



Factfile 4

Public mental health and well-being

'Good mental health and well-being are fundamental to flourishing individuals, families and communities and to national economic productivity and social cohesion'

Mental health and well-being are fundamental to flourishing individuals, families and communities and to national economic productivity and social cohesion.¹

A POPULATION-BASED APPROACH TO MENTAL HEALTH AND WELL-BEING

Providing care, support and treatment for those with mental health difficulties alone does not improve the mental health of the population as a whole.²

Population-based interventions to create conditions that promote mental health and well-being enhance population well-being in general and reduce incidence of mental health problems more effectively than interventions targeted only at at-risk/vulnerable individuals.³

The more people there are with robust emotional, psychological and social well-being in a community, the better able the community is to support those with mental health problems.⁴

FACTORS THAT INFLUENCE MENTAL HEALTH AND WELL-BEING

External factors

Material and economic circumstances of people's lives have a direct impact on their overall wellbeing – e.g. access to health services, learning and employment, local shops, public transport, good quality housing, accessible natural environments and green spaces, a thriving local economy.^{1,5,6}

Poor quality environments, poverty and debt, poor housing and high levels of crime undermine individuals' and communities' well-being, their capacity to flourish and their resilience.^{4,6,7}

Natural disasters, such as flooding and stresses such as economic recession also present risk factors for well-being.⁷

Violence and abuse, trauma, discrimination on grounds of race, gender, age, disability, mental health and sexual orientation, bullying and harassment (in schools, workplaces, communities) all undermine mental health and well-being.^{1,6,7}

Access to educational opportunities and attainment, meaningful activity, and rewarding employment in positive workplaces all promote and protect good mental health and well-being.^{1,6,7}

Supportive, cohesive communities protect mental health and well-being.^{1,6,7}

Internal factors

Psychosocial well-being – having a positive outlook in life and feeling good about oneself – directly promotes a more positive experience of life.⁸

Resilience – the ability of individuals or communities to cope positively with change, challenge, adversity and shock – can reduce the impact of risk factors in the external environment.⁴

Social connections and networks - feeling connected to others, feeling in control, feeling capable and having a sense of purpose all contribute to enabling a person to flourish and enjoy positive mental health and well-being.⁹

Positive well-being is associated with healthier lifestyles, better physical health, improved recovery from illness, higher educational attainment, improved employment and earnings, better relationships, more social cohesion, and less crime.^{4,1,6,7}

INEQUALITIES AND MENTAL WELL-BEING

High levels of inequality are damaging to mental health and well-being. Relative deprivation and social injustice erode mental well-being. They also increase stress and reduce trust and interaction.^{1,4}

Resilience may help mitigate the negative effects of inequalities as well as promote personal and community capacity to withstand other challenges.⁴

Better social and economic status results in better health.¹⁰

Social and economic inequalities are fundamental drivers of health and well-being. Between 1.3 million and 2.5 million years of life are lost in England each year as a result of health inequalities, at an annual cost of £56–£68 billion.¹¹

Relative deprivation is associated with increased risk of mental illness. 12-15% of children in families with the lowest income levels experience mental health problems compared with 5% of children in families with the highest income levels.¹³

Higher income inequality is linked to higher rates of mental illness, lower rates of trust and social capital, and increased hostility, violence and racism.¹⁴

Mental illness adds to inequality - people with serious mental illness die on average 25 years earlier than those without.¹⁵

MENTAL AND PHYSICAL HEALTH

Good mental health is associated with good physical health and longevity.¹⁶

Mental ill health is linked with poor physical health:

- overall increased mortality – depression is associated with a 50% increased mortality, comparable with the effects of smoking¹⁷
- increased mortality from cardiovascular disease, cancer, respiratory disease, metabolic disease, nervous system diseases, accidental death, and mental disorders¹⁷
- higher risk of coronary heart disease¹⁸
- higher risk of stroke and other conditions.^{19,8}

Poor mental health, specifically depression, is associated with poor compliance with treatment for health problems.²⁰

CHILDREN - PROMOTING MENTAL HEALTH AND RESILIENCE

Mental health and well-being in childhood influences mental health across the life course – up to half of lifetime mental health problems start by the age of 14.²¹

Between a quarter to a half of adult mental illness may be preventable through interventions in childhood and adolescence.²²

Poor mental health and well-being in childhood and adolescence are associated with many poor childhood outcomes such as lower educational attainment, increased likelihood of smoking, alcohol and drug use, poorer social skills and poorer physical health.⁷

Poor mental health and well-being in childhood and adolescence is associated with a broad range of poor adult health outcomes, including poorer adult mental health, increased risk of suicide, higher levels of antisocial behaviour, involvement in crime, smoking, alcohol and drug misuse and poorer socio-economic status and lower levels of employment.^{7,23}

Factors that influence the risk of mental illness in childhood, include:¹³

- poor parental mental health
- an unemployed parent
- poor parenting skills
- parents with no educational qualifications
- low birth weight
- deprivation
- adverse childhood experiences
- child abuse (physical, emotional and/or sexual abuse and/or neglect)
- high level use of cannabis in adolescence.

Some groups of children and young people are at higher risk of mental illness.¹³ These include:

- children with a learning disability
- children with long-term, disabling physical illness
- homeless young people
- lesbian, gay, bisexual and transgender (LGBT) young people
- young offenders
- 'looked after' children
- children of offenders.

Maternal health during pregnancy and the child–parent relationship during the first few years of life are important in building resilience and laying strong foundations for future mental health and well-being.²⁴

Resilience is associated with competence, confidence, connectedness, character and caring.²⁵

Development of resilience is also associated with parental affection and involvement in the school, as well as the presence of positive community role models.⁴

There is an economic cost to not providing services to meet the needs of young people. Prevention of conduct disorders in early childhood can reduce long-term costs to health, social care, welfare benefits and criminal justice services in adult life.²⁶

Prevention and early intervention can break down cycles of intergenerational inequality.⁶

MENTAL HEALTH IN LATER LIFE

Factors that have been found to be particularly important influences on the mental health and well-being of older people include:²⁷

- discrimination
- participation in meaningful activities
- relationships
- physical health
- poverty.

Factors most frequently mentioned by older people as important to their mental well-being include social activities, social networks, keeping busy and 'getting out and about', good physical health and family contact.^{28,29}

COMMUNITY COHESION

Communities with higher levels of social capital have lower rates of crime, better health, higher educational attainment and better economic growth.^{30,6}

Social networks and social support may prevent mental health problems and promote a sense of belonging and well-being.^{31,12}

Active participation in social and community life is associated with well-being and satisfaction.³²

Approaches known to be effective in building social capital are those that help people increase their social contacts, engage in community activities, and contribute to their local community.³³

Social capital can also be enhanced by improving community participation in local governance.³⁴

Community engagement can increase involvement in health promotion activities and initiatives to address the wider social determinants of health.³⁵

Environmental factors (built and green environments) can also influence components of resilience and are key social determinants of individual and community well-being.¹¹

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National Mental Health
Development Unit

The National Mental Health Development Unit (NMH DU) is the agency charged with supporting the implementation of mental health policy in England by the Department of Health in collaboration with the NHS, Local Authorities and other major stakeholders.

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