Mental Health of Adolescents in a Developed Country

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THE YOUTH in many of the developing countries of the Asian region are confronted by a welter of adversities. In some countries the practice of child-labour militates against young people reaching their full potential as adults. Many young people in the region are unable to acquire sufficient nourishment because of the prevailing levels of poverty and fall victims to those diseases arising from chronic malnutrition. The scourge of AIDS is wreaking its havoc in the region. Adolescents and young adults are particularly vulnerable to all forms of sexually transmitted diseases. Poverty, lack of education, unemployment and health problems face too many youth of the region on a daily basis.

By contrast, the quality of life for young people in Australia must be considered exceptional. A universal system of health care ensures that all Australians have access to medical attention. There is little evidence of malnutrition in Australia. An active health education program appears to have been successful in containing most sexually transmitted diseases including AIDS. Drug abuse has manifested itself in Australia, but the problem has not attained unmanageable proportions yet. A minimum wage level and the social security system ensures an income for all people. Education is compulsory between six and sixteen years. Most adolescents complete twelve years of education. Child labour is not only illegal in Australia,

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neither is practised. There are probably some 20,000 young people who are homeless in Australia at any one time. Without suggesting that the level of homelessness is acceptable it is a manageable social issue. Emergency accommodation, for example, is generally available to those who seek it. Levels of unemployment among young have been unacceptably high in recent years. However, unemployed young people generally have access to national programs designed to provide training or educational opportunities.

Given the relative well-being of the youth of Australia it is paradoxical that the quality of life does not appear to be reflected in the mental health of these people. A key indicator of mental health is the rate of suicide in the community. The evidence suggests that the rate of suicide for young people, particularly males, has been rising consistently for the past twenty years. Pritchard (1992) undertook an analysis of youth suicide in Australia compared with other developed countries. He found that male youth suicides (15-24 years) rose form 147 per million population in 1973 to 244 per million in 1987, that is, a 66% increase. In 1987 the rate of male youth suicide in Australia was behind only that of Austria, Canada, Finland and Sweden, according to Pritchard. Australia and New Zealand were the only two countries in Pritchard's analysis in which youth suicide levels were higher than the average rate for the general popula-

tion. While there has been a steady increase in the rate of youth suicide for males, the same trends do not apply to females. Today, suicide is the second major cause of death after motor vehicle accidents for the 15 to 19 year-old age group in Australia (Howard 1992)

Goldney (1987) makes the point that suicide statistics need to be interpreted with caution. The data, for example, is dependent upon judgements made by coroners as to the cause of death. It may be that coroners are less constrained today to use suicide as a category than 20 or 30 years ago when they may have preferred to use suicide as a categories such as 'accidental death' or 'undetermined'.Thus, the apparent rate of suicide may be influenced by coronial behaviour as well as by other factors. However, Kosky (1987, p 165) examined the impact of extraneous factors on the reported suicides rates and concluded that "the figures do seem to support a rise in suicide rates among Australian boys and an increase in suicidal behaviour among children and adolescents."

Factors contributing to the increased rate of suicide

According to Dudley & Waters (1991) the key risk factors for adolescent suicide are mental illness, particularly depression and schizophrenia, substance abuse, antisocial behaviour or a family history of suicide. General risk factors associated with youth suicide include family abuse or neglect sustained exposure to life stressors, family discord, personality disorders, childhood learning difficulties and the availability of firearms. Kosky (1989) argues that research has shown that any attempt to explain adolescent suicide must address both symptomatic depression and chronic family discord. Allerton (1992) stresses the significance of the relationship between adolescent depression and suicidal behaviour. Several factors known to contribute to adolescent depression will briefly be considered here. The concept

of chronic family discord will be expanded to include other violent milieus experienced by Australian youth which may contribute to the problem.

Unemployment

A number of studies have suggested a relationship exists between the level of unemployment in the community and rates of suicide e.g., Martina, 1985; Hassan & Tan, 1989. Lengthy periods of unemployment are associated with reduced self-esteem, psychological insecurity and economic uncertainty. Young males are particularly threatened by these factors. Those young people without the personal skills and resources to cope with the resultant increased levels of stress will be vulnerable to self-destructive behaviour. According to Tan (1992, p.5):

> Between 1970 and 1986, the unemployment rate increased about sixfold from 2.9 per cent to 18.1 per cent for 15 to 19 year-old males and from 3.6 to 19.5 per cent for 15 to 19-year-old females. The overall suicide rate for 15 to 19-year-olds in the same period increased by about 50 per cent. Among 20 to 24-year-olds, the unemployment rate increased by fourfold (from 2.3 in 1967 to 11.7 in 1987) and the suicide rate had increased by 86 per cent among men and remained unchanged among women.

In a study of youth suicide in Victoria, however, Krupinski, Tiller, Burrows & Hallenstein (1994) found no association between the annual rates of suicide and corresponding rates of youth unemployment. On the other hand, Morrell, Taylor, Quine, Kerr and Western (1994) found that unemployment was a significant cause of psychological disturbance in young people who had been employed. The precise nature of the relationship between adolescent suicide and unemployment if, indeed such a relationship

exists, remains to be determined.

Divorce

Researchers have postulated that the rising suicide rate for adolescent can be linked to the divorce rate which has increased significantly since the Federal Government introduced 'no fault' divorce legislation in Australia in 1974 (Hassan, 1992). However, there appears to be general agreement that while divorce itself may not be directly responsible for the rising suicide rate, it may be a contributing factor if associated with sustained *psychosocial stress* for the concerned parties (Davis, 1992).

Media influence

Several investigators have suggested that the rise in suicide rates may be influenced by the media (Davis, 1992; Dudley & Waters, 1991; Haines et al, 1992). These researchers believe that media reports of suicide may be responsible for 'copycat' behaviour in young people. Hassan (1992, p.11) reports that 'under certain conditions celebrity suicide stories influence violent, suicidal behaviour and increase imitative suicides'. It is possible that the media may be held accountable for isolated incidents of 'copycat' suicides. However, it is unlikely that the media can be held responsible for the long-term increase in the rate of suicide.

Levels of violence

It would be inappropriate to characterise Australia as a country within which there was an unacceptably high level of violence. Australia is extremely fortunate in terms of the extent of its involvement in international wars and the lack of internal conflict. For the past 20 years Australia has not engaged in conflict with another nation. Nevertheless, there is growing evidence that young people are increasingly being exposed to violence in different circumstances.

Hassan (1992) argues that there is a relationship between the prevailing level of violence in the community and the rate of suicide. He reports, for example, a US study that found a strong correlation between suicidal behaviour and the presence of firearms in the home. Other researchers generally support the notion that suicide is related to the level of violence to which young people are exposed e.g., Dudley & Waters (1991), Davis (1992) and Kosky (1989). Howard (1990) believes that the delinquency, depression and suicide are closely linked.

The feminist movement in Australia has raised awareness of the level of domestic violence occurring in the community. Such violence includes sexual assault and child abuse. It is difficult to determine the actual incidence of such violence as very few agencies providing services to abused young women keep accurate statistics, nor do police records, provide information on the incidence of violence in the home (Underwood and Lee, 1994).

Young people are subject to violence, not only in the home, but also at school, in the workplace, from their peers and from authority figures such as the police and teachers. According to Howard (1992, p. 223) "adolescent young offenders have a higher rate of suicide and violent death than the 'average' adolescent". The full extent of the level of violence to which young people in Australia are exposed has not been thoroughly documented. However, a study by White, Underwood & Omelczuk (1991) on young people as victims of violence points to the need for further research in this area.

Intervention strategies

Goldney (1987) believes that there is growing optimism among health professionals in many parts of the world because governments are becoming aware of the need to address the growing problem of adolescent suicide. According to Goldney, the Finnish government is seeking to reduce the suicide

rate by 20% by 1995, the Netherlands Ministry of Health is addressing the issue of suicide in university health education programmes. In the U.S., a Task Force on Youth Suicide Prevention has been established. It will require a sustained and focussed effort by any national government to have a significant impact on the problem. Several areas for government attention in Australia are discussed here, including professional education, the funding of non-government organisations and the role of research.

Professional education

There is a critical need for the provision of continuing professional development programmes to be available to those people working with disturbed adolescents. The recent Report of the National Inquiry into the Human Rights of People with Mental Illness (1993, p.932) concluded that :

> There is an alarming lack of knowledge among many mental health, health, education, welfare and juvenile justice professionals about the various psychiatric behavioural and emotional problems which can affect children and young people.

A recent study by Underwood, Lee & Jackson (1991) found that although emergency accommodation workers frequently had to cope with mentally ill young people they were given no training in the management of these people. Aoun, Underwood and Rouse (1994) found that adolescent did not present their mental health problems to a general practitioner, nor did the general practitioners recognise that their patients may have been suffering mental problems (see also Haines et al., 1992). There is clearly a need to sensitise doctors to the mental health needs of young people.

The opportunity for professionals education in the field of mental health should be available to social workers, youth workers, nurses, probation and parole officers, teachers and counsellors. The police are required to deal with a wide range of suicidal behaviours as a regular part of their duties. Kelly (1992, p.206) found that :

> A major difficulty in training police to intervene in community social problems is to develop the confidence of police officers to handle situations which many of them feel are well beyond their level of expertise and should perhaps be the concern of other helping professions.

By providing these professionals with the knowledge and skills to recognise that a young person may be experiencing mental problems and to carry out appropriate actions has to be an effective intervention strategy.

Long-term funding of services

It is an unfortunate fact of life that many non-government community services in Australia are funded on a short-term basis. Both the Federal and State governments will frequently fund such services for no more than 12 months at a time. These precarious funding arrangements make it impossible for service managers to develop long-term strategies designed to effectively address the needs of their clients. The day-to-day management situation also impacts adversely on the morale of the service workers who do not know if the agency will have sufficient funds to maintain their employment in the following year.

Research

Much remains to be done by researchers to enhance our understanding of the increasing rate of suicide among our young people. At a descriptive level we need to be informed about the rate of suicide and how it relates to different demographic variables in Australia. For example, a recent study by Dudley,

Waters, Kelk and Howard (1992) has confirmed that the rate of youth suicide in rural Australia is significantly higher than those in urban areas. According to the National Inquiry into the Human Rights of People with Mental Illness (1993), studies need to be undertaken on risk factors and prevention; the identification of depression in adolescent,. the effects of youth suicide on peers and attempted suicides.

Conclusion

The continued increase in the rate of male youth suicide in Australia for at least the past 20 years has no obvious explanation. Comparative international data reveals that the phenomenon is unrelated to economic well-being at the national level. Long-term social or economic trends such as divorce or unemployment rates are not closely linked to youth suicide. Clearly, the mental health of young people is a key contributing factor which appears to interact with the level of violence to which they are exposed, not only in the family situation, but in a range of social milieus. To redress the present trends the government funding authorities must be committed to continuing professional education, long-term funding of service agencies and an extensive research programme.

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