Conclusions

Health service providers and policy makers should prioritise working with the social groups this research has shown to be at particular high risk. Through doing so we can start to tackle health inequalities that exist for individuals in these communities as well as help improve services for those with both poor physical and mental ill health.

For more information

If you would like to find out more information about the study please visit our website:

www.kcl.ac.uk/innovation/groups/heron

There you will be able to find a link to the full report as well as up to date information about future research coming out of the study as it is published. Here, you can also join the Health Inequalities Research Network [HERON].

What is HERON?

HERON is a network aimed at people involved in action and research in inequalities in health and health service use. It brings together people from the community, local charities, public health researchers and health practitioners with a vision of having a collaborative approach to research in the community.

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This map shows the percentage of SELCoH participants who rated their health as 'fair' or 'poor':

South East London Community Health Study {SELCoH}
What is SELCoH?

The South East London Community Health (SELCoH) study was designed to collect accurate and up to date information about both the physical and mental health of people living within the local communities of Southwark and Lambeth.

Such work is vital to ensure public health resources are used wisely. It is crucial that any such research is done in a way that can also help us to understand better if links exist between health and social factors.

By asking questions on both we can start to understand the impact of socioeconomic factors on health. In particular, this study focused on finding out how factors such as income, education, gender, age and ethnicity impacted on people’s well-being.

How the study was conducted

Between 2008 and 2010, 1,698 adults from 1,076 randomly selected households from Southwark and Lambeth took part in a survey. From the information gathered, the research team were then able to establish the proportion of people with common mental health disorders, hazardous alcohol use, long standing illness and general physical health by demographic and socioeconomic factors.

What we found

The results showed that 24.2% of participants interviewed reported suffering from common mental disorder (such as depression or anxiety). 44.9% reported having a long standing illness (such as diabetes or high blood pressure), and 19.2% of people rated their health as fair or poor.

A key theme that emerged was that socioeconomically disadvantaged individuals have poorer health in all these key areas and that physical health worsens as age increases for all groups involved. The results also showed differences in health outcomes in different ethnic groups. This could indicate that it is likely there are important differences between these groups which affect their chances of suffering from common mental disorder and poor general health.

Participants from higher socioeconomic groups (those with perhaps a higher income and/or more education), were less likely to suffer from common mental disorder, rate themselves as having fair or poor health and report long standing illness. However, this same group reported higher levels of hazardous alcohol use. The overall rate of reported hazardous alcohol consumption from all those interviewed was 17.5%.

We also found evidence that mental ill health, as indicated by a measure of common mental disorder, impacts everyday functioning as much as, and in some cases, more than poor physical health.