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Challenging the accepted wisdom about young people's health

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The widely accepted story of young people's health in developed nations is that it is continuing to improve in line with historic trends and the progress of nations. Death rates are low and falling, and most young people say they are healthy, happy and enjoying life. For most, social conditions and opportunities have improved. Health efforts need to focus on the minorities whose wellbeing is lagging behind, especially the disadvantaged and marginalised.

There is another, very different story. It suggests young people's health may be declining - in contrast to historic trends. Mortality rates understate the importance of non-fatal, chronic ill-health, and self-reported health and happiness do not give an accurate picture of wellbeing. Mental illness and obesity-related health problems and risks have increased. The trends are not confined to the disadvantaged. The causes stem from fundamental social and cultural changes of the past several decades.

The contrast between the old and new stories is graphically illustrated by these Australian statistics: about 40 per 100,000 young people (aged 12-24) die each year and the rate is falling; 26,000 per 100,000 (26%) (aged 16-24) suffer a mental disorder each year and the rate has probably risen, perhaps steeply. Which statistic says more about young people's wellbeing?

Stories inform and define how governments and society as a whole address youth health issues, so which story is the more accurate matters. The usual narrative says interventions should target the minorities at risk. The new narrative argues that broader efforts to improve social conditions are also needed. The old story may still generally hold true in developing nations, but the issues raised in the new story are also of increasing importance to these countries as modernisation and globalisation impact more on the lives of their young people.

A central dimension of the changed trajectory in health over recent decades, and which underpins the new story, concerns the declining significance of material and structural determinants of health and the growing importance of existential and relational factors to do with identity, belonging, certainty and purpose in life. There is a shift in emphasis from socio-economic causes of ill-health to cultural; from material and economic deprivation to psychosocial deprivation; from a problem of material scarcity to one of excess. With this has come a shift in significance from physical health to mental health.

This argument is not to suggest sharp, categorical distinctions and clear breaks from the past. Physical and mental health are closely interwoven and interdependent. Physical illness, including infectious diseases, still matter. Disadvantage and inequality still matter. Indeed, the cultural changes of past decades may well have

exacerbated their effects by making material wealth and status more important to how people see and judge themselves. Environmental problems such as climate change have serious implications, including the risk of possible catastrophic effects on human health.

The contrast between the old and new stories of young people's health and wellbeing is part of a larger contest between the dominant narrative of material progress and a new narrative, sustainable development. Material progress sees economic growth and a rising standard of living as the foundation for a better life; sustainable development seeks a better balance and integration of economic, social and environmental goals to produce a high, equitable and enduring quality of life.

Material progress represents an outdated, industrial model of progress: pump more wealth into one end of the pipeline of progress and more welfare flows out the other. Sustainable development reflects (appropriately) an ecological model, where the components of human society interact in complex, multiple, non-linear ways. Not only does sustainable development better fit the new story of youth health, it is likely to achieve better outcomes in relation to the old story's focus on socio-economic disadvantage and inequality because it is less intent than material progress on economic growth and efficiency.

Related to this contest, the new story of youth health also challenges the orthodox story of human development, which places Western nations at its leading edge. It shows that the dominant measures of development – not just income, life expectancy or happiness, but also education, governance, freedom and human rights – are not enough. However desirable these things may be, they do not capture the more intangible cultural, moral and spiritual qualities that are so important to wellbeing. And it is in these respects that Western societies do not do so well.

The health of young people should be a focal point in the larger contest of social narratives. They should, by definition, be the main beneficiaries of progress; conversely, they will pay the greatest price of any long-term economic, social, cultural or environmental decline and degradation. If young people's health and wellbeing are not improving, it is hard to argue that life is getting better.

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