



Public Health
England

Protecting and improving the nation's health

Mental wellbeing in Haringey

Findings from the Mental Wellbeing Survey 2015

A study commissioned by Haringey Council

Haringey
LONDON

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000
www.gov.uk/phe
Twitter: @PHE_uk
Facebook: www.facebook.com/PublicHealthEngland

Prepared by: Alyson Jones (Knowledge & Intelligence – Risk Factors Intelligence Function)
For queries relating to this document, contact: KITNorthWest@phe.gov.uk

© Crown copyright 2015

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](http://www.ogil.gov.uk) or email psi@nationalarchives.gsi.gov.uk. Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published December 2015
PHE publications gateway number: 2015553



Contents

| | |
|-----------------------------|----|
| About Public Health England | 2 |
| Key findings | 4 |
| 1. Introduction | 5 |
| 2. Survey Methodology | 9 |
| 3. Results | 15 |
| 4. Summary | 55 |
| 5. Appendices | 58 |
| 6. References | 77 |

Key findings

The key findings from the Haringey Mental Wellbeing Survey 2015 were as follows:

- there was no significant difference in the average WEMWBS score between the two survey samples at 26.10 in the across area sample and 26.21 in the most deprived sample
- age and gender were significantly associated with mental wellbeing in both samples
- respondents aged between 16 and 24 were most likely to have low mental wellbeing in the across area sample, while those aged 65 and over were most likely to have low mental wellbeing in the most deprived sample
- more men than women were categorised as having high mental wellbeing across both samples
- good health and fewer medical conditions were associated with better mental wellbeing
- having more time to do things you really enjoy and regularly spending leisure time outdoors were associated with better mental wellbeing, as was drinking alcohol at a lower risk^a level
- more days of exercise had a significant association with better mental wellbeing in the across area sample and spending less time being sedentary was significant for both samples
- satisfaction with personal relationships showed a strong association with mental wellbeing, as did levels of trust
- being well supported and feeling safe in your local area were strongly associated with better mental wellbeing
- childhood experiences of unhappiness and violence were associated with worse mental wellbeing; however, the only significant relationship was for childhood happiness and mental wellbeing level in the across area sample
- employment was associated with better mental wellbeing, while those unable to work due to sickness or disability were most likely to report low mental wellbeing
- poor educational attainment was associated with worse mental wellbeing, as were financial difficulties
- feelings of neighbourhood belonging and being satisfied with your local area were associated with better mental wellbeing
- social capital had a significant relationship with mental wellbeing

^a Lower risk drinking: consumption of less than 22 units of alcohol per week for males and less than 15 units of alcohol per week for females.

1. Introduction

1.1 The Haringey Mental Wellbeing Survey

The first Haringey Mental Wellbeing Survey was undertaken in 2015 to gain a greater understanding of positive mental health and wellbeing across the local authority. Conducted by the Knowledge and Intelligence Team (North West) at Public Health England (PHE), the survey provides a baseline measure of mental wellbeing across Haringey and within the most deprived population of the local authority. This study was commissioned from PHE's Knowledge and Intelligence team due to their previous experience of conducting large scale mental wellbeing surveys in the North West.^b

The resident population of Haringey is an estimated 267,541 people (2014 mid-year population estimates).¹ Deprivation is higher than average, however life expectancy for both men and women is better than the England average.^c Over a quarter of children living in Haringey live in poverty (26.8%). There is wide variation in life expectancy for males across the borough, with those in the most deprived areas having a life expectancy 6.6 years lower than males in the least deprived areas.²

1.2 Mental wellbeing

Mental wellbeing has been defined as “a dynamic state in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society”.³ Thus, rather than focusing on the negative aspects of mental illness, mental wellbeing refers to positive attitudes and situations that promote happiness, health and prosperity,⁴ and can be thought of simply as feeling good and functioning well.^{5, 6} An individual with good mental wellbeing is better able to cope with daily life, engage fully in society and be productive.⁷ Critically, mental wellbeing is also strongly related to health; good mental wellbeing is associated with better mental and physical health, fewer risky health behaviours and greater life expectancy.⁸ Thus, improving mental wellbeing should

^b The Knowledge and Intelligence Team (North West) was formerly the North West Public Health Observatory (NWPHO). The NWPHO conducted two North West Mental Wellbeing Surveys in 2009 and 2012/13 (see www.nwph.net/nwpho). The NWPHO transitioned to PHE on 1 April 2013.

^c The difference is not statistically significant.

have major impacts on health across a population, and consequently improve economic and social returns.³

There are two dimensions of wellbeing:⁹

1. *Subjective wellbeing (or personal wellbeing)* focusses on what people think and feel about their own wellbeing and quality of life, including life satisfaction (evaluation), positive emotions (hedonic), and whether their life is meaningful (eudemonic).

The Office for National Statistics (ONS) has a programme of work to measure subjective wellbeing as part of the Measuring National Wellbeing Programme. It includes four measures of personal wellbeing as well as subjective measures of some of the influences on wellbeing: relationships, health, where we live, what we do, personal finance, and trust in government. The four subjective measure indicators are in PHOF^d under the Health Improvement domain and figures for Haringey are shown in Table 1.

2. *Objective wellbeing* centres around assumptions about basic human needs and rights, such as adequate food, physical health, education and safety. It can be measured either through self-reporting (asking the individual about a specific health issue), or by using more objective measures such as life expectancy or mortality rates. Life expectancy figures for Haringey from PHOF (under the Overarching Indicators domain) are detailed in Table 2.

Understanding what factors impact on mental wellbeing therefore allows policymakers to target interventions to improve mental wellbeing. There is a great deal of research which explores the factors that are linked to mental wellbeing, including demographics, income, education, employment, health, recreational activities, attitudes and beliefs, relationships and environment.^{e 10} Understanding how such factors interact with mental wellbeing at a local level is important in understanding which interventions might be most beneficial in Haringey.

Table 1. Self-reported wellbeing in Haringey compared to England, 2013/14

| Indicator | Haringey value | England value | Significance |
|---|----------------|---------------|-----------------------------|
| People with a low life satisfaction score | 5.8 | 5.6 | Not significantly different |

^d www.phoutcomes.info/public-health-outcomes-framework

^e For further information, see the 2009 and 2013 North West Mental Wellbeing reports. Available at: www.nwph.net

| | | | |
|------------------------------------|------|------|-----------------------------|
| People with a low worthwhile score | * | 4.2 | - |
| People with a low happiness score | 12.5 | 9.7 | Not significantly different |
| People with a high anxiety score | 22.9 | 20.0 | Not significantly different |

*Data suppressed due to disclosure rules. Source: Public Health Outcomes Framework (PHOF), Public Health England. Data correct as at October 2015.

Table 2. Life expectancy in Haringey compared to England, 2011-13

| Indicator | Haringey value | England value | Significance |
|---|----------------|---------------|-----------------------------|
| Healthy life expectancy at birth (Male) | 63.6 | 63.3 | Not significantly different |
| Healthy life expectancy at birth (Female) | 59.6 | 63.9 | Significantly worse |
| Life expectancy at birth (Male) | 80.1 | 79.4 | Significantly better |
| Life expectancy at birth (Female) | 84.7 | 83.1 | Significantly better |

Source: Public Health Outcomes Framework (PHOF), Public Health England. Data correct as at October 2015.

1.3 Policy context

The White Paper *Healthy Lives, Healthy People* acknowledges the importance of mental wellbeing to physical health and lifestyles.¹¹ As a result, policy focus is now aimed at improving mental health and wellbeing and preventing mental disorders. The Department of Health policy report, *No health without mental health*, advocates a shift from centralised control to local control and prioritises work with all sectors.⁸ The Government Office for Science report, *Mental Capital and Wellbeing: Making the most of ourselves in the 21st century*, highlights the importance of a long-term focus on age specific needs, with the ‘five ways to mental wellbeing’ underscoring work.³ These policies are set against a backdrop of reforms that could increase the inequalities in mental wellbeing and health.¹²

Local policy and strategy

One of the key recommendations in Haringey Council's Annual Public Health Report 2014 was to “undertake a survey of issues affecting our residents’ wellbeing to understand the key issues we need to focus on”.¹³ In response, the Public Health Department at Haringey Council commissioned this study. Results will be used to support the ambitions and priorities (see Box 1) set out by Haringey Council’s Health and Wellbeing Board in the Health and Wellbeing Strategy 2015-18.¹⁴ The Haringey Mental Wellbeing Survey 2015 results will provide the baseline; with the specific aim of increasing the average short Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) score by 2018 (see Section 2.2 for further information about WEMWBS).

Box 1. Ambitions and priorities in Haringey’s Health and Wellbeing Strategy 2015-18¹⁴

Three ambitions:

1. Reducing obesity
2. Increasing healthy life expectancy
3. Improving mental health and wellbeing

Supported by nine priorities:

1. Fewer children and young people will be overweight or obese
2. More people will do more to look after themselves
3. More adults will be physically active
4. More adults will have good mental health and well-being
5. Haringey is a healthy place to live
6. More children and young people will have good mental health and well-being
7. Every resident enjoys long lasting good health
8. People with severe mental health needs live well in the community
9. People can access the right care at the right time

Haringey Council’s Annual Public Health Report (2014) details numerous projects in place in Haringey that aim to improve wellbeing, some examples of which are detailed in Box 2. Details of all of the mental wellbeing resources on offer in Haringey can be found on the mental wellbeing section of their website (see www.haringey.gov.uk/social-care-and-health/health/public-health/mental-wellbeing).

Box 2. Examples of wellbeing activities taking place across Haringey

Supporting people and communities

Tottenham Thinking Space: aimed at bringing people living in Tottenham together, to talk and think about their experiences, develop understanding and take steps to improve themselves and the community.^f

Neighbourhoods Connect: supports people to make new friends, connect to social activities, hobbies, fitness and wellbeing services, community groups, volunteering and befriending opportunities.^g

Challenging stigma and discrimination

State of Play: uses sport to help young people build resilience and learn to look after their own mental health and wellbeing, with the opportunity to gain accreditation both as a 'Wellbeing Champion' and a Level 1 FA football coach. This is a partnership between Barnet, Enfield and Haringey Mental Health Trust, the Tottenham Hotspur Foundation and charity New Choices for Youth.

Integrate Haringey: in partnership with MAC-UK the integrate project offers young people (aged 16 to 25 years) the opportunity to take control of their own mental health and wellbeing. Targeted at those involved in gangs and antisocial behaviour that do not access traditional services.

2. Survey Methodology

This section summarises the methodology used in the 2015 Haringey Mental Wellbeing Survey.

2.1 The questionnaire

The questionnaire gathered data on participants' demographics, lifestyle choices (including substance use, exercise and diet), health status, mental wellbeing, life satisfaction, and social capital (a representation of person's community participation and sense of social cohesion). There were also questions on childhood experiences, health conditions, housing situation and satisfaction, financial situation compared to past and future situations, reasons for continuing smoking and more in depth analysis of alcohol use. The questionnaire was based

^f For further information see: www.haringey.gov.uk/events/tottenham-thinking-space-mens-group

^g For further information see: www.haringey.gov.uk/social-care-and-health/help-home/neighbourhoods-connect

upon the North West Mental Wellbeing Survey 2012/13. The full questionnaire is available in Appendix A.

Ethical approval for this study was gained from the NHS Health Research Authority in January 2015.

2.2 Measuring mental wellbeing

The survey used the short Warwick-Edinburgh Mental Wellbeing Scale (hereafter referred to as sWEMWBS) to measure mental wellbeing. The full WEMWBS contains 14 items covering aspects of positive mental health that broadly involve perspectives on pleasure and happiness. The shorter, seven-item version was developed as a more practical alternative to the full version of WEMWBS.¹⁵ The seven items included in the sWEMWBS refer to participants' feelings over the past two weeks. They are:

- I've been feeling optimistic about the future
- I've been feeling useful
- I've been feeling relaxed
- I've been dealing with problems well
- I've been thinking clearly
- I've been feeling close to other people
- I've been able to make up my own mind about things

Responses are scored on a five-point Likert system, ranging from 1 meaning 'none of the time' through to 5 meaning 'all of the time'. Scores for each item are summed, meaning a respondent can score between 7 (lowest possible mental wellbeing) and 35 (highest possible mental wellbeing).

2.3 Sampling

Sample size calculations were conducted to ensure a representative sample at local authority level, and these suggested that 500 participants would be sufficient for the size of the population in Haringey. In addition to the primary (across the whole local authority population) sample of 500, Haringey Council opted to conduct an additional 500 'boost' sample of people living in the most deprived quintile of the population. This would allow comparison of survey responses from those in the most deprived areas with the primary sample.

Households were selected for inclusion in the survey using a stratified random sample approach. The Post Office Address File (PAF) was the sampling frame as this provided an up-to-date list of all the households in Haringey. Lower super output areas (LSOAs) were the primary sampling unit. An LSOA is the smallest

geographic unit into which an area is divided, containing between 1,000 and 3,000 individuals and 400 and 1,200 households. The LSOAs were listed by quintile of deprivation from the Index of Multiple Deprivation 2010, and a random selection of LSOAs was made for each quintile in line with their proportion in the local authority. Households were then selected at random within the selected LSOAs.

Interviewers were given set 'quotas' to interview a certain number of people according to set demographics (gender, age, and ethnicity). This has ensured that the achieved sample is highly representative of Haringey thereby controlling for any bias that may otherwise be inherent amongst certain sub-groups.

2.4 Fieldwork

Prior to any interviews taking place, a survey notification letter was distributed to 10,000 households in Haringey (ten times the number of surveys required; 5,000 addresses covering the primary sample and 5,000 addresses covering the boosted sample). A copy of the survey letter is available in Appendix B.

Fieldwork was conducted between 18 June and 27 July 2015. The interviews took place between the hours of 9am and 8pm on weekdays and 10am and 8pm at the weekends (unless an alternative appointment was agreed with a respondent). The average interview length was 15 minutes.

All interviewers carried photo ID, a letter of authorisation from Haringey Council containing a named Council contact and their contact details. These details included a freephone number for the Market Research Society (MRS) and one for M.E.L. Research Ltd (the independent company that conducted the survey) so that members of the public could check the bone fide nature of the study. Interviewers were also provided with a laminated copy of the pre-survey letter that was sent to households along with the M.E.L letter of authorisation which provided details of the survey objectives.

Interviewers were provided with a paper copy of the list of eligible addresses that had been randomly generated. Where no one was home at the time of the initial call, the next eligible address was visited. For households that were present, a 'next birthday' approach was taken to randomly select eligible adults (16+). This approach asked for the birth dates of adult household members. The interviewer then requested an interview with the person whose birthday falls next in the calendar year. Where this individual was not at home at the time the interviewer called, then contact details were requested and an appointment was made to call back at a different time/date.

Up to three attempts to secure an interview with the selected household member were made to either successfully complete an interview, accept a refusal to participate or deem the interview unsuccessful. Where refusals or unsuccessful attempts (three attempts to secure an interview) resulted, a subsequent address was visited. Interviewers were given set 'quotas' (based on 2011 Census data) for gender and age.

A total of 1,003 face-to-face interviews were undertaken with a household member using computer assisted personal interviewing (CAPI). The computers allow people to answer questions confidentially and anonymously. The survey was conducted by the independent market research company, M.E.L. Research Ltd,^h within the MRS Code of Conduct.

2.5 Achieved sample

In total, 1,003 interviews were completed; 503 within the primary (across area) sample and 500 in the boost (most deprived) sample. The unweighted demographic profile of respondents is shown in Table 3.

Table 3: Unweighted demographic profile of respondents by sample, Haringey 2015

| | | Primary | Boost | Total |
|------------------|--------------------|---------|-------|-------|
| Gender | Male | 243 | 219 | 462 |
| | Female | 260 | 281 | 541 |
| Age | 16 to 24 | 57 | 74 | 131 |
| | 25 to 39 | 157 | 167 | 324 |
| | 40 to 54 | 124 | 111 | 235 |
| | 55 to 64 | 66 | 61 | 127 |
| | 65+ | 87 | 71 | 158 |
| | Not known | 12 | 16 | 28 |
| Ethnicity | White | 313 | 260 | 573 |
| | Non-White | 144 | 178 | 322 |
| | Not known | 46 | 62 | 108 |
| IMD | 1 (Most Deprived) | 126 | 500 | 626 |
| | 2 | 87 | 0 | 87 |
| | 3 | 106 | 0 | 106 |
| | 4 | 95 | 0 | 95 |
| | 5 (Least deprived) | 89 | 0 | 89 |

^h The Knowledge and Intelligence (Liverpool) team commissioned Measurement Evaluation Learning (M.E.L) Research Limited to conduct the survey.

| | | | | |
|----------------------------|----------------------------|------------|------------|-------------|
| | None | 78 | 106 | 184 |
| | Entry/level 1 | 37 | 47 | 84 |
| | Level 2 | 55 | 44 | 99 |
| Qualification level | Level 3 | 63 | 64 | 127 |
| | Level 4+ | 188 | 141 | 329 |
| | Other/foreign [†] | 76 | 91 | 167 |
| | Not known | 6 | 7 | 13 |
| <hr/> | | | | |
| | Employed | 297 | 280 | 577 |
| | Unemployed | 27 | 28 | 55 |
| Employment status | Not working: domestic | 34 | 35 | 69 |
| | Sick/disabled | 10 | 13 | 23 |
| | Other [‡] | 112 | 107 | 219 |
| | Not known | 23 | 37 | 60 |
| <hr/> | | | | |
| Total | | 503 | 500 | 1003 |

Foreign qualifications, vocational qualifications or other. [‡]Retired, in full time education or other.

2.6 Weighting and confidence limits

A weighting variable was added to the survey dataset to equalise the sample characteristics with population characteristics, so that the resulting analysis more accurately reflects the population under study. Every respondent that has a valid gender, age group and national Index of Multiple Deprivation (IMD) 2010 quintile entered in the dataset was assigned a weighting value.

When performing analysis on the weighted dataset only the respondents that were assigned a weighting variable were included in the analysis. Weighting increased the across area sample by 19.5% and decreased the most deprived sample by 3.3%.

Separate weighting values were calculated for each of the two samples (referred to as 'across area' and 'most deprived'). The weighting calculations were conducted as follows:

- a three-way crosstab (gender, age group, IMD 2010 quintile) was produced for the population of Haringey local authority. This was obtained from lower super output area (LSOA) single year of age population estimates for 2013, which IMD 2010 quintiles had been matched with. The proportion of the total population that each cell represented was then calculated (for example, the proportion of the total population that were male, aged 16-24 years, living in the least deprived quintile)

- a three-way crosstab (gender, age group, IMD 2010 quintile) was also performed on the dataset. The proportion of the overall sample that each cell represented was then calculated
- for each subgroup (gender, age group, IMD 2010 quintile), the proportion of the population was divided by the proportion of the sample to produce weighting value

During analysis, when subgroups of the population were compared, 95% confidence intervals were applied to the results to indicate where there were 'significant' differences. When examining data by mental wellbeing category (low, moderate, high), Pearson's Chi-squared tests were performed in SPSS which generated 'p' values to give an indication of the significance of the association between mental wellbeing and each variable. A p value of less than 0.05 represents a significant association.

2.7 Analysis

Measuring wellbeing allows us to form some understanding of how the people of Haringey feel about their lives, and examining changes in the other areas (domains) of wellbeing, such as health, education and the economy gives an indication of where to focus attention to make improvements.

Wellbeing was examined and reported in two ways for this study, firstly by assessing mean WEMWBS score and secondly by comparing wellbeing levels within both samples to assess the proportions of the population that had low, moderate or high mental wellbeing (see results section for details). The questions within the survey were examined and grouped in to domains; so for example, questions relating to employment, finance and education were grouped together and reported on.

3. Results

This section provides key findings from the Haringey Mental Wellbeing Survey 2015. It examines associations between mental wellbeing and a range of health, lifestyle, housing and income variables. Weighted results are presented for the two samples, the primary sample (referred to as ‘across area’) and the boost sample (referred to as ‘most deprived’ - see Section 2.3 for more details).

3.1 Distribution of WEMWBS scores

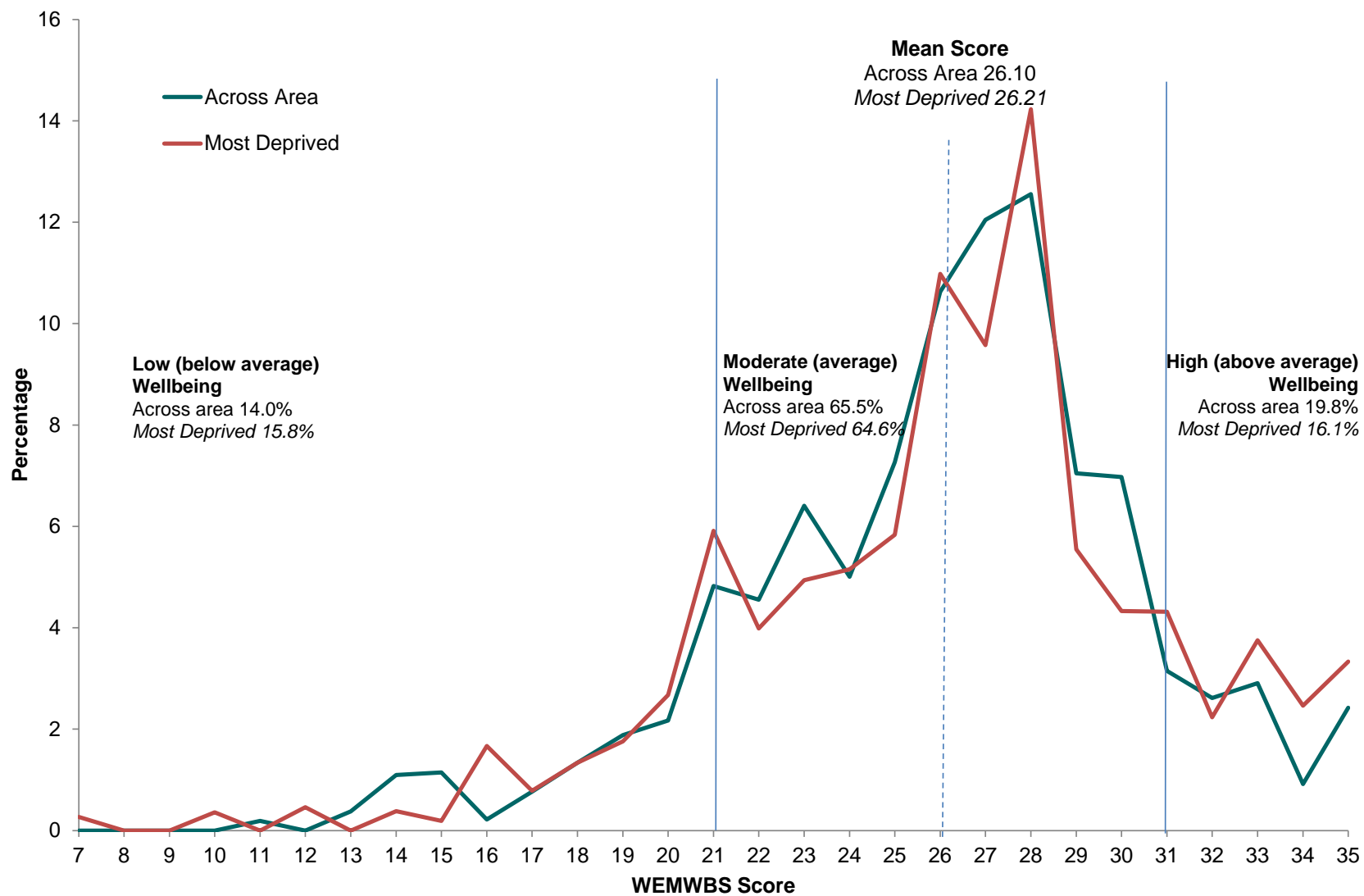
The total WEMWBS score for each respondent was calculated by summing their responses to the seven WEMWBS questions (see Section 2.2). The highest possible score is 35 and the lowest is 7. Scores were split into three categories of low (below average; one standard deviation (SD) below the mean), moderate (average) and high (above average; one SD above the mean) mental wellbeing based on their distribution across Haringey (Table 4).

Table 4. Mental wellbeing categories based on WEMWBS score distribution, Haringey 2015

| | Across area WEMWBS score | Most deprived WEMWBS score |
|----------|-----------------------------|-------------------------------|
| Low | 21 or less | 21 or less |
| Moderate | 22 to 29 | 22 to 30 |
| High | 30 or more | 31 or more |

The mean WEMWBS score for Haringey in 2015 was 26.10 across area and 26.21 in the most deprived sample. This difference in means was not significant. Figure 1 shows the overall distribution of WEMWBS scores for Haringey. The distribution was fairly similar across both samples, with both peaking at 28.

Figure 1. Distribution of WEMWBS scores, Haringey 2015



3.2 Demographics

Table 5 shows mental wellbeing in Haringey by participants' basic demographics. High mental wellbeing was most prevalent among 40 to 54 year olds and least prevalent in the 55 to 64 age group in the across area sample, whilst in the most deprived sample it was most common among those in slightly lower age group of 25 to 39 year olds and least prevalent in the 65 plus group. Across both samples, age was significantly associated with mental wellbeing ($p < 0.05$). Gender was also significantly associated with mental wellbeing, with more men than women categorised as having high mental wellbeing (across area, 23.2%; most deprived, 20.9%). When examining the data by deprivation quintile in the across area sample, high mental wellbeing is most prevalent among those living in the fourth most deprived quintile (28.8%).

Table 5. Wellbeing in Haringey by age, gender and deprivation, 2015

| | Across area | | | | | Most deprived | | | | | |
|---------------|-------------------|-----|-------|----------|-------|---------------|-----|-------|----------|-------|------------|
| | | n | Low | Moderate | High | p value | n | Low | Moderate | High | p value |
| Age | 16-24 | 90 | 16.7% | 64.4% | 18.9% | | 78 | 20.5% | 66.7% | 12.8% | |
| | 25-39 | 227 | 13.7% | 70.9% | 15.4% | | 182 | 16.5% | 60.4% | 23.1% | |
| | 40-54 | 163 | 14.7% | 56.4% | 28.8% | | 116 | 12.1% | 73.3% | 14.7% | |
| | 55-64 | 53 | 13.2% | 75.5% | 11.3% | | 43 | 11.6% | 74.4% | 14.0% | |
| | 65+ | 60 | 11.7% | 71.7% | 16.7% | $p < 0.05$ | 48 | 25.0% | 68.8% | 6.3% | $p < 0.05$ |
| Gender | Male | 285 | 12.3% | 64.6% | 23.2% | | 234 | 12.8% | 66.2% | 20.9% | |
| | Female | 308 | 16.2% | 68.2% | 15.6% | $p < 0.05$ | 234 | 20.1% | 67.5% | 12.4% | $p < 0.05$ |
| IMD* | Least deprived | 65 | 10.8% | 70.8% | 18.5% | | | | | | |
| | 4th most deprived | 146 | 17.8% | 53.4% | 28.8% | | | | | | |
| | 3rd most deprived | 102 | 4.9% | 73.5% | 21.6% | | | | | | |
| | 2nd most deprived | 92 | 18.5% | 69.6% | 12.0% | | | | | | |
| | Most deprived | 184 | 15.2% | 70.7% | 14.1% | $p < 0.01$ | 467 | 16.3% | 67.0% | 16.7% | |

*IMD = Index of Multiple Deprivation. P values represent chi-squared tests (see Section 2.6 for details).

3.3 General Health

When asked to rate their general health, the majority of respondents rated it as ‘good’ (57.4%, across area; 46.8%, most deprived) or ‘very good’ (23.6%, across area; 26.7%, most deprived) (Table 6). The proportion of respondents who reported ‘good’ health in the most deprived sample was significantly lower than the across area sample.

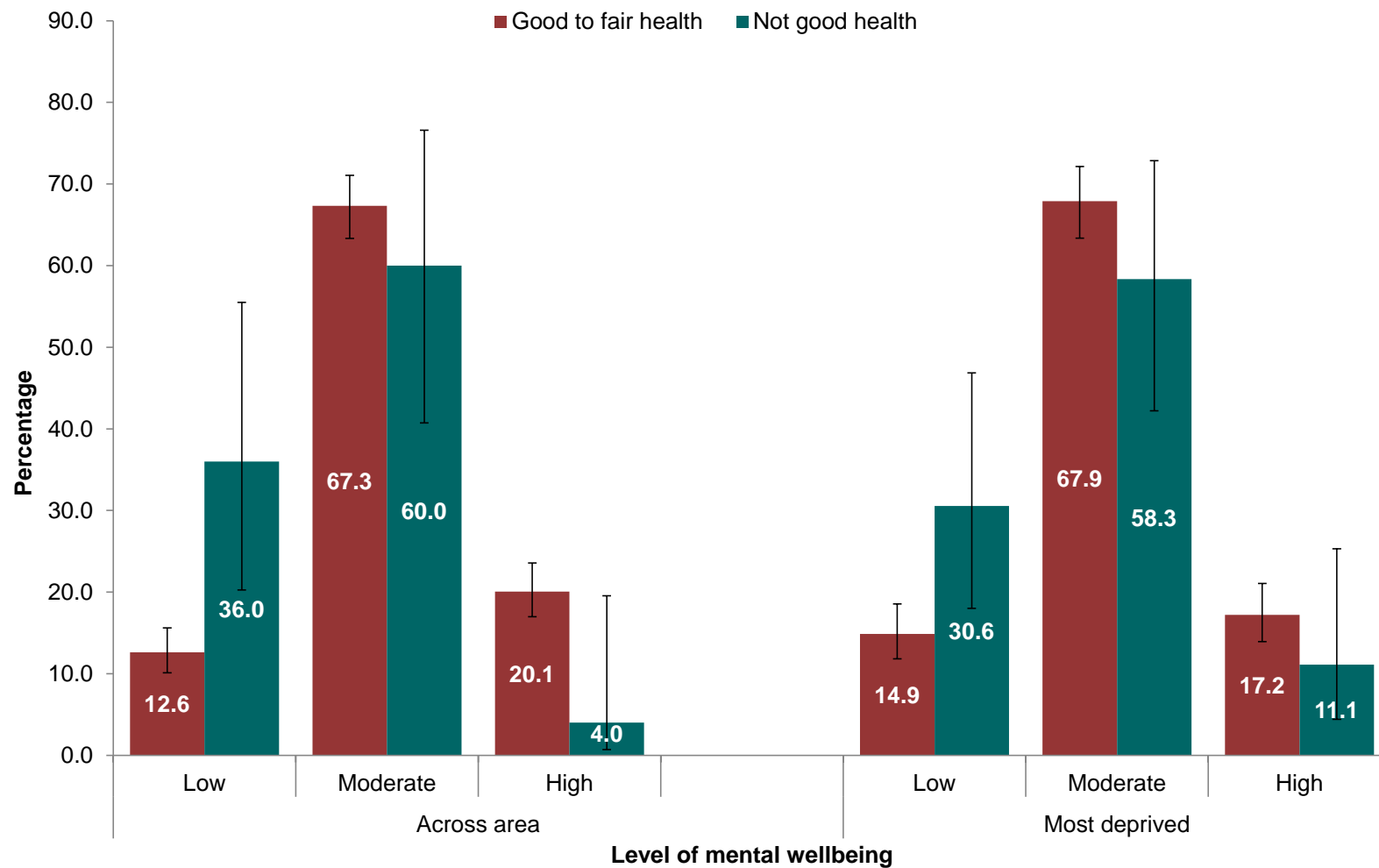
Table 6. Self-rated general health in Haringey, 2015

| | Across area | Most deprived | Significant difference* |
|-----------|-------------|---------------|-------------------------|
| Very good | 23.6% | 26.8% | NS |
| Good | 57.4% | 46.8% | Sig diff |
| Fair | 14.1% | 18.6% | NS |
| Bad | 3.6% | 7.9% | NS |
| Very bad | 0.6% | 0.5% | NS |

*95% Confidence Intervals were examined to determine if differences between the two samples were significant. NS = no significant difference; Sig diff = a significant difference between results.

To identify associations between self-rated health and mental wellbeing, responses to self-rated health were grouped into two categories: ‘good to fair’, including those who rated their health as very good, good or fair; and not good, including those rating their health as bad or very bad. Figure 2 shows a clear relationship between self-rated health and mental wellbeing. Low mental wellbeing was less prevalent in respondents who rated their health as good to fair compared to those who rated their health as not good (across area: 12.6% vs. 36.0%; most deprived: 14.9% vs. 30.6%).

Figure 2. Mental wellbeing in Haringey by self-rated health status, 2015



3.4 Medical conditions

Respondents were asked whether a doctor or nurse had ever told them they had one of a range of medical conditions. The most common conditions reported by Haringey participants were high blood pressure (12.1% across area; 15.7% most deprived), depression, anxiety or stress (10.6% across area; 9.1% most deprived), asthma (8.3% across area; 5.7% most deprived) and diabetes (5.3% across area; 6.5% most deprived, Table 7). There were no significant differences in reported conditions across the two samples.

Table 7. Medical conditions reported by respondents, Haringey 2015

| | Across area | Most deprived | Significant difference* |
|--|-------------|---------------|-------------------------|
| High blood pressure (hypertension) | 12.1% | 15.7% | NS |
| Angina | 0.5% | 1.0% | NS |
| Coronary Heart Disease or Heart Attack | 2.5% | 1.5% | NS |
| Stroke | 0.3% | 0.2% | NS |
| Asthma | 8.3% | 5.7% | NS |
| Respiratory Disease (Chronic bronchitis/ Emphysema/ Chronic Obstructive Pulmonary Disease) | 1.0% | 0.4% | NS |
| Diabetes | 5.3% | 6.5% | NS |
| Digestive disease (gastritis, ulcer, Crohn's disease, colitis) | 3.1% | 2.9% | NS |
| Liver disease | 0.9% | 0.0% | NS |
| Cancer | 1.4% | 1.5% | NS |
| Depression, anxiety or stress | 10.6% | 9.1% | NS |

*95% Confidence Intervals were examined to determine if differences between the two samples were significant. NS = no significant difference.

To measure associations between the presence of medical conditions and mental wellbeing, respondents were grouped into those with none, one, two, three, or four or more medical conditions. In the across area sample, respondents with no medical conditions

were most likely to have high wellbeing (22.5%; $p < 0.001$), and those with three or four or more three conditions were most likely to have low wellbeing (66.7%; $p < 0.001$). In the most deprived sample, respondents with four or more medical conditions were most likely to have high mental wellbeing (20.0%) and low wellbeing (60.0%) however the relationship between mental wellbeing and medical conditions was not significant for this sample (Table 8).

Table 8. Presence of medical conditions, Haringey 2015

| | Across area | | | | | Most deprived | | | | |
|---------------------------|--------------|---------------------------|----------|-------|---------|---------------|---------------------------|----------|-------|---------|
| | | Mental wellbeing category | | | | | Mental wellbeing category | | | |
| | n | Low | Moderate | High | p value | n | Low | Moderate | High | p value |
| Medical conditions | None | 405 | 9.4% | 68.1% | 22.5% | 340 | 14.7% | 66.5% | 18.8% | |
| | One | 123 | 27.6% | 56.9% | 15.4% | 73 | 17.8% | 72.6% | 9.6% | |
| | Two | 46 | 15.2% | 76.1% | 8.7% | 32 | 15.6% | 65.6% | 18.8% | |
| | Three | 14 | 28.6% | 71.4% | 0.0% | 17 | 29.4% | 64.7% | 5.9% | |
| | Four or more | 3 | 66.7% | 33.3% | 0.0% | $p < 0.001$ | 5 | 60.0% | 20.0% | 20.0% |

P values represent chi-squared tests (see Section 2.6 for details).

3.5 Health State (EQ-5D)

Participants' health states were measured using the EQ-5D (see Box 3). This allocates each respondent with a health score index ranging from -0.59 (worst imaginable health) to 1 (full health).¹⁶

Mean EQ-5D score for Haringey in 2015 was 0.90 across area and 0.88 in the most deprived sample; this difference was not significant (Table 9).

Box 3. The EQ-5D measure

The EQ-5D is a standardised instrument for measuring health outcomes that allows for comparison across a range of conditions. It asks five questions on:

- physical mobility
- self-care
- performance of usual activities
- pain and discomfort
- anxiety and depression

For each area, participants identify whether they are not affected, moderately affected or severely affected.

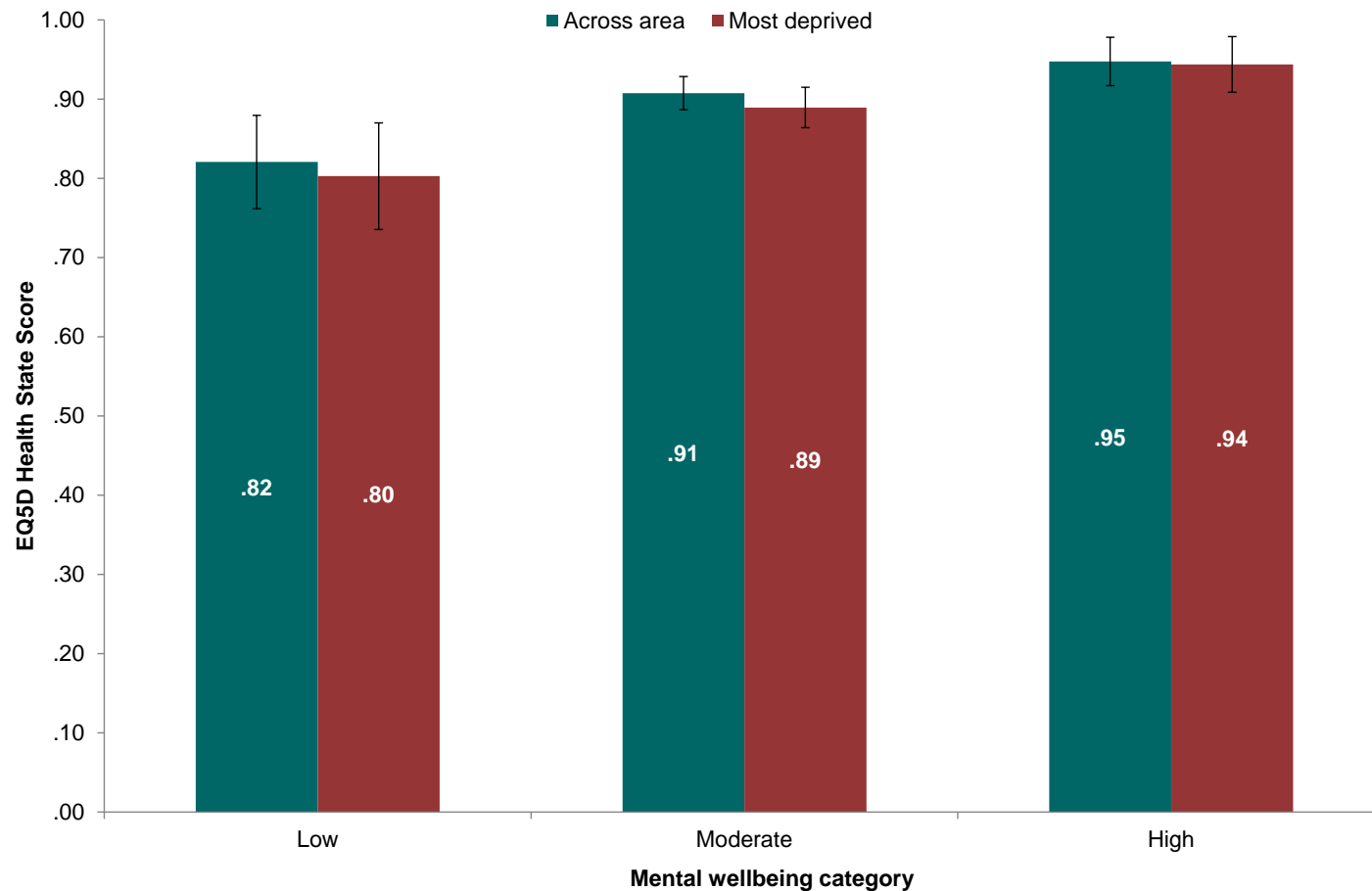
Table 9. Mean EQ-5D scores for Haringey

| | Across area | Most deprived | Significant difference* |
|------------------|-------------|---------------|-------------------------|
| Mean EQ-5D score | 0.90 | 0.88 | NS |

*95% Confidence Intervals were examined to determine if differences between the two samples were significant. NS = no significant difference.

A clear relationship was found between health state and mental wellbeing in Haringey (Figure 3). People with low wellbeing had the lowest mean EQ-5D score (0.82 across area; 0.80 most deprived), whilst those with high wellbeing had the highest (0.95 across area; 0.94 most deprived).

Figure 3. Mean EQ-5D (health state) index score by wellbeing category in Haringey, 2015



3.6 Life satisfaction

To measure life satisfaction, respondents were asked: “All things considered, how satisfied are you with your life as a whole nowadays?” Responses were measured on an 11-point scale with 0 being extremely dissatisfied and 10 extremely satisfied. The mean life satisfaction score for Haringey participants in 2015 was 8.37 across area and 8.33 in the most deprived sample, this difference was not significant.

Participants were grouped into four life satisfaction categories: low life satisfaction - score 0 to 4; moderate life satisfaction - score 5 to 6; high life satisfaction - score 7 to 8, very high life satisfaction - score 9 to 10. These categories match those used by the Office for National Statistics when measuring national and personal wellbeing.¹⁷ Comparing life satisfaction results from this survey with the most recent ONS data for Haringey (2013/14)¹⁸ reveals that there was no significant difference between Haringey and England in the proportion of the population falling into each life satisfaction category (see Appendix C for data tables).

The majority of respondents across both samples reported high (56.3% across area; 56.2% most deprived) or very high (21.5% across area; 22.5% most deprived) levels of life satisfaction (Figure 4). There were no significant differences by life satisfaction group between the two samples.

Examining responses by level of mental wellbeing (Table 10) shows the clear relationship between life satisfaction and mental wellbeing in Haringey. Over half of those that had low life satisfaction had low mental wellbeing (54.1% across area; 54.5% most deprived).

Figure 4. Mental wellbeing in Haringey by life satisfaction, 2015

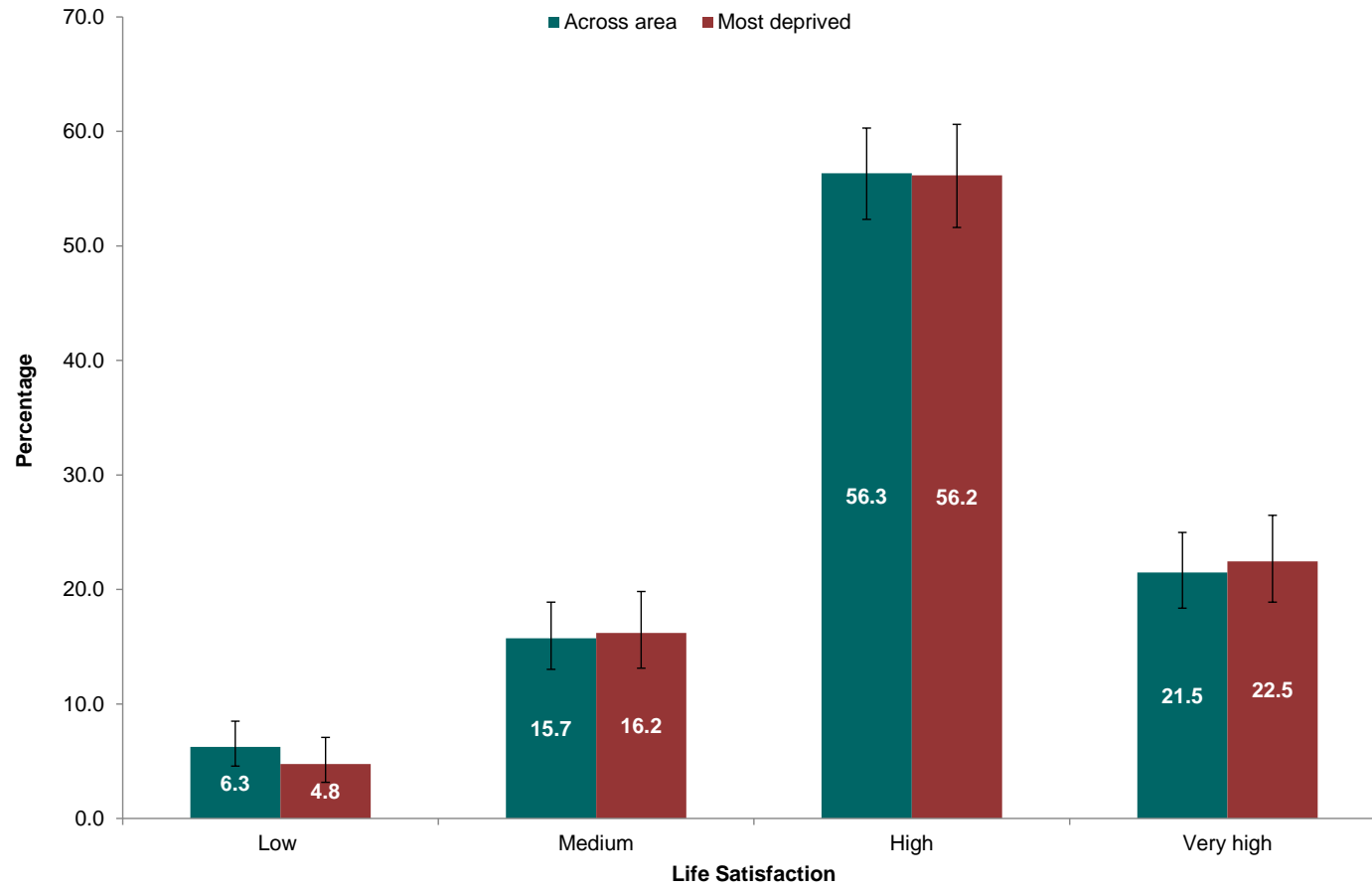


Table 10. Life satisfaction in Haringey, 2015

| | Across area | | | | | Most deprived | | | | |
|---------------------------|-------------|---------------------------|----------|-------|---------|---------------|---------------------------|----------|-------|---------|
| | | Mental wellbeing category | | | | | Mental wellbeing category | | | |
| | n | Low | Moderate | High | p value | n | Low | Moderate | High | p value |
| Life Satisfaction* | Low | 37 | 54.1% | 40.5% | 5.4% | 22 | 54.5% | 36.4% | 9.1% | |
| | Medium | 93 | 34.4% | 62.4% | 3.2% | 75 | 30.7% | 65.3% | 4.0% | |
| | High | 333 | 7.2% | 73.0% | 19.8% | 260 | 6.7% | 58.7% | 34.6% | |
| | Very high | 127 | 5.5% | 60.6% | 33.9% | 104 | 11.5% | 74.2% | 14.2% | p<0.001 |

*Don't know: across area, n=1; most deprived, n=2. P values represent chi-squared tests (see Section 2.6 for details).

3.7 Sense of worth

To measure sense of worth, respondents were asked: “Overall, to what extent do you feel the things you do in your life are worthwhile?” Responses were measured on an 11-point scale with 0 being not at all worthwhile and 10 completely worthwhile. Participants were grouped into four life worthwhile categories: low life worthwhile - score 0 to 4; moderate life worthwhile - score 5 to 6; high life worthwhile - score 7 to 8, very high life worthwhile - score 9 to 10. These categories match those used by the Office for National Statistics when measuring national and personal wellbeing.¹⁷ Comparing life worthwhile results from this survey with the ONS data for Haringey (2011-14),^{i,19} reveals that for both Haringey mental wellbeing survey samples, the proportion with high life worthwhile were significantly higher than the ONS results. In addition, the proportion of respondents with very high life worthwhile in the across area sample was significantly lower than the ONS results (see Appendix C for data tables).

The mean score for Haringey respondents was 8.36 across area and 8.30 for the most deprived sample. Participants were grouped into three categories based on their ratings: low, moderate (medium), high/very high sense of worth. Almost three-

ⁱ Due to data suppression, life worthwhile results for Haringey were not presented in the ONS Personal Wellbeing 2014/15 or 2013/14 tables; therefore aggregated results for 2011-14 from the Measuring National Well-being, Life in the UK, 2015 report have been used as a comparison.

quarters of Haringey participants had a high/very high sense of worth (76.8% across area; 71.9% most deprived; Figure 5). There were no significant differences by sense of worth category between the two samples.

When examining sense of worth by level of mental wellbeing (Table 11), results show that the majority of those with low sense of worth had low mental wellbeing (62.5% across area; 45.0% most deprived), whilst high mental wellbeing was most likely in those with a high/very high sense of worth (22.7% across area; 21.1% most deprived). Across both samples there was a significant relationship between sense of worth and mental wellbeing ($p < 0.001$).

Figure 5. Wellbeing in Haringey by sense of worth, 2015

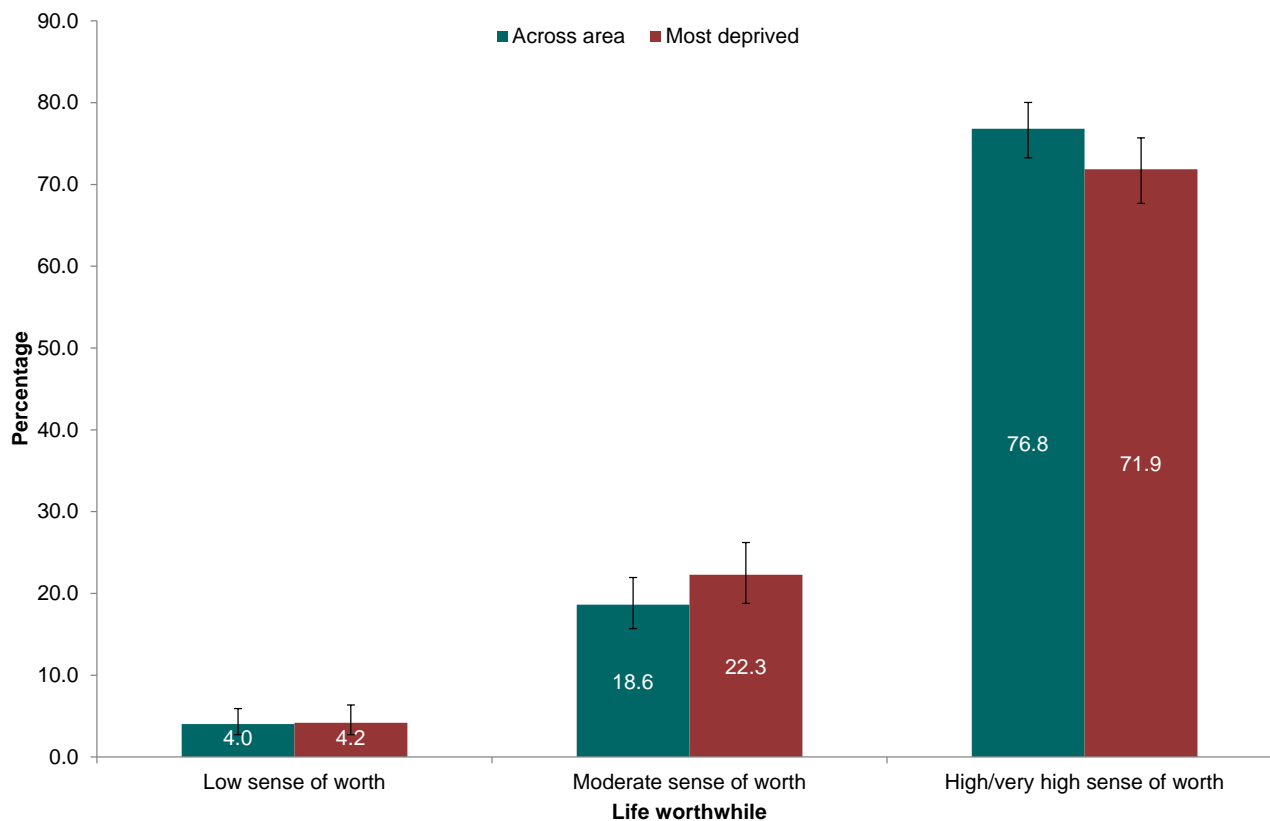


Table 11. Sense of worth by level of mental wellbeing in Haringey, 2015

| | Across area | | | | | Most deprived | | | | |
|------------------------|----------------|---------------------------|----------|-------|---------|---------------|---------------------------|----------|-------|---------|
| | | Mental wellbeing category | | | | | Mental wellbeing category | | | |
| | n | Low | Moderate | High | p value | n | Low | Moderate | High | p value |
| Sense of worth* | Low | 24 | 62.5% | 37.5% | 0.0% | 20 | 45.0% | 45.0% | 10.0% | |
| | Medium | 109 | 32.1% | 56.9% | 11.0% | 105 | 30.5% | 64.8% | 4.8% | |
| | High/Very High | 449 | 6.2% | 71.0% | 22.7% | 332 | 9.6% | 69.3% | 21.1% | p<0.001 |

*Don't know: across area, n=4; most deprived, n=3. P values represent chi-squared tests (see Section 2.6 for details).

3.8 Involvement in leisure and other activities

Participants were asked a range of questions about their involvement in leisure and other activities.

Having time to do enjoyable things: Results showed a strong relationship between respondents having time to do things they enjoy and mental wellbeing (Table 13). A third of those that definitely agreed they had time to do enjoyable things had high mental wellbeing (37.9% across area; 28.6% most deprived), whilst only 6.5% (across area) and 13.3% (most deprived) of those who definitely disagreed had high mental wellbeing. Conversely, none of the most deprived sample and just a quarter of the across area sample (26.1%) who definitely disagreed they had time to do enjoyable things had low wellbeing, compared with 4.3% (across area) and 9.5% (most deprived) of those that definitely agreed (Table 13).

Participation in voluntary work: One fifth of respondents in the across area sample (19.8%) had participated in voluntary work in the past year, slightly higher than the most deprived sample (14.3%, Table 13). Across both samples, high mental wellbeing was most prevalent in individuals who had volunteered in the past 12 months, whilst low mental wellbeing was most prevalent in those who had not volunteered. This difference was not significant for the most deprived sample.

Participation in other organisations: Almost all of the Haringey residents reported participating in other organisations^j on a regular basis, such as political parties, religious groups and leisure groups (98.5% across area; 98.1% most deprived, Table 13). There was no significant association between organisation participation and mental wellbeing.

Spending leisure time outdoors: Respondents in the most deprived sample were significantly less likely to spend leisure time outdoors daily compared to those in the across area sample (9.5% and 16.2% respectively) (Table 12). Conversely, those in the most deprived sample were more likely to spend leisure time outdoors monthly than those in the across area sample (21.1% and 14.3% respectively). Across both samples, over half of respondents reported spending their leisure time outdoors on a weekly basis (58.3% across area; 57.6% most deprived), however this difference was not significant.

Table 12. Leisure time spent outdoors

| | Across area | Most deprived | Significant difference* |
|----------------|-------------|---------------|-------------------------|
| Never | 2.7% | 3.3% | NS |
| Daily | 16.2% | 9.5% | Sig diff |
| Weekly | 58.3% | 57.6% | NS |
| Monthly | 14.3% | 21.1% | Sig diff |
| Yearly or less | 8.6% | 8.3% | NS |

*95% Confidence Intervals were examined to determine if differences between the two samples were significant. NS = no significant difference; Sig diff = a significant difference between results.

Frequency of spending leisure time outdoors was strongly associated with mental wellbeing (Table 13). Over a third of respondents that participated in outdoor leisure time yearly or less had low mental wellbeing (36.0% across area; 37.8% most deprived) while the prevalence of high wellbeing was greatest among those who spent leisure time outdoors on a daily basis (25.8%, $p < 0.001$ across area; 21.4%, $p < 0.001$ most deprived).

^j For a full list of the organisations see question 4 of the survey (Appendix A).

Table 13. Mental wellbeing in Haringey by leisure and activities, 2015

| | | Across area | | | | | Most deprived | | | | |
|--|---------------------|---------------------------|-------|----------|-------|---------|---------------------------|-------|----------|-------|---------|
| | | Mental wellbeing category | | | | | Mental wellbeing category | | | | |
| | | n | Low | Moderate | High | p value | n | Low | Moderate | High | p value |
| Time to do things you really enjoy* | Definitely agree | 116 | 4.3% | 57.8% | 37.9% | | 84 | 9.5% | 61.9% | 28.6% | |
| | Tend to agree | 298 | 13.8% | 71.1% | 15.1% | | 250 | 19.2% | 66.0% | 14.8% | |
| | Tend to disagree | 115 | 14.8% | 67.8% | 17.4% | | 103 | 15.5% | 71.8% | 12.6% | |
| | Definitely disagree | 46 | 26.1% | 67.4% | 6.5% | p<0.001 | 15 | 0.0% | 86.7% | 13.3% | p<0.01 |
| Volunteered in past 12 months? | No | 474 | 15.4% | 67.5% | 17.1% | | 394 | 16.8% | 67.5% | 15.7% | |
| | Yes | 117 | 10.3% | 61.5% | 28.2% | p<0.05 | 66 | 12.1% | 63.6% | 24.2% | NS |
| Organisation participation | None | 9 | 0.0% | 88.9% | 11.1% | | 9 | 22.2% | 66.7% | 11.1% | |
| | 1 or more | 582 | 14.4% | 66.2% | 19.4% | NS | 459 | 16.3% | 66.9% | 16.8% | NS |
| Leisure time outdoors | Never | 16 | 56.3% | 37.5% | 6.3% | | 15 | 33.3% | 53.3% | 13.3% | |
| | Daily | 97 | 13.4% | 60.8% | 25.8% | | 42 | 9.5% | 69.0% | 21.4% | |
| | Weekly | 346 | 9.0% | 70.8% | 20.2% | | 270 | 14.8% | 64.4% | 20.7% | |
| | Monthly | 81 | 16.0% | 69.1% | 14.8% | | 100 | 14.0% | 76.0% | 10.0% | |
| | Yearly or less | 50 | 36.0% | 54.0% | 10.0% | p<0.001 | 37 | 37.8% | 59.5% | 2.7% | p<0.01 |

* Don't know: across area n=4; most deprived n=4. P values represent chi-squared tests (see Section 2.6 for details).

3.9 Substance use

Smoking: The proportion of current smokers in Haringey was slightly higher in the most deprived sample (24.2%) compared to the across area sample (20.1%), however this difference was not significant (Table 14). Smoking had a significant relationship with mental wellbeing in the across area sample, with non-smokers most likely to have high mental wellbeing (21.4%) and current smokers most likely to have low mental wellbeing (21.6%). In the most deprived sample, current

smokers were most likely to have both low mental wellbeing (15.6%) and high mental wellbeing (20.2%), however these differences were not significant (Table 17).

Table 14. Smoking status in Haringey, 2015

| | Across area | Most deprived | Significant difference* |
|----------------|-------------|---------------|-------------------------|
| Non-smoker | 56.9% | 56.0% | NS |
| Current smoker | 20.1% | 24.2% | NS |
| Ex- smoker | 22.9% | 19.8% | NS |

*95% Confidence Intervals were examined to determine if differences between the two samples were significant. NS = no significant difference.

Alcohol consumption: Across both samples, the majority of respondents were classed as lower risk drinkers (58.5% across area; 50.1% most deprived) followed by abstainers (36.8% across area; 46.2% most deprived, Table 15)^k. Significantly more respondents were classed as abstainers in the most deprived sample as compared to the across area sample. As Table 17 shows, low mental wellbeing was most prevalent in abstainers (15.1% across area; 18.6% most deprived), while high mental wellbeing was most prevalent in lower risk drinkers (20.0% for both samples).

Table 15. Alcohol consumption in Haringey, 2015

| | Across area | Most deprived | Significant difference* |
|-----------------|-------------|---------------|-------------------------|
| Abstainer | 36.8% | 46.2% | Sig diff |
| Lower risk | 58.5% | 50.1% | NS |
| Increasing risk | 4.5% | 3.4% | NS |
| Higher risk | 0.2% | 0.3% | NS |

*95% Confidence Intervals were examined to determine if differences between the two samples were significant. NS = no significant difference; Sig diff = a significant difference between results.

^k Lower risk drinking: consumption of less than 22 units of alcohol per week for males and less than 15 units of alcohol per week for females. Increasing risk drinking: consumption of between 22 and 50 units of alcohol per week for males, and between 15 and 35 units of alcohol per week for females. Higher risk drinking: more than 50 units of alcohol per week for males, and more than 35 units of alcohol per week for females.

Cannabis use: Respondents were categorised into three groups: never used, ex user (used but not in the last 12 months) and user (used in the past 12 months). The majority of respondents had never used cannabis (72.8% across area; 77.8% most deprived, Table 16). There were no significant differences in cannabis use across the two samples. The relationship between cannabis use and level of mental wellbeing was not significant (Table 17).

Table 16. Cannabis use in Haringey, 2015

| | Across area | Most deprived | Significant difference* |
|------------|-------------|---------------|-------------------------|
| Never used | 72.8% | 77.8% | NS |
| Ex user | 15.9% | 10.7% | NS |
| User | 5.7% | 3.5% | NS |

Prefer not to say: 5.6% across area; 7.2% most deprived. *95% Confidence Intervals were examined to determine if differences between the two samples were significant. NS = no significant difference.

Table 17. Mental wellbeing in Haringey participants by substance use, 2015

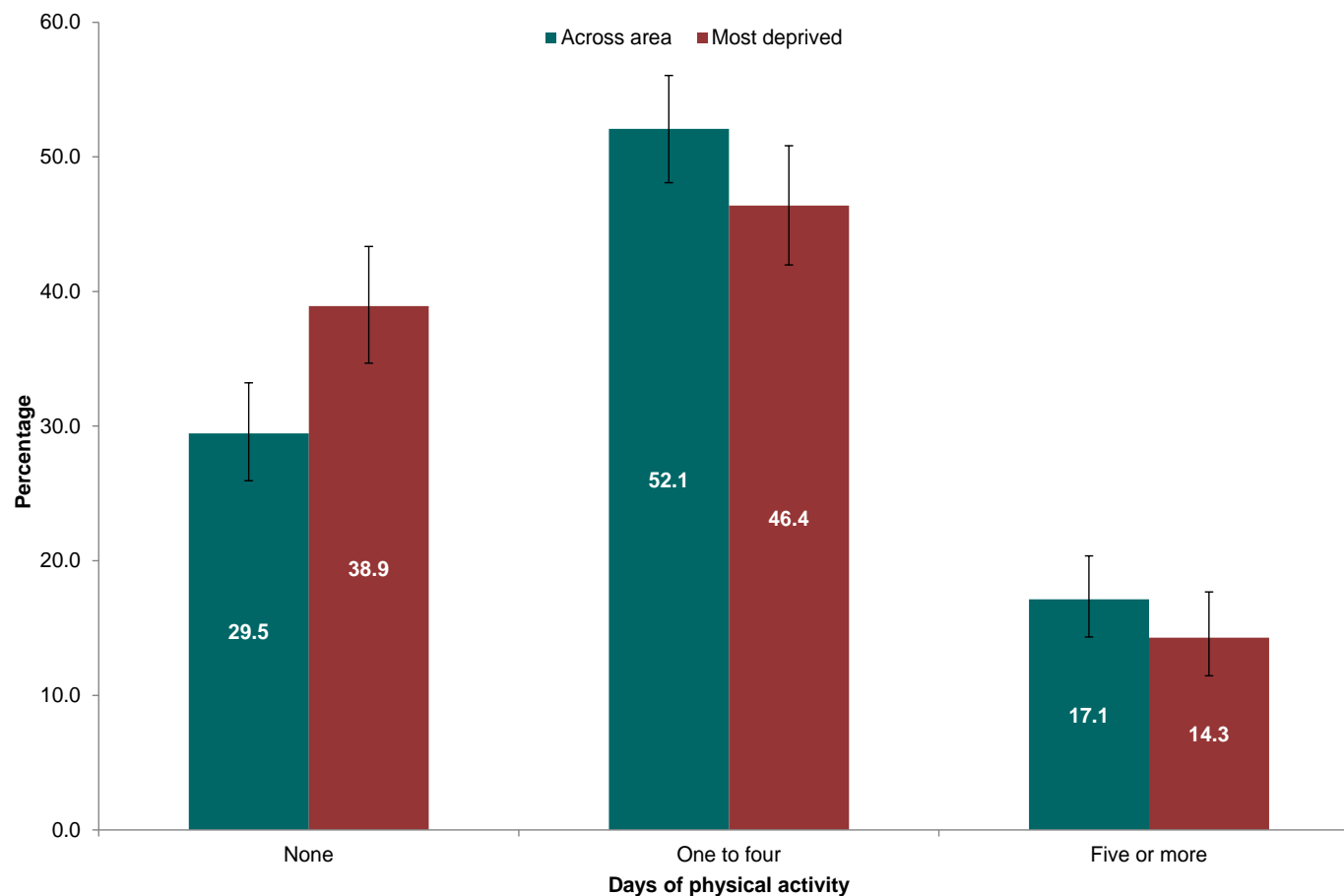
| | Across area | | | | | Most deprived | | | | | | |
|---------------------|------------------------|-----|-------|----------|-------|---------------|--|-----|-------|----------|-------|---------|
| | | N | Low | Moderate | High | p value | | N | Low | Moderate | High | p value |
| Alcohol use | Abstainer | 219 | 15.1% | 66.2% | 18.7% | | | 215 | 18.6% | 67.9% | 13.5% | |
| | Lower risk | 345 | 14.2% | 65.8% | 20.0% | | | 235 | 14.9% | 65.1% | 20.0% | |
| | Increasing/higher risk | 30 | 10.0% | 73.3% | 16.7% | NS | | 15 | 6.7% | 80.0% | 13.3% | NS |
| Smoking | Non-smoker | 327 | 14.4% | 64.2% | 21.4% | | | 254 | 16.5% | 66.1% | 17.3% | |
| | Current smoker | 116 | 21.6% | 62.1% | 16.4% | | | 109 | 15.6% | 64.2% | 20.2% | |
| | Ex-smoker | 132 | 6.1% | 75.8% | 18.2% | p<0.01 | | 89 | 15.7% | 73.0% | 11.2% | NS |
| Cannabis use | Never used | 432 | 12.3% | 67.4% | 20.4% | | | 362 | 17.4% | 65.5% | 17.1% | |
| | Ex user | 94 | 19.1% | 62.8% | 18.1% | | | 52 | 11.5% | 78.8% | 9.6% | |
| | User | 32 | 15.6% | 65.6% | 18.8% | NS | | 20 | 5.0% | 70.0% | 25.0% | NS |

3.10 Physical activity and sedentary time

Physical activity: Participants were asked how many days in the past week they had accumulated at least 30 minutes of moderate intensity physical activity (for example, brisk walking, cycling, sport, exercise and active recreation). They were then grouped into categories of no days of activity, one to four days and five or more days. In 2015, 17.1% of Haringey respondents across area and 14.3% in the most deprived sample met the physical activity target of five or more days (this difference was not significant, see Figure 6). In the most deprived sample, 38.9% of respondents reported that they had done no days of physical activity in the week prior to survey, significantly higher than the across area sample (29.5%).

Those who exercised on five or more days were most likely to have high wellbeing (36.6% across area; 26.5% most deprived, Table 18), while those who did no exercise were most likely to have low wellbeing (24.0% across area; 20.0% most deprived).

Figure 6. Days of physical activity in Haringey, 2015



Sedentary time: Low mental wellbeing was most prevalent in respondents who spent more than four hours per day time sitting or reclining (14.7% across area; 18.7% most deprived), while high mental wellbeing was most prevalent in those that spent less than two hours sitting or reclining (21.7% across area; 24.0% most deprived, Table 18). There was a significant relationship between sedentary time and mental wellbeing for both samples ($p < 0.05$).

Table 18. Mental wellbeing in Haringey participants by exercise and sedentary time, 2015

| | Across area | | | | | Most deprived | | | | | |
|--|-------------------|-----|-------|----------|-------|---------------|-----|-------|----------|-------|---------|
| | | n | Low | Moderate | High | p value | n | Low | Moderate | High | p value |
| Days of physical activity* | None | 175 | 24.0% | 65.1% | 10.9% | | 180 | 20.0% | 69.4% | 10.6% | |
| | One to four | 308 | 9.7% | 71.4% | 18.8% | | 216 | 13.9% | 67.1% | 19.0% | |
| | Five or more | 101 | 9.9% | 53.5% | 36.6% | p<0.001 | 68 | 11.8% | 61.8% | 26.5% | NS |
| Time spent sitting or reclining | Less than 2 hours | 115 | 12.2% | 66.1% | 21.7% | | 100 | 16.0% | 60.0% | 24.0% | |
| | 2 to 4 hours | 170 | 12.9% | 66.5% | 20.6% | | 142 | 11.3% | 72.5% | 16.2% | |
| | More than 4 hours | 300 | 14.7% | 67.3% | 18.0% | p<0.05 | 219 | 18.7% | 67.1% | 14.2% | p<0.05 |

* Don't know/prefer not to say: across area n= 5; most deprived n=2. P values represent chi-squared tests (see Section 2.6 for details).

3.11 Social connections

Personal relationships: Most Haringey respondents were either very satisfied with their personal relationships (45.5% across area, 41.6% most deprived) or fairly satisfied (34.9% across area; 31.1% most deprived, Table 19).

Satisfaction with personal relationships showed a strong association with mental wellbeing (Table 24); those who were very satisfied were most likely to have high wellbeing and least likely to have low wellbeing.

Table 19. Satisfaction with personal relationships in Haringey, 2015

| | Across area | Most deprived | Significant difference* |
|------------------------------------|-------------|---------------|-------------------------|
| Very satisfied | 45.5% | 41.6% | NS |
| Fairly satisfied | 34.9% | 31.1% | NS |
| Neither satisfied nor dissatisfied | 15.5% | 12.8% | NS |
| Fairly dissatisfied | 2.5% | 1.5% | NS |
| Very dissatisfied | 0.9% | 0.4% | NS |

*95% Confidence Intervals were examined to determine if differences between the two samples were significant. NS = no significant difference.

Social interaction - talking with friends and family: Significantly fewer people in the most deprived sample reported talking to friends or family (that they did not live with) on most days, compared to the across area sample (24.7% and 34.9% respectively, Table 20). The relationship between this variable and mental wellbeing varied across the samples with a significant relationship found in the across area sample ($p < 0.01$, Table 24), but no significant association seen in the most deprived sample; those who spoke to neighbours on most days were most likely to have high mental wellbeing (29.5% across area; 21.2% most deprived), whilst those doing so monthly or less were most likely to have low mental wellbeing (21.4% across area; 17.3% most deprived, Table 24).

Table 20. Social interaction: frequency of talking with friends or family in Haringey, 2015

| | Across area | Most deprived | Significant difference* |
|------------------------------|-------------|---------------|-------------------------|
| On most days | 34.9% | 24.7% | Sig diff |
| Once or twice a week | 38.1% | 43.0% | NS |
| Once or twice a month | 16.3% | 18.7% | NS |
| Less often than once a month | 7.6% | 7.6% | NS |
| Never | 3.1% | 6.0% | NS |

*95% Confidence Intervals were examined to determine if differences between the two samples were significant. NS = no significant difference; Sig diff = a significant difference between results.

Social interaction - meeting with friends and family: A quarter of Haringey respondents reported meeting with family and friends on most days (24.5% across area; 24.6% most deprived, Table 21). There was no significant difference between the samples. Examining this variable by level of mental wellbeing reveals no significant association in the across area sample, but a significant relationship in the most deprived sample (Table 24). Respondents who reported meeting with family and friends on most days were most likely to report high mental wellbeing in the across area sample (23.9%), however in the most deprived sample it was those who met with once or twice a week who were most likely to have high mental wellbeing (18.6%).

Table 21. Social interaction: frequency of meeting with friends or family in Haringey, 2015

| | Across area | Most deprived | Significant difference* |
|------------------------------|-------------|---------------|-------------------------|
| On most days | 24.5% | 24.6% | NS |
| Once or twice a week | 50.5% | 50.3% | NS |
| Once or twice a month | 21.1% | 19.3% | NS |
| Less often than once a month | 3.0% | 4.9% | NS |
| Never | 0.9% | 0.9% | NS |

*95% Confidence Intervals were examined to determine if differences between the two samples were significant. NS = no significant difference.

Social support: Social support score was based on responses to the questions regarding available help if the respondent; was in financial difficulty and needed to borrow £100; needed a lift urgently; was ill in bed and need help at home; or had a personal crisis and needed support. The majority of respondents felt well supported (38.1% across area; 35.4% most deprived, Table 22), with low mental wellbeing being most prevalent in those who felt least supported (scored 0 or 1) (33.1% across area; 22.6% most deprived, Table 24).

Table 22. Level of social support in Haringey, 2015

| | | Across area | Most deprived | Significant difference* |
|----------------|-----|-------------|---------------|-------------------------|
| Little support | 0-1 | 23.0% | 26.0% | NS |
| | 2 | 12.7% | 12.2% | NS |
| | 3 | 26.2% | 26.3% | NS |
| Well supported | 4 | 38.1% | 35.4% | NS |

*95% Confidence Intervals were examined to determine if differences between the two samples were significant. NS = no significant difference.

Trust: Levels of trust were measured through the question: “Generally speaking, would you say that most people can be trusted, or that you can’t be too careful in dealing with people?” Responses were on a scale of 1 (can’t be too careful) to 10 (most people can be trusted). The mean rating for Haringey was 6.86 across area and 6.26 in the most deprived sample. Participants were categorised into three groups based on low (score 1 to 3), moderate (score 4 to 7) and high (score 8 to 10) levels of trust. Across both samples, the majority of respondents demonstrated moderate levels of trust (58.2% across area; 53.8% most deprived, Table

23). The proportion of respondents who were had low levels of trust were significantly higher in the most deprived sample (25.7%) compared to the across area sample (16.2%).

Having low levels of trust was significantly associated with low mental wellbeing across both samples (Table 24).

Table 23. Level of trust in Haringey, 2015

| | Across area | Most deprived | Significant difference* |
|----------------|-------------|---------------|-------------------------|
| Low trust | 16.2% | 25.7% | Sig diff |
| Moderate trust | 58.2% | 53.8% | NS |
| High trust | 25.5% | 20.6% | NS |

*95% Confidence Intervals were examined to determine if differences between the two samples were significant. NS = no significant difference; Sig diff = a significant difference between results.

Table 24. Mental wellbeing in Haringey participants by social connections, 2015

| | | Across area | | | | | Most deprived | | | | |
|--|-------------------------|-------------|-------|----------|-------|---------|---------------|-------|----------|-------|---------|
| | | N | Low | Moderate | High | p value | N | Low | Moderate | High | p value |
| Satisfaction with personal relationships | Very satisfied | 269 | 5.6% | 69.5% | 24.9% | | 184 | 9.8% | 65.2% | 25.0% | |
| | Fairly satisfied | 205 | 13.2% | 67.8% | 19.0% | | 175 | 19.4% | 65.7% | 14.9% | |
| | Neither or dissatisfied | 93 | 32.3% | 61.3% | 6.5% | | 86 | 20.9% | 73.3% | 5.8% | |
| | Fairly dissatisfied | 15 | 53.3% | 33.3% | 13.3% | | 10 | 20.0% | 80.0% | 0.0% | |
| | Very dissatisfied | 5 | 60.0% | 40.0% | 0.0% | p<0.001 | 4 | 50.0% | 25.0% | 25.0% | p<0.01 |
| Social interaction- talk to friends or family | On most days | 207 | 8.7% | 61.8% | 29.5% | | 113 | 16.8% | 61.9% | 21.2% | |
| | Once or twice a week | 226 | 14.2% | 74.3% | 11.5% | | 200 | 16.0% | 71.0% | 13.0% | |
| | Monthly or less | 159 | 21.4% | 61.0% | 17.6% | p<0.001 | 150 | 17.3% | 64.0% | 18.7% | NS |
| Social interaction- meet with friends or family | On most days | 142 | 9.9% | 66.2% | 23.9% | | 113 | 19.5% | 64.6% | 15.9% | |
| | Once or twice a week | 300 | 13.7% | 67.3% | 19.0% | | 231 | 10.0% | 71.4% | 18.6% | |
| | Monthly or less | 146 | 19.9% | 65.1% | 15.1% | NS | 118 | 26.3% | 59.3% | 14.4% | p<0.01 |
| Social support | Little support | 0-1 | 133 | 33.1% | 60.2% | 6.8% | 122 | 26.2% | 61.5% | 12.3% | |

| available | | 2 | 76 | 6.6% | 75.0% | 18.4% | | 58 | 12.1% | 69.0% | 19.0% |
|------------------------|----------------|-----|-------|-------|-------|---------|---------|-----|-------|-------|-------|
| | | 3 | 157 | 10.2% | 62.4% | 27.4% | | 122 | 16.4% | 60.7% | 23.0% |
| | Well supported | 4 | 225 | 8.9% | 70.2% | 20.9% | p<0.001 | 165 | 10.3% | 75.2% | 14.5% |
| Trust in others | Low | 94 | 27.7% | 59.6% | 12.8% | | | 117 | 19.7% | 73.5% | 6.8% |
| | Moderate | 343 | 13.7% | 69.1% | 17.2% | | | 248 | 18.1% | 64.9% | 16.9% |
| | High | 149 | 6.7% | 64.4% | 28.9% | p<0.001 | | 96 | 5.2% | 65.6% | 29.2% |

P values represent chi-squared tests (see Section 2.6 for details).

3.12 Childhood experiences

Respondents were asked two questions regarding their happiness and their exposure to violence during childhood.

Childhood happiness was measured through the question: “Overall how happy would you say your childhood was?”

Responses were measured on a scale of 1 (extremely unhappy) to 10 (extremely happy) and grouped into three categories: happy (scores of 8 to 10); moderate (scores of 4 to 7); and unhappy (scores of 1 to 3) childhoods. The majority of Haringey participants had happy childhoods (66.2% across area; 70.4% most deprived, Table 25). There was a strong association between childhood happiness and mental wellbeing in the across area sample (p<0.001) but no significant association in the most deprived sample (Table 27). In the across area sample, 16.7% of respondents with unhappy childhoods had low mental wellbeing compared with 5.6% of those who reported very happy childhoods.

Table 25. Level of childhood happiness in Haringey, 2015*

| | Across area | Most deprived | Significant difference* |
|----------------|-------------|---------------|-------------------------|
| Unhappy (1-3) | 4.0% | 3.4% | NS |
| Moderate (4-7) | 29.4% | 25.3% | NS |
| Happy (8-10) | 66.2% | 70.4% | NS |

Don't know: across area, n= 3; most deprived, n=5. *95% Confidence Intervals were examined to determine if differences between the two samples were significant. NS = no significant difference.

Childhood violence was measured through the question: “Overall how violent would you say your home life as a child was?” Responses were measured on a scale of 1 (free from all violence) to 10 (very violent) and grouped into three categories: free from all violence (score of 1); some violence (scores of 2 to 4); and violent (scores of 5 to 10). While the majority of Haringey respondents were in the free from all violence group across both samples (Figure 7, Table 26), a quarter (25.5%) of the across area sample and almost a third (31.8%) of the most deprived sample experienced some violence in childhood. Almost one in ten (9.9% across area; 8.5% most deprived) reported a violent childhood.

There was no significant association between mental wellbeing and childhood violence, however, those with violent childhoods were most likely to report low levels of mental wellbeing (25.9% across area; 35.0% most deprived, Table 27).

Table 26. Experience of childhood violence in Haringey, 2015

| | Across area | Most deprived | Significant difference* |
|------------------------|-------------|---------------|-------------------------|
| Free from violence (1) | 64.6% | 59.7% | NS |
| Some violence (2-4) | 25.5% | 31.8% | NS |
| Violent (5-10) | 9.9% | 8.5% | NS |

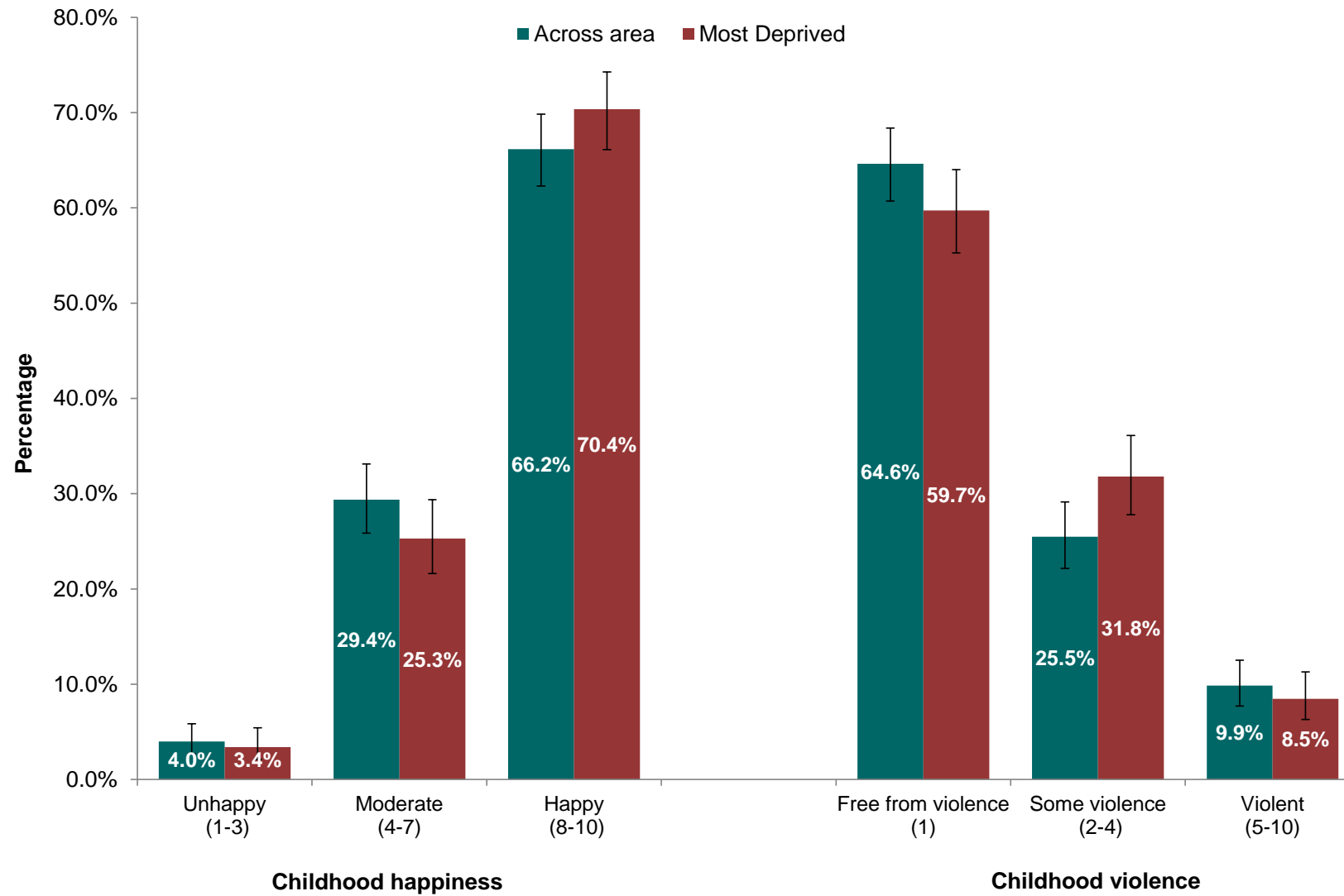
*95% Confidence Intervals were examined to determine if differences between the two samples were significant. NS = no significant difference.

Table 27. Childhood experiences in Haringey, 2015

| | | Across area | | | | | Most deprived | | | | |
|---|------------------------|-------------|---------------------------|-------|-------|---------|---------------|---------------------------|-------|-------|---------|
| | | N | Mental wellbeing category | | | p value | N | Mental wellbeing category | | | p value |
| How happy was your childhood?* | Unhappy (1-3) | 24 | 16.7% | 75.0% | 8.3% | | 16 | 25.0% | 68.8% | 6.3% | |
| | Moderate (4-7) | 174 | 33.3% | 56.9% | 9.8% | | 116 | 24.1% | 63.8% | 12.1% | |
| | Happy (8-10) | 391 | 5.6% | 70.1% | 24.3% | p<0.001 | 328 | 12.8% | 67.7% | 19.5% | NS |
| How violent was your home life as a child? | Free from violence (1) | 379 | 13.5% | 66.2% | 20.3% | | 276 | 14.9% | 65.2% | 19.9% | |
| | Some violence (2-4) | 150 | 11.3% | 70.0% | 18.7% | | 148 | 14.2% | 73.6% | 12.2% | |
| | Violent (5-10) | 58 | 25.9% | 58.6% | 15.5% | NS | 40 | 35.0% | 52.5% | 12.5% | NS |

* Don't know: across area, n= 3; most deprived, n=5. P values represent chi-squared tests (see Section 2.6 for details).

Figure 7. Wellbeing in Haringey by childhood experiences, 2015



3.13 Employment, finances and education

Employment: The majority of Haringey respondents were employed (63.1% across area; 61.0% most deprived, Table 28). As Table 29 shows, there was a significant relationship between employment and wellbeing (across area $p < 0.001$; most deprived $p < 0.05$); employed respondents were most likely to have high wellbeing, and sick or disabled respondents were most likely to have low wellbeing.

Table 28. Employment status in Haringey, 2015

| | Across area | Most deprived | Significant difference* |
|-----------------------|-------------|---------------|-------------------------|
| Employed | 63.1% | 61.0% | NS |
| Unemployed | 5.9% | 5.0% | NS |
| Not working: domestic | 8.9% | 6.8% | NS |
| Sick/disabled | 1.7% | 2.4% | NS |
| Other [‡] | 20.3% | 24.8% | NS |

[‡]Retired, in full time education or other. *95% Confidence Intervals were examined to determine if differences between the two samples were significant. NS = no significant difference.

Finances: When asked “Which of these phrases comes closest to describing your feeling about your household income these days?” almost half of respondents across both samples said they were ‘coping’ (44.3% across area; 47.6% most deprived, Table 29).

Respondents who were living comfortably on their present income were most likely to have high wellbeing (28.6% across area; 22.5% most deprived, Table 31) whilst those finding it difficult/very difficult were most likely to have low wellbeing (34.7% across area; 19.4% most deprived). The relationship between mental wellbeing category and feelings about current household income were significant only in the across area sample ($p < 0.001$, Table 31).

Table 29. Feelings about current household income in Haringey, 2015

| | Across area | Most deprived | Significant difference* |
|-------------------------------------|-------------|---------------|-------------------------|
| Living comfortably | 39.2% | 32.6% | NS |
| Coping | 44.3% | 47.6% | NS |
| Finding it difficult/very difficult | 16.5% | 19.8% | NS |

*95% Confidence Intervals were examined to determine if differences between the two samples were significant. NS = no significant difference.

Education: Across both samples, Level 4+¹ was the most common qualification level (Table 30). A significantly higher proportion of the most deprived sample had no qualifications (18.9%) compared to the across area sample (11.8%), whilst a significantly lower proportion of the most deprived sample had Level 4+ qualifications (29.8%) than the across area sample (38.6%). Association between mental wellbeing and educational attainment varied between the samples (Table 31) with the across area sample having a significant relationship ($p < 0.001$). Across both samples, those with Level 4+ qualifications were most likely to have high mental wellbeing (26.0% across area; 21.0% most deprived).

Table 30. Educational attainment in Haringey, 2015

| | Across area | Most deprived | Significant difference* |
|----------------------------|-------------|---------------|-------------------------|
| None | 11.8% | 18.9% | Sig diff |
| Entry/level 1 | 7.9% | 8.8% | NS |
| Level 2 | 12.7% | 9.0% | NS |
| Level 3 | 13.2% | 14.7% | NS |
| Level 4+ | 38.6% | 29.8% | Sig diff |
| Other/foreign [†] | 15.7% | 18.8% | NS |

[†]Foreign qualifications, vocational qualifications or other. *95% Confidence Intervals were examined to determine if differences between the two samples were significant. NS = no significant difference; Sig diff = a significant difference between results.

¹ Level 1 = 1+ O levels/CSEs/GCSEs (any grade), Basic Skills and/or NVQ Level 1, Foundation GNVQ; Level 2 = 5+ O levels (any grade), CSEs (grade 1), GCSEs (grades A*-C), School Certificate, 1+ A levels / AS levels / VCEs and/or NVQ Level 2, Intermediate GNVQ City and Guilds Craft, BTEC First/General Diploma, RSA Diploma and/or Apprenticeship; Level 3 = 2+ A levels, 4+ AS levels, Higher School Certificate and/or NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma; Level 4+ = First Degree (e.g. BA, BSc), Higher degree (e.g. MA, PhD, PGCE) and/or NVQ Level 4-5, HNC, HND, RSA, Higher Diploma, BTEC Higher level and/or Professional Qualifications (eg nursing, teaching, accountancy)

Table 31. Wellbeing in Haringey by employment, finance and educational status, 2015

| | | Across area | | | | | Most deprived | | | | |
|---------------------------------|-------------------------------------|---------------------------|-------|----------|-------|---------|---------------------------|-------|----------|-------|---------|
| | | Mental wellbeing category | | | | | Mental wellbeing category | | | | |
| | | N | Low | Moderate | High | p value | N | Low | Moderate | High | p value |
| Employment status* | Employed | 373 | 12.6% | 67.0% | 20.4% | | 286 | 11.9% | 67.8% | 20.3% | |
| | Unemployed | 36 | 36.1% | 44.4% | 19.4% | | 24 | 33.3% | 58.3% | 8.3% | |
| | Not working: domestic | 52 | 3.8% | 78.8% | 17.3% | | 31 | 19.4% | 64.5% | 16.1% | |
| | Sick/disabled | 11 | 36.4% | 63.6% | 0.0% | | 12 | 41.7% | 58.3% | 0.0% | |
| | Other‡ | 87 | 18.4% | 63.2% | 18.4% | p<0.001 | 84 | 21.4% | 66.7% | 11.9% | p<0.05 |
| Current household income | Living comfortably | 231 | 8.7% | 62.8% | 28.6% | | 151 | 12.6% | 64.9% | 22.5% | |
| | Coping | 261 | 11.1% | 72.8% | 16.1% | | 221 | 17.6% | 67.4% | 14.9% | |
| | Finding it difficult/very difficult | 98 | 34.7% | 59.2% | 6.1% | p<0.001 | 98 | 19.4% | 68.8% | 11.8% | NS |
| Educational attainment | None | 68 | 19.1% | 69.1% | 11.8% | | 89 | 23.6% | 64.0% | 12.4% | |
| | Entry/ Level 1 | 48 | 25.0% | 68.8% | 6.3% | | 39 | 25.6% | 59.0% | 15.4% | |
| | Level 2 | 74 | 18.9% | 67.6% | 13.5% | | 41 | 26.8% | 56.1% | 17.1% | |
| | Level 3 | 78 | 17.9% | 56.4% | 25.6% | | 67 | 11.9% | 76.1% | 11.9% | |
| | Level 4+ | 231 | 10.8% | 63.2% | 26.0% | | 138 | 10.1% | 68.8% | 21.0% | |
| | Other/foreign† | 93 | 6.5% | 78.5% | 15.1% | p<0.001 | 89 | 14.6% | 66.3% | 19.1% | NS |

* Prefer not to say: across area, n= 32; most deprived, n=33. ‡Retired, in full time education or other. †Foreign qualifications, vocational qualifications or other. P values represent chi-squared tests (see Section 2.6 for details).

3.14 Housing and household occupancy

Home ownership: The proportion of respondents who owned their own home (either outright, through a mortgage or shared ownership) was significantly lower in the most deprived sample of Haringey (25.1%) than the across area sample (35.3%, Table 32). Compared with the across area sample, a significantly greater proportion of Haringey respondents in the most deprived sample rented their home (70.4% vs 61.8%).

Low mental wellbeing was most common among those who owned their own home (10.1% across area, 11.2% most deprived, Table 35). The relationship between home ownership and mental wellbeing was significant in the across area sample ($p < 0.05$) but not for the most deprived sample.

Table 32. Home ownership in Haringey, 2015

| | Across area | Most deprived | Significant difference* |
|--------------------|-------------|---------------|-------------------------|
| Owns | 35.3% | 25.1% | Sig diff |
| Rents | 61.8% | 70.4% | Sig diff |
| Other [‡] | 2.9% | 4.5% | NS |

[‡]Residential home, student halls or other. *95% Confidence Intervals were examined to determine if differences between the two samples were significant. NS = no significant difference; Sig diff = a significant difference between results.

Housing satisfaction: The majority of Haringey respondents were either very satisfied with their housing (31.8 % across area, 27.3% most deprived) or fairly satisfied (46.0% across area, 49.7% most deprived, Table 33).

High mental wellbeing was most prevalent in respondents who were very satisfied with their housing (29.6% across area; 27.3% most deprived, Table 35), whilst low mental wellbeing was most prevalent in respondents who were very dissatisfied with their housing (38.1% across area; 50.0% most deprived). Across both samples, the relationship between mental wellbeing category and housing satisfaction was significant (across area, $p < 0.001$; most deprived, $p < 0.01$).

Table 33. Housing satisfaction in Haringey, 2015

| | Across area | Most deprived | Significant difference* |
|------------------------------------|-------------|---------------|-------------------------|
| Very satisfied | 31.8% | 27.3% | NS |
| Fairly satisfied | 46.0% | 49.7% | NS |
| Neither satisfied nor dissatisfied | 12.6% | 15.0% | NS |
| Fairly dissatisfied | 5.9% | 6.6% | NS |
| Very dissatisfied | 3.6% | 1.3% | NS |

*95% Confidence Intervals were examined to determine if differences between the two samples were significant. NS = no significant difference.

Household occupancy: In Haringey, respondents were mostly living as a family (30.7% across area; 24.6% most deprived, Table 34). Almost a quarter of respondents in the most deprived sample were living alone (24.1%), slightly higher than the across area sample (18.7%), however this difference was not significant.

Respondents who were lone parents were most likely to have low mental wellbeing (32.1% across area; 31.0% most deprived, Table 35). In the across area sample, those that lived in a family were most likely to have high mental wellbeing (27.3%), whilst in the most deprived sample it was those living in multiple adult households that were most likely to report high mental wellbeing (21.5%).

Table 34. Household occupancy in Haringey, 2015

| | Across area | Most deprived | Significant difference* |
|-----------------|-------------|---------------|-------------------------|
| Lives alone | 18.7% | 24.1% | NS |
| One other adult | 20.5% | 22.2% | NS |
| Multiple adults | 24.8% | 21.9% | NS |
| Family | 30.7% | 24.6% | NS |
| Lone parent | 5.2% | 7.1% | NS |

*95% Confidence Intervals were examined to determine if differences between the two samples were significant. NS = no significant difference.

Table 35. Wellbeing in Haringey by housing status, housing satisfaction and household occupancy, 2015

| | Across area | | | | | Most deprived | | | | | |
|-----------------------------|-------------------------|-----|-------|----------|-------|---------------|-----|-------|----------|-------|---------|
| | | N | Low | Moderate | High | p value | N | Low | Moderate | High | p value |
| Housing status | Owns | 208 | 10.1% | 63.9% | 26.0% | | 116 | 11.2% | 72.4% | 16.4% | |
| | Rents | 365 | 16.4% | 68.8% | 14.8% | | 328 | 18.3% | 65.2% | 16.5% | |
| | Other* | 17 | 17.6% | 47.1% | 35.3% | p<0.05 | 22 | 18.2% | 59.1% | 22.7% | NS |
| Housing satisfaction | Very satisfied | 186 | 5.9% | 64.5% | 29.6% | | 128 | 11.7% | 60.9% | 27.3% | |
| | Fairly satisfied | 273 | 14.3% | 68.9% | 16.8% | | 231 | 17.3% | 69.3% | 13.4% | |
| | Neither or dissatisfied | 131 | 26.0% | 64.1% | 9.9% | | 109 | 20.2% | 68.8% | 11.0% | |
| | Fairly dissatisfied | 36 | 27.8% | 61.1% | 11.1% | | 32 | 28.1% | 62.5% | 9.4% | |
| | Very dissatisfied | 21 | 38.1% | 61.9% | 0.0% | p<0.001 | 6 | 50.0% | 33.3% | 16.7% | p<0.01 |
| Household occupiers | Lives alone | 102 | 15.7% | 65.7% | 18.6% | | 101 | 16.8% | 70.3% | 12.9% | |
| | One other adult | 111 | 16.2% | 62.2% | 21.6% | | 92 | 15.2% | 65.2% | 19.6% | |
| | Multiple adults | 135 | 14.1% | 71.1% | 14.8% | | 93 | 12.9% | 65.6% | 21.5% | |
| | Family | 165 | 9.7% | 63.0% | 27.3% | | 105 | 17.1% | 63.8% | 19.0% | |
| | Lone parent | 28 | 32.1% | 67.9% | 0.0% | p<0.01 | 29 | 31.0% | 58.6% | 10.3% | NS |

*Residential home, student halls or other. P values represent chi-squared tests (see Section 2.6 for details).

3.15 Neighbourhood and community

Satisfaction with local area: The majority of Haringey respondents were either very (24.2% across area; 24.4% most deprived) or fairly satisfied with their local area (57.7% across area; 53.1% most deprived, Table 36).

There was a significant relationship between mental wellbeing and satisfaction with local area as a place to live. High mental wellbeing was most prevalent in respondents who were very satisfied with their local area (38.5% across area; 33.9% most deprived, Table 40) whilst low mental wellbeing was most prevalent in those who were dissatisfied (33.3% in both samples).

Table 36. Satisfaction with local area in Haringey, 2015

| | Across area | Most deprived | Significant difference* |
|------------------------------------|-------------|---------------|-------------------------|
| Very satisfied | 24.2% | 24.4% | NS |
| Fairly satisfied | 57.7% | 53.1% | NS |
| Neither satisfied nor dissatisfied | 11.4% | 15.8% | NS |
| Fairly dissatisfied | 4.2% | 4.4% | NS |
| Very dissatisfied | 2.5% | 2.3% | NS |

*95% Confidence Intervals were examined to determine if differences between the two samples were significant. NS = no significant difference.

Local influence: Respondents were asked: “Do you agree or disagree that you can influence decisions affecting your local area?”

A small proportion of Haringey respondents definitely agreed they could influence local decisions (3.5% across area; 3.2% most deprived), while the majority either tended to disagree (32.2% across area; 29.1% most deprived) or definitely disagreed (21.7% across area; 19.7% most deprived, Table 37). Table 37 shows that perceptions of one’s own levels of influence had a significant relationship with wellbeing ($p < 0.001$ across area; $p < 0.05$ most deprived). Respondents who definitely agreed that they could influence decisions were most likely to have high wellbeing (57.1% across area; 40.0% most deprived), however, in the across area sample they were also most likely to have low mental wellbeing (19.0%), while in the most deprived sample it was those who definitely disagreed that had the highest proportion of low mental wellbeing (24.7%).

Table 37. Influence on decisions affecting local area in Haringey, 2015

| | Across area | Most deprived | Significant difference* |
|---------------------|-------------|---------------|-------------------------|
| Definitely agree | 3.5% | 3.2% | NS |
| Tend to agree | 28.8% | 29.1% | NS |
| Tend to disagree | 32.2% | 35.2% | NS |
| Definitely disagree | 21.7% | 19.7% | NS |

Don’t know: across area, n=82; most deprived n=62. *95% Confidence Intervals were examined to determine if differences between the two samples were significant. NS = no significant difference.

Neighbourhood belonging: Respondents were asked how strongly they felt they belonged to their immediate neighbourhood. The majority of respondents felt ‘very strongly’ (20.9% across area; 16.3% most deprived) or ‘fairly strongly’ (47.2% across area; 45.7% most deprived, Table 38). There were no significant differences in responses between samples. There was a significant relationship between neighbourhood belonging and wellbeing (across area $p < 0.001$; most deprived $p < 0.01$, Table 40), with high wellbeing most likely in those who felt very strongly that they belonged to their immediate neighbourhood (40.5% across area; 31.1% most deprived).

Table 38. Neighbourhood belonging in Haringey, 2015

| | Across area | Most deprived | Significant difference* |
|---------------------|-------------|---------------|-------------------------|
| Very strongly | 20.9% | 16.3% | NS |
| Fairly strongly | 47.2% | 45.7% | NS |
| Not very strongly | 23.0% | 29.0% | NS |
| Not at all strongly | 6.5% | 5.6% | NS |

*95% Confidence Intervals were examined to determine if differences between the two samples were significant. NS = no significant difference.

Feelings of safety: Participants were asked three questions on how safe they felt outside during the day; outside after dark; and home alone at night. Five responses were available and were scored from one to five: very unsafe (1), fairly unsafe (2), not safe or unsafe (3), fairly safe (4) and very safe (5). Scores for all three question responses were summed; a score of 12 or above was grouped as very safe, scores between 8 and 11 were moderately safe, and scores of 7 or less were very unsafe. The majority of respondents across both samples felt very safe (64.9% across area; 63.9% most deprived, Table 39), while a small proportion felt very unsafe (6.3% across area; 8.1% most deprived).

There was a significant relationship between feelings of safety and reported wellbeing across both samples ($p < 0.001$, Table 40); low mental wellbeing was most prevalent in respondents who felt very unsafe (27.8% across area; 41.7% most deprived) whilst high mental wellbeing was most prevalent in those who felt very safe (21.9% across area; 21.8% most deprived).

Table 39. Feelings of safety in Haringey, 2015

| | Across area | Most deprived | Significant difference* |
|-----------------|-------------|---------------|-------------------------|
| Very safe | 64.9% | 63.9% | NS |
| Moderately safe | 28.8% | 27.8% | NS |
| Very unsafe | 6.3% | 8.1% | NS |

*95% Confidence Intervals were examined to determine if differences between the two samples were significant. NS = no significant difference; Sig diff = a significant difference between results.

Table 40. Wellbeing in Haringey by local area satisfaction, influence, neighbourhood belonging and feelings of safety, 2015

| | | Across area | | | | | Most deprived | | | | |
|---|----------------------|-------------|-------|----------|-------|---------|---------------|-------|----------|-------|---------|
| | | N | Low | Moderate | High | p value | N | Low | Moderate | High | p value |
| Local area satisfaction | Very satisfied | 143 | 3.5% | 58.0% | 38.5% | | 112 | 8.0% | 58.0% | 33.9% | |
| | Fairly satisfied | 337 | 15.7% | 71.8% | 12.5% | | 246 | 15.0% | 71.5% | 13.4% | |
| | Neither/dissatisfied | 108 | 23.1% | 61.1% | 15.7% | | 104 | 28.8% | 64.4% | 6.7% | |
| | Fairly dissatisfied | 26 | 15.4% | 57.7% | 26.9% | | 72 | 25.0% | 68.1% | 6.9% | |
| | Very dissatisfied | 15 | 33.3% | 60.0% | 6.7% | p<0.001 | 21 | 33.3% | 57.1% | 9.5% | p<0.001 |
| Can influence decisions in local area* | Definitely agree | 21 | 19.0% | 23.8% | 57.1% | | 15 | 13.3% | 46.7% | 40.0% | |
| | Tend to agree | 171 | 13.5% | 62.6% | 24.0% | | 133 | 12.0% | 70.7% | 17.3% | |
| | Tend to disagree | 189 | 14.3% | 74.1% | 11.6% | | 164 | 15.9% | 71.3% | 12.8% | |
| | Definitely disagree | 128 | 10.9% | 70.3% | 18.8% | p<0.001 | 93 | 24.7% | 62.4% | 12.9% | p<0.05 |
| Neighbourhood belonging[‡] | Very strongly | 121 | 5.0% | 54.5% | 40.5% | | 74 | 13.5% | 55.4% | 31.1% | |
| | Fairly strongly | 283 | 13.1% | 72.1% | 14.8% | | 211 | 13.3% | 71.6% | 15.2% | |
| | Not very strongly | 136 | 17.6% | 69.1% | 13.2% | | 134 | 20.1% | 70.1% | 9.7% | |
| | Not at all strongly | 39 | 28.2% | 61.5% | 10.3% | p<0.001 | 27 | 33.3% | 48.1% | 18.5% | p<0.01 |
| Feelings of safety | Very Safe | 374 | 11.2% | 66.8% | 21.9% | | 289 | 8.7% | 69.6% | 21.8% | |
| | Moderately Safe | 167 | 18.6% | 68.3% | 13.2% | | 128 | 25.0% | 66.4% | 8.6% | |
| | Very Unsafe | 36 | 27.8% | 63.9% | 8.3% | p<0.001 | 36 | 41.7% | 55.6% | 2.8% | p<0.001 |

*Don't know: across area, n=80; most deprived n=57. [‡] Don't know: across area, n=13; most deprived n=16. P values represent chi-squared tests (see Section 2.6 for details).

3.16 Social capital

Method for generating social capital scores

Scores for five key aspects of social capital were created using the Office for National Statistics information on measuring social capital as a template.²⁰ The five areas were:

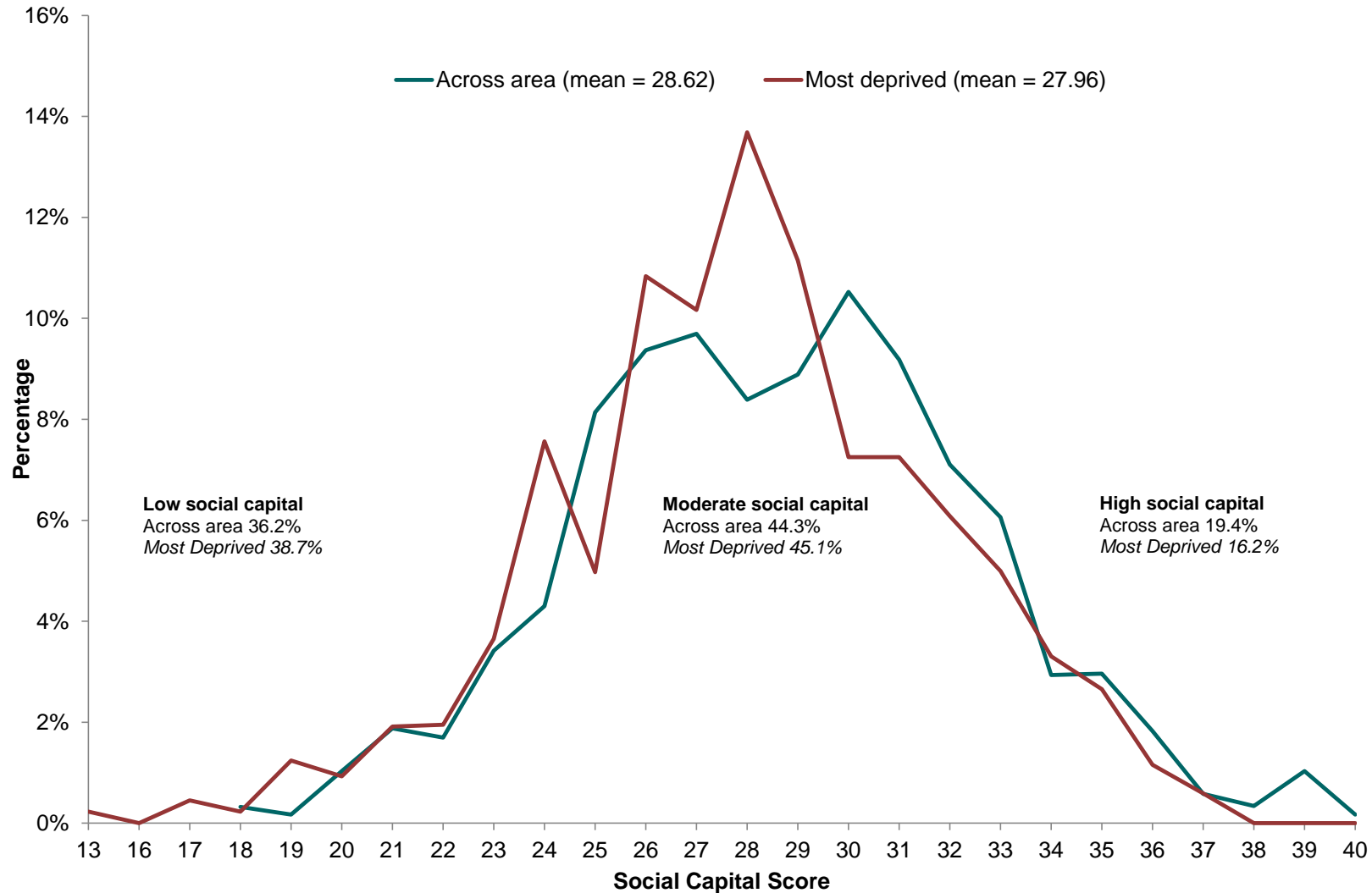
- social participation: variety and breadth of participation in community organisations
- social networks: frequency of contact with friends, relatives or neighbours, social support and social satisfaction
- social cohesion: length of residence in local area, sense of belonging to neighbourhood and trust
- civic participation: perception of local influence and life satisfaction
- local area views: satisfaction with local area and perception of safety in local area

Details of the questions used for each area can be found in Appendix D.

Once a score for each aspect of social capital was determined, weighting was applied to provide scores out of 10. All five were then summed to provide a proxy measure of social capital. The social capital variable was then categorised into low (less than 27), moderate (greater than or equal to 27 and less than 32) and high (greater than or equal to 32).

Figure 8 displays the distribution of social capital scores across Haringey. Over one third of respondents were categorised as low social capital (36.2% across area; 38.7% most deprived), 44.3% across area and 45.1% in the most deprived sample had moderate social capital scores, whilst 19.4% across area and 16.2% in the most deprived sample were categorised as having high social capital. The mean social capital score was 28.62 across area and 27.96 for the most deprived sample. There was no significant difference between the two mean social capital scores.

Figure 8. Proportion of respondents with low, moderate or high social capital, Haringey 2015



Age, gender and deprivation all had a significant relationship with social capital category in the across area sample (Table 41). For the most deprived sample, age showed a significant relationship with social capital. High social capital was most

common among those aged 65 years and over (39.3% across area; 29.8% most deprived). In the across area sample, females were significantly more likely to have low social capital than males (41.8% vs 30.4%; $p < 0.01$). The reverse was true in the most deprived sample, however, this difference was not significant. The across area sample also reveals a significant relationship between social capital and deprivation, with low social capital increasing with increasing deprivation.

Table 41. Social capital by age, gender and deprivation in Haringey, 2015

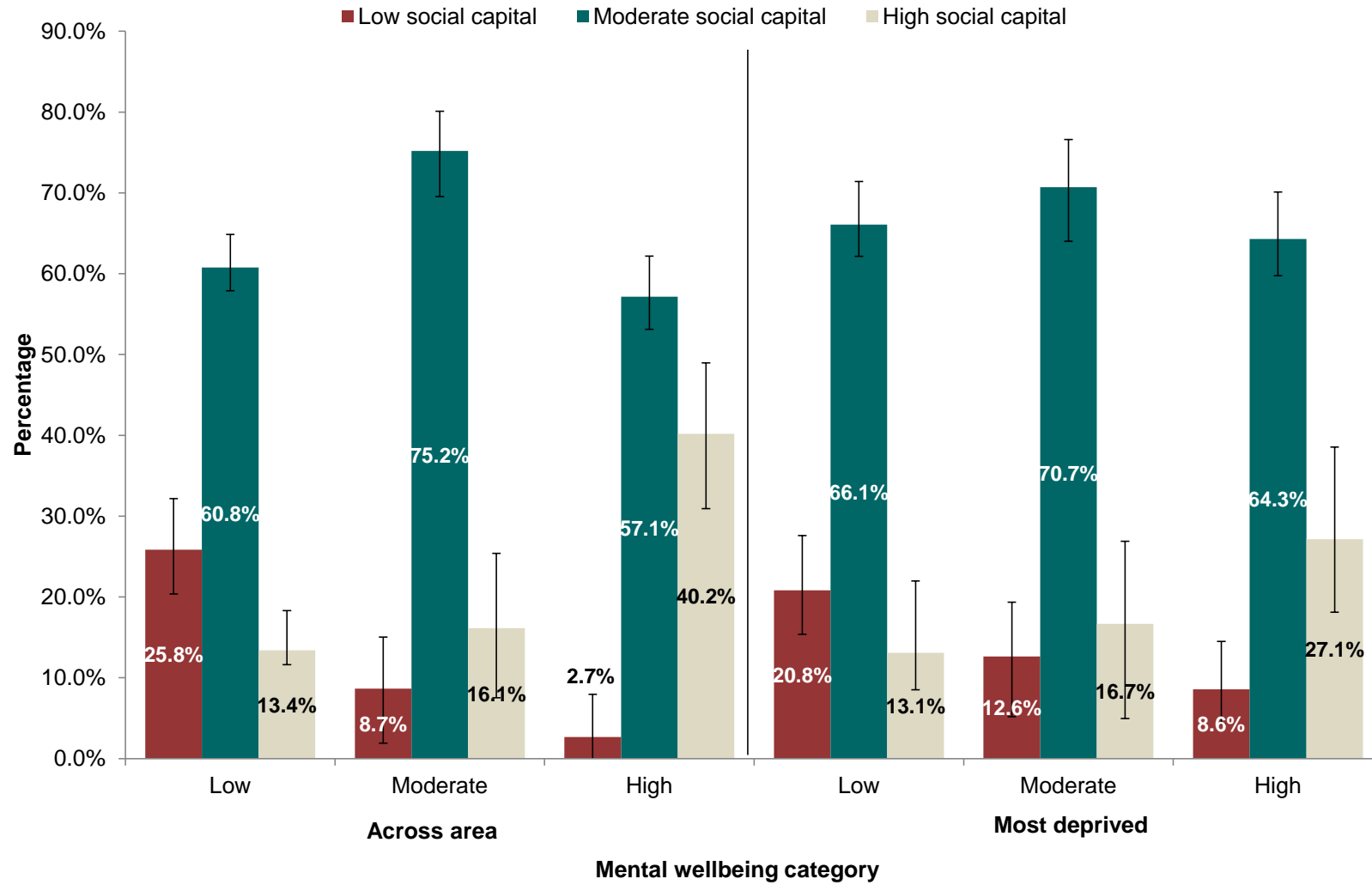
| | Across area | | | | | Most deprived | | | | | |
|---------------|-------------------|-----|-------|----------|-------|---------------|-----|-------|----------|-------|------------|
| | | N | Low | Moderate | High | p value | N | Low | Moderate | High | p value |
| Age | 16-24 | 84 | 54.8% | 35.7% | 9.5% | | 69 | 39.1% | 55.1% | 5.8% | |
| | 25-39 | 224 | 44.2% | 47.3% | 8.5% | | 178 | 43.8% | 44.4% | 11.8% | |
| | 40-54 | 162 | 25.9% | 40.7% | 33.3% | | 115 | 40.0% | 38.3% | 21.7% | |
| | 55-64 | 52 | 36.5% | 48.1% | 15.4% | | 43 | 32.6% | 44.2% | 23.3% | |
| | 65+ | 61 | 9.8% | 50.8% | 39.3% | $p < 0.001$ | 47 | 21.3% | 48.9% | 29.8% | $p < 0.01$ |
| Gender | Male | 283 | 30.4% | 46.6% | 23.0% | | 223 | 42.2% | 44.4% | 13.5% | |
| | Female | 299 | 41.8% | 42.1% | 16.1% | $p < 0.01$ | 227 | 35.2% | 45.8% | 18.9% | NS |
| IMD* | Least deprived | 64 | 23.4% | 45.3% | 31.3% | | | | | | |
| | 4th most deprived | 146 | 21.9% | 48.6% | 29.5% | | | | | | |
| | 3rd most deprived | 100 | 38.0% | 42.0% | 20.0% | | | | | | |
| | 2nd most deprived | 91 | 46.2% | 38.5% | 15.4% | | | | | | |
| | Most deprived | 182 | 46.2% | 44.5% | 9.3% | $p < 0.001$ | 450 | 38.7% | 45.1% | 16.2% | |

* IMD= Index of Multiple Deprivation. P values represent chi-squared tests (see Section 2.6 for details).

Social capital and mental wellbeing

There was a significant relationship between social capital and mental wellbeing in Haringey, both across area ($p < 0.001$) and for the most deprived sample ($p < 0.05$; Figure 9). Across both samples, low mental wellbeing was most common among those with low social capital (25.8% across area; 20.8% most deprived).

Figure 9. Level of social capital by WEMWBS category, Haringey 2015



4. Summary

4.1 Mental wellbeing and its associations in Haringey

Results from the 2015 Haringey Mental Wellbeing Survey show that there was no significant difference in the average WEMWBS score across the two samples that were surveyed.^m However, there were a number of variables for which there were significant differences in responses; for example respondents in the most deprived sample were significantly more likely to have low levels of trust, have no qualifications, and to rent, rather than own their home than those in the across area sample. In addition, they were less likely to report being in 'good' health, spending leisure time outdoors on a daily basis or meeting with family and friends daily.

A number of different variables displayed a significant relationship with mental wellbeing in Haringey. Of the demographic factors, both age and gender had a significant impact, with levels of low mental wellbeing highest among those aged 16 to 24 in the across area sample, and among the 65 and over group in the most deprived sample.

As self-perceived general health and health state score improved so did mental wellbeing, and a higher number of medical conditions resulted in worse mental wellbeing. Feeling satisfied with life was also an important indicator of mental wellbeing, with those reporting low life satisfaction being most likely to report low mental wellbeing. This was also true of sense of worth, with the lowest levels of mental wellbeing seen among those who reported that they had a low sense of worth.

Lifestyle and leisure were both significantly associated with mental wellbeing. Respondents who felt they had time to do things they enjoyed, and those who spent more leisure time outdoors were both more likely to have high and less likely to have low mental wellbeing. Lower risk drinkers had better wellbeing than abstainers and increasing/higher risk drinkers, whilst increasing physical activity (across area sample only) and less time spent sitting or reclining were associated with significantly higher levels of mental wellbeing.

Social connections and networks displayed an important association. For example, in the across area sample, respondents who were very satisfied with their personal relationships were nearly 11 times less likely to have low mental wellbeing than those who were very dissatisfied. Having more frequent social interaction with friends and family was associated with better mental wellbeing. Respondents who were well socially supported were almost four times less likely to have low wellbeing than those who had little support in the across

^m Primary 'across area' sample and boost 'most deprived' sample.

area sample and over two times less likely in the most deprived sample. In addition, those with high levels of trust were two times more likely to have high wellbeing in the across area sample, increasing to four times more likely in the most deprived sample.

Childhood experiences were also important; respondents who had happier childhoods and those that experienced a childhood free from violence had higher mental wellbeing.

Being employed had a positive impact on mental wellbeing, whilst those who could not work due to sickness or disability, those struggling on their current income and those with no educational qualifications were all more likely to report low wellbeing.

Respondents' satisfaction with their local area and housing were both significantly associated with mental wellbeing. Respondents who owned their home were less likely to have low mental wellbeing compared to those who rented, while those who were very satisfied with their home had the highest levels of mental wellbeing. Those who felt strongly that they belonged to their neighbourhood and those who were very satisfied with their local area were least likely to have low mental wellbeing and most likely to have high. Respondents who felt very safeⁿ were almost three times more likely to have high mental wellbeing in the across area sample, and eight times more likely in the most deprived sample.

The proxy measure of social capital developed and used in this survey is useful to show the proportion of the population with low, moderate and high social capital. Social capital was shown to have a significant relationship with mental wellbeing; as level of social capital increased, the prevalence of low mental wellbeing fell significantly and the prevalence of high mental wellbeing increased. Respondents who were young (aged 16 to 24 in the across area sample; aged 25 to 39 in the most deprived sample) and those from the most deprived quintiles had the lowest levels of social capital.

4.3 Limitations

A number of limitations exist when examining the results. It is important to recognise that these data do not confirm causality. For example, healthy lifestyle behaviours are positively associated with mental wellbeing, however, it is not possible to determine whether people with high mental wellbeing are more likely to have healthy behaviours or whether healthy behaviours lead individuals to have higher mental wellbeing.

Additionally, care must be taken when the effects of factors on mental wellbeing conflict with health messages. For example, respondents who drank alcohol at lower risk had better mental wellbeing than those who were abstainers. In this instance, it is important

ⁿ A 'feelings of safety' score generated from questions about how safe respondents felt; outside during the day, outside after dark and home alone at night.

to consider whether the effect is real or caused by confounders; are respondents who abstain from alcohol more likely to have low mental wellbeing due to other factors (for example, poor health)?

4.4 Next steps

These data provide a unique opportunity to determine the local factors important to mental wellbeing. For example, employment status is an important contributor to mental wellbeing; employed individuals display the greatest levels of mental wellbeing, while for individuals who cannot work due to permanent sickness or disability there is a significant deterioration in mental wellbeing.

In discussion with Haringey Public Health Team, the following actions have been proposed for consideration by Haringey Council:

- to continue to measure improvements in population mental wellbeing in Haringey through routine monitoring of the average WEMWBS score
- to ensure that all public policy in Haringey enhances mental wellbeing and mitigates against any adverse impacts, through using Health In All Policies Approaches (HiAP), Health Impact Assessment or Mental Wellbeing Impact Assessment and mental wellbeing outcome measurement
- for Haringey's health and wellbeing board to lead strategic direction on improving mental wellbeing across the local authority via the implementation of evidence-based interventions and integrated approaches across sectors and the life course
- to focus attention on the significant impact that relationships and social support have on health and wellbeing, through furthering understanding of its contribution to healthy life expectancy and implementing evidence based approaches with families and communities
- to integrate mental wellbeing into all physical health pathways, considering interventions during prevention, treatment, recovery and condition management, including the measurement of mental wellbeing outcomes using WEMWBS
- to value social capital as an asset within the communities and invest in community development to build social capital, especially within the most deprived communities and using intergenerational approaches
- to continue to develop our understanding of the determinants of mental wellbeing and how mental wellbeing is linked to other social outcomes

5. Appendices

5.1 Appendix A: Survey questionnaire

15075 Haringey Mental Wellbeing Survey 2015

Good morning/afternoon/evening. My name is xxxxxxx and I am calling from M-E-L Research on behalf of Haringey local authority who are responsible for the health services across your area. We are conducting a survey on their behalf to help your local health service better understand how they can help people improve their overall wellbeing and live happier, healthier lives.

It will not be possible for Haringey to identify you from the answers that you give. You can fill in your answers privately using the tablet if you wish and all information that you provide will be treated confidentially. If you do not wish to answer a question you do not have to and you can stop the survey at any time. Anything you tell us will not be shared with any organisations other than Public Health England and Haringey local authority in an anonymous format.

Would you be happy to take part?

Please enter your MEL ID

SECTION A: YOUR LOCAL AREA

Q1 How many years have you lived in this local area? **NOTE:** local area is defined as area within 15-20 minutes walking distance from home

- Less than 1 year
- 1 year but less than 2 years
- 2 years but less than 5 years
- 5 years but less than 10 years
- 10 years or more

Q2 Overall how satisfied or dissatisfied are you with your local area as a place to live? **NOTE:** local area is defined as area within 15-20 minutes walking distance from home

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied

Q3 How strongly do you feel you belong to your immediate neighbourhood? **NOTE:** nearer to home than previous question

- Very strongly
- Fairly strongly
- Not very strongly
- Not at all strongly
- Don't know

Q4 Do you join in the activities of any of the following organisations, on a regular basis? **[Select all that apply]**

- | | |
|---|--|
| <input type="checkbox"/> Political parties | <input type="checkbox"/> Support/Self-help group |
| <input type="checkbox"/> Trade Unions (including student unions) | <input type="checkbox"/> Group for elderly people (eg lunch clubs) |
| <input type="checkbox"/> Environmental group | <input type="checkbox"/> Youth group (eg Scouts, Guides, Youth Clubs, etc) |
| <input type="checkbox"/> Credit Union | <input type="checkbox"/> Women's Group |
| <input type="checkbox"/> Parents'/School Association | <input type="checkbox"/> Social club/working men's club |
| <input type="checkbox"/> Parenting support group/mums and toddlers group | <input type="checkbox"/> Sports club/sports group (e.g. swimming, Zumba) |
| <input type="checkbox"/> Tenants'/Residents' group or Neighbourhood Watch | <input type="checkbox"/> Slimming Group (eg Weight Watchers, Slimming World) |
| <input type="checkbox"/> Education, arts or music group/evening class | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Choir, reading groups/book club | <input type="checkbox"/> Other |
| <input type="checkbox"/> Religious group or church organisation | |

Other, please specify

Q5 In the past twelve months, have you done any volunteer work for any groups, clubs or organisations? By volunteering, we mean any unpaid work done to help people besides your family or friends or people you work with.

- Yes
- No

Q6 Do you agree or disagree that you can influence decisions affecting your local area?

- Definitely agree
- Tend to agree
- Tend to disagree
- Definitely disagree
- Don't know

Q7 How safe or unsafe do you feel when...?

| | Very safe | Fairly safe | Neither safe nor unsafe | Fairly unsafe | Very unsafe | Don't know |
|------------------------|-----------------------|-----------------------|-------------------------|-----------------------|-----------------------|-----------------------|
| Outside after dark | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Outside during the day | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Home alone at night

SECTION B: YOUR FEELINGS AND RELATIONSHIPS

Q8 Below are some statements about feelings and thoughts. Please tick the box that best describes your experience for each statement over the past two weeks.

| | None of the time | Rarely | Some of the time | Often | All of the time |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I've been feeling optimistic about the future | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I've been feeling useful | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I've been feeling relaxed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I've been dealing with problems well | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I've been thinking clearly | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I've been feeling close to other people | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I've been able to make up my own mind about things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q9 Overall, how satisfied are you with your life nowadays?

- 0- Not at all satisfied
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10- Completely satisfied
 Don't know

Q 10 Overall, to what extent do you feel the things you do in your life are worthwhile?

- 0- Not at all worthwhile
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10- Completely worthwhile
 Don't know

Q 11 Overall, how happy did you feel yesterday?

- 0- Not at all happy
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10- Completely happy
 Don't know

Q 12 On a scale where nought is 'not at all anxious' and 10 is 'completely anxious', overall, how anxious did you feel yesterday?

- 0- Not at all anxious
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10- Completely anxious
 Don't know

Q 13 Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people? Please give a score of 0 to 10, where 0 means you can't be too careful and 10 means that most people can be trusted.

- 0- Can't be too careful
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10- Most people can be trusted

Q 14 How often do you talk to any of your neighbours? NOTE: This does not include anyone who lives in your home such as flatmates
Is it . . .

- On most days
 Once or twice a week
 Once or twice a month
 Less often than once a month
 Never

Q 15 We would like to ask how often you meet people, whether at your home or elsewhere. How often do you meet friends or relatives who are not living with you?
Is it . . .

- On most days
 Once or twice a week
 Once or twice a month
 Less often than once a month
 Never

Q 16 I am going to read a list of situations where people might need help. For each one, could you tell me if you would ask anyone for help?

| | Yes | No | Don't know / it depends |
|--|-----------------------|-----------------------|-------------------------|
| You need a lift to be somewhere urgently | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You are ill in bed and need help at home | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You are in financial difficulty and need to borrow £100 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If you had a serious personal crisis, do you have people you feel you could turn to for comfort and support? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q 17 All things considered, how satisfied are you with your personal relationships?

- Very satisfied
 Fairly satisfied
 Neither satisfied nor dissatisfied
 Fairly dissatisfied
 Very dissatisfied
 Don't know

Q 18 To what extent do you agree that you have time to do the things that you really enjoy?

- Definitely agree
 Tend to agree
 Tend to disagree
 Definitely disagree
 Don't know

Q 19 Thinking about the last 12 months, how often, on average, have you spent your leisure time out of doors?

By out of doors we mean open spaces in and around towns and cities, the coast and the countryside. This could be anything from a few minutes to all day. It may include time spent in your own garden, time spent close to your home, further afield or while on holiday. However this does not include routine shopping trips.

- | | |
|--|---|
| <input type="radio"/> More than once per day | <input type="radio"/> Once or twice a month |
| <input type="radio"/> Every day | <input type="radio"/> Once every 2-3 months |
| <input type="radio"/> Several times a week | <input type="radio"/> Once or twice a year |
| <input type="radio"/> Once a week | <input type="radio"/> Never |

Q 20 Overall how happy would you say your childhood was on a scale of 1 to 10 where 1 is extremely unhappy and 10 is extremely happy?

- | | | | | |
|---|-------------------------|-------------------------|---|----------------------------------|
| <input type="radio"/> 1 - Extremely unhappy | <input type="radio"/> 3 | <input type="radio"/> 6 | <input type="radio"/> 9 | <input type="radio"/> Don't know |
| <input type="radio"/> 2 | <input type="radio"/> 4 | <input type="radio"/> 7 | <input type="radio"/> 10- Extremely happy | |
| | <input type="radio"/> 5 | <input type="radio"/> 8 | | |

Q 21 Overall how violent would you say your home life as a child was on a scale of 1 to 10 where 1 is free from all violence and 10 is very violent? This includes violence you may have witnessed at home, not just been directly involved with.

- | | | | | |
|--|-------------------------|-------------------------|--|----------------------------------|
| <input type="radio"/> 1 - Free from all violence | <input type="radio"/> 3 | <input type="radio"/> 6 | <input type="radio"/> 9 | <input type="radio"/> Don't know |
| <input type="radio"/> 2 | <input type="radio"/> 4 | <input type="radio"/> 7 | <input type="radio"/> 10- Very violent | |
| | <input type="radio"/> 5 | <input type="radio"/> 8 | | |

SECTION C: ABOUT YOUR HEALTH

Q 22 How is your health in general? Would you say it is....

- Very good Good Fair Bad Very bad Don't know

Q 23 For each following category please indicate which statement best describes your own health today.

CODE ONE OPTION FOR EACH CATEGORY

Mobility

- | | | |
|---|---|--|
| <input type="radio"/> I have no problems in walking about | <input type="radio"/> I have some problems in walking about | <input type="radio"/> I am confined to bed |
|---|---|--|

Self-care

- | | | |
|---|---|---|
| <input type="radio"/> I have no problems with self-care | <input type="radio"/> I have some problems washing or dressing myself | <input type="radio"/> I am unable to wash or dress myself |
|---|---|---|

Usual Activities (e.g. work, study, housework, family or leisure activities)

- | | | |
|--|--|--|
| <input type="radio"/> I have no problems with performing my usual activities | <input type="radio"/> I have some problems with performing my usual activities | <input type="radio"/> I am unable to perform my usual activities |
|--|--|--|

Pain / Discomfort

- | | | |
|--|--|---|
| <input type="radio"/> I have no pain or discomfort | <input type="radio"/> I have moderate pain or discomfort | <input type="radio"/> I have extreme pain or discomfort |
|--|--|---|

Anxiety / Depression

- I am not anxious or depressed
 I am moderately anxious or depressed
 I am extremely anxious or depressed

Q 24 Has a doctor or nurse ever told you that you have any of the following

| | Yes | No |
|--|-----------------------|-----------------------|
| High blood pressure (hypertension) | <input type="radio"/> | <input type="radio"/> |
| Angina | <input type="radio"/> | <input type="radio"/> |
| Coronary Heart Disease or heart attack | <input type="radio"/> | <input type="radio"/> |
| Stroke | <input type="radio"/> | <input type="radio"/> |
| Asthma | <input type="radio"/> | <input type="radio"/> |
| Respiratory Disease such as Chronic bronchitis/ Emphysema/ Chronic Obstructive Pulmonary Disease | <input type="radio"/> | <input type="radio"/> |
| Diabetes | <input type="radio"/> | <input type="radio"/> |
| Digestive disease such as gastritis, ulcer, Crohn's disease, colitis | <input type="radio"/> | <input type="radio"/> |
| Liver disease | <input type="radio"/> | <input type="radio"/> |
| Cancer | <input type="radio"/> | <input type="radio"/> |
| Depression, anxiety or stress | <input type="radio"/> | <input type="radio"/> |

Q24 How many years ago were you first told? (please write in number of years rather than date when told)

| | |
|--|----------------------|
| High blood pressure (hypertension) | <input type="text"/> |
| Angina | <input type="text"/> |
| Coronary Heart Disease or heart attack | <input type="text"/> |
| Stroke | <input type="text"/> |
| Asthma | <input type="text"/> |
| Respiratory Disease such as Chronic bronchitis/ Emphysema/ Chronic Obstructive Pulmonary Disease | <input type="text"/> |
| Diabetes | <input type="text"/> |
| Digestive disease such as gastritis, ulcer, Crohn's disease, colitis | <input type="text"/> |
| Liver disease | <input type="text"/> |
| Cancer | <input type="text"/> |
| Depression, anxiety or stress | <input type="text"/> |

Q Are you taking medication for this?

| 24 | Yes | No |
|--|-----------------------|-----------------------|
| High blood pressure (hypertension) | <input type="radio"/> | <input type="radio"/> |
| Angina | <input type="radio"/> | <input type="radio"/> |
| Coronary Heart Disease or heart attack | <input type="radio"/> | <input type="radio"/> |
| Stroke | <input type="radio"/> | <input type="radio"/> |
| Asthma | <input type="radio"/> | <input type="radio"/> |
| Respiratory Disease such as Chronic bronchitis/ Emphysema/ Chronic Obstructive Pulmonary Disease | <input type="radio"/> | <input type="radio"/> |
| Diabetes | <input type="radio"/> | <input type="radio"/> |
| Digestive disease such as gastritis, ulcer, Crohn's disease, colitis | <input type="radio"/> | <input type="radio"/> |
| Liver disease | <input type="radio"/> | <input type="radio"/> |
| Cancer | <input type="radio"/> | <input type="radio"/> |
| Depression, anxiety or stress | <input type="radio"/> | <input type="radio"/> |

Q Do you care for someone with long term ill health OR problems related to old age, other than as part of your job? And if so, for how many hours?

25

No
 Yes, 1-19 hours a week
 Yes, 20-49 hours a week
 Yes, 50+ hours a week

Q Does this person live in your home?

25a No Yes

SECTION D: LIFESTYLES AND LIFE EVENTS

Q In the past week, on how many days have you accumulated at least 30 minutes of moderate intensity physical activity such as brisk walking, cycling, sport, exercise, and active recreation? (Do not include walking at a slow or normal pace).

26

0 days
 1 day
 2 days
 3 days
 4 days
 5 days
 6 days
 7 days
 Don't know / prefer not to say

Now we would like to ask you about the times when you are not being physically active; when you are sitting or reclining at work and at home. This may be when you are sat in front of a computer or television, or listening to music. Do not include the time you spend sleeping.

Q27 Not including the time you spend sleeping, how much time do you usually spend sitting or reclining on a typical day?

Hours (WRITE IN NUMBER)

Minutes (WRITE IN NUMBER)

Q 28 Smoking - which best describes you?

- I have never smoked
- I used to smoke occasionally but do not smoke at all now
- I used to smoke daily but do not smoke at all now
- I smoke occasionally but not daily
- I smoke daily
- Prefer not to say

Q 29 Which of these factors is stopping you from quitting smoking? (select all that apply)

- I do not want to quit
- My spouse/partner smokes
- My friends smoke
- Life is too stressful / just not a good time
- Couldn't cope with the cravings
- Would miss the habit / something to do with my hands
- Worried about putting on weight
- Lack of commitment to quitting
- Other (specify)
- Don't know

Other, please specify

Q 30 How often do you drink alcohol?

- I have never drunk alcohol
- Never - I used to drink alcohol but have now given up
- Less than once a month
- 1 or 2 times a month
- Weekly
- 2-4 times a week
- Daily (or almost)
- Prefer not to say

Q 31 Which of these are the reasons you drink? (select all that apply)

- It helps me to relax and unwind
- It makes socialising more fun
- It gives me confidence
- It goes well with food
- It relieves boredom
- It helps me to forget my problems
- Other reason
- Don't know / prefer not to say

Other, please specify

Q Of these, which is the one main reason you drink?

- 31b
- | | |
|---|---|
| <input type="radio"/> It helps me to relax and unwind | <input type="radio"/> It relieves boredom |
| <input type="radio"/> It makes socialising more fun | <input type="radio"/> It helps me to forget my problems |
| <input type="radio"/> It gives me confidence | <input type="radio"/> Other reason |
| <input type="radio"/> It goes well with food | <input type="radio"/> Don't know |

Q Did you drink alcohol in the last week?

- 32 Yes No

INTERVIEWER NOTE: DOUBLE CHECK WITH THE RESPONDENT IF HE/SHE DOES DRINK ALCOHOL ON A DAILY OR ALMOST DAILY BASIS

Q Did you drink alcohol on...?

| 32 | Yes | No |
|-----------|-----------------------|-----------------------|
| Monday | <input type="radio"/> | <input type="radio"/> |
| Tuesday | <input type="radio"/> | <input type="radio"/> |
| Wednesday | <input type="radio"/> | <input type="radio"/> |
| Thursday | <input type="radio"/> | <input type="radio"/> |
| Friday | <input type="radio"/> | <input type="radio"/> |
| Saturday | <input type="radio"/> | <input type="radio"/> |
| Sunday | <input type="radio"/> | <input type="radio"/> |

Q32 **MONDAY** If so, what did you drink? Please complete the table below, entering the number of drinks in the spaces provided

| | |
|---|----------------------|
| Pints of low alcoholic beer/lager/cider | <input type="text"/> |
| Pints of normal strength beer/lager/stout/cider | <input type="text"/> |
| Pints of strong beer/lager/cider | <input type="text"/> |
| Bottles of alcopops (330ml) | <input type="text"/> |
| Single glasses of spirits (25ml) | <input type="text"/> |
| Standard glasses of wine (175ml) | <input type="text"/> |
| Single glasses of fortified wine e.g. sherry/port/martini | <input type="text"/> |

Q32 **TUESDAY** If so, what did you drink? Please complete the table below, entering the number of drinks in the spaces provided

| | |
|---|----------------------|
| Pints of low alcoholic beer/lager/cider | <input type="text"/> |
| Pints of normal strength beer/lager/stout/cider | <input type="text"/> |
| Pints of strong beer/lager/cider | <input type="text"/> |
| Bottles of alcopops (330ml) | <input type="text"/> |

| | |
|---|----------------------|
| Single glasses of spirits (25ml) | <input type="text"/> |
| Standard glasses of wine (175ml) | <input type="text"/> |
| Single glasses of fortified wine e.g. sherry/port/martini | <input type="text"/> |

Q32 WEDNESDAY If so, what did you drink? Please complete the table below, entering the number of drinks in the spaces provided

| | |
|---|----------------------|
| Pints of low alcoholic beer/lager/cider | <input type="text"/> |
| Pints of normal strength beer/lager/stout/cider | <input type="text"/> |
| Pints of strong beer/lager/cider | <input type="text"/> |
| Bottles of alcopops (330ml) | <input type="text"/> |
| Single glasses of spirits (25ml) | <input type="text"/> |
| Standard glasses of wine (175ml) | <input type="text"/> |
| Single glasses of fortified wine e.g. sherry/port/martini | <input type="text"/> |

Q32 THURSDAY If so, what did you drink? Please complete the table below, entering the number of drinks in the spaces provided

| | |
|---|----------------------|
| Pints of low alcoholic beer/lager/cider | <input type="text"/> |
| Pints of normal strength beer/lager/stout/cider | <input type="text"/> |
| Pints of strong beer/lager/cider | <input type="text"/> |
| Bottles of alcopops (330ml) | <input type="text"/> |
| Single glasses of spirits (25ml) | <input type="text"/> |
| Standard glasses of wine (175ml) | <input type="text"/> |
| Single glasses of fortified wine e.g. sherry/port/martini | <input type="text"/> |

Q32 FRIDAY If so, what did you drink? Please complete the table below, entering the number of drinks in the spaces provided

| | |
|---|----------------------|
| Pints of low alcoholic beer/lager/cider | <input type="text"/> |
| Pints of normal strength beer/lager/stout/cider | <input type="text"/> |
| Pints of strong beer/lager/cider | <input type="text"/> |
| Bottles of alcopops (330ml) | <input type="text"/> |
| Single glasses of spirits (25ml) | <input type="text"/> |
| Standard glasses of wine (175ml) | <input type="text"/> |
| Single glasses of fortified wine e.g. sherry/port/martini | <input type="text"/> |

Q32 SATURDAY If so, what did you drink? Please complete the table below, entering the number of drinks in the spaces provided

| | |
|---|----------------------|
| Pints of low alcoholic beer/lager/cider | <input type="text"/> |
| Pints of normal strength beer/lager/stout/cider | <input type="text"/> |
| Pints of strong beer/lager/cider | <input type="text"/> |
| Bottles of alcopops (330ml) | <input type="text"/> |
| Single glasses of spirits (25ml) | <input type="text"/> |
| Standard glasses of wine (175ml) | <input type="text"/> |
| Single glasses of fortified wine e.g. sherry/port/martini | <input type="text"/> |

Q32 SUNDAY If so, what did you drink? Please complete the table below, entering the number of drinks in the spaces provided

| | |
|---|----------------------|
| Pints of low alcoholic beer/lager/cider | <input type="text"/> |
| Pints of normal strength beer/lager/stout/cider | <input type="text"/> |
| Pints of strong beer/lager/cider | <input type="text"/> |
| Bottles of alcopops (330ml) | <input type="text"/> |
| Single glasses of spirits (25ml) | <input type="text"/> |
| Standard glasses of wine (175ml) | <input type="text"/> |
| Single glasses of fortified wine e.g. sherry/port/martini | <input type="text"/> |

Q 33 How often do you have six or more drinks in one session?

NOTE: A single drink is a half pint of regular beer, lager or cider, a small glass of wine, a single measure of spirits, or a small glass of sherry ([click here for a visual definition](#)). A session refers to that period of time of drinking alcohol.

- Never
 Less than monthly
 1 or 2 times a month
 Weekly
 2-4 times a week
 Daily (or almost)

Q 34 How often, if ever, have you taken cannabis?

- Never
 Used, but not in last 12 months
 Used in the past 12 months
 Used in the past month
 Prefer not to say

Q 35 Which of these phrases comes closest to describing your feeling about your household income these days?

- Living comfortably on present income
 Coping on present income
 Finding it difficult on present income
 Finding it very difficult on present income

Q 36 How often would you say you have been worried about money during the last few weeks?

- Almost all the time
 Quite often
 Only sometimes
 Never

Q 37 Compared to a year ago, would you say that financially you are currently...?
 Better off Worse off About the same Prefer not to say

Q 38 Looking ahead, how do you think you yourself will be financially a year from now, will you be...?
 Better off than now Worse off than now About the same Prefer not to say

SECTION E: ABOUT YOURSELF

Q 39 What term do you usually use to describe your sexual identity?
 Lesbian/Gay Bisexual Heterosexual Other Prefer not to say

Q 40 Are you currently in a long term sexual relationship?
 Yes No Prefer not to say

Q 41 Have you been pregnant, or got someone pregnant in the last 12 months?
 Yes No Prefer not to say

We would like to find out a little bit about the people who live with you in your household. If you live alone, then we only need information about yourself. If you have other people living with you, please complete the following questions for ALL household members.

Q 42 Including yourself, how many people live in your household?
 1 2 3 4 5 6 7 8 9 10 11 12 Prefer not to say

Q 43 How old are you? Please write in a number, e.g. 45

Q 44 Are you male or female?
 Male Female

Q 45 Are you aged over 18?
 Yes No

Q Which of the following best describes your working status?

46

NOTE: Full time is typically described as 35 hours or more, and part time would be less than this.

- | | |
|--|--|
| <input type="radio"/> Paid Work: Full Time | <input type="radio"/> Permanently Sick Or Disabled |
| <input type="radio"/> Paid Work: Part Time | <input type="radio"/> Not Working For Domestic Reasons |
| <input type="radio"/> Self Employed | <input type="radio"/> Retired |
| <input type="radio"/> Full Time Education | <input type="radio"/> Other |
| <input type="radio"/> Out Of Work, registered unemployed and actively seeking work | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Out Of Work, registered unemployed but not actively seeking work | |

Q **PERSON 2:** Do you have a spouse (husband/wife) or partner that lives with you?

47

- Yes No

Q **PERSON 2:** What is the relationship between you and this household member?

48

- | | |
|---|---|
| <input type="radio"/> Spouse (husband/wife) | <input type="radio"/> Sibling |
| <input type="radio"/> Partner | <input type="radio"/> Niece/nephew |
| <input type="radio"/> Natural parent | <input type="radio"/> Friend |
| <input type="radio"/> Step parent | <input type="radio"/> Other |
| <input type="radio"/> Foster carer | <input type="radio"/> Not applicable |
| <input type="radio"/> Child | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Grandparent | |

Q **PERSON 2:** How old is s/he?

49

Q **PERSON 2:** Is s/he male or female?

50

- Male Female

Q **PERSON 2:** Is s/he aged over 18?

51

- Yes No

Q **PERSON 2:** Which of the following best describes this persons working status? **NOTE:** Full time is typically described as 35 hours or more, and part time would be less than this.

52

- | | |
|--|--|
| <input type="radio"/> Paid Work: Full Time | <input type="radio"/> Out Of Work, registered unemployed but not actively seeking work |
| <input type="radio"/> Paid Work: Part Time | <input type="radio"/> Permanently Sick Or Disabled |
| <input type="radio"/> Self Employed | <input type="radio"/> Not Working For Domestic Reasons |
| <input type="radio"/> Full Time Education | <input type="radio"/> Retired |
| <input type="radio"/> Out Of Work, registered unemployed and actively seeking work | <input type="radio"/> Other |

Note: questions 48 to 52 repeated for up to 12 persons

Q Do you, or anyone living in your home, own or rent the accommodation in which you live?

103

- | | |
|--|--|
| <input type="radio"/> Owns outright | <input type="radio"/> Rents from the Council |
| <input type="radio"/> Owns with a mortgage or loan | <input type="radio"/> Rents from a housing association |
| <input type="radio"/> Pays part rent and part mortgage (shared ownership) | <input type="radio"/> Rents from a private landlord |
| <input type="radio"/> Accommodation is a residential home or student halls | <input type="radio"/> Other |

Q Overall, how satisfied or dissatisfied are you with your home?

104

- Very satisfied
 Fairly satisfied
 Neither satisfied nor dissatisfied
 Fairly dissatisfied
 Very dissatisfied

Q Which of these qualifications do you have? (If your qualification is not listed choose the nearest equivalent)

105

- | | |
|--|---|
| <input type="checkbox"/> 1+ O levels/CSEs/GCSEs (any grades), Basic Skills | <input type="checkbox"/> NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft, ONC,OND, BTEC National, RSA Advanced Diploma |
| <input type="checkbox"/> NVQ Level 1, Foundation GNVQ | <input type="checkbox"/> First Degree (eg BA, BSc), Higher degree (eg MA, PhD, PGCE) |
| <input type="checkbox"/> 5+ O levels (any grade), CSEs (grade 1), GCSEs (grades A*-C), School Certificate, 1+ A levels/ AS levels / VCEs | <input type="checkbox"/> NVQ Level 4-5, HNC, HND, RSA, Higher Diploma, BTEC Higher level |
| <input type="checkbox"/> NVQ Level 2, Intermediate GNVQ City and Guilds Craft, BTEC First/General Diploma, RSA Diploma | <input type="checkbox"/> Professional Qualifications (eg nursing, teaching, accountancy) |
| <input type="checkbox"/> Apprenticeship | <input type="checkbox"/> Other vocational/work related qualifications |
| <input type="checkbox"/> 2+ A levels, 4+ AS levels, Higher school Certificate | <input type="checkbox"/> Foreign qualifications |
| | <input type="checkbox"/> No qualifications |

Q Which of the following best describes your ethnicity?

106

- | | |
|--|---|
| <input type="radio"/> White - British | <input type="radio"/> Asian or Asian British - Bangladeshi |
| <input type="radio"/> White - Irish | <input type="radio"/> Asian or Asian British - Other Asian Background |
| <input type="radio"/> White - Eastern European | <input type="radio"/> Black or Black British - Caribbean |
| <input type="radio"/> White - Other White Background | <input type="radio"/> Black or Black British - African |
| <input type="radio"/> Mixed - White and Black Caribbean | <input type="radio"/> Black or Black British - Other Black Background |
| <input type="radio"/> Mixed - White and Black African | <input type="radio"/> Chinese |
| <input type="radio"/> Mixed - White and Asian | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Mixed - Any Other Mixed Background | <input type="radio"/> Don't know |
| <input type="radio"/> Asian or Asian British - Indian | <input type="radio"/> Other |
| <input type="radio"/> Asian or Asian British - Pakistani | |

Other (please specify)

Q May we have your postcode? The information will only be used by M-E-L Research and Public Health England for the purpose of geographical analysis.

107

- Yes
 No

WRITE IN

5.2 Appendix B: Pre-survey letter (mailed out in advance of survey)

Front page



MEL_ID

June 2015

Dear Resident,

Re: Haringey Mental Wellbeing Survey 2015

I am writing to you on behalf of the Haringey Public Health team. We will soon be carrying out an important survey in your local area about the health and wellbeing of residents and you may be contacted to take part.

The survey has been designed by Public Health England based on similar surveys conducted in other parts of the country over the past few years. The aim of the survey is to help your local services better understand how they can help people to improve their overall wellbeing and live happier, healthier lives.

The survey is being carried out by M·E·L Research Ltd, an independent market research company. A member of their team may call at your home in the next few weeks to ask you to take part in our survey. This person will be a fully trained interviewer who carries an identification card which shows their name, their photograph and M·E·L Research's name and address.

The survey contains a number of questions about you, your lifestyle and your general health and wellbeing. Your participation and honest responses are important to us. You do not have to take part. If you do take part you do not have to reveal your name to the interviewer. You can fill in your answers privately if you wish and all information that you provide will be treated confidentially. If you do not wish to answer a question you do not have to and you can stop the survey at any time. It will not be possible for us to identify you from the answers that you give. Anything you tell us will not be shared with any organisations other than Public Health England and the Haringey Public Health Team in an anonymous format.

M·E·L Research is a Market Research Society (MRS) Company Partner. You can contact the Market Research Society to confirm this via the MRS helpline on Freephone 0500 39 69 99. If you do not wish to be included in the survey, please contact M·E·L Research on Freephone 0800 073 0348.

A handwritten signature in black ink, appearing to read "Tamara Djuretic".

Yours sincerely,
Dr Tamara Djuretic
Assistant Director of Public Health
tamara.djuretic@haringey.gov.uk

Back page

To whom it may concern

Haringey Mental Wellbeing Survey June – July 2015

This is to certify that the interviewer seeking your views is working for M-E-L Research, an independent research company acting on behalf of Haringey Public Health team to carry out an important survey in your local area about the health and wellbeing of residents.

The survey has been designed by Public Health England based on similar surveys conducted in other parts of the country over the past few years. The aim of the survey is to help your local services better understand how they can help people to improve their overall wellbeing and live happier, healthier lives.

In order to talk to a cross-section of Haringey residents, the interviewer may ask to speak to a respondent of a particular profile (such as a respondent of a certain age or gender). This is purely so we can make sure we talk to a variety of different people in Haringey, and gain a diversity of opinions.

Please ask to see your interviewer's identification card. This will contain:

- Their name
- Their photograph
- M-E-L Research's name and address.

M-E-L Research is a Market Research Society (MRS) Company Partner. You can contact the Market Research Society to confirm this via the MRS helpline on free phone 0500 39 69 99. If you require any further information about our research please contact Azim Khan, Field and Client Services Manager at M-E-L Research on 0121 604 4664.

Many thanks for participating in the survey.

Kind regards



Azim Khan
Field and Client Services Manager



Appendix C: ONS Subjective wellbeing questions – comparison of Haringey 2015 and ONS Measuring National Wellbeing results

The following tables compare Haringey Mental Wellbeing Survey 2015 results with ONS Personal Wellbeing Survey results. The most recent ONS Personal Wellbeing Survey results were published in September 2015 for 2014/15,²¹ however due to data suppression rules, they did not publish results for Haringey for life satisfaction or life worthwhile. Therefore the life satisfaction results presented here in Table 42 are from 2013/14¹⁸, whilst the life worthwhile results presented in Table 43 are from 2011-2014 aggregated tables (as they were not presented in 2013/14).¹⁹

Table 42. Level of life satisfaction, Haringey 2015 survey and ONS Personal Wellbeing Survey 2013/14¹⁸

| Life satisfaction | Across area | | | Most deprived | | | ONS Haringey | | |
|-------------------|-------------|-------|-------|---------------|-------|-------|--------------|-------|-------|
| | % | LCL | UCL | % | LCL | UCL | % | LCL | UCL |
| Low | 6.22 | 4.55 | 8.45 | 4.69 | 3.13 | 6.98 | 5.79 | 3.51 | 8.07 |
| Medium | 15.66 | 12.97 | 18.80 | 16.32 | 13.28 | 19.90 | 19.81 | 14.95 | 24.67 |
| High | 56.55 | 52.55 | 60.47 | 55.42 | 50.94 | 59.82 | 50.36 | 45.05 | 55.68 |
| Very high | 21.70 | 18.58 | 25.18 | 23.45 | 19.88 | 27.45 | 24.04 | 18.86 | 29.21 |

Note: methodology for generating confidence intervals may differ slightly therefore results should be interpreted with caution

Table 43. Level of life worthwhile, Haringey 2015 survey and ONS Personal Wellbeing Survey 2011 to 2014¹⁹

| Life worthwhile | Across area | | | Most deprived | | | ONS Haringey | | |
|-----------------|-------------|-------|-------|---------------|-------|-------|--------------|-------|-------|
| | % | LCL | UCL | % | LCL | UCL | % | LCL | UCL |
| Low | 4.05 | 2.73 | 5.96 | 4.25 | 2.77 | 6.47 | 5.36 | 3.61 | 7.12 |
| Medium | 18.75 | 15.80 | 22.10 | 22.66 | 19.12 | 26.65 | 20.03 | 16.98 | 23.09 |
| High | 56.25 | 52.22 | 60.20 | 51.28 | 46.78 | 55.76 | 45.87 | 41.91 | 49.83 |
| Very high | 21.08 | 17.98 | 24.55 | 21.79 | 18.30 | 25.73 | 28.73 | 25.01 | 32.46 |

Note: methodology for generating confidence intervals may differ slightly therefore results should be interpreted with caution

Table 44. Level of happiness, Haringey 2015 survey and ONS Personal Wellbeing Survey 2014/15²¹

| Happiness | Across area | | | Most deprived | | | ONS Haringey | | |
|-----------|-------------|------|------|---------------|------|------|--------------|------|------|
| | % | LCL | UCL | % | LCL | UCL | % | LCL | UCL |
| Low | 5.0 | 3.5 | 7.0 | 6.8 | 4.9 | 9.4 | 8.3 | 5.6 | 11.0 |
| Medium | 20.7 | 17.7 | 24.1 | 14.6 | 11.7 | 18.0 | 19.4 | 14.9 | 24.0 |
| High | 45.4 | 41.5 | 49.4 | 48.7 | 44.3 | 53.2 | 42.7 | 36.8 | 48.6 |
| Very high | 27.2 | 23.8 | 30.9 | 29.4 | 25.5 | 33.6 | 29.6 | 24.4 | 34.8 |

Note: methodology for generating confidence intervals may differ slightly therefore results should be interpreted with caution

Table 45. Level of anxiety, Haringey 2015 survey and ONS Personal Wellbeing Survey 2014/15²¹

| Anxiety | Across area | | | Most deprived | | | ONS Haringey | | |
|-----------|-------------|------|------|---------------|------|------|--------------|------|------|
| | % | LCL | UCL | % | LCL | UCL | % | LCL | UCL |
| Low | 43.5 | 39.5 | 47.5 | 46.4 | 41.9 | 50.8 | 36.1 | 30.8 | 41.5 |
| Medium | 29.9 | 26.4 | 33.7 | 28.4 | 24.6 | 32.6 | 26.3 | 20.7 | 31.8 |
| High | 12.8 | 10.3 | 15.7 | 9.7 | 7.4 | 12.7 | 19.9 | 15.3 | 24.4 |
| Very high | 13.8 | 11.3 | 16.8 | 14.5 | 11.6 | 17.9 | 17.8 | 13.5 | 22.0 |

5.3 Appendix D: Questions used to generate Social Capital score

Social Participation: Variety and breadth of participation in community organisations.

- Q. Do you join in the activities of any of the following organisations, on a regular basis?
- Q. In the past twelve months, have you done any volunteer work for any groups, clubs or organisations? By volunteering, we mean any unpaid work done to help people besides your family or friends or people you work with.

Social Networks: Frequency of contact with friends, relatives or neighbours, social support and social satisfaction.

- Q. How often do you talk to any of your neighbours? (This does not include anyone who lives in your home such as flatmates.)
- Q. We would like to ask how often you meet people, whether at your home or elsewhere. How often do you meet friends or relatives who are not living with you?
- Q. All things considered, how satisfied are you with your personal relationships?
- Q. I am going to read a list of situations where people might need help. For each one, could you tell me if you would ask anyone for help?
 - You need a lift to be somewhere urgently;
 - You are ill in bed and need help at home;
 - You are in financial difficulty and need to borrow £100;
 - If you had a serious personal crisis, do you have people you feel you could turn to for comfort and support?

Social Cohesion: Length of residence in local area, sense of belonging to neighbourhood and trust.

- Q. How many years have you lived in this local area?
- Q. How strongly do you feel you belong to your immediate neighbourhood?
- Q. Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people? Please give a score of 0 to 10, where 0 means you can't be too careful and 10 means that most people can be trusted.

Civil Participation: Perception of local influence and life satisfaction.

- Q. Do you agree or disagree that you can influence decisions affecting your local area?
- Q. All things considered, how satisfied are you with your life as a whole nowadays on a scale of 1 to 10 where 1 is extremely dissatisfied and 10 is extremely satisfied?

Local Area: Satisfaction with local area and perception of safety in local area.

- Q. Overall how satisfied or dissatisfied are you with your local area as a place to live? (local area is defined as area within 15-20 minutes walking distance from home).
- Q. How safe or unsafe do you feel when...?
 - Outside after dark
 - Outside during the day
 - Home alone at night

6. References

- ¹ Office for National Statistics (2015) Population Estimates for UK, England and Wales, Scotland and Northern Ireland, Mid-2014 [Online]. Available at: www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcn%3A77-368259 [Accessed 15 July 2015].
- ² Public Health England (2015). Haringey LB Health Profile 2015 [Online]. Available at: www.apho.org.uk/resource/view.aspx?RID=50215&SEARCH=H* [Accessed 20.08.2015].
- ³ Foresight Mental Capital and Wellbeing Project. Mental Capital and Wellbeing: Making the most of ourselves in the 21st century. Final Project Report. London: The Government Office for Science, 2008.
- ⁴ Jenkins R, Meltzer H, Jones P, Brugha T. Foresight Mental Capital and Wellbeing Project. Mental health: Future challenges. London: The Government Office for Science, 2008.
- ⁵ Keyes CL. The mental health continuum: from languishing to flourishing in life. *J Health Soc Behav.* 2002;43(2):207-22.
- ⁶ NHS Choices. Five steps to mental wellbeing 2011 [Online]. Available at: www.nhs.uk/Conditions/stress-anxiety-depression/Pages/improve-mental-wellbeing.aspx
- ⁷ Mind. How to improve and maintain your mental wellbeing 2013 [Online]. Available at: www.mind.org.uk/mental_health_a-z/7986_how_to_improve_and_maintain_your_mental_wellbeing
- ⁸ Department of Health. No health without mental health. A cross-government mental health outcomes strategy for people of all ages London: Department of Health, 2011.
- ⁹ 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 [Online]. Available at www.euro.who.int/en/publications/abstracts/measurement-of-and-target-setting-for-well-being-an-initiative-by-the-who-regional-office-for-europe [Accessed 20.08.2015].
- ¹⁰ Dolan P, Peasgood T, White M. Review of research on the influences on personal well-being and application to policy making. Final report for Defra. London: Imperial College, 2006.
- ¹¹ Department of Health. Healthy Lives , Healthy People : Our strategy for public health in England. London: Department of Health, 2011.
- ¹² Blane D, Watt G. GP experience of the impact of austerity on patients and general practices in very deprived areas. Glasgow: Institute of Health and Wellbeing, University of Glasgow, 2012.
- ¹³ Haringey Council (2014) Annual Public Health Report 2014: How good are we feeling? [Online] Available at: www.haringey.gov.uk/social-care-and-health/health/annual-public-health-reports [Accessed 20.08.2015].
- ¹⁴ Haringey Council (2015) Haringey's Health and Wellbeing Strategy 2015-18 [Online]. Available at: www.haringey.gov.uk/sites/haringeygovuk/files/health_and_wellbeing_strategy_2015-18_-_summary_version_0.pdf [Accessed 20.08.2015].
- ¹⁵ Stewart-Brown S, Tennant A, Tennant R, Platt S, Parkinson J, Weich S. Internal construct validity of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS): a Rasch analysis using data from the Scottish Health Education Population Survey. *Health and Quality of Life Outcomes.* 2009;7(1):15.
- ¹⁶ EuroQol Group. How to use EQ-5D: EuroQol Group; 2013 [cited 2013 16/10]. Available from: www.euroqol.org/about-eq-5d/how-to-use-eq-5d.html
- ¹⁷ Office for National Statistics (2015). Measuring National Well-being [Online]. Available at: www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/index.html [Accessed 27.08.2015].
- ¹⁸ Office for National Statistics (2014) Measuring National Well-being, Personal Well-being in the UK, 2013/14 [Online]. Available at: www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcn%3A77-35552 [Accessed 27.08.2015].

¹⁹ Office for National Statistics (2015). Measuring National Well-being, Life in the UK, 2015 [Online]. Available at: www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-391358 [Accessed 28.8.2015].

²⁰ Harper R. The measurement of Social Capital in the United Kingdom. Office for National Statistics, 2002.

²¹ Office for National Statistics (2015). Measuring National Well-being, Personal Well-being in the UK, 2014/15 [Online]. Available at: www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-407641 [accessed 05.10.2015].