



Health and Well-being In Western Australia

Resilience is an undeniable quality many young people in out-of-home possess, but growing up in an atypical, institutionalised environment, while grappling with adverse events (such as hardship, neglect, maltreatment, abuse, and/or discrimination), can have unavoidable effects on health and well-being.

Together, health and well-being encompass quality of life, wellness, and both physical and mental health. Being in good health and feeling positive about one's life is an important and basic human right. In First Nations cultures, connection to culture is also linked with health and well-being, with cultural, spiritual, and intergenerational healing fundamental to First Nations health models. What health and well-being mean on an individual and subjective level is also important because what feeling good means to one person might be very different to another.

To better understand the diverse health and well-being needs of young people in the care system in Western Australia, CREATE spoke with 27 individuals, aged 12–17, about the following topics:

- Most important aspects of health and well-being;
- Strategies for looking after health and well-being;
- Main areas of concerns;
- Involvement in decision making about health; and
- Ways young people could be supported better to be healthy and well.

46%

involved in decision-making about health issues.

78%

felt most comfortable seeking help for health and well-being issues from carers followed by

52%

from friends.

50%

First Nations young people disconnected from country and mob.

26%

experienced severe episodes of depression or bipolar disorder.

17%

experienced severe episodes of anxiety.

Young people scored a lower mean of 58.3/100 on the WHO Wellbeing Index; 11 points less than scores from Aotearoa, NZ.

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Trying to keep away from anything bad such as drugs. (Female, 14 years)

I moved around schools a lot and got badly bullied. Then I got kicked out of another school. I just don't go to school anymore, my school counsellor is on holidays. She's someone I would normally go to, to talk to about things. I overthink things and have bad anxiety so I can't make it to things, like school, going out with my friends, or playing footy. (Female, 18 years)

There is a big stigma about it [mental health] and it is difficult to talk about feelings. (Male, 17 years)

Understand that just because stuff happened in the past, [it] still affects us to this day. (Female, 16 years)

Feeling happy, secure, and safe. (Female, 14 years)

Spend time with friends and family; go with my Nan to take my dog for a walk; exercise. (Female, 17 years)

Feeling healthy, eating healthy, having a stable mindset. (Female, 17 years)

Been able to get out of bed and do normal productive things. (Male, 14 years)

I listen to music and I have a therapist both at school and outside. (Female, 15 years)

Hang out with mates, find activities to do. (Female, 16 years)

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Key Messages

Young people associate health and well-being with mental health; physical health; identity; having good coping strategies; feeling safe and secure; positive relationships; life outcomes; self-care; having a good mindset; and avoiding harmful behaviours.

Young people who report more positive health and well-being have also identified social skills and social connectedness; engagement in education; caseworker stability; good transition from care planning; engaging in meaningful and enjoyable activities; having cultural and spiritual needs met; opportunities for being independent; and being in supportive, connected, and stable placements as important.

The top six areas of concern young people identified were relationships with biological family; mental health; relationships with caseworkers; physical fitness and nutrition; safety, and having a say (being informed and able to make decisions about their health). Not surprisingly, barriers to attaining positive health and well-being in OOH include lack of involvement in decision-making and care planning; unsuitable and unstable placements; absence of trusted relationships; disconnection from culture; and the fear of judgement/stigma (particularly around mental health).

“ Spend more positive time with biological family. (Male, 15 years)

Listen, ask questions, and show that you care. (Male, 15 years)

Provide lots of help and services; come to see the kids; and build a connection. (Male, 14 years)

I think it's hard because not everyone goes through the same stuff. People have different perspectives and people may not be able to help them the way they want to be helped. Sometimes people respond negatively to mental health; it can be triggering and make it worse. (Male, 17 years)

Check in with them once per week. Go out for a walk and talk about their week. Send a message to check in because some people might not want to talk in person. (Female, 15 years)

Definitely talk with them and see what their perspective of health and wellbeing is, [how it is] going for them and how they want it [support]. Try to slowly bring in positive ways rather than just piling things on kids all at once. I'm talking about both information and changing to positive habits. (Male, 17 years)

Actions

Promote participation, and include young people's voices in decision-making.

Ensure access to support is available in a timely manner (health assessments and services; and health professionals who will guide and empower young people to make healthy life choices).

Adopt strengths-based, trauma-informed strategies for health and well-being initiatives.

Support those who support young people. Ensure guardians (kin, foster carers, caseworkers, health professionals, school community) are health literate and trauma-informed.

Prioritise First Nations health and well-being in a culturally safe manner.

Provide tailored support for care leavers with extended support models allowing for a gradual transition processes to mitigate abrupt change and upheaval.

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