

Have Your Say Belfast - A summary of the results:

Introduction:

This document presents the results of the 'Have Your Say Belfast' questionnaire which was issued as part of a consultation process for the development of an Emotional Resilience Strategy for Belfast. Belfast Strategic Partnership's¹ Mental Health and Emotional Wellbeing (MHEW) thematic group aims to develop a 10 year strategy for development of emotional resilience in the Belfast area.

On launching the Belfast Strategic Partnership, the three sponsoring Chief Executives commented that it is unacceptable that the people of Belfast have very different chances of good health and wellbeing depending on which part of the city they live. One of the key components to good health is emotional health and wellbeing and while there is a significant investment in the Belfast area in mental health services and crisis response across all our communities, the MHEW group believes that a shift towards early intervention and prevention is required. The results of this survey will form the basis of an action plan developed to build emotional resilience in the Belfast area.

Responses:

3,065 questionnaires available for analysis. 708 of these were completed through an online survey and 2,357 people in the Belfast area completed paper returns. Of the respondents:

- Two-thirds were female
- High proportions of 36-50 and 51-70 year olds
- · Most of those completing the questionnaire were 'employed'
- 17% said that they have a disability
- 5.6% of those responding said that they identified as gay, lesbian, bisexual or transgender
- More than one-quarter of those completing the questionnaires live in the Top 20% deprived areas in Belfast.

Mental wellbeing: Warwick Edinburgh Mental Well-being Scale (WEMWBS)²

Respondents were asked to highlight on a set of validated questions, their experience of the seven questions combined to make a score which can be used as a measure of mental wellbeing.

The responses showed that:

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¹ Belfast Strategic Partnership is a multi-sectoral Partnership established to identify and tackle life inequalities throughout the Belfast City Council Area. It is comprised of senior members of statutory, community and private sector organisations throughout the Belfast City Council Area.

² The Warwick-Edinburgh Mental Well-being Scale was developed by the University of Warwick and the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick and the University of Edinburgh.



- Those living in the most deprived and second most deprived quintiles³ scored significantly lower on mental wellbeing compared to all other deprivation quintiles (p<.001).
- There were no significant gender differences on mental wellbeing scores.
- Those aged 71 years and above had significantly higher mental wellbeing compared to all other age groups (p<.001).
- Those who were unemployed scored significantly lower on mental wellbeing compared to all other employment statuses (p<.001).
- Mental wellbeing was significantly higher among those categorised as being heterosexual compared to transgender clients (p<.01).

Personal Experience Treatment for Anxiety/Depression:

More than 27% of respondents indicated that they had treatment for anxiety or depression in the 12 months preceding completion of the questionnaire.

- 53% of respondents who considered themselves to have a **disability** indicated that they had received treatment for anxiety or depression. This is further compounded by those who have a disability and live in the Top 20% most deprived areas – 66.7% had received treatment.
- A higher percentage of people who identified as **gay or lesbian** indicated that they had received treatment for anxiety or depression in the year preceding the consultation. More than 42% indicated they had received treatment compared to 27% of people who identified as heterosexual.
- A higher proportion of people living in the **Top 20% most deprived areas** indicated that they had received treatment for anxiety or depression than those living in other areas throughout Belfast (36.2% compared to 24.3%).

Coping Mechanisms:

The research highlighted the importance of interpersonal relationships and their impact on emotional wellbeing. Respondents were asked to identify the three things they thought made their life feel good. Across all three choices the importance of family, love, company and friendships was very strong in answers to the question. Respondents highlighted that having a strong family and the love and support of a family was a major contributing factor to their health and wellbeing. The connection and love between partners and impact on health and wellbeing was also very strong in the responses to the questionnaire. Many respondents highlighted that having a good loving relationship between themselves and their partner or family was very important to their emotional health and wellbeing.

Money was also an issue for respondents but didn't feature as highly in first and second choice answers suggesting that family, love, and the importance of interpersonal relationships came first. The table below highlights the responses:

First choice			Second Choice	1		Third Choice		
Family	904	31.85%	Family	414	15.04%	Money	405	15.34%
Love	479	16.88%	Love	248	9.01%	Support	230	8.71%
Company	168	5.92%	Friendship	504	18.31%	Friendship	316	11.97%

³ Top 20% and Top 40% most Multiply Deprived areas, measured by 2010 Northern Ireland Multiple Deprivation Measure (NIMDM), NISRA





Impact of Social Connections:

Almost 30% of respondents indicated that they get together with friends every day and more than 40% said once per week.

Almost 46% said they get together with family members every day and almost 30% once per week.

The charts below highlights the inverse correlation between the frequency with which people connected with friends and family and the proportion who had received treatment for anxiety or depression in the 12 months preceding the research:



Connections with FRIENDS:





Involvement in community/social networks:

The chart below highlights that a slightly lower percentage of those who were involved in a club or volunteer in their free time had received treatment for anxiety or depression in the 12 months prior to completing the consultation. A more significant difference is apparent however in respondents who feel they have a good social life and those who do not. More than twice the proportion of those who feel they don't have a good social life (42%) indicated that they had received treatment compared to those who feel that they do have a good social life (20%).







Community change/Civic Pride:

A high percentage of respondents feel that Belfast has 'got better' over the past three years (55%), however a lower percentage of respondents (24%) feel that this is reflected in their own community. The reverse is true when we look at people's perceptions of whether or not their area has 'stayed the same' over the past three years.

Crosstabulating this response by those who live in the Top 20% most deprived areas, it is apparent that a similar proportion of people feel that their area has 'got better' (22% in most deprived areas v 25% of other respondents), however a higher proportion of people in the Top 20% most deprived areas feel that their area has 'got worse' over the past three years (32% in Top 20% deprived V 20% of other respondents).

Issues important for improving Quality of Life:

The table below highlights in orders of importance the issues that respondents feel are most important in helping them to improve their quality of life:

	Percentage of Respondents
Lower levels of Anti-social behaviour	48.2%
Better employment Opportunities	43.9%
Activities for children	34.2%
Cleaner streets	33.8%
Lower levels of Crime	31.4%
Improved parks and open space	31.3%

A higher proportion of people living in the Top 20% most deprived areas indicated that lower levels of crime and antisocial behaviors would help improve quality of life than those living in other areas throughout the city (25% v 29%, and 58% v 44% respectively). Better employment opportunities and activities for children also showed a difference in terms of more people in Top 20% deprived areas indicating that these would improve quality of life. Having said this however, the desire for lower levels of anti-social behavior is still the highest priority for people living in areas that are not in the Top 20% most deprived.

How can we help people to think more positively?

We asked respondents to tell us what techniques that they use to help them think positively:

	Percentage of Respondents
Talk to and have the support of Family and Friends	20%
Think positively	16%
Talking about my problems to someone openly	9%
Exercise regularly	8%





We asked respondents to suggest how we could help people to think more positively about life, family and community. Respondents suggested:

	Percentage of Respondents
Community events/services/activities	12%
Better Support systems, centres, groups	7%
Focus on positive, fulfilling life	4%
More family/communal activities	3%
Focus on the importance of Family	3%

Observations:

The results tell us that:

- we have a city with a fairly low level of self-esteem and confidence
- a significantly higher proportion of those who have a disability, identify as LGBT, or are unemployed have received treatment for anxiety or depression in the past 12 months.
- those living in the two most deprived quintiles show lower levels of emotional wellbeing than those in all other deprivation quintiles.
- there are no significant gender differences on mental wellbeing scores.
- mental wellbeing was significantly higher in those identifying as heterosexual than those identifying as transgender
- interpersonal relationships are significantly important to people in the Belfast area. The importance of family, love, company and friendships is a major contributing factor to emotional health and wellbeing.
- the impact of social connections is very important to positive emotional wellbeing. A lower proportion of those who connected with friends and family most often were likely to have received treatment for anxiety or depression in the past 12 months than those who didn't connect on a regular basis.
- those who felt they had a good social life were less likely to have received treatment for anxiety or depression in the past 12 months.
- a wide range of factors impact on respondents quality of life, the biggest proportion indicating that anti-social behaviour, employment opportunities, activities for children, cleaner streets, lower levels of crime and improved parks and open space are most important for improving quality of life.
- there is a clear disconnect between the proportion of people who feel that Belfast as a city has improved over the past few years, and those who feel their own community has improved. Only one in five people in deprived communities felt that their area







had improved over the past three years. The importance of connection to place and emotional health and wellbeing is well researched.

- talking to and having the support of family and friends is the technique used by most people to help them think more positively.
- Respondents indicated that provision of more community events/services/activities, provisions of better support systems, focus on positive fulfilling life and more family/communal activities could help people to think more positively.



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