

# Mental health and emotional wellbeing

## Headlines

Mental health is everyone's business – individuals, families, employers, educators and communities all need to play their part. Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential. Nationally 1 in 6 adults may have a mental health problem at any one time. Locally in 2008;

- 1 in 5 adults had depression, anxiety or other nervous illness, of those 2 in 3 were likely to be woken by worry and 1 in 5 to feel isolated.
- The rate of people with depression, anxiety and other nervous illness was highest in Dewsbury at 1 in 4.
- The rate of depression, anxiety and other nervous illness was higher than 2005 for adults irrespective of age. This had the second worst impact on general health.
- Of people with a long term condition, 31% reported depression, anxiety or other nervous illness: in particular 39% of those who have had a stroke, 30% of those with heart disease and 28% of those with pain.

Adults with mental health problems have worse physical health, which is probably because they smoke 42% of all the tobacco used in England.

Suicides locally have declined since 2002 at a faster rate than the decrease nationally. Locally and nationally, men were three times more likely to die from suicide than women.

Poor mental health in childhood affects educational attainment, social skills and physical health. It also increases the likelihood of smoking, alcohol and drug use. Half of all lifetime mental illness starts before the age of 14 years. There are also wider consequences for later in life as it increases the risk of poorer physical health, unemployment, reduced earnings and criminal activity.

In 2009 local 14-year olds:

- Were more likely than in 2007 to have problems sleeping due to worry (17% in 2009 versus 12% in 2007).
- Were as likely to feel lonely (11%), not get on with school staff (35%), feel happy at school (34%), feel unhappy with themselves as a person (26%) or have no-one to talk to about problems (21%), as in 2007.
- Were less likely to be subject to mood swings (21% compared to 23%), feel miserable (21% compared to 23%) or angry (29% compared to 34%).
- Fewer were being bullied (40% compared to 47%), but of those the frequency of bullying had increased from 14% to 20%.

## Why is this issue important?

Mental health is a dynamic functional state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community<sup>1</sup>. The key features of mental wellbeing focus on our ability to live our lives to their full potential, enjoy mutually rewarding interpersonal relationships, maintain good physical health and stay resilient in the face of life's stresses and challenges<sup>2</sup>.

Nationally 1 in 6 adults has a mental health problem at any one time<sup>3</sup>, as do 1 in 10 children aged 5-16 years, and many continue to have mental health problems into adulthood<sup>3</sup>. Half of those with lifetime mental health problems first experienced symptoms by the age of 14 and 3 in 4 before their mid-20s<sup>3</sup>. The level of mental disorders in 5-16 year olds from routine occupational families (15%) was nearly four times that of those from higher professional families (4%)<sup>4(p28)</sup>.

There is an association between mental and physical health, for example, mortality and morbidity from cardiovascular disease (CVD) and cancer are higher among people with poor mental health, although this may be linked to higher levels of smoking in those with poor mental health<sup>5(p52)</sup>.

There is a clear association between good mental health and improved wellbeing for people of all ages and social classes across a number of domains. These include longevity, physical health, social connectedness, educational achievement, criminality, maintaining a home, employment status and productivity. It is well recognised that social and health differences between groups can both result in and be caused by mental ill health<sup>6</sup>.

The causes of mental health problems are many and complex. The underlying cause can be a problem with the brain or nervous system; conditions can be inherited, present at birth, or acquired during the course of life, for example through the family experience or following an injury. Mental illness may also result from intoxication with drugs or poisons, or occur following significant life events. Most commonly mental distress occurs due to coping strategies not being effective when under stress.

## Suicide

Locally, in 2008, 33 suicides occurred, equivalent to a rate of 7.5 per 100,000 population. This compared to 7.8 nationally<sup>7</sup>. Since 2002 the rate locally has fallen faster than the decrease in the national rate. This means that less than 1% of deaths to Kirklees residents were identified as death by suicide.

Nationally, there are a number of accepted risk factors for suicide<sup>7</sup>. Those of particular relevance locally include:

- Gender – men were three times more likely to die from suicide than women.
- Age - more suicides occurred in men aged 30-39 years.
- Recent experience of criminal justice - sentenced, remand prisoners and ex-prisoners recently released into the community were more likely to commit suicide than members of the wider population.
- Relationship and/or financial problems – these problems were identified as issues in nearly 1 in 3 deaths locally in 2005-6.
- Mental health problems - having a severe and enduring mental illness is a known risk factor for suicide, especially those with depression, schizophrenia and personality disorders. Suicide is one of the main causes of premature death in people with mental illness nationally.

In the majority of cases locally a range of complex issues was involved, rather than any single factor on its own. Further detail is available in a separate audit report for Kirklees<sup>7</sup>.

## Emotional wellbeing

Emotional wellbeing depends both on environmental factors and the mental capital or resilience built up throughout the early years of life and into adulthood. The main factors associated with wellbeing include relationships with friends and family, good health and community; other factors that influence individual wellbeing include civic participation, level of education, relative income and beliefs.

Emotional resilience is the ability to take hard knocks, to weather the storm and to continue progressing whatever happens. The resilient individual can be viewed as having a good level of self-esteem and confidence. By identifying what it is that makes children and adults resilient, it is possible to help more of them to develop the fundamental life skills needed<sup>8</sup>.

## What significant factors are affecting this issue?

People with mental health problems are more likely to have poor physical health. This is due in part to higher rates of smoking, alcohol and substance misuse<sup>3</sup>. Some have poor diets, may not be physically active and may be overweight, though the reasons for this are complex<sup>3</sup>.

Mental health and physical health are interconnected, not only do people with mental illness experience higher rates of illness, but people with long term physical health conditions are at increased risk of having mental ill health<sup>6</sup>. Having both physical and mental health problems delays recovery from both<sup>3</sup>.

Locally, in 2008<sup>9</sup>:

- 1 in 5 adults had depression, anxiety or other nervous illness. This had the second worst impact on health, second to cardiovascular disease.
- 31% of people with a long term condition reported depression, anxiety or other nervous illness particularly 39% of those with a stroke, 30% of those with heart disease and 28% of those with pain.

Increased smoking is responsible for most of the excess ill health of people with severe mental health problems. Adults with mental health problems, including those who misuse alcohol or drugs, smoke 42% of all the tobacco used in England<sup>3</sup>.

Poor maternal mental health during pregnancy is associated with increased rates of mental ill health in children. The parent-child relationship is vital to all aspects of a child's development – poor parenting is a specific risk factor for mental health problems<sup>4(p27)</sup>.

Work is generally good for physical and mental health and wellbeing and being in employment and maintaining social contacts improves mental health outcomes, prevents suicide and reduces reliance on health services. However, insecure and poor quality employment is associated with an increased risk of poor mental health. Existing mental health problems can be a barrier to accessing work due to the stigma associated with poor mental health. Likewise, mental health rehabilitation and positive long term outcomes are promoted by employment and training/learning opportunities<sup>4(p31),5(p68)</sup>.

For older people, living with longstanding illnesses, disability, poverty, social isolation, bereavement, underlying dementia or cognitive impairment and carer stress are all factors that impact negatively on mental health<sup>4(p34)</sup>. Of older people 1 in 4 had symptoms of depression sufficient for clinical intervention. Better detection and treatment would greatly improve the quality of life of this vulnerable group<sup>4(p34)</sup>.

## Wider factors

The mental and emotional wellbeing of a person can be heavily influenced by what is going on around them such as changes in relationships, life events such as bereavement and losing a job. Mental ill health can also be influenced by wider factors such as being a victim of crime, having financial concerns and the state of living accommodation.

A change in an individual's emotional wellbeing can also influence how they approach daily life, for instance educational attainment and school absence are likely to be worse amongst children who feel isolated, have low self esteem or misuse drugs and alcohol. In adults motivation and self confidence can be affected and with multiple changes in life such as changes in personal relationships, loss of a job and changes in the housing tenure of an individual can compound this, leading to significant mental ill health. Having mental health problems can be distressing to individuals, their families, friends and carers, and affects their local communities.

People with mental health problems often have fewer qualifications, find it harder to both obtain and stay in work, have lower incomes, are more likely to be homeless or insecurely housed, and are more likely to live in areas of high social deprivation.

## Which groups are affected most by this issue?

### Children and young people

Mental health problems can contribute to perpetuating cycles of inequality through generations. Early interventions, particularly with vulnerable children and young people, can improve lifetime health and wellbeing, prevent mental illness and reduce costs incurred by ill health, unemployment and crime<sup>3</sup>.

Most children grow up mentally healthy, but evidence suggests that more children and young people have emotional or conduct problems today than 30 years ago. One in 10 children in England aged 5-16 years has a mental health problem<sup>3</sup>.

In children and young people mental ill health can be grouped into conduct disorders, emotional disorders, attention deficit hyperactivity disorder (ADHD) or others.

Half of those with lifetime mental health problems first experience symptoms by the age of 14 and 3 in 4 before their mid-20s<sup>3</sup>. Local estimates based on national data suggest around 1 in 8 of those aged 5-16 years have some form of disorder<sup>10</sup>.

In 2009 local 14 year olds<sup>11</sup>:

- Were more likely than in 2007 to have problems sleeping due to worry (17% in 2009 compared to 12% in 2007).
- Were as likely to feel lonely (11%), not get on with school staff (35%), feel happy at school (34%), feel unhappy with themselves as a person (26%) or have no-one to talk to about problems (21%) as in 2007.
- Were less likely to report sometimes or never getting on with family, 1 in 7 (14%), better than the 1 in 5 in 2007.
- Were less likely to be subject to mood swings (21% compared to 23%), feel miserable (21% compared to 23%) or angry (29% compared to 34%) than in 2007.
- Fewer were being bullied (40% compared to 47%), but of those the frequency of bullying had increased from 14% to 20%.

### Adults

Locally, in 2008, 1 in 5 (21%) adults had depression, anxiety or other nervous illness. Of these just over half were women (52%). This was reflected in all ages, although slightly more prevalent in men aged over 65 years, 1 in 10 were of south Asian origin, irrespective of age<sup>9</sup>.

Of people who had depression, anxiety or other nervous illness:

- 2 in 3 (63%) were woken by worry.
- 1 in 5 felt isolated all or most of the time, 1 in 5, compared to 7% of all adults.
- 14% were also carers, similar to overall.
- 31% smoked, the highest of any group, compared to 20% overall, same as 2005<sup>9</sup>.

Locally, in 2008<sup>9</sup> 31% of people with a long term condition reported depression, anxiety or other nervous illness particularly 39% of those with a stroke, 30% of those with heart disease and 28% of those with pain.

Those of working age i.e. age under 65 years, with depression, anxiety and other nervous illness were far more likely to have a low income than overall:

- 41% (compared to 19%) had income under 10,000.
- 26% (compared to 22%) £10,000- £20,000.
- 15% (compared to 19%) £20,000-£30,000.
- 8% (compared to 15%) £30,000-£40,000.
- 9% (compared to 25%) over £40,000.

The same pattern can be seen in those over the age of 65 years.

Nationally, 1 in 100 people is likely to have a more severe mental illness, such as schizophrenia, bipolar disorder or severe depression, which requires intensive, and often continuing, treatment and care<sup>3</sup>.

Maternal depression and anxiety in pregnancy and during a child's early life affects 10-15% of pregnant women. Rates are nearly twice as high among mothers living in poverty and three times as high for teenage mothers, and are associated with babies having low birth weight, emotional or conduct disorders and children's later intellectual development<sup>3</sup>.

## Where is this causing greatest concern?

Higher rates of depression, anxiety or other nervous illness were experienced in Huddersfield South for both those aged under 65 years, 27%, and those aged over 65 years, 16%. The lowest rate was in Denby Dale & Kirkburton for those under 65 years, 1 in 6 (16%) and Colne Valley for those age 65 years and over, 1 in 8 (12%)<sup>9</sup>.

Places with the highest suicide rates remain Dewsbury and Huddersfield North, although all numbers involved are very small.

The emotional health and wellbeing of 14 year olds was worst in Mirfield, Denby Dale & Kirkburton where the highest rates of feeling miserable, panicky, angry, lonely and having sudden changes of mood, were reported, above the average for Kirklees and higher than in the other localities. 14 year olds were least likely to feel miserable or lonely in Batley and Dewsbury.

14 year olds who were ever bullied was highest in The Valleys and lowest in Dewsbury. However, 27% of 14 year olds in Dewsbury were bullied weekly or more in the last two months, the highest in Kirklees. Dewsbury also had the highest rate of 14 year olds who were bullies.

## What could commissioners and service planners consider?

- Work with partners to ensure focus on positive emotional and social wellbeing across services and rollout of programmes such as social and emotional learning (SEAL) in children and parenting programmes.
- Commission initiatives that address the employment and accommodation needs of adults with mental health problems.
- Develop a strategy to improve the mental wellbeing of people in Kirklees that also addresses the broader factors affecting mental health. Mental wellbeing

should be a concern for all public services; we should be focusing on preserving mental wellbeing, not just treating mental ill-health.

- Consistent signposting to opportunities for support in the wider factors such as managing income and debt, employment preparation, paid work and skill development including literacy and numeracy.

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