



## Commentary

## Associations between young caring and mental health: a prospective observational study using augmented inverse probability treatment weighting

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The association between young people's caring role and its adverse impact on their mental health is a healthcare priority that needs to be addressed immediately. Young carers are people, up to 25 years old, who provide unpaid care and support to family members or friends who have either a disability, mental illness, chronic condition, an alcohol or other drug issues or who are frail aged. Australian evidence suggests that the number of children and young people with caring responsibilities is growing overtime. However, the issue has received little community attention and recognition by policy makers, researchers, and service providers. The 2016 Census found that one in twenty people (5.6% or 151,600 people) aged 15-24 years were young carers. The person they cared for would be either a parent, partner, sibling, own child, other relative or friend. Considering the number of 'hidden' carers, as many young carers do not realise that they are serving as carers and families often fail to recognise the role of these young carers, there were 257,800 young people who did not state whether they provided unpaid care [1]. With the increase in the prevalence of sole-parent households, drug and alcohol abuse, and disabilities in the population, the number of young primary carers is rising while there is particularly a steep decline in mental health following the Coronavirus outbreak [2].

In general, carers suffer from worse mental and general health outcomes than non-carers. Evidence supports that age has a significant attenuation effect on carer health [3,4]. While aging, carers report better mental and general health than non-carers. In other words, carer and non-carer differences in health is most pronounced in younger age than in older age [3]. Studies have found that young carers are at disadvantage compared to carers in older

age groups. The caring responsibilities at young age reduce opportunities to access education, employment, full participation in social and community activities, and finances. Evidence from UK further reveals that young people who cared for a parent with illness are at higher risk for a range of emotional and mental health needs. Those specifically caring for a parent with mental illness could even be at a further increased risk. Therefore, multi-sectoral interventions to bring changes in living arrangements, respite care, targeted education, training and employment arrangements, along with changes in clinical practice to address mental-ill health are crucial. Indeed, professionals could mitigate the risk by first recognising the young carer's role and then including the carer's well-being in their patient's treatment plan. This requires policies that offer a continuum of intervention, which consider the individuals, their families and civil society in a range of settings. For example, policies may need to provide better income support that could allow them additional time and resources needed to study/work. Additionally, community programs involving interactive social and physical activities could help young carers to cope better with their caregiving burden. Furthermore, respite care programs, with a special focus on young carers, may be more efficient.

The recent study by King et al. [5], titled *Associations between young caring and mental health: a prospective observational study using augmented inverse probability treatment weighting*, is an important and timely piece of research on young carers' mental health issue. The study reveals that young people who carried out any caring responsibilities at the age of 14/15 years had poorer mental health four years later in life compared to those who had no caring role. King et al. (2021) further reveals a dose-response relationship between caring and mental health with strongest effects observed for those providing daily caring. The study highlighted the need for support of young carers, particularly, those providing more in-

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tensive caring. The risks are particularly high for young aged between 12–25 years, considered as the critical period for significant psychological vulnerability for social and emotional development. Any adverse conditions during this formative life period have implications for young carer's future health and economic wellbeing. Worsening the issue, young people are the least likely to seek professional help for mental disorders [6]. Australian evidence suggests that the treatment gap for young Australians in rural areas is worsening [7]. Mental health disorders negatively affect young people's present and future educational attainment, workforce participation, income and living standards [8]. Therefore, this is an important policy priority area that requires immediate attention not only from a clinical practice and clinical research prospective but, also with a multi-sectoral targeted focus. Further research study could dive into culturally diverse communities and explore both youth caregiving and mental-ill health issues. Young people's caring role in those communities may be perceived as normal duty and mental illness strictly taboo. This implies the need for improved cultural competences in mental healthcare services to engage with these communities.

### Declaration of Competing Interest

The authors declare no conflict of interest.

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