

Warrington Health & Wellbeing Survey 2023 Emotional Wellbeing and Loneliness





HWB Survey Methodology

- Comprehensive large-scale survey of Warrington's adult population (18+ years).
- Methodology submitted and approved by Health Research Authority and NHS England.
- Invitation letters sent to large sample of named residents selected by age, gender and postcode to reflect Warrington population.
- 4,932 surveys completed 8% response rate.
- Questionnaire covering range of topics known to impact health and wellbeing 80+ questions.



Topics Explored

- General health
- Use of health services
- Social connectedness, participation and volunteering
- Activities, amenities and green spaces
- Physical activity (including active travel and cycling)
- Diet
- Smoking/Vaping
- Alcohol consumption
- Gambling
- Emotional health and wellbeing
- Caring responsibilities
- Impact of COVID-19 pandemic
- Digital inclusion
- Financial circumstances

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Respondent Profile

Gender:

- Female 50%
- Male 49%
- Non-binary/transgender/other 0.5%
- Prefer not to say 0.5%

Age-band:

- 18 to 39 years 28%
- 40 to 64 years 42%
- 65+ years 30%

Quintile (1-most deprived, 5-least deprived):

- Quintile 1 17%
- Quintile 2 17%
- Quintile 3 9%
- Quintile 4 24%
- Quintile 5 33%
- Respondent profile broadly representative of Warrington population



HWB Survey by Broad Ethnic Groupings

Respondents by broad ethnic group	No. of	Percentage (as a % of all	Census
	respondents	who gave a valid response	2021
Asian / Asian British	240	6.5%	3.3%
Black, Black British, Caribbean or African	28	0.8%	0.7%
Mixed or Multiple ethnic groups	21	0.6%	1.6%
White English / Welsh / Scottish / Northern Irish /	3,177	86.6%	88.1%
British			
All other White combined due to very small numbers	190	5.2%	5.4%
in some ethnic groups. Includes Census categories			
'Irish', 'Gypsy/Irish Traveller', 'Roma', 'Any other			
white background' and 'White unspecified'.			
Other ethnic group	12	0.3%	0.9%
Total known ethnicity	3,668	100%	100%
Unknown: 'Prefer not to say'	43		
Unknown: no response	1,221		



Emotional Wellbeing

Low emotional wellbeing is increasing in Warrington men and women

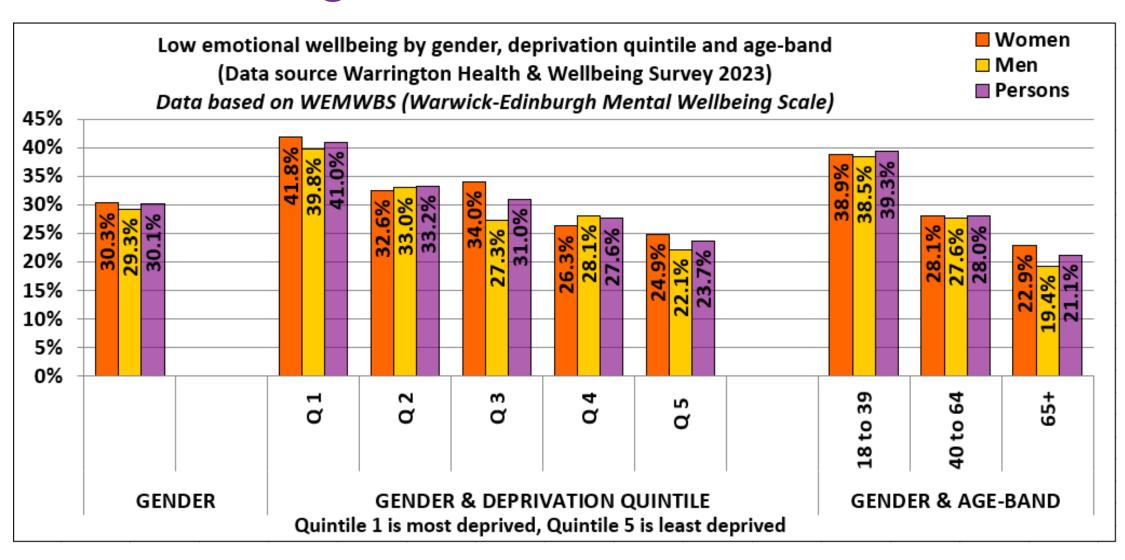
• 30.1% low emotional wellbeing in 2023, compared to 24.2% in 2013.

Low emotional wellbeing is more common among younger age groups and those living in disadvantaged areas

- 39.3% of 18-39 year olds have low emotional wellbeing reducing to 28.0% in 40-64 age group and 21.1% in 65+.
- Stark differences by deprivation 41.0% in Quintile 1 versus 23.7% in Quintile 5.

Almost half of 18–39-year olds living in most deprived areas had low emotional wellbeing.

Low Emotional Wellbeing by Gender, Deprivation Quintile and Age Band





Factors Affecting Emotional Wellbeing

Low emotional wellbeing was more frequently reported among the following groups:

- Three-quarters (74%) of those feeling lonely 'often'
- Two-thirds (66%) of those reporting bad or very bad general health
- Nearly two-thirds (65%) citing **3 or more causes of stress**
- Over half (55%) of those who were severely obese
- Over half (52%) of those with higher risk alcohol consumption
- Over half (51%) of those with financial difficulties



What Does This Suggest for Local Action on Emotional Wellbeing

- Multisectoral support to promote national communication campaigns e.g., Every
 Mind Matters and local resources e.g., Happy OK Sad to raise public mental health
 literacy and awareness of local opportunities to support wellbeing.
- Inclusion of mental wellbeing in care pathways to deliver brief advice and referral to wellbeing support services within health, care, workplace and community settings, focusing on younger age groups living in disadvantaged areas, and supported by training.
- Learning is one of the Five Ways to Wellbeing to positively impact on mental wellbeing. Consideration should be given to creating and extending opportunities for adult lifelong learning within system wellbeing provision.



Loneliness

More people in Warrington feel lonely than the England average

10% said they often feel lonely, compared with 6% nationally.

Loneliness is higher among women and younger age groups

- Women were more likely to report they often felt lonely (11.5%) than men (8.1%).
- Differences by age band; 14.7% of 18-39 year olds often felt lonely, compared with 8.2% in 40-64 and 6.8% in 65+ age groups.

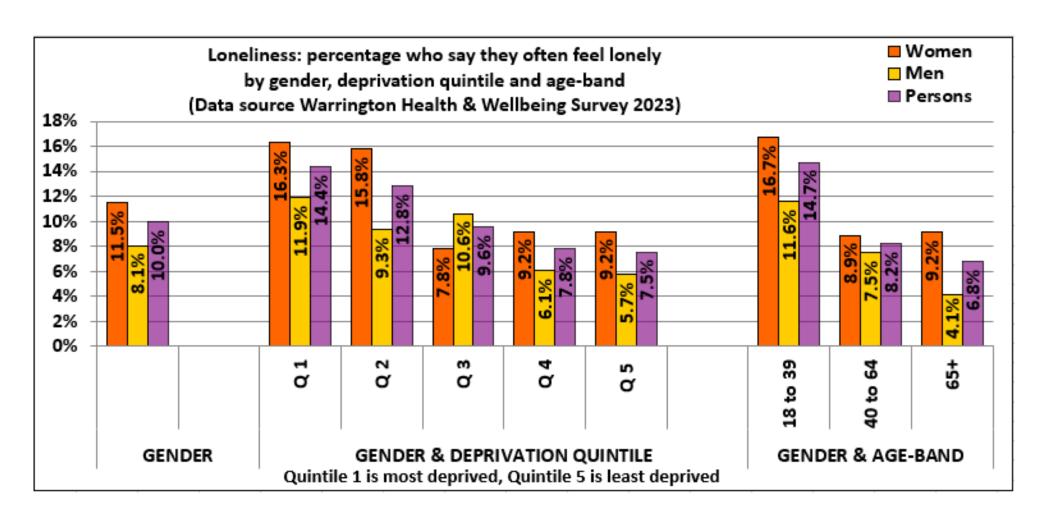
Level of loneliness in our most deprived areas is almost double that in the least deprived

• 14.4% in Quintile 1 and 7.5% in Quintile 5.

Respondents living with a long-term condition were 3.4 times more likely to report loneliness, compared to those without (17% versus 5%)

• This is mirrored nationally, although levels in England are lower; 13% and 3% respectively.

Loneliness by Gender, Deprivation Quintile and Age Band





What Does This Suggest for Local Action on Loneliness

- Review system provision of wellbeing services and networks e.g., Talking Points to optimise access for younger, disadvantaged groups and those living with long-term health conditions/disabilities.
- Work with system partners to strengthen and expand pathways into social prescribing, community connector
 and wellbeing services to improve social connectedness and capital, with a focus on younger adults aged 18-39
 years in the most disadvantaged areas and those living with a long-term health condition/disability. This could
 include extending referral from community pharmacies, domiciliary care providers, worklessness schemes and
 job centres.
- Ensure local treatment and care provision of people with long term health conditions/disabilities includes
 assessment of loneliness and referral to social prescribing and wellbeing services
- Volunteering helps to reduce loneliness and increase mental wellbeing. System partners should continue to support VCFSE organisations to build volunteering opportunities and social connectedness for residents living in deprived communities or with long term health conditions/disabilities. This could include the creation of health champions, befriending schemes, and conversation clubs.
- Local planning and transport infrastructure should design developments that support social networks and community interaction, including good transport links, co-housing, co-location of schools, retail, health, leisure and community facilities and provision of communal green spaces.



Frequent/Constant Causes of Stress

	% Respondents stating a 'frequent' or 'constant'
How much stress do each of the following cause you?	cause of stress
Your job/workplace	22%
Your physical health	21%
Your financial situation	21%
Personal or family issues	21%
Your mental health	18%
Current affairs (political/social issues)	17%
Environmental issues/air quality	9%
Social media	7%
The area where you live	6%



Three or More Causes of Frequent/Constant Stress

A fifth of respondents (22%) were experiencing 3+ causes of frequent or constant stress

Women and younger age groups were more likely to report multiple causes of stress

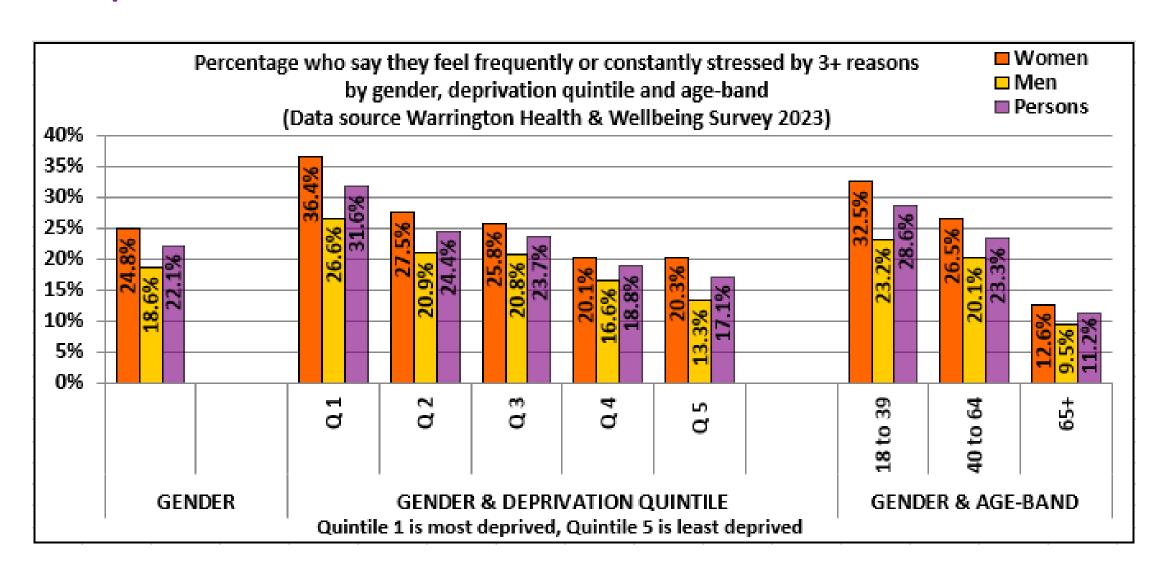
- 24.8% women felt frequently/constantly stressed for 3+ reasons, compared to 18.6% men.
- Multiple causes of stress reduced with age; 28.6% of 18–39 year olds, to 23.3% of 40-64 years and 11.2% of 65+.

Stress is more widely reported within disadvantaged communities

31.6% in those living in the most deprived areas versus 17.1% in least deprived areas.

Women aged 18-39 and living in the most deprived areas were more likely to report 3+ causes of stress.

Respondents Citing Three or More Causes of Frequent/Constant Stress





Quality of Sleep

A third of respondents (29.6%) experienced trouble sleeping over the last month.

Women and middle-aged population experience more sleep problems

- 32.6% of women report that sleep had troubled them 'quite a bit' or 'very much' over previous month compared to 26.5% of men.
- 33.2% of 40-64 population experience trouble sleeping, compared with 27.6% of 18-39 year-olds and 25.9% of 65+.

Sleep issues were more frequently reported by respondents living in disadvantaged areas

• Highest in in Quintile 1 (35.3%) and lowest in Quintile 4 (25.1%).

Women aged 40-64 years living in the more deprived areas were more likely to have trouble sleeping.



What Does This Suggest for Local Action on Stress and Sleep

- Communications plan to segments messaging to reach younger women and those living in more deprived areas and raise awareness of activities to support mental health e.g., Five Ways to Wellbeing and local services to address financial difficulties and social support e.g., Family Hubs, Citizens Advice.
- Advice to support mental wellbeing could also include tips for healthy sleep behaviour.
- Include welfare advice within MECC training and resources to strengthen signposting to local housing, debt, benefits, employment, food and fuel poverty services across health, care workplace and community settings.
- Incorporate mental wellbeing advice and interventions, including stress management, into the local transformation and integration of women's health services.
- Increase access to parental mental health and positive parenting programmes, with a particular focus on women living
 in disadvantaged areas to improve family relationships and parental wellbeing.
- Warrington businesses continue commitment to creating healthy work environments through adoption of forthcoming Cheshire Fair Employment Charter, including wellbeing screening and early interventions to prevent stress, supported by workplace health and wellbeing champions to signpost to local resources, practical support and services.
- Physical activity improves sleep quality and mental wellbeing. System partners should promote physical activity to residents, particularly those at risk of mental ill-health, and refer them to local opportunities to increase levels.
- Co-produce a Warrington Public Mental Health and Wellbeing Strategy with people with lived experience which targets activity to younger, more disadvantaged groups with the greatest need.

The Emotional Wellbeing and Loneliness report is available via the JSNA webpage: <u>Joint Strategic Needs Assessment (JSNA) | warrington.gov.uk</u>

