



**Sorry, this category
is currently empty**

Basic Emotions



EMOTIONAL WELL-BEING



Happy

Satisfied

Interested in Life

Happiness is an activity ...

PSYCHOLOGICAL WELL-BEING



Self-Acceptance

Positive Relations with Others

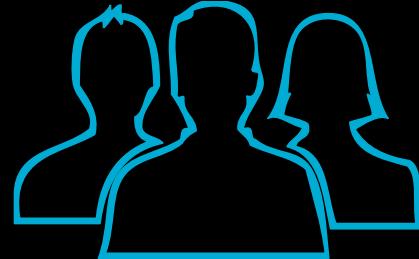
Personal Growth

Purpose in Life

Environmental Mastery

Autonomy

SOCIAL WELL-BEING



Social Acceptance

Social Integration

Social Contribution

Social Coherence

Social Growth

Aristotle

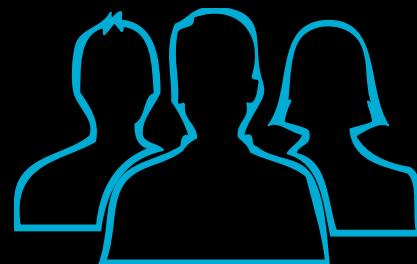
Epicurus

**POSITIVE
FUNCTIONING**

**PSYCHOLOGICAL
WELL-BEING**



**SOCIAL
WELL-BEING**



**POSITIVE
FEELING**

**EMOTIONAL
WELL-BEING**



6 + 1

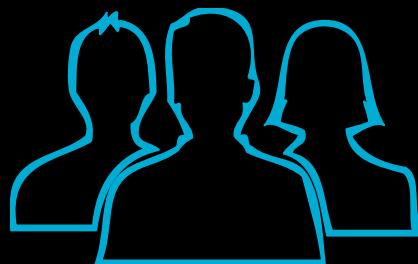
**POSITIVE
FUNCTIONING**

**POSITIVE
FEELING**

**PSYCHOLOGICAL
WELL-BEING**

**SOCIAL
WELL-BEING**

**EMOTIONAL
WELL-BEING**

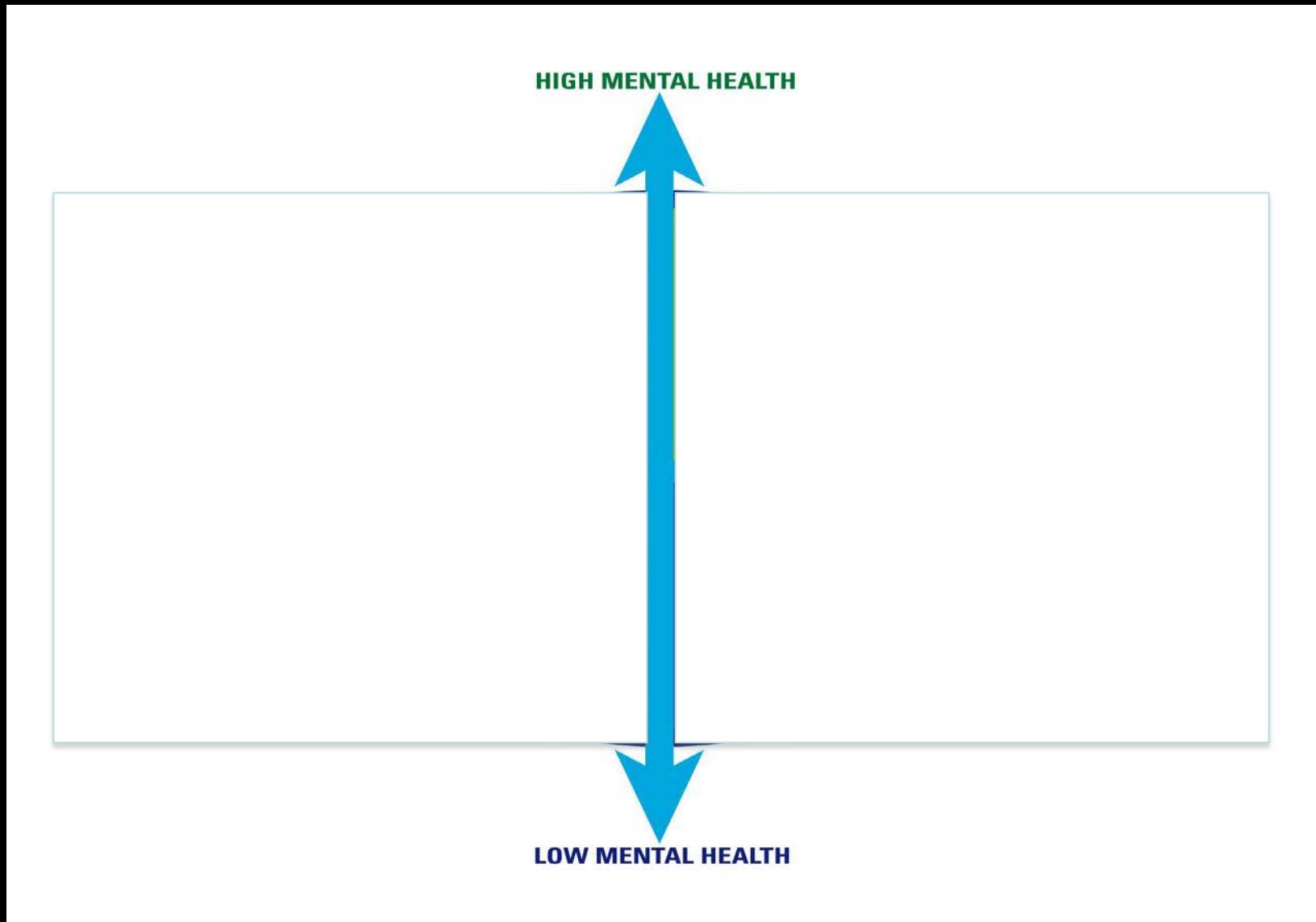


Two Continua?

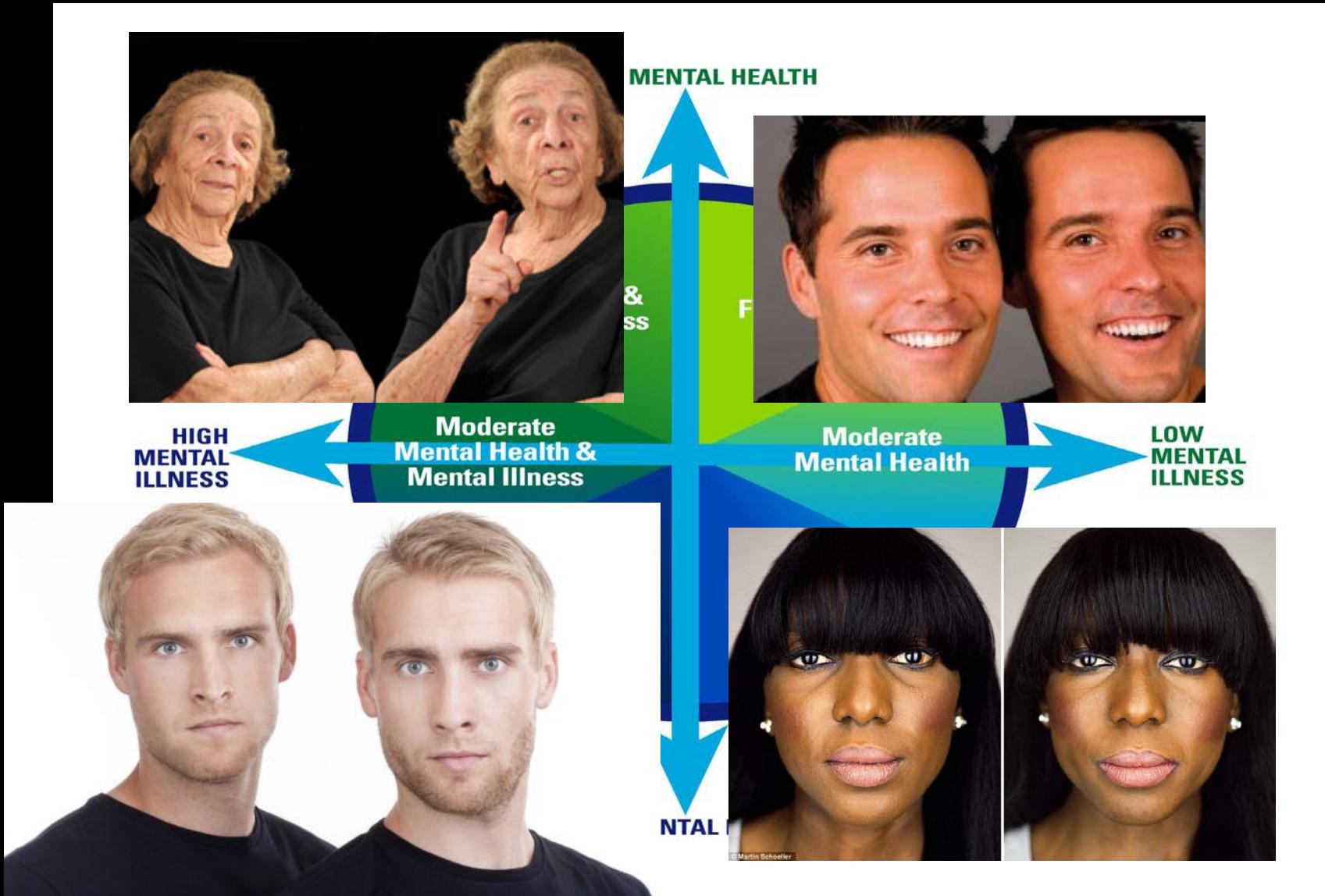
Two Continua Model



Two Continua Model



Two Continua Model



The absence of mental illness does not mean everyone is flourishing.



87%



13%



**Any Mental
Illness**

**No Mental
Illness**



Flourishing

Moderate

Languishing



Any Mental
Illness

No Mental
Illness

Too much mental illness

Not enough mental health

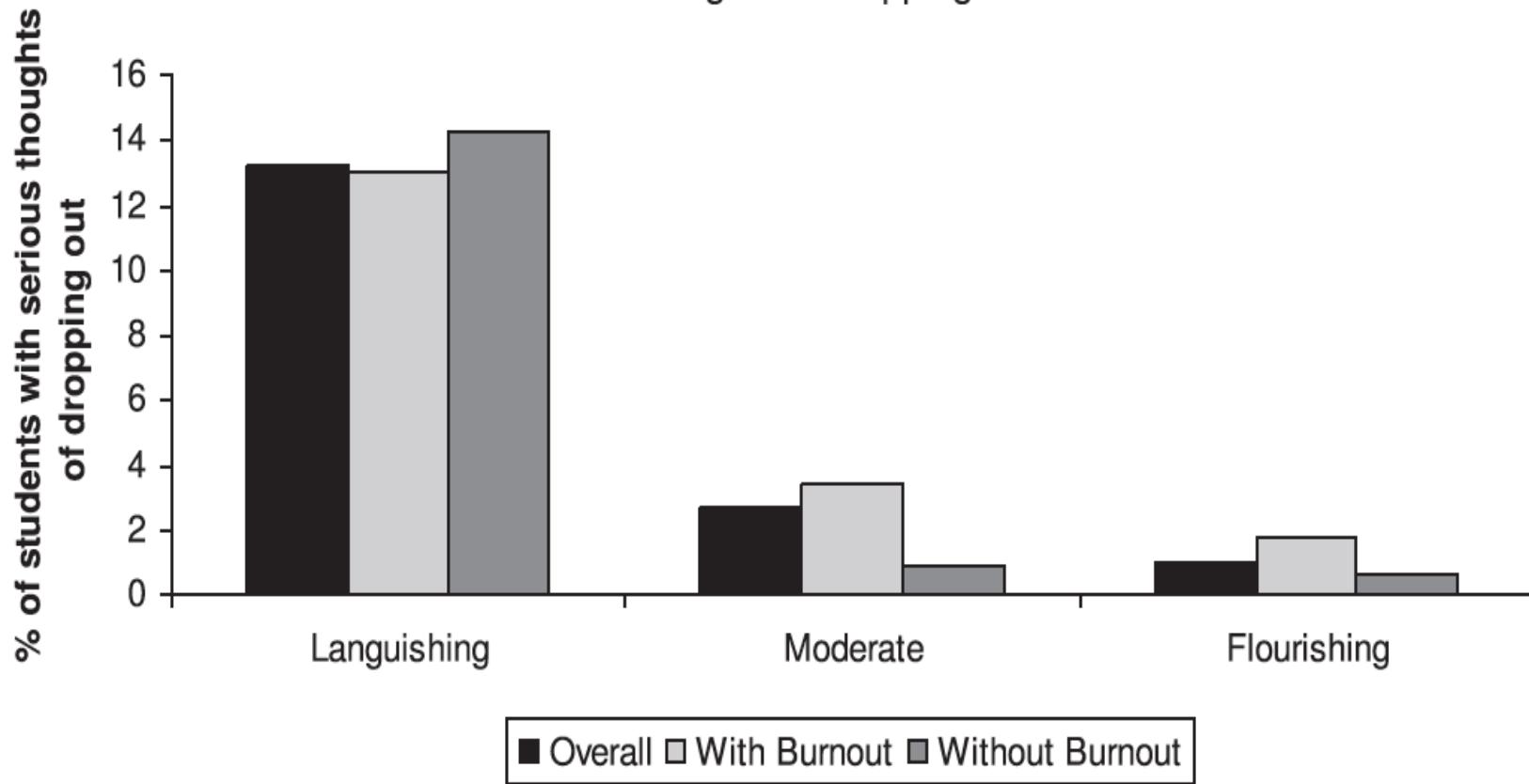
2

Anything less than flourishing
results in problems.

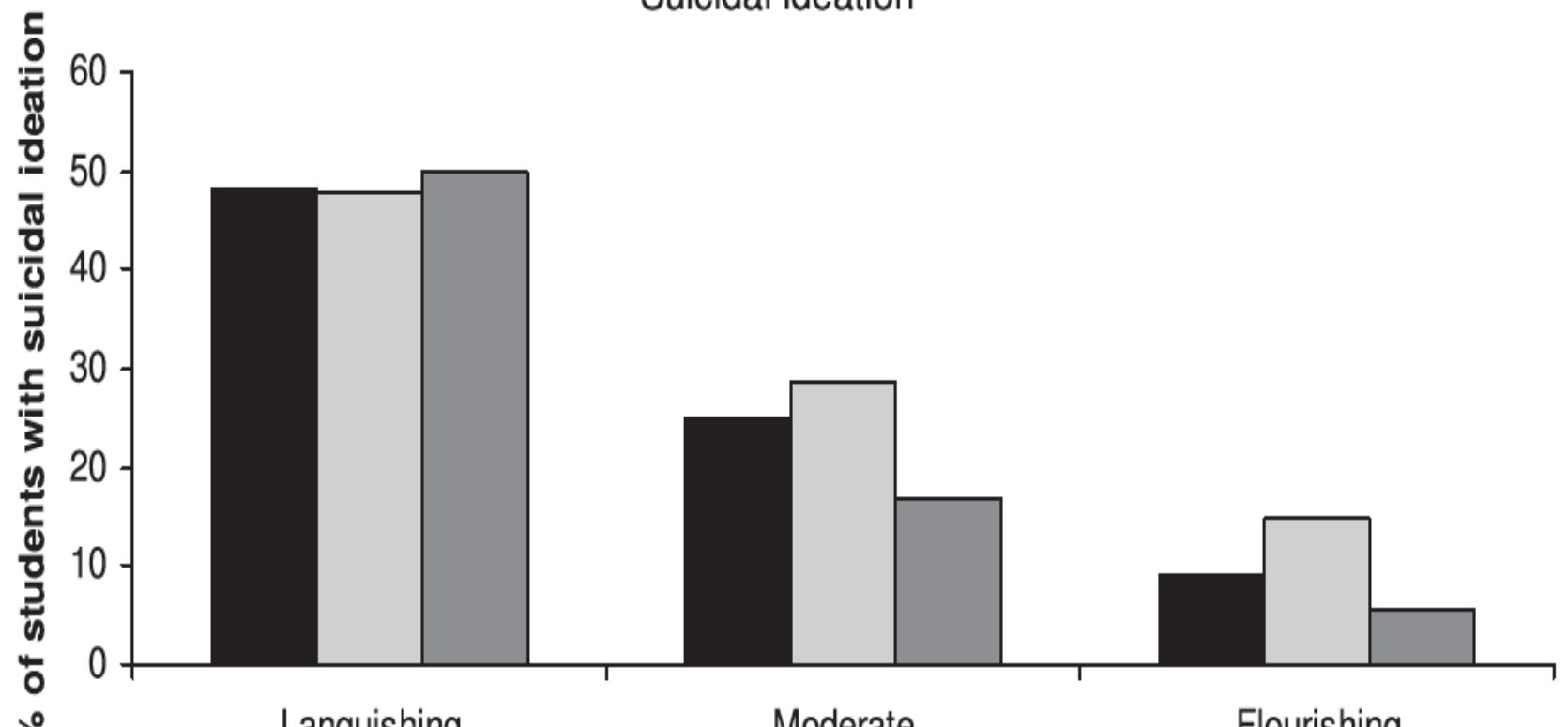
A Multi-institutional Study Exploring the Impact of Positive Mental Health on Medical Students' Professionalism in an Era of High Burnout

Liselotte N. Dyrbye, MD, William Harper, MD, Christine Moutier, MD, Steven J. Durning, MD, David V. Power, MD, F. Stanford Massie, MD, Anne Eacker, MD, Matthew R. Thomas, MD, Daniel Satele, Jeff A. Sloan, PhD, and Tait D. Shanafelt, MD

Serious thoughts of dropping out



Suicidal ideation



3

The absence of flourishing can be as bad as the presence of mental illness.

What's The Bigger Problem?

Avg. Workdays Missed Annually

281 x 22.8 = 6,407 days

1416 x 5.5 = 7,816 days

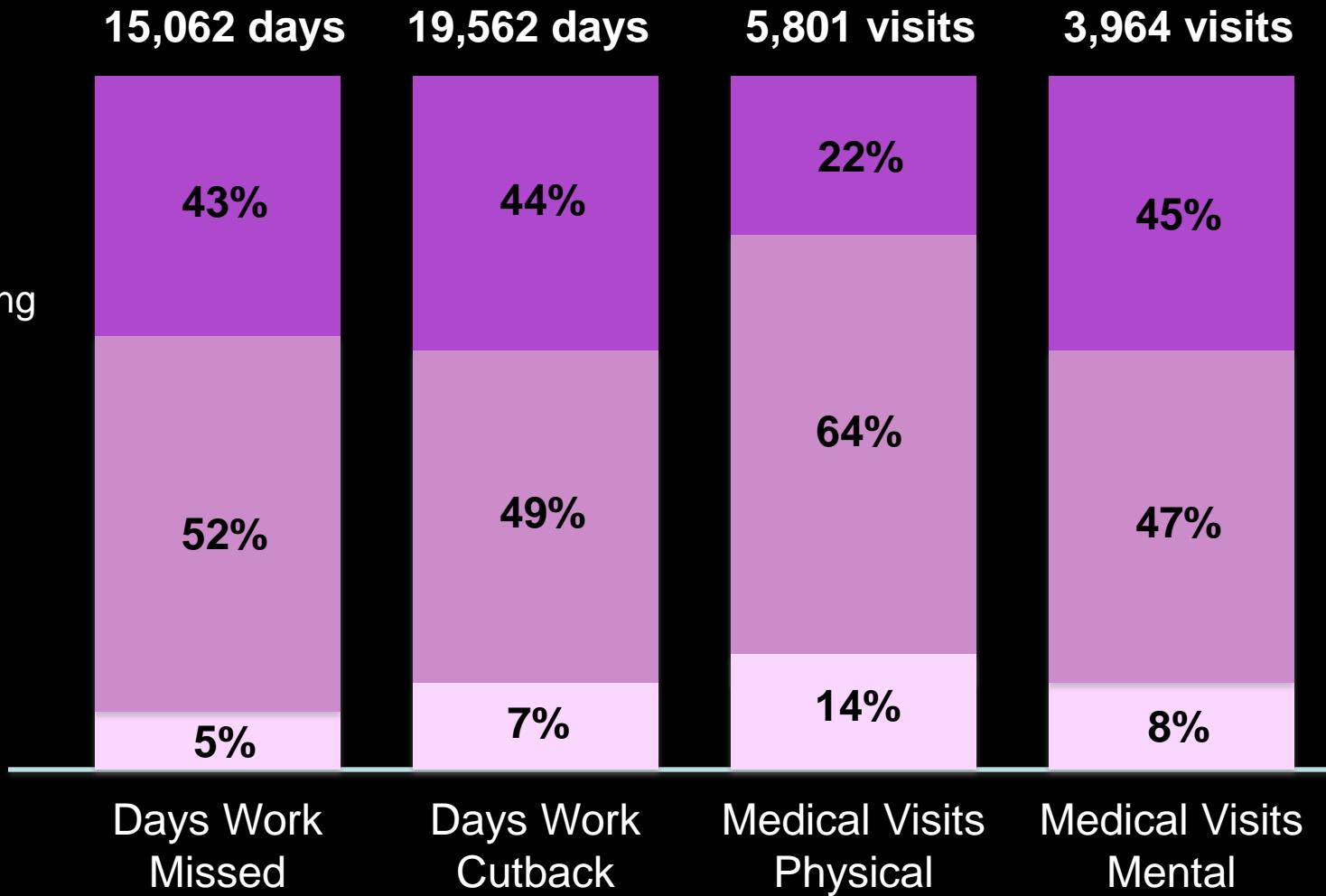
368 x 2.3 = 846 days

Depressed

Not Flourishing

Flourishing

What's The Bigger Problem?



4

Health may be more serious
than illness.

MENTAL HEALTH PROMOTION AND PROTECTION

Change in Level of Positive Mental Health as a Predictor of Future Risk of Mental Illness

Corey L. M. Keyes, PhD, Satvinder S. Dhingra, MPH, and Eduardo J. Simoes, MD, MSc, MPH

The debate is no longer about whether mental illness is a public health issue,¹⁻⁴ but about what can reduce the prevalence of, and suffering from, mental illness. The *de facto* approach of mental illness treatment⁴ and prevention through risk reduction has not reduced the prevalence, burden, or early onset of mental disorder.^{5,6} A

Objectives. We sought to describe the prevalence of mental health and illness, the stability of both diagnoses over time, and whether changes in mental health level predicted mental illness in a cohort group.

Methods. In 2009, we analyzed data from the 1995 and 2005 Midlife in the United States cross-sectional surveys ($n=1723$), which measured positive mental health and 12-month mental disorders of major depressive episode, panic, and generalized anxiety disorders.

Well-Being and the Risk of Depression under Stress

Faren Grant¹, Constance Guille², Srijan Sen^{3*}

1 Department of Psychology, University of Maryland Baltimore County, Baltimore, Maryland, United States of America, **2** Department of Psychiatry, Medical University of South Carolina, Charleston, South Carolina, United States of America, **3** Department of Psychiatry, University of Michigan, Ann Arbor, Michigan, United States of America

Abstract

Improving our ability to accurately predict individual risk for depression would have profound public health benefits. While there has been growing interest in understanding the relation between measures of positive emotion, such as well-being, and depression, it is not clear whether low well-being is an independent predictor of short term depression risk. We assessed whether low well-being is a risk factor for depressive symptoms. Medical internship is a well-established period of stress when levels of depressive symptoms increase dramatically. 1621 individuals beginning medical internship were assessed for well-being, depressive symptoms, and a set of psychological and demographic traits prior to starting internship year and again for depressive symptoms at 3 month intervals during the year. Low subjective well-being significantly predicted increased depression symptom scores during the stress of medical internship and accounted for individual level inter-variability in depression symptom trends across time. Assessing well-being may have utility in predicting future depression risk.

Citation: Grant F, Guille C, Sen S (2013) Well-Being and the Risk of Depression under Stress. PLOS ONE 8(7): e67305. doi:10.1371/journal.pone.0067305

The bidirectional relation between positive mental health and psychopathology in a longitudinal representative panel study

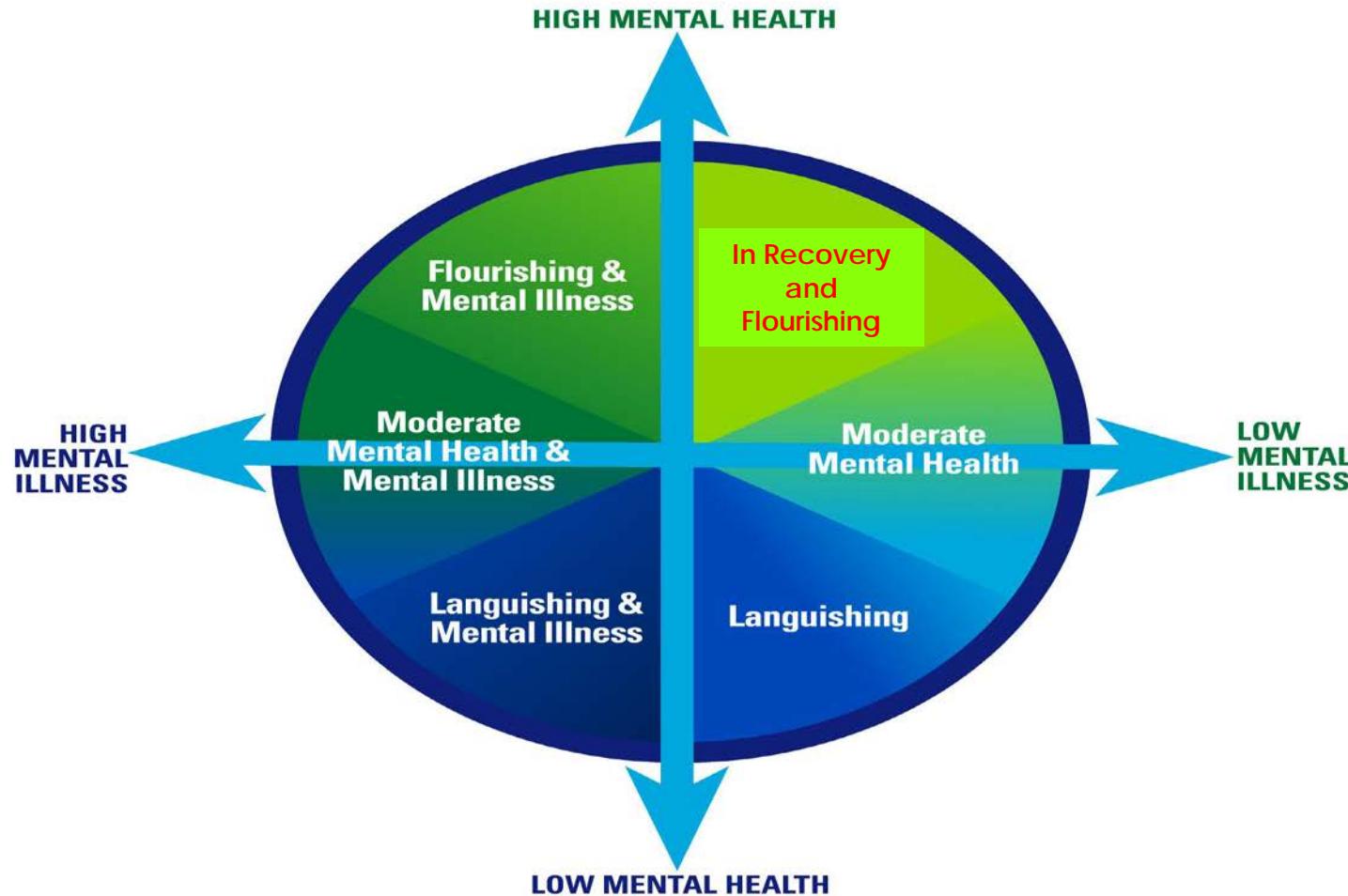
Sanne M.A. Lamers^{a*}, Gerben J. Westerhof^a, Cees A.W. Glas^b and Ernst T. Bohlmeijer^a

^a*Psychology, Health, & Technology, University of Twente, P.O. Box 217, 7500 AE Enschede, The Netherlands;* ^b*Research Methodology, Measurement and Data Analysis, University of Twente, Enschede, The Netherlands*

(Received 12 May 2014; accepted 14 January 2015)

Background: There is accumulating evidence that positive mental health and psychopathology should be seen as separate indicators of mental health. This study contributes to this evidence by investigating the bidirectional relation between positive mental health and psychopathological symptoms over time. *Methods:* Positive mental health (MHC-SF) and psychopathological symptoms (BSI) were longitudinally measured in a representative adult sample ($N=1932$) on four measurement occasions in nine months. A cross-lagged panel design was applied and evaluated with a latent growth model combined with an item response theory measurement model. *Results:* Psychopathological symptoms were longitudinally related to positive mental health and vice versa, controlling for initial levels. The changes over time were even more important than the absolute levels of psychopathological symptoms and positive mental health, respectively. *Conclusions:* The results underline the need for a comprehensive perspective on mental health, incorporating both the treatment of symptoms and the enhancement of well-being.

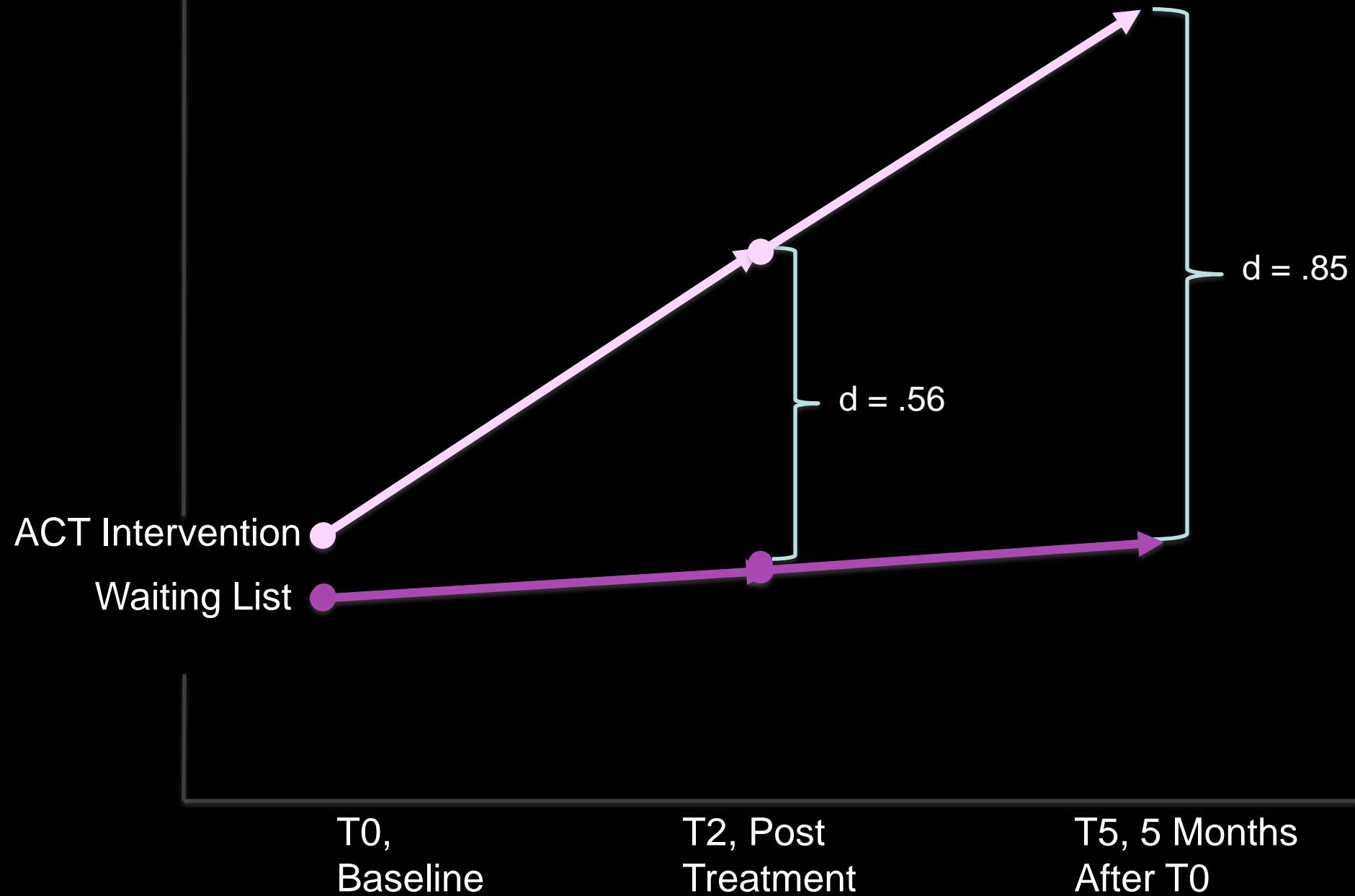
Complete Recovery



Mental Health Promotion as a New Goal in Public Mental Health Care: A Randomized Controlled Trial of an Intervention Enhancing Psychological Flexibility

Martine Fledderus, MSc, Ernst T. Bohlmeijer, PhD, Filip Smit, PhD, and Gerben J. Westerhof, PhD

MHC-SF



Acceptance and commitment therapy as guided self-help for psychological distress and positive mental health: a randomized controlled trial

M. Fledderus^{1*}, E. T. Bohlmeijer¹, M. E. Pieterse¹ and K. M. G. Schreurs^{1,2}

¹ University of Twente, Faculty of Behavioural Sciences, Department of Psychology, Health and Technology, Enschede, The Netherlands

² Roessingh Rehabilitation Centre, Enschede, The Netherlands

RESEARCH PAPER

Flourishing, languishing and moderate mental health: Prevalence and change in mental health during recovery from drug and alcohol problems

Breanna Joy McGaffin¹, Frank P. Deane¹, Peter J. Kelly¹, and Joseph Ciarrochi²

¹Illawarra Institute of Mental Health, University of Wollongong, Wollongong, Australia and ²Institute for Positive Psychology and Education, Australian Catholic University, Strathfield, Australia

% Flourishing

Abstinent

Used

