

#### Fact sheet

For non-clinical professionals  
who work with young people

## Physical health challenges

### The link between physical health and mental health in young people

While the majority of young Australians report good physical and mental health, 1 in 4 aged 12–24 years will experience a diagnosed mental disorder every year (1). The onset of mental illness is accompanied by greater risk of poor physical health outcomes later in life, which can be explained in part by lifestyle factors, social consequences of mental ill-health, and barriers in accessing health care. The life expectancy of people with a serious mental illness is about 13–32 years less than the general population (2). The majority of these deaths are due to the development of physical health conditions that could be prevented. Treatment for mental ill-health is often focused on the presenting symptoms (e.g., low mood) and in the process, monitoring of the person's physical health might be overlooked. A holistic approach to the wellbeing of young people needs to include considerations of both their physical and mental health.

### Physical activity and obesity

Young people with mental ill-health are more likely to be overweight or obese. Symptoms like lack of motivation and energy feature prominently in some mental health problems, which make it more difficult to be physically active. Young people with mental ill-health are more likely to engage in low levels of exercise and spend more time engaged in sedentary activities like watching TV, playing video games and using a computer (3). Obesity and inadequate physical activity are risk factors for diabetes, stroke, some cancers and cardiovascular disease and is associated with significantly lower life expectancy. In addition to having profound physical health effects, being overweight can also have negative effects on a person's self-esteem and lead to further stigmatisation and social isolation.

### Nutrition

The relationship between diet and mental health is likely complex and bidirectional, meaning not only might a healthy diet protect against mental ill-health, but also that experiencing mental ill-health might lead to a person changing their diet (for more information, see our Research Bulletin: [Food for Thought](#)). Young people may engage in unhealthy eating habits to cope with symptoms such as low mood (e.g. by overeating or taking sugary foods in an attempt boost energy). Dietary related risk factors, such as not eating enough fruit and vegetables, and consuming too much sodium, fat and sugar are significant contributors to chronic disease and premature death. Among people with a serious mental illness, almost half eat one serve of fruit or less a day, and 42% eat one serve or less of vegetables per day (4). This is much lower than the fruit and vegetable consumption of the general population (5).

## Alcohol, tobacco and other drugs

Use of alcohol, tobacco and other drugs is substantially higher in young people with mental ill-health than the general population. For example, 56% of Australians aged 16-24 years with a mental illness consumed alcohol at least once a week over the past year, compared to 34% of those that did not have a mental illness. Twice as many young people with a mental illness identified as smokers and five times as many misused drugs in the past year, compared to the general population (6). Using substances increases the risk of accidents resulting in permanent injury or death, and serious health problems seen later in life such as stroke, cancers and liver and heart disease.

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## Medication

Some young people may need medication to treat their mental illness. While medication can improve symptoms and it is important that they are taken as prescribed, they can have side effects that contribute to poor physical health outcomes. One such side effect is weight gain. Being overweight or obese directly contributes to metabolic syndrome, a constellation of health issues including hypertension and impaired glucose tolerance, which increases risk for cardiovascular disease and diabetes. Over a third of young people receiving antipsychotic medication for first-episode psychosis have been found to have metabolic syndrome or show metabolic abnormalities (7).

## Oral health

Oral and dental health has been identified as the greatest gap between people with serious mental illness and the general population (8). The increased health risk behaviours seen in young people with mental ill-health, including poor diet, poorer dental hygiene, smoking and substance use are associated with tooth decay, infection and gum disease. Some medications used to treat mental ill-health can also cause side effects that contribute to oral health problems. Pain and discomfort from these problems, and dental-related stigma can affect a person's quality of life. The risks to a person's oral health accumulate over time and may not be immediately obvious when a person is young. There is a relationship between chronic oral infections and heart and lung diseases, stroke and adverse pregnancy outcomes. There is also an association between gum disease and diabetes (9). Considering its insidious progression and potential consequences, it is important to prioritise the oral health of young people with mental illness and intervene early by encouraging good oral hygiene and check-ups with a dentist every 6 months.

## Sexual health

Young people with mental ill-health may also experience sexual health problems like decreased sex drive or erectile dysfunction, either as a result of symptoms of the illness or as a side effect of medication. They are also more likely to engage in risky sexual behavior such as earlier sexual initiation, unprotected sex and having more sexual partners, and are therefore at higher risk of contracting a sexually transmitted infection (STI). The reasons behind high-risk sexual behaviours are complex. Some young people may use sex as a coping mechanism or lack knowledge or understanding of the risks involved, while others might experience poor impulse control or impaired judgement as symptoms of a serious mental illness. For more information about having conversations with young people about sexuality, gender identity, sexual safety and sexual activity, refer to [Beyond Awkward](#).

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## At-risk populations

Poor physical health is also influenced by wider socioeconomic factors that are associated with mental ill-health, such as poverty, poorer access to health care and social isolation. The physical health risks associated with mental ill-health can be even more pronounced in some marginalised groups, including Aboriginal and Torres Strait Islander young people, young people who are homeless, those who have had contact with the justice system, those from culturally and linguistically diverse backgrounds and those who identify as lesbian, gay, transgender or intersex.

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## Physical health interventions for mental ill-health

Many of the risk factors outlined can be modified through lifestyle changes. This can include adaptive changes in the areas discussed such as diet, exercise, smoking and substance use, and oral health. Early interventions that improve physical health may protect against the development of mental ill-health, or be part of the treatment for mental ill-health. For example, not only does regular exercise reduce stress and improve physical fitness, sleep and quality of life, there is evidence that interventions to improve diet and increase physical activity are effective as part of the treatment for a number of mental disorders (10-11).

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## Working with young people experiencing mental ill-health

You may find that you can promote positive lifestyle and health behaviours in your work with young people. For example, by encouraging reduced screen time on devices like smartphones, increasing opportunities for physical activity, and having healthy food options available where possible. If you are concerned about the mental, physical or sexual health of a young person, encourage them to see a health professional. Keep in mind that it is important to be sensitive and nonjudgmental when talking to young people about things like diet, exercise and sexual health. A good place for a young person to seek help is their General Practitioner (GP). They will be able to provide them with more information on what's going on, what support is available and refer them to an appropriate service if required.

### What are some of the daily recommendations?

≥ 1hr moderate to vigorous physical activity\*

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≤ 2hrs on electronic devices\*

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5 serves of vegetables

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2 serves of fruit

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Brush teeth twice using fluoride toothpaste and floss

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\*13-17 years of age

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## For further information regarding mental health:

[www.orygen.org.au](http://www.orygen.org.au)

[www.headspace.org.au](http://www.headspace.org.au)

[www.reachout.com](http://www.reachout.com)

<http://au.professionals.reachout.com>

<https://mhfa.com.au/resources/mental-health-first-aid-guidelines>

[www.youthbeyondblue.com](http://www.youthbeyondblue.com)

[www.beyondblue.org.au](http://www.beyondblue.org.au)

[www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

[www.sane.org](http://www.sane.org)

[www.healthdirect.gov.au](http://www.healthdirect.gov.au)

[www.oyh.org.au](http://www.oyh.org.au)

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This information is not medical advice. It is generic and does not take into account your personal circumstances, physical wellbeing, mental status or mental requirements. Do not use this information to treat or diagnose your own or another person's medical condition and never ignore medical advice or delay seeking it because of something in this information. Any medical questions should be referred to a qualified healthcare professional. If in doubt, please always seek medical advice.



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