TOWARDS A TAXONOMY OF POSITIVE MENTAL HEALTH

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About Be Well Co

Be Well Co is a social enterprise, owned by the charity Camp Quality, that exists to solve the under recognised problem of languishing or low wellbeing experienced by an estimated 5 million Australians. Be Well Co started as a spin-out from the South Australian Health and Medical Research Institute (SAHMRI). Find out more about Be Well Co at www.bewellco.io

EXECUTIVE SUMMARY

Towards clarity in promoting positive mental health

This report outlines the results from 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, an initial 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, expressions, and how this influences dimensions. For instance, while having a sense of meaning or purpose is valuable, the taxonomy does not dictate what should provide that sense of quality or satisfaction.

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

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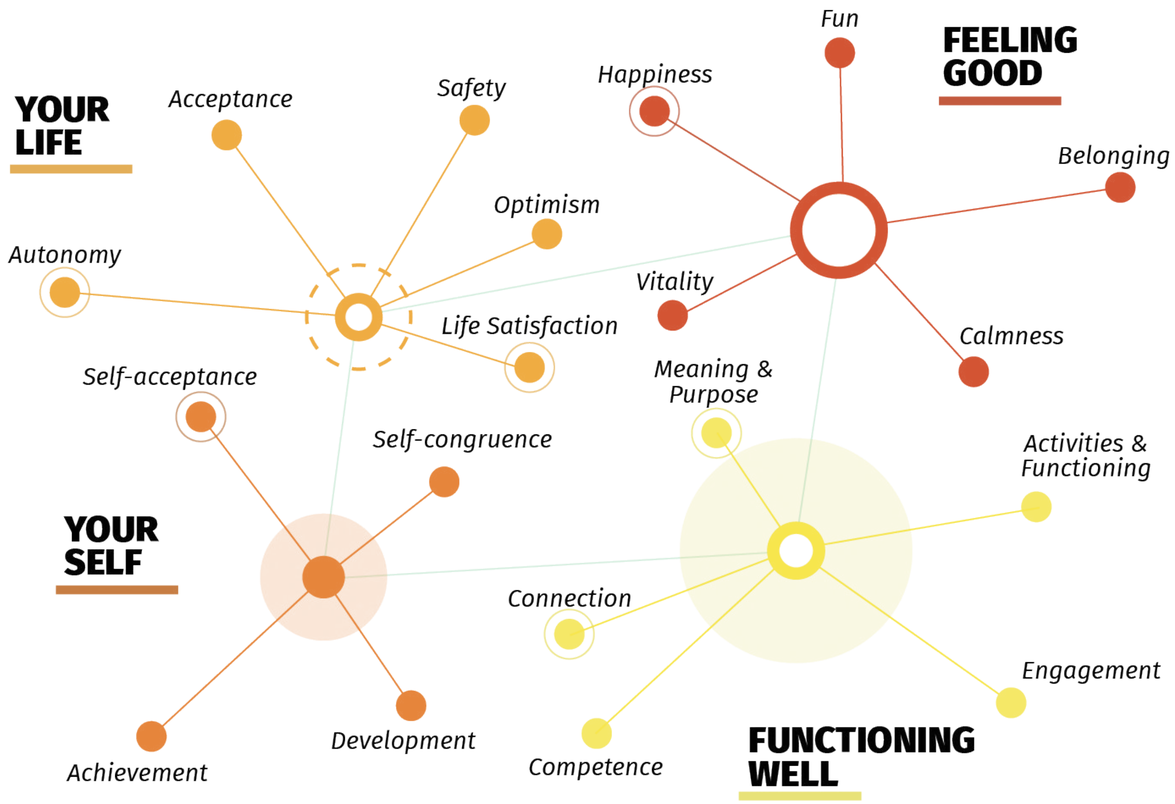


BACKGROUND ON POSITIVE MENTAL HEALTH

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." [1]

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.

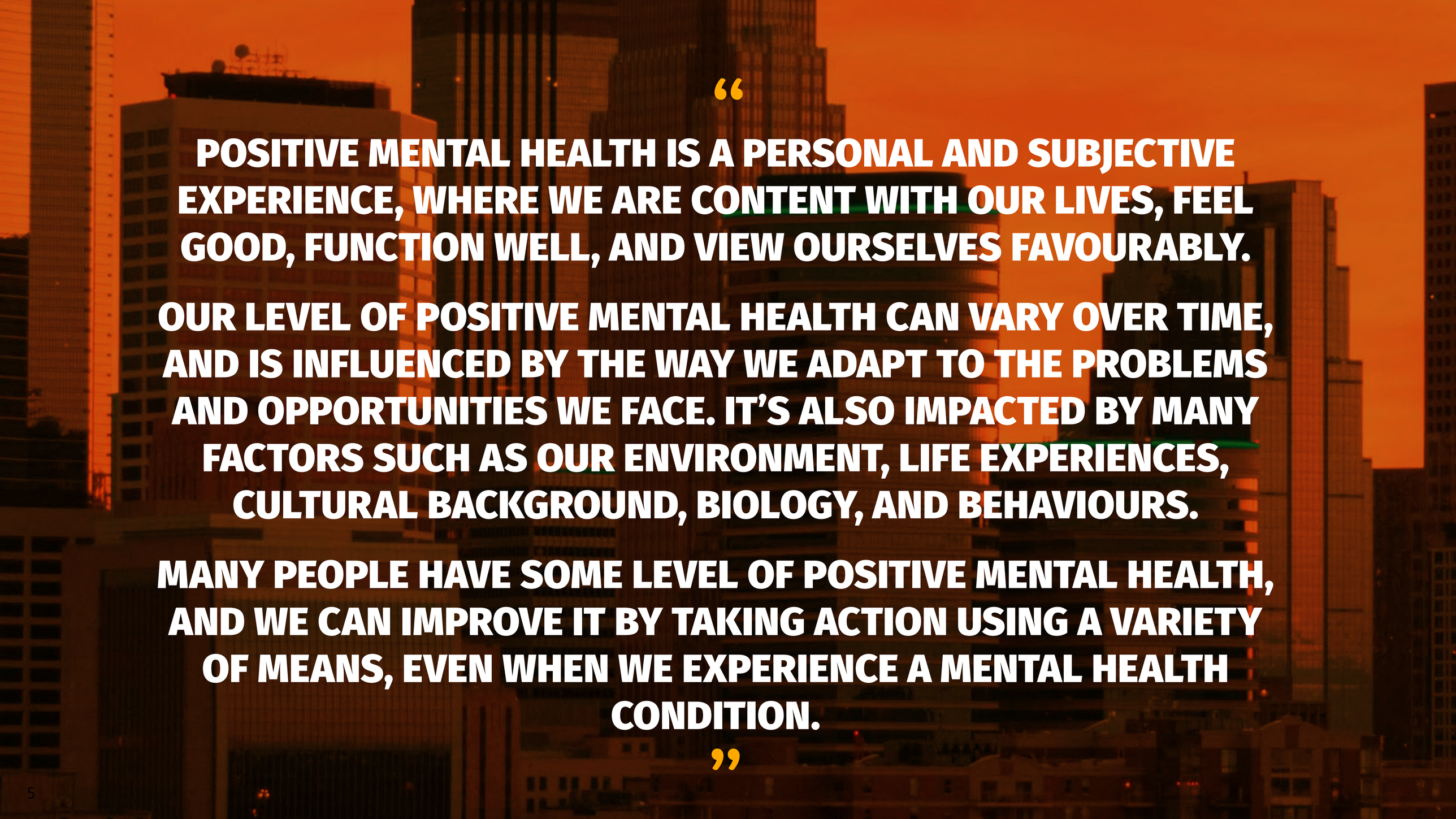
The idea of positive mental health is far from new. Ancient Greek philosophers, such as Aristotle, explored what it meant to live a "good" life, laying the groundwork for concepts like eudaimonia - a state of flourishing that transcends mere happiness. From the 1950s onward, scientists worldwide began revisiting these age-old questions with modern rigor. Pioneers like Marie Jahoda[2], 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, optimism, 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?

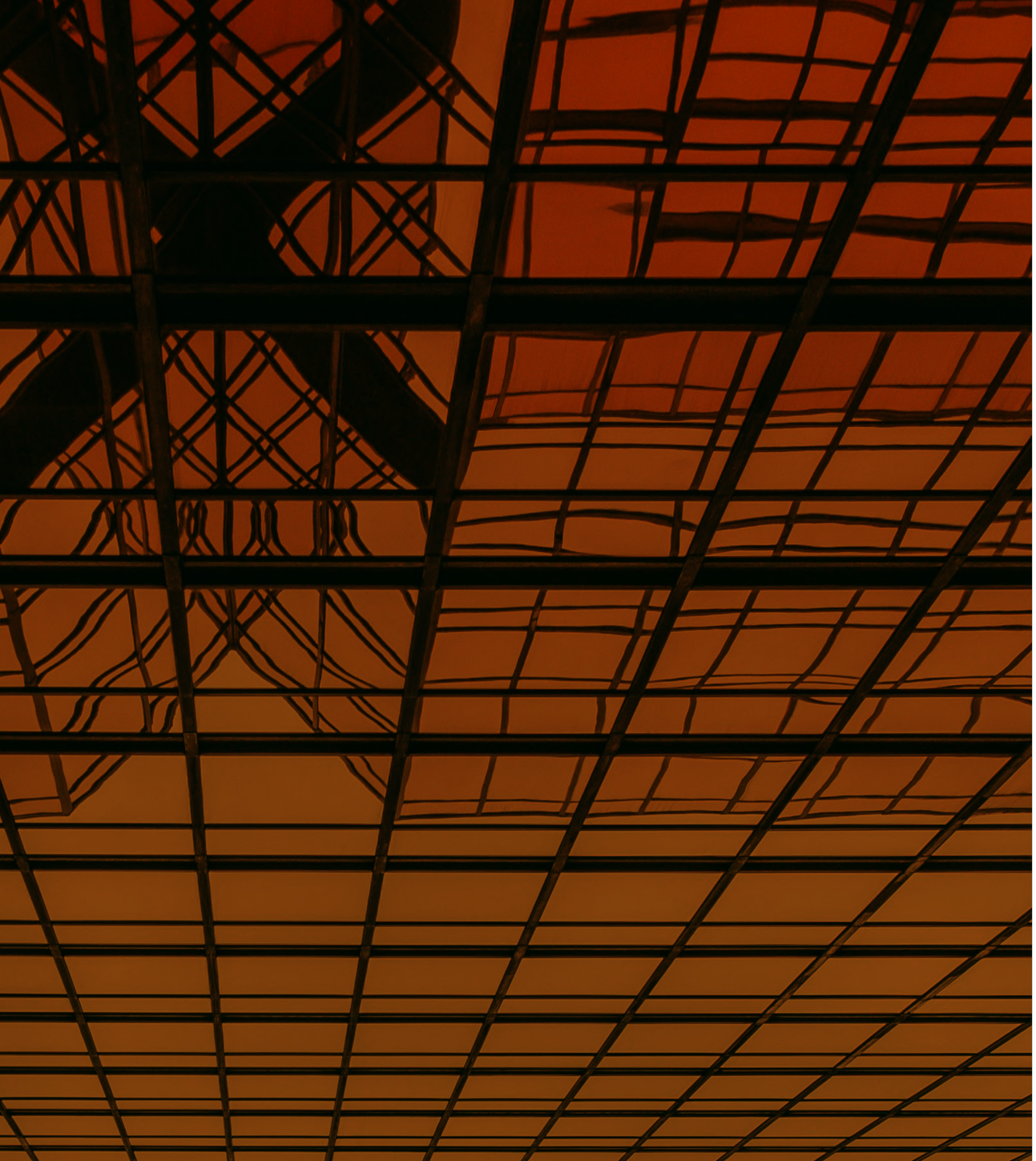
This report follows contemporary scientific evidence suggesting that mental illness and mental wellbeing should be seen as *two* related, yet distinct, concepts[3]. This means that an individual can experience wellbeing, with or without experiencing mental illness symptoms (see diagram to the right).

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 focus[4]. 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 redundancy[5]. 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 possible 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.

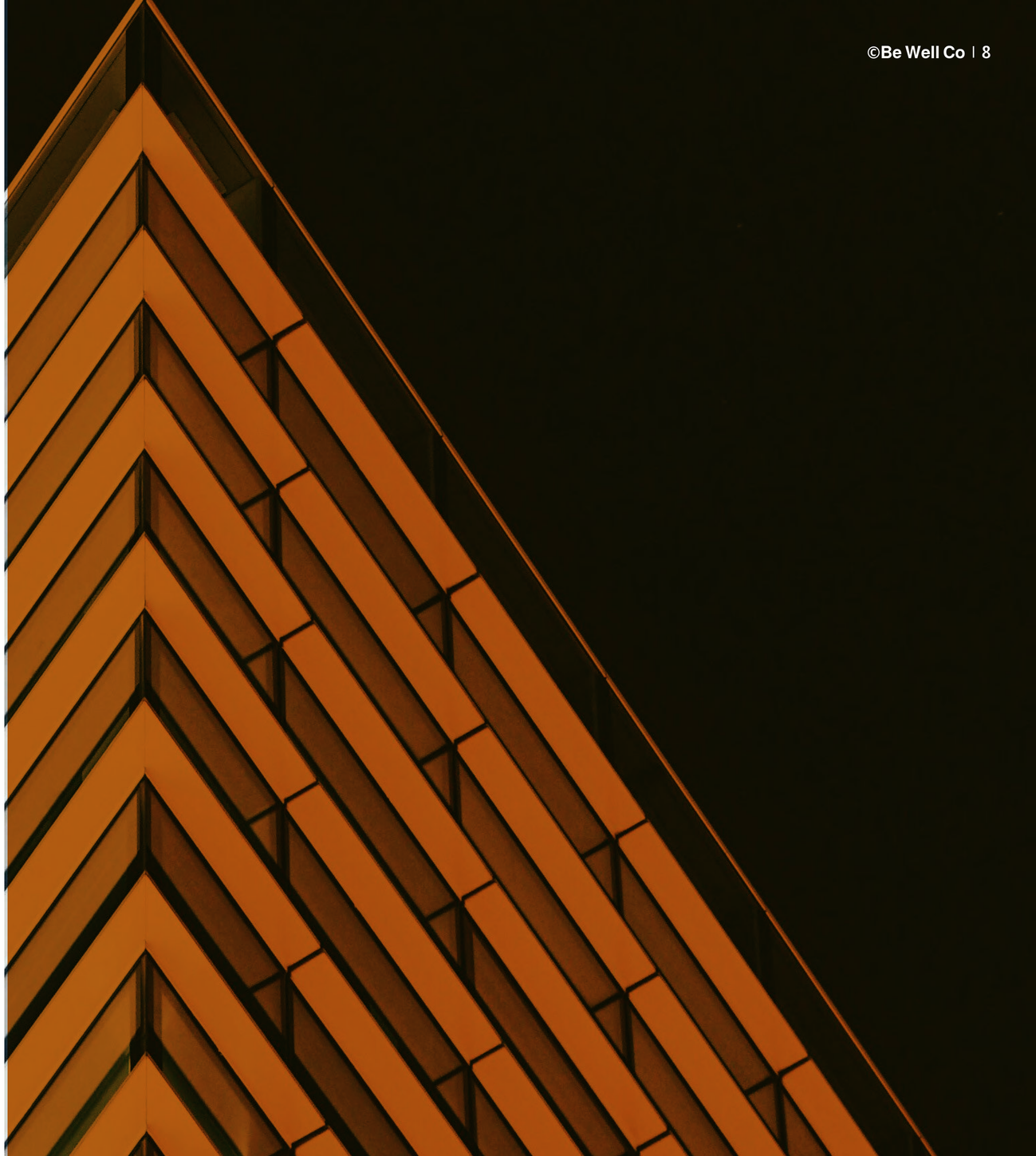
A NOTE ON THE METHODOLOGY

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 dimension[5].
- 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 another[6].

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, summarised, 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 pragmatically organised 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 levels of one dimension will be tied to elevations in other dimensions. Beyond the four clusters, the links between nodes in the diagram are illustrative, not prescriptive.

The dimensions are not considered to be an exhaustive overview of what influences wellbeing. Rather there are myriad of external factors influencing positive mental health - such as physical health, 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 health[7], which emphasize wellbeing promotion, and incorporates cross-cultural perspectives.

Key Considerations

This taxonomy aims to create consistency in the way that positive mental health and related concepts are used in research, policy, and community. However, it is important to ensure a few limitations and considerations of the work are noted:

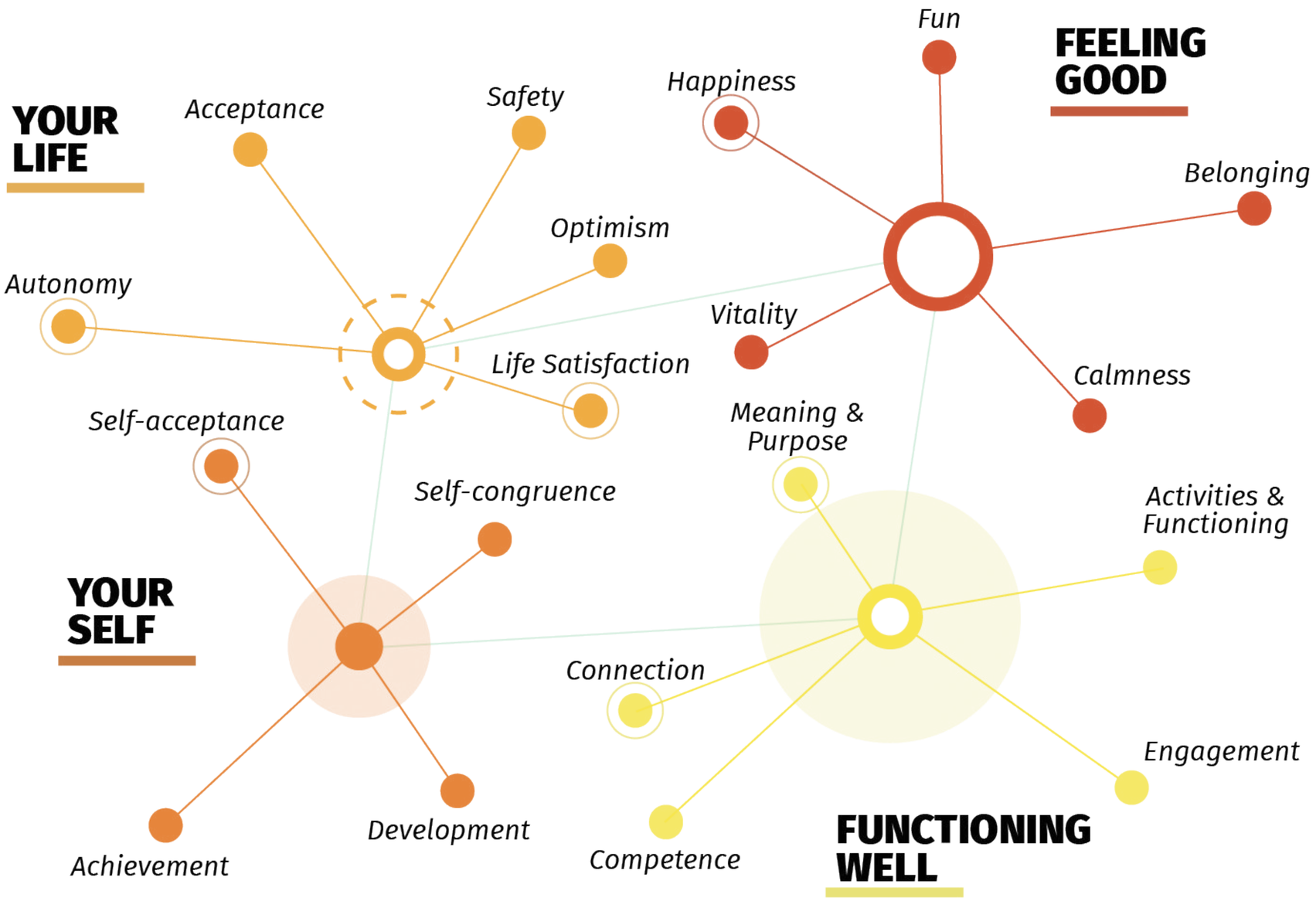
High levels across all dimensions are not required for wellbeing; individuals can thrive without excelling in every area.

The relative importance of dimensions varies individually; some may prioritize certain aspects while dismissing others.
The importance of these dimensions are shaped by upbringing and cultural context, suggesting their relevance and expression will differ across populations.

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.

This work is derived from a review of the academic literature, and the Delphi study surveyed experts. Here expertise refers to academic excellence, but does not consider all perspectives.

There is lots more work to be done, to investigate diverse perspectives of positive mental health, including lay perspectives, multi-cultural perspectives, lived experience, and First Nations perspectives. This report does not focus on First Nations social and emotional wellbeing, and we encourage considerations of culturally-aligned Aboriginal conceptualisations of wellbeing science[8].


YOUR LIFE
Acceptance
Safety
Optimism
Autonomy
Life Satisfaction
FEELING GOOD
Fun
Happiness
Belonging
Vitality
Calmness
YOUR SELF
Self-acceptance
Self-congruence
Achievement
Development
FUNCTIONING WELL
Meaning & Purpose
Activities & Functioning
Connection
Engagement
Competence

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	
Acceptance	The ability to self-reflect, identify what is within a person's control, and accept what is outside one's control.
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.
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.
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	
Activites & 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 developed 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	
Acceptance	"I tried to take life as it comes" "I did not dwell on things that I could not do anything about"
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"
Self-Acceptance	"I was satisfied with the way my body looked" "I felt that I had many positive qualities"
Development	"I sought opportunities to learn new things" "I welcomed changes in my life as chances to grow"

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"

FUNCTIONING WELL	
Activites & 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 typically 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, as it fails to improve other dimensions of wellbeing.

Different measures therefore may lead to different results and we advise anyone using wellbeing measures to carefully assess the items that are being used in the measure to ensure one can reasonably expect a change.

For those who wish to use a shorter measure of general wellbeing rather than the items proposed in this taxonomy, 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 measuring 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-Short Form (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 Wellbeing 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 conduced with ethical approval from the Flinders University Human Research Ethics Committee (7019).

THE EXPERT PANEL

To inform the panel membership, 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," "wellbeing," "positive mental health," and "flourishing." These terms were searched across a range of fields, guided by Cebral-Loureda's (2022) bibliometric analysis of the concept of "Flourishing"[9]:

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

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):

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

Participants were spread across a broad variety of the invited disciplines with many years in the field.

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

CONSENSUS VOTING PER ROUND

The table to the right explains the results from each of the Delphi rounds. The first column denoted with R1 shows the scores across each of the tested dimensions. Any dimension with a dash was not yet decided until the next round. Any column marked in orange and therefore scoring 75% or higher was included in the taxonomy. One dimension scored greater than 75% for exclusion and was not included in the taxonomy.

After consulting with the Delphi panel the recommendation was to enable more dimensions of social wellbeing and to add a sense of safety. These were subsequently tested in Round 2 together with the remaining dimensions that did not reach consensus in round one. Any dimension scoring 75% or higher was included. Round 3 only focused on retesting the additional items of social wellbeing with none of the scores reaching a sufficient percentage.

DIMENSION	AGREEMENT FOR INCLUSION (%)		
	R1 (N=122)	R2 (N=95)	R3 (N=89)
MEANING AND PURPOSE	95.9%	-	-
LIFE 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%	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

Expert panel members were asked if they wished to be formally acknowledged below. We express gratitude to both these participants and those who chose anonymity for their valuable contributions to our study.

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- Prof Ali Ery□lmaz, Y□ld□z Technical University
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- Clin. Prof. Andrew Garner, Case Western Reserve University
- Prof Andrew Steptoe, University College London
- Dr Andy P. Siddaway, University of Glasgow
- Prof Emeritus Angela Taft, Latrobe University
- Prof Angela Webster, University of Sydney
- Prof Ann Hemingway , Bournemouth University
- Prof Antonio Branco Vasco, Universidade de Lisboa
- A/Prof Bernie Garrett, University of British Columbia
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