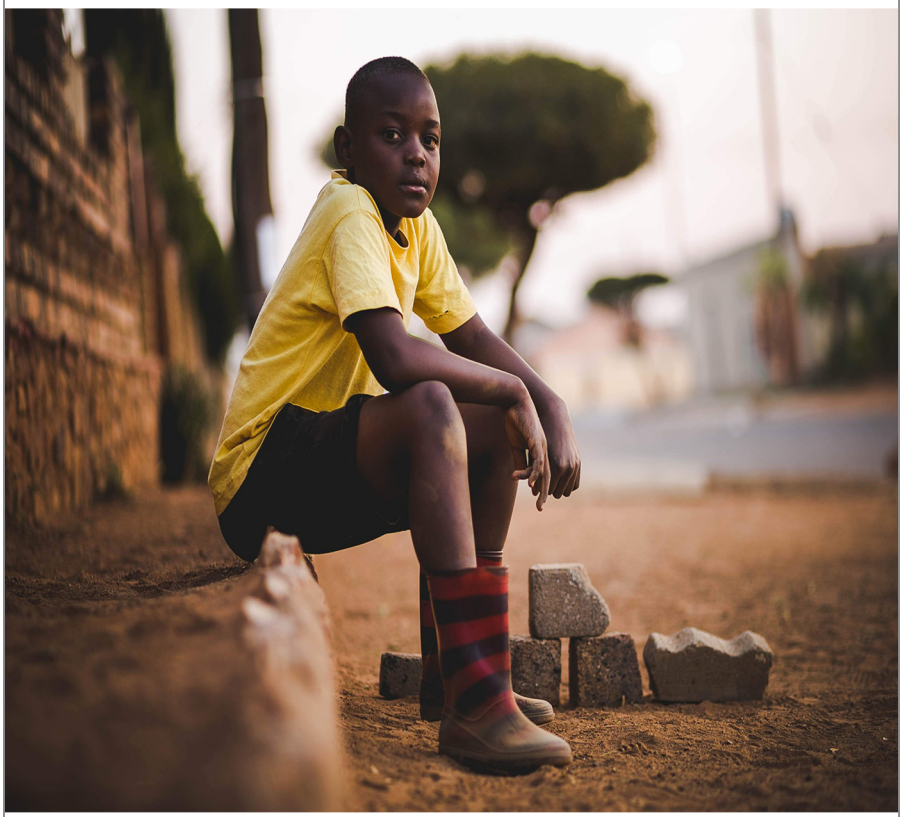
OpenLearn

The Open University

Young people's wellbeing

Young people's wellbeing



OpenLearn | Free learning from The Open University

This item contains selected online content. It is for use alongside, not as a replacement for the module website, which is the primary study format and contains activities and resources that cannot be replicated in the printed versions.

About this free course

This free course course provides a sample of Level 3 study in Health and Social Care: https://www.open.ac.uk/courses/health-social-care.

This version of the content may include video, images and interactive content that may not be optimised for your device.

You can experience this free course as it was originally designed on OpenLearn, the home of free learning from The Open University - www.open.edu/openlearn/health-sports-psychology/health/children-and-young-people/young-peoples-wellbeing/content-section-0.

There you'll also be able to track your progress via your activity record, which you can use to demonstrate your learning.

The Open University, Walton Hall, Milton Keynes, MK7 6AA

Intellectual property

Head of Intellectual Property, The Open University
Designed and edited by The Open University

Contents

Introduction

Recent years have seen a great deal of media discussion about young people's health and wellbeing, focusing on issues such as eating disorders, binge drinking, mental health and behavioural problems. But what is the true picture? What do we mean by ‘wellbeing’ for young people, how is it shaped by social differences and inequalities, and how can we improve young people's mental and physical health?

This OpenLearn course provides a sample of Level 3 study in Health and Social Care.

Learning Outcomes

After studying this course, you should be able to:

- demonstrate an awareness of current media and policy discussions surrounding young people's physical and mental health
- critically analyse ideas about young people's wellbeing using a range of theoretical perspectives
- demonstrate an understanding of some of the ways in which young people's experience of mental health is shaped by diversity and inequality
- demonstrate an awareness of different approaches to promoting young people's wellbeing.

1 Young people's health: media coverage

The focus of this course is young people's health and wellbeing, a topic that has received much attention from commentators and policy makers in recent years.

Specifically, the course will set out to answer the following core questions:

- How has young people's health been constructed in public and policy discourse in recent years, and what are the implications for young people and those who work with them/support them?
- What might an alternative, critical framework for understanding young people's wellbeing look like?
- How is young people's wellbeing shaped by diversity and inequality?
- What are the implications of a critical approach for promoting young people's wellbeing?

You will begin by looking at two newspaper stories that are fairly typical of recent media coverage.

Activity 1 Stories about young people's health

0 hour(s)20 minutes(s)

Below are two extracts from newspaper articles. Read through them and make notes about the kinds of issues they are concerned with and the general picture they present of the current state of young people's health.

> About 7% of children have attempted suicide by the age of 17 and almost one in four say they have self-harmed in the past year, according to a paper in the British Journal of Psychiatry, and experts say the figures could rise as a result of the [COVID-19] pandemic.
>
> The figures come from analysis of the millennium cohort study, which follows the lives of about 19,000 young people born at the start of the millennium in England, Scotland, Wales and Northern Ireland.
>
> The report says that when the 17-year-olds from the cohort were asked if they had ever hurt themselves "on purpose in an attempt to end your life", 7% replied yes. When asked if they had self-harmed during the previous year, 24% responded that they had.
>
> (Marsh, 2021)

> Eating disorder deaths need to be recorded on a national register, MPs are urging, as experts warn of an underreported "crisis" in the growing number of people in the UK experiencing life-threatening disorders.
>
> While Office for National Statistics figures show 36 people died in 2019 from conditions such as anorexia, there are concerns this underestimates the true toll. A high-level US study gives estimated data on death rates that when transposed to the UK indicates that the annual death rate could be about 1,860 people a year.

> MPs from across the political spectrum are calling for better research and data collection on conditions such as anorexia and bulimia. Data analysis by the Guardian shows there is also a hidden epidemic among men and growing waiting times for children and young people seeking help.
>
> (Marsh, 2021)

These two stories are concerned with issues around mental health. The general picture they present is one of a decline in young people's mental wellbeing, and their mood is generally pessimistic.

These extracts are fairly typical of recent media discussion of young people's wellbeing. Recent years have seen a succession of minor moral panics about the health-related behaviour of teenagers. As in these extracts, the concerns in recent years have been focused on young people’s mental health and the factors that affect their mental health, giving a sense of an accumulation of overlapping problems afflicting young people today. However, it is possible to identify several key images that recur in recent media coverage and public discussion of young people's health. You will look at these next.

1.1 Recurring images in the media

One key set of concerns that recur in media coverage and public discussion is in relation to young people's physical health and is often encapsulated in the popular media image of the young person as a ‘couch potato’, eating too much (and too much of the wrong things) and not getting enough exercise. Figure 1 shows a typical selection of recent headlines/ podcast content from two UK newspapers, reflecting some of the contrary views on the issue.

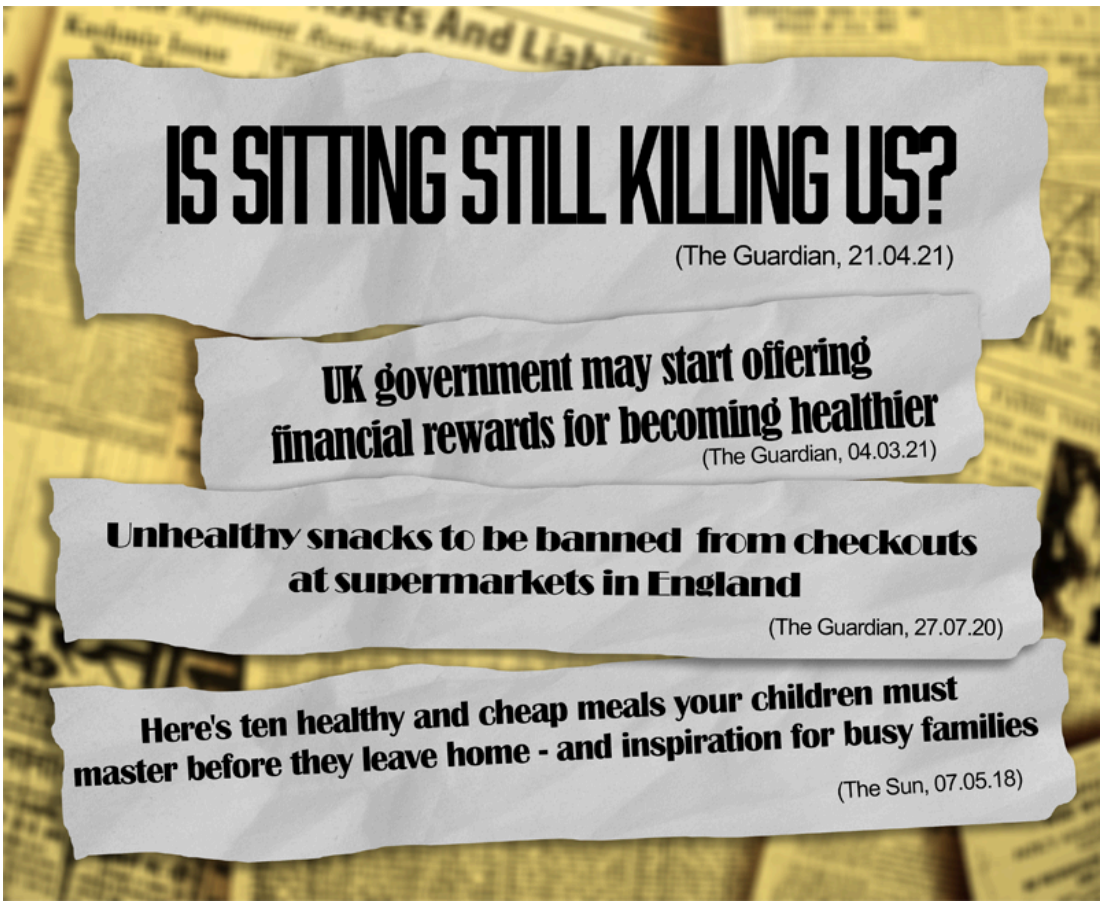


Figure 1 Recent headlines on young people's physical health

The image of the unfit and overweight teenager has become a staple of anxious multimedia coverage and of popular cultural representation. The picture that comes to mind is of a young person slumped on the sofa in front of a TV screen, phone or tablet, or hunched over a PlayStation, snacking on unhealthy food, rarely going out into the fresh air or taking part in physical activity.

A second and increasingly pervasive image is that of the anxious teenager. Concern about young people's emotional wellbeing has grown in recent years, with a number of research studies claiming that there has been an increase in mental health problems among young people.

In 2020, about three quarters of children aged 5 to 16 years in the UK were identified as unlikely to have a mental disorder. However, in the same year, one in six (16.0%) children of the same age in England were identified as having a *probable* mental disorder. This was an increase from one in nine (10.8%) children in 2017, which has been offset by a decrease in the proportion identified as having a *possible* mental disorder between the two periods (13.7% in 2017 to 9.6% in 2020) (NHS Digital, 2020).

UK general practitioners think that mental health services for children and young people are inadequate, a survey has found. The survey of 1000 UK GPs found that 99% feared that young people may come to harm while waiting for specialist mental health treatment from Child and Adolescent Mental Health Services (CAMHS). The survey, conducted on behalf of a mental health charity, found that 78% of GPs were worried that not enough of their young patients could access treatment for mental health problems (Rimmer, 2018).

Taken together, these images – of the young person as physically unfit and anxious – tell a story of an alarming decline in the state of young people's wellbeing. But how does this

'story' – reproduced in the media and increasingly in policy discussions – account for this apparent decline?

1.2 Researching media stories

The apparent decline of young people's wellbeing can be explained because of growing pressures to perform at school and to get a good job in what is an increasingly competitive job market. In addition to such pressures, the longer term impact of the COVID-19 pandemic on young people will take many years to fully understand. Other accounts speculate about failures on the part of parents. These concerns about parents, even in the media, are not new. For example, more than 15 years ago the journalist Jackie Ashley pondered: 'Perhaps the move of more women into the labour market in recent decades, with fathers not compensating for the time lost with children, is … a factor' (Ashley, 2005, p. 24). Another journalist, Madeleine Bunting, has suggested that 'an increasing minority of parents are unable or unwilling to provide the emotional nurturing which will ensure a resilient child' (Bunting, 2004, p. 17).

Thus, concerns about the unhealthy young person have become a lightning rod for wider anxieties about key aspects of contemporary life, such as changes in parenting and family life, and an increasingly competitive and stressful society.

Activity 2 Researching media stories of young people's health

Over the next few weeks look out for media stories about young people's wellbeing. Do they reflect the kinds of concerns – about physical health and mental wellbeing – that have been noted here, or do they embody other anxieties? How do the stories account for changes in young people's experience?

Although you may identify some similarities to the articles quoted in Activity 1, it is likely that new concerns about young people's health will have emerged by the time you read this. Look out for similarities and differences in the responses of media commentators and in the explanations they offer.

Analysing popular images and stories about young people's health is important, not least because they can have an impact on young people's behaviour.

For example, findings from the Good Childhood Report (2016) demonstrated that the proportion of girls (aged 10 to 15) that reported they were unhappy with their appearance had risen to 14%. In 2013–14, these findings were on average 11% (Children's Society, 2016). These findings demonstrate the growing pressure of social media and has suggested that a tough economic climate has created a more 'serious' generation of young people. The quotation below from the Children's Society (2020) highlights the prevalence of mental health disorders in children and young people:

> Evidence suggests 1 in 6 young people (aged 5–16 years) have a diagnosable mental disorder. In the last three years, the likelihood of young people having a mental health problem has increased by 50%. Mental problems can interfere with young people's ability to learn, develop and maintain relationships and to deal with the difficulties they face.
>
> (Children's Society, 2020)

As in the media stories cited in Section 1, this extract reflects overlapping concerns about different kinds of health problems: physical, mental and emotional. There is also a blurring of concern for young people's health and a concern about the impact of their health problems on society in general.

How should we respond to these stories about the state of young people's health? What models of health and wellbeing do they assume, and what are their implications for policy and practice? Is it possible to offer an alternative way of thinking about young people's wellbeing, and what might be the implications of that model for work with young people? These are some of the questions that will be addressed in this course. Rather than offer a descriptive survey of the state of young people's health, or a detailed account of a range of health ‘problems’, the course will continue the critical analysis of current ways of constructing young people's wellbeing, which has been started here, and attempt to provide a critical framework for understanding and responding to young people's health needs.

Key points

- Recent media coverage has painted a picture of a decline in young people's wellbeing and of increasing concern about their physical and mental health.
- These images and stories influence young people's own perceptions and behaviour, and at the same time help to shape policy and practice.

2 Frameworks for understanding young people's wellbeing

In Section 1, you explored some of the images and discourses about young people's health currently in circulation. But what assumptions are being made in these stories about what it means for a young person to be healthy, whether physically or mentally? What kind of model of wellbeing is being used in these discourses, and are there alternative approaches?

2.1 Defining wellbeing

Wellbeing has become popular among policy makers as a generic term that embraces physical, mental and emotional health. Is this simply a matter of changing fashions in terminology or does it reflect particular assumptions about what it means to be healthy? Moreover, does the term have particular meanings when used in relation to young people? In this section you will analyse current ideas about what constitutes wellbeing for young people, and work towards producing a critical framework for understanding young people's health.

An early use of the term wellbeing as a synonym for health can be found in the definition adopted by the World Health Organization (WHO) in the years following the Second World War:

> Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.
>
> (World Health Organization, 1948)

What work is the word ‘wellbeing’ doing in this definition? First, it signals an attempt to bring together different aspects of health – principally the physical and the mental – and to demonstrate the connections between them. This is an implicit criticism of earlier, medical models of health which had viewed these areas as discrete and unconnected. Second, the use of the word wellbeing reinforces the sense of health as a positive concept – a state of ‘wellness’ – rather than the mere absence of illness. Once again, there is an implicit criticism of a negative, medical focus on health ‘problems’. Third, the use of the word wellbeing represents an attempt to broaden the scope of what is meant by health, so that it includes not only physical and mental health but also what is here called ‘social’ wellbeing. Presumably, this means a sense of ‘wellness’ not only within the person but also in their social environment. This reflects an assumption that the causes of health, and of ill health, are not only located within the individual (as in the medical model) but also depend crucially on social factors, such as material resources (e.g. money) and social relationships. There is an implicit recognition here of the part played by social disadvantages such as poverty in many people's experience of poor mental and physical health.

Writing in support of using the notion of wellbeing in public policy, Hetan Shah has argued that ‘an incredible amount is spent on our “health” service, but most of it focuses on dealing with physical symptoms of sickness’ and that ‘we need to reconfigure the purpose of the system in order to promote wellbeing’ (Shah, 2005, p. 39). Other writers have argued that the holistic concept of wellbeing is more in keeping with the way in which health is seen in the majority of societies and cultures in the world, than is the Westernised medical model (Svalastog *et al.*, 2017).

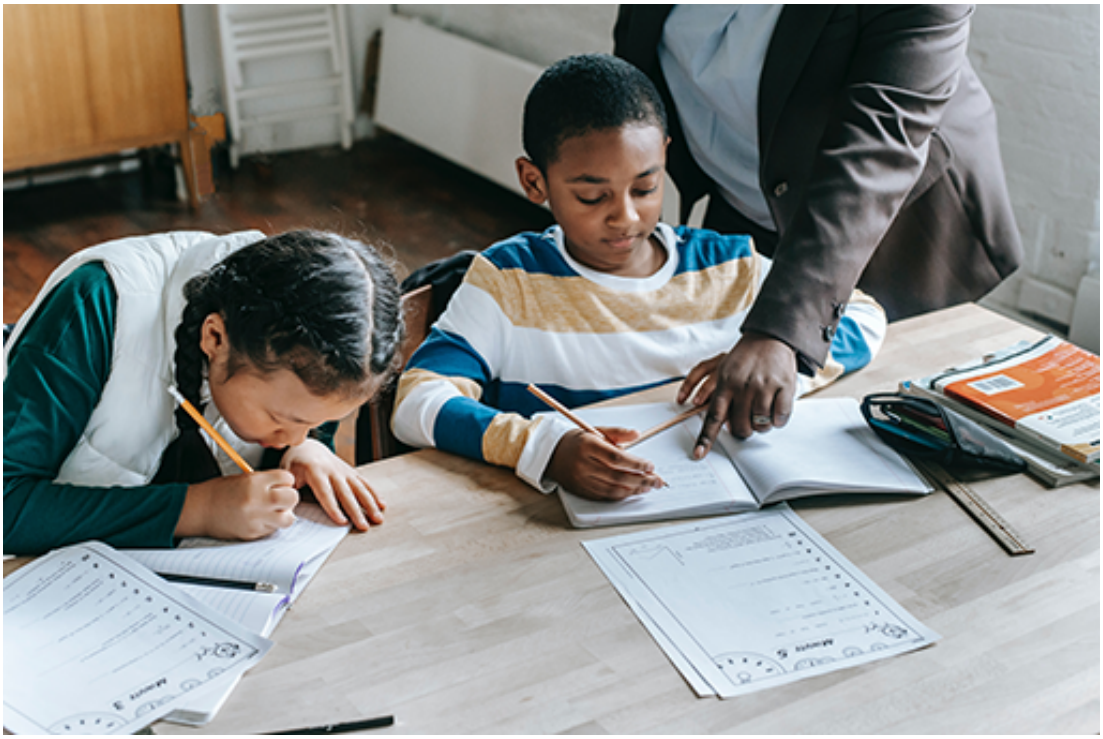
However, some commentators have been more cautious about adopting the positive model of health implied by the term wellbeing. Drawing attention to the emphasis on ‘complete … wellbeing’ in the WHO definition, at least one writer criticised this model at the start of the millennium for presenting an idealistic counsel of perfection that ‘puts health beyond everyone's reach’ (Lewis, 2001, p. 59). How many people can claim to have experienced a ‘state of complete physical, mental and social wellbeing’, and is such a state desirable? Arguably, promoting this ideal as a standard puts pressure on individuals to constantly strive for its vision of perfection, and to be forever dissatisfied with their current state of health. Thus, a holistic model of wellbeing, while appearing to present a more social vision, may paradoxically promote an individualised approach in which good health is not only every person's right, but also their personal responsibility.

Certainly, it can be argued that much recent health related policy, with its promotion of healthy lifestyles and ‘taking control’ of your own health, seeks to shift responsibility for health on to individuals and away from society as a whole. Some critics have seen this as part of more general attempts to ‘responsibilise’ individual citizens in a number of areas (Buyx and Prainscak, 2012), a notion you will return to later in the course.

How does this movement away from a medical model of health and towards a positive and holistic model of wellbeing relate to the experience of young people, and to the ways in which their health has been discussed and promoted?

2.2 The holistic model of wellbeing

In the UK, the ‘State of the Nation 2020: children and young people’s wellbeing research report’ by the Department for Education (2020) states that ‘The wellbeing of children and young people is central to Government policy and is central to achieving the aims of the Department for Education’.



‘Recent reports have shown that the wellbeing of children in the UK, and England specifically, remains relatively low compared with other countries and with decreasing trends over time’ (Department for Education, 2020, p.11).

As with the WHO definition, many people's first response to the government's policy will probably be to see it as a progressive movement away from defining young people's health in negative terms, and as an advance on an individualised model which overlooked the impact on young people's health of other aspects of their lives, such as education and work.

However, the model of the healthy young person that lies behind the Government’s approach is also open to criticism. For example, this vision represents a move away from a traditional welfarist model of health in which responsibility rests with society to provide the conditions that promote young people's wellbeing. As Shah acknowledges, a shift to a focus on wellbeing often entails an emphasis on ‘promoting self-efficacy’ rather than viewing people as ‘passive recipients of welfare’ (Engel *et al.*, 2019). There is very little role for the active state in this vision, but a major role for the active, achieving, enterprising individual. Although economic disadvantage is mentioned, economic wellbeing is less about the right to basic resources, as in traditional social democratic welfare policy, and more about supporting individuals to achieve economic wellbeing for themselves.

Nikolas Rose in her seminal paper has charted the ways in which the ‘private self’ has increasingly become a focus of government intervention in late modern societies. Under **neo-liberalism**, a political philosophy associated with free markets and reduced

government intervention, policy is directed towards the promotion of the enterprising individual:

> The theme of enterprise that is at the heart of neo-liberalism certainly has an economic reference … But enterprise also provides a rationale for the structuring of the lives of individual citizens. Individuals are to become, as it were, entrepreneurs of themselves, shaping their own lives through the choices they make among the forms of life available to them … The political subject is now less a social citizen with powers and obligations deriving from membership of a collective body, than an individual whose citizenship is to be manifested through the free exercise of personal choice among a variety of marketed options.
>
> (Rose, 1999, p. 230)

It can be argued that recent policies aimed at promoting young people's wellbeing have sought to encourage the notion of young people as 'entrepreneurs of themselves', largely responsible for their own health and happiness. Another consideration should be that policy and initiatives seek to impose a particular model of wellbeing on all young people and deny the viability of alternative ways of being young. Critics might argue that there is little room simply to 'be'.

Activity 3 Defining wellbeing

0 hour(s)20 minutes(s)

How would you define 'wellbeing' as applied to young people? What does wellbeing 'look like'? And what factors contribute to this?

Wellbeing is defined by the Oxford English Dictionary as 'the state of being comfortable, healthy, or happy'. However, it is important to realise that wellbeing is a much broader concept than moment-to-moment happiness. While it does include happiness, it also includes other things, such as how satisfied people are with their life a whole, their sense of purpose, and how in control they feel.

2.3 Towards a critical framework

Is it possible to construct an alternative framework for understanding young people's health, and if so, what resources might you need to draw on to do so?

A **cultural perspective** can help you to see constructions of adolescent mental health as interwoven with histories of 'youth concern'. Debates about young people's wellbeing span the decades and can be seen as an extension of more general anxieties about the state of contemporary childhood (e.g. James and Prout, 1997).

Michel Foucault was a French historian and philosopher, associated with the structuralist and post-structuralist movements. He has had strong influence in philosophy but also in a wide range of humanistic and social scientific disciplines. A Foucauldian analysis would view current notions of what constitutes health as part of changing institutional practices, serving particular social and political purposes (Foucault, 1967; 1973). For example, adopting this approach in relation to young people might prompt you to ask why recent policy has begun to focus so much on mental health and to construe young people's

needs in these terms rather than others. What kinds of interventions does it make possible, and what wider purposes are served by this change of emphasis? Along these lines, the Iraqi-born child psychiatrist Sami Timimi argued some years ago that 'the system of faith used in modernist child and adolescent psychiatry' has 'its cultural origins in Western history', and he adds, perhaps somewhat reductively:

> We must also accept that Western biomedical psychiatry represents the economic value system of capitalist, free market thinking and be happy to go along with the pharmaceutical industry's drive to open new markets (children's mental health is a growth area).
>
> (Timimi, 2005, p. 38)

A **comparative or cross-cultural perspective** can throw light on how concepts of health and wellbeing have developed in different societies and cultures. Research shows that many cultures do not distinguish between physical, emotional and spiritual health in the way that contemporary Western societies do. Even in the UK, ideas about young people's wellbeing have changed radically in the last century, as ideas about youth have changed. For example, in the Victorian period there was a strong association of children's wellbeing with notions of moral purity.

A **biographical perspective** situates wellbeing within the life story of the whole person, rather than seeing it as a separate issue, and at the same time invites you to view it from the young person's perspective. Perhaps life is becoming more difficult for young people? This has obvious implications for attempting to understand an apparent increase in mental health problems among young people. John Clarke's idea of the 'magical recovery' saw youth subcultures as trying to resolve the contradictions of the older generation (Clarke, 1976). Arguably, this idea can also be related to phenomena such as the increasing incidence of eating disorders and self-harm. There are some parallels here with a psychoanalytic explanation, which would see the unconscious anxieties of the wider society as projected on to young people, who then symbolically (and in some cases literally) 'embody' them. For example, eating disorders such as anorexia and bulimia might be seen as ways of 'acting out' societal anxieties about consumption.

Together, the three theoretical perspectives offer a challenge to generalised understandings of young people's wellbeing and simplistic explanations of the apparent increase in health problems experienced by young people today. The cultural, comparative and biographical perspectives all lend support to a view that locates young people's wellbeing in particular social contexts, while also challenging and interrogating what is meant by wellbeing. They contribute to a **critical** framework for understanding young people's health, one which starts from the following key assumptions:

- Definitions of wellbeing for young people can never be universal or absolute but will depend on particular cultural and historical contexts.
- Concerns about young people's health need to be seen as interwoven with wider and changing discourses about youth.
- These concerns can be seen as, in part, projecting wider social concerns on to young people.
- Young people have real experiences of physical and mental ill health, but these experiences need to be seen as shaped by the particular contexts in which they occur.

2.4 Applying a critical approach

A critical approach to young people's health sounds fine in the abstract, but what might it mean in practice? How can such a framework help you to make sense of young people's actual experience of physical and mental distress?

To explore these questions, you will look at the apparent increase in the incidence of eating disorders, especially among young women. One of the advantages of this example is that it combines concerns about physical and mental health. This discussion will draw on a research study carried out by John Evans, Emma Rich and Rachel Holroyd with young women in the UK.

In an article summarising their research, the authors explore the link between the development of eating disorders, such as anorexia nervosa, and the 'practice and processes' of formal education. The article analyses the part played by what the authors term the 'performance codes' and 'perfection codes' deriving both from school culture and from wider social trends (Wooten, 2008).

The study is an attempt to go beyond accounts of eating disorders that see them as having a purely psychological origin. Instead, the article places the development of anorexia within the varied contexts and settings of young people's lives. The authors focus on the ordinary experience of women and girls, not on the extraordinary 'disorder' which they claim is often the object of discussion. They see the key to understanding eating disorders in 'the varied, complex and socially conceptualised experience of individual girls and women' (Evans *et al.*, 2004, p. 124).

Evans *et al.* (2004) examine the influence of what they describe as 'the enduring and powerful notions of body control through the marketing of a slender, or thin, ideal and it's spread within and beyond the Western world' (p. 125). This is reflected in the following extract from one of their group interviews:

> **Lauren**: You can't look through the pages of something like the *Daily Mail* without coming across 'The Little Black Dress Diet' or something like that.
>
> **Ellie**: They say things like 'Lose weight, Feel Great, Keep it Off', it's always things like that.
>
> **Carrie**: Yeah, and they always have comments from people who say, 'Oh, it changed my life, I feel like a better person'.
>
> **Ellie**: And they have before and after pictures of people and they always make them look really horrible beforehand, like miserable and with bad clothes.
>
> **Carrie**: They use pictures of naturally skinny people all of the time too, so it gives you the impression that if you do what they say that you will end up looking like that, and that's not the case.
>
> (Evans *et al.*, 2004, pp. 133–4)

This extract demonstrates the power of media images and discourses in shaping young women's ideas of what their bodies should look like. However, the authors are also concerned to explore how this ideal 'finds its way into the socio-cultural fabric of schools' and how it intersects with the structures of contemporary schooling, particularly for middle class young women. In this context, being anorexic can be a way of achieving popularity and attention:

> **Hayley (15)**: I always used to look at my friends and think that I wanted to be as good, or as pretty, or as clever as them. So, I decided that not eating was a way that I could maybe achieve that.
>
> (Evans *et al.*, 2004, p. 137)

Paradoxically, not eating can become a way of taking control over one's body and 'achieving self-determination within the culture of the school' (p. 136). As the authors put it, some of the girls were simply 'hungry to be noticed'.

Evans *et al.* (2004) examine the way that health promotion has been woven into the school curriculum and how it legitimises what they call the ideology of 'healthism', oriented to 'making young people more active, "fit" and thin, with young people responsible for their own health and "making healthy choices"' (p. 130). They claim that 'healthism' constructs

the body as imperfect and unfinished, threatened and in need of being changed, and they make a connection between these ‘perfection codes’ and the ‘performance codes’ of the school, which create intense pressures on young women to succeed.

The argument set out in the article is distinctive in the way that it moves beyond conventional approaches to eating disorders which see them as rooted in the psychology of the individual ‘sufferer’ and considers the influence of wider contextual factors. The authors show that the ways in which this wider context operates is complex and multi-layered, interweaving the expectations of the immediate institutional context (in this case the school) with wider cultural images and discourses (reflected, for example, in advertisements and in online images). They see gendered power relations, and the ways that young women struggle for empowerment within them, as of vital importance in trying to understand how eating disorders develop.

Evans *et al.* (2004) also suggest that there are contradictions between different strands of government policy concerning the wellbeing of young people: for instance, between a wish that all young people should ‘achieve’ at school, and a desire to promote young people's physical and emotional health. The researchers see the intense pressures on young middle-class women to succeed at school, combined with peer pressure to be popular, as at least contributing to the development of eating disorders. At the same time, they argue that the very health promotion agenda that aims to improve young people's wellbeing is in fact inculcating an ideology of ‘healthism’ which encourages a neurotic obsession with body image.

Evans *et al.* (2004) emphasise the part played by gender in the development of eating disorders, and they touch briefly on the way that gender intersects with class in framing young women's ideals and expectations. Other researchers adopting a critical approach to young people's wellbeing have placed a greater emphasis on class as a key factor in shaping young people's experience of physical and mental health. In their study of transitions to adulthood in poor neighbourhoods in the northeast of England, Robert MacDonald and colleagues emphasise the importance of high rates of morbidity and mortality in structuring the lives of disadvantaged young people (MacDonald and Marsh, 2005; Shildrick *et al.*, 2005). They found that ‘narratives of personal and family ill-health’ were very frequent in their interviews with young people in poor areas, and that physical and psychological ill health, both of the young people and of their families and friends, were ‘common but often incidental’ elements in the interviews (Shildrick *et al.*, 2005, p. 5). Ill health often had a negative impact on young people's ‘school to work’ careers, as shown by the following quotation from Chrissie, aged 25:

> At the moment I'm suffering from depression, cos I've applied for loads of jobs and then you just don't get them, so you start feeling really, really low … your

> chances are getting slimmer and slimmer because you hear about people closing factories down and all them people are looking for work.
>
> (Shildrick *et al.*, 2005, p. 6)

The researchers conclude that mortality and morbidity are 'significant elements of multiple social problems that affect young people in poor neighbourhoods – and their transitions to adulthood' (p. 15).

This research is another important reminder that young people's health is produced in and by diverse and unequal social contexts. A critical approach, by attending to the ways in which factors such as class and gender structure young people's experience of physical and mental wellbeing, undercuts the attempts to generalise either about the state of young people's health or about its causes that you saw exemplified in the media 'scare stories' quoted in Section 1 Young people's health: media coverage.

Key points

- A holistic model of young people's wellbeing, linking mental, physical and social dimensions, has begun to replace traditional medical models, which tended to promote an individualistic model of health.
- While this holistic model has positive aspects, it can be criticised for setting up an impossible ideal and placing responsibility for good health on the individual.
- The current UK government model of the healthy young person, while acknowledging a social dimension, replaces welfarist ideas with an individualistic vision of the active, achieving and enterprising individual.
- All definitions of wellbeing for young people need to be seen in their cultural and historical context and as embodying particular social and political priorities.
- A critical perspective sees young people's health as enmeshed in institutional and social structures and shaped in complex ways by relationships of power and difference.

3 Young people's mental health: diversity and inequality

You will now focus on young people's mental and emotional wellbeing, as a way of exploring how social divisions create diverse and unequal health experiences for young people.

Earlier in the course, claims that young people today are experiencing an increase in mental health problems were cited. What is certainly clear is that there has been an increasing concern in the media and elsewhere about young people's mental health, resulting in a range of reports and initiatives.

But how should young people's experience of mental health difficulties be viewed? Should they be seen as a part of ‘normal’ adolescent development, or as a cause for concern? Is vulnerability to emotional distress a universal experience, or are certain groups of young people more at risk?

Activity 4 Adolescence and mental health

0 hour(s)20 minutes(s)

Read the following extract from the website of YoungMinds, a national charity that works to improve the mental health of children and young people. How is young people's mental health presented here?

> The period of late adolescence going into young adulthood is of crucial developmental importance. Major decisions affecting personal relationships, independent living, family and working life are made during this period. This transitional stage gives young people the opportunity to change direction and outlook. Socio-biological research suggests that there is a critical period extending into early adult life for the formation of self-image and social and reasoning skills.
>
> Peer relationships appear to be more important than those with parents and other adults. It can be difficult both for young people and their parents to adjust during this period of separating. Where these adjustments are not made, mental health problems can arise, such as eating problems and depression. More than 10% of young people in this age range will experience a mental health disorder and will need skilled help. Many others will go through difficult and upsetting times which they will survive with the support of family and friends. A small minority of young people will begin to experience the first symptoms of psychosis, and these may be on-going.
>
> (YoungMinds, 2006)

This extract presents a certain level of mental and emotional distress as part of the normal experience of growing up. Behind this assumption lies a developmental model which views adolescence as a time of inevitable 'storm and stress' in the transition from childhood to adulthood and the formation of adult identities. However, the extract also suggests that a substantial minority of young people experience what it calls a mental health 'disorder' for which professional help is needed. Finally, the extract suggests that a much smaller minority will experience 'the first symptoms of psychosis' during adolescence.

Clearly, debates about what constitutes a mental health 'problem', 'difficulty', 'illness' or 'disorder' cannot easily be resolved, and a critical perspective on young people's wellbeing will emphasise that definitions change over time and vary between social groups. However, such a perspective would not deny the very real distress experienced by many young people, whatever its complex origins. At the same time, a critical approach does not view mental health difficulties as a universal experience. Instead, it aims to explore the ways in which social and contextual factors contribute to the experience of particular groups of young people.

Some commentators have seen the rising concern about young people's mental and emotional health as a mainly middle-class issue. From this perspective, the moral panic about obesity and physical health problems is directed mainly at the 'unhealthy' habits and behaviour of working-class young people and the concerns about mental health are seen to be focused on the stresses and strains of high-performing middle-class teenagers under pressure to succeed in education and employment.

The research evidence would appear to contradict this easy stereotype, however, with a young person's chance of experiencing mental health problems significantly increased by the experience of social disadvantage. Class and social exclusion are, in fact, important factors in young people's vulnerability to mental health problems, and in their capacity to cope with them:

> Research has suggested that the chances of developing into a mentally healthy, emotionally stable, coping adult are seriously impaired by social adversity, poor parenting, low intelligence, poor achievement, impoverished social networks and threatening life events. Indeed, these risk factors themselves expose children to more adverse life events.
>
> (Fryers, 2013)

As the discussion of eating disorders in Section 2 demonstrated, young people's health and wellbeing are shaped in significant ways by social divisions such as class and gender. In the remainder of this section, you will look in detail at some of the factors that have an impact on young people's mental wellbeing and create diverse and unequal experiences. You will focus in particular on issues of gender and ethnicity.

3.1 Gender and young people's mental health

The discussion of eating disorders and schooling in Section 2 suggested that gendered relations of power, both in an institution such as a secondary school and in society at large, could contribute to the development of health problems for some groups of young

people. The article by Evans *et al.* (2004) presented young people's wellbeing as strongly gendered, in that instance to the disadvantage of young women.

There is evidence that young women suffer disproportionately not only from anorexia and other eating disorders, but also from a range of mental health problems. Van Droogenbroeck *et al.* (2018) holds that there should be a 'gender sensitive approach' taken to mental health policies, promotion, and prevention programs due to the gender differences evident. Based on research evidence, the Health Development Agency (HDA) suggests that young women are twice as likely to suffer from a depressive illness as young men, even though most recent media coverage and policy concern has focused on the increase in depression among young men.

Deliberate self-harm is four times more common in women than men, and much more common among younger than older adults. The HDA concludes that, in general, more young women than young men experience mental health 'disorders', although it acknowledges that the statistical differences are not enormous and may depend to some extent on how a 'disorder' is defined.

However, young men are disproportionately represented in the reporting of certain mental health problems. They are three times more likely to be dependent on alcohol or drugs than young women, and what is termed 'conduct disorder' (persistent bad behaviour) is twice as common among young men, with those who are in prison, homeless or unemployed being particularly vulnerable.

Much recent attention has focused on the apparent rise in suicide among young men. According to the Office for National Statistics (ONS), the figures for suicide in the population have been going down in recent years. However, whilst the period since the 1980s has seen a decline in suicide among women generally, there has been a rise among men, with a significant increase in the 15–44 age group (ONS, 2018).

Activity 5 Gender and the risk of suicide

0 hour(s)20 minutes(s)

Why do you think rates of suicide might now be higher among young men than young women? Make a list of any possible reasons that occur to you.

According to the HDA: 'Surprisingly little has been written about maleness in relation to the incidence of suicide among young men' (HDA, 2001, p. 39). However, some explanations have been advanced by researchers, and the range of arguments offered are surveyed in the next section.

3.2 The risk of suicide in young men

An explanation for the rise in the risk of suicide in young men might be found in the dislocation felt by young men at a time of rapid social change.

> Features of the higher education community identified as salient include increased independence, mental health problems, drug, and alcohol misuse in the history or the life cycle of the higher education community. This community focused approach to understanding suicidal behaviour has the capacity to generate prevention strategies specific to particular communities which are 'fit for purpose' and which can be owned and implemented within those settings.
>
> (Stanley *et al.*,2009)

Other writers have suggested a link between higher rates of suicide and the nature of young masculinity itself. According to Debbi Stanistreet:

> in a culture that encourages men to obtain mastery over their environment, risk-taking behaviour may be construed as a popular operational definition of man's maleness. This type of behaviour may manifest itself in several different ways, including reckless driving, excessive drug use or, in a more overt form, commonly defined as suicide.
>
> (Stanistreet, 1996, cited in HDA, 2001, p. 40)

This argument sees young male suicide not primarily as a response to depression but as an extreme form of adolescent risk-taking behaviour.

Another possible explanation is that young men are less likely than young women to articulate their problems. According to the Men's Health Forum, research shows 'that men are not good at seeking help, and that male inexpressiveness leads to a reluctance in seeking medical or psychological help' (Men's Health Forum, 2002, p. 3). Masculinity researchers such as McKenzie *et al.* (2018) and MacArthur (2019) have identified a culture within young men's peer groups that discourages emotional openness and shuts down the possibilities for sharing personal problems.

Shildrick *et al.* (2005) found evidence of an unwillingness to seek counselling or psychiatric help among the socially excluded young men they interviewed in Teesside. They cite this quotation from Max, 28, who had lost friends in a car crash:

> Oh it was f*ckin' bad. I'm glad that I'm working and that now, cos me head would be up me arse if I wasn't working like … All the s**t I've had in me life, it's

> my mates that have got me through it. There's a lot of people who say, have you seen a counsellor? You know with the crash. I'm like, no I don't f*ckin' need counselling, you know what I mean?
>
> (Shildrick *et al.*, 2005, p. 14)

3.3 The mental health of young black men

According to the Health Development Agency, 'Young black men are over-represented in the mental health statistics' (McManus *et al.*, 2016), particularly in terms of diagnosis for schizophrenia, which is generally seven times higher for the African-Caribbean population than for the UK white population (Fearon *et al.*, 2006).

Young black men are over-represented in hospital admissions for mental health problems, contact with psychiatry via the police, courts and prison, and at the same time are under-represented in outpatient and self-referral services (Powell, 2016). They are more likely to be admitted to mental health facilities compulsorily, and once there, more likely to be placed in locked wards. African-Caribbeans generally are over-represented in statistics for psychiatric disorders and under-represented in neurotic disorders, a global term used to cover minor psychiatric conditions such as anxiety, depression, obsessional and phobic neuroses (Shen *et al.*, 2019). Schizophrenia and 'cannabis psychosis' are often given as the diagnosis, but the validity of both of these has been questioned by researchers (Ksir and Hart, 2016).

Activity 6 Young black men and mental health

0 hour(s)15 minutes(s)

How can young black men's experience of the mental health system be accounted for? Make a list of any possible explanations that occur to you.

Writers and researchers have offered a range of different reasons for young black men's apparently disproportionate experience of mental health difficulties, and for their particular experience of mental health services. The remainder of this section provides a brief summary of some of the most common explanations.

Explanations that rely on racist stereotypes of black people in general, and young black men in particular, are now academically and politically discredited, but it can be argued that their influence lingers at the level of popular assumptions. In the fairly recent past, it was not uncommon to read 'explanations' of poverty, unemployment or health problems among minority ethnic groups that pathologised black people, their family structures and cultures. This kind of stereotyping persists in more recent debates about young people of Asian origin, which attribute their mental health and other problems to the supposed roles and relationships within Asian families. Avtar Brah has criticised this kind of 'ethnicism' which 'defines the experience of racialised groups primarily in "culturalist" terms', and views cultural needs as 'independent of other social experiences centred around class, gender, racism or sexuality', with the result 'that a group identified as culturally different is assumed to be internally homogeneous' (Brah, 1992, p. 129).

Along similar lines, Hall *et al.* (2015) criticises the 'racialisation' of health research, as individuals can often be divided into 'ethnic' or 'racial' groups and these categories can be used for explanatory purposes. Research has demonstrated that compared with white people, people of colour face more barriers to accessing care, which includes preventive services, acute treatment and chronic disease management.

Critics of 'culturalist' explanations, such as Brah (1992) and Hall *et al.* (2015), tend to attribute young black men's experience of mental health problems to the impact of institutional racism. However, even if the impact of racism is admitted, there are at least two distinctive ways in which it can be said to have impacted on mental health.

One account offers what you might call a 'realist' model, seeing young black men's mental health difficulties as real rather than imaginary, and laying the blame squarely on their experience of institutional racism. For example, Tony Sewell (1997) argues that the UK school system provides young black men with a choice between two strong models, either to conform and be more British than white people or to play up to the stereotype of the rebel. He suggests that expectations by the wider society can create identity problems for young black men, and that these may lead to mental health problems.

A more 'constructionist' argument is proposed by Hankerson *et al.* (2015) who suppose that misunderstanding around diagnostic analyses might lead providers to misdiagnose young black men as a result of negative perceptions, lack of knowledge and stereotypical expectations.

These two accounts are not necessarily contradictory. It is possible that young African-Caribbeans are both more vulnerable to mental health difficulties – due to their experience of racism at school and in the wider society – and treated in a discriminatory way by mainstream mental health services. As you saw in the case study of eating disorders in Section 2, a critical perspective on young people's wellbeing sees the development of health 'problems' as complex and multi-layered, with individual, institutional and broader social factors interacting with each other.

This section has used the example of mental health to explore some of the ways in which young people's wellbeing is shaped by social divisions, such as those of gender and ethnicity. Although class has not been discussed in this section, there is evidence from the work of MacDonald and Marsh (2005) and others that poverty and social exclusion also play a significant role in shaping young people's mental and emotional wellbeing. The ways in which diversity and inequality impact on wellbeing challenge generalised narratives that tell of a general 'decline' in young people's health. The complex interactions of social and cultural contexts with individual experience that you have seen demonstrated in these examples also undermine any attempts to produce straightforward or simplistic explanations.

Section 4 of the course moves on from analysing young people's experience to exploring ways in which their wellbeing can be developed and promoted, taking forward the critical framework that you have been using here.

Key points

- While mental and emotional difficulties can be viewed as a feature of 'normal' adolescent development, there is evidence that some groups of young people are more vulnerable than others and that the experience of mental health is influenced by factors such as gender, class and ethnicity.
- Young people's experience of mental health is strongly gendered, with young women at greater risk of eating disorders and self-harm, and young men having higher rates of suicide.
- Young black men appear to experience a disproportionately high rate of mental health problems and to suffer from institutionalised racism at the hands of mental health services.

4 Promoting wellbeing

In the previous section you examined some of the factors that affect young people's chances of experiencing mental health problems. This section continues the focus on mental health but takes a more positive stance, exploring the factors that promote young people's mental health and that might enable them to cope with threats to their emotional wellbeing. However, it will be important to carry forward the conclusions reached in previous sections, about diversity and inequality in young people's experience, and about the 'situated' nature of wellbeing. For example, you should subject generalised statements about 'resilience' and 'protective factors' to the same kind of critical analysis that has been used to explore other aspects of current discourses about young people and their wellbeing.

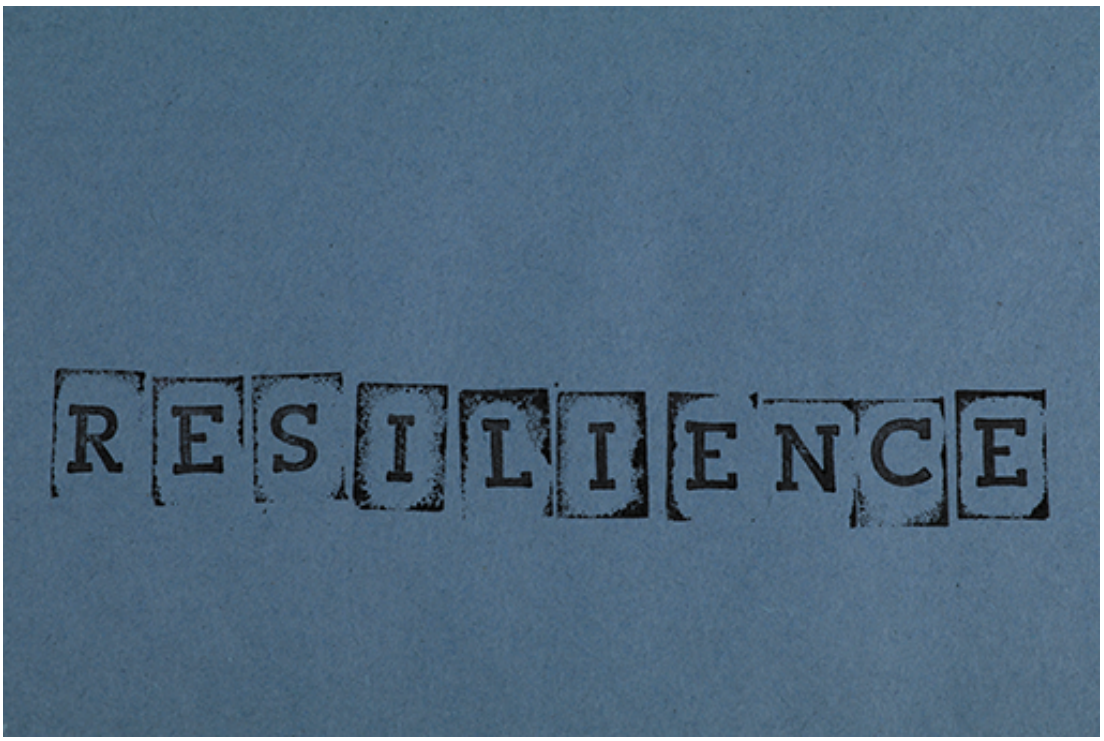
4.1 The resilience model

In recent years, the dominant approach to the promotion of young people's mental and emotional wellbeing has been to seek ways of developing resilience and of putting in place the protective factors that might reduce young people's vulnerability to mental health problems. Although the following statement from the Mental Health Foundation refers explicitly to children, the terms used are similar to those used in recommendations about the emotional wellbeing of young people:

> Children are less likely to develop mental health problems if they have a sense of belonging in their family, school and community; are resilient and able to solve problems; are interested in life and have opportunities to enjoy themselves, have at least one good parent–child relationship; have a family environment without discord; are part of community and wider support network; take part in local activities for young people; accept who they are and recognise what their strengths are; have good housing and a school offering a safe and disciplined environment.
>
> (Mental Health Foundation, 2021)

Simone Fullagar reports that policy responses to the high rates of suicide among young people in rural areas of Australia have focused on identifying risk factors such as previous suicide attempts, mental health problems and social isolation, and on promoting preventive factors such as social connectedness, problem-solving skills, and readily available mental health services (Fullagar, 2005, p. 32).

In some ways resilience has many similarities with the concept of social capital. The statement by the Mental Health Foundation portrays it as consisting of a 'package' of different components: personal qualities and skills, social relationships and support networks, and particular kinds of community and institutional environments. Clearly, the concepts of resilience and protective or preventive factors build directly on the holistic model of wellbeing that you analysed earlier, incorporating a similar combination of individual, material and social components. Like that model, the notion of resilience can be seen as a positive move away from conventional, medical models of health promotion that focused on the eradication of illness and on individual pathology.



However, it can be argued that some models of resilience are more ‘social’ than others. While some versions focus on the development of personal skills and strategies, such as emotional literacy or communication skills, others emphasise the importance of relationships and the development of a positive social environment. To some extent, the difference in emphasis depends on the political priorities of the moment. Governments operating within a ‘welfarist’ framework have tended to give priority to initiatives to eradicate child poverty and to improve access to education and employment, while those that are attempting to reduce state welfare spending encourage the development of skills that will enable the individual to thrive in a competitive world.

In keeping with the neo-liberal model of the ‘healthy teenager’ that you analysed in Section 2, recent initiatives to promote young people's mental health have tended to move away from an emphasis on social and material factors, and to focus more on personal skills and qualities. Two areas that have received increasing attention in recent years have been emotional literacy and spirituality. You will look at these in turn next.

4.2 Emotional literacy for wellbeing

There has been ongoing interest, in both academic and policy circles, in emotional literacy and what some have termed ‘emotional intelligence’ (Merchán-Clavellino *et al.*, 2020), and much of this attention has been focused on children and young people. There have been a number of programmes in UK schools aimed at helping children and young people to develop skills in dealing with and expressing emotions. Initiatives of this kind can be seen as reflecting the ‘new emotionality’ of contemporary culture analysed by many commentators.

In their different ways, writers such as Sanford (2017) and Watson (2008) have analysed late modern society's growing concern with the cultivation of the self, which is seen as something that needs to be worked on and developed, rather than simply as a ‘given’. (Comparisons can be made with the notion of the body as unfinished noted by Evans *et*

al., 2004, and discussed in Section 2.) From this perspective, learning how to handle one's emotions is essential for success in learning and employment, and for achieving fulfilling personal relationships. Educational programmes designed to assist boys often target the development of their social, emotional and communication skills (McLeod, 2002, p. 213).

One of the organisations working with the UK government to improve young people's emotional literacy is Antidote, which works with schools and other organisations 'to help shape learning environments that give young people the best possible opportunity to achieve and make a positive contribution' (Antidote, 2005).

It is noticeable (and no accident) that Antidote's aims echo the language of the government's declared aim of helping young people to 'achieve' and 'make a positive contribution' as stated in the outcomes in *Positive for Youth* (HM Government, 2013). Arguably, the government's encouragement of 'emotional literacy' programmes for children and young people is part of the new model of the healthy young person as a skilful, coping and enterprising individual that you analysed in Section 2.

Clearly, programmes that encourage young people to cope with their emotions more effectively are of value in promoting their emotional wellbeing. However, it can be argued that an exclusive emphasis on such programmes risks returning to a model that individualises mental health, locating the 'problem' and its solution in the individual young person's personal skills or lack of them, and drawing attention away from the social and contextual factors which require strategies and solutions at a societal level (as discussed in Section 2).

4.3 Improving wellbeing through spirituality

Alongside emotional literacy, a second area that has become the focus for policy makers concerned to promote young people's emotional wellbeing is spirituality. The catastrophic and unstoppable nature of the COVID-19 pandemic produced a series of devastating effects from an economic, social and psychological point of view at a global level. In this context, it is interesting to investigate if and how spirituality has been a form of emotional and psychological comfort useful for dealing with the loss and anguish of critical moments in life like this (Coppola, 2021). However, even before the global pandemic, governments in the USA and UK were seeking to encourage the contribution of 'faith communities' to social policy, with both the Trump and Johnson governments apparently keen to support 'faith-based' welfare initiatives. Recent education policy in the UK has sought to support the work of faith schools, and representatives of religious groups have been invited to contribute to policy forums. While involvement in formal religion has declined in most Western societies, recent years have also seen an upsurge of interest in issues of spirituality, with Eastern and 'new age' spiritual practices increasingly popular.

In this context, the notion that faith and spirituality might be useful resources in developing individual and community wellbeing has become popular among policy makers. A research report published in 2005 appeared to bear this out, with young people who had a religious faith apparently expressing a more hopeful and positive attitude to life than their more sceptical and secular peers (Francis and Robbins, 2005). Research from Vitorino *et al.* (2018) demonstrated how different levels of spirituality and religiousness are associated with quality of life, depressive symptoms, anxiety, optimism and happiness. Findings demonstrated that having higher levels of both spirituality and religiousness were more correlated to better outcomes than having just one of them or none of them. A

YoungMinds study of the mental health of black and minority ethnic young people concluded that religious faith was a powerful resource for some groups:

> In the face of depressive and schizophrenic symptoms, prayer was perceived as particularly effective among African Caribbean Christian and Pakistani Muslim groups … However, another study found that, relative to other kinds of help for depression, religious activity was not seen as particularly helpful, but that Muslims believed more strongly than other groups in the efficacy of religious coping methods for depression.
>
> (Street *et al.*, 2005, cited in Meier, 2005, p. 17)

As with the renewed emphasis on emotional literacy, it is undeniable that a positive and hopeful outlook on life, whether inspired by religious belief or anything else, is likely to protect young people against depression, and may help them to cope with the everyday anxieties of youth. On the other hand, it can also be argued that this emphasis on the value of a 'positive' faith, regardless of its content, has its dangers. It can be seen as denying the important part played by doubt, scepticism and intellectual exploration in the experience of adolescence. The emphasis on the value of faith is consistent with the emphasis on youth as a time of achieving, contributing and generally being positive and enterprising that was discussed earlier in the course.

Attempts to employ spirituality as a resource for promoting young people's mental health also run the risk of emptying belief of any content – viewing it simply as a neutral 'resource', like other forms of social capital – and glossing over awkward contradictions. Is acquiring or maintaining a strong religious faith necessarily a good thing for all young people, whatever the nature of that faith and its beliefs and practices? Does encouraging 'faith' as an element of social policy mean supporting religious groups that have illiberal attitudes to women and gay people? And if a strong sense of purpose is always a good thing, should we also encourage young people to join extreme political organisations?

It could be argued that, in some instances, a 'positive' faith might actually be detrimental to a young person's mental health, and that rigid adherence to a religious or political faith might be a symptom of mental distress rather than its solution. Writing about the lessons to be drawn from the London bombings of 2005, Richard Meier states:

> It was said of one of the suicide bombers, Hasib Hussain, that he 'went off the rails' as a young teenager but became a reformed character when he 'suddenly became devoutly religious' two years ago.
>
> (Meier, 2005, p. 17)

Reflecting on this quotation again leads to the question of what exactly is meant by wellbeing in relation to young people. Was Hasib Hussain a more whole or healthy person before or after he became 'devoutly religious'?

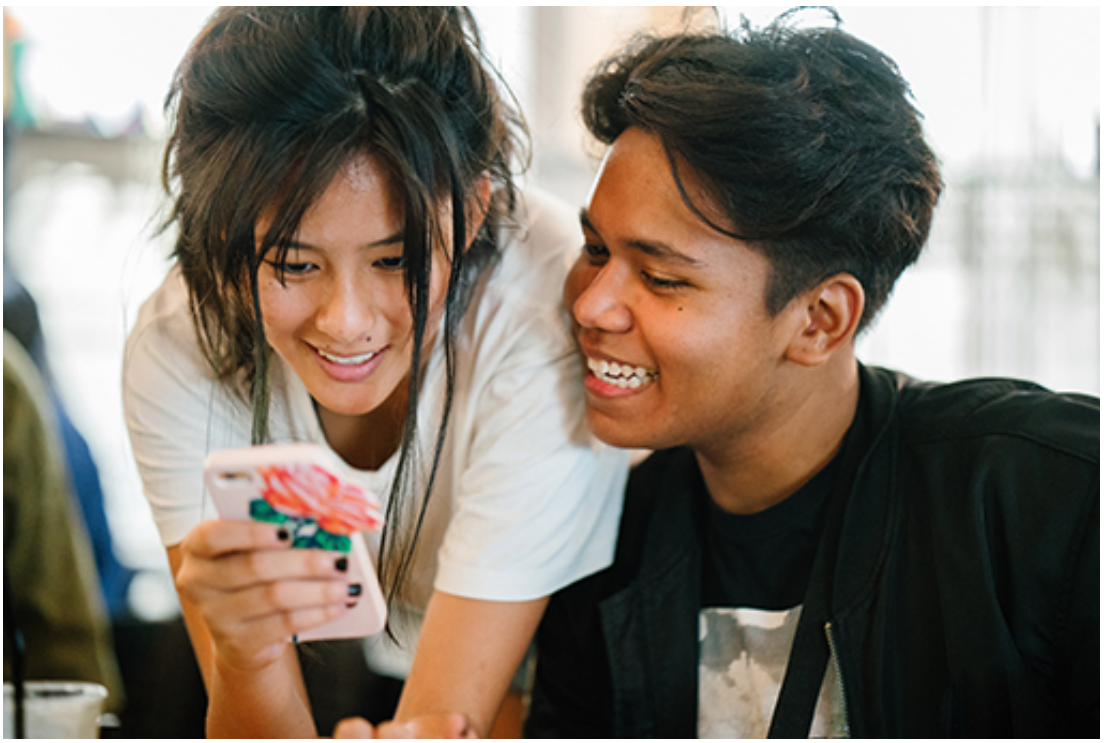
This kind of critical questioning helps to undermine any universal notion of what constitutes wellbeing, and to be critical of attempts to impose a single set of healthy 'outcomes' on all young people, whatever their circumstances. It is also important to acknowledge that many young people experience youth as a time of difficulty and uncertainty, but that this may have no serious long-term consequences for them. If a young person has been brought up in an unquestioning religious faith or in a claustrophobic family environment, then their teenage years might be a time of necessary breaking away, with its own inevitable but perhaps short-term distress.

On the other hand, research into youth subcultures such as Adams (2018) examines how the ‘Grime’ music scene functions as a vehicle for expressions of identity. Grime is a musical form which has the potential to travel widely and to speak to, and for, marginalised fractions of society in diverse places, addressing and expressing the commonalities and specificities of the experiences of young people (Adams, 2018).

4.4 Beyond resilience?

Initiatives to promote an individualistic model of resilience for young people can be seen as contributing to discourses of neo-liberalism that, to quote Fullagar, ‘work to shape the understanding and management of emotional subjectivity’ (Fullagar, 2005, p. 34). Drawing on the work of Nikolas Rose, Fullagar points to ways in which ‘the language of increased self-esteem, greater locus of control and self-responsibility are linked to ideals of adult identity as active and resilient with a view of life as an “enterprise” of self-improvement’ (Fullagar, 2005, p. 34).

However, it is one thing to offer a critical analysis of current models for promoting young people's wellbeing, and another to provide practical alternatives. While not denying the value of some strategies to promote personal resilience, a critical approach to wellbeing seeks to go beyond them.



Discussing government responses to high rates of suicide among young rural Australians, Fullagar argues that an emphasis on identifying individual risk factors has tended to 'ignore the complex power–knowledge relations that govern the way particular young people do or do not seek help within rural or urban contexts' (p. 37). He argues that there is a need to acknowledge the influence of 'power relations that shape the way that young people are socially positioned and come to feel about themselves'. What might this mean in practice? In the next activity you will explore this question by returning to the example of eating disorders discussed in Section 2.

Activity 7 A critical approach to preventing eating disorders

0 hour(s)20 minutes(s)

Look back at the analysis of eating disorders among young women in Subsection 2.4. Bearing in mind the authors' (Evans *et al.*, 2004) conclusions about the complex factors involved, jot down a few thoughts on strategies for preventing anorexia among young women in the secondary school context.

Any strategy to prevent eating disorders would certainly need to include supporting individuals and providing them with personal strategies for dealing with their anxieties about weight, body shape, image and so on, at least in the short term. However, if you accept the analysis offered by Evans and colleagues, a longer term and more effective strategy would also need to address the broader issues that the authors raise. This would mean taking a critical look at the official culture of the school, and the way that certain 'performance codes' and bodily 'perfection codes' were promoted both formally in the curriculum and informally through the messages conveyed in the day-to-day life of the school. It would perhaps mean working with young women to help them to challenge the expectations imposed on them both within the school environment and beyond, helping them to affirm positive identities that did not involve conforming to restrictive gendered images. However, this would need to be part of a wider struggle at a social and cultural level to change deeply embedded gendered power relations and expectations.

There is a clear role here for those working with young people, including those working in schools, as well as those responsible for the management and direction of schools and other institutions that impinge on young people's lives. But there are also elements in this suggested strategy that are beyond the power of the face-to-face worker: they are issues for politicians and policy makers, and for society as a whole. Thus, a critical approach to promoting young people's wellbeing needs to acknowledge the limitations of interventions at the individual and local level, and simultaneously to challenge existing social structures and campaign for social and institutional change.

A similar model might be applied to work with young men at risk of suicide, focusing on providing support and strategies at an individual level, while also challenging dominant notions of young masculinity, and working at a policy level to change services so that they meet the needs of young men. In the case of young black men, a critical approach to promoting emotional wellbeing would involve working to eradicate racism at the institutional level, in schools and mental health services for example, and at the social level in the attitudes and expectations imposed on young black men. Thus, a critical approach to promoting young people's health would certainly need to work at the policy level to address issues of social exclusion and inequalities of class, gender and ethnicity that, as you have seen, play an important part in shaping young people's mental health and wellbeing. In other words, the implications of taking a more critical, social perspective on promoting young people's wellbeing do not make for any easy, 'quick fix' solutions. Instead, they call for work by practitioners at the individual level, both supporting individuals and challenging attitudes and expectations, in combination with longer term initiatives at an institutional and wider social level.

Key points

- Initiatives to promote young people's mental health have focused on developing resilience and on a range of factors, from individual skills to social resources, reflecting holistic ideas of wellbeing.
- Some recent initiatives in this area have promoted a normative and individualised model of the 'healthy' young person and have tended to overlook wider social and structural issues.

- A critical, social approach to promoting young people's wellbeing needs to move beyond a ‘resilience’ model to address some of the structural issues that impact on young people's health and wellbeing.

Conclusion

This course began by analysing some of the ways in which young people's wellbeing has been represented in media and policy discussions. You then moved on to explore current constructions of young people's 'wellbeing' and presented an alternative critical, social framework for thinking about the health of young people. You analysed some of the ways in which class, gender and ethnicity help to shape young people's mental health. Finally, you discussed ways in which young people's wellbeing can be promoted by attempting to move beyond a focus on individual resilience to examine the wider social and structural processes that might improve the health and wellbeing of all young people.

This OpenLearn course provides a sample of Level 3 study in Health and Social Care.

References

Adams, R. (2018) 'Home sweet home, that's where I come from, where I got my knowledge of the road and the flow from: Grime music as an expression of identity in postcolonial London', *Popular Music and Society*, 42(4), pp.438–455.

Antidote (2005) *Every Child Matters*. Available at: www.antidote.org.uk (Accessed14 February 2008).

Ashley, J. (2005) 'It is adults who have made teenagers' lives a misery', *The Guardian*, 3 February, p. 24.

Brah, A. (1992) 'Difference, diversity and differentiation' in Donald, J. and Rattansi, J. (eds) *'Race', Culture and Difference*, London, Sage/The Open University.

Bunting, M. (2004) 'Our teenage canaries', *The Guardian* (Weekday edition), 13 September, p. 17.

Buyx, A. and Prainsack, B. (2012) 'Lifestyle-related diseases and individual responsibility through the prism of solidarity', *Clinical Ethics*, 7(2), pp. 79–85.

Children's Society (2016) *The Good Childhood Report| The Children's Society*. Available at: https://www.childrenssociety.org.uk/good-childhood (Accessed 24 May 2021).

Children's Society (2020) *Children's mental health statistics | The Children's Society*. Available at: https://www.childrenssociety.org.uk/what-we-do/our-work/well-being/mental-health-statistics (Accessed: 24 May 2021).

Clarke, J. (1976) 'The skinheads and the magical recovery of community' in Hall, S. and Jefferson, T. (eds) *Resistance through Rituals: Youth Subcultures in Postwar Britain*. London: Hutchinson.

Coppola, I., Rania, N., Parisi, R. and Lagomarsino, F. (2021) 'Spiritual Well-Being and Mental Health During the COVID-19 Pandemic in Italy', *Frontiers in Psychiatry*, 12, p. 296.

Department for Education (2020) *State of the nation 2020: children and young people's wellbeing*. Available at: https://www.gov.uk/government/publications/state-of-the-nation-2020-children-and-young-peoples-wellbeing (Accessed 24 May 2021).

Engel, M. L., Barnes, A. J., Henry, T. R., Garwick, A. E. and Scal, P. B. (2019) 'Medical risk and resilience in adolescents and young adults with epilepsy: the role of self-management self-efficacy', *Journal of pediatric psychology*, 44(10), pp. 1224–1233.

Evans, J., Rich, E. and Holroyd, R. (2004) 'Disordered eating and disordered schooling: what schools do to middle class girls', *British journal of sociology of education*, 25(2), pp. 123–142.

Fearon, P., Kirkbride, J. B., Morgan, C., Dazzan, P., Morgan, K., Lloyd, T., Hutchinson, G., Tarrant, J., Fung, W. L. A., Holloway, J. and Mallett, R. (2006) 'Incidence of schizophrenia and other psychoses in ethnic minority groups: results from the MRC AESOP Study', *Psychological medicine*, 36(11), pp. 1541–1550.

Foucault, M. (1967) *Madness and Civilisation: A History of Insanity in the Age of Reason*. London: Tavistock/Routledge.

Foucault, M. (1973) *The Birth of the Clinic: An Archaeology of Medical Perception*. London: Tavistock.

Francis, L. and Robbins, M. (2005) *Urban Hope and Spiritual Health: The Adolescent Voice*. London: Ebury Press.

Fryers, T. and Brugha, T. (2013) 'Childhood determinants of adult psychiatric disorder', *Clinical practice and epidemiology in mental health*, 9, pp. 1–50.

Fullagar, S.P. (2005) 'The paradox of promoting help-seeking: Suicide, risk and the governance of youth', *International Journal of Critical Psychology*, 14, pp. 31–51.

Hall, W. J., Chapman, M. V., Lee, K. M., Merino, Y. M., Thomas, T. W., Payne, B. K., Eng, E., Day, S. H. and Coyne-Beasley, T. (2015) 'Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: a systematic review', *American journal of public health*, 105(12), pp. 60–76.

Hankerson, S. H., Suite, D. and Bailey, R. K. (2015) 'Treatment disparities among African American men with depression: Implications for clinical practice', *Journal of health care for the poor and underserved*, 26(1), p. 21.

Health Development Agency (HDA) (2001) *Boys' and Young Men's Health: Literature and Practice Review: An Interim Report*, London: HDA.

HM Government (2013) *Positive for Youth: Progress since December 2011*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/210383/Positive-for-Youth-progress-update.pdf (Accessed 7 July 2021).

James, A. and Prout, A. (1997) *Constructing and Reconstructing Childhood: Contemporary Issues in the Sociological Study of Childhood*, London: Falmer Press.

Ksir, C. and Hart, C. L. (2016) 'Cannabis and psychosis: a critical overview of the relationship', *Current psychiatry reports*, 18(2), pp. 1–11.

Lewis, G. (2001) 'Health: an elusive concept' in Macbeth, H. and Shetty, P.(eds) *Health and Ethnicity*, London: Taylor and Francis.

MacArthur, H. J. (2019) 'Beliefs About Emotion Are Tied to Beliefs About Gender: The Case of Men's Crying in Competitive Sports', *Frontiers in psychology*, 10, p. 2765.

MacDonald, R. and Marsh, J. (2005) *Disconnected Youth? Growing Up in Britain's Poor Neighbourhoods*, Basingstoke: Palgrave Macmillan.

Marsh, S. (2021) 'UK needs national register for eating disorder deaths, MPs say', *The Guardian*, 6 June. Available at: https://www.theguardian.com/society/2021/jun/06/uk-needs-national-register-for-eating-disorder-deaths-mps-say (Accessed: 21 July 2021).

McKenzie, S. K., Collings, S., Jenkin, G. and River, J. (2018) 'Masculinity, social connectedness, and mental health: Men's diverse patterns of practice', *American journal of men's health*, 12(5), pp. 1247–1261.

McLeod, J. (2002) 'Working out intimacy: young people and friendship in an age of reflexivity', *Discourse: studies in the cultural politics of education*, 23(2), pp. 211–226.

McManus, S., Bebbington, P. E., Jenkins, R. and Brugha, T. (2016) *Mental Health and Wellbeing in England: the Adult Psychiatric Morbidity Survey 2014*. NHS digital.

Meier, R. (2005) 'Help when it's needed', *YoungMinds Magazine* (Weekend edition), 9 October, pp. 9–12.

Men's Health Forum (2002) *Soldier It! Young Men and Suicide*, London: Men's Health Forum.

Mental Health Foundation (2021) *Mental Health Foundation*. Available at https://www.mentalhealth.org.uk/campaigns/mental-health-awareness-week (Accessed 24 May 2021).

Merchán-Clavellino, A., Salguero-Alcañiz, M. P., Guil, R. and Alameda-Bailén, J. R. (2020) 'Impulsivity, emotional intelligence, and alcohol consumption in young people: a mediation analysis', *Foods*, 9(1), p. 71.

NHS Digital (2020) *Mental Health of Children and Young People in England, 2020*. Available at: https://files.digital.nhs.uk/AF/AECD6B/mhcyp_2020_rep_v2.pdf (Accessed 10 May 2021).

Office for National Statistics (ONS) (2018) *Suicides in the UK: 2018 registrations*. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2018registrations (Accessed 10 May 2021).

Powell, W., Adams, L. B., Cole-Lewis, Y., Agyemang, A. and Upton, R. D. (2016) 'Masculinity and race-related factors as barriers to health help-seeking among African American men', *Behavioral Medicine*, 42(3), pp. 150–163.

Rimmer, A (2018) 'GPs think that lack of mental health services is putting young people at risk', *British Medical Journal.* 3639(1) pp. 34–36.

Rose, N. (1999) *Governing the Soul: The Shaping of the Private Self* (2nd edn), London: Free Association Books.

Sanford, N. (2017) *Self and society: Social change and individual development*, Transaction Publishers.

Sewell, T. (1997) *Black Masculinities and Schooling*, London: Trentham Books.

Shah, H. (2005) 'The politics of wellbeing', *Soundings*, 30.

Shen, R., Guan, X., Huang, Y., Liu, Z., Chen, H., Zhang, T. and Ma, C. (2019) 'A descriptive epidemiological study of disability prevalence attributed to neurotic disorders in China', *Psychiatry research*, 272, pp. 398–403.

Shildrick, S., MacDonald, R. and Simpson, D. (2005) 'Critical Moments, Poverty and Health: Biographical Experiences of Mortality and Morbidity in Marginalised Youth Transitions', B*ritish Sociological Association annual conference*, April. University of York.

Stanistreet, D. (1996) 'Injury and poisoning mortality among young men – looking behind the statistics', *Working with Men*, 24(3), pp. 16–19.

Stanley, N., Mallon, S., Bell, J. and Manthorpe, J. (2009) 'Trapped in transition: Findings from a UK study of student suicide', *British Journal of Guidance & Counselling*, 37(4), pp. 419–433.

Street, C., Stapelkamp, C., Taylor, E., Malek, M. and Kurtz, Z. (2005) *Minority Voices: Research into the Access and Acceptability of Services for the Mental Health of Young People from Black and Minority Ethnic Groups*, London: YoungMinds.

Svalastog, A. L., Donev, D., Kristoffersen, N. J. and Gajović, S. (2017) 'Concepts and definitions of health and health-related values in the knowledge landscapes of the digital society', *Croatian medical journal*, 58(6), p. 431.

Timimi, S. (2005) 'The new practitioner: the emergence of the post-modern clinician' in Malone, C., Forbat, L., Robb, M. and Seden, J. (eds) *Relating Experience: Stories from Health and Social Care*, Abingdon: Routledge/The Open University.

Van Droogenbroeck, F., Spruyt, B. and Keppens, G. (2018) 'Gender differences in mental health problems among adolescents and the role of social support: results from the Belgian health interview surveys 2008 and 2013', *BMC psychiatry*, 18(1), pp. 1–9.

Vitorino, L. M., Lucchetti, G., Leão, F. C., Vallada, H. and Peres, M.F.P. (2018) 'The association between spirituality and religiousness and mental health', *Scientific reports*, 8 (1), pp. 1–9.

Watson, T. J. (2008) 'Managing identity: Identity work, personal predicaments and structural circumstances', *Organization*, 15(1), pp. 121–143.

World Health Organization (1948) *Constitution of the World Health Organization* . Available at: www.searo.who.int/LinkFiles/About_SEARO_const.pdf (Accessed 14 February 2008).

Wooten, D. B. (2006) 'From labeling possessions to possessing labels: Ridicule and socialization among adolescents', *Journal of consumer research*, 33(2), pp. 188–198.

YoungMinds (2006) *Young people's mental health*. Available at: www.youngminds.org.uk/index.php (Accessed 14 February 2008).

Acknowledgements

The following material appears in *Understanding youth: perspectives, identities and practices*, (edited by Mary Jane Kehily) published by The Open University in association with Sage Publications. First published 2007. Copyright © 2007 The Open University. This book is one of two (other one being *Youth in Context: Frameworks, Settings and Encounters*, edited by Martin Robb) which form core texts for an Open University course KE308 *Youth: Perspectives and Practice*. This popular free course was refined and updated in July 2021 by Frank Carter.

Couse image: TempusVolat in Flickr made available under
Creative Commons Attribution-NonCommercial-ShareAlike 2.0 Licence.

The material acknowledged below is Proprietary and used under licence (not subject to Creative Commons license). See terms and conditions. Grateful acknowledgement is made to the following sources for permission to reproduce material:

Images

Course image: Photo by Kenex Media sa from Pexels

Section 2.1: Photo by Kenex Media sa from Pexels

Section 2.2: Photo by Katerina Holmes from Pexels

Section 2.3: Photo by Kat Jayne from Pexels

Section 2.4: Left: Photo by Sarah Chai from Pexels; Right: Photo by energepic.com from Pexels

Section 3.1: Photo by Amirmohammad Taheri from Pexels

Section 3.3: Photo by Uriel Mont from Pexels

Section 4.1: Photo by Ann H from Pexels

Section 4.3: Left: Photo by Monstera from Pexels; Right: Photo by Budgeron Bach from Pexels

Section 4.4: Photo by mentatdgt from Pexels

Don't miss out:

If reading this text has inspired you to learn more, you may be interested in joining the millions of people who discover our free learning resources and qualifications by visiting The Open University - www.open.edu/openlearn/free-courses