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7

7a Alex Case Study Background

Referral Background

Alex was referred for behavior support services, to support transition to the community, following a six-month stay under the public health service, including extended time in hospital and then a rehabilitation facility.

Prior to hospitalization Alex experienced multiple accommodation breakdowns and challenges in finding providers equipped to meet her needs due to perceived behavioral risks.

Alex's admission was the result of multiple accommodation services breakdown and no providers who were able to accept her and provide services that met her needs. This was due to the perceived level of risk of the behaviours of concern reported through historical records and by health staff within the hospital and rehabilitation settings.

During this period, a suitable provider and accommodation was identified and Behavior support sought to support the facilitation of Alex's transition. Initial services requested for behaviour support included transition planning, interim behaviour support (response strategies, risk assessment, staff training, and 1:1 coaching and skill development with the participant to prepare for going into the community

Behaviours of Concern

At the time of referral, Alex was reported to be exhibiting the following behaviors of concern:

Physical aggression: Approaching and attacking others, including scratching and grabbing, often aimed at the face.

Described as: running towards and attacking other people by grabbing, scratching and gouging skin causing injury – particularly aiming for the face, grabbing people's throats, kicking and pushing.

This was reported to be unprovoked and "with no warning".

Frequency: Occurred 1–3 times daily, resulting in injuries to staff.

Impact on others:

- § Physical injuries and psychological distress.
- § Injury scratching
- § Staff hit/kicked
- § Psychological harm

Impact on Alex:

- § Restricted living conditions,
- § High support ratios,
- § limited staff interaction due to safety concerns.
- § Required to live in a secured facility (unit – all one room with attached bathroom) and unable to leave even if supported
- § Supported 3:1 16 hours per day and 2:1 8 hours per day
- § 2 x guards stationed outside 16 hours per day and 1 x guard in passive hours.
- § Limited interaction with support staff unless required – due to a level of fear and no strategies to use to support Alex.

Verbal aggression: Frequent yelling, swearing, and threats.

Described as: Yelling and frequent swearing, name calling, threats to harm others. For example: “You f***ing c***, I will kill you if you come in here again, so don’t f***ing try”.

Frequency:

Up to 10 times daily, and dependent on staff rapport.

Impact on others:

§ Psychological harm, fatigue, and reluctance to engage.

§ Psychological harm

§ Fatigue

§ Fear of engagement

Impact on Alex:

§ Increased isolation and frustration due to reduced staff responsiveness.

§ Reduced interactions with others

§ Increased isolation

§ Reduced staff response to requests

§ Increased frequency to request things she wanted or needed and could not access due to being in a secured facility – leading to frustration and increased frequency of this behaviour and others.

Harm to self: Walking/scootering onto busy roads causing traffic hazards

Described as: Making statements like “I just want to kill myself”, walking away from staff at a fast pace, stepping or driving scooter onto road in front of traffic, usually on main/busy roads

Frequency:

It was reported to be occurring every time she was supported in the community. Alex did not have access to her scooter while in hospital or in the rehab facility, however was reported to use prior to being hospitalized.

2 x trials to take Alex for a walk while in the rehab facility resulted in walking onto the main road in front of traffic placing Alex and staff at risk.

Impact on others:

§ Psychological harm

§ Fatigue

§ Fear of supporting Alex and being able to keep her safe

Impact on Alex:

§ Increased isolation and frustration.

§ Reduced opportunity to go into the community

§ Increased isolation

§ Decline in Alex’s skills and abilities

Inappropriate sexualized behavior: Requests for intimate support and creation of suggestive videos.

Description: Alex would request support to have her “privates washed” by staff while showering and appearing to be aroused at the request. Alex would use her phone to film how she wanted to be supported for her ADL’s, presenting it in a way that suggested it would meet her hygiene and sexual needs. Alex would upload her video’s onto YouTube.

Frequency: Occurred 1–2 times fortnightly, more frequent with unfamiliar staff. At least one of the above behaviours would occur 1-2 times per week. This frequency would increase if new staff were on shift who did not know her very well and were unsure how to respond.

Impact on others:

- § Psychological harm,
- § fatigue
- § reluctance to engage.
- § Some staff reported this behaviour as distressing and violating.

Impact on Alex:

- § Increased isolation and frustration due to reduced staff responsiveness.
- § Staff refusing to provide supports for showering/bathing
- § Exposure on the internet
- § Potential abuse due to internet exposure

False accusations against staff of abuse and others.

Description: Accusing other people (usually staff) of sexual misconduct or physical abuse often when the staff member is not able to meet the needs of Alex or declines a request.

Frequency: Approximately 3 times per week average

Impact on others:

- § Staff stood down pending investigations
- § Fear of providing support
- § Potential loss of income for staff
- § Mistrust
- § Possible splitting of the team

Impact on Alex:

- § Loss of staff
- § Loss of relationships
- § Reputational damage

Property damage – any items accessed that recorded information about Alex – paper notes, computers and other devices

Description: Alex will force her way into a room or grab any item that she believes is being used to record information about her include anything paper, tablets, phones and computer devices.

Frequency: Daily if she is aware and can see that people are writing and she cannot see what it is.

Impact on others:

- § Staff unable to potentially perform required duties
- § Inaccurate recording due to latency
- § Inability for teams to be able to hand over information

Impact on Alex:

- § Lack of handover of information leading to inconsistent support

Decision making profile

Name: Participant Smith

Date: 11/2/25

<p>How I communicate my preferences</p>	<p>I prefer to communicate my preferences verbally through conversations or through writing. I am good at talking to people and enjoy this; however, <u>I will often say what I think other people want to hear me say.</u> It is therefore important that the people who are supporting me to make decisions are able to understand what my preferences are and when I am just saying things to please others and “keep the peace”.</p>
<p>How I like to get information</p>	<p>I prefer to receive information verbally through conversations but it is also helpful for me to have something I can read and go away and think about. My PBS practitioner has also suggested that I might have trouble remembering information. It is important, then, that I am provided with information in writing and other visual forms to help me remember information better. I also don't mind if information is given to me in a text on my phone.</p>
<p>How to present choices to me</p>	<p>I prefer to not have too many options presented to me at once. I can find it overwhelming to have too much information at once. However, it is very important that I am provided with information regularly, especially about my supports. I can get very anxious if I think I know there is something happening, but no one has spoken to me about it. If there are choices I need to be a part of about my support, money, house and relationships it is important to tell me so I can feel I am a part of the process and that my opinion is being heard and respected. When I get anxious about these things I can become confused and upset.</p>
<p>When is the best time for me to make decisions?</p>	<p>I prefer to make decisions after breakfast and when I am feeling good. The later in the day it is the more I feel tired and anxious at times and the less likely I am to be able to make good choices and understand information.</p>

<p>When is a bad time for me to make a decision?</p>	<p>I prefer to NOT make decisions when I am tired. This is usually in the afternoon and evening. I am not a great sleeper, so I am pretty exhausted by the end of the day.</p>
<p>Who do I like to help me make decisions?</p>	<p>I am happy if my family, friends, and support workers support me when I need help with decision making. It is important that whoever supports me allows me to make my own decisions and guides me. As it has been written above, I can be easily influenced, especially if I want someone to like me.</p> <p>My family know me best and are very important to me. They work hard to make sure I am a part of decisions that are made about me.</p> <p>My wife and daughter are my guardian's, and this makes me upset sometimes and I don't want to talk to them, especially my wife. In these times I feel like I am being controlled because of this, but this is not every day and I do value their opinion and I talk to my wife almost every day.</p> <p>I like my Son and my daughter to support me to make decisions and I trust them and they are good helpers when I don't want my wife to be there.</p>
<p>What decisions do I make on my own?</p>	<p>I make my own decisions regarding all daily life activities like what I am wearing and what activities I want to do throughout the day.</p> <p>I believe that I am very good with making decisions in general.</p> <p>I also think I am good at making budgeting and financial decisions. My wife and daughter are my administrators for my money, which I don't really like. I can be influenced easily to spend my money of things others have decided I should buy, so this order is in place to protect this from happening. I do have access to my own card which has money put on it daily.</p>
<p>What decisions do I make with support?</p>	<ul style="list-style-type: none"> • decisions that relate to NDIS. • Where I live • Health decisions that are in my best interest



What decisions do I
want to make in the
future?

I would like to:

- Live on my own
- Meet nice friends/people
- Be with my dogs

Template amended from Helen Sanderson associates

7c Alex support plan for using the scooter

Support Plan for using the scooter during the day

Aim: For Alex to learn how to go out into the community with her scooter safely and re-learn her scooter skills and rebuild her confidence.

Purpose: For Alex to develop skills to access the community safely and increase her levels of independence.

Short Term Goal: Alex to be able to go out with staff for short trips of up to 1 hour without incident.

Long Term Goal: Alex will be able to manage her own time accessing the community using her scooter and eventually have periods of time unsupported.

1. Each time Alex goes out, staff and Alex need to read through the checklist which includes:

- Flag is attached to scooter and Alex is wearing her vest
- Battery on Scooter to be fully charged
- Plan with staff where you are going before you leave and what you will do
- Staff and Alex commit to staying together while out
- Staff are to make sure they have the mobile phone fully charged and with them before you leave
- If Alex has a phone, Alex will make sure her phone is charged
- Go through and agree to the rules and reminder of the road rules on the “Mobility Scooter safety sheet”
- Ensure Alex is feeling healthy and able to endure the planned activity

If you go out in the scooter you have to come back in the scooter. Remember the IMPLEMENTING PROVIDER cannot pick up the scooter in the van, it does not fit.

**** The scooter can only be used in the daylight hours, and it is important that if it is predicted that it may become dark before Alex returns, that alternative transport to get to the destination is considered.**

2. If there is an incident with the scooter in the community the IMPLEMENTING PROVIDER, in consultation with the OPA, and the PBS Practitioner will review:

- why the incident happened
- how we can make it safe before going out again
- There will not be able to be any trips in the scooter until the Team Leader and Alex agree that we understand why the incident happened and that any issues are resolved (fixed)

3. Some days it might not be safe for Alex to go out because she is struggling with her emotions or feeling upset or her brain is feeling confused.

It is not safe to go out on these days because we know someone might get hurt and we want to make sure everyone is safe and can have a nice time

Sometimes Alex experiences “Sundowners” where she can become confused and is not able to make good decisions. It is not safe to go out when Alex is experiencing this. If Alex is starting to experience this while she is out, she should come home as soon as possible.

If this is the case the Team Supervisor or Team Leader might say it is not safe to go out. We must respect this decision to make sure we all stay safe.

If this is decided staff will help Alex find something else to do and help her understand why the decision has been made.

4. Sometimes it might not be safe at a certain time, but then later in the same day Alex might feel better and can go out. It is OK for things to change.

5. Alex can get tired which can cause her to feel agitated and also needs to make sure she is home in time to have her medications. It is OK to come home and have a rest and see how she is feeling after a rest.

It is OK to go out again if Alex is feeling up to it and she and the team supervisor agree it is safe to do so.

6. It has been agreed with Alex and her guardian that she will be able to have her scooter key during the day hours when she is able to use her scooter.

7. It has been agreed with Alex and her guardian that the scooter key should be given to the supervisor when the night staff arrive, who will lock the key away in the lock box while Alex is there – so Alex knows the key is safe.

8. If Alex expresses that she is unable or does not want to give the key back, staff will need to communicate with her, using her preferred communication strategies, the following information:

- This is to keep everyone safe
- This is a part the plan we all agreed together
- Alex is not able to use her scooter at night – it is the law
- We are concerned that if she keeps the key, she may lose it. If it gets lost Alex will not be able to use the scooter until it is found again – delaying future outings.
- If Alex does not provide the key and staff are concerned that she may attempt to use her scooter at night, the battery should be removed during passive hours when she is not supervised. – This should only be used as a last resort when all efforts to support Alex to provide the key has not been effective.

All effort should be made to support Alex to give the key to the supervisor to lock away, Remember to celebrate a good outing and remind Alex she is working towards her goal.

7d Scooter checklist

Checklist for Alex before going out on the Scooter

Task	✓
Makesure you can be easily seen by drivers bymaking sure: <ul style="list-style-type: none"> • Flag is attached to scooter • Wearing High Vis Vest or bright clothes 	
Battery for Scooter <u>fully charged</u>	
<u>Have a plan</u> of where you are going and what you need to do	
Staff have the <u>mobile phone</u> and it has <u>enough charge</u> for the outing	
Remind each other that: <ul style="list-style-type: none"> • Alex and Staff need to <u>stay together</u> the whole time they are out • <u>Remember if we go out in the scooter we come home in the scooter, so make sure you don't go too far we don't want to run out of charge</u> 	
Go through the Safety Checklist before leaving	





Conducting cognitive interviews to test a measure of wellbeing for people living with intellectual disability

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Introduction

Assessing wellbeing is vital in mental health research and practice, offering insights into people's emotional, psychological, and social experiences. For individuals with intellectual disabilities, understanding wellbeing supports person-centred care and improves quality of life (van der Meer et al., 2018). Many disability services use tools that focus on deficits, highlighting limitations rather than strengths and positive mental health (Dinishak, 2016). This approach often overlooks the personal experiences and wellbeing of people with intellectual disabilities, reinforcing a focus on challenges over abilities (McCausland et al., 2022). This study tested a new wellbeing measure designed for people with intellectual disabilities, using cognitive interviews to ensure it is suitable and relevant. Wellbeing assessment captures a broad view of mental health, including positive emotions, life satisfaction, and social connections (Keyes, 2002). For people with intellectual disabilities, these measures can guide services, policies, and programmes to promote inclusion and empowerment (Allred et al., 2025). Although over 150 wellbeing scales exist (Iasiello et al., 2024), few are tailored or tested for people with intellectual disabilities. Current tools often fail to address their unique cognitive and communication needs, leading to unreliable results (Putnick & Bornstein, 2016). This creates a validity issue in psychological measurement, where poor validation weakens findings (Schimmack, 2021).

Cognitive interviewing, where participants share their thoughts while answering survey questions, is a strong method for validating measures (Milne et al., 1999). It ensures tools are clear and relevant for specific groups (Boateng et al., 2018). For people with intellectual disabilities, this approach addresses issues like misinterpreting complex items, which can vary across groups (Prinzing, 2021). While cognitive interviewing has refined measures for groups like adolescents with HIV (Orth & Van Wyk, 2023), its use for wellbeing measures in intellectual disability is limited. Partnered with the South Australian Council on Intellectual Disability (SACID), this study tested a new wellbeing measure through cognitive interviews with 14 participants from SACID's inclusion advisory group. By involving people with intellectual disabilities, the study ensured the measure was accessible, relevant, and reflective of their experiences. The results support the development of strengths-based tools to replace deficit-focused assessments, promoting fairer and more inclusive mental health practices.

Method

This study tested the face validity and relevance of a new wellbeing measure for individuals with intellectual disabilities. Conducted at the SACID office, a familiar and accessible location, the research ran from 10–17th June 2025. Known as "The Living My Life Project" (Project ID: 114849), it was approved by the University of South Australia's (UniSA) Human Research Ethics Committee (HREC) and followed the National Statement on Ethical Conduct in Human Research. The research team had expertise in disability research, wellbeing, psychometric testing, and facilitation of focus groups. The study used a qualitative approach with cognitive interviewing to explore how participants understood wellbeing survey items. A purposive sample of 14 participants with intellectual disabilities was recruited from SACID's inclusion advisory group, a cohort familiar with research and consultation. The sample size ensured data saturation, with participants split into three focus groups. No exclusion criteria applied, as all advisory group members could provide informed consent and were suitable to participate.

Participants received an email invitation from SACID, including an easy-read information sheet explaining the study's purpose, procedures, and rights. Initial contact was by email only, and participants could discuss the study with SACID staff before consenting.

Data collection involved focus groups at the SACID office, where participants reviewed draft survey items and shared their thought processes while responding. Based on cognitive interviewing methods (Beatty & Willis, 2007), this approach assessed item relevance and comprehension challenges. No sensitive or personal information was collected, and participants were assured the focus groups were a safe, respectful, and confidential space.

Clear, accessible information was provided, and written consent was obtained before each session. Participants could withdraw at any time without consequences, and no risks beyond everyday life were identified.

Data were analysed using thematic analysis to identify common themes about the interpretation and validity of wellbeing items, focusing on relevance and response processes. In the first two focus groups, participants were presented with a list of wellbeing domains and representative wellbeing items (Appendix 1). Based on feedback in the first two sessions, these items were modified and presented to the third focus group, to gauge the quality of the modifications.

Results

Three focus groups with 14 participants with intellectual disabilities from SACID's inclusion advisory group evaluated the face validity and relevance of a new wellbeing measure. The average age of participants was 38.8 years old (SD = 16.1). The first two sessions reviewed all original items, discussing specific items and their importance. Thematic analysis of focus group transcriptions identified five key themes about participants' interpretations and response processes: (1) clarity and simplicity of language, (2) context-specific responses, (3) preference for simplified response formats, (4) challenges with abstract or future-oriented concepts, and (5) value of the survey process. There were a range of item modifications made as a result of these sessions, and the second version of the items (which were presented in the third focus group) are available in Appendix. These themes guide refinements to make the wellbeing measure more suitable for people with intellectual disabilities.

Clarity and Simplicity of Language

Participants highlighted the need for clear, simple language. Words like “acceptance,” “harmony,” “qualities,” and “content” were confusing or had multiple meanings. For example, one participant said, “Acceptance? Like accepting a prize? Don’t use words that could mean two things.” They called “harmony” a “hard word” and suggested “calm” or “relaxed” instead. Participants recommended replacing “purpose” with “direction” or “pathways” and “satisfying” with “makes me happy.” The word “generally” was seen as vague and unhelpful.

Context-Specific Responses

Responses often varied by context, making general answers difficult. For example, “I feel calm” prompted, “Depends on the setting. I might be calm at home but uneasy with strangers or at shops.” Similarly, “I can be in the moment” needed context, with one participant asking, “Do you mean in a busy shopping centre? Or with no distractions?” Items should specify contexts or allow nuanced responses to reflect situational differences.

Preference for Simplified Response Formats

Participants preferred simpler response options, like yes/no with a “depends” choice for context-specific answers. One noted, “Most questions were too context-specific, so the answer was often depends.” They also liked images to help select responses, finding them more accessible than text-based scales.

Challenges with Abstract or Future-Oriented Concepts

Abstract or future-focused terms like “future life” and “optimism” were hard to grasp due to daily uncertainties. One participant said, “Future life’ seems drastic. We face lots of uncertainty, so don’t think too far ahead.” “Ideal” life implied perfection, feeling unattainable. Participants suggested short-term timeframes, like the current week, and replacing “opportunity” with “chance” for clarity.

Value of the Survey Process

Participants valued the survey process for encouraging self-reflection and communication. Some, especially those who participated with support, found it helpful for expressing experiences. One said, “This survey was a nice way to get to know you better.” Others noted its use in showing how services or programmes affect wellbeing, saying, “It could help show if a service is making you feel better or not.” Flexible formats, like phone, survey, or interview, were preferred.

Third Session Findings

The third focus group confirmed earlier themes and added insights:

Need for Specific and Contextualised Language

Vague terms like “daily life” or “I am happy with how my life is going” lacked clarity. Participants suggested focusing on specifics like “living, job, everyday life.” “I get along well with people” was too broad, with suggestions to add “people important to me” or “friends/family.” “Community” in “I feel close with people in my community” was confusing, with preferences for “people around me” or “chosen community.”

Reliance on the “Depends” Response Option

The “depends” option was often chosen, reflecting context-driven experiences. Comments like “depends is almost always the answer” and “I often feel relaxed depends on what you’re doing, not who you are” showed difficulty with general responses. This supports including “depends” in the updated survey.

Importance of Short-Term Timeframes

Short-term timeframes like “today” were easier than longer periods (e.g., past two weeks) for emotional questions. A researcher noted, “Today is easier for affective questions than generalising over two weeks.” This aligns with challenges around abstract or future-oriented concepts.

Value of Supportive Prompts and Examples

Participants liked items with examples or visual aids. For example, “I have activities that help me focus’ is great but could use images to prompt reflection.” “I know how to achieve my goals” needed clarification, like “sometimes I can do this with help, so how do I answer?” Examples or prompts about support systems could improve engagement.

Sensitivity and Relevance of Certain Items

Some items, like “I feel safe where I live,” were sensitive but important. Others, like “I smile a lot,” risked misinterpretation, as one participant noted, “It could mean I smile to hide how I’m really feeling.” “I feel okay sharing my thoughts and opinions” needed qualifiers like “that are not private.” These comments highlight balancing sensitivity with relevance and allowing space for context. The third focus group confirmed the value of revisions like simplified language and the “depends” option, while suggesting further tweaks, such as specific phrasing and supportive prompts. These findings help create a wellbeing measure that is accessible, relevant, and respectful of the experiences of people with intellectual disabilities.

Conclusions

This study, conducted in collaboration with the South Australian Council on Intellectual Disability (SACID), marks a significant advancement in developing a strengths-based wellbeing measure tailored for individuals with intellectual disabilities. The findings highlight the importance of moving away from deficit-focused assessments, which emphasize limitations, toward strengths-focused approaches that align with contemporary values in the disability sector, such as shared decision-making and supporting autonomy (Schalock & Luckasson, 2021). By engaging 14 participants from SACID's inclusion advisory group through cognitive interviews, the study validated the face validity and relevance of a novel wellbeing measure, ensuring it reflects the lived experiences of this population. The absence of concerns regarding the concept of assessing mental wellbeing or the relevance of the proposed dimensions is a critical finding, affirming the feasibility of integrating positive psychology principles into mental health assessments for individuals with intellectual disabilities (Keyes, 2007).

The focus groups provided valuable insights into refining the wellbeing measure, particularly through modifications to survey items. Participants consistently emphasized the need to eliminate vague or general terms, such as "generally" or "daily life," which were prone to misinterpretation due to their lack of specificity (Kooijmans et al., 2022). This finding aligns with prior research highlighting the importance of clear, context-specific language in psychological measures for populations with unique cognitive and communicative needs (Putnick (Putnick & Bornstein, 2016). For example, participants suggested replacing abstract terms like "harmony" with simpler alternatives like "calm" and focusing on immediate timeframes, such as "today," to reduce cognitive load and enhance comprehension (Prinzing, 2021). These modifications ensure the measure is accessible and relevant, addressing the validity challenges in psychological measurement by prioritizing user-centered design (Schimmack, 2021).

A key outcome of the study was the participants' preference for flexible response formats, particularly the frequent selection of the "depends" option. This reflects the context-dependent nature of wellbeing for individuals with intellectual disabilities, who often experience situational variability in their emotional and social experiences (McCausland et al., 2022). Rather than viewing this as a limitation, participants saw the measure as a tool for self-expression, enabling them to articulate when and under what conditions they experience positive states, such as feeling calm or connected. This idiographic approach, emphasizing individual experiences over generalized norms, contrasts with traditional nomothetic psychometric tools designed for broad applicability (Lamiell, 2019). The preference for "depends" suggests that wellbeing measures can serve as a communicative bridge, allowing individuals to convey their needs and preferences to support providers, thereby facilitating person-centered care and autonomy (Wehmeyer, 2020). The perceived utility of the measure extends beyond research to practical applications in disability services.

Participants highlighted its potential to evaluate the impact of services or programmes, such as identifying whether a service enhances wellbeing (Anderson & Bigby, 2021). For instance, comments like "It could help show if a service is making you feel better or not" indicate that the measure could support shared decision-making by providing a structured way to communicate subjective experiences (Shogren et al., 2017). Additionally, the positive reception of the survey process itself, with participants noting its value for self-reflection and communication, underscores its role as a tool for empowerment (e.g., Orth & Van Wyk, 2023). The inclusion of visual aids and flexible administration methods, such as phone, survey, or interview formats, further enhances accessibility, ensuring the measure accommodates diverse needs (Boateng et al., 2018).



Conclusions continued...

These findings have broader implications for the disability sector. By prioritizing strengths-based assessment, the measure aligns with the sector's shift toward models that emphasize capabilities and self-determination (Schalock & Luckasson, 2021). This approach counters the historical focus on deficits and supports policy and practice changes that promote inclusion and equity (United Nations, 2006). The study's collaborative approach, involving individuals with intellectual disabilities in the validation process, exemplifies best practices in participatory research, ensuring that the measure is grounded in the perspectives of those it aims to serve (Nind & Vinha, 2014). Future research should focus on iterative testing and refinement of the measure across diverse populations with intellectual disabilities to ensure generalizability while maintaining its idiographic strengths. Additional studies could explore its application in service evaluation and integration into routine care planning to enhance shared decision-making (Shogren et al., 2017). Moreover, incorporating digital or adaptive technologies, such as interactive visual aids, could further improve accessibility (Edyburn, 2023). The study's limitations, such as the relatively small sample size and focus on a specific advisory group, suggest the need for broader validation to confirm the measure's applicability across varied contexts and disability types.

In conclusion, this study demonstrates the feasibility and value of a strengths-based wellbeing measure for individuals with intellectual disabilities. The lack of objections to assessing mental wellbeing, combined with practical recommendations for item refinement, positions this tool as a promising resource for both research and practice. By enabling individuals to express their experiences in context, the measure supports autonomy, fosters self-expression, and aligns with the disability sector's evolving emphasis on empowerment and inclusion. This work lays a foundation for future efforts to develop accessible, person-centered tools that enhance the quality of life for individuals with intellectual disabilities.

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Appendix

Original Questions:

Happiness	"I often felt happy"
	"I was often in a good mood, even without a specific reason"
Vitality	"I could continuously work for a long time without feeling tired"
	"I had enough energy for everyday life"
Calmness	"I felt a sense of harmony in my life"
	"I felt calm"
Optimism	"I expected my future life will be ideal for me"
	"I looked forward to each new day"
Engagement	"I was absorbed in what I was doing"
	"I had the ability to enjoy the moment"
Self-acceptance	"I was satisfied with the way my body looked"
	"I felt that I had many positive qualities"
Competence	"I knew how to reach my goals"
	"I met the goals that I set for myself"
Development	"I sought opportunities to learn new things"
	"I welcomed changes in my life as chances to grow"
Meaning and Purpose	"My life had a clear sense of purpose"
	"I believed I knew what I was meant to do in life"
Self-congruence	"I felt my behavior was congruent with my values"
	"Most of my time was spent doing things that are meaningful"
Personal relationships	"I got along well with others"
	"My close relationships (friends and family) were satisfying"
Activities and functioning	"I was satisfied with my ability to manage my hobbies or recreational activities"
	"I could rely on myself to be ready for what I needed to do each day"
Life satisfaction	"In most ways my life was close to my ideal"
	"I was content with my life"
Autonomy	"I was in control of my own life"
	"I was confident to think or express my own ideas and opinions"
Fun	"I often smiled"
	"I laughed easily"
Achievement	"I was satisfied with the achievement of my personal goals"
	"I felt my life has been productive"
Acceptance	"I tried to take life as it comes"
	"I did not dwell on things that I could not do anything about"
Belonging	I felt close to other people in my community"

	"I felt that I belonged to a community (like a social group, or neighbourhood)"
Sense of safety	"I generally felt safe in the place I live" "I was free from worries about my physical safety"

Modified Questions:

Happiness	"I feel happy a lot." "I am in a good mood often."
Vitality	"I can work for a while without getting tired." "I have energy for my daily life."
Calmness	"My life feels peaceful." "I feel relaxed."
Optimism	"I think my future will be good." "I am excited for each new day."
Engagement	"I focus on what I am doing." "I enjoy what I am doing."
Self-acceptance	"I like how my body looks." "I feel good about myself."
Competence	"I know how to do my goals." "I finish the goals I make."
Development	"I try to learn new things." "I see changes as a way to grow."
Meaning and Purpose	"I feel my life is important." "I know what I want to do in life."
Self-congruence	"I do things that match my beliefs." "I spend time on things that matter to me."
Personal relationships	"I get along well with people." "My family and friends make me happy."
Activities and functioning	"I am happy with my hobbies." "I am ready for what I need to do each day."
Life satisfaction	"My life is close to what I want." "I am happy with my life."
Autonomy	"I make my own choices." "I feel okay sharing my thoughts."
Fun	"I smile a lot." "I laugh a lot."
Achievement	"I am happy with what I achieve." "I feel my life is useful."

Questions presented in the final focus group



	Agree	Disagree	Neither	I don't know
I am often in a good mood.				
I have energy for my daily life.				
I often feel relaxed.				
I am excited for each new day.				
I know activities that help me focus.				
I feel good about myself.				
I know how to achieve my goals.				
I try to learn new things.				



	Agree	Disagree	Neither	I don't know
I feel my life is important.				
I spend time on things that matter to me.				
I get along well with people.				
I can do the things that I enjoy.				
I am happy with how my life is going.				
I feel okay sharing my thoughts and ideas.				
I smile a lot.				
I am happy with what I achieve.				



	Agree	Disagree	Neither	I don'tknow
I don't worry about things I can't change.				
I feel close to people in my community.				
I feel safe where I live.				

Participant information sheet

Wellbeing measurement for people with intellectual disability.



This is an information sheet about a research project.

The project is about wellbeing for people with intellectual disability.



This research project is being done by our **inclusive research team**.

Our inclusive research team is a group of university researchers and researchers with intellectual disability.

We work together to do the research.



University of
South Australia



South Australian Council on
Intellectual Disability



The person in charge of our research is Matthew Iasiello.

Matthew is a Researcher at the University of Adelaide.

You can contact Matthew on:



Phone: 0431 246 122.



Email: matt@bewellco.io.



Joep van Agteren will be working with Matthew.

Joep is a Researcher at the University of Adelaide.



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Intellectual Disability

You can contact Joep on:



Phone: 0414 800 335.



Email: joep@bewellco.io.



The South Australian Council on Intellectual Disability will help to do the research.

Also known as SACID.



SACID is an advocacy organisation.

SACID speaks up for people with intellectual disability.



What the research is about.



This research project will look at wellbeing survey questions for people with intellectual disability.

The survey questions will help us to measure a person's wellbeing.

This means we want to know how we can get information about a person's wellbeing.



Why we are doing this research.

We want to know what are:



- Good questions to measure wellbeing?
- Confusing questions to measure wellbeing?
- The most important questions to measure wellbeing?



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How this research will help.

This research will help the researchers learn about:

- How to measure wellbeing for people with intellectual disability.
- How to understand the parts of life that are going well for people.
- Strengths people have in their life.



The research can help teach others about wellbeing for people with intellectual disability such as:

- Government.
- Service providers.
- Families.



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South Australia



South Australian Council on
Intellectual Disability

What you need to do.



We are looking for people to take part in a **focus group**.

A focus group is when a small group of people come together to talk about a topic.



The focus group will be for 2 hours.



You can bring a support person to the focus group.



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Intellectual Disability

People from SACID can help you in the focus group as well.



SACID will record what you say in the focus group.



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Getting to and from the focus group.



You will need to organise your transport for the focus group.

If you need support with the cost of transport you can talk to SACID.



How you will be paid for this research.

You will get an **honorarium** for being part of the research.



An honorarium is payment to people for being a part of the focus group.



This can be a bank payment or a gift voucher.



What if I feel upset or uncomfortable in the research?



If you feel upset or uncomfortable in the research, let the research team know straight away.

You can also talk to someone you trust.



This could be:

- A family member.
- A friend.
- A support person.



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If you need mental health support you can also contact these services for support.

Lifeline.



13 11 14.

www.lifeline.org.au



BeyondBlue.

1300 224636.

www.beyondblue.org.au



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Can I stop being part of the research?

You can say no to being part of the research at any time.

You do not have to answer every question.



Talk to the researchers to stop being a part of the research.

If you stop being a part of the research we will not keep any
information you gave us.

If you are recorded in a focus group we may not be able to
remove you from the recording.



What will we do with the information you share in this research?

Researchers may use the information you share in the focus groups for:



- Public talks or presentations.
- In reports or articles.
- Videos, Fact Sheets or other ways of sharing the research.

Only researchers on this project can see your information.



Your information will be kept private at all times.

Researchers will not talk about your information outside of this research.



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Researchers will only name you when you say it is ok to share your information.



Your information will not be used for future research unless you say it is ok.

It is important to know that other people may know you are part of this research if they see you with the researchers.



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How we will keep your information safe.



Researchers will keep your information on a computer that has a password.

They will not keep your personal details with the information you have shared.



Your information will be kept for 5 years after the project.



After 5 years your information will be destroyed.



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Ethics Approval



Ethics approval means that the research has been checked by a committee.



The committee makes sure that the research is being done right and safely.



University of
South Australia

This project has ethics approval from the University of South Australia Ethics Committee.



University of
South Australia



Who do I go to if I have a question?



If you have any questions about the research you can contact Matthew.

Phone: 0431 246 122.

Email: matt@bewellco.io.



If you think the research is not being done right or safely you can contact the University of South Australia Human Research Ethics Committee.



Phone: 08 8302 6330.



Email: humanethics@unisa.edu.au.



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Intellectual Disability

How will we let you know about the research?



At the end of the research the researchers will send you an Easy Read report about it.

Thank you for reading this information sheet.

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Participant consent form

Wellbeing measurement for people with intellectual disability.



This is a consent form for a research project.

The project is about wellbeing for people with intellectual disability.

Who do I go to if I have a question?



If you have any questions about the research you can contact Matthew Iasiello.



Phone: 0431 246 122



Email: matt@bewellco.io



Consent Form

Wellbeing measurement for people with intellectual disability.



If you want to be involved in the research sign this **Consent** Form.

Consent is when you agree to something.



Tick the boxes below to say what you agree with.

Consent statement

- I have an intellectual disability.
- I am 18 years old or older.
- I have read and understood the information about the research.
- I understand it is my choice to be part of this research project.



- I understand that I am free to stop at any time during the project.
- I understand that I can contact the research team if I have questions about this research project.
- There is nothing to stop me from being part of this research.
- I agree to participate in this project.
- I understand that I can contact Flinders University's Research Ethics & Compliance Office if I think this research is not being done right or safely.
-
- I understand that my involvement is private.
- I understand that my information:
- Will be collected by researchers.
 - May be shared by researchers.
 - Will not have my name next to my information unless I say it is ok.



- I understand that if I stop being part of the research my information audio recorded in a focus group may still be used.

I also give consent to:

- Answer questions as part of a focus group.
- Have my information audio recorded.
- My data and information being used in this project up to 5 years after the final report is shared.



My name is:

My signature:



Today's date is:

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This document was tested by people with intellectual disability. © Created March 2025

A TAXONOMY OF POSITIVE MENTAL HEALTH

****ADVANCE COPY****



Dr. Matthew Iasiello & Dr. Joep van Agteren

On behalf of the Positive Mental Health Taxonomy project team:
Associate Professor Aaron Jarden, Professor Lindsay Oades, Associate Professor Fallon Goodman, Professor Todd Kashdan, Dr Jonathan Bartholomaeus, Professor Emeritus Mike Kyrios, Associate Professor Daniel Fassnacht, Dr. Kathina Ali, Ms Elli Kolovos, Professor Dorota Weziak-Biolowolska, Professor Phillip Batterham.



Department of Health

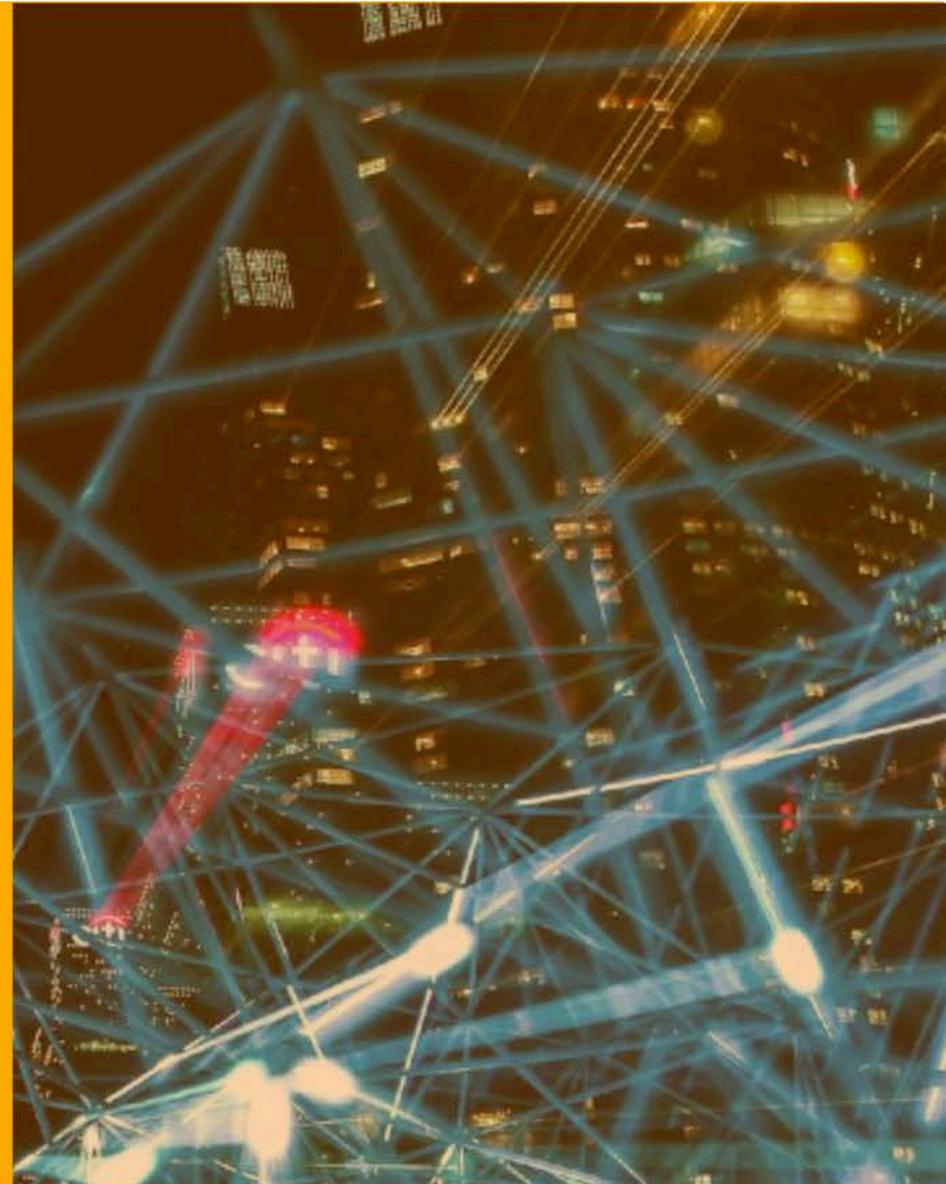


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EXECUTIVE SUMMARY

Towards clarity in promoting positive mental health

This report outlines a research project focused on developing a taxonomy of positive mental health, identifying the distinct dimensions that contribute to the concept.

The taxonomy was constructed through a series of studies, including a comprehensive literature review, a validation study involving 800 participants from Australia and the US, and a Delphi study with 122 experts from a range of academic fields.

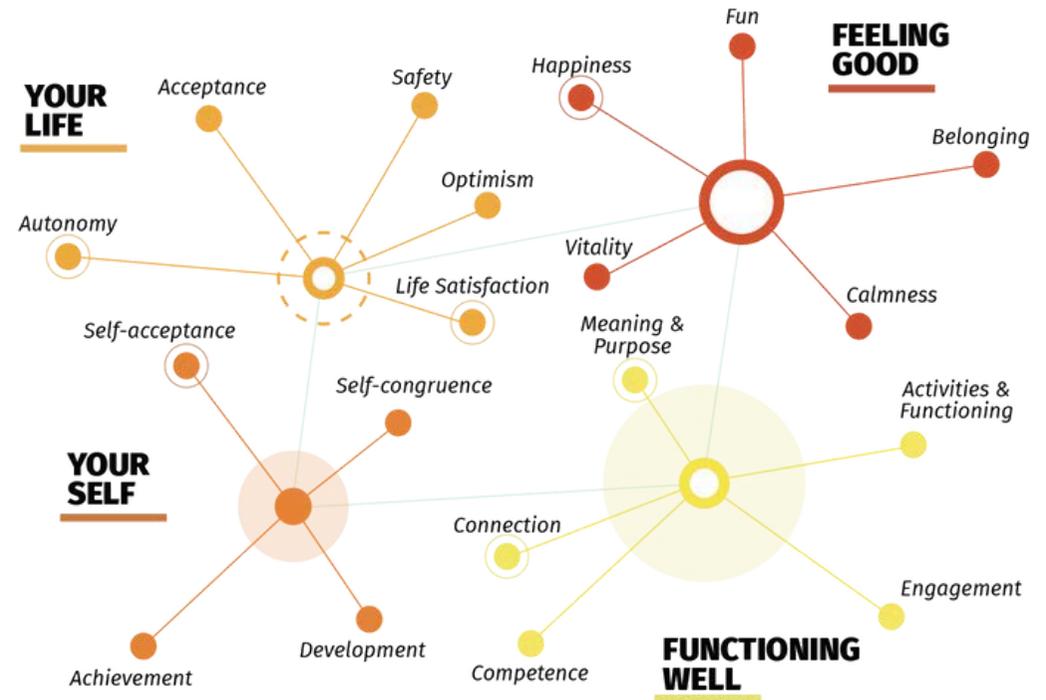
The network graph on the right illustrates the unique dimensions of positive mental health that were agreed upon by the Delphi experts with definitions and measurement items provided in the current report.

- These dimensions are considered individually tailored: their influence and importance to a person's positive mental health vary from one individual to another. High scores across all dimensions are not necessary for positive mental health.

- The approach is non-prescriptive, allowing individuals to reflect on their own values, priorities, and expressions. For instance, while having a sense of meaning or purpose is valuable, the taxonomy does not dictate what should provide that sense.

This taxonomy is designed to evolve, with future research expected to refine and expand it over time.

Recommended citation: Iasiello, M., van Agteren, J. (2025). Development of a Taxonomy of Positive Mental Health. Victorian Department of Health, Wellbeing Promotion Office. Published at: www.bewellco.io/PMH_taxonomy



BACKGROUND ON POSITIVE MENTAL HEALTH

Positive mental health, often regarded as closely related to feeling mentally well or "mental wellbeing," has gained significant attention in recent decades. This surge of interest stems from global calls to rethink the concept of "mental health."

Historically, the predominant focus has been on treating and managing mental illness, often at the expense of promoting mental wellbeing—or "positive" mental health—which has received relatively less emphasis in practice, research, and policy. This imbalance has sparked a growing recognition that understanding and fostering positive mental health is essential for individuals and societies to thrive, not merely to avoid illness.

The idea of positive mental health is far from new. Ancient Greek philosophers, such as Aristotle, explored what it meant to live a "good" life, laying the groundwork for concepts like eudaimonia—a state of flourishing that transcends mere happiness. From the 1950s onward, scientists worldwide began revisiting these age-old questions with modern rigor. Pioneers like Marie Jahoda², who in 1958 proposed a framework for positive mental health, helped shift the conversation toward wellbeing. This led to the development of a wide range of models and measurement tools designed to capture the nuances of positive mental health.

Decades of research have since yielded valuable insights into the consequences of low levels of positive mental health—sometimes described as "languishing"—for individuals and communities. Studies have also advanced our ability to measure it scientifically and identified effective strategies to enhance it, such as cultivating purpose, resilience, and social connections.

Our aim

Despite these advances, there remains a need to clarify the terms used to define positive mental health to ensure consistency across efforts to promote the concept. The field has produced a variety of overlapping definitions—such as wellbeing, flourishing, or psychological health—which can lead to confusion among researchers, practitioners, and policymakers. A unified terminology would strengthen communication and collaboration, enabling more cohesive strategies to integrate positive mental health into education, healthcare, and public policy. As this area of study continues to evolve, establishing a clear and consistent framework will be crucial to maximising its impact and ensuring that efforts to foster mental wellbeing are both effective and widely understood.

Positive mental health is defined overleaf:

POSITIVE MENTAL HEALTH IS A “ PERSONAL AND SUBJECTIVE

EXPERIENCE, WHERE WE ARE CONTENT WITH OUR LIVES, FEEL GOOD, FUNCTION WELL, AND VIEW OURSELVES FAVOURABLY.

OUR LEVEL OF POSITIVE MENTAL HEALTH CAN VARY OVER TIME, AND IS INFLUENCED BY THE WAY WE ADAPT TO THE PROBLEMS AND OPPORTUNITIES WE FACE. IT’S ALSO IMPACTED BY MANY FACTORS SUCH AS OUR ENVIRONMENT, LIFE EXPERIENCES, CULTURAL BACKGROUND, BIOLOGY, AND BEHAVIOURS.

**MANY PEOPLE HAVE SOME LEVEL OF POSITIVE MENTAL HEALTH, AND WE CAN IMPROVE IT BY TAKING ACTION USING A VARIETY
OF MEANS, EVEN WHEN WE EXPERIENCE A MENTAL HEALTH
CONDITION.**

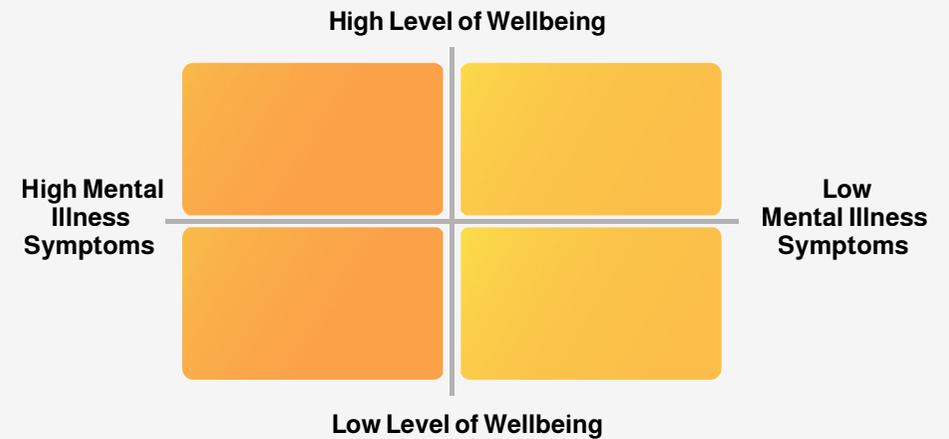
HOW IS MENTAL WELLBEING RELATED TO MENTAL ILLNESS?

This report follows up-to-date scientific evidence suggesting that mental illness and mental wellbeing should be seen as two related, yet distinct, concepts. This means that an individual can experience wellbeing, with or without experiencing mental illness symptoms (see diagram to the right).

This way of viewing mental health opposes the common view of the 'mental health spectrum' that suggests mental wellbeing and mental illness are opposites of each other, implying that people sit somewhere between flourishing and mental illness.

The dual continua model of mental health

People can experience mental illness and wellbeing together or apart, meaning we can group people into four quadrants.



- Our traditional way of thinking about mental health focuses on moving people from the left to the right. Responding to or preventing symptoms of illness.
- Wellbeing science is primarily focused on the need and importance of moving people up the vertical axis, from experiencing low to high wellbeing, whether you have a mental health condition or not.

WHY A TAXONOMY?

As positive mental health gained traction in research and practice, it created a challenge: what do we mean by mental wellbeing? Decades of research has produced numerous definitions, inconsistent terms, and overlap, slowing progress in wellbeing science and its application. Simply put, the more we studied it, the less clear it has become.

The scale of this problem is striking. A 2016 research study identified 99 distinct measurement tools designed to assess wellbeing, each with its own approach and focus⁴. More recently, a study conducted by the authors of this report in 2024 revealed that the situation has worsened. We identified 155 measurement tools, collectively claiming to measure over 400 different aspects of positive mental health—many of which exhibited significant overlap or redundancy⁵. This unchecked growth underscores a critical issue: without a unified framework, the field risks fragmentation, making it difficult to compare findings, replicate studies, or apply insights effectively in real-world settings.

One effective solution is the development of a taxonomy—a scientific classification system that organises information into meaningful, distinct categories. In this context, a taxonomy involves identifying and categorising the core "dimensions" that define positive mental health, providing a structured and coherent framework. We selected this approach because it offers a systematic way to bring order to the chaos, enabling researchers, practitioners, and policymakers to work from a shared understanding. By clarifying what positive mental health entails and reducing redundancy, a taxonomy can streamline research efforts, improve measurement precision, and enhance the design of interventions—ultimately advancing the science and practice of wellbeing in a more unified and impactful way.

A NOTE ON THE METHODOLOGY

To develop the taxonomy, we built on two prior studies.

- In the first study, our team reviewed global literature to identify what positive mental health measurement tools assess. We sorted through various elements, compiled a preliminary list of unique dimensions, and paired these with specific questions—drawn from existing tools—to measure each dimension⁵.
- In a follow-up study, we surveyed 800 respondents using these questions. Statistical analyses of their responses confirmed that the dimensions were indeed distinct from one another⁶.

This work informed a Delphi study to clarify the dimensions of the taxonomy using experts from around the world. A Delphi study is a systematic method that gathers expert opinions through iterative rounds to reach consensus on complex issues. For this report, we engaged over 120 leading positive mental health experts from diverse fields.

We presented our preliminary dimensions identified in the above studies and asked them to assess their importance. Responses were compiled anonymously, summarized, and recirculated for refinement over multiple rounds until agreement was reached. This process validated the taxonomy's key dimensions with expert input. Full details on methodology and participants are in the appendix on Page 18.

OVERVIEW OF THE TAXONOMY

The taxonomy study identified 19 distinct dimensions of positive mental health, each representing a core aspect of the construct. These dimensions are organized into four clusters, as outlined in the definition of Positive Mental Health on Page 5: life evaluation (how individuals assess their lives), emotional wellbeing (the quality of one's feelings), functional wellbeing (perceived effectiveness in daily functioning), and self-perception (one's view of oneself).

To represent the taxonomy, we opted for a network diagram rather than a rigid hierarchy or list. This choice reflects the complexity of positive mental health, where dimensions are interconnected rather than strictly tiered. For instance, high life satisfaction may correlate with elevated self-acceptance. Beyond the four clusters, the links between nodes in the diagram are illustrative, not prescriptive. Nor are they intended to be exhaustive, there are a myriad of external factors influencing positive mental health—such as physical health, spirituality, cultural heritage, and personal circumstances—many of which lie beyond individual control.

As evidenced by the dimensions, this taxonomy extends beyond the conventional scope of psychiatric disorders and distress. It aligns more closely with salutogenic models of health⁷, which emphasize wellbeing promotion, and incorporates cross-cultural perspectives, such as Indigenous Social and Emotional Wellbeing frameworks⁸.

Key Considerations

This taxonomy represents novel research, and its innovative approach may be subject to misinterpretation; thus, certain points warrant emphasis to ensure accurate understanding.

1

High levels across all dimensions are not requisite for wellbeing; individuals can thrive without excelling in every area.

2

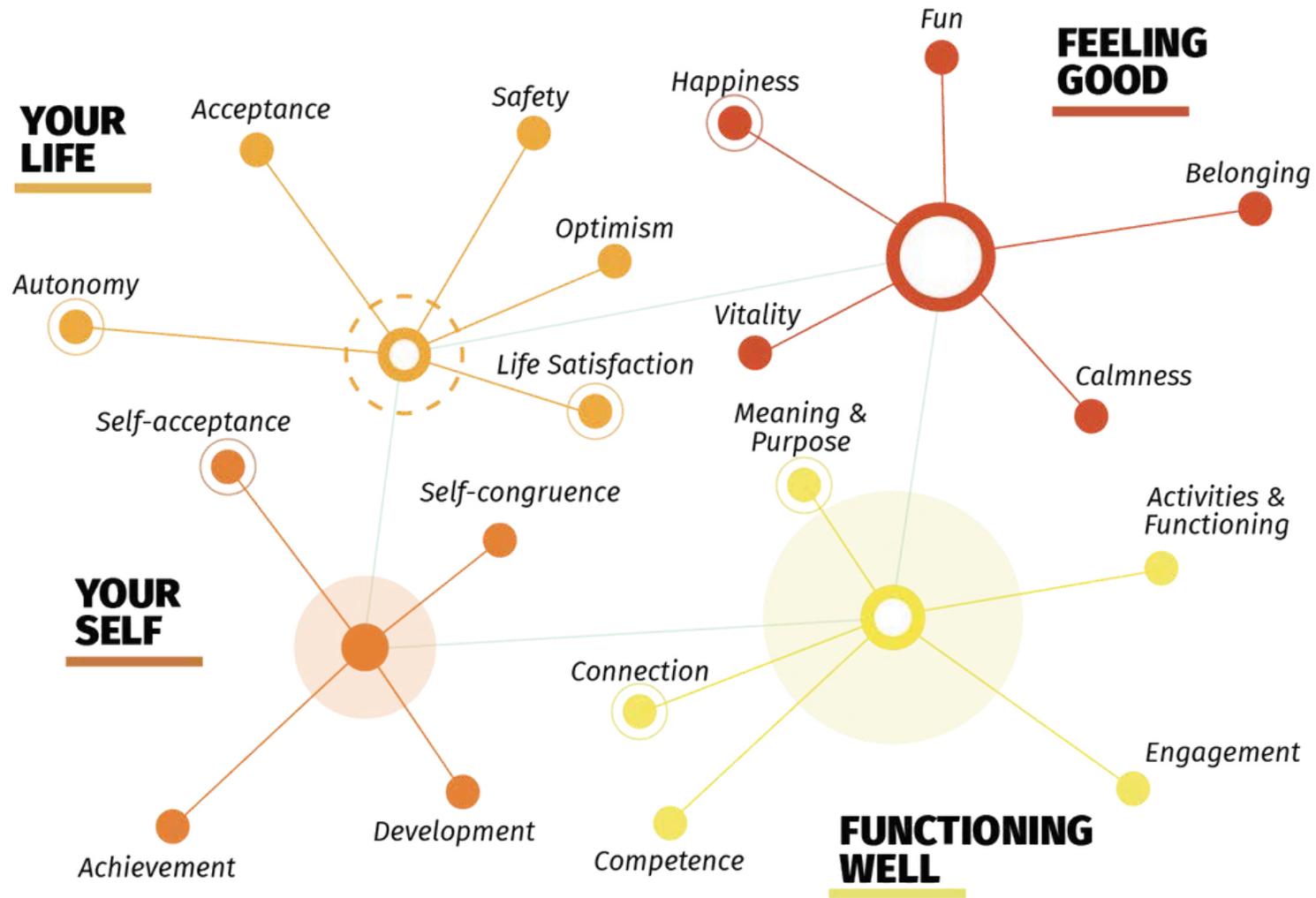
The relative importance of dimensions varies individually; some may prioritize certain aspects while dismissing others.

3

The dimensions are non-prescriptive, allowing for diverse expressions. For example, a sense of belonging might stem from family for one person and a social group for another—neither is deemed superior.

4

These dimensions are shaped by upbringing and cultural context, suggesting their relevance and expression will differ across populations.



DIMENSIONS DEFINED

Here's how the final dimensions of positive mental health were defined. We have categorised them under 4 clusters; Your Life, Your Self, Feeling Good and Functioning Well, which reflects the structure of the definition of Positive Mental Health (page 5)

YOUR LIFE	
Self Acceptance	Experiencing different aspects of oneself (e.g., one's body, personality, thoughts, and feelings) in a positive, tolerant, receptive or non-judgmental way; experiencing positive self-worth.
Sense of safety	The feeling of relative security in one's daily life.
Optimism	Having a positive outlook on life, and positive expectations about the future.
Life Satisfaction	The degree to which a person positively evaluates the overall quality of their life as a whole. In other words, how much the person likes the life they lead.
Autonomy	The perception that we have ownership over our behaviour and choices, and the ability to express oneself.

YOUR SELF	
Achievement	Having done something successfully, using one's own efforts and skills.
Self Congruence	The perception that our actions and behaviors are compatible with our interests, values, and beliefs.
Acceptance	Experiencing different aspects of oneself (e.g., one's body, personality, thoughts, and feelings) in a positive, tolerant, receptive or non-judgmental way; experiencing positive self-worth.
Development	Experiencing growth and improvement.

DIMENSIONS DEFINED

FEELING GOOD

Happiness

States that are characterised by moderate-activation pleasant feelings, such as feeling happy, cheerful and pleased.

Fun

Experiencing light-hearted pleasure, enjoyment, or amusement, entertainment.

Vitality

States characterised by high-activation pleasant feelings, such as feeling energetic and lively.

Belonging

The feeling of deep connection with social groups, physical places, and individual and collective experiences.

Calmness

States characterised by low-activation pleasant feelings, like serenity and peacefulness.

FUNCTIONING WELL

Activities & Functioning

Overall satisfaction with our activities and leisure (i.e., the behaviours and activities that characterise daily life), and our ability to undertake these tasks.

Engagement

Having an absorbing experience in which the individual is completely focused on the task at hand or experiencing a state of mindful awareness.

Competence

Feeling and perceiving oneself as effective and able to overcome challenges and stressors, and achieve desired outcomes.

Connection

Involving a feeling of mutual caring, love, and closeness to friends, family and loved ones.

Meaning & Purpose

Having clear goals, a sense of direction and a larger aim in life and/or the feeling that what we do is worthwhile, rewarding and valuable.

MEASUREMENT ITEMS

Our team have developing measures for each of the dimensions of the taxonomy. Below are two items that could be used to briefly assess each dimension. These items are intended to be asked over the past 2 weeks, i.e., "Considering how you've been thinking or feeling over the past two weeks, please rate how much you agree or disagree with the following statements."

YOUR LIFE	
Self Acceptance	"I was satisfied with the way my body looked" "I felt that I had many positive qualities"
Sense of safety	"I generally felt safe in the place I live" "I was free from worries about my physical safety"
Optimism	"I expected my future life will be ideal for me" "I looked forward to each new day"
Life Satisfaction	"In most ways my life was close to my ideal" "I was content with my life"
Autonomy	"I was in control of my own life" "I was confident to think or express my own ideas and opinions"



YOUR SELF	
Achievement	"I was satisfied with the achievement of my personal goals" "I felt my life has been productive"
Self Congruence	"I felt my behavior was congruent with my values" "Most of my time was spent doing things that are meaningful"
Acceptance	"I tried to take life as it comes" "I did not dwell on things that I could not do anything about"
Development	"I sought opportunities to learn new things" "I welcomed changes in my life as chances to grow"

A Taxonomy of Positive Mental Health

These items are intended to be asked over the past 2 weeks, i.e., "Considering how you've been thinking or feeling over the past two weeks, please rate how much you agree or disagree with the following statements." The questions were tested using a 7-point Likert scale.

FEELING GOOD	
Happiness	"I often felt happy" "I was often in a good mood, even without a specific reason"
Fun	"I often smiled" "I laughed easily"
Vitality	"I could continuously work for a long time without feeling tired" "I had enough energy for everyday life"
Belonging	"I felt close to other people in my community" "I felt that I belonged to a community (like a social group, or neighbourhood)"
Calmness	"I felt a sense of harmony in my life" "I felt calm"

©Be Well Co

FUNCTIONING WELL	
Activities & Functioning	"I was satisfied with my ability to manage my hobbies or recreational activities" "I could rely on myself to be ready for what I needed to do each day"
Engagement	"I was absorbed in what I was doing" "I had the ability to enjoy the moment"
Competence	"I knew how to reach my goals" "I met the goals that I set for myself"
Connection	"I got along well with others" "My close relationships (friends and family) were satisfying"
Meaning & Purpose	"My life had a clear sense of purpose" "I believed I knew what I was meant to do in life"

EXISTING MEASURES OF POSITIVE MENTAL HEALTH

It is important to recognise that there are lots of existing measures of positive mental health that are well-validated and have been used in scientific and population studies for many years.

General measures of positive mental health or mental wellbeing generally provide a 'overall' score for participants. This may be useful for evaluations that try to capture an overall improvement or estimate of wellbeing. They are often short and only tap into some of the dimensions of positive mental health, meaning they may fail to notice improve in a single dimension). I.e. a certain intervention or program may improve a sense of development, but that may not necessarily improve overall wellbeing.

We recommend the following scales if you are interested in a brief validated measure of wellbeing.



WEMWBS

The Warwick-Edinburgh Mental Wellbeing Scales (WEMWBS) were developed to enable the measurement of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. It is a 14-item scale that comes with a 7-item short form, both of which have been well validated. For more information [click here](#).



MHC-SF

The Mental Health Continuum-ShortForm (MHC-SF) is a 14-item measure that captures elements of psychological, emotional, and social wellbeing. It has been well validated across a number of cultures and languages. For more information [click here](#).



WHO-5

The World Health Organisation- Five Well-Being Index (WHO-5) is a short questionnaire that can be reported by children (over 9 years old), young people, and adults, validated across a variety of settings. For more information [click here](#).

Below is a basic summary of the dimensions of the measures of positive mental health detailed above, and whether they're represented in our current taxonomy.

	WEMWBS	MHC-SF	WHO -5
ACTIVITIES AND FUNCTIONING			
AUTONOMY	Y	Y	
BELONGING	Y	Y	
CALMNESS	Y		Y
COMPETENCE	Y	Y	
CONNECTION	Y		
DEVELOPMENT	Y	Y	Y
HAPPINESS	Y	Y	Y
INTERESTED IN OTHERS	N		
LIFE SATISFACTION		Y	
MEANING AND PURPOSE		Y	
SOCIAL CONTRIBUTION	N	N	
OPTIMISM	Y		
POSITIVE VIEWS OF SOCIETY		N	
SELF-ACCEPTANCE	Y	Y	
VITALITY	Y		Y

Y = Included in our taxonomy. N = Not included in our taxonomy.

Similarly, there are existing scales or subscales of each of the dimensions of our taxonomy from previous work, for anyone interested in existing validated scales.

HAPPINESS	SUBJECTIVE HAPPINESS SCALE (4-ITEM) Read more here.
VITALITY	SUBJECTIVE VITALITY SCALES (7-ITEMS) Read more here.
CALMNESS	BRIEF SERENITY SCALE (22-ITEM) Read more here.
OPTIMISM	REVISED LIFE ORIENTATION TEST (10-ITEM) Read more here.
ENGAGEMENT	ORIENTATION TO HAPPINESS SCALE (LIFE ENGAGEMENT SUBSCALE; 9-ITEMS) Read more here.
SELF-ACCEPTANCE	ROSENBERG SELF-ESTEEM SCALE (10-ITEMS) Read more here.
COMPETENCE	BASIC PSYCHOLOGICAL NEEDS SATISFACTION IN GENERAL SCALE (COMPETENCE SUBSCALE) Read more here.
DEVELOPMENT	RYFF'S SCALES OF PSYCHOLOGICAL WELLBEING (GROWTH SUBSCALE) Read more here.
MEANING & PURPOSE	MEANING IN LIFE SCALE (10-ITEMS) Read more here.
SELF-CONGRUENCE	VALUED LIVING QUESTIONNAIRE (10-ITEMS) Read more here.

CONNECTION	RYFF'S SCALES OF PSYCHOLOGICAL WELLBEING (RELATIONSHIPS SUBSCALE) Read more here.
ACTIVITIES AND FUNCTIONING	AQOL-4D (12-ITEMS) Read more here.
LIFE SATISFACTION	SATISFACTION WITH LIFE SCALE (5-ITEMS) Read more here.
AUTONOMY	RYFF'S SCALES OF PSYCHOLOGICAL WELLBEING (AUTONOMY SUBSCALE) Read more here.
FUN	STATE-TRAIT CHEERFULNESS INVENTORY (TRAIT CHEERFULNESS SUBSCALE) Read more here.
ACHIEVEMENT	RYFF'S SCALES OF PSYCHOLOGICAL WELLBEING (ACHIEVEMENT SUBSCALE) Read more here.
ACCEPTANCE	SPIRITUAL ATTITUDE AND INVOLVEMENT LIST (CONTROL SUBSCALE) Read more here.
BELONGING	GENERAL BELONGINGNESS SCALE (12-ITEM) Read more here.
SENSE OF SAFETY	SENSE OF SAFETY SCALE (YOUTH; 11-ITEM) Read more here.

DELPHI METHODOLOGY

Constructing the panel

This taxonomy was developed using the Delphi methodology, a technique designed to gather opinions from a panel of experts on a specific research topic. The method aims to achieve an "academic consensus" on particular topics or issues. The study consisted of three iterative rounds of data collection, through which a multidisciplinary expert panel reached a consensus on potential taxonomy dimensions of positive mental health. The authors proposed these dimensions to the Delphi panel, having developed them based on a systematic review of dimensions found in measures of "mental wellbeing." Given the inconsistent use of the term "mental wellbeing," the broader term "wellbeing" was adopted throughout the questionnaire, replacing terms such as mental wellbeing, positive mental health, positive functioning, and mental health.

Round 1

The survey for the first round of the Delphi process explored 26 proposed taxonomy dimensions. Experts were asked, "How important do you think [Dimension] is to positive mental health?" and responded using a 4-point scale:

1 = irrelevant 2 = peripheral 3 = important 4 = essential This format allowed

the team to classify responses into agreement

(grouping "important" and "essential") or disagreement (grouping "irrelevant" and "peripheral"). Additionally, participants could express uncertainty about a dimension's importance by selecting "I don't know."

In this initial round, expert panel members were given the chance to propose missing dimensions or share additional thoughts and feedback about the taxonomy through open-ended questions at the survey's conclusion. They were also invited to suggest a name for the taxonomy by voting on options such as "wellbeing," "mental wellbeing," "positive mental health," and others. Demographic questions were included to assess participants' expertise, primary discipline, and years of experience in the field.

Consensus Rule

Consensus on an item's importance was established when 75% of the entire expert panel either agreed (merging "important" and "essential" ratings) or disagreed (merging "irrelevant" and "peripheral" ratings) on the same item, consistent with prior recommendations.

Rounds 2 and 3

Following the collection of Round 1 votes, dimensions that did not achieve consensus were put to a vote again in Round 2, and if necessary, Round 3. Any new dimensions suggested by the experts were also added to the voting process in these later rounds.

The project was conducted with ethical approval from the Flinders University Human Research Ethics Committee (7019).

THE EXPERT PANEL

A literature search was conducted using two databases, Scopus and Web of Science. The following keywords were used to identify experts in wellbeing across various disciplines: "wellbeing," "well-being," "positive mental health," and "flourishing." These terms were searched across a range of fields, guided by Cebal-Loureda's (2022) bibliometric analysis of the concept of "Flourishing":⁹

- | | | |
|------------------------|------------------------|---------------|
| 1. Sociology | 5. Positive Psychology | 9. Psychiatry |
| 2. Philosophy | 6. Health Psychology | 10. Nursing |
| 3. Theology | 7. Medicine | 11. Economics |
| 4. Clinical psychology | 8. Public Health | |

Experts were identified through two methods. First, the first and last authors of the most highly cited papers in each discipline were invited to participate via email, with approximately 150 authors per discipline contacted. Second, the first and last authors of chapters in the World Happiness Report were also invited by email. Participants were asked to complete three rounds of the study, with two weeks allotted for each round and a two-to-three-week interval between rounds.

Approximately 53% of expert panel participants were female, with 46% male, and one participant identifying as non-binary.

Participants came from 26 different countries across the world, including Algeria (n=1), Australia (n=16), Austria (n=1), Belgium (n=2), Canada (n=7), China (n=2), Denmark (n=1), France (n=1), Germany (n=2), Ireland (n=2), Israel (n=1), Italy (n=4), Japan (n=1), Kazakhstan (n=1), South Korea (n=1), Netherlands (n=8), New Zealand (n=1), Portugal (n=2), Singapore (n=1), South African (n=1), Spain (n=4), Sweden (n=2), Switzerland (n=2), Turkey (n=1), United Kingdom (n=20), United States of America (n=37).

97% of participants had completed a Doctoral Degree level of education.

Average age of the expert panel was 53.4 years (standard deviation 13.3):

Participants were spread across a broad variety of the invited disciplines:

DISCIPLINE	COUNT
ECONOMICS	7
MEDICINE	10
NURSING	4
PHILOSOPHY	2
PSYCHIATRY	4
PSYCHOLOGY (CLINICAL)	19
PSYCHOLOGY (HEALTH)	14
PSYCHOLOGY (POSITIVE)	17
PUBLIC HEALTH	14
SOCIOLOGY	9
THEOLOGY	3
OTHER	19

YEAR RANGE	COUNT
0-9	20
10-19	44
20-29	33
30-39	16
40-49	6
50+	3

CONSENSUS VOTING PER ROUND

DIMENSION	AGREEMENT FOR INCLUSION (%)		
	R1 (N=122)	R2 (N=95)	R3 (N=89)
MEANING AND PURPOSE LIFE	95.9%	-	-
SATISFACTION	94.3%	-	-
SELF-ACCEPTANCE	94.2%	-	-
PERSONAL RELATIONSHIPS	93.4%	-	-
AUTONOMY	90.9%	-	-
HAPPINESS	90.1%	-	-
ACCEPTANCE	84.3%	-	-
COMPETENCE	84.2%	-	-
SENSE OF COMMUNITY	82.6%	-	-
ACCEPTING OF OTHERS	-	66.7%	-
BELONGING	-	87.2%	-
POSITIVE VIEW OF PEOPLE AND SOCIETY	-	46.2%	-
SOCIAL CONTRIBUTION	-	71.0%	69.1%
ENGAGEMENT	82.4%	-	-
DEVELOPMENT	81.1%	-	-
OPTIMISM	81.0%	-	-
SELF CONGRUENCE	80.2%	-	-
FUN	78.3%	-	-
VITALITY	75.0%	-	-
ACTIVITIES AND FUNCTIONING	75.0%	-	-
ACHIEVEMENT	73.1%	81.7%	-
ACCEPTING OF OTHERS	68.6%	-	-
CALMNESS	68.4%	75.5%	-
EMOTION-FOCUSED COPING	65.2%	66.0%	-
PROBLEM-FOCUSED COPING	64.2%	60.2%	-
PHYSICAL HEALTH	62.8%	61.1%	-
PERSONAL CIRCUMSTANCE	62.5%	57.9%	-
SPIRITUALITY	54.7%	45.2%	-
NOVELTY	36.8%	26.9%	-
AVOIDANT COPING	20.4%	-	-
SENSE OF SAFETY	-	75.5%	-

LIST OF CONTRIBUTORS

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- Professor Claire Haworth, University of Bristol
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Character Strengths



This resource is free to download and use.

This resource was created by employees at Be Well Co Pty Ltd drawing on the [work of the VIA Institute on Character](#). For more information on the VIA Institute's work please visit their website on: www.viacharacter.org/character-strengths-via.

References to underpinning studies are provided throughout the resource and at its end.

The character strength cards that accompany the resource were created by Technically Brilliant.

This resource was funded by the Australian Government Department of Social Services. Go to www.dss.gov.au for more information.



What will be covered?

What are character strengths?

About the strength passport

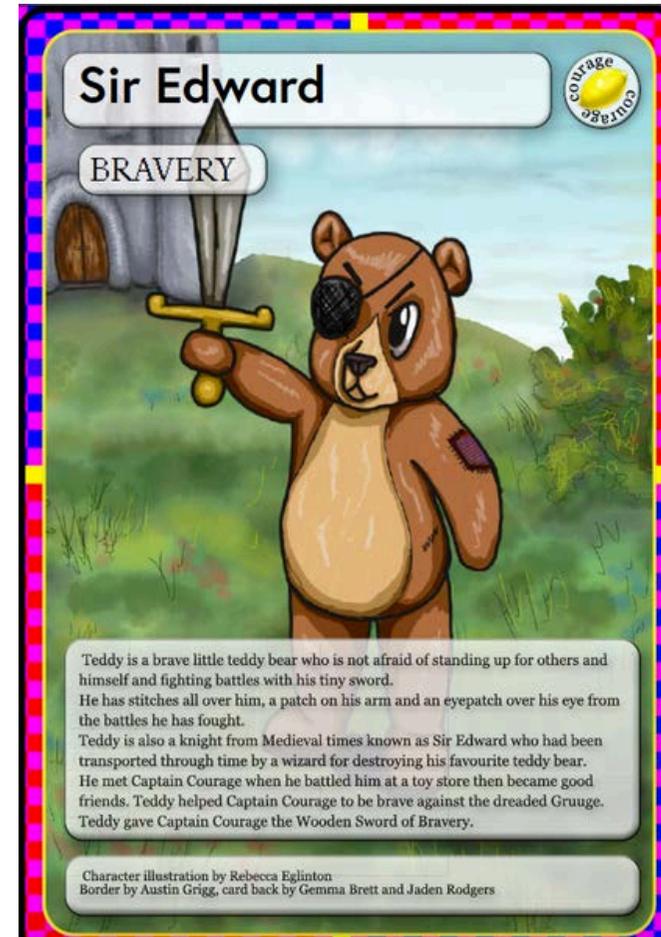
Your signature strengths

Spotting your own strengths

Spotting strengths in loved ones

Using strengths in new ways

Your Best Possible Self





How to use me

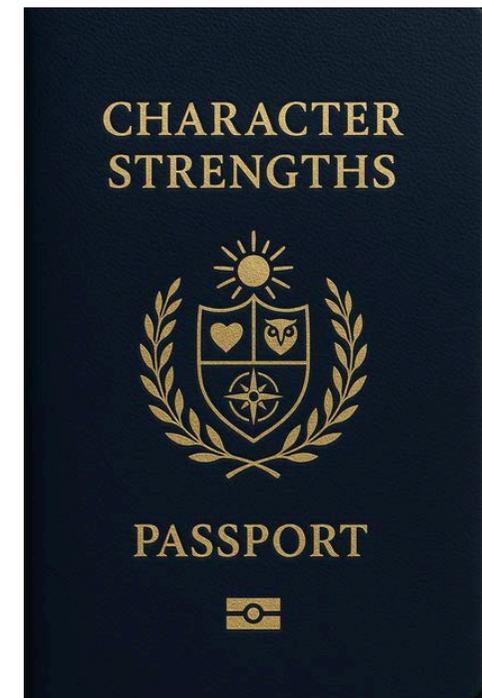
This deck shows a collection of “handouts” that are designed to help individuals with a learning or intellectual disability better understand and use their Character Strengths.

- The first two handouts are used to explain the how the handouts work
- The rest of the handouts consist of describing a concept (on the front) and instructions for activities (on the back)

The answers for each activity prompt you to fill out a ‘character strength passport’ that can be kept and used to inform loved one. The passport template is provided in annex a.

You can show these handouts on screens, can print them to help guide discussions or can use them solely as a reference for yourself.

The activities in the handouts were curated chosen based on global scientific research that has tested their use in people with a disability. For references, please go to the end of the document.





The character strength cards

This resource comes with a set of Character Strength cards that have been purpose-built by the amazing people at [Technically Brilliant](#), a creative technology program for neurodivergent young people. These cards help make the VIA Character Strengths come alive. Please download and/or print the cards before commencing the program. You can download the cards [here](#).

Resource structure

There is not set structure to the resources, other than that the cards are designed to be used sequentially. You can tackle each handout at your own leisure and a pace that feels comfortable for you.



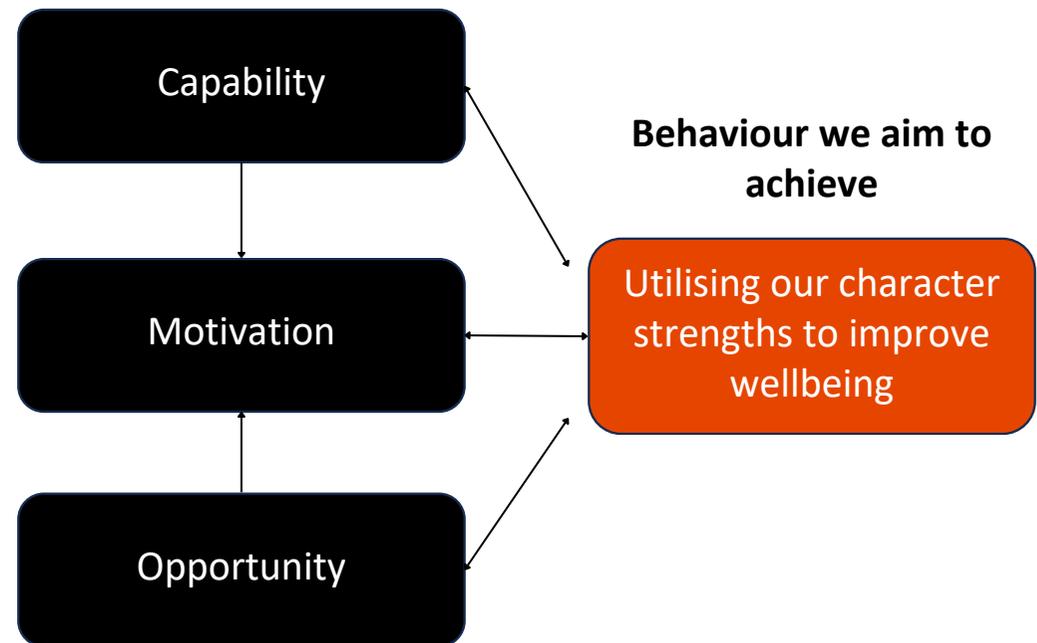


Guiding behaviour change model

This resource has been developed in line with the COM- B model. This behaviour change model identifies three essential components to achieve change: Motivation to engage in the behaviour, developing capability and be given the opportunity to perform the behaviour. Across the resource we strive to target:

- **Capability:** Psychological capability (Knowledge)
- **Motivation:** Reflective motivation (beliefs about consequences, beliefs about capabilities, optimism)
- **Opportunity:** Physical opportunity (Resources)

Determinants we aim to target in the resource





Character strengths are positive traits we show in our behaviour

- We each have our own strengths
- Understanding our strengths can make us feel better

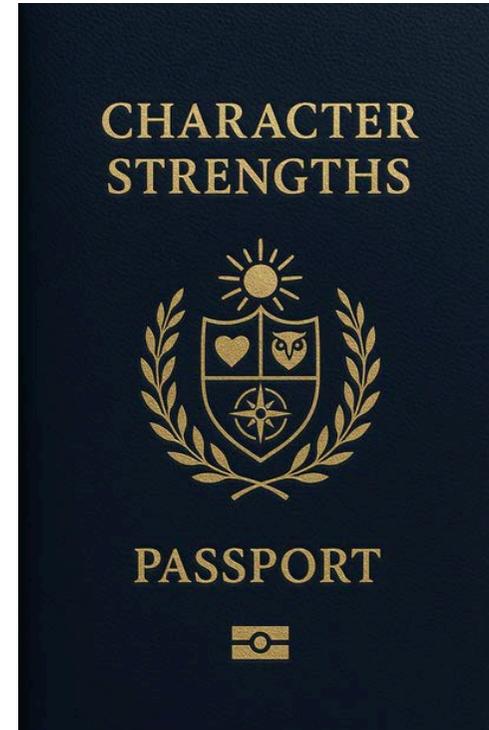




You will make your own character strength passport

- It will include all your personal character strength information

Step 1. Start by adding your name and age on page 1





Let's identify your 'signature strengths'.

- They are like your superpowers.

They are Essential

They are important to you

They feel Effortless

They don't cost energy and make you tired

They are Energising

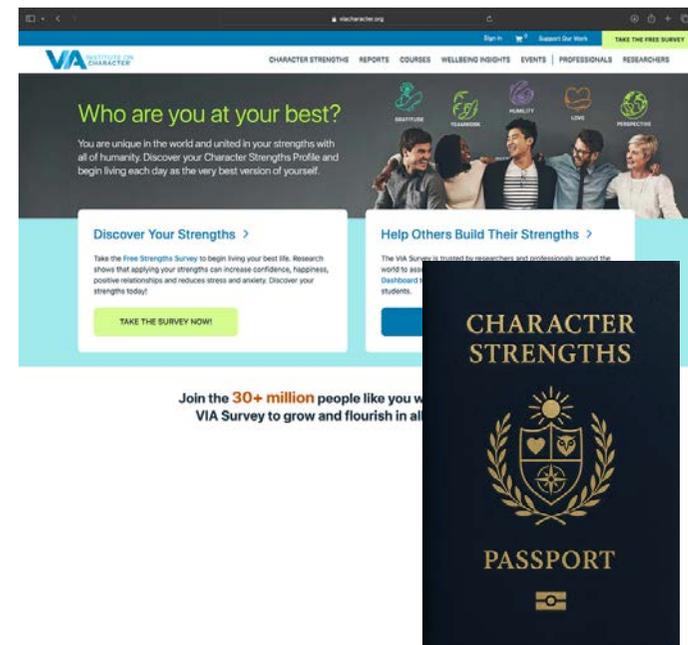
They make you feel good



Use [this link](#) to take a survey to discover your signature strengths

- Or use the next card to explore strengths offline

Step 2. Write down your top 5 strengths on page 1





Wisdom (using your mind well)

- Creativity – Having new ideas. Finding different ways to do things.
- Curiosity – Wanting to know more. Asking questions and trying new things.
- Judgment – Thinking carefully before deciding. Looking at all sides.
- Love of Learning – Enjoying learning new things.
- Perspective – Seeing the big picture. Giving good advice to others.

Courage (doing what is right, even when it's hard)

- Bravery – Facing fears. Standing up for what is right.
- Perseverance – Keeping going, even when things are tough.
- Honesty – Telling the truth and being yourself.
- Zest – Living life with energy and excitement.

Humanity (caring for other people)

- Love – Caring deeply about family and friends.
- Kindness – Helping and doing nice things for others.
- Social Intelligence – Understanding feelings: your own and other people's.



Justice (fairness and community)

- Teamwork – Working well with others and being a good group member.
- Fairness – Treating everyone the same, without favourites.
- Leadership – Helping the group, guiding others, and making sure everyone is heard.

Temperance (self-control and balance)

- Forgiveness – Letting go of hurt and giving people another chance.
- Humility – Not showing off. Letting your actions speak for you.
- Prudence – Thinking ahead. Being careful about choices.
- Self-Regulation – Controlling your feelings and actions.

Transcendence (finding meaning and joy)

- Appreciation of Beauty and Excellence – Noticing and enjoying beautiful things (like nature, art, or good skills).
- Gratitude – Saying thank you. Remembering the good things in life.
- Hope – Believing the future can be good. Looking forward to what's next.
- Humor – Laughing and making others smile.
- Spirituality – Feeling part of something bigger, like faith, nature, or values.





We have created “superheroes” for each of the character strengths.



The Character Strength superhero cards have been purpose-built by the amazing people at [Technically Brilliant](#), a creative technology program for neurodivergent young people in South Australia.

Look at your signature strengths

- What is your favourite strength and why?

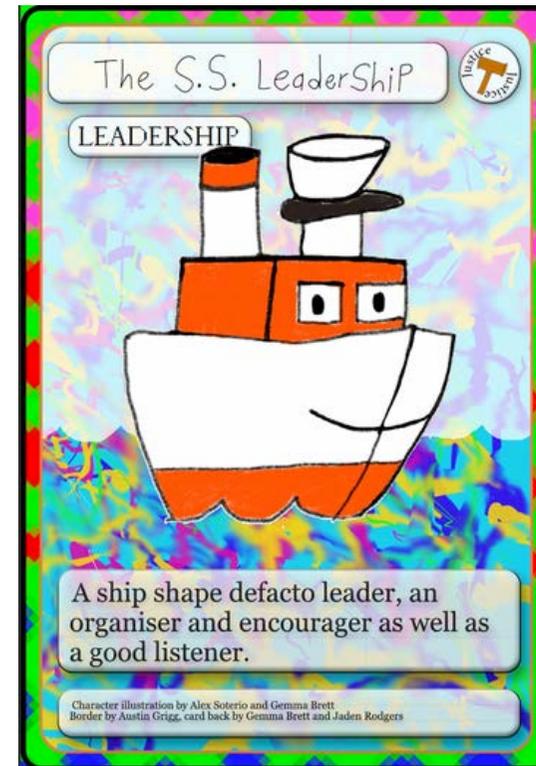
Step 3. Write down your favourite strength and its superheroe on page 1





Grow your superpowers

- You can train your brain to recognise your strengths more
- This makes you feel good.





Spotting your strengths in your behaviour

- Think about something you like to do
- What character strength can you see in that behaviour?

Step 4. Write this down in your passport on page 2





Strength spotting examples

Normal

“I had breakfast,

I had to wait for my taxi,

I Started a new job at work

I went to the gym

Strength Spotting

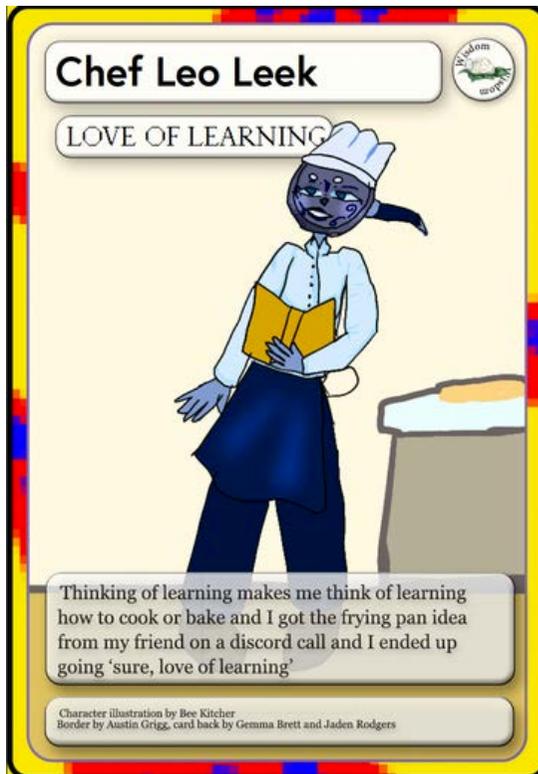
“I ate a healthy breakfast. I was **grateful for it.**

My taxi was late. I practised **kindness** when I got in the taxi.

I used **love of learning** to complete one of my jobs.

I used **perseverance** to go and work out.

Strength Spotting for Chef Leo Leek
“I like to learn new stuff. Knowledge is important to me.



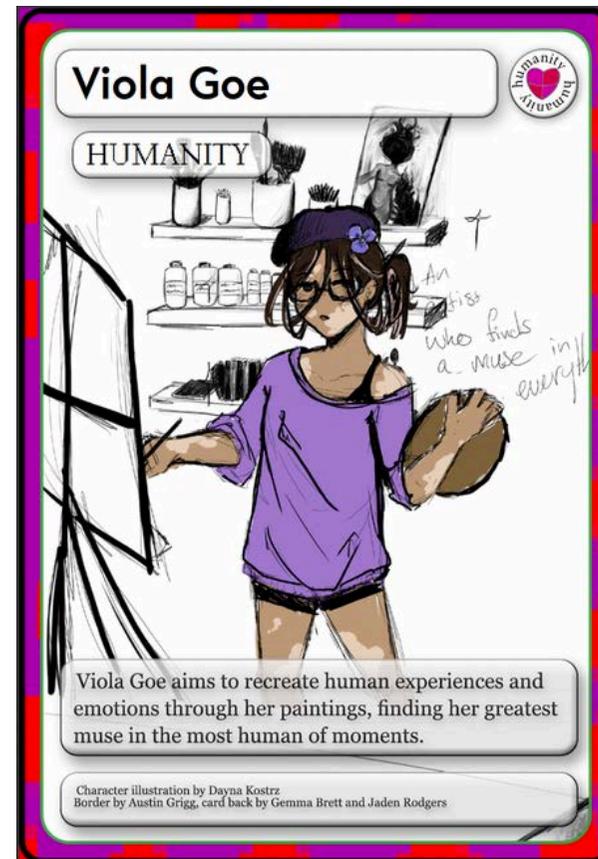
Strength Spotting for George the Colourful Bird
“I like to feel positive. Zest is important to me.





We can also spot strengths in other people

- It can help you understand their behaviour better
- It makes them feel good when you talk to them about it

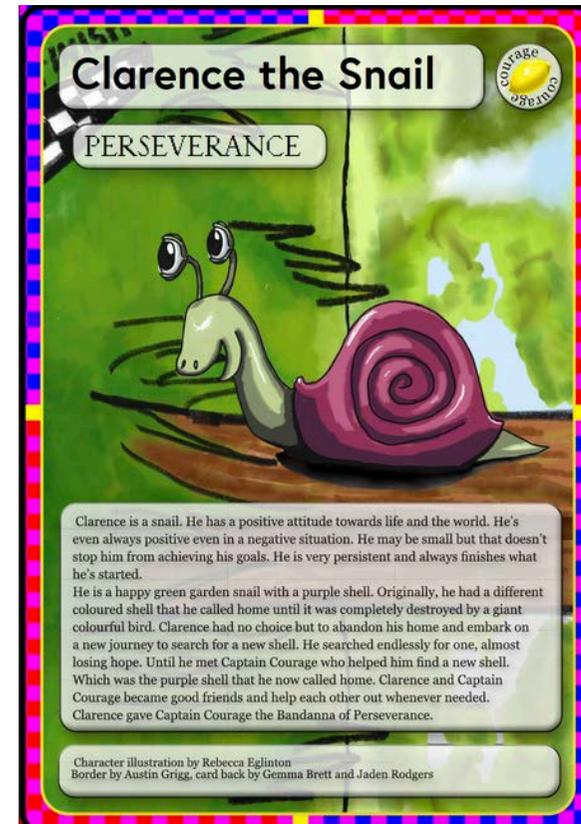




Spotting strengths in your favourite people

- Think about the people you love the most
- What character strengths do you see in them?
- Why?

Step 5. Write this down in your passport on page 2





more during our day
is good for our
wellbeing.

Carson

CURIOSITY



Curiosity is a singular goggle with little magnifying glasses to help them see. I got inspiration from the steam punk fashion / aesthetic because of the commentary of the industrialisation being very restrictive in the pursuit of advancement but it distracts from the wonders of the natural world.
And i see this character as curiosity because he's exploring outside of the bounds of the world he was in before.

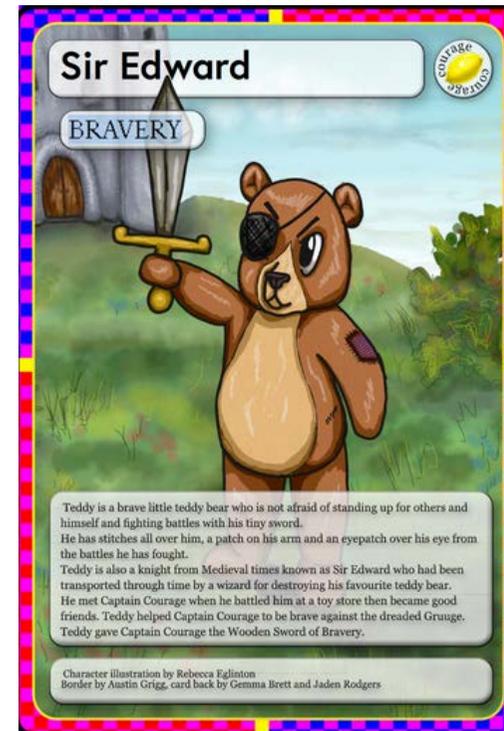
Character illustration by Bee Kitcher
Border by Austin Grigg, card back by Gemma Brett and Jaden Rodgers



Using your strengths in new ways

- Look at the list of new behaviours on the next card
- Choose one thing you want to try next week

Step 6. Write this down in your passport on page 3





Try Your Strengths in New Ways

Here are some simple ideas for how you can use your character strengths. You don't have to do them all. Try the ones that feel right for you.

Wisdom Strengths

- Creativity: Think of a problem you have. Draw or act out two different ways to solve it.
- Curiosity: Taste a food you have never tried before.
- Judgment: Ask a friend one question about why they think differently from you.
- Love of Learning: Read or watch a short story about an inspiring person.
- Perspective: In a chat, listen first. Then share your own ideas.

Courage Strengths

- Bravery: Try a new hobby, like drawing, singing, or riding a bike.
- Perseverance: Finish a small job you have been avoiding, like cleaning a drawer.
- Honesty: Say something true about how you feel today.
- Zest: Move your body in a fun way: dance, stretch, or play.

Humanity Strengths

- Love: Give someone a small sign you care, like a smile, hug, or kind note.
- Kindness: Hold the door open for someone or help them carry something.
- Social Intelligence: Talk to someone you don't know well, like a shop worker or new person at school/work.



Try Your Strengths in New Ways

Here are some simple ideas for how you can use your character strengths. You don't have to do them all. Try the ones that feel right for you.

Justice Strengths

- Teamwork: Tell a friend what you like about how they help the group.
- Fairness: Be kind to someone who is often left out.
- Leadership: Ask a friend what strength they are good at and how they can use it more.

Temperance Strengths

- Forgiveness: Let go of a small thing that upset you.
- Humility: Ask a friend, "What do you think I could get better at?"
- Prudence: Before making a choice, wait one minute and think first.
- Self-Control: If you feel upset, take 10 slow breaths before acting.

Transcendence Strengths

- Appreciation of Beauty: Look at something beautiful (like flowers, a picture, or the sky) for a few minutes.
- Gratitude: Say "thank you" to someone who helped you.
- Hope: Write down two good things that might happen in the future.
- Humor: Tell a joke or do something silly with a friend.
- Spirituality: Learn one idea from a different culture or faith.



We can use character strengths work towards our best possible self.

Justice Just Ice

JUSTICE



A noble & very fair block of ice. As a social butterfly he is able to work well as a team & when push comes to shove he will take charge as a responsible leader. He is fair & balanced, making him trustworthy. He lives in an ice castle & rides a bobsled & can has a snowboard ski hybrid. Making him both cool figuratively & literally.
In the house of strength he resides in the reffridgerator.

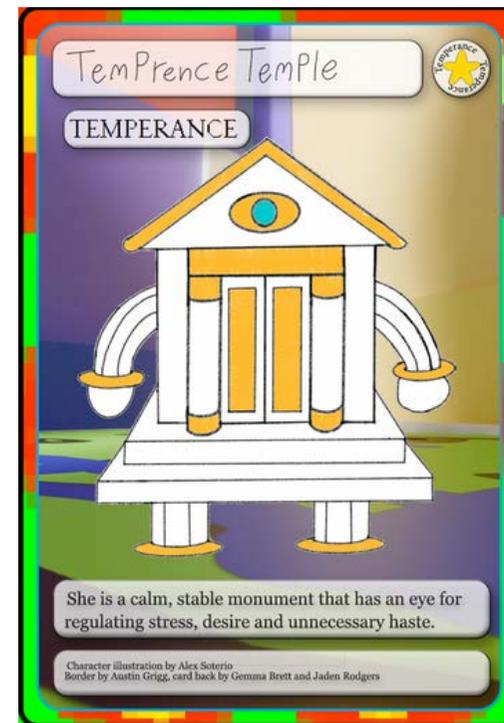
Character illustration by Alex Soterio
Border by Austin Grigg, card back by Gemma Brett and Jaden Rodgers



Your Best Possible Self

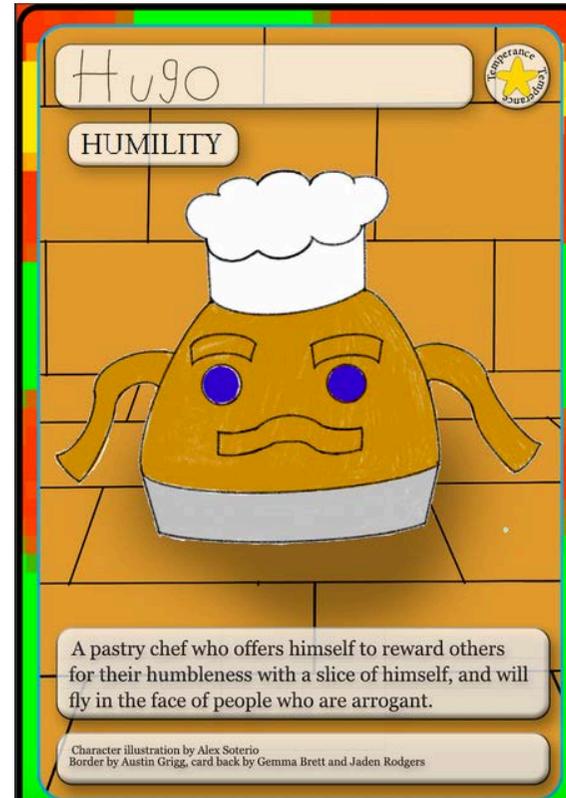
- How do you like to feel?
- What do you like to do?
- Who do you like to be with?
- What strengths do you like most?

Step 7. Write this down in your passport on page 3





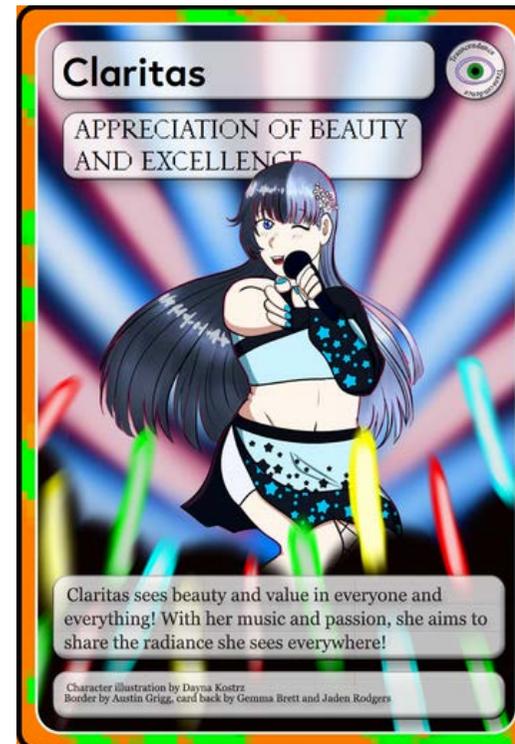
**Let's set a goal to get us
a step closer to our best
wellbeing**





What is one thing you will do to get a step closer to your Best Possible Self/

Step 7. Write this down in your passport on page 4





Key take-aways

- **Everyone has unique strengths**
- **Working on your Character strengths can help you feel better**
- **You can train to spot strengths in yourself and others**
- **You can learn new way to use your strengths**
- **You can use your strengths to influence your future**



Thank you!



CHARACTER STRENGTHS



PASSPORT



Name

Age

Where I live

My signature strengths

My favourite strengths

My favourite superheroe



Things I like to do



Character Strengths I show



People I love



Character Strengths they show



Using my strengths in a new way

My Best Possible Self

One strength to use next week



References

Relevant articles linking disability and character strength to inform rationale

- Umucu, E., Lee, B., Genova, H. M., Chopik, W. J., Sung, C., Yasuoka, M., & Niemiec, R. M. (2022). Character strengths across disabilities: An international exploratory study and implications for positive psychiatry and psychology. *Frontiers in Psychiatry, 13*, 863977. <https://doi.org/10.3389/fpsy.2022.863977>
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 - Taylor, E. C., Livingston, L. A., Clutterbuck, R. A., Callan, M. J., & Shah, P. (2023). Psychological strengths and well-being: Strengths use predicts quality of life, well-being and mental health in autism. *Autism*. DOI: 10.1177/13623613221146440
 - Albaum, C., Chan, V., Sellitto, T., Vashi, N., Hastings, R. P., & Weiss, J. A. (2021). Redressing the balance: A systematic review of positive psychology in the intellectual disability literature. *International Review of Research in MR*. <https://doi.org/10.1016/bs.irrdd.2021.08.003>
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 - Carter, E. W., Carlton, M. E., & Travers, H. E. (2020). Seeing strengths: Young adults and their siblings with autism or intellectual disability. *Journal of Applied Research in Intellectual Disabilities*. <https://doi.org/10.1111/jar.12701>
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 - Shogren, K. A., Wehmeyer, M. L., Lang, K., & Niemiec, R. M. (2017). The application of the VIA classification of strengths to youth with and without disabilities. Manuscript submitted for publication.
- COM-B reference
- Michie, S., Van Stralen, M. M., & West, R. (2011). The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implementation science, 6*(1), 42.

9b Accompanying information for training

Brief rationale behind character strength session (including outline matched to COM-B model)

Assumptions (based on recommendations of first ILC report)

- Estimated time required: 2-3 hour total
 - Broken up into segments allowing it to be:
 - o Delivered in small chunks
 - o Implemented in a learning management system
 - Content reduced in complexity allowing it to be:
 - o Delivered with and without visual aids (ie powerpoint)
 - Content to be delivered with and by people with an intellectual or psychosocial disability
- Session (or combination of segments) to result in a resource (tentative title: strengths passport) summarizing strengths for individual and their support network

Topic	Content	COM-B
What are Character Strengths?	Background to character strengths	Capability
Start a character strength passport for individuals and carers to use in support	Write down signature strengths in passport	Opportunity
Your signature strengths	Identify personal top strengths using VIA or by going through list	Opportunity / motivation
What does it look like for you (strength spotting)	Practice strength spotting: Identify strengths in personal behaviours	Capability
What about your loved ones, parents, siblings, partner (strength spotting)	Practice strength spotting: Identify strengths in 1 or 2 supported	Capability
Using strength in new ways: When can you practice it / do more of it	Identify one strength they want to do more of	Capability
Best possible self	Explore best possible version of themselves to build optimism	Motivation
Set goal related to character strength & add to passport	Identify next step to take after 'program' is done	Opportunity

The main activities chosen are based on:

- [https://www.viacharacter.org/pdf/Disability%20-%20seminar%20practice%20-%20statement%20paper%20-%20Niemic%20Shogren%20-%20Wehmeyer%20\(2017\).pdf](https://www.viacharacter.org/pdf/Disability%20-%20seminar%20practice%20-%20statement%20paper%20-%20Niemic%20Shogren%20-%20Wehmeyer%20(2017).pdf)

Other references on following page.

Coverage across COM-B Model

What are the key determinants we are targeting?

Capability:

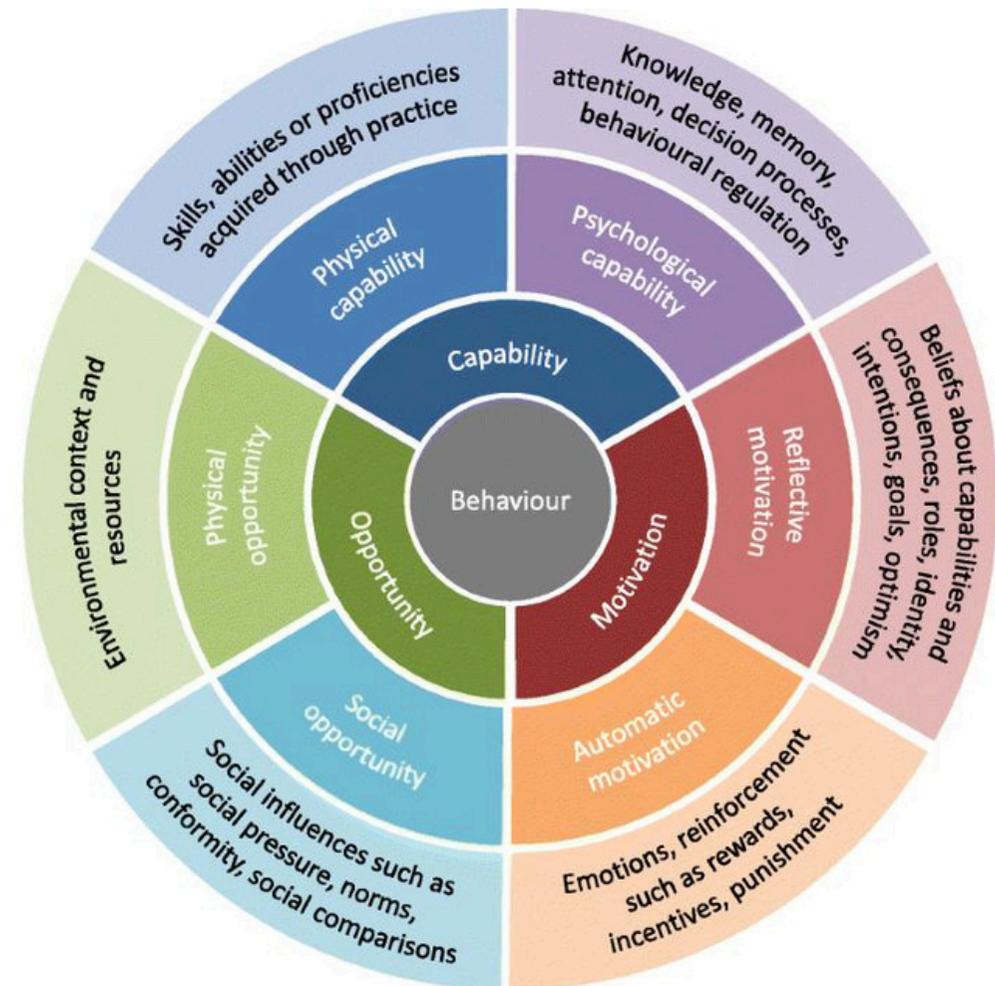
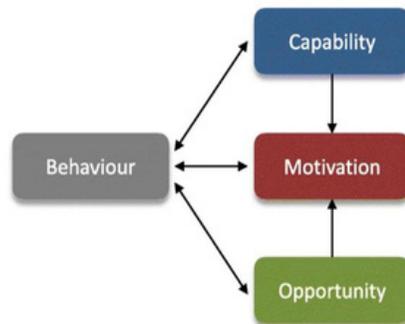
Psychological capability (Knowledge)

Motivation

Reflective motivation (beliefs about consequences, beliefs about capabilities, optimism)

Opportunity

Physical opportunity (Resources)



Relevant articles linking disability and character strength to inform rationale

Umucu, E., Lee, B., Genova, H. M., Chopik, W. J., Sung, C., Yasuoka, M., & Niemiec, R. M. (2022). Character strengths across disabilities: An international exploratory study and implications for positive psychiatry and psychology. *Frontiers in Psychiatry*, 13, 863977. <https://doi.org/10.3389/fpsy.2022.863977>

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Albaum, C., Chan, V., Sellitto, T., Vashi, N., Hastings, R. P., & Weiss, J. A. (2021). Redressing the balance: A systematic review of positive psychology in the intellectual disability literature. *International Review of Research in MR*. <https://doi.org/10.1016/bs.irrdd.2021.08.003>

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Niemiec, R. M., Shogren, K. A., & Wehmeyer, M. L. (2017). Character strengths and intellectual and developmental disability: A strengths-based approach from positive psychology. *Education and Training in Autism and Developmental Disabilities*, 52(1).

Shogren, K. A., Wehmeyer, M. L., Lang, K., & Niemiec, R. M. (2017). The application of the VIA classification of strengths to youth with and without disabilities. Manuscript submitted for publication.

COM-B reference Michie, S., Van Stralen, M. M., & West, R. (2011). The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implementation science*, 6(1), 42.



Captain Courage

Courage



Character Illustration by Brooke Eggleston
Written by Amelia Duggan and Leah De Souza. Art by Emma Bell and Julia Rodgers

Sir Edward



Bravery



Character illustration by Rebecca Eglinton
Booked by Amelia Legg, and text by Emma Brett and Adam Rodgers

Clarence the Snail



perseverance



Character illustration by Barbara Johnson
Written by Amelia Gray, read aloud by Emma Grant and Jacob Rodgers

George the Colourful Bird



Zest

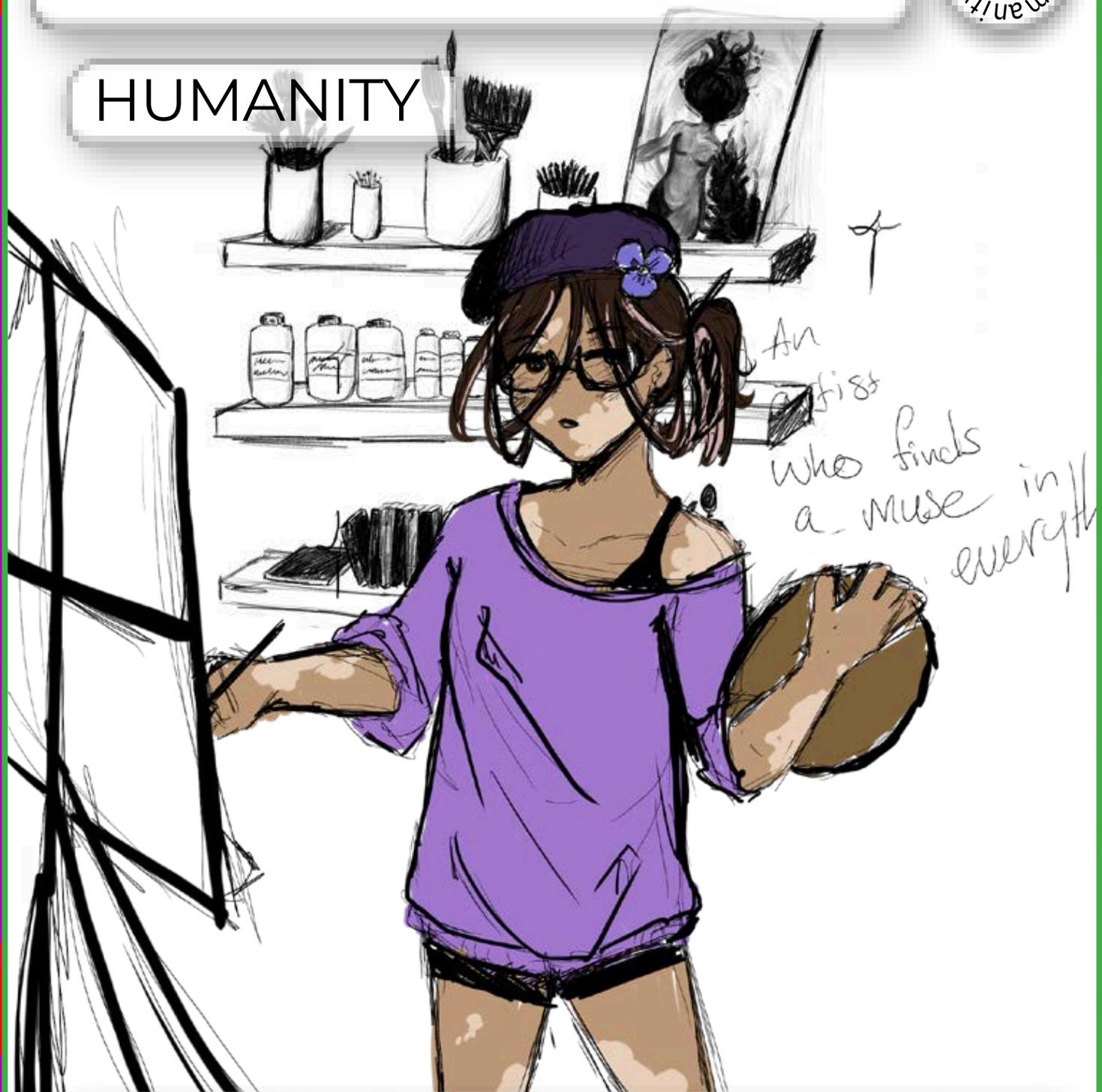


Character Illustration by Rebecca Topley
Booked by Amelia Kemp, and Text by Gemma Ryan and John Rodgers



Viola Goe

HUMANITY



Viola Goe aims to recreate human experiences and emotions through her paintings, finding her greatest muse in the most human of moments.

Character Illustration by Tanya Kozlov
Model by Jessica Frigg, read book by Vanessa Brett and Julia Rodgers

Benignity



Kindness



Benignity is an old word for kindness and tolerance towards others, and this suits Ben well! He is always offering a hand to others, and his gentle demeanour soothes many a soul.

Karitas



love

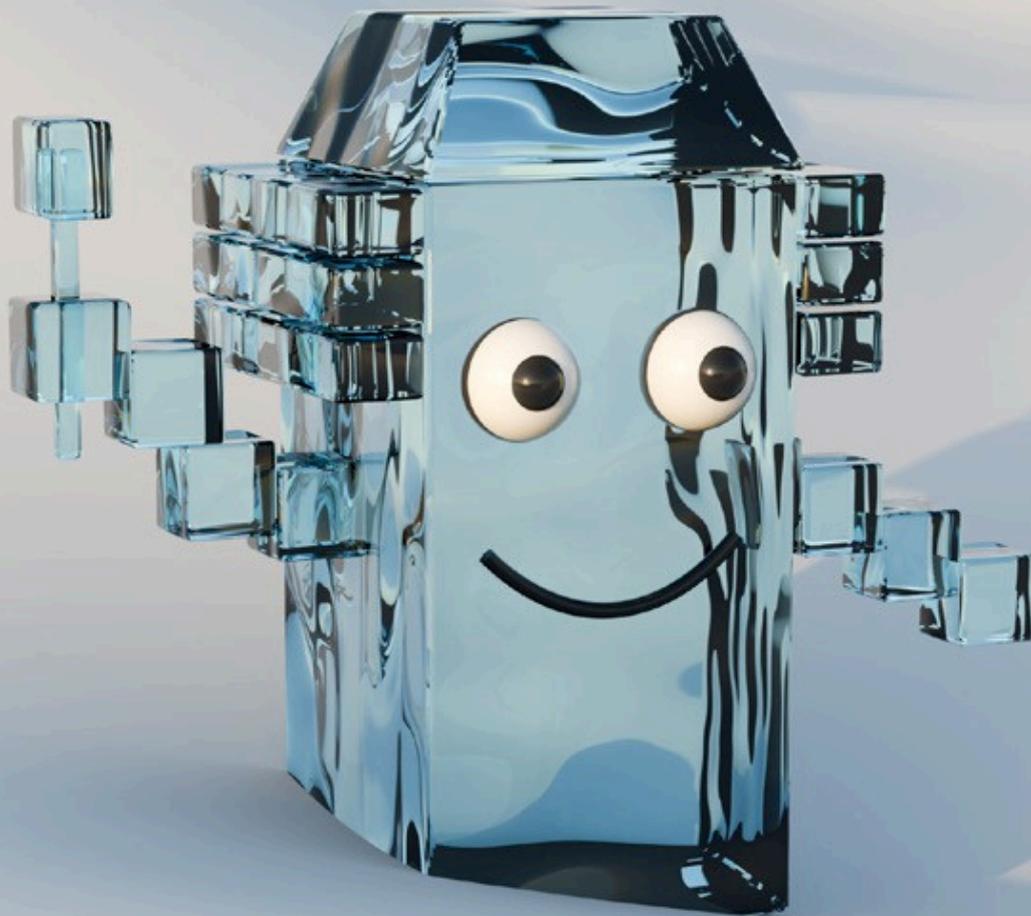


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Justice Just Ice



justice



A noble & very fair block of ice. As a social butterfly he is able to work well as a team & when push comes to shove he will take charge as a responsible leader. He is fair & balanced, making him trustworthy. He lives in an ice castle & rides a bobbed & can has a snowboard ski hybrid. Making him both cool figuratively & literally.

In the house of strength he resides in the refrigerator.

Character Illustration by Alex Savelle.
Based by Justice Lingo, redneck by Thomas Brett and Justin Rodgers



Drakon and Sylla

social intelligence



Drakon is an outgoing man, who uplifts a room as fast as he can surf on lava! Sylla is a calm woman, she reads people and understands their depths as easily as she swims through her oceans.

Character illustration by Danya Kachra and Ben Barker
Book by Austin Briggs, and plot by Emma Byrd and John Rodgers

Fairy Fairness



fairness



Fairy Fairness, a fairy that plays fair by avoiding bias to others and adds evenness to her choices while helping out Justice Just Ice.

Character Illustration by Alan Nakaya and Bob Carter
Booker by Justice League, and Cover by Vanessa Bratt and James Bullock

The S.S. Leadership



leadership



A ship shape defacto leader, an organiser and encourager as well as a good listener.

Illustration by Amy Adams and Emma Bell
Based by Justice Group, and built by Emma Bell and John Rodgers

TemPrence Temple



temperance



She is a calm, stable monument that has an eye for regulating stress, desire and unnecessary haste.

Character Illustration by Alex Falcato
Reader by Jessica Terry, and book by Emma Brill and Julia Rodgers

Team Penguins



teamwork



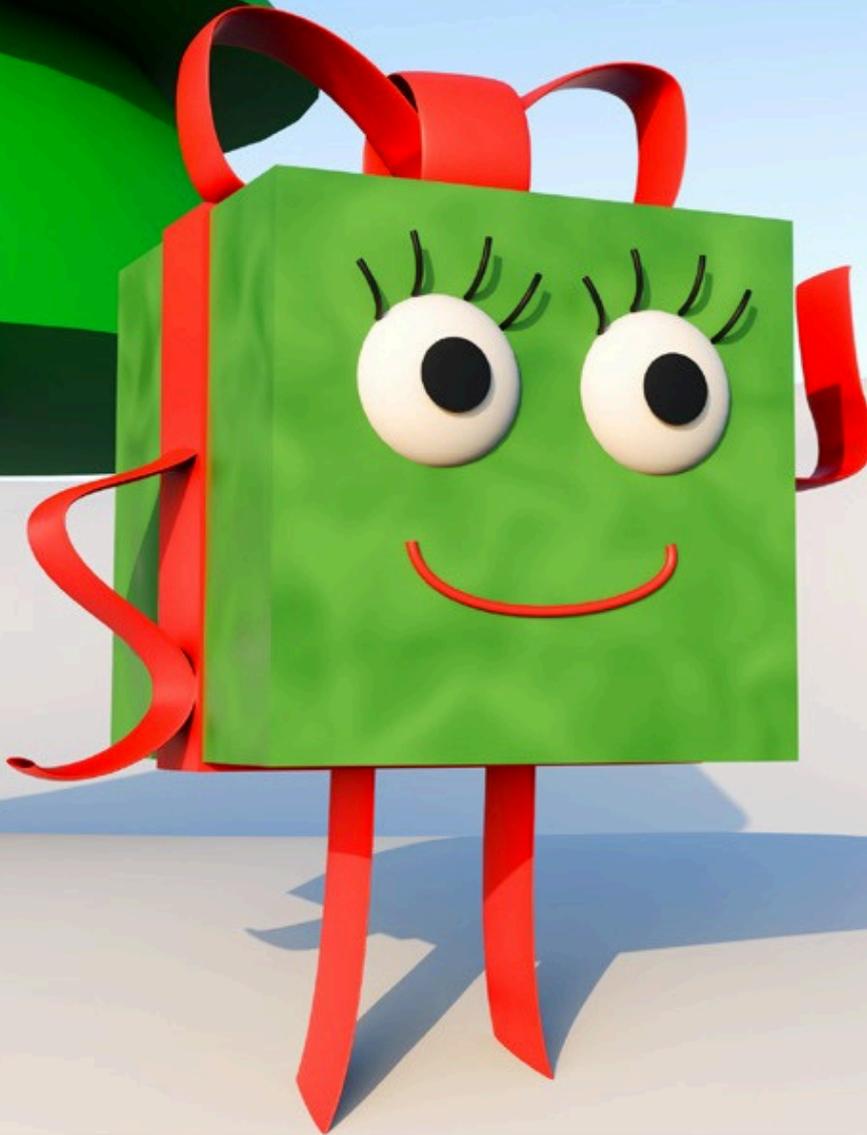
A team of penguins that are loyal to their friends and leaders, they communicate well and trust each other to reach their goals and tasks.

Character Illustration by Alex Nisnev and Paul Archer
Booked by Jessica King, read back by Gemma Bray and Adam Rodgers

Giftina



forgiveness



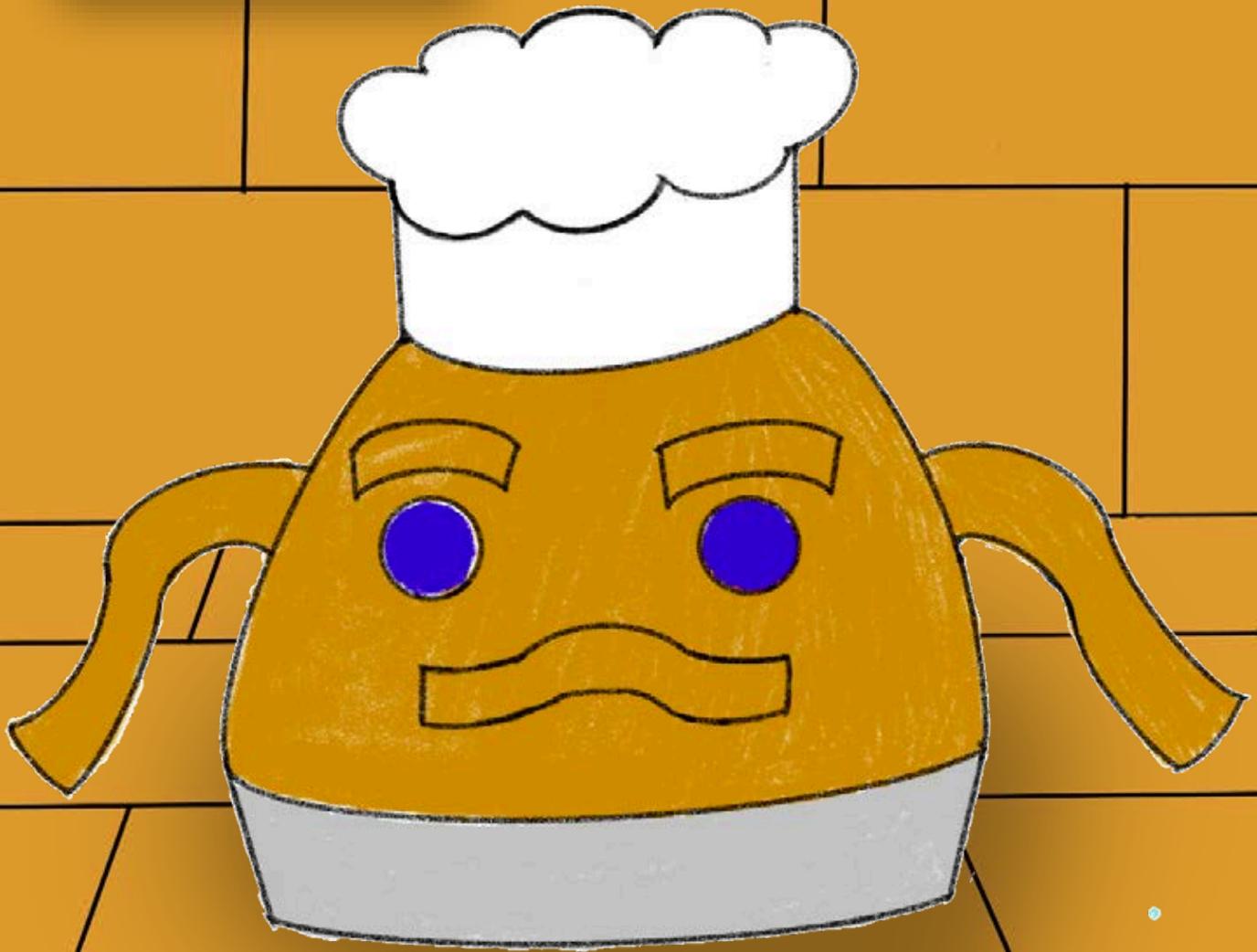
She is adorable, welcoming, rather flirty and uplifting, and literally is a gift for those who seek forgiveness.

Character Illustration by Alex Austin
Booked by Austin Craig, and read by Vanessa Brett and Aaron Rodgers

Hugo



humility



A pastry chef who offers himself to reward others for their clumsiness with a slice of himself, and will fly in the face of people who are arrogant.

Character Illustration by Alex Noyes
Booked by Rachel Ligg, and text by Emma Brett and Adam Rodgers



Prudentia

prudence



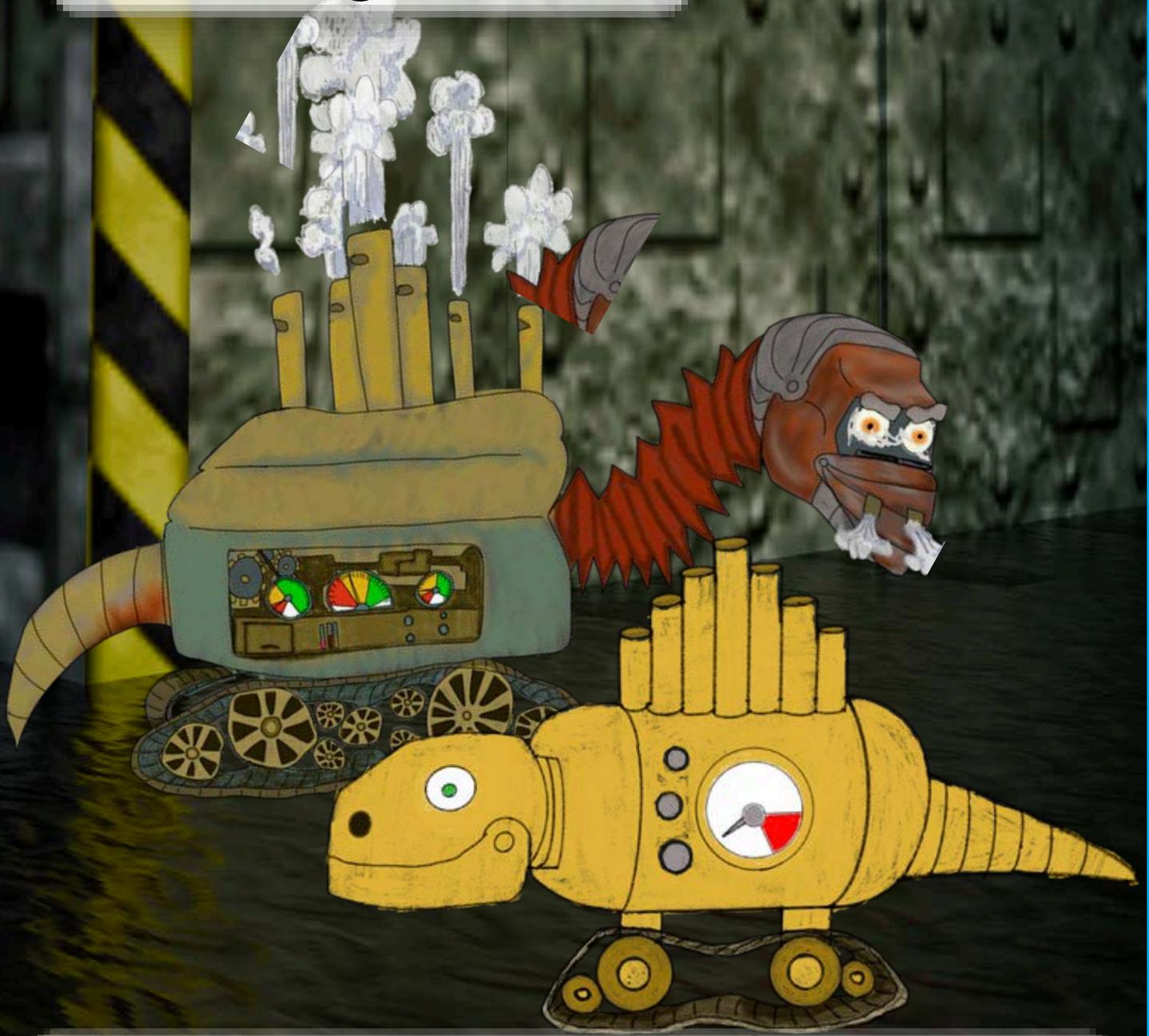
Prudentia is a crafty fox with a love of snakes. She is a cautious person, carefully thinking through the actions and decisions she takes. She is precise and always gives her choices proper thought, recklessness is something she avoids whenever she can.

Character Illustration by Doreen Gardner and Rebecca Fajalino
Reader by Jessica Duggan, and Book by Doreen Brett and Jason Padgett

Diamitri



Self Regulation



Diamitri is a steam powered Dimetrodon who regulates their temperament through large spines on their back.

Character illustration by Alex Isomac and Rebecca Robinson
Book art by Amelia Drapp, and book art by Emma Brett and Andre Rodgers



Claritas

Appreciation of beauty
and excellence



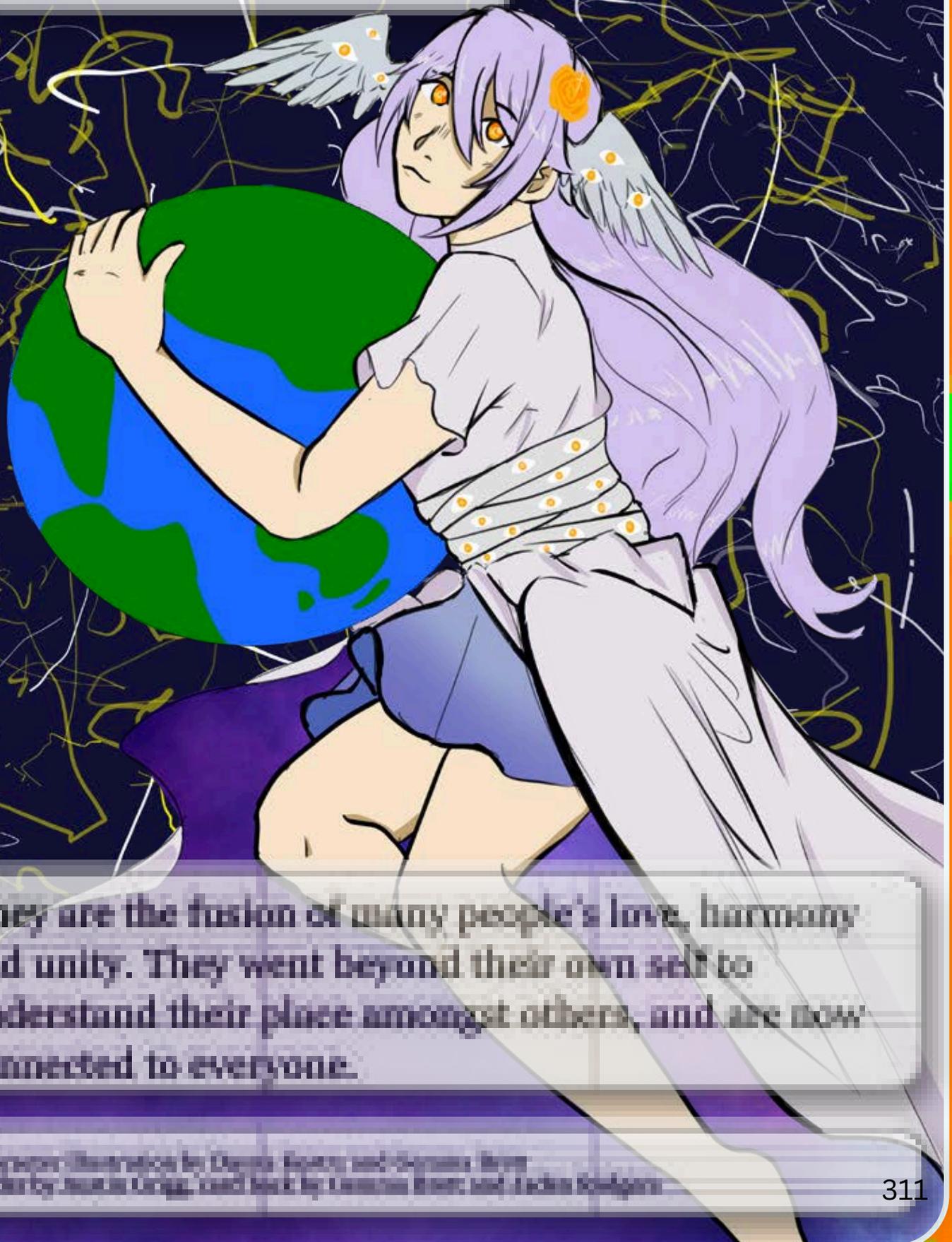
Claritas sees beauty and value in everyone and everything! With her music and passion, she aims to share the radiance she sees everywhere!

Character Illustration by Diana Riedel
Booked by April Long, and text by Emma Brett and Adam Rodgers

Anahita



transcendence

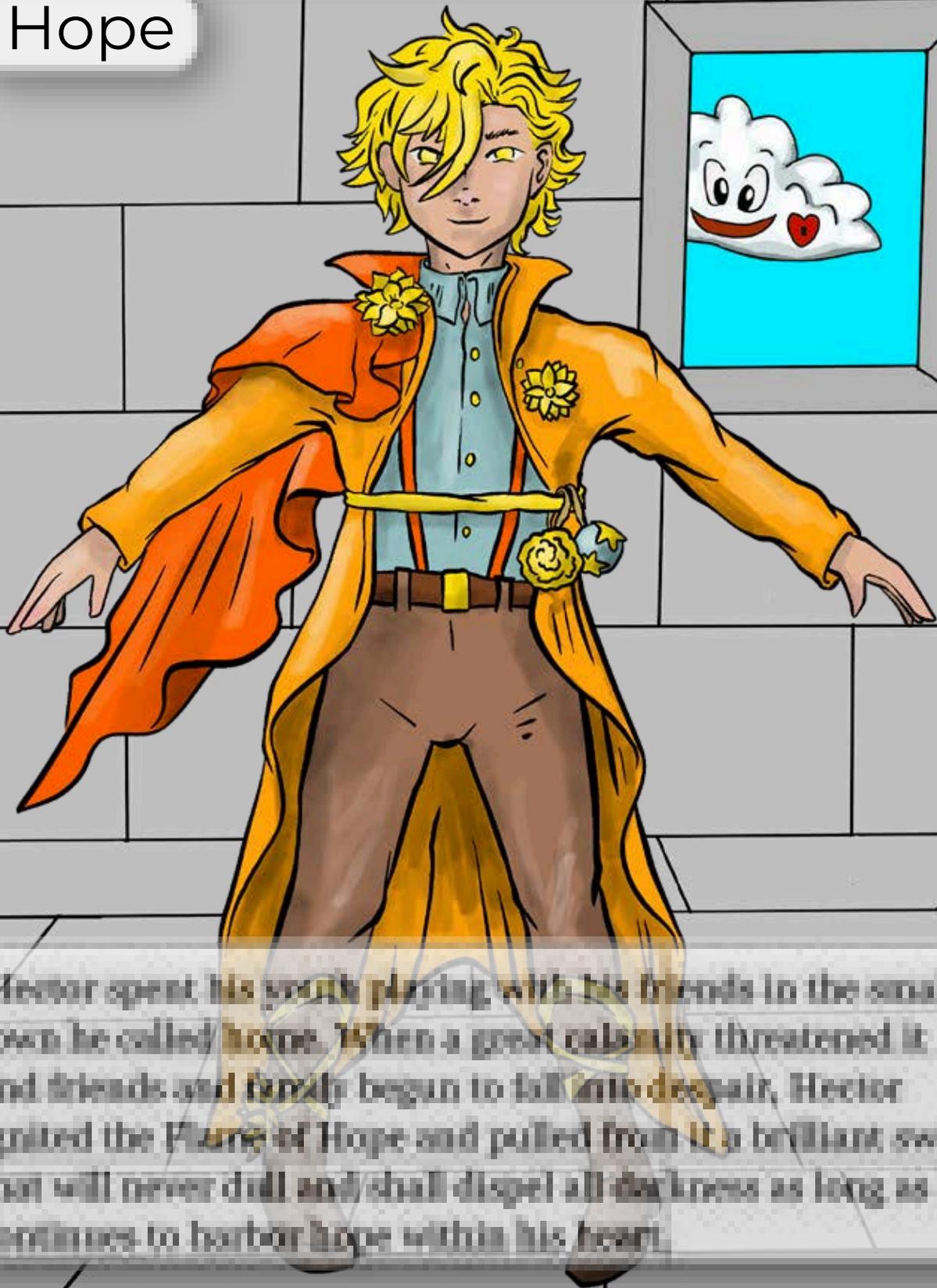


They are the fusion of many people's love, harmony and unity. They went beyond their own self to understand their place amongst others, and are now connected to everyone.

Character Illustration by Dennis Bondy and Vanessa Best
Story by Anna Cragg, and text by Vanessa Best and Luke Rodgers

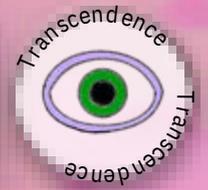
Hector

Hope



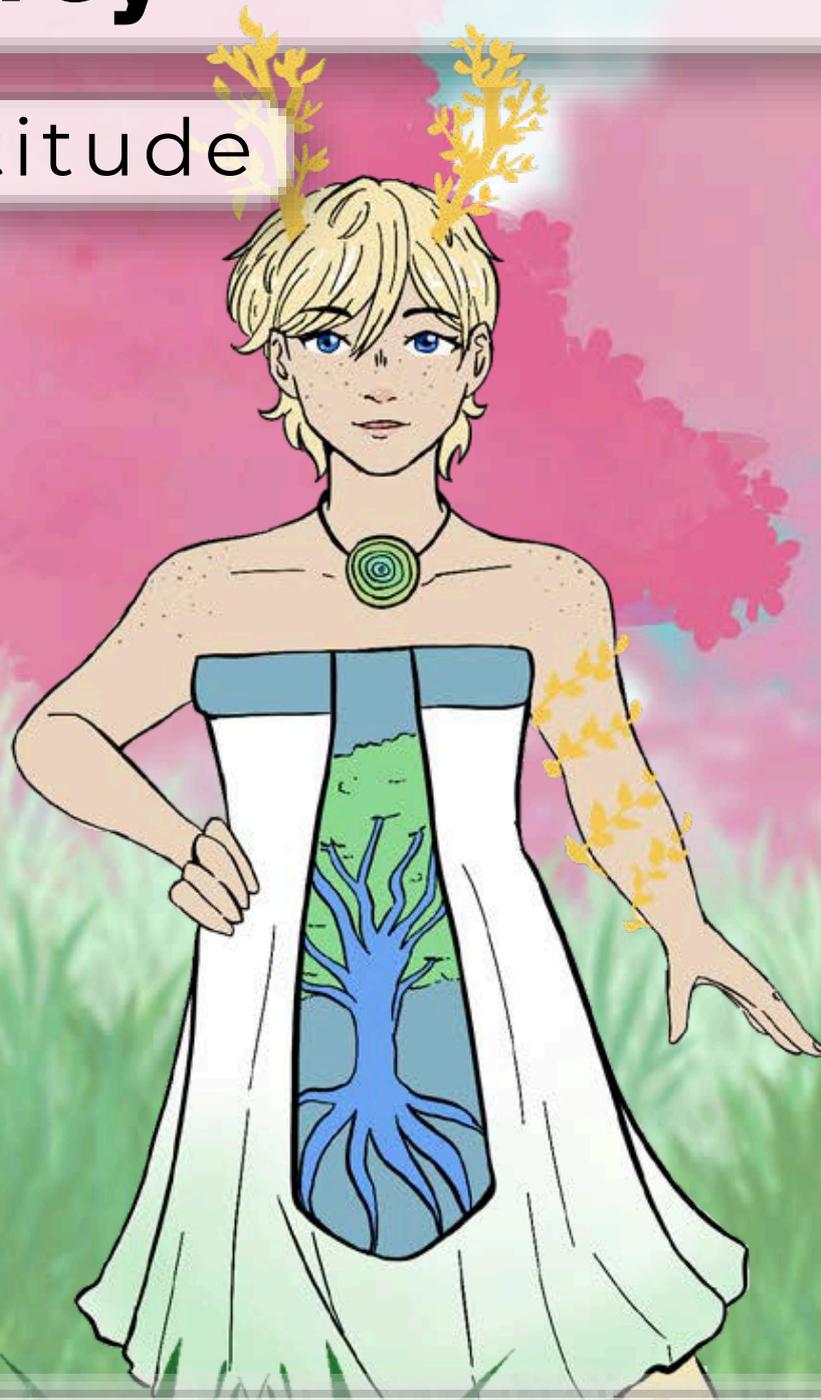
Hector spent his youth playing with his friends in the small town he called home. When a great calamity threatened it and friends and family began to fall into despair, Hector ignited the Flame of Hope and pulled from it a brilliant sword that will never dull and shall dispel all darkness as long as he continues to harbor hope within his heart.

Character Illustration by Dennis Skarzynski and Rebecca Fickens
 Booklet by Annie Grigg, read back by George Ford and John Rodgers



Aubrey

Gratitude



Aubrey the satyrress plays gentle melodies and tends to the forest. She is always trying to show her gratitude for the forests care and excitedly shows guests everything in the woods she is grateful for. She has filled many journals with everything she is thankful for.

Character Illustration by Denise Kavan
Books by Anne Grogan, read back by Cassie Beth and John Rodgers

Chicot

humour



Chicot is a friendly jester who delights in providing smiles and joy throughout the kingdom! She secured her place in the royal court by curing the melancholy that has struck the Queen with her endless wells of humor and joy. Her jokes, performances and smile can dispell even the gloomiest of gloom, bringing large bright smiles to all who see her.

Character illustration by Devina Bhatta
 Border by Austin Craig, card back by Devina Bhatt and John Rodgers

Selene



spirituality

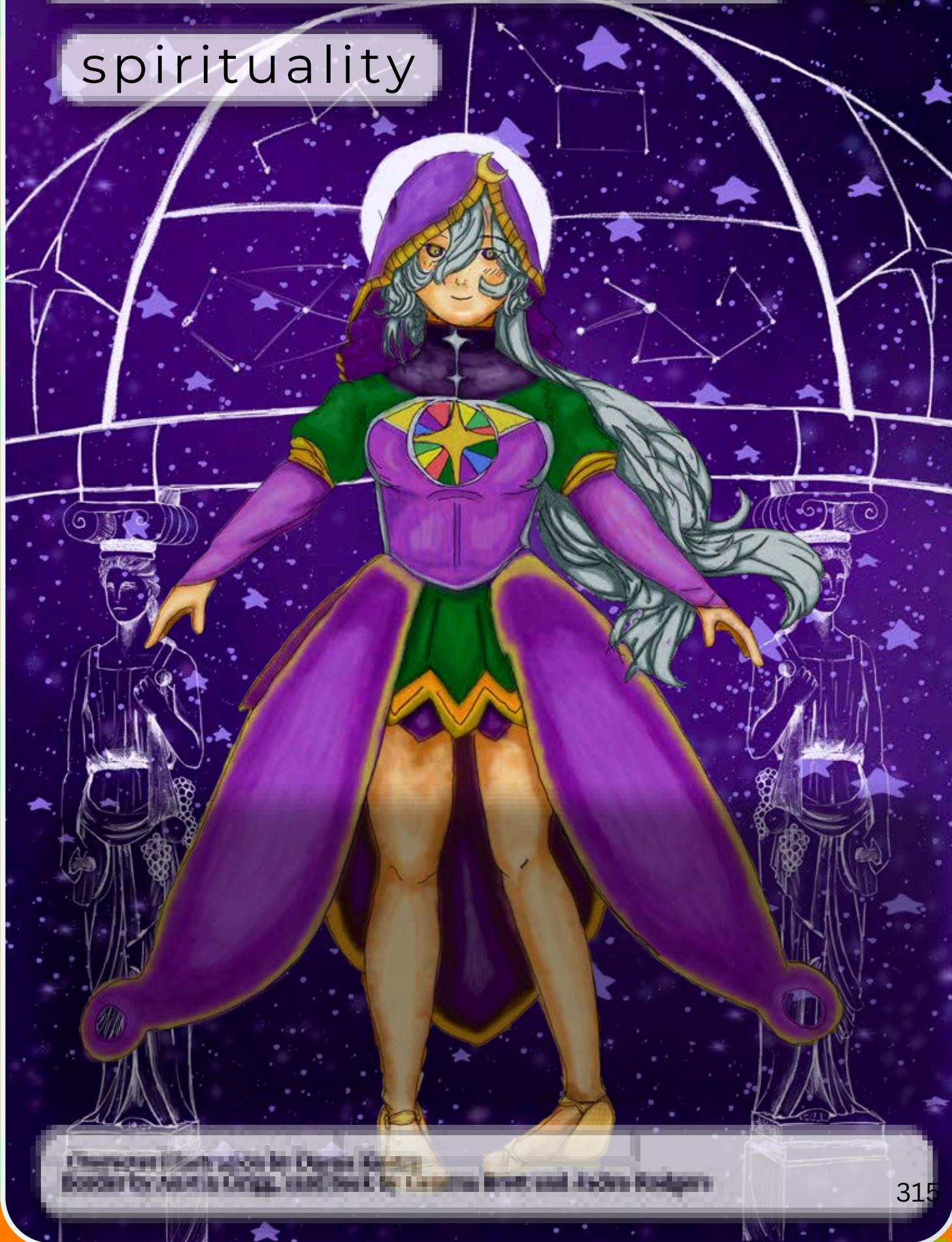


Illustration: © Selene by Doreen Kasper
Bücher für Kinder & Jugendliche, www.kinderbuch.de, www.kinderbuch.de



Flow Flora

creativity



A flowing paintbrush is what comes to mind when I think of creativity so I made this character imitating my sense of creative style with a wide silhouette imitating how the flow of ideas come to my head.

Character illustration by Ben Barker
Borders by Annie Strigg, read back by Chrissa Betti and Julia Polgren

Eru and Dom Dom



Wisdom



Eru was born from a great tree that stood for decades, absorbing the wisdom of great scholars of the ages. Together with Dom dom, they work to spread wisdom amongst any who wish to learn it. They are not rushed to judgement and takes time to make conclusions and decisions.

Character Illustration by Emma Kenny and Alex Kovalev
Boxset by Anna Ling, and Book by Emma Best and Anna Rodgers



Carson

curiosity



Character Illustration by Bob Kletter
Booked by Annie Lang, and text by Emma Brett and Julia Hodgson

Judge Jade Julie



judgement



Judgment is very strict and when I hear judgement I think of the court or a jewel so I took the jewel idea and ran with it. I mostly wanted to put them as strong and straight but the cape shows the an moveable trait of empathy and wanting to keep the world at justice

Character Illustration by Poe Devlar
Booked by Jessica Long, read out by Gemma Brett and Jaden Rodgers



Chef Leo Leek

love of learning



Thinking of learning makes me think of learning how to cook or bake and I got the frying pan idea from my friend on a discord call and I ended up going 'sure, love of learning'

Character illustration by Leo Leek
Booked by Austin Frigg, read back by Geneva Burt and Jaden Rodgers

Percy Perspective



perspective



Inspector Perspective is a very truth driven character, getting hired to get to the bottom of each case in pursuit of the truth.

Character Illustration by Ben Disher
Story by Amelia Frigg, and Book by Christian Brett and Jason Rodgers



Developing mentally healthy workplaces in the disability sector





Bangaada by Lauren Clara



This workshop was funded by the Australian Government Department of Social Services. Go to www.dss.gov.au for more information.

The Facilitation team for today

Ms Laynie Dunne-Heyniss
Dr. Joep van Agteren





Overview

Part 1: The science behind good (workplace) mental health and wellbeing

Part 2: Introduction to psychosocial hazards

Part 3: Psychological safety in the workplace

Part 4: Strengthening supported decision making



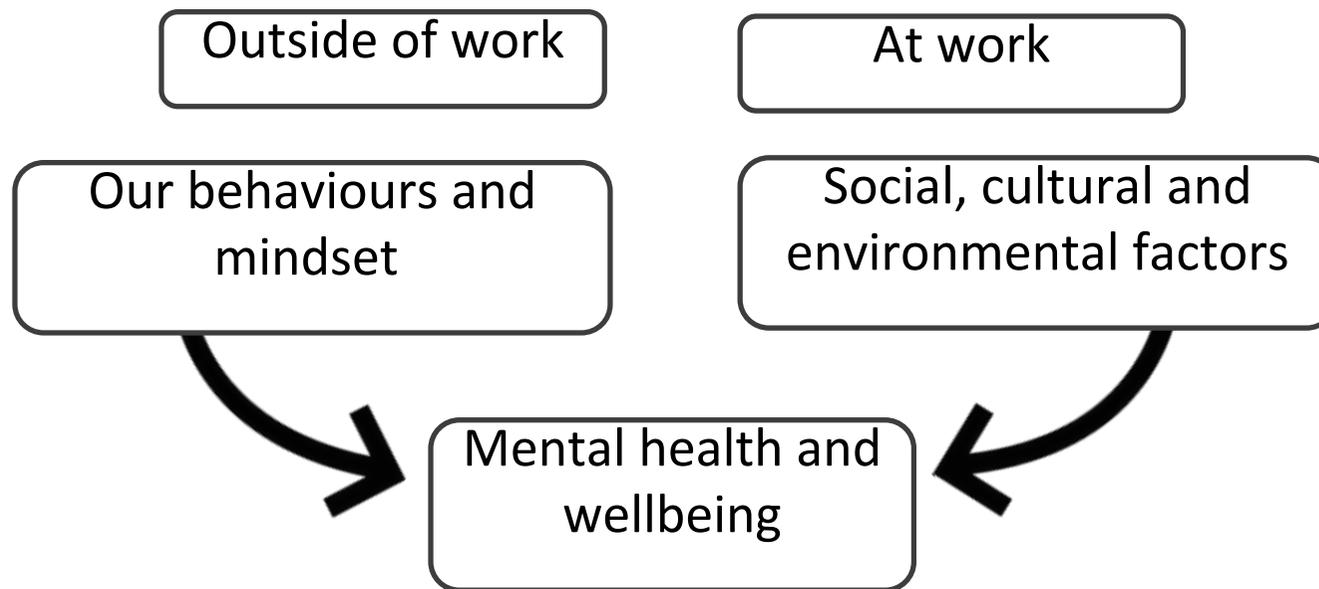


Talking about and sharing your experiences with mental health and wellbeing is a group norm.

- Confidentiality & Respect
- Only share what feels comfortable
- It's OK to take breaks
- Talk to me if you need or want support



We will dig into personal and environmental drivers of good wellbeing.





This session aims to bolster your wellbeing foundations

“You do not rise to the levels of your goals. You fall to the level of your systems”

→ James Clear

Habits

Knowledge

Processes



We use interaction with others to boost the impact of our training

Let's use an evidence-based wellbeing activity to get to know one another





Your meaningful pictures

Page 3

- Find a picture of people, events or things that are important to you
 - Describe what is in the picture
 - Describe why the captured resource is important to you and your wellbeing

Meaningful Pictures Capture what gives your life joy and meaning.

USE YOUR PHONE OR CAMERA TO CAPTURE THREE MEANINGFUL THINGS IN YOUR LIFE EACH DAY.

This can be anything your job, your hobbies, your loved ones, your neighbourhood, your morning routine, you name it. Now use the boxes to describe the picture you took and why you feel they bring meaning to your life.

PHOTO 1
Describe the photo. What does it display and how does this bring meaning to your life?

PHOTO 2
Describe the photo. What does it display and how does this bring meaning to your life?

PHOTO 3
Describe the photo. What does it display and how does this bring meaning to your life?



How many people struggle with the way they feel on a day-to-day basis?



Are wellbeing and illness really opposites?



Excessive worry

Restless

Irritable

Concentration issues

Headaches



Meaning

Positive relations

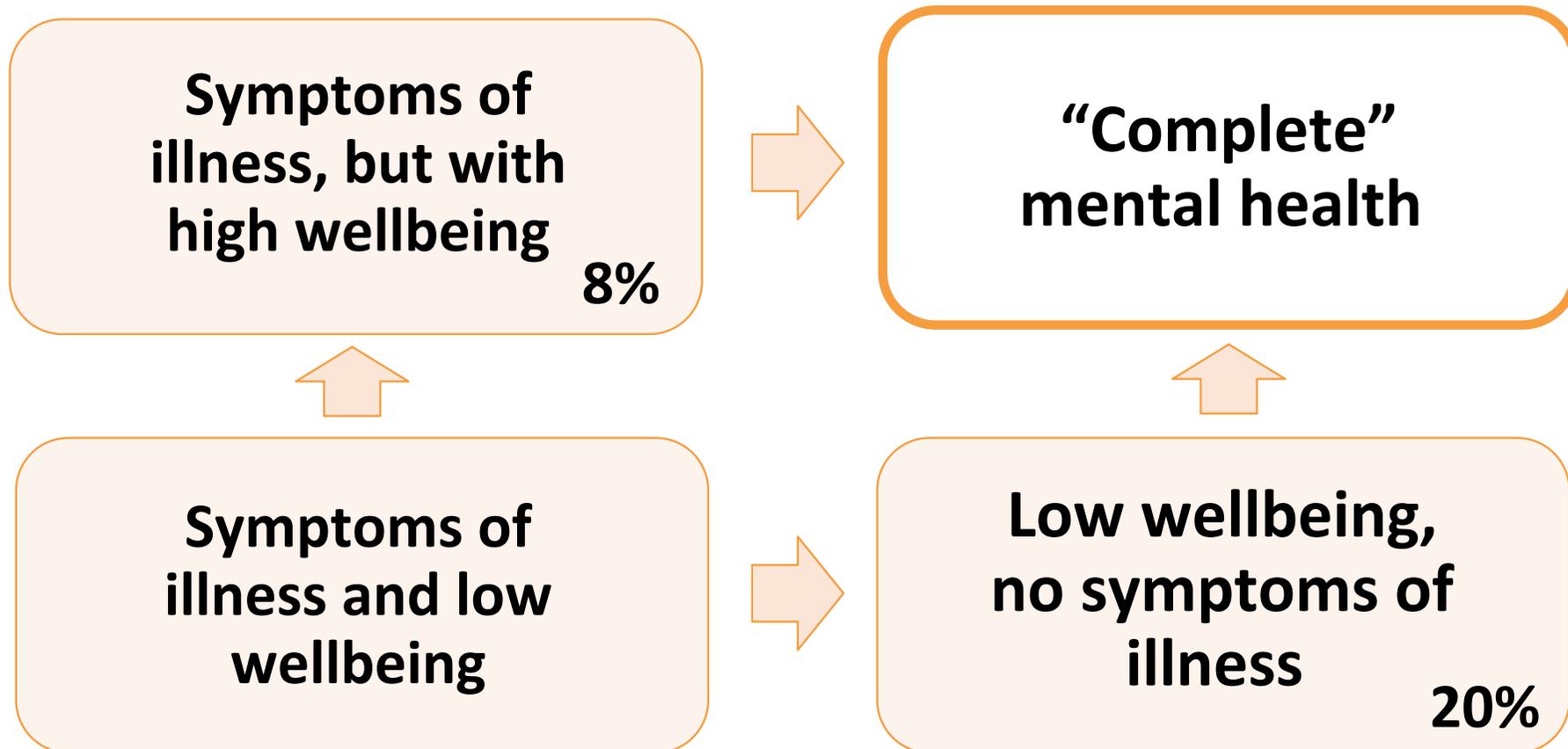
Vitality

Autonomy

Optimism



80+ scientific studies show that mental illness & mental wellbeing (fitness) are not the same



Keyes, 2005

 **Our positive mental health is influenced by a wide range of different factors, within and around us.**

Iasiello, 2025

What is the bigger driver of our mental health?

Nature

Nurture



Despite our (past & current) environment and genetics, we can improve our mental health.

Today is an opportunity for growth; for you and those around you!



Flourishing despite constraints



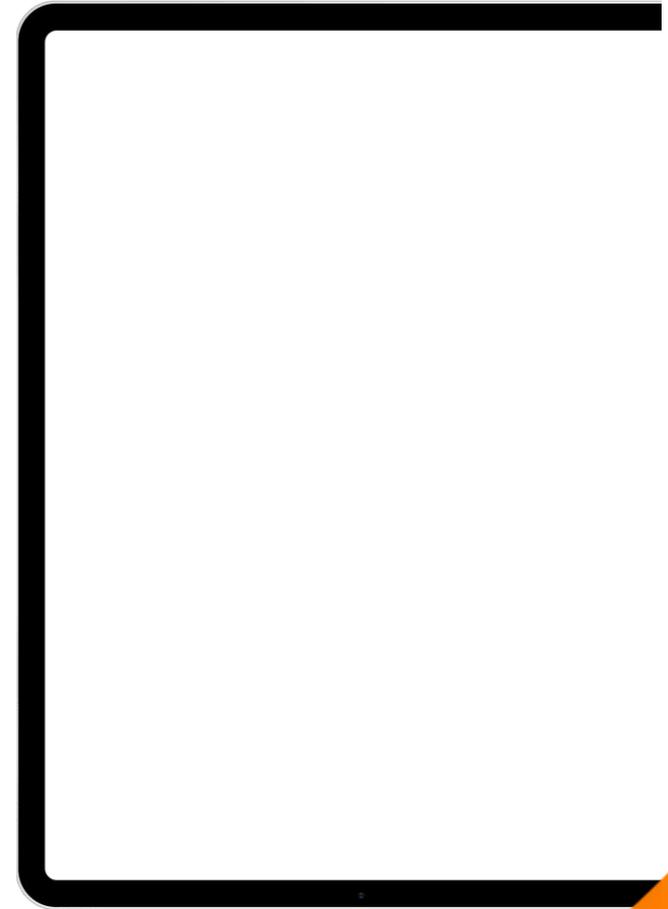
Flourishing without constraints



Let's pause and reflect

Page XX

- Think back to everything you just learned
- What's one thing you found useful, new or surprising?





Refreshment break

Connection topic:

“Share one good thing that
happened last week”





Step 1. What can you do?

“Everything can be taken from a man but one thing: the last of human freedoms – to choose one’s attitude in any given set of circumstances, to choose one’s own way.”

Viktor E. Frankl





Be Well Co performs scientific research to find out what day-to-day changes we can make to boost our mental health.



nature human behaviour ARTICLES
<https://doi.org/10.1038/s41562-021-01993-w>
 Check for updates

A systematic review and meta-analysis of psychological interventions to improve mental wellbeing

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Our current understanding of the efficacy of psychological interventions in improving mental states of wellbeing is incomplete. This study aimed to overcome limitations of previous reviews by examining the efficacy of distinct types of psychological interventions, irrespective of their theoretical underpinning, and the impact of various moderators, in a unified systematic review and meta-analysis. Four-hundred-and-nineteen randomized controlled trials from clinical and non-clinical populations (n = 53,288) were identified for inclusion. Mindfulness-based and multi-component positive psychological interventions demonstrated the greatest efficacy in both clinical and non-clinical populations. Meta-analyses also found that singular positive psychological interventions, cognitive and behavioural therapy-based, acceptance and commitment therapy-based, and reminiscence interventions were impactful. Effect sizes were moderate at best, but differed according to target population and moderator, most notably intervention intensity. The evidence quality was generally low to moderate. While the evidence requires further advancement, the review provides insight into how psychological interventions can be designed to improve mental wellbeing.

literature investigating 'positive' states of mental health or states of mental wellbeing has proliferated¹. Traditionally, these sub-

also differential antecedents, that both needed to be assessed using dedicated scales, and that psychological interventions can lead

What's the difference between measures of wellbeing, quality of life, resilience, and coping? An umbrella review and concept map of 155 measures of positive mental health

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Abstract: The multitude of definitions, models, and measures of positive mental health has hindered academic precision and frustrated the ongoing scientific evaluation of this important area. This umbrella review aimed to synthesize the theoretical landscape of positive mental health, by reviewing measures that were designed to capture meaningful, multi-dimensional concepts of positive and adaptive states of mental health (i.e., wellbeing, quality of life, and resilience/coping), and investigating their underlying dimensions (e.g., stability, autonomy and design features (e.g., response scales, item valence)). Our search identified 155 measures of positive mental health with a total of 117 underlying dimensions. Using thematic analysis, we consolidated these 117 original dimensions into a set of 21 themes. These themes were transposed into a concept map to illustrate their interrelationships with the overarching concepts of positive mental health as defined in this review. Our results point to a lack of consensus on the underlying, dimension and measurement approaches for investigating positive mental health, with multiple measures being used to capture its breadth, resulting in a scarcely situation for ongoing scientific inquiry.

Public significance statement: In the absence of consensus on definitions or models of positive and adaptive states of mental health, an orderly and parsimonious number of measures have been created – many devoid of a clear conceptual framework. The current review synthesizes the measurement landscape of positive mental health and presents a preliminary synthesis of 117 dimensions scientists should capture this elusive construct. The current review can help inform future measurement and theory development and further guide researchers toward precise, meaningful, durable mental health research.

Keywords: mental health, wellbeing, resilience, quality of life, coping, measurement

1. Introduction
 Mental health or living mentally healthy is a universally valued outcome (Alexandrov, 2012). Investigations of the correlates, predictors, and measures of living mentally healthy, as distinct from those related to mental illness, has grown in recent decades (Cohen-Lundstedt et al., 2022; Rock & Waters, 2013). The importance of positive mental health, often described simply as living



A summary of what works for mental wellbeing

Interventions

Social prescribing interventions	
Physical activity interventions	
Nutrition and diet interventions	
Art interventions	
Acceptance and commitment therapy (ACT)	
Life coaching interventions	
Cognitive therapy (CT) and cognitive behavioural therapy (CBT)	
Compassion interventions	
Expressive writing interventions	
Forgiveness interventions	
Mindfulness interventions	
Positive psychological interventions (PPIs): multi-component. Note: Many studies have tested the impact of individual positive psychological interventions. The results of these are on page 28 .	
Psycho-educational interventions	
Reminiscence interventions	
Dance interventions	

Yoga interventions	
Gardening interventions	
Leisure-based interventions	
Nature-based interventions	
Pro-social interventions	
Social support interventions	



1. What is something you already doing?
2. What is something you could do more of?





Step 2. What can the workplace do?



Let's reflect on your (company's) reasons for wanting to invest in wellbeing

'Find your "why" and you will find your way'

John C Maxwell

Why

How/what



Your values as a leader

Page XX

- What does your organisation value?
- How does improving employee wellbeing feed into these values?

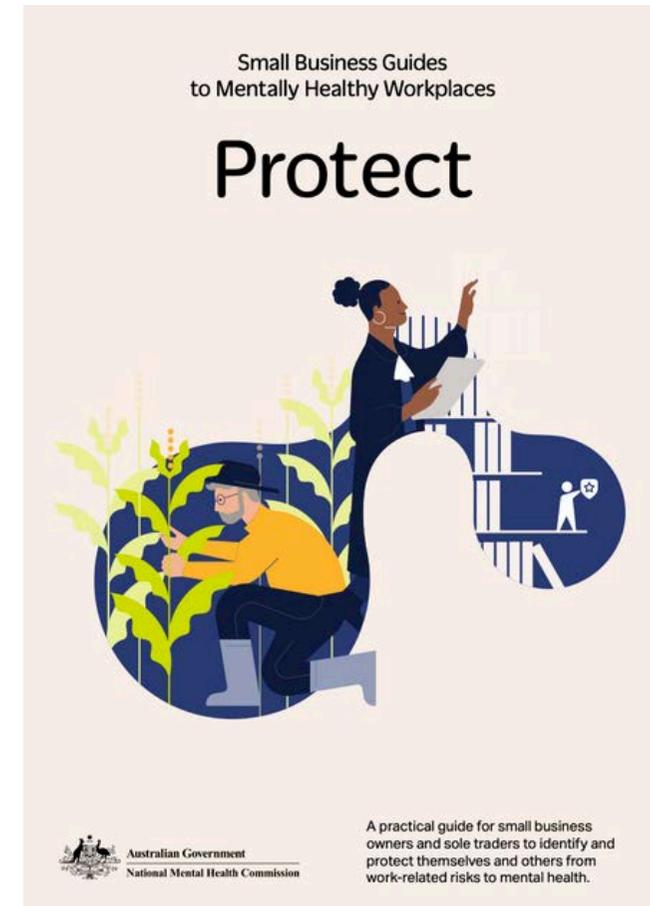




You have legal obligations to protect the mental health of your people.

- OHS legislation
- Workers comp
- Anti-discrimination
- Privacy
- Other legislation

Make sure you have the basics covered!





Pay particular interest to psychosocial hazards!



Psychosocial:

“Describing the intersection and interaction of social, cultural, and environmental influences on the mind and behavior.”
(APA, 2023)

Hazard:

“A situation or thing that has the potential to harm a person.”
(SafeWork Australia, 2023)

*A psychosocial hazard is anything that could cause psychological harm (i.e., **harm someone's mental health**) to an employee*





The SafeWork process of tackling risk & hazards



Check out SafeWork Australia's website for more info



Protect: Identify and manage work-related risks to mental health

What hazards can we identify (page 2).

Social Interaction

- Workplace relationships
- Leadership
- Reward & recognition, feedback
- Violence & aggression

How the work is organised

- Role & expectations
- Job control & autonomy
- Workload / pace of work

Environmental conditions

- Adequate resources to perform the role
- Equipment is maintained and appropriate
- Lighting, workspace
- Remote work



Reflection & discussion (Page 2)

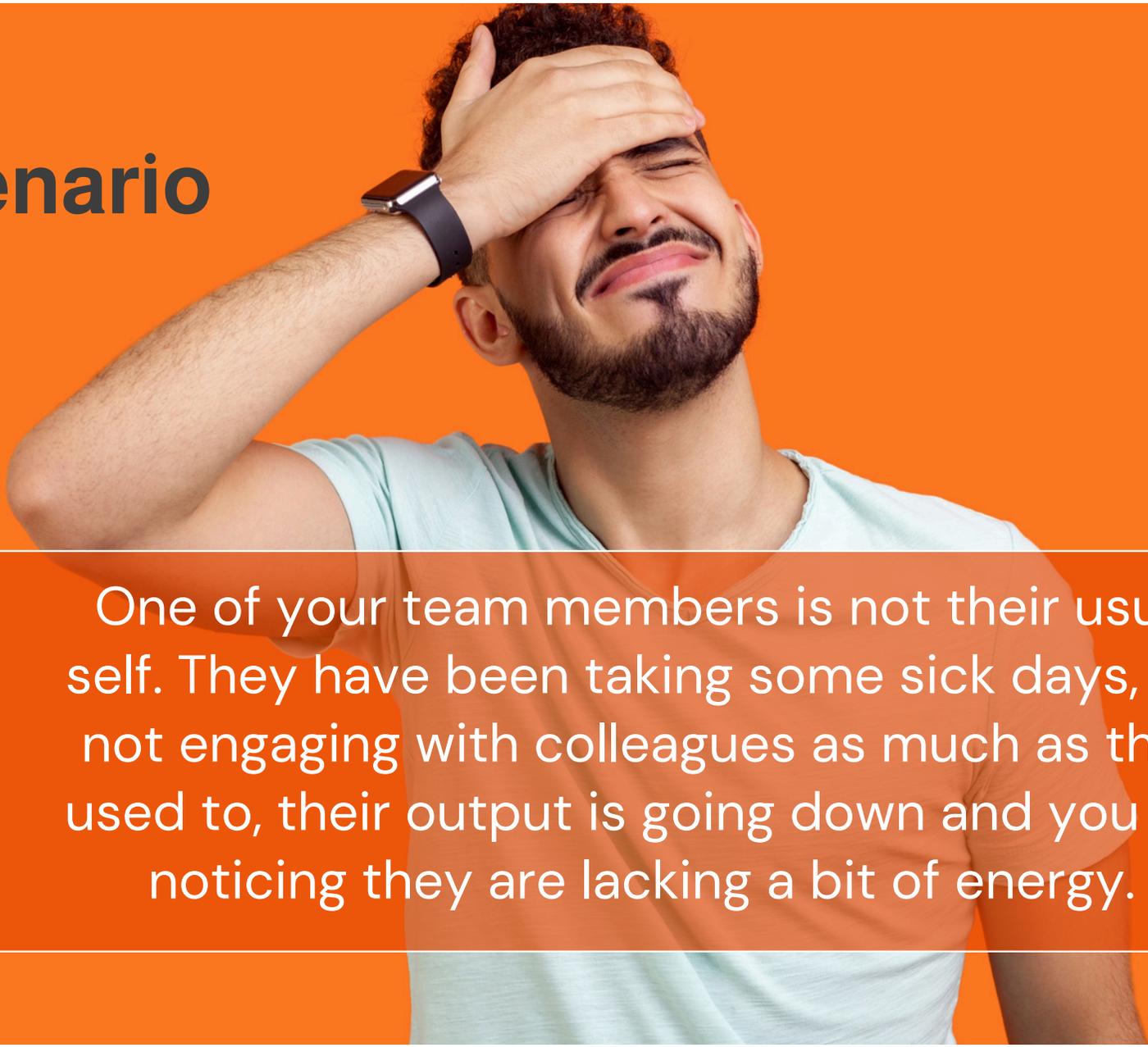
- **Left box:** What Psychosocial hazards are common in your organisation?
- **Right box:** Which areas are you doing well in?



Scenarios

1. Supporting staff or clients when there have been incidents of trauma or violence.
2. Managing negative family/carer interactions.
3. Supporting staff experiencing stress and uncertainty as they wait for a new contract.
4. Managing conflict between staff.
5. Managing environmental concerns such as access and funding for technology, aging infrastructure, poor air-conditioning.

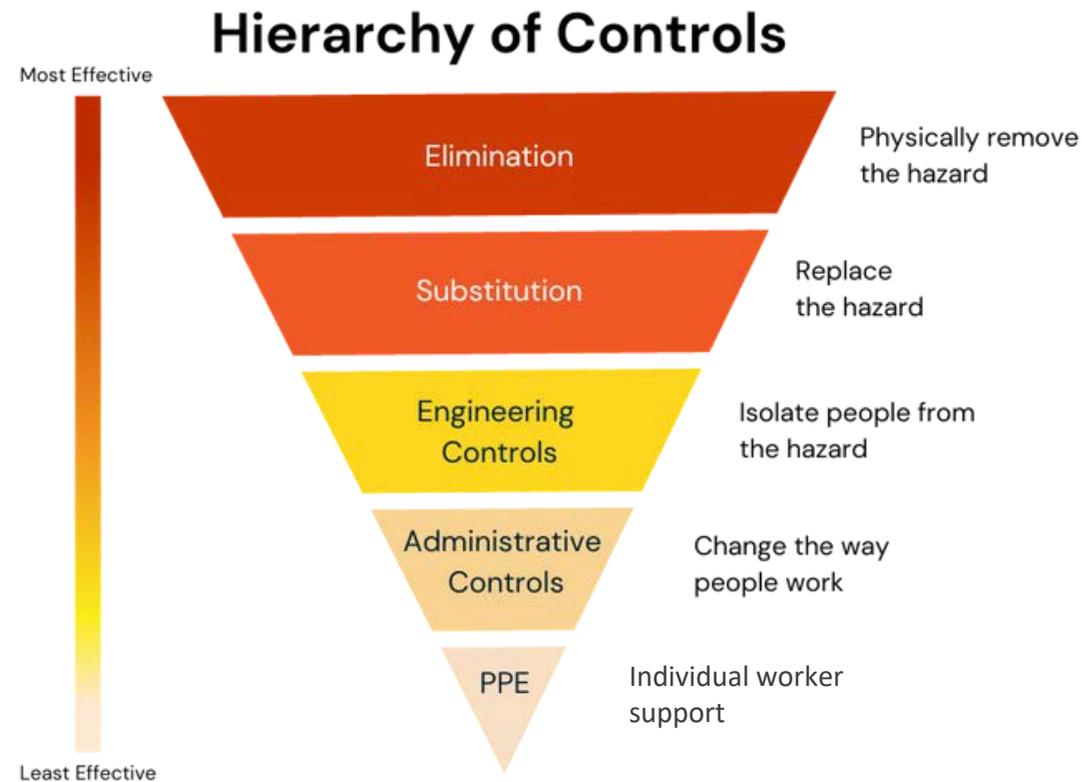
Scenario



One of your team members is not their usual self. They have been taking some sick days, are not engaging with colleagues as much as they used to, their output is going down and you are noticing they are lacking a bit of energy.

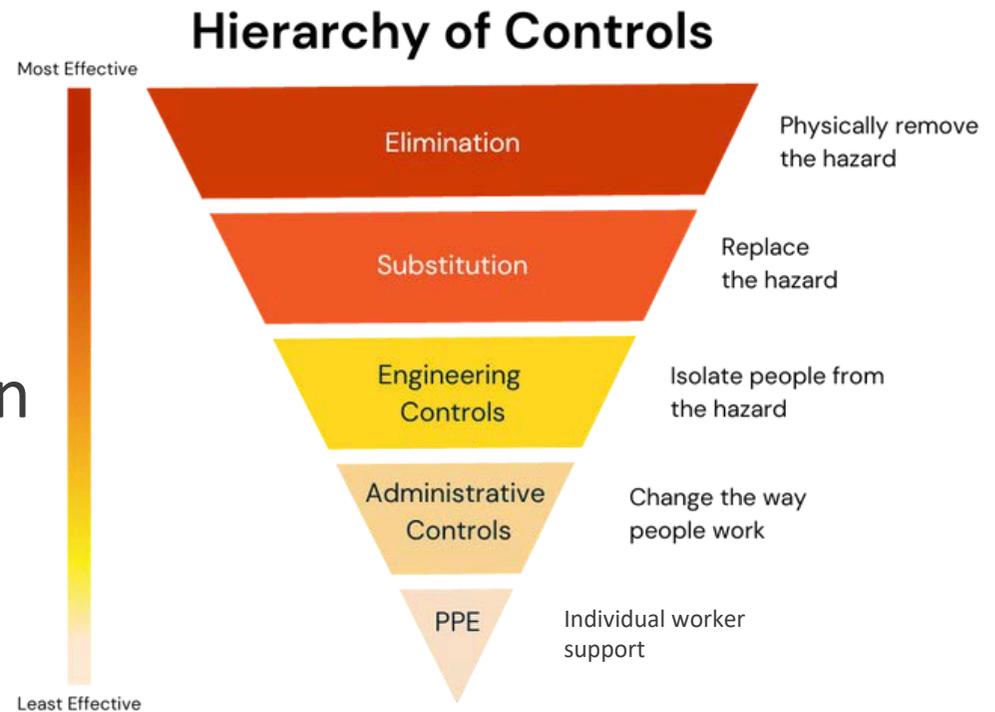


So you have identified hazards: what's next?



Practical Scenario exercises

- What causes the risk?
- What are our responsibilities/what is within our control?
- What controls can we put in place?
- What barriers may we run into?



One of your team members is not their usual self. They have been taking some sick days, are not engaging with colleagues as much as they used to, their output is going down and you are noticing they are lacking a bit of energy. Now the rest of the team is starting to notice issues. How do you control the risk?

Hierarchy of Controls

Redesigning job/task to eliminate excessive workload

Replacing stressful task for a less stressful one

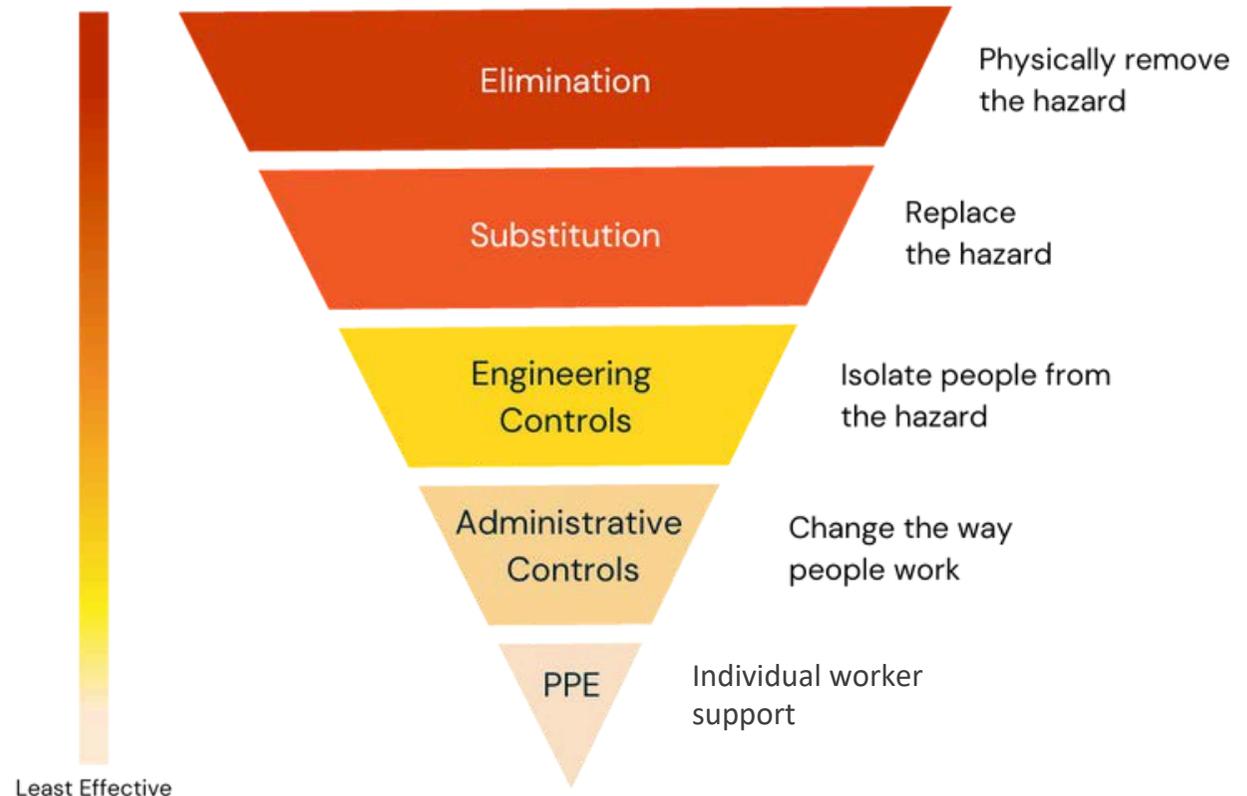
Reduce the workload

Offload admin tasks, improve processes

Counselling for those exposed

Most Effective

Least Effective



One of your team members is not their usual self. They have been taking some sick days, are not engaging with colleagues as much as they used to, their output is going down and you are noticing they are lacking a bit of energy. Now the rest of the team is starting to notice issues. What are the key risks and how can you control the risk?



Step 3. How do we hold ourselves and the organisation accountable?

what is psychological safety?

Someone's perceived level of safety to speak up, be themselves and fail without fear of reprisal.

You feel empowered to take risks, push boundaries and share ideas.

Challenging default cultural norms

We don't want to look...

Ignorant

Incompetent

Intrusive

Negative

So, we don't...

Don't ask questions

Don't admit weakness or mistakes

Don't offer ideas

Don't critique the status quo

**Psychological safety isn't about being nice.
It's about giving candid feedback, openly,
admitting mistakes and learning from each
other.**

Amy Edmonson

At the heart of psychological safety lies trust



People at high-trust companies report: 74% less stress, 106% more energy at work, 50% higher productivity, 13% fewer sick days, 76% more engagement, 29% more satisfaction with their lives, 40% less burnout.

Paul Zac (2017)

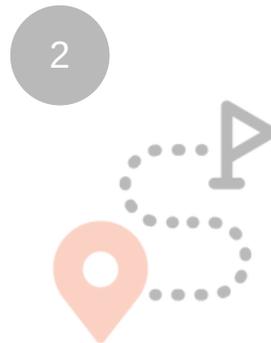
When are you **most likely to**
trust people?

How can we amplify psych safety?

Let's look at three practical ways



Identify what it **looks like**
and **creating more** of it



Speaking up and
having difficult convos



Practical scenarios to
deepen knowledge

indicators of psych safety

Conversational equality
Shared decision making
Autonomy (not micromanaging)
Feeling of belonging
Respect
Learning culture/feedback culture
Leaders ask people for input/take a coaching approach
Respectful disagreement

Anything we missed?

What is the one thing your team is doing well in?

What is the one thing your team can improve in?

4 stages of psych safety



#1

Inclusion safety

What helps you be your authentic self?



#2

Learner safety

What gets you to grow?



#3

Contributor safety

How can you be set up to create value?



#4

Challenger safety

What enables you to be candid?

How can we amplify psych safety?

Here are three practical ways



What it **looks like** and **creating more** of it



Speaking up and having difficult convos



Practical scenarios to deepen knowledge

Speaking up

1. How do you **best prepare** yourself for a tough conversation?

2. What should you, and shouldn't you do **during the conversation?**

3. How do you follow up **post conversation?**

- If 1:1, have conversation in a quiet, private environment
- Choose time + occasion
- List 'observed behaviours'
- Think of potential ways forward

During

- Listen actively
- Maintain positive body language
- Remain non-judgemental
- Ask open-ended questions
- Ask others about their perspective

After

- Be proactive in following up
- Catch up sooner if required
- Show genuine concern

How can we amplify psych safety?

Here are three practical ways



What it **looks like** and **creating more** of it

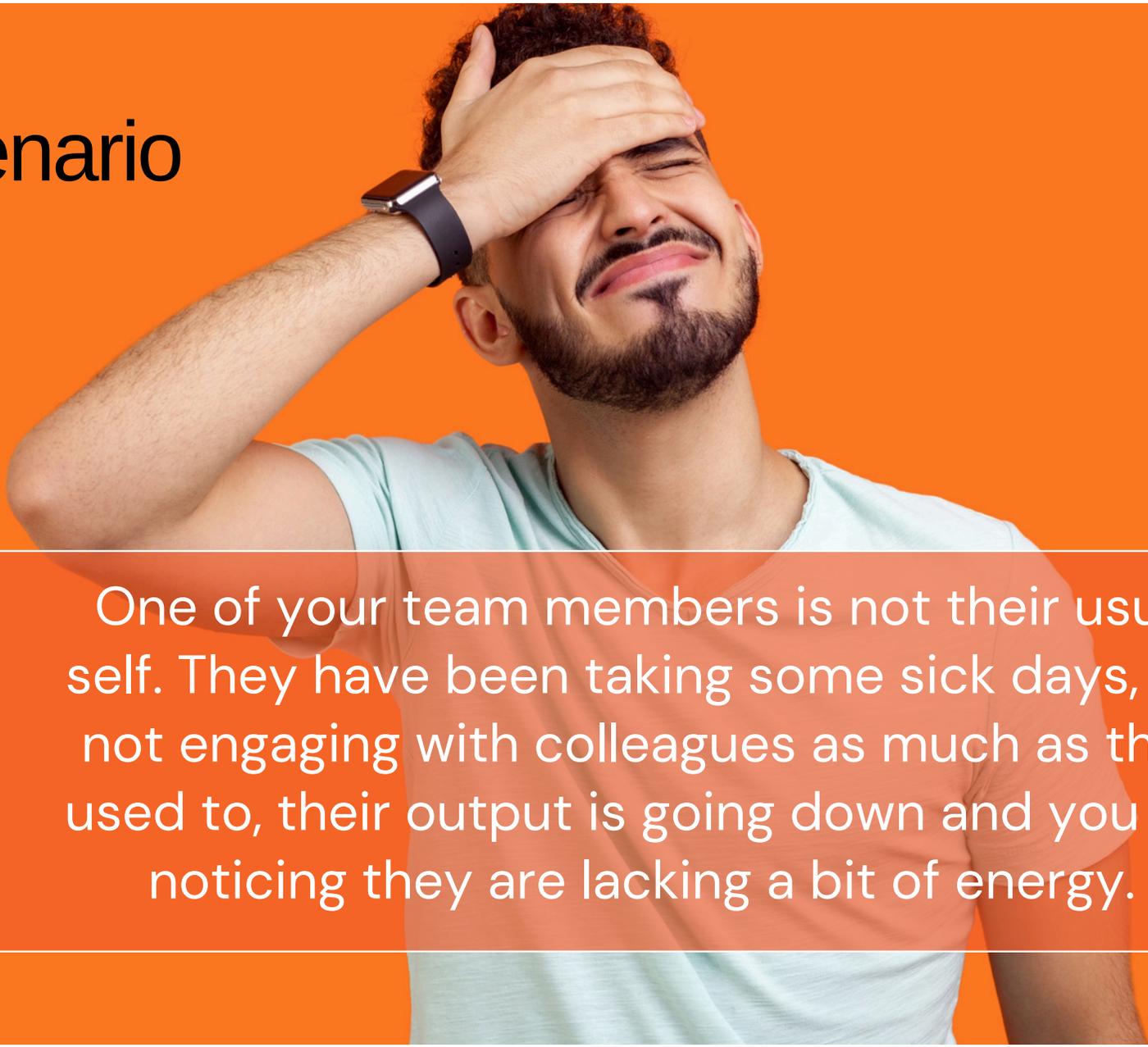


Speaking up and having difficult convos



Practical scenarios to deepen knowledge

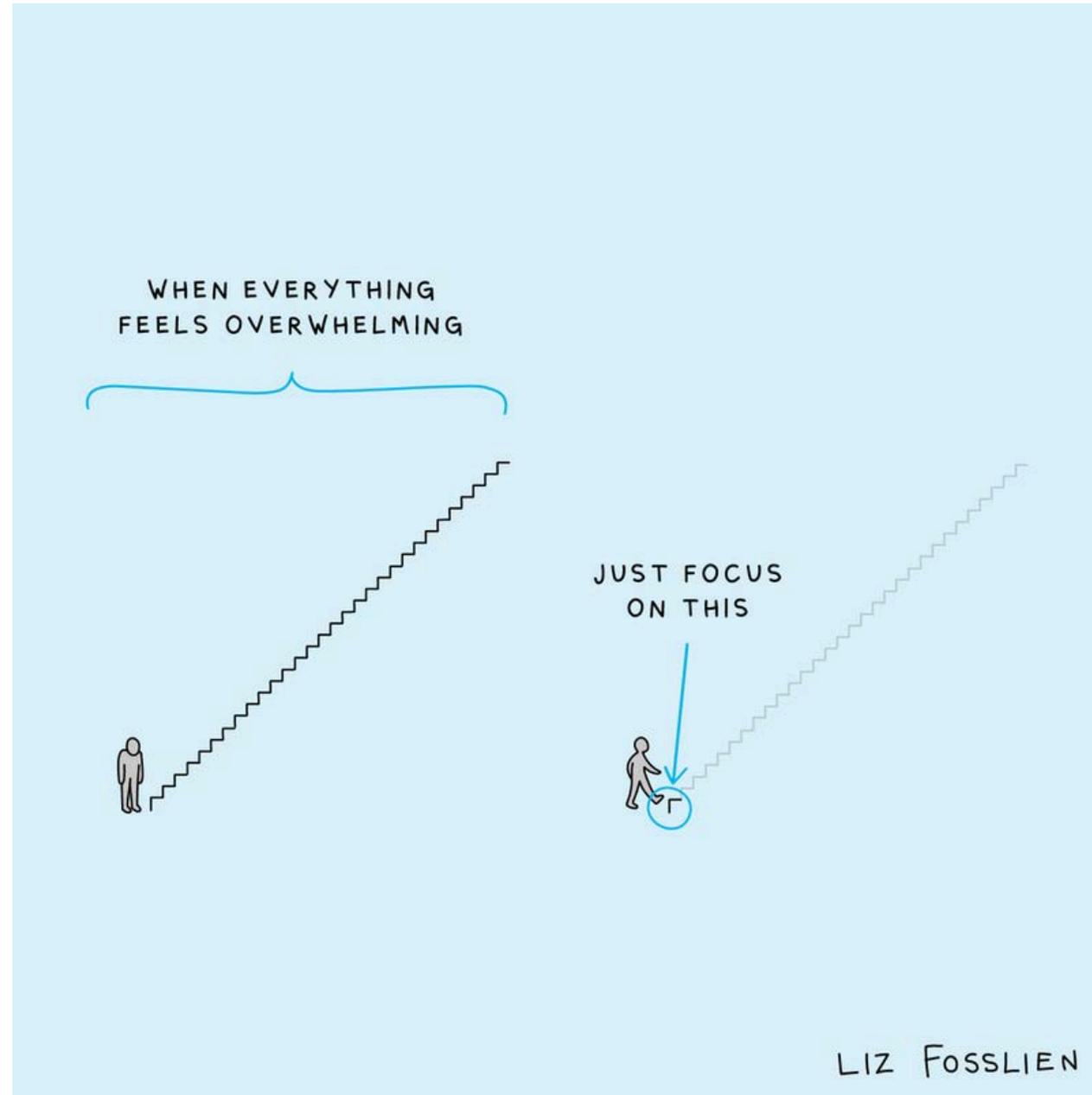
Scenario



One of your team members is not their usual self. They have been taking some sick days, are not engaging with colleagues as much as they used to, their output is going down and you are noticing they are lacking a bit of energy.



All it takes is small changes – where will you start?





action stations!

