of mental health problems. (1 MARK)

b Explain how the personal strategy identified in **part a** helps promote mental health. (2 MARKS)

Question 12 (4 MARKS)

a Identify a mental health organisation. (1 MARK)

b Outline a service provided by the organisation identified in **part a**. (1 MARK)

c Explain how the organisation identified in **part a** works to improve mental health. (2 MARKS)

Question 13 (4 MARKS)

The organisation *Life in Mind* works to prevent suicide in Australia. *Life in Mind* works with the community to implement policies and practices that raise awareness about suicide and focus on suicide prevention. The *Life in Mind* website provides information about suicide, such as articles about common myths and misconceptions regarding suicide and articles about warning signs that someone could be at risk of attempting suicide. Additionally, the *Life in Mind* organisation runs a *Life in Mind* Podcast, where suicide prevention is discussed. *Life in Mind* also proposes the idea of 'postvention', which involves support measures carried out for people impacted by a suicide.

Source: adapted from Life in Mind, *About us*, <https://lifeinmind.org.au/about-us>

Discuss how the organisation described in the information provided works to improve mental health.

Question 14 (7 MARKS)

Lynette is an energetic woman and an amazing grandmother of five grandchildren. Lynette is cautious of ensuring that her mental health remains at an optimal level as she becomes older. She has a good relationship with her two children and Lynette also has many friends who live in her apartment complex. Lynette's children and friends are reliable and supportive of her. For example, Lynette's friend Barbara supports her by frequently cooking healthy and balanced meals for her, which ensures that Lynette is receiving adequate nutrition in her diet. In exchange for these meals, Lynette knits scarves and cardigans for Barbara. Lynette often feels positive and happy when she knits, as it is one of her favourite hobbies.

a Identify two personal strategies for mental health evident in the information provided. (2 MARKS)

b Explain how **one** of the personal strategies identified in **part a** is promoting Lynette's mental health. (2 MARKS)

c Suggest one personal strategy that Lynette could begin doing to promote her mental health. (1 MARK)

d Describe how the personal strategy identified in **part c** would help to promote Lynette's mental health. (2 MARKS)

Questions from multiple lessons

Question 15 (3 MARKS)

a Identify a mental health organisation. (1 MARK)

b Identify one community value and expectation of mental health programs and describe how it is reflected within the organisation identified in **part a**. (2 MARKS)

6G COSTS OF MENTAL HEALTH

An individual living independently in Australia, earning a minimum wage as a full-time worker, will make approximately $772.54 per week (Fair Work, 2021). At first, this might sound like a decent amount of money. However, when you add up the costs of independent living, such as rent, groceries, bills, and transport costs, it doesn't leave much to spare. One session with a psychiatrist can cost an individual $300. So, imagine if, in addition to the costs associated with independent living, you also had to pay for mental healthcare. This is why so many people are not able to get the mental healthcare they need; it is not affordable. In this lesson, you will learn about the different costs associated with mental health. These are direct costs, indirect costs, and intangible costs.

Image: GoodStudio/Shutterstock.com

6A Mental health and the dimensions of health and wellbeing	6B Data on mental health	6C Mental health risk and protective factors	6D Community values and expectations	6E Mental healthcare services and support	6F Reducing the negative impact of mental health problems	6G Costs of mental health	6H Opportunities for advocacy and action

Study design dot point

- key features of one health and wellbeing focus relating to Australia's youth including:
    - impact on different dimensions of health and wellbeing
    - data on incidence, prevalence and trends
    - risk and protective factors
    - community values and expectations
    - healthcare services and support
    - government and community programs and personal strategies to reduce negative impact
    - direct, indirect and intangible costs to individuals and/or communities
    - opportunities for youth advocacy and action to improve outcomes in terms of health and equity

Key knowledge units

Direct costs to individuals and communities	1.3.4.13
Indirect costs to individuals and communities	1.3.4.14
Intangible costs to individuals and communities	1.3.4.15

Costs of mental health

Direct costs to individuals and communities 1.3.4.13

Indirect costs to individuals and communities 1.3.4.14

Intangible costs to individuals and communities 1.3.4.15
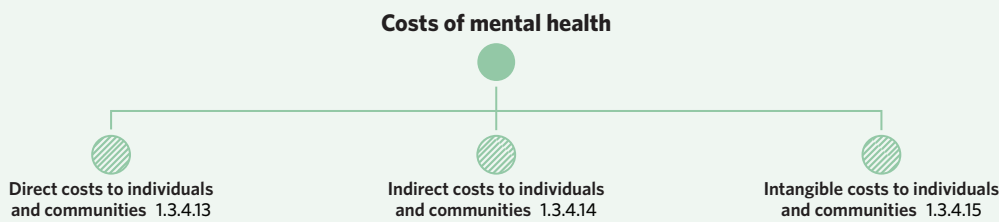
What does the term 'cost' mean? Although we often think about costs in relation to money, costs can also be related to the loss of something aside from money. In this lesson, you will learn about direct, indirect, and intangible costs associated with mental health. Direct costs are related to the loss of money, and indirect costs associated with mental health are related to the secondary loss of money or resources. On the other hand, intangible costs associated with mental health are related to the loss of other things that do not physically exist, such as the loss of health and wellbeing, or the loss of quality of life. Although direct costs and indirect costs both relate to money, direct costs are easier to measure and quantify than indirect costs.

Direct costs to individuals and communities 1.3.4.13

OVERVIEW

Often, some of the first ideas that come to mind when thinking about costs associated with mental health are paying for psychologist visits or paying for prescription medication. These are examples of direct costs of mental health. In this section of the lesson, you will learn about direct costs associated with mental health at both an individual and community level.

THEORY DETAILS

Costs associated with mental health include direct costs. **Direct costs** (related to health) refer to the monetary costs that are associated with the prevention and treatment of illness or disease. For example, paying to visit a psychologist is a direct cost associated with mental health, as it is associated with the treatment of mental illness. Direct costs are associated with the loss of money due to preventing or treating a mental illness. Direct costs can be related to an individual or to a community, as reflected in figure 1. Table 1 explores direct costs to both individuals and communities.

Table 1 Directs costs associated with mental health

Direct costs to the individual	Direct costs to the community
• Medication is a direct cost associated with mental health for individuals. This is a direct cost because it is involved in the treatment of mental health problems and/or mental illnesses. It is an individual cost because it is the responsibility of an individual to pay for their medication. • Visiting healthcare professionals, such as psychologists and psychiatrists, is a direct cost associated with mental health for individuals. This is a direct cost because it can be used to prevent and treat mental health problems and/or mental illness. It is an individual cost because it is the responsibility of an individual to pay a consultation fee to visit a healthcare professional. • Inpatient treatment facilities, such as hospitals and rehabilitation centres, are direct costs to an individual. These are direct costs as they are focused on treatment, and are individual costs as they are the responsibility of an individual. • Emergency services can be a direct cost associated with mental health. These are direct costs as they are associated with the treatment of mental illness, and can be an individual cost as people may have to pay ambulance fees and emergency department fees.	• Costs associated with the development and implementation of mental health programs and organisations, such as funding campaigns and events for organisations, are direct community costs. They are direct as they are involved in the prevention and treatment of mental health problems and/or mental illnesses. They are community costs as they are the responsibility of a wide range of people in different groups, such as the local or state government. • Costs associated with mental health services, such as hospitals and doctors, emergency care, hospital care, and rehabilitation facilities are direct community costs. These are direct costs because they are associated with the prevention and treatment of mental health problems and/or mental illnesses. These are community costs as they are the responsibility of many groups of individuals, such as health professionals and the government. • Costs associated with subsidising medications on the Pharmaceutical Benefits Scheme (PBS) are direct costs. These are direct costs because they are involved with the treatment of disease, and are community costs because they are the responsibility of groups, such as the government.

Image: GoodStudio/Shutterstock.com

Figure 2 Purchasing medication for mental health problems and/or mental illnesses, such as antidepressants, is a direct cost associated with mental health

KEY DEFINITIONS

Direct costs (related to health) refer to the monetary costs that are associated with the prevention and treatment of illness or disease
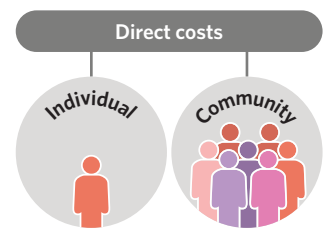
Image: Andy Dune/Shutterstock.com

Figure 1 Direct costs associated with mental health can be at an individual level or a community level

🧩 *Lesson link*

In lesson **6E: Mental healthcare services and support**, you learnt about mental healthcare professionals and hospital services for mental health. Often, these are direct costs associated with mental health because they are related to the prevention and treatment of poor mental health.

⊕ *Want to know more?*

The direct costs associated with mental health at an individual level are a common reason why people do not access mental healthcare, even if they need it. Mental healthcare can be expensive and often is not affordable for many individuals. This makes it inaccessible for some people, particularly those of lower socioeconomic status, and can consequently increase levels of poor mental health in a population. Prescription medication, psychologist visits, psychiatrist visits, hospital stays, and inpatient programs are all common services for mental healthcare, and often people need more than just one of these services to support their mental health. Therefore, receiving mental health support can be very costly for people who need it. Type *abc.net.au/news/2020-03-07/mental-health-care-costs-out-of-reach-for-those-who-need-it-most/12025060* into your browser to read the article '*Why mental health treatment can be too expensive for those who need it most*' that discusses this issue. (ABC News, 2020)

⊕ *Want to know more?*

Figure 3 presents data regarding government expenditure on mental healthcare. It is important to recognise that although these statistics provide insight into how many people are accessing mental healthcare services and how much money is being spent on healthcare services, they become more significant when compared to other areas of the health sector. This is because although $10.6 billion being spent on mental health-related services in 2018-2019 may sound like a huge investment, if other areas of the healthcare system were to cost over $100 billion, which they did in 2017-2018, then this $10.6 billion does not seem that costly in comparison (Australian Institute of Health and Welfare [AIHW], 2019). Similarly, if other areas of the healthcare system were to cost significantly less than $10.6 billion, then mental healthcare may seem costly. For example, total health expenditure was $185.4 billion in 2017-18, which helps provide context to the $10.6 billion spent on mental healthcare in 2018-2019. Although these costs are from different years, they help to demonstrate the significance of government expenditure on mental health. Additionally, 40% of the $185.4 billion was spent on hospitals and 34% was spent on primary healthcare.
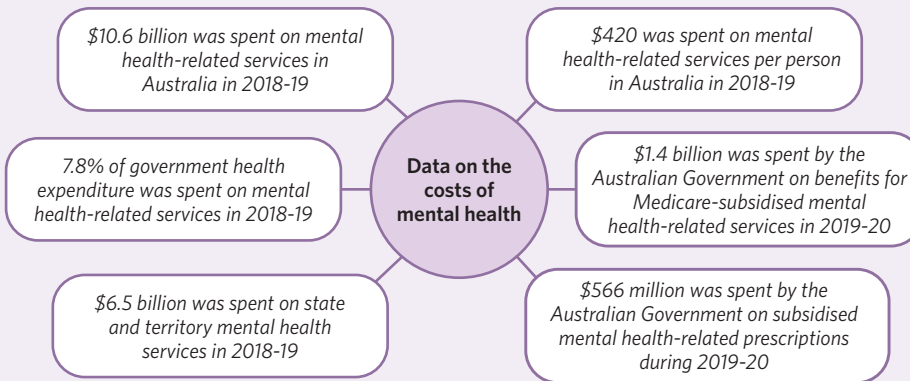
Figure 3 Data on government expenditure on mental health (The Australian Institute of Health and Welfare, 2021)

Indirect costs to individuals and communities 1.3.4.14

OVERVIEW

Although there are many costs associated with the prevention and treatment of mental illness, there are also costs associated with mental health in a less obvious way. These are called indirect costs. In this section of the lesson, you will learn about indirect costs associated with mental health at both an individual and community level.

THEORY DETAILS

Costs associated with mental health include indirect costs. **Indirect costs** (related to health) are secondary costs that arise due to the existence of disease or illness but are not associated with the prevention or treatment of disease or illness. For example, some people may need to use public transport to travel to a mental healthcare appointment, such as a psychologist visit. The cost of public transport is an indirect cost, because it exists due to a person having a mental illness, but isn't directly involved with the prevention or treatment of their mental illness. Indirect costs are associated with the loss of money or resources due to having a mental illness. Indirect costs can be related to an individual or to a community, as reflected in figure 4. Table 2 explores indirect costs to both individuals and communities.

KEY DEFINITIONS

Indirect costs (related to health) are secondary costs that arise due to the existence of disease or illness but are not associated with the prevention or treatment of disease or illness

Table 2 Indirect costs associated with mental health

Indirect costs to the individual	Indirect costs to the community
• The cost of transport is an indirect cost associated with mental health. Some people may need to frequently travel to appointments, which can result in costs, such as public transport fees, taxi or Uber costs, and petrol expenses. • Additionally, it may not be safe for some people with severe mental illnesses to drive or take public transport. Therefore these individuals may have to pay higher costs for taxis or Uber rides. • The cost of unemployment is an indirect individual cost associated with mental health. Many individuals with mental health problems and/or mental illnesses may need to take time off work or stop working, which means they will not be earning an income. Therefore, this acts as an indirect cost because individuals are losing money. • Sometimes, if an individual is still living at home with their family, their parents or caregivers may need to stop work or take time off work to provide support and supervision. This means more people may be losing their income, therefore acting as an indirect cost.	• An indirect cost associated with mental health is a loss of work productivity and higher unemployment rates, as individuals suffering from poor mental health may quit their job and/or struggle to seek employment. • Additionally, high unemployment rates can negatively impact the economy, and therefore can act as an indirect cost on the economy.
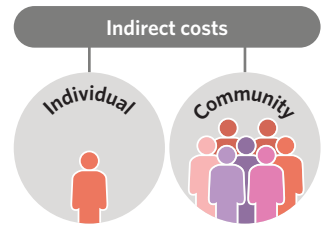
Image: Andy Dune/Shutterstock.com

Figure 4 Indirect costs associated with mental health can be at an individual level or community level

Image: GoodStudio/Shutterstock.com

Figure 5 Paying for transport so an individual can travel to their mental health appointments is an indirect cost associated with mental health

Intangible costs to individuals and communities 1.3.4.15

OVERVIEW

In addition to direct and indirect costs, there are also costs that are more challenging to recognise and measure. These are called intangible costs. In this section of the lesson, you will learn about intangible costs associated with mental health at both an individual and community level.

THEORY DETAILS

Costs associated with mental health include intangible costs. **Intangible costs** (related to health) are costs that cannot be easily quantified and often involve social and emotional consequences, such as the stress of having a mental illness. Intangible costs are associated with loss, but not a monetary loss. For example, people may lose quality of life, or lose optimal health and wellbeing, due to experiencing mental illness. Although this isn't related to money, it is still considered a loss, and therefore is referred to as an intangible cost associated with mental health. Intangible costs can be related to an individual or to a community, as reflected in figure 6. Table 3 explores intangible costs to both individuals and communities.

KEY DEFINITIONS

Intangible costs (related to health) are costs that are not related to money and cannot be easily quantified or physically grasped, and often involve social and emotional consequences, such as the stress of having a mental illness

Table 3 Intangible costs associated with mental health

Intangible costs to the individual	Intangible costs to the community
• An intangible individual cost associated with mental health is the reduced social activity and potential social exclusion that may arise due to having a mental illness. • An intangible individual cost associated with mental health is the emotional impact of having a mental illness. People may experience an increase in stress after being diagnosed with a mental illness, as they may be worried about their future and what changes may need to be made in their lives to cope with their mental illness. • Poorer quality of life is an intangible cost associated with mental health. Many people with mental health problems and/or mental illnesses experience a lower quality of life. The World Health Organisation defines quality of life as 'an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns' (World Health Organisation [WHO], 2021). Quality of life also relates to an individual's levels of health, comfort, functioning, and general wellbeing within their life.	• An intangible community cost associated with mental health is the collective grief of losing someone due to mental illness. • An intangible community cost associated with mental health is the stress that may arise in the community in regards to people suffering from poor mental health.
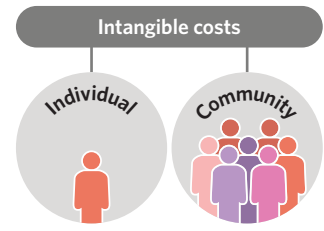
Image: Andy Dune/Shutterstock.com

Figure 6 Intangible costs associated with mental health can be at an individual level or community level

Image: Nadya_Art/Shutterstock.com

Figure 7 The increase in stress due to being diagnosed with a mental illness is an intangible cost associated with mental health

Theory summary

In this lesson, you learnt about the direct, indirect, and intangible costs associated with mental health, at both an individual and community level. The following activity summarises the content in this lesson.

ACTIVITY 1

Copy out the mind map below, or create your own, and fill in the blanks to consolidate what you have learnt in this lesson.
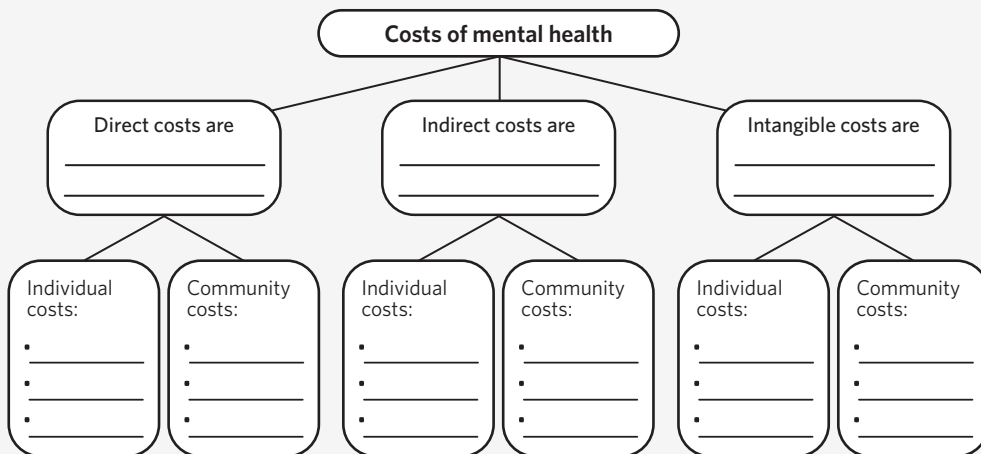
6G QUESTIONS

Question 1

There is only one type of cost associated with mental health.

A True.

B False.

Question 2

Which of the following are costs associated with mental health? *(Select all that apply)*

I Paying for a psychiatrist visit.

II Purchasing prescribed antidepressants.

III Spending money on public transport to travel to a psychologist appointment.

Question 3

Quitting work and consequently losing income due to poor mental health is an indirect cost associated with mental health.

A True.

B False.

Question 4

If an individual has to pay money to stay in a psychiatric hospital, it is considered to be an intangible cost associated with mental health.

A True.

B False.

Question 5

Which of the following best fills in the blank?

A Individual.

B Community.

If a person feels stressed and anxious about having a mental illness, it is considered a/an _____ cost associated with mental health.

Skills

Perfect your phrasing

Question 6

Which of the following sentences is most correct?

A Direct costs are costs that are associated with the *prevention* and *treatment* of illness or disease.

B Direct costs are costs that are associated with the *existence* and *experience* of illness or disease.

Data analysis

Use the following information to answer Questions 7 and 8.
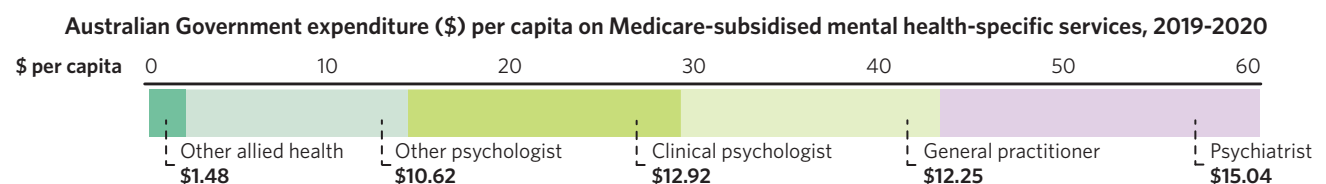
Australian Government expenditure ($) per capita on Medicare-subsidised mental health-specific services, 2019-2020

| $ per capita | 0 | 10 | 20 | 30 | 40 | 50 | 60 |

Other allied health **$1.48**
Other psychologist **$10.62**
Clinical psychologist **$12.92**
General practitioner **$12.25**
Psychiatrist **$15.04**

Source: adapted from the Australian Institute of Health and Welfare, *Mental health services in Australia*, <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services/australian-government-expenditure>

Question 7

Which type of cost associated with mental health is reflected in the graph?

A   Direct costs.

B   Intangible costs.

Question 8

Which of the following statements about the graph is correct?

A   Less money was spent by the Australian Government per capita on psychiatrists than general practitioners in Australia.

B   More money was spent by the Australian Government per capita on psychiatrists than general practitioners in Australia.

Exam-style questions

Question 9   (1 MARK)

Identify one type of cost associated with mental health.

Question 10   (1 MARK)

Outline what is meant by intangible costs associated with mental health.

Question 11   (2 MARKS)

Compare direct costs and indirect costs associated with mental health.

Question 12   (4 MARKS)

a   Identify and explain **one** indirect cost to the individual associated with mental health. (2 MARKS)

b   Identify and explain **one** indirect cost to the community associated with mental health. (2 MARKS)

Question 13   (3 MARKS)

Using examples, discuss what is meant by intangible costs associated with mental health at an individual and community level.

Question 14   (6 MARKS)

Elise is looking to access mental healthcare, as she has recently been diagnosed with bipolar disorder by a psychiatrist. Elise has researched a lot about the resources available for bipolar disorder and is looking at how much they will cost her. She is planning to see a psychologist, which will have a fee, and she will also have to spend money on public transport to get to the psychologist as she does not drive. Elise is feeling quite worried about all of this and is feeling stressed about her diagnosis and what it may mean for her future. She may need to go on medication for bipolar disorder, which will also cost Elise money. However, the medication she may need to go on is subsidised on the Pharmaceutical Benefits Scheme, which means some of it is paid for by the government.

a   Identify an intangible cost associated with mental health in the case study. Justify your answer. (2 MARKS)

b   Referring to the case study, explain indirect costs associated with mental health. (2 MARKS)

c   Provide an example of a direct individual cost and a direct community cost associated with mental health reflected in the case study. (2 MARKS)

Questions from multiple lessons

Question 15   (2 MARKS)

Outline an intangible cost associated with mental health and explain how it may negatively impact self-assessed health status.

6H OPPORTUNITIES FOR ADVOCACY AND ACTION

Famous advocate and activist Malala Yousafzai once said 'when the whole world is silent, even one voice becomes powerful' (Malala Yousafzai, 2013). There is power in advocating and acting for what you believe in. In this lesson, you will learn about opportunities for youth advocacy and action that can improve mental health. In particular, you will learn about youth advocacy and action that can improve mental health outcomes and mental health equity.

Image: Madua/Shutterstock.com

6A Mental health and the dimensions of health and wellbeing	6B Data on mental health	6C Mental health risk and protective factors	6D Community values and expectations	6E Mental healthcare services and support	6F Reducing the negative impact of mental health problems	6G Costs of mental health	6H Opportunities for advocacy and action

Study design dot point

- key features of one health and wellbeing focus relating to Australia's youth including:

    – impact on different dimensions of health and wellbeing

    – data on incidence, prevalence and trends

    – risk and protective factors

    – community values and expectations

    – healthcare services and support

    – government and community programs and personal strategies to reduce negative impact

    – direct, indirect and intangible costs to individuals and/or communities

    – opportunities for youth advocacy and action to improve outcomes in terms of health and equity

Key knowledge units

Youth advocacy and action for mental health	1.3.4.16
Opportunities for youth advocacy and action	1.3.4.16.1
Opportunities for youth advocacy and action to improve outcomes for mental health and equity	1.3.4.16.2

Opportunities for advocacy and action

Youth advocacy and action for mental health 1.3.4.16

Opportunities for youth advocacy and action   1.3.4.16.1

Opportunities for youth advocacy and action to improve outcomes for mental health and equity   1.3.4.16.2

Youth advocacy and action for mental health 1.3.4.16

OVERVIEW

We are almost at the end of learning about the youth health and wellbeing issue of mental health. After learning all about mental health, do you believe there are still improvements to be made in relation to mental health in Australia? If you believe the answer to this question is yes, then advocacy and action for mental health can help. In this lesson, you will learn about opportunities for youth advocacy and action for mental health, through improving outcomes for mental health and equity.

THEORY DETAILS

Through different opportunities for youth advocacy and action, young people can work towards improving mental health. To begin this lesson, we will focus on what youth advocacy and action involves generally. Later in this lesson, we will focus on youth advocacy and action for *mental health* specifically. Figure 1 presents an overview of this lesson.
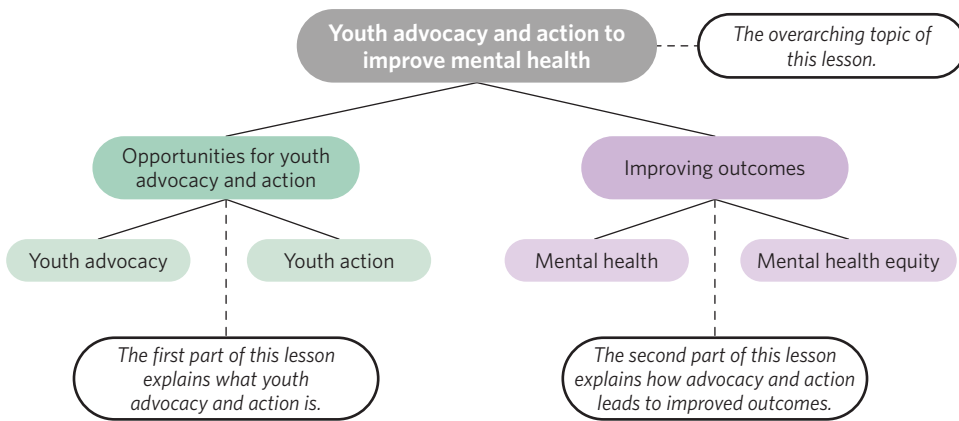
Figure 1 Overview of the lesson

Advocacy (related to health) is the public support and promotion of a particular issue, cause, or interest, whilst **action** (related to health) involves the behaviours and processes in relation to a particular health issue, cause, or interest. Although they are two different concepts, advocacy and action are often related. This is because when advocacy occurs and is successful, often action occurs too. For example, if an individual is advocating for a cause by appealing to politicians, politicians are more likely to take actions that improve or address the cause being advocated for.

Advocacy alone does not always improve health outcomes or create change, whilst action alone does not always gain public attention and raise awareness. Therefore, advocacy and action need to occur together: often advocacy occurs first followed by action in order to effectively support an issue. For example, an individual may raise awareness for a cause by protesting, which can lead to government laws being changed. In this example, advocacy is reflected by raising awareness through a protest while action is reflected by government laws being changed. Figure 2 reflects the process of advocacy and action to improve outcomes for health and equity.

Figure 2 The process of advocacy and action to improve outcomes for health and equity

KEY DEFINITIONS

Advocacy (related to health) is the public support and promotion of a particular health issue, cause, or interest

Action (related to health) involves the behaviours and processes in relation to a particular health issue, cause, or interest with the aim of creating positive change and achieving health outcomes
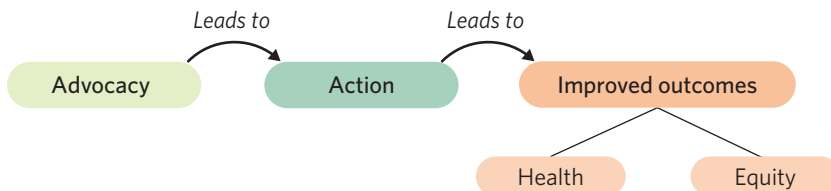
Table 1 explains what advocacy is and what action is. Through this table, you can see how advocacy leads to action. For example, advocacy can involve having discussions with people to raise awareness about an issue, which can encourage people to act by donating money to an organisation for that issue.

Table 1 Advocacy and action

	Advocacy	Action
What does it aim to do?	Advocacy aims to gain public attention, raise awareness, encourage people to listen and educate themselves about issues. Advocacy also promotes people to take action, and lets people's voices be heard and understood by others.	Action aims to create effective change and produce results in relation to an issue. Whilst advocacy can be beneficial for raising people's awareness, action is what actually brings about improvements in health outcomes.
What does it involve?	Advocacy can involve: • protesting or campaigning for an issue or cause • having discussions with people about an issue or cause to raise awareness • lobbying parliament (trying to influence policies, laws, and government). Image: GoodStudio/Shutterstock.com	Action can involve: • developing and implementing programs to support an issue • donating to organisations that support an issue • changing policies about issues • taking part in surveys related to an issue. Image: GoodStudio/Shutterstock.com
Why is it important?	Advocacy is important as it can raise awareness about issues. It also is important as it provides people with a sense of purpose and empowers people to make positive change.	Action is important because it results in real change. Without action, there would be no progress or positive change made in relation to issues.

⊕ *Want to know more?*

Types of advocacy

There are many different types of advocacy. Some of these include:

- self advocacy: self advocacy is about being able to speak up for yourself and advocate for your own rights and wellbeing.
- individual advocacy: individual advocacy is about speaking up for another individual and advocating for someone's rights on their behalf.
- peer advocacy: involves one-on-one support and advocacy.
- professional advocacy: involves a paid individual supporting and advocating for a person or group of people.
- community advocacy: is about support and advocacy that occurs within a community and aims to bring about change in a community.
- public advocacy: involves support and advocacy that focuses on gaining public attention and acceptance.
- policy advocacy: involves support and advocacy that focuses on influencing politics and gaining political commitment.

Opportunities for youth advocacy and action   1.3.4.16.1

In this section of the lesson, we will focus on opportunities for youth advocacy and action. Table 2 discusses what youth advocacy and action aims to achieve and why it is important.

Table 2   Youth advocacy and action

Youth advocacy and action	
What does it aim to do?	Youth advocacy and action aims to engage youth in advocacy and action for issues that are important to them. Youth advocacy and action has a specific focus on listening to the voices of youth and understanding what issues youth believe need support and attention.
Why is it important?	Youth advocacy and action is important because it is beneficial for youth to feel empowered and promote positive change regarding issues that are important to them. Often, adults make many of the decisions that influence youth, so it is important for youth to have a say in issues that impact them. This also helps to promote self-esteem and self-confidence in youth.

It is important that youth are provided with the support and resources required for them to engage in advocacy and action. Youth advocacy and action is about having youth in control and in charge of advocating and acting for what they believe in, and is about youth promoting positive change regarding youth issues. There are many ways youth can be involved in advocacy and action for issues that are important to them. Figure 3 presents some opportunities for youth advocacy and action.

Figure 3   Opportunities for youth advocacy and action

> **① Useful tip**
>
> You have already learnt that advocacy and action are related. In terms of youth, often they are best suited to engage in advocacy, rather than action, as most action occurs through professionals who are involved in organisations or the government. For example, youth can effectively protest or campaign for changes in policies or laws regarding a certain issue, however, the action is facilitated by the government.

> **🌐 Real world example**
>
> **Victoria Student Representative Council (VicSRC)**
>
> Victoria Student Representative Council (VicSRC) is an example of an opportunity for youth advocacy and action (VicSRC, 2021). VicSRC is run by a team of 15 students and aims to provide a voice for students. The main idea of VicSRC is that they are an organisation led by young people, for young people. VicSRC provides a range of different opportunities for youth to engage in advocacy and action. These include:
>
> - the VicSRC congress program
> - the free online community provided by VicSRC
> - the opportunity to complete an online course that teaches people about taking action in schools
> - the opportunity to be a part of the VicSRC executive committee
> - the Teach the Teacher program
> - the opportunity for schools to partner with VicSRC
> - training for students and training for educators
> - advocacy for youth issues by youth; this includes advocacy for specific issues and groups, such as the LGBTIQ Education Reference Group, Respectful Relationships Advisory Group, Complaints Management Reference Group.

Opportunities for youth advocacy and action to improve outcomes for mental health and equity 1.3.4.16.2

In this section of the lesson, we will focus on youth advocacy and action for *mental health*.

- Advocacy (related to health) is the public support and promotion of a particular issue, cause, or interest. Therefore, advocacy for mental health is about the public support and promotion in relation to improving mental health.

- Action (related to health) involves the behaviours and processes made in relation to a particular health issue, cause, or interest. Therefore, action related to mental health involves the behaviours and processes made in relation to improving mental health.

We will focus on advocacy and action for mental health, which can improve outcomes for mental health and for equity.

- **Mental health outcomes** refer to the changes, progress, and results made in relation to mental health at both an individual and population level.

- **Mental health equity** relates to ensuring fairness in mental health and providing all people with what they require to promote their mental health.

The importance of mental health outcomes and mental health equity is reflected in figure 4.
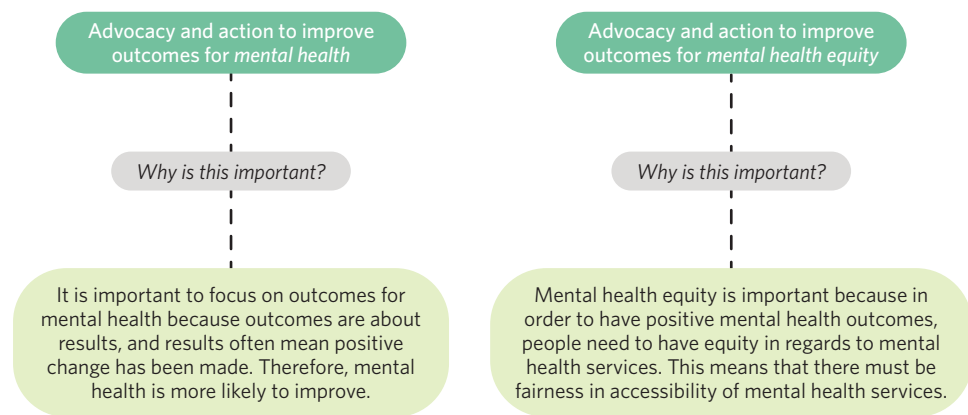
Figure 4 Importance of focusing on outcomes for mental health and equity

KEY DEFINITIONS

Mental health outcomes refer to the changes, progress, and results made in relation to mental health at both an individual and population level

Mental health equity refers to ensuring fairness in mental health and providing all people with what they require to promote their mental health

---

(!) *Useful tip*

The difference between equity and equality

Although equity and equality are both important, they differ slightly in their meaning. Equity is about fairness and giving everyone the resources they need, dependent on and relative to their circumstances, in order to give access to what they need. Equality is about giving everyone the same resources, hence 'equal'. Figure 5 reflects the difference between equity and equality.
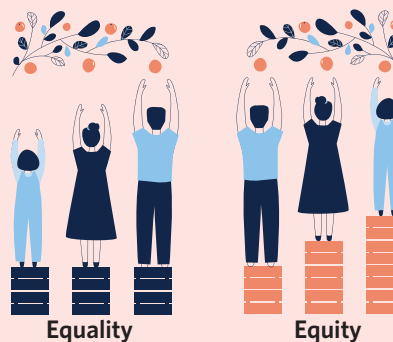
Image: Batshevs/Shutterstock.com

Figure 5 The difference between equity and equality

Opportunities for youth advocacy and action to improve outcomes for mental health and equity can involve working with a range of different organisations, programs, and activities. There are many different concerns relating to the issue of mental health, such as stigma surrounding mental health, the access and provision of mental healthcare services, or the lack of support available regarding mental health. These concerns can provide an opportunity for youth to advocate and act for positive change. Figure 6 presents some of the opportunities and ways youth can engage in advocacy and action to improve outcomes for mental health and equity.

Opportunities for youth advocacy and action to improve outcomes for mental health and equity

Raising money and donating to a mental health organisation

Gaining public attention regarding concerns about mental health, through posting on social media and talking with a range of people

Protesting and campaigning for positive change with the youth concern of mental health, such as protesting for/calling on the government to make changes to the way mental healthcare is provided and accessed in Australia

Identifying issues regarding mental health, such as stigma, inaccessibility of mental healthcare, or the quality of mental healthcare, and exploring different organisations that focus on addressing these issues

Joining programs offered by mental health organisations that invite youth to share their views and have a voice

Encouraging discussion and debate surrounding issues regarding the youth concern of mental health, such as promoting conversation about reducing the stigma associated with mental health

Figure 6 Opportunities for youth advocacy and action to improve outcomes for mental health and equity

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Lesson link

In lesson **6F: Reducing the negative impact of mental health problems**, you learnt about different organisations and programs that work to improve mental health. From learning about these organisations and programs, you can understand how they may help provide opportunities for youth advocacy and action for mental health.

For example:

- Beyond Blue provides an opportunity for youth advocacy and action for mental health through their Blue Voices program. This is because it allows youth to have a say in the effectiveness of mental health initiatives and programs that are developed by Beyond Blue.
- Reach Out provides an opportunity for youth advocacy and action for mental health through their online community forums. This is because it enables youth to share their thoughts and views on different mental health issues.

ACTIVITY 1

It's your turn to advocate and act!

The key skills dot point for this lesson is about planning advocacy and action for a health and wellbeing concern. Using the concern of mental health, have a go at creating your own advocacy and action plan for mental health. The following dot points will help guide your plan:

- Consider the youth concern of mental health. What specific issues within mental health do you think need changing or need to be addressed?
- Research information regarding this issue and find areas that need changing.
- Find organisations that focus on this issue.
- Explore the organisations you have found and make lists of the different opportunities for youth advocacy and action they provide.
- Create your own ideas for youth advocacy and action regarding your chosen issue, based on your research and other organisations.

Want to know more?

Independent Mental Health Advocacy

The Independent Mental Health Advocacy is a statewide service that is a part of Victoria's Mental Health Act 2014 (Independent Mental Health Advocacy, 2020). The Independent Mental Health Advocacy aims to provide support and care for people who are receiving compulsory psychiatric treatment. It aims to achieve this through giving people a voice about their mental health assessment, treatment, and recovery. Mental health advocates that work with the Independent Mental Health Advocacy aim to work with and alongside people suffering from a mental illness, through showing respect and genuine care. They also ensure that mental health treatment is delivered in the best way possible and promote autonomy of people with a mental illness. This can reflect mental health outcomes and mental health equity because it aims to create effective results and also increase access for treatment.

Theory summary

In this lesson, you have learnt about opportunities for youth advocacy and action to improve mental health, with a focus on mental health outcomes and mental health equity. The following activity summarises what you have learnt in this lesson.

ACTIVITY 2

Copy out the following mind map, or create your own, and fill in the blanks to consolidate and summarise this lesson.

What is action?
_____
_____

What is advocacy?
_____
_____

Why are advocacy and action important?
_____
_____

What are some ways youth can engage in advocacy and action for mental health?
_____
_____
_____

Opportunities for youth advocacy and action to improve mental health

What are some ways youth can engage in advocacy and action?
_____
_____
_____

What is mental health equity?
_____
_____

What are mental health outcomes?
_____
_____

6H QUESTIONS

Theory-review questions

Question 1

Advocacy for mental health involves promoting mental health.

A True.

B False.

Question 2

Advocacy for mental health and action for mental health are the same thing.

A True.

B False.

Question 3

Which of the following are ways that youth can engage in advocacy and action? *(Select all that apply)*

I Protesting.

II Signing a petition.

III Donating to an organisation.

Question 4

Advocacy and action for mental health involves aiming for mental health outcomes and mental health equity.

A   True.

B   False.

Question 5

Mental health outcomes are primarily about ensuring fairness in accessing mental health resources and services relative to individuals' needs, whereas mental health equity is always about making progress and improving results with regard to mental health.

A   True.

B   False.

Skills

Perfect your phrasing

Question 6

Which of the following sentences is most correct?

A   Advocacy is the public *support* and *promotion* of a particular issue, cause, or interest.

B   Advocacy is the public *recognition* of a particular issue, cause, or interest.

Question 7

Which of the following sentences is most correct?

A   Mental health equity relates to ensuring fairness in mental health and providing all people with *the same resources for mental health*.

B   Mental health equity relates to ensuring fairness in mental health and providing all people with *what they require for mental health*.

Unpacking the case study

Use the following information to answer Questions 8-10.

Darcy is in his early twenties and over the last few years has been accessing a range of mental healthcare services, as he has struggled with his mental health. Darcy is currently in a healthy mental state and has realised that throughout these previous years, trying to access mental healthcare services was incredibly challenging. Luckily, Darcy was in a fortunate position and was able to get the help he needed, but now that he is healthier, he has realised that not everyone is as lucky as him. Therefore, Darcy has recently been trying to gain the attention of the public through talking to different people in a range of circumstances and advocating on social media. Now that Darcy has raised awareness about the inaccessibility of mental healthcare services, he is working with mental health organisations and authority figures to change government policies regarding mental healthcare.

Question 8

Youth advocacy for mental health is best reflected by the statement that

A   'Darcy has recently been trying to gain the attention of the public through talking to different people in a range of circumstances and advocating on social media.'

B   'Luckily, Darcy was in a fortunate position that he was able to get the help he needed, but now that he is healthier, he has realised that not everyone is as lucky as him.'

Question 9

Youth action for mental health is best reflected by the statement that

A   'Darcy has recently been trying to gain the attention of the public through talking to different people in a range of circumstances and advocating on social media.'

B   'he is working with mental health organisations and authority figures to change government policies regarding mental healthcare.'

Question 10

Darcy recognised an area for improvement regarding mental health. This is best reflected by the statement that

A 'Luckily, Darcy was in a fortunate position that he was able to get the help he needed, but now that he is healthier, he has realised that not everyone is as lucky as him.'

B 'he is working with mental health organisations and authority figures to change government policies regarding mental healthcare.'

Exam-style questions

Question 11 (2 MARKS)

Explain what is meant by advocacy and action.

Question 12 (2 MARKS)

Describe why youth advocacy and action is important.

Question 13 (3 MARKS)

Outline three opportunities for youth advocacy and action for mental health.

Question 14 (3 MARKS)

a Outline what is meant by mental health outcomes and mental health equity. (2 MARKS)

b Suggest one way youth can engage in advocacy and action for mental health. (1 MARK)

Question 15 (5 MARKS)

Indiana is in her mid forties and has just started a new job in the mental health industry as she thinks it is an area that could benefit from more change and attention. After applying for many different positions, Indiana has just begun working full-time with a youth mental health organisation. She is part of a team that communicates with the government and different authority figures about policies, regulations, and government programs regarding youth mental health. At the moment, Indiana is organising her own protest, independently from her job, to gain awareness about the importance of reducing stigma around youth mental health.

a Identify an example of advocacy reflected within the case study. (1 MARK)

b Identify an example of action reflected within the case study. (1 MARK)

c Referring to the case study, suggest how youth mental health is improved through advocacy and action. (3 MARKS)

Questions from multiple lessons

Question 16 (2 MARKS)

Describe a youth health and wellbeing issue and suggest one opportunity for youth advocacy and action regarding your chosen issue.

CHAPTER 6 REVIEW

CHAPTER SUMMARY

This chapter was all about the youth health and wellbeing issue: mental health.

In lesson **6A: Mental health and the dimensions of health and wellbeing**, you learnt about how poor mental health impacts the five dimensions of health and wellbeing. The following table presents a summary of this lesson.

Health and wellbeing dimension	How does poor mental health impact this health and wellbeing dimension?
Physical health and wellbeing	Poor mental health can involve increased levels of fatigue, meaning individuals may not be able to engage in regular exercise. This decreases fitness levels, therefore negatively impacting physical health and wellbeing.
Social health and wellbeing	Poor mental health can involve an individual withdrawing from daily life and isolating themselves from others, meaning they may have poor communication with others, therefore negatively impacting social health and wellbeing.
Mental health and wellbeing	Poor mental health often involves high levels of stress and anxiety, therefore negatively impacting mental health and wellbeing.
Emotional health and wellbeing	Poor mental health can involve an individual feeling unsure and uncomfortable about their emotions, meaning they have low levels of emotional security, therefore negatively impacting emotional health and wellbeing.
Spiritual health and wellbeing	Poor mental health can involve an individual feeling lost and worthless, meaning they may lack a sense of purpose in life, therefore negatively impacting spiritual health and wellbeing.

In lesson **6B: Data on mental health**, you were presented with data regarding mental health in Australia. The following table presents a summary of this lesson.

Data on mental health	
Prevalence	Prevalence refers to the number of cases of a particular disease or condition that are present in the population at a given point in time. The prevalence of mental illness in Australian youth has increased over time.
Incidence	Incidence refers to the number of new cases of a particular disease or condition that arise in the population in a certain period of time. The incidence of mental illness in Australian youth has increased over time.
Trends	Trends relating to mental health include: • The most common mental illnesses experienced by Australian youth are anxiety disorders, depressive disorders, 1and attention deficit hyper–activity disorder (ADHD). • Youth is the most vulnerable age group to experience a mental illness. • Certain population groups are more likely to experience a mental illness, such as those in the LGBTQIA+ community.

In lesson **6C: Mental health risk and protective factors**, you learnt about risk and protective factors for mental health. The following table presents a summary of this lesson.

Mental health protective factors	Mental health risk factors
• Good diet • Regular exercise • Adequate sleep • Healthy and positive relationships • Mental health support services • Medication • Regular mental health discussions and reducing stigma • Positive life experiences • Manageable life stressors • Healthy work and/or school environment	• Biological influences, such as genetics and chemical imbalances • Poor diet • Low activity levels • Lack of sleep • Excessive alcohol and drug use • Discrimination and/or bullying • Unhealthy relationships • Low socioeconomic status (SES) • School/work environment • Social media • Trauma • Life challenges and stressors • Shame and stigma

In lesson **6D: Community values and expectations**, you learnt about community values and expectations for the development and implementation of mental health programs. The following table presents a summary of this lesson.

Community values and expectations of mental health programs	
• Respect	• Target and relevance
• Confidentiality and privacy	• Effectiveness
• Accessibility	• Empowerment and resilience

In lesson **6E: Mental healthcare services and support**, you learnt about what mental healthcare is and different mental healthcare services and support options that are available through Australia's health system. The following table presents a summary of this lesson.

Mental healthcare services and support		
Healthcare professionals	• General practitioners (GP) • Psychologists • Psychiatrists	• Counsellors • Mental health nurses • Therapists
Hospital and emergency care	• Emergency departments • Mental health clinics	• Rehabilitation facilities • Psychiatric hospitals and wards

In lesson **6F: Reducing the negative impact of mental health problems**, you learnt about various organisations and programs that work to reduce the negative impact of mental health problems. You also learnt about personal strategies for mental health. The following table presents a summary of this lesson.

Reducing the negative impact of mental health problems		
Government organisations	Non-government organisations	Personal strategies
• Reach Out • Head to Health • Headspace	• Beyond Blue • R U OK? • Butterfly Foundation	• Regular exercise • Adequate diet and nutrition • Enjoyable activities • Support network • Mental healthcare services and support

In lesson **6G: Costs of mental health**, you learnt about different types of costs associated with mental health. The following table presents a summary of this lesson.

	Costs associated with mental health	
	Individual	Community
Direct costs	• Medication • Visiting healthcare professionals	• Developing and implementing mental health programs • Providing mental healthcare services
Indirect costs	• Travel costs • Unemployment for an individual	• Loss of community productivity • High unemployment rates in the community
Intangible costs	• Poor quality of life • Increased stress for an individual	• Grief • Increased stress within the community

In lesson **6H: Opportunities for advocacy and action**, you learnt about what advocacy and action is and different ways youth can engage in advocacy and action to improve mental health. The following table presents a summary of this lesson.

Opportunities for advocacy and action
• Protesting or campaigning for positive change regarding an issue
• Having discussions with people about an issue or cause to raise awareness
• Lobbying Parliament (acting to try to influence policies, laws, and government)
• Developing and implementing programs to support an issue
• Donating to organisations that support an issue
• Changing policies about issues
• Taking part in surveys related to an issue

Youth health and wellbeing issue: mental health

6A	Health + wellbeing dimensions	How does poor mental health impact health and wellbeing?
6B	Prevalence, incidence + trends	What is the prevalence and incidence of poor mental health, and trends associated with poor mental health?
6C	Risk + protective factors	What are mental health risk and protective factors?
6D	Community values + expectations	What are community values and expectations regarding mental health programs?
6E	Healthcare services + support	What are mental healthcare services and support?
6F	Programs + strategies	How can the negative impact of mental health problems be reduced?
6G	Costs	What costs are associated with mental health?
6H	Advocacy + action	How can youth advocate and act to improve mental health?

CHAPTER REVIEW ACTIVITIES

Review activity 1: Create a mind map

A lot of content about mental health is covered in this chapter and it may be difficult to see how it all fits together. Therefore, creating a mindmap is a helpful way to visualise this chapter as a whole. Copy out the following mindmap and fill in the blanks. The link boxes help you to make connections between different topics in this chapter, some links have been filled out for you, and some links have been suggested for you but still need to be filled out. You can add more link boxes as you go.

Opportunities for youth to advocate and act to improve mental health include:
_____
_____

Poor mental health has _____ in Australian youth over time.

Link: Risk factors can lead to poor mental health

Poor mental health can _____ impact the five dimensions of health and wellbeing.

Costs associated with mental health include:
1. _____
2. _____
3. _____

Link: _____

Mental Health

Mental health risk factors include:
_____
_____

Mental health protective factors include:
_____
_____

Link: _____

Mental healthcare services and support include:
_____
_____

Communities often have values and expectations of mental health programs.

Government and non-government organisations for mental health include:
_____

Link: _____

Personal strategies for mental health include:
_____
_____

Link: These all help to promote mental health

Review activity 2: Research report

A key part of this chapter is researching and understanding the youth issue of mental health. Use the following plan to create your own research report on mental health that is based on what you have learnt in this chapter. You can structure your report with an introduction, body paragraphs, and a conclusion.

Mental health research report

Introduction
- ☐ What is mental health, poor mental health, and mental illness?
- ☐ What are some examples of mental illness?

This is your introductory paragraph. You can talk about mental health in a general context in this paragraph, and outline what will be in the rest of your report.

Information
- ☐ How does poor mental health influence an individual's health and wellbeing?
- ☐ Provide data on mental health.
- ☐ What are mental health risk and protective factors?
- ☐ What are personal strategies for mental health?
- ☐ What healthcare services are available to promote mental health?
- ☐ How do government and non-government organisations promote mental health?
- ☐ How can youth advocate and act to promote mental health?
- ☐ What are costs associated with mental health?
- ☐ What are community values and expectations of mental health programs?

This is the main section of your report. You can divide this section into 3-4 paragraphs, by grouping similar checklist dot points. Alternatively, you can write information under each checklist dot point.

Conclusion
- ☐ Summarise the key points in your report

This is your conclusion paragraph. You can summarise the key concepts you have discussed in your report.

CHAPTER 6 TEST

Question 1 (5 MARKS)

Isaac is a teenager and is battling depression. However, Isaac refuses to receive treatment, which means his depression has been getting worse. For example, Isaac's depression causes him to sleep all night and for most of the day, but he still feels tired. Sometimes, this means that Isaac takes time off school, which makes his parents feel worried. When Isaac does manage to get to school, he keeps to himself and avoids talking to anyone because he doesn't have enough energy and believes people don't like him. He has also struggled to concentrate in school and think clearly and Isaac's brain often feels foggy and slow. Furthermore, Isaac often feels irritated and frustrated and sometimes hurts himself or other people to try and feel better. Isaac doesn't want to hurt people and he knows it is wrong, but sometimes he feels out of control and cannot stop himself. This makes him more upset because it doesn't align with his morals and values. Recently Isaac hurt someone close to him, which scared Isaac, so he has just spoken to his parents about getting professional help. His parents are relieved, and although Isaac is scared, he feels somewhat better that he is taking the first steps to recovery.

Discuss the impact of Isaac's poor mental health on his health and wellbeing, with reference to the five health and wellbeing dimensions.

Question 2 (4 MARKS)

a Describe how mental healthcare professionals can promote mental health. (2 MARKS)

b Justify whether visiting a healthcare professional is a direct or indirect cost associated with mental health. (2 MARKS)

Question 3 (2 MARKS)

Do you exercise enough?

43.7% of 18-64 year olds described their days as 'mostly sitting'

Only **1.9%** of 15-17 year olds met their recommended physical activity and muscle strengthening guidelines.

Only **15%** of 18-64 year olds met their recommended physical activity guideline.

Only **1 in 10** individuals aged 15-17 years old complete 60 minutes of physical activity daily.

Image: Iconic Bestiary/Shutterstock.com

Source: adapted from The Australian Bureau of Statistics, *Physical activity*, <https://www.abs.gov.au/statistics/health/health–conditions–and–risks/physical–activity/latest–release#physical–activity>

Explain how the personal strategy for mental health that is reflected in the information provided helps to promote mental health.

Question 4 (3 MARKS)

a Identify a non–government organisation for mental health. (1 MARK)

b Explain how the non–government organisation for mental health identified in **part a** works to promote mental health. (2 MARKS)

Question 5 (2 MARKS)

Prevalence of mental disorders according to parent or carer education level, Australia, 2013–2014

Highest level of education of either parent or carer	Percentage of 4–17 year olds with a mental disorder, Australia, 2013–2014
Bachelor degree or higher	10.6%
Diploma or certificate III/IV	15.8%
Year 11 or 12	15.4%
Year 10 or below	19.7%

Source: adapted from The Australian Government Department of Health, *The mental health of children and adolescents*, <https://www.health.gov.au/resources/publications/the–mental–health–of–children–and–adolescents>

Using data, identify which population group is most likely to experience a mental disorder.

Question 6 (4 MARKS)

Alcohol is a type of legal drug that is commonly consumed. Ethanol is the alcoholic substance that is found in alcoholic drinks, and is made by fermenting different products such as grains, sugars, and fruits. It is recommended that healthy individuals drink no more than 4 standard drinks per day and no more than 10 standard drinks per week. In full strength beer, 285mls is considered a standard drink, whilst 100mls of wine is considered a standard drink.

Source: adapted from Alcohol and Drug Foundation, <https://adf.org.au/>

a Explain how alcohol can act as a risk factor for mental health. (2 MARKS)

b Describe a protective factor for mental health. (2 MARKS)

Question 7 (6 MARKS)

SANE Australia is a mental health organisation in Australia. SANE Australia aims to create an environment where individuals with mental health problems and mental illnesses are able to live long and fulfilling lives, without the experience of stigma or discrimination. The three key focus areas of SANE Australia are: support, research, and advocacy.

SANE Australia provides a range of helpful tools and resources on their website. These include:

- informative articles and factsheets about mental health
- personal stories of people's experiences of recovery to provide hope
- online forums
- mental health counselling on the phone, online chat, or email.

SANE Australia has a range of values that guide their organisation. One of these is respect. SANE Australia believes it is important to treat everyone with dignity. Some of their other values are innovation, celebration, responsibility, and collaboration.

The SANE Australia website has a 'get involved' section and an 'advocacy' section, where the organisation provides different ways that people can support SANE Australia or get involved in the work of the organisation. For example, people can donate or fundraise to support the organisation. People also have the opportunity to become a SANE Peer Ambassador, which involves working with SANE Australia to raise awareness, reduce stigma, and provide hope regarding mental health in Australia.

Source: adapted from Sane Australia, <https://www.sane.org/>

a Identify a community value and expectation reflected in the information provided. (1 MARK)

b Explain the importance of the community value and expectation identified in **part a** for the successful development of mental health programs. (2 MARKS)

c Describe how the organisation reflected in the information provided promotes mental health. (2 MARKS)

d Outline one way that youth could use the organisation reflected in the information provided as an opportunity for advocacy and action for mental health. (1 MARK)

Question 8 (3 MARKS)
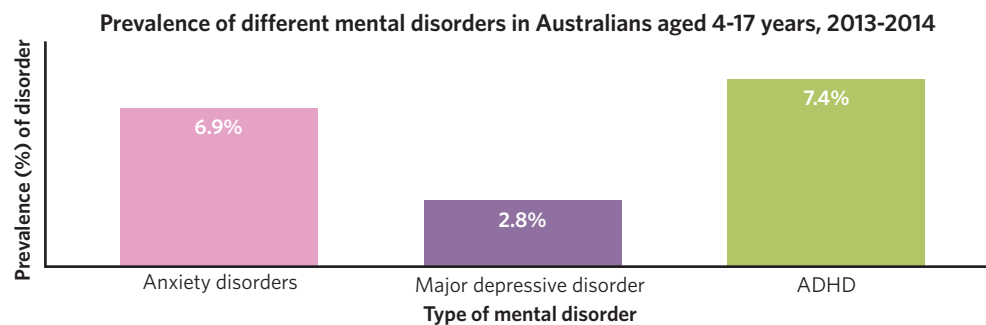
Prevalence of different mental disorders in Australians aged 4-17 years, 2013-2014

Source: adapted from The Australian Government Department of Health, *The mental health of children and adolescents*, <https://www.health.gov.au/resources/publications/the–mental–health–of–children–and–adolescents>

a Outline what is meant by prevalence. (1 MARK)

b Using data, identify which mental disorder was most prevalent in Australians aged 4-17 in 2013-14. (2 MARKS)

Question 9 (4 MARKS)

Using examples, compare indirect and intangible costs associated with mental health.

Questions from multiple chapters

Question 10 (3 MARKS)

a Identify a sociocultural factor that contributes to the variations in health status and health behaviours of youth. (1 MARK)

b Suggest how the sociocultural factor identified in **part a** may act as a:

i mental health protective factor. (1 MARK)

ii mental health risk factor. (1 MARK)

UNIT 1 AOS 3 REVIEW

Complete the following 50 mark practice test, which tests all content from within Unit 1 AOS 3.

Question 1   (2 MARKS)

a   Outline what is meant by intangible costs associated with mental health. (1 MARK)

b   Provide one example of an intangible cost associated with mental health. (1 MARK)

Question 2   (1 MARK)

Outline what is meant by health action.

Question 3   (7 MARKS)
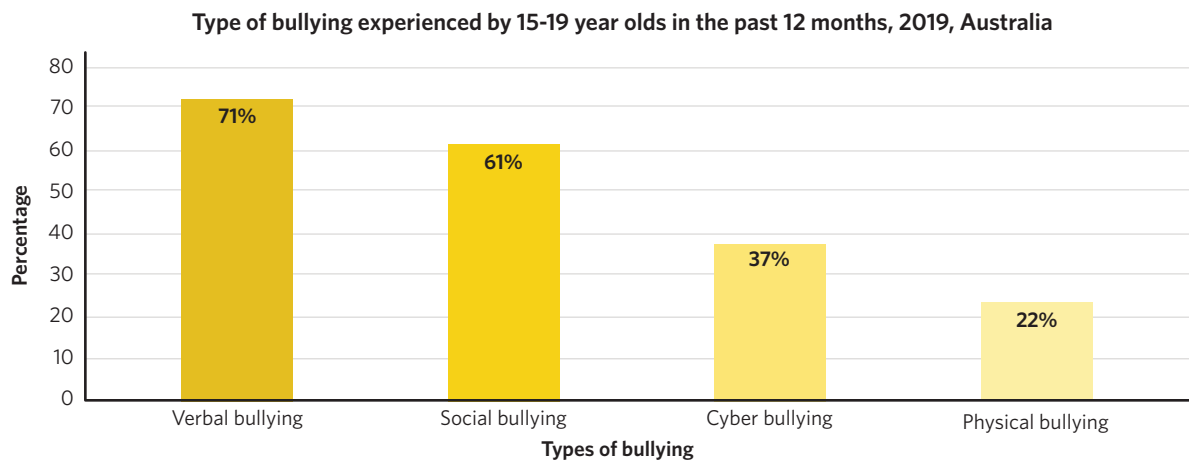
Type of bullying experienced by 15-19 year olds in the past 12 months, 2019, Australia

Source: adapted from the Australian Institute of Health and Welfare, *Bullying and negative online experiences*, <https://www.aihw.gov.au/reports/children-youth/negative-online-experiences>

a   Using data, identify the most common type of bullying experienced by 15-19 year olds. (2 MARKS)

b   Outline what is meant by bullying. (1 MARK)

c   Describe why bullying requires health action. (2 MARKS)

d   Discuss how bullying impacts health and wellbeing. (2 MARKS)

Question 4   (4 MARKS)

a   Describe a program for youth health and wellbeing. (2 MARKS)

b   Suggest one way the program described in **part a** promotes youth health and wellbeing. (2 MARKS)

Question 5   (3 MARKS)

This Girl Can is a Victorian campaign that focuses on physical activity levels in females. It provides a range of resources to increase physical activity among females, including various online workout videos, such as dance classes and full body HIIT (high-intensity interval training) workouts. *This Girl Can* aims to increase physical activity levels in females and help them feel empowered. This campaign was created because many women did not engage in physical activity due to a fear of being judged. Therefore, this is a program that aims to be judgement-free and respectful of all women, to make physical activity more comfortable.

Source: adapted from This Girl Can, <https://thisgirlcan.com.au/>

a   Identify a community value and expectation for youth health and wellbeing programs reflected in the information provided. (1 MARK)

b   Justify why the community value and expectation identified in **part a** is important for the successful development of youth health and wellbeing programs. (2 MARKS)

Question 6   (5 MARKS)

a   Identify an organisation for mental health. (1 MARK)

b   Describe how the organisation identified in **part a** promotes mental health. (2 MARKS)

c   Explain how hospital care for mental health can promote mental health. (2 MARKS)

Question 7   (4 MARKS)

Using examples, distinguish between risk factors and protective factors for mental health.

Question 8   (8 MARKS)

Consider the following sources related to mental health.

Source 1

Jacinta suffers from depression, and has recently been struggling with her mental health and is not feeling good about herself or her life. Recently, Jacinta's Grandfather passed away, which has been very hard for her and her entire family. Jacinta always felt she had a special bond with her Grandfather as he also suffered from depression and they would often help each other. Although Jacinta has lots of school friends, she feels that she doesn't really get along with them and that they don't understand her or her struggles. Jacinta sees a psychologist, who she has been seeing for a few years, and has told her psychologist that she feels a bit lost and 'all over the place' at the moment. Additionally, Jacinta hasn't been able to sleep as she is always restless and agitated, and often stays awake late at night overeating, as it helps provide her comfort.

Source 2

Weekly community mental health flyer

How can you improve your mental health?

Doing regular exercise

Having a healthy and nutritionally adequate diet

Having a strong support network of friends and/or family

Using mental healthcare services and support

Doing activities that you find enjoyable

'We are trying to help promote good mental health through providing all members of our community free weekly mental health flyers'

- Aadya, community leader

This week's flyer presents some simple strategies you can include in your day-to-day routine to promote good mental health.

Image: BRO.vector/Shutterstock.com

Source 3

Data relating to mental healthcare in Australia
In 2019-2020, 4.4 million people received mental health-related prescriptions that were subsidised by the Pharmaceutical Benefits Scheme.
In 2019-2020, 11.2% of the Australian population received mental health-specific services that were subsidised by Medicare.
In 2018-2019, 1694 specialised mental health facilities provided mental healthcare.
In 2018-2019, $10.6 billion was spent on mental health.

Source: adapted from the Australian Institute of Health and Welfare, *Mental health services in Australia*, <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary-of-mental-health-services-in-australia>

Using the sources provided, and your own knowledge, discuss the following concepts in relation to mental health as a health and wellbeing focus for Australia's youth:

- the impact of poor mental health on the dimensions of health and wellbeing
- risk and protective factors for mental health
- personal strategies for mental health
- mental healthcare professionals and hospital and emergency care for mental health

Question 9   (1 MARK)

Outline one trend related to mental health in Australian youth.

Question 10   (5 MARKS)

Identify a youth health and wellbeing issue and discuss how it impacts **two** dimensions of health and wellbeing.

Question 11   (5 MARKS)

Prevalence of mental disorders in Australians aged 14-17 over a 12 month period
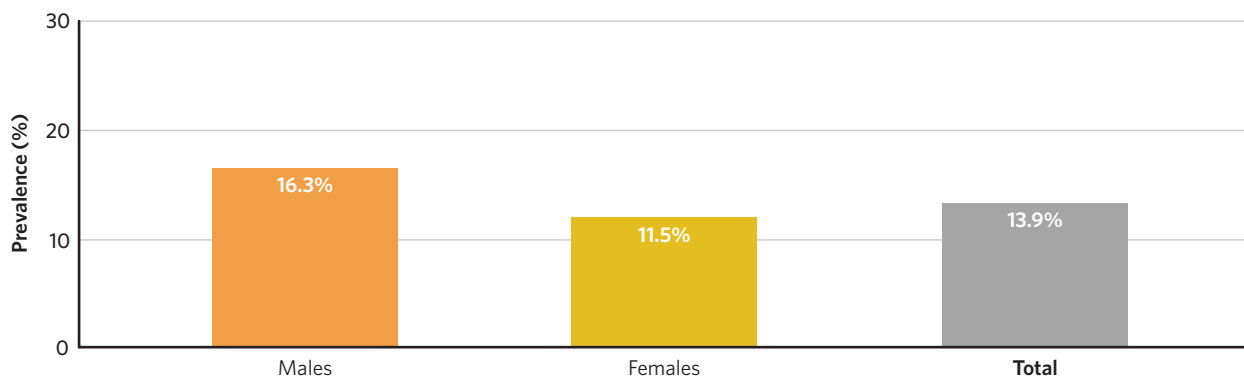
Source: adapted from the Australian Government Department of Health, *The mental health of children and adolescents*, <https://www.health.gov.au/resources/publications/the-mental-health-of-children-and-adolescents>

a   Compare prevalence and incidence. (2 MARKS)

b   Using data, draw a comparison between the prevalence of mental disorders in males and females aged 14-17 in 2013-14. (2 MARKS)

c   Outline a trend related to mental health in Australian youth. (1 MARK)

Question 12   (4 MARKS)

a   Identify an example of advocacy for mental health. (1 MARK)

b   Identify an example of action for mental health. (1 MARK)

c   Explain how mental health is improved through advocacy and action. (2 MARKS)

Question 13   (1 MARK)

Identify a community value and expectation for youth mental health programs.

UNIT 2

Managing health and development

This unit investigates transitions in health and wellbeing, and development, from lifespan and societal perspectives. Students look at changes and expectations that are part of the progression from youth to adulthood. This unit promotes the application of health literacy skills through an examination of adulthood as a time of increasing independence and responsibility, involving the establishment of long-term relationships, possible considerations of parenthood and management of health-related milestones and changes.

Students enquire into the Australian healthcare system and extend their capacity to access and analyse health information. They investigate the challenges and opportunities presented by digital media and health technologies, and consider issues surrounding the use of health data and access to quality health care.

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UNIT 2

AOS1

Developmental transitions

This area of study examines the developmental transitions from youth to adulthood, with a focus on expected changes, significant decisions, and protective factors, including behaviours. Students consider perceptions of what it means to be a youth and an adult and investigate the expected physical and social changes. They inquire into factors that influence both the transition from youth to adulthood and later health status. They consider the characteristics of respectful, healthy relationships. Students examine parenthood as a potential transition in life. With a focus on the influence of parents/carers and families, students investigate factors that contribute to development, health and wellbeing during the prenatal, infancy and early childhood stages of the lifespan. Health and wellbeing is considered as an intergenerational concept (that is, the health and wellbeing of one generation affects the next).

Outcome 2

On completion of this unit the student should be able to explain developmental changes in the transition from youth to adulthood, analyse factors that contribute to healthy development during prenatal and early childhood stages of the lifespan and explain health and wellbeing as an intergenerational concept.

CHAPTER

7

Development across the lifespan

7A The human lifespan

7B Youth and adulthood

7C Development

7D Developmental transitions

Key knowledge

- overview of the human lifespan
- perceptions of youth and adulthood as stages of the lifespan
- definitions and characteristics of development, including physical, social, emotional and intellectual
- developmental transitions from youth to adulthood

Image: Tyler Nix/Unsplash.com

7A THE HUMAN LIFESPAN

*Once upon a time, you were just one tiny single cell. Now, you are made up of trillions of cells.
How does this happen? The changes that have made you who you are today can be credited to the
human lifespan. In this lesson, you will learn all about the human lifespan and will delve into each of
its seven stages.*

7A The human lifespan	7B Youth and adulthood	7C Development	7D Developmental transitions

Study design dot point

- overview of the human lifespan

Key knowledge units

The human lifespan	2.1.1.1
Prenatal	2.1.1.1.1
Infancy	2.1.1.1.2
Childhood	2.1.1.1.3
Youth	2.1.1.1.4
Early adulthood	2.1.1.1.5
Middle adulthood	2.1.1.1.6
Late adulthood	2.1.1.1.7

The human lifespan

The human lifespan 2.1.1.1

Prenatal 2.1.1.1.1   Infancy 2.1.1.1.2   Childhood 2.1.1.1.3   Youth 2.1.1.1.4   Early adulthood 2.1.1.1.5   Middle adulthood 2.1.1.1.6   Late adulthood 2.1.1.1.7

The human lifespan 2.1.1.1

OVERVIEW

The human lifespan is made up of seven stages. These stages are prenatal, infancy,
childhood, youth, early adulthood, middle adulthood, and late adulthood.

THEORY DETAILS

The human lifespan is made up of several stages that individuals generally transition
through from birth until death. Throughout the lifespan, individuals will experience many
changes, including significant development and growth. The term **development** refers
to the orderly, predictable, and gradual change of an individual's physical, intellectual,
emotional, and social conditions.

KEY DEFINITIONS

Development refers to the orderly,
predictable, and gradual change of
an individual's physical, intellectual,
emotional, and social conditions

⊕ *Want to know more?*

The transitions and experiences of an individual during the lifespan can be influenced by a variety of
factors. These can be *external factors*, meaning that they come from the environment, such as someone's
ability to access healthcare. *Internal factors* (i.e. those that stem from within the individual) can also
influence the changes people undergo, such as genetics.

The human lifespan consists of seven stages. These include:

- prenatal
- infancy
- childhood
- youth
- early adulthood
- middle adulthood
- late adulthood.

The process of moving from one stage of the lifespan to another can be referred to as a transition. Transitions between stages of the lifespan may involve experiencing new things or undergoing significant changes. For example, an individual transitioning from youth to adulthood may start to experience more freedom through getting their driver's licence or they may experience a change in responsibilities due to beginning tertiary education.
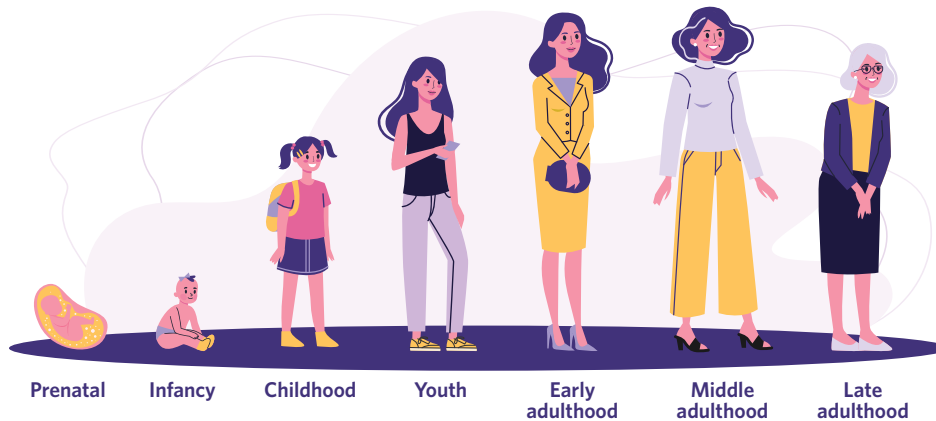
Image: Inspiring/Shutterstock.com

Figure 1 Stages of the human lifespan

Within these stages, individuals can experience a variety of developmental milestones that characterise and differentiate the stages from each other. **Developmental milestones** are tasks, events, or skills that occur or are expected to occur in a certain age group.

> ⓘ *Useful tip*
>
> The age ranges for each stage of the human lifespan are not certain. Therefore, different sources may vary slightly with the age at which each stage begins and ends. Additionally, the stages are subjective and dynamic in their nature, meaning that they will not remain the exact same in the future or be the exact same for everyone.

Prenatal 2.1.1.1.1

The prenatal stage begins at the fertilisation of an egg and concludes at birth. **Fertilisation** is the process of an egg and sperm fusing together to form a zygote. A **zygote** is the fused cell that forms after the fertilisation process which will transform into a fully developed fetus before birth.

Pregnancy usually lasts for around 40 weeks. During this time, all of the structures and organs of the body are rapidly developed. At 24 weeks the baby's organs are fully developed. At the end of pregnancy, the mother gives birth to the infant.
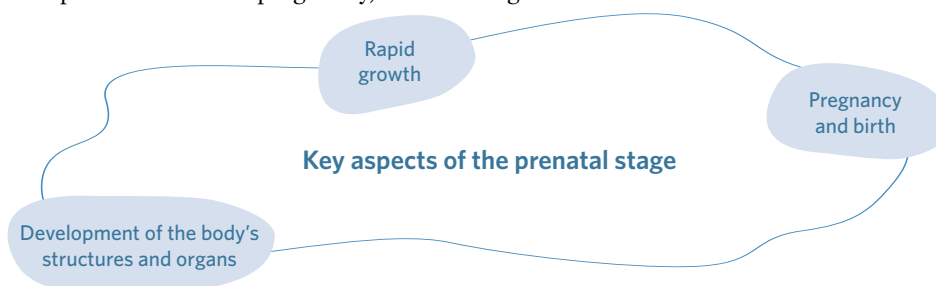
Figure 2 Key aspects of the prenatal stage

KEY DEFINITIONS

Developmental milestones are tasks, events, or skills that occur or are expected to occur within a certain age group

Fertilisation is the process of an egg and sperm fusing together to form a zygote

ADDITIONAL TERMS

Zygote is the fused cell that forms after the fertilisation process

---

⊕ *Want to know more?*

Although typical pregnancies last for around 37–40 weeks, sometimes babies are born prematurely before this time frame. Babies that are born before 37 weeks are considered premature babies. This means that the baby may not have properly developed body structures and organs, which can put the baby at risk of other health and medical problems. Often, premature babies require additional medical support and care to ensure they can grow and develop into healthy infants. This may involve staying in hospital care for a longer time compared to other newborns.

⊕ *Want to know more?*

The most rapid growth occurs in the human lifespan during the prenatal stage. It begins with a single cell, which develops into over 200 billion cells by the time of birth. An adult is made up of trillions of cells.

Figure 3 shows the stages of cell division. This process reflects how our cells rapidly grow in number throughout the lifespan.

Image: Lukiyanova Natalia frenta/Shutterstock.com

Figure 3 The steps of cell division

Infancy 2.1.1.1.2

The infancy stage of the human lifespan occurs from birth until two years old. Within this stage, physical growth is one of the most noticeable changes to occur.

Developmental milestones in this stage may include:

- learning how to crawl and/or walk.
- learning how to speak.

In addition to developmental milestones, there are some general aspects of the infancy stage that are outlined in figure 4.
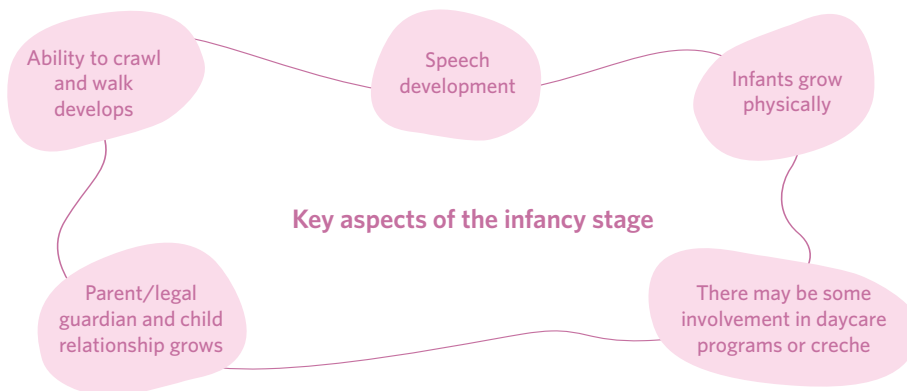
Figure 4 Key aspects of the infancy stage

Childhood 2.1.1.1.3

Childhood occurs from age two up until age 12. In this stage, an individual's motor skills significantly develop. **Motor skills** are functions that involve the ability to move. The two types of motor skills that develop throughout an individual's life are known as gross motor skills and fine motor skills.

Gross motor skills are functions that involve the ability to move via the controlled use of large muscle groups. For example, a gross motor skill may be walking, as it uses large muscle groups in the legs. **Fine motor skills** are functions that involve the ability to move via the controlled use of small muscle groups. For example, a fine motor skill may involve holding and using a pen, as this involves small muscle groups in the hands and fingers. During childhood, an individual will most likely go to preschool or kindergarten, followed by primary education.

Developmental milestones in this stage may include:

- beginning and finishing preschool.
- beginning and finishing primary education.
- gaining the ability to read and write.

In addition to developmental milestones, there are some general aspects of the childhood stage that are outlined in figure 5.

> ⓘ *Useful tip*
>
> Given that childhood is a lengthy stage that includes a lot of development, some sources may separate this stage into two stages which are referred to as early childhood and late childhood. Often, early childhood ranges from two until six years old, whilst late childhood ranges from six until 12 years old.
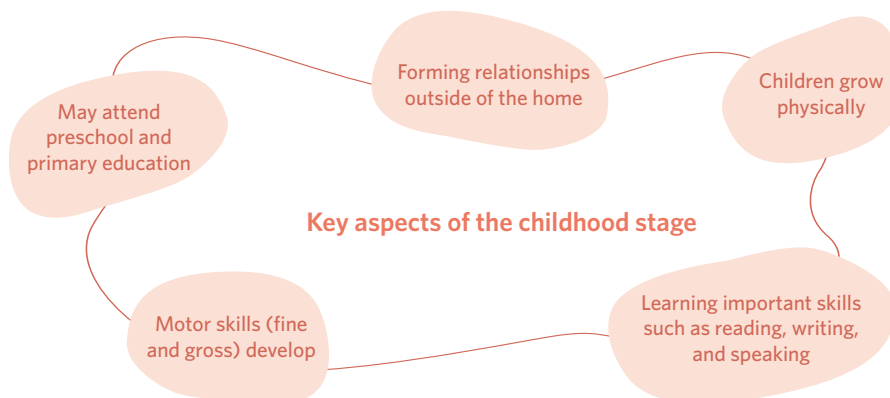
Figure 5 Key aspects of the childhood stage

Youth 2.1.1.1.4

This stage of the human lifespan occurs from ages 12 to 18. Youth is often viewed as the most subjective stage of the lifespan. This can be due to many people having different views on what signifies the transition to adulthood. Some people view turning 18 as the onset of adulthood, whereas others may believe that full independence makes an individual an adult.

During youth, individuals tend to begin spending more of their time with friends and peers rather than family. Additionally, individuals become more independent in this stage as they begin high school, which opens up many opportunities for increased freedom, such as using public transport, socialising, and learning to organise and manage school commitments.

This stage can also involve changes in self-esteem and self-concept. **Self-esteem** is an individual's view and perception of their own worth, whilst **self-concept** is an individual's view and perception of their own self. Figure 6 reflects self-esteem and self-concept.

KEY DEFINITIONS

Motor skills are functions that involve the ability to move

Gross motor skills are functions that involve the ability to move through the controlled use of large muscle groups

Fine motor skills are functions that involve the ability to move through the controlled use of small muscle groups

ADDITIONAL TERMS

Self-esteem is an individual's view and perception of their own worth

Self-concept is an individual's view and perception of their own self

I am sporty
I am outgoing

I like who I am
I am proud of myself

These thoughts are about *self-concept*. This is because Chloe is reflecting about who she is and considering her self image.

These thoughts are about *self-esteem*. This is because Chloe is reflecting about her self worth and considering her value as a person.

Chloe is a high school student. She is an outgoing and confident teenager. She also plays netball and is a competitive swimmer.

Image: Inspiring/Shutterstock.com

Figure 6 The difference between self-esteem and self-concept

In youth, individuals go through puberty. **Puberty** is the natural process in which an individual's body physically changes and matures in order to become capable of sexual reproduction. This may include changes such as developing breasts (for females), a deepening of the voice (for males), and developing facial hair. Despite puberty often beginning in youth, it is important to be aware that puberty can begin in the childhood stage for some individuals.

Developmental milestones in this stage may include:

- beginning and finishing secondary school.
- getting a learner's driving license.
- getting a part time job.

In addition to developmental milestones, there are some general aspects of the youth stage that are outlined in figure 7.

KEY DEFINITIONS

Puberty is the natural process in which an individual's body physically changes and matures in order to become capable of sexual reproduction

Want to know more?

The terms 'adolescence' and 'youth' have often been used interchangeably. However, now 'youth' is more commonly used to describe this stage of the lifespan. Specifically, it is used as an overarching term for all the changes that occur in the transition from childhood to adulthood. The term 'adolescence' is now used to simply refer to the physical changes that occur between childhood and adulthood. Therefore, youth is more widely used as it encompasses all aspects of the stage.

Spending more time with friends

May attend secondary education

Key aspects of the youth stage

Increase in freedom and independence

Physical changes as a result of puberty

Changes in self-esteem and self-concept
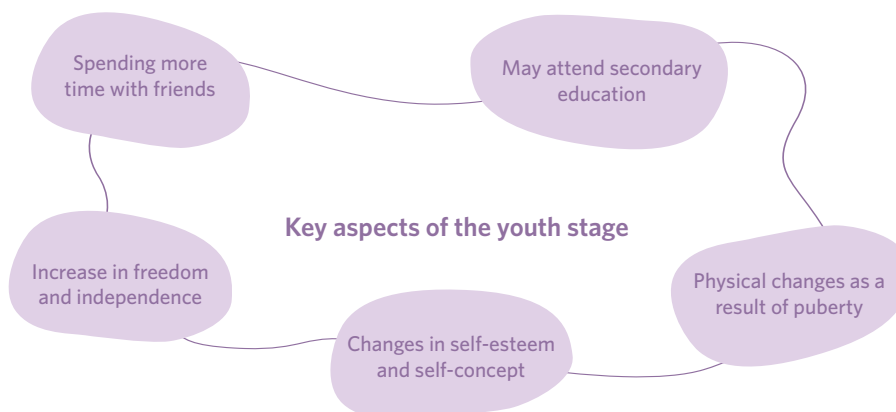
Figure 7 Key aspects of the youth stage

Want to know more?

On YouTube, search *'How risk taking changes a teenager's brain, TED'* and watch the entire eleven minute and thirty-nine second video presented by Kashfia Rahman (TED, 2019). The highly engaging video explores risk taking in youth and discusses how the brain develops and changes as a result of risk–taking behaviours.

Early adulthood 2.1.1.1.5

Early adulthood begins at 18 years of age and ends at 40. Within this stage, independence greatly increases as individuals have just begun life as an adult. This can involve taking steps such as buying a car and having a full driving licence, as well as moving out of home for the first time. In this stage, relationships often change and develop as individuals are leaving secondary school and joining new environments through tertiary education and employment. In the later years of early adulthood, individuals may choose to get married and start a family, as well as develop their career or employment. The changes that occur in early adulthood are often accompanied by an increase in self-esteem as individuals are progressing independently in their lives. This stage encompasses a wide age range and therefore individuals are often very different at the end of early adulthood compared to when entering this stage.

Developmental milestones in this stage may include:

- marriage
- getting a full driver's licence
- buying a car
- moving out of home and living independently
- having kids
- having a career and/or entering full time employment.

In addition to developmental milestones, there are some general aspects of the early adulthood stage that are outlined in figure 8.
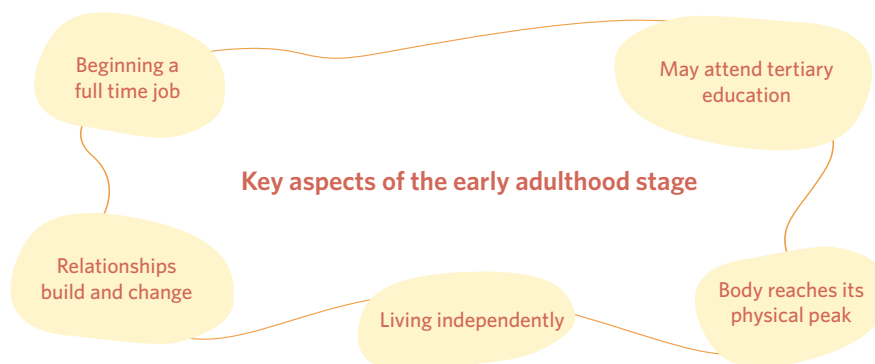
Figure 8 Key aspects of the early adulthood stage

Want to know more?

Different countries have different ages where individuals are considered a legal adult. Additionally, milestones that occur in the stage of early adulthood often occur at different ages in different countries.

For example, in Australia, the legal drinking age is 18 and the legal age to get a driver's licence is also 18. However, in the United States, the legal drinking age is 21, whilst the legal age to get a driver's licence is 16. In Scotland, 16 is the legal age for driving, drinking, and getting married!

Middle adulthood 2.1.1.1.6

Middle adulthood ranges from age 40 to age 65. In this stage, individuals often have secure employment and are at a satisfying stage of their career. Additionally, people can experience increased stability in relationships in this stage. Usually, the ageing process begins in middle adulthood, which can involve physical changes such as developing wrinkles and grey hair. Some people in this stage begin to form new friendships through their children's activities and schooling.

Developmental milestones in this stage may include:

- children growing up and moving out of home.
- career growth and stability.
- physical changes due to ageing, such as grey hair.

In addition to developmental milestones, there are some general aspects of the middle adulthood stage that are outlined in figure 9.
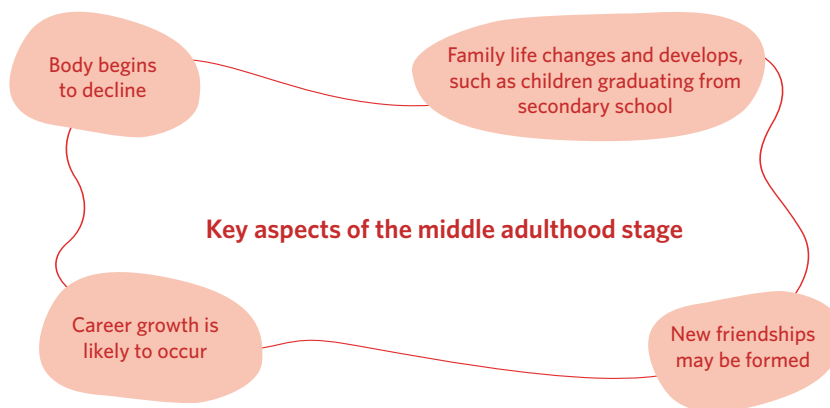
Figure 9 Key aspects of the middle adulthood stage

ACTIVITY 2

Have you ever heard of the phrase 'midlife crisis'? Do you know anyone who has said they're 'going through a midlife crisis'? Type the URL *theatlantic.com/family/archive/2018/05/the-invention-of-the-midlife-crisis/561203* into your browser to read the article from The Atlantic which discusses the notion of midlife crises and where they came from (Druckerman, 2018).

Use the following questions to initiate a class discussion about the article.

- In your opinion, are midlife crises a legitimate concept?
- In your opinion, could a midlife crisis be a developmental milestone?
- Why do you think people may experience a midlife crisis?
- Do you think experiencing and overcoming a midlife crisis is more positive or negative?

Late adulthood 2.1.1.1.7

The final stage of the human lifespan is late adulthood. Late adulthood begins at 65 years old and concludes at death. Within this stage, people often begin to experience life at a more leisurely pace due to beginning retirement. However, late adulthood is also accompanied by much decline in the brain and bodily functioning.

> ⊕ ***Want to know more?***
>
> Many people are unaware that dementia is not an actual disease, but rather, is an overarching term for a group of symptoms associated with brain impairment. Dementia is common in late adulthood. It can involve memory loss, impaired decision making and judgement, poor social skills, and limited cognitive ability.

Developmental milestones in this stage may include:

- having grandchildren
- experiencing retirement
- moving into a nursing home or aged care facility.

In addition to developmental milestones, there are some general aspects of the late adulthood stage that are outlined in figure 10.
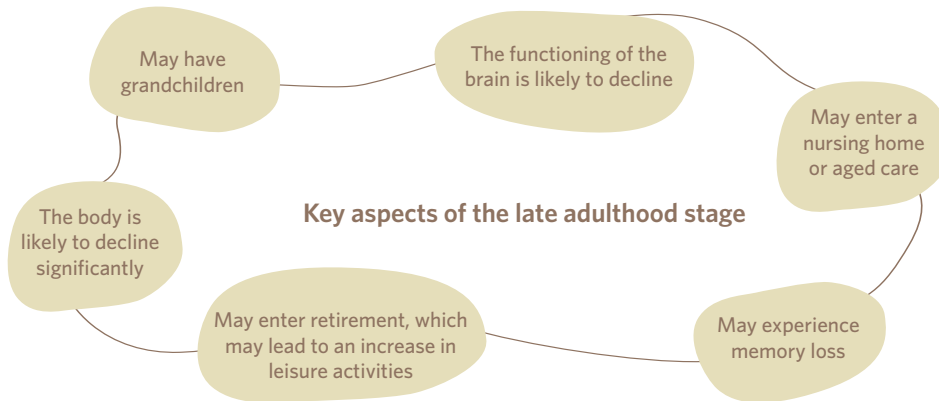
Figure 10 Key aspects of the late adulthood stage

Theory summary

In this lesson, you have learnt about the human lifespan. We have covered each stage of the human lifespan and many of the changes that may occur in these stages. Figure 11 shows a brief summary of this lesson.
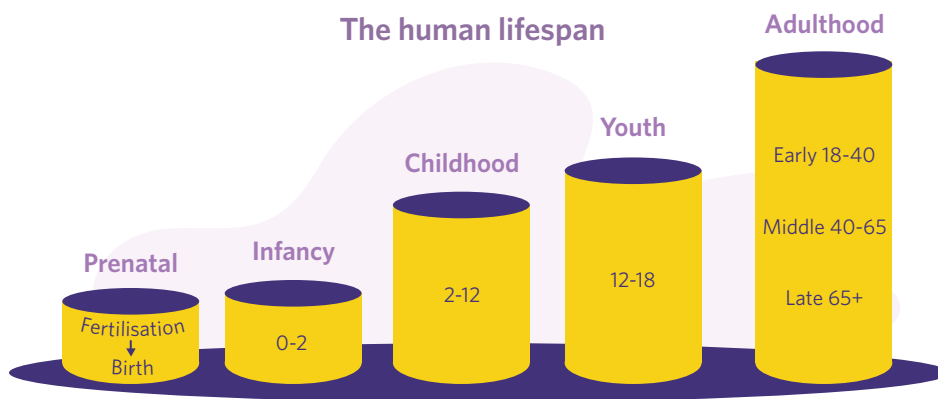
Figure 11 Summary of lesson 7A The human lifespan

Here is an activity to help summarise your understanding of this lesson.

ACTIVITY 3

Read the following scenarios and identify the stage of the human lifespan each person is in.

1 Sam has recently gotten his driver's license and has begun studying at university. He still lives at home, however, he has a job and is saving to move out into his own apartment in the next few years of his life.

2 Harriet has just transitioned from crawling to walking. In a couple of years, Harriet's parents are hoping to send her to kindergarten.

3 Emma and Lucas have been married for fifteen years and have two young children. They both have steady jobs.

4 Sophie is in high school. She spends her free time catching up with friends and doing her homework. She also has a part time job at a local supermarket where she works once a week.

7A QUESTIONS

Question 1

The human lifespan involves growth, changes, and developmental milestones.

A   True.

B   False.

Question 2

Which of the following are stages of the human lifespan? *(Select all that apply)*

I   Prenatal.

II   Midlife crisis.

III Middle adulthood.

Question 3

The human lifespan begins in the prenatal stage.

A   True.

B   False.

Question 4

Which of the following stages of the lifespan involves learning to crawl and walk as a development milestone?

A   Infancy.

B   Childhood.

Question 5

Which of the following are likely to occur in childhood? *(Select all that apply)*

I   Attending primary school.

II   Motor skill development.

III Forming relationships.

Question 6

Which of the following stages of the lifespan involves individuals spending an increased amount of time with friends rather than family?

A   Early adulthood.

B   Youth.

Question 7

In early adulthood, it is likely that some people may think about getting married.

A   True.

B   False.

Question 8

Which of the following stages of the lifespan involves the body beginning to decline?

A   Middle adulthood.

B   Late adulthood.

Question 9

Which of the following concern late adulthood? *(Select all that apply)*

I Retirement.

II Having grandchildren.

III Significant impairments in the brain and body.

Skills

Unpacking the case study

Use the following information to answer Questions 10–12.

Shakira is experiencing a lot of new things lately. She has just begun studying at university and is hoping to move out of home into her own apartment in the next few weeks. Shakira has just been hired as a part time employee at a local cafe where she was casually working over her summer holidays. She is very proud of herself and how she is handling these recent changes. Shakira is feeling positive about the future.

Question 10

Shakira being in the early adulthood stage of the human lifespan is reflected by the statement that

A 'She has just begun studying at university'.

B 'Shakira is experiencing a lot of new things lately'.

Question 11

Shakira experiencing a transition between stages of the human lifespan is reflected by the statement that

A 'Shakira is experiencing a lot of new things lately'.

B 'Shakira has just been hired as a part time employee'.

Question 12

Shakira experiencing high self-esteem is reflected by the statement that

A 'She is very proud of herself'.

B 'Shakira is experiencing a lot of new things lately'.

Perfect your phrasing

Question 13

Which of the following sentences is most correct?

A Developmental milestones are *tasks, events, or skills* that occur *or are expected to occur* in a certain age range.

B Developmental milestones are *processes, events, or skills* that occur *or should occur* in a certain age range.

Exam–style questions

Question 14   (2 MARKS)

Describe the infancy stage of the human lifespan.

Question 15   (2 MARKS)

a What is a developmental milestone? (1 MARK)

b List one developmental milestone that occurs in the childhood stage of the human lifespan. (1 MARK)

Question 16   (2 MARKS)

Provide a developmental milestone that may occur in early adulthood and explain why it is a developmental milestone.

Question 17   (4 MARKS)

Explain two reasons why youth is an important stage of the human lifespan.

Question 18   (5 MARKS)

a   What are motor skills?   (1 MARK)

b   List the two types of motor skills and explain what is involved in each.   (4 MARKS)

Questions from multiple lessons

Question 19   (2 MARKS)

Peer influence is a sociocultural factor that can impact youth. Outline how peer influence may make challenges in the youth stage of the lifespan easier.

7B YOUTH AND ADULTHOOD

Teenagers are lazy. The elderly are bad drivers. Adults are bossy. 18 year olds are irresponsible.
If any of these statements refer to you, it is likely you might feel somewhat offended! This is because
these statements reflect common stereotypes. Within society, there is a tendency to stereotype
and incorrectly perceive certain age groups. In this lesson, you will learn about the perceptions
people have towards specific stages of the human lifespan. First, we will look at a broad overview
of perception and what influences perception. Then, we will discuss the perceptions people have
towards youth and adulthood as stages of the lifespan.

7A The human lifespan	7B Youth and adulthood	7C Development	7D Developmental transitions

Study design dot point

- perceptions of youth and adulthood as stages of the lifespan

Key knowledge units

Perceptions of stages of the lifespan	2.1.2.1
Perceptions of youth	2.1.2.1.1
Perceptions of adults	2.1.2.1.2

Youth and adulthood

Perceptions of stages of the lifespan 2.1.2.1

Perceptions of youth 2.1.2.1.1   Perceptions of adults 2.1.2.1.2

Perceptions of stages of the lifespan 2.1.2.1

OVERVIEW

It is almost inevitable that at some time in your life you may have unfairly perceived others based on their age. There are many different ways people can perceive others.

Study design key skills dot point

The following key skills dot point applies to whole lesson:

- collect and analyse information to draw conclusions on perceptions of youth and adulthood

ACTIVITY 1

Working individually, draw a librarian on a blank piece of paper. Share your drawing with your peers.

Are there similarities in your drawings amongst your class? Were most of your librarians young or old? Were they wearing glasses? What gender were they? Why do you think this is the case?

In this lesson, you will learn about common stereotyping, which may help to explain why your drawing looked the way it did!

THEORY DETAILS

It is common for people to have different views and attitudes towards certain stages of the lifespan. These views can be referred to as perceptions. **Perception** refers to the way in which something is viewed, regarded, and understood. Therefore, perceptions can be described as attitudes, beliefs, or views about objects, people, or concepts. It is important to recognise that perceptions are not factual, and therefore are not always accurate. For example, a perception may be that karate is a difficult sport. Sometimes the perceptions people have can be due to stereotyping. **Stereotypes** are commonly held but overly generalised attitudes or beliefs about a certain person or group of people. For example, a stereotype may be thinking that all carpenters are male. The differences in views, perceptions, and attitudes between age groups is known as a **generation gap**.

> ⊕ *Want to know more?*
>
> On YouTube, search up *'Generation Gap – 87-Year-Old Woman vs 15-Year-Old Girl, Jimmy Kimmel'* (Jimmy Kimmel Live, 2020) to watch the seven minute and thirty-four second entertaining video that presents some differences in perception between age groups through generation gap trivia!

> ⊙ *Useful tip*
>
> There are various terms used to describe stereotypes, perceptions, and judgement. To help aid your understanding, here is a brief explanation of the difference between some of the terms you may come across when studying this topic.
>
> - stereotypes are overly generalised but widely held beliefs often about people or groups of people.
> - perceptions are views about other people or concepts.
> - judgements are similar to perceptions; they are opinions or beliefs made about other people or concepts.
> - misconceptions are perceptions of people or concepts but are incorrect as they are often based on false information.

There are many things that can influence people's perceptions of stages of the lifespan. The news and media are very powerful sources of information that can significantly influence the way people perceive others. For example, the media has a tendency to portray youth as lazy and selfish. This is often reflected in the portrayal of teenagers in television shows. Geographical location can also influence perception. For example, someone living in the city may perceive adults as responsible and professional because they may have seen well-dressed adults going to work at an office. Additionally, past experiences or interactions with people from other stages of the lifespan can influence people's perception. For example, if a teenager is rude or offensive towards an adult, then they may start to perceive all teenagers as rude, despite this not always being true. Figure 1 shows factors that may impact the way people view other age groups.
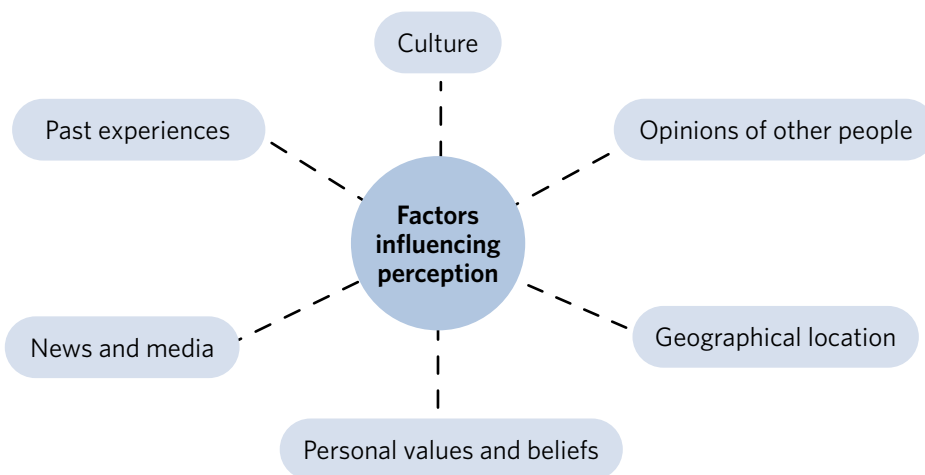
Figure 1 Factors that influence people's perception of stages of the lifespan

ADDITIONAL TERMS

Perception refers to the subjective way in which something is viewed, regarded, and understood

Stereotypes are commonly held but overly generalised attitudes or beliefs about a certain person or group of people

Generation gap is a term that refers to the differences in views, perceptions, and attitudes between age groups

Perceptions of youth 2.1.2.1.1

Have you ever felt unfairly judged by people from different age groups? Youth is a common stage of the lifespan that is subject to a variety of perceptions from others. Some of these perceptions can be positive, but often youth are negatively viewed by society. Table 1 presents some positive and negative perceptions directed towards youth that are common amongst society.

Table 1 Perceptions of youth

Positive perceptions	Negative perceptions
Some positive perceptions of youth may include that: • youth are in the best years of their life. It is a commonly romanticised notion that youth is the best stage of the human lifespan. • youth are in good physical shape and have good fitness.	Some negative perceptions of youth may include that: • youth are lazy. • youth are narcissistic and selfish. • youth are irresponsible. • youth are dangerous and take too many risks.

Negative perceptions can have detrimental effects on youth. For example, if youth are constantly perceived negatively, such as lazy or selfish, it is likely that they may experience poor self esteem and feel disempowered. Another detrimental impact of negative perceptions of youth may be experiencing an increased difficulty in defying stereotypes. For example, if youth are always viewed as lazy, it may make it more challenging for them to be busy and active, as they believe they will be labelled as lazy regardless of what they do because of this dominant stereotype. Therefore, it is important to recognise and understand that negative perceptions can be harmful to youth.

🧠 *Want to know more?*

In youth, teenagers experience a shift in their body clock. This means that biologically, teenagers are more likely to go to sleep later and wake up later compared to children and adults. As individuals enter the youth stage of the lifespan, the sleep hormone melatonin is released into the body two to three hours later than usual. Additionally, teenagers are required to get more sleep than adults. It is recommended that teenagers get eight to ten hours of sleep every night. This biological shift is a possible reason why youth are often perceived as lazy.
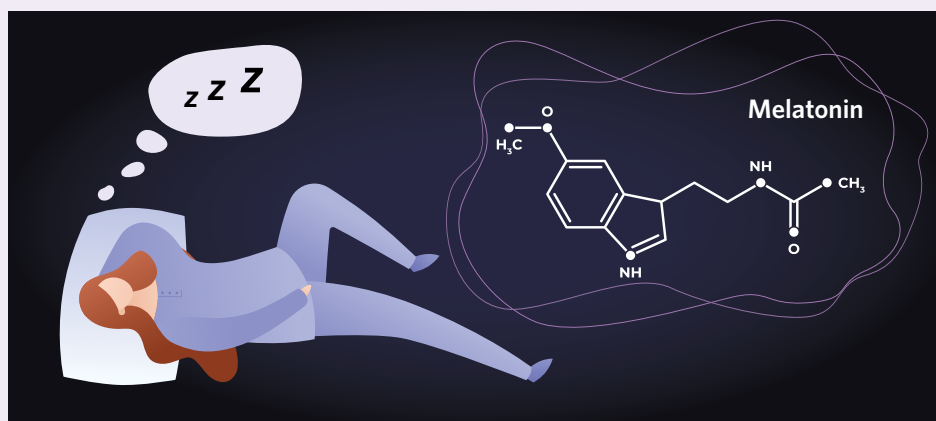
Image: Tasty_Cat /Shutterstock.com

Figure 2 Melatonin is a hormone primarily involved in sleep

Perceptions of adults 2.1.2.1.2

As a teenager, have you ever thought that adults 'just don't understand'? Or thought that they are 'terrible with technology'? These are some examples of stereotypes of adults. Adulthood is a common stage of the human lifespan that experiences a range of perceptions from others. Table 2 presents some positive and negative perceptions of adults.

Table 2 Perceptions of adults

Positive perceptions	Negative perceptions
Some positive perceptions of adults may include that: • adults are responsible. • adults are financially stable. • adults have meaningful and satisfying employment. • adults are married and have children.	Some negative perceptions of adults may include that: • adults are bossy and controlling. • adults are not current or up with the times. • older adults are forgetful. • adults are bad at using technology.

ACTIVITY 2

Watch a video

On YouTube, search *'Millennials show us what old looks like'* (AARP, 2016) and watch the four minute and nine second interesting video about perceptions of adults.

Use the following questions to initiate a class discussion about the video:

- What age do you think is 'old'?
- What did you think of how people impersonated an 'old person' crossing the street?
- What did you think of how people impersonated an 'old person' sending a text message?
- What did you think of how people impersonated an 'old person' doing a push up?
- Why do you think the video included the participants meeting people older than their own age?
- What do you think is an important message in this video?

⚠ *Useful tip*

It may be useful to remember that adulthood can be split into three stages: early, middle, and late adulthood. Therefore, perceptions of adults can change throughout each of these stages. The way people view 18 year olds (within early adulthood) is significantly different to the way people view 50 year olds (within middle adulthood), which again, is significantly different to the way people view 80 year olds (within late adulthood).

⊕ *Want to know more?*

Age discrimination is more common than people think. Ageism is a term used to describe discrimination towards people based on their age. There is a growing number of people in the middle and late adulthood stages reporting experiences of ageism in the workplace.
Type the URL *humanrights.gov.au/our-work/employers/age-discrimination* into your browser to read more about age discrimination (Australian Human Rights Commission, n.d.).

Image: Helga Khorimarko /Shutterstock.com

Figure 3 People in middle-late adulthood stages of the lifespan can experience workplace and employment discrimination

Theory summary

In this lesson, you have learnt about perceptions. We have discussed what the term perception means and looked at other related terms, such as stereotypes. In particular, we focused on perceptions of the youth and adulthood stages of the lifespan. Figure 4 provides a brief overview of this lesson.
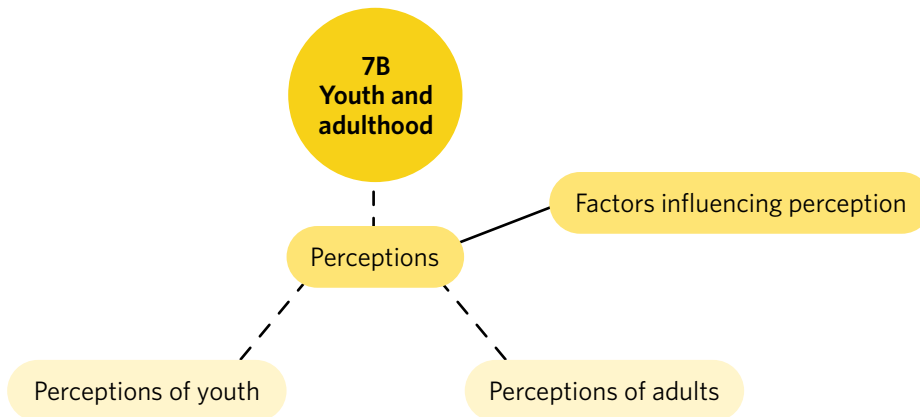
Figure 4 Lesson 7B summary

7B QUESTIONS

Theory-review questions

Question 1

Perceptions can be positive or negative.

A   True.

B   False.

Question 2

Perceptions are always true as they are based on factual information.

A   True.

B   False.

Question 3

Perception can be influenced by a variety of factors.

A   True.

B   False.

Question 4

A common perception of youth is that they are lazy.

A   True.

B   False.

Question 5

People may believe youth are selfish if they have seen the media portray youth as selfish.

A   True.

B   False.

Question 6

Which of the following are common perceptions of adults? *(Select all that apply)*

I   Adults are responsible.

II   Adults are financially stable.

III Adults are bad at using technology.

Question 7

It is a fact that most adults are married.

A   True.

B   False.

Question 8

Negative perceptions of youth can be harmful.

A   True.

B   False.

Skills

Unpacking the case study

Use the following information to answer Questions 9-11.

Georgia is in the middle adulthood stage of the lifespan. Georgia is married and has a son James. James sleeps in and never helps out with jobs around the house. Therefore, Georgia believes all teenagers are like her son and are lazy. Georgia recently watched a movie about an elderly adult developing dementia. The movie has made her worried that her parents and her partner's parents have dementia, even though they show no symptoms.

Question 9

Georgia stereotyping teenagers is reflected by the statement that

A   'Her son James sleeps in'.

B   'Georgia believes all teenagers are like her son and are lazy'.

Question 10

Georgia embodying a common perception of adults is reflected by the statement that

A   'Georgia is married and has a son James'.

B   'Georgia is in the middle adulthood stage of the lifespan'.

Question 11

Georgia's perception of older adults being influenced by the media is reflected by the statement that

A   'Georgia recently saw a movie'.

B   'The movie has made her worried that her parents and her partner's parents have dementia'.

Exam-style questions

Question 12   (1 MARK)

Identify a factor that may influence an individual's perception of youth.

Question 13   (2 MARKS)

Describe a common perception individuals may have of adults.

Question 14   (2 MARKS)

Describe a negative perception individuals may have of youth.

Question 15   (2 MARKS)

Using an example, explain what is meant by the term 'stereotype'.

Question 16   (4 MARKS)

Explain two reasons why teenagers may have a negative perception of adults.

Question 17   (4 MARKS)

Explain how factors may influence individuals to incorrectly perceive youth and adults.

Questions from multiple lessons

Question 18   (2 MARKS)

Using an example, explain how stereotyping may have a negative impact on the health and wellbeing of youth.

7C DEVELOPMENT

Everything you are able to do today is because of development. The way you move, think, feel, and communicate has evolved throughout your life so that you can do what you are doing right now! In this lesson, you will learn about the different types of development: physical, intellectual, emotional, and social development.

Image: Yulia Lipnitskaya/Shutterstock.com

7A The human lifespan	7B Youth and adulthood	7C Development	7D Developmental transitions

Study design dot point

- definitions and characteristics of development, including physical, social, emotional and intellectual

Key knowledge units

Physical development	2.1.3.1
Intellectual development	2.1.3.2
Emotional development	2.1.3.3
Social development	2.1.3.4

Development

Physical development 2.1.3.1   Intellectual development 2.1.3.2   Emotional development 2.1.3.3   Social development 2.1.3.4

Earlier in this chapter, you learnt about development and developmental milestones. These concepts are also relevant to this lesson. Development refers to the orderly, predictable, and gradual change of an individual's physical, intellectual, emotional, and social conditions. Development occurs across the human lifespan as individuals age and experience the world. Important parts of the development process are developmental milestones. Developmental milestones are tasks, events, or skills that occur or are expected to occur within a certain age group. People are always developing and changing, however, it is important to recognise that development can be a different experience for everyone.

Physical development 2.1.3.1

OVERVIEW

At this very moment, you may be sitting in a chair in class. Although sitting in a chair may seem like a simple task, your body's systems, organs, and muscles have worked hard for you to do this. In this section of the lesson, you will learn about physical development.

THEORY DETAILS

Physical development refers to bodily changes relating to body size, shape, systems, and structure that occur across the lifespan.

Physical development can involve growth and physical changes in many different forms. Growth relates to an increase in size, which can include visible changes such as an increase in height and weight. It can also include internal changes, such as an increase in heart size. However, physical development can also involve physical changes beyond simply growing in size. These can include changes to body systems and organs, such as having a fully developed circulatory system. Additionally, the hardening and growth of bones and teeth is also a process that is included in physical development. Physical development also includes **motor development**, which refers to the changes and functioning of an individual's muscles and bones. Motor development also relates to motor skills, which refer to functions that involve the ability to move. Furthermore, physical development can involve changes to an individual's muscle to fat ratio.

KEY DEFINITIONS

Physical development refers to bodily changes relating to body size, shape, systems, and structure that occur across the lifespan

ADDITIONAL TERMS

Motor development refers to the changes and functioning of an individual's muscles and bones

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⊕ Want to know more?

There are many different organs and systems in the human body that enable us to live and function. These organs and systems develop throughout the lifespan. Some of the body's systems include the digestive system, the circulatory system, the nervous system, the reproductive system, and the immune system. Additionally, the body's organs play a vital role in keeping us alive. Organs in the body include the brain, the heart, and the lungs. Many people forget that the skin is also considered an organ. In fact, it is actually the body's largest organ!
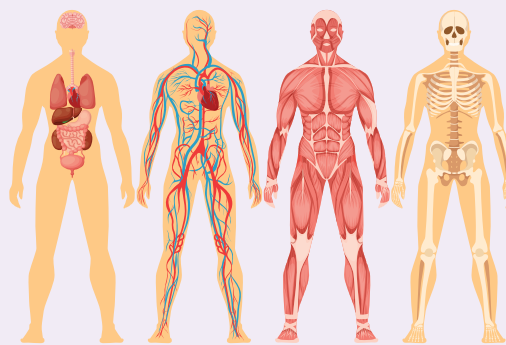
Image: ansveta/Shutterstock.com

Figure 1 The body's systems and organs

⊕ Lesson link

Motor development involves motor skills. You should remember motor skills, including gross and fine motor skills, from lesson **7A: The human lifespan**.

- *Motor skills* are functions that involve the ability to move.
- *Gross motor skills* are functions that involve the ability to move through the controlled use of large muscle groups.
- *Fine motor skills* are functions that involve the ability to move through the controlled use of small muscle groups.

⊕ Want to know more?

Some processes within development can be viewed as qualitative concepts (concepts measured by their characteristics and qualities), whilst growth can be viewed as a quantitative concept. For growth, this means that it can be objectively measured as it is explained in terms of numbers. For example, weight can be measured in kilograms and height can be measured in centimetres. Some of the other processes of development cannot be objectively measured. For example, changes in the body's circulatory system are not easily quantifiable.
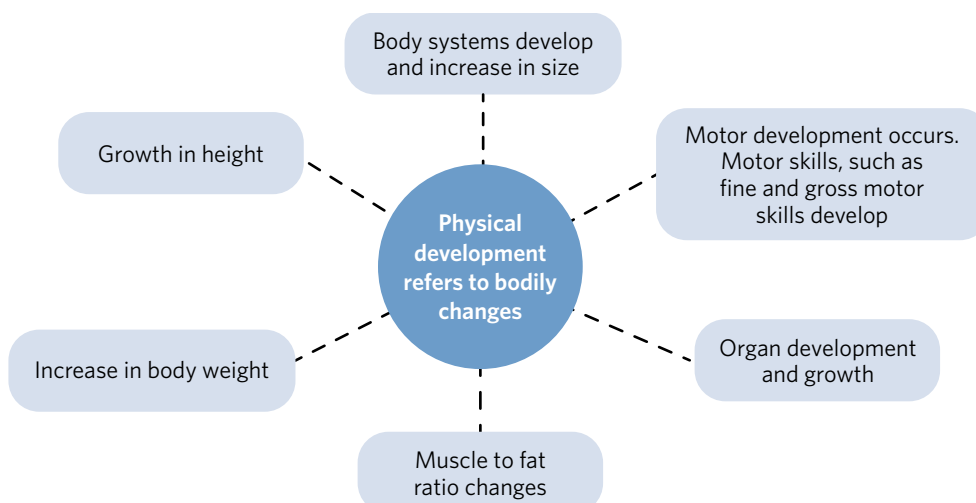
Figure 2 Summary of physical development

Intellectual development 2.1.3.2

OVERVIEW

At this very moment, as you are reading this, you are using your brain to understand and make sense of the words on this page. Your brain's ability to do this is due to your intellectual development, which we will discuss in this section of the lesson.

THEORY DETAILS

Intellectual development refers to changes in the brain, including thought processes, knowledge, and understanding that occur across the lifespan.

Intellectual development involves acquiring many different abilities, which are all associated with the brain. Characteristics of intellectual development can include changes to an individual's ability to think, reason, and understand. There are two types of thought processes that develop within the brain: concrete and abstract thought. **Concrete thoughts** are simple thought processes, whereas **abstract thoughts** are complex thought processes. For example, concrete thoughts relate to tangible objects, such as understanding that the textbook you are reading right now is in front of you, whilst abstract thoughts may relate to intangible things, such as thinking about goals and dreams for the future. These thought processes develop throughout the lifespan. Concrete thought processes are learnt first, followed by abstract thought processes. Language is also formed through intellectual development. This includes an individual's communication and verbal skills, such as their ability to speak, read, and write. Additionally, intellectual development involves the formation of knowledge and memory, which involves being able to process and remember information. Other concepts related to intellectual development include attention and creativity.

KEY DEFINITIONS

Intellectual development refers to changes in the brain, including thought processes, knowledge, and understanding that occur across the lifespan

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ADDITIONAL TERMS

Concrete thoughts are simple thought processes that often relate to tangible objects and the physical environment

Abstract thoughts are complex thought processes that often relate to intangible or hypothetical objects, concepts, and ideas

---

⊕ *Want to know more?*

Attention is a characteristic of intellectual development, as it relates to how the brain attends to and processes information. An interesting concept related to this characteristic is attention spans, which refer to the duration someone is able to concentrate and focus. The following article, 'Busting the attention span myth' (BBC News, 2017) provides information and data about attention spans. Type the URL *bbc.com/news/health-38896790* into your browser to read the article.

⊙ *Useful tip*

Intellectual development can also be referred to as cognitive development. Cognition refers to mental processes and actions involved in gaining knowledge and understanding. Although intellectual and cognitive development refer to the same concept, it is important that you use the term intellectual development, rather than cognitive development, as this is what the study design uses.
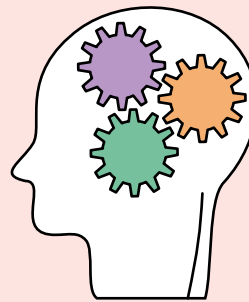
Image: Flat art/Shutterstock.com

Figure 3 Cognition refers to brain processes, many of which are acquired through intellectual development
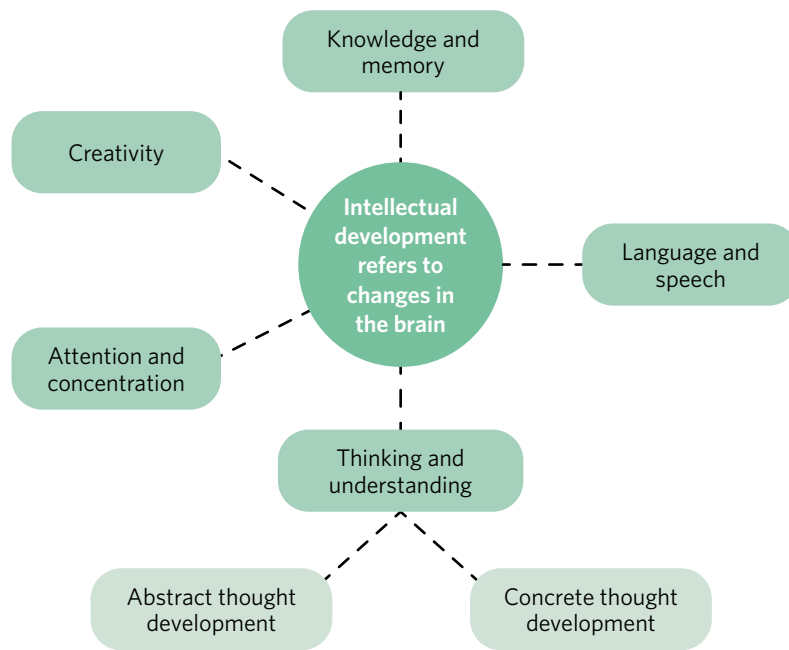
Figure 4 Summary of intellectual development

Emotional development 2.1.3.3

OVERVIEW

At this very moment, you may be feeling relaxed, or you may be feeling worried, or maybe you don't know what you're feeling! The way you understand and experience emotions relates to your emotional development. In this section of the lesson, you will learn about emotional development.

THEORY DETAILS

Emotional development refers to changes that relate to expressing, understanding, and communicating emotions that occur across the lifespan.

There are many abilities that are acquired through emotional development. An important part of emotional development is the ability to express and communicate emotions in a healthy way; this does not mean expressing only positive emotions, but rather, expressing any emotion in a regulated way. This also relates to an individual having the capacity to experience a variety of emotions and be aware of their own emotions. These concepts and abilities all develop and evolve throughout the lifespan.

Additionally, **resilience** is an aspect of emotional development. Resilience refers to the ability to manage and overcome challenges and adversity in a healthy and positive way. Again, this does not mean individuals should not experience difficult or negative emotions, but instead means that they can cope with and eventually overcome them. This is a skill that develops throughout the lifespan and helps aid all aspects of emotional development.

Self-esteem and self-concept are also related to emotional development. **Self-esteem** is an individual's view and perception of their own worth, whereas **self-concept** is an individual's view and perception of their own self. Self-esteem involves thoughts and perceptions surrounding worth and value. It also relates to how confident an individual is in themselves, and whether they are proud of who they are. On the other hand, self-concept focuses more on who you are. It relates to identity, and who an individual perceives themselves to be as a person. Self-concept is often based more on factual ideas. For example, if an individual is involved in music (factual), they may identify a part of themselves as musical.

KEY DEFINITIONS

Emotional development refers to changes that relate to expressing, understanding, and communicating emotions that occur across the lifespan

ADDITIONAL TERMS

Resilience refers to the ability to manage and overcome challenges and adversity in a healthy and positive way

Self-esteem is an individual's view and perception of their own worth

Self-concept is an individual's view and perception of their own self

🧩 *Lesson link*

In lesson **7A: The human lifespan**, you learnt about self-esteem and self-concept. You may find it helpful to use Figure 5, which first appeared in lesson 7A, to assist your understanding.

I am sporty
I am outgoing

I like who I am
I am proud of
myself

These thoughts are about **self-concept**. This is because Chloe is reflecting about who she is and considering her self image.

These thoughts are about **self-esteem**. This is because Chloe is reflecting about her self worth and considering her value as a person.

Chloe is a high school student. She is an outgoing and confident teenager. She also plays netball and is a competitive swimmer.

Image: Inspiring/Shutterstock.com

Figure 5 The difference between self-esteem and self-concept

🧠 *Want to know more?*

Resilience is a characteristic of emotional development. Resilience relates to having the ability to manage and overcome challenges and adversity in a healthy and positive way.

Some ways to build your resilience include to:

- practise gratitude and reflection through keeping a journal
- engage in meditation
- set yourself realistic and achievable goals
- get an adequate amount of sleep
- exercise regularly and have a healthy diet.

Image: VectorMine/Shutterstock.com

Figure 6 Resilience is important when facing adversities within life

Expression of emotions
changes and evolves

Building and
strengthening resilience

Communication
of emotions

Emotional development refers to changes that relate to expressing, understanding, and communicating emotions

Self-esteem and
self-concept develop

Range of emotions
experienced

Awareness of emotions
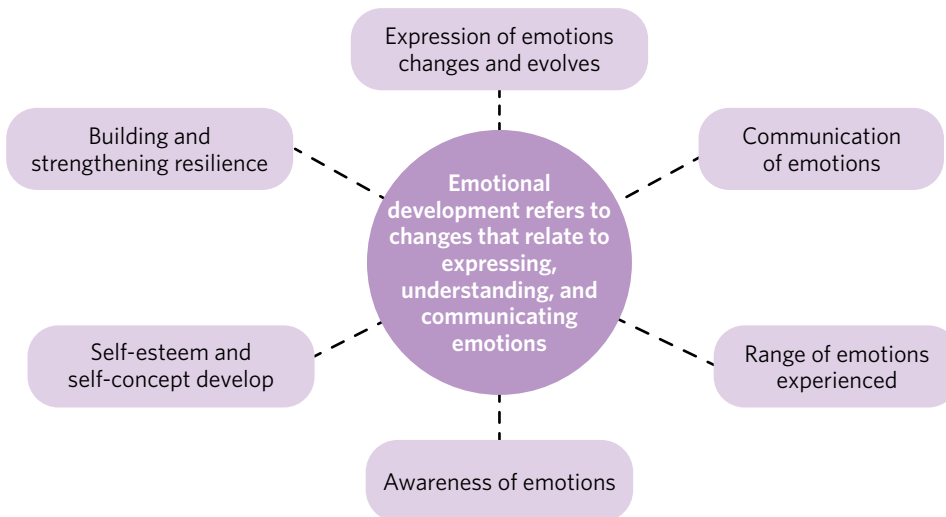
Figure 7 Summary of emotional development

Social development 2.1.3.4

OVERVIEW

Right now, you are probably behaving in a manner that is appropriate for school, which may differ from your behaviour at home or when you are out with your friends. This relates to social behaviours. In this section of the lesson, you will learn about social development.

THEORY DETAILS

Social development refers to changes relating to communication, relationships, and socialising that occur across the lifespan.

Social development involves socialisation. **Socialisation** refers to the process of learning and understanding how to interact and behave with other people in an acceptable way, as well as how to appropriately act in society. Social development also involves being able to effectively and appropriately communicate with others, and consequently, form healthy and positive relationships. Social roles and social behaviours are also concepts that relate to social development. Social behaviours refer to the way an individual acts within social situations. For example, using appropriate table manners is an example of social behaviour. Social roles relate to the expectations of an individual in terms of their place in certain social situations. For example, at work, an individual's social role may relate to being an employee. In contrast, when this individual is at home, their social role may relate to being a sister or daughter. Social roles can be limiting in some aspects. For example, society has historically expected women to perform the social role of being a mother and a housewife. This made it challenging for women to be regarded as full-time workers. However, in today's society, it is much more common and accepted for women to pursue a career.

Social development can also relate to gender. Gender is a term used to describe characteristics of men, women, and gender diverse people that are socially constructed, such as those based on societal norms and traditional experiences. On the other hand, *sex* is the term used to describe individuals on the basis of their biologically determined sex organs. Gender identity refers to how individuals view and perceive their own gender. It is important to recognise that male and female are not the only two genders, as individuals can identify with other genders, such as non-binary. Gender is a part of social development as it influences how individuals behave and interact with society. It also relates to social roles and expectations individuals may be subject to due to their gender.

> **Want to know more?**
>
> The following video clip '*Gender roles in Friends*' (kimberly contreras, 2018) is from the well known television show 'Friends'. This scene presents gender stereotyping in an interesting and entertaining way. Search up '*Gender roles in Friends*' on YouTube to watch the entire three minute and twenty-nine second video.

KEY DEFINITIONS

Social development refers to changes relating to communication, relationships, and socialising that occur across the lifespan

ADDITIONAL TERMS

Socialisation refers to the process of learning and understanding how to interact and behave with other people in an acceptable way, as well as how to appropriately act in society

ACTIVITY 1

Watch a video

'*It's Reigning Men: Gender Roles and How They Hurt You*' (TEDx Talks, 2015) is a TEDx video that is presented by Lilia Fromm, and discusses gender roles. On YouTube, search up '*It's Reigning Men: Gender Roles and How They Hurt You*' and watch the entire seven minute and thirty-three second video.

After watching the video, use the following questions to initiate a class discussion.

- How do you think gender roles impact your life?
- How do you believe certain genders are expected to behave in society?
- How do you think these expectations impact certain genders?
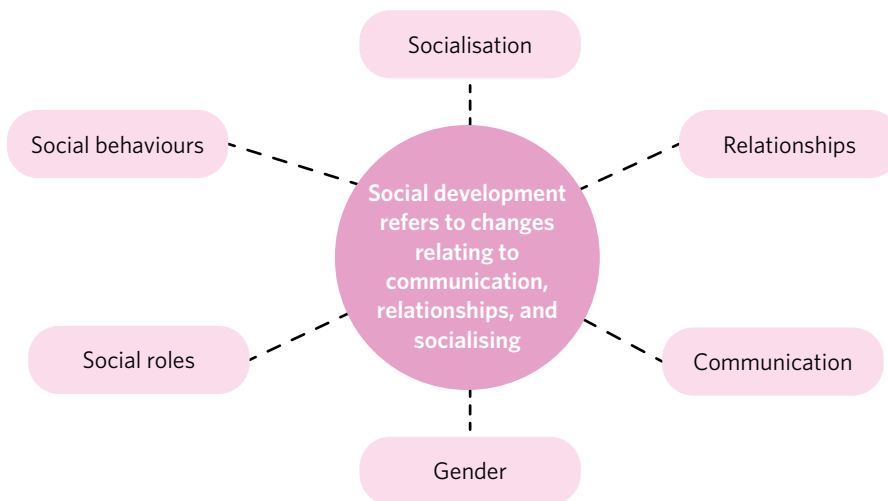
Figure 8 Summary of social development

ⓘ *Useful tip*

It is important to be aware that the four types of development can relate and interrelate. Changes within one type of development may lead to changes in another type of development. For example, if an individual experiences developments and improvements in speech (intellectual development), they are likely to experience improvements in their communication skills with others (social development).

Theory summary

In this lesson, you learnt about physical, intellectual, emotional, and social development. We have also discussed the characteristics of each of the types of development.

ⓘ *Useful tip*

The characteristics of physical, emotional, and social *development* can appear to be similar to aspects of physical, emotional, and social *health and wellbeing*. Therefore, it can be challenging to accurately understand the types of development without getting them confused with the dimensions of health and wellbeing. Additionally, you may experience confusion around intellectual development and mental health and wellbeing. An important distinction between *development* and *health and wellbeing* is that development is about an individual's changes and transitions, whereas health and wellbeing is about an individual's state or current existence. In such a way, in order to achieve optimal health and wellbeing in a certain area, good development in that area is required. Figure 9 shows a difference between health and wellbeing and development.

Image: Inspiring/Shutterstock.com

Figure 9 The difference between health and wellbeing and development

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✎ *Memory device*

The acronym PIES will help you to remember each type of development.

Physical

Intellectual

Emotional

Social

7C QUESTIONS

Question 1

Which of the following are types of development? *(Select all that apply)*

I Physical development.

II Intellectual development.

III Social development.

Question 2

Physical development can involve growing taller.

A True.

B False.

Question 3

Which type of development relates most closely to the brain?

A Intellectual.

B Physical.

Question 4

The ability to form concrete thoughts and abstract thoughts are a part of intellectual development.

A True.

B False.

Question 5

Emotional development can involve how someone expresses and communicates their emotions.

A True.

B False.

Question 6

Self-esteem is considered to be a part of which of the following types of development?

A Emotional.

B Social.

Question 7

Social development is only about having good relationships.

A True.

B False.

Question 8

Which of the following concepts relate to social development? *(Select all that apply)*

I Social behaviours.

II Social roles.

III Gender.

Skills

Unpacking the case study

Use the following information to answer Questions 9-11.

Matt is 30 years old and is looking for a full time job. Matt initially was struggling as many of his job applications were being rejected. However, Matt has now chosen to make an effort to overcome these challenges by improving his resume, which has helped him build resilience. To increase his chances of getting a job, Matt recently attended a workshop for workplace skills, which improved his ability to communicate with others. Additionally, Matt has been watching educational videos about the areas he wants to work in, which is increasing his knowledge.

Question 9

Matt's emotional development is reflected by the statement that

A   'Improving his resume...helped him build resilience'.

B   'Matt...improved his ability to communicate with others'.

Question 10

Matt's social development is reflected by the statement that

A   'Matt recently attended a workshop'.

B   'Matt...improved his ability to communicate with others'.

Question 11

Matt's intellectual development is reflected by the statement that

A   'Matt initially was struggling'.

B   'Matt has been watching educational videos...increasing his knowledge'.

Perfect your phrasing

Question 12

Which of the following sentences is most correct?

A   Physical development refers to *bodily changes*, including body size, shape, systems, and structures, that *occur* due to an increase in age.

B   Physical development refers to *body components*, including body size, shape, systems, and structures, that *exist* due to an increase in age.

Exam-style questions

Question 13   (1 MARK)

Provide an example of intellectual development.

Question 14   (2 MARKS)

Explain what is meant by physical development.

Question 15   (2 MARKS)

Explain the difference between self-concept and self-esteem.

Question 16   (2 MARKS)

Explain the difference between social development and emotional development.

Question 17   (3 MARKS)

Using an example, describe social development.

Question 18 (6 MARKS)

a Describe intellectual development. (2 MARKS)

b Outline two characteristics of intellectual development. (2 MARKS)

c Identify the two types of thought formed in intellectual development. (2 MARKS)

Questions from multiple lessons

Question 19 (4 MARKS)

Nutrition plays an important role in healthy physical development. Explain two ways in which an individual's diet may impact their physical development.

7D DEVELOPMENTAL TRANSITIONS

When you celebrate your birthday, do you truly feel any older than you were the day before? When you turn 18 years old, do you think you will feel like an adult? If yes, why? If not, when do you think you will truly feel like an adult? There are many questions about what marks the transition from youth to adulthood. In this lesson, you will learn about developmental transitions from youth to adulthood. This includes physical, intellectual, emotional, and social developmental transitions.

Image: Visual Generation, holaillustrations/
Shutterstock.com

7A The human lifespan	7B Youth and adulthood	7C Development	7D Developmental transitions

Study design dot point

- developmental transitions from youth to adulthood

Key knowledge units

Physical transitions from youth to adulthood	2.1.4.1
Intellectual transitions from youth to adulthood	2.1.4.2
Emotional transitions from youth to adulthood	2.1.4.3
Social transitions from youth to adulthood	2.1.4.4

Developmental transitions

Physical transitions from youth to adulthood 2.1.4.1	**Intellectual transitions from youth to adulthood** 2.1.4.2	**Emotional transitions from youth to adulthood** 2.1.4.3	**Social transitions from youth to adulthood** 2.1.4.4

Physical transitions from youth to adulthood 2.1.4.1

OVERVIEW

Do you think physical changes to the body mark the transition from youth to adulthood? In this section of the lesson, you will learn about different physical transitions experienced during the shift from youth to adulthood. Physical transitions relate to physical development.

THEORY DETAILS

The journey from youth to adulthood involves physical developmental transitions. These transitions can relate to a range of different changes in the body, such as growth and puberty.

Physical developmental transitions from youth to adulthood involve growth. Growth relates to an increase in size, and can be external or internal. External growth relates to an increase in size that can be physically seen, such as an increase in height and body weight. Internal growth relates to an increase in size that cannot be seen and occurs inside the body. This can include an increase in heart size. In the transition from youth to adulthood, individuals often experience a growth spurt. A **growth spurt** is a rapid and significant increase in height and body size.

Study design key skills dot point

The following key skill dot point applies to the whole lesson:

- describe the developmental changes that characterise the transition from youth to adulthood

ADDITIONAL TERMS

Growth spurt is a term used to describe a rapid and significant increase in height and body size

One of the most significant physical developmental transitions from youth to adulthood is puberty. **Puberty** is the natural process in which an individual's body physically changes and matures in order to become capable of sexual reproduction. During this process, individuals develop primary and secondary sex characteristics. **Primary sex characteristics** are characteristics that are present at birth and relate directly to an individual's reproductive organs. For example, reproductive organs, such as the ovaries and testes, is a primary sex characteristic. In this way, primary sex characteristics are those which allow individuals to reproduce. **Secondary sex characteristics** are characteristics that develop during puberty and do not necessarily relate directly to an individual's reproductive organs. They develop due to the development of primary sex characteristics. An example of a secondary sex characteristic for females is the development and growth of breasts. An example of a secondary sex characteristic for males is the broadening of shoulders. These are both secondary sex characteristics because these physical changes don't necessarily relate to the reproductive organs and aren't necessary for reproduction, but occur as a result of puberty.

It is important to understand that there is no definitive age at which puberty begins and ends. Some people begin puberty before their teenage years, yet for others it can begin late into their teenage years. All individuals experience puberty in different ways and at different times. Although there are common changes that occur, puberty is not limited to the ideas discussed in this lesson. Table 1 presents some changes that can occur during puberty.

Table 1 Changes occurring in puberty

Males	Females
• Increase in body hair development	• Increase in body hair development
• Pubic hair develops	• Pubic hair develops
• Facial hair develops	• Skin can become oily
• Skin can become oily	• Breasts develop and grow
• Deepening of voice	• Hips widen
• Muscle mass increases	• Increase in fat to muscle ratio
• Shoulders broaden	• **Menstruation** begins
• Sperm production begins	• Development and growth of reproductive organs occurs
• Development and growth of reproductive organs occurs	

Human reproductive systems

Male reproductive system

Bladder
Seminal vesicle
Prostate
Vas deferens
Urethra
Penis
Testicle   Epididymis

Female reproductive system

Fallopian tubes
Uterus
Fimbriae
Ovary
Ovary
Endometrium
Cervix
Vagina

Image: VectorMine/Shutterstock.com

Figure 1 Male and female reproductive systems

Want to know more?

The endocrine system

There are many hormonal changes that occur during puberty. The endocrine system is made up of glands that release hormones throughout the body. During puberty, hormonal changes involve an increased release of sex hormones from glands such as the ovaries and testes. These include oestrogen, progesterone, and testosterone.

Glands in the endocrine system include the:

- pituitary gland
- pineal gland
- adrenal glands
- hypothalamus
- thyroid
- parathyroids
- pancreas
- ovaries
- testes.

Hormones are released by glands. Some of the hormones released by the endocrine system include:

- melatonin
- adrenaline
- cortisol.
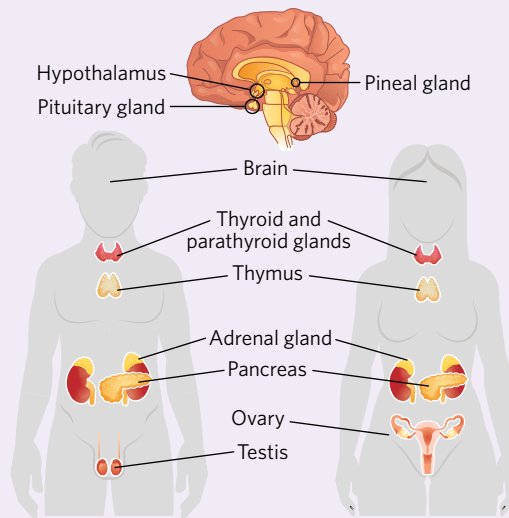
Image: VectorMine/Shutterstock.com

Figure 2 The endocrine system
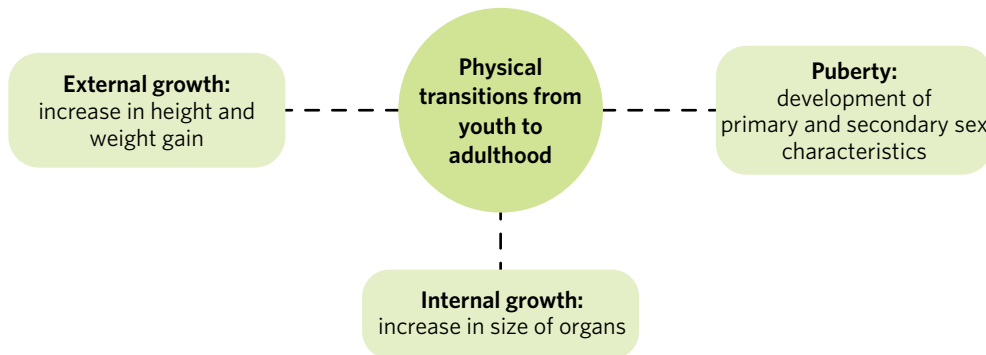
Figure 3 Summary of the physical transitions from youth to adulthood

Intellectual transitions from youth to adulthood 2.1.4.2

OVERVIEW

Do you think changes to the brain mark the transition from youth to adulthood? In this section of the lesson, you will learn about different intellectual transitions experienced from youth to adulthood. Intellectual transitions relate to intellectual development.

THEORY DETAILS

The journey from youth to adulthood involves a range of intellectual developmental transitions. These transitions can relate to thinking and understanding, knowledge and memory, attention, creativity and imagination, and other brain processes.

Intellectual developmental transitions from youth to adulthood involve brain processes such as thinking and understanding. Throughout the transition from youth to adulthood, thinking and understanding are significantly improved and developed. Individuals begin to think in ways that require higher cognitive abilities, such as complex problem solving and reasoning. Due to an increased focus on future goals and plans, individuals transitioning between these stages tend to engage in large amounts of abstract thinking. Therefore, individuals in this transition tend to have an increase in **abstract thoughts**, compared to **concrete thoughts**.

ADDITIONAL TERMS

Concrete thoughts are simple thought processes that often relate to tangible objects and the physical environment

Abstract thoughts are complex thought processes that often relate to intangible or hypothetical objects, concepts, and ideas

Additionally, transitions relating to intellectual development also include moral development. **Moral development** is about forming an understanding of what is right and wrong and learning about one's own morals. Morals are beliefs, values, and ideas regarding what is right and wrong that a person may have which relate to the world and govern the way a person chooses to live their life.

ACTIVITY 1 – CLASS DISCUSSION

What morals do you have? How have these changed from when you were younger? How do you think these will change as you get older? Discuss with your class what morals you and your peers have and the way these may change as you transition into adulthood.

The following questions pose some interesting moral dilemmas. Discuss with your class your opinions on each of them.

- Is it morally wrong to steal basic necessities, such as food, if you cannot afford them but need them to survive?
- Is it morally acceptable to lie to someone if you believe it will prevent them from experiencing emotional or mental struggle? For example, would you tell someone they were going to perform well on a test to ease their anxiety, even if you thought they wouldn't?
- Is it morally acceptable to not disclose important information in order to protect someone? For example, if you found out your best friend committed a crime, would you inform the police?

Furthermore, intellectual developmental transitions from youth to adulthood involve knowledge and memory. Throughout the transition from youth to adulthood, the ability of individuals to effectively use knowledge and memory evolves. Intellectual development, and in particular memory development, can involve an increase in myelination, synaptic growth, and synaptic pruning from youth to adulthood. Myelination (i.e. the formation of myelin, a substance which insulates neurons in the brain) is a process that allows neural messages to be sent at a quicker rate within the brain. Synaptic growth refers to a strengthening and increasing of synaptic connections (synapses are the communication points between neurons where messages are sent) in the brain, whilst synaptic pruning refers to the elimination of synaptic connections that are no longer needed in the brain. These synaptic changes, which can occur in this transition, allow the brain to learn information more effectively and efficiently.

Want to know more?

Let's take a trip down memory lane!

Changes and improvements in memory are key developmental transitions from youth to adulthood. Knowledge and memory evolve as individuals in both the youth stage and adulthood stage are engaging in secondary education, tertiary education, and/or employment. Such experiences require higher cognitive functioning and the ability to process, store, and understand information at a more complex level. Therefore, memory is crucial! Memory is a term that describes the way in which the brain processes, understands, and stores information. One famous view of memory is the Atkinson and Shiffrin multi-store model of memory, which divides memory into three different forms as shown in figure 4.

Memory
- Sensory memory
  - *Echoic:* relates to audio sensory memory
  - *Iconic:* relates to visual sensory memory
- Long-term memory
  - *Explicit:* memories that require conscious retrieval
    - *Semantic:* memories that about the world, including facts and rules
    - *Episodic:* memories that are autobiographical and about our life and experiences
  - *Implicit:* memories that do not require conscious retrieval
    - *Procedural:* memories relating to movement and motor skills
    - *Priming:* memories that are triggered by exposure to certain stimuli
- Short-term memory

Figure 4 Multi-store model of memory: types of memory

cont'd

⊕ *Want to know more?*

Let's take a trip down memory lane! – continued

According to the multi-store model, the process of memory involves encoding, retention, and retrieval.

- Encoding involves converting information from the world into a form that can be stored in our long-term memory.
- Retention involves the storage of memories in our long-term memory.
- Retrieval involves bringing memories from our long-term memory into our short-term memory so that we can be consciously aware of them.

The multi-store model process of memory is reflected in figure 5.

Figure 5 Multi-store model of memory: process of memory

Another important aspect of intellectual developmental transitions from youth to adulthood is attention. Throughout the transition from youth to adulthood, attention can become more focused and specific, as individuals become aware of what they like and what they want to be involved in. For example, an individual may realise they prefer science over maths and therefore become more attentive and focused towards science subjects at school rather than maths subjects.

Throughout the transition from youth to adulthood, individuals are less likely to regularly use their creativity and imagination. This is because secondary and tertiary education tend to focus less on using these brain processes. In youth and adulthood, creativity is mostly used by people who choose to study subjects that involve it directly, such as music, or individuals who use it in their profession. Additionally, in the transition from youth to adulthood, individuals tend to become busier with education, work, and social commitments, which leaves less time to pursue creative hobbies. Furthermore, it is often regarded by society that being creative and imaginative is a part of childhood rather than adulthood. Therefore, it is less accessible for individuals transitioning from youth to adulthood to use creativity and imagination in day-to-day life.

⊕ *Want to know more?*

Brain development

There are many misconceptions about when the brain is fully developed. Once it was believed that the brain was completely developed at birth! Now, some people believe the brain is fully developed at age 18. This is a common assumption because individuals are legally recognised as an adult at the age of 18. However, new research is suggesting the brain is actually not fully developed until an individual reaches their mid twenties. Some people argue that the brain is still developing after 25 years of age!

The major area of the brain that is still developing between ages 18-25 is the frontal lobe. Specifically, it is the prefrontal cortex within the frontal lobe that only reaches full development around the age of 25. The prefrontal cortex is responsible for many different higher order cognitive functions. Some of these include decision making, reasoning, and social behaviour. Functions of the prefrontal cortex are important in almost every single daily task, which can explain why this new research regarding brain development is very important to acknowledge.

In response to this new research, some child psychologists are now being recommended to treat patients from age 0-25 rather than the previous age bracket of 0-18. Due to these discoveries in brain development, there is much discussion and concern around the legal adult age in Australia. Some people believe the legal age should be changed to older than 18 years of age. Being recognised as a legal adult involves many new changes and responsibilities. These include being able to have a driver's license, being able to vote, and being treated as an adult in the legal and criminal systems. Additionally, being recognised as a legal adult can also involve being independent, self-sufficient, and mature.

What do you think? Do you think the legal adult age should be changed to when the brain is most likely to be fully developed, at 25 years of age?

Frontal lobe

- Personality
- Behaviour
- Socialising
- Emotions
- Problem solving
- Concentrating
- Judging
- Reasoning

Image: marina_ua/Shutterstock.com

Figure 6 The frontal lobe
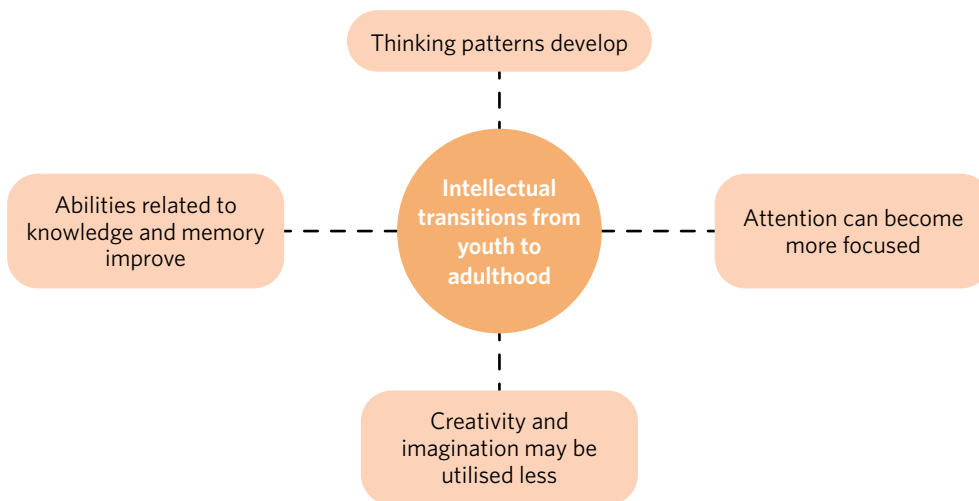
Figure 7 Summary of the intellectual transitions from youth to adulthood

Emotional transitions from youth to adulthood 2.1.4.3

OVERVIEW

Do you think emotional changes mark the transition from youth to adulthood? In this section of the lesson, you will learn about different emotional transitions experienced from youth to adulthood. Emotional transitions relate to emotional development.

THEORY DETAILS

The journey from youth to adulthood involves emotional developmental transitions. These can relate to the expression of emotions, self-esteem, resilience, and other emotional experiences.

Emotional developmental transitions from youth to adulthood can involve changes in self-esteem. **Self-esteem** is an individual's view and perception of their own worth. Throughout the transitions from youth to adulthood, self-esteem can fluctuate drastically depending on an individual's circumstances and state of mind. For example, an individual may experience increased self-esteem if they are making positive progress and achievements, such as receiving an improved grade in a school assessment, as this may make an individual feel positively about themselves. In contrast, an individual may experience a decrease in self-esteem if they are experiencing setbacks, such as not being able to find employment. Although changes in self-esteem can occur across the entire human lifespan, such changes are most common in the transition from youth to adulthood because there are many new opportunities and lifestyle changes that occur in this period of time. These can include graduating from secondary school, getting your driver's license, and moving out of home.

Emotional developmental transitions from youth to adulthood can also involve changes in self-concept and identity. **Self-concept** is an individual's view and perception of their own self. Throughout the transitions from youth to adulthood, self-concept is often developed and consolidated, as individuals begin to have a clearer idea of who they are and who they want to be. For example, an individual may decide to undertake tertiary education and establish their own career goals in the medical industry if they wish to be a doctor; therefore, this may help them to learn about themselves and form part of their identity around being a doctor.

ADDITIONAL TERMS

Self-esteem is an individual's view and perception of their own worth

Self-concept is an individual's view and perception of their own self

⊕ *Want to know more?*

What makes you who you are?

Identity is a big part of the emotional developmental transitions that occur from youth to adulthood. Identity is often formed and consolidated within this transitional period. There are many different ways individuals can create and form their identity. Identity is a term used to describe what makes up an individual's character, such as their beliefs, passions, and desires. Identity can mean many different things for different people.

Figure 8 presents some ways people can form their identity.
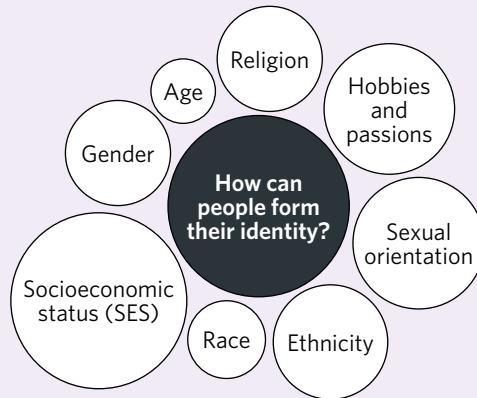
Figure 8 Ways people can form their identity

Discovering your identity can be a challenging and scary task. The question 'who am I?' can have a very complex answer! It is common to face difficulties understanding who you are, and many people do not have their identity figured out, which is okay! Some people can experience what is known as an 'identity crisis'. An identity crisis is not a medical term or condition, but a phrase used to describe a period in which an individual greatly struggles with their identity or experiences significant changes regarding their identity.

If you are struggling with your identity, some things you can do to help yourself may include:

- talk to other people that may be experiencing similar things to you or who are at a similar stage of life to you, e.g. friends or classmates.
- journaling and reflecting about yourself, which may involve asking yourself questions such as 'what do I like and/or dislike?' or 'what short term and/or long term goals do I have for myself?'.
- reaching out for professional support, e.g. talking to a psychologist.
- meditation and/or mindfulness.
- taking time for yourself and doing things you enjoy, such as going for a walk or listening to music.

ADDITIONAL TERMS

Identity is a term used to describe what makes up an individual's character, such as their beliefs, passions, and desires

---

Emotional developmental transitions from youth to adulthood can involve growth regarding the experiences and expressions of emotions. Throughout the transitions from youth to adulthood, individuals often experience a wider range of emotions than they ever have before. This can be explained by the increase in life experiences within youth and adulthood. As individuals are exposed to different situations, it is likely they will experience different emotions. Additionally, by experiencing new emotions, individuals learn to express their emotions in different ways. As individuals mature throughout youth and adulthood, they often learn how to express their emotions in a regulated and controlled manner. For example, if a child feels angry, they may express this by throwing a tantrum, whereas an adult is more likely to express their anger by discussing the issue with someone or problem solving.

Furthermore, throughout the transitions from youth to adulthood, individuals build and strengthen their resilience. Resilience refers to the ability to manage and overcome challenges and adversity in a healthy and positive way. Due to an increase in challenges throughout youth to adulthood, individuals often naturally gain resilience as they need it in order to continue getting through their day-to-day life. It is important to understand that this can be challenging for individuals and although resilience is significantly developed throughout the transition from youth to adulthood, it is often a skill acquired throughout the entire lifespan.
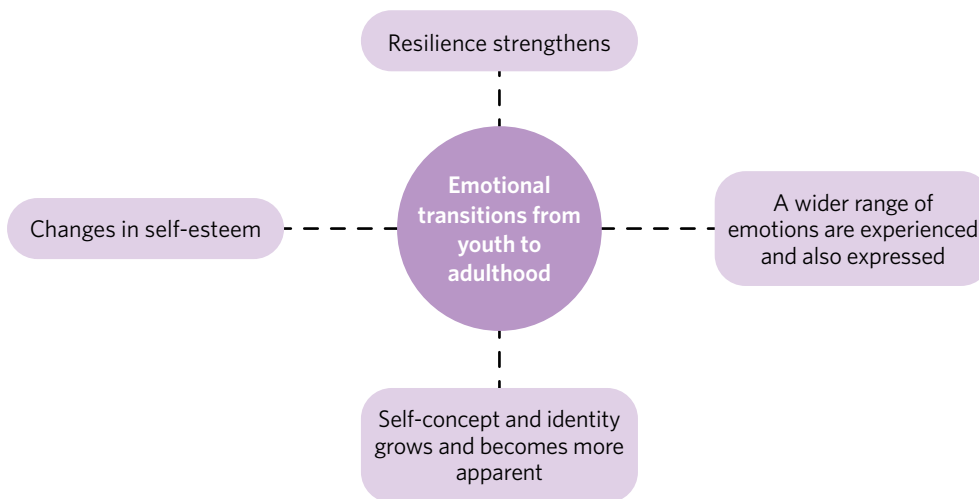
Figure 9 Summary of the emotional transitions from youth to adulthood

Social transitions from youth to adulthood 2.1.4.4

OVERVIEW

Do you think changes to relationships and social expectations mark the transition from youth to adulthood? In this section of the lesson, you will learn about different social transitions experienced from youth to adulthood. Social transitions relate to social development.

THEORY DETAILS

The journey from youth to adulthood involves social developmental transitions. These can relate to relationships and social situations.

Social developmental transitions from youth to adulthood can involve changes in social roles and social expectations. A **social role** is the perceived position of an individual in certain social situations which can involve specific expectations, behaviours, and beliefs. These perceptions can be held by an individual themself, but also other individuals, such as peers. Some social roles can change from youth to adulthood and some can stay the same. In youth, social roles can include being a student at school and being a friend or classmate. In adulthood, these social roles can change and grow to also being an employee, as individuals complete education and begin full-time employment. Additionally, social roles can also include familial relations, such as being a parent or a child.

Social behaviours can also develop in the transition from youth to adulthood. Social behaviours refer to the way an individual acts within social situations. As individuals mature and grow from the youth stage of the lifespan to adulthood, they often become increasingly aware of the way they should act and behave in certain social situations. This is a social skill that develops over time and is important for understanding how to act appropriately in society.

Another important part of the social developmental transitions that occur from youth to adulthood are changes in relationships. Throughout the transition from youth to adulthood, individuals undergo many changes in relationships. This can include forming new types of relationships and also changes to existing relationships. For example, in the transition from youth to adulthood many people begin to form romantic relationships. Additionally, friendships with peers and colleagues often strengthen during this period. Peer relationships can be extremely influential in the transition from youth to adulthood. During this time of change, individuals spend a lot of time around their peers and within their peer group, which means that the support and feedback an individual receives from their peers is likely to impact their thoughts and behaviours. For example, if an individual spends every weekday at school with their peer group, the behaviours of their peer group will impact their own behaviours. If this peer group believes it is good to complete their homework regularly, then the individual is likely to follow this behaviour and belief.

ADDITIONAL TERMS

Social roles refer to the perceived position of an individual in certain social situations which can involve specific expectations, behaviours, and beliefs.

In the transition from youth to adulthood, experiencing increasing pressure from other people is a common challenge faced. The term social pressure can be used to describe pressure from other people. Social pressure also includes peer pressure. **Peer pressure** relates to the direct influence of peers on an individual, which can impact an individual's behaviour in an attempt to be accepted by their peers. Social pressure can become increasingly apparent in the transition from youth to adulthood, as during this transition stage, individuals are often being told what to do, where to go, and who to be.

ADDITIONAL TERMS

Peer pressure refers to the direct influence of peers on an individual, which can change an individual's behaviour in an attempt to be accepted by their peers

ACTIVITY 2

Watch a video

The TEDx Talk 'Playing the game of social pressure' (TEDx Talks, 2020) presented by Pierce Brooks is an incredibly motivating video discussing social pressure and provides advice on how to overcome this challenge. On YouTube, search up *'Playing the game of social pressure, Pierce Brooks'* from TEDx Talks and watch the entire thirteen minute and twenty seven second video.

Use the following questions to initiate a class discussion:

- What were your initial thoughts after watching the video?
  Discuss whether you resonated with the video or whether it sparked any specific emotion in you.
- What were your thoughts about Pierce's experience of social pressure?
- What were your thoughts about Pierce's process of overcoming and dealing with social pressure?
- Have you ever experienced social pressure?
- How do you think you could use Pierce's basketball analogy of the 'pivot and transition' in your own life?

Image: GoodStudio/Shutterstock.com

Figure 10 Social pressure and peer pressure are commonly experienced in the transition from youth to adulthood as a part of social development
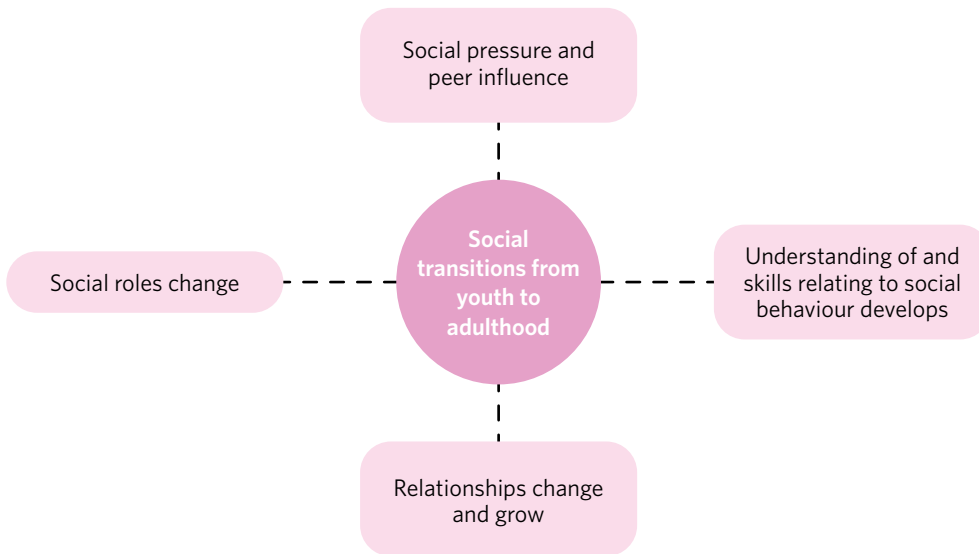
Figure 11 Summary of the social transitions from youth to adulthood

> (!) ***Useful tip***
>
> In lesson ***7C: Development***, you would have learnt that the types of development can relate and interrelate. This is also relevant for the developmental transitions from youth to adulthood. Developmental transitions in one area can influence developmental transitions in another area. For example, if an individual experiences a social developmental transition, such as a change in social roles due to beginning employment, they may also experience an emotional developmental transition, as they may experience increased self-esteem because of their new job.

Theory summary

After this lesson, what do you think marks the transition from youth to adulthood? Ultimately, there is no definitive answer. In this lesson, you have learnt that there are many components of the transition from youth to adulthood. Specifically, you learnt about some of the physical, intellectual, emotional, and social developmental transitions from youth to adulthood. The transition from youth to adulthood is a subjective and personal experience, which means there is no single way to define this process. Figure 12 presents a brief summary of the lesson.

7D Developmental transitions

Physical	**Intellectual**	**Emotional**	**Social**
• Internal and external growth • Puberty	• Abstract thinking • Improved knowledge and memory	• Self-concept develops • Changes in self-esteem • Wider range of emotions expressed and experienced	• Relationships grow and change • Social roles change • Social pressure
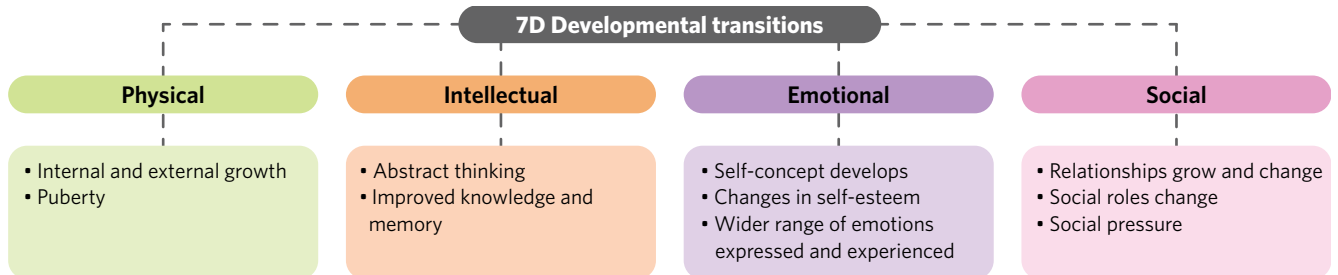
Figure 12 Summary of lesson 7D Developmental transitions

⚠ **Useful tip**

Within this lesson, you have learnt about transitions and changes that individuals undergo from youth to adulthood. Although these transitions are common, it is important to recognise that development is not the exact same process for all individuals. There are many ways an individual can mature and grow from youth into adulthood, and there is no right and wrong way in which development occurs. This is important to understand outside of your classroom and in the broader context of life, however, it is also important when studying Health and Human Development. It is helpful to use this understanding when answering questions in Health and Human Development by not making definitive or certain statements regarding development.

For example, if a question asks:

• 'Outline a social developmental transition from youth to adulthood.'

An appropriate answer could be:

• 'A social developmental transition from youth to adulthood may include changes in relationships. Individuals may develop romantic relationships in this transition.'
• Using the word 'may' in your answer shows your understanding of development and that it can be a subjective and personal process.

7D QUESTIONS

Theory-review questions

Question 1

The day an individual turns 18 they will instantly feel like a fully developed adult.

A True.

B False.

Question 2

The transition from youth to adulthood involves which of the following? *(Select all that apply)*

I Changes to the body.

II Changes to relationships.

III Changes to thinking patterns.

Question 3

Puberty begins and ends at a specific age.

A True.

B False.

Question 4

Individuals transitioning from youth to adulthood can experience changes in self-esteem because of new life experiences.

A True.

B False.

Question 5

Intellectual development from youth to adulthood involves which of the following?

A Growing taller.

B Improved memory.

Question 6

Social pressure can be a challenge faced in the transition from youth to adulthood.

A True.

B False.

Question 7

Resilience can be strongly developed in the transition from youth to adulthood. However, it continues to be developed all throughout the human lifespan.

A True.

B False.

Question 8

All individuals experience the exact same transitions from youth to adulthood.

A True.

B False.

Skills

Unpacking the case study

Use the following information to answer Questions 9-11.

Alex is 17 years old and has recently visited her Aunty who she hasn't seen in five years. Alex's Aunty was shocked at how much Alex has grown in height since they last saw each other. Alex told her Aunty all about her friendship group at school and how she and her peers have become a lot closer. Alex also discussed with her Aunty how she has been thinking about her plans for the future and the goals she has after graduating from high school, which her Aunty thought was very mature and responsible.

Question 9

Alex's intellectual development is reflected by the statement that

A 'Alex also discussed with her Aunty how she has been thinking about her plans for the future…and the goals she has'.

B 'Alex is 17 years old'.

Question 10

Alex's physical development is reflected by the statement that

A 'Alex is 17 years old'.

B 'Alex has grown in height'.

Question 11

Alex's social development is reflected by the statement that

A 'Alex told her Aunty all about her friendship group…she and her peers have become a lot closer'.

B 'Alex also discussed her plans for the future with her Aunty'.

Question 12 (1 MARK)

Identify one example of an emotional developmental transition from youth to adulthood.

Question 13 (2 MARKS)

Describe an intellectual developmental transition from youth to adulthood.

Question 14 (2 MARKS)

Explain one way in which relationships can change from youth to adulthood.

Question 15 (3 MARKS)

a What is puberty? (1 MARK)

b What are primary sex characteristics? (1 MARK)

c What are secondary sex characteristics? (1 MARK)

Question 16 (3 MARKS)

Using an example, explain why the transition from youth to adulthood is a personal experience.

Question 17 (4 MARKS)

Discuss how intellectual developmental transitions may influence emotional developmental transitions from youth to adulthood.

Question 18 (4 MARKS)

Xavier is a high school student in his final year of secondary education. Xavier has played basketball all throughout high school. He began playing basketball from a young age, but after his growth spurt in his early high school years, he began training and playing more competitively. During high school, Xavier was the captain of his basketball team and was required to face challenges with a positive attitude to keep the team strong. He was able to use problem-solving skills to deal with some of these challenges. Xavier experienced small amounts of social pressure from playing basketball, but this was mostly positive pressure that enhanced his performance. The relationships within his basketball team have become stronger throughout the past few years. Xavier has been thinking about his future a lot and has a dream to play professional basketball.

Discuss Xavier's developmental transitions from youth to adulthood reflected within the information provided.

Questions from multiple lessons

Question 19 (4 MARKS)

Explain how a mental health risk and a mental health protective factor may impact an individual's social developmental transition from youth to adulthood.

CHAPTER 7 REVIEW

CHAPTER SUMMARY

This chapter was all about how people change and grow throughout their lives. In this chapter, you learnt about the human lifespan and development.

In lesson **7A: The human lifespan**, you learnt about the stages of the human lifespan and key aspects of each stage. The following table presents a summary of this lesson.

Stages of the lifespan	Key aspects of each stage may include:
Prenatal: Conception-birth	• rapid growth • development of organs and structures in the body • pregnancy and birth.
Infancy: 0-2 years	• physical growth • development of ability to crawl and walk • development of speech • attending daycare or creche • growth of parent/legal guardian and child relationship.
Childhood: 2-12 years	• physical growth • development of motor skills • development of reading, writing, and speaking skills • attending preschool and/or primary education • development of relationships from outside the home.
Youth: 12-18 years	• physical changes, such as puberty • attending secondary education • self-esteem and self-concept develops and changes • increase in freedom and independence • relationships change and develop.
Early adulthood: 18-40 years	• having a full-time job • attending tertiary education • body reaches physical peak • living independently • relationships change and develop.
Middle adulthood: 40-65 years	• family life changes and develops • career growth • body begins to physically decline • relationships change and develop.
Late adulthood: 65+	• retirement • going to a nursing home and/or aged care • body physically significantly declines • brain functioning declines • having grandchildren.

In lesson **7B: Youth and adulthood**, you learnt about common perceptions people have of the youth and adulthood stages of the human lifespan. You also learnt about factors that influence perception. The following table presents a summary of this lesson.

Factors influencing perception include:	Perceptions of youth include:	Perceptions of adults include:
• past experience • opinions of others • personal values and beliefs • geographical location • news and media • culture.	• youth are lazy • youth are irresponsible • youth are in good physical shape • youth are in the best years of their life.	• adults are financially stable • adults are bossy • adults are responsible • adults are bad at using technology.

In lesson **7C: Development**, you learnt about development and the different types of development. The following table presents a summary of this lesson.

Type of development	Characteristics of this type of development may include:
Physical development refers to bodily changes relating to body size, shape, systems, and structure that occur across the lifespan.	• growth (increase in size) • physical changes, such as a fully developed circulatory system • motor skill development.
Intellectual development refers to changes in the brain, including thought processes, knowledge, and understanding that occur across the lifespan.	• thinking, reasoning, and understanding, including concrete and abstract thought patterns • knowledge and memory • creativity and imagination • attention • language.
Emotional development refers to changes that relate to expressing, understanding, and communicating emotions that occur across the lifespan.	• self-concept • self-esteem • resilience • expressing emotions • understanding emotions.
Social development refers to changes relating to communication, relationships, and socialising that occur across the lifespan.	• social roles • relationships • socialisation and social behaviours • communication • gender.

In lesson **7D: Developmental transitions from youth to adulthood**, you learnt about developmental transitions people experience as they move from youth to adulthood. The following table presents a summary of this lesson.

Type of development	Developmental transitions may include:
Physical	• puberty • internal growth • external growth • hormonal changes.
Intellectual	• thinking patterns developing • attention becoming more focused • knowledge and memory improving • declining use of creativity and imagination.
Emotional	• resilience strengthening • a wider range of emotions being experienced and expressed • self-concept forming • self-esteem changing.
Social	• social roles changing and developing • social behaviour skills developing • relationships changing and developing • social pressure and peer pressure.

Development across the lifespan

Stages of the human lifespan and key aspects of each stage:
• Prenatal
• Infancy
• Childhood
• Youth
• Adulthood: early, middle and late

7A

Perceptions of youth and perceptions of adulthood as stages of the human lifespan

7B

PIES development:
• Physical
• Intellectual
• Emotional
• Social

7C

Developmental transitions (from youth to adulthood)

7D
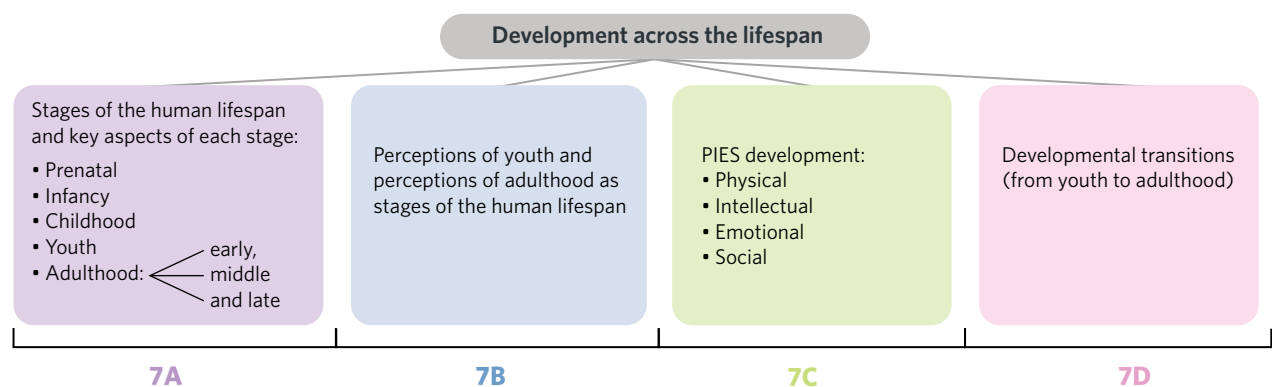
CHAPTER REVIEW ACTIVITIES

Review activity 1: Summary flow chart

This activity includes key questions about the content covered in this chapter. Copy out the flow chart and complete the questions by filling in the pink answer boxes.

What are the stages of the human lifespan? →

List key aspects of each stage →

Chapter 7: summary flow chart

What are some perceptions of youth? What are some perceptions of adults? →

What is development?

What are the types of development?

List developmental transitions from youth to adulthood for each type of development.
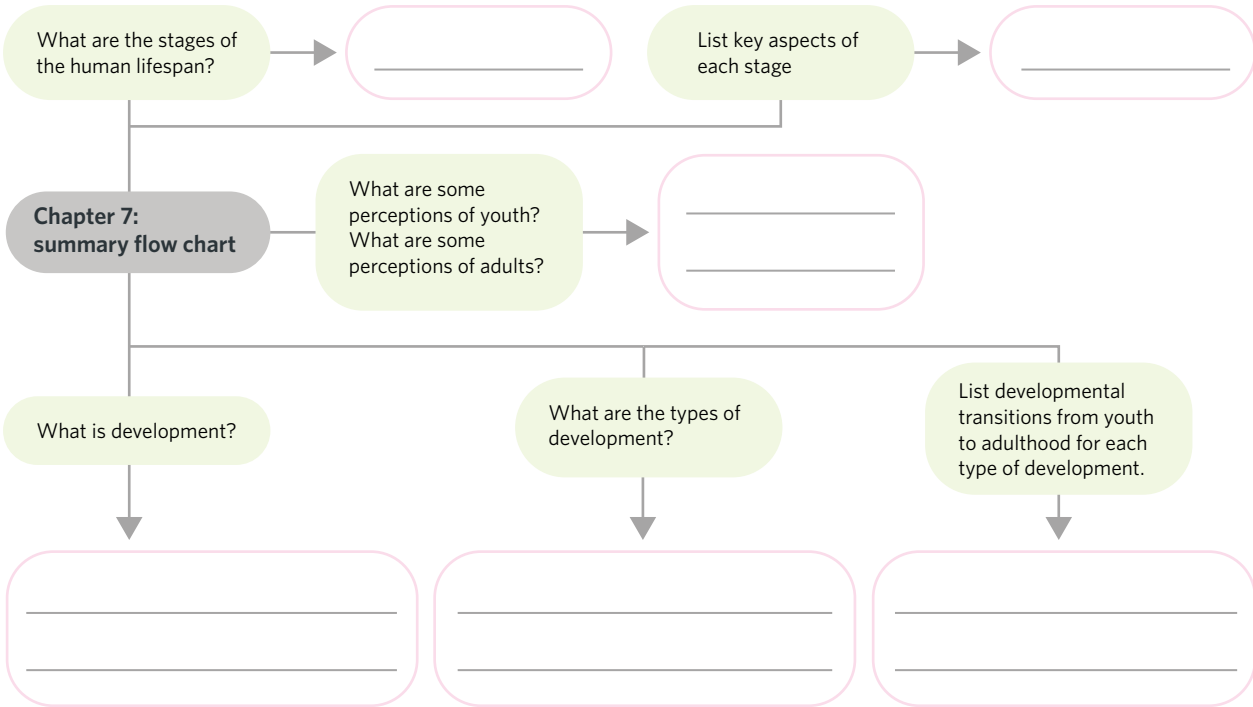
Review activity 2: Making notes

Good summary notes include succinct explanations of important terms, rather than lengthy amounts of text.
Before you begin writing, see if you can recall any of the information correctly without going back to the lessons in this chapter. Copy out the layout below or create your own to make a set of summary notes.

Chapter 7: Development across the lifespan

The human lifespan is made up of ...

Key aspects of each stage of the human lifespan are ...

Perceptions are ...
Stereotypes are ...
Perceptions of youth include ...
Perceptions of adults include ...

Development is ...
Developmental milestones are ...

The types of development are:
• _____
• _____
• _____

Developmental transitions from youth to adulthood include ...

Helpful hint!
In your notes, make sure you include explanations for the following terms:
• perceptions
• stereotypes
• development
• developmental milestones
• physical development
• intellectual development
• emotional development
• social development

Helpful hint!
Other terms that may be helpful to add to your notes include:
• social roles
• socialisation
• concrete and abstract thoughts
• puberty
• resilience
• self-concept and self-esteem
• motor skills: gross and fine.

Review activity 3: Label the scenario

Chapter 7 relates to people and their experiences, therefore, case studies and examples are sometimes used to test your understanding of the topic. Label the following scenarios with the term that is most appropriate. This activity may be more challenging than you expect, so think carefully about which scenario matches which term. Discuss your answers with your peers and see if you agree with each other's responses.

Scenarios

1. Steph recently experienced a common yet significant change in her life. This was getting her driver's license.
2. Jason is 45 years old. He is experiencing career growth in his full time job. He is married and has three children.
3. Frances is in high school and has recently experienced lots of changes in her self-esteem.
4. Angus is learning how to crawl.
5. Dylan is thirteen years old and is in high school.
6. Lynette is in retirement and has five grandchildren.
7. Andrea is 40 years old and has a teenage daughter Jade who is irresponsible. Because of this, Andrea thinks that all teenage girls are irresponsible.
8. Paul has well developed concrete thought patterns, whilst his abstract thought patterns are still developing.
9. Nicole is a teenager and has just gotten a new part-time job working in a supermarket. Her social role is changing to now include being an employee.
10. Jeremy has recently grown in height.

Terms

A. Infancy
B. Youth
C. Middle adulthood
D. Late adulthood
E. Physical development
F. Intellectual development
G. Emotional developmental transition from youth to adulthood
H. Social developmental transition from youth to adulthood
I. Developmental milestone
J. Perceptions of youth

CHAPTER 7 TEST

Question 1 (2 MARKS)

Using an example, outline what is meant by the term 'developmental milestone'.

Question 2 (2 MARKS)

Describe the childhood stage of the human lifespan.

Question 3 (2 MARKS)

Describe a common perception individuals may have of youth.

Question 4 (2 MARKS)

Discuss what is meant by the term 'social development'.

Question 5 (2 MARKS)

Describe a physical developmental transition from youth to adulthood.

Question 6 (3 MARKS)

Explain a common negative perception individuals may have of adults and justify your response.

Question 7 (3 MARKS)

a   Outline what the middle adulthood stage of the human lifespan involves. (2 MARKS)
b   Identify a developmental milestone in the middle adulthood stage of the human lifespan. (1 MARK)

Question 8 (3 MARKS)

Using an example, explain what is meant by intellectual development.

Question 9   (4 MARKS)

a   Explain how the media can influence an individual's perception of youth or adulthood as stages of the lifespan.
        (2 MARKS)

b   Other than the media, identify two factors that can influence perception of youth or adulthood as stages of the lifespan.
        (2 MARKS)

Question 10   (5 MARKS)

a   What is emotional development? (1 MARK)

b   Outline a characteristic of emotional development. (2 MARKS)

c   Explain an emotional developmental transition from youth to adulthood. (2 MARKS)

Questions from multiple chapters

Question 11   (3 MARKS)

There are a range of sociocultural factors that contribute to variations in the health behaviours and health status of youth.

a   Identify an example of a sociocultural factor. (1 MARK)

b   Explain how the sociocultural factor identified in **part a** can impact a physical developmental transition from youth to adulthood. (2 MARKS)

CHAPTER

8

Relationships, families, and children

8A Healthy and respectful relationships

8B Parenting

8C Fertilisation and prenatal development

8D Factors related to prenatal development

8E Infancy and early childhood

8F Intergenerational health and wellbeing

Key knowledge

- key characteristics of healthy and respectful relationships and the impact on health and wellbeing, and development
- considerations in becoming a parent such as responsibilities, and the availability of social and emotional support and resources
- the role of parents, carers and/or the family environment in determining the optimal development of children through understanding of:
  - fertilisation and the stages of prenatal development
  - risk and protective factors related to prenatal development such as maternal diet and the effects of smoking and alcohol during pregnancy
  - physical, social, emotional and intellectual development in infancy and early childhood
  - the impact of early life experiences on future health and development
- the intergenerational nature of health and wellbeing.

8A HEALTHY AND RESPECTFUL RELATIONSHIPS

How many people do you think you know? If you were to draw a mind map of all the relationships you have, how crazy would that map be? Some relationships come from school, others from work, some from sport, and others you might not even know how they started! Your life is full of many different relationships from many different aspects of your life. Relationships, in all their different forms, are integral to the person you are. In this lesson, you will learn about what a healthy and respectful relationship is, as well as the impact relationships can have on our health and wellbeing, and development.

Image: aelitta/Shutterstock.com

8A Healthy and respectful relationships	8B Parenting	8C Fertilisation and prenatal development	8D Factors related to prenatal development	8E Infancy and early childhood	8F Intergenerational health and wellbeing

Study design dot point

- key characteristics of healthy and respectful relationships and the impact on health and wellbeing, and development

Key knowledge units

Characteristics of healthy and respectful relationships,	2.1.5.1
Relationships' impact on health and wellbeing	2.1.5.2
Relationships' impact on development	2.1.5.3

Healthy and respectful relationships

Characteristics of healthy and respectful relationships 2.1.5.1

Relationships' impact on health and wellbeing 2.1.5.2

Relationships' impact on development 2.1.5.3

Characteristics of healthy and respectful relationships 2.1.5.1

OVERVIEW

Relationships that are healthy and respectful often have similar underlying characteristics. It is time to explore what a healthy and respectful relationship is, and what the characteristics of healthy and respectful relationships are.

THEORY DETAILS

Types of relationships

A **relationship** is a connection between two or more people. We all have many different relationships in our lives. Some are more important to us than others and some are more complex than others. There are many different types of relationships. Some are built on shared interests and passions, while others are a result of blood connections. Figure 1 summarises some different types of relationships.

KEY DEFINITIONS

Relationship refers to a connection between two or more people
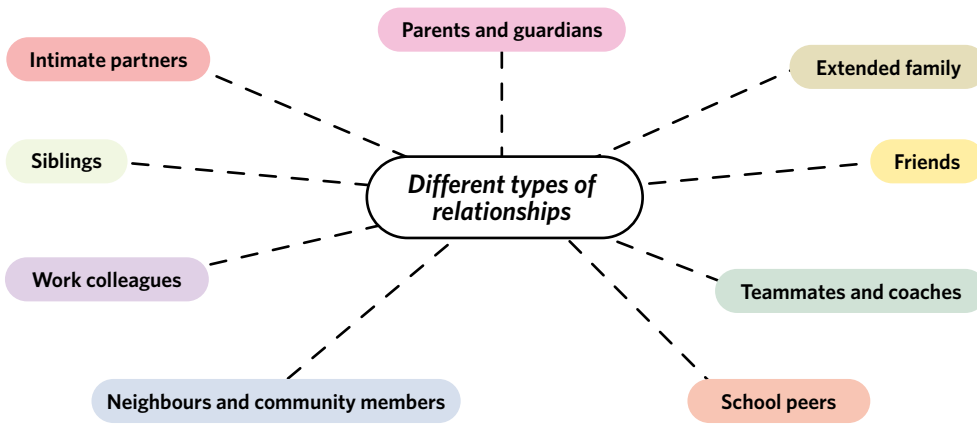
Figure 1 Different types of relationships

Characteristics of healthy and respectful relationships

Later in this lesson, you will learn how healthy and respectful relationships impact an individual's health and wellbeing, and development. But first, it is important to understand what a healthy and respectful relationship actually is: what do they look and sound like and what are their characteristics?

A **healthy and respectful relationship** is a relationship that exists between two or more individuals, which is built on mutual respect, trust, honesty, and loyalty, where each individual feels comfortable and safe. **Respect** refers to having concern and consideration for the needs, feelings, opinions, thoughts, wishes, and rights of others. There are many different characteristics of a healthy and respectful relationship. Some key characteristics are summarised in figure 2.

Figure 2 Characteristics of healthy and respectful relationships

For our own health and wellbeing, it's important that we can identify what a healthy and respectful relationship looks like. In order to do this, it is helpful to understand what the characteristics of healthy and respectful relationships actually mean. What does respect look like in a relationship? What is security? Can there be empathy in a relationship if you don't consider yourself an empathetic person? Does honesty just mean not lying? In table 1, each characteristic from figure 2 is explained.

KEY DEFINITIONS

Healthy and respectful relationships are relationships that exist between two or more individuals, which are built on mutual respect, trust, honesty, and loyalty, where each individual feels comfortable and safe

Respect refers to having concern and consideration for the needs, feelings, opinions, thoughts, wishes, and rights of others

Table 1 Characteristics of healthy and respectful relationships explained

Characteristic	What does this mean?	What might this look like in a relationship?
Mutual respect Image: kuroksta/ Shutterstock	Respect is about valuing people. In a relationship, mutual respect means each individual in the relationship is valued by the other people in the relationship, understanding each other's boundaries, and having consideration for their opinions and feelings.	Paul and Lisa are dating. Paul and Lisa display mutual respect as they know each other's boundaries and make sure not to do anything to make the other feel uncomfortable.
Trust Image: Blan-k/ Shutterstock.com	Trust is about believing that someone is reliable. Trust is important in a relationship because each individual needs to feel safe and feel that they can rely and depend on each other in times of need.	Kim and John are siblings. Kim trusts John as her older brother as he follows through when he promises to be home and help her with her homework, despite his busy schedule.
Honesty Image: TK 1980/ Shutterstock.com	Honesty is about being truthful; that is, not lying to or deceiving others. Honesty helps build trust and loyalty in a relationship. When there is honesty in a relationship, trust can be strengthened.	Jack and Bernie have been married for 30 years. Their relationship is built on honesty as they have always sat down and told each other the truth about how they feel and have never lied to avoid awkward conversations.
Loyalty Image: howcolour/ Shutterstock.com	Loyalty is about consistently standing by someone and providing support. In a relationship, loyalty is important in ensuring that an individual feels they have someone who 'has their back', who is looking out for them, and who is there to support them.	Luca and Liam are best friends in primary school. Luca is a loyal friend to Liam as when classmates make fun of Liam for his glasses, Luca always has his back and stands up to the mean classmates.
Stability 	Stability is about consistency and reliability. A stable relationship is a relationship which is reliable and consistent, where individuals feel trust and comfort with those they share the relationship with and are not worried about where their relationship stands or how strong it is.	Jess and Maria are mother and daughter. Jess feels she has a very stable relationship with her mum as Maria is always there for her no matter what; she is reliable and a constant pillar of support.
Safety Image: DeawSS/ Shutterstock.com	Safety is about feeling physically and emotionally safe. A relationship can not be healthy and respectful if people do not feel safe. Emotional safety is about trusting people with your feelings and being able to be open and vulnerable. Physical safety is about the absence of physical force and violence in a relationship.	David and Noah are dating. David and Noah's relationship is safe as there are never any put-downs or judgements, and both are able to open up about their feelings.
Empathy Image: kuroksta/ Shutterstock	Empathy is the ability to understand the feelings of others and resonate with how they are feeling. A result of receiving empathy is often that people feel comfortable sharing their feelings with others in a relationship. Empathy is integral to a healthy relationship as individuals need to understand each other.	Michelle and Beth are good friends. Michelle's mum is terminally ill. There is empathy in their friendship as not only is Beth able to understand Michelle's feelings of sadness and worry, but Beth creates a safe space for Michelle to open up about how hard it is for her. *cont'd*

Table 1 Continued

Characteristic	What does this mean?	What might this look like in a relationship?
Compromise Image: Set Line Vector Icon/ Shutterstock.com	Compromise is about being able to make a mutual decision and come to an agreement. Compromise is a key aspect of teamwork and, just like in a team, in a relationship, each individual does not always get their way. It's important that individuals have the ability to recognise others' views and sometimes 'meet in the middle'.	Nick and Sarah are work colleagues. Nick and Sarah work effectively together as they are able to compromise well, they reach agreements by listening to the other person's point of view and focus on working towards a shared goal.
Good communication Image: kuroksta/ Shutterstock	Communication, both verbal and non-verbal, is about clearly conveying messages through both speaking and listening, as well as body language, facial expressions, and tone of voice. Good communication plays a critical role in healthy and respectful relationships: it helps individuals share their feelings and thoughts and enables mutual support and understanding.	Fleur and Katherine are new parents. Despite facing many new challenges, they ensure that as a couple, they are maintaining good communication and taking time every day once the baby is asleep to check in with the other person and understand how the other is feeling.
Equality	Equality is about individuals being valued and respected in the same way. Equality is important in a relationship because all people involved need to be valued and have equal rights, and because equality mitigates the ability of one person holding power over another.	Peter and Rachel are parents of five children. Their relationship has always been underpinned by equality as neither expects the other to do certain things. For example, Peter never expected Rachel to quit her job and raise their children just because that was something that was 'traditionally' a woman's job. They both took turns being a stay at home parent.

ACTIVITY 1 - VIDEO AND CLASS DISCUSSION

Effective communication and good listening

Communication and listening are two key things which are super important in every relationship. Good communication in a relationship allows people to share their feelings, opinions, thoughts, concerns, and worries. Communication also involves listening. Listening is not simply hearing; it's also about understanding. This involves taking time to hear what someone is saying and understanding how they are feeling, and giving someone the space to share their thoughts and feelings. As someone develops throughout their life and transitions from youth to adulthood, their communication skills change and grow. Good communicators and listeners display a range of characteristics which can include:

- making eye contact and looking at people when they are talking to show you are actively listening.
- speaking clearly and at an appropriate volume and speed: not too loud, not too fast.
- showing via appropriate body language that you are actively listening and interested in the conversation.
- allowing people to speak, and asking relevant questions to respond in a constructive way.

Your own communication skills can have an impact on those around you. When someone doesn't feel listened to, they might wrongly assume that their feelings are not valid. Type '*Communication Skills: Empathetic Listening - Inside Out, 2015*' into your browser and watch the 1 minute and 45 second video on YouTube (Academy of Social Competency, 2018). This video is a snippet from the Disney movie Inside Out featuring the characters Bing Bong, Sadness, and Joy. After watching the video, discuss with your class the importance of being a good communicator, using the prompts below to spark conversation.

- What does a good listener look like? How does Sadness talk to Bing Bong compared with how Joy talks to Bing Bong? Why is it important to listen properly to someone without always trying to move on, find a positive solution, and distract someone from what's making them sad?
- Have you ever felt that you wanted someone to sit down with you and chat through what is making you feel a certain way? Sometimes when someone understands you it means so much. Sadness does this with Bing Bong in the video, does it appear to be effective? Why or why not?
- Empathy vs sympathy! What's the difference? How are they demonstrated in the video clip from Inside Out?

Unhealthy relationships

In order to understand what a healthy and respectful relationship is, it is helpful to know what an unhealthy relationship looks like. It is important to acknowledge that not all relationships will always be free of conflict or disagreement, but this does not automatically mean they are unhealthy. Conflict is sometimes really important in allowing individuals to work through problems, have a space to share their opinions, and come to mutual solutions. However, if people are constantly disagreeing about both big and

small things and are unable to 'meet in the middle' or are unable to compromise, their relationship can become unhealthy.

Unhealthy relationships are relationships that are not founded on respect, honesty, loyalty, where one or more persons in the relationship exhibit disrespectful and sometimes unsafe behaviours. This can occur when a relationship is not founded on mutual respect, honesty, and loyalty. Most of us will come across unhealthy relationships throughout our lives in different forms. Sometimes unhealthy relationships can stand in the way of us feeling comfortable and safe to be our true selves. Some characteristics of unhealthy relationships might include:

- lack of fairness, disrespect for boundaries, and feeling the relationship is unequal
- not feeling respected, listened to, appreciated, valued or cared for
- consistent and invasive feelings of guilt or unease
- disrespectful behaviours, such as excessive shouting and anger
- lacking transparency, trust, or loyalty
- regularly feeling isolated and alone
- feeling constantly restricted and as though you are not able to make your own decisions
- the presence of any physical or emotional abuse.

ADDITIONAL TERMS

Unhealthy relationships are relationships that are not founded on respect, honesty, loyalty, where one or more persons in the relationship exhibit disrespectful and sometimes unsafe behaviours

Relationships' impact on health and wellbeing 2.1.5.2

OVERVIEW

Healthy and respectful relationships can have a major impact on all of the dimensions of an individual's health and wellbeing.

THEORY DETAILS

All relationships are different and therefore there are many different ways in which healthy and respectful relationships can impact the dimensions of an individual's health and wellbeing. In the same way that healthy and respectful relationships can positively impact health and wellbeing, unhealthy relationships can negatively impact health and wellbeing. Figure 3 summarises some examples of how healthy and respectful relationships can positively impact an individual's dimensions of health and wellbeing.

Study design key skills dot point

The following key skills dot point applies to the rest of the lesson:

- analyse the role of healthy and respectful relationships in the achievement of optimal health and wellbeing

Physical	Mental	Emotional	Social	Spiritual
In a healthy and respectful relationship, physical health and wellbeing can be positively impacted due to the fact that in such a relationship, individuals do not suffer from injury associated with violence. *Physical health and wellbeing is also positively impacted as individuals may be encouraged to join a sport team with their friends, improving physical fitness and helping maintain a healthy body weight.*	*In a healthy and respectful relationship, mental health and wellbeing can be positively impacted as, with such a relationship comes an increase in self-confidence and self-esteem, reducing levels of stress and anxiety, promoting mental health and wellbeing.* *Additionally, when individuals have secure, supportive, and trustworthy relationships with family, friends, and sometimes intimate partners, they may have increased self-esteem, promoting mental health and wellbeing.*	*In a healthy and respectful relationship, emotional health and wellbeing can be positively impacted as with mutual respect and understanding comes a safe space for an individual to express their emotions and feelings. This improves emotional health and wellbeing.* *Additionally, even when people are going through tough times, a healthy and respectful relationship gives an individual a great deal of love and support, building their resilience, improving emotional health and wellbeing.*	*In a healthy and respectful relationship, social health and wellbeing can be promoted, as a key aspect of social health and wellbeing is feeling connected to friends, family, and community.* *When people have healthy and respectful relationships in their lives, their social health and wellbeing is promoted as they are likely to experience positive and effective communication with others.*	*In a healthy and respectful relationship, spiritual health and wellbeing can be positively impacted, as a key aspect of spiritual health and wellbeing is a sense of belonging and purpose. When individuals have relationships in which they are respected, understood, and listened to, their sense of belonging increases, promoting spiritual health and wellbeing.*
Physical health and wellbeing is the functioning of the body and its systems, including the body's capacity to perform daily tasks and activities	**Mental health and wellbeing** is the current state of wellbeing of the mind, involving the ability to think and process information	**Emotional health and wellbeing** is the ability to express, control, and manage feelings in a positive way and display resilience	**Social health and wellbeing** is the ability to form meaningful and satisfying relationships with others, as well as the ability to appropriately manage and adapt to social situations	**Spiritual health and wellbeing** includes the ideas, beliefs, values and ethics that an individual possesses, contributing to a sense of meaning, purpose, and belonging

Figure 3 Examples of the impact of healthy and respectful relationships on the dimensions of health and wellbeing

After reading about how healthy and respectful relationships can positively impact an individual's health and wellbeing, can you think of how unhealthy relationships could have the opposite effect? There are many ways in which unhealthy relationships can negatively impact health and wellbeing. For example, a relationship that lacks support and trust (unhealthy) may cause an individual to feel insecure and unable to express their emotions and feelings, negatively impacting emotional health and wellbeing.

Optimal health and wellbeing involves an individual experiencing the highest possible level of health and wellbeing when taking their unique experiences, characteristics, and lifestyle into account. The different relationships in our lives play a major role in our ability to achieve optimal health and wellbeing. As you have learnt, sometimes relationships are unhealthy and might have a negative impact on a dimension of our health and wellbeing. These negative impacts can inhibit a person's ability to experience the highest level of health and wellbeing; i.e., optimal health and wellbeing.

KEY DEFINITIONS

Optimal health and wellbeing involves an individual experiencing the highest possible level of health and wellbeing when taking their unique experiences, characteristics, and lifestyle into account

ACTIVITY 2 - CLASS DISCUSSION

Relationships and optimal health and wellbeing

Read the case study about a relationship between two high school friends. Discuss the questions below with some peers and jot down some points. This will help you practice the key skill of analysing the role of healthy and respectful relationships in the achievement of optimal health and wellbeing.

> Eliza is a 14-year-old girl in year 9. Eliza has recently moved schools and is struggling to make lots of new friends. She does have one friend called Phoebe. Eliza and Phoebe have the same sense of humour and always seem to be laughing. Eliza loves how, whenever she spends time with Phoebe, they always end up laughing and having a good time. This means that when Eliza is around Phoebe she feels relaxed and happy. Phoebe has encouraged Eliza to join her netball team, and they have been playing together for a few months which Eliza loves. This has really increased Eliza's confidence in sport as she has never played before but always wanted to try. Phoebe loves to laugh, but recently she has been laughing in a mean way towards Eliza. Sometimes Phoebe jokes about the runners Eliza wears to netball and also makes fun of her curly, sometimes messy, hair. Eliza knows that Phoebe likes to joke so she hasn't been getting upset, but lately Eliza notices herself being more conscious of what she wears and what she looks like before she leaves the house. She sometimes feels a little stressed and worried before she catches up with Phoebe as she tries to avoid being made fun of.

- Can you identify some features of this relationship which are healthy and respectful?
- Discuss some ways in which this relationship with Phoebe has *positively* impacted Eliza's health and wellbeing. See if you can talk about some specific dimensions.
- Can you identify some features of this relationship which might be unhealthy?
- Discuss some ways in which this relationship with Phoebe has *negatively* impacted Eliza's health and wellbeing. See if you can talk about some specific dimensions.
- Think about optimal health and wellbeing. Could this relationship with Phoebe impact Eliza's ability to achieve optimal health and wellbeing? If so, why?

Relationships' impact on development 2.1.5.3

OVERVIEW

Healthy and respectful relationships have a major impact on different aspects of an individual's development.

THEORY DETAILS

All relationships are different, and therefore they can impact development in different ways. Healthy relationships that demonstrate respect can have a positive impact on an individual's development. In the same way, unhealthy relationships that do not demonstrate respect can have a negative impact on development.

As you have learnt in the previous chapter, **development** refers to the orderly, predictable, and gradual change of an individual's physical, intellectual, emotional, and social conditions, and it occurs across the human lifespan as individuals age and experience the world. Figure 4 summarises some examples of how healthy and respectful relationships can positively impact the different aspects of an individual's development.

KEY DEFINITIONS

Development refers to the orderly, predictable, and gradual change of an individual's physical, intellectual, emotional, and social conditions

Physical	Intellectual	Emotional	Social
Physical development involves motor development including both fine and gross motor skills. Positive relationships with friends, teammates, and sports coaches can positively impact an individual's development of these skills.	*Intellectual development involves development of language and speech as well as knowledge and memory. Having a positive relationships with an individual's family can impact their intellectual development.*	*Emotional development involves self-esteem and self-concept. In a healthy and respectful relationship where an individual feels cared for and valued as the person they are, their self-esteem increases and they will have a more positive perception of themselves, improving their emotional development.*	*Social development involves socialisation and strengthening of social connections. When individuals are involved in healthy and respectful relationships, they are more likely to have the opportunity to practice socialising and can interact with others free of fear of embarrassment or judgement. Healthy and respectful relationships are more likely to increase opportunities for individuals to engage with others and strengthen their social connections.*
For example, if an individual enjoys going to their football training and has a friendly and supportive relationship with their coach and teammates, they are more likely to continue attending their football training and games. This positively impacts their physical development as they will continue to develop their motor skills such as foot-eye coordination, as well as increase their strength, changing their muscle to fat ratio.	*If a child is raised in a family where they feel supported and safe and feel they can ask questions, their knowledge will increase as they simply will learn more. The intellectual development of a child who is raised in a family where, for example, they are read bedtime stories and are welcomed to contribute to discussions at the dinner table, will be positively impacted by their healthy family relationship.*	*Additionally, healthy and respectful relationships with family and friends promote the emotional development of an individual. If a child is raised in an environment where they are encouraged to, for example, calm down when throwing a tantrum and are supported to understand and try to express what is making them upset or angry, they are better able to manage and express their emotions as they grow up.*	*For example, a student with healthy and respectful relationships with their teachers at school is more likely to enjoy attending school, contributing to conversations in class, spending more time with peers, thereby positively impacting their social development.*
Physical development refers to bodily changes relating to body size, shape, systems, and structure that occur across the lifespan	**Intellectual development** refers to changes in the brain, including thought processes, knowledge, and understanding that occur across the lifespan	**Emotional development** refers to changes that relate to expressing, understanding, and communicating emotions that occur across the lifespan	**Social development** refers to changes relating to communication, relationships, and socialising that occur across the lifespan

ADDITIONAL TERMS

Physical development refers to bodily changes relating to body size, shape, systems, and structure that occur across the lifespan

Intellectual development refers to changes in the brain, including thought processes, knowledge, and understanding that occur across the lifespan

Emotional development refers to changes that relate to expressing, understanding, and communicating emotions that occur across the lifespan

Social development refers to changes relating to communication, relationships, and socialising that occur across the lifespan

Figure 4 Summary of the different types of development and examples of how healthy and respectful relationships impact development.

Theory summary

In this lesson, you learnt about what a healthy and respectful relationship is and the characteristics of these relationships. You also learnt about how a healthy and respectful relationship can impact health and wellbeing, and human development.

8A QUESTIONS

Theory-review questions

Question 1

We all have many different relationships in our lives and they are all always healthy.

A   True.

B   False.

Question 2

Healthy and respectful relationships are all different and have a range of characteristics.

A   True.

B   False.

Question 3

A healthy and respectful relationship often has good communication and mutual respect.

A True.

B False.

Question 4

Which of the following concepts may be characteristics of a healthy and respectful relationship? *(Select all that apply)*

I Loyalty.

II Honesty.

III Empathy.

Question 5

If there is conflict in a relationship it is automatically unhealthy and disrespectful.

A True.

B False.

Question 6

If a relationship is not healthy and is disrespectful, we might struggle to have optimal health and wellbeing.

A True.

B False.

Question 7

Healthy and respectful relationships can help us grow and develop as individuals, positively impacting different aspects of our lives, such as both our emotional and physical development.

A True.

B False.

Question 8

Which of the following are examples of different relationships individuals may have in their lives? *(Select all that apply)*

I Family relationships.

II Professional relationships.

III Romantic relationships.

Skills

Unpacking the case study

Use the following information to answer Questions 9-11.

Ben and his girlfriend Misha have only recently started dating. Ben and Misha finished high school a few months ago and Ben really likes Misha. He wants to move their relationship forward, taking things to a more physically intimate level. Ben and Misha went camping for a few days over their summer break and Ben was hoping to take things beyond just kissing. He thought their camping trip would be the perfect opportunity to do so. One night camping, Misha sensed Ben was ready to move forward, but she wasn't, so she felt a little bit stressed and anxious. When she started to pull away, Ben quickly noticed her uneasy feelings and asked her if she was ok. Ben quickly realised that Misha wasn't ready to move forward, so he pulled back, and reassured her that it was okay. Ben listened to Misha explain that this was a bit new for her and she didn't feel ready yet. Misha felt accepted and understood by Ben, something she had not felt in a relationship before. They enjoyed the rest of the night chatting by the campfire.

Question 9

Ben and Misha's relationship is respectful and healthy and this is partly reflected by the statement that

A 'Ben wanted to move things beyond just kissing'.

B '… Ben quickly noticed her uneasy feelings and asked her if she was ok'.

Question 10

Misha feels like Ben listens to her and respects her feelings. This is reflected by the statement that

A   'Ben quickly realised that Misha wasn't ready to move forward, so he pulled back, and reassured her that it was ok'.

B   'Ben and his girlfriend Misha have only recently started dating'.

Question 11

Misha's emotional health and wellbeing is positively impacted by this healthy relationship as Misha feels safe to express her feelings and thoughts, as reflected by the statement that

A   'Ben listened to Misha explain that this was a bit new for her and she didn't feel ready yet'.

B   'One night camping, Misha sensed Ben was ready to move forward'.

Exam-style questions

Question 12   (2 MARKS)

a   Outline what a relationship is. (1 MARK)

b   Outline what a healthy and respectful relationship is. (1 MARK)

Question 13   (3 MARKS)

Identify three characteristics of healthy and respectful relationships.

Question 14   (3 MARKS)

Using an example, explain how the spiritual dimension of health and wellbeing is promoted through healthy and respectful relationships.

Question 15   (3 MARKS)

Using an example, explain how a healthy and respectful relationship can promote development, with reference to a specific type of development.

Question 16   (7 MARKS)

Jaxon and Frazer are best friends and are in school in year six together. Frazer doesn't really like playing soccer at lunchtime like many other boys. He enjoys going to the library sometimes and other times he likes to go to the art room. All throughout school, Frazer has been laughed at by other boys for sitting in the library and not wanting to play sport. Jaxon is Frazer's only friend who doesn't make fun of him and respects the way Frazer likes to spend his time, even though Jaxon himself loves soccer. Jaxon sometimes goes to the library with Frazer, and if he ever hears people make fun of Frazer, he tells them to stop. Sometimes when Frazer gets upset in school, Jaxon will sit with Frazer and support him. It takes a while for Frazer to open up but Jaxon is patient and gives Frazer all the time he needs. Jaxon has never left Frazer's side when he is upset and never turns his back on him.

a   Use one example from the case study to justify whether this is a healthy and respectful relationship or not. (2 MARKS)

b   Outline three characteristics of this relationship that make it either healthy and respectful or unhealthy and disrespectful. (3 MARKS)

c   Using an example from the case study, suggest a way in which this relationship might impact Frazer's development. (2 MARKS)

Questions from multiple lessons

Question 17   (4 MARKS)

a   Identify and describe the stage in the human lifespan where individuals' relationships continue to develop and change, and the developmental milestone of marriage often occurs. (2 MARKS)

b   Discuss one way in which a stable relationship could positively impact an individual's mental health and wellbeing. (2 MARKS)

8B PARENTING

How much do you think it costs to raise a child? If you were a parent, can you think of what responsibilities you might have? What if you don't know how to breastfeed as a new mother? In this lesson, you will learn about parenting. In particular, you will learn about different factors to consider before becoming a parent, as well as the responsibilities of being a parent. You will also learn about different social and emotional support services and resources available to new parents.

Image: Colorlife/Shutterstock.com

8A Healthy and respectful relationships	8B Parenting	8C Fertilisation and prenatal development	8D Factors related to prenatal development	8E Infancy and early childhood	8F Intergenerational health and wellbeing

Study design dot point

- considerations in becoming a parent such as responsibilities, and the availability of social and emotional support and resources

Key knowledge units

Considerations in becoming a parent	2.1.6.1
Parental responsibilities	2.1.6.2
Social and emotional support for parents	2.1.6.3
Resources available to parents	2.1.6.4

Parenting

- Considerations in becoming a parent 2.1.6.1
- Parental responsibilities 2.1.6.2
- Social and emotional support for parents 2.1.6.3
- Resources available to parents 2.1.6.4

Considerations in becoming a parent 2.1.6.1

OVERVIEW

The word 'parent' is very broad. Some people have two parents, others have one. Some people have step-parents, while others have adoptive parents. Some people can't wait to be parents, others never want to be. No matter what kind of parent you are, becoming one is a time of great change and challenge. There are many considerations people need to make in becoming a parent.

THEORY DETAILS

Parenting refers to looking after and raising a child. People commonly think of parents as the biological mother and/or father of a child; however, parents may take other forms. Parents also include all people who carry out parenting responsibilities, which you will learn about later in this lesson. Parenting can be carried out by many individuals, such as adoptive parents, step-parents, half parents, foster parents, and other primary carers and guardians.

Study design key skills dot point

The following key skills dot point applies to the whole lesson:

- analyse factors to be considered and resources required for the transition to parenthood

KEY DEFINITIONS

Parenting refers to looking after and raising a child

No matter how someone is a parent, whether biologically or not, becoming one is a time of great change and sometimes challenge. Having a child and becoming a parent is a big decision. For some people, becoming a parent is a decision they make with their life partner, and they may be ready and excited. For others, becoming a parent may be unexpected and unplanned, and sometimes brings excitement, but not always. Some people may never become a parent; this can be by choice or it may be due to biological reasons. There are many factors that adults should consider when becoming a parent. It is important to recognise that sometimes pregnancies are unplanned and parents do not get the chance to consider these factors beforehand. This does not automatically mean that the life of the parent or the child will be bad or difficult. There are so many different factors that determine if someone is ready to have a baby. Figure 1 highlights some factors that may be good to consider before becoming a parent.
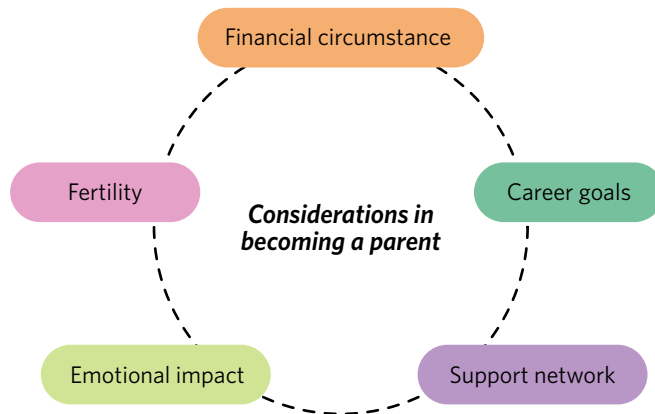
Figure 1 Some of the considerations in becoming a parent

Financial circumstance

Having a baby and raising a child costs money. Sometimes it is possible to plan and save for these costs, but not always. There are many costs associated firstly with pregnancy and the birth of a baby, which may include:

- doctors bills and health insurance
- maternity clothes
- birthing and breastfeeding classes.

After the baby arrives, there are many more costs, which may include:

- baby clothes and nappies
- healthcare or doctors bills
- equipment such as a car seat, pram, and cot.

Raising a child through to adulthood incurs numerous costs that continue to grow and change. These can include costs associated with education, healthcare, extracurricular activities (eg. sport), food, clothing, household bills, and more.

Career goals

For some adults, their work and career is a key factor that determines if and when they have children. Having a baby can drastically change the working life of parents because there are suddenly other demands on their time. Many parents want to take time off work to be at home in the months following the birth of their new baby. The Australian Government has a Parental Leave Pay scheme where a new parent, who is a primary carer, can be paid for up to 18 weeks whilst they care for their newborn or newly adopted child (Services Australia, 2021). Some people are very career-focused and may not feel they have the time to raise children. Others plan their entire careers around raising a family. Everyone is different in what they want and there is no one way that is better than the other.

Support network

Have you heard the quote 'it takes a village to raise a child'? This quote originated from an African proverb and is so widely known because many people believe it is true! Many people agree that parenting is difficult. For many, this major change can be scary and challenging, especially for those who are having or raising their first child. Not all parents can do it alone. For this reason, an individual's support network – their 'village' – plays an important role in a child's upbringing as well as the wellbeing of the parent. It is helpful if people can consider who they might turn to for support and advice when they first become a parent. A support network can consist of a range of people including possibly a co-parent, as well as family, friends, colleagues, and professional support.

Emotional impact

People who become new parents often experience a wave of new emotions. Many parents may feel stressed and anxious in the first few weeks and months of being a new parent because suddenly, there are all these new responsibilities that can feel very overwhelming. Can you imagine how it would feel if suddenly you were responsible for looking after a little human? It's stressful, right? It is helpful if people are aware of the emotional toll that becoming a new parent can take. This allows them to prepare as much as possible, not be surprised or worried if they are finding parenting difficult, and know where to access support when it does become difficult.

Want to know more?

Postnatal anxiety and depression

Some parents experience anxiety or depression in the year after the birth of their new child. This is referred to as experiencing postnatal depression or postnatal anxiety. Approximately one in seven new mums and up to one in ten new dads experience postnatal depression or anxiety (PANDA, 2017), with many people experiencing both at the same time. This can be very frightening for new parents as they juggle dealing with their symptoms while also caring for a new child, and sometimes more children as well.

Some symptoms of postnatal depression and anxiety can include:

- persistent worry and stress, often focused on the health of the baby.
- the development of obsessive compulsive behaviours and thoughts, often relating to looking after the baby.
- feeling constantly tired and lacking in energy or desire to participate in any enjoyable everyday activities such as yoga, going for walks, or catching up with friends.

People can have very different experiences of postnatal depression and anxiety, and can experience a range of different symptoms. Postnatal depression and anxiety can have long lasting, widespread impacts on an individual's lives and those around them. It is important that individuals seek help early so they can reduce the impacts of the illness.

Fertility

For some people, it is not an option to conceive because of infertility. Infertility is the inability to conceive despite having unprotected sexual intercourse for over 12 months during a female's fertile window, and affects about one in six Australian couples of reproductive age (IVF Australia, 2021). There are many different causes of infertility and the causes can involve both males and females. For example, there can be problems with the production of sperm and eggs, problems with the structure and function of both male and female reproductive systems, or an illness or disease that impacts an individual's fertility. There are many treatment options available for infertile couples or individuals, which includes in vitro fertilization (IVF; a type of reproductive technology where an egg is combined with a sperm outside the body creating an embryo, which is then implanted in the uterus). Treatment can take a long time and can be very expensive. Medical intervention does not automatically mean success. Some couples, even with medical intervention, still cannot fall pregnant. This can be a huge cause of stress, worry, and upset for people, as society sometimes views having children as a natural, normal, and easy experience. It is important to consider fertility when thinking about becoming a parent and to not put pressure on either ourselves or others to have children.

⊕ *Want to know more?*

Baumrind's theory of parenting styles

Developmental psychologist Diana Baumrind theorised that there are four different parenting styles which incorporate different levels of a parent's demandingness and responsiveness (Baumrind, 1971). *Demandingness* refers to parents outlining rules they expect to be followed, whilst *responsiveness* involves supporting and caring for children. These components combine to create four distinct parenting styles: authoritative, authoritarian, permissive, and disengaged.

- *Authoritative parenting* is high in both demandingness and responsiveness. This style of parenting typically combines rules with love and compromise. It is often attributed as the optimal parenting style in Western cultures.
- *Authoritarian parenting* is high in demandingness and low in responsiveness, requiring strict obedience and offering little warmth.
- *Permissive parenting* is high in responsiveness and low in demandingness, focusing on unconditionally accepting children with minimal discipline.
- *Disengaged parenting* is low in both demandingness and responsiveness, involving little interactions with children.
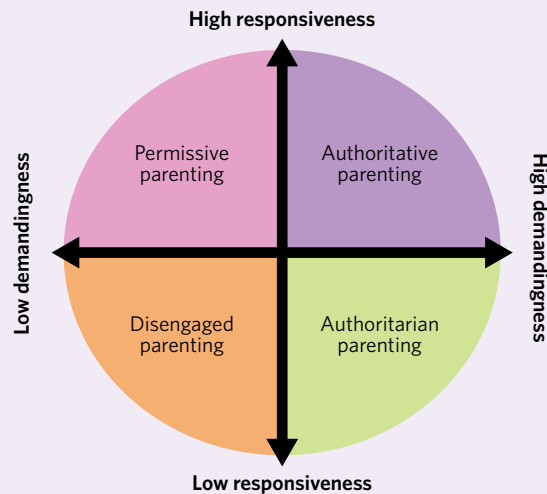
Figure 2 Baumrind's theory of parenting styles

Haven't heard of these parenting labels before? That's because we don't use these terms in everyday life. There are a range of more widely known parenting labels that society uses, which have been adapted from Baumrind's research. These popular parenting labels include (Webb, 2018):

- *Helicopter parenting:* parents who hover over their kids, solve their problems and give their children little free space to make mistakes and grow independence.
- *Tiger parenting:* parents who prioritise their child's academic success above nearly everything else. This term comes from Amy Chau's novel 'Battle Hymn of the Tiger Mother', which explores her experience with both Chinese and Western parenting.
- *Hummingbird parenting:* a 'muted' version of helicopter parenting; they remain nearby and ready to jump in and help their children if they need.
- *Attachment parenting:* parents who prioritise physical contact with their child, which can include bed sharing and always holding their baby close/carrying via a harness.
- *Free-range parenting:* the opposite of helicopter parenting, allowing much independence for their children.

Parental responsibilities 2.1.6.2

OVERVIEW

You have learnt that there are many different factors to consider before becoming a parent. Another factor to consider is the range of responsibilities a parent has: once you become a parent, your child depends on you and you become a role model for them.

THEORY DETAILS

There are many different responsibilities of a parent. A **responsibility** is a duty or task that one is ought to do. In 1989, world leaders made a historic agreement for children's rights all across the world and adopted the United Nations Convention on the Rights of the Child. It states that childhood is separate from adulthood and lasts until an individual turns 18. It recognises that childhood is a protected time in which individuals are vulnerable and must be allowed to grow, learn, and develop. This convention has transformed the lives of children across the world and consists of over 50 individual rights such as (UNICEF, 2021):

- Children have the right to good quality healthcare, clean water, nutritious food, and a clean environment so that they will stay healthy.
- Children have the right to a standard of living that is good enough to meet their physical and mental needs.
- Children have the right to an education.

KEY DEFINITIONS

Responsibility refers to a duty or task that one is ought to do

It is the responsibility of parents and guardians, along with support from communities and governments, to protect their child's rights until they are old enough to look after themselves. Some key responsibilities of parents are explained in table 1. It is important to remember that the responsibilities of parents change depending on the age of the child and the individual circumstances of a family.

Table 1 Explanation of some key responsibilities of parents

Responsibility	What does this mean if you are a parent?
Get to know and support your child	- Understand what your child likes and dislikes - Celebrate your child's individuality - Spend quality time with your child - Ask your child questions and engage in conversations - Check-in with your child - Communicate with your child
Provide a safe environment	- Protect your child from any form of abuse - Protect your child from unsafe and or potentially dangerous things in their environment, such as keeping knives out of reach of young children - Take safety precautions to protect your child, such as insisting on wearing seatbelts, installing smoke alarms, locking doors at night, and not leaving a child unattended when they are young and vulnerable
Meet your child's basic needs	- Meet your child's basic *physical* needs by providing food, water, a place to live, clothes, healthcare, sanitation, and financial support - Meet your child's basic *emotional* needs including building self-confidence and self-esteem, offering unconditional love and support, and creating a safe space for an individual to express their emotions and feelings - Meet your child's basic *social* needs including exposing them to healthy and respectful relationships, acknowledging and rewarding prosocial behaviour, and using misbehaviour as an opportunity to teach and help your child grow
Teach your child important morals and values	- This involves both teaching and modelling important morals and values, such as respect, patience, forgiveness, and love - This can also involve passing on culture, customs, and traditions to your child
Provide your child with an education	- This involves not only providing your child with an education but also trying to create a positive association with the school - Supporting your child with educational pursuits, such as helping with homework - Staying connected with your child's school and showing interest in what they are learning and where they are at

ACTIVITY 1 - CLASS DISCUSSION

How can parents raise successful kids?

When you hear 'good parenting', what do you think of? How can parents raise successful kids? There are so many different theories of what 'good parenting' looks like and there really is no one answer. Julie Lythcott-Haims is an activist, speaker, and author of the book 'How to Raise an Adult: Break Free of the Overparenting Trap and Prepare Your Kid for Success'. Julie presented a TedTalk in 2016 where she talks about the damage that parents can do when they load their children with high expectations and micromanage their lives. Type *'How to raise successful kids without over-parenting TedTalk by Julie Lythcott-Haims'* (Ted Talks, 2016) into YouTube and watch the 14 minute and 16 second video.

After watching the video, have a class discussion, using the prompts below to spark conversation.

- Do you agree with Julie's perspective on parenting?
- What does Julie mean by a 'checklisted childhood'? How does Julie describe what it feels like to be a kid living a 'checklisted childhood'?
- Where does Julie say happiness comes from in life? Do you agree? What makes someone happy and successful?
- What does Julie mean by the phrase 'widen your blinders' in terms of raising children?
- What does Julie see as a parent's main job?

Social and emotional support for parents 2.1.6.3

OVERVIEW

As you have learnt, being a parent can be stressful. It is widely recognised that parents cannot raise children alone, and therefore, there are many social and emotional support systems for parents. There are also many resources that are available to new parents.

THEORY DETAILS

Social support

Social support is the provision of advice and practical assistance from others, often through a supportive network of friends, family, or the wider community. Having social support is critical for new parents because, as you have learnt, becoming a new parent can be very stressful and often involves learning on the job and combatting daily challenges. Social support can be in the simple form of a friend or family member assisting a new parent in the management of tasks such as preparing meals, transport to medical appointments, or learning how to breastfeed. In many countries, there are also government-supported resources for new parents. Some social support services available to new parents in Australia include:

- **Early Parenting Centres** are groups that connect new parents together from a local community and create a safe space for new parents to ask questions, learn new things about parenting, and connect with people on similar journeys. For example, Tweddle Child and Family Service in Footscray, Victoria.

- **Breastfeeding Helpline** is a free phone service where breastfeeding mothers can call a qualified nurse who can give them information, support and advice on child health and nutrition, and assistance with how to breastfeed.

- **The Maternal and Child Health Service** provides parents with assistance as well as free health checks for children between birth and school age.

Emotional support

Emotional support is the provision of love, reassurance, guidance, and encouragement, especially important in times of challenge and stress. New parents are often sleep-deprived and experience a wide range of new emotions as they embark on their new journey. For many new parents, the first source of emotional support is close family and friends. Often the grandparents of newborns can be a wonderful source of emotional support to new parents as they themselves have experienced parenthood and have likely faced the same challenges the new parent is facing. There are also numerous government-supported resources for emotional support. Some emotional support services available to new parents in Australia include:

- **Healthy Families Beyond Blue online resource** is an extensive online resource which is part of the Beyond Blue (an Australian mental health and wellbeing support organisation) website. It consists of multiple resources for education as well as advice on when, where, and how to ask for help.

- **Parentline** is a free phone service which offers anonymous counselling services for parents and carers of children from birth to 18 years old.

- **The Centre of Perinatal Excellence (COPE)** is a free online resource offering extensive emotional support for new parents.

These services, along with many others, are available to all parents, often free of charge. Parents who are well supported and do not feel too emotionally drained can better support their child and meet their child's needs.

KEY DEFINITIONS

Social support is the provision of advice and practical assistance from others, often through a supportive network of friends, family, or the wider community

KEY DEFINITIONS

Emotional support is the provision of love, reassurance, guidance, and encouragement, especially important in times of challenge and stress

Resources available to parents 2.1.6.4

OVERVIEW

As you may now be able to see, being a parent can be difficult. Not everyone is ready to be a parent when their new child first arrives. Local and state governments provide numerous resources to assist parents.

THEORY DETAILS

There are many **resources**, which are things that can be drawn upon or used by someone for their own benefit, that are available to parents that ultimately make their job a lot easier. Some of these resources are summarised in table 2.

Table 2 Examples of resources available for parents in Australia

Resources	Examples
Local government and council resources for new parents	• Recreational facilities such as parks, public pools, walking tracks, playgrounds, and community gardens • Playgroups where infants and toddlers can meet and interact, and new parents can meet and connect • Daycare services • Immunisation and health care plans
Federal and state government resources for new parents	• National Disability Insurance Scheme (NDIS) • Medicare • Paid Parental Leave • Dad and Partner Pay • Family Tax Benefit (FTB) • Raising Children's Network: The Australian Parenting Website • Healthdirect parenting website

Can you think of any more resources available to parents in your local area or online? We are very fortunate to live in a country where there is an abundance of resources available to parents.

Theory summary

In this lesson, you have learnt about parenting. In particular, we focused on considerations that are important to make when becoming a new parent, as well as the responsibilities involved in being a parent. You have also learnt about the importance of social and emotional support for parents, as well as resources available to parents at both a local and national level.

8B QUESTIONS

Theory-review questions

Question 1

It is a big decision to become a parent and there are many factors that are important to consider.

A True.

B False.

Question 2

All parents have the same set responsibilities.

A True.

B False.

Question 3

Which of the following concepts may be the responsibility of parents? *(Select all that apply)*

I   Getting to know their child.

II   Purchasing luxury goods for their child.

III   Providing their child with emotional support.

Question 4

Parenting can be difficult to do alone, and therefore different types of support are critical for new parents.

A   True.

B   False.

Question 5

There are numerous resources available to new parents in Australia, some of which are provided by local and federal governments.

A   True.

B   False.

Skills

Unpacking the case study

Use the following information to answer Questions 6-8.

Lisa just turned 30 and is a single mother of a four-year-old boy, Elijah. Lisa works full time in order to provide for herself and her son. Lisa knows that for a long time she will be financially supporting her son, and a major priority for Lisa is being able to support Elija in his education from preschool through to high school. Lisa's mother is a major source of support for Lisa as she looks after Elijah three days a week. For the other two days, Elijah attends creche where he enjoys meeting new friends.
Lisa also knows that creche is a good opportunity for Elijah to learn to socialise with other children. Lisa has recently been feeling that Elijah feels lonely and she would love for him to have a sibling. As someone that grew up with three sisters, Lisa knows how much fun, support, and happiness siblings can bring to a household. With the support of her parents, Lisa has made the decision to have another child in the next few years. She knows she will not only be in a position financially to support another child, but she will also be able to work flexibly from home, and is well supported by her parents and some close friends.

Question 6

Lisa has multiple sources of social support. An example of social support available to Lisa is reflected by the statement that

A   'Lisa just turned 30 and is a single mother of a four year old boy, Elijah'.

B   'Lisa's mother is a major source of support for Lisa as she looks after Elijah three days a week'.

Question 7

Lisa has many different responsibilities as a parent. An example of one of Lisa's responsibilities is best reflected by the statement that

A   'Lisa knows that for a long time she will be financially supporting her son, and a major priority for Lisa is being able to support Elija in his education from preschool through to high school'.

B   'For the other two days, Elijah attends creche where he enjoys meeting new friends'.

Question 8

Lisa considered multiple factors before deciding to have a second child. This is best reflected by the statement that

A   'Lisa has made the decision to have another child in the next few years'.

B   'She knows she will not only be in a position financially to support another child, but she will also be able to work flexibly from home, and is well supported by her parents and some close friends'.

Exam-style questions

Question 9 (1 MARK)

Outline the meaning of parenting.

Question 10 (1 MARK)

Identify one resource available to new parents provided by a local or federal government.

Question 11 (2 MARKS)

Using an example, explain why one's financial circumstance is an important factor people should consider before becoming parents.

Question 12 (3 MARKS)

a Outline why support is important for new parents. (1 MARK)
b Identify one service available to new parents and explain how it provides social or emotional support. (2 MARKS)

Question 13 (4 MARKS)

Identify and describe two factors that people should consider before deciding to become parents.

Question 14 (4 MARKS)

a List three examples of responsibilities parents may have. (3 MARKS)
b Explain the meaning of one of the responsibilities you identified in **part a**. (1 MARK)

Questions from multiple lessons

Question 15 (3 MARKS)

With reference to a key responsibility of parents, discuss how parenting could impact a child's emotional development.

8C FERTILISATION AND PRENATAL DEVELOPMENT

How does a baby grow in the uterus? What parts of the human body are first formed? After learning about the human lifespan and the four different stages of development, we now turn back to the very first stage of human development: fertilisation. In this lesson, you will learn about fertilisation, as well as the period of development before a baby is born. This is referred to as prenatal development, and you will specifically learn about the three stages of prenatal development including the germinal, embryonic, and fetal stages. You will also learn about the role parents, carers, and the family environment play in determining the optimal development of children.

Image: Teguh Mujiono/Shutterstock.com

8A Healthy and respectful relationships	8B Parenting	8C Fertilisation and prenatal development	8D Factors related to prenatal development	8E Infancy and early childhood	8F Intergenerational health and wellbeing

Study design dot point

- the role of parents, carers and/or the family environment in determining the optimal development of children through understanding of:
    - fertilisation and the stages of prenatal development
    - risk and protective factors related to prenatal development such as maternal diet and the effects of smoking and alcohol during pregnancy
    - physical, social, emotional and intellectual development in infancy and early childhood
    - the impact of early life experiences on future health and development

Key knowledge units

Key factors affecting optimal development of children	2.1.7.1
Fertilisation	2.1.7.2
Stages of prenatal development	2.1.7.3
Germinal stage	2.1.7.3.1
Embryonic stage	2.1.7.3.2
Fetal stage	2.1.7.3.3

Fertilisation and prenatal development

- Key factors affecting optimal development of children 2.1.7.1
- Fertilisation 2.1.7.2
- Stages of prenatal development 2.1.7.3
    - Germinal stage 2.1.7.3.1
    - Embryonic stage 2.1.7.3.2
    - Fetal stage 2.1.7.3.3

Key factors affecting optimal development of children 2.1.7.1

OVERVIEW

There are numerous key factors that affect the optimal development of children. Parents, carers, and family environment are all key factors that influence the optimal development of a child. Even during pregnancy, there are many factors that can influence the health and development of an individual, which you will learn about in this lesson, as well as in the following lessons.

THEORY DETAILS

Optimal development refers to the changes of an individual's physical, intellectual, emotional, and social conditions occurring in a way that enables an individual to reach their full potential. There are many different factors that play different roles throughout a child's life. From the second a baby is conceived, decisions are made that can influence the health and wellbeing of the developing child. Factors in the environment can also impact the health and wellbeing of the baby. In this chapter, as you learn about prenatal development, and infant and child development, you will learn about the role parents, carers, and family environments play in influencing the development of a child during these different phases.

It is important to understand what these factors are and how they can influence an individual's development.

- **Parents** are individuals who have the responsibility of looking after and raising a child. Parents have a major influence on their child's everyday life. From what a mother decides to consume, to the school parents choose to send their child to, parents play a major role in a child's development.

- **Carers** are paid or unpaid members of an individual's social network who assist an individual with activities or tasks of daily living. Carers can play an important role in enabling a child to develop to their full potential through the everyday support and assistance they may provide an individual.

- **Family environment** refers to the circumstances and social climate surrounding families. The family environment can have a major impact on the development of a child as, from a very young age, an individual can be heavily influenced by everything around them.

📎 Lesson link

The study design dot point for this lesson is also covered across **8D Factors related to prenatal development** and **8E Infancy and early childhood**. Figure 1 reflects how this study design dot point is divided within chapter 8.

| 8C, 8D, 8E | • the role of parents, carers and/or the family environment in determining the optimal development of children through understanding of: |

8C	8D	8E
- fertilisation and the stages of prenatal development	- risk and protective factors related to prenatal development such as maternal diet and the effects of smoking and alcohol during pregnancy	- physical, social, emotional and intellectual development in infancy and early childhood - the impact of early life experiences on future health and development

Figure 1 Diagram of how the study design dot point is split across chapter 8 lessons

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Fertilisation 2.1.7.2

OVERVIEW

Fertilisation is the very first stage of human development. When an ovum, or egg, is fused with a sperm cell, a zygote is created. This zygote will eventually become an embryo. This embryo will develop into a fetus and after around nine months will enter the world, hence, this is the very first stage of human development.

THEORY DETAILS

Conception is the very beginning of prenatal development. Conception can be said to have occurred once an egg is fertilised. **Fertilisation** is the process of an egg and sperm fusing together to form a **zygote**. Understanding **fertility** is important as falling pregnant can be difficult for many people. **Infertility** affects approximately one in six Australian couples (IVF, 2020). Table 1 details the process involved in the fertilisation of an egg.

KEY DEFINITIONS

Optimal development refers to the changes of an individual's physical, intellectual, emotional, and social conditions occurring in a way that enables an individual to reach their full potential

Parents are individuals who have the responsibility of looking after and raising a child

Carers are paid or unpaid members of an individual's social network who assist an individual with activities or tasks of daily living

Family environment refers to the circumstances and social climate surrounding families

---

KEY DEFINITIONS

Fertilisation is the process of an egg and sperm fusing together to form a zygote

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ADDITIONAL TERMS

Conception refers to the moment one becomes pregnant, and occurs as soon as an egg is fertilised by a sperm cell

Zygote is the fused cell that forms after the fertilisation process

Fertility is the quality of being fertile and able to conceive

Infertility is the inability to conceive despite having unprotected sexual intercourse for over 12 months during a female's fertile window

Table 1 The process of fertilisation

	During a female's menstrual cycle (approximately every 28 days) an ovum (or an egg) is released from the ovaries into the fallopian tubes. This is called ovulation.
↓	
	During sexual intercourse, sperm enters the vagina after a male ejaculates. The sperm cells will then travel through the cervix, up the uterus, and into the fallopian tubes.
↓	
	If a single sperm cell meets an ovum in the fallopian tube, they fuse together and create what is referred to as a zygote. At this point, conception has occurred. The egg has been fertilised. The zygote then travels down the fallopian tube and into the uterus.
↓	
	Fertilisation marks the start of prenatal development, which occurs in three stages over a 38-40 week pregnancy. You will learn about each of these stages later in this lesson.

Image: Mascha Tace/Shutterstock.com

⊕ *Want to know more?*

Human reproductive systems

Human reproduction is the process of the development of a **fetus**, which begins when an egg cell from a female and a sperm cell from a male merge. There are many organs and structures involved in both the male and female reproductive systems that are needed for human reproduction to occur. These are summarised in table 2.

Table 2 The human reproductive systems

The male reproductive system	
 Image: BlueRingMedia/Shutterstock.com **Figure 2** Male reproductive system	**3: Vas deferens** The vas deferens is a thin muscular tube which transports sperm from the epididymis to the urethra in preparation for ejaculation. **4: Testicles** The testicles (also called testes) are two glands that produce sperm and testosterone (the male sex hormone).
1: Seminal vesicle The seminal vesicles are glands that are located between the bladder and the rectum, which function to secrete a thick fluid that nourishes the sperm.	**5: Scrotum** The scrotum is a sac which contains the testicles and the epididymis (which is where sperm is stored after being produced in the testicles).
2: Prostate gland The prostate gland is a walnut-sized gland which produces some of the fluid found in semen.	**6: Penis** The penis is the male reproductive organ through which urine and semen pass (exit the body). *cont'd*
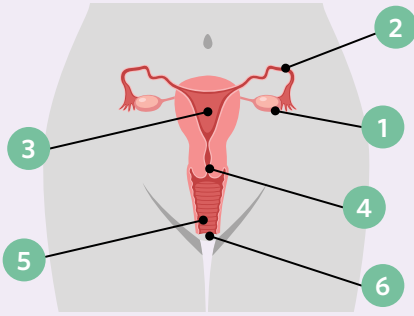
ADDITIONAL TERMS

Fetus refers to an unborn human offspring that has developed from an embryo, and exists from eight weeks after fertilisation until birth

Human reproductive systems - continued

Table 2 Continued

The female reproductive system	
 Image: Spreadthesign/Shutterstock.com **Figure 3** Female reproductive system	**3: Uterus** The uterus is a hollow, pear-shaped organ with a muscular wall, where a fertilised egg cell implants and grows into a fetus during pregnancy. **4: Cervix** The cervix is the lower part of the uterus that opens into the vagina. During childbirth, the cervix expands to about 10 centimetres so the baby can travel from the uterus through the vagina and out of the mother's body.
1: Ovaries The ovaries are two organs on either side of the uterus which make ova (also known as eggs) and hormones such as estrogen and progesterone.	**5: Vagina** The vagina is a canal connecting the uterus to the outside of the body. The penis enters the vagina during sex and is where the sperm will travel to fertilise an egg, and is also where the baby passes through during childbirth.
2: Fallopian tubes The fallopian tubes are a pair of tubes connecting the ovaries to the uterus, through which an ovum/egg cell is released in to during ovulation.	**6: Vaginal opening** The vaginal opening is the entrance to the vagina from the outside of the body.

Stages of prenatal development 2.1.7.3

OVERVIEW

You have learnt about the process of fertilisation. What happens next? Over the next approximately nine months, the embryo develops into a fetus, before entering the world through childbirth. Over these nine months, there is substantial development that occurs, which is referred to as prenatal development. This development occurs in three main stages.

THEORY DETAILS

Prenatal development refers to the growth and development of a fetus that occurs in the uterus, all the way from conception to childbirth. The average length of human **gestation** is 280 days, or 40 weeks (approximately nine months; Better Health Channel [BHC], 2014). You might be wondering why 38 weeks sounds familiar and not 40 weeks. This is because the average length of human gestation is calculated from the first day of the woman's last period, not the date of conception (which is typically a few weeks after her last period). So, a baby's due date will be calculated by figuring out the date of the first day of the mother's last period and adding 40 weeks.

The process of prenatal development occurs in three main stages. The first two weeks after conception are known as the germinal stage. This stage is followed by the embryonic stage, which involves the weeks of pregnancy from the third week through to the eighth week. The final stage is known as the fetal stage, which occurs from the ninth week until birth. Pregnancy is also divided into three 12-week trimesters. These trimesters do not align with the three stages of prenatal development.

KEY DEFINITIONS

Prenatal development refers to the growth and development of a fetus that occurs in the uterus, all the way from conception to childbirth

ADDITIONAL TERMS

Gestation refers to the period of time in which the development of a fetus inside the womb occurs between conception and birth
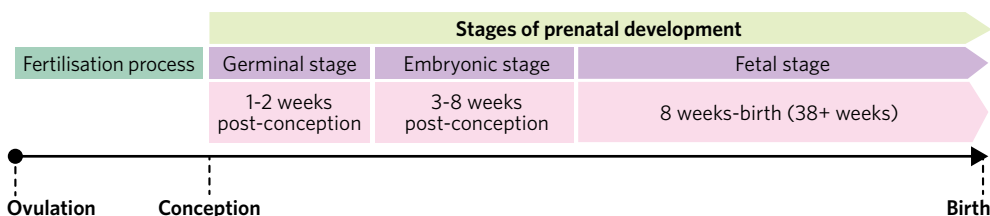
Figure 4 Outline of the processes involved from fertilisation to birth

Germinal stage   2.1.7.3.1

The **germinal stage** refers to the stage of prenatal development that occurs from conception until **implantation** (approximately two weeks after conception).

Earlier in this lesson, you learnt about the fertilisation process. As you learnt, conception occurs when a sperm fertilises an egg and forms a zygote. This zygote contains all the genetic material (DNA) needed to eventually develop into a baby. Half of the DNA comes from the male sperm cell and the other half from the female ovum. During this stage, the genetic makeup and sex of the fetus are set.

⊕ ***Want to know more?***

IVF

IVF stands for 'In Vitro Fertilisation', and is a procedure which is used to overcome a range of fertility issues individuals, or couples, may face (IVF Australia, 2021). IVF involves the fertilisation of an egg outside the body (in a laboratory). Once an egg and a sperm are joined together, the fertilised egg grows in a protected environment for some days, before being transferred into the woman's uterus via a simple procedure called an 'embryo transfer'. This increases the chance that a pregnancy will occur for individuals who struggled to conceive without intervention. This is a simple explanation of what is a lengthy, expensive, and sometimes stressful, process for individuals. The IVF process involves numerous consultations, hormone injections, and treatment monitoring.

⊕ ***Want to know more?***

Determining the sex of a baby

Genetic information occurs in the form of DNA which is found inside chromosomes (Your genome, 2017). Our chromosomes contain all the information to determine characteristics such as our height and eye colour. Inheritance is the process through which genetic information is passed on from a parent to their child. Do you have the same nose shape as your mother? Have you and your brother got the exact same hair colour? Genetic inheritance is the reason that members of the same biological family tend to have similar characteristics.

A zygote consists of two genomes (an organism's complete set of genetic information). Each genome contains 23 chromosomes: one genome comes from the ovum and the other from the sperm. These genomes contain all the genetic information needed to build an organism. So, this means that half of an organism's genetic information comes from its biological father, and the other from its biological mother.

Image: Sir.Vector/Shutterstock.com

Figure 5 Sex determination

How is the sex of a baby determined? The sex of an individual comes down to chromosomes. The sex is determined when an egg fuses with a sperm. Female cells are made up of two X chromosomes (XX); therefore, female eggs always carry an X chromosome. Male cells are made up of both X and Y chromosomes (XY); therefore, male sperm can carry either an X or Y chromosome.

- When an egg fuses with a sperm, if the sperm cell contains an X chromosome, the zygote cell will have an XX makeup, resulting in a female.
- If the sperm cell contains a Y chromosome, the zygote cell will have an XY makeup, resulting in a male.

This zygote then spends the next few days travelling down the fallopian tube. This can take around seven to ten days. During this period of time, this zygote is undergoing a process of cell division called *mitosis*. In this case of mitosis, the zygote rapidly divides and multiplies, going from one single cell structure to two cells, four, eight, and so on. As the cells divide they become more specialised, eventually forming different parts of the body. After around nine months, there are billions of cells that make up a fetus. It is important to note that not all zygotes progress past the initial stages of mitosis.

KEY DEFINITIONS

Germinal stage refers to the stage of prenatal development that occurs from conception until implantation (approximately two weeks after conception)

ADDITIONAL TERMS

Implantation refers to when a fertilised egg, or zygote, is embedded in the uterine wall
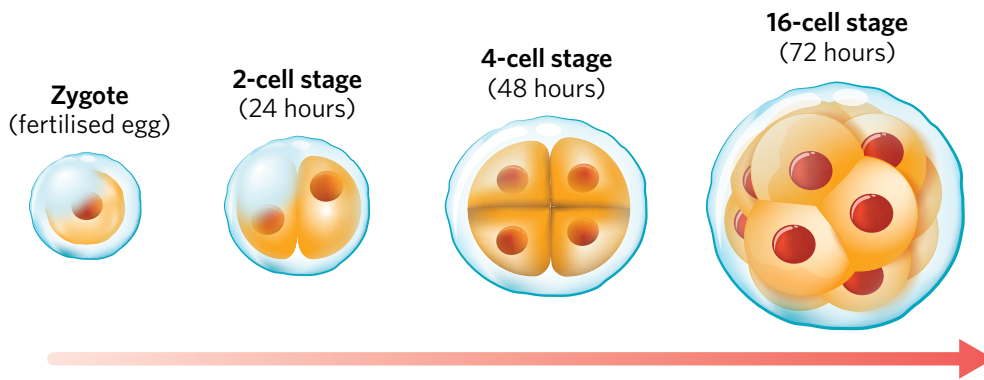
Image: Designua/Shutterstock.com

Figure 6 A visual representation of zygote mitosis

Once the zygote undergoes mitosis, it becomes a *blastocyst*, which is a ball-like cell formation composed of around 64 cells, which will split into an inner group of cells surrounded by an outer group. These inner cells will become an **embryo**, which will eventually develop into a fetus. The outer cells will become structures called membranes, which will nourish and protect the embryo. Once the blastocyst reaches the uterus, it embeds and implants itself in the uterine wall. Upon implantation, the multicellular organism is referred to as an embryo.

ADDITIONAL TERMS

Embryo refers to an entity that forms after a zygote undergoes mitosis, which has not yet reached eight weeks of development since the first mitotic division
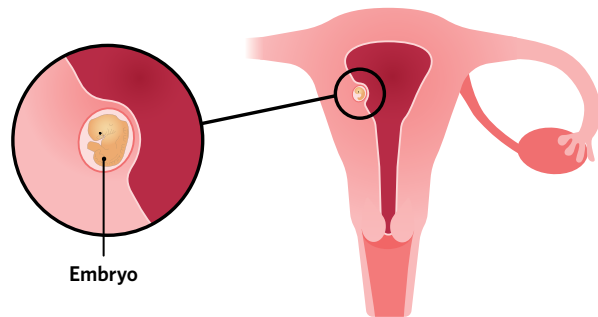
Embryo

Image: Betty Ray/Shutterstock.com

Figure 7 Embryo implantation

The cells of the embryo quickly begin producing a hormone called human chorionic gonadotropin (HCG). It is the presence of this hormone in a woman's urine that most pregnancy tests detect. HCG interrupts the regular menstrual cycle and prevents the embryo from being lost, allowing the pregnancy to continue. As soon as implantation occurs, the next stage of prenatal development begins: the embryonic stage.

(Rogers et.al., 2020; Kendra, 2020)

🧠 ***Want to know more?***

Twins, triplets, quadruplets, and more!

Now that you know how an egg is fertilised and the processes involved in transitioning from a single egg cell to an embryo, you might be wondering how twins exist. You may be thinking that it's simple: twins must mean two eggs are fertilised, triplets means three, and quadruplets happen because four eggs are fertilised. Well, it's actually not that simple.

Twins are the most common form of multiple births, accounting for over 90 percent (BHC, 2014). There are two types of twins. Colloquially, we refer to them as either 'identical' twins or 'fraternal' twins.
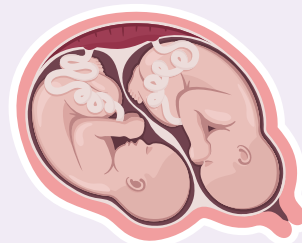
Image: logika600/Shutterstock.com

Figure 8 Twins inside mother's womb

cont'd

⊕ *Want to know more?*

Twins, triplets, quadruplets, and more! - continued

Table 3 Types of twins

'Identical' twins	'Fraternal' twins
• Identical twins are also called monozygotic twins. With 'mono' meaning one, and 'zygotic' meaning one zygote. • Monozygotic twins occur via the division of a fertilised egg when it is still a collection of cells (a blastocyst). These two halves develop into two babies. To this day, it is not known what causes these cells to split in two. • Identical twins have the exact same genetic information because they initially came from the same zygote; therefore, identical twins are always the same sex.	• Fraternal twins are also called dizygotic. With 'di' meaning two and 'zygotic' meaning two zygotes. • Dizygotic twins occur via the fertilisation of two separate eggs from two separate sperm. • Dizygotic twins have different genetic information because they come from two different zygotes. Apart from being the same age, these twins are just like other siblings. Dizygotic twins can be either the same or different sexes.

Triplets, quadruplets, quintuplets, sextuplets, and septuplets! These multiple pregnancies are formed the same way twins are; either a fertilised egg splits into multiple parts, or numerous eggs become fertilised at once. It is very rare to have multiple pregnancies greater than triplets. There have been very few recorded instances of septuplets and octuplets, but it has and can happen. To read more about the history of multiple births, type the URL *content.time.com/time/health/article/0,8599,1874637,00.html* into your browser and read the interesting Time news article by Gilbert Cruz (Cruz, 2009).

Embryonic stage 2.1.7.3.2

The **embryonic stage** refers to the stage of prenatal development that occurs from implantation until eight weeks of pregnancy and is where the foundations are laid for the growth and development of a human. It is typically at the start of the embryonic stage where a woman will find out she is pregnant via a pregnancy test: she would be expecting to menstruate, but due to the presence of HCG, she will not, making her aware.

Once the embryo is implanted, blood vessels begin to grow, forming the *placenta*. The placenta is an organ that is connected to the mother's uterus via the umbilical cord that provides nutrients and oxygen to the developing embryo for the entire pregnancy duration.

KEY DEFINITIONS

Embryonic stage refers to the stage of prenatal development that occurs from implantation until eight weeks of pregnancy and is where the foundations are laid for the growth and development of a human

---

⊕ *Want to know more?*

Consumption of the placenta

As you have learnt, the placenta connects the baby and the mother via the umbilical cord. When a baby is born, the umbilical cord is cut. This is why we have our belly buttons. The umbilical cord was once connected here.

The placenta grows throughout the pregnancy and is interestingly the only organ that the human body grows and gets rid of (WebMD, 2020). After one gives birth to a baby, they no longer need the placenta. If someone gave birth to their baby via vaginal delivery (which is where the baby enters the world through the cervix and vagina), they will later push out the placenta vaginally too. If someone had a cesarean section (which is where the baby is surgically removed via an incision in the mother's lower abdomen and a further incision in the uterus), the doctor will remove the placenta during surgery.

Did you know that some people eat the placenta? This is called human placentophagy. Placentophagy is very common in the animal kingdom: it is believed that nearly all non-human mammals consume their placenta after birth (Whiteman, 2017). Despite being very uncommon in humans, placentophagy is nothing new. Throughout history, many different cultures have supported the consumption of the placenta post-birth. Some believe that placentophagy can reduce postpartum bleeding, improve energy and improve breast milk, and provide important micronutrients. The placenta is seen by some as a 'superfood' because it was what nourished their baby for nine months.

Image: logika600/Shutterstock.com

Figure 9 The placenta is connected to the baby via the umbilical cord

Some women consume their placenta in many different ways: in a smoothie, encapsulated in tablet form, or even simply pan-fried (Marnach, 2019). American media personality Kim Kardashian shared in her blog in 2015 after having her child that she consumed her placenta in the form of freeze-dried pill form and said that every time she took a pill she felt 'a surge of energy and really healthy and good' (Willets, 2015). Despite all this, there is no sufficient scientific evidence that these beliefs are true or that consuming the placenta provides any health benefits.

The embryonic stage is the very beginning of the development of different organs and tissues, such as the brain. But how do we go from individual cells to a whole human brain?

The cells of the embryo split into three groups, called germ layers, and take on specialised roles, which leads to the structural development of body parts, organs, and tissues. The separation of the cells is called *embryonic differentiation*.

Want to know more?

Embryonic differentiation and germ layers

You might be wondering what actually happens here? What are these three groups of cells? What are germ layers? The three germ layers are called ectoderm, mesoderm, and endoderm. The cells in each layer interact with each other and will eventually differentiate and take on separate, defined roles, forming different structures and tissues of the human body.

- *Ectoderm* cells will differentiate and become the nervous system and outer layer of skin.
- *Mesoderm* cells will differentiate and become the circulatory system, bones, muscles, reproductive system, and the inner layer of the skin.
- *Endoderm* cells will differentiate and become the respiratory system, part of the digestive system, and the urinary tract.
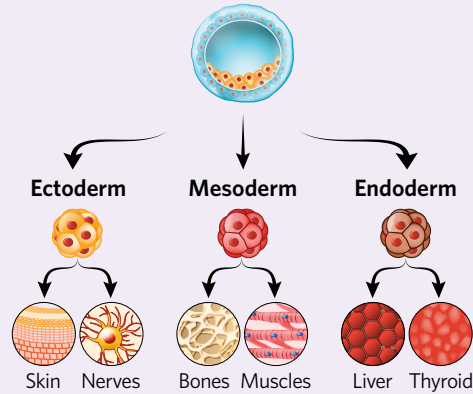
Image: Designua/Shutterstock.com

Figure 10 Embryonic cellular differentiation

Overall, the embryonic stage of prenatal development is where the greatest structural development occurs. As the cells take on specialised roles, the vital organs, structures, and tissues of the human body continue to form and develop. For example, at approximately week four, the neural tube forms, which will develop into the central nervous system (consisting of the spinal cord and the brain). In the later weeks of the embryonic stage, growth happens rapidly. The eyes, ears, nose, and jaw develop, the heart continues to develop, and the intestines grow.

During this critical period of development, the embryo is extremely vulnerable to many environmental factors. Exposure to alcohol, drugs, nutritional deficits, disease, infection, radiation, and other influences can have a powerful impact on the health of the embryo. The mother carrying the baby has a particularly critical role in ensuring the optimal development of the child. Once cell differentiation is complete, the embryo enters the final stage and is known as a fetus. This is called the fetal stage of prenatal development.

(Rogers et.al., 2020; Kendra, 2020)
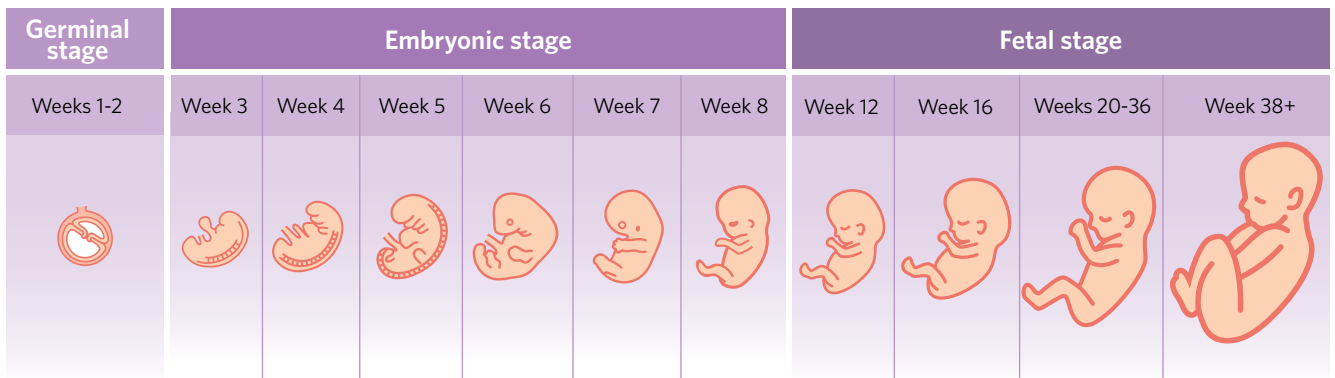
Image: Alla_vector/Shutterstock.com

Figure 11 Stages of fetal development

Fetal stage 2.1.7.3.3

The **fetal stage** refers to the stage of prenatal development that occurs from approximately nine weeks through to birth. At the beginning of this stage, the organism is referred to as a fetus. The fetus is around 25 millimetres long and nearly all the organs are growing and will continue to develop.

In the early phase of the fetal stage, the spinal cord and neurons (specialised nerve cells) continue to form; neurons begin to migrate to other locations in the body. Synapses (connections between neurons) also develop. Reflexes begin to appear and the arms and legs of the fetus start to move, which won't be felt by the mother for another few weeks.

During this stage, many of the fetus' features become refined and defined. For example, the ears rise up to eye level, the nails begin to form, and the external genitalia become recognisable. At about 16 weeks (four months), the fetus is around 12 centimeters long, and fingers and toes are fully developed.

When the fetus reaches 24 weeks (six months), hearing has developed, so the fetus can respond to different sounds from the environment. Around the six-month mark, the vital internal organs, including the lungs, heart, intestines, and stomach, are well developed to the point that a fetus born at this point, despite being severely premature, would still have a chance of survival. From here on, the fetus grows rapidly, nearly tripling in size, preparing for life outside the uterus. For example, the lungs begin to expand and contract, strengthening the muscles to prepare for breathing. See table 4 to see the change in fetus size across different months post-conception.

Table 4 Fetal age, size, and weight (Rogers et.al., 2020)

Months post-conception	Crown–rump length (mm)	Weight (grams)
2 (8 weeks)	28	2.25
3 (12 weeks)	75	25
4 (16 weeks)	135	170
5 (20 weeks)	185	440
6 (24 weeks)	225	820
7 (28 weeks)	270	1,380
8 (32 weeks)	310	2,220
9 (36 weeks)	360	3,150

At around 36 weeks, the fetus is nearly ready for birth. It will typically weigh over three kilograms and all of the fetus' organs and systems have reached a stage of development to ensure that it will survive outside the uterus without many risks associated with premature births, such as weak lungs. The fetus will likely continue to grow (gaining weight and length) until approximately 40 weeks. When a fetus is nearly fully grown, it has very little room to move in the womb, and is ready for birth. Birth marks the end of prenatal development. Birth often occurs either vaginally or via a cesarean section. Later in this chapter, you will continue to learn about the development of a human through infancy and childhood.

Throughout the entire pregnancy, it is important that the mother receives prenatal care and is monitored to reduce the risk of complications to both the mother and fetus during pregnancy.

(Rogers et.al., 2020; Kendra, 2020)

KEY DEFINITIONS

Fetal stage refers to the stage of prenatal development that occurs from approximately nine weeks through to birth

Image: Phil Jones/Shutterstock.com

Figure 12 Around the 12-week mark, which is during the fetal stage of prenatal development, the fetus clearly resembles a human being, however the head is disproportionately large

Theory summary

In this lesson, you learnt about the very first stages of the development of a human.
In particular, you learnt about fertilisation and the three stages of prenatal development.
These stages are summarised below in table 5. You were also introduced to optimal
development and learnt about key factors that can influence the optimal development of a
child, including parents, carers, and the family environment.

Table 5 Summary of the stages of prenatal development

Stage of prenatal development	Summary
Germinal stage	The first stage of prenatal development is the germinal stage which occurs from conception until implantation (approximately two weeks after conception). The germinal stage involves the zygote (fertilised egg) travelling down the fallopian tube to the uterus, whilst undergoing mitosis (rapidly dividing and multiplying cells).
Embryonic stage	The embryonic stage of prenatal development occurs from implantation until eight weeks of pregnancy and is where the foundations are laid for the growth and development of a human. Throughout this stage, cells split into groups and take on specialised roles, which leads to the structural development of body parts, organs, and tissues.
Fetal stage	The fetal stage of prenatal development involves the remainder of the development of a fetus, which occurs from approximately nine weeks through to birth (birth typically happens between 38 and 40 weeks post-conception). This stage is where the fetus grows rapidly in size, and where the organs and systems develop to ready the fetus for survival in the outside world.

8C QUESTIONS

Theory-review questions

Question 1

Optimal development is about being the best developed at any given age compared to others who are of the same age.

A True.

B False.

Question 2

There are many different factors that can affect the optimal development of children.

A True.

B False.

Question 3

Fertilisation is the very first stage of the development of a human being.

A True.

B False.

Question 4

Not every human will have experienced all three stages of prenatal development when they were developing in their mothers stomach: only some people will have experienced all three stages. Some people will have experienced none.

A True.

B False.

Question 5

The stages of prenatal development occur in a specific order.

A True.

B False.

Skills

Unpacking the case study

Use the following information to answer Questions 6–8.

Kylie, Maja, and Lex are three friends who have been best friends for over 20 years – since primary school. They have always done everything together. They had their first partners at the same time. They all had broken arms at the same time. They all got married in the space of one year, and now they all want to have babies at the same time so their children can grow up together. Maja feels like her stomach is growing rapidly. Her partner is a musician, and he sings to their unborn baby as Maja feels the baby's movements when he does. Their obstetrician told them that due to the stage of the pregnancy, it is likely that the baby is responding to the musical sounds from the dad. Lex knows she is pregnant but has not told anyone yet as she is in the early stages of the pregnancy. At her last ultrasound, her obstetrician told Lex that her baby was the size of a small apple and that the sex is now confirmed if she wanted to know. Kylie does not know it yet, but she has just conceived. In the next week she will most likely find out as she will be alarmed when her period is later than usual, but she is not there just yet.

Question 6

Maja's pregnancy is likely in the fetal stage of prenatal development. This is best reflected by the statement that

A   'Maja feels like her stomach is growing rapidly'.

B   '…their obstetrician told them that due to the stage of the pregnancy, it is likely that the baby is responding to the musical sounds from the dad'.

Question 7

Kylie's pregnancy is likely in the germinal stage of prenatal development. This is best reflected by the statement that

A   'Kylie does not know it yet, but she has just conceived'.

B   '…they all want to have babies at the same time'.

Question 8

Lex's baby is likely in the embryonic stage of prenatal development. This is best reflected by the statement that

A   'Lex knows she is pregnant but has not told anyone yet'.

B   'At her last ultrasound, her obstetrician told Lex that her baby was the size of a small apple and that the sex is now confirmed if she wanted to know'.

Exam-style questions

Question 9   (1 MARK)

Outline what is meant by optimal development.

Question 10   (2 MARKS)

Describe what is meant by prenatal development.

Question 11   (2 MARKS)

Describe the fertilisation process.

Question 12   (3 MARKS)

Identify and describe the third stage of prenatal development.

Question 13   (5 MARKS)

a   List the three stages of prenatal development in the order they occur. (3 MARKS)

b   Outline some key features of the first stage of prenatal development. (2 MARKS)

Questions from multiple lessons

Question 14   (2 MARKS)

Identify the name of the first stage of the human lifespan and outline some key aspects of this stage of the human lifespan.

8D FACTORS RELATED TO PRENATAL DEVELOPMENT

Did you know that pregnant women typically avoid coffee, soft cheese, and soft-poached eggs? There are a variety of foods, drinks, and activities that pregnant women avoid in order to keep their baby safe as a fetus is extremely vulnerable during pregnancy. Understanding the impact that different factors can have on a fetus allows parents and carers to make choices that can optimise the health and development of their child. In this lesson, you will learn about risk and protective factors related to prenatal development. You will also continue to learn about the role of parents, carers, and family in determining the optimal development of children.

Image: Julia Lazebnaya/Shutterstock.com

8A Healthy and respectful relationships	8B Parenting	8C Fertilisation and prenatal development	8D Factors related to prenatal development	8E Infancy and early childhood	8F Intergenerational health and wellbeing

Study design dot point

- the role of parents, carers and/or the family environment in determining the optimal development of children through understanding of:
    - fertilisation and the stages of prenatal development
    - risk and protective factors related to prenatal development such as maternal diet and the effects of smoking and alcohol during pregnancy
    - physical, social, emotional and intellectual development in infancy and early childhood
    - the impact of early life experiences on future health and development

Key knowledge units

Risk factors related to prenatal development	2.1.7.4
Poor maternal diet	2.1.7.4.1
Smoking	2.1.7.4.2
Drug and alcohol use	2.1.7.4.3
Other risk factors	2.1.7.4.4
Protective factors related to prenatal development	2.1.7.5
Maternal diet	2.1.7.5.1
Access to healthcare	2.1.7.5.2
High parental socioeconomic status	2.1.7.5.3
Vaccination	2.1.7.5.4

Factors related to prenatal development

Risk factors related to prenatal development 2.1.7.4

- Poor maternal diet 2.1.7.4.1
- Smoking 2.1.7.4.2
- Drug and alcohol use 2.1.7.4.3
- Other risk factors 2.1.7.4.4

Protective factors related to prenatal development 2.1.7.5

- Maternal diet 2.1.7.5.1
- Access to healthcare 2.1.7.5.2
- High parental socioeconomic status (SES) 2.1.7.5.3
- Vaccination 2.1.7.5.4

Risk factors related to prenatal development 2.1.7.4

OVERVIEW

Parents, particularly mothers who are carrying a baby, should be aware of a range of risk factors that can impact the health and development of a fetus over the course of prenatal development, including maternal diet, smoking, drug and alcohol use, and other risk factors.

THEORY DETAILS

A **risk factor** is something that can negatively impact health by increasing the likelihood of developing a disease, illness, or injury. As you have learnt, the placenta is an organ that is connected to the mother's uterus via the umbilical cord that provides nutrients and oxygen to the developing fetus for the entire duration of the pregnancy. This connection means that anything that the mother consumes during pregnancy can impact the fetus.

Poor maternal diet 2.1.7.4.1

A mother's **diet** both prior to conception and during pregnancy can significantly impact the prenatal development of a fetus. In this way, the diet of a pregnant woman needs to meet the nutritional needs of not only herself, but also her baby. If the mother consumes an unhealthy and unbalanced diet, or does not have adequate micronutrient intake, this can be a risk factor that can negatively impact prenatal development.

There are numerous fetal health risks associated with **micronutrient deficiency** during pregnancy. Table 1 outlines the roles of four key micronutrients in prenatal development and the risks associated with their deficiency.

Table 1 The impact of micronutrient deficiency during pregnancy on fetal development

Micronutrient	Role of micronutrient during prenatal development	Risks associated with nutritional deficiency
Folate *A B-group vitamin which can be found in high quantities in legumes and asparagus, or in supplement form.*	Folate (or folic acid when taken in supplement form) is a vitamin that plays a critical role in the growth of tissues and cell functioning. It is an essential vitamin for the healthy development of the fetus in the early stages of prenatal development. Folate plays a critical role in the development of the neural tube, which eventually develops into the brain and spinal cord.	Folate deficiency increases the risk of neural tube defects, which are problems associated with the development of the neural tube (Better Health Channel [BHC], 2015). Neural tube defects can cause a wide range of disabilities and complications, and can include **spina bifida** and **anencephaly**.
Iron *A mineral that can be found in foods such as red meat and dark leafy greens, or in supplement form.*	Iron plays an important role in the production of hemoglobin, a protein in red blood cells that carries oxygen from the lungs to cells around the body via the bloodstream. Iron is required in greater amounts during pregnancy due to the increased demand for oxygen and blood by the developing fetus, as well as the development of the placenta.	Severe iron deficiency (also known as anemia), during pregnancy, increases the risk of premature and low birth weight infants (Cerami, 2017). Iron also plays a critical role in the development of cells which is particularly important during prenatal development. More specifically, it is critical in organ development, particularly the development of the heart and the brain.
Zinc *A mineral which can be found in many foods, such as meat, shellfish, legumes and seeds, or in supplement form.*	Zinc plays an important role in bodily functions through helping maintain a healthy immune system, boosting growth, facilitating DNA metabolism, and assisting in wound healing. For a pregnant woman, zinc also helps balance hormones and aids in the production of the placenta. For a developing fetus, zinc plays an important role in cell growth and the production and optimal functioning of DNA.	Maternal zinc deficiency during pregnancy increases the risk of both low birth weight and **small for gestational age** infants (Wang et al., 2015). There is also an association between maternal zinc deficiencies and the health of the placenta. *cont'd*

KEY DEFINITIONS

Risk factor refers to something that can negatively impact health by increasing the likelihood of developing a disease, illness, or injury

ADDITIONAL TERMS

Diet refers to the food an individual consumes

Micronutrient deficiency is the underconsumption of one or more micronutrients that are required for optimal health and wellbeing

Micronutrients are nutrients that are required by the body in small amounts for optimal health and wellbeing (which include vitamins and minerals)

Spina bifida is a common neural defect where the fetus' spinal column does not close completely, causing nerve damage and often resulting in paralysis

Anencephaly is a common neural defect where the brain and skull do not fully develop.

Small for gestational age (SGA) describes a baby whose weight, when born, is in the bottom 10% of other newborns born of the same gestational age

Table 1 Continued

Micronutrient	Role of micronutrient during prenatal development	Risks associated with nutritional deficiency
Iodine *A mineral which can be found in many foods, such as seafood and iodised salt.*	Iodine is an essential micronutrient that plays a critical role in thyroid hormone production. The thyroid is a gland that produces hormones. During pregnancy, thyroid activity, and therefore iodine requirements, increase. Thyroid hormones play a critical role in the growth and development of the brain and central nervous system.	Severe iodine deficiency in pregnancy can lead to fetal *hypothyroidism* (a condition in which the thyroid gland is not able to produce enough thyroid hormones) (Pearce, 2017). Iodine deficiency is also associated with fetal structural and functional anomalies including stunted growth, as well as with the increased risk of fetal goitre (a rare condition where the fetal thyroid gland is enlarged which increases the risk of perinatal complications).

⊙ *Useful tip*

Understanding low birth weight

Throughout this lesson, you will learn about a range of risk factors that can impact the development of an unborn fetus. Many of these risk factors increase the risk of a baby being born with a low birth weight. It is important to understand what this means.

A low birth weight baby is born with a weight less than 2,500 grams (2.5 kilograms; AIHW, 2020). Low birth weight is a key indicator of a baby's immediate health and can have a significant impact on their future health. Low birth weight babies are more likely to be unwell or die during infancy. Some long-term health impacts of low birth weight can include poor cognitive development and an increased risk of developing chronic diseases such as cardiovascular disease. There are a wide range of factors that can cause low birth weight, some of which you will learn about during this lesson.

There are also numerous foods that pregnant women are recommended to avoid. Many women will not eat soft-poached eggs or chicken whilst pregnant because of the risk of salmonella, a bacterial infection and type of food poisoning often caused by the consumption of raw eggs or undercooked poultry. Many pregnant women will also avoid the consumption of certain foods to reduce their risk of listeria infection, an illness usually caused by consuming food contaminated with bacteria known as listeria monocytogenes. Foods most prone to such contamination, which pregnant women often avoid, include soft cheeses, undercooked meat, and raw seafood. Both salmonella and listeria are very dangerous to the growing fetus during prenatal development, as they increase the risk of **miscarriage**, **stillbirth**, and premature labour (BHC, 2019). Miscarriage refers to the death of a fetus before 20 weeks post-conception. If the length of gestation is not known, and a baby weighs less than 400 grams at death, it is considered a miscarriage. If a baby dies after 20 or more weeks post-conception it is considered a **stillbirth**, and if length of gestation is not known, and a baby weighs more than 400 grams at death, it is considered stillborn.

ADDITIONAL TERMS

Miscarriage refers to the death of a fetus before 20 weeks post-conception

Stillbirth refers to the death or loss of a baby born at 20 or more weeks post-conception

Smoking 2.1.7.4.2

Smoking tobacco during pregnancy not only impacts the health of the mother, but can also cause complications during pregnancy and affect the development of the fetus. Smoking is dangerous for the unborn fetus because the chemicals ingested by the mother can easily enter the fetus' bloodstream via the placenta. **Tobacco** smoke is a complex mixture which contains more than 7,000 chemicals, including carbon monoxide, nitric oxide, and nicotine (the addictive stimulant substance found in cigarettes). Many of these chemicals are toxic, and at least 69 are known to cause cancer (American Lung Association, 2020). Some of the effects of smoking during pregnancy can include:

- an impact on fetal growth: studies have shown that maternal smoking during pregnancy may increase the risk of low birth weight babies.
- an impact on brain development: maternal smoking can negatively impact fetal brain development and function.
- an increased risk of ongoing cardiovascular and respiratory problems, such as the increased risk of cardiovascular disease and asthma.

ADDITIONAL TERMS

Tobacco is made from dried leaves of a tobacco plant, which contain nicotine, and is found in tobacco products, such as cigarettes and cigars

Passive smoking is also a risk factor for prenatal development. Passive smoking is the inhalation of smoke from the environment, often as a result of someone else's active smoking. If a non-smoking pregnant woman is regularly exposed to tobacco smoke (such as through living with a smoker), they are also exposed to the many risks associated with tobacco smoke exposure during pregnancy (Banderali et al., 2015).

Drug and alcohol use 2.1.7.4.3

A **drug** is a medicine or other substance that can change the body's function, either physically or psychologically, when consumed or otherwise introduced into the body. Alcohol is a very common drug. **Alcohol** is a type of depressant drug that slows central nervous system activity and communication between the brain and the body. Consumption of alcohol during pregnancy can cause problems for the fetus during prenatal development. Alcohol, when consumed by the mother, crosses the placenta and enters the baby's bloodstream. Excessive consumption of alcohol can have numerous impacts on prenatal development, including increased risk of low birth weight and premature birth. Most prominently, it increases the risk of fetal alcohol spectrum disorders (FASD), which are a group of conditions that a fetus may develop when exposed to alcohol during pregnancy. Fetal alcohol syndrome (FAS) is the most advanced condition which falls at the far end of the FASD spectrum of disorders. There are a range of possible symptoms of FAS, some of which are summarised in table 2.

ADDITIONAL TERMS

Drug refers to a substance that can change the body's function, either physically or psychologically, when consumed or otherwise introduced into the body

Alcohol is a type of depressant drug that slows central nervous system activity and communication between the brain and the body

Table 2 Fetal alcohol syndrome (FAS) symptoms (Mayo Clinic, 2018)

Physical development defects	Brain and central nervous system problems	Social and behavioural challenges
• Deformities of joints and limbs • Vision difficulties • Hearing problems • Distinctive facial features, including small eyes and a short, upturned nose • Slow physical growth	• Poor coordination and balance • Impaired memory • Difficulty problem solving • Rapidly changing moods • Intellectual disability • Learning disorders	• Difficulty settling into school • Issues with socialising with others • Trouble staying focused and on task • Difficulty adapting to change • Problems with self-control

Consumption of other drugs such as excess caffeine, marijuana, cocaine, prescription drugs, and over the counter drugs, is also a risk factor for prenatal development. Some of these substances are illegal, others are not. Many pregnant women will avoid all of the listed substances due to the potential risk associated with prenatal development. For example, excess consumption of caffeine during pregnancy can increase the risk of miscarriage and low birth weight. Consumption of such substances can also impact the development of a child later in life, and the effects may not become apparent for many years after birth. For example, drinking alcohol excessively whilst pregnant can cause poor fetal growth and brain damage that could lead to learning and behavioural problems which may only become apparent during early primary school.

Other risk factors 2.1.7.4.4

Aside from maternal diet, smoking, and alcohol and drug use, there are many other risk factors related to prenatal development. Some other risk factors include exposure to environmental toxins, age, and parental health.

Environmental toxins

Excess exposure to a range of toxins from the environment present as a risk factor for prenatal development as a developing fetus is extremely vulnerable. Some examples of exposure to environmental toxins are summarised in table 3.

Table 3 The impact of environmental toxin exposure on prenatal development (Triche et al., 2007).

Environmental toxin	Who may be most at risk?	Impact on prenatal development
Pesticides	People working in the agricultural field, landscape artists	Pesticides are a substance used for killing insects or other pests (such as weeds) that are harmful to cultivated land. Excess exposure to these chemicals has been proven to increase the risk of miscarriage, low birth weight, and premature delivery.
Lead (and other heavy metals)	People who work with lead-based paints	Lead readily crosses the placenta and enters the bloodstream of the fetus, accumulating in fetal tissue. It can then be distributed to the brain, kidney, liver, and bones. Lead exposure increases the risk of miscarriage, low birth weight, and premature birth. Additionally, lead can damage the fetus' kidneys and nervous system.
Radiation	People undergoing radiotherapy and working with radioactive material	Radiation is energy that can come from a natural or man-made source (such as the sun or an X-ray machine). Exposure to excess radiation during the early stages of prenatal development has been associated with increased risks of birth defects and childhood cancer.

Age

Age is a risk factor for prenatal development. Women that become pregnant when under the age of 20 have an increased risk of pregnancy complications. Adolescent mothers (age 10-19 years) face an increased risk of developing pregnancy-related illnesses such as **eclampsia**, **postpartum endometritis**, and **systemic infections**. Babies of adolescent mothers have a higher risk of low birth weight, premature delivery, and the development of many severe neonatal conditions, such as infant respiratory distress syndrome (WHO, 2020).

The risk of pregnancy complications and abnormal prenatal development also increases as the age of the pregnant woman increases (BHC, 2020). Age can be a risk factor for prenatal development because age affects fertility. Fertility starts to decline when a woman reaches her 30s and continues to do so until she enters menopause (the termination of a woman's menstrual cycle and the end of her fertile period), which typically occurs between the age of 45 and 55 years. This decline in fertility is a result of the decline of both egg count and egg quality.

Age can also be a risk factor for prenatal development because the risk of pregnancy complications increases as age increases. The risk of fetal chromosomal abnormalities, such as the chromosome disorder down syndrome, increases from the age of 35. Additionally, the risk of developing gestational diabetes and placenta previa (where the placenta blocks the opening of the mothers cervix) also increases with age.

Parental health

There are numerous ways in which parental health can impact the development and health of a fetus. Some of these risk factors include pre-existing medical conditions, sexually transmitted infections, and mental health. These parental health risk factors are further explored in table 4.

Table 4 Parental health risk factors for prenatal development

Pre-existing medical conditions	Some pre-existing medical conditions can be a risk factor related to prenatal development and can increase the risk of low birth weight babies, premature delivery, and pregnancy complications. Some examples include: • high blood pressure (hypertension) • polycystic ovary syndrome (PCOS) • autoimmune diseases, such as multiple sclerosis (MS) and lupus, generally because some medication used to treat autoimmune diseases may harm the developing fetus. *cont'd*

ADDITIONAL TERMS

Eclampsia is a severe condition that results from the progression of preeclampsia where a woman can experience seizures during pregnancy or shortly after birth

Postpartum endometritis is an infection in the lining of the uterus that can develop after giving birth, caused by the migration of bacteria to the uterus during labour and delivery

Systemic infections are infections relating to the entire body, such as septicemia

Table 4 Continued

		ADDITIONAL TERMS
Sexually transmitted infections (STIs)	**Sexually transmitted infections (STIs)** are infections that are transmitted through sexual contact that are caused by bacteria, viruses, or parasites. Common STIs you may have heard of include chlamydia and HIV/AIDS. A pregnant woman who has an STI is very likely to pass the infection on to their baby (Mayo Clinic, 2020). This is a risk factor for the fetus during prenatal development in several ways, including: • the possibility of a mother going into labour early, which could result in a low birth weight baby • the possibility that infection may be passed on to the baby: a fetus or newborn baby has a very weak immune system and may not be able to fight the infection • the possibility that the infection may cause long-term problems for the baby, such as the development of an eye infection or blindness, or the development of blood infections.	**Sexually transmitted infections (STIs)** are infections that are transmitted through sexual contact, and are caused by bacteria, viruses, or parasites
Mental health	Common mental health disorders, such as depression and anxiety disorders, may potentially cause problems during pregnancy and can continue into the postnatal period, impacting the development of a child (Lewis et al., 2016). For example, the presence of high levels of cortisol (a stress hormone) has been proven to impact the development of a fetus. Cortisol, and other hormones, can pass from the mother to the baby via the placenta. It is known that cortisol suppresses immune-system functioning.	

Protective factors related to prenatal development 2.1.7.5

OVERVIEW

There are many factors that are associated with a lower likelihood of negative health outcomes for a fetus during prenatal development. In this lesson, you will learn about the following protective factors related to prenatal development: maternal diet, access to healthcare, parental socioeconomic status, and vaccination.

THEORY DETAILS

A **protective factor** is something that reduces the likelihood of negative health outcomes and reduces the potential negative impact of a risk factor on health. There are numerous decisions that parents, particularly pregnant mothers, can make to reduce the risk of negative health outcomes for a fetus during prenatal development.

KEY DEFINITIONS

Protective factor refers to something that reduces the likelihood of negative health outcomes and reduces the potential negative impact of a risk factor on health

Maternal diet 2.1.7.5.1

The diet of a pregnant woman can act as a critical protective factor for the development of her child. As you have learnt in table 1, there are many risks associated with the underconsumption of some vital nutrients, as well as with the consumption of certain foods. Therefore, if a mother has a balanced diet and is conscious of her consumption of certain nutrients, particularly micronutrients such as folate, iron, zinc, and iodine, she will protect herself against risks associated with a poor diet. Many women will take supplements before trying to conceive to prepare their bodies for growing and nurturing a baby. In fact, the World Health Organisation recommends that all women, from the moment they begin trying to conceive until 12 weeks of gestation, should take a folic acid supplement (at least 400 micrograms of folic acid daily; WHO, 2019).

> ⚠ **Useful tip**
>
> In this lesson, you have learnt about how maternal diet can be either a protective factor related to prenatal development *or* a risk factor related to prenatal development. The choices a mother makes determines if her diet is a risk or protective factor relating to prenatal development. For example, if a pregnant woman consumes a diet during pregnancy that does not give her enough iron, her diet is considered a risk factor for prenatal development. However, if a pregnant woman actively ensures she is consuming an adequate iron intake, her diet is a protective factor.

Access to healthcare 2.1.7.5.2

Access to healthcare refers to having the ability to access services and support provided by the healthcare system. Having access to healthcare is vital for pregnant women before, during, and after their pregnancy. Carers during pregnancy may include a midwife, doctor, or obstetrician, or a combination of all three healthcare professionals. These carers play an important role in ensuring the optimal development of the fetus, especially during the nine months of prenatal development. Care provided before the birth of a child is called **antenatal care**. Antenatal care can be performed by a range of healthcare professionals and can include health promotion, education, screening and diagnosis, and health risk prevention. Possibly most important of all, antenatal care provides the opportunity for women, their partners, and their families to be supported, communicated with, and guided by trained healthcare professionals through a momentous experience in their lives.
A pregnancy that is considered 'low risk' will involve about seven to ten antenatal visits over the course of the nine months. Over the duration of the nine months, the focus of antenatal care from health professionals changes. The antenatal care provided by health professionals over the course of a pregnancy is outlined in table 5.

Table 5 Examples of types of antenatal care over the period of prenatal development through looking at the three trimesters (the division of prenatal development into three 12 week blocks)

Time related to pregnancy	Pre-pregnancy	First trimester (conception – week 12)	Second trimester (week 12 – week 24)	Third trimester (week 24 – birth)	Post-pregnancy
Description of type of care	Care before pregnancy can include fertility treatment, health examinations, treatment for medical conditions, and health advice.	Healthcare professionals work with the mother and parents to focus on the type of care they will choose throughout their pregnancy. Healthcare professionals will help prepare the mother for the pregnancy and ensure she is aware of risk factors.	Healthcare professionals will focus on monitoring the baby's growth and development. Healthcare professionals will ensure that support is available for the wellbeing of the mother.	Healthcare professionals will continue monitoring the development of the baby. Healthcare professionals will prepare the mother for birth, help her make decisions regarding her birth, and prepare for the immediate period of time following birth.	Care after pregnancy is called postnatal care and can include recovery after the birthing process, breastfeeding assistance, parenting education and support.

High parental socioeconomic status 2.1.7.5.3

Socioeconomic status (SES) is a measure used to determine the social status of an individual using the factors of income, occupation, and education. Often, low socioeconomic status of parents can have adverse effects on the health outcomes of their child and can impact prenatal development, as it may limit parents' access to resources needed during pregnancy. Therefore, high parental socioeconomic status is a protective factor for prenatal development, as high socioeconomic status enables easier access to essential resources and services to optimise the development of a fetus. High socioeconomic status as a protective factor related to prenatal development is summarised in table 6 by looking at the three broad categories of income, occupation, and education.

Table 6 Parental socioeconomic status and prenatal development

Income	• Parents of a higher SES have higher incomes and therefore are more likely to be able to afford private health insurance (PHI) than those of a lower SES and lower incomes. PHI not only allows new mothers to select their doctor and obstetrician for ongoing care, but they may have increased access to allied health services, such as physiotherapy, chirotherapy, pilates, and massage – all of which can enhance a pregnant woman's health and wellbeing.
Image: Skeleton Icon/ Shutterstock.com	• Parents of a higher income can more easily afford treatment associated with pregnancy without experiencing financial stress.
	• A higher income allows new parents to afford resources that promote healthy prenatal development, such as nutritious foods, prenatal supplements including folic acid, allied healthcare, and educational resources.

cont'd

Table 6 Continued

Occupation	• Mothers who do not work a physically demanding job may be able to continue working throughout the duration of their pregnancy compared to those who may have more labour-intensive occupations. • Mothers who work in manual occupations, such as factory or construction jobs, are more exposed to hazards around the workplace, which can increase the chance of injury, and therefore present a risk to the development of a fetus, which is very vulnerable, during prenatal development.
Image: Skeleton Icon/ Shutterstock.com	
Education	• Parents with higher levels of education are more likely to have higher levels of **health literacy** compared with those who are less educated. • Parents who have higher levels of health literacy are more likely to: attend regular health checkups both before they conceive and during pregnancy, consume a balanced and nutritious diet and be aware of foods to avoid consuming that pose a risk to fetal development, educate themselves about pregnancy, regularly exercise and stay active during their pregnancy, and avoid the consumption of drugs and alcohol during their pregnancy.
Image: Skeleton Icon/ Shutterstock.com	

(!) Useful tip

In this lesson, you have learnt about how high SES is a protective factor related to prenatal development. In a similar way, low SES can be a risk factor related to prenatal development. An individual's socioeconomic status (their income, their occupation, and their level of education) determines if their SES is a risk or protective factor. For example, parents with low levels of education (low SES) may have low health literacy and therefore may not know how to educate themselves about their pregnancy, and may be less likely to attend regular health checkups during their pregnancy. This example shows how low SES can be a risk factor for prenatal development.

Risk factor for prenatal development	*Protective factor for prenatal development*
Low SES	**High SES**
People of low SES may have: • low income • low level of education • less reliable job/employment and may be more likely to work physically demanding jobs in high risk environments	People of high SES may have: • high income • high level of education • reliable jobs, meaningful employment, low risk occupations
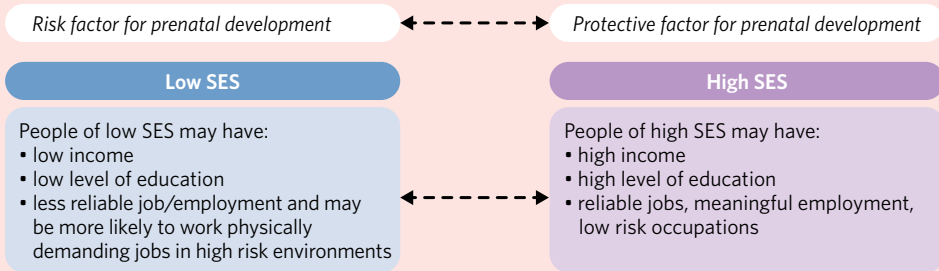
Figure 2 Low vs high SES as factors related to prenatal development

Vaccination 2.1.7.5.4

A **vaccine** is a type of medicine that stimulates a person's immune system to produce immunity to a specific disease, protecting the person suffering from that disease. A common vaccine is the influenza (flu) vaccine. Vaccinations are a critical protective factor related to prenatal development, as they can protect both the mother and the fetus against dangerous diseases. There are a range of vaccines pregnant women should be administered with. These are summarised in table 7.

Table 7 Examples of vaccinations recommended for pregnant women (Australian Government Department of Health, 2020)

Vaccinations	Why is it recommended?
Influenza *(flu)*	Influenza, more commonly known as the flu, can be very dangerous to both the mother and the fetus during prenatal development, and pregnant women are at a much higher risk than other adults of complications and hospitalisation.
Whooping cough *(pertussis)*	Whooping cough can be a deadly disease for babies. Vaccinating a pregnant woman is the best way to protect her baby against whooping cough. Antibodies produced by the mother will be passed on to the fetus in the uterus, and they will protect the baby once born until they are old enough to get vaccinated themselves.

cont'd

Table 7 Continued

Vaccinations	Why is it recommended?
Chickenpox (varicella)	Chickenpox not only poses a severe risk to the health of a mother, but can also cause birth defects in a developing fetus if contracted during pregnancy. For example, Congenital Varicella Syndrome is a rare but serious disorder that affects fetuses who have been exposed to chickenpox during prenatal development, and is characterised by the development of birth defects, such as limb atrophy (underdevelopment and malformation of limbs).
Rubella (measles)	Rubella is an infection which is very dangerous for both a mother and her developing fetus. If a mother contracts rubella, their fetus is likely to develop a condition called congenital rubella syndrome (CRS) whilst in the uterus. A fetus with CRS is at an increased risk of birth defects (such as deafness and cataracts). Pregnant women who contract rubella are at an increased risk of miscarriage and stillbirth.

Theory summary

In this lesson, you have learnt about a range of factors that can impact prenatal development. These factors can be broadly categorised into risk factors and protective factors. Figure 3 summarises the factors that have been explored in this lesson.
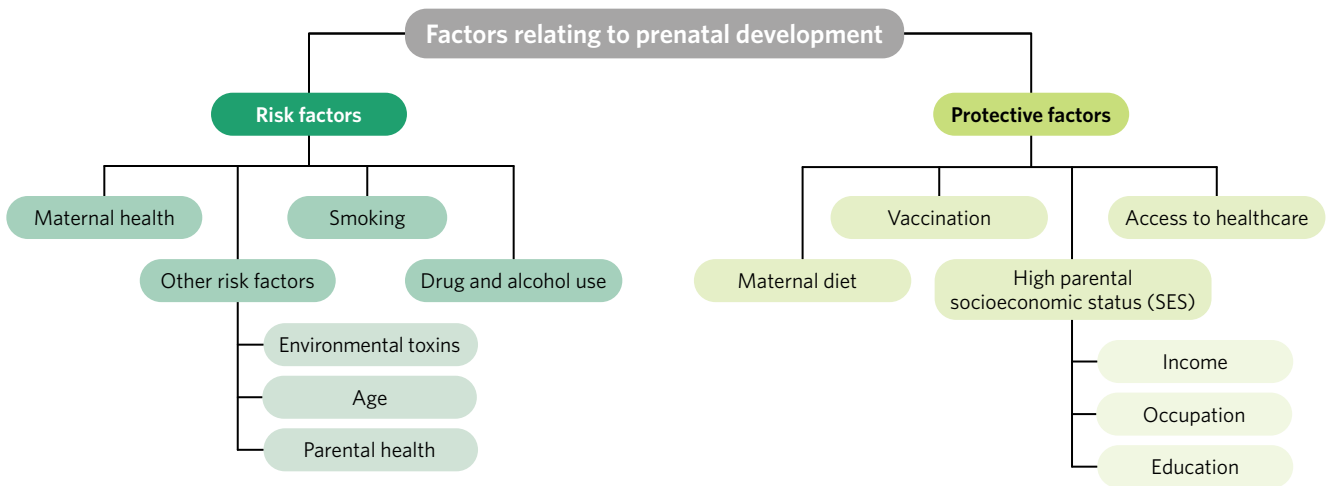
Figure 3 An overview of the factors that impact prenatal development

8D QUESTIONS

Theory-review questions

Question 1

There are simply two factors that can affect prenatal development: risk and protective factors.

A   True.

B   False.

Question 2

There are a range of risk factors that can impact prenatal development.

A   True.

B   False.

Question 3

Which of the following concepts are protective factors during prenatal development? *(Select all that apply)*

I   Maternal diet.

II   Vaccination.

III   Nutritional deficiencies.

Question 4

A parent with a higher socioeconomic status has a reduced ability to access essential resources during pregnancy to protect against potential risks to fetal development.

A True.

B False.

Question 5

Healthcare professionals can provide extensive support to parents during prenatal development, care which is referred to as postnatal care.

A True.

B False.

Skills

Data analysis

Use the following information to answer Questions 6-8.

Australian women drinking alcohol during pregnancy by selected population group, 2016
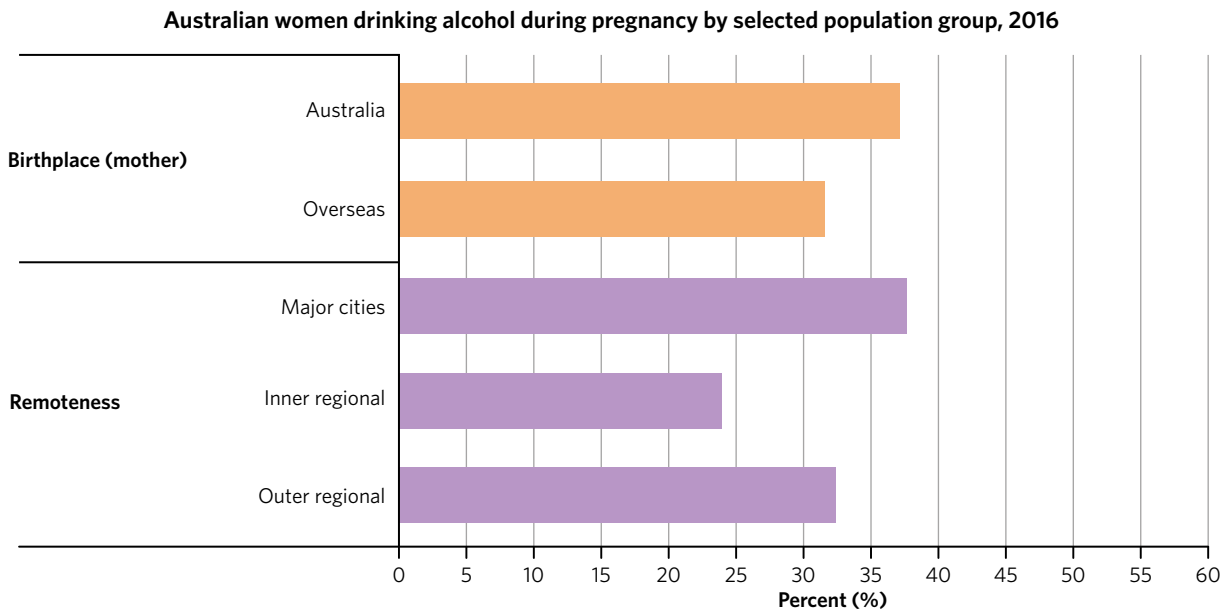
Source: adapted from Australian Institute of Health and Welfare, *Smoking and drinking in pregnancy*, NDSHS, 2016.

Question 6

How many population groups are analysed in this graph?

A 2.

B 5.

Question 7

Identify the population group that has the highest percentage of women drinking alcohol during pregnancy in 2016.

A Australian mothers born overseas.

B Australian mothers born in Australia.

Question 8

Which statement about the data is correct?

A In 2016, there was a higher percentage of pregnant women who lived in major cities who consumed alcohol whilst pregnant, as compared to pregnant women living in inner regional areas.

B In 2016, approximately 25% of pregnant women who lived in major cities consumed alcohol whilst pregnant.

Exam-style questions

Question 9 (1 MARK)

Outline what is meant by risk factors related to prenatal development.

Question 10 (2 MARKS)

Identify two examples of risk factors related to prenatal development.

Question 11 (2 MARKS)

Describe, using an example, what is meant by protective factors related to prenatal development.

Question 12 (3 MARKS)

Referring to an example, explain maternal diet and why it is a risk factor related to prenatal development.

Question 13 (5 MARKS)

a Identify three examples of protective factors related to prenatal development. (3 MARKS)

b Using an example, outline why one of your factors identified in **part a** is a protective factor related to prenatal development. (2 MARKS)

Question 14 (8 MARKS)

Smoking in the first 20 weeks of pregnancy for all Australian women giving birth, by Socioeconomic area of the mother's usual residence, 2012 to 2018
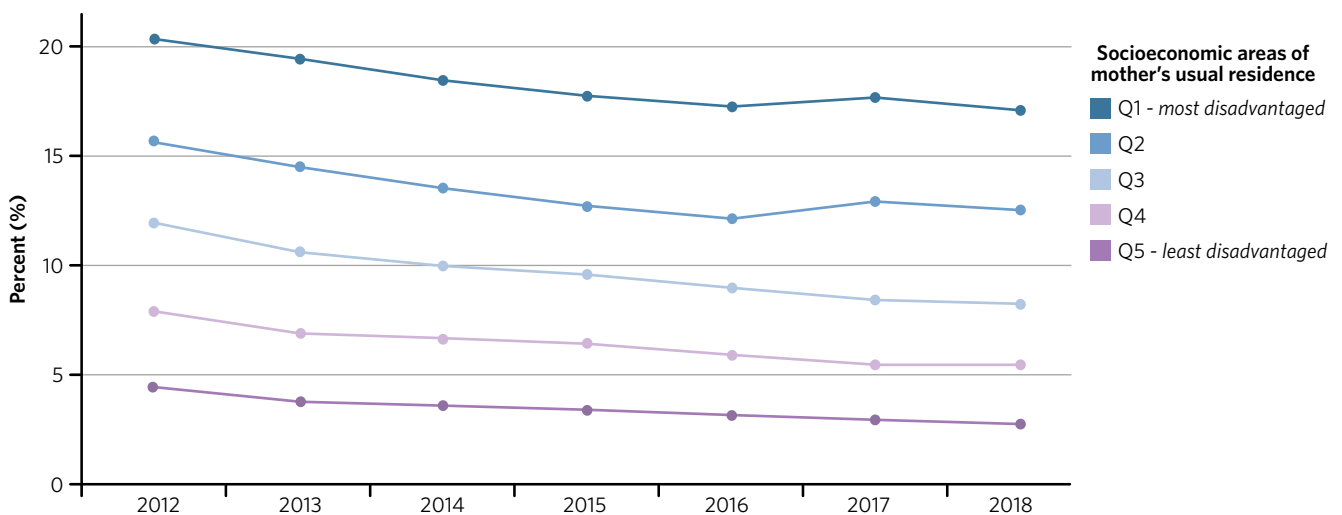
Source: adapted from Australian Institute of Health and Welfare, *National core maternity indicators, Smoking during pregnancy*, NPDC, 2018.

a Identify one trend evident in the graph above. (2 MARKS)

b Identify the population group with the highest percentage of smoking during the first 20 weeks of pregnancy from 2012 to 2018. (1 MARK)

c Outline why smoking is a risk factor related to prenatal development. (2 MARKS)

d Outline what socioeconomic status is and using an example, explain how it can act as a protective factor during prenatal development. (3 MARKS)

Questions from multiple lessons

Question 15 (4 MARKS)

Identify and describe the second stage of prenatal development, and describe the role of a risk factor relating to prenatal development during this stage.

8E INFANCY AND EARLY CHILDHOOD

Have you ever wondered why many people think babies and infants are cute? Believe it or not, research suggests that the reason people see babies as 'cute' is because of survival. Scientists believe that babies appear cute to other people in order to ensure that they receive care, nurture, and other necessities from those around them (University of Oxford, 2016). Therefore, it is clear that receiving support in the early years of life is crucial! In this lesson, you will learn all about the early years of life: infancy and early childhood. Specifically, you will learn about development in infancy and early childhood, as well as the impact of early life experiences on future health and development. You will also continue to learn about the role of parents, carers, and family in determining the optimal development of children.

Image: GoodStudio/Shutterstock.com

8A Healthy and respectful relationships	8B Parenting	8C Fertilisation and prenatal development	8D Factors related to prenatal development	8E Infancy and early childhood	8F Intergenerational health and wellbeing

Study design dot point

- the role of parents, carers and/or the family environment in determining the optimal development of children through understanding of:
    - fertilisation and the stages of prenatal development
    - risk and protective factors related to prenatal development such as maternal diet and the effects of smoking and alcohol during pregnancy
    - physical, social, emotional and intellectual development in infancy and early childhood
    - the impact of early life experiences on future health and development

Key knowledge units

Physical development in infancy and early childhood	2.1.7.6
Intellectual development in infancy and early childhood	2.1.7.7
Emotional development in infancy and early childhood	2.1.7.8
Social development in infancy and early childhood	2.1.7.9
The impact of early life experiences on future health and development	2.1.7.10

Infancy and early childhood

Physical development in infancy and early childhood 2.1.7.6	Intellectual development in infancy and early childhood 2.1.7.7	Emotional development in infancy and early childhood 2.1.7.8	Social development in infancy and early childhood 2.1.7.9	The impact of early life experiences on future health and development 2.1.7.10

In chapter 7, you learnt about the stages of the human lifespan and development. These concepts are particularly relevant within this lesson, as you will be learning in further detail about development in the infancy and early childhood stages of the human lifespan. The infancy stage of the human lifespan is from birth until two years of age. The childhood stage of the human lifespan is from 2-12 years of age, and early childhood is from 2-6 years of age. In this lesson, you will focus on infancy and early childhood. Additionally, you will be expanding your knowledge of physical, intellectual, emotional, and social development.

Physical development in infancy and early childhood 2.1.7.6

OVERVIEW

In this section of the lesson, you will learn about physical development in infancy and early childhood.

THEORY DETAILS

Physical development refers to bodily changes relating to body size, shape, systems, and structure that occur across the lifespan. In this way, **optimal physical development** refers to the changes of an individual's physical conditions occurring in a way that allows an individual to reach their full physical potential. Table 1 presents the physical development that occurs in infancy and in early childhood.

Table 1 Physical development in infancy and early childhood

Characteristic of physical development	Infancy *(0-2 years of age)*	Early childhood *(2-6 years of age)*
External growth	• Infants grow rapidly in height and weight from birth to two years of age	• Young children continue to grow in height and weight, at a much slower and steadier rate than in infancy
Internal growth and changes	• Organs increase in size • Muscles begin to develop and strengthen • Cartilage begins to form bone through the process of ossification (ossification is the hardening of muscle tissue to become bone) • Teething process: the process of teeth breaking through the gums • Increase in body fat to help maintain body temperature	• Muscles continue to strengthen • Decrease in body fat due to growth and muscle development and extra fat no longer needed for temperature maintenance
Motor skills (fine and gross) and motor development	• Infants initially have jerky movements and little to no control over their limbs and body • Motor skills and movements develop and become more controlled • Gross motor skills: large muscle groups involved in walking develop, as an infant begins to crawl and then walk • Fine motor skills: small muscle groups begin to develop as an infant begins to grab and hold objects	• Gross motor skills continue to develop as young children begin running, jumping, bike riding, and other physical activities that require the use of large muscle groups • Fine motor skills: small muscle groups continue to develop as young children begin learning how to write • Experience improvements in their hand-eye coordination

Parents, carers, and the family environment have important roles in optimal physical development in infancy and early childhood. Figure 1 highlights some examples of these roles.
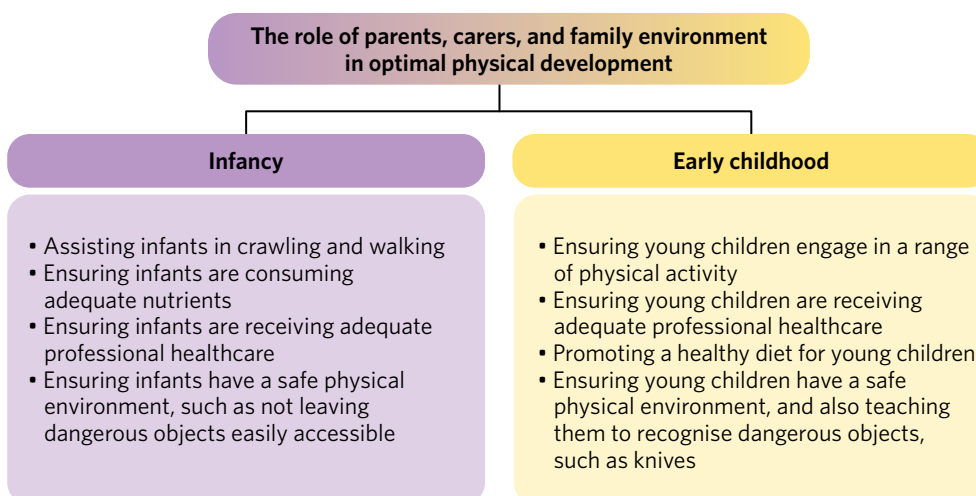
Figure 1 Some examples of the roles parents, carers, and family environment play in the optimal physical development of infants and children

Intellectual development in infancy and early childhood 2.1.7.7

OVERVIEW

In this section of the lesson, you will learn about intellectual development in infancy and early childhood.

THEORY DETAILS

Intellectual development refers to changes in the brain, including thought processes, knowledge, and understanding that occur across the lifespan. In this way, **optimal intellectual development** refers to the changes of an individual's intellectual conditions occurring in a way that enables an individual to reach their full intellectual potential. Table 2 presents the intellectual development that occurs in infancy and in early childhood.

Table 2 Intellectual development in infancy and early childhood

Characteristic of intellectual development	Infancy (0-2 years of age)	Early childhood (2-6 years of age)
Learning: thinking and understanding, knowledge and memory	• Infants begin to learn by mimicking those around them • Infants continue to learn and understand through experience and through activities such as play • Concrete thinking slowly begins to develop (concrete thoughts are simple thought processes that often relate to tangible objects and the physical environment)	• Young children begin to ask many questions about the world • Young children begin to form and create their own sentences and not simply repeat what they hear • Young children become more capable of responding to instructions • Concrete thought is developing • Abstract thought often has not begun to develop, however, very few young children may begin to consider or think about some abstract concepts (abstract thoughts are complex thought processes that often relate to intangible or hypothetical objects, concepts, and ideas)
Language and speech skills	• Infants begin speaking by making sounds • Infants slowly develop language and speech skills as they begin to say words	• Vocabulary increases significantly • Young children have the ability to form sentences
Creativity and imagination	• Infants lack the ability to use creativity and imaginative skills, however, they often will be fascinated by the world around them and engage in activities relating to creativity and imagination	• Young children are often creative and imaginative • Young children may create imaginary friends or characters

Parents, carers, and the family environment have important roles in optimal intellectual development in infancy and early childhood. Figure 2 highlights some examples of these roles.

The role of parents, carers, and family environment in optimal intellectual development

Infancy

• Ensuring infants are learning speech skills
• Exposing infants to different learning experiences, such as playing games with them, or showing them different toys and objects

Early childhood

• Reading to young children regularly
• Helping young children with their learning
• Providing young children with creche or preschool opportunities
• Creating a family environment that supports and encourages learning and values education

Figure 2 Some examples of the role parents, carers, and family environment play in the optimal intellectual development of infants and children

KEY DEFINITIONS

Intellectual development refers to changes in the brain, including thought processes, knowledge, and understanding that occur across the lifespan

Optimal intellectual development refers to the changes of an individual's intellectual conditions occurring in a way that enables an individual to reach their full intellectual potential

Emotional development in infancy and early childhood 2.1.7.8

OVERVIEW

In this section of the lesson, you will learn about emotional development in infancy and early childhood.

THEORY DETAILS

Emotional development refers to changes that relate to expressing, understanding, and communicating emotions that occur across the lifespan. In this way, **optimal emotional development** refers to the changes of an individual's emotional conditions occurring in a way that enables an individual to reach their full emotional potential. Table 3 presents the emotional development that occurs in infancy and in early childhood.

Table 3 Emotional development in infancy and early childhood

Characteristic of emotional development	Infancy (0-2 years of age)	Early childhood (2-6 years of age)
Self-esteem, self-concept, and resilience	• Infants lack self-concept and consequently do not necessarily have self-esteem • Infants will slowly begin to understand that their body is their own and basic ideas, such as that they are in control of their limbs	• Young children begin to develop self-concept, through establishing an awareness of themselves • Young children begin to develop a sense of self-esteem as they achieve tasks in their daily life, such as attending their first day of daycare • Young children begin to slowly develop some resilience as they engage in activities that may be challenging, such as spending time away from their primary caregiver or attending preschool
Expression and communication of emotions	• Infants use sounds to express their emotions • Infants will tend to express and communicate emotions through crying	• Young children may still express and communicate emotions through crying, throwing tantrums, or having emotional outbursts • Young children may begin to develop the ability to express and communicate their emotions in a controlled and healthy manner, such as talking about how they feel
Experience and awareness of emotions	• Infants tend not to recognise or understand the emotions they experience	• Young children slowly begin to have some awareness of their emotions • Young children will begin to understand simple examples of what they are feeling and why they may be feeling that way. For example, they may be able to recognise they are angry because they didn't win a game

Parents, carers, and the family environment have important roles in optimal emotional development in infancy and early childhood. Figure 3 highlights some examples of these roles.

KEY DEFINITIONS

Emotional development refers to changes that relate to expressing, understanding, and communicating emotions that occur across the lifespan

Optimal emotional development refers to the changes of an individual's emotional conditions occurring in a way that enables an individual to reach their full emotional potential
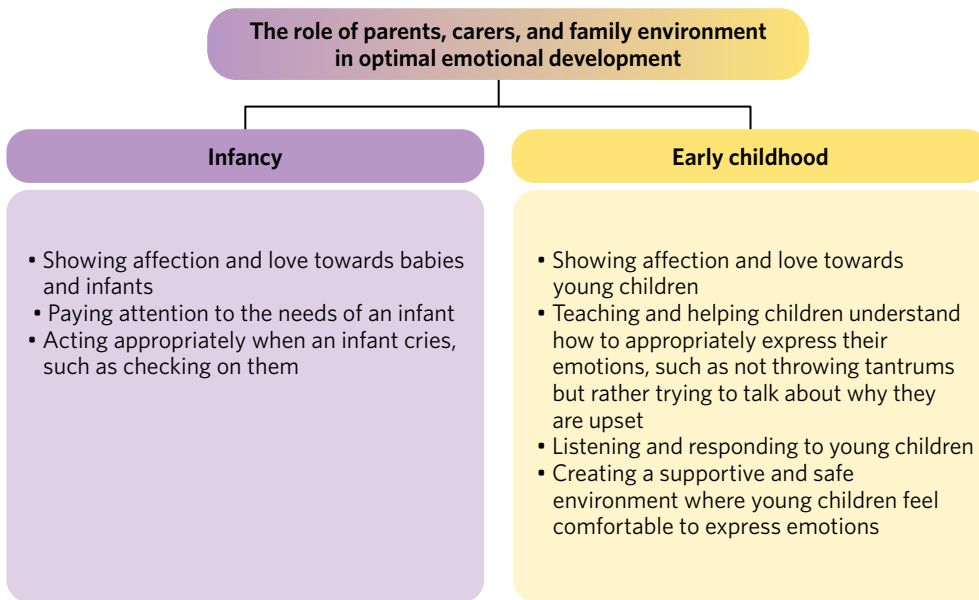
Figure 3 Some examples of the role parents, carers, and family environment play in the optimal emotional development of infants and children

Social development in infancy and early childhood 2.1.7.9

OVERVIEW

In this section of the lesson, you will learn about social development in infancy and early childhood.

THEORY DETAILS

Social development refers to changes relating to communication, relationships, and socialising that occur across the lifespan. In this way, **optimal social development** refers to the changes of an individual's social conditions occurring in a way that enables an individual to reach their full social potential. Table 4 presents the social development that occurs in infancy and in early childhood.

Table 4 Social development in infancy and early childhood

Characteristic of social development	Infancy (0-2 years of age)	Early childhood (2-6 years of age)
Relationships	• The main relationship for an infant is the one they have with their parents or primary caregiver • An infant is heavily dependent on their parents or primary caregiver • Parent-child relationship is important and develops	• Young children are likely to attend creche or preschool, which enables them to form relationships with people outside their home, such as teachers or other young children • Parent-child relationship is important and continues to develop
Communication	• Infants often begin to communicate through facial expressions and making sounds, such as crying	• Communication skills develop significantly as a young child experiences an increase in vocabulary and is able to form meaningful sentences
Social behaviour and socialisation	• Infants may begin to enjoy receiving attention from others in social settings	• Social skills, such as sharing, may be learnt

Parents, carers, and the family environment have important roles in the optimal social development of a child in infancy and early childhood. Figure 4 highlights some examples of these roles.
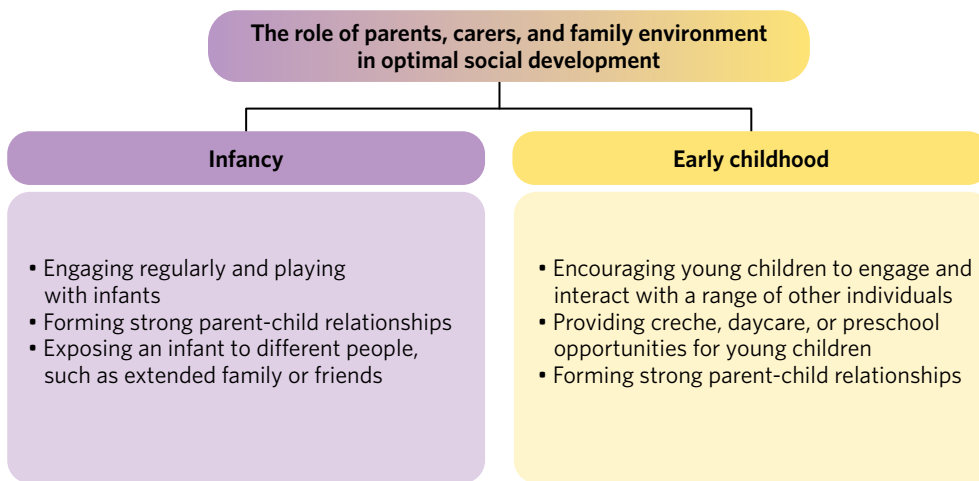
Figure 4 Some examples of the role parents, carers, and family environment play in the optimal social development of infants and children

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(+) Want to know more?

The importance of 'play' in development

The article '*Why play is important*' (Raising children, 2019) explains the role of 'play' in the optimal development of children. Type r*aisingchildren.net.au/newborns/play-learning/play-ideas/why-play-is-important* into your browser to read the article.

Some of the general ideas from this article include:

• play helps all types of development
• play builds confidence, skills, and creativity
• there are many different types of play including structured and unstructured play
• play will be different for children of different ages.

ACTIVITY 2

Read an article and answer questions

The increase in social media usage has led to discussion on how it may impact social development. The article '*How does technology affect children's social development?*' (Beurkens, 2020) explores this issue.
Type *qustodio.com/en/blog/2020/07/technology-child-social-development* into your browser to read the article.
Once you have read the article, answer the following questions and discuss your answers with your peers.

• How can social media and technology positively impact social development?
• How can social media and technology negatively impact social development?
• Do you believe the positive impacts of social media and technology outweigh the negative impacts? Why?
• If you were a parent, would you encourage or discourage daily social media usage? Why?

The impact of early life experiences on future health and development   2.1.7.10

OVERVIEW

In this section of the lesson, you will learn about how the early life experiences of an individual can impact their future health and development.

THEORY DETAILS

The early life experiences of an individual have the ability to influence their future health and development. Table 5 describes early life experiences and the way they can impact an individual's future.

Table 5   The impact of early life experiences on future health and development

Early life experience	Impact on future health and development
Birth weight and body weight	Babies born with a low birth weight are less likely to experience optimal development in their future. This is because a low birth weight can lead to slower growth in infancy and childhood, therefore negatively impacting physical development. Additionally, a low birth weight can cause intellectual problems and learning difficulties in the future for an individual. This is because low birth weight babies may not have experienced optimal development during pregnancy, or they may lack muscle and fat that is necessary for optimal development throughout infancy and childhood. Infants and children with a high body weight are also less likely to experience optimal development in their future. Overweight or obese children are more likely to be overweight and obese in their future, which can increase their risk of developing health conditions, such as cardiovascular disease, which negatively impacts physical development.
Early learning and education	Early learning and education is important for the intellectual development of infants and young children. Infants and young children that are exposed to learning and education opportunities regularly, such as being read to, or attending preschool, are more likely to experience optimal intellectual development.
Early relationships and attachments	Early relationships and attachments are important for social and emotional development of infants and young children. Infants and young children that have parents and/or primary caregivers who provide them with care, affection, and support, are more likely to experience optimal emotional and social development. Using these early relationships as models, such infants and young children will be more likely to form healthy relationships in their future, and deal with their emotions in a healthy way.
Early environment	The early environment that infants and young children are raised in is important for all types of development. Infants and young children raised in physically safe, supportive, and caring environments are more likely to experience optimal development in their future. For example, an infant who grows up in a safe and loving home is more likely to express their emotions healthily, communicate effectively, and be confident and creative within their future lives.

⊕ *Want to know more?*

Although early life experiences can influence the future health and development of an individual, it does not determine it. For example, if a child experiences healthy attachment and relationships in their early years of life, it does not guarantee that they will continue to experience this, nor does it determine that they will experience optimal social development. Early life experiences do have the potential to influence future health and development, but it is not guaranteed.

⊕ *Want to know more?*

How can people ensure their children develop optimally? In the TED video *'Lessons from the longest study on human development'* (TED, 2017), Helen Pearson discusses how and why some children develop into the adults they are. On YouTube, search up *'Lessons from the longest study on human development TED Helen Pearson'* and watch the entire twelve minute and twenty-five second video.

Theory summary

In this lesson, you learnt about physical, intellectual, emotional, and social development in infancy and early childhood. You also learnt about the role of parents, carers, and the family environment in the optimal development of infants and children. Additionally, you learnt about the impact of early life experiences on the future health and development of individuals.

8E QUESTIONS

Theory-review questions

Question 1

Physical, intellectual, emotional, and social development occurs throughout infancy and also throughout early childhood.

A True.

B False.

Question 2

Physical development in infancy does not involve growth in height and weight.

A True.

B False.

Question 3

Which of the following are examples of development in early childhood? *(Select all that apply)*

I Increase in height.

II Increase in vocabulary and improved speaking skills.

III Increase in creativity and imagination.

Question 4

Infants are always aware of their emotions.

A True.

B False.

Question 5

The relationship between a parent and child is not important.

A True.

B False.

Question 6

Birth weight can influence an individual's future development.

A True.

B False.

Question 7

Parents and primary caregivers play a role in helping children experience optimal development.

A True.

B False.

Question 8

Positive early life experiences of an individual will always lead to positive future development for an individual.

A   True.

B   False.

Skills

Unpacking the case study

Use the following information to answer Questions 9-11.

Luna and Zoe are sisters. Luna is one year old and Zoe is five years old. Luna is experiencing rapid growth in height and weight, whereas Zoe is experiencing a slow and steady increase in height and weight. Luna and Zoe are raised by their mother, Eve. Eve is often busy with the demands of her job. However, Eve ensures that she reads to Luna and Zoe every night to help them experience optimal intellectual development.

Question 9

Development in infancy is reflected by the statement that

A   'Luna is experiencing rapid growth in height and weight'.

B   'Zoe is experiencing a slow and steady increase in height and weight'.

Question 10

Development in early childhood is reflected by the statement that

A   'Luna is experiencing rapid growth in height and weight'.

B   'Zoe is experiencing a slow and steady increase in height and weight'.

Question 11

The role of Luna and Zoe's mother in helping them achieve optimal development is reflected by the statement that

A   'Eve ensures that she reads to Luna and Zoe every night'.

B   'Eve is often busy with the demands of her job'.

Exam-style questions

Question 12   (2 MARKS)

Using an example, describe social development in infancy.

Question 13   (2 MARKS)

Explain a role parents have in promoting the optimal intellectual development of their child.

Question 14   (2 MARKS)

Compare the physical development of infants and young children.

Question 15   (4 MARKS)

Discuss how early life experiences may impact an individual's future development.

Question 16 (7 MARKS)

a Outline the meaning of optimal emotional development. (1 MARK)

b Using an example, describe emotional development in early childhood. (2 MARKS)

c Justify why parents and/or primary caregivers are important in a child's emotional development. (4 MARKS)

Questions from multiple lessons

Question 17 (3 MARKS)

a Identify a food selection model. (1 MARK)

b Explain how the food selection model you identified in **part a** could assist a parent in ensuring optimal physical development for their child. (2 MARKS)

8F INTERGENERATIONAL HEALTH AND WELLBEING

Imagine if you were never taught how to brush your teeth. Although it seems like a common and simple daily activity, someone had to teach you how to do it. It is likely that your parents or carers taught you how to brush your teeth, and it is likely that their parents or carers taught them how to brush their teeth, and if you have children, it is likely that you will teach them how to brush their teeth! This reflects how health-related behaviours and knowledge can be passed down from generations. In this lesson, you will learn about the intergenerational nature of health and wellbeing.

Image: BRO.vector/Shutterstock.com

8A Healthy and respectful relationships	8B Parenting	8C Fertilisation and prenatal development	8D Factors related to prenatal development	8E Infancy and early childhood	8F Intergenerational health and wellbeing

Study design dot point

- the intergenerational nature of health and wellbeing

Key knowledge unit

Intergenerational health and wellbeing   2.1.8.1

Intergenerational health and wellbeing

Intergenerational health and wellbeing   2.1.8.1

Intergenerational health and wellbeing 2.1.8.1

OVERVIEW

Health and wellbeing has many different characteristics. For example, you have learnt that health and wellbeing is dynamic and subjective, and that there are five different dimensions of health and wellbeing. In this lesson, you will learn about another characteristic of health and wellbeing: how health and wellbeing is intergenerational.

THEORY DETAILS

The term **intergenerational** is a term used to describe anything concerning several **generations** and can describe the interactions and relations between generations. In this way, **intergenerational health and wellbeing** refers to the idea that the health and wellbeing of one generation can be influenced by other generations. It relates to how the health and wellbeing, health behaviours, and health knowledge of one generation has the ability to impact and influence the health and wellbeing, health behaviours, and health knowledge of other generations. Figure 1 presents some examples of the intergenerational nature of health and wellbeing, whilst table 1 explores these in more detail.

Study design key skills dot point

The following key skills dot point applies to the whole lesson:

- explain health and wellbeing as an intergenerational concept

KEY DEFINITIONS

Intergenerational is a term used to describe anything concerning several generations and can describe the interactions and relations that occur between generations

Intergenerational health and wellbeing refers to the idea that the health and wellbeing of one generation can be influenced by other generations

ADDITIONAL TERMS

Generation refers to a collective group of individuals who are all born within a similar time period
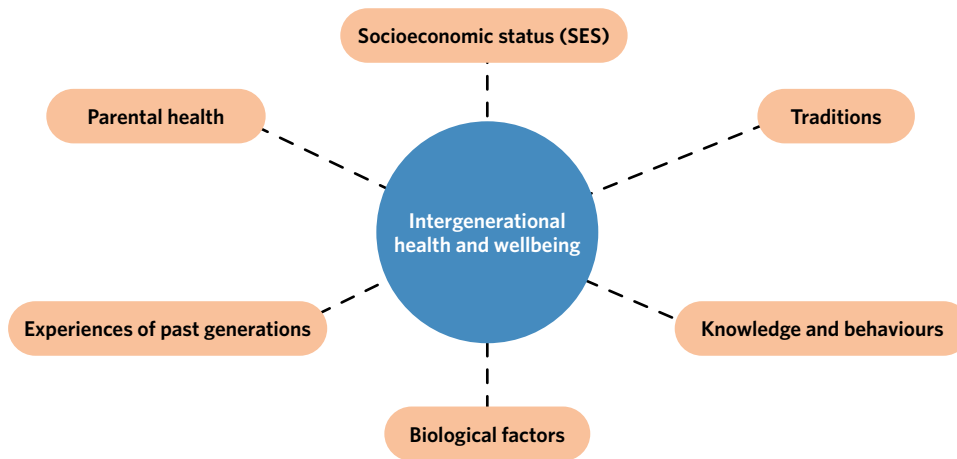
Figure 1 Intergenerational health and wellbeing

Table 1 Examples of the intergenerational nature of health and wellbeing

Example	Explanation
Socioeconomic status (SES)	The SES of one generation can influence the SES and health and wellbeing of future generations. This is because SES involves income, occupation, and education, which are crucial for good health and wellbeing. For example, if a child's caregivers have high SES, they are more likely to have access to nutritious foods, promoting *physical health and wellbeing* by supporting the functioning of the body and its systems.
Experiences of past generations	The experiences of past generations, such as significant events and changes, can influence the health and wellbeing of future generations. For example, the invention of social media and its heavy usage in one generation has meant that subsequent generations engage regularly with and are heavily dependent on social media. They often even grow up with it. This can negatively impact *social health and wellbeing* as individuals may place a strain on relationships with family members due to being on their phones phones or devices too much, limiting their ability to maintain positive relationships with family members.
Biological factors	Biological factors in one generation can influence health and wellbeing in future generations. Biological factors include concepts relating to the body, such as genetics and hereditary conditions, body weight, blood sugar, and blood pressure. Some examples of hereditary conditions are sickle cell anaemia, cystic fibrosis, and duchenne muscular dystrophy. For example, an individual may be more susceptible to developing diabetes due to having a genetic predisposition of high blood sugar, negatively impacting *physical health and wellbeing*.
Knowledge and behaviours	The knowledge and behaviours of one generation can influence the health and wellbeing of future generations. This is because knowledge, such as skills for stress management, can be passed on throughout generations, promoting *mental health and wellbeing*. Additionally, behaviours, such as eating healthily, can be passed on throughout generations.
Traditions	The traditions of one generation can influence the health and wellbeing of future generations. Traditions can include many things and can have positive and negative impacts for future generations. For example, it is becoming increasingly common for alcohol and drug use to be associated with traditional celebrations, which may negatively impact *physical health and wellbeing* for future generations due to alcohol having the ability to contribute to high body weight if excessively consumed.
Parental health	The health and wellbeing of an individual's parents can often influence the health and wellbeing of their child. This is because children spend a lot of time with their parents and are easily influenced by the way their parents act. If a parent regularly exercises, it is likely their child will too, therefore promoting *physical health and wellbeing* by encouraging the maintenance of a healthy body weight.

> ⓘ **Useful tip**
>
> It is important to recognise that there are many ways in which health and wellbeing can be intergenerational. The examples discussed in this lesson are not the only examples of intergenerational health and wellbeing. There are many ways that health and wellbeing can be intergenerational, and there isn't a set list of examples you must know.

Understanding the intergenerational nature of health and wellbeing is important, as the health and wellbeing of past generations can significantly impact the health and wellbeing of future generations. In this way, learning about reasons for optimal and/or poor health and wellbeing in one generation may help future generations to achieve optimal health and wellbeing. Additionally, it is important to understand that intergenerational health and wellbeing is about how the health and wellbeing of one generation may *influence* the health and wellbeing of another generation; it does not state that the health and wellbeing of one generation will *determine* the health and wellbeing of another generation.

The health and wellbeing of a generation can be influenced in both positive and negative ways. Figure 2 presents how the health and wellbeing of a generation can influence another generation's health and wellbeing, specifically using the example of physical health and wellbeing.

Generation 1

Positive behaviour:
Parents have a healthy diet

Negative behaviour:
Parents have an unhealthy diet

Generation 2

Positive influence:
Parents having a healthy diet encourages children to have a healthy diet as children can see the benefits of eating healthily.

Negative influence:
Parents having a healthy diet may lead to children having an unhealthy diet if parents are enforcing strict eating rules on their children. This is because it may lead to children being desperate for 'junk foods' due to never being allowed them.

Positive influence:
Parents having an unhealthy diet may encourage children to have a healthy diet as children can see the problems associated with eating unhealthily.

Negative influence:
Parents having an unhealthy diet may lead to children having an unhealthy diet as they are likely to model their parents behaviours.

Figure 2 Examples of how one generation can influence another generation both positively and negatively

ACTIVITY 1

Can you think of any ways that your parents or grandparents have influenced your health and wellbeing? Discuss your own examples or experiences of intergenerational health and wellbeing with a partner.

🌐 *Real world example*

In this lesson, we have discussed intergenerational health and wellbeing. A concept that is closely related to intergenerational health and wellbeing is intergenerational trauma. Intergenerational trauma refers to trauma that is passed on through generations. Not only does this trauma impact the generation that directly experienced it, but it also affects future generations, who suffer the post-traumatic experiences of it as well. There are many ways in which the trauma of one generation can impact the health and wellbeing of the next. Not only does seeing a parent or guardian suffer create its own kind of trauma for the next generation, but the other effects of trauma may also be passed on. For example, if a parent's trauma has meant that the parent behaves anxiously in certain situations, this behaviour may be modelled by children who learn from their parents the appropriate social responses in any given scenario.

A real world example of intergenerational trauma involves the severe mistreatment of Indigenous Australians during and after colonisation. This trauma involved the forced removal of children from their families, who are now referred to as the Stolen Generation, who also experienced other forms of abuse. This has had an intergenerational impact as it has influenced the livelihoods of Indigenous generations that followed. For example, after this trauma, individuals in the following generations may have experienced an increased risk of mental illness. In this way, trauma can have an intergenerational impact.

Theory summary

In this lesson, you learnt about intergenerational health and wellbeing. You also learnt about what intergenerational means and how this relates to health and wellbeing. Additionally, you learnt some examples that demonstrate the intergenerational nature of health and wellbeing.

8F QUESTIONS

Theory-review questions

Question 1

The term intergenerational is applied when talking about things that involve more than one generation.

A   True.

B   False.

Question 2

The health and wellbeing of one generation can influence the health and wellbeing of the next generation.

A   True.

B   False.

Question 3

Health and wellbeing can be intergenerational only through biological factors.

A   True.

B   False.

Question 4

If a parent is healthy, their child is guaranteed to be healthy.

A   True.

B   False.

Question 5

The socioeconomic status of parents may influence the socioeconomic status of their child.

A   True.

B   False.

Skills

Unpacking the case study

Use the following information to answer Questions 6-8.

Tilly is a 12-year-old girl who enjoys regularly playing sport, which helps to keep her fit and promotes her physical health and wellbeing. The reason why Tilly is so active is because her parents also enjoy sport to keep themselves fit and have good physical health and wellbeing. They enrolled her in sports programs from a young age, and have always encouraged her to be physically active. In contrast, Tilly's friend, Abigail, does not play any sport. Abigail is not concerned with fitness at all because neither of her parents or grandparents ever engaged in physical activity to promote their fitness levels. Although Abigail's parents don't actively encourage her to engage in sports, they often encourage her to participate in other school activities, such as music ensembles. Abigail has always enjoyed jazz music and therefore chose to play the saxophone. Abigail's parents hope that Abigail can develop a supportive network of friends to promote her social health and wellbeing, as both Abigail's parents suffered from bullying in school and did not have good social health and wellbeing.

Question 6

The intergenerational nature of health and wellbeing is most reflected by the statement that

A   'Tilly is a 12-year-old girl who enjoys regularly playing sport'.

B   'The reason why Tilly is so active is because her parents also enjoy sport…and have good physical health and wellbeing'.

Question 7

The intergenerational nature of health and wellbeing is most reflected by the statement that

A   'Abigail is not concerned with fitness at all because neither of her parents or grandparents ever engaged in activity to promote their fitness levels'.

B   'Tilly's friend Abigail does not play sports'.

Question 8

The intergenerational nature of health and wellbeing is most reflected by the statement that

A   'Abigail's parents hope that Abigail can develop a supportive network of friends to promote her social health and wellbeing, as both Abigail's parents suffered from bullying in school and did not have good social health and wellbeing'.

B   'Abigail has always enjoyed jazz music and therefore chose to play the saxophone'.

Exam-style questions

Question 9   (2 MARKS)

Explain what is meant by the term 'intergenerational' and how it relates to health and wellbeing.

Question 10   (2 MARKS)

Using an example, discuss how the health and wellbeing of a parent can impact the health and wellbeing of their child.

Question 11   (3 MARKS)

Suggest a reason why poor health and wellbeing in a current generation may lead to poor health and wellbeing in future generations.

Question 12   (4 MARKS)

Explain two examples of how health and wellbeing is intergenerational.

Questions from multiple lessons

Question 13   (2 MARKS)

Explain how intergenerational health and wellbeing may impact the social development of individuals in the childhood stage of the human lifespan.

Question 14   (2 MARKS)

There are many factors to consider before deciding to become a parent. Describe one way that the intergenerational nature of health and wellbeing may influence someone's decision to become a parent.

CHAPTER 8 REVIEW

CHAPTER SUMMARY

This chapter was all about relationships, families, and children, and how they relate to and impact health and development.

In lesson **8A: Healthy and respectful relationships**, you learnt about what relationships are and the characteristics of healthy and respectful relationships.

Key information covered in this lesson includes:

- the meaning of 'relationship'
- the characteristics of healthy and respectful relationships, such as honesty, trust, respect, and communication
- that relationships can be unhealthy and disrespectful.

In lesson **8B: Parenting**, you learnt about parenting.

Key information covered in this lesson includes:

- what parenting is and what it can involve
- the factors an individual may consider before deciding to become a parent
- the responsibilities associated with becoming a parent.

In lesson **8C: Fertilisation and prenatal development**, you learnt about fertilisation and the three stages of prenatal development. You also learnt about optimal development and the role of parents, carers, and family environment in achieving optimal development.

Key information covered in this lesson includes:

- understanding the core components of prenatal development
- the three stages of prenatal development, which are the germinal, embryonic, and fetal stages
- optimal development and the role of parents, carers, and family environment in the optimal development of children.

In lesson **8D: Factors related to prenatal development**, you learnt about risk factors and protective factors that can impact prenatal development. You also continued to learn about optimal development and the role of parents, carers, and family environment in achieving optimal development.

Key information covered in this lesson includes:

- protective factors relating to prenatal development
- risk factors relating to prenatal development
- optimal development, and the role of parents, carers, and family environment in the optimal development of children.

In lesson **8E: Infancy and early childhood**, you learnt about development in infancy and early childhood. You also continued to learn about optimal development and the role of parents, carers, and family environment in achieving optimal development.

Key information covered in this lesson includes:

- physical, intellectual, emotional, and social development in infancy and early childhood
- optimal development, and the role of parents, carers, and family environment in the optimal development of children.

In lesson **8F: Intergenerational health and wellbeing**, you learnt about how the health and wellbeing of one generation can influence the health and wellbeing of another generation.

Key information covered in this lesson includes:

- the intergenerational nature of health and wellbeing.

8A	**Relationships**	Characteristics of healthy and respectful relationships
8B	**Parenting**	Considerations and responsibilities of becoming a parent
8C	**Prenatal development**	The three stages: germinal, embryonic, and fetal
8D	**Factors affecting prenatal development**	Protective and risk factors
8E	**Infancy and early childhood**	Physical, intellectual, emotional, and social development in infancy and early childhood
8F	**Intergenerational health and wellbeing**	The health and wellbeing of one generation may be influenced by the health and wellbeing of another generation

The role of parents, carers, and the family environment in the optimal development of children

CHAPTER REVIEW ACTIVITIES

Review activity 1: Summary table

In chapter 8, relationships are a key concept as they are important within parenting, children, and families. Copy out the table about relationships and fill in the blanks.

Characteristic	Identify a characteristic of healthy and respectful relationships.	Explain what this characteristic involves.	Explain how this characteristic may promote health and wellbeing in a relationship.
Characteristic 1			
Characteristic 2			
Characteristic 3			
Characteristic 4			
Characteristic 5			

Review activity 2: Flow chart

In chapter 8, you learnt about becoming a parent and raising children. Copy out the flowchart and fill in the blanks in order to summarise your understanding of parents and children.

What is parenting?
_____
_____
_____

What are some factors to consider before becoming a parent?
_____
_____
_____

What are some risk and protective factors that a mother should recognise to ensure a healthy pregnancy?
_____
_____
_____

What are some responsibilities of being a parent?
_____
_____
_____

What are the stages of prenatal development? Can you explain them?
_____
_____
_____

What are some ways infants and young children develop physically, intellectually, emotionally, and socially?
_____
_____
_____

How can the intergenerational nature of health and wellbeing influence the health and wellbeing of children? What about early life experiences?
_____
_____
_____

How can parents, carers, and the family environment assist in the optimal development of children?
_____
_____
_____

CHAPTER 8 TEST

Question 1   (3 MARKS)

Using an example, explain the intergenerational nature of health and wellbeing.

Question 2   (1 MARK)

Outline a role of parents in helping to achieve the optimal physical development of children.

Question 3   (3 MARKS)

Using an example, describe what healthy and respectful relationships involve.

Question 4   (4 MARKS)

a   Identify and describe a factor that individuals may want to consider before deciding to become a parent. (2 MARKS)
b   Identify and describe a responsibility of being a parent. (2 MARKS)

Question 5   (7 MARKS)

a   Outline prenatal development. (1 MARK)
b   Describe the embryonic stage of prenatal development. (2 MARKS)
c   Explain one risk factor and one protective factor that relate to prenatal development. (4 MARKS)

Question 6   (4 MARKS)

a   Describe intellectual development in infancy. (2 MARKS)
b   Describe social development in early childhood. (2 MARKS)

Question 7   (2 MARKS)

Explain how early life experiences may impact the future development of individuals.

Question 8   (4 MARKS)

Suggest why healthy and respectful relationships are important for health and wellbeing.

Question 9   (6 MARKS)

a   Using examples, distinguish between social support and emotional support. (4 MARKS)
b   Explain why social support and emotional support are important for parents. (2 MARKS)

Question 10   (1 MARK)

Outline the first stage of prenatal development.

Questions from multiple chapters

Question 11   (3 MARKS)

Maternal diet can act as a risk factor relating to prenatal development. For example, nutrient deficiencies can negatively impact prenatal development.

a   What is a nutrient? (1 MARK)
b   Describe a nutrient deficiency that may be a risk factor in prenatal development. (2 MARKS)

CHAPTER 8 TEST

UNIT 2 AOS 1 REVIEW

Complete the following 50 mark practice test, which tests all content from within Unit 2 AOS 1.

Question 1   (4 MARKS)

Discuss the impact of early life experiences on a child's health and wellbeing and development.

Question 2   (2 MARKS)

Identify and describe a risk factor that can impact prenatal development.

Question 3   (3 MARKS)

Using an example, explain social support and why it is important for parents.

Question 4   (2 MARKS)

Using an example, describe a factor that may influence an individual's perception of youth or adulthood as stages of the human lifespan.

Question 5   (3 MARKS)

Charlie is in the early adulthood stage of the human lifespan. Charlie has recently begun a full-time job working for an accounting firm. He has found that his behaviours have changed in his new job and that the expectations of him have changed due to his change in social situations. Charlie initially struggled with the transition to his new full-time job, but he has now overcome this challenge and is feeling more relaxed and comfortable.

a   Identify a characteristic of emotional development reflected in the information provided. (1 MARK)

b   Discuss an example of social development reflected in the information provided. (2 MARKS)

Question 6   (2 MARKS)

Explain an emotional developmental transition from youth to adulthood.

Question 7   (3 MARKS)

Using an example, explain how health and wellbeing can have an intergenerational impact on individuals.

Question 8   (3 MARKS)

a   Identify one physical need of a child. (1 MARK)

b   Outline an example of development in childhood. (2 MARKS)

Question 9   (5 MARKS)

Annie and Phoebe are both 19 years old and at university. In high school, Annie and Phoebe were best friends. Even after graduating, they were still very close friends as they saw each other almost everyday in summer before university began. However, now that they are both in university, Annie feels that her and Phoebe are not getting along very well anymore. Phoebe often does not reply to Annie's messages, and whenever Annie tries to organise to catch up with Phoebe, Phoebe often changes the plans or cancels at the last minute. Annie is feeling quite upset about this. She has found herself becoming stressed and anxious about the situation because she does not know what is happening in her friendship with Phoebe. Although they used to be great friends, Annie is struggling with the lack of communication from Phoebe in their friendship and feels that Phoebe does not value or respect her anymore.

a   Identify the stage of the human lifespan Annie is in. (1 MARK)

b   Discuss whether or not Annie is experiencing a healthy and respectful relationship. (2 MARKS)

c   Explain how Annie's relationship with Phoebe is impacting her health and wellbeing. (2 MARKS)

Question 10   (3 MARKS)

Describe the stages of prenatal development.

Question 11   (2 MARKS)

Suggest how a healthy and respectful relationship may impact emotional development.

Question 12   (3 MARKS)

a   Identify one factor that is important to consider when becoming a parent. (1 MARK)

b   Explain one responsibility of being a parent. (2 MARKS)

Question 13   (5 MARKS)

a   Identify a developmental milestone in the infancy stage of the human lifespan. (1 MARK)

b   Describe the infancy stage of the human lifespan. (2 MARKS)

c   Outline an example of development in infancy. (2 MARKS)

Question 14   (2 MARKS)

Discuss a common perception individuals may have of adults.

Question 15   (8 MARKS)

Consider the following sources related to the adulthood stage of the human lifespan.

Source 1

Lola is 22 years old and recently moved out of home with her partner. Lola and her partner are also getting married in four months which they are very excited about. Over the past few months, Lola's relationship with her parents has changed a lot. Lola's parents do not support her getting married as they believe she is too young, which is the reason why Lola moved out of home. This made the moving process quite stressful and there were many arguments between Lola and her parents. Now that Lola does not live with her parents, she rarely talks to or sees her parents. Lola's parents have tried to get in touch with her, but she ignores them or sends them hurtful messages in response. Whenever Lola's friends talk about their own parents, Lola often likes to talk badly about her parents and make fun of them. Lola's parents are very upset about this and do not know what to do.

Although Lola struggles with her parents, she treats other people in her life much better, such as her partner. Lola and her partner have been busy planning their wedding. Lola has made sure they are honest with each other when choosing things for the wedding, such as the music and food. When Lola tells people about the wedding, many people ask her if they will be having kids. Lola and her partner have decided they do not want to have kids for a while and will wait until they are ready.

Source 2

Adulthood: it's time to become a parent!
If you're a young adult, it's probably time to start thinking about having children!

You must think about many things before having children, such as:
- costs
- safety
- housing
- support
- time
- work.

Do you know all the responsibilities of being a parent? As a parent you must:
- look after and take care of your child
- keep your kids safe
- ensure your child grows and develops healthily
- ensure your child has access to important necessities, such as nutritious food, education, and social networks.

Are you in your twenties or thirties and wanting to start a family? You need to make sure you are ready!

Image: VectorMine/Shutterstock.com

Using the sources provided and your own knowledge, discuss the following concepts and how they can influence health and wellbeing:

- experiences in the early adulthood stage of the human lifespan

- healthy and respectful relationships

- parenting.

UNIT 2

AOS2
Health care in Australia

This area of study investigates the health system in Australia. Students examine the functions of various entities that play a role in our health system.
They inquire into equity of access to health services, as well as the rights and responsibilities of individuals receiving care. Students research the range of health services in their communities and suggest how to improve health and wellbeing outcomes and health literacy in Australia. They explore a range of issues associated with the use of new and emerging health procedures and technologies such as reproductive technologies, artificial intelligence, robotics, nanotechnology, three-dimensional printing of body parts and use of stem cells.

Outcome 2

On completion of this unit the student should be able to describe how to access Australia's health system, explain how it promotes health and wellbeing in their local community, and analyse a range of issues associated with the use of new and emerging health procedures and technologies.

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CHAPTER

9

Health care in Australia

9A Australia's health system

9B Support services

9C Access to health services and information

9D Rights and responsibilities for accessing health services

9E Opportunities and challenges of digital media

9F Issues relating to new health procedures and technologies

9G Consumer complaints

Key knowledge

- key aspects of Australia's health system such as Medicare, the Pharmaceutical Benefits Scheme and private health insurance
- the range of services available in the local community to support physical, social, emotional, mental and spiritual dimensions of health and wellbeing
- factors affecting access to health services and information
- rights and responsibilities associated with accessing health services, including privacy and confidentiality relating to the storage, use and sharing of personal health information and data
- opportunities and challenges presented by digital media in the provision of health and wellbeing information, for example websites, online practitioners and digital health apps
- issues such as ethics, equity of access, privacy, invasiveness and freedom of choice relating to the use of new and emerging health procedures and technologies
- options for consumer complaint and redress within the health system

9A AUSTRALIA'S HEALTH SYSTEM

Over time, we have seen the devastating global impact many health issues have had on healthcare systems. A health system needs to be able to adapt quickly to the current needs of a population. Health systems must also be built in a way that can serve a current population, but also preserve resources for people in years and decades to come. In this lesson, you will learn about the key aspects of Australia's health system, including Medicare, the Pharmaceutical Benefits Scheme, and private health insurance.

9A Australia's health system	9B Support services	9C Access to health services and information	9D Rights and responsibilities for accessing health services	9E Opportunities and challenges of digital media	9F Issues relating to new health procedures and technologies	9G Consumer complaints

Study design dot point

- key aspects of Australia's health system such as Medicare, the Pharmaceutical Benefits Scheme and private health insurance

Key knowledge units

Medicare	2.2.1.1
Pharmaceutical Benefits Scheme	2.2.1.2
Private health insurance	2.2.1.3

Australia's health system

Medicare 2.2.1.1   Pharmaceutical Benefits Scheme 2.2.1.2   Private health insurance 2.2.1.3

Medicare 2.2.1.1

OVERVIEW

Australia's healthcare system is recognised as one of the best in the world. A key reason why we are known to have a leading healthcare system is because every Australian citizen and permanent resident has access to necessary and essential healthcare at a subsidised cost, or for no cost at all. The Australian public access this healthcare through the **public health system** via a scheme called Medicare.

THEORY DETAILS

When required, Australians can access essential healthcare that they need at little or no cost. This is achieved through **Medicare**, Australia's universal health insurance scheme which provides all Australian residents (and some overseas visitors) access to necessary healthcare at a **subsidised** cost, or for no cost at all. Medicare is Australia's *public* health insurance scheme, which was established by the Federal government in 1984 (National Museum Australia, 2020). Medicare is available to all permanent Australian residents, thereby ensuring that they can access healthcare services and treatments deemed essential and necessary at a subsidised rate. Medicare also enables all Australian permanent residents to access subsidised healthcare in certain countries, and allows visitors from certain countries to access Australia's public healthcare system.

Study design key skills dot point

The following key skills dot point applies to the whole lesson:

- describe key aspects of the health system

KEY DEFINITIONS

Medicare is Australia's universal health insurance scheme, which provides all Australian residents (and some overseas visitors) access to necessary healthcare at a subsidised cost, or for no cost at all

ADDITIONAL TERMS

Public health systems are systems that provide healthcare services and products to citizens and residents which are funded by the government

Subsidised means a body, generally the Government, pays part of a product or service, which reduces its selling price

What does Medicare cover?

So, what does Medicare actually cover? The treatments and services Medicare covers can be categorised into *out-of-hospital* expenses and *in-hospital* expenses. Medicare cannot cover everything, however, it covers all basic healthcare services.

Out-of-hospital expenses include:

- the whole or a partial amount for consultation fees for doctors (known as general practitioners (GPs)), specialists, and other health professionals. Medicare covers the **schedule fee**, however some doctors will charge more than the schedule fee, meaning the patient must pay the remaining amount after the schedule fee.
- tests and examinations that are required to diagnose illnesses, such as x-rays and pathology tests.
- eye tests performed by an optometrist.
- majority of procedures and tests performed by GPs, such as checking a patient's blood pressure.
- selected dental procedures. Children aged between two and 17 years old can be covered through the Child Dental Benefits Schedule (CDBS). The CDBS covers up to $1000 every two years on various services, such as x-rays, cleanings, and fillings.

In-hospital expenses include:

- treatment and accommodation is fully covered by Medicare as a **public patient** in a **public hospital**. For example, medications and tests (such as blood tests) that occur during a stay, as well as accommodation services (such as meals) are fully covered by Medicare, so the patient generally experiences no cost.
- For a **private patient**, Medicare covers 75% of the schedule fee for treatment costs by doctors and specialists.

ADDITIONAL TERMS

Schedule fee is the amount of money that the government decides Medicare will pay for various consultations and treatments instead of the patient

Public patient refers to a person that goes to a public hospital and Medicare funds their treatment

Public hospital refers to a hospital that is government owned and operates solely off government funding (which is primarily taxpayer money)

Private patient refers to someone who receives healthcare treatment through the private healthcare system

What does Medicare not cover?

Medicare covers basic treatments. There are many things that people need that Medicare will not cover. This includes:

- the majority of private hospital expenses. Medicare covers 75% of the schedule fee for *treatment* costs by doctors and specialists, but will not cover any extra costs including accommodation, **theatre fees**, and medication.
- the majority of dental examinations.
- ambulance services.
- the majority of **allied health services** (unless an individual is referred by a GP or carried out in a public hospital). Allied health professionals are university qualified practitioners, such as audiologists, dieticians, counsellors, and social workers.
- health aids including hearing aids, glasses, and contact lenses.
- alternative treatments including chiropractic services, acupuncture, naturopathy, remedial massage, and osteopathy.

Components of Medicare

Understanding how Medicare works is difficult as it has lots of details and technicalities.

You will often hear the term **bulk billing** when discussing Medicare. A service provider (such as a GP) can choose to bulk bill a consultation, meaning they charge no more than the schedule fee for their service. Therefore, the patient will have no 'out-of-pocket' costs. Only services listed in the **Medicare Benefits Schedule (MBS)** can be bulk billed, meaning the government pays the amount of the schedule fee for the service provided. Some doctors advertise their practice as a place that only bulk bills, meaning patients do not have to make up any extra costs.

> ⓘ **Useful tip**
>
> You may wonder, why doesn't everyone go to a doctor that only bulk bills? Some people may choose to go to doctors that charge above the cost of the schedule fee as there can be some downfalls to places that only bulk bill. This includes extended waiting periods and not being able to choose your regular doctor if they aren't working.

Service providers often choose to charge more than the schedule fee for their service. This could be because they believe that they offer a premium experience, have years of experience, or have greater costs for running their practice. Practices that choose to charge more than a schedule fee require patients to make up the difference between the schedule fee for their service and what they charge, which is called a **patient co-payment**.

ADDITIONAL TERMS

Theatre fees are costs for procedures performed in an operating room

Allied health services are services delivered by health professionals who specialise in preventing, diagnosing, and treating numerous conditions and illnesses

ADDITIONAL TERMS

Bulk billing is when a service provider (such as a GP) does not charge the patient more than the schedule fee for their service

Medicare Benefits Schedule (MBS) is the list of medical services that the Australian Government will fully or partly pay for to provide financial assistance to Australians for their healthcare

Patient co-payment is the remaining amount of money individuals are required to pay once the subsidised price of a product or service has been deducted from the overall cost

Figuring out the amount of patient co-payment

Cost of service − Schedule fee = Patient co-payment amount

Bulk billing GP practice	Non bulk billing GP practice
$37.05 − $37.05 = $0 patient co-payment	$88.50 − $37.05 = $51.45 patient co-payment
Amount GP charged / Schedule fee for GP consultation / Patient had no out-of-pocket expenses as the GP bulk billed the appointment	Amount GP charged / Schedule fee for GP consultation / Patient has a co-payment of $51.45, as this is the remaining amount of money left to pay once the schedule fee has been deducted

Figure 1 Examples of how bulk billing and non bulk billing service providers work

ACTIVITY 1

Read the following scenarios and calculate the amount a patient will have to pay for these healthcare services.

1   Otto went to the doctor for a general checkup with his usual GP. He had his blood pressure taken and updated his doctor on how his health has been recently. His appointment totalled to $55.20. The MBS lists a GP visit as $37.05. How much did Otto pay?

2   Darcie has recently experienced flu-like symptoms and believes they need antibiotics. Darcie saw their local bulk billing GP practice, and was bulk billed at the end of the appointment. How much did Darcie pay?

3   Atlanta has recently experienced back pain. Atlanta went and saw the osteopath for help. At the end of her session, the receptionist said her appointment was $76.30. How much did Atlanta have to pay?

The Medicare Safety Net

The **Medicare Safety Net** is designed to protect individuals and families from experiencing high medical costs. For people who regularly access medical services and experience significant out-of-pocket costs, the Medicare Safety Net lowers costs for Medicare services. Once an individual or family spends over a certain amount in a calendar year, they will be charged at a significantly cheaper rate for these Medicare services for the remainder of that year. Medicare has implemented the Medicare Safety Net as it recognises that it would be financially difficult to continue to pay out-of-pocket expenses for Medicare services, such as costs that would occur for someone who constantly accesses GP consultations due to a chronic illness.

How is Medicare funded?

For Medicare to operate effectively, it is essential that the government can *afford* to fund it. There are three ways that Medicare is funded:

- The Medicare levy
- The Medicare levy surcharge
- General income taxation (**tax**)

ADDITIONAL TERMS

Medicare Safety Net provides extra financial support to individuals and families who experience high medical costs by further reducing the costs of Medicare services once they reach the designated threshold

Tax is a compulsory financial contribution to state revenue made by citizens or residents which is used to finance government spending, including the provision of public goods and services, such as public healthcare, public schools, public infrastructure, and police services

How is Medicare funded?

The Medicare levy
Individuals who pay tax in Australia are taxed an additional 2% on their taxable income. This tax goes towards the cost of Medicare and is known as the Medicare levy. People who earn below a certain amount will be exempt from the Medicare levy.

General income taxation
If the Medicare levy and the Medicare levy surcharge do not fully cover the costs of Medicare, the remaining amount will be covered through the income taxed in general taxation.

The Medicare levy surcharge
People who do not have private health insurance and earn over a certain amount will be taxed an extra 1–1.5% on their taxable income on top of their Medicare levy. In 2019–20, the threshold for the Medicare levy surcharge was for individuals who earn more than $90 000 annually, and for families who earn more than $180 000 (Australian Taxation Office [ATO], 2020). The Medicare levy surcharge is designed to encourage higher-income earners to get private health insurance, which reduces the strain on Medicare.

Figure 2 The three sources that fund Medicare

Want to know more?

Understanding the concept of tax can be tricky. The Australian government funds Medicare and contributes to over half the costs of the healthcare system. The government can do this as they collect tax. When you begin working, you will notice a portion of your pay will go to tax. Although this seems strange that the government can take some of your hard earned money, this tax contributes to funding very important services in Australia, including our healthcare system. Most people's income will be taxed (unless they do not earn enough to meet the taxable income threshold), and the government decides how this money will be distributed to fund Australia's public services.

| People go to work and earn an income | People receive their pay | A portion of people's income goes to the government, so the government can provide essential services, such as Medicare |

Image: davooda/Shutterstock.com

Figure 3 The concept of tax as it applies to funding essential services, such as Medicare

Advantages and disadvantages of Medicare

Table 1 The advantages and disadvantages of Medicare

Advantages	Disadvantages
• Every Australian citizen and permanent resident can access Medicare • Medicare provides access to basic healthcare at little or no cost (including GP consultations, treatment as a public patient at a public hospital, and a range of tests) • The reciprocal agreement enables Australian citizens to access subsidised/free healthcare in selected countries • Patients can choose their doctor for out-of-hospital services	• Significant wait times for non-emergency treatments • Patients are unable to choose doctors for in-hospital treatments • Individuals will often have to pay more for various healthcare services as Medicare often doesn't cover the full amount • Individuals do not have a choice of doctor for in-hospital treatment in the public system • Does not cover many alternative therapies, such as physiotherapy

Pharmaceutical Benefits Scheme 2.2.1.2

OVERVIEW

Enabling Australians to access healthcare services for free or at a subsidised rate through Medicare is essential for keeping our population as healthy and productive as possible. An effective healthcare system must also enable the population to access essential medicines to prevent and treat various health conditions. The Australian Government provides Australians with access to essential prescription medicines at a reduced cost through the Pharmaceutical Benefits Scheme.

THEORY DETAILS

The **Pharmaceutical Benefits Scheme (PBS)** is a program run by the Australian government that subsidises various essential **prescription medicines** for Australian citizens, permanent residents, and visitors from selected countries. The PBS began in 1948 and provided a very limited selection of medicines to the population for free. The PBS has evolved over time to now provide thousands of medicines, which are listed on the **PBS schedule**, to Australians in a convenient, reliable, and affordable manner. Although the medicines listed are no longer free, there is a wider range available and the cost of them is significantly reduced.

KEY DEFINITIONS

Pharmaceutical Benefits Scheme (PBS) is a program run by the Australian government that subsidises various essential prescription medicines for Australian citizens, permanent residents, and visitors from selected countries

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ADDITIONAL TERMS

Prescription medicines are medicines that are legally required to be directed and approved by a patient's doctor and dispensed by a pharmacist

PBS schedule is a list of all of the medicines that are provided to patients, at a price subsidised by the government

The PBS is available to all Australian citizens and permanent residents who have a valid Medicare card. The PBS is also available to visitors from countries that are part of the Medicare Reciprocal Agreement. Patients need to contribute an amount of money towards their medicines, which is referred to as a patient co-payment. Since January 2021, the patient co-payment amount has been up to $41.30 for medicines on the PBS schedule, or up to $6.60 if a patient holds a **concession card** (Department of Health, 2021). The Australian government pays the remaining amount. Every year, the patient co-payment is adjusted on January 1. Medicines can sometimes be reduced from thousands of dollars to the subsidised $41.30. Therefore, people who require certain expensive medications will only need to pay up to $41.30 through the PBS.

Want to know more?

From November 1 2020, new medicines called Tecentriq and Avastin were added to the PBS. These medicines help treat patients with the most common form of liver cancer. It is estimated that this listing benefits over 500 patients per year. Without the PBS subsidy, liver cancer patients would pay $170,000 per course of treatment. Medication used to treat Parkinson's disease (Apomine Solution for Infusion and Apomine Intermittent [apomorphine]) was also added to the PBS. Without the PBS subsidy, patients with Parkinson's Disease could pay over $7500 per script of medicine.

(Seven News, 2020).

PBS Safety Net

The PBS includes the **PBS Safety Net**, which is designed to financially protect individuals and families who require a large amount of medicines from the PBS. Once a patient reaches a certain threshold in a calendar year, they will receive medicines at a significantly cheaper price or for free for the rest of that calendar year. Since January 2021, the PBS Safety Net threshold was $1497.20 for all general patients, and $316.80 for concession cardholders. Once general patients reach their safety net threshold, they will begin paying the amount that concession cardholders pay for the rest of that calendar year. Once a concession cardholder reaches their safety net threshold, they will receive PBS medicines for free for the rest of the calendar year.

ADDITIONAL TERMS

Concession card is a card issued by the government that entitles people to a range of concessions, which includes access to reduced price for PBS medicines, and can be issued to low-income earners, seniors, and pensioners

ADDITIONAL TERMS

PBS Safety Net protects individuals and families from high costs of essential prescription medicines by significantly reducing the subsidised costs of medicines once they reach a certain threshold for the remaining calendar year

Figuring out the amount of a patient co-payment

Individuals pay up to patient co-payment amounts specified by the government each year. The Australian Government pays the rest.

General patients	Concession cardholders
General patients will pay up to the specified amount on essential prescription medicines. In 2021, it was up to $41.30.	Concession cardholders will pay up to the subsidised rate specified by the government. In 2021, the amount was up to $6.60.
General patients pay less for PBS medicines if they meet the PBS Safety Net threshold (in 2021 the threshold for general patients was $1497.29)	Concession cardholders will receive PBS medicines for free if they meet the PBS Safety Net threshold (in 2021 the threshold for concession cardholders was $316.80)

Pay up to $41.30 for PBS medicines	Pay up to $6.60 for PBS medicines for the rest of the year	Pay up to $6.60 for PBS medicines	Access PBS medicines for free for the rest of that year

For example, Susan reached the PBS Safety Net threshold in June 2021. Therefore, for the rest of 2021, Susan paid $6.60 on all of her essential prescription medicines that are listed on the PBS.

For example, Damien is a low-income earner and holds a concession card. He reached the PBS Safety Net threshold for concession cardholders in April 2021. Therefore, for the rest of 2021, Damien did not have to pay for PBS essential medicines for the rest of 2021.

Figure 4 Patient co-payments in the PBS

Private health insurance 2.2.1.3

OVERVIEW

Australia cannot just rely on the public healthcare system. This is because Medicare's resources would be exhausted and people would not be able to receive healthcare when they need it. Therefore, private health insurance exists to reduce the strain on Medicare. People can have private health insurance on top of Medicare, meaning they will access healthcare through the private healthcare system.

THEORY DETAILS

Private health insurance is an optional type of health insurance which people can have in addition to Medicare, in which members pay a **premium** in return for payment towards services that are not covered by Medicare. Private health insurance is a very important aspect of Australia's health system. The more people that have private health insurance, the greater the reduction in pressure placed on Medicare, meaning Medicare can continue to meet the present and future health needs of Australians, therefore making it more sustainable. If people have private health insurance, they are more likely to access in-hospital and out-of-hospital services through the private system, increasing the capacity of the public system to treat Australians who cannot afford to have private health insurance.

Private health insurance provides people with a higher level of choice in terms of healthcare services, such as people choosing their doctor as a private patient in a **private hospital** or public hospital. Private health insurance can also provide individuals with **extras cover**, which is coverage for healthcare services not provided by Medicare, such as osteopathy, physiotherapy, and remedial massages. Members can choose what type of coverage they want depending on their needs, which will influence the cost of their premium. For example, someone who does not want to have children or is beyond their reproductive years does not need to have maternity coverage. People can choose to have coverage for in-hospital services only, extras only, or a combination of in-hospital services and extras coverage. As of June 2019, 11.2 million Australians (44% of the population) had some form of in-hospital cover as a private patient, and 13.6 million (53% of the population) had some form of 'general treatment' or extras cover (AIHW, 2020).

KEY DEFINITIONS

Private health insurance is an optional type of health insurance which people can have in addition to Medicare, in which members pay a premium in return for payment towards services that are not covered by Medicare

ADDITIONAL TERMS

Premium refers to the amount paid for an insurance policy

Private hospital refers to a hospital that is owned and funded by a group or individual separate from the government

Extras cover is insurance for out-of-hospital medical care which Medicare does not cover, such as the majority of dental services and osteopathy

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⊕ *Want to know more?*

It is helpful to have a contextual understanding of how Medicare and private health insurance (PHI) work for in-hospital treatments for both public and private hospitals. Individuals can choose to be treated at a private or public hospital.

Table 2 The differences between being a public or private patient in a public or private hospital

	Explanation	**Payment**
Private patient in a private hospital	Individuals who have private health insurance can choose to be treated at a private hospital.	Medicare will cover 75% of the schedule fee of treatment costs, and private health insurance will fully or partly cover accommodation, specialist fees, and the remaining 25% of the schedule fee for treatment.
Private patient in a public hospital	Individuals who have private health insurance can choose to be treated as a private patient at a public hospital.	Similar to private hospitals, Medicare will cover 75% of the schedule fee of treatment costs, and private health insurance will fully or partially cover the remaining costs.
Public patient without PHI in a public hospital	Generally speaking, individuals who do not have private health insurance will choose to be treated at a public hospital as a public patient.	Medicare covers all costs during the individual's hospital stay.
Private patient without PHI in a private hospital	Individuals who do not have private health insurance can choose to be treated as a private patient at a private hospital.	Apart from the 75% of the treatment fee covered by Medicare, they will have to pay all of the extra expenses. This is likely to be very expensive and is therefore uncommon
Public patient with PHI in a public hospital	Individuals who have PHI can still elect to be treated as a public patient at a public hospital.	Medicare covers all costs during the individual's hospital stay.

As private health insurance takes the pressure off the public health system, there are numerous incentive schemes that have been introduced by the federal government which are designed to encourage people who can afford it to to get private health insurance.
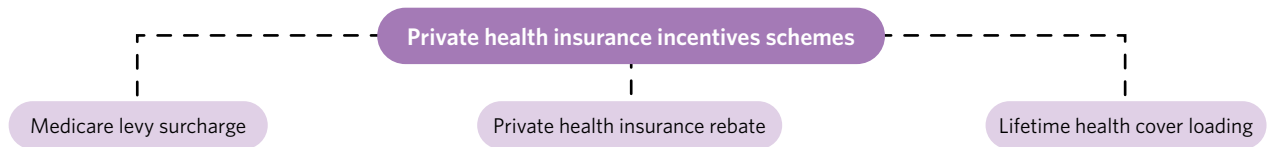
Figure 5 Private health insurance incentive schemes

Table 3 Private health insurance incentive schemes
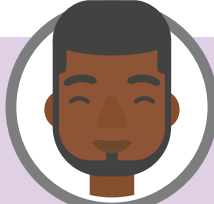
Medicare levy surcharge	The Medicare levy surcharge is a tax for people who do not have private health insurance, and earn over a certain amount. This scheme is designed to encourage people to take up private health insurance and take pressure off Medicare.
Private health insurance rebate	The private health insurance rebate is an amount that the federal government contributes towards the costs of people's private health insurance. The government refunds individuals part of the cost of their insurance premium. This rebate is dependent on how much someone earns: the more someone earns the less money they will get back. If people have an income above a certain amount, they will not be entitled to any rebate at all.
Lifetime health cover loading	The lifetime health cover loading is a scheme that encourages people to get private health insurance earlier in life. Once an individual turns 30, the cost of private health insurance will cost an extra two percent each year that the individual does not take up private health insurance. Understanding how the incentive 'lifetime health cover loading' works is tricky. Figure 6 presents an example to help you understand this incentive.

Lelani

Lelani is 50 years old, and has recently taken up private health insurance as she is concerned about the cost of medical bills as she gets older. Lelani will pay 40% more on her private health insurance premium than she would have if she got private health insurance when she was 30.

20 (the number of years past 30 years) **× 2** (the percentage that premium increases each year) **= 40%** (the overall percentage increase in the amount an individual pays on their premium).

Amare

Amare is 29 years old. Amare had always intended on eventually signing up for private health insurance. He realised that to avoid paying extra on his premium, he needed to sign up before he was 30 years old. Amare signed up for private health insurance this year, and therefore avoided paying extra on his premium.

Image: Visual Generation/Shutterstock.com

Figure 6 An example of how lifetime health cover loading works

Table 4 Advantages and disadvantages of private health insurance

Advantages	Disadvantages
- Patients are able to choose their doctor as a private patient in-hospital (public or private) - Reduced waiting times for non-emergency treatments - Patients can choose which hospital they want to be treated at - Patients are more likely to have a private room - It reduces pressure on the public health system - There is financial coverage for a wider range of services	- Cost of premiums can be expensive - There may still be out-of-pocket costs, even with extensive coverage - Waiting periods may apply for some services. For example, individuals may need to have paid for private health insurance for a certain period of time before receiving coverage from their insurer on specific services - You may pay for services that you will not claim

Theory summary

In this lesson, you have learnt about Medicare, the Pharmaceutical Benefits Scheme, and private health insurance. Specifically, you learnt:

- key components of each aspect of Australia's health system; Medicare, the Pharmaceutical Benefits Scheme, and private health insurance
- incentive schemes for Medicare and private health insurance
- the advantages and disadvantages of Medicare and private health insurance.

9A QUESTIONS

Question 1

Which of the following are key aspects of Australia's health system? *(Select all that apply)*

I   Medicare.

II   Australian Taxation Office.

III Pharmaceutical Benefits Scheme (PBS).

IV   Private health insurance.

Question 2

Medicare, the PBS, and private health insurance are a part of the public health system.

A   True.

B   False.

Question 3

Healthcare services provided by private health insurance are better than those provided by Medicare.

A   True.

B   False.

Question 4

Medicare and private health insurance work together.

A   True.

B   False.

Question 5

The PBS and Medicare work together.

A   True.

B   False.

Question 6

Which of the following subsidises healthcare services for Australians. *(Select all that apply)*

I   Pharmaceutical Benefits Scheme.

II   Medicare.

III Private health insurance.

Skills

Data analysis

Use the following information to answer Questions 7-9.

Number of people admitted to hospital per 1000 according to socioeconomic status, 2018-19
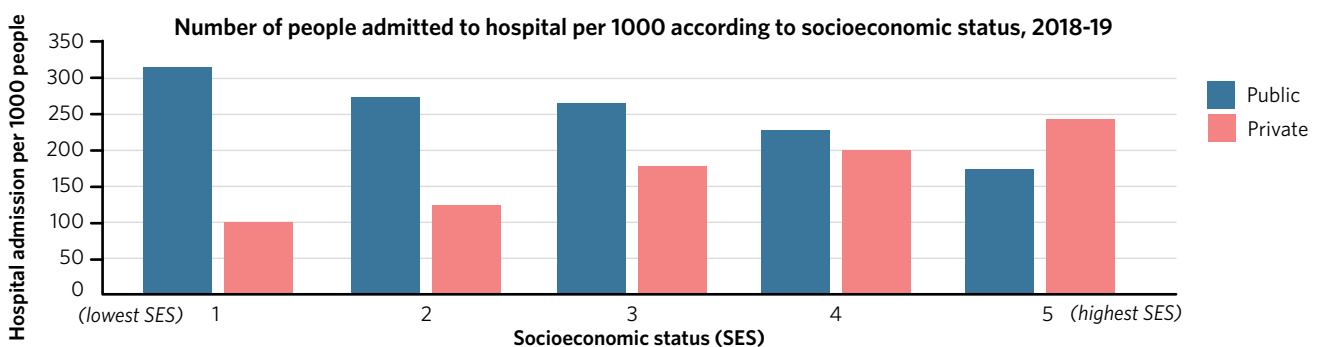
Source: Adapted from the Australian Institute of Health and Welfare, *Access to Hospitals*, <https://www.aihw.gov.au/reports-data/myhospitals/themes/hospital-access>

Question 7

How many population groups are analysed in this graph?

A 2.

B 5.

Question 8

Which statement is correct about the data above?

A In 2018-19, approximately 315 people per 1000 in the lowest SES were admitted to a public hospital.

B In 2018-19, approximately 170 people per 10,000 in the lowest SES were admitted to a private hospital.

Question 9

Which statement accurately describes a conclusion that can be drawn from the data in this graph?

A In 2018-19, people with a lower socioeconomic status were more likely to be admitted to a public hospital, compared to people with a higher socioeconomic status being more likely to be admitted to a private hospital.

B In 2018-19, people with a higher socioeconomic status were more likely to be admitted to a public hospital, compared to people with a lower socioeconomic status being more likely to be admitted to a private hospital.

Exam-style questions

Question 10   (1 MARK)

Describe the Pharmaceutical Benefits Scheme.

Question 11   (2 MARKS)

Describe Medicare.

Question 12   (2 MARKS)

Explain how the Pharmaceutical Benefits Scheme promotes Australia's health status.

Question 13   (2 MARKS)

Describe **one** advantage and **one** disadvantage of Medicare.

Question 14   (4 MARKS)

Discuss **two** ways private health insurance promotes health and wellbeing.

Questions from multiple lessons

Question 15   (2 MARKS)

Explain how Medicare promotes the health and wellbeing of youth with a low socioeconomic status.

9B SUPPORT SERVICES

Have you ever been in trouble and needed help? Or maybe you've felt sick and had to visit your general practitioner? From social sporting activities to mental health phone support services, support services are available to assist us in almost all aspects of our lives. In this lesson, you will learn about various support services in the local community that are available to improve your physical, social, emotional, mental, and spiritual health and wellbeing.

Image: Myvector/Shutterstock.com

9A Australia's health system	9B Support services	9C Access to health services and information	9D Rights and responsibilities for accessing health services	9E Opportunities and challenges of digital media	9F Issues relating to new health procedures and technologies	9G Consumer complaints

Study design dot point

- the range of services available in the local community to support physical, social, emotional, mental and spiritual dimensions of health and wellbeing

Key knowledge units

Support services for physical health and wellbeing	2.2.2.1
Support services for mental health and wellbeing	2.2.2.2
Support services for social health and wellbeing	2.2.2.3
Support services for emotional health and wellbeing	2.2.2.4
Support services for spiritual health and wellbeing	2.2.2.5

Support services

Support services for physical health and wellbeing 2.2.2.1	Support services for mental health and wellbeing 2.2.2.2	Support services for social health and wellbeing 2.2.2.3	Support services for emotional health and wellbeing 2.2.2.4	Support services for spiritual health and wellbeing 2.2.2.5

Support services for physical health and wellbeing 2.2.2.1

OVERVIEW

How can support services help prevent disease or increase fitness levels? In this section of the lesson, you will learn about support services for physical health and wellbeing.

THEORY DETAILS

Support services refer to the institutions and organisations that provide care and assistance to people. Services can range from general practitioners to places of worship, as each service can be specialised to target a specific dimension of **health and wellbeing**, or can take a holistic approach to improving health and wellbeing. Individuals may utilise different support services depending on their own needs and requirements.

Study design key skills dot point

The following key skills dot point applies to the whole lesson:

- research health services in the local community and explain which dimension/s of health each one supports

KEY DEFINITIONS

Support services refer to the institutions and organisations that provide care and assistance to people

ADDITIONAL TERMS

Health and wellbeing relates to an individual's physical, mental, emotional, social, and spiritual states, where an individual can experience balance and an overall level of satisfaction, enabling them to effectively function

Physical health and wellbeing is the functioning of the body and its systems, including the body's capacity to perform daily tasks and activities. This health and wellbeing dimension can be approached from various directions from encouraging healthy eating, to in-hospital operations, to phone support services associated with quitting smoking. The body is complex and is impacted by a variety of factors; therefore a multifaceted approach to improving physical health and wellbeing via support services is required to achieve **optimal health and wellbeing**.

Optimal physical health and wellbeing is essential to living a long and fulfilling life. Whether it is living until old age free from disease, or having adequate energy levels to complete daily tasks, physical health and wellbeing needs sufficient attention to achieve these goals. Support services for physical health and wellbeing are extensive as this dimension is critical for all human beings to survive and have the capacity to lead meaningful lives. There are many factors that contribute to optimal physical health and wellbeing, including illness, injury, energy, and lifestyle factors. Without support services, physical health and wellbeing could rapidly decline to the point where it is detrimental to an individual's lifestyle. Figure 1 and table 1 present several examples of support services that can be utilised to promote physical health and wellbeing.

KEY DEFINITIONS

Physical health and wellbeing
is the functioning of the body and its systems, including the body's capacity to perform daily tasks and activities

ADDITIONAL TERMS

Optimal health and wellbeing
involves an individual experiencing the highest possible level of health and wellbeing when taking their unique experiences, characteristics, and lifestyle into account

Figure 1 Some examples of support services that promote physical health and wellbeing

Lesson link

Australia's health system, including the Pharmaceutical Benefits Scheme and hospital services, were introduced in **9A: Australia's health system**.

Table 1 Support services for physical health and wellbeing

Support service	Explanation	How does this support service promote health and wellbeing?
Sport and recreational clubs Image: Maji Design/Shutterstock.com	Sport and recreational clubs may include running clubs, basketball teams, and swimming facilities. These clubs provide members with resources, such as equipment and facilities, to improve their fitness and physical health through regular exercise that engages their personal interests and goals.	If an individual is involved in a sporting club multiple times a week, their aerobic fitness is likely to improve, which improves *physical health and wellbeing*. Additionally, the club provides a source of motivation and accountability, promoting regular exercise and therefore enhancing *physical health and wellbeing*.
Hospitals and general practitioners Image: Nigarn/Shutterstock.com	Hospitals and general practitioners provide resources to diagnose, treat, and prevent illness and disease. This is an essential support service that improves the quality of life for countless patients and saves lives every day.	Hospitals and general practitioners have the capacity to diagnose and treat many conditions, such as type 1 diabetes. Through the provision of medication and advice, patients are more likely to be free from illness, injury, and disease, therefore promoting *physical health and wellbeing*.
Nutrition Australia Image: linear_design/Shutterstock.com	Nutrition Australia is a non-government, not-for-profit, community-based organisation that aims to promote healthy eating (Nutrition Australia, n.d.). The organisation can provide individuals with information associated with healthy eating, recipes, programs, and seminars to promote the consumption of healthy and nutritious foods.	The consumption of a healthy and balanced diet has various health benefits, such as having a strong immune system, which may contribute to preventing illness. A healthy and balanced diet can also increase energy levels and promote a healthy body weight, supporting *physical health and wellbeing*.
Pharmaceutical Benefits Scheme (PBS) Image: cavidali/Shutterstock.com	The PBS is a government strategy that subsidises the cost of over 5000 essential medicines. This allows individuals to access life-saving medication regardless of their ability to pay.	The PBS subsidises the cost of certain medications, such as Ventolin for asthmatics. This means all asthma sufferers, despite their socioeconomic status, can improve their quality of life, promoting *physical health and wellbeing* associated with living free from illness, injury, and disease.
Smoking and alcohol hotlines and support groups Image: Good_Stock/Shutterstock.com	Smoking and alcohol use have been identified as behaviours that often lead to preventable diseases. Therefore, funding has gone towards developing support services for individuals to help them quit or cut down on these unhealthy habits. Examples of these programs include Quit and Alcoholics Anonymous.	The creation of groups, such as Alcoholics Anonymous, allows individuals struggling with alcoholism to receive help. Through talking, teaching coping methods, and hearing other people's stories, individuals are more likely to maintain sobriety. This promotes *physical health and wellbeing* associated with reduced risk and impact of liver disease.

Support services for mental health and wellbeing 2.2.2.2

OVERVIEW

How can support services lower levels of stress and anxiety and improve self-esteem? In this section of the lesson, you will learn about support services for mental health and wellbeing.

THEORY DETAILS

Our society is becoming increasingly aware of the importance of good mental health and wellbeing. **Mental health and wellbeing** is the current state of wellbeing of the mind, involving the ability to think and process information. From anxiety and depression, to fluctuating stress levels, our mental state can greatly influence our day to day lives, such as our mood, energy, perspective, or motivation. Optimal mental health and wellbeing is essential for other dimensions of health and wellbeing to thrive.

Over the past few years, we have seen an increase in awareness and support for people suffering from poor mental health and wellbeing. As a result, support services available to those in need have subsequently expanded. Social media has been a pivotal tool used to destigmatise mental illness and provide people with the resources they need to approach and support people struggling with poor mental health. From anonymous hotlines, one-on-one psychologist appointments, and countless tips to improve mental health and wellbeing found online, the opportunity for individuals to improve their mental health and wellbeing is vast and accessible. Figure 2 and table 2 present several examples of support services that can be utilised to promote mental health and wellbeing.

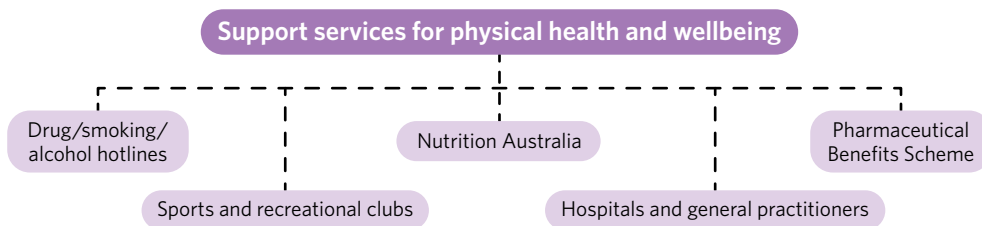Figure 2 Some examples of support services that promote mental health and wellbeing

KEY DEFINITIONS

Mental health and wellbeing is the current state of wellbeing of the mind, involving the ability to think and process information

🧩 *Lesson link*

Mental health services were first introduced in lesson *6E: Mental healthcare services and support* and in lesson *6F: Reducing the negative impact of mental health problems*. In these lessons, you learnt about mental health services provided by Australia's health system and a range of organisations for mental health. These services and organisations can act as support services for mental health and wellbeing.
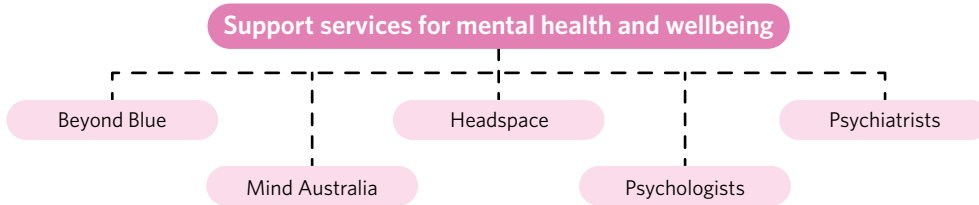
Table 2 Support services for mental health and wellbeing

Support service	Explanation	How does this support service promote health and wellbeing?
Headspace National Youth Mental Health Foundation Image: AVIcon/Shutterstock.com	Headspace is an online resource that provides support and connections for teenagers and young adults struggling with mental health (Headspace National Youth Mental Health Foundation, 2021). The Headspace website provides information, resources, online phone services, group chats, and headspace centres, all designed to improve mental health and wellbeing.	People suffering from mental health problems or illnesses, such as depression, may use Headspace. Headspace provides people with options to seek support, such as an online one-on-one chat centre. People with depression can utilise this resource and find strategies to cope with their condition, which may improve their *mental health and wellbeing* associated with lower levels of depression.
Psychiatrists Image: wowowG/Shutterstock.com	Psychiatrists are mental health specialists that have the ability to diagnose and treat mental illness. Psychiatrists can talk patients through their conditions, provide strategies and coping mechanisms, and prescribe medication to treat mental illness when required.	Patients may see a psychiatrist to treat their mental health conditions, such as anxiety. Patients will be provided with strategies on how to overcome or improve their symptoms, alongside potentially being prescribed medication. This may reduce the severity of mental health conditions, promoting *mental health and wellbeing*.
Psychologists Image: matsabe/Shutterstock.com	Psychologists study human behaviour, mental, and cognitive processes. Clinical psychologists also assist people with their mental health through talk therapy and can diagnose mental illness. Although some psychologists conduct research independently, others work with patients in clinics, hospitals, and with doctors to promote mental health and wellbeing.	People struggling with mental health problems or illnesses, such as social anxiety, may go to see a psychologist after being referred by their GP. A psychologist may help these people find methods of coping, learn how to deal with triggers, and find patterns in their behaviour. This may increase people's ability to use logic in social settings and lower levels of anxiety, therefore promoting *mental health and wellbeing*.

cont'd

Table 2 Continued

Support service	Explanation	How does this support service promote health and wellbeing?
Mind Australia Image: Pranch/Shutterstock.com	Mind Australia is a community-based, online mental health service that provides a range of resources and outlets designed to promote mental health and wellbeing (Mind Australia, 2019). Mind Australia is a registered National Disability Insurance Scheme (NDIS) provider that receives funding from the state and federal governments. Services range from in-home support to group recreation and leisure activities.	One example of how Mind Australia promotes mental health and wellbeing is through assisting individuals that plan to progress out of homelessness by providing a youth transitional housing service. This helps individuals create supportive relationships, undergo personal growth, and create a satisfying life. This will increase individuals' sense of optimism and self-confidence, promoting *mental health and wellbeing*.
Beyond Blue Image: Back one line/Shutterstock.com	Beyond Blue is a well-known resource used to improve both mental and emotional health and wellbeing (Beyond Blue, 2021). The organisation is multifaceted, with many different options to seek help for various conditions or situations. The website provides information regarding mental health conditions, resources for help, and methods to cope with emotions.	An individual could utilise the online forums that Beyond Blue provides to improve their mental health and wellbeing. This tool connects individuals with others who are suffering with similar conditions and people that can provide assistance. This attempts to eliminate feelings of isolation and encourages people to speak out, which reduces stress and anxiety, promoting *mental health and wellbeing*.

Support services for social health and wellbeing 2.2.2.3

OVERVIEW

How can support services help maintain positive relationships and strengthen support networks? In this section of the lesson, you will learn about support services for social health and wellbeing.

THEORY DETAILS

Being social and forming meaningful relationships with others is an essential aspect of the human condition and has the capacity to affect our mood, behaviour, and overall sense of health and wellbeing. Support services have been designed to specifically target social health and wellbeing. **Social health and wellbeing** is the ability to form meaningful and satisfying relationships with others, as well as the ability to appropriately manage and adapt to social situations.

There are an extensive range of support services available to suit each individual and their interests. Services targeted to improve social health and wellbeing aim to promote meaningful connections with others, enhance communication skills, and develop empathy and accountability. Support services for social health and wellbeing often involve:

- organised groups of individuals with similar interests
- people sharing experiences together
- forming groups that can learn new skills together
- platforms or activities for people to foster new relationships and connections.

Figure 3 and Table 3 present several examples of support services that can be utilised to promote social health and wellbeing.

KEY DEFINITIONS

Social health and wellbeing is the ability to form meaningful and satisfying relationships with others, as well as the ability to appropriately manage and adapt to social situations

Figure 3 Some examples of support services that promote social health and wellbeing

Table 3 Support services for social health and wellbeing

Support service	Explanation	How does this support service promote health and wellbeing?
Social sports Image: Black Creator 24/ Shutterstock.com	Participating in social sports clubs provides individuals with a social outlet whilst encouraging regular physical activity. Social sports can range from volleyball to netball to lawn bowls. Sports clubs do not necessarily need to promote strenuous or intense physical activity, as the main aim can be to get involved in the community and form meaningful connections with others.	Many people participate in sports to keep active and engage with their community. This regular interaction with like-minded individuals is likely to promote positive relationships and expand people's support networks, promoting *social health and wellbeing*.
Recreational groups Image: Kapreski/Shutterstock.com	Recreational groups can be formed with existing friends, communities, or online. Activities can range from physical activities, social activities, outdoor activities, and arts and crafts. Recreational groups are often formed with people of similar interests and aim to allow people to engage their interests.	A group of people may participate in regular fishing and camping trips to connect with others over similar interests. Sharing these experiences with other people fosters meaningful and significant relationships, therefore promoting *social health and wellbeing*.
Youth groups Image: SurfsUp/Shutterstock.com	Youth groups are designed for young people, usually under 30 years old, to engage them with places of worship and allow them to connect to their beliefs. Youth groups are community-based and often involve social activities that are sponsored by a church or political organisation.	Youth groups promote *social health and wellbeing* by fostering meaningful connections and relationships with people of similar interests and beliefs. These bonds are formed through their religious practice and shared passion for their morals, values, and ethics.
Mothers' groups Image: KRPD/Shutterstock.com	Mothers' groups are often formed between mothers who have given birth at roughly the same time, organised by hospitals or maternal child health nurses. Meet-ups may include visiting a park, having lunch together, or going to each others' houses. The group provides an opportunity to share advice, stories, and have a break from the demands of being a mother.	Mothers' groups provide an outlet for mothers to connect and interact with other mothers who are going through similar experiences. It allows mothers to develop new relationships and increase their support network. This social outlet ultimately promotes *social health and wellbeing*.
Men's Shed Image: Quarta/Shutterstock.com	Men's Sheds is a non-government, community organisation that aims to promote men's health and wellbeing (Australian Men's Shed Association, 2019). It is an environment where men can work on meaningful projects together at their own pace. The program aims to create an environment where men can feel safe, make friends, and share meaningful activities.	Members of Men's Sheds may participate in a range of social activities, such as making toys for local childcare groups. The program allows men to create meaningful relationships with like-minded men, which can reduce feelings of social isolation and promote *social health and wellbeing*.

Support services for emotional health and wellbeing 2.2.2.4

OVERVIEW

How can support services help improve expression of emotions and an individual's ability to display resilience? In this section of the lesson, you will learn about support services for emotional health and wellbeing.

THEORY DETAILS

Individuals that struggle to manage, experience, and express their emotions in an effective way may find support services designed for emotional health and wellbeing useful. The expansive list of emotional support services provides individualised assistance for everyone that is tailored to their lifestyle and experiences.

Support services are available for individuals struggling with emotional health and wellbeing, or for people that want to maintain and enhance their emotional state. **Emotional health and wellbeing** is the ability to express, control, and manage feelings in a positive way and display resilience. Support services may include educational resources or places of worship, all of which are designed to allow people to improve their emotional health and wellbeing. Figure 4 and table 4 present several examples of support services that can be utilised to promote emotional health and wellbeing.

KEY DEFINITIONS

Emotional health and wellbeing is the ability to express, control, and manage feelings in a positive way and display resilience
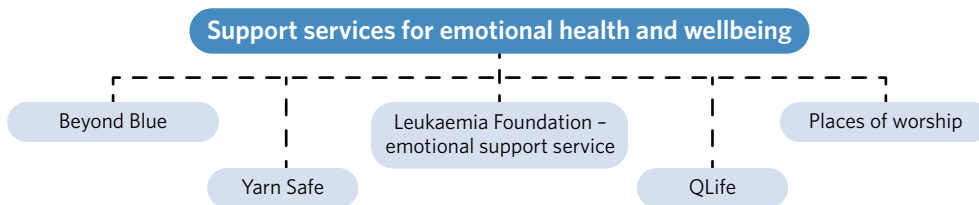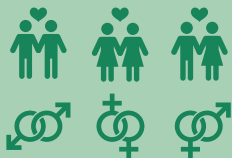
Figure 4 Some examples of support services to promote emotional health and wellbeing

Table 4 Support services for emotional health and wellbeing

Support service	Explanation	How does this support service promote health and wellbeing?
Places of worship Image: SurfsUp/Shutterstock.com	Places of worship are locations where people can go to practice their faith and partake in religious activities. Places of worship include a: • church • mosque • synagogue • temple • cathedral • shrine.	Places of worship are often places of safety and comfort for many people. It can be a place where people feel emotionally secure and can be essential for *emotional health and wellbeing*. This is because it often allows individuals to feel supported and therefore promotes positive expression of emotions.
Beyond Blue Image: luma_art/Shutterstock.com	Beyond Blue is a well-known resource that can be used to improve emotional health and wellbeing (Beyond Blue, 2021). The organisation provides many different options to seek help for various conditions or situations. The website provides information regarding various mental health conditions, resources for help, and methods to cope with emotions.	Beyond Blue equips people with skills to improve their emotional health and wellbeing, through education and support hotlines. These services provide strategies and advice on how people can experience and express their emotions in an effective way, promoting *emotional health and wellbeing*.
QLife Image: Lyudmyla Kharlamova/Shutterstock.com	QLife is a support system created for the LGBTQIA+ community (QLife, 2021). Individuals are able to connect with trained LGBTQIA+ support people via phone calls and web chats. The organisation aims to be welcoming and inclusive towards everyone and provides an opportunity for any LGBTQIA+ community members to discuss gender, sexuality, emotions, and identity.	An individual who feels emotionally insecure and unable to discuss their feelings surrounding their sexuality or gender identity may reach out to QLife. Through web chat or phone services, they are able to openly discuss their feelings and emotions regarding their sexuality, allowing them to appropriately manage and express their emotions, promoting *emotional health and wellbeing*.
Leukaemia Foundation – emotional support services Image: Sailor Johnny/Shutterstock.com	The Leukaemia Foundation provides emotional support services to people suffering from leukaemia and their carers (Leukaemia Foundation, 2021). Their online service can connect individuals with counsellors or psychologists who help them deal with their diagnosis and the changes it will bring to their life. It also provides support to family members and friends that are struggling.	People recently diagnosed with leukaemia may be feeling completely overwhelmed by their emotions and therefore reach out to the Leukaemia Foundation. They will be provided with support and will be connected to services that can help. Although people might experience feelings of despair and negative emotions, it is important they have the skills to manage the wide range of emotions that their disease may provoke, promoting *emotional health and wellbeing*.
Yarn Safe Image: Craig Sutton/Shutterstock.com	Yarn Safe is a youth-led national Aboriginal and Torres Strait Islander mental health resource (Yarn Safe, 2021). The organisation aims to eliminate the stigma surrounding mental health and create an environment where people can talk about any issues they may be facing, surrounding the organisation's motto that there is 'no shame in talking about it'.	Although this resource directly aims to improve mental health and wellbeing, it can also improve emotional health and wellbeing. Indigenous Australians can access Yarn Safe online. Yarn Safe allows Indigenous Australians to talk about their own feelings and experiences with other people and without any judgement. Talking through these issues is likely to teach individuals how to manage their emotions, alongside feeling emotionally secure, promoting *emotional health and wellbeing*.

Support services for spiritual health and wellbeing 2.2.2.5

OVERVIEW

How can support services help provide a sense of meaning and purpose in life and help individuals to develop their own moral compass? In this section of the lesson, you will learn about support services for spiritual health and wellbeing.

THEORY DETAILS

Some support services are tailored to promote **spiritual health and wellbeing**, which includes the ideas, beliefs, values, and ethics that an individual possesses, contributing to a sense of meaning, purpose, and belonging. Support services for spiritual health and wellbeing aim to enhance feelings of connection and belonging, while for some may also foster a belief in a higher power and provide a sense of hope for the future.

Spiritual health and wellbeing is often viewed solely as having a belief in a higher power and involvement in religious practices. However, it can also include a sense of hope, connection, and belonging to an individual's environment. Support services for this dimension of health and wellbeing can be very specialised as people's perspective of their spiritual identity can vary. Maintaining a strong sense of spiritual health and wellbeing is essential to achieve optimal health and wellbeing. Figure 5 and table 5 present several examples of support services that can be utilised to promote spiritual health and wellbeing.
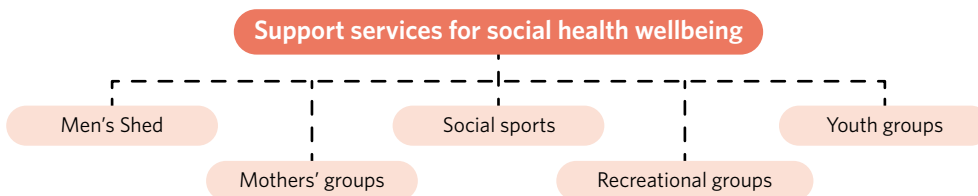
KEY DEFINITIONS

Spiritual health and wellbeing includes the ideas, beliefs, values, and ethics that an individual possesses, contributing to a sense of meaning, purpose, and belonging

Support services for spiritual health and wellbeing

- Youth groups
- Recreational groups
- Homeless shelters and services
- Prayer and spiritual hotline
- Places of worship
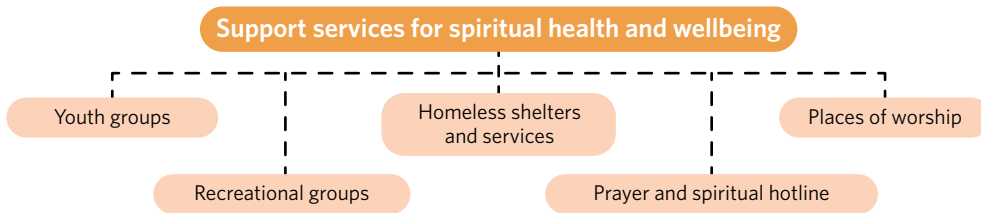
Figure 5 Some examples of support services that promote spiritual health and wellbeing

Table 5 Support services for spiritual health and wellbeing

Support service	Explanation	How does this support service promote health and wellbeing?
Recreational groups Image: Alexander Lysenko/ Shutterstock.com	Recreational groups can be formed with existing friends, communities or online. Activities can range from physical activities, social activities, outdoor activities to arts and crafts. Recreational groups are often formed with people who have similar interests, providing a sense of connection and belonging.	Recreational groups, such as arts and craft groups, provide an outlet for people to interact with others, fostering a sense of connection with a like-minded community of people who enjoy arts. Regular participation in these sorts of groups can provide a sense of belonging, promoting *spiritual health and wellbeing*.
Places of worship Image: 4LUCK/Shutterstock.com	Places of worship are locations where people can go to pray, connect with their higher power, and partake in religious activities. Places of worship include a: • church • temple • mosque • cathedral • synagogue • shrine.	Regular attendance at places of worship, such as churches, temples, and synagogues, provide people with connection to and interaction with a higher power, and supports peoples beliefs, morals, and values, which therefore promotes *spiritual health and wellbeing*.
Youth groups Image: OneLineStock/ Shutterstock.com	Youth groups are designed for young people, usually under 30 years old, to engage them with their places of worship and connect them to their higher powers. Youth groups are community-based and often involve social activities that are sponsored by a church or political organisation.	Youth groups promote *spiritual health and wellbeing* in many different ways. For example, youth groups can foster a sense of belonging for individuals, connect individuals to their community group, and increase an individual's ability to reflect on their place in the world. Youth groups provide opportunities for young people to feel connected with their spiritual beliefs and develop their own moral compass.
Prayer and spiritual hotline Image: Aygun Ali/Shutterstock.com	There are many prayer and spiritual hotlines available for individuals to access online or via telephone. They provide people with the opportunity to share prayers and request others to pray for them during a difficult time or situation. An example of this is Kingdom Hope. This is an online resource that allows individuals to submit a prayer request, connecting you with someone to pray for you.	An individual may request a prayer through an online resource surrounding the health and wellbeing of a loved one. For some individuals, this may help provide a sense of hope through their belief in a higher power, promoting positive *spiritual health and wellbeing*.
Homeless shelters and services Image: veronchick_84/ Shutterstock.com	Homeless shelters and homelessness services can provide people with a safe and warm place to stay, nutritious meals, showers, washing facilities, toiletries, and clothing. These services also provide homeless individuals with the opportunity to discuss their transition out of homelessness, and can help eliminate a sense of isolation.	Homeless shelters not only can provide individuals with accommodation, financial help, and specialised assistance to each individual, but can also provide a sense of belonging as people are connected with others. Homelessness services can also provide a sense of hope for the future as people receive advice on how to build a better life, promoting *spiritual health and wellbeing*.

Theory summary

In this lesson, you have learnt about support services that are available to help promote physical, mental, social, emotional, and spiritual health and wellbeing. Table 6 presents a summary of support services available for each dimension of health and wellbeing.

Table 6 Some examples of support services for the dimensions of health and wellbeing

Physical	Mental	Social	Emotional	Spiritual
Sport and recreational clubs	Headspace	Social sport	Places of worship	Recreational groups
Nutrition Australia	Psychiatrists	Recreational groups	Beyond blue	Places of worship
Hospitals and general practitioners	Psychologists	Youth groups	QLife	Youth groups
Pharmaceutical Benefits Scheme	Mind Australia	Mothers' group	Leukaemia Foundation – emotional support services	Prayer and spiritual hotlines
Drugs/smoking/ alcohol hotlines	Beyond Blue	Men's Shed	Yarn Safe	Homeless shelters and services

9B QUESTIONS

Theory-review questions

Question 1

Support services for health and wellbeing aim to bring about positive change.

A True.

B False.

Question 2

Which of the following best fills in the blank?

A Physical.

B Mental.

Psychologists are available as a support service that can be utilised to promote _____ health and wellbeing.

Question 3

Support services for social health and wellbeing mainly focus on building productive relationships with other people.

A   True.

B   False.

Question 4

The Pharmaceutical Benefits Scheme (PBS) is an example of a support service that focuses largely on improving emotional health and wellbeing.

A   True.

B   False.

Question 5

Which of the following best fills in the blank?

A   Spiritual.

B   Physical.

Hospital services are available as a support service that can be utilised to promote _____ health and wellbeing.

Question 6

Places of worship are an example of a support service for spiritual health and wellbeing.

A   True.

B   False.

Skills

Unpacking the case study

Use the following information to answer Questions 7–9.

Recently, Amber has fallen ill with tonsillitis. As a result, she is experiencing low levels of energy and is finding herself getting angry and annoyed frequently. She decides to go see her general practitioner (GP) and get antibiotics to help treat her tonsillitis. Luckily, the antibiotics were subsidised as part of the Pharmaceutical Benefits Scheme (PBS) and Amber was not charged too much. Amber's sister Kate, on the other hand, is experiencing high levels of anxiety and feelings of depression, which has caused her to isolate herself from her friends and family. She feels as though she is losing her sense of belonging in these relationships and decides to see a psychologist to help her navigate and cope with her current feelings. Additionally, Kate rejoins her youth group to reconnect with others and find her place in the world. Kate's psychologist additionally recommends that she sign up to join a social volleyball team in an attempt to create meaningful relationships with others and reduce her feelings of isolation.

Question 7

Amber seeks support service to promote her physical health and wellbeing, This is reflected by the statement that

A   'She decides to go see her general practitioner (GP) and get antibiotics to help treat her tonsillitis. Luckily, the antibiotics were subsidised as part of the Pharmaceutical Benefits Scheme (PBS) and Amber was not charged too much.'

B   'As a result, she is experiencing low levels of energy and is finding herself getting angry and annoyed frequently.'

Question 8

Kate seeks a support service to improve her mental health and wellbeing. This is reflected by the statement that

A   'Additionally, Kate rejoins her youth group to reconnect with others and find her place in the world.'

B   'She decides to see a psychologist to help her navigate and cope with her current feelings.'

Question 9

Kate seeks a support service to promote her social health and wellbeing. This is reflected by the statement that

A   'Kate's psychologist additionally recommends that she sign up to join a social volleyball team in an attempt to create meaningful relationships with others and reduce her feelings of isolation.'

B   'She decides to go see her GP and get antibiotics to help treat her tonsillitis.'

Exam-style questions

Question 10 (1 MARK)

Outline what is meant by support services.

Question 11 (2 MARKS)

Describe an example of a support service.

Question 12 (2 MARKS)

Provide two examples of support services for physical health and wellbeing.

Question 13 (2 MARKS)

The Australian Men's Sheds Association (AMSA)

AMSA was established in 2007 and has established over 1000 Men's Sheds in Australia. The organisation upholds the motto 'Men don't talk face to face, they talk shoulder to shoulder'. In collaboration with Beyond Blue and Mensline, ASMA provides a welcoming and friendly environment for men to work on meaningful projects and contribute to their own community. The program aims to promote men's health and wellbeing by fostering relationships and connections, and providing meaningful projects and a safe place for men to speak out.

Source: adapted from the Australian Men's Sheds Association, *About AMSA*, <https://mensshed.org/about-amsa/what-is-amsa/>

Using the information provided, outline how Men's Sheds promotes health and wellbeing.

Question 14 (2 MARKS)

Identify and describe an example of a support service that can promote emotional health and wellbeing.

Question 15 (3 MARKS)

Describe an example of a support service for mental health and wellbeing and justify its effectiveness at improving mental health and wellbeing.

Questions from multiple lessons

Question 16 (2 MARKS)

Describe how a support service can reduce the negative impacts of poor mental health.

9C ACCESS TO HEALTH SERVICES AND INFORMATION

Imagine that while you're backpacking in a foreign country, you begin to experience a sore throat and persistent cough. You want to see a doctor but discover that the closest clinic is two hours away in a town that is not accessible by train. When you arrive at the clinic, you discover that the doctor does not speak English. There are no interpreters available so you try to explain your symptoms in the best way possible. The doctors give you a prescription for medicine, however, the medication is costly. After adding up the costs of travel and the fee for the appointment, you realise that you don't have enough money left to spend on the medication. This scenario highlights how accessing health services is not always easy and is influenced by a variety of factors. In this lesson, you will learn about how the factors of cost, knowledge, language barriers, geographic location, and culture and religion impact access to health services and information.

Image: Ben Gingell/Shutterstock.com

9A Australia's health system	9B Support services	9C Access to health services and information	9D Rights and responsibilities for accessing health services	9E Opportunities and challenges of digital media	9F Issues relating to new health procedures and technologies	9G Consumer complaints

Study design dot point

- factors affecting access to health services and information

Key knowledge units

Factors affecting access to health services and information	2.2.3.1
Cost	2.2.3.1.1
Knowledge	2.2.3.1.2
Language barriers	2.2.3.1.3
Geographic location	2.2.3.1.4
Culture and religion	2.2.3.1.5

Access to health services and information

Factors affecting access to health services and information 2.2.3.1

Cost 2.2.3.1.1

Knowledge 2.2.3.1.2

Language barriers 2.2.3.1.3

Geographic location 2.2.3.1.4

Culture and religion 2.2.3.1.5

Factors affecting access to health services 2.2.3.1

OVERVIEW

In an ideal world, health services and information would be easily accessible for all, regardless of individual differences. However, this is not the case, and a wide range of factors exists that influence an individual's ability to access health services and information.

THEORY DETAILS

Health services and information need to be accessible for all to ensure that people can receive the care they need to promote their health. To be accessible for all, health services and information need to be:

- physically accessible
- culturally appropriate
- affordable
- equitable
- efficient
- sustainable.

However, there are many factors that can impact access to health services and information. These factors can be considered **barriers** that make it more difficult for individuals to seek the healthcare and information they need. Figure 1 displays a variety of factors that can impact access to health services and information.
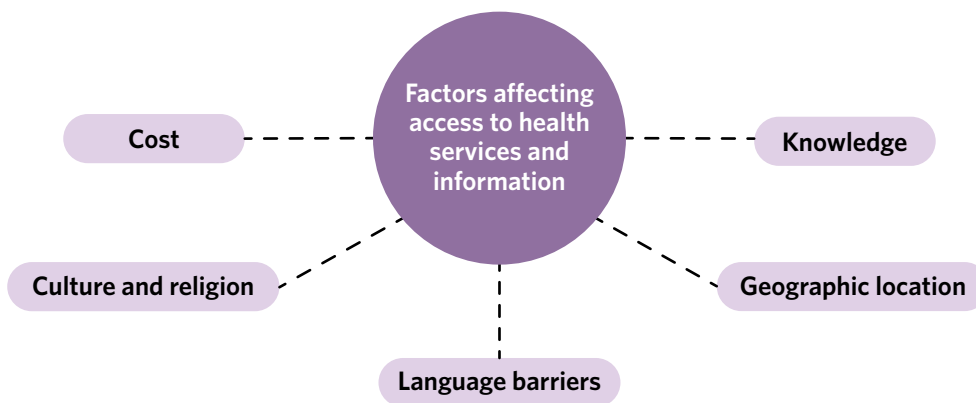
Figure 1 Factors affecting access to health services and information

Cost 2.2.3.1.1

In Australia, Medicare provides access to health services, such as general practitioner (GP) consultations and x-ray examinations, at a **subsidised** cost, or for no cost at all. Furthermore, the Pharmaceuticals Benefit Scheme (PBS) subsidises the cost of listed essential medications. However, despite these schemes, there are still costs associated with accessing health services and information in Australia. Table 1 outlines some costs associated with accessing health services.

Table 1 Costs that impact access to health services

Cost	Explanation
Medicare out-of-pocket expenses	Medicare may only cover the **schedule fee** and therefore there may be out-of-pocket expenses for services.
Medication	The PBS may not cover the full cost of the medication, or patients may have to pay for medications that are not listed on the PBS.
Alternative services not covered by Medicare	There may be additional costs associated with accessing services that are not covered by Medicare, such as allied health services, surgeries, and staying as a private patient in a private hospital.
Private Health Insurance	Although private health insurance can provide cover for additional services, private health insurance can be very costly in terms of premiums.
Transport	If services are far away, particularly for those in rural and remote areas of Australia, then individuals may have to spend large amounts of money on transportation in order to access services.

Key skills dot point

The following key skills dot point applies to the whole lesson:

- identify and explain factors that affect people's ability to access health services and information, including digital media, in Australia

ADDITIONAL TERMS

Barriers are factors that make something less likely to occur

Subsidised means a body, generally the government, pays part of the fee required for a product or service, which reduces its selling price

Schedule fee is the amount of money that the government decides Medicare will pay for various consultations and treatments instead of the patient

Due to these costs, health services may not be affordable for all, especially for low-income earners, which may delay or prevent them from accessing health services. On the other hand, high-income earners may be able to access health services with more ease than low-income earners. High-income earners may opt to purchase private health insurance which can provide them with cover for additional health services, such as optometry and podiatry, which can increase the likelihood of people accessing these services. Additionally, individuals with private health insurance may have reduced waiting periods for surgeries, such as knee replacements. This can improve access to health services by ensuring that patients are treated in a timely manner.

Digital technologies can also improve access to health services as they can reduce the cost associated with travel by allowing individuals to access health services from their homes, such as through telehealth consultations. Although this can improve access to health services by reducing costs associated with travel, it is not a perfect solution as digital devices can be costly and not everyone can afford the technology or WiFi services required to access digital health services.

ACTIVITY 1

How much do I have to pay?

Although Medicare and the PBS cover the cost of selected services and medications, individuals may still have to pay out-of-pocket expenses. The graph below details some of the out-of-pocket payments, by type of expense in Australia, in 2010–11 and 2018–19.

Out-of-pocket payments per person, by type of expense, in 2010–11 and 2018–19
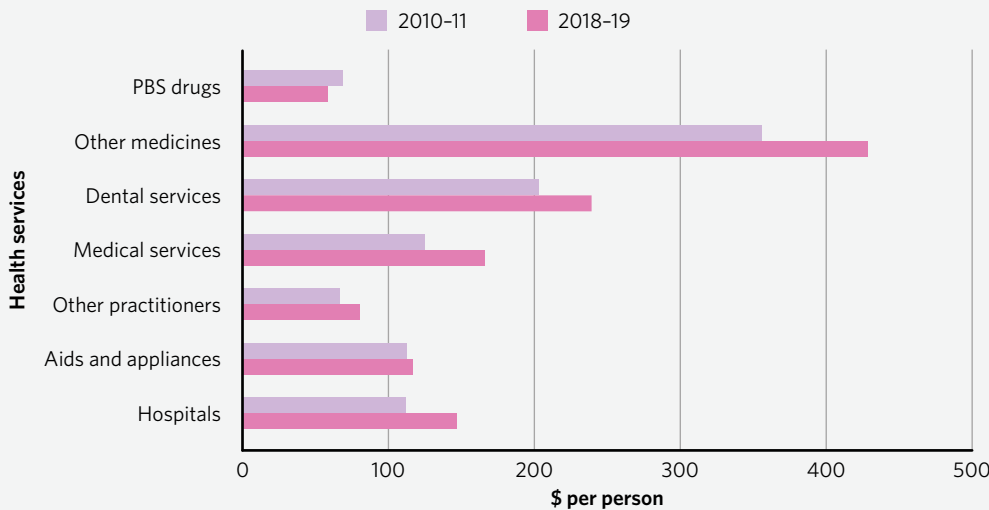
Source: adapted from AIHW, Health expenditure Australia 2018-19 <https://www.aihw.gov.au/getmedia/a5cfb53c-a22f-407b-8c6f-3820544cb900/aihw-hwe-80.pdf.aspx?inline=true>; adapted from AIHW, Health expenditure Australia 2010-11 <https://www.aihw.gov.au/getmedia/c556b80f-5b15-4ef3-84a5-14ef8739c757/14373.pdf.aspx?inline=true>

After looking at the graph, discuss with your classmates the different out-of-pocket expenses that exist in the healthcare sector, using the following questions as prompts:

- Did anything about this graph surprise you?
- How has out-of-pocket spending changed overtime?
- Why do you think out-of-pocket payments have changed over the years?
- What are some examples of medical services that may require an out-of-pocket expense?
- The cost for other medicines is very high. Why do you think this is? Why might the PBS not cover certain medications?
- How might these out-of-pocket payments impact access to health services and information?
- How might these out-of-pocket expenses impact health outcomes?

However, although accessing health services may be costly for some, it is important to remember that Medicare and the PBS aim to make healthcare more accessible by providing cover for some services and medications. This has an overall positive impact for Australians as they may be able to access services and medications necessary to promote their health.

Knowledge 2.2.3.1.2

Not only is health knowledge about information regarding diseases, risk factors, and healthy behaviours, but it also encompasses knowledge about the healthcare system. This understanding is essential to helping individuals navigate health services and information. Knowledge about what services are available, where services are, and how to access them can empower individuals to engage with the healthcare system. In comparison, if individuals are unaware of the services they can access, they are less likely to access health services which may lead to health conditions going undiagnosed and untreated. **Health literacy** is an important aspect of knowledge. Individuals need to be able to obtain, read, and understand health information so they can make well-informed decisions regarding their healthcare. Table 2 shows how high and low levels of health literacy can impact an individual's ability to access health services and information.

Table 2 How high and low levels of health literacy impact access to health services and information

Health literacy	Impact on access to health services and information
High levels of health literacy	• If individuals understand their health conditions and the services available to them, they are more likely to access the appropriate health services. • Individuals are also more likely to access health services that are preventative, such as cancer screening programs, which can increase the likelihood of early detection and treatment. • Individuals are more likely to appraise health information found online and identify whether it is accurate and should be used to inform their decisions regarding health services.
Low levels of health literacy	• Individuals may not know which health services they should access to meet their needs, which means they may be less likely to access the appropriate health services. • Individuals are less likely to participate in preventative health services. • Individuals are less likely to appraise health information online and assess its accuracy and credibility which can lead to poor decisions regarding health services. • Low levels of general literacy can also impede individuals access to health information as they may be unable to understand the information presented to them.

Figure 2 provides examples of how access to health services and experience of healthcare may be different for people with high and low levels of health literacy.

ADDITIONAL TERMS

Health literacy is the ability to obtain, read, and understand health information to make informed health-related decisions

High levels of health literacy
Gordon

Gordon loves ice cream, but lately every time he eats it he feels bloated and nauseous. Gordon begins to notice that it's not only ice cream that makes him bloated, but also foods containing cheese and milk. Gordon knows that these are common symptoms of lactose intolerance and begins a food diary so he can keep track of what food he eats and when he feels ill. He decides to visit his GP and shows his GP the food diary. His GP confirms that he has lactose intolerance and refers him to a dietitian. Gordon is happy to see a dietitian because he wants to learn more about his lactose intolerance and alternative food options.

Gordon's knowledge of lactose intolerance enabled him to make the decision to keep a food diary and see a GP, which led to a timely diagnosis. Gordon's understanding of dietitian services enabled him to access health services that can help him cope with his lactose intolerance and learn about food alternatives.

Low levels of health literacy
Depinder

Depinder loves ice cream, but lately every time she eats it she feels bloated and nauseous. Depinder begins to notices that it's not only ice cream that makes her bloated, but also other foods. Depinder has never felt sick from these foods before and thinks there might be something wrong, so she goes to her GP. When her doctor asks what foods make her feel sick, Depinder only says ice cream as she isn't too sure what other foods are making her ill. From her description, the doctor isn't certain that it's lactose intolerance. He tells her to start a food diary and also refers her to a dietitian. Depinder doesn't want to see a dietitian because she is afraid that the dietitian will think she needs to lose weight and give her a strict diet to follow.

Depinder's low level of knowledge regarding lactose intolerance meant that she may not have noticed a pattern in her eating habits and nausea. Depinder's limited understanding of a dietitian led to her not accessing the services, which may worsen her intolerance and have negative effects on her diet and lifestyle.

Image: GoodStudio/Shutterstock.com

Figure 2 How knowledge impacts access to health services and information

Language barriers 2.2.3.1.3

In 2016, there were over 300 identified languages spoken in Australian homes which highlights how Australia is a multilingual country (Australian Bureau of Statistics, 2017). As a multilingual country, our health services and information need to be presented and tailored in a way that reaches all populations. However, currently Australia's health services and information are predominantly delivered in English which presents a challenge for those who are not fluent in English or have English as a second language.

Those who do not speak English may experience difficulties associated with:

- understanding and using health information and advice to make well-informed health-related decisions.
- communicating healthcare needs and concerns with their healthcare providers.
- describing symptoms.
- feeling overwhelmed by information presented to them.
- feeling uncomfortable when accessing health services.
- not receiving the care they need if healthcare providers do not understand their needs.

On the other hand, those who are fluent in English or have English as their first language may find it easy to access health services. They may feel comfortable communicating with healthcare providers about their concerns and confident that they will receive information they will understand, which can encourage them to access health services.

To ensure that all people can feel confident and comfortable accessing health services and information, language barriers need to be reduced. Figure 3 shows some of the ways language barriers can be reduced.

By ensuring that interpreters or translators are present or can be accessed through digital technologies, such as video conferencing

By ensuring that health information, such as pamphlets, are available in multiple languages or can be translated.

How can language barriers be reduced?

By using translator apps that can translate written information and help communicate across languages.

By finding and accessing healthcare providers that can speak multiple languages.

Figure 3 How language barriers can be reduced

ACTIVITY 2 - CLASS DISCUSSION

As you can see, language barriers make it difficult for those who do not speak English to access health services and information. You might have not experienced difficulties associated with language barriers firsthand, however, you might have noticed how healthcare is tailored towards those who speak English. With a partner, reflect on your healthcare experiences and see if you notice any difficulties associated with language barriers, by responding to the following questions.

- At your local health clinic, do you know if the doctors speak different languages? Is this information advertised?
- Are health pamphlets and posters printed in different languages?
- Do you know if interpreters are available in hospitals and other healthcare settings?
- Have you ever accessed health services in a non-English speaking country? What was your experience?
  Are there any difficulties you faced?
- Have you ever had to help a non-English speaking family member or friend access health services?
- How do symbols help communicate health information?
- How might language barriers affect health and wellbeing?

Interpretive services available
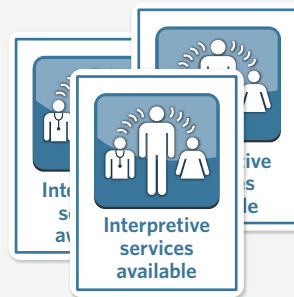
Image: mindscanner/Shutterstock.com

Geographic location 2.2.3.1.4

Geographic location is a factor that can have a significant impact on an individual's ability to access health services and information. Figure 4 displays how patient experiences differ according to remoteness.

Patient experiences in adults aged 45 and over, by remoteness, 2016, Australia
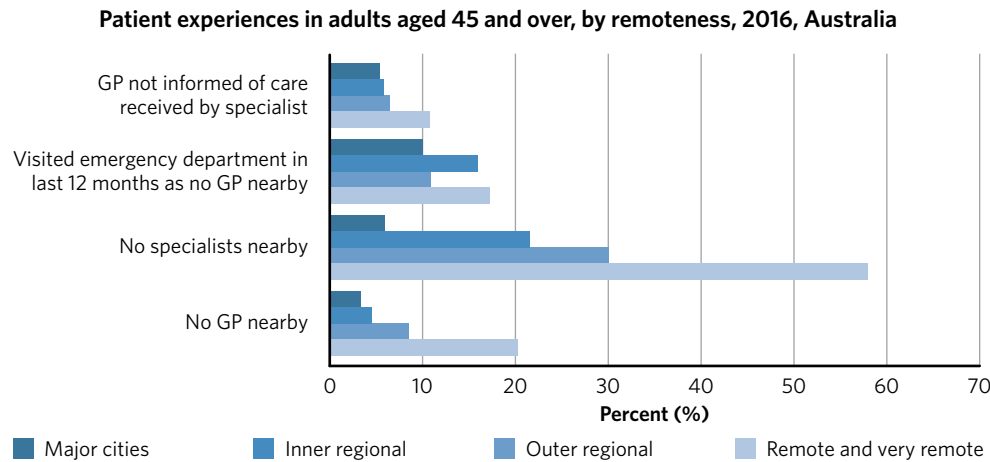
Figure 4 Patient experiences by remoteness in Australia in 2016 (AIHW, 2018)

Table 3 shows how access to health services for those living in outer regional and remote communities differs from those living in inner regional and major cities.

Table 3 How geographic location impacts access to health services

Geographic location	Impact on access to health services
Outer regional and remote communities	• As the graph shows, people living in outer regional and remote communities reported that there were no GP or specialist services nearby, therefore they may not access health services because they are not available to them. • Due to a lack of local health services, people may have to travel further for health services which may delay or prevent access to health services. • Fewer hospitals may mean that people have to wait or travel further for emergency services.
Inner regional and major cities	• More local services mean that people are more likely to access health services as they are readily available to them. • People do not have to travel far for health services which can ensure that they have timely access to services.

The barrier of geographic location can be reduced by mobile services that travel to remote or regional communities to deliver healthcare. Digital health technologies can also reduce the barrier of geographic location by allowing individuals to access health services in the comfort of their homes. This can ensure that those living in remote or outer regional areas can access some health services without travelling long distances and receive timely advice and treatment.

🌐 *Real world example*

The Royal Flying Doctor Service provides emergency air transportation for those living in remote or outer regional areas of Australia so they are able to receive timely care during an emergency. The Royal Flying Doctor Service teams consist of highly trained healthcare professionals who are experts across a wide range of medical issues. The Royal Flying Doctor Service transports patients from remote or outer regional areas of Australia to hospitals in major cities that have the equipment, facilities, and expertise necessary to help treat patients. The Royal Flying Doctor Service is a life-saving service that is important for many Australians. On YouTube, search up *'Meet baby Zac'* and watch the 2 minute and 47-second video showcasing a real-life example of how The Royal Flying Doctor Service helps save lives (Royal Flying Doctor Service of Australia, 2020).

Image: VanderWolf Images/Shutterstock.com

Figure 5 The Royal Flying Doctor Service provides emergency air transportation for those in regional and remote areas

Figure 6 shows how individuals experiencing similar health problems can have a different experience of accessing health services due to geographic location.

Maisie

Maisie is 34 years old and lives in a rural town with her partner and two young children. Maisie has recently noticed a lump on her breast. Maisie wants to visit a breast screening clinic, however the closest clinic is located over an hour away. Maisie has to wait four weeks for a day off so she can travel for her mammogram. The results reveal that she has stage 2 breast cancer. Maisie has to complete chemotherapy at a hospital that is also an hour away. Maisie's partner has to take off time at work in order to drive Maisie to her chemotherapy session.

Carrie

Carrie is 34 years old and lives in the city with her partner and two young children. Carrie has recently noticed a lump on her breast. The following day, after work, Carrie decides to visit a breast screening clinic close to her home. The results reveal that she has stage 2 breast cancer. Carrie is able to complete chemotherapy at a hospital which is only a fifteen-minute drive from her house. Carrie's partner is able to drive Carrie to her chemotherapy sessions and work.

Image: GoodStudio/Shutterstock.com

Figure 6 How geographic location impacts access to health services and information

Culture and religion   2.2.3.1.5

Australia is a culturally diverse country and an individual's culture can affect how they access health services. **Culture** is a multi-layered concept that encompasses the shared characteristics and behaviours of a particular group of people, including traditions, customs, language, religion, music, art, and cuisine. Different cultures have different views and perspectives on health, healthcare, and medicine.

Australia's healthcare system is heavily influenced by the Western biomedical model of health which may not align with the beliefs, values, and views of different cultures. For example, Indigenous Australians have a holistic view of healthcare that is influenced by their tradition and connection to the land. The practice of using native Australian botanicals for medicine reflects their view of nature promoting healing and wellness. This contrasts with the Western biomedical model of care that promotes the use of pharmaceutical medicines as opposed to natural remedies. Therefore, Indigenous Australians may not access Western health services and medicine as the Western practices may not align with their cultural beliefs and traditions.

If an individual feels as though their health services do not align with their cultural beliefs, values, and views of health, then they may be less likely to access health services. They may also choose not to access health services due to fears of experiencing racism, feeling uncomfortable, not having their beliefs and values respected, and experiencing poor communication with their healthcare provider.

Cultural views, values, and beliefs may be influenced by religion, however they are different from religious beliefs. **Religion** refers to a set of beliefs, values, practices, and doctrines that are accompanied by a belief in a higher power, often in the form of a god or gods. Religious beliefs, traditions, and practices may inform an individual's decision to access health services and information. For example, some religions, such as Judaism, have particular dietary considerations. Although hospitals may cater to their dietary requirements, some people may choose not to stay in hospitals if they feel as though they will not be able to consume foods in accordance with their traditions and practices. Table 4 highlights some of the healthcare considerations that exist amongst different religions.

Table 4 How religion impacts access to health services

Religion	Impact on access to health services
Jehovah's Witness	Blood transfusions are forbidden through the interpretation of biblical passages such as: 'But you shall not eat flesh with its life, that is, its blood.' (*English Standard Version Bible*, 2001, Genesis. 9:4). Therefore, Jehovah's Witnesses may refuse to receive blood transfusions from others, even in emergency situations (Victorian Department of Health & Human Services, 2013). Therefore, Jehovah's Witnesses may not access blood transfusion health services as treatment options.
Sikhism	According to the five signs of their faith, a Sikh must not cut hair from his/her body. Therefore in medical procedures and surgeries, the patient needs to consent to the removal of hair and it should be avoided if possible (Queensland Department of Health, n.d.). Only in life-threatening situations should hair be removed from the body without consent. Therefore, Sikhs may not access health services if they involve the removal of hair.

cont'd

ADDITIONAL TERMS

Culture is a multi-layered concept that encompasses the shared characteristics and behaviours of a particular group of people, including traditions, customs, language, religion, music, art, and cuisine

Religion refers to a set of beliefs, values, practices, and doctrines that are accompanied by a belief in a higher power, often in the form of a god or gods

Lesson link

In lesson **1B: Variations in perspectives of health and wellbeing**, you learnt about the variations in perspectives and priorities of different cultures and religions. The perspectives and priorities of different cultures influence which health services and information people choose to access. Therefore, having a good understanding of these variations can help you understand why different cultures may not choose to access Western healthcare. If you want a refresher on these concepts, return to this lesson.

Table 4 Continued

Religion	Impact on access to health services
Islam	A strong value of Islam is modesty. Both Islamic men and women may feel uncomfortable exposing their bodies to healthcare providers, especially of the opposite sex (Queensland Department of Health, n.d.). They may also feel uncomfortable participating in invasive health services, such as a colonoscopy. Therefore it is important that Islamic men and women are treated by healthcare providers of their own sex. It is also important to ensure that there are methods in place to ensure privacy, such as private changing rooms in hospitals. If Islamic men and women have to be treated by healthcare providers of the opposite sex, then they may choose not to access health services.

Theory summary

In this lesson, you have learnt about some of the factors that impact access to health services and information. Figure 7 summarises the factors that were discussed in this lesson that can affect access to health services.
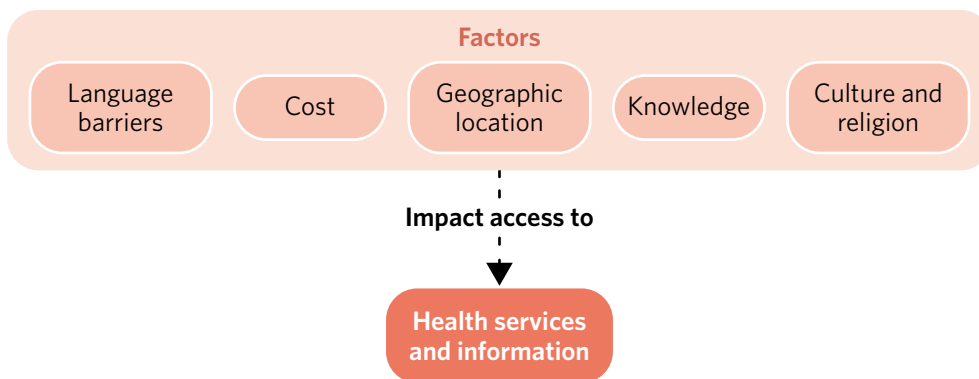
Figure 7 Factors affect access to health services and information

9C QUESTIONS

Theory-review questions

Question 1

There are various barriers that impact access to health services and information. Which of the following best fills in the blank?

A More.

B Less.

Barriers are factors that make something ＿＿＿＿＿＿ likely to occur.

Question 2

In Australia, there are no costs associated with accessing health services.

A True.

B False.

Question 3

In order to navigate health services and information, people need to have knowledge about every disease.

A True.

B False.

Question 4

Australia is a multilingual country, therefore, language can act as a barrier to accessing health services.

A True.

B False.

Question 5

Geographic location can impact access to health services. Which of the following best fills in the blank?

A   Major cities.

B   Remote communities.

Those living in _____ generally have more difficulty accessing health services.

Question 6

All religions share the same view of health and therefore access the same health services.

A   True.

B   False.

Skills

Unpacking the case study

Use the following information to answer Questions 7–9.

Shawn lives on a vineyard in rural Victoria. Shawn spends the majority of his time working in the vineyard and does a lot of manual labour. Shawn begins to notice that after a long day of work, his back is very sore. When Shawn visits his local GP regarding his back, his GP refers him to a chiropractor. Shawn knows that there is a chiropractor in another town that treated one of his friends for similar back pain and decides to try booking an appointment there. The chiropractor is located forty minutes away from Shawn's home, so Shawn has to wait until he has a day off so he can travel. Shawn also notices that the chiropractor session will not be covered by Medicare. As Shawn will have to pay an additional cost, he delays seeing the chiropractor until he has the money to pay for the session.

Question 7

Knowledge is a factor that is influencing Shawn's ability to access health services. This is best reflected by the statement that

A   'Shawn knows that there is a chiropractor in another town that treated one of his friends for similar back pain and decides to try booking an appointment there.'

B   'The chiropractor is located forty minutes away from Shawn's home, so Shawn has to wait until he has a day off so he can travel.'

Question 8

Cost is a factor that is influencing Shawn's ability to access health services. This is best reflected by the statement that

A   'As Shawn will have to pay an additional cost, he delays seeing the chiropractor until he has the money to pay for the session.'

B   'The chiropractor is located forty minutes away from Shawn's home, so Shawn has to wait until he has a day off so he can travel.'

Question 9

Geographic location is a factor influencing Shawn's ability to access health services. This is best reflected by the statement that

A   'Shawn knows that there is a chiropractor in another town that treated one of his friends for similar back pain and decides to try booking an appointment there.'

B   'The chiropractor is located forty minutes away from Shawn's home, so Shawn has to wait until he has a day off so he can travel.'

Exam-style questions

Question 10   (2 MARKS)

Explain how knowledge can impact access to health services.

Question 11 (3 MARKS)

Mortality rate due to cardiovascular disease by income in Australia, 2011–12
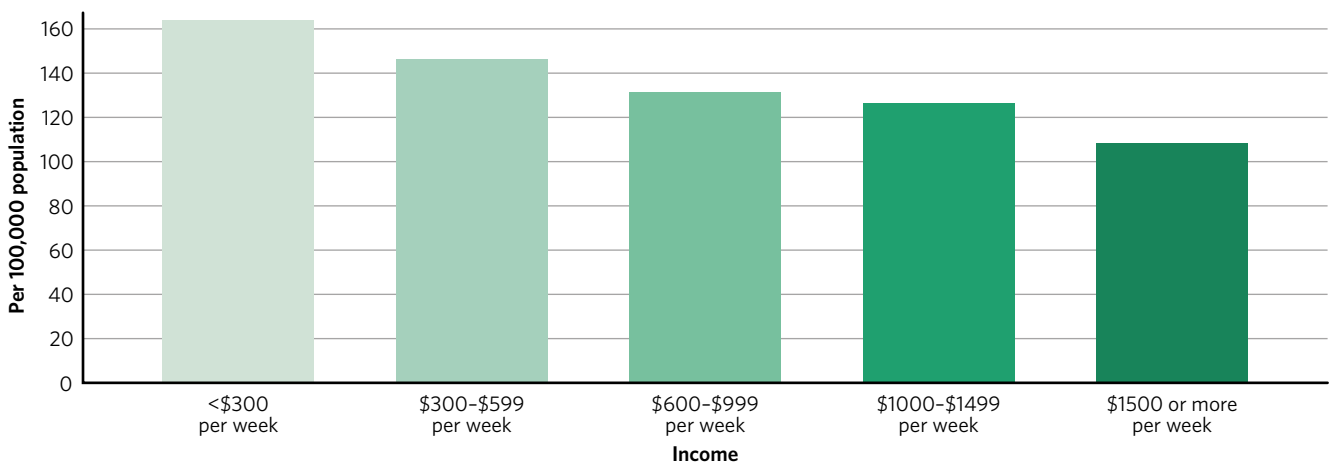
Source: Adapted from AIHW, *Health across socioeconomic groups*, <https://www.aihw.gov.au/reports/australias-health/health-across-socioeconomic-groups>

Using the data provided, explain how cost as a barrier to accessing healthcare can contribute to mortality rates due to cardiovascular disease.

Question 12 (4 MARKS)

Digital technologies can help improve access to health services.

a Describe how the use of digital technologies in healthcare settings can improve access to health services for those living in remote communities. (2 MARKS)

b Describe how the use of digital technologies in healthcare settings can improve access to health services for those who do not speak English. (2 MARKS)

Question 13 (6 MARKS)

The Indigenous Diabetes Eyes and Screening (IDEAS) Van

The Indigenous Diabetes Eyes and Screening (IDEAS) Van is a mobile, three-room ophthalmology and optometry specialist service that travels to remote Indigenous communities in Queensland. The main purpose of the IDEAS Van is to reduce blindness and visual impairment amongst Aboriginal and Torres Strait Islanders with diabetes by giving them access to optometry and ophthalmology services. The IDEAS Van brings high quality retinal screening equipment to these communities in order to perform retinal imaging, other eye tests, and treatment for Indigenous Australians. Patients accessing services on the IDEAS Van do not have to pay for treatment or the glasses dispensed on the van. Healthcare workers on the IDEAS Van also deliver care by upskilling Indigenous health workers in their knowledge of diabetes.

Source: Adapted from IDEAS Van, *The IDEAS Van*, <https://www.ideasvan.org/the-ideas-van>

a With reference to **two** factors, discuss how the IDEAS Van can improve access to health services. (4 MARKS)

b Suggest how the IDEAS Van can promote health and wellbeing. (2 MARKS)

Question 14 (6 MARKS)

Aaliyah has recently migrated from Saudi Arabia to Australia with her husband and two kids. Aaliyah is currently pregnant with her third child. Aaliyah's first language is Arabic however she has been learning English and is slowly becoming more comfortable communicating with others. Aaliyah is a faithful follower of Islam and is strong in her belief in the value of modesty. When Aaliyah goes into labour, she is hesitant to go to hospital as she fears that she will be treated by a male doctor, thereby going against her belief in modesty especially in relation to the opposite sex. In accordance with her beliefs, Aaliyah also wants to bury the placenta after birth. She tries explaining this to the midwives in English, however, the midwives are struggling to understand her request.

a Discuss two factors that may impact Aaliyah's ability to access health services. (4 MARKS)

b Explain how Aaliyah's healthcare experience may impact a dimension of health and wellbeing. (2 MARKS)

Questions from multiple lessons

Question 15 (2 MARKS)

Explain how the Medicare safety net can improve access to health services.

9D RIGHTS AND RESPONSIBILITIES FOR ACCESSING HEALTH SERVICES

Did you know that patients in Australia are entitled to a number of rights when receiving healthcare? One of these rights is privacy. Why do you think it may be important for health providers to uphold privacy relating to the storage, use and sharing of personal health information and data? In this lesson, you will learn about patients' rights and responsibilities when accessing health services. Furthermore, you will also learn about the importance of privacy and confidentiality relating to the storage, use and sharing of personal health information and data.

9A Australia's health system	9B Support services	9C Access to health services and information	9D Rights and responsibilities for accessing health services	9E Opportunities and challenges of digital media	9F Issues relating to new health procedures and technologies	9G Consumer complaints

Study design dot point

- rights and responsibilities associated with accessing health services, including privacy and confidentiality relating to the storage, use and sharing of personal health information and data

Key knowledge units

Patient rights	2.2.4.1
Patient responsibilities	2.2.4.2
Privacy and confidentiality relating to the storage, use and sharing of personal health information	2.2.4.3

Rights and responsibilities for accessing health services

Patient rights 2.2.4.1   Patient responsibilities 2.2.4.2   Privacy and confidentiality relating to the storage, use and sharing of personal health information 2.2.4.3

Patient rights 2.2.4.1

OVERVIEW

All patients in the Australian healthcare system are entitled to various essential rights. These rights are applicable to all healthcare settings, whether that be in public or private hospitals, at a general practitioner, or even at dental practices.

THEORY DETAILS

The Australian Charter of Healthcare Rights describes what patients can expect when receiving healthcare. The first edition of the Australia Charter of Healthcare Rights was endorsed by health ministers in 2008. The second edition was launched in August 2019. The Australian Charter of Healthcare Rights outlines seven essential rights: access, safety, respect, partnership, information, **privacy**, and give feedback (Australian Commission on Safety and Quality in Health Care [ACSQHC], 2019). These rights apply to all people in all Australian healthcare settings. This includes public and private hospitals, day procedure services, general practice, and other community health services.

Study design key skills dot point

The following key skills dot point applies to the whole lesson:

- discuss rights and responsibilities of access to health services

ADDITIONAL TERMS

Privacy (related to health) refers to the right for any health information relating to a patient to remain confidential and to only be shared with the appropriate health professionals with consent

The Australia Charter of Healthcare Rights is made up of three *guiding principles* to describe how the seven rights are applied in Australia's health system (ACSQHC, 2019):

1 Everyone has the right to be able to access healthcare and this right is essential for the Charter to be meaningful.

2 The Australian Government commits to international agreements about human rights which recognise everyone's right to have the highest possible standard of physical and mental health.

3 Australia is a society made up of people with different cultures and ways of life, and the Charter acknowledges and respects these differences.

Table 1 Summary of The Australian Charter of Healthcare Rights (ACSQHC, 2019)

Patient right	Description	You have the right to
Access	Access means that a patient has the right to access health services and treatment that address their healthcare needs.	• Access healthcare services and treatment that meets your needs.
Safety	Safety means a patient has the right to receive safe and high quality health services, provided with professional care, skill, and competence.	• Receive safe and high-quality healthcare that meets national standards. • Be cared for in an environment that makes you feel safe.
Respect	Respect means that a patient has the right to be shown respect, dignity, and consideration when accessing healthcare. This implies that the healthcare a patient receives should respect their culture, beliefs, values, and personal characteristics.	• Be treated as an individual, and with dignity and respect. • Have your culture, identity, beliefs, and choices recognised and respected.
Partnership	Partnership means that a patient has the right to make decisions with their healthcare provider to the extent to which they are able to. It also encompasses the importance of open and honest communication between the patient and healthcare professionals.	• Ask questions and be involved in open and honest communication. • Make decisions with your healthcare provider, to the extent that you choose and are able to. • Include the people that you want in planning and decision-making.
Information	Information means that a patient has a right to receive clear information about their condition, possible benefits and risks of treatment, potential waiting time, and costs. It also addresses the importance of patients receiving any necessary assistance when needed to understand relevant healthcare information.	• Clear information about your condition, the possible benefits and risks of different tests and treatments, so you can give your informed consent. • Receive information about services, waiting times, and costs. • Be given assistance when you need it to help you to understand and use health information. • Access your health information. • Be told if something has gone wrong during your healthcare, how it happened, how it may affect you, and what is being done to make care safe.
Privacy	Privacy means that patients have the right to have their privacy maintained. This means that patients' information should be treated as confidential and only be shared with the appropriate health professionals.	• Have your personal privacy respected. • Have information about you and your health kept secure and confidential.
Give feedback	Give feedback means that patients have the right to provide feedback or complaints whilst receiving healthcare without it affecting the way they are treated. This also means that patients have the right to have their concerns addressed in a transparent and timely manner.	• Provide feedback or make a complaint without it affecting the way that you are treated. • Have your concerns addressed in a transparent and timely way. • Share your experience and participate in feedback to improve the quality of care and health services.

Image: Cumberland/Shutterstock.com

Figure 1 Patients are entitled to seven essential rights outlined by The Australia Charter of Healthcare Rights

Patient responsibilities 2.2.4.2

OVERVIEW

Whilst patients are entitled to various rights within Australia's healthcare system, they also have their own responsibilities that they must uphold. When accessing health services it is important for patients to uphold their responsibilities in order to receive the best possible healthcare.

THEORY DETAILS

Not only is it important for patients to be aware of their rights when accessing healthcare services, but they should also be aware of their responsibilities. When accessing healthcare in Australia, there are numerous responsibilities that patients must uphold to ensure they receive the most suitable healthcare for them. In the Australian healthcare system, patients' responsibilities include:

- respecting healthcare professionals when receiving treatment or other healthcare services.
- providing accurate information about present and past health conditions, medications, family illnesses, or any other relevant information.
- addressing any relevant concerns related to safety, treatment and medication options, and medical costs.
- taking an active role in decisions relating to their healthcare.
- asking any relevant questions in relation to the benefits and risks of proposed healthcare treatments or procedures.
- paying for any required out of pocket expenses within the appropriate timeframe to the healthcare provider.

Image: michaeljung/Shutterstock.com

Figure 2 Patients must uphold various responsibilities when accessing healthcare in Australia

Privacy and confidentiality relating to the storage, use and sharing of personal health information 2.2.4.3

OVERVIEW

Privacy and confidentiality in relation to patients' health information are important components of Australia's healthcare system. In Australia, it is (in most circumstances) required by law for patients' personal health information to protect their personal privacy and confidentiality.

THEORY DETAILS

In most cases, healthcare professionals in Australia are required by law to keep patients' personal health information private and confidential. As seen in The Australian Charter of Healthcare Rights, privacy is one of the seven patient rights in Australia's healthcare system. Privacy as a healthcare right ensures that patients' information is treated as confidential and only be shared with the appropriate health professionals. **Medical confidentiality** refers to rules that limit the access to information discussed between a patient and their healthcare practitioners, and implies that anything discussed with a healthcare professional must, by law, be kept private between the patient and practitioner and the practitioner's organisation they work for. **Medical privacy** and confidentiality is an important part of Australia's health system, as it protects patients' **personal health information**, ensuring that only appropriate healthcare professionals can access it. This includes ensuring that patients health information, such as patient health records, is stored securely and only shared with the appropriate healthcare professionals.

ADDITIONAL TERMS

Medical confidentiality refers to rules that limit the access to information discussed between a patient and their healthcare practitioners, and implies that anything discussed with a healthcare professional must, by law, be kept private between the patient and practitioner and the practitioner's organisation

Medical privacy is the practice of maintaining the security and confidentiality of patient records

Personal health information is information relating to a patient's medical history, including information about illnesses, medications, or treatments

There are some exceptions in Australia as to when patients' healthcare information may be disclosed. These include:

- if a medical professional has reason to believe the patient will harm themselves or others.
- if a court requires a medical professional to provide evidence in court.
- if a patient is unconscious and a doctor, nurse, or paramedic needs to be aware of important health information to treat them, such as allergies.

Theory summary

In this lesson, you learnt about the rights patients are entitled to when accessing healthcare services. The Australian Charter of Healthcare Rights outlines seven essential patient rights in Australia's healthcare system. These rights are outlined in figure 3.
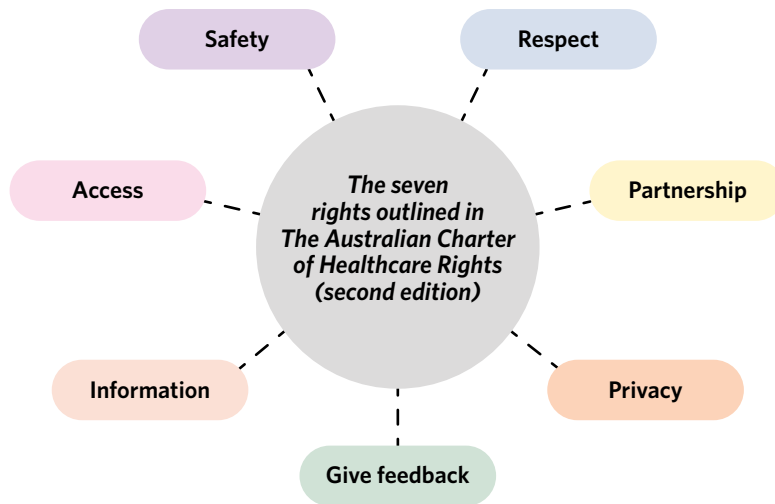
Figure 3 The seven patient rights outlined by The Australian Charter of Healthcare Rights (according to the second edition)

Furthermore, you also learnt about the various responsibilities that patients are expected to uphold when accessing healthcare services. Lastly, you learnt about the importance of privacy and confidentiality relating to the storage, use and sharing of personal health information.

9D QUESTIONS

Theory-review questions

Question 1

The Australian Charter of Healthcare Rights outlines seven responsibilities that patients must fulfil.

A True.

B False.

Question 2

Confidentiality is one of the patient rights outlined in The Australian Charter of Healthcare Rights.

A True.

B False.

Question 3

Respect as a healthcare right means that the healthcare a patient receives should respect their culture, beliefs, and values.

A True.

B False.

Question 4

A patient's right to receive correct details about services, waiting times, and costs is demonstrated by which of the following healthcare rights?

A Give feedback.

B Access.

C Information.

Question 5

A patient's right to ask questions and be involved in open and honest communication with healthcare professionals is demonstrated by which of the following healthcare rights?

A Safety.

B Partnership.

C Information.

Question 6

It is a patient's responsibility to show respect to healthcare professionals in the process of receiving treatment or healthcare services.

A True.

B False.

Question 7

In all cases, healthcare professionals in Australia are required by law to keep patients' personal health information private and confidential.

A True.

B False.

Skills

Unpacking the case study

Use the following information to answer Questions 8–10.

Fernando is a 65-year-old male who is currently consulting with his general practitioner (GP) about surgery for a hip replacement. During the consultation, Fernando's GP outlines the details of the operation, explaining the benefits of the surgery, the financial cost, as well as the waiting time. Fernando has a few questions in regards to the operation, which his GP answers using open and honest communication.

Question 8

The patient right of 'information' is reflected by the statement that

A 'Fernando has a few questions in regards to the operation, which his GP answers using open and honest communication.'

B 'During the consultation, Fernando's GP outlines the details of the operation, explaining the benefits of the surgery, the financial cost as well as the waiting time.'

Question 9

The patient right of 'partnership' is reflected by the statement that

A 'Fernando has a few questions in regards to the operation, which his GP answers using open and honest communication.'

B 'During the consultation, Fernando's GP outlines the details of the operation, explaining the benefits of the surgery, the financial cost as well as the waiting time.'

Question 10

When consulting with his GP, Fernando has the right of privacy and medical confidentiality regarding his health information.

A True.

B False.

Exam-style questions

Question 11 (1 MARK)

Outline what is meant by medical confidentiality.

Question 12 (2 MARKS)

Outline two responsibilities of a patient when accessing healthcare services.

Question 13 (2 MARKS)

Describe one patient right outlined in The Australian Charter of Healthcare Rights.

Question 14 (2 MARKS)

Describe 'information' as a patient right.

Question 15 (2 MARKS)

Explain the importance of medical confidentiality for patients when accessing healthcare services.

Question 16 (2 MARKS)

Explain one instance when a patient may not have the right to confidentiality in the Australian healthcare system.

Question 17 (2 MARKS)

Eliza is a 16-year-old girl who has been in a relationship with her boyfriend for two years. Eliza has recently become sexually active and wishes to consult her general practitioner (GP) about different options of birth control. Eliza's father visits the same GP and is currently unaware that she is sexually active. Eliza does not want her father to find out about her being on any form of birth control, as she wishes to keep it private.

Explain how Eliza has the right to privacy when receiving advice from her GP.

Questions from multiple lessons

Question 18 (2 MARKS)

Explain how Medicare supports the patient right of 'access' as outlined by the Australian Charter of Healthcare rights.

9E OPPORTUNITIES AND CHALLENGES OF DIGITAL MEDIA

Digital media is all around us. When we wake up, the first thing we might do is scroll through our social media feeds. During the day, we might use websites to help source information for work or school. At night, we might tune in to the evening news or relax by watching an episode or film. Digital media is inescapable and may become even more prevalent in our lives as it continues to establish itself in the health industry. In this lesson, you will learn about how websites, online practitioners, and digital apps are used in health settings. You will also learn about the opportunities and challenges presented by digital media in the provision of health and wellbeing information.

Image: denayunebgt/Shutterstock.com

9A Australia's health system	9B Support services	9C Access to health services and information	9D Rights and responsibilities for accessing health services	9E Opportunities and challenges of digital media	9F Issues relating to new health procedures and technologies	9G Consumer complaints

Study design dot point

- opportunities and challenges presented by digital media in the provision of health and wellbeing information, for example websites, online practitioners and digital health apps

Key knowledge units

Digital media	2.2.5.1
Websites	2.2.5.2
Online practitioners	2.2.5.3
Digital health apps	2.2.5.4

Opportunities and challenges of digital media

Digital media   2.2.5.1   Websites   2.2.5.2   Online practitioners   2.2.5.3   Digital health apps   2.2.5.4
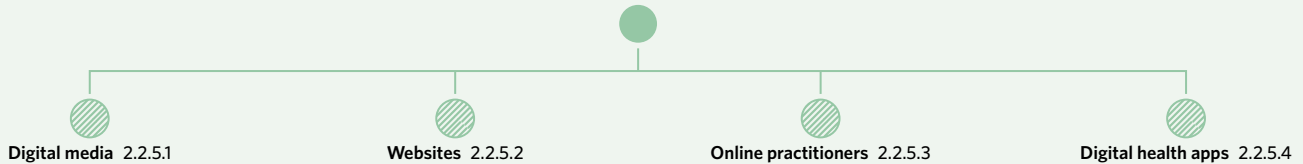
Digital media 2.2.5.1

OVERVIEW

The days of printed magazines and newspapers are slowly fading away. Nowadays, people turn to digital devices for information they need. People can watch videos, read articles, or listen to podcasts online about any area of interest. Therefore, digital media is presenting itself as a platform for distributing health and wellbeing information to individuals.

THEORY DETAILS

Digital media refers to audio, video, photographic, and written content that is converted into a digital media format and can be viewed and distributed on digital electronic devices. Digital media comes in a variety of different forms. Some examples of digital media are summarised in figure 1. In this lesson, we cover three forms of digital media that closely relate to health care.

KEY DEFINITIONS

Digital media refers to audio, video, photographic, and written content that is converted into a digital media format and can be viewed and distributed on digital electronic devices

Covered in this lesson

Websites

Online practitioners

Digital health apps

Digital media

Social media

Podcasts

Virtual reality

Videos

e-books and e-brochures
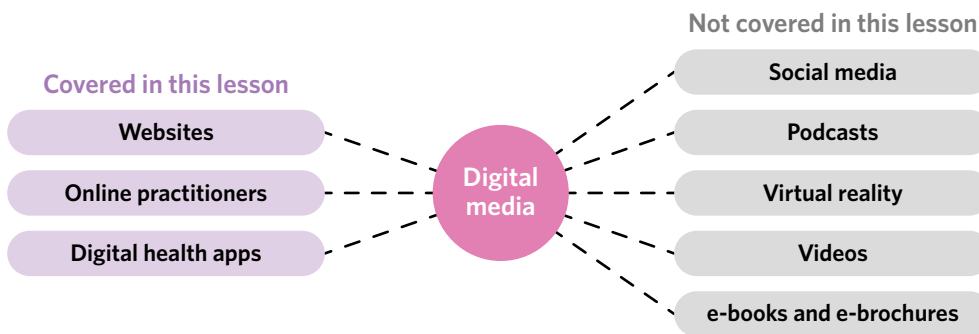
Figure 1 Digital media can present itself in a wide range of forms

Digital media is used in many different industries and is becoming increasingly popular in the health industry. In the health industry, digital media has many uses, some of which include:

- distributing general health and wellbeing information.
- allowing individuals to access their personal health information.
- finding health services.
- informing citizens of public health concerns.
- reading, understanding, and learning about health and healthy behaviours.
- attending health consultations and appointments.

Despite the many opportunities digital media presents for benefiting health, such as improving access to health information, there are also many challenges that may arise that can negatively impact how we understand and use health information.

Image: REDPIXEL.PL/Shutterstock.com

Figure 2 Health information can be accessed through digital media devices

Websites 2.2.5.2

OVERVIEW

If you're feeling unwell, where is the first place you go to for information? Do you type in your symptoms on Google and click on the first website that comes up? How do you know if that website is a trustworthy and reliable source? These questions relate to websites as a form of digital media that can be used in health.

THEORY DETAILS

In 2018, 78% of Australians used the internet to find health-related information (Australian Institute of Health and Welfare, 2018). There are various websites that provide and distribute health information and services. Some of these services may be run by the government, while others may be run by individuals or non-government organisations, such as independent health clinics. It is highly likely that government websites distribute health information that is credible and accurate. Non-government-run websites may also be reliable, especially if they are run by dependable organisations, such as Nutrition Australia. However, individuals should access websites with care as there are no restrictions on who can create a website, so people who are not qualified health professionals can easily provide inaccurate health information online. Table 1 highlights some of the health websites available to individuals and table 2 discusses the potential opportunities and challenges associated with health websites.

Table 1 Health websites

Website	Description
Better Health Channel *(www.betterhealth.vic.gov.au, Department of Health, State Government of Victoria, n.d.)*	Better Health Channel is a website provided by the Victorian Government. The Better Health Channel provides in-depth information about different conditions and treatment options that can be easily found under headings relating to different body parts, body systems, and organs. Other health and wellbeing information provided on the website includes information about relationships, alcohol and drug use, weight management, and information about different support services available.
Health Direct *(www.healthdirect.gov.au, HealthDirect, n.d)*	Health Direct is a website provided by the Australian Government. Health Direct provides a variety of information on different health topics using an A-Z directory. The website also has a 'service finder' function which allows individuals to locate different health services based on their postcodes and town. They also have a symptom checker feature which requires individuals to provide information about their symptoms in order to receive advice about what to do next.
Head to Health *(www.headtohealth.gov. au, Australian Government Department of Health, n.d.)*	Head to Health is a website provided by the Australian Department of Health. This website is dedicated to informing individuals about different mental health topics and support services available. What makes this website unique from other health websites is that it collates different online programs, forums, phone services, and apps into one place. For example, searching for an anxiety forum will provide you with links to forums on different, trusted websites, such as BeyondBlue. Therefore, not only does this website provide reliable information regarding mental health, it also directs you to other credible websites that may explore topics in more detail and provide different services.
ReachOut.com *(au.reachout.com, ReachOut Australia, n.d.)*	ReachOut.com is a non-government-run website targeted toward providing information, support, and resources for young people regarding mental health issues. ReachOut.com provides individuals with articles and videos about different mental health issues and coping strategies. There are also a variety of anonymous forums available for young people to connect with others and share experiences and advice regarding mental health.
Eat For Health *(eatforhealth.gov.au, Australian Government Department of Health, n.d.)*	Eat for Health is a website provided by the Australian Department of Health. Eat for Health provides information about dietary guidelines and nutrients. The website has a variety of tools, including calculators, that can help individuals work out their daily energy needs and daily nutrient requirements. This website also has numerous healthy recipes and a range of resources to promote healthy eating in schools.

Table 2 Opportunities and challenges associated with websites

Opportunities	Challenges
• Websites may provide health information at no cost; therefore, it is an inexpensive way for people to access information and advice. • Websites are readily available to access; therefore, individuals do not have to wait a long time to obtain health information. • Anonymous online forums and discussion groups can allow for the privacy of personal information, especially around sensitive topics. This can potentially reduce the stigma associated with accessing services, such as addiction counselling, and therefore improve access to these health services. • Websites have the potential to be translated, which reduces language barriers in accessing health information. • Websites have the potential to present health-related information in different formats, such as through videos, articles, and fact sheets. This can make health information more accessible for a wide range of people with different learning capabilities. • Not all information may be covered in doctors consultations and patients may not remember every single detail the doctor said. Therefore, patients can use websites to help expand their knowledge about their disease or injury.	• Not all websites are from credible sources and therefore the information may not be accurate, reliable, or trustworthy. • Using websites and online symptom checkers may lead to individuals inaccurately self-diagnosing themselves with a health condition. This may lead people to seek treatment they do not need or miss the real cause of ill health. • Low levels of health literacy may mean that people do not have the relevant skills and knowledge to be able to understand and appraise information presented on websites. • Some individuals may not have the digital skills or knowledge to navigate and use websites, making them inaccessible. In a similar way, others may not have easy access to a device or the internet. • Cyberchondria is a term that refers to an individual's anxiety about their health that is created or worsened by using the internet to search for information. Websites can contribute to such anxiety as the information presented may lead individuals to believe that they have a rare or serious disease or illness.

ACTIVITY 1

Symptom checkers

Symptom checkers found on websites are often the first place people go to when they are feeling ill as they can help identify potential causes of ill health and diseases. However, although these symptom checkers may be accurate, the information does not necessarily always apply to you and your unique health situation. Therefore, symptom checkers should not replace a professional diagnosis.

For this activity, type '*Mayo Clinic symptom checker*' into your browser and click on the link to the Mayo Clinic website (Mayo Clinic, n.d.). Mayo Clinic is a non-profit American academic medical centre and its website is often listed on the first search page following a health-related Google search. For the symptom checker, select the symptom of headaches in adults. Fill in the questionnaire as if you were experiencing a mild headache that has a duration of a couple of hours with no additional side effects, such as nausea. Once you finish, reflect on the results by discussing the questions below.

- What possible causes did the website suggest? Is there anything that raises concerns?
- Do you think the website encourages people to self-diagnose themselves? What information and advice is given to people who use the checker and how might this be important?
- Do you think the questions asked could accurately predict causes of ill health?
- If you were to use a symptom checker again, would you return to this website? Why/why not?
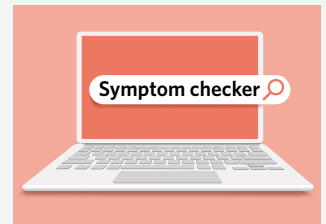
Image: John k studio/Shutterstock.com

Online practitioners 2.2.5.3

OVERVIEW

Have you ever had a doctor's appointment or consultation over the phone or via video chat? How did you feel about this experience? Was it convenient or do you prefer to see a practitioner in person? These questions relate to the digital media form of online platforms that enable consultations with medical practitioners.

THEORY DETAILS

An online practitioner is someone who offers healthcare-related services over digital forms, such as through the internet, or video conferencing methods. Some medical practitioners may practice solely online, and there are a wide range of services that specialise in connecting online practitioners with patients and providing consultations. Online practitioners may also be healthcare workers who practice both in person and online, such as through telehealth consultations.

Telehealth refers to the provision of health services and resources via telecommunication technologies, such as Facetime and Zoom. Many online practitioners will use telehealth consultations to discuss their patients' health and provide health information and advice. Telehealth consultations became increasingly popular during the COVID-19 pandemic as many people were unable to leave their homes and visit a clinic in person. In fact, since March 2020, 86,632 practitioners have delivered 70.5 million telehealth services to almost 15 million patients (Australian Digital Health Agency, 2021). Table 3 highlights some of the opportunities and challenges associated with online practitioners.

> 🌏 *Real world example*
>
> NURSE-ON-CALL is a helpline service that provides Victorians with immediate health advice from a registered nurse. The service is provided by Healthdirect Australia on behalf of the Victorian Government, 24 hours a day, 7 days a week. Individuals may call NURSE-ON-CALL when:
>
> - they or someone they are caring for is unwell
> - they are not sure whether they should seek medical help
> - they are far away from medical help
> - they want advice or information about health services
>
> 80% of all calls are answered within 20 seconds. During a NURSE-ON-CALL consultation, a registered nurse will collect basic information about the individual as well as any necessary information regarding their symptoms and health. They do not provide a diagnosis; however, they'll suggest ways individuals can care for themselves or advise them to contact a GP. In very serious situations, they will transfer the call to triple zero. (HealthDirect, n.d.)
>
>
>
> Image: Syda Productions/Shutterstock.com
>
> **Figure 3** NURSE-ON-CALL is a helpline service that provides health advice from a registered nurse

Table 3 Opportunities and challenges associated with online practitioners

Opportunities	Challenges
• Online practitioners can minimise the barrier of geographic location, especially for those living in rural and remote communities, by reducing the need to travel. • Booking appointments and having consultations online may make it easier for individuals to receive professional healthcare advice promptly. • Online practitioners can send patients an electronic prescription via SMS or email which can enable patients to access the medication they need. • Online practitioners can potentially offer 24/7 services which can ensure that patients receive care when they need it. • During the COVID-19 pandemic, online practitioners ensured that people were able to access health services despite restrictions associated with how far people can travel.	• Not all online practitioners may be reliable and individuals need to check the credibility of registrations and accreditations of practitioners found online. • If patients require a physical examination, then online consultations via phone or video conferencing may not be ideal. • Some patients value direct face-to-face contact with their practitioner and may feel that online consultations do not provide the same standard of care and respect. • Audio consultations rely solely on verbal communications and therefore may lead to errors and misinterpretation of information. • Not everyone has access to internet services or digital devices that enable online practitioner services and consultations. • Some independent online practitioner services may not be covered by Medicare. Other online services may choose to charge more than the schedule fee and therefore patients are required to pay an additional amount, known as the patient co-payment. However, this may also be the case for consultations conducted in-person.

Digital health apps 2.2.5.4

OVERVIEW

Do you have any health apps on your phone? What do you use them for? Do they track your health behaviours or do they provide other services? These questions relate to the digital media form of apps.

THEORY DETAILS

Digital health apps can be downloaded on smartphones or other web-enabled devices. Some apps require a subscription or cost while other apps are available for free. There are a wide range of digital health apps that serve a variety of different purposes. Some of those purposes include:

- providing people with information about different health topics.
- helping people track their health, such as their physical activity, sleep, or menstrual cycle.
- providing people with health resources, such as workout videos or guided meditation.

Table 4 highlights some examples of digital health apps available and table 5 discusses the potential opportunities and challenges associated with digital health apps.

Table 4 Digital health apps

Digital Health Apps	Description
Strava	Strava is a fitness app that tracks physical activity. Users can record their running, walking, swimming, or cycling routes. When a user records their physical activity, the app provides information regarding performance time, average heart rate, calories burnt, and more. This app is recommended for people who want to monitor their physical activity and fitness performance.
Calm	Calm is a mindfulness app that provides guided meditation to users. Calm requires a subscription that will allow users to navigate through different mindfulness meditation sessions and curated collections of relaxing music and soundscapes. A feature unique to Calm is sleep stories, which are created to help people fall asleep using traditional storytelling methods.
FitOn Workouts and Fitness Plans	FitOn Workouts and Fitness Plans is a free app which aims to promote physical activity and exercise by providing users with workout videos of varying durations. The app has a variety of different workout videos from qualified fitness instructors, such as cardio, pilates, zumba, and HIIT (high-intensity interval training). This app also provides guided meditation videos to help reduce stress and anxiety.
MyFitnessPal – Calorie Counter	MyFitnessPal is a calorie counter that aims to help people manage their dietary intake and weight. This app encourages users to log their meals and food consumption which allows them to keep track of what they eat during the day and see whether their diet aligns with dietary guidelines. The app has tools to assist with this, such as the meal scanner which allows users to scan barcodes on packaged food for nutritional information.
My QuitBuddy	My QuitBuddy is linked with the Quitnow initiative. The app is free and aims to help people quit smoking and overcome addiction and potential relapses. The app provides users with information and tips associated with quitting smoking and allows them to track their progress. The Buddy Up feature enables users to join an online community and share their experiences and advice with others. This app has also been adapted to assist Indigenous Australians and pregnant women to quit smoking.

ACTIVITY 2

Create a list of the opportunities and challenges associated with digital health apps

So far in this lesson, we've explored the potential opportunities and challenges of websites and online practitioners. There are also many opportunities and challenges associated with the use of digital health apps. Think about a digital health app you use or even a social media app that may distribute health information. Have a go at creating your own list of opportunities and challenges for your selected app by copying out and filling in the following table.

Opportunities of my selected app	Challenges of my selected app
• • • •	• • • •

Table 5 Opportunities and challenges associated with digital health apps

Opportunities	Challenges
• Some apps provide health information and services at no cost. • Apps are readily available to access and can be used at any time. • Some apps can help track healthy behaviours, such as physical activity and sleep. • Some apps have community or discussion forums which can allow people to share experiences and health-related advice. Apps can also provide anonymity for users. • There are a wide range of apps that address and provide services associated with different areas of health and wellbeing.	• Some apps may require a subscription or in-app-purchases, which limits their accessibility. • Not all digital health apps are developed and run by health organisations or professionals; therefore, they may not be trustworthy sources of information. • Data collected by apps, such as step count or hours of sleep, may not always be accurate. • Although social media apps are not considered to be digital health apps, they can still distribute health and wellbeing information and promote health products. Anyone can post and advertise products; therefore, information may not always be reliable or accurate.

Theory summary

In this lesson, you have learnt about how digital media can be used for health and the opportunities and challenges it can present. Figure 4 summarises some key aspects of this lesson.
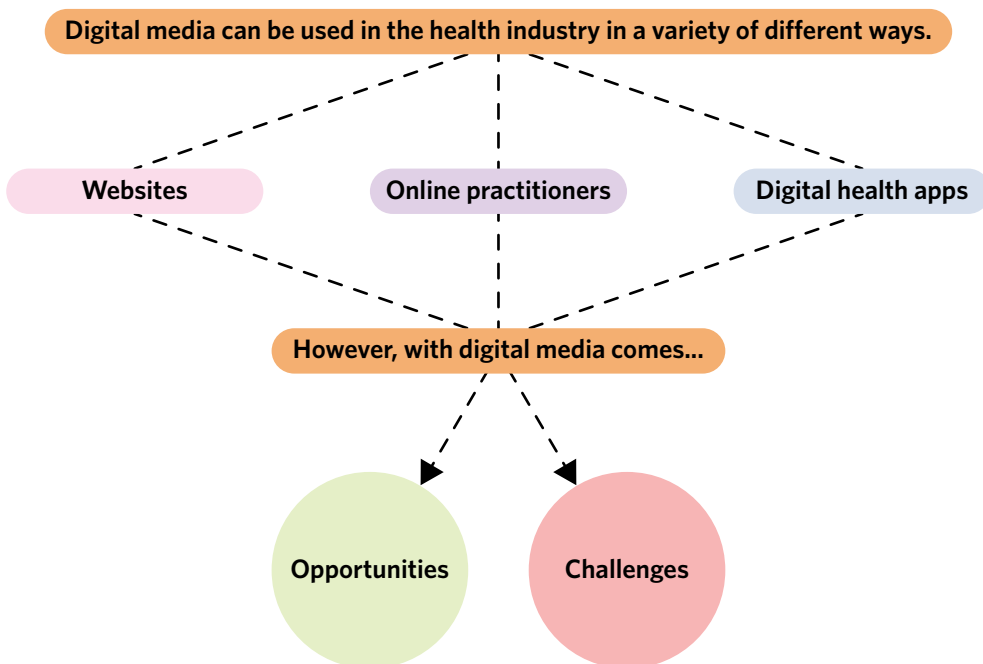
Figure 4 Lesson summary

9E QUESTIONS

Question 1

Digital media can be used in a variety of ways in the health industry. Which of the following is not an example of digital media?

A   Health websites.

B   Podcasts about different health topics.

C   Brochures found in health clinics.

Question 2

Websites can be run by government or non-government organisations but only government health websites should be trusted.

A   True.

B   False.

Question 3

Online practitioners provide services via phone calls and video conferencing.

A   True.

B   False.

Question 4

All digital health apps are free to download.

A   True.

B   False.

Question 5

There are opportunities and challenges associated with the use of digital media. Which of the following best fills in the blank?

A   Benefit.

B   Worsen.

Opportunities of digital media can potentially _____ health.

Skills

Unpacking the case study

Use the following information to answer Questions 6–8.

Ngoc has recently been trying to overcome her alcohol addiction. She decides to search websites for tips regarding how to stop cravings, because they are easily accessible and free. On one website, Ngoc finds an online forum which allows individuals to share their experience and tips with each other. Ngoc likes using the online forum as she can discuss her alcohol addiction anonymously and receive support and advice without feeling judged. One user tells Ngoc that eating plenty of food is meant to overcome cravings. She isn't too sure about this advice and the user sends her the link to the website. When she scans the website, Ngoc can't find the source or writer of the article and therefore doesn't know whether to trust the information or not.

Question 6

Which of the following statements best reflects an opportunity associated with websites?

A   'Ngoc likes using the online forum as she can discuss her alcohol addiction anonymously and receive support and advice without feeling judged.'

B   'When she scans the website, Ngoc can't find the source or writer of the article and therefore doesn't know whether to trust the information or not.'

Question 7

Which of the following statements best reflects a challenge associated with websites?

A 'One user tells Ngoc that eating plenty of food is meant to overcome cravings.'

B 'When she scans the website, Ngoc can't find the source or writer of the article and therefore doesn't know whether to trust the information or not.'

Question 8

Ngoc uses health websites as they are easily accessible and free. This is an example of a/an

A challenge.

B opportunity.

Exam-style questions

Question 9   (2 MARKS)

Using an example, explain how websites can be used in the health industry.

Question 10   (3 MARKS)

a Outline what is meant by an online practitioner. (1 MARK)

b Describe **one** opportunity and **one** challenge associated with the use of online practitioners. (2 MARKS)

Question 11   (4 MARKS)

> **Australian Men's Health (menshealth.com.au)**
>
> The Australian Men's Health was once a printed magazine that provided readers with information associated with men's fitness, health, nutrition, sex, travel, style, and grooming. However, now the magazine has turned digital and these articles can be accessed on the menshealth.com.au website. There are various writers on the website. Some of the writers are health professionals with relevant specialisation and expertise while other writers are simply content writers or editors without relevant health qualifications. The articles and videos on the website present health information in an engaging and easy to understand way. The website also provides tips and advice on sensitive issues, such as men's sex and mental health.

Source: adapted from Australian Men's Health, <https://www.menshealth.com.au/>

Explain one opportunity and one challenge presented by the Australian Men's Health website.

Question 12   (6 MARKS)

> **Headspace: Meditation & Sleep**
>
> The Headspace Meditation & Sleep app provides users with hundreds of guided meditations that can assist people with managing stress and anxiety, improving sleep, and practising mindfulness. Some other features of the Headspace Meditation & Sleep include:
>
> • Move Mode workouts and mindful cardio
>
> • Sleep by Headspace to help you drift off
>
> • 'SOS' sessions for moments of panic, anxiety, and stress
>
> • 'Mindful Moments' to keep you present during the day
>
> • Headspace animations to teach you new skills and answer your mindfulness questions.
>
> The mindfulness training provided by the app is led by former monk and renowned mindfulness expert Andy Puddicombe. The app requires a subscription of $19.99 per month or $91.99 per year.

Source: adapted from Apple App Store, *Headspace: Meditation & Sleep*, <https://apps.apple.com/au/app/headspace-meditation-sleep/id493145008>

a Discuss one opportunity and one challenge presented by the Headspace Meditation & Sleep app. (4 MARKS)

b Explain how the Headspace Meditation & Sleep app can impact health and wellbeing. (2 MARKS)

Question 13   (3 MARKS)

a   Identify one barrier impacting access to health services and information. (1 MARK)

b   Suggest one way digital media can be used to minimise the barrier identified in **part a** and improve access to health services and information. (2 MARKS)

9F ISSUES RELATING TO NEW HEALTH PROCEDURES AND TECHNOLOGIES

A world where robots perform surgery and parents can choose the eye colour of their babies was once a far off dream. However, the world of technology is rapidly progressing and these far-fetched ideas are closer to reality than we think. There have been numerous developments in health procedures and technologies which are paving the way to improve people's health and reduce issues associated with current health procedures. However, progress can also be met with resistance, and there are a wide range of issues that arise relating to new health procedures and technologies.

In this lesson, you will learn about different emerging health procedures and technologies and how these procedures may raise or eliminate concerns surrounding ethics, equity of access, privacy, invasiveness, and freedom of choice.
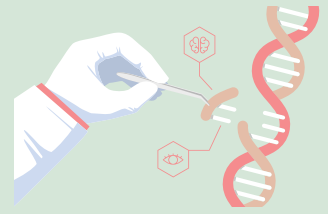
Image: Panuwach/Shutterstock.com

9A Australia's health system	9B Support services	9C Access to health services and information	9D Rights and responsibilities for accessing health services	9E Opportunities and challenges of digital media	9F Issues relating to new health procedures and technologies	9G Consumer complaints

Study design dot point

- issues such as ethics, equity of access, privacy, invasiveness and freedom of choice relating to the use of new and emerging health procedures and technologies

Key knowledge units

Ethics	2.2.6.1
Equity of access	2.2.6.2
Privacy	2.2.6.3
Invasiveness	2.2.6.4
Freedom of choice	2.2.6.5

Issues relating to new health procedures and technologies

Ethics 2.2.6.1   Equity of access 2.2.6.2   Privacy 2.2.6.3   Invasiveness 2.2.6.4   Freedom of choice 2.2.6.5
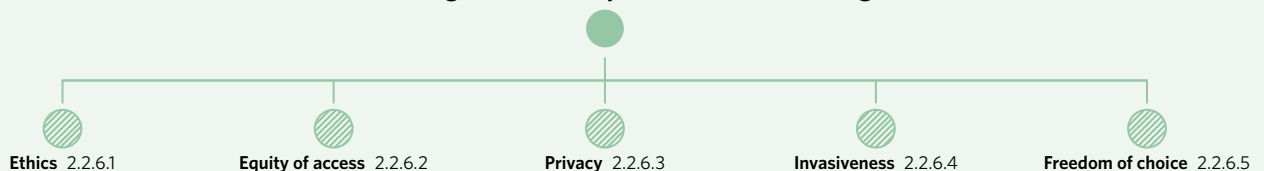
Ethics 2.2.6.1

OVERVIEW

Do you think it's okay to use emerging health technologies to enhance human capabilities beyond what is natural? Do you view non-traditional fertilisation methods as 'artificially creating life'? These questions relate to the issue of ethics.

Study design key skills dot point

The following key skills dot point applies to the whole lesson:

- analyse issues such as ethics, equity of access, privacy, invasiveness and freedom of choice associated with the use of new and emerging health procedures and technologies

THEORY DETAILS

Ethics refers to the moral principles and values that influence people's decisions and behaviours. Essentially, ethics is related to what people believe is morally right or wrong. Different societies and religions can have general ethical stances regarding particular issues, however, an individual's opinion about these issues can vary greatly depending on their own morals and values. Therefore, an individual's belief about what is right and wrong will often influence their opinions about new and existing health procedures and technologies, as well as their decisions about whether or not to engage with them. Table 1 highlights some of the ethical considerations associated with new health procedures and technologies.

Table 1 Ethical considerations associated with new health procedures and technologies

New health procedures and technology	Explanation	Ethical considerations
In-vitro fertilisation (IVF)	**In-vitro fertilisation (IVF)** refers to the procedure of fertilisation involving manually combining a sperm and egg in a laboratory dish and then transferring the **embryo** to the uterus. The option of IVF is available for infertile couples, single women, and same-sex couples. It is a complex process which involves the following steps: • The woman is given hormone injections to stimulate the production of several eggs and prepare them for fertilisation. • Using a fine needle, eggs are extracted from the ovaries. • Eggs are fertilized with sperm in a laboratory dish. • The embryos are incubated to assess viability. • 1-2 healthy embryos are transferred to the woman's uterus. • Remaining embryos are generally frozen or stored for future use.	• People may believe that IVF involves artificially creating life. This may be deemed 'unnatural' or morally 'wrong' by some people. • Multiple embryos are created during an IVF cycle, and although some are stored for future use, unused embryos may be destroyed after a period of time. Some people believe that life begins at fertilisation and therefore destroying unused embryos can be considered destroying life. • The use of donor sperm may not align with traditional views of marriage, sex, and conception held by different religions. For example, some religions believe that new life is created through the act of love between a husband and wife, which is absent in IVF.
Stem cells	**Stem cells** are cells with the potential to develop into different specialised cell types in the body. Embryonic cells are a type of stem cell used in research. Embryonic cells are taken from an embryo and have the potential to develop into any type of cell in the human body. Therefore, embryonic cells can be used to produce a wide range of cells. These cells can potentially replace cells that are damaged in the body due to degeneration or disease. As a result, these new and functional cells can help repair organs that may be failing.	• Some people believe that life begins at fertilisation. Therefore, using embryonic cells to develop into other types of cells can be considered unethical as it destroys life. • Using stem cells to repair organs as opposed to organ transplants can eliminate ethical concerns relating to organ donation, such as the question of who should be prioritised to receive organ donation.
3D printing	**3D printing** is the process of making a physical object from a three-dimensional digital model. 3D printing can be used to produce body parts that can replace damaged ones. Currently, 3D printing is being used to replace hard tissues and bone; however, research is being conducted surrounding the use of 3D printing for soft tissues, cartilage, and skin. Future developments in this field could see the production of 3D printed functional organs.	• Ethical concerns stem from the discussion of whether 3D printing has the potential to develop artificial bones or tissue that can be used to enhance humans by making them stronger and more flexible. Enhancing human capabilities beyond what is deemed 'natural' may be considered unethical by some people. • Using 3D printing for functional organs can potentially reduce ethical concerns associated with traditional organ donation.

ACTIVITY 1 - CLASS DISCUSSION

When does life begin? It's a question that divides many people. Ethical concerns regarding new health procedures and technologies are largely associated with the use of embryos for research and the value of human life. Explore your thoughts and opinions on the issues by considering the following ethical questions with a partner. Keep in mind that there is no right or wrong answer to these questions and that opinions can vary.

Image: crystal light/Shutterstock.com

- When do you believe life begins?
- Why do you think there are varying views regarding the beginning of life?
- Would you classify an embryo as a human being?
- How might issues raised from this debate influence people's perspectives on IVF, stem cell research, and abortion? Do you think the potential pros outweigh the cons associated with these procedures?

Equity of access 2.2.6.2

OVERVIEW

Do you think that new health procedures and technologies are accessible for everyone? How might the cost of these new health procedures and technologies influence access? Do you believe that those who may find it more difficult to access these procedures and technologies should be given extra support? These questions relate to the issue of equity of access.

THEORY DETAILS

Equity refers to being fair and just, which includes catering for different people's needs. New health procedures and technology may not be accessible to all due to high costs, geographic location, and limited supply. Therefore, equity in terms of access is associated with ensuring that people are given the appropriate resources they need to engage with new health procedures and technology. Table 2 highlights how new health procedures and technologies address the issue of equity of access.

KEY DEFINITIONS

Equity refers to being fair and just, which includes catering for different people's needs

Table 2 Equity of access associated with new health procedures and technologies.

New health procedures and technology	Explanation	Equity of access
In-vitro fertilisation (IVF)	IVF is a fertilisation procedure involving manually combining a sperm and egg and then transferring the embryo to the uterus, as previously described in table 1.	• Each IVF cycle can cost approximately $9000 (IVF Australia, n.d.). On top of that, there are other costs associated with genetic testing, embryo storage, and sperm freezing. Therefore, IVF may not be accessible for all due to its high cost. • If an individual is diagnosed as 'medically infertile' then they are eligible for a Medicare rebate. This can help make IVF more accessible for infertile couples by providing them with financial assistance. However, the Medicare rebate does not make IVF more accessible for same-sex couples or single women.
Telehealth	Telehealth refers to the provision of health services and resources via telecommunications technology, such as Facetime or Zoom. Telehealth services encompass diagnosis, treatment, preventative, and educational services. Video conferencing is one of the main ways telehealth is delivered.	• Telehealth can increase access to health services for people living in regional or remote areas who generally have to travel long distances for health services.
3D printing	3D printing can be used to produce body parts that can replace damaged ones, as previously described in table 1.	• 3D printing may offer cheaper products to patients compared to traditional aids and surgical methods. This can help ensure that those who may be financially disadvantaged can access health services that may have been too expensive previously.
Stem cells	Stem cells can be used to develop into different types of specialized cells that can replace damaged cells, as previously described in table 1.	• Treatments associated with stem cells are at a high cost and therefore may be only accessible for those who can afford it, not those who need it the most.

🌐 *Real world example*

Medical 3D printing applications

Research in Australia is paving the way for medical 3D printing applications. It is a promising area of study that is continually advancing and benefiting the lives of many. On YouTube, search *'Girl to be fitted with 3D printed ear in Australia'* and watch the two minute and two second video (Euronews Next, 2016). In this video, you will see a real-world example of how 3D printing can be used to improve health at a lower cost than traditional methods of healthcare
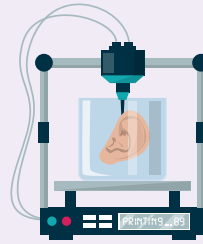
Image: Derariad/Shutterstock.com

Figure 1 3D printing can be used to create body parts, such as ears

Privacy 2.2.6.3

OVERVIEW

Do you have concerns about storing your health data online? Do you feel comfortable checking in to locations and sharing your details using QR codes? How do you know that your information is being kept confidential? These questions relate to the issue of privacy.

THEORY DETAILS

Privacy (related to health) refers to the right for any health information relating to a patient to remain confidential and to only be shared with the appropriate health professionals with consent. As privacy is a human right, any information an individual shares with their healthcare providers is expected to remain confidential, unless consent has been provided or the public or patient is at serious risk if the information is not disclosed. Many new health procedures and technologies employ the use of digital technologies. Digital technologies can be used to store a patient's data in an easily accessible way, however, there are many concerns associated with the privacy and security of this information. Table 3 highlights some of the issues regarding privacy associated with new health procedures and technologies.

KEY DEFINITIONS

Privacy (related to health) refers to the right for any health information relating to a patient to remain confidential and to only be shared with the appropriate health professionals with consent

Table 3 Privacy issues associated with new health procedures and technologies

New health procedures and technology	Explanation	Privacy
My Health Record	The Australian Government developed My Health Record with the aim of securely storing an individual's health information electronically so it is easily accessible for both patients and healthcare providers. My Health Record can include details of a patient's medical conditions, medicine, allergies, and test or scan results. Patients are able to manage and control the information they wish to share with their healthcare provider.	• The My Health Record Act 2012 (My Health Record Act) upholds the privacy of individual health information by establishing regulations and limiting when and how health information is collected, used, and disclosed. • However, although this legislation is in place to protect the security of an individual's health information, there are still fears associated with the cybersecurity and potential data breaches associated with My Health Record. • Individual's may be concerned that information stored could be accessible by third-party apps, such as Telstra health. • To respect an individual's privacy, My Health Record enables individuals to control their privacy settings and what information is accessible to healthcare providers. However, managing these settings requires individuals to be digitally literate (able to use technology effectively) and therefore not everyone will be able to control the privacy of their records if they do not know how to do so. *cont'd*

Table 3 Continued

New health procedures and technology	Explanation	Privacy
COVID-19 contact tracing and QR codes	During the COVID-19 pandemic, contact tracing was employed to gather information about the places and people infectious individuals had been in contact with. Although the infectious individual's identity is kept confidential, details about the locations they visited are made public to Australians and any one can access the list of exposure sites. QR codes are also required for people to check-in at different locations so they can be contacted if there is a COVID-19 outbreak. Information collected from QR codes includes an individual's name, contact phone number, the premises attended, and the date and time.	• To respect an infectious individual's privacy, their identity is kept confidential from the public. • Data collected from QR codes is generally retained for 28 days before it is deleted to ensure that the privacy of an individual's personal information is upheld. • Some people may be unwilling to check in with QR codes as they may consider it an invasion of personal privacy. • Some people may fear that contact tracing allows the government to track their movement. • Some people may have concerns about how businesses use the information collected from QR codes as the information should only be used for contact tracing, not direct marketing or other business schemes. • In some cases, credit card transactions are being used for contact tracing purposes which may also be considered an invasion of privacy.
mHealth	mHealth refers to mobile health and involves the practice of delivering health services over mobile devices, such as through apps. This mode of digital health is becoming increasingly popular and some examples of mHealth apps include the Headspace app, Strava, and apps linked to wearable devices, such as Fitbit.	• To uphold an individual's privacy, many mHealth apps establish privacy acts and regulate who has access to their information. • However, a main concern associated with the use of some mHealth apps is related to whether an individual's information and data is securely stored and whether third-party service providers have access to their information. • mHealth apps, such as the Headspace app, may collect sensitive health information and individuals may fear the disclosure or breach of this information.

🌐 *Real world example*

COVID-19 contact tracing apps

Amidst the COVID-19 pandemic, governments and tech giants developed apps to help assist in contact tracing and controlling outbreaks. These apps were developed with urgency which sparked many concerns regarding the privacy of individuals. On YouTube, search '*Coronavirus outbreak: What are the privacy risks behind 'contact tracing' apps?*' and watch the four minute and thirty-eight second video (Global News, 2020). This video provides a good discussion regarding privacy concerns associated with different COVID-19 contact tracing apps developed globally.

Image: Roger Brown Photography/Shutterstock.com

Figure 2 The COVIDSafe app was developed by the Australian Government in 2020 to assist with contact tracing

Invasiveness 2.2.6.4

OVERVIEW

How do you feel about vaccines and injections? Did you know that trypanophobia is a term used to describe an extreme fear of medical procedures involving injections or hypodermic needles? How might trypanophobia influence whether individuals engage with new or current health procedures and technologies? These questions relate to the issue of invasiveness.

THEORY DETAILS

Invasive procedures (related to health) refer to procedures that invade the body by using instruments that examine the inside of the body, are inserted in the body, or cut or puncture the skin. Some people may feel uncomfortable with certain health procedures, such as vaccinations, due to their invasiveness. This can result in some people avoiding these procedures, which may have negative impacts on their health and the health of others around them. Some new health procedures and technologies are designed to minimise invasiveness and promote comfort, which can encourage people to access these services. Table 4 highlights how new health procedures and technologies address the issue of invasiveness.

KEY DEFINITIONS

Invasive procedures (related to health) refer to procedures that invade the body by using instruments that examine the inside of the body, are inserted in the body, or cut or puncture the skin

Table 4 Invasiveness issues associated with new health procedures and technologies

New health procedures and technology	Explanation	Invasiveness
Nanotechnology	**Nanotechnology** refers to an area of science and technology that deals with matter smaller than 100 nanometers in size. Nanoparticles are extremely tiny (non-detectable to the human eye) particles. Evolving research in the field of nanotechnology demonstrates the possibility for nanoparticles to assist in the diagnosis and treatment of some diseases. For example, instead of extracting tissue for cancer diagnosis, nanoparticles can be administered into the body. These nanoparticles are designed to attach themselves to cancerous cells and emanate light. The light emanated from the nanoparticles can help improve cancer diagnosis by specifying which cells and organs are affected. Nanopatches can also be used to administer drugs by using nanoparticles which gently penetrate the skin and transport the drug to target organs.	• Generally, diagnosing disease can involve blood tests, urine samples, or medical scans, which can be considered invasive. However, nanoparticles can help diagnose and localise causes of ill health in a minimally invasive way. • Nanopatches can replace needles as a less invasive method of vaccinations and drug administration.
COVID-19 testing and vaccination	Testing for COVID-19 has employed different methods: • Oropharyngeal (throat) swabs involve taking a swab of the back of the throat. • Bilateral deep nasal swabs involve inserting and rotating the swab deep in the nasal cavity to absorb mucus. • Saliva tests involve obtaining a sample of saliva by spitting into a tube. The COVID-19 vaccines developed as of 2021 are administered in two doses through a needle.	• Some people may be uncomfortable with the insertion of swabs in their throat and nose. This may have led to individuals avoiding COVID-19 tests due to their invasiveness. • Some people may also be uncomfortable with the invasiveness of needles and therefore avoid the vaccination.
Continuous glucose monitoring	Continuous glucose monitoring devices are being developed for diabetic patients to help them monitor glucose levels in their blood. Traditional methods of glucose monitoring include devices that require patients to prick their fingers and draw blood to measure their glucose levels. Skin patches and wearable technologies are beginning to replace these traditional methods. One example of a new continuous glucose monitoring device is SugarBeat, which uses a small peel-and-place patch that sticks to your skin and sends wireless glucose readings to a companion app via Bluetooth (Hoskins, 2021).	• New continuous glucose monitoring devices do not require individuals to prick their skin and draw blood to measure glucose levels, therefore minimising invasiveness.

🌐 *Real world example*

COVID-19 testing and vaccination alternatives

A swab up the nose became the new normal for many people who had to get tested for COVID-19. Many consider this test to be uncomfortable and invasive. Alternative methods of testing are being investigated and developed for potential use. A Melbourne company, GreyScan, is working on developing a much less invasive test that involves breathing into a device similar to a breathalyser (Rice, 2021). This device will collect a sample which would then be placed into a detector device. The detector device is expected to be able to deliver a positive or negative result within minutes. This technology could potentially provide citizens with a less invasive and rapid testing option.

Additionally, very few people enjoy receiving injections, and some may even feel extremely anxious and apprehensive when faced with needles and vaccinations. This fear can lead to people avoiding receiving the COVID-19 vaccination. Scientists from the University of Queensland are developing a COVID-19 vaccine patch that could potentially combat this issue. The patch uses microneedle projections that only inject into the upper layer of the skin and are expected to be less painful and invasive (Edwards, 2021)

ADDITIONAL TERMS ↑

Nanotechnology refers to an area of science and technology that deals with matter smaller than 100 nanometers in size

Freedom of choice 2.2.6.5

OVERVIEW

Do you have an idea of your ideal family? Do you want to have children? Would you like one boy and one girl, three boys, or maybe two girls? If given the option, would you want to choose the sex of your baby? Do you think people should be given the option? What concerns might this raise? These questions relate to the issue of freedom of choice.

THEORY DETAILS

Freedom of choice refers to an individual's autonomy and right to make their own choices and decisions. Every individual has the right to choose which health procedures and technologies they engage with and healthcare providers have the responsibility to be transparent about these procedures and technologies. This can ensure that patients have all the information required to make well-informed decisions regarding their health. Freedom of choice also implies that patients should not be coerced into undergoing procedures they do not want to participate in. Nevertheless, there are some opposing views regarding whether certain health procedures, such as vaccinations, should be compulsory for all. Some people may also believe that people should not have freedom of choice over naturally occurring events, such as death. Table 5 highlights some of the concerns regarding freedom of choice associated with new health procedures and technologies.

KEY DEFINITIONS

Freedom of choice refers to an individual's autonomy and right to make their own choices and decisions

Table 5 Freedom of choice issues associated with new health procedures and technologies

New health procedures and technology	Explanation	Freedom of choice
IVF and preimplantation genetic testing	During the process of IVF, couples or individuals are able to screen their embryos for potential genetic defects. Preimplantation genetic testing of embryos can allow couples to see if their child may be carriers of genetic diseases, such as Huntington's disease and cystic fibrosis. If an embryo does have the gene, then parents can select an embryo without the gene. Emerging research demonstrates that technologies have the capacity to potentially edit mutated genes linked to genetic diseases, however, this is currently illegal in Australia. This emerging research has stimulated discussion surrounding how this technology can be used to develop 'designer babies' by allowing parents to potentially be selective of other genetic traits, such as eye colour and intelligence.	• Some people believe that having the option to select embryos based on their genetic makeup is wrong. • Some people believe that the potential to edit the genetic makeup and choose traits of your child is not natural and shouldn't be allowed. • There are also concerns surrounding using this technology to select a child with a genetic makeup that allows them to donate blood, organs, and bone marrow to aid the survival of their terminally ill sibling. Some people believe that it is unjust to select the genetic makeup of babies for the sole purpose of being an eligible donor for their sibling.
COVID-19 public health procedures and policies	For people who have visited exposure sites or who have returned from overseas travel, testing and self-isolation has been mandatory and individuals have faced fines if they do not comply. Lockdown orders and checking in with QR codes has also been mandatory across many states in Australia. Additionally, there has also been debate about whether or not the COVID-19 vaccination should be compulsory and some workplaces are already establishing rules surrounding the vaccination.	• Some people disagree with mandatory lockdowns and self-isolation as it defies their ability to move around freely. • Individuals are unable to choose whether or not they want to be tested and isolated if they have been to exposure sites or returned from overseas travel. Some people believe this defies an individual's freedom of choice whilst others believe it is necessary to combat the virus. • There has also been discussion regarding whether or not people should be forced to get vaccinated. A survey found that 23.7% of people believed that 'freedom of choice' is a valid reason for not receiving the COVID-19 vaccine (Attwooll, 2021).
Voluntary assisted dying (euthanasia)	**Euthanasia** is the intentional practice of ending an individual's life to relieve pain and suffering. In Australia, voluntary assisted dying acts have come into effect in the Northern Territory, Victoria, and Western Australia. In these states, individuals who meet a strict eligibility criteria are able to request voluntary assisted dying.	• Some people argue that the right to die should be a matter of personal choice. This view stems from the belief that people have the right to avoid pain and suffering by choosing to have a dignified death. • On the other hand, some people believe that individuals should not be able to choose when and how they die as it devalues the worth and sanctity of human life. For religious people, this may also be evidence of going against God's will. Some people may also view euthanasia as morally wrong as it involves deliberately ending the life of a human being.

ADDITIONAL TERMS ↑

Euthanasia is the intentional practice of ending an individual's life to relieve pain and suffering

ACTIVITY 2 - CLASS DISCUSSION

Designing babies to be a genetic match to their terminally ill sibling so they are able to act as a donor for blood, organs, and other body parts is a very complex issue. This issue has been showcased in the film and book 'My Sister's Keeper'. In this story, Anna is genetically conceived to be a donor for her older sister who is diagnosed with leukemia. Anna hires a lawyer to help her fight for medical emancipation from her parents so she no longer has to act as a donor for her sister. On YouTube, search *'My Sister's Keeper official trailer'* and watch the two minute and twenty-eight second video (Movieclips classic trailers, 2014). With a partner, discuss the following questions in relation to the trailer. Keep in mind that there is no right or wrong view regarding this complex issue and that opinions can vary.

- Do you believe that parents should be able to choose the genetic makeup of their child? What about in circumstances with terminally ill children?
- Put yourself in the shoes of Anna's parents and think about why they created Anna. Do you think you would make the same choice?
- In the trailer, Anna's father says 'from the moment we decided to genetically conceive, I suppose it's our fault… we went against nature, we forced her into helping her sister.' Do you agree with this statement? Are the parents at fault? Do you believe that what they did went against nature and therefore may be considered unethical?
- How is Anna's freedom of choice impacted by her parents and sister? Do you think the benefits outweigh the concerns associated with freedom of choice?
- Do you think that Anna is selfish or brave for wanting medical emancipation from her parents?

Theory summary

In this lesson, you have learnt about some new health procedures and technologies that have the potential to improve health. You also learnt about some of the potential issues associated with these procedures and technologies. Table 6 summarises the issues that were discussed in this lesson.

Table 6 Summary of the issues associated with new health procedures and technologies

Ethics	Ethics refers to the moral principles, values, and issues that influence people's decisions and behaviours.
Equity of access	Equity of access refers to ensuring that people are given the appropriate resources they need to engage with new health procedures and technologies.
Privacy	Privacy refers to the right for any health information relating to a patient to remain confidential and only be shared with the appropriate health professionals with consent.
Invasiveness	Invasiveness refers to procedures that invade the body by using instruments that examine the inside of the body, are inserted in the body, or cut or puncture the skin.
Freedom of choice	Freedom of choice refers to an individual's autonomy and right to make their own choices and decisions.

9F QUESTIONS

Theory-review questions

Question 1

New health procedures and technologies may contrast with a person's moral values and beliefs. This relates to the issue of

A Ethics.

B Privacy.

C Freedom of choice.

Question 2

People need to be given the appropriate resources to help them access new health procedures and technology. This relates to the issue of

A Privacy.

B Freedom of choice.

C Equity of access.

Question 3

Privacy refers to the right for health information to remain confidential and be shared with others without consent.

A True.

B False.

Question 4

Invasive procedures can generally involve breaking the skin barrier.

A True.

B False.

Question 5

Everyone believes that health procedures that benefit the greater good of a population's health, such as vaccines for fatal diseases, should be compulsory.

A True.

B False.

Skills

Unpacking the case study

Use the following information to answer Questions 6-8.

Leticia is a single woman in her thirties who wants to start a family of her own. Leticia decides to undergo single parent IVF and use a sperm donor. When Leticia explains the process of IVF to her mother, she is against the idea as she believes in traditional views of marriage, conception, and sex. Despite her mothers concerns, Leticia decides to go ahead with the IVF and also wants the embryo to undergo genetic testing. They discover that some of Leticia's embryos carry the gene for Huntington's disease, so Leticia decides to select an embryo that does not carry the gene. Leticia is worried about the costs of IVF as because she is not considered medically infertile, she has to pay for the treatment and does not receive a rebate from Medicare.

Question 6

Ethics is an issue associated with Leticia accessing IVF. This is best reflected by the statement that

A 'When Leticia explains the process of IVF to her mother, she is against the idea as she believes in traditional views of marriage, conception, and sex.'

B 'Leticia is worried about the costs of IVF as because she is not considered medically infertile, she has to pay for the treatment and does not receive a rebate from Medicare.'

Question 7

Freedom of choice is an issue associated with Leticia accessing IVF. This is best reflected by the statement that

A 'Leticia is worried about the costs of IVF as because she is not considered medically infertile, she has to pay for the treatment and does not receive a rebate from Medicare.'

B 'They discover that some of Leticia's embryos carry the gene for Huntington's disease, so Leticia decides to select an embryo that does not carry the gene.'

Question 8

Equity of access is an issue associated with Leticia accessing IVF. This is best reflected by the statement that

A 'Leticia is worried about the costs of IVF as because she is not considered medically infertile, she has to pay for the treatment and does not receive a rebate from Medicare.'

B 'When Leticia explains the process of IVF to her mother, she is against the idea as she believes in traditional views of marriage, conception, and sex.'

Exam-style questions

Question 9   (2 MARKS)

Describe **one** issue relating to new health procedures and technologies that may arise from the use of QR codes.

Question 10   (2 MARKS)

> **Super-smart designer babies**
>
> A company called Genomic Prediction, based in New Jersey, has discovered how to use genome data and pre-implantation genetic diagnosis (PGD) testing to make meaningful predictions about IQ. The company says that it is only offering PGD to spot embryos with an IQ low enough to be considered as a disability and has no current intentions of conducting analyses for high IQ. Nevertheless, questions have been raised regarding the potential for this technology to be used to select embryos with high IQ and create 'super-smart' babies. Currently, laws in the US do not prevent the possibility for PGD to be used to select embryos with a 'high IQ'. In fact, people in the US are already permitted to use PGD to select the embryo's sex for 'family balancing'.

Source: adapted from Ball, *Super-smart designer babies could be on offer. But is that ethical?*, <https://www.theguardian.com/commentisfree/2018/nov/19/designer-babies-ethical-genetic
-selection-intelligence>

Discuss **one** issue that may arise from the case study.

Question 11   (3 MARKS)

a   Outline what is meant by invasive health procedures. (1 MARK)

b   Using an example, explain how a new health procedure or technology can minimise invasiveness. (2 MARKS)

Question 12   (5 MARKS)

a   Outline how 3D printing can be used in health procedures. (1 MARK)

b   Analyse two implications associated with new health procedures and technology that may arise from the use of 3D printing. (4 MARKS)

Questions from multiple lessons

Question 13   (3 MARKS)

> Trikafta is a new drug that can be used to treat and manage cystic fibrosis. Global trials have shown evidence of the drug's success and the costs of Trikafta has been reimbursed in 17 countries but is not yet subsidised in Australia. The drug currently costs Australian patients nearly $300,000 a year and despite recommendations to include the Trikafta on the PBS, the Pharmaceutical Benefits Advisory Committee has deferred Trikafta.

Source: adapted from Cystic Fibrosis Western Australia, *Trikafta PBAC outcome*, <https://www.cfwa.org.au/news/trikafta-pbac-outcome/>

a   Describe equity of access. (1 MARK)

b   Explain how the pharmaceutical benefits scheme (PBS) could potentially improve equity of access related to new drug treatments and medicines, such as Trikafta. (2 MARKS)

9G CONSUMER COMPLAINTS

Have you ever questioned something related to Australia's health system? Maybe it was long wait times, lack of privacy, poor communication, or lack of quality of care? If this is the case, you have the right to lodge a complaint against that healthcare provider or service. In this lesson, you will learn how and why a complaint may be made and the process involved in lodging a complaint.

Image: Moonnoon/Shutterstock.com

9A Australia's health system	9B Support services	9C Access to health services and information	9D Rights and responsibilities for accessing health services	9E Opportunities and challenges of digital media	9F Issues relating to new health procedures and technologies	9G Consumer complaints

Study design dot point

- options for consumer complaint and redress within the health system

Key knowledge units

Consumer complaints	2.2.7.1
Who can make complaints?	2.2.7.1.1
What can complaints be made about?	2.2.7.1.2
Complaint process	2.2.7.1.3
Complaint resolution processes	2.2.7.1.4
Possible outcomes of a complaint	2.2.7.1.5

Consumer complaints

Consumer complaints 2.2.7.1

Who can make complaints? 2.2.7.1.1	What can complaints be made about? 2.2.7.1.2	Complaint process 2.2.7.1.3	Complaint resolution process 2.2.7.1.4	Possible outcomes of a complaint 2.2.7.1.5

Consumer complaints 2.2.7.2

OVERVIEW

How can complications and unfairness that is present in the healthcare system be addressed and resolved? Healthcare consumers have the right to lodge a complaint about a healthcare provider or service if they are dissatisfied with their level of care. In this section of the lesson, you will learn about consumer complaints.

Study design key skills dot point

The following key skills dot point applies to the whole lesson:

- explain the options for consumer complaint and redress within the health system

THEORY DETAILS

Healthcare **providers** and health information holders aim to offer care at the highest level possible in terms of quality, quantity, and security. However, sometimes there are faults in the system that need to be addressed. You will learn about redress within the healthcare system to combat faults and problems that sometimes arise. **Redress** refers to rectifying a wrong action or situation. Whether it is disappointment in the level of care or a breach of confidentiality, healthcare **consumers** have the right to make a complaint. **Consumer complaints (related to health)** are expressions of dissatisfaction towards healthcare providers and services made by healthcare consumers. How can Australian consumers make complaints regarding their healthcare? For Victorians, complaints can be lodged to the Health Complaints Commissioner (HCC) where they will be evaluated and either be accepted or referred to another organisation to resolve the complaint.

The Health Complaints Commissioner (HCC) is a free, voluntary, and impartial organisation that aims to resolve complaints lodged by consumers against health service providers. This independent organisation accepts consumer complaints about Victorian healthcare providers and takes action against providers that are deemed unsafe or unethical. Consumer complaints can be lodged through the HCC website. The healthcare consumer will be guided through a series of questions and forms in order to submit the claim. Each complaint lodged to the HCC is unique and requires varying courses of action depending on the complexity and urgency of the matter. Complaints are resolved under:

- the *Health Complaints Act 2016* (Vic)
- the *Health Records Act 2001* (Vic).

Individuals can also call the HCC to discuss their complaint without lodging it. The HCC can provide tips and strategies to overcome the complaint with the health service provider directly, or discuss whether the complaint should be raised to the HCC. However, if no complaint is lodged, the HCC cannot take any action or investigate the issue further.

> **⊕ Want to know more?**
>
> Search up '*Making a complaint to the HCC*' on YouTube and watch the entire one minute and nine second video to have a further look into the Health Complaints Commissioner and how they go about resolving complaints (Health Complaints Commissioner, 2018).

Who can make complaints? 2.2.7.1.1

Everyone has the right to make a complaint regarding their healthcare. The complaint can be lodged to the Health Complaints Commissioner (HCC) by the consumer themselves, or through a family member, friend, or anyone concerned about the quality and service of the healthcare provider. If the complaint is being made on behalf of another person, permission from the healthcare consumer is required for the HCC to consider the claim.

It is possible to lodge a complaint anonymously, however, this restricts the capacity of the HCC to resolve the complaint. Lodging an anonymous complaint also means the HCC cannot communicate with the consumer regarding the potential resolution. Individuals should not be concerned about being disciplined for making a complaint, as any discrimination or disadvantage for this action is prohibited. Some examples of who can lodge a complaint are represented in figure 1.

Figure 1 Examples of who can make a complaint

KEY DEFINITIONS

Redress refers to rectifying a wrong action or situation

Consumer complaints (related to health) are expressions of dissatisfaction towards healthcare providers and services made by healthcare consumers

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ADDITIONAL TERMS

Providers are people and/or organisations that supply goods and services

Consumers are people who purchase goods and services

What can complaints be made about? 2.2.7.1.2

ACTIVITY 1 - CLASS DISCUSSION

What are some examples of complaints that you could make as a healthcare consumer?

Has there ever been a time where you have received healthcare and felt the need to complain or have complained? Maybe it was about the quality of care or a lack of privacy and confidentiality? Discuss with a partner some examples of complaints a healthcare consumer may make.

Complaints can be made to the HCC about any health-related treatment, information, and service. The complaint can be directed to a healthcare professional personally, or a healthcare organisation regarding privacy, safety, and access. Complaints can also be made towards providers that handle health-related information. Some examples of what complaints can be made about are displayed in figure 2. Figure 3 summarises some examples of who these complaints can be made about.

Reasons for complaints

Waiting times · Quality of care · Care and dignity · Billing · Confidentiality · Privacy · Negligence · Safety · Communication concerning treatment options · Access to healthcare · Treatment quality · Mishandling health information · Unprofessional behaviour · Unsatisfactory treatment · Admission problems

Figure 2 Examples of consumer complaints
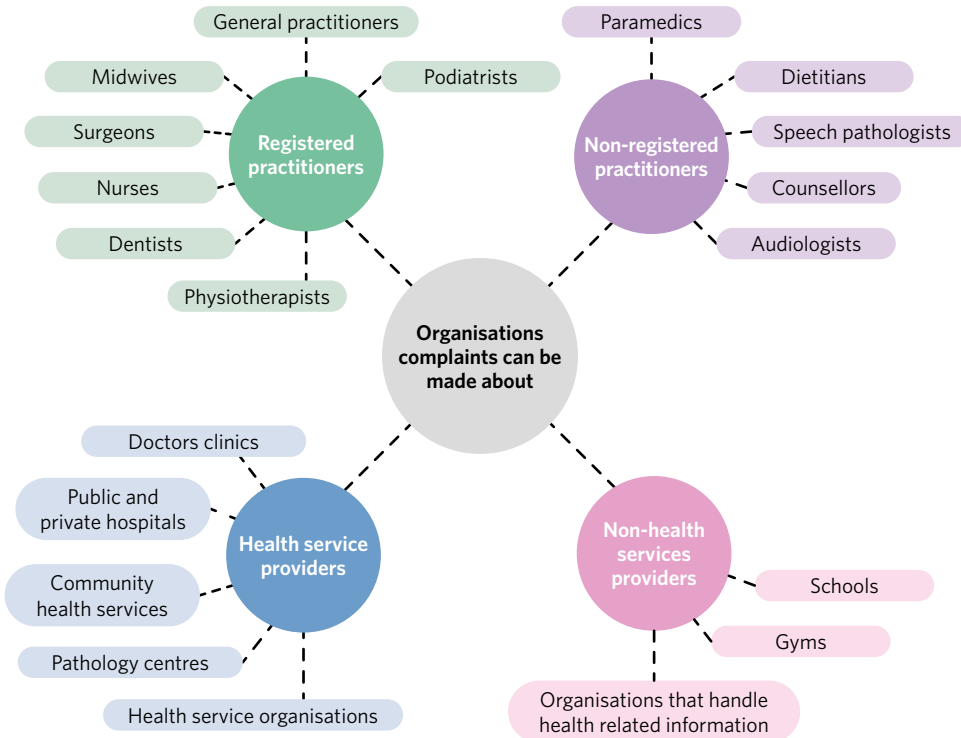
Figure 3 Examples of who complaints can be made about

Complaint process 2.2.7.1.3

The complaint process varies for each unique situation, however, there is a general structure that the Health Complaints Commissioner (HCC) provides to resolve these disputes. Table 1 outlines the approach to take action against a complaint.

Table 1 Complaint process

Step	Explanation
1	The first step that the HCC recommends is for the consumer to speak directly with the healthcare provider. This can either be in person, on the phone, or a written letter/email containing the complaint. Some healthcare providers may provide information regarding how to lodge a complaint directly with them before contacting the HCC. When contacting the service provider, the consumer must ensure to outline: • what the situation is • the impact of the situation the person, their family or the community • how they believe the complaint should be resolved • how they would like a response. Providing feedback to the healthcare provider first allows the fastest resolution process.
2	If the situation cannot be resolved with the healthcare provider directly, the second step is to lodge the complaint with the Health Complaints Commissioner (HCC). The HCC will assess the complaint at this stage and decide whether to decline, refer the complaint elsewhere, or take on the case. The complaint may be referred to another organisation that is better suited to the particular complaint.
3	If HCC decides to accept the case, they will then contact the health service consumer and work with them to identify key issues, the preferred resolution process, and the desired outcome. The HCC will consider the complexity and severity of the complaint and then they will proceed in one of the following ways: • Simpler complaint: resolved quickly involving a phone call between the HCC and the healthcare provider • Complex cases: the HCC will require the complaint to be confirmed in writing and need to obtain further information, such as medical records. Further steps also depend on both the consumer and provider's preparedness to comply. The following steps to achieve complaint resolution are outlined in the next section of the lesson.

⊕ Want to know more?

Despite the HCC being the leading source of complaint resolution, there are other organisations available that can settle complaints. The HCC may refer a complaint to another organisation if they believe that organisation is better suited to that particular complaint. Some examples of other complaint resolution organisations include:

• Australian Health Practitioner Regulation Agency (AHPRA)
• Disability Service Commissioner
• Australian Government Department of Health
• Pharmacy, Physiotherapy, Psychology, and Podiatry Boards of Australia
• Victorian Ombudsman.

Complaint resolution processes 2.2.7.1.4

After lodging a complaint, the next stage is the complaint resolution process. The HCC will ask both parties to participate in the process, which can involve:

• phone conversations
• written communication
• letters
• emails
• gathering evidence
• negotiations
• meetings
• conciliation conference.

This process can take several days to multiple months, depending on the complexity and nature of the complaint and the willingness of both parties to comply.

The HCC provides three courses of action for complaint resolution: early resolution, formal resolution, and investigation. The HCC will determine the best course of action, however, throughout the complaint resolution process, action may be escalated or diffused to different courses of action. The general process of complaint resolution is displayed in figure 4.
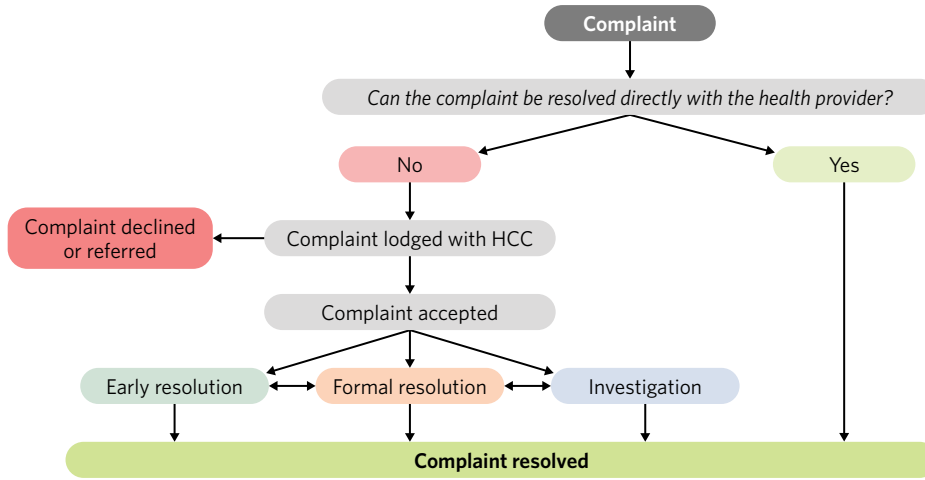
Figure 4 The HCC complaint resolution process

Early resolution

This is the least formal course of action and is the quickest method to resolve a complaint. Most complaints are resolved with this course of action. Table 2 describes the process of early resolution.

Table 2 Early resolution

Step	Explanation
1	The HCC will usually contact the healthcare provider via phone call.
2	The HCC clarifies and confirms the complaint with the healthcare provider to ensure it aligns with the health consumers complaint.
3	The HCC identifies a possible solution.
4	The solution is implemented by the healthcare provider.

Formal resolution

Complaint resolution is escalated to this course of action if the case cannot be resolved over the phone. Table 3 describes the process of formal resolution.

Table 3 Formal resolution

Step	Explanation
1	This course of action involves a series of documented steps.
2	The healthcare consumer and HCC will work together to write a description of the complaint.
3	The HCC may request further information, such as: • medical records • independent opinions • other reports. The HCC may meet with both the healthcare provider and consumer to further understand the case.
4	The provider and consumer receive a letter surrounding the resolution plan.
5	The HCC may organise a conciliation meeting, which involves a discussion of the resolution process and outcome that has been reached. The discussions are privileged and confidential and therefore cannot be used in future legal proceedings.
6	Complaint resolution is documented.

Investigation

This is the last course of action the HCC will consider if other methods are insufficient. The HCC may investigate public, private or individual organisations and is usually applied to the most complex and formal cases. Table 4 describes the process of investigations.

Table 4 Investigation

Step	Explanation
1	This course of action requires the participation of both consumer and provider.
2	Investigations involve a detailed examination of the healthcare provider.
3	Evidence of the complaint may be needed.
4	There might be a hearing that requires the attendance of both parties.
5	A final report is created once the complaint is resolved.
6	Regular follow-ups are conducted to ensure the provider has applied the feedback.

In a small number of cases, if no complaint resolution is achieved, the HCC may not be able to help any further. A complaint will be declined if:

- there is no substance or reason behind the complaint
- the issue occurred over a year ago
- the complaint has already been addressed.

Possible outcomes of a complaint 2.2.7.1.5

The HCC attempts to resolve complaints impartially, with the participation of both the consumer and the provider. They approach redress in a way that considers both sides of the complaint to ensure it is resolved fairly, quickly, and effectively. The resolution outcome is individualised to each case and depends on the details of the complaint. The resolution outcome also depends on the method and complexity of the course of action the HCC uses to settle the dispute.

If the HCC is unable to reach the healthcare provider or resolve the complaint, they will further investigate and alert the community of providers that have received numerous complaints. Regular follow-up investigations may be conducted to ensure feedback has been sufficiently implemented if a formal investigation is conducted as part of the complaint resolution process. Some examples of outcomes of a complaint are displayed in figure 5.
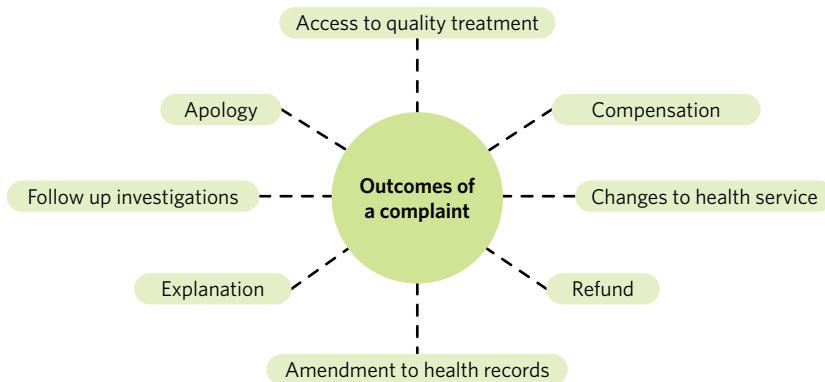
Figure 5 Examples of outcomes of a complaint

ACTIVITY 2

Read a scenario and answer questions

Zoe has recently had a hip replacement at her local public hospital. She felt confident that this surgery would solve many of her problems as she would find it easier to move around. However, following the surgery she was in lots of pain. She called for a nurse multiple times, so she could get some pain relief, but the nurse did not attend to her for at least half an hour. The nurse claims it had been a busy day, however, Zoe was in lots of pain. The nurse also did not seem bothered about making her wait. A week after Zoe was discharged, she contacted the Health Complaints Commissioner and they agreed the quality of service Zoe experienced was poor. The HCC chose to follow an early resolution course of action and contacted the hospital to outline their responsibility to care for their patients, particularly immediately after surgery. The hospital did not know why the nurse was so slow and careless, however, they agreed to follow this up and write a written apology. The nurse and hospital's written letter of apology was sent to Zoe.

Copy out the following table and fill in the blanks

Question	Answer
What is the complaint?	
Who is making the complaint?	
What process does the Health Complaints Commissioner follow? How do you know they follow this process?	
What is the outcome of this complaint?	

Image: Anna Violet/Shutterstock.com

Theory summary

In this lesson, you have learnt about how individuals can make complaints concerning healthcare providers and services. You have learnt about what consumer complaints can be made about, who can make a complaint about the healthcare system, and some of the outcomes of lodging a complaint. You have also learnt about the Health Complaints Commissioner (HCC), which is specific to Victoria, and their process to resolve complaints between healthcare providers and consumers. A summary of the details of consumer complaints is outlined in table 5.

Table 5 Summary of examples of consumer complaints

Who? *Who can make a complaint?*	What? *What can a complaint be made about?*	How? *How are complaints resolved?*	Why? *What are the outcomes of making a complaint?*
Healthcare consumer	Quality of care	Directly with the healthcare provider	An apology
Friend	Safety	Early resolution	Refund or compensation
Family member	Communication	Formal resolution	Improved access to health information
Carer	Privacy and confidentiality	Investigation	An explanation
Health service staff	Access to healthcare	Through another agency	Change to service or practice

9G QUESTIONS

Question 1

The Health Complaints Commissioner always sides with the healthcare consumers to resolve the complaint against a healthcare provider.

A   True.

B   False.

Question 2

Which of the following are examples of what complaints can be made about. *(Select all that apply)*

I   Quality of healthcare.

II   Poor communication surrounding treatment options.

III   Lack of privacy of health information.

Question 3

Anyone can make a complaint about their healthcare provider or service.

A   True.

B   False.

Question 4

Which of the following is the most complex course of action of complaint resolution with the HCC.

A   Early resolution.

B   Formal resolution.

C   Investigation.

Question 5

A possible outcome of lodging a complaint with the HCC is an apology from the healthcare provider.

A   True.

B   False.

Question 6

Which of the following best fills in the blank?

A   Conduct an investigation.

B   Speak with the healthcare provider directly.

C   File a written complaint with the Health Complaint Commissioner.

The first step of the complaint process through the HCC is to _____.

Unpacking the case study

Use the following information to answer questions 7-9.

Antonio has recently moved to Sydney from Melbourne and wants a copy of his medical records as he is going to find a new general practitioner (GP) in the area. Although, when asks his old GP clinic for these health records, they decline his request. He is confused as these are his health records and he has the right to obtain these records. The clinic claims the medical records are not his property, instead claiming they are the GP's property. He decides to contact the Health Complaints Commissioner (HCC) as he believes this is wrong. The HCC agrees Antonio needs their help to resolve this matter and continues with the early resolution course of action. They contact the GP clinic and explain that their patients have the right to their medical records and they do not need a lawyer to attain this information. Antonio was then given his health records and was able to transfer them to his new GP clinic at a small fee. The Melbourne based clinic is now aware of who has rights to medical records and information.

Question 7

The reason for Antonio's complaint towards his healthcare provider is reflected by the statement that

A 'Antonio has recently moved to Sydney and wants a copy of his medical records as he is going to find a new general practitioner in the area.'

B 'The clinic claims the medical records are not his property but are the GP's property.'

Question 8

The Health Complaints Commissioner's course of action is reflected by the statement that

A 'The HCC agrees Antonio needs their help to resolve this matter and continues with the early resolution course of action.'

B 'He decides to contact the Health Complaints Commissioner (HCC) as he believes this is wrong.'

Question 9

The outcome of the complaint resolution process is reflected by the statement that

A 'Antonio was then given his health records and was able to transfer them to his new GP clinic at a small fee.'

B 'They contact the GP clinic and explain that patients at their clinic have the right to their medical records and they do not need a lawyer to attain this information.'

Exam-style questions

Question 10 (1 MARK)

Outline what a consumer complaint is.

Question 11 (1 MARK)

Describe what the Health Complaints Commissioner is.

Question 12 (1 MARK)

Identify an example of a possible outcome of a consumer complaint.

Question 13 (2 MARKS)

Describe who can make a complaint against a healthcare provider.

Question 14 (4 MARKS)

Discuss two examples of what a complaint can be made about.

Question 15 (4 MARKS)

Explain two of the three major courses of action the Health Complaints Commissioner takes to resolve a complaint.

Question 16 (5 MARKS)

Noah recently broke his arm playing football. He went straight to the emergency department at a private hospital as he was in a lot of pain. He has private health insurance for private hospital services. However, he was waiting in the emergency department for multiple hours before he was seen by a doctor and prescribed pain relief. He was very angry about the wait time to get his arm checked out. He spoke directly with the hospital about his complaint, although they claimed they were too busy to see him any sooner. He thought this was unfair and decided to contact the Health Complaints Commissioner (HCC). The HCC escalated the complaint to an early resolution course of action, contacting the doctors and hospital in regard to the long wait time. The hospital apologised for the long wait time and agreed to make a change to their structure and policy about treating emergency department patients.

a Identify Noah's complaint. (1 MARK)

b Describe the course of action the Health Complaints Commissioner utilised to resolve his complaint. (2 MARKS)

c Explain the outcome of the consumer complaint described in **part a**. (2 MARKS)

Question 17   (6 MARKS)

> **Medicare**
>
> Medicare is Australia's universal health insurance scheme, ensuring that everyone has access to healthcare despite people's ability to pay. Some services covered by Medicare include:
>
> - general practitioner consultation fees
> - public hospital services
> - eye tests performed by an optometrist
> - selected dental procedures
> - majority of procedures performed by GPs
> - x-rays
> - pathology tests.

Consumer complaints can be made about any aspect of the Australian health system.

a   Describe an example of a consumer complaint that could be made about Medicare. (2 MARKS)

b   Outline a course of action the consumer can take to resolve the complaint described in **part a** complaint. (2 MARKS)

c   Explain a possible outcome of making the complaint described in **part a**. (2 MARKS)

CHAPTER 9 REVIEW

CHAPTER SUMMARY

In this chapter, you learnt all about healthcare in Australia. Specifically, you learnt about the components of Australia's health system, access to and availability of health services, and the rights and responsibilities of healthcare consumers.

In lesson **9A: Australia's health system**, you learnt about the components of the health system that work to improve and maintain health and wellbeing in Australia.

Key information covered in this lesson includes:

- Medicare
- the Pharmaceutical Benefits Scheme (PBS)
- Private Health Insurance (PHI).

In lesson **9B: Support services**, you learnt about the range of services available in the local community that aim to promote optimal health and wellbeing.

Key information covered in this lesson includes:

- support services for physical health and wellbeing
- support services for mental health and wellbeing
- support services for social health and wellbeing
- support services for emotional health and wellbeing
- support services for spiritual health and wellbeing.

In lesson **9C: Access to health services and information**, you learnt about the factors affecting access to health services and information.

Key information covered in this lesson includes:

- access regarding cost
- access regarding knowledge
- access regarding language barriers
- access regarding geographic location
- access regarding culture and religion.

In lesson **9D: Rights and responsibilities for accessing health services**, you learnt about patients access to health resources and security of health information.

Key information covered in this lesson includes:

- patient rights to accessing health services
- patient responsibility of accessing health service
- privacy and confidentiality relating to the storage, use, and sharing of personal health information.

In lesson **9E: Opportunities and challenges of digital media**, you learnt about the challenges of maintaining confidentiality and privacy regarding health information, alongside the opportunities that arise due to the increase in digital media use.

Key information covered in this lesson includes:

- opportunities and challenges of digital media
- opportunities and challenges of websites
- opportunities and challenges of online practitioners
- opportunities and challenges of digital health apps.

In lesson **9F: Issues relating to new health procedures and technologies**, you learnt about problems that have arisen in line with emerging health-related technology and procedures.

Key information covered in this lesson includes:

- ethics related issues to new health procedures and technologies
- issues regarding equity of access to new health procedures and technologies
- privacy related issues to new health procedures and technologies
- issues regarding invasiveness of new health procedures and technologies
- freedom of choice related issues about new health procedures and technologies.

In lesson **9G: Consumer complaints**, you learnt about the complaint resolution process, as well as who can make complaints and why people make complaints against healthcare providers.

Key information covered in this lesson includes:

- who can make a consumer complaint about healthcare providers
- what a consumer complaint may be about and who they are made about
- the process behind lodging a consumer complaint
- how consumer complaints are resolved through various processes
- the outcomes of complaint resolution and lodging consumer complaints.

Health care in Australia

Promoting health in Australia

- Available health care services
  - Australia's health system — 9A
  - Support services — 9B
- Accessing health services
  - Factors affecting access — 9C
  - Rights and responsibilities — 9D
- Evaluating health services
  - Digital media — 9E
  - New health procedures and technology — 9F
  - Consumer complaints — 9G
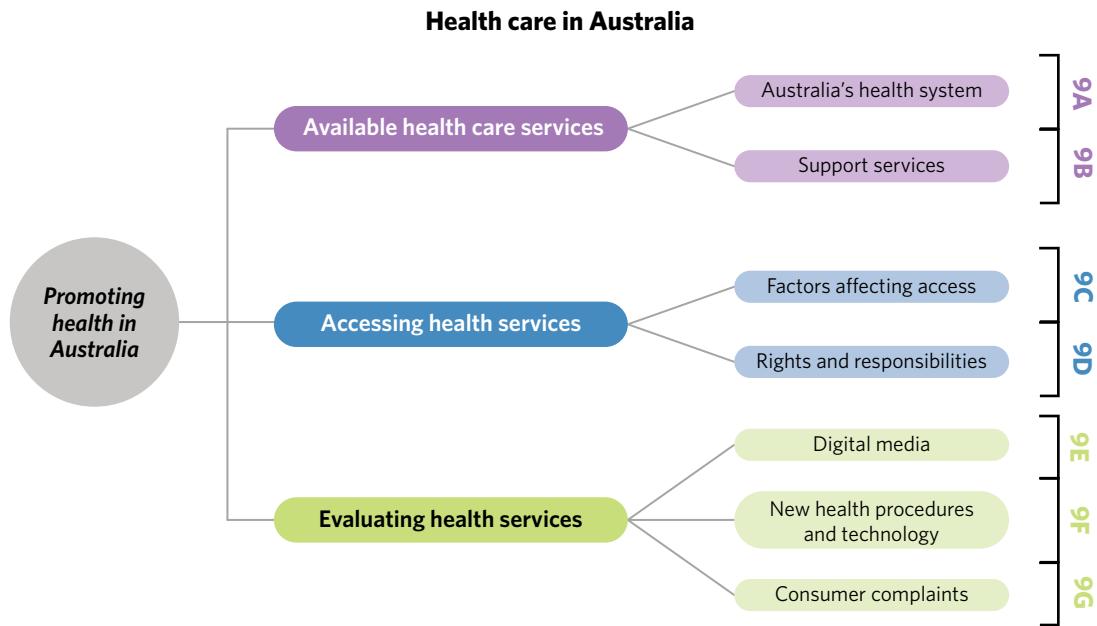
CHAPTER REVIEW ACTIVITIES

Review activity 1: Fill in the table

In chapter 9, you learnt about healthcare services in Australia. The table below is a framework for summarising what you learnt about support services and Australia's health system. Copy the diagram into your notes and fill in the blanks.

Healthcare services

Support services			Australia's health system		
Dimension of health and wellbeing	*Example*	*Link to health and wellbeing*	*Medicare*	_____	*Private health insurance*
Physical health and wellbeing			Medicare is	A government program that subsidises the cost of essential prescription medication	Private health insurance is
Mental health and wellbeing			Services covered include:	Advantages of this scheme include:	Private health has three incentives. These include: **1.**
Social health and wellbeing					
Emotional health and wellbeing			Services not covered include:	Disadvantages of this scheme include:	**2.** **3.**
Spiritual health and wellbeing					

Review activity 2: Fill in the diagram

In chapter 9, you learnt about various factors contributing to access of healthcare services, as well as challenges and opportunities relating to healthcare services in Australia. The diagram below summarises these concepts regarding digital media, new technologies, and access. Copy the diagram into your notes and fill in the blanks.

Cost

Factors affecting access to health services and information include...

Invasiveness

Issues relating to new health procedures and technologies include...

A challenge of digital media includes...

An example of digital media is

Health services in Australia

Rights and responsibilities for accessing health services

An opportunity of digital media includes...

To lodge a complaint with the Health Complaints Commissioner, consumers must...

discuss complaint with _____ first.

The following course of action includes three methods of complaint resolution

The outcome of these courses of action is complaint _____.

Examples of patient rights include...
▪ Privacy
▪ _____
▪ _____
▪ _____
▪ _____

Examples of patient responsibility include...
▪ Respect
▪ _____
▪ _____
▪ _____
▪ _____

CHAPTER 9 TEST

Question 1   (1 MARK)

Describe private health insurance.

Question 2   (2 MARKS)

Describe one opportunity and one challenge associated with using websites as a source of health information.

Question 3   (3 MARKS)

Medicare statistics of healthcare services by area of remoteness 2017-18, Australia

	Major cities	Very remote
Number of services	112,015,315	731,445
Number of services per capita	6.3	3.6
Bulk billing rate	87%	89%
Average out of pocket cost for non-bulked billed services	$38.37	$40.59

Source: adapted from Department of Health Annual Medicare Statistics, *Access to healthcare*, <https://www.aihw.gov.au/reports/rural-remote-australians/rural-remote-health/contents/access-to-health-care>

a   Using data, compare major cities and very remote regions in terms of access to healthcare. (2 MARKS)

b   Outline how geographic location can reduce access to healthcare. (1 MARK)

Question 4   (2 MARKS)

Explain a patient right that is outlined in the Australian Charter of Healthcare Rights.

Question 5   (2 MARKS)

Recreational groups are a support service that can be formed with existing friends, communities, or online. Activities can range from physical activities, social activities, outdoor activities, and arts and crafts.

Describe how recreational groups can act as a support service to promote social health and wellbeing.

Question 6   (2 MARKS)

Outline **two** examples of a responsibility a patient must uphold when accessing healthcare services.

Question 7   (3 MARKS)

a   Describe equity of access. (1 MARK)

b   Explain how new health procedures and technology may reduce equity of access. (2 MARKS)

Question 8   (4 MARKS)

a   Briefly describe the Pharmaceutical Benefits Scheme. (1 MARK)

b   Suggest one example of a complaint a consumer may make about the Pharmaceutical Benefits Scheme. (1 MARK)

c   Describe a process to resolve the complaint identified in **part b**. (2 MARKS)

Question 9   (4 MARKS)

Explain one advantage and one disadvantage of Medicare.

Question 10 (5 MARKS)

a Identify an example of digital media used to promote health and wellbeing. (1 MARK)

b Describe how the example of digital media identified in **part a** promotes access. (2 MARKS)

c Explain how the example of digital media identified in **part a** acts as a support service to promote health and wellbeing. (2 MARKS)

Questions from multiple chapters

Question 11 (5 MARKS)

a Identify a support service that aims to promote mental health among youth in Australia. (1 MARK)

b Describe a patient right when accessing the support service identified in **part a**. (2 MARKS)

c Outline a complaint that a consumer could make if the patient right identified in **part b** is breached. (2 MARKS)

UNIT 2 AOS 2 REVIEW

Complete the following 50 mark practice test, which tests all content from within Unit 2 AOS 2.

Question 1 (4 MARKS)

Heath has injured his wrist playing football.

a Identify **two** health services covered by Medicare that Heath can access. (2 MARKS)

b Outline **two** responsibilities Heath has when accessing health services. (2 MARKS)

Question 2 (2 MARKS)

Distinguish between Medicare and the Pharmaceutical Benefits Scheme.

Question 3 (3 MARKS)

a Outline what is meant by privacy in relation to health information. (1 MARK)

b Using an example, explain how an emerging health procedure or technology can raise concerns associated with privacy. (2 MARKS)

Question 4 (2 MARKS)

Kathy has been feeling extremely anxious and stressed at school after a photo of her was shared without her consent. Ever since the photo was shared, Kathy's friends have been avoiding her and Kathy feels alone. Kathy has also withdrawn from her family as she is embarrassed and doesn't want her parents to know about the photo.

Identify and describe a support service that Kathy can access to promote her mental health and wellbeing.

Question 5 (8 MARKS)

Hiro feels as though his rights as a patient were not upheld at his last doctor's appointment and decides to file a complaint with the Health Complaints Commissioner (HCC).

a Discuss **two** rights a patient has when accessing healthcare services. (4 MARKS)

b Explain a course of action the Health Complaint Commissioner (HCC) takes to resolve a complaint and identify two possible outcomes of this action. (4 MARKS)

Question 6 (2 MARKS)

Explain how the Pharmaceutical Benefits Scheme (PBS) safety net can improve access to health services.

Question 7 (2 MARKS)

Describe one opportunity and one challenge associated with online practitioners.

Question 8 (3 MARKS)

a Outline what is meant by private health insurance. (1 MARK)

b Describe one advantage and one disadvantage of private health insurance. (2 MARKS)

Question 9 (6 MARKS)

a Identify **two** examples of emerging health procedures or technologies. (2 MARKS)

b Analyse **two** issues associated with the use of **one** of the health procedures or technologies identified in **part a**. (4 MARKS)

Question 10   (6 MARKS)

SkinVision Skin Health Tracker is an app designed to help individuals assess spots and moles on their skin that they are concerned about. Some features of the app are free, such as skin type quizzes, however, the skin checks that involve clinically validated technology require a payment. To undergo a skin check, the user takes a photo of any moles or skin conditions that they are worried about. The app analyses the photo for signals of skin cancer and gives a recommendation based on a traffic light system (red = high risk, yellow = medium risk, and green = low risk). SkinVision can detect 95% of skin cancers, however, they do not provide a diagnosis. The app also allows people to track any changes in their skin, such as the growth of moles, which can assist with early detection.

Source: adapted from Apple App Store, *SkinVision Skin Health Tracker,* <https://apps.apple.com/au/app/skinvision-skin-health-tracker/id545293136>

Discuss one opportunity and one challenge associated with the use of the SkinVision app and explain how they each impact a dimension of health and wellbeing.

Question 11   (2 MARKS)

The proportion of people waiting longer than they felt acceptable for a GP appointment was 18.7% (Australian Bureau of Statistics, 2020).

Aside from waiting times, describe an example of what a complaint can be made about.

Question 12   (2 MARKS)

Jonas suffered from an earache and was unable to visit a health clinic. Instead, he participated in a telehealth consultation with an online practitioner.

Suggest how telehealth consultations can improve equity of access to health services.

Question 13   (8 MARKS)

Consider the following sources related to healthcare and support services.

Source 1

The Youth Aboriginal Mother's Project (YAMP) is run by Indigenous Australians and is based in Gunawirra House, Rozelle in New South Wales. YAMP is an early intervention service for Aboriginal women from pregnancy through to their child starting school. The program reflects the needs and interests of the women and they offer various group activities, including:

- belly casting: young women create a decorated model of their pregnant bellies to help them find pride in their pregnancies and appreciate the change and growth.

- infant massage: young mothers learn how to soothe and settle their babies which promotes close bonding with their babies.

- cooking and nutrition: the women learn how to cook nutritious budget meals and are given fresh fruit and vegetables to take home every week.

- group therapy: provides an opportunity for mothers to share their worries and struggles with the group and begin to build healthier emotional lives.

- culture, dancing and yoga: provides women with opportunities to connect with their culture through these activities.

- social work support: the women are supported to access a range of support services available to them, such as health, housing, employment, and education about financial services. Transport for the program is also provided.

Source: adapted from Gunawirra, *Mothers group,* <https://gunawirra.org.au/mothers-group/>

Source 2

Improve Indigenous Health
65% of the Aboriginal and Torres Strait Islander population in Australia live outside of a major city.

Compared to non-Indigenous Australians, Aboriginal and Torres Strait Islanders experience:

1.5 to 2.5x more likely to experience discrimination and racism

Cancer survival rates since 2004, **21% worse**

Life expectancy

Males
10.6 years less

Females
9.5 years less

2.3x higher burden of disease

4.9x rate of preventable hospital admissions

6.4% reduction in Aboriginal and Torres Strait Islander health workforce

55x more likely to die of Rheumatic Heart Disease
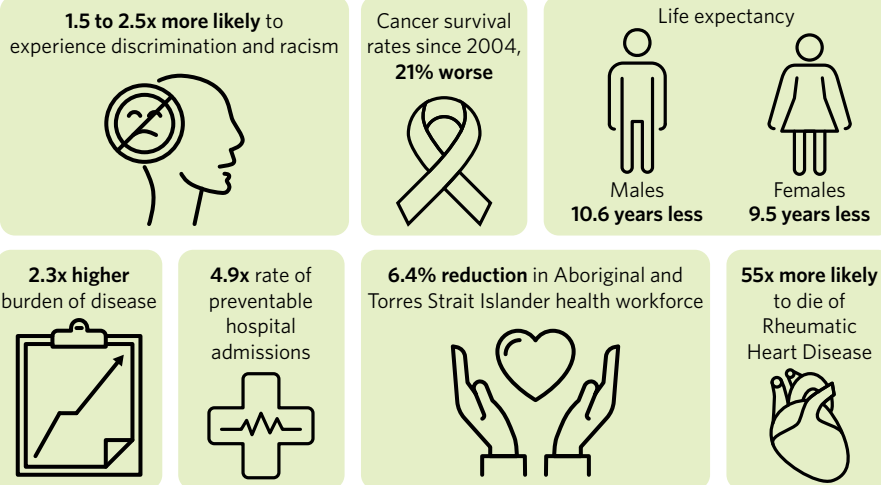
Image: A Aleksii/Shutterstock.com

Source: adapted from National Rural Health Alliance, *Election 2019: Improve Indigenous Health,* <https://www.ruralhealth.org.au/content/election-2019-improve-indigenous-health>

Source 3

In 2017–18, an estimated 9.5 million health and allied services claims were made by around 650,000 Indigenous patients through the Medicare Benefits Schedule.
In 2017–18, MBS claim rates for non-referred GP visits for Indigenous Australians were 15% higher than for non-Indigenous Australians.
Between 2010–11 and 2019–20, the proportion of Indigenous Australians who had an Indigenous health check nearly tripled.

Source: adapted from Australian Institute of Health and Welfare, *Indigenous Australians' use of health services,* <https://www.aihw.gov.au/reports/australias-health/indigenous-australians-use-of-health-services>

Using the sources provided regarding Indigenous healthcare, and your own knowledge of healthcare and support services, discuss the following statement: *Accessing healthcare services can be difficult for many Aboriginal and Torres Strait Islander peoples in Australia.*

In your response, make reference to:

- factors impacting access to health services.
- how factors impacting access to health services can be addressed and minimised by support services and Medicare.
- the impact of support services on the dimensions of health and wellbeing.

ANSWERS

1A Health and wellbeing

Theory-review questions

1 B. Experiencing the highest possible level of health for each individual refers to **optimal** health and wellbeing. *Perfect health and wellbeing should not be an aim for individuals as it is unlikely to be attained.*

2 A. *Maintaining a healthy body weight and supporting immune system functioning refer to physical health and wellbeing. This is due to both of these components supporting the functioning of the body and its systems.*

3 I; II. *The ability to use logic and low levels of stress refer to mental health and wellbeing, while not feeling sad reflects emotional health and wellbeing.*

4 B. False. *All individuals, regardless of whether they have optimal emotional health and wellbeing or not, experience negative emotions. As such, optimal emotional health and wellbeing involves managing negative emotions in a constructive way.*

5 B. False. *Optimal social health and wellbeing does not have a magic number of relationships that need to be maintained. Instead, optimal social health and wellbeing includes a range of components, including the ability to form and maintain positive relationships and have empathy for others.*

6 I. *Having a sense of hope for the future relates to an individual's values, beliefs, and sense of purpose in life, therefore reflecting spiritual health and wellbeing, In contrast, strong communication skills reflects social health and wellbeing and resilience reflects emotional health and wellbeing.*

7 B. False. *An individual's characteristics, such as their culture, greatly impacts their perspective of health and wellbeing. This relates to the subjective nature of health and wellbeing.*

Skills

Perfect your phrasing

8 A

Unpacking the case study

9 A **10** A

Exam-style questions

11 [Optimal health and wellbeing involves an individual experiencing the highest possible level of health and wellbeing when taking their unique experiences, characteristics, and lifestyle into account.[1]]

  ✓ ✗ I have described optimal health and wellbeing.[1]

12 [Spiritual health and wellbeing refers the ideas, beliefs, values and ethics that an individual possesses, contributing to a sense of meaning and purpose.[1]][One component of spiritual health and wellbeing is believing in a higher power, such as an organised religious group.[2]]

  ✓ ✗ I have described spiritual health and wellbeing.[1]

  ✓ ✗ I have stated one component of spiritual health and wellbeing.[2]

13 [Mental health and wellbeing is the current state of wellbeing of the mind, involving the ability to think and process information.[1]]
[One component of mental health and wellbeing is having low levels of stress and anxiety.[2]]

  ✓ ✗ I have described mental health and wellbeing.[1]

  ✓ ✗ I have stated one component of mental health and wellbeing.[2]

14 [Jax's physical health and wellbeing is likely to be negatively impacted by his development of bronchitis, as he will be unable to exercise while recovering and is lacking a strong immune system response.[1]]
[For example, Jax's development of bronchitis inhibits him from playing football, hindering the functioning of his body and its systems as he will not be able to maintain regular exercise due to his experience of an illness.[2]]

  ✓ ✗ I have explained how Jax's physical health and wellbeing has been impacted by his current situation.[1]

  ✓ ✗ I have provided an example to illustrate how Jax's physical health and wellbeing has been impacted, with reference to one component of physical health and wellbeing.[2]

  ✓ ✗ I have referred to the character's name in my response (Jax), and to the scenario.

15 [One advantage of the WHO definition of health is that it is more holistic than previous definitions of health due to focusing on components of health, such as individual perceptions of health, rather than just the absence of infirmity and disease.[1]][In contrast, one disadvantage of the WHO definition is that the definition neglects the spiritual and emotional dimensions of health and wellbeing.[2]]

  ✓ ✗ I have outlined an advantage of the WHO definition of health.[1]

  ✓ ✗ I have outlined a disadvantage of the WHO definition of health.[2]

Other acceptable answers include:

- other advantages and disadvantages of the WHO definition, so long as appropriately outlined.

16 a [Marcus is displaying optimal emotional health and wellbeing.[1]]
[This is due to him displaying an appropriate emotional reaction to breaking up with his girlfriend, due to feeling upset.[2]]

  ✓ ✗ I have explained that Marcus is displaying optimal emotional health and wellbeing.[1]

  ✓ ✗ I have used information from the case study to justify why Marcus is displaying optimal emotional health and wellbeing.[2]

  ✓ ✗ I have referred to the character's name in my response (Marcus), and to the scenario.

b [Marcus is displaying optimal social health and wellbeing.[1]]
[This is due to Marcus having a social support network, as seen by his friends Nathaniel and Dara checking up on him since he broke up with his girlfriend.[2]]

  ✓ ✗ I have explained that Marcus is displaying optimal social health and wellbeing.[1]

  ✓ ✗ I have used information from the case study to justify why Marcus is displaying optimal social health and wellbeing.[2]

  ✓ ✗ I have referred to the characters' names in my response (Marcus, Nathaniel, and Dara), and to the scenario.

1B Variations in perspectives of health and wellbeing

Theory-review questions

1 B. False. *There are a variety of factors that influence an individual's perspectives and priorities related to health and wellbeing: these factors are not just limited to age and culture.*

2 I; II; III. *Religious beliefs, income and level of education, as well as age and gender can all influence the priorities a person has in relation to their health and wellbeing.*

3 B. False. *A person's perspectives of health and wellbeing are influenced by their family upbringing and education, but as a child grows up, there are other factors that also influence their perspectives of health and wellbeing - these influences change as age changes.*

4 A. Societal expectations and traditional gender roles **can** influence people's perspectives of what is healthy. *Gender, which includes societal gender expectations and traditional gender roles, can influence what someone sees as healthy.*

5 B. False. *Culture is a factor that causes individuals to have varied perspectives and priorities related to health and wellbeing because values and beliefs vary between different cultures.*

6 A. True. *Religion is a factor that can cause individuals to have varied perspectives and priorities (and values) related to health.*

7 B. False. *An individual's income, and more broadly their socioeconomic status, is a factor that influences their priorities related to health and wellbeing.*

Skills

Data analysis

8 B   **9** A   **10** A   **11** B

Exam-style questions

12 [Religion is a factor that can influence perspectives and priorities related to health and wellbeing.[1]]

    ✓ ✗ I have identified one factor that can influence perspectives and priorities related to health and wellbeing.[1]

Other acceptable answers include:

- age
- culture
- gender
- socioeconomic status (SES).

13 [Varied perspectives related to health and wellbeing refers to the difference in the way someone sees something or their attitude towards an aspect of health and wellbeing.[1]] [Varied priorities related to health and wellbeing refers to the difference between the level of importance someone views something in relation to health and wellbeing, compared to someone else.[2]]

    ✓ ✗ I have outlined what is meant by varied perspectives related to health and wellbeing.[1]

    ✓ ✗ I have outlined what is meant by varied priorities related to health and wellbeing.[2]

14 [Culture is a multi-layered concept that encompasses the shared characteristics and behaviours of a particular group of people, including traditions, customs, language, religion, music, art, and cuisine.[1]] [An individual's culture can influence their life in a multitude of ways, such as influencing to what extent someone values their family. This can play a role in shaping their thoughts and values, and therefore can influence the way they view and prioritise their health and wellbeing.[2]]

    ✓ ✗ I have outlined the meaning of culture.[1]

    ✓ ✗ I have described how culture can influence perspectives and priorities related to health and wellbeing.[2]

15 **a** [Gender is a factor that can influence perspectives and priorities related to health and wellbeing.[1]] [Gender refers to the socially constructed ideas, attitudes, and behaviours that a given culture or society associates with a person's biological sex; it may also refer to a person's own or perceived gender identity.[2]]

    ✓ ✗ I have identified one factor that can influence perspectives and priorities related to health and wellbeing.[1]

    ✓ ✗ I have explained my chosen factor.[2]

Other acceptable answers include:

- you may have also discussed the factors of age, culture, religion, or socioeconomic status (SES), so long as you explained your chosen factor.

b [Gender-specific expectations and traditional gender roles are majorly responsible for the differences in health and wellbeing priorities in females and males.[1]] [For example, men were traditionally viewed as strong and dominant and therefore may be more likely than women to connect health and wellbeing to physical fitness. Men may therefore be more likely to prioritise physical activity that will optimise their muscle mass and help them develop and maintain a strong, muscular body type.[2]]

    ✓ ✗ I have explained how my chosen factor from **part a** influences priorities related to health and wellbeing.[1]

    ✓ ✗ I have used an example to explain how my chosen factor from **part a** can influence variation in priorities related to health and wellbeing.[2]

Other acceptable answers include:

- you may have also discussed the factors of age, culture, religion, or socioeconomic status (SES), so long as you explained how the factor can influence priorities related to health and wellbeing.

16 **a** [Socioeconomic status (SES) is a measure used to determine the social status of an individual using the factors of income, occupation, and education.[1]] [For example, people with a high SES often have a high income, have completed a high level of education, and often do not work jobs that require high risk and physical labour. People with a low SES often have a low income, have not completed a high level of education, and often work jobs that require high risk and physical labour.[2]]

    ✓ ✗ I have outlined the meaning of SES.[1]

    ✓ ✗ I have outlined SES in further detail by stating an example of SES.[2]

b ⌈SES can influence an individual's perspectives related to health and wellbeing due to their level of education.**1** ⌉⌈For example, people of lower SES are likely to have lower levels of education, and therefore, lower levels of health literacy, which means they may be less informed about health related issues, such as the health risk of smoking tobacco and drinking alcohol excessively. Therefore, they may not perceive smoking or excessively consuming alcohol as something that could negatively influence their physical health and wellbeing.**2** ⌉

✓ ✗ I have outlined one way in which SES can influence an individual's perspectives related to health and wellbeing.**1**

✓ ✗ I have used an example to explain how SES can influence an individual's perspectives related to health and wellbeing.**2**

17 a ⌈The aged 65 and over age group have a higher prevalence of insufficient physical activity.**1** ⌉

✓ ✗ I have identified aged 65 and older as the age group that has a higher prevalence of insufficient physical activity.**1**

b ⌈Physical health and wellbeing refers to the functioning of the body and its systems, including the body's capacity to perform daily tasks and activities.**1** ⌉⌈Physical activity plays an important role in promoting physical health and wellbeing because when a person exercises regularly and moves their body, the functioning of different body systems is supported and they are mobile, and better able to perform daily tasks and activities.**2** ⌉

✓ ✗ I have outlined the meaning of physical health and wellbeing.**1**

✓ ✗ I have explained the role of physical activity in the promotion of physical health and wellbeing.**2**

c ⌈Priorities related to health and wellbeing vary across different age groups, because, as age changes, health and wellbeing needs change.**1** ⌉⌈For example, elderly people are more likely to be conscious of and avoid risky behaviours that could adversely affect their health, such as smoking than young adults are. This is because they are at higher risk of developing health-related conditions and it is a priority for them to reduce associated risks.**2** ⌉⌈This is supported by the data above as only 7% of elderly Australians aged 65 and older were daily smokers in 2017-18, compared to 13.9% of young adults ages 18-24.**3** ⌉

✓ ✗ I have outlined how age is a factor that can influence priorities related to health and wellbeing.**1**

✓ ✗ I have used an example to explain how age is a factor that can influence priorities related to health and wellbeing.**2**

✓ ✗ I have used data to support my response.**3**

Note: Your response needs to be based on the data in the table provided. If your discussion was not clearly linked to the data, you may have struggled to support your response with data, and therefore may not receive full marks.

Questions from multiple lessons

18 ⌈Health and wellbeing relates to an individual's physical, mental, emotional, social, and spiritual states, where an individual can experience balance and an overall level of satisfaction, enabling them to effectively function.**1** ⌉⌈For example, physical health and wellbeing involves the functioning of the body and its systems, including the body's capacity

to perform daily tasks and activities.**2** ⌉⌈As a person grows and makes their way through different age groups, gains greater life experience and continues to learn and grow, their perspectives on health and wellbeing can change.**3** ⌉⌈For example, children often view illness as being the main component of health. As they grow up, their perspectives of health and wellbeing change and expand, becoming aware of all of the dimensions of health and wellbeing, such as the importance of belonging to a community, and spiritual health and wellbeing.**4** ⌉

✓ ✗ I have outlined the meaning of health and wellbeing.**1**

✓ ✗ I have included an example to support my response.**2**

✓ ✗ I have explained how age can influence changes in perspectives relating to health and wellbeing over time.**3**

✓ ✗ I have included an example to support my response.**4**

1C Youth perspectives of health and wellbeing

Theory-review questions

1 B. False. *Although people in their youth often have similar views of health and wellbeing, each young person does not perceive health and wellbeing in the exact same way. Everyone has a different perspective of health and wellbeing.*

2 B. False. *Youths generally have a rounded, holistic view of health and wellbeing and consider many of the dimensions as important, unlike young children, who often perceive only physical health and wellbeing as important.*

3 I; II; III. *Youths perspectives on health and wellbeing are influenced by numerous factors, which include school and education, family and peers, and social media.*

4 B. False. *The increase in independence and knowledge during youth broadens one's views of health and wellbeing, rather than narrows it.*

5 II. *We do not need to know the specific name of the person who collected the data. Rather, it is important to know that the data came from a reliable source to ensure that it is valid. It is also important to know the population group the data is related to.*

Skills

Data analysis

6 A **7** B **8** B

Exam-style questions

9 ⌈Youth describes the stage of the human lifespan that occurs from ages 12 to 18, and is also used to refer to people in this age bracket.**1** ⌉

✓ ✗ I have described the meaning of youth.**1**

10 ⌈Youth often have a rounded, holistic view of health and wellbeing and consider all the dimensions of health and wellbeing.**1** ⌉⌈For example, youth often value the importance of their social connections and relationships (social health and wellbeing) as well as managing their stress levels (mental health and wellbeing), as they transition to adulthood and begin managing more challenges and gain independance.**2** ⌉

✓ ✗ I have discussed how youth perceive health and wellbeing.**1**

✓ ✗ I have used an example to support my response.**2**

11 a [Social media may influence the health and wellbeing perspectives of youth.[1]]

   ✓ ✗   I have identified one influence on the health and wellbeing perspectives of youth.[1]

b [Social media can foster obsession over unrealistic standards of beauty, health, and diet.[1]] [This can have a very harmful impact on people's body image, and may reduce their self-confidence and self-esteem, negatively impacting their mental health and wellbeing.[2]]

   ✓ ✗   I have described how an impact of the factor I identified in **part a** could influence youths' perspectives on health and wellbeing.[1]

   ✓ ✗   I have explained how this impact can influence youth's perspectives on health and wellbeing, with reference to a health and wellbeing dimension.[2]

12 a [Family relationships was the item that the greatest percentage of young people in 2020 were extremely concerned about.[1]]

   ✓ ✗   I have identified family relationships as the item that the greatest percentage of young people in 2020 were extremely concerned about.[1]

b [In general, youth perceive both their physical and mental health and wellbeing is important to them.[1]] [Youth have a rounded view of health and wellbeing, and perceive their mental health and wellbeing as well as their physical health and wellbeing as issues of great concern and therefore importance.[2]] [This is supported by the data as 33.8% of young people rated mental health as an issue of extreme concern, and 28.9% did so for physical health, showing that a substantial proportion of youth are extremely concerned, and therefore see the importance of, their mental and physical health and wellbeing.[3]]

   ✓ ✗   I have outlined how youth perceive mental and physical health and wellbeing.[1]

   ✓ ✗   I have further discussed how young people perceive their mental and physical health and wellbeing.[2]

   ✓ ✗   I have used data from the graph to support my response.[3]

13 a [Orla has made many new friends since moving schools,[1]] [increasing her ability to form meaningful and satisfying relationships with others, positively impacting her social health and wellbeing.[2]]

   ✓ ✗   I have identified one of Orla's experiences at her new school.[1]

   ✓ ✗   I have explained how this impacts Orla's social health and wellbeing, with reference to one component of social health and wellbeing.[2]

   ✓ ✗   I have referred to the character's name in my response (Orla), and to the scenario.

b [Orla's independence has increased because she is getting herself to and from school via public transport,[1]] [and can make her own decisions about what she buys from the canteen and eats for lunch.[2]] [An increase in independence could impact Orla's perspectives on health and wellbeing, as she is now able to decide what she eats for lunch every day. This could mean her views on the importance of diet and physical health and wellbeing change as a result of being able to make her own diet-related decisions.[3]]

   ✓ ✗   I have outlined one way that Orla's independence has increased.[1]

   ✓ ✗   I have another way that Orla's independence has increased.[2]

   ✓ ✗   I have explained how an increase in independence could impact Orla's perspectives on health and wellbeing, with reference to a health and wellbeing dimension.[3]

   ✓ ✗   I have referred to the character's name in my response (Orla), and to the scenario.

Questions from multiple lessons

14 a [Children often view health and wellbeing as the absence of illness and injury, and primarily focus on physical health and wellbeing,[1]] [whereas youth have a more complex and holistic understanding of health and wellbeing, and see the importance of all dimensions, not just physical health and wellbeing.[2]]

   ✓ ✗   I have outlined how young children often perceive health and wellbeing.[1]

   ✓ ✗   I have outlined how youth often perceive health and wellbeing.[2]

   ✓ ✗   I have used comparison words, such as 'whereas'.

b [Elderly people often have different priorities related to health and wellbeing compared to youths because elderly people often are at a greater risk of injury and illness.[1]] [This may mean that avoiding injury and protecting their physical health and wellbeing is a greater priority for elderly people compared to youths, who are not at as high a risk of damaging their physical health and wellbeing.[2]]

   ✓ ✗   I have suggested one reason why elderly people may have different priorities related to health and wellbeing compared to youths.[1]

   ✓ ✗   I have further explained this reason, comparing elderly to youths.[2]

   ✓ ✗   I have used comparison words, such as 'compared to'.

Other acceptable answers include:

- other reasons why elderly people may have different priorities related to health and wellbeing compared to youths.

1D   Indigenous perspectives of health and wellbeing

Theory-review questions

1 A. True. *Aboriginal and Torres Strait Islander peoples' views of health and wellbeing tend to be very holistic and considers a range of factors, not simply the absence of disease or illness.*

2 B. False. *There are many factors that influence Aboriginal and Torres Strait Islander peoples' perspectives of health and wellbeing, not simply two. Some factors include history, colonisation, culture, and language.*

3 I; II; III. *Culture, history of colonisation, and language are all factors that may influence Aboriginal and Torres Strait Islander peoples' perspectives of health and wellbeing.*

4   B. False. *Aboriginal and Torres Strait Islander peoples' perspectives of health and wellbeing are not always the same. There are many different groups of Aboriginal and Torres Strait Islander peoples' who have distinct cultures, and languages, and therefore can have varied perspectives of health and wellbeing.*

5   A. Young Aboriginal and Torres Strait Islander peoples **do** value connection to and participation in one's community. *Connection to one's community is important to many Aboriginal and Torres Strait Islander peoples.*

Skills

Data analysis

6   A   **7**   A   **8**   B

Exam-style questions

9   [Aboriginal and Torres Strait Islander peoples are the Indigenous peoples of Australia.**1**]

✓   ✗   I have identified Aboriginal and Torres Strait Islander peoples as the Indigenous peoples of Australia.**1**

10   [Aboriginal and Torres Strait Islander peoples view health in a very holistic way.**1**][This means that to Aboriginal and Torres Strait Islander peoples, health is not just about the physical health and wellbeing of an individual but refers to the social, emotional, spiritual, and cultural wellbeing of the whole Community.**2**]

✓   ✗   I have described how Aboriginal and Torres Strait Islander peoples view health and wellbeing.**1**

✓   ✗   I have further described how Aboriginal and Torres Strait Islander peoples view health and wellbeing.**2**

11   [Culture,**1**][language,**2**][and history are all factors which can influence Aboriginal and Torres Strait Islander peoples' perspectives of health and wellbeing.**3**]

✓   ✗   I have identified one example of a factor that can influence Aboriginal and Torres Strait Islander peoples' perspectives of health and wellbeing.**1**

✓   ✗   I have identified another example of a factor that can influence Aboriginal and Torres Strait Islander peoples' perspectives of health and wellbeing.**2**

✓   ✗   I have identified a third example of a factor that can influence Aboriginal and Torres Strait Islander peoples' perspectives of health and wellbeing.**3**

Other acceptable answers include:

- beliefs
- colonisation
- other factors that could influence varied perspectives of health and wellbeing.

12   [Aboriginal and Torres Strait Islander peoples have kinship systems that are very different to how non-Indigenous Australians view family. A kinship is more than a social hierarchy: it is a complex system which connects people through blood, regional language group, culture and geography.**1**] [The belief (which is tied to kinship) that raising children, care, education, and discipline of children are the responsibility of all can influence Aboriginal and Torres Strait Islander perspectives related to health and wellbeing.**2**][For example, if a child is ill, many members of a family may look after a child (not simply one person) if it is the belief that caring for the ill child is the responsibility of all members of a family and kinship.**3**]

✓   ✗   I have outlined what Aboriginal and Torres Strait Islander kinship systems are.**1**

✓   ✗   I have explained how such kinship systems could influence perspectives related to health and wellbeing.**2**

✓   ✗   I have used an example to support my response.**3**

13   **a**   [The SEWB model is a model for Aboriginal and Torres Strait Islander Social and Emotional wellbeing.**1**][The SEWB model guides Indigenous health policy and practice – it is an important resource for many Australians, including healthcare workers.**2**]

✓   ✗   I have outlined what the SEWB model is.**1**

✓   ✗   I have further explained the SEWB model.**2**

b   [Firstly, the SEWB model tells us that Aboriginal and Torres Strait Islander peoples view health in a very holistic way.**1**][Secondly, the SEWB model tells us that the health of an Aboriginal or Torres Strait Islander individual is intrinsically embedded within family, community, and extended kinship and nations.**2**][Thirdly, the SEWB model tells us that there are a range of factors that influence Aboriginal and Torres Strait Islander peoples' health and wellbeing, some of which include social, historical, political, and cultural determinants.**3**]

✓   ✗   I have outlined one example of what the SEWB model tells us about Aboriginal and Torres Strait Islander health and wellbeing.**1**

✓   ✗   I have outlined another example of what the SEWB model tells us about Aboriginal and Torres Strait Islander health and wellbeing.**2**

✓   ✗   I have outlined a third example of what the SEWB model tells us about Aboriginal and Torres Strait Islander health and wellbeing.**3**

Questions from multiple lessons

14   [People from collectivist cultures tend to value family support and the health, needs and goals of a group, whereas individualistic cultures tend value the needs of an individual over the community, which can influence health and wellbeing priorities.**1**][For example, people from collectivist cultures, such as traditional Aboriginal communities, may place greater value on the role of a family member as a caregiver when someone falls ill,**2**][which may cause a delay in seeking professional healthcare compared to people from individualistic cultures because seeking professional healthcare may not be prioritised.**3**]

✓   ✗   I have outlined how collectivist cultures differ from individualistic cultures in regards to health and wellbeing perspectives.**1**

✓   ✗   I have used an example to support my response.**2**

✓   ✗   I have explained how these cultural values/views can impact priorities related to health and wellbeing.**3**

✓   ✗   I have used comparison words, such as 'whereas'.

Chapter 1 test

1 [Health and wellbeing relates to an individual's physical, mental, emotional, social, and spiritual states, where an individual can experience balance and an overall level of satisfaction, enabling them to effectively function.[1]]

✓ ✗   I have outlined the concept of health and wellbeing.[1]

2 [Age can influence perspectives of health and wellbeing because as people grow up their understanding of health and wellbeing changes and can grow in complexity.[1]][For example, a young child may perceive health to simply be about the consumption of vegetables and playing sport, but as they attend school, and gain knowledge (as they get older), they may gain a better understanding of the complexity of health and wellbeing, and the importance of all dimensions, not simply physical health and wellbeing.[2]]

✓ ✗   I have explained how age can influence perspectives of health and wellbeing.[1]

✓ ✗   I have used an example of how age can influence perspectives of health and wellbeing.[2]

3 [Optimal health and wellbeing involves an individual experiencing the highest possible level of health and wellbeing when taking their unique experiences, characteristics, and lifestyle into account.[1]][For example, an individual may exercise every day, therefore having optimal physical health and wellbeing. However, their overall level of health and wellbeing may be poor if they ignore the other four dimensions of health and wellbeing, because optimal health and wellbeing involves a balance of all dimensions.[2]]

✓ ✗   I have explained the meaning of optimal health and wellbeing.[1]

✓ ✗   I have used an example of optimal health and wellbeing.[2]

4 [One disadvantage of the World Health Organisation (WHO) definition is the fact that it neglects spiritual and emotional dimensions of health and wellbeing.[1]]

✓ ✗   I have outlined one disadvantage of the WHO definition for health.[1]

5 a [In 2018-19 (of those aged 50 and over), members of the Stolen Generations were more likely to have poorer socioeconomic outcomes than those from the Indigenous reference group (not members of the Stolen Generations).[1]][This is the case for all outcomes in the graph, including home ownership, with approximately 65% of those who were members of the Stolen Generations did not own a home, compared with approximately 55% of those in the Indigenous reference group.[2]]

✓ ✗   I have compared the Stolen Generations to the Indigenous reference group.[1]

✓ ✗   I have used data to support my comparison of the population groups.[2]

✓ ✗   I have provided the context of the graph.

✓ ✗   I have included the correct units of measurement (percentage of Stolen Generations/Indigenous reference group).

✓ ✗   I have used a qualifier, such as 'approximately', when referring to data.

b [The impacts of British colonisation of Australian land still influences Indigenous health and wellbeing perspectives in a multitude of ways because of its major impact and widespread implications.[1]] [For many Aboriginal and Torres Strait Islander peoples, colonisation resulted in trauma and loss from the forcible separation of families, known as the Stolen Generations.[2]][This trauma has impacted some individuals' ability to express and manage emotions, as well as shaped perceptions and beliefs relating to the system in which they live (i.e. Western healthcare), thereby influencing perspectives of health and wellbeing.[3]]

✓ ✗   I have identified one way that colonisation has had impact on Aboriginal and Torres Strait Islander perspectives of health and wellbeing.[1]

✓ ✗   I have explained how what I identified could impact health and wellbeing perspectives.[2]

✓ ✗   I have used an example to support my response.[3]

6 a [Failing university has negatively impacted Dervla's mental health and wellbeing as she has been questioning her ability to pass next semester.[1]][For example, because Dervla is questioning her ability to pass next semester, she has a lowered self-esteem and self-confidence, thereby negatively impacting her mental health and wellbeing.[2]]

✓ ✗   I have explained one way how Dervla's health and wellbeing has been impacted by failing university, with reference to a dimension of health and wellbeing.[1]

✓ ✗   I have provided an example to illustrate how Dervla's health and wellbeing has been impacted.[2]

✓ ✗   I have referred to the character's name in my response (Dervla), and to the scenario.

Other acceptable answers include:

● you may have also discussed the impact on Dervla's social health and wellbeing.

b [Dervla's friends Molly and Liam have positively impacted her mental health and wellbeing as they supported her and encouraged her.[1]][For example, through reassuring her that she has the ability to succeed in university they are positively impacting her mental health and wellbeing as they are boosting her self-esteem.[2]]

✓ ✗   I have explained one way how Dervla's friends have positively impacted Dervla's mental health and wellbeing, with reference to a specific component of mental health and wellbeing.[1]

✓ ✗   I have provided an example to illustrate how Dervla's mental health and wellbeing has been impacted.[2]

✓ ✗   I have referred to the character's name in my response (Dervla and her friends Molly and Liam), and to the scenario.

7 [Culture is a factor that can influence Aboriginal and Torres Strait Islander peoples' perspectives of health and wellbeing,[1]][because culture has major influence on the beliefs and values of Aboriginal and Torres Strait Islander peoples specifically.[2]][For example, spirituality is a major aspect of Aboriginal culture that underpins many traditional Aboriginal healing practices and philosophies of care, and can therefore influence perspectives of appropriate treatment for illnesses, thereby impacting perspectives of health and wellbeing.[3]]

☑ ☒ I have identified one factor that may influence Aboriginal and Torres Strait Islander peoples perspectives of health and wellbeing.[1]

☑ ☒ I have explained how my chosen factor from may influence Aboriginal and Torres Strait Islander peoples' perspectives of health and wellbeing.[2]

☑ ☒ I have used an example to support my response.[3]

Other acceptable answers include:

- other factors that may influence Aboriginal and Torres Strait Islander peoples' perspectives of health and wellbeing, such as values, history, kinship, or other factors, so long as you explained how they can influence Aboriginal and Torres Strait Islander peoples' perspectives of health and wellbeing.

8 a [Youth often have a rounded, holistic view of the meaning health and wellbeing and consider all the dimensions of health and wellbeing.[1]] [For example, youth often value the importance of their social connections and relationships (social health and wellbeing) as well as managing their stress levels (mental health and wellbeing), as they transition to adulthood and begin managing more challenges and gain independence.[2]]

☑ ☒ I have discussed the meaning of health and wellbeing for youths.[1]

☑ ☒ I have further discussed the meaning of health and wellbeing for youths through the use of an example.[2]

b [Social media is a factor which can influence youths' perspectives of health and wellbeing.[1]] [This is because social media can foster obsession over unrealistic standards of beauty, health, and dieting. This can have a very harmful impact on people's body image, perception of what is 'healthy', self-esteem, and confidence in social situations, impacting their perspectives of health and wellbeing.[2]]

☑ ☒ I have identified one example of a factor which can influence youths' perspectives of health and wellbeing.[1]

☑ ☒ I have explained how this factor can influence youths' perspectives of health and wellbeing.[2]

Other acceptable answers include:

- other factors that can influence youths' perspectives of health and wellbeing, so long as you explained how they may influence such perspectives.

9 [Miya has been feeling self-conscious because of the mean comments made by older students about her.[1]] [This has lead to Miya experiencing lower levels of self-confidence and self-esteem, therefore negatively impacting her mental health and wellbeing.[2]]

☑ ☒ I have explained how the comments have impacted Miya.[1]

☑ ☒ I have explained how the mean comments impacted Miya's health and wellbeing, with reference to a dimension of health and wellbeing.[2]

☑ ☒ I have referred to the character's name in my response (Miya), and to the scenario.

10 a [Socioeconomic status (SES) is a measure used to determine the social status of an individual using the factors of income, occupation, and education.[1]]

☑ ☒ I have outlined the meaning of socioeconomic status (SES).[1]

b [SES can impact priorities related to health and wellbeing because it involves income which plays a huge role in an individual's health expenditure choices and access to resources.[1]] [For example, an individual of a lower SES may have a low income and therefore it may not be a priority for such individuals to spend substantial proportions of their income on preventative healthcare such as a gym membership, counselling and psychology visits, or prenatal vitamins and supplements.[2]]

☑ ☒ I have outlined one way that socioeconomic status (SES) can influence an individual's priorities related to health and wellbeing.[1]

☑ ☒ I have used an example to further explain how socioeconomic status (SES) can influence an individual's priorities related to health and wellbeing.[2]

2A   Measuring health status

Theory-review questions

1   A. True. *Health status indicators are tools which can be used to measure health status. Health status involves measuring an individual or population's overall health by taking a range of measures into account, such as life expectancy and experiences of illness, disability, and disease.*

2   A. True. *Incidence and prevalence both measure the number of particular conditions in a population. The only difference between the two indicators is that prevalence measures all conditions present in a population at a certain point in time, while incidence measures the new number of cases in a particular period of time.*

3   B. The difference between them is that morbidity measures **ill health** while mortality measures **the number of deaths** in a population. *Morbidity is the non-fatal experience of ill health, while mortality involves a fatal experience leading to death.*

4   I; II. *Rates of hospitalisation do measure the number of hospital admissions in a certain period of time, and are linked to hospital separations. Hospital separations refer to the process where a hospitalised patient receives care and is then transferred, discharged, or pronounced dead.*

5   A. It is measured by **disability-adjusted life years (DALY)**. *K-10 classifications is a measure of psychological distress, while DALY is a measure of burden of disease.*

6   B. *Life expectancy is a measure of the number of years a person can expect to live on the basis that current health conditions do not change. If it was based on current health conditions changing, it would be very difficult to measure life expectancy.*

7   I. *Core activity limitation has four levels. However, it is not measured by the K-10 scale as this is a measure of psychological distress.*

8   A. *Psychological distress does lead to a disturbance in daily functioning. It can also lead to mental health disorders, but this is not always the case.*

9   B. False. *Self-assessed health status can only be measured by each individual as it refers to an individual's own perception of their health status at a given time. This makes it impossible for an individual's friends and parents to measure an individual's self-assessed health status.*

Skills

Perfect your phrasing

10   B   **11**   A   **12**   B

Exam-style questions

13   ⌈Burden of disease is measured by disability-adjusted life years (DALY), in which one disability-adjusted life year (DALY) equals one healthy year of life lost due to the experience of a disability or disease (YLD) or premature death (YLL).[1]⌉

⎯ ✕   I have outlined that burden of disease is measured by disability-adjusted life year (DALY), with reference to years of life lost due to disability or disease (YLD) and to premature death (YLL).[1]

14   ⌈Core activity limitation refers to an individual's limited ability to undertake daily activities or participate in core life areas of self-care, mobility, and communication.[1]⌉

⎯ ✕   I have described the health status indicator of core activity limitation.[1]

15   ⌈Psychological distress refers to an individual's state of psychological suffering, and involves unpleasant emotions and/or thoughts that impact an individual's ability to function.[1]⌉

⎯ ✕   I have described the health status indicator of psychological distress.[1]

16   ⌈Incidence refers to the number of new cases of a particular disease or condition that arise in a population in a certain period of time.[1]⌉⌈By contrast, prevalence refers to the number of cases of a particular disease or condition that are present in a population at a given point in time.[2]⌉

⎯ ✕   I have explained incidence.[1]

⎯ ✕   I have explained prevalence.[2]

⎯ ✕   I have used comparison words such as, 'by contrast'.

17   ⌈Rates of hospitalisation refers to the number of individuals who have been admitted to a hospital in a certain period of time, and can reflect health and wellbeing.[1]⌉⌈For example, the number of individuals admitted to the hospital for mental health care can be analysed, such as due to experiencing severe levels of anxiety, reflecting negative mental health and wellbeing.[2]⌉

⎯ ✕   I have described the health status indicator of rates of hospitalisation.[1]

⎯ ✕   I have suggested how rates of hospitalisations reflects health and wellbeing, with reference to a health and wellbeing dimension.[2]

Other acceptable answers include:

- other dimensions of health and wellbeing, so long as adequately linked to rates of hospitalisation.

18   ⌈In the graph referring to Australia's life expectancy at birth from 1992 to 2017-19, life expectancy for males has increased over time,[1]⌉⌈with there being a life expectancy at birth for males of around 74 years in 1992 which significantly increased to a life expectancy at birth of around 81 years in 2017-19.[2]⌉

⎯ ✕   I have outlined the general direction of the trend.[1]

⎯ ✕   I have referred to at least two points of data in the graph to illustrate the direction of the trend.[2]

⎯ ✕   I have provided the context of the graph.

⎯ ✕   I have included the correct units of measurement (years), ensuring to check the axis titles.

⎯ ✕   I have used a qualifier such as 'approximately' when referring to data.

Other acceptable answers include:

- the increasing trend of female life expectancy at birth, so long as you adequately described the trend and referred to accurate data.

19   ⌈Morbidity refers to the level of ill health of an individual or population, and can reflect health and wellbeing.[1]⌉⌈For example, due to morbidity reflecting levels of ill health, such as an experience of influenza, it reflects a lack of effective functioning of the body and its systems due to poor immune system functioning, which is related to negative physical health and wellbeing.[2]⌉

✓ ✗ I have described the health status indicator of morbidity.[1]

✓ ✗ I have suggested how morbidity reflects health and wellbeing, with reference to a health and wellbeing dimension.[2]

Other acceptable answers include:

- other dimensions of health and wellbeing, so long as adequately linked to morbidity.

20 ⌈In the graph referring to the 5 year survival rate from cancer in Australia, mortality has decreased over time.[1]⌉⌈This is demonstrated by a lower survival rate of approximately a 50% 5 year relative survival rate among people in 1987-1991, which was significantly higher with a 5 year survival rate of approximately 70% in 2012-2016, demonstrating that the number of deaths due to cancer have decreased over time as survival rates have increased.[2]⌉

✓ ✗ I have outlined the general direction of the trend.[1]

✓ ✗ I have referred to at least two points of data in the graph to illustrate the direction of the trend.[2]

✓ ✗ I have provided the context of the graph.

✓ ✗ I have included the correct units of measurement (%), ensuring to check the axis titles.

✓ ✗ I have used a qualifier such as 'approximately' when referring to data.

Other acceptable answers include:

- the decreasing trends among males or females, so long as you adequately described the trend and referred to accurate data.

Questions from multiple lessons

21 ⌈Age can lead to varied perspectives of health and wellbeing across different age groups, because, as individuals age they typically develop a more complex and broad understanding of health and wellbeing.[1]⌉ ⌈Therefore, age can influence self-assessed health status, which is an individual's overall perception of their own health status at a given point in time, as different age groups may have different perceptions of good health based on their own capabilities.[2]⌉⌈For example, children may only perceive themselves to have good health if they can run, demonstrating strong respiratory capabilities, while those in late adulthood could still consider themselves to have good health even if they were unable to run.[3]⌉

✓ ✗ I have described age as a factor that can influence perspectives related to health and wellbeing.[1]

✓ ✗ I have described the health status indicator of self-assessed health status.[2]

✓ ✗ I have suggested how age as a factor can influence self-assessed health status.[3]

2B Health status of Australian youth

Theory-review questions

1 B. False. *Australian youth refers to Australians aged 12 to 18, therefore, it does not include infants or young adults.*

2 A. Health status refers to the diseases and illnesses experienced by **individuals** and groups. *The health status of countries relates to the groups, which is already outlined in the statement. Without the inclusion of*

individuals in the statement, it does not truly capture health status, which can be measured at many levels, including at an individual level.

3 B. False. *Although Australian youth have a significantly lower proportion of individuals with severe or profound core activity limitations, this does not mean that they have greater health status overall compared to adults, with core activity limitation only being one of many health status indicators. Statements regarding the health status of Australian youth overall need to be more holistic and capture additional health status indicators.*

Skills

Data analysis

4 B   **5** C   **6** II

Exam-style questions

7 ⌈Health status refers to an individual or population's overall health, taking into account a range of measures, such as life expectancy and experiences of illness, disability and disease.[1]⌉

✓ ✗ I have described health status.[1]

8 ⌈In the graph referring to intentional self-harm hospitalisations in young people between 2008-09 to 2018-19, the number of 15 to 19 year olds being hospitalised due to intentional self-harm has increased over time,[1]⌉⌈with approximately 3,600 15-19 year olds hospitalised in 2008-2009, which significantly increased to approximately 5,200 15-19 year olds being hospitalised in 2018-2019.[2]⌉

✓ ✗ I have outlined the general direction of the trend.[1]

✓ ✗ I have referred to at least two points of data in the graph to illustrate the direction of the trend.[2]

✓ ✗ I have provided the context of the graph.

✓ ✗ I have included the correct units of measurement (number of people being hospitalised), ensuring to check the axis titles.

✓ ✗ I have used a qualifier such as 'approximately' when referring to data.

Other acceptable answers include:

- other trends in the graph, so long as they have been appropriately outlined.

9 ⌈Due to only 10% of 15-17 year olds being sufficiently active in 2017-18, this may lead to a large proportion of 15-17 year olds being unable to maintain a healthy body weight due to a lack of exercise, negatively impacting youth health status.[1]⌉⌈This can increase the incidence level of 15-17 year olds being overweight or obese.[2]⌉

✓ ✗ I have suggested how only 10% of 15-17 year olds staying sufficiently active can negatively impact youth health status.[1]

✓ ✗ I have elaborated on this suggestion, with reference to a health status indicator.[2]

Other acceptable answers include:

- other health status indicators, so long as they appropriately explain the negative impact on health status of insufficient physical activity.

Questions from multiple lessons

10 a ⌈Young people had a significantly higher underemployment rate than the whole population between November 2019 and April 2021.[1]⌉

⎡This was indicated by approximately 23% of young people being underemployed in April 2020, which was significantly higher than the approximately 14% of the whole population being underemployed in April 2020.**2**⎤

   ✓ ✗   I have outlined the general comparison between young people and the whole population.**1**

   ✓ ✗   I have used data from the graph to support my comparison.**2**

   ✓ ✗   I have used a qualifier such as 'approximately' when referring to data.

b ⎡Overall, the graph indicates that young females are more likely to be underemployed than young males.**1**⎤

   ✓ ✗   I have drawn a conclusion from the graph.**1**

Other acceptable answers include:

- other conclusions, so long as they accurately represent the data in the graph.

c ⎡Underemployment may negatively affect the health status of Australian youth as they may not have the finances to access necessary resources, such as nutritious food.**1**⎤⎡This may lead to Australian youth relying on energy-dense food (which is often fast-foods which are very cheap) rather than nutrient-dense food (which are often more expensive). This can contribute to an unhealthy body weight, increasing morbidity due to obesity.**2**⎤

   ✓ ✗   I have suggested how underemployment may affect the health status of Australian youth.**1**

   ✓ ✗   I have elaborated on this suggestion, with reference to a health status indicator.**2**

Other acceptable answers include:

- other health status indicators, so long as they appropriately explain an impact on health status of underemployment.

11 a ⎡Socioeconomic status is a measure used to determine the social status of an individual using the factors of income, occupation, and education.**1**⎤

   ✓ ✗   I have described socioeconomic status.**1**

b ⎡People of lower socioeconomic status (SES) are likely to have lower education levels, and therefore, lower levels of health literacy compared to those with higher SES.**1**⎤⎡This may mean that they are less informed about issues related to their health and wellbeing and may be unaware of the need to moderate their intake of energy-dense foods, such as fast food due to the food being a risk factor for certain health conditions. In contrast, those with high SES are more likely to understand the need to consume nutrient-dense food for physical health, and may therefore make it a priority to consume a healthy diet. Lower health literacy among those with lower SES could therefore negatively impact physical health and wellbeing by leading to an unhealthy body weight.**2**⎤

   ✓ ✗   I have explained one way in which SES can influence an individual's priorities related to health and wellbeing.**1**

   ✓ ✗   I have elaborated on my explanation on how SES can influence an individual's priorities related to health and wellbeing, with reference to a health and wellbeing dimension.**2**

Other acceptable answers include:

- other influences of lower SES on health and wellbeing, such as lower average incomes, so long as they appropriately explained how this impacts priorities related to health and wellbeing.

c ⎡Overcrowded housing can negatively impact health status as it can lead to facilities such as bathrooms being left in an unsanitary state.**1**⎤ ⎡This can lead to a greater prevalence of infections among Australian youth, as they may be exposed to greater levels of bacteria.**2**⎤

   ✓ ✗   I have suggested how overcrowded housing may affect the health status of Australian youth.**1**

   ✓ ✗   I have elaborated on this suggestion, with reference to a health status indicator.**2**

Other acceptable answers include:

- other health status indicators, so long as they appropriately explain an impact on health status of overcrowded housing.

2C   Sociocultural factors and health variations between youth: Part 1

Theory-review questions

1 C. *Breaking up the word into socio- and cultural- can help you to identify the two types of factors.*

2 I; II; IV. *Family, peer group, and housing are considered sociocultural factors as they relate to things present in your social and cultural environments. Genetics do not relate to your social and cultural settings and are linked to biological factors.*

3 B. False. *Peer influence can impact youth in both positive and negative ways. An example of negative peer influence includes smoking tobacco with friends, while an example of positive peer influence includes consuming nutritious foods, such as smoothies.*

4 B. False. *Because not all families are the same (such as those that include adoption, fostering, or step) and individuals have unique relationships with their family members, youth are influenced by their families in different ways.*

5 B. *Having parents who enjoy playing sports is one way families can influence youth to participate in physical activity. Living in a house close to parks, swimming pools, walking tracks, and gyms is another way housing can provide opportunities for youth to be physically active.*

Skills

Unpacking the case study

6 B   **7** II

Data analysis

8 C   **9** I; IV

Exam-style questions

10 ⎡Health behaviours refer to actions people take relating to their health that can have a positive or negative effect on their health and wellbeing.**1**⎤ ⎡An example of a health behaviour includes exercising regularly to manage weight.**2**⎤

   ✓ ✗   I have described health behaviours.**1**

   ✓ ✗   I have provided an example of a health behaviour.**2**

11 [Some families always ensure that their children wear sunscreen and protective clothing, such as hats and sunglasses when they go outdoors.**1**] [This consistent behaviour and reminders from family members can encourage young people to wear sunscreen and protect themselves from the sun, possibly even developing a habit.**2**]

✓ ✗ I have described an aspect of family.**1**

✓ ✗ I have explained how this aspect can influence the health behaviours of youth.**2**

12 a [Peers can pressure young people into drinking alcohol at social gatherings.**1**]

✓ ✗ I have identified one way peers can influence the health behaviours of youth.**1**

b [Drinking alcohol at a young age can lead to an increase in risk-taking behaviour. Risk-taking behaviours, such as drink driving can increase the risk of accidents and injuries, contributing to greater mortality due to injuries.**1**]

✓ ✗ I have described how my chosen health behaviour can impact the health status of Australian youth, with reference to a health status indicator.**1**

13 a [Youth have a high prevalence of mental health problems,**1**] [with 1 in 4 young Australians aged between 16-24 experiencing mental health problems in any given year, as shown in the infographic. **2**]

✓ ✗ I have identified a health issue.**1**

✓ ✗ I have used data from the infographic.**2**

b [Family is a sociocultural factor that can impact youth.**1**] [Young people who suffer from neglect or abuse within their households can feel unsafe and insecure, which can increase the risk of experiencing a mental health problem.**2**]

✓ ✗ I have identified one sociocultural factor.**1**

✓ ✗ I have explained how my chosen sociocultural factor can impact the health issue identified in **part a**.**2**

Other acceptable answers include:

- you may have also discussed the factor of housing or peer group, so long as you explained the impact of your chosen factor.

14 a [Fred shares a room with his brother George who stays up late playing video games and watching TV.**1**] [This interferes with Fred's sleep and may lead to him falling asleep at a late time every night and oversleeping in the morning.**2**] [This can reduce his energy levels during the day, which can negatively affect his physical health and wellbeing.**3**]

✓ ✗ I have identified one aspect of Fred's housing situation.**1**

✓ ✗ I have explained how this impacts Fred's health behaviours.**2**

✓ ✗ I have explained how this impacts a dimension of health and wellbeing, with reference to one component of the dimension.**3**

✓ ✗ I have referred to the character's name in my response (Fred), and to the scenario.

b [Living far away from the hospital means that if an individual suffers from an accident they might not be able to receive treatment immediately, which can increase the risk of death, in turn increasing mortality rates of Australian youth.**1**] [Having to travel long distances for fresh groceries may lead to a reliance on energy dense, prepackaged meals which can be high in saturated fats, salt, and sugar. This can increase the risk of developing obesity, in turn increasing the incidence of obesity amongst Australian youth. **2**]

✓ ✗ I have outlined one way living far away from essential services can impact the health status of Australian youth, with reference to a health status indicator.**1**

✓ ✗ I have outlined another way living far away from essential services can impact the health status of Australian youth, with reference to a health status indicator.**2**

Questions from multiple lessons

15 a [Young people can gain independence by starting a part-time job.**1**] [Youth can also gain independence by obtaining their drivers license.**2**]

✓ ✗ I have identified an example of how young people can gain independence.**1**

✓ ✗ I have identified another example of how young people can gain independence.**2**

b [As young people get older, socialising with their peers often involves spending time away from home and going out to restaurants and cafes which can increase independence.**1**] [Frequently eating at restaurants and cafes can influence health behaviours as young people might choose to eat at fast-food restaurants and consume foods high in fat, salt, and sugars.**2**]

✓ ✗ I have used an example to explain how peers can contribute to an increase in independence.**1**

✓ ✗ I have used an example to explain how gaining independence can impact health behaviours.**2**

2D Sociocultural factors and health variations between youth: Part 2

Theory-review questions

1 B. False. *Health literacy requires more than just reading health information. To have high levels of health literacy, an individual needs to understand the information and use the information to make well informed decisions regarding their health.*

2 B. False. *Although learning new skills and building confidence has a positive effect on the health of youth, employment can also have negative effects on health status. For example, young people may work in environments that expose them to workplace abuse, which might negatively affect their health status by increasing the risk of developing a mental health disorder.*

3 B. False. *Although employment may be the main source of income for some people, investments, families, and government allowances can also be a source of income. This is particularly true for young people, who may not work due to study.*

4 I; II; IV. *Concerns regarding confidentiality, stigma, and inflexible opening hours make it difficult and challenging to access health information and support services. Therefore they act as barriers. By contrast, convenient locations make it easier to access health information and support services. Therefore it is not a barrier.*

5 B. Health information that is accessed online is **sometimes** accurate and trustworthy. *Health information found online can be from an unreliable source and may not have been checked for factual accuracy, therefore health information found online is not always accurate and trustworthy.*

Skills

Data analysis

6 C   **7** A   **8** B

Exam-style questions

9 [A benefit of digital technologies is that they can make it easier for people to access health information and support services as there is no need for travel to visit the doctor or another healthcare professional.[1]] [A risk associated with digital technologies is that not all health information found online is credible or accurate, which may lead to misdiagnosis of diseases.[2]]

✓ ✗   I have outlined one benefit of digital technologies.[1]

✓ ✗   I have outlined one risk of digital technologies.[2]

10 [Having a low income may mean that young people cannot afford to access healthcare services, such as surgery.[1]] [This may lead to injuries being left untreated, increasing morbidity due to injuries.[2]]

✓ ✗   I have described one impact of having a low income.[1]

✓ ✗   I have explained how low income can influence the health status of youth, with reference to a health status indicator.[2]

11 a [Being employed in a job that requires long periods of sitting, such as a receptionist, can encourage a sedentary lifestyle.[1]]

✓ ✗   I have explained one way that employment can influence the health behaviours of youth.[1]

b [Being unemployed may lead to a lack of routine, which can result in oversleeping and poor sleep habits.[1]]

✓ ✗   I have explained one way that unemployment can influence the health behaviours of youth.[1]

c [Having a sedentary lifestyle due to being employed in a job that requires long periods of sitting may lead to a lack of physical activity. This can increase the risk of developing obesity and therefore increase the prevalence of obesity among Australian youth.[1]] [Furthermore, having poor sleep habits due to being unemployed can contribute to the development of insomnia. This can increase morbidity due to insomnia among Australian youth.[2]]

✓ ✗   I have described how my chosen health behaviour can impact the health status of Australian youth, with reference to a health status indicator.[1]

✓ ✗   I have described how my chosen health behaviour can impact the health status of Australian youth, with reference to a health status indicator.[2]

12 a [Daniella is embarrassed to ask her doctor about the spots on her nails and therefore decides to search the internet instead.[1]] [Daniella doesn't feel embarrassed or uncomfortable when she searches for health information online and therefore she may continue to use the internet to access health information, instead of going to the doctor.[2]] [This can reduce her levels of stress and anxiety associated with accessing health information, potentially promoting her mental health and wellbeing.[3]]

✓ ✗   I have identified how Daniella uses digital technology.[1]

✓ ✗   I have explained how digital technologies impact Daniella's health behaviours.[2]

✓ ✗   I have explained how her health behaviour impacts a dimension of health and wellbeing, with reference to one component of the health and wellbeing dimension.[3]

✓ ✗   I have referred to the character's name in my response (Daniella), and to the scenario.

Other acceptable answers include:

- you could have also discussed how Daniella's use of digital technologies negatively impacts her health and wellbeing, such as through potential misdiagnosis.

b [Due to not learning about nutrition in school, Daniella may be unaware that cheese is also a source of fat. This means that she may eat it in every meal of the day without realising that this is an unhealthy behaviour.[1]] [Over consuming foods high in fat and having an unbalanced diet can lead to obesity, potentially increasing morbidity due to obesity.[2]]

✓ ✗   I have described how education can impact Daniella's health behaviour.[1]

✓ ✗   I have described how her health behaviour can impact health status, with reference to a health status indicator.[2]

✓ ✗   I have referred to the character's name in my response (Daniella), and to the scenario.

Questions from multiple lessons

13 [Family can place pressure on young people to do well at school and achieve high marks.[1]] [This can lead to students staying up very late studying or cramming for a test in order to achieve high marks, which is a negative health behaviour that can result in poor sleep habits.[2]]

✓ ✗   I have outlined one way that family can impact the education of youth.[1]

✓ ✗   I have explained how this impact on education can influence health behaviours.[2]

14 [Living in a house far away from healthcare services means that young people may have difficulty accessing reliable information regarding their health from a GP or specialist.[1]] [This can result in conditions going undiagnosed and untreated, potentially increasing youth mortality.[2]]

✓ ✗   I have outlined how housing can impact access to health information and support services.[1]

✓ ✗   I have explained how this can impact the health status of youth.[2]

2D

Chapter 2 test

1 ⌈Disability-adjusted life years (DALY) is used to measure burden of disease in which one DALY equals one year of healthy life lost due to the experience of disease (YLD) or premature death (YLL).**1**⌉⌈It is calculated by summing the total number of healthy years of life lost due to disability or disease (YLD) and premature death (YLL) and then dividing this sum by the total amount of years an individual is expected to live based on when they were born.**2**⌉

   ✓ ✗   I have described how DALY is used to measure burden of disease.**1**

   ✓ ✗   I have described how DALY is calculated.**2**

2 ⌈Mortality refers to the number of deaths in a population,**1**⌉⌈whereas morbidity refers to ill health in an individual and the levels of ill health in a given population group.**2**⌉

   ✓ ✗   I have outlined mortality.**1**

   ✓ ✗   I have outlined morbidity.**2**

   ✓ ✗   I have used comparison words, such as 'whereas'.

3 **a** ⌈The health status indicator reflected in this graph is prevalence.**1**⌉ ⌈Prevalence refers to the number of cases of a particular disease or condition that are present in a population at a given point in time. **2**⌉

   ✓ ✗   I have identified prevalence as the health status indicator reflected in the graph.**1**

   ✓ ✗   I have described prevalence as a health status indicator.**2**

b ⌈In the graph referring to the prevalence of mental disorders in the last 12 months by age and sex, the prevalence of mental disorders is higher for younger age groups than older age groups.**1**⌉⌈For example, 30% of females aged between 16-24 experiencing a mental health disorder in 2007, which significantly decreased to approximately 5% of females aged 75+ experiencing a mental health disorder.**2**⌉

   ✓ ✗   I have drawn a comparison between two age groups.**1**

   ✓ ✗   I have used data from the graph to support my comparison.**2**

   ✓ ✗   I have provided the context of the graph.

   ✓ ✗   I have included the correct units of measure (percentage of prevalence), ensuring to check the axis titles.

   ✓ ✗   I have used a qualifier, such as 'approximately', when referring to data.

   ✓ ✗   I have used a comparison word in my response, such as 'than'.

Other acceptable answers include:

- other appropriate comparisons between age groups that can be drawn from the graph.

c ⌈Overall, the graph indicates that young people aged between 16-24 are more likely to experience a mental health disorder than older people aged 75+.**1**⌉

   ✓ ✗   I have drawn a conclusion from the graph.**1**

Other acceptable answers include:

- other appropriate conclusions that can be drawn from the graph, such as females are more likely to experience a mental health disorder than males.

4 ⌈Peer support involves having peers who young people can turn to for advice, support, and understanding.**1**⌉⌈If young people have friends who they feel respect their feelings and listen to them, then they are more likely to turn to them for support when they are going through a difficult time, which can enable them to express their emotions and seek help, therefore positively influencing youth health behaviours.**2**⌉⌈Seeking help during a difficult time can lead to youth experiencing less stress and anxiety, which can decrease morbidity due to mental health disorders, therefore promoting the health status of youth.**3**⌉

   ✓ ✗   I have described peer support.**1**

   ✓ ✗   I have explained how peer support can influence youth health behaviours.**2**

   ✓ ✗   I have explained how peer support can influence youth health status, with reference to a health status indicator.**3**

5 ⌈Psychological distress refers to an individual's state of psychological suffering, and involves unpleasant emotions and/or thoughts that impact an individual's ability to function.**1**⌉⌈As psychological distress involves unpleasant emotions, it may also involve having exaggerated emotional reactions to events, reflecting emotional health and wellbeing.**2**⌉

   ✓ ✗   I have described the health status indicator of psychological distress.**1**

   ✓ ✗   I have suggested how psychological distress reflects health and wellbeing, with reference to a health and wellbeing dimension.**2**

Other acceptable answers include:

- other dimensions of health and wellbeing, so long as adequately linked to psychological distress.

6 **a** ⌈The health status indicator reflected in this graph is rates of hospitalisation.**1**⌉⌈Rates of hospitalisation refers to the number of individuals who have been admitted to a hospital in a certain period of time.**2**⌉

   ✓ ✗   I have identified rates of hospitalisation as the health status indicator reflected in the graph.**1**

   ✓ ✗   I have described rates of hospitalisation as a health status indicator.**2**

b ⌈Housing is a sociocultural factor which refers to the shelter or accommodation people reside in.**1**⌉⌈Unsafe houses with a poor design, such as a hazardous staircase or uneven flooring can increase the risk of falls.**2**⌉⌈This can contribute to injuries due to falls, which is responsible for approximately 15% of hospitalised injury cases of young people aged 15-24 in 2017-18.**3**⌉

   ✓ ✗   I have selected and described a sociocultural factor.**1**

   ✓ ✗   I have explained how my chosen factor can contribute to injuries.**2**

   ✓ ✗   I have used data to support my answer.**3**

Other acceptable answers include:

- other sociocultural factors could have been discussed, so long as they were adequately linked to injuries.

7 a ⌈Nova's employment as a lifeguard enables her to help save lives, which promotes her spiritual health and wellbeing.**1**⌉⌈This is because it provides her with a positive sense of purpose in life.**2**⌉

☑ ☒ I have explained how Nova's employment impacts her health and wellbeing, with reference to a health and wellbeing dimension.**1**

☑ ☒ I have further explained how Nova's employment impacts her health and wellbeing, with reference to a component of a health and wellbeing dimension.**2**

☑ ☒ I have referred to the character's name in my response (Nova), and to the scenario.

Other acceptable answers include:

- other dimensions of health and wellbeing, so long as it's adequately linked to Nova's employment.

b ⌈Family is a sociocultural factor that influences Nova's health behaviours and health status.**1**⌉⌈Nova's father is a lifeguard who encouraged her to join the life saving club which enabled Nova to train and exercise regularly.**2**⌉⌈By exercising regularly, Nova can help maintain a healthy weight, decreasing her risk of developing obesity and potentially reducing morbidity due to obesity.**3**⌉

☑ ☒ I have selected a sociocultural factor other than employment.**1**

☑ ☒ I have explained how my chosen sociocultural factor influences her health behaviour.**2**

☑ ☒ I have further explained how my chosen sociocultural factor can influence health status, with reference to a health status indicator.**3**

☑ ☒ I have referred to the character's name in my response (Nova), and to the scenario.

Other acceptable answers include:

- other sociocultural factors could have been discussed, so long as they were adequately linked to Nova's health behaviour and health status.

8 a ⌈In the graph referring to the prevalence of insufficient physical activity among adults by socioeconomic status in 2017-19, the prevalence of insufficient physical activity is higher for those of the lower socioeconomic quintile than those of the higher socioeconomic quintile.**1**⌉⌈For example, approximately 48% of adults from the highest socioeconomic quintile having insufficient physical activity, which significantly increases to approximately 63% of adults from the lowest socioeconomic quintile having insufficient physical activity.**2**⌉

☑ ☒ I have drawn a comparison between two socioeconomic status subgroups.**1**

☑ ☒ I have used data from the graph to support my comparison.**2**

☑ ☒ I have provided the context of the graph.

☑ ☒ I have included the correct units of measure (percentage of prevalence), ensuring to check the axis titles.

☑ ☒ I have used a qualifier, such as 'approximately' when referring to data.

☑ ☒ I have used a comparison word in my response, such as 'than'.

b ⌈Those of a low socioeconomic status have a lower income.**1**⌉ ⌈This means they may not be able to afford memberships to gyms or registration to sporting clubs, which can lead to a decrease in physical activity, possibly contributing to the fact that people in lower SES groups have lower rates of physical activity.**2**⌉

☑ ☒ I have discussed how a sociocultural factor is related to socioeconomic status.**1**

☑ ☒ I have discussed how my chosen sociocultural factor can lead to the comparison drawn in **part a**.**2**

Other acceptable answers include:

- education or employment could have been discussed, so long as they were adequately linked to the comparison drawn in **part a**.

Questions from multiple chapters

9 a ⌈Self-assessed health status measures an individuals' overall perception their own health status at a given point in time.**1**⌉

☑ ☒ I have outlined self-assessed health status.**1**

b ⌈Young adults often prioritise social interactions and forming relationships,**1**⌉⌈whereas, older adults often prioritise the prevention of illness.**2**⌉⌈Therefore, young people may assess their overall health status positively if they have strong relationships with others,**3**⌉ ⌈whereas, older adults may assess their overall health status positively if they are free of illness.**4**⌉

☑ ☒ I have identified one priority of one age group.**1**

☑ ☒ I have identified one priority of a different age group.**2**

☑ ☒ I have discussed how the priority of one age group impacts self-assessed health status.**3**

☑ ☒ I have discussed how the priority of a different age group impacts self-assessed health status.**4**

☑ ☒ I have used comparison words, such as, 'whereas'.

Other acceptable answers include:

- priorities of other age groups could have also been discussed, so long as they were adequately linked to variations in self-assessed health status.

Unit 1 AOS 1 review

1 a ⌈Clodagh is experiencing an ankle injury and has to rest for eight weeks, which has impacted her physical health and wellbeing.**1**⌉ ⌈This means she cannot participate in dance lessons and therefore may not be able to maintain her fitness levels, negatively impacting physical health and wellbeing.**2**⌉

☑ ☒ I have explained how Clodagh's physical health and wellbeing has been impacted by her current situation.**1**

✓ ✗ I have explained how this has impacted her physical health and wellbeing, with reference to a physical health and wellbeing component.[2]

✓ ✗ I have referred to the character's name in my response (Clodagh), and to the scenario.

b [It is unlikely that Clodagh is experiencing optimal health and wellbeing.[1]] [This is because she has injured herself, which has significantly decreased her physical health and wellbeing. Therefore, she is not experiencing the highest possible level of health and wellbeing across all dimensions.[2]]

✓ ✗ I have stated that it is unlikely that Clodagh is experiencing optimal health and wellbeing.[1]

✓ ✗ I have identified an example to support my decision.[2]

✓ ✗ I have referred to the character's name in my response (Clodagh), and to the scenario.

c [Clodagh has to rest for 8 weeks and can't dance, which has impacted her mental health and wellbeing.[1]] [This is because she is worried that she may lose her place on the dancing team. Therefore, she is experiencing higher levels of stress and anxiety, negatively impacting her mental health and wellbeing.[2]]

✓ ✗ I have explained Clodagh's current situation.[1]

✓ ✗ I have explained how this has impacted a dimension of health and wellbeing (aside from physical), with reference to a health and wellbeing component.[2]

✓ ✗ I have referred to the character's name in my response (Clodagh), and to the scenario.

Other acceptable answers include:

- other dimensions of health and wellbeing that have been impacted by Clodagh's current situation, so long as it is adequately explained.

2 a [Incidence refers to the number of new cases of a particular disease or condition that arise in a population in a certain period of time.[1]] [By contrast, prevalence refers to the number of cases of a particular disease or condition that are present in a population at a given point in time.[2]]

✓ ✗ I have described the meaning of incidence.[1]

✓ ✗ I have described the meaning of prevalence.[2]

✓ ✗ I have used comparison words, such as, 'by contrast'.

b [Morbidity refers to ill health in an individual and the levels of ill health in a given population group,[1]] [whereas mortality refers to the number of deaths in a population.[2]]

✓ ✗ I have outlined the meaning of morbidity.[1]

✓ ✗ I have outlined the meaning of mortality.[2]

✓ ✗ I have used a comparison word, such as 'whereas'.

c [The health status indicator reflected in the graph is mortality.[1]]

✓ ✗ I have identified mortality as the health status indicator reflected in the graph.[1]

d [A trend in the graph is that over time, there is consistently a greater number of deaths associated with or caused by diabetes in males than females.[1]] [For example, in 1997, there were approximately 45 deaths per 100,000 females, compared to approximately 71 per 100,000 males. In 2018, there were approximately 41 deaths per 100,000 females, compared to approximately 69 per 100,000 males: the same trend was maintained over time, with males consistently having approximately 30 per 100,000 deaths more than female deaths.[2]]

✓ ✗ I have outlined the general direction of the trend.[1]

✓ ✗ I have referred to at least two points of data in the graph to illustrate the direction of the trend.[2]

✓ ✗ I have provided the context of the graph.

✓ ✗ I have included the correct units of measurement (number per 100,000 population), ensuring to check the axis titles.

✓ ✗ I have used a qualifier, such as 'approximately', when referring to data.

3 a [Aboriginal and Torres Strait Islander peoples view health in a very holistic way, taking into account the social, emotional, spiritual, and cultural wellbeing of individuals and the whole community.[1]]

✓ ✗ I have outlined how Aboriginal and Torres Strait Islander peoples view health and wellbeing.[1]

b [An important aspect of Indigenous kinship systems is the belief that the whole community is involved in looking after the ill.[1]] [This could influence their priorities related to health and wellbeing, as individuals may view ill health as the responsibility of the whole community, and may not prioritise seeking professional care when they are experiencing illness.[2]]

✓ ✗ I have explained what Aboriginal and Torres Strait Islander peoples' kinship systems involve.[1]

✓ ✗ I have explained how this can influence Aboriginal and Torres Strait Islander peoples' priorities related to health and wellbeing.[2]

Other acceptable answers include:

- other factors that may influence Aboriginal and Torres Strait Islander peoples' priorities related to health and wellbeing, so long as you adequately explained how they can influence Aboriginal and Torres Strait Islander peoples' priorities related to health and wellbeing.

4 [Sociocultural factors are the social and cultural conditions that people experience throughout their lifetime.[1]] [An example of a sociocultural factor is family.[2]] [For many youth, their family can influence their health status because their family is often the main provider of resources. This means that if a young person's family cannot afford to purchase sufficient nutritious foods, they are more likely to consume fast-foods that are cheaper. Fast foods are high in saturated fat and low in nutritional value. Overconsumption of these foods increases the risk of developing obesity and type 2 diabetes, therefore increasing morbidity in youth.[3]]

✓ ✗ I have outlined the meaning of sociocultural factors.[1]

✓ ✗ I have provided an example of a sociocultural factor that can influence health status.[2]

✓ ✕ I have explained how my chosen sociocultural factor can influence youth health status, with reference to a health status indicator.**3**

5 **a** [Socioeconomic status (SES) is a measure used to determine the social status of an individual using the factors of income, occupation, and education.**1**]

✓ ✕ I have outlined what is meant by socioeconomic status.**1**

b [People of higher socioeconomic status (SES) typically have higher levels of health literacy because they often have higher levels of education than those of lower SES.**1**][This can influence health-related priorities. Health literacy is the ability to obtain, read, and understand health information to make informed health-related decisions, and therefore people with higher levels of health literacy are more likely to know about a range of risk factors and preventative factors related to their health and wellbeing.**2**][This means that they are therefore able to avoid certain harmful behaviours (such as foods that contain large amounts of fat) and ensure they prioritise other health-promoting behaviours (such as maintaining physical activity) that they know to impact their health, influencing their priorities related to health and wellbeing.**3**]

✓ ✕ I have described how socioeconomic status impacts health literacy levels.**1**

✓ ✕ I have described how health literacy can influence priorities related to health and wellbeing.**2**

✓ ✕ I have used an example to further describe how health literacy can influence priorities related to health and wellbeing.**3**

c [Socioeconomic status involves income. Young people who have access to a regular income (often through a part-time job), or whose families are high-income earners, have an increased capacity to access essential services and resources, such as food and healthcare.**1**][This can decrease stress levels associated with accessing these resources now and in the future, promoting the mental health and wellbeing of youth, and thereby potentially decreasing morbidity due to mental health disorders in youth.**2**]

✓ ✕ I have outlined one way that socioeconomic status can influence youth.**1**

✓ ✕ I have outlined how this can influence the health status of youth, with reference to a health status indicator.**2**

Other acceptable answers include:

- another aspect of socioeconomic status (education or employment), so long as you outlined its influence on the health status of youth.

6 **a** [Health behaviours are actions people take relating to their health that can have a positive or negative effect on their health and wellbeing.**1**][For example, drinking alcohol is a health behaviour that may negatively impact a person's health.**2**]

✓ ✕ I have outlined the meaning of health behaviours.**1**

✓ ✕ I have included an example of a health behaviour.**2**

Other acceptable answers include:

- other examples of health behaviours, such as smoking.

b [Health status refers to an individual and population's overall health, taking into account a range of measures, such as life expectancy and experiences of illness, disability, and disease.**1**][Positive health behaviours can influence the health status of youth in positive ways and negative health behaviours can negatively affect the health status of youth.**2**][For example, smoking cigarettes is a negative health behaviour. When youth regularly engage in this health behaviour, this increases the prevalence of associated illnesses, such as lung cancer. This negatively impacts the health status of youth.**3**]

✓ ✕ I have outlined the meaning of health status.**1**

✓ ✕ I have described how health behaviours can influence the health status of youths.**2**

✓ ✕ I have used an example to describe how health behaviours can influence the health status of youth, with reference to a health status indicator.**3**

7 **a** [Peer influence refers to when an individual does something to 'fit in' with a group's expectations and meet social norms.**1**][For example, Alex experienced peer influence when he decided to drink alcohol to not feel embarrassed or be teased by his friends from abstaining from drinking.**2**]

✓ ✕ I have outlined the meaning of peer influence.**1**

✓ ✕ I have used an example from the information to support my response.**2**

✓ ✕ I have referred to the character's name in my response (Alex), and to the scenario.

b [Peer influence can negatively impact health behaviours, as individuals can be encouraged or pressured into making decisions that negatively impact their health because they want to 'fit in' with a group's expectations and meet societal norms.**1**][Alex's health behaviours were negatively impacted by peer influence when he decided to drink alcohol underage. This action was likely the result of peer influence because he did not want to feel embarrassed or continue to be teased all night by his friends.**2**]

✓ ✕ I have outlined how peer influence can negatively impact health behaviours.**1**

✓ ✕ I have suggested how Alex's health behaviours have been negatively impacted by his peers.**2**

✓ ✕ I have referred to the character's name in my response (Alex), and to the scenario.

8 [Religion can influence perspectives of health and wellbeing because some religious beliefs impact people's perspectives on medical treatment. This can greatly impact health and wellbeing, especially physical health and wellbeing.**1**][For example, Vaishnavism (the major branch of the Hindu faith) considers the killing of animals, especially cows, to be sinful and is not accepted. Therefore, they do not condone the use of any drugs or medical treatments that contain animal products. This therefore influences the way followers of this religion perceive medicines and treatments for illness.**2**]

✓ ✗ I have explained how religion can influence perspectives of health and wellbeing.[1]

✓ ✗ I have used an example to illustrate how religion can influence perspectives of health and wellbeing.[2]

9 a [One conclusion that can be drawn from the graph above is that younger Australians are significantly less likely to experience severe or profound core activity limitation compared to older Australian adults.[1]] [This is shown as no more than 10% of the population in any age group below 69 years old experienced severe or profound core activity limitation in 2015, compared to an increase seen in those aged over 69, with approximately 57% of those aged 85+ experiencing severe or profound core activity limitation.[2]]

✓ ✗ I have provided one conclusion that can be drawn from the graph above.[1]

✓ ✗ I have used data from the graph to support my response.[2]

✓ ✗ I have provided the context of the graph.

✓ ✗ I have included the correct units of measurement (percent), ensuring to check the axis titles.

✓ ✗ I have used a qualifier such as 'approximately' when referring to data.

b [Core activity limitation refers to an individual's limited ability to undertake daily activities or participate in core life areas of self-care, mobility, and communication.[1]] [Individuals experiencing core activity limitation often require assistance and resources, such as mobility aids or a caretaker.[2]] [An individual with profound core activity limitation may not be able to communicate with others.[3]] [This can negatively impact social health and wellbeing as it may limit the ability of individuals to form and maintain strong relationships with others.[4]]

✓ ✗ I have described the meaning of core activity limitation.[1]

✓ ✗ I have further described core activity limitation.[2]

✓ ✗ I have explained what profound core activity limitation involves.[3]

✓ ✗ I have explained how profound core activity limitation may negatively impact health and wellbeing, with reference to a health and wellbeing dimension.[4]

10 Students needed to display that they had a thorough understanding of the question by demonstrating:

- an effectively structured response
- that the stimulus materials had been understood, connected, and synthesised
- that the student's own understanding had been used to formulate the response
- that all of the stimulus materials are referenced in the response.

In relation to *age* and its influence on both health status and variations in perspectives and priorities related to health and wellbeing, discussion of the following would be awarded:

- Description of age.
- Discussion of source 2 would be appropriate here. For example, students could compare how a younger person looks after their health compared with an older person, and how this reflects how they might define health.

- Examples of what people of different ages view as 'healthy' would be appropriate. For example, students could discuss how for elderly people, the maintenance of mobility through, for example, walking daily, is a priority. Whereas, for young adults, fitting into society's views of what is 'healthy', which can be heavily shaped by social media, is often an important aspect of health.
- Description of how perspectives change over the lifespan. For example, students could show an understanding of the fact that as an individual grows and matures, their understanding of health and wellbeing broadens, and therefore so do their perspectives and priorities related to health and wellbeing.
- Discussion of how mental health is a major priority for youth compared with elderly adults. Students could discuss the prevalence of mental health conditions in youth in terms of health status, and then discuss how this is likely to be an issue of importance to young adults. Students could also discuss other health status indicators and compare prevalence and incidence across age groups, highlighting the fact that people in different age groups face different health challenges.
- Overall, students would need to discuss the influence of age on how people are likely to define health and wellbeing.

In relation to *socioeconomic status (SES)* and its influence on both health status and variations in perspectives and priorities related to health and wellbeing, discussion of the following would be awarded:

- Description of SES.
- Discussion of how SES influences health and wellbeing. For example, students could discuss how people can have varying levels of education, different access to knowledge and information, and varying levels of financial security: all of which are factors which influence the varied perspectives and priorities related to health and wellbeing amongst individuals.
- Discussion of source 3 would be appropriate here. For example, students could discuss the health–wealth relationship model. Students could discuss the relationship between a higher income and potentially better health outcomes. People of higher SES have higher incomes and are more likely able to easily access and afford resources that are beneficial to their health, such as private health insurance. Being able to afford such resources allows individuals to access the best possible healthcare to maximise their health and wellbeing. Students could also discuss the relationship between a low income and poorer health. For example, an individual of a lower SES may have a low income and therefore it may not be a priority for such individuals to spend substantial proportions of their income on preventative healthcare, such as a gym membership, counselling and psychology visits, or prenatal vitamins and supplements.
- Discussion of how SES influences health status would also be appropriate here. For example, students could discuss the connection between education and health literacy: people who have had a high education are likely to have higher levels of health literacy.
- Students would need to discuss the influence of SES on how people are likely to define health and wellbeing.

In relation to *Aboriginal and Torres Strait Islander peoples,* discussion of the following would be awarded:

- Discussion how Aboriginal and Torres Strait Islander peoples view health and wellbeing.
- Discussion of source 1 would be appropriate here, in particular how the SEWB model depicts the holistic approach to health taken by Aboriginal and Torres Strait Islander peoples.

- Discussion of the range of factors that have influenced Aboriginal and Torres Strait Islander peoples' views on health and wellbeing. For example, students could discuss colonisation, beliefs, kinship, culture, and language.

- Discussion of the difference between Indigenous vs non-Indigenous peoples' perspectives related to health and wellbeing. Students could discuss the healthcare system and barriers that different individuals may face in accessing healthcare. For example, for many individuals who live in remote Indigenous communities, language and understanding of English can be a barrier that stands in the way of individuals accessing healthcare services. When individuals do not have easy access to healthcare services that are culturally sensitive and appropriate, they may not develop knowledge surrounding health. This may include not knowing of health protective behaviours, or ways to minimise impacts from an illness or disease

- A demonstrated understanding of the fact that this is one example of how people's individual experiences influence their perception of health and wellbeing.

- Overall, students would need to discuss the link between different cultures and different views of health, using Aboriginal and Torres Strait Islander peoples' perspectives as an example.

3A   Major nutrients

Theory-review questions

1   A. Consuming all five nutrients in healthy amounts, and drinking plenty of water every day would have a **positive** effect on a person's health and wellbeing. *A healthy diet consists of carbohydrates, protein, fats, vitamins, minerals, and water in adequate amounts.*

2   B. False. *There are no foods that contain all five nutrients. Instead, foods are often only good sources of one or two nutrients. To consume enough of each nutrient, a wide variety of healthy foods should be eaten every day to satisfy nutrient requirements.*

3   B. False. *While an essential function of macronutrients is to provide energy to the body, energy production is not the only function of food. For example, sodium is not an energy source, but functions to regulate fluid levels in the body.*

4   A. True. *Energy that is provided by carbohydrates, proteins, and fats is used by the body to carry out bodily processes, such as metabolism and growth. Without energy, the body also could not be physically active.*

5   B. False. *The body can synthesise 11 amino acids. However, 20 amino acids are required by the body to produce essential proteins. Therefore, protein must be consumed in the diet so that the body can obtain the nine amino acids it cannot make itself.*

6   A. True. *To remember that macronutrients are required by the body in large amounts for optimal health and wellbeing, you can remember that 'macro' means big. To remember micronutrients are only required by the body in small amounts, you can remember that 'micro' means small.*

7   I; III. *Vitamins and minerals are micronutrients that are only required by the body in small amounts for good health and wellbeing. Carbohydrates are required by the body in large amounts.*

8   A. True. *It is important to remember that monounsaturated and polyunsaturated fats are known as 'good' fats, while saturated and trans fats are known as 'bad' fats. These 'bad' fats should only be consumed occasionally, whereas 'good' fats should make up the majority of fat intake.*

9   C. *Water is essential within the body, preventing dehydration and replenishing water levels. Although it facilitates body processes including energy production, water itself is not a source of energy.*

Skills

Unpacking the case study

10 A   **11** A   **12** B

Data analysis

13 D   **14** II; III

Exam-style questions

15 [Sodium functions to regulate fluid levels in the body, such as controlling blood volume and blood pressure.[1]]

   ✓ ✗   I have outlined a function of sodium in the body.[1]

16 [Two major food sources that contain protein are red meat[1]][and fish.[2]]

   ✓ ✗   I have listed one major food source that contains protein.[1]

   ✓ ✗   I have listed another major food source that contains protein.[2]

Other acceptable answers include:

- dairy products, including milk
- tofu
- poultry
- nuts and seeds
- other major food sources that contain protein.

17 [Water has an important role in various bodily processes including energy production and transporting essential substances to cells in the body. By consuming adequate amounts of water, this means that cells can produce energy effectively.[1]][This means that there are adequate energy levels to complete daily activities, promoting physical health and wellbeing.[2]]

   ✓ ✗   I have described a function of water in the body, and explained how adequate water consumption promotes this function.[1]

   ✓ ✗   I have explained how adequate water intake promotes health and wellbeing, with reference to a health and wellbeing dimension.[2]

18 [Nutrition is important in addressing teeth and bone health because calcium and phosphorus are two essential nutrients for teeth and bone health.[1]][Both nutrients are components of teeth and bones and function to increase the strength and integrity of these hard tissues. Therefore, adequate calcium and phosphorus consumption promotes teeth and bone health.[2]]

   ✓ ✗   I have identified that calcium and phosphorus are nutrients responsible for teeth and bone health.[1]

   ✓ ✗   I have explained how adequate calcium and phosphorus intake promotes teeth and bone health.[2]

19 **a** [The doctor may have recommended that Annabel eat leafy green vegetables, such as spinach to increase her intake of iron.[1]]

   ✓ ✗   I have identified a food source of iron that the doctor may have recommended to Annabel.[1]

Other acceptable answers include:

- lean red meat
- poultry, such as turkey and chicken
- oily fish, such as sardines and mackerel
- whole-grain products, such as bread and brown rice
- other food sources that contain iron.

b [Iron maintains optimal energy levels by producing haemoglobin, which is a substance in red blood cells that transports oxygen around the body. If Annabel consumes adequate amounts of iron, this means that her cells have a sufficient oxygen supply to produce energy.[1]][This means that she has enough energy to participate in activities, such as playing sports or going out with friends. These activities promote Annabel's social health and wellbeing, by providing her with the opportunity to form and maintain positive relationships, and develop a support network.[2]]

   ✓ ✗   I have explained a function of iron in the body.[1]

   ✓ ✗   I have provided an example of how adequate iron intake promotes Annabel's social health and wellbeing, with reference to components of optimal social health and wellbeing.[2]

   ✓ ✗   I have referred to the character's name (Annabel), and to the scenario.

20 a [Harry may be consuming fats in excess.[1]]

✓ ✗   I have identified fats as the nutrient that Harry may be consuming in excess.[1]

Other acceptable answers include:

- carbohydrates
- protein.

b [Harry should avoid foods such as pastries[1]][and pies to return to a healthy body weight.[2]]

✓ ✗   I have provided one food source of fats that Harry should avoid.[1]

✓ ✗   I have provided another food source of fats that Harry should avoid.[2]

Other acceptable answers include:

- dairy products, including cheese and cream
- fried 'fast' food
- nuts
- other food sources containing fats.

Note: if you chose carbohydrates or protein as the nutrient that Harry may be consuming in excess in **part a**, you must identify two food sources of your chosen nutrient in **part b**.

c [Consuming healthy amounts of monounsaturated and polyunsaturated fats lowers low-density lipoprotein (LDL) cholesterol levels in the body, preventing the accumulation of plaque on artery walls. This promotes heart health and reduces the risk of cardiovascular disease, including heart attack and stroke.[1]] [This promotes physical health and wellbeing, by minimising the risk of of disease and illness such as cardiovascular disease.[2]]

✓ ✗   I have explained a function of fats in the body.[1]

✓ ✗   I have explained how this function promotes health and wellbeing, with reference to a health and wellbeing dimension.[2]

Note: if you chose carbohydrates or protein as the nutrient that Harry may be consuming in excess in **part a**, you must explain the function of your chosen nutrient in **part c**.

Questions from multiple lessons

21 [Family is a sociocultural factor that may prevent Australian youth from consuming a balanced diet of macronutrients and micronutrients in healthy amounts.[1]][If a young person's family does not encourage healthy eating and does not prioritise the consumption of nutritious foods, this may mean that the young person is provided with too much processed, unhealthy food. Therefore, consuming predominantly processed and unhealthy food results in an inadequate nutrient intake.[2]]

✓ ✗   I have identified a sociocultural factor that may prevent Australian youth from consuming a balanced diet of macronutrients and micronutrients in healthy amounts.[1]

✓ ✗   I have outlined how my chosen sociocultural factor may prevent Australian youth from consuming a healthy and balanced diet.[2]

Other acceptable answers include:

- education
- housing
- peer group
- other sociocultural factors that may prevent Australian youth from consuming a healthy and balanced diet, so long as they are adequately explained.

3B   Food selection models

Theory-review questions

1 A. True. *Food selection models aim to promote healthy eating among its target population by providing nutritional information and dietary advice.*

2 B. False. *While food selection models can be useful in promoting healthy eating among Australian youth, they are not perfect! They may have limitations that make them less effective in helping Australian youth make healthier food choices.*

3 B. False. *Food selection models do not only target overweight and obese people. For example, the Australian Guide to Healthy Eating targets the healthy Australian population, as well as those who are overweight and obese.*

4 I; II. *The Australian Guide to Healthy Eating and the Healthy Eating Pyramid provide information on the proportions in which foods should be consumed each day, whereas the Health Star Rating System provides information about the nutritional value of a packaged food product.*

5 B. False. *The Australian Guide to Healthy Eating does not recommend that the five food groups should be consumed in equal proportions. The slices of the pie are not equal, indicating that some foods should be consumed more than others.*

6 A. True. *Think about the shape of a pyramid, where the bottom is the largest section, and it progressively becomes narrower until the point at the top. It makes sense that the foods that should be consumed in the greatest proportion are displayed at the bottom of the Healthy Eating Pyramid.*

7 A. True. *The Health Star Rating System simplifies the nutrition information panel which is displayed on the back of the food panel to help shoppers quickly make healthy food choices. However, the nutrition information panel should still be present to provide the complete nutritional profile of the food product.*

Skills

Unpacking the case study

8 B   **9** A   **10** A   **11** B

Exam-style questions

12 a [The Healthy Eating Pyramid is the initiative that was introduced by Nutrition Australia to promote healthy eating in Australia.[1]]

✓ ✗   I have identified the Healthy Eating Pyramid as the food selection model that was introduced by Nutrition Australia to promote healthy eating in Australia.[1]

b [The Healthy Eating Pyramid is a food selection model that displays the types and proportions of foods that should be consumed each day as part of a healthy and balanced diet in a pyramid format.[1]] [By consuming foods in the foundation layers of the pyramid more than foods in the top layers of the pyramid, Australian youth can use this food selection model to help them consume appropriate proportions of the different food groups.[2]]

✓ ✗   I have explained an aspect of the Healthy Eating Pyramid.[1]

✓ ✗   I have outlined how this aspect of the Healthy Eating Pyramid promotes healthy eating among Australian youth.[2]

Other acceptable answers include:

- other aspects of the Healthy Eating Pyramid that promote healthy eating among Australian youth, such as the additional information that is displayed on the poster.

13 [The Australian Guide to Healthy Eating is a food selection model that Carla could use to improve her diet.[1]][The Australian Guide to Healthy Eating recommends consuming fruits and vegetables in large proportions. Carla could eat more of the different fruits and vegetables that are displayed on the poster to increase her consumption of fruits and vegetables.[2]][The Australian Guide to Healthy Eating also recommends to 'drink plenty of water'. Carla could choose water instead of soft drink to reduce her sugar intake.[3]]

✓ ✗   I have selected a food selection model that Carla could use to improve her diet.[1]

✓ ✗   I have provided one example of how my chosen food selection model could help Carla improve her diet.[2]

✓ ✗   I have provided another example of how my chosen food selection model could help Carla improve her diet.[3]

✓ ✗   I have referred to the character's name in my response (Carla), and to the scenario.

Note: You can choose the Healthy Eating Pyramid or the Health Star Rating System as the food selection model that Carla could use to improve her diet. However, you must adequately discuss how your chosen food selection model could help Carla to improve her diet.

14 a [Protective nutrients are nutrients that decrease the likelihood of developing diet-related diseases when consumed.[1]][An example of a protective nutrient is fibre.[2]]

✓ ✗   I have explained what protective nutrients are.[1]

✓ ✗   I have identified one protective nutrient that the Health Star Rating System accounts for.[2]

Other acceptable answers include:

- protein
- vegetable content
- fruit content
- nut and legume content.

b [Risk nutrients are nutrients that increase the likelihood of developing a particular health condition when consumed.[1]][An example of a risk nutrient is saturated fat.[2]]

✓ ✗   I have explained what risk nutrients are.[1]

✓ ✗   I have identified one risk nutrient that the Health Star Rating System accounts for.[2]

Other acceptable answers include:

- sodium (salt)
- sugars.

15 a [The Health Star Rating System is a food selection model that calculates the nutritional value of packaged foods and assigns a rating between half a star and five stars which is displayed at the front of the food packaging.[1]][It aims to help Australian consumers make healthier, more informed choices while shopping for groceries by enabling them to quickly and easily compare the nutritional value of similar packaged foods.[2]]

✓ ✗   I have described the Health Star Rating System.[1]

✓ ✗   I have described the Health Star Rating System in further detail by providing another point of information.[2]

b [A strength of the Health Star Rating System is that the star system is simple and easy to understand.[1]][A limitation of the Health Star Rating System is that it is not mandatory, meaning that food manufacturers and retailers can choose whether or not to include the rating on the packaging of their products. If health star ratings are only displayed on some products and not others, this makes it more difficult to accurately compare similar packaged food products.[2]]

✓ ✗   I have outlined one strength of the Health Star Rating System.[1]

✓ ✗   I have outlined one limitation of the Health Star Rating System.[2]

16 [The Better Health Channel recommends that Australians eat 'junk' foods that are usually high in saturated fat, added salt, and added sugars occasionally and in small amounts.[1]][This is similar to the Australian Guide to Healthy Eating, which recommends that Australians eat discretionary foods 'only sometimes and in small amounts'.[2]][The Better Health Channel also recommends that Australians eat a wide variety of foods from each of the five major food groups daily, in recommended amounts.[3]][This is also reflected in the Australian Guide to Healthy Eating, which displays the proportions in which the five food groups should be consumed each day as part of a healthy and balanced diet.[4]]

✓ ✗   I have provided one piece of advice provided by the Better Health Channel.[1]

✓ ✗   I have compared this advice to the advice provided by the Australian Guide to Healthy Eating.[2]

✓ ✗   I have provided another piece of advice provided by the Better Health Channel.[3]

✓ ✗   I have compared this advice to the advice provided by the Australian Guide to Healthy Eating.[4]

Questions from multiple lessons

17 a [Iron carries oxygen from the lungs to cells around the body via the bloodstream. Given that the production of energy in cells is dependent on oxygen being present, iron is important for maintaining optimal energy levels.[1]][Therefore, adequate iron intake means that the body has sufficient energy levels and can complete daily tasks, such as working, studying, exercising, and socialising, which promotes physical health and wellbeing.[2]]

✓ ✗   I have outlined a function of iron in the body.[1]

✓ ✗   I have explained the importance of iron for health and wellbeing, with reference to a health and wellbeing dimension.[2]

3B

b [The Healthy Eating Pyramid displays vegetables in the bottom foundation layer of the pyramid, indicating that vegetables should make up the largest proportion of the diet.[1]] [By advocating for the consumption of plenty of vegetables everyday, and presenting this information in a visual format that is easy to understand, the Healthy Eating Pyramid could increase the consumption of vegetables among Australian youth.[2]]

✓ ✗ I have explained how the Healthy Eating Pyramid encourages vegetable consumption.[1]

✓ ✗ I have explained how the Healthy Eating Pyramid could be used to increase the consumption of vegetables among Australian youth.[2]

c [Water plays an important role in numerous bodily processes, including chemical reactions involved in energy production, and cell duplication, which enables growth.[1]]

✓ ✗ I have outlined a function of water in the body.[1]

3C Sources of nutrition information

Theory-review questions

1 A. True. *When sources of nutrition are accurate and reliable, this can inform dietary choices, and help people consume a healthy and balanced diet.*

2 B. False. *While only six examples of nutrition information are discussed in this lesson, there are many other sources of nutrition information that are not included.*

3 B. False. *Not every source of nutrition information is trustworthy. It is important to remember that you cannot trust everything you see and hear without first ensuring that the source is reliable and valid.*

4 A. *It is important to evaluate the validity of a source of nutrition information before using the dietary advice it provides. It is not sensible to use the nutrition information and dietary advice before checking that it is valid and trustworthy.*

5 C. *Healthcare professionals have completed education and training that qualifies them to provide you with personalised dietary advice that is specifically designed for you.*

6 B. False. *Sources of nutrition information that target the general population are only designed to be educational and informational. They are not intended to diagnose diet-related conditions. This is the role of a healthcare professional who specialises in nutrition, such as a dietitian.*

7 A. True. *Commercial companies that sell dietary products may provide biased nutrition information to present a favourable depiction of their product, because they are focused on increasing profits. This is in contrast to unbiased nutrition information provided by non-profit nutrition organisations that only aim to promote healthy eating.*

8 B. Nutrition information that is accessed online is **sometimes** accurate and reliable. *Not all websites provide nutrition information that is accurate and reliable. There are no restrictions as to who can create a website. This means that while some websites may provide valid nutrition information, people who are not qualified dietitians or nutritionists may also provide dietary advice online.*

Skills

Unpacking the case study

9 A **10** B **11** B

Exam-style questions

12 [It is important to evaluate whether a source of nutrition information is valid or not, because it ensures that the nutrition information being accessed is factually accurate, and will be successful in positively informing dietary choices.[1]]

✓ ✗ I have outlined the importance of evaluating the validity of sources of nutrition information.[1]

Other acceptable answers include:

- any reason that appropriately explains why it is important to evaluate the validity of sources of nutrition information.

13 [Two sources of nutrition information include nutrition information panels,[1]] [and websites.[2]]

✓ ✗ I have identified one source of nutrition information.[1]

✓ ✗ I have identified another source of nutrition information.[2]

Other acceptable answers include:

- nutrition organisations
- digital apps
- healthcare professionals
- media
- other sources of nutrition information.

14 [Nutrition Australia is a nutrition organisation.[1]] [It acts as a source of nutrition information by developing nutrition resources, such as fact sheets and posters that promote healthy eating, that are distributed among the Australian community.[2]]

✓ ✗ I have provided an example of a nutrition organisation.[1]

✓ ✗ I have explained how my chosen nutrition organisation acts as a source of nutrition information.[2]

15 [Some nutrition information that is presented by the media is valid. For example, media campaigns that are run by government agencies or reputable nutrition organisations usually provide accurate nutrition information.[1]] [However, some nutrition information presented by the media may be manipulated and sensationalised to attract viewers or sell a dietary product. This nutrition information is unlikely to be valid.[2]]

✓ ✗ I have used an example to discuss that some nutrition information presented by the media is valid.[1]

✓ ✗ I have used an example to discuss that some nutrition information presented by the media is not valid.[2]

16 [Nutrition information provided by qualified healthcare professionals, such as dietitians, is likely to be more valid than nutrition information provided by online websites.[1]] [This is because healthcare professionals have completed nutrition education and training, and can provide people with individualised dietary advice, whereas websites are not necessarily created by credible sources, and may contain misinformation.[2]]

✓ ✗ I have explained that healthcare professionals are likely to be a more valid source of nutrition information than websites.[1]

✓ ✗ I have explained why healthcare professionals provide more accurate and reliable nutrition information than websites.[2]

3C

✓ ✗ I have used comparison words, such as 'more valid than' and 'whereas'.

17 [A source of nutrition information is healthcare professionals.**1**] [Qualified healthcare professionals are a valid source of nutrition information.**2**] [This is because they have completed nutrition education and training that qualifies them to provide individualised dietary advice and support to people that is accurate and reliable.**3**]

✓ ✗ I have identified one example of a source of nutrition information.**1**

✓ ✗ I have stated the extent to which my chosen source of nutrition information is valid.**2**

✓ ✗ I have explained why I have evaluated my chosen source of nutrition information as valid or invalid.**3**

Other acceptable answers include:

- nutrition information panels
- nutrition organisations
- digital apps
- media
- other sources of nutrition information.

Questions from multiple lessons

18 [A sociocultural factor that may prevent a person from accurately evaluating a source of nutrition information is education.**1**] [People with low levels of education may not know the importance of evaluating the validity of a source of nutrition information before trusting the dietary advice it provides.**2**] [This may mean that they follow inaccurate dietary advice that is from an unreliable source, such as under-consuming an essential nutrient. This may prevent their body from functioning effectively and having adequate energy, negatively impacting physical health and wellbeing.**3**]

✓ ✗ I have identified a sociocultural factor that may prevent a person from accurately evaluating a source of nutrition information.**1**

✓ ✗ I have explained how my chosen sociocultural factor may prevent a person from accurately evaluating a source of nutrition information.**2**

✓ ✗ I have outlined how this may impact their health and wellbeing, with reference to a health and wellbeing dimension.**3**

Other acceptable answers include:

Sociocultural factors including:

- access to health information
- family
- housing
- peer group
- other sociocultural factors that may prevent a person from accurately evaluating a source of nutrition information, so long as they are adequately explained.

Chapter 3 test

1 a [Macronutrients are nutrients that are required by the body in large amounts for optimal health and wellbeing,**1**] [whereas micronutrients are nutrients that are required by the body in small amounts for optimal health and wellbeing.**2**]

✓ ✗ I have explained what macronutrients are.**1**

✓ ✗ I have explained what micronutrients are.**2**

✓ ✗ I have used comparison words, such as 'whereas'.

b [Carbohydrates are a macronutrient**1**] [and iron, which is a mineral, is a micronutrient.**2**]

✓ ✗ I have provided an example of a macronutrient.**1**

✓ ✗ I have provided an example of a micronutrient.**2**

2 [A function of protein is to build, maintain, repair, and replace body cells, which is essential for growth and development.**1**]

✓ ✗ I have outlined a function of protein for the human body.**1**

3 a [Protective nutrients are nutrients that decrease the likelihood of developing diet-related diseases when consumed.**1**] [By contrast, risk nutrients are nutrients that increase the likelihood of developing diet-related diseases when consumed.**2**] [Fibre is a protective nutrient,**3**] [because it slows the emptying of the stomach and increases feelings of fullness. This reduces the risk of weight gain, and the likelihood of developing diet-related diseases, such as obesity.**4**]

✓ ✗ I have explained what protective nutrients are.**1**

✓ ✗ I have explained what risk nutrients are.**2**

✓ ✗ I have identified that fibre is a protective nutrient.**3**

✓ ✗ I have explained how fibre functions as a protective nutrient.**4**

b [Food sources of fibre include nuts,**1**] [and the skin of fruits and vegetables.**2**]

✓ ✗ I have identified one food source of fibre.**1**

✓ ✗ I have identified another food source of fibre.**2**

Other acceptable answers include:

- whole-grain products, such as bran, bread, and oats
- seeds
- legumes
- other food sources of fibre.

4 a [In all age groups, Australian females are more likely to have inadequate calcium intake than Australian males.**1**] [For example, approximately 71 percent of females aged 19 to 30 consume less calcium than the estimated average requirement, in comparison to approximately 44 percent of males in the same age group.**2**]

✓ ✗ I have drawn a comparison between females and males.**1**

✓ ✗ I have used data from the graph to support my comparison.**2**

✓ ✗	I have provided the context of the graph.
✓ ✗	I have included the correct units of measurement (percent), ensuring to check the axis titles.
✓ ✗	I have used a qualifier, such as 'approximately' when referring to data.
✓ ✗	I have used a comparison word in my response, such as 'than'.

b [Adequate calcium intake is important for the development and maintenance of hard tissues, such as teeth and bones.[1]]

✓ ✗	I have outlined the importance of adequate calcium intake for the human body.[1]

c [Australians could consume dairy products, such as milk and yoghurt, to increase their calcium intake.[1]]

✓ ✗	I have identified a food source of calcium that Australians could consume to increase their calcium intake.[1]

Other acceptable answers include:

- calcium-fortified products, such as cereals and soy milk
- leafy green vegetables, such as broccoli, spinach, and kale
- tofu that has been chemically prepared with calcium
- other food sources of calcium.

5 a [Monounsaturated fats[1]][and polyunsaturated fats are classified as healthy fats.[2]]

✓ ✗	I have identified monounsaturated fat as a type of fat that is classified as healthy.[1]
✓ ✗	I have identified polyunsaturated fat as a type of fat that is classified as healthy.[2]

b [Fat molecules are extremely energy-dense and contain many kilojoules, functioning as a significant energy source for the human body.[1]][This may be why the dietician recommended that Violet consume more 'healthy' fats, because she needs to increase her kilojoule consumption to achieve a healthy body weight.[2]]

✓ ✗	I have outlined the function of fats as an energy source for the human body.[1]
✓ ✗	I have explained why the high energy content of fats may have caused the dietician to advise Violet to increase her fat consumption.[2]
✓ ✗	I have referred to the characters' names (Violet and the dietician), and to the scenario.

6 [The Australian Guide to Healthy Eating is a food selection model that provides a visual pie chart representation of the recommended proportions of the five food groups that should be consumed each day as part of a healthy and balanced diet.[1]][It was developed by the National Health and Medical Research Council as a nutrition resource that aims to promote healthy eating and help Australians make healthier food choices.[2]]

✓ ✗	I have described the Australian Guide to Healthy Eating.[1]
✓ ✗	I have described the Australian Guide to Healthy Eating in further detail by providing another point of information.[2]

7 a [The Healthy Eating Pyramid is somewhat effective at promoting healthy eating amongst Australian youth. The pyramid format is easy to understand for young people who may have limited nutritional knowledge, clearly showing the proportions in which different foods should be consumed based on the layer of the pyramid they appear in.[1]][However, the Healthy Eating Pyramid does not provide information on the appropriate daily serving sizes of each food group. This may mean that Australian youth consume excessive quantities of the foods displayed on the poster.[2]]

✓ ✗	I have evaluated the effectiveness of the Healthy Eating Pyramid by explaining a strength.[1]
✓ ✗	I have further evaluated the effectiveness of the Healthy Eating Pyramid by explaining a limitation.[2]

Note: To evaluate the effectiveness of a food selection model, you should consider its strengths and limitations. While food selection models are useful for promoting healthy eating among Australian youth, they are not perfect. Therefore, you should evaluate the effectiveness of a food selection model as somewhat effective. Then, you should justify your response by explaining a strength of the food selection model, and a limitation of the food selection model.

b [The Healthy Eating Pyramid poster displays an image of salt, which is accompanied by a red cross.[1]][This encourages Australians to reduce salt intake by limiting the amount of salt they add to food. Given that salt is a food source of sodium, this could help Australians to reduce their sodium intake.[2]]

✓ ✗	I have explained a piece of information on the Healthy Eating Pyramid poster that promotes reducing sodium intake.[1]
✓ ✗	I have explained how this piece of information could help Australians to reduce their sodium intake.[2]

Note: You may have chosen to explain other information that is displayed on the Healthy Eating Pyramid poster that promotes reducing sodium intake. For example, by displaying fruits and vegetables on the bottom 'foundation' layer of the pyramid, this encourages Australians to consume fresh fruits and vegetables in large proportions. This could reduce the consumption of processed, packaged foods that often contain large amounts of sodium.

c [When consumed in healthy amounts, sodium regulates fluid levels in the body, such as controlling blood volume and blood pressure.[1]]

✓ ✗	I have outlined the importance of sodium for the human body when consumed in healthy amounts.[1]

8 a [The Health Star Rating System is a food selection model that calculates the nutritional value of packaged foods and assigns a rating between half a star and five stars which is displayed at the front of the food packaging.[1]][While Charlie is shopping for groceries, he can look at the star rating of each food product to quickly and easily determine its nutritional value, in comparison to other packaged foods from the same category. This may help him to make healthier, more informed choices while shopping.[2]]

✓ ✗	I have described the Health Star Rating System.[1]
✓ ✗	I have explained how the Health Star Rating System may help Charlie quickly make healthy food choices while shopping for groceries.[2]

✓ ✗   I have referred to the character's name (Charlie), and to the scenario.

b ⌈A limitation of the Health Star Rating System is that it is not mandatory, meaning that food manufacturers and retailers can choose whether or not to include the rating on the packaging of their products. If health star ratings are only displayed on some products and not others, this makes it more difficult to accurately compare similar packaged food products.**[1]**⌉

✓ ✗   I have outlined one limitation of the Health Star Rating System.**[1]**

c ⌈Nutrition information panels provide a more detailed description of a food product's energy and nutrient content than health star ratings.**[1]**⌉⌈This means that Charlie will have a more detailed understanding of the nutritional profile of a food product if he consults its nutrition information panel rather than its health star rating, and can make more informed food choices while grocery shopping.**[2]**⌉

✓ ✗   I have explained that nutrition information panels provide a more detailed description of the nutritional profile of a food product than health star ratings.**[1]**

✓ ✗   I have explained why this may help Charlie as he shops for groceries.**[2]**

✓ ✗   I have used comparison words, such as 'than'.

✓ ✗   I have referred to the character's name (Charlie), and to the scenario.

d ⌈Charlie should purchase whole-grain bread, as this is a source of complex carbohydrates.**[1]**⌉⌈Charlie should avoid purchasing lollies, as this is a source of simple carbohydrates.**[2]**⌉

✓ ✗   I have identified a food source of complex carbohydrates that Charlie should purchase.**[1]**

✓ ✗   I have identified a food source of simple carbohydrates that Charlie should avoid purchasing.**[2]**

✓ ✗   I have referred to the character's name (Charlie), and to the scenario.

9 ⌈Digital apps**[1]**⌉⌈and nutrition organisations are sources of nutrition information.**[2]**⌉

✓ ✗   I have identified one source of nutrition information.**[1]**

✓ ✗   I have identified another source of nutrition information.**[2]**

Other acceptable answers include:

- healthcare professionals
- websites
- media sources
- other sources of nutrition information, other than nutrition information panels and food selection models.

10 a ⌈The media campaign is likely to be a valid source of nutrition information.**[1]**⌉⌈As it is run by a non-profit nutrition organisation, it is more likely to focus on reducing soft drink consumption among Australians, compared to a commercial business that has other priorities, such as increasing profits.**[2]**⌉⌈Furthermore, the media campaign resources have been developed using current, unbiased scientific research. This means that the nutrition information provided by the media campaign is factual and accurate, rather than based on opinion.**[3]**⌉

✓ ✗   I have evaluated the media campaign as likely to be a valid source of nutrition information.**[1]**

✓ ✗   I have justified my answer by providing an example that explains why the media campaign may be a valid source of nutrition information.**[2]**

✓ ✗   I have justified my recommendation further by providing another example that explains why the media campaign may be a valid source of nutrition information.**[3]**

b ⌈Water transports nutrients and oxygen throughout the body to cells so that they have the essential substances they need to function effectively.**[1]**⌉

✓ ✗   I have outlined one function of water for the human body.**[1]**

c ⌈I would recommend that Silas does not purchase the herbal tea.**[1]**⌉ ⌈It is unlikely that the herbal tea advertisement is a valid source of nutrition information, because it is run by a commercial brand that is aiming to sell their products and profit off consumers.**[2]**⌉ ⌈Furthermore, the nutrition information does not seem very realistic. It is unlikely that a simply drinking a tea can make you lose weight healthily, as losing weight in a healthy manner requires long-term dietary and lifestyle changes.**[3]**⌉

✓ ✗   I have recommended that Silas does not purchase the herbal tea.**[1]**

✓ ✗   I have justified my recommendation by providing an example that explains why the advertisement may not be a valid source of nutrition information.**[2]**

✓ ✗   I have justified my recommendation further by providing another example that explains why the advertisement may not be a valid source of nutrition information.**[3]**

✓ ✗   I have referred to the character's name (Silas), and to the scenario.

11 a ⌈The general practitioner may have referred Erin to a qualified dietician because a dietician is more qualified to provide dietary advice than a general practitioner.**[1]**⌉⌈For example, qualified dieticians have studied nutrition and dietetics at university, whereas general practitioners have not completed specialised nutrition education.**[2]**⌉

✓ ✗   I have explained why the general practitioner may have referred Erin to a qualified dietician.**[1]**

✓ ✗   I have explained why a dietician is more qualified to provide dietary advice than a general practitioner.**[2]**

✓ ✗   I have referred to the characters' names (Erin, the dietician, and the general practitioner), and to the scenario.

b ⎡Adequate folate consumption during pregnancy promotes the normal development of a foetus in the womb, reducing the risk of birth defects that affect the brain and spinal cord, such as spina bifida.[1]⎤

✓ ✗ I have outlined the importance of adequate folate consumption while pregnant.[1]

c ⎡Leafy green vegetables[1]⎤⎡and beans and legumes are food sources of folate that Erin could consume while pregnant.[2]⎤

✓ ✗ I have identified one food source of folate that Erin could consume while pregnant.[1]

✓ ✗ I have identified another food source of folate that Erin could consume while pregnant.[2]

✓ ✗ I have referred to the character's name (Erin), and to the scenario.

Other acceptable answers include:

- nuts and seeds
- poultry
- eggs
- fruits, such as papaya, citrus fruits, and avocado
- other food sources of folate.

Questions from multiple chapters

12 a ⎡Burden of disease is a measurement of the impact of disease and injuries, specifically measuring the gap between the current health status and an ideal situation where everyone lives to an old age, free of disease and disability.[1]⎤⎡Burden of disease is measured by the unit of disability-adjusted life year (DALY), in which one DALY equals one year of life lost due to premature death (YLL) or one year of healthy life lost due to the experience of a disability or disease (YLD).[2]⎤

✓ ✗ I have described the concept of burden of disease.[1]

✓ ✗ I have described how burden of disease is measured, with reference to DALY, YLL, and YLD.[2]

b ⎡Pies[1]⎤⎡and pastries are foods that contain unhealthy fats.[2]⎤

✓ ✗ I have identified one food source of unhealthy (saturated and trans) fats.[1]

✓ ✗ I have identified one food source of unhealthy (saturated and trans) fats.[2]

c ⎡In 2014-2015, Australians living in regional areas were more likely to be classified as obese than Australians living in metropolitan areas,[1]⎤ ⎡with approximately 33 percent of people living in regional areas being classified as obese, in comparison to approximately 24 percent of people living in metropolitan areas.[2]⎤

✓ ✗ I have drawn a comparison between regional and metropolitan areas.[1]

✓ ✗ I have used data from the graph to support my comparison.[2]

✓ ✗ I have provided the context of the graph.

✓ ✗ I have included the correct units of measurement (percent), ensuring to check the axis titles.

✓ ✗ I have used a qualifier, such as 'approximately' when referring to data.

✓ ✗ I have used a comparison word, such as 'than'.

d ⎡Lower levels of education may mean that Australians living in regional areas are less likely to know how to consume a healthy and balanced diet, such as which nutrients should be consumed more than others, than Australians living in metropolitan areas.[1]⎤⎡This may mean that Australians living in regional areas consume nutrients in inappropriate proportions, such as over consuming fats. This can contribute to weight gain, increasing the percentage of Australians living in regional areas who are obese, in comparison to Australians living in metropolitan areas, who are more likely to experience higher levels of education.[2]⎤

✓ ✗ I have explained how lower levels of education may limit the nutritional knowledge of those living in regional areas.[1]

✓ ✗ I have explained how limited nutritional knowledge may account for the greater percentage of Australians living in regional areas who are classified obese, compared to those living in metropolitan areas.[2]

e ⎡Being obese means that an individual has excess body weight, and may appear larger than average.[1]⎤⎡This may reduce their self-esteem and self-confidence, and may cause them to experience negative thought patterns about their body image, negatively impacting mental health and wellbeing.[2]⎤

✓ ✗ I have explained what being obese means.[1]

✓ ✗ I have explained how this may impact mental health and wellbeing, with reference to one component of mental health and wellbeing.[2]

4A Nutritional imbalances in youths' health and wellbeing

Theory-review questions

1 B. False. *Nutritional imbalances can occur when foods containing specific nutrients are under-consumed, as well as over-consumed.*

2 I; II; III. *Cardiovascular disease, osteoporosis, and type 2 diabetes are examples of diseases that can be caused by an unhealthy and unbalanced diet.*

3 B. The underconsumption of fruits and vegetables **sometimes** causes colorectal cancer. *The underconsumption or overconsumption of a certain food and the specific nutrients it contains does not guarantee that the person will develop a diet-related disease. It only increases their likelihood of developing a diet-related disease.*

4 B. False. *While skipping meals can indicate that a young person is experiencing an eating disorder, there are many other reasons why a young person may skip meals, such as not feeling hungry, having a busy schedule, or not having enough money to afford food.*

5 A. True. *Food that is prepared and purchased outside of home, such as fast food, is generally less healthy and nutritious than food that is prepared and consumed inside the home. Therefore, people who regularly eat outside of home are more likely to have an unhealthy diet than people who do not regularly eat outside of home.*

Skills

Perfect your phrasing

6 B

Data analysis

7 D   **8** B   **9** A

Exam-style questions

10 [Nutritional imbalance is when nutrients are not present in the human body in appropriate amounts.[1]]

⎷ ✗   I have outlined what is meant by nutritional imbalance.[1]

11 [The overconsumption of sugary drinks, and therefore simple carbohydrates, may contribute to tooth decay and the development of dental caries over a prolonged period of time.[1]] [This is because over-consuming sugary drinks means that large amounts of sugar enter the mouth, which may cause the production of acids that dissolve the teeth enamel.[2]]

⎷ ✗   I have explained a long-term health consequence of over-consuming sugary drinks.[1]

⎷ ✗   I have explained a long-term health consequence of over-consuming sugary drinks in further detail by providing another point of information.[2]

12 [If a young person under-consumes iron, this increases their likelihood of developing iron-deficiency anaemia, which is a condition that prevents oxygen from being effectively transported around the body via the bloodstream.[1]] [This may increase feelings of fatigue and weakness, and reduce energy levels, negatively impacting their physical health and wellbeing.[2]]

⎷ ✗   I have explained a health consequence of under-consuming iron.[1]

⎷ ✗   I have explained how this health consequence may impact one dimension of health and wellbeing, with reference to a component of this health and wellbeing dimension.[2]

13 a [Among Australian youth, females are more likely to consume less calcium than the estimated average requirement than males.[1]] [For example, approximately 90 percent of females aged 14 to 18 consume less calcium than the estimated average requirement, in comparison to approximately 71 percent of males in the same age group.[2]]

⎷ ✗   I have drawn a comparison between females and males.[1]

⎷ ✗   I have used data from the graph to support my comparison.[2]

⎷ ✗   I have provided the context of the graph.

⎷ ✗   I have included the correct units of measurement (percent), ensuring to check the axis titles.

⎷ ✗   I have used a qualifier, such as 'approximately', when referring to data.

⎷ ✗   I have used a comparison word, such as 'than'.

b [The underconsumption of dairy, and therefore calcium, decreases the strength of bones and increases the likelihood of developing osteoporosis, which is a long-term health consequence.[1]] [Osteoporosis is a condition that is characterised by porous bones that are weak and brittle, increasing the likelihood of bone fractures.[2]]

⎷ ✗   I have explained a long-term health consequence of under-consuming dairy.[1]

⎷ ✗   I have explained a long-term health consequence of under-consuming dairy in further detail by providing another point of information.[2]

14 a [Maya may have skipped meals this week because she may have been busy and not had time to eat,[1]] [or she may have been concerned about her body image and wanted to lose weight.[2]]

⎷ ✗   I have suggested one reason why Maya may have skipped meals this week.[1]

⎷ ✗   I have suggested another reason why Maya may have skipped meals this week.[2]

⎷ ✗   I have referred to the character's name (Maya) in my response, and to the scenario.

b [If Maya continues to regularly skip meals, she may become underweight.[1]]

⎷ ✗   I have identified one health consequence that Maya may experience if she continues to regularly skip meals.[1]

⎷ ✗   I have referred to the character's name (Maya) in my response, and to the scenario.

c [If Maya becomes underweight, this means that her body weight is below a healthy weight range, which indicates that her energy needs are not being met.[1]] [If Maya's energy needs are not being met, she may not have the energy to socialise with her friends and maintain positive relationships with others, negatively impacting her social health and wellbeing.[2]]

⟋ ✕ I have outlined the health consequence identified in **part b**.[1]

⟋ ✕ I have outlined how this health consequence could impact Maya's health and wellbeing, with reference to a health and wellbeing dimension.[2]

⟋ ✕ I have referred to the character's name (Maya) in my response, and to the scenario.

15 a [Saturated and trans fat are present in fast food and contribute to cardiovascular disease.[1]]

⟋ ✕ I have identified a nutrient that is present in fast food and contributes to cardiovascular disease.[1]

Other acceptable answers include:

- sodium.

b [The overconsumption of fast food, and therefore saturated and trans fat, increases low-density lipoprotein (LDL) cholesterol levels in the bloodstream, which is deposited on blood vessel walls.[1]] [This accumulates over time, leading to the hardening and narrowing of blood vessels and restricting blood flow. This condition is known as atherosclerosis, and is a risk factor for cardiovascular disease.[2]]

⟋ ✕ I have explained how the nutrient identified in **part a** increases the likelihood of developing cardiovascular disease.[1]

⟋ ✕ I have explained how the nutrient identified in **part a** increases the likelihood of developing cardiovascular disease in further detail by providing another point of information.[2]

c [Being overweight or obese means that an individual has excess body weight, and may appear larger than average.[1]] [This may reduce their self-esteem and self-confidence, and may cause them to experience negative thought patterns about their body image, negatively impacting their mental health and wellbeing.[2]]

⟋ ✕ I have explained a possible impact of being overweight or obese.[1]

⟋ ✕ I have discussed how this may impact youths' health and wellbeing, with reference to a health and wellbeing dimension.[2]

Questions from multiple lessons

16 a [Because Noah under-consumes fruits and vegetables, this means he may also experience constipation.[1]] [Fruits and vegetables contain insoluble fibre, which functions to promote a healthy bowel environment and facilitate regular bowel movements. Noah may not be consuming adequate amounts of insoluble fibre, meaning that faeces cannot easily pass through his digestive tract.[2]]

⟋ ✕ I have explained a short-term consequence of under-consuming fruits and vegetables that Noah may experience.[1]

⟋ ✕ I have explained a short-term consequence of under-consuming fruits and vegetables that Noah may experience in further detail by providing another point of information.[2]

⟋ ✕ I have referred to the character's name (Noah) in my response, and to the scenario.

b [The Australian Guide to Healthy Eating is a food selection model that Noah could use to increase his consumption of fruits and vegetables.[1]] [The Australian Guide to Healthy Eating recommends consuming fruits and vegetables in large proportions. Noah could eat more of the different fruits and vegetables that are displayed on the poster to increase his consumption of fruits and vegetables.[2]]

⟋ ✕ I have identified a food selection model that may help Noah increase his consumption of fruits and vegetables.[1]

⟋ ✕ I have explained how this food selection model may help Noah increase his consumption of fruits and vegetables.[2]

⟋ ✕ I have referred to the character's name (Noah) in my response, and to the scenario.

4B   Marketing and promoting foods to youth

Theory-review questions

1 I; II; III. *Commercial companies use food marketing tactics to present their brand and their food products in a positive light, increase brand awareness, and draw attention to their food products, which ultimately maximises their profits.*

2 A. True. *When food marketing tactics are used strategically and appropriately, they can be very effective at encouraging potential consumers to purchase the food product that is being marketed.*

3 A. True. *Young people are particularly vulnerable to being influenced by food marketing tactics. This is because, as their brain develops, young people are generally impressionable and easily influenced.*

4 B. False. *Any commercial company can use food marketing tactics to promote their food products, regardless of how healthy their food products are. This means that both healthy and unhealthy food products are marketed to youth.*

5 A. Food marketing tactics **increase** the likelihood that young people will want to purchase and consume the food product that is being marketed. *Food marketing tactics impact youths' health behaviours by making them more likely to want to purchase the food product that is being presented in a positive light.*

6 I;III. *Effective food marketing tactics include using influential figures or games and competitions to promote a food product. Using bright, colourful, and engaging product packaging is also an effective food marketing strategy, rather than using plain and uninteresting product packaging.*

7 B. False. *While many people perceive commercial companies that sponsor local sporting clubs as generous and community-focused, this is actually another food marketing tactic that they use to increase brand awareness and promote their food products to youth.*

Skills

Perfect your phrasing

8 A

Unpacking the case study

9 B   **10** B   **11** A   **12** B

Exam-style questions

13 ⌈Commercial companies that manufacture and sell food products use food marketing tactics to present their brand and their food products in a positive light,**1** ⌉⌈and to maximise their profits.**2**⌉

✓ ✗   I have outlined one reason why commercial companies that manufacture and sell food products use food marketing tactics.**1**

✓ ✗   I have outlined another reason why commercial companies that manufacture and sell food products use food marketing tactics.**2**

14 ⌈Television advertisements,**1**⌉⌈and sponsorships are food marketing tactics that commercial companies use to promote their food products to youth.**2**⌉

✓ ✗   I have identified one food marketing tactic that commercial companies use to promote their food products to youth.**1**

✓ ✗   I have identified another food marketing tactic that commercial companies use to promote their food products to youth.**2**

Other acceptable answers include:

- social media
- influential figures
- product packaging
- games and competitions
- other food marketing tactics that commercial companies use to promote their food products to youth.

15 ⌈Food marketing tactics aim to improve youths' attitudes towards the brand by presenting the food products in a positive light.**1**⌉⌈This increases the likelihood that youth will purchase and consume the food product that is being promoted.**2**⌉

✓ ✗   I have explained the impact of food marketing tactics on youths' attitudes.**1**

✓ ✗   I have explained the impact of food marketing tactics on youths' health behaviours.**2**

16 a ⌈The food marketing tactic that is evident in the information provided is sponsorships.**1**⌉

✓ ✗   I have identified sponsorships as the food marketing tactic that is evident in the information provided.**1**

b ⌈Elle is more likely to purchase and consume the food products of the commercial company that sponsors her local netball club.**1**⌉ ⌈This is demonstrated when she purchases a chocolate bar from the chocolate company after hearing that they financially support her local netball club.**2**⌉

✓ ✗   I have described the likely impact of the food marketing tactic identified in **part a** on Elle's health behaviours.**1**

✓ ✗   I have used an example from the information provided to demonstrate this impact.**2**

✓ ✗   I have referred to the character's name in my response (Elle), and to the scenario.

17 a ⌈Food marketing tactics that have been used by the commercial company that manufactures the first muesli bar include product packaging,**1**⌉⌈and influential figures.**2**⌉

✓ ✗   I have identified one food marketing tactic that has been used by the commercial company that manufactures and sells the first muesli bar.**1**

✓ ✗   I have identified another food marketing tactic that has been used by the commercial company that manufactures and sells the first muesli bar.**2**

Other acceptable answers include:

- games and competitions.

b ⌈Finlay is likely to purchase the first muesli bar instead of the second muesli bar.**1**⌉⌈This is because the first muesli bar has bright and colourful product packaging that includes an image of a famous celebrity. This product packaging is more engaging than the plain product packaging of the second muesli bar. This means that it is more likely to capture Finlay's attention and appeal to him, increasing the likelihood of him purchasing it.**2**⌉

✓ ✗   I have stated that Finlay is likely to purchase the first muesli bar instead of the second muesli bar.**1**

✓ ✗   I have justified my answer, with reference to the product packaging of each muesli bar.**2**

✓ ✗   I have referred to the character's name in my response (Finlay), and to the scenario.

Questions from multiple lessons

18 a ⌈The food marketing tactic that was used to promote the tropical fruit juice to Hugh is a television advertisement.**1**⌉

✓ ✗   I have identified television advertisements as the food marketing tactic that was used to promote the tropical fruit juice to Hugh.**1**

b ⌈The reason why the commercial company that manufactures and sells the tropical fruit juice would avoid mentioning the large amount of added sugar that their product contains is because this reveals that the product is unhealthy.**1**⌉⌈If people were aware of the added sugar content of the tropical fruit juice, this would make them less likely to purchase it, which would reduce the sales and minimise the profits of the commercial company.**2**⌉

✓ ✗   I have explained why the commercial company that manufactures and sells this tropical fruit juice would avoid mentioning the large amount of added sugar that their product contains.**1**

✓ ✗   I have explained why the commercial company that manufactures and sells this tropical fruit juice would avoid mentioning the large amount of added sugar that their product contains in further detail by providing another point of information.**2**

✓ ✗   In my response, I have referred to the scenario.

c ⌈Hugh may experience dental caries if he drinks this tropical fruit juice every day for breakfast.**1**⌉⌈This is because the tropical fruit juice contains large amounts of added sugar, which may damage the tooth enamel and contribute to tooth decay when over-consumed over a long period of time.**2**⌉

4B

✓ ✗ I have identified a long-term health consequence that Hugh may experience if he drinks this tropical fruit juice every day for breakfast.[1]

✓ ✗ I have described this long-term health consequence that Hugh may experience.[2]

✓ ✗ I have referred to the character's name in my response (Hugh), and to the scenario.

Other acceptable answers include:

- overweight and obesity.

4C Enablers and barriers to healthy eating among youth

Theory-review questions

1 B. False. *This statement is incorrect. Enablers to healthy eating are factors that make healthy eating more likely to occur. To remember this, you can think about how enablers 'enable' you to eat healthily.*

2 B. False. *This statement is incorrect. Many factors can act as enablers to healthy eating in one context, while acting as barriers to healthy eating in another context.*

3 I; III. *Income and family are examples of social factors that act as enablers or barriers to healthy eating. By contrast, health promotion campaigns are an example of a political factor.*

4 I; II. *Religion and ethnicity are examples of cultural factors that act as enablers or barriers to healthy eating. By contrast, friends are an example of a social factor.*

5 II; III. *Policies and laws and taxes are examples of political factors that act as enablers or barriers to healthy eating. By contrast, occupation is an example of a social factor.*

6 A. True. *Factors that act as enablers or barriers to healthy eating can interact with each other. The key skill of this lesson requires you to analyse the interaction between these factors.*

Skills

Unpacking the case study

7 A   **8** B   **9** B   **10** A

Exam-style questions

11 [Enablers to healthy eating increase the likelihood of someone eating healthily,[1]] [whereas barriers to healthy eating decrease the likelihood of someone eating healthily.[2]]

✓ ✗ I have explained the meaning of enablers to healthy eating.[1]

✓ ✗ I have explained the meaning of barriers to healthy eating.[2]

✓ ✗ I have used comparison words, such as 'whereas'.

12 [Religion is a cultural factor[1]] [and taxes is a political factor that can influence a person's eating patterns.[2]]

✓ ✗ I have identified a cultural factor that can influence a person's eating patterns.[1]

✓ ✗ I have identified a political factor that can influence a person's eating patterns.[2]

Other acceptable answers include:

- other cultural factors, such as ethnicity
- other political factors, such as policies and laws, and health promotion campaigns.

13 [If a family provides healthy food options at home, such as fruits and vegetables, this means that youth can make healthy food choices at home, which acts as an enabler to healthy eating.[1]] [By contrast, if a family regularly purchases processed foods that contain large amounts of saturated fat, salt, and added sugar, this means that these unhealthy food options may be regularly consumed by youth at home, which acts as a barrier to healthy eating.[2]]

✓ ✗ I have described how family can act as an enabler to healthy eating among youth.[1]

✓ ✗ I have described how family can act as a barrier to healthy eating among youth.[2]

Other acceptable answers include:

- other examples of family acting as an enabler or a barrier to healthy eating among youth.

14 [Health promotion campaigns generally act as an enabler to healthy eating.[1]] [This is because they are introduced to promote healthy eating behaviours, increase awareness of the negative health consequences of an unhealthy diet, and provide people with the knowledge and resources they need to eat healthily.[2]]

✓ ✗ I have stated that health promotion campaigns generally act as an enabler to healthy eating.[1]

✓ ✗ I have explained how health promotion campaigns generally act as an enabler to healthy eating.[2]

15 **a** [Religion is a cultural factor that is influencing Jahmal's eating patterns.[1]]

✓ ✗ I have identified religion as a cultural factor that is influencing Jahmal's eating patterns.[1]

b [Taxes is a factor that is acting as an enabler to healthy eating for Jahmal.[1]]

✓ ✗ I have identified taxes as a factor that is acting as an enabler to healthy eating for Jahmal.[1]

Note: Religion is not an acceptable answer to this question. This is because the information provided only indicates that Jahmal observing the religious event of Ramadan is influencing his eating patterns. It is unclear whether religion is acting as an enabler or a barrier to healthy eating in this scenario.

c [Income[1]] [and nutrition information sourced from advertising are two social factors that are interacting to influence Jahmal's eating patterns.[2]] [This interaction is acting as a barrier to healthy eating for Jahmal.[3]] [When he sees television advertisements that promote inexpensive fast food meals (barrier), he is motivated to purchase and consume these fast food meals, because he has limited money to spend on food.[4]]

✓ ✗ I have identified income as one of the social factors in the interaction.[1]

✓ ✗ I have identified nutrition information sourced from advertising as the other social factor in the interaction.[2]

4C

✓ ✗ I have stated that this interaction is acting as a barrier to healthy eating for Jahmal.[3]

✓ ✗ I have explained how this interaction is acting as a barrier to healthy eating for Jahmal.[4]

✓ ✗ I have referred to the character's name in my response (Jahmal), and to the scenario.

Questions from multiple lessons

16 a [Socioeconomic status (SES) is a measure used to determine the social status of an individual using the factors of income, occupation, and education.[1]]

✓ ✗ I have explained the meaning of socioeconomic status.[1]

b [Prevalence is the number of cases of a particular disease or condition that are present in a population at a given point in time.[1]]

✓ ✗ I have described prevalence.[1]

c [In 2014-2015, Australians aged 2 to 17 years from the lowest socioeconomic group were more likely to be overweight or obese than Australians aged 2 to 17 years from the highest socioeconomic groups.[1]] [For example, in 2014-2015, approximately 35 percent of Australians aged 2 to 17 years from the lowest socioeconomic group were overweight or obese, in comparison to approximately 23 percent of Australians aged 2 to 17 years from the highest socioeconomic group.[2]]

✓ ✗ I have drawn a comparison between the highest and the lowest socioeconomic group.[1]

✓ ✗ I have used data from the graph to support my comparison.[2]

✓ ✗ I have provided the context of the graph.

✓ ✗ I have included the correct units of measurement (percent), ensuring to check the axis titles.

✓ ✗ I have used a qualifier, such as 'approximately' when referring to data.

✓ ✗ I have used a comparison word, such as 'than'.

d i [Education is a social factor.[1]]

✓ ✗ I have identified that education is a social factor that influences a person's eating patterns.[1]

ii [Low levels of education acts as a barrier to healthy eating among youth.[1]] [This is because youth who have low levels of education may not be educated about the importance of eating healthily, such as limiting their intake of saturated fat and added sugar.[2]] [This means that they may over-consume unhealthy foods that contribute to weight gain, which may contribute to the higher prevalence of overweight and obesity among Australians aged 2 to 17 years from lower socioeconomic groups, in comparison to Australians aged 2 to 17 years from higher socioeconomic groups.[3]]

✓ ✗ I have stated that low levels of education acts as a barrier to healthy eating among youth.[1]

✓ ✗ I have explained how low levels of education can act as a barrier to healthy eating among youth.[2]

✓ ✗ I have outlined how this may contribute to the comparison I made in **part c**.[3]

Chapter 4 test

1 a [Occupation is a social factor that is influencing Angelique's eating patterns.[1]]

✓ ✗ I have identified occupation as a social factor that is influencing Angelique's eating patterns.[1]

b [Occupation is acting as a barrier to healthy eating for Angelique.[1]] [This is because barriers to healthy eating decrease the likelihood of someone eating healthily, and Angelique's job at the restaurant often prevents her from having the time and energy to prepare and cook healthy meals for dinner, and causes her to regularly purchase and consume fast food.[2]]

✓ ✗ I have identified that occupation is acting as a barrier to healthy eating for Angelique.[1]

✓ ✗ I have explained how occupation is acting as a barrier to healthy eating for Angelique.[2]

✓ ✗ I have referred to the character's name in my response (Angelique), and to the scenario.

c [Becoming overweight or obese is a health consequence of regularly consuming fast food that Angelique may experience.[1]] [This is because fast food generally contains large amounts of saturated fat and added sugar, which contributes to weight gain and may cause Angelique to have a body weight that is above a healthy weight range.[2]]

✓ ✗ I have identified a health consequence of regularly consuming fast food that Angelique may experience.[1]

✓ ✗ I have outlined what is meant by this health consequence.[2]

✓ ✗ I have referred to the character's name in my response (Angelique), and to the scenario.

Other acceptable answers include:
- cardiovascular disease
- atherosclerosis
- hypertension
- type 2 diabetes
- other health consequences of regularly consuming fast food.

2 [Taxes[1]] [and health promotion campaigns are political factors that can act as enablers or barriers to healthy eating.[2]]

✓ ✗ I have identified one political factor that acts as an enabler or as a barrier to healthy eating.[1]

✓ ✗ I have identified another political factor that acts as an enabler or as a barrier to healthy eating.[2]

Other acceptable answers include:
- policies and laws.

3 a [In 2014-2015, Australian youth were more likely to consume the recommended daily intake of fruits than they were to consume the recommended daily intake of vegetables.[1]] [For example, in 2014-2015, approximately 51 percent of Australian youth aged 14

to 18 years consumed the recommended daily intake of fruits, while approximately 4 percent consumed the recommended daily intake of vegetables.**2**]

✓ ✗ I have drawn a comparison between the likelihood of Australian youth consuming the recommended daily fruit intake and consuming the recommended daily vegetable intake.**1**

✓ ✗ I have used data from the graph to support my comparison.**2**

✓ ✗ I have provided the context of the graph.

✓ ✗ I have included the correct units of measurement (percent), ensuring to check the axis titles.

✓ ✗ I have used a qualifier, such as 'approximately', when referring to data.

✓ ✗ I have used a comparison word in my response, such as 'than'.

b [If a young person under-consumes fruits and vegetables, this increases their likelihood of overeating, because they may be under-consuming soluble fibre, which is a nutrient that slows the emptying of the stomach and increases feelings of fullness.**1**] [Overeating may contribute to weight gain, which may prevent youth from having a healthy body weight, negatively impacting their physical health and wellbeing.**2**]

✓ ✗ I have explained a health consequence of under-consuming fruits and vegetables.**1**

✓ ✗ I have explained how this health consequence may impact one dimension of health and wellbeing, with reference to a component of this health and wellbeing dimension.**2**

4 a [Influential figures is the food marketing tactic that is evident in the information.**1**]

✓ ✗ I have identified influential figures as the food marketing tactic that is evident in the information.**1**

b [Bailey is more likely to purchase the second packet of lollies than the first packet of lollies.**1**] [This is because the second packet of lollies features Bailey's favourite actor who endorses the product, whereas the first packet of lollies does not use influential figures to promote the product. Using Bailey's favourite actor, who he likely idolises and trusts, to promote the second packet of lollies may increase the desirability of the product for Bailey, increasing the likelihood of him purchasing it.**2**]

✓ ✗ I have stated that Bailey is more likely to purchase the second packet of lollies than the first packet of lollies.**1**

✓ ✗ I have justified my answer, with reference to the food marketing tactic of influential figures.**2**

✓ ✗ I have referred to the character's name in my response (Bailey), and to the scenario.

5 a [Osteoporosis is a condition that is characterised by porous bones that are weak and brittle, increasing the likelihood of bone fractures.**1**]

✓ ✗ I have explained what is meant by osteoporosis.**1**

b [The underconsumption of dairy is the nutritional imbalance that contributes to osteoporosis rates.**1**]

✓ ✗ I have identified the underconsumption of dairy as the nutritional imbalance that contributes to osteoporosis rates.**1**

c [Dairy is a rich source of calcium, which is the essential nutrient for teeth and bone health.**1**] [Therefore, the underconsumption of dairy contributes to inadequate calcium intake, which decreases the strength of hard tissues, such as bones, which increases the risk of osteoporosis.**2**]

✓ ✗ I have described that dairy is a rich source of calcium.**1**

✓ ✗ I have described how the underconsumption of dairy contributes to the development of osteoporosis.**2**

d [Government agencies or non-government organisations could implement health promotion campaigns that focus on educating youth about the negative health consequences of under-consuming dairy.**1**] [This may mean that youth have the knowledge they need to engage in healthy eating behaviours, such as consuming adequate amounts of calcium. Adequate calcium intake during youth reduces the likelihood of developing osteoporosis later in life.**2**]

✓ ✗ I have outlined how health promotion campaigns could promote adequate dairy consumption among youth.**1**

✓ ✗ I have outlined how this could prevent youth from developing osteoporosis later in life.**2**

6 a [Food marketing tactics are the strategic actions that commercial companies use to promote their food products.**1**]

✓ ✗ I have outlined what is meant by food marketing tactics.**1**

b [Influential figures is a food marketing tactic that commercial companies use to promote their food products.**1**] [When influential figures are paid to publicly endorse a particular food product, people who admire and idolise this celebrity are more likely to purchase this food product because they may form a positive perception of the brand and aspire to be like the celebrity, including eating the same foods as them.**2**]

✓ ✗ I have identified a food marketing tactic.**1**

✓ ✗ I have explained this food marketing tactic.**2**

Other acceptable answers include:

- social media
- sponsorships
- games and competitions.

c [Influential figures increases the likelihood of youth purchasing, and therefore consuming, the food product.**1**]

✓ ✗ I have described the likely impact of the food marketing tactic I identified in **part b** on youths' health behaviours.**1**

7 a [In 2018, Australian secondary school students of low socioeconomic status were more likely to consume four or more cups of sugary drinks each week than Australian secondary school students of high socioeconomic status.**1**] [For example, in 2018, approximately 18 percent of Australian secondary school students of low

socioeconomic status consumed four or more cups of sugary drinks each week, in comparison to approximately 13 percent of Australian secondary school students of high socioeconomic status.[2]]

- ✓ ✗ I have drawn a comparison between low socioeconomic status and high socioeconomic status.[1]

- ✓ ✗ I have used data from the graph to support my comparison.[2]

- ✓ ✗ I have provided the context of the graph.

- ✓ ✗ I have included the correct units of measurement (percent), ensuring to check the axis titles.

- ✓ ✗ I have used a qualifier, such as 'approximately', when referring to data.

- ✓ ✗ I have used a comparison word in my response, such as 'than'.

b [Low levels of education acts as a barrier to healthy eating among youth.[1]] [This is because low levels of education may mean that youth are uneducated about the negative health consequences of over-consuming sugary drinks and they therefore may be more likely to over-consume them.[2]] [In this way, youth, including secondary school students, of low socioeconomic status, are more likely to drink four or more cups of sugary drinks each week than youth of high socioeconomic status, because youth of lower socioeconomic status usually have lower levels of education than youth of higher socioeconomic status.[3]]

- ✓ ✗ I have identified that low levels of education acts as a barrier to healthy eating among youth.[1]

- ✓ ✗ I have explained how low levels of education acts as a barrier to healthy eating among youth.[2]

- ✓ ✗ I have outlined how this may contribute to the greater consumption of sugary drinks among youth of low socioeconomic status, compared to youth of high socioeconomic status.[3]

c [Dental caries is a long-term health consequence of over-consuming sugary drinks.[1]] [This is because sugary drinks produce acids in the mouth that dissolve the tooth enamel, which contributes to tooth decay and the development of dental caries over a prolonged period of time.[2]] [Youth who develop dental caries may experience sensitivity, inflammation, and pain in their mouths, which increases morbidity among Australian youth.[3]]

- ✓ ✗ I have identified one long-term health consequence of over-consuming sugary drinks.[1]

- ✓ ✗ I have explained this long-term health consequence of over-consuming sugary drinks.[2]

- ✓ ✗ I have outlined how this long-term health consequence may impact the health status of Australian youth, with reference to a health status indicator.[3]

8 a [Sponsorships is the food marketing tactic that is evident in the information.[1]]

- ✓ ✗ I have identified sponsorships as the food marketing tactic that is evident in the information.[1]

b [The reason why the representative of the fast food company that sells this chicken burger may have avoided mentioning the large amount of sodium that their food product contains is because this reveals that the product is unhealthy and may contribute to the development of diet-related diseases, such as cardiovascular disease.[1]] [If people were aware of the sodium content of the chicken burger, this would make them less likely to purchase it, which would reduce the sales and minimise the profits of the commercial company.[2]]

- ✓ ✗ I have explained why the representative of the fast food company that sells this chicken burger may have avoided mentioning the large amount of sodium that their food product contains.[1]

- ✓ ✗ I have explained why the representative of the fast food company that sells this chicken burger may have avoided mentioning the large amount of sodium that their food product contains in further detail by providing another point of information.[2]

- ✓ ✗ In my response, I have referred to the scenario.

c [The nutrition information that is sourced from the representative is acting as a barrier to healthy eating for Dakari.[1]] [This is because the nutrition information is misleading and only gives a limited view of the nutritional profile of the chicken burger. For example, it presents the chicken burger as healthy because it contains lettuce and tomato, but does not mention the large amounts of sodium that it contains. This prevents Dakari from making accurately informed food choices that promote healthy eating.[2]]

- ✓ ✗ I have identified that the nutrition information that is sourced from the representative is acting as a barrier to healthy eating for Dakari.[1]

- ✓ ✗ I have explained how the nutrition information that is sourced from the representative is acting as a barrier to healthy eating for Dakari.[2]

- ✓ ✗ I have referred to the character's name in my response (Dakari), and to the scenario.

9 a [Friends is the social factor that is influencing Lucia's eating patterns.[1]] [This social factor is acting as a barrier to healthy eating for Lucia, because her friends have been talking about weight loss and dieting, which has contributed to Lucia regularly skipping meals.[2]]

- ✓ ✗ I have identified friends as the social factor that is influencing Lucia's eating patterns.[1]

- ✓ ✗ I have outlined how this social factor is acting as a barrier to healthy eating for Lucia.[2]

- ✓ ✗ I have referred to the character's name in my response (Lucia), and to the scenario.

b [Underweight is a health consequence of regularly skipping meals that Lucia may experience.[1]]

- ✓ ✗ I have identified one health consequence of regularly skipping meals that Lucia may experience.[1]

Other acceptable answers include:

- nutrient deficiencies.

c ⌈If Lucia develops becomes underweight due to regularly skipping meals, this means that her body weight is below a healthy weight range, which indicates that her nutritional and energy needs are not being met.**1**⌉⌈This means that Lucia may not have sufficient energy to participate in social activities, such as seeing her friends and maintaining positive relationships with them, negatively impacting her social health and wellbeing.**2**⌉

✓ ✗ I have outlined the health consequence identified in **part b**.**1**

✓ ✗ I have outlined how this health consequence could impact Lucia's health and wellbeing, with reference to a health and wellbeing dimension.**2**

✓ ✗ I have referred to the character's name (Lucia) in my response, and to the scenario.

Questions from multiple chapters

10 a ⌈Iron has an important role in maintaining optimal energy levels, because it is an essential component of haemoglobin, which is a substance in red blood cells that transports oxygen around the body. By consuming adequate amounts of iron, this means that cells have a sufficient oxygen supply to produce energy.**1**⌉⌈This means that Australian youth have adequate energy levels to complete daily activities, promoting physical health and wellbeing.**2**⌉

✓ ✗ I have described a function of iron in the human body, and explained how adequate iron consumption promotes this function.**1**

✓ ✗ I have explained how adequate iron intake promotes health and wellbeing, with reference to a health and wellbeing dimension.**2**

b ⌈Nutritional imbalance is when nutrients are not present in the human body in appropriate amounts.**1**⌉

✓ ✗ I have explained what is meant by nutritional imbalance.**1**

c ⌈Iron-deficiency anaemia is a health consequence of under-consuming iron. This condition means that the oxygen requirements of cells are not being met, preventing them from functioning effectively.**1**⌉ ⌈Australian youth who have iron-deficiency anaemia may experience symptoms, such as fatigue, weakness, headaches, and shortness of breath, increasing morbidity among Australian youth.**2**⌉

✓ ✗ I have outlined one health consequence of under-consuming iron.**1**

✓ ✗ I have outlined how this health consequence may impact the health status of Australian youth, with reference to a health status indicator.**2**

d ⌈Leafy green vegetables, such as spinach,**1**⌉⌈and lean red meat, such as beef, are food sources of iron that Australian youth could consume to increase their iron intake.**2**⌉

✓ ✗ I have identified one food source of iron.**1**

✓ ✗ I have identified another food source of iron.**2**

Other acceptable answers include:

- poultry, such as turkey and chicken
- oily fish, such as sardines and mackerel

- whole-grain products, such as bread and brown rice
- other food sources that contain iron.

Unit 1 AOS 2 Review

1 a ⌈Iron is an essential component of haemoglobin, which is a substance in red blood cells that transports oxygen around the body so that cells have a sufficient oxygen supply to produce energy.**1**⌉

✓ ✗ I have outlined the function of iron for the human body.**1**

b ⌈Lean red meat, such as beef,**1**⌉⌈and leafy green vegetables, such as spinach, are food sources that contain iron.**2**⌉

✓ ✗ I have identified one food source that contains iron.**1**

✓ ✗ I have identified another food source that contains iron.**2**

Other acceptable answers include:

- poultry, such as turkey and chicken
- whole-grain products, such as bread and brown rice
- other food sources that contain iron.

2 a ⌈The Healthy Eating Pyramid is a food selection model that could help Raj improve his diet.**1**⌉⌈The pyramid format clearly shows Raj the proportions in which different foods should be consumed as part of a healthy and balanced diet based on the layer of the pyramid they appear in. For example, Raj would easily understand that fruits, vegetables, and legumes should be making up a large proportion of his diet because they are part of the 'foundation layer' of the pyramid.**2**⌉⌈Additionally, the Healthy Eating Pyramid indicates that added sugars should be limited or avoided, therefore Raj would know he should limit his intake of added sugars, such as energy drinks.**3**⌉

✓ ✗ I have identified one food selection model that could help Raj improve his diet.**1**

✓ ✗ I have discussed one way in which my chosen food selection model could help Raj improve his diet.**2**

✓ ✗ I have discussed another way in which my chosen this food selection model could help Raj improve his diet.**3**

✓ ✗ I have referred to the character's name in my response (Raj), and to the scenario.

Other acceptable answers include:

- Health Star Rating System
- Australian Guide to Healthy Eating.

b ⌈The Healthy Eating Pyramid does not take composite foods that contain more than one nutrient into account, only providing information on foods that are classified into one food group. This means that it may be difficult for people to apply the dietary advice of this food selection model to their everyday food intake that often contains these composite foods.**1**⌉

✓ ✗ I have outlined one limitation of the food selection model I identified in **part a**.**1**

Other acceptable answers include:

- other limitations of the model selected in **part a**. For example, another limitation of the Healthy Eating Pyramid is that it does not provide information on the appropriate daily serving size of each food group.

c [Occupation is a social factor that is influencing Raj's eating patterns.**1**] [Raj's work is acting as a barrier to healthy eating because he is working long hours and late into the night at McDonald's, and is subsequently regularly eating fast food for dinner.**2**]

✓ ✗ I have identified one social factor that is influencing Raj's eating patterns.**1**

✓ ✗ I have outlined whether this factor is acting as an enabler or barrier to healthy eating for Raj.**2**

✓ ✗ I have referred to the character's name in my response (Raj), and to the scenario.

d [Being overweight and obese is a health consequence of over-consuming sugary drinks.**1**] [This is because sugar is a simple carbohydrate that is rapidly digested, which does not promote feelings of fullness. This may cause a person to quickly become hungry again and overeat, contributing to weight gain, and becoming overweight or obese.**2**]

✓ ✗ I have identified a health consequence of over-consuming sugary drinks.**1**

✓ ✗ I have explained this health consequence of over-consuming sugary drinks.**2**

Other acceptable answers include:

- the development of dental caries.

3 [Water plays an important role in numerous bodily processes, including chemical reactions involved in energy production, which enables cells to produce energy effectively.**1**]

✓ ✗ I have described a function of water for the human body.**1**

Other acceptable answers include:

- hydration, and is a key component of cells, blood, urine, and perspiration, and can be found in fat, soft tissue, muscles, and bones.
- distributes nutrients and oxygen throughout the body, acting as a transportation system that brings essential substances to cells.
- functions to regulate body temperature, aid digestion and maintain the health of cells.

4 **a** [Risk nutrients are nutrients that increase the likelihood of developing diet-related diseases when consumed,**1**] [whereas protective nutrients are nutrients that decrease the likelihood of developing a diet-related diseases when consumed.**2**]

✓ ✗ I have described the meaning of risk nutrients.**1**

✓ ✗ I have described the meaning of protective nutrients.**2**

✓ ✗ I have used a comparison word, such as 'whereas'.

b [The WHO recommends that free sugars (which are sugars that are often added to food) should make up less than 10% of total energy intake.**1**] [This is similar, however not as specific, as the advice provided by the Australian Guide to Healthy Eating, which states that foods containing added sugar should be eaten 'only sometimes and in small amounts'.**2**]

✓ ✗ I have explained the advice on 'free sugar consumption' that is provided by the WHO.**1**

✓ ✗ I have compared this advice to the advice provided by the Australian Guide to Healthy Eating.**2**

✓ ✗ I have used comparison words, such as 'similar'.

c [It is important to evaluate the validity of a source of nutrition information because it ensures that the nutrition information being accessed is accurate and reliable, and will be successful in positively informing dietary choices.**1**]

✓ ✗ I have outlined the importance of evaluating the validity of sources of nutrition information.**1**

Other acceptable answers include:

- any other reason that appropriately explains why it is important to evaluate the validity of sources of nutrition information.

d [Websites are not always a valid source of nutrition information.**1**] [This is because, while some websites created by government agencies or renowned and trusted nutrition organisations usually provide accurate and reliable nutrition information, not all information published on websites is valid. This is because there are no restrictions as to who can create a website, and people who are not qualified to offer nutrition information can therefore provide dietary advice online.**2**]

✓ ✗ I have stated that websites are not always a valid source of nutrition information.**1**

✓ ✗ I have discussed the validity of websites by justifying why I have evaluated websites as not always being a valid source of nutrition information.**2**

e [The nutrition information provided from the WHO website is a valid source of nutrition information.**1**] [This is because the WHO is a government organisation that generally provides only accurate and reliable nutrition information. Additionally, the nutrition information provided by the Director of the WHO's Department of Nutrition for Health and Development, Dr Francesco Branca, is likely to be very reliable as she is likely qualified in the field of nutrition.**2**]

✓ ✗ I have stated that the nutrition information from the WHO website is a valid source of information.**1**

✓ ✗ I have justified why I have evaluated the information from the WHO website as valid.**2**

5 **a** [Vitamin A enables cell growth and differentiation, and is therefore essential for the formation and maintenance of organs and bodily structures.**1**] [Additionally, vitamin A promotes the health and development of the skin and eyes.**2**]

✓ ✗ I have described a function of vitamin A in the body.**1**

✓ ✗ I have described another function of vitamin A in the body.**2**

Other acceptable answers include:

- vitamin A also supports immune function.

b [Orange and yellow fruits, such as carrots,**1**] [as well as dairy products, such as milk, are food sources that contain vitamin A.**2**]

✓ ✗ I have identified one food source that contains vitamin A.**1**

✓ ✗ I have identified another food source that contains vitamin A.**2**

Other acceptable answers include:

- leafy green vegetables, such as broccoli and spinach
- meat products, such as lean meats and liver
- other food sources that contain vitamin A.

6 a [The Health Star Rating System is the food selection model that calculates the nutritional value of packaged foods and assigns a star rating to it.**1**]

✓ ✗ I have identified the Health Star Rating System as the food selection model that calculates the nutritional value of packaged foods and assigns a star rating to it.**1**

b [By providing consumers with a star rating that indicates how healthy a product is, the Health Star Rating System enables Australian youth to quickly and easily compare the nutritional value of similar packaged foods while shopping.**1**][This means that young people are more likely to purchase healthier groceries while shopping, helping them to achieve a healthier and balanced diet, therefore promoting healthy eating among youth.**2**]

✓ ✗ I have outlined an aspect of the Health Star Rating System.**1**

✓ ✗ I have outlined how this aspect of the Health Star Rating System promotes healthy eating among youth.**2**

c [A strength of the Health Star Rating System is that the star system provides a star rating is simple and easy to understand.**1**][Another strength of the Health Star Rating System is that it may motivate food manufacturers to modify the ingredients in their packaged food products to increase the nutritional value, and the health star rating, of their food product.**2**]

✓ ✗ I have outlined one strength of the Health Star Rating System.**1**

✓ ✗ I have outlined another strength of the Health Star Rating System.**2**

7 a [Avocado**1**][and tuna are food sources that contain 'good' fats.**2**]

✓ ✗ I have identified one food source that contains 'good' (monounsaturated and polyunsaturated) fats.**1**

✓ ✗ I have identified another food source that contains 'good' (monounsaturated and polyunsaturated) fats.**2**

Other acceptable answers include:

- nuts
- olive oil
- oily fish
- other food sources that contain 'good' (monounsaturated and polyunsaturated) fats.

b [Fried 'fast' food, such as fried hot chips, contains large amounts of saturated and trans fats.**1**][Consuming fried 'fast' food that contains these 'bad' fats increases levels of LDL cholesterol in the body.**2**] [In turn, this increases the risk of cardiovascular disease, including heart attack and stroke. This decreases the functioning of the body and its systems, negatively impacting physical health and wellbeing.**3**]

✓ ✗ I have identified an example of a food source that contains 'bad' (saturated and trans) fats.**1**

✓ ✗ I have described why these fats are considered 'bad'.**2**

✓ ✗ I have described how these fats can negatively impact health and wellbeing, with reference to a health and wellbeing dimension.**3**

8 a [For both Australian boys and girls aged 2-18 years, 'vegetables and legumes/beans' was the food group that was under-consumed by the highest proportion of individuals in 2011-12.**1**][For example, 99.6% and 99.7% of boys and girls respectively were not consuming the daily recommended serves of vegetables and legumes/beans, compared to 53.5% and 54% of boys and girls respectively not consuming the daily recommended serves of fruit.**2**]

✓ ✗ I have identified 'vegetables and legumes/beans' as the food group that the highest proportion of Australian youth under-consumed in 2011-12.**1**

✓ ✗ I have used data from the table to support my response.**2**

✓ ✗ I have provided the context of the data.

✓ ✗ I have included the correct units of measurement (percent), ensuring to check the table headings.

b [Nutritional imbalance is when nutrients are not present in the human body in appropriate amounts.**1**]

✓ ✗ I have outlined the meaning of nutritional imbalance.**1**

c [Colorectal cancer is a long-term health consequence of under-consuming fruits and vegetables.**1**][This is because fruits and vegetables are a rich source of insoluble fibre, which promotes a healthy bowel environment and facilitates regular bowel movements. The underconsumption of insoluble fibre prevents the effective removal of waste from the body, decreasing the health of the colon and contributing to the development of colorectal cancer in the long-term.**2**]

✓ ✗ I have explained a long-term health consequence of under-consuming fruits and vegetables.**1**

✓ ✗ I have explained a long-term health consequence of under-consuming fruits and vegetables in further detail by providing another point of information.**2**

Other acceptable answers include:

- being overweight and obese, so long as you referred to soluble fibre, rather than insoluble fibre, in your response when talking about body weight.

d [Soluble fibre slows the emptying of the stomach, which increases feelings of fullness.**1**][In comparison, insoluble fibre functions to promote a healthy bowel environment and facilitate regular bowel movements. It absorbs water to add bulk to faeces, which assists with the removal of waste from the body.**2**]

✓ ✗ I have explained the function of soluble fibre.**1**

✓ ✗ I have explained the function of insoluble fibre.**2**

✓ ✗ I have used comparison words, such as 'in comparison'.

9 Students needed to display that they had a thorough understanding of the question by demonstrating:

- an effectively structured response

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- that the stimulus materials had been understood, connected, and synthesised

- that the student's own understanding had been used to formulate the response

- that all of the stimulus materials are referenced in the response.

In relation to marketing and food promotion to youth, discussion of the following would be awarded:

- Discussion of how food marketing tactics can influence youth's diet-related choices.

- Discussion of both source 1 and source 2 would be appropriate here.

- In particular, students could discuss the influence of social media and how it can be used as a marketing tactic to impact youth health behaviours. Students could also discuss the use of influential figures as a marketing tactic to influence youth health behaviours.

- Students could use information from source 2 to discuss how these marketing tactics could influence Aoife's ability to make healthy diet-related choices.

- It would be appropriate to support discussion with evidence of the impact of marketing on diet-related behaviours among youth, using data from the table in source 1. For example, students could discuss how nearly 53% of students surveyed in the NaSSDA survey reported trying a new food or drink product that they had seen advertised.

- Students could also discuss the impact of product packaging on youth health behaviours. Reference to the product packaging visible in the advertisements in source 2, and how these could influence Aoife's diet-related choices would be appropriate.

- Overall, students would need to show a thorough understanding of how marketing and food promotion can influence youth dietary choices.

- Students would need to make regular reference to Aoife.

In relation to enablers and barriers to healthy eating among youth, discussion of the following would be awarded:

- Discussion of a range of factors that can act as enablers or barriers to healthy eating.

- Discussion of what is meant by enablers to healthy eating and barriers to healthy eating.

- Discussion of the following factors that could influence Aoife's eating habits that were evident in source 3: family, friends, income, education, occupation, nutrition information sourced from social media or advertising. You may have discussed other factors that could influence Aoife's eating habits, so long as they were adequately evident in the information provided between the sources.

- Students could use information from Aoife's profile in source 3 to discuss how different factors could influence her eating patterns. More specifically, students should make mention of these factors as being either enablers or barriers to healthy eating, and should explain *why* and *how* they could influence Aoife's eating habits in a certain way. Students should also identify whether each factor is a social, cultural, or political factor.

- For example, students could discuss the social factor of family: Aoife's mother's occupation is a dietitian, meaning Aoife has likely been exposed to qualified dietary advice, which could improve her knowledge about what foods are healthy and unhealthy. Additionally, students could discuss the social factor of occupation: Aoife works at '24/7 Dunkin Donuts' and as she often works long hours, she does not always eat at home, often purchasing a quick and convenient

meal from the food court when she works. Students could discuss *how* these factors likely influence Aoife's diet-related choices.

- Overall, students would need to show a thorough understanding of the range of factors that can influence youth dietary choices.

- Students would need to make regular reference to Aoife.

5A   Priority areas of youth health and wellbeing

Theory-review questions

1   B. False.   *Youth health and wellbeing is not at an optimal level, and there are many areas of youth health and wellbeing that require health action.*

2   A. True.   *Since youth health and wellbeing is suboptimal, health action is needed to help make positive change for youth health and wellbeing.*

3   I; II.   *Bullying and discrimination, and sexual health, are both areas of youth health and wellbeing that require health action. On the other hand, ageing is not a concern for youth health and wellbeing, as people in youth are young and are yet to experience health concerns associated with ageing.*

4   B. False.   *Bullying and discrimination can occur in workplaces, but it also occurs in schools, which means it is an issue for youth health and wellbeing that requires health action.*

5   A. True.   *Stress is an issue for many young people and can negatively impact all health and wellbeing dimensions.*

6   B. False.   *Although it is illegal for young people to use alcohol and drugs, many of them still do, and therefore it is an issue for youth health and wellbeing that requires health action.*

7   I; II; III.   *Education, employment, and friends and family are all factors that influence the health inequalities experienced by youth.*

Skills

Data analysis

8   B   **9**   A   **10**   II; III

Exam-style questions

11   [Health action refers to a range of behaviours and processes that have the aim of creating positive change and achieving health outcomes for a health issue, cause, or interest.[1]]

   ✓   ✗   I have outlined what is meant by health action.[1]

12   **a**   [An area of youth health and wellbeing that requires action is weight issues and related health concerns.[1]]

   ✓   ✗   I have identified an area of youth health and wellbeing that requires health action.[1]

Other acceptable answers include:

- stress
- alcohol and drugs
- injury
- other areas of youth health and wellbeing that require health action.

b   [Weight issues and related health concerns can involve body weight, eating patterns, and physical activity.[1]][Many youth struggle to meet their nutritional and physical requirements which can result in them not being at a healthy weight; therefore, this is an issue for youth health and wellbeing and requires health action.[2]]

   ✓   ✗   I have explained what the area of youth health and wellbeing identified in **part a** involves.[1]

   ✓   ✗   I have explained why this requires health action.[2]

13   **a**   [A factor that contributes to the health inequalities experienced by youth is education.[1]]

   ✓   ✗   I have identified a factor that contributes to the health inequalities experienced by youth.[1]

Other acceptable answers include:

- employment
- friends
- family
- other factors that contribute to the health inequalities experienced by youth.

b   [Education can involve the resources provided by schools for certain youth health and wellbeing issues, such as sexual health.[1]][Youth are often not provided with adequate educational resources regarding sexual health, and therefore may experience poorer sexual health than other age groups.[2]]

   ✓   ✗   I have explained what the factor identified in **part a** involves.[1]

   ✓   ✗   I have explained how this factor contributes to the health inequalities experienced by youth.[2]

14   [Stress can increase feelings of irritability and anger, which can negatively impact emotional health and wellbeing.[1]][For example, Nadia has been experiencing irritability and often has emotional outbursts, as she yells at her family, meaning she is struggling to respond to her emotions appropriately.[2]][Stress can also negatively affect social health and wellbeing by impacting relationships.[3]][For example, Nadia has been busy with school commitments and has neglected her relationships which has led to poor communication with friends as Nadia doesn't have time to go on her phone and talk to her friends.[4]]

   ✓   ✗   I have discussed how stress can impact health and wellbeing, with reference to a health and wellbeing dimension.[1]

   ✓   ✗   I have discussed how stress can impact health and wellbeing, with reference to an example from the case study.[2]

   ✓   ✗   I have discussed how stress can impact health and wellbeing, with reference to a health and wellbeing dimension.[3]

   ✓   ✗   I have discussed how stress can impact health and wellbeing, with reference to an example from the case study.[4]

   ✓   ✗   I have referred to my character's name in my response (Nadia), and to the scenario.

15   **a**   [Discrimination refers to the unjust treatment of people due to their membership within a social category.[1]]

   ✓   ✗   I have outlined what is meant by discrimination.[1]

b   [An individual may be discriminated against due to their race.[1]]

   ✓   ✗   I have provided one reason why an individual may be discriminated against.[1]

Other acceptable answers include:

- religion
- sex
- gender identity
- other reasons why people may be discriminated against.

5A

c [Discrimination can negatively impact social health and wellbeing.[1]] [This is because it can lead to individuals feeling isolated from others and struggling to form positive relationships with those around them if they are treating them badly.[2]]

✓ ✗ I have suggested how discrimination may negatively impact health and wellbeing, with reference to a health and wellbeing dimension.[1]

✓ ✗ I have suggested how discrimination may negatively impact health and wellbeing in further detail, with reference to a component of a health and wellbeing dimension.[2]

Other acceptable answers include:

- other dimensions of health and wellbeing, as long as adequately linked to discrimination.

16 a [A comparison in the graph referring to alcohol use in young people aged 14-24 in 2019 is that young people are more likely to be single-occasion risky drinkers rather than lifetime risky drinkers.[1]] [For example, approximately 30% of young people in 2019 were considered single-occasion risky drinkers, which was significantly higher than the approximately 10.5% of young people in 2019 being considered lifetime risky drinkers.[2]]

✓ ✗ I have outlined a general comparison between alcohol use in young people in terms of single occasion risky drinkers and lifetime risk drinkers.[1]

✓ ✗ I have referred to data in the graph to support my answer.[2]

✓ ✗ I have provided the context of the graph.

✓ ✗ I have included the correct units of measurement (percent), ensuring to check the axis titles.

✓ ✗ I have used qualifiers when referring to the data, such as 'approximately'.

✓ ✗ I have used a comparison word in my response, such as 'than'

b [The priority area of youth health and wellbeing reflected in the graph is alcohol and drug use.[1]]

✓ ✗ I have identified the priority area of youth health and wellbeing reflected in the graph.[1]

c [Alcohol and drug use involves youth illegally consuming alcohol and drugs.[1]] [A concerning number of young people consume alcohol before the age of 18 and use illegal drugs which can lead to many negative implication, such as leading to injuries, therefore explaining why it requires health action.[2]]

✓ ✗ I have explained what the priority area of youth health and wellbeing reflected in the graph involves.[1]

✓ ✗ I have explained why this requires health action.[2]

d [The use of drugs and alcohol can negatively impact mental health and wellbeing.[1]] [This is because it can alter the balance of chemicals in the brain, which can increase levels of stress and anxiety and lead to concentration difficulties.[2]]

✓ ✗ I have provided one way the priority area of youth health and wellbeing reflected in the graph negatively impacts health and wellbeing, with reference to a health and wellbeing dimension.[1]

✓ ✗ I have provided one way the priority area of youth health and wellbeing reflected in the graph negatively impacts health and wellbeing in further detail, with reference to a component of a health and wellbeing dimension.[2]

Questions from multiple lessons

17 a [The sociocultural factor evident in the graph is socioeconomic status.[1]]

✓ ✗ I have identified the sociocultural factor evident in the graph as socioeconomic status.[1]

b [Injury is a term that encompasses different health-related incidents that contribute to mortality and morbidity, such as road traffic and vehicle accidents.[1]]

✓ ✗ I have outlined what is meant by injury.[1]

c [Injury can involve being in hospital, which can negatively impact mental health and wellbeing.[1]] [This is because being in hospital can increase stress and anxiety levels.[2]]

✓ ✗ I have described how injury impacts health and wellbeing, with reference to a dimension of health and wellbeing.[1]

✓ ✗ I have described how injury impacts health and wellbeing in further detail, with reference to a component of a health and wellbeing dimension.[2]

Other acceptable answers include:

- other dimensions of health and wellbeing, as long as adequately linked to injury.

d [A young person's peer group may encourage dangerous risk-taking behaviours, such as physical fighting or unsafe driving, which can increase injury in youth.[1]]

✓ ✗ I have outlined how the sociocultural factor peer group may increase injury in youth.[1]

5B Youth health and wellbeing programs

Theory-review questions

1 B. False. *There are lots of different programs, at both government and non-government levels, that can improve youth health and wellbeing in Australia.*

2 A. True. *Youth health and wellbeing programs can be run by the government, meaning they are developed, implemented, and funded by the government. On the other hand, youth health and wellbeing programs can be non-government, meaning they are developed, implemented, and funded by people and communities outside of the government.*

3 I; II; III. *Alcohol use, obesity, and body image are all considered to be health and wellbeing issues relating to youth. Therefore, youth health and wellbeing programs may address these issues.*

4 A. True. *Youth health and wellbeing programs can reduce illness and disease, such as liver disease from unsafe alcohol use, which promotes physical health and wellbeing.*

5 B. False. *Youth health and wellbeing programs can benefit all dimensions of health and wellbeing, regardless of the specific issue they focus on.*

5B

Skills

Unpacking the case study

6 A   **7** A   **8** B

Exam-style questions

9 ⌈A youth health and wellbeing program is This Girl Can.[1]⌉

✓ ✗ I have identified a youth health and wellbeing program.[1]

Other acceptable answers include:

- other youth health and wellbeing programs.

10 ⌈Government organisations and programs are initiatives that are developed, implemented, and solely funded by the government,[1]⌉ ⌈whereas non-government organisations and programs are initiatives that are developed, implemented, and funded by people or communities outside of the government.[2]⌉

✓ ✗ I have outlined what is meant by government organisations and programs.[1]

✓ ✗ I have outlined what is meant by non-government organisations and programs.[2]

✓ ✗ I have used comparison words, such as 'whereas'.

11 ⌈A youth health and wellbeing program is the Coward's Punch Campaign.[1]⌉ ⌈This program focuses on reducing injury and harm from one-punch attacks in young Australians.[2]⌉

✓ ✗ I have identified a youth health and wellbeing program.[1]

✓ ✗ I have described this youth health and wellbeing program.[2]

12 ⌈A youth health and wellbeing program is the Dove Self-Esteem Project.[1]⌉ ⌈This program focuses on improving self-esteem and promoting positive body image in young Australians.[2]⌉ ⌈The Dove Self-Esteem Project aims to increase self-esteem in youth, which can also help increase confidence, therefore promoting mental health and wellbeing.[3]⌉ ⌈The Dove Self-Esteem project also aims to increase a young person's positive emotions towards themselves and their body, which can help youth experience a wider range of emotions, rather than just negative emotions. Therefore, this promotes emotional health and wellbeing.[4]⌉

✓ ✗ I have identified a youth health and wellbeing program.[1]

✓ ✗ I have described this youth health and wellbeing program.[2]

✓ ✗ I have discussed how this youth and wellbeing program impacts health and wellbeing, with reference to a health and wellbeing dimension.[3]

✓ ✗ I have discussed how this youth health and wellbeing program impacts health and wellbeing, with reference to another health and wellbeing dimension.[4]

13 **a** ⌈The youth health and wellbeing issue addressed by the program described in the information provided is alcohol and drug use.[1]⌉

✓ ✗ I have identified the youth health and wellbeing issue addressed by the program described in the information provided as alcohol and drug use.[1]

b ⌈The youth health and wellbeing program, Positive Choices, is a government organisation.[1]⌉ ⌈This is because it was developed through and is funded by the Australian Government Department of Health.[2]⌉

✓ ✗ I have identified the youth health and wellbeing program described in the information provided as a government organisation.[1]

✓ ✗ I have justified why this program is a government organisation.[2]

c ⌈Positive Choices promotes physical health and wellbeing by reducing alcohol and drug use in youth.[1]⌉ ⌈Through this, youth are more likely to be free from illnesses and diseases associated with alcohol and drug use, such as liver disease.[2]⌉ ⌈Positive Choices also promotes social health and wellbeing by encouraging young people to look out for their friends and peers who may be at risk due to unsafe alcohol and drug use.[3]⌉ ⌈This can help young people maintain positive and productive relationships with their friends because they are taking care of and looking out for each other.[4]⌉

✓ ✗ I have explained how the program described in the information promotes health and wellbeing, with reference to a health and wellbeing dimension.[1]

✓ ✗ I have described in further detail how the program described in the information promotes health and wellbeing, with reference to a specific component of health and wellbeing.[2]

✓ ✗ I have explained how the program described in the information promotes health and wellbeing, with reference to another health and wellbeing dimension.[3]

✓ ✗ I have described in further detail how the program described in the information promotes health and wellbeing, with reference to a specific component of health and wellbeing.[4]

Questions from multiple lessons

14 ⌈Youth may consume diets that are unhealthy and nutritionally inadequate, such as over-consuming added sugar and salt, and under-consuming vitamins and minerals.[1]⌉ ⌈A youth program that educates young people on the importance of consuming a diet with adequate nutrition and provides tips and advice on how to implement this in a young person's daily life may help reduce inadequate nutrition youth.[2]⌉

✓ ✗ I have explained inadequate nutrition in youth.[1]

✓ ✗ I have explained how a youth program may reduce inadequate nutrition in youth.[2]

Note: In the second mark, you could briefly explain a specific example of a youth program that addresses inadequate nutrition in youth that you knew about for the second mark, if you knew of one. However, this is not necessary to receive full marks.

5B

5C Community values and expectations of youth health and wellbeing programs

Theory-review questions

1 A. True. *The values of a community can influence their expectations of youth health and wellbeing programs, which in turn can influence the way these programs are developed.*

2 B. False. *Values and expectations are often personal and subjective; therefore, not all communities have the same values and expectations.*

3 I; II; III. *Communities often value respect, honesty, and privacy, along with many other things.*

4 A. True. *When youth health and wellbeing programs listen to the values and expectations of the community, they are more likely to be successful.*

5 B. False. *Although communities do value resilience, this does not mean they do not expect youth health and wellbeing programs to encourage resilience. In fact, it means that they do expect resilience to be reflected in programs for youth health and wellbeing.*

Skills

Unpacking the case study

6 A   **7** A   **8** B

Exam-style questions

9 [A community value and expectation of youth health and wellbeing programs is that they are targeted and relevant.[1]]

✓ ✗ I have identified a community value and expectation of youth health and wellbeing programs.[1]

Other acceptable answers include:

- respect
- accessibility
- privacy and confidentiality
- other community values and expectations of youth health and wellbeing programs.

10 a [Community values refer to intangible ideas or concepts that are viewed as important or worthy by a community, such as being respectful.[1]]

✓ ✗ I have outlined what is meant by community values.[1]

b [Community expectations refer to beliefs or desires of a community that something will or should happen.[1]]

✓ ✗ I have outlined what is meant by community expectations.[1]

11 [Respect is a community value because many communities believe that being treated with dignity and care is important for self-esteem and self-worth.[1]][Therefore, this leads to communities expecting that youth health and wellbeing programs will treat young people with respect so they can have the self-esteem to take care of their health and wellbeing.[2]]

✓ ✗ I have identified a community value and expectation of youth health and wellbeing programs and explained how it is a community value.[1]

✓ ✗ I have explained how this value leads to an expectation of youth health and wellbeing programs.[2]

12 a [Effectiveness involves positive change which communities value, as many people believe it is important to consistently be making progress and improvements within their lives and within their communities.[1]][This means that communities expect youth health and wellbeing programs to reflect effectiveness, which can involve ensuring research-based strategies are being recommended to young people and that their progress is being measured.[2]]

✓ ✗ I have explained how effectiveness is a community value.[1]

✓ ✗ I have explained how effectiveness is a community expectation.[2]

b [Effectiveness is important because it involves using research and evidence-based techniques to ensure that positive change and results can be made in relation to youth health and wellbeing issues.[1]][This is needed for successful youth health and wellbeing programs, because it means progress is being made and people will want to use a program more if it is generating real and positive change.[2]]

✓ ✗ I have justified why effectiveness is needed for successful youth health and wellbeing programs by discussing a reason for its importance.[1]

✓ ✗ I have explained why effectiveness is needed for successful youth health and wellbeing health programs based on the reason previously discussed.[2]

13 a [A community value and expectation reflected in the information provided is accessibility.[1]][This is because the program's flyer provided a link to access the information in different languages, which helps to encourage and enable more people to access and use the program.[2]]

✓ ✗ I have identified a community value and expectation reflected in the information provided.[1]

✓ ✗ I have justified my answer by providing evidence from the case study.[2]

Other acceptable answers include:

- target and relevance, as the school has a problem with bullying and therefore has a program targeting this issue.
- effectiveness, as the ways to talk about bullying in the flyer were helpful for Omar and his friends and encouraged them to be involved in positive change.
- empowerment and resilience, as the flyer encouraged young people to speak up about bullying and provided ways to do so.

b [Accessibility is a community value because many communities value the need to treat people fairly and provide people with equal opportunities.[1]][Therefore, many communities expect youth health and wellbeing programs to be accessible for all, as it means people have equal opportunities to improve their health and wellbeing.[2]]

✓ ✗ I have explained how the community value and expectation identified in part a is a community value.[1]

✓ ✗ I have explained how the community value and expectation identified in **part a** is a community expectation.[2]

c ⎡Accessibility is important because it means all people, regardless of personal factors, such as race or gender, have the ability to access resources and therefore people are treated with equality.**1**⎤⎡This is needed for successful youth health and wellbeing programs because it means all people in a community can benefit from a program, not just a select group of people, which will result in the maximum amount of people experiencing better health and wellbeing.**2**⎤

✓ ✗ I have discussed the importance of the community value and expectation identified in **part a**.**1**

✓ ✗ I have discussed how the community value and expectation identified in **part a** is needed for the successful development of youth health and wellbeing programs.**2**

Questions from multiple lessons

14 ⎡A youth health and wellbeing program is the Dove Self-Esteem Project.**1**⎤⎡This program focuses on improving self-esteem and self-confidence, and promoting positive body image in young Australians.**2**⎤⎡This program reflects empowerment and resilience as it aims to empower young people to feel better about themselves and encourages them to develop resilience through providing them with strategies and skills to form positive thoughts about their bodies.**3**⎤

✓ ✗ I have identified a youth health and wellbeing program.**1**

✓ ✗ I have described this youth health and wellbeing program.**2**

✓ ✗ I have discussed **one** community value and expectation reflected within this program.**3**

Chapter 5 test

1 ⎡A youth health and wellbeing issue that requires health action is injury.**1**⎤

✓ ✗ I have identified a youth health and wellbeing issue that requires health action.**1**

Other acceptable answers include:

- alcohol and drugs
- weight issues and related health concerns
- stress
- other youth health and wellbeing issues.

2 a ⎡The youth health and wellbeing issue reflected in the information is bullying.**1**⎤

✓ ✗ I have identified the youth health and wellbeing issue reflected in the information provided as bullying.**1**

b ⎡Bullying can be physical, verbal, or social and involves actions that intentionally aim to harm, hurt, or cause pain, and often occurs in schools.**1**⎤⎡A concerning number of youth experience bullying in school, and due to its negative implications, such as an increased risk of suicide due to bullying, the issue of bullying requires health action.**2**⎤

✓ ✗ I have outlined what the youth health and wellbeing issue identified in **part a** involves.**1**

✓ ✗ I have outlined why this issue requires health action.**2**

c ⎡Bullying can involve being treated unfairly and cruelly, which can negatively impact mental health and wellbeing.**1**⎤⎡This is because being treated in such a way can lead victims to believe that they are unworthy, therefore decreasing self-esteem and self-confidence.**2**⎤

✓ ✗ I have explained how the issue identified in **part a** impacts health and wellbeing, with reference to a health and wellbeing dimension.**1**

✓ ✗ I have described in further detail how the issue identified in **part a** impacts health and wellbeing, with reference to a component of a health and wellbeing dimension.**2**

3 a ⎡Sexual health is a broad term which describes a state of physical, social, and mental health in relation to sexuality.**1**⎤

✓ ✗ I have outlined what is meant by sexual health.**1**

b ⎡Poor sexual health can involve experiencing sexually transmitted infections (STIs) or sexually transmitted diseases (STDs), which can negatively impact physical health and wellbeing.**1**⎤⎡This is because experiencing STIs or STDs means the body is not free from disease or illness and such diseases can also impair the functioning of the body and its systems.**2**⎤

✓ ✗ I have suggested how poor sexual health can negatively impact health and wellbeing, with reference to a health and wellbeing dimension.**1**

✓ ✗ I have suggested how poor sexual health can negatively impact health and wellbeing in further detail, with reference to a component of a health and wellbeing dimension.**2**

4 a ⎡A youth health and wellbeing program is This Girl Can.**1**⎤⎡This Girl Can is a Victorian campaign that aims to increase physical activity in females and inspire women, through providing resources, such as workout videos and motivational stories.**2**⎤

✓ ✗ I have identified a youth health and wellbeing program.**1**

✓ ✗ I have described this youth health and wellbeing program.**2**

b ⎡This Girl Can aims to increase physical activity, which can promote emotional health and wellbeing.**1**⎤⎡This is because physical activity can help provide a positive outlet for emotions, such as anger, and therefore can help females manage their emotions in a regulated way.**2**⎤

✓ ✗ I have explained how the program identified in **part a** promotes health and wellbeing, with reference to a health and wellbeing dimension.**1**

✓ ✗ I have described in further detail how the program identified in **part a** promotes health and wellbeing, with reference to a component of health and wellbeing.**2**

5 a ⎡The youth health and wellbeing issue that requires health action reflected in the graph is weight issues and related health concerns.**1**⎤

✓ ✗ I have identified the youth health and wellbeing issue that requires health action reflected in the graph as weight issues and related health concerns.**1**

b [Weight issues can involve eating disorders and disordered eating patterns, which can negatively impact social health and wellbeing.[1]] [This is because it may limit an individual's ability to go out and socialise with friends if it involves eating at restaurants, as individuals suffering from eating disorders may not feel comfortable joining in these activities. Therefore, such individuals may become left out of relationships and lack a supportive network of friends.[2]]

✓ ✗ I have discussed how the issue identified in **part a** impacts health and wellbeing, with reference to a health and wellbeing dimension.[1]

✓ ✗ I have discussed how the issue identified in **part a** impacts health and wellbeing in further detail, with reference to a component of a health and wellbeing dimension.[2]

c [A factor that contributes to health inequalities experienced by youth is friends and peers.[1]]

✓ ✗ I have identified one factor that contributes to health inequalities experienced by youth.[1]

d [Friends can impact alcohol and drug use for youth, as if a young person's friends are engaging in alcohol and drug use they may be more inclined to do so as well, which can increase their likelihood of experiencing poor health associated with alcohol and drug use, such as liver disease.[1]]

✓ ✗ I have outlined how the factor identified in **part c** contributes to the health inequalities experienced by youth.[1]

6 [Injury is a term that encompasses different health-related incidents that contribute to mortality and morbidity.[1]]

✓ ✗ I have outlined what is meant by injury.[1]

7 a [Accessibility involves ensuring all people can access goods and services regardless of personal factors, and therefore is often something a community values.[1]] [This means many communities expect that youth health and wellbeing programs are accessible for all young people.[2]]

✓ ✗ I have explained how accessibility is a community value.[1]

✓ ✗ I have explained how accessibility is a community expectation.[2]

b [Accessibility is important because it means all people, regardless of personal factors, such as race or gender, have the ability to access resources and therefore people are treated with equality.[1]] [This is needed for successful youth health and wellbeing programs because it means all young people in a community can benefit from the program, not just a select group of young people, which will result in the maximum amount of young people experiencing improved health and wellbeing.[2]]

✓ ✗ I have explained a reason why accessibility is important.[1]

✓ ✗ I have justified why accessibility is needed for successful youth health and wellbeing programs based on the reason previously discussed.[2]

8 [Stress can lead to weight gain, therefore negatively impacting physical health and wellbeing.[1]] [This is because stress increases cortisol (a stress hormone) levels in the body which can lead to weight gain, as it can increase insulin levels and consequently increase hunger levels, therefore increasing the risk of being overweight or obese.[2]]

✓ ✗ I have explained how stress impacts health and wellbeing, with reference to a health and wellbeing dimension.[1]

✓ ✗ I have explained how stress impacts health and wellbeing in further detail, with reference to a component of a health and wellbeing dimension.[2]

Note: You do not need to mention the scenario as the question does not ask you to. However, it would not be wrong to discuss it, as long as you still adequately linked stress to health and wellbeing.

9 [The use of drugs and alcohol can increase the risk of disease and therefore negatively impact physical health and wellbeing.[1]] [This is because alcohol and drug use can damage the functioning of the body and its systems, and its organs, such as the liver, which can lead to illnesses and diseases.[2]] [The use of drugs and alcohol can increase stress and anxiety and therefore negatively impact mental health and wellbeing.[3]] [This is because alcohol and drugs can alter the balance of chemicals in the brain, which can increase levels of stress and anxiety and affect concentration levels.[4]]

✓ ✗ I have analysed the implications of unsafe and alcohol drug use on health and wellbeing, by referring to a health and wellbeing dimension.[1]

✓ ✗ I have analysed the implications of unsafe and alcohol drug use on health and wellbeing, by referring to a component of a health and wellbeing dimension.[2]

✓ ✗ I have analysed the implications of unsafe and alcohol drug use on health and wellbeing, by referring to a health and wellbeing dimension.[3]

✓ ✗ I have analysed the implications of unsafe and alcohol drug use on health and wellbeing, by referring to a component of a health and wellbeing dimension.[4]

10 a [The program reflected in the information provided is a government organisation.[1]] [This is because it has been developed and implemented by the government.[2]]

✓ ✗ I have stated that the program reflected in the information provided is a government organisation.[1]

✓ ✗ I have justified my answer.[2]

b [A community value and expectation reflected in the information provided is effectiveness.[1]]

✓ ✗ I have identified one community value and expectation reflected in the information provided.[1]

Questions from multiple chapters

11 a [A sociocultural factor that contributes to variations in health behaviours and health status in youth is peer group.[1]]

✓ ✗ I have identified a sociocultural factor that contributes to variations in health behaviours and health status in youth.[1]

b ⌈A young person spends a lot of time around their peer group, which means a person's peer group may negatively influence their eating patterns or eating behaviours.**1**⌉⌈This may increase a young person's likelihood of struggling with weight issues (and related health concerns), because if a young person's peers regularly consume energy-dense and processed foods, this may encourage them to also eat these foods and therefore increase their risk of being overweight.**2**⌉

✓ ✗ I have described how the sociocultural factor identified in **part a** influences a young person.**1**

✓ ✗ I have described how this can increase the likelihood of a young person suffering from the youth health and wellbeing issue weight issues and related health concerns.**2**

6A   Mental health and the dimensions of health and wellbeing

Theory-review questions

1   B. False. *Mental health can impact all the dimensions of health and wellbeing.*

2   A. True. *Some people can experience good mental health and other people can experience poor mental health. Additionally, an individual can also experience both good and poor mental health throughout their life.*

3   B. False. *Poor mental health can also involve more temporary mental health problems; an individual who is experiencing poor mental health does not need to have a diagnosed mental illness.*

4   I; II; III. *Poor mental health can impact physical, social, and spiritual health and wellbeing.*

5   A. True. *Mental health problems and mental illnesses are often associated with fatigue.*

6   B. False. *Poor mental health can involve problems with relationships, but this does not mean an individual with poor mental health will never experience a positive relationship.*

7   A. True. *Mental illnesses are associated with negative thoughts.*

8   B. False. *It is highly unlikely that having good mental health will negatively impact mental health and wellbeing; rather, it will positively impact mental health and wellbeing.*

9   B. False. *Mental health problems are less severe than mental illnesses and are not a diagnosed condition.*

10 I; II; III. *Good mental health can involve having positive thoughts, being involved in the community, and being able to complete daily tasks.*

Skills

Unpacking the case study

11 B   **12** B   **13** A

Exam-style questions

14 [Mental illness can involve having an anxiety disorder, such as social anxiety,[1]] [which makes it challenging for suffering individuals to engage in effective communication with others as it causes high levels of anxiety, therefore negatively affecting social health and wellbeing.[2]]

✓ ✗   I have provided an example of mental illness.[1]

✓ ✗   I have explained how this example of mental illness negatively affects social health and wellbeing.[2]

15 [Poor mental health can lead to mental illness, such as a depressive disorder.[1]] [Depressive disorders can involve feelings of despair and having a lack of hope for the future, therefore negatively impacting spiritual health and wellbeing.[2]] [For example, an individual suffering from a depressive disorder may experience thoughts that they have no purpose in life or do not belong anywhere.[3]]

✓ ✗   I have described an aspect of poor mental health.[1]

✓ ✗   I have described how this aspect of poor mental health can impact spiritual health and wellbeing.[2]

✓ ✗   I have used an example.[3]

16 [Mental illness can include attention-deficit hyperactivity disorder, which can involve reckless and impulsive behaviour.[1]] [This can increase an individual's risk of injury, which negatively impacts their physical health and wellbeing.[2]] [Mental illness can also involve anxiety disorders, such as generalised anxiety disorder, which can involve persistent and intense periods of feeling anxious.[3]] [This means an individual may struggle to experience a wide range of emotions, which negatively impacts their emotional health and wellbeing.[4]]

✓ ✗   I have explained an aspect of mental illness.[1]

✓ ✗   I have explained how this aspect of mental illness impacts health and wellbeing, with reference to a health and wellbeing dimension.[2]

✓ ✗   I have explained another aspect of mental illness.[3]

✓ ✗   I have explained how this aspect of mental illness impacts health and wellbeing, with reference to a health and wellbeing dimension.[4]

17 [Mental health refers to the current state of a person's mind and their psychological wellbeing and functioning.[1]] [For example, mental health can involve an individual having good mental health which means they are likely to have positive thought patterns, experience stability within their life, and function appropriately in social settings.[2]] [By contrast, mental health problems describe disruptions and difficulties with an individual's thoughts, feelings, and behaviours, which can negatively impact an individual's mental health and everyday functioning, but are not at the level of severity to be classified as a mental illness.[3]] [For example, mental health problems may involve struggling with some feelings of depression, such as feeling less hopeful, but not in the same way as having a depressive disorder.[4]] [In comparison to mental health and mental health problems, mental illnesses refer to a wide range of medical, diagnosable conditions that involve the mind, characterised by feelings of distress or disturbance that severely impact an individual's daily life and ability to function.[5]] [For example, depressive disorders are a group of mental disorders that involve a persistent, constant, and disabling state of low mood.[6]]

✓ ✗   I have explained what is meant by mental health.[1]

✓ ✗   I have used an example of mental health.[2]

✓ ✗   I have explained what is meant by mental health problems.[3]

✓ ✗   I have used an example of mental health problems.[4]

✓ ✗   I have explained what is meant by mental illness.[5]

✓ ✗   I have used an example of mental illness.[6]

✓ ✗   I have used comparison words, such as 'by contrast' and 'in comparison'.

18 **a**   [Females tend to have higher rates of mental or behavioural conditions compared to males.[1]] [For example, in the 15-24 age group, 30% of females had a mental or behavioural condition whereas 21.3% of males had a mental or behavioural condition.[2]]

✓ ✗   I have drawn a comparison between males and females experiencing mental or behavioural conditions.[1]

✓ ✗   I have used data from the graph to support my comparison.[2]

✓ ✗   I have provided the context of the graph.

✓ ✗ I have included the correct units of measurement (percentage), ensuring to check the axis titles.

✓ ✗ I have used comparison words in my response, such as 'compared to'.

b [A mental condition may include experiencing a depressive disorder, such as major depressive disorder, which can involve feeling fatigued and low in energy.[1]] [This can make it difficult for suffering individuals to complete daily physical tasks, such as brushing their teeth or taking a shower, which negatively impacts physical health and wellbeing.[2]] [A mental condition may also include experiencing anxiety or an anxiety disorder, such as panic disorder, which can involve frequent intense panic attacks.[3]] [This can make it difficult for suffering individuals to get adequate sleep, which negatively impacts physical health and wellbeing.[4]]

✓ ✗ I have explained an aspect of mental conditions.[1]

✓ ✗ I have explained how this aspect of mental conditions impacts physical health and wellbeing.[2]

✓ ✗ I have explained another aspect of mental conditions.[3]

✓ ✗ I have explained how this aspect of mental conditions impacts physical health and wellbeing.[4]

19 a [A type of mental illness is a depressive disorder, such as major depressive disorder.[1]]

✓ ✗ I have identified an example of a type of mental illness.[1]

b [Depressive disorders are a group of mental disorders that involve a persistent, constant, and disabling state of low mood, and include major depressive disorder.[1]] [Depressive disorders can involve a lack of energy, fluctuations in weight, and feeling worthless.[2]]

✓ ✗ I have explained the type of mental illness identified in **part a**.[1]

✓ ✗ I have explained in further detail the type of mental illness identified in **part a** by stating what it can involve.[2]

c [Depressive disorders can involve changes in appetite, such as having a low appetite.[1]] [This may result in an individual with depressive disorder not eating enough food and losing weight, which may lead to them having an unhealthy body weight, therefore negatively impacting physical health and wellbeing.[2]] [Depressive disorders can also involve feeling fatigued and low in energy,[3]] [which may limit an individual's ability to engage in social activities and form positive relationships, which can negatively impact their social health and wellbeing.[4]]

✓ ✗ I have explained an aspect of the mental illness identified in **part a**.[1]

✓ ✗ I have explained how this aspect of the mental illness identified in **part a** impacts health and wellbeing, with reference to a health and wellbeing dimension.[2]

✓ ✗ I have explained another aspect of the mental illness identified in **part a**.[3]

✓ ✗ I have explained how this aspect of the mental illness identified in **part a** impacts health and wellbeing, with reference to a health and wellbeing dimension.[4]

Questions from multiple lessons

20 a [An example of a nutritional deficiency is low iron.[1]]

✓ ✗ I have identified an example of a nutritional deficiency.[1]

b [Poor mental health can involve changes in appetite, such as having a low appetite.[1]] [This can mean an individual with poor mental health may not consume enough nutrients, therefore leading to a nutritional imbalance.[2]]

✓ ✗ I have described an aspect of poor mental health.[1]

✓ ✗ I have described how this aspect of poor mental health may lead to a nutritional imbalance.[2]

c [A short-term consequence of low iron is having a lack of energy.[1]] [A long-term consequence of having low iron is developing anemia.[2]]

✓ ✗ I have suggested a short-term consequence of the nutritional imbalance identified in **part a**.[1]

✓ ✗ I have suggested a long-term consequence of the nutritional imbalance identified in **part a**.[2]

6B Data on mental health

Theory-review questions

1 A. True. *Both incidence and prevalence are ways to measure mental health.*

2 A. True. *Incidence is about new cases of a mental illness, whereas prevalence is about total cases of a mental illness.*

3 B. False. *Mental health problems and mental illnesses are commonly experienced by Australian youth.*

4 I; II; III. *All three options are reasons why mental health data may not always reflect the entire population accurately.*

5 A. *Option A reflects a trend regarding mental health, whereas option B reflects a statement about mental health.*

Skills

Data analysis

6 C   **7** B   **8** I; II; III

Exam-style questions

9 [Incidence refers to the number of new cases of a particular disease or condition that arise in the population in a certain period of time,[1]] [whereas prevalence refers to the number of cases of a particular disease or condition that are present in the population at a given point in time.[2]]

✓ ✗ I have explained incidence.[1]

✓ ✗ I have explained prevalence.[2]

✓ ✗ I have used comparison words, such as 'whereas.'

10 [A trend related to mental health in Australia is that there has been a general increase in mental illness in youth over time.[1]] [Another trend related to mental health in Australia is that over time it has been shown that youth in certain population groups, such as the LGBTQIA+ community, are more vulnerable to developing a mental illness.[2]]

6B

✓ ✗ I have outlined a trend related to mental health in Australian youth.[1]

✓ ✗ I have outlined another trend related to mental health in Australian youth.[2]

11 a [The population group analysed in the graph is students aged 14–17 with an anxiety disorder, depressive disorder, or ADHD.[1]]

✓ ✗ I have identified the population group of the graph as students aged 14–17 with an anxiety disorder, depressive disorder, or ADHD.[1]

b [Major depressive disorder is the mental health disorder which led to the highest number of days absent from school in the past 12 months.[1]] [Specifically, students aged 14-17 years with major depressive disorder were absent for 20 days of school over a 12 month period, which was significantly higher than the number of days absent due to other mental health disorders, such as the 5 days absent due to ADHD.[2]]

✓ ✗ I have identified major depressive disorder as the mental health disorder which led to the highest number of days absent from school.[1]

✓ ✗ I have used data from the graph to support my response.[2]

✓ ✗ I have provided the context of the graph.

✓ ✗ I have included the correct units of measurement (days absent from school), ensuring to check the axis titles.

12 [A comparison in the graph is that females self-harm more than males.[1]] [For example, 9.8% of 12–15 year old females self-harmed in Australia in 2013-2014, compared to 3% of 12–15 year old males who self-harmed in 2013-2014.[2]] [Another comparison in the graph is that 16–17 year olds self-harm more than 12-15 year olds.[3]] [For example, 16.8% of females aged 16–17 years old self-harmed compared to 9.8% of females aged 12–15 years old.[4]]

✓ ✗ I have outlined a comparison between males and females in relation to self-harm.[1]

✓ ✗ I have used data from the graph to support my comparison.[2]

✓ ✗ I have outlined another comparison between males and females in relation to self-harm.[3]

✓ ✗ I have used data from the graph to support my comparison.[4]

✓ ✗ I have provided the context of the graph.

✓ ✗ I have included the correct units of measurement (% of those aged 12–15 years), ensuring to check the axis titles.

13 a [Burden of disease is a measure of the impact of disease and injuries, specifically measuring the gap between the current health status and an ideal situation where everyone lives to an old age, free of disease and disability.[1]] [Burden of disease is measured by the unit disability-adjusted life years (DALYs).[2]]

✓ ✗ I have outlined what is meant by burden of disease.[1]

✓ ✗ I have outlined what is meant by burden of disease in further detail by describing how it is measured.[2]

b [Mental illness can involve a diagnosis of a mental disorder, such as major depressive disorder.[1]] [This increases an individual's years of life lost due to disability and injury (YLD), as they are suffering from a medical disorder, therefore increasing disability adjusted life years (DALY) and contributing to burden of disease.[2]] [When mental illness reaches a high level of severity it can lead to suicide.[3]] [Suicide increases an individuals years of life lost due to premature death (YLL), therefore increasing disability adjusted life years (DALY) and contributing to burden of disease.[4]]

✓ ✗ I have explained what mental illness can involve.[1]

✓ ✗ I have linked my example to the burden of disease with reference to the health status indicator YLD, and its corresponding influence on DALY.[2]

✓ ✗ I have explained what mental illness can involve.[3]

✓ ✗ I have linked my example to the burden of disease with reference to the health status indicator YLL, and its corresponding influence on DALY.[4]

Questions from multiple lessons

14 a [Psychological distress refers to an individual's state of psychological suffering, and involves unpleasant emotions and/or thoughts that impact an individual's ability to function.[1]] [Psychological distress can be measured by the Kessler Psychological Distress Scale.[2]]

✓ ✗ I have explained what is meant by psychological distress.[1]

✓ ✗ I have explained what is meant by psychological distress in further detail by providing another point of information.[2]

b [Psychological distress was higher for females aged 11-17 years old in Australia in 2013-2014 compared to males aged 11-17 years old.[1]] [For example, 9.5% of females aged 11-17 years old experienced very high levels of psychological distress in 2013-14 compared to 4.0% of males aged 11-17 years old.[2]]

✓ ✗ I have drawn a comparison between males and females.[1]

✓ ✗ I have used data from the table to support my comparison.[2]

✓ ✗ I have used comparison words in my response, such as 'compared to'.

6C Mental health risk and protective factors

Theory-review questions

1 A. True. *Mental health risk factors can have a negative impact on mental health, while protective factors can have a positive impact on mental health.*

2 B. False. *Although a poor diet is a risk factor that may negatively impact mental health, it does not mean an individual with a poor diet will definitely suffer poor mental health.*

3 I; III. *Healthy relationships and using mental health support services are mental health protective factors, whereas a lack of sleep is a mental health risk factor.*

4 A. True. *Adequate sleep can act as a mental health protective factor, because sleep allows the body and brain to recover and repair itself. Therefore, if an individual lacks adequate sleep, it is considered a mental health risk factor.*

5 B. False. *The number of risk factors verse protective factors does not necessarily indicate whether someone will or will not develop a mental illness. The significance and combination of each factor also contributes.*

Skills

Unpacking the case study

6 A   **7** B   **8** A

Exam-style questions

9 **a** ⌈A risk factor that influences mental health is chemical imbalances in the brain.**1**⌉

✓ ✗ I have identified a risk factor that influences mental health.**1**

Other acceptable answers include:

- lack of sleep
- poor diet
- excessive drug and alcohol use
- other risk factors that influence mental health.

b ⌈A protective factor that influences mental health is the use of mental health support services.**1**⌉

✓ ✗ I have identified a protective factor that influences mental health.**1**

Other acceptable answers include:

- adequate sleep
- healthy work and/or school environments
- positive life experiences
- other protective factors that influence mental health.

10 ⌈Kayla's diet may act as a mental health protective factor as she has a healthy diet, which means she is consuming adequate nutrients.**1**⌉ ⌈Adequate nutrient intake means that Kayla's brain is more likely to function optimally, which will enable her to experience a healthy and regulated mood, therefore decreasing her likelihood of experiencing poor mental health.**2**⌉

✓ ✗ I have described how Kayla's healthy diet acts as a mental health protective factor by describing what it involves.**1**

✓ ✗ I have described how Kayla's healthy diet acts as a mental health protective factor, by describing how her healthy diet influences her mental health.**2**

✓ ✗ I have referred to the character's name (Kayla), and to the scenario.

11 **a** ⌈A mental health risk factor is excessive drug and alcohol use.**1**⌉

✓ ✗ I have identified a mental health risk factor.**1**

b ⌈Excessive drug and alcohol use can involve using drugs that can change the chemical state of the brain.**1**⌉ ⌈This can lead to poorer mental health, as some mental disorders are related to chemical imbalances in the brain that can arise from drug use.**2**⌉

✓ ✗ I have explained how my chosen mental health risk factor identified in **part a** acts a mental health risk factor by explaining what it involves.**1**

✓ ✗ I have explained how my chosen mental health risk factor identified in **part a** acts as a mental health risk factor by explaining how it negatively impacts an individual's mental health.**2**

12 ⌈A mental health protective factor is using mental health support services.**1**⌉ ⌈Using mental health support services can help an individual feel less alone and can provide them with strategies to help promote good mental health.**2**⌉ ⌈For example, using mental health support services may involve an individual visiting a psychologist to talk about what they are going through and to get advice on how to deal with any challenges they are facing.**3**⌉

✓ ✗ I have identified a mental health protective factor.**1**

✓ ✗ I have discussed how this mental health protective factor decreases the likelihood of experiencing poor mental health.**2**

✓ ✗ I have used an example to support my answer.**3**

13 ⌈Regular exercise,**1**⌉⌈a healthy work and/or school environment,**2**⌉ ⌈and manageable life stressors are examples of mental health protective factors.**3**⌉

✓ ✗ I have provided an example of a mental health protective factor.**1**

✓ ✗ I have provided another example of a mental health protective factor.**2**

✓ ✗ I have provided a third example of a mental health protective factor.**3**

Other acceptable answers include:

- adequate sleep
- good diet
- positive life experiences
- other protective factors that influence mental health.

14 ⌈Risk factors are things that negatively impact health by increasing the likelihood of developing a disease, illness, or injury.**1**⌉⌈For example, a mental health risk factor is being bullied.**2**⌉⌈By contrast, protective factors are things that reduce the likelihood of negative health outcomes and reduce the potential negative impact of a risk factor on health.**3**⌉ ⌈For example, a mental health protective factor is having a good diet.**4**⌉

✓ ✗ I have explained what is meant by risk factors.**1**

✓ ✗ I have identified an example of a risk factor.**2**

✓ ✗ I have explained what is meant by protective factors.**3**

✓ ✗ I have identified an example of a protective factor.**4**

✓ ✗ I have used comparison words, such as 'by contrast'.

Questions from multiple lessons

15 ⌈Social media can be used for celebrities or social media influencers to share the type of food they are eating and what food products they are buying with youth.**1**⌉⌈This can act as a mental health risk factor, as these people may show food consumption practices to youth that they deem 'healthy' but are in fact unhealthy. This could lead to their audience developing unhealthy and disordered eating habits, negatively impacting mental health.**2**⌉

6C

✓ ✗ I have outlined how social media can be used for the marketing and promotion of food towards youth.[1]

✓ ✗ I have outlined how this can act as a mental health risk factor.[2]

6D   Community values and expectations

Theory-review questions

1 A. True. *The values and expectations of a community can help to develop and implement successful mental health programs.*

2 A. True. *Respect is often valued by the community.*

3 B. False. *Confidentiality is important for successful mental health programs.*

4 B. False. *Accessibility is a community value, however it is not only about affordability. It also includes a range of other factors, such as geographical location.*

5 I; II; III. *All these options are important for successful mental health programs as they are things that are valued by a community.*

Skills

Unpacking the case study

6 A   **7** B   **8** A

Exam-style questions

9 [Respect is valued by the community because it involves treating people fairly and with dignity.[1]] [This means that it is a community expectation that mental health programs are respectful, which can involve programs being culturally appropriate and not treating people suffering from a mental illness as people who are inferior to people without a mental illness.[2]]

✓ ✗ I have described how respect is a community value.[1]

✓ ✗ I have described how respect is a community expectation.[2]

10 [Community values of mental health programs are respect,[1]] [privacy and confidentiality,[2]] [and accessibility.[3]]

✓ ✗ I have listed a community value of mental health programs.[1]

✓ ✗ I have listed another community value of mental health programs.[2]

✓ ✗ I have listed a third community value of mental health programs.[3]

Other acceptable answers include:

- effectiveness
- resilience and empowerment
- target and relevancy
- other community values and expectations.

11 a [Privacy is a community value because people often view mental health as a personal issue and therefore like to keep it private.[1]] [This means that communities often expect mental health programs to involve privacy, which can involve a counsellor or therapist not sharing information from their patient or client with others and keeping people's personal data secure and confidential.[2]]

✓ ✗ I have explained how privacy is a community value.[1]

✓ ✗ I have explained how privacy is a community expectation.[2]

b [Privacy is important because often view mental health as a personal issue which means people prefer to keep mental health discussions private.[1]] [Therefore, for mental health programs to be successful, they need to keep people's information private and confidential because this means more people will feel comfortable using the mental health program since they know they will not have their personal information shared publicly.[2]]

✓ ✗ I have discussed the importance of privacy.[1]

✓ ✗ I have discussed how privacy is needed for the successful development of mental health programs.[2]

12 [Accessibility is important because it means all people, regardless of personal factors, such as race or gender, have the ability to access resources and therefore people are treated with equality.[1]] [This is needed for successful mental health programs because it means all people in a community can benefit from the program, not just a select group of people, which will result in the maximum amount of people experiencing better mental health.[2]] [Another reason why accessibility is important is that it allows people to feel catered for and welcomed, which can help promote self-confidence and self-esteem.[3]] [This is needed for successful mental health programs because if people feel welcomed in the program, and experience high levels of self-esteem, they are more likely to positively engage with the program and therefore are more likely to reap the benefits of the program, therefore promoting its success.[4]]

✓ ✗ I have justified why accessibility is needed for successful mental health programs by discussing a reason for its importance.[1]

✓ ✗ I have explained why accessibility is needed for successful mental health programs based on the reason previously discussed.[2]

✓ ✗ I have justified why accessibility is needed for successful mental health programs by discussing another reason for its importance.[3]

✓ ✗ I have explained why accessibility is needed for successful mental health programs based on the reason previously discussed.[4]

13 a [A community value of mental health programs is resilience and empowerment.[1]]

✓ ✗ I have identified a community value of mental health programs.[1]

Other acceptable answers include:

- respect
- privacy and confidentiality
- accessibility
- other community values and expectations of mental health programs.

b [Resilience and empowerment is valued by the community because it involves promoting confidence and encouraging people to have agency over their life.[1]] [This means that communities often expect

mental health programs to empower people and help people develop resilience, through teaching them skills and strategies to help manage their own mental health.**2**]

  ✓ ✗ I have outlined how the value identified in **part a** is a community value.**1**

  ✓ ✗ I have outlined how the value identified in **part a** leads to an expectation of mental health programs.**2**

c [Resilience and empowerment is important because individuals need to feel that they are in control of their own lives and have the confidence to make their own positive choices and decisions.**1**] [Therefore, for mental health programs to be successful they need to provide people with skills and strategies to promote mental health that they feel confident to use outside of the program and in their own life.**2**]

  ✓ ✗ I have described the importance of the expectation outlined in **part b**.**1**

  ✓ ✗ I have described how the expectation outlined in **part b** is needed for the successful development of mental health programs.**2**

Questions from multiple lessons

14 [A community value and expectation is respect.**1**] [It is important that mental health programs treat people with respect and dignity and do not make them feel lesser for receiving help.**2**] [If mental health programs demonstrate respect, it will encourage more people to use them, and therefore they are more likely to act as a protective factor.**3**]

  ✓ ✗ I have identified a community value and expectation.**1**

  ✓ ✗ I have outlined why this community value and expectation is important.**2**

  ✓ ✗ I have outlined why this community value and expectation helps ensure mental health services can be used as a mental health protective factor.**3**

6E Mental healthcare services and support

Theory-review questions

1 A. True. *Healthcare relates to improving health in all areas of health, such as physical health, whereas mental healthcare focuses solely on improving mental health.*

2 I; II; III. *All these options are mental healthcare services.*

3 B. *A psychiatrist can prescribe medication, whereas a counsellor cannot, because they are not a doctor.*

4 A. *Booking an appointment with a GP and creating a mental health treatment plan is a good thing an individual can do if they are struggling, whereas keeping their mental health struggles to themselves is not good for their mental health.*

5 A. True. *Psychiatric hospitals are often beneficial for people with severe mental illnesses.*

Skills

Unpacking the case study

6 B   **7** B   **8** A

Exam-style questions

9 [Mental healthcare is the provision of care for people experiencing mental health problems and mental illnesses through a range of prevention and treatment services, with the aim of improving mental health.**1**]

  ✓ ✗ I have outlined the meaning of mental healthcare.**1**

10 [An example of mental healthcare is visiting a healthcare professional, such as a psychologist.**1**]

  ✓ ✗ I have provided an example of mental healthcare.**1**

11 [A psychologist focuses on using talking therapy and providing strategies and advice for improving mental health,**1**] [whereas a psychiatrist is a doctor who uses a medical approach, which can involve prescribing medication.**2**]

  ✓ ✗ I have described the role of a psychologist.**1**

  ✓ ✗ I have described the role of a psychiatrist.**2**

  ✓ ✗ I have used comparison words, such as 'whereas'.

12 [A GP can help an individual begin their mental health journey by developing a mental health treatment plan.**1**] [This involves creating a plan that may involve an overview of an individual's mental health, goals for an individual's mental state, and/or a referral to see a mental health specialist, such as a psychologist.**2**]

  ✓ ✗ I have described how an individual's GP may provide mental healthcare.**1**

  ✓ ✗ I have described in further detail how an individual's GP may provide mental healthcare.**2**

13 a [A health professional that can provide mental healthcare is a counsellor.**1**]

  ✓ ✗ I have identified a health professional that can provide mental healthcare.**1**

Other acceptable answers include:

- other health professionals that can provide mental healthcare.

b [A counsellor can provide mental healthcare by having therapy sessions with an individual.**1**] [These sessions can involve discussing an individual's life challenges and the things they are struggling with, such as friendship problems, and looking at ways to improve these difficulties.**2**]

  ✓ ✗ I have described how the health professional identified in **part a** provides mental healthcare.**1**

  ✓ ✗ I have described in further detail how the health professional identified in **part a** provides mental healthcare, by providing another point of information.**2**

14 a [An individual might receive hospital care for mental health problems if they are unsafe and at risk of suicide.**1**]

  ✓ ✗ I have suggested one reason why an individual may receive hospital care for mental health problems.**1**

6E

Other acceptable answers include:

- other appropriate reasons why an individual may receive hospital care for mental health problems, such as an unsafe or unsupportive home environment.

b [Hospitals provide mental healthcare through high supervision.[1]] [This involves monitoring and supervising patients during the day and checking on them at night, which can reduce the risk of relapsing or self-harming.[2]] [Hospitals provide mental healthcare through using trained healthcare professionals.[3]] [This involves patients having one-on-one and group sessions with healthcare professionals, such as psychologists and psychiatrists.[4]]

	I have identified a way that hospitals provide mental healthcare.[1]
	I have explained how hospitals provide mental healthcare in this way.[2]
	I have identified another way that hospitals provide mental healthcare.[3]
	I have explained how hospitals provide mental health care in this way.[4]

Other acceptable answers include:

- other ways that hospitals provide mental healthcare, so long as they are appropriately explained.

Questions from multiple lessons

15 a [Mental healthcare services and support involve hospital care, which helps provide safety for mentally unwell individuals.[1]] [This safety may involve the removal of sharp objects from an individual's environment, which means that they are less likely to self-harm. This reduces injury, promoting physical health and wellbeing.[2]] [Mental healthcare services and support also involve healthcare professionals, such as seeing a psychologist which provide the individuals with support.[3]] [Furthermore, a patient may learn to improve their communication skills through engaging in psychological therapy, which can help them foster a stronger social network outside of their sessions, promoting social health and wellbeing.[4]]

	I have discussed the use of mental healthcare services and support.[1]
	I have discussed how this service or support promotes physical health and wellbeing.[2]
	I have discussed the use of mental healthcare services and support.[3]
	I have discussed how this service or support promotes social health and wellbeing.[4]

b [Mental healthcare services and support involve visiting health professionals, such as a psychologist.[1]] [Psychologists can help provide strategies for relieving symptoms of mental illness, such as anxiety and distress, which can promote health status by reducing the number of individuals experiencing psychological distress.[2]]

	I have described the use of mental healthcare services and support.[1]
	I have described how the use of mental healthcare services and support promote health status, with reference to a health status indicator.[2]

6F   Reducing the negative impact of mental health problems

Theory-review questions

1 A. True. *Programs for mental health can be run by the government or by the community and non-government organisations.*

2 B. False. *The negative impact of mental health problems can be reduced not only through mental health programs, but also through personal strategies for mental health.*

3 I; II; III. *All three options are examples of services that are commonly provided by mental health programs.*

4 B. False. *Personal strategies for mental health are things that people do in their daily lives. However they do not increase the likelihood of mental health problems, rather, they reduce the likelihood of mental health problems.*

5 A. True. *Having a support network that you regularly communicate with is an example of a personal strategy for mental health, meaning that it can promote mental health.*

Skills

Unpacking the case study

6 B   **7** A   **8** A

Exam-style questions

9 [A personal strategy that can help reduce the negative impact of mental health problems is regular exercise.[1]]

	I have identified a personal strategy that can help reduce the negative impact of mental health problems.[1]

Other acceptable answers include:

- adequate diet and nutrition
- having enjoyable activities
- other personal strategies that can help reduce the negative impact of mental health problems.

10 [Organisations that aim to reduce the negative impact of mental health problems are Beyond Blue,[1]] [and Reach Out.[2]]

	I have listed an organisation that aims to reduce the negative impact of mental health problems.[1]
	I have listed another organisation that aims to reduce the negative impact of mental health problems.[2]

Other acceptable answers include:

- Headspace
- Head to Health
- Butterfly Foundation
- other organisations that aim to reduce the negative impact of mental health problems.

11 a [A personal strategy that can help reduce the negative impact of mental health problems is having a support network.[1]]

	I have provided one personal strategy that can help reduce the negative impact of mental health problems.[1]

Other acceptable answers include:

- regular exercise
- adequate diet and nutrition
- having enjoyable activities
- other personal strategies that can help reduce the negative impact of mental health problems.

b [Having a strong support network involves having people in your life who you can rely on and who you regularly communicate with.[1]] [This helps promote mental health because if someone is experiencing negative thoughts or low self-esteem (associated with poor mental health), the people in their support network can look out for them and offer them comfort and advice.[2]]

✓ ✗   I have explained what the personal strategy identified in **part a** involves.[1]

✓ ✗   I have explained how the personal strategy identified in **part a** helps to promote mental health.[2]

12 a [A mental health organisation is Beyond Blue.[1]]

✓ ✗   I have identified a mental health organisation.[1]

Other acceptable answers include:

- Head to Health
- Reach Out
- R U OK?
- other mental health organisations.

b [A service provided by Beyond Blue is their app Beyond Now, which helps people create a suicide safety plan.[1]]

✓ ✗   I have outlined a service provided by the mental health organisation identified in **part a**.[1]

c [Beyond Blue has a range of mental health services, such as a resource library which provides people with access to informative articles, brochures, and fact sheets about mental health.[1]] [This helps to promote mental health as it educates people on how to prevent and treat mental health problems and/or mental illnesses.[2]]

✓ ✗   I have explained the work of the organisation identified in **part a**.[1]

✓ ✗   I have explained how this work promotes mental health.[2]

13 [Life in Mind provides informative articles about suicide, such as information about warning signs of suicide risk and what to look out for in friends and family who may be struggling.[1]] [This can promote mental health as it may educate people on when to help someone, which may prevent their mental health getting worse or prevent suicide.[2]] [Life in Mind also encourages open conversations about suicide through their podcast.[3]] [This can help raise awareness and encourage people who are struggling to speak up about their experiences, which can enable them to seek help and promote mental health.[4]]

✓ ✗   I have discussed an example of the work the organisation described in the information provided.[1]

✓ ✗   I have discussed how this example of work promotes mental health.[2]

✓ ✗   I have discussed another example of the work of the organisation described in the information provided.[3]

✓ ✗   I have discussed how this example of work promotes mental health.[4]

14 a [Personal strategies for mental health evident in the information provided are having a support network,[1]] [and having an adequate diet and nutrition.[2]]

✓ ✗   I have identified a personal strategy for mental health evident in the information provided.[1]

✓ ✗   I have identified another personal strategy for mental health evident in the information provided.[2]

Other acceptable answers include:

- has an enjoyable activity of knitting.

b [Lynette's healthy and balanced diet involves her consuming nutrients in appropriate amounts, as she is eating balanced meals.[1]] [This helps to ensure that Lynette has optimal brain functioning, which can improve mood and concentration, therefore promoting her mental health.[2]]

✓ ✗   I have explained what the personal strategy identified in **part a** involves.[1]

✓ ✗   I have explained how the personal strategy identified in **part a** promotes Lynette's mental health.[2]

✓ ✗   I have referred to the character's name in my response (Lynette), and to the scenario.

c [A personal strategy that Lynette could begin doing to promote her mental health is regular exercise.[1]]

✓ ✗   I have suggested one personal strategy that Lynette could begin doing to promote her mental health.[1]

✓ ✗   I have referred to the character's name in my response (Lynette), and to the scenario.

Other acceptable answers include:

- regular exercise
- using mental healthcare support services
- other personal strategies that can help reduce the negative impact of mental health problems that Lynette is not doing.

d [Regular exercise for Lynette may involve engaging in low-intensity physical activities, such as daily walks.[1]] [This can help promote Lynette's mental health, as exercise releases endorphins, which promotes feelings of positivity and joy.[2]]

✓ ✗   I have described what is involved in the personal strategy identified in **part c**.[1]

✓ ✗   I have described how the personal strategy identified in **part c** would help to promote Lynette's mental health.[2]

✓ ✗   I have referred to the character's name in my response (Lynette), and to the scenario.

6F

Questions from multiple lessons

15 a ⌈A mental health organisation is Headspace.**1**⌉

   ✓ ✗ I have identified a mental health organisation.**1**

Other acceptable answers include:

- Head to Health
- Reach Out
- Beyond Blue
- other mental health organisations.

b ⌈A community value and expectation of mental health programs is accessiblity.**1**⌉⌈Accessibility is reflected in Headspace through their eHeadspace service that provides free online and telephone counselling, as this allows more people to use their services regardless of their location or income.**2**⌉

   ✓ ✗ I have identified a community value and expectation of mental health programs.**1**

   ✓ ✗ I have described how this community value and expectation is reflected in the mental health organisation identified in **part a.2**

6G Costs of mental health

Theory-review questions

1 B. False. *There are many types of costs associated with mental health, such as direct, indirect, and intangible costs.*

2 I; II; III. *Paying for a psychiatrist visit (direct cost), purchasing prescribed medication (direct cost), and spending money on public transport to travel to a psychologist appointment (indirect cost) are all costs associated with mental health.*

3 A. True. *If an individual has to quit work and consequently lose income due to poor mental health, it is considered an indirect cost associated with mental health.*

4 B. False. *Although paying money to stay in a psychiatric hospital is a cost associated with mental health, it is not an intangible cost, but rather a direct cost.*

5 A. Feeling stressed and anxious about having a mental illness is an **individual** cost associated with mental health. *A person feeling stressed and anxious about having a mental illness relates to an individual, rather than a community. This is because the stress experienced relates to an individual having a mental illness, rather than a community knowing someone with a mental illness.*

Skills

Perfect your phrasing

6 A

Data analysis

7 A   **8** B

Exam-style questions

9 ⌈A type of cost associated with mental health is a direct cost.**1**⌉

   ✓ ✗ I have identified a type of cost associated with mental health.**1**

Other acceptable answers include:

- indirect costs
- intangible costs.

10 ⌈Intangible costs are costs that cannot be easily quantified and often involve social and emotional consequences, such as the stress of having a mental illness.**1**⌉

   ✓ ✗ I have outlined what is meant by intangible costs associated with mental health.**1**

11 ⌈Direct costs are costs that are associated with the prevention and treatment of illness or disease,**1**⌉⌈whereas indirect costs are costs that arise due to the existence of disease or illness and are not associated with the prevention or treatment of disease or illness.**2**⌉

   ✓ ✗ I have outlined what is meant by direct costs associated with mental health.**1**

   ✓ ✗ I have outlined what is meant by indirect costs associated with mental health.**2**

   ✓ ✗ I have used comparison words in my answer, such as 'whereas'.

12 a ⌈An indirect cost to the individual associated with mental health is transport costs.**1**⌉⌈This is because some people may need to travel to receive mental healthcare, such as psychologist appointments, which can have costs, such as public transport fees.**2**⌉

   ✓ ✗ I have identified an indirect individual cost associated with mental health.**1**

   ✓ ✗ I have explained this indirect individual cost associated with mental health.**2**

b ⌈An indirect cost to the community associated with mental health is the loss of work productivity.**1**⌉⌈This is because individuals with a mental illness may need to stop work, which contributes to higher unemployment rates and lower productivity in the workforce.**2**⌉

   ✓ ✗ I have identified an indirect community cost associated with mental health.**1**

   ✓ ✗ I have explained this indirect community cost associated with mental health.**2**

13 ⌈Intangible costs are costs that cannot be easily quantified and often involve social and emotional consequences, such as the stress of having a mental illness.**1**⌉⌈An intangible individual cost is the increase in stress and anxiety for people who have a mental illness, as people may become worried about their future.**2**⌉⌈Furthermore, an intangible community cost is the grief experienced by the community when someone dies due to mental illness, such as from suicide.**3**⌉

   ✓ ✗ I have discussed what is meant by intangible costs associated with mental health.**1**

   ✓ ✗ I have discussed an example of an intangible individual cost associated with mental health.**2**

   ✓ ✗ I have discussed an example of an intangible community cost associated with mental health.**3**

14 a [An intangible cost associated with mental health reflected in the case study is Elise feeling worried and stressed about her situation and her diagnosis.**1**] [This is because it is a cost associated with mental health that cannot be quantified and doesn't physically exist, and relates to an individual's emotions.**2**]

✓ ✗ I have identified an intangible cost associated with mental health reflected in the case study.**1**

✓ ✗ I have justified my answer.**2**

✓ ✗ I have referred to my character's name in my response (Elise), and to the scenario.

b [Indirect costs associated with mental health are costs that arise due to the existence of disease or illness but are not associated with the prevention or treatment of disease or illness.**1**] [In the case study, an indirect cost is shown as Elise has to spend money on public transport to get her psychologist appointment.**2**]

✓ ✗ I have explained what indirect costs associated with mental health are.**1**

✓ ✗ I have further explained what indirect costs associated with mental health are by referring to the case study.**2**

✓ ✗ I have referred to my character's name in my response (Elise), and to the scenario.

c [A direct individual cost reflected in the case study is Elise paying for her psychologist appointment.**1**] [A direct community cost reflected in the case study is the government subsidising (partially paying for) the medication Elise may need.**2**]

✓ ✗ I have provided a direct individual cost associated with mental health reflected in the case study.**1**

✓ ✗ I have provided a direct community cost associated with mental health reflected in the case study.**2**

✓ ✗ I have referred to my character's name in my response (Elise), and to the scenario.

Questions from multiple lessons

15 [An intangible cost associated with mental health is experiencing a poorer quality of life, which means an individual may perceive their life, health, and experiences more negatively.**1**] [Therefore, poorer quality of life may lead to an individual having poorer self-assessed health status, as people may evaluate their own health more negatively.**2**]

✓ ✗ I have outlined an intangible cost associated with mental health.**1**

✓ ✗ I have explained how this intangible cost may negatively impact self-assessed health status.**2**

6H   Opportunities for advocacy and action

1 A. True. *Advocacy is about promoting and supporting an issue or cause; therefore, advocacy for mental health is about promoting mental health.*

2 B. False. *Although advocacy and action are closely related and often viewed as related concepts, they are not the exact same thing.*

3 I; II; III. *Protesting, signing a petition, and donating to an organisation are all ways that youth can engage in advocacy and action.*

4 A. True. *Advocacy and action for mental health involves both mental health outcomes and mental health equity.*

5 B. False. *Mental health equity is primarily about ensuring fair access to mental health resources and services relative to individuals' needs, whereas mental health outcomes are more about improving mental health results more generally, such as decreasing the number of youth suffering from a mental illness.*

Skills

Perfect your phrasing

6 A   **7** B

Unpacking the case study

8 A   **9** B   **10** A

Exam-style questions

11 [Advocacy is about the public support and promotion of a particular issue,**1**] [and action involves the behaviours and processes made in relation to a particular issue.**2**]

✓ ✗ I have explained what is meant by advocacy.**1**

✓ ✗ I have explained what is meant by action.**2**

12 [Youth advocacy and action involves youth having the resources and ability to engage in advocacy and action.**1**] [This is important because it promotes a sense of empowerment in youth and encourages youth to stand up for what they believe in.**2**]

✓ ✗ I have described what youth advocacy and action involves.**1**

✓ ✗ I have described why this is important.**2**

13 [An opportunity for youth advocacy and action is raising money and donating it to a mental health organisation.**1**] [Another opportunity for youth advocacy and action is getting involved in programs offered by mental health organisations that encourage and allow you to make positive change.**2**] [Another opportunity for youth advocacy and action is posting on social media about a mental health issue, such as stigma, to gain public attention.**3**]

✓ ✗ I have outlined an opportunity for youth advocacy and action.**1**

✓ ✗ I have outlined another opportunity for youth advocacy and action.**2**

✓ ✗ I have outlined a third opportunity for youth advocacy and action.**3**

Other acceptable answers include:

- other opportunities for youth advocacy and action.

H9

14 a [Mental health outcomes refer to the positive changes, progress, and results made in relation to mental health.**1**][Mental health equity relates to ensuring fairness in mental health and providing all people with what they require for mental health.**2**]

✓ ✗ I have outlined what mental health outcomes are.**1**

✓ ✗ I have outlined what mental health equity is.**2**

b [Youth can engage in advocacy and action for mental health by working with a mental health organisation to raise awareness about reducing stigma of mental illness.**1**]

✓ ✗ I have suggested one way youth can engage in advocacy and action for mental health.**1**

15 a [An example of advocacy in the case study is Indiana gaining public attention from organising a protest.**1**]

✓ ✗ I have identified an example of advocacy reflected in the case study.**1**

✓ ✗ I have referred to my character's name in my response (Indiana), and to the scenario.

b [An example of action in the case study is Indiana working with a mental health organisation and communicating with government different authority figures about policies, regulations, and government programs regarding mental health.**1**]

✓ ✗ I have identified an example of action reflected in the case study.**1**

✓ ✗ I have referred to my character's name in my response (Indiana), and to the scenario.

c [Advocacy and action is about the public support and promotion of a particular issue and involves the behaviours and processes made in relation to a particular issue.**1**][Advocacy and action for youth mental health can raise awareness about youth mental health issues and promote access to mental healthcare services for youth, which improves youth mental health.**2**][For example, Indiana is improving youth mental health through advocacy and action as she is protesting to reduce stigma around youth mental illness.**3**]

✓ ✗ I have suggested what advocacy and action involves.**1**

✓ ✗ I have suggested how youth mental health is improved through advocacy and action.**2**

✓ ✗ I have referred to the case study in my response.**3**

✓ ✗ I have referred to my character's name in my response (Indiana), and to the scenario.

Questions from multiple lessons

16 [A youth issue is weight, as many teenagers are considered overweight or obese.**1**][Youth advocacy and action for maintaining a healthy weight may involve approaching your school and encouraging them to have healthier food options at your school canteen.**2**]

✓ ✗ I have discussed a youth issue, by identifying and describing my chosen youth issue.**1**

✓ ✗ I have discussed opportunities for youth advocacy and action regarding my chosen issue.**2**

Chapter 6 test

1 [Isaac's poor mental health, his depression, has negatively impacted his physical health and wellbeing, as he is oversleeping, which interferes with his ability to participate in daily tasks.**1**][Isaac's depression has also negatively impacted his social health and wellbeing as his low energy levels means he avoids people at school, and therefore does not have a supportive network of friends.**2**][Isaac's depression has also impacted his ability to think and use logic, as he can't think clearly and suffers from brain fog, therefore negatively impacting his mental health and wellbeing.**3**][Isaac's depression has made it challenging for him to respond to his emotions in a healthy way, as he sometimes hurts himself or other people to manage his emotions, therefore negatively impacting his emotional health and wellbeing.**4**][Since Isaac's depression has led him to hurt other people, Isaac is not living according to his values and beliefs, therefore negatively impacting his spiritual health and wellbeing.**5**]

✓ ✗ I have discussed the impact of Isaac's poor mental health on his physical health and wellbeing, with reference to a component of physical health and wellbeing.**1**

✓ ✗ I have discussed the impact of Isaac's poor mental health on his social health and wellbeing, with reference to a component of social health and wellbeing.**2**

✓ ✗ I have discussed the impact of Isaac's poor mental health on his mental health and wellbeing, with reference to a component of mental health and wellbeing.**3**

✓ ✗ I have discussed the impact of Isaac's poor mental health on his emotional health and wellbeing, with reference to a component of emotional health and wellbeing.**4**

✓ ✗ I have discussed the impact of Isaac's poor mental health on his spiritual health and wellbeing, with reference to a component of spiritual health and wellbeing.**5**

✓ ✗ I have referred to my character's name in my response (Isaac), and to the scenario.

Note: To get full marks for this question, you must link information from the case study to each of the five dimensions of health and wellbeing. For example, you cannot make two links to social health and wellbeing and three links to physical health and wellbeing to be awarded full marks.

2 a [Healthcare professionals for mental health include psychiatrists, who can prescribe medication that treats mental health conditions.**1**][This can promote mental health as some individuals may need to take medication for their mental illness, such as antidepressants, which can help reduce their symptoms.**2**]

✓ ✗ I have described how mental healthcare professionals can provide mental healthcare.**1**

✓ ✗ I have described how this can promote mental health.**2**

b [Visiting a healthcare professional is a direct cost associated with mental health.**1**][This is because direct costs are associated with the prevention and treatment of illness or disease, and healthcare professionals work to prevent and treat illness or disease, such as mental health conditions.**2**]

✓ ✗ I have stated that visiting a healthcare professional is a direct cost associated with mental health.**1**

✓ ✗ I have justified why visiting a healthcare professional is a direct cost associated with mental health.**2**

3 ⌈The personal strategy reflected in the information provided is exercise, which can involve low intensity exercise, such as walking, or high intensity exercise, such as boxing.**1**⌉⌈Exercise releases endorphins, which are chemicals that reduce pain and stress in the body, which can promote feelings of happiness and pleasure, therefore promoting mental health.**2**⌉

    ✓ ✗ I have explained the personal strategy for mental health reflected in the information provided.**1**

    ✓ ✗ I have explained how the personal strategy for mental health reflected in the information provided helps to promote mental health.**2**

4 a ⌈A non-government organisation for mental health is Butterfly Foundation.**1**⌉

    ✓ ✗ I have identified a non-government organisation for mental health.**1**

    Other acceptable answers include:

- Beyond Blue
- R U OK?
- other non-government organisations for mental health.

b ⌈The Butterfly Foundation provides online chat services where people can talk to counsellors.**1**⌉⌈This helps to promote mental health as people can talk about their problems with a professional and receive advice and strategies on how to feel better.**2**⌉

    ✓ ✗ I have explained the work of the organisation identified in **part a**.**1**

    ✓ ✗ I have explained how this work promotes mental health.**2**

5 ⌈The population group whose parent or carer's highest level of education was Year 10 or below was the population group that was most likely to experience a mental disorder.**1**⌉⌈For example, 19.7% of 4 to 17 year olds with a parent whose highest level of education was Year 10 or below experienced a mental disorder, compared to 10.6% of 4 to 17 year olds with a parent whose highest level of education was a bachelor degree or higher.**2**⌉

    ✓ ✗ I have identified the population group that is most likely to experience a mental disorder.**1**

    ✓ ✗ I have used data from the table to support my answer.**2**

    ✓ ✗ I have provided the context of the table.

    ✓ ✗ I have included the correct units of measurement (percent).

6 a ⌈Alcohol is a risk factor for mental health because it is a depressant drug which alters brain chemistry.**1**⌉⌈This means it can increase feelings of sadness and cause people to feel low in mood, which can increase the likelihood of people developing depressive disorders. Therefore, alcohol can act as a risk factor for mental health.**2**⌉

    ✓ ✗ I have explained how alcohol can act as a risk factor for mental health by explaining what it involves.**1**

    ✓ ✗ I have explained in further detail how alcohol can act as a risk factor for mental health, by explaining how it negatively impacts an individual's mental health.**2**

b ⌈A protective factor for mental health is having healthy and positive relationships.**1**⌉⌈Healthy and positive relationships are important for good mental health as they can decrease feelings of isolation and loneliness.**2**⌉

    ✓ ✗ I have identified a protective factor for mental health.**1**

    ✓ ✗ I have described this protective factor for mental health.**2**

7 a ⌈A community value and expectation reflected in the information provided is respect.**1**⌉

    ✓ ✗ I have identified respect as the community value and expectation reflected in the information provided.**1**

b ⌈Respect is important because it is important to treat people with dignity as they may feel embarrassed or ashamed about seeking help for mental health.**1**⌉⌈Therefore, people who want mental health support are more likely to engage fully and effectively with a program that shows respect to them and makes them feel valued and respected.**2**⌉

    ✓ ✗ I have explained why the community value and expectation identified in **part a** is important.**1**

    ✓ ✗ I have explained why the community value and expectation identified in **part a** is important for the successful development of mental health programs.**2**

c ⌈*SANE Australia* provides informative articles and factsheets about mental health, which can help to educate people on mental health.**1**⌉⌈This can promote mental health, as people who are educated about mental health may be more aware of ways they can improve their mental health, such as using personal strategies.**2**⌉

    ✓ ✗ I have described the work of the organisation reflected in the information provided.**1**

    ✓ ✗ I have described how this work promotes mental health.**2**

    ✓ ✗ I have referred to the case study in my response.

d ⌈Youth could go through the 'get involved' section on the *SANE Australia* website and become a *SANE* Peer Ambassador, which allows them to work with *SANE Australia* to promote mental health.**1**⌉

    ✓ ✗ I have outlined one way that youth could use the organisation reflected in the information provided as an opportunity for advocacy and action for mental health.**1**

    ✓ ✗ I have referred to the case study in my response.

8 a ⌈Prevalence refers to the number of cases of a particular disease or condition that are present in the population at a given point in time.**1**⌉

    ✓ ✗ I have outlined what is meant by prevalence.**1**

b ⌈ADHD was the most prevalent mental disorder in Australians aged 4 to 17 years in 2013-2014.**1**⌉⌈For example, 7.4% of Australians aged 4 to 17 years experienced ADHD in 2013-2014. This is in comparison to 2.8% of Australians aged 4 to 17 years experiencing major depressive disorder at this time.**2**⌉

    ✓ ✗ I have identified ADHD as the most prevalent mental disorder in Australians aged 4 to 17 in 2013-2014.**1**

✓ ✗ I have used data from the graph to support my answer.[2]

✓ ✗ I have provided the context of the graph.

✓ ✗ I have included the correct units of measurement (percentage), ensuring to check the axis titles.

9 [Intangible costs are costs that cannot be easily quantified and often involve social and emotional consequences.[1]] [For example, an intangible cost associated with mental health is the increased stress and worry for their future an individual may experience after being diagnosed with a mental illness.[2]] [By contrast, indirect costs are costs that arise due to the existence of disease or illness and are not associated with the prevention or treatment of disease or illness.[3]] [For example, an indirect cost associated with mental health is an individual having to pay for public transport in order to get to a psychologist appointment.[4]]

✓ ✗ I have outlined what is meant by intangible costs associated with mental health.[1]

✓ ✗ I have provided an example of an intangible cost associated with mental health.[2]

✓ ✗ I have outlined what is meant by indirect costs associated with mental health.[3]

✓ ✗ I have provided an example of an indirect cost associated with mental health.[4]

✓ ✗ I have used comparison words, such as 'by contrast'.

Questions from multiple chapters

10 a [Employment is a sociocultural factor that contributes to the variations in health status and health behaviours of youth.[1]]

✓ ✗ I have identified a sociocultural factor that contributes to the variations in health status and health behaviours of youth.[1]

Other acceptable answers include:

- other sociocultural factors, so as long as they can be adequately described as mental health risk and protective factors in **part b**.

b i [Employment that is meaningful and fulfilling can help increase an individual's self–esteem, which can decrease their likelihood of experiencing poor mental health, therefore acting as a mental health protective factor.[1]]

✓ ✗ I have suggested how the sociocultural factor identified in **part a** may act as a mental health protective factor.[1]

ii [Employment that is stressful and highly demanding can increase an individual's stress and anxiety, which can increase their likelihood of experiencing poor mental health, such as having an anxiety disorder, therefore acting as a mental health risk factor.[1]]

✓ ✗ I have suggested how the sociocultural factor identified in **part a** may act as a mental health risk factor.[1]

Unit 1 AOS 3 Review

1 a [Intangible costs are costs that are not related to money and cannot be easily quantified or physically grasped, and often involve social and emotional consequences.[1]]

✓ ✗ I have outlined what is meant by intangible costs associated with mental health.[1]

b [An example of an intangible cost associated with mental health is the loss of quality of life that can occur from experiencing a mental illness.[1]]

✓ ✗ I have provided one example of an intangible cost associated with mental health.[1]

2 [Health action refers to a range of behaviours and processes that are made with the aim of creating positive change and achieving health outcomes for a health issue, cause, or interest.[1]]

✓ ✗ I have outlined what is meant by health action.[1]

3 a [Verbal bullying is the most commonly experienced type of bullying in Australians aged 15-19 year olds.[1]] [For example, in the past 12 months approximately 71% of 15-19 year olds experienced verbal bullying compared to approximately 22% of 15-19 year olds who experienced physical bullying.[2]]

✓ ✗ I have identified verbal bullying as the most common type of bullying experienced by 15-19 year olds.[1]

✓ ✗ I have used data from the graph to support my answer.[2]

✓ ✗ I have provided the context of the graph.

✓ ✗ I have included the correct units of measurement, ensuring to check the axis titles (percentage).

✓ ✗ I have used a qualifier, such as 'approximately', when referring to data.

b [Bullying refers to physical, verbal or social actions that intentionally aim to harm, hurt, or cause pain to an individual.[1]]

✓ ✗ I have outlined what is meant by bullying.[1]

c [Bullying involves intentional acts that aim to harm or injure an individual, and can be significantly damaging to an individual's health.[1]] [Many young people experience bullying and suffer its negative impacts, such as depression and anxiety. As bullying has very serious effects and is common among young people, it requires health action.[2]]

✓ ✗ I have described what bullying involves.[1]

✓ ✗ I have described why this requires health action.[2]

d [Bullying can make people feel isolated from others, which can negatively impact spiritual health and wellbeing.[1]] [This is because feelings of isolation can reduce an individual's sense of belonging, if they are being treated poorly by the people around them.[2]]

✓ ✗ I have discussed how bullying impacts health and wellbeing, with reference to a health and wellbeing dimension.[1]

✓ ✗ I have discussed how bullying impacts health and wellbeing in further detail, with reference to a component of a health and wellbeing dimension.[2]

4 a [A program for youth health and wellbeing is the Coward's Punch Campaign.**1**][The Coward's Punch Campaign aims to reduce the harm that is caused by one-punch attacks and other forms of street violence.**2**]

> ✓ ✕   I have identified a program for youth health and wellbeing.**1**
>
> ✓ ✕   I have described this program for youth health and wellbeing.**2**

Other acceptable answers:

- other programs for youth health and wellbeing, such as This Girl Can.

b [The Coward's Punch Campaign provides support for victims of one-punch attacks, such as counselling services and helplines.**1**] [This can reduce stress and anxiety not only for the victim but also for their friends and family, therefore promoting mental health and wellbeing in youth.**2**]

> ✓ ✕   I have described what the program identified in **part a** involves.**1**
>
> ✓ ✕   I have described how this promotes youth health and wellbeing, with reference to a health and wellbeing dimension.**2**

5 a [A community value and expectation for youth health and wellbeing programs reflected in the information provided is respect.**1**]

> ✓ ✕   I have identified a community value and expectation for youth health and wellbeing programs reflected in the information provided.**1**

Other acceptable answers include:

- accessibility, through providing online exercise videos.

b [Respect is important because it means people are valued and are being treated fairly and with dignity by others.**1**] [Therefore, respect is needed for successful youth health and wellbeing programs, as more people are likely to effectively engage with a program if they feel that they are being treated with dignity and respect.**2**]

> ✓ ✕   I have explained why the community value and expectation identified in **part a** is important.**1**
>
> ✓ ✕   I have justified why the community value and expectation identified in **part a** is needed for successful youth health and wellbeing programs based on the reason previously discussed.**2**

6 a [An organisation for mental health is Beyond Blue.**1**]

> ✓ ✕   I have identified an organisation for mental health.**1**

Other acceptable answers include:

- other organisations for mental health, such as The Butterfly Foundation.

b [Beyond Blue provides people with a range of mental health services, such as a resource library that has informative articles, brochures, and fact sheets about mental health.**1**] [This helps to promote mental health through educating people on how to prevent and treat mental health problems and/or mental illnesses.**2**]

> ✓ ✕   I have described what the organisation identified in **part a** involves.**1**
>
> ✓ ✕   I have described how this promotes mental health.**2**

c [Hospital care for mental health can involve providing individuals with high levels of supervision and care day and night.**1**] [This promotes mental health by reducing the likelihood of individuals relapsing or self-harming, as they are being supervised and monitored.**2**]

> ✓ ✕   I have explained what hospital care for mental health involves.**1**
>
> ✓ ✕   I have explained how this promotes mental health.**2**

7 [Risk factors refer to things that can negatively impact health by increasing the likelihood of developing a disease, illness, or injury.**1**] [For example, excessive use of alcohol and drugs can act as a risk factor for mental health. This is because alcohol and drugs can have negative chemical effects on the brain, such as increased feelings of anxiety or depression.**2**] [By contrast, protective factors refer to things that reduce the likelihood of negative health outcomes and reduce the potential negative impact of a risk factor on health.**3**] [For example, regular exercise can act as a protective factor for mental health. This is because exercise can be used as an outlet for stress and anxiety, meaning it can act as a healthy tool for coping with mental health challenges.**4**]

> ✓ ✕   I have described risk factors.**1**
>
> ✓ ✕   I have described an example of risk factors.**2**
>
> ✓ ✕   I have described protective factors.**3**
>
> ✓ ✕   I have described an example of protective factors.**4**
>
> ✓ ✕   I have used comparison words, such as 'by contrast'.

8 Students needed to display that they had a thorough understanding of the question by demonstrating:

- an effectively structured response
- that the stimulus materials had been understood, connected, and synthesised
- that the student's own understanding had been used to formulate the response
- that all of the stimulus materials are referenced in the response.

In relation to the impact of poor mental health on the dimensions of health and wellbeing, discussion of the following would be awarded:

- Discussion of the impact of poor mental health on the dimensions of health and wellbeing.
- Discussion of source 1 would be appropriate here. For example, students could discuss how Jacinta's poor mental health is impacting her health and wellbeing. Some links are evident in the case study, and some would need to be formed by students based on their own knowledge.

In relation to risk and protective factors for mental health, discussion of the following would be awarded:

- Discussion of risk factors and protective factors, including explaining what they are and providing examples of both risk and protective factors for mental health.
- Discussion of source 1 would be appropriate here. For example, students could discuss risk factors and protective factors in Jacinta's life, such as seeing a psychologist or the loss of a loved one.

- Discussion of source 2 would also be appropriate here, however, source 2 would be best used to discuss personal strategies for mental health.

In relation to personal strategies for mental health, discussion of the following would be awarded:

- Discussion of what personal strategies are and examples of personal strategies for mental health.
- Discussion of source 2 would be appropriate here. For example, students could discuss how the flyer presents personal strategies for mental health and explain how these promote good mental health, based on their own knowledge.

In relation to mental healthcare professionals and hospital and emergency care for mental health, discussion of the following would be awarded:

- Discussion of mental healthcare services would be appropriate here, including mental healthcare professionals and hospital and emergency care for mental health. This would include discussion of what these services involve and how they promote mental health.
- Discussion of source 3 would be appropriate here.

9 [A trend related to mental health in Australian youth is that over time it has been shown that ADHD, depressive disorders, and anxiety disorders are the most common mental disorders experienced by Australian youth.[1]]

✓ ✗   I have outlined one trend related to mental health in Australian youth.[1]

10 [A youth health and wellbeing issue is stress.[1]][Stress can increase the likelihood of a young person gaining weight, therefore negatively impacting physical health and wellbeing.[2]][This is because stress can increase cortisol in the body which increases insulin levels and therefore increase hunger levels, meaning an individual may struggle to maintain a healthy body weight.[3]][Stress can also increase feelings of irritability and anger, which can negatively impact emotional health and wellbeing.[4]][This because increased irritability and anger can increase the likelihood of an individual having emotional outbursts and struggling to respond to their emotions appropriately.[5]]

✓ ✗   I have identified a youth health and wellbeing issue.[1]

✓ ✗   I have discussed how this youth health and wellbeing issue impacts health and wellbeing, with reference to a health and wellbeing dimension.[2]

✓ ✗   I have discussed how this youth health and wellbeing issue impacts health and wellbeing in further detail, with reference to a component of a health and wellbeing dimension.[3]

✓ ✗   I have discussed how this youth health and wellbeing issue impacts health and wellbeing, with reference to another health and wellbeing dimension.[4]

✓ ✗   I have discussed how this youth health and wellbeing issue impacts health and wellbeing in further detail, with reference to another component of a health and wellbeing dimension.[5]

11 a [Prevalence refers to the number of cases of a particular disease or condition that are present in the population at a given point in time,[1]][whereas incidence refers to the number of new cases of a particular disease or condition that arise in the population in a certain period of time.[2]]

✓ ✗   I have described prevalence.[1]

✓ ✗   I have described incidence.[2]

✓ ✗   I have used comparison words, such as 'whereas'.

b [A comparison between males and females is that males have a higher prevalence of mental disorders than females.[1]][For example, over a 12 month period, 16.3% of males aged 14-17 years old had a mental disorder, which is higher than the 11.5% of females aged 14-17 years old who had a mental disorder.[2]]

✓ ✗   I have drawn a comparison between the prevalence of mental disorders in males and females.[1]

✓ ✗   I have used data from the graph to support my response.[2]

✓ ✗   I have included the correct units of measurement, ensuring to check the axis titles (percentage).

c [A trend related to mental health in Australian youth is that over time it has been shown that minority population groups are more vulnerable to developing mental illnesses, such as people with low socioeconomic status.[1]]

✓ ✗   I have outlined a trend related to mental health in Australian youth.[1]

12 a [An example of advocacy for mental health is campaigning for improved mental healthcare services.[1]]

✓ ✗   I have identified an example of advocacy for mental health.[1]

b [An example of action for mental health is working with an organisation for mental health to provide mental health services for people.[1]]

✓ ✗   I have identified an example of action for mental health.[1]

c [Advocacy and action for mental health is about the public support and promotion of mental health and the behaviours and processes made in relation to improving mental health.[1]][Advocacy and action for mental health can promote mental health by raising awareness and reducing stigma associated with mental health, meaning more people may feel comfortable receiving help.[2]]

✓ ✗   I have explained what advocacy and action for mental health involves.[1]

✓ ✗   I have explained how this promotes mental health.[2]

13 [A community value and expectation for youth mental health programs is privacy and confidentiality.[1]]

✓ ✗   I have identified a community value and expectation for youth mental health programs.[1]

Other acceptable answers include:

- other community values and expectations for youth mental health programs, such as respect.

7A   The human lifespan

Theory–review questions

1 A. True. *The human lifespan involves all these three concepts.*

2 I; III. *Both prenatal and middle adulthood are stages of the human lifespan, whilst midlife crisis is not a stage of the human lifespan.*

3 A. True. *The human lifespan begins at conception which is a part of the prenatal stage. Therefore, the human lifespan starts at the prenatal stage.*

4 A. *The infancy stage occurs from birth to two years old, which is the age group in which most individuals learn to crawl and walk.*

5 I; II; III. *All these concepts occur in childhood, as children attend primary school where they can form relationships and develop their motor skills.*

6 B. *It is common for youth to spend more time with friends rather than family as they often gain independence and freedom in this stage.*

7 A. True. *In early adulthood, it is likely that some people may think about getting married as this stage often ranges from ages 18–40.*

8 A. *Although the body declines throughout late adulthood, it begins to decline in middle adulthood.*

9 I; II; III. *All these concepts relate to late adulthood, as this is the last stage of the human lifespan when people reach 65 until their eventual death.*

Skills

Unpacking the case study

10 A   **11** A   **12** A

Perfect your phrasing

13 A

Exam–style questions

14 [The infancy stage of the human lifespan occurs from birth until two years old.[1]][This stage involves physical growth as well as learning basic life skills such as how to walk and talk.[2]]

✓ ✗ I have identified the approximate age range of the infancy stage.[1]

✓ ✗ I have identified some key aspects of the infancy stage.[2]

15 **a** [A developmental milestone is a task, event, or skill that occurs or is expected to occur within a certain age range.[1]]

✓ ✗ I have provided an appropriate explanation of developmental milestones.[1]

b [A developmental milestone that occurs in the childhood stage of the human lifespan is attending primary school.[1]]

✓ ✗ I have provided an appropriate example of a developmental milestone in the childhood stage of the human lifespan.[1]

Other acceptable answers include:

- completing primary school
- learning to read
- learning to write.

16 [A developmental milestone that may occur in early adulthood is moving out of home.[1]][This is a developmental milestone because it is an event that often occurs and can be expected to occur within the early adulthood age range of 18–40.[2]]

✓ ✗ I have provided an appropriate example of a developmental milestone that may occur in early adulthood.[1]

✓ ✗ I have explained why this is a developmental milestone.[2]

17 [One reason why youth is important is because individuals in this stage have an increase in independence.[1]][This is important because it involves learning key skills such as responsibility.[2]][Another reason why youth is important is because individuals go through physical changes known as puberty.[3]][This is important because puberty involves transitioning from a child to an adult physically.[4]]

✓ ✗ I have identified a reason why youth is important.[1]

✓ ✗ I have explained this reason.[2]

✓ ✗ I have identified another reason why youth is important.[3]

✓ ✗ I have explained this reason.[4]

18 **a** [Motor skills are functions that involve the ability to move.[1]]

✓ ✗ I have provided an appropriate explanation of motor skills.[1]

b [A type of motor skill is fine motor skills.[1]][Fine motor skills are functions that involve the ability to move via the controlled use of small muscle groups.[2]][Another type of motor skill is gross motor skills.[3]][Gross motor skills are functions that involve the ability to move via the controlled use of large muscle groups.[4]]

✓ ✗ I have identified fine motor skills as a type of motor skill.[1]

✓ ✗ I have explained fine motor skills.[2]

✓ ✗ I have identified gross motor skills as a type of motor skill.[3]

✓ ✗ I have explained gross motor skills.[4]

Questions from multiple lessons

19 [Peer influence may involve peers encouraging and supporting each other with their challenges.[1]][This may help ease challenges in the youth stage as peers may help each other with managing commitments from school, work, or extracurricular activities.[2]]

✓ ✗ I have provided a reason of how peers can influence each other.[1]

✓ ✗ I have explained how this can make the challenges of youth easier.[2]

7B   Youth and adulthood

Theory-review questions

1 A. True. *Perceptions are subjective and personal views which means they can be positive or negative, as they are related to an individual's opinion.*

2 B. False. *Perceptions are not based on factual information, rather, they are subjective which means they are not always true.*

3 A. True. *Perception can be influenced by many factors, such as news and the media.*

7B

4 A. True. *A common perception of youth is that they are lazy.*

5 A. True. *Perception can be influenced by a variety of factors, including the media. Therefore, people may have certain perceptions due to the media.*

6 I;II;III. *All answers are correct. The idea that adults are responsible, financially stable, and bad at using technology are all common perceptions people may have of adults.*

7 B. False. *The idea that most adults are married is a perception and not a fact.*

8 A. True. *Youth are often portrayed and viewed negatively, which can be incorrect, and therefore is harmful as it can lead youth to viewing themselves negatively too.*

Skills

Unpacking the case study

9 B   **10** A   **11** B

Exam-style questions

12 [A factor that may influence an individual's perception of youth is the media.[1]]

✓ ✗ I have identified a factor that influences perception.[1]

Other acceptable answers include:

- news
- socioeconomic status
- past experiences
- other factors that influence perception.

13 [A common perception individuals may have of adults is that they are responsible.[1]][This may involve viewing adults as people who always make healthy choices and good decisions.[2]]

✓ ✗ I have identified a common perception of adults.[1]

✓ ✗ I have described this common perception of adults.[2]

14 [A negative perception individuals may have of youth is that they are lazy.[1]][This may involve viewing youth as people who sleep in, are unable to get jobs done, watch lots of television, and perform poorly in school.[2]]

✓ ✗ I have identified a negative perception of youth.[1]

✓ ✗ I have described this negative perception of youth.[2]

15 [A stereotype is a commonly held but overly generalised attitude or belief about a certain concept, person, or group of people.[1]][An example of a stereotype is the belief that all adults are bossy and controlling.[2]]

✓ ✗ I have explained what the term 'stereotype' means.[1]

✓ ✗ I have provided an example of a stereotype.[2]

16 [Teenagers may have a negative perception of adults due to past experience.[1]][This is because teenagers may have had a bad experience with an adult in the past, such as being unfairly yelled at by an adult, and therefore view all adults as rude and aggressive.[2]][Another reason why teenagers may have a negative perception of adults is due to the media.[3]][The media may present adults as controlling and bossy in movies or television shows which may influence teenagers to perceive all adults in this way.[4]]

✓ ✗ I have provided a reason why teenagers may have a negative perception of adults.[1]

✓ ✗ I have explained how my chosen reason contributes to a negative perception of adults.[2]

✓ ✗ I have provided another reason why teenagers may have a negative perception of adults.[3]

✓ ✗ I have explained how my chosen reason contributes to a negative perception of adults.[4]

17 [A factor that may influence individuals to incorrectly perceive youth is the media.[1]][This is because the media portrays youth in many generalised and stereotyped ways, such as youth being selfish and narcissistic.[2]][A factor that may influence individuals to incorrectly perceive adults is personal values.[3]][This is because some people may believe all adults are authority figures and leaders, although this is not always accurate.[4]]

✓ ✗ I have provided a factor that relates to youth.[1]

✓ ✗ I have explained how this factor can influence incorrect perceptions of youth.[2]

✓ ✗ I have provided a factor that relates to adults.[3]

✓ ✗ I have explained how this factor can influence incorrect perceptions of adults.[4]

Questions from multiple lessons

18 [An example of a stereotype that negatively impacts health and wellbeing for youth is the common perception of youth being lazy.[1]][If youth are constantly perceived as lazy, careless, and having low levels of activity or engagement in tasks, it may lead to youth feeling negatively about themselves, such as having lower levels of confidence and self esteem, which can lead to poor mental health and wellbeing.[2]]

✓ ✗ I have identified an example of stereotyping that can negatively impact health and wellbeing.[1]

✓ ✗ I have explained how this example of stereotyping negatively impacts health and wellbeing, with reference to a health and wellbeing dimension.[2]

7C   Development

Theory-review questions

1 I; II; III. *Physical, intellectual, and social are all types of development.*

2 A. True. *Physical development involves bodily changes which includes growth in height.*

3 A. *Intellectual development relates most to changes in the brain, whereas physical development relates most to changes in the body.*

4 A. True. *Thought processes include concrete thoughts and abstract thoughts, and they relate to the brain, which means they are a part of intellectual development.*

5 A. True. *Emotional development relates to expressing, understanding, and communicating emotions.*

6 A. *Self-esteem is about how an individual views their worth and value as a person. It therefore relates to emotional development as it is about an individual's emotions towards themselves.*

7C

7 B. False. *Social development involves many different concepts, such as social roles and behaviours, not just having good relationships.*

8 I; II; III. *These three concepts are all related to social development, as they relate to an individual's place in society.*

Skills

Unpacking the case study

9 A   **10** B   **11** B

Perfect your phrasing

12 A

Exam-style questions

13 [An example of intellectual development may be an individual developing abstract thought processes, such as being able to think about the future.**1**]

⬜ ✕ I have provided an example of intellectual development.**1**

14 [Physical development refers to bodily changes relating to body size, shape, systems, and structure, that occur across the lifespan.**1**] [Characteristics of physical development include changes in body weight and height.**2**]

⬜ ✕ I have explained physical development.**1**

⬜ ✕ I have explained characteristics of physical development.**2**

15 [Self-concept is an individual's view and perception of their own self,**1**] [whereas self-esteem is an individual's view and perception of their own worth.**2**]

⬜ ✕ I have explained self-concept.**1**

⬜ ✕ I have explained self-esteem.**2**

⬜ ✕ I have used comparison words, such as 'whereas'.

16 [Social development refers to changes relating to communication, relationships, and socialising, that occur across the lifespan,**1**] [whereas emotional development refers to changes that relate to expressing, understanding, and communicating emotions, that occur across the lifespan.**2**]

⬜ ✕ I have described social development.**1**

⬜ ✕ I have described emotional development.**2**

⬜ ✕ I have used comparison words such as 'whereas'.

17 [Social development refers to changes relating to communication, relationships, and socialising, that occur across the lifespan.**1**] [A characteristic of social development is social roles, which relates to the expectations of an individual in terms of their place in certain social situations.**2**] [An example of a social role is being a mother, as this may include social expectations of undertaking domestic duties and looking after children.**3**]

⬜ ✕ I have explained social development.**1**

⬜ ✕ I have explained a characteristic of social development.**2**

⬜ ✕ I have used an example in my answer.**3**

18 **a** [Intellectual development refers to changes in the brain, including thought processes, knowledge, and understanding, that occur due to an increase in age.**1**] [Characteristics of intellectual development include knowledge and memory.**2**]

⬜ ✕ I have described intellectual development.**1**

⬜ ✕ I have described intellectual development in further detail by stating characteristics of intellectual development.**2**

b [A characteristic of intellectual development is thinking, which involves concrete and abstract thought processes.**1**] [Another characteristic of intellectual development is attention.**2**]

⬜ ✕ I have identified a characteristic of intellectual development.**1**

⬜ ✕ I have identified another characteristic of intellectual development.**2**

c [A type of thought formed in intellectual development is concrete thought.**1**] [Another type of thought formed in intellectual development is abstract thought.**2**]

⬜ ✕ I have identified a type of thought formed in intellectual development.**1**

⬜ ✕ I have identified another type of thought formed in intellectual development.**2**

Questions from multiple lessons

19 [An individual's diet may impact their physical development because they may not consume enough calcium.**1**] [Therefore an individual may not physically develop into a strong fully grown individual because calcium is an important nutrient for strong bones.**2**] [Another way an individual's diet may impact their physical development is if they may consume too much sodium.**3**] [This may lead to increased blood pressure and therefore could negatively impact the development of organs, such as the heart, because the heart is involved in blood circulation.**4**]

⬜ ✕ I have identified a way in which diet may impact physical development.**1**

⬜ ✕ I have explained how this could impact physical development.**2**

⬜ ✕ I have identified another way in which diet may impact physical development.**3**

⬜ ✕ I have explained how this could impact physical development.**4**

7D Developmental transitions

Theory-review questions

1 B. False. *Turning 18 means an individual is legally recognised as an adult, however, this does not mean that they will feel like a fully developed adult. This is because the developmental process is different for everyone and also because new research is suggesting our brain and body are not fully developed at 18 years of age.*

2 I; II; III. *The transition from youth to adulthood involves many changes, and therefore, all answers are correct.*

3 B. False. *Puberty occurs in the transition from youth to adulthood, however, there is no definitive age that this process begins and ends.*

7D

4 A. True. *Self-esteem can change and fluctuate from youth to adulthood because individuals in this transitional stage undergo new life experiences, such as graduating from school, moving out of home, and/or seeking employment.*

5 B. *Growing taller is a physical developmental transition from youth to adulthood, whereas improved memory is intellectual because it relates to the brain and brain functioning.*

6 A. True. *Social pressure is commonly experienced in the youth to adulthood transition.*

7 A. True. *Resilience does develop in the youth to adulthood transition, but it is also developed across the entire human lifespan.*

8 B. False. *The transition from youth to adulthood is personal and subjective; therefore, individuals do not experience the same transitions.*

Skills

Unpacking the case study

9 A   **10** B   **11** A

Exam-style questions

12 [Increased self-esteem.**1**]

✓ ✗ I have identified one example of an emotional developmental transition from youth to adulthood.**1**

Other acceptable answers include:

- a wider range of emotions experienced
- a wide range of emotions expressed
- strengthened resilience
- other emotional developmental transitions from youth to adulthood.

13 [An intellectual developmental transition from youth to adulthood involves changes in thinking patterns,**1**][which may involve an increase in abstract thinking, such as thinking about goals and dreams.**2**]

✓ ✗ I have identified an intellectual developmental transition from youth to adulthood.**1**

✓ ✗ I have described this intellectual developmental transition from youth to adulthood in further detail.**2**

14 [Relationships can change from youth to adulthood as they become stronger.**1**][This can involve relationships with classmates and peers intensifying and becoming more important to youth as they transition into adulthood.**2**]

✓ ✗ I have identified a way in which relationships can change from youth to adulthood.**1**

✓ ✗ I have explained this change in further detail.**2**

15 **a** [Puberty is the process in which an individual's body physically changes in order to become capable of sexual reproduction.**1**]

✓ ✗ I have explained what puberty is.**1**

b [Primary sex characteristics are characteristics that are present at birth and relate directly to an individual's reproductive organs.**1**]

✓ ✗ I have explained what primary sex characteristics are.**1**

c [Secondary sex characteristics are characteristics that develop during puberty and do not directly relate to an individual's reproductive organs.**1**]

✓ ✗ I have explained what secondary sex characteristics are.**1**

16 [The transition from youth to adulthood is a personal experience because it is subjective and not the same for everyone.**1**][For example, in the transition from youth to adulthood, an individual may experience social pressure in the form of peer pressure, such as feeling forced to neglect studying or drink alcohol, whereas another individual may experience social pressure from their parents to perform well in school.**2**][This reflects the personal nature of the transition from youth to adulthood as the experience is dependent upon the individual.**3**]

✓ ✗ I have explained why the transition from youth to adulthood is a personal experience.**1**

✓ ✗ I have used an example of how the transition from youth to adulthood is a personal experience in my answer.**2**

✓ ✗ I have linked my example to the transition from youth to adulthood being a personal experience.**3**

17 [Intellectual developmental transitions from youth to adulthood involve an increase in abstract thinking.**1**][Abstract thinking can include thinking about the future, which can influence emotional developmental transitions by causing changes in self-esteem because individuals begin to think about what the future will look like for them.**2**][Another intellectual developmental transition involves moral development.**3**] [Moral development involves forming morals, which can influence emotional developmental transitions by assisting in the formation of self-concept and identity.**4**]

✓ ✗ I have explained an intellectual developmental transition.**1**

✓ ✗ I have explained how this transition may influence an emotional developmental transition.**2**

✓ ✗ I have explained another intellectual developmental transition.**3**

✓ ✗ I have explained how this transition may influence an emotional developmental transition.**4**

18 [Xavier's physical developmental transitions reflected in the case study include the growth spurt he experienced in his early high school years.**1**][Xavier's intellectual developmental transitions include his ability to use problem solving skills and his abstract thinking about the future.**2**][Xavier's emotional developmental transitions study include him building resilience by facing challenges with a positive attitude.**3**] [Xavier's social developmental transitions include his experience with social pressure, and that his relationships with his team members have become stronger.**4**]

✓ ✗ I have discussed an example of a physical developmental transition experienced by Xavier evident in the information.**1**

✓ ✗ I have discussed an example of an intellectual development transition experienced by Xavier evident in the information.**2**

✓ ✗ I have discussed an emotional developmental transition experienced by Xavier evident in the information.**3**

✓ ✗ I have discussed a social developmental transition experienced by Xavier evident in the information.**4**

7D

Questions from multiple lessons

19 ⌈A mental health risk factor that may impact an individual's social developmental transition from youth to adulthood is social exclusion.**1**⌉ ⌈This is because if an individual is excluded socially from their peers or colleagues, they are likely to feel isolated and therefore not interact with others. This can mean they will not develop strong relationships, which is a social developmental transition.**2**⌉ ⌈A mental health protective factor that may impact an individual's social developmental transition from youth to adulthood is a stable home environment.**3**⌉ ⌈This is because having a stable home environment will allow individuals to interact regularly with others in an appropriate and healthy way, which will help them to learn how to behave in different social situations, which is a part of social developmental transitions from youth to adulthood.**4**⌉

✓ ✕ I have identified a mental health risk factor that may impact an individual's social developmental transition from youth to adulthood.**1**

✓ ✕ I have explained how this mental health risk factor may impact an individual's social developmental transition from youth to adulthood, with reference to a specific transition.**2**

✓ ✕ I have identified a mental health protective factor that may impact an individual's social developmental transition from youth to adulthood.**3**

✓ ✕ I have explained how this mental health protective factor may impact an individual's social developmental transition from youth to adulthood, with reference to a specific transition.**4**

Chapter 7 test

1 ⌈A developmental milestone is a task, event, or skill that occurs or is expected to occur within a certain age group.**1**⌉ ⌈For example, attending primary school is a developmental milestone in the childhood stage of the human lifespan.**2**⌉

✓ ✕ I have outlined what is meant by the term 'developmental milestone'.**1**

✓ ✕ I have included an example of a developmental milestone in my answer.**2**

2 ⌈The childhood stage of the human lifespan is from age two up until age 12,**1**⌉ ⌈and it involves physical growth and learning skills such as reading and writing.**2**⌉

✓ ✕ I have identified when the childhood stage of the human lifespan is.**1**

✓ ✕ I have described the childhood stage of the human lifespan in further detail.**2**

3 ⌈A common perception individuals may have of youth is that youth are irresponsible.**1**⌉ ⌈This may involve viewing youth as people who make thoughtless decisions and engage in risky behaviour, such as smoking.**2**⌉

✓ ✕ I have identified a common perception of youth.**1**

✓ ✕ I have described this common perception of youth in further detail.**2**

4 ⌈Social development refers to changes relating to communication, relationships, and socialising that occur across the lifespan.**1**⌉ ⌈A characteristic of social development involves changes to relationships.**2**⌉

✓ ✕ I have discussed what is meant by the term 'social development'.**1**

✓ ✕ I have discussed in further detail what is meant by the term 'social development' by stating a characteristic of social development.**2**

5 ⌈A physical developmental transition from youth to adulthood is puberty.**1**⌉ ⌈Puberty is the natural process in which an individual's body physically changes and matures in order to become capable of sexual reproduction.**2**⌉

✓ ✕ I have identified a physical developmental transition from youth to adulthood.**1**

✓ ✕ I have described this physical developmental transition in further detail.**2**

6 ⌈A common negative perception individuals may have of adults is that they are bossy.**1**⌉ ⌈This may involve viewing adults as people who are controlling and tell everyone what to do.**2**⌉ ⌈This is a common negative perception because some media forms, such as television, portray adults as bossy, which leads people to commonly view adults in this way.**3**⌉

✓ ✕ I have identified a common negative perception individuals may have of adults.**1**

✓ ✕ I have explained this common negative perception in further detail.**2**

✓ ✕ I have justified my response by explaining why it is a common perception.**3**

7 a ⌈The middle adulthood stage of the human lifespan is from age 40 to 65,**1**⌉ ⌈and it involves changes in relationships and family life, and a decline in the body.**2**⌉

✓ ✕ I have identified when the middle adulthood stage of the human lifespan is.**1**

✓ ✕ I have further outlined the middle adulthood stage of the human lifespan, by discussing key aspects of this stage.**2**

b ⌈A developmental milestone in the middle adulthood stage may include an individual's children moving out of home.**1**⌉

✓ ✕ I have identified an appropriate developmental milestone in the middle adulthood stage of the human lifespan.**1**

8 ⌈Intellectual development refers to changes in the brain, including thought processes, knowledge, and understanding, that occur across the lifespan.**1**⌉ ⌈This may involve the development of attention, memory, and language skills.**2**⌉ ⌈For example, if an individual begins to have abstract thoughts, such as thinking about the future, rather than only concrete thoughts, they are experiencing intellectual development.**3**⌉

✓ ✕ I have explained intellectual development.**1**

✓ ✕ I have explained intellectual development in further detail by stating characteristics of intellectual development.**2**

✓ ✕ I have used an example of intellectual development in my answer.**3**

9 a [The media can influence an individual's perception because it is a source of information widely available in society.**1**] [An individual may view teenagers as lazy because of watching television shows that portray teenagers as lazy.**2**]

✓ ✗   I have explained how the media can influence perception of youth or adulthood as stages of the lifespan.**1**

✓ ✗   I have explained how the media can influence perception in further detail by using an example.**2**

b [A factor that can influence perception is past experience.**1**] [Another factor that can influence perception is culture.**2**]

✓ ✗   I have identified a factor that can influence perception of youth or adulthood as stages of the lifespan.**1**

✓ ✗   I have identified another factor that can influence perception of youth or adulthood as stages of the lifespan.**2**

Other acceptable answers include:

- geographical location
- personal values and beliefs
- opinions of other people
- other factors that influence perception.

10 a [Emotional development refers to changes that relate to expressing, understanding, and communicating emotions that occur across the lifespan.**1**]

✓ ✗   I have stated what emotional development is.**1**

b [A characteristic of emotional development is self-esteem.**1**] [Self-esteem is an individual's view and perception of their own worth.**2**]

✓ ✗   I have identified a characteristic of emotional development.**1**

✓ ✗   I have outlined what this characteristic involves.**2**

c [An emotional developmental transition from youth to adulthood involves building resilience.**1**] [This is because individuals in this transition experience many new challenges, such as the increasing study and homework demands of high school, which require them to strengthen and build their resilience in order to continue living their everyday life.**2**]

✓ ✗   I have identified an emotional developmental transition from youth to adulthood.**1**

✓ ✗   I have explained this emotional developmental transition from youth to adulthood in further detail.**2**

Questions from multiple chapters

11 a [A sociocultural factor is income.**1**]

✓ ✗   I have identified one example of a sociocultural factor.**1**

Other acceptable answers include:

- peer group
- housing
- education
- other sociocultural factors.

b [The sociocultural factor income can impact physical developmental transitions from youth to adulthood because individuals may not be able to afford healthy and nutritious food.**1**] [This means that individuals in this transition may not meet their energy and nutrient requirements which could inhibit their growth and development, such as not experiencing a height increase or growth spurt.**2**]

✓ ✗   I have identified a way that a sociocultural factor can impact physical developmental transitions from youth to adulthood.**1**

✓ ✗   I have explained this impact in further detail.**2**

8A   Healthy and respectful relationships

Theory-review questions

1 B. False. *It is true that we all have many different types of relationships in our lives, but they are not always all healthy.*

2 A. True. *There are many different characteristics of healthy and respectful relationships, including mutual respect, equality, and loyalty.*

3 A. True. *Healthy and respectful relationships often have good communication and mutual respect, but these are not the only characteristics of healthy and respectful relationships.*

4 I; II; III. *These three concepts are all characteristics of healthy and respectful relationships.*

5 B. False. *Conflict in a relationship is not always a bad thing and when it is present it does not automatically mean the relationship is unhealthy.*

6 A. True. *When a relationship is unhealthy, there is a high chance it could be negatively impacting a dimension of the individual's health and wellbeing and therefore impact their ability to achieve optimal health and wellbeing.*

7 A. True. *Healthy and respectful relationships impact all of the different aspects of an individual's development.*

8 I; II; III. *There are many different types of relationships and these are three examples of relationships individuals may have in their lives.*

Skills

Unpacking the case study

9 B   **10** A   **11** A

Exam-style questions

12 **a** [A relationship is a connection between two or more people.[1]]

✓ ✗ I have outlined what a relationship is.[1]

b [A healthy and respectful relationship is a relationship that exists between two or more individuals, which are built on mutual respect, trust, honesty, and loyalty, where each individual feels comfortable and safe.[1]]

✓ ✗ I have outlined what a healthy and respectful relationship is.[1]

13 [Three characteristics of a healthy and respectful relationship include mutual respect,[1]][loyalty,[2]][and honesty.[3]]

✓ ✗ I have identified one characteristic of a healthy and respectful relationship.[1]

✓ ✗ I have identified another characteristic of a healthy and respectful relationship.[2]

✓ ✗ I have identified a third characteristic of a healthy and respectful relationship.[3]

Other acceptable answers include:

- other characteristics of healthy relationships, such as equality, trust, safety, empathy, compromise, or communication.

14 [A healthy and respectful relationship with a group of friends,[1]][involves individuals feeling respected and as though they are a valued member of a group.[2]][This promotes an individual's spiritual health and wellbeing as being cared for and feeling valued in a relationship fosters a sense of belonging.[3]]

✓ ✗ I have identified an example of a relationship.[1]

✓ ✗ I have identified a characteristic of this relationship that makes it healthy and respectful.[2]

✓ ✗ I have explained how the presence of this characteristic in a relationship promotes the spiritual dimension of health and wellbeing, with reference to a component of this health and wellbeing dimension.[3]

15 [A healthy and respectful relationship with an individual's family,[1]][involves feeling accepted, supported, and as though they are in a safe environment to ask questions and contribute to conversations.[2]][This promotes an individual's intellectual development because if a child is raised in an environment like this, they are more likely to develop their language and knowledge.[3]]

✓ ✗ I have identified one example of a relationship.[1]

✓ ✗ I have identified a characteristic of this relationship that makes it healthy and respectful.[2]

✓ ✗ I have explained how the presence of this characteristic in a relationship promotes a type of development.[3]

Other acceptable answers include:

- the other types of development, including physical, emotional, and social.

16 **a** [This is a healthy and respectful relationship,[1]][because Jaxon is a very loyal friend and has never left Frazer's side when he is upset.[2]]

✓ ✗ I have identified this relationship as being healthy and respectful.[1]

✓ ✗ I have identified one example to support my decision.[2]

✓ ✗ I have referred to the characters' names in my response (Jaxon and Frazer), and to the scenario.

Other acceptable answers include:

- you may have also mentioned how Jaxon respects Frazer's interests or how he listens to Frazer and is very patient with him.

b [Three characteristics of this relationship that make it healthy include Jaxon's respect for Frazer's interests,[1]][Jaxon's communication skills and ability to listen to Frazer,[2]][and also Jaxon's loyalty towards Frazer as defends him when he is being made fun of.[3]]

✓ ✗ I have outlined one characteristic of a healthy and respectful relationship.[1]

✓ ✗ I have outlined another characteristic of a healthy and respectful relationship.[2]

✓ ✗ I have outlined a third characteristic of a healthy and respectful relationship.[3]

✓ ✗ I have referred to the characters' names in my response (Jaxon and Frazer), and to the scenario.

c [Jaxon is patient with Frazer and gives him time to express how he is feeling when he is upset.[1]][This means that Frazer's emotional development is being promoted in this relationship as he has the opportunity to continue to practice expressing his feelings and emotions and is in a safe respectful relationship where he feels he can do so.[2]]

8A

✓ ✗ I have identified example of a characteristic of of this healthy and respectful relationship from the case study.[1]

✓ ✗ I have explained how this characteristic promotes Frazer's development, with reference to one type of development.[2]

✓ ✗ I have referred to the characters' names in my response (Jaxon and Frazer), and to the scenario.

Questions from multiple lessons

17 a [The early adulthood stage of the human lifespan is when individuals often experience changes to their relationships and is often where marriage occurs.[1]][This stage occurs between the ages of 18 and 40 and is a stage where independence increases greatly as individuals leave school and begin life as an adult.[2]]

✓ ✗ I have identified early adulthood as the stage of the human lifespan where relationships continue to develop and change, and where the developmental milestone of marriage often occurs.[1]

✓ ✗ I have further described the early adulthood stage of the human lifespan.[2]

b [A stable relationship is a relationship where there is trust, loyalty, and stability, where individuals feel trust and comfort with those they share the relationship with and are not worried about where their relationship stands or how strong it is.[1]][With this comes an increase in self-esteem and self-confidence, reducing levels of stress and anxiety, promoting mental health and wellbeing.[2]]

✓ ✗ I have identified what stability in a relationship is.[1]

✓ ✗ I have explained how a stable relationship could positively impact mental health and wellbeing.[2]

8B Parenting

Theory-review questions

1 A. True. *Becoming a parent can be life-changing and there are numerous factors that are good to consider, such as the financial cost of having a child.*

2 B. False. *Parents have many responsibilities but they are not set or defined, they can change depending on individual circumstances.*

3 I; III. *These two concepts are possible examples of responsibilities of parents, however, purchasing luxury goods is not commonly viewed as a responsibility of a parent. Often responsibilities of parents are about basic rights and ensuring a child can access essential resources.*

4 A. True. *Parenting can be very difficult to do alone. There is both social and emotional support available to parents which can present in many different forms.*

5 A. True. *There are many resources available to new parents, some are provided by local and federal governments.*

Skills

Unpacking the case study

6 B　　**7** A　　**8** B

Exam-style questions

9 [Parenting is a broad term that refers to looking after and raising a child.[1]]

✓ ✗ I have outlined what parenting means.[1]

10 [A resource available to new parents includes public swimming pools and playgrounds, as provided and funded often by local governments.[1]]

✓ ✗ I have provided an example of a resource available to new parents.[1]

11 [Financial circumstance is an important factor that people should consider before becoming parents because there are many costs associated with raising children.[1]][For example, there are numerous costs associated with a child receiving an education, including school fees, uniforms, and academic resources, such as textbooks.[2]]

✓ ✗ I have explained why financial circumstance is an important factor that people should consider before becoming parents.[1]

✓ ✗ I have included an example of costs associated with parenting to highlight why financial circumstance is an important factor to consider before becoming parents.[2]

12 a [Support is important for new parents because becoming a new parent is a huge adjustment, can be very challenging, involves learning on the job, and new parents often need support both emotionally and socially.[1]]

✓ ✗ I have outlined why support is important for new parents.[1]

b [Early Parenting Centres are an example of a service that provides social support.[1]][Early Parenting Centres provide social support through connecting new parents together from a local community and creating a safe space for new parents to ask questions, learn new things about parenting, and connect with people on similar journeys.[2]]

✓ ✗ I have identified one example of a service that provides social support.[1]

✓ ✗ I have explained how this service provides social support.[2]

13 [Career goals is one factor that people should consider before becoming parents.[1]][Career goals relate to considering the impact a child could have on, for example, one's ability to continue to work a full-time job or travel to and from work.[2]][Infertility is another factor that people should consider before deciding to become parents.[3]][Not everyone is able to naturally conceive a child and it will not be possible for all adults to have a baby. Therefore, this is something to consider as alternative options and medical treatment such as IVF involve financial costs and planning.[4]]

✓ ✗ I have identified one example of a factor people should consider before deciding to become parents.[1]

✓ ✗ I have described my chosen factor.[2]

✓ ✗ I have identified another example of a factor people should consider before deciding to become parents.[3]

✓ ✗ I have described my chosen factor.[4]

14 a [Three examples of responsibilities parents may include meeting the physical needs of their child,[1]][providing a safe environment,[2]][and providing their child with an education.[3]]

✓ ✗ I have identified one example of a possible responsibility of a parent.**1**

✓ ✗ I have identified another example of a possible responsibility of a parent.**2**

✓ ✗ I have identified a third example of a possible responsibility of a parent.**3**

Other acceptable answers include:

- meeting the emotional needs of their child
- spending time with their child
- supporting their child's education
- other responsibilities of parents.

b [A parent's responsibility of meeting the physical needs of their child refers to making sure that their basic and essential physical needs are provided for and easily accessible.**1**] [This includes needs such as food, water, a safe pace to sleep, hygiene products, and healthcare.**2**]

✓ ✗ I have outlined the meaning of one of the responsibilities I identified in **part a**.**1**

✓ ✗ I have further elaborated on the meaning of this responsibility.**2**

Questions from multiple lessons

15 [Emotional development refers to changes that relate to expressing, understanding, and communicating emotions that occur across the lifespan.**1**] [A key responsibility of a parent is to meet their child's emotional needs, which includes creating a safe space for a young child to learn to express and manage their emotions and feelings.**2**] [If a parent attends to their child's emotional needs and creates this safe space, they are helping their child to develop the ability to confidently express their emotions outside the home and communicate effectively throughout their life, therefore, positively impacting their child's emotional development.**3**]

✓ ✗ I have outlined the meaning of emotional development.**1**

✓ ✗ I have identified a key responsibility of a parent.**2**

✓ ✗ I have discussed how parenting could impact a child's emotional development in the context of my chosen responsibility.**3**

8C Fertilisation and prenatal development

Theory-review questions

1 B. False. *Optimal development is not about being the furthest developed possible, it is about development that enables an individual to reach their full potential.*

2 A. True. *Parents, carers, and family environment are all factors that can affect the optimal development of children.*

3 A. True. *Fertilisation is the very first stage of the development of a human and is where a sperm cell fertilises an ovum or egg cell.*

4 B. False. *Every human alive will have experienced the three stages of prenatal development. These stages cover the development that takes place between when an egg is fertilised through to childbirth and are essential in the development of a human.*

5 A. True. *The stages of prenatal development occur in an order, beginning with the germinal stage, followed by the embryonic stage, and lastly the fetal stage.*

Skills

Unpacking the case study

6 B   **7** A   **8** B

Exam-style questions

9 [Optimal development refers to the changes of an individual's physical, intellectual, emotional, and social conditions occurring in a way that enables an individual to reach their full potential.**1**]

✓ ✗ I have outlined what optimal development means.**1**

10 [Prenatal development refers to the growth and development of a fetus that occurs in the uterus, all the way from conception to childbirth.**1**] [Prenatal development involves three key stages, including the germinal, embryonic, and fetal stages of prenatal development.**2**]

✓ ✗ I have outlined the meaning of prenatal development.**1**

✓ ✗ I have outlined prenatal development in further detail by stating the stages of prenatal development.**2**

11 [Fertilisation is the process of an egg and sperm fusing together to form a zygote.**1**] [The fertilisation process involves an egg being released from a female's ovaries during ovulation into the fallopian tube, which is then fertilised by a sperm cell that has entered the body via sexual intercourse and travelled up the uterus to meet the egg.**2**]

✓ ✗ I have outlined the meaning of fertilisation.**1**

✓ ✗ I have described the fertilisation process.**2**

12 [The third stage of prenatal development is the fetal stage.**1**] [This stage of prenatal development involves the remainder of the development of a fetus, which occurs from approximately nine weeks until birth (typically between 38 and 40 weeks).**2**] [This stage is where the fetus grows rapidly in size, and where the organs and systems develop to ready the fetus for survival in the outside world.**3**]

✓ ✗ I have identified the third stage of prenatal development as the fetal stage.**1**

✓ ✗ I have described the fetal stage of prenatal development.**2**

✓ ✗ I have further described the fetal stage of prenatal development, by including another feature of this stage.**3**

13 **a** [The three stages of prenatal development are the germinal stage,**1**] [the embryonic stage,**2**] [and the fetal stage.**3**]

✓ ✗ I have identified the germinal stage as the first stage of prenatal development.**1**

✓ ✗ I have identified the embryonic stage as the second stage of prenatal development.**2**

✓ ✗ I have identified the fetal stage as the third stage of prenatal development.**3**

b [The first stage of prenatal development is the germinal stage which occurs from conception until two weeks, or until implantation, which occurs when the egg is implanted in the uterine wall.**1**] [The germinal stage involves the zygote (fertilised egg) travelling down the fallopian tube to the uterus, whilst undergoing mitosis (rapidly dividing and multiplying cells).**2**]

8C

☑ ☒ I have outlined what the germinal (the first) stage of prenatal development is.[1]

☑ ☒ I have outlined some key features of this stage of development.[2]

Questions from multiple lessons

14 [The very first stage of the human lifespan is called the prenatal stage.[1]] [This stage involves pregnancy and birth, and sees rapid growth of a fetus, and complex development of the fetus' body structure and organs.[2]]

☑ ☒ I have identified the first stage of the human lifespan as the prenatal stage.[1]

☑ ☒ I have outlined some key aspects of this stage of the human lifespan.[2]

8D   Factors related to prenatal development

Theory-review questions

1 B. False. *There are so many different factors that can affect prenatal development. Protective and risk factors are two categories that these factors can be split up into, but each category has multiple factors.*

2 A. True. *There are numerous risk factors that can impact prenatal development, including maternal diet, smoking, and drug and alcohol use.*

3 I; II. *Maternal diet and vaccination are both protective factors that can impact prenatal development, but nutritional deficiencies are a risk factor.*

4 B. False. *Parents with a higher socioeconomic status do not have a reduced ability to access essential resources. In fact, they more likely have an increased ability to do so, as a result of earning higher incomes.*

5 B. False. *Healthcare professionals do play a critical role in optimising the development of a fetus during prenatal development. However, when care occurs during prenatal development it is not called postnatal care, it is antenatal care.*

Skills

Data analysis

6 B   **7** B   **8** A

Exam-style questions

9 [Risk factors related to prenatal development are things that can negatively impact the health and development of a fetus during prenatal development through increasing the likelihood of developing a disease, illness, or injury.[1]]

☑ ☒ I have outlined the meaning of risk factors related to prenatal development.[1]

10 [Two examples of risk factors related to prenatal development include maternal diet[1]] [and smoking.[2]]

☑ ☒ I have identified one risk factor related to prenatal development.[1]

☑ ☒ I have identified another example of a risk factor related to prenatal development.[2]

11 [Protective factors related to prenatal development are things that are associated with a lower likelihood of negative health outcomes for a developing fetus and reduce the potential negative impact of a risk factor on prenatal development.[1]] [Vaccination is a protective factor

relating to prenatal development as they can protect both the mother and the fetus against dangerous diseases.[2]]

☑ ☒ I have outlined the meaning of protective factors related to prenatal development.[1]

☑ ☒ I have included an example to support my response.[2]

12 [Maternal diet refers to food a mother consumes, and primarily focuses on what she eats during pregnancy.[1]] [Maternal diet is a risk factor related to prenatal development because the food a mother consumes is what supports the development of the child and needs to meet the nutritional needs of both the mother and the fetus. Therefore, when a mother consumes a poor diet that is low in vital micronutrients[2]] [such as folate, they are increasing the risk of pregnancy complications and in the case of folate deficiency, increasing the risk of neural tube defects.[3]]

☑ ☒ I have outlined the meaning of maternal diet.[1]

☑ ☒ I have explained how maternal diet is a risk factor relating to prenatal development.[2]

☑ ☒ I have included an example to support my response.[3]

13 **a** [Three examples of protective factors relating to prenatal development include maternal diet,[1]] [vaccination,[2]] [and high parental socioeconomic status.[3]]

☑ ☒ I have identified one protective factor related to prenatal development.[1]

☑ ☒ I have identified another example of a protective factor related to prenatal development.[2]

☑ ☒ I have identified a third example of a protective factor related to prenatal development.[3]

b [Vaccination is a protective factor related to prenatal development, as vaccines can protect both the mother and the fetus against dangerous diseases.[1]] [For example, if a mother is vaccinated against chickenpox, they are reducing the risk of their fetus developing Congenital Varicella Syndrome, which is a disorder which affects fetuses who have been exposed to chickenpox from their mother, and is characterised by the development of birth defects, such as limb atrophy.[2]]

☑ ☒ I have outlined why my chosen factor from **part a** is a protective factor relating to prenatal development.[1]

☑ ☒ I have used an example to support my response.[2]

14 **a** [For women in Q1 (the most disadvantaged socioeconomic area), smoking rates for women in the first 20 weeks of pregnancy decreased[1]] [from approximately 20% in 2012 to approximately 17% in 2018.[2]]

☑ ☒ I have outlined the general direction of the trend.[1]

☑ ☒ I have referred to at least two points of data in the graph to illustrate the direction of the trend.[2]

☑ ☒ I have provided the context of the graph.

☑ ☒ I have included the correct units of measurement (percentage of women in Q1).

☑ ☒ I have used a qualifier, such as 'approximately', when referring to data.

b [The population group with the highest percentage of smoking during the first 20 weeks of pregnancy from 2012 to 2018 is women in Q1 - the most disadvantaged socioeconomic area.[1]]

✓ ✗ I have identified Q1 as the population group with the highest percentage of smoking during the first 20 weeks of pregnancy from 2012 to 2018.[1]

c [Smoking is dangerous for the unborn fetus because the chemicals ingested by the mother can easily enter the fetus' bloodstream, and is therefore a risk factor.[1]] [Exposure to chemicals, such as nicotine and carbon monoxide, can increase the risk of birth defects and increase the risk of the baby having a low birth weight, therefore presenting as a risk factor related to prenatal development.[2]]

✓ ✗ I have outlined why smoking is a risk factor during prenatal development.[1]

✓ ✗ I have further explained why smoking is a risk factor related to prenatal development.[2]

d [Socioeconomic status (SES) is a measure used to determine the social status of an individual using the factors of income, occupation, and education.[1]] [SES is a protective factor relating to prenatal development when high socioeconomic status enables parents to more easily access essential resources and services to optimise the development of a fetus.[2]] [For example, parents who earn higher incomes (and therefore are of higher SES) are more likely to be able to afford private health insurance and can therefore afford additional care and treatment throughout pregnancy, such as physiotherapy, optimising the prenatal development and care during pregnancy.[3]]

✓ ✗ I have outlined the meaning of socioeconomic status.[1]

✓ ✗ I have explained why socioeconomic status is a protective factor relating to prenatal development.[2]

✓ ✗ I have used an example to support my response.[3]

Questions from multiple lessons

15 [The second stage of prenatal development is the embryonic stage[1]] [which occurs from implantation until eight weeks of pregnancy and is where the foundations are laid for the growth and development of a human. Throughout this stage, cells split into groups and take on specialised roles, which leads to the structural development of body parts, organs, and tissues.[2]] [During the embryonic stage of prenatal development, the fetus is extremely vulnerable to chemicals, such as alcohol and drugs, and such exposure is a risk factor which can impact the development of the fetus.[3]] [It is important that a pregnant woman avoids the consumption of both alcohol and drugs during pregnancy to ensure the optimal development of the fetus, as such harmful substances and chemicals can cross the placenta into the bloodstream of the fetus and increase the risk of miscarriage and low birth weight.[4]]

✓ ✗ I have identified the embryonic stage as the second stage of prenatal development.[1]

✓ ✗ I have described the embryonic stage of prenatal development.[2]

✓ ✗ I have outlined a risk factor relating to prenatal development of this stage.[3]

✓ ✗ I have further described this risk factor relating to prenatal development.[4]

8E   Infancy and early childhood

Theory-review questions

1 A. True. *Development can occur physically, intellectually, emotionally, and socially. Development also occurs throughout infancy and early childhood.*

2 B. False. *Growth in height and weight is a significant part of physical development in infancy.*

3 I; II; III. *All these options reflect examples of development in early childhood.*

4 B. False. *Infants are often unaware of their emotions. This is a skill that usually begins to develop in childhood.*

5 B. False. *The parent-child relationship is important as it is a part of social development and it is also important for the general optimal development of children.*

6 A. True. *An individual's birth weight has the ability to influence their future development. For example, babies born with a low birth weight are more likely to suffer from physical and intellectual problems later on in life.*

7 A. True. *Parents and primary caregivers play an important role in helping their children develop optimally.*

8 B. False. *Positive early life experiences of an individual may lead to positive future health and development of an individual, but do not guarantee it.*

Skills

Unpacking the case study

9 A   **10** B   **11** A

Exam-style questions

12 [Social development in infancy involves changes relating to communication, relationships, and socialising that occur from birth until two years of age.[1]] [For example, social development in infancy includes the strengthening and development of the relationship between an infant and their parent or primary caregiver.[2]]

✓ ✗ I have described social development in infancy.[1]

✓ ✗ I have used an example of social development in infancy.[2]

13 [A role of parents includes providing an environment that promotes learning, which can involve regularly reading to their child.[1]] [This will promote optimal intellectual development as infants and children who are regularly read to will increase their vocabulary, and their language skills.[2]]

✓ ✗ I have explained a role of parents.[1]

✓ ✗ I have explained how this role of parents promotes optimal intellectual development.[2]

14 [Physical development in infancy involves rapid growth in height and weight,[1]] [whereas physical development in early childhood involves slow and steady growth in height and weight.[2]]

✓ ✗ I have compared physical development of infants and young children, by describing physical development of infants.[1]

✓ ✗ I have compared physical development of infants and young children, by describing physical development of young children.[2]

✓ ✗ I have used comparison words in my answer, such as 'whereas'.

8E

15 [Early life experiences include the birth weight of an individual.**1**] [If an individual is born with a low birth weight, they are less likely to experience optimal physical development in the future as they may grow at a slower rate compared to other people their age.**2**] [Early life experiences also involve the relationship between an infant or child and their parent/primary caregiver.**3**] [If an individual lacks adequate care and nurture from their parent/primary caregiver, they may not experience optimal emotional development in the future, as they may struggle with expressing emotions, such as affection, in future close relationships.**4**]

✓ ✗	I have discussed an early life experience.**1**
✓ ✗	I have discussed how this early life experience may impact an individual's future development, with reference to a type of development.**2**
✓ ✗	I have discussed another early life experience.**3**
✓ ✗	I have discussed how this early life experience may impact an individual's future development, with reference to a type of development.**4**

16 a [Optimal emotional development refers to the changes of an individual's emotional conditions occurring in a way that enables an individual to reach their full emotional potential.**1**]

✓ ✗	I have outlined the meaning of optimal emotional development.**1**

b [Emotional development in early childhood involves changes that relate to expressing, understanding, and communicating emotions from two years of age until six years of age.**1**] [For example, young children may experience emotional development by beginning to develop resilience, as they engage in preschool and are separated from their parent/primary caregiver.**2**]

✓ ✗	I have described emotional development in early childhood.**1**
✓ ✗	I have described an example of emotional development in early childhood.**2**

c [Parents are responsible for responding to a child's emotional needs, such as attending to and caring for them when they are crying.**1**] [This is important for emotional development because it will help children understand that they are being cared for and in the future will help them to recognise they should be supported when feeling upset.**2**] [Parents are also responsible for creating a safe environment by encouraging children to express their emotions in a healthy way.**3**] [This is important for emotional development because it will encourage children to not suppress their emotions, and also to express them in an appropriate and controlled way into the future.**4**]

✓ ✗	I have described a reason why parents are important.**1**
✓ ✗	I have justified why this reason is important in a child's emotional development.**2**
✓ ✗	I have described another reason why parents are important.**3**
✓ ✗	I have justified why this other reason is important in a child's emotional development.**4**

Questions from multiple lessons

17 a [Health Star Rating System.**1**]

✓ ✗	I have identified a food selection model.**1**

Other acceptable answers include:

- Australian Guide to Healthy Eating
- Healthy Eating Pyramid.

b [The Health Star Rating System may help a parent choose foods when supermarket shopping that are healthier, as they can choose products with more stars, which have more protective nutrients and less risk nutrients.**1**] [This may help ensure optimal physical development for a child as they are more likely to receive adequate nutrition and therefore are likely to grow in a way that will ensure they reach their full physical potential.**2**]

✓ ✗	I have explained how the food selection model identified in **part a** may assist a parent.**1**
✓ ✗	I have explained how the food selection model identified in **part a** may help ensure optimal physical development of children.**2**

8F Intergenerational health and wellbeing

Theory-review questions

1 A. True. *The term intergenerational is about the relations and interactions between generations, and therefore can refer to many generations.*

2 A. True. *This statement describes the intergenerational nature of health and wellbeing, which is about how health and wellbeing can be influenced by different generations.*

3 B. False. *There are many different ways health and wellbeing can be intergenerational, such as parental health, socioeconomic status, and genetics.*

4 B. False. *The health and wellbeing of one generation can influence the health and wellbeing of another generation, but it does not determine it. In this way, there is no guarantee that if a parent is healthy their child will be healthy.*

5 A. True. *The health and wellbeing of one generation can influence the health and wellbeing of another generation. This can be through socioeconomic status.*

Skills

Unpacking the case study

6 B   **7** A   **8** A

Exam-style questions

9 [Intergenerational is a term that describes anything concerning several generations and can describe the interactions and relations between generations.**1**] [Therefore, intergenerational health and wellbeing refers to the idea that the health and wellbeing of one generation can be influenced by other generations.**2**]

✓ ✗	I have explained what the term 'intergenerational' means.**1**
✓ ✗	I have explained how the term 'intergenerational' relates to health and wellbeing.**2**

10 [A parent having poor physical health and wellbeing may result in their child also having poor physical health and wellbeing.**1**] [For example, if a parent is overweight due to having an unhealthy diet consisting of junk foods, negatively impacting physical health and wellbeing, this may influence their child to also eat unhealthily and be overweight, leading them to also having poor physical health and wellbeing.**2**]

✓ ✗ I have discussed how health and wellbeing of a parent can influence the health and wellbeing of their child.[1]

✓ ✗ I have used an example to discuss how the health and wellbeing of this generation may influence the next generation, with reference to a health and wellbeing dimension.[2]

11 [A lack of knowledge and education from one generation can negatively influence the knowledge and education of future generations.[1]] [Therefore if a generation has a lack of knowledge on consuming a healthy diet, they may become overweight or obese, resulting in poor physical health and wellbeing.[2]] [This may lead to the following generation also being overweight or obese, as their parents may not educate them on healthy eating if they do not eat healthily themselves. In this way, the poor physical health and wellbeing of one generation can be carried on to future generations.[3]]

✓ ✗ I have suggested a reason for how one generation can negatively impact another.[1]

✓ ✗ I have explained how this reason relates to poor health and wellbeing of a current generation, with reference to a health and wellbeing dimension.[2]

✓ ✗ I have explained how this reason relates to poor health and wellbeing of future generations, with reference to a health and wellbeing dimension.[3]

12 [Health and wellbeing can be intergenerational in relation to biological factors.[1]] [This is because some genetic conditions can be passed on throughout generations, such as sickle cell anaemia, which increases the risk of disease and therefore negatively impacts physical health and wellbeing.[2]] [Health and wellbeing can be intergenerational in relation to knowledge and behaviours.[3]] [This is because if an individual is given knowledge and advice from past generations about health, such as how to manage stress, they may then be less likely to feel anxious and stressed, and therefore improve their mental health and wellbeing.[4]]

✓ ✗ I have provided an example of intergenerational health and wellbeing.[1]

✓ ✗ I have explained this example and how it has an intergenerational impact, with reference to a health and wellbeing dimension.[2]

✓ ✗ I have provided another example of intergenerational health and wellbeing.[3]

✓ ✗ I have explained this other example and how it has an intergenerational impact, with reference to a health and wellbeing dimension.[4]

Questions from multiple lessons

13 [Intergenerational health and wellbeing can involve the impact of health behaviours of past generations on future generations.[1]] [This may impact social development for individuals in the childhood stage of the human lifespan, because if children see people in past generations prioritising healthy relationships through regular catch ups with friends, these children may be more likely to do the same as they grow up. This would enable them to experience positive social development.[2]]

✓ ✗ I have explained a way health and wellbeing is intergenerational.[1]

✓ ✗ I have explained how intergenerational health and wellbeing may impact social development for individuals in the childhood stage of the human lifespan.[2]

14 [The experiences of past generations can influence the health and wellbeing of future generations. In this way, if a parent felt that their own parents did not spend much time with them, they may be more likely to spend lots of time with their own child, which may lead to the child feeling like they have a supportive and well-functioning family. This would promote social health and wellbeing.[1]] [This may influence this child's decision to become a parent because they may believe that they will easily be able to spend lots of time with their child and create a supportive environment for them.[2]]

✓ ✗ I have described a way in which health and wellbeing is intergenerational in relation to parenting.[1]

✓ ✗ I have described how the intergenerational nature of health and wellbeing may influence an individual's decision to become a parent.[2]

Chapter 8 test

1 [The intergenerational nature of health and wellbeing refers to the idea that the health and wellbeing of one generation can be influenced by other generations.[1]] [Health and wellbeing can be intergenerational through socioeconomic status, parental health, and/or knowledge.[2]] [For example, if a parent has a poor diet and is overweight, and therefore has poor physical health and wellbeing, their child may be more likely to be overweight and have poor physical health and wellbeing because they may model their parents poor eating behaviours.[3]]

✓ ✗ I have explained the intergenerational nature of health and wellbeing.[1]

✓ ✗ I have explained the intergenerational nature of health and wellbeing in further detail by stating ways in which health and wellbeing can be intergenerational.[2]

✓ ✗ I have used an example of the intergenerational nature of health and wellbeing, with reference to a health and wellbeing dimension.[3]

2 [A role of parents in helping to achieve the optimal physical development of children is to ensure that their child is eating a balanced and healthy diet with adequate nutrients so that their body can grow and develop optimally.[1]]

✓ ✗ I have outlined a role of parents in helping to achieve the optimal physical development of children.[1]

Other acceptable answers include:

- other roles of parents in helping to achieve the optimal physical development of children, such as ensuring children engage in regular exercise to support physical growth and development.

3 [Healthy and respectful relationships are relationships that exist between two or more individuals, which are built on mutual respect, trust, honesty, and loyalty, where each individual feels comfortable and safe.[1]] [Healthy and respectful relationships involve good communication, empathy, compromise, and stability.[2]] [For example, if individuals in a relationship regularly talk to each other about their lives and what they are doing, thinking, and feeling, therefore having good communication, their relationship is likely to be healthy and respectful.[3]]

✓ ✗ I have described healthy and respectful relationships.**1**

✓ ✗ I have described healthy and respectful relationships in further detail by stating more characteristics of healthy and respectful relationship.**2**

✓ ✗ I have used an example of healthy and respectful relationships.**3**

4 a [A factor individuals may want to consider before deciding to become a parent is financial cost.**1**] [There are many financial costs that individuals should be aware of before having children, such as prenatal care, antenatal care, and also lifelong care, such as education costs and the costs of basic necessities, such as food.**2**]

✓ ✗ I have identified a factor that individuals may want to consider before deciding to become a parent.**1**

✓ ✗ I have described this factor that individuals may want to consider before deciding to become a parent.**2**

b [A responsibility of being a parent is meeting your child's basic physical needs.**1**] [This involves a parent providing their child with healthy nutritious food, water, shelter, and hygiene and sanitation.**2**]

✓ ✗ I have identified a responsibility of being a parent.**1**

✓ ✗ I have described this responsibility of being a parent.**2**

5 a [Prenatal development refers to the growth and development of a fetus that occurs in the uterus, all the way from conception to childbirth.**1**]

✓ ✗ I have outlined prenatal development.**1**

b [The embryonic stage of prenatal development occurs from implantation until eight weeks of pregnancy and is where the foundations are laid for the growth and development of a human.**1**] [Throughout this stage, cells split into groups and take on specialised roles, which leads to the structural development of body parts, organs, and tissues.**2**]

✓ ✗ I have described the embryonic stage of prenatal development.**1**

✓ ✗ I have described the embryonic stage of prenatal development in further detail by stating other key parts of this stage.**2**

c [A risk factor relating to prenatal development is smoking.**1**] [Smoking is a risk factor because if a mother smokes whilst pregnant, the toxins in the cigarette can damage the development of the fetus and therefore increase the risk of disabilities in the future, and premature death.**2**] [A protective factor relating to prenatal development is access to healthcare.**3**] [Access to healthcare is a protective factor because if a mother has access to healthcare, such as prenatal care, which involves medical appointments to monitor the development of the fetus, this can help a mother ensure their baby is experiencing optimal prenatal development and is healthy.**4**]

✓ ✗ I have identified a risk factor relating to prenatal development.**1**

✓ ✗ I have explained this risk factor relating to prenatal development.**2**

✓ ✗ I have identified a protective factor relating to prenatal development.**3**

✓ ✗ I have explained this protective factor relating to prenatal development.**4**

6 a [Intellectual development in infancy refers to changes in the brain, including thought processes, knowledge, and understanding that occur from birth until two years of age.**1**] [This may involve the development of language skills as infants begin to make sounds and say single words.**2**]

✓ ✗ I have described intellectual development in infancy.**1**

✓ ✗ I have have described intellectual development in infancy in further detail by stating an example of intellectual development in infancy.**2**

b [Social development in early childhood refers to changes relating to communication, relationships, and socialising that occur from two years of age until six years of age.**1**] [This may involve forming relationships outside of the home, such as making friends with other young children at preschool or creche.**2**]

✓ ✗ I have described social development in early childhood.**1**

✓ ✗ I have described social development in early childhood in further detail by stating an example of social development in early childhood.**2**

7 [Early life experiences involve an individual's early relationships and attachments.**1**] [This includes the parent-child relationship, if this is healthy, which means a parent provides appropriate care, support, and affection to their child, the child is more likely to experience optimal social and emotional development in the future, because they will be more likely to express emotions in a regulated manner.**2**]

✓ ✗ I have explained an early life experience.**1**

✓ ✗ I have explained how this early life experience can impact the future development of individuals, with reference to a type of development.**2**

8 [Healthy and respectful relationships involve physical safety.**1**] [This relates to ensuring individuals in the relationship are not exposed to physical violence. This helps to promote physical health and wellbeing by keeping individuals free from injury.**2**] [Healthy and respectful relationships also involve mutual respect.**3**] [Mutual respect involves individuals in a relationship valuing each other and treating each other kindly and with dignity. This can help to promote an individual's self-esteem, as individuals are likely to feel better about themselves if others are treating them with respect, thus promoting mental health and wellbeing.**4**]

✓ ✗ I have suggested a characteristic of healthy and respectful relationships.**1**

✓ ✗ I have explained this characteristic and suggested why it is important for health and wellbeing, with reference to a health and wellbeing dimension.**2**

✓ ✗ I have suggested another characteristic of healthy and respectful relationships.**3**

⟋ ✕ I have explained this other characteristic and suggested why it is important for health and wellbeing, with reference to a health and wellbeing dimension.**4**

9 a ⎡Social support is the provision of advice and practical assistance from others, often through a supportive network of friends, family, or the wider community,**1**⎤⎡whereas emotional support is the provision of love, reassurance, guidance, and encouragement, which is especially important in times of challenge and stress.**2**⎤ ⎡An example of social support is a friend helping prepare meals for a new parent so they can consume healthy food without the stress of having to shop and cook the meals themselves,**3**⎤⎡whereas an example of emotional support is help from older parents, who may be more experienced in parenting, providing reassurance and guidance to new parents.**4**⎤

⟋ ✕ I have described social support.**1**

⟋ ✕ I have described emotional support.**2**

⟋ ✕ I have used an example of social support.**3**

⟋ ✕ I have used an example of emotional support.**4**

⟋ ✕ I have used comparison words, such as 'whereas'.

b ⎡Social support is important for parents because it can involve practical assistance from others, such as helping new parents with travelling to medical appointments, which will help reduce the many jobs that new parents have.**1**⎤⎡Emotional support is also important for new parents because it can involve providing guidance, such as talking with a new parent about their feelings and thoughts about being a new parent. This may help ease their stress and anxiety.**2**⎤

⟋ ✕ I have explained why social support is important for parents.**1**

⟋ ✕ I have explained why emotional support is important for parents.**2**

10 ⎡The first stage of prenatal development is the germinal stage. The germinal stage refers to the stage of prenatal development that occurs from conception until implantation, which is approximately two weeks after conception.**1**⎤

⟋ ✕ I have outlined the first stage of prenatal development.**1**

Questions from multiple chapters

11 a ⎡A nutrient is a substance in food that is required by the body as a source of energy and nourishment and is required to facilitate bodily functions, such as growth and maintenance of cells.**1**⎤

⟋ ✕ I have stated what a nutrient is.**1**

b ⎡A nutrient deficiency that can act as a risk factor for prenatal development is a deficiency in folate.**1**⎤⎡Folate (vitamin B9) deficiency increases the risk of neural tube defects, which can lead to spina bifida, which is a common neural defect where the fetus' spinal column does not close completely. This causes nerve damage and often results in paralysis.**2**⎤

⟋ ✕ I have stated a nutritional deficiency that can act as a risk factor for prenatal development.**1**

⟋ ✕ I have explained this nutritional deficiency and how it acts a risk factor for prenatal development.**2**

U2 AOS 1 review

1 ⎡Early life experiences of children include their ability to maintain a healthy body weight.**1**⎤⎡An individual that is overweight in childhood is more likely to become obese later on in life, which can cause poor physical health and wellbeing due to negatively affecting the body and its functioning.**2**⎤⎡Early life experiences of children also include being able to have a strong and secure attachment with their parent or caregiver.**3**⎤ ⎡Children that have healthy, strong, and secure relationships with their parent or caregiver are more likely to have healthy and respectful relationships later on in life, which promotes social development.**4**⎤

⟋ ✕ I have discussed an early life experience of a child.**1**

⟋ ✕ I have discussed how this early life experience of a child impacts their health and wellbeing, with reference to a health and wellbeing dimension.**2**

⟋ ✕ I have discussed another early life experience of a child.**3**

⟋ ✕ I have discussed how this early life experience of a child impacts their development, with reference to a type of development.**4**

2 ⎡A risk factor is smoking.**1**⎤⎡This impacts prenatal development because smoking during pregnancy can impair the development of the fetus and can cause a low birthweight, which can lead to physical and intellectual disabilities later on in life.**2**⎤

⟋ ✕ I have identified a risk factor that impacts prenatal development.**1**

⟋ ✕ I have described how this risk factor impacts prenatal development.**2**

3 ⎡Social support is the provision of advice and practical assistance from others, often through a supportive network of friends, family, or the wider community.**1**⎤⎡This is important for parents because there are many responsibilities associated with being a parent and therefore parents often need help from others to manage and look after their needs.**2**⎤ ⎡For example, social support is important for parents as it may involve a friend offering to make a meal for new parents, which can give new parents more time for other commitments, such as doctors appointments, and also can ensure new parents are eating healthy nutritious meals.**3**⎤

⟋ ✕ I have explained social support.**1**

⟋ ✕ I have explained why social support is important for parents.**2**

⟋ ✕ I have used an example of social support to demonstrate why it is important for parents.**3**

4 ⎡A factor that may influence perception is the media.**1**⎤⎡For example, if the media, such as television, frequently portray youth as lazy, other individuals may be influenced to perceive all youth as lazy.**2**⎤

⟋ ✕ I have identified a factor that may influence an individual's perception of youth or adulthood as stages of the lifespan.**1**

⟋ ✕ I have used an example of how this factor may influence an individual's perception of youth or adulthood as stages of the human lifespan.**2**

U2 AOS 1 REVIEW

5 a [A characteristic of emotional development in the information above is building resilience.[1]]

    ✓ ✗   I have identified an appropriate characteristic of emotional development in the information provided.[1]

b [An example of social development in the information above is Charlie's change in social roles.[1]] [This involves Charlie's behaviours and the expectations of Charlie changing due to him being in a different social situation at his new job compared to his old job.[2]]

    ✓ ✗   I have identified an example of social development in the information provided.[1]

    ✓ ✗   I have discussed this example of social development in further detail.[2]

    ✓ ✗   I have referred to the character's name in my response (Charlie), and to the scenario.

6 [An emotional developmental transition from youth to adulthood is changes in self-esteem.[1]] [This may involve individuals in this transitional stage experiencing fluctuations in their levels of self-worth due to experiencing new life challenges, such as applying for universities.[2]]

    ✓ ✗   I have identified an emotional developmental transition from youth to adulthood.[1]

    ✓ ✗   I have explained this emotional developmental transition from youth to adulthood in further detail.[2]

7 [Health and wellbeing can have an intergenerational impact because the health and wellbeing of one generation can influence the health and wellbeing of the next generation.[1]] [This is because the health and wellbeing knowledge and behaviours can be passed on across generations.[2]] [For example, parents encouraging their children to exercise regularly may lead to such children (when they become adults) encouraging their own children to exercise regularly, which can promote physical health and wellbeing across generations by promoting the functioning of the body and its systems, such as maintaining a healthy body weight.[3]]

    ✓ ✗   I have explained how health and wellbeing can have an intergenerational impact.[1]

    ✓ ✗   I have explained in further detail how health and wellbeing can have an intergenerational impact.[2]

    ✓ ✗   I have used an example of how health and wellbeing can have an intergenerational impact, with reference to a health and wellbeing dimension.[3]

8 a [A physical need of a child is having nutritious food.[1]]

    ✓ ✗   I have identified an appropriate physical need of a child.[1]

Other acceptable answers include:

- physical safety
- clothing
- other physical needs of children.

b [An example of development in childhood is the significant development of motor skills.[1]] [This involves the development of gross motor skills as large muscle groups begin to grow, which enables children in this stage to be able to walk and engage in activities, such as throwing and catching.[2]]

    ✓ ✗   I have identified an example of development in childhood.[1]

    ✓ ✗   I have outlined this example of development in childhood further detail.[2]

9 a [Annie is in the early adulthood stage of the human lifespan.[1]]

    ✓ ✗   I have identified that Annie is in the early adulthood stage of the human lifespan.[1]

    ✓ ✗   I have referred to the character's name in my response (Annie), and to the scenario.[2]

b [Annie is not experiencing a healthy and respectful relationship with Phoebe.[1]] [This is because there is poor communication between Phoebe and Annie, as Phoebe does not often reply to Annie's messages.[2]]

    ✓ ✗   I have identified whether or not Annie is experiencing a healthy and respectful relationship.[1]

    ✓ ✗   I have explained why Annie is or isn't experiencing a healthy and respectful relationship, with the aid of characteristics of healthy and respectful relationships.[2]

    ✓ ✗   I have referred to the characters' names in my response (Annie and Phoebe), and to the scenario.

c [Annie is unsure of what is happening in her friendship with Phoebe[1]] [and this is increasing Annie's stress and anxiety, therefore negatively impacting her mental health and wellbeing.[2]]

    ✓ ✗   I have included an example of Annie's relationship from the case study.[1]

    ✓ ✗   I have explained how Annie's unhealthy relationship is negatively impacting her health and wellbeing, with reference to a health and wellbeing dimension.[2]

    ✓ ✗   I have referred to the characters' names in my response (Annie and Phoebe), and to the scenario.

10 [Stage 1 is of prenatal development is the germinal stage and this is from 0-2 weeks and involves fertilisation and implantation.[1]] [Stage 2 is the embryonic stage and this is from 3-8 weeks and involves the foundations of growth and cell differentiation.[2]] [Stage 3 is the foetal stage and this is from 9 weeks until the baby is born, and it involves rapid and extensive growth.[3]]

    ✓ ✗   I have briefly described the first stage of prenatal development.[1]

    ✓ ✗   I have briefly described the second stage of prenatal development.[2]

    ✓ ✗   I have briefly described the third stage of prenatal development.[3]

11 [A healthy and respectful relationship involves honesty.[1]] [This may impact emotional development because if someone is being lied to in a relationship, they may experience a decrease in self-esteem and feel that they are unworthy because they are constantly being treated poorly, therefore impacting emotional development.[2]]

    ✓ ✗   I have suggested a characteristic of healthy and respectful relationships.[1]

    ✓ ✗   I have suggested how this may impact emotional development.[2]

12 a ⌈A factor that is important to consider when becoming a parent is the financial cost.**1**⌋

✓ ✕ I have identified an appropriate factor to consider when becoming a parent.**1**

Other acceptable answers include:

- work and career
- housing
- time
- other factors to consider when becoming a parent.

b ⌈A responsibility of becoming a parent is providing a safe environment for your child.**1**⌋⌈This can involve making sure that as a parent you have a safe house and home environment, such as keeping dangerous items eg. knives, away from young children.**2**⌋

✓ ✕ I have identified a responsibility of becoming a parent.**1**

✓ ✕ I have explained this responsibility of becoming a parent.**2**

13 a ⌈A developmental milestone in the infancy stage of the human lifespan is learning to walk.**1**⌋

✓ ✕ I have identified a developmental milestone in the infancy stage of the human lifespan.**1**

b ⌈The infancy stage of the human lifespan is from age 0-2 **1**⌋⌈and involves learning to crawl, walk, and speak.**2**⌋

✓ ✕ I have described the infancy stage of the human lifespan by identifying the age range of the infancy stage of the human lifespan.**1**

✓ ✕ I have described the infancy stage of the human lifespan in further detail by stating what it involves.**2**

c ⌈An example of development in infancy is the ability to use gross motor skills.**1**⌋⌈This involves an infant being able to have control over their large muscle groups, such as their legs and arms.**2**⌋

✓ ✕ I have identified an example of development in infancy.**1**

✓ ✕ I have outlined this example of development in infancy in further detail.**2**

14 ⌈A common perception of adults is that they are responsible.**1**⌋⌈This may involve viewing adults as individuals who are organised, have a job and an income, and make decisions that have positive impacts on their lives, such as eating healthy.**2**⌋

✓ ✕ I have identified a common perception of adults.**1**

✓ ✕ I have discussed this common perception of adults in further detail.**2**

15 Students needed to display that they had a thorough understanding of the question by demonstrating:

- an effectively structured response
- that the stimulus materials had been understood, connected, and synthesised
- that all of the stimulus materials are referenced in the response
- that the student's own understanding had been used to formulate the response.

In relation to experiences of the early adulthood stage of the human lifespan, discussion of the following would be awarded:

- The age range of the early adulthood stage of the human lifespan.
- Discussion of development and developmental milestones in the adulthood stage of the human lifespan. For example, students could discuss moving out of home as a developmental milestone.
- Discussion of how being in the early adulthood stage of the human lifespan influences health and wellbeing. For example, students could discuss how stress and anxiety (mental health and wellbeing) may be affected as individuals in early adulthood are faced with challenges, such as moving out of home, getting married, and/or having children.
- Discussion of both sources would be appropriate here. For example, students could discuss the pressure to have children in the early adulthood stage of the human lifespan, reflected in source 2.
- Students would need to discuss the impact of experiences of the early adulthood stage of the human lifespan in relation to health and wellbeing.

In relation to healthy and respectful relationships, discussion of the following would be awarded:

- Description of healthy and respectful relationships.
- Discussion of the characteristics of healthy and respectful relationships, and how they differ from unhealthy and disrespectful relationships.
- Discussion of how relationships may influence health and wellbeing. For example, students could discuss the negative impact of unhealthy relationships on health and wellbeing.
- Discussion of source 1 would be appropriate here. For example, students could discuss Lola's relationship with her parents reflected in source 1.
- Students would need to discuss the impact of healthy and respectful relationships in relation to health and wellbeing.

In relation to parenting, discussion of the following would be awarded:

- Description of parenting.
- Discussion of factors to consider before becoming a parent. This may include, but is not limited to, financial cost, time, or work and career.
- Discussion of the responsibilities of being a parent. This may include, but is not limited to, providing safety, basic needs, or education.
- Discussion of how becoming a parent may influence health and wellbeing. For example, parenting can be challenging and may help individuals build resilience, which promotes emotional health and wellbeing. Students could link to source 2 here and discuss the responsibilities of parenting.
- Discussion of source 2 would be appropriate here.
- Students would need to discuss the impact of parenting in relation to health and wellbeing.

U2 AOS 1 REVIEW

9A   Australia's health system

Theory-review questions

1 I; III; IV. *The Australian Taxation Office is not included in Australia's health system.*

2 B. False. *Medicare and the PBS are part of the public health system as they are implemented and funded by the government, while private health insurance is implemented by insurance companies independent from the government.*

3 B. False. *Despite private health insurance having benefits including shorter waiting times and more flexibility in terms of choosing doctors than Medicare, this does not mean that it is better. An individual will weigh up the advantages and disadvantages of each and decide whether it is better for them to mostly rely on the public or private health system.*

4 A. True. *Medicare and providers of private health insurance work together to reduce the strain on the public healthcare system, increasing the health system's capacity to meet the current and future needs of the Australian population in a timely and effective manner.*

5 A. True. *Medicare and the PBS work together as Medicare subsidises healthcare services that work to prevent, diagnose, and treat various illnesses, and the PBS also seeks to prevent and treat illnesses through subsidising essential prescription medicines.*

6 II; III. *Medicare and private health insurance both subsidise a range of healthcare services for Australians. The PBS subsidises the cost of essential prescription medicines, not services.*

Skills

Data analysis

7 B   **8** A   **9** A

Exam-style questions

10 [The Pharmaceutical Benefits Scheme (PBS) is a program run by the Australian government that subsidises various essential prescription medicines for Australian citizens and permanent residents, and visitors from selected countries.[1]]

⎷ ⊗ I have described the PBS.[1]

11 [Medicare is Australia's universal health insurance scheme, which provides all Australian residents (and some overseas visitors) access to necessary healthcare at a subsidised cost, or for no cost at all.[1]] [Medicare includes a reciprocal agreement with 11 other countries, where Australian residents can access subsidised healthcare in certain countries, and visitors from certain countries can access Australia's public healthcare system.[2]]

⎷ ⊗ I have described Medicare.[1]

⎷ ⊗ I have described one key characteristic of Medicare.[2]

12 [The Pharmaceutical Benefits Scheme (PBS) subsidises the cost of numerous essential prescription medicines, which enables Australians to access medication that prevents and treats illness.[1]] [By enabling Australians to access essential prescription medicines that prevent and treat illness, the PBS reduces Australia's rates of morbidity for various illnesses, such as hypertension.[2]]

⎷ ⊗ I have explained the impact of the Pharmaceutical Benefits Scheme (PBS) on Australians.[1]

⎷ ⊗ I have linked my response to how the PBS promotes health status in Australia, with reference to a health status indicator.[2]

13 [One advantage of Medicare is patients are able to choose their doctors for out-of-hospital services, such as the preference to have the same gender.[1]] [One disadvantage of Medicare is that there can be extended waiting times for non-emergency treatments.[2]]

⎷ ⊗ I have described **one** advantage of Medicare.[1]

⎷ ⊗ I have described **one** disadvantage of Medicare.[2]

14 [One way private health insurance promotes health and wellbeing is by partially or fully covering the cost of a broad range of health services, such as osteopathy, which promotes physical health and wellbeing.[1]] [This is because individuals can access health services that can help prevent and treat physical injury.[2]] [Moreover, private health insurance exempts low-income earners from the Medicare levy surcharge incentive, which promotes mental health and wellbeing.[3]] [This is because it reduces the financial stress low-income earners experience.[4]]

⎷ ⊗ I have discussed one way private health insurance promotes health and wellbeing, with reference to a dimension of health and wellbeing.[1]

⎷ ⊗ I have further discussed one way health insurance promotes health and wellbeing, with reference to a component of a health and wellbeing dimensions.[2]

⎷ ⊗ I have discussed another way private health insurance promotes health and wellbeing, with reference to a dimension of health and wellbeing.[3]

⎷ ⊗ I have further discussed another way health insurance promotes health and wellbeing, with reference to a component of a health and wellbeing dimensions.[4]

Questions from multiple lessons

15 [As Medicare provides essential healthcare services at little to no cost, youths can access services, such as a general practitioner (GP) consultation for no cost at a bulk billing practice.[1]] [Therefore, youths with a low socioeconomic status can access appointments with their GP for no cost and receive treatment for illness, such as influenza, promoting physical health and wellbeing among youth.[2]]

⎷ ⊗ I have explained one impact of Medicare on youth.[1]

⎷ ⊗ I have linked this to how Medicare promotes health and wellbeing amongst youth with a low socioeconomic status, with reference to one dimension of health and wellbeing.[2]

9B   Support services

Theory-review questions

1 A. True. *Support services for health and wellbeing aim to bring about positive change, such as improving energy levels for physical health and wellbeing.*

2 B. Psychologists are available as a support service that can be utilised to promote **mental** health and wellbeing. *Psychologists can help diagnose and treat mental conditions, such as anxiety and depression, or can talk through issues with people.*

3 B. False. *Support services for social health and wellbeing do not specifically focus on building productive relationships. Social health support services also focus on improving communication skills and developing a sense of empathy.*

4 B. False. *The PBS is an example of a support service for physical health and wellbeing, not emotional health and wellbeing. A better example of a support service for emotional health and wellbeing would be Yarn Safe.*

5 B. Hospital services are available as a support service that can be utilised to promote **physical** health and wellbeing. *Hospital services can diagnose and treat conditions, promoting low levels of disease, injury, and illness.*

6 A. True. *Places of worship are an example of support services for spiritual health and wellbeing as they promote a sense of belonging and connection, provide spaces to worship or feel connected with a higher power, and provide opportunities to develop one's own moral compass.*

Skills

Unpacking the case study

7 A   **8** B   **9** A

Exam-style questions

10 [Support services refer to the institutions and organisations that provide care and assistance to people.[1]]

✓ ✗ I have outlined what is meant by support services.[1]

11 [An example of a support service is the Pharmaceutical Benefits Scheme (PBS).[1]] [The PBS subsidises the cost of essential medications for all Australians. This is designed to increase access to medications despite people's ability to pay, improving both quality and length of life, and promoting physical health and wellbeing.[2]]

✓ ✗ I have identified an example of a support service.[1]

✓ ✗ I have described this example of a support service.[2]

Other acceptable answers include:

- hospital services
- Beyond Blue
- youth groups
- other examples of support services.

12 [The Pharmaceutical Benefits Scheme,[1]] [and sports clubs are two examples of support services for physical health and wellbeing.[2]]

✓ ✗ I have identified one example of support services for physical health and wellbeing.[1]

✓ ✗ I have identified another example of support services for physical health and wellbeing.[2]

Other acceptable answers include:

- hospital services
- general practitioners
- drugs and alcohol hotlines
- other examples of support services for physical health and wellbeing.

13 [Men's Sheds provide men with a social outlet to connect with other men from their community and positively contribute to meaningful projects alongside other men.[1]] [This promotes men's social health and wellbeing, as it fosters meaningful relationships and creates a strong support network for men involved in the program.[2]]

✓ ✗ I have outlined what is involved in the Australian Men's Sheds Association.[1]

✓ ✗ I have outlined how this can promote health and wellbeing, with reference to a health and wellbeing dimension.[2]

14 [QLife is an example of a support service that aims to promote emotional health and wellbeing for the LGBTQIA+ community.[1]] [The online resource provides information, webchats, and a phone number for anyone to use to talk about a range of issues, such as sexuality, gender identity, and one's emotions and feelings.[2]]

✓ ✗ I have identified a support service for emotional health and wellbeing.[1]

✓ ✗ I have described this support service for emotional health and wellbeing.[2]

Other acceptable answers include:

- places of worship
- Yarn Safe
- Beyond Blue
- other examples of support services for emotional health and wellbeing.

15 [An example of a support service for mental health and wellbeing is Headspace.[1]] [This online resource provides people struggling with conditions, such as anxiety, with access to web chats to talk to someone. They may be provided with tips on how to reduce anxiety in social situations or be referred to a specialist, such as a psychologist.[2]] [This is effective at promoting mental health and wellbeing, because people are provided with the skills and knowledge they need to reduce their levels of anxiety.[3]]

✓ ✗ I have identified an example of a support service for mental health and wellbeing.[1]

✓ ✗ I have described this support service for mental health and wellbeing.[2]

✓ ✗ I have justified whether this support service is effective at promoting mental health and wellbeing.[3]

Other acceptable answers include:

- psychologists
- Mind Australia
- Beyond Blue
- other examples of support services that promote mental health and wellbeing.

Questions from multiple lessons

16 [A psychologist is a support service that can reduce the negative impacts of poor mental health.[1]] [Psychologists can diagnose mental health conditions, such as anxiety and depression, and provide people with resources to reduce the impact these mental health conditions may have on their lives. This could include the provision of coping strategies and advice, reducing the negative impacts of poor mental health.[2]]

✓ ✗ I have identified a support service that can reduce the negative impacts of poor mental health.[1]

✓ ✗ I have described how this support service can reduce the negative impacts of poor mental health.[2]

Other acceptable answers include:

- Mind Australia
- psychiatrists
- Beyond Blue
- other examples of support services that can reduce the negative impacts of poor mental health.

9C Access to health services and information

Theory-review questions

1 B. Barriers are factors that make something **less** likely to occur. *Barriers can make it difficult to access health services, therefore people are less likely to access these services. Examples of barriers that impact access to health services and information include language barriers and cost.*

2 B. False. *Although some of the costs associated with accessing health services are covered by government schemes, such as Medicare and the PBS, there are still costs associated with accessing services including transportation, private health insurance, and out-of-pocket Medicare expenses.*

3 B. False. *Although having a good understanding of different diseases and illnesses may help individuals access the right health services, people do not need to be experts on every disease.*

4 A. True. *There are many different languages spoken in Australia, however, our healthcare system is primarily delivered in English. Therefore, people who speak different languages may experience difficulties accessing health services.*

5 B. Those living in **remote communities** generally have more difficulty accessing health services. *Those living in remote communities may experience more difficulties associated with accessing health services as there may be fewer local health services available. This means they may have to travel long distances to access their required health services.*

6 B. False. *Different religions have different views of health that are based on their unique set of values, beliefs, and practices. Therefore, religion can influence which health services people access and individuals may not access health services that do not align with their beliefs.*

Skills

Unpacking the case study

7 A   **8** A   **9** B

Exam-style questions

10 [Health literacy is an aspect of knowledge which involves obtaining and understanding health information in order to make well-informed decisions regarding their healthcare.[1]][Individuals with high levels of health literacy are more likely to be aware of different preventative health services that are available, such as cancer screening programs, and are therefore more likely to access these services.[2]]

✓ ✗ I have explained knowledge in relation to accessing health services.[1]

✓ ✗ I have explained how knowledge impacts access to health services.[2]

11 [Medicare may only provide partial cover for services, therefore low-income earners may be unable to afford and access health services, such as heart surgery.[1]][This may mean that health conditions go untreated which can contribute to a higher mortality rate due to cardiovascular diseases,[2]][which is higher for individuals earning

<$300 per week (approximately 165 per 100,000) than for those earning more than $1,500 per week (approximately 110 per 100,00).[3]]

✓ ✗ I have explained how cost is a barrier to accessing health services.[1]

✓ ✗ I have explained how cost as a barrier to accessing health services can contribute to higher mortality rates due to cardiovascular disease.[2]

✓ ✗ I have used data to support my answer.[3]

✓ ✗ I have used a qualifier, such as 'approximately,' when referring to data.

12 a [Telehealth consultations is a digital health technology that allows individuals to have health consultations over the phone or through video calls.[1]][This can improve access to health services for those living in remote communities as they can access health services from their homes and therefore do not have to travel long distances.[2]]

✓ ✗ I have described an aspect of digital technologies.[1]

✓ ✗ I have described how digital technologies can improve access to health services for people living in remote areas.[2]

b [Digital technologies can be used to video conference with interpreters and translators in healthcare settings.[1]][This can improve access to health services for those who do not speak English as they will be able to communicate their healthcare concerns with their healthcare provider through an interpreter.[2]]

✓ ✗ I have described an aspect of digital technologies.[1]

✓ ✗ I have described how digital technologies can improve access to health services for those who do not speak English.[2]

13 a [Geographic location is a factor that affects access to health services as individuals living in remote communities may have fewer health services available in their community.[1]][The IDEAS Van can reduce the barrier of geographic locations by bringing eye health services to remote Indigenous communities through their mobile van, improving access to health services.[2]][Cost is another factor that affects access to health services, as individuals may be unable to afford private health insurance and therefore may not be covered for specialist services, such as optometry services.[3]][The IDEAS Van can reduce the barrier of cost by providing retinal screening and glasses for no charge to patients, therefore improving access to health services.[4]]

✓ ✗ I have discussed one factor that impacts access to health services.[1]

✓ ✗ I have discussed how the IDEAS Van addresses the factor and can therefore improve access to health services.[2]

✓ ✗ I have discussed another factor that impacts access to health services.[3]

✓ ✗ I have discussed how the IDEAS Van addresses the factor and can therefore improve access to health services.[4]

Other acceptable answers include:

- you could have also discussed how the IDEAS Vans impacts access to health services in reference to the factors of knowledge and culture.

b ⎡The services provided on the IDEAS Van are free of charge for Indigenous people living in remote areas, which promotes mental health and wellbeing.**1**⎤⎡This is because individuals may experience decreased levels of stress and anxiety associated with having the ability to afford and access these health service.**2**⎤

✓ ✗ I have suggested how the IDEAS Van can impact health and wellbeing, with reference to a health and wellbeing dimension.**1**

✓ ✗ I have further suggested how the IDEAS Van can impact health and wellbeing, with reference to a component of a health and wellbeing dimension.**2**

14 a ⎡Religion is a factor that may affect Aaliyah's ability to access health services.**1**⎤⎡Aaliyah is a faithful follower of the Islam religion and therefore may be hesitant to access health services as she fears that she will be treated by a male doctor which is not in accordance with her beliefs and values.**2**⎤⎡Language barrier is another factor that may affect Aaliyah's ability to access health services.**3**⎤⎡Aaliyah is still learning English and therefore has trouble communicating with healthcare providers which may impede her ability to access the services and receive the care she requires.**4**⎤

✓ ✗ I have identified one factor that impacts access to health services.**1**

✓ ✗ I have discussed how the factor impacts access to health services.**2**

✓ ✗ I have identified another factor that impacts access to health services.**3**

✓ ✗ I have discussed how the factor impacts access to health services.**4**

✓ ✗ I have referred to the character's name in my response (Aaliyah), and to the scenario.

b ⎡Aaliyah's midwives seem confused by her request to bury the placenta, which may negatively impact her spiritual health and wellbeing.**1**⎤⎡This is because if Aaliyah does not bury the placenta after birth, she may feel as though she is not acting in accordance to her Islamic beliefs and values.**2**⎤

✓ ✗ I have explained how Aaliyah's experience of healthcare impacts her health and wellbeing, with reference to a health and wellbeing dimension.**1**

✓ ✗ I have further explained how Aaliyah's experience of healthcare impacts her health and wellbeing, with reference to a component of a health and wellbeing dimension.**2**

✓ ✗ I have referred to the character's name in my response (Aaliyah), and to the scenario.

Questions from multiple lessons

15 ⎡The Medicare safety net provides extra financial support to individuals and families who experience high medical costs by further reducing the costs of Medicare services once they reach the designated threshold.**1**⎤⎡This can reduce costs associated with accessing health services, therefore improving access to healthcare services for low income earners.**2**⎤

✓ ✗ I have explained the Medicare safety net.**1**

✓ ✗ I have explained how the Medicare safety net can increase access to health services.**2**

9D Rights and responsibilities for accessing health services

Theory-review questions

1 B. False. *The Australian Charter of Healthcare Rights outlines seven essential patient rights (not responsibilities): access, safety, respect, partnership, information, privacy, and give feedback.*

2 B. False. *Confidentiality is not one of the seven rights outlined in The Australian Charter of Healthcare Rights. However, privacy is one of the seven rights and emphasises the importance of medical confidentiality.*

3 A. True. *Respect as a healthcare right means that a patient is entitled to receive healthcare that respects their culture, beliefs, and values.*

4 C. *Information as a healthcare right means that patients should receive the correct details in regard to healthcare services, waiting times, and costs.*

5 B. *Partnership as a healthcare right entitles patients to be able to ask questions related to their healthcare and be involved in open and honest communication with their healthcare professionals.*

6 A. True. *When receiving healthcare, it is a patient's responsibility to show respect to healthcare professionals.*

7 B. False. *In most cases, healthcare professionals in Australia are required by law to keep patients' personal health information private and confidential. However, there are exemptions to this law; for instance, a court may require a medical professional to provide evidence in court.*

Skills

Unpacking the case study

8 B   **9** A   **10** A

Exam-style questions

11 ⎡Medical confidentiality refers to rules that limit the access to information discussed between a patient and their healthcare practitioners, and implies that anything discussed with a healthcare professional must, by law, be kept private between the patient and practitioner and the practitioner's organisation.**1**⎤

✓ ✗ I have outlined the meaning of medical confidentiality.**1**

12 ⎡One responsibility a patient has when accessing healthcare is providing accurate information about present and past health conditions, medications, family illnesses, or any other relevant information to healthcare professionals.**1**⎤⎡Moreover, another patient responsibility is to ensure that any out of pocket expenses are paid on time to the healthcare provider.**2**⎤

✓ ✗ I have outlined one responsibility a patient has when accessing healthcare services.**1**

✓ ✗ I have outlined another responsibility a patient has when accessing healthcare services.**2**

13 ⎡One patient right outlined in The Australian Charter of Healthcare Rights is privacy.**1**⎤⎡Privacy as a patient right means that patients' healthcare information should be treated as confidential and only be shared with the appropriate health professionals.**2**⎤

✓ ✗   I have identified one patient right in The Australian Charter of Healthcare Rights.[1]

✓ ✗   I have described my chosen patient right.[2]

Other acceptable answers include:

- access
- safety
- respect
- partnership
- information
- give feedback.

14 [Information as a patient right means that a patient has a right to receive clear information about their condition, possible benefits and risks of treatment, as well as any details regarding waiting time and costs.[1]] [One aspect of information as a patient right is that patients should be given assistance when needed to help them understand and use health information.[2]]

✓ ✗   I have described information as a patient right.[1]

✓ ✗   I have further described an aspect of information as a patient right.[2]

15 [Medical confidentiality refers to rules that limit the access to information discussed between a patient and their healthcare practitioners, and implies that anything discussed with a healthcare professional must, by law, be kept private between the two of you and the organisation they work for.[1]] [This is important as it ensures that patients' personal health information is protected and ensures that only appropriate healthcare professionals can access it.[2]]

✓ ✗   I have outlined the meaning of medical confidentiality.[1]

✓ ✗   I have explained the importance of medical confidentiality for patients when accessing healthcare services.[2]

16 [Medical confidentiality refers to rules that limit the access to information discussed between a patient and their healthcare practitioners, and implies that anything discussed with a healthcare professional must, by law, be kept private between the two of you and the organisation they work for.[1]] [One exemption to this law is if a medical professional has reason to believe the patient will harm themselves or others.[2]]

✓ ✗   I have outlined the meaning of medical confidentiality.[1]

✓ ✗   I have explained one instance where a patient may not have the right to confidentiality in the Australian healthcare system.[2]

17 [Medical privacy is the practice of maintaining the security and confidentiality of patient records.[1]] [The Australian Charter of Healthcare Rights entitles Eliza the right to privacy. This means that anything discussed with her GP regarding birth control options, or any birth control options prescribed, should stay between Eliza and her GP.[2]]

✓ ✗   I have outlined the meaning of medical privacy.[1]

✓ ✗   I have explained Eliza has the right to privacy when receiving advice from her GP.[2]

✓ ✗   I have referred to the character's name in my response (Eliza), and to the scenario.

Questions from multiple lessons

18 [Medicare is Australia's universal health insurance scheme, which provides all Australian residents (and some overseas visitors) access to necessary healthcare at a subsidised cost, or for no cost at all.[1]] [Medicare supports the patient right of access by ensuring that patients have access to health services and treatment that address their healthcare needs, for little to no cost.[2]]

✓ ✗   I have described Medicare.[1]

✓ ✗   I have explained how Medicare supports the patient right of 'access' as outlined by the Australian Charter of Healthcare rights.[2]

9E   Opportunities and challenges of digital media

Theory-review questions

1 C. *Digital media refers to audio, visual, and written content that is converted into a digital media format and can be accessed on digital electronic devices, such as websites and podcasts. In contrast, brochures found in health clinics are not considered digital media as they are not accessible on digital devices and are available in printed, hard copy forms.*

2 B. False. *Government health websites generally provide reliable and accurate information; however, non-government websites can also provide individuals with accurate information from credible sources and therefore can also be trusted.*

3 A. True. *Online practitioners provide healthcare services and consultations over digital forms, such as over the phone or through video conferencing.*

4 B. False. *Although some digital health apps are free to download, some require a fee or subscription.*

5 A. Opportunities of digital media can potentially **benefit** health. *Digital media provides opportunities to potentially benefit health, for example, by giving all people access to health information and treatment advice, regardless of their geographic location.*

Skills

Unpacking the case study

6 A   **7** B   **8** B

Exam-style questions

9 [Websites can be used in the health industry to provide individuals with information regarding different diseases or conditions.[1]] [For example, the Better Health Channel website provides in-depth information about different conditions and treatment options that can be easily found under headings relating to different body parts, body systems, and organs.[2]]

✓ ✗   I have explained how websites can be used in the health industry.[1]

✓ ✗   I have provided an example of a website that can be used in the health industry.[2]

10 **a** [An online practitioner is someone who offers healthcare-related services over online digital forms, such as through Facetime, or other video conferencing methods.[1]]

✓ ✗ I have outlined what is meant by an online practitioner.**1**

b [One opportunity associated with the use of online practitioners is that individuals can access health services without travelling.**1**] [One challenge associated with the use of online practitioners is that audio consultations rely solely on verbal communication, which may lead to errors and misinterpretation of information.**2**]

✓ ✗ I have described one opportunity associated with the use of online practitioners.**1**

✓ ✗ I have described one challenge associated with the use of online practitioners.**2**

11 [The Australian Men's Health website provides tips and advice on sensitive issues, such as men's sex and mental health.**1**] [This provides readers with an opportunity to access health and wellbeing information about sensitive topics that they may feel uncomfortable discussing with a doctor.**2**] [Some of the articles on Australian Men's Health website are written by writers and editors without relevant health qualifications.**3**] [This presents a challenge to readers as they should be wary of the reliability and accuracy of information presented if it is not written by individuals with the relevant expertise and credibility.**4**]

✓ ✗ I have explained an aspect of the Australian Men's Health website.**1**

✓ ✗ I have further explained how this aspect presents as an opportunity.**2**

✓ ✗ I have explained another aspect of the Australian Men's Health website.**3**

✓ ✗ I have further explained how this aspect presents as a challenge.**4**

12 a [The Headspace Meditation & Sleep app provides users with guided meditations and 'SOS' sessions for moments of panic, anxiety, and stress.**1**] [This provides users with an opportunity to easily access guided meditation sessions to ease anxiety and panic when they need it most.**2**] [The Headspace Meditation & Sleep app requires users to pay a subscription fee of either $19.99 per month or $91.99 per year.**3**] [This provides users with a challenge as some may be unable to afford the subscription and therefore access the services.**4**]

✓ ✗ I have discussed an aspect of the Headspace Meditation & Sleep app.**1**

✓ ✗ I have further discussed how this aspect presents as an opportunity.**2**

✓ ✗ I have discussed another aspect of the Headspace Meditation & Sleep app.**3**

✓ ✗ I have further discussed how this aspect presents as a challenge.**4**

b [The Headspace Meditation & Sleep app provides users with guided meditations to help them fall asleep, which promotes physical health and wellbeing.**1**] [This is because individuals may experience greater ease falling asleep which can help them feel well-rested and energised for the day.**2**]

✓ ✗ I have explained how the Headspace Meditation & Sleep app can impact health and wellbeing, with reference to a health and wellbeing dimension.**1**

✓ ✗ I have further explained how the Headspace Meditation & Sleep app can impact health and wellbeing, with reference to a component of a health and wellbeing dimension.**2**

Questions from multiple lessons

13 a [Language barriers are a barrier impacting access to health services and information.**1**]

✓ ✗ I have identified one barrier impacting access to health services and information.**1**

Other acceptable answers include:

- cost
- knowledge
- geographic location
- culture
- religion.

b [Websites can reduce language barriers as the information presented can be translated.**1**] [This can improve access to health information for people who speak foreign languages as they will be able to read and understand health information.**2**]

✓ ✗ I have suggested how digital media can minimise the barrier identified in **part a**.**1**

✓ ✗ I have further suggested how digital media can improve access to health services by minimising the barrier.**2**

9F Issues relating to new health procedures and technologies

Theory-review questions

1 A. *Ethics is associated with the moral principles and values that guide an individual's decision making. Therefore, the issue of ethics may arise if a new health procedure or technology does not align with an individual's moral values and beliefs.*

2 C. *Some new health procedures and technologies may not be accessible due to factors, such as cost. Therefore, equity of access ensures that people are given the resources they require to access these health procedures and technologies.*

3 B. False. *To respect the privacy of the patient, an individual's health information should not be shared with others without their consent.*

4 A. True. *Medical procedures that are considered invasive generally break the skin barrier by using instruments that are inserted into the body, or cut or puncture the skin, such as surgical procedures.*

5 B. False. *Although new health procedures and technologies have been developed to improve the health of populations, some people believe that they have the right to choose what health procedures they engage with and therefore health procedures should not be compulsory. However, there are also some people who challenge this idea and believe that some health procedures, such as vaccines should be compulsory.*

Skills

Unpacking the case study

6 A   **7** B   **8** A

Exam-style questions

9 [Privacy is an issue associated with QR codes.**1**] [Some people may feel that checking in with QR codes at different locations is an invasion of personal privacy as information regarding their location and movement can be potentially accessed by businesses or the government.**2**]

✓ ✗   I have identified an issue associated with QR codes.**1**

✓ ✗   I have described how the issue I identified may arise with the use of QR codes.**2**

10 [Using preimplantation genetic diagnosis (PGD) to select embryos based on the IQ may raise concerns regarding freedom of choice.**1**] [Although Genomic Prediction is only using this technology to assess potential disabilities, some people believe that individuals should not have the ability to select and control for naturally occurring traits, such as IQ, in embryos.**2**]

✓ ✗   I have identified an issue associated with the case study.**1**

✓ ✗   I have discussed how this chosen issue may be associated with the case study.**2**

11 a [Invasive health procedures refer to procedures that invade the body by using instruments that examine the inside of the body, are inserted in the body, or cut or puncture the skin.**1**]

✓ ✗   I have outlined invasive health procedures.**1**

b [An example of a new minimally invasive health technology is nanotechnology, which has been used to develop nanopatches that can potentially administer drugs or vaccines through a patch which gently penetrates the skin and transports the drug to target organs.**1**] [This can minimise invasiveness by replacing the use of needles and injections for drug administration.**2**]

✓ ✗   I have used an example of a new health procedure or technology.**1**

✓ ✗   I have explained how the health procedure or technology can minimise invasiveness.**2**

Other acceptable answers include:

- you may have also discussed other new health procedures and technologies that minimise invasiveness, such as continuous glucose monitoring devices.

12 a [3D printing can be used to produce body parts, such as bones and hard tissue, to replace body parts that may be damaged.**1**]

✓ ✗   I have outlined how 3D printing can be used in health procedures.**1**

b [Ethics is an implication associated with the use of 3D printing.**1**] [3D printing has the potential to develop artificial bones or tissues that can be used to enhance humans by making them stronger and more flexible, which can be considered unnatural and therefore unethical.**2**] [Equity of access is another implication associated with the use of 3D printing.**3**] [3D printing may offer cheaper products compared to traditional aids which can increase equity of access for those who may be financially disadvantaged and unable to access these aids previously.**4**]

✓ ✗   I have identified an implication associated with the use of 3D printing.**1**

✓ ✗   I have analysed an implication associated with the use of 3D printing.**2**

✓ ✗   I have identified another implication associated with the use of 3D printing.**3**

✓ ✗   I have analysed another implication associated with the use of 3D printing.**4**

Questions from multiple lessons

13 a [Equity of access refers to ensuring that people are given the appropriate resources they need to overcome barriers, such as cost, to engage with new health procedures and technology.**1**]

✓ ✗   I have described equity of access.**1**

b [The pharmaceutical benefits scheme subsidises various essential prescription medications for Australian's citizens.**1**] [The pharmaceutical benefits scheme can improve equity of access to new medicines, such as Trikafta, by subsidising the medication so it is at a lower cost for Australians. This means that those who may be financially disadvantaged are given the resources and financial support to access these medicines.**2**]

✓ ✗   I have explained the pharmaceutical benefits scheme (PBS).**1**

✓ ✗   I have explained how the PBS can improve equity of access.**2**

9G   Consumer complaints

Theory-review questions

1 B. False. *The Health Complaints Commissioner is impartial, meaning they work alongside both the consumer and provider rather than advocating for one party.*

2 I; II; III. *Quality of healthcare, poor communication surrounding treatment options, and lack of privacy of health information are all valid reasons to lodge a complaint.*

3 A. True. *Anyone can make a complaint regarding their healthcare provider or service. The complaint can be lodged by the consumer, friend, family member, or health service staff.*

4 C. *Investigations are the most complex course of action as they involve a detailed examination and report.*

5 A. True. *An example of an outcome of complaint resolution is an apology, however, there are also other outcomes, such as an explanation or a change of policy.*

6 B. The first of the complaint process is to **speak with the healthcare provider directly**. *The HCC recommends this step first as it is the fastest and easiest course of action to resolve a complaint.*

Skills

Unpacking the case study

7 B   **8** A   **9** A

Exam-style questions

10 [In relation to health, a consumer complaint is an expression of dissatisfaction towards healthcare providers and services made by healthcare consumers.[1]]

✓ ✗ I have outlined what a consumer complaint is.[1]

11 [The Health Complaints Commissioner is an agency that is impartial, free, and voluntary. The HCC aims to resolve complaints in conjunction with healthcare providers and consumers as quickly, fairly and effectively as possible.[1]]

✓ ✗ I have described what the Health Complaints Commissioner is.[1]

12 [An outcome of a consumer complaint is compensation.[1]]

✓ ✗ I have identified one example of a possible outcome of a consumer complaint.[1]

Other acceptable answers include:

- apology
- explanation
- refund
- other examples of outcomes of a consumer complaint.

13 [Anyone is allowed to make a complaint against a healthcare provider, or organisation that handles health-related information.[1]] [Examples of who can make a complaint include the healthcare consumer, friends, family, and health service staff. Complaints can also be made anonymously.[2]]

✓ ✗ I have described who can make a complaint against a healthcare provider.[1]

✓ ✗ I have provided some examples of can make a complaint against a healthcare provider.[2]

14 [A consumer complaint could regard poor communication surrounding treatment options.[1]] [This may involve the healthcare provider being unclear about all possible treatment options available to a patient as they want to optimise their own revenue through the patient picking the most expensive option.[2]] [Another example of a consumer complaint is a lack of privacy of health information.[3]] [This could involve the healthcare provider leaking medical records or ignoring their patients rights to confidentiality.[4]]

✓ ✗ I have identified an example of what a consumer complaint can be made about.[1]

✓ ✗ I have discussed this example of what a consumer complaint can be made about.[2]

✓ ✗ I have identified another example of what a consumer complaint can be made about.[3]

✓ ✗ I have discussed the other example of what a consumer complaint can be made about.[4]

Other acceptable answers include:

- waiting times
- quality of care
- safety
- other examples of consumer complaints.

15 [One of the courses of action the Health Complaints Commissioner tasks to resolve a complaint is early resolution.[1]] [This is the fastest, least formal method of resolving complaints and usually involves a phone call to the healthcare provider.[2]] [An investigation is another course of action that can be taken to resolve a consumer complaint.[3]] [This method is for the most complex cases and involves a detailed examination of public, private or individual organisations.[4]]

✓ ✗ I have identified a course of action the Health Complaint Consumer can take to resolve a complaint.[1]

✓ ✗ I have described this course of action.[2]

✓ ✗ I have identified another course of action the HCC can take to resolve a complaint.[3]

✓ ✗ I have described this course of action.[4]

16 a [Noah made a complaint to the Health Complaints Commissioner regarding long wait times.[1]]

✓ ✗ I have identified the consumer complaint Noah made.[1]

b [The Health Complaints Commissioner utilised the early resolution course of action.[1]] [This is the fastest, least formal method of resolving complaints and involves a phone call to the hospital he attended.[2]]

✓ ✗ I have identified the course of action the Health Complaints Commissioner has adopted.[1]

✓ ✗ I have described this course of action.[2]

c [The outcome of the consumer complaint is a change of policy and structure at the hospital.[1]] [This means they will consider how they handled Noah's hospital experience and implement a more efficient method of treating and triaging incoming patients.[2]]

✓ ✗ I have identified the outcome of the consumer complaint.[1]

✓ ✗ I have explained the outcome of the consumer complaint.[2]

✓ ✗ I have referred to the character's name (Noah) in my response, and to the scenario.

Questions from multiple lessons

17 a [An example of a complaint that could be made against Medicare is overcharging for a bulk billing general practitioner consultation fee.[1]] [A consultation with a bulk billing general practitioner requires no patient co-payment as the fees are covered by Medicare, unless the service is out of the scope of what is covered by Medicare.[2]]

✓ ✗ I have identified an example of a consumer complaint.[1]

✓ ✗ I have described this example of a consumer complaint.[2]

Other acceptable answers include:

- poor communication about treatment options
- quality of care
- safety
- other examples of consumer complaints against Medicare.

b [The individual could lodge a complaint with the Health Complaints Commissioner.[1]] [The HCC may follow early resolution course of action and contact the clinic explaining the rights of bulk billing clinics about charging patients for their service.[2]]

I have identified a course of action the consumer can take to resolve this complaint.[1]

I have outlined how this course of action could resolve the complaint.[2]

c [A possible outcome of lodging this complaint could include a refund.[1]] [As the healthcare provider has charged the patient more than what is outlined by Medicare, the consumer is entitled to a full refund.[2]]

I have identified an outcome of lodging a consumer complaint.[1]

I have explained an outcome of lodging a consumer complaint.[2]

Other acceptable answers include:

- changes to service
- an apology
- an explanation
- other examples of consumer complaints against Medicare.

Chapter 9 test

1 [Private health insurance is an optional type of health insurance which people can have in addition to Medicare, in which members pay a premium in return for payment towards services that are not covered by Medicare.[1]]

I have described private health insurance.[1]

2 [One opportunity associated with using websites as a source of health information is that it is inexpensive, as many websites are free to access.[1]] [One challenge associated with using websites is that health information may be unreliable as the author may not have relevant qualifications to provide accurate information due to the fact that anyone can create a website.[2]]

I have described one opportunity associated with websites as a source of health information.[1]

I have described one challenge associated with websites as a source of health information.[2]

3 a [Individuals living in very remote regions only have 3.6 healthcare services per capita compared to major cities with 6.3 healthcare services per capita.[1]] [Therefore, major cities have greater access to healthcare services than very remote regions, which have less access to healthcare services.[2]]

I have used data to outline access to healthcare.[1]

I have compared major cities and remotes regions in terms of healthcare service access.[2]

I have used comparison words, such as 'compared to'.

b [A limited number of healthcare services in very remote regions reduces access for these residents and therefore may reduce the frequency of individuals getting conditions checked by doctors.[1]]

I have outlined how geographic location reduces access to healthcare services.[1]

4 [A patient right that is outlined in the Australian Charter of Healthcare Rights is safety.[1]] [Patients have the right to be cared for in a safe environment with high quality and safe healthcare.[2]]

I have identified one patient right that is outlined in the Australian Charter of Healthcare Rights.[1]

I have outlined my chosen patient right.[2]

Other acceptable answers include:

- access
- respect
- partnership.
- other examples of patient rights.

5 [Recreational groups are a support service for health and wellbeing and may involve fishing and camping trips where people can connect with others over similar interests.[1]] [Through socialising and sharing these experiences with other people, individuals can foster meaningful relationships, which therefore promotes their social health and wellbeing.[2]]

I have described recreational groups as a support service for social health and wellbeing.[1]

I have described how recreational groups can promote social health and wellbeing, with reference to a key component of social health and wellbeing.[2]

6 [A patient responsibility is that when accessing healthcare in Australia, patients must respect healthcare professionals at all times, treating them with courtesy and patience.[1]] [Another example of a responsibility a patient must uphold is paying for healthcare services correctly and promptly, in an appropriate time frame.[2]]

I have outlined one patient responsibility when accessing healthcare.[1]

I have outlined another patient responsibility when accessing healthcare.[2]

7 a [Equity of access refers to ensuring that people are given the appropriate resources they need to engage with new health procedures and technology.[1]]

I have described equity of access.[1]

b [New health procedures or technologies, such as in-vitro fertilisation (IVF), can be very expensive and therefore reduce the equity of access.[1]] [As many of these new procedures are not covered by Medicare, access to these service for people of a low socioeconomic status is limited and due to their high cost.[2]]

I have explained how new health procedures or technologies may reduce equity of access.[1]

I have further explained how new health procedures and technologies may reduce equity of access.[2]

8 a [The Pharmaceutical Benefits Scheme is a program run by the Australian government that subsidises various essential prescription medications for Australian citizens, permanent residents, and visitors from individuals from countries of a reciprocal agreement.[1]]

✓ ✕ I have briefly described the Pharmaceutical Benefits Scheme.[1]

b [A consumer could make a complaint that they were charged more for their prescription medication than what was outlined by the Pharmaceutical Benefits Scheme.[1]]

✓ ✕ I have suggested a consumer complaint about the Pharmaceutical Benefits Scheme.[1]

Other acceptable answers include:

- unprofessional behaviour
- mishandling health information
- safety
- other examples of consumer complaints.

c [To resolve this complaint, the consumer may contact the Health Complaints Commissioner (HCC) who will progress the complaint with an early resolution course of action.[1]] [This might include a phone call to the chemist that provided the medication. The HCC could explain the costs of medication covered by the PBS and refer them to this list of essential medicines that are covered by the PBS to correct their mistake.[2]]

✓ ✕ I have identified a process to resolve the complaint identified in **part b**.[1]

✓ ✕ I have described the course of action for complaint resolution.[2]

Other acceptable answers include:

- formal resolution
- investigation
- with healthcare provider directly
- other examples of complaint resolution.

9 [An advantage of Medicare is that it is available to all Australians despite their ability to pay.[1]] [This increases the capacity of Australians to achieve optimal health and wellbeing, including individuals of a low socioeconomic status.[2]] [A disadvantage of Medicare is that it does not cover all healthcare services, such as ambulance services.[3]] [This means that people who require an ambulance will incur a large fee, reducing access to those who cannot afford the service.[4]]

✓ ✕ I have identified one advantage of Medicare.[1]

✓ ✕ I have explained this advantage of Medicare.[2]

✓ ✕ I have identified one disadvantage of Medicare.[3]

✓ ✕ I have explained this disadvantage of Medicare.[4]

10 a [An example of digital media used to promote health and wellbeing includes practitioners that provide their healthcare service online or by phone call.[1]]

✓ ✕ I have identified an example of digital media used to promote health and wellbeing.[1]

Other acceptable answers include:

- websites
- digital health apps

- podcasts
- other examples of digital media.

b [Online practitioners provide their service to patients by telehealth or other online sources, aiming to increase access for patients, such as people who are geographically isolated.[1]] [If people live far away from a general practitioner, they are less likely to find time to travel for a consultation. Online services allow for these people to connect with general practitioners from their homes, increasing the frequency of checkups and the likelihood of people getting conditions checked.[2]]

✓ ✕ I have described what the example of digital media identified in **part a** involves.[1]

✓ ✕ I have described how the example of digital media identified in **part a** increases access.[2]

Other acceptable answers include:

- websites
- digital health apps
- podcasts
- other examples of digital media that promote access.

c [Online practitioners offer healthcare services on digital platforms, such as the internet, phone and video calls. These online healthcare services can be utilised as a support service to promote physical health and wellbeing.[1]] [An individual may have a telehealth appointment with a general practitioner to discuss their medical condition and treatment options. This promotes physical health and wellbeing as patients are more likely to be free from illness, injury, and disease.[2]]

✓ ✕ I have outlined the example of digital media identified in **part a** as a support service for physical health and wellbeing.[1]

✓ ✕ I have explained how the example of digital media identified in **part a** can promote physical health and wellbeing.[2]

Other acceptable answers include:

- websites
- digital health apps
- podcasts
- other examples of digital media to promote health and wellbeing so long as adequately explained.

Questions from multiple chapters

11 a [A support service that aims to promote mental health amongst youth are psychologists.[1]]

✓ ✕ I have identified a support service that aims to promote mental health among youth in Australia.[1]

b [When talking to a psychologist about mental health, the patient has a right to privacy.[1]] [This ensures the psychologist does not disclose a patient's health information unless the patient or another individual's safety is at risk, allowing their privacy to be respected and their health information to be kept confidential.[2]]

✓ ✕ I have identified a patient right when accessing healthcare.[1]

✓ ✕ I have described the patient right when accessing healthcare.[2]

c ⌈A consumer complaint may be made regarding lack of privacy.[1]⌉
⌈This may include the psychologist sharing details about the patient's life without consent, to their friends and family. The patient has a right to lodge a complaint as their privacy was breached.[2]⌉

✓ ✗   I have identified a consumer complaint that could be made if a patient right has been breached.[1]

✓ ✗   I have outlined a complaint a consumer could make.[2]

Unit 2 AOS 2 Review

1 a ⌈Heath can have a consultation with a general practitioner (GP).[1]⌉
⌈Heath can also undergo tests and examinations, such as an x-ray.[2]⌉

✓ ✗   I have identified one health service covered by Medicare that Heath can access.[1]

✓ ✗   I have identified another health service covered by Medicare that Heath can access.[2]

b ⌈Heath has the responsibility to treat healthcare professionals with respect.[1]⌉⌈Heath also has the responsibility to provide relevant and accurate information about his present and past health conditions.[2]⌉

✓ ✗   I have outlined one responsibility Heath has when accessing health services.[1]

✓ ✗   I have outlined another responsibility Heath has when accessing health services.[2]

2 ⌈Medicare is Australia's universal health insurance scheme, which provides all Australian residents access to necessary healthcare at a subsidised cost, or for no cost at all,[1]⌉⌈whereas the Pharmaceutical Benefits Scheme (PBS) is a program run by the Australian government that subsidises various essential prescription medications for Australian residents.[2]⌉

✓ ✗   I have outlined Medicare.[1]

✓ ✗   I have outlined the Pharmaceutical Benefits Scheme.[2]

✓ ✗   I have used a comparison word, such as 'whereas'.

3 a ⌈Privacy refers to the right for any health information relating to a patient to remain confidential and to only be shared with the appropriate health professionals with consent.[1]⌉

✓ ✗   I have outlined what is meant by privacy.[1]

b ⌈My Health Record is an emerging health technology that stores an individual's health information so it is easily accessible for both patients and healthcare providers.[1]⌉⌈Individuals may feel worried about storing their personal health information online due to potential data breaches of this information, therefore raising privacy concerns.[2]⌉

✓ ✗   I have used an example of an emerging health procedure or technology.[1]

✓ ✗   I have explained how this health procedure or technology can raise concerns associated with privacy.[2]

Other acceptable answers include:

- you may have also discussed other new health procedures and technologies that raise concerns associated with privacy, such as mHealth or COVID-19 contact tracing.

4 ⌈Beyond Blue is an example of a support service that aims to promote mental health and wellbeing for young people.[1]⌉⌈The Beyond Blue website enables individuals to connect with others who are suffering with similar conditions through online forums, which can help Kathy feel less lonely and potentially reduce stress and anxiety levels.[2]⌉

✓ ✗   I have identified a support service for mental health and wellbeing.[1]

✓ ✗   I have described this support service for mental health and wellbeing.[2]

✓ ✗   I have referred to the character's name in my response (Kathy) and to the scenario.

Other acceptable answers include:

- you may have also discussed other support services, such as Headspace National Youth Mental Health Foundation, psychologists, and Mind Australia, so long as they are adequately linked to mental health and wellbeing.

5 a ⌈A patient has the right to privacy.[1]⌉⌈Privacy as a patient right means that patients' healthcare information should be treated as confidential and only be shared with the appropriate health professionals.[2]⌉
⌈A patient has the right to safety.[3]⌉⌈Safety as a patient means that the patient has the right to receive safe and high-quality health services, provided with professional care, skill, and competence.[4]⌉

✓ ✗   I have identified one patient right in The Australian Charter of Healthcare Rights.[1]

✓ ✗   I have discussed my chosen patient right.[2]

✓ ✗   I have identified another patient right in The Australian Charter of Healthcare Rights.[3]

✓ ✗   I have discussed my chosen patient right.[4]

Other acceptable answers include:

- you may have also discussed other rights listed in The Australian Charter of Healthcare Rights, such as access, respect, partnership, information, and feedback.

b ⌈One of the courses of action that can be taken to resolve a consumer complaint is an early resolution.[1]⌉⌈An early resolution is the quickest, least formal method of resolving complaints and typically involves a phone call to the healthcare provider.[2]⌉⌈A possible outcome of lodging this complaint could include an apology.[3]⌉⌈Another possible outcome of this complaint is a follow-up investigation.[4]⌉

✓ ✗   I have explained a course of action the Health Complaint Consumer can take to resolve a complaint.[1]

✓ ✗   I have described this course of action.[2]

✓ ✗   I have identified an outcome of this action.[3]

✓ ✗   I have identified another outcome of this action.[4]

Other acceptable answers include:

- you may have also discussed another course of action the Health Complaint Consumer can take to resolve a complaint, such as through a formal resolution, investigation, or through another agency.
- you may have also identified other outcomes of action, such as a refund, explanation, or compensation.

6 [The PBS safety net protects individuals and families from high costs of essential prescription medicines by significantly reducing the subsidised costs of medicines once they reach a certain threshold for the remaining calendar year.[1]][This can reduce costs associated with accessing medication, therefore improving access to healthcare services for low-income earners.[2]]

✓	✕	I have explained the PBS safety net.[1]
✓	✕	I have explained how the PBS safety net can improve access to health services.[2]

7 [One opportunity associated with online practitioners is that they can potentially offer 24/7 services, ensuring that patients receive care when they need it.[1]][One challenge associated with online practitioners is that they may not be ideal for physical examinations.[2]]

✓	✕	I have described one opportunity associated with online practitioners.[1]
✓	✕	I have described one challenge associated with online practitioners.[2]

Other acceptable answers include:

- you could have also described other opportunities associated with online practitioners, such as minimising the barrier of geographic location.
- you could have also described other challenges associated with online practitioners, such as the potential misinterpretation of information due to relying solely on verbal communication.

8 a [Private health insurance is an optional type of health insurance which people can have in addition to Medicare, in which members pay a premium in return for payment towards services that are not covered by Medicare.[1]]

✓	✕	I have outlined what is meant by private health insurance.[1]

b [An advantage of private health insurance is that patients have reduced waiting times for non-emergency treatments.[1]][A disadvantage of private health insurance is that the cost of premiums can be expensive.[2]]

✓	✕	I have described one advantage of private health insurance.[1]
✓	✕	I have described one disadvantage of private health insurance.[2]

9 a [Intro-vitro fertilisation (IVF)[1]][and 3D printing.[2]]

✓	✕	I have identified one example of an emerging health procedure or technology.[1]
✓	✕	I have identified another example of an emerging health procedure or technology.[2]

Other acceptable answers include:

- nanotechnology
- stem cells
- Telehealth
- COVID-19 vaccine
- other examples of emerging health procedures or technologies.

b [Ethics is an issue associated with IVF.[1]][Multiple embryos are created during IVF and unused embryos may be destroyed. As some people believe that life begins at fertilisation, destroying embryos can be considered destroying life and is therefore considered unethical by some.[2]][Equity of access is another issue associated with IVF.[3]][IVF is very costly and if an individual is diagnosed as 'medically infertile' then they are eligible for a Medicare rebate, however, this Medicare rebate does not make IVF more accessible for same-sex couples or single women who are not diagnosed as 'medically infertile' but may be unable to have a baby without assistance.[4]]

✓	✕	I have identified an issue associated with one of the health procedures or technologies identified in **part a**.[1]
✓	✕	I have discussed this issue.[2]
✓	✕	I have identified another issue associated with one of the health procedures or technologies identified in **part a**.[3]
✓	✕	I have discussed this issue.[4]

Other acceptable answers include:

- other issues associated with the health procedure you identified in **part a**, so long as you discussed the issue.

10 [The SkinVision app provides an opportunity for users to track any changes in their skin, such as the growth of moles.[1]][This provides users with an opportunity to consistently monitor changes in their skin and increases awareness of potential concerns, promoting physical health and wellbeing.[2]][This is because individuals may consult a doctor if there are unusual changes associated with their skin, which can promote early detection and treatment, potentially improving the functioning of the body and its systems.[3]][The SkinVision app may also present a challenge to users as they may self-diagnose themselves with skin cancer based on their assessment.[4]][If users believe they have skin cancer without a professional diagnosis, this may negatively impact their mental health and wellbeing.[5]][This is because individuals may feel increased levels of stress and anxiety associated with their health.[6]]

✓	✕	I have discussed an opportunity of the SkinVision app.[1]
✓	✕	I have explained how the opportunity of the SkinVision app impacts health and wellbeing, with reference to a health and wellbeing dimension.[2]
✓	✕	I have further explained how the opportunity of the SkinVision app impacts health and wellbeing, with reference to a component of a health and wellbeing dimension.[3]
✓	✕	I have discussed a challenge of the SkinVision app.[4]
✓	✕	I have explained how the challenge of the SkinVision app impacts health and wellbeing, with reference to a health and wellbeing dimension.[5]
✓	✕	I have further explained how the challenge of the SkinVision app impacts health and wellbeing, with reference to a component of a health and wellbeing dimension.[6]

11 [A consumer can make a complaint regarding poor communication surrounding treatment options.[1]][This may involve the healthcare provider being unclear about all possible treatment options available to a patient as they want to optimise their own revenue through the patient picking the most expensive option.[2]]

✓ ✗ I have identified an example of what a consumer complaint can be made about.[1]

✓ ✗ I have discussed this example of what a consumer complaint can be made about.[2]

Other acceptable answers include:

- quality of care
- safety
- lack of privacy of health information
- other examples of consumer complaints.

12 [Telehealth refers to the provision of health services via telecommunications technology, such as Facetime.[1]] [Telehealth presents an opportunity to improve equity of access by ensuring that those who need to access health services can, regardless of whether or not they are able to travel to a clinic.[2]]

✓ ✗ I have explained Telehealth.[1]

✓ ✗ I have suggested how telehealth can improve equity of access.[2]

13 Students needed to display that they had a thorough understanding of the question by demonstrating:

- an effectively structured response
- that the stimulus materials had been understood, connected, and synthesised
- that the student's own understanding had been used to formulate the response
- that all of the stimulus materials are referenced in the response.

In relation to *factors impacting access to health services*, discussion of the following would be awarded:

- Discussion of the impact of factors, such as geographic location, culture, and cost, on access to health services.
- Discussion of source 2 would be appropriate here. Some examples include:
  - geographic location: 65% of Aboriginal and Torres Strait Islander peoples in Australia live outside a major city. In rural and regional areas there may be fewer health services available, therefore Aboriginal and Torres Strait Islander peoples may have to travel further for health services which may delay or prevent access to health services.
  - culture: Aboriginal and Torres Strait Islander peoples are 1.5 to 2.5 times more likely to experience discrimination and racism than non-Indigenous Australians. As a result, Aboriginal and Torres Strait Islander peoples may choose not to access health services if they experience racism or feel disrespected. This is a factor that can impact access to health services and account for why some healthcare services can be difficult to access for many Aboriginal and Torres Strait Islander peoples in Australia, supporting the statement in the question.

In relation to *how factors impacting access to health services can be addressed and minimised by support services and Medicare*, discussion of the following would be awarded:

- Discussion of how Indigenous support services can address factors associated with access to health services.

- Discussion of source 1 would be appropriate here. Some examples include:
  - geographic location: The Youth Aboriginal Mother's Project (YAMP) provides Aboriginal women with transport to attend the program. This can reduce the barrier of geographic location by ensuring that Aboriginal women are able to travel and access the support service.
  - culture: YAMP is run by Indigenous Australians and provides maternal support services for Aboriginal women from pregnancy through to their child starting schools. This can potentially address the barrier of culture by creating a safe environment in which Aboriginal women feel respected and can receive culturally appropriate education regarding pregnancies, nutrition, and health services available.
- Discussion of how Medicare can address factors associated with access to health services.
- Discussion of source 3 would be appropriate here. An example includes:
  - cost: Medicare provides all Australians with access to necessary healthcare at a subsidised cost, or for no cost at all. This can reduce the barrier of cost for Aboriginal and Torres Strait Islander peoples. The proportion of Indigenous Australians who had an Indigenous health check nearly tripled between 2010-11 and 2019-20. This suggests that Medicare can increase access to health services for Aboriginal and Torres Strait Islander people.

In relation to *the impact of support services on the dimensions of health and wellbeing*, the following would be awarded:

- Discussion of the impact of support services on any dimension of health and wellbeing.
- Discussion of source 1 would be appropriate here. Some examples include:
  - YAMP offers belly casting, which can help Indigenous women find pride in their pregnancies and therefore increase self-confidence and promote *mental health and wellbeing.*
  - YAMP offers group therapy, which allows Indigenous women to share their worries and struggles with other group members, which can help build supportive networks and promote *social health and wellbeing.*

Overall, students needed to provide a considered discussion responding to the statement: *Accessing healthcare services can be difficult for many Aboriginal and Torres Strait Islander peoples in Australia.* Students needed to discuss a range of factors that make it difficult for Indigenous people to access healthcare. Students also needed to discuss how a range of factors, such as Medicare and programs like YAMP, assist in improving access to healthcare for Indigenous peoples in Australia. Students should have used data from the sources to support their discussion.

GLOSSARY

A

Action (related to health) involves the behaviours and processes in relation to a particular health issue, cause, or interest with the aim of creating positive change and achieving health outcomes p. 336

Advocacy (related to health) is the public support and promotion of a particular health issue, cause, or interest p. 336

Age refers to the length of time that a person has lived for p. 15

Australian Guide to Healthy Eating is a food selection model that provides a visual pie chart representation of the recommended proportions of the five food groups that should be consumed each day as part of a healthy and balanced diet p. 142

B

Barriers are factors that make something less likely to occur p. 198

Burden of disease is a measurement of the impact of disease and injuries, specifically measuring the gap between current health status and an ideal situation where everyone lives to an old age, free of disease and disability. Burden of disease is specifically measured by the unit disability-adjusted life years (DALYs) p. 66, 82, 289

C

Carers are paid or unpaid members of an individual's social network who assist an individual with activities or tasks of daily living p. 421

Communities refer to groups of people who often share a similar characteristic, such as where they live p. 252

Consumer complaints (related to health) are expressions of dissatisfaction towards healthcare providers and services made by healthcare consumers p. 520

Core activity limitation refers to an individual's limited ability to undertake daily activities or participate in core life areas of self-care, mobility, and communication p. 70, 83

Culture is a multi-layered concept that encompasses the shared characteristics and behaviours of a particular group of people, including traditions, customs, language, religion, music, art, and cuisine p. 18

D

Development refers to the orderly, predictable, and gradual change of an individual's physical, intellectual, emotional, and social conditions p. 356, 407

Developmental milestones are tasks, events, or skills that occur or are expected to occur within a certain age group p. 357

Digital media refers to audio, video, photographic, and written content that is converted into a digital media format and can be viewed and distributed on digital electronic devices p. 500

Digitial technologies refer to the range to the range of devices and technologies that allow people to connect with others, deliver and access services, and store information p. 110

Direct costs (related to health) refer to the monetary costs that are associated with the prevention and treatment of illness or disease p. 329

Disability-adjusted life year (DALY) is a measure of burden of disease in which one disability-adjusted life year (DALY) equals one healthy year of life lost due to the experience of a disability or disease (YLD) or premature death (YLL) p. 66

E

Education refers to the process of learning and gaining knowledge and skills p. 103

Embryonic stage refers to the stage of prenatal development that occurs from implantation until eight weeks of pregnancy and is where the foundations are laid for the growth and development of a human p. 426

Emotional development refers to changes that relate to expressing, understanding, and communicating emotions that occur across the lifespan p. 377, 445

Emotional health and wellbeing is the ability to express, control and manage feelings in a positive way and display resilience p. 9, 478

Emotional support is the provision of love, reassurance, guidance, and encouragement, especially important in times of challenge and stress p. 416

Employment refers to the state of undertaking paid work p. 105

Enablers are factors that make something more likely to occur p. 198

Equity refers to being fair and just, which includes catering for different people's needs p. 511

Ethics refers to the moral principles and values that influence people's decisions and behaviours p. 510

Expectations refer to the beliefs or desires that something will or should happen p. 252

F

Family environment refers to the circumstances and social climate surrounding families p. 421

Family refers to a group of two or more people who are related by blood, marriage (registered or de facto), adoption, step, or fostering, and who often live in the same household p. 93

Fertilisation is the process of an egg and sperm fusing together to form a zygote p. 357, 421

Fetal stage refers to the stage of prenatal development that occurs from approximately nine weeks through to birth p. 428

Fine motor skills are functions that involve the ability to move through the controlled use of small muscle groups p. 359

Food marketing tactics are the strategic actions that commercial companies use to promote their food products p. 188

Freedom of choice refers to an individual's autonomy and right to make their own choices and decisions p. 515

G

Gender refers to the socially constructed ideas, attitudes, and behaviours that a given culture or society associates with a person's biological sex; it may also refer to a person's own or perceived gender identity p. 20

Germinal stage refers to the stage of prenatal development that occurs from conception until implantation (approximately two weeks after conception) p. 424

Government organisations or programs are initiatives that are developed, implemented, and solely funded by the government p. 240

Gross motor skills are functions that involve the ability to move through the controlled use of large muscle groups p. 359

H

Health action refers to a range of behaviours and processes that have the aim of creating positive change and achieving health outcomes for a health issue, cause, or interest p. 221

Health and wellbeing relates to an individual's physical, mental, emotional, social, and spiritual states, where an individual can experience and an overall level of satisfaction, enabling them to effectively function p. 4

Health behaviours are actions people take relating to their health that can have a positive or negative effect on their health and wellbeing and health status p. 90

Health inequalities refer to the differences in health between population groups or people p. 235

Health information refers to information and data related to health p. 109

Health Star Rating System is a food selection model that calculates the nutritional value of packaged foods and assigns a rating between half a star and five stars which is displayed on the front of the food packaging p. 149

Health status refers to an individual or population's overall health, taking into account a range of measures, such as life expectancy and experience of illness, disability, and disease p. 61, 79, 90

Healthy and respectful relationships are relationships that exist between two or more individuals, which are built on mutual respect, trust, honesty, and loyalty, where each individual feels comfortable and safe p. 403

Healthy Eating Pyramid is a food selection model that displays the types and proportions of foods that should be consumed each day as part of a healthy and balanced diet in a pyramid format p. 146

Housing refers to the shelter or accommodation people reside in p. 96

I

Incidence refers to the number of new cases of a particular disease or condition that arise in a population in a certain period of time p. 61, 79, 284

Income refers to the amount of money a person earns through employment, investments, government allowances, or providing goods and services etc. p. 107

Indirect costs (related to health) are secondary costs that arise due to the existence of disease or illness but are not associated with the prevention or treatment of disease or illness p. 330

Intangible costs (related to health) are costs that are not related to money and cannot be easily quantified or physically grasped, and often involve social and emotional consequences, such as the stress of having a mental illness p. 331

Intellectual development refers to changes in the brain, including thought processes, knowledge, and understanding that occur across the lifespan p. 376, 444

Intergenerational health and wellbeing refers to the idea that the health and wellbeing of one generation can be influenced by other generations p. 452

Intergenerational is a term used to describe anything concerning several generations and can describe the interactions and relations that occur between generations p. 452

Invasive procedures (related to health) refer to procedures that invade the body by using instruments that examine the inside of the body, are inserted in the body, or cut or puncture the skin p. 513

L

Life expectancy measures the number of years a person is expected to live, on the basis that current health conditions do not change p. 68, 83

M

Macronutrients are nutrients that are required by the body in large amounts for optimal health and wellbeing p. 125

Medicare is Australia's universal health insurance scheme, which provides all Australian residents (and some overseas visitors) access to necessary healthcare at a subsidised cost, or for no cost at all p. 464

Mental health and wellbeing is the current state of wellbeing of the mind, involving the ability to think and process information p. 8, 476

Mental health equity refers to ensuring fairness in mental health and providing all people with what they require to promote their mental health p. 339

Mental health outcomes refer to the changes, progress, and results made in relation to mental health at both an individual and population level p. 339

Mental health problems describe disruptions to an individual's thoughts, feelings, and behaviours, which can negatively impact an individual's mental health and everyday functioning, but are not at the level of severity to be classified as a mental illness p. 265

Mental health refers to the current state of a person's mind, and their psychological wellbeing and functioning p. 265

Mental healthcare is the provision of care for people experiencing mental health problems and mental illnesses, through a range of prevention and treatment services, with the aim of improving mental health p. 311

Mental illnesses refer to a wide range of medical, diagnosable conditions that involve the mind, characterised by feelings of distress or disturbance that severely impact an individual's daily life and ability to function p. 265

Micronutrients are nutrients that are required by the body in small amounts for optimal health and wellbeing p. 125

Morbidity refers to ill health in an individual and the levels of ill health in a given population group p. 62, 80

Mortality refers to the number of deaths in a population p. 63, 81

Motor skills are functions that involve the ability to move p. 359

N

Non-government organisations or programs are initiatives that are developed, implemented, and funded by people or communities outside of the government p. 245

Nutrients are substances in food that are required by the body as a source of energy, nourishment, and to facilitate bodily functions, such as the growth and maintenance of cells p. 125

Nutritional imbalance is when nutrients are not present in the human body in appropriate amounts p. 175

O

Optimal development refers to the changes of an individual's physical, intellectual, emotional, and social conditions occurring in a way that enables an individual to reach their full potential p. 421

Optimal emotional development refers to the changes of an individual's emotional conditions occurring in a way that enables an individual to reach their full emotional potential p. 445

Optimal health and wellbeing involves an individual experiencing the highest possible level of health and wellbeing when taking their unique experiences, characteristics, and lifestyle into account p. 5, 407

Optimal intellectual development refers to the changes of an individual's intellectual conditions occurring in a way that enables an individual to reach their full intellectual potential p. 444

Optimal physical development refers to the changes of an individual's physical conditions occurring in a way that enables an individual to reach their full physical potential p. 443

Optimal social development refers to the changes of an individual's social conditions occurring in a way that enables an individual to reach their full social potential p. 446

P

Parenting refers to looking after and raising a child p. 411

Parents are individuals who have the responsibility of looking after and raising a child p. 421

Peer group refers to a group of people who are generally of the same age and have common interests or characteristics p. 91

Perspective refers to the way someone sees something or their point of view or attitude towards something p. 16

Pharmaceutical Benefits Scheme (PBS) is a program run by the Australian government that subsidises various essential prescription medicines for Australian citizens, permanent residents, and visitors from selected countries p. 468

Physical development refers to bodily changes relating to body size, shape, systems, and structure that occur across the lifespan p. 375, 443

Physical health and wellbeing is the functioning of the body and its systems, including the body's capacity to perform daily tasks and activities p. 7, 475

Prenatal development refers to the growth and development of a fetus that occurs in the uterus, all the way from conception to childbirth p. 423

Prevalence refers to the number of cases of a particular disease or condition that are present in a population at a given time p. 61, 79, 282

Primary sex characteristics are characteristics that are present at birth and relate directly to an individual's reproductive organs p. 385

Priorities refer to things that are treated as of higher importance when compared to something else. p. 16

Privacy (related to health) refers to the right for any health information relating to a patient to remain confidential and to only be shared with the appropriate health professionals with consent p. 512

Private health insurance is an optional type of health insurance which people can have in addition to Medicare, in which members pay a premium in return for payment towards services that are not covered by Medicare p. 470

Protective factor refers to something that reduces the likelihood of negative health outcomes and reduces the potential negative impact of a risk factor on health p. 298, 436

Protective nutrients are nutrients that decrease the likelihood of developing diet-related diseases when consumed p. 150

Psychological distress refers to an individual's state of psychological suffering, and involves unpleasant emotions and/or thoughts that impact an individual's ability to function p. 72, 84

Puberty is the natural process in which an individual's body physically changes and matures in order to become capable of sexual reproduction p. 360, 385

R

Rates of hospitalisation refers to the number of individuals who have been admitted to a hospital in a certain period of time p. 64, 81

Redress refers to rectifying a wrong action or situation p. 520

Relationship refers to a connection between two or more people p. 402

Religion refers to a set of beliefs, values, practices, and doctrines that are accompanied by a belief in a higher power, often in the form of a god or gods p. 22

Resources are things that can be drawn upon or used by someone for their own benefit p. 417

Respect refers to having concern and consideration for the needs, feelings, opinions, thoughts, wishes, and rights of others p. 403

Responsibility refers to a duty or task that one is ought to do p. 414

Risk factor refers to something that can negatively impact health by increasing the likelihood of developing a disease, illness, or injury p. 295, 432

Risk nutrients are nutrients that increase the likelihood of developing diet-related diseases when consumed p. 150

S

Secondary sex characteristics are characteristics that develop during puberty and do not necessarily relate directly to an individual's reproductive organs p. 385

Self-assessed health status measures an individual's overall perception of their own health status at a given point in time p. 73, 84

Social development refers to changes relating to communication, relationships, and socialising that occur across the lifespan p. 379, 446

Social health and wellbeing is the ability to form meaningful and satisfying relationships with others, as well as the ability to appropriately manage and adapt to social situations p. 10, 477

Social support is the provision of advice and practical assistance from others, often through a supportive network of friends, family, or the wider community p. 416

Sociocultural factors are the social and cultural conditions that people experience throughout their lifetime p. 89

Socioeconomic status (SES) is a measure used to determine the social status of an individual using the factors of income, occupation, and education p. 23

Spiritual health and wellbeing includes the ideas, beliefs, values and ethics that an individual possesses, contributing to a sense of meaning, purpose, and belonging p. 11, 480

Support services refer to the institutions and organisations that provide care and assistance to people p. 109, 474

V

Values refer to intangible ideas or concepts that are viewed as important or worthy by individuals or communities p. 252

Y

Years of life lost due to disability (YLD) refers to the non-fatal contribution to the burden of disease measurement of disability-adjusted life year (DALY) p. 66

Years of life lost due to premature death (YLL) refers to the fatal contribution to the burden of disease measurement of disability-adjusted life year (DALY) p. 66

Youth refers to the stage of the human lifespan that occurs from ages 12 to 18; it also refers to people in this age bracket p. 29, 79

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