

# Children and Younger Persons Needs Assessment

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Healthy North Coast

March 2026

*Healthy North Coast acknowledges the Traditional Custodians of the lands across our region – the Birpai, Bundjalung, Dunghutti, Githabul, Gumbaynggirr and Yaegl Nations – and pays our respects to Elders past, present and on their journey. We recognise these lands were never ceded and acknowledge the continuation of culture and connection to the land, sky and sea. We acknowledge Aboriginal Peoples as the Land's first peoples and honour the rich diversity of the oldest living cultures.*

The term 'Aboriginal peoples' is used in this document to refer inclusively to individuals who identify as either Aboriginal, Torres Strait Islander, or both Aboriginal and Torres Strait Islander.

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## Executive summary

Healthy North Coast (HNC) completed the 2025-2028 Health Needs Assessment (HNA) in November 2024. The HNA findings and priorities were discussed with the HNC Joint Clinical and Community Advisory Councils. Council members identified opportunities for greater understanding in relation to the health and wellbeing of children and younger people. These included the importance of the first 2,000 days of life, early development, early identification and intervention in development concerns, access to appropriate services, low child immunisation rates and integration and coordination of care – particularly during key transition periods.

To further explore and better understand the experiences and needs of children and young people living on the North Coast, HNC undertook a specific needs assessment on children and younger persons in financial year 2025-26.

Figure 1 Our health planning and commissioning cycle

**Health needs assessments are a key component of strategic planning and the foundation of HNC’s health planning and commissioning cycle**



Source: Healthy North Coast, 2026

The Children and Younger Persons Needs Assessment provides a comprehensive view of the health and wellbeing, strengths and challenges facing children and young people on the North Coast, from conception to 24 years. Using a life-course and equity-focused approach, it examines 4 developmental stages: *early childhood* (from conception to 8 years), *middle years* (from 8 to 12 years), *adolescence* (from 12 to 18 years) and *young adulthood* (from 18 to 24 years).

Experiences and exposures at each stage accumulate and shape long-term health, social and economic outcomes. Across all stages, consistent themes emerge:

- the importance of prevention and early intervention
- the need for place-based, culturally safe and equity-focused approaches
- the need for stronger integration and coordination between primary care, tertiary health, education and social services
- the opportunity to improve data collection and monitoring, particularly for mental health and intersecting disadvantage
- the importance of meaningful inclusion of children and young people's voices in service and initiative design and implementation.

This needs assessment provides an evidence base to guide planning, commissioning and investment in services that are child-centred, family-focused, prevention-oriented and developmentally appropriate. Strengthening coordinated, trauma-informed and community-based systems across the life course is essential to improving outcomes, reducing and better managing chronic conditions and reducing avoidable demand on acute services.

Investing resources early, addressing social determinants of health and embedding youth-informed, integrated approaches across health and social care systems are critical to ensuring that children and young people on the North Coast are supported to thrive.

## Needs assessment approach and process

### Aim

This needs assessment explores key national, state and local literature and strategies alongside available quantitative data to form a contextual understanding of the health needs, strengths, risks and protective factors for children and young people on the North Coast and identify gaps in knowledge and data. Preference was given to reports that were based on consultation and lived experience of children, young people and their families.

The analysis and findings provide background to inform and support the development of targeted consultation with children and young people and provide an evidence base to inform future program design.

### Method

This needs assessment draws on a range of sources to better understand and provide an overview of the needs and experiences of children, young people and families, including what matters to them, how health and wellbeing are perceived and the barriers and enablers affecting outcomes. Sources reviewed include:

- consultation-based reports
- reports
- strategies
- internal reports and program information
- quantitative data.

The analysis focuses on the key identified areas of health need, alongside the protective and risk factors influencing outcomes across different developmental stages. To ensure insights were as locally relevant as possible, data was examined at the lowest available geographic level. Information from multiple sources was triangulated to identify key themes and patterns that inform the findings of this assessment.

Report parameters were set for calendar years 2020 to 2025. The impact of significant events including Covid lockdowns, successive environmental disasters, housing and cost of living crisis, along with rapidly changing digital and social landscapes means that reports and consultations conducted prior to Covid are unlikely to be representative of the current state of children and young people's health and wellbeing.

Limitations: Given the breadth of information and areas that health and wellbeing involve, it is not feasible to cover in the scope of this report everything impacting children and young people. This report provides a summary of key themes.

## Introduction

The 2025-2028 Health Needs Assessment identified 13 priority health and service needs for children and young people through triangulation and prioritisation of qualitative and quantitative data, with many additional needs identified that directly influence current and future health outcomes.

These needs span key Department of Health, Disability and Ageing (DHDA) priority areas including population health, mental health, Aboriginal and Torres Strait Islander health, and the health workforce.

This report is a deeper exploration of the health needs, strengths, protective and risks affecting children and young people, creating an evidence base to inform planning, commissioning and funding. The aim is to support children, young people and their families to develop and thrive, with access to services that are appropriate, timely, equitable, safe and inclusive, child-centred and family-focused, prevention-oriented, coordinated and holistic.

The health and wellbeing of children and younger people is shaped by the complex interaction of developmental, social, economic, environmental and relational factors that progress from infancy through to early adulthood. These influences accumulate across the life course, with early experiences having lasting impacts on physical and mental health and wellbeing, educational engagement and social outcomes later in life.

While children and young people move through developmental stages, these stages are interconnected, each presenting specific health needs, risks, strengths and protective factors. For the purposes of this report, 4 broad developmental stages are considered, noting these age ranges are indicative rather than fixed:

- infants and early childhood (conception to 8 years)
- middle years (8 to 12 years)
- adolescence (12 to 18 years)
- young adulthood (18 to 24 years).

Across all developmental stages, meeting basic needs is fundamental to health and wellbeing. Secure housing, stable and nurturing relationships, safety, adequate nutrition, access to healthcare and education, opportunities for physical activity and connection to culture and community are critical protective factors.

While many children and young people on the North Coast demonstrate resilience, strong family bonds and community connection, opportunities to thrive are not equally distributed. Social and economic disadvantage, cost of living pressures, housing insecurity, domestic and family violence, environmental disasters and service access barriers continue to drive inequities in health and developmental outcomes.

## Challenges and opportunities at each developmental stage

### Early years (conception to 8 years)

The early years represent a critical window for intervention. Developmental vulnerability at school entry remains higher than the NSW average in several North Coast local government areas (LGAs), with significant disparities for Aboriginal children and children living in more disadvantaged areas. Risk factors such as maternal smoking, preterm birth, exposure to violence and socioeconomic hardship intersect to influence early development. Immunisation rates, nutrition and access to coordinated, culturally safe supports require sustained focus.

Early identification of developmental delay and neurodevelopmental disorders, alongside stronger coordination between primary care, specialist services, educators and family supports, is essential.

### Middle years (8 to 12 years)

During the middle years, children experience increasing academic pressures, emerging mental health concerns and growing influence from peers and digital environments. Physical inactivity, poor nutrition and rising overweight and obesity remain concerns, with clear socio-economic and gender differences.

Mental health indicators highlight elevated rates of anxiety and trauma-related stress, particularly in disaster-affected communities (Office of the Advocate for Children and Young People, 2024; Noble, et al., 2024; O'Connell, et al., 2025). This stage presents a key opportunity for prevention - strengthening school environments, promoting social and emotional wellbeing and intervening early before concerns escalate.

### Adolescence (12 to 18 years)

Adolescence is marked by rapid neurological, social and emotional development and is the peak period for onset of mental health conditions. On the North Coast, emergency department presentations for mental health concerns among 12-17-year-olds are substantially higher than the NSW average, with notable gender and geographic variation.

Housing insecurity, cost of living stress, educational pressures, social media influences and exposure to domestic and family violence compound mental health risks. Young people consistently report barriers to accessing timely, affordable and youth-friendly mental health services. Schools and community settings are identified as critical platforms for prevention, help-seeking promotion and resilience-building.

## Young adulthood (18 to 24 years)

Young adulthood brings complex transitions into employment, further education, housing independence and adult service systems. Financial stress, food insecurity, discrimination and fragmented service pathways contribute to high levels of psychological distress.

While many young adults report strong motivation to maintain their health, structural barriers including cost and service accessibility limit their capacity to do so. Continuity of care during transition from youth to adult services remains a challenge.

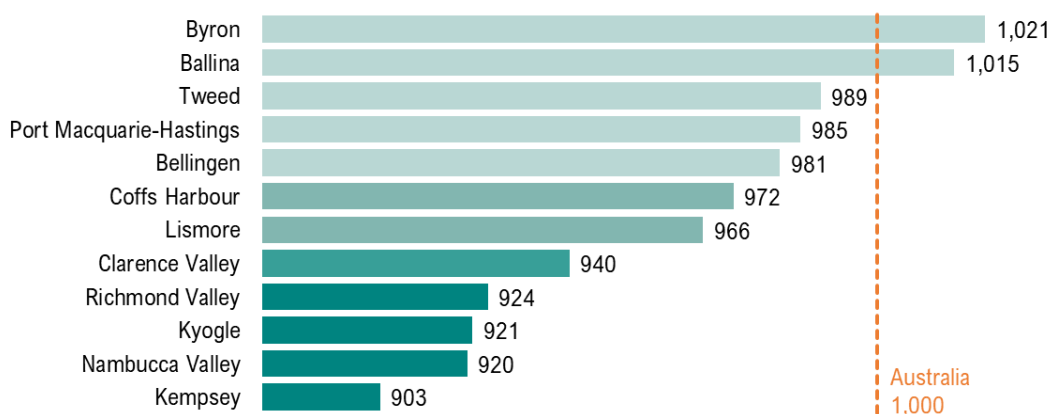
## Social and economic determinants of health

On the North Coast, many LGAs rank below the national benchmark for socio-economic advantage, placing children and young people at increased risk of developmental vulnerability, food and housing insecurity, exposure to violence and barriers to accessing health and support services.

Across and within North Coast LGAs, there is substantial variation in levels of socio-economic disadvantage. Byron Bay recorded the highest Index of Relative Socio-economic Disadvantage (IRSD)<sup>1</sup> score in the region, while Kempsey recorded the lowest. Except for Byron and Ballina, all other North Coast LGAs had IRSD scores below the national average, placing them within the most disadvantaged half of LGAs in Australia. Kempsey, along with Nambucca Valley, Kyogle and Richmond Valley, ranked among the 20% most disadvantaged LGAs nationally (ABS, 2024). Available data on the social determinants of health may not fully reflect current conditions in the region, given the ongoing impacts of environmental disasters, rising cost of living pressures and changes in housing availability that have occurred since the 2021 Census. These factors can increase developmental vulnerabilities.

Figure 2 Index of Relative Socioeconomic Disadvantage

**There is substantial variation in relative socio-economic disadvantage across the North Coast region, according to the 2021 Census data**



Source: ABS, 2024

<sup>1</sup> The Index of Relative Socio-economic Disadvantage (IRSD) represents the relative disadvantage faced within a geographical area based on indicators of income, family structure, workforce and employment characteristics, educational attainment, car ownership and English proficiency. Lower scores indicate higher levels of disadvantage.

Cost of living pressures are a major concern for children, young people and families, affecting nutrition, participation in physical activity and social connection, and contributing to increased stress, anxiety and poorer physical and mental health outcomes. These pressures are amplified by regional challenges such as limited employment opportunities, transport barriers and reduced service availability in some regional and rural communities.

Secure and stable housing is a fundamental determinant of health and wellbeing, underpinning safety, development, learning and access to services. On the North Coast, housing insecurity intersects with other social determinants to increase risks to children's physical, developmental and mental health.

## Early identification and intervention

Early identification and intervention for developmental, physical and mental health concerns can occur across all stages of childhood through to early adulthood. Achieving this requires coordinated support not only for children and young people, but also for parents, carers and educators, who are often best placed and play a central role in recognising early signs of vulnerability and supporting healthy development.

Education settings (including early education, pre-schools and schools) play a critical role in development and wellbeing. However, rising levels of school refusal and disengagement highlight the need for more holistic approaches that balance academic achievement with mental health, physical and social health (Noble, et al., 2024; O'Connell, et al., 2025).

Strengthening protective factors and addressing risk factors during key developmental stages can reduce the burden of preventable chronic disease and mental ill health in adulthood and support children and young people to achieve their best life chances (AIHW, 2022).

Primary health care plays a central role in this prevention and early intervention effort, particularly when supported by effective coordination with tertiary health services and strong links to social and community-based supports.

## Benefits of an equity-focused, life course approach

An equity-focused, life course approach recognises that health protective factors and strengths are unevenly distributed and that disadvantage experienced in early life can persist or compound over time (Commonwealth of Australia (Department of Social Services), 2024; O'Connell, et al., 2025; Noble, et al., 2024).

Despite strong cultural, family and community strengths, priority populations experience a higher burden of vulnerability, poorer health outcomes and greater barriers to support - these include children and young people experiencing socio-economic disadvantage, living with disability, residing in rural, regional or remote areas, and Aboriginal children and young people (O'Connell, et al., 2025).

On the North Coast, this is reflected in persistent disparities in early developmental vulnerability, mental health outcomes and incidence of suicide and self-harm. Ongoing data limitations, particularly for children and young people experiencing intersecting disadvantage, risk under-recognition of need and under-investment in effective, evidence-based responses (O'Connell, et al., 2025).

Children and young people consistently demonstrate insight into what supports their health and wellbeing and are able to articulate these needs within the context of their relationships, environments and lived experiences (Noble, et al., 2024; O'Connell, et al., 2025; Monash University, 2025).

Periods of transition – such as starting school, changing schools, entering adolescence or moving into adulthood are repeatedly identified as particularly challenging and stressful, with young people calling for greater continuity, understanding and support during these times (Noble, et al., 2024).

Gender differences in mental and physical health are evident in both lived experiences and in population-level data, becoming more pronounced with age and highlighting the need for inclusive, gender-responsive approaches to prevention and care (Noble, et al., 2024).

Despite consistent evidence emphasising prevention and early intervention, service systems remain heavily weighted toward crisis response. This limits the availability of early, equitable and community-led supports that can identify and address concerns before they escalate (O'Connell, et al., 2025).

Addressing the health and wellbeing of children and young people on the North Coast requires holistic, integrated approaches and coordinated, strengths-based and equity-focused systems that respond to the full range of social, economic, environmental and developmental influences across the life course. This requires a coordinated system-level response between regional health and community services and state and national agencies.

## Children and younger people on the North Coast

In 2024, the estimated resident population of children and young people aged 0-24 years on the North Coast was 150,639 people, representing 27% of the total population in the region. The proportion of children 14 years of age and under is slightly higher in Coffs Harbour and Richmond Valley LGAs at around 18%, aligning with the NSW and Australian percentages, while other LGAs range between 16% and 17% (ABS, 2025).

Over the past 25 years there has been a gradual decline in the proportion of the North Coast population made up of children and young people aged 0-24 years. This reflects broader demographic trends associated with an ageing population, including a decrease in the proportion of adults aged 25-64 years and an increase in the proportion of older people aged 65 years and over (ABS, 2025). This is referred to as structural ageing of the population.

# Infants and early childhood, including prenatal – from conception to 8 years

## Developmental

The first 2,000 days of life, from conception to five years, is a critical period for development and offers the greatest opportunity to influence future development and long-term health and wellbeing (Commonwealth of Australia (Department of Social Services), 2024).

As most children in NSW begin primary school at around 5 years of age, there is growing recognition of the need to extend services and supports through to around 8 years of age. This helps to maintain continuity of care during the early school transition, when developmental challenges and vulnerabilities may emerge or be identified for the first time.

Together, the first 2,000 days and the early years of primary school play a central role in shaping health and development, offering important opportunities to strengthen protective factors and enable early identification and intervention for emerging challenges, developmental delays and vulnerabilities (Commonwealth of Australia (Department of Social Services), 2024; Chung, et al., 2022).

## Protective factors

Protective factors that support healthy development during this period include:

- strong, nurturing family relationships including secure attachment with a primary carer or caregivers
- safe, supportive and stable home and community environments
- regular responsive interactions between children and parents or caregivers
- shared stimulating and enriching engagement including language development, reading, play, and time in natural outdoor environments
- engagement in and access to high-quality early education and care.

(Noble, et al., 2024; O'Connell, et al., 2025; Commonwealth of Australia (Department of Social Services), 2024; Toumbourou, Hall, Varco, & Leung, 2014)

In consultations, children under 8 years of age consistently described feelings of safety and being loved at home, with family and culture identified as central sources of security and wellbeing. Home was described as a place of protection and comfort. Aboriginal children emphasised connection to culture, language and Country as essential to feeling healthy and supported (Noble, et al., 2024; O'Connell, et al., 2025).

Alongside these relational foundations, children expressed a strong and active desire to spend time in natural, outdoor environments, with nearly two-thirds (62%) of children highlighting being outdoors as something they deeply enjoy (Commonwealth of Australia (Department of Social Services), 2023).

Findings from the *Early Years Strategy* consultations with children aged 3 to 5 years similarly identified relationships and connection as central to children's lives (Commonwealth of Australia (Department of Social Services), 2023). Across age groups, children described play and physical activity - both organised and informal - especially in outdoor settings with family

and loved ones, as key contributors to feeling happy and healthy (Noble, et al., 2024; Commonwealth of Australia (Department of Social Services), 2023).

Supporting these protective factors is vital in providing the foundations for healthy early development (Noble, et al., 2024; O'Connell, et al., 2025; Toumbourou, Hall, Varco, & Leung, 2014).

### Risk factors

Risk factors during early years development include:

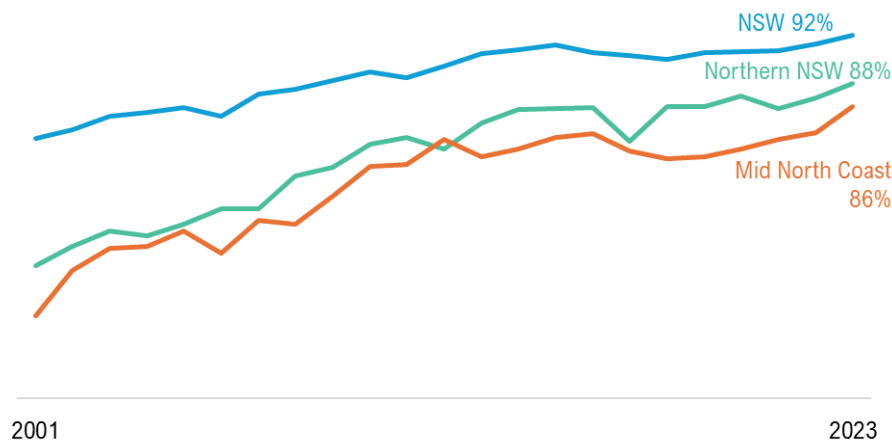
- maternal substance use and abuse
- maternal nutrition, mental and physical health
- low levels of parental education
- low socioeconomic background
- maltreatment including neglect, family and domestic violence.

(Toumbourou, Hall, Varco, & Leung, 2014; Noble, et al., 2024; O'Connell, et al., 2025; Commonwealth of Australia (Department of Social Services), 2024).

The percentage of women who did not smoke in pregnancy is steadily increasing in both local health district (LHD) areas in the North Coast, although both remain behind the NSW percentage, with Mid North Coast just behind Northern NSW (NSW Government , 2026).

Figure 3 Women not smoking during pregnancy

**Trends between 2001 and 2023 show the percentage of women not smoking at all during pregnancy is increasing on the North Coast but remains below the NSW-wide level**



Source: NSW Government , 2026

There remains a substantial gap between Aboriginal and non-Aboriginal women's smoking in pregnancy, which is vital to address to support closing the gap.

On the North Coast there are positive signs of healthy behaviour change. The percentage of Aboriginal women quitting smoking by the second half of their pregnancy has been increasing in both LHD areas, particularly in Mid North Coast, almost doubling in the 5 years to 2023 (16% to 30%) and at a higher percentage than NSW-wide (22%) and Northern NSW (19%) (NSW Government, 2026). To further support this positive trend across the North Coast, it is important to determine what strategies, initiatives and supports are in place.

The percentage of babies born at healthy weight in Northern NSW is consistently higher than Mid North Coast and higher or equal to the NSW-wide percentage. In 2023 this increased to 94% in Northern NSW and reduced to 91% in Mid North Coast. From 2013 to 2023, the rate of babies born with healthy weight in the Northern NSW is slightly above the NSW-wide average, whilst in the Mid North Coast it is below the state average.

The trend in percentage of preterm births is similar, with fewer babies being born preterm in Northern NSW LHD area (6%) than in Mid North Coast (8%) and NSW wide (7%) (NSW Government, 2026).

For preterm births there remains a substantial gap between Aboriginal babies and non-Aboriginal babies, this difference being more pronounced for babies in Mid North Coast LHD area (NSW Government, 2026). This highlights the need for place-based, culturally safe and community-led initiatives and supports for expectant mothers and their babies to assist in closing the gap.

Children and young people who grow up in households and/or regions of high socioeconomic disadvantage are more likely to experience developmental vulnerability, housing and food insecurity, exposure to domestic and family violence, interactions with child protection services and/or out-of-home care and barriers to accessing health service and supports (O'Connell, et al., 2025; Noble, et al., 2024).

### Early development

The Australian Early Development Census (AEDC) indicates children's early development across 5 key domains in their first year of full-time school: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based) communication skills and general knowledge. These are indicators of development to this point as well as health and wellbeing outcomes later in life (Australian Early Development Census, 2026).

In 2024 the North Coast region continued to have higher rates of children that were scored as vulnerable in the early development domains compared to NSW-wide (Australian Early Development Census, 2025). On the North Coast 12% of children in their first year of school are assessed as vulnerable in 2 or more domains. This is higher than NSW-wide (11%) and in line with the Australian average.

Figure 4 The key domains of children's early development

**Between 2009 and 2024, 4 of the 5 key domains of children's early development show a slight decline in the proportion of children assessed as vulnerable. In 2024, 1 in 10 children on the North Coast were vulnerable in physical health and wellbeing (1 in 10) and emotional maturity (1 in 10)**

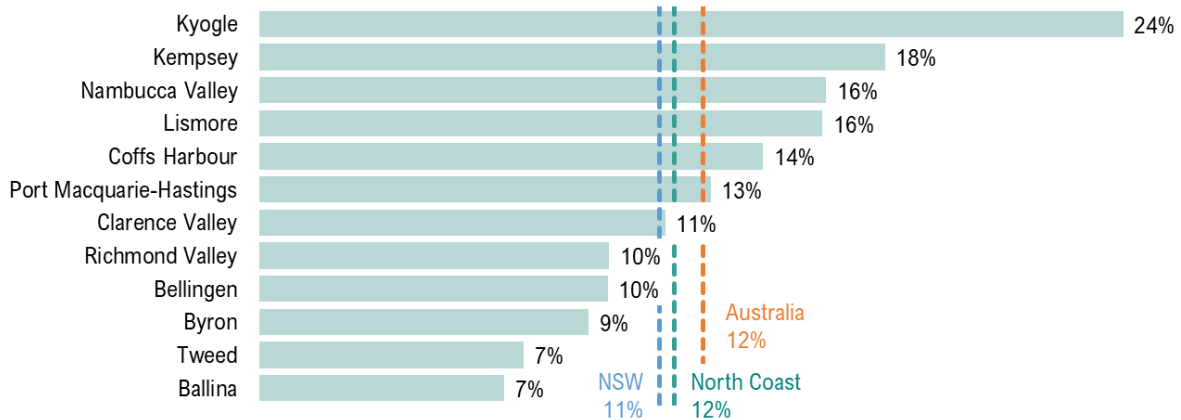
Australian Early Development Census	Trend	North Coast 2024	NSW 2024	Australia 2024
Physical health and wellbeing		10%	9%	10%
Social competence		6%	6%	6%
Emotional maturity		10%	8%	10%
Language and cognitive skills (school-based)		7%	7%	8%
Communication skills and general knowledge		7%	9%	9%

Source: Australian Early Development Census, 2025

12% of children in their first year of full-time school on the North Coast are vulnerable in 2 or more domains, which is in line with NSW-wide (11%) and Australia-wide (12%). Disparity exists across the North Coast region, with nearly 1 in 4 (24%) children in Kyogle being assessed as vulnerable in two or more domains, compared to only 7% of children in Ballina and Tweed.

Figure 5 Children assessed as vulnerable in 2 or more domains

**In 2024 there was substantial variation in early development vulnerability, as shown by the proportion of children assessed as vulnerable in 2 or more domains, across the North Coast**



Source: Australian Early Development Census, 2025

Community initiatives, including playgroups, sport and activity clubs, and child and family hubs can significantly reduce developmental risk and support physical activity and social-emotional development (O'Connell, et al., 2025).

### Neurodevelopmental disorders

Neurodevelopmental disorders such as autism spectrum disorders (ASD) and attention deficit/hyperactivity disorder (ADHD) are conditions whose behavioural features often present in early childhood, becoming more noticeable as children begin pre-school or school and enter more social and complex environments (AIHW, 2017; Autism CRC, 2023).

Diagnosis of autism spectrum disorders usually occurs in children around 2-3 years of age and older and ADHD in children 5 years and older (Autism CRC, 2023; The Royal Children's Hospital Melbourne, 2021; American Psychiatric Association, 2024). Both Autism and ADHD occur on spectrums and present differently across genders. Presentation in boys is typically more noticeable due to more overt behaviours and as such boys are often diagnosed at an earlier age than girls (Autism CRC, 2023; ADHD Guideline Development Group, 2022).

Among active general practice patients on the North Coast aged 0-7 years, around 2% have a recorded diagnosis of autism, with the highest percentage in Kyogle and Nambucca Valley LGAs (both 4%). ADHD is recorded in approximately 1% of children in this age group, with the highest percentage in Nambucca Valley, Richmond Valley and Lismore LGAs (all 2%).

Around 0.4% of children aged 0-7 years have multimorbidity with both autism and ADHD diagnosed, with the highest percentage in Nambucca Valley LGA (2%) (North Coast General Practice Clinical Dataset, 2026). Diagnoses of ASD and ADHD in young children are made by specialists and may not always be recorded by a child's usual general practitioner (GP)

and/or the child may not have a usual GP. In areas with limited access to consistent primary care, such as the North Coast, prevalence figures may be underestimated and the actual number of children with diagnoses may be higher.

Early identification and adequate services and supports for children with neurodevelopmental disorders, their families, carers, educators and communities are critical to developmental, physical, mental and psychosocial health and outcomes for the child and their family and carers. New models of care that support the management of ADHD through general practice, such as the ADHD co-management model, are assisting in primary and community-based care.

The health and wellbeing of expectant mothers, infants and young children involves the coordination of primary and tertiary based health services, social supports and educators. The better coordination between health and social services, the better the chances of child and family receiving timely and adequate support to thrive.

## Physical health

Infancy and early childhood are critical periods for physical development and health, including the development of fundamental movement, motor skills and coordination. Regular movement and physical activity, alongside good nutrition, adequate sleep and safe environments, support healthy growth and help establish lifelong healthy habits. These early foundations reduce the risk of chronic disease across the life course and contribute to long-term health and wellbeing.

Across general practices in the North Coast, the most diagnosed chronic conditions for children are asthma, autism and ADHD (North Coast General Practice Clinical Dataset, 2026). Autism and ADHD are lifelong diagnoses impacting multiple aspects of development, including physical, psychosocial and mental. Both diagnoses are covered in more depth in [neurodevelopmental disorders](#).

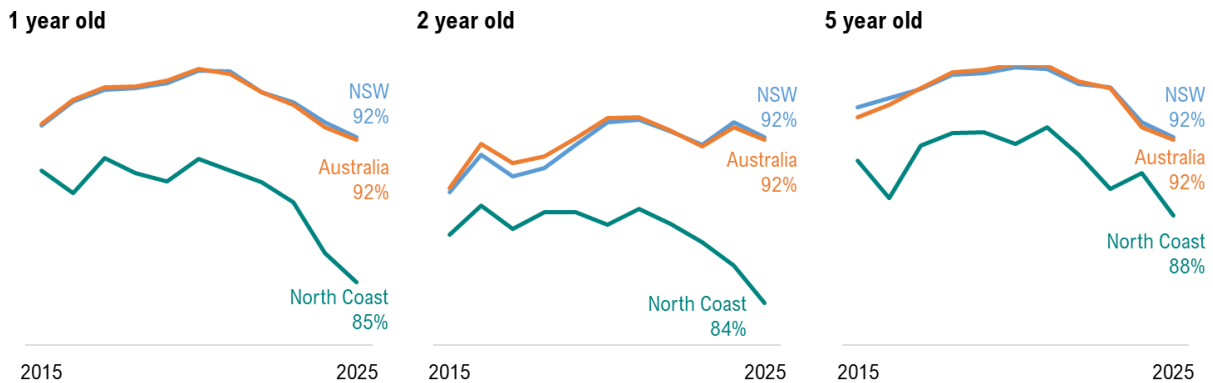
## Immunisation

Across Australia and NSW, high rates of full childhood immunisation are a health and wellbeing strength, protecting children and young people from vaccine preventable conditions (O'Connell, et al., 2025).

Child immunisation rates on the North Coast are much lower than national and state averages. In 2025 full immunisation rates on the North Coast decreased on previous years, remaining substantially below the NSW and Australian rates for the 3 age groups (1-year-old, 2-year-old and 5-year-old). The full immunisation rates for children on the North Coast were 85% for 1-year-olds, 84% for 2-year-olds and 88% for 5-year-olds. This is a 1% decrease for 1-year-olds and 2% decrease for both 3 and 5-year-olds, compared to the previous year (DHDA, 2026).

Figure 6 Child full immunisation rates trends

The child full immunisation rates on the North Coast are declining and lower than NSW and Australia, with the gap between North Coast and NSW and Australian rates widening between 2015 and 2025 for 1- and 2-year-olds

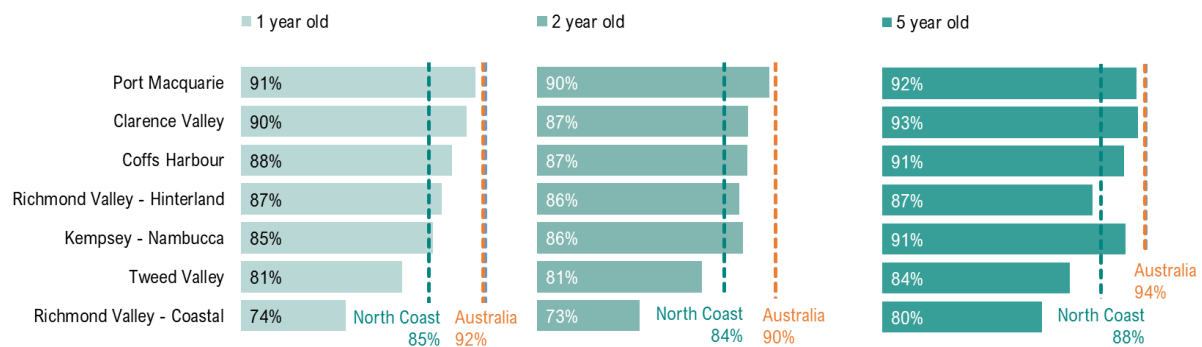


Source: DHDA, 2026

Variation across North Coast SA3s (2025) indicates that low immunisation rates are not consistent across the region. Children in Port Macquarie and Clarence Valley SA3s have the highest immunisation rates across the North Coast, while children in Richmond Valley-Coastal and Tweed Valley have the lowest rates.

Figure 7 Child full immunisation rates by SA3 (2025)

In 2025, substantial variability existed in full child immunisation across the North Coast at SA3 level

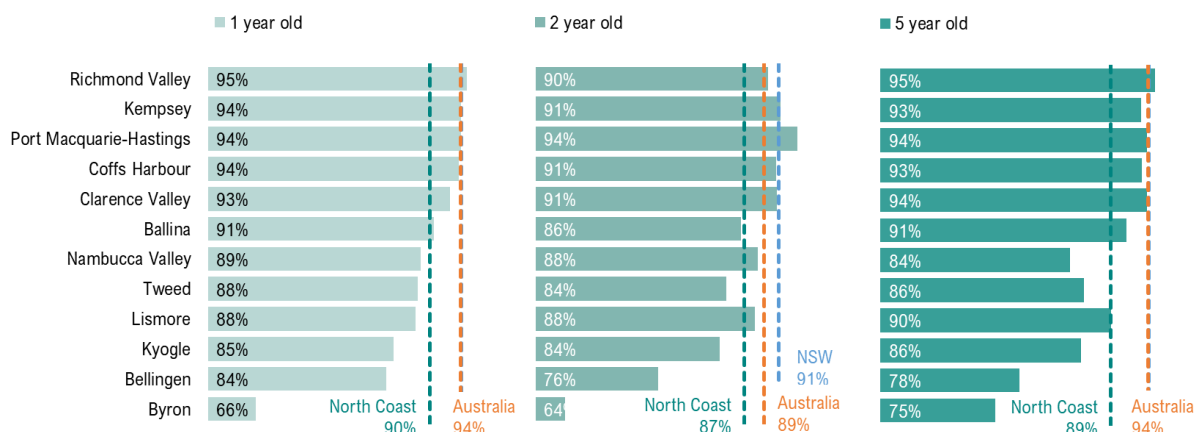


Source: DHDA, 2026

More apparent at LGA level (2023 data) is that in some LGA rates are at or just below national targets of 95% (DHDA, 2026) for one or more age groups whereas others have rates substantially below Australian targets and Australian, NSW and overall North Coast rates. In 2023 Richmond Valley LGA met the Australian target for 1- and 5-year-olds, in Port Macquarie-Hastings LGA 94% of children in each age group were fully immunised.

Figure 8 Child full immunisation rates by LGA (2023)

**For 2023, LGA rates provide a more local level picture of where full child immunisation rates are at or close to Australian targets of 95% and where targeted consultation and community work are needed**



Source: Torrens University, 2025

Work with communities and families is needed to understand these discrepancies, reasons for both high and low rates of immunisation in local communities and to co-design and develop place-based strategies to improve immunisation rates.

### Nutrition

Adequate, consistent, and proper nutrition, is essential for healthy development and in decreasing the risk of developing chronic conditions later in life, including diabetes, heart disease and obesity (AIHW, 2022). Nutrition begins in utero, diet related protective and risk factors beginning with maternal nutrition (Toumbourou, Hall, Varco, & Leung, 2014; Commonwealth of Australia (Department of Social Services), 2024).

Protective factors include breastfeeding, a varied and nutrient rich diet and observing healthy behaviours in care givers. Risks include poor and inconsistent nutrition, high intake of sugar, salt and fat, and overweight and obesity (O'Connell, et al., 2025; Toumbourou, Hall, Varco, & Leung, 2014).

On the North Coast, a higher percentage of babies are fully breast fed at the time of hospital discharge compared to NSW-wide (65%), with 77% in the Mid North Coast LHD area and 82% in the Northern NSW LHD area. Whilst there has been a downward trend in rates of babies being fully breast fed, this has coincided with an increase in babies being partially breast fed. In the Northern NSW LHD area 91% of babies are fully or partially breast fed when discharged from hospital, in the Mid North Coast LHD area it is 89% (NSW Government, 2025).

To support the continuation of breast feeding, support and encouragement is required in communities, including the provision of breastfeeding friendly spaces and supportive environments.

In 2023-24, 56% of children<sup>2</sup> in the Mid North Coast Local Health District (LHD) ate the recommended daily servings of fruit (up from 54% in 2022-23), while only 2% met the

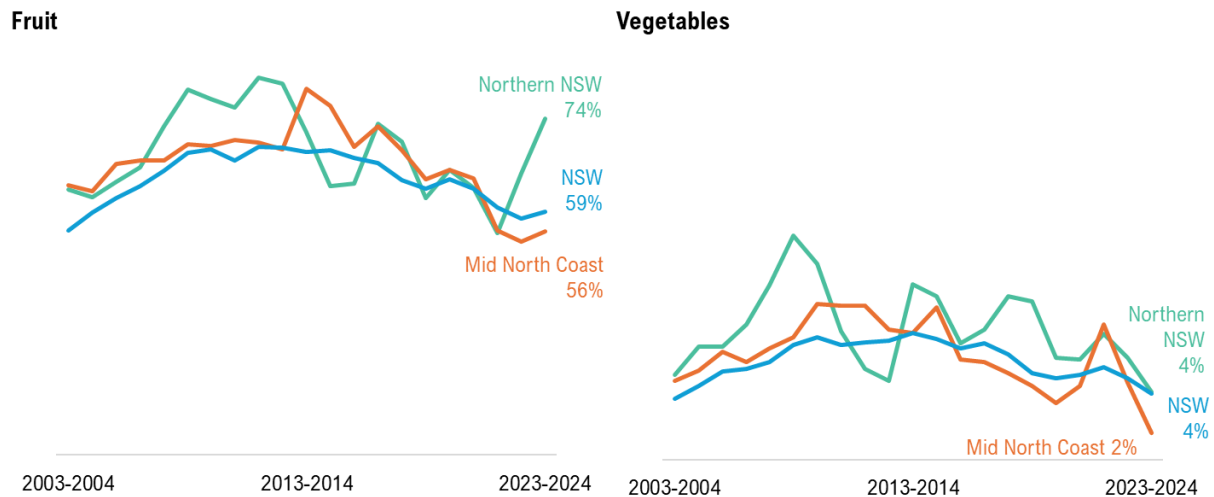
<sup>2</sup> Ages 2-15 years, one age group only. Included in the younger stage of the 2 possible, as earlier intervention is more effective.

recommended daily servings of vegetables (down from 5% in 2022-23). In Northern NSW LHD area, 74% of children ate the recommended daily servings of fruit (up from 65% in 2022-23) and 4% met the recommended daily servings of vegetables (down from 7% in 2022-23).

By comparison, across NSW, 59% of children met the recommended daily fruit intake (up from 58% in 2022-23) and 4% met the vegetable intake recommendation (down from 5% in 2022-23) (NSW Government, 2025). This trend sees fruit and vegetable consumption among children lower than it was 10 years ago, with rates in Mid North Coast LHD area considerably lower. Whilst recent increases in fruit consumption are promising, much more needs to be done to promote and support healthy eating in the early years.

Figure 9 Children meeting the recommended daily intake of fruit and vegetables

**The percentage of children meeting recommended fruit intake is much higher than the percentage meeting recommended vegetable intake. Both show a declining trend in the 10-year period 2013-14 to 2023-24 with recent improvements in fruit intake, especially in Northern NSW LHD area**



Source: NSW Government, 2025

### Early education

Early education, including pre-school and school, play a critical role in preventative health as well as in the early identification and response to emerging health, developmental and wellbeing concerns. By promoting and supporting healthy nutrition, regular physical activity and safe behaviours – such as sun safety – these settings help children establish healthy habits that can last into adulthood (O’Connell, et al., 2025; Noble, et al., 2024).

This role is particularly important for children in vulnerable circumstances, who may face barriers to accessing consistent health-promoting environments at home. To fulfil this potential, early childhood educators require stronger supports and enabling structures, including systems that better facilitate collaboration with parents, carers and health providers (O’Connell, et al., 2025; Commonwealth of Australia (Department of Social Services), 2023).

Universal supports with increased access to targeted and specialist supports for those at risk and with additional needs could help in addressing equity needs (NSW Government (NSW Health), 2021).

## Mental and psychosocial health

There is a limitation in data on mental health in children aged 0-8 years at national, state and local level. Whilst some research has been done a clear and comprehensive picture of the mental health and mental health challenges of children 8 years and under is lacking (Noble, et al., 2024; Lycett, et al., 2023; Frykberg, et al., 2025).

### Relations and interactions

Infant mental health is highly influenced by a child's environment, including the quality of emotional, relational and caregiving experiences in the early years. Responsive interactions such as talking, reading and singing – where caregivers show interest, warmth and consistency – provide strong positive foundations for infants' emotional and behavioural development. In children under 5 years of age, infant and congenital conditions account for the 4 leading causes of disease burden (AIHW, 2024).

For children with early health conditions who spend time in medical settings, including hospitals, opportunities for typical parent-child interactions may be disrupted and levels of relational and environmental stress may be higher, with potential impacts on mental health and wellbeing. There is growing recognition of these risks, with specialist roles and programs increasingly focused on supporting the whole health and wellbeing of infants, including their mental health, alongside medical care.

### Domestic and family violence

Exposure to early life adversity, including domestic and family violence (DFV) and maltreatment has significant and long-lasting impacts on children's development, health and wellbeing (O'Connell, et al., 2025; Commonwealth of Australia (Department of Social Services), 2024; Australian Child Maltreatment Study, 2026). DFV includes physical, emotional, psychological and sexual abuse, children and young people being either direct (the target of the violence) or indirect victims (exposed to/witnessing the violence) (O'Connell, et al., 2025; AIHW, 2026)

For children and young people, protective factors for DFV include:

- strong bond and relationships between child and parents/caregivers
- cohesive family and support networks
- educational attainment, employment status, and resilience of parents/caregivers
- parents/caregivers understanding of child development.

(O'Connell, et al., 2025; AIHW, 2026)

Factors that contribute to risk of DFV for children and young people include:

- family breakdown
- low levels of parental/caregiver education
- unemployment, low income and economic stress and hardship
- parent/caregiver substance abuse, involvement in criminal behaviour or with the justice system
- parent/caregiver poor mental and/or physical health
- child or young person's disability, mental health.

(O'Connell, et al., 2025; AIHW, 2026).

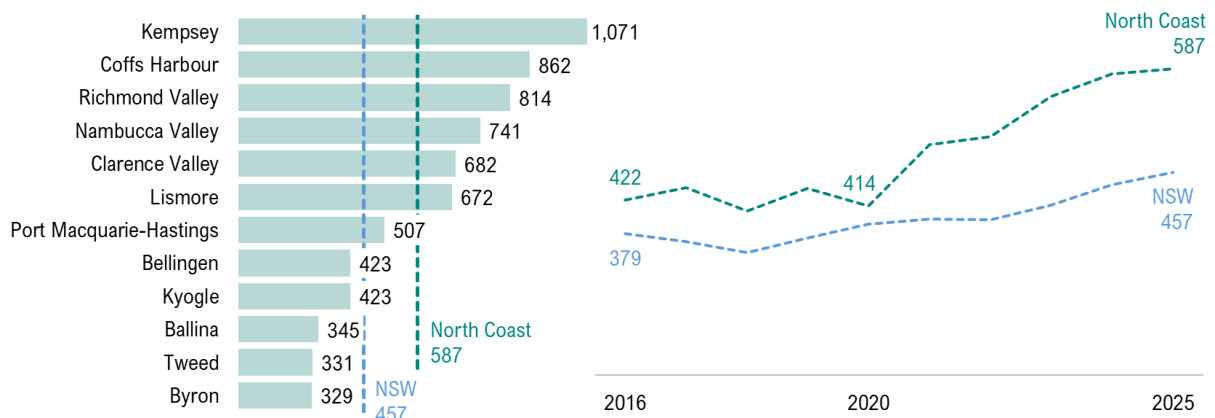
Across all population groups, child abuse and neglect is a top 3 leading risk factor for burden of disease from birth to 44 years of age, highlighting early adversity as a critical and preventable determinant of long-term health outcomes (AIHW, 2024).

The rate of DFV on the North Coast is higher than the NSW-wide rate. The North Coast rate has increased at a faster rate compared to the NSW-wide rate. In 2025 there were a total of 587 DFV events reported by NSW Police per 100,000 people in the North Coast region, compared to 457 NSW-wide.

The rate of DFV is considerably higher in the LGAs of Kempsey, followed by Coffs Harbour, Richmond Valley and Nambucca Valley (NSW Government, 2025).

Figure 10 Rate of domestic and family violence

**There is considerable local variation in the rate of domestic and family violence per 100,000 people in 2025. The rate on the North Coast is increasing and higher than the NSW-wide rate, with the gap widening between 2020 and 2025**



Source: NSW Government, 2025

### Behavioural challenges

Mental health, behavioural and emotional concerns can begin to emerge as children move through early developmental milestones and expand their interactions with carers, adults and peers, highlighting the importance of early observation, identification and support. For children aged 5-14 years, autism spectrum disorders, anxiety disorders, conduct disorders and depressive disorders account for 4 of the 5 leading causes of total burden of disease, underscoring the need for early intervention to prevent escalation and longer-term impacts (AIHW, 2024).

Parents and carers report significant barriers for children experiencing developmental delays, emotional and behavioural difficulties and mental health challenges. These include discrimination, stigma and bias, limited access to appropriate services and supports, insufficient support for early childhood educators working with children with disability, and inadequate assistance for parents, carers and families (Commonwealth of Australia (Department of Social Services), 2023).

Creating inclusive, responsive and tailored environments that support children and their families – underpinned by a trained, well-supported workforce – is essential to enabling early

identification, timely intervention and improved mental and psychosocial health outcomes for children (Commonwealth of Australia (Department of Social Services), 2023).

These findings reinforce the importance of a prevention-focused and trauma-informed approach that prioritises safety, stability and support in the early years. Providing timely, accessible, appropriate and culturally safe support to children’s caregivers – including parents, carers or guardians, extended families and communities – can mitigate the impacts of adversity, strengthen protective factors and interrupt pathways to poor health across the life course.

Ensuring that children, parents and families receive the right support, at the right time and in ways that respond to their needs and experiences, is central to preventing harm and improving long-term health and wellbeing outcomes (Commonwealth of Australia (Department of Social Services), 2024; O’Connell, et al., 2025; Commonwealth of Australia (Department of Social Services), 2023).

## Middle years – from 8 to 12 years

### Developmental

The middle years developmental stage encompasses early puberty, transitions between primary and secondary school and the emergence of mental health, self-esteem and body image concerns, making it a critical period for prevention and early intervention (Noble, et al., 2024).

During the middle years, children see family as their core support. Peers, school and community environments become increasingly important in shaping health and wellbeing as children progress through the middle years (Toumbourou, Hall, Varco, & Leung, 2014; O'Connell, et al., 2025; Noble, et al., 2024).

Families, schools and communities play a vital role in promoting health and wellbeing by fostering inclusive and supportive environments. Strong relationships with family and friends, alongside opportunities for play, time outdoors, participation in sport and engagement in creative activities, act as key protective factors during this period (O'Connell, et al., 2025; Noble, et al., 2024).

### A challenging transition and missing age

In healthcare settings, children in the middle years often transition out of paediatric services but are not yet eligible for youth-specific services, many of which are designed for those aged 12 years and over. This creates a significant service gap during a critical developmental stage, increasing the risk that emerging physical, developmental and mental health concerns are not identified or addressed early.

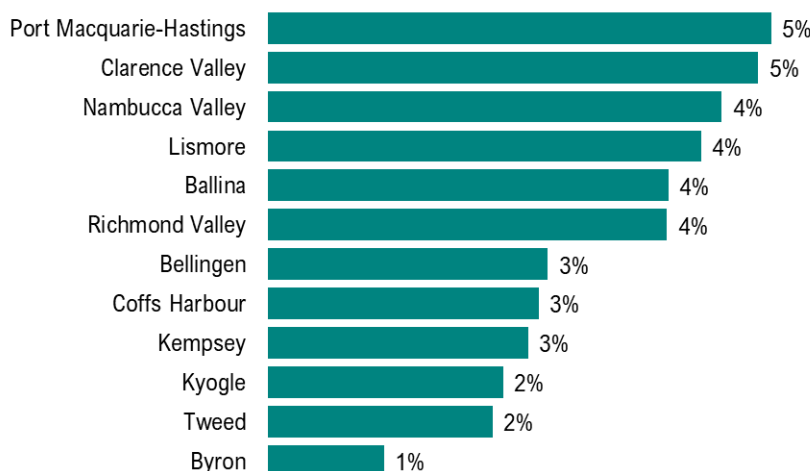
As a result, children and families may miss timely intervention, while parents, health and education workforces face challenges navigating systems that lack suitable, targeted supports for children in the middle years (Noble, et al., 2024).

### Prevalence of autism and ADHD

Among children aged 8-11 years who are active patients in North Coast general practices, 10% are diagnosed with ADHD, with the highest percentage among those in Richmond Valley LGA (16%). Autism affects around 8% of patients in this age group, with the highest prevalence in Port Macquarie-Hastings, Clarence Valley and Bellingen LGAs (all 10%). Around 3% of 8-11-year-old patients are diagnosed with both autism and ADHD, the highest prevalence of this multimorbidity in Port Macquarie-Hastings and Clarence Valley LGAs (both 5%) (North Coast General Practice Clinical Dataset, 2026).

Figure 11 Children 8-11 years old with autism and ADHD in general practice

**In 2026 the percentage of children 8-11 years old diagnosed with both autism spectrum disorder and ADHD on the North Coast is just over 3%, being highest in Port Macquarie-Hastings and Clarence Valley LGAs.**



Source: North Coast General Practice Clinical Dataset, 2026

The middle years are a stage where developmental gaps can increase, particularly for children in priority populations and more vulnerable circumstances, including those experiencing socioeconomic disadvantage, living with disability and Aboriginal children (O'Connell, et al., 2025; Toumbourou, Hall, Varco, & Leung, 2014).

At the same time, this period presents a critical opportunity to keep healthy children well and to identify and address emerging concerns before they escalate. Ensuring adequate, accessible and developmentally appropriate supports for children in the middle years is therefore essential to prevention, equity and improved long-term health and wellbeing outcomes (Toumbourou, Hall, Varco, & Leung, 2014).

## Physical health

Diet, physical activity and rates of overweight and obesity are key health concerns during the middle years (O'Connell, et al., 2025).

### Physical activity

Evidence indicates that physical activity and time spent outdoors are important contributors to health and wellbeing for children in this age group (Noble, et al., 2024; O'Connell, et al., 2025). Participation in sport and other physical activities is influenced by structural and social factors, including socio-economic status and living in regional or remote areas.

Children report cost, transport barriers and a lack of inclusive and accessible options as key barriers to participation (Noble, et al., 2024; O'Connell, et al., 2025). School-based physical activity and sport play a protective role, particularly when programs are inclusive and supportive. Creating safe, accessible environments – where children feel secure to be active both during and outside of school – encourages regular physical activity and supports healthier outcomes during the middle years.

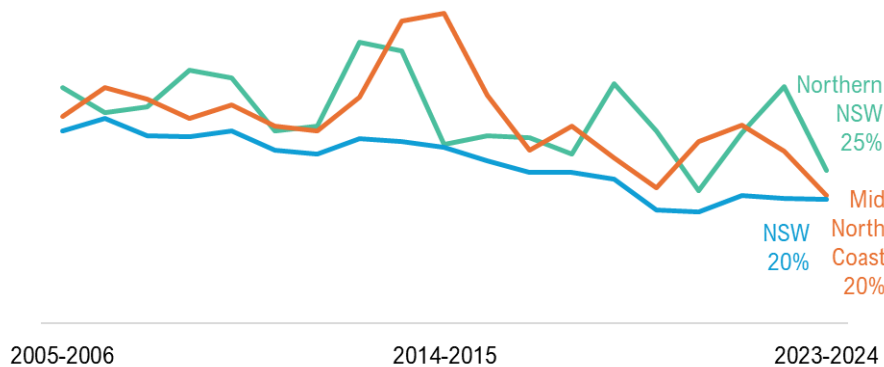
On the North Coast, the percentage of 5-15-year-olds participating in the recommended guidelines of one hour or more of moderate to vigorous physical activity per day is

decreasing. In 2022-23, 28% of children in the Mid North Coast LHD area and 38% in the Northern NSW LHD area met the Australian physical activity guidelines. In 2023-24 this had fallen to 20% in Mid North Coast and 25% in Northern NSW. These results are higher or the same as the NSW average of 20% (NSW Government, 2025).

Unlike the state wide trend, which has seen a relatively steady decline in the percentage of children meeting the recommended guidelines, both North Coast LHD areas have seen substantial increases and decreases over time. Understanding what initiatives or conditions were in place when more children were meeting activity guidelines could help in the design and support of sustained initiatives and programs.

Figure 12 Children meeting the physical activity guidelines

**Between 2005-06 and 2023-24, the rates of children meeting physical activity guidelines on the North Coast has fluctuated considerably.**



Source: NSW Government, 2025

### Sedentary behaviour and screen time

Time spent indoors and on digital devices, including phones and computers, can reduce opportunities for children to engage in physical activity. Current guidelines recommend children limit sedentary behaviour and recreational screen time (outside of school hours) to no more than two hours per day.

On the North Coast, just under half of children aged 5-15 years in both LHD areas (48%) met these guidelines in 2022-23. In 2023-24 this had risen to 51% in Northern NSW and dropped to 42% in Mid North Coast. By comparison, the NSW average was 43% in 2022-23 rising slightly to 44% in 2023-24 (NSW Government, 2025).

The positive trend observed in Northern NSW LHD area highlights opportunities for targeted prevention and place-based initiatives across the North Coast. The impact of the national social media ban for under-16s on children’s sedentary behaviour and screen time is not yet known. Understanding more on a local level reasons children do and don’t engage in sedentary or physically active behaviours could assist in supporting healthy activities and behaviours in North Coast children.

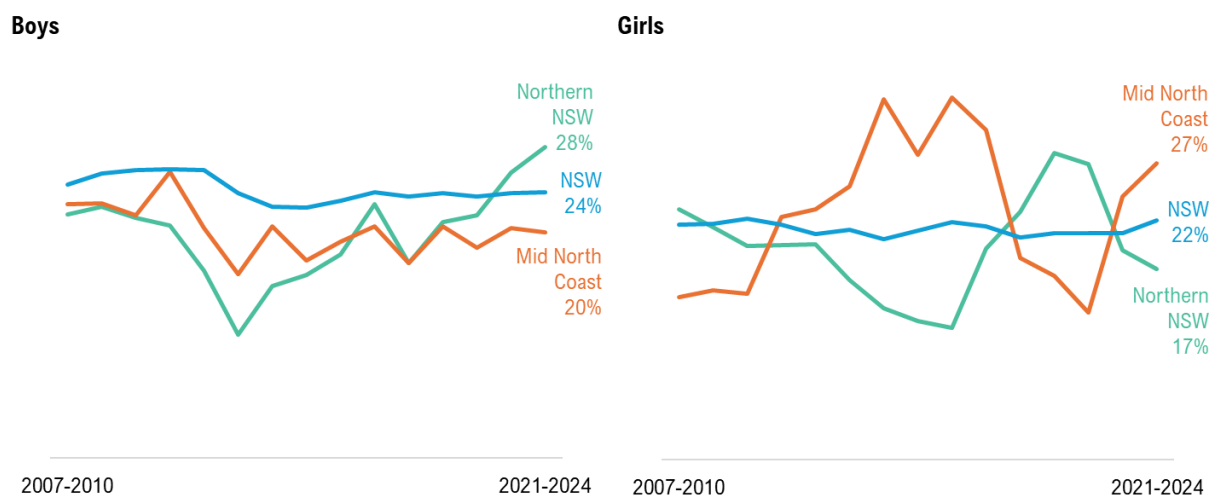
## Overweight and obesity

Across NSW, data from 2022-2024 show a clear socio-economic gap in childhood overweight and obesity, with higher prevalence among children aged 5-16 years living in the most disadvantaged areas (30%) compared with those in the least disadvantaged areas (19%) (NSW Government, 2025). On the North Coast, patterns of overweight and obesity vary considerably by gender and Local Health District. In the Northern NSW LHD area, a higher and increasing proportion of boys were living with overweight or obesity compared to girls between 2021 and 2024, with the gap widening over time.

In contrast, the Mid North Coast LHD area shows higher prevalence among girls than boys (NSW Government, 2025). These differing patterns underscore the importance of gender-responsive, place-based initiatives that work with young people, families and schools to understand and address obesity and weight-related health risks and their root causes.

Figure 13 Children 5-16 years old living with overweight or obesity, by sex

**In 2021-24 the percentage of boys 5-16 years of age living with overweight or obesity was higher in Northern NSW LHD area than Mid North Coast LHD area and NSW-wide. The percentage for girls was higher in Mid North Coast LHD area than Northern NSW LHD area and NSW-wide. Between 2007-10 and 2021-24 percentages varied considerably across LHD areas and sex, in contrast to relatively stable rates NSW-wide**



Source: NSW Government, 2025

## Nutrition

Findings from *Young and Wise* (Noble, et al., 2024) indicate that children in the middle years generally have a basic understanding of healthy eating and nutrition. However, across nutrition, diet and physical activity, there is a clear gap between what children report knowing and doing, and data in relation to children meeting recommended guidelines. Children in this age group identified a need for more education – both practical and theoretical – alongside greater support to strengthen their understanding and help translate knowledge into everyday healthy eating and physical activity behaviours (Noble, et al., 2024).

At this stage, children continue to be reliant on parents and care givers for nutrition and in many ways access to and engagement in physical activity. Initiatives supporting healthy, nutritious eating in families and communities, acknowledging cost of living impacts can support healthy growing, development of healthy habits and help reduce chronic conditions across the life course.

## Mental and psychosocial health

### School, relationships and bullying

Social and emotional wellbeing is fundamental to children's learning and development (Noble, et al., 2024). As children progress through the middle years, peers and school environments become increasingly influential. Many children report rising levels of stress and anxiety associated with school demands and peer relationships. Pressure related to academic performance is commonly identified as a source of stress (Noble, et al., 2024).

Children in the middle years report concerns about body image and the influence of social media on their wellbeing. Experiences of bullying – more commonly occurring at school than online in the middle years – along with exposure to online harm and harmful content, have significant impacts on mental health, learning and feelings of safety.

Children experiencing vulnerability, including those living with disability, economic disadvantage, young carers, children from culturally and linguistically diverse backgrounds and Aboriginal children are more likely to report experiencing bullying (Noble, et al., 2024).

These findings highlight the need for supportive, preventative and school-based approaches to mental health education and promotion that address bullying early, support positive peer relationships and strengthen social and emotional skills (O'Connell, et al., 2025; Noble, et al., 2024). Children in the middle years emphasise the importance of guidance through transitions, being heard and respected, opportunities for growing autonomy and access to safe public spaces to socialise outside of school settings.

While many children in this stage report higher life satisfaction and greater optimism about the future compared with older adolescents, emotional and behavioural difficulties persist for some, underscoring the importance of early support – particularly in the context of ongoing impacts from Covid-19 and environmental disaster disruptions (Noble, et al., 2024).

### Prevalence of anxiety and depression

Among children aged 8-11 years who are active patients in North Coast general practices, anxiety affects around 6% of patients, with the highest prevalence seen among patients living in Bellingen LGA (10%). Depression is diagnosed in very few patients in the middle years, at less than 1% (North Coast General Practice Clinical Dataset, 2026).

### The impact of the disasters

Throughout the middle years, children are increasingly affected by disasters and their ongoing impacts, including disruptions to schooling and community stability, and negative effects on mental health and wellbeing (O'Connell, et al., 2025; Office of the Advocate for Children and Young People, 2024). Children in this age group report growing concern and distress about the environment and their future (Noble, et al., 2024).

Findings from the 2022 *Resilient Kids* survey (HNC, 2023), which captured responses from 6,611 children and young people across the Northern Rivers (3,691 primary students and 2,920 secondary students, average age 12), highlight the extent of these impacts. Among primary school students, 11% were at risk of both depression and anxiety, 43% were at risk of trauma-related stress (compared with 18% of secondary students), and only 28% were

considered “ready to learn” (defined as being in the healthy range for both anxiety and engagement).

While primary students generally reported greater enjoyment of school and higher engagement in learning, bullying remained a significant issue, with 21% reporting being bullied often or always. Female, Aboriginal and non-binary children experienced poorer outcomes, consistent with broader patterns of mental health and wellbeing during this developmental stage (HNC, 2023; Noble, et al., 2024; O'Connell, et al., 2025).

Young people emphasised the importance of having their basic needs met, feeling supported by peers, having opportunities for enjoyment and connection, and being able to access support when needed (HNC, 2023).

Together, these findings highlight the middle years as a critical window for early, preventative investment and reinforce the importance of strengthening healthy social environments and school environments - both physical and social - through inclusive practices, early identification and response to mental health, social and behavioural concerns, proactive bullying prevention, and support for healthy lifestyles, including physical activity and nutritious eating.

# Adolescence – from 12 to 18 years

## Developmental

Adolescence and puberty represent the second critical period of brain development, marked by rapid neurological, emotional and social change (Noble, et al., 2024). Young people aged 15-19 years experience the heaviest combined load of school-related stress, transition pressures and emerging mental health conditions, making this a high-risk but also high-opportunity period for early identification, intervention and support (Monash University, 2025; Noble, et al., 2024).

## Prevalence of autism and ADHD

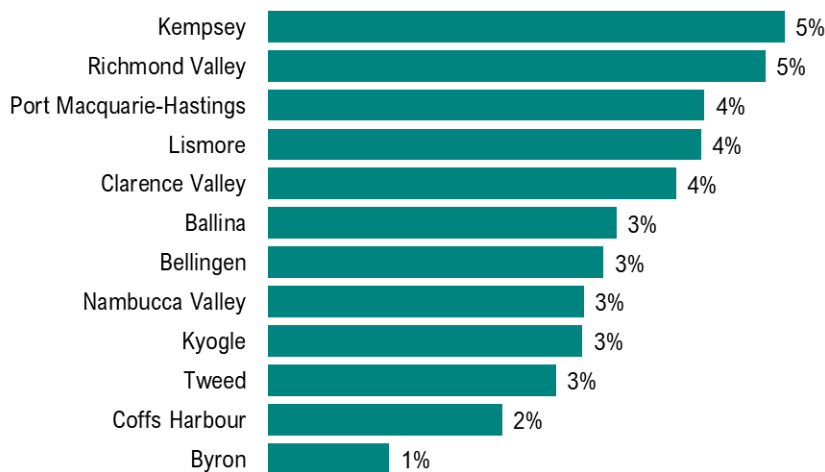
Neurodevelopmental disorders, including ADHD and autism spectrum disorder, continue to be both identified and diagnosed during adolescence.

Among adolescents aged 12-17-years who are active patients in North Coast general practices 7% have an autism diagnosis, the highest percentage of patients in Kempsey (11%) and Richmond Valley (10%). ADHD is diagnosed in 11% patients this age with the highest percentages in Richmond Valley (16%) and Lismore (14%). Over 3% of 12–17-year-old patients are diagnosed with both autism and ADHD, with the highest percentages being in Kempsey and Richmond Valley (both 5%).

Figure 14 Adolescents 12-17 years old with autism and ADHD in general practice

**In 2026 the percentage of adolescents aged 12-17 years on the North Coast diagnosed with both autism spectrum disorder and ADHD is just over 3%, highest in Kempsey and Richmond Valley.**

### Autism & ADHD multimorbidity



Source: North Coast General Practice Clinical Dataset, 2026

## Evolving relationships and networks

In early adolescence (12-15-year-olds) strong relationships with family, friends and peers act as key protective factors, supporting health, wellbeing and resilience. However, since 2020 there has been a decline in connection and help-seeking behaviours, with adolescents aged

14-19 increasingly reporting challenges in personal relationships as significant sources of stress and anxiety (O'Connell, et al., 2025; Mission Australia, 2025).

Findings from the 2025 *Mission Australia Youth Survey* (Mission Australia, 2025) highlight stress related to work, study and independence is prominent among young people in NSW, with cost of living pressures, housing insecurity and mental health identified as leading issues shaping how adolescents think about their futures and security (Mission Australia, 2025).

This is a period in which young people move towards peer relationships and relationships outside immediate family. As part of this, adolescents report more the importance of participation in community and having meaningful input into things that affect them, including their health and the health systems and supports that affect them (O'Connell, et al., 2025; Noble, et al., 2024).

### Impacts of the digital world

Online spaces and the digital world are embedded in the daily lives of many children and young people. Their use of devices and digital platforms for play, learning, communication and connection has a significant role in their development, health and wellbeing (Digital Child, 2024; O'Connell, et al., 2025; Osman, et al., 2025)

In an ever-evolving digital landscape, children and young people are often leading users and interpreters of technology, experiencing both its benefits and its risks (Digital Child, 2024; eSafety Commissioner, 2025; O'Connell, et al., 2025). Social media and online environments continue to be recurring topics raised by young people, who speak about both the opportunities and the challenges they encounter (Noble, et al., 2024; O'Connell, et al., 2025).

As a result, children and young people are increasingly likely to encounter or be affected by online-related harms (eSafety Commissioner, 2025). Social media is identified as having a significant impact on mental health, particularly in relation to body image and self-esteem (Noble, et al., 2024).

On 10 December 2025 the social media ban for under 16's came into effect across Australia. The *Young Australians' Perspectives on the Social Media Minimum Age Legislation* presents findings from interviews with 86 adolescents aged 12-15 across Australia, conducted just prior to the ban and in response to "the lack of young people's voices in the national conversation about their social media use". (Osman, et al., 2025) Osman et al.'s findings highlight that young people view social media as an important and purposeful part of their everyday lives, used for connection, learning, entertainment, creativity and accessing news.

While they acknowledge risks such as cyberbullying and problematic content, most do not support a blanket under-16 ban and believe it is unlikely to be enforceable. Instead, they call for more nuanced, age-responsive approaches, stronger platform accountability, improved content moderation, time management features and better digital literacy education in schools.

Young people report feeling excluded from policy discussions and express concern about losing community, support networks and learning resources. Findings emphasise the need

for youth-informed, evidence-based policy that recognises both the benefits and risks of social media use (Osman, et al., 2025).

## Physical health

### Exercise and sport

Adolescence is a period of rapid physical growth and maturing (Noble, et al., 2024). Consulted adolescents report an understanding of the benefits of healthy eating and regular physical activity for both physical and mental health; Concern for and prioritisation of healthy diet and exercise tends to decline from childhood into adolescence (O'Connell, et al., 2025; Noble, et al., 2024).

Participation in physical activity, exercise and sport differs by gender, with differences increasing across the high school years. Females report decreasing participation and prioritisation of physical activity over time, while males report increasing participation (Noble, et al., 2024).

Data from the 2025 *Mission Australia Youth Survey* indicate that 52% of adolescents in NSW participated in team sports and 37% in individual sports outside school hours, supporting both physical health and social connection (Mission Australia, 2025). Participation rates varied by gender, with higher engagement among males in both team (57%) and individual sports (41%) compared with females (50% and 35% respectively) and gender-diverse adolescents (25% for both team and individual sports) (Mission Australia, 2025).

These patterns highlight the importance of inclusive, gender-responsive approaches to physical activity that address barriers to participation and support sustained engagement throughout adolescence.

Young people report wanting environments free from the advertisement and promotion of unhealthy behaviours and products including fast food, sugary drinks and vaping (Noble, et al., 2024). Young people express a desire for youth friendly spaces – ‘third spaces’ – for meaningful interactions to relax and socialise (Noble, et al., 2024)

### The growing concern with vaping

Many young people report feeling well informed about the health impacts of alcohol and cigarettes, but less confident in their understanding of other drugs. Adolescents also identify gaps in knowing where to access reliable information, advice or support related to alcohol and other drug use (Noble, et al., 2024).

Vaping has emerged as a significant concern for adolescents, with many young people describing its use to cope with stress, anxiety, social pressure and other mental health challenges. Adolescents emphasise that effective responses must address the underlying drivers of use, including nicotine addiction and the social contexts that normalise vaping, rather than focusing solely on individual behaviour change (Noble, et al., 2024).

They identified the need for clear, credible information about health risks, practical strategies to manage peer pressure, and accessible pathways to support cessation. Importantly, adolescents stress that prevention and education initiatives should be youth-led and co-designed to ensure they are relevant, trusted and effective.

Following the introduction of Australia's vaping reforms in July 2024, which restricted vape sales to pharmacies and banned advertising, only a small increase was observed in the proportion of adolescents aged 14-17 who reported never vaping (from 84% prior to the reforms to 85% in April 2025). However, there was a more notable reduction in heavy vaping (from 6% to 4%) (Freeman, et al., 2025). The most substantial change was a decline in adolescents purchasing their own vapes (from 34% to 27%), alongside increases in purchasing from tobacconists or vape shops (27% to 35%) and from non-friend sellers (10% to 14%). Exposure to vape advertising on social media halved between April 2024 and April 2025 (Freeman, et al., 2025).

These findings suggest that while advertising restrictions may be having an impact, supply pathways remain accessible. They reinforce recognition of the need for stronger action targeting adult sellers and distributors, alongside prevention strategies that address addiction, social drivers and broader regulatory enforcement (Freeman, et al., 2025; Noble, et al., 2024).

## Mental and psychosocial health

The adolescent years are the most common time for the onset of mental health symptoms (Noble, et al., 2024). Adolescents report a range of interconnected factors impacting their mental health, including exposure to domestic and family violence, family and personal stress, anxiety related to cost of living and housing security, online bullying and harm and declining school attendance and engagement (O'Connell, et al., 2025; Noble, et al., 2024; Mission Australia, 2025).

These experiences are strongly associated with both immediate and long-term mental health, wellbeing and life outcomes.

### Child abuse and neglect

Across all population groups, child abuse and neglect is a top 3 leading risk factor for burden of disease from birth to 44 years of age, from age 15 years and over; the other 2 major risk factors are alcohol use and illicit drug use (AIHW, 2024). Evidence indicates that alcohol and other drug use can be a coping mechanism for individuals who have experienced abuse and neglect, this is echoed in the lived experiences shared by young people (Noble, et al., 2024; O'Connell, et al., 2025).

### Housing insecurity and homelessness

A secure and stable home is highlighted by children and young people as needed for feelings of safety and wellbeing, assisting in developing and maintaining good mental health (Noble, et al., 2024; O'Connell, et al., 2025). Homelessness and lack of secure housing can have long reaching impacts on children and young people including disruption and disengagement from education, poorer physical and mental health, and increased likelihood of justice system interactions (AIHW, 2025; O'Connell, et al., 2025)

Housing insecurity and homelessness is more likely to impact those already experiencing vulnerabilities, including children and young people who have experienced family and domestic violence, family breakdown or breakup, personal or family mental ill health, family or personal substance abuse, out of home care and the youth justice system (AIHW, 2025; O'Connell, et al., 2025; Youth Off The Streets, N.D.). Domestic and family violence and/or

family breakdown is a major contributing cause of child and youth homelessness. Poverty and the housing crisis are highlighted as other major contributing factors (Youth Off The Streets, N.D.; Yfoundations, 2024; AIHW, 2025).

More than one in 20 Australians aged 15 to 19 years has experienced homelessness (Noble, et al., 2024). According to the ABS on the North Coast in 2021, 33% of people experiencing homelessness were under 25 years of age (ABS, 2024).

On the North Coast, successive disasters and internal migration have significantly affected housing availability and affordability (Anglicare North Coast, 2025; NSW Government, 2026). As a result of floods in February and March 2022, 4,055 homes and businesses were declared uninhabitable and 10,849 were damaged in the Northern Rivers region, exacerbating an already severe housing shortage on the North Coast (NSW Auditor-General, 2024; Yfoundations, 2024).

Young people in the process of establishing independence are disproportionately affected, particularly those without a rental history and those in casual, insecure or early-career employment.

There is a significant gap in appropriate supports for children and young people experiencing homelessness and insecure housing, especially those aged 12-17 years who may be too old for foster care placements and are too young to access adult housing and homelessness services and financial supports (Yfoundations, 2024).

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*“The longer a young person lives without a safe home, the higher the risk that they will develop a serious mental illness” (Youth Off The Streets, N.D.)*

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These challenges highlight the need for age-appropriate, trauma-informed and wrap-around responses for children and young people experiencing housing insecurity and homelessness. Integrated supports that address mental, physical and psychosocial needs, alongside stable housing pathways, are essential to improving outcomes and preventing entrenched disadvantage, including chronic physical and mental health conditions and homelessness, across the life course (AIHW, 2025; Yfoundations, 2024).

### Education-related stress and social connection

Many mental health challenges during adolescence are closely linked to education-related stress and social connections. Young people describe increasing stress associated with school performance, identity development, safety and social media, alongside growing responsibilities, relationships and awareness of broader community and societal issues (Noble, et al., 2024). Academic pressures intensify during this period, with more than one in 4 NSW young people (27%) reporting barriers to achieving study or work goals, most commonly low motivation, limited time or space to focus, low self-confidence and mental health concerns (Mission Australia, 2025).

Consistent with this, NSW adolescents most frequently identified school or study problems (60%), time management (54%) and mental health and wellbeing (39%) as key sources of stress in the past year (Mission Australia, 2025). On the North Coast, consultations undertaken by Healthy North Coast in August 2024 as part of the Targeted Regional Initiatives for Suicide Prevention (TRISP), explored *Promoting help-seeking, mental health*

*and resilience in schools* as one of the 4 lifespan strategies. Participants identified barriers including technology limitations, fear of seeking help, and limited mental health education, alongside the need for greater recognition of factors affecting students' psychological wellbeing, highlighting schools as critical settings for promoting help-seeking, mental health and resilience.

These findings underscore the critical role of schools as settings for prevention, early identification and mental health support. While existing supports provide a strong foundation, young people consistently report that greater availability, accessibility and responsiveness of school-based mental health and wellbeing supports is needed to meet the growing and complex challenges faced during adolescence (O'Connell, et al., 2025; Noble, et al., 2024).

These findings highlight a strong opportunity to embed mental health education and promotion within everyday school and community settings, supporting both young people and families. Education that builds skills to maintain good mental health, recognise early signs of distress and respond effectively should be integrated into routine learning and wellbeing approaches, rather than delivered as stand-alone programs (Noble, et al., 2024).

### Self-identity formation

Adolescence is a developmental stage characterised by increasing pressures related to identity formation, body image and relationships. High levels of low self-esteem, poor body image, loneliness and relationship stress contribute significantly to mental ill health, particularly among girls, gender-diverse young people and Aboriginal young people - groups identified as priority populations within NSW health strategies (Monash University, 2025).

These pressures intensify in later adolescence (16-17 years), with 17% of NSW young people reporting feeling lonely all or most of the time, and 32% and 28% reporting stress related to problems with friends and family respectively in the past year (Mission Australia, 2025). Young people describe increasing challenges in forming and maintaining relationships during this stage (Noble, et al., 2024).

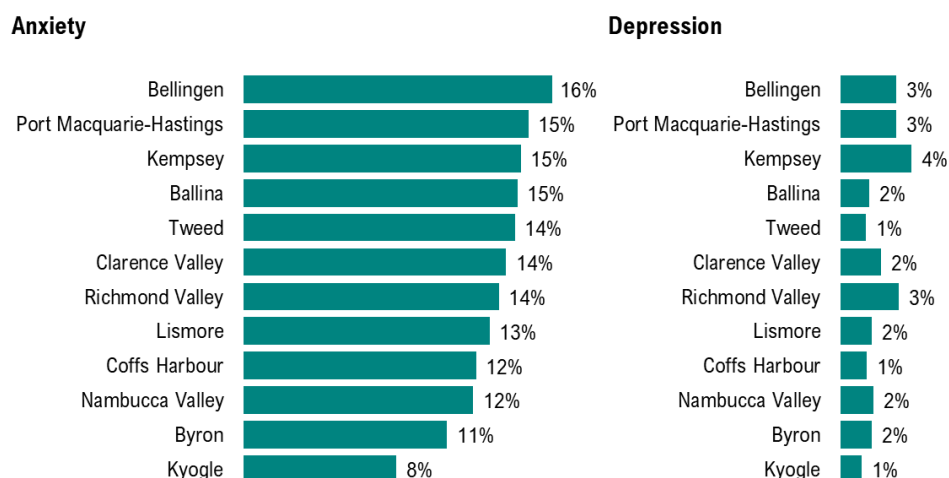
### Mental health outcomes and risks

Reported levels of psychological distress, suicide and self-harm increase across adolescence, becoming more pronounced in later adolescence (16-17 years) (O'Connell, et al., 2025). In NSW, 21% of young people report experiencing high levels of psychological distress, indicating a substantial proportion at increased risk of anxiety and depression (Mission Australia, 2025).

Among adolescents aged 12-17 years who are active patients in North Coast general practices, anxiety affects around 14% of patients, with the highest prevalence seen among patients living in Bellingen (16%) and Port Macquarie-Hastings (15%) LGAs. Around 2% are diagnosed with depression, the highest percentages in Kempsey (4%) and Richmond Valley, Bellingen and Port Macquarie-Hastings (all 3%) (North Coast General Practice Clinical Dataset, 2026). Just under 1% of 12–17-year-old active patients are diagnosed with both anxiety and depression, this is highest in Kempsey and Bellingen LGAs (both just over 1%).

Figure 15 Adolescents with anxiety and with depression in general practice

In 2026 the prevalence of anxiety in general practice for adolescents aged 12-17 years shows considerable variation across LGAs, with the highest prevalence in Bellingen doubling Kyogle. The prevalence of depression is lower than anxiety and shows less variability across LGAs



Source: North Coast General Practice Clinical Dataset, 2026

The most recent available self-harm outcomes and risks data for the North Coast region dates from 2019. Given COVID-19 lockdowns, successive environmental disasters and escalating cost of living pressures this information is unlikely to be representative of today’s young people.

This gap in up-to-date local data limits the ability to fully understand current needs and trends. Both *Future Healthy Countdown 2030* (Frykberg, et al., 2025) and the *State of Australia’s Children* report (O’Connell, et al., 2025) highlight the lack of coordinated, consistent and timely data on children and young people’s mental health, underscoring the need for improved monitoring to inform prevention, early intervention and service planning.

### Mental health-related presentations to emergency department

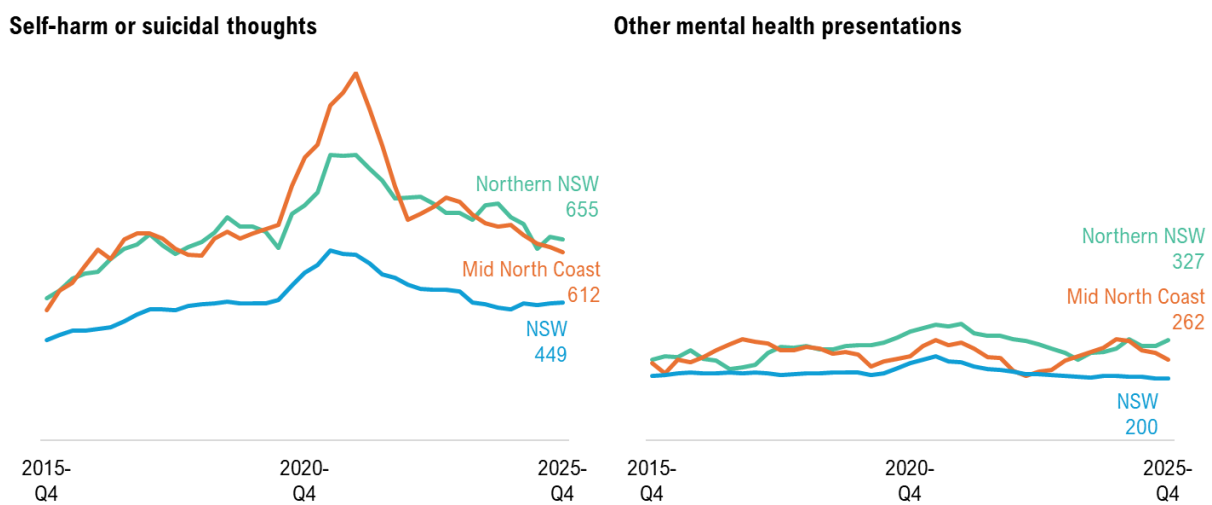
The total rate of mental health-related presentation to emergency department (ED) for adolescents aged 12-17 years exceed the NSW average in both North Coast LHD areas, with rates of 874 per 100,000 in Mid North Coast and 981 per 100,000 in Northern NSW, compared to 648 per 100,000 statewide. There are considerable differences by gender and geography, with particularly elevated rates among females in Northern NSW (1,546 per 100,000) and males in Mid North Coast (600 per 100,000) (NSW Government, 2025).

- The rates of ED presentations for **self-harm or suicidal thoughts** among young people aged 12-17 years on the North Coast are substantially higher than the NSW average (NSW Government, 2025). Significant variation is evident by gender and LHD area.
  - Among females, rates per 100,000 population are highest in Northern NSW (1,088 per 100,000), exceeding those in Mid North Coast (858 per 100,000) and NSW-wide (680 per 100,000).
  - Among males, rates are highest in Mid North Coast (373 per 100,000), compared with Northern NSW (249 per 100,000) and NSW-wide (228 per 100,000) (NSW Government, 2025).

- The rates of ED presentations for **other mental health reasons** among 12-17-year-olds are also higher on the North Coast than across NSW.
  - Among males, rates are higher in Mid North Coast LHD area (227 per 100,000) compared with Northern NSW LHD area (203 per 100,000) and considerably higher than NSW overall (139 per 100,000).
  - In contrast, among females, rates are lower in Mid North Coast LHD area (299 per 100,000) compared with Northern NSW LHD area (458 per 100,000) and NSW overall (264 per 100,000) (NSW Government, 2025).

Figure 16 Mental health-related ED presentations for 12-17-year-olds

**Between 2015 and 2025 the mental health-related ED presentations for 12-17-year-olds were consistently higher on the North Coast than NSW-wide. The rates of self-harm or suicidal thoughts presentations were considerably higher than for other mental health presentations**



Source: NSW Government, 2025

The consistently higher rates across the North Coast and gender differences underscore the need for strengthened prevention, early intervention and accessible community-based mental health services prioritising place-based, gender-responsive and targeted mental health supports to reduce crisis presentations and improve wellbeing outcomes across the North Coast.

### Peer networks and friends

Strong peer connections and help-seeking behaviours represent important protective factors. Friends are the primary source of support for young people aged 15-19 years, highlighting peer networks within schools and communities as critical assets for peer-led wellbeing initiatives and early identification of distress (Monash University, 2025).

Increasing mental health literacy, openness and help-seeking are protective, with many adolescents valuing therapy, talking openly about mental health and using multiple strategies to support their wellbeing – such as physical activity, creative pursuits and social connection. These behaviours can be strengthened through youth-co-designed education, peer programs and community-based initiatives (Monash University, 2025).

## The challenge of access to mental health services

Access to timely, affordable mental health support remains a major concern for adolescents. Although the need for support is widespread, many young people who seek help report being unable to access appropriate care, with cost, service availability and long wait times cited as major barriers, alongside high demand for services such as headspace and private practitioners (Monash University, 2025).

Young people consistently emphasise that mental health services are most effective when they are friendly, welcoming, inclusive, respectful and easy to access (Noble, et al., 2024). Persistent barriers – including stigma, shame, cost, accessibility and lack of trust – continue to limit engagement, with marked differences in experiences and needs across males, females and gender-diverse young people (Noble, et al., 2024; Mission Australia, 2025).

## Young adulthood – from 18 to 24 years

### Developmental

The young adult years encompass the final stages of brain development as young people move towards neural maturity in their mid-20s. During this period, environmental influences remain highly impactful as the prefrontal cortex – the part of the brain responsible for planning, decision-making and impulse control – continues to develop (Noble, et al., 2024).

This developmental stage is characterised by heightened emotional responses, increased risk-taking and multiple life transitions, as young people move out of the formal structures of childhood and adolescence, such as schooling, and into adulthood (O'Connell, et al., 2025; Noble, et al., 2024).

### Prevalence of autism and ADHD

On the North Coast, 5% of 18-24-year-old active general practice patients have autism spectrum disorder, the highest percentage in Kempsey (7%) and Richmond Valley (7%) LGAs. A higher percentage of 18-24-year-old patients have ADHD (7%), which is highest in Port Macquarie-Hastings (9%) and Richmond Valley (9%) LGAs. Multimorbidity, where patients have both autism and ADHD, is experienced by 2% of 18-24-year-old active general practice patients, with the highest percentage in Richmond Valley (3%) (North Coast General Practice Clinical Dataset, 2026).

### Transition to adulthood and supports environment

Young adults describe this as a complex period of transition involving entry into work or further education, increasing financial independence, changing relationships, for some exiting care or youth services and for others becoming parents. These transitions are key determinants of mental, physical and social health, housing security and long-term wellbeing (Noble, et al., 2024). Young people describe how interconnected and challenging transitions at this time can be and feel there is a lack of understanding and support for the difficulties navigating this can bring (Noble, et al., 2024).

For some people, including neurodivergent young people, those living with disability, young LGBTQ+ people, young carers and those in out of home care, this period can be particularly challenging (Noble, et al., 2024; Monash University, 2025). The loss of structured supports provided through schools and youth services can have disproportionate impacts, as young people enter adult systems that often lack the accessibility, continuity and tailored supports required (Noble, et al., 2024).

Young adults report experiences of discrimination, difficulties navigating fragmented and complex systems and financial barriers that limit access to healthcare, housing, education and employment (Noble, et al., 2024; Monash University, 2025). These challenges contribute to increased loneliness and isolation, heightened stress and anxiety about the future and poorer mental, physical and psychosocial wellbeing outcomes (Monash University, 2025).

Addressing the needs of young adults requires universal supports alongside recognition of both the specific challenges and strengths of diverse population groups, including Aboriginal young people, young people living with disability, neurodivergent and LGBTQ+ young people. Strength-based, inclusive and developmentally appropriate supports during this

period are critical to promoting wellbeing and preventing longer-term disadvantage and ill health (Noble, et al., 2024; O'Connell, et al., 2025; Monash University, 2025).

## Physical health

Young adulthood is a critical period for establishing and sustaining healthy behaviours across the life course (Noble, et al., 2024). Young adults describe health in holistic and multidimensional terms, encompassing physical, mental, social and environmental wellbeing (Monash University, 2025; Noble, et al., 2024).

Balanced nutrition, regular physical activity and the ability to participate in activities they enjoy are consistently identified as key indicators of good health (Monash University, 2025; Noble, et al., 2024; O'Connell, et al., 2025). Where protective factors such as strong relationships, personal safety and meaningful engagement in work, study and community are present, many young people report being mostly or very satisfied with their lives (O'Connell, et al., 2025).

This strengths-based perspective provides an important entry point for health-based initiatives including sport, recreation and healthy eating that build on existing motivations and capabilities (Monash University, 2025).

### Physical activity and healthy eating

Despite this, many young adults report difficulty prioritising their health due to practical constraints, including financial pressures, limited access to services and time constraints (Monash University, 2025; Noble, et al., 2024).

Complex and fragmented service systems can further impede both initial access and sustained engagement with professional care. Addressing these structural barriers is essential to enabling young adults to translate health knowledge and motivation into sustained healthy behaviours (Noble, et al., 2024).

Young adults consistently identify healthy eating and regular physical activity as important to their health and wellbeing. However, many report significant barriers to putting this knowledge into practice. Barriers include financial strain, limited skills or confidence in food shopping and cooking, reliance on highly processed or takeaway foods and experiences of food insecurity (Noble, et al., 2024; Monash University, 2025).

Food insecurity is a significant issue for young adults and is closely linked to cost of living pressures, with some young people reporting skipping meals or relying on cheaper, less nutritious food options (Monash University, 2025; Noble, et al., 2024).

These challenges have direct and compounding impacts on both physical and mental health, highlighting the need for accessible, affordable and practical supports that enable healthy eating during young adulthood (Monash University, 2025).

### Sexual health education

Young people consistently report that school-based sexual health education is basic, inconsistent and outdated, often delivered in moralising or fear-based ways and failing to reflect the realities of young people's lives – particularly for LGBTQ+ young people and those living with disability (ARACY, 2025). Findings from the 2025 *Sex, Drugs and Rock 'n' Roll* survey of Australians aged 15-29 further highlight these gaps, with fewer than half of

respondents reporting that consent (42%) or contraception (39%) were well covered at school and most indicating that topics such as different types of sex (84%) and sexual pleasure (77%) were not covered at all (The Macfarlane Burnet Institute for Medical Research and Public Health Ltd, 2026).

The ARACY Young and Wise Roundtable *Let's talk about sex* report (ARACY, 2025) found that education frequently focuses narrowly on biology and pregnancy prevention, overlooking consent, identity, respectful relationships and real-life decision-making, leading many young people to rely on peers and social media for information, with associated risks of misinformation (ARACY, 2025).

Young people emphasised the need for nationally consistent, inclusive and trauma-informed sexual health education that recognises lived experiences of sexual violence, is co-designed with young people, ensures confidentiality and reduces judgement and stigma – particularly in smaller or regional communities – and provides accurate, accessible information to support informed, safe and respectful relationships (ARACY, 2025).

## Mental and psychosocial health

Mental health is a significant concern for young adults, shaped by ongoing brain developmental and complex life transitions involving identity formation, increasing responsibility and decision-making, and substantial financial, emotional and social pressures (Noble, et al., 2024; Monash University, 2025).

These challenges are often intensified for young people with intersecting vulnerabilities or additional support needs, including those with existing mental health conditions, disability, young Aboriginal people, and young LGBTQ+ people (Noble, et al., 2024; O'Connell, et al., 2025). The ongoing impacts of early life adversities – such as trauma, homelessness or housing insecurity and contact with child protection or justice systems – further increase the risk of chronic mental illness, substance use and poorer physical health in young adulthood (Noble, et al., 2024; Monash University, 2025; O'Connell, et al., 2025).

This reinforces the importance of early identification and sustained, trauma-informed supports across the life course.

### Social discrimination

As young people gain independence in community, work and post-school settings, experiences of unfair treatment and discrimination become more common. In NSW, nearly one-third (32%) of young people reported experiencing unfair treatment or discrimination in the past year, most often related to physical appearance, race or cultural background, gender or mental health (Mission Australia, 2025).

These experiences compound stress and negatively affect mental wellbeing. The 2025 *Monash Youth Barometer* indicates that while 41% of young people rated their mental health as good or excellent, more than a quarter (26%) rated it as poor or very poor, with marked disparities across gender. Nearly twice as many young women reported poor or very poor mental health, compared to young men, and almost half (46%) of young non-binary or gender-diverse people reported poor or very poor mental health (Monash University, 2025).

## Stress, anxiety and depression

High levels of stress, anxiety and burnout are increasingly reported by young adults, with around half of those aged 18-24 years feeling stressed or anxious most or all of the time. Cost of living pressures, housing insecurity, future uncertainty and fatigue are key drivers, particularly for students and those in early-career employment (Monash University, 2025; O'Connell, et al., 2025).

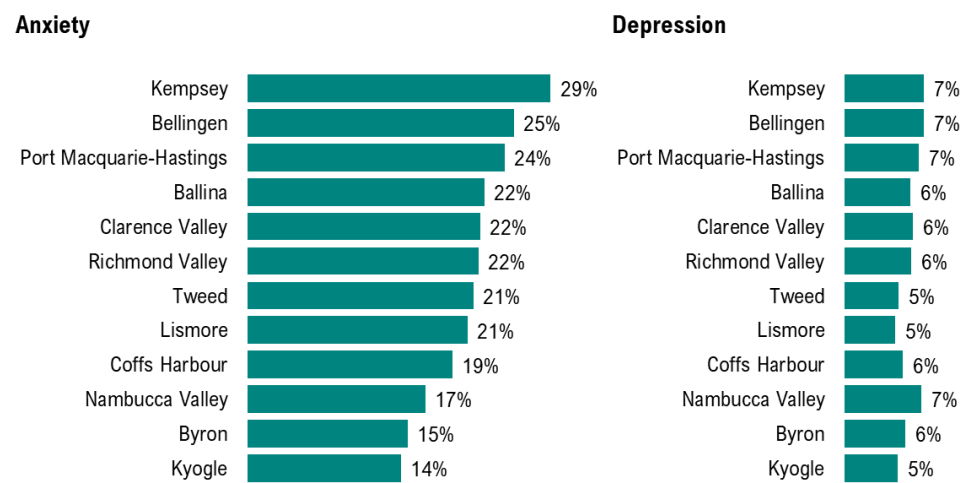
Housing stress and homelessness further exacerbate mental health risks, while young carers, young people living with disability and neurodivergent young people face heightened risks of isolation, loneliness and reduced wellbeing (Noble, et al., 2024; O'Connell, et al., 2025).

On the North Coast, among active general practice patients aged 18-24 years, around 21% have a diagnosis of anxiety, with the highest percentages in Kempsey (29%) and Bellingen (25%) LGAs.

Depression affects approximately 6% of patients in this age group and is highest in Kempsey and Bellingen (both 8%). Multimorbidity, where patients are diagnosed with both anxiety and depression, is experienced by 2% of patients, with the highest percentage is in Kempsey LGA (4%) (North Coast General Practice Clinical Dataset, 2026).

Figure 17 Young adults with anxiety and with depression in general practice

**In 2026 the prevalence of anxiety in general practice for young adults 18-24 years shows considerable variation across LGAs, with prevalence in Kempsey doubling Kyogle and Byron. The prevalence of depression is lower than anxiety and shows less variability across LGAs**



Source: North Coast General Practice Clinical Dataset, 2026

## Access to mental health services

Access to affordable, appropriate and timely mental health care remains a significant challenge. High rates of psychological distress, suicide and self-harm during early adulthood, combined with long wait times and limited-service availability, continue to create significant barriers to timely and effective care (O'Connell, et al., 2025).

Young adults report cost, eligibility criteria and long waiting times as major barriers to accessing mental and physical health services and diagnostic assessments, with disproportionate impacts for those experiencing socio-economic disadvantage, young

Aboriginal people, young people living with disability, and young LGBTQ+ people (Monash University, 2025; Noble, et al., 2024). There is a clear need for expanded access to youth-friendly, affordable and culturally safe mental health supports, including Aboriginal-led services, peer-led approaches and community-based models of care (Noble, et al., 2024; Monash University, 2025; O'Connell, et al., 2025)

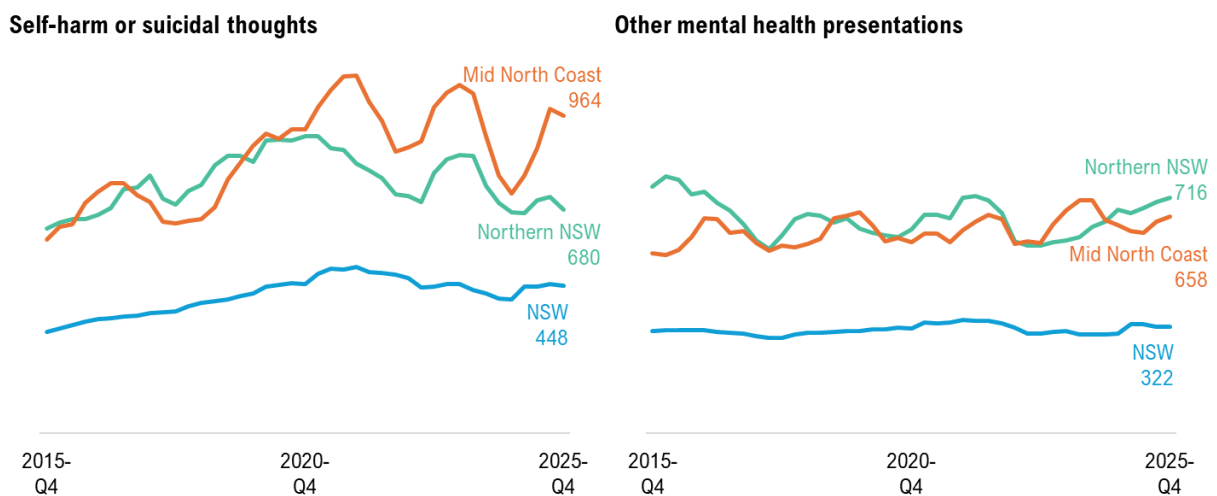
### Mental health-related presentations to emergency department

In both North Coast LHD areas, the rate of mental health ED presentations for 18-24-year-olds is significantly higher than the NSW state rate (770 per 100,000 population), with the rate in Mid North Coast more than double (1,622 per 100,000 population) and in Northern NSW nearly double (1,396 per 100,000 population).

- The rate of ED presentations for **self-harm or suicidal thoughts** per 100,000 population for 18-24-year-olds is substantially higher on the North Coast than in NSW, with regional variability per LHD area.
  - Among females the rate is considerably higher in Mid North Coast (1,294 per 100,000 population) than in Northern NSW (946) and NSW-wide (564).
  - Among males, the rate is higher in Mid North Coast (652) than Northern NSW (525) and NSW-wide (336) (NSW Government, 2025).
- The rate of ED presentations for **other mental health reasons** per 100,000 population on the North Coast is substantially higher for 18-24-year-olds than in NSW.
  - For both females and males, the rates are higher in Northern NSW (830 and 608 per 100,000 population, respectively) compared to Mid North Coast (736 and 584 per 100,000 population, respectively) and NSW-wide (361 and 283 per 100,000 population, respectively).

Figure 18 Mental health-related ED presentations for 18-24-year-olds

**Between 2015 and 2025 the mental health-related ED presentations for 18-24-year-olds were consistently higher on the North Coast than NSW-wide. In 2025 the rates of self-harm or suicidal thoughts presentations were higher than for other mental health presentations in the Mid North Coast LHD area, and lower in the Northern NSW LHD area**



Source: NSW Government, 2025

Sustained and substantially higher rates of mental health-related presentations to ED on the North Coast over the past decade, together with marked variation across the region and between genders, point to the need for strengthened, targeted and place-based primary and community mental health supports for young people across the region. Comparison data showing higher presentation rates among young adults aged 18-24 years compared with adolescents aged 12-17 years further underscores the importance of early, preventative intervention in younger years, alongside expanded and developmentally appropriate supports for young adults navigating significant life transitions.

### Strengths, community and resilience

Despite these challenges, young adults demonstrate resilience and use a range of positive coping strategies to support their mental health, including creative activities, physical activity, time in nature, structured routines and connection with peers (Noble, et al., 2024; Monash University, 2025; O'Connell, et al., 2025).

Relationships, particularly with friends and peers, are consistently identified as a key strength and primary source of support for mental health and wellbeing (Noble, et al., 2024; Monash University, 2025; O'Connell, et al., 2025). These strengths highlight the value of investing in community spaces, programs and environments designed with and for young people, to foster connection, belonging and accessible pathways to support.

## Conclusions and opportunities

The Children and Younger Persons Needs Assessment highlights both the challenges facing children and young people on the North Coast and the significant opportunities to strengthen systems that support healthy development from conception through to early adulthood.

Across all developmental stages, there is a clear and consistent need to prioritise prevention and early intervention, alongside the delivery of integrated, coordinated, culturally safe and equity-focused services. These needs build on and reinforce the priorities identified in the 2025-2028 Health Needs Assessment, providing a strong foundation for future planning, commissioning and investment. Key themes consistently emerge across developmental stages, including the:

- need to strengthen prevention and early intervention
- need to develop place-based, culturally safe and equity-focused approaches and responses
- need for stronger integration and coordination across primary care, tertiary care, education and social services
- need to enhance data collection and monitoring, particularly for mental health and intersecting areas of disadvantage
- need to meaningfully include the voices of children and young people in service and initiative design and implementation.

Together, these key themes present significant opportunities to keep children well, reduce the risk of chronic conditions across the life course, improve overall health span and reduce the burden of disease for individuals, communities and health systems.

Critical opportunities lie in strengthening prevention and early intervention at key developmental stages, particularly during the first 2,000 days of life, the middle years (from 8 to 12 years) and major transition points such as starting school, moving to secondary school and entering adulthood.

Timely, appropriate and accessible support during these periods can prevent issues from escalating and improve long-term health, education and social outcomes. Strengthening integration and coordination across systems is equally important.

Children and young people's needs are interconnected and require collaborative, place-based responses that integrate health, education and social services – ensuring continuity of care and enabling children, young people, families and caregivers to access the right support at the right time.

Improving outcomes for children and young people requires sustained attention to the social determinants of health, including housing stability, cost-of-living pressures and exposure to domestic and family violence. Enhancing the availability, quality and timeliness of data, particularly in relation to mental health and intersecting disadvantage, will support better planning, monitoring and targeted investment.

Central to all efforts is the meaningful inclusion of children and young people in decision-making. By embedding co-design approaches, strengthening partnerships and investing in early, coordinated supports, there are opportunities to improve health and wellbeing outcomes for children and young people across the North Coast – now and into the future.

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