



What Works: outcomes for healthier lives
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overview

- What Works Wellbeing
- What is a healthy life?
- What we know
- What can I do



What are healthier lives

International & National context



What is a healthy life?



Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.



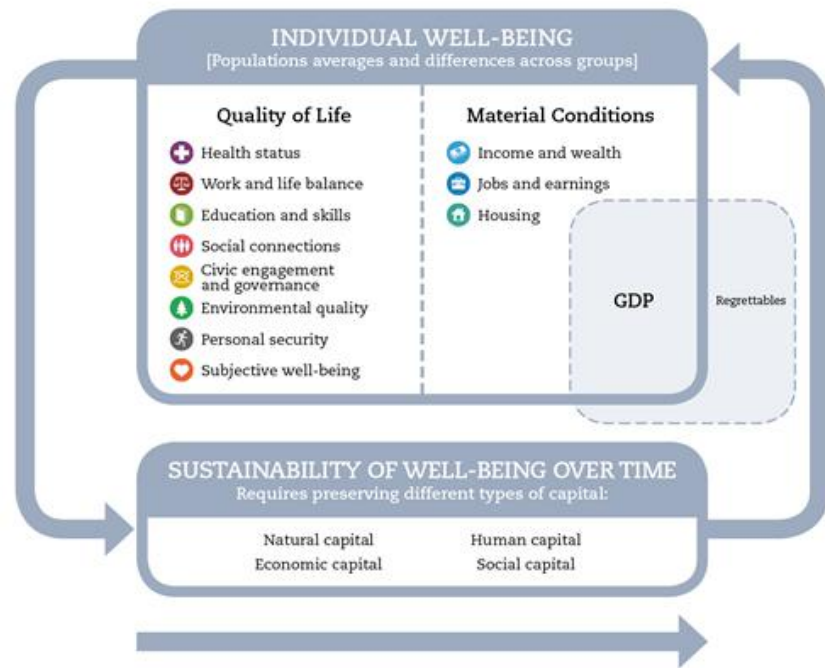
What is wellbeing?

What does google say?





What the 'experts' say



OECD model for wellbeing

Wellbeing is more than health

Most of what makes us healthy is affected by things outside the healthcare system

The “Wellbeing Industry” confuses the issue





What the 'experts' say

Wellbeing

Feel Good

Day to day and overall – happiness, purpose, contentment, low anxiety

Function well

Competent, choice, control, meet needs

External Conditions

Quality of Life
Feeling safe

Social Context

Relationships, community, power

Personal

Genes, resilience, optimism, characteristics



UK National Measurement Programme

'how we are doing'
as individuals, communities and as a nation
and how sustainable this is for the future



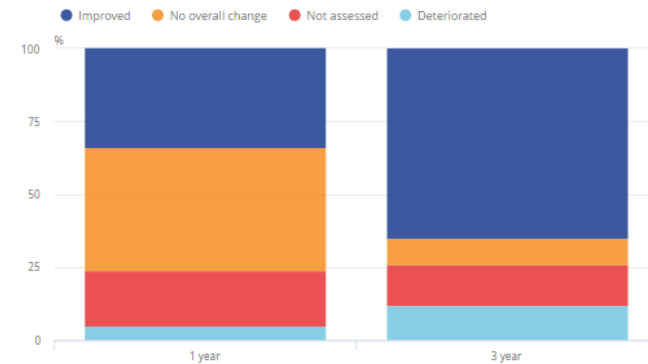
Our Relationships

Positive relationships have one of the biggest impacts on our quality of life and happiness. This domain includes satisfaction with personal relationships and feelings of loneliness.



Figure 1: Assessment of change - national well-being measures

UK, April 2017

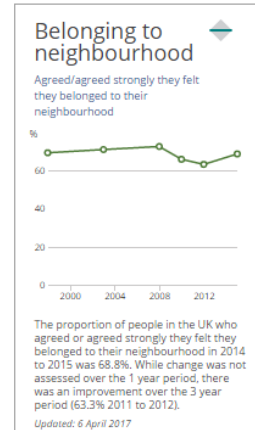
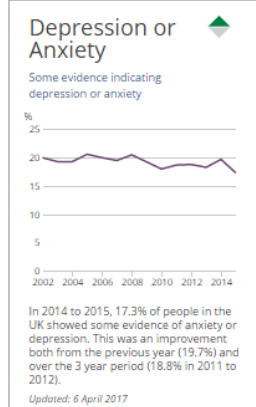
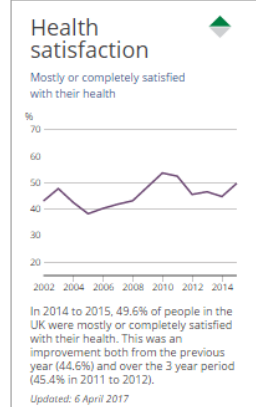
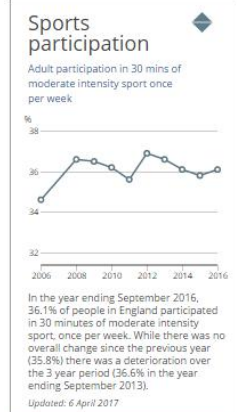
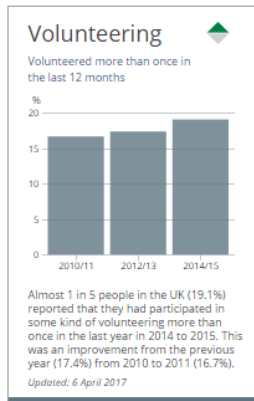
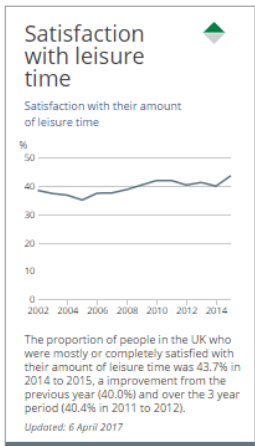


Source: Office for National Statistics

[NEW INTERACTIVE DASHBOARD](#)



Other relevant outcomes





How are we doing?

4 personal well-being questions →

4 perspectives

Answered on an 11 point scale: 0 means 'Not at all', 10 means 'Completely'

I would like to ask you questions about your feelings on aspects of your life. There are no right or wrong answers. I'd like you to give an answer on a scale of nought to 10, where nought is 'not at all' and 10 is 'completely'.
Overall, how satisfied are you with your life nowadays?

Evaluative perspective

How satisfied are you with your life nowadays?

To what extent do you feel the things you do in your life are worthwhile?

Eudaimonic perspective

Positive experience perspective

How happy did you feel yesterday?

How anxious did you feel yesterday?

Negative experience perspective

[See ONS results](#)

Personal Wellbeing in the UK

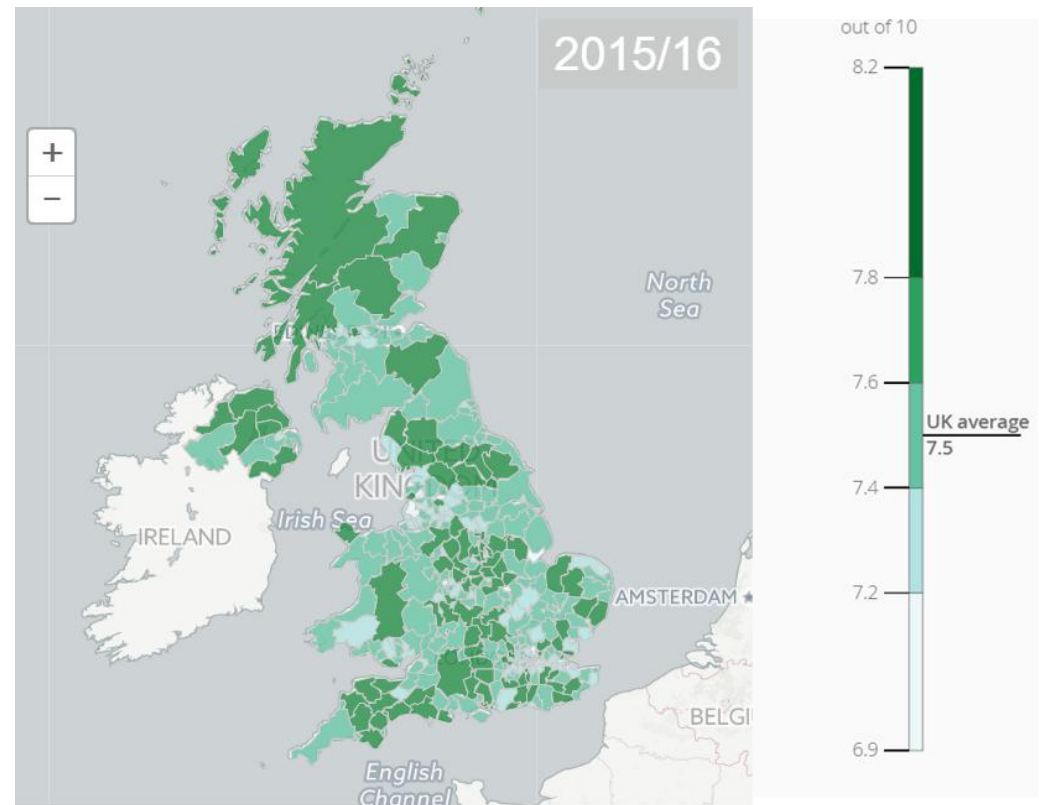
London lower average ratings of

- life satisfaction
- anxiety
- feeling things in life are worthwhile

Northern Ireland higher average ratings all personal well-being measures except anxiety,

Women

- Higher life satisfaction
 - Higher worthwhile
- AND
- higher levels of anxiety



Mean Life Satisfaction across the UK

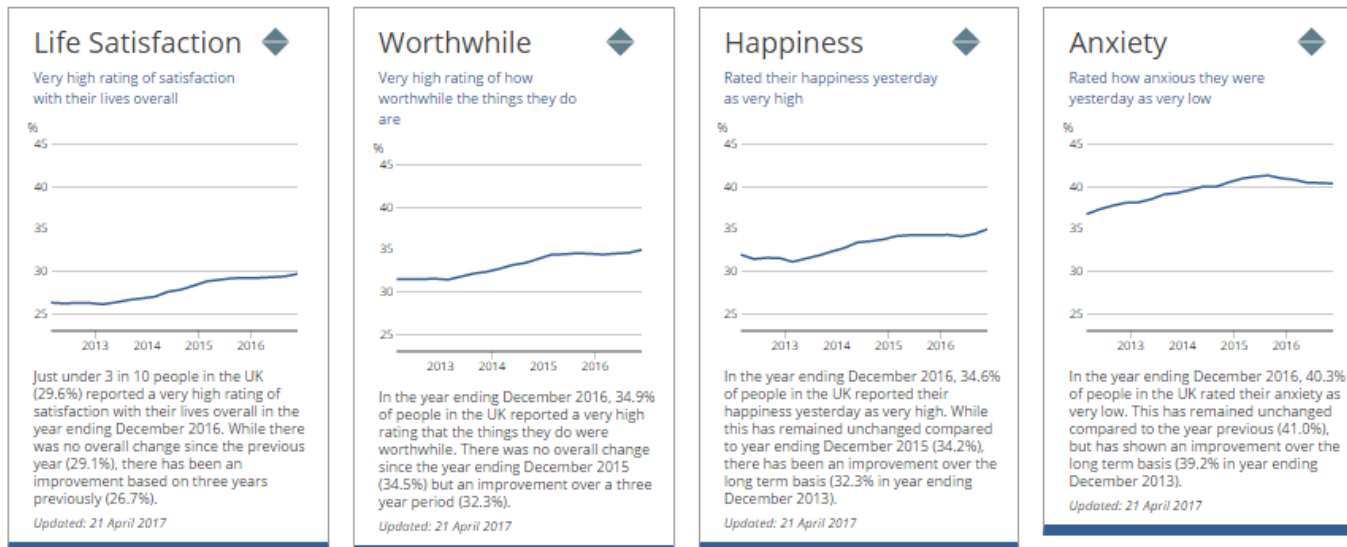
[Interactive Maps](#)



How are we doing?

Personal Well-being

Includes individual's feelings of satisfaction with life, whether they feel the things they do in their life are worthwhile and their positive and negative emotions.



Improved year on year for 5 years from March 2012-15.....but not 2016.

Quarterly updates from Sept 2016

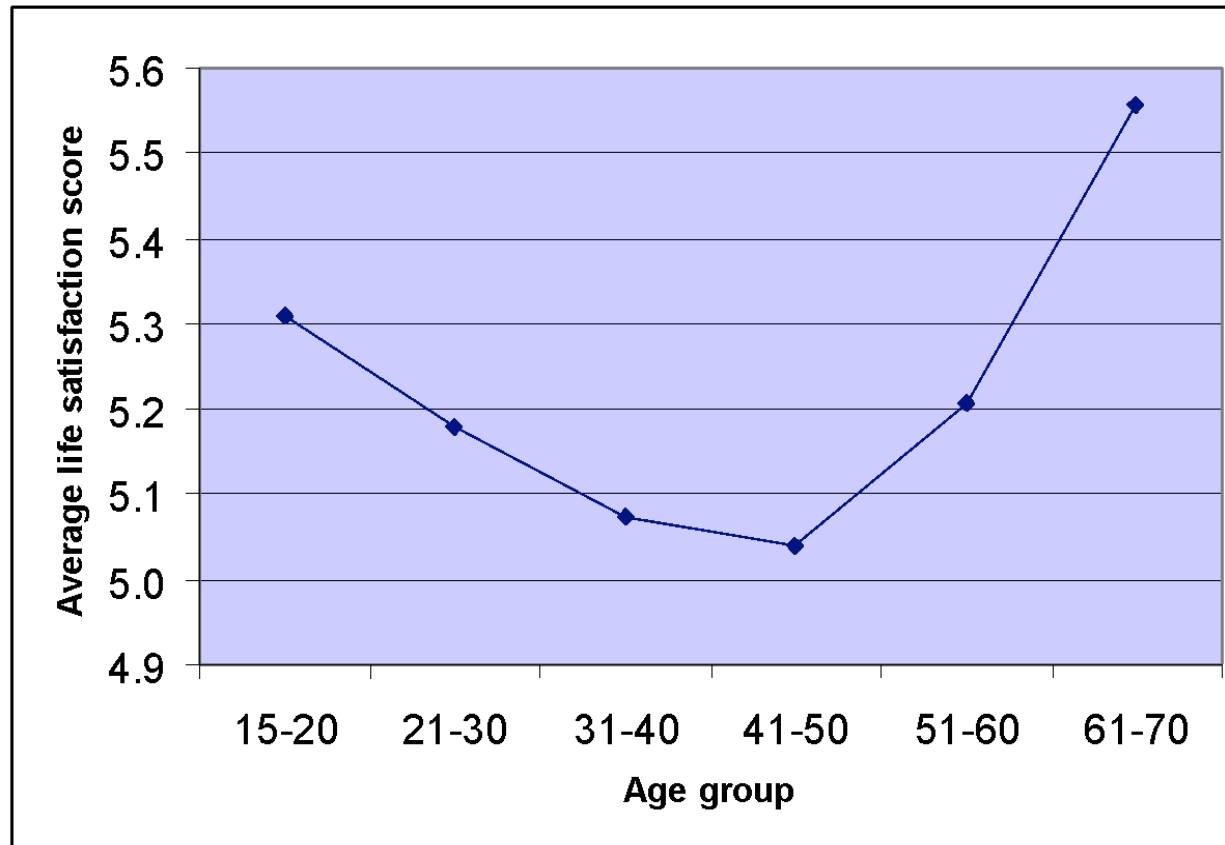


What do we know about wellbeing

What do we know about wellbeing



Typical wellbeing over a life time





Anti-depressant use by age

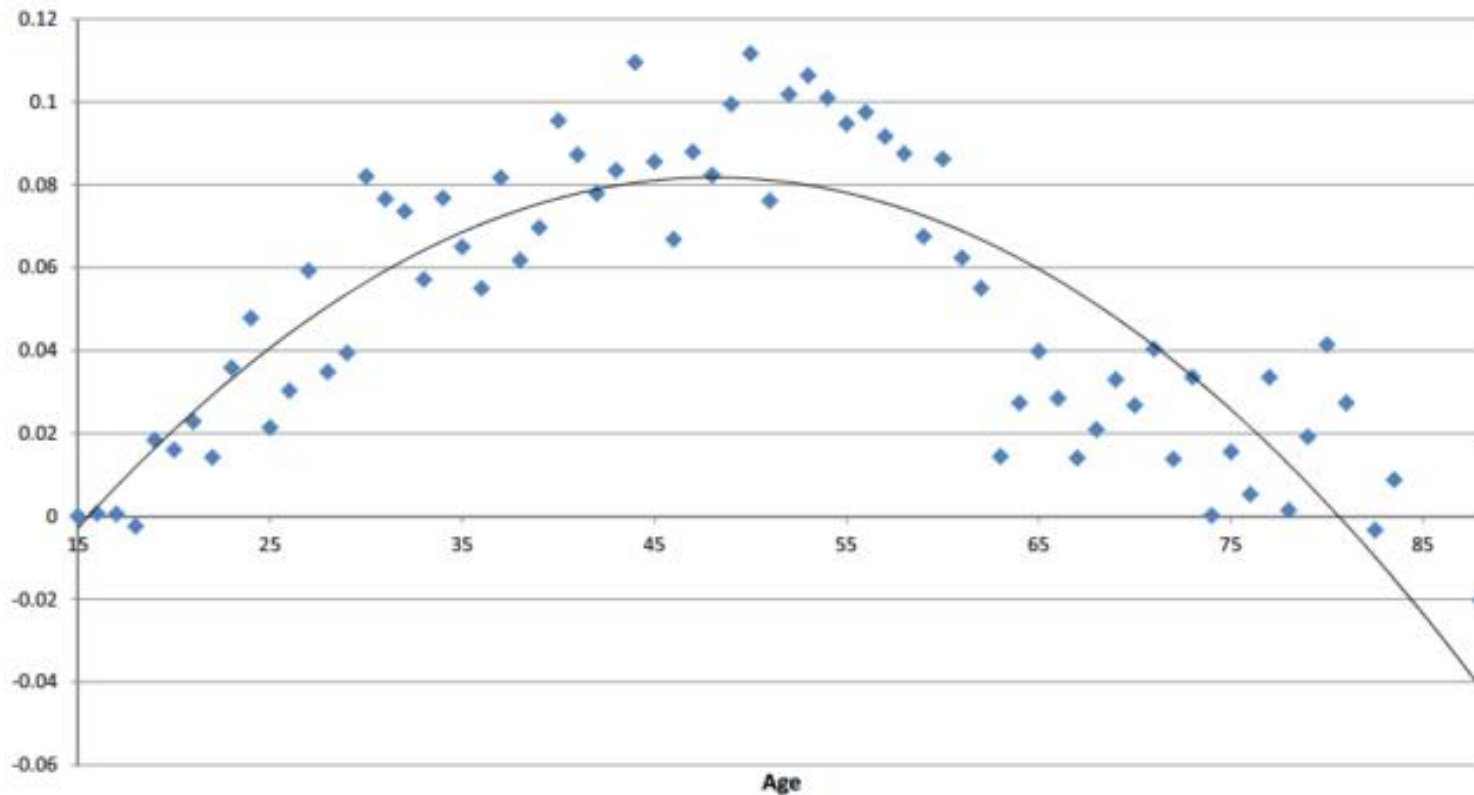
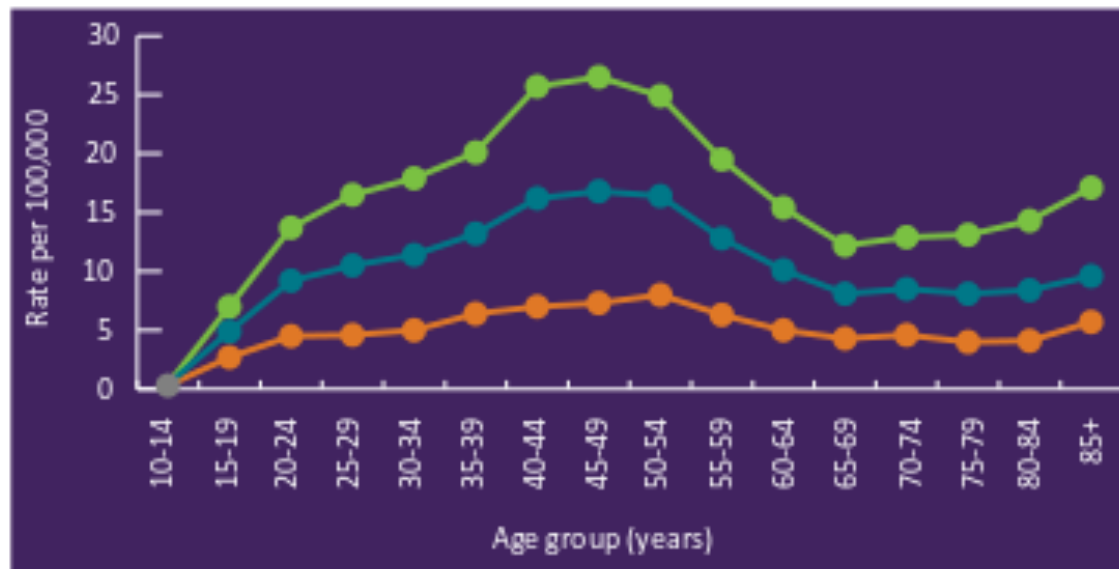


Chart 2. The regression-adjusted relationship between the probability of antidepressant use and age (full set of controls, as in Column 1 of Table 2).

Suicide rates by age

Graph 2: Suicide rates in UK by age group, 2014

● Male ● Female ● Overall



Graph 2 shows that in the UK the age group with the highest suicide rate per 100,000 for all persons and males is 45-49 years, and for females is 50-54 years. This data also indicates a slight bimodal distribution (where there are two 'modes' /peaks in the distribution across the ages) with peaks in the mid-years and those aged over 85 years. The ONS mark rates calculated from fewer than 20 counts as unreliable. The data in Graph 2 that is considered unreliable has been greyed out.



Benefits of higher wellbeing

People with higher wellbeing = better health, work, personal life and social contribution

Determinants: Conditions likely to support thriving



Moderately happy



Benefits: Is likely to help with..

Health

1. Reduced inflammation
2. Improved cardiovascular health immune & endocrine systems
3. Lowered risk of heart disease stroke & susceptibility to infection
4. Practicing good health behaviours
5. Speed of recovery
6. Survival & longevity

Work

1. Increased productivity
2. Peer rated & financial performance
3. Reduced absenteeism
4. Creativity & cognitive flexibility
5. Cooperation & collaboration
6. Higher income
7. Organizational performance

Personal & social

1. Longer term time preferences and delayed gratification
2. Reduced consumption & increased savings
3. Employment
4. Reduced risk taking
5. Pro-social behaviour e.g. donating money and volunteering
6. Sociability, social relationships & networks

❖ Wellbeing as a goal in itself

❖ Also instrumental to delivering other outcomes we value

Important:

- ❖ Social connections,
- ❖ altruism and
- ❖ personal control



Bringing together global evidence base

What sort of interventions will be more fruitful?



What can we do to improve wellbeing?



POLICIES TO PROMOTE WELL-BEING

- Promote Volunteering and Giving
 - Tackle Loneliness
 - Promote Wellbeing at Work
- Build Character & Resilience in Schools
 - Treat Mental Ill-Health like physical ill-health
- Reduce Unemployment
 - Support Parents
- Empower Citizens
 - Promote Growth
- Sociable & Green Built Environment

- 1. Mental Health**, social & emotional skills, partner relationships and physical health
 - Home life and family are most important for children's wellbeing
 - Healthier tends to mean happier
 - Adults in happy partner relationships have higher wellbeing
- 2. Community wellbeing** including social support, volunteering, giving and social connectedness to reduce loneliness
 - At every age - social relationships are key
- 3. Balanced stable economic growth**, low unemployment and wellbeing at work
- 4. Good governance** including devolving power, anti-corruption, freedom to choose, faster less contracted processes especially for children and families

The [O'Donnell Commission](#) highlighted policy priorities to promote well-being.

Unemployment hurts, but it depends who you are

what evidence did we find?

(continued)

unemployment damages wellbeing



Unemployment is damaging to people's wellbeing regardless of their age, gender, level of education, ethnicity or part of the country in which they live. The longer the time unemployed, the worse the effect.

People do not adapt to unemployment. Unlike the impact of many other life events, their wellbeing is permanently reduced.

but it affects people differently

Gender matters. Men's wellbeing is more affected by the incidence and duration of unemployment.

Age matters. Wellbeing may decline further for young people, particularly if the spell of unemployment is longer.

Effects on others. Unemployment not only affects the person who lost their job, it also reduces the wellbeing of their spouse, especially female spouses.

(re)employment boosts wellbeing



Re-employment leads to higher wellbeing

but it depends on the type of work

Men appear to gain more than women when they are re-employed, but it depends on the type of work.

Job quality. The increase in wellbeing is smaller for those who transition into a job with less prestige, lower pay or lower autonomy.

Temporary jobs. Increases in wellbeing is smaller for those who enter into temporary jobs compared to permanent work (and wellbeing declines if move from standard to non-standard employment).

Analysis of survey data: Gender differences

what mitigates the damaging effect of unemployment?

Social support
Those who can rely on social support from family and friends.

Living in an area with high unemployment
There may be less stigma associated with unemployment where the local unemployment rate is higher, and in the UK, this results in a smaller the reduction in wellbeing from being unemployed.

Personality
Extroverts suffer less, while conscientious individuals suffer more.

Employability
Those with skills or who are more adaptable suffer less.

Social capital
Little evidence of mitigating effects from most social participation activities, including voluntary work, but regular religious attendance has buffering effect.



Arts & positive impacts for some diagnosed conditions

in hospice and hospitals



- Brief music therapy is an effective intervention to support wellbeing of palliative care patients in hospital settings.
- Music therapy can contribute to improved spiritual wellbeing in hospice patients

in higher education settings



- Targeted, culturally relevant music interventions can decrease depression in nursing students in a college environment.
- Music therapy can alleviate anxiety in undergraduate students.

in residential and community settings



- Targeted, culturally relevant music and singing interventions can enhance mental wellbeing and decrease depression in older people with chronic conditions in residential and community settings.
- Participation in extended (12 months) community singing programmes can improve quality of life and social and emotional wellbeing in adults living with chronic conditions.
- Participation in group drumming can support participants dealing with symptoms of PTSD.
- Participation in individual personalised music listening sessions can reduce anxiety and/or depression in nursing home residents with dementia and that listening to music may enhance overall wellbeing for adults with dementia.
- Singing classes are associated with improvements in wellbeing in patients with COPD.
- Music therapy has a positive effect on mood in post-stroke patients and may be beneficial for mood improvement with stroke.



what evidence did we find?

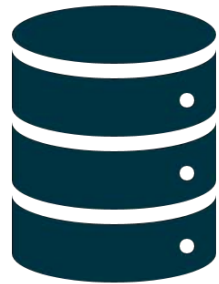
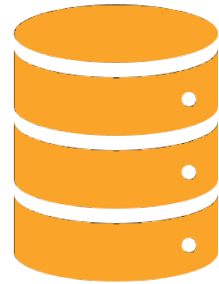
There are three types of evidence

- **strong** - We can be confident that the evidence can be used to inform decisions.
- **promising** - Decision makers may wish to incorporate further information to inform decisions.
- **initial** - Decision makers may wish to incorporate further information to inform decisions

How to compare and prioritise?

Life Satisfaction impact

- Employment = +0.5 units of life satisfaction
- Physical active x1 week = +0.2 units life satisfaction
- Listening to music = +0.1 units of life satisfaction
- Classical music concert = +0.19 units life satisfactions



Happiness impact

- Employment = +0.3 units happiness
- Physical active x1 week = 0.17 units happiness
- Listening to music = +0.8 units of happiness
- Gospel concert = +0.72 units of happiness

What next

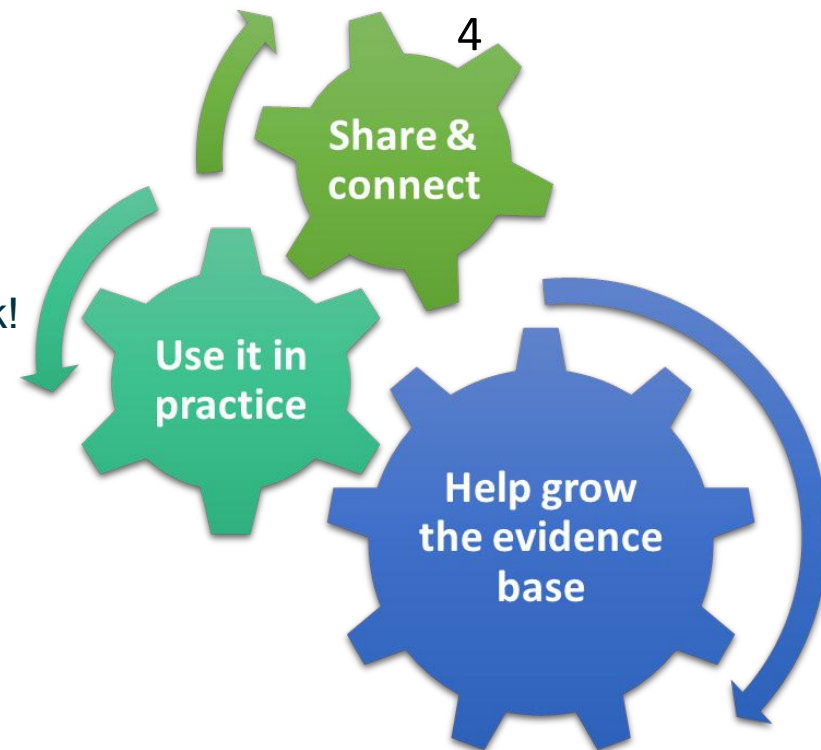


Resources

How can we achieve better outcomes?

What can organisations do?

1. [Use the wellbeing data](#) to understand
2. Use the ONS4 or WEMWBs questions to [collect wellbeing data](#) in surveys and add wellbeing questions to your evaluations
3. [Share what you learn](#) especially if it doesn't work!
 - Forum
 - Pioneer case studies - [BIG WELLBEING 2 EVALUTATION](#)
4. Trial things out
 - [evaluating wellbeing guidance](#)
 - Help improve the guidance
5. Partner with us





thank you

www.whatworkswellbeing.org

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Learn more

Wellbeing in Policy and Practice Course

We have developed a short course on Wellbeing in Policy and Practice.

It comprises three modules:

- Why wellbeing?
- What is wellbeing?
- Applying a 'wellbeing lens' to decisions

→ [Download course](#)

→ Cabinet Office [exercises to apply wellbeing lens](#) to policy, strategy, plan or service

