

Rising psychosocial problems among young people: historical myth or contemporary reality?

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Concerns for young people in today's world are well based. If we are to improve their social and emotional well-being, we must face up to the problem, not deny that it exists.

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Are young people today more likely to be suicidal, depressed, delinquent and alienated than they were in the past? If so, why?

These are the important questions behind the issues Judith Bessant and Rob Watts address in their article in the last issue of *Family Matters* (Bessant and Watts 1998). They claim that concerns about young people as 'victims of change' or 'sources of misrule' are a recurring historical myth unsupported by empirical evidence: 'The repetitive nature of these accounts is the first clue to their mythic status. Careful and critical examination of the empirical basis of many of these stories confirms this assessment.'

More specifically, they say that young people are no more likely to suffer mental health problems or commit serious crimes than other age groups; that crime rates have fallen, not risen; and that while youth suicide rates might have increased, suicide is too rare to be linked to social conditions.

Bessant and Watts say they are arguing 'against some of the widespread generalisations made about young people as problems or victims', but their thesis goes well beyond this. In part, it is a reiteration of a core theme of postmodern scholarship: that knowledge is socially constructed rather than objectively discovered. This is true – up to a point. However, instead of a valid analysis to separate what is 'real' from what is 'myth', they take the issue much further, to the point of denying that the myth has any basis in reality. My work features prominently in their critique.

In overstating their case, Bessant and Watts lump together media stories with scholarship and research, and fail to distinguish between perspectives that seek to blame young people and those that seek to support them. They do not cover the full range of evidence on which concerns for young people, such as mine, are based, but reject them nonetheless. They fall into error, promote misconceptions and resort to misrepresentations. Let me cite several instances.

1. *The incidence of depressive or other serious mental health problems is no greater among young people than other age cohorts.* A recent survey of over 10,000 Australians aged 18 and over found that 27 per cent of those aged 18-24 had had a mental disorder in the previous 12 months, with the prevalence decreasing with age to 6 per cent among

those aged 65 and over (Australian Bureau of Statistics 1998). The survey used an internationally tested procedure, involving trained interviewers, to assess the prevalence of anxiety, affective (eg depression) and substance-use disorders through the measurement of symptoms and their impact on daily life. The survey report notes that, as it did not cover all mental health problems, the survey may under-estimate the extent of mental disorder in Australia.

2. *Young people are no more predisposed to commit serious crime than any other age cohort, nor are young people more inclined to offend now than they have been in the past...In terms of serious crimes like rape, assault and homicide, young people are more law-abiding than the adult population.* The peak age of arrest or caution for property offenders in Australia is about 15; for violent offences it is about 18 (Walker and Henderson 1991). Even in the case of the most serious crime, homicide, young people are over-represented; 46 per cent of those accused of homicide in Australia in 1992-93 were aged 20-29, with another 13 per cent aged 15-19 (James and Hallinan 1995).

Crime statistics suggest a sharp rise in crimes except homicide in recent decades – two- to seven-fold over about the past 20 years (Mukherjee and Dagger 1995). However, the extent to which this increase is real or reflects changes in reporting and recording crime is unclear. Perhaps the most reliable figures – those for homicide (murder and manslaughter, but not including attempts and death by driving) – suggest an increase from the 1950s through to the 1970s, following a fall in the first half of the century (Mukherjee and Dagger 1995). Other crime statistics, compiled by the Centre for Independent Studies, show homicide (this time including murder, attempted murder, manslaughter and causing death by driving), like other crimes, continuing to rise into the 1990s (Sullivan, Maley and Warby 1997).

3. *It has... become an article of faith among many people that the high rates of youth unemployment 'explain' increases in Australia's youth suicide rate.* It has not. Just about all the literature, and most of the media coverage, that I've seen has acknowledged that the causes of suicide are complex and multifaceted, and that the increases in youth suicide have yet to be fully explained. My own work has noted this. Most of the literature explicitly rejects the view that increasing unemployment (alone) explains the rise in youth suicide (although it might well contribute). (The 1930s depression saw the overall male suicide rate leap to the highest level this century but, interestingly, it did not impact on female or young male rates.)

Bessant and Watts question claims that youth suicide (and youth crime) has social causes. They argue in another paper that linking social structures to individual actions and behaviour is a 'fallacy of composition' (Bessant and Watts 1997). They allow, in the case of suicide, only that 'the broader social context in which the suicide event (occurs) cannot be entirely excluded'. This view is in marked contrast to the growing opinion in public health circles that we need to place more emphasis on the broad social, economic and cultural determinants of health and well-being, as distinct from individual risk factors (Beaglehole and Bonita 1997). This applies to suicide. Gunnell and Frankell (1994), in examining the effectiveness of interventions targeting people at high risk of suicide, conclude that, 'to understand the problems of rising suicide in youth, research must

address the experience of young men...and treatment must address aspects of economic and social policy at a national level’.

4. *Youth suicide is statistically too rare an event to draw the kind of causal connections some commentators and the media want to draw ... the current rate...is equivalent to the incidence of quite rare genetic diseases.* The rarity of suicide is not the key issue. There are two points here. One is that the youth suicide rate has risen (three-fold among young males) during a period when suicide rates have generally fallen among older men and women (Harrison, Moller and Dolinis 1994). Suicide now accounts for 25 per cent of deaths among males aged 15-24 and 17 per cent of deaths among females in this age group (other factors, notably the falling road toll, have contributed to this situation) (Harrison 1997).

Bessant and Watts say that increases in the suicide rate do not necessarily mean a real increase in suicide but can reflect changes in police and coronial practices and/or changing community attitudes. They omit to mention that the development of life-support technologies, the replacement of dangerous pharmaceutical drugs with safer ones, the substitution of industrial gas with less-toxic natural gas, and the fitting of catalytic converters to cars (which reduces carbon monoxide emissions) would all have tended to lower suicide rates during the past 30 years (as has happened in most older age groups). In other words, changes in youth suicide rates are more likely to *under-estimate* than *over-estimate* changes in suicidal behaviour in young people (especially females, who use less lethal means).

The second point is that while suicide remains rare among young people, it is the tip of an iceberg of psychological pain, with many, many more thinking about or attempting suicide, or suffering depression and other mental health problems (Eckersley 1997a). As with suicide and crime, the research evidence suggests rates of depression, drug abuse and suicidal behaviour have risen in almost all developed nations over the past 50 years (Rutter and Smith 1995). A range of studies, such as the ABS survey cited above, indicates that a fifth to a third of young people today are experiencing significant psychological distress or disturbance. (Bessant and Watts don't discuss drug abuse. We have been waging a long, costly and largely ineffectual 'war' against illicit drugs for decades. Opiate overdose death rates in Australia - excluding suicide - increased six-fold between 1979 and 1995 [Hall and Darke 1997].)

5. *If the eighteenth century was not the world we have lost, then how far back do we go before we find that golden age.* A core component of Bessant and Watts' critique of concerns about young people is that they represent a yearning for 'the good old days' that never existed. This is part of their mythic quality. They specifically brand my writing as reflecting such cultural pessimism and nostalgia. Yet I have said that our society may well remain for most people preferable to many others, past and present (Eckersley 1988); explicitly rejected a return to the past as an appropriate response to the current situation (Eckersley 1992); and acknowledged that past changes have had benefits as well as costs (Eckersley 1995).

It seems to me self-evident that to criticise defining features of modern western society as being hostile to our well-being, and young people's in particular, is not to call for a return to the past – which is, in any case, impossible – but to argue we have to go forward along a different path of 'progress' from that which we are now taking (Eckersley 1998). Far from seeing the past as 'the good old days', I have noted that there have been other periods in history, such as the Industrial Revolution, when rapid social change has caused widespread social problems (Eckersley 1992, 1993a, 1993b). The costs and benefits of those periods of change were very unevenly distributed and, in the case of the Industrial Revolution, the amelioration of costs and a more equitable distribution of gains occurred only after decades of activism by, for example, the social reform, public health and labour movements.

An obvious explanation for the recurring accounts of young people as 'victims of change' or 'sources of misrule' is that the concerns arise during these periods of social upheaval and instability, the costs of which are most evident in young people. In other words, these accounts are based on a social reality (as well as having a mythic quality). However, to refer to young people as 'victims' (or 'casualties') is not to imply that all young people are affected, or affected equally, or that they are helpless in their situation. It is, in my case, to argue that young people today are particularly vulnerable to the peculiar hazards of our times because of the characteristics of their stage in life. These include their initial dependence and reliance on others and the developmental journeys they must complete: deciding their identities, beliefs, values and goals; and acquiring the skills and qualities necessary to make their own way in the world. This vulnerability is apparent in problems such as suicide, depression and crime - discussed here - but also in more pervasive attitudes of cynicism, alienation and disillusion.

The weakness of Bessant and Watts' thesis is most apparent in their conclusion. The obvious inference from their paper is that there is no problem – or if there is a problem, it resides wholly within the individual; social, economic and cultural circumstances play little if any part. Once you deconstruct the accounts of young people to expose their mythic quality, they say, there remains no basis in social realities. Yet they themselves seem unwilling to accept this position. They hedge and equivocate. They say they are not arguing 'against efforts to construct useful generalisations about young people', but then say 'the possibility that all young people can be characterised by virtue of one specific feature – like their age – is not likely.'

Having essentially argued that contemporary concerns about young people are unfounded, they conclude that: 'There are many things about young people's lives that we should be concerned about'. What exactly are these things? 'As a community we should be concerned about the dramatic changes to the youth labour market,' they say. That's all. What about the 'dramatic changes' in the family, or the media, or education, or technology, or social values? And why should we be concerned, given what they have just said? They don't say.

There are several reasons why we need to take this sort of flawed analysis seriously. One is that it causes unnecessary confusion over what is, in any case, a very difficult and

complex issue. For example, Don Edgar recently reported and endorsed Bessant and Watts' views in a newspaper article headed 'Untroubled teenagers. Youthful angst is a myth – adolescents are generally happy and confident' (*The Weekend Australian Review*, 27-28 June 1998, p29). Just a month earlier, in the same section of the same paper, Justine Ferrari wrote a piece headed, 'Teen angst turns inward. Young people are less confident than they would have us believe, a study has found' (*The Weekend Australian Review*, 16-17 May 1998, p28). (The study showed that four in ten students aged 11 to 18 reported concerns about depression, 37 per cent concerns about their weight, and a third concerns about lack of self-confidence and about sleep difficulties.)

A second reason is that the relativism embodied in Bessant and Watts' critique – their belief that the concerns for youth today are all social construction and no empirical fact – weakens the case for doing anything about the situation, even things they themselves believe should be done. For example, they argue elsewhere for 'greater social justice, more equality of access, a larger more civic-minded public culture and less emphasis on the values of the market place' – having, mind you, mocked my call for different values and a new, shared vision (Bessant and Watts 1997).

As I said, the health and well-being of young people today is a complex and difficult issue. Surveys of youth concerns, attitudes and values do sometimes yield very different results, depending on which aspects of their lives and relationships the surveys focus on (Eckersley 1997b). Each piece of evidence, taken in *isolation*, is open to doubt about its robustness or reliability, or may be explicable in other terms.

However, taken as a *whole*, the evidence paints a compelling and disturbing picture: far from being the main beneficiaries of 'progress' as we currently pursue it, young people today are paying most of the price of progress. We are *not* in a stable social situation where only a small and static number of young individuals are suffering, while for the rest - the vast majority - life is good and getting better. This is an uncomfortable truth to face. But there is more hope to be found in admitting to a problem than in denying it.

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