

## Mental Wellbeing

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.



Good mental health and wellbeing is not simply the absence of mental illness. It has been shown to result in health, social and economic benefits for individuals, communities and populations. Such benefits include:

- better physical health;
- reductions in health-damaging behaviour;
- greater educational achievement;
- improved productivity and reduced absenteeism;
- higher incomes;
- less crime;
- more participation in community life;
- improved overall functioning; and
- reduced mortality.

For example, a study of economically disadvantaged areas with low mortality found that these “resilient” areas had lower mortality than similarly deprived areas at all ages from childhood. It has been suggested that mental wellbeing plays a role here. (Ref: Tunstall H, Mitchell R, Gibbs J, Platt S, Dorling D. Is economic adversity always a killer? Disadvantaged areas with relatively low mortality rates. *J Epidemiol Community Health* 2007;61:337-343.)

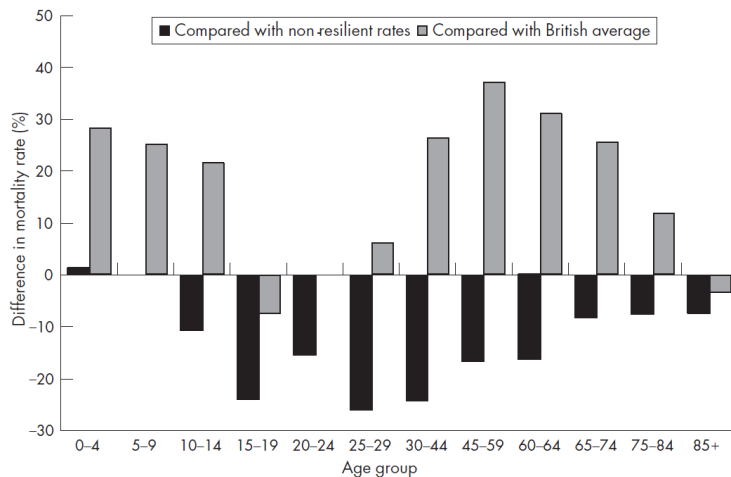


Figure 3 Comparison between mortality in resilient and non-resilient constituencies, and between resilient constituencies and the British average (1996-2001).

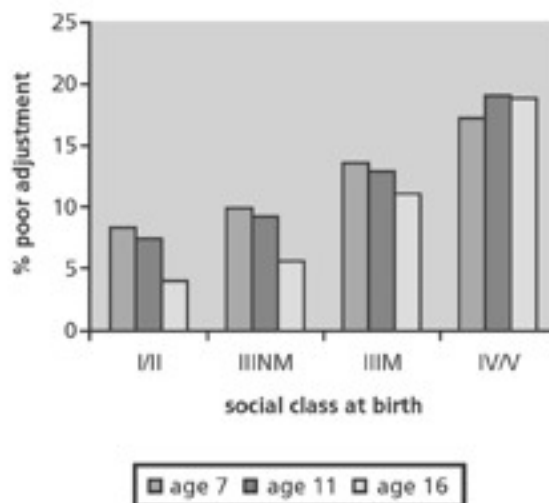
Mental wellbeing, self esteem and a belief in self actuation (believing that you can change your circumstances) are important for success of all health promotion programmes in motivating people to alter their behaviour.

Areas for potential intervention to improve mental wellbeing include:

1. early identification and intervention as soon as mental health problems emerge;
2. the promotion of positive mental health and prevention of mental health problems in childhood and adolescence;
3. the promotion of positive mental health and prevention of mental health problems in adults;
4. addressing the social determinants and consequences of mental health problems; and
5. improving the quality and efficiency of current services.

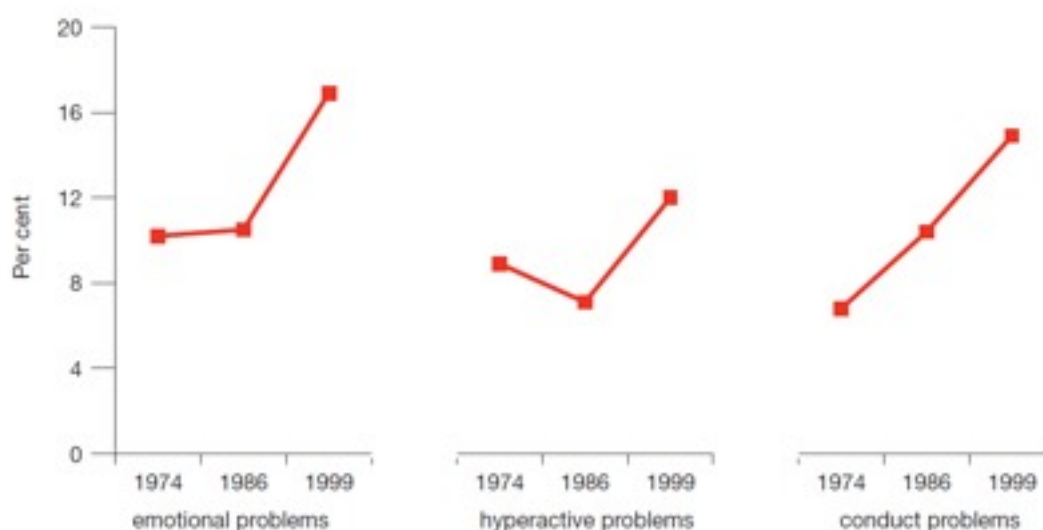
The most deprived communities have the poorest mental and physical health and wellbeing.

Figure 8 Rates of poor social/emotional adjustment, by father's social class at birth.  
Source: Power and Matthews, 1997.



One in ten children aged between 5 and 16 years has a mental health problem, and many continue to have mental health problems into adulthood. Half of those with lifetime mental health problems first experience symptoms by the age of 14, and three-quarters before their mid-20s. Self-harming in young people is not uncommon (10–13% of 15–16-year-olds have self-harmed).

Figure 2.3: Proportion of 15 year olds with mental health problems in Britain<sup>34</sup>



(Ref: Fairness and Freedom: The final report of the equalities review. Cabinet Office 2007. )

Mental health problems in childhood appear to be increasing, although the proportion of children with diagnosed mental illnesses is not.

At any one time around one adult in six is experiencing symptoms of mental illness and one in four people will experience mental illness during their lifetime. This may include **anxiety, addiction, obsession, phobia, depression, bipolar disorder, personality disorder, schizophrenia or an eating disorder**. Women are one-and-a-half times more likely to be affected by anxiety and depression, while men suffer more from substance abuse (one in eight men is dependent on alcohol) and anti-social personality disorders. Men are also more prone to suicide: British men are three times more likely than British women to die as a result of suicide. Mental illness is the largest single cause of disability in the UK, contributing up to 22.8% of the total burden, compared to 15.9% for cancer and 16.2% for cardiovascular disease; and costs the English economy at least £77 billion a year. This includes direct costs of services, lost productivity at work and reduced quality of life.



People with severe mental illnesses die 10-20 years earlier than the general population, mostly not from mental health causes, but from the same common causes as the rest of the population.

Further information

<http://www.nhs.uk/Livewell/mentalhealth/Pages/Mentalhealthoverview.aspx>

[http://www.sane.org.uk/resources/about\\_mental\\_illness/](http://www.sane.org.uk/resources/about_mental_illness/)

<http://www.mind.org.uk/>

<http://www.mentalhealth.org.uk/>

<http://www.rethink.org/>

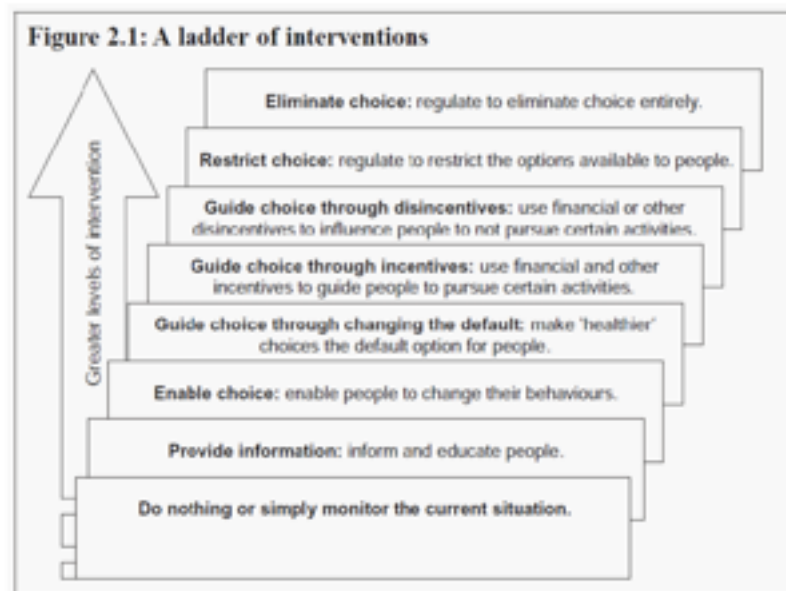
<http://www.dh.gov.uk/en/Healthcare/Mentalhealth/MentalHealthStrategy/index.htm>

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_123993.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_123993.pdf)

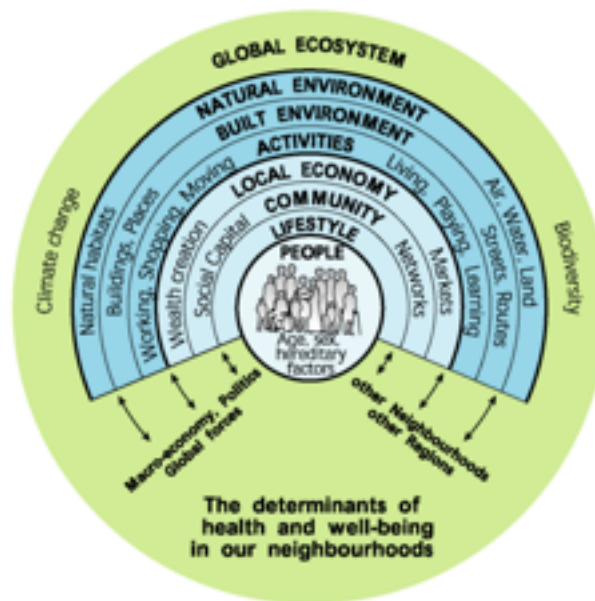
<http://www.seemescotland.org.uk/findoutmore/mental-health-and-inequality>

<http://www.bis.gov.uk/foresight/our-work/projects/published-projects/mental-capital-and-wellbeing>

# Nuffield Council on Bioethics Intervention Ladder



# What determines Health/being Healthy? The wider determinants of health



Barton and Grant 2005 based on Whitehead and Dahlgren 1991