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The Centre for Applied Research and Evaluation-International Foundation

Global Position Statement:

PERSONAL WELLBEING

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Introduction

Careif is an international mental health charity that works towards protecting and promoting mental health, wellbeing, resilience and resourcefulness with a special focus to eliminate inequalities and strengthen social justice. Our principles include working creatively with humility, dignity and balanced partnerships in order to ensure that all cultures and societies play their part in our mission of protecting and promoting mental health and wellbeing. We do this by respecting the traditions of all world societies, whilst believing that culture and traditions can evolve for even greater benefit to individuals and society.

Globalisation has created culturally rich and diverse societies. During the past several decades, there has been a steadily increasing recognition of the importance of societal and cultural influences on life and health. Societies are becoming multi-ethnic and poly-cultural in nature worldwide, where different groups enrich each others' lives with their unique culture.

Cultural transition and acculturation is often discussed as relevant to migrants, describing the need to integrate, when in fact it is of relevance to all cultures in an ever-interconnecting world. It is indeed necessary to be equipped with knowledge about cultures and their influence on mental health and illness. Culturally informed mental health care is rapidly moving from an attitudinal orientation to an evidence-based approach, therefore understanding culture and mental health care becomes greater than a health care issue.

In this context of change, our individual and collective sense of identity is challenged, necessitating adaptation if we are to prosper. This position statement highlights the importance of wellbeing for our mental health and examines some simple practices which can optimise our personal wellbeing in the 21st century.

share knowledge change lives

Wellbeing: just the latest buzz word?

A current Google search for 'wellbeing' produces 95,400,000 results in 0.67 seconds. The word is ubiquitous, promising the latest panacea for whatever plagues you: from advertising the beneficial properties of shampoo¹ to selling business spaces ('Put well-being at the heart of your building'²), we are bombarded by the word. Even politics is not immune to its claims, as this headline from 7 November 2017 declared: 'UK wellbeing rises after Brexit vote'³. But what does the term mean? Something scientifically designed to improve your *health*? Something that will make you *feel* better? It can, in fact, denote either and far more, depending upon context and discipline.

We should remember that the concept of, if not the word, 'wellbeing' is millennia old. It can be found in philosophical and medical writing as long ago as 500 BC, when Alcmaeon of Croton suggested that illness may be caused by an individual's environment, diet and lifestyle. Aristotle took up the theme two centuries later when he associated virtue with personal happiness, and self-fulfilment was to be achieved through avoidance of excess. More recently, we recognise theories of personal needs and self-actualisation e.g. Maslow (1943), Rogers (1961), whilst Frankl's 'Third Viennese School of Psychology' identifies a sense of existential vacuum at the heart of neuroses⁴, particularly relevant today when our individual sense of identity is under constant challenge.

These examples reflect different disciplines that may have an interest in wellbeing. In 2008, Ereaut and Whiting compared diverse discourses of wellbeing and found that they all share common features (figure 1): all accept that the notion is a cultural concept, and as such it is variable according to the values of the time and place; there is a shared desire to have 'a good life', and health may be one component involved in attaining this. The advertisers quoted above are tapping in to these very same aspirations.

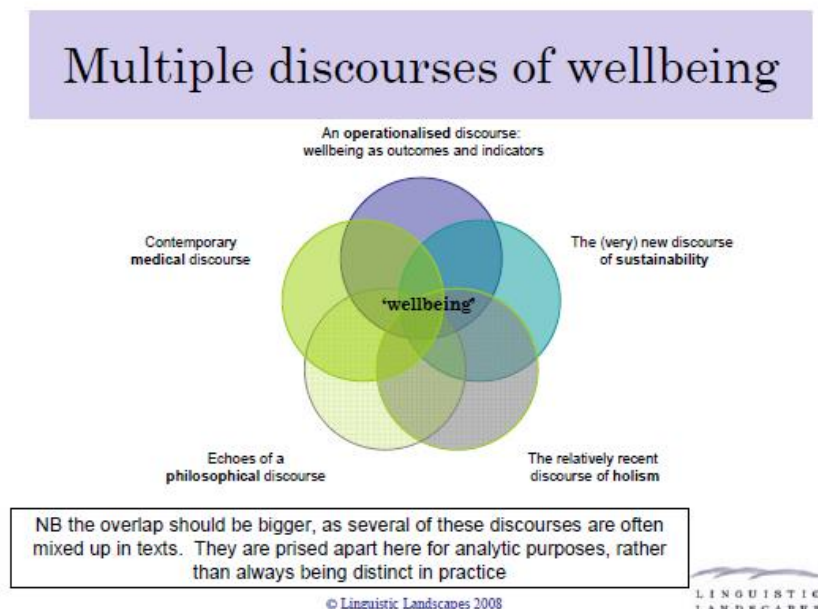


Figure 1: From Ereaut and Whiting 2008:10⁵

Whilst there are commonalities, though, there are disciplinary differences, which make the concept elusive. We cannot even agree on its spelling – is it well being? Well-being? Or wellbeing? For consistency, we use the latter.

What is wellbeing?

Health is a state of complete **physical, mental** and **social** well-being, and not merely the absence of disease or infirmity.⁶

These words from the Constitution of the World Health Organization were agreed in 1946, and since 1948, have remained the working definition of health.

Wellbeing is recognised as having both personal and collective dimensions; at either level, a balance must be struck between competing demands and desires.

Over the last decade, we have seen a succession of models and considerable refinement of what constitutes wellbeing. For instance, in 2013, the Organisation for Economic Co-operation and Development (OECD) identified three elements to personal wellbeing⁷:

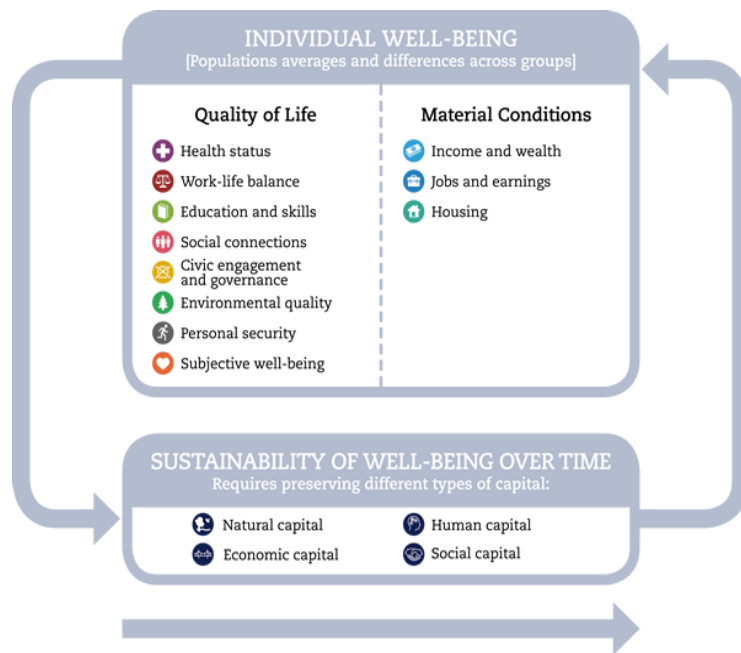
1. *Life satisfaction* - cognitive life evaluation by the individual of aspects, or the whole, of their life;
2. *Measurement of affect*, how the individual feels at a particular point in time; and
3. A '*eudaimonic*' aspect, the individual's sense of purpose and engagement.

The dimensions are already familiar, and reflect the Aristotelian notion of a 'good life'. They were initially conceptualised in a simple, 2-dimensional framework (figure 2). This is helpful for measuring the 3 key dimensions in the context of 6 determinants (income, health etc.), and it identifies sub components e.g. affect relates to the presence/absence of happiness, worry and anger.



Figure 3: OECD model of wellbeing, 2017

By 2017, the model had been refined, as shown in Figure 3. We are now able to connect personal and social wellbeing. At the personal level, quality of life is gauged in eight domains, of which health is just one, and these are affected by the three material conditions listed. This is interdependent with the socio-political environment, including economic capital, which is in turn influenced by natural and human resources.



Source: OECD, 2017

Figure 3: OECD model of wellbeing, 2017

The OECD offers an on-line index that enables individuals to assess their personal wellbeing against these dimensions. The next step is to collate responses by nation to produce a comparative view. This provides policy makers with data to identify areas of need and compare their ranking with those of other nations. Figure 4 illustrates the principle: the petals on each flower are colour-coded according to the topic, and the larger their size, the greater the satisfaction of respondents. The height of the flower indicates the country's ranking e.g. Sweden is placed top.



Figure 4: OECD Better Life Index⁸

Why is wellbeing important?

We have already touched on some of the reasons for valuing personal wellbeing, but let us consider some statistics to reinforce its significance.

Increased longevity

The current (2017) average UK life expectancy is 79.4 years for men and 83.1 years for women⁹. Figure 5 traces expectancy back over several centuries, demonstrating that it was relatively stable until the first and subsequent industrial revolutions brought advances to our health and living conditions.

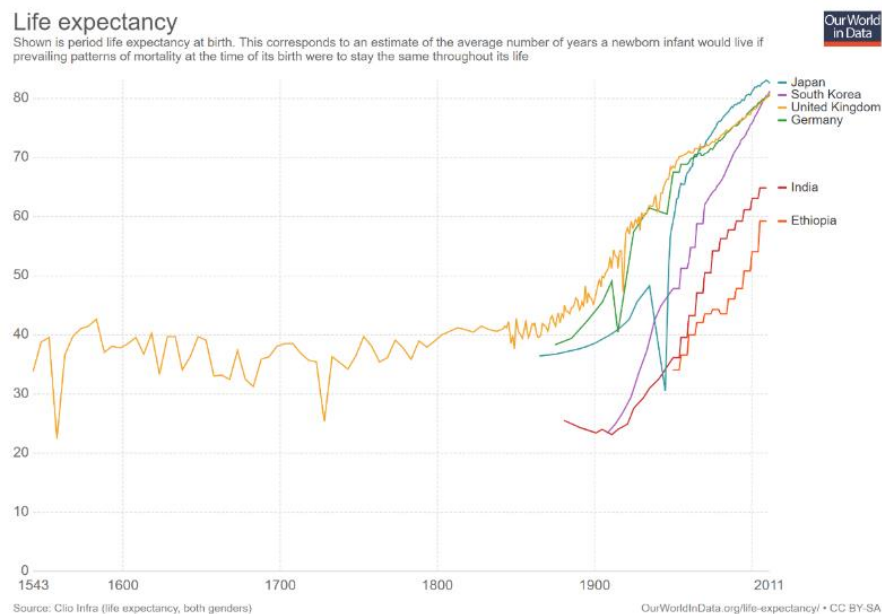


Figure 5: Changing life expectancy¹⁰

The figure also shows a steep increase in longevity in other countries. Longer life is, of course, welcome, but only so long as the individual is able to enjoy their older years, and their community can manage the demographic change. The problem is, as the proportion of those in work and paying into tax systems diminishes, how best can available resources be distributed to meet the needs of all?

When we look at the global implications of demographic change (figure 6), by the year 2050 most countries will have experienced significant ageing.

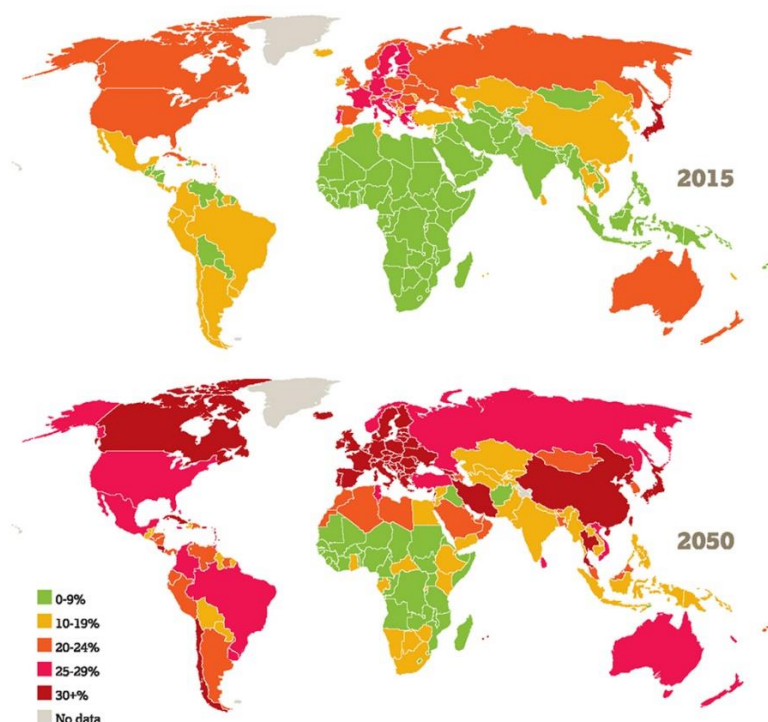


Figure 5: Proportion of population aged 60+¹¹

Population growth

Not only is the global population ageing, it is increasing in size: from today's 7.6 billion to an estimated 10 billion in 2056¹². Even when death rates¹³ for natural disasters and conflicts are taken into account, the world population as a whole is growing exponentially. The environmental impact this will have, and its implications for provision and use of resources, is clear. How will we manage to maintain personal wellbeing with such pressures?

The WHO has proposed six lines of action to be taken for sustainable development (figure 6). These address the health system, international and intersectional financial responsibilities and factors such as equity and human rights.

	Six main lines of action	Opportunities provided by the 2030 Agenda
Building better systems for health	Intersectoral action by multiple stakeholders (see section 1.6)	Placing health in all sectors of policy-making; combining the strengths of multiple stakeholders
	Health systems strengthening for UHC (see section 1.2)	Disease-control programmes embedded in a comprehensive health system that provides complete coverage through fully staffed and well-managed health services, with financial risk protection
Enabling factors	Respect for equity and human rights (see section 1.3)	Improving health for whole populations by including all individuals ("leave no one behind") and empowering women
	Sustainable financing (see section 1.4)	Attracting new sources of funding; emphasizing domestic financing, with alignment of financial flows to avoid duplication of health system functions
	Scientific research and innovation (see section 1.5)	Reinforcing research and innovation as foundations for sustainable development, including a balance of research on medical, social and environmental determinants and solutions
	Monitoring and evaluation (see section 1.1)	Exploiting new technologies to manage large volumes of data, disaggregated to ascertain the needs of all individuals; tracking progress towards SDG 3 and all other health-related targets

Figure 6: WHO actions for sustainable development¹⁴

Whilst these actions are helpful, they are insufficient to address personal wellbeing. It is a common mistake to assume that wellbeing is just a matter of health, or of happiness, as the OECD models above may imply. Wellbeing is, rather, a uniquely individual state, inseparable from our sense of identity and personal values. Globalisation is both a threat and an opportunity to who we believe we are.

Migration, identity and personal values

Where once societies could retain their individuality, immune from the influence of alternatives, the globalisation of industries and accessibility offered by technology into other cultures and belief systems render this unrealistic now in all but the most isolated communities. Contact with new ideas is not one-way: migration, whether by choice or by force of circumstances, is bringing the customs, languages and values of other people to new host communities, resulting in inevitable change.

Migration is at an astounding level: in 2015, 4.7 million people immigrated to one of the 28 countries that form the European Union while some 2.8 million emigrated¹⁵. If we look globally (figure 7), South-East Asia and South America saw the greatest levels of emigration in 2015.

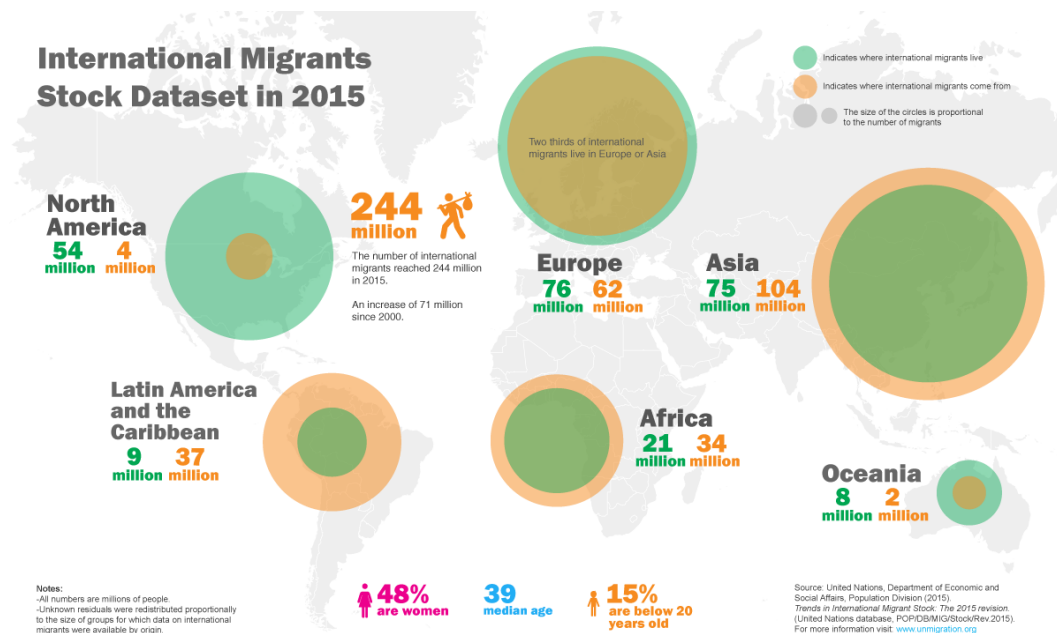


Figure 7: Worldwide emigration and immigration, 2015¹⁶

This is an ever-changing state, and those displaced in 2017 by natural disasters and conflict would produce a different analysis, but if we explore this example, it demonstrates some of the important issues. The gender balance and age of migrants implies that there will be a significant impact on the availability of work and on infrastructures such as health and education. Additionally, unlike controlled immigration systems, refugees and displaced people may not bring the skills appropriate to their host communities. Figure 8 illustrates this using the example of Syrian asylum seekers in 2016.

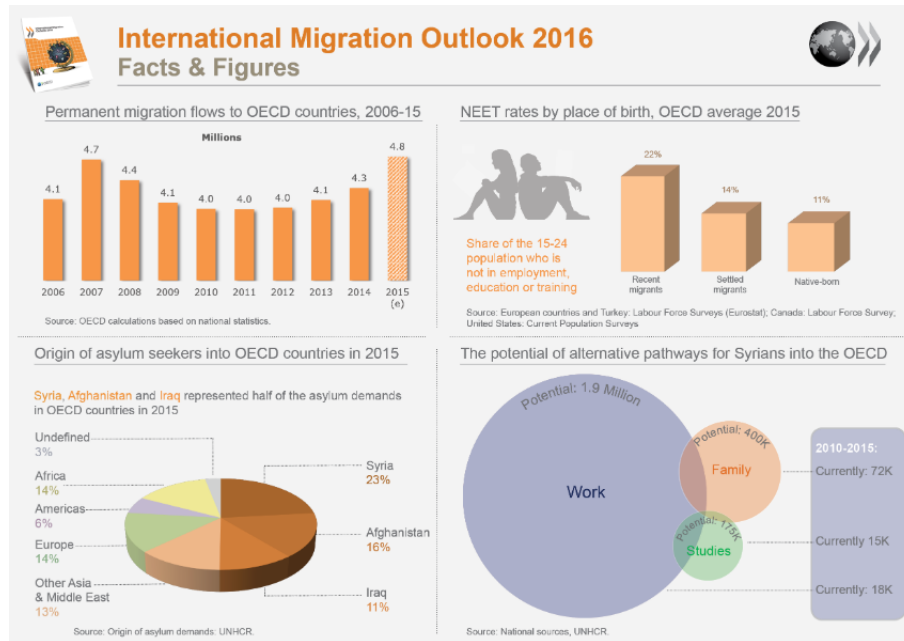


Figure 8: An example of asylum seekers' impact on host communities¹⁷

In addition to immigrants speaking a different language, not necessarily being able to contribute to the economic capital of their host and requiring social assistance, we could throw in another potential source of discomfort for hosts: religion. Current figures are difficult to find, but data for 2010 indicate that Christianity and Islam are the religion practised by the highest proportions of international migrants (figure 9). In an increasingly secular West, this will require further adjustment by both hosts and migrants.

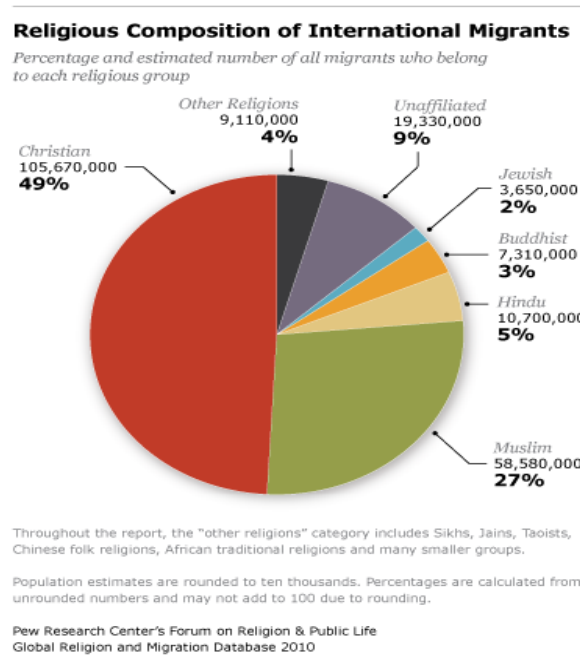


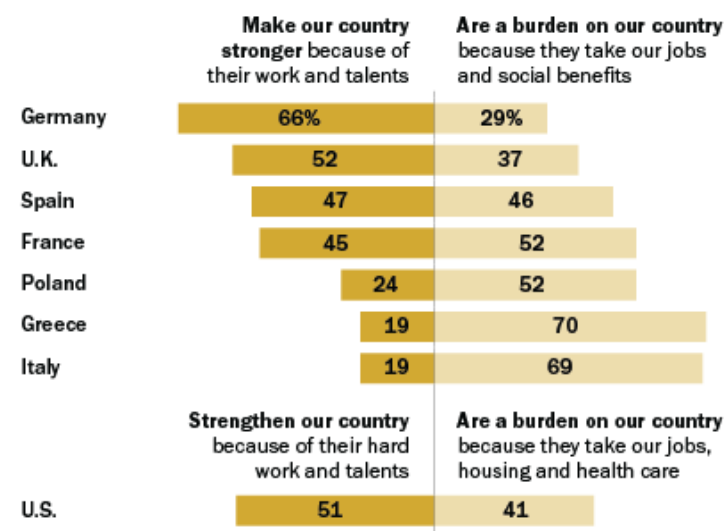
Figure 9: Migrants by religious affiliation, 2010¹⁸

Why are these issues of relevance to personal wellbeing? Simply, they bring into question our individual sense of identity. Can we still classify ourselves simplistically in binary terms e.g. male, female, British, Indian? As we are exposed to more and more alternative cultures and beliefs, once fixed perceptions of who we are are challenged. Our response may be resistance to these influences or assimilation of new values or practices. The latter does not mean that we lose our original sense of identity but that we add more layers to who we are, and are, ideally, able to move comfortably between them according to the context.

Figure 10 gives an interesting insight into the views of people in several European countries and the USA in 2014-15 on the impact of immigration. From this, we can anticipate the pressures felt by both host and immigrant populations.

Views of Immigrants in Europe and the U.S.

% who say immigrants today ...



Note: Don't know/refused and both/neither responses not shown.

Source: Pew Research Center survey of U.S. adults, May 12-18, 2015; and Spring 2014 Global Attitudes survey.

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Figure 10: Some perceptions of the impact of immigration¹⁹

To summarise, personal wellbeing is significant if we want to ensure that longer life spans are optimised by the individual. Global changes brought about by technological advances, migration and displacement are having an inevitable impact on our lives in active work and use of leisure time. Adjusting to these changes and exposure to different practices and values, calls into question our individual sense of identity. The process of adaptation can undermine the mental health of individuals whose traditional beliefs are threatened by those of their dominant community. In this world, it is important to have self-awareness, to know who we are and aspire to be and how to achieve personal wellbeing, both for our own benefit and for that of our community.

A model of personal wellbeing

We have already looked at the OECD model of wellbeing, which includes both individual and social circumstances; let us now examine a UK initiative aimed at supporting personal wellbeing: that of the New Economics Foundation (NEF).

In 2007, the NEF was commissioned as part of the UK Government's Foresight project on mental capital and wellbeing, tasked with examining the evidence and proposing interventions that might achieve a shift in mental health through improved personal wellbeing. They concluded, like the OECD, that wellbeing is a multi-faceted and dynamic state, which is intertwined with social conditions:

An individual's mental capital and mental wellbeing crucially affect their path through life. Moreover, they are vitally important for the healthy functioning of families, communities and society. Together, they fundamentally affect behaviour, social cohesion, social inclusion, and our prosperity.

This is a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community.

It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society.²⁰

The NEF's work contributed to a belief that those experiencing, or in danger of experiencing, lower levels of mental illness could be nudged into a healthier zone by making changes in their lifestyle. The UK's No Health without Mental Health strategy (2011) found that targeted interventions could reduce the risk of some levels of mental illness, thereby benefiting both the individual and society. Figure 11 reproduces their graphic.

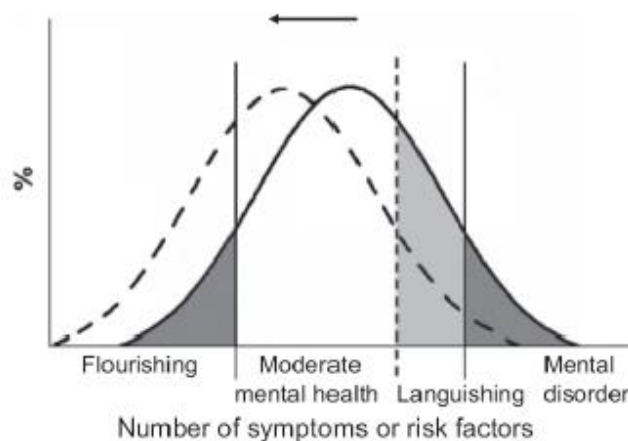


Figure 11: The impact of a positive shift in the population mental health spectrum. Note the marked reduction of people in the "mental disorder" category.²¹

The way in which the NEF proposed that this shift could be achieved mirrored the model of healthy eating which relies on maintaining a balanced diet²². They identified a set of 5 contributors to wellbeing,

which were formulated as 5 colour-coded postcards. A balanced state of wellbeing demanded incorporating aspects of each type of contributor in our individual lives. These were published in the 2008 Foresight report as 5 Ways to Wellbeing.²³ Figure 12 gives the detail of each dimension.

Five Ways to Wellbeing

Connect... With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

Be active... Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

Take notice... Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

Keep learning... Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

Give... Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

Figure 12: 5 Ways to Wellbeing²⁴

This simple formula has been adopted by many bodies around the world and converted into attractive, memorable logos.

These 5 dimensions reflect issues that have already emerged in the OECD model of wellbeing: the need for physical health, intellectual stimulus, affective support through social interaction, a sense of self-worth and of being valued by others. We now share an example of how individual self-awareness can be developed through a reflective questionnaire.

Enhancing self-awareness: Careif/WPA international survey of personal wellbeing

Against this background, in May-June 2016 Careif and the World Psychiatric Association (WPA)²⁵ conducted a global survey of personal wellbeing. The survey built on careif Advisor for Wellbeing's previous research in the subject, conducted first for Lifewide Education²⁶ and reported in various publications^{27,28}.

The three principle objectives were aimed at both personal and social wellbeing:

1. To sensitise individual respondents to their personal perceptions of wellbeing;
2. To analyse results in order to examine specifically whether differences in perceptions of wellbeing are apparent in different cultural contexts e.g. national, gender, age, sexuality, ability, religion;
3. To make recommendations for optimising individual and collective mental health and wellbeing.

This survey differed from national initiatives in that it was predominantly quantitative, soliciting personal perceptions rather than assessing individual views against predetermined criteria.

The assumption was that objective 1 would target personal values, responding to our belief that self-awareness is essential to wellbeing; the second would build on the researcher's earlier surveys²⁹ that indicated distinct, cultural differences in perceptions of wellbeing, requiring tailored, local policy; and objective 3 would bring together personal and social issues at the generic policy level.

The survey was conducted on line; it was anonymous and no contact data were sought or recorded. Data were for research purposes only and no individual was identified in the analysis and report³⁰.

The questionnaire comprised 29 questions. In Section A, 13 open-ended questions invited respondents to explain in their own words what they understood by the term 'wellbeing' and how they sought to achieve wellbeing in their everyday lives. Determinants of wellbeing included in the OECD model (figure 3, above) were tested e.g. whether cultural context affects their sense of wellbeing or whether they had a physical or psychological illness or disability which could be relevant.

Questions 14 and 15 listed a series of 12 possible measures of life satisfaction, affect or Eudaimonia (see OEDC model, figure 2) that may impact on personal wellbeing. Respondents were asked to score each factor using the scale 0 = of no or little importance, to 10 = of very great importance.

Section B recorded respondents' biographical data (gender, age, country of birth, country of residence, nationality, religion, main occupation, financial situation, physical exercise, volunteering and caring responsibilities). This was to enable disaggregation e.g. by gender, to identify differences between sub-groups.

Respondents were self-selected. 128 valid responses were returned.

Happiness and wellbeing

The first finding was that there are clear distinctions between happiness and wellbeing. Happiness is perceived to be just one component of wellbeing, hence the two states can be experienced individually or simultaneously. There is a qualitative difference between them, with wellbeing being more profound, extensive and long-term than happiness. Significant for mental health, wellbeing may derive from the absence of negative factors, but some respondents believe we have agency over our wellbeing, and that it can help us endure difficult experiences.

Enhancing and undermining wellbeing

Narrative responses were analysed to identify key themes, which were tabulated and compared with the domains featured in the OECD and NEF models of wellbeing. Figure 13 shows the themes and sub-themes that emerged from respondents' comments on what contributes to and detracts from their sense of wellbeing.

Contributors to wellbeing, Qs3-5	Detractors from wellbeing, Q6
Work related	Work-related: Workload – too much or too little; Colleagues’ attitudes, including sexism, not feeling valued Job insecurity, money worries
Religion/spiritual: prayer, meditation	Negative feelings: Anger against oneself or others; Frustration at failure to meet own expectations; Guilt over failure, maybe religious
Helping others: raise morale of others, escapism Activities aimed at self-development: purpose in life, creativity, learning and exploring, personal agency, self-esteem, personal values	Social justice: Global issues Personal e.g. criticism, injustice
Social interaction: friends and family, children, spouse, face-to-face, virtual, physical, positive attitude, community support, time alone Having ‘me time’: for calmness, for mental health	Negative relationships: Workplace and colleagues, including power and bullying; Family and friends; Conflict; Failure to do something; Lack of control
Avoidance of certain activities: for physical health, positive mind set	Health-related: Illness of loved one; Physical problems, chronic and acute; Mental health issues; Caused by financial worries, bad relationships; Result in tiredness, distorted sense of situation
Leisure activities: reading, for learning, healthy eating, for enjoyment, exercise for health, for self-actualisation, taking notice, to destress, for moral purpose	Lack of control: Behaviour or attitude of others; Situation they are in; Insufficient time to do everything, procrastination; Sense of helplessness
A conscious balance of activities	Financial factors: Insufficient money with repercussions on family and self
	Time-related: Frustration at being unable to do everything Fear of uncertainty; Lack of control
	Other: Responsibility for wellbeing of others Religious fear; Play down experience of low wellbeing

Figure 13: Detail of factors enhancing and detracting from wellbeing³¹

There is consistency with the notions of affect, life satisfaction and Eudaimonia, and with the 5 NEF elements of wellbeing. Tabulation fails, though, to capture the richness of responses, which convey the complexity and interaction of multiple factors. The following are typical examples of the insight we are offered:

- (...) I have had period of my life where I put my own wellbeing on hold, for others or a larger cause (emergency response). It taught me how critical my wellbeing is, and how I have edges that I can fall over. I have to pay particular attention to my work life now. I try to balance it with my personal life, and if it's a stressful time I look at how to let things go and not push through. Given that my chronic health concerns are directly affected by my emotions my ability to work has been negated by (among other things) my depression and anxiety. Perhaps permanently
- It could be a failure to accomplish something I had hoped for, feeling unwell and not knowing what the cause is, having a misunderstanding/conflict at work. Feeling guilty. Feeling underestimated and wrongly judged. Being treated unfairly. Comparing myself to others who have done better, achieved more

Such intimate comments demonstrate that wellbeing varies for each individual and for individuals over time, but that there are common elements which contribute to this state. Having a balance of social interaction, time alone, activities that exercise the body, create a sense of purpose in life and involve learning new things, together with social and healthy eating, are key aspects of our respondents' wellbeing.

Our belief in the importance of self-awareness is confirmed in respondents' descriptions of how they seek to redress their sense of wellbeing, e.g.

- I have signs now that I'm aware of, and can get scared by (burning our is not something one wants to re-experience of possible). When I'm, tired I cry a lot, I stop eating, I start repeating things like lists. If I get to these signs I'm lucky that sleep is a big game changer for me. I can sleep and sleep. Weeks if needed. But usually a day or two in bed and I can pick myself up again. Then it's back to the above - the pottery, yoga, connection with a few understanding people. It's hard to say no and to pull out. I can do it now. I have a supportive environment to do it now and that helps hugely.
- Taking one day at a time. Changing the things that I can change, such as registering for an adult education course, taking up some form of physical exercise such as cycling or walking – to be out in the fresh air. Not allowing myself to become tired or hungry as that leads to arguments. Making sure that I live within my means – buy cheap furniture from charity shops and restore, or restore my own household items. Look for cheap recipes i.e. chicken can do 5 days – roast, cold with salad, in a stir fry and a couple of days as wholesome soup. Eat plenty of vegetables and fruit. Doing things that give me pleasure – sitting in gardens, creative writing, crafts etc. Spending positive time with family. Owning a pet.
- Think about positive things rather than focus on the negative ones. For example, I recently lost my dog and he was a very important part of my life. Although it was upsetting my partner and I

shared the times we were feeling sad, we remembered fond memories and thought of all the things we can now do. It's also important to me to remember that worrying about things I cannot change won't solve anything. I then need to think about what things I cannot change so that I do not get stuck in a negative situation.

As noted earlier, one question was quantitative, allowing us to compare the relative importance to respondents of 12 dimensions, derived from the OECD and NEF models of wellbeing. The three most important factors to respondents were:

- Connecting, having good relationships (mean score 91.41%)
- Feeling valued by people who matter to me (mean score 91.41%)
- Achieving something I think is worthwhile (score mean 90.63%)

The factors of least importance to this cohort were:

- Being creative and inventive (mean score 79.69%)
- Being involved in the world/curious (mean score 81.25%)
- Making progress in things I am doing (mean score 83.59%)

Cultural variations

The data from this quantitative question allow us to identify cultural and sub-cultural trends. Figure 15 compares the findings of four different cohorts, which reveal limited similarity between them, suggesting that perceptions of wellbeing vary between cultures and within a culture over time.

Most Important	UK (n=25)	Beijing (n=22)	Argentinian (n=29)	Careif/WPA (n=128)
1 st	(10) Feeling valued	(12) Achieving my ambitions and goals	(1) Having good everyday Relationships	(1) Having good relationships
2 nd	(9) Having a close relationship	(2) Being health and fit	(=1 st)(10) Feeling valued	(=1 st)(10) Feeling valued
3 rd	(= 2 nd) (1) Having good everyday relationships	(5) Continually learning & developing myself	(5) Continually learning & developing myself	(12) Achieving my ambitions and goals (reworded)

Figure 15: Comparative cultural perceptions of wellbeing³²

Developing self-awareness

We have seen that the first objective of the survey was to lead respondents to personal reflection on what they value and their everyday practices related to enhancing or reducing their individual sense of wellbeing. Additional comments suggest that the survey achieved this objective, with surprising ease. Some typical comments are:

- This has been an eye-opening experience so thank you
- Interesting exercise, made me think what is important to my well-being
- This has made me think. Thankyou!

- Surprised that I could respond so easily to such open /qualitative questions - well done
- Thanks for such thought provoking questions!

CAREIF call to action

Statistics warn us of the challenges and opportunities we face globally as populations age and cultural identities merge. Individuals and groups may see their sense of identity threatened by such change, undermining their personal wellbeing and mental health, in turn affecting their wider society. Personal and collective responsibility are called for if we are to optimise these opportunities.

CAREIF: we will continue our research into personal wellbeing in order to identify supportive practices and cultural differences, thereby informing social policy. By contributing to international journals and conferences we will seek to educate stakeholders.

Individuals: have a responsibility to care for their personal wellbeing.

Medical Professionals: are urged to keep abreast of current research on wellbeing, and to use it as an additional resource when treating their patients.

Local and central policy makers: should be cognisant of research findings on wellbeing and the demographic and other changes which are likely to affect personal wellbeing and mental health. Funding should be made available to local authorities to provide the resources necessary to support individual wellbeing thus pre-empting excessive demands on health and social services.

*

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¹ Well-being shampoo <http://www.letstalkbeauty.com/damaged-hair/naturaltech-well-being-shampoo>. Accessed 10.11.17.

² Betterplacesforpeople.org. Accessed 10.11.17.

³ <http://www.bbc.co.uk/news/health-41893598> 7/11/17

⁴ Frankl, V. (1946) Man's search for meaning.

⁵ Ereat, G. and Whiting, R. (2008) What do we mean by 'wellbeing'? And why might it matter? Research Report No DCSF-RW0&3 for the Department for Children, Schools and Families. Available at:

<http://www.lifewidescrapbook.co.uk/wellbeing.html>

⁶ Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

⁷ OECD (2013) OECD Guidelines on Measuring Subjective Well-being, OECD Publishing. Available at

<http://dx.doi.org/10.1787/9789264191655-en>

⁸ <http://www.oecdbetterlifeindex.org/topics/life-satisfaction/> Accessed 10.11.17.

⁹ ONS

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/nationallifetables/unitedkingdom/2014to2016> Accessed 10.11.17

¹⁰ OneWorldData

¹¹ <http://www.helppage.org/global-agewatch/population-ageing-data/population-ageing-map/>. Accessed 10.11.17.

¹² <https://www.un.org/development/desa/publications/world-population-prospects-the-2017-revision.html>. Accessed 10.11.17.

¹³ World Health Organisation. World health statistics 2017: monitoring health for the SDGs, Sustainable Development Goals. ISBN 978-92-4-156486-6.

¹⁴ World Health Organisation. World health statistics 2017: monitoring health for the SDGs, Sustainable Development Goals. ISBN 978-92-4-156486-6. Figure 1.1.

¹⁵ e.europa.eu/eurostat/statistics-explained/index.php/Migration_and_migrant_population_statistics March 2017. Accessed 10.11.17.

¹⁶ <http://www.un.org/en/development/desa/population/migration/images/slides/intlmigrantstocks2015.png>. Accessed 10.11.17.

¹⁷ <http://www.oecd.org/media/oecdorg/directorates/directorateforemploymentlabourandsocialaffairs/migration/IMO-2016-facts-and-figures-850x599.png>. Accessed 10.11.17.

¹⁸ <http://assets.pewresearch.org/wp-content/uploads/sites/11/2012/07/Faithonthemove-chart-02.png>. Accessed 10.11.17.

¹⁹ http://assets.pewresearch.org/wp-content/uploads/sites/12/2015/09/FT_09.24.15_europelmmigrants.png. Accessed 10.11.17.

²⁰ Foresight Mental Capital and Wellbeing Project (2008). Final Project report – Executive summary. The Government Office for Science, London, page 10.

²¹ Department of Health. (2011). *No Health without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages*. London: HM Government. Page 6, figure 1b.

²² See e.g. <http://www.nhs.uk/livewell/5aday/Pages/5ADAYhome.aspx>

²³ Aked, J., Marks, N., Cordon, C., & Thompson, S. (2008). *Five Ways to Wellbeing: the evidence*. London: nef.

²⁴ Ibid, Box 1, page 8

²⁵ <http://www.wpanet.org/>.

²⁶ www.lifewidemagazine.co.uk

²⁷ Willis, J. 2013. http://www.lifewidemagazine.co.uk/uploads/1/0/8/4/10842717/magazine_spring_2013.pdf

²⁸ Willis, J. (2013) The Lifewide Learning, Education & Personal Development e-book CHAPTER C4 *Lifewide Learning Survey of Wellbeing July 2013* and CHAPTER C5 *Comparing international perceptions of wellbeing April 2014*

²⁹ See note 30.

³⁰ See careif.org for a summary of findings

³¹ Ibid Table 5.3.

³² Ibid, figure 5.12.