The Coventry Wellbeing Report

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THE UNIVERSITY OF WARWICK

Understanding mental wellbeing in Coventry: Inequalities, levels, and factors associated

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Acknowledgements

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Abbreviations

ACORN: A demographic measure used to describe population characteristics

CAPI: Computer Assisted Interviewing Device

CVD: Cardiovascular Disease

IMD: Index of Multiple Deprivation, 2010

MSOA: Middle Super Output Areas

LSOA: Lower Super Output Areas

PAF: Postal Address File

SES: Socioeconomic status, referred to here as socio-demographic variables

WEMWBS: Warwick-Edinburgh Mental Well-being Scale

Aim

To understand how different aspects of living in Coventry are related to mental wellbeing and to make recommendations to Coventry Partnership and NHS Coventry on improving the health and wellbeing of the population of Coventry; responding to needs; informing services and targeting areas for improvement.

Research Questions

1. How are the levels of wellbeing distributed in this sample of people living in Coventry?
2. What factors are associated with mental wellbeing?
3. Are there potential inequalities between levels of wellbeing and subgroups of the population based on age, gender, ethnicity, socio-demographic variables, or disability?

Introduction

The 2012 Coventry Household Survey collected similar information as in previous years. It included seven key aspects of living in Coventry: equalities and communities, housing and environment, community safety, health and general wellbeing, work and training, transport and accessibility, and general profile questions such as age and gender were covered. It also included a measure to assess levels of mental wellbeing of the people of Coventry - the Warwick-Edinburgh Mental Well-being scale (WEMWBS) which is a 14-question validated scale used to measure levels of mental wellbeing.

The approach to the survey delivery went through some changes in 2012. Some questions asked elsewhere were removed, while some questions relevant to our aims were included. Overall the approach to the survey collection was split into two sections: 'Neighbourhoods and Communities' and 'Health and Wellbeing'.

Background

Coventry, in the south of the West Midlands has a total population of 312,800 with 74% of the resident working age population in employment in 2009/10 [2] The population is young and diverse; one in ten people in Coventry are 20-24 years old, and a quarter of Coventry residents are from Black and Minority Ethnic (BME) groups[3]. Almost a third of the total population (32%) are living in neighborhoods considered 'most deprived' [4]. In 2007, it was estimated that Coventry's population consisted of 74% white British people, this figure excludes the other white communities such as Irish and Polish who form 6% of Coventry's population. People with Indian origins comprise 8% of the population, Pakistani 2% and Bangladeshi 1%.

What is mental wellbeing and why is it important?[1]

Mental wellbeing is one aspect of wellbeing generally which also includes physical and social wellbeing. Mental wellbeing consists of positive psychological functioning, satisfaction with life, happiness, fulfilment, enjoyment and resilience in the face of hardship [5]. There are gaps in the UK knowledge base for understanding and measurement of overall wellbeing [6], and there is evidence which suggests that mental wellbeing is good indicator of how people and populations are able to function and thrive [7,8,9].

Mental wellbeing and mental health are different terms. 'Mental wellbeing' describes positive states of being, whilst 'mental health' is a term often used to incorporate a spectrum of states from excellent mental health to severe mental health problems.

Much research and practice surrounding mental health and wellbeing focus on mental health problems and on prevention of developing a mental disorder rather than on positive mental health [10]. Research and evaluation into more positive aspects of mental health and wellbeing has been gaining momentum, and for the first time has been made a national public health priority, reflecting the importance and relevance of mental wellbeing and mental health as critical for the population's health and potential capacity to thrive [11].

From previous research, we know that higher levels of mental wellbeing have been associated with better physical functioning at older ages, better self-rated health, reductions in cardiovascular reactivity and decreased death rates in populations with renal failure and human immunodeficiency virus (HIV) [12-15].

It is not only health that is related to wellbeing. Social factors such as unemployment not only create a loss of income but also a loss of social status, identity, a sense of purpose, and ultimately result in greater losses to wellbeing than to income [16, 17].

Higher levels of wellbeing are also consistently strongly associated with strong emotional and social support experienced by individuals and communities [18, 19]. These deprived environments are associated with many factors which can have an impact on health and wellbeing including [20, 21] physical hazards, sleep disturbance, violence, greater crowding and exposure to noise [22-23].

[1] This information has been previously published in the 2010 and 2011 reports on Wellbeing in Coventry

Coventry as a leading light for wellbeing

This is the third wave of mental wellbeing data collection in Coventry, and we are beginning to learn more about any emerging patterns, as well as changes and differences each time we collect information on mental wellbeing. In this report we continue to examine for Coventry how positive mental health is associated with other characteristics of people and their life circumstances.

The levels and factors associated with wellbeing in the population of Coventry have been measured in Coventry on two previous occasions. This report details the third series of 3 commissioned reports on the state of Coventry's mental wellbeing. We describe levels of mental wellbeing in Coventry and how these are associated with other environmental, physical, social and health issues. We hope the results of this survey can be taken forward to underpin public health priorities and to help with decisions and policies for the benefit of all the people of Coventry.

Methods

Investigators from the University of Warwick have been granted permission by the Coventry Partnership (a partnership between Coventry City Council and Coventry Teaching Primary Care Trust) to access 2012 Household survey data.

The Coventry Household Survey was conducted in the first quarter of 2012 by research consultants MEL, appointed by the Coventry Partnership. It was conducted among residents of Coventry city as a personal face-to-face household interview, as well as a smaller proportion of 'on street' interviews in order to capture mobile populations. The cross-sectional dataset is separately identifiable from the longitudinal dataset. The survey contained 50 questions, and was completed on average in 20-25 minutes. *There are seven sections to the survey: equalities and communities, housing and environment, community safety, health and wellbeing (including the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) and the EQ-5D, a health related quality of life measure), work and training, transport and accessibility, and general profile questions.* Caldicott Guardian ethics committee approval was obtained before data collection.

We sampled households and residents to obtain a representative cross-section of Coventry residents on the basis of deprivation level and to reflect the age and gender distribution of each Middle Super

Output Area MSOA. (MSOAs are geographic areas of about 5,000-7,000 people). Interviewers used the age sampling method of asking to speak to the 'household member whose birthday is next'.

This report will focus on aspects the survey related to mental wellbeing.

Study sample

2,117 survey interviews were conducted. The sample was representative of the population of Coventry on the basis of gender, ethnicity and Deprivation Quintile. All the interviews took place between January and March 2012. The response rate for the main survey sample was 20%, with 2117 surveys completed from approximately 10,000 households with attempted contact (doors knocked on). We do not know the number of refusals.

2111 valid responses were available for analysis of mental wellbeing. Missing data (n=96) was dealt with by replacing missing and incomplete WEMWBS items with the average value of the other item values. This technique is considered acceptable for up to 3 missing items in a given individual WEMWBS score. Six cases had greater than 3 missing items and were excluded altogether.

What was measured?

The measurement of mental wellbeing was undertaken using the WEMWBS, which is a 14-item positively worded scale with five responses from 'none of the time' to 'all of the time' [24]. The minimum score is 14 and the maximum score is 70. The period of assessment covers the previous two weeks up to the completion of the scale. The WEMWBS was completed during face to face interviews where the interviewer handed the paper based survey to the respondent to complete themselves.

Other standardised measures

Self-rated health was measured by asking the widely used question 'How would you say your health is, in general?" with five options ranging from 'very good' to 'very bad' [25]. Another measure which we used for understanding population levels of health is the 'EQ-5D', an internationally validated and reliable set of health and functioning questions, most commonly used for assessing quality of life (the results for this measure are not reported here) [26]. The 2010 Index of Multiple Deprivation (IMD) was used to gauge levels of deprivation from 'most deprived' to 'least deprived'

on a scale of 1 to 5. Limiting long standing illness/disability, marital status and educational qualifications (slightly modified) and ethnicity were assessed using the 2011 census questions [27]. The full questionnaire can be viewed in Appendix B.

Some new questions were added this year that were not included in either the 2010 or 2011 surveys regarding level of social contact (Question 8), support networks (Question 9) quality and access to parks, and clean, maintained roads (Question 15), relative income (Question 40), and financial worries (Question 41). These questions were added because we wanted to know if associations between WEMWBS and these variables which have been found in other places were also true for Coventry .

Data collection and sampling

Data collection was undertaken by the Birmingham research firm MEL using a trained, multi-language interviewing team[2]. The survey was piloted before the main fieldwork commenced. The data were collected using a geographically stratified random sampling design, aiming to achieve 50 interviews within each Middle Super Output Area (MSOA) by randomly selecting five sampling points for each MSOA based on postcodes. The stratified sampling points were gauged against Coventry's deprivation quintile profile and where needed new postcodes were selected to ensure the sample remained geographically representative of Coventry. Further, the sample achieved representativeness based on age, gender, ethnicity and disability. Approximately 50 surveys were also conducted around Coventry city centre to ensure the participation of 'mobile populations'.

Data processing

Data entry, checking, cleaning, quality assurance and primary coding were undertaken by MEL. The cleaned dataset was submitted to the Coventry Partnership and Warwick Medical School for analysis. At all times all answers were kept confidential and anonymous (personally identifying information was removed from the dataset), meeting the requirements of the Data Protection Act legislation.

Statistical methods

We noted frequencies of responses for all the questions and examined the distribution of WEMWBS scores to identify the spread of scores. Operating on the assumption that the data were normal (Parametric), we then adjusted for age and gender and evaluated the associations between WEMWBS scores and the other variables (factors) [28]. We used simple linear regression to test for

[2] The stratified sampling methods described here were developed and undertaken by MEL Research.

associations between factors and WEMWBS score. [3] Factors that were found to be significantly associated with mental wellbeing in this process (or that have been consistently reported as important for wellbeing in previous research) were included in multiple regression analyses.[4] ***Multiple regression is used to identify those factors which collectively explain the variation of WEMWBS scores best.*** Individual factor levels are reported in terms of regression coefficients (B). A regression coefficient can be reported as a positive or negative number. The larger 'B' is, the stronger the association is with mental wellbeing for that particular factor.[5]

A note on this years' data

In-depth analysis identified several points which differentiate this year's analysis method with those of previous years. We discovered that the variables **self-rated health** and **life satisfaction** mirror the relationship between some independent variables and mental wellbeing[6] and make it more difficult to identify and for this reason, we conducted the analysis without them.

It should be clear that these variables remain closely related to mental wellbeing and are just as important as ever in understanding health, society and mental wellbeing, but because we want to identify other variables related to mental wellbeing, we don't want these variables to obscure the findings.

[3] All WEMWBS score differences which are statistically significant between different levels of other variables (at the 5% significance level) are reported as such. This is expressed based on the 'p-value'. If a difference is significant at the 5% level, the p-value will be less than 0.05. The smaller the p-value, the stronger the evidence that the observed difference is not due to chance.

[4] The analysis yields a set of factors which predicts an individual's mental wellbeing best according to a statistical scoring criterion (adjusted R^2).

[5] The regression coefficient (B) illustrates the strength of the association between a given factor and mental wellbeing, measured in WEMWBS score units. The larger B is (either positive or negative), the stronger the association for that particular factor with mental wellbeing.

[6] There were correlations between some variables which partially masked the full relationship between potential factors (independent variables) and mental wellbeing (the dependent variable). These types of correlations are called multicollinearity.

Results

This year's report will present the results based on the two parts of the survey, 'neighbourhoods and communities' and 'health and wellbeing' in relation to WEMWBS scores.

This section describes the distribution of WEMWBS scores in the sample and factors associated with wellbeing, answering the research questions set out:

1. How are the levels of wellbeing distributed in this sample of people living in Coventry?
2. What factors are associated with mental wellbeing?
3. What have we learned from three years of examining mental wellbeing in Coventry?

Participant characteristics

Figures 1 to 4 show the characteristics of those participating in the survey and their responses to questions about their health, sleep, neighbourhoods and connectedness in communities.

Age: Age bands were fairly evenly distributed and consistent with last year; about one sixth of the sample in each ten year age band with 6% of the sample being aged 75 or older.

Gender: 48% of the sample were male and 52% female.

Deprivation: Using the government's quintile categories, three fifths of the sample were in the most and second most deprived categories (the 1st and 2nd quintiles). Thirty-two per cent (32%) were in the 3rd and 4th least deprived categories, with 7% of the sample in the most affluent, least deprived category (5th Quintile).

Marital status: 55% of the sample were married or cohabiting, just under a third were single, and 14% of the sample were divorced, widowed or separated.

Education: Just over a quarter of the sample had no formal qualifications, 39% had level one or two qualifications (equivalent to GCSEs) and 35% had higher level qualifications.

Employment: 48% of the sample were in work, with a little under a quarter being retired. Of the remainder, 8% were students or in training and 21% were unemployed or in unpaid work.

Figure 1. Participants' characteristics

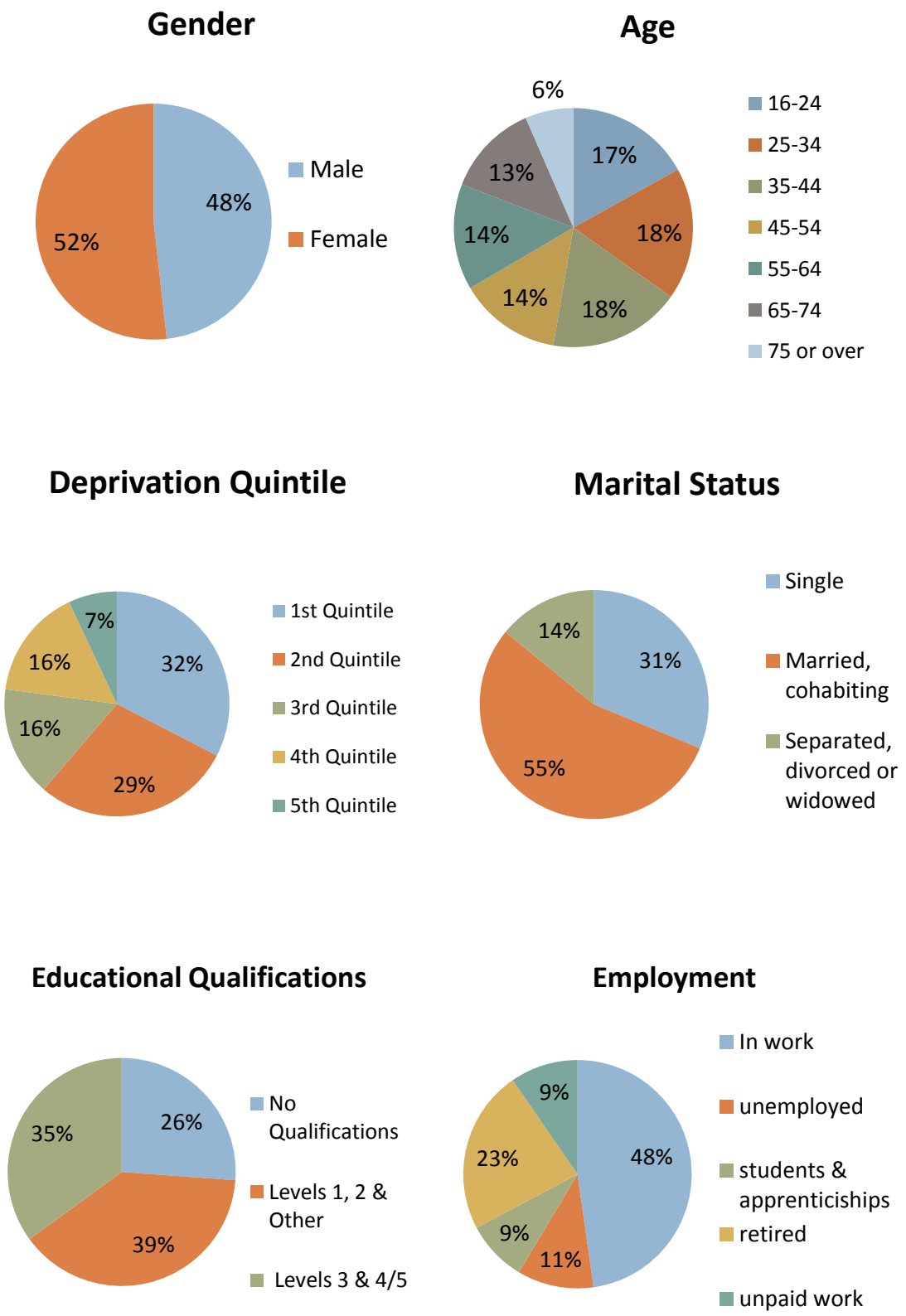


Figure 2 shows responses of those participating in the survey to questions about their health, habits and sleep.

Self-rated health status: Around three quarters of participants rated their health as good, with one sixth reporting fair health (17%) and 7% reporting poor health. 77% of the sample reported they had no limiting or longstanding illness, 14% said that they had an illness which limited them a little and 9% had an illness which limited them a lot.

Fruit and vegetables: Over a quarter (28%) of the sample said that they ate the daily recommended 5-a-day portions of fruit and vegetables a day, the majority ate between 2 and 4 portions (64%) and only 8% ate 1 or fewer portions.

Sleep: 44% of the sample said that they had good quality sleep whilst a slightly smaller proportion had average sleep and a little over 1 in 10 said that they had poor quality of sleep. As far as quantity of sleep was concerned, nearly 60% had about 7-8 hours a night, over a third (36%) had 6 hours of sleep or less a night. Seven per cent said that they had 9 hours or more of sleep a night.

Physical activity and sports: Nearly 4 out of ten respondents reported doing any type of physical activity 5 or more times per week. Half of respondents still report being physically active between 1 and 4 times a week. About one in ten respondents said that they never did any type of physical activity. While about six in ten respondents reported never playing sport weekly, over a third report playing sport 1 to 4 times per week and 7% report playing sport five or more times weekly.

Smoking: One quarter of the sample report currently smoking, while 13% have quit smoking and a little under two thirds of respondents have never smoked.

Alcohol: While the proportion of the sample who drink over the recommended amount has decreased from last year, half the sample drink over this amount at least once a week and the other half report never drinking over the recommended amount.

Figure 2. Participants' health

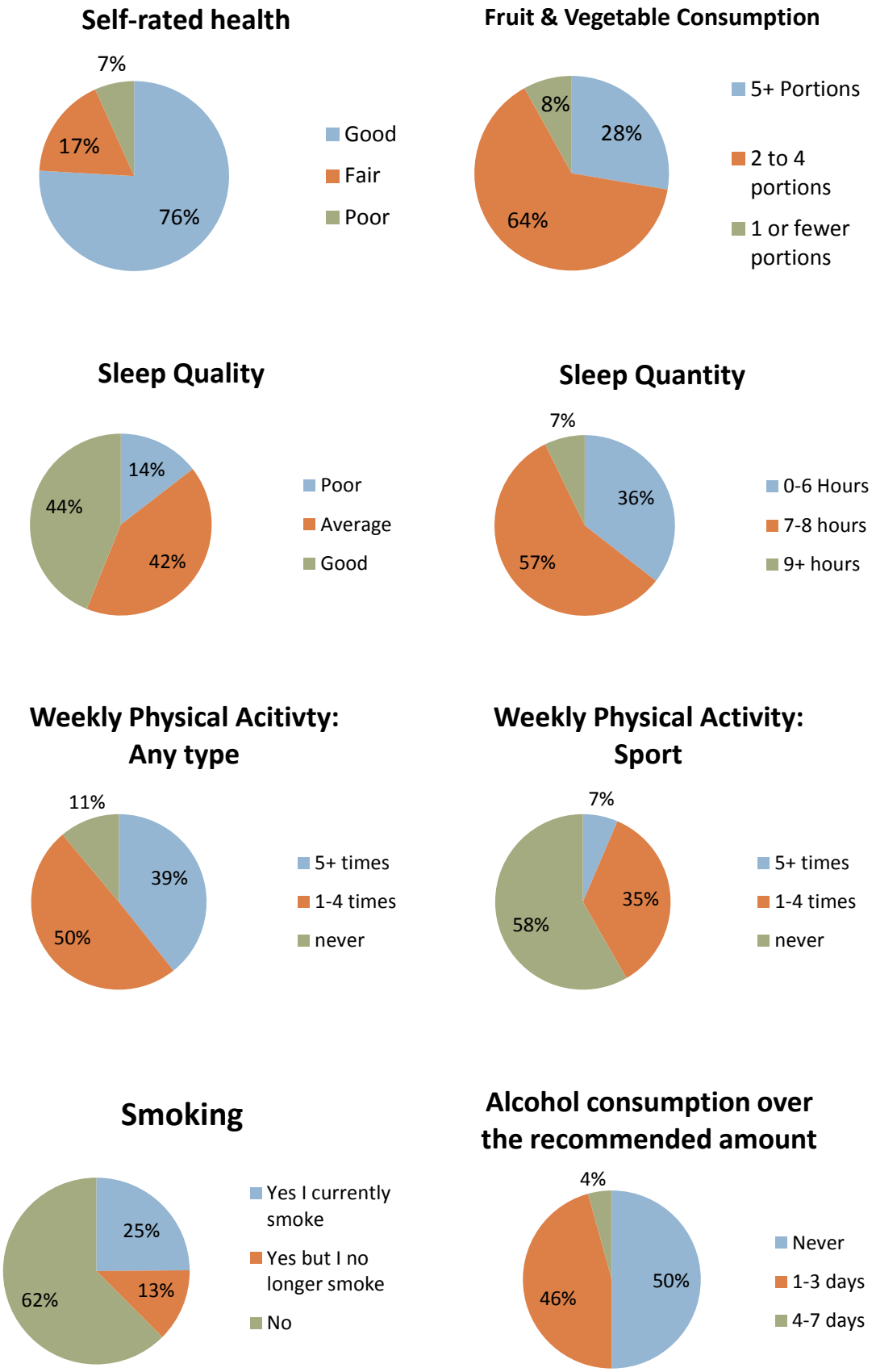


Figure 3 shows participants' responses to questions about their neighbourhood and environments.

Satisfaction with neighbourhood and with the home: 92% of the sample were satisfied with the quality of their home and 9 out of 10 respondents were satisfied with their neighbourhood. A small proportion (5-6%), were dissatisfied with their home and with their neighbourhood.

Safety and crime: Eight in ten respondents stated that they feel safe in their neighbourhood at night; with 20% reporting that they feel unsafe. Under a quarter of the sample thought that crime had increased in the past year, with two fifths (42%) reporting they thought that crime had not increased. A little over a third of respondents either had no opinion or did not agree nor disagree.

Figure 3. Participants' neighbourhood and environments

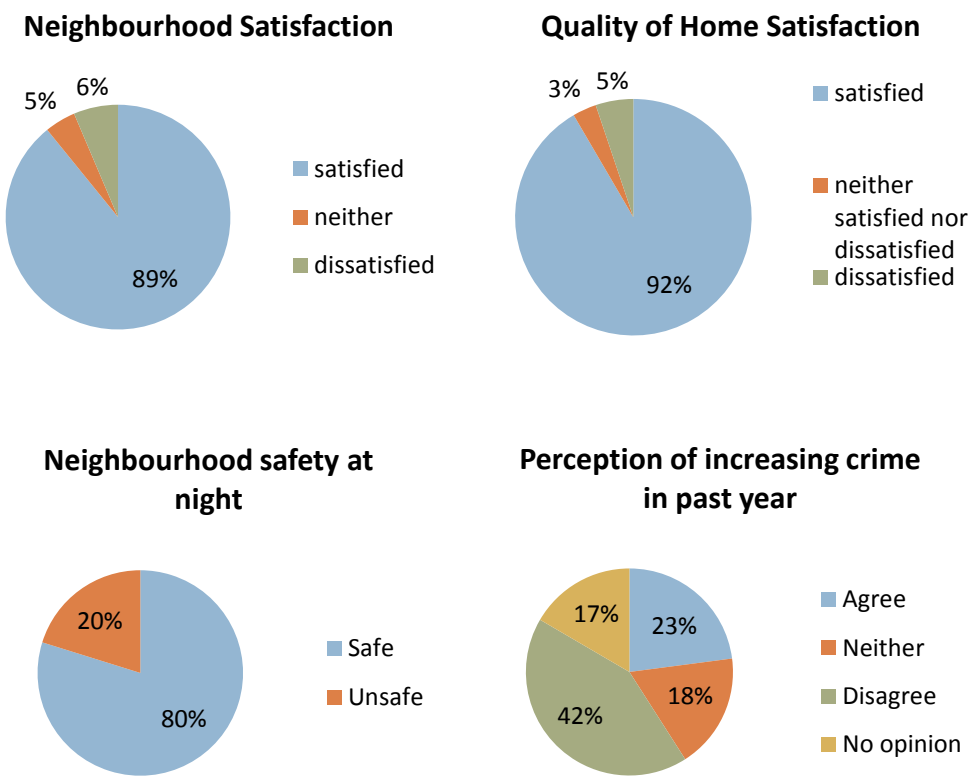


Figure 4 below illustrates the sample characteristics for some new questions added in this year's survey.

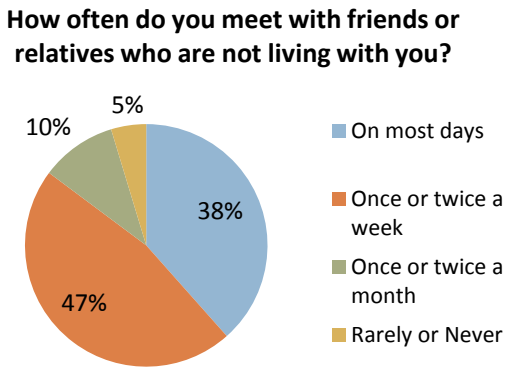
Socialising with friends and family: The majority of respondents (85%) socialise with friends and family at least once a week. One in ten meet and socialise about once or twice a month and 5% rarely or never socialise with friends or family outside the home.

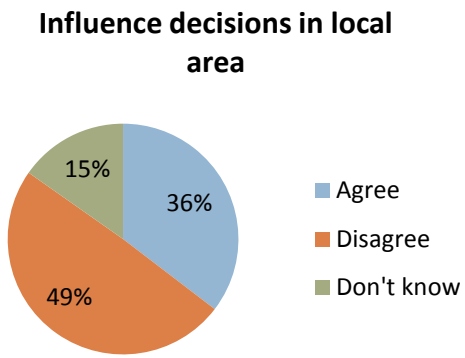
Influence decisions in local area: About half of respondents reported they did not agree they could influence decisions in their local area. Over a third agreed they felt they could influence decisions in their local area, while 15% were unsure.

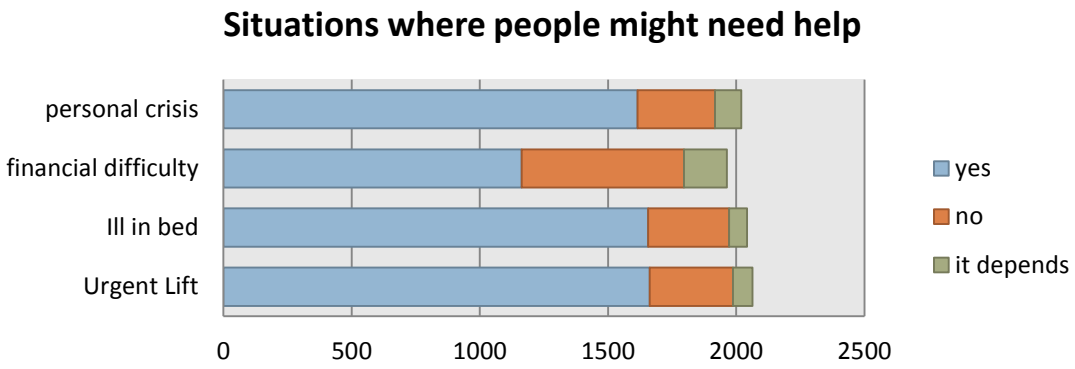
Support in situations of need: When respondents were asked about whether they would ask anyone for help, around 8 in 10 respondents reported 'yes' they would ask for help if they were having a personal crisis, if they were ill in bed or if they needed an urgent lift. A lower proportion of 6 in 10 respondents reported they would ask someone for money if they were in financial difficulty and needed to borrow £100.

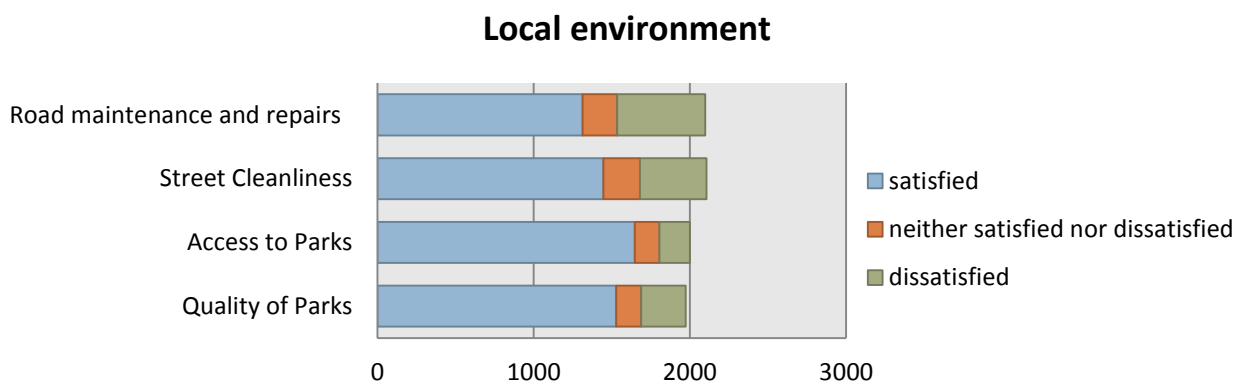
Satisfaction with the standards of local environment: Over three quarters of respondents are satisfied with the quality of local parks and open spaces, while 8 out of 10 report satisfaction with the access to parks. A smaller proportion of respondents are satisfied with street cleanliness (68%) and road maintenance (62%).

Figure 4. Connectedness in the community









Summary of sample characteristics

Overall the findings suggest that the sample are representative of Coventry as far as age, gender, and ethnicity are concerned. Deprivation levels differ from last year in that the sampling procedures were stratified in different ways, but the sampling strategy was the same for the 2010 sample so more comparisons may be drawn there.

People remain satisfied with their neighbourhoods and to a greater degree their homes and the majority continue to feel safe at night with 80% of respondents feeling safe.

New to this year's survey, are questions about peoples social connectedness and support and their local environment. Most people connect with their family and friends on at least a weekly basis and would turn to friends or family for support if they needed help, though a smaller proportion of people would request help for financial support compared to the other scenarios above. While the majority of people are satisfied with the quality and access of parks and open spaces in Coventry, a fifth are not satisfied. When it comes to streets and roads, a smaller proportion are satisfied, with well over a third being dissatisfied with street cleanliness and road maintenance.

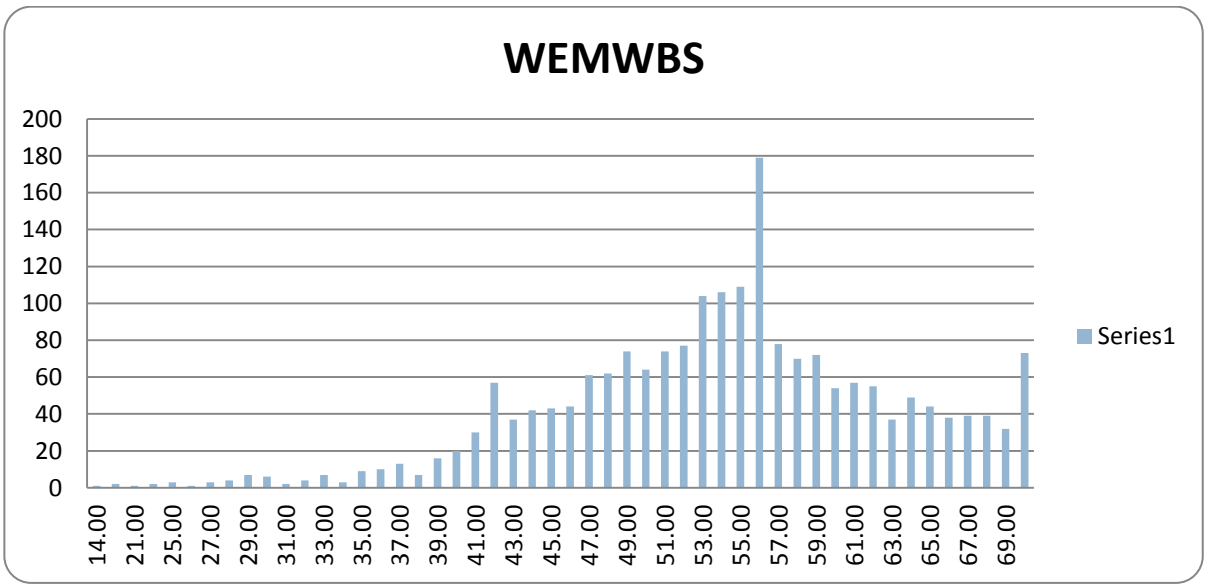
In the next section we go on to look at how these factors are associated with levels of mental wellbeing. First we report the WEMWBS scores.

Wellbeing scores in Coventry using the WEMWBS

The average (mean) WEMWBS score for all participants combined was 54.1, with a standard deviation of 8.35. Raw mean WEMWBS scores are different for men (54.7) and women (53.4).

The figure below illustrates the distribution of WEMWBS scores within the total sample, showing a reasonably good agreement with a 'normal distribution'. The distribution is slightly skewed but consistent with other reports of WEMWBS scores. There are some higher than expected peaks of scores at 42, 56 and 70, but there was no evidence of clustered response sets which might prove problematic to the sample. There are no significant differences in mean score or standard deviation between the imputed (where missing values are averaged from the available WEMWBS items within an individual case) and non-imputed samples of WEMWBS.

Figure 5. Distribution of WEMWBS scores



Population characteristics and WEMWBS

Tables 1-4 below show the percentages and numbers for each variable/characteristic we asked about. In the final two columns the WEMWBS mean response for each variable/characteristic is given for 2012, and also for 2009/10. The comparison is made between 2012 and 2010 due to the same sampling method stratification in both these years.

Table 1. General profile characteristics

Variable	Percentage of total sample (%)^	2012 N=	2012 average WEMWBS score	2009/10mean WEMWBS
Total sample[$]	100	**2111**	54.1	51.2
Age Band				
16-24	17	358	55.7	52.5
25-34	18	378	55.9	51.9
35-44	18	376	54.4	51.2
45-54	14	292	52.2	49.3
55-64	14	301	53.2	50.7
65-74	13	266	53.2	--
75+	7	137	51	--
Gender				
Male	48	1016	54.7	52
Female	52	1093	53.4	50.5
Ethnicity				
White	81	1707	53.6	50.8
Mixed	1	24	54.4	50.7
Asian	11	227	55.4	52.
Black	4	90	57	54.
Chinese & Other	3	54	55	53.6
Marital status				
Single	31	656	54	51.2
Married/cohabiting	55	1146	54.7	51.7
Separated/divorced/widowed	14	295	51.6	49.4

^Percentages rounded to the nearest whole number.

Table 2. Socio-demographic variables

Variable	Percentage of total sample (%)^	2012 N=	2012 Mean WEMWBS	2009/10 Mean WEMWBS
Deprivation				
Quintile 1 (most deprived)	33	687	54.2	49.7
Quintile 2	29	607	53.2	51.2
Quintile 3	16	335	54.6	52.6
Quintile 4	16	335	54.2	51.8
Quintile 5 (least deprived)	7	147	54.7	51.7
Education level				
No qualifications	26	550	51.2	49.3
Levels 1 and 2; other qualifications	39	818	54.6	51
Levels 3 & 4/5	35	741	55.6	53.1
Employment status				
In work	48	1004	55.6	52.4
Unemployed	11	227	49	47
Unpaid work	9.6	202	53.3	49.5
Retired	23	485	52.9	50.7
Student	9	182	55.4	53.2

^Percentages rounded to the nearest whole number.

Table 3. Health and lifestyle characteristics

Variable	Percentage of total sample (%)^	2012 N=	2012Mean WEMWBS	2009/10 Mean WEMWBS
Self-rated health status				
Good	76	1605	55.8	52.6
Fair	17	364	50.1	47.9
Poor	7	142	44.1	42.7
Disability				
No disability	77	1630	55.6	52.2
Limited a little	14	289	50.5	48
Limited a lot	9	192	45.9	44.8
Quality of sleep (past month)				
Good	44	921	56.6	53.1
Average	42	874	53.8	49.6
Poor	15	305	47	45.5
Quantity of sleep (hours per night)				
Fewer than 6 hours	36	746	51	48.9
7-8 hours	57	1205	56	52.3
9 hours or more	7	150	56	52.1
Daily fruit/ vegetable				
5+ portions	28	579	55.4	53.0

2 to 4 portions	64	1343	54	50.8
1 or fewer portions	8	168	50.6	49.1
Physical activity: Any activity weekly				
5+ times per week	39	827	55.1	51.9
1-4 times per week	50	1046	54.2	51.4
Never	11	231	49.5	48.5
Physical activity: Play sports weekly				
5+ times per week	7	135	57.2	53.5
1-4 times per week	35	737	55.9	53.2
Never	58	1214	52.6	50.2
Smoking				
Yes, Currently	25	525	52.2	49.6
Yes, Former	13	267	52.8	51.4
No, Never	62	1317	55	51.7
Alcohol consumption: Days/ week drink > daily recc. amount				
Never	50	635	53.9	51.2
1-3 days per week	46	582	54.9	52.2
4-7 days per week	4	54	50.4	49.3
Life satisfaction				
Dissatisfied	4	85	41.8	--
Satisfied	35	726	50.4	--
Very satisfied	61	1291	56.9	--

^Percentages rounded to the nearest whole number.

Table 4. Neighbourhood characteristics

Variable	Percentage of total sample (%)^	2012 N=	2012 mean WEMWBS	2009/10 Mean WEMWBS
Neighbourhood satisfaction:				
Satisfied	89	1877	54.4	51.5
Neither satisfied nor dissatisfied	5	94	52.9	49.4
Dissatisfied	6	133	49	47.4
Satisfaction with quality of home:				
Satisfied	92	1931	54.4	51.5
Neither satisfied nor dissatisfied	3	69	52.4	50.7
Dissatisfied	5	108	48.6	46.7
Night-time neighbourhood safety:				
Feel safe	80	1645	54.8	52.1
Feel unsafe	20	415	50.9	48.8
Feel that crime has increased in neighbourhood in past year				

Agree	23	479	51.5	49.7
Neither agree nor disagree	18	377	54.6	51.4
Disagree	42	889	54.8	51.9
No opinion	17	347	54.8	--
How satisfied are you with the quality of parks and open spaces in your neighbourhood?				
Satisfied	77	1524	54.7	--
Neither satisfied nor dissatisfied	8	160	53.3	--
Dissatisfied	15	285	52.2	--
Access to parks				
Satisfied	82	1643	54.5	--
Neither satisfied nor dissatisfied	8	159	53.7	--
Dissatisfied	10	192	51.9	--
Street cleanliness				
Satisfied	69	1443	54.7	--
Neither satisfied nor dissatisfied	11	232	52.7	--
Dissatisfied	20	425	52.4	--
Road maintenance & repairs				
Satisfied	63	1310	54.9	--
Neither satisfied nor dissatisfied	11	221	52.8	--
Dissatisfied	27	562	52.4	--

^Percentages rounded to the nearest whole number.

Table 5. Support in situations where one might need help

Variable	Percentage of total sample (%)^	2012 N=	2012 mean WEMWBS	2009/10 Mean WEMWBS
Would you ask anyone for help in the following situations?				
Need an Urgent lift				
Yes	80	1658	54.2	--
No	16	324	53.4	--
It depends	4	75	53.1	--
Ill in bed and need help at home				
Yes	81	1651	54.4	--
No	16	315	52.6	--
It depends	3	70	53.1	--
In financial difficulty and need to borrow £100				
Yes	60	1160	54.6	--
No	32	630	53.2	--

It depends	9	168	54.3	--
You have a serious personal crisis and need someone for support				
Yes	80	1611	54.5	--
No	15	300	52.7	--
It depends	5	103	52.5	--

Table 6. Perceptions of household finance

Variable	Percentage of total sample (%)^	2012 N=	2012 mean WEMWBS	2009/10 Mean WEMWBS
Statement that best describes present income				
Living comfortably	36	757	56.5	--
Coping	46	956	53.8	--
Finding it difficult	15	313	50.3	--
Finding it very difficult	3	63	45.7	--
Frequency worrying about money in the past few weeks				
Almost all the time	8	165	48.1	--
Quite often	18	384	51.8	--
Only sometimes	41	870	54.2	--
Never	33	691	56.5	--

Table 7. Socialising outside of home

Variable	Percentage of total sample (%)^	2012 N=	2012 mean WEMWBS	2009/10 Mean WEMWBS
Frequency of socialising with friends or family who do not live with you				
On most days	39	811	54.8	--
Once or twice a week	47	986	54	--
Once or twice a month	10	213	52.3	--
Rarely or Never	5	99	52	--

Factors associated with mental wellbeing

The tables above suggest some variables are associated with mental wellbeing. The variables below were significantly associated with wellbeing scores in an analysis of variance (ANOVA) after adjusting for age and gender and were considered for inclusion in the multiple linear regression analysis.

Socio-demographic variables: Age, gender, employment status, education, Disability, marital status

Health and lifestyle characteristics: Self-rated health status, quality and quantity of sleep, fruit and vegetable consumption, frequency of physical activity and frequency of playing sport, smoking, and overall life satisfaction.

Neighbourhood characteristics: Satisfaction with neighbourhood, feeling safe at night, feeling satisfied with home, satisfaction with the quality of parks, access to parks, cleanliness of streets, quality road repair, perception of crime, housing tenure.

Variables not included in multiple regression: The variables ethnicity, alcohol consumption over the recommended limit, deprivation, and needing an urgent lift were not significantly associated with mental wellbeing in the simple linear regression. Therefore they were not included in the multiple regression model.

Understanding multiple regression outputs

The figures in the next section show results from the multiple regression model which adjusts for all factors simultaneously so that reported differences are due to the factor illustrated for each figure, while accounting for the variation in WEMWBS scores due to other variables.

In the analysis, the regression coefficient (Beta) illustrates the strength of the association between a given factor and mental wellbeing, measured in WEMWBS score units. It is labelled 'WEMWBS Association' on the Y axis (The vertical axis). The farther away from zero the Beta coefficient is, the stronger the association of the variable with WEMWBS scores. The association can be either positive or negative, and will largely depend on what the *reference category* is. The reference category refers to the one category within a variable to which the other categories are compared.

For example, WEMWBS scores are on average 1 point lower for women compared to men (*the reference category*) when adjustment has been made for all other factors in the model, such as age and education.

Differences in Mental Wellbeing

The following figures describe what factors are associated with mental wellbeing in Coventry. Both positive and negative associations are shown in the bar charts, and the figures are presented for the total sample (N= 2111), men (n= 1020) and women (n= 1095).

If there is a positive association, then the chart shows the WEMWBS score increasing compared to the reference (comparison) category, represented in bars above the horizontal line. The reference category is always the category where the bars are all equal height. If a factor has a negative association then a given bar will be below the horizontal line. In general, the longer the bar on the chart, the stronger the association.

Some figures below present data from a different type of analysis to provide a closer look at differences within variables, where it is relevant to do so. These figures are labelled 'average WEMWBS score based on age and gender adjusted univariate ANOVA'.

Gender & Age

When looking at mental wellbeing based on gender, women's WEMWBS scores are on average one point lower (-1.11) than men's WEMWBS scores. Subsequent figures present associations for the total sample and for men and women separately.

Age is an important variable because there are clear trends in Coventry and internationally that aspects of mental wellbeing are different depending on a person's age group. There are two figures presented for the variable age. First, the analysis of variance (ANOVA) presented in figure 7 shows the difference in average WEMWBS score based on the age group of respondents while adjusting for gender.

There are statistically significant differences between the 16-34 age groups and age groups 45+. There were no significant differences between the 16-34 and 35-44 age groups, nor were there significant differences between those aged 45 to 74. Respondents older than 75 did have significantly lower WEMWBS scores than those aged 45 to 74. Importantly, figure 7 demonstrates the non-linear relationship between age and mental wellbeing levels during different phases of life.

Figure 6. Associations between age and mental wellbeing

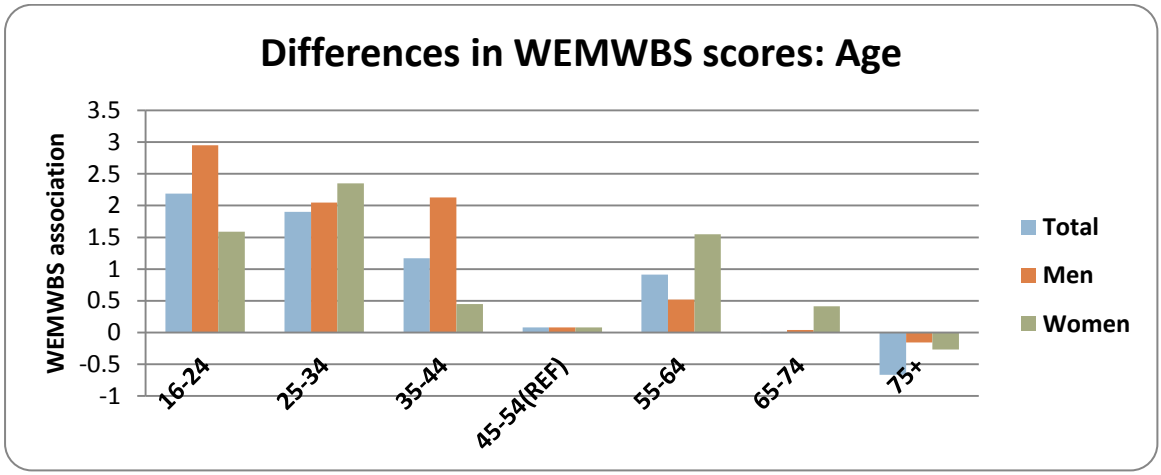
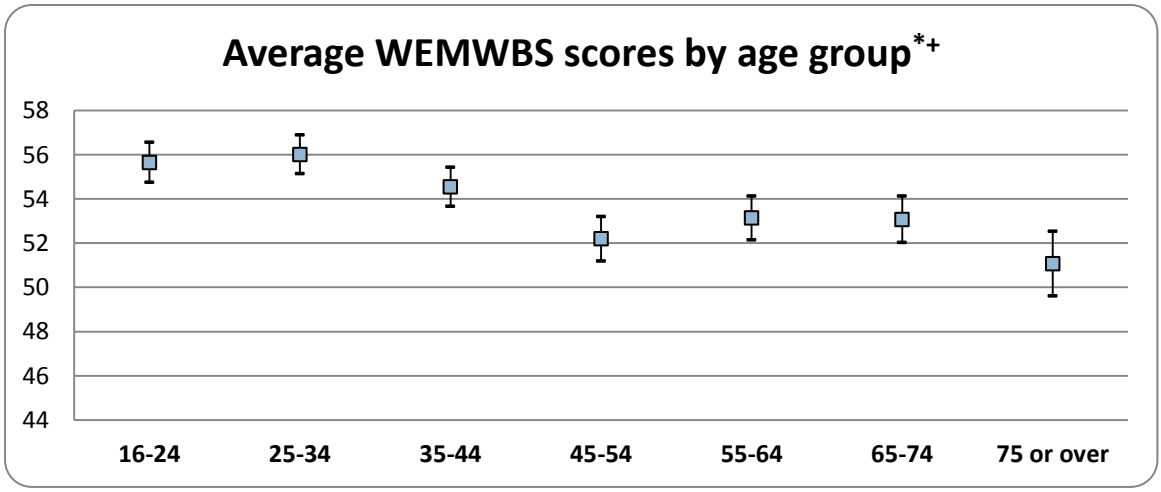


Figure 7. Average WEMWBS scores and age group



*Error bars show the 95% confidence limits;
+Univariate ANOVA adjusted for gender

Figure 6 is the multiple linear regression output for age, showing that after accounting for other variables, those aged 16-34 have WEMWBS scores that are on average 2 WEMWBS points higher than those 45-54.

- These differences vary based on gender: Men 16-24 have WEMWBS scores on average three points higher than men 45-54. Women's WEMWBS scores are at their highest in the 25-34 age group, significantly higher than women 45-54.
- Those aged 45-54 have the lowest WEMWBS scores alongside respondents aged 75+, yet respondents aged 55-64 are around one point higher on average compared with those aged 45-54.

Statistically significant differences

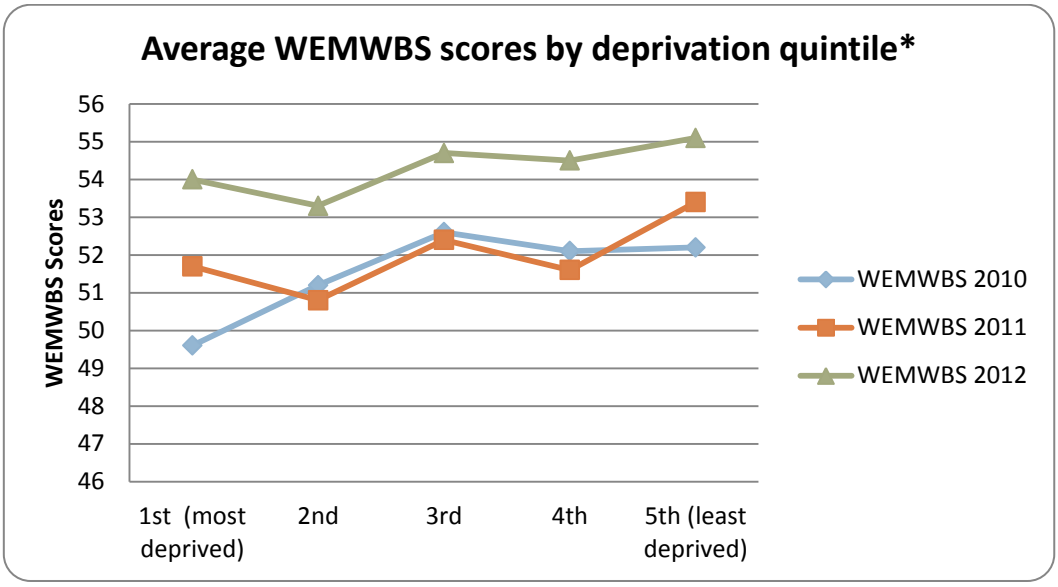
- Among the total sample, age groups 16-34 show significantly higher WEMWBS scores than the 45-54 age group.
- Men aged 16-44 have significantly higher WEMWBS scores than men 45-54, while for women only those aged 25 to 34 have significantly higher WEMWBS scores than women aged 45-54.

Associations with socio-demographic variables

Socio-demographic variables such as education and employment are commonly used for indicating socio-economic status. In this report, education and employment show associations with mental wellbeing scores. Another socio-demographic measure is deprivation level, classified by the Index of Multiple Deprivation (IMD, 2007, and 2010). It is a combined measure of a Lower Super Output Area's total 'score' of multiple factors related to deprivation. While both can be used to understand social and economic factors, education and employment are measured at the individual level and are more accurate (socio-demographically) from person to person. Therefore, level of deprivation is not included in this multiple regression model, but it will be used to examine the pattern between level of deprivation and WEMWBS scores.

Drawing on socio-demographic trends that those in deprived geographical areas generally are worse off than those in less deprived areas, we might expect that mental wellbeing would decrease as geographical deprivation increases. However, it is worth noting that the average WEMWBS scores of all of the surveys (2010, 2011, 2012) result in a similar lack of ***linear*** relationship between mental wellbeing and deprivation levels. What the graph below shows us is a non-linear relationship between average mental wellbeing levels and deprivation quintile. It shows that people living in the 2nd most deprived and 4th most deprived (or 2nd least deprived) quintile areas have slightly lower average WEMWBS scores than the rest of the deprivation quintile groups.

Figure 8. Average WEMWBS score by deprivation quintile



*Averages based on age and gender adjusted univariate ANOVA

Figure 8 above illustrates the age and gender adjusted average WEMWBS score for participants living in each area quintile, where quintile 1 is considered 'most deprived' and quintile 5 is considered 'least deprived'/most affluent. In past years there has been an apparent non-linear association and the 2012 data suggest a similar association based on deprivation quintile but with smaller differences between groups[7]. When only looking at the 2012 data, there are statistically significant ($p<0.05$) differences between the 2nd and 3rd quintiles and the 5th and second quintiles.

Education

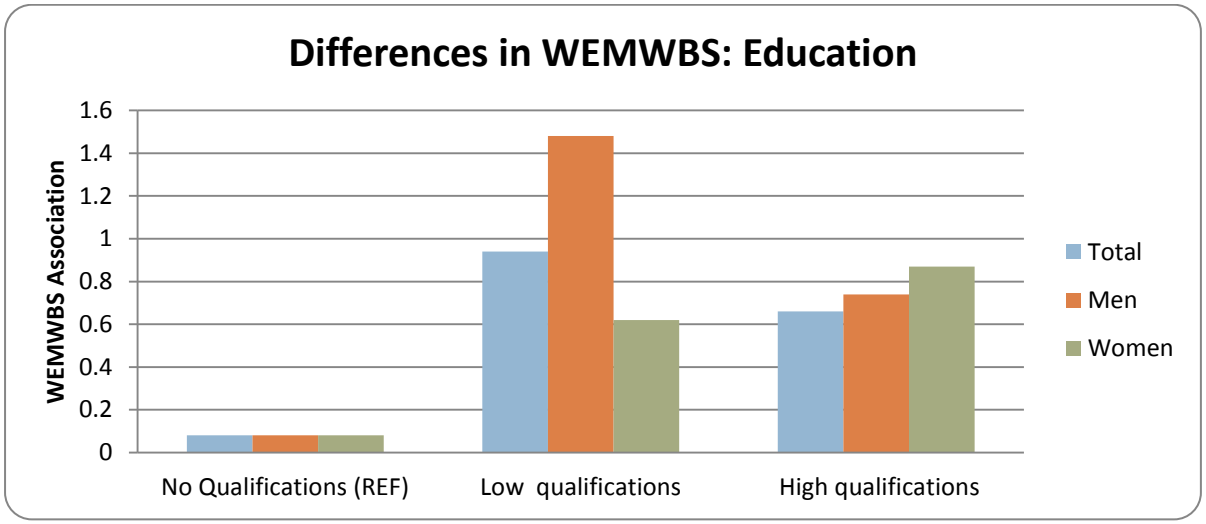
In past years, education has been a significant factor for the total sample, and for men and women, though the strength of this association has fluctuated.

Statistically significant associations

- In the total sample and among men, having some educational qualifications was associated with significantly higher WEMWBS scores compared with those who reported no educational qualifications.

[7] Note that this is not part of the multiple regression, it is an age and gender adjusted analysis of variance (ANOVA) to look at variations in average WEMWBS score within the variable 'Deprivation Quintile'.

Figure 9. Associations between education level and mental wellbeing



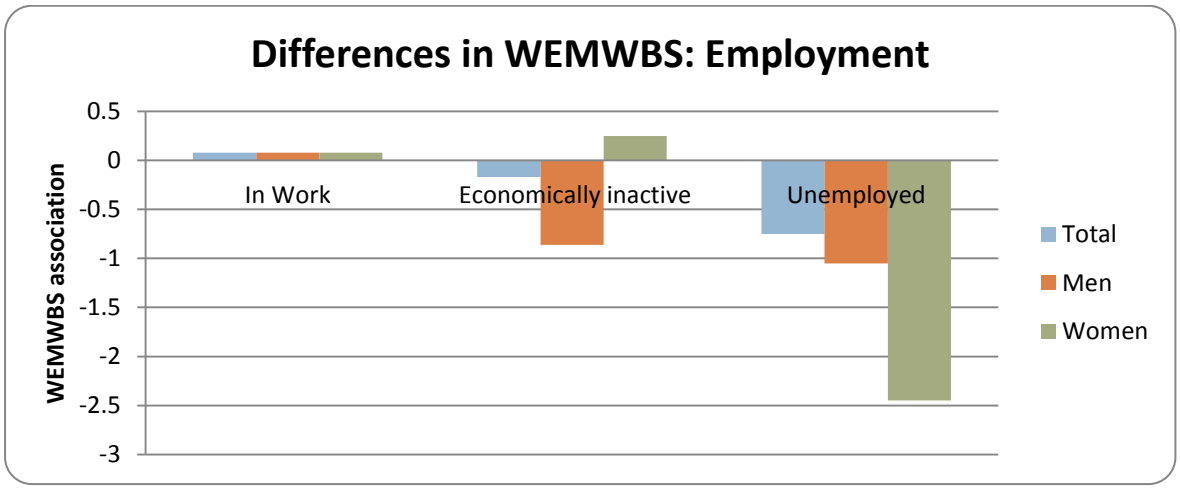
Employment

- Whilst there is the appearance of a trend in mental wellbeing in Figure 10 in relation to employment – in fact statistically for the total sample and men, there are no differences in mental wellbeing levels among the unemployed and the employed.
- This is inconsistent with previous years where employment was significantly associated with mental wellbeing. However direct comparisons across years are hard to make give the use of new variables added in 2011 and 2012.

Statistically significant associations:

- Unemployed women have significantly lower average levels of mental wellbeing (around 2.5 WEMWBS points lower) compared to employed women.

Figure 10. Associations between employment and mental wellbeing



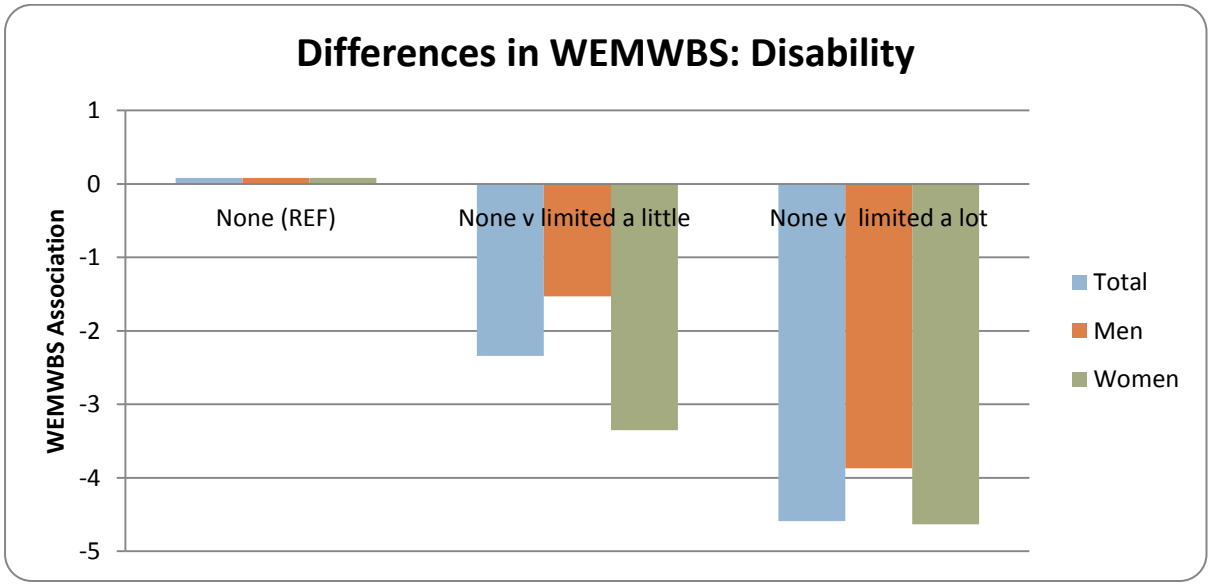
Disability

- In the total population and for men and women, having a disability is associated with significantly lower levels of mental wellbeing.
- For men, those who have a disability which limits them a little have WEMWBS scores 1.5 points lower than those without a disability. Among men who a have a disability which limits them a lot, their WEMWBS scores are on average 3.8 points lower than those with no reported disability.
- Among women, those who have a disability which limits them a little have WEMWBS scores around 3.3 points lower compared to those reporting no disability, and those who are limited a lot have WEMWBS scores around 4.6 points lower compared to those reporting no disability.

Statistically significant associations:

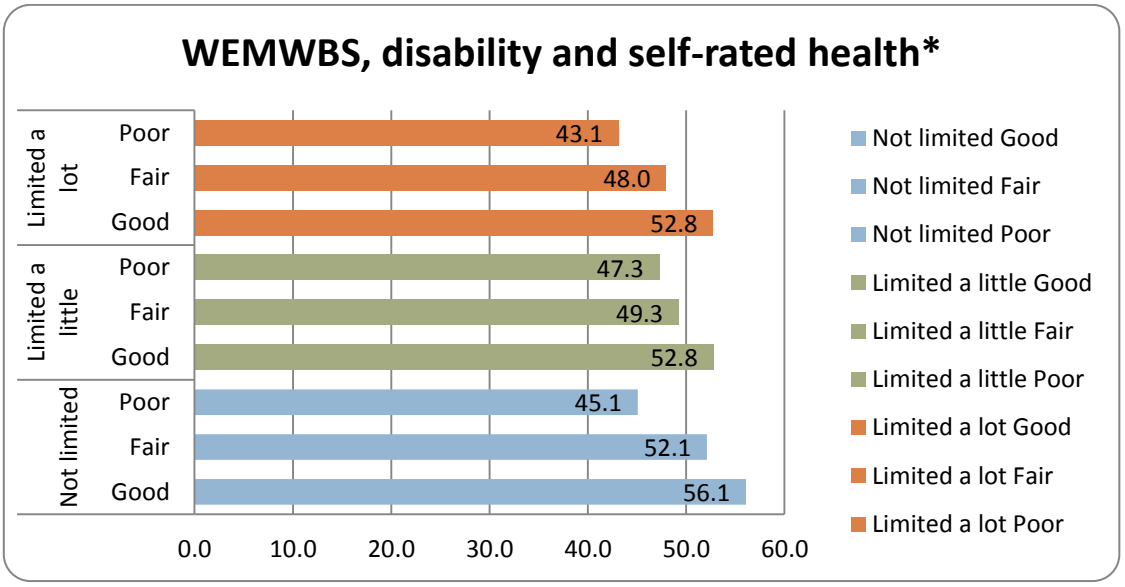
- For the total sample, men and women, reporting a disability which limits someone a little or a lot is associated with significantly lower levels of mental wellbeing.

Figure 11. Associations between disability and mental wellbeing



The relationship between disability, self-rated health, and mental wellbeing can be further examined here, looking at the average WEMWBS scores based on level of disability and self-rated health. The subgroups may be too small to detect a significant difference, but the trend shows that while there are reductions in WEMWBS scores based on level of disability, those who are limited a lot but rate their health as good have higher levels of mental wellbeing than those who rate their health as fair or poor. The same trend is observed for those whose disability limits them a little, and those with no reported disability.

Figure 12. Average WEMWBS scores by level of disability and self-rated health



* Averages based on age and gender adjusted univariate ANOVA

Health and Lifestyle Characteristics

Sleep quality

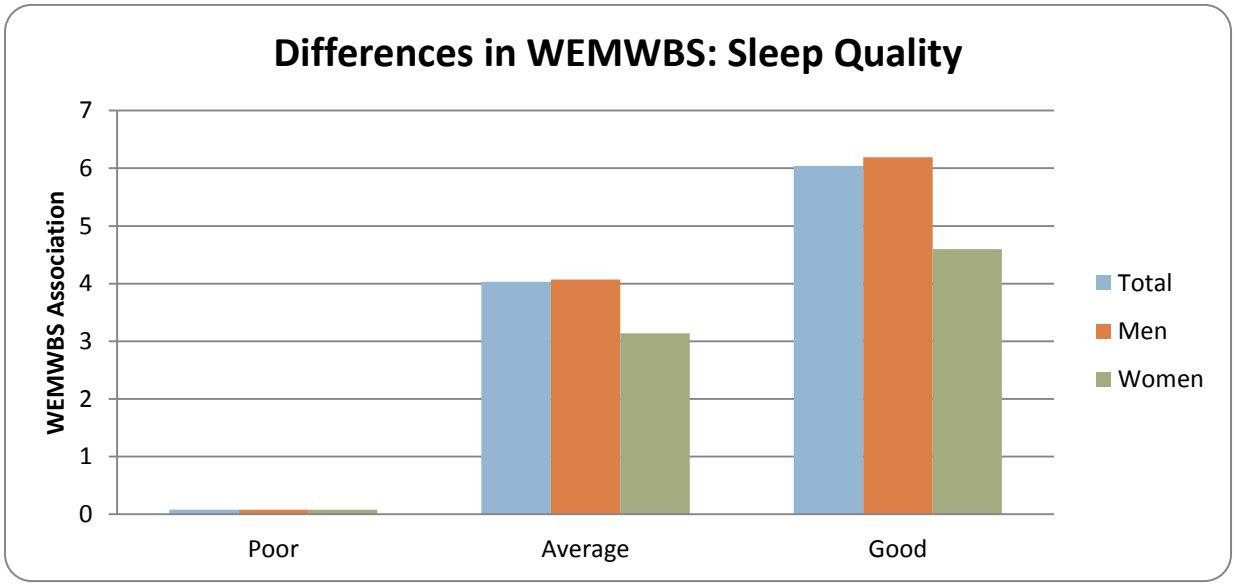
Quality of sleep is strongly associated with mental wellbeing levels observed in this sample, as well as in previous Wellbeing reports. The better your quality of sleep, the higher your mental wellbeing level. The trends are similar for men and women.

- In the total sample, WEMWBS scores were about 4 points higher on average among those with average sleep quality compared to those with poor sleep quality. For those in the total sample whose sleep quality was good, WEMWBS scores were on average 6.2 points higher than those with poor sleep quality.
- The same trend is observed in men and women both, but with a slightly smaller effect among women. However this association is strong enough that for all groups these associations are statistically significant.

Statistically significant associations:

- In the total population and for men and women, both average and good levels of sleep quality were significantly associated with higher mental wellbeing levels.

Figure 13. Associations between sleep quality and mental wellbeing



Sleep quantity

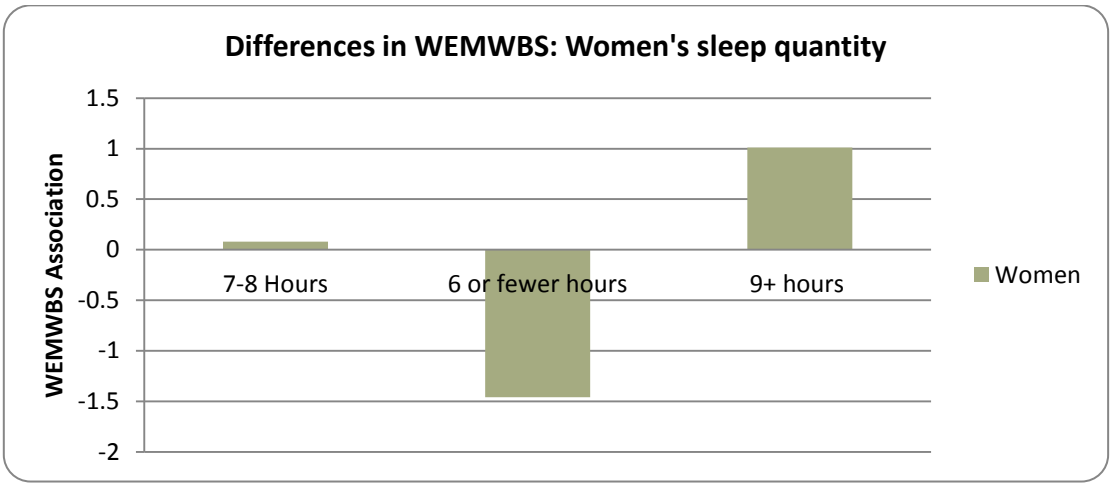
In this year's sample, the variable sleep quantity was statistically significantly associated with mental wellbeing among women, but not among men or the total sample. Women sleeping 6 hours or fewer had WEMWBS scores around 1.5 points lower than women sleeping 7 to 8 hours per night.

There was no statistically significant difference between sleeping 7 to 8 hours per night and 9 or more hours per night.

Statistically significant associations:

- The variable sleep quantity was statistically significantly associated with mental wellbeing among women reporting they slept 6 or fewer hours per night.

Figure 14. Association between women's sleep quantity and mental wellbeing



Social Support & Connectedness

There were several questions about social connectedness and support which were new to this year's survey. Some of these variables were strong enough to be included in the linear regression model while some were not. One multiple response question asked respondents to consider whether or not they would ask for help if they found themselves in a series of situations.

The situations were:

- You need a lift somewhere urgently
- You are ill in bed and need help at home
- You are in financial difficulty and need to borrow £100
- You have a serious personal crisis and need someone to turn to for comfort and support.

Of these situations, three showed strong enough associations with mental wellbeing levels to be included in the multiple linear regression model- 'You need a lift somewhere urgently' was not significantly associated with WEMWBS scores.

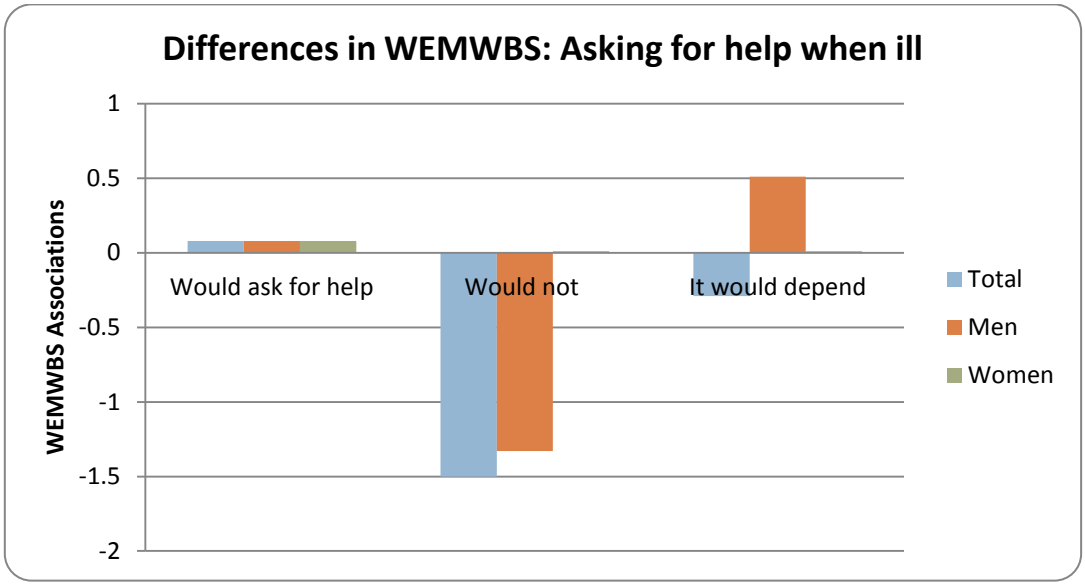
Asking for help when ill in bed

- Those who would not ask for help if they were ill in bed had WEMWBS scores 1.5 points lower on average than those stating they would ask for help.
- Among men, while this variable was included in the model, neither comparison showed a significant association – men who would not ask for help were just as likely as men who would ask for help to have high or low mental wellbeing levels.
- The associations between mental wellbeing levels and responding 'it would depend' were not significant

Statistically significant associations

- In the total sample, those who would not ask for help if they were ill in bed had WEMWBS scores statistically significantly lower than those stating they would ask for help.

Figure 15. Associations between Asking for help when ill and mental wellbeing



Needing support during a serious personal crisis

The second social support question included in the model was 'Would you ask for help if you have a serious personal crisis and need someone to turn to for comfort and support?' Among the total sample and women, the relationship between mental wellbeing and asking for help was not as strong as other variables.

- For men, asking for help during a serious personal crisis was associated with mental wellbeing. Men who would only ask for help if it depended on the situation were more likely

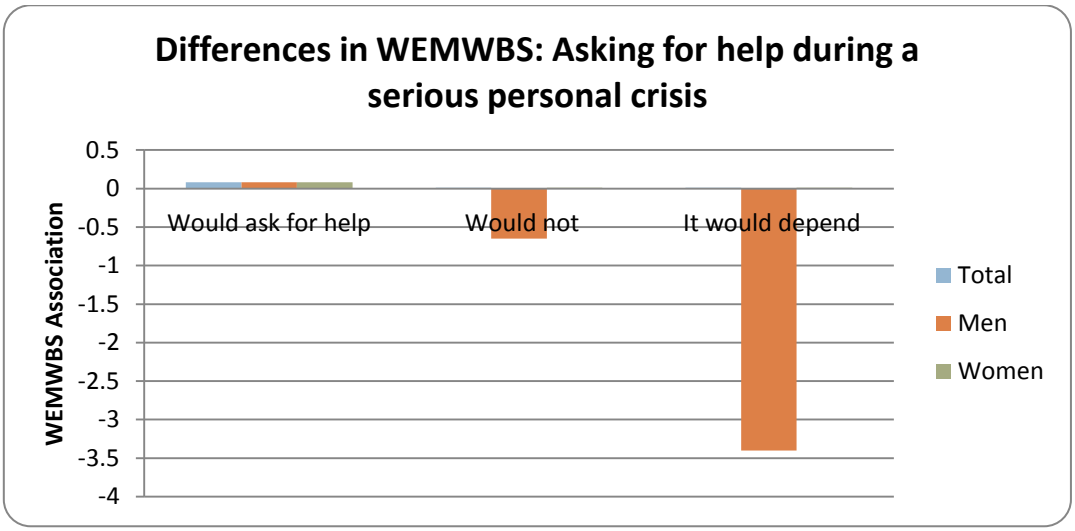
to have lower WEMWBS scores by around 3.4 points, an association that was statistically significant.

- Those who would not ask for help at all were just as likely to have high or low mental wellbeing levels as those who would ask for help in a crisis. Because this finding seems somewhat counter-intuitive, it important to remember that the confidence limits surrounding each point vary (See Appendix for regression Coefficients and 95% Confidence Intervals)

Statistically significant associations

- Men who would only ask for help if it depended on the situation were more likely to have lower WEMWBS scores by around 3.4 points compared to men who would ask for help.

Figure 16. Associations between Asking for support during a crisis and mental wellbeing



Partnerships

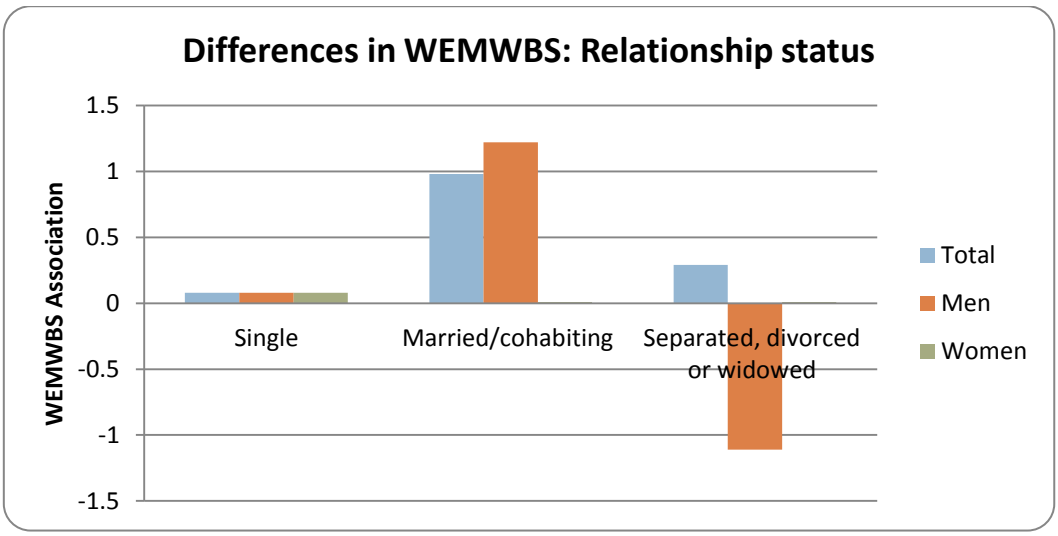
One variable included in previous years but not always seen to be associated with mental wellbeing was 'relationship status'. This year, this variable was strongly associated enough in the total sample and men's models to be considered a factor associated with mental wellbeing, but this was not the case in the women's model.

- Among the total sample and men, being married or cohabiting is significantly associated with around a 1 point increase in WEMWBS score.

Statistically significant associations

- Being married or cohabiting was significantly associated in the total sample but not among the men's sample. Relationship status was not a factor in the women's sample.

Figure 17. Association between relationship status and mental wellbeing

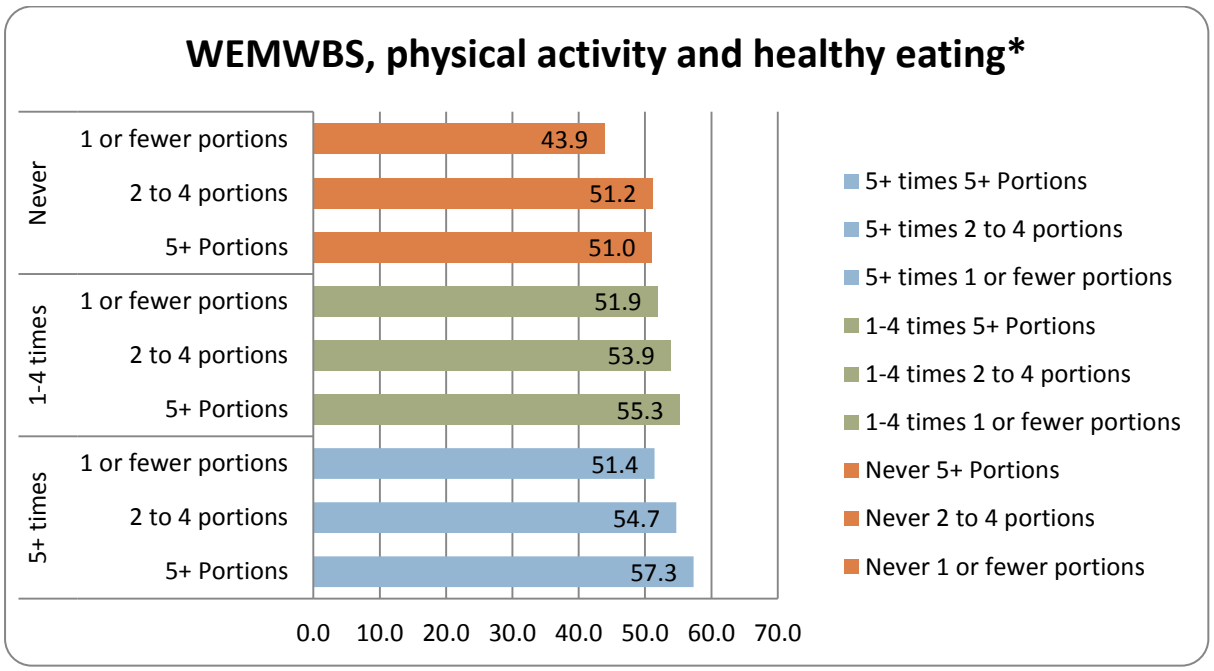


Lifestyles & behaviour

On average, the more physically active respondents reported being, the higher their mental wellbeing. There is an interaction between physical activity and eating fruits and vegetables. Respondents who were both physically active often and eating optimal portions of fruits and vegetables daily showed the highest average levels of mental wellbeing. Figure 19 shows the difference in average WEMWBS scores depending on level of physical activity and the amount of fruits and vegetables consumed (Physical activity is vertically labelled on the left, while fruits and vegetables consumption is horizontally labelled).

Simply, the more physical activity, and the more fruits and vegetables consumed, the higher the mental wellbeing. Participants who were physically active 5 times per week but who ate very few fruits and vegetables still had higher average levels of mental wellbeing than those who never did physical activity. While some of these differences may not be significant, they demonstrate a trend in increases in mental wellbeing where healthy lifestyle behaviours are in abundance.*

Figure 18. Average WEMWBS scores by physical activity and fruit and vegetable consumption



*Averages based on Age and gender adjusted univariate ANOVA

Fruit & vegetable consumption

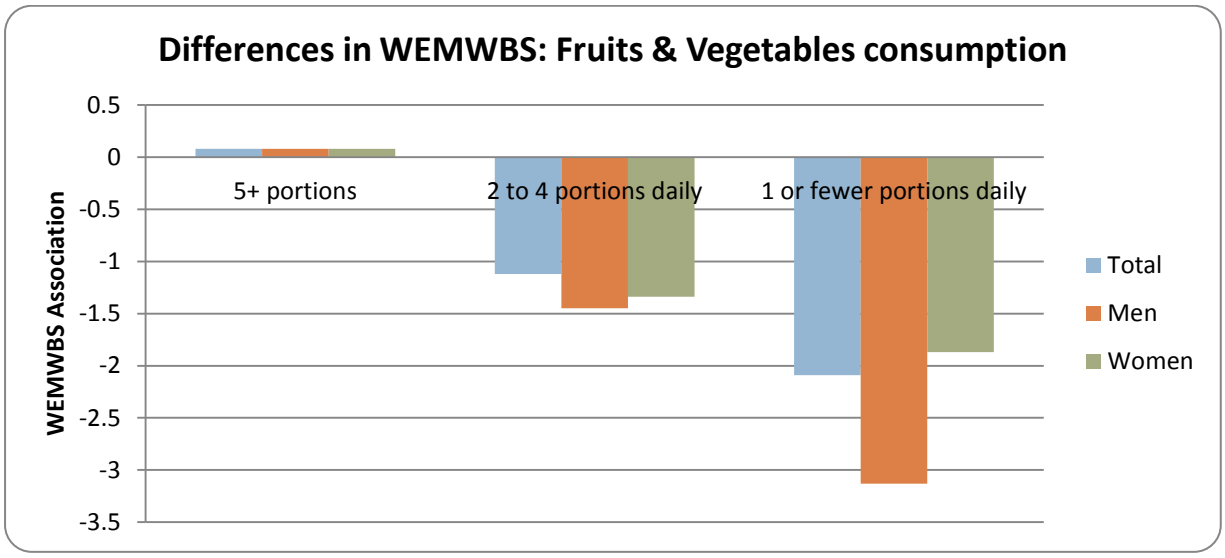
This year's trend follows that of last year. Average mental wellbeing was significantly lower among people who ate under 5 portions of fruits and vegetables daily.

- Among men, those who ate 2 to 4 portions daily had on average a WEMWBS score 1.5 points lower than someone who ate over 5 portions daily, and among men who ate 1 or fewer portions, this difference widened to 3.1 points lower than men who ate 5+ portions daily.
- The same trend is observed for women, but with smaller differences observed. Women eating 2 to 4 portions had WEMWBS scores around 1.3 points lower than those eating optimal amounts. Women eating less than one portion a day had WEMWBS scores around 2 points lower than those eating 5+ portions a day.

Statistically significant associations:

- In the total population, and for men and women, eating fewer than five portions of fruit and vegetables daily was significantly associated with lower levels of mental wellbeing.

Figure 19. Associations between healthy eating and mental wellbeing



Physical activity

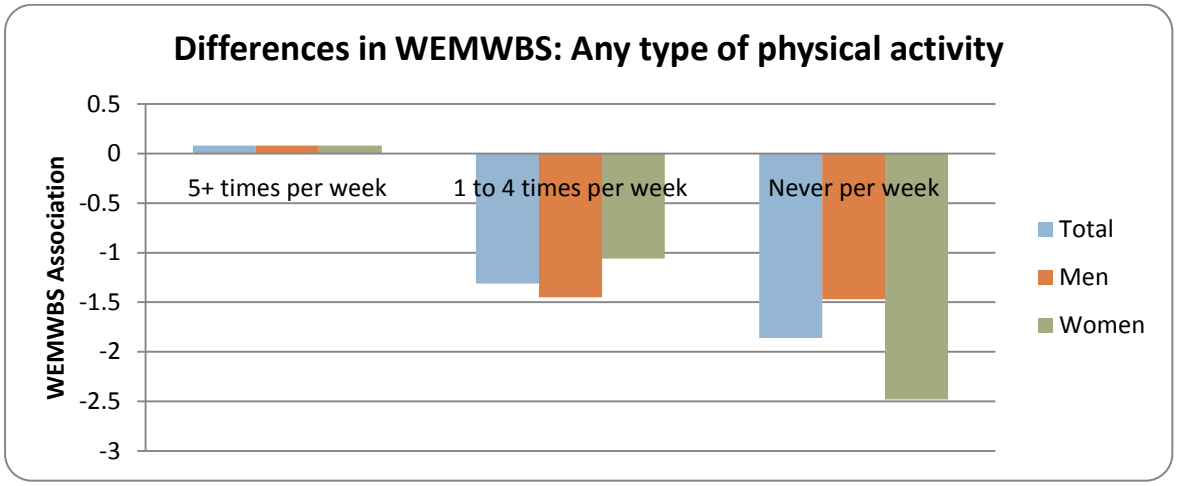
In two of three years of reporting on Coventry's wellbeing, the association between physical activity and mental wellbeing has been present. This year's physical activity variable was fairly strongly associated with mental wellbeing levels.

- Doing any physical activity per week, from playing sports to walking to the shops was associated with mental wellbeing in women and in men.
- Among women there was a strong association between never doing any physical activity and lower levels of mental wellbeing. Average mental wellbeing scores for women who aren't physically active at all are around 2.5 points lower than women who are frequently physically active on a regular basis.
- The association was weaker but still significant for women who were physically active a few times per week, compared to doing some physical activity almost every day. This means that women doing some exercise 1-4 times a week had levels of mental wellbeing around 1.1 points lower than their more frequently active counterparts.

Statistically significant associations:

- For the total sample, and for men and women, doing any physical activity 4 times per week or less than that was significantly associated with lower levels of mental wellbeing.

Figure 20: Associations between physical activity and mental wellbeing



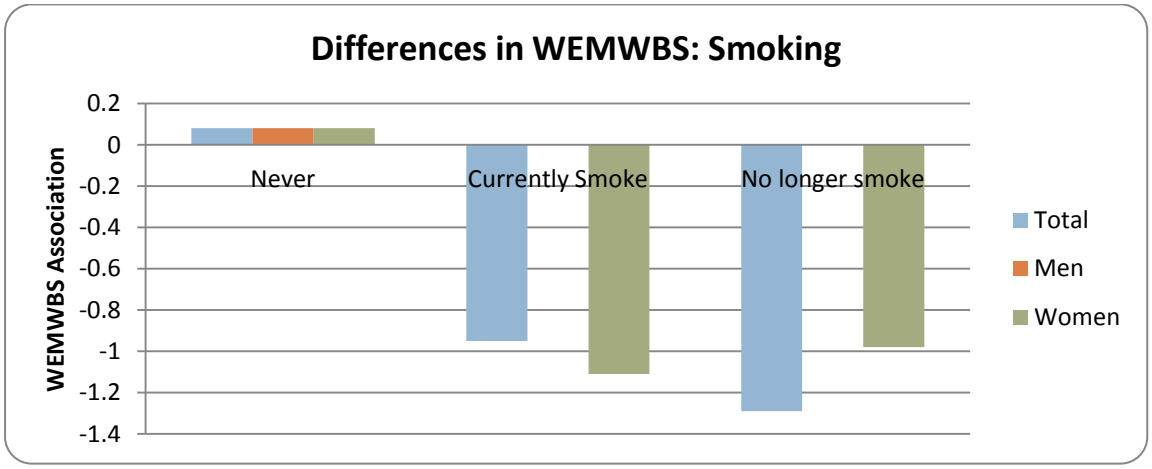
Smoking

Not present in the final model in previous years, smoking was found to be associated with lower levels of mental wellbeing this year. Smoking was not included in the men's model, and although it was present, was not significant in the women's model.

Statistically significant associations

- Respondents who either currently smoke or used to smoke have WEMWBS scores around 1 point lower than those that have never smoked and this difference is statistically significant.

Figure 21. Associations between smoking and mental wellbeing.



Neighbourhoods & Communities

The following factors relate to how respondents feel about their homes and neighbourhoods including their perception of local crime and safety.

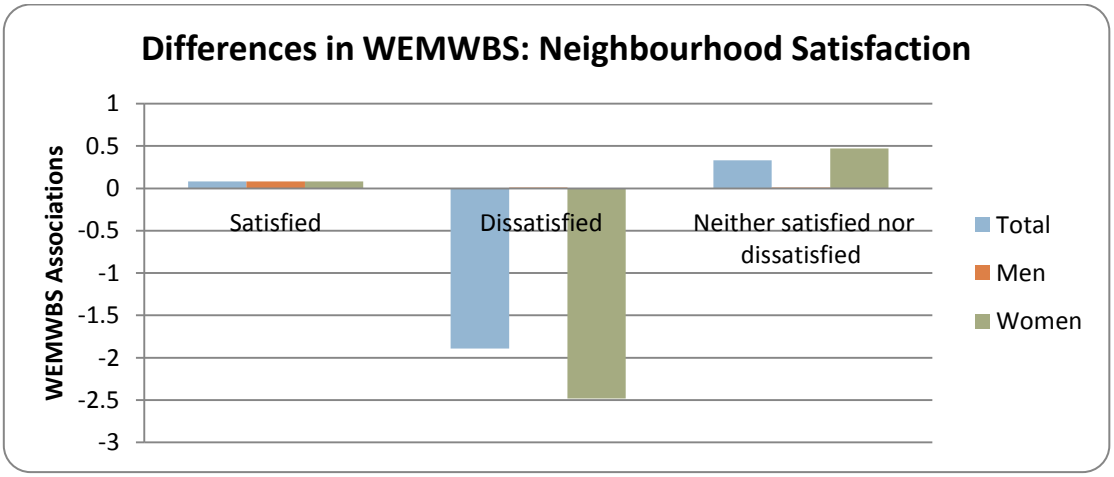
Neighbourhood satisfaction

Neighbourhood satisfaction was only a factor associated with mental wellbeing in women, in previous years this variable has been associated with satisfaction in men. Women who were dissatisfied with their neighbourhood had mental wellbeing levels nearly 2.5 points lower on average than women who were satisfied with their neighbourhood.

Statistically significant associations

- In the total sample and among women, being dissatisfied with one's neighbourhood was significantly associated with lower levels of mental wellbeing.

Figure 22. Association between neighbourhood satisfaction and mental wellbeing



Satisfaction with home quality

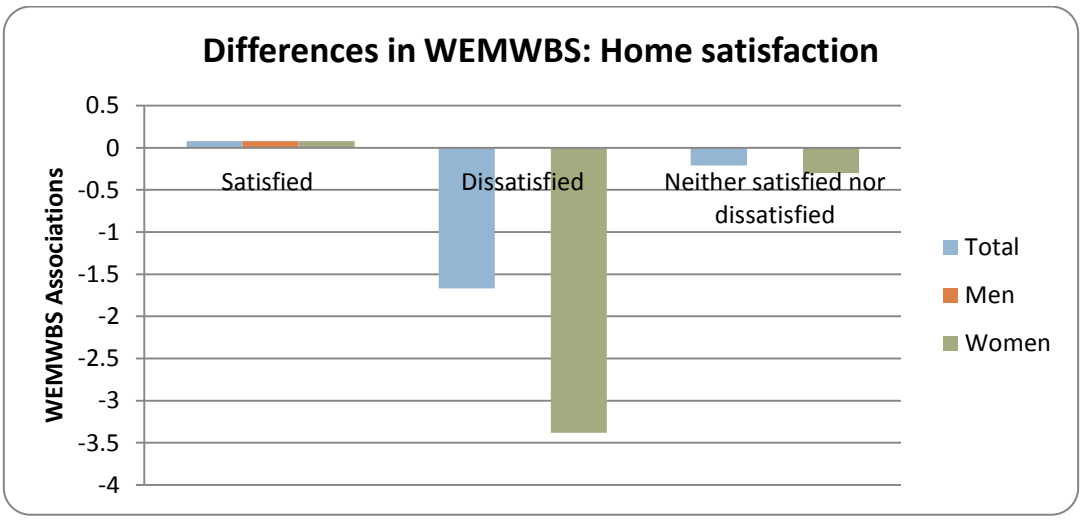
Being satisfied with the quality of one's home was a factor included in the total sample and for women, but not for men.

- Amongst women, those who were dissatisfied with the quality of their home had levels of mental wellbeing that were on average 3.4 points lower than those who were satisfied with the quality of their home.
- Women who were neither satisfied nor dissatisfied with their home were just as likely to have high or low levels of mental wellbeing as women who were satisfied with their homes.

Statistically significant associations:

- Amongst women, those who were dissatisfied with the quality of their home had significantly lower levels of mental wellbeing on average than those who were satisfied with the quality of their home.

Figure 23. Associations between satisfaction with home and mental wellbeing



Neighbourhood safety at night

In past years the inclusion of this variable in the multiple regression model has varied. In 2010, feeling safe at night was significantly associated with mental wellbeing in women, but was not a factor included in the model for women in 2011 (and was not a statistically significant association for men).

This year, Feeling unsafe at night was a factor included in the regression model for the total population and for women, but these inclusions were not statistically significant. They are not presented here, because for the total sample and women, respondents are just as likely to have low or high mental wellbeing whether they feel safe at night-time or not.

Perception of increased neighbourhood crime

This is another variable in the multiple regression model which has varied in past years. Last year (2011) this was a factor in all three models, whereas this year perception of crime is included in the model for the total population and for men, but not for women.

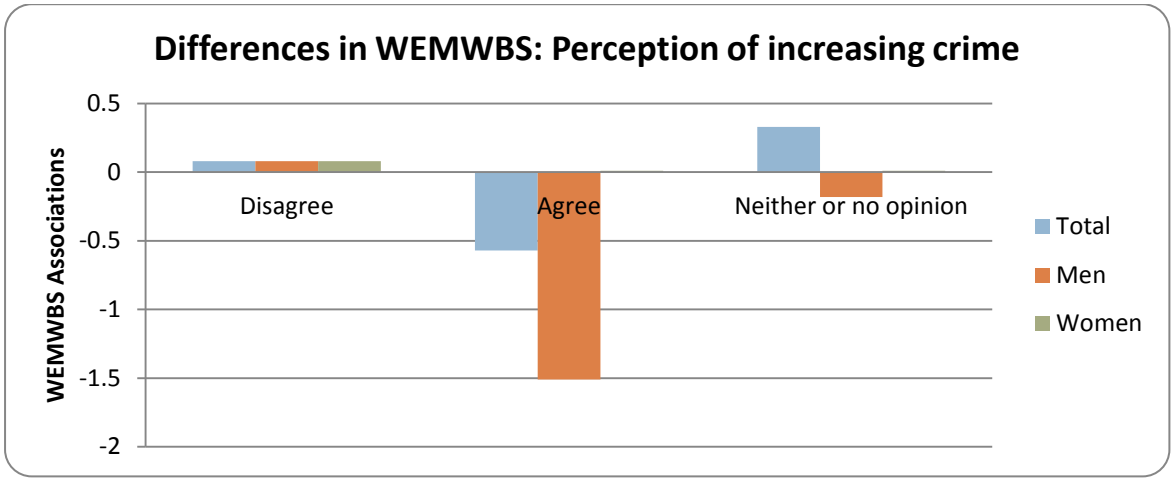
- In the total sample those who felt crime has not increased in the neighbourhood in the past year were as just as likely to have high or low mental wellbeing levels as someone who felt crime had increased locally.

- Among men, those who felt crime had increased had WEMWBS scores 1.5 points lower on average than men who did not feel crime had increased locally.

Statistically significant associations

- For men, this relationship was statistically significant.

Figure 24. Associations between Perception of increased neighbourhood crime and mental wellbeing



Financial status

Two other new questions asked in this year's survey were about income and perception of financial security, two variables shown in other survey's to be associated with mental wellbeing [29].

Worrying about money

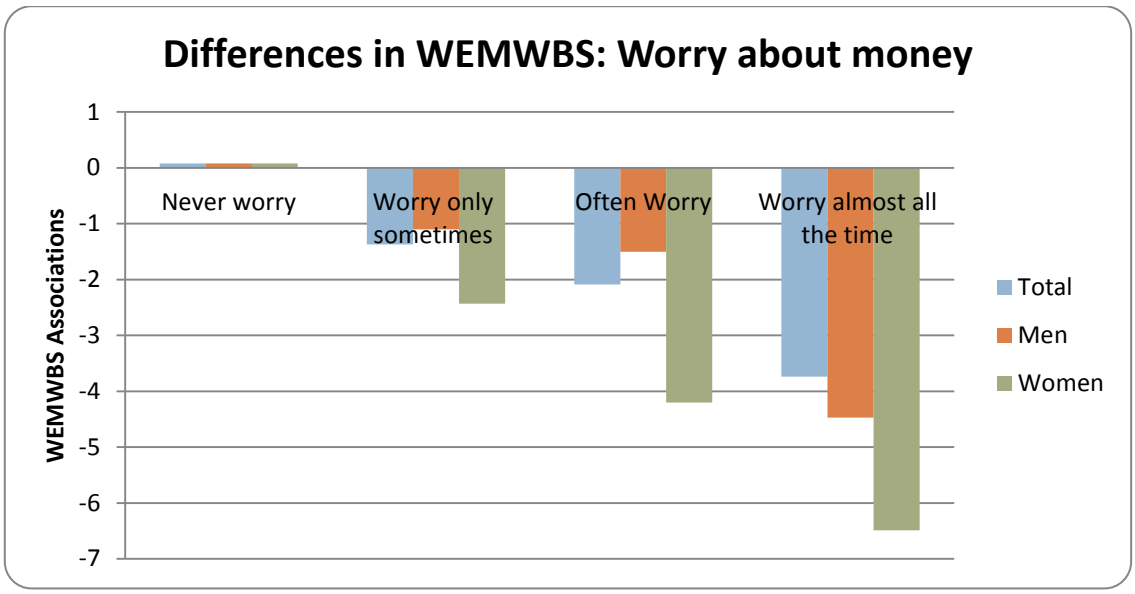
There is a strong linear relationship between the amounts of worrying someone does and the level of mental wellbeing reported on average.

- On average in the total sample, those who worry only sometimes have WEMWBS scores around 1.4 points lower, those who often worry have WEMWBS scores around 2.1 points lower, and those worry almost all the time have WEMWBS scores around 3.7 points lower compared to those who report they never worry.
- Among women the trend is strongest, for example women who worry almost all the time have average WEMWBS scores around 6.5 points lower than those that never worry.
- The same trend is seen in men but it is not quite as strong as the association for women- men who worry almost all the time have on average WEMWBS scores around 4.5 points lower than men who never worry.

Statistically significant associations:

- For the total sample, women and men (except the category 'Worry only sometimes' for men) all associations were statistically significant.

Figure 25. Association between worrying about money and mental wellbeing



Relative income

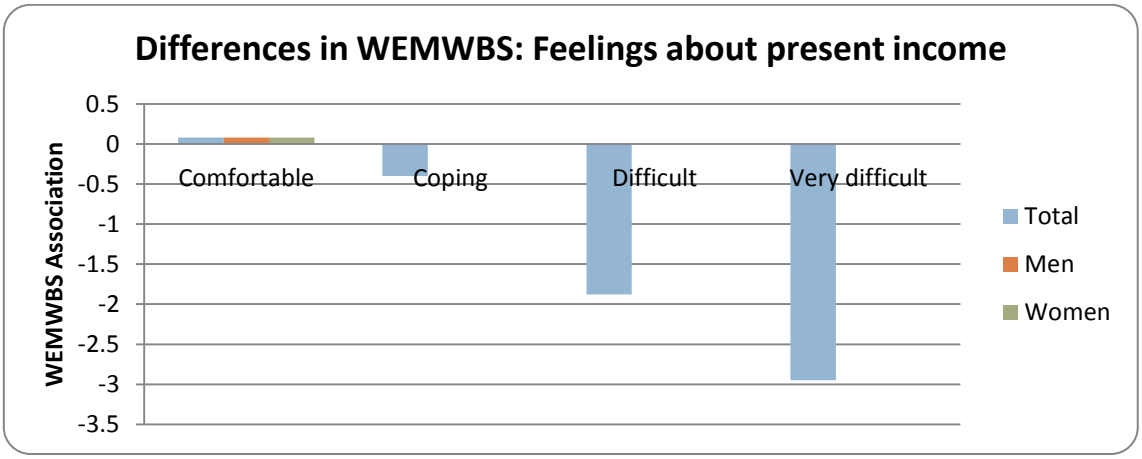
The second financial status question added to this year's survey was about respondents perceptions of their household income. Only the total sample is reported as for both men's and women's stratified models income was not included in the final models for each.

- When comparing those who reported living comfortably on their present income , those who were 'coping' were just as likely to have high or low mental wellbeing levels as those 'comfortable' on their present income.
- For those who were finding their present income difficult to get by on, their WEMWBS scores were around 1.8 points lower than those comfortable.
- On average, those who found things very difficult on their present income had WEMWBS scores around 3 points lower than those who were comfortable.

Statistically significant associations:

- Both variables 'finding it difficult' and 'very difficult' show statistically significant associations with lower mental wellbeing levels.

Figure 26. Associations between feelings about income and mental wellbeing



Discussion and Key Point Summary

Coventry's population

Overall the findings suggest that the sample for this survey are representative of Coventry as far as age and gender, deprivation quintile and ethnicity are concerned. There are geographical differences between this year's data and last year's data relating to deprivation quintile (2011), so comparisons should be made with caution. There are also some health and wellbeing differences between samples in 2010, 2011 and in 2012, described below.

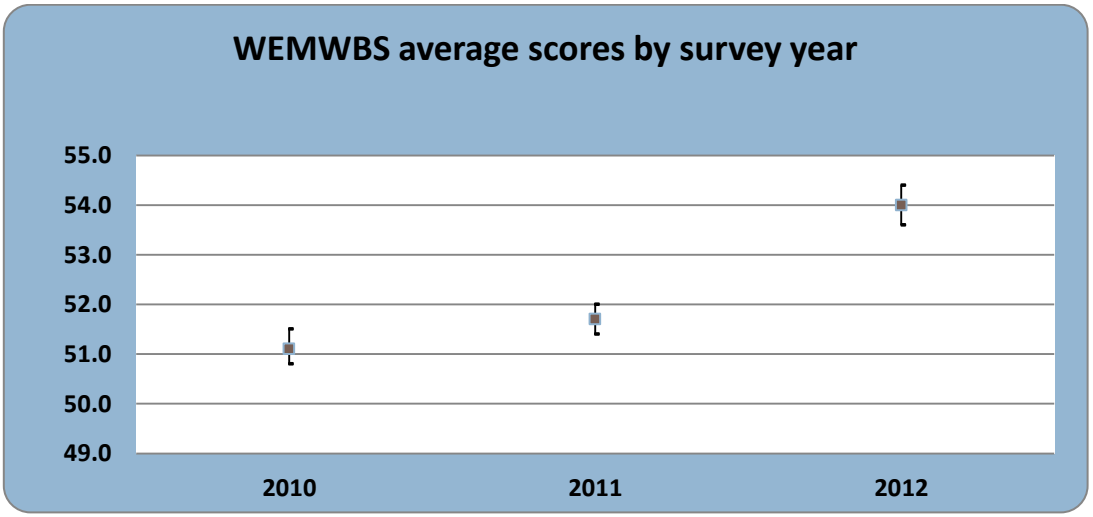
Differences over survey years

- The same proportion as in 2010 report their self-rated health as 'good' (76%). This was at its highest in 2011 (81%)
- While those reporting any physical activity, 5 times per week have increased from last year (39% vs 31%), both this year and last year remain lower than the 2010 sample at 42%.
- Those reporting never doing any physical activity is at its lowest rate in three years, with 11% of the sample stating they never do any physical activity (this was 16% in 2010 and 2011).
- A slightly greater proportion of people are eating more fruits and vegetables (28% in 2012, vs 26% in 2011 and 27% in 2010)

- There has been a 10 percentage point decrease in the proportion of people reporting 'good' quality sleep from last year (54%) to this year (44%). The proportion reporting good quality sleep in 2010 was 60%.
- The proportion of respondents reporting drinking alcohol over the recommended limit at least once per week has decreased from previous years. In 2010, the proportion was 57% and last year it was 56% but this year the proportion has decreased to 50%- the largest decrease yet. This decrease is good news.
- In terms of respondent's neighbourhoods and communities, people continue to be largely satisfied with their neighbourhoods and homes. 92% people are satisfied with the quality of their home, and 89% with their neighbourhood (compared with 86% last year and 88% in 2010). There was a decrease in the proportion who felt crime was increasing in their neighbourhood- 23% this year, 28% last year and 24% in 2010.

Mental wellbeing in Coventry

In this third wave sample of Coventry residents, there were similarities and differences in mental wellbeing between this year's and last year's and the 2010 survey results, with some variables being relevant in one year and less so in another, only to 'crop up' again later on. In an overall comparison between survey years, the unadjusted average WEMWBS scores this year were significantly higher than in both previous years. The difference between the 2010 sample and 2011 sample was not significantly different. These results continue to tell us about how mental wellbeing fluctuates in populations and what sorts of changes we might expect to see from year to year, as well as what variables remain strong and stable despite changing population samples.



This year we added variables which have shown elsewhere to be relevant to mental wellbeing and some have shown to be significantly associated in the multiple regression models. We also excluded some variables which contributed to our understanding of variation in mental wellbeing levels, but obscured the relationships between other potential factors (which might prove modifiable). We therefore excluded the variables Self-Rated Health (SRH) and Life Satisfaction in order to examine potential associations with mental wellbeing.

While changes in variables between years mainly concerned variation in the strength of associations, there were some clear differences: Smoking and sleep quantity were two variables included this year that were not in the two previous years (though could have been). This may have been affected by the inclusion of new variables, such as 'money worries' and the exclusion of others (see above).

Age and gender: Overall, those who were middle aged had lower levels of mental wellbeing than the younger or the older population groups for women, a trend consistent with last year for men and women. This is with the exception of those aged over 75, who had the lowest average mental wellbeing level, though it was not significantly so. Younger age groups (16-34) had significantly higher mental wellbeing levels than older people, on average. Gender was significantly associated with mental wellbeing after adjusting for other factors, this was not the case in previous years.

Deprivation: In 2010, the expectation surrounding the variables 'Deprivation quintile' was that respondents from the most deprived areas would have lower levels of mental wellbeing, and that as deprivation decreased, mental wellbeing would increase. In reality this has not been the case. Deprivation continues to show a non-linear relationship with mental wellbeing where those in the most deprived areas do not always have the lowest levels of mental wellbeing.

It remains to be seen if there are simply more important factors for mental wellbeing than deprivation quintile being measured in Coventry and not elsewhere, or if there is a misunderstood mechanism which results in this lack of association which is present in Coventry but is not in other populations [30-31].

Education: In past years there has been a significant association between educational qualifications and mental wellbeing, and this year there remains a small but significant association between education and having some qualifications among the total sample and men, but it does not appear to strengthen as qualifications increase, and it was not a significant association with mental wellbeing among women.

Employment: As with education, being unemployed was significantly associated with lower levels of mental wellbeing in past years. However, in the total sample and among men there was no

significant association, whereas among women, women in work had significantly higher levels of mental wellbeing than unemployed women.

Ethnicity: Any relationship between ethnicity and mental wellbeing was not statistically detected in this year's sample.

Sleep quality and quantity: Good sleep remains strongly associated with mental wellbeing. The better the quality of sleep, the higher the level of mental wellbeing. For the total population, men and women this relationship was significant. Sleep quantity was found to be associated with mental wellbeing among women.

Fruit and vegetable consumption: Eating the optimal amount of fruit and vegetables on a daily basis was significantly related to higher levels of mental wellbeing, consistent with previous findings.

Physical activity: Being frequently physically active in any way (from cleaning the house to cycling in the park), was significantly associated with higher levels of mental wellbeing. Generally, the less physical activity a person does, the lower their mental wellbeing scores are likely to be.

Smoking:
Respondents who don't smoke have significantly higher levels of mental wellbeing on average compared to respondents who currently or used to smoke.

Neighbourhood characteristics: Dissatisfaction with the quality of one's home was significantly associated with poorer mental wellbeing levels amongst women only; it was not a factor for men. Home satisfaction was also associated with mental wellbeing in women. Women who were dissatisfied with their homes had significantly lower average levels of mental wellbeing than women who were satisfied with their homes.

Social support & Asking for help
This was a new set of questions asked this year based on evidence from the Northwest Mental Wellbeing Survey [29]. Two of the four questions demonstrated a significant association when adjusting for multiple factors: Asking for help when ill in bed, and Asking for help in a serious personal crisis. Not asking for help while ill in bed (compared with asking for help) was significantly associated with lower levels of mental wellbeing. Asking for help in a serious personal crisis was not significant in the total sample or among women, but showed that men who would only ask for help if it depended on the situation were more likely to have lower WEMWBS scores by around 3.4 points compared to men who would ask for help.

Money worries & Income

Questions about perception of income were included for the first time this year, and were strongly associated with levels of mental wellbeing. Mental wellbeing was lower among people who reported worrying about money compared to those who don't report worrying. The more worrying someone reported, the lower their mental wellbeing was likely to be. Perception of one's present income was not as strongly associated with mental wellbeing as worrying about money was, but showed the same pattern- Those who felt comfortable on their present income had higher levels of mental wellbeing than those who felt they were coping, found it difficult and very difficult.

Strengths & Weaknesses

As in previous years, the major weakness of this analysis and report is that it cannot demonstrate a causal relationship between mental wellbeing and the factors examined. Correlation between a factor and mental wellbeing does not automatically imply that the factor causes alteration in wellbeing scores.

It is also possible that there is a selection bias due to the responsiveness of households who have agreed to participate. Different types of people in different years may decide to take part or some people may have been unable to complete the survey due to health or mental wellbeing factors which we are unaware of – both these may affect our findings. However when we look at associations (e.g. between wellbeing and fruit and vegetable consumption) within the data this effect is diluted and may not be as important.

Some factors which influence mental wellbeing were not included in this survey (such as poor mental health or mental illness). In both 2011 and 2012 however, we included potential factors which have previously demonstrated associations with wellbeing (e.g. money worries).

Each year we analyse and learn more about the modifiable factors which are associated with mental wellbeing in Coventry and its communities.

Further, each year we analyse and learn more about what seems to be associated with mental wellbeing in Coventry, and each year we discover more about how complex and interacting each variable we measure can be. Sometimes variables which have been associated with mental wellbeing in some years but not others may depend of the relationship with another potential factor. While we have tried to adjust for these relationships there may be interactions which have not been accounted for which may influence the outcomes we see. This at times means taking a

step back to rethink an association, or to reconsider assumptions about how individual, social and environmental variables interact. At the end of three years of Wellbeing reports, we may have more questions than answers but we certainly know more now than if we had never asked at all!

A continuing strength of this survey is the use of the WEMWBS as a tool for monitoring and comparing mental wellbeing around the country; The Health Survey for England now measures mental wellbeing using WEMWBS, and mental wellbeing is part of the National Public Health Outcomes Framework.

Conclusions & Recommendations

Prior to 2009, Coventry knew next to nothing about the mental wellbeing of its citizens. After three years of learning about mental wellbeing in Coventry, there are some strong indicators of factors associated with mental wellbeing for the Coventry Partnership to reflect on this year.

While age and gender have not shown strong associations with mental wellbeing in past years, our data this year suggest that younger adults (16-44) have higher levels of mental wellbeing than middle aged adults (45-54), but that older adults (55-75+) are just as likely to experience low and high levels of mental wellbeing as their middle-aged counterparts adjusting for other factors. Men have slightly higher levels of mental wellbeing than women.

There remains a non-linear association between levels of deprivation and mental wellbeing. While there are differences between quintiles, there is little evidence of a trend demonstrating consistent increases between more affluence and greater mental wellbeing. Further investigation into this association is required.

As in previous years, people at greater risk of having poor mental wellbeing are those who are unemployed, who sleep poorly, who are dissatisfied with their homes or neighbourhoods, who are physically inactive, who smoke, and who eat under 5 portions of fruit and vegetables on a regular basis. We've found this year that those who often worry about money and those who would not ask for help in some situations of personal need also have lower levels of mental wellbeing.

Based on three years of cross-sectional data, we have found that people with higher levels of mental wellbeing are more frequently physically active, whether that activity is taking a walk or cycling for miles; that they eat optimal amounts of fruits and vegetables and don't smoke, they don't have a disability which limits them a little or a lot, they feel safe and satisfied in their neighbourhoods and homes, and have better quality sleep.

Key point Summary

- **The association between mental wellbeing, high fruit and vegetable consumption and frequent moderate physical activity remained strong and are consistently associated with higher levels of mental wellbeing. It remains likely that the promotion of healthy lifestyles will improve mental as well as physical wellbeing.**
- **Good sleep quality has also been a consistently strong factor relating to higher levels of mental wellbeing. Investigating the extent to which poor sleep quality is a manifestation or a cause of poor wellbeing and how Public Health can work to address the improvement of sleep quality continues to be important.**
- **In all of the surveys of mental wellbeing in Coventry, the relationship between deprivation quintile and mental wellbeing show a non-linear trend where those in the most deprived areas don't necessarily have the lowest average levels of mental wellbeing. Further investigation is needed to better understand how geographical and material deprivation relates to other forms of deprivation, and mental wellbeing.**
- **Perhaps unsurprisingly, home and neighbourhood satisfaction are factors consistently and moderately associated with mental wellbeing, and it may be worthwhile to examine more in-depth what key factors foster neighbourhood and home satisfaction.**
- **Stable financial status was a factor strongly associated with mental wellbeing. Evidence-based interventions or services which provide support in managing finances may contribute to better mental wellbeing.**

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Appendix

Appendix A: Additional tables- Multiple linear regression results 2012

Multiple linear regression determinants of WEMWBS scores for the total population, and stratified population by gender.			
	Association with WEMWBS score (regression coefficient with 95% CI)		
Variable	**Total (n≈2111)**	**Men (n≈1020)**	**Women (n≈1095)**
Adjusted Variables			
Gender	-1.11 (-1.84, -0.39)**	--	--
Age band			
16-24	2.19 (0.77, 3.61)**	2.95 (0.92, 4.98)**	1.59 (-0.28, 3.45)
25-34	1.90 (0.64, 3.16)**	2.05 (0.27, 3.84)*	2.35 (0.61, 4.10)**
35-44	1.17 (-0.06, 2.4)	2.13 (0.40, 3.85)*	0.45 (-1.28, 2.18)
45-54(REFERENCE)	Reference group	Reference group	Reference group
55-64	0.91 (-0.41, 2.22)	0.52 (-1.28, 2.33)	1.55 (-0.35, 3.47)
65-74	-0.01 (-1.56, 1.53)	0.04 (-2.11, 2.19)	0.41 (-1.80, 2.62)
75+	-0.67 (-2.61, 1.28)	-0.16 (-2.86, 2.54)	-0.27 (-2.93, 2.39)
Disability			
None v limited a little	-2.34 (-3.45, -1.22)**	-1.53 (-3.04, -0.02)*	-3.35 (-4.96, -1.74)**
None v limited a lot	-4.59 (-5.99, -3.18)**	-3.87 (-5.89, -1.85)**	-4.63 (-6.6, -2.66)**
Education			
No qualifications v low qualifications	0.94 (0.00, 1.89)*	1.48 (0.20, 2.76)*	0.62 (-0.75, 1.99)
No qualifications v high qualifications	0.66 (-0.38, 1.69)	0.74 (-0.62, 2.1)	0.87 (-0.66, 2.40)
Employment			
In work v economically inactive	-0.17 (-1.08, 0.73)	-0.86 (-2.29, 0.57)	0.25 (-0.95, 1.45)
In work v unemployed	-0.75 (-2.06, 0.56)	-1.05 (-2.72, 0.61)	-2.45 (-4.51, -0.40)*
Health & Lifestyle			
Sleep quality			
Poor v average	4.03 (2.94, 5.13)	4.07 (2.45, 5.68)**	3.14 (1.53, 4.75)**
Poor v good	6.04 (4.94, 7.14)	6.19 (4.60, 7.77)**	4.60 (2.79, 6.40)**
Sleep Hours			
7-8 v 6 or fewer hours	--	--	-1.46 (-2.72, -0.21)*
7-8 v 9+ hours	--	--	1.01 (-1.16, 3.19)
Fruit and vegetable consumption			
5+ v 2 to 4 portions daily	-1.12 (-1.92, -0.32)*	-1.45 (-2.62, -0.29)*	-1.34 (-2.43, -0.25)*
5+ v 1 or fewer portions daily	-2.09 (-3.5, -0.65)*	-3.13 (-5.04, -1.24)**	-1.87 (-4.04, 0.31)
Physical Activity, Any			
5+ v 1 to 4 times per week	-1.31 (-2.06, -0.56)**	-1.45 (-2.51, -0.39)**	-1.06 (-2.12, -0.01)*
5+ v never per week	-1.86 (-3.11, -0.63)**	-1.47 (-3.11, 0.17)	-2.48 (-4.36, -0.60)**
Smoking			
Never smoked v currently	-0.95 (-1.83, -0.07)*	--	-1.11 (-2.34, 0.12)
Never smoked v no longer	-1.29 (-2.36, -0.24)*	--	-0.98 (-2.64, 0.68)
Social Support- Needing help			
Being ill in bed			
Would ask for help v no	-1.50 (-2.47, -0.53)**	-1.33 (-3.24, 0.58)	--
Would ask for help v it depends	-0.29 (-2.19, 1.61)	0.51 (-2.69, 3.73)	--
Serious personal crisis			
Would ask for help vs no	--	-0.65 (-2.51, 1.21)	--
Would ask for help v it depends	--	-3.40 (-5.8, -0.96)**	--

Relationship status			
Married/cohabiting v single	0.98 (0.06, 1.90)*	1.22 (-0.07, 2.50)	--
Separated, divorced or widowed v single	0.29 (-1.00, 1.59)	-1.11 (-3.11, 0.88)	--
Neighbourhoods & Communities			
Home satisfaction			
Satisfied v dissatisfied	-1.67 (-3.32, -0.03)*	--	-3.38 (-5.75, -1.00)**
Satisfied v neither satisfied nor dissatisfied	-0.21 (-2.17, 1.74)	--	-0.30 (-3.06, 2.46)
Night-time neighbourhood safety			
Feeling safe v unsafe	-0.80 (-1.75, 0.15)	--	-0.75 (-1.97, 0.48)
Crime increase in the past year			
Disagree v agree	-0.57 (-1.52, 0.39)	-1.51 (-2.77, -0.24)*	--
Disagree v neither or no opinion	0.33 (-0.48, 1.14)	-0.18 (-1.29, 0.94)	--
Neighbourhood satisfaction			
Satisfied v dissatisfied	-1.89 (-3.40, -0.38)*	--	-2.48 (-4.62, -0.35)*
Satisfied v neither satisfied nor dissatisfied	0.33 (-1.36, 2.02)	--	0.47 (-2.01, 2.95)
Financial status			
Money worries			
Never v Almost all the time	-3.74 (-5.48, -1.99)**	-4.47 (-6.48, -2.46)**	-6.49 (-8.56, -4.41)**
Never v Often	-2.09 (-3.39, -0.80)**	-1.50 (-2.96, -0.03)*	-4.20 (-5.71, -2.69)**
Never v Only sometimes	-1.37, (-2.37, -0.37)**	-1.10 (-2.22, 0.03)	-2.43 (-3.61, -1.24)**
Relative Income			
Comfortable v coping	-0.40 (-1.36, 0.55)	--	--
Comfortable v difficult	-1.88 (-3.26, -0.52)**	--	--
Comfortable v very difficult	-2.95 (-5.47, -0.43)*	--	--

PR 11213
Coventry Household Survey 2012

Stamp No. (office use only)

Interviewer details:

Interviewer Name .....

Date of Interview .....

Time .....

MSOA .....

Good morning / afternoon. My name is ..... and I work for M·E·L Research. We have been commissioned by the Coventry Partnership, which includes the City Council, local Police, Primary Care Trust, the Coventry Health Improvement Programme and other partners, to undertake an important survey about wellbeing in this neighbourhood and across Coventry as a whole. It's also about what needs doing to improve the area in the future.

To help us to analyse the data, the survey also asks some questions about you and your household.

All views are very important to the survey, can you spare some time to take part?

The questionnaire is entirely confidential and your personal details will not be passed on to any organisation without your permission. Information from the survey will be used by the Partnership to develop services and help create a better quality of life for residents here.

Can I confirm that you live at this address?

- ☐ Yes - Continue
- ☐ No - ask to speak to someone who does

Can I confirm that you are 16 or over?

- ☐ Yes - Continue
- ☐ No - Ask to speak to someone who is 16 years or over

Respondent details:

Title .....

Name .....

Address.....

Postcode .....

Telephone Number .....

Email address .....

PART 1- NEIGHBOURHOODS AND COMMUNITIES

Part 1 is about neighbourhoods and communities. There are four sections in Part 1 covering communities, housing, community safety and transport.

Section 1 - Equalities and Communities

The first questions are about the local neighbourhood (this means the streets and houses within a few minutes' walk from your home)

Q1. So firstly, how long have you lived in this neighbourhood? CODE ONE ONLY

- ☐ Less than 1 year
- ☐ 1-2 years
- ☐ 3-5 years
- ☐ 6-10 years
- ☐ 11-20 years
- ☐ Over 20 years

Q2. And what do you like MOST about the neighbourhood where you live? WRITE IN VERBATIM

Q3. And generally, how satisfied are you with THIS NEIGHBOURHOOD as a place to live? SHOWCARD A and CODE ONE ONLY

- ☐ Very satisfied
- ☐ Fairly satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Fairly dissatisfied
- ☐ Very dissatisfied
- ☐ Don't know

Q4. What is your overall perception of how quality of life in this neighbourhood has changed over the last 2 years? CODE ONE ONLY

- ☐ Improved
- ☐ Stayed the same
- ☐ Got worse
- ☐ Don't know

Q5. Do you agree or disagree that you can influence decisions affecting your local area? CODE ONE ONLY. SHOWCARD B

- ☐ Definitely agree
- ☐ Tend to agree
- ☐ Tend to disagree
- ☐ Definitely disagree
- ☐ Don't know

Q6. Are you actively involved in working towards improving your neighbourhood? e.g. through Neighbourhood Watch, Residents or Tenants Association, Helping with Parent Teacher Association, volunteering at community building, etc. CODE ONE ONLY

- ☐ Yes
- ☐ No
- ☐ Don't know

Q7. To what extent do you agree or disagree that this neighbourhood is a place where people from different backgrounds (i.e. different ethnic groups, faith groups, social backgrounds or countries of origin) get on well together? SHOWCARD C and CODE ONE ONLY

- ☐ Definitely agree
- ☐ Tend to agree
- ☐ Tend to disagree
- ☐ Definitely disagree
- ☐ Don't know (Do not prompt)
- ☐ Too few people live in the local area to judge

Q8. Whether at home or elsewhere, how often do you meet friends or relatives who are not living with you? SHOWCARD D and CODE ONE ONLY

- ☐ On most days
- ☐ Once or twice a week
- ☐ Once or twice a month
- ☐ Less often than once a month
- ☐ Never

Q9. I am going to read a list of situations where people might need help. For each one, could you tell me if you would ask anyone for help? CODE ONE ONLY FOR EACH a) to d)

	Yes	No	Don't know	It depends
a) You need a lift to be somewhere urgently	☐	☐	☐	☐
b) You are ill in bed and need help at home	☐	☐	☐	☐
c) You are in financial difficulty and need to borrow £100	☐	☐	☐	☐
d) You have a serious personal crisis and need someone to turn to for comfort and support	☐	☐	☐	☐

Section 2: Housing and Environment

We would now like to ask you some questions about housing and the environment.

Q10. First of all, is your property….READ OUT AND CODE ONE ONLY

- ☐ Owner occupied
- ☐ Rented from Whitefriars
- ☐ Rented from another Housing Association e.g. Midland Heart
- ☐ Rented from private landlord
- ☐ Shared ownership
- ☐ Other, please specify below

Q10. Other

Q11. And how satisfied are you with the quality of your home? SHOWCARD E and CODE ONE ONLY

- ☐ Very satisfied
- ☐ Fairly satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Fairly dissatisfied
- ☐ Very dissatisfied
- ☐ Don't know (DO NOT PROMPT)

Q12. How likely is it that you will want to move house in the next 4 or 5 years? CODE ONE ONLY

☐ Very likely	Go to Q13	☐ Very unlikely	Go to Q15
☐ Fairly likely	Go to Q13	☐ Not sure/Don't know	Go to Q15
☐ Fairly unlikely	Go to Q15		

Q13. What are the main reasons for you possibly wanting to move? SHOWCARD F AND CODE ALL THAT APPLY

- ☐ To move to a larger property
- ☐ To move to a smaller property
- ☐ To move to a more modern property
- ☐ To move to a property more suited to my needs
- ☐ To change the type of tenure (renting, owning etc)
- ☐ To be nearer place of work or job opportunities
- ☐ To be nearer to my preference for schools
- ☐ To be nearer to shops and local facilities
- ☐ To be nearer family or friends
- ☐ To move away from an unsatisfactory situation
- ☐ To move to a more desirable location
- ☐ Other PLEASE SPECIFY BELOW
- ☐ No particular reason

Q13. Other

Q14. And whereabouts would you like to move to? CODE ALL THAT APPLY

- ☐ Somewhere in this neighbourhood
- ☐ Elsewhere in Coventry [PROBE] Whereabouts?_____
- ☐ Somewhere outside Coventry [PROBE] Whereabouts?_____
- ☐ Don’t know

Q14. Elsewhere in Coventry

Q14. Somewhere outside Coventry

Q15. And now thinking about the environment, how satisfied are you with standards of the following in your NEIGHBOURHOOD? SHOWCARD G AND CODE ONE FOR EACH for a) to e)

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know
a) Quality of parks & open spaces (how well they are maintained and looked after)	☐	☐	☐	☐	☐	☐
b) Access to parks and open spaces (how easy they are to get to and use)	☐	☐	☐	☐	☐	☐
c) Street cleanliness (e.g. litter and graffiti)	☐	☐	☐	☐	☐	☐
d) Road maintenance and repairs	☐	☐	☐	☐	☐	☐
e) Street lighting	☐	☐	☐	☐	☐	☐

Section 3 - Community Safety

We would now like to ask you some questions about crime and community safety

Q16. How safe do you feel IN YOUR NEIGHBOURHOOD? CODE ONE FOR EACH (a) to (b) SHOWCARD H

	Very safe	Fairly safe	A bit unsafe	Very unsafe	Don't know
a) During the day	☐	☐	☐	☐	☐
b) At night	☐	☐	☐	☐	☐

Q17. To what extent do you agree with the following statement 'Crime in my neighbourhood has increased over the last 12 months'? SHOWCARD I and CODE ONE ONLY

- ☐ Agree strongly
- ☐ Agree slightly
- ☐ Neither agree nor disagree
- ☐ Disagree slightly
- ☐ Disagree strongly
- ☐ No opinion
- ☐ Have not lived here for 12 months

Section 4: Transport and Accessibility

Q18. For each of the following types of journey a) to c), what is the main form of transport that you currently use? CODE ONE FOR EACH for a) to c)

	Car as driver	Car as pass-enger	Train	Bus	Motor-bike	Bicycle	Taxi	Walking	Park and Ride	N/A
a) Travel to work	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
b) Education	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
c) Escorting children to school	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

PART 2: HEALTH, WELL-BEING AND LIFESTYLES

We are now moving on to Part 2 of the questionnaire, in this section we will ask you questions about health, well-being and lifestyles.

Section 5 - Health and Well-being

I'd now like to move on to ask you some questions about your health.

Q19. First of all, would you say in general your health is…? CODE ONE ONLY

- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Bad
- ☐ Very bad

Q20. Looking at the information on SHOWCARD J, how many portions of fruit or vegetables would you say you eat in a typical day? CODE ONE ONLY SHOWCARD J

- ☐ At least 5 portions
- ☐ At least 3 portions, but less than 5 portions
- ☐ At least one portion, but less than 3 portions
- ☐ About one portion
- ☐ Less than one portion
- ☐ Don't know
- ☐ Prefer not to say

Q21. Do you, or have you ever, smoked? CODE ONE ONLY

☐ Yes I currently smoke	Go to Q22
☐ Yes but I no longer smoke	Go to Q23
☐ No	Go to Q23

Q22. On average, how many cigarettes (including roll ups, cigars etc) do you smoke per day? WRITE IN NUMBER OF CIGARETTES PER DAY

☐

Q23. How many days in a typical week do you usually drink alcohol? CODE ONE ONLY. NOTE: ALSO THINK ABOUT SPECIAL OCCASIONS

☐ 7 days	Go to Q24
☐ 5-6 days	Go to Q24
☐ 2-4 days	Go to Q24
☐ Once per week	Go to Q24
☐ Less than once per week	Go to Q24
☐ I don't drink	Go to Q25

Q24. Looking at the information on SHOWCARD K, how many days in an average week, do you drink more than [WOMEN 2-3 units] [MEN 3-4 units] of alcohol? CODE ONE ONLY. SHOWCARD K FOR UNIT DEFINITIONS

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days
- ☐ Prefer not to say
- ☐ Don't know

Q25. Can you tell me how frequently, if at all, you do the following? SHOWCARD L AND CODE ALL THAT APPLY

PHYSICAL ACTIVITY SHOULD BE OF MODERATE INTENSITY* - PROMPT - *FOR AT LEAST 30 MINUTES AT A TIME WHERE THE PARTICIPANT IS SLIGHTLY OUT OF BREATH BUT ABLE TO TALK

	At least 5 times a week	3-4 times a week	Less than 3 times a week	Never	Don't know
Take part in ANY physical activity* (e.g. brisk walking, cycling, housework, gardening, DIY, swimming, or sport)	☐	☐	☐	☐	☐
Participate in any sport (e.g. playing football, netball, attending an aerobics class, visiting the gym, visit a sports/leisure centre, running, cycling, swimming etc)	☐	☐	☐	☐	☐

Q26. And how would you rate the quality of your sleep in the last month? CODE ONE ONLY

☐ Good ☐ Average ☐ Poor ☐ Not sure

Q27. And approximately, how long have you typically slept for per night during the last month (including naps during the day). WRITE IN NUMBER OF HOURS PER DAY (ROUNDED NEAREST HOUR)

☐

I am now going to hand over the questionnaire to you, and I'd like you to complete the following questions about your thoughts and feelings in the past two weeks. The aim of this is to find out about local people's feelings in general. Your responses will not be linked back to you, remaining anonymous when the survey findings are reported.

Q28. Please tell me which best describes your experience of each statement over the last two weeks…. SHOWCARD M AND CODE ONE ONLY FOR EACH

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

Q29. And all things considered, how satisfied are you with your life as a whole nowadays? On a scale of 0-10, where 0 is extremely dissatisfied and 10 is extremely satisfied. CODE ONE ONLY

☐ 1	☐ 5	☐ 9
☐ 2	☐ 6	☐ 10
☐ 3	☐ 7	☐ 11 Don't know/Refused
☐ 4	☐ 8	

Q30. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (include problems related to old age) CODE ONE ONLY. NOTE: INCLUDES MENTAL HEALTH

☐ Yes, limited a lot	Go to Q31
☐ Yes, limited a little	Go to Q31
☐ Not at all	Go to Q32

Q31. How would you describe your impairement? CODE ALL THAT APPLY

☐ Physical ☐ Sensory ☐ Learning ☐ Mental ☐ Other

The following questions are designed to be asked of everyone to find out how physically active and healthy people who live in the Coventry area are in comparison to people living elsewhere.

Q32. Please tell which of these statements best describes your level of mobility at the moment? SHOWCARD N AND CODE ONE ONLY

☐ I have no problems in walking about
☐ I have some problems in walking about
☐ I am confined to bed

Q33. Please tell which of these statements best describes your level of ability with regard to self-care? SHOWCARD O AND CODE ONE ONLY

☐ I have no problems with self-care
☐ I have some problems washing or dressing myself
☐ I am unable to wash or dress myself

Q34. Which of these statements best describes the extent to which you are able to carry out usual activities such as work, study, housework, family or leisure activities? SHOWCARD P AND CODE ONE ONLY

☐ I have no problems with performing my usual activities
☐ I have some problems with performing my usual activities
☐ I am unable to perform my usual activities

Q35. Which of these statements best describes the level of pain or discomfort you may be experiencing? SHOWCARD Q AND CODE ONE ONLY

- ☐ I have no pain or discomfort
- ☐ I have moderate pain or discomfort
- ☐ I have extreme pain or discomfort

Q36. And which of these statements best describes the level of anxiety or depression you may be experiencing? SHOWCARD R AND CODE ONE ONLY

- ☐ I am not anxious or depressed
- ☐ I am moderately anxious or depressed
- ☐ I am extremely anxious or depressed

Q37. In order to help gauge the state of health of people in the local area, compared with those in other areas, I would like you to indicate how good or bad your own health is today, in your opinion? For this we are using a scale of 0 to 100 and I would like you to indicate the point on the scale which best reflects how good or bad your health state is today. SHOWCARD S (SCALE OF 0 - WORST IMAGINABLE HEALTH STATE TO 100 - BEST IMAGINABLE HEALTH STATE) WRITE IN NUMERICAL VALUE GIVEN

☐

Section 6: Work and Training

Q38. Which of the following best describes your current economic status? SHOWCARD S and CODE ONE ONLY

- ☐ In full time paid work
- ☐ In part time paid work
- ☐ Self employed
- ☐ Taking part in a government training programme (e.g. trade and modern apprenticeships, work based learning for adults)
- ☐ Registered unemployed/signing on for Job Seekers Allowance
- ☐ Not registered unemployed but actively seeking work (i.e. have actively looked for work in the last 4 weeks)
- ☐ At home/not seeking work - (looking after the home or family)
- ☐ Long-term sick or disabled
- ☐ Retired
- ☐ In full-time education
- ☐ Doing unpaid/voluntary work
- ☐ Carer
- ☐ Other PLEASE SPECIFY

Q38 other

Q39. And could you tell me, which of these is your highest qualification? SHOWCARD T AND SINGLE CODE. If the qualification is not listed, select the nearest equivalent. REFERS TO THE INDIVIDUAL RESPONDENT NOT THE HOUSEHOLD

- ☐ **Level 1:** 1+ 'O' levels/CSE/GCSE (any grade), NVQ level 1, Foundation GNVQ.
- ☐ **Level 2**: 5+ 'O' levels, 5+ CSEs (grade 1), 5+ GCSEs (grade A - C), School Certificate, 1+ 'A' levels/'AS' levels, NVQ level 2, Intermediate GNVQ or equivalents.
- ☐ **Level 3:** 2+ 'A' levels, 4+ 'AS' levels, Higher School Certificate, NVQ level 3, Advanced GNVQ or equivalents.
- ☐ **Level 4/5:** First degree, Higher Degree, NVQ levels 4 - 5, HNC, HND, Qualified Teacher Status, Qualified Medical Doctor, Qualified Dentist, Qualified Nurse, Midwife, Health Visitor or equivalents.
- ☐ **Other qualifications/level unknown**: Other qualifications (e.g. City and Guilds, RSA/OCR, BTEC/Edexcel), Other Professional Qualifications.
- ☐ No qualifications

Q40. Which of these phrases comes closest to describing your feelings about your household income these days? SHOWCARD U and CODE ONE ONLY

- ☐ Living comfortably on present income
- ☐ Coping on present income
- ☐ Finding it difficult on present income
- ☐ Finding it very difficult on present income

Q41. How often would you say you have been worried about money during the last few weeks? CODE ONE ONLY

- ☐ Almost all the time
- ☐ Quite often
- ☐ Only sometimes
- ☐ Never

Section 7 - General Profile Questions

Finally we've got a few questions about you; these are just to make sure we have covered a representative cross section of Coventry people.

Q42. Interviewer record gender CODE ONE ONLY

- ☐ Male
- ☐ Female

Q43. How old are you? SHOWCARD V and CODE ONE ONLY

- ☐ 16-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75 or over

Q44. What is your marital status? SHOWCARD W and CODE ONE ONLY. INTERVIEWER NOTE: SELECT OPTION THAT BEST FITS

- ☐ Single (Never married and never registered a same-sex civil partnership)
- ☐ Co-habiting
- ☐ Married
- ☐ Separated but still legally married
- ☐ Divorced
- ☐ Widowed
- ☐ In a registered same-sex civil partnership
- ☐ Separated but still legally in a same-sex civil partnership
- ☐ Formerly in a same-sex civil partnership that is now legally dissolved
- ☐ Surviving partner from a same-sex civil partnership

Q45. How many people living permanently in your household (including yourself) are in each of the following categories? (Write the number in each category, enter 0 if the answer to any category is nil). WRITE NUMBER of PEOPLE FOR EACH CATEGORY

1) Pre-school age (0-4 years) ..... ☐
2) Primary school age (5-11 years)..... ☐
3) Secondary school age (12-16 years).... ☐
4) Post school education (16/17 years) .... ☐
5) Adult (18-59 or 64)..... ☐
6) Retired (60 or 65+) ..... ☐

Q46. Please can you tell me which of the numbered options on SHOWCARD X best describes you? Please just read out the letter on the showcard which best describes you. If you prefer not to say, I can record that instead. CODE ONE ONLY

- ☐ a) Heterosexual
- ☐ b) Gay man
- ☐ c) Gay woman/lesbian
- ☐ d) Bisexual
- ☐ e) Other
- ☐ f) Prefer not to say

Q47. And looking at the card which letter best describes your religion? SHOWCARD Y AND CODE ONE ONLY

- ☐ a) No religion
- ☐ b) Christian (including Church of England, Catholic, Protestant, and all other Christian denominations
- ☐ c) Buddhist
- ☐ d) Hindu
- ☐ e) Jewish
- ☐ f) Muslim
- ☐ g) Sikh
- ☐ h) Prefer not to say
- ☐ i) Other religion PLEASE SPECIFY

Q47. If other, please specify

Q48. And how would you describe your ethnicity? SHOWCARD Z and CODE ONE ONLY

- ☐ White British
- ☐ White Irish
- ☐ White Other
- ☐ Mixed: White and Asian
- ☐ Mixed: White and Black Caribbean
- ☐ Mixed: White and Black African
- ☐ Mixed: Other
- ☐ Asian: Indian
- ☐ Asian: Pakistani
- ☐ Asian: Bangladeshi
- ☐ Asian: Other
- ☐ Black: Caribbean
- ☐ Black: African
- ☐ Black: Other
- ☐ Chinese
- ☐ Other
- ☐ Prefer not to say

Q48. If other, please specify

Q49. And finally, can I ask you what three words summarise Coventry as a place?

1st word .....

2nd word .....

3rd word .....

Q50. The Coventry Partnership may want to involve people more in the future, looking at ways of improving services and wellbeing for residents. Would you be interested in taking part in further consultation such as workshops, focus groups and other surveys like this? CODE ONE ONLY

- ☐ Yes (make sure contact details are collected on front page)
- ☐ No

Q51. Would you be willing for someone from my office to contact you to make sure that this survey was carried out satisfactorily?

- ☐ Yes (collect telephone number on front page)
- ☐ No

MANY THANKS FOR YOUR ASSISTANCE IN COMPLETING THE QUESTIONAIRE

RESPONDENT TO COMPLETE: I CONFIRM THAT THIS INTERVIEW WAS CONDUCTED WITH MYSELF IN A PROPER MANNER AND THAT THE DETAILS HAVE BEEN RECORDED ACCURATLEY.

Respondent to sign:----------

Date:----------

THAT'S ALL THE QUESTIONS, THANK YOU VERY MUCH FOR COMPLETING THE SURVEY