



THE RELATIONSHIP BETWEEN WELLBEING AND HEALTH

- *There is a two way relationship between wellbeing and health: health influences wellbeing and wellbeing itself influences health*
- *Health is one of the top things people say matters for wellbeing*
- *Both physical and mental health influence wellbeing, however mental health and wellbeing are independent dimensions, mental health is not simply the opposite of mental illness.*

- The World Health Organisation (WHO) states that “**wellbeing exists in two dimensions, subjective and objective. It comprises an individual’s experience of their life as well as a comparison of life circumstances with social norms and values**”. Examples of life circumstance include health, education, work, social relationships, built and natural environments, security, civic engagement and governance, housing and work-life balance. Subjective experiences include a person’s overall sense of wellbeing, psychological functioning and affective states¹.
- Health is one of the top things people say matters to wellbeing².
- **Both physical health and mental health can influence wellbeing**³. Recent acute health problems affect wellbeing most but longer-term chronic ill health also has an effect on wellbeing⁴.
- **The relationship between health and wellbeing is not just one-way** – health influences wellbeing and wellbeing itself influences health. There are a number of correlations between wellbeing and physical health outcomes, improved immune system response, higher pain tolerance, increased longevity, cardiovascular health, slower disease progression and reproductive health (see Figure 1)^{5 6}.
- **The effect of wellbeing on health is substantial (but variable) and comparable to other risk factors** more traditionally targeted by public health such as a healthy diet⁷.
- Wellbeing and mental illness are correlated with depression and anxiety, which are associated with low levels of wellbeing⁸.
- **Mental illness and wellbeing are independent dimensions; mental health is not simply the opposite of mental illness. It is possible for someone to have a mental disorder and high levels of wellbeing. It is also possible for someone to have low levels of wellbeing without having a mental disorder.** Most associations are only moderately altered by adjusting for severity of mental disorder⁹.
- **Good health is also correlated with higher life satisfaction**¹⁰.

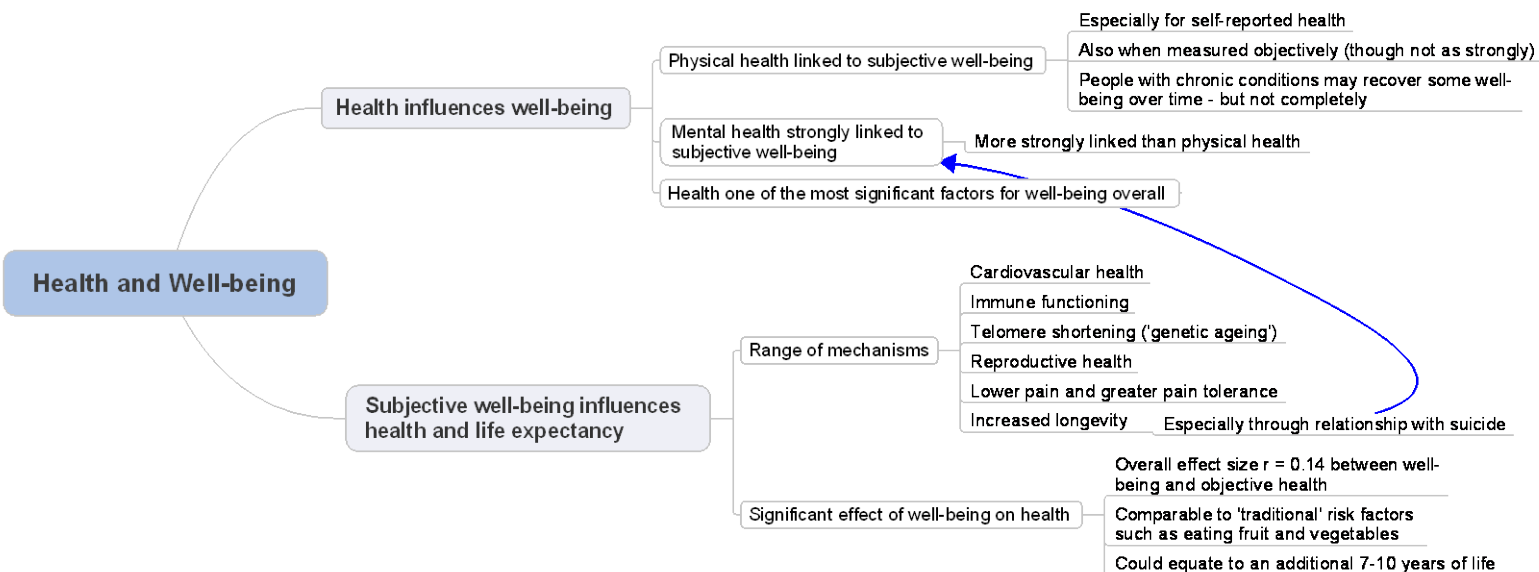


Figure 1: The two-way relationship between wellbeing and health¹¹

- Wellbeing is a shared government objective. It can also provide a shared objective around which to engage to deliver health benefits. For example, promoting physical activity has benefits for health but it also has a benefit for wellbeing. In addition, strengthening social networks and time spent socialising benefit wellbeing as well as improving mental health in particular¹².

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¹ Measurement of and target-setting for well-being: an initiative by the WHO Regional Office for Europe, report of the second meeting of the expert group, Paris, France 25-26 June 2012 (forthcoming)

² Measuring What Matters – national Statistician’s Reflections on the National Debate on Measuring National Well-being, ONS July 2011

³ Dolan, P., Peasgood, T. & White, M., 2008, Do we really know what makes us happy A review of the economic literature on the factors associated with subjective well-being, *Journal of Economic Psychology*, 29(1), pp. 94-122

⁴ Shields, M.A. & Price, S.W., 2005, Exploring the economic and social determinants of psychological well-being and perceived social support in England, *Journal of the Royal Statistical Society: Series A (Statistics in Society)*, 168(3), pp. 513-37

⁵ Howell, R.T., Kern, M.L. & Lyubomirsky, S., 2007, Health benefits: Meta-analytically determining the impact of well-being on objective health outcomes, *Health Psychology Review*, 1(1), pp. 83-136 and Stoll, L., Michaelson, J. & Seaford, C., 2012, *Well-being evidence for policy: a review*, new economics foundation, London

⁶ Andrew Steptoe et al ‘The Psychological Well-being, Health and Functioning of Older People in England), in the Dynamics of ageing: Evidence from the English Longitudinal Study of Ageing 2002-2010 (Wave 5)

⁷ Diener, E. & Chan, M.Y., 2011, Happy People Live Longer: Subjective Well-Being Contributes to Health and Longevity, *Applied Psychology: Health and Well-Being*, 3(1), pp. 1-43

⁸ Keyes, C.L.M., 2005, Mental illness and/or mental health? Investigating axioms of the complete state model of health, *Journal of Consulting and Clinical Psychology*, 73(3), p. 539

⁹ Scott Weich et al 'Mental well-being and mental illness: findings from the Adult Psychiatric Morbidity Survey for England 2007', *British Journal of Psychiatry* 92(11) 199, 23-28

¹⁰ Haller, M. & Hadler, M., 2006, How social relations and structures can produce happiness and unhappiness: An international comparative analysis, *Social Indicators Research*, 75(2), pp. 169-216

¹¹ The diagram draws on recent overviews of the evidence regarding wellbeing e.g. new economics foundation Stoll, L., Michaelson, J. & Seaford, C., 2012, *Well-being evidence for policy: a review*, new economics foundation, London and has been developed for inclusion in a working paper produced for the WHO Expert Group on Wellbeing, October 2012

¹² Dolan, P., Peasgood, T. & White, M., 2008, Do we really know what makes us happy A review of the economic literature on the factors associated with subjective well-being, *Journal of Economic Psychology*, 29(1), pp. 94-122