

Concluding comments

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The Association for Young People’s Health is committed to improving accessibility of data on young people’s health as a way of improving outcomes for young people. We hope that *Key Data on Young People 2017* provides useful ammunition to help practitioners, policy makers, researchers and others make the case for investing in the 10-24 age group.

The data drawn together here make it clear that young people have a significant range of health issues that are particular to their age group, and that they make good use of health services. There are many positive time trends – rates of drinking, smoking and teenage pregnancy have all continued to fall. However, the teens and early 20s remain a ‘risky period’ in health terms, for a range of issues that will have lifetime implications, including:

- diet, activity and obesity
- sexually transmitted infections
- the peak age for diagnosis of a number of chronic conditions such as asthma and Type 1 diabetes
- the peak age for hospitalisation for challenging conditions such as eating disorders and self-harm
- the most common age for concerns around child sexual exploitation
- and different health behaviours – such as smoking – that still set in before the age of 25.

Contrary to popular understanding, young people are frequent users of health services. They draw more than other age groups on community based services such as sexual health clinics, they often visit the GP, either alone or with their families, and approximately a third of the age group attend accident and emergency departments in any given year.

Despite young people being frequent users of health services, many such services are not youth friendly. Young people consistently rate their experiences as less satisfying than other age groups, and often find that the service offer is not designed around their needs. Training in adolescent health is limited, and there are large ‘treatment gaps’ where those with problems do not receive help. This is particularly the case with mental health services for the age group.

Finally we would like to draw attention to the role of inequality in impairing the lives of young people. Health inequalities occur across the lifespan, but they begin to emerge in childhood. Arguably the period between 10-24 is critical in confirming and extending inequalities that then last a lifetime. This is the time when young people start to move outside family influences and control, and establish their own places in the world as independent adults. It is a critical period in the intergenerational transmission of inequality and offers a unique opportunity to interrupt the trajectories before they are set in stone.

Despite young people’s health needs being different they are often grouped together with those of younger children or older adults. We think that in health terms 10-24 year olds are an invisible generation. It is vital that we continue to collect data and commission services specifically to meet the health needs of this age group. This is to improve their health now and also to give them the best chance of healthy adulthood in the future.