

What's next?

HERON

The HERON network was founded by collaborative research teams at King's College London and Columbia University in New York (US) and aims to bring together researchers, health practitioners and community members and provide a forum to discuss health inequalities. HERON has hosted a number of activities since its launch in 2011, including conferences, community talks, workshops on health inequalities at local colleges and with community organisations, a library road show to present SELCoH research findings at local libraries, and photography workshops for people experiencing mental illness. You can find out more information about HERON community events and sign up to our mailing list at www.kcl.ac.uk/innovation/groups/heron or, alternatively, you can email us at heron@kcl.ac.uk.

You can also listen to some of the talks from our conferences and workshops at www.soundcloud.com/heronnetwork

UPDATE YOUR CONTACT INFORMATION

If your contact information has changed, please let us know by visiting the SELCoH website, www.kcl.ac.uk/innovation/groups/selcoh. This information will greatly help us in contacting you for the future.

Alternatively, you can email us at selcoh@kcl.ac.uk

Thank you

Once again, many thanks for taking part in the study! We hope that you have found this report interesting and useful, and hope that you will continue to support our research.

KEEPING UP TO DATE

We would like to continue to send you updates on the progress of our study and study findings. In order to do this, it is vitally important for us to have your most up-to-date contact details. If you have any questions about the study, or if you have changed address, telephone number, email address or any of the other contact details you supplied us with, please contact us to let us know, or simply fill in the change of address form on our website, www.kcl.ac.uk/innovation/groups/selcoh.

You can reach our study team at our address, email, or website:

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KING'S
College
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University of London

SELCoH Newsletter 2016

South East London Community Health Study





SURVEY OF PHYSICAL AND MENTAL WELL-BEING IN SOUTH EAST LONDON

DEAR PARTICIPANT

For Phase 3 of the South East London Community Health [SELCoH] Study at King’s College London, a survey that collected data on the physical and mental well-being of residents in Southwark and Lambeth, we were able to interview many of you.

THANK YOU

The SELCoH team is incredibly grateful for your participation and contribution, without which we would not be able to achieve our aims and goals for this study. We are now writing to SELCoH study participants to let you know about some of our preliminary study findings from Phase 3.

JUST AS A REMINDER...

Phase 1 of the study allowed us to provide important information on health and health service use in Southwark and Lambeth. A full report of these findings can be found on the SELCoH website, www.kcl.ac.uk/innovation/groups/selcoh, along with all the publications that are currently available. We are still in the process of analysing much of the data that we collected, and updates on research and new publications will continue to be added to the website.

Phase 2 of the study allowed us to see if there had been any changes in your health and health service use since we last spoke to you. Looking at health changes over time enables us to suggest more effective services. We also looked in to a wide range of potentially stressful experiences, including unfair treatment, as well as social and health behaviours. We have updated our publications list on the

SELCoH website to include findings from data collected during Phase 2, and additional publications will be added shortly. This information will help us better understand peoples’ health and wellbeing. In addition, we will be looking at how similar or different peoples’ health is in the UK compared to communities in other countries, such as the US.

In Phase 3, we were interested in looking at biological factors, such as inflammation, to see how they are related to stressful life events and common mental health problems. In order to do this, all appointments were conducted at the Clinical Research Facility at King’s College Hospital so that trained nurses could collect blood samples. Collecting blood samples was a necessary part of the process so that we would have all the biological data needed to meet the aims of the research. We will also be using the newest technology to examine how your genes (DNA) relate to your physical and mental health. This will help us develop new screening techniques and treatments for people who are potentially at risk for mental and physical health concerns.

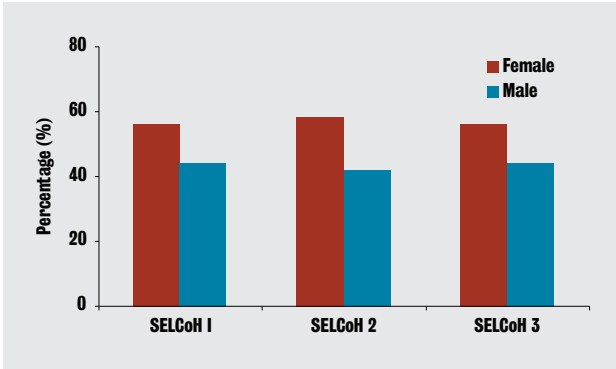
How did we do the research?

We interviewed 1698 people in Phase 1 of the study (2008-2010) and 1589 (94%) people agreed to be re-contacted to take part in further research. We attempted to re-contact everyone to take part in Phase 3 of the study. Even though it was necessary to come to King’s College Hospital for a longer appointment this time, which meant that some could not take part due to other commitments or relocation, we were still able to interview 500 of you for this phase.

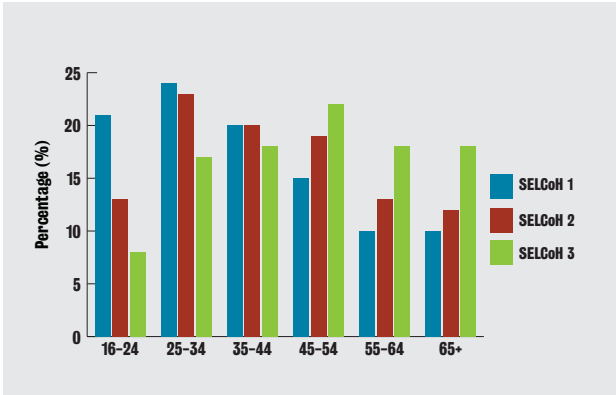
SELCoH Phase 3 participants

Although we interviewed less people in Phase 3, the people who were interviewed were very similar in terms of gender and ethnicity. However, the sample of participants in Phase 3 was slightly older compared to Phase 1.

This chart shows the percentages of males and females that took part in SELCoH I, 2 and 3.



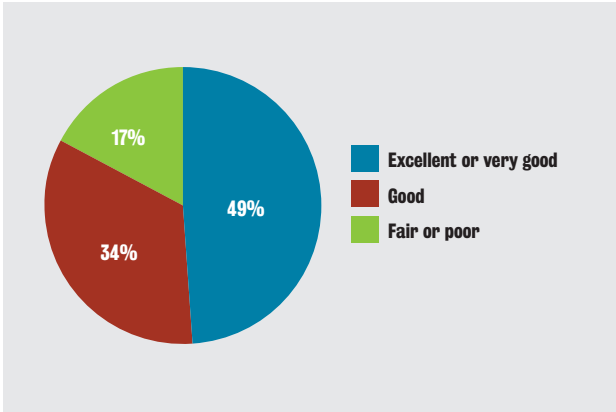
This chart shows the distribution of age groups in all phases.



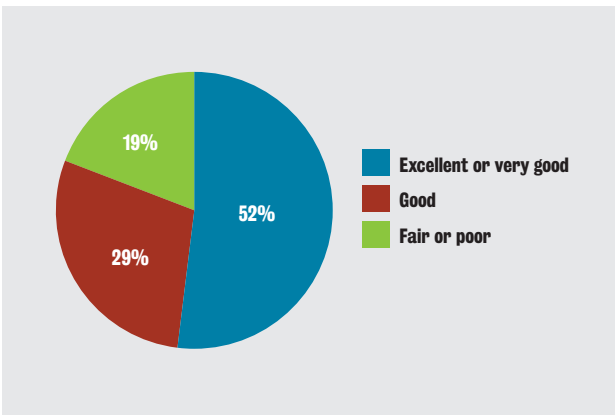
How you rate your own health

We, again, asked you to rate your own health on a scale from ‘excellent’ to ‘poor’. In Phase 3, 51% of you said your health was excellent or very good and 18% of you said that your health was fair or poor; this is similar to what was reported at the earlier phases.

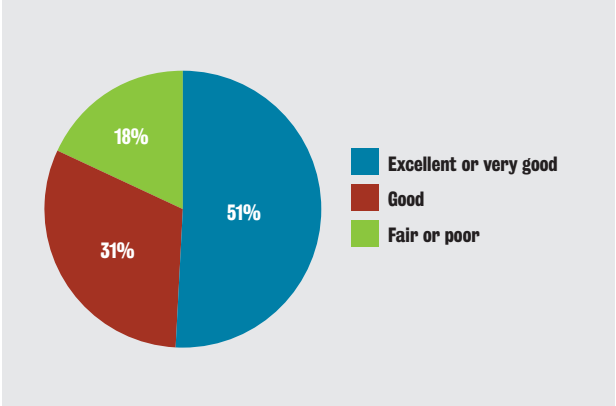
SELCoH I



SELCoH 2

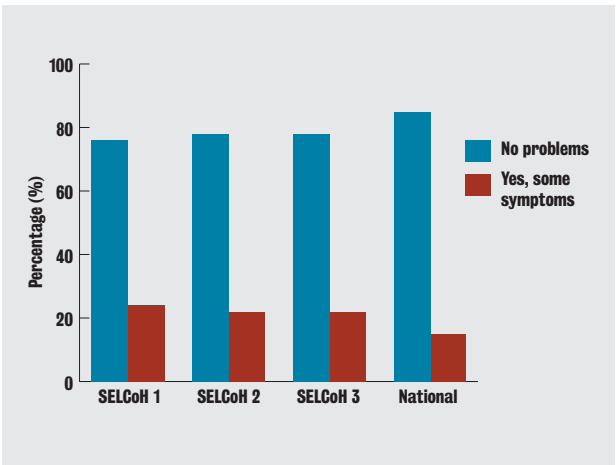


SELCoH 3



Common mental health concerns

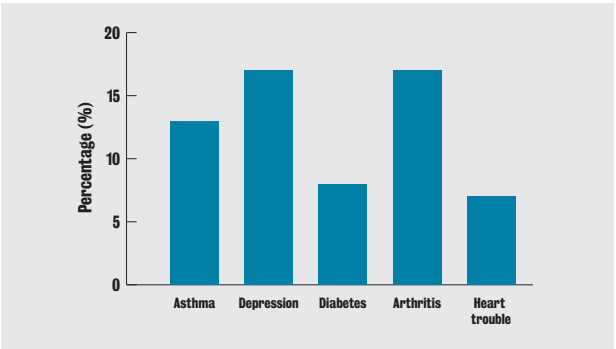
Approximately a quarter of you (22%) reported symptoms of common mental health problems (including anxiety and depression)*. This is similar to what you reported in Phase 2. This is slightly higher than a comparable national sample (15%)*.



**National figures taken from the Adult Psychiatric Morbidity Survey (APMS) 2007 for England. These figures do not show diagnosis. Instead they may indicate common problems such as stress, poor sleep or feeling low. It is likely that only a minority of people reporting these symptoms may need medical attention. However, if you do have concerns or current difficulties we would urge you to seek advice from your GP.*

Longstanding illness

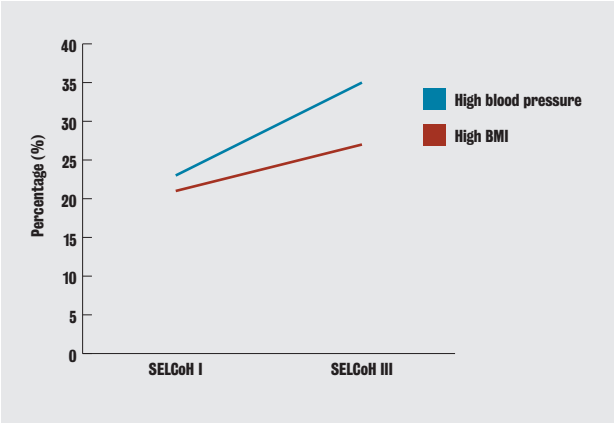
332 (66%) of you answered YES to having a longstanding illness compared to 40% in SELCoH 1 and 46% in SELCoH 2. The following are percentages of the different types of longstanding illness reported in SELCoH 3: 13% Asthma, 17% Depression, 8% Diabetes, 17% Arthritis and 7% Heart trouble.



Body measurements

A major focus of SELCoH 3 was to take body measurements, blood and hair samples, so that we can understand how biological factors are related to stressful life events and common mental health problems.

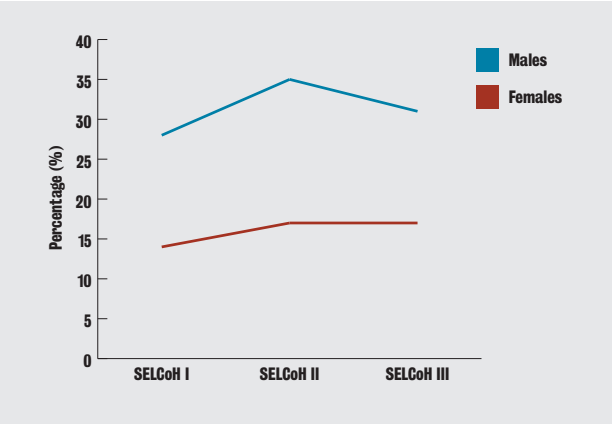
We took measurements of your height and weight and found that 27% of you have a Body Mass Index (BMI) score of 30 or over, which health advisors suggest puts you at a higher risk of having other health problems. This is slightly higher compared to what we found in SELCoH 1, where 21% of you had a BMI score of 30 or over. We also measured your blood pressure again and found that 35% of you had raised blood pressure. Again, this is an increase from 23% in SELCoH 1. Much of this increase may be due to the SELCoH 3 sample being slightly older.



We also took blood samples from all SELCoH 3 participants and hair samples from 29% of those who took part. The hair samples will be used to look at how hormones such as cortisol relate to health problems. These samples were taken to our laboratories for further analysis.

Alcohol consumption

We found the levels of hazardous drinking, defined by the World Health Organization as a pattern of alcohol consumption that increases the risk of harmful consequences for the user or others, to be 17% in females and 31% in males. Levels of hazardous drinking have stayed the same since Phase 2 for females, but are now lower (35% in Phase 2) for males.



Smoking habits

We found that 21% of females and 22% of males were current smokers. This represents an increase in the proportion of current smoking reported by females (19% at Phase 2) and a decrease in current smoking reported by males (24% at Phase 2).

