

# Warrington Adult Health and Wellbeing Survey 2023 Emotional Wellbeing and Loneliness Briefing



Produced December 2023 by  
Warrington Borough Council Public Health Team

A comprehensive, large-scale survey of adults aged 18 years and above in Warrington was undertaken during April-June 2023. The survey was sent to a stratified sample of the Warrington population to explore a wide range of factors that are known to impact on an individual's health and wellbeing. A total of 4,932 respondents completed the survey. Improving mental wellbeing is a key priority of the Living Well in Warrington Health and Wellbeing Strategy 2024-2028<sup>i</sup>. The findings presented in the Emotional Wellbeing and Loneliness report will support the development of system strategies and commissioning plans to effectively target services, programmes, and interventions to specific population groups with the greatest health need and inequality. The full report is available via the JSNA webpage: [Joint Strategic Needs Assessment \(JSNA\) | warrington.gov.uk](#) This briefing outlines the key findings.

## Emotional Wellbeing

The World Health Organisation identifies health as a “*state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity*”<sup>ii</sup>. Emotional or mental wellbeing is about how an individual is feeling, how they cope with day to day life; their capability to deal with problems. It is linked to having control over one's life, and a sense of belonging and connection. Mental wellbeing is both an outcome and a determinant of physical health and poor mental health<sup>iii</sup>. There is increasing evidence to support a causal relationship between better emotional wellbeing and improved overall health and disease outcomes as well as reductions in disability<sup>iv,v</sup>.

**Low emotional wellbeing is increasing in Warrington men and women.** Nearly a third of respondents (30.1%) reported low emotional wellbeing in 2023, compared to a quarter (24.2%) in the 2013 survey. Similar proportions of men and women have poor emotional wellbeing (29.3% and 30.3% respectively).

**Low emotional wellbeing was more commonly reported among the younger age group and those living in disadvantaged areas.** Twice as many 18-39 year olds (39.3%) reported low emotional wellbeing, compared to those aged 65 and above (21.1%). There were also stark differences by deprivation, with 41.0% of respondents living in the most deprived areas having low emotional wellbeing compared with 23.7% in the least deprived. **Notably, almost half of 18–39-year olds living in most deprived areas had low emotional wellbeing.**

Low emotional wellbeing was associated with multiple factors, including loneliness (74%), three or more causes of frequent or constant stress (65%), being in bad or very bad health (66%), severe obesity (55%), high risk alcohol consumption (52%) and financial issues (51%)

### What does this suggest for local action in Warrington:

- Multisectoral support to promote national communication campaigns such as Better Health Every Mind Matters and local self-help resources e.g., Happy OK Sad<sup>vi</sup> to raise public mental health literacy, including awareness of the actions and the available local opportunities to support wellbeing.
- Inclusion of mental wellbeing in care pathways, to support delivery of brief advice and referral to wellbeing support services within health, care, workplace and community settings, particularly focusing on younger age groups living in disadvantaged areas, supported by mental health literacy training for frontline staff.



- Learning is one of the Five Ways to Wellbeing<sup>vii</sup> and evidence has shown that learning new activities throughout life can positively impact on mental wellbeing<sup>viii</sup>. Consideration should be given to creating and extending opportunities for adult lifelong learning within system wellbeing provision.

## Loneliness

Research has identified that loneliness can have a significant impact on physical and mental health and is associated with a greater risk of unhealthy behaviour such as smoking, physical inactivity and risk-taking, the development of coronary heart disease, stroke, reported sleep disturbance, low self-esteem, depression and Alzheimer's Disease and premature death<sup>ix</sup>.

**More people in Warrington feel lonely than the England average.** Overall, 1 in 10 (10%) respondents said they often feel lonely, compared with 1 in 17 (6%) nationally<sup>x</sup>.

**Loneliness is higher among women and younger age groups.** Women were more likely to report that they often felt lonely than men (11.5% versus 8.1%). There were also large differences by age band, with twice as many 18-39 year olds often feeling lonely (14.7%), compared with the 40-64 (8.2%) and 65+ (6.8%) age groups. This is consistent with national patterns.

**Levels of loneliness in our most deprived areas are almost double those in the least deprived,** ranging from 14.4% in Quintile 1 to 7.5% in Quintile 5. Notably, in women there was a step change between Quintiles 1 and 2 (around 16%) and quintiles 3, 4 and 5 (8-9%)

**Loneliness was higher among women aged 18-39 living in the more deprived areas (Quintiles 1 and 2), and men aged 18-39 living in the most deprived area (Quintile 1).**

People living with a long-term condition or disability may face challenges that contribute to and reinforce feelings of loneliness, and in turn, loneliness can also cause worsening health<sup>ii</sup>. **Respondents living with a long term condition were 3.4 times more likely to report often feeling lonely (17%), compared to those without (5%).** This mirrors the national pattern, although levels in England are lower; 13% and 3% respectively<sup>iii</sup>.

### What does this suggest for local action in Warrington:

- Review system provision of wellbeing services and networks e.g., Talking Points in order to optimise access to relevant groups and resources for younger adults, those living in more deprived areas or with long-term health conditions and disabilities.
- Work with system partners to strengthen and expand pathways into social prescribing, community connector and wellbeing services to improve levels of mental wellbeing<sup>xi</sup>, social connectedness and capital<sup>xii</sup>, with a focus on younger adults aged 18-39 years in the most disadvantaged areas and those living with a long term health condition or disability. This could include extending referral from community pharmacies, domiciliary care providers, worklessness schemes and job centres.
- Ensure local treatment and care provision of people with long term health conditions or disabilities includes assessment of loneliness e.g., 'How often do you feel lonely?'<sup>xiii</sup> and an offer of referral to social prescribing and wellbeing services to connect those experiencing loneliness to the support they require.



- Volunteering helps to build social relationships, reduce loneliness and increase mental wellbeing<sup>xiv,xv</sup>. System partners should continue to support Voluntary, Community, Faith and Social Enterprise organisations to build volunteering opportunities and social connectedness for residents living in deprived communities or with long term health conditions and disabilities. This could include the creation of health champions, befriending schemes, and conversation clubs<sup>ix</sup>.
- Local planning and transport infrastructure should design developments that support social networks, community interaction and cohesion<sup>xvi</sup>, including good transport links<sup>xvii,xviii</sup>, co-housing, co-location of schools, retail, health, leisure and community facilities and provision of communal green spaces<sup>xix,xx</sup>.

## Stress and Sleep

Respondents were asked about the different causes of stress and how frequently they affected them. Overall, around 1 in 5 respondents reported their job/workplace (22%), physical health (21%), financial situation (21%), or personal/family issues (21%) had caused them frequent or constant stress. In order to identify the proportion of respondents experiencing a high burden of stress, a summary measure of three or more causes of frequent or constant stress was calculated. **More than a fifth of respondents (22%) were experiencing three or more causes of stress.**

**Women were more likely to report multiple causes of stress.** 1 in 4 women (24.8%) felt frequently or constantly stressed for three or more reasons, compared with 1 in 5 men (18.6%)

**A greater proportion of younger people experienced three or more causes of stress,** affecting a third of 18–39 year olds (28.6%) compared with a quarter of those aged 40–64 age years (23.3%) and a ninth of those aged 65+ (11.2%).

**Stress is more widely reported amongst those living in more deprived areas,** with levels 85% higher than the least deprived areas (31.6% versus 17.1%).

**Overall, females aged 18-39 and all women living in the most deprived areas reported were more likely to report three or more causes of stress.**

Sleep disturbance is associated with poor health and can play a causal role in the development of a number of conditions including obesity, cardiovascular disease, mental health disorders, and neurodegenerative disease<sup>xxi,xxii,xxiii</sup>. A third of respondents (29.6%) had experienced trouble sleeping over the last month. **Women and our middle aged population experience more sleep problems.** A third of women (32.6%) reported that sleep had troubled them ‘quite a bit’ or ‘very much’ over the previous month compared to a quarter of men (26.5%). Differences were also noted by age with 1 in 3 of the middle-aged 40-64 population (33.2%) experiencing trouble sleeping, compared with 1 in 4 of the 18-39 (27.6%) and 65+ (25.9%) age groups.

**Sleep issues were more frequently reported by respondents living in disadvantaged areas,** ranging from 35.3% in Quintile 1 to 25.1% in Quintile 4.

**Overall, middle-aged women (40-64 years) living in the more deprived areas were more likely to experience trouble sleeping.**



## What does this suggest for local action in Warrington:

- Develop a communications plan that segments messaging to reach younger women and those living in more deprived areas to raise awareness of the activities they can undertake to support their mental health e.g., Five Ways to Wellbeing and local services they can access to address poverty, debt and low levels of social support such as Family Hubs and Citizens Advice.
- Advice to support mental wellbeing could also include actions for healthy sleep behaviour such as maintaining regular sleep and wake times, limiting caffeine, alcohol and other substances, creating a cool, dark and quiet bedroom, and restricting digital media an hour before bedtime<sup>xxiv</sup>.
- Include welfare advice within Making Every Contact Count training and resources to strengthen signposting to local housing, debt, benefits, employment, food and fuel poverty services across health, care workplace and community settings<sup>iii</sup>.
- Incorporate mental wellbeing advice and interventions, including stress management, into the local transformation and integration of women's health services.
- Increase access to and availability of parental mental health and positive parenting programmes, with a particular focus on women living in disadvantaged areas to improve family relationships and parental wellbeing<sup>xxv</sup>.
- Workplaces are a key setting to promote and protect mental wellbeing and help avoid sickness absenteeism and presenteeism<sup>iii</sup>. Warrington businesses could increase their focus on creating healthy work environments with supportive management structures, payment of the Living Wage, strengthened policies to promote fairness, and increased commitment to the implementation of mentoring and sponsorship schemes<sup>v,xxvi</sup> through adoption of the forthcoming Cheshire Fair Employment Charter. This could include wellbeing screening and early interventions to prevent stress supported by a network of workplace health and wellbeing champions to signpost to local resources, practical support and services.
- Being active is one of the 'Five Ways to Wellbeing'<sup>vii</sup> and evidence has highlighted the benefits of physical activity in improving sleep quality and mental wellbeing<sup>xxvii</sup>. Group activities such as walking clubs can also support social connectivity<sup>ix,xxviii</sup>. System partners should promote physical activity to residents, particularly those at risk of mental ill-health and refer them to local opportunities.
- System partners should co-produce a Warrington Public Mental Health and Wellbeing Strategy with people with lived experience to address the higher levels of low emotional wellbeing, loneliness and stress in our population, targeting activity to those highlighted in these survey findings as more likely to be vulnerable to, and living with, these issues.



## End Notes

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<sup>vii</sup> New Economics Foundation (2008) *Five Ways to Wellbeing*. Available at: [Five ways to wellbeing | New Economics Foundation](https://www.neweconomics.org/) [Accessed 24 November 2023].

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