

# Wellbeing policy in Australia and New Zealand

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## What is 'wellbeing'?

The term 'wellbeing' is becoming more popular in media, general discourse, and in academic literature. A systematic understanding of wellbeing is imperative as research and policy rely on such conceptualisations. In plain language, the hedonic approach encapsulates "feeling good" and the eudaimonic approach encapsulates "functioning well"; **so wellbeing is "feeling good and functioning well"**. Wellbeing is also more than the absence of illness or dysfunction, but incorporates the presence of positive aspects (e.g., positive emotions, strengths use, a sense of meaning in life, etc.) that are needed for a good life and for recovery.

Beyond conceptualisation of the multidimensional nature of wellbeing, there is also the tricky issue of measuring 'wellbeing' *per se*. Consideration of these issues are relevant when the question remains as to how best apply or consider 'wellbeing' in the policy arena. Such clarity underpins the use of wellbeing in policy.

## Investigating wellbeing policy in Australia and New Zealand

We conducted two reviews, 1) one to identify government policies in New Zealand and Australia that addressed wellbeing (rather than ill-being), and 2) the second to identify literature reports of wellbeing and policy in legislation or organisations in both countries.

The first review of governmental policies searched the two government websites in Australia and New Zealand. The second review systematically searched electronic databases (e.g., Scopus; Pubmed) without date limiters up to December 2015 to identify reports of policy and wellbeing in Australia or New Zealand within the literature.

**The results from review one for New Zealand indicated 162 wellbeing policies. For Australia, 609 policies.** Such difference in numbers of policies identified should be expected given the population size difference between Australia (23.97 million) and New Zealand (4.65 million) at the time of the search.

## What do we want for our countries?



## Wellbeing policy in New Zealand

The impact of wellbeing policy within New Zealand is evident, for example in populations related to mental health (Mental Health Commission, 2012), children and youth (e.g., Witten, Kearns and Carroll, 2015), Pacific families living in New Zealand (e.g., Families Commission, 2009), and immigrant's (e.g., Horner and Ameratunga, 2012).

It is evident because wellbeing in New Zealand is mandated in legislation (e.g., New Zealand Local Government Act, 2002; Mental Health Compulsory Assessment and Treatment Act 1992; Children, Young Persons, and Their Families Act 1989; Vulnerable Children Act 2014; Privacy Act 1993), with indicator-monitoring reports addressing social, economic, environmental and cultural conditions, and various projects demonstrating implementation related to this legislation.

For example, the recent Ministry of Social Development's publication of Family Wellbeing Guidelines (2015) seeks to guide the Ministry's providers to achieve the two long-term goals of 1) safe and socialised children and young people with a strong sense of identity and wellbeing, and 2) family (whānau) are equipped to care for and protect their own children and young people. Furthermore, the Ministry of Social Development have also published Towards Wellbeing Service Specifications (2015) with a vision of reducing the numbers of children and young people at risk of suicide and increasing their wellbeing and mental health.

As a backdrop to such initiatives and policies, significant contextual influences include The Treaty of Waitangi (1840), considered a founding constitutional document of New Zealand (Durie, 2005).

**Our review has highlighted many examples of wellbeing policy in New Zealand**, and also that this increasing trend of a wellbeing focus in policy is a relatively recent phenomenon.

## Wellbeing policy in Australia

Australia has experienced considerable structural reforms of the health care system with a shared model of legislative and regulatory power between federal, state/territory, and local governments, and like New Zealand, private health care supplements public health care.

**There is much policy development in Australia related to wellbeing**; this is evident in various populations such as Aboriginal and Torres Strait Island residents (see Health Workforce Australia, 2014); and related to mental health (see Whiteford and Groves, 2009), people living with disabilities (see Tilley, Hills, Bruce and Meyers, 2002), children and adolescents (see Lawrence et. al., 2015), and single mother families (Grahame and Marston, 2012).

As an example, in relation to mental health, the Australian Department of Health programmes have a significant presence of 'wellbeing', e.g. 3,120 documents match for a search on wellbeing.

What Australia and New Zealand share is a growing interest in considering the impact of policies on health, wellbeing and equity.

## Conclusions

**Wellbeing policy provides great opportunity to have large impacts on wellbeing, mental health, and recovery.** In order to capitalise on this opportunity, there are a range of challenges moving forward.

**Firstly**, different policy users (e.g., policy-makers, researchers and community development stakeholders) need to be aware and learn from each other's experience of conceptualising wellbeing and incorporating wellbeing into policy, or utilising the end results from such policy. **Secondly**, there is a significant opportunity for further advances in conceptualising wellbeing in policy development. **Lastly**, whilst there is existing shared interest in considering and measuring the impact of policies on health, wellbeing and equity, there remains a paucity in validated outcome measures for thorough investigation in this area.

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Jarden, R., Jarden, A., and Oades, L. (2015). *Wellbeing policy in Australia and New Zealand*. In M. Slade, L. Oades, and A. Jarden (Eds.), *Wellbeing, recovery and mental health*. Cambridge University Press.

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