



**Wellbeing Policy Seminar Abstracts
Wednesday 2 May 2012, University College London**

Presentation 1. Mental health and wellbeing

Mental health is widely regarded as a spectrum with 'wellbeing' on one end and 'illness' on the other: that the absence of one indicates the presence of the other. The extent to which mental wellbeing and mental ill-health are independent of each other has been disputed.

On the Adult Psychiatric Morbidity Survey, common mental disorders were assessed using the Revised Clinical Interview Schedule and nine survey questions had face validity as indicators of mental wellbeing. Data were analysed using Principle Components Analysis (PCA) to:

- 1) explore the factor structure of mental wellbeing,
- 2) identify whether a wellbeing scale could be derived from the survey items, and
- 3) examine the independence of wellbeing and mental ill-health.

The wellbeing items formed two distinct factors. These corresponded with 'hedonic' and 'eudaimonic' wellbeing. Hedonic wellbeing was lower in women and fell with increasing age; eudaimonic wellbeing was higher in women and increased with increasing age.

We found that while mental wellbeing is associated with mental illness, they are ultimately independent. Including measures of both are important. We also confirmed that wellbeing is multidimensional, with different groups experiencing different aspects of wellbeing. It is important that its measurement is not reduced to a single question – e.g. about 'happiness'. Such simplifications will be misleading, for example when considering the distribution of wellbeing by age or sex.

Sally McManus is a Research Director in the Health and Wellbeing Team at the National Centre for Social Research (NatCen). Her current projects include secondary analysis of the Adult Psychiatric Morbidity Survey (APMS) and a study for DWP examining mental health trajectories among JSA claimants. She is a member of the ONS Technical Advisory Group informing the development of national measures of wellbeing. The analyses discussed here were led by Professor Scott Weich at Warwick Medical School.

Presentation 2. Health related behaviours and wellbeing in adolescence

Youth risk behaviours and subjective well-being in the UK are rated to be among the poorest in the developed world. The most favourable profiles for health and health-related behaviours are seen during early adolescence, with less favourable patterns emerging as adolescence proceeds. Health behaviours such as smoking and physical activity, taken up during adolescence track into adulthood, as do mental health problems. Therefore, adolescence could be a prime time to intervene. But given the UK's low standing in the well-being rankings, a first step is to examine more fully the relationship between health behaviours and young people's well-being. We used data from the youth panel of Understanding Society, the new UK Household Longitudinal Study. Young people aged 10-15 in the household completed a questionnaire that included the Strengths and Difficulties Questionnaire (SDQ) and questions on happiness in different life domains, as well as items on smoking and alcohol consumption, dietary patterns (intake of fruit and vegetables, crisps, sweets, fizzy drinks and fast-food) and sporting activities. The SDQ and happiness questions were used to identify low and high well-being. Smoking and drinking was rare early in youth, while healthy eating and exercise habits were less common in older youth. Smoking, higher fruit and vegetable consumption and lower fast food consumption and sports participation were more common in girls. Generally, health protective behaviours were associated with high well-being while health-risk behaviours were associated with low well-being. Gender differences in some effects were observed. Interventions to encourage healthy lifestyles among adolescents may not only benefit their future physical health but also their current well-being. A gendered approach to targeting interventions is also recommended.

Amanda Sacker is a Research Professor in Quantitative Social Science at the Institute for Social and Economic Research, University of Essex. Her research interests include cross-national and cross-cohort comparative studies of lifecourse influences on health and well-being. She is a member of the national Academies Panel on Measuring Subjective Well-Being in a Policy-Relevant Framework.

Presentation 3. Do physical working conditions influence quality of life after retirement?

Surveys into working conditions from the European Foundation show that, despite deindustrialisation, large numbers of European citizens are still exposed to difficult and dangerous physical working conditions which are known to cause illness. Ill health has repeatedly been linked to early exit from the labour force and to poor quality of life in old age. This research uses data from a French industrial cohort which provides a unique opportunity to see the long-term impact of working conditions upon quality of life after retirement. It seems that strenuous and dangerous working conditions do worsen quality of life after retirement, and that the mechanism for this is poor physical and mental health. Improving physical working conditions can reduce rates of premature retirement and incapacity as well as improving individuals' wellbeing over the long term.

Loretta Platts is an ESRC-funded doctoral student at the International Centre for Lifecourse Studies. Her research examines how the course of people's lives influences their wellbeing, using French data from the GAZEL occupational cohort of

gas and electricity company (EDF-GDF) employees. She is looking in particular at the accumulation of occupational exposures and how these interact with retirement processes and current factors to affect quality of life following retirement. Her background is in social and biological sciences.

Presentation 4. Well-being within older couples: Does your partner's health affect your happiness?

Previous research has consistently found that the well-being of older people is influenced by a wide range of social, economic and health factors. Some of these will be unique to an individual, for example their education or health. Older people who live with a partner may also share certain aspects of their lives which also influence their quality of life e.g. household wealth and resources. Less is known about how the characteristics of a partner for example their poor health might also influence well-being. This information will be important for understanding the types of support older couples may need to maintain a high level of well-being. Using data from the English Longitudinal Study of Ageing (ELSA), this research considers the extent to which partner characteristics such as health, influence well-being in later life and whether this is different for men and women.

Jessica Abell is an ICLS PhD student, based in the Department for Primary Care and Public Health, Imperial College London and funded by an ESRC studentship. Her research explores associations between marital status and well-being in later life, cross-nationally.

Glossary

The Adult Psychiatric Morbidity Survey (APMS) series provides data on the prevalence of both treated and untreated psychiatric disorder in the English adult population (aged 16 and over). This survey is the third in a series and was conducted by the National Centre for Social Research in collaboration with the University of Leicester for the NHS Information Centre for health and social care.

The previous surveys were conducted in 1993 (16-64 year olds) and 2000 (16-74 year olds) by the Office for National Statistics, and covered England, Scotland and Wales.

The CIS-R is an instrument designed to measure neurotic symptoms and disorders, such as anxiety and depression. It can be administered by a lay interviewer as part of a survey interview. It comprises of 14 sections each covering a particular type of neurotic symptom. Scores are obtained for each symptom based on frequency, duration and severity in the last week. Individual symptoms scores can be summed to provide an overall score for the level of neurotic symptoms. Diagnoses of six neurotic disorders can also be derived.

Cohort studies sample a cohort (defined as a group of subjects experiencing some event - typically birth - in a selected time period) and study them at intervals through time.

The English Longitudinal Study of Ageing (ELSA) collects multidisciplinary data from a representative sample of the English population aged 50 and older. The survey data are designed to be used for the investigation of a broad set of topics relevant to

understanding the ageing process. Themes covered include health trajectories, disability and healthy life expectancy, the determinants of economic position in older age; the links between economic position, physical health, cognition and mental health; the nature and timing of retirement and post-retirement, labour market activity; household and family structure, social networks and social supports; patterns, determinants and consequences of social, civic and cultural participation and predictors of well-being. ELSA is run by teams at University College London (UCL), the Institute for Fiscal Studies (IFS), National Centre for Social Research and the University of Manchester. Current funding for ELSA will extend the panel to cover a period of 12 years. ELSA is funded jointly by the National Institute on Aging in the US and a consortium of UK government departments.

The GAZEL cohort study is a prospective longitudinal cohort study which follows 20 625 employees at the Gas and Electricity Public Utilities of France. Annual self completion questionnaires have been returned by employees since 1989, when employees were aged between 35 and 50 years old; these data are complemented by information contained in company personnel, medical and work exposure records, in some cases dating back as far as the 1950s. The study is run by the French Inserm research unit 1018. The cohort has aged over the last two decades and most participants have now retired from the company. Many of the participants are in their sixties and, accordingly, research projects focus on the determinants of health and well-being in early old age.

A longitudinal study is a research study involving repeated surveys of the same individuals over long periods of time — often many decades, unlike cross-sectional studies that are conducted for a set period.

Principal Components Analysis (PCA) is a procedure that converts a set of observations of related variables into a smaller set of values on new variables called principal components. The aim of PCA is to reduce complex data to a lower dimension in order to reveal a simplified structure that often underlies the data.

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire about 3-16 year olds. It exists in several versions to meet the needs of researchers, clinicians and educationalists. The SDQ has 4 negative subscales (conduct problems, hyperactivity/inattention, emotional symptoms and peer relationship problems) which can be summed to give a total difficulties score and 1 positive subscale (pro-social behaviour).

Understanding Society is an interdisciplinary study of the socio-economic circumstances of adults and children in 40,000 British households. It is funded by the Economic and Social Research Council (ESRC) and run by the Institute for Social and Economic Research (ISER). The study allows for deeper analysis of a wide range of sections of the population as they respond to regional, national and international change. Understanding Society will greatly enhance our insight into the pathways that influence peoples longer term occupational trajectories; their health and well-being; their financial circumstances; and personal relationships and attitudes. The study captures biomedical data on 20,000 participants and place this alongside rich social histories, helping to weigh the extent to which people's environment influences their health. The first data collection took place in 2009.