

Why do so many wellbeing programs fail to see concrete results?

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Acknowledgement of Country





Matthew Iasiello



Joep van Agteren

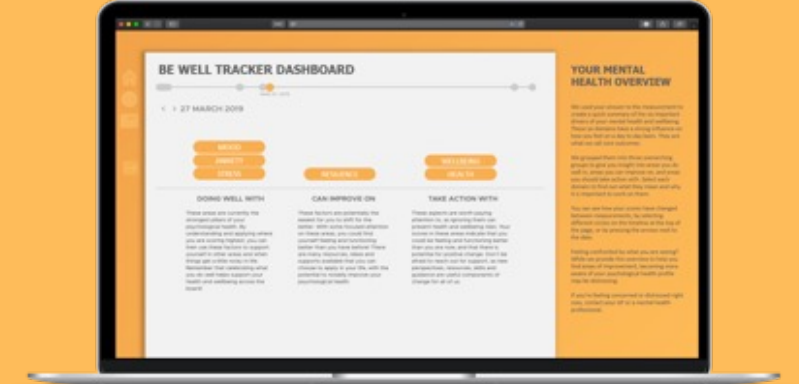




Our work centres on using “wellbeing” to innovate mental *health* services

All our work is directly related to gaps or improvements in ‘practice’

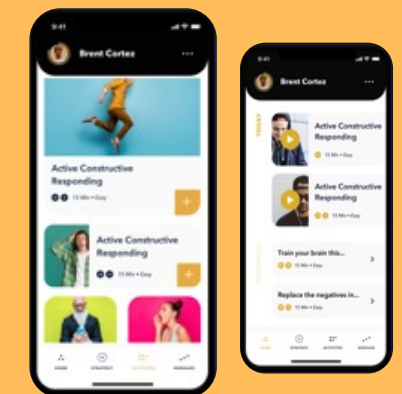
Understand



Improve

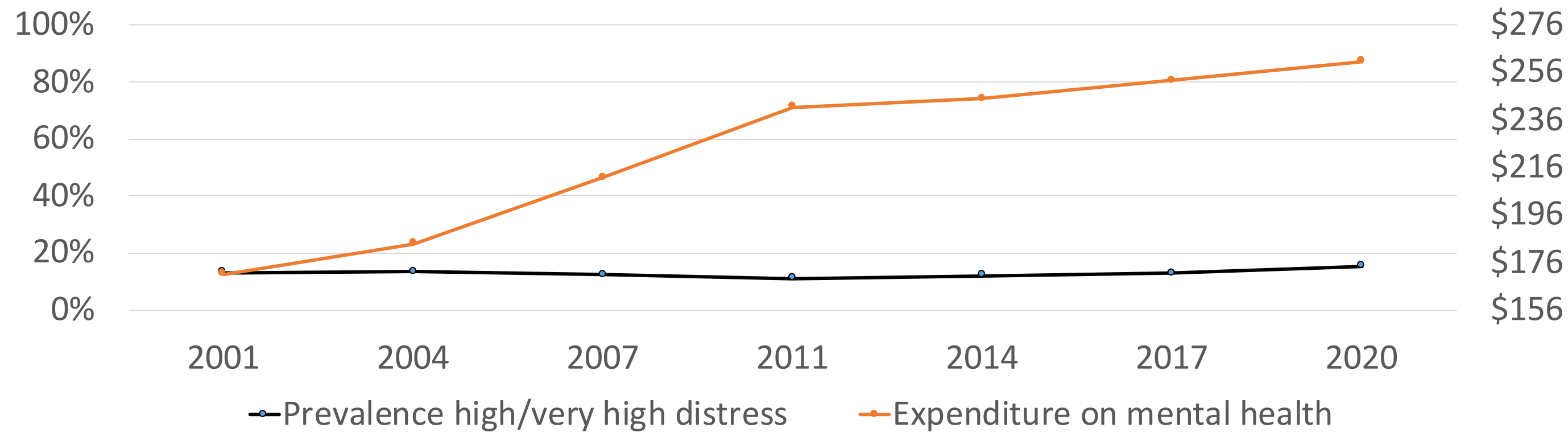


Maintain





Our system needs new solutions: shifting to a stronger focus on ensuring wellbeing is one solution.



Wellbeing promotes mental health

Wellbeing can prevent Mental Illness

Wellbeing improves rates of recovery

Keyes 2010, Wood 2010, Iasiello 2019, Harvey 2017, ABS 2017, ABS 2020



A systematic focus on wellbeing by the system is impeded by:

- A lack of understanding of how *accepted* paradigms (eg CBT) can improve mental wellbeing
- A lack of 'trust' in scientific credibility of new approaches, ie Pos Psych

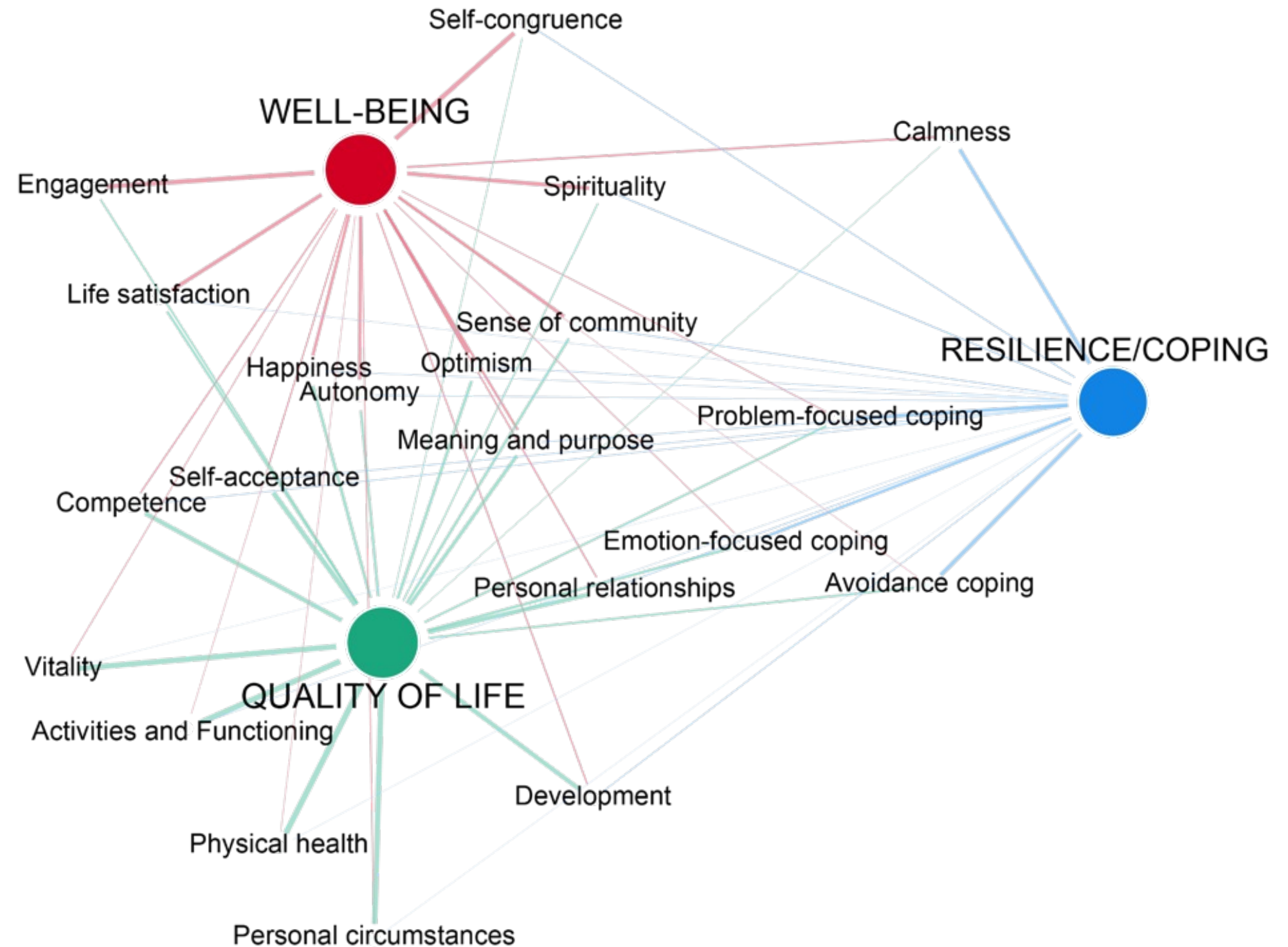
Our real-world experience



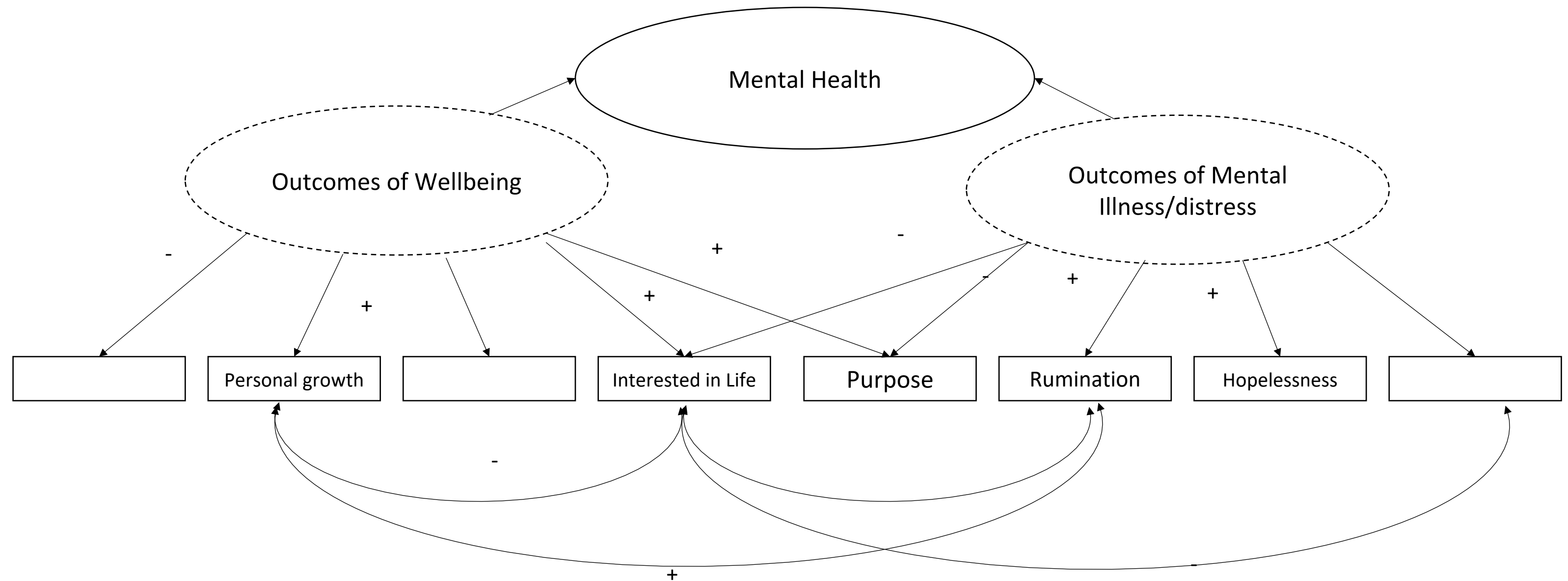


There are many facets we can target to build positive states of our mental health

- This complexity makes the state different from illness or distress



Psychological interventions from outside positive psychology can target unique or common “Drivers” of wellbeing and illness/distress





Why are non PPI's relevant to me (a positive psychologist)?

- 1) You may be working across populations (paradigms)
- 2) Positive Psychology is not just about 'positives'

“Positive psychology is the scientific study of what makes life most worth living, focusing on both individual and societal well-being”





We did a big systematic review of 53,000 participants

23,038 citations

2,070
Full-text

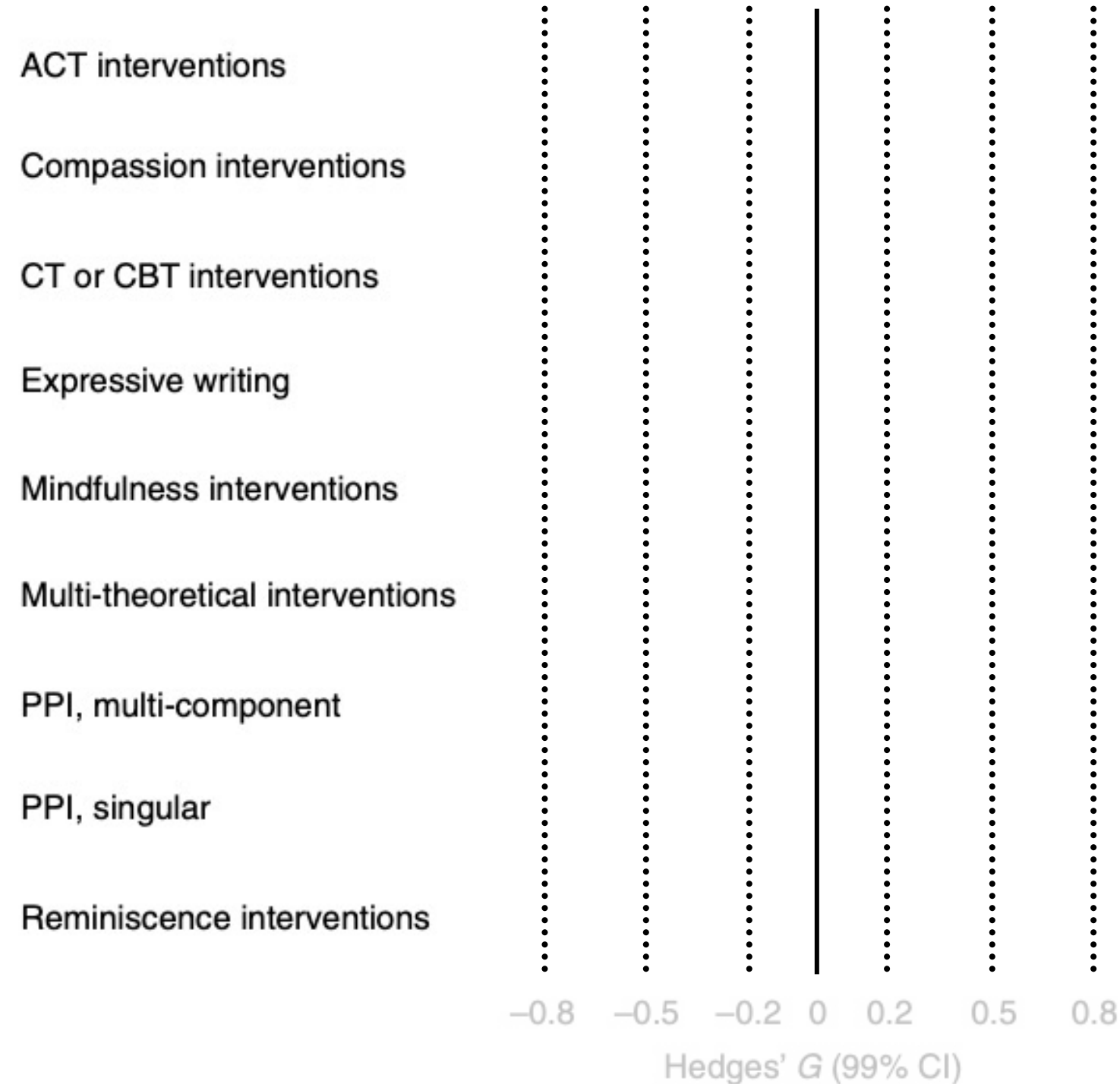
419
included

Poorly defined terms and definitions

*The review process at Nature
was excellent!*



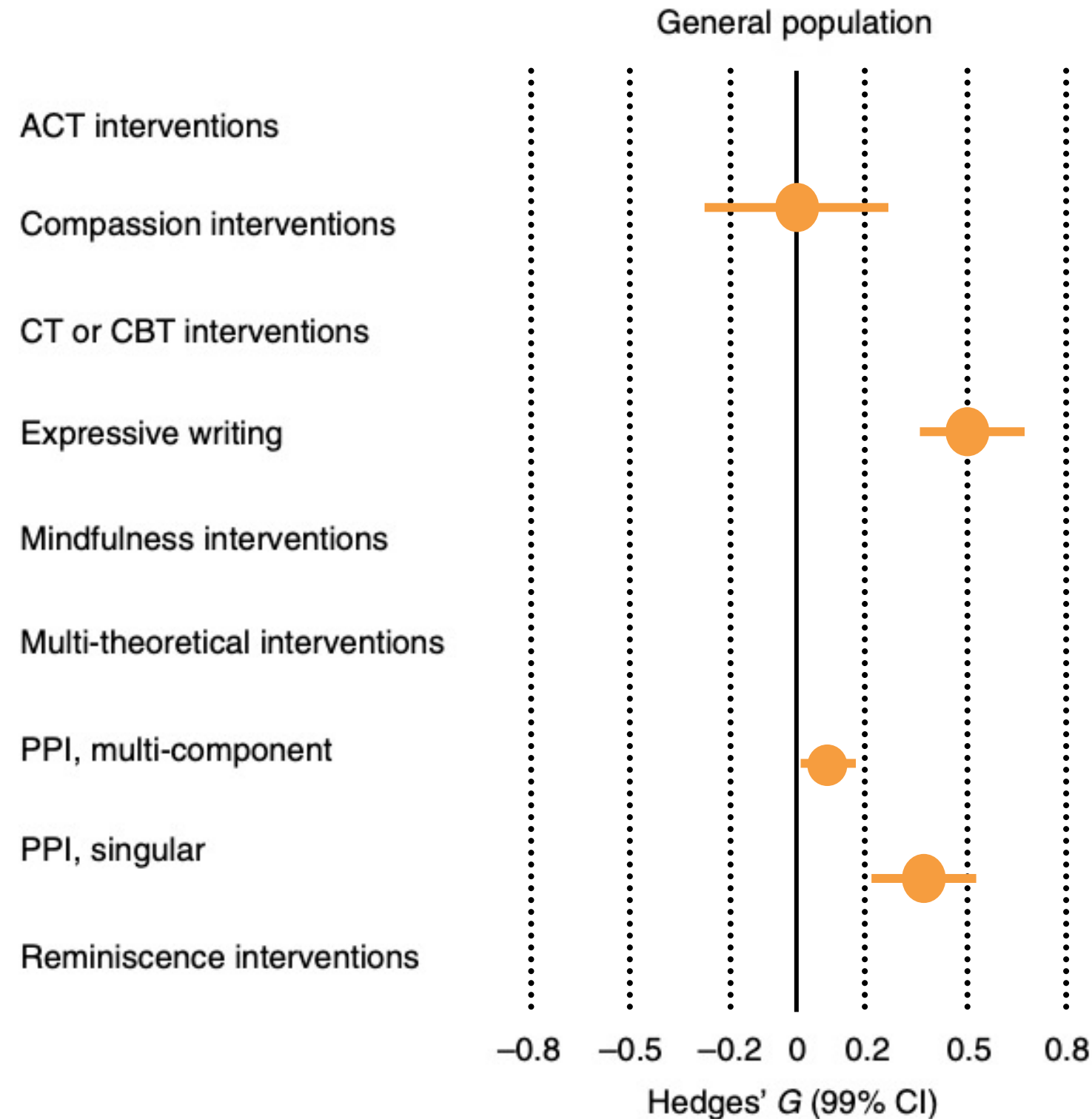
What types of intervention did we find?



Challenge: Overlap between intervention content/focus was big, leading to challenges in classifications



How did we determine if there is a meaningful effect?



Determine significance using 99% CI

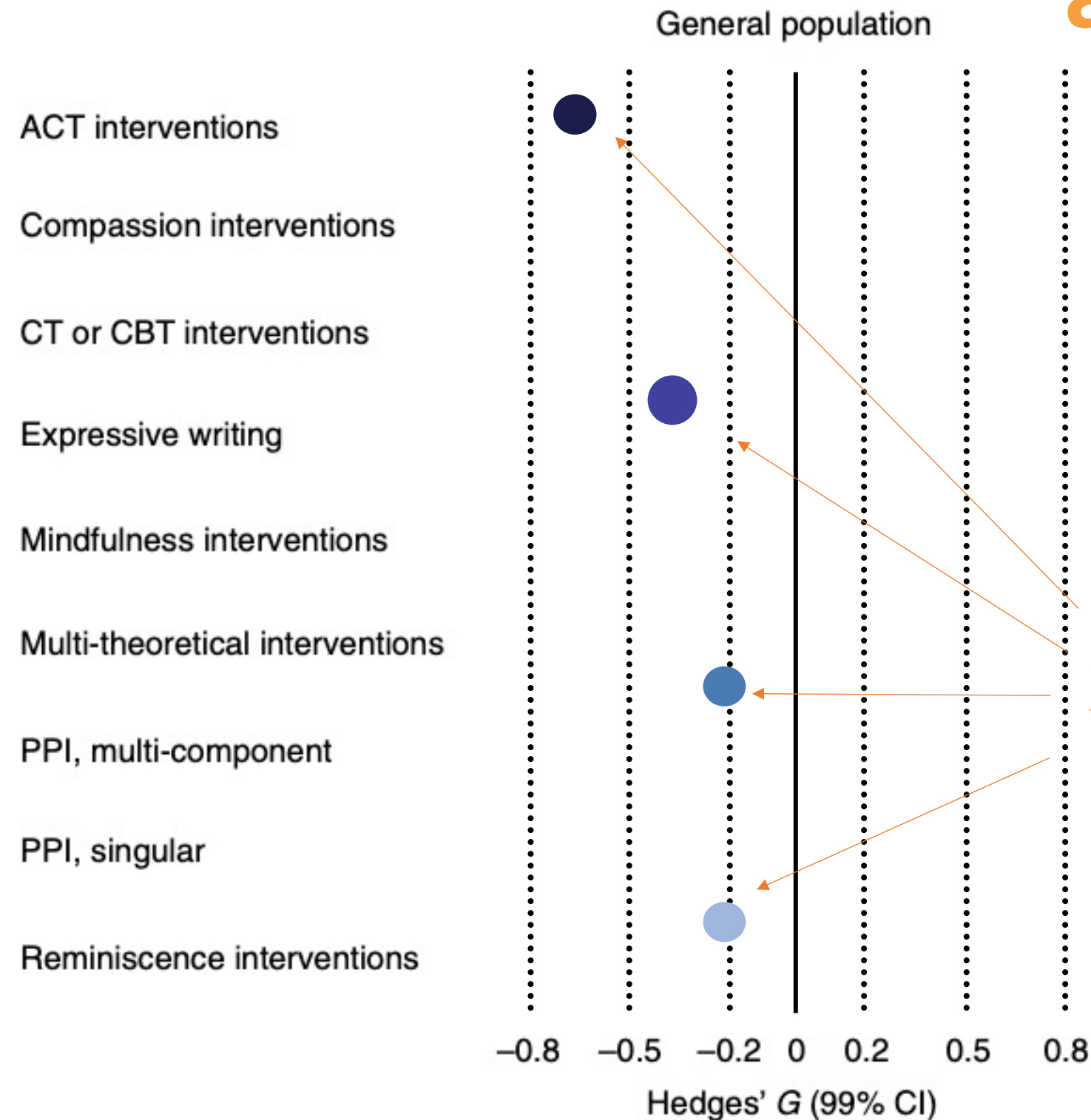
Use effect sizes to estimate if significant finding is meaningful

Only meta-analysed if we found 5 or more studies

We checked the “power” for each of the analyses



How did we assess the quality of the meta-analysis?



We gave a "GRADE" for the quality of the meta-analysis

**Problems in study design
(Risk of Bias)**

Heterogeneity

**Indirectness (eg Differences
in population)**

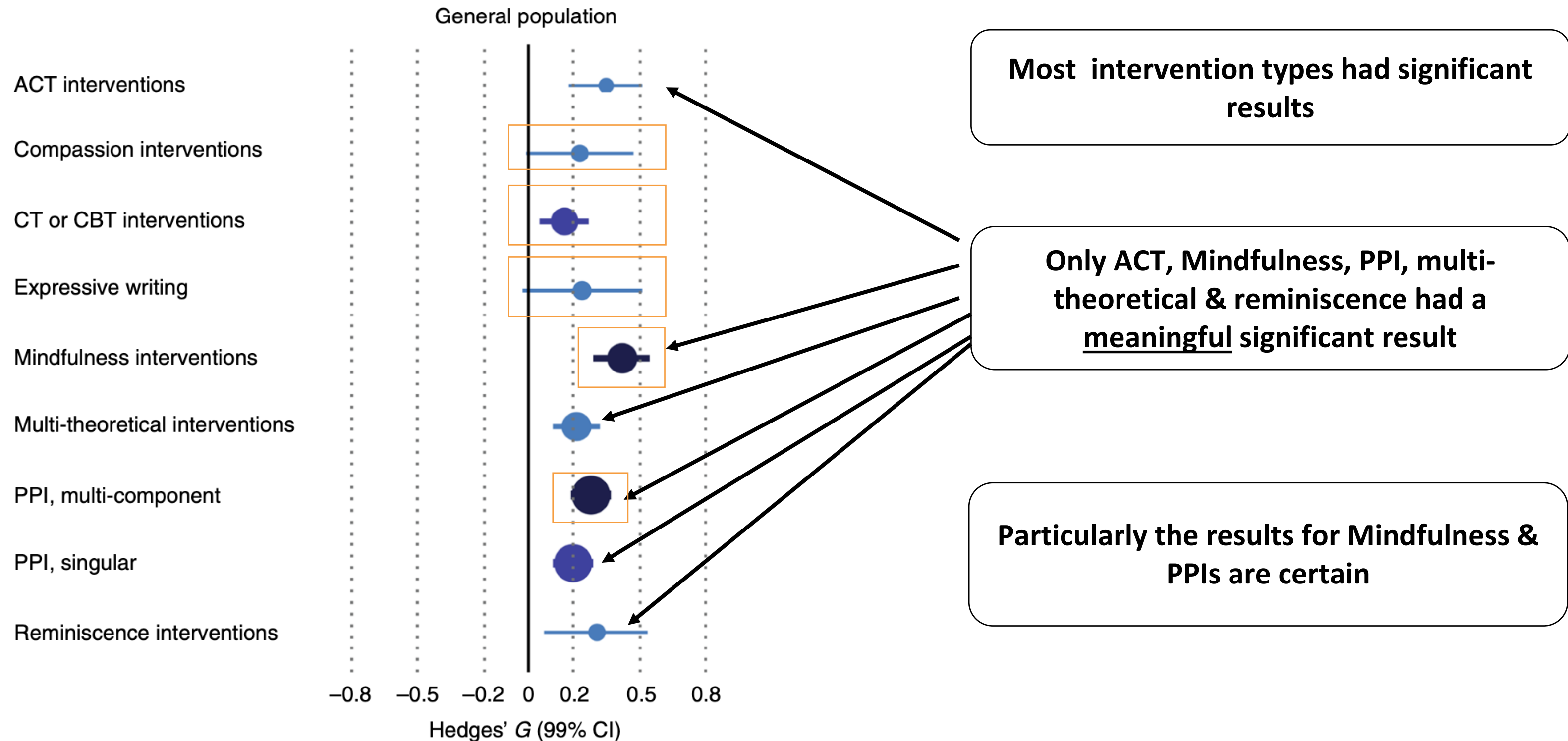
Imprecision

Publication bias

*How confident are we
that the reported effect
is close to the true
effect*

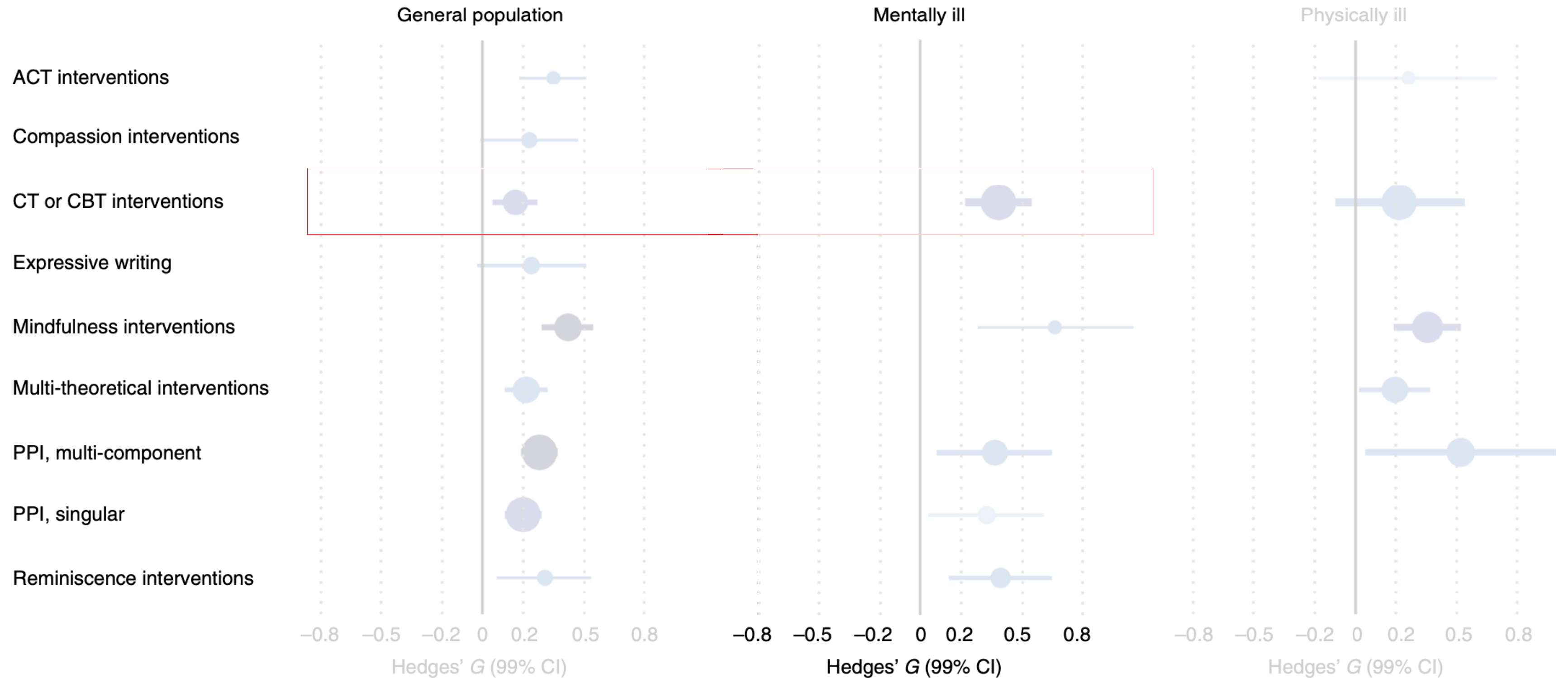


Meta-analysis results for general population



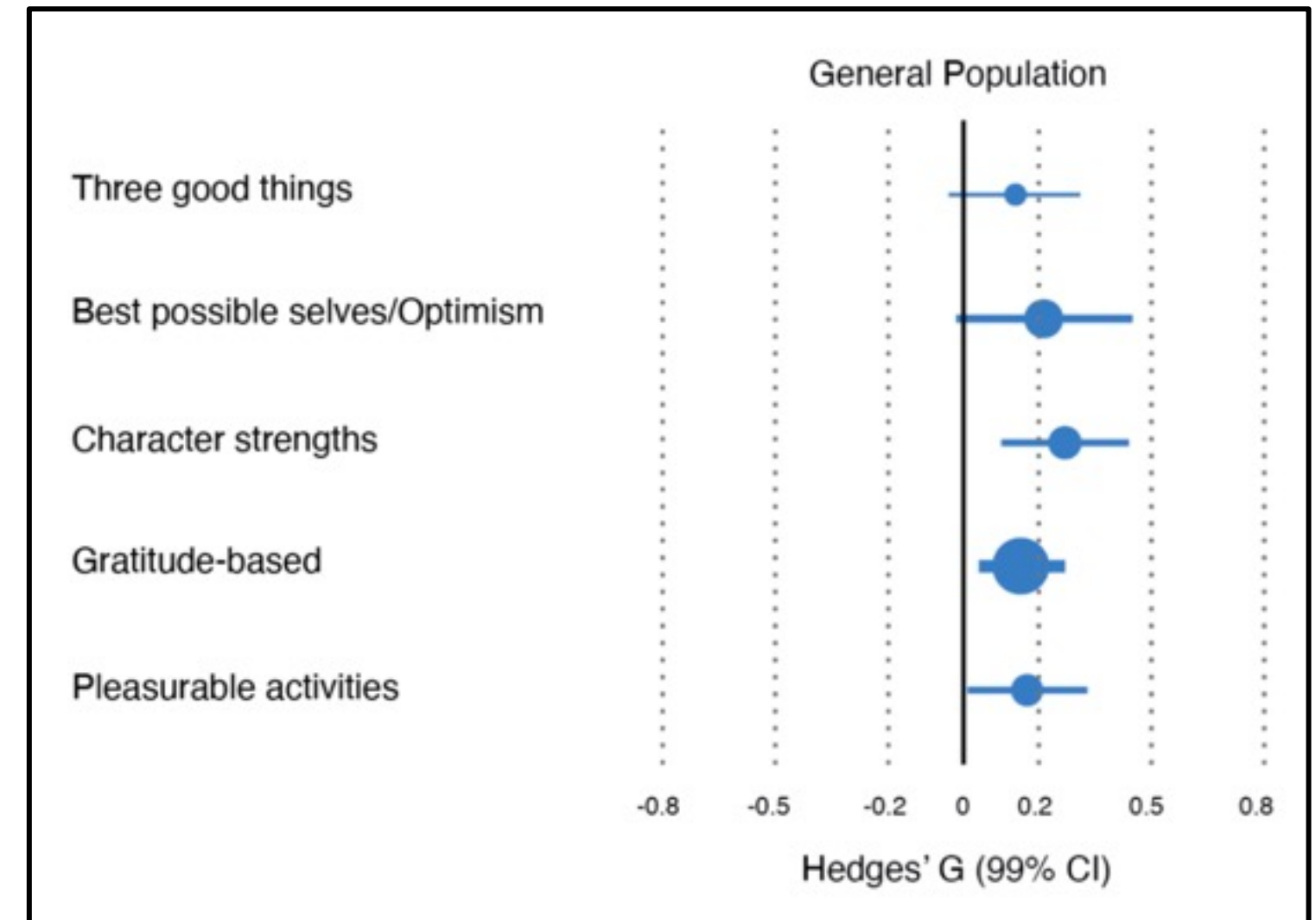
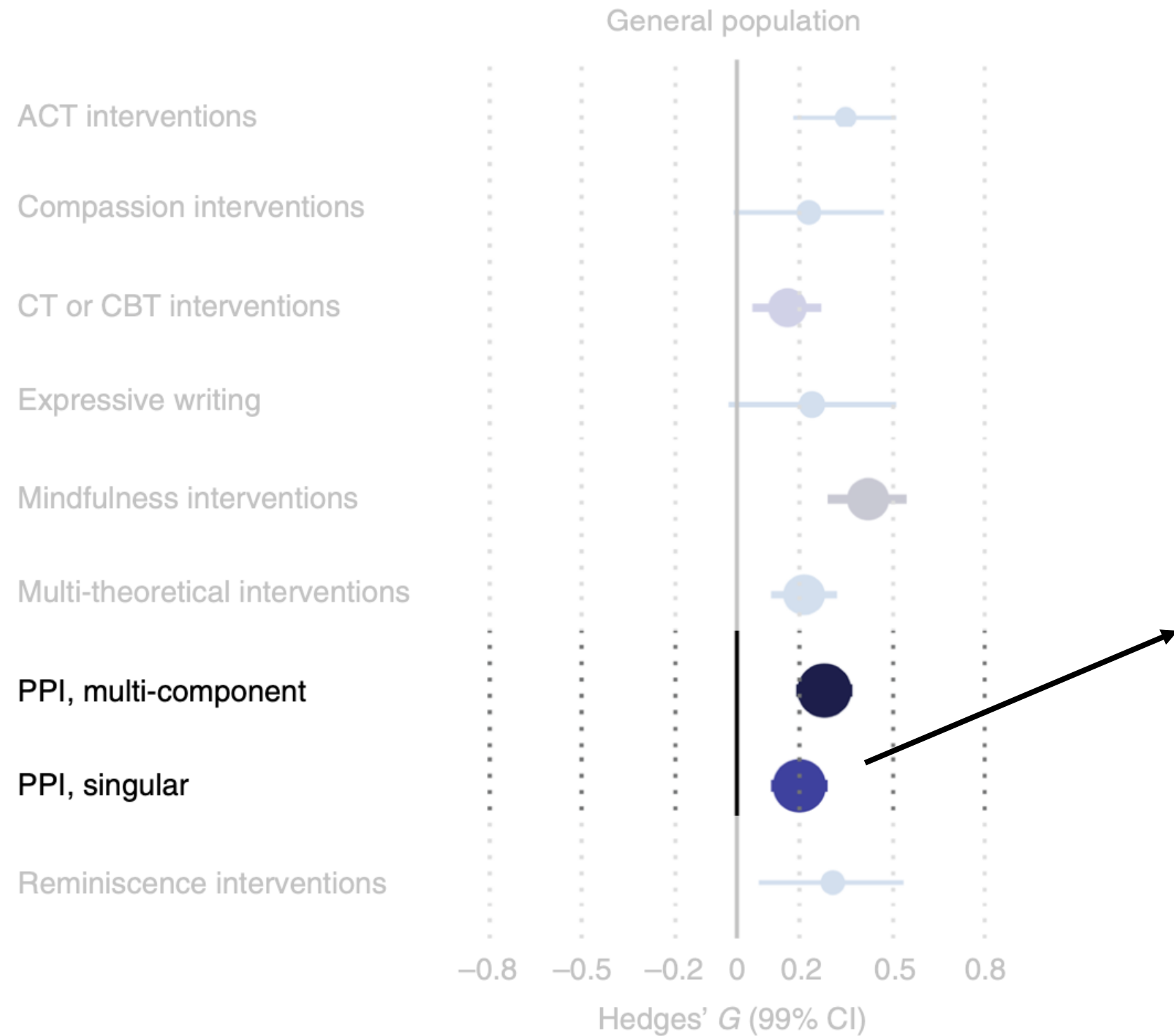


Meta-analysis results for clinical populations





Meta-analysis on PPI's





The evidence-base for positive psychology interventions: a mega-analysis of meta-analyses

Alan Carr^{a,b}, Laura Finneran^a, Christine Boyd^a, Claire Shirey^a, Ciaran Canning^a, Owen Stafford^a, James Lyons^a, Katie Cullen^a, Cian Prendergast^a, Chris Corbett^a, Chloe Drumm^a and Tom Burke^{a,b,c}

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ABSTRACT

This study provides a quantitative synthesis of meta-analytic evidence for the effectiveness of very broadly defined positive psychological interventions (PPIs), i.e. interventions that enhance well-being through pathways consistent with positive psychology theory. The definition covers a wide range of PPIs including single and multi-element PPI programs as well as mindfulness, mind-body, and physical exercise-based interventions. Five databases were searched. One hundred and ninety eight meta-analyses involving 4,065 primary studies and 501,335 participants were selected for review. Using the AMSTAR-2 criteria, the selected meta-analyses were found to be of moderate or high quality. At post-intervention, PPIs had a significantly small to medium effect on well-being, QoL, strengths, depression, anxiety, and stress. Gains were partially maintained at 7.5-month follow-up. Mind-body PPIs such as yoga were particularly effective. Individuals who engaged in longer, face-to-face programs benefited most. This mega-analysis shows that PPIs have an extensive evidence base supporting their effectiveness.

ARTICLE HISTORY

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KEYWORDS

Positive psychology interventions; positive psychology interventions meta-analysis; positive psychology interventions systematic review; positive psychotherapy; quality of life; well-being; strengths; depression; anxiety; stress



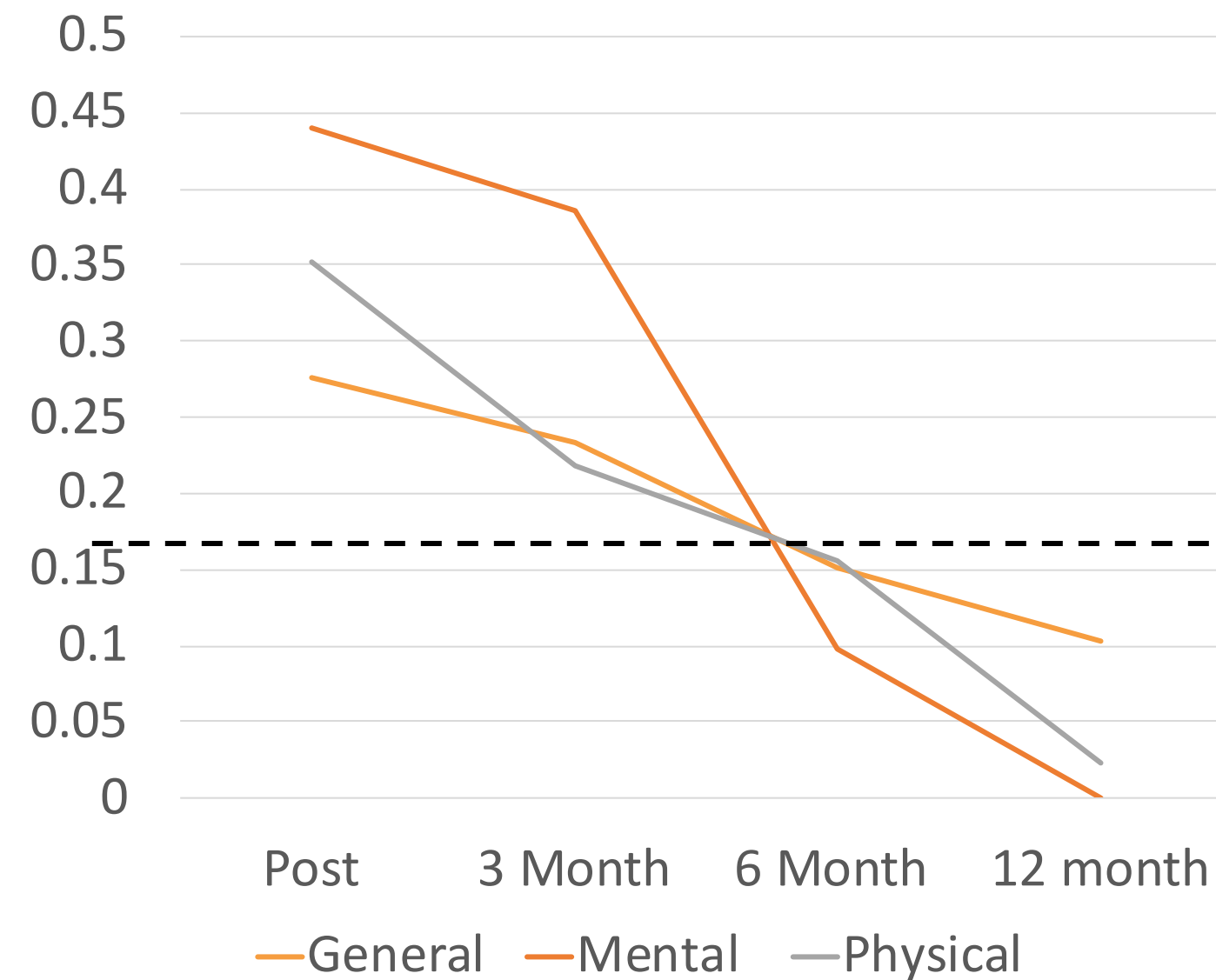
We do not need
more research on
whether PPIs
work



We need to find out
how, for whom and
in what context PPIs
work

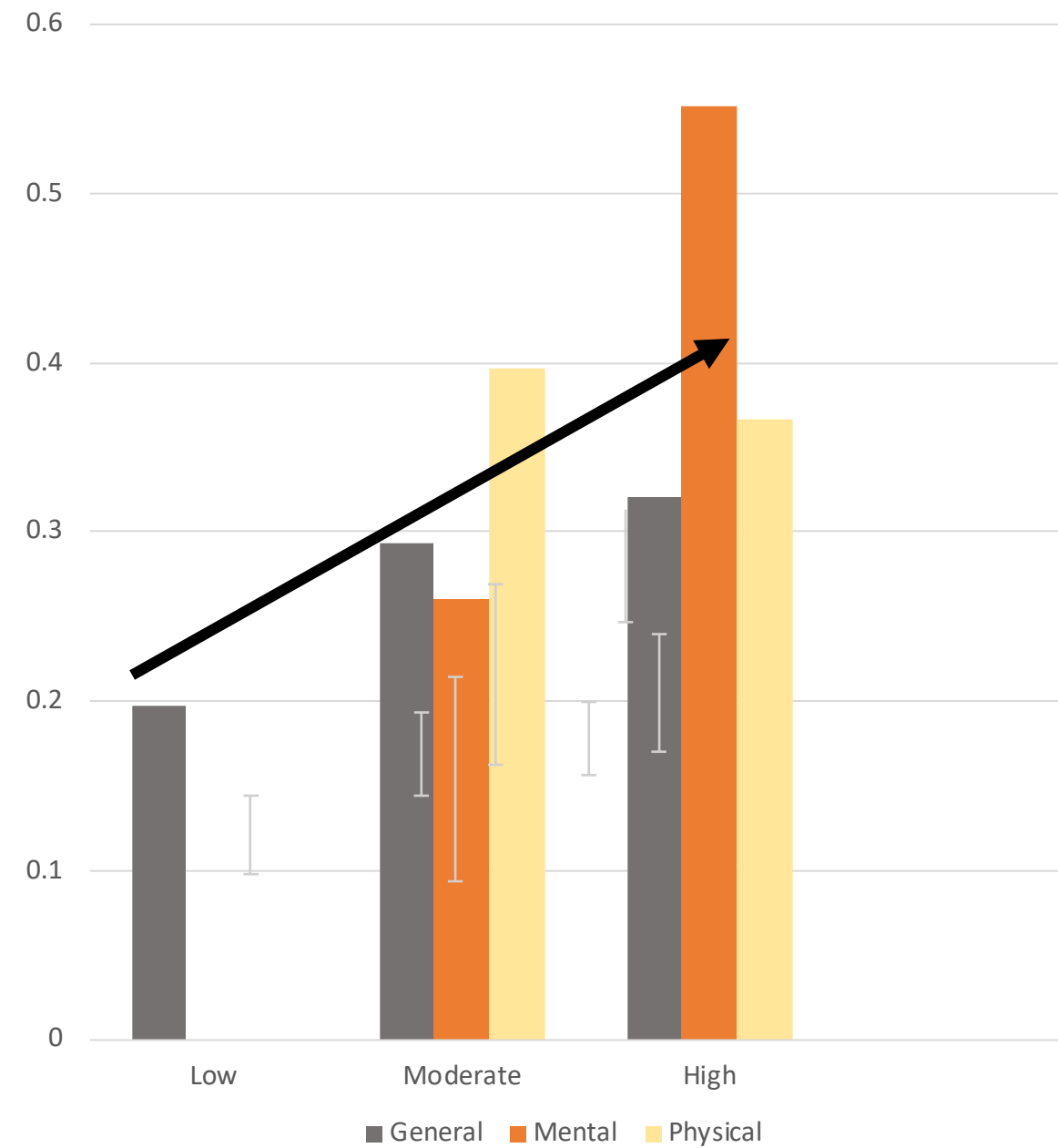


Tip 1.
We need to
become serious
about boosting.



**Effect drop-off happens
after 3 months**

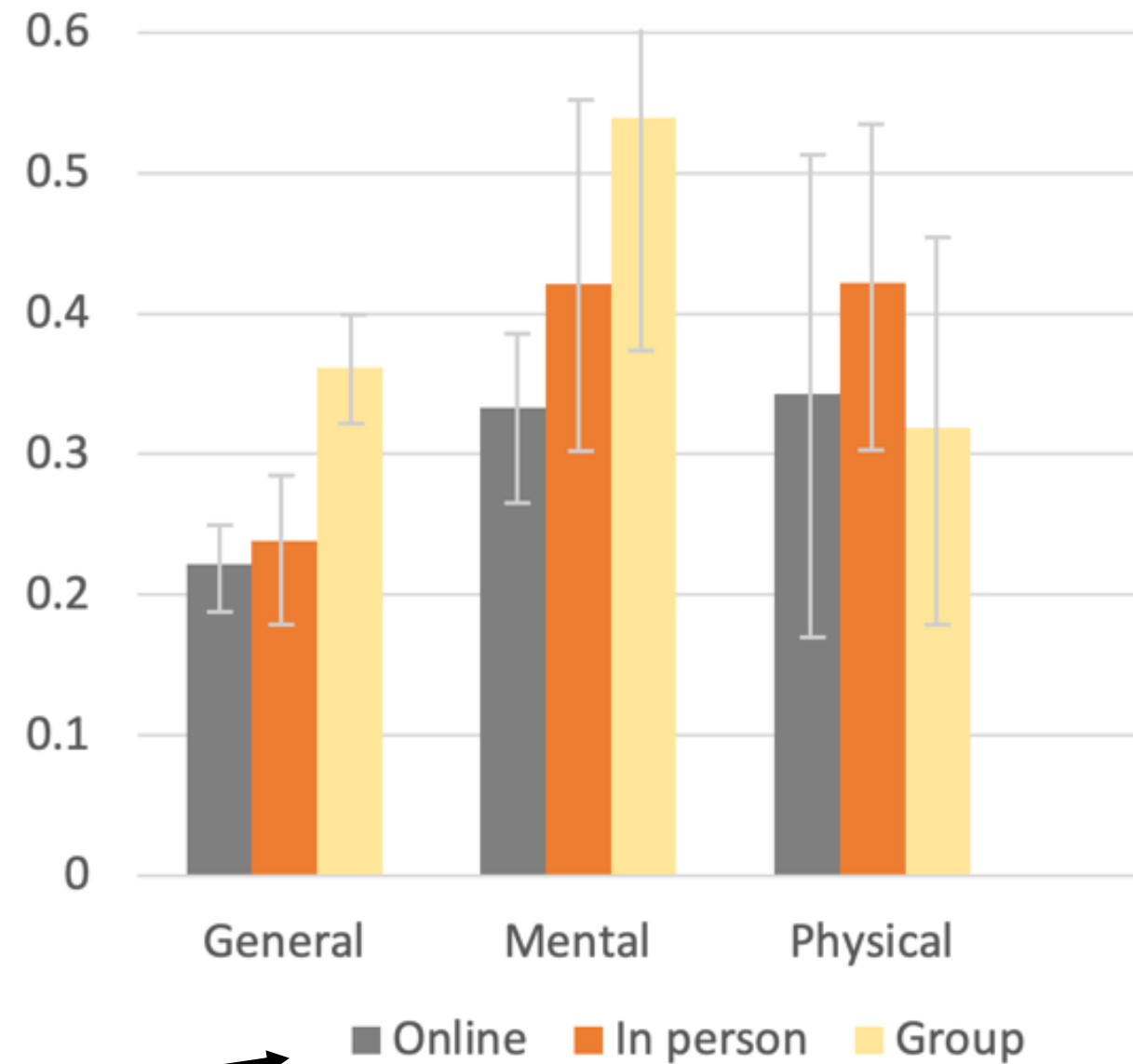
Tip 2. Short talks are not enough to do the trick



**More intense & longer
activity increases impact**



Tip 3. Format influences impact

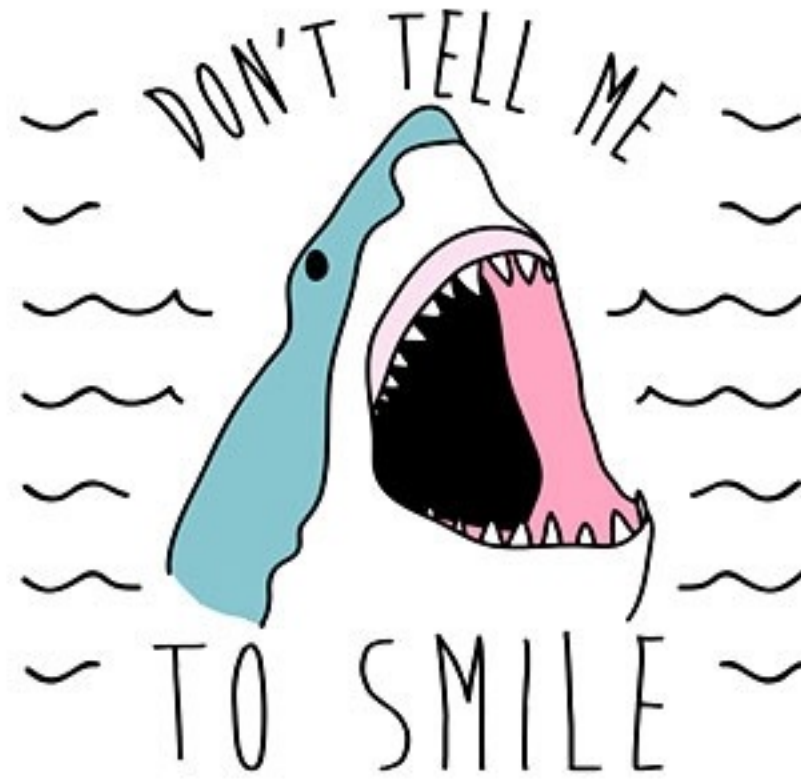


Most was done pre-COVID:
does not apply to telehealth

Technology performed less
than individual and group.



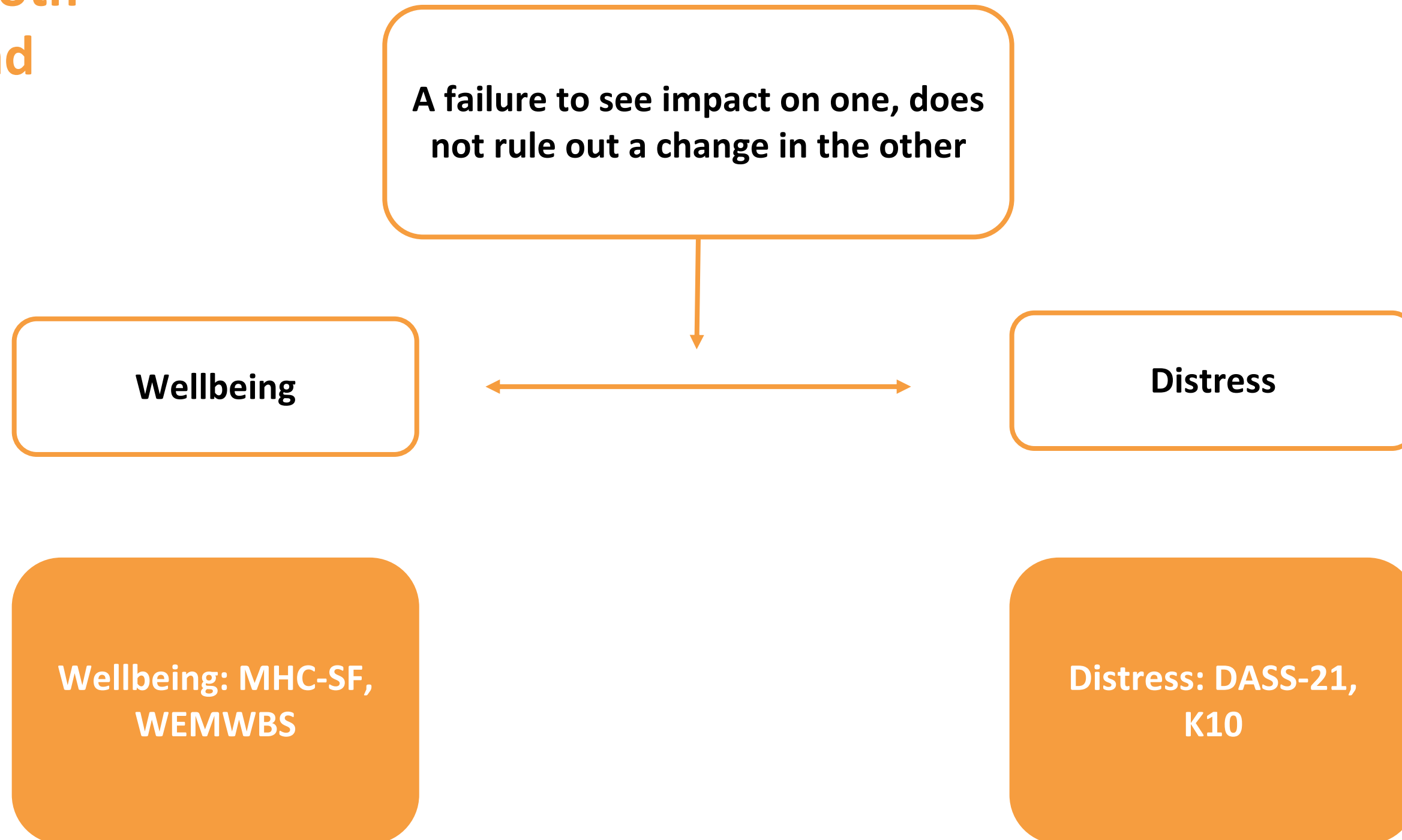
Tip 4.
Think about contra-
indications (they
are a thing in PPI's)



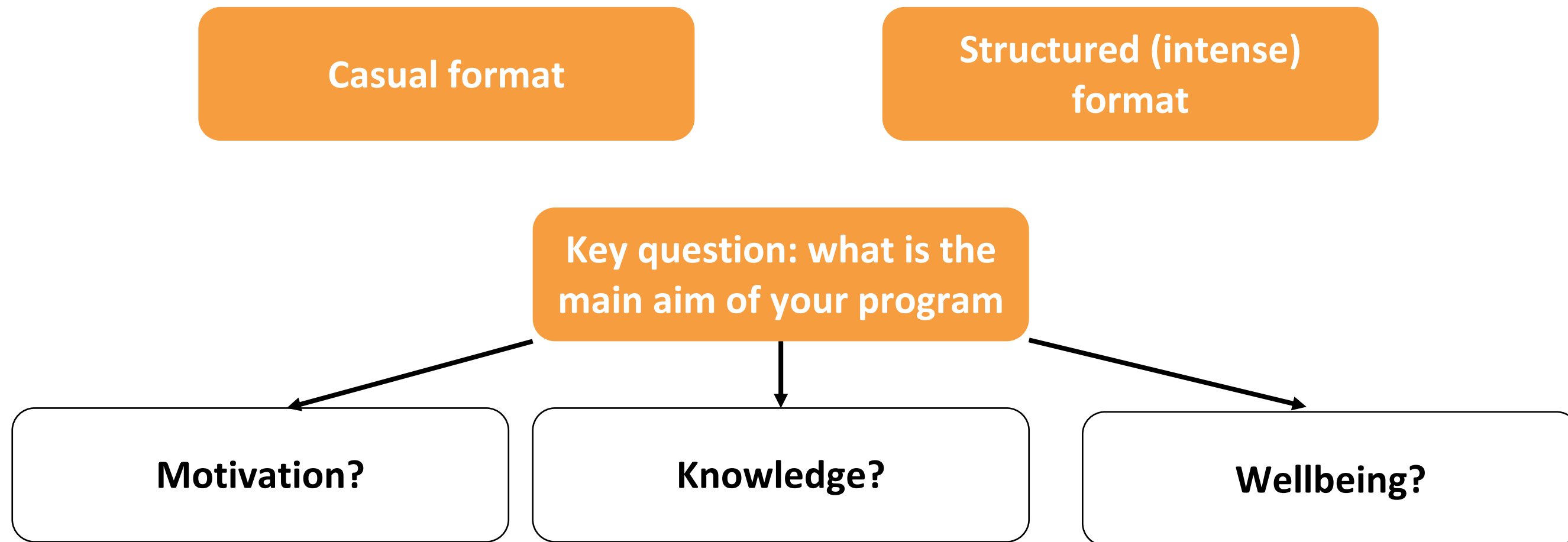
**Example: depression and
acts of kindness**



Tip 5.
Measure both
positive and
negative
outcomes



Tip 7. Implementation matters:



Tip 6. Operationalisation matters



The curious case of gratitude

Questions?



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