



EBPU
Evidence Based
Practice Unit

A partnership of



Mental health problems and subjective wellbeing: are they influenced by the same things?

HeadStart heads up briefing: November 2022



Written by:

S. Tanya Lereya
Jess Deighton
Praveetha Patalay

About HeadStart

Started in 2016, HeadStart was a six-year, £67.4 million National Lottery funded programme set up by The National Lottery Community Fund. It aimed to explore and test new ways to improve the mental health and wellbeing of young people aged 10–16 and prevent serious mental health issues from developing. The six HeadStart partnerships were based in Blackpool, Cornwall, Hull, Kent, Newham and Wolverhampton.

As a test and learn programme, the HeadStart programme ended in July 2022, with many of the approaches having been sustained and embedded locally. The national evaluation of HeadStart will be completed in mid-2023.

Introduction

Sometimes, subjective wellbeing¹ and mental health problems are thought of as opposite ends of the spectrum of mental health. However, some people have good wellbeing while experiencing mental health problems. Similarly, people who aren't experiencing a mental health problem may sometimes feel that they don't have good wellbeing.

There is a clear lack of research that examines the similarities and differences in the factors influencing mental health problems among children and young people and the factors influencing their subjective wellbeing. In this study, we explore the similarities and differences between mental health problems and subjective wellbeing – in particular, are they influenced by the same things?

What we did

Our sample included 13,500 students who completed the Wellbeing Measurement Framework in Year 7 (aged 11–12) and again in Year 8 (aged 12–13). In this study, we focused on mental health problems and subjective wellbeing, which were measured in Year 8. We measured mental health problems with the emotional and behavioural

difficulties subscales of the Strengths and Difficulties Questionnaire. We measured subjective wellbeing with the Short Warwick–Edinburgh Mental Wellbeing Scale (SWEMWBS). Emotional strengths and support networks were measured with the Student Resilience Survey in Year 7 (aged 11–12). The socio-demographic characteristics of children were extracted through data linkage with the National Pupil Database. We investigated if child and family demographic factors², emotional strengths and skills factors and support networks factors measured in Year 7 predicted mental health problems and subjective wellbeing a year later (in Year 8).

Findings

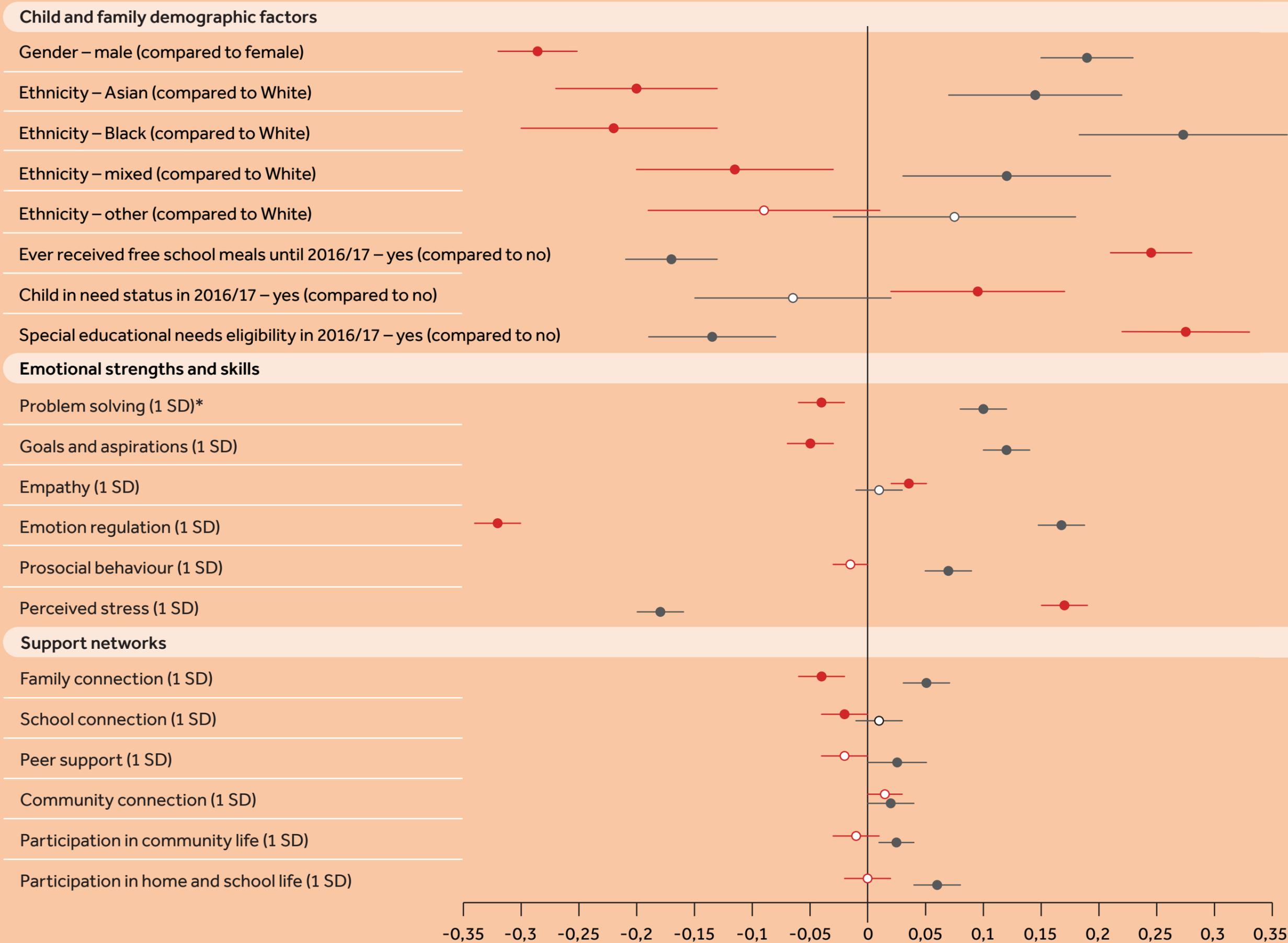
In Figure 1, on the next page, you can see a range of factors impacting mental health problems and subjective wellbeing. Each bar represents a different factor, and the length of the bar indicates the size of the effect for the two outcomes: mental health problems and subjective wellbeing. The further the bar ends from zero, the greater the effect of the factor on the outcome.

Bars on the negative side of the chart show that the factor and the outcome are negatively associated, whereas a bar on the positive side indicates they are positively associated. For instance, those who have ever received free school meals are *less likely* to have good subjective wellbeing (in green) and *more likely* to have mental health problems (in red). On the other hand, those with greater emotion regulation skills are *less likely* to have mental health problems, and *more likely* to have good subjective wellbeing.

In the figure below, some of the circles shown on the bars are filled in (coloured) and some are white. The filled-in circles indicate that the impact of these factors are statistically significant. The circles with white centres indicate that the impact of these factors are not statistically significant. Statistical significance allows researchers to quantify whether a result is likely due to chance or to some factor of interest.

¹ Generally feeling good about life, feeling able to deal with problems well and feeling positive about the future.

² A limitation of this study is that because demographic characteristics were collected through linkage with an existing dataset, young people did not have the opportunity to self-define their gender or ethnicity.



Subjective wellbeing
 Mental health problems
 Statistically significant finding
 Not a statistically significant finding

Figure 1: Factors influencing young people’s mental health problems and wellbeing – findings from a HeadStart study

*SD is used as shorthand for standard deviation. Standard deviation is the average amount of variability in the data set. It tells you, on average, how far each score lies from the mean. ‘One SD’ means ‘one standard deviation’ away from the mean.

Our key findings include the following:

- There is a moderate association between mental health problems and subjective wellbeing.
- Not all factors impact both mental health problems and subjective wellbeing. In fact, half of these factors had an association with both mental health problems and subjective wellbeing. These include:
 - gender
 - being Asian or Black (compared to being White)
 - being from a mixed ethnic background (compared to being White)
 - special education needs
 - free school meals eligibility
 - problem solving
 - goals and aspirations
 - emotion regulation
 - perceived stress
 - family connection
- Child in need status, empathy and school connection were only related to mental health problems.
- Prosocial behaviour, peer support, community connection, participation in community life and participation in home and school life were only related to subjective wellbeing.

Discussion

We found a moderate link between mental health problems and wellbeing, suggesting that mental health and wellbeing are related but are not the same. We identified factors that are distinctly related to mental health problems and factors that are distinctly related to subjective wellbeing. Our findings highlight:

- the importance of not only focusing on preventing or treating mental health problems, but also focusing on improving children's wellbeing
- that we are likely to get a better picture of how well a young person is functioning if we consider **both** their mental health and their wellbeing, alongside each other
- that programmes focusing on preventing or treating mental health problems should also consider improving children's wellbeing.

References

Findings summarised here are provided in more detail in the following research paper: Lereya, S. T., Patalay, P., & Deighton, J. (2022). Predictors of mental health problems and subjective wellbeing in adolescents: A longitudinal study. *JCPP Advances*, 2(2), e12074. <https://doi.org/10.1002/jcv2.12074>

Acknowledgements

The authors are grateful for the work of the wider research teams at the Anna Freud Centre and the University of Manchester for their role in data collection and management. Thanks are also due to the local authorities and schools in the HeadStart areas for coordinating data collection, and to the participants for taking the time to complete the measures.

The Anna Freud Centre, Evidence Based Practice Unit (EBPU)
4-8 Rodney Street, London N1 9JH

Tel: 020 7794 2313

www.ucl.ac.uk/ebpu

EBPU is a partnership of UCL and Anna Freud National Centre for Children and Families. Anna Freud National Centre for Children and Families is a company limited by guarantee, company number 03819888, and a registered charity, number 1077106.



EBPU Evidence Based Practice Unit

A partnership of

