

SUBJECTIVE WELLBEING

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Subjective wellbeing refers to people's emotional health, ability to live full and creative lives, and capacity to deal with life's challenges [1]. It is a positive concept, meaning that subjective wellbeing can also be defined as flourishing, where people are engaged with life, and have a sense of meaning and purpose [2]. Having high levels of subjective wellbeing can positively affect most dimensions of people's lives: family and friendships, employment, education, physical health, and life expectancy [3]. Subjective wellbeing is influenced by a wide range of circumstances, events, and policies.

Subjective wellbeing includes strengths-based concepts such as resourcefulness and resilience. Major local events such as the Canterbury earthquakes and the Christchurch mosque attacks of March 2019 can, and often do, have a negative impact on wellbeing [4,5]. Similarly, the impact of such events may be apparent in community-level data, as are presented here. However, over time, those experiencing mild psychological reactions should be able re-establish good levels of wellbeing if they receive basic support [6-8]. The recovery process can take 5 to 10 years or longer [9].

Key trends within subjective wellbeing

Currently, more than eight out of ten respondents (81.6%) to the Canterbury Wellbeing Survey rate their overall quality of life as good or extremely good. The overall upward trend is statistically significant (starting from 73.5% in 2012), although a general pattern of decline in quality of life is apparent since 2019. After a statistically significant increase in emotional wellbeing (as measured by mean score on the WHO-5 scale) between 2013 and 2018, (mean score of 15.4 points in 2018 compared to 13.8 points in 2013), the mean emotional wellbeing score has decreased slightly in 2019, 2020, and 2022 (14.9).

There has been a statistically significant downward trend in self-reported stress over the last several years. However, the 2022 result shows a statistically significant increase in the proportion of respondents experiencing stress, compared with the 2019 result (73.1% in 2022 up from 67.9% in 2019). The 2022 result indicates that the proportion of respondents experiencing stress is similar to that last seen in 2016. In the 2021 New Zealand General Social Survey, 87.0% of Canterbury respondents rated their sense of purpose highly (7 or more out of 10 on the 'life worthwhile scale'); relatively unchanged from the previous result and similar to New Zealand overall. Finally, family wellbeing showed an increase between 2018 and 2021 for Canterbury respondents (87.4% rating their family wellbeing as 7 or more out of 10 in 2021, up from 82.4% in 2018) while the proportion remained stable at 82.6% for New Zealand overall over this period.

Key equity issues within subjective wellbeing

The proportion of those rating their quality of life as good or extremely good has generally been higher for European respondents, compared with Māori and Pacific/Asian/Indian respondents. At least in part, this is likely to be driven by household income levels, as the results show income to be strongly positively related to overall quality of life.

The levels of emotional wellbeing indicated by Māori respondents have generally been lower than those for European and Pacific/Asian/Indian respondents, but not significantly different in more recent results. There is also a pattern of higher emotional wellbeing scores for male respondents compared with female respondents, and for those without a disability or long-term health condition.

What this means for wellbeing

The overall picture for subjective wellbeing in greater Christchurch is mixed, with noteworthy improvements in the quality of life, emotional wellbeing, and stress indicators through until 2019.

A number of indicators have declined in the November 2022 Canterbury Wellbeing Survey, which may reflect the negative impacts of the COVID-19 pandemic on subjective wellbeing, as well as the effects of the increasing cost of living, alongside other factors.

Indicators in this domain

- **Quality of life**
- **Emotional wellbeing**
- **Stress**
- **Resilience**
- **Sense of purpose**
- **Family wellbeing**

QUALITY OF LIFE

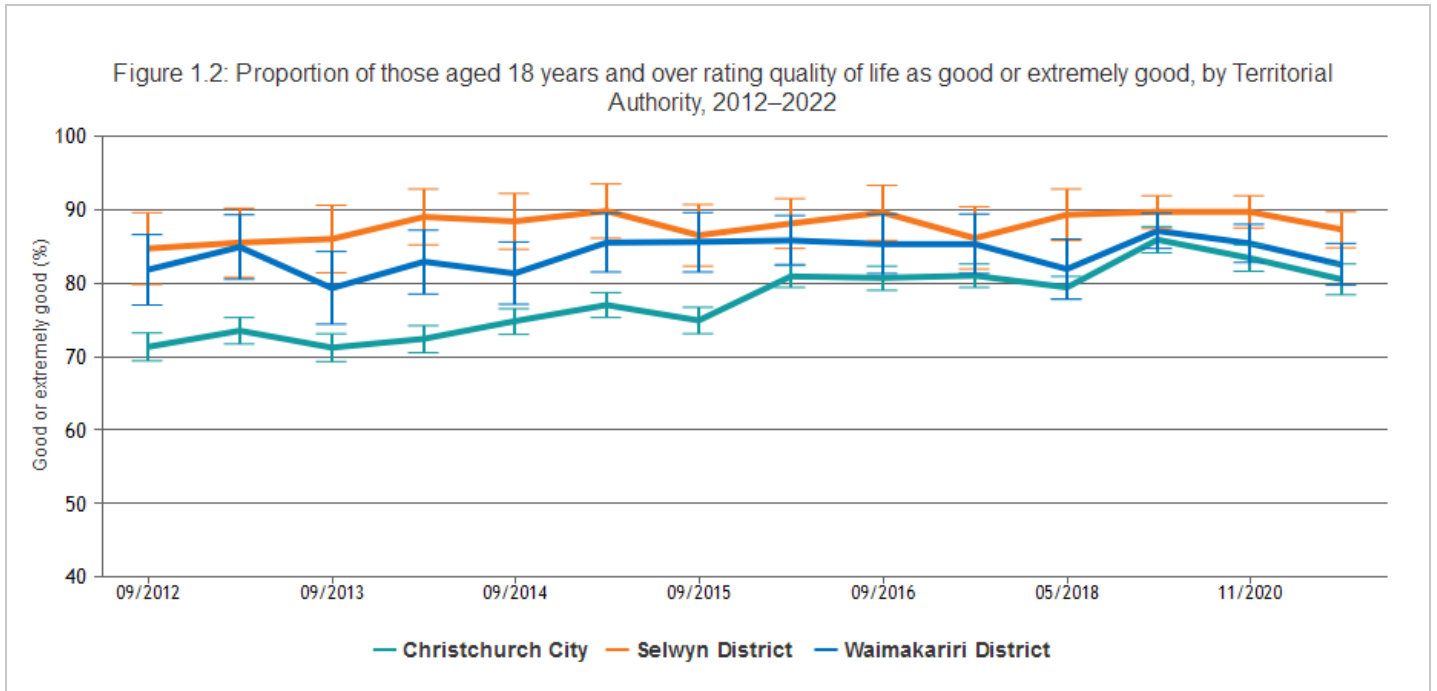
Overall quality of life refers to a person’s evaluation of their own circumstances and experience of life, which is shaped by their cultural, social and environmental context [10]. Overall quality of life is generally accepted to be more nuanced and complex than other health concepts such as health status, lifestyle, or life satisfaction [10]. Overall quality of life has been measured in the Canterbury Wellbeing Survey since 2012 [11].

This indicator presents the proportion of those 18 years and over indicating that their overall quality of life was good or extremely good, as reported in the Canterbury Wellbeing Survey.



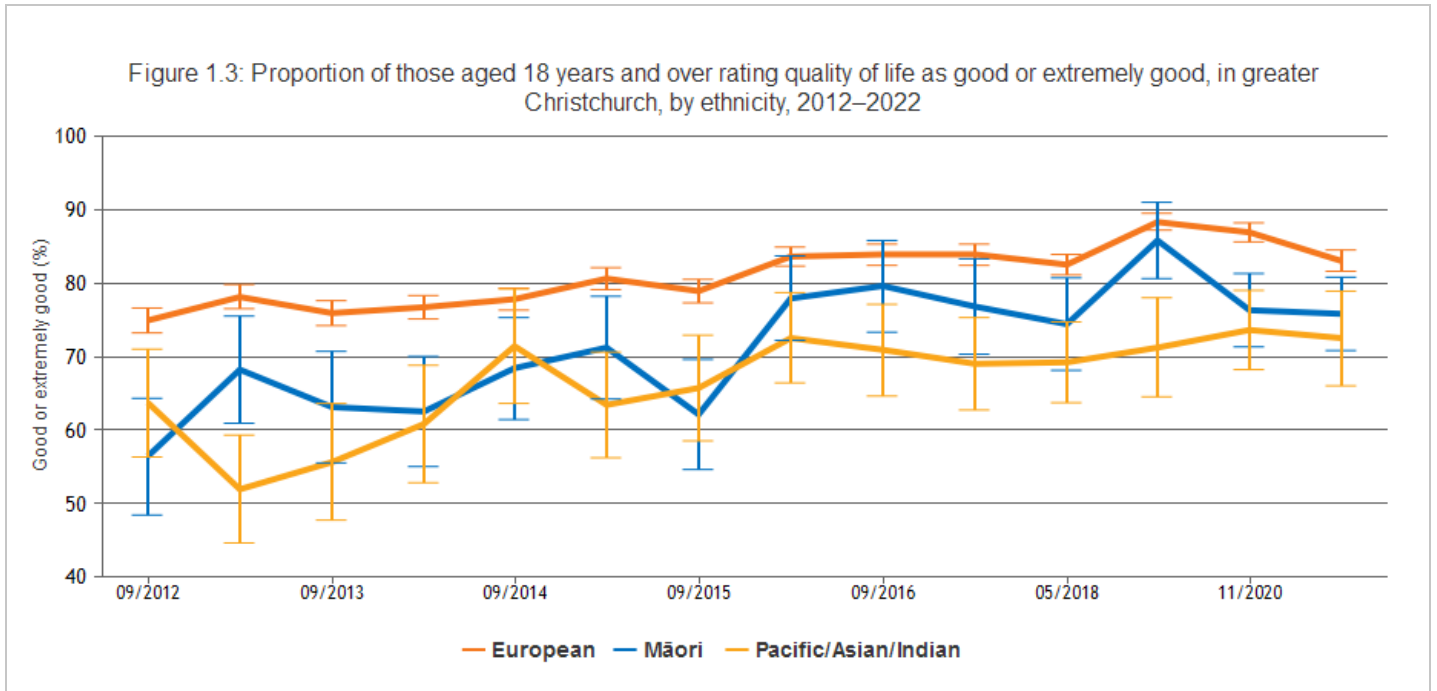
The figure shows an overall increase in self-reported quality of life (proportion of those rating their quality of life as good or extremely good) for greater Christchurch, between 2012 (73.5%) and 2022 (81.6%). The 2022 result is not statistically significantly different from the 2020 result, although, taken together, the 2020/2022 results show the first statistically significant decline in self-reported quality of life (compared with 2019) since the start of the time series in 2012. The general pattern of decline between 2019 and 2022 follows a period of incremental gains over the preceding six years.

Breakdown by Territorial Authority



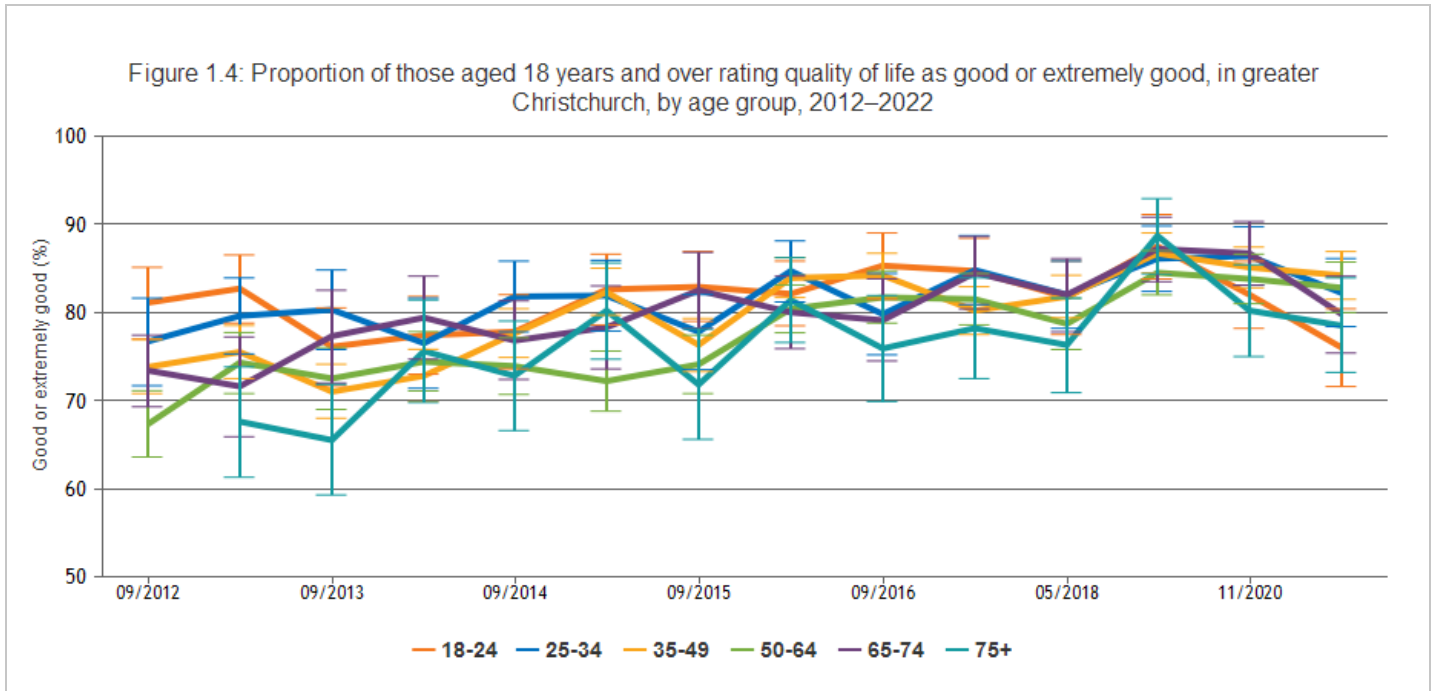
The figure shows that in the earlier years of the time-series, levels of overall quality of life (proportion of those rating quality of life as good or extremely good) were generally lower in Christchurch City, compared with Selwyn District and Waimakariri District (statistically significantly lower for Christchurch City compared with Selwyn District, 2012–2018 and 2020–2022; although similar to Waimakariri District from April 2016). However, there appears to be a pattern of convergence between the districts over the last six years (largely due to steadily increasing levels of overall quality of life for Christchurch City respondents). Note that these data are influenced by the different socioeconomic profiles of the three Territorial Authorities, with socioeconomic position being an important factor for quality of life.

Breakdown by ethnicity



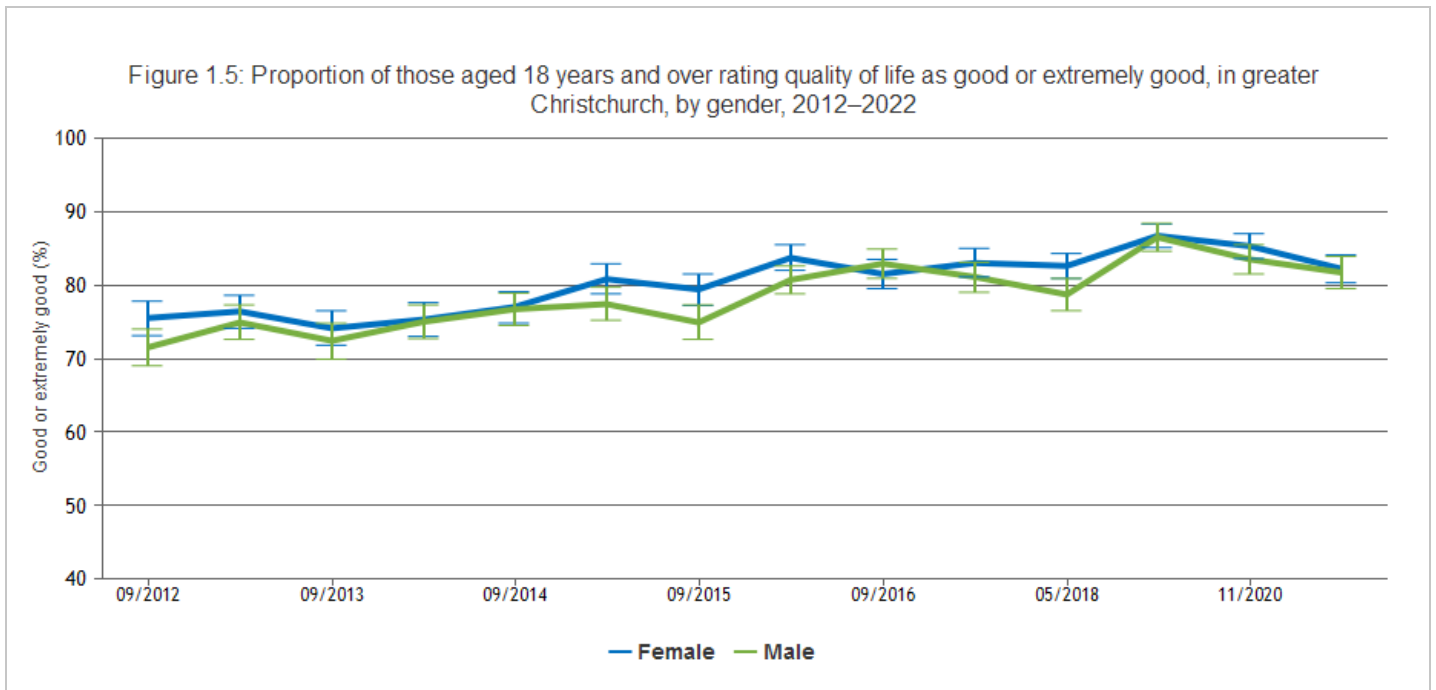
The figure shows that levels of overall quality of life (proportion of those rating their quality of life as good or extremely good) have generally been higher for European respondents, compared with Māori and Pacific/Asian/Indian respondents. This difference has been statistically significant for much of the time-series presented. In 2022, the proportion of European respondents rating their quality of life as good or extremely good remains statistically significantly higher than that for Pacific/Asian/Indian respondents (European, 83.0% compared with Pacific/Asian/Indian, 72.5%) and for Māori respondents, 75.8%). While there is some variability in the results for Māori (due to smaller absolute numbers in the survey sample) there appears to be an overall pattern of convergence of the proportion for Māori and European respondents over the last eight years (less so for Pacific/Asian/Indian respondents).

Breakdown by age



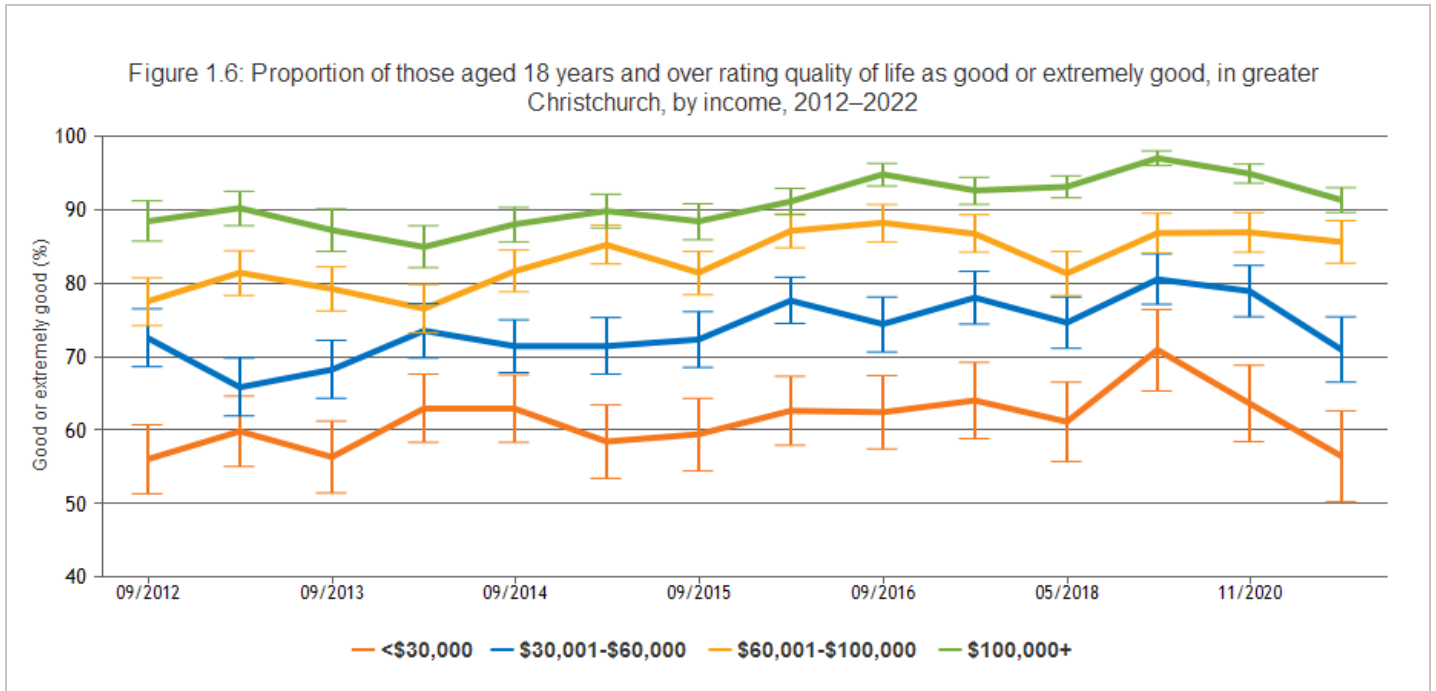
The figure shows a pattern of converging overall quality of life (proportion of those rating their quality of life as good or extremely good) for the age groups over the time-series. While there have been some statistically significant differences between young people and the older age groups, at some earlier time-points, there have been no statistically significant differences between any age groups since late 2016.

Breakdown by gender



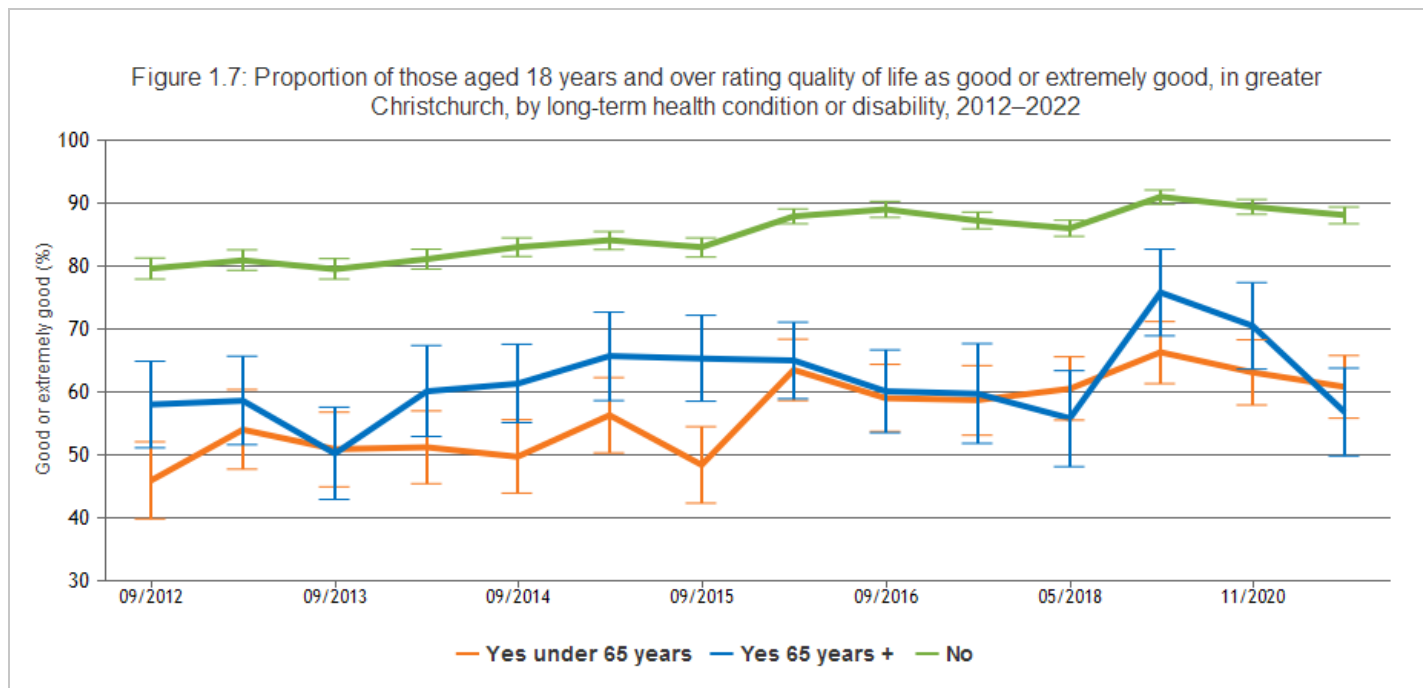
The figure shows a pattern of generally similar overall quality of life (proportion of those rating their quality of life as good or extremely good) for female and male respondents, over the period 2012 to 2022 (no significant differences at any time-point).

Breakdown by income



The figure shows a clear positive relationship between income and overall quality of life, with the proportion of those rating their overall quality of life as good or extremely good increasing with increasing annual household income. The differences between the four income groups shown in the figure have been statistically significant at most time-points across the time-series. In 2022, almost all (91.3%) of those respondents from the \$100,000+ income group rated their quality of life as good or extremely good, compared with 56.4 percent of those from the <\$30,000 income group (a large and statistically significant difference). The year-to-year differences in overall quality of life for the period 2019 to 2022 are generally not statistically significant, except for the \$100,000+ group (down from 94.9% in 2020 to 91.3% in 2022). Additionally, the lowest income group's quality of life appears to have declined notably (for the <\$30,000 group, 70.9% 2019 to 56.4% 2022).

Breakdown by disability



The figure shows lower levels of overall quality of life (proportion of those rating their quality of life as good or extremely good) for respondents with a long-term health condition or disability (both for the under- and over-65 groups), compared with those without a long-term health condition or disability, from 2012 to 2022. The substantial differences between the without a long-term health condition or disability group and each of the long-term health condition or disability groups have been persistent and statistically significant for all time-points in the series.

For 2022, the proportion of respondents rating their quality of life as good or extremely good was 60.8 percent for those aged under 65 years with a long-term health condition or disability, 56.8 percent for those aged 65 years and over with a long-term health condition or disability, and 88.1 percent for those without.

Data Sources

Source: Te Whatu Ora Waitaha Canterbury.

Survey/data set: Canterbury Wellbeing Survey to 2022. Access publicly available data from Te Mana Ora | Community and Public Health website www.cph.co.nz/your-health/wellbeing-survey/

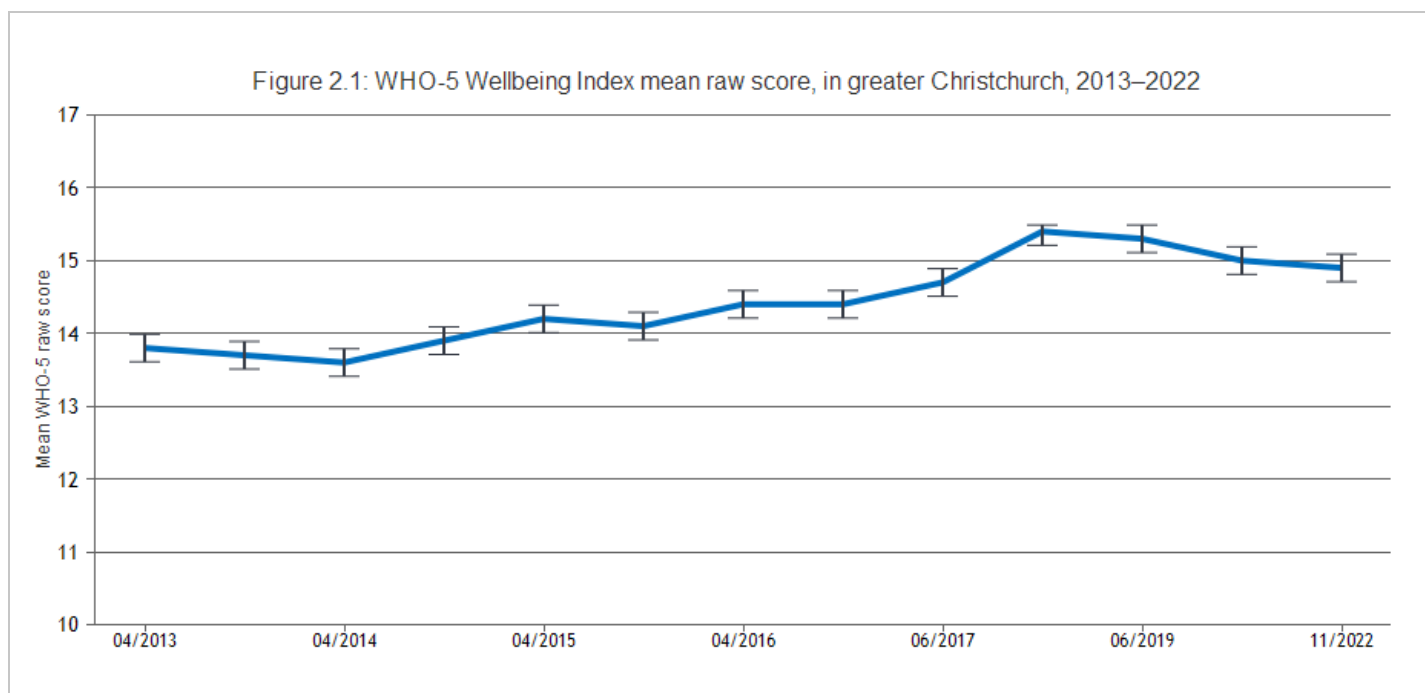
Source data frequency: Annually.

Metadata for this indicator is available at <https://www.canterburywellbeing.org.nz/index-data>

EMOTIONAL WELLBEING

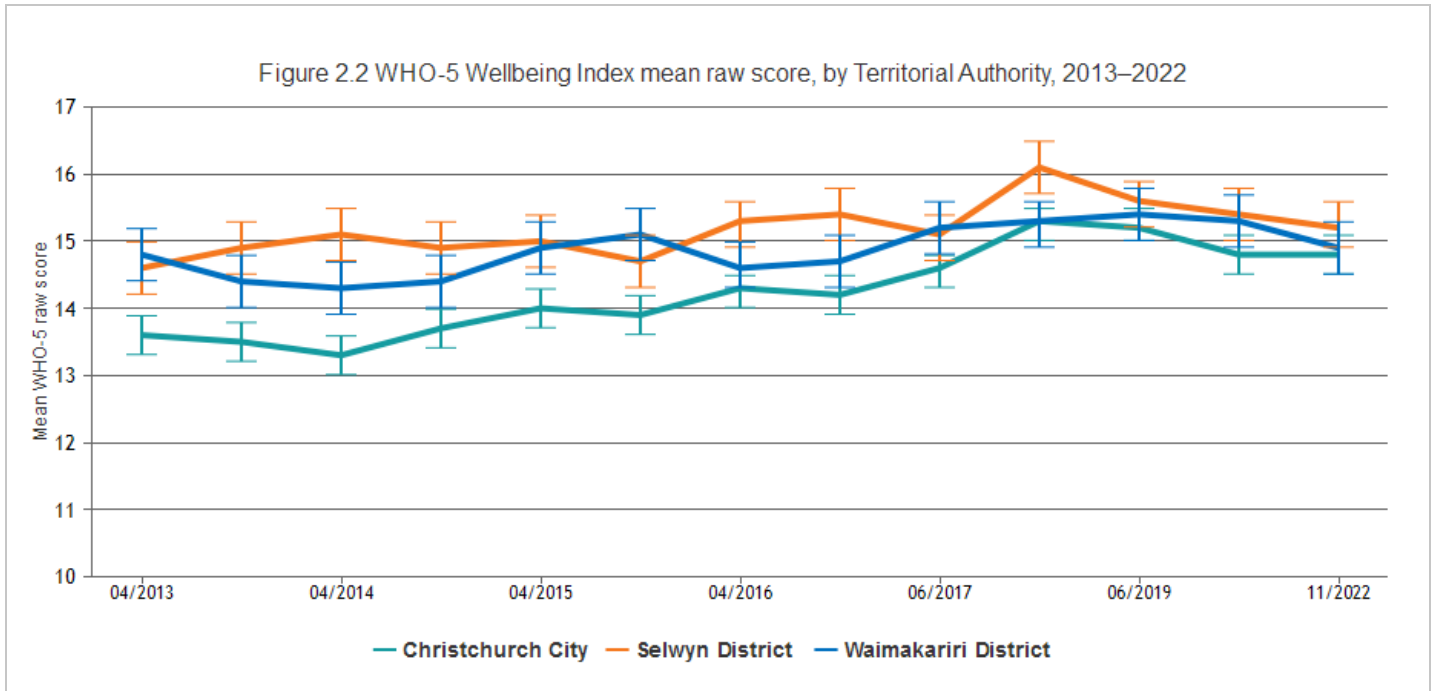
Emotional wellbeing is measured here using the five-question World Health Organization Wellbeing Index (WHO-5), which is a widely-used tool for assessing subjective wellbeing [12]. Respondents to the Canterbury Wellbeing Survey are asked to rate the extent to which each of five emotional wellbeing components (cheerful, calm and relaxed, active and vigorous, fresh and rested, and interest in daily life) has been present or absent in their lives over the previous two-week period.

This indicator presents the WHO-5 Wellbeing Index mean raw score for greater Christchurch respondents. The index is scored out of a maximum 25 points, with higher scores indicating better wellbeing.



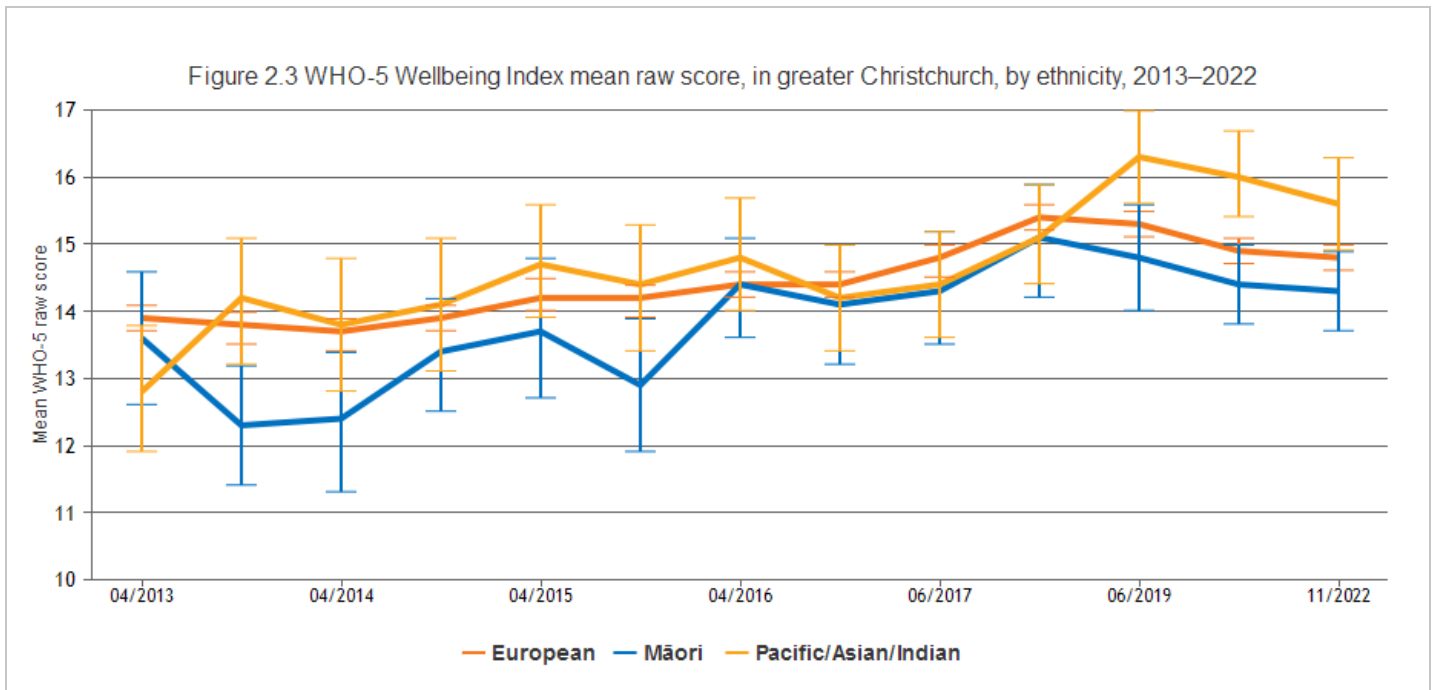
The figure shows that the emotional wellbeing of greater Christchurch residents (as measured by the WHO-5 Wellbeing Index) improved overall since 2013. After minor fluctuations between 2013 and 2015, the mean WHO-5 score increased to reach the highest levels to date, 15.4, in May 2018. While the mean WHO-5 score has decreased between 2019 and 2020, and 2020 and 2022, neither decrease is statistically significant. There is no suitable pre-earthquake or New Zealand WHO-5 data available for comparison, however, a representative, population-based survey of adults in the UK [12] found a WHO-5 mean raw score of 14.7.

Breakdown by Territorial Authority



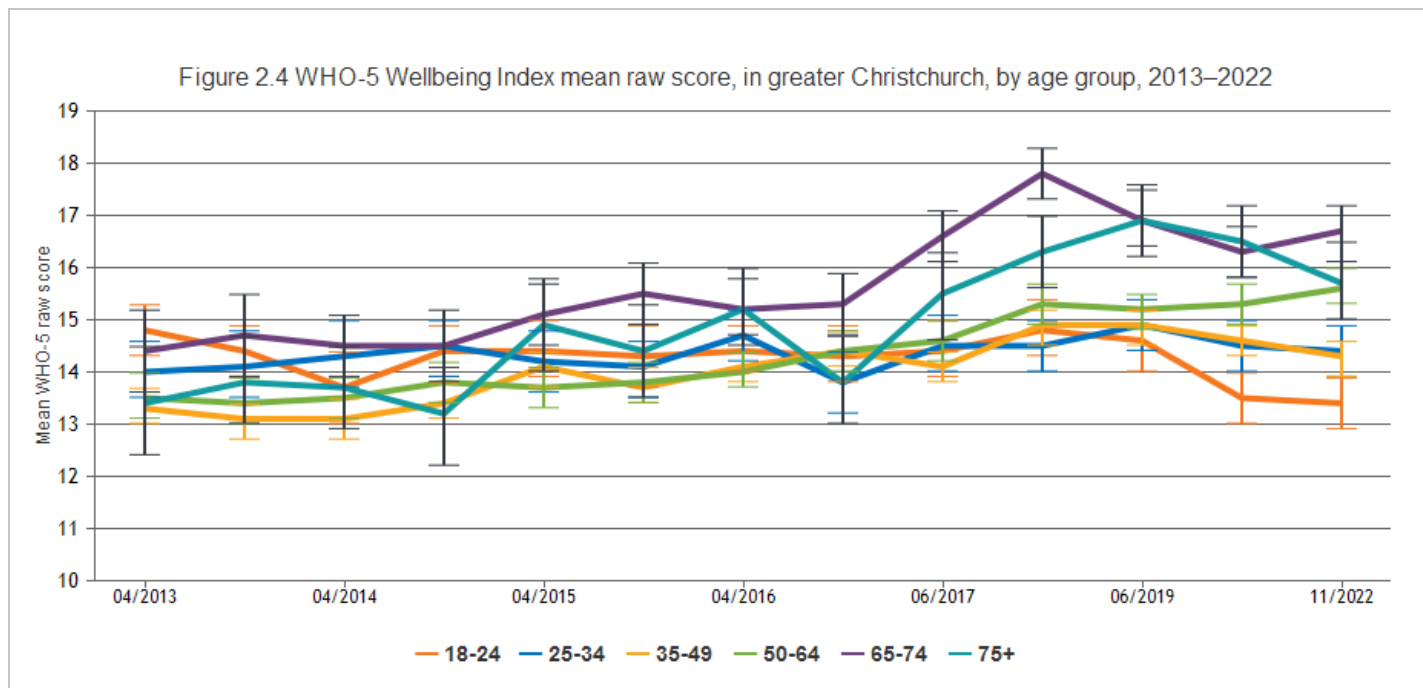
The figure shows that survey respondents living in Selwyn District have generally had the highest WHO-5 mean scores across the time-series from 2013 to 2018. While the WHO-5 mean scores for Selwyn and Waimakariri districts were statistically significantly higher than those for Christchurch City, from April 2013 to September 2015, there appears to have been convergence between the three districts' WHO-5 Wellbeing Index mean scores since early 2016. In November 2022 the mean score for Christchurch City is stable at 14.8 (having dropped from 15.2 in June 2019).

Breakdown by ethnicity



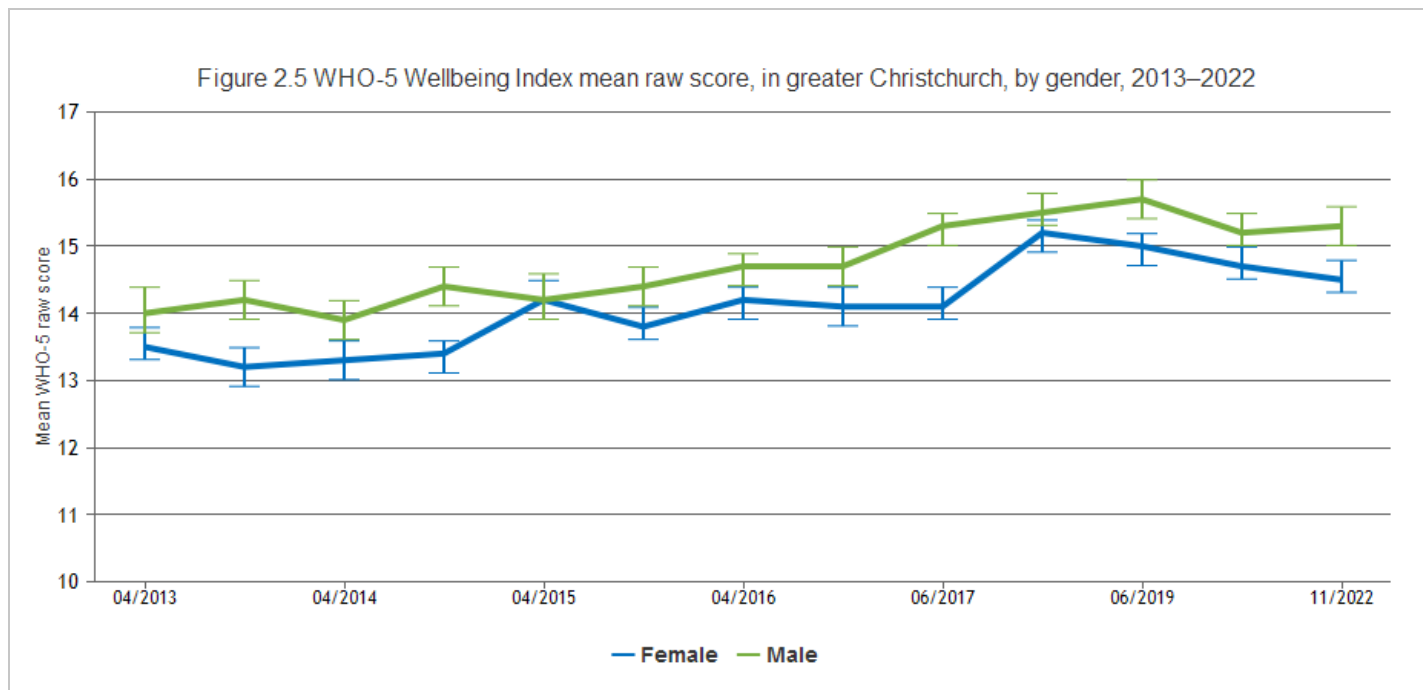
The figure shows statistically similar WHO-5 Wellbeing Index mean scores for European respondents (14.8) and Māori respondents (14.3), in November 2022. The mean score for Pacific/Asian/Indian respondents (15.6) was statistically significantly higher than for European respondents in November 2020 but not 2022. While the WHO-5 Wellbeing Index mean scores were generally lower for Māori respondents compared with European and Pacific/Asian/Indian respondents from 2013 to 2016 and 2018 to 2022, the majority of these differences were not statistically significant.

Breakdown by age



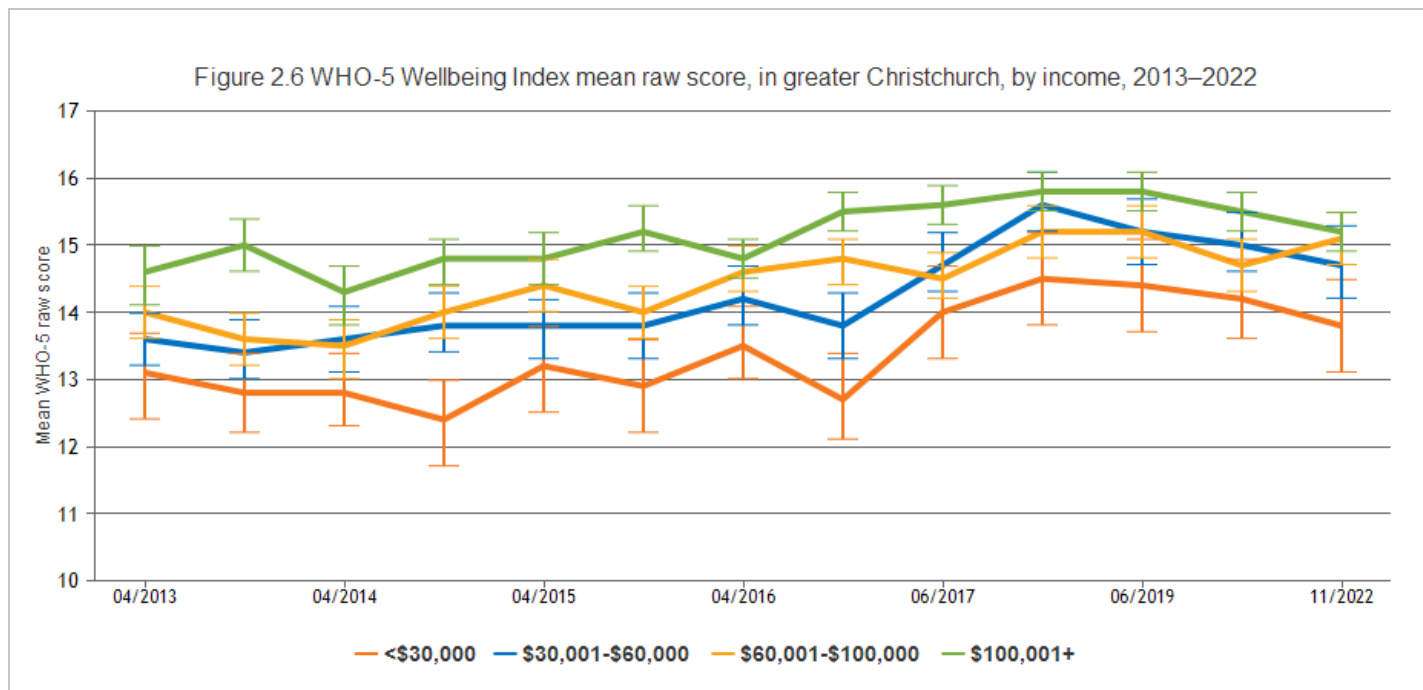
The figure shows a pattern of generally similar WHO-5 Wellbeing Index mean scores for the age groups 18 to 24 years, 25 to 34 years, 35 to 49 years, and 50 to 64 years, over the period 2013 to 2022. For the 65 to 74 years, and 75 and over age group, a different pattern is seen. Both of these older age groups have had higher mean WHO-5 scores than all other age groups since 2017. For respondents aged 65 to 74 years, the difference in mean WHO-5 scores is statistically significant (compared with the three youngest age groups) for all years since 2017, and for those aged 75+ years, since 2018.

Breakdown by gender



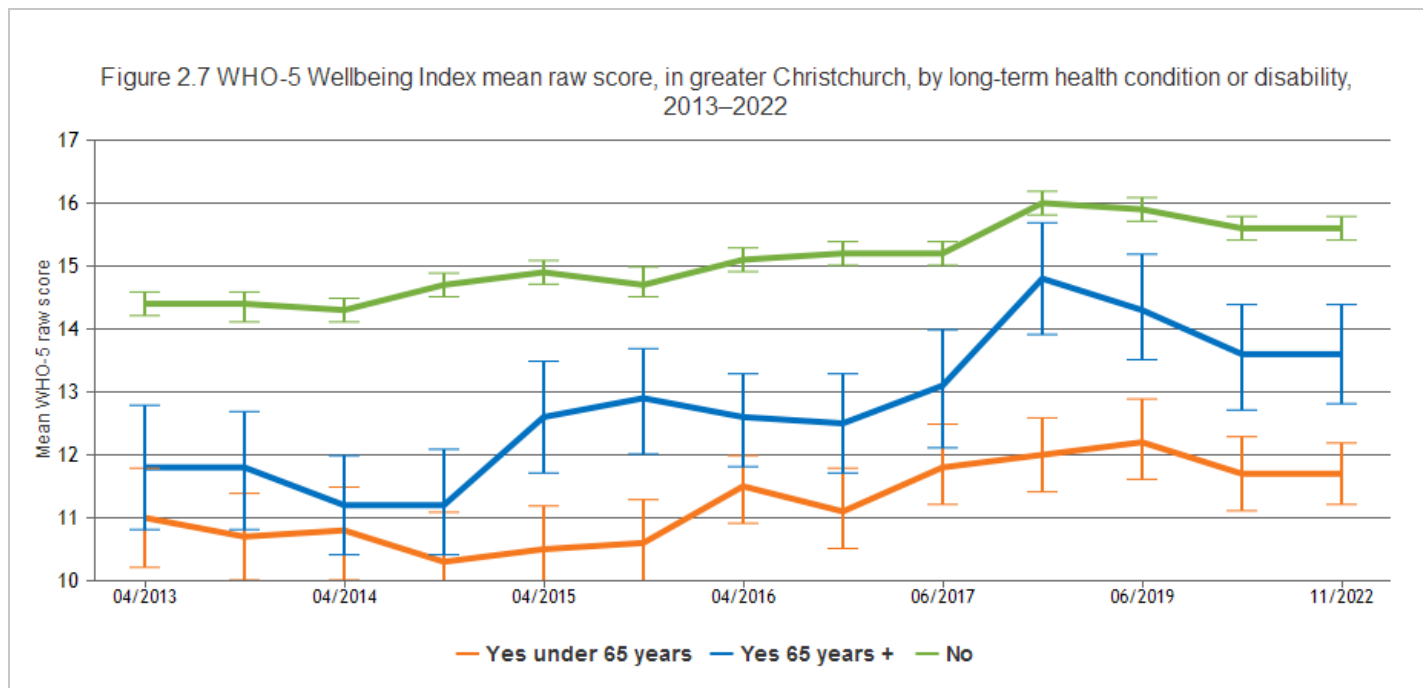
The figure shows a pattern of higher WHO-5 Wellbeing Index mean scores for male respondents compared with female respondents, over the period from 2012 to 2020 (statistically significant differences are evident at the 09/2013, 09/2014, 09/2016, 06/2017, 06/2019, and 11/2022 time-points).

Breakdown by income



The figure shows a positive relationship between income and emotional wellbeing (WHO-5 Wellbeing Index mean scores) for greater Christchurch, with higher income groups having higher emotional wellbeing. The differences shown between the highest income group (\$100,000+ annual household income) and the lowest income group (<\$30,000) have been statistically significant at all time-points (for 2022, mean WHO-5 scores 15.2 and 13.8, respectively). The differences between the middle-income groups are not statistically significant.

Breakdown by disability



The figure shows that respondents with a disability or long-term health condition, had statistically significantly lower WHO-5 Wellbeing Index mean scores compared with respondents without a disability or long-term health condition, across the time-series from 2013 to 2022. The difference between those with and those without a disability or long-term health condition is both substantial and statistically significant throughout the time-series. Mean WHO-5 scores are consistently lower for the younger group with a disability or long-term health condition, compared to the older group, a difference that is statistically significant at a number of time-points. Between 2018 and 2022 the mean raw WHO-5 score for people with a disability or long-term health condition aged 65 years and over decreased from 14.8 to 13.6, however this change was not statistically significant.

Data Sources

Source: Te Whatu Ora Waitaha Canterbury.

Survey/data set: Canterbury Wellbeing Survey to 2022. Access publicly available data from Te Mana Ora | Community and Public Health website www.cph.co.nz/your-health/wellbeing-survey/

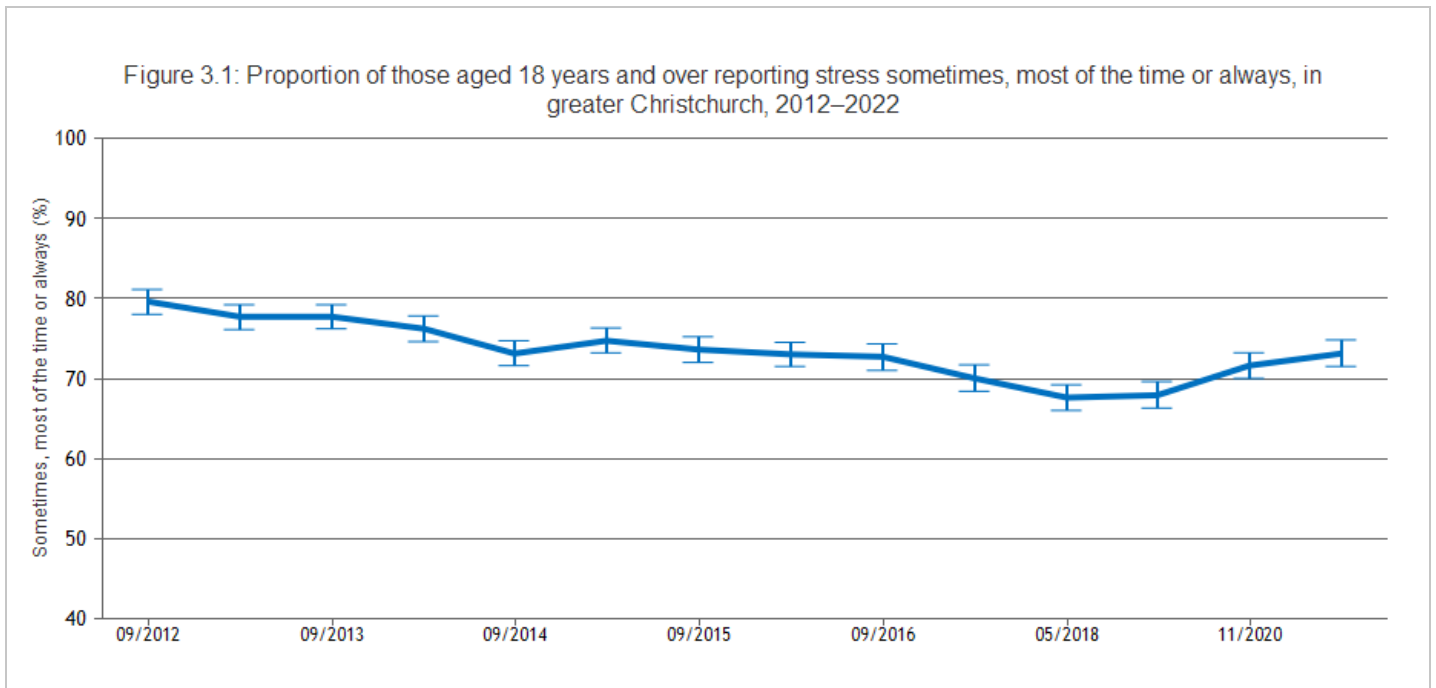
Source data frequency: Annually.

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STRESS

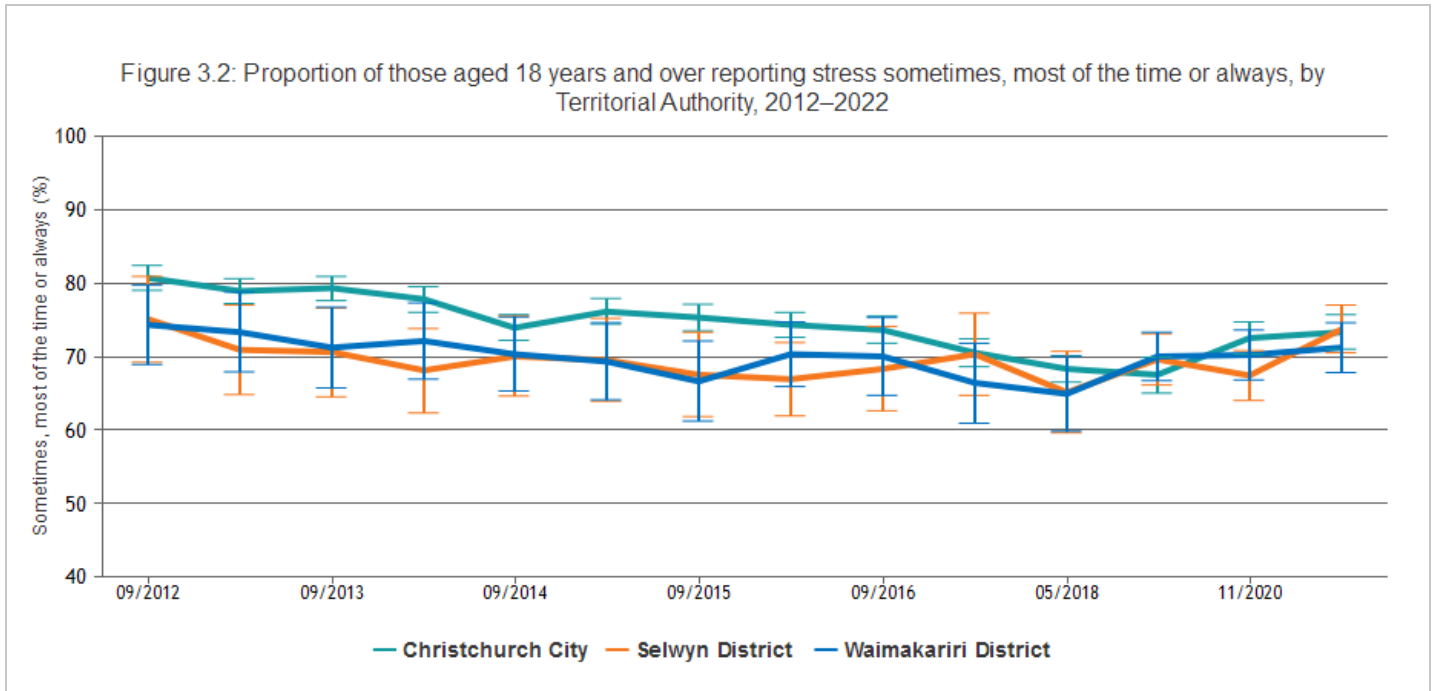
Stress is the non-specific response that a person might experience when faced with a demand for change (a stressor) [13]. While stress can stimulate positive responses, studies of the effects of stress on health are usually concerned with the negative influence stress can have on how people feel emotionally, mentally, and physically, and also how stress influences health behaviours. Long-term stress can increase the risk of poor health and wellbeing [14,15] and is associated with conditions like: high blood pressure, heart disease, obesity and diabetes, and depression or anxiety [16, 17]. Stress may influence wellbeing through direct biological responses, or indirectly through unhealthy behaviours such as smoking, lack of exercise, or excessive alcohol consumption. Self-reported stress has been measured in the Canterbury Wellbeing Survey [11,17] since 2012, using a single question [18].

This indicator presents the proportion of those aged 18 years and over indicating that they experienced stress that has had a negative effect sometimes, most of the time or always in the past 12 months, as reported in the Canterbury Wellbeing Survey.



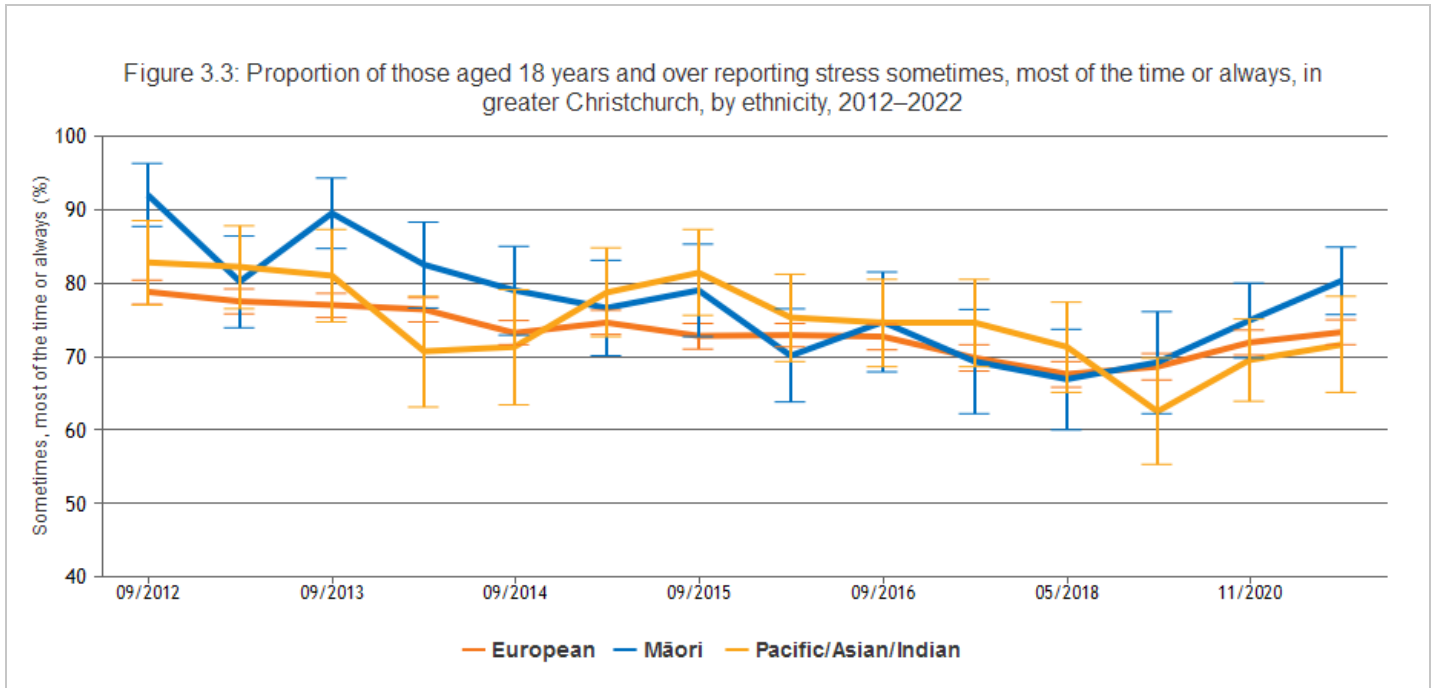
The figure shows an overall gradual decline in the proportion of respondents in greater Christchurch experiencing stress sometimes, most of the time or always, between 2012 (baseline) and 2018. The overall trend of reduction in the proportion of respondents experiencing stress sometimes, most of the time, or always is statistically significant. However, the 2022 result shows a statistically significant increase in the proportion of respondents experiencing stress, compared with the 2019 result (73.1% in 2022 up from 67.9% in 2019). The 2022 result indicates that the proportion of respondents experiencing stress is similar to that last seen in 2016.

Breakdown by Territorial Authority



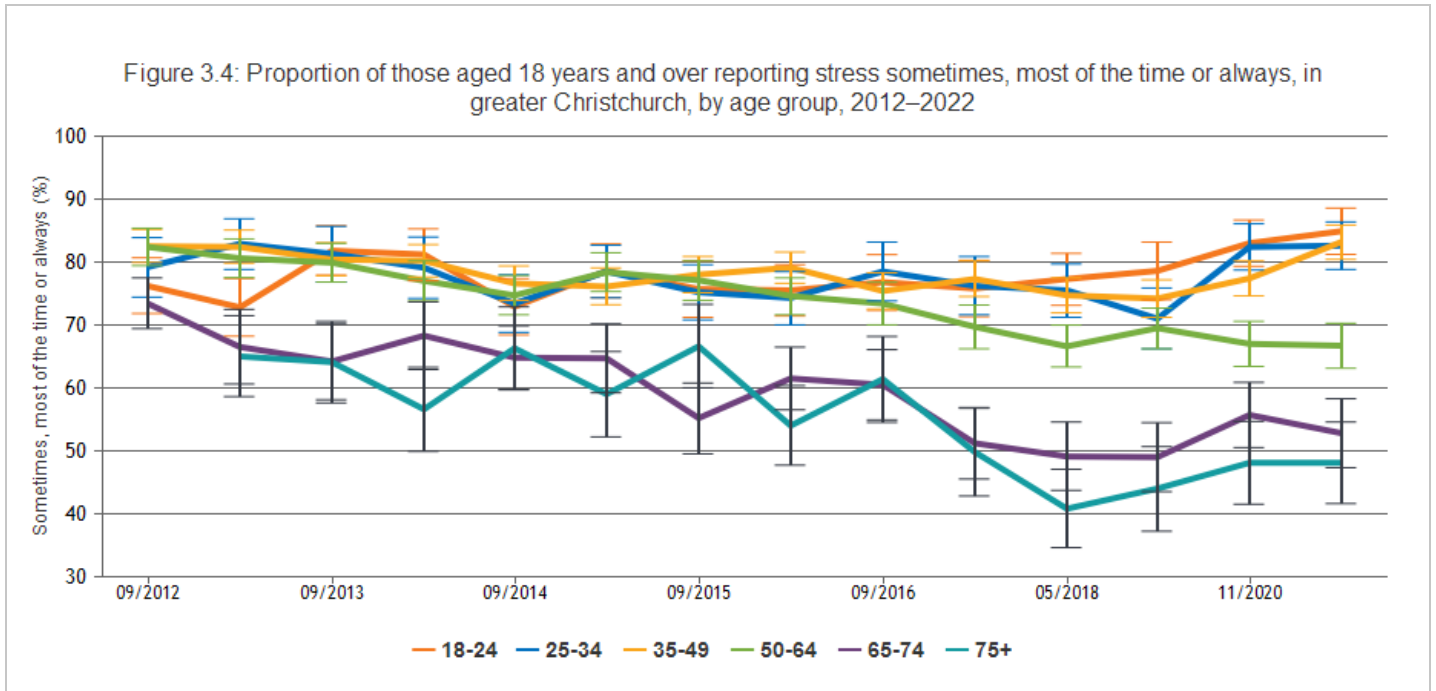
The figure shows that the proportion of respondents reporting stress sometimes, most of the time, or always, for Selwyn District, Waimakariri District, and Christchurch City residents was not statistically significantly different in 2022 (73.7%, 71.2%, and 73.3%, respectively). While respondents from Selwyn District and Waimakariri District appear to have reported a lower frequency of stress overall between 2012 and 2018, these differences are mostly not statistically significant.

Breakdown by ethnicity



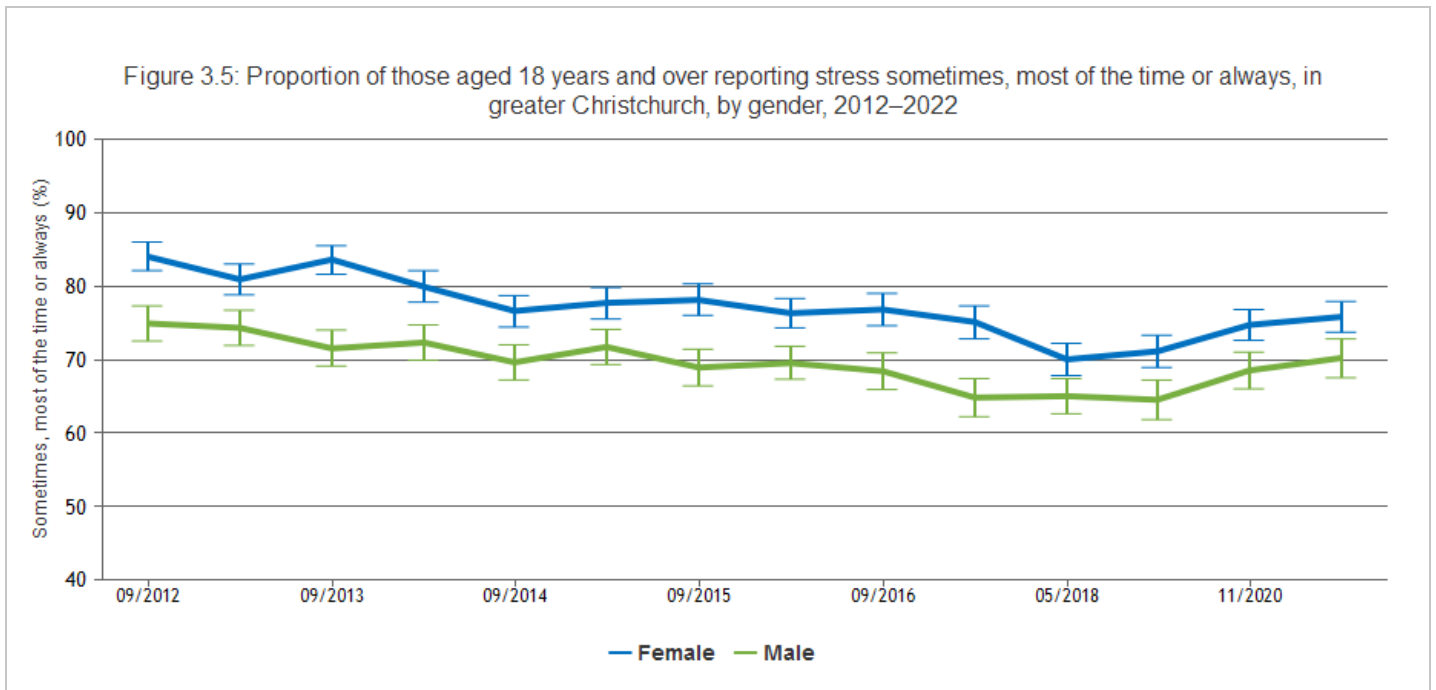
The figure shows the proportion of respondents reporting stress sometimes, most of the time, or always, for European respondents, Māori respondents, and for Pacific/Asian/Indian respondents (73.3%, 80.3%, and 71.6%, respectively, in 2022). While European respondents appear to have reported a slightly lower frequency of stress, overall, compared with Māori and Pacific/Asian/Indian respondents, between 2012 and 2022, these differences are not statistically significant (except for European compared with Māori, for the two time-points, 09/2012 and 09/2013).

Breakdown by age



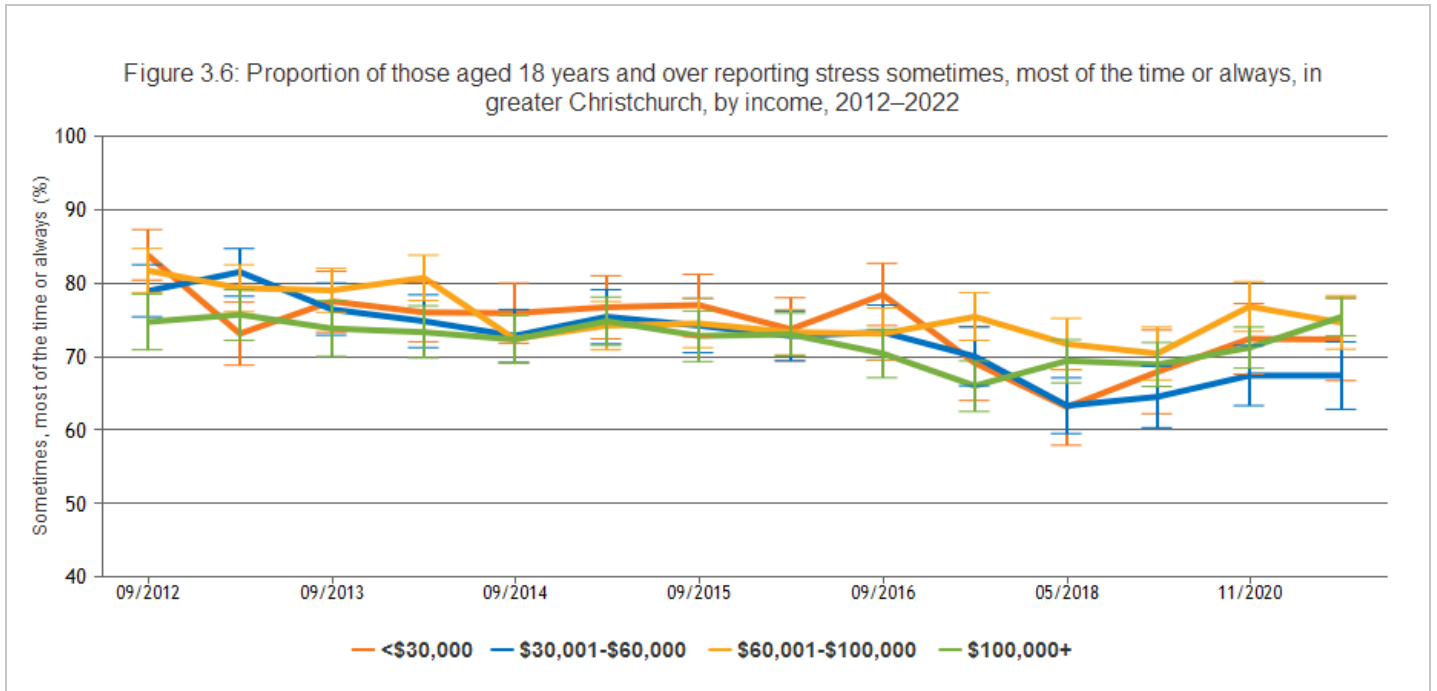
The figure shows the proportion of respondents reporting stress sometimes, most of the time, or always, by age group. The figure shows a clear pattern of less frequent self-reported stress for respondents aged 65 to 74 years, and 75 years and over, compared with the younger age groups. For these two age groups, the proportion reporting stress at least sometimes has averaged approximately 10 to 30 percentage points lower than for the younger age groups, for the period from 2013 to 2022. These differences are statistically significant at almost all time-points in the series.

Breakdown by gender



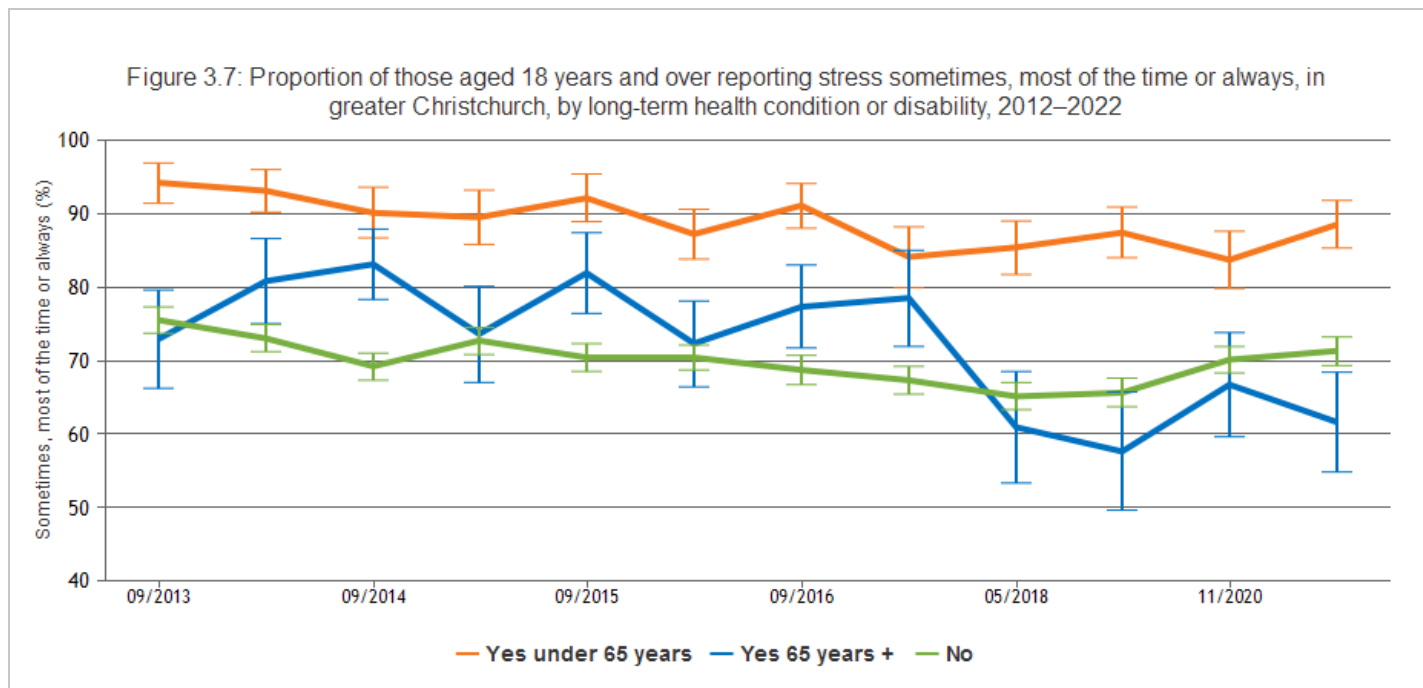
The figure shows a clear pattern of a lower proportion of male respondents experiencing stress at least some of the time, compared with female respondents, throughout the time-series. For male respondents, the proportion experiencing stress at least some of the time has been approximately 5 percentage points below that of female respondents, across all years in the time-series (70.2% and 75.8% respectively, in 2022). The difference is statistically significant at all time-points.

Breakdown by income



The figure shows the proportion of respondents reporting stress sometimes, most of the time, or always, for the annual household income groups <\$30,000; \$30,000 to \$60,000; \$60,001 to \$100,000; \$100,000+; for the years from 2012 to 2022. In 2022, there were statistically significant differences in the proportion experiencing stress at least sometimes, between the \$30,000 to \$60,000 household income group (67.4%) and both the \$60,001 to \$100,000 and the \$100,000+ household income groups (74.6%, and 75.4%, respectively). The proportion of respondents in the \$30,000 to \$60,000 household income group reporting stress at least sometimes was also statistically significantly lower than the \$60,001 to \$100,000 group in 2018 and 2020.

Breakdown by disability



The figure shows that a consistently larger proportion of under 65-year-old respondents, with a long-term health condition or disability; reported experiencing stress sometimes, most of the time, or always, compared with those respondents without a long-term health condition or disability (88.5% and 71.3% respectively, in 2022). The difference has averaged approximately ten percentage points across the time-series, from 2012 to 2022, and is statistically significant at all time-points. Conversely, the figure shows relatively lower frequency of stress for over 65-year-old respondents with a long-term health condition or disability, compared with respondents (of all ages) without (61.6% and 71.3%, respectively, in 2022). The difference between these two groups' reported frequency of experiencing stress is not statistically significant for most of the time-points shown.

Data Sources

Source: Te Whatu Ora Waitaha Canterbury.

Survey/data set: Canterbury Wellbeing Survey to 2022. Access publicly available data from Te Mana Ora | Community and Public Health website www.cph.co.nz/your-health/wellbeing-survey/

Source data frequency: Annually.

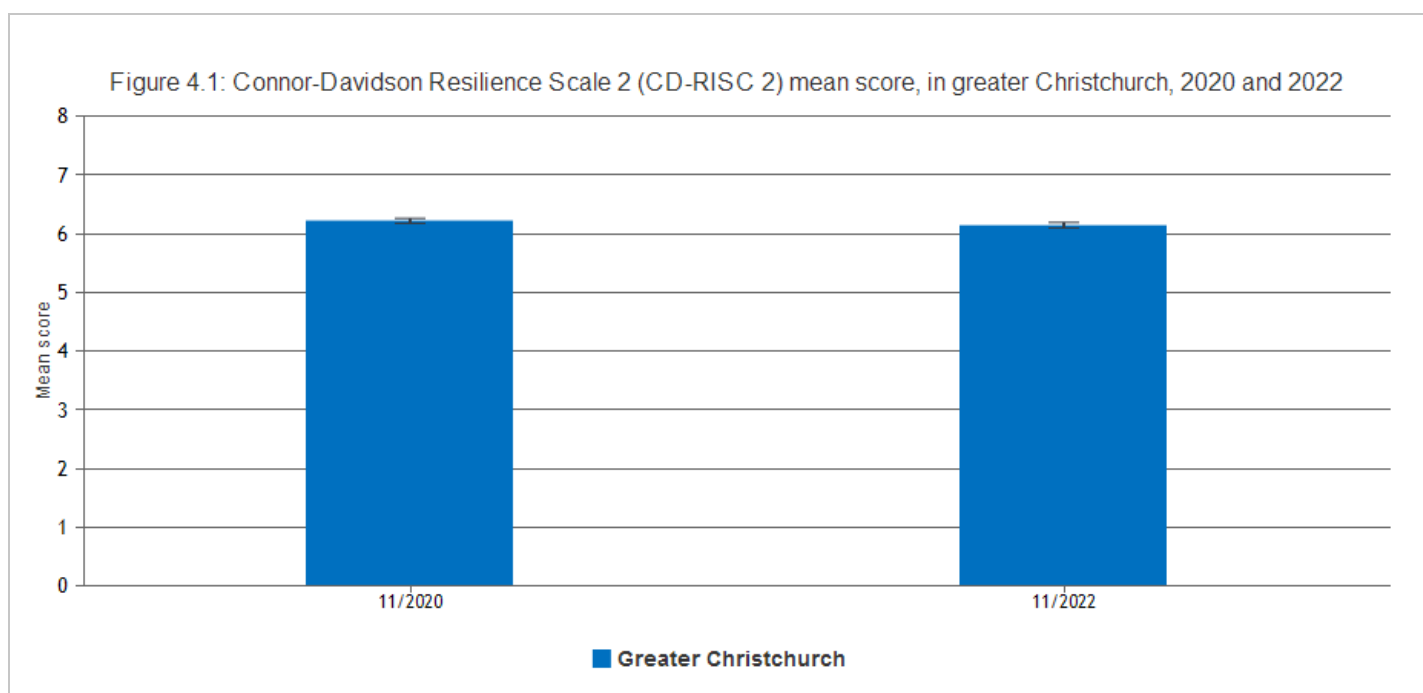
Metadata for this indicator is available at <https://www.canterburywellbeing.org.nz/index-data>

RESILIENCE

Psychological resilience is measured here using the two-question Connor-Davidson Resilience Scale (CD-RISC-2[©]) [19], a validated and widely-used tool for assessing resilience in the general population and in various healthcare settings [20]. The Connor-Davidson Resilience Scale was developed as a brief measure of 'bounce-back' and adaptability or how well one is equipped to cope with stressful events, tragedy, or trauma [19,21,22]. This perspective of resilience emphasises an adaptive process whereby people can build their capacity to overcome adversity [23]. The availability of material resources and emotional support from both family and community is considered important [20]. Resilience has also been described as an individual's capacity to adjust to adversity, as distinct from the process of recovery (with recovery being a gradual return to baseline following an isolated adverse event) [6,24-26].

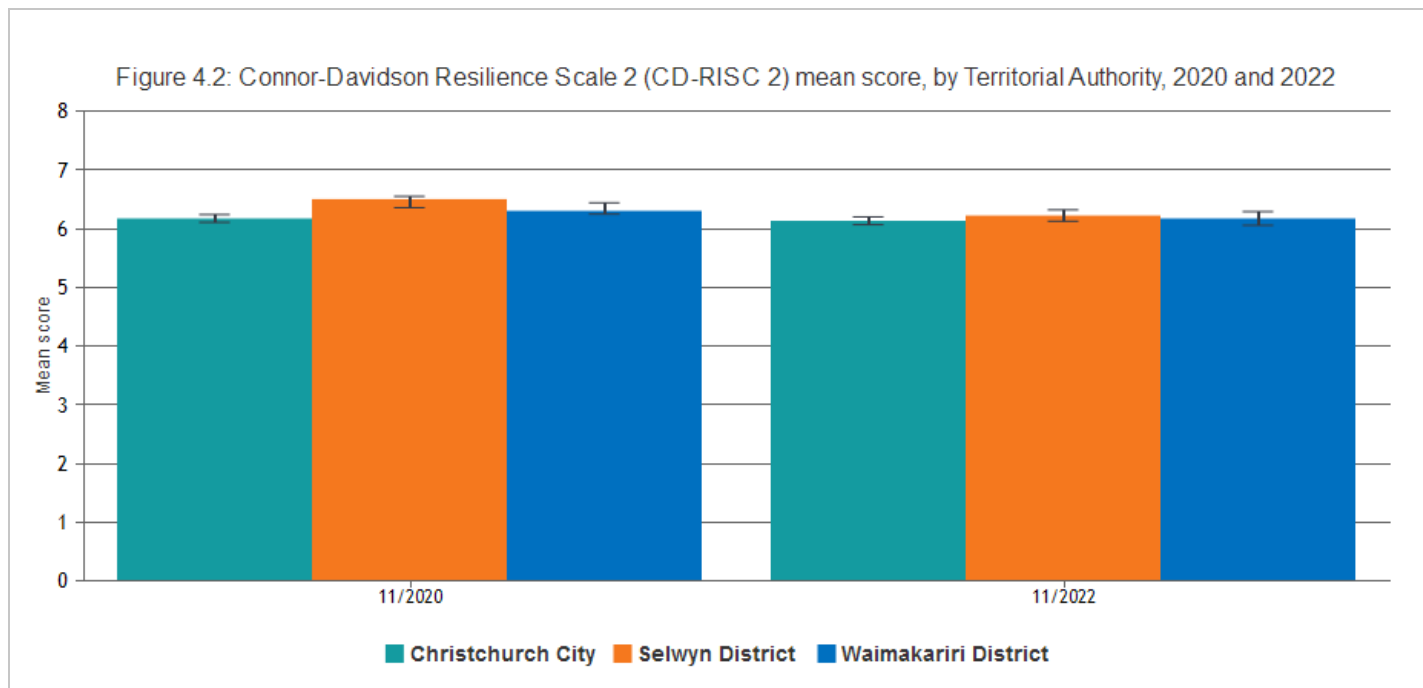
Respondents to the Canterbury Wellbeing Survey were asked to respond to two items, or questions, that make up the CD-RISC-2[©]. The first of these questions relates to the ability to adapt to change and the second to the ability to bounce back after illness or hardship. The CD-RISC 2[©] is scored out of a total of 8, with 0 being the lowest level of resilience and 8 being the highest level of resilience. Note that for copyright reasons the CD-RISC-2[©] questions and response breakdowns cannot be described in full.

This indicator presents the CD-RISC-2[©] mean score for greater Christchurch respondents. The scale was included in the Canterbury Wellbeing Survey for the first time in 2020.



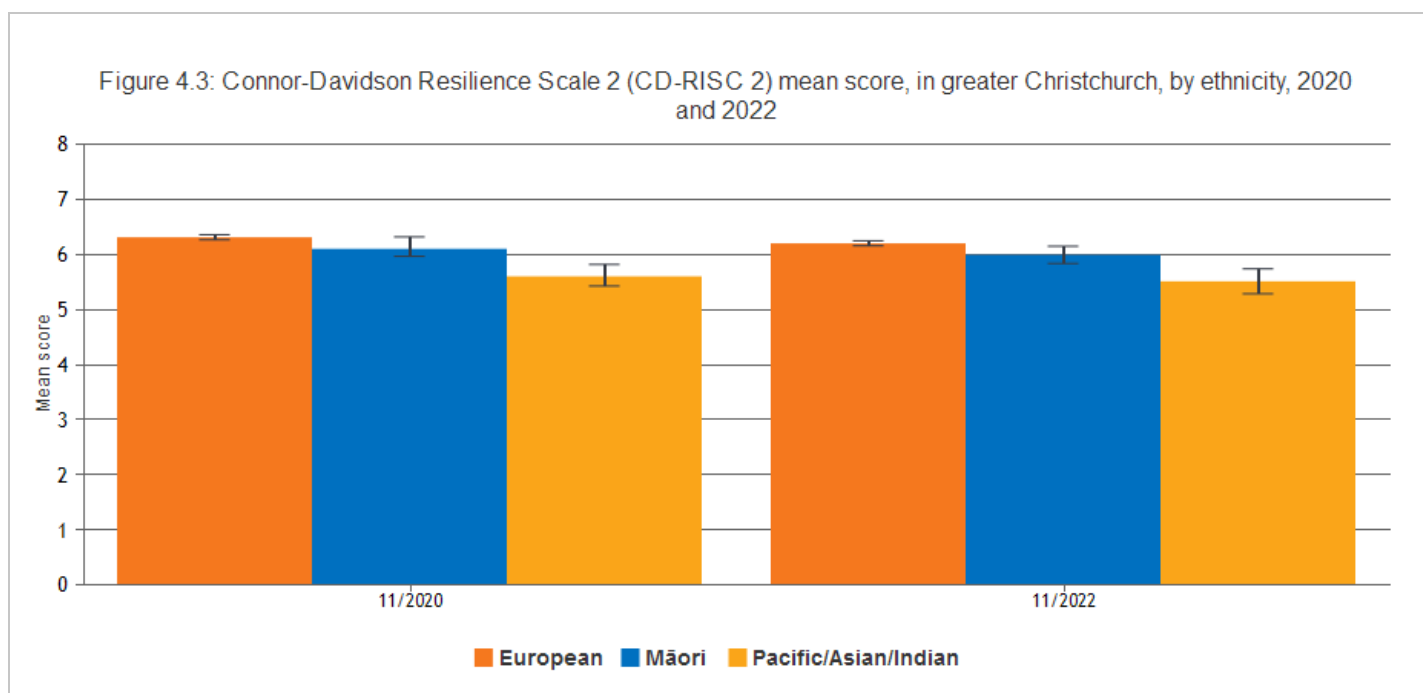
The figure shows similar mean resilience scores for greater Christchurch respondents, as measured by the Connor-Davidson Resilience Scale, in 2020 and 2022 (6.2 and 6.1 points, respectively). The CD-RISC-2[©] has not been used in any other population-based surveys of adults in New Zealand, therefore there is no New Zealand comparator for this indicator. However, a representative, population-based survey of adults in the USA found a mean score of 6.91 (SD 1.5) [19, 22]. Different cultural understandings of resilience may need to be taken into account when comparing resilience scores across countries and/or ethnic groups [21].

Breakdown by Territorial Authority



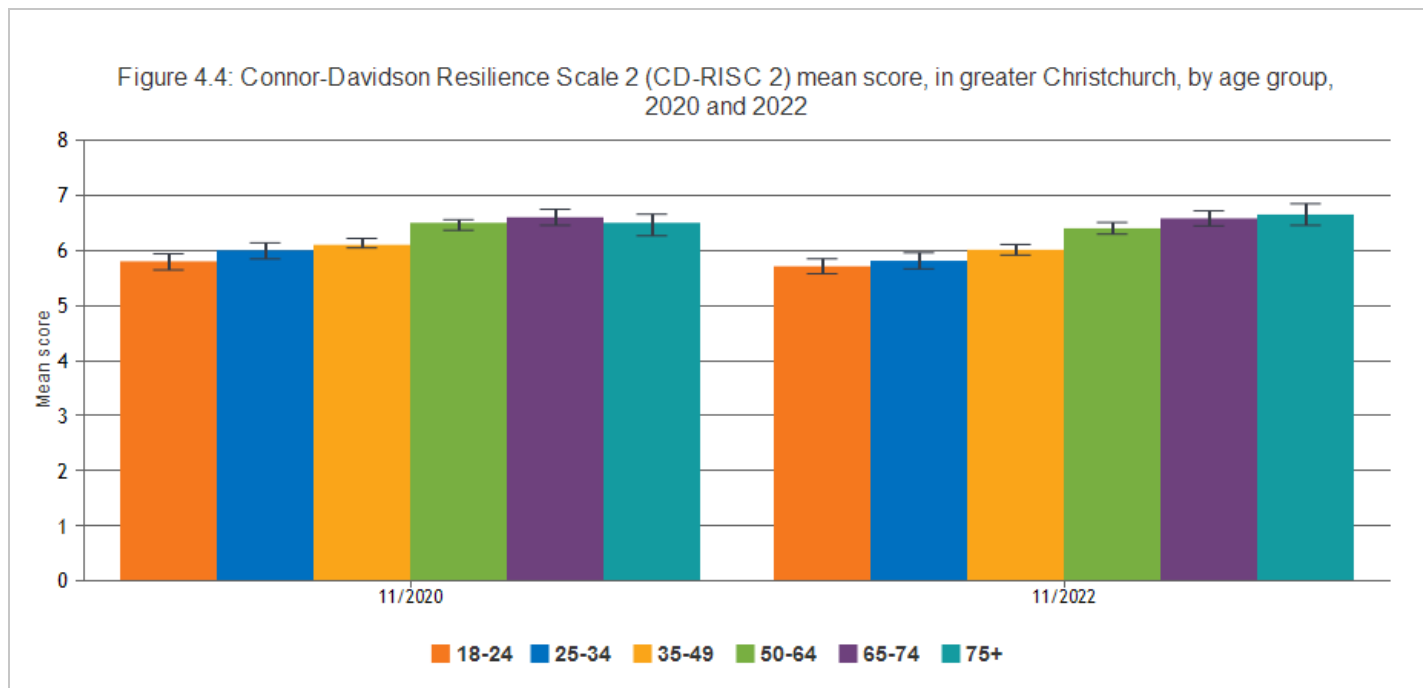
The figure shows that the mean resilience scores of Christchurch City, Selwyn District, and Waimakariri District respondents, as measured by the Connor-Davidson Resilience Scale, are similar for 2020 and 2022 (6.1, 6.2, and 6.2, points, respectively, in 2022). None of the differences between scores are statistically significant at either time-point.

Breakdown by ethnicity



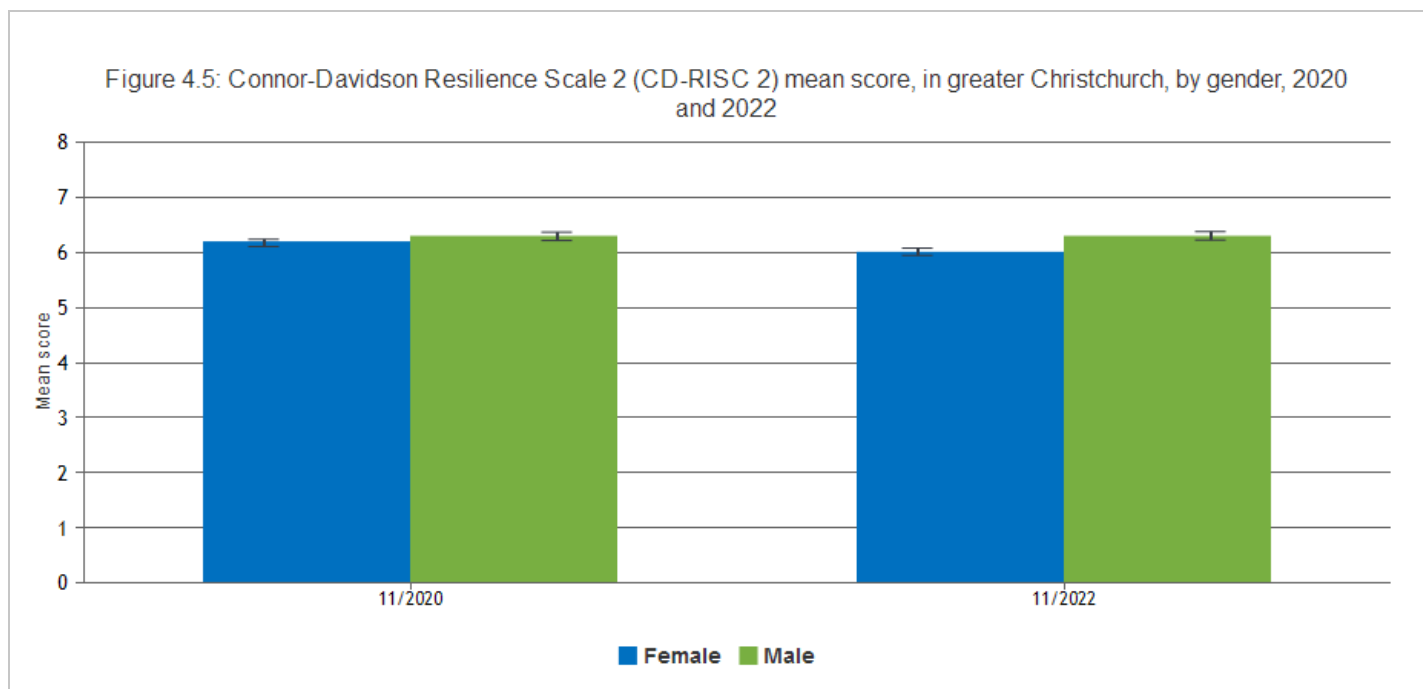
The figure shows higher levels of resilience (as measured by the Connor-Davidson Resilience Scale) for European respondents, compared with Māori and Pacific/Asian/Indian respondents, in 2020 and 2022 (statistically significantly higher for Europeans compared with Pacific/Asian/Indian in 2020 and 2022, with mean scores of 6.2 and 5.5, respectively, in 2022). Māori respondents also had a statistically significantly higher mean score than Pacific/Asian/Indian respondents in 2020 and 2022 (6.0 and 5.5, respectively, in 2022). Different cultural understandings of resilience may need to be taken into account when comparing resilience scores across countries and/or ethnic groups [21].

Breakdown by age



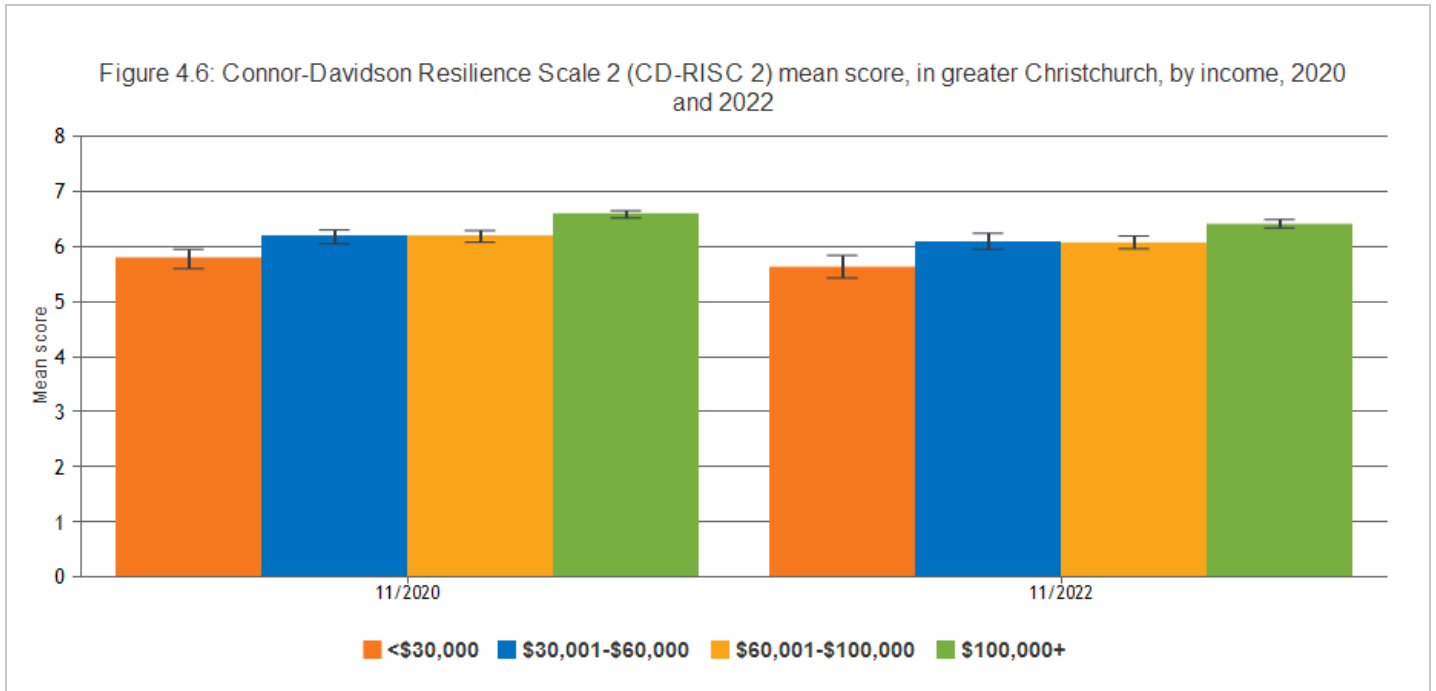
The figure shows a clear positive relationship between age and resilience (CD-RISC-2[®] mean scores), with resilience scores generally increasing with increasing age. The resilience scores of the three older age groups are each statistically significantly higher than the three lower age groups (18-24 years, 5.7; 25-34 years, 5.8; 35-49 years, 6.0; 50-64 years, 6.4; 65-74 years, 6.6; and 75+ years, 6.7), in 2022.

Breakdown by gender



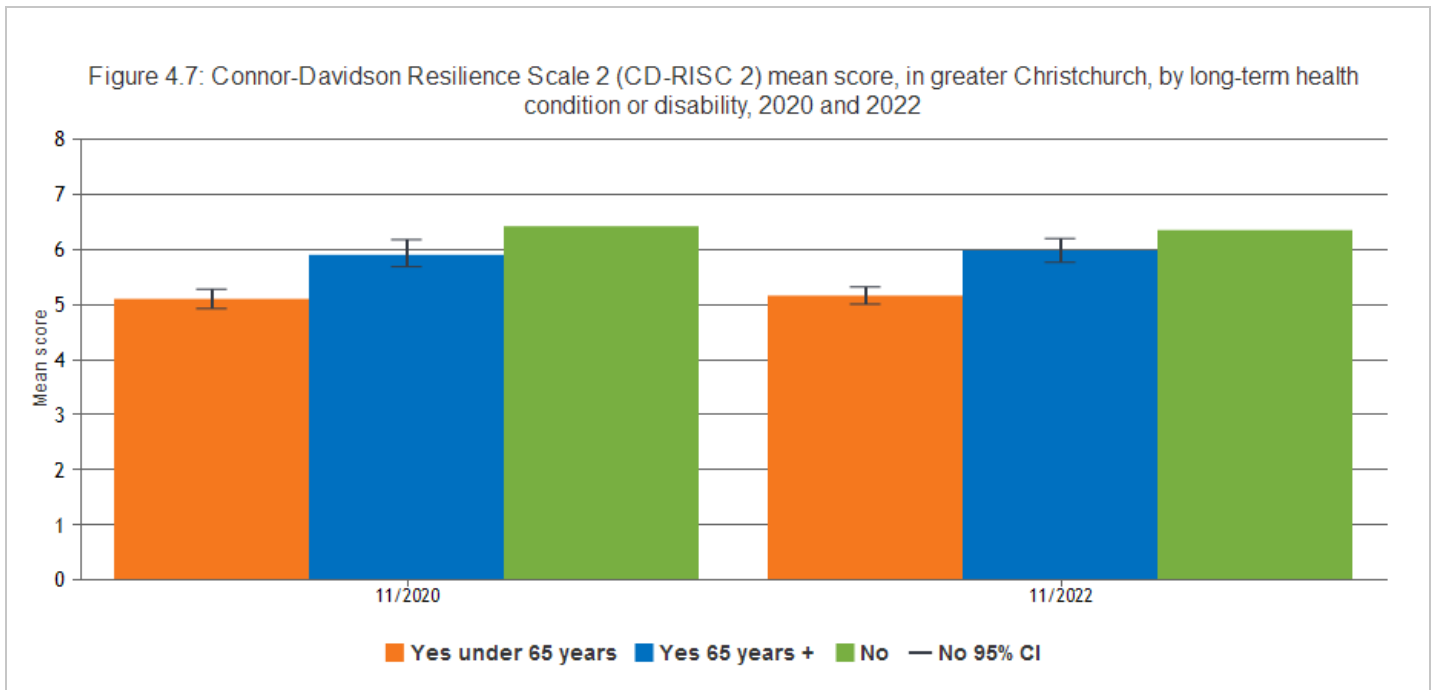
The figure shows similar levels of resilience (CD-RISC-2[®] mean scores) for female and male respondents in greater Christchurch, in 2020 (6.2 and 6.3, respectively). However, in 2022, male respondents had statistically significantly higher resilience scores compared with female respondents (6.0 and 6.3, respectively).

Breakdown by income



The figure shows a clear positive relationship between income and resilience (CD-RISC-2[®] mean scores), with mean resilience scores increasing with increasing annual household income. The mean scores of the three highest income groups shown are statistically significantly higher than the <\$30,000 income group in 2020 and 2022 (<\$30,000 group mean score 5.6 compared with the \$30,000-\$60,000 group, 6.1; \$60,001-\$100,000 group 6.1; and \$100,000+ group, 6.4, in 2022). Respondents from the \$100,000+ income group had statistically significantly higher mean resilience scores than all the other groups.

Breakdown by disability



The figure shows lower levels of resilience (CD-RISC-2[®] mean scores) for respondents with a long-term health condition or disability, compared with those without, in 2020 and 2022 (those with a long-term condition or disability and aged under 65 years, 5.2; those with disability and aged 65 years and over, 6.0; and those without disability, 6.4). Of note, the younger group with a long-term health condition or disability had lower mean resilience scores than those aged 65 and over with a long-term health condition or disability. The differences between the groups are statistically significant.

Data Sources

Source: Te Whatu Ora Waitaha Canterbury.

Survey/data set: Canterbury Wellbeing Survey 2020 to 2022. Access publicly available data from Te Mana Ora | Community and Public Health website www.cph.co.nz/your-health/wellbeing-survey/

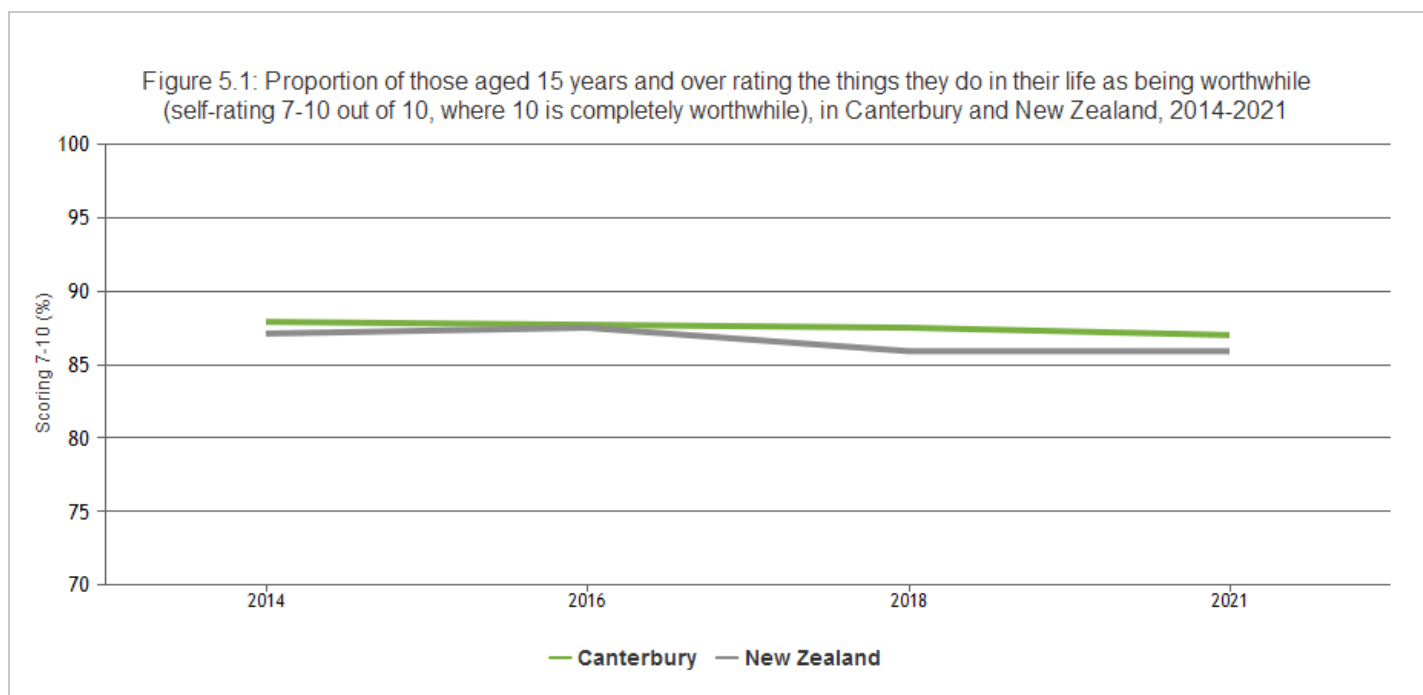
Source data frequency: Annually.

Metadata for this indicator is available at <https://www.canterburywellbeing.org.nz/index-data>

SENSE OF PURPOSE

Sense of purpose is a self-reported measure that reflects whether people feel they have a sense of purpose or meaning in life. The sense of purpose question in the New Zealand General Social Survey (introduced in 2014) [19] asks respondents 'to what extent do you feel the things you do in your life are worthwhile?' using a zero to ten scale, where zero is not at all worthwhile and ten is completely worthwhile.

This indicator presents the proportion of respondents to the New Zealand General Social Survey who rated the extent to which they feel the things they do in their life are worthwhile, at seven or above on a zero to ten scale.



The figure shows that a similar proportion of Canterbury respondents selected a self-rating of 7-10 for the things they do in their life being worthwhile in the 2014, 2016, 2018, and 2021 New Zealand General Social Surveys (87.9%, 87.7%, 87.5%, and 87.0%).

There was no appreciable difference between the proportion for Canterbury respondents and the proportion for New Zealand overall. The proportion of all respondents across New Zealand scoring 7-10 for life worthwhile has remained relatively stable between 2014 and 2021.

Data Sources

Source: Statistics New Zealand.

Survey/data set: New Zealand General Social Survey to 2021. Access publicly available data from the Statistics New Zealand website <https://www.stats.govt.nz/information-releases/wellbeing-statistics-2021>

Source data frequency: Every 2 years.

Metadata for this indicator is available at <https://www.canterburywellbeing.org.nz/index-data>

FAMILY WELLBEING

Family wellbeing builds on the concept of individual wellbeing and considers the family as a social unit or system, interacting internally with its individual members, and externally with the community and wider society [28-30]. Having high levels of family wellbeing can positively affect most dimensions of people's lives [29]. Concepts of family wellbeing are also shaped by cultural perspectives and values, for example, 'whānau wellbeing' may be framed from within te ao Māori (the Māori world view) [31]. Cultural identity may therefore uniquely define both *family* and *wellbeing*.

While there is no single definition of family wellbeing or consensus about the best way to measure it, two main approaches are commonly applied. One approach frames family wellbeing as the sum of the different types of wellbeing among the members of a family (where different wellbeing aspects are measured separately, then added together) [29]. The other approach considers the wellbeing of the family as a whole entity (a broader subjective assessment of how well families are doing overall) [32-34]. Studies that use the global approach often use a single-item question/measure [29]. The single-item approach to measuring family wellbeing was first employed in New Zealand within the Te Kupenga 2013 survey of Māori wellbeing [35], and subsequently in the New Zealand General Social Survey from 2016 [36].

This indicator presents the proportion of respondents to the New Zealand General Social Survey who answered the question "how would you rate how your family is doing these days?" at seven or above, on a zero to ten scale, where zero means extremely badly and ten means extremely well.



The figure shows that a similar proportion of Canterbury and New Zealand respondents scored their family wellbeing as 7-10 out of 10 in the 2016 and 2018 New Zealand General Social Surveys. However, the 2021 result indicates that the proportion for Canterbury respondents had increased (from 82.6% in 2018 to 87.4% in 2021) and become notably higher than the proportion for New Zealand overall (82.6% in 2021). It is not known whether this difference is statistically significant.

Data Sources

Source: Statistics New Zealand.

Survey/data set: New Zealand General Social Survey to 2021. Access publicly available data from the Statistics New Zealand website: <https://www.stats.govt.nz/information-releases/wellbeing-statistics-2021>.

Source data frequency: Every 2 years.

Metadata for this indicator is available at <https://www.canterburywellbeing.org.nz/index-data>

REFERENCES

- 1 Aked J, Marks N, Cordon C, Thompson S (2008) *Five Ways to Wellbeing: A report presented to the Foresight Project on communicating the evidence base for improving people's well-being*. London: New Economics Foundation.
- 2 Diener E, Wirtz D, Tov W, Kim-Prieto C, Choi D (2009) New measures of well-being: Flourishing and positive and negative feelings. *Social Indicators Research* 39: 247-266.
- 3 UK Government (2010) *Confident communities, brighter futures: A framework for developing wellbeing*. UK Government: Department of Health and New Horizons.
- 4 Beaglehole B, Mulder RT, Frampton CM, Boden JM, Newton-Howes G, et al. (2018) Psychological distress and psychiatric disorder after natural disasters: Systematic review and meta-analysis. *The British Journal of Psychiatry*: 1-7.
- 5 Bidwell S (2011) *Long term planning for recovery after disasters: Ensuring health in all policies (HiAP)*. Community and Public Health for Healthy Christchurch. 4–5 p.
- 6 Bonanno GA, Diminich ED (2013) Annual Research Review: Positive adjustment to adversity -Trajectories of minimal-impact resilience and emergent resilience. *Journal of child psychology and psychiatry, and allied disciplines* 54: 378-401.
- 7 Galea S, Nandi A, Vlahov D (2005) The epidemiology of post-traumatic stress disorder after disasters. *Epidemiol Rev* 27: 78-91.
- 8 Lock S, Rubin GJ, Murray V, Rogers MB, Amlot R, et al. (2012) Secondary stressors and extreme events and disasters: A systematic review of primary research from 2010-2011. *PLoS Curr* 4.
- 9 Ramanathan CS, Dutta S, editors (2013) *Governance, Development, and Social Work*. London: Routledge Publishers (Taylor and Francis Group).
- 10 Bowling A (2001) *Measuring Disease. A Review of Disease-specific Quality of Life Measurement Scales*. Buckingham: Open University Press.
- 11 CERA (2012) *CERA Wellbeing Survey 2012 Report, prepared by AC Nielsen for the Canterbury Earthquake Recovery Authority*. AC Nielsen and the Canterbury Earthquake Recovery Authority.
- 12 Topp CW, Ostergaard SD, Sondergaard S, Bech P (2015) The WHO-5 Well-Being Index: A systematic review of the literature. *Psychother Psychosom* 84: 167-176.
- 13 Selye H (1936) A syndrome produced by diverse noxious agents. *Nature* 138.
- 14 Chandola T, Britton A, Brunner E, Hemingway H, Malik M, et al. (2008) Work stress and coronary heart disease: What are the mechanisms? *European Heart Journal* 29: 640-648.
- 15 Selye H (1976) *Stress in health and disease*. Stoneham MA: Butterworth-Heinemann.
- 16 World Health Organization (2013) *Guidelines for the management of conditions specifically related to stress*. Geneva: WHO.
- 17 CDHB (2020) *Canterbury Wellbeing Survey, 2020: Report prepared by Nielsen for the Canterbury District Health Board and partnering agencies*. Christchurch: Canterbury District Health Board.
- 18 *The Quality of Life Project. Report prepared by Nielsen for the Auckland, Wellington, Christchurch, and Dunedin City Councils and partnering agencies*. Available from: www.qualityoflifeproject.govt.nz/survey.htm.
- 19 Vaishnavi S, Connor K, Davidson JRT (2007) An abbreviated version of the Connor-Davidson Resilience Scale (CD-RISC), the CD-RISC2: Psychometric properties and applications in psychopharmacological trials. *Psychiatry research* 152: 293-297.
- 20 Windle G, Bennett KM, Noyes J (2011) A methodological review of resilience measurement scales. *Health and Quality of Life Outcomes* 9: 8.
- 21 Davidson JRT (2020) Connor-Davidson Resilience Scale (CDRISC) Manual. Unpublished.
- 22 Connor KM, Davidson JR (2003) Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC).
- 23 Windle G (2011) What is resilience? A review and concept analysis. *Reviews in Clinical Gerontology* 21: 152-169.
- 24 Bonanno G (2004) Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive After Extremely Aversive Events? *American Psychologist* 59: 20-28.
- 25 Richardson GE (2002) The metatheory of resilience and resiliency. *Journal of Clinical Psychology* 58: 307-321.

- 26 Richardson GE, Neiger BL, Jensen S, Kumpfer KL (1990) The Resiliency Model. *Health Education* 21: 33-39.
- 27 Statistics New Zealand (2016) *New Zealand General Social Survey 2016*. Wellington: Statistics New Zealand.
- 28 Families Commission (2013) *Families and whānau Status report: Towards measuring the wellbeing of families and whānau*. Wellington: Families Commission.
- 29 Wolny I, Apps J, Henricson C (2010) *Can government measure family wellbeing?* London: Family and Parenting Institute. Available from: <https://www.familyandparenting.org/Resources/FPI/Documents/CanGovernmentMeasureFamilyWellbeing.pdf>.
- 30 Cotterell G, von Randow M, Wheldon M (2008) *Measuring Changes in Family and Whānau Wellbeing Using Census Data, 1981–2006: A preliminary analysis*. Wellington: Statistics New Zealand.
- 31 Baker K (2016) *The Whānau Rangatiratanga Frameworks: Approaching whānau wellbeing from within Te Ao Māori*. Wellington: Social Policy Evaluation and Research Unit.
- 32 Fletcher M (2007) Issues in developing a conceptual framework for 'family wellbeing'. National Family Wellbeing Symposium, Canberra, 20–21 June 2007.
- 33 Statistics New Zealand (2006) *International developments in family statistics*. Wellington: Statistics New Zealand.
- 34 Statistics New Zealand (2007) *Review of official family statistics. Consultation Paper*. New Zealand: Wellington.
- 35 Statistics New Zealand (2013) *Te Kupenga 2013: A survey of Māori well-being questionnaire*. Wellington: Statistics New Zealand.
- 36 Statistics New Zealand (2018) *New Zealand General Social Survey 2018 data dictionary (version 29)*. Statistics New Zealand.

FIND OUT MORE

> **Mental Health Foundation**

'There is no health without mental health'. This webpage contains links to resources about mental health and wellbeing.

> **The Connor-Davidson Resilience Scale**

This website contains comprehensive information on scale administration, psychometric validity, reliability, and other technical information, as well as information on registration and user agreements.