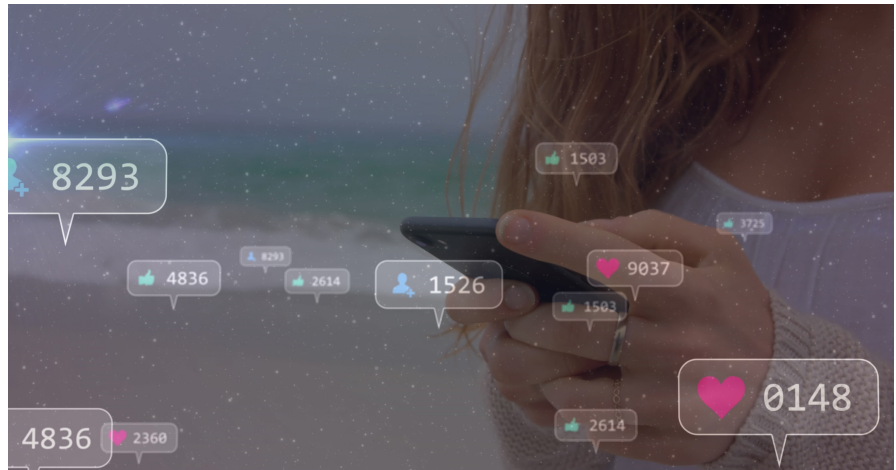


Intergenerational equity and the health of Australia's young people

Decades of public health research have taught us that childhood and adolescence are a critical window for investing in the health of populations. Simply put, ensuring young people have a safe and healthy start to life pays dividends across the life course for individuals, their families, and communities. Despite this knowledge, Australia's children and adolescents continue to face enormous threats to their lifelong health and wellbeing. From growing inequality and declining standards of living to the climate crisis and environmental degradation, to conflict, violence and growing mistrust in our institutions and political processes, it is young people who will bear the greatest burden of the most pressing social and economic challenges of our time. Given the central role that the health sector has in responding to and meeting these challenges, this issue of the *MJA* is dedicated to child and adolescent health.

The Future Healthy Countdown 2030 aims to drive systemic changes to Australia's policy environments to improve the health and wellbeing of young people and future generations. The second annual series of Countdown articles appears in a supplement to this issue of the *MJA* (<https://www.mja.com.au/journal/2024/221/10/supplement>). Building on the breadth of existing work by advocates and experts, the capstone article in the supplement, by Lycett and colleagues (<https://doi.org/10.5694/mja2.52494>), reports on development of eight policy actions that are most likely to substantially improve health and wellbeing for children and young people by 2030. The authors recommend that Australia: establish a federal Future Generations Commission; address poverty and material deprivation in the first 2000 days of life; expand access to maternal and child health and development home visiting services; implement a dedicated funding model for Aboriginal and Torres Strait Islander community-controlled early years services; properly fund public schools; protect children from the marketing of unhealthy and harmful products; lower the voting age to 16 years; and immediately end all new fossil fuel projects. In recognition of the fact that young people are experts on their own lives and needs, five subsequent articles in the supplement take a deep dive into the importance of young peoples' meaningful participation in decision-making initiatives, both within and beyond the health sector, to support their health and wellbeing.

The tendency of adults to make decisions about young people without genuine consideration of their views and preferences is highlighted by the current debate about social media and the merits of age-based restrictions. The relative harms and benefits of social media for the mental health and wellbeing of children and adolescents, including appropriate policy responses, is a valid and important issue. Yet too often, public and political discourse reduces nuanced and at times conflicting evidence to black-and-white judgements. In a perspective article, Christensen and colleagues (<https://doi.org/10.5694/mja2.52503>)



thoughtfully examine the potential relationships between social media use and self-harm and suicide among young people. They conclude that the evidence for a causal relationship is weak, that “restricting social media may have harmful effects”, and they make recommendations for better understanding and addressing this problem.

Two further articles in this issue of the *MJA* spotlight youth mental health. Watkeys and colleagues (<https://doi.org/10.5694/mja2.52498>) report findings from New South Wales that 26.9% of children had used Medicare-subsidised mental health services before their 15th birthday, with evidence of inequities in access to care relating to socio-economic status and geography. Judd and colleagues (<https://doi.org/10.5694/mja2.52489>) indicate that 3.2% of adolescents in South Australia were hospitalised with mental health-related diagnoses between the age of 12 and 17 years. This differed markedly according to their level of contact with the child protection system earlier in their life (0–11 years of age), with around 45% of mental health-related hospitalisations of 12–17-year-olds being people who had had previous contact with child protection services. This emphasises the likely importance of adopting trauma-informed approaches for young people who are admitted to hospital with mental health conditions.

Moving on from mental health, this issue includes insightful work on a wide range of topics, including on an Aboriginal and Torres Strait Islander adolescent model of primary health care (<https://doi.org/10.5694/mja2.52484>), the changing prevalence of cerebral palsy in Australia (<https://doi.org/10.5694/mja2.52487>), safeguarding the wellbeing of transgender youth (<https://doi.org/10.5694/mja2.52504>), and clinical trials for paediatric brain cancer (<https://doi.org/10.5694/mja2.52506>). We hope you enjoy reading this theme issue as much as we enjoyed curating it. ■

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