Mental well-being: an issue for public health research?

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Mental health

• is a state of well-being in which the individual realizes his or her own 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. (WHO 2001)

• is .. a feature of the individual, influenced by individual, biological & psychological factors, social interactions, societal structures & cultural values (Lehtinen 2008)

• is the absense of mental disorders (Patel et al 2007)

• skills, attributes, behaviours, capacities, emotions or senses (MacDonald & O’Hara 1998)
or...

• For *citizens*, mental health is a resource which enables them to realise their intellectual and emotional potential and to find and fulfil their roles in social, school and working life.

• For *societies*, good mental health of citizens contributes to prosperity, solidarity and social justice.

(European Green Paper 2005)

• Mental health and mental wellbeing are fundamental to the quality of life and productivity of individuals, families, communities and nations, enabling people to experience life as meaningful and to be creative and active citizens

(WHO Mental Health Declaration for Europe 2005 in Friedli 2009)
Mental well-being is

- Mental well-being is ‘a dynamic state that refers to individuals’ ability to develop their potential, work productively and creatively, build strong and positive relationships with others and contribute to their community’
- It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society
- *From: Kirkwood et al 2008*
or...NHS Health Scotland

• Views mental well-being as a dimension of mental health
• States that mental well-being includes:
  – life satisfaction,
  – optimism,
  – self esteem,
  – mastery and feeling in control,
  – having a purpose in life,
  – a sense of belonging and support

The constructs of mental health and mental well-being reflect different disciplinary approaches and differing perspectives of national and international policy drivers.
The determinants of mental health

- **Biology / personality**
  - Age, sex, physical health

- **Psychological / behavioural**
  - Behaviours; self-esteem; resilience; coping skills

- **Environmental**
  - *Socio-cultural*: education, social change, gender, ethnicity, violence, public policy, discrimination & stigma
  - *Natural*: climate, seasons
  - *Built*: housing, design, transport etc

- **Individual factors and experiences**
  - emotions; self-esteem; coping skills; perceived meaningfulness of life; physical health

- **Social interactions**
  - personal, family sphere; different settings

- **Societal structures and resources**
  - societal, organisational, employment policies; housing, economic resources

- **Cultural values**
  - equity, human rights; stigma of mental illness; tolerance

Tilford 2006

Lehtinen 2008
The determinants of mental health

Global
- Resources
- Climate, seasons
- Migration
- Economic factors
- Water, sanitation
- Environmental factors
  - Family

Macro-
- Societal structures & resources
  - Transport, housing

Meso-
- Social factors
- Settings
- Health and Social Services
- Socio-cultural values
  - Human rights, equity
  - Stigma
- Health behaviour
- Emotions, coping
- Self-esteem, etc

Micro-
- Individual factors
  - Biology, genes
  - Health behaviour
  - Emotions, coping
  - Self-esteem, etc
How older people in our interviews defined mental well-being

<table>
<thead>
<tr>
<th>Personal resources:</th>
<th>Individual characteristics:</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘good health;’</td>
<td>‘self esteem’;</td>
</tr>
<tr>
<td>‘ability to adjust to change/resilience’;</td>
<td>‘self efficacy’;</td>
</tr>
<tr>
<td>‘freedom from stress and worries’;</td>
<td>‘contentment’;</td>
</tr>
<tr>
<td>‘freedom from financial constraints’;</td>
<td>‘independence and control’;</td>
</tr>
<tr>
<td>‘availability of instrumental, emotional and informational support’</td>
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<table>
<thead>
<tr>
<th>Environmental resources:</th>
<th>Attitudes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘availability of support from social networks’, e.g. neighbours, close friends, close family, and needed services;</td>
<td>‘to keep oneself involved with change’;</td>
</tr>
<tr>
<td>‘safe environment’</td>
<td>‘to keep oneself busy’.</td>
</tr>
</tbody>
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(Giuntoli & Cattan 2010 unpublished)
Promoting mental well-being: What older people say

Environmental resources:
- Community support
- Family Support
- Companionship
- Happy family relationships
- Stress
- Worries and fears
- Bullying and peer pressure

Attitudes:
- To keep oneself busy and involved with change
- Positive outlook
- Independence
- Control over one’s life
- To keep going despite difficulties
- Use of humour
- Lifestyle choices

Individual characteristics:
- Good health
- Education
- Gender
- Cultural background
- Resilience
- Self esteem
- Self efficacy
Foundations of mental well-being in later life

Psychological attributes
- Self-efficacy
- Resilience
- Sense of coherence
- Purposiveness
- Creativity & learning
- Religious beliefs & practices, spirituality

Power & resources
- Setting & environment

Social connectedness

Physical health
- Physical activities

Functional ability

Lifestyle
- Social & economic policy

Physical health

Power & resources

Setting & environment

Social connectedness

Creative & learning

Religious beliefs & practices, spirituality
Measuring mental well-being

• The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) (Stewart-Brown, S., Tennant, A., Tennant, R., Platt, S., Parkinson, J., & Weich, S. 2009)

• The WHO-5 Well-being Index

• The MHC-SF (mental health continuum – short form (Lamers, Westerhof, Bohlmeijer, ten Klooster, & Keyes, 2011)

• The GHQ-12 (General Health Questionnaire)
What older people say they want

- To be seen as a resource and ‘be allowed’ some responsibilities
- To have meaningful activities, where skills can be shared
- To be able to get out and about to see their friends
- To have a companion and satisfying relationships
- To have good health – physical and mental
- To have a sense of security and be able to feel safe
- To have congenial living arrangements
- Not to be ‘done to’, patronised or treated as passive recipients

Cattan et al (2002 – 2011 research with ‘older people’)
Buys et al. (2008 older people with intellectual disability)
Clare in the community Harry Venning

...chiropodist, district nurse, continence adviser, home care, meals on wheels, fitting a link alarm, organising a link alarm key holder, day centre, shopping service... phew! There's nothing I've forgotten is there, Mrs Cole? It's been a long time since my last home visit.

I'm sorry, I should have said something earlier, but I'm not Mrs Cole. She lives next door. But your company helped lift the intolerable burden of loneliness and isolation that afflicts my life, and made me feel human again.

Are you telling me I just wasted two hours of my time!

To order the new Clare book and 2008 calendars, go to clareinthecommunity.co.uk or call 01273 278 751
A lot of assumptions are still made about what older people need and desire

‘Being old is when you know all the answers but nobody asks you the questions’
Challenges and Opportunities

- Older people are not heard
- Health promotion / public health given scant attention
- Emphasis on cost rather than on contribution of older people
- Focus on technological rather than human solutions
- Flexible innovative collaborative solutions can benefit all age groups
- Acceptable solutions by involving older people
- Age friendly environments are important for mental and physical health
- Transition into old age means different things to different people
Recent UK policy documents

- The Marmot Review 2010
- No Health without Mental Health: mental health outcomes strategy for people of all ages 2011
- New Horizons, a shared vision for mental health 2010
  - New Horizons, Confident Communities, Brighter Futures: a framework for developing well-being 2010
Five ways to mental wellbeing – for individual action

1. Connect... With the people around you.
2. Be active... Go for a walk or run. Step outside. It makes you feel good.
3. Take notice... Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons.
4. Keep learning... Try something new. Rediscover an old interest. Fix a bike. Learn to play an instrument..
5. Give ... Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer. Join a group. Look out, as well as in.

http://www.nhs.uk/Livewell/mental-wellbeing/Pages/five-ways-mental-wellbeing.aspx
No Health without Mental Health 2011

• More people will have good mental health
  – Volunteering
  – Debt advice
  – Social networks & support through leisure, arts, community activities
  – Provide easy access to continued learning
  – Improve support for informal carers
  – Warm homes initiatives
  – Promotion of physical activity
Chapter 6: Key Policies over a Life Course

- Pre-birth & early years, <5
- Children & young people in F-T education, 5 – 16
- Early adulthood, 17 – 24
- Adults of working age, 25 – 64
- Retired adults, 65+

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention
Public health outcomes framework
(from: DoH 2012 Healthy Lives Healthy People: improving outcomes and supporting transparency)

• **Vision**: To improve and protect the nation’s health and wellbeing, and improve the health of the poorest fastest
  – Outcome 1: Increased healthy life expectancy
    • Taking account of health quality as well as length of life
  – Outcome 2: reduced differences in life expectancy and healthy life expectancy between communities
    • Through greater improvements in more disadvantaged communities

DOMAIN 1: Improving the wider determinants of health

Objective: Improvements against wider factors that affect health and wellbeing, and health inequalities

DOMAIN 2: Health improvement

Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

DOMAIN 3: Health protection

Objective: The population’s health is protected from major incidents and other threats, while reducing health inequalities

DOMAIN 4: Healthcare public health and preventing premature mortality

Objective: Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities
Indicators under 2 Domains

1. Improving the wider determinants of health
   - *School readiness*
   - Children in poverty
   - 16-18 year olds not in education, employment or training
   - *People in prison who have a mental illness*
   - Killed or seriously injured casualties on the roads
   - *Domestic abuse*
   - *Violent crime (including sexual violence)*
   - *The percentage of the population affected by noise*
   - Statutory homelessness
   - Utilisation of green space for exercise/health
   - *Social connectedness*
   - *Older people’s perception of community safety*

2. Health improvement
   - Under 18 conceptions
   - Excess weight in 4-5 and 10-11 year olds
   - Hospital admissions through unintentional & deliberate injuries in < 18s
   - *Emotional wellbeing of looked-after children*
   - Hospital admissions as a result of self-harm
   - *Diet*
   - Excess weight in adults
   - Proportion of physically active and inactive adults
   - Successful completion of drug treatment
   - People in prison with substance dependence issues
   - Self-reported wellbeing
   - Falls and injuries in the > 65s
Salutogenesis - the process of movement towards the health end of a health ease/dis-ease continuum (Antonovsky 1993, in Lindström & Eriksson 2010)
The Salutogenic triangle in public health: Health as a *Sense of Coherence*

- **WORTHWHILE**
  - Health related behaviours

- **MANAGEABLE**
  - Safe secure environment; decent housing, transport; self-esteem, sense of control; independence

- **COMPREHENSIBLE**
  - Zero tolerance against ageism, domestic violence
    - Sufficient income, companionship & social networks

Adapted from Sir Harry Burns’ explanation of SOC
The context

Individually constructed (a ‘condition’)

- Transient
- Situational (acute) loneliness
- Chronic

Socially constructed
- Culturally
- Economically
- Geographically

Social capital
Bibliography

• Cattan & Tilford (eds) 2006 Mental Health Promotion; a lifespan approach. OUP.
• European Social Network 2011 Mental Health and Wellbeing in Europe. European Commission.
• Lehtinen 2008 Building Up Good Mental Health. STAKES.