



Young Victorians' resilience and mental wellbeing survey: Summary

VicHealth has a proud history of promoting the mental health and wellbeing of Victorians. Improving mental wellbeing is one of the five strategic imperatives in the VicHealth Action Agenda for Health Promotion. VicHealth's goal by 2023 is for more Victorians to be more resilient and better connected. In the first instance, we will give priority to building stronger approaches to resilience focusing on young people.

What we know

We know considerably more about mental illness than we do about mental wellbeing, and in particular, we know that youth is a period of high risk for developing mental illness. For example, in 2009, almost one in four young people aged 12-25 in Australia will experience mental illness (Access Economics, 2009) and about 75% of mental health problems commence before 25 years of age (Kessler et al 2005).

Mental wellbeing and resilience, on the other hand, are important and yet underdeveloped areas of research – particularly in Victoria's young people. Further, it is notable that while resilience has become of increasing research interest, routine measurement of resilience in the community does not occur. Relative to adults, there is a lack of published data describing levels of self-reported wellbeing and resilience in young people.

Measurement of resilience and mental wellbeing would allow us to better understand the epidemiology of these two mental health measures, identify areas of greatest need for intervention as well as provide a baseline measurement against which to track our progress in building resilience.

In this summary

- What we know
- Measuring mental wellbeing and resilience
- Key findings of the survey
- Implications of this research

RESEARCH HIGHLIGHTS

This is the first study to bridge the gap between subjective wellbeing and resilience research by analysing the scores measured using the Personal Wellbeing Index-Adult (PWI-A) and the brief version of the Connor-Davidson Resilience Scale (CD-RISC 10). This VicHealth-funded study by Dr Melissa Weinberg and Dr Adrian Tomy from the Australian Centre on Quality of Life, Deakin University, shows that although most young Victorians have good mental wellbeing, there is still more that can be done to build resilience in this group.

Their research highlights factors that may be associated with resilience and personal wellbeing, such as supportive relationships and sufficient income, and provides baseline data that will help to interpret data collected in future studies. See details of the survey on page 2.

With this in mind, VicHealth engaged quality of life and subjective wellbeing experts with the aim to provide a baseline measure of resilience among young Victorians aged 16–25 and report on their levels of mental wellbeing. Collectively, such data have the potential to inform government policy and service delivery. For example, targeted interventions can be designed and delivered to maximise effectiveness for young people who are identified as being at high risk of experiencing low wellbeing and depression.

One of the first challenges was to determine the best way to measure mental wellbeing and resilience.

Mental wellbeing

Positive mental health or wellbeing is a dynamic state in which people enjoy life, are able to develop to their potential and contribute to the community. The measurement of mental wellbeing has only recently been used to inform government policy and debate exists around the best ways to measure it. ‘Subjective wellbeing’ is one way of measuring mental wellbeing and has become an accepted alternative to traditional indicators of national performance and progress (Stiglitz, Sen & Fitoussi), such as income, high school completion, and Gross Domestic Product. Subjective wellbeing can be defined as “a normally positive state of mind that involves the whole life experience” (Cummins, 2010). Subjective wellbeing provides an indication of how people feel and think about their own lives and personal circumstances.

Measurement of mental wellbeing

In this survey, subjective wellbeing was measured using a scientifically validated instrument known as the Personal Wellbeing Index-Adult (PWI-A; International Wellbeing Group, 2013). This scale is recommended by the World Health Organization (WHO; WHO Regional Office for Europe, 2013) and Organisation for Economic Co-operation and Development (OECD; OECD 2013) for this purpose and is a reliable and accepted way to measure subjective wellbeing. The PWI-A scale has also been used to gather data on the subjective wellbeing of over 60,000 adult Australians (Australian Centre on Quality of Life).

An important advantage of using the PWI-A is that it actually measures mental wellbeing as a specific outcome, whereas other measurement scales infer wellbeing from the absence of mental illness.

Resilience

Resilience can be defined in various ways, but a common thread throughout the scientific literature involves coping in the face of adversity. The academic literature usually proposes that resilience is either a process or an outcome and can develop over time with life experience. In the context of this research, resilience is defined as a dynamic process leading to positive adaptation in the face of significant adversity.

The measurement of resilience is somewhat hampered by the range of definitions and theories that abound, and the field is not as well advanced as the measurement of wellbeing. One concern with regard to the measurement of resilience is that, by most definitions, resilience can only be demonstrated in the face of adversity, which in turn makes the ethical exploration of resilience problematic. Instead, measures usually approximate actual resilience by capturing ‘perceived resilience’, or by having participants rate their level of agreement with statements that typically describe resilient people.

Measurement of resilience

In this survey, a shortened version of the Connor–Davidson Resilience Scale (CD-RISC) (Connor & Davidson, 2003) was selected to measure resilience. The original CD-RISC has been shown to be sensitive enough to capture changes following resilience building interventions (Davidson et al., 2005), which has important implications for future research plans. The brief CD-RISC 10 (Campbell-Sills & Stein, 2007) is recognised as a quality scale targeted for a young adult audience and is designed to measure the ability to cope with stress (Windle, Bennett, & Noyes, 2011). It is hoped that evidence gathered from this research may lead to a greater understanding of the concept of resilience and facilitate a capacity to measure resilience within this important and under-researched group – young Victorians.

The survey

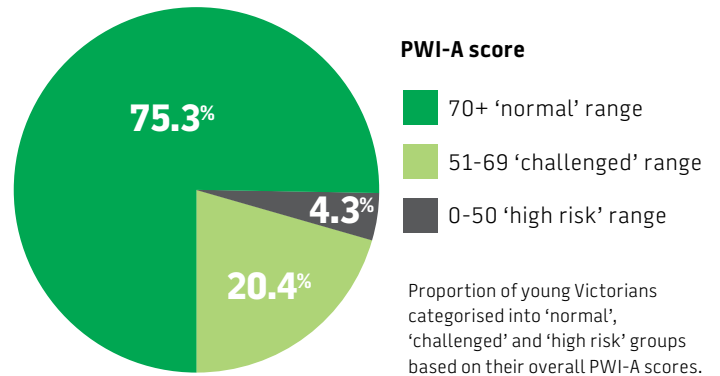
The main aim of this research was to provide VicHealth with a baseline measure of the prevalence of resilience and mental wellbeing among young Victorians. One thousand young Victorians aged between 16 and 25 participated in a telephone-based survey and interviews were carried out between 6 May 2015 and 20 May 2015. Participants who were included had previously been contacted by random selection for other Australian studies and had agreed to be contacted for future studies. This research was approved by the Cairnmillar Institute School of Psychology Counselling and Psychotherapy Human Research Ethics Committee.

Key findings

The subjective wellbeing of young Victorians

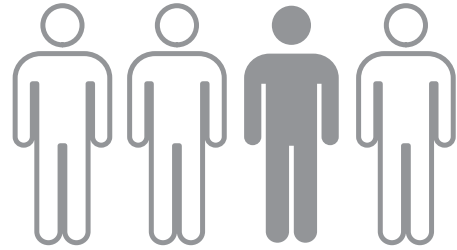
- Approximately three in four (75.3%) young Victorians scored in the normal range for wellbeing, and the average wellbeing score was consistent with results gathered from Australian adults (Cummins et al., 2013)
- Approximately one in four young people may be more vulnerable to depression. That is, one in five (20.4%) young people reported scores on the PWI-A that suggest their wellbeing is 'challenged', and a further 1 in 23 (4.3%) reported wellbeing scores suggesting that they are at high risk for depression.
- The PWI-A measures seven key areas: standard of living, health, achieving in life, relationships, safety, community connection and future security. On average, the sample reported lower scores than the general Australian adult population in the areas of relationships and community connection, highlighting areas of potential vulnerability among Victoria's young people.

Proportion of young Victorians categorised by PWI-A score



3 in 4

Approximately three in four young Victorians scored in the normal range for wellbeing



1 in 4

Approximately one in four young people may be more vulnerable to depression

Subjective wellbeing scale



Standard of living



Health



Safety



Future security

The Personal Wellbeing Index-Adult tool measures seven key areas



Achieving in life



Community connection



Relationships

Factors associated with increased or decreased wellbeing

Although the overall average subjective wellbeing was within the normal range for Australian adults, analyses revealed differences in personal wellbeing among different sub-groups.

For example, the following factors may be associated with young people with above average wellbeing:

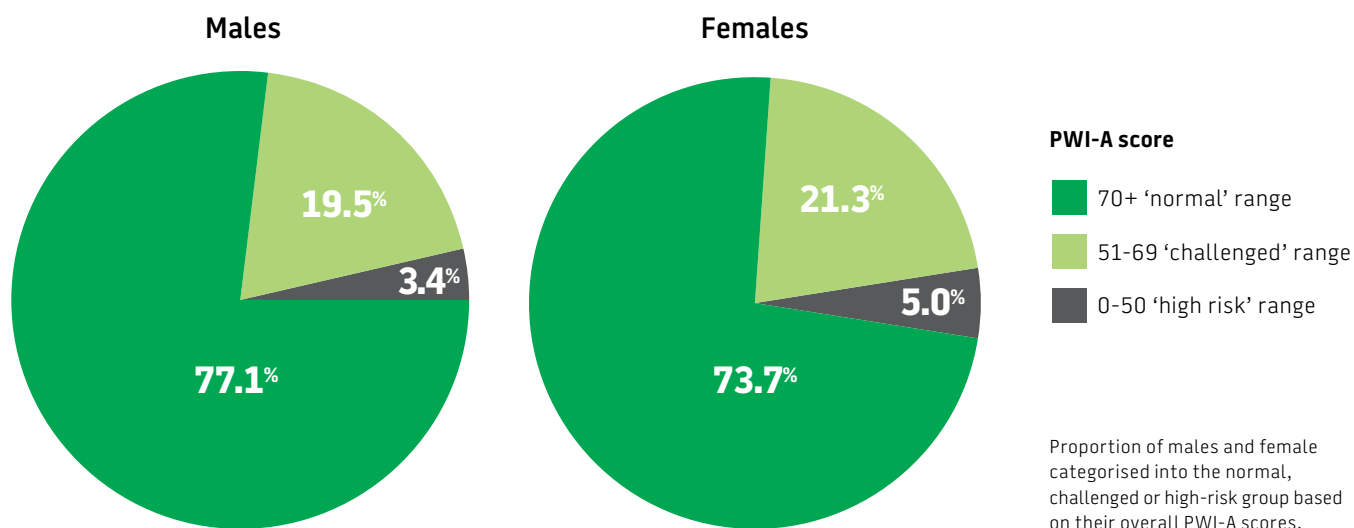
- participating in sport/recreation
- having high access to social support when required
- coming from higher income households
- living with partner and children or with partner and parents.

In contrast, young people with below average wellbeing may be more likely to have

- limited access to social support when in need
- been looking for work and aged 22-25 years
- from lower income households
- living alone.

The survey also found that females were approximately 50% more likely than males to be at high risk for depression.

Proportion of males and females categorised by PWI-A score



Factors associated with increased or decreased resilience

Some factors that may be associated with higher average resilience were:

- belonging to a sport or physical activity group
- those who answered that they could 'definitely' get help from another person when needed.

Relationship between resilience and mental wellbeing

According to this study, resilience and mental wellbeing share a moderate, positive relationship – in other words, a person with a normal subjective wellbeing level is more likely to have higher resilience levels. This is the first study to explore the relationship between these two measurements. However, this relationship is not seen in all subgroups and therefore it is clear that although resilience is related to subjective wellbeing, it is not the same. For example, high school students have higher personal wellbeing than university and TAFE students, but lower resilience scores.

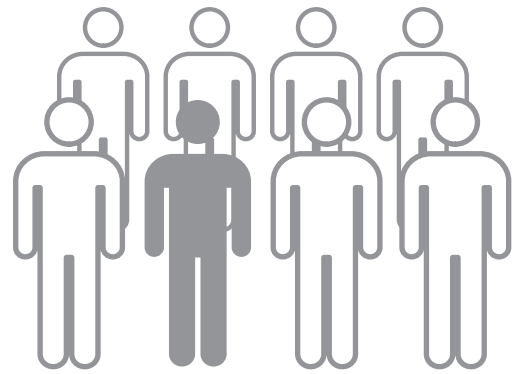
Access to social support has a positive association with wellbeing and resilience

- Approximately one in four young Victorians report having limited access to social support in a time of need.
- Average subjective wellbeing was considerably higher among young Victorians who responded 'Yes, definitely' to the question "Can you get help from friends, family or neighbours when needed?"
- For young people who responded 'Sometimes', 'Rarely' or 'Not at all' to the question "Can you get help from friends, family or neighbours when needed?", their average subjective wellbeing was well below the normal range, placing them at a higher risk for depression.
- The average resilience score for those who responded 'yes definitely' to the question "Can you get help from friends, family or neighbours when needed?" was also considerably higher than all other groups.



1 in 4

Approximately one in four young Victorians report having limited access to social support in a time of need.



1 in 8

Approximately one in eight young Victorians report a very high intensity of loneliness, which is associated with an average wellbeing well below the normal range.

The presence of loneliness has a significant impact on wellbeing levels

- Approximately one in eight young Victorians report a very high intensity of loneliness, which is associated with an average wellbeing well below the normal range.
- General feelings of loneliness were found to have a stronger negative influence on personal wellbeing at relatively low levels compared to the impact of stress and anxiety on wellbeing.
- Although Victorian young people report feeling generally high levels of stress, wellbeing only falls below the normal range for those reporting a *very* high intensity of stress. It also appears that young people are able to tolerate even moderate levels of stress without any deficit to their wellbeing.
- The data suggests that the general feeling of loneliness may be more detrimental to personal wellbeing than general feelings of either stress or anxiety.

Validity of CD-RISC 10 in a young Victorian population

- The CD-RISC 10 is a reliable scale and appears to be a suitable measure for resilience for this population.
- This is the first survey to empirically validate the CD-RISC 10 in a sample of young Victorians.

The data suggests that the general feeling of loneliness may be more detrimental to personal wellbeing than general feelings of either stress or anxiety.

Implications of this research

The findings from this study indicate that overall, the average subjective wellbeing for young Victorians is within the expected normal range for Australian adults.

However, lower wellbeing scores are reported by those who do not have strong social support, and more specifically, the average scores in the areas of relationships and community connections were below the expected range for Australian adults, which suggest possible areas of vulnerability for young Victorians. Social support is regarded as an important external resource that can act as a 'buffer' to protect personal wellbeing and support resilience in times of challenge. This is of particular note for young people, as it has been reported that social and family relationships may be especially important for adolescents since their development occurs within a social context and they are heavily reliant on key adults in their lives, including parents and teachers (Bronfenbrenner, 2005). Therefore, these survey results may have education and other service delivery implications. More specifically, targeted interventions may be most effective if they can engage young people in a supportive and socially-oriented environment to build positive and mutually beneficial relationships at both personal and community levels. By connecting to others in this way, young people can build important supportive resources that can be accessed during times of personal challenge and crisis.

This survey also found that approximately one in eight young Victorians report a very high intensity of loneliness, which is associated with an average wellbeing well below the normal range. While much research has been devoted to the negative and harmful impact of stress on personal wellbeing, general feelings of loneliness were found to have a stronger negative influence on personal wellbeing at lower levels than both stress and anxiety in this study. The implication of these findings is that loneliness appears to have a more hidden yet detrimental association with the subjective wellbeing of young people, and that future education and intervention opportunities should focus on reducing social isolation and loneliness.

This is the first study to bridge the gap between subjective wellbeing and resilience research by analysing the scores measured using the PWI-A and the CD-RISC 10. The study found that the level of subjective wellbeing of young Victorians is positively and moderately correlated with resilience. However, despite the generally high scores on wellbeing, not all subgroups who scored above average on wellbeing expressed high corresponding resilience. Therefore, it is clear that there is a complex relationship between subjective wellbeing and resilience scores and the results of this study support the belief that although resilience and subjective wellbeing are related, resilience should not be used as a proxy for personal wellbeing, and vice versa. Further, differences between various sub-groups highlight the need for targeted interventions and programs. For example, programs in early adolescence that foster resilience and increased education and support for young adults as they seek to transition into employment.

This report highlights factors that may be associated with resilience and personal wellbeing, such as supportive relationships and sufficient income, and provides baseline data that will help to interpret data collected in future studies. It also supports the use of the CD-RISC 10 scale for future research in this population.

This publication is a summary of the VicHealth report *Community survey of young Victorians' resilience and mental wellbeing* by Dr Melissa Weinberg and Dr Adrian Tomy. For more information about this study and to view the full report, visit www.vichealth.vic.gov.au/young-victorians-survey

References

1. Access Economics Pty Ltd (2009). *The economic impact of youth mental illness and the cost effectiveness of early intervention*, Victoria. December 2009.
2. Australian Centre on Quality of Life. Australian Unity Wellbeing Index data (2001 to 2013) accessed on 8 October 2015 at <http://www.acqol.com.au/reports/auwbi.php>
3. Bronfenbrenner, U (2005). *Making human beings human: Bioecological perspectives on human development*. Thousand Oaks, CA. Sage Publication Ltd.
4. Campbell-Sills, L & Stein, MB (2007). *Psychometric analysis and refinement of the Connor-Davidson Resilience Scale (CD-RISC): Validation of a 10-item measure of resilience*. Journal of Traumatic Stress, 20, 1019-1028.
5. Connor, KM & Davidson, JRT (2003). *Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC)*. Depression and Anxiety, 18, 76-82.
6. Cummins, RA (2010). *Subjective wellbeing, homeostatically protected mood and depression: A synthesis*. Journal of Happiness Studies, 11, 1-17.
7. Cummins, RA, Woerner, J, Weinberg, M, Collard, J, Hartley-Clark, L, & Horfiniak, K (2013). *Australian unity wellbeing index survey 30.0 part A: The report*. The Wellbeing of Australians: Social media, personal achievement, and work. Retrieved from <https://www.deakin.edu.au/research/acqol/auwbi/survey-reports/survey-030-report-part-a.pdf>
8. Davidson, JR, Payne, VM, Connor, KM, Foa, EB, Rothabum, BO, Hertzberg, MA, & Weisler, RH (2005). *Trauma, resilience, and saliostasis: Effects of treatment on posttraumatic stress disorder*. International Clinical Psychopharmacology, 20, 43-48.
9. International Wellbeing Group. (2013). *Personal Wellbeing Index. User manual*. 5th edition. Deakin University: Melbourne.
10. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE (2005). *Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication*. Archives of General Psychiatry 2005;62(6):593-602
11. OECD (2013). *OECD Guidelines on Measuring Subjective Well-being*, OECD Publishing. Accessed on 8 October, 2015 at http://www.oecd-ilibrary.org/economics/oecd-guidelines-on-measuring-subjective-well-being_9789264191655-en
12. Stiglitz J, Sen A, Fitoussi J-P. *Report by the Commission on the Measurement of Economic Performance and Social Progress*. Accessed on 8 October 2015 from http://www.insee.fr/fr/publications-et-services/default.asp?page=dossiers_web/stiglitz/documents-commission.htm
13. Windle, G, Bennett, KM, & Noyes, J (2011). *A methodological review of resilience measurement scales*. Health & Quality of Life Outcomes, 9, 1-18.
14. WHO Regional Office for Europe (2013). *Measurement of and target-setting for well-being*. Second meeting of the expert group, Paris, 25-26 June 2012. Copenhagen: WHO Regional Office for Europe



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