

Royal College of Psychiatrists Consultation Response



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Submission of: THE ROYAL COLLEGE OF PSYCHIATRISTS

Comment on: Proposed domains and headline indicators for measuring national wellbeing

The Royal College of Psychiatrists is the leading medical authority on mental health in the United Kingdom and is the professional and educational organisation for doctors specialising in psychiatry.

We are pleased to respond to this consultation. This consultation was prepared by Dr Jonathan Campion.

This consultation was approved by: Dr Ola Junaid-Associate Registrar

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Proposed domains and headline indicators for measuring national wellbeing

We welcome the opportunity to respond to this discussion paper.

Section A: Proposed Domains

1. Do you think the proposed domains present a complete picture of well-being? If not, what would you do differently?

Factors directly affecting wellbeing not just at an individual level

There is a need to acknowledge that while measuring wellbeing at an individual level is important, it is also important to measure wellbeing at the level of the family, community and society, including measures of social interaction/capital.

Health

It would be helpful to distinguish mental and physical health. It would also be helpful to include something on the relationship of wellbeing to health risk behaviours which are ways of people boosting their wellbeing in the short term, albeit with considerable effects on both physical and mental health.

- Low mental wellbeing increases the risk of a range of health risk behaviours (smoking, alcohol drugs, overeating, sexual risk behaviour) which, while they increase immediate (hedonic) wellbeing lead to other short/medium/ and long-term consequences. Taking the example of smoking, it leads to the immediate relief of withdrawal symptoms which lead to improved immediate wellbeing, but also to higher rates of anxiety in the longer term due to repeated withdrawal symptoms.
- Similarly, mental disorder is associated with much higher rates of health risk behaviour. Smoking is the largest cause of preventable death, and 42% of adult tobacco consumption in England is by those with mental

disorder (McManus et al, 2010). Similarly, 43% of all smokers under the age of 17 have emotional conduct disorder (Green et al, 2005).

- Physical health: It would be helpful to have a measure of physical health as opposed to illness.

Deprivation and inequality

On page 2, there is mention of equality and fairness. However, deprivation and inequality also need specifically to be mentioned, and preferably included either as a single domain or incorporated into others, since living in the most deprived communities is strongly associated with the lowest levels of mental wellbeing:

- The recent HSE (2011) survey found the greatest differences in wellbeing between the lowest and 4th quintiles of household income.
- A large European survey found that the lowest income quartile had the poorest mental health status in all countries (Lehtinen et al, 2005).
- The lower national levels of wellbeing in the USA compared to Denmark can be primarily accounted for by the low wellbeing of the poor (Biswas-Diener et al, 2009).
- A survey of mental wellbeing in the north west region of England found that nearly half of those with low mental wellbeing (2.4 times the proportion of those with high mental wellbeing) had been worried about money almost all the time or quite often over the previous few weeks (Deacon et al, 2009).

Marmot and colleagues (2010) also highlighted that inequality is an important measure of wellbeing. Inequality needs to be included since there is good evidence that it is a major determinant for mental disorder and results in much higher rates of mental disorder, particularly for certain groups.

Certain sections of the population will have lower wellbeing and so would particularly benefit from wellbeing promotion interventions, for example the unemployed and young people who are not in education, employment or training (NEET).

The economy

The economy is mentioned as an important contextual factor for wellbeing. However, while in the short term wellbeing is associated with income, in the longer term higher rates of economic growth do not result in greater increases in wellbeing, in both rich and poor countries (Easterlin et al, 2010). Stiglitz and colleagues (2009) highlighted that changes in wellbeing do not correlate well with GDP. Similarly, Layard and colleagues (2008) showed that marginal utility of income declined faster than in proportion to the rise in income. In contrast, spending income on others predicted higher levels of wellbeing (Dunn et al, 2008).

Evidence is mixed on the relationship between wellbeing and income and socio-economic status. Higher levels of income and socio-economic status are associated with higher levels of wellbeing and lower rates of mental illness, in a distinct social gradient (Dolan et al, 2008). However, the association between income and wellbeing is relatively weak (Diener et al, 2002; Kahneman et al, 2006). Adaptation quickly occurs to increasing material wealth as well as other factors, so that after increases in income are achieved over the poverty line and basic needs, there is little alteration in life satisfaction (Diener et al, 1999; Easterlin, 2003; Lykken, 1999; Sheldon, 2003).

Other measures

Spiritual as well as cultural domains are not mentioned in the discussion document; these are important omissions. Such areas are important assets which can both promote and protect wellbeing (see Barry & Friedli, 2008, below –). These elements would be very useful to include. A study conducted in 18 countries involving 5,087 individuals found that spirituality, religion and personal beliefs were particularly highly correlated with psychological and social domains and overall quality of life (WHOQOL, 2006) and could make a substantial difference to the quality of life, notably for those in poor health.

The natural environment

While climate change is mentioned, and this is important to prevent effects on mental health, it would be good to also mention the importance of local access to the green space and the natural environment.

Need for summary of evidence for most constituents of wellbeing

Recognition of the different constituents of wellbeing would be good to acknowledge. These have been defined as emotional (affect/feeling), psychological (positive functioning), social (relations with others and society), physical (physical health) and spiritual (sense of meaning and purpose in life) (Barry & Friedli, 2008).

Several constituents have been described (Seligman, 2002); Jayawickreme et al, 2008) which it is therefore important to measure:

- Pleasure or hedonic wellbeing is transitory, does not always lead to fulfillment, and may be acquired through unsustainable means.
- Engagement: Benefits of engagement include increased motivation and creativity in work and leisure activities (Csikszentmihalyi & Lefevre, 1989) as well as increased psychological capital (Seligman & Csikszentmihalyi, 2000).
- Meaning: a sense of meaning is associated with life satisfaction and wellbeing (Lyubomirsky et al, 2005; Peterson et al, 2005). The top of page 2 includes a reference to meaning and purpose but it is not reflected in domains. Spirituality is important here.
- Achievement.

Engagement and meaning (eudaimonic wellbeing) relate to aspects of mental wellbeing that are more than pleasure. Pleasure, engagement and meaning are each important in their own right, but maximum wellbeing is derived from activities that involve all three - although meaning and engagement have the largest impact (Peterson et al, 2005; Vella-Bordrick et al, 2009). Analysis of

survey findings of 32,000 individuals in 21 European countries finds that those with high levels of hedonic wellbeing are likely to have high eudaimonic wellbeing, although many happy individuals have low eudaimonic wellbeing while those with meaningful lives are not necessarily satisfied (Clark and Senik, 2011).

Recent analysis finds that the socio-demographic variables associated with hedonic and eudaimonic wellbeing are similar (Clark and Senik, 2011). However, men have lower levels of hedonic wellbeing and higher levels of eudaimonic wellbeing compared to women. Retirees have lower levels of eudaimonic wellbeing although similar levels of hedonic wellbeing to the general population. Those in full-time education and looking after house/children have higher hedonic wellbeing although similar eudaimonic wellbeing. Levels of income only have a minor effect on hedonic and eudaimonic wellbeing

Children and young people

We propose that consideration is also given to measuring children and young people's wellbeing.

- UK came 24th out of 29 European countries in a survey which found positive associations between children's wellbeing and the nation's spending on family benefits and services and per capita GDP (Bradshaw & Richardson, 2009). It also found a negative association between children's wellbeing and socio-economic inequality. More unequal countries had lower levels of child wellbeing, and 32% of the variation was due to inequality (increasing to 63% when two nations, Malta and Bulgaria, were excluded because of missing data).
- A Unicef Innocenti Research Centre report on child wellbeing in rich countries published in 2007 placed the UK bottom out of 21 countries (<http://www.unicef.org/media/files/ChildPovertyReport.pdf>). The report

measured six domains of wellbeing: material well-being, health and safety, education, peer and family relationships, behaviours and risks, and young people's own subjective sense of well-being. In all, it drew upon 40 separate indicators relevant to children's lives and children's rights, informed by the United Nations Convention on the Rights of the Child.

It could be helpful to consult those working in the Department for Education about these issues, and also researchers working in the Home Office, who have in recent years extended aspects of the British Crime Survey for use with children aged 10-15.

2. Do you think the scope of each of the proposed domains is correct? If not, please give details.

We suggest that amendments are required as above to:

- The family, community and society levels
- The Health domain
- Deprivation and inequality
- The economy
- Spirituality and culture
- The natural environment

3. Are there any areas where proposed domains should be merged or divided further? If yes, please give details.

We suggest that amendments are required as above to:

- The Health domain
- Deprivation and inequality
- Economy
- Spirituality and culture
- The natural environment.

4. Are the names chosen for the proposed domains easy to understand? If not, please give details.

We suggest that Governance needs a bit more work.

5. Do you think that the proposed domains adequately reflect the responses to the national debate?

- Health domain – there is a need to link mental health to the range of health risk behaviour highlighted in the mental health strategy and public health white paper;
- Deprivation and inequality – this needs to link to evidence, in particular the Marmot Review of Health Inequalities;
- Economy – needs to link to various high-profile studies;
- Culture and spirituality need to be included in the domains;
- The natural environment – there should be more emphasis on local access and engagement as well as on climate change.

Section B: Proposed Measures

6. Should any of the measures be removed? If yes, please give details.

Health:

- There are a number of limitations of using satisfaction as a measure.
- People not reporting a long-term limiting illness or disability is not a measure of wellbeing since absence of illness does not necessarily equate with wellbeing.
- The GQQ12 measures common mental disorder, not wellbeing

7. Are there any measures which should be added? If yes, please give details. If an alternative measure is suggested, which measure might be removed, to keep the total number the same?

- There is a need for a specific measure of subjective wellbeing since, as highlighted above, there are a number of limitations with satisfaction.
- The Warwick Edinburgh Mental Well-being Scale (WEMWBS) is a validated tool which has been used in the recent Health Survey for England published last December.
- Debt is associated with reduced wellbeing and a higher risk of mental disorder (Fitch et al, 2011).

8. Are there any variants on the measures suggested which would be more appropriate? If yes, please give details.

No comment.

9. If only one or two measures should be used (for each domain), which ones should be chosen?

- Individual wellbeing: WEMWBS – this has been used in the recent HSE report as well as other large studies across the UK;
- Our relationships: % of people who trust other people, % of people who feel that they belong strongly to their neighbourhood;
- Health: satisfaction with health, healthy life expectancy;
- What we do: satisfaction with your job, satisfaction with the amount of leisure time you have;
- Where we live: % agreeing that their local area is a place where people from different backgrounds get on well together, % who are very or fairly satisfied with local area;
- Personal finance: % of individuals in households below 60% of median income, satisfaction with the income of your household;
- Education and skills: % of the population with different levels of qualification;

- The economy: None of the listed. There is a need to include a measure of economic inequality since those in the lowest 20% of household income have significantly worse wellbeing. We suggest numbers in 20% lowest household income and levels of child poverty;
- Governance: % of registered voters who voted, % who trust in their local council a lot or a fair amount;
- The natural environment: Suggest need the proportion of the community accessing and satisfied with parks and open spaces.

10. Is the number of measures about right? Please give details.

In our view there is a need to reduce the number of measures and to have the most accurate measures to measure wellbeing – see above.

11. Is the balance between objective and subjective measures about right? Please give details.

No. There is a need for a good measure of subjective mental wellbeing, since satisfaction has limitations.

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