Mental Wellbeing

Topic information	
Topic title	*Mental Wellbeing*
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Topic quality reviewed	*March 2016*
Topic endorsed by	*Mental Health Joint Commissioning Group*
Current version	*March 2016*
Replaces version	*New Version*
Linked JSNA topics	*Mental Health in Adults* *Mental Health in Children and Young People*

Executive summary

Introduction

Mental wellbeing has been defined by the World Health Organisation (WHO) as "*a state of wellbeing in which every individual realizes 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*" (WHO, 2014).

As a result of the debate around measuring happiness, the Government launched the National Wellbeing Programme in 2010 so that policies could be developed around "things that matter" (DH, 2010). The Care Act (2014) sets out the duty of local authorities to apply the 'wellbeing principle' using a holistic approach when carrying out their care and support functions.

Positive wellbeing is described as being linked to improved life expectancy and greater life satisfaction (ONS, 2015). Research shows that people with higher levels of wellbeing are more likely to make healthier lifestyle choices thus reducing the risk of illness and premature mortality (ONS, 2015). Improving wellbeing can also be associated with factors such as employment, parenting, domestic violence and education that can be the cause or the result of wellbeing thus presenting a two-way relationship.

Factors such as life expectancy and levels of unemployment are used as objective measures of wellbeing while factors including how people actually feel and overall satisfaction with life and levels of anxiety are considered as subjective measures of wellbeing. Subjective measures are vital to understand how people feel and what matters to them as well as objective measures such as the prevalence of certain issues (DH, 2010). This chapter focuses on subjective personal mental wellbeing from a public health perspective in the context of wellbeing measures overall. This falls within the 'personal wellbeing' domain of the ten domains of wellbeing in the ONS National Wellbeing Measures.

Nationally, the ONS uses a simple four-question format to broadly target what it considers the most important aspects of mental wellbeing while locally in Nottingham the 14-item Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is used to measure mental wellbeing.

The lowest 10% of all WEMWBS scores in the Health Survey for England (HSE, 2012) were associated with a number of potential risk factors indicating possible associations and causes. These included marital status, education status, area deprivation, GHQ12 (12-item general health questionnaires, used commonly to assess psychological morbidity) scores, self-reported general health, provision of informal care and depression and anxiety. The ONS (2015) also identified worklessness and loneliness as being linked with wellbeing. Locally in Nottingham, the average mental wellbeing score of 52.2 for 2014 has been similar to last year's score and in line with England but there is variation in mental wellbeing across different group and areas with highest proportions of people with poor mental wellbeing scores being those who have a disability or long term illness, people who are unemployed or 'Otherwise not in paid work' and those in social rented housing.

The National Mental Health Strategy, No *Health Without Mental Health* (2011) sets out the promotion of wellbeing to improve mental health and prevent mental health problems as one of its key priorities. Locally, The Nottingham Plan to 2020 aims to reduce the proportion of adults with poor mental wellbeing. The Nottingham City Mental Health and Wellbeing Strategy, *Wellness in Mind* (2014) also prioritises building wellbeing and resilience in order to prevent mental health problems (Nottingham City Council, 2014).

It is important to note that while mental wellbeing and mental illness are closely linked they are not different ends of the same spectrum and exist in parallel. Therefore good mental wellbeing is not simply the absence of mental illness. For example a person with a severe bipolar disorder may report good mental wellbeing despite experiencing mental illness while a person in poor physical health on a low income may report extremely low levels of mental wellbeing in the absence of an established mental health condition.

This chapter covers wellbeing primarily in adults, although wellbeing across the life course is influenced in many cases by childhood experiences, particularly during the first five years of their lives (DH, 2014). For further information on children and young people's wellbeing see relevant JSNA chapter.

Unmet need and gaps

1. Wellbeing services are currently targeted at those with existing mental health problems rather than trying to increase population resilience. (Commissioners are currently responding to this via newly commissioned services to begin April 2016)

2. Poor physical health is associated with worse mental wellbeing.

3. The workplace is a key area in the drive to improve mental wellbeing. Currently there are minimal services targeting this despite many larger employers providing in-

house support to maintain and support wellbeing.

4. Unemployment is a continuing issue with those not currently in work demonstrating significantly lower wellbeing as well as higher rates of mental illness.

5. Some wards have consistently demonstrated lower levels of wellbeing over the last 4 years of data collection.

6. Those on lower incomes and benefits demonstrate reduced mental wellbeing.

7. The impact on wellbeing of commissioned services is not routinely being measured.

8. Loneliness is a rapidly emerging issue which can have a cause or effect relationship with wellbeing.

Recommendations for consideration by commissioners

1. Increasing population resilience and self-care particularly for groups at higher risk of developing mental health problems should be a priority.

2. Improving wellbeing of those with physical health problems by prioritising parity of esteem in commissioning contracts and service specifications.

3. Workplace based wellbeing initiatives need to be developed to increase employee wellbeing and to reduce absenteeism due to low wellbeing.

4. Initiatives targeting the unemployed need to be developed along with improved partnership working between the Department of Work and Pensions, NHS, council services and the community/voluntary sector to achieve and maintain good levels of wellbeing.

5. A particular focus is required on wards with lower wellbeing scores to identify and address the gaps between their population wellbeing levels and other wards in the City.

6. Services targeting those on lower incomes and benefits should recognise and work to improve this population's mental wellbeing as well as their financial situation.

7. A wider range of health, care, local authority and commissioned services could monitor changes in wellbeing better.

8. Consider a JSNA chapter on Loneliness.

9. Increase the level of understanding of the concept of wellbeing.

Full JSNA report
What do we know?
1) Who is at risk and why?

1.1 Why Wellbeing?

The 'happiness' debate was based on the argument that what matters to people and how they feel has an impact on the economic progress of a country (ONS, 2010). This led to the government commitment in 2010 in the form of the National Wellbeing Programme to develop measures of subjective wellbeing (how people feel) as well as objective wellbeing (e.g. life expectancy and unemployment) so that "policies could be more tailored to the things that matter"(DH, 2010).

Highlighted in the Annual Report of the Chief Medical Officer (2013) is the prediction from The Foresight Report (2008) based on an unchallenged hypothesis that a small increase in the wellbeing of the population would decrease the prevalence of mental health problems and the risk of related long term illness (DH, 2013).

The National Mental Health Strategy, No *Health Without Mental Health* (2011) sets out the promotion of wellbeing to improve mental health and prevent mental health problems as one of its key priorities. The Annual Report of the Chief Medical Officer 2013 sets out to provide a framework for public mental health based on the World Health Organisation (WHO) model to inform local research and investment strategies adopting an evidence based approach. Locally, The Nottingham Plan to 2020 aims to reduce the proportion of adults with poor mental wellbeing. The Nottingham City Mental Health and Wellbeing Strategy, *Wellness in Mind* (2014) also prioritises building wellbeing and resilience in order to prevent mental health problems (Nottingham City Council, 2014).

The Care Act 2014 places the responsibility of improving wellbeing with Local Authorities within the Social Care duty and relates the concept of wellbeing to the following areas:

- Personal dignity
- Physical, mental and emotional wellbeing
- Protection from abuse and neglect
- Control by the individual over day-to-day life
- Participation in work, education, training or recreation
- Social and economic wellbeing
- Domestic, family and personal
- Suitability of living accommodation
- The individual's contribution to society

The concept of national wellbeing has been explored in the UK by the Office of National Statistics (ONS) in a bid to gain a more complete understanding of the state of the nation. They identified a huge range of factors that influence 'national wellbeing' and can be potentially useful measures in it. They identified a range of factors can be the cause and/or effect of levels of mental wellbeing (figure 1), these factors include what we do, where we

live, our finances, the economy, education and skills, governance, the natural environment, personal wellbeing, relationships and health (ONS, 2015).

Positive wellbeing is described as improved life expectancy and greater life satisfaction (ONS, 2015). Research shows that people with higher levels of wellbeing are more likely to make healthier lifestyle choices thus reducing the risk of illness and premature mortality (ONS, 2015). The level of mental wellbeing can also have an impact on factors such as employment, parenting, domestic violence and education which can be the cause or the consequence of positive or negative wellbeing thus presenting a two-way relationship.



Figure 1: National Wellbeing Wheel of Measures, 2014

1.2 Mental Health Promotion and Resilience

Although there is currently no explicit agreed definition of wellbeing, the World Health

Organisation (WHO) include the term wellbeing within the definition of mental health as "*a state of wellbeing in which every individual realizes 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*" (WHO, 2014).

It is important to note that while mental wellbeing and mental illness are closely linked they are not different ends of the same spectrum and exist in parallel. Therefore good mental wellbeing is not simply the absence of mental illness. For example a person with a severe bipolar disorder may report good mental wellbeing despite experiencing mental illness while a person in poor physical health on a low income may report extremely low levels of mental wellbeing in the absence of an established mental health condition.

The World Health Organisation (2014) visually illustrates the parallel existence of mental illness and mental wellbeing in the conceptual model in figure 2 which was used prominently in the Annual Report of the Chief Medical Officer (2013) on public mental health. This model shows the importance of mental health promotion and mental illness prevention and their interaction with treatment, recovery and rehabilitation from a public health perspective.

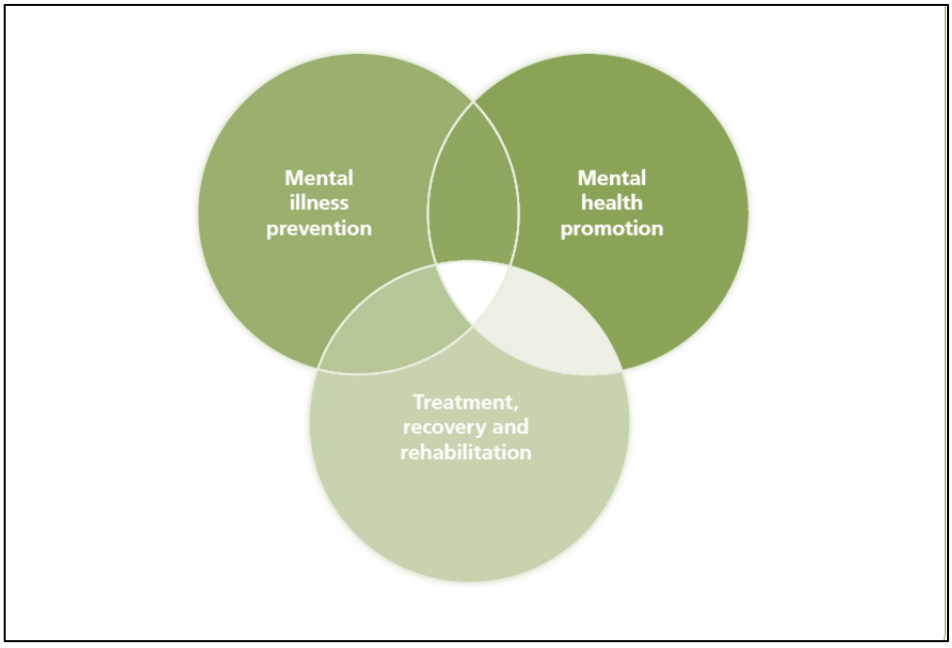


Figure 2: Annual Report of the Chief Medical Officer 2013 – Public Mental Health Priorities: Investing in the Evidence - Public Mental Health – A Conceptual Model Derived from the WHO Framework

The WHO (2014) places an emphasis on avoiding development of policies that are solely concerned with mental illness and focus on including the recognition of the broader issues which promote mental health by mainstreaming mental health promotion into policies and programmes in all governmental and nongovernmental sectors.

The Royal College of Psychiatrists in the 2010 parliamentary briefing *No Health Without Public Mental Health: The Case for Action,* highlights the social and economic benefits of

promoting mental health rather than only focusing on the prevention of mental illness. It goes on to say how mental wellbeing is "fundamental to a good quality of life" and how the impact is felt across many of the influencing factors shown in figure 1.

1.3 Measuring Wellbeing

The ONS uses a simple four-question format to measure mental wellbeing and asks people to rate their response on a 0-10 scale. The questions are set out as:

- Overall, how satisfied are you with your life nowadays?
- Overall, to what extent do you feel the things you do in your life are worthwhile?
- Overall, how happy did you feel yesterday?
- Overall, how anxious did you feel yesterday?
-

The approach is similar the WHO's five point wellbeing index (WHO-5) which measures mental wellbeing based on the preceding 2 weeks' reflections on a 0-5 scale. This was developed in 1998 and has been subsequently validated as a tool to measure wellbeing in primary care with care taken to avoid symptom-related language. The questions for the WHO-5 are set out as:

- I have felt cheerful and in good spirits
- I have felt calm and relaxed
- I have felt active and vigorous
- I woke up feeling refreshed and rested
- My daily life has been filled with things that interest me

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is also a validated measure of mental wellbeing that is commonly used both locally and nationally in the Health Survey for England (2012) and for Nottingham Citizen's Survey (Nottingham City Council, 2015). It uses a 14 item questionnaire with a 0-5 response scale totalled to provide a score ranging from 14 to 70. This was developed to enable the monitoring of mental wellbeing in the general population (over the age of 16) and the evaluation of actions which aim to improve mental wellbeing. It is also validated now for use in younger age groups. In Nottingham, good mental wellbeing is indicated by a score of more than 60. A score between 42 and 60 indicates average mental wellbeing and a score below 42 indicates poor mental wellbeing.

The 14 item questionnaire asks if people experience emotions e.g. "I've been feeling optimistic about the future" none of the time, rarely, some of the time, often or all of the time and assigns a score from 1-5 from each response. The questions target positive different aspects of wellbeing such as relationships (I've been feeling close to other people and self-determination (I've been feeling useful) as well as the absence of negative aspects (I've been feeling relaxed). The table below lists the full questionnaire.

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

Figure 3: WEMWBS Questionnaire

1.4 Wellbeing Levels and Variation

Variation in mental wellbeing is of interest to public health due to the links mental wellbeing has to wider determinants of health (see figure 1) and the role they have in helping to identify solutions to reduce health inequalities.

1.4.1 Health Survey for England

The Health Survey for England (2012) published by The Health and Social Care Information Centre (HSCIC) employs the WEMWBS to look at effects on wellbeing (the 2013 survey did not include a Wellbeing chapter whilst the 2014 survey focused on the association between wellbeing and mental illness). The sample size for the survey during this year was 8,291 adults. People living in institutions were out of the scope of this survey so this may not provide a full picture in terms of certain groups including older adults in care homes, offenders and mental health inpatients.

Geographical - Geographically, there was no variation in mean wellbeing scores by region in England. However, variations were found between areas based on levels of deprivation. People living in more deprived areas had lower wellbeing scores, on average, than those living in less deprived areas regardless of gender. Those living in the most deprived areas had average wellbeing scores of 51.1 for men and 50.2 for women, compared with 53.4 and 52.9 respectively among those living in the least deprived areas.

Self-reported wellbeing - The survey also compared WEMWBS mean scores to levels of self-reported general health wellbeing and found that those with higher scores generally had better levels of self-reported wellbeing (figure 4).

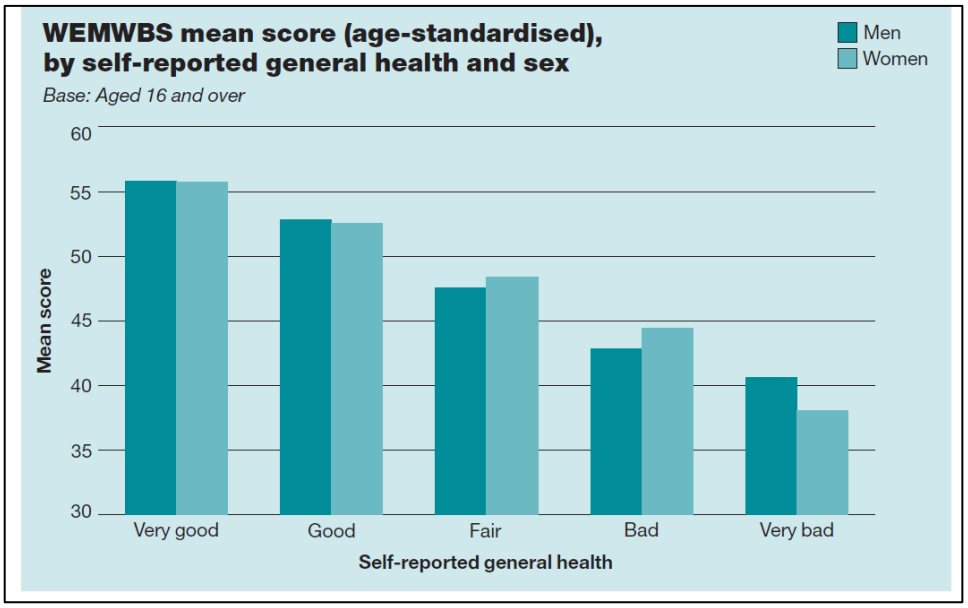


Figure 4: Health Survey for England, 2012, WEMWBS Scores by Self-Reported General Health

Household income and gender – The survey reported that in 2012, people with higher incomes had higher WEMWBS scores than those in lower income households. Women generally had lower or equivalent wellbeing scores to men regardless of income with only one income group having women with better wellbeing than men.

Physical Activity - Physical and mental health are very closely linked, physical activity and its effects not just on physical health but mental health and wellbeing are well documented with a wide range of reviews and studies (The King's Fund, 2012). The 2012 Health Survey for England demonstrated that people who managed to meet recommended levels of physical activity had higher wellbeing scores, with those who met the government guidelines having WEMWBS scores of 53.6 for men and 53.5 for women, compared with average scores of 50.0 and 49.1 respectively for those who were relatively inactive.

WEMWBS[a] mean scores (age-standardised), by levels of physical activity and sex

Aged 16 and over — *2012*

Mean score	Level of physical activity[b]			
	Meets guidelines	Some activity	Low activity	Inactive
Men				
Mean	53.6	51.3	52.9	50.0
Standard error of the mean	0.23	0.82	1.83	0.72
Women				
Mean	53.5	51.8	52.9	49.1
Standard error of the mean	0.24	0.44	0.72	0.53
Bases (unweighted)				
Men	*1399*	*228*	*74*	*430*
Women	*1541*	*372*	*170*	*625*
Bases (weighted)				
Men	*1650*	*226*	*73*	*410*
Women	*1393*	*328*	*151*	*558*

[a] The Warwick-Edinburgh Mental Well-being Scale is designed to measure mental well-being of adults in the UK. The scale has 14 items, each scored from 1 to 5 on a Likert scale, and a total score between 14 and 70 is calculated.

[b] **Meets guidelines:** At least 150 minutes moderately intensive physical activity (MPA) or 75 minutes vigorous activity (VPA) per week (pw) or an equivalent combination of these.
Some activity: 60-149 minutes MPA pw or 30-74 minutes VPA pw or an equivalent combination of these.
Low activity: 30-59 minutes MPA pw or 15-29 minutes VPA pw or an equivalent combination of these.
Inactive: Less than 30 minutes MPA pw or less than 15 minutes VPA pw or an equivalent combination of these.

Figure 5: WEMWBS Scores by Levels of Physical Activity

Mental Health - The 12-item General Health Questionnaire (GHQ-12) is commonly used as a measure of mental illness or 'possible psychological disturbance'. Participants who took part in the survey with possible 'psychological disturbance' or mental ill health based on GHQ-12 scores had lower wellbeing scores (figure 6) thus indicating a strong association between mental illness and mental wellbeing.

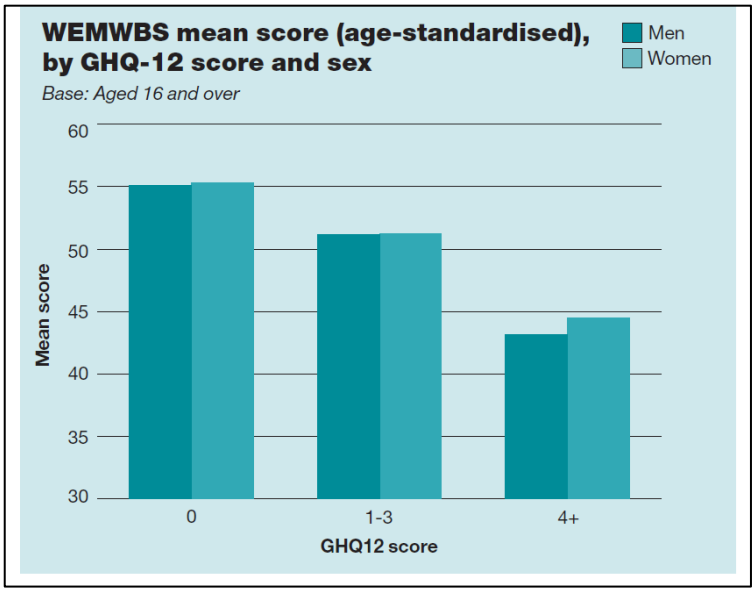


Figure 6: WEMWBS Scores by GHQ-12 Score and Sex

The Health Survey for England (2014) focused on the association between wellbeing and mental illness. Participants were defined as having a diagnosed mental illness if they reported that they had ever experienced a condition and had been diagnosed by a doctor, psychiatrist or other professional. The survey found that diagnosis of at least one mental illness was linked with lower wellbeing scores amongst both men and women (46.9). Those self-reporting mental illness without a diagnosis also had lower wellbeing scores (male 49.7, female 50.7) than those not self-reporting or having been diagnosed with a mental illness (male 52.8, female 53.0). The same group however did have higher wellbeing scores than those with a diagnosed mental illness (figure 7).

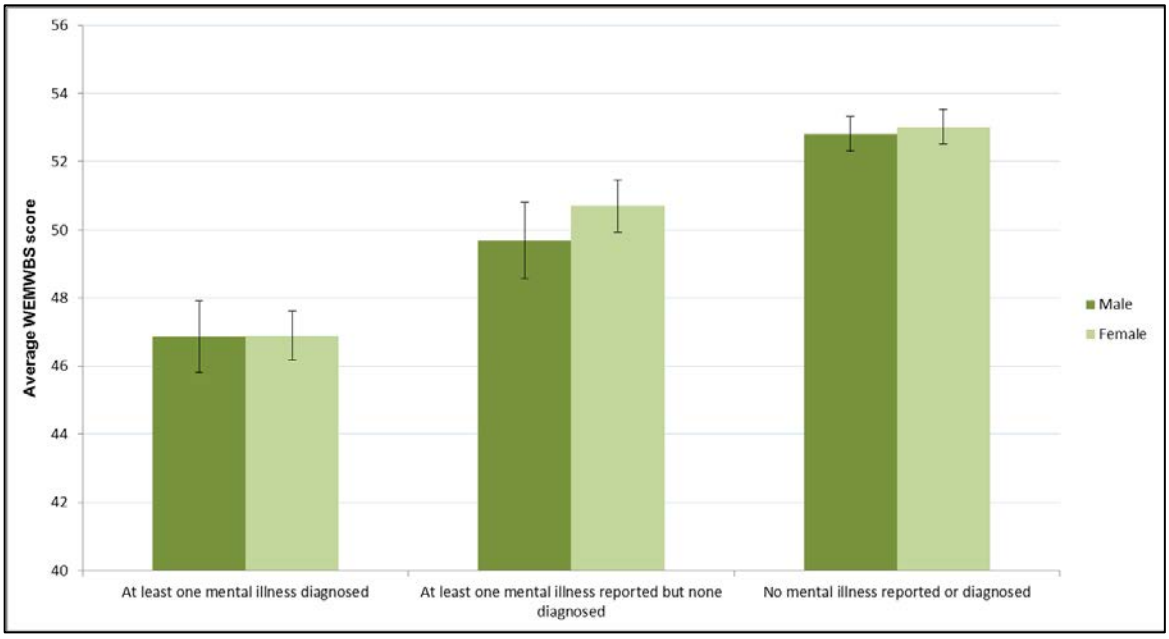


Figure 7: Well-being (WEMWBS) mean score (age-standardised), by mental illness and sex: Health Survey for England 2014

There was also a measure of wellbeing based on whether or not mental illness had ever been diagnosed. Wellbeing scores tended to be lower for those who had experienced a diagnosed mental illness (male 43.1, female 44.3) more recently (in the last 12 months) compared to those who had had similar experiences more than 12 months ago (male 50.9, female 49.7). Those who had never been diagnosed with a mental illness had slightly higher scores (male 52.1, female 52.4). This indicates that wellbeing tends to improve over time after being diagnosed with a mental illness (figure 8).

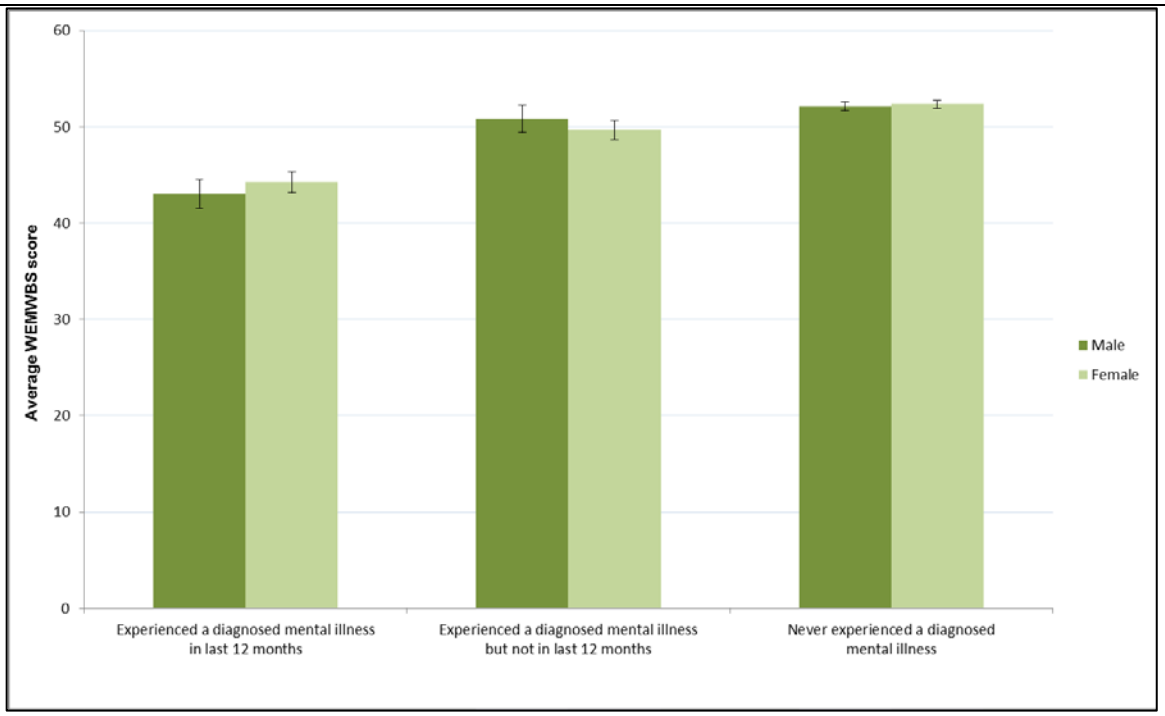


Figure 8: Well-being (WEMWBS) mean score (age-standardised), by experience of diagnosed mental illness and sex: Health Survey for England 2014

Carers – Wellbeing scores were also compared to the number of hours people spent providing informal care in the survey. Wellbeing scores declined in line with an increase in the number of hours a person spent providing care indicating a link between providing social care and a person's own wellbeing. Women who provide care generally have higher wellbeing scores than men who provide care but this difference is very marginal.

Long Term Conditions (LTC) - The Health Survey for England (2012) reported an association between people having a LTC which manifested in limitations and lower wellbeing scores (46.8 for men and 47.0 for women compared to 53.8 for people of both genders without limiting LTCs). A link between lower wellbeing scores for people with co-morbidities was also identified.

1.4.2 ONS Measuring National Wellbeing Programme

The 'Measuring National Wellbeing' (MNW) programme has been running since November 2010 by the ONS to provide a better understanding of national wellbeing, it summarises impacts and identifies future challenges. The ONS have been collecting data on personal wellbeing since April 2011 and have now made available a combined 3 year dataset which allows for more detailed analysis of local level data and of sub-groups in the population. The ONS utilises the four-question format mentioned in section 1.2 to measure wellbeing and groups people by country, region, local areas and individual characteristics.

ONS recently published analysis looking at what matters most to personal wellbeing.
The findings, similar to other research in this area, suggested that self-assessed health, employment status and relationship status are linked to personal wellbeing. Further analysis (ONS, 2014) also added household income and household expenditure to this list, but found they were not as strongly linked to wellbeing as some other aspects of life, such as health

and employment. Loneliness has also been identified by the ONS in the Measuring National Wellbeing Programme (2013) as having a relationship with personal wellbeing primarily due to it being another subjective experience.

Figure 9 shows the percentages of people surveyed by the ONS to measure Personal Wellbeing in the UK 2014/15 aged 16 and over in the UK reporting the highest and lowest levels of wellbeing in financial year ending 2015 and how this has changed since financial year ending 2012. The reported highest and lowest well-being for financial year ending 2015:

• 28.8% rated their life satisfaction at the highest levels compared to 4.8% at the lowest
• 34.4% rated their sense that what they do in life is worthwhile at the highest levels, compared to 3.8% at the lowest
• 34.1% rated their happiness at the highest levels, while 8.9% rated their happiness at the lowest
• 40.9% rated their anxiety at the lowest levels, while 19.4% rated it at the highest levels

It is worth noting that due to subjective classification of levels of personal wellbeing, the above results could be open to interpretation and may not provide the full picture, therefore it may be more helpful to consider the actual scores.



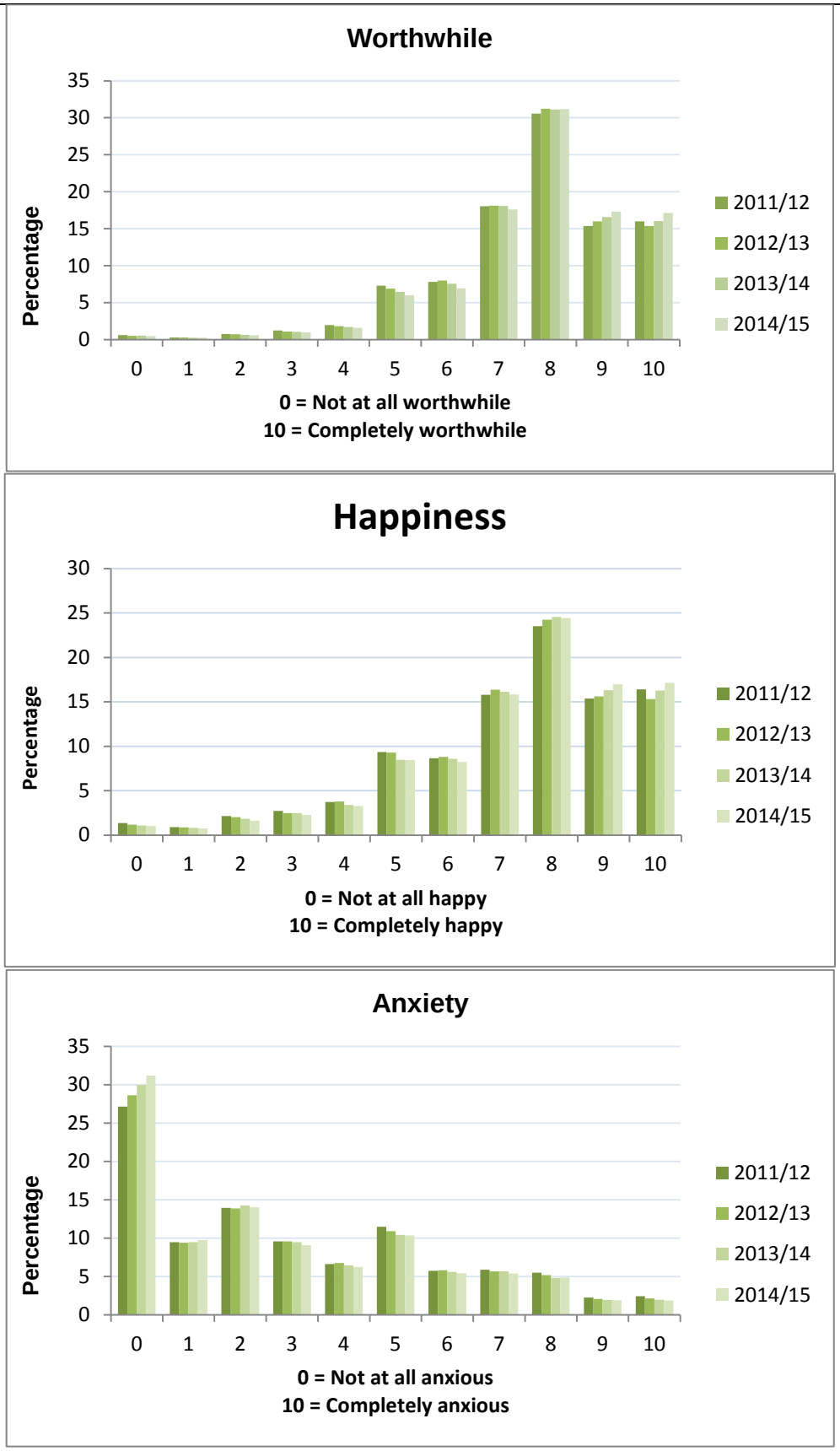


Figure 9: Distribution of Personal Wellbeing Ratings, ONS, 2011-2015

In contrast to the Health Survey for England (mentioned earlier) which employs WEMWBS

model to measure wellbeing, differences between regions in England in terms of personal wellbeing have been identified by the ONS.

The various personal characteristic groups used by the ONS to measure wellbeing include, employment, disability and marital status as well as age, gender, religion and ethnicity. The ONS (2014) highlights that unemployment is consistently one of the strongest influences on how people rate their wellbeing and makes a possible link between the improvement in wellbeing rates (albeit minimal) and the fall in unemployment.

The ONS have created a National Wellbeing 'Wheel of Measures' which provides a snapshot of population wellbeing based on the various influencing factors for years when relevant data has been available for each of the ten domains.

1.5 Key points around low wellbeing

The lowest 10% of all WEMWBS (HSE, 2012) scores were associated with a number of potential risk factors indicating possible associations rather than causes:

Marital status – The odds of having a lower wellbeing score for men who were divorced or separated were higher than men who were married or cohabiting. There were no significant differences for women between the various relationship statuses.

Education status – For both men and women, education was a significant predictor of wellbeing, lower educational attainment was associated closely with lower levels of wellbeing.

Area deprivation – Was a significant predictor of wellbeing in women, women living in the most deprived areas were far more likely to have low wellbeing scores than those living in less deprived areas. The wellbeing of men did not have any correlation with area deprivation.

GHQ-12 score – Used to gauge the likelihood of psychological disturbance or probable mental ill health, GHQ12 scores were an indicator of wellbeing. For both men and women, GHQ-12 scores were correlated with wellbeing scores; those with higher GHQ-12 scores had lower levels of wellbeing.

Self-reported general health – Men and women who reported poorest levels of general health were likely to have lower wellbeing scores.

Depression and anxiety – Those who reported feeling anxious or depressed on the day of the survey had lower levels of wellbeing than those who didn't.

Provision of informal care or support – Men who provided informal care or support to others were far more likely to have a low wellbeing score than those who didn't. For women, the provision of informal care or support was not an indicator of their wellbeing.

The ONS highlights the strong evidence to show that paid or unpaid work and job satisfaction is generally linked to higher wellbeing scores and that worklessness is associated with low levels of wellbeing (ONS, 2015).

1.5.1 Age and Wellbeing

The ONS (2015) published a statistical bulletin analysing personal well-being data for over

300,000 adults in the UK collected over 3 years between 2012 and 2015 (figure 10). Some of the key findings include:

- those aged 65 to 79 tended to report the highest average levels of personal well-being
- ratings of life satisfaction and happiness were at their lowest, on average, for those aged 45 to 59
- well-being ratings fell amongst the oldest age groups (those aged 75 and over) - this fall was steepest for feelings that activities they do in life are worthwhile
- those aged 90 and over reported higher life satisfaction and happiness compared with people in their middle years
- average anxiety ratings increased through early and middle years, peaking between 45 to 59 years, but then subsequently falling and remaining relatively unchanged for those aged 65 and over.

The analysis provides a more detailed picture of the relationship between personal wellbeing and age than the widely accepted U curve. In particular, it finds a notable decline in personal wellbeing scores for those aged 75 and over.

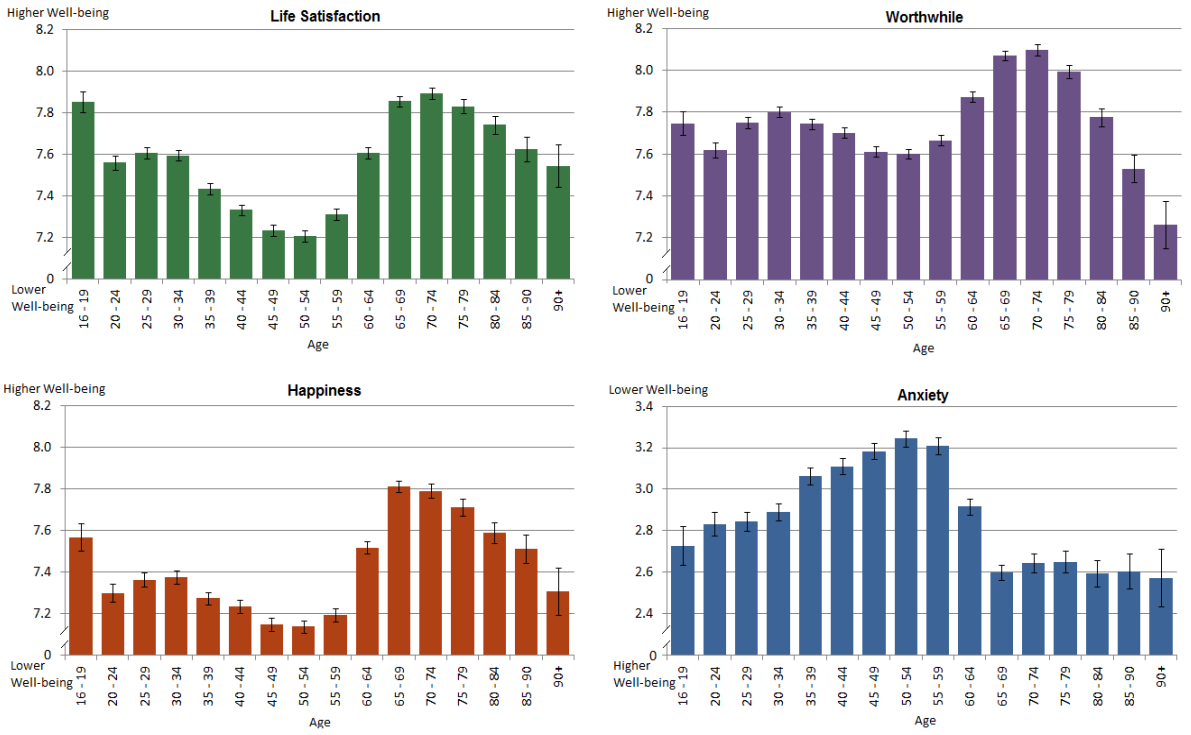


Figure 10: Average personal well-being ratings: by age, 2012 to 2015: Annual Population Survey (APS) - Office for National Statistics.

Improving the mental wellbeing of older people and helping them to retain their independence can benefit families, communities and society as a whole. Helping those at risk of poor mental wellbeing or losing their independence may also reduce, delay or avoid their use of health and social care services.

1.5.2 Loneliness

Loneliness is an individual's sense that they lack the number and quality of relationships with others that they feel they want or need. Living alone does not necessarily imply

loneliness. In fact some people live with others and report feeling very lonely, for example those living in care homes. Being lonely may lead to becoming socially isolated. Social isolation is different to loneliness in that it is the absence of social contact which results in an individual's inability to interact socially. Being socially isolated may lead to loneliness.

Loneliness has been identified by the ONS (2013) as being linked with personal wellbeing in a number of ways. The feeling of loneliness is reported to be linked with lower life satisfaction thus manifesting in lower wellbeing scores. The ONS also reports feelings of loneliness having a relationship with limitations on daily activities thus increasing the prevalence of 'elevated depressive symptoms' and manifesting in lower wellbeing scores. The ONS goes on to make the link between more frequent experiences of loneliness and low levels of self-reported good health, this also can manifest in lower levels of wellbeing as identified above. Figure 10 shows frequency of feeling lonely by age group, showing that those aged 80 and over are most likely to experience loneliness.

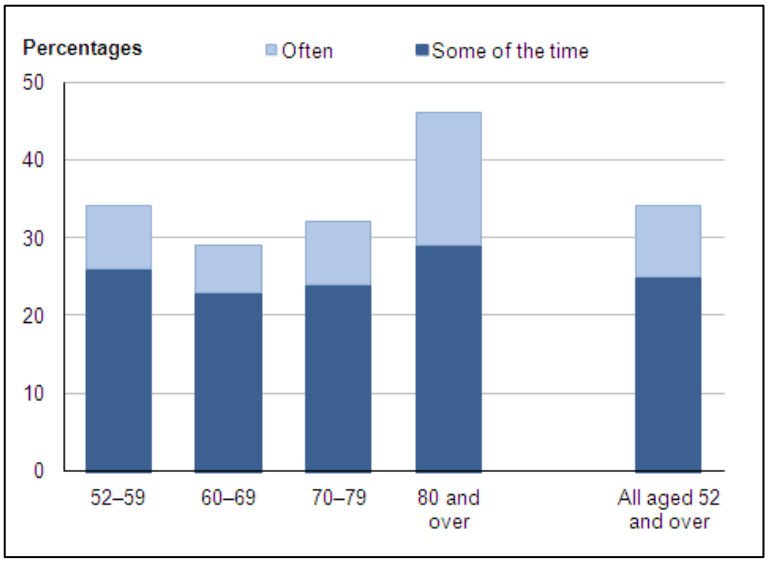


Figure 11: Frequency of feeling lonely by age group (1), 2009–10 England ONS

Recent research from the ONS (2015) looked at factors associated with well-being among older people and one possible reason for lower personal well-being for those aged 80 and over, compared to the 65 to 79 age group, could be related to feeling lonely. Those aged 80 and over have a higher average loneliness rating (3.3 out of 10) than the working age population (2.1) and the 65 to 79 age group (1.9). Figure 12 shows that, those aged 80 and over are also twice as likely to report feeling lonely (a rating of 6 or more out of 10) than those in the working age and the 65 to 79 age group (29.2% compared to 14.8% and 14.5% respectively) (figure 12).

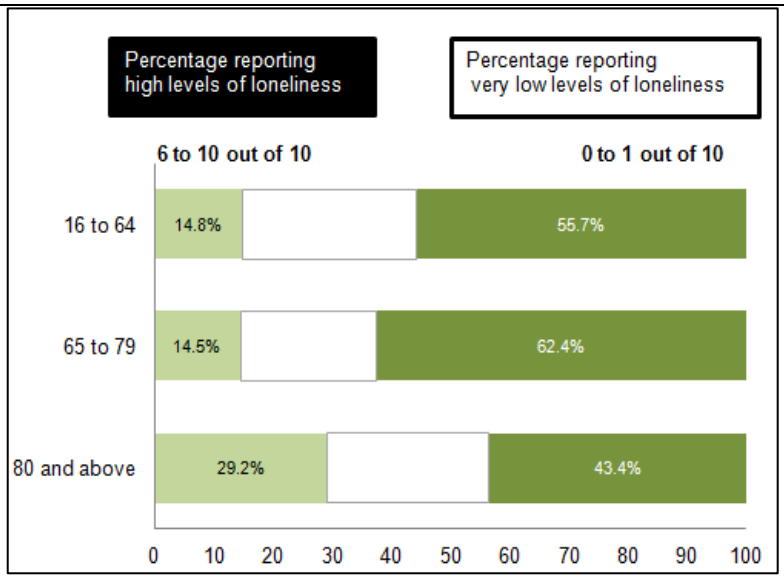


Figure 12: Proportion of people who report feeling lonely in their daily life by age group, 2014 to 2015 Great Britain ONS.

2) Size of the issue locally

2.1 Nottingham Citizens' Survey Scores 2015

Mental wellbeing in adults is measured in Nottingham in the annual citizens' survey using the WEMWBS. It is not known how well it reflects the mental wellbeing of citizens who do not take part in the survey, but the measure itself is a good indicator for those who take part.

Broadly, Nottingham compares slightly low in terms of wellbeing when the 70 point WEMWBS score is used. A score of 50.9 for men and 50 for women is lower although not significantly than that of the East Midlands with 53.1 for men and 51.3 for women which is higher than the England average of 52.5 for men and 52.2 for women.

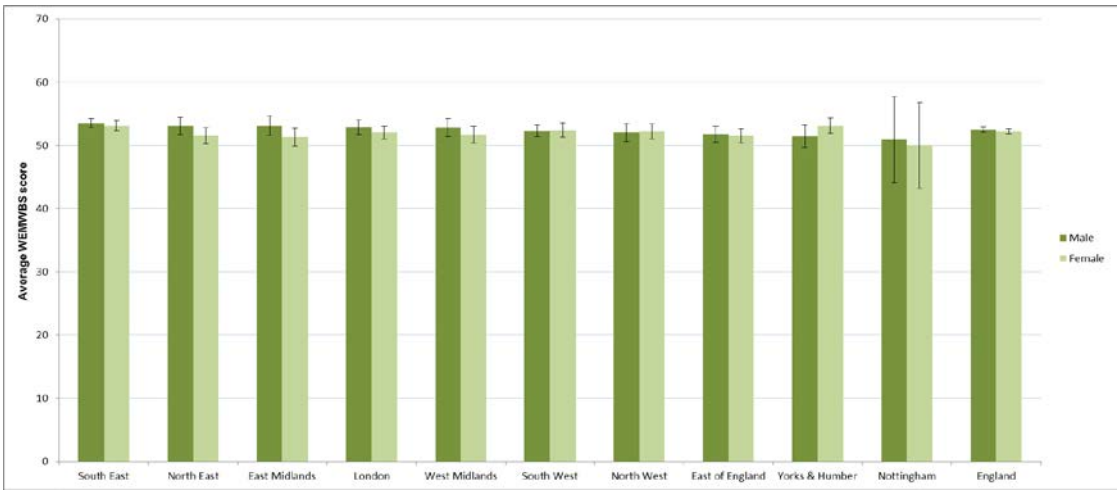


Figure 13: Health Survey for England 2012, WEMWBS scores by region

There are variations at local level echoing those at national level which would suggest inequalities in wellbeing amongst certain groups such as unemployed people, those with a disability or long term condition, people living in social rented housing who all tend to have lower mental wellbeing scores.

Figure 14 shows the red line indicating average wellbeing score for Nottingham for the period 2014-2015 alongside the wellbeing scores for Nottingham broken down by ward, ranked by wellbeing score. Despite the wide confidence levels due to small scale assessment, an emerging pattern can be seen between areas of deprivation and levels of wellbeing. Nevertheless, the wards with the lowest scores (Bulwell and Aspley) in 2011-2013 have seen improvements in the current survey.

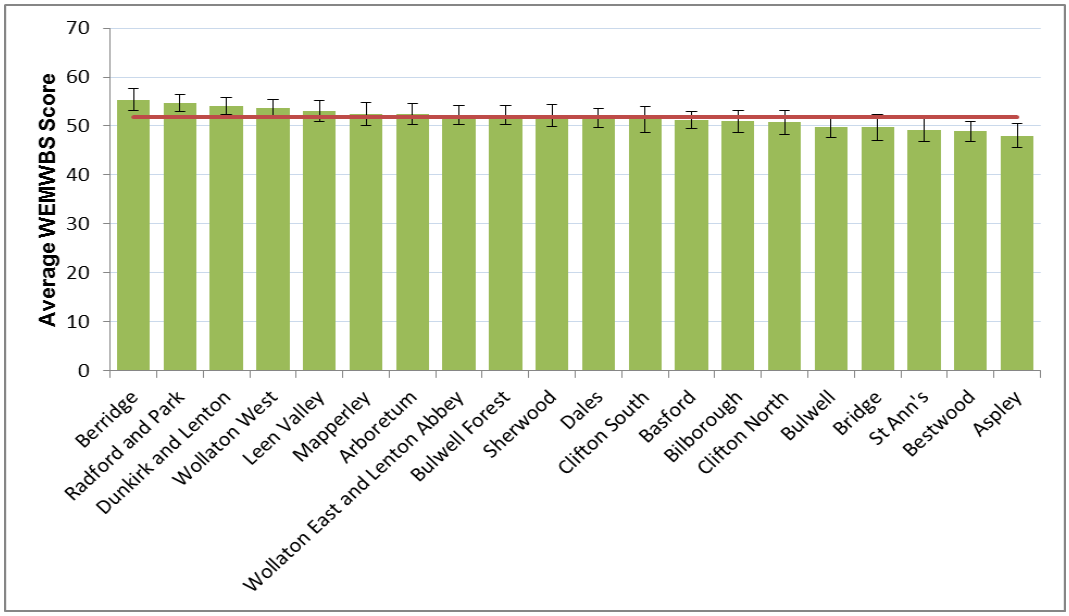


Figure 14: Nottingham Citizens' Survey 2015, Average WEMWBS Score for Nottingham City Wards and England 2014-2015

There is little difference between age groups within the local picture (figure 15) although trends in factors such as age reflect the national 'U-shaped relationship' between age and wellbeing (HSE, 2012) which highlights the dip in wellbeing scores in middle age and peaking during and after retirement age.

People who identify themselves as belonging to an ethnic minority group report slightly higher mental wellbeing (53.24) than those from a white background (51.14) which contradicts national ONS (2013) findings to suggest that people from black and minority ethnic (BME) backgrounds had lower levels of wellbeing than their non-BME counterparts.

As seen nationally those with physical health problems and disabilities have lower levels of wellbeing (47.43) than those without (52.99), this relates to the national findings in both the Measuring Wellbeing Programme (2014) and Health Survey for England (2012) which found low levels of wellbeing particularly amongst those who were unable to carry out daily activities due to their condition.

People who were unemployed or otherwise not in paid work (48.38 and 51.15 respectively) (this may include those who provide care) had a lower average score compared to those who were in work, full-time education or were retired (53.89 and 52.64 respectively).

The last two groups of people are also those who reported to have experienced the highest levels of loneliness compared to other groups which indicates that all of these factors interact with each other and impact on a person's subjective wellbeing.

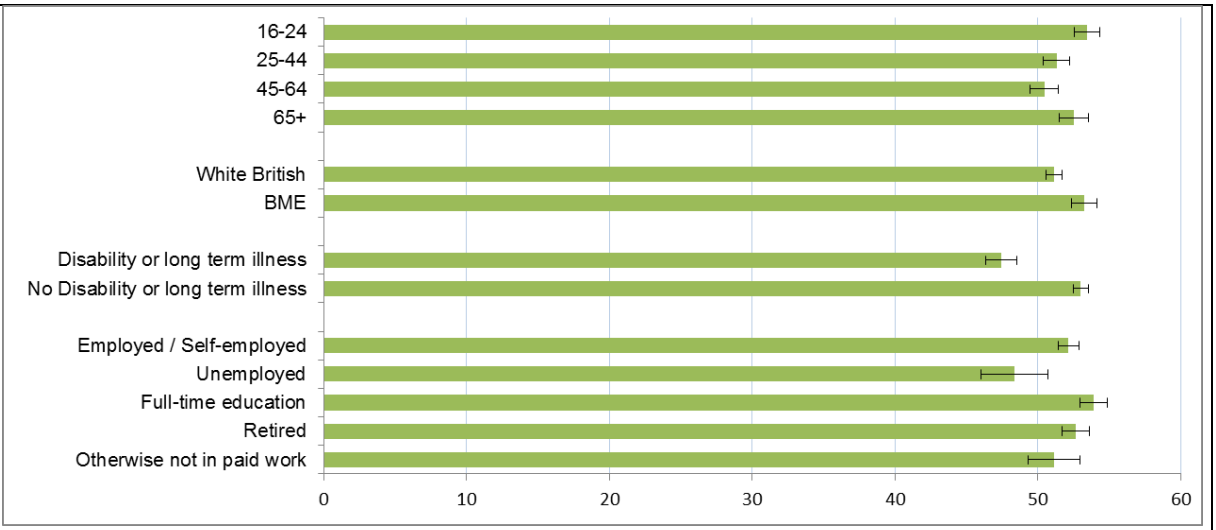


Figure 15: Nottingham Citizens' Survey 2015, Mental Wellbeing by Demographic Group

WEMWBS scores are also divided into 'above average (61 and above) average (42-60) and below average (less than 60)' categories in the Nottingham Citizens' Survey. These are presented below by demographic group (figure 16). There has been an overall increase in the 'above average' and 'poor' categories since the previous year while there has been a drop in the 'average' category.

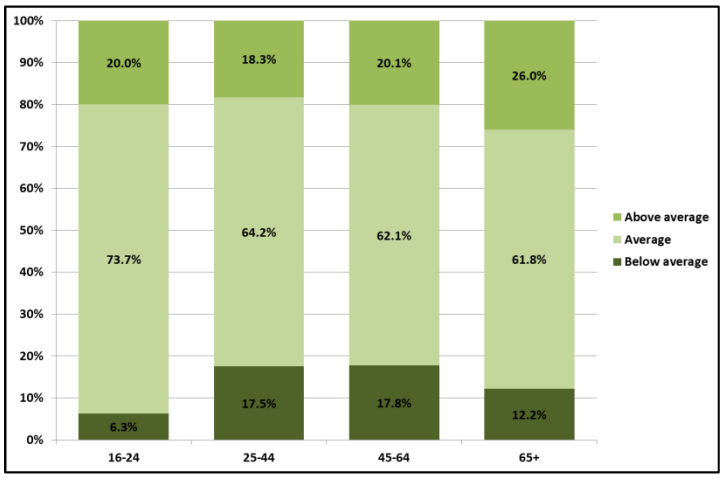


Figure 16a: Mental wellbeing categories by age: Nottingham Citizens' Survey 2015

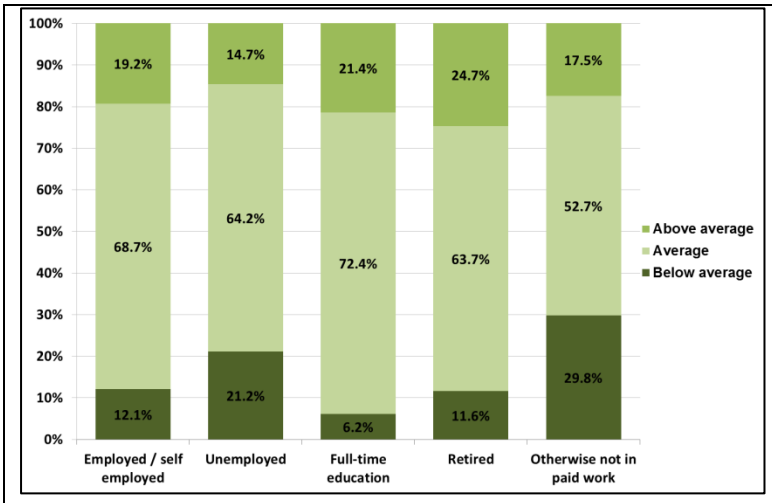


Figure 16b: Mental wellbeing categories by employment: Nottingham Citizens' Survey 2015

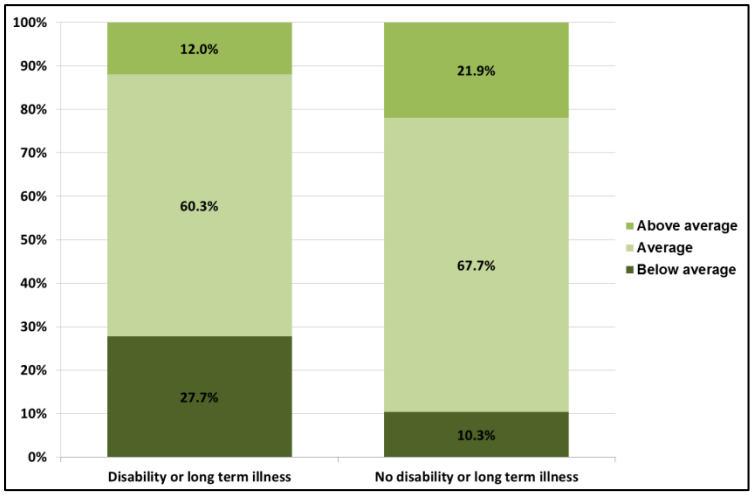


Figure 16c: Mental wellbeing categories by disabiltiy/long term conditon: Nottingham Citizens' Survey 2015

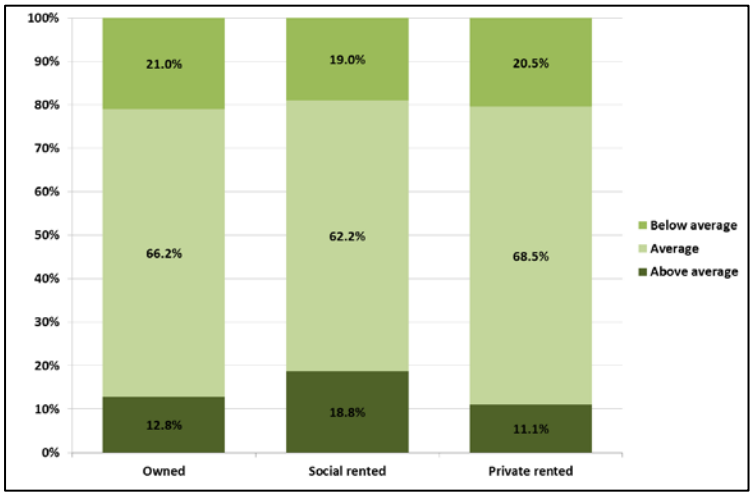


Figure 16d: Mental wellbeing categories by housing tenture: Nottingham Citizens' Survey 2015

2.2 ONS Scores

Nottingham scores rank less well than on the Health Survey for England with the ONS domains of life satisfaction, feeling of wellbeing, happiness and anxiety (2011 -2014). The graphs are presented below for the whole of the UK with Nottingham and core cities highlighted (figure 17).

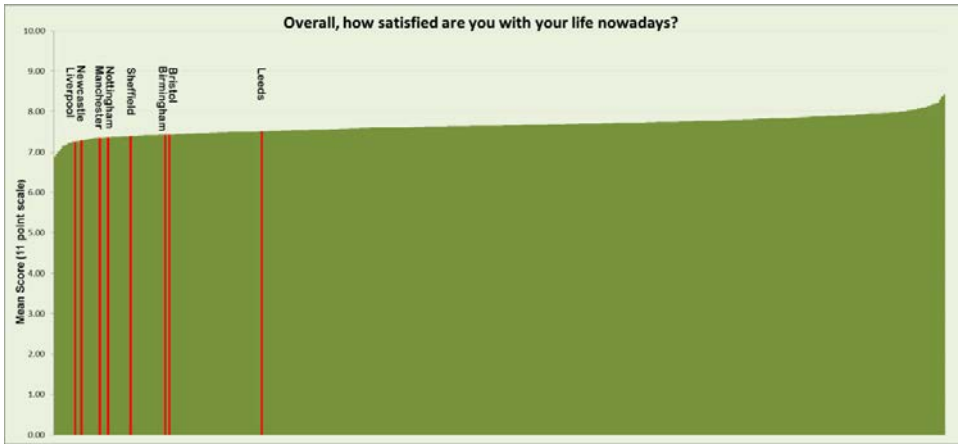


Figure 17a: Nottingham v UK Wellbeing Scores ONS, 2011-2014 – Satisfaction (higher score is better)

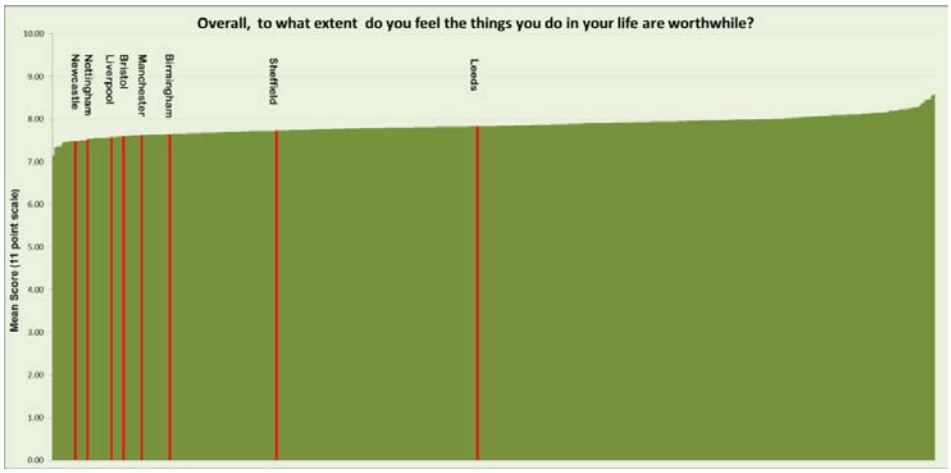


Figure 17b: Nottingham v UK Wellbeing Scores ONS, 2011-2014 – Worthwhile (higher score is better)

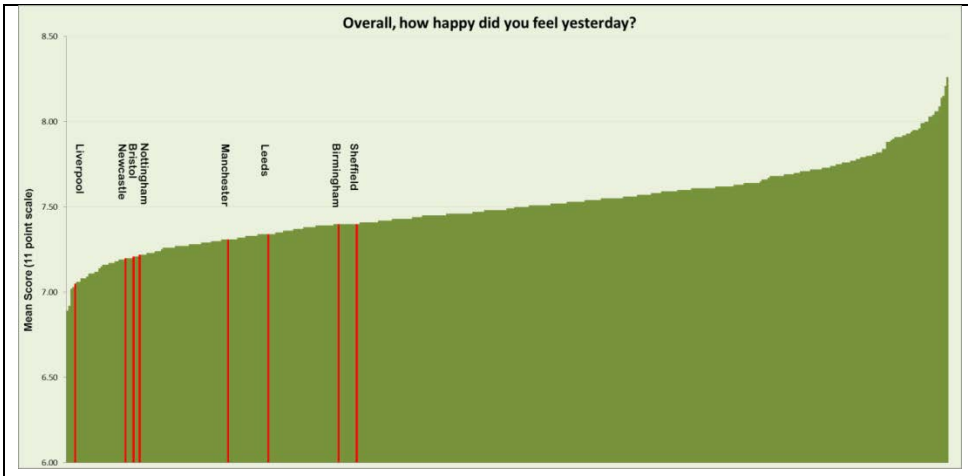


Figure 17c: Nottingham v UK Wellbeing Scores ONS, 2011-2014 – Happiness (higher score is better)

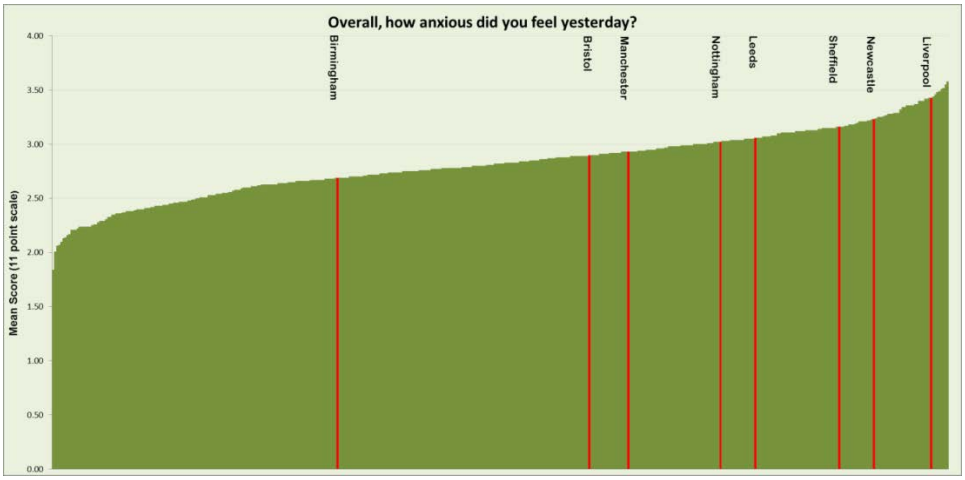


Figure 17d: Nottingham v UK Wellbeing Scores ONS, 2011-2014 – Anxiety (lower score is better)

In contrast to the data from Health Survey for England (2012) and the Nottingham Citizens' Survey (2014) which indicates Nottingham ranks as average or above average, the ONS data indicates a lower than average score in some components of wellbeing compared to the rest of the UK, particularly with regard to feelings of worthwhile although levels of anxiety are below average. The sample size of the ONS survey is around half that of the Nottingham citizens survey with 1100 people asked thus presenting wider confidence intervals and more variation which makes identification of inequalities and differences amongst groups more difficult at a local level.

3) Targets and performance

National Mental health Strategy: No Health Without Mental Health 2011

- Better mental health across the whole population.

The Care Act 2014

- Promote individual wellbeing.

Nottingham City Joint Health and Wellbeing Strategy 2013-2016

- Intervene earlier to increase the number of citizens with good mental health.

Mental Health and Wellbeing Strategy for Nottingham City: Wellness in Mind 2014-2017

- Promoting mental resilience and preventing mental problems.
- Identifying problems early and supporting effective interventions.

Nottingham Plan to 2020

- Improve mental health and wellbeing across the city (defined by reducing the proportion of people with poor mental health by 10%).
- Promote health and wellbeing through engaging with employers, encouraging initiatives to promote the health of their workforces and families, a healthy work life balance and family-friendly working.
- Expand our services on mental health, to prevent illness, provide better access to treatment and to remove the stigma often associated with it.

Nottingham City Clinical Commissioning Group Strategy: Working Together for a Healthier Nottingham 2013-2016

- Improve access to psychological therapies for people who do not easily access services and are at higher risk.
- Increase the proportion of patients managed in the community**.**
- Improve the physical health of patients with mental illness.

Public Health Outcomes Framework 2013-2016

- Self-reported wellbeing measured through four questions designed by the Office of National Statistics (ONS) and through the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) and the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS).

4) Current activity, service provision and assets

The social infrastructure of the city (parks, transport, safety, leisure, civil and faith organisations, financial wellbeing advice services, skills and employment services) provides a platform for citizens to improve their mental wellbeing and resilience by means of improving the factors which influence mental health and wellbeing (figure 18)

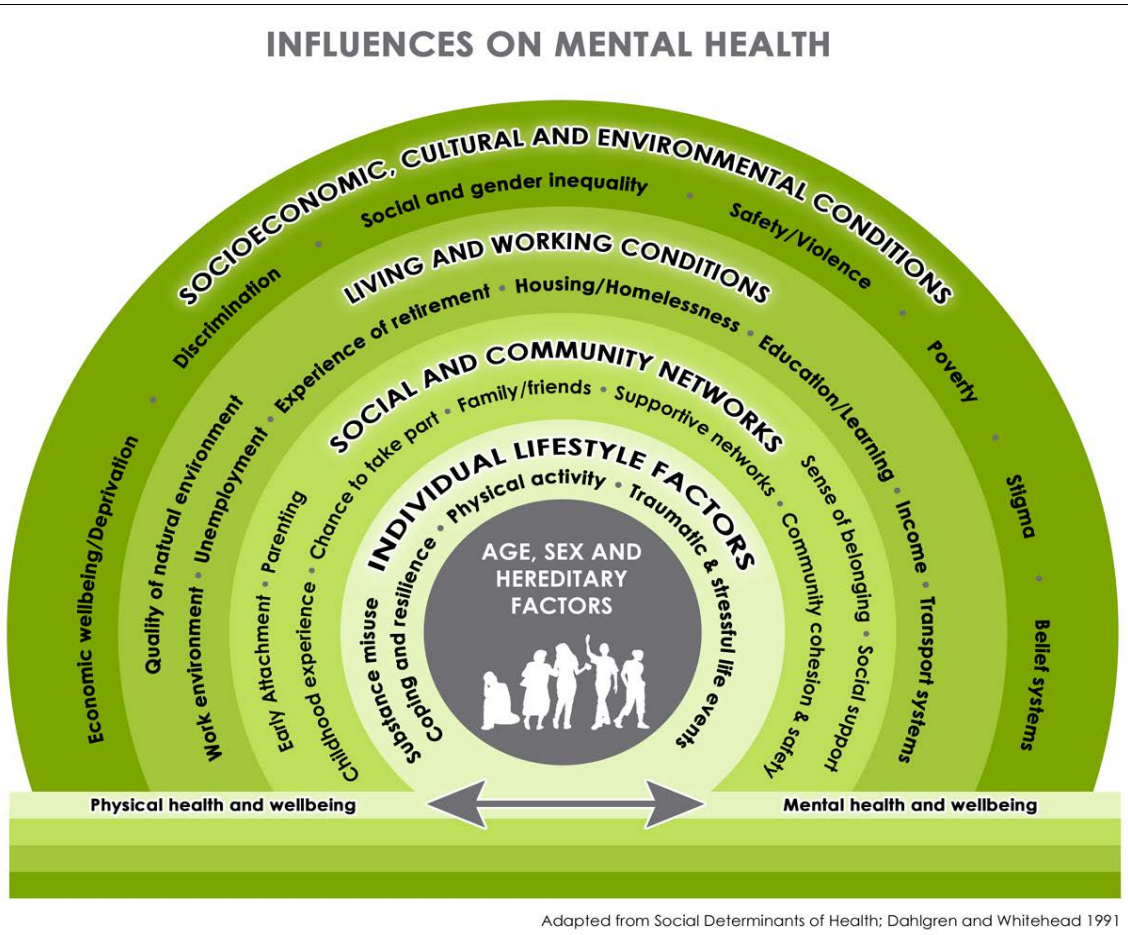


Figure 18: Factors That Influence Mental Health and Wellbeing

Mental wellbeing is an extremely broad area with a wide range of socioeconomic and cultural influences as well as services and activities that can potentially influence and improve an individual's or community's sense of wellbeing. There are currently four locally commissioned services that specifically target mental wellbeing, Steps BME Mental health and Wellbeing Service, Psychological Therapies and Books on Prescription (there are plans to introduce additional services commencing April 2016). Increasing wellbeing aims to improve the mental resilience of a population and contribute to preventing mental illness. The range of universal and targeted services listed below are aimed at helping people who may be experiencing any level of mental health problems in order to enhance their wellbeing and prevent mental illness.

Healthy Change Programme – Nottingham City Council have commissioned a range of services provided by the public, private and voluntary sectors which aim to support adults in reducing their risk of developing cardiovascular disease (CVD) and other long term conditions (LTC) through improving lifestyle risk factors. In line with parity of esteem principles, the programme measures wellbeing in order to gauge the impact of the services on individuals' wellbeing levels. The WHO-5 tool mentioned in section 1.3 is used to measure wellbeing in people accessing the Healthy Change Programme. Scores are taken at the beginning and at the end of the coaching period with additional measures taken at 6-month and 12-month intervals during or beyond the coaching period. The length of the coaching period is determined by individual needs and goals. The average wellbeing score

for the 1195 individuals who provided a measure at the beginning of the coaching period was 53.4, this score increased to 62.5 at the end of the coaching period (for period 1st May 2011 to 22nd August 2012). The programme is currently undergoing a review after which further detailed data on wellbeing outcomes will be made available.

Nottingham City Clinical Commissioning Group – Following recent consultation, a new set of services has been designed and due to be introduced to begin on April 2016.Has been recently consulting on the future of community mental health support services from 2016.

Books on Prescription - Nottingham City Libraries runs the Books on prescription services which allows GPs or other health professionals to 'prescribe' evidence based books to those with mental illness with the aim of increasing their understanding of their condition and allowing them to read up on ways in which to minimise their impact. These are also freely available for those who wish loan them out without a referral.

Include - Independent living support service providing adults with learning disabilities including autism and Asperger's syndrome with housing related support.

Nottingham City Signposting Service - A service aimed at people aged 60 and over, it acts as a single point of contact enabling people to refer and self-refer in order to access information regarding a range of services many of which could enhance the wellbeing of an individual.

Self Help Nottingham - Many of the interventions around mental wellbeing focus on self-help and people taking independent steps to improve their wellbeing. Self Help Nottingham and Nottinghamshire is the local branch of a national organisation that maintains a directory of self-help projects and organisations to assist people with a wide range or conditions.

Sixty Plus - Independent living support service for older people in Nottingham enabling people to access a personalised short-term support and planning service.

STEPS - Mental health support and outreach service offering recovery action planning, one to one support, group activities and peer support for BME communities.

Primary Care Psychological Therapies - Similarly targeted at those with early signs of low wellbeing or mild to moderate mental health issues, there are currently a number of providers of NHS primary care psychological services offering talking therapies as well as guided self-help to try and mitigate the negative impact mental illness has on mental wellbeing.

Wellbeing Plus - This service offers advice to adults with mild to moderate mental health problems and supports them with services such as counselling and stress management as well as advise on finances and employment to allow service users to make positive changes to their lives. People can either self-refer or be referred by their GP. This is due to be replaced with a new service in April 2016.

Wellness in Mind Mental Health Literacy Programme - Aims to raise awareness of wellbeing amongst people who work face to face with citizens and high risk groups. The programme will enable participants to identify risks and promote better wellbeing.

In line with increasing use of technology, there are a range of NHS apps on NHS Choices apps library including (http://apps.nhs.uk/app/five-ways-to-wellbeing/) focused on the five ways to wellbeing and allows people to set targets and receive personalised information on

how to improve their mental wellbeing.

5) Evidence of what works

NICE Guidance

PH16 (2008) Mental Wellbeing and Older People - Guidance on incorporating OT and physio input to create tailored physical activity programmes for older people as well as sessions to increase their knowledge on a range of topics

PH22 (2009) Wellbeing at Work - Public heath guidance promoting fairness and flexibility in work as well as using Health and Safety Executive to manage stress at work

NG32 (2015) Older People: Independence and Mental Wellbeing – Using an assets-based approach to outline 'principles of good practice' around involving older people in the planning of group-based, one-to-one and volunteering activities to maintain and improve the mental wellbeing and independence of people aged 65 or older and how to identify those most at risk of a decline.

New Economics Foundation

Five ways to Wellbeing (2008)

Nationally, ways to improve mental wellbeing have been crystallised into the 'Five Ways to Wellbeing' following a report from the New Economics Foundation which divides interventions to increase it into the subheadings:

1. Connect - Social relationships are critical for promoting wellbeing and for acting as a buffer against mental ill health for people of all ages.
2. Be active - Regular physical activity is associated with lower rates of depression and anxiety across all age groups.
3. Take notice - Studies have shown that being aware of what is taking place in the present directly enhances your wellbeing and savoring 'the moment' can help to reaffirm your life priorities.
4. Keep learning - Anecdotal evidence suggests that the opportunity to engage in work or educational activities particularly helps to lift older people out of depression.
5. Give - Individuals who report a greater interest in helping others are more likely to rate themselves as happy.

Community Capital

The Action and Research Centre and its partners at the University of Central Lancashire (Uclan) and the London School of Economics (LSE) in their report, Community Capital (2015) demonstrated that connecting people to one another in their local areas generates a 'wellbeing dividend' with a stronger correlation that other social or economic characteristics such as illness, unemployment or parental status.

UK National Citizenship Programme (NCP)

Indirect evidence to further strengthen the principles behind the Five Ways to Wellbeing

Framework comes from the ONS (2014) through a survey conducted among NCS participants as well as a control group of 16 year olds before and after the service. The NCS programme is a voluntary eight week programme in which young people come together to carry out a social action project in their local area. The survey asked the four ONS questions of subjective wellbeing to measure the impact of the programme (figure 19).

United Kingdom	Results (%)				
	Baseline			Follow-up	
	NCS	Control		NCS	Control
High satisfaction with your life	64	61		79	73
High level of happiness felt yesterday	66	67		72	69
Feel things you do in life are worthwhile	65	64		79	73
Low levels of anxiety felt yesterday	45	56		49	51
Bases (numbers)	1612	1571		1625	1580

Figure 19: Evaluation of National Citizen Service: Findings from the evaluation of the 2012 summer and autumn NCS programmes: NatCen et al, 2011.

Wellbeing at work (2014)

Review of literature of wellbeing at work highlighting the links between job security, flexible working and pay structures and mental wellbeing.

World Health Organisation Model of Mental Health Promotion

The Annual Report of the Chief Medical Officer (CMO, 2013) shared a conceptual model of mental health promotion derived from the WHO framework and illustrates examples of peer reviewed evidence. The report makes recommendations around commissioners focusing on services for which there is evidence framed according to this model (figure 20).

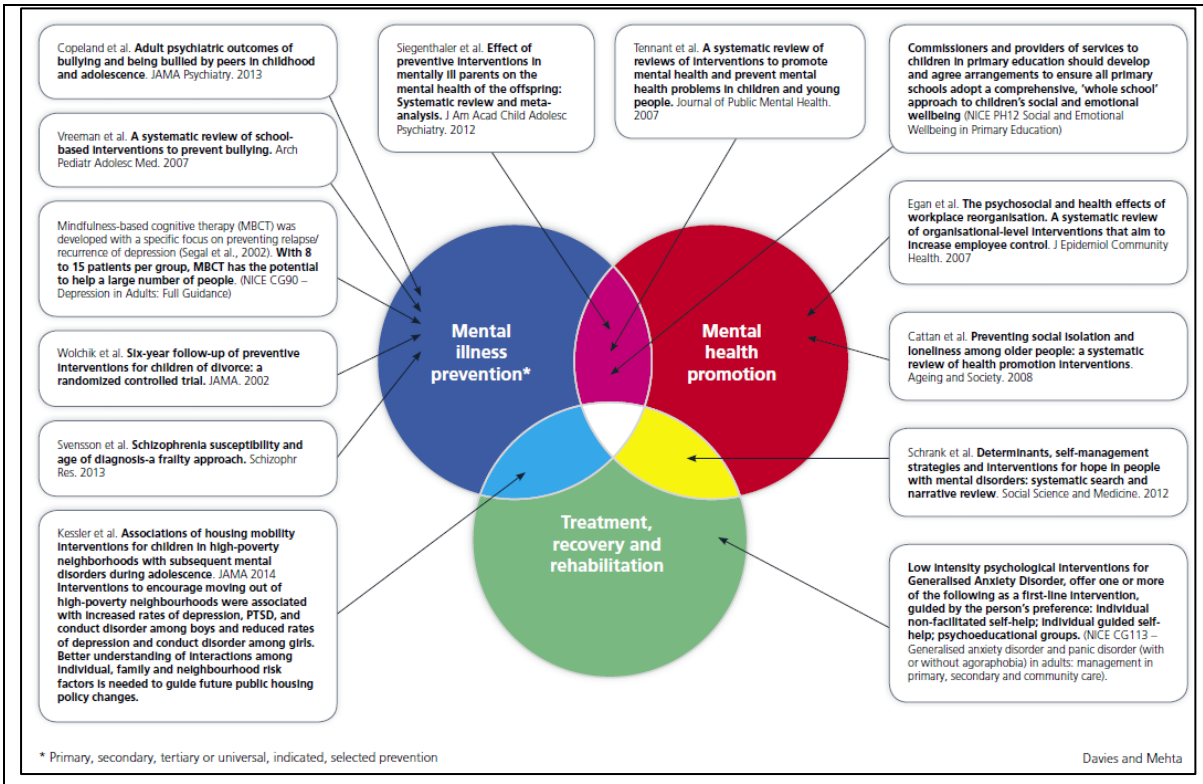


Figure 20: Annual Report of the Chief Medical Officer 2013, Public Mental Health Priorities – A Conceptual Model Derived From the WHO Framework (illustrated with examples from the peer reviewed evidence base)

Future Research

The Department for Communities and Local Government (DCLG) are also running a Troubled Families Programme which will measure the wellbeing of families (adults and children) to assess improvements following their participation. The research will include national measures and the final report is due in late 2015(ONS, 2014).

6) What is on the horizon?

- Raising awareness of the role of mental wellbeing
- Political support at present for mental wellbeing
- Debate on links between mental wellbeing and lifestyle changes
- Raised expectations around support for poor mental wellbeing
- Debate and evidence base likely to grow to better measures and more defined outcomes
- More public debate and awareness of mental wellbeing

7) Projected service use and outcomes in 3-5 years and 5-10 years

Whilst measuring wellbeing is becoming more commonplace, it is challenging to quantify how findings would manifest in service use and uptake. On the whole, an ageing population with age related conditions along with reduced stigma and increased awareness of wellbeing particularly via vehicles such as The Care Act 2014 is likely to lead to an increased demand to low level mental health services as a proxy measure. This however, would be difficult to define in relation to increasing common mental health disorders being

on the increase.

8) Local Views

Local views on wellbeing were gathered during the consultation of the Wellness in Mind Mental Health and Wellbeing Strategy. Currently, the focus appears to be on improving the factors that influence individual and community wellbeing, for example, cleanliness of the local area, crime and mental health.

Although not very 'local' the ONS MNW programme shared some valuable micro level findings and views of a national debate under the banner 'what matters'. The debate included 175 events around the country and generated 35,000 responses. The findings and other research were used to determine 41 measures of national wellbeing across 10 domains, for example, Personal Wellbeing, Personal Finance and the Natural Environment (ONS, 2014).

The 2016 Health and Wellbeing Strategy engagement and consultation in Nottingham will add to this evidence base and will be reported through the Health and Wellbeing Board in 2016.

What does this tell us?

9) Unmet needs and service gaps

1. Wellbeing services are currently targeted at those with existing mental health problems rather than trying to increase population resilience. (Commissioners are currently responding to this via newly commissioned services to begin April 2016)
2. Poor physical health is associated with worse mental wellbeing.
3. The workplace is a key area in the drive to improve mental wellbeing. Currently there are minimal services targeting this despite many larger employers providing in-house support to maintain and support wellbeing.
4. Unemployment is a continuing issue with those not currently in work demonstrating significantly lower wellbeing as well as higher rates of mental illness.
5. Some wards have consistently demonstrated lower levels of wellbeing over the last 4 years of data collection.
6. Those on lower incomes and benefits demonstrate reduced mental wellbeing.
7. The impact on wellbeing of commissioned services is not routinely being measured.
8. Loneliness is a rapidly emerging issue which can have a cause or effect relationship with wellbeing.

10) Knowledge gaps

1. How to turn evidence into measurable actions
2. How to translate information on wellbeing in more meaningful ways for use by policy makers
3. Level of understanding of the concept of mental wellbeing rather the mental illness
4. Contrast between ONS wellbeing and WEMWBS
5. Relationship between community safety and mental wellbeing

11) Recommendations for consideration by commissioners

1. Increasing population resilience and self-care particularly for groups at higher risk of developing mental health problems should be a priority.
2. Improving wellbeing of those with physical health problems by prioritising parity of esteem in commissioning contracts and service specifications.
3. Workplace based wellbeing initiatives need to be developed to increase employee wellbeing and to reduce absenteeism due to low wellbeing.
4. Initiatives targeting the unemployed need to be developed along with improved partnership working between the Department of Work and Pensions, NHS, council services and the community/voluntary sector to achieve and maintain good levels of wellbeing.
5. A particular focus is required on wards with lower wellbeing scores to identify and address the gaps between their population wellbeing levels and other wards in the City.
6. Services targeting those on lower incomes and benefits should recognise and work to improve this population's mental wellbeing as well as their financial situation.
7. A wider range of health, care, local authority and commissioned services could monitor changes in wellbeing better.
8. Consider a JSNA chapter on Loneliness.
9. Increase the level of understanding of the concept of wellbeing.

Key contacts

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