

6.5.1 Happiness and wellbeing

Why is this issue important?

Wellbeing or mental wellbeing can be defined as a combination of functioning well and feeling good.¹ The World Health Organisation defines positive mental health as 'a state of wellbeing in which the individual realises his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community'.²

Physical health and mental health are closely linked. Not only does feeling good improve quality of life, it is associated with better health. People with higher wellbeing are more likely to have a healthy diet, to be physically active and are less likely to smoke.^{3,4,5}

High levels of wellbeing are associated with a 19% reduction in all-cause mortality,⁶ though the Million Women study found no evidence for an independent causal link between happiness and mortality.⁷

Happiness spreads through social networks: people whose social contacts become happy are more likely to become happy themselves.⁸

The Five Ways to Wellbeing message is a summary of the evidence for changes that individuals can make to improve their personal resilience and wellbeing.¹ However, wider social factors such as employment, housing and education also have an impact on mental wellbeing.

The British Social Attitudes Survey found that 72% of those surveyed agree they know what to do to improve their mental wellbeing. Over half say that relationships with friends and family have the biggest impact on their mental wellbeing.⁹

From April 2011 the Office for National Statistics (ONS) introduced four subjective wellbeing questions in their household surveys.

¹ Aked J, Marks N, Cordon C, and Thompson, S. Five Ways to Wellbeing: The evidence. NEF..London. 2008.

² WHO. Ottawa charter of health promotion. Geneva. 1986.

³ McDermott et al. Change in anxiety following successful and unsuccessful quit attempts. 2013.

⁴ Health and Social Care Information Centre (2013). Health Survey for England 2012.

⁵ Chanfreau et al. Predicting Wellbeing. 2013

⁶ Chida & Steptoe. Positive psychological wellbeing and mortality: a quantitative review of prospective observational studies. 2008.

⁷ Bette Liu et al. Does happiness itself directly affect mortality? The prospective UK Million Women Study. Lancet, 9 December 2015.

⁸ Fowler & Christakis. Dynamic spread of happiness in a large social network: longitudinal analysis over 20 years in the Framingham Heart Study. 2008.

⁹ <http://www.bsa.natcen.ac.uk/media/39109/phe-bsa-2015-attitudes-to-mental-health.pdf>

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National data on average scores for life satisfaction, worthwhileness, happiness and anxiety in 2014-15¹⁰ shows which population groups are most likely to have high levels of personal wellbeing:

- Women score more highly on satisfaction, worthwhileness and happiness, but also on anxiety, than men.
- Highest personal wellbeing is reported by those aged 65–79; lowest by those aged 45–59.
- Responses for BME groups are mixed: people of Arab ethnicity report higher levels of anxiety, and Black African/Caribbean/British people report lower levels of life satisfaction, worthwhileness and happiness than average. However, people identifying as Gypsy & Traveller report higher levels of satisfaction, worthwhileness and happiness.
- Self-reported health has a strong relationship with all four wellbeing dimensions: those in poorer health are much more likely to report lower levels of life satisfaction, worthwhileness and happiness and higher levels of anxiety.
- Being married or in a civil partnership, not being disabled, and being employed (as opposed to unemployed rather than retired, homemaking or studying) are all linked to better wellbeing.

Key outcomes

- **Self reported wellbeing (Public Health Outcomes Framework)**

Impact in Brighton & Hove

Public Health England publishes data about the proportion of people with *low* scores for life satisfaction, for the worthwhileness of things they do and for happiness, and *high* scores for anxiety.

In Brighton & Hove in 2014-15:

- 4.4% of people reported low life satisfaction compared with 4.8% in England (not significantly different).
- 3.8% of people reported low worthwhileness in England, but numbers were too small for data to be published for Brighton & Hove. There has

¹⁰ Office for National Statistics. Personal well-being estimates personal characteristics. 2015. Available at <http://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/personalwellbeingestimatespersonalcharacteristics> [Accessed 10/08/2016]

6.5.1 Happiness and wellbeing

been no significant difference in the last two years between local and national percentages.

- 9.4% of people reported low happiness yesterday compared with 9.0% in England (not significantly different).
- 24.1% of people reported high anxiety yesterday compared with 19.4% in England (significantly higher).¹¹

Across the UK, self-reported wellbeing has been improving since 2012. Local trends are more complex: there has been some improvement in the percentage reporting low levels of worthwhileness and happiness, but the pattern for life satisfaction and anxiety has no clear trend.

Local inequalities

The 2012 Health Counts survey¹² asked these same questions of a larger local sample to allow analysis for particular population groups living in Brighton & Hove. It showed that:

- Females are significantly more likely to have to have medium to high satisfaction with life and to feel the things they do are worthwhile. Males however are significantly more likely to have had very low or low levels of anxiety on the previous day. There was little difference in how happy people felt on the previous day by gender.
- Respondents aged 65-74 years were most happy: 78% for men and 77% for women. However, respondents aged over 75 years were least likely to feel that things in their life were worthwhile (65%).
- There is a significant association between all four happiness and wellbeing questions and deprivation.
- Heterosexual respondents were more likely to be more satisfied with their life, feel the things they do are worthwhile, have higher levels of happiness and be less anxious than LGB and unsure respondents, however none of these

¹¹ Public Health England. Common Mental Health Disorder Profile. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders> [Accessed 08/06/2016]

¹² NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey. 2012. Available at <http://www.bhconnected.org.uk/content/surveys> [Accessed 10/08/2016]

Brighton & Hove JSNA

differences were significant. There were no significant differences between LGBU groups.

- Those who are single are significantly less likely to have high wellbeing across any of the measures, as were those who are separated or divorced. However, those who are married, in a civil partnership or living as a couple had significantly higher levels of wellbeing across all measures than all respondents.
- There was no significant difference in any of the measures for BME respondents. Although, respondents with mixed ethnicity showed significantly worse results for satisfaction (54%), happiness yesterday (57%) and for being less anxious (41% in the less anxious category).
- There were no significant differences by religion in the broad groupings. More detailed analysis shows that Buddhists were most likely to be satisfied with their lives (88%), feel that life was worthwhile (94%) and were most happy (82%). By contrast, Muslim residents reported lower levels of satisfaction with life (55%), were significantly less likely to feel that the things they did in life were worthwhile (57%), were less happy with their lives (54%), and were also significantly less likely to have low levels of anxiety (40%).
- There was no significant difference in levels of happiness and wellbeing for carers.
- Respondents who own their own homes did significantly better across all measures, and those who are employed significantly higher for satisfaction with life and feeling the things they do are worthwhile. However, those who rent from a housing association or local authority or council fare significantly worse across all four measures.

In the 2015 Safe and Well at School Survey¹³:

- 83% reported they are happy with their life at the moment, strongly agree (38%) or agree (45%)
- The percentage of pupils who strongly agree or agree they are happy falls from 90% in 11-12 year olds to 76% in 15-16 year olds.

¹³ Brighton & Hove City Council. Safe and Well at School Survey 2015. Available at <http://www.bhconnected.org.uk/content/surveys> [Accessed 10/08/2016]

6.5.1 Happiness and wellbeing

- As well as being age related, the following groups of students were significantly less likely to say they were often or sometimes happy: girls, those who use another word to describe their gender, young carers, those who need extra help, LGB and unsure pupils, students who had truanted, those who have been excluded, been bullied or bullied someone else, and those who have tried alcohol, tried smoking, taken drugs, and students who have had sex.
- There was no difference by ethnic group.

The 2014/15 Caring for others survey in Brighton & Hove¹⁴ when asked about how they spend their time, 25.5% of carers agreed 'I am able to spend my time as I want, doing things I enjoy or value' and 10.8% said 'I don't do anything I value or enjoy with my time'. A similar proportion (10.3%) said 'I have no control over my daily life'.

When asked about how much time they have to look after themselves (e.g. getting enough sleep or eating well), 28.9% of carers said that they didn't look after themselves well enough and 13.1% felt they were neglecting themselves. 14% of carers said they were concerned about their personal safety.

Where we are doing well

Voluntary organisations in Brighton & Hove have been engaged in supporting those groups who report lower personal wellbeing, for example, people in deprived areas and LGBT people.

Predicted future need

As this is a relatively new area of study, and personal wellbeing is affected by the wider social context, it is hard to predict future trends. The strong association with unemployment and deprivation suggests that happiness and wellbeing may fall or rise in tandem with the state of the economy.

What we don't know

Until the Health Counts survey is repeated in 2022, we are unlikely to have access to a large enough sample of Brighton & Hove residents to analyse local patterns in personal wellbeing according to

Brighton & Hove JSNA

subgroups within our population, and therefore to update our understanding of the impact of factors such as ethnicity, age, gender, deprivation, faith, employment and marital status on wellbeing.

Key evidence and policy

The Annual Report of the Director of Public Health 2012/13 "Happiness: the eternal pursuit"¹⁵ focuses on the associations between health and happiness in Brighton & Hove.

<http://www.bhlis.org/needsassessments/publichealthreports>

Better Mental Health for All, Faculty of Public Health & Mental Health Foundation, 2016

<https://www.mentalhealth.org.uk/publications/better-mental-health-all-public-health-approach-mental-health-improvement>

Public mental health services, Joint Commissioning Panel for Mental Health, 2013

<http://www.icpmh.info/resource/guidance-for-commissioning-public-mental-health-services/>

Recommended future local priorities

Further support for mental wellbeing among those groups most vulnerable to poorer mental wellbeing.

Key links to other sections

- Mental health
- Social connectedness/Community resilience/Community assets
- Children and young people's emotional health and wellbeing

Last updated

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¹⁴ Brighton & Hove City Council. Carers Needs Assessment 2016. Available at <http://www.bhconnected.org.uk/content/needs-assessments> [Accessed 10/08/2016]

¹⁵ NHS Brighton and Hove and Brighton & Hove City Council Annual Report of the Director of Public Health 2012/13. Happiness: the eternal pursuit. Available at: <http://www.bhconnected.org.uk/content/reports> [Accessed 10/08/2016]