



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



AAA

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

BE WELL TRACKER D			YOUR MENTAL HEALTH OVERVIEW
C 3 27 MARCH 2008	CARLINFROVE ON	TRACE ACTION WITH	We want your offsets to the transmittent of entropy and sectors of the sectors and and the sector of the sectors and because for an a sector sector and because for an a sector sector and the sector of the sectors of the because for an another sector of the sector because for an other because of the sector because for an other because of the sector because of the sector
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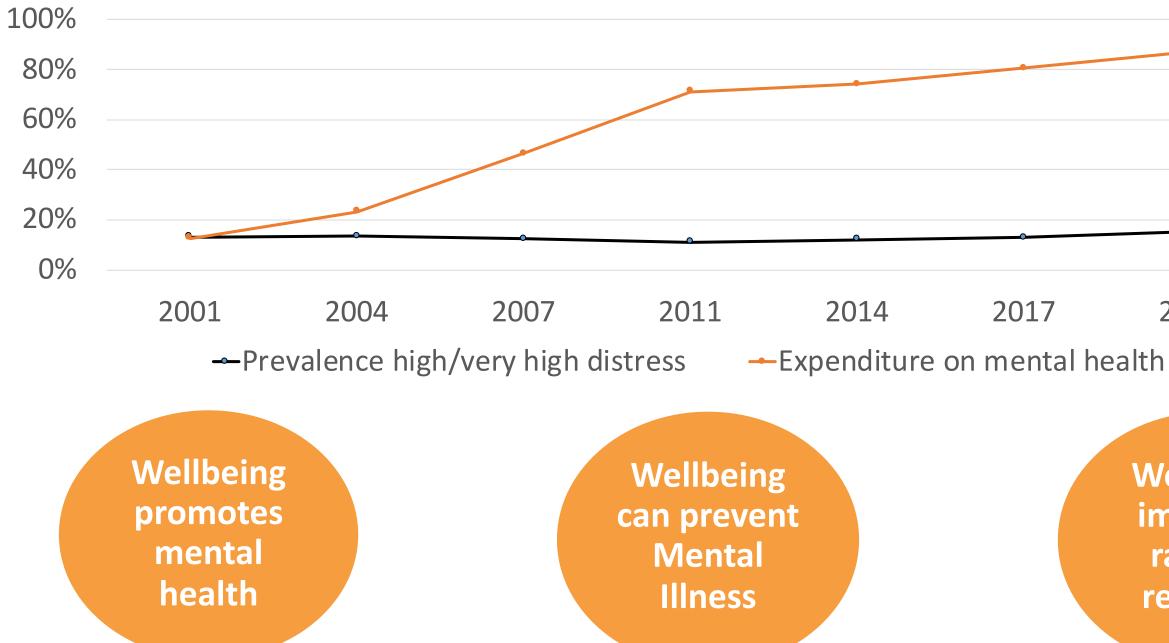
Improve



Maintain







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

\$276 \$256 \$236 \$216 \$196 \$176 \$156

2017 2020

Wellbeing improves rates of recovery



A <u>systematic</u> 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

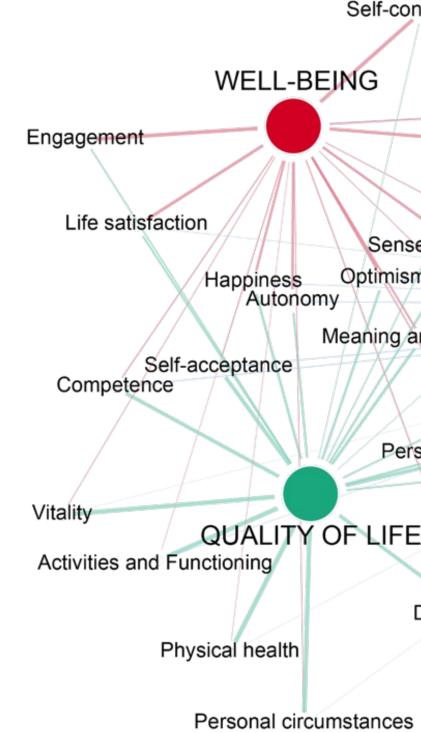
Our real-world experience





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

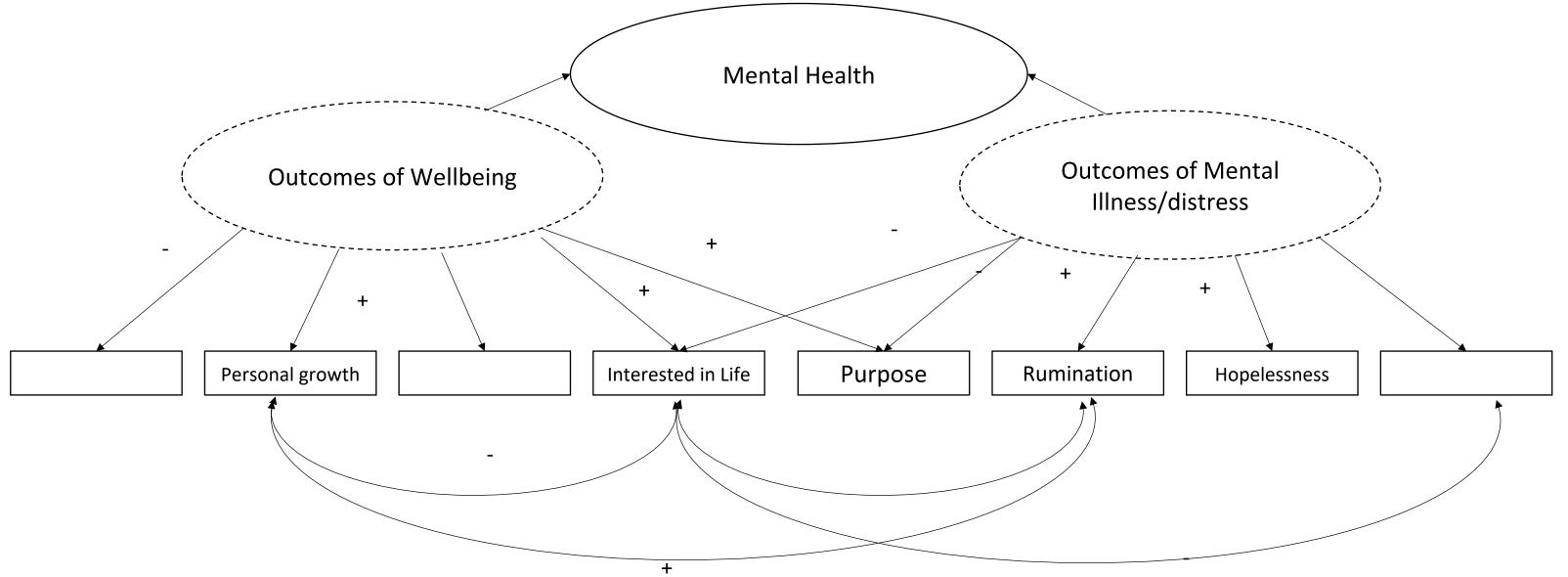


Pre-print available at: https://psyarxiv.com/s96mr/

ngruence	
Spirituality	Calmness
e of community n Problem-focuse	RESILIENCE/COPING
Emotion-focused coping	g
sonal relationships Avoid	dance coping

Development

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"





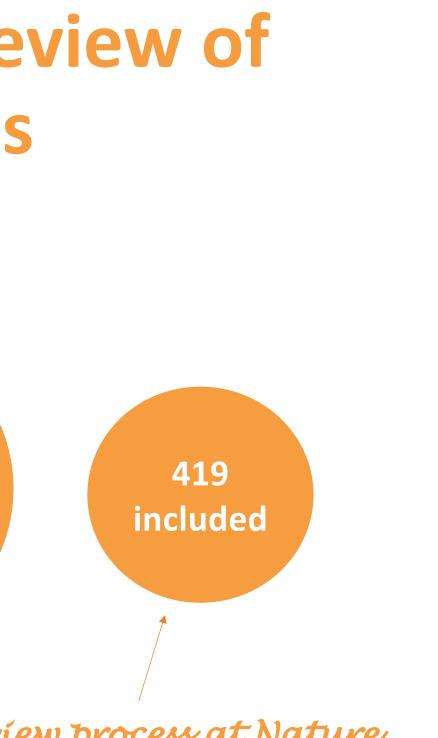
We did a big systematic review of 53,000 participants

23,038 citations

2,070 Full-text

> The review process at Nature was excellent!

Poorly defined terms and definitions



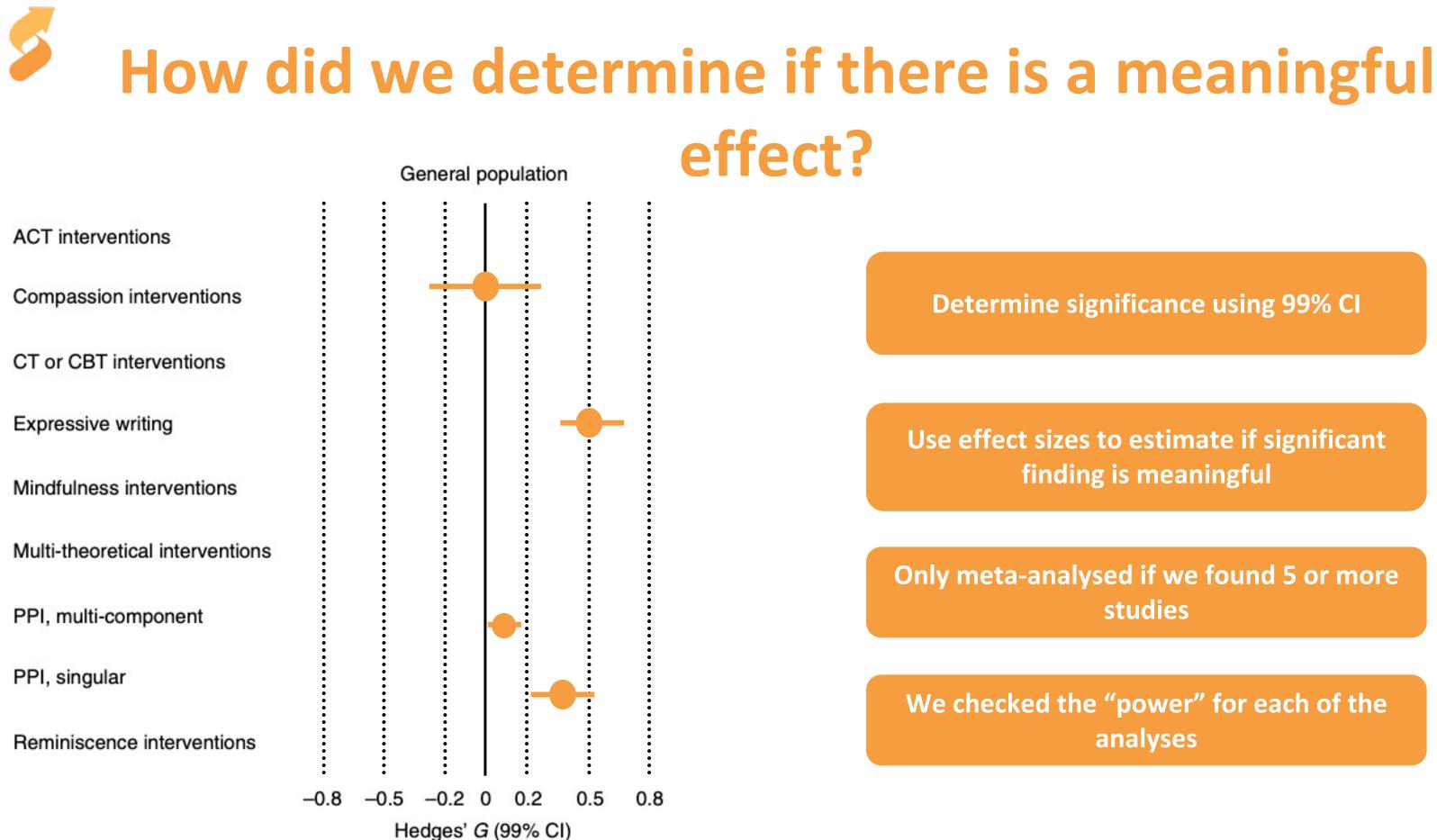


What types of intervention did we find?

ACT interventions		• • • •		• • • •		•
Compassion interventions				•		
CT or CBT interventions		• • • • •		•		
Expressive writing		• • • • •		•		
Mindfulness interventions						
Multi-theoretical interventions		•		•		
PPI, multi-component		•		•		
PPI, singular		• • • • •		• • • •	6 6 6 6 6 6	
Reminiscence interventions	• • • • • •	• • • • •		• • • •	6 6 6 6 6	• • • • •
	-0.8	-0.5	-0.2 0	0.2	0.5	0.8
		He	edges' G	(99% C	1)	



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

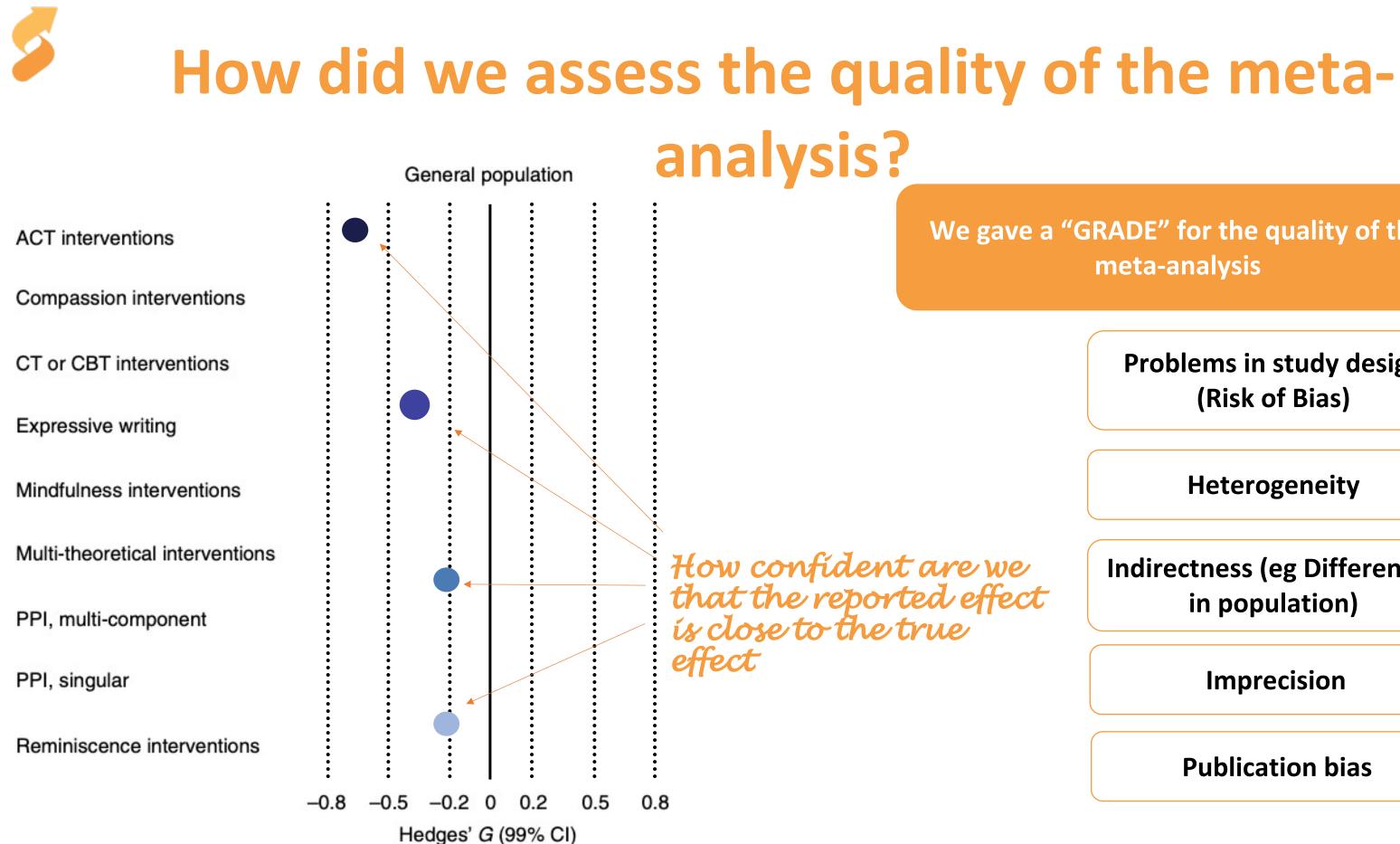


Determine significance using 99% CI

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



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

> Problems in study design (Risk of Bias)

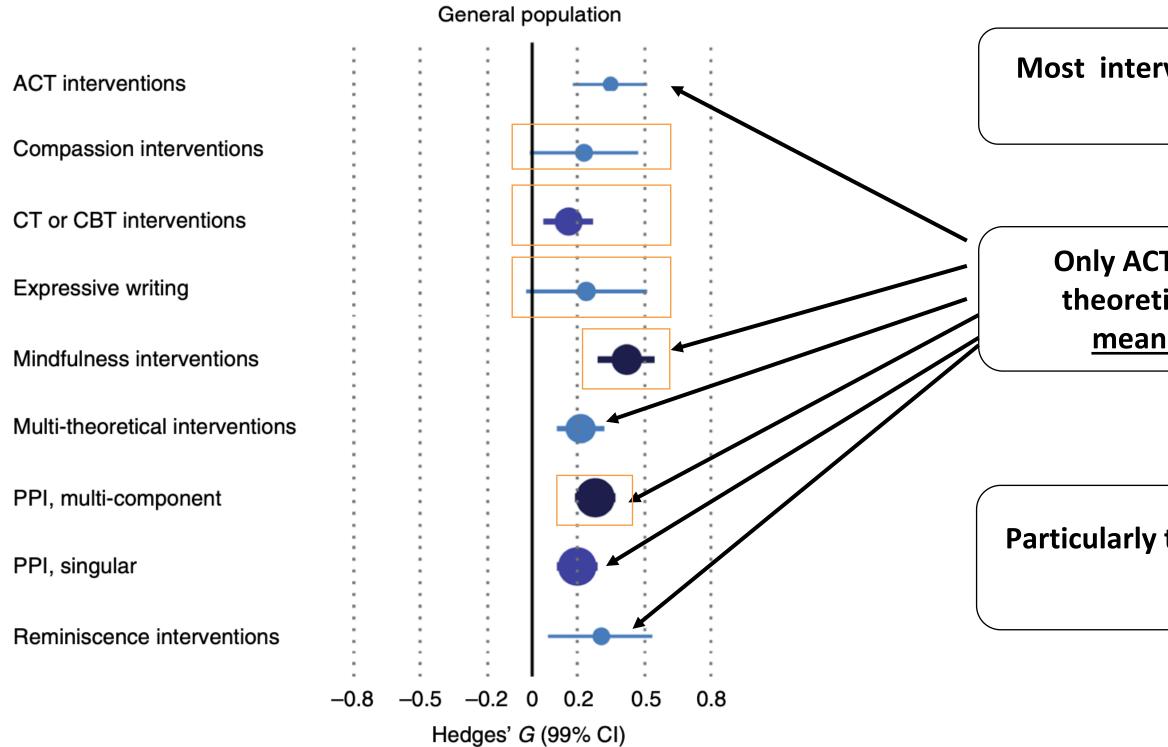
> > Heterogeneity

Indirectness (eg Differences in population)

Imprecision

Publication bias

Meta-analysis results for general population

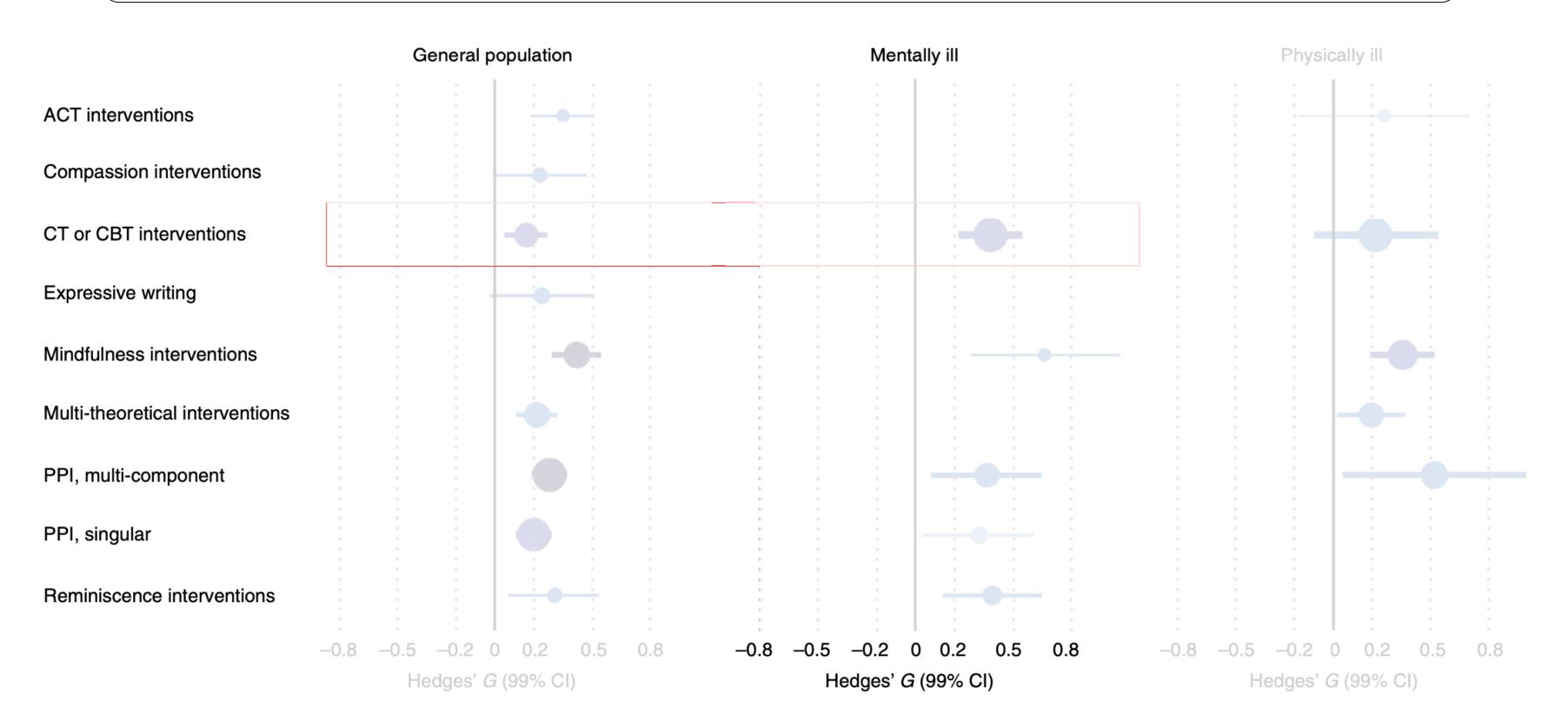


Most intervention types had significant results

Only ACT, Mindfulness, PPI, multitheoretical & reminiscence had a <u>meaningful</u> significant result

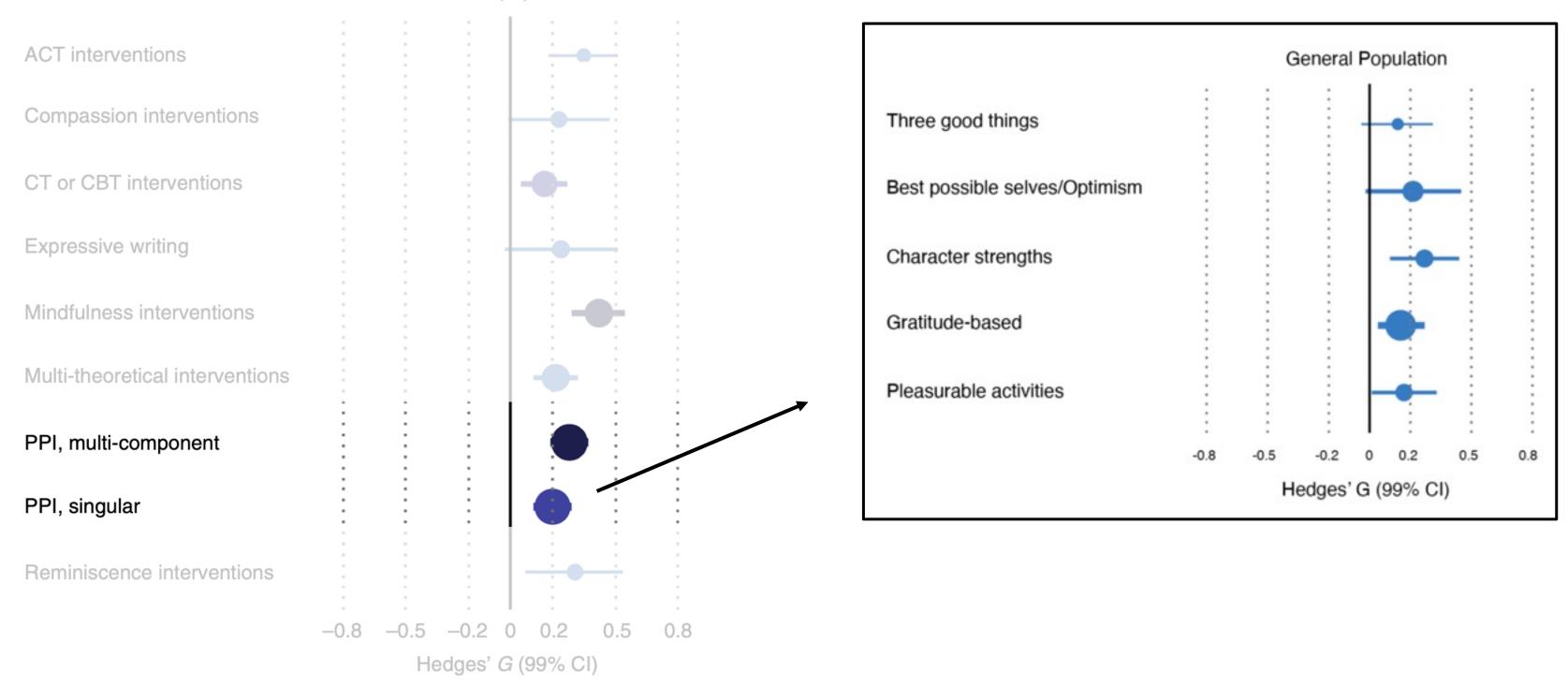
Particularly the results for Mindfulness & PPIs are certain

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 (p^{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}

^aPsychology, University College Dublin, Dublin, Ireland; ^bClanwilliam Institute, Dublin, Ireland; ^cPsychology, National University of Ireland Galway, Galway, Ireland

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 wellbeing 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.



Check	for	updates

ARTICLE HISTORY Received 24 June 2022 Accepted 1 December 2022

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



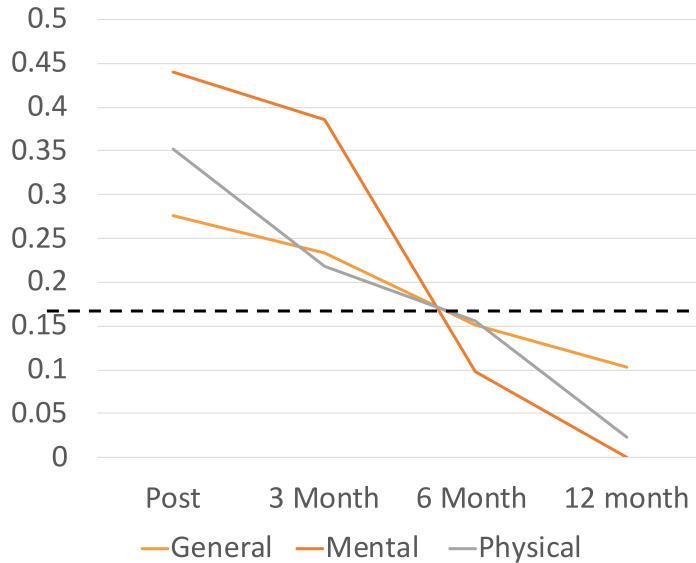
We do <u>not</u> need more research on whether PPIs work

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





Tip 1. We need to become serious about boosting.

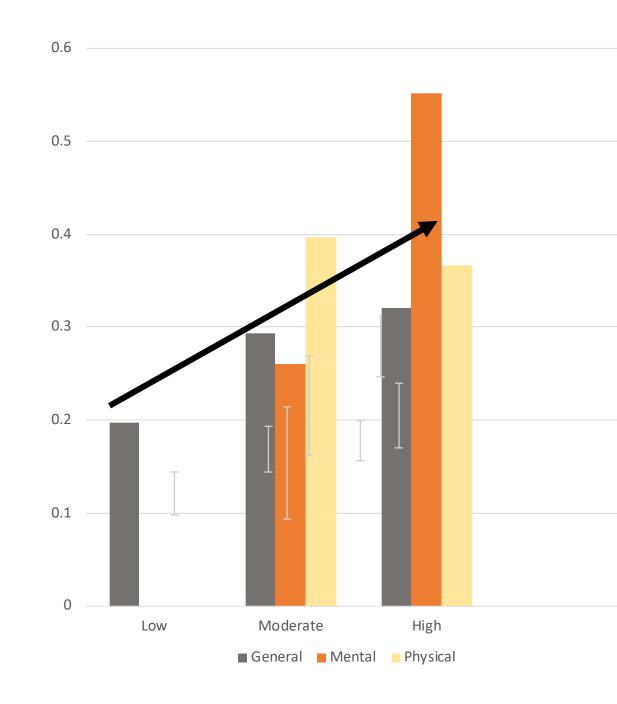


Effect drop-off happens after 3 months



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

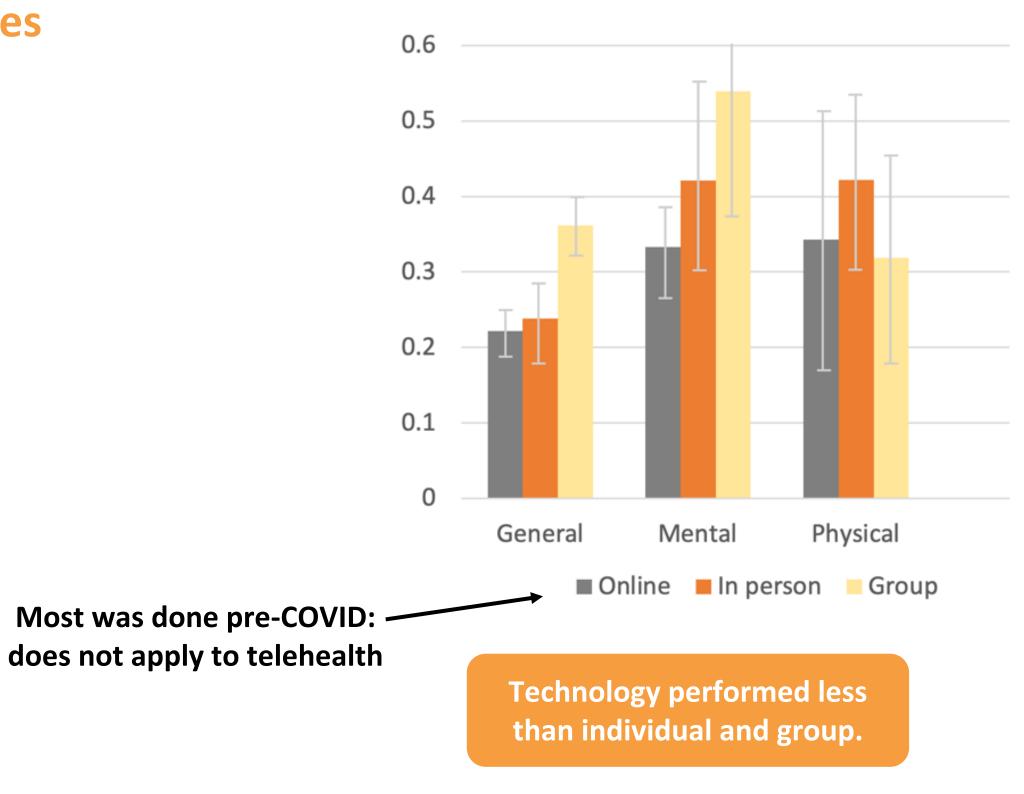




More intense & longer activity increases impact



Tip 3. Format influences impact





Tip 4. Think about contraindications (they are a thing in PPI's)



Example: depression and acts of kindness

Malouff 2016, Davis 2016



Tip 5. Measure both positive and negative outcomes

A failure to see impact on one, does not rule out a change in the other

Wellbeing

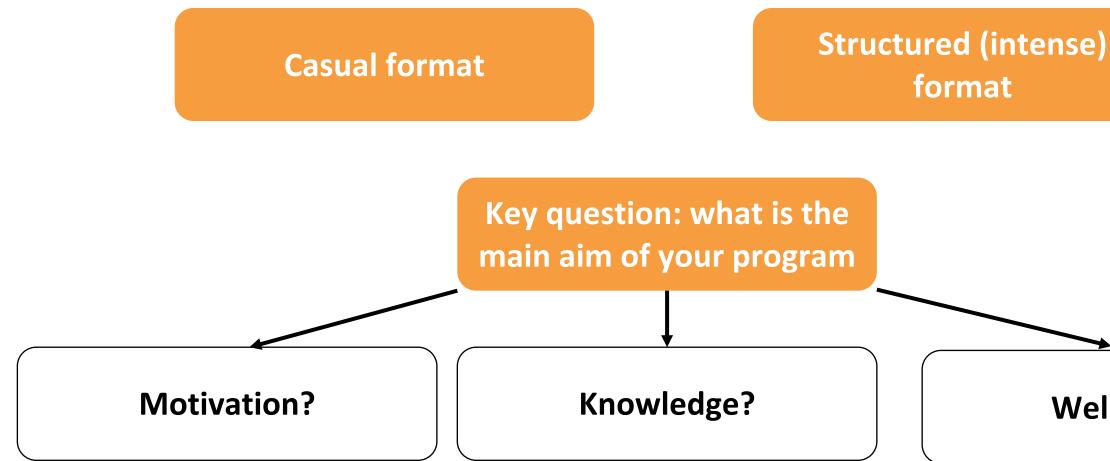
Wellbeing: MHC-SF, WEMWBS



Distress

Distress: DASS-21, K10

Tip 7. Implementation matters:





Wellbeing?

Tip 6. Operationalisation matters



The curious case of gratitude

Malouff 2016, Davis 2016











Questions?



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