

## **Young people: their health and wellbeing in the future**

*Richard Eckersley*

Opinions about the position of young people in contemporary society range from the very optimistic to the deeply pessimistic. The wide range of views reflects: highly fragmented and narrow disciplinary perspectives, often based on a limited evidence base (and sometimes no empirical evidence at all); an incomplete understanding of a complex picture; and ideological, generational and other sources of bias and prejudice.

Health, broadly defined to include physical, mental, social and spiritual wellbeing, provides a valid measure or benchmark for assessing young people's situation. Measured by life expectancy and mortality, health continues to improve, mainly as a result of declines in deaths from road accidents and other injuries and, more recently, suicide and drugs. Over 80 per cent of young people say in surveys that they are healthy, happy and satisfied with their lives.

However, other health indicators show many young people are not faring well. The adverse trends in young people's health range across physical problems such as obesity and inactivity to psychological problems such as depression and drug abuse, and from relatively minor but common complaints such as chronic tiredness to rare but serious problems such as suicide.

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 per cent. Young people are experiencing higher rates of mental health problems than other age groups, and are retaining their increased risk beyond youth into older age.

Almost a third of young males and a quarter of young females (aged 12-24) are overweight or obese, and these proportions are rising. The changes 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, including through the stigmatisation of the obese.

To address these health issues we need to: pay more attention to the social determinants of health; focus on the subjective and intangible (culture, values, stories, spirituality), not just the objective and tangible (structural differences in the economy, education and family); and, ultimately, replace material progress with sustainable development as the defining idea of how to make life better.

Historically, medicine (and health professions more broadly) has been part of a broad, progressive movement that has increased life expectancy and quality of life. Today, it is, at best, countering the growing health costs of adverse social trends. At worst, it is becoming part of the problem because of an overemphasis on a biomedical, disease-centred approach to health, and its political advocacy for this model at expense of a broader, preventative, social model. The politics of health is much more than the politics of healthcare services; it should be the politics of everything.

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**Further reading:**

Eckersley, R. 2005. *Well & Good: Morality, Meaning and Happiness*, 2nd edition. Text, Melbourne.

Eckersley, R. 2005. The quality of life. In Saunders, P. & Walter J. (eds), *Ideas and Influence: Social Science and Public Policy in Australia*. UNSW Press, Sydney.

Eckersley R. 2006. Is modern Western culture a health hazard? *International Journal of Epidemiology*, vol. 35, pp. 252-258.

Eckersley, R., Wierenga, A., & Wyn, J. 2006. *Flashpoints and signposts: Pathways to success and wellbeing for Australia's young people*. Canberra and Melbourne: Australia 21 Ltd, Australian Youth Research Centre, and VicHealth. <http://www.australia21.org.au/pdf/HPreport.pdf>