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SURVEY OF WELLBEING, 2016

Executive Summary

1. Wellbeing is important to the mental health of individuals and to their quality of life, and cannot be divorced from its social repercussions. Demographic changes as populations migrate and life expectancy increases are expected to impact on individual wellbeing and bring challenges to policy makers. Quantitative data on wellbeing are gathered e.g. by the ONS, but this study sought to complement such data through in-depth, qualitative analysis of narrative responses.
2. Careif and the WPA both aim to improve the mental health of individuals and communities globally, and recognise the need for policy and practice to be founded on formal research. To this end, they worked together on this scoping exercise, designed to test the research methodology and indicate issues requiring further investigation.
3. The research tool was an anonymous on-line questionnaire, comprising 19 questions related to respondents' perceptions of wellbeing and potential contributors or detractors, and their own practices. A second section gathered biographical data to allow for comparisons by gender, age, location etc. and seek cultural differences. The survey was conducted in May-June 2016.
4. There were 128 valid responses. Respondents were self-selected hence may not be typical of a random sample of the population. Women outnumbered men by 2:1; whilst all age groups were represented, the sample was skewed towards mid- to later-life. Although there were a few individuals from countries around the world, the majority were UK-based, preventing us from identifying cultural differences. We also note that there was a disproportionately high number of respondents who work in a religious role.
5. Wellbeing and happiness are often confused and used as synonyms. Our respondents distinguish between the two, but observe that happiness may be one element of wellbeing. They suggest that there are qualitative and time differences, which mean that wellbeing can continue even when a period of unhappiness is experienced.
6. Wellbeing is perceived to affect all aspects of life. It is achieved through a subjective and ever-changing combination of factors. These include the activities we engage in, which lead to heightened affect (feelings) and our sense of purpose (Eudaimonia).
7. Low levels of wellbeing are not the consequence of a simple absence of positive factors. We find that enhancers of wellbeing relate primarily to action, whereas detractors focus on health and inter-personal relationships.

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8. There is a positive link between achievement and wellbeing. We have posited cultural and sub-cultural differences in the degree of significance, which call for further research.

9. Respondents' perceptions of culture focus on the values and practices of their community. Religion is particularly important to them, but further research is necessary to test the validity of this in other cultures and sub-cultures.

10. Impaired health is reported by all age groups in our sample. The highest levels of mental illness are found in those aged 41-50. Women outnumber men in the 60+ age group, but high levels of wellbeing and determination to enjoy the remaining years of their life are found here.

11. Both men and women perceive that their gender, sex or sexuality has had a negative impact on their sense of wellbeing. We find discriminatory practice continues to be experienced in the work place, and women have fears ranging from mild anxiety to the danger of rape in general life context. The respondents who express the highest levels of wellbeing in this respect are openly gay women.

12. Religion and spirituality are found to play similar roles in sustaining wellbeing. They both provide moral frameworks for living, and practices offer opportunities to meet social (affective) needs and those of purpose (Eudaimonia). No qualitative difference in wellbeing is found between those who do and those who do not have a religious belief.

13. Qualitative data are consistent with the qualitative evaluations given by respondents on aspects of wellbeing, confirming their validity. They again demonstrate that personal wellbeing derives from a subjective combination of factors related to affect, life satisfaction and purpose (Eudaimonia). This changes according to circumstances. Whilst meeting basic health needs is primary, the order of satisfaction of others e.g. esteem, self-actualisation, varies between individuals and for any one at different moments in their life.

14. Respondents chose to make additional comments, most of which demonstrate that the research achieved its first objective, that of sensitising participants to their own perceptions.

15. We have determined numerous areas requiring further research. Those related to culture, religion, gender/sex/sexuality and health are of particular importance to personal wellbeing and mental health. They show that we have achieved our third object, identification of future research questions.

16. Further research is necessary with cohorts from different cultures and subcultures in order to test our second objective, cultural differences in wellbeing.

17. We conclude that the research has made an important contribution to our understanding of wellbeing and should be continued.

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