

Chapter 42

Exploring Three Measures of Student Wellbeing

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ABSTRACT

There has been limited consensus on how young people's wellbeing should be measured (O'Hare & Gutierrez, 2012). One approach, suggested by Lau and Bradshaw (2010), is that people's subjective judgments capture the essence of wellbeing. Following from Lau and Bradshaw's approach, in this chapter the authors report on a study that sought young adolescents' subjective judgments using three different wellbeing instruments. A purposive sample of 1930 South Australian middle-school students aged 11-16 completed three different measures of wellbeing. Analysis of these instruments indicated that they all require some modification to make them better suited as measures of the subjective wellbeing of young people in the middle-school years. Using the three scales together, the study indicated that the majority (55%) of students were flourishing, a large proportion (39%) had moderate mental health, and a small proportion (about 6%) were languishing.

INTRODUCTION

Wellbeing and mental health are of international concern (Beresford, 2012). Authorities interested in improving outcomes for young people are focusing on gathering information about children's wellbeing and mental health, as well as other indicators, such as physical health and development. For example, in order to gauge the progress of Australian children, the Australian Institute of Health and Welfare (AIHW, 2012) studied children's health, development and wellbeing using a series of indicators (e.g., infant mortality rates; the rate of children who were the subject of child protection substantiation in a

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given year; attendance rate of children at primary school, etc.) to determine how young people were faring. The use of population-based social indicators or administrative data is an approach typically used for this purpose (e.g., Land, Lamb, Meadows, & Taylor, 2007). Data commonly collected by public institutions, such as those describing the proportion of teenage pregnancies, infant mortality rates, infant immunisation statistics and the percentage of income received by the 40 per cent of households with the lowest income, for example, indicates the wellbeing of a nation's children. While these measures are derived from administrative data, subjective measures of wellbeing are also commonly used in addition to, or instead of, population based indicators.

Lau and Bradshaw (2010) suggested that it is *subjective* wellbeing that marks the essence of wellbeing, and it is to this that other domains, such as health and social/family connections, contribute. Lau and Bradshaw focused on the young person as the unit of analysis, and suggested that young people could be asked to answer questions about a variety of areas in their lives, such as their health, relationships, life satisfaction and education, in order to determine their level of wellbeing. Accordingly, Lau and Bradshaw included self-reported indicators in their scales to measure wellbeing.

However, researchers have been uncertain about the number and types of domains that should be included in measures in order to encapsulate wellbeing. Accordingly, there appears to be limited consensus on how young people's wellbeing should be measured (O'Hare & Gutierrez, 2012). In our study, our purpose was to identify a valid and reliable measure of young people's wellbeing and mental health. Rather than focus on population indicators or clinical screening, we investigated self-report measures of subjective wellbeing and mental health suitable for use with young people in the middle-school years.

BACKGROUND

It has been typical in the past for researchers to equate the health and wellbeing of young people and adults with the absence of difficulty and disturbance, where a person's mental health was considered satisfactory if a mental health disorder was not diagnosed. However, rather than taking a dichotomous approach, mental health can be considered to occur across a spectrum or continuum (Keyes, 2006). On such a continuum, occurrences of mental ill-health, whereby individuals experience unhappiness and difficulties but are not diagnosed with a mental health disorder, are considered, in Keyes's (2002) terms, to be languishing. Languishing is a state of being which occurs at the lower end of the mental health spectrum. Conversely, individuals with the most positive state of mental health are considered to be flourishing and are positioned at the high end of the spectrum. Moderate mental health, which according to Keyes (2006) is experienced by most of the population, is located between languishing and flourishing on this spectrum. Boundaries between these mental health states are blurred and loosely defined. The mental health of an individual is situated at one point along this spectrum at any given point in time, and a person can move along the spectrum at different stages of their lives.

This perspective is in accord with the views of Kazdin (1993) and Roeser, Eccles and Strobel (1998), who have conceptualised mental health as consisting of two dimensions, namely a) the absence of dysfunction (impairment) in psychological, emotional, behavioural and social spheres, and b) the presence of optimal functioning in psychological and social domains. In this regard we consider, as Keyes (2006) has suggested, that mental health viewed in this way is a good indicator of wellbeing. This more positive approach involves an assessment of wellbeing by considering the presence of positive feelings toward one's life and the level of functioning well in life (Keyes, 2006).

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