Population health – a forgotten dimension of social resilience

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Abstract

The health of populations is an important, but neglected, aspect of the resilience of societies. Not only does population health affect the ability of societies to withstand adversity, it can shape how they respond to it – whether in ways that make things better or worse. The orthodox view of health is that it is continuing to improve in line with historic trends, but this is debatable. Common measures of health and well-being, notably life expectancy, self-reported health and happiness, do not give a full and accurate picture; among young people, in particular, it is arguable that health and well-being are in decline (even as life expectancy rises). This has important implications for future population health – and so resilience. To address this situation we must reconceptualise health and healthcare, re-orient education and set stricter standards for the corporate sector, especially in media and marketing. To enhance Australia's resilience, we need to make 'better health' (in the broadest sense), not 'greater wealth', the nation's defining goal.

Introduction

The health of a population is a critical dimension of the resilience of a society. Population health is both a consequence and a cause of social changes, an important component of social systems that shapes their capacity to weather adversity and to maintain their essential structure and function under the pressure of hostile events and circumstances.

This is not generally recognised. A false dichotomy often characterises debate and discussion about national and international affairs. On the one hand, these matters are seen as shaped by large, external forces such as economic developments, technological change, environmental degradation and resource depletion and war and conflict. Population health may be affected by these forces, although this is often assumed rather than explicitly examined (except in the case of war and natural disasters), but health itself is not usually seen as a contributor to larger-scale social developments. The perspectives of economics, politics and, increasingly, environmental sciences dominate the discourse. On the other hand, considerations of health focus on internal, psychological and physiological processes and personal attributes, circumstances and experiences. The dominant frame of reference is a biomedical model of health (or more accurately, ill-health) as an attribute or property of individuals.

This separation is misleading. The reality is that change in both the social and personal worlds is shaped by a complex interplay between the world 'out there' and the world 'in here' (in our minds and bodies). We need to understand this interplay to comprehend what is happening in both worlds. In other words, human 'subjectivity' plays an important part in the functioning of social systems, including their resilience; this is what most distinguishes them from other, biophysical systems, such as ecologies and climate.

The dichotomy is also paradoxical in that with the possible exception of increasing wealth, improving health is the most widely used measure of human development. Wealth has only ever been a means to the end of a better life; health is a core component of that end. If population health is not improving, it is hard to sustain the belief that, as a society, we are making progress. And if heath is declining, this not only reflects social regression, it can reinforce it: if people are getting 'sicker and sadder', this weakens the confidence and resolve we need to face and overcome threats and adversities.

Challenging the orthodoxy of improving health

Is health an issue for us in these times?

The orthodox view of population health in Australia and, indeed, most of the rest of the world, is of continuing improvement in line with historic trends (Eckersley 2008a). This view is based mainly on declining mortality and so rising life expectancy, as well as high levels of self-reported health and life satisfaction. Globally, life expectancy has more than doubled in the last 100 years and is still rising; it is one of humanity's greatest achievements.

While mortality might once have been a good summary measure of health, this is now questionable. The orthodox view underestimates the growing importance to overall health and well-being of non-fatal, chronic illness, especially mental disorders. Similarly, high levels of self-reported health and happiness cannot be taken at face value. Self-reported health is not an accurate measure of health status: many people with serious health problems will still say their health is excellent or very good. Likewise, happiness measures do not reflect all aspects of well-being.

The 'mismeasure' of health is especially relevant to young people. Their health is not only important in its own right, or for their sake; it is crucial to assessing the overall state and future of society. The young reflect best the tenor and tempo of the times by virtue of growing up in them. Because of their stages of biological and social development, they are most vulnerable to social risks and failings. Many of the attitudes and behaviours – even the illnesses – that largely determine adult health have their origins in childhood, adolescence and early adulthood. Thus, the health of young people shapes the future health of the whole population and, in a broader social sense, the health and resilience of society.

To take Australia as an example of the developed world, the historic fall in mortality rates means death now strikes very few young people: about 40 in every 100 000 aged 12–24 each year (Eckersley 2008a). Also, the major causes of death do not necessarily reflect underlying changes in physical and mental health (especially the biggest killer, road accidents). On the other hand, research in Australia and other developed nations suggests 20–30% of young people (20–30 000 per 100 000) are suffering significant psychological distress at any one time, with less severe stress-related symptoms such as frequent headaches, stomach-aches and insomnia affecting as many as 50%. Mental disorders account for almost half the total 'burden of disease' in young Australians, measured as both death and disability – far more than the second biggest contributor, injuries.

A few examples demonstrate the extent to which the high prevalence of diminished well-being amounts to a problem for social resilience. A recent survey (Bernard *et al.* 2007) of more

than 10 000 Australian students from Prep school (aged 4–6) to Year 12 (aged 17–18) found that about 40% scored in the lower levels of social and emotional well-being. Between about a fifth and a half of students said they were lonely (18%); had recently felt hopeless and depressed for a week and had stopped regular activities (20%); were very stressed (31%); had difficulty controlling how depressed they got (32%); lost their temper a lot (35%); worried too much (42%); and had difficulty calming down when upset (a measure of resilience) (48%). (Yet, to illustrate the point above about the inadequacy of happiness measures, 89% of the students said they were happy.)

Several surveys by the Australian Childhood Foundation (Tucci *et al.* 2005, 2006, 2007) of children 10–14 or 10–17 produce a similar picture of high levels of stress, worry and anxiety. For substantial minorities, increasing to majorities for some questions, their sense of confidence in themselves, their community and their place in the world is under threat. Based on one survey (Tucci *et al.* 2007), the Foundation established three categories of children: those who felt well-connected and supported (52%); a 'worried' group (42%); and a 'disconnected and insular' group (the most vulnerable, 8%).

While such findings of high levels of emotional stress imply a worsening situation, long-term trends in mental health are very difficult to establish conclusively because of the lack of good, comparative data (Eckersley 2008a). The issue remains contentious. The weight of international evidence, however, indicates the prevalence of psychological problems among young people has risen in developed nations in recent decades, with the latest US research suggesting a five- to eight-fold increase in the proportion of college students scoring above cut-off points for psychopathology over the past 70 years. The trends are despite the increased treatment of mental disorders.

There are also other adverse patterns and trends in young people's health, including rising obesity and obesity-related diseases such as diabetes; high levels of physical inactivity; poor nutrition; increasing allergies; more young people in care and protection; and rising rates of violent crime (which mainly involves young people as both victims and perpetrators) (Eckersley 2008a).

These arguments also apply to overall population health, but with some important qualifications (Eckersley 2008a). Mental disorders are the third largest contributor to the total burden of disease, after cancer and cardiovascular disease and the largest contributor to the non-fatal component of the disease burden. The proportion of all Australians reporting 'mental and behavioural problems' as long-term conditions increased from 6% in 1995 to 11% in 2005. This picture, however, is offset by declining death rates for leading health problems, including the degenerative diseases of cancer, heart disease and strokes, which are also major causes of disability. (These diseases have relatively little impact on young people's health because of the time it takes for them to develop so, to some extent, current mortality rates reflect a way of life that has long past, for better or worse.)

Recent international research suggests the disease burden of mental illness has been underestimated, which would further challenge the orthodoxy of improving health. One study (Ormel *et al.* 2008) found people attributed higher disability to mental disorders than to the commonly occurring physical disorders, especially with respect to their 'social and personal role functioning'; with 'productive role functioning', the disability of mental and physical disorders was comparable. Another analysis (Prince *et al.* 2007) argues that the burden of mental disorders is likely to have been underestimated because of inadequate appreciation of the connection between mental illness and other health conditions. Mental disorders increase the risk of both communicable and non-communicable diseases and contribute to unintentional and intentional injury. Conversely, many health conditions increase the risk of mental illness.

Public moods and attitudes

The discussion of health so far has focused mainly on clinically significant illness. If we go beyond this focus to consider people's morale and vitality, moods and attitudes, the evidence adds to the disturbing picture of poor personal and social resilience.

Many studies over the past decade, both qualitative and quantitative, reveal levels of anger and anxiety about changes in society that were not apparent 30 years ago (Eckersley 2005). The studies show many people are concerned about the materialism, greed and selfishness they believe drive society today, underlie social ills and threaten their children's future. They yearn for a better balance in their lives, believing that when it comes to things like individual freedom and material abundance, people don't seem 'to know where to stop' or now have 'too much of a good thing'.

A report on 'the mind and mood' of Australians (Ipsos Mackay 2005) says there is growing concern about the state of Australian society – rougher, tougher, more competitive, less compassionate – that is producing stress, edginess and a feeling of personal vulnerability. Australians feel they 'seem to lurching from one difficulty to another with the prospect of a serious crisis emerging'. One survey (Tucci *et al.* 2005) reported 'a growing sense among parents that childhood is at risk because the daily environment in which children live is perceived to be increasingly less safe, stable and predictable'. It found that 80% or more of parents believed children were growing up too fast, worried about their children's futures and felt children were targeted too much by marketers.

The concerns people express about life today and in the future are important to social cohesion and resilience because they weaken people's belief in a broader social ideal and a commitment to the common good, so reinforcing individual goals and priorities. They can also impact on personal well-being (Eckersley 2005, 2008a). Psychological research shows that viewing the world as comprehensible, manageable and meaningful is associated with well-being. Biomedical research shows that people become more stressed and more vulnerable to stress-related illness if they interpret the stress as evidence that circumstances are worsening, feel they have little control over its causes and don't know how long it will last.

Population health's social impacts

Health, in both the narrower (clinical) and broader (well-being) sense, is an important consideration in determining whether societies flourish or languish, including how they cope with adverse events and conditions. The historian Kenneth Clark (1993) observed that civilisation, however complex and solid it seemed, was really quite fragile. After reviewing thousands of years of the rise and fall of civilisations, he warns that 'it's lack of confidence, more than anything else, that kills a civilisation. We can destroy ourselves by cynicism and disillusion just as effectively as by bombs'.

The interplay between psychology and history can be dramatic. The historian Norman Cohn (1957), in his study of the revolutionary chiliastic or millennialist movements that swept Europe in the Middle Ages, said the movements represented a 'collective paranoiac fanaticism'. He argued that societies became vulnerable to revolutionary chiliasm when the existing structure of a society was undermined or devalued and the normal, familiar pattern of life had undergone 'a disruption so severe as to seem irremediable'. It was then that particular calamities would appear particularly calamitous, producing 'an emotional disturbance so widespread and acute, such an overwhelming sense of being exposed, cast out and helpless, that the only way in which it can find effective relief is through an outburst of paranoia, a sudden, collective and fanatical pursuit of the Millennium'.

Cohn saw this paranoid response in the 20th century totalitarian movements of Communism and Nazism. All its ingredients also exist in the 21st century. The resulting social pathology is evident in today's fundamentalist cults and terrorist groups, such as the al-Qaeda terrorist network. There have also been signs of millennialist fervour in the United States in the wake of the September 11 terrorist attacks.

Diminished well-being, then, not only affects people's capacity to respond to adversity in a generic sense; it can dramatically influence the course their response takes. This is apparent in the 'psychosocial dynamics' of global threats such as climate change (Eckersley 2008b). People appear to be responding in at least three different ways to 'apocalyptic suspicions' about the 21st century: nihilism (the abandonment of belief in a social or moral order), fundamentalism (the retreat to certain belief) and activism (the transformation of belief). Each of these responses represents a way of coping, so producing benefits to people's individual well-being and resilience, but in quite different ways: nihilism through a disengagement and distraction from frightening possibilities and prospects; fundamentalism through the conviction of righteousness and the promise of salvation; and activism through a unity of purpose and a belief in a cause. Yet only activism (which arguably demands more collective resilience, energy and resolve) will allow us to deal constructively with global threats.

Public policy implications

We need to think of health not just as an individual illness that requires treatment, but also as an issue having national, even global, causes and consequences. We need to think of health as a way of understanding ourselves better, how we should live and the societies we live in. Just as someone who is unwell, physically or mentally, will be less able to function effectively and withstand adversity, so too will an unhealthy population make a less resilient society. More than this, people's health and well-being can be an important factor in determining whether societies respond effectively to adversity and make the most of their opportunities – or react in ways that make the situation worse.

Global warming and the global financial crisis demand greater national and international intervention and regulation to avert potentially catastrophic outcomes. So, too, do the trends in population health. These include (Eckersley 2008a):

- thinking of health as more than a matter of healthcare services. This should include increasing the proportion of the health budget allocated to prevention and public health. The tradition bias in healthcare, especially medicine, against mental health also needs to be removed.
- reorienting education to give it a clearer focus on increasing young people's understanding of themselves and the world to promote human growth and development, not just materially, but socially, culturally and spiritually.
- setting stricter standards for the corporate sector, especially the media and marketing industries. Just as quality of life depends on the regulation by government of the natural environment and goods and services such as food to protect our physical safety and health and of the economy to ensure national economic benefits and financial propriety, we need to manage cultural influences better to guard against moral hazard and psychological harm.

At the most fundamental level, however, addressing the challenges of population health means changing the stories or narratives by which Australians define themselves, their lives and their goals. These changes should include making better health (in the broadest sense), not greater wealth, the nation's defining goal. This, in turn and in part, would shift the emphasis

of economic activity away from private consumption for short-term, personal gratification towards social investment in building a more equitable, healthy and sustainable way of life.

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