

Health, happiness and wellbeing

Presentation at a debate hosted by The Foundation for Science and Technology and Royal Society of Edinburgh debate

Edinburgh, 26 October 2016

Richard Layard

"The care of human life and happiness... is the only legitimate object of good government".

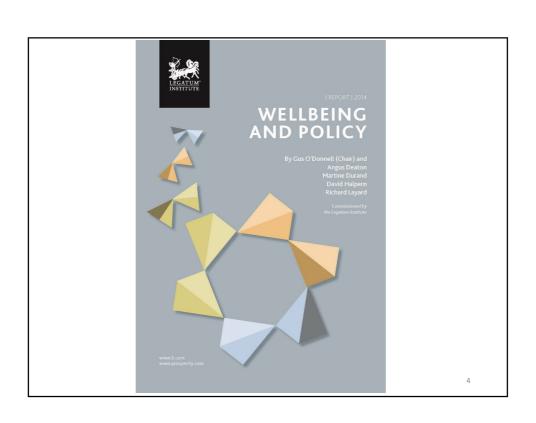
Thomas Jefferson

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"What matters to people must be the guideline for our policies."

Angela Merkel

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WELLBEING AND PUBLIC POLICY

by Gus O'Donnell, Angus Deaton,
Martine Durand, David Halpern and
Richard Layard

- 1. Aim: maximise aggregate happiness of the people, with special weight to removing misery.
- 2. Measure happiness by life-satisfaction.

What explains the probability of low adult life-satisfaction: proximal causes (Britain) (Partial correlation coefficients)

Low income	0.04
Unemployment	0.08
Low education	0.02
Single	0.07
Physical illness	0.07
Mental illness	0.18

Source: Clark et al. (forthcoming) The Origins of Happiness. Princeton University Press. Uses BHPS

What explains the probability of low adult lifesatisfaction: causes at age 16

(Britain) (Partial correlation coefficients)

Poor academic performance	0.06
Poor behaviour	0.06
Poor emotional health	0.18

50% of mental illness manifests by 16.

Source: Clark et al. (forthcoming) The Origins of Happiness. Princeton University Press. Uses BCS.

How low emotional health and poor academic performance at age 16 are affected by family and schooling (Avon) (Partial correlation coefficients)

	Emotional	Intellectual
	health	performance
Family income (low)	0.06	0.16
Mother's involvement with child (low)	0.04	0.02
Mother's aggression to child (high)	0.03	
Mother's mental health (poor)	0.16	0.03
Father's mental health (poor)	0.04	
onflict between parents -0.04		
Primary school quality (poor)	0.26	0.21
Secondary school quality (poor)	0.27	0.38

2 KEY STRATEGIES

- 1. Early treatment
- 2. General prevention

1. TREATMENT

Age	% having mental health problems	% of these in treatment
5-10	8	1
10-16	12	} 26
16-25	18	22

Note: 16-24 is England 2014. Depression and anxiety. 5-16 is Britain 2004. Any disorder.

Sources: Green et al. (2005). Mental health of children and young people in Great Britain, 2004. Basingstoke: Palgrave Macmillan. McManus et al. (eds.) (2016). Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital.

England's Improving Access to Psychological Therapies programme for Children and Young People (CYP IAPT)

Access: 33% in treatment by 2020.

Quality: NICE-recommended treatments including CBT, parent training, IPT, DBT.

Outcome measurement: universal by 2020.

ADULT IAPT

2015 Saw 15% of need
2020 Will see 25% of need
esp. Maternal depression
Co-morbid physical +
mental

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DIGITAL TREATMENTS

e.g. David M. Clark's for social phobia

Over 75% recovery rate (as face-to-face) but ¼ therapist input)

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2. PREVENTION: (i) SCHOOLS

- 1. Wellbeing as a goal.
- 2. Measure wellbeing.
- 3. Wellbeing code signed by every teacher, parent and child.
- 4. Specific curriculum on life skills.

A weekly life-skills curriculum for 11-14 year olds (Healthy Minds)

Topic	Programme used
Resilience	Penn Resilience Program; MoodGym
Compassion	Relationship Smarts
Sexual relationships	SexEd Sorted
Drugs	Unplugged
Eating and alcohol	SHAHRP
Mental disorders	Science of Mental Illness
Parenting	Parents under Construction
Media awareness	Media Navigator
Life goals	Schools to Life
Mindfulness	.breathe

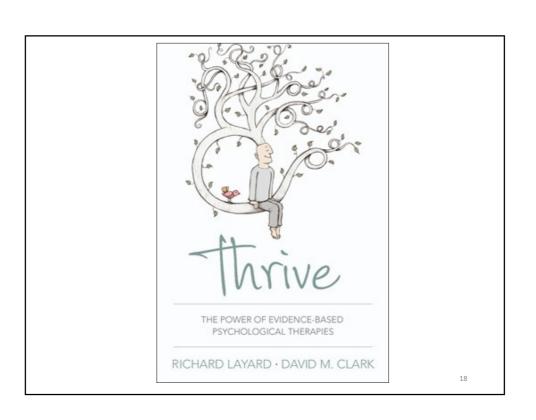
2. PREVENTION: (ii) PARENTS

Universal courses offered at childbirth to both parents on emotional aspects of child-rearing and impact on parents' own relationship.

Cowan, C. P., & Cowan, P. A. (2000). When partners become parents: The big life change for couples. Mahwah, NJ: Lawrence Erlbaum Associates.

2. PREVENTION: (iii) WORK

Apprenticeship a key feature of transition for many young people.



CULTURAL CHANGE

Led largely by women.

The obstacle: Puritanism.