Mental well-being checklist

This checklist provides a quick framework to help people consider mental well-being in more detail when commissioning, delivering or developing a policy, strategy, service or initiative.

The checklist is presented as three sets of evidenced-based tables which are inter-related. The contents are intended as a guide to help you review your work in relation to the factors that contribute to mental well-being, answering the following key questions:

1   Are specific protective factors being addressed appropriately – at the individual and community level?

2   Are the wider structural determinants being considered?

3   Has attention been paid to particular groups – is it equitable for all people?

Mental well-being is about how we all think, feel, behave and function. It is fundamental to achieving a healthy, resilient and thriving population. It underpins healthy lifestyles, physical health, educational attainment, employment and productivity, relationships, community safety and cohesion and quality of life. Action to improve mental well-being will therefore contribute to a wide range of positive outcomes for individuals and communities, in addition to the prevention of mental health problems.

Protective factors for mental well-being

The over-arching protective factors are:

• Enhancing control

• Increasing resilience and community assets

• Facilitating participation and promoting inclusion.

Action to influence these factors can be taken through strengthening individuals and communities in the context of the **wider determinants** of mental health and well-being.

We also know that particular **population 'characteristics'** can have an impact and make people more vulnerable to poorer mental well-being. Consideration of these groups will help to address health inequalities.

Further information

This checklist is based on what determines mental well-being from the evidence used within the Mental Well-being Impact Assessment (MWIA) Toolkit. The MWIA Toolkit and further information on evidence is available at **www.hiagateway.org.uk**

Mental well-being checklist

Are specific protective factors being addressed appropriately – at the individ

ENHANCING CONTROL	✓
Individual level	
A sense of control e.g. setting and pursuit of goals, ability to shape own circumstances	
Belief in own capabilities and self determination e.g. sense of purpose and meaning	
Knowledge skills and resources to make healthy choices e.g. understanding what makes us healthy and being able to make choices	
Maintaining independence e.g. support to live at home, care for self and family	
Community / organisation level	
Self-help provision e.g. information advocacy, groups, advice, support	
Opportunities to influence decisions e.g. at home, at work or in the community	
Opportunities for expressing views and being heard e.g. tenants groups, public meetings	
Workplace job control e.g. participation in decision making, work-life balance	
Collective organisation and action e.g. social enterprise, community-led action, local involvement, trades unions	
Resources for financial control and capability e.g. adequate income, access to credit unions, welfare rights, debt management	
Other?	

INCREASING RESILIENCE AND COMMUNITY ASSETS	✓
Individual level	
Emotional well-being e.g. self esteem, self worth, confidence, hopefulness, optimism, life satisfaction, enjoyment and having fun	
Ability to understand, think clearly and function socially e.g. problem solving, decision making, relationships with others, communication skills	
Have beliefs and values e.g. spirituality, religious beliefs, cultural identity	
Learning and development e.g. formal and informal education and hobbies	
Healthy lifestyle e.g. taking steps towards this by healthy eating, regular physical activity and sensible drinking	
Community / organisation level	
Trust and safety e.g. belief in reliability of others and services, feeling safe where you live or work	
Social networks and relationships e.g. contact with others through family, groups, friendships, neighbours, shared interests, work	
Emotional support e.g. confiding relationships, provision of counselling support	
Shared public spaces e.g. community centre, library, faith settings, café, parks, playgrounds, places to stop and chat	
Sustainable local economy e.g. local skills and businesses being used to benefit local people, buying locally, using Time Banks	
Arts and creativity e.g. expression, fun, laughter and play	
Other?	

...al and community level?

FACILITATING PARTICIPATION AND INCLUSION	✓
Individual level	
Having a valued role e.g. volunteer, governor, carer	
Sense of belonging e.g. connectedness to community, neighbourhood, family group, work team	
Feeling involved e.g. in the family, community, at work	
Community / organisation level	
Activities that bring people together e.g. connecting with others through groups, clubs, events, shared interests	
Practical support e.g. childcare, employment, on discharge from services	
Ways to get involved e.g. volunteering, Time Banks, advocacy	
Accessible and acceptable services or goods e.g. easily understood, affordable, user friendly, non-stigmatising, non-humiliating	
Cost of participating e.g. affordable, accessible	
Conflict resolution e.g. mediation, restorative justice	
Cohesive communities e.g. mutual respect, bringing communities together	
Other?	

Are the wider structural determinants being considered?

WIDER DETERMINANTS (often at a socio-economic / environmental/ structural level)	✓
Access to quality housing e.g. security, tenure, neighbourhood, social housing, shared ownership, affordable and appropriate	
Physical environment e.g. access to green space, trees, natural woodland, open space, safe play space, quality of built environment	
Economic security e.g. access to secure employment (paid and unpaid), access to an adequate income, good working conditions, meaningful work and volunteering opportunities	
Good quality food e.g. affordable, accessible	
Leisure opportunities e.g. participate in arts, creativity, sport, culture	
Tackling inequalities e.g. addressing relative deprivation and poverty	
Transport access and options e.g. providing choice, affordability and accessibility	
Local democracy e.g. devolved power, voting, community panels and increasing community participation	
Ease of access to high quality public services e.g. housing support, health and social care	
Access to education e.g. schooling, training, adult literacy, hobbies	
Challenging discrimination e.g. racism, sexism, ageism, homophobia and discrimination related to disability, mental illness or faith	
Other?	

The examples given in the tables are meant to be a helpful guide rather than definitive

Has attention been paid to particular groups – is it equitable for all people?

POPULATION CHARACTERISTICS ✓

Age

Early Years: Foundations for good mental health lie in pregnancy, infancy and early childhood. Parenting style and attachment are the key factors. The quality of the 'home learning environment', quality of pre-school and the amount of time in pre-school are all associated with greater 'self regulation', an attribute strongly linked to improved educational outcomes.

Adolescence: Protective factors include: attachment to school, family and community; positive peer influence; opportunities to succeed and problem solving skills. 'Social capital' indicators (e.g. friends, support networks, valued social roles and positive views on neighbourhood) are closely related to risk and severity of emotional and behavioural disorders.

Later Life: The key areas that influence mental health in later life are age discrimination, participation, relationships, physical health and poverty. Fear of crime and lack of transport are also consistent themes, with 'daily hassles' contributing more significantly to psychological distress than major life events.

Gender

Gender has a significant impact on risk and protective factors for mental health and the way in which the experience of mental distress is expressed. Depression, anxiety, attempted suicide and self harm are more prevalent in women, while completed suicide, drug and alcohol abuse, crime and violence are much more prevalent among men. Women are much more vulnerable to poverty and unemployment, and are more likely to suffer domestic violence, rape and child abuse.

Race and ethnicity

Race and ethnic differences in the levels of mental well-being and prevalence of mental disorders are due to a complex combination of socio-economic factors, racism, diagnostic bias and cultural and ethnic differences and are reflected in how mental health and mental distress are presented, perceived and interpreted. Different cultures may also develop different responses for coping with psychological stressors. However a major qualitative study found that expressions of distress bore great similarity across ethnic groups, although some specific symptoms were different.

Socio-economic position and class

Socioeconomic position (SEP) refers to the position of individuals and families, relative to others, measured by differences in educational qualifications, income, occupation, housing tenure or wealth. Socioeconomic position is generally analysed by quintile, for example comparing health or other outcomes of those in the poorest fifth of the population with those in the richest fifth. Socioeconomic position shapes access to material resources, to every aspect of experience in the home, neighbourhood, and workplace and is a major determinant of health inequalities. Different dimensions of SEP (education, income, occupation, prestige) may influence health through different pathways; SEP involves exposure to psychological as well as material risks and buffers, and structures our experience of dominance, hierarchy, isolation, support and inclusion. Social position also influences areas like identity and social status, which impact on well-being, for example through the effects of low self esteem, shame, and disrespect.

Physical health

Poor physical health is a significant risk factor for poor mental health; conversely, mental well-being protects physical health and improves health outcomes and recovery rates, notably for coronary heart disease, stroke and diabetes. Poor mental health is associated with poor self management of chronic illness and a range of health damaging behaviours, including smoking, drug and alcohol abuse, unwanted pregnancy and poor diet. Stress epidemiology demonstrates the link between feelings of despair, anger, frustration, hopelessness, low self worth and higher cholesterol levels, blood pressure and susceptibility to infection. For heart disease, psychosocial factors are on a par with smoking, high blood pressure, obesity, and cholesterol problems.

Disability

Life chances (notably education, employment and housing), social inclusion, support, choice, control and opportunities to be independent are the key factors influencing the mental health of people with disabilities.

Sexuality and transgender

Some studies suggest that gay, lesbian, bisexual and transgender peoples are at increased risk for some mental health problems – notably anxiety, depression, self-harm and substance misuse – and more likely to report psychological distress than their heterosexual counterparts, while being more vulnerable to certain factors that increase risk, e.g. being bullied, discrimination and verbal assault.

Other population groups

Looked after children
People with long term conditions
People in residential settings
Carers
People experiencing violence or abuse
People in the criminal justice system
Ex-offenders
Others?