



The Pillars of Wellbeing

The Making Connections¹ community sites consistently raise a set of value-based characteristics—features that need to be taken into consideration along with community determinants—necessary for both individuals and communities to withstand stressors and build resilience. Making Connections has identified and characterized these essential elements and they have been clustered into six provisional *Pillars of Wellbeing*.

Pillars of Wellbeing are the core stabilizing elements needed for people and for communities to flourish emotionally. Understanding these Pillars enables actions that strengthen community determinants to be more specific, precise, and have longer-term impact. For example, lack of housing significantly contributes to mental and physical illness. But more specifically, the Pillars of Wellbeing make it clear that housing must be safe and stable in order to avert distress, and housing practices that reinforce belonging, connection, and trust have increased capability to advance mental wellbeing.

Many of these Pillars—also called values, concepts, or principles—have been also identified and emphasized as essential throughout significant human rights and social justice efforts. For example, a focus on Control of Destiny and Dignity is currently expressed in voters’ rights movements and in the Black Lives Matter movement, while a focus on Safety and Belonging/Connectedness are central in farmworkers’ movements. In the healthcare realm, the 100 Million Healthier Lives initiative (MHL), a collaboration of change agents working across organizations and communities to advance health, wellbeing, and equity globally, added wellbeing as a critical dimension in 2016. The MHL initiative has developed wellbeing measures, including instruments that measure

The Emerging Pillars of Wellbeing

BELONGING/CONNECTEDNESS – feeling part of a community; a sense of acceptance; belief that you are accepted as you are; having a place or group that is restorative or acts as a refuge

SAFETY – experience of security: interpersonally, emotionally, and with one’s surroundings; possession of a sense of stability

TRUST – belief in the reliability, truth, ability, or strength of self and others; ability to count on the circumstances surrounding you

DIGNITY – sense of one’s own value; quality of being worthy of honor and respect; living in a climate of mutual respect and regard for all

HOPE/ASPIRATION – a reassuring belief that something better is possible and achievable; optimism that allows forward movement

CONTROL OF DESTINY/SELF-DETERMINATION – sense of purpose; the ability to influence the events that shape life’s circumstances; ability to make and take action; agency

¹ Making Connections communities are part of a community of practice facilitated by Prevention Institute. The University of South Florida, as part of an initiative-wide evaluation, is leading the Making Connections sites in concept mapping and more precise descriptions of the Pillars will emerge through this process.

wellbeing adjusted life years (WALYs) to support organizations and communities in assessing progress over time.²

The Pillars of Wellbeing have their contrary counterparts; these include shame, stigma, fear, isolation and rejection, hopelessness, and powerlessness. These can wear on mental health and potentially contribute to/exacerbate mental health problems. Further damage can be done when these detrimental elements are reflected in community determinants. For example, employment circumstances without dignity undermine mental health and wellbeing. This is the case when there are exploitive employment and scheduling practices that include short notice, fluctuating hours, and underemployment—all of which counteract many of the mental health-promoting aspects of work. Specific examples of circumstances that undermine mental health include:

- Individuals and communities facing fear due to immigration status, gender identity, sexual orientation, religion, or ethnic identity.
- Individuals shamed for who they choose to love or support; for their personal choices such as reproductive health; and for their socio-economic status, physical ability, or perceived mental illness or mental health problems.
- Individuals who feel hopelessness or a lack of control in not being able to find well-paying stable employment, or who are employed but do not have control of work-related outcomes (e.g., bus drivers not keeping schedules because there is traffic).
- Individuals with chronic exposure to community violence and trauma.

Just as improved community conditions can both prevent illness in the first place and help those who are already living with illness recover or maintain their status, the Pillars—when intentionally embedded in community determinants—support an optimal quality of life for community residents as a whole, as well as specifically for those living with mental health challenges. In this way, the Pillars are qualities that help to convert detrimental community determinants into factors that protect health.

The positive and protective language of the Pillars became concretized through conversations in communities that were reflecting on community determinants and identifying a set of solutions that could best advance wellbeing. The value of the term “Pillars,” which implies strength and support, was reaffirmed by communities—who described their conversations and exploration as work that strengthened their sense of community capacity and wellbeing.

A key characteristic of the Pillars of Wellbeing, in terms of how they play out and influence behavior and experience, is that they interact with one another in a way that compounds their strength and influence on wellbeing. Importantly, they are experienced both personally and in the broader community environment. Pillars can activate resilience and contribute to healing for traumatized individuals and communities. In doing so, the Pillars facilitate an ability to navigate adversity.

² Stiefel MC, Riley CL, Roy B, Ramaswamy R, Stout S. 2016. 100 Million Healthier Lives measurement system: progress to date. 100 Million Healthier Lives Metrics Development Team Report. Cambridge (MA): Institute for Healthcare Improvement.

Comparing Frameworks for Wellbeing

Similar concepts to the Pillars are emerging in work formed around the intersection of faith and health. Gary Gunderson, Vice President for Faith and Health at Wake Forest Baptist Medical Center, outlined the Leading Causes of Life that underscore the intangible qualities of community that contribute to health, healing, and wellbeing.³ He describes these as operating at both individual and collective levels. By naming and using the Leading Causes of Life to focus on solutions to chronic, real-life conditions, Dr. Gunderson urges the strengthening of assets that exist within complex, challenging environments.

In another example, the Full Frame Initiative's (FFI) Five Domains of Wellbeing⁴ framework identifies a set of experiences and assets that everyone requires, in combination and balance, for health and hope; FFI asserts that poverty, violence, trauma, and oppression are deepened when systems, communities, and services pit "domains" against each other (e.g., safety at the expense of a person's sense of belonging and connection). FFI works throughout the U.S. to help organizations, systems, and communities fundamentally shift their focus from fixing problems to fostering wellbeing, especially for people, families, and communities who are deeply marginalized. We present a comparison of these frameworks in the following figure.

³ Peterson T. Leading Causes of Life: Q & A with Gary Gunderson. Stakeholder Health. Published June 5, 2014. Accessed July 6, 2017.

⁴ Full Frame Initiative. The Five Domains of Well Being. Published 2015. Accessed July 6, 2017



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