



Department
of Health

WHAT WORKS TO IMPROVE WELLBEING?

- *Wellbeing has been found to have an impact on many aspects of people's lives such as their health, work and social relationships. These relationships have also been found to impact on people's wellbeing.*
- *There are interventions designed to improve wellbeing, some of which have been successful. There are also interventions designed to achieve other outcomes such as improved physical fitness, involvement in volunteering and neighbourhood social cohesion. While improved wellbeing was not a primary objective for these interventions, participation was linked with increased levels of wellbeing.*
- *Sometimes we may lack evidence that demonstrates that a particular intervention aimed at improving different aspect of people's lives also improves wellbeing. However, if we know that that a particular behaviour (e.g., physical activity) leads to increased levels of wellbeing, we may hypothesise that improving this behaviour will also help to increase levels of wellbeing.*

1. What works to improve wellbeing?ⁱ

- Wellbeing has a wide range of determinants. This factsheet identifies what some of them and provides examples of policy interventions found to be effective in improving wellbeing. This is not a comprehensive list of policies but gives an indication of 'what works'. Interventions range across several themes
 - Health
 - Learning
 - Work
 - Environment
 - Social inclusion, activity and relationships
 - Parenting and early years interventions
- **Policy interventions may not directly target wellbeing, however these interventions may still affect wellbeing as an outcome.** Sometimes we may lack evidence that demonstrates that a particular intervention aimed at improving different aspect of people's lives also improves wellbeing. However, if we know that that a particular behaviour (e.g., physical activity) leads to increased levels of wellbeing, we may hypothesise that improving this behaviour will also help to increase levels of wellbeing.

ⁱ Government has a 'what works' initiative comprising a number of 'what works centres' on various policy topics. There is a proposal for a What Works Centre on Wellbeing; the Centre would support and act as a central repository for wellbeing research in addition to exploring and drawing together evidence on 'what works', i.e., interventions that can make last improvements to the wellbeing of different groups and communities. The Centre has not yet been confirmed.

2. Health

- The relationship between health and wellbeing appears to have **two way causality**, i.e. **good health improves wellbeing and good wellbeing improves health**¹.
- There is evidence that happiness is linked to the physiological processes which affect health. For example, wellbeing can be a predictor of problems with inflammation and associated with immune systems' health. Negative feelings can hinder cardiovascular, immune and endocrine systems¹.
- Indirect links between health and happiness exist; people with high levels of wellbeing are likely to have healthier lifestyles. For instance students at college with higher life satisfaction have demonstrated a higher propensity to exercise and eat healthier food, as well as being a healthier weight².
- Brief interventions led by nurses delivered in a primary care setting have been found effective in lowering the consumption of alcohol. Therapy has been found to be effective for those with mild dependence³.
- **Stop Smoking services have been found to be effective in reducing anxiety**. There is also a correlation between smoking cessation and **gains in mental health** and subjective wellbeing as well as lower levels of depression³.
- Improvement in **quality of diet leads to higher levels of good mental health in adolescents**. However, there is a complex relationship between mental health and diet³.
- Preventing unintended pregnancies and **promoting control in reproductive choice** assists in **good mental health**. Causality also runs the other way in this relationship with high levels of wellbeing preventing unwanted pregnancies³.
- **Improving Access to Psychological Therapies (IAPT)** is a programme which aims to increase access to therapies. **Cognitive behavioural therapy (CBT)** is typically recommended. Evidence suggests that in some cases, the **type of therapy is less important than the relationship between the therapist and the patient**. Self-help referral and books, and computer assisted therapy have been found effective for those with low levels of subjective wellbeing³.
- High levels of wellbeing directly affect good health⁴. **It is estimated that high levels of subjective wellbeing can increase life by 4 to 10 years compared with low levels of subjective wellbeing**. Positive emotions have also been linked to longevity and negative emotions to mortality. **Stress may cause people to age quicker**⁵.

Physical activity and older people

- **Physical activity** has been shown to reduce depression risk and raise levels of cognitive functioning in adults of all ages³.
- **There is strong evidence that increased physical activity improves the wellbeing of people in general and older people in particular**³.
 - For older people this can be delivered through community based exercise programmes which can include mixed exercise, strength resistance, aerobic exercise and walking groups.
 - **Effective programmes target the least active and are community based**. Two 45 minute exercise sessions a week are suggested as a minimum but the evidence around the optimum level is unclear. Benefits may be increased by access to green space and activity levels may be higher³.

3. Learning

- **Engagement in learning can affect people's wellbeing throughout their lifecourse**. Whilst learning interventions may tend to be associated with children and young people, there is evidence to suggest that older people can also benefit. The interventions below are targeted primarily at other policy objectives around education and yet still achieve wellbeing benefits.
- **Early education programmes** are associated with increased cognitive skills, school preparedness, better academic achievement and positive effect on family outcomes including for siblings^{6 7}.
- Around 10% of children have a learning difficulty. This can have serious implications for wellbeing and self-esteem as well as the ability to build mental capital. Two relatively common issues are dyscalculia and dyslexia⁸. Interventions targeting these two issues include early family interventions in the home, and school and teacher based interventions⁸.
- **Children's wellbeing can be improved by supporting school readiness**³. This can be implemented through:
 - Strengthening the **home learning** environment.
 - **Pre-school and early child education programmes** to promote early language acquisition and literacy.
 - High quality preschool education programmes to improve education, social interactions and school readiness.
- **Taking part in informal learning has been found to improve older people's levels of wellbeing**. There is some qualitative literature to suggest that for older people both the social aspect of learning and the intrinsic value placed on learning were key incentives for older people to participate⁹.

4. Work

- There is strong evidence that employment, especially good quality employment is beneficial for mental health and **unemployment is detrimental** to mental health^{6,10}. The relationship between work and wellbeing would also appear to have **two way causality**¹.
- People with good wellbeing tend to:
 - have better social relationships
 - have a higher tendency to be cooperative and productive.
 - be more willing or more likely to postpone expenditure now for future expenditure, demonstrating greater self-control¹.

- A number of work related interventions have been found to be effective in enhancing people's levels of wellbeing³.

1) Improving employment chances – e.g. the JOBS II programme

- The JOBS II programme which lasts 6 weeks and is conducted by unemployed people who are trained to lead the programme. It **promotes job search skills**. Randomised control trials have shown the programme raises the levels of good mental health amongst the unemployed and **reduces the chances of depression**³.
- Cost-Benefit analysis has shown that investment in the programme would have a **return three times the investment**³.

2) Support for those recovering from mental health problems

- Supportive employment has been found to be **more effective than traditional vocational rehabilitation**. Individual Placement and Support (IPS) has been a notably effective programme. IPS clients have been found to have lower rates of hospital use than those using more traditional services. Inpatient costs were lower to the extent that over an 18 month period there were **estimated savings of £6,000 per client**³.

3) Reducing mental health problems in the workplace³

- **Multi-component mental health promotion programmes** can involve
 - Personalised health and wellbeing information
 - Health risk appraisal questionnaires
 - Access to a tailored health improvement web portal
 - Wellness literature
 - Seminars
 - Workshops focused on identified wellness issues
- Such services have been shown **to lower stress levels, absenteeism and presenteeism** (attending work while ill)ⁱⁱⁱ. **Enhancing working conditions** has also been demonstrated to provide wellbeing benefits. Measures such as introducing flexible working can be effective.

4) Promoting employee mental health in the workplace³

- Measures which have been found effective include:
 - Early diagnosis and treatment at work
 - Psychological interventions linked to causal factors

- Sustained contact between employers and staff when staff are absent, as well as contact between health care providers and employers

5) **Reducing Stigma and discrimination**³

- **Anti-stigma campaigns** which led to those with depression accessing services which facilitated their return to work could bring benefits of **£421 per person returning to or staying in work**.
- Programmes which mean there is **direct social contact** between the public and those with mental illness have been shown to be effective³.

5. **Environment**

- **Environment has been found to be a key factor in people's wellbeing.** Interventions to improve housing can improve health outcomes as well as changing people's perceptions across a range of factors such as crime and safety¹¹. Neighbourhood improvements can increase mental wellbeing too¹².
- **Homeless people have 40-50% higher prevalence of mental health problems** than the population as a whole¹³.
- Active Travel Town Schemes have been found to enhance the levels of non-car travel. **Reducing the amount of traffic and its speed has been found to increase levels of play and social activity and quality of life**¹⁴.

6. **Social inclusion, activity and relationships**

- **Taking part in social activities, having good relationships and strong social networks are all shown to be good for people's levels of wellbeing.** Good social relationships and happiness appear to demonstrate two way causality^{1,15,16}.
- **People are more likely to get married and less likely to divorce if they have higher levels of life satisfaction**ⁱ. People with higher levels of wellbeing have better relationships for a number of reasons. For example, positive moods can make people feel more sociable and there is more enjoyment from other people's company¹.
- **Social networks can be important tools in building people's resilience**^{ii 6}. At a community level, those areas which have high levels of resilience tend to have a strong attachment to the local area; this is associated with good social networks.
 - Older people have been found to have higher levels of resilience when provided with a high level of social support both before and during adverse circumstances⁶.
 - For young people, friends, support networks, social roles which are valued and a positive perspective on local area have been found to help reduce chances of emotional and

ⁱⁱ Resilience can be defined as doing better than expected in the face of adversity.

behavioural problems as well as the severity of these problems⁶.

- Social inclusion is the extent to which people are able to access opportunities. And it has been found that policies which target **a reduction in inequality and promote antidiscrimination** legislation promote social inclusion⁶.
- **Policies which promote social interactions have been found to improve wellbeing.** Social prescriptions link patients in primary care with non-medical support in the community. They have been found to improve mental health outcomes, improve community well-being, and lower social exclusion¹⁷.
 - Interventions including exercise on prescription, prescription for learning and arts on prescription have been used to increase vulnerable people's self-esteem, self-efficacy, mood, and social contact¹⁸.
- Timebankingⁱⁱⁱ has also been found to be effective¹⁹. Timebanking can increase levels of engagement quickly; cause negative social problems to fall; and break cycles of dependency and inactivity.
- **Community-based arts projects been found to improve people's confidence, empower communities, give a sense of self determination, as well as enhancing people perceptions of their local area and creating social cohesion**²⁰. Arts projects which focus on cultural well-being, self-expression and creativity have helped improve neighbourhoods²¹.
- **Increasing social contact can increase the levels of wellbeing of older people**³.
 - Research suggests that interventions should be targeted at specific groups of older people, and the activities should allow those participating to help shape the activities³.
 - Group activities such as self-help groups and day centre lunch clubs, are more effective than supporting individuals through individual based interventions such as telephone services³.
 - Occupational therapists leading group based health promotion have been found to improve social functioning³.
 - Befriending^{iv} has been found to have benefits in terms of tackling depression and to be cost effective²².
 - Community navigators^v have also been found effective in helping older people in terms of tackling isolation and improving wellbeing³.
 - Psychosocial interventions can be effective in promoting older people's levels of wellbeing, however the quality of research to support this is limited³. A psychosocial intervention lasting over three months has been found to be more effective than one of less than three months³.

ⁱⁱⁱ Where people undertake supportive activities for their community and then bank the time they spend doing this. They can spend the time they have banked by receiving equivalent support from others. Public and community bodies host the timebank.

^{iv} Befriending is an intervention that introduces a person to one or more individuals, whose main aim is to provide that person with additional social support through the development of an affirming, emotion-focused relationship over time

^v Community navigators are those who provide 'hard-to-reach' or vulnerable people with emotional, practical and social support, acting as an interface between the community and public services and helping individuals to find appropriate interventions.

7. Parenting and early years interventions

- **Early years interventions can raise the levels of wellbeing of children and young people³.** Pre-school interventions have been found to be the most cost effective but school age interventions have also been found to be effective.
- There are a number of **low cost interventions which improve the communication between parents and infants³**. For example:
 - Educating parents around infant development and infant massage^{vi 23}
 - Skin to skin contact and kangaroo care^{vii 23}
 - Anticipatory guidance and media based parenting programmes³
 - Programmes aimed at mothers with infant children which are led by peers have been found effective in improving maternal mental health, reducing stress and increasing confidence³
 - Home visitations over a longer term. For example: nurse led parental support provided to vulnerable families has been found to be the most effective intervention to prevent the mistreatment of children³.
- Parental programmes and other programmes which are aimed at children with a greater likelihood of social, emotional or behavioural disorders may be an effective preventative measure to increase future wellbeing of participants.
 - For instance in Birmingham, three different programmes were tested. The ‘Incredible Years BASIC’ parenting programme was found to be most effective. This targeted 3 to 4 year olds with a high risk of social-emotional and behavioural disorders through a universally provided children’s centre service³.
 - The programme was a success both in addressing parents and children’s behaviour problems and improving the relationships of children³.
- Intensive family support and family recovery programmes have been found to be effective³:
 - Programmes which address families where parents are drug and alcohol users such as ‘parents under pressure’ which is a 20 week intensive **home visit based programme³**.
 - ‘Multi-Systemic therapy’, an intensive **community and family based programme** which works across a range of environments affecting chronic and violent young offenders³.
 - Functional family therapy, focusing on families with young people aged 11-18 showing signs of repeated criminal behaviour³.
 - ‘Multidimensional Treatment Foster Care’ an alternative to regular foster care, residential or group treatment, and incarceration for young people with chronic behaviour problems³.

^{vi} Infant massage involves an infant’s carer stroking the infant with a gentle rotational movement. It has been found effective, though not conclusively, in improving mother-infant and father-infant interaction, reducing crying and having a positive impact on a number of stress hormones and behaviours.

^{vii} Skin to skin contact involves placing a naked newborn on its mothers body directly after the birth or shortly afterwards. Kangaroo care entails close contact between baby and carer, with the baby in the carers’ arms, or a sling or pouch on an on-going basis.

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