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PG Cert/PG Dip/MSc Assessment

**********, Mental Health in the Community: Coursework essay submission**

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Quality of Life: Societal foundations

Throughout history, Quality of Life (QOL) is a topic that has seemed fairly straightforward. More often than not, professional and common thinking is that by meeting basic needs, a basic level of QOL will also be met. Furthermore, that if additional material desires are met beyond the basic needs, there will be a proportional increase in QOL. Both professionals and laypersons are finding that the latter point is not always the case and that, when it comes to excessive materialism the reverse may be true. In many developed nations, there have never been more options available when it comes to material items and basic needs for most have been met. Diener & Seligman (2004) make an important point that sheds light on this perspective regarding QOL. That for many nations, things have never been better objectively speaking. Death from war is at a record low, citizens have a plethora of entertainment, and basic needs for many are by and large met whether it be through self-support or welfare programs. This is not the case for everyone, nor is it true for developing nations but for the majority living in those nations "at the top" so to speak, this is true. Considering the fact that people are well off objectively, it leads one to wonder why mental health is at an all-time low and mental disorder at an all-time high.

Twenge, J., & Nolen-Hoeksema, S. (2002) conducted a meta-analysis to better understand factors that affect recent measurements of child and adolescent depression, specifically studies that have used the Child Depression Inventory (CDI). What they found is that individuals in each successive generation, have a greater propensity toward depression among other mental disorders. The most common rationalization for this is that the collective professions within mental

health have pathologized normal behaviour and have become overly inclusive when diagnosing mental disorders. Diener & Seligman (2004) defend the findings by identifying the types of questions being asked; the questions are directed toward personal subjective assessment of well-being (i.e. How often are you sad? Do you have thoughts of self-harm?) not necessarily diagnostic criteria but personal assessments of well-being. This indicates that people's experience is qualitatively worse than previous generations. Furthermore, multiple studies observe increases in suicide which is unquestionably indicative of an increase in mental disorder and decrease in mental health. (Abbasi, 2018) (Roh, Jung, & Hong, 2018) What this tells us is that beyond meeting basic survival needs, humans require fulfilment in ways that are more meaningful than what is currently considered.

QOL is considered a highly subjective area, to the point where many believe that it is impossible to define it objectively at all. For those that do believe it can be defined there are many contexts in which QOL can be considered leading to a wide variety of indicators of QOL. Barcaccia, Esposito, Matarese, Bertolaso, Elvira, & Marinis (2013) attempt to describe and understand the plethora of studies that attempt to define QOL for use in their respective field. In medicine the term Health Related Quality of Life (HRQL/HRQoL) has recently gained popularity and many have attempted to devise a reliable set of indicators to measure HRQoL. Common indicators include physical aspects such as restored function, treatment efficacy, severity of side effects; subjective aspects include quality of staff bedside manner, visiting hours, and the individuals own satisfaction with the circumstances.

Subjective well-being (SWB) is a term that has been tossed around as a measurement that is used either an indicator of QOL or is considered to be

synonymous with it. The International Wellbeing Group (2013) referenced a single item metric for SWB which was overall life satisfaction. Overall life satisfaction, determined by an individual, is an entirely subjective and highly personal way of measuring SWB which if this were an indicator of QOL, again eludes to the highly subjective nature of QOL. Each person has their own value system and priorities which nullifies any perceived standard. Economics is another major field of study that attempts to create reliable indicators of QOL; common indicators that represent this field are access to potable water, food, education, shelter, financial wealth, and material goods. The indicators found in economics tend to be synonymous with the layperson's view of QOL although professionals are finding that this does not capture a full picture of QOL for most. Lastly, Ruta, Camfield, & Donaldson (2007) provide a very uncommon but intriguing view of QOL consisting of the difference between one's capability and expectation. Carol Dweck wrote the book "Mindset: The New Psychology of Success" which tends to echo this view of QOL. In this book she references individuals who have been driven to suicide due to their inability to see growth potential, yet they are fully aware of how incapable they are in comparison to expectations of themselves. This perspective is incredibly valuable when considering QOL but seems to be a bit too narrow when it comes to conceptualizing QOL.

In virtually every approach to QOL there is difficulty in separating indicators from the theories that suggest their use. The theories are intended to be descriptive rather than prescriptive although some professionals claim to disagree with theories when they are actually in disagreement with the indicators in a particular context. It is worth noting that some indicators tend to be applied in multiple paradigms. Furthermore, the indicators more often than not are devised

by one or more individuals with a highly idiosyncratic value system rendering the indicators less useful at scale. There are nonetheless major theoretical paradigms that attempt to describe QOL within their own context.

Sirgy (2011), consolidates the many QOL indicator projects into six major theoretical paradigms. An abbreviated literature review of his work would be useful in setting the foundation for understanding QOL. The first paradigm, which is pervasive globally especially in industrialized nations, is the socio-economic QOL paradigm. In the socio-economic context aspects of life such as income (societal average and distributed), national GDP, prevalence of small business, stocks, employment/unemployment, education, capital, and the like are used as indicators to measure QOL. Certainly, a useful set of indicators, especially when applied to developing nations. A second paradigm that Sirgy (2011) refers to as personal utility tends to be applicable at the communal level; indicators such as crime rate, medical services, education, environmental conditions (natural and man-made), cost of living, are common indicators. This paradigm also encompasses indicators developed within positive psychology; things such as meaning, purpose, engagement, again highly subjective qualities that are incredibly important when it comes to QOL. (Seligman, 2018) Gross Domestic Happiness is an index used in Bhutan which demonstrates this paradigm. (Oxford Poverty & Human Development Initiative, n.d.) Just society is the third paradigm mentioned which encompasses a sense of fairness within a society; is the top as vulnerable to legal ramifications as the bottom and does society work toward improving the lives of the bottom or disadvantaged. Human development is the fourth paradigm mentioned, which is largely based on Maslow's Hierarchy of Needs. The concept is that QOL can be broken down into lower and higher order needs; the former encompasses basic

survival needs while the latter references higher order needs such as meaning, purpose, and the like. This theoretical paradigm highlights the contextual difference between developing and industrialized nations which would be useful in guiding the application of indicators. The QOL theory of Sustainability is described exactly as it sounds; how can society be constructed in order to maintain order and forward progress for a seemingly endless number of generations. The Sustainability paradigm is applicable globally but might miss the mark in terms of measuring SWB. Lastly, the paradigm of Functioning was described briefly by Sirgy (2011); this last paradigm is the most vague and difficult to grasp, likely making it difficult to measure. Capabilities are described in this paradigm as the freedom of choice whereas functioning would be a range of possible choices. Certainly, an important concept to include when considering QOL as it emphasizes the importance of individual freedom and the prevalence of social mobility.

There is a mounting imperative to make the measurement of QOL a primary concern among industrialized nations. The reason for this is due to the increasing rates of mental and neurologic disorder; what is particularly alarming are the increasing rates of Major Depressive Disorder (MDD) and suicide. Again, many professionals believe there has been a pathologizing of normal behaviour in the field of mental illness. What is occurring is a blurred line between undesirable mental states and mental disorder; mental health is a gradient making it particularly difficult to identify where a person may lie on the scale of well-being and illness. An example in the realm of physical health is useful; a person can be healthy for the most part and in a moment break their arm resulting in physical disorder. The person may have had weak bones due to a sedentary lifestyle making them far more susceptible to a break in the structure. This person is still healthy in

a more general sense and they may still exercise with limitations while attending physical therapy for the broken bone. Simultaneously, this person is considered healthy but, with a very particular disorder in a particular part of the body; this person is engaging in physical fitness to improve their well-being while attending physical therapy to rectify a disorder. By measuring QOL policy makers and researchers will be able to make decisions with the intention of improving the lives of all individuals. There would likely be a significant reduction in labelled disorder due to a shift in the mental health gradient. Individuals who did not have true pathology would have noticeably improved lives. Likewise, those that truly have mental illness would have improved lives due to the improved competence of healthy minded individuals.

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