Contents

Well-Being in Ireland Conference

Overcoming Barriers to Well-Being in Ireland:

Conference Report

About the Whitaker Institute

The Whitaker Institute for Innovation and Societal Change is inspired by the legacy of pioneering statesperson Dr. T.K. Whitaker, and aims to adopt a similarly innovative, multidisciplinary and transformative approach to the challenges currently facing business and society, both in Ireland and internationally.

Over 200 members make up the faculty, creating the largest critical mass of business and social science researchers in Ireland, with expertise spanning across the College of Business, Public Policy and Law and the College of Arts, Social Sciences and Celtic Studies. Subsuming the University's Centre for Innovation and Structural Change (CISC), the Whitaker Institute builds on a decade of research-excellence and policy-focused contributions supported by over €11 million in competitive national and international research funding.

The Whitaker Institute for Innovation and Societal Change applies a multi-perspective research approach to business and social issues, with an impact-led focus at the core of its endeavours. One of its key values is the promotion of a sustainable and inclusive society, influenced by the broad dissemination of rigorous and relevant research. Furthermore, the Whitaker Institute seeks to continue the tradition at NUI Galway of critically pursuing knowledge discovery that stimulates academic debates and opens public conversation to advance the greater good.

The Institute is named in honour of eminent economist and former Secretary of the Department of Finance, Dr. T.K. Whitaker, who played a central role in devising the economic plan that set Ireland on the road to regeneration in the early 1960s. Drawing inspiration from his unparalleled service to Ireland, the newly formed Whitaker Institute has over 200 members and serves as the country's largest research body focused on contemporary and relevant business, social and policy issues.

Dr. T.K. Whitaker

Dr. T.K. Whitaker is regarded as a pivotal figure in the economic and social development of modern Ireland. During his long and illustrious career, he was Secretary of the Department of Finance, Governor of the Central Bank of Ireland, and founder of the Economic and Social Research Institute. He was also a member of Seanad Éireann from 1977 to 1982 and Chancellor of the National University of Ireland from 1976 to 1996.

The Institute houses twelve Research Clusters grouped under six Priority Research Themes:

- Business Performance, Agility and Governance
- Conflict and Collective Action
- Environment, Development and Sustainability
- Gender, Equality and the Knowledge Society
- Health and Well-Being
- Innovation: People, Place and Society

For more information, please visit www.nuigalway.ie/whitakerinstitute

Health and Well-being Priority Research Theme

A main focus for the Health and Well-being research cluster is to use behavioural and social sciences to understand and improve health and well-being across the lifespan. This reflects the collective expertise of members of the cluster in disciplines that contribute to understanding how biological, psychological, social and a range of contextual factors interact to impact on individual and population health and well-being during the life course. The outcomes we are interested in encompass measures of health gains at the level of the individual, family, community and society, as well as appraisals of well-being and life satisfaction. The cluster members are active in positive approaches such as prevention and resource development as well as identifying and tackling health and well-being deficits and problems in our society.

Five key objectives for the cluster are to (i) produce high quality scientific outputs, (ii) attract major research funding to conduct high quality and sustainable programmes of scientific research, (iii) produce high quality scientists through PhD and postdoctoral training, (iv) translate research findings into implementable policy and practice changes that improve health and wellbeing, and (v) integrate these advances into teaching activities and engagement with the wider community.

We aim to achieve objectives (i) to (iii) by better enabling cluster members to conduct high quality science on health and wellbeing in a systematic and coordinated way that builds on existing strengths. The associated actions include supporting collaborative research and events between cluster members who work in complementary areas, the use of cluster resources and infrastructure to support conducting and disseminating research, and finally the nurturing of PhD, postdoctoral and early career academic staff to develop their programmes of research. Objectives (iv) and (v) are predicated on collaboration with research partners and end users, including (but not restricted to) people with chronic illness, health professionals, health and education policy makers, teachers, and the wider community.

Executive Summary

The purpose of the Well-being in Ireland conference was to bring scientists, community organizations and policy-makers together to discuss the latest advances in well-being research and policy. Helen Johnson, author of the Well-being in Ireland Report (NESC, 2009) and Alex Zautra, Arizona State University, delivered keynote papers on well-being. In advance of the workshop, conference participants also reflected on the broad issue of well-being in Ireland and generated a list of barriers to well-being in Ireland. Interactive Management, a software supported collaborative design process, was used to structure interrelationships between barriers and understand system relationships. In response to critical drivers of negative influence in the system, including *Lack of trust/dissatisfaction with the system, government, and decision-makers in general*, and *A national sense of gloom due to emphasis on austerity,* conference participants agreed that high-impact, feasible options that could help to overcome these barriers include (a) Focus on what can be done despite the economic environment, (b) Encourage people to get involved in/take control of well-being initiatives, and (c) Building on community spirit through organising support groups and local initiative.

In response to the leadership barriers to well-being, specifically, *no charismatic leader to advance the well-being of the nation,* participants proposed (a) promote awareness of the importance of well-being in one's own community and be a leader on a small scale first, (b) Encourage more youth involvement in public office, which may give rise to many new leaders, (c) more focused awareness raising of mental health and well-being from the minister for health.

In response to *the absence of a holistic approach to health-care* some of the highly ranked options participants generated and selected included: (a) Change the way physical education is taught in primary schools to include a more holistic approach to health and well-being, (b) Encourage mental health promotion initiatives in schools and workplaces, (c) Promote help-seeking as a skill (amongst young people in particular), (d) Implement evidence-based education and behaviour change interventions to improve health and well-being.

In response to the *Lack of education about the importance of well-being in schools* participants proposed (a) Implement well-being modules across the education system, from primary to third level, (b) Create a national well-being committee responsible for policies, training and sustaining interventions etc. (c) Set up a website that educates people about well-being, (d) Define what well-being is from a national perspective.

Measuring Well Being: Why it Matters?

Internationally, there is increasing interest in, and analysis of, human well-being and the economic, social, environmental and psychological factors that contribute to it. Current thinking suggests that to measure social progress and national well-being we need something more than GDP. GDP has traditionally been used as the primary measure of how society is progressing, based on the view that a growing economy will result in a thriving society. However, in recent decades people have begun to question the adequacy of GDP as an indicator of progress, especially as the link between economic growth and psychological and social well-being is not always positive. There is a wider question of what matters in life, and the ongoing debate about individual and societal wellbeing seeks to address this question. In a report published by The National Economic and Social Council (NESC, 2009), *Well-being Matters: A Social Report for Ireland*, it is proposed that a person's well-being relates to their physical, social and mental state. It requires that basic needs are met, that people have a sense of purpose, that they feel able to achieve important goals, to participate in society and to live the lives they value and have reason to value.

The report further suggests that people's well-being is enhanced by conditions that include:

1. Financial and personal security
2. Meaningful and rewarding work
3. Supportive personal relationships
4. Strong and inclusive communities
5. Good health
6. A healthy and attractive environment, and
7. Values of democracy and social justice.

The NESC report makes an important distinction between individual and collective well-being. Individual well-being is based on ratings of emotional experience, life satisfaction, quality of life, and other aspects of individual psychological and social well-being. Collective well-being is based on the common good, equality, justice, freedom, democracy, and warrants a lifespan, intergenerational perspective. The relationship between individual and collective well-being has always been seen as important, but the nature of the relationship has been hard to characterise. Many believe that the search for a universal account of the relationship between individual and collective well-being is difficult to achieve, in part, because each individual's well-being is influenced by a unique combination of factors. An implication of this perspective is that individual and collective well-being are best understood in the context of ongoing individual reflection and social interaction. The diversity of perspectives on well-being and the many

different ways to achieve higher levels of well-being both at the individual and collective levels has important implications for the way in which we think about the role of public policy. Specifically, as described in the NESC (2009) report, it implies that public policy should aim to secure and provide three kinds of 'goods': sufficient freedom for each individual to pursue their idea of the good life; a degree of order and uniformity, to protect both the individual and the common good; and a range of public and private goods tailored to individual needs. The NESC report suggests that a developmental welfare state approach may help to meet these requirements, and help each individual to pursue their idea of the good life.

We agree that this is a useful starting point and we would add that multidisciplinary scientific input and knowledge transfer can help to facilitate the development of a coherent and effective national strategy to move beyond GDP and embrace the challenge of facilitating more well-being for everyone in society. Facilitating the transfer and exchange of knowledge to bring about more well-being for everyone is a major goal of science. However, the relationship between science and public policy is complex and there is a need to create new spaces where dialogue is fostered and where knowledge is translated into action. This conference brings together scientists, community organizations and policy-makers to discuss the latest advances in well-being research and policy.

About our conference

In organizing our conference we had four objectives:

1) Establish a new national network of scientists, community organizations, policy-makers, and other key stakeholders to discuss the latest advances in well-being research and policy
2) Introduce conference participants to Interactive Management, a collaborative systems design methodology
3) Foster a dialogue on barriers to well-being in Ireland and develop a systems model describing how barriers to well-being in Ireland are related
4) Use Interactive Management systems design methods to agree a set of high-impact, feasible options to overcome barriers to well-being in Ireland.

In advance of the conference, we asked conference participants to reflect on the broad issue of well-being in Ireland and generate a list of barriers to well-being in Ireland. We analysed the survey responses and identified nine categories of barriers to well-being in Ireland. Conference participants then engaged in discussion on how best to overcome these barriers to well-being in Ireland. When proposing options to overcome barriers to well-being in each of the nine barrier categories, conference participants were asked to consider initiatives, programmes, actions, recommendations, policies, activities, etc. and to generate clear option statements using action verbs (e.g., create, plan, conduct, build, change, etc.). Options were posted on display walls and participants were given time to clarify options. Participants were given time to study all options before voting to select five options from the full set. Participants were asked to consider the following criteria in selecting options:

a. Will have a high impact
b. The option is feasible
c. Funding possibilities can be identified
d. Can be rolled out in a reasonable time-frame
e. There are people who could champion the option

The primary options listed below are options that received the highest number of votes and thus emerged by consensus as potentially high impact, feasible options that could be rolled out in a reasonable time-frame with people who could champion the option with the possibility of funding to support their work. The secondary options are options that received fewer votes, but not only are there many excellent options in the secondary set, there is also considerable overlap in many instances within the secondary set, between the primary and secondary set of options and even across the nine categories (see Appendix). For example, options associated with developing community-based well-being initiatives can be found across most of the nine categories of barrier, and similarly the focus on well-being education appears in many different forms across the nine categories.

Our Distinctive Approach

A distinctive feature of the conference was an introduction to *Interactive Management*. Interactive Management (IM) is a software supported collaborative design process that allows a group of individuals with a vested interest in solving a problem to design problematiques (i.e., graphical influence structures) that describe causal relationships between a large set of problems in a problem field. IM taps into and enhances our largely underdeveloped cognitive capacity for graphical, systems thinking. It enhances the collaborative power and action potential of groups who seek to work together toward the resolution of problems and the realization of possibilities. IM draws upon a long history of development in the fields of mathematics and systems science and is neutral as regards its scientific and social applications (http://warfield.gmu.edu/im).

Dr. Michael Hogan (NUI, Galway) and Professor Benjamin Broome (Arizona State University) have developed a new, updated version of the IM software that builds upon the work of John Warfield, past president of the International Society for the Systems Sciences. Based on Warfield's (1994) science of generic design, the IM process was designed to assist groups in dealing with complex issues (see Ackoff, 1981; Argyris, 1982; Cleveland, 1973; Deal & Kennedy, 1982; Kemeny, 1980; Rittel & Webber, 1974; Simon, 1960). The theoretical constructs that inform IM, developed over the course of more than 2 decades of practice, draw from both behavioral and cognitive sciences, with a strong basis in general systems thinking. The IM approach carefully delineates content and process roles, assigning to participants responsibility for contributing ideas and to the facilitator responsibility for choosing and implementing selected methodologies for generating, clarifying, structuring, interpreting, and amending ideas. Emphasis is given to balancing behavioral and technical demands of group work (Broome & Chen, 1992) while honouring design laws concerning variety, parsimony, and saliency (Ashby, 1958; Boulding,

1966; Miller, 1956). IM has been applied in a variety of situations to accomplish many different goals, including assisting city councils in making budget cuts (Coke & Moore, 1981), developing instructional units (Sato, 1979), designing a national agenda for pediatric nursing (Feeg, 1988), creating computer-based information systems for organizations (Keever, 1989), improving the U.S. Department of Defense's acquisition process (Alberts, 1992), promoting world peace (Christakis, 1987), improving Tribal governance process in Native American communities (Broome, 1995a, 1995b; Broome & Christakis, 1988; Broome & Cromer, 1991), and training facilitators (Broome & Fulbright, 1995).

In a typical IM session, a group of participants who are knowledgeable about a particular situation engage in (a) developing an understanding of the situation they face, (b) establishing a collective basis for thinking about their future, and (c) producing a framework for effective action. In the process of moving through these phases, group members can develop a greater sense of teamwork and gain new communication and information-processing skills. IM utilizes a carefully selected set of methodologies, matched to the phase of group interaction and the requirements of the situation. The most common methodologies are the nominal group technique, ideawriting, interpretive structural modeling, and field and profile representations. The first two methodologies are primarily employed for the purpose of generating ideas that are then structured using one or more of the latter three methodologies.

Our Key Findings

Barriers to well-being in Ireland
Conference participants identified nine categories of barriers to well-being in Ireland and a range of specific barriers within each category.

A. **Policy**
- No national measurement of well-being*
- Lack of emphasis on well-being across government policy
- Limited number of government initiatives designed to promote social capital (e.g., social cohesion and trust)*
- No real emphasis on well-being in planning policy
- In the current economic climate, politicians are likely to revert to common, fail-safe policies which promote economic growth as the most important aspect of well-being
- The promotion of individualist behavior at the expense of the common good

B. **Psychological/behavioral Issues**
- Feelings of helplessness in the face of current global economic/environmental conditions*
- A sense of disconnection
- Lack of purpose in life and being caught in utilitarian striving
- Alcohol-related mental health problems
- Failure to empower people to lead healthy lifestyles
- Bullying in schools, homes, and in the workplace

- Maladaptive coping mechanisms (e.g. avoidance of problems or use of alcohol or drugs to deal with problems)*
- Lack of adequate physical activity among the general population

C. Media
- Shallow focus on celebrity in the media*
- Focus on materialism in the media
- Inappropriate media focus on the visual aspects of health (e.g., being slim and athletic)
- Individualist values being promoted in the media
- Media not focused on deep values associated with wellness*
- Excessive reliance of TV among older adults, and computer games among younger adults

D. Economic
- Lack of funding for community well-being initiatives*
- Cut-backs which have resulted in shortages of staff and other resources in the health care service in Ireland.
- Under-resourcing of public services
- Unemployment , which is related to lower well-being
- Financial worry and stress that prevents flourishing of well-being
- Problems managing finances, which can result in stress, loss of control, and despair
- The cost associated with maintaining a healthy lifestyle (e.g., the cost of quality food, health clubs, sports clubs, certain social activities etc.)*
- Insufficient funding for mental health services

E. Cultural and Social Issues
- Individuals are 'locked in' to unhealthy and unsustainable lifestyles
- Stigma associated with mental health difficulties such as depression, anxiety and stress*
- Negative effects of stigma on well-being
- Negative cultural norms, including failure to promote well-being in society
- Failure to accept that asking for help in addressing issues of well-being is a positive thing
- A cultural reluctance to engage in discussion about issues that are called 'soft issues' (e.g, managerial focus on issues of time and money, and failure to appreciate the importance of staff energy and well-being levels)
- Tendency of people not to seek help for mental health problems, particularly males and younger people
- Lack of cohesion in society
- Insufficient care provision for people suffering from disability and health problems
- Public fear in relation to financial insecurity has the effect of narrowing further the space for dialogue on broader, more holistic views of well-being.
- A lack of understanding/appreciation of emotional and social intelligence in society
- Distorted beliefs in relation to work-life balance (e.g., when we are at work we are not 'living')

- Absence of holistic approaches to health-care*
- The sense of doom and gloom in a climate of austerity
- Failure to value the potential for advanced levels of adult development
- Corrosion of work-life balance, with people working longer/harder and taking the stresses of work home with them*

F.   Leadership
- No charismatic champion or leader to advance the well-being of the nation*
- Lack of an effort to galvanise collective action around the issue of promoting well-being*
- Command and control style of leadership dominates societal systems
- Mismanagement of public services
- Government, public policy makers, employers, individuals are largely unaware of the important significant factors that affect well-being

G.   Structural Issues
- Lack of education about the importance of well-being in schools and universities*
- Limited number of well-designed interventions to promote well-being
- Lack of enabling environments (e.g., poor work environments; poor leisure facilities)
- Lack of cohesive communities resulting in isolation and alienation
- Lack of available programmes to foster well-being
- Lack of well-being 'training' in schools (e.g., mindfulness classes, emotional coping classes)
- Lack of early intervention services in relation to mental health and supports
- Lack of space for dialogue on holistic views of well-being*
- Lack of well-funded mental health services

H.   Understanding/Basic Research
- Lack of understanding as regards the nature of well-being and how to measurement it*
- Limited understanding of the factors that influence and increase well-being*
- Narrow or confused definition of well-being as being synonymous with health or happiness or quality of life
- Lack of understanding of mental health as well-being and simply the absence of mental illness
- Lack of understanding of all the elements of wellbeing
- Lack of awareness and public discussion of mental health and wellbeing
- A predominant medical view of wellness

I.   National Climate
- Current economic environment provides little scope for changing thinking (e.g., movement toward a more creative, holistic view on well-being is difficult in time of economic crisis)
- Lack of trust/dissatisfaction with the system, government, and decision-makers in general*
- Widespread acceptance of corruption in Ireland

- A national sense of gloom due to emphasis on austerity*

As can be seen above, a broad range of barriers to well-being in Ireland were identified by our conference participants, representing the view of a broad range of scientists, community leaders, policy-makers, and other key stakeholders with an understanding of well-being issues. Working with highly ranked, frequently reported barriers to well-being in Ireland, a small working group (Helen Johnson, Senior Policy Analyst, NESC; Professor Alex Zautra, Arizona State Univeristy; and Dr. Michael Hogan, National University of Ireland, Galway, facilitated by Professor Benjamin Broome, Arizona State University) selected two critical barriers from each category (marked * above) and structured their inter-relationships using Interactive Management software. The preliminary (and partial) influence structure of barriers to well-being in Ireland is presented in figure 1[1].
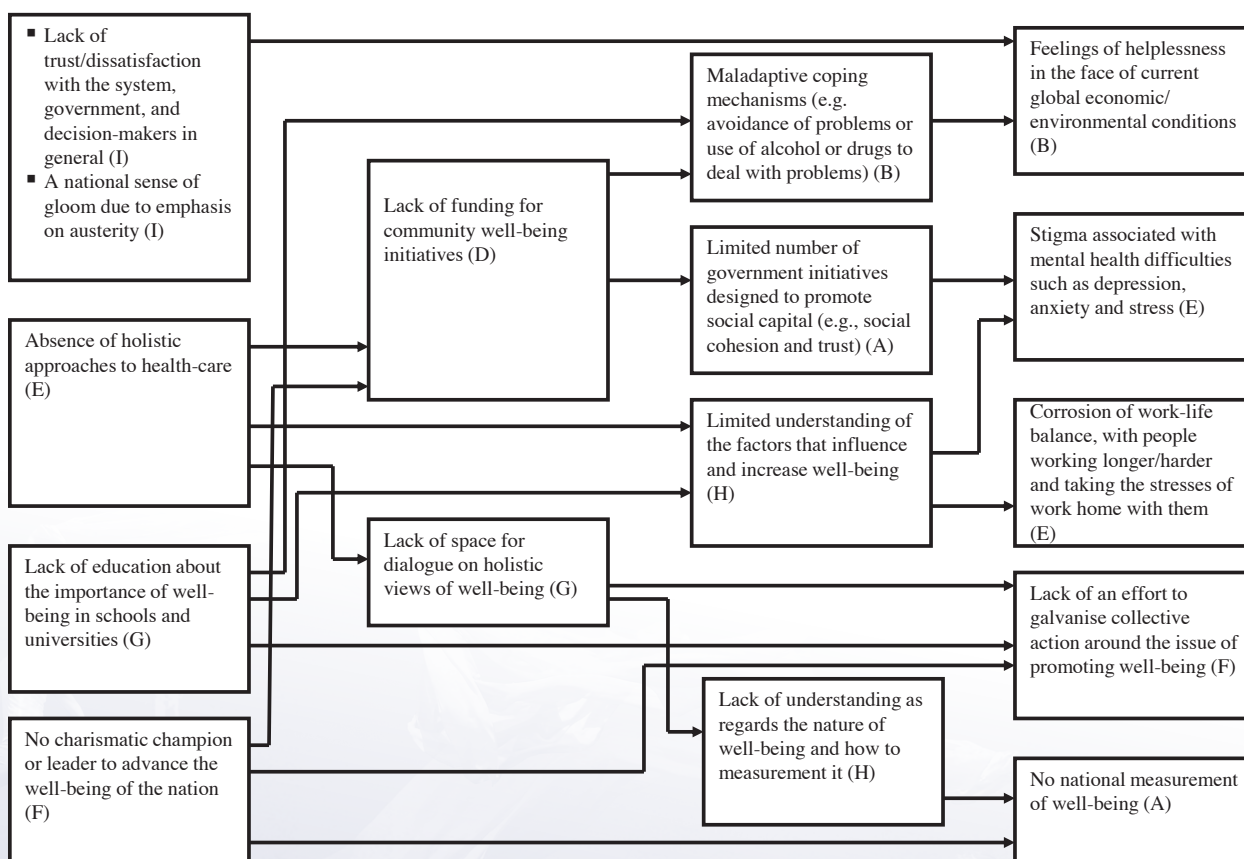

Figure 1: Preliminary (and Partial) Influence Structure of Barriers to Well-Being in Ireland

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[1] The figure can be read from left to right. Arrows indicate that the barrier on the left significantly aggravates barriers to the right. Two or more items appearing together in one box can be interpreted as reciprocally aggravating one another.

Selected Options for overcoming critical barriers to well-being in Ireland

All conference participants worked together to generation options in response to critical drivers of negative influence in the system (i.e., the barriers to the left of figure 1).

- In response to critical drivers of negative influence in the system, including *Lack of trust/dissatisfaction with the system, government, and decision-makers in general*, and *A national sense of gloom due to emphasis on austerity,* conference participants agreed that high-impact, feasible options that could help to overcome these barriers include (a) Focus on what can be done despite the economic environment, (b) Encourage people to get involved in/take control of well-being initiatives, and (c) Building on community spirit through organising support groups and local initiative.

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- In response to *the absence of a holistic approach to health-care* some of the highly ranked options participants generated and selected included: (a) Change the way physical education is taught in primary schools to include a more holistic approach to health and well-being, (b) Encourage mental health promotion initiatives in schools and workplaces, (c) Promote help-seeking as a skill (amongst young people in particular), (d) Implement evidence-based education and behaviour change interventions to improve health and well-being.

- In response to the *Lack of education about the importance of well-being in schools* participants proposed (a) Implement well-being modules across the education system, from primary to third level, (b) Create a national well-being committee responsible for policies, training and sustaining interventions etc. (c) Set up a website that educates people about well-being, (d) Define what well-being is from a national perspective.

A Call to Get Involved

There was a strong positive response to the conference and the interactive management methodology and there is significant interest in hosting similar workshops in local communities and across a variety of different sectors (e.g., education, health, policy design) to facilitate more dialogue and debate and systems thinking in relation to barriers to well-being in Ireland and how to overcome them. The conference participants have started a linkedIn discussion group focused on well-being in Ireland (Changing the System: Overcoming Barriers to Well-Being in Ireland) and it is hoped that well-being researchers across Ireland can continue to connect with one another and work in new and innovative ways to advance the well-being of people in Ireland.

Some of the options discussed during the conference currently in development include:

1. Conduct research to establish the factors that individuals and communities consider important for well-being
2. Encourage community and voluntary organisations to showcase initiatives of best practice that are currently working well
3. Change aspects of the education system to incorporate understanding of well-being
4. Organise a "National Day of Well-being" to raise awareness
5. Set up well-being "think-tank" similar to the New Economics Foundation (NEF) in Ireland

As it stands, this is an open report and the conference organisers welcome additional input, for example, to showcase the work that conference participants are currently engaged in and to highlight new plans and initiatives and to foster new collaborations. It is important that this report and the work and dynamism of this group continue to breathe life into our efforts to overcome barriers to well-being in Ireland and inspire us to work together in new and innovative ways.

Author: Mike Hogan

Overcoming Barriers to Well-Being in Ireland, Friday 8 June:

8.30 – 9am: Registration

9am: Welcome

9.10 – 9.50: Helen Johnston (National Economic and Social Council): *Why Well-being Matters.*

10 – 10.40: Alex Zautra (Foundation Professor of Clinical Psychology, Arizona State University): *Social Intelligence and Community Well-being: Charting Paths to Resilience.*

10.50 – 11.20: Coffee break

11.30 – 1pm: Interactive Management workshop – Structuring Barriers

1.00 – 2.00: Lunch

2.00 – 3.15: Interactive Management – Options for dealing with Barriers

3.20 – 3.40: Coffee break

3.40 – 5.30: *Poster Session*

10.00 – late: Drinks in the King's Head

Keynote Presentations

Helen Johnston...
Why Well-being Matters.

Alex J. Zautra...
Social Intelligence and Community Well-being: Charting Paths to Resilience.

Poster Presentations

Predicting Healthy Behaviour

Amy O'Dea & Dr. Ann Marie Groarke...
Investigating the Effectiveness of a Fear Appeals Intervention in Increasing Intentions to Test for Radon Gas: The Moderating Role of Need for Cognition

Angeline Traynor..
Does the Transtheoretical Model Predict Attendance and Outcomes Following an Online Intervention for Chronic Headache?

Kate Burke & Dr. Michael Hogan...
What makes a successful romantic relationship in older adulthood?

Mary Callaghan, C. Kelly, M. Molcho & S. NicGanainn................
Geographical dimensions of well-being

Rosie O'Flynn & R. Yoder...
The Value of the Dutch Eating Behaviour Questionnaire in Predicting Weight Loss Success in an Obese Population

Ruth Stewart & Dr. Caroline Heary..
Testing prospect theory: The effects of gain versus loss frame healthy snack messages on children.

Teresa Corbett & Dr. Jane Walsh..
Examining the Use of Loss-Frames and Gain-Frames in Communication with Parents about the Use of Non-Prescription Cold and Cough Medicines in Young.

Well-being in Youth

Jigsaw Galway - C. Herlock, S. Simkin & M. Coyne......................
A dynamic response to young people's Mental Health and Well-being through a unique service provision approach

Lee-Ann Burke..
Saving and Empowering Young Lives in Europe: A Cost-Utility Analysis of School-Based Mental Health Interventions, Results from Ireland.

Maebh O'Connor, Dr. Barbara Dooley & Amanda Fitzgerald........
What places Irish youth at risk of suicide attempts Data from a national study of mental health in young adults?

N. Clarke, P. Dolan, C. Kelly, G.Cummins, J. Sixsmith, S. O'Higgins, M. Molcho & S. NicGabhainn......................................
What children want to know about health, happiness and emotional well-being?

Rachel Kenny, Dr. Barbara Dooley & Dr. Amanda Fitzgerald.......
Look Who's Talking: The Relationship Between Help-Seeking in Young People and Mental Health Outcomes.

Ronan Conway..
A Positive Youth Development Perspective of Irish Adolescents

Siobhán Kavanagh & Dr. Padraig MacNeela.................................
A Participatory Research Approach to Understanding University Students' Well-being.

Yetunde John-Akinola, Aoife. Gavin, Siobhan. O'Higgins, Saoirse Nic Gabhainn..
Promoting child well-being through school participation-views of children

Family, Community & Society

Brian Merriman, Ms. M. O'Donnell & Dr. L. Swords....................
Family Well-being in the Shadow of Poverty: Comparing 'at risk' families with and without household deprivation

Chiara Seery...
Suicide Prevention Policies in Ireland; Helping or Hindering?

Christine Fitzgerald..
From Meals on Wheels to a Community Meals Service: A collaborative community study with COPE Galway

Claire Byrne...
The effect of a Community Resilience psycho-education programme on ecological thinking, global citizenship, and sustainability

Joanne Wilson, Prof. Lindsay Prior, Dr Michael Donnelly.............
A public 'well-being' agenda: Friend or foe?

Lorraine Swords & Mr. Brian Merriman...
Predictors of Well-being in Families Living on Limited Incomes

Pia O' Farrell, S. Greene & O. Doyle..
The Relationship Between Maternal Depression and Children's School Readiness in a Low Socio-Economic Area in Ireland

Victoria Hogan, Dr. Michael Hogan, Margaret Hodgins, Gail Kinman & Brendan Bunting...
An examination of gender differences in the impact of individual and organizational factors on work hours, work-life conflict, and psychological well-being in academics.

Physical Well-being

Dr. Ann Marie Groarke, Dr. Ruth Curtis, Dr. Michael Hogan, Andrea Gibbons & Jenny Groarke..
Enhancing Well-Being in Women with Breast Cancer

Éanna O' Leary,Siobhán Howard & Jack E. James.........................
Sleep, Health and Well-being: Acute Restriction of Sleep duration and Type D Personality

Jennifer Keane, Dr. J. Walsh, Dr. C. Heary & Dr. B. McGuire.......
Componential Exploration of Anxiety Constructs related to Children's Pain Experience

Lisa Hynes, M. Byrne & S. Dinneen...
Development of a complex intervention to improve clinic attendance and clinical and psychological outcomes among young adults with Type 1 Diabetes – A qualitative Study

Marlene Rosenkoetter...
Impact of CSII and MDII on Life Pattern Satisfaction Among Patients and Significant Others

Takahashi Yoshiaki...
Self-rated Health of the Young

Positive Approaches

Deirdre Walsh..

A qualitative study of physical post traumatic growth in men with prostate cancer.

Eoin O' Shea and Tamara Russell..

Mindfulness-based stress reduction and flotation-REST: A randomised trial examining the combination of both and the role of bodily awareness.

Haulie Dowd, Dr. Michael Hogan, Dr. Brian McGuire, Dr. Kiran Sarma, Rosemary Fish & Alex Zautra...

Overcoming the Barrier of Distance: A Computerised Mindfulness-Based Cognitive Therapy Intervention for a Chronic Pain Population

Karen O'Leary, Zelda Di Blasi & David O Sullivan.......................

The Use of a Gratitude Intervention to Enhance Well-being during Pregnancy: A Randomised Controlled Trial

Laura Mangan and L. Sword...

Is Friendship Associated with Happiness in Children with Autism?

Seán O'Connell..

Experienced Irish Therapists and Counsellors perceptions of Mindfulness for Clients with Depression or Anxiety: A Qualitative IPA Study

Why Well-being Matters

Helen Johnston

National Economic and Social Council

Something more than GDP is required to measure social progress. GDP can measure economic output but does not take adequate account of the value of education, health or the natural environment. There is now growing international interest in measures beyond GDP. Social progress is linked to the capabilities of people and that is where well-being matters. The 2009 NESC report, *Well-being Matters,* is one of the first attempts to chart well-being in Ireland. The report tracks trends across six aspects of people's lives: their economic resources, their work and participation; their relationships and care; their community and environment; their health; and societal values. Growing international evidence suggests that all these aspects of a person's life are important for their well-being and that they are inter-connected. The emphasis given to each depends on an individual's particular circumstances, how they compare themselves to others, and by the values set in wider society. The report also addresses the relevance of well-being in a recession, suggesting that a focus on well-being helps us to understand some of the imbalances that gave rise to the crisis. There is also the suggestion that most people have the capacity and resilience to deal with adversity but often need some support. Applying key aspects of a well-being approach would mean taking into account: capability, agency, purpose, social interaction, the common good, and sustainability.

A critical aspect of applying a well-being framework is to monitor social progress. There is a saying that 'what gets measured gets done' and this requires the development and application of appropriate data sets, indicators, monitoring systems and performance dialogue.

Social Intelligence and Community Well-being: Charting Paths to Resilience.

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Our work focuses on identifying personality and social-community resources that confer resilience and developing interventions that strengthen the capacity for resilience. In all this work we examine three fundamental aspects of resilient responding to adversity: we ask whether the person can recover fully, is able to sustain key interests that give life meaning in spite of the adverse events, and the extent to which the person can grow and learn from the stressful experiences. When building interventions our work harnesses the natural resilience capacities of people and their communities. Most psychological interventions have attended primarily to difficulties in self-regulation, focusing primarily on an individual's relationship with him (or her) self. Most community interventions have attempted to corral the self-interested minds of individuals through methods that better organize those talents to serve community goals.

Here, I advocate for another approach to building resilience, one that fills a void in the current focus to the "self" by attention to our capacities as social beings to connect and relate to one another in ways that are more than "zero-sum". An embrace of the "social self" through programs designed to aid in the development of our social intelligence is needed across all stages of life: For parents raising their children to be more empathetic, for youth transitioning into adult life, for veterans returning to civilian life, for organizations to develop their company's collective intelligence, for older adults as they contemplate retirement and an empty nest, and for communities working to re-define themselves as a democratic force in support of a better social ecology.   This talk identifies the fundamental principles that guide the development of social intelligence programs and how they are may be applied to further individual and community resilience.

Appendix – Barriers to well-being in Ireland and primary and secondary options for overcoming barriers

Barriers to well-being in Ireland

A. Policy

- No national measurement of well-being*
- Lack of emphasis on well-being across government policy
- Limited number of government initiatives designed to promote social capital (e.g., social cohesion and trust)*
- No real emphasis on well-being in planning policy
- In the current economic climate, politicians are likely to revert to common, fail-safe policies which promote economic growth as the most important aspect of well-being
- The promotion of individualist behavior at the expense of the common good

Selected Options for Overcoming Barriers

6. Conduct research to establish the factors that individuals and communities consider important for well-being
7. Encourage community and voluntary organisations to showcase initiatives of best practice that are currently working well
8. Change aspects of the education system to incorporate understanding of well-being
9. Organise a "National Day of Well-being" to raise awareness
10. Set up well-being "think-tank" similar to the New Economics Foundation (NEF) in Ireland

Other options

1. Change funding model to a life span approach
2. Develop a social capital register within local communities
3. Develop and support grassroots projects – allocate government funding that is immune to austerity measures
4. Develop tailored policy approach to address barriers to well-being – society is not a homogeneous group.
5. Start from the Local level to promote well-being. Local community meetings of what is important in their own town for high levels of well-being.
6. Create more emphasis on localism on planning policy
7. Develop working groups at the local level to discuss issues of well being to inform policy-makers
8. Conduct exploratory research to establish what Irish people consider important to their Well-being. Include measure of well-being in national census based on findings.

9. Develop research programmes focusing on well-being to inform policy–makers.
10. Create a national measurement of well-being (draw on good practices in Canada, UK and France)
11. Demand emphasis on well-being in education and planning policies
12. Establish working group as part of new health and well-being policy to clarify / agree measures of well-being, embed measurement into operation plan.
13. Create a well-being task force (independent) to monitor and guide government policies
14. Begin national debate on well being to aid measurement and motivation to implement.
15. Organise two conferences for Health Care Organisational Executives to
    a. Develop Measurement scale, b. Outline policy Initiatives
16. Establish programmes for unemployment to promote other aspects of well-being apart from financial
    a. Social Support groups
    b. Volunteer work to give sense of purpose and Education
17. Talk up well being every evening in the pub

Barriers to well-being in Ireland

B. Psychological/behavioral Issues
- Feelings of helplessness in the face of current global economic/environmental conditions*
- A sense of disconnection
- Lack of purpose in life and being caught in utilitarian striving
- Alcohol-related mental health problems
- Failure to empower people to lead healthy lifestyles
- Bullying in schools, homes, and in the workplace
- Maladaptive coping mechanisms (e.g. avoidance of problems or use of alcohol or drugs to deal with problems)*
- Lack of adequate physical activity among the general population

Selected Options for Overcoming Barriers

1. Teach happiness skills e.g. CBT (Penn Resiliency Programme), mindfulness, loving-kindness meditation; providing a basis for secular flourishing and meaning
2. Promote values and promote the process over the product
3. Encourage active lifestyles by developing cycle paths, open-air gyms etc
4. Promote resilience through education about emotions and coping strategies
5. Reduce/ban advertising of 'junk' food, especially that which targets children, and advocate healthier eating/lifestyle advertising campaigns.

Other Options

1. Develop Green exercise / green gym initiatives in general medical practice – links physical, mental and environmental well-being
2. Promote greater knowledge of the link between physical activity and mental health
3. Establish community physical activity programmes i.e. team sport and classes, yoga and aerobics etc. Tackle lack of exercise as well as sense of disconnection
4. Encourage community based initiatives to facilitate involvement and opportunities for achievement
5. Create a more open dialogue about mental health problems in society – discussions in media
6. Reduce / tackle alcohol consumption – food must be served in all establishments that serve alcohol.
7. Feelings of unhappiness in the unemployed: They should be involved in voluntary work to benefit the community but also to empower in them a sense of purpose.
8. As it's difficult to move away from celebrity pre-occupation, try to change the focus. Have Celebrities endorse components of well-being - talk about their own experiences in the public eye.
9. Promote community groups to provide an outlet for people to talk in a non-judgmental arena.

10. Develop a campaign to reduce stigma related to mental health issues – encourage positive response such as talking about problems. Highlight the dangers of maladaptive coping mechanisms such as alcohol, drug use etc.
11. Promote alternative lifestyles (downshifting) as ways of improving health and well being (not just income as success indicator)
12. Develop Exercise / health self-efficiency at an early age via scouts etc – Incorporate a focus on acquiring knowledge of nature and climate / biosphere.
13. Create a funding stream for community environment initiatives, e.g. community gardens, community renewable initiatives.
14. Use evidence based practice to build coping skills at individual and community level.
15. Build resilience at individual and community level by
    a. Changing attitudes to alcohol
    b. Encourage physical exercise
    c. Challenging maladaptive coping mechanisms i.e. isolation, attitudes to alcohol
16. Ensure that people who have experienced bullying are involved in reviewing and developing programmes in school and work to target this.
17. Empower individuals to take control of their health, healthy living campaigns and initiatives with positive message. A need for government to focus on and fund upstream initiatives and preventions
18. Provide spaces and opportunities for people to discuss their problems at school, university and at a local level.
19. Reduce cost of fruit and vegetables and Increase the cost of unhealthy food.
20. Promote resilience through education about emotions and copying strategies

Barriers to well-being in Ireland

C. Media

- Shallow focus on celebrity in the media*
- Focus on materialism in the media
- Inappropriate media focus on the visual aspects of health (e.g., being slim and athletic)
- Individualist values being promoted in the media
- Media not focused on deep values associated with wellness*
- Excessive reliance of TV among older adults, and computer games among younger adults

Selected Options for Overcoming Barriers

1. Use the media to challenge stigma around mental illness.
2. Educate parents about how to regulate their children's use of (social) media
3. "Positive lives, good lives": Encourage media focus on "good" celebrities e.g. Nelson Mandela, Nobel Laureates , and discuss their value and impact on society
4. Implement mental health campaigns to highlight and remove stigma around issues like depression, anxiety, alcoholism by having positive role models participate in these campaigns e.g. sports stars

Other Options

1. Use media to challenge stigma around mental illness
2. Think tank on the following and the link between them
   a. Funding
   b. Ratings (TV)
   c. Programme content
   d. Media Careers
3. Develop online skill/resource share networks as an alternative to citizen as consumers.
4. Invite media decision makers to well-being events – e.g. positive psychology conference.
5. Create more inactive media channels where people can talk about their own values and ideas.
6. Use media to contest maladaptive coping mechanisms and promote evidence based well-being practices / interactive software.
7. Publish more information about positive value based initiatives that happen in the world.
8. Develop advertisements and computer games which promote mutual support and cooperation.
9. Have older people with positive well-being and health promote the benefits
   a. Delayed versus immediate gratification
   b. Striving to be thin and living long enough to know your grandchildren

10. Positive Health Campaigns to get certain amount of free airtime / reduced advertising costs. Specific targeted health messages to different segments of population. i.e. children, teenagers and elderly.
11. Calories and fat content on all restaurant food sales and fat tax
12. Ban alcohol / high fat and sugar advertisements on TV before watershed or promotion of sports events sponsor role models as part of their government contracts
13. Ban on models with very low BMI (or alternative measure). Only a healthy range BMI should apply
14. Promote holistic wellness using main stream media
15. Set up and ensure commitment from media institutions to have certain percentage of advertisements about well-being.
16. Set up community radio / newspapers etc.
17. Inform children that the media does not necessarily depict real life – use of photoshop to make celebrities look more attractive thinners etc.
18. Purchase Commercials that promote Well-being
19. Establish more award / finding for programmes / media initiatives which focus on well-being.

Barriers to well-being in Ireland

D. Economic

- Lack of funding for community well-being initiatives*
- Cut-backs which have resulted in shortages of staff and other resources in the health care service in Ireland.
- Under-resourcing of public services
- Unemployment , which is related to lower well-being
- Financial worry and stress that prevents flourishing of well-being
- Problems managing finances, which can result in stress, loss of control, and despair
- The cost associated with maintaining a healthy lifestyle (e.g., the cost of quality food, health clubs, sports clubs, certain social activities etc.)*
- Insufficient funding for mental health services

Selected Options for Overcoming Barriers

1. Reduce inefficiencies in the HSE and creatively redesign services
2. Implement an overarching resource allocation model to target resources at areas of greatest need
3. Develop a 'code of practice' for promotion of well-being in voluntary organisations
4. Pooling of funding between groups for shared resources related to well-being
5. Lack of funding: encourage sharing of existing resources between groups involved in promoting well-being
6. Develop education/programmes for parents/young people pm eating healthily on a budget/recipes. This could be school-based and done by volunteers.
7. 'Cost associated with healthy lifestyle'- often don't need to pay money to engage in healthy behaviours eg. Sports team/running vs gym, grow veg or shop in market vs organic food store

Other options

1. Promote individual community entrepreneurs
2. Encourage communities to develop cost neutral well-being initiatives eg. Walking groups
3. Monitor effectiveness of well-being programme on national level and communication of these --- feedback – 'success breathes more success', positive reinforcement
4. Bear in mind long-term implications of short-term actions
5. Provide definitions of research to change perceptions in order to justify funding becoming available
6. Promote 'free' healthy lifestyle i.e. walking, running (exercise), change perception of cost associated with healthy lifestyle.

7. Establish information sources, both online and in group format, to support people with financial worries with a community level focus.

8. Establish a support forum for people in financial hardship within community to reduce the sense of isolation felt by those facing financial difficulties

9. What are existing working models of well being e.g. towns with reported high levels of well-being and is it possible to transfer or map these ideas where needed?

10. Develop more effective/reflective models if mean-testing.

11. Organise volunteer-lead community-based activities that promote well-being e.g. fit4life, community gardens/clear-ups, "on-the-road-again"

12. Establish that a 'defined' and widespread goal of enhancing well-being be a goal of existing organisations in community e.g. Irish County Women.

13. Organise fundraising events within communities and encourage participation promote awareness of mental health services at these events

14. Organise community gardening initiative to learn about healthy food etc. Extent to healthy cooking- bring people together as well

15. Online support/interventions: more research (RCTs), greater access, cost effective, i.e. combined automated/supported options

16. The cost: healthy lifestyle; demand and psychological interventions provided at every level of core (community, primary, specialised)

17. Change public services structure and emphasise integration and cooperation between services

18. Lack of individual and public resources and promote low-cost health initiatives

19. Encourage resource allocation to more essential needs e.g. food and organise community walks/exercise/sports

20. Gather communities together to address well-being needs and design action plan to lobby government

21. Establish local barter and exchange co-ops for goods and services modeled on successful historical and contemporary examples.

22. Establish more community based education schemes e.g. household budgets and cookery classes (low cost fresh food recipes)

23. To promote and raise awareness of free online mental health portals e.g. "E-couch"

24. Encourage people to look at 'free/cheap' methods of increasing well-being e.g. running/walking/being outdoors/reading/enjoying nature/ volunteering

25. Financial worry/stress; educate RE: possible stress education techniques and ways of reducing anxiety e.g. CBT and also support networks and forums online or in community.

26. HSE system layers of complexity- QMS added additional layer rather than optimise system. Focus on cost-improving events and use of savings to wellbeing programmes

27. Combing paid and volunteer service provision

28. Cost of healthy lifestyle; introduction of more opportunities for incidental exercise in workplaces/schools

29. Promoting awareness of existing activities and resources- clubs and societies/groups aim to become more visible in communities

30. Use employment as an opportunity to play a more active role in the community e.g. GAA, Tidy Towns, Community Watch

31. Establish links with universities to create community partners, where postgrads in economics etc develop suitable created programmes to assist with managing finances/financial worries

32. Civic engagement/volunteering programme benefits: volunteer-professional, 'stepped' approach, sense of community/engagement/ meaning, cost effective

33. Promote community tested initiatives e.g. 'big sisters/brothers', community garden

34. Develop community resource management classes e,g, through schools (parents' associations), community clubs, community recreation centres etc.

35. Promote existing services to the general public at local community and national level

36. Introduce well-being as a function of Money Advice Bureau

37. Develop skill exchange programmes allow people an arena to share their skills and talents and to engage others in their passions

38. Support MABs and range of initiatives to deal with debt

39. Establish 'let' systems for exchange of services and goods

40. Strategic plan for well-being- that would have commitment from government to follow through rather than piecemeal efforts, avoiding wasting of funds

41. Having established on local level minimum requirements for well-being, financial and resource of service, set up local fund or pool where people donate time or money

42. Give attention to WHY circumstances exist, not just quick fixes; learn from past and look to the future.

Barriers to well-being in Ireland

    E.   Cultural and Social Issues

- Individuals are 'locked in' to unhealthy and unsustainable lifestyles
- Stigma associated with mental health difficulties such as depression, anxiety and stress*
- Negative effects of stigma on well-being
- Negative cultural norms, including failure to promote well-being in society
- Failure to accept that asking for help in addressing issues of well-being is a positive thing
- A cultural reluctance to engage in discussion about issues that are called 'soft issues' (e.g, managerial focus on issues of time and money, and failure to appreciate the importance of staff energy and well-being levels)
- Tendency of people not to seek help for mental health problems, particularly males and younger people
- Lack of cohesion in society
- Insufficient care provision for people suffering from disability and health problems
- Public fear in relation to financial insecurity has the effect of narrowing further the space for dialogue on broader, more holistic views of well-being.
- A lack of understanding/appreciation of emotional and social intelligence in society
- Distorted beliefs in relation to work-life balance (e.g., when we are at work we are not 'living')
- Absence of holistic approaches to health-care*
- The sense of doom and gloom in a climate of austerity
- Failure to value the potential for advanced levels of adult development
- Corrosion of work-life balance, with people working longer/harder and taking the stresses of work home with them*

Selected Options for Overcoming Barriers

1. Celebrity/public figures to promote well-being awareness
2. Promotion of greater flexibility in workplaces with a focus on productivity rather than hours clocked
3. Encourage mental health promotion initiatives in schools and workplaces
4. Change the way P.E. is taught in primary schools i.e. greater emphasis, structure, holistic approach
5. Promote help-seeking as a skill (amongst young people in particular)
6. Unhealthy lifestyle is derived from unhealthy habits- education around psychology of habit change is central
7. Implement evident-based education and behaviour change interventions to improve health

Other Options

1. Points system - credits for private insurance (VHI etc). Prevention reduction for participating in recognised well-being programmes
2. Target stigma by encouraging people to share personal experience of mental health issue and how they overcame it, could be in form of health promotion tv ad akin to RSA ads
3. Public marketing of well-being concept (may avoid 'new-agey' connotations)
4. Create youth-focused free, accessible support (mental health) service for young people in every community
5. Support for people with mental health difficulties to talk about/promote recovery
6. Build recreation activities into work-life
7. Promote and encourage young people to visit and spend time in drop-in services and well-being centres like Jigsaw
8. 'Well-being at work' schemes, with small tax breaks for participating employers calculated against costs of absenteeism etc.
9. Need to describe and explain the 'well-being directive' in a way that translates to business, industry and government organisations
10. Develop a holistic approach, starting with primary education, by incorporating programmes and activities to achieve a sense of understanding and maintaining well-being
11. Work programmes to support well-being (mandatory)
12. Introduce nutritional (healing into mainstream medicine)
13. Create a national registry of options for people to choose holistic healthcare
14. Establish strict rules on accreditation for services that are designing to promote well-being... this may give more value to these services
15. Some danger in attaching stigma to things we wish to reduces i.e. smoking for fear that some may refrain from looking for help such as they do with suicide etc...
16. More attention/research funding given to a more holistic understanding of health and well-being and social dynamics
17. Set up 'pop-up' well-being advice services and screening- like the cholesterol and breast exam vans
18. Greater encouragement support for life-long learning opportunities
19. 'soft-issues' become important, lack of well-being and energy leads to reduced productivity, less money, awareness raising of this within workplaces needed
20. Support of engagement in non-workbased behaviours e.g. team sports by workplaces
21. Not to overlook current work being done to reduce mental health stigma (TV ads etc), create more awareness of current resources
22. Get Mike. D. to promote well-being
23. A well-being checklist (from primary education)
24. Build mental health promotion into school curriculum
25. Celebrity endorsement of mental health campaigns e,g. Alan Quinlan, Frankie from the Saturdays.
26. Identify a national champion to promote well-being alongside practical community initiatives

27. Introduce idea of holistic approach at a school level e.g. host workshop
28. Educate employers and employees about the health effects associated with long work hours
29. Meet the experts- events locally or on TV related to one or a few health concerns- could be run by relevant charity
30. Air of doom and gloom- the importance of admitting past mistakes must be recognised as a valuable tool to move forward
31. Develop understanding of human emotion; happy = normal, so does sad, mad anxious etc
32. Teach mental health first aid to the community
33. Promote benefits vs negatives of work life balance with employer to highlight how important a healthy work life balance is

Barriers to well-being in Ireland

F. Leadership

- No charismatic champion or leader to advance the well-being of the nation*
- Lack of an effort to galvanise collective action around the issue of promoting well-being*
- Command and control style of leadership dominates societal systems
- Mismanagement of public services
- Government, public policy makers, employers, individuals are largely unaware of the important significant factors that affect well-being

Selected Options for Overcoming Barriers

1. Start small- promote awareness of importance of well-being in own community and be a leader on a small scale first
2. Encourage more youth involvement in public office- new ways of thinking and new people may give rise to many new leaders
3. More focused/awareness raising of mental health and well-being from minister for health
4. Make research and training freely accessible in non-jargon terms to policy makers and employers
5. Leaders in government to be educated in well-being and to then implement a few actions themselves and lead by example
6. Encourage 'the church' to take a leadership role in mental health and well-being

Other Options

1. For leaders to liaise with community members to voice issues of well-being
2. Engage more women in politics
3. RE: Public services mismanagement; 'negative bonus' system for low-performing upper management
4. Need for a definition of explanation of benefits of well-being- from this A leader and a policy becomes obvious
5. Designate a well-being officer of the week in schools and workplaces
6. Many leaders across disciplines needed in on-going public conversations, i.e. symposium
7. Integrate well-being into the school curriculum e.g. M Gaffney's Book on flourishing in the English curriculum?
8. Support for and media coverage of a 'civic forum', more participating, deliberative democracy
9. Appointment of well-being leaders at community level
10. Need pockets of teams to work together to create collective action
11. Identify a charismatic champion to promote well-being

12. Create champions e.g. well known young women with CF
13. Policy makers to listen to people working at coal face with mental health
14. Leaders in organisation to build in well-being into performance management systems for managers
15. Set up well-being awareness posters in public places i.e. workplaces, schools, communities
16. Improve communication of existing health and well-being data to public eg. SLAN, HBSC
17. Put mechanism in place for people from ethnic minority SPS to have a voice and inspire leadership
18. More child-care government funded to encourage parents into political and civic sphere
19. Designated 'well-being' liaison person in schools
20. More accountable and transparent service organisation and provision
21. Appointment of a government minister for well-being
22. Civic education in schools to inspire future leaders
23. Create a sense of increased well being at local level, with clubs and societies e.g. foróige, GAA
24. Highlight the benefits of a psychologically flexible and physically healthy work-force to employers
25. Promotion of good leadership for well-being can start from an individual or home

Barriers to well-being in Ireland

G. Structural Issues

- Lack of education about the importance of well-being in schools and universities*
- Limited number of well-designed interventions to promote well-being
- Lack of enabling environments (e.g., poor work environments; poor leisure facilities)
- Lack of cohesive communities resulting in isolation and alienation
- Lack of available programmes to foster well-being
- Lack of well-being 'training' in schools (e.g., mindfulness classes, emotional coping classes)
- Lack of early intervention services in relation to mental health and supports
- Lack of space for dialogue on holistic views of well-being*
- Lack of well-funded mental health services

Selected Options for Overcoming Barriers

1. Implement well-being module across education system- from primary to third level
2. Create national well-being committee responsible for policies, training and sustaining interventions etc.
3. Set up a website that educates people about well-being
4. Define what well-being is from a national perspective
5. Develop evidence- based solutions
6. Link in with groups that already indirectly promote well-being

Other Options

1. Establish 'family Club' – space for families to engage in purposeful positive activities together
2. Involve target groups (i.e. individuals with well-being issues) in the development and promotion of well-being interventions
3. Build a culture supportive to seeking help and accessing existing services
4. Deliver an inspirational talk on well-being as a road show throughout secondary schools in Ireland
5. Design Posters and handouts for HSE and Healthcare settings that explain well-being.
6. Incorporate well-being training (importance of self-care etc) into secondary school curriculum.
7. Establish well-being as a central element in all school curriculum
8. Establish a national definition of what well-being is. Necessary before it can be introduced into education system in Ireland
9. Develop Government Policy around grassroots beliefs and findings on Well-being.
10. Foster engagement with already established community groups – e.g. Tidy Towns through the schools and help foster a sense of pride and engagement in the local community

11. Promote social interaction cohesion in communities by using initiatives to get people together – Parent child groups and community projects.
12. Develop community infrastructure, develop transport and access to wider services in rural areas
13. National Day to recognise Well-being
14. Encourage debate on different aspects of well-being at a local and national level
15. Normalise the discussion of issues of well-being (i.e. non pathological or clinical)
16. Encourage community programmes locally, run summer camps, youth groups, social events for elderly
17. Target 'at risk' groups/communities and run well being workshop
18. Establish a National Framework on well-being for communities to replicate – promote inter-community partnership
19. Paint the Walls
20. Create community gardens in primary schools
21. Design Healthier neighbourhoods (build environment)
22. Free Community Talks on Well-being
    a. Information
    b. Interventions in the home
    c. Seeking help
23. Encourage Different perspectives in schools, colleges etc in order to promote a different mindset (mindfulness, connectedness to planet etc.)
24. Develop student / teacher partnership to 'train' aspects of well-being – emotional coping
25. Well-being fun-day – activities for all age groups that promote well-being. Conducted in public areas.
26. Workshops in Hospitals: Talks, activities and informational facts
27. Educate educators regarding well-being, Initially and CME
28. Establish a well-being council to promote well-being in the media and to lobby / local and National politicians
29. Create programmes for use in schools that focus on understanding well-being
30. Promote Well-being as a changeable idea throughout the lifespan
31. Promote recognition and registration of allied health professions by HSE (e.g. Creative arts therapies)
32. Pay more tax and spend it better
33. Develop programmes fostering greater community involvement in child and adolescent well-being
34. Change the name to the Department of Health and Well-being
35. Incorporate well-being and mindfulness into social welfare system
36. Community Network – Collating network of contacts at Fun-days – parishes etc to guide new initiatives.
37. Create parenting programmes for all new mothers - ensure they are well designed interventions
38. Develop undergraduate modules within degree programmes, which address issues around well-being.

Barriers to well-being in Ireland

H. Understanding/Basic Research

- Lack of understanding as regards the nature of well-being and how to measurement it*
- Limited understanding of the factors that influence and increase well-being*
- Narrow or confused definition of well-being as being synonymous with health or happiness or quality of life
- Lack of understanding of mental health as well-being and simply the absence of mental illness
- Lack of understanding of all the elements of wellbeing
- Lack of awareness and public discussion of mental health and wellbeing
- A predominant medical view of wellness

Selected Options for Overcoming Barriers

1. Normalise the language surrounding Well-being
2. Ensure that all GPs undertake Mental Health & Wellness training
3. Leverage from TV and Social Media channel to promnote what well-being is to different people and its importance
4. Increase understanding of wider effects on well-being and in particular the effects of the environment on well-being
5. Take charge of definition and measurement
6. Leverage form lessons learned and measurements tools used by the UK, Canada, and France on well-being

Other Options

1. Establish National Well-being champions from cross –section to promote well-being
2. Use existing research finding and present in format that is accessible to the general public – distribute through flyers, posters etc
3. Indentify purpose of increasing understanding of well-being. Whose Understanding? For measurement? Assessment? Or to stimulate personal reflection?
4. Commission an agreed set of measurement criteria of 'wellbeing'.
5. Test, re-test and validate all common measures of SWB including those from Qol perspectives in a bid to attain some groundwork in Ireland
6. Create a document freely available to people about Well-being (definition), factors influencing it, mental health issues etc.
7. Have a public consultation on the factors that influence well-being in Ireland
8. Implement existing definitions of Well-being and develop better studies of them.
9. Create a holistic definition of well-being focusing on all aspects of life.
10. Discuss / Teach / Practice well-being throughout education

11. Collect data from a panel of people on their SWB over a number of years to establish changes over time.
12. Cross discipline research to identify factors that increase SWB
13. Develop the understanding that well-being is inextricably linked to the ecological environment.
14. Develop Initiative / programme which elicit and measure local understanding of mental health.
15. Establish temporary steering group to define well-being, include representatives from varying backgrounds to counter overly strong association with one area / discipline.
16. Establish and agreed upon multi-contextual model of well being, that is flexible for populations and situations and conduct research on this.
17. Create public debate around understanding of mental health, well-being through media (TV, radio, newspapers, Internet, Advertising).
18. Create Working groups in communities to define their ideas of well-being – what it means to them.
19. National Well-being coordinating committees to commission a grass roots definition of well-being.
20. Conduct National Survey examining peoples understanding of well-being and their views of well-being in all aspects of life and among all age group and socio-economic groups.
21. Use a National event as a medium to communicate what well-being is and what can be done to enhance it. E.g. Paddy's Day parade or GAA final.
22. Clarify well-being from related constructs e.g. happiness, life satisfaction etc
23. Broaden model of health across medical and health-related 3rd level courses - more emphasis on biopsychosocial aspects of health.
24. Work from individual upwards

Barriers to well-being in Ireland

    I.   National Climate
- Current economic environment provides little scope for changing thinking (e.g., movement toward a more creative, holistic view on well-being is difficult in time of economic crisis)
- Lack of trust/dissatisfaction with the system, government, and decision-makers in general*
- Widespread acceptance of corruption in Ireland
- A national sense of gloom due to emphasis on austerity*

Selected Options for Overcoming Barriers
1. Focus on what can be done despite the economic environment
2. Lead by example
3. Encourage people to get involved in/take control of well-being initiatives
4. Promote well-being as a positive step forward for the current economy
5. Building on community spirit through organising support groups and local initiatives
6. Focus on local positives and achievements

Other options

1. Promote 'Wellbeing' as an <u>antidote </u>to 'doom and gloom' and the 'wicked world' syndrome
2. Government ministers need to be held accountable for their actions
3. Hold annual award ceremonies to celebrate local leaders and achievements; generate media attention around such events
4. Create a "Light from Dark" campaign, where Ireland's resilience, creativity, and spirit are promoted through a well-being perspective
5. Take responsibility
6. A well being campaign at the government level
7. Promise benefits for volunteers in the local community; by volunteering create an increased sense of ownership and control over one's local community
8. Energise communities through local initiatives, e.g. community gardens, tidy towns etc.
9. A four day working week = more people employed, a more equitable sharing of resources, and more time…for well-being?!
10. Promote current economic climate as an opportunity to create and address local barriers to cohesive communities
11. Show integrity
12. Make people accountable
13. Link positive well-being to increased personal agency, i.e. increase subjective well-being (SWB) and decrease hopelessness
14. Stop complaining
15. Position wellbeing as an inclusive movement that takes Ireland out of a recession mindset

16. Re-igniting; trust in institutions through seeing real changes- making people accountable, and reducing/capping wages of top civil servants/government officials
17. Encourage widespread acceptance of local/community agency
18. Develop and implement a way to make society more equal, i.e. higher taxes and citizens' allowance
19. Talk to politicians
20. Create a well-being slogan that is simple, meaningful, and realistic in today's environment; one which will appeal to the national demographics
21. Set up consultations with local decision makers and community representatives on a regular basis
22. Ask not what life can do for you, but what you can do for life
23. Include government representatives in any committee/council, this makes it easier to get the government 'on board'
24. Set-up programme designed to influence/enhance individual perceptions of futility
25. Well-being as a proactive rather than reactive step forward

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