

## **6. ASSESSING AND EXPLORING MENTAL WELL-BEING IN STAFFORDSHIRE AND STOKE-ON-TRENT**

**Selected findings from research carried out using the Warwick and Edinburgh Mental Well-being Scale in parts of Staffordshire and Stoke-on-Trent and the relationship between well-being and lifestyle, social capital and the five ways to well-being.**

### **6.1 Introduction and background**

This chapter presents the findings from research conducted by Information by Design to assess and explore mental well-being on behalf of NHS Stoke-on-Trent and South Staffordshire Primary Care Trust (PCT). The research was conducted in Stoke-on-Trent between December 2009 and March 2010 and in the southern part of Staffordshire between June 2010 and October 2010.

#### **Measuring mental well-being**

The importance of mental health, emotional well-being and quality of life is increasingly raised in reference to its impact on health, education, culture, employment, crime, regeneration and social inclusion. Therefore, there is increasing interest in the concept of positive mental health and the term is often used interchangeably with the term mental well-being. It is a complex concept and positive mental health is recognized as having major consequences for health and social outcomes. The demand for instruments suitable for use with both individuals and populations has led to a considerable amount of research on measures of mental well-being. The two primary approaches are those developed by Warwick and Edinburgh University (with NHS Health Scotland) and the work of Paul Dolan from Imperial College. This later work has been termed 'happiness' measurement and has linked mental well-being factors to economic costs.<sup>1</sup> For this research it was decided to use the Warwick and Edinburgh Mental Well-being Scale (WEMWBS) to measure positive mental well-being.

#### **The Warwick and Edinburgh Mental Well-being Scale**

WEMWBS is a simple to use 14 point or 7 point scale for measuring well-being.<sup>2</sup> It has been psychometrically tested showing good content validity and high test-retest reliability scores (0.83 at one week). It is an ordinal scale comprising 14 positively phrased Likert style items. Development was undertaken by an expert panel drawing on the current academic literature, qualitative research with focus groups, and psychometric testing of an existing scale (the Affectometer 2). The new scale was validated on student and representative population samples in the UK using qualitative as well as quantitative methods and performed well against classic criteria for scale development. Its distribution was near normal and did not show ceiling effects in population samples. It discriminated between population groups in a way this is largely consistent with the results of other population surveys.

#### **Survey aims and objectives**

The overall aim of both research projects was to establish the baseline prevalence of mental well-being in parts of NHS Stoke-on-Trent and parts of Staffordshire covered by South Staffordshire PCT (referred to as South Staffordshire in the tables and charts) and to gain some insights into resilience and social capital to help target messages promoting positive mental health and reducing risk factors. There were therefore commonalities in the specific objectives of the research, particularly in exploring the factors that influence mental well-being and how the New Economics Foundation 'five ways to well-being'<sup>3</sup> might be used to promote well-being. In South Staffordshire PCT area the survey also set out to examine differences across age groups and different deprivation quintiles (Table 6.1).

**Table 6.1: Research objectives**

NHS Stoke-on-Trent	South Staffordshire PCT
<p>To explore:</p> <ul style="list-style-type: none"> <li>• the particular factors influencing mental well-being in the communities of interest and how these might be addressed to promote good mental health</li> <li>• the extent to which community members take action to maintain and manage their own mental well-being, using the 'five ways to well-being' (New Economics Foundation) as a framework</li> </ul>	<p>To examine:</p> <ul style="list-style-type: none"> <li>• differences in well-being across the PCT including differences in urban and rural areas, across deprivation quintiles and age groups, for example, young adults, working age population and older people</li> <li>• differences in predictors of well-being including resilience, social capital, protective factors and risk factors across the different population groups</li> <li>• to obtain insight into how to promote the 'five ways to well-being' across the PCT in the categories above</li> </ul>

## 6.2 Methodology

The methodology was a mixed method approach using both quantitative (face-to-face household survey) and qualitative research (focus groups). The initial work was conducted in Stoke-on-Trent and was replicated with some modifications in Staffordshire. The methodology and the questionnaire used in both surveys was the same to enable comparisons.

The basis of the survey was the Warwick and Edinburgh Mental Well-being 14 item scale (WEMWBS) that addresses subjective well-being, psychological functioning and positive mental health (as opposed to mental illness). This was used in the face-to-face survey of residents and discussed in the focus groups.

The questionnaire also included a number of demographic and potential explanatory variables including:

- Age, gender, ethnic group and postcode/ward/place of residence
- Employment status, income, home ownership and education
- Actions taken to manage their own mental well-being
- General health status, and long term limiting illness
- Social and family networks
- Lifestyle factors

The content of the questionnaire was agreed by the NHS Stoke-on-Trent project steering group and was piloted with 50 respondents and then re-piloted following changes made as a result of the pilot.

Lay researchers were appointed and trained both to undertake interviewing and to provide support to the focus groups. This was intended to support well-being in a proactive and positive way, by providing training and job opportunities to local people. Details of the differences in methodology are given in Table 6.2.

**Table 6.2: Details of methods used in both surveys**

NHS Stoke-on-Trent	South Staffordshire PCT
<ul style="list-style-type: none"> <li>• 5 focus groups</li> <li>• 860 respondents to face-to-face survey</li> <li>• The area chosen was to the north of the City in the electoral wards of Tunstall, Burslem North, Chell and Packmoor and Norton and Bradeley</li> <li>• Final stage included a reflector group with the public and an evaluation session with the lay researchers and NHS Stoke-on-Trent staff</li> </ul>	<ul style="list-style-type: none"> <li>• 6 focus groups</li> <li>• 600 respondents, selected at random from the electoral role with quota controls set on age and gender and selected based on an analysis of Lower Super Output Areas (LSOAs) by rural/urban split and deprivation quintile</li> <li>• A face-to-face booster survey with 100 respondents: 50 from Polish and 50 Pakistani backgrounds in inner city Burton-on-Trent</li> </ul>

The user guide for WEMWBS gives an indication of the way in which the analysis should be presented, in particular using mean or median scores.<sup>4</sup> Mean scores were reported on in both surveys.

Further detail is given in the main project reports.<sup>5,6</sup>

This chapter reports on key findings from the quantitative element of the survey and does not include the Polish and Pakistani booster sample in Staffordshire.

### **Five ways to well-being**

In 2008, the New Economics Foundation was commissioned by the Government's Foresight Project on Mental Capital and Well-being to review inter-disciplinary work with the aim of identifying a set of evidence-based actions to improve well-being, which individuals could be encouraged to build into their daily lives. They identified 'five ways to well-being' (5WWB) as follows:

- Connect with the people around you
- Be active
- Take notice (of the world around you)
- Keep learning
- Give

For this project the 5WWB were utilized in the following ways:

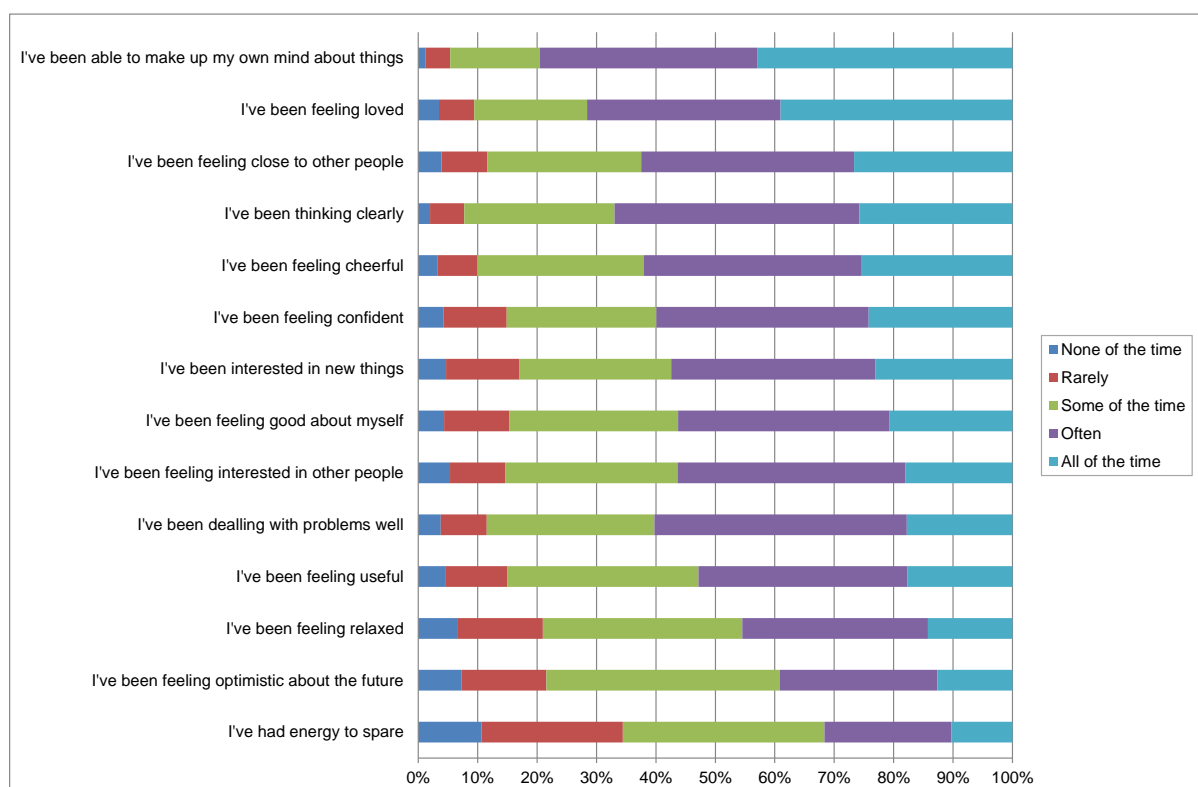
- Staff who worked on the project were given information on the 5WWB
- Leaflets featuring the 5WWB were given to the respondents on completion of the interviews
- The focus groups looked at the way in which people could use the 5WWB to support them to achieve mental well-being (see respective reports for further details of the focus group findings)
- The questionnaire included two questions on 5WWB – one on the way in which respondents were achieving the 5WWB and another to provide some direction to policy makers on the ways in which 5WWB could be supported in the community.

## 6.3 Results

### WEMWBS item rankings

The rankings of the 14 different items on the WEMWBS scale for Stoke-on-Trent and South Staffordshire PCT are shown in Figure 6.1 and Figure 6.2 (these have been ranked by 'all of the time'). For the statement, 'I've been able to make up my own mind about things', 43.0% of respondents in Stoke-on-Trent were able to do this 'all of the time', compared with 45.0% in Staffordshire. However, 20.4% of respondents in Stoke-on-Trent and 16.8% of respondents in Staffordshire reported being able to make up their own mind about things 'some of the time', 'rarely' or 'none of the time'.

**Figure 6.1: WEMWBS 14 items ranking for NHS Stoke-on-Trent in 2010**

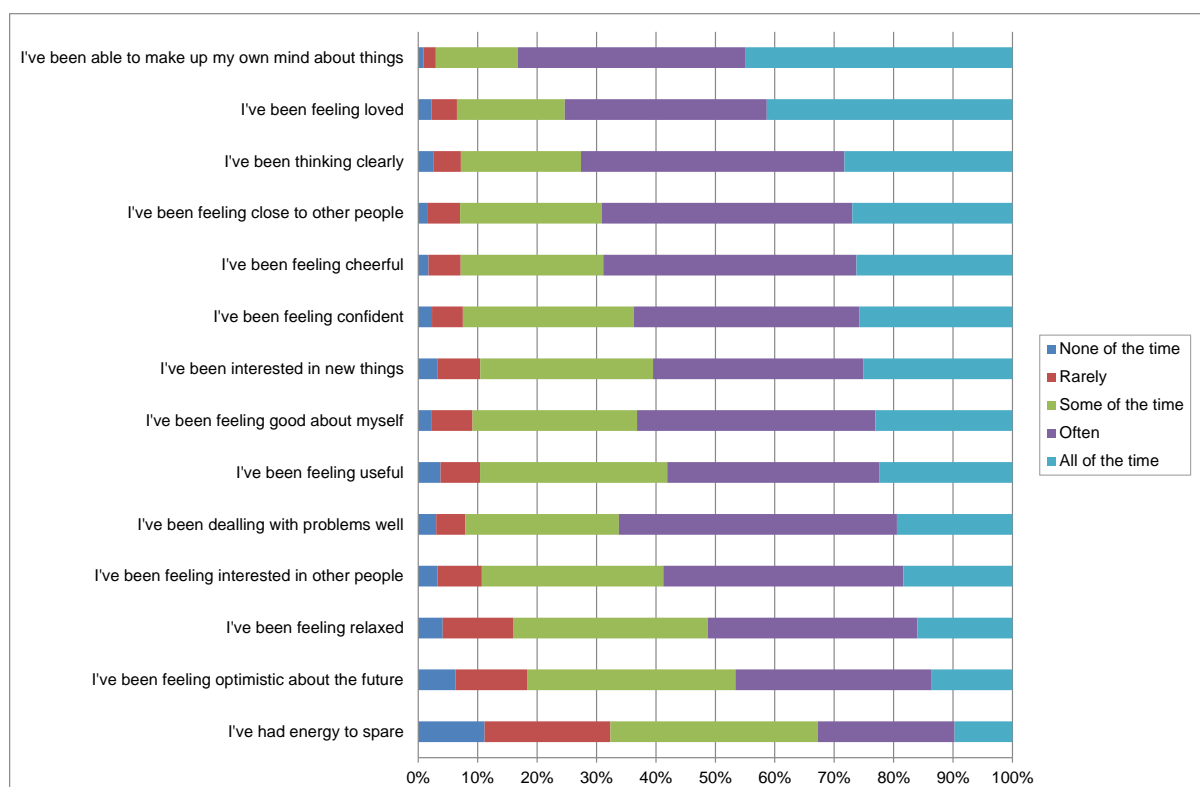


Source: Information by Design 2010

Looking at the lower ranking items, only 31.6% of respondents in Stoke-on-Trent said they had 'energy to spare' either 'often or all of the time', whilst, in contrast, 34.4% reported having energy to spare 'none of the time or rarely'. In Staffordshire, the respective figures for energy to spare were 32.8% (for 'often or all of the time') and 32.4% (for 'none of the time or rarely').

Combining the response categories of 'none of the time/rarely', and 'often/all of the time', revealed two pictures: first, across all 14 WEMWBS items, respondents in Stoke-on-Trent were more likely to report 'none of the time/rarely'; second, in contrast, across all 14 items, respondents in Staffordshire were more likely to report 'often/all of the time'.

**Figure 6.2: WEMWBS 14 items ranking for South Staffordshire PCT in 2010**



Source: Information by Design 2010

### Distribution of WEMWBS scores

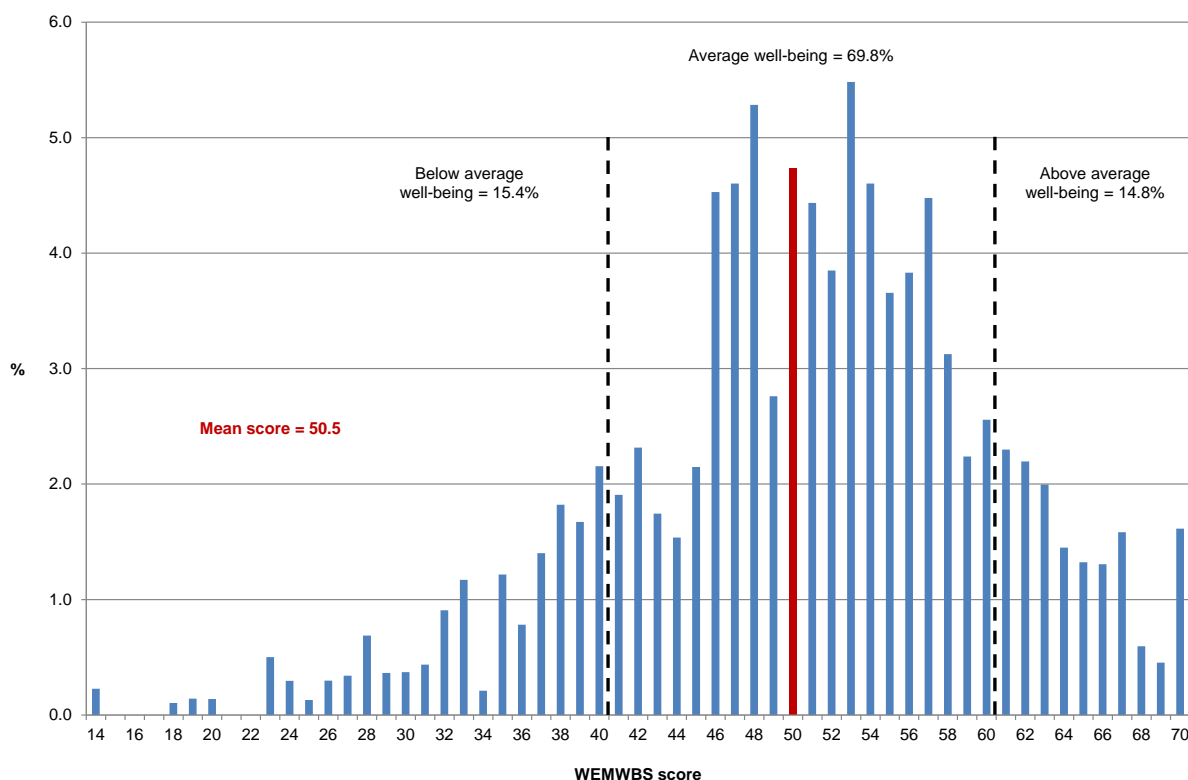
The distribution of the WEMWBS scores for Stoke-on-Trent and Staffordshire are shown in Figure 6.3 and Figure 6.4. In Stoke-on-Trent, the mean WEMWBS score was 50.5 (with a standard deviation of 9.8, and a range of 14 to 70, number = 811). The mean WEMWBS score in Staffordshire was higher, 52.1 (with a standard deviation of 9.3, the same range, number = 613). To benchmark the local results, data collected by Warwick and Edinburgh Universities (in the development of the WEMWBS scale) reported a mean score of 50.7 (with a standard deviation of 8.8, number = 1,749).

Figure 6.3 and Figure 6.4 show that the largest proportion of respondents in both Stoke-on-Trent (69.8%) and Staffordshire (69.7%) fell within the 'average' well-being range (that is, within one standard deviation of the mean). In both areas, between 15% and 16% of respondents were recorded as having 'below average' mental well-being as measured by WEMWBS.

### Differences by community safety

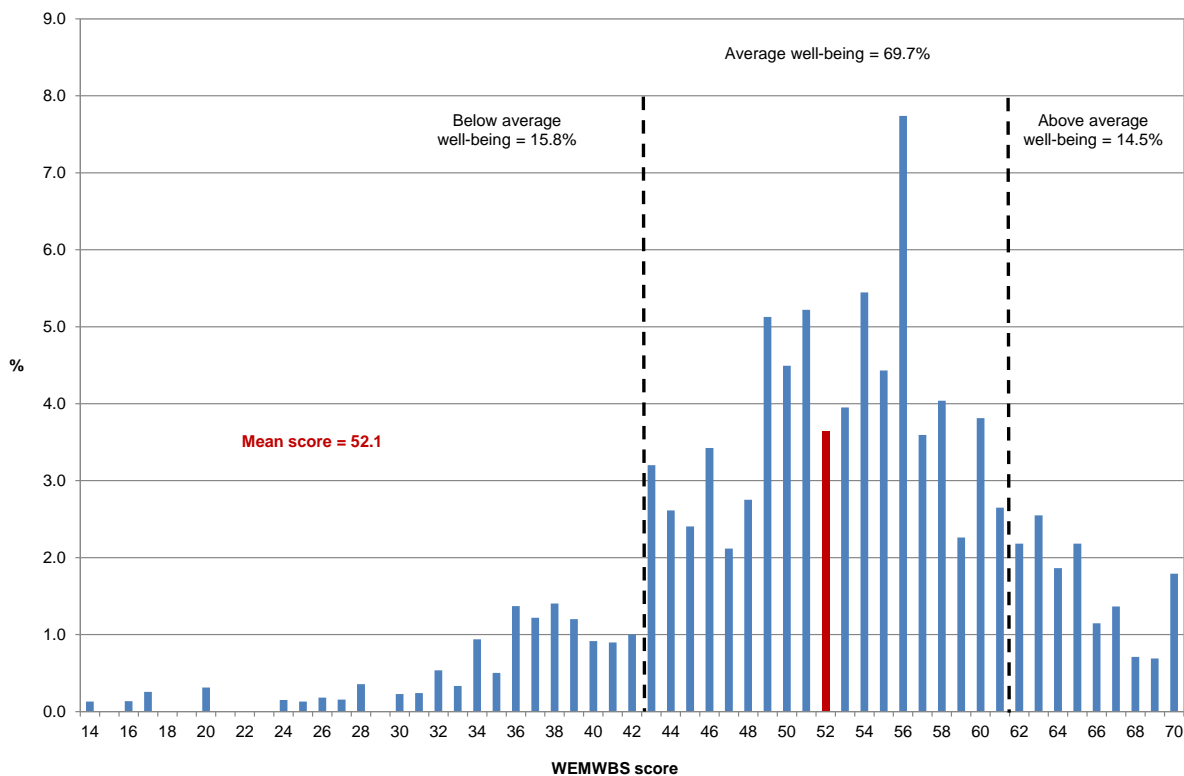
Three areas of community safety were explored across Stoke-on-Trent and Staffordshire: 'being alone at home at night'; 'being alone in an area during daytime'; 'walking alone in an area after dark'. In general, respondents who felt 'very safe' had significantly higher mean WEMWBS scores compared with those who 'never go out'. The main findings for the three community safety indicators are summarised in Table 6.3 and illustrated in Figure 6.5 (for walking alone in an area after dark).

**Figure 6.3: Distribution of WEMWBS scores for NHS Stoke-on-Trent in 2010**



Source: Information by Design 2010

**Figure 6.4: Distribution of WEMWBS scores for South Staffordshire PCT in 2010**



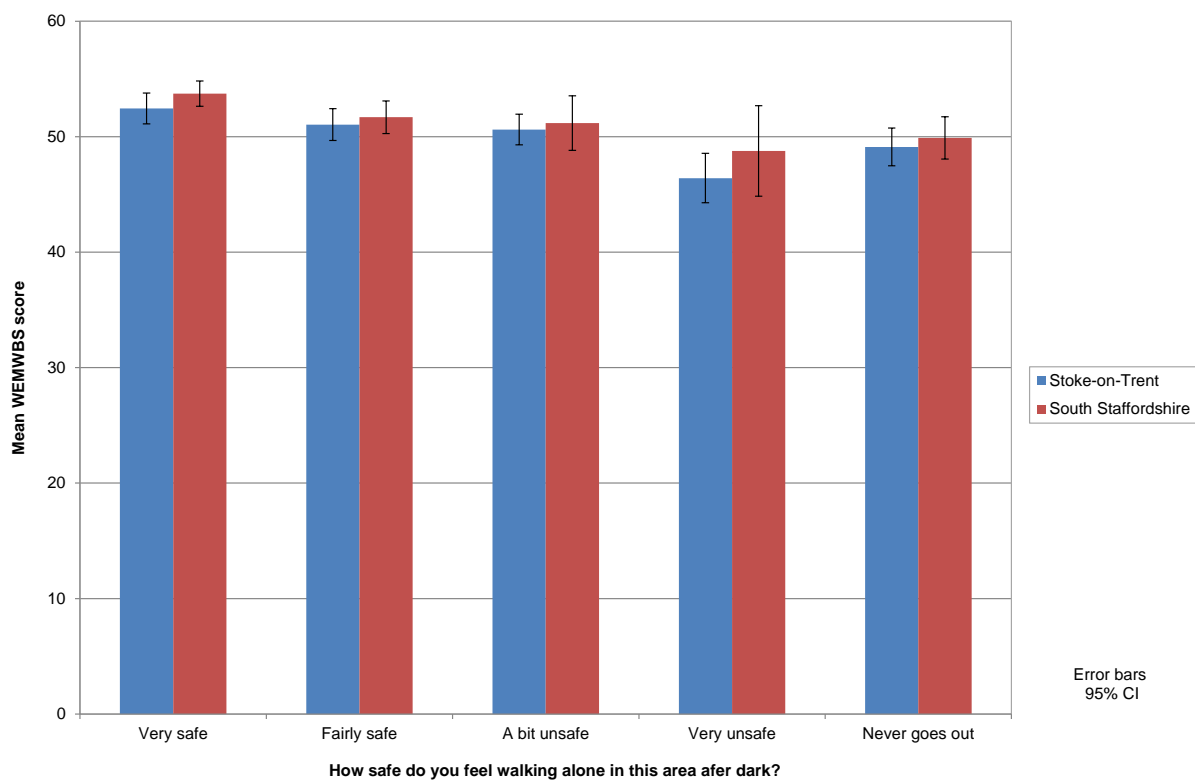
Source: Information by Design 2010

**Table 6.3: Feelings of community safety and WEMWBS for NHS Stoke-on-Trent and South Staffordshire PCT in 2010**

Indicator	Summary
Alone at home at night	<b>Significant difference</b> – residents who felt ‘very or fairly safe’ had a higher mean WEMWBS score (‘very safe’ for South Staffordshire)
Alone in area during daytime	<b>Significant difference</b> – residents who felt ‘very or fairly safe’ had a higher score (‘very safe’ for South Staffordshire)
Walking alone in area after dark	<b>Significant difference</b> – residents who felt ‘very or fairly safe’ had a higher score (both areas)

Source: Information by Design 2010

**Figure 6.5: Walking alone in an area after dark and feelings of safety by mean WEMWBS score for NHS Stoke-on-Trent and South Staffordshire PCT in 2010**



Source: Information by Design 2010 and NHS Stoke-on-Trent 2012

### Differences by social capital and social networks

Three measures of social capital and six measures of social networks were examined in the two areas of Stoke-on-Trent and Staffordshire. Across the three measures of social capital – ‘trust’, ‘neighbours looking out for each other’, and ‘satisfaction with the neighbourhood as a place to live’ – there were significantly higher mean WEMWBS scores among those with greater levels of trust, where neighbours looked out for each other, and where there were greater satisfaction levels with the

neighbourhood as a place to live (Table 6.4). There were more likely to be significant differences among respondents in Stoke-on-Trent compared with Staffordshire.

Across the six social network measures, people who ‘spoke to friends’ more regularly had significantly higher mean WEMWBS scores compared with those who did not, whilst respondents in Stoke-on-Trent who spoke to ‘neighbours’ more regularly reported significantly higher scores (Table 6.4). No (significant) differences emerged within both areas in regards to ‘sending texts to friends/family’ and visiting ‘chat rooms/social networking sites’.

**Table 6.4: Social capital, social networks and WEMWBS for NHS Stoke-on-Trent and South Staffordshire PCT in 2010**

Indicator	Summary
<b>Social capital</b>	
Trust	<b>Significant difference</b> – residents who reported they trusted ‘most or many’ of the people in their neighbourhood had a higher mean WEMWBS score (no difference in South Staffordshire)
Neighbours look out for each other	<b>Significant difference</b> – residents who felt the neighbourhood was one where people ‘look out for each other’ had a higher score (no difference in South Staffordshire)
Satisfaction with neighbourhood as place to live	<b>Significant difference</b> – residents with ‘high levels of satisfaction’ with their neighbourhood had a higher score (both areas)
<b>Social networks</b>	
Speak to family members	<b>No significant difference</b> – residents who spoke to family regularly had similar levels of mental well-being as those who did not (both areas)
Speak to friends	<b>Significant difference</b> – residents who spoke to friends ‘more regularly’ had a higher score (both areas)
Speak to neighbours	<b>Significant difference</b> – residents who spoke to neighbours ‘more regularly’ had a higher score (no difference in South Staffordshire)
Text friends/family	<b>No significant difference</b> – residents who sent texts more regularly to friends/family had similar levels of mental well-being as those who did not (both areas)
Email friends/family	<b>Significant difference</b> – residents who emailed family/friends ‘everyday’ had a higher score (no difference in Stoke-on-Trent)
Go on chat rooms/social networking sites	<b>No significant difference</b> – residents who used social networking sites regularly had similar levels of mental well-being as those who did not (both areas)

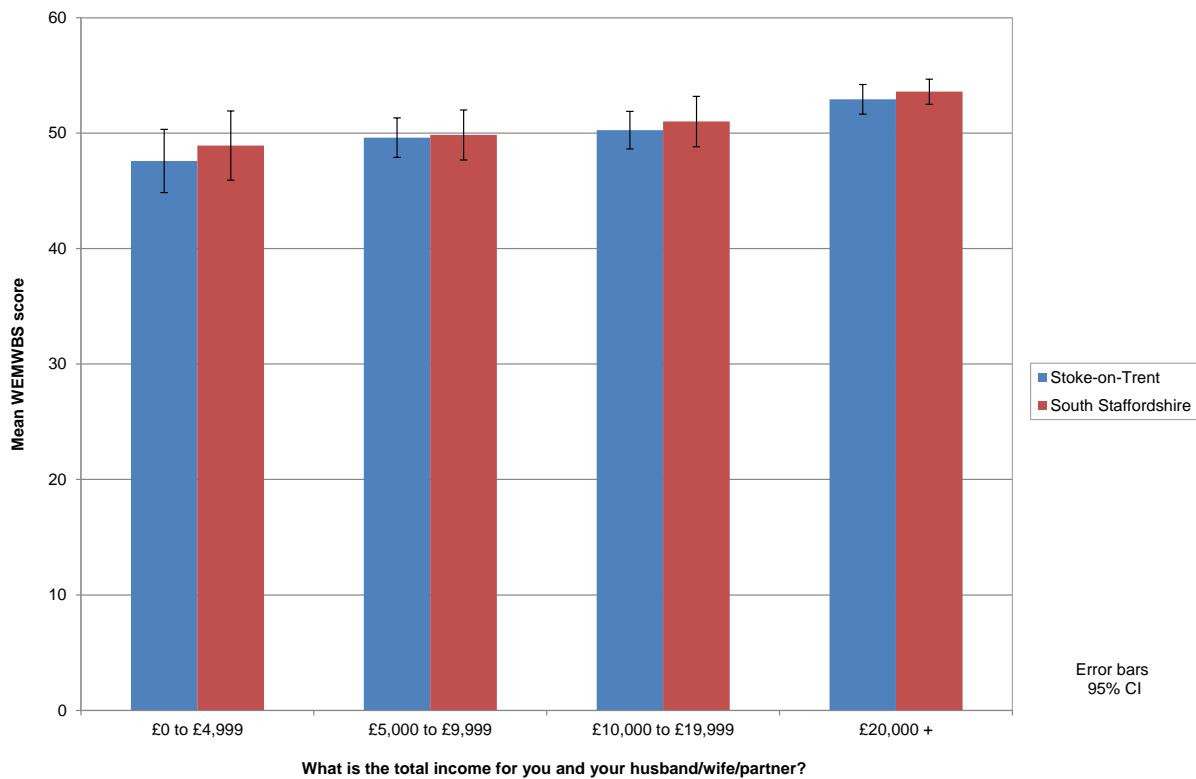
Source: Information by Design 2010



### Income levels and well-being

Respondents with a total income of £20,000 and over in both Stoke-on-Trent and Staffordshire reported significantly higher mean WEMWBS scores compared with those whose total income was below £10,000 (Figure 6.6). Across both areas, as income increased, so did levels of mental well-being.

**Figure 6.6: Income levels by mean WEMWBS score for NHS Stoke-on-Trent and South Staffordshire PCT in 2010**



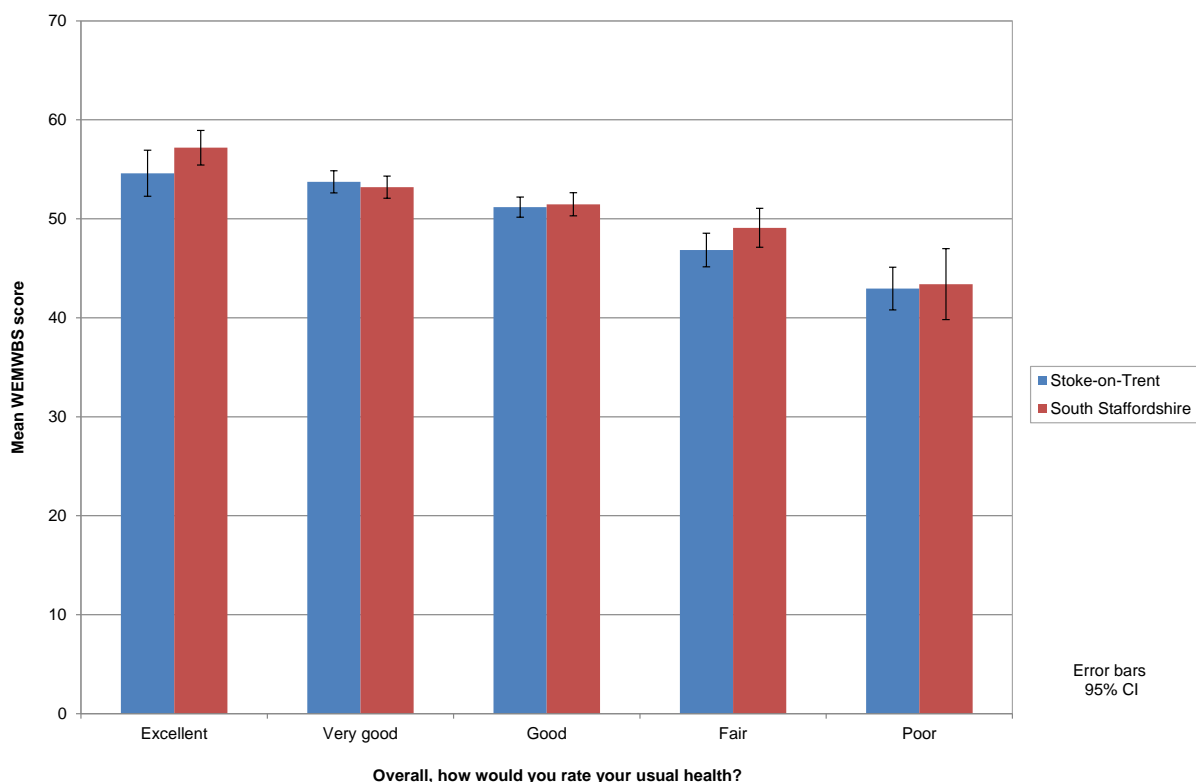
Source: Information by Design 2010 and NHS Stoke-on-Trent 2012

### General health status and well-being

There was a clear correlation between mental well-being and perceived health status. Respondents in both areas who reported better levels of general health status had significantly higher mental well-being scores (Figure 6.7). For instance, in Stoke-on-Trent, the mean WEMWBS score among respondents who reported 'excellent' health was 54.6 compared with a score of 43.0 among those whose health was perceived to be 'poor'. In Staffordshire, the respective figures were 57.2 and 43.4.

In addition, respondents who reported having a 'limiting longstanding illness, health problem or disability' had a lower mean WEMWBS score compared with those who reported none of these (in Stoke-on-Trent: 47.2 versus 51.9; in Staffordshire: 48.6 versus 53.5).

**Figure 6.7: General health status by mean WEMWBS score for NHS Stoke-on-Trent and South Staffordshire PCT in 2010**



Source: Information by Design 2010 and NHS Stoke-on-Trent 2012

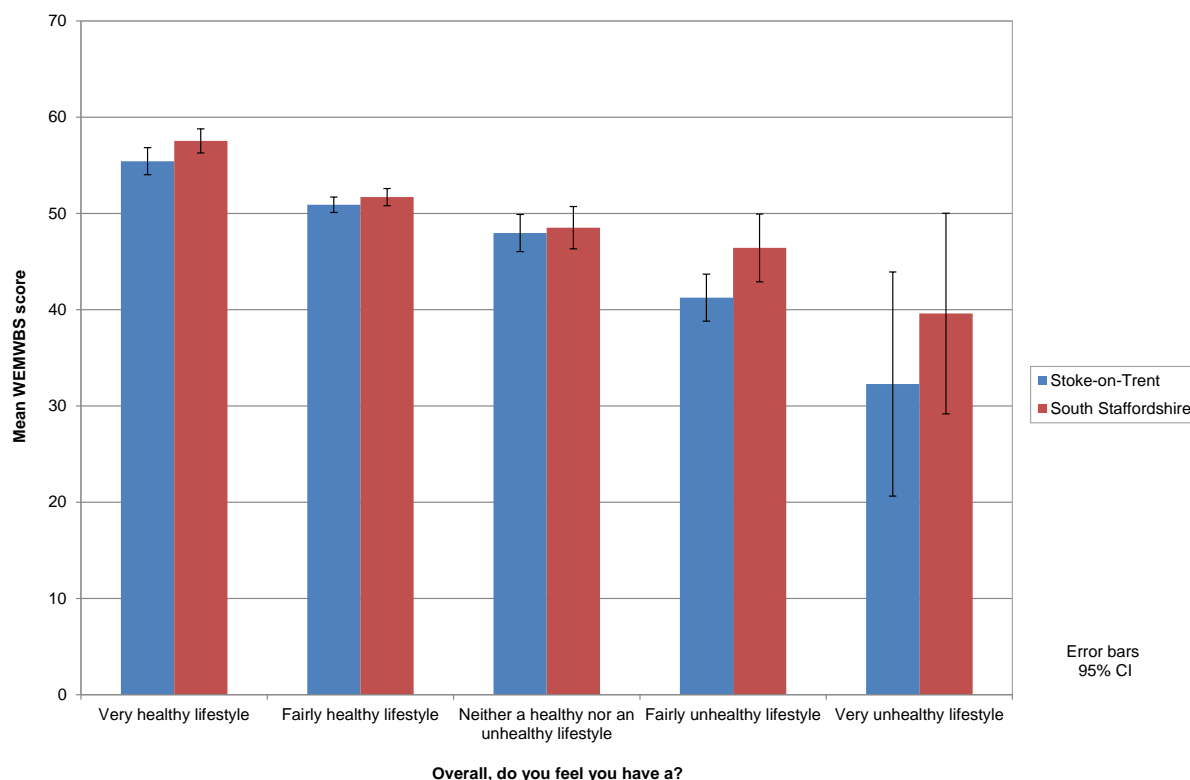
### Lifestyles and well-being

As with general health status, there was a clear correlation between mental well-being and perceived quality of lifestyle (Figure 6.8). There was a significant difference between respondents in both areas between those reporting ‘very healthy lifestyles’ compared with those reporting ‘less healthy lifestyles’. The mean WEMWBS score for those reporting a very healthy lifestyle in Stoke-on-Trent was 55.4 and 57.5 in Staffordshire. This compared with mean scores of 32.3 and 39.6 for the two areas among respondents who reporting very unhealthy lifestyles.

There were also some differences among two other key lifestyle measures – smoking and alcohol consumption. Respondents who currently smoked had lower mean WEMWBS scores than those who had never smoked (in Stoke-on-Trent: 48.5 versus 52.6; in Staffordshire: 50.5 versus 52.7). Smokers who had stopped also had higher WEMWBS scores compared with current smokers.

Although there was a less clear pattern in the mean WEMWBS scores for alcohol consumption, the differences (not significant) suggested that those who drank alcohol every day, and those who never drank alcohol, had slightly lower mean scores.

**Figure 6.8: Quality of lifestyle by mean WEMWBS score for NHS Stoke-on-Trent and South Staffordshire PCT in 2010**



Source: Information by Design 2010 and NHS Stoke-on-Trent 2012

### WEMWBS and the five ways to well-being

Five ways to well-being is a set of evidence based actions designed to help people improve their mental well-being. A simple regression model was used to examine the relationship between WEMWBS and the variables used to measure the five ways to well-being. For both Stoke-on-Trent and Staffordshire, the results suggested that three variables had a significant impact on mental well-being: ‘Connect’, ‘Take Notice’, and ‘Keep Learning’ (Table 6.5). In Staffordshire, ‘Be Active’ was identified as an additional driver for the community.

### WEMWBS and the New Economics Foundation

The New Economics Foundation (NEF) is an independent ‘think and do’ tank which looks at innovative ways of improving mental well-being. As with the five ways to well-being, a simple regression model was used to examine the relationship between WEMWBS and the nine NEF measures of mental well-being (Table 6.6). For both Stoke-on-Trent and Staffordshire, a number of variables had a significant impact on mental well-being, including: ‘a good balance between work/rest of life’, connecting with ‘your local community’, enough ‘green space’, and ‘too much information out there’. Within Stoke-on-Trent, ‘sufficiently flexible working hours’ was an additional key driver for mental well-being, whilst in Staffordshire, ‘spaces without advertising’ and ‘encouraged to learn new things’ were extra mental well-being drivers.

**Table 6.5: Relationship between Five Ways to Well-being and WEMWBS for NHS Stoke-on-Trent and South Staffordshire PCT in 2010**

Indicator	Stoke-on-Trent		South Staffordshire	
	Coefficient	Sig	Coefficient	Sig
I have lots to do with family, friends, colleagues or neighbours ( <b>Connect</b> )	-2.380	0.000	-1.114	0.016
I do a lot of activities like walking, cycling, gardening or dancing ( <b>Be Active</b> )	-0.430	0.137	-1.303	0.000
I take a lot of notice of the things around me, such as the scenery ( <b>Take Notice</b> )	-1.090	0.003	-1.395	0.002
I keep learning by trying a lot of new things ( <b>Keep Learning</b> )	-1.658	0.000	-1.700	0.000
I give a lot to others such as friends or strangers, such as volunteering ( <b>Give</b> )	-0.148	0.613	-0.009	0.825

Source: Information by Design 2010

**Table 6.6: Relationship between NEF drivers and WEMWBS for NHS Stoke-on-Trent and South Staffordshire PCT in 2010**

Indicator	Stoke-on-Trent		South Staffordshire	
	Coefficient	Sig	Coefficient	Sig
...that you have/had a good balance between the work that you do, and the rest of your life	-0.994	0.015	-2.197	0.000
...that you have/had sufficiently flexible working hours	-0.859	0.016	0.016	0.731
...that you spend/spent too much time commuting to work	0.215	0.475	0.016	0.911
...are connected with your local community	-1.150	0.001	-0.912	0.003
...there is enough green space in this area you live for exercise and play	-0.688	0.033	-1.005	0.005
...that there is too much information out there nowadays	0.851	0.008	0.783	0.016
...that you would like to see some spaces that have no advertising around your community	0.543	0.129	-0.930	0.001
...that you are encouraged to learn new things	-0.274	0.479	-1.077	0.003
...that you are encouraged to participate in social and political life in your community	-0.479	0.228	-0.038	0.619

Source: Information by Design 2010

## 6.4 Discussion

The two almost identical surveys, in two very different socioeconomic and geographical areas have provided the opportunity to:

- add to the knowledge of the use of WEMWBS amongst two different populations, one deprived one more affluent
- provide information to test the consistency of any relationship between well-being and a variety of other factors (for example, lifestyle, social networks)
- provide information to test the usefulness of WEMWBS to inform the public health agenda around well-being

### Similarities and differences between WEMWBS rankings in Staffordshire and Stoke-on-Trent

Despite the differences in socioeconomic makeup of the two areas, the overall rankings of the 14 items were very similar. For 11 items the order was the same in both areas when ranked by 'all of the time', both at the top and bottom of the rankings. For only three items in the middle of the rankings the order was not the same. Respondents in both areas felt most positive about making up their own minds on things, feeling loved (over 70% said always or often in both areas). Other items where over 60% said always or often in both areas were 'feeling close to other people', thinking clearly', 'feeling cheerful' and 'feeling confident'.

Respondents felt least positive in both areas about 'having energy to spare (just over 30% said always or often in both areas) 'feeling optimistic about the future' and 'feeling relaxed' – although higher proportions were reported in South Staffordshire.

However, in general, the more affluent South Staffordshire PCT area had a more positive response to the 14 WEMWBS questions, with a higher proportion saying that they were able to undertake the activity 'all of the time' and fewer saying 'rarely' or 'none of the time'. This was therefore reflected in the overall WEMWBS score of 52.1 in South Staffordshire PCT compared to 50.5 in Stoke-on-Trent. The South Staffordshire PCT overall score was higher than the benchmarking results collected by Warwick and Edinburgh Universities which reported a mean score of 50.7. Both areas displayed the full range of possible scores from 14 to 70.

### Relationship between well-being and other factors

Attributing cause and effect is not possible with descriptive cross sectional surveys of this type. For example, there was a very strong relationship between mental well-being and perceived health status, but it is not possible to ascertain whether good mental health produces positive lifestyles and good health status or vice versa. However some interesting associations are demonstrated, showing in both areas that positive well-being is associated with feeling safe, positive measures of social capital and social networks, higher income, good quality of lifestyles and high self perceived general health status. These relationships are of a dose-response type — showing increasing or decreasing WEMWBS scores according to the variable scale for the factor being reported. In particular, feelings of community safety, higher income levels, good general health status, and good quality of lifestyle were associated with higher WEMWBS scores. However, the relationship for alcohol consumption was more complex, with moderate alcohol consumption being associated with higher well-being scores.

## Social capital and social networks

The results for social capital and social networks showed some interesting differences across the areas – satisfaction with neighbourhood, and speaking to friends regularly were significantly related positively to mental well-being in both areas. However, other measures of social capital/networks were significant for Stoke-on-Trent residents (neighbours looking out for each other, trust, speaking to neighbours) which may reflect the more concentrated sample area in Stoke-on-Trent or be a reflection of the locally well known traditional tight knit communities of the Potteries.

### Using the WEMWBS to inform the public health agenda

Although the associations demonstrated should be treated with caution, the results from both surveys suggest the potential for improving mental well-being, particularly in areas that are of relevance to working within a local authority setting. For example:

- The relationship between positive well-being and community safety suggests that interventions that promote being able to feel safe in the home (for example, fitting of safety locks or alarms), or walking alone after dark (for example, better street lighting, design of street settings) could be beneficial.
- Social interaction was positively associated with well-being, therefore interventions to promote this could be encouraged. For example, enhancing broadband connectivity (especially in Staffordshire), ensuring that planning applications include areas of communal space, or supporting social interactions in other ways, including volunteering.
- The association between income and mental well-being was very strong, therefore policies that promote employment are indicated, which also impacts on social interactions and social networks.

The surveys also indicated that WEMWBS could be a useful tool for measuring improvements in well-being following lifestyle interventions. The results do show that WEMWBS can produce large statistically significant results with a reasonable sample size and therefore could be useful for use in monitoring mental well-being before and after a lifestyle intervention (either in total populations or samples). For example, Table 6.7 shows the difference in WEMWBS scores for different health status in the two areas –in Stoke-on-Trent the difference in WEMWBS scores for people in excellent health compared to poor health was nearly 12 WEMWBS points and 13.5 in Staffordshire. A smaller but possibly important difference of about 5 WEMWBS points was seen for the presence or absence of a disability.

**Table 6.7: Examples of differences in WEMWBS score for different health states**

WEMWBS score	Health is excellent	Health is poor	Difference (points score)
Stoke-on-Trent	54.6	43.0	11.6
South Staffordshire	57.2	43.4	13.5
	No disability	Has disability	
Stoke-on-Trent	51.9	47.2	4.7
South Staffordshire	53.6	48.6	5.0

Source: Information by Design 2010

## 6.5 Follow-up action

In Stoke-on-Trent the survey results led to the following developments and commissioning activity between 2010 and 2012:

### Social action for health

- Small Grants fund established for community groups to respond to the findings in their own area. Staffordshire Community Foundation have awarded six grants in total that support local people to connect and keep learning, particularly those most vulnerable to poor mental well-being. Projects encompass well-being support for parents, arts and creativity, and social connection for older people and asylum seekers and refugees.
- Community Learning Champions programme supported to recommence its activity to encourage uptake of learning opportunities by people in the City. Community Learning Champions have been re-engaged or recruited, trained, and supported to reach members of the community that would not normally participate in learning or who have been out of education for some time. Champions have established their own drop-ins for particular groups, worked in community venues such as local markets and volunteered to extend their role to act as mentors to support people to stay with the learning opportunities they have taken up.

### Mental well-being at work

- Direct support for employers provided to create mentally healthy workplaces that are inclusive and supportive of people with mental health issues, using the 'How's Your Business Feeling?' tool. Through the programme, local employers are being encouraged to achieve Mindful Employer status, to demonstrate their commitment to good mental health at work and to continue to improve workplace well-being on an on-going basis.

### Brief Intervention for mental well-being

- A model of brief intervention for mental well-being, based on the evidence-based five ways to well-being, has been introduced to the smoking cessation service to promote well-being in a group more likely to experience poor mental health and support their efforts to quit smoking. The process involves identifying an individual's current activity against the five ways framework and signposting them towards local opportunities to take further action to promote their mental well-being.

### Targeting existing provision

- The results of the exercise have been shared widely, with a view to informing the targeting of existing provision towards those most likely to experience poor mental well-being.

## 6.6 Conclusion

The Public Health White Paper 'Healthy Lives, Healthy People' is the first public health strategy to give equal weight to both mental and physical health.<sup>7</sup> 'No health without mental health: a cross-government mental health outcomes strategy for people of all ages' recognises that good mental

health and well-being is associated with a range of better outcomes for people of all ages and backgrounds.<sup>8</sup> These include improved physical health and life expectancy, better educational achievement, increased skills, reduced health risk behaviours such as smoking and alcohol misuse, reduced risk of mental health problems and suicide, improved employment rates and productivity, reduced anti-social behaviour and criminality, and higher levels of social interaction and participation. Therefore, the results of these surveys will be of interest to all those engaged in the above activities and have already informed some commissioned activity in Stoke-on-Trent.

## 6.7 References

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- 6 Information by Design. *Assessing and exploring mental well-being in South Staffordshire, Final Report*. Stafford: South Staffordshire Primary Care Trust; Jul 2011.
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## 6.8 Further information

More information and details on requirements for use of the WEMWBS can be found on the NHS Health Scotland web site:

NHS Health Scotland. *Measuring mental well-being*.

<http://www.healthscotland.com/understanding/population/Measuring-positive-mental-health.aspx>

Updated 26 Sep 2012. (accessed 14 Feb 2013).



## **6.9 Acknowledgements**

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