WELL-BEING AND RESILIENCE IN EDUCATION

Cross Phase Perspectives

June 20th 2016

Why well-being? Why you? Why now?

Dr Sally Robinson School of Public Health, Midwifery & Social Work





Why well-being?



What does health mean?





gynaecology surgery microbiology





nuclear medicine

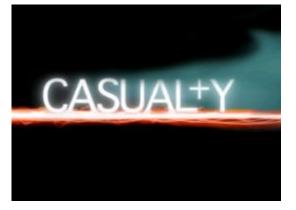
illness disease germs malfunctions abnormalities fix/cure physical

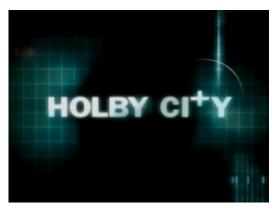




pathology psychiatry gastro-enterology podiatrist physiotherapy haematology





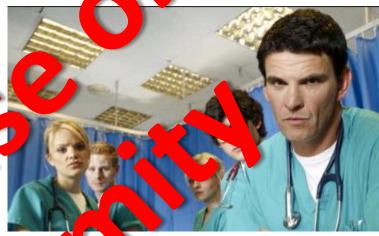






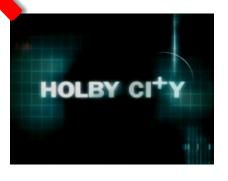












By health I mean the power to live a full, adult, living breathing life in close contact with what I love – the earth and the wonders thereof – the sea – the sun. All that we mean when we speak of the external world. A want to enter into it, to be part of it, to live in it, to learn from it, to lose all that is superficial and acquired in me and to become a conscious direct human



being. I want, by understanding myself, to understand others. I want to be all that I am capable of becoming so that I may be (and here I have stopped and waited and waited and it's no good – there's only one phrase that will do) a child of the sun. About helping others, about carrying a light and so on, it seems false to say a single word. Let it be at that. A child of the sun. Warm, eager, living life – to be rooted in life – to learn, to desire to know, to feel, to think, to act. That is what I want. And nothing less. (Katherine Mansfield)

Health is

a state of complete physical, mental and social well-being and <u>not merely the absence of disease or infirmity</u> (World Health Organization, 1946)

not merely the absence of illness, but enjoyment of all those faculties we enjoy as individuals (O'Neill, 1983)

never confined to the realms of biology. Wherever definition is ventured, health is seen to be a state valued not in nature, but in society (Murcott, 1979)

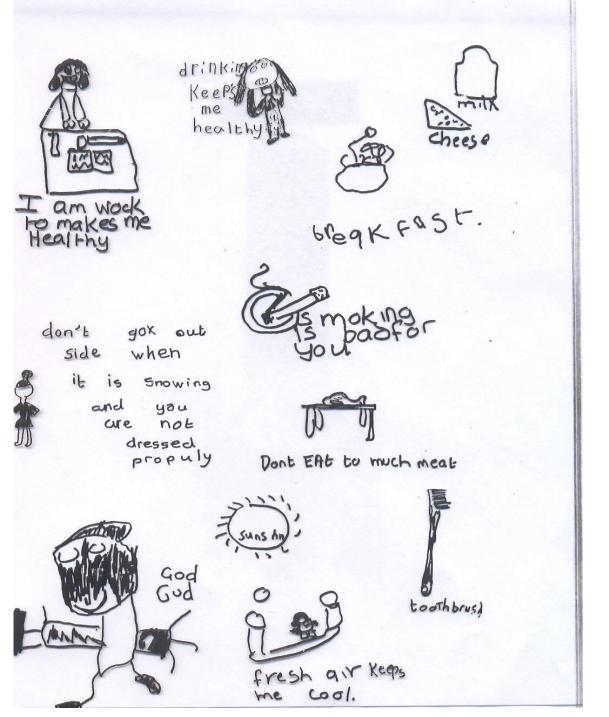
Each person's own experience of valuing that can be known only through personal description (Parse, 1987)

What makes you healthy and keeps you healthy?



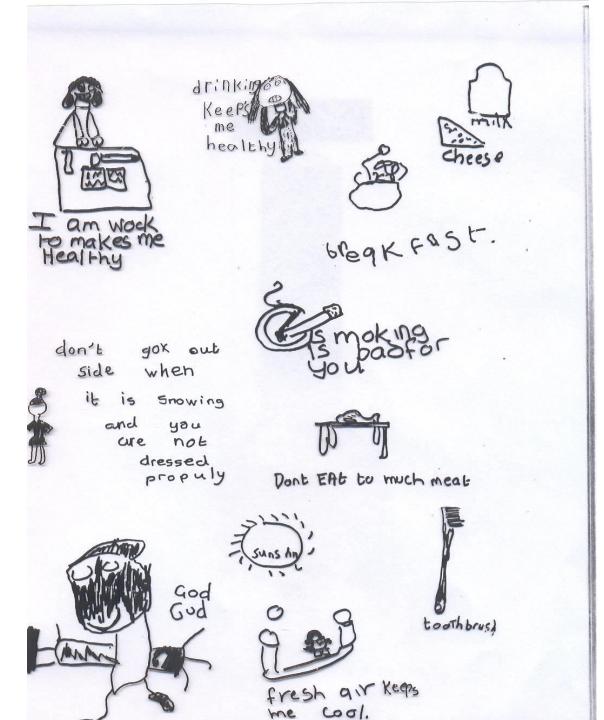
Williams, Wetton & Moon (1989)

Canterbury Christ Church University



Williams, Wetton & Moon (1989)





Dimensions of Health

Physical

Mental

Emotional

Social

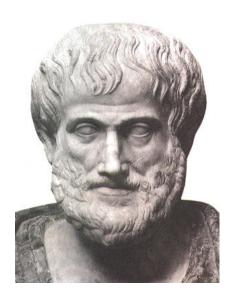
Spiritual

Societal (environmental, political)

(Scriven, 2010)

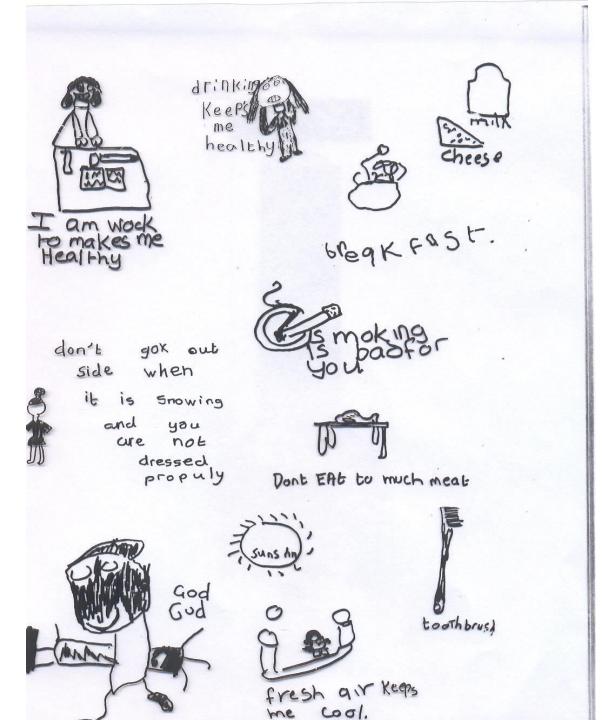
What does wellbeing mean?





Aristotle (Greek philosopher)

flourishing happiness blessedness prosperity



Dimensions of Health

Physical

Mental

Emotional

Social

Spiritual

Societal (environmental, political)

(Scriven, 2010)

wellbeing



a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

(World Health Organization, 1946)



5 Ways to Wellbeing

(New Economics Foundation, 2008)

5 evidence-based actions that can improve personal wellbeing



Mental, emotional and social Children & Adults



Why well-being?

Health is strongly associated with illness, medicine and health care in the public's mind. This incorrect.

Health includes wellbeing.

The wellbeing agenda is a <u>health</u> agenda.

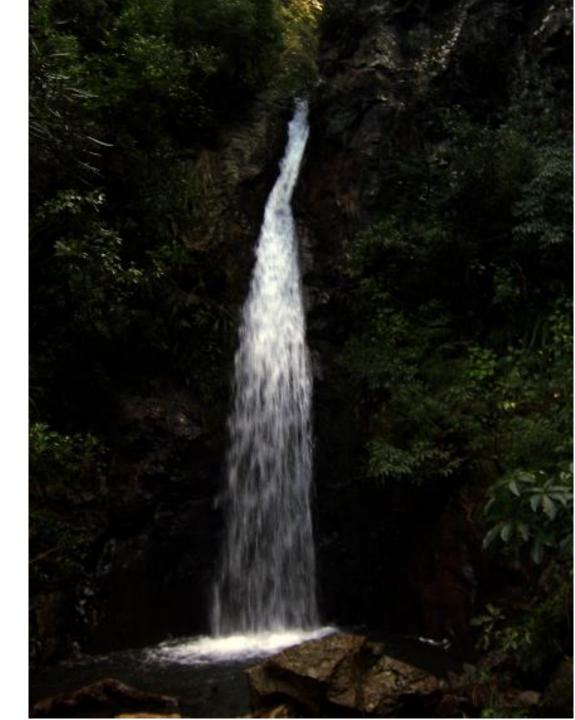
We all have expertise in health. Health is everybody's business.



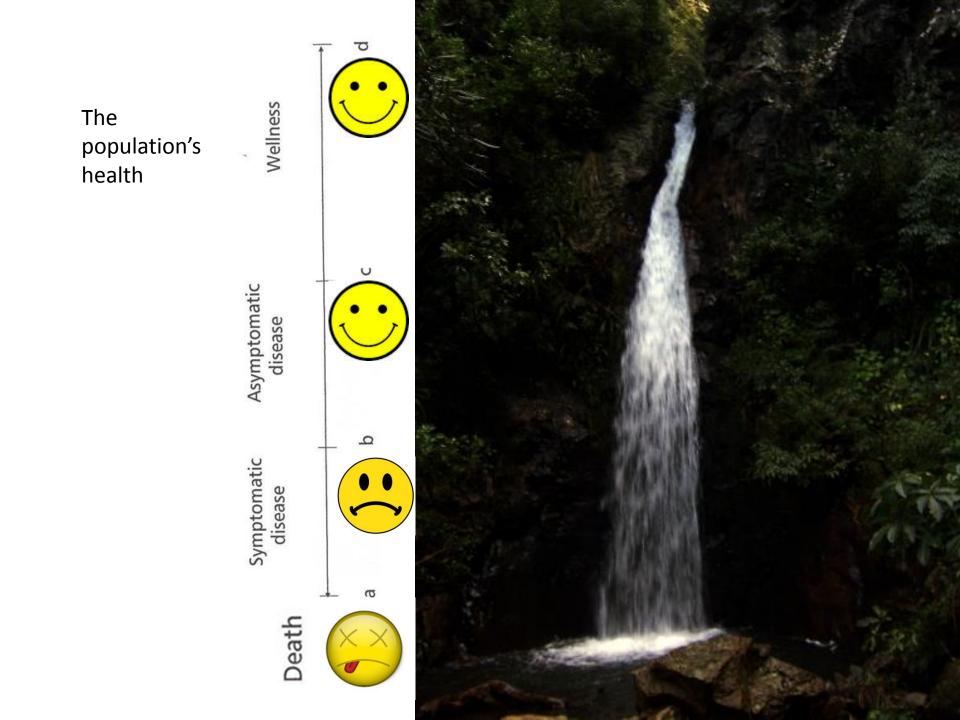
Why now?

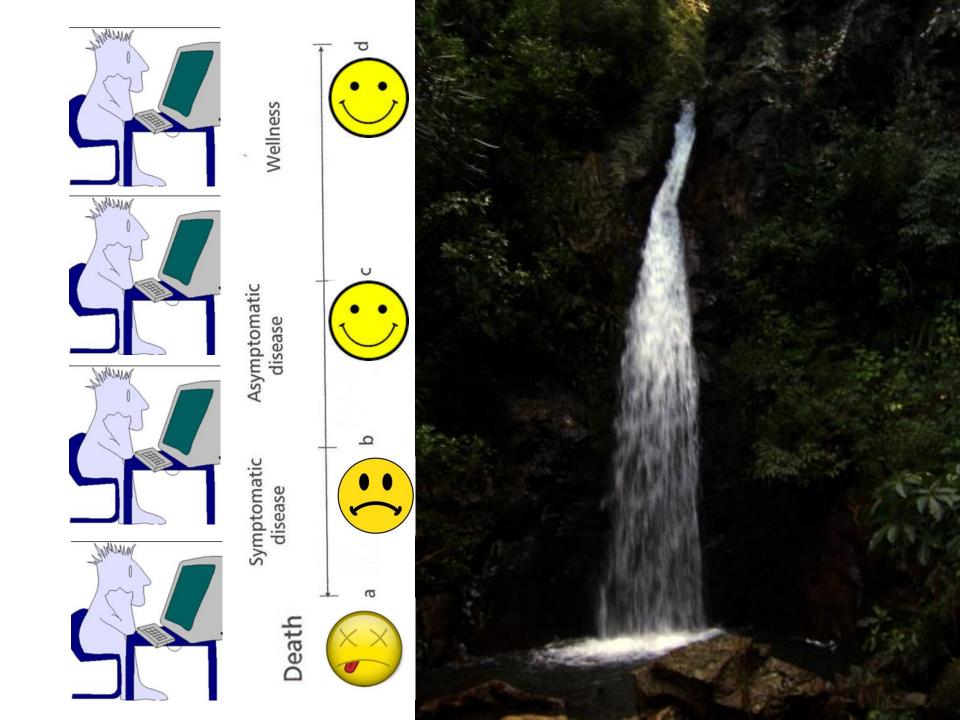


The population



(McKinlay, 1979)





Causes of death among people under 75 years in England

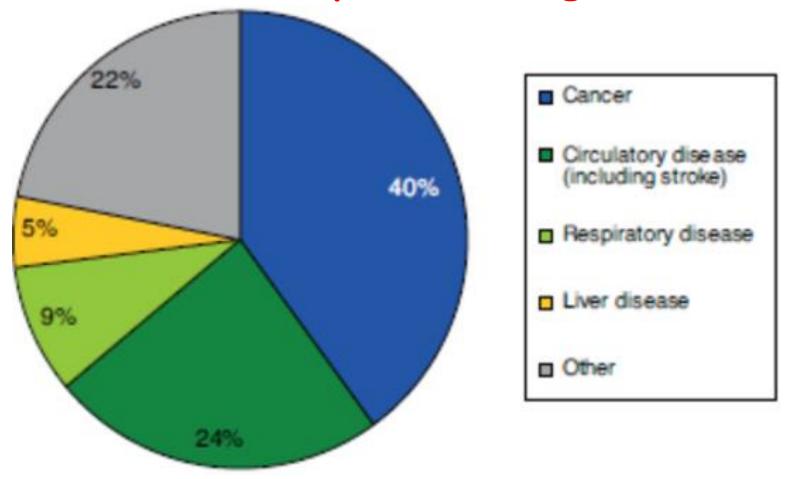




Fig 1: Under-75 all cause mortality rate for European countries (2010 or nearest)³

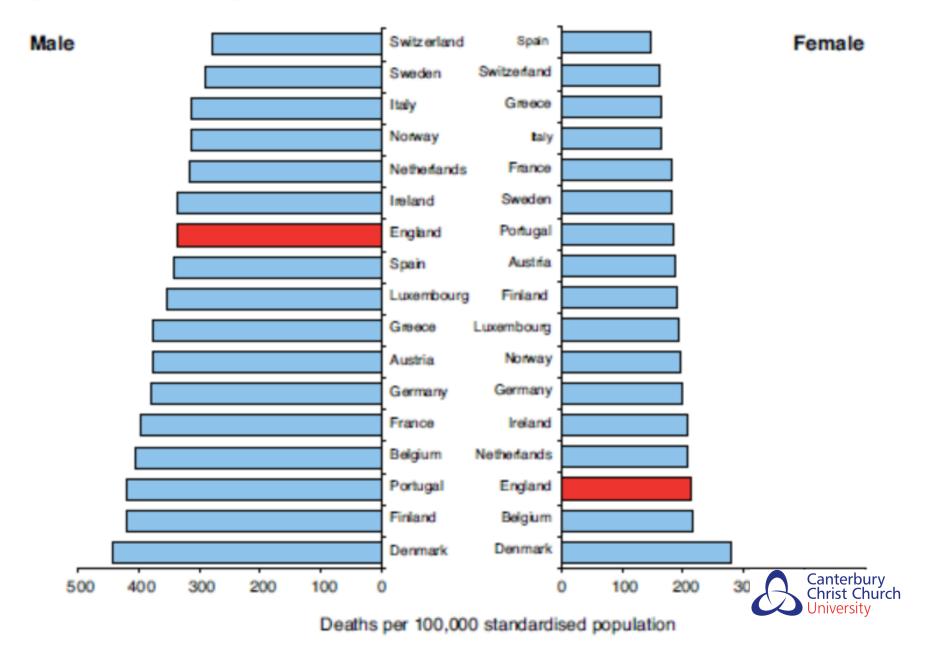


Fig 3: Under-75 cancer mortality rate (2010 or nearest)⁵

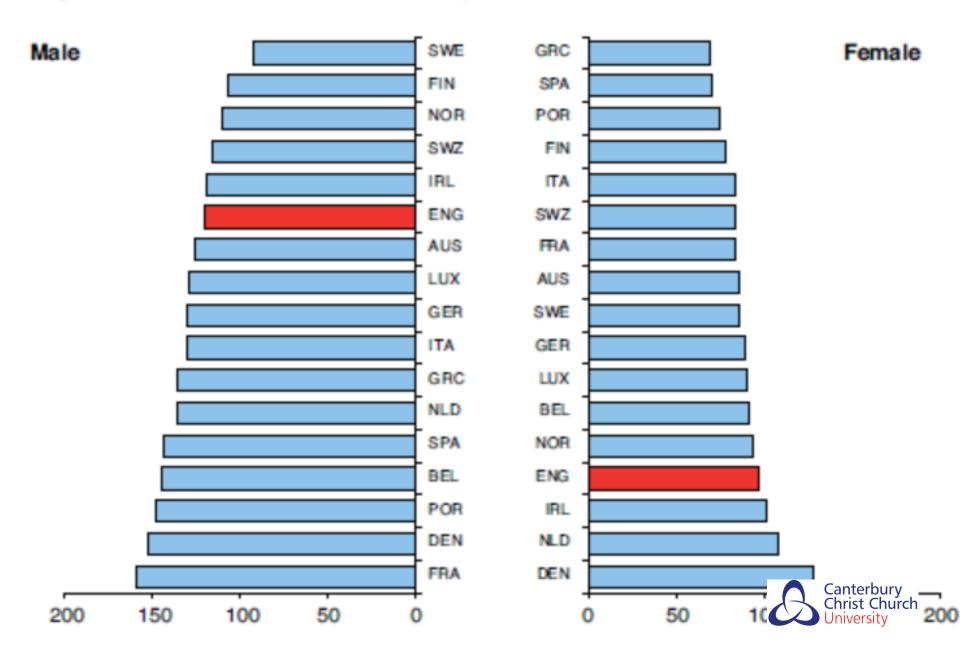
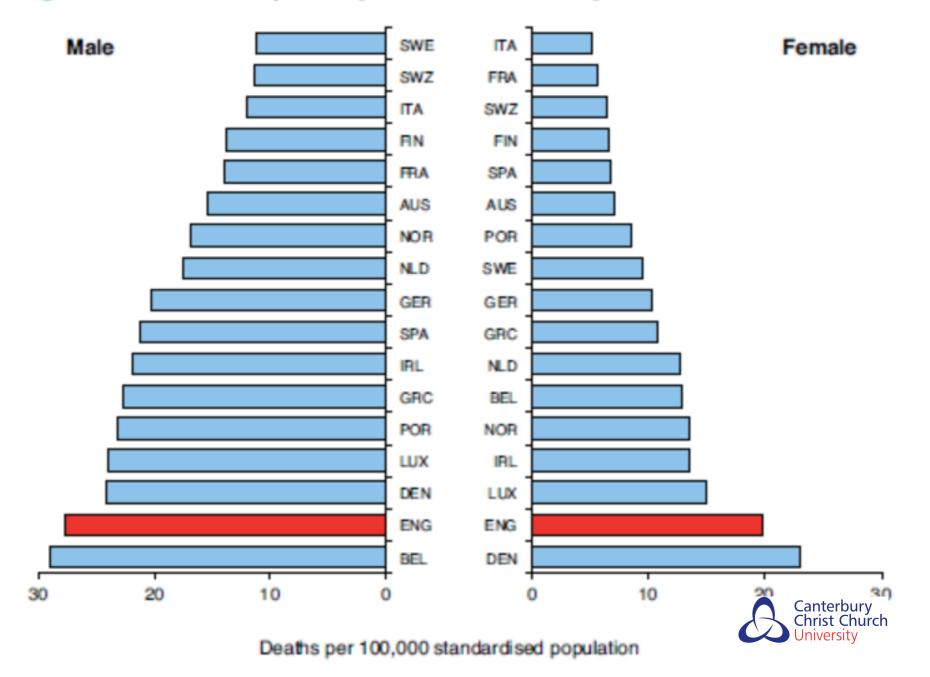
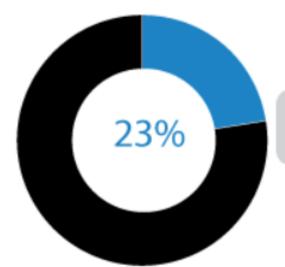


Fig 4: Under-75 respiratory disease mortality rate (2010 or nearest)



Avoidable premature deaths in the under 75s (England & Wales) 2013



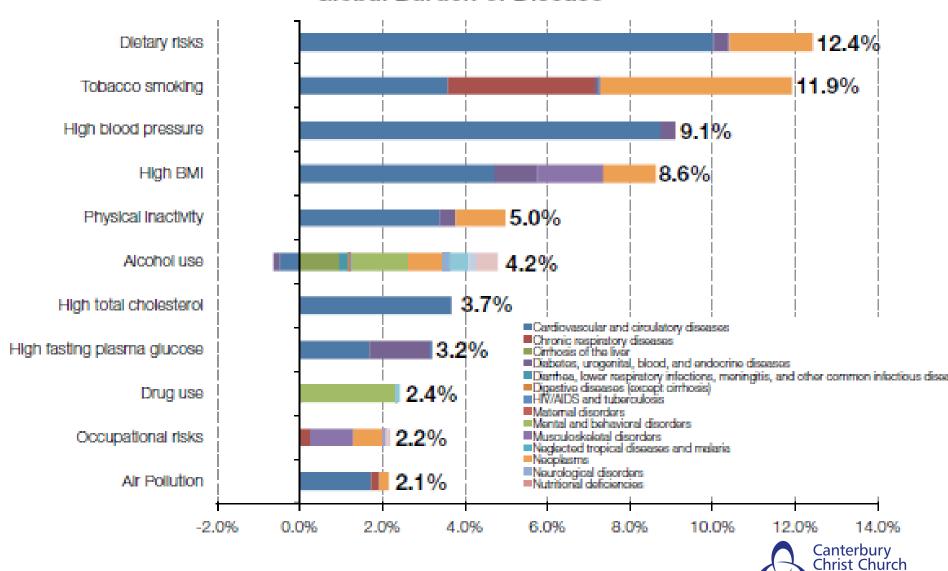
23% (114,740) of the 506,790 deaths registered in 2013 in England and Wales were from causes considered avoidable

Males are more likely to die from a potentially avoidable cause than females



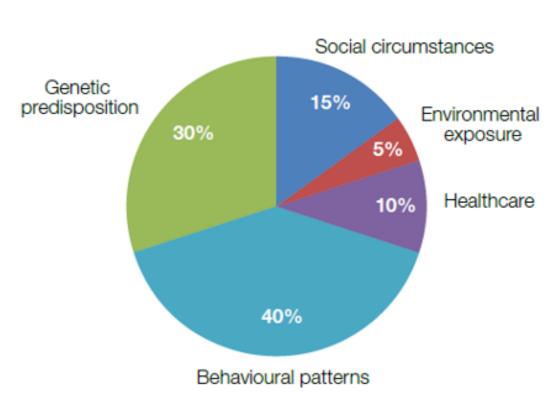


UK disability adjusted life years, both sexes all ages 2010. Global Burden of Disease 14

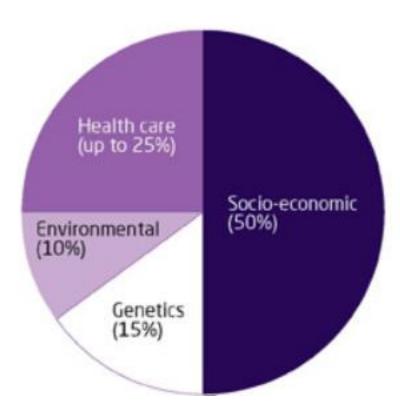


University

What impacts on our health?



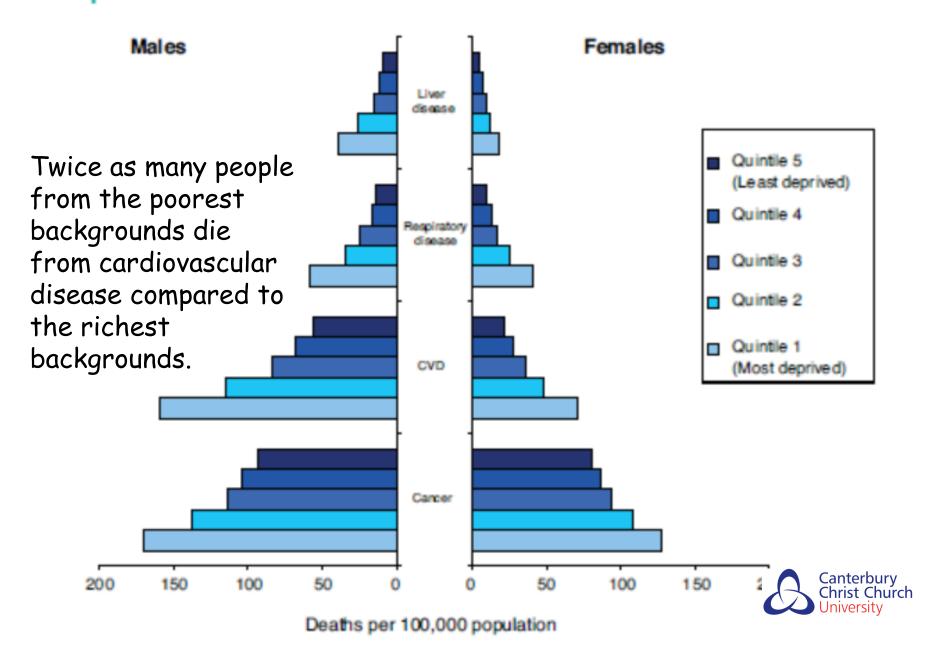
McGinnis et al (2002)



Canadian Institute of Advanced Research (2012)



Figure 8 – Mortality rate from the big killers across deprivation quintile¹³

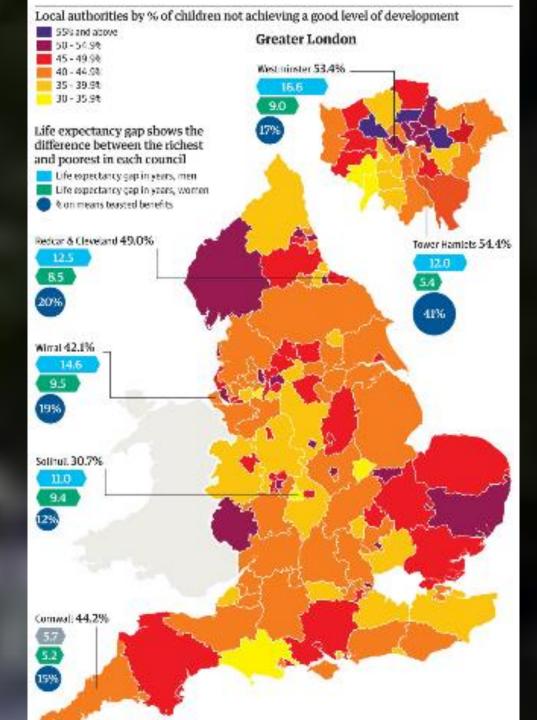




Illness and early death is not random

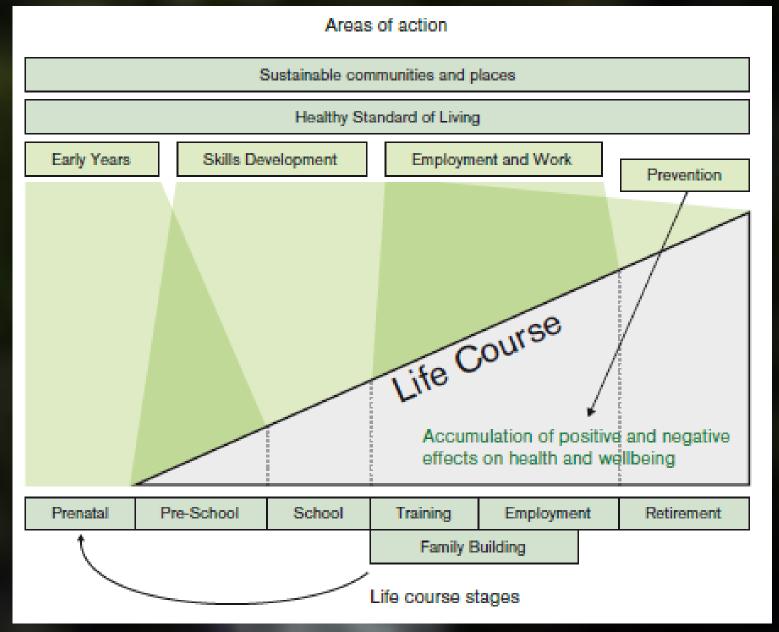
Socio-economic inequalities

(Marmot, 2010)



It is unacceptable that we can identify which children are likely to have an early death because of the conditions in which they are born.







Early Years

Skills Development

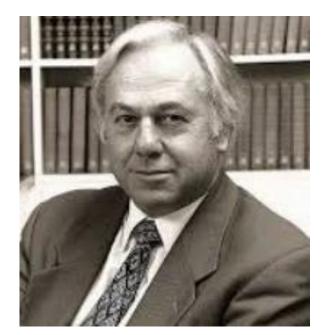
What a child experiences during the early years lays down a foundation for the whole of their life. (Marmot, 2010 p. 60)

Prematal

Pre-School

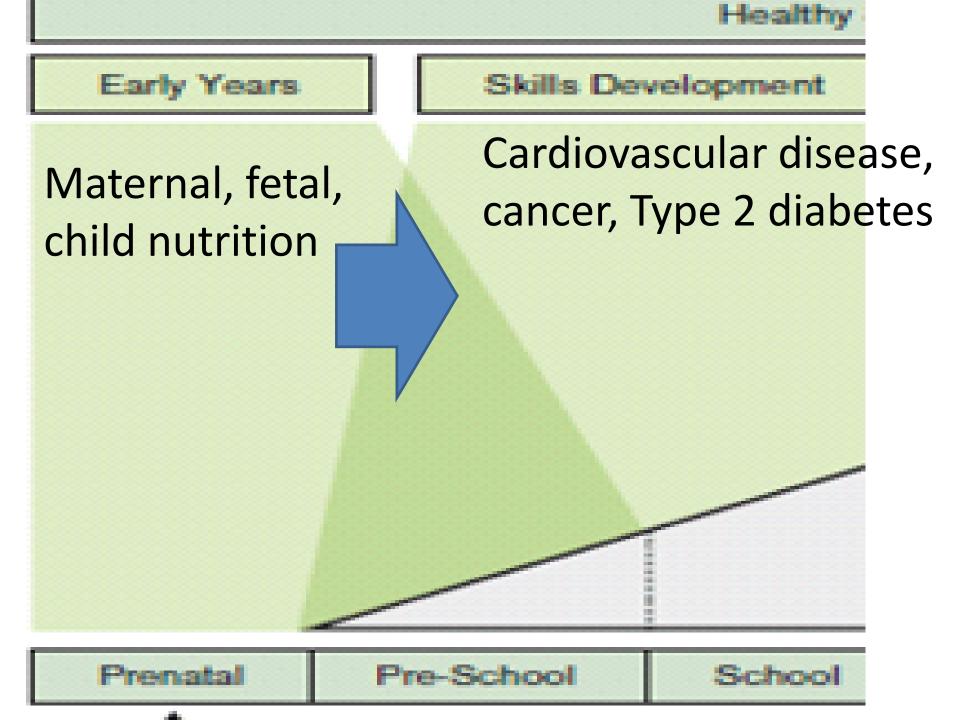
School





David Barker

Maternal malnutrition, low birth weight, stress and other factors that impact development in the womb can create long-term changes in basic biological functioning





Maternal malnutrition, low birth weight, stress and other factors that impact development in the womb can create long-term changes in basic biological functioning

Early Years

Skills Development

Maternal, fetal, child nutrition

Cardiovascular disease, cancer, Type 2 diabetes

Cardiovascular disease, chronic lung disease, fractures, sexually transmitted infections, unintended teenage pregnancy, depressive disorders obesity, smoking, promiscuity,

alcohol & drug misuse, higher

prescription use ...

Abuse & neglect

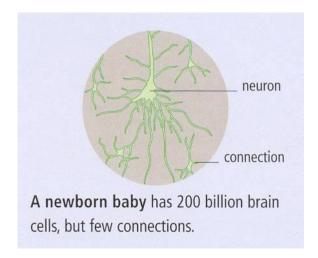
Prenatal

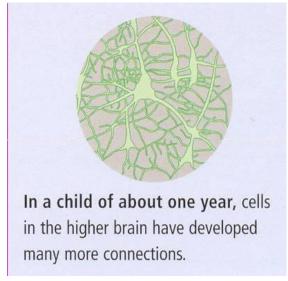
Pre-School

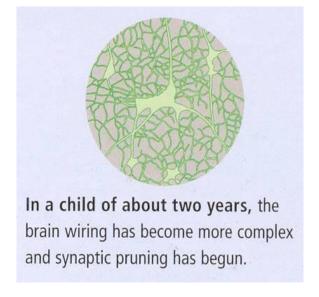
School

Neuron development

(Sunderland 2006)



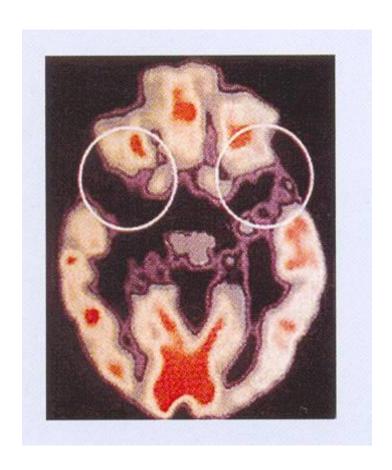


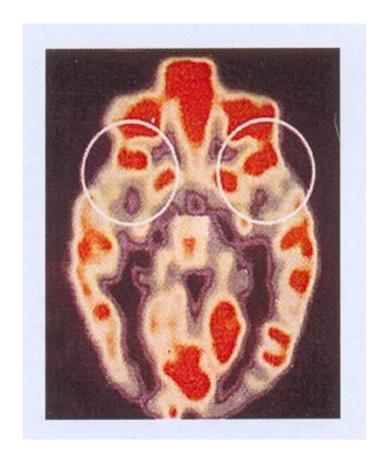


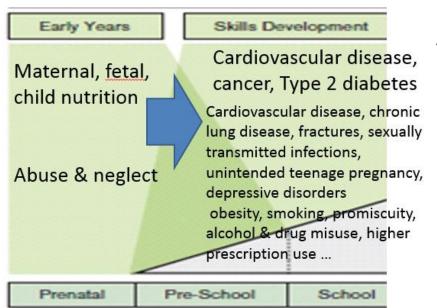
Brain scan evidence

Romanian orphan

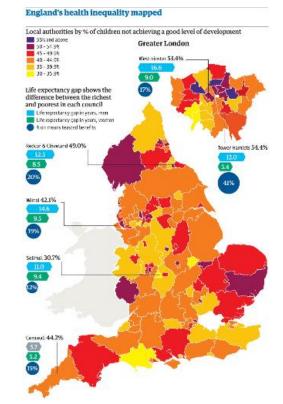
Well loved child







All is compounded by social gradient



Birth weight linked to maternal lifestyle e.g. smoking, diet, stress

Stress factors linked to parental unemployment depleted resilience, social isolation, mental ill health, domestic abuse, substance misuse.

Why resilience?

I have strengths within me that help to protect me

These help us to stay healthy and well in the face of stressful life events and hardship

Salutogenesis Assets for health and well-being

Thriving (Carver)	Self-effica (Bandura)	icy	Empathy (Eisenberg)			C oping Lazarus)	77.76.65	asonableness aplan)
Gratitude (McCullough	Total Control of the	diness basa)	Inner stren (Nygren)	gth	Humou (Martin	77.7	Locus (Rotter	of Control r)
Learned optimism (Seligman)		Cultural capital (Bourdieu)			Empowerm (Freire)	mpowerment reire)		eing er)
Learned hopefulness Social capital (Putnam)				Resilience (Werner) Posttraumatic personal growth (Tedeschi)				
Learned res (Rosenbaum	sourcefulnes n)		Quality of Life (Lindström)		Will to mea (Frankl)	Ecological system theory		
Sense of Coherence (Antonovsky)		100000	Connectedness (Blum)		Flourishing (Keyes)	g	(Bronfenbrenner) Interdiciplinarity	
(Goleman) Action competence (Bruun Jensen)				V	(Klein) Flow (Csíkszentmihályi) © Monica Eriksson 2012			

School readiness: The percentage of children with free school meals achieving a good level of development at the end of reception 2012/13, England

36.2% achieved a good level of development

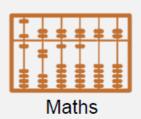
worse Compared to England

better similar worse Compared to England

Children who don't achieve a good level of development aged 5 years struggle with:









which impacts on outcomes in childhood and later life:



Educational outcomes

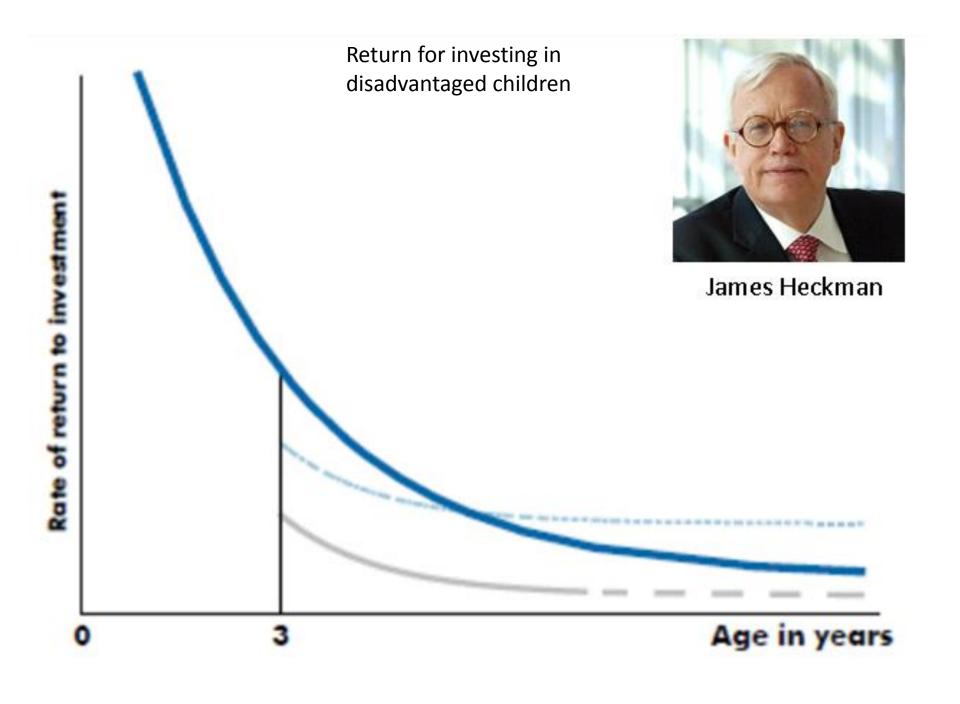


Crime





Death



Why now?

We know that <u>where we live</u> and <u>how we live</u> shapes our current and future health; our ill health, quality of life and time of death.

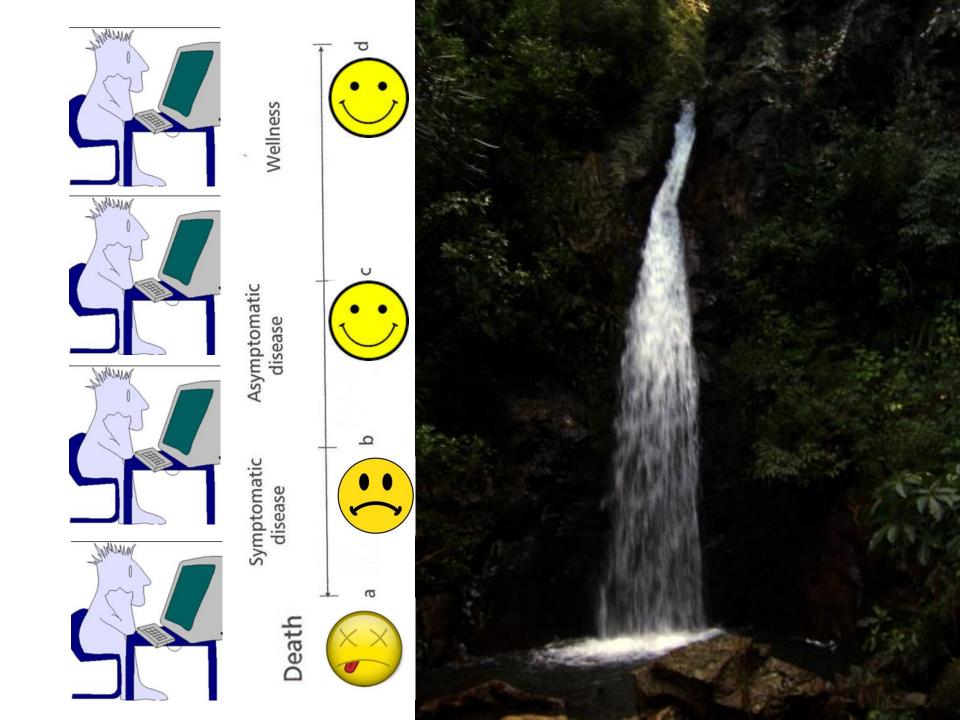
We know how psycho-social, socio-economic and environmental stressors cause direct physical changes in the body that lead to significant poor health.

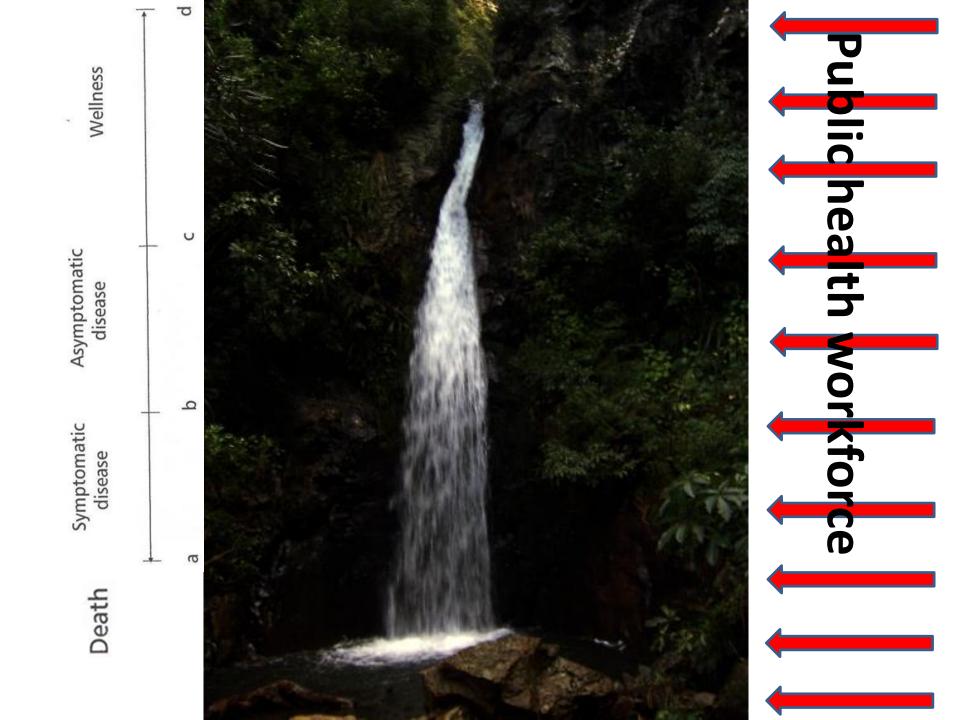
We know that early life is an especially important time to promote health and wellbeing.

Canterbury Christ Church

Why you?

















Health Protection Agency























PSHE

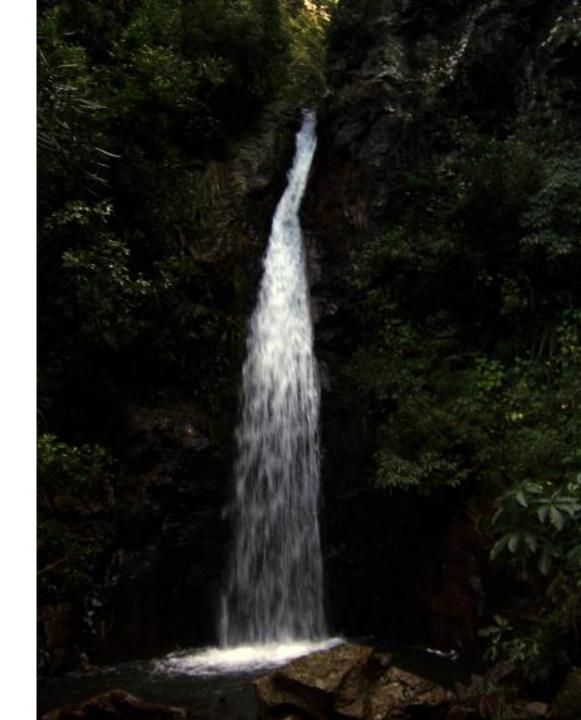






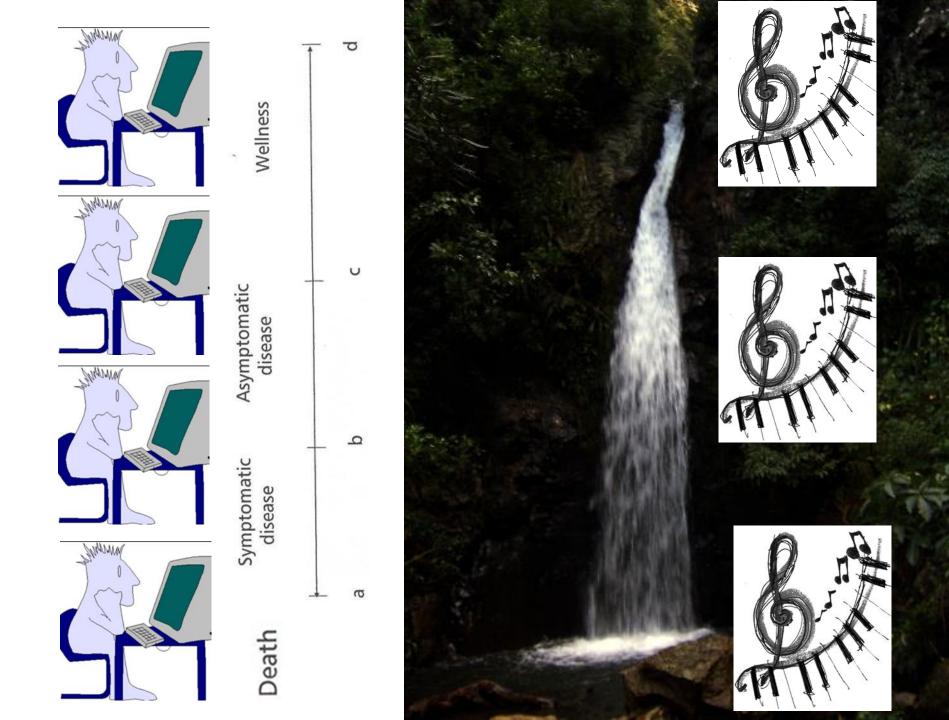


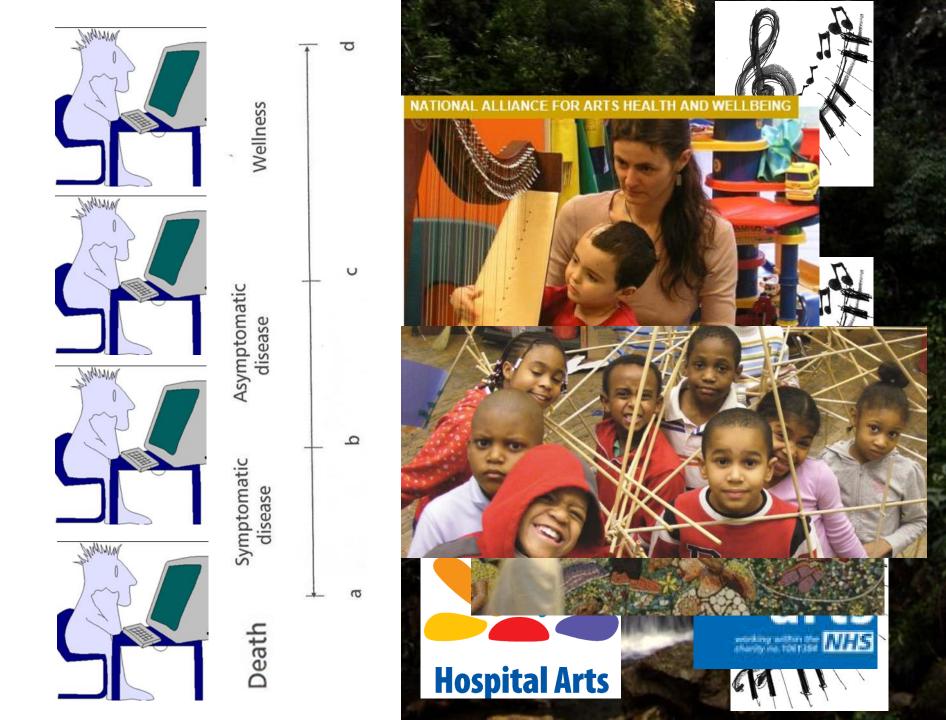






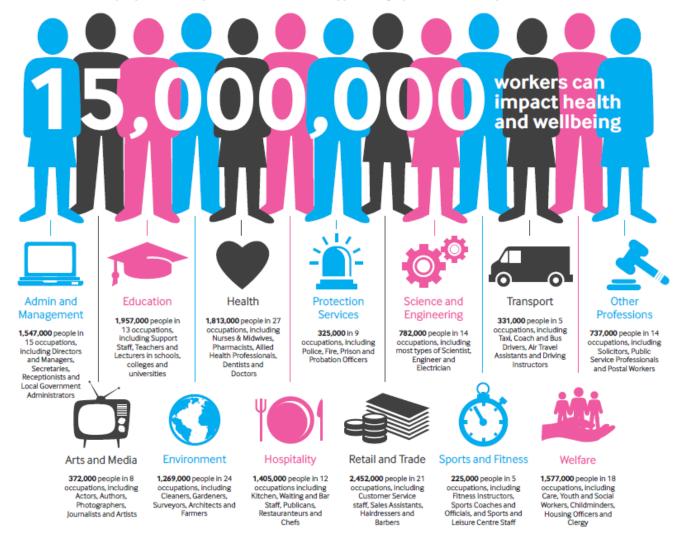






Understanding the wider public health workforce in England

It is widely recognised that many occupations outside the core public health workforce have the opportunity or ability to make a significant contribution to health and wellbeing. Our research estimates these total 185 occupations, encompassing around 15 million people, and that public health is further supported by up to 5.4 million unpaid carers.



(Centre for Workforce Intelligence, 2015)



Our seven priorities

- tackling obesity particularly among children
- reducing smoking and stopping children starting
- reducing harmful drinking and alcohol-related hospital admissions
- ensuring every child has the best start in life
- reducing the risk of dementia, its incidence and prevalence in 65-75 year olds
- tackling the growth in antimicrobial resistance
- achieving a year-on-year decline in tuberculosis incidence

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