

GoWell is a collaborative partnership between the Glasgow Centre for Population Health, the University of Glasgow and the MRC/CSO Social and Public Health Sciences Unit, sponsored by Glasgow Housing Association, the Scottish Government, NHS Health Scotland and NHS Greater Glasgow and Clyde.



The contribution of regeneration to mental wellbeing in deprived areas

April 2011

GoWell is a planned ten-year research and learning programme that aims to investigate the impact of investment in housing, regeneration and neighbourhood renewal on the health and wellbeing of individuals, families and communities. It commenced in February 2006 and has a number of different research components. This paper is part of a series of Briefing Papers which the GoWell team has developed in order to summarise key findings and policy and practice recommendations from the research. Further information on the GoWell Programme and the full series of Briefing Papers is available from the GoWell website at: www.gowellonline.com



INTRODUCTION

We know that where people live affects their physical and mental health: poor people tend to live in deprived areas and experience poorer health. [1-4] Studies examining the relationship between mental health and the built environment and neighbourhoods have found that poor mental health is associated with: housing type (e.g. high-rise housing), poor housing quality and the internal environment (damp, warmth etc), crowding and neighbourhood noise, the physical attributes of the environment (such as derelict buildings, green space), perceived neighbourhood problems (such as fear of crime), and limited opportunities for social participation. [5-9]

Although urban regeneration is considered as a way of improving health and reducing health inequalities, housing-led regeneration seems to have limited effects on mental health problems such as depression, anxiety and stress. [5-7, 10, 11] Targeted housing improvement has generally had a positive effect on mental health but the effects of area-led regeneration are either absent or shown to have negative consequences. [12]

It is not just the physical characteristics of housing or neighbourhood environments that may affect health but also community characteristics and psychosocial aspects of the environment. We can think of a good psychosocial environment as one which promotes a positive experience or view of oneself in relation to others, for example in terms of trust, control, self-esteem and status. [13-16] Considering neighbourhoods as a psychosocial environment, we may expect that regeneration could have a greater impact on residents' mental wellbeing than their mental ill-health.

Using data from the second wave of the GoWell Community Health and Wellbeing Survey, this briefing paper examines the relationship between the mental wellbeing of residents and aspects of their housing, neighbourhoods and communities. We have used as a comprehensive and purposely designed measure of wellbeing, the Warwick-Edinburgh Mental Well-being Scale (WEMWBS). [17-19]



WHAT IS MENTAL WELLBEING AND HOW IS IT DIFFERENT FROM MENTAL HEALTH PROBLEMS?

Mental wellbeing is not the absence of mental illness. The World Health Organisation (WHO) has defined mental health as: 'a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.' [20]

Therefore wellbeing is a state of health, happiness and prospering. It is more than the absence of mental health problems and takes into account both how we feel and how we function. These have been described as:

- Hedonic wellbeing: the subjective experience of affect and life satisfaction.
- Eudaimonic wellbeing: psychological functioning, good relationships with others, and self-realisation. [17,21,22]

Others have proposed that mental wellbeing should include not only emotional wellbeing and psychological wellbeing but also social wellbeing, involving social coherence, social integration, social acceptance, social contribution and social actualisation. [21]

OUR RESEARCH QUESTIONS

Are mental wellbeing scores for residents of deprived areas associated with aspects of housing and neighbourhoods upon which regeneration might act?

What are the relative strengths of those associations and therefore the relative importance of different aspects for mental wellbeing?

MEASURING MENTAL WELLBEING

In the absence of a suitable UK validated scale, the Scottish Government commissioned the development of a scale for measuring positive mental health: Warwick-Edinburgh Mental Well-being Scale (WEMWBS¹). [18,19]

WEMWBS has now been adopted by the Scottish Government, with one of its 45 performance measures for the period 2008-11 being 'to increase the average score of adults on the WEMWBS scale by 2011'. [23]

There are 14 items in the scale that cover positive affect (feelings of optimism, cheerfulness, relaxation), positive functioning (energy, clear thinking, self acceptance, personal development, competence and authority), and relationships with others (see Table 1 for items). Respondents are asked to what extent they have been feeling

1 Warwick-Edinburgh Mental Well-being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

that way over the past two weeks. The responses are grouped together into a scale that ranges from 14 – 70, with a population mean of 50.7 for Scotland as a whole. [19]

Table 1: Warwick Edinburgh Mental Well-being Scale (WEMWBS) Items

I've been feeling optimistic about the future
I've been feeling useful
I've been feeling relaxed
I've been feeling interested in other people
I've had energy to spare
I've been dealing with problems well
I've been thinking clearly
I've been feeling good about myself
I've been feeling close to other people
I've been feeling confident
I've been able to make up my own mind about things
I've been feeling loved
I've been interested in new things
I've been feeling cheerful

WHAT DID WE FIND?

In the GoWell study we defined people as having a low level of wellbeing if they scored one standard deviation below the mean score. People who scored about 60 or more (i.e. one standard deviation above the mean or more) we defined as having a high level of wellbeing.

38% of the GoWell respondents had low wellbeing, 33% had average wellbeing and 29% had high wellbeing (approximate figures).

Human and economic capital

We looked at how individual, social and economic characteristics were related to wellbeing. We found no significant differences for gender or age. In other words, younger people were not more or less likely to have low or high levels of wellbeing than older people, nor were women more likely to have low or high levels of wellbeing than men.

Individuals' characteristics associated with average or high levels of wellbeing were: having an education qualification (completing school, further training, tertiary qualification) and living in an older adult household. Being non-British was associated with low levels of mental wellbeing.

Health and wellbeing

Not surprisingly we found strong associations between positive mental wellbeing and good general health. Those in good health were two to four times more likely to report average or high levels of wellbeing, respectively, than those in poor health. Conversely, having a long-standing illness was associated with a reduced likelihood of reporting average or high levels of wellbeing.

Economic factors

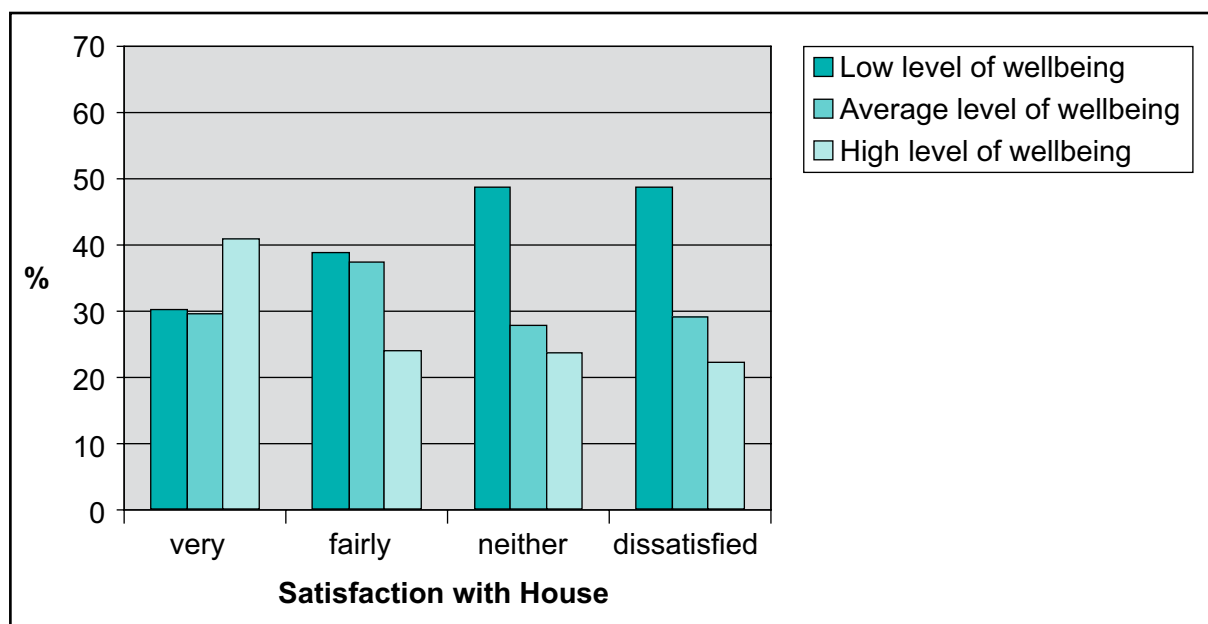
Being in employment or retired, having a private income source as opposed to income from benefits and having access to a car were associated with average and high levels of wellbeing. Many of these individual characteristics were related to positive mental wellbeing and might also be related to people's perceptions of their homes and neighbourhoods. Therefore, we took account of these statistically, when we examined the associations between perceptions of homes and neighbourhoods and positive wellbeing.

Residential capital: housing and positive mental wellbeing

We asked respondents a number of questions about their home: how long they had lived in their home and in the area, the reputation of the neighbourhood, whether they thought their neighbourhood had got better or worse, and their satisfaction with the home, neighbourhood and landlord or factor. We also asked if they felt their home or the area they live in made them feel they were 'doing well', i.e. it gave them a sense of progress.

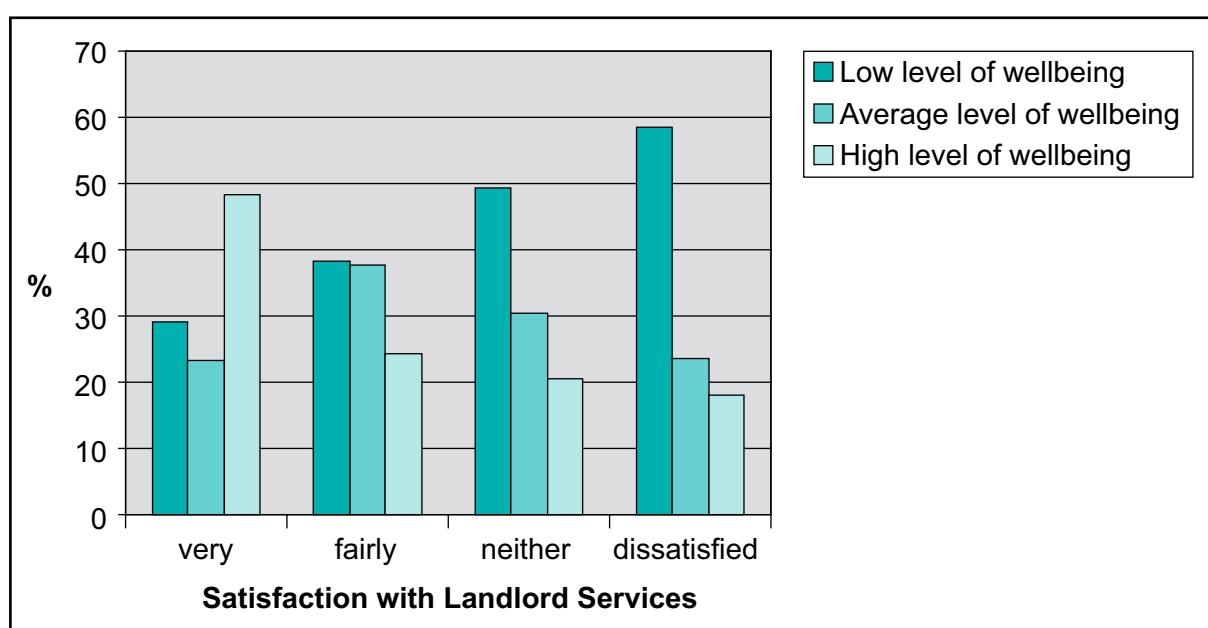
Statistically significant associations were found with many of these variables and figure 1 and 2 on the next page provide two examples of these. Figure 1 shows a greater proportion of people very satisfied with their house reported high levels of wellbeing. 50% of those who were dissatisfied with their home reported low levels of wellbeing.

Figure 1: Relationship between wellbeing and satisfaction with the home



Including all these housing variables in our analysis, the strongest associations with average or high levels of wellbeing were satisfaction with the landlord, and perceptions of personal progress ('my home and my area make me feel I am doing well in my life') (Figure 2). We found that highly positive views more than doubled the likelihood that someone would also report high levels of wellbeing. Also significant, though with smaller effects, were satisfaction with one's home and that respondents believed their neighbours thought highly of the area (good internal reputation).

Figure 2: Relationship between wellbeing and satisfaction with landlord services



Environmental capital: house

Residents were asked whether they lived in a house or a high- or low-rise flat, whether they had access to a garden, about the number of internal and external problems their residence might have, their perception of overall condition of the residence, and specifically about insulation, the external appearance and repair, and the condition of their front door. They were also asked about their satisfaction with any improvements that had been made to their residence.

Again, including all these variables in our analysis we found that the strongest associations with average and high levels of wellbeing were those related to the external appearance of the home and the front door, which is both an aesthetic and a security- or control-related item. Highly positive views of both these items more than doubled the likelihood of high wellbeing. Good insulation (a warmth and comfort issue) was the next most important dwelling item.

Environmental capital: neighbourhood

Regarding their local neighbourhood, respondents were asked whether environmental incivilities such as vandalism, graffiti, other deliberate damage to property or vehicles, abandoned or burnt-out cars, rubbish or litter lying around, vacant or derelict buildings and sites, and untidy gardens were a problem. They were also asked about the quality of local amenities (play areas, schools, youth and leisure services, shops, banking or financial services, childcare or nurseries, health centre or GP service), the attractiveness of the buildings and environment in their neighbourhood and whether the neighbourhood was quiet and peaceful.

Environmental incivilities, poor neighbourhood quality and poor quality amenities and services were all associated with lower wellbeing. Figures 3 and 4 show the relationship between wellbeing and perceptions of the attractiveness of buildings and the neighbourhood environment.

Figure 3: Positive relationship between rating of attractive buildings and mental wellbeing

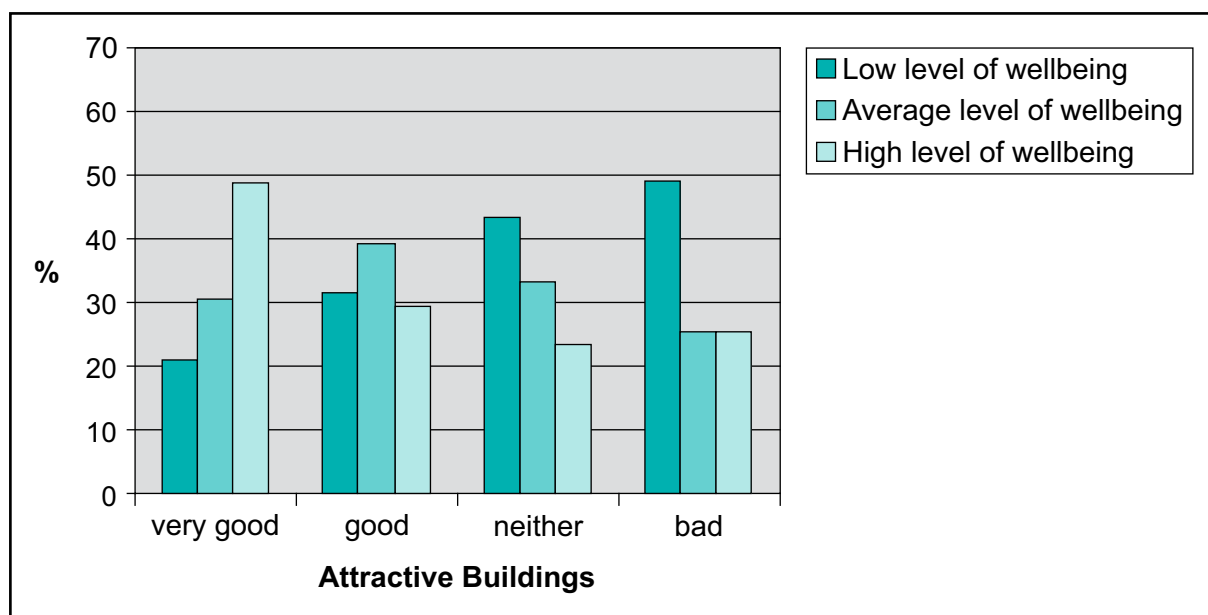
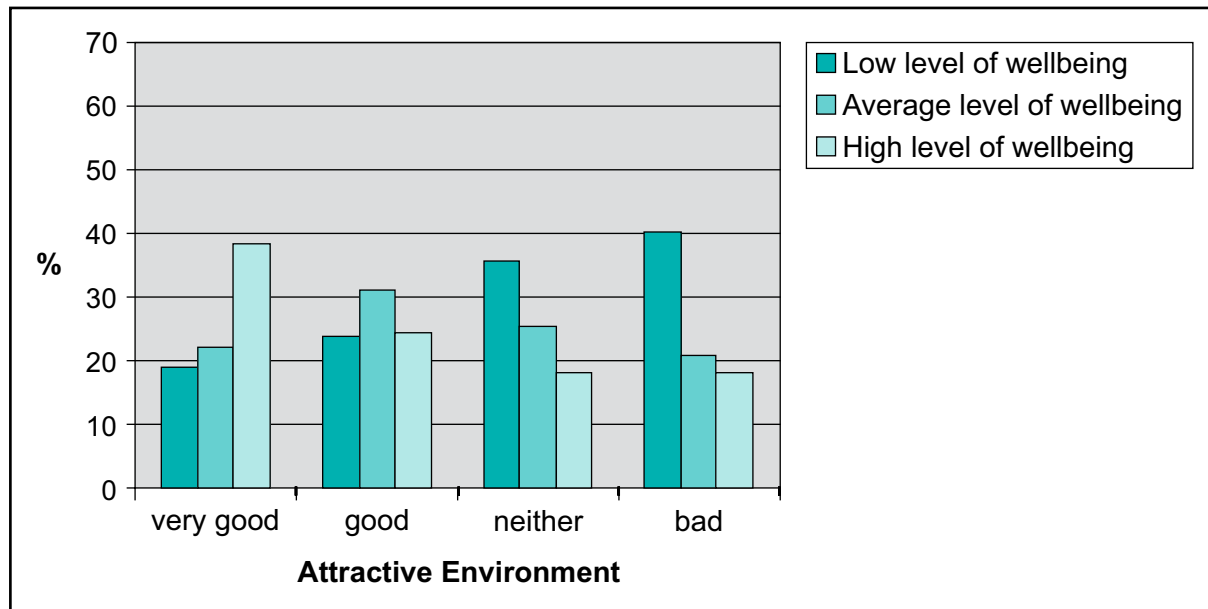


Figure 4: Positive relationship between rating of the neighbourhood environment and mental wellbeing



When all these variables were included in the analysis, poor neighbourhood quality was significantly associated with low levels of wellbeing. We examined which aspects of neighbourhood quality might be the most strongly related to wellbeing. We found the strongest effect was for the attractiveness of the local environment, where people who rated the attractiveness of their environment as very good were about three times more likely to have high levels of wellbeing. Attractiveness of buildings and having a quiet peaceful environment approximately doubled the likelihood of reporting average or high levels of wellbeing.

Table 2 provides a summary of the variables we found were most strongly related to wellbeing in each of the ‘capitals’ we studied.

Table 2: Aspects of human, residential and environmental capitals most strongly associated with wellbeing.

Human capital

- having educational qualifications
- being employed or retired
- having a private income and access to a vehicle
- good physical health

Residential capital

- area has good internal reputation
- satisfaction with home
- satisfaction with landlord
- home and neighbourhood makes me feel I’m doing well

Environmental capital

- living in a house (not a flat)
- good quality home: external appearance, front door, insulation
- attractive neighbourhood environment
- attractive local buildings
- quiet and peaceful neighbourhood environment

SOME LIMITATIONS AND STRENGTHS OF OUR STUDY

The data presented in this paper are cross-sectional. So, while we can say that many aspects of the built or psychosocial environment are strongly associated with positive wellbeing, we cannot say that they cause positive wellbeing. It may be that people with better mental wellbeing have a more positive perception of their environment.

Our ongoing longitudinal study of households staying in their original areas or moving to other parts of the city will help us establish whether mental wellbeing scores are responsive to changes in residential circumstances.



RELEVANCE TO PUBLIC POLICY

Public policy has turned its attention to mental wellbeing in recent years. Reducing health inequalities is currently a key policy priority for UK and Scottish governments, and both mental illness and mental wellbeing have been identified as specific priorities. [23]

In terms of their regeneration policies there is a strong emphasis on community engagement and empowerment, which is intended to influence such things as 'increased confidence' for the community, and 'satisfaction with quality of life' among residents. The other main thrust of regeneration policy is to create mixed and vibrant communities that are more sustainable, which 'foster a sense of pride and identity' and 'help transform the perception and the reality of neighbourhoods'. Thus, we can see regeneration policy also moving to embrace notions of positive mental health and wellbeing. [24]



SUMMARY

Scottish regeneration policy is said to be about people and place. [24] It aims 'to tackle not just the physical needs but the economic and social regeneration of the area', [25] including empowering communities to be able to work together and make things happen for themselves. [26] This study provides good evidence that these dimensions of regeneration are intimately connected. Our findings show that it is not just the delivery of improved housing that is important for mental wellbeing but also the quality and manner of its delivery.

What did we know before?

Positive mental wellbeing and negative mental ill health can be thought of as separate, although related, concepts rather than simple opposites of each other. It is likely, therefore, that some aspects of the environment will be associated with poor mental health while others will be associated with positive mental wellbeing.

Whilst mental ill health has been associated with poor housing and neighbourhood environment, there is little available evidence of how (or whether) positive mental wellbeing is related to these factors.

What this study adds?

This study shows how the 'people' and 'place' dimensions of regeneration policy are closely related to one another, since places are relational entities, affecting how people feel about themselves. Mental wellbeing constitutes an important objective for regeneration, relevant to other goals pertaining to empowerment, aspirations and employment. We found that the quality and aesthetics of housing and neighbourhoods are associated with mental wellbeing, but so, too, are feelings of respect, status and progress which may be derived from how places are created, serviced and talked about by those who live there.

REFERENCES

1. Stafford M, Marmot M. Neighbourhood deprivation and health: does it affect us all equally? *International Journal of Epidemiology* 2003; 32(3):357-366.
2. Macintyre S, Ellaway A. Ecological approaches: rediscovering the role of the physical and social environment. In: Kawachi I, Berkman LF, eds. *Social Epidemiology*. New York: Oxford University Press; 2000:332-348.
3. Joshi H, Wiggins RD, Bartley M, Mitchell R, Gleave S, Lynch K. Putting health inequalities on the map: does where you live matter, and why? In: Graham H, ed. *Understanding Health Inequalities*. Buckingham: Open University Press; 2000; 143-155.
4. Levin K, Leyland A. A comparison of health inequalities in urban and rural Scotland. *Social Science and Medicine* 2006; 62:1457-1464.
5. Guite HF, Clark C, Ackrill G. The impact of the physical and urban environment on mental well-being. *Public Health* 2006; 120(12):1117-1126.
6. Weich S, Blanchard M, Prince M, Burton E, Erens BOB, Sproston K. Mental health and the built environment: cross-sectional survey of individual and contextual risk factors for depression. *British Journal of Psychiatry* 2002; 180(5):428-433.
7. Ellaway A, Macintyre S, Kearns A. Perceptions of place and health in socially contrasting neighbourhoods. *Urban Studies* 2001; 38(12):2299-2316.
8. Evans GW. The built environment and mental health. *Journal of Urban Health* 2003; 80(4):536-555.
9. Araya R, Dunstan F, Playle R, Thomas H, Palmer S, Lewis G. Perceptions of social capital and the built environment and mental health. *Social Science and Medicine* 2006; 62(12):3072-3083.
10. Propper C, Bolster A, Burgess S. Local neighbourhood and mental health: evidence from the UK. *Social Science and Medicine* 2005; 61(10):2065-2083.
11. Propper C, Burgess S, Bolster A, Leckie G, Jones K, Johnston R. The impact of neighbourhood on the income and mental health of British social renters. *Urban Studies* 2007; 44(2):393-415.
12. Thomson H, Thomas S, Sellstrom E, Petticrew M. The health impacts of housing improvement: A systematic review of intervention studies from 1887 to 2007. *American Journal of Public Health* 2009; 99(S3):S681-692.

13. Egan M, Tannahill C, Petticrew M, Thomas S. Psychosocial risk factors in home and community settings and their associations with population health and health inequalities: A systematic meta-review. *BMC Public Health* 2008; 8:239.
14. Martikainen P, Bartley M, Lahelma E. Psychosocial determinants of health. *International Journal of Epidemiology* 2002; 31:1091-1093.
15. Macintyre S, Ellaway A, Cummins S. Place effects on health: how can we conceptualise, operationalise and measure them? *Social Science and Medicine* 2002; 55:125-139.
16. Siegrist J, Marmot M. Health inequalities and the psychosocial environment – two scientific challenges. *Social Science and Medicine* 2004; 58(8):1463-1473.
17. Tennant R, Hiller L, Fishwick R, Platt S, Joseph S, Weich S, Parkinson J, Secker J, Stewart-Brown S. The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. *Health and Quality of Life Outcomes* 2007; 5:63.
18. Tennant R, Fishwick R, Platt S, Joseph S, Stewart-Brown S. *Monitoring positive mental health in Scotland: validating the Affectometer 2 scale and developing the Warwick-Edinburgh Mental Well-being Scale for the UK*. Edinburgh: NHS Health Scotland; 2006.
19. Stewart-Brown S, Janmohamed K. *Warwick-Edinburgh Mental Well-being Scale (WEMWBS) User Guide Version 1*. Edinburgh: NHS Health Scotland; 2008.
20. WHO. *Mental health: a state of well-being*. (http://www.who.int/features/factfiles/mental_health/en/index.html).
21. Keyes CLM, Shmotkin D, Ryff CD. Optimizing well-being: The empirical encounter of two traditions. *Journal of Personality and Social Psychology* 2002; 82:1007-1022.
22. Korkeila J. *Measuring aspects of mental health*. Helsinki: National Research and Development Centre for Welfare and Health; 2000.
23. Scottish Government. *Equally Well: Report of the Ministerial Task Force on Health Inequalities*. Edinburgh: Scottish Government; 2008.
24. Scottish Executive. *People and Place: Regeneration Policy Statement*. Edinburgh: Scottish Executive; 2006.
25. Scottish Government. Scottish Parliament debate, Col 24134; 2010. <http://www.scottish.parliament.uk/business/officialReports/meetingsParliament/or-10/sor0303-02.htm>.

26. Scottish Government. *Scotland Performs. National Indicators*; 2009.
(<http://www.scotland.gov.uk/About/scotPerforms/indicators/mentalWellbeing>)



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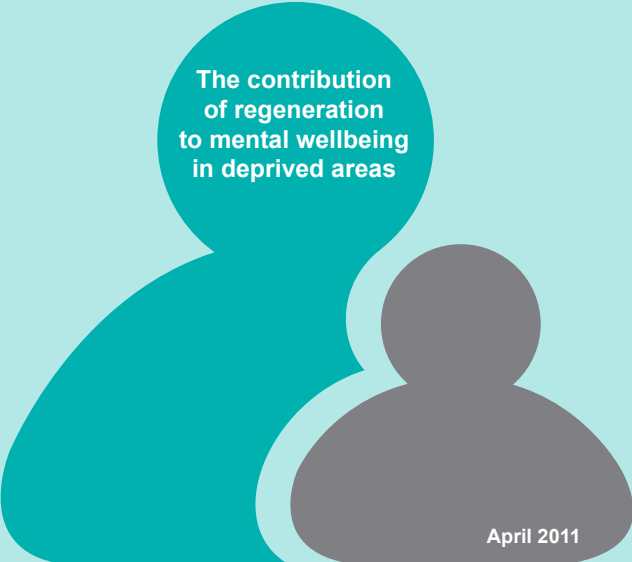
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This paper has been produced on behalf of the GoWell team. The current GoWell team is as follows:

Esther Aspinall (Specialist Registrar in Public Health)
Sheila Beck (Ecological Monitoring Team)
Lyndal Bond (Principal Investigator)
Julie Clark (Researcher)
Jennie Coyle (Communications Manager)
Fiona Crawford (Ecological Monitoring Team)
Matt Egan (Researcher)
Elizabeth Fenwick (Health Economist)
Ade Kearns (Principal Investigator)
Louise Lawson (Researcher)
Phil Mason (Researcher)
Jennifer McLean (Ecological Monitoring Team)
Kelda McLean (Acting Communications Manager/ Administrator)
Joanne Neary (Postgraduate Research Student)
Carol Tannahill (Principal Investigator)
Hilary Thomson (Researcher)
David Walsh (Ecological Monitoring Team)

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CONTACT DETAILS

For further information, please contact:

*Professor Lyndal Bond
MRC/CSO SPHSU
MRC Social & Public Health Sciences Unit,
4 Lilybank Gardens,
Glasgow,
G12 8RZ*

*Email: lyndal@sphsu.mrc.ac.uk
Phone: +44 (0) 141 357 3949*