- Self-reported health is one of the factors most closely related to wellbeing.
- The average life satisfaction rating of unemployed people is 6.6 out of 10 compared with 7.6 for employed people.
- Good quality relationships with partners have been found to be a strong correlate of happiness.
- Caring responsibilities for someone with a disability or in poor health is associated with lower happiness ratings, and more depressive symptoms.
- Patients with small social networks (i.e. socially isolated) have been found to have lower levels of wellbeing.
- People with educational qualifications tend to have higher levels of wellbeing, however its effects are primarily indirect through factors such as income and employment.

1. **Background**

Evidence suggests wellbeing has a distinctive ‘U-shaped pattern’ across the lifecourse (see Figures 1 and 2). From ages 16-54 there is a negative trend of self-reported wellbeing, with average levels of life satisfaction, worthwhile activities and happiness levels being lowest (and anxiety highest) for people at aged 45 to 54. It is suggested that a) personal wellbeing may change as we move through life and have different experiences, responsibilities and circumstances which change our perspectives; and b) there could be generational effects on wellbeing. There are a number of associations which influence people’s levels of wellbeing in this age range including health, economy, relationships, space and place and education.

Figure 1: Self-Reported Wellbeing by Age: Life Satisfaction, Feeling Worthwhile and Happy Yesterday
Figure 2: Self-Reported Wellbeing by Age: Anxious Yesterday. Source: ONS 2013
2. **Health**

- **Self-reported health** is one of the factors most closely related to wellbeing\(^2,3,4,5\)(see Figure 3), even more so than objective health\(^5\).

- Although both forms of objective health are influential, **mental health has a stronger association with wellbeing than physical health**\(^3,6\).

- **Mental health is fundamental to wellbeing, and is an essential component of social cohesion, productivity, and peace and stability in the living environment**\(^7\). It can be affected by a variety of different factors, including life events such as relationship breakdowns, bereavement and work stress as well as conditions such as depression or anxiety\(^8\).
  - **Mental ill-health affects about 16% of adults and 10% of children** (common mental disorders) at any one time, and it is often accompanied by major disability\(^9\).

- People who report having a disability tend to rate their life satisfaction, sense of worthwhile and happiness all as lower than those who do not report having a disability. The anxiety levels of people with a disability are higher on average than those who do not have a disability\(^4\).

- **Some health behaviours have been found to be associated with wellbeing**\(^1\). For example, not smoking and eating more portions of fruit and vegetables per day have been found to be associated with higher levels of wellbeing\(^5\).

- Just as health affects wellbeing, **wellbeing also affects health**: many studies have noted interactions between psychological processes and the nervous and immune systems\(^10,11,12,13,14,15\) e.g., improved recovery from wounds and diseases.

![Figure 3: Average personal wellbeing, by self-reported health, 2012/13. Source: ONS 2013](image)

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\(^1\) See Health Behaviours and Wellbeing factsheet for further detail
3. **Economic**

- Employment has been found to be associated with life-satisfaction\(^4,16,17\).
  - The **average life satisfaction rating of unemployed people is 6.6 out of 10 compared with 7.6 for employed people**\(^1\). This is a substantially stronger negative predictor of happiness than can be accounted for by the implied loss of income\(^18\).
  - However, it must be noted that **individuals who have low levels of wellbeing may be more likely to become unemployed**\(^6\).

- **Unemployment rates can affect wellbeing**, possibly due to the fear of personal unemployment\(^6\).
  - One study found **very large negative regional spill over effects of unemployment that reduce the subjective wellbeing of those who are still employed** but who live in regions with higher general unemployment rates\(^19,20\).

- **Higher income has been found to be related to higher wellbeing**\(^4,18\). However, in terms of income it has been found that **relative income is the key factor** – although wealthier individuals within a society are happier than poorer individuals, average levels of subjective wellbeing remain constant as all members become wealthier\(^6,18\).
  - It is also important to consider wealth alongside income; **factors such as home ownership, shares and savings can influence the impact of changes in income**.

- **Low levels of job satisfaction are linked to lower levels of wellbeing**\(^4\). Job satisfaction, much like overall wellbeing, has been described as ‘U-shaped’\(^21,22\). Household income has also been linked with levels of job satisfaction\(^5\).

- **Commuting is associated with lower levels of wellbeing**. Despite this, some elements of commuting serve as enhancements to wellbeing, such as privacy, protected time, plus symbolic values of personal vehicles and freedom\(^23\).
  - If the method of commuting is more active (e.g., walking or cycling) this could influence wellbeing via positive health effects (both physical and mental health)\(^24\).

![Figure 4: Average personal wellbeing, by employment status, 2012/13. (Source: ONS 2013)](image-url)
4. **Relationships**

- Good quality relationships with a partner has been found to be a strong correlate of happiness\(^\text{18}\), ONS data has stated that being married increases both life satisfaction and happiness, especially where the alternative is being separated, divorced or widowed\(^\text{25}\).
  - Married people have the highest life satisfaction scores at 7.8/10, compared with 7.6 for cohabiters, 7.2 for singles, 7.3 for widowers and 6.8 for divorcees\(^\text{4}\).

- The frequency of contact with family and friends and the quality of those personal relationships are crucial determinants of people’s wellbeing\(^\text{11}\) (see Figure 4). **People with no friends have 13% lower probability of being very satisfied with their lives compared with those who have at least one friend\(^\text{2}\).**
  - The same ONS study found that the quality of a person’s social life could have an even greater impact than diet and exercise on their health and wellbeing, with **social isolation being strongly associated with low levels of subjective wellbeing**.

- Living with children has a weak association with personal wellbeing, primarily with feeling our activities are ‘worthwhile’. However, it correlates negatively with happiness, suggesting that while living with and looking after children is linked to a high level of day-to-day stress, it is also associated with an enhanced perception that what we are doing in life is worthwhile\(^\text{4}\).

- The extent to which our social contacts make us happy is correlated with how close we are to those contact. The happiness of an immediate social contact increases an individual’s chances of becoming happy by 15%; a second-degree contact by 10%; a third-degree contact by 6%\(^\text{26}\).

- More time spent caring for others is associated with lower happiness, and more depressive symptoms\(^\text{19}\).
  - The 2011 Census shows that there were approximately 3.34 million females and 2.44 million males providing some level of unpaid care in England and Wales\(^\text{27}\).
  - **Younger and middle aged adults (35-54) reported lower levels of wellbeing if they cared for someone outside of the household.** The wellbeing of those caring for someone inside the household did not differ greatly from those who did not provide care (see Figure 5)\(^\text{5}\).
  - It has been found that **illness in an individual’s partner can lead to lower levels of wellbeing**\(^\text{28}\).

![Figure 5: Wellbeing in carers by age (Source: Predicting Wellbeing, 2013)](image-url)
5. **Space and Place**

- Green spaces have been linked to physical and psychological health benefits through, amongst other factors, space for physical activity\(^{29}\). The benefits measured positive effects on psychological, emotional and mental health, stress, and quality of life.

- Evidence suggests living in densely populated cities is detrimental to life satisfaction and health, whilst living in rural areas is found to be beneficial to life satisfaction\(^{19,30}\).
  - Individuals living in more disadvantaged neighbourhoods lacked access to parks they considered safe and as a result were less likely to participate in physical activities than those in more affluent neighbourhoods\(^{30}\).
  - These sites provide opportunities for tourism, recreation, inspiration and education, which can positively affect mental health, cultural capital and social integration\(^{31}\).

- There is considerable evidence that long-term exposure to air pollutants (mainly due to transport) affects our physical health, and long-term exposure has been shown to decrease life expectancy\(^{24}\).
  - Studies have found a sizeable and statistically significant relationship of subjective wellbeing to ambient concentrations of nitrogen dioxide\(^{32}\) (see Figure 6).

- Transport is also the leading cause of noise pollution, which has been shown to impact on sleep quality, the cardiovascular system (including an increase in blood pressure), mental health, and school performance in children\(^{24}\).

- A strong negative relationship has been found between rates of violent crime in an area and the wellbeing of residents living there\(^{19}\).

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**Figure 6: Modelled London nitrogen dioxide (NO2) average concentration, 2011. Source: British Medical Association**
6. Education

- 19% of the population aged 25 to 64 were participating in education and training in 2010, compared with an EU-27 average of 9%.

- Those who have spent less time in education have been found to have higher levels of depression and anxiety, and lower levels of enjoyment, hope, happiness, fitness, and energy.

- ONS report that higher levels of qualifications and continued formal and informal learning have been found to be associated with greater levels of wellbeing.
  - Those who had a qualification, particularly when it had been obtained at the conventional age, have been shown to have greater levels of wellbeing than those who did not.
  - Those with higher qualifications have higher ratings on average for feeling ‘worthwhile’, but lower life-satisfaction ratings and higher anxiety ratings.

- ONS also report that those who had undertaken part-time education at some point in the previous year reported a greater level of wellbeing than those who had not.

- Adult learning promotes skills, particularly non-cognitive skills such as confidence, which can have positive effects upon wellbeing.
  - Other benefits of adult learning, including economic benefits such as higher earnings and employability, influence wellbeing indirectly.

- Education has been found to be a strong correlate of wellbeing, although the correlation is often small, or even absent, when other variables are accounted for. This suggests education may act mainly through its effects on health, income, employment.

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