



Public Health  
England

Protecting and improving the nation's health

# **The wellbeing of 15 year-olds: further analysis of the 2014 What About YOUth? survey**

## About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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## Executive summary

The 2014 What About YOUth? (WAY) survey included measures of wellbeing which can be analysed to examine the relationships between health behaviours and attitudes on the wellbeing of 15 year-olds. The key findings are:

- young people who engaged in behaviour which might harm their health such as drinking and smoking, having poor diet or exercising rarely, or who had negative feelings towards their body size reported lower wellbeing than those who did not
- self-reported wellbeing varied depending on the relative affluence or deprivation of the family, with those whose families were in more affluent groups and living in the least deprived areas reporting higher average wellbeing
- young people who stated that they had a disability, long-term illness or medical condition reported lower wellbeing than those who did not
- young people who described their sexual orientation as gay, lesbian, bisexual or 'other' were more likely to have lower wellbeing than those who declared themselves heterosexual. On average these young people also reported lower life satisfaction and happiness, and higher anxiety

## Purpose of the report

This report highlights the associations between health behaviours, other self-rated life factors (such as bullying and body image) and wellbeing. Commissioners and providers of health, social care and education can use this information to target local resources where they are likely to have maximum impact in terms of improving the wellbeing of young people. It also looks at inequalities in relation to deprivation, disability and sexual identity to show where vulnerable young people may be overlooked.

## Background

When the Public Health Outcomes Framework was first developed as statutory guidance it was noted that there was a lack of data on the health and wellbeing of young people. In direct response to this, the Health and Social Care Information Centre (HSCIC), now NHS Digital, was commissioned by the Department of Health to develop the WAY survey. The survey collected data from over 100,000 15 year-olds in England during 2014. The questions covered a number of topics, including diet and physical activity, smoking, alcohol, use of drugs, bullying and wellbeing.

In December 2015, the HSCIC published the [results of the survey](#). Alongside this, Public Health England published an [interactive local authority tool](#) which summarised key indicators.

Following the 2015 publication, Public Health England (PHE) agreed to undertake further analysis of the survey results to gain a greater insight into factors which impact on wellbeing.

## Definition of wellbeing

Wellbeing has been described as more than an absence of illness, and is often considered as a measure of positive health. Positive wellbeing builds resilience in young people. It is associated with other health outcomes including physical health and, while difficult to define, many methods have been applied to quantify it.

## Methodology

Wellbeing in the WAY survey was assessed by a series of questions from the [Warwick-Edinburgh Mental Well-being scale \(WEMWBS\)](#). The WEMWBS was developed to monitor mental wellbeing in the general population and evaluate projects, programmes and policies which aim to improve mental wellbeing. Fourteen questions with 5 response categories are asked before a single score between 14 and 70 is calculated; the higher the score, the higher the respondent's perceived wellbeing (see Appendix 1).

A WEMWBS score is calculated for each survey respondent who answered all 14 questions. Using these scores, it is possible to calculate an average score for subgroups of respondents. These might include groups such as regular smokers, young people with disabilities or young people living in the most deprived areas. It has not been possible to calculate confidence intervals for the charts in this report because of the methodology of using calculated scores to generate averages. However, the survey size of 120,000 responses should be sufficiently representative of the population to allow for robust analysis.

In this report, chart scales showing average WEMWBS scores will range from 40 to 54 for clarity but the full scale runs from 14 to 70. A chart showing the overall frequency of WEMWBS scores is shown in Appendix 2.

In addition to the combined wellbeing score shown by WEMWBS, the WAY survey also asked detailed questions about how respondents felt about their lives (using validated questions from the Annual Population Survey (APS)) by asking them to rank questions

about their life on a scale of 0 to 10. Using this approach, respondents ranked their answers to the following questions, where 0 is 'not at all' and 10 is 'completely':

- overall how satisfied are you with your life nowadays? (life satisfaction)
- overall to what extent do you feel that the things you do in your life are worthwhile? (feeling worthwhile)
- overall how happy did you feel yesterday? (feeling happy)
- how anxious did you feel yesterday? (feeling anxious)

Comparisons in this report have also been made with the Health Behaviours in School Age Children (HBSC) and Smoking, Drinking and Drug use (SDD) surveys.

The **HBSC** survey is an international survey of 11, 13 and 15 year olds across 43 countries currently, and includes equivalent indicators to the WAY survey regarding general health, physical activity, regular smoking and bullying.

The **SDD** survey provides equivalent data on regular smoking and drinking to the WAY survey with an age range of 11 to 15 years. It calculates a slightly different wellbeing measure based on the extent to which the respondent agreed with 5 statements:

- my life is going well
- my life is just right
- I wish I had a different kind of life
- I have a good life
- I have what I want in life

This creates a score out of 20, and once again a higher score indicates higher wellbeing.

This report examines the links between wellbeing and deprivation. Young people's survey responses were assigned to small areas (lower super output area (LSOA)). Each LSOA was evaluated using the **English indices of deprivation 2010 (IMD 2010)** to establish the relative levels of deprivation in its population. The IMD uses 38 separate indicators and appropriate weighting to combine into one overall score. These scores were then used to split the areas into 5 groups (quintiles) where quintile 1 held the 20% most deprived areas nationally, and quintile 5 holding the least deprived 20%.

All data unless stated is from the WAY 2014 survey.

## Results

### Wellbeing (WEMWBS) and health promoting behaviour

By comparing the calculated WEMWBS score from respondents with their answers to key questions on behavioural and other risk factors, it is possible to examine the relationship between these. For example, by comparing the survey average score of 47.6 to the score for respondents who were regular smokers and those who were not we can assess whether there is an association between smoking and wellbeing. Table 1 shows the average WEMWBS scores (between 14 and 70 as explained in the methodology section) for different groups of individuals when categorised by responses to key WAY questions, that is, smokers and non smokers.

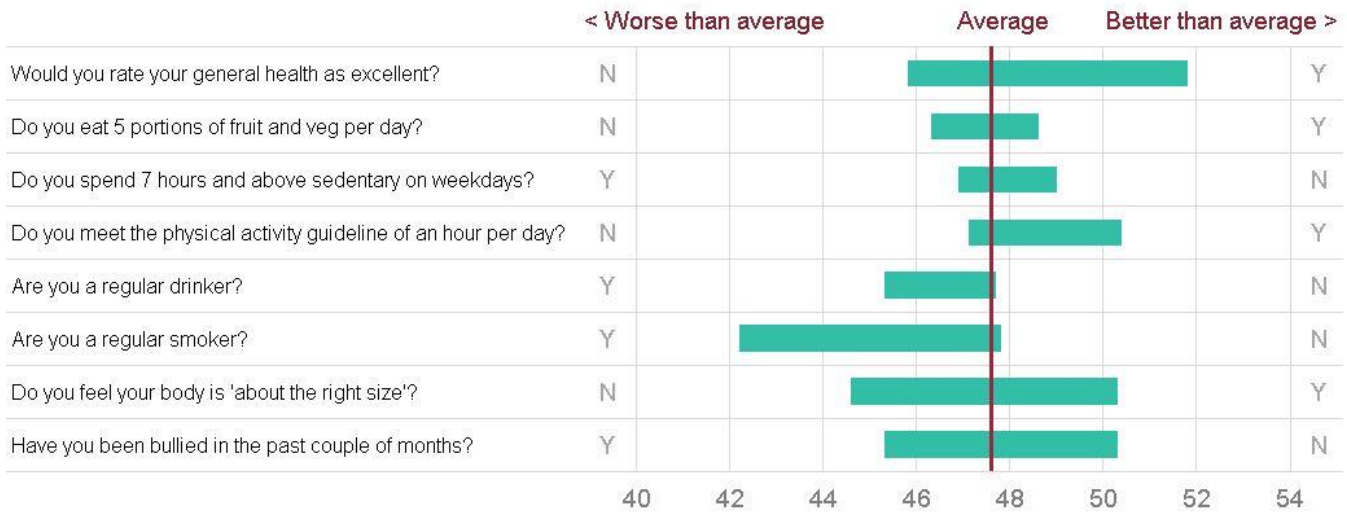
**Table 1: Average WEMWBS scores (survey average 47.6) for key responses**

WAY survey question	Average WEMWBS score	
	Yes	No
Would you rate your general health as excellent?	51.8	45.8
Do you eat 5 portions of fruit and veg per day?	48.6	46.3
Do you spend 7 hours and above sedentary on weekdays?	46.9	49.0
Do you meet the physical activity guideline of an hour per day?	50.4	47.1
Are you a regular drinker?	45.3	47.7
Are you a regular smoker?	42.2	47.8
Do you feel your body is 'about the right size'?	50.3	44.6
Have you been bullied in the past couple of months?	45.3	50.3

The WEMWBS scores are higher for those not engaging in risky behaviours, not experiencing bullying and among those rating their general health as excellent (Table 1). Lower scores were seen among those who do not eat 5 portions of fruit and vegetables every day, those who do not engage in the recommended amount of physical activity, those who feel their body is not 'about the right size', and those who have been bullied.

By plotting the average scores for each response by question provides a visual illustration of the 'wellbeing gap' (Figure 1). The ends of each green bar represent the average scores for yes and no responses as stated, and the survey average of 47.6 is represented by the red line. It therefore follows that the size of each bar from end to end represents the 'wellbeing gap' between each yes or no response to the questions, while also showing the relationship of these averages to the population sample as a whole. Data for all charts is shown in Appendix 3, and the data items used are specified in Appendix 4.

**Figure 1: health behaviours and attitudes and the average WEMWBS score**



This shows clearly that those reporting that they are engaging in activities which might be considered to be associated with poorer health (risk factors) also consistently have lower wellbeing scores. However, those reporting taking part in activities which might be considered to give better health (protective factors) on average have higher wellbeing scores.

The score for those not drinking or smoking regularly is close to the survey average. This is largely due to the majority of young people surveyed not being regular drinkers or smokers. While those who do drink or smoke regularly have much lower wellbeing scores, particularly among regular smokers.

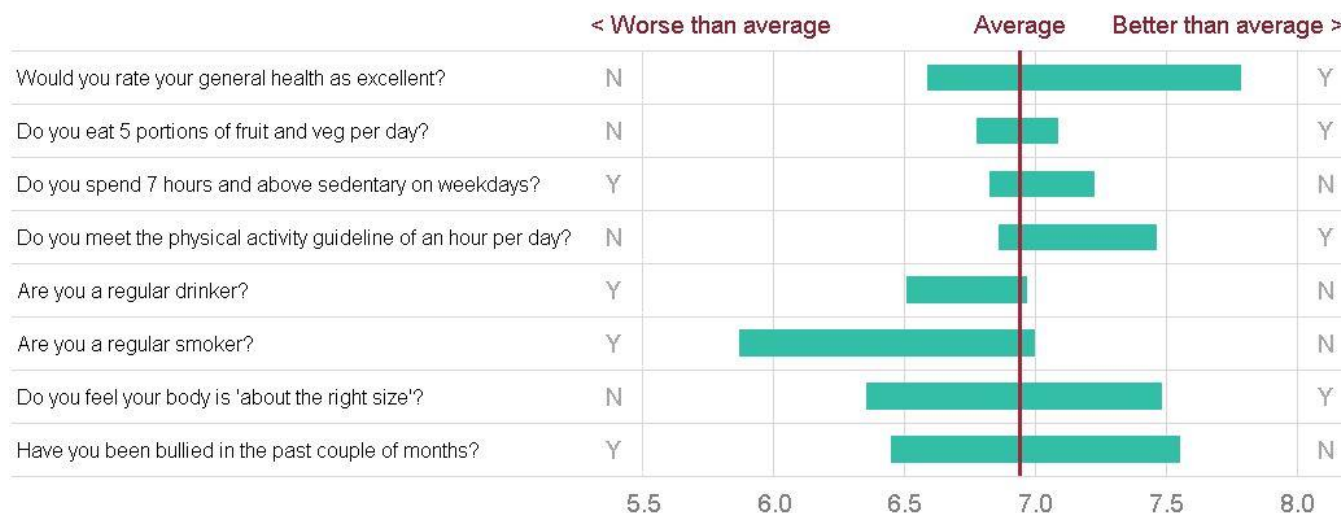
Across these 8 health behaviours and life factors, the wellbeing gap varies between 2.1 and 6.0 points on the WEMWBS scale, with the biggest gaps appearing to relate to smoking, body size, bullying and general health. In all cases, wellbeing for those behaviours considered protective factors is higher than behaviours considered risk factors and above the average for the survey as a whole.

### Wellbeing and behaviour: additional measures

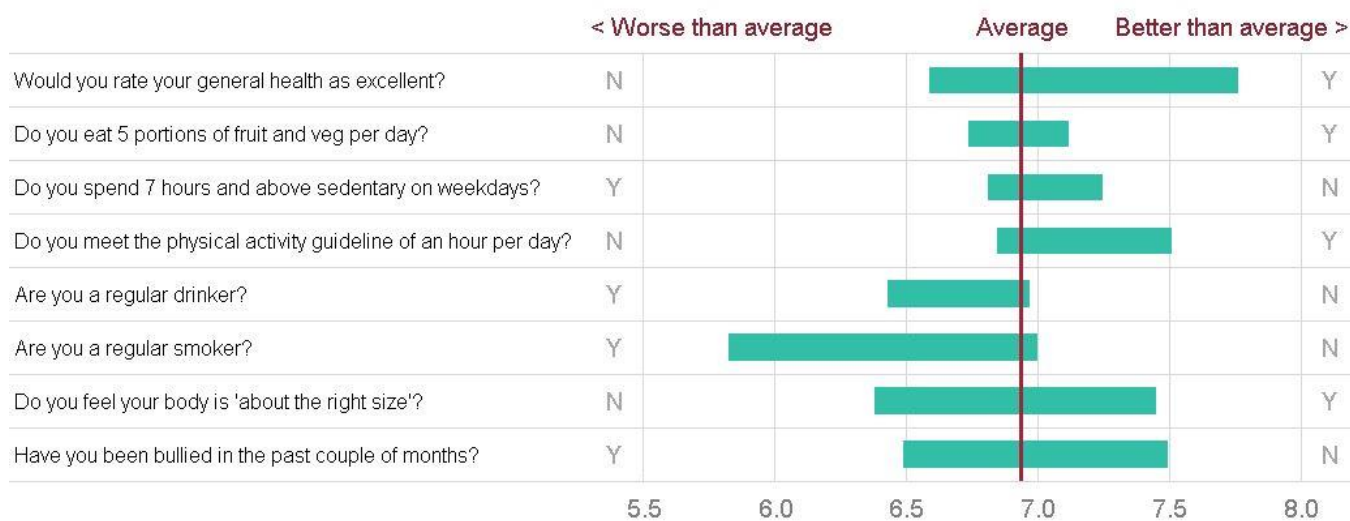
Repeating the above exercise with the 4 additional questions about life satisfaction and plotting average marks out of 10 for the yes and no responses again demonstrates wellbeing gaps (Figures 2 to 5). The survey average (out of 10) for these questions are shown on the charts as a red line.



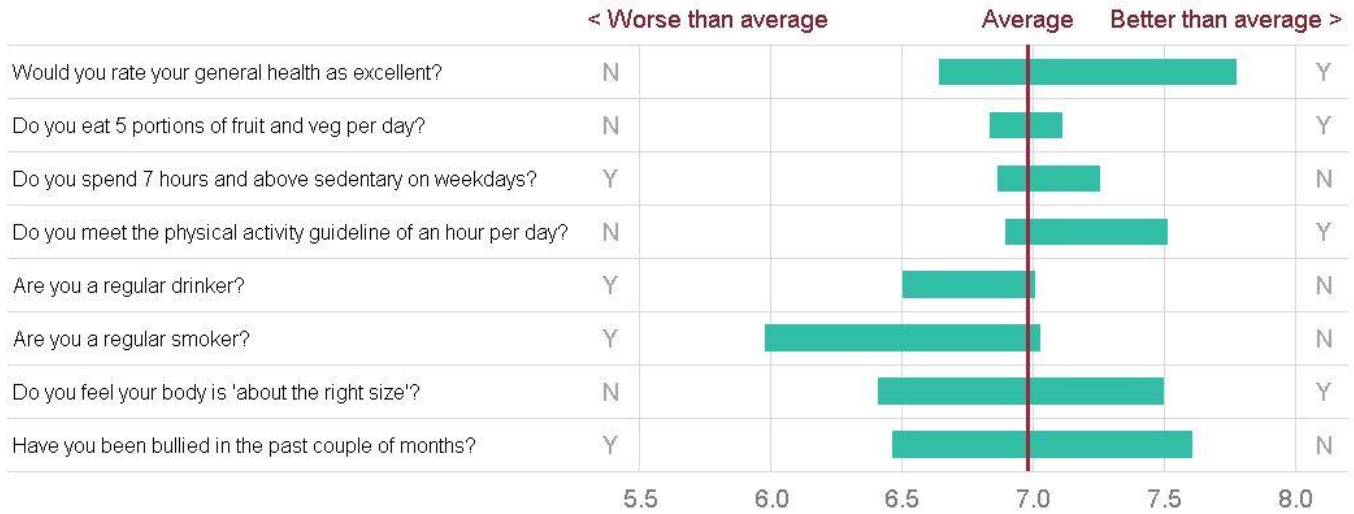
**Figure 2: health behaviours and attitudes and the average ‘life satisfaction’ score (survey average 6.9)**



**Figure 3: health behaviours and attitudes and the average ‘feeling worthwhile’ score (survey average 6.9)**

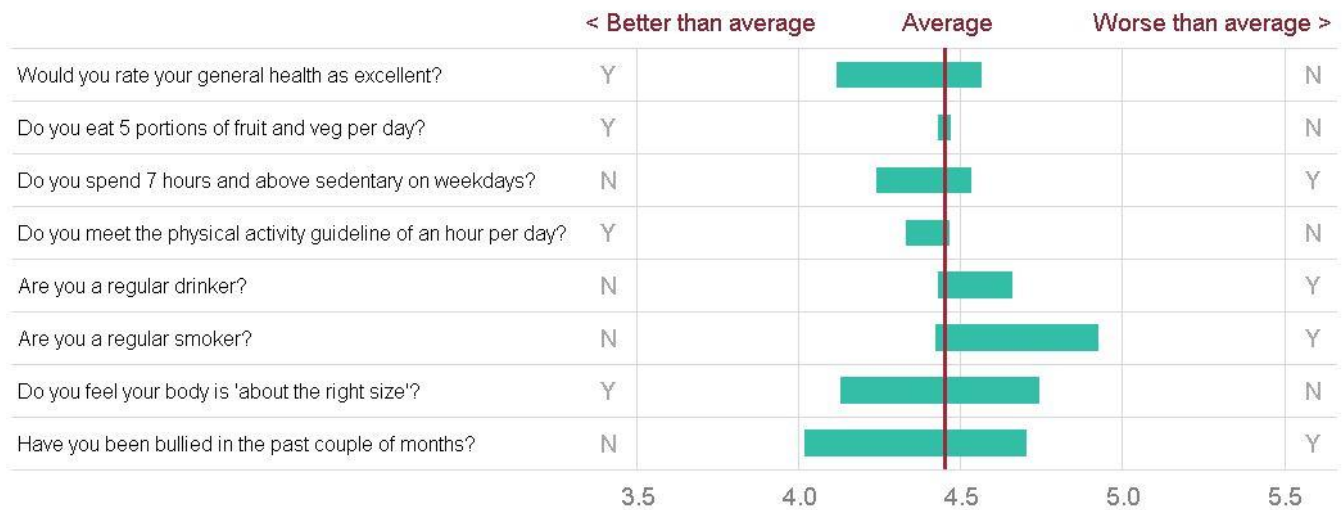


**Figure 4: health behaviours and attitudes and the average ‘happiness’ score (survey average 7.0)**



Once again all those reporting protective factors have average scores higher than the overall survey average, and those reporting risk factors have average scores below the survey average.

**Figure 5: health behaviours and attitudes and the average ‘anxious’ score (survey average 4.4)**



For anxiety (Figure 5) this pattern continues, with those reporting protective factors also reporting themselves less anxious. Once again the survey average is the dividing line, with protective factors below and risk factors above. Those who smoke regularly have an average anxiety score of 4.9 compared to 4.4 in those who don't smoke.

## Comparison with other surveys

### Health behaviour in school aged children survey (HBSC)

Four of the questions used in the WAY survey are also available in the most recent HBSC international data (2009/10), so the same process can be applied to this data for comparison (Figure 6). Those who rate their general health as excellent and meet the physical activity guideline have higher self-reported life satisfaction, while those who regularly smoke or have been bullied have lower average life satisfaction.

**Figure 6: health behaviours and attitudes: average life satisfaction from HBSC survey**



Source: HBSC, 2009/10

### Smoking, drinking and drug use survey (SDD)

By applying similar analysis to data from the SDD survey, it is possible to explore these findings further. The average wellbeing score for this survey was 15.1, and the average scores for those deemed regular drinkers and regular smokers are shown in Figure 7.

**Figure 7: Wellbeing scores (range 0-20, survey average 15.1) for SDD respondents**



Source: Smoking, drinking and drug use among young people, 2014

This is consistent with the WAY survey's findings; those who regularly smoke or drink (again, particularly those who smoke) have lower wellbeing scores than those who do not.

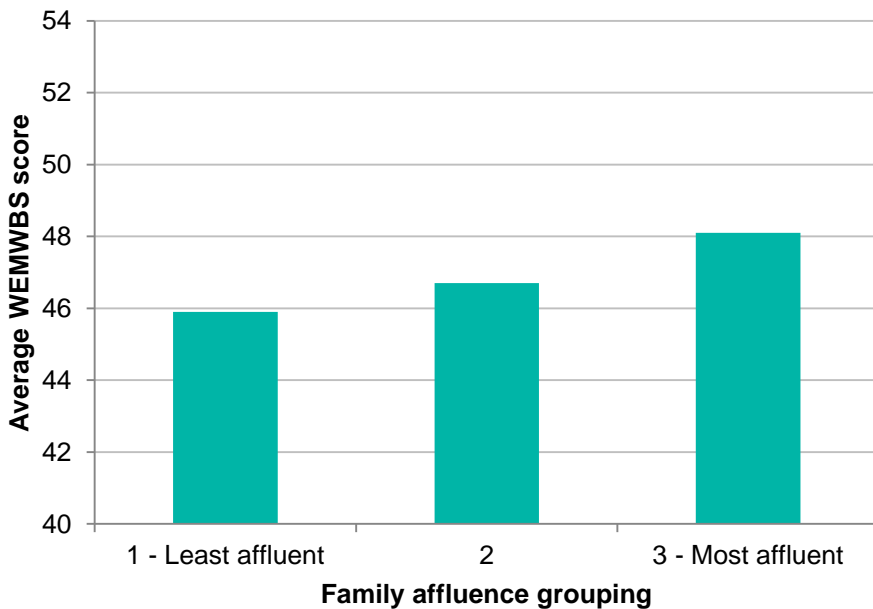
Looking across the data from the 3 surveys the consistent finding is that those who engage in behaviour which might harm their health and exhibit negative attitudes towards their health report on average lower levels of wellbeing, life satisfaction, feeling

worthwhile and happiness. They also have higher levels of anxiety than those who do not. While individual behaviours cannot be viewed in isolation (it is likely that someone who engages in considerable physical activity would rate his or her general health higher), all 3 surveys clearly show an association between protective factors and risk factors and overall wellbeing.

### Wellbeing and family affluence

The WAY survey asked a series of questions around how respondents lived (Appendix 4). These were used to calculate a family affluence score between 1 and 3 with 3 being the most affluent. Calculating average WEMWBS scores for these groups gives the following results:

**Figure 8: WEMWBS score by family affluence group**

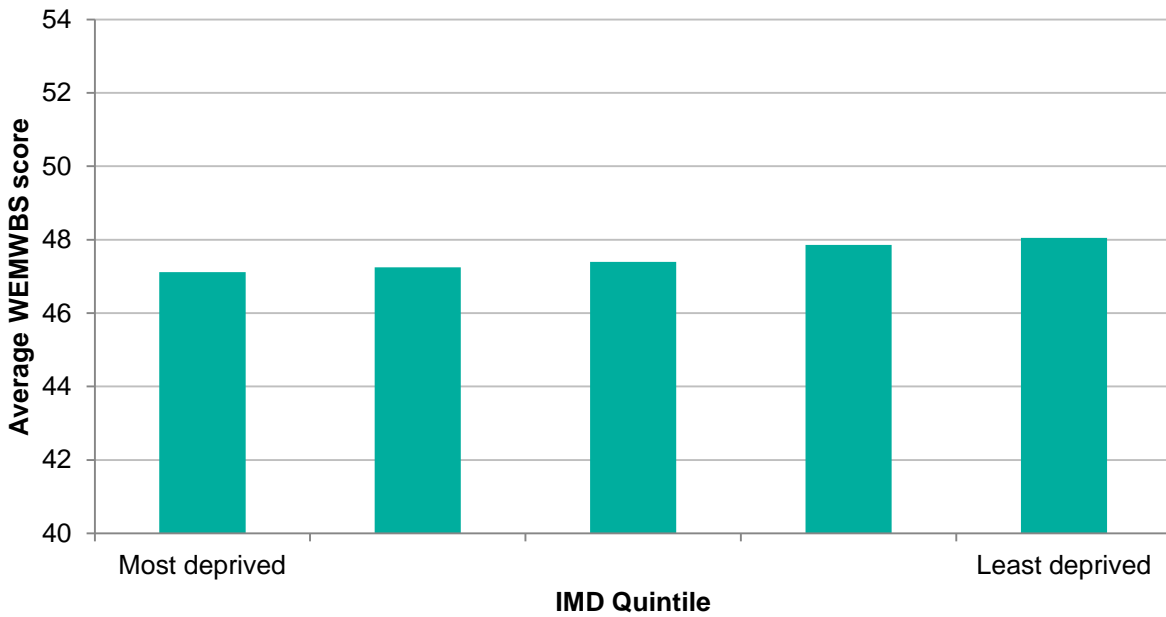


This shows a clear association between family affluence and reported wellbeing, with those in the higher groups having above average WEMWBS scores.

### Wellbeing and deprivation

Deprivation is a major factor in many of the topics covered by the WAY survey, with many of the poor health behaviours and attitudes being more prevalent among those in the most deprived areas. By plotting average WEMWBS score against deprivation quintiles, we can see to what extent wellbeing and deprivation are connected.

**Figure 9: WEMWBS score by deprivation**

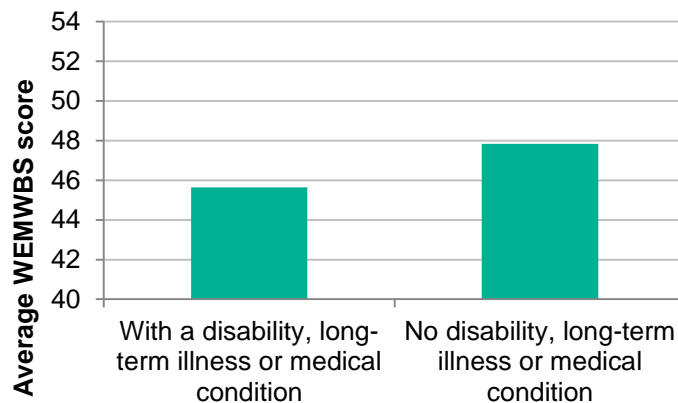


Each quintile from most deprived to least deprived has a higher average WEMWBS score than the previous quintile, suggesting an association between deprivation and wellbeing (Figure 9).

**Wellbeing and disability, long-term illness and medical conditions**

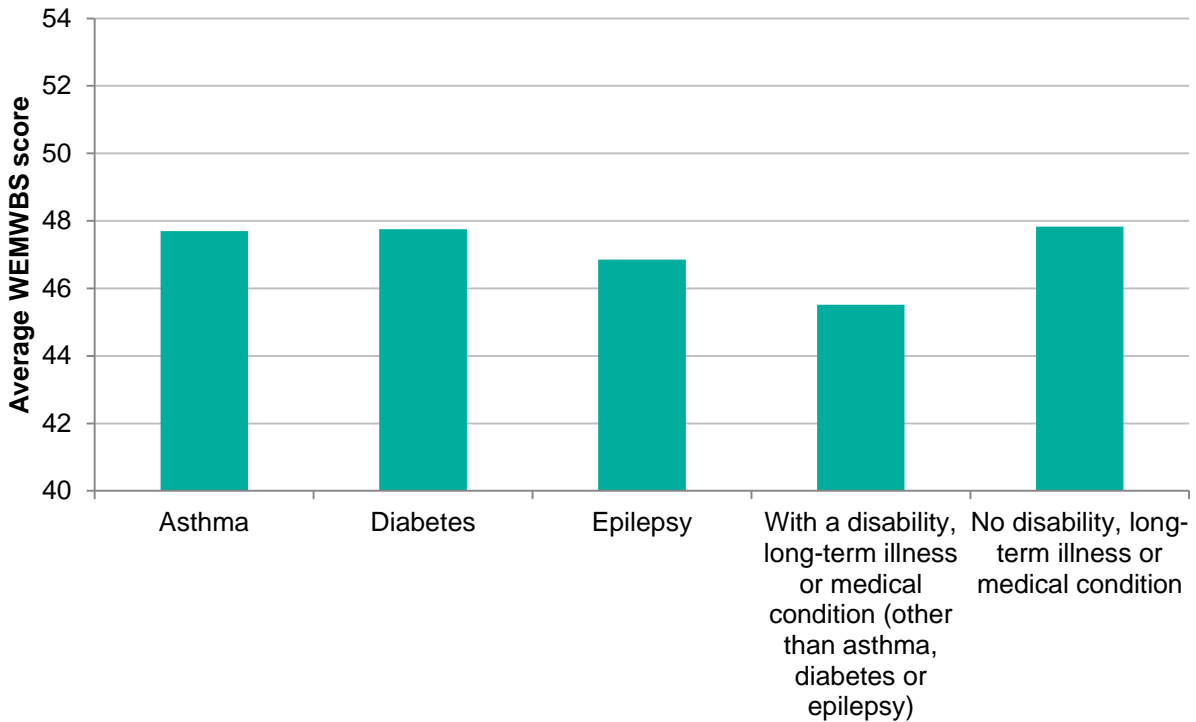
Respondents were asked if they had a disability, long-term illness or medical condition. An average WEMWBS score for those who responded to this question was calculated and is shown in Figure 10. Those stating they had a disability, long-term illness or medical condition had on average lower wellbeing scores than those who stated they did not.

**Figure 10: WEMWBS score by whether respondent had a disability, long-term illness or medical condition**



A follow up question established the type of condition the respondent had. Figure 11 displays separate results for three long- term conditions (asthma, diabetes and epilepsy).

**Figure 11: WEMWBS score by type of long term condition**

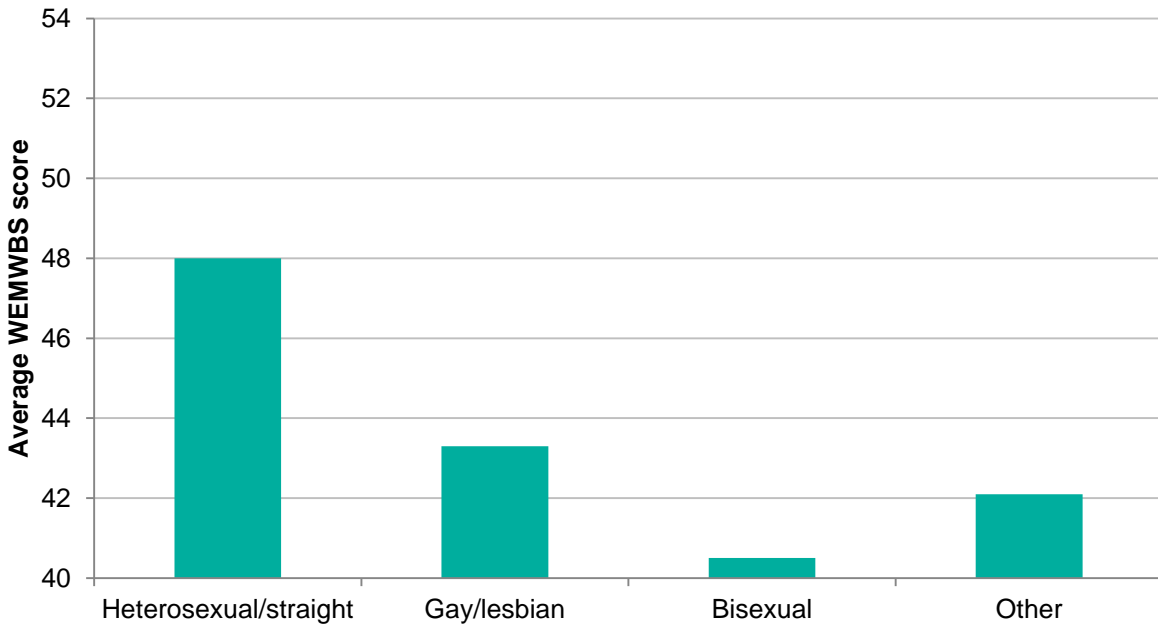


Asthma and diabetes had average wellbeing scores very close to the survey average, while those with epilepsy and other conditions such as those relating to vision, hearing, mobility or mental health have lower scores. In particular those reporting conditions related to mental health had far lower wellbeing scores with an average of 36.8.

### Wellbeing and sexual identity

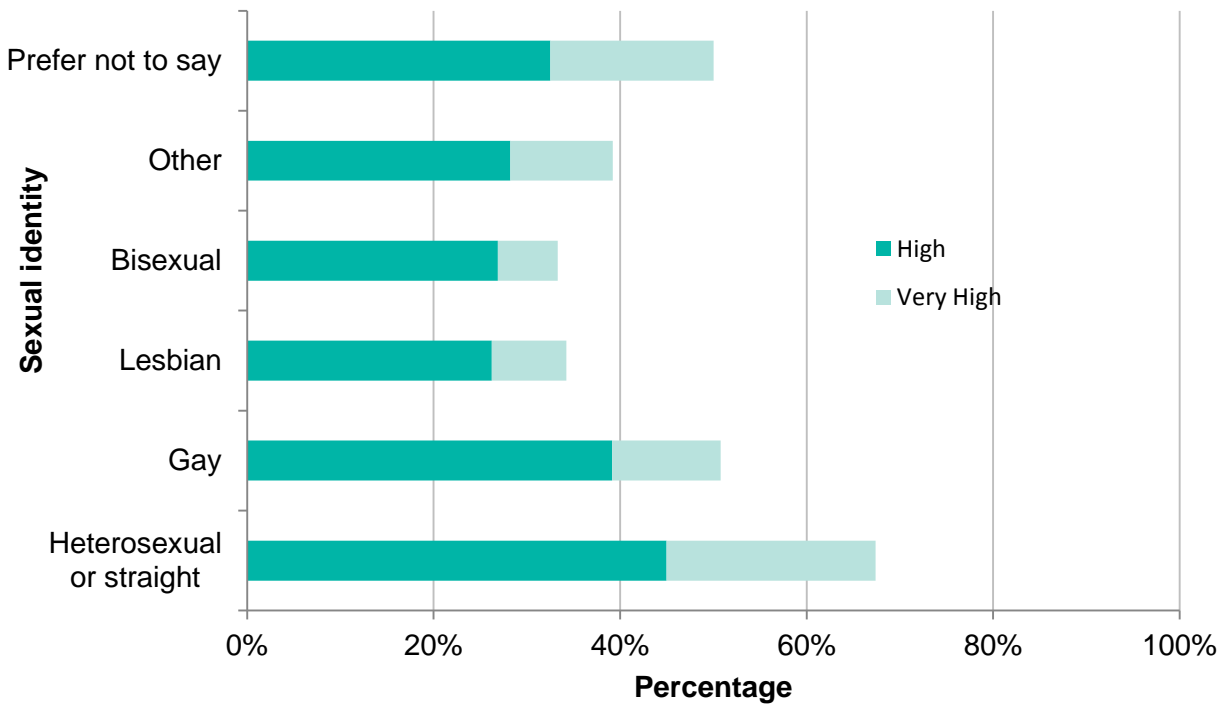
The WAY survey asked respondents to categorise their sexual identity. Among those who described themselves as heterosexual or straight, WEMWBS scores were statistically higher at 48.0 than the average of 47.6. All other sexual identities had statistically lower WEMWBS scores. There is a clear difference in wellbeing between the self-reported sexual identities the young people responded with which can be further explored using the APS questions on life satisfaction.

**Figure 12: average WEMWBS score by sexuality**

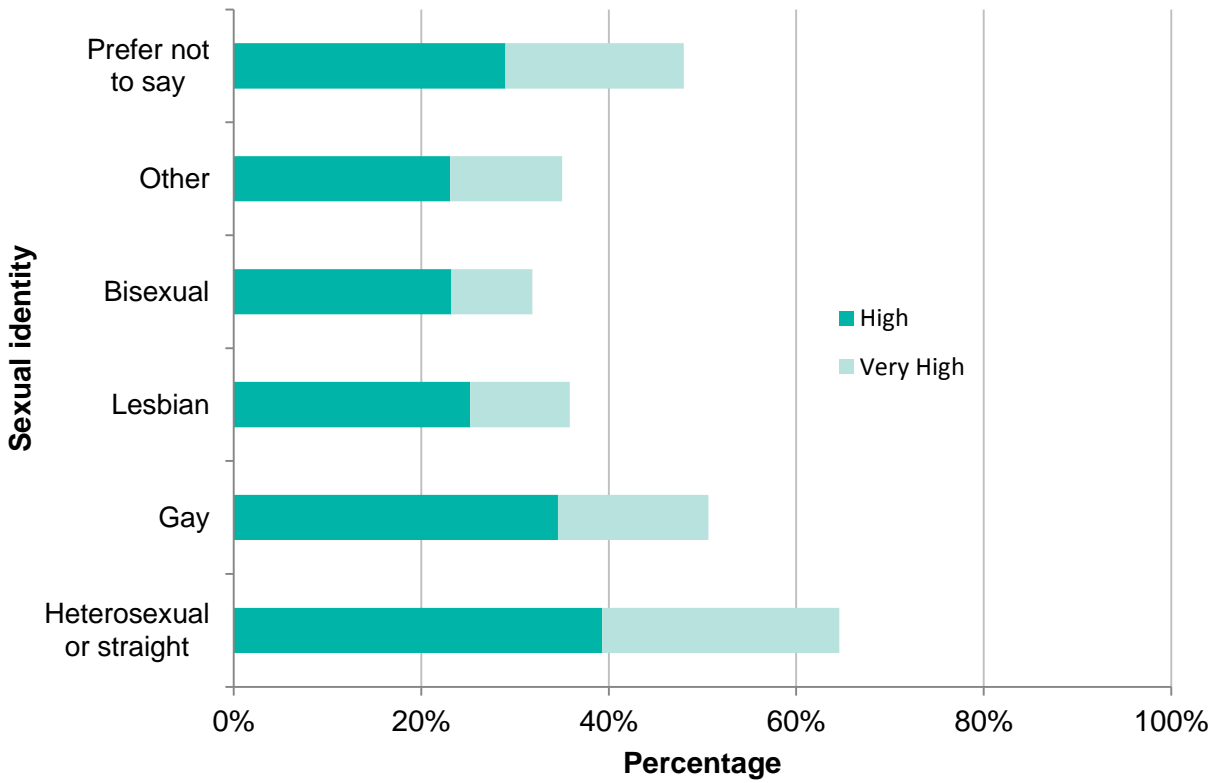


The survey asked questions about how the respondent felt about aspects of his or her life on a scale of 1 to 10, with a score of 0 to 4 being described as 'low', 5 to 6 as 'medium', 7 to 8 as 'high' and 9 to 10 as 'very high'. Focusing on the last 2 classifications shows the following:

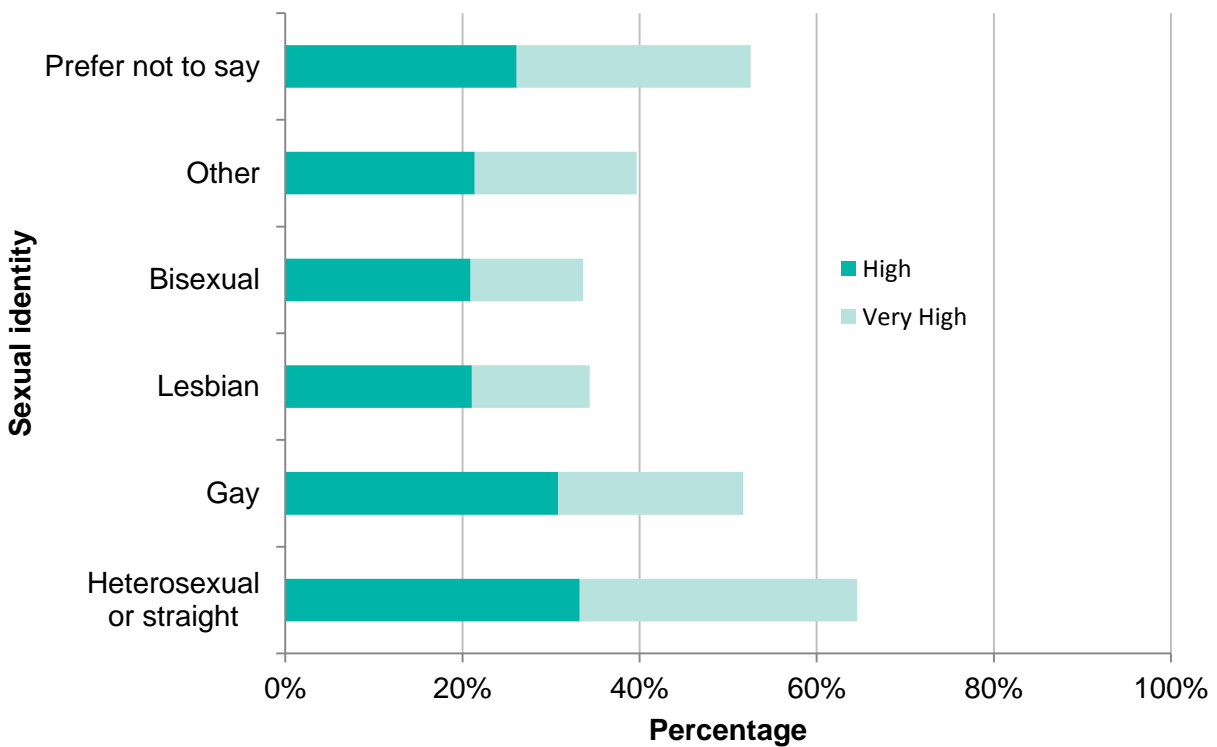
**Figure 13: 'How satisfied are you with your life nowadays' by sexual identity**



**Figure 14: ‘Do you feel the things you do in your life are worthwhile?’ by sexual identity**

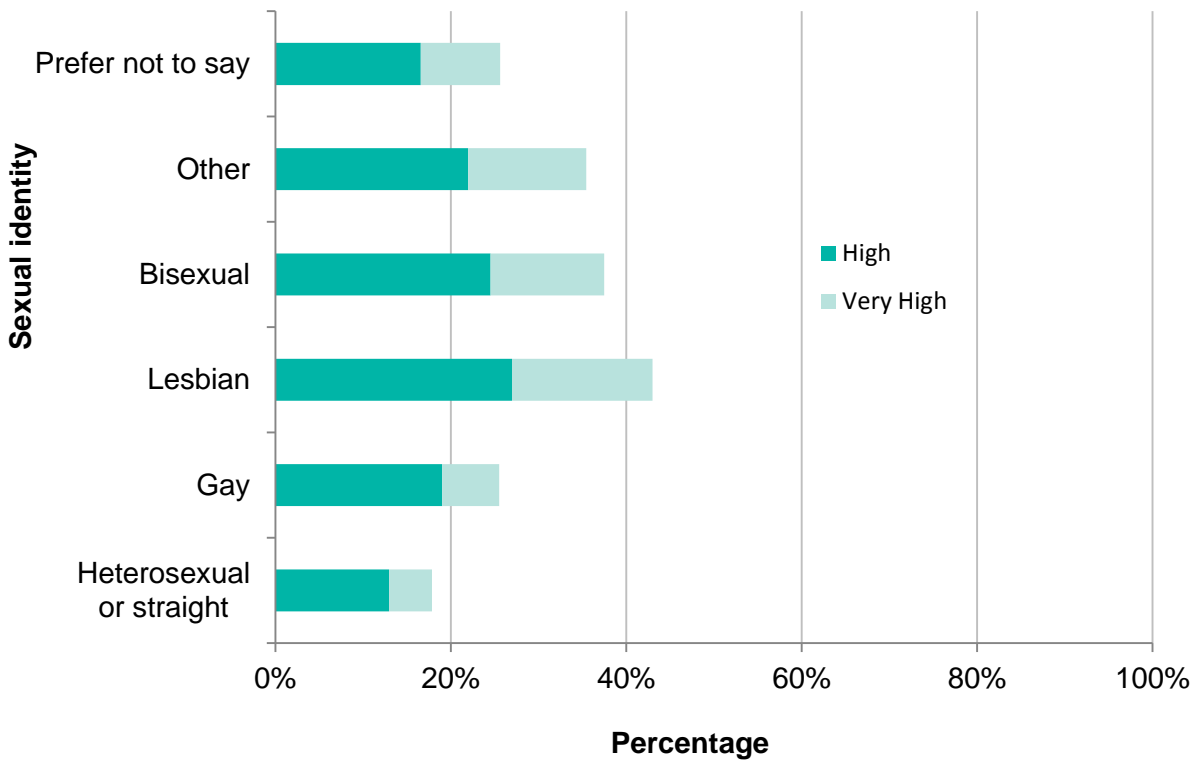


**Figure 15: ‘How happy did you feel yesterday?’ by sexual identity**





**Figure 16: ‘How anxious did you feel yesterday?’ by sexual identity**



Those who identify as gay, lesbian, bisexual or other were less likely to give answers in the higher ranges for life satisfaction (Figure 13), things they did being worthwhile (Figure 14), and whether they felt happy (Figure 15) by comparison to those who saw themselves as heterosexual or straight. They were also more likely to state that they felt anxious yesterday (Figure 16). Notably in all cases those who identify as lesbian or bisexual reported lower levels of life satisfaction, things seeming worthwhile and were more likely to be unhappy than those who were gay.

This pattern is consistent with the inequalities data currently available in the **Fingertips** profile, with children in these groups also being far more likely to report that they had been bullied and having lower wellbeing scores.

## Conclusion

There are many factors affecting young people's wellbeing, including family background, sexual identity and the young person's day-to-day health behaviours. It is important to note that these factors are not isolated, and that a direct cause and effect should not be inferred from this analysis. For example, it is very possible that a young person's low wellbeing has led him or her to drinking rather than vice versa. But it is clear that many individual facets of people's lives affect their own sense of wellbeing.

Further information on the topics discussed in this report can be found in the references and further reading section. International comparisons are available in reports produced using Health Behaviours in School Age Children data and show similar results with regard to the effects of behaviours, attitudes and wider determinants on the wellbeing of young people.

## References and further reading

Local authority level data and visualisations for key What About YOUth? indicators are available at:

<https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-behaviours>

NHS Digital's full report (including Chapter 3: "What about how you feel?") is available from:

<http://content.digital.nhs.uk/catalogue/PUB19244>

What About YOUth data from the UK data service:

<https://discover.ukdataservice.ac.uk/catalogue/?sn=7894>

How healthy behaviour supports children's wellbeing

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/232978/Smart\\_Restart\\_280813\\_web.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/232978/Smart_Restart_280813_web.pdf)

Smoking, Drinking and Drug Use among Young People in England

<http://content.digital.nhs.uk/article/3743/Smoking-Drinking-and-Drug-Use-among-Young-People-in-England>

Health Behaviour in School-Aged Children

<http://www.hbsc.org>

Health Behaviour in School-Aged Children report on social determinants of health and wellbeing among young people

[http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0003/163857/Social-determinants-of-health-and-well-being-among-young-people.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0003/163857/Social-determinants-of-health-and-well-being-among-young-people.pdf?ua=1)

PHE analysis of Health Behaviour in School-Aged Children data

<https://www.gov.uk/government/publications/health-behaviour-in-school-age-children-hbsc-data-analysis>

Measuring the mental wellbeing of children and young people

<https://www.gov.uk/government/publications/measuring-the-mental-wellbeing-of-children-and-young-people>

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

<https://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/>

## Appendix 1: WEMWBS questions

WEMWBS is based on 14 questions on a 5 response scale, an example of how the overall score is calculated is shown below:

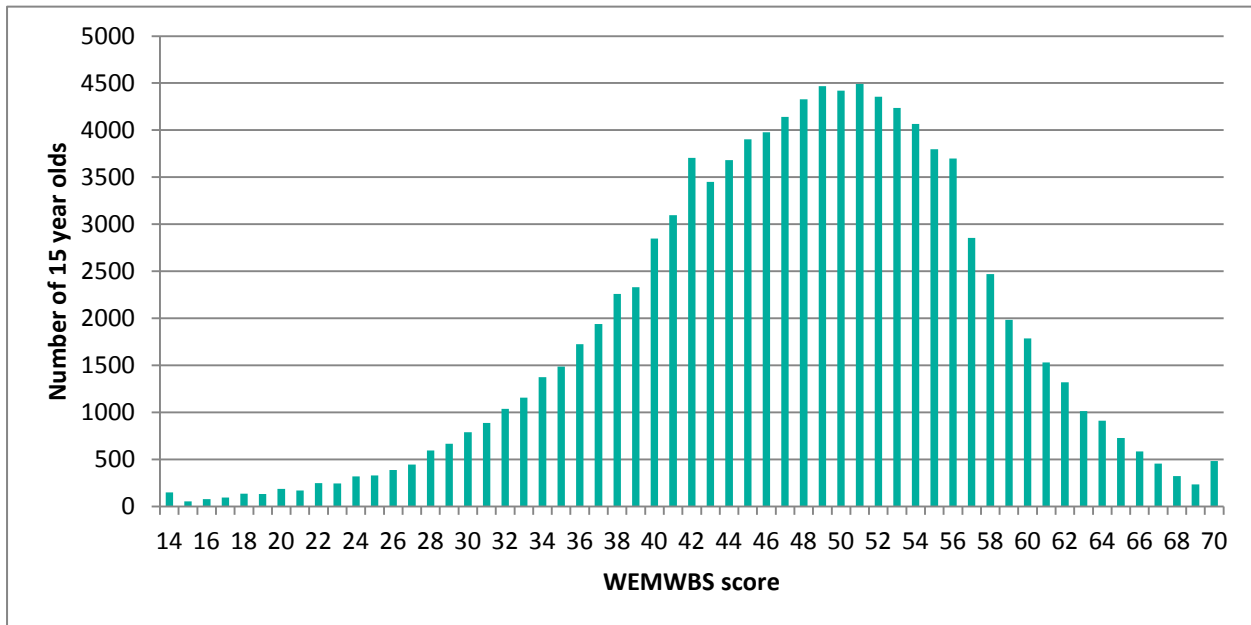
Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time	SCORING EXAMPLE
1. I've been feeling optimistic about the future	1	2	3	4	5	=4
2. I've been feeling useful	1	2	3	4	5	=3
3. I've been feeling relaxed	1	2	3	4	5	=2
4. I've been feeling interested in other people	1	2	3	4	5	=3
5. I've had energy to spare	1	2	3	4	5	=3
6. I've been dealing with problems well	1	2	3	4	5	=4
7. I've been thinking clearly	1	2	3	4	5	=3
8. I've been feeling good about myself	1	2	3	4	5	=2
9. I've been feeling close to other people	1	2	3	4	5	=3
10. I've been feeling confident	1	2	3	4	5	=2
11. I've been able to make up my own mind about things	1	2	3	4	5	=2
12. I've been feeling loved	1	2	3	4	5	=5
13. I've been interested in new things	1	2	3	4	5	=5
14. I've been feeling cheerful	1	2	3	4	5	=3
<b>SCORING EXAMPLE</b>	<b>=0</b>	<b>=8</b>	<b>=18</b>	<b>=8</b>	<b>=10</b>	<b>SCORE =44</b>

"Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). ©NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved."

## Appendix 2: WEMWBS scores from the WAY survey data

This chart shows the distribution of WEMWBS scores among respondents to the WAY survey.



## Appendix 3: Data tables for charts featured in this report

**Figure 1. Health behaviours and attitudes: average WEMWBS score**

Survey question	Response	
	Yes	No
Would you rate your general health as excellent?	51.8	45.8
Do you eat 5 portions of fruit and veg per day?	48.6	46.3
Do you spend 7 hours and above sedentary on weekdays?	46.9	49.0
Do you meet the physical activity guideline of an hour per day?	50.4	47.1
Are you a regular drinker?	45.3	47.7
Are you a regular smoker?	42.2	47.8
Do you feel your body is 'about the right size'?	50.3	44.6
Have you been bullied in the past couple of months?	45.3	50.3

**Figure 2. Health behaviours and attitudes: average 'life satisfaction' score**

Survey question	Response	
	Yes	No
Would you rate your general health as excellent?	7.8	6.6
Do you eat 5 portions of fruit and veg per day?	7.1	6.8
Do you spend 7 hours and above sedentary on weekdays?	6.8	7.2
Do you meet the physical activity guideline of an hour per day?	7.5	6.9
Are you a regular drinker?	6.5	7.0
Are you a regular smoker?	5.9	7.0
Do you feel your body is 'about the right size'?	7.5	6.4
Have you been bullied in the past couple of months?	6.4	7.6

**Figure 3. Health behaviours and attitudes: average 'feeling worthwhile' score**

Survey question	Response	
	Yes	No
Would you rate your general health as excellent?	7.8	6.6
Do you eat 5 portions of fruit and veg per day?	7.1	6.7
Do you spend 7 hours and above sedentary on weekdays?	6.8	7.2
Do you meet the physical activity guideline of an hour per day?	7.5	6.8
Are you a regular drinker?	6.4	7.0
Are you a regular smoker?	5.8	7.0
Do you feel your body is 'about the right size'?	7.4	6.4
Have you been bullied in the past couple of months?	6.5	7.5

**Figure 4. Health behaviours and attitudes: average ‘happiness’ score**

Survey question	Response	
	Yes	No
Would you rate your general health as excellent?	7.8	6.6
Do you eat 5 portions of fruit and veg per day?	7.1	6.8
Do you spend 7 hours and above sedentary on weekdays?	6.9	7.3
Do you meet the physical activity guideline of an hour per day?	7.5	6.9
Are you a regular drinker?	6.5	7.0
Are you a regular smoker?	6.0	7.0
Do you feel your body is 'about the right size'?	7.5	6.4
Have you been bullied in the past couple of months?	6.5	7.6

**Figure 5. Health behaviours and attitudes: average ‘anxious’ score**

Survey question	Response	
	Yes	No
Would you rate your general health as excellent?	4.1	4.6
Do you eat 5 portions of fruit and veg per day?	4.4	4.5
Do you spend 7 hours and above sedentary on weekdays?	4.5	4.2
Do you meet the physical activity guideline of an hour per day?	4.3	4.5
Are you a regular drinker?	4.7	4.4
Are you a regular smoker?	4.9	4.4
Do you feel your body is 'about the right size'?	4.1	4.7
Have you been bullied in the past couple of months?	4.7	4.0

**Figure 6. Health behaviours and attitudes: average life satisfaction from HBSC survey**

Survey question	Response	
	Yes	No
Would you rate your general health as excellent?	8.3	7.2
Do you meet the physical activity guideline of an hour per day?	7.5	8.0
Are you a regular smoker?	6.8	7.7
Have you been bullied in the past couple of months?	7.1	7.8

**Figure 7. Health behaviours and attitudes: wellbeing score from SDD survey**

Survey question	Response	
	Yes	No
Are you a regular drinker?	13.1	15.3
Are you a regular smoker?	11.8	15.2

**Figure 8. WEMWBS score by family affluence group**

Family affluence group	Average score
1	45.9
2	46.7
3	48.1

**Figure 9. WEMWBS score by deprivation**

IMD quintile	Average score
Most deprived quintile	47.1
Second most deprived quintile	47.2
Third most deprived decile	47.4
Fourth most deprived decile	47.9
Least deprived	48.0

**Figure 10. WEMWBS score by whether respondent had a disability, long-term illness or medical condition**

	Average score
With a disability, long-term illness or medical condition	45.6
No disability, long-term illness or medical condition	47.8

**Figure 11. WEMWBS score by type of long term condition**

	Average score
Asthma	47.7
Diabetes	47.8
Epilepsy	46.9
With a disability, long-term illness or medical condition (other than asthma, diabetes or epilepsy)	45.5
No disability, long-term illness or medical condition	47.8

**Figure 12. Mean WEMWBS score by sexuality – from Fingertips tool**

	Average score
Heterosexual/straight	48.0
Gay/lesbian	43.3
Bisexual	40.5
Other	42.1



**Figure 13. ‘How satisfied are you with your life nowadays’ by sexual identity**

	Low	Medium	High	Very High
Heterosexual or straight	12.3%	20.3%	45.0%	22.4%
Gay	24.8%	24.4%	39.1%	11.6%
Lesbian	39.3%	26.4%	26.2%	8.0%
Bisexual	39.4%	27.3%	26.9%	6.4%
Other	37.2%	23.6%	28.2%	11.0%
Prefer not to say	21.8%	28.2%	32.5%	17.5%

**Figure 14. ‘Do you feel the things you do in your life are worthwhile?’ by sexual identity**

	Low	Medium	High	Very High
Heterosexual or straight	12.8%	22.6%	39.3%	25.3%
Gay	26.5%	22.9%	34.6%	16.1%
Lesbian	40.0%	24.1%	25.2%	10.6%
Bisexual	41.0%	27.2%	23.2%	8.7%
Other	41.1%	23.9%	23.1%	11.9%
Prefer not to say	23.9%	28.0%	29.0%	19.0%

**Figure 15. ‘How happy did you feel yesterday?’ by sexual identity**

	Low	Medium	High	Very High
Heterosexual or straight	16.8%	18.7%	33.2%	31.3%
Gay	29.1%	19.2%	30.8%	20.9%
Lesbian	43.9%	21.7%	21.1%	13.3%
Bisexual	45.2%	21.2%	20.9%	12.7%
Other	37.4%	22.9%	21.4%	18.3%
Prefer not to say	25.4%	22.1%	26.1%	26.4%

**Figure 16. ‘How anxious did you feel yesterday?’ by sexual identity**

	Low	Medium	High	Very High
Heterosexual or straight	65.1%	17.1%	12.9%	4.9%
Gay	51.9%	22.6%	19.0%	6.5%
Lesbian	39.2%	17.8%	26.9%	16.0%
Bisexual	42.1%	20.4%	24.5%	12.9%
Other	43.0%	21.6%	22.0%	13.5%
Prefer not to say	51.5%	22.8%	16.6%	9.1%

## Appendix 4: Data items used in analysis

This report used the following data variables from the UK data service's WAY release, alongside additional data items requested from NHS Digital regarding sexual identity, disability, IMD quintile and family affluence.

Data item	Variable name	Values
WEMWBS average	wemwbs	Actual WEMWBS score
Would you rate your general health as excellent?	PHOF_1	1 = Yes, 0 = No
Do you eat 5 portions of fruit and veg per day?	PHOF_2	1 = Yes, 0 = No
Do you spend 7 hours and above sedentary on weekdays?	PHOF_3	1 = Yes, 0 = No
Do you meet the physical activity guideline of an hour per day?	PHOF_4	1 = Yes, 0 = No
Are you a regular drinker?	PHOF_8	1 = Yes, 0 = No
Are you a regular smoker?	PHOF_21	1 = Yes, 0 = No
Do you feel your body is 'about the right size'?	PHOF_13	1 = Yes, 0 = No
Have you been bullied in the past couple of months?	PHOF_15	1 = Yes, 0 = No
How satisfied are you with your life nowadays?	Lifesat	Scale of 1 - 10
To what extent do you feel that the things you do in your life are worthwhile?	Lifewth	Scale of 1 - 10
How happy did you feel yesterday?	Lifehap	Scale of 1 - 10
How anxious did you feel yesterday?	Lifeanx	Scale of 1 - 10

## Appendix 5: Family affluence

The WAY survey used a series of questions to create family affluence groupings, shown below:

- Does your family own a car, van or truck? - ('Yes, one', 'Yes, two or more', 'No')
- Do you have your own bedroom for yourself? - ('Yes', 'No')
- How many computers (PC, laptop, MAC, iPad or tablet) does your family own? - ('None', 'One', 'Two', 'More than two')
- Do you have a computer (PC, laptop, MAC, iPad or tablet) that is only for your personal use (i.e. you don't have to share it with anyone else in your family)? - ('Yes', 'No')
- How many bathrooms (room with a bath / shower or both) are in your home? - ('None', 'One', 'Two', 'More than two')
- Does your family have a dishwasher at home? - ('Yes', 'No')
- How many times did you and members of your family travel out of the UK for a holiday, vacation or to visit family last year? - ('None', 'One', 'Twice', 'More than twice')