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Taking the prize or paying the price? Young people and progress

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Introduction

In our postmodern times, context is everything. And in mental health promotion the widest context is whether life is getting better or worse. Put another way, and focusing on young people, are the patterns and trends in their psychological well-being located within a social world that is improving or deteriorating? The answer to this most fundamental of questions will determine what approaches we should take to the promotion of their mental health. If the evidence suggests quality of life is improving for the majority, our attention can legitimately be focused on the minority at risk. If, however, the evidence suggests life is not generally getting better, then health promotion must include, as a crucial element, broader social changes.

This chapter explores the 'big picture' of health promotion. I describe briefly the growing debate about progress and how it is defined and measured; discuss the different perspectives on young people and their well-being; outline the links between health and social conditions; examine recent research on youth mental health, especially suicide, to draw out the complexities and ambiguities of these associations; and, finally, examine the implications for mental health promotion.

The Western worldview is dominated by notions of progress - of making life better (for a detailed treatment of this issue see Eckersley, 1998a, 2000a, 2000b). Progress is usually defined in material terms – a rising standard of living – and measured as growth in per capita Gross Domestic Product (GDP), the total value of goods and services produced in the market economy. By this measure, Australians are, on average and in real terms, about five times richer now than at the turn of the last century. If we were to maintain economic growth at over 4% a year - the Commonwealth Government's stated 'overriding aim' - we would be twice as rich as we are now in about 20 years' time, and ten times as rich as we were 100 years ago. Life expectancy is another commonly used measure of progress. Australians' life expectancy has increased by about 30 years or 60% since the 1880s. As yet, it shows no sign of reaching a natural limit.

On these common measures, life is clearly getting better. However, there is growing evidence that standard of living is not the same as quality of life, especially in countries, like Australia, that are already rich; and that how well we live is not just a matter of how long we live. International comparisons show a close correlation between per capita income and many objective indicators of quality of life, including health, but the relationship is often non-linear: increasing income confers large benefits at low income levels, but little if any benefit at high income levels. Furthermore the causal relationship between wealth and quality of life is often surprisingly unclear. Alongside the evidence of growth's diminishing benefits to personal

well-being, we have also to place the evidence of its mounting costs to the natural environment – that is, of its ecological sustainability.

Subjective quality of life

Quality of life is subjective as well as objective; it reflects how people think and feel about their lives as well as the social conditions in which they live (see Myers and Diener, 1995; Diener et al, 1999; Eckersley, 1999a, 2000a, 2000b). Some of the strongest subjective evidence in favour of modern life and continuing material progress is that the majority of people say they are happy and satisfied with their lives, and that people in rich countries tend to be happier than people in poor countries. However, the association between quality of life and economic growth tends to be much weaker for subjective measures than for objective measures. Indeed, one of the most striking findings of research into subjective well-being, which includes happiness and life satisfaction, is the often small correlation with objective resources and conditions. One recent estimate is that external circumstances account for only about 15% of the variance in well-being.

Only in the poorest countries is income a good indicator of subjective well-being. In most nations the correlation is small, with even the very rich being only slightly happier than the average person. That people in rich countries are happier than those in poor nations may be due, at least in part, to factors other than wealth, such as literacy, democracy and equality. The proportion of people in developed nations who are happy or satisfied with their lives has remained stable over the past several decades (50 years in the US), even though they have become, on average, much richer (some evidence suggests it has even declined slightly). Overall, it seems that increased income matters to subjective well-being when it helps people meet basic needs; beyond that the relationship becomes more complex.

There is no simple answer to what causes well-being. Instead, there is a complex interplay between genes and environment, between life events and circumstances, culture, personality, goals and various adaptation and coping strategies. The evidence suggests that people adjust goals and expectations and use illusions and rationalisations to maintain over time a relatively stable, and positive, rating of happiness and life satisfaction. This does not mean that social, economic and political conditions do not affect well-being, but that a change in the former does not produce an equivalent change in the latter. In other words, measures of subjective well-being represent a ‘buffered’ view of reality and so present a false, or at least incomplete, picture of the social situation.

We can, however, measure people’s perceptions of quality of life another way: by asking them, not about their own lives, but about quality of life in their community or nation, about how they think people in general are faring. These subjective measures of social quality of life appear to have been used much less often than personal measures such as life satisfaction and happiness. They also yield much more negative findings. A recent Australian survey found that only a quarter (24%) of adult Australians believed overall quality of life in Australia was getting better (36% worse, 38% about the same); and only 24% thought that the 1990s were the decade of highest quality of life (Eckersley, 1999a, 2000a, 2000b). In a 1999 US poll of how life in America today compared with the 1950s, only 44% said life today was better (30% worse, 20% about the same) (Pew, 1999).

The more negative social perceptions could reflect the media’s focus on bad news, and a tendency to take improvements in quality of life for granted and to focus instead on aspects of

life that have deteriorated or have not met rising expectations. Nevertheless, there is evidence that these perceptions are grounded in changes in the nature of modern life, both fundamental and specific, objective and subjective. They appear to be fundamentally about values, priorities and goals – both personal and national – and the degree of congruence between them. The research suggests a deep tension between people’s professed values and the lifestyle promoted by modern Western societies.

Many people are concerned about the greed, excess and materialism they believe drive society today, underlie many social ills, and threaten their children’s future. They are yearning for a better balance in their lives, believing that when it comes to things like freedom and material abundance, they don’t seem to ‘know where to stop’ or now have ‘too much of a good thing’. Beyond the abstract moral issues, surveys also reveal more tangible dimensions to people’s concerns about ‘progress’ and its impact on quality of life. People feel under more stress, with less time for families and friends; families are more isolated and under more pressure; the sense of community is being lost; work has become more demanding and insecure.

So social quality of life measures reflect social conditions and trends that personal measures of subjective well-being tend to mask. While people’s perceptions of social quality of life may be distorted by media and other influences, the evidence suggests they are not distant and detached, but reflect deeply felt concerns about modern life.

Portraits of youth

Where do young people fit into this broad picture of quality of life today? Implicit in notions of progress is the expectation that the young will be the major beneficiaries. Yet public perceptions of trends in young people’s quality of life are particularly negative. In an informal poll I carried out in 1999 of almost 100 teachers in ACT colleges (years 11-12), 81% said that the social and emotional well-being of young people in Australia was getting worse (5% better, 14% about the same). In the 1999 US poll of how life in America today compared with the 1950s, teenagers were one of only two groups (the other being farmers) for whom a clear majority of Americans (56%) thought life today was worse (33% better) (Pew, 1999). Life for children today also rated poorly, with 44% saying it was worse (46% better).

The picture is not, however, consistent. Surveys and commentaries on young people are often contradictory. Some suggest most young people are optimistic about their lives and their futures, others that they are pessimistic. Some indicate they are adapted to the postmodern world of rapid change and uncertainty, others that they are anxious and apprehensive. Some of these differences can be readily explained; others require more thorough analysis. I have suggested that we can distinguish between three different images of modern youth, each of which reflects different aspects, or depths, of their lives and relationship to their social world (Eckersley 1997):

- The *postmodern* portrait represents young people as the first global generation, attuned and adapted to the postmodern world: equipped for its abundant opportunities, exciting choices and limitless freedoms - and its hazards and risks. They are confident, optimistic, well-informed and educated, technologically sophisticated, self-reliant, street-wise, enterprising and creative, fast on their feet, keeping their options open. This portrait tends to be promoted by a technology- and media-driven consumer culture that the image helps to sustain.

- The *modern* portrait suggests most young people successfully negotiate the transitions of adolescence to become well-adjusted adults. Most cherish their families, enjoy life and are confident they personally will get what they want out of it - a good job, travel, a partner and eventually a family of their own. This more conventional portrait focuses on the more personal, and often more immediate, aspects of young people's lives.
- The *transformational* portrait (so called because of the social transformation it indicates is required) reveals young people as understandably cynical, alienated, pessimistic, disillusioned and disengaged. Many are confused and angry, uncertain of what the future holds and what society expects of them. While they may continue to work within 'the system', they no longer believe in it, or are willing to serve it. This portrait reflects broader social, and deeper psychological, perspectives.

These images describe different levels of young people's lives and psyches, not different types of young people (although different individuals may fit one image more than another). They reflect the complexities and contradictions inherent in human nature. Contributing to these distinctions, or cutting across them, are other conflicting perspectives on young people and social change: whether they are being blamed and criticised - or defended and supported; whether youth problems result from broad social and cultural changes affecting all classes and groups - or stem from long-standing, and perhaps increasing, structural inequalities and disadvantage. These opposing views can reflect different political 'spins', with the liberal left and conservative right taking different approaches to the issues: conservatives focus on the family, the media, moral values and individual responsibility; liberals on social inequality and exclusion, corporate greed and government neglect (ideologies tend to obscure the likelihood that all these factors are involved and inter-related).

Some of the public commentary on young people has been framed in another way: a conflict between Baby Boomers and Generation X, an intergenerational competition for power, influence and wealth. This theme, along with some of the others, runs through Mike Males' book, *Framing Youth – 10 myths about the next generation* (1999). *Framing Youth* is a passionate defence against the demonising, stereotyping and scapegoating of American youth by Baby Boomers, governments and the white middle class. The problem is not youth, but adults and the causes of youth problems are socio-economic, not cultural or moral. Males argues that American teenagers today are better behaved than adults today, than today's adults when they were young, and that adults have a right to expect given the way young people are treated. Rates of serious crime, drug abuse, self-destructive behaviour and school failure among youth today are lower than they were 20 years ago.

Echoing some of the same themes, Bessant and Watts (1998) claim that concerns about young people as 'victims of change' or 'sources of misrule' are a recurring historical myth unsupported by empirical evidence. 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, to the point of denying that the myth has any basis in reality (Eckersley, 1998b).

Yet another, rather different, perspective on modern youth is based on a cyclical view of history. William Strauss and Neil Howe, in *The Fourth Turning – an American prophecy* (1997), argue that history runs in cycles of 80-100 years, with each cycle, or saeculum, having

four turnings, or seasons, and each turning being associated with a different generational type. The four turnings are labelled the high, the awakening, the unravelling and the crisis, and the four generations (those born during each turning) are called prophets, nomads, heroes and artists, respectively. Baby Boomers, born in the post-war 'high', are classic prophets, indulged and 'spirited'; Generation X, born during the 'awakening' of the 60s and 70s, are typical nomads, neglected and 'bad'; today's teens, the Millennials, born in the 80s, are the next heroes, protected and 'good'.

There are, then, many 'layers' in the debates and discussions about young people and their world. Some of the differences can be explained. Bessant and Watts (1998), in overstating their case, lump together sensational media reports with careful research, and perspectives that seek to blame and those that seek to explain (Eckersley, 1998b). They fail to account for the full range of evidence on which concerns for young people are based, and to distinguish between explanations of individual-level causes of youth disorders (why one person and not another engages in problem behaviour) and population-level causes (what explains population patterns and trends in these behaviours). Some of their claims are simply wrong, as we shall see.

I agree with much of what Males (1999) says about the depiction and representation of young people, and there is some evidence that some youth problems have 'peaked'. But in the final analysis, *Framing Youth* paints a somewhat confused, incomplete and often contradictory picture of their situation, especially in linking the issue of where responsibility for youth problems lies with claims teenagers are 'better behaved' than they used to be and that the roots of the problems lie in their worsening socio-economic situation. And while Strauss and Howe (1997) give some fascinating evidence of generational cycles in history, we should be sceptical of an analysis that ignores or downplays long-term, linear or exponential trends in economic growth, technological development and related cultural changes such as consumerism and individualism.

Different questions, different answers

In disentangling different interpretations of young people's social situation, a critical issue is the evidence used to inform the perspectives. I have already noted the apparent contradictions between personal and social judgements of quality of life. Here I will focus on the differences between survey questions that ask about health and happiness in broad terms and those that explore health and well-being in more specific detail.

The opening article in an issue of a recent health newsletter focusing on young people begins: 'Most young people, an estimated 90%, live healthy, happy lives and make the transition into adulthood smoothly....The health of young people is improving' (VicHealth 2001). Consistent with this positive interpretation, a recent survey found that 89% of students aged 13-15 in Victoria, were satisfied with 'their life in general these days' (Gatehouse Project, Centre for Adolescent Health, Melbourne; personal communication with George Patton).

And yet the same study found over 40% of the students felt that they did not have anyone who knew them very well – that is, who understood how they thought or felt. Almost a quarter said they had no-one to talk to if they were upset, no-one they could trust and no-one to depend on (Glover et al, 1998). Another study, again in Victoria and undertaken at about the same time, found 25-40% of students aged 11-18 experienced in the previous 6 months

feelings of depression, worries about weight, worries about self-confidence, troubles sleeping, and not having enough energy (Waters et al, 1999).

A survey of students aged 11-15 in 28 mostly European countries reported similar findings: while the vast majority (over 90% in many nations) reported feeling healthy and happy, significant minorities (reaching majorities for some countries, ages and complaints) admitted to 'feeling low' and having headaches and stomach aches at least once a week, and to feeling tired most days of the week (Currie et al, 2000). To take 15-year-old American and Swedish girls as examples, 49% and 45%, respectively, reported feeling low at least once a week, 38% and 32% feeling tired in the morning four or more times a week, and 57% and 53% having a headache at least once a week.

Similarly, 91% of Australians aged 15-24 described their health as good, very good or excellent in 1995, a slightly higher proportion than for older age groups (Moon et al, 1999, pp. 21-31). Yet a large study of adult Australians' mental health and well-being found that those aged 18-24 had the highest prevalence of mental disorders during the 12 months prior to the survey - 27% - with prevalence declining with age to 6% among those 65 and over (Australian Bureau of Statistics, 1998). The survey covered anxiety disorders, affective disorders such as depression, and substance-use disorders. The study notes that because the survey did not cover all forms of mental health problems, it may underestimate the extent of mental disorder in Australia. I discuss more evidence on young people's psychosocial well-being later in the chapter.

The contradictory findings on young people's well-being are not necessarily irreconcilable because the different studies are not measuring the same qualities over similar intervals (Eckersley, 2000b). The point about these comparisons is to show that the picture of young people's well-being can depend crucially on the questions asked or the indicators used. More specifically, the different data show measures of self-reported health, happiness and satisfaction do not present a complete and accurate picture of well-being or quality of life.

The social determinants of health

My central thesis about young people and progress is predicated on the premise that individual health and well-being are not just a function of personal qualities and circumstances, but are affected by broad changes in the social environment. The eminent British epidemiologist, Geoffrey Rose, stated that 'the primary determinants of disease are mainly economic and social, and therefore its remedies must also be economic and social.' The 1990s have seen a resurgence of scientific interest in the social determinants of health, particularly the link between socio-economic inequality and health (eg, Marmot and Wilkinson, 1999; Eckersley, 2001).

People on lower incomes die younger and suffer more serious illness than those on higher incomes. The same is true of people who are less-educated compared to those who are well-educated. The risk of early death for those in the lowest social groups is up to four times greater than for those in the top groups. This higher risk exists for most major causes of death and also to ill health. The difference in risk is not simply between the poor and everyone else, although poverty is itself a cause of poor health. At any point on the social scale, people have, on average, better health than those below them and worse health than those above.

Inequality contributes to differences in health in ways that are not yet fully understood. It might be through material factors such as the poorer quality housing, food, working conditions, neighbourhoods and services such as health care, transport and leisure. It could also be through individual lifestyle factors: people in lower socioeconomic groups are more likely to smoke, smoke more, drink more, exercise less and have a poorer diet, for example. But the effects of inequality could go beyond these things. Inequality could also affect social cohesion and stress and psychosocial factors such as sense of control, hostility, optimism and social support, which, in turn, impact on people's health.

Contemporary research into the social determinants of health has focused on the role of socio-economic inequality, and largely ignored cultural factors. Yet cultural changes over the past few decades may also have impacted on health and well-being (Eckersley, 1998c, 1999b, 2000c, 2001). The changes include increasing individualism, consumerism, postmodernism and economism (regarding human society as an economic system).

While these characteristics of modern Western culture have positive features, they have also led to the promotion of anti-social values; moral conflict and confusion arising from the culture's 'openness' and inherent contradictions; and tension between cultural 'ideals' and social realities. These can affect the psychological qualities that are central to human well-being, including: a sense of coherence, belonging, meaning and purpose; goal orientation, congruence and attainment; and a view of the world as essentially benevolent and controllable.

Young people's psychological well-being

Social impacts on health are most direct and obvious in young people because their stage of development and socialisation makes them more vulnerable to these influences, and because, by and large, young people are yet to experience the degenerative biological processes behind the illnesses of older age, such as heart disease and cancer.

Furlong and Cartmel (1997a, 1997b, pp. 65-81), drawing on the work of influential social theorists like Beck and Giddens, examined the extent to which the health risks faced by young people (in Britain) reflected traditional inequalities. They concluded that while many of the health risks encountered by young people are still differentially distributed along the lines of class and gender, 'the processes of individualisation, coupled with the stress which develops out of uncertain transitional outcomes, have implications for the health of all young people'. In particular, 'the protraction and desequencing of youth transitions have had a negative impact on young people's mental health'.

Furlong and Cartmel describe the increased sources of stress 'which stem from the unpredictable nature of life in high modernity'. These include the ongoing sense of doubt, the heightened sense of insecurity, the increased feelings of risk and uncertainty, and the lack of clear frames of reference that mark young people's world today. While traditional forms of inequality remain, even young people from privileged social backgrounds worry about failure and the uncertainty surrounding their future. Conversely, those from disadvantaged backgrounds may feel that the risks they face are personal and individual rather than structural and collective.

Rates of psychosocial disorders among young people have risen since World War II in nearly all developed countries. These disorders include drug abuse, crime, depression and suicidal

behaviour. In a major review, Rutter and Smith (1995, pp. 782-808) say that, to a large extent, finding causal explanations of the increases 'remains a project for the future'. However, they reject as unlikely several popular explanations for the trends, such as social disadvantage, inequality, and unemployment (although these can be associated with disorder at an individual level). More likely explanations include: family conflict and breakup; increased expectations and individualism; and changes in adolescent transitions (in particular, the emergence of a youth culture that isolates young people from adults and increases peer group influence, more tension between dependence and autonomy, and more romantic relationship breakdowns among young people).

Rutter and Smith call for, among other things, further investigation of the theory that shifts in moral concepts and values are among the causes of increased psychosocial disorder. They note, in particular, 'the shift towards individualistic values, the increasing emphasis on self-realisation and fulfilment, and the consequent rise in expectations'. In my own analysis of rising rates of psychosocial problems among young people I also have focused on their possible cultural sources, and young people's particular vulnerability to the failure of modern Western culture to do well what cultures are supposed to do: provide webs of meaning that shape the way people see the world, locate themselves within it, and behave in it (Eckersley, 1993, 1995, 1998c, 1999b, 2001).

The rise in suicide among young males has been a striking feature of the trends in youth problems, with some countries, including Australia, showing a tripling of suicide rates among males aged 15-24 (Cantor et al, 1999). In a recent ecological study, I examined statistical associations between suicide rates for males aged 15 to 24 in developed nations and 32 socio-economic and cultural variables (Eckersley, submitted). Male youth suicide rates were positively correlated with several measures of individualism, including personal freedom and control. Both youth suicide and individualism were negatively correlated with older people's sense of parental duty (it is 'parents' duty is to do their best for their children even at the expense of their own well-being'). Correlations between suicide and other possibly relevant cultural variables – including tolerance of suicide, belief in God and national pride - were not significant. Nor was there a significant correlation between suicide rates and any of the socio-economic variables including divorce, poverty, youth unemployment and income inequality.

The interpretation of these findings is by no means clear-cut (a matter I discuss at length in my paper). Given other positive correlations between individualism and happiness, life satisfaction and optimism, they might suggest the suicide rises as life gets better (see Barber, 2001, for other recent evidence suggesting this). To use two maritime metaphors, are the suicidal an island of misery in an ocean of happiness, or the tip of an iceberg of suffering? Explanations for the 'island of misery' hypothesis include that suicidal behaviour increases when unhappy people have fewer outside sources on which to blame their misery; that the greater happiness of most increases the misery of the few; or that social changes such as increasing individualism are good for the majority but bad for a minority.

However, there are several reasons to question this interpretation and favour instead the 'tip of the iceberg' hypothesis (again, considered in detail in my paper). Some of these relate to the issues discussed earlier in the chapter. Population measures of life satisfaction and happiness have remained stable, or even fallen slightly over the past several decades, while measures of social perceptions show that most people do not believe life is getting better (Eckersley, 1999a, 2000a, 2000b). The Australian Youth in Transition study, a longitudinal study of four representative cohorts of young people (born in 1961, 1965, 1970 and 1975) which includes a

nine-item subjective well-being index, suggests a decline in well-being levels for young Australians (Marks and Fleming, 1999).

Confirming other evidence of rising rates of psychosocial problems, Twenge (2000) found in two meta-analyses substantial increases in anxiety in children and college students in the US between the 1950s and 1990s. Anxiety, which is linked to depression, alcohol and drug abuse and poorer physical health, was associated with low social connectedness and high environmental threat (eg, fears of violent crime, AIDS, nuclear war). Twenge links declining social connectedness over the study period to increased individualism, and warns that until people feel both safe and connected to others, anxiety is likely to remain high.

A study of Australian university undergraduates illustrates well the notion of a gradient of distress among young people which is crucial to the ‘tip of an iceberg’ hypothesis of mental health. The study found almost two thirds of the students admitted to some degree of suicidal ideation or behaviour (broadly defined) in the previous 12 months (Schweitzer et al, 1995). Based on the most extreme statements with which students agreed, 21% revealed minimum ideation, agreeing they had felt that ‘life just isn’t worth living’, or that ‘life is so bad I feel like giving up’; another 19% revealed high ideation, agreeing they had wished ‘my life would end’, or that they had been ‘thinking of ways to kill myself’; a further 15% showed suicide-related behaviour, saying they had ‘told someone I want to kill myself’, or had ‘come close to taking my own life’; and 7% said they had ‘made attempts to kill myself’. Another study found 27% of a sample of university students indicated suicidal ideation, also broadly defined, in ‘the past few weeks’ (Hamilton and Schweitzer, 2000).

Individualism could impact on youth suicide through its effect on specific social institutions and functions, such as the family and child-rearing, as suggested by the negative correlation between parental duty and both youth suicide and individualism. However, its effects may go further than this. Western societies – and some more than others – may be taking individualism to the point where it can become more broadly dysfunctional, to both society and the individual. In other words, these societies are promoting a cultural norm of personal autonomy that is unrealistic, unattainable or otherwise inappropriate. They project images and raise expectations of virtually unrestrained individual freedom, choice and opportunity, and of the happiness these qualities are supposed to deliver, which bear increasingly less resemblance to psychological and social realities.

Taken in a broad social context, then, the results of my study support the ‘tip of an iceberg’ hypothesis. Interpreted this way, they are consistent with Durkheim’s theory that suicide is associated with a weakening of social cohesion, a failure of society to integrate and regulate the individual. As Durkheim (1970, pp. 361-392) observed, a crucial function of social institutions such as the family and religion was to bind individuals to society, to keep ‘a firmer grip’ on them and to draw them out of their ‘state of moral isolation’. ‘Man cannot become attached to higher aims and submit to a rule if he sees nothing above him to which he belongs’, Durkheim (p. 389) says. ‘To free him from all social pressure is to abandon him to himself and demoralise him.’

Implications for mental health promotion

In this chapter I have presented a wide range of evidence relating to the question of whether, on the whole or all things considered, life in Australia and other developed nations is getting better, focusing on the trends in the well-being of young people. It will perhaps surprise

many people that the answer is not clearer. A great deal depends on the perspective taken and the data used. In the context of young people's mental health, and using suicide as an indicator, the uncertainty about the broad social context has been framed in two hypotheses: is suicide 'an island of misery in a ocean of happiness', or 'the tip of an iceberg of suffering'?

Which framework we accept -not just in relation to youth suicide, but to well-being more broadly - matters to mental health promotion. If the 'island of misery' hypothesis is accepted – that is, increasing rates of psychosocial problems in youth are a price we pay for progress, for making life better for most people but at a cost to a small minority - then we are justified in focusing preventive approaches on the minority of people at risk.

If, on the other hand, the 'tip of an iceberg' hypothesis is supported – that is, modern Western society is harming a growing and substantial proportion of young people through a failure to provide appropriate sites or sources of social identity and attachment, and, conversely, a tendency to promote false expectations of individual autonomy - then mental health promotion must become part of a much broader effort to reform society. I have argued that, on balance, the totality of the evidence favours this view.

The hypothesis means that conventional health promotion strategies aimed at the individual and specific risk behaviours are unlikely to be effective at a population level. I am not arguing against the development and introduction of interventions to help those young people most at risk. I am saying that, in addition to these measures, health professionals must also actively support a much broader agenda of social change that acknowledges our well-being is intimately linked to how, as a society, we view the world and our place in it, and so how we choose to live.

There can be no grand plan or strategy for bringing about such change. It is a dynamic process of public and political debate, discussion and action that is messy, difficult, disturbing and protracted, undertaken at many levels in many different ways, with the eventual outcomes always uncertain. Ultimately, however, it is this process that might matter most in promoting young people's mental health.

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