What is the relationship between mental health and wellbeing?

Dr Simon Howard & Dr Nisha Mehta
Cumberland Lodge, 1st February 2016
PUBLIC HEALTH.

ANNUAL REPORT
OF THE
MEDICAL OFFICER
OF
THE LOCAL GOVERNMENT BOARD
FOR THE YEAR
1876.
usual average rainfall and Scathwate with an amount of rain above its average.

The year, alike at its beginning and its end, was remarkably free from fog. In Chapter I. Dr. Percy Stocks gives an account of the vital statistics which

**Diagram Illustrating Arrangements & Modes of Extension of Hut-Hospitals.**

**Plan 1.**

The Huts arranged parallel to each other not less than 30 feet distant.

A. Administrative Buildings (Kitchen, Stores, Offices, Nurses Bedrooms, &c.) B. Laundry, &c. C. Distillation, Dead House &c. D. Huts shown of dimensions for 10 patients each, with Scullery & Bathrooms (a. b.) at one end, and closet & sink (c. d.) at other end of each.

E. Open corridors. The dotted lines show direction of further extension.
Volume One

– “Data driven” and comprehensive
– Surveillance data with expert commentary
– Innovative visualisation
– Make data available for local analysis

Volume Two

– “Deep dive" examination
– Collaborative (informed by panel of experts)
– Targeted recommendations (advocacy)
– Expectation of future review of progress against recommendations
Annual Report 2013 (advocacy)

Why public mental health?

1. Mental illness is the single largest cause of disability in the UK

2. Economic costs – 4.5% of GDP

3. Mental illness and sickness absence / worklessness

4. Mind the gaps – treatment, access, funding, services and mortality

5. Evidence based public mental health policy needed
Public mental health is crucial and many interventions are supported by a strong evidence base.
But the question we are here to answer is…

What is the relationship between mental health and wellbeing?
Define your terms!

Voltaire, 1700s
Problematic terminology

Mental health; mental health problems; mental health illness; mental health disorder; common mental disorder; severe mental illness; mental disorder; psychiatric disorder; mental distress; mental health issues; mental health strain; mental health symptoms; temporary distress; psychological disturbance; poor psychological functioning; languishing; Good mental health; positive mental health; well-being; wellness; positive psychological functioning; flourishing; good/high/present/increased/more/better levels of well-being/hedonic wellbeing; eudaemonic well-being; subjective well-being; mental well-being; emotional well-being; psychological well-being; affective well-being; evaluative well-being; social well-being; the dynamic space of well-being; happiness; life satisfaction; quality of life; resilience. Patients; service users; users; consumers; customers; clients; ex-patients; survivors; experts by experience; people with lived experience; people with experience of mental health issues/problems/distress; people with mental illness; people with mental disorder; people with psychiatric disorder; people affected by the mental health treatment gap
Mental health and well-being – the Foresight Report

‘achieving a small change in the average level of wellbeing across the population would produce a large decrease in the percentage with mental disorder, and also in the percentage who have sub-clinical disorder (those ‘languishing’)’

The Foresight / Rose Hypothesis

Fig 2. Population distribution of mental health

Flourishing (17%)  Moderate mental Health (54%)  Languishing (11%)  Mental Disorder (18%)

Adapted from Huppert 2005; prevalence figures are from Keyes 2005, based on USA data

Source: Friedli, L. Mental Health, Resilience & Inequalities. WHO Europe 2009
‘Flourishing’ = ‘Wellbeing’

- is a low score on General Health Questionnaire – a questionnaire validated for detecting diagnosable psychiatric illness (Foresight report)

- is high self-rated ‘life satisfaction’ (Department of Health, and many other sources)

- integrates mental health and physical health (implied by DH citation of NHS and Social Care Information Centre data in ‘Our Health and Wellbeing Today’)

- is a low score a loneliness questionnaire (implied by Faculty of Public Health citing Cattan et al as evidence for wellbeing interventions)

- is high self-rated happiness (Department of Health, ONS, and many other sources)

- is spending a lot of time with friends (implied by DH citation of NHS and Social Care Information Centre data in ‘Our Health and Wellbeing Today’)

- requires having ‘rewarding employment’ (Defra, cited by the Department of Health in ‘Our Health and Wellbeing Today’)

- can be partly measured through voter turnout at UK General elections, the proportion of household waste that is recycled, and the proportion of energy that comes from renewable sources (ONS)
The Foresight / Rose Hypothesis

• We discovered that the Foresight hypothesis had been accepted as fact by policy makers and much of the public health profession – without question – and without evidence

• As a result, public mental health policy and practice was increasingly being framed and funded in terms of ‘well-being’ at both local and national level

• However, there is no good evidence that we can find to prove that improving population well-being will be effective in the primary prevention of mental disorder
General health and happiness

Wellbeing

A state which is protective against psychiatric illness
An (imperfect) analogy...
If we really cared about mental wellbeing, muzak would be a top priority

We are all to blame for the spread of background noise. Many feel uneasy with silence and want to be jollyied along. Yet piped music is bad for our mental and physical health

Peter Phillips
Well-being – unpicking the evidence

1. No consensus on the definition of well-being

2. Psychometric relationships are unclear

3. Well-being measures are unsafe in populations with mental illness

4. Widespread, unscientific ‘re-badging’ of other research findings

5. Widespread, unacceptable use of poor quality ‘grey’ literature

6. Re-inventing the wheel - quality of life research
Evidence in well-being: Why does it matter?

1. Critically compromises public mental health policy

2. Encourages the use of vague terminology

3. Detracts from the public mental health needs of untreated and ‘at-risk’ populations
Morning All,

Has anybody done any work on measures of individual/population wellbeing, in terms of evidence base/developing scorecards, getting the measures used in practice? If so would be great if you would be willing to share learning around these.

Thanks,
Dear Simon,

Many thanks for this, we will probably be looking wider than mental health but this is a useful starting point. Thank you.

Kind regards,
Low intensity psychological interventions for Generalised Anxiety Disorder, offer one or more of the following as a first-line intervention, guided by the person’s preference: individual non-facilitated self-help; individual guided self-help; psychoeducational groups. (NICE CG113 – Generalised anxiety disorder and panic disorder (with or without agoraphobia) in adults: management in primary, secondary and community care).

Commissioners and providers of services to children in primary education should develop and agree arrangements to ensure all primary schools adopt a comprehensive, ‘whole school’ approach to children’s social and emotional wellbeing (NICE PH12 Social and Emotional Wellbeing in Primary Education).

Mindfulness-based cognitive therapy (MBCT) was developed with a specific focus on preventing relapse/recurrence of depression (Segal et al. 2002). With 8 to 15 patients per group, MBCT has the potential to help a large number of people. (NICE CG90 – Depression in Adults: Full Guidance).


Kessler et al. Associations of housing mobility interventions for children in high-poverty neighborhoods with subsequent mental disorders during adolescence. JAMA 2014
What is the relationship between mental health and wellbeing?
My answer:

I don’t know.

In the context of shifting definitions of ‘wellbeing’, it is impossible to define a single relationship – each study must be taken on its own merits, each intervention considered in its own way, and each measure considered in its own terms.

This makes it difficult to build consensus around important research fields, which makes life difficult for front-line practitioners and decision-makers alike.
Public mental health: evidenced-based priorities

Nisha Mehta, Tim Croudace, Sally C Davies

The Chief Medical Officer’s Annual Report, 2013, *Public Mental Health Priorities: Investing in the Evidence*, will be published in England this week.1 This report, similarly to others before it, brings together the best evidence about mental health and is set within a contemporary policy context that informs the Chief Medical Officer’s recommendations. Unlike many other areas of health, public mental health is difficult to define because there are contested boundaries and terminology. Although the varied landscape is undoubtedly a potential strength, we are concerned by an inability to agree about fundamental issues in this broad field. These issues WHO suggested instead that “the twin aims of improving mental health and lowering the personal and social costs of mental ill-health can only be achieved through a public health approach.”2 In 2013, WHO published the Mental Health Action Plan, 2013–2020, in which the concepts of mental health promotion, mental illness prevention and treatment, and rehabilitation were incorporated into a roadmap for global mental health.3

With WHO’s approach as context, we look at mental health in England, particularly the notion of wellbeing insofar as it relates to public mental health. The Government Office for Science published the 

Wellbeing interventions: no evidence they prevent mental illness

Nisha Mehta and colleagues’ critique1 of wellbeing interventions as a strategy for population prevention to mental health disorders was criticised by Sarah Stewart-Brown and colleagues (June 27, p 2576)2 who suggested that evidence does exist to support the Rose hypothesis—that with improvements to a population’s wellbeing the prevalence of mental disorders will decrease. The Rose hypothesis3 is well evidenced in other branches of health; in a

The importance of psychiatry in public mental health

Nisha Mehta and Sally C Davies

Summary

There is a lack of consensus over fundamental issues in public mental health in England. A move away from poorly evidenced ‘well-being’ policy approaches is needed. The authors have developed a more inclusive model using the World Health Organization’s approach to public mental health. Public mental health policy makers must acknowledge the importance of psychiatry within the field.

Declaration of interest

N.M. is the Editor-in-Chief of the Annual Report of the Chief Medical Officer 2013. S.C.D. is the Chief Medical Officer, England.

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Editorial

Mental well-being: an important outcome for mental health services?
Angharad de Cates, Saverio Stranges, Amy Blake and Scott Weich

Summary
Mental well-being is being used as an outcome measure in mental health services. The recent Chief Medical Officer’s (CMO’s) report raised questions about mental well-being in people with mental illness, including how to measure it. We discuss whether mental well-being has prognostic significance or other utility in this context.

Declaration of interest
None.

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Editorial

Psychiatry in public mental health: easy to say, but harder to achieve†
David M. Foreman

Summary
Psychiatrists are currently ill equipped to exploit the growing interest in public mental health. Training, service infrastructure and organisational links are deficient, which will impede population-based interventions. However, the potential benefits make correcting this worthwhile.

Declaration of interest
None.

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Earnest endeavours

“...they are always degrading truths into facts. When a truth becomes a fact it
loses all its intellectual value.” Oscar Wilde, The Importance of Being Earnest
(1895).

The public psychiatry paradox

Public psychiatry has been and remains the subject of debate and
controversy. Jacobs & Griffith’s definition of public psychiatry
includes, psychiatry, psychology, nursing, medicine and allied health
professions) must be perplexed about how to engineer the magic
tick of delivering effective treatments to individuals with mental
illness alongside expanding their roles and remit to populations;
and all this needs to happen at a time of austerity and recession,
a time of greater need and less investment. Perhaps our models of
mental illness, mental health, well-being and the respective risk
and protective factors require rethinking. For example, Van Os
suggests we stop thinking of populations of individuals with equal
vulnerability but rather we should recognise ‘dynamic adaptation’
as an individual and collective property that links brain disease to
public health.11 We still need stronger models of mental illness and
health, the best evidence on new interventions and how to
improve our existing armoury.

Sadness, psychosis and song:
“Professionals in public health must be perplexed about how to engineer the magic trick of delivering effective treatments to individuals with mental illness alongside expanding their roles and remit to populations; and all this needs to happen at a time of austerity and recession, a time of greater need and less investment.”
“Professionals in public health must be perplexed about how to engineer the magic trick of delivering effective treatments to individuals with mental illness alongside expanding their roles and remit to populations; and all this needs to happen at a time of austerity and recession, a time of greater need and less investment.”

“Person-centred care requires highly competent and confident practitioners who can apply emerging research on the varieties of mental illnesses, and marshal the evolving evidence for each patient, for patient groups, as well as for populations.”
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