

A Youth19 Brief: Rainbow young people with a disability or chronic condition

What is Youth19?

Youth19 is the latest in the Aotearoa New Zealand Youth2000 series of health and wellbeing surveys. These large scale, high quality surveys began in 2001, and involve a total of over 36,000 students. Youth19 is led by Dr Terryann Clark (University of Auckland) and Dr Terry Fleming (Victoria University of Wellington), with collaborators from around New Zealand and beyond.¹



7,721 adolescents from 49 Auckland, Northland and Waikato schools and kura kaupapa Māori took part in Youth19. They completed the anonymous survey in English or te reo Māori on internet tablets with optional voice over. For more info, see www.youth19.ac.nz.

Here, we report key data about the wellbeing of Rainbow young people with a disability or chronic condition. For more detailed information, including other research, young people's voices and information about other areas of wellbeing, see our *Negotiating Multiple Identities* report.²

Rainbow young people with a disability or chronic condition

'Rainbow young people with a disability or chronic condition' refers to Youth19 participants who reported that they are sexuality or gender diverse and that they have a long-term disability, illness and/or pain condition that impacts on their day-to-day functioning. The survey questions used to define these groups are shown on page 5.

In total, 333 Youth19 participants (4.3% of the total sample) were Rainbow and had a disability or chronic condition. 77% of Rainbow participants with a disability or chronic condition were female and 9 (2.7%) were gender diverse – for more details see our *Negotiating Multiple Identities* report.²

Summary

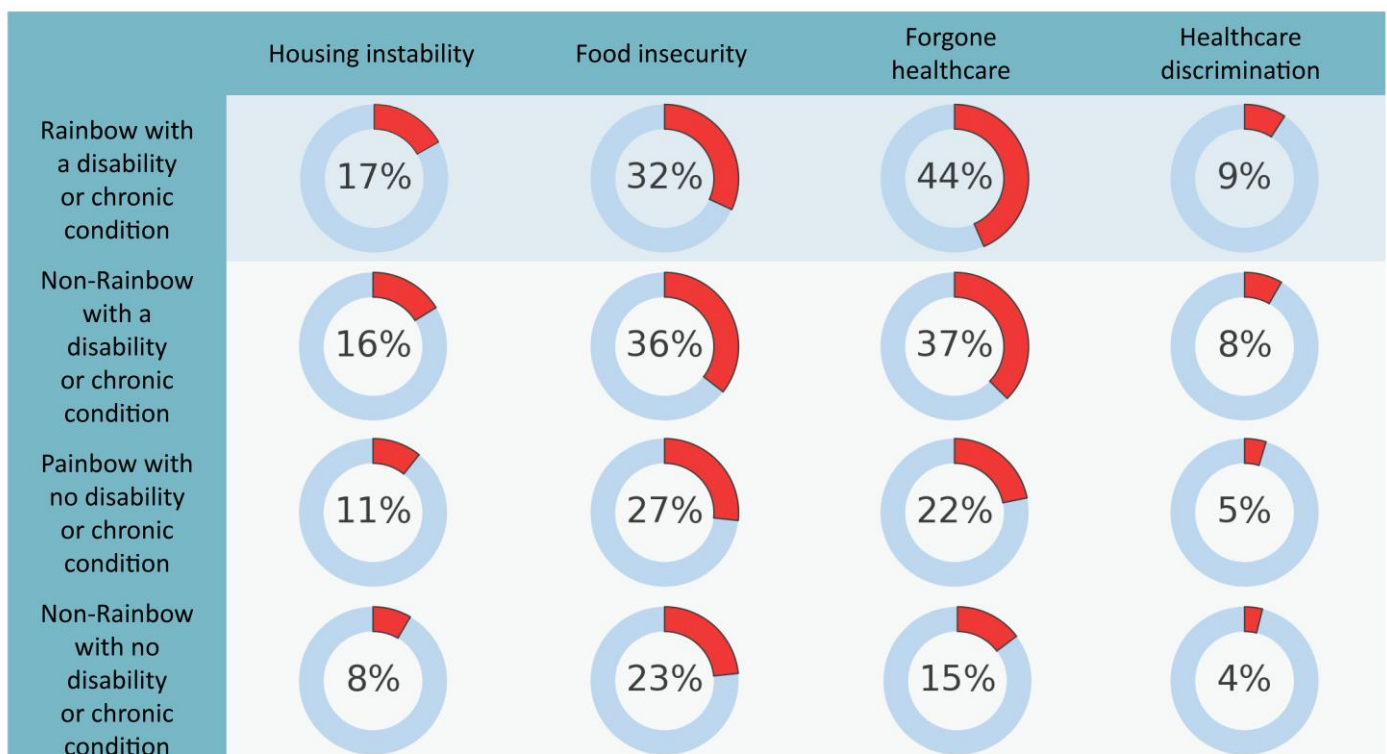
Most Rainbow young people with a disability or chronic condition reported positive family and school environments. However, members of this group also reported very high rates of mental distress. Only 27% reported good wellbeing, over 70% reported clinically significant symptoms of depression and over 60% reported serious thoughts of suicide in the last year. These are alarming statistics and are much higher than comparison groups. Rainbow young people with disabilities or chronic conditions reported higher forgone healthcare than all other groups and reported feeling less safe at school than those without disabilities or chronic conditions. They reported significantly higher food and housing insecurity and poorer healthcare access than non-Rainbow young people without disabilities or chronic conditions.

We can improve wellbeing for Rainbow young people with disabilities or chronic conditions by ensuring that they are free from discrimination and have access to the resources they need, and that all environments are inclusive, welcoming and safe. We must ensure that the urgent mental health and wellbeing needs of Rainbow young people with disabilities or chronic conditions are met.

Housing, food and healthcare

On this page and the following pages, we show how Rainbow young people with a disability or chronic condition are doing on key indicators. The last two pages of this brief detail how we measured each indicator and give extra info.

Overall, we found that Rainbow young people with a disability or chronic condition face higher housing instability (needing to sleep or live in challenging conditions due to housing costs), higher food insecurity (parents worrying about money for food) and more ethnic discrimination by healthcare providers than students who were not Rainbow and had no disability or chronic condition. Over 40% reported not being able to get required healthcare in the last 12 months (forgone healthcare), significantly higher than for students without disabilities or chronic conditions. See our report for more info.²



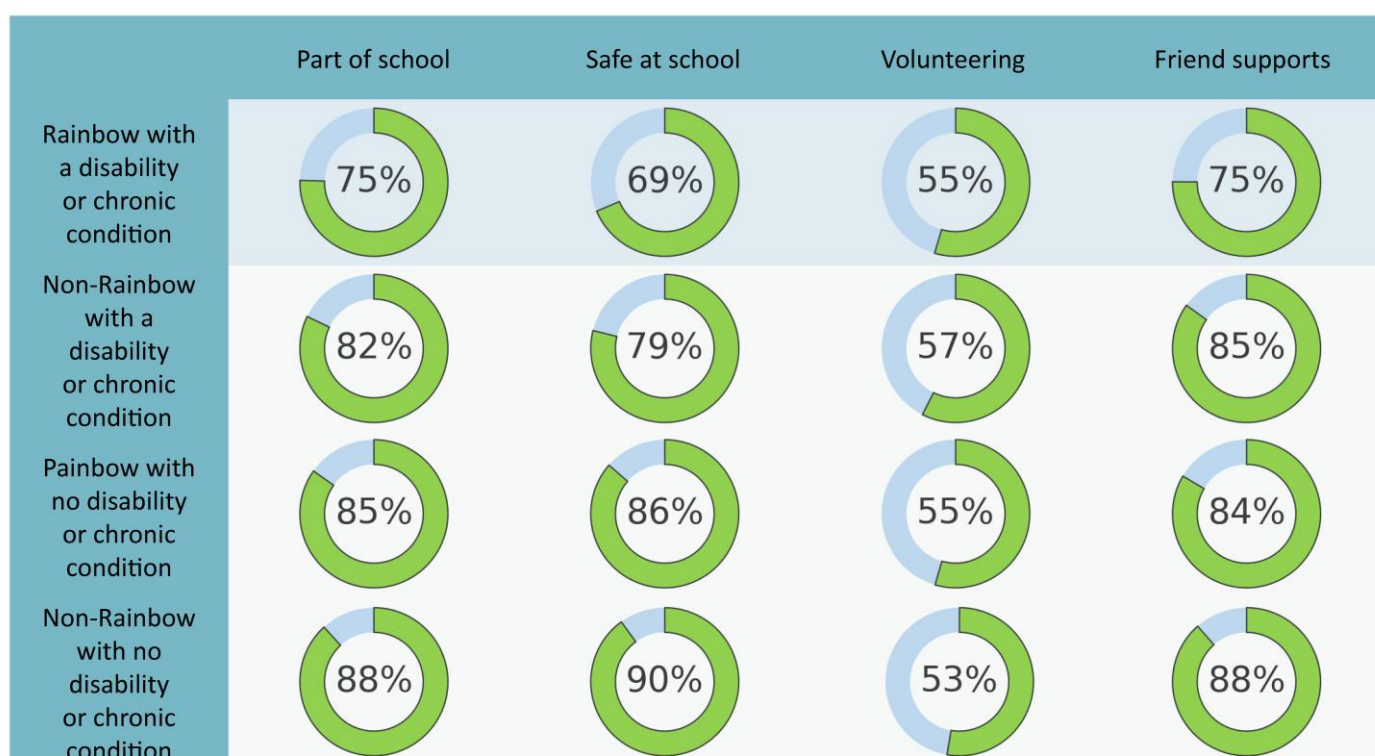
This infographic shows the estimated percentage of each indicator for each group, adjusted for age and sex differences and rounded to the nearest whole number. Sex differences and gender diversity will be explored further in other analyses which use the total Youth19 sample so that sample sizes are sufficient to allow robust analyses. The table below provides the estimated percentages to one decimal place and shows the 95% confidence interval. The 95% confidence interval indicates the range between which the true percentage can be assumed to exist, 95% of the time. Where confidence intervals do not overlap, differences are considered statistically significant.

Variable name	Rainbow with a disability or chronic condition	Non-Rainbow with a disability or chronic condition	Rainbow with no disability or chronic condition	Non-Rainbow with no disability or chronic condition
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Housing instability	16.8 (12.0, 21.5)	16.2 (14.1, 18.3)	10.7 (7.4, 14.0)	8.4 (7.6, 9.3)
Food insecurity	31.9 (26.0, 37.9)	35.5 (32.7, 38.3)	26.7 (22.0, 31.4)	23.4 (22.1, 24.8)
Forgone healthcare	43.5 (36.9, 50.2)	37.4 (34.6, 40.2)	21.8 (17.4, 26.2)	14.7 (13.6, 15.8)
Healthcare discrimination	9.1 (5.9, 12.2)	8.3 (6.8, 9.9)	4.7 (2.9, 6.5)	3.9 (3.3, 4.5)

School, friendships and volunteering

Most Rainbow young people with a disability or chronic condition report positive school environments. More than half (55%) volunteer to support others in their communities and most have friends who support them (75%).

At the same time, members of this group face inequities and challenges, with 25% not feeling part of school and 31% not feeling safe at school. They are significantly less likely to feel part of school, to feel safe at school, and to report having a friend who supports them than students (both Rainbow and non-Rainbow) without disabilities or chronic conditions.



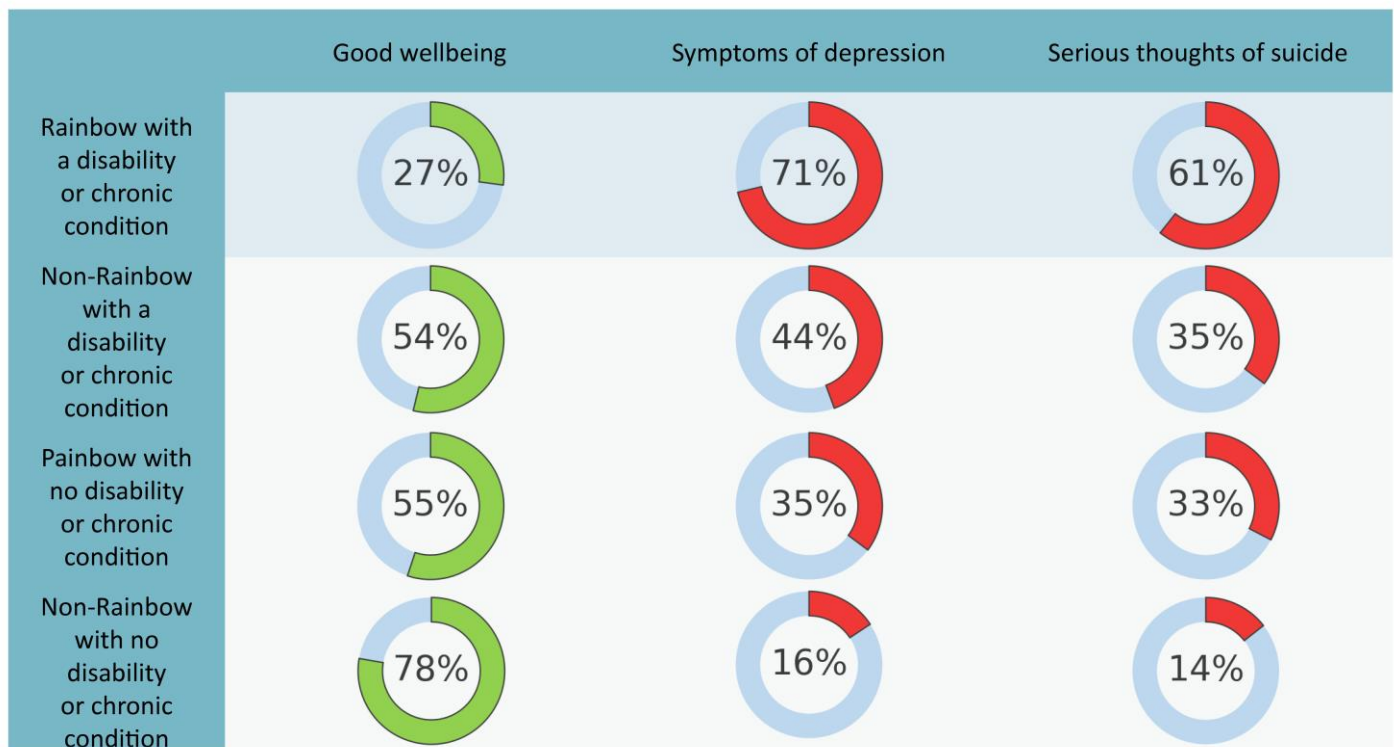
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Variable name	Rainbow with a disability or chronic condition % (95% CI)	Non-Rainbow with a disability or chronic condition % (95% CI)	Rainbow with no disability or chronic condition % (95% CI)	Non-Rainbow with no disability or chronic condition % (95% CI)
Part of school	75.4 (70.4, 80.4)	82.1 (80.0, 84.2)	84.8 (81.4, 88.1)	88.2 (87.2, 89.2)
Safe at school	68.6 (62.8, 74.4)	78.9 (76.6, 81.3)	86.4 (83.2, 89.7)	90.0 (89.0, 90.9)
Volunteering	54.6 (48.1, 61.2)	57.4 (54.5, 60.3)	54.5 (49.2, 59.8)	52.7 (51.2, 54.3)
Friend supports	75.1 (69.6, 80.5)	84.9 (82.7, 87.1)	83.5 (79.9, 87.2)	88.5 (87.5, 89.5)

Wellbeing and mental health

Rainbow young people with a disability or chronic condition face very large inequities and challenges in the area of wellbeing and mental health. A very low 27% of this group report good wellbeing, a very high 71% report clinically significant symptoms of depression, and a very high 61% report serious thoughts of suicide in the last year.

Rainbow young people with a disability or chronic condition report poorer wellbeing, higher symptoms of depression and higher serious thoughts of suicide than all other groups.



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Variable name	Rainbow with a disability or chronic condition	Non-Rainbow with a disability or chronic condition	Rainbow with no disability or chronic condition	Non-Rainbow with no disability or chronic condition
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Good wellbeing	27.1 (22.3, 31.9)	53.8 (51.0, 56.6)	55.1 (49.9, 60.3)	77.7 (76.5, 79.0)
Depressive symptoms	71.3 (65.5, 77.1)	44.4 (41.6, 47.3)	35.2 (30.0, 40.5)	15.7 (14.6, 16.8)
Suicide thoughts	60.7 (54.5, 67.0)	35.3 (32.6, 38.1)	32.6 (27.6, 37.7)	14.4 (13.3, 15.5)

Youth19 questions and definitions

For this brief, **‘Rainbow’** includes Youth19 participants who identified as trans, non-binary, Queen, fa’afafine, whakawāhine, tangata ira tāne, genderfluid or genderqueer; those who reported that they were attracted to either “the same sex (e.g. I am a male attracted to males or I am a female attracted to females)” or “I am attracted to males and females”; and those who identified as lesbian, gay, bisexual, takatāpui or another diverse sexual identity. In the total Youth19 school sample, there were 123 transgender and gender diverse youth and 875 cis-gender sexual minority young people (216 males and 659 females), a total of 998 Rainbow students. We have considered these identities collectively. While there are important distinctions between many of these identities and people from sexuality and gender minorities can have very different experiences, there were too few participants who were gender diverse in the intersectional groups to allow meaningful quantitative analyses. Analyses of data from gender diverse participants in the total survey population are underway.

A disability or chronic condition. Students were classed as having a disability or chronic condition if they reported that they had a long-term disability, health condition or pain that impacted on their life. The questions were: “Do you have any long-term disabilities (lasting 6 months or more) (e.g. sensory impaired hearing, visual impairment, in a wheelchair, learning difficulties)?”, “Do you have any long-term health problems or conditions (lasting 6 months or more) (e.g. asthma, diabetes, depression)?”, and “Do you have any long-term pain (e.g. headaches, tummy pain, arms, or leg pain)?” Students who responded “yes” to any of these questions were asked if their condition caused them difficulty or stopped them doing activities that people their age can usually do. Those who said “yes” were counted as having a disability or chronic condition. This definition was selected as developmentally appropriate and inclusive. Previous work highlights that young people may not consider some conditions disabilities and that using self-reported disability alone may under-include ethnic minorities and younger adolescents.³

Housing instability. Students were counted as reporting housing instability if they reported needing to sleep in any of the following places in the last 12 months due to unaffordable housing or lack of space: cabin, caravan, sleep out, garage, couch, another person’s bed, couch surfing, motel, hostel, marae, car or van. The question read: “For some families, it is hard to find a house that they can afford, or that has enough space for everyone to have their own bed. In the last 12 months, have you had to sleep in any of the following because it was hard for your family to afford or get a home, or there was not enough space? (Do not include holidays or sleep-overs for fun).”

Food insecurity was indicated by a “sometimes,” “often” or “all the time” response to the question: “Do your parents, or the people who act as your parents, ever worry about not having enough money to buy food?”

Forgone healthcare was indicated by a “yes” response to the question: “In the last 12 months, has there been any time when you wanted or needed to see a doctor or nurse (or other healthcare worker) about your health, but you weren't able to?”

Healthcare discrimination was indicated by a “yes” response to the question: “Have you ever been treated unfairly (e.g. treated differently, kept waiting) by a health professional (e.g. doctor, nurse, dentist etc.) because of your ethnicity or ethnic group?”

Part of school was indicated by a “yes” response to the question: “Do you feel like you are part of your school, alternative education or course?”

Safe at school was indicated by a “yes always” or “yes most of the time” response to the question: “Do you feel safe in your school/course?”

Volunteering was indicated by a “yes” response to the question: “Do you give your time to help others in your school or community (e.g. as a peer supporter at school, help out on the marae or church, help coach a team or belong to a volunteer organisation)?”

Friend supports was indicated by a “yes” response to the question: “I have at least one friend who will stick up for me and who has ‘got my back’.”

Good wellbeing was indicated by a score of 13 or more on the WHO-5 Well-being Index. This is a widely used scale that was developed by the World Health Organization. It asks questions about feeling cheerful, calm and relaxed, active and vigorous, waking up feeling refreshed and life being full of interest. You can find out more about this and other mental health measures used in Youth19 in our *Hauora Hinengaro/ Emotional and Mental Health* report. Available on www.youth19.ac.nz

Depressive symptoms were indicated by scoring over the clinical cut-off for significant symptoms of depression on the Reynolds Adolescent Depression Scale: Short Form (RADS-SF). This is an internationally validated scale that includes questions about experiences such as feeling lonely, worthless, sad and tired. Students who score over the cut-off on this measure may have depression, and their experiences are likely to be affecting their day to day home and school life.

Serious thoughts of suicide were indicated by a “yes” response to the question: “During the last 12 months have you seriously thought about killing yourself (attempting suicide)?”

Youth perspectives and more

Youth19 includes brief comments from participants about the biggest challenges facing young people and what could be changed to make a difference. We also invited youth advisors aged 17–24 years to comment on key issues. Survey participants highlighted feelings of stress and pressure and called for increased mental health assistance and more support. Youth advisors commented that the world could be hard work when “you have multiple things going on”. Advisors also commented on the joy they derived from their identities and the importance and pleasure of connecting with others with shared identities. Example quotes are included here:

“We have so much pressure and stress from school and there is a lot of pressure from social media . . .”
– Rainbow Youth19 participant with a disability or chronic condition

“Mental health care needs more funding” – Rainbow participant with a disability or chronic condition

“It feels like there is a whole system that isn’t made for young people with multiple things going on”
– Rainbow Youth Advisor with a disability or chronic condition

“It can be liberating sometimes . . . find joy for yourself in making meaning out of your identity”
– Rainbow Youth advisor with a disability or chronic condition

“There is just so much instant understanding and empathy [when you meet others with shared identities] and you feel safe enough just to be yourself. You do not have to self-explain things with them . . . Such association and peer groups are amazing.”
– Rainbow Youth Advisor with a disability or chronic condition

What about other areas of wellbeing and other young people?

Youth19 includes many questions. We report more data in our *Negotiating Multiple Identities* report,² including questions around home, school and community life and other areas of health such as sexual health and substance use. This information also highlights important areas of inequity and need. Papers and reports about other health issues and diverse groups of young people are underway and will be available through www.youth19.ac.nz

References

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2. Roy, R., Greaves, L. M., Peiris-John, R., Clark, T., Fenaughty, J., Sutcliffe, K., Barnett, D., Hawthorne, V. & Fleming, T. (2021). *Negotiating multiple identities: Intersecting identities among Māori, Pacific, Rainbow and Disabled young people*. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand.
3. Peiris-John, R., Ameratunga, S., Lee, A., Al-Ani, H., Fleming, T., & Clark, T. (2016). Adolescents with disability report higher rates of injury but lower rates of receiving care: Findings from a national school-based survey in New Zealand. *Injury Prevention*, 22 (1), 40-45.

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This factsheet based on the *Negotiating Multiple Identities* report (Roy et al., 2021)² Illustrations by Yasmine El Orfi, www.yasmineelorfi.com. Infographics by Maria Da Rocha, Victoria University of Wellington.

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Find out more at www.youth19.ac.nz Contact us: youth19@auckland.ac.nz