

# Wellbeing and Resilience: Navigating an Increasingly Complex World

**Jenny Willis, PhD, FRSA**

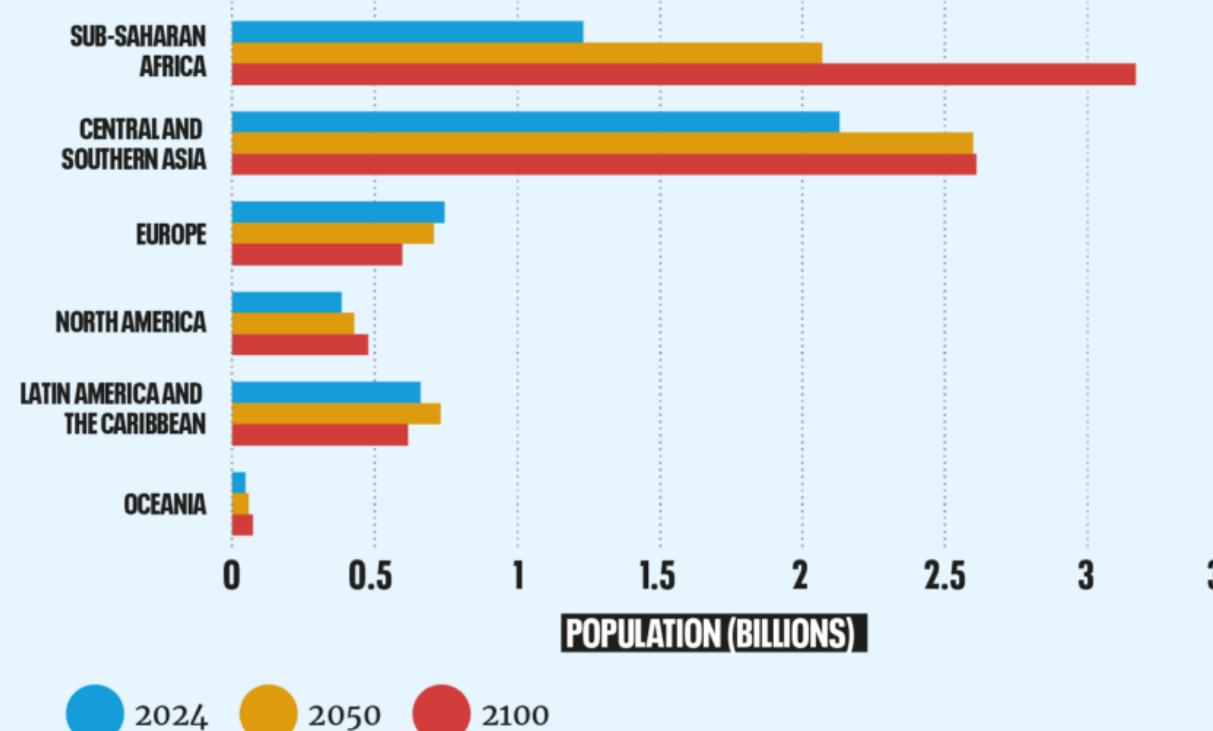
Director Kingston Wellbeing

Educational Consultant



# Wellbeing in the Context of Social Change

## POPULATION GROWTH BY REGION, 2024-2100



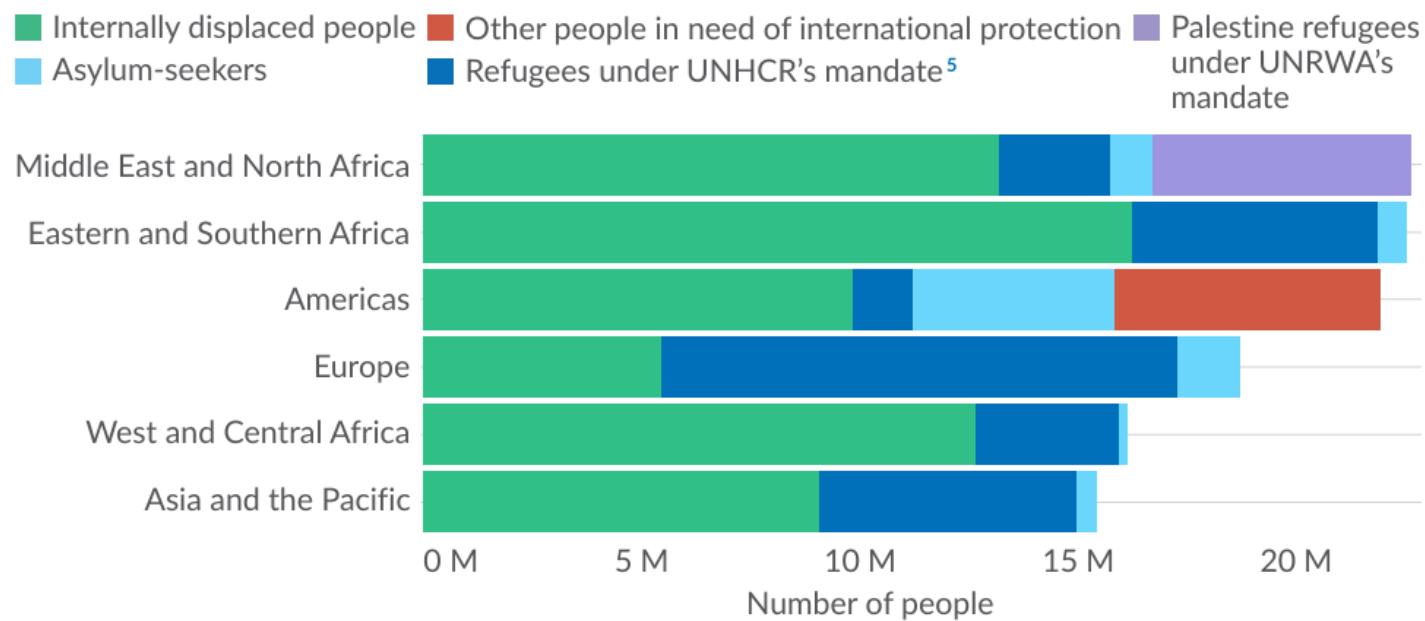
- Ageing populations – need to cope with demographic change, work/retirement balance, resources
- Population growth, from today's 7.6 billion to an estimated 10 billion in 2056 – demand on resources, migration

(according to United Nations medium projections)

Source: United Nations, 2024

## DISPLACEMENT BY UNHCR REGION

After the closure of its Regional Bureau for Southern Africa,<sup>8</sup> UNHCR has six Regional Bureaux.<sup>9</sup> Countries within the Eastern and Southern Africa region (24.7 million) host the largest number of forcibly displaced people, followed by countries in the Middle East and North Africa region (24.4 million) and the Americas region (21.3 million).



... implications for daily life of indigenous and migrants

... and personal and cultural identity – personal and social conflict



4.5 million Australians are experiencing a serious mental health challenge, but more than half of them are not getting the help they need, when they need it.

958 people are believed to have died by suicide in NSW in 2024.

Nobody wants to see a jam-packed ED. And so, therefore the pressure flows all the way down, get the patients out of the ED.

CARLY RICHARDSON: I've lost faith in the system entirely. When you suffer from mental illness, it is so exhausting getting up every day, trying to live alongside a brain that doesn't want you to be there. It's like I'm so tired of just screaming out for help and nothing is there.

CHANTELLE BEUSTER, LEE'S NIECE: She sees a psychiatrist once a week. They medicate her, that's really it.

AVANI DIAS, REPORTER: So there's no therapies, no talking to someone, anything like that?

CHANTELLE BEUSTER, LEE'S NIECE: No. It's very much medication regime based and then discharge. I'm sure it's resources. I see the amount of people that come in and out.

# Aim & Outline

*“Crises provide opportunities for learning and for action” OECD 2025 op cit. p.4*

Reflect on how we, as individuals and society, can optimise our mental health

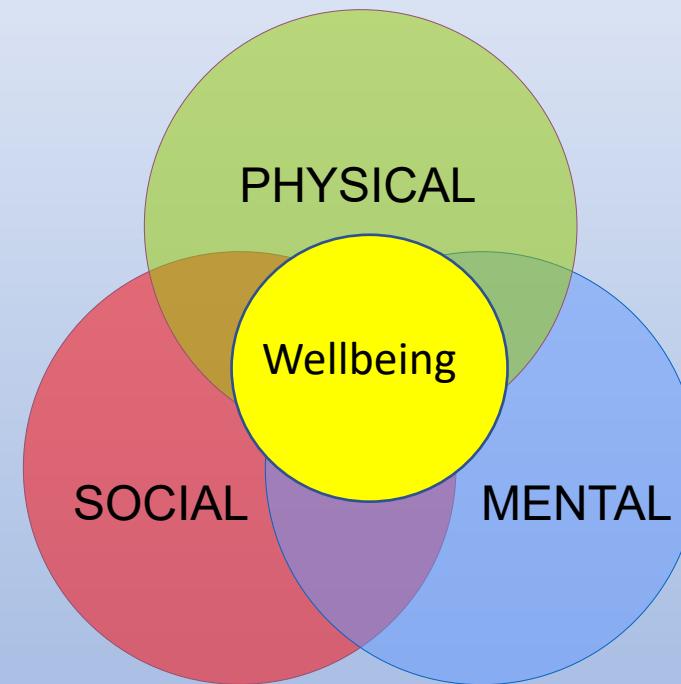
- Setting the context: 2026, some recent worldwide crises
- What is wellbeing?
- Why does wellbeing matter for the individual?
- A model for personal wellbeing
- Why does wellbeing matter for society?
- An international model for social wellbeing
- Current state of wellbeing globally and in Australia
- A qualitative approach to enhancing Wellbeing
- Concluding words and references

# Wellbeing and Health

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

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. <sup>1</sup>

**The Definition has not been amended since 1948.**



# Some Historical Notions of Wellbeing

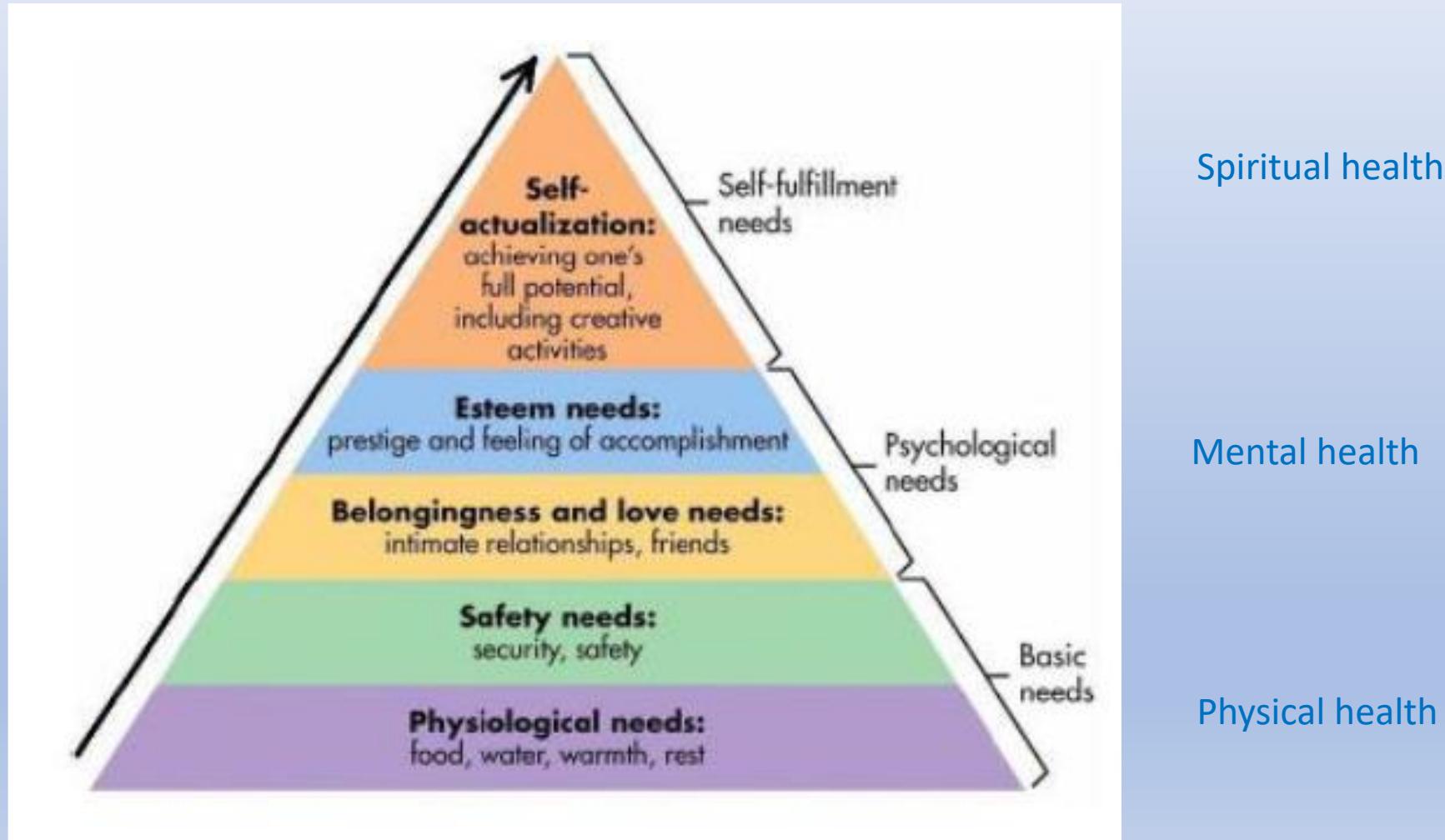
- 500-450 BCE, Alcmaeon of Croton<sup>2</sup> – illness may be caused by imbalance in environment, diet or lifestyle
- 384-322 BCE, Aristotle<sup>3</sup> – notion of achieving a ‘good’ life, *Eudaimonia*, not synonym for ‘happiness’
- 1943, Maslow<sup>4</sup> – theory of achievement, hierarchy of human needs
- 1951, Rogers<sup>5</sup> – fully-functioning person, motivated by self-fulfilment
- 1905-1997, Frankl<sup>6</sup> – ‘will to meaning’ of life, logotherapy

# History of Defining Mental Illness/Disorders

Date	Organisation	Categories / Conditions (DSM)
1840	American census	Idiocy / insanity
1870	Association of Medical Superintendents of the American Institutions for the Insane (1844)	Dementia / dipsomania / epilepsy / mania / melancholia / monomania / paresis
1917	Statistical Manual for the use of Institutions for the Insane	22 categories
1952	Diagnostic and Statistical Manual of Mental Disorders DSM-1	106 conditions
1968	DSM-2	182 conditions Removal of homosexuality as disorder, 1974
1980	DSM-3	265 conditions
1994	DSM-4	297 conditions
2013	DSM-5	3 major components: the diagnostic classification, the diagnostic criteria sets, and the descriptive text

Date	ICD
1949	ICD-6
1955	ICD-7
1965	ICD-8 26 categories (290-315): 10 psychosis, 10 neurosis, 6 mental retardation
1975	ICD-9 30 categories (290-319)
1992	ICD-10 Section F (0-99)
2018	ICD-11 Section 06 Mental, behavioural or neurodevelopmental disorders

# Summary of Factors Important/Not Important for Personal Wellbeing



# Personal Wellbeing and Social Capital

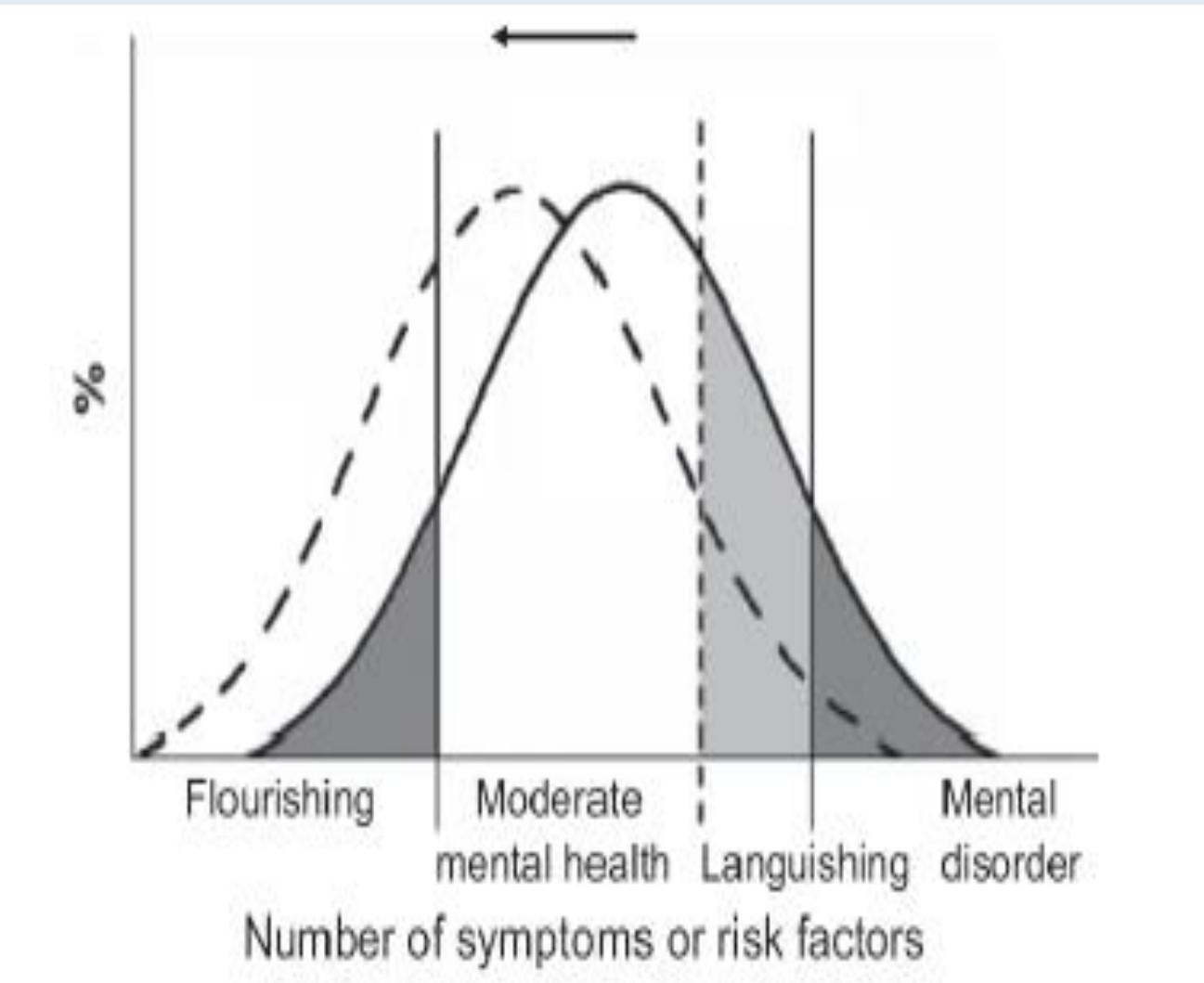
An individual's mental capital and mental wellbeing crucially affect their path through life. Moreover, they are vitally important for the healthy functioning of families, communities and society. Together, they fundamentally affect behaviour, social cohesion, social inclusion, and our prosperity.

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.

Foresight Mental Capital and Wellbeing Project (2008). Final Project report – Executive summary. The Government Office for Science, London, page 10<sup>8</sup>.

# The Social and Individual Challenge



An intervention strategy

UK Department of Health,  
2011. No Health without  
Mental Health

# 5 Ways to Wellbeing, New Economics Foundation (NEF)<sup>9</sup>

Five ways to wellbeing

## Connect...

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.

Five ways to wellbeing

## 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.

Five ways to wellbeing

## 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.

Five ways to wellbeing

## Be active...

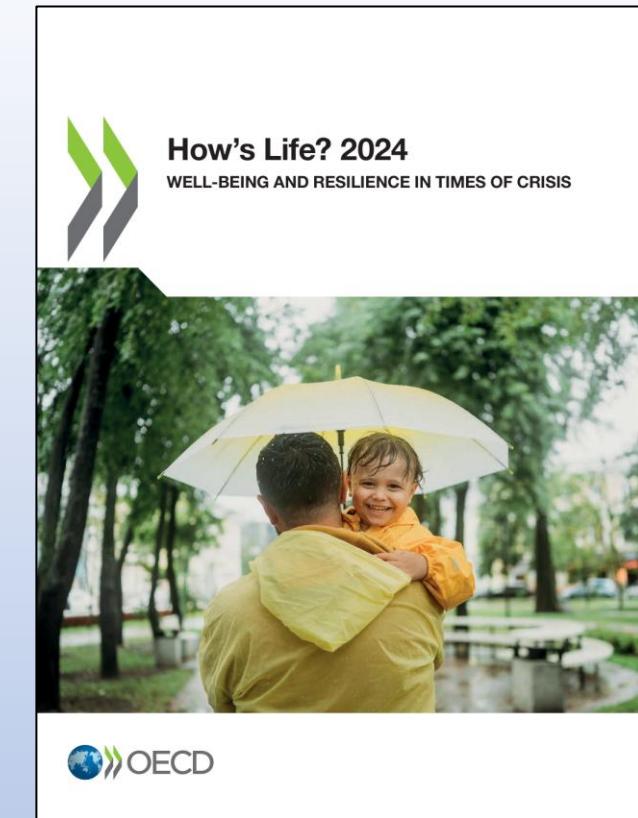
Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and one that suits your level of mobility and fitness.

Five ways to wellbeing

## 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.

# An International Initiative for Wellbeing



**How's Life?** was first launched alongside the Organisation for Economic Co-operation and Development (OECD) Better Life Initiative in 2011, in line with the organisation's overarching mission to promote “Better Policies for Better Lives”.

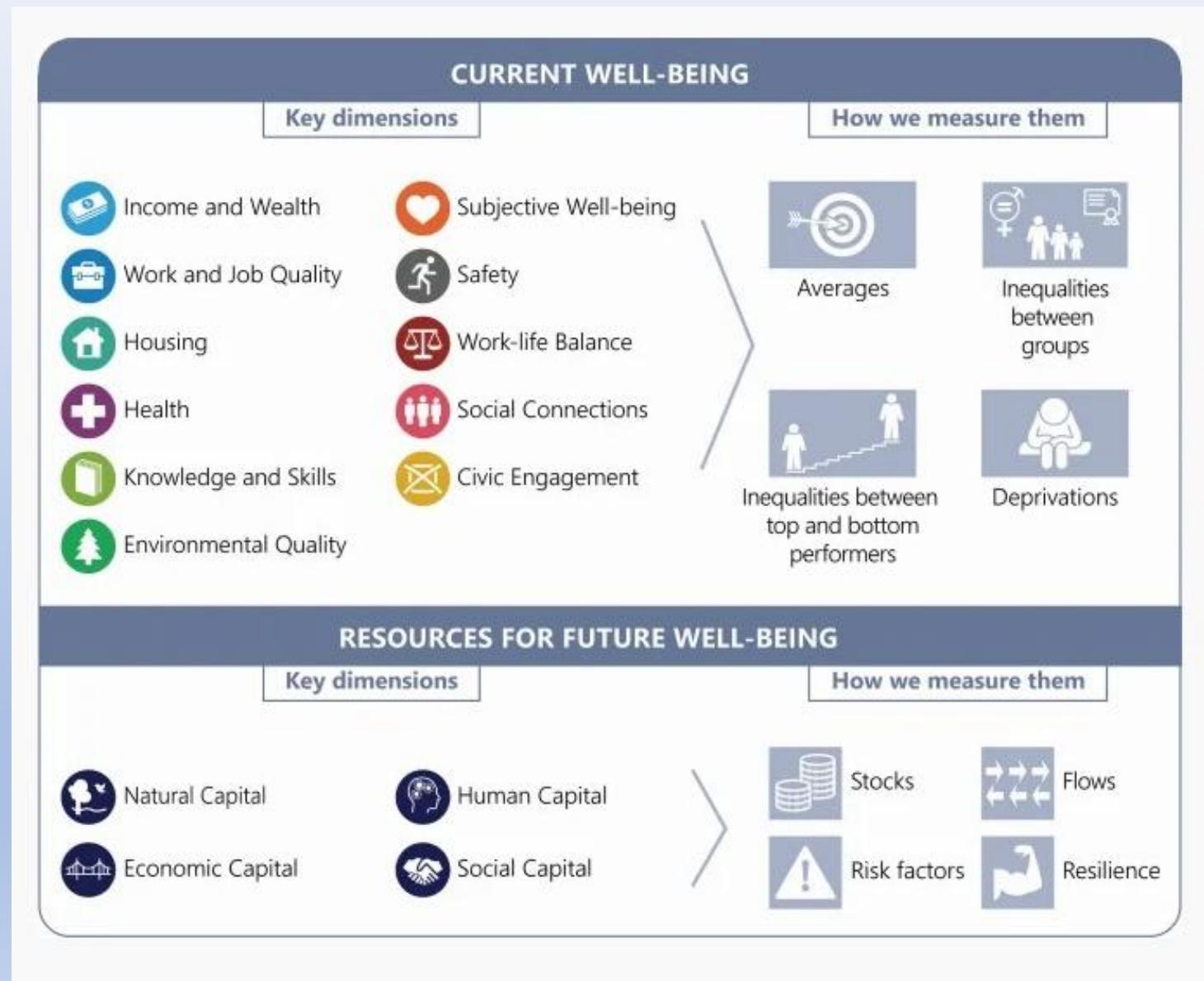
This latest edition comes at an equally challenging time. Our economies and societies have yet to fully recover from the successive shocks brought about by the **COVID 19 pandemic** and the **cost-of-living crisis**. Rising **geopolitical tensions** and **enduring conflicts** in different regions of the world are also of high concern, as they bring into question the capacity for multilateral action on increasingly urgent and common issues. While **Russia's war of aggression in Ukraine** is heading towards its third year and the **conflicts in the Middle East and in Sudan** risk spreading to entire regions, threats to present and future well-being have not abated, as news of **climate-related disasters** repeatedly remind us, and the path to achieving the UN 2030 Agenda and Sustainable Development Goals (SDGs) grows narrower.

# How's Life 2024<sup>10</sup>

People's quality of life, most notably their health, has also been adversely impacted by the **crises of the past four years**. Excess deaths during COVID-19 led to average life expectancy across OECD countries falling by almost half a year. At the same time, sustained reductions in OECD average fatalities from suicide, acute alcohol abuse and drug overdose (so-called “deaths of despair”) in the years prior to 2019 have come to an abrupt halt since then. P.20

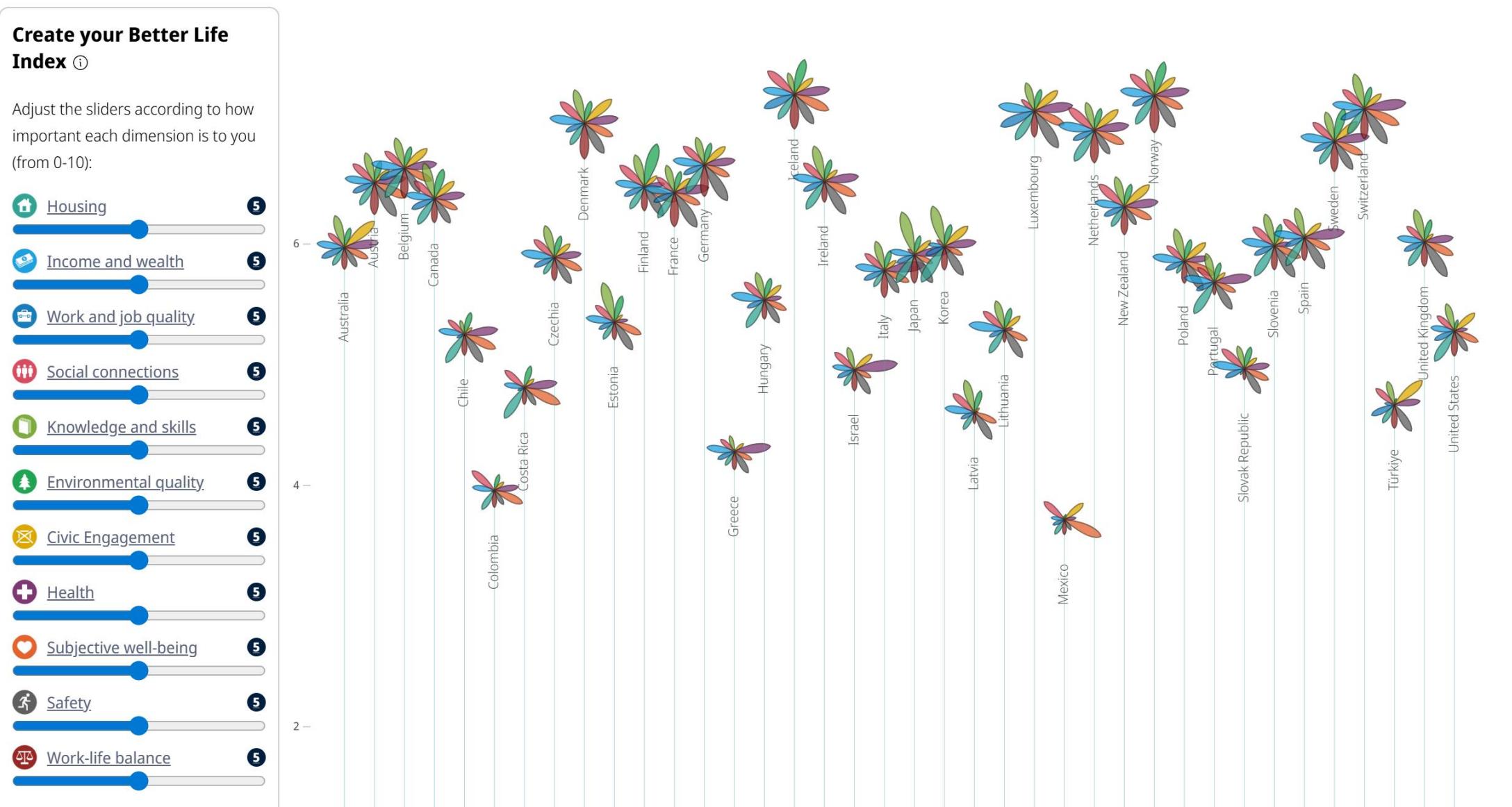
There have also been negative trends in how people feel about their lives and about the quality of their relationships since the pandemic. In 2023, almost 30% of people experienced a lot of physical pain, with significant increases in two-fifths of OECD countries relative to pre-pandemic levels. Similarly, over the past four years feelings of worry and sadness worsened in many OECD economies, and trends in life satisfaction were mixed. In 2023, the share of people feeling lonely ranged from 4 to 14% across OECD countries. P.20

# Current OECD Wellbeing Assessment Framework



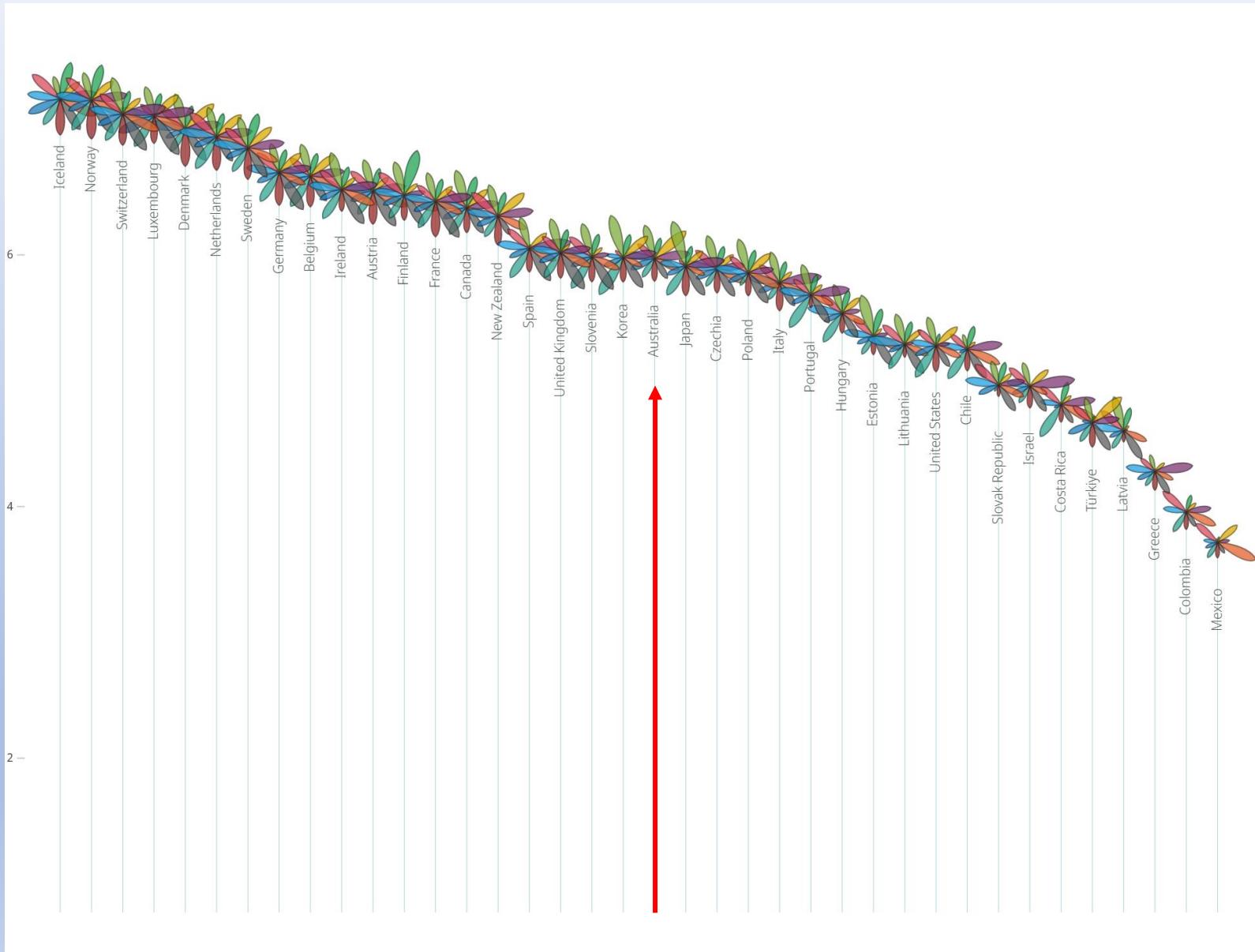
# Better Life Index Alphabetical

<https://www.oecd.org/en/data/tools/well-being-data-monitor/better-life-index.html> Accessed 24.12.25

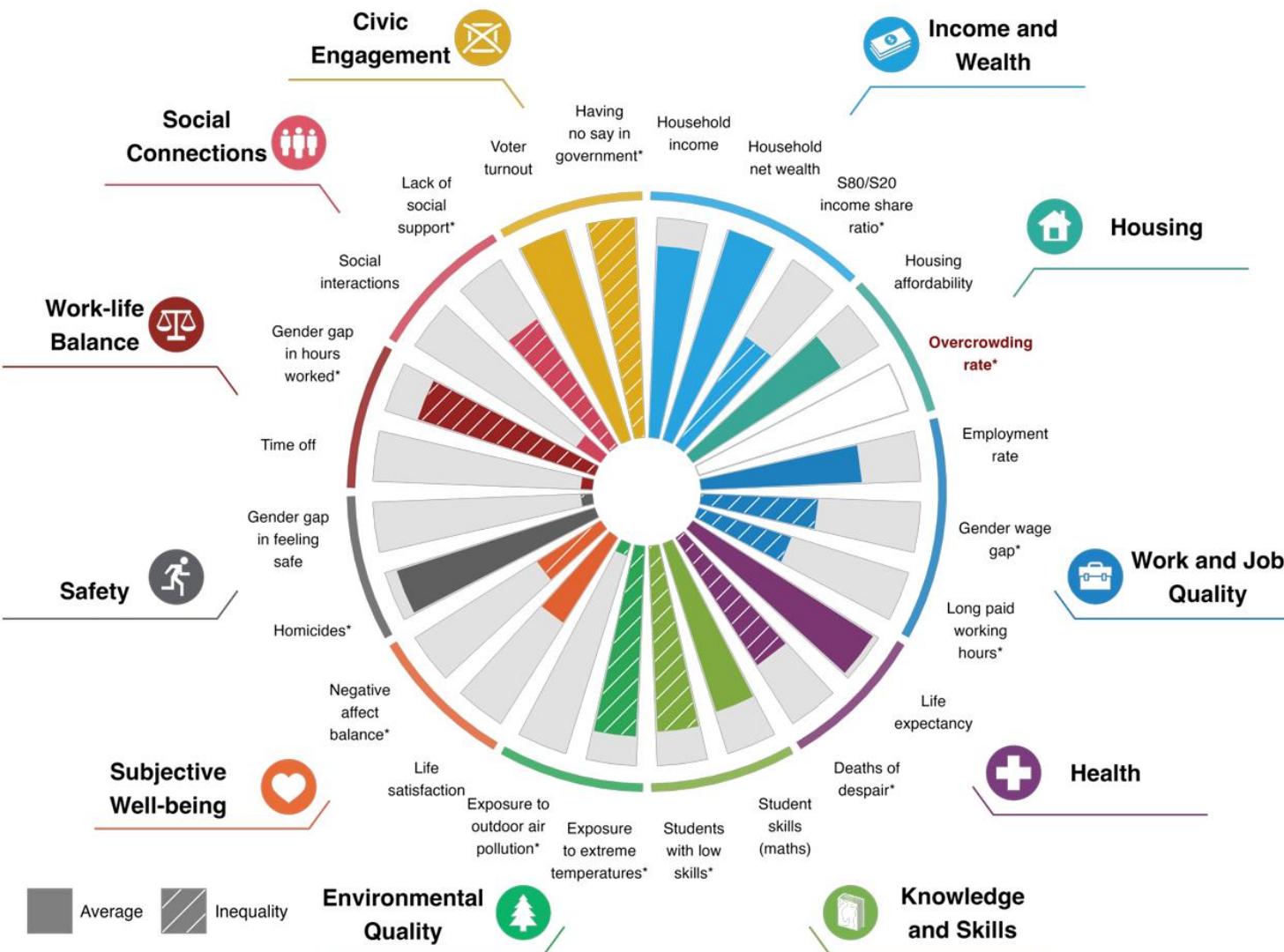


# Better Life Index High to Low

<https://www.oecd.org/en/data/tools/well-being-data-monitor/better-life-index.html> Accessed 24.12.25



## Australia's current well-being, 2023 or latest available year

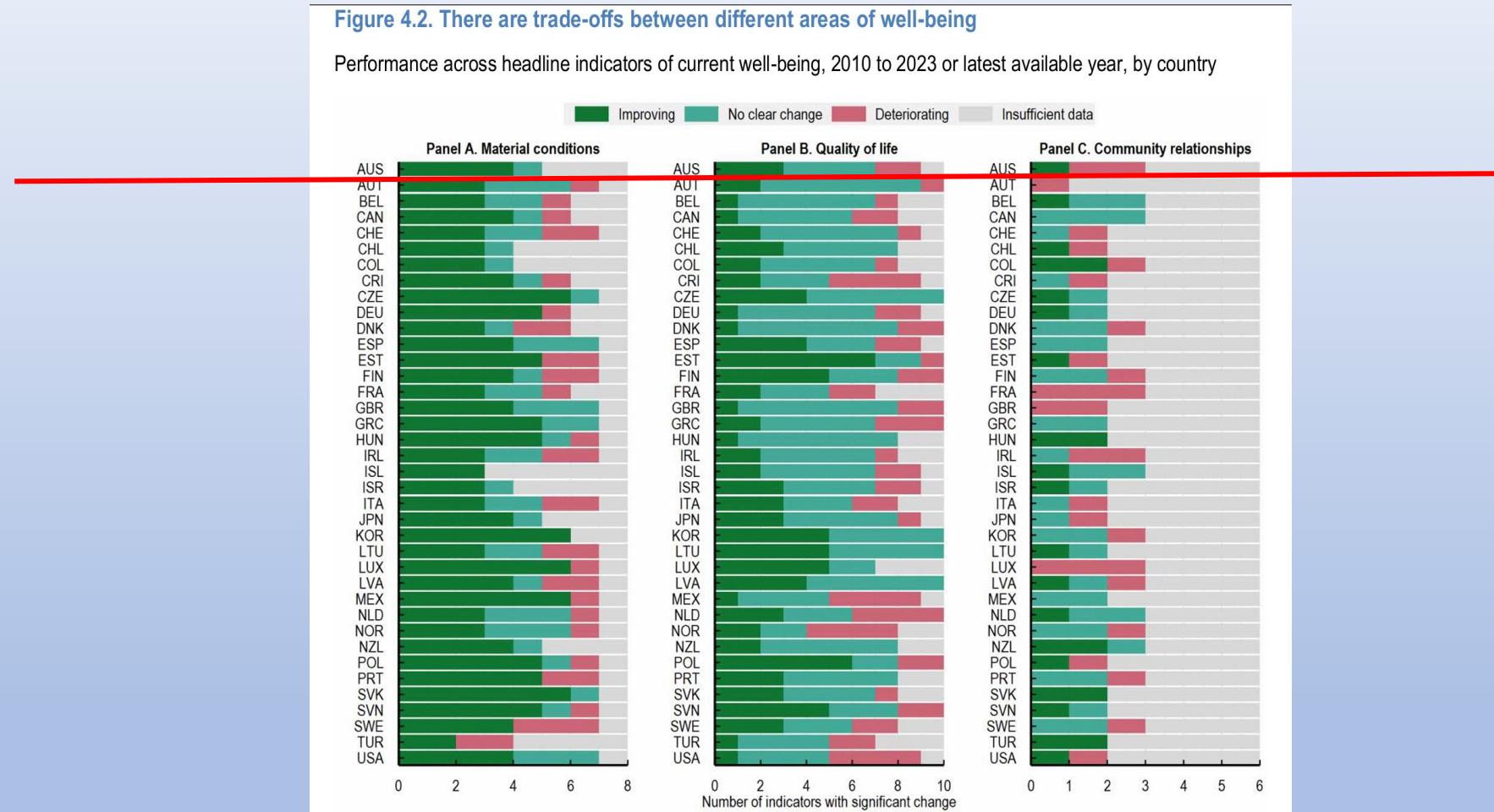


This plot shows Australia's relative strengths and weaknesses in well-being compared to other OECD countries. Longer bars always indicate better outcomes (i.e. higher well-being), whereas shorter bars always indicate worse outcomes (lower well-being) – including for negative indicators, marked with an \*, which have been reverse-scored. Inequalities are gaps between those at the top and those at the bottom of the achievement scale in each dimension, differences between population groups, or the percentage of the population falling under a given deprivation threshold and are shaded with stripes. Indicators in dark red refer to missing data for the indicator for the country, but are indicators otherwise available in the How's Life database.

# Longitudinal Change in Dimensions of Wellbeing 1

Figure 4.2. There are trade-offs between different areas of well-being

Performance across headline indicators of current well-being, 2010 to 2023 or latest available year, by country



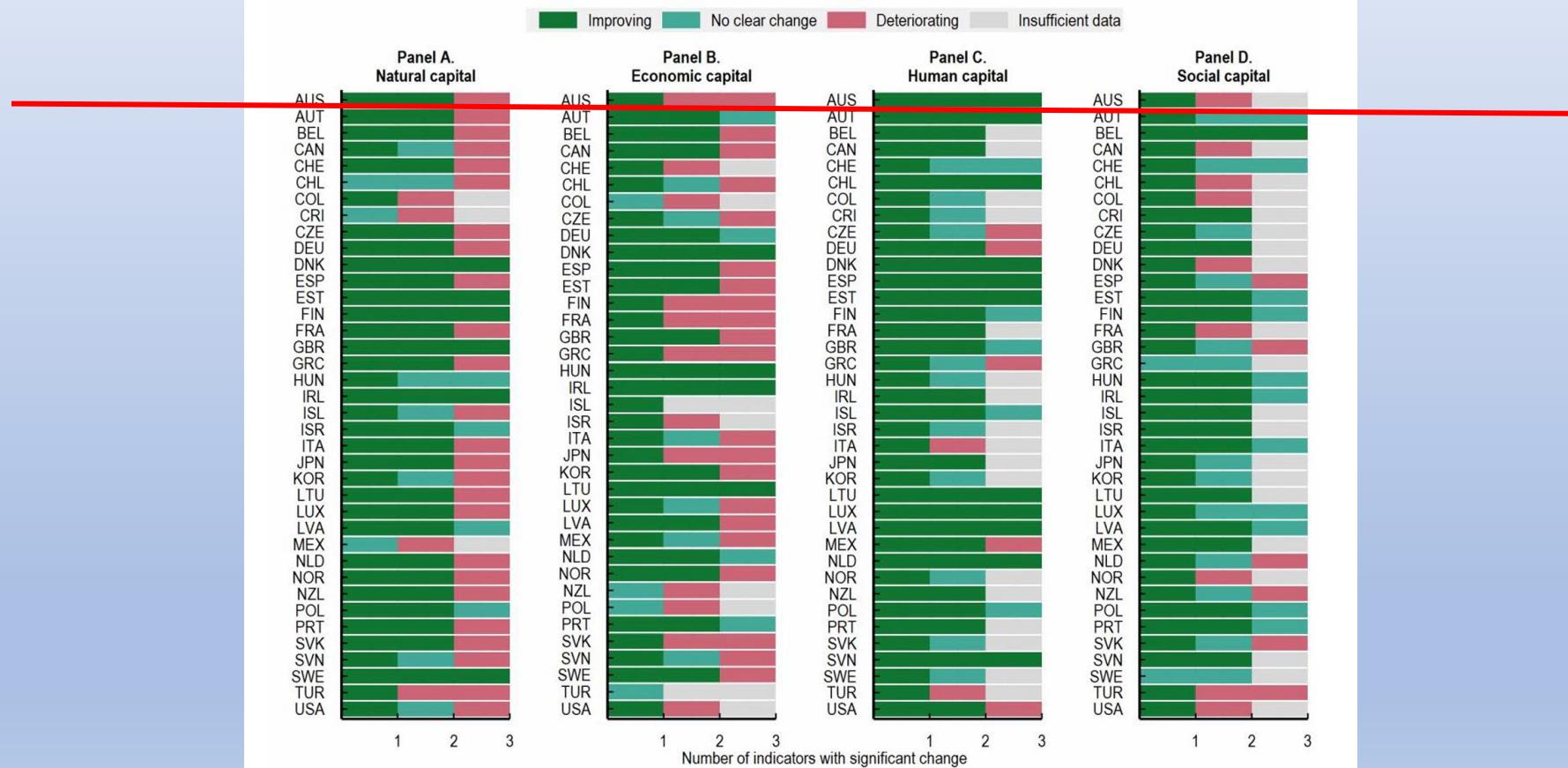
Note: Performance is classified by whether the cumulative change in an indicator is improving, deteriorating or showing no clear change with respect to indicator-specific thresholds (see the Reader's Guide for more details). Insufficient data refers to indicators that are missing for a country or do not have the necessary time series to calculate trends over time. The latest year refers to the latest available year after 2019. Having no say in the government refers to the change between 2021 and 2023. Within material conditions, no country has sufficient data for household net wealth. Within community relationships, no country has sufficient data for time off, the gender gap in hours worked, and social interactions.

Source: OECD calculations based on the OECD *How's Life? Well-being Database* (n.d.<sup>[1]</sup>), <http://data-explorer.oecd.org/s/fu>.

# Longitudinal Change in Dimensions of Wellbeing 2

Figure 4.4. Progress in resources for future well-being over the past decade has been mixed

Performance across headline indicators of future well-being, 2010 to 2023 or latest available year, by country



Note: Performance is classified by whether the cumulative change in an indicator is improving, deteriorating or showing no clear change with respect to indicator-specific thresholds (see the Reader's Guide for more details). Insufficient data refers to indicators that are missing for a country or do not have the necessary time series to calculate trends over time. The latest year refers to the latest available year after 2019.

Source: OECD calculations based on the OECD *How's Life? Well-being Database* (n.d.[1]), <http://data-explorer.oecd.org/s/fu>.

## Current well-being outcomes of men and women in Australia

Distance from parity with the population average, by gender, 2023 or latest available year



# Wellbeing by Gender, Australia in 2024

Note: Values refer to the ratio of outcomes for a specific population group relative to the population average. Ratios above 1 always indicate better outcomes (i.e. higher well-being), whereas ratios below 1 always indicate worse outcomes (lower well-being) - including for negative indicators, marked with an \*, whose ratios have been reversed. Ratios that fall within  $\pm 0.03$  points of parity are classified as no clear difference from the population average (indicated by the grey shaded area). Ratios that fall outside of the figure's scale are set to 0.5 or 1.5 and are marked by « or » with the actual value indicated in the bubble. Data for affects, feelings of safety, social support, volunteering at an organisation and trust in national government refer to pooled averages from 2022-23. Indicators in dark red refer to missing data for the indicator for the country, but are indicators otherwise available in the How's Life database. The number of Member states in the OECD average varies across indicators.

# Enhancing Personal Wellbeing, Informing Policy-Makers<sup>11</sup>



CAREIF/WPA SURVEY OF WELLBEING

May-July 2016

## REPORT OF FINDINGS

September 2016

Jenny Willis

Dinesh Bhugra

Albert Persaud

1. To sensitise individual respondents to their personal perceptions of wellbeing; **PERSONAL VALUES – INFORMED CHOICES**
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; **CULTURAL/SUBCULTURAL DIFFERENCES FOR LOCAL POLICIES**
3. To make recommendations on optimising individual and collective mental health and wellbeing; **PERSONAL & SOCIAL NEEDS FOR GENERIC POLICY**

## ... and finally

- Although wellbeing is a subjective, individual experience, social/cultural/religious and other environmental factors are highly influential
- Our perception of wellbeing is likely to change with age
- Find time for:
  - connecting
  - keeping active
  - learning
  - giving
  - taking notice
- These factors apply to our personal and professional lives

# Thank you for your attention

## References

- 1 International Health Conference, New York, 19-22 June, 1946 8
- 2 Alcmaon. See e.g. Plinio Prioreschi, (1996), *A History of Medicine: Greek medicine*, page 167.
- 3 Aristotle. *Nicomachean Ethics* (2004), ed. Hugh Treddenick. London: Penguin
- 4 Maslow, A.H. (1943). A Theory of Human Motivation. *Psychological Review* 50(4), 370-396.
- 5 Rogers, C. (1961). *On Becoming a Person: A Therapist's View of Psychotherapy*. London: Constable. ISBN 1-84529-057-7.
- 6 Frankl, V. (1988). *The Will to Meaning: Foundations and Applications of Logotherapy*. New York, NY: Penguin Books.
- 7 OECD 2017 <http://www.oecd.org/> and Better Life Index <http://www.oecdbetterlifeindex.org>
- 8 European Commission. (2015). The 2015 Ageing Report: Economic and budgetary projections for the 28 EU Member States (2013-2060).
- 9 <https://www.gov.uk/government/publications/five-ways-to-mental-wellbeing>
- 10 OECD (2024), *How's Life? 2024: Well-being and Resilience in Times of Crisis*, OECD Publishing, Paris, <https://doi.org/10.1787/90ba854a-en>
- 11 Willis, J. Persaud, A. Bhugra, D., 2016. The Centre for Applied Research and Evaluation International Foundation/ World Psychiatric Association. *Global Survey of Wellbeing. Report of Findings*. [www.careif.org](http://www.careif.org) and House of Lords Library. London. UK. (*Careif/WPA Wellbeing.2016*)