**Why is wellbeing important to health?**

An individual’s health is a key aspect of their wellbeing and one of ten domains identified by the Office for National Statistics (ONS). Although people’s assessment of their health is associated with their assessment of their overall life satisfaction, the relationship between health and wellbeing is not clear cut. Analysis from the Integrated Household Survey (2012) suggests not everyone who reported their health as good or very good reported high levels of life satisfaction. Similarly, not everyone who reported their health as bad or very bad reported low levels of life satisfaction. A similar relationship was found for feeling happy, feeling anxious and feeling their life is worthwhile.

**Definitions**

Terminology around wellbeing and health is often used interchangeably, and sometimes, incorrectly. The main terms are:

- **Wellbeing** comprises an individual’s experience of their life; and a comparison of life circumstances with social norms and values. Wellbeing exists in two dimensions: **Subjective wellbeing** asks people directly how they think and feel about their own wellbeing, and includes aspects such as life satisfaction (evaluation), positive affect (hedonic), and a judgement on whether their life is meaningful (eudemonic). **Objective wellbeing** is based on assumptions about basic human needs and rights, including aspects such as adequate food, physical health, education, safety etc. Objective wellbeing can be measured through self-report (e.g., asking people how they view their health), or through more objective measures (e.g., mortality rates and life expectancy).

- **Mental wellbeing** is part of overall wellbeing and is more than just the absence of mental illness. It is a positive state of mind and body, underpinned by social and psychological wellbeing. It enables and supports good relationships, improved resilience, improved health, meaning, purpose and control. It is predictive of improved healthy life expectancy, quality of life and life satisfaction, and is inextricably linked with physical health and living with, and recovering from, both physical and mental illnesses.

- **Mental illness** or mental disorder is a range of mental health problems that can cause marked emotional or cognitive distress, and interfere with daily functioning. Examples of mental illnesses include clinical depression, schizophrenia, bipolar disorder.

**How does DH measure wellbeing?**

DH measures various aspects within the health domain of wellbeing, including:

- **Subjective wellbeing** can be measured using four questions devised by ONS. These questions cover evaluative, eudemonic and hedonic wellbeing. The Integrated Household Survey (2012) tested these questions and found people generally felt satisfied with their lives, felt their lives were worthwhile, and felt happy, with fewer people reporting feeling anxious yesterday.

- **Positive mental wellbeing** can be measured using the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS). WEMWBS results range from 14 to 70, with those answering all statements positively receiving a score of 70. The Health Survey for England (2010) indicates WEMWBS scores for men and women are similar, however a ‘u-shaped curve’ is observed with age. The middle age groups (35-44 and 45-54) showed the lowest scores, whilst the 65-74 age group showed the highest score.

- **Mental Illness** is commonly measured using the General Health Questionnaire (GHQ-12). A score of four or more indicates mental ill health. The Health Survey for England (2010) suggests women are significantly more likely than men to have a high score, and fewer adults aged 65-74 had a high score compared to other age groups.

**How is DH addressing wellbeing?**

Wellbeing underpins all aspects of an individual’s life. Wellbeing is therefore integrated across the Department of Health remit, including:

- **The Public Health White Paper** sets out the national direction for public health. It gives significant emphasis to improving wellbeing across the life course, addressing key lifestyle challenges, health inequalities and the wider determinants of health and wellbeing.

- **The Public Health Outcomes Framework** sets out the desired outcomes for public health and how they will be measured. There are two high level outcomes: increased healthy life expectancy; and reduced differences in life expectancy and healthy life expectancy between communities.

- **The Adult Social Care Outcomes Framework** and the **NHS Outcomes Framework** also include indicators relevant to aspects of wellbeing. The **Children and Young People’s Health Outcomes Forum** sets out the health issues that matter most to children and young people. The Forum gives recommendations as to how the health and care system can help deliver the necessary improvements to enhance the health care for children and young people.

- **Life expectancy and mortality rates** give an indication of **objective wellbeing**. ONS Interim Life Tables for 2008-2010 report UK life expectancy to be 78.1 for men and 82.1 for women. ONS Mortality Data reports UK age-standardised mortality rates as 655 per 100,000 for men and 467 per 100,000 for women.

- **Children and young people’s wellbeing** was investigated in the **Smoking, Drinking and Drug Use Survey of Young People in England** (2011). Data suggests those with low self-reported wellbeing were 1.65 times more likely to have taken drugs in the last year.

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