Life in a time of uncertainty: optimising the health and wellbeing of young Australians

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Opinions about young people's situation in contemporary Australian society range from very optimistic to deeply pessimistic. This spectrum of views reflects fragmented and narrow disciplinary research perspectives, often based on limited evidence; an incomplete understanding of a complex picture; and ideological, generational and other sources of bias and prejudice.

Young people's health

There are many apparent contradictions when it comes to young people's health, which is broadly defined to include physical, mental, social and spiritual wellbeing. Some of the current issues, many of which appear contradictory, are listed below:[1]

• Young people (adolescents and young adults) are generally resilient, adapting to changing social conditions, adjusting goals and expectations to suit their times.[2]

• Health, measured by life expectancy and mortality, continues to improve, mainly as a result of fewer deaths from road accidents and other injuries and, more recently, from suicide and drugs.[3,4] In surveys, over 80% of young people say that they are healthy, happy and satisfied with their lives.[5]

• Many young people are not faring well physically or psychologically. This is not a fixed group; at one point or another, it seems that most young people will experience problems.[6]

• Adverse trends in young people's health range across physical problems (eg, obesity and inactivity) to psychological problems (eg, depression and drug misuse), and from relatively minor but common complaints such as chronic tiredness to rare but serious problems such as suicide.[7]

• A fifth to a third of young people are experiencing significant psychological stress and distress at any one time, with some estimates of the prevalence of a more general malaise reaching 50%.[7] Young people are suffering mental health problems at higher rates than other age groups, and are retaining their increased risk beyond youth into older age.[7-9]

• Almost a third of young males (aged 12–24 years) and a quarter of young females in the same age group are overweight or obese. Inactivity has also increased.[3] These two factors place young people at risk of a wide range of health problems later in life, including diabetes, heart disease and some cancers; there may also be effects on mental health (eg, through stigmatisation of those with obesity).

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ABSTRACT

• Perceptions of young people's health and wellbeing vary greatly, reflecting differences between disciplines, ideologies and generations. Young people are resilient, adaptable and doing well but, at the same time, are experiencing increased rates of important mental and physical health problems.

• While some of the contradictions in the evidence can be explained — for example, between measures of life satisfaction and happiness and indicators of psychosocial health — tensions between perspectives remain.

• We describe briefly a project involving cross-disciplinary synthesis that sought to gain a better understanding of the points of convergence and divergence in the commentaries and evidence on young people's wellbeing in Australia.

• The project suggests that, if young people's situation is to be optimised, there needs to be greater focus in both research and policy on:

  ➤ the "big picture" of the social changes reshaping life today;

  ➤ total health and wellbeing, not just ill health;

  ➤ the "mainstream" of youth, not only those young people who are marginalised and at-risk; and

  ➤ social and cultural resources that are as important to wellbeing as material and economic resources.

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A project for Australia's youth

Against this background, we initiated a project in March 2004 — *Realising human potential: seeking pathways to success and well being for Australia's young people* (http://www.australia21.org.au/rhp.htm).[1] The project's unique approach was to combine expert opinion and research findings from different disciplines, including medicine and the social sciences, to form an integrated picture of young people's situation and to make recommendations for policy. Project workshops involved a small group of researchers and drew particularly on longitudinal studies of young Australians,[5,10-14] with commentary from experts in other disciplines (including health promotion, history, theology, neuropsychology and economics). The project was an exercise in interdisciplinary synthesis, recognising that discipline-based empirical studies are limited in their capacity to capture the subtlety of the effects of social change on young people or the complexity of their responses.

The project — essentially a networking exercise — was initiated by Australia 21, a non-profit organisation established to promote interdisciplinary and cross-institutional networks on important challenges facing Australia. The Australian Youth Research Centre at the University of Melbourne was a collaborator in the project. A project report, which is now almost competed, has the working title: *Flashpoints and signposts: pathways to success and wellbeing for Australia's young people*.

The process of synthesis identified areas of convergence and synergy, but also points of tension. Different disciplines make different assumptions, and use and interpret available data differently.

However, we found that convergent and divergent viewpoints break down traditional discipline-based research boundaries, with disagreement highlighting different ways of seeing things. Compelling researchers and others to think from different perspectives, and positively, about young people's potential and wellbeing can foster honesty about research limitations and the evidence, and new ways of overcoming these limitations. This goes beyond being an academic matter. As it becomes clearer that the problems facing young people are complex and interrelated, developing integrated approaches to research, policy and practice becomes increasingly significant.[15]

Some of the conflicting views and contradictory evidence on young people and their world can be explained. One example is the apparent optimism and wellbeing expressed by young people (in qualitative studies and self-reported data) when, objectively, their situation would appear (from statistical analyses of health trends or work opportunities) to be fairly negative.[10,16] Responses to questions about happiness and life satisfaction reflect people's adaptability, and a tendency to take their situation as a given and assess their wellbeing within that context. On the other hand, what researchers consider a health problem or risk may not be regarded as such by young people, and may even be considered part of enjoying life. For example, drug use can be seen as an adaptive response to life's pressures, or as part of the "good life" popular culture promotes.

Such considerations help to explain the findings of a recent study in which over 80% of young people said they were satisfied with their lives — including lifestyle, work or study, relationships with parents and friends, accomplishments and self-perceptions — but 50% were experiencing one or more problems associated with depression, anxiety, antisocial behaviour and alcohol use.[5]

Declining death rates, another basis for the belief that young people's health is improving, are an inadequate measure of overall health and wellbeing, as the main causes of death in young people (eg, vehicle accidents) are not related to overall wellbeing, and many of the afflictions young people experience (eg, depression and diabetes) are chronic and non-fatal. Even reductions in suicides and drug-related deaths within the past decade,[3] while obviously welcome, do not necessarily signify improved wellbeing. Continuing adverse trends in hospitalisations of young people for intentional self-harm and emotional and behavioural problems,[3] and (in young men) psychological distress,[17] suggest that more young people are seeking and getting help, not that fewer young people need help.

However, as the workshop participants met, tensions between perspectives of the different disciplines — "flashpoints" — remained. Project participants — and even the authors of the project report (and this article) — did not agree on points such as the following.

- *Whether overall trends in wellbeing can be generalised to describe the situation of different generations.* For example, is it meaningful to attempt to distinguish the health status and practices of "Generation Y" (young people born between 1977 and 1990) from previous generations? In addition, concepts such as "normalisation of drug use" have been used to describe increased drug use among young people; however, critics argued that, in generalising, the full extent of the diversity among age cohorts and continuities across generations are obscured.

- *The extent to which research findings from different disciplines can be explained and reconciled.* For example, young people's subjective assessments of their wellbeing and health constitute a different measure from objectively derived tests of health status. It is difficult to know, firstly, whether they are referring to the same thing, and, secondly, how to gain a balanced picture from both subjective and objective measures.

- *The relative importance of social influences and individuals' own capacities in determining wellbeing.* For example, to what extent do the social and economic environments (including the commercial influences that intrude into young people's lives via all forms of media) affect wellbeing, regardless of young people's capacities to interpret, critique, subvert and resist these influences?

These flashpoints may become the basis for further exploration.

Social change and its consequences

The project sought to go beyond the dominant statistically based portraits of youth, including epidemiological studies framed around risk and protective factors. It focused on three main areas.

1. How social, economic and cultural changes intersect with socioeconomic and sex differences to produce different outcomes for different groups in society.

2. How young people respond to social change, and the way they translate this complex process into a narrative or life story.

3. How cultural intangibles (eg, culture, beliefs and values), which are hard to measure and so tend to be overlooked in research, shape potential and wellbeing.

A key issue to emerge from the discussion was the degree to which social changes, including the processes of social fragmentation and individualisation,[6,18] have increased uncertainty in young people's lives. This uncertainty underscores a need to make sense of it all, and "make a life" for one's self. Young people make their lives by using various resources, especially those drawn from trusted relationships, to create storylines about who they are and where their lives are leading. The results of their "storying" shape the way they engage with the world, the way they engage with the world shapes experience, and experience, in turn, shapes understanding.[13]

Social, economic and cultural changes feed into this narrative process and alter outcomes for young people in ways that are much richer and more complex than statistical associations imply. While the costs and benefits of social change are not evenly distributed in the youth population, they are also not confined to particular groups. Costs are incurred across the social spectrum — from unemployed, poorly educated young men who are excluded from social participation, to privileged, well educated young women who experience considerable stress because of high, and sometimes conflicting, expectations and aspirations.

Thus, a central issue is not so much how young people are coping with, or adapting to, social changes, but how and under what conditions young people's wellbeing can be maximised. "Resilience" and "the capacity to cope or adapt" imply an exposure to potentially adverse situations and circumstances. The fact that most young people possess these qualities doesn't mean the effects of social change on human health and potential can be ignored.

Signposts for research and policy

Several signposts — pointers for future research and policy development — have emerged from the project. These include the need for more emphasis on the following:

The big picture — young people in context: The ongoing impact of social change on successive generations places a responsibility on researchers to document and analyse these changes. Policy makers must also ensure that young people's lives are not being interpreted from the viewpoint of outmoded ideas and conditions. An example is the need to recognise that many young people today are often concurrently workers and students, and have increasingly complex lives, with associated health consequences. Young people's own interpretations provide important insights into the relationship between many contemporary issues. Without such input, policies, interventions and services for young people are likely to be fragmented and silo-based and out of step with their lives.

Total health and wellbeing: The most significant effects of social change over the past 20 years have been an increase in several measures of ill health, especially mental health, and an increased level of concern about health and wellbeing across all groups, but particularly young people.[7,10] A focus on total health and wellbeing is especially important in the area of youth policy because:

• it retains a link with big-picture issues;

• it emphasises pathways to living well as a universal measure, as well as acknowledging the need to target particular risk groups and problems; and

• it provides a framework for crossing boundaries between disciplines and sectors.

It is important that research and other initiatives focus on total wellbeing as well as specific medical issues.

The mainstream: The pace of social change has outstripped the usefulness of the idea of a "mainstream" of young people who are "OK", and an identifiable minority who are at risk and require targeting. At some time, most young people will face difficulties (eg, a period of depression or unemployment). The implication is that both targeted and universal policy measures and interventions are necessary. This is an advantage, as focusing solely on target groups as a basis for research or policy tends to reinforce sectoral and disciplinary boundaries and ultimately limits the potential to understand and solve the problem.

Social and cultural resources: Both contemporary and historical research reveals a strong intergenerational effect on people's life chances, reflecting differential access to material and cultural resources.[6,19] It would be useful to better understand how this process works. The knowledge that young people build narratives or "stories" that enable them to connect their lives with people around them and to make sense of their world[13] leads us to the importance of supporting the development of social and cultural resources for young people, as well as economic and material resources.

A society for young people

Our project report may appear to be inconclusive or open-ended. However, we feel that it has achieved much in identifying, and bringing out into the open, critical differences (flashpoints) in disciplinary perspectives, as well as signposts for further research and policy development.

The signposts listed above signal the need:

• to acknowledge that broad social changes do not just happen, but flow from the choices people make, individually and collectively;

• to question the often-assumed links between means and ends that underpin social changes; and

• to allow time for reflection, for asking questions, as well as seeking solutions.

Importantly, realising young people's potential and optimising their wellbeing involve shaping social conditions to suit their needs, and not just attempting to enhance their resilience, flexibility and adaptability and mould them to suit changing social circumstances.

Competing interests

None identified.

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