



SUBMISSION ON MEASURING WHAT MATTERS: AUSTRALIA'S WELLBEING FRAMEWORK

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However selfish whatever mankind may be supposed, there are some principles in his nature, which interest him in the fortune of others, and render their happiness necessary to him.

Adam Smith: *A Theory of Moral Sentiments*, 1759

Background

Community Mental Health Australia (CMHA) is the coalition of states and territory peak community mental health organisations and provides a voice for hundreds of community-based non-government organisations working to improve the mental health and wellbeing of people living with mental health conditions, their families, and carers and for all Australians.

CMHA Coalition

- Mental Health Coalition of South Australia
- Mental Health Community Coalition of the ACT
- Mental Health Coordinating Council NSW
- Mental Health Council of Tasmania
- Northern Territory Mental Health Coalition
- Queensland Alliance for Mental Health
- Western Australian Association for Mental Health

Determining what Matters and How to Measure It

Developing the best possible Wellbeing Framework for Australia should be a matter of the highest national priority.

It must not be a 'renovation' of the existing economic indicators, nor just choosing between existing international frameworks, or just selecting from the lists of available wellbeing measures, then fitting a framework around them¹.

It should consist in:

- a) First clarify what is wellbeing²
- b) Identify the factors necessary to maintain and improve wellbeing
- c) Collect and develop valid and reliable measures for both wellbeing and factors
- d) Design a process for continuous improvement.

This is the approach taken in this submission.



¹ This may be practical and expedient but its efficacy at best is a gamble.

² A comprehensive analysis of this issue is given in *Measuring Well-Being: Interdisciplinary Perspectives from the Social Sciences and the Humanities*; 2021; Lee, Kubzanski and VanderWeele

Mental Health and Wellbeing

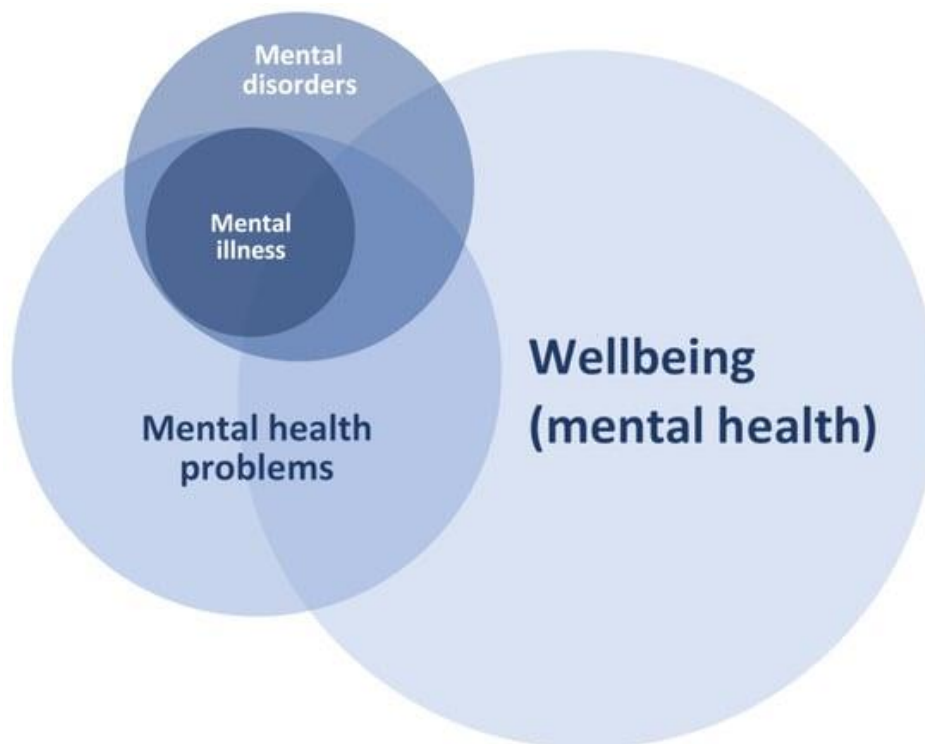
The terms wellbeing and mental health have a wide range of meanings. In some contexts, they are used almost as equivalent. In other contexts, mental health is seen as a component of wellbeing, together with physical health³.

The relationship between wellbeing, mental health, and mental illness (a diagnosable mental health disorder) is more complex⁴. A common view is that continuous poor wellbeing for example, chronic stress will in some situations, consolidate into more chronic mental illness conditions and/or disorders⁵.

Two commonly noted factors that influence the level of vulnerability are:

- a) the additional impact of significant trauma/adversity, particularly early in life
- b) individuals and families vary in their innate (genetic/epigenetic) vulnerability to the effects of stress or trauma.

The wellbeing of all people is a key national mental health priority AND simultaneously must focus on assisting people who are the most vulnerable and disadvantaged. These are mutually reinforcing.



From: Mats Granlund et al, 2021 (Ref. #4)

³ Mental Health not the same as Wellbeing; Nick Haslam and Dr Simon De Deyne, University of Melbourne <https://pursuit.unimelb.edu.au/articles/mental-health-wellbeing>

⁴ *Definitions and Operationalization of Mental Health Problems, Wellbeing and Participation Constructs*; Int. J. Environ. Res. Public Health 2021

⁵ There is a view that mental illnesses are not medical conditions, e.g., no clear biomarkers, just chronic situations of poor wellbeing caused by a range of social determinants. This is seen not just as an empirical issue but also a political issue (in the widest sense of this word).

The 3F Model of Wellbeing

The central proposal of this submission is that the meaning(s) of WELLBEING can be usefully analysed through distinguishing three key concepts: **Feeling, Function and Factors**.

Feeling⁶: A common answer to the question “what does wellbeing mean to you?” is “how I feel emotionally, physically, mentally, etc”, or “how I feel within myself”. Feeling implies and only has meaning in the light of subjective first-person experience⁷.

Function: Assessing how ‘well’ oneself⁸ or another is functioning in any domain, e.g., physically, socially, or mentally is commonly an indicator of wellbeing. Functioning is usually assessed through observation or self-report. Judging how well a person is functioning is relative to benchmarks chosen.

Factors: The factors that affect how a person is feeling and functioning is the most complex and disputed of these three key concepts. The history of ideas is full of proposals regarding what these factors are. In the past few decades this has become a scientific question⁹. While there are historical views as to which factors that should be included in a Wellbeing Framework, the question of what the most efficacious and suitable combination of factors are should be regarded as an ongoing empirical question.

The 3F model implies a hierarchy and priority of measures for wellbeing. At the top level are (A) measures of subjective wellbeing, then (B) measures of functional capacity, then followed by (C) measuring the factors and combination of factors that shape feeling and functioning.

It is strongly recommended that the Wellbeing Framework be conceived as a hypothesis that can be continuously improved through feedback. Its design should be flexible, with an adequately resourced continuous improvement function and a clear public expectation of its change and development over time.

Box 1: Measuring Feeling

The most common means of identifying and measuring how a person is feeling, is their subjective experience report. Observations of body language may also be used, as well as brain imaging and physiological measures.

Some features of feeling that bear upon this issue of measurement are:

- a) **Valence**: Feeling has a good/bad (pleasant/unpleasant) dimension, providing an experiential foundation for human choices, values¹ and wellbeing frameworks.
- b) **Aboutness**: Feeling is usually about (i.e., relative to) something. Though it is not uncommon for a person to not know why they feel a certain way.
- c) **Simultaneity**: It is possible to feel several things at the same time. For example, a person may feel bad about being homeless AND good about friends within the homeless community.

⁶ The term “feeling” is meant here in a broad sense to include everything from feeling pain, to feeling good about oneself and of helping others. For more details see Box 1 above and the Glossary entry for Emotion at the end.

⁷ *Feeling and Knowing: Making Minds Conscious*; Antonio Damasio, 2021

⁸ Self-observation or reports by others about how well you are functioning will often in itself effect how you are feeling. That is, good or bad feeling or functioning are often in a relation of mutual causation.

⁹ Some extensive and long term empirical studies on the factors that affect feeling and functioning are: the 84 year old Harvard Study of Adult Development (<https://www.adultdevelopmentstudy.org/>); the Fair Society, Healthy Lives Report- <https://www.parliament.uk/globalassets/documents/fair-society-healthy-lives-full-report.pdf>; and The impact of inequality: How to make sick societies healthier

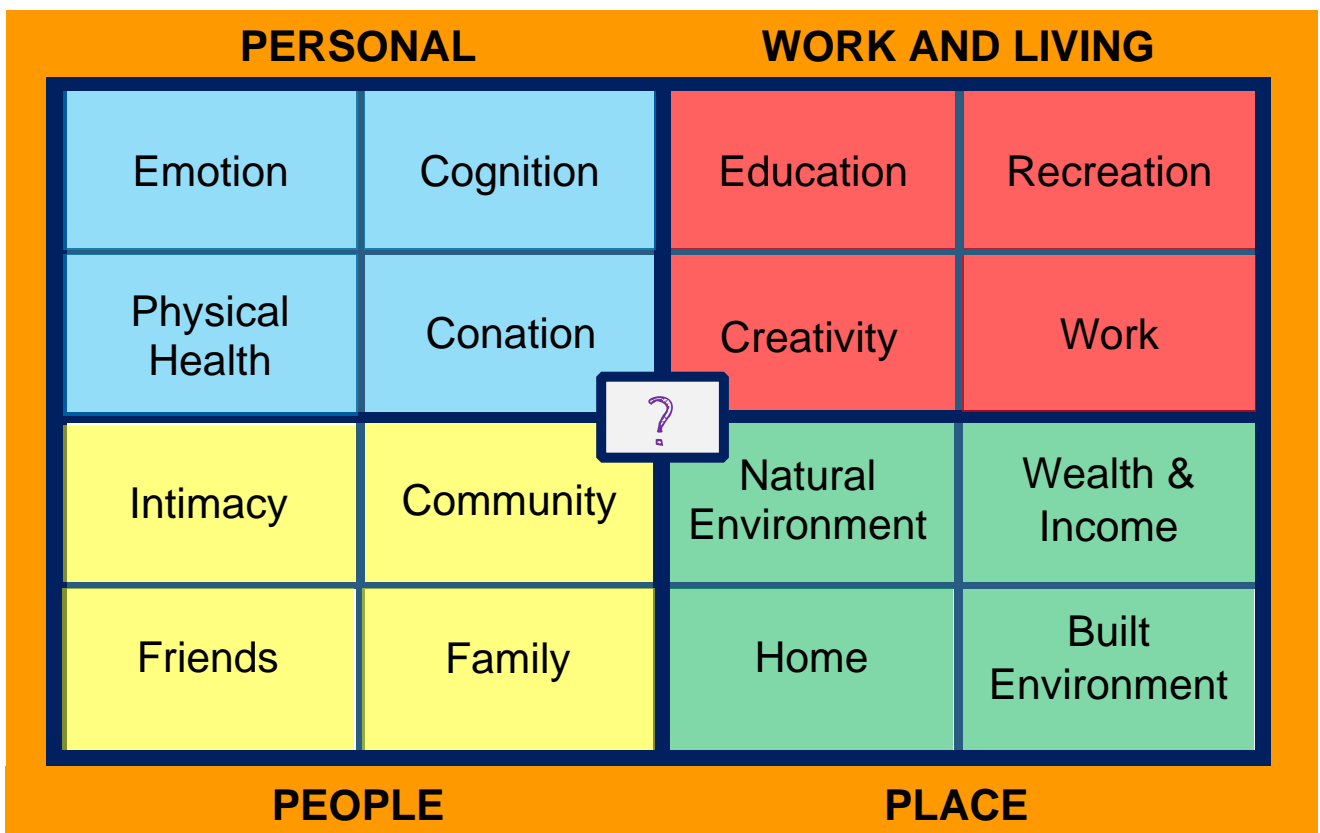
Windows on Wellbeing (WOW) Model

Research and practice have identified a range of factors that affect mental health and wellbeing. None of the factors listed below are novel and can all be readily mapped to other lists. But, like the table of elements in chemistry, it is their arrangement here that is of value¹⁰.

Four features of WOW:

1. WOW has 4 Quadrants and 3 Levels -
 - Level 1 is set out below (16 Domains). Level 2 are the sub-components of each of these domains (64 Domains). Level 3 are links to relevant information and a curated list of indicators/measures for each of these sub-domains.
2. The WOW framework applies at 3 ranges of scale:
 - A. Micro - the individual level, e.g., for comprehensive tailored pre-post assessments
 - B. Meso - a range of intermediate levels, e.g., for families, various communities
 - C. Macro - overall systems level, e.g., for designing and enacting legislation and policy for health, education, employment, housing, social services.
3. At each Level and scale, each domain and sub-domains can be assessed for its:
 - Situation - condition or circumstances
 - Need - assessed or expressed need (to guide priorities and planning)
 - Capacity - functional ability, resources available.
4. WOW is in hierarchical form, but its underlying structure is a complex interconnecting network. The metaphor of a window signifies that it's just a view onto a wicked landscape.

WOW (Level 1)



¹⁰ This model has been refined by the author over many years by asking a diverse range of people what they think is missing from the model (including its above-described Levels and Scale), then including any omissions.

Components of the WOW Model

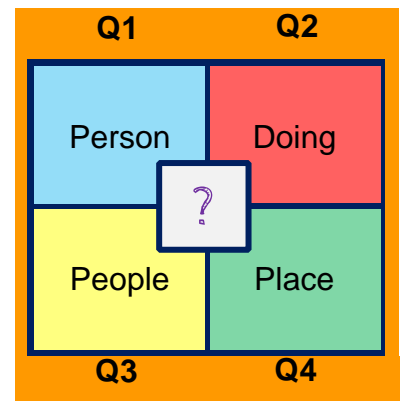
The intended meaning of every term in the WOW model is included at the *Glossary* at the end of this submission. An explanation of some more unusual terms and components is provided here.

Central Questions Mark: This means that:

- a. The model is always incomplete and incorporating new findings
- b. The core of human wellbeing may always remain a mystery.

The 4 Quadrants: The 4 Quadrants capture and embody 4 *Major Interrogative Adverbs*:

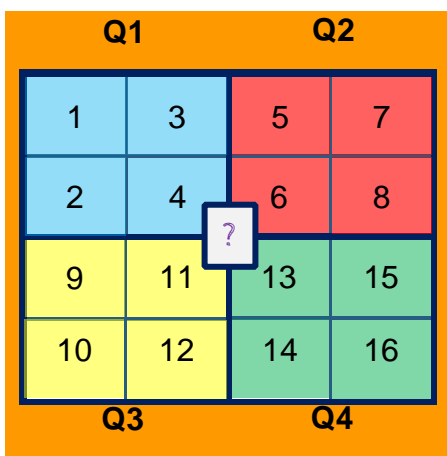
- Q1. How are you?
- Q2. What are you doing?
- Q3. Who are you with?
- Q4. Where are you?



Any answer to the above questions is relative to its point in time, which is where the question of When comes in.

Conation¹¹: This is an old term being used here to describe a domain that incorporated a range of overlapping concepts, such as agency, volition, self-direction, choice and control, self-efficacy, empowerment, locus of control, etc. Conation is elevated to the level of a core domain given the strong empirical case for how important a sense of control in one’s life is for wellbeing¹². This is echoed in the strong advocacy for choice and control by many disadvantaged groups.

The Four Inner Domains: The 4 inner domains (4, 6, 11 and 13) broadly map to the major domains of the *National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing*¹³.



¹¹ Historically this was considered the third faculty of mind along with thinking and emotion. See “Integrated Conative Model of Well-Being” Zeynab Bahrami, Journal of Happiness Studies, 2017 and <http://www.edpsycinteractive.org/papers/conative.pdf>

¹² See Fair Society, Healthy Lives Report: The Marmot Review, cited above

¹³ www.niaa.gov.au/sites/default/files/publications/mhsewb-framework_0.pdf

Glossary

Q1: The PERSONAL Quadrant

1. **Emotion:**¹⁴ This is at the core of the subjective experience of wellbeing (positive or negative)¹⁵. This domain is a prime indicator domain (e.g., decreased emotional distress) to determine what the effect of making changes in other domains has upon wellbeing. It is also able to be influenced directly, which is a key presumption of many modes of psychotherapy.
2. **Physical Health:** This is in every Wellbeing Framework. The sub-domains in the next level down in the WOW model set out a broad holistic understanding of this domain.

Q1		Q2	
1	3	5	7
2	4	6	8
9	11	13	15
10	12	1	16
Q3		Q4	

Note: This domain's adjacent to intimacy (5 below it), with an allusion to sexuality - an often avoided but important wellbeing factor (<https://www.secca.org.au/advocacy>)

3. **Cognition:**¹⁶ This includes thinking, attention, perceptions, memory, meta-cognition, etc. Capacity in this domain is a key requirement for operating well in other domains. In a wellbeing framework, it should be both measured and invested in as a significant human capital asset. Note: The adjacency of this domain with that of Education.
4. **Conation:** This domain is described on the page above. Conation is often underdeveloped or inhibited in situations of 'learned helplessness' - a common response to significant trauma and adversity as experienced by an individual or a group.

Q2: The LIVING AND WORKING Quadrant

5. **Education:** Intended broadly to include all lifelong opportunities for learning. At the Macro Level it would not only include the education system but also all policy that impacts upon humans learning to adapt in a rapidly changing world.
6. **Creativity:** Intended to mean a 'modus operandi' for all human activity, not just art and culture. This modus operandi is captured in the notion of Flow¹⁷ from positive psychology. It is not the novelty of the product that is the focus here, but the capacity to find a degree of fulfilment in ordinary activities that is relevant to a wellbeing framework.
7. **Recreation:** Time and place for recuperation and enjoyment. The need for recreation may be considered as a reflection of the level of activity in the other domains i.e., to maintain a health work-life balance, to recover capacity, obtain a fresh perspective, etc.
8. **Work:** All meaningful activity paid or not. Sometimes it is supposed that the main value of work is the payments received, but research indicates that higher wellbeing returns are increases in a sense of purpose, self-worth, contribution, routine (for some), social connection and collegiality. It is important to note that research has shown that inappropriate or bad employment can be detrimental for wellbeing¹⁸.

¹⁴ [The History of Emotions](#); Thomas Dickson; Oxford; 2023

¹⁵ While common measures for emotional health include decreasing suffering and increased positive affect, some would add a third measure, having the courage and skills to live a heartfelt rich affective life <https://www.youtube.com/watch?v=iCvmsMzIF7o>

¹⁶ Cognitive health and capacity have a broad range of measures and many pathways for improvement through educational, therapeutic (e.g., cognitive remediation), or professional development channels.

¹⁷ *Flow*; Mihaly Csikszentmihalyi, 1990

¹⁸ Bad Employment = bad mental health; <https://bmcpublikehealth.biomedcentral.com/articles/10.1186/1471-2458-10-621>

Q3: The PEOPLE Quadrant¹⁹

9. **Intimacy:** A close personal relationship that may or may not have a sexual component.
10. **Friends:** Relationships between people who enjoy each other's company, with a reasonable degree of shared trust and understanding.
11. **Family:** Relationship of shared kinship, may be united by the ties of marriage, de facto relationship, adoption, or chosen alternative.
12. **Community:** Any group or groups a person has a sense of belonging with. A community's contribution to wellbeing grows the degree of positive interaction and connection a person has with their community.

Q4: The PLACE Quadrant

13. **Natural Environment or Connection to Country:** The non-human environment i.e., the atmosphere, landform, all biological life from indoor plants to a wilderness emersion endorses our health, wellbeing, and survival.

Between a Rock and a Hard Place -

(1) a considerable body of traditional knowledge and scientific research notes the connection between our wellbeing and nature²⁰.

(2) A considerable body of research demonstrates the negative effects on health and wellbeing from the impact of human activity on the natural environment²¹.

14. **Home:** The place(s) where a person primarily resides. Ideally a home serves to provide adequate shelter, safety, security and comfort, and the storage of food, personal property, etc. A home may be shared, or a person may reside on their own. The issue of the 'healthiness' of a home has a strong bearing upon health and wellbeing.²²
15. **Wealth and Income:** This includes all assets and income for example, wages, investments, business profits, welfare support, etc. The influence this domain has for wellbeing includes both absolute values and, possibly more importantly, the relative difference between people and how this is perceived²³.
16. **Built Environment:** The environment as constructed by humans from the artefacts around us, to the design of a house, neighbourhoods, urban environment, cityscapes etc.²⁴. This domain would include the many positive and negative impacts that technology and industry have upon human wellbeing.

¹⁹ In some situations, and for some people, animals can also provide a "level of connection and wellbeing support" that could be rightly placed in any one or more of the domains in this quadrant.

²⁰ *Impact of Exposure to Natural and Built Environments on Positive and Negative Affect: A Systematic Review and Meta-Analysis*; Wenfei Yao¹, et al. *Frontiers of Public Health*, 25 November 2021

²¹ WHO - <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health>

²² Well Homes Initiative: A Home-Based Intervention to Address Housing-Related Ill Health; Nevil Pierse, et al. <https://journals.sagepub.com/doi/abs/10.1177/1090198120911612>

²³ *The Inner Level - How more equal societies reduce stress, restore sanity and improve everyone's well-being* Richard Wilkinson and Kate Pickett, 2019

²⁴ The effects of architecture on Mental Health <https://www.archdaily.com/989999/poetics-of-space-and-mental-health-how-architecture-can-help-prevent-suicides>