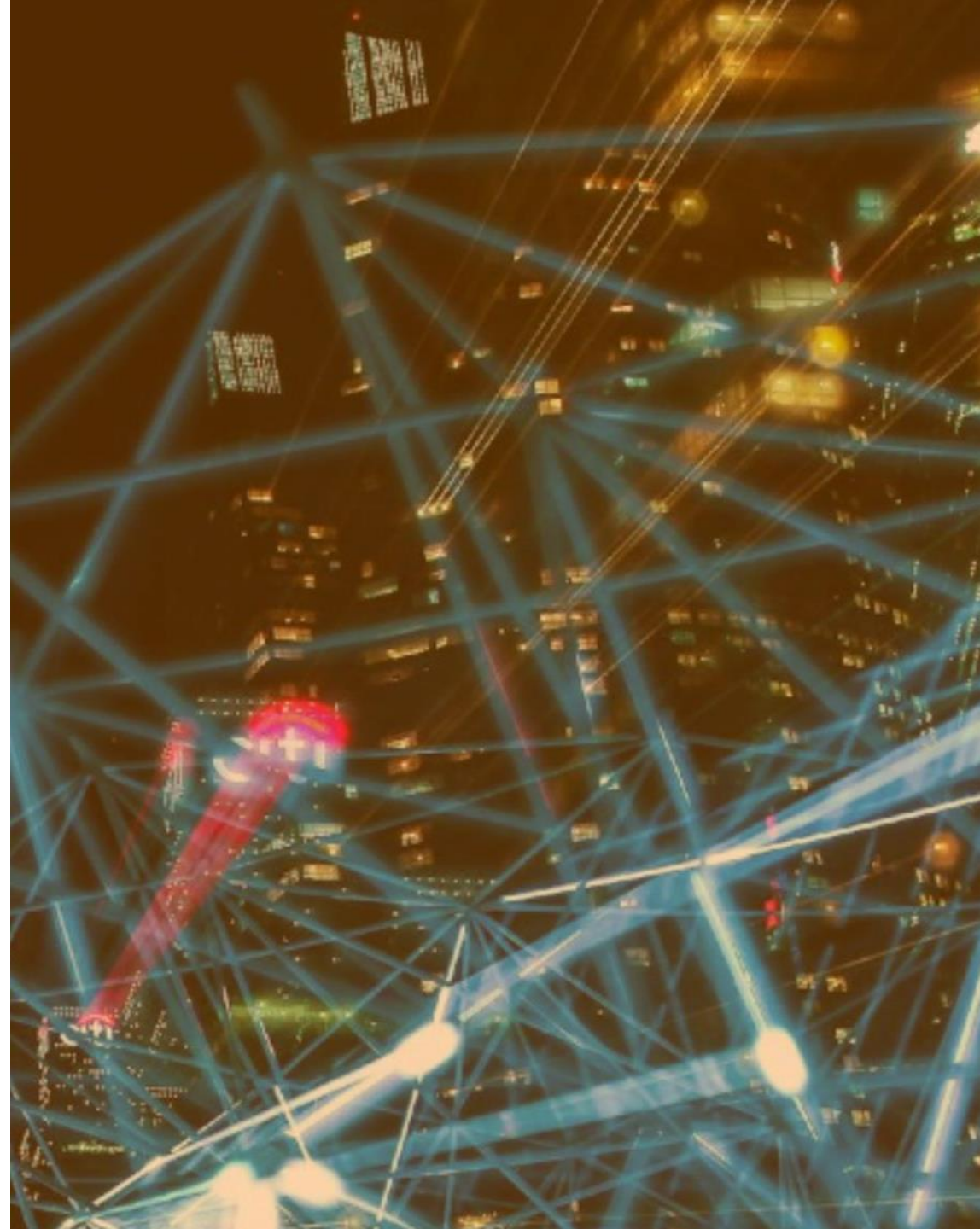


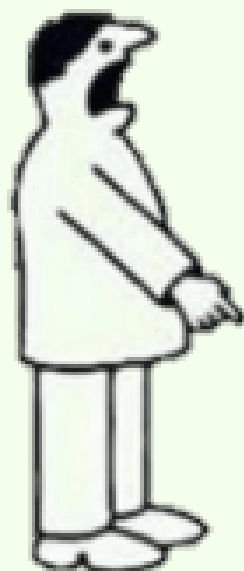
Towards consistency in Wellbeing Science

Dr Matthew Iasiello

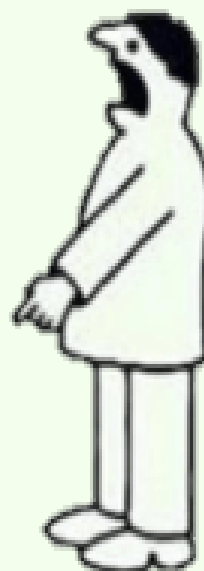




SIX

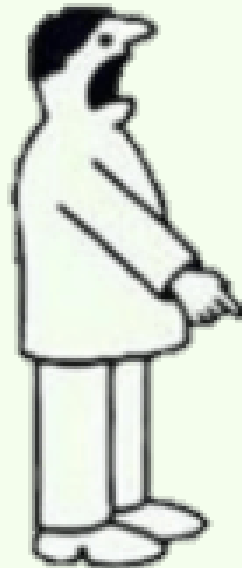


NINE

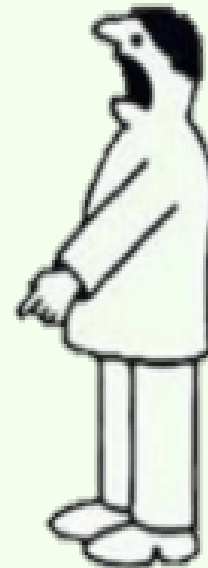




**Life
Satisfaction**



Wellbeing



Autonomy

Eudaimonia

Belonging

**Quality of
Life**

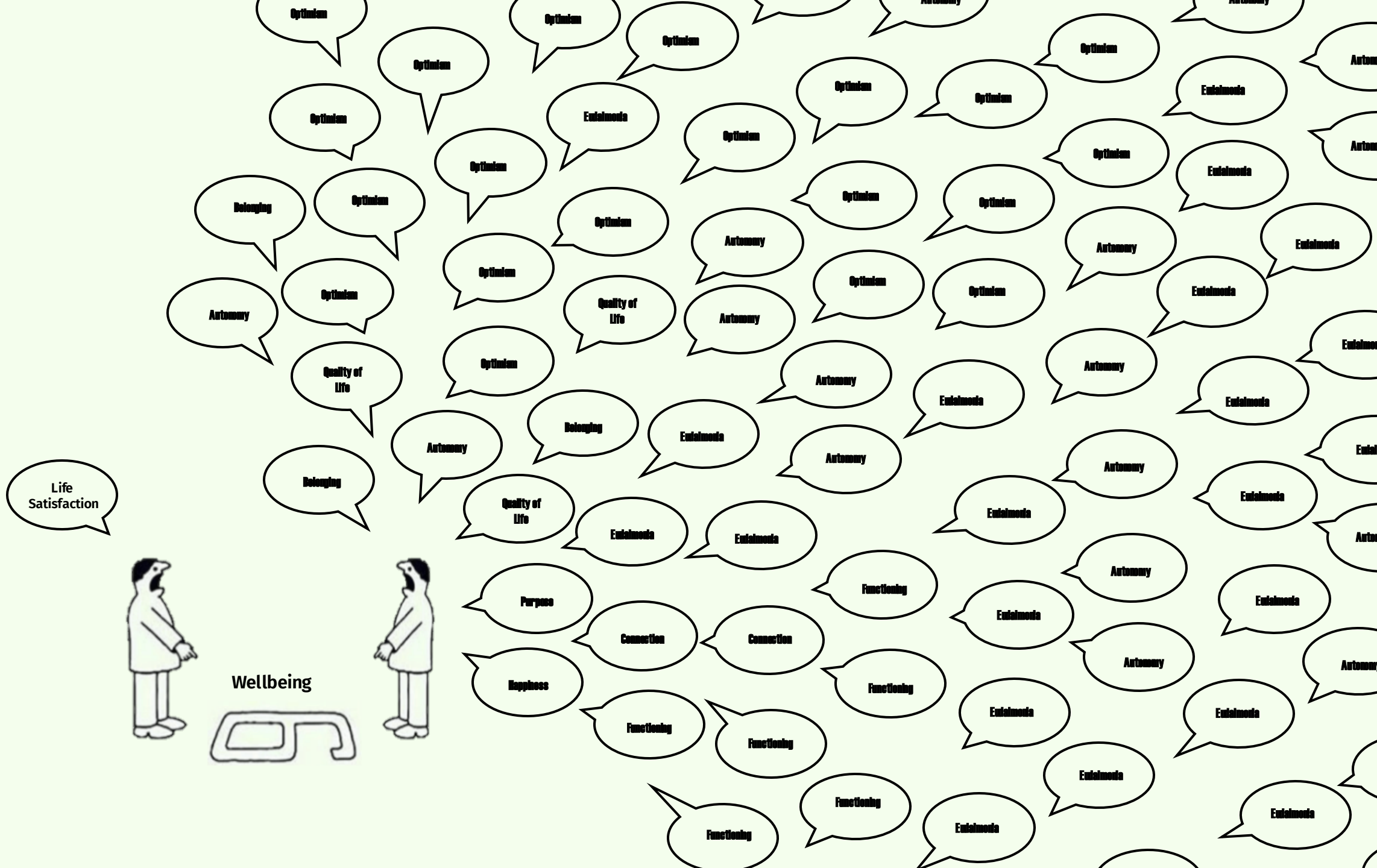
Eudaimonia

Purpose

Connection

Happiness

Functioning





Why is inconsistency a problem?

- Equivocation Fallacy
 - “Evidence says it improves wellbeing” ...
- Scope Creep
 - Where does Wellbeing end?
- ‘Wellbeing’ doesn’t inspire actionable steps
- Systematic reviewing impossible →

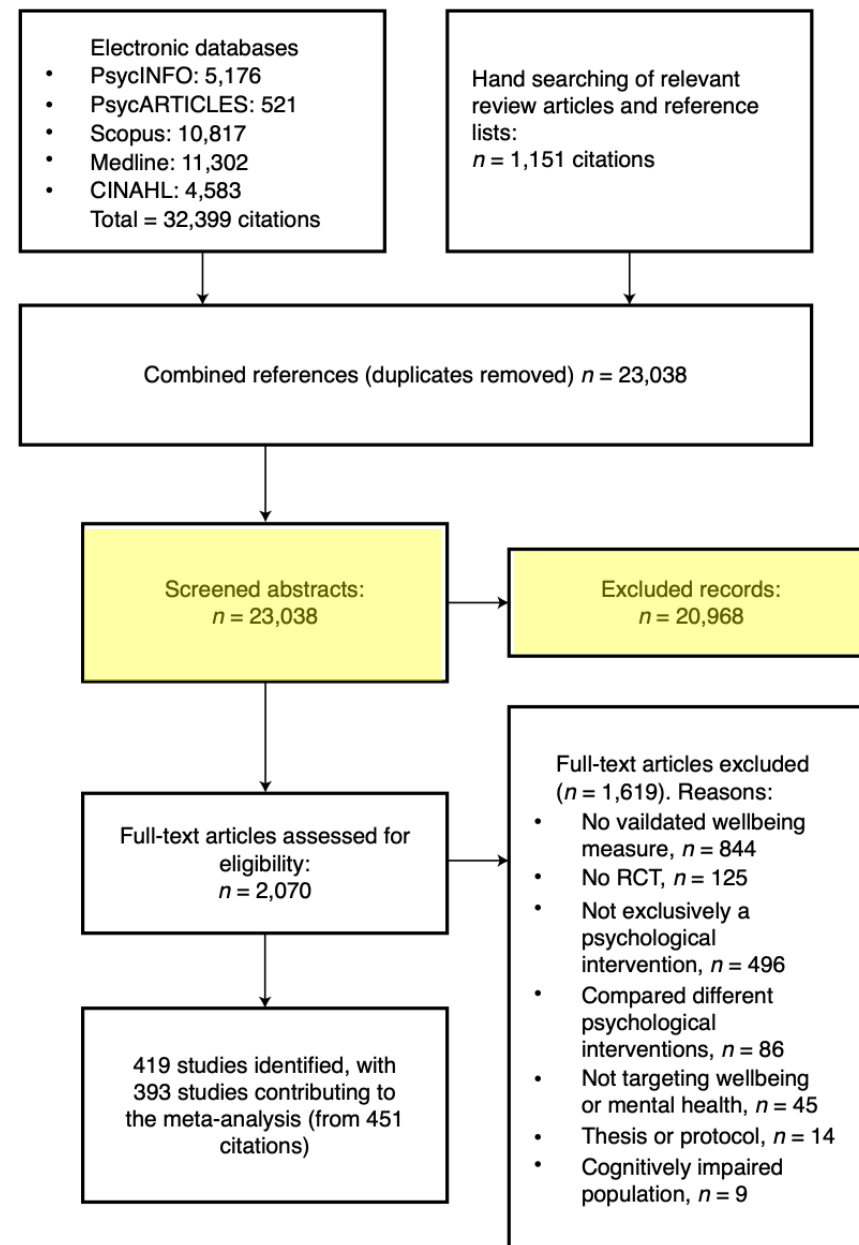


Fig. 2 | Study PRISMA flow diagram. PRISMA flow diagram describing the different phases of this systematic review.



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Study 1

Synthesize dimensions
included in validated
measures



Develop draft
Taxonomy

Study 2

Construct an item bank,
psychometric testing



Refine draft Taxonomy
AND identify possible
survey items

Study 3

Academic consensus
via Delphi study



V1 Taxonomy and item
banks of positive mental
health



Study 3: Expert panel

- 122 participants
- % Female = 53%
- $M_{\text{age}} = 53.4$
- Average citation count: 12k
- 26 countries,
 - USA n=37
 - UK n=20
 - AUS n=16
 - Netherlands n=8

Discipline (self-defined)	%
Economics	6%
Medicine	8%
Nursing	3%
Philosophy	2%
Psychiatry	3%
Psychology (clinical)	16%
Psychology (health)	11%
Psychology (positive)	14%
Public Health	11%
Sociology	7%
Theology	2%
Other	16%

Years in Field	%
0-9	16%
10-19	36%
20-29	27%
30-39	13%
40-49	5%
50+	2%

Title	%
Positive mental health	41%
Wellbeing	20%
Mental wellbeing	19%
Other	7%
Positive Functioning	6%
Mental Health	3%
Wellness	2%



Dimension	Agreement (%)
	R1 (n=122)
Meaning and purpose	95.9%
Life satisfaction	94.3%
Self-acceptance	94.2%
Connection	93.4%
Autonomy	90.9%
Happiness	90.1%
Acceptance	84.3%
Competence	84.2%
Sense of Community	82.6%
Engagement	82.4%
Development	81.1%
Optimism	81.0%
Self-congruence	80.2%
Fun	78.3%
Vitality	75.0%
Activities and Functioning	75.0%
Achievement	73.1%
Accepting of others	68.6%
Calmness	68.4%
Emotion-focused coping	65.2%
Problem-focused coping	64.2%
Physical health	62.8%
Personal Circumstance	62.5%
Spirituality	54.7%
Novelty	36.8%
Avoidant coping	20.4%



“Super” consensus (90%+)

Dimension	Agreement for Inclusion (%)		
	R1 (n=122)	R2 (n=95)	R3 (n=89)
Sense of Community	82.6%	-	-
Accepting of others	-	66.7%	-
Belonging	-	87.2%	-
Positive view of people and society	-	46.2%	-
Social contribution	-	71.0%	69.1%
Achievement	73.1%	81.7%	-
Accepting of others	68.6%	-	-
Calmness	68.4%	75.5%	-
Emotion-focused coping	65.2%	66.0%	-
Problem-focused coping	64.2%	60.2%	-
Physical health	62.8%	61.1%	-
Personal Circumstance	62.5%	57.9%	-
Spirituality	54.7%	45.2%	-
Novelty	36.8%	26.9%	-
Avoidant coping	20.4%	-	-
Sense of safety	-	75.5%	-



Positive mental health defined as:

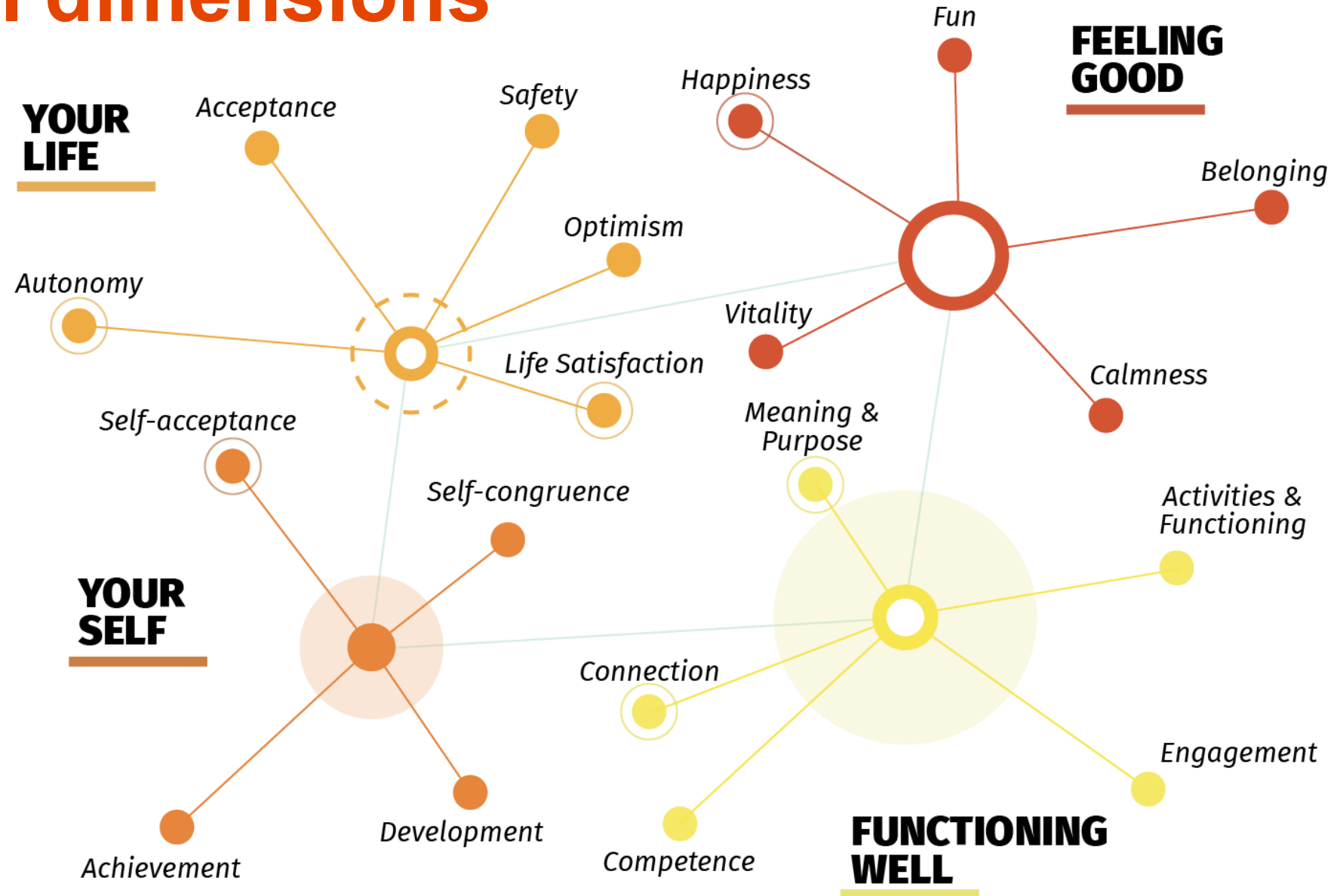
“Positive mental health is a personal and subjective experience, where we are content with our lives, feel good, function well, and view ourselves favourably.

Our level of positive mental health can vary over time, and is influenced by the way we adapt to the problems and opportunities we face. It’s impacted by many factors such as our environment, life experiences, cultural background, biology, and behaviours.

Many people have some level of positive mental health, and we can improve it by taking action using a variety of means, even when we experience a mental health condition.”



Final dimensions



Applications



Standardised Measurement

Uniform metrics. Stop comparing Life Satisfaction to QoL



Resource allocation

Identify and prioritise dimensions which present risk factors in the community



Precision Intervention

Which intervention/policy works for what outcome.
Consistent effort rather than 'anything under the sun'



Cross-sectoral Collaboration

More departments recognize their role in specific dimensions rather than wellbeing.
e.g., Belonging (transport, housing, urban-planning, SEL)

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