

# Measuring National Well-being - Health, 2013

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## Abstract

This article analyses by age and other variables two of the current measures of national well-being: 'satisfaction with health' and 'evidence of mental ill-health (GHQ)' and their relationship to well-being. There is also contextual information about other variables related to health which may affect an individual's well-being. The data used are from Understanding Society, the UK Household Longitudinal Study (UKHLS) 2010–11.

## Introduction

The Office for National Statistics measures of well-being are organised into ten domains with a total of 40 headline measures.

The World Health Organisation (WHO) defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO, 1946). Good physical health is important for good mental health and vice versa.

This article focuses on information about health from the UKHLS 2010–11. Respondents were asked how dissatisfied or satisfied they were with their health, if their health limited moderate activity and to answer questions which gave some indication of their mental health (GHQ). The UKHLS collects information each year about the social and economic circumstances and attitudes of people. For more information see the section; About Understanding Society, the UK Household Longitudinal Study.

Throughout this article relatively satisfied refers to those who reported being completely, mostly or somewhat satisfied and relatively dissatisfied refers to those who were completely, mostly or somewhat dissatisfied.

## Key points

In the UK in 2010–11 for those aged 16 and over:

- Two thirds (66%) of people were satisfied with their health with a slightly higher proportion of men than women.

- Satisfaction with health reduced to 53% of those aged 80 and over.
- Around a fifth (19%) of individuals had some indication of anxiety or depression with a higher proportion of women than men and a higher proportion of those aged between 40 and 59 or aged 80 and over.
- Some evidence of anxiety and depression occurred in a higher percentage of those who were divorced or not in paid work or dissatisfied with their health or who were caring for someone else in the household or who were living on their own.
- Around three in ten (28%) reported restrictions in moderate daily activities: the percentage reporting restrictions increased considerably with age from 13% of those aged 16 to 24 to 77% of those aged 80 and over.
- About 14% of those who reported no limitation in moderate activities showed some symptoms of anxiety or depression compared to 26% of those with a little limitation and nearly 41% of those with a lot of limitation.

## Satisfaction with health

Overall two thirds (66%) of respondents aged 16 and over reported that they were satisfied with their health in 2010–11. There was a slight downward trend in people's satisfaction with their health between the ages of 16 and 59 followed by a small increase around retirement age and a sharp decline after the age of 69. Three quarters (75%) of those aged 16 to 24 in the UK were relatively satisfied with their health compared with just over half (53%) of those aged 80 and over. The largest percentage differences in men and women's health satisfaction were in the youngest and oldest age groups. About 77% of men were satisfied with their health compared to 73% of women in the 16 to 24 age group. In the 80 and over age group 57% of men were satisfied with their health compared to 50% of women (**Figure 1**).

**Figure 1: Relative satisfaction with health by age group and sex (1), 2010–11**

United Kingdom

**Notes:**

1. Respondents were asked 'How satisfied or dissatisfied you are with your health' and responded 'Completely satisfied' to 'Completely dissatisfied'

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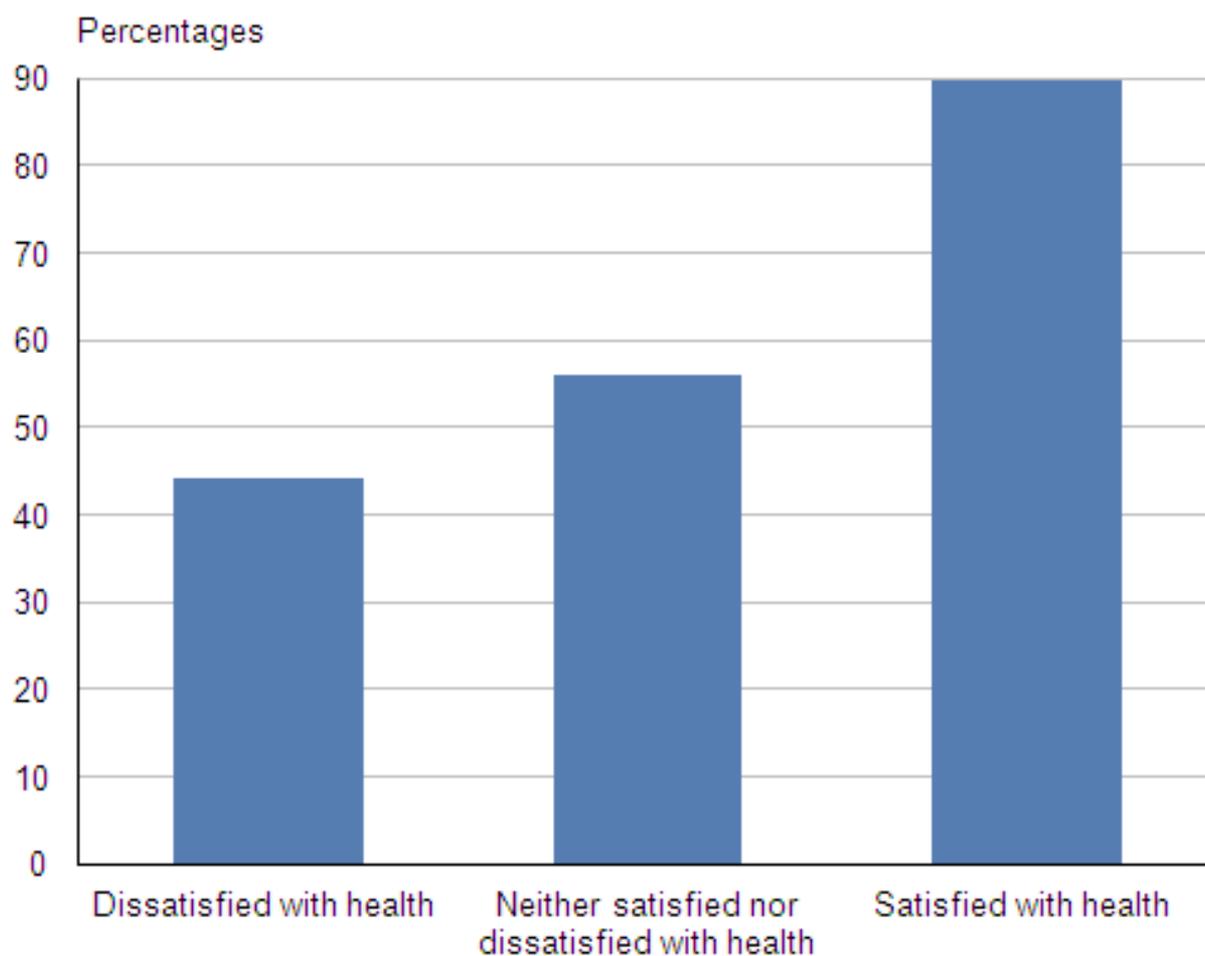
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There was a relationship between levels of overall life satisfaction and satisfaction with health. About 90% of those who were relatively satisfied with their health were also satisfied with their life compared to about 44% of those who were relatively dissatisfied with their health. **(Figure 2).**

**Figure 2: Relative satisfaction with life overall (1): by level of satisfaction with health (2), 2010–11**

United Kingdom



Source: Understanding Society, Wave 2, 2010–11

**Notes:**

1. Respondents were asked 'How satisfied or dissatisfied you are with your life overall' and responded 'Completely satisfied' to 'Completely dissatisfied'
2. Respondents were asked 'How satisfied or dissatisfied you are with your health' and responded 'Completely satisfied' to 'Completely dissatisfied'

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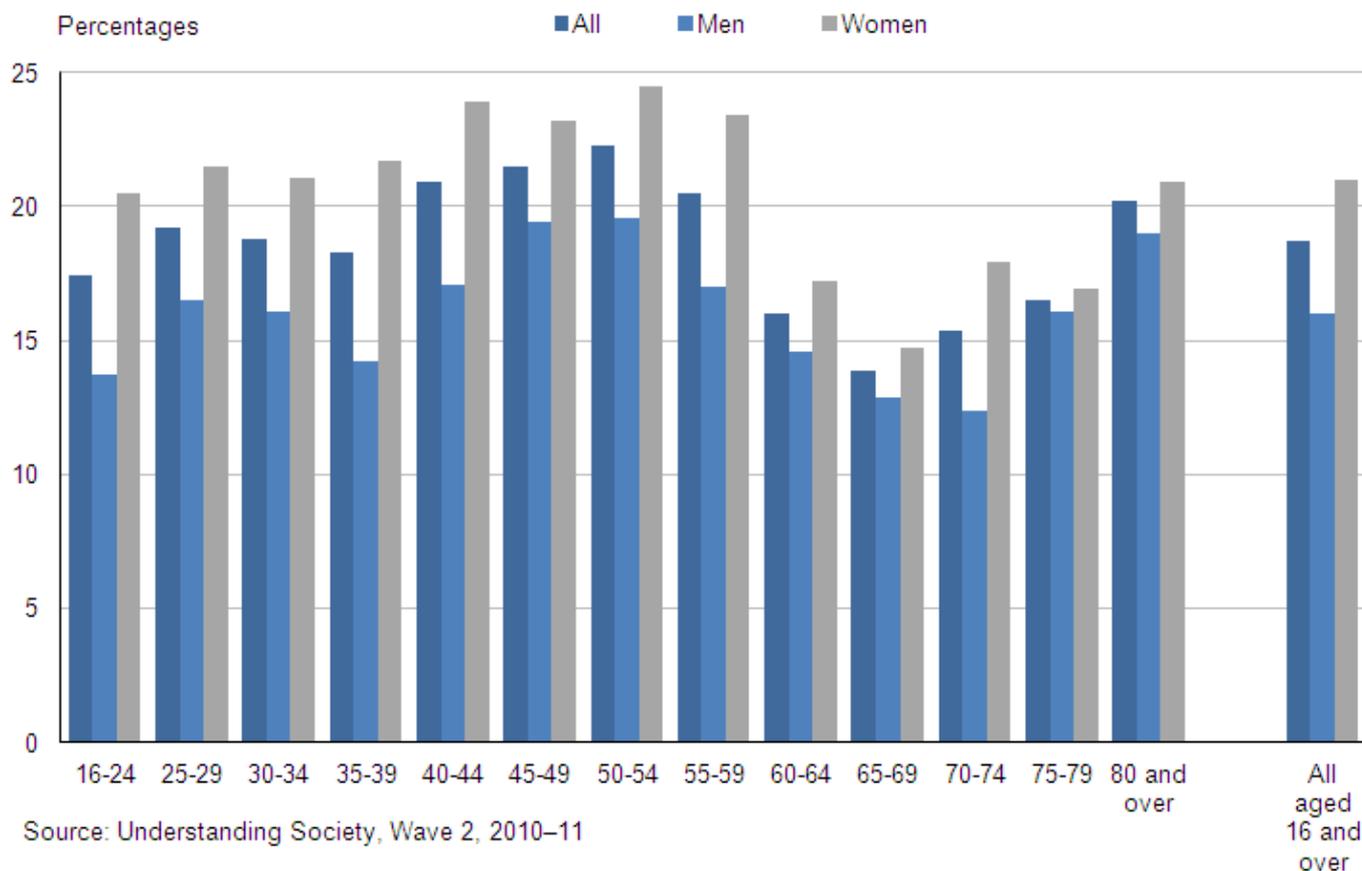
## Evidence of mental ill-health

Another current measure of national well-being is the percentage of those with some indication of anxiety and depression. This uses the General Health Questionnaire (GHQ) which asks respondents 12 questions about their recent feelings (for more details see section 'More about the General Health Questionnaire'). A high score on the GHQ indicates that the respondent may have a mild to moderate mental illness - the types of mental illness which might be indicated on this scale **do not** include severe mental disorder characterised by derangement of personality, loss of contact with reality or deterioration of normal social functioning.

Nearly 1 in 5 (19%) of people in the UK aged 16 and over had a GHQ score of four or more indicating some evidence of anxiety or depression with a higher percentage of women (21%) than men (16%). In 2010–11 there was variation by age: the lowest indication of anxiety or depression was in the youngest age group and highest in those aged 50 to 54, the percentage with a score of four or more reduces from the age of 55 with the lowest in the 65 to 69 age group, and then increases after the age of 70. In each age group a higher percentage of women than men have some indication of anxiety and depression (**Figure 3**). The same distribution by age group is evident in earlier data from both the UKHLS and the British Household Panel Survey (BHPS).

**Figure 3: Respondents with some indication of anxiety and depression (1), 2010–11**

United Kingdom



**Notes:**

1. For more information about questions used in the General Health Questionnaire, the responses and how the score for each individual is calculated see the section: More about the General Health Questionnaire

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The cross-government mental health outcomes strategy sets shared objectives to improve the mental health and well-being of people of all ages and to improve services for people with mental health problems. “Mental health is everyone’s business – individuals, families, employers, educators and communities all need to play their part. Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential.” (No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages, 2011).

There are differences in mental ill health by characteristics of individuals as can be seen in **Table 1**. Of those who had some indication of mild to moderate mental ill health (GHQ score of 4-12):

- 27% were divorced or separated compared to 20% who were single, cohabiting or widowed and 16% who were married or in a civil partnership.
- A higher percentage were not in paid work (23%) compared to 15% in paid employment.
- 38% reported relative dissatisfaction with their health compared to 11% who were relatively satisfied with their health.
- 25% cared for someone else in their household compared to 17% who did not provide such care.
- 22% lived alone compared to 19% of all aged 16 and over.

**Table 1: Respondents with some indication of anxiety and depression (1), 2010–11 (Percentages)**

United Kingdom

		<b>GHQ score (2)</b>	
		<b>0–3</b>	<b>4–12</b>
All aged 16 and over		81	19
Marital status	Married or civil partnership	84	16
	Single	80	20
	Cohabiting	80	20
	Widowed	79	21
	Divorced/separated	73	27
Employment status	In paid work	85	15
	Not in paid work	77	23
Satisfaction with health	Completely, mostly or somewhat satisfied	89	11
	Neither satisfied or dissatisfied	78	22
	Completely, mostly or somewhat dissatisfied	62	38
Cares for elderly/sick/ disabled in household	Yes	75	25
	No	83	17
	Inapplicable as lives alone	78	22

**Table notes:**

1. For more information about questions used in the General Health Questionnaire, the responses and how the score for each individual is calculated see the section: More about the General Health Questionnaire
2. A score of 4 to 12 indicates some symptoms of anxiety and depression

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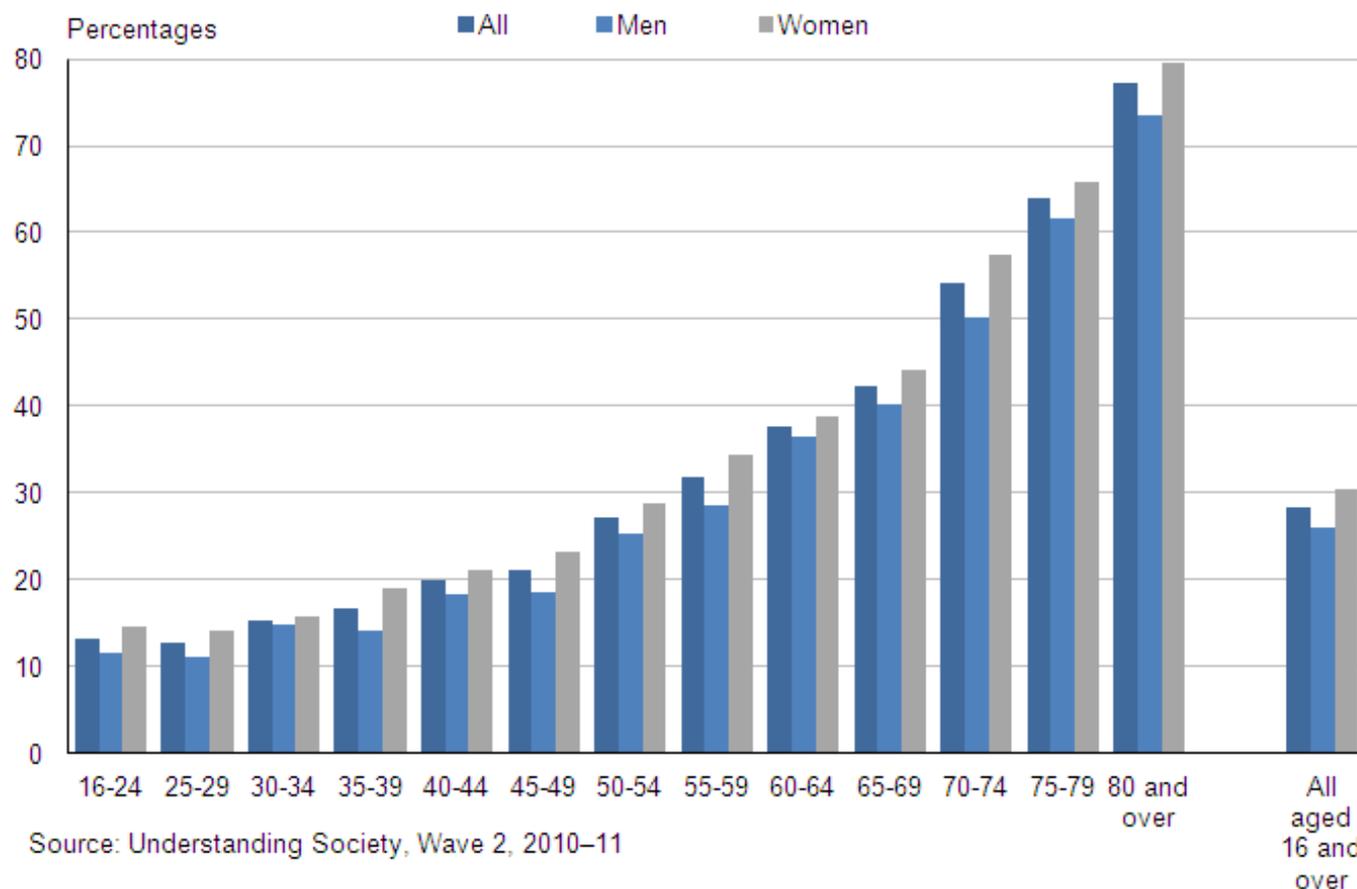
To find out more about the number of carers see: [2011 Census Analysis - Provision of Unpaid Care in England and Wales, 2011](#)

## Limitations in activities of daily living

Respondents to the UKHLS were also asked if their health limited moderate activities such as pushing a vacuum cleaner. About 28% of people aged 16 and over said that their health limited moderate activities a little or a lot. As would be expected this varied by age and increased from 13% of those aged 16 to 24 to 77% of those aged 80 and over. In each age group a higher percentage of women than men reported their daily activities were limited a little or a lot (**Figure 4**).

**Figure 4: Health limitations on moderate activities: by age group and sex (1), 2010–11**

United Kingdom



**Notes:**

1. Respondents were asked whether their health limited moderate activities such as moving a table, pushing a vacuum cleaner, bowling or playing golf. Responses were 'Yes - limited a lot', 'Yes, limited a little' or 'No, not limited at all'. For this analysis those who said either limited a lot or limited a little are aggregated

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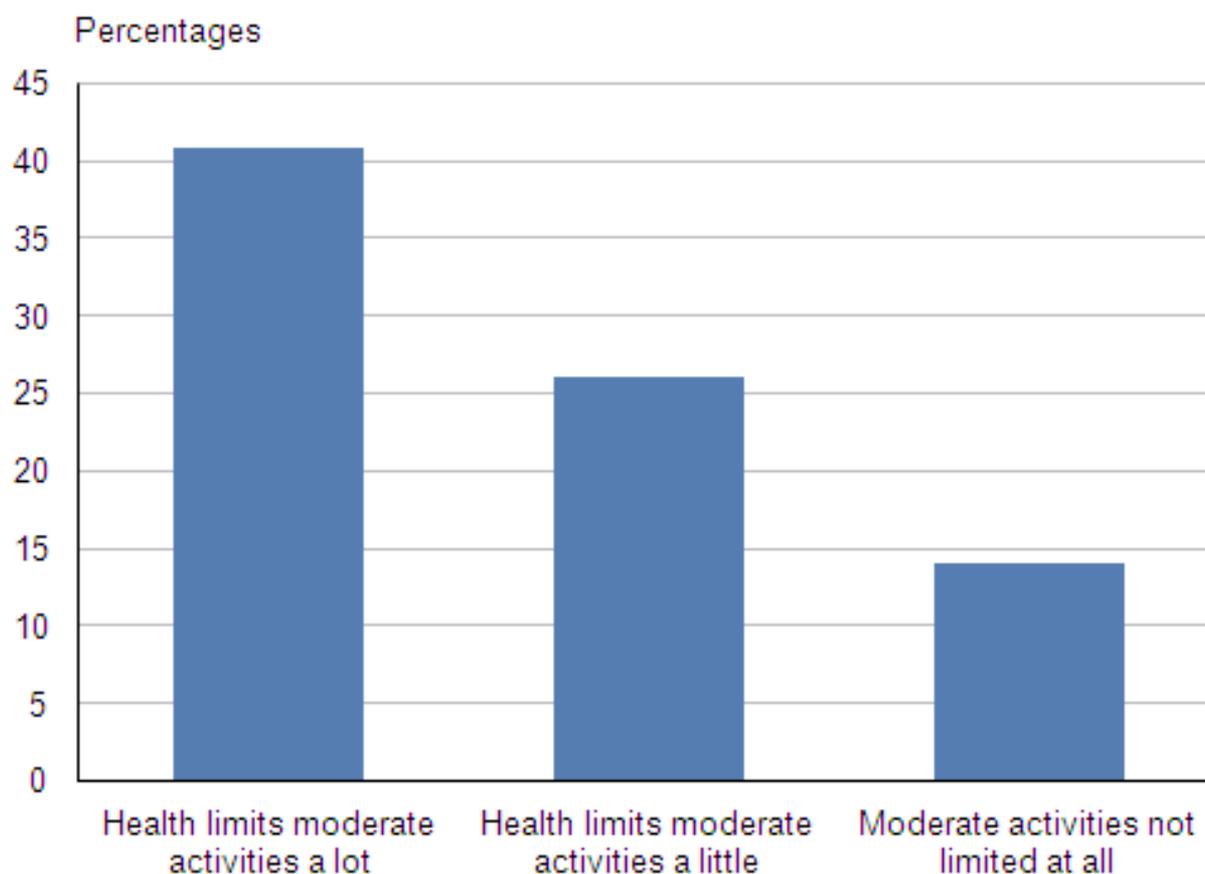
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Having anxiety and depression has been shown to be related to limitations in daily activities. An analysis of well-being and health related issues based on data from respondents to the English Longitudinal Study of Ageing showed that limitations in activities of daily living (ADL) were a major correlate of well-being as measured by elevated depressive symptoms in middle-aged and older people (Demakakos, McMunn and Steptoe, 2010). The differences in depressive symptoms associated with impaired ADL were among the greatest observed in this analysis irrespective of age.

**Figure 5** shows the percentage of respondents with some evidence of anxiety or depression (a score of 4-12 in the GHQ) by their reported limitation in moderate activities. About 14% of those who reported no limitation showed some symptoms of anxiety or depression. This compares to 26% of those with a little limitation and nearly 41% of those who reported a lot of limitation.

**Figure 5: Showing symptoms of anxiety and depression (1): by level of limitation of moderate activities (2), 2010–11**

United Kingdom



Source: Understanding Society, Wave 2, 2010–11

**Notes:**

1. For more information about the questions used in the General Health Questionnaire, the responses and how the score for each individual is calculated see the section: More About General Health Questionnaire
2. Respondents were asked whether their health limited moderate activities such as moving a table, pushing a vacuum cleaner, bowling or playing golf. Responses were 'Yes – limited a lot', 'Yes, limited a little' or 'No, not limited at all'. For this analysis those who said either limited a lot or limited a little are aggregated

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## About the ONS Measuring National Well-being Programme

### NWB logo 2



This article is published as part of the ONS Measuring National Well-being Programme.

The programme aims to produce accepted and trusted measures of the well-being of the nation - how the UK as a whole is doing.

Measuring National Well-being is about looking at 'GDP and beyond'. It includes headline indicators in areas such as health, relationships, job satisfaction, economic security, education, environmental conditions and measures of 'subjective well-being' (individuals' assessment of their own well-being).

Find out more on the [Measuring National Well-being](#) website pages.

### About Understanding Society, the UK Household Longitudinal Study

Understanding Society is a unique and valuable academic study that captures important information every year about the social and economic circumstances and attitudes of people living in 40,000 UK households. It also collects additional health information from around 20,000 of the people who take part.

Information from the longitudinal survey is primarily used by academics, researchers and policy makers in their work, but the findings are of interest to a much wider group of people including those working in the third sector, health practitioners, business, the media and the general public.

#### Key facts

- 40,000 households – 2,640 postcode sectors in England, Scotland and Wales – 2,400 addresses from Northern Ireland.
- £48.9 million funding (until 2015).
- Approximately 3 billion data points of information.
- Innovation Panel of 1,500 respondents.
- Participants aged 10 and older.
- Building on 18 years of British Household Panel Survey.
- 35 to 60 minutes: the average time to complete each face to face interview.

## How does it work

Interviews began in 2009 with all eligible members of the selected households.

- Adults are interviewed every 12 months either face to face or over the phone using Computer Assisted Interviewing.
- 10 to 15 year olds fill in a paper self-completion questionnaire.

From 2010 some 20,000 participants aged over 16 also received nurse visits and provided a blood sample and some basic physical measurements (height, weight, blood pressure, grip strength).

Wave 2 field work occurred in 2010–11

## Data used in this analysis

The data in this analysis is from the adult self completion questionnaire of Wave 2 of the Survey and has been weighted using the interview with self completion individual cross-sectional weight (a\_indscus\_xw).

For more information about the UKHLS see [Understanding Society](#)

## More about the General Health Questionnaire

The GHQ asks 12 questions regarding the way an individual has been feeling over the last few weeks with responses which vary with the question. The areas which are covered are:

- concentration on whatever you are doing.
- loss of sleep over worry.
- feeling that you are playing a useful part in things.
- feeling capable of making decisions.
- feeling constantly under strain.
- feeling that you can overcome your difficulties.
- being able to enjoy your day-to-day activities.
- being able to face up to problems.
- feeling unhappy or depressed.
- losing confidence in yourself.
- thinking of yourself as a worthless person.
- feeling reasonably happy all things considered.

Each of the answers for a question is then scored as 0 for the two most positive responses and 1 for the two least positive responses (**Table 2**).

**Table 2: Example of scoring a question**

Question	Response	Score
Have you recently been losing confidence in yourself?	Not at all	0
	Not more than usual	0
	Rather more than usual	1
	Much more than usual	1

**Table notes:**

1. Respondents were asked to only tick one answer

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Once all 12 questions are scored, these scores are added so that each individual has a score which ranges from 0 to 12. A score of four or more has been shown to indicate that the individual has symptoms of mild to moderate illness such as anxiety or depression. The types of mental illness which might be indicated by a high score on this scale **do not** include severe mental disorder characterised by derangement of personality, loss of contact with reality or deterioration of normal social functioning – these are known as psychoses.

**Background notes**

1. Details of the policy governing the release of new data are available by visiting [www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html](http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html) or from the Media Relations Office email: [media.relations@ons.gsi.gov.uk](mailto:media.relations@ons.gsi.gov.uk)

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This document is also available on our website at [www.ons.gov.uk](http://www.ons.gov.uk).

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