



Health & Wellbeing Network





The Programme at a Glance

Welcome

1:30 pm	Refreshments and nibbles
2:00 pm	Welcome and introductions from Professor Eugene Mullan

Clinical Perspectives

2:05 - 2:20	The clinical disability paradox as a window to health and wellbeing - <i>Professor Paul Dieppe</i>
2:20 - 2:35	Targeting wellbeing in depression: How to overcome the “PollyAnna” problem - <i>Professor Barnaby Dunn</i>
2:35 - 2:50	Mindsets, Resilience and Mental Capital: Utilising experimental and applied clinical psychology to enhance wellbeing - <i>Professor Ed Watkins</i>
2:50 - 3:05	‘Pushmi-pullyu’: Developing interventions that address both mental and physical health and wellbeing - <i>Dr Paul Farrand</i>
3:05 - 3:20	Break

Contextual Perspectives

3:20 - 3:35	Historical perspectives - <i>Professor Mark Jackson</i>
3:35 - 3:50	The doctor - patient relationship and the ‘magic’ of medicine: exploring the social and moral dimensions of healing - <i>Dr Oonagh Corrigan</i>
3:50 - 4:05	Researching natural and physical environments for wellbeing - <i>Dr Ben Wheeler</i>
4:05 - 4:20	Economic Perspective on Health and Wellbeing: A Measurement/Valuation Challenge - <i>Professor Colin Green</i>
4:20 - 5:00	Plenary chaired by Professors Janice Kay, Paul Dieppe and Eugene Mullan
5:00 - 5:30	Wine and nibbles

Abstracts

The Clinical Disability Paradox as a Window to Health and Wellbeing

Paul Dieppe, Professor of Health and Wellbeing, PCMD, Exeter

As a clinical rheumatologist I have seen lots of patients who have terrible pain and disability but remain 'well', and others whose disease, pain and disability appear mild, but whose health and wellbeing is awful. More widely, we know that some disabled people continue to contribute to society fully, and seem to be well and 'normal', whereas others become disabled – this is the disability paradox. Health and wellbeing are more than the absence of disease, illness or disability. I will propose that we need a bio-psycho-socio-spiritual framework with which to approach health and wellbeing, and that they are about the transcendence of suffering.

Targeting wellbeing in depression: How to overcome the “PollyAnna” problem

Barnaby Dunn, Associate Professor, Mood Disorders Centre, Exeter

It is increasingly realised that deficits in wellbeing (particularly an inability to experience pleasure in response to positive events) are a core component of depression which predict a poor long term outcome. However, these wellbeing deficits are not satisfactorily targeted by existing psychological or pharmacological treatments. This has led to increasing interest in the translation of wellbeing and positive psychology approaches into the clinical domain. However, this translation can be challenging, because clients can perceive wellbeing interventions as naively positive (the “PollyAnna” problem). Moreover, the techniques that help individuals to thrive when they are well may not be as effective, and may sometimes actually be counter-productive, when suffering from depression. I will discuss possible ways to develop wellbeing treatments tailored for depression by building on basic science findings, with a particular focus on intervening at different stages of the depression lifecycle (e.g. primary prevention, acute phase, relapse prevention). The possibility that such interventions may also be of benefit transdiagnostically (e.g. to target the negative symptoms of psychosis or to aid management of chronic physical health problems) will also be considered.



Mindsets, Resilience and Mental Capital: Utilising experimental and applied clinical psychology to enhance well-being

Ed Watkins, Professor of Experimental and Applied Clinical Psychology, Mood Disorders Centre, University of Exeter

Mental health and mental capital can be viewed on a continuum from mental disorder to subsyndromal difficulties to moderate mental health to flourishing. Shifting the mean of the population on this spectrum involves both preventing/reducing common emotional disorders like depression and anxiety, and encouraging resilience and mental capital. My thesis is that the knowledge and methods developed in both experimental and applied clinical psychology to address anxiety and depression have relevance to determining means to leverage such a shift, albeit with some creativity and adaptation required. I illustrate this idea with reference to specific evidence concerning mindsets implicated in worry and rumination versus problem-solving and resilience.

‘Pushmi-pullyu’: Developing interventions that address both mental and physical health and wellbeing

Paul Farrand, Mood Disorders Centre, University of Exeter

Depression is commonly associated with poor physical health outcomes and directly linked with a variety of health risk behaviours such as obesity. However, whilst being co-existent, depression and poor physical health are often treated in isolation. This can result in interventions that target one area whilst paying little consideration to the impact that the other problem may be having on the maintenance of the overall combined difficulty. This presentation will explore the potential that exists to combine interventions to address both mental and physical wellbeing and highlight some of the inherent challenges when trying to achieve this aim. It will be informed by BAcPac, an MRC funded pilot study to examine the effectiveness of combining Behavioural Activation with Physical Activity promotion for depression and depressive relapse.

The doctor - patient relationship and the ‘magic’ of medicine: exploring the social and moral dimensions of healing

Oonagh Corrigan, PCMD, Exeter

As a sociologist with a long standing engagement in bioethics, my interests lie in the social and moral dimensions of health and medicine. I will discuss these dimensions in the context of healing by premising my ideas on a concept first put forward by one of Sociology’s earliest theorists, that the social realm is an independent entity greater than the actions of the individuals that compose it. As well as drawing on ethnographic data and exploring some classical social theories, I will reflect on my own autobiographical experiences of growing up in a culture that believes in miracles, and as a patient seeking alternative medicine. In doing so, I hope to provide some insights into the hidden and ‘magical’ dimensions of healing and medicine.

Researching natural and physical environments for wellbeing

Ben Wheeler, European Centre for Environment & Human Health, PCMD, Exeter

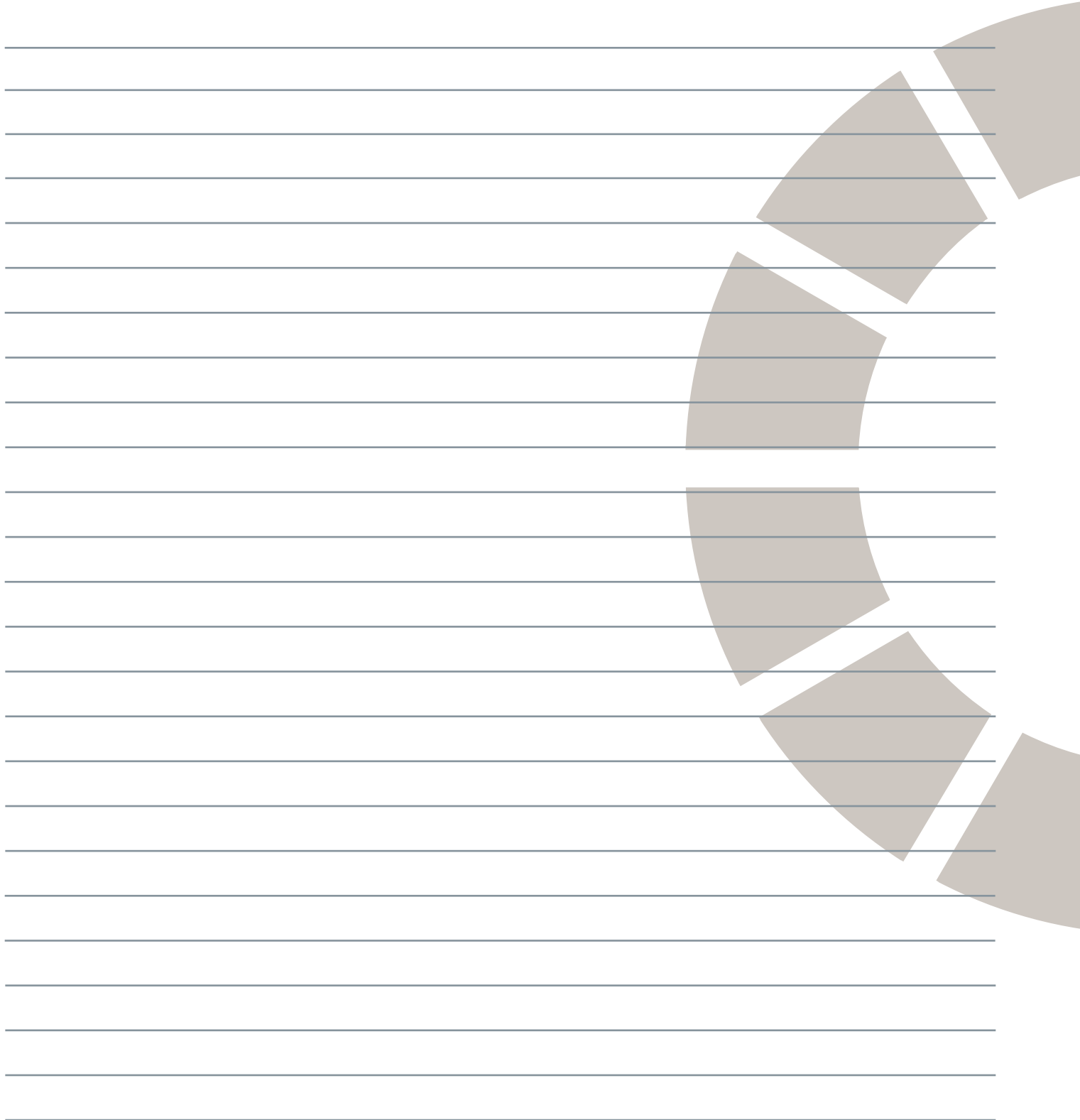
A key strand of research at the European Centre for Environment and Human Health is “Health and Wellbeing from Natural Environments”. Research on the salutogenic (‘health creating’) effects of natural environments has been booming in recent years from a wide variety of disciplinary approaches. While the evidence base is still fairly sparse and weak, there are suggestions of positive health and wellbeing effects. Proposed mechanisms include the provision of opportunities for physical activity, stress reduction/attention restoration, increased sense of place/place identity, and social interaction. However, when considering associations between environment and wellbeing, it is important to also consider the negative impacts that environmental conditions can also have. I will highlight ongoing research at ECEHH and the context in which it is developing.

Economic Perspective on Health and Wellbeing: A Measurement/Valuation Challenge

Colin Green, Associate Professor of Health Economics, PCMD, Exeter.

Economics is largely about understanding society and making society better, it is about helping people (often Policy Makers) make decisions over what constitutes a better outcome. As a health economist the outcomes that are the focus of decisions have commonly been measures of health gain, measures of health-related quality-of-life, such as the much discussed ‘quality-adjusted life-year’ (QALY). However, health and wellbeing in broader terms are central to the aims of society, and many of the organizations working to make society better. There is a re-emergence of attention on measures of wellbeing for use in Policy Forums (‘happiness’, ‘life-satisfaction’, ‘National wellbeing’), and I will seek to point to some of the challenges faced by health economists in measuring, assessing and valuing changes in wellbeing within an evaluation framework.

Notes





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