

**Submission to the
Inquiry into the Education of Boys
by the House of Representatives Standing Committee
on Employment, Education and Workplace Relations.**

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The public debate about boys' educational performance has often linked apparent declining performance with rising psychosocial problems among young males. It is not clear from the Committee's Terms of Reference to what extent, if any, its inquiry will address young people's well-being as well as educational issues. However, given that the Committee will report on 'the social, cultural and educational factors affecting the education of boys', it is possible that the wider issues will be taken into consideration. Submissions to the inquiry are likely to draw attention to apparent links between educational performance and psychosocial problems.

Declining educational performance may be a gender issue; this is not my area of expertise and not an issue I want to address in this submission. However, I do want to challenge the view, which appears to be becoming more common, that the problems of young people today are primarily the problems of young males. This perception appears to be based mainly on the high and dramatic rise in suicide among young males compared to young females. For example, the men's movement tends to cite the suicide trends among young men as evidence that it is being male in today's society that is problematic.

There are plausible explanations for this perception. The status and opportunities for women are improving, and this can be seen as a threat to men. Females, either by virtue of their biology or socialisation, seem to have better and more supporting social networks, and be more willing to admit their vulnerability and to seek help. Thus they may be less susceptible to the risks of growing individualism and the stoicism required by masculine culture.

However, the evidence does not support the view that the problems of modern youth are confined to young men, or are even more common among them. Young women attempt suicide more often than young men, perhaps up to twice as often (NHMRC, 1999). While the female youth suicide rate does not show the sustained rise seen in the male youth rate, it is about twice the rate of 50 years ago. These trends are despite the long-term decline in suicide rates for older men and women. The trends are also despite the reduced lethality of suicide attempts today compared to several decades ago because of factors such as better intensive-care technologies and less toxic pharmaceutical drugs. These developments have particularly affected suicide rates among women, because they are more likely than men to attempt suicide by overdosing on prescription drugs.

Trends in psychosocial problems other than suicide also do not support the view that it is just young males who are at risk. A 1997 survey found young women were significantly more likely than young men to have experienced depression (38% vs 30%), severe stress and anxiety (31% vs 18%), sudden personality change (20% vs 14%), physical abuse (13% vs 8%) and attempted suicide (11% vs 3%). Males were more likely than females to be always taking risks (10% vs 3%) (Keys Young, 1997). (A greater willingness by females to admit to problems could contribute to these differences.)

A large-scale survey of Australians' mental health and well-being by the Australian Bureau of Statistics found little difference between males and females aged 18-24 in overall rates of mental health problems (ABS, 1998). However, there were differences between the types of disorders they suffered, with young men more likely to experience substance-use disorders and young women anxiety disorders and affective disorders (such as depression). (Overall, young people had the highest prevalence of mental health problems during the preceding year – 27% - with prevalence declining with age to 6% for those aged 65 and over.)

The gender differences are in line with US research that suggests boys are more likely to express distress and disturbance through 'acting out behaviours' (multiple drug use, school absenteeism, risk taking such as drinking and driving) and girls through 'quietly disturbed behaviour' (poor body image, eating disorders, emotional stress and suicidal ideation or attempt) (Resnick et al, 1993). Thus boys may be more likely than girls to draw attention to themselves and their problems.

Perhaps it is in these differences that a link between educational performance and psychosocial well-being is to be found.

I have attached a draft chapter for a book on youth mental health promotion. It does not deal with gender differences in well-being, but stresses the need to examine young people's well-being within a broad sociocultural context of whether overall quality of life in Australia is improving or deteriorating. I have also attached a paper examining the importance of meaning in life, to young people's well-being in particular.

I urge the Committee to take account of these foundational issues in examining and reporting on the education of boys.

References

ABS, 1998, Mental Health and Wellbeing Profile of Adults, Australia 1997, Australian Bureau of Statistics, Canberra, catalogue no. 4326.0.

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Keys Young, 1997, Research and consultation among young people on mental health issues - final report, Commonwealth Department of Health and Family Services, Canberra.

NHMRC, 1999, Setting the evidence-based research agenda for Australia – a literature review, National Youth Suicide Prevention Strategy, National Health and Medical Research Council, Canberra.

Resnick, M D, Harris, L J & Blum, R W, 1993, The impact of caring and connectedness on adolescent health and well-being, Journal of Paediatrics and Child Health, vol. 29, pp. S3-S9.

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