Five Ways to Wellbeing: First Steps in Waterloo Region

Workshop Report
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Acknowledgements

This report was produced to support the Waterloo Region Mental Health Work Group in planning and applying a mental health literacy framework to promote mental health and wellbeing across Waterloo Region. The Work Group members at the time of report production included:

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Executive Summary

1. Introduction
The Waterloo Region Mental Health Work Group (Work Group) aims to increase public awareness of mental health and wellbeing as positive concepts that are vital to overall health. The Work Group also aims to educate, engage, and partner with local organizations from all sectors to support integrating mental health promotion into policies and/or programs. Through this, the Work Group can ensure mental health and wellbeing support for all. To achieve these objectives, the Work Group scanned mental health literacy frameworks; appropriate frameworks had evidence-based messaging that was relevant across the lifespan and was adaptable to different populations and settings. The chosen framework that met these criteria is called the Five Ways to Wellbeing.

2. Five Ways to Wellbeing
The Five Ways to Wellbeing was developed in the United Kingdom in 2008 by the New Economics Foundation (NEF). The framework identifies five simple, evidence-based actions that can be applied in a variety of ways to promote positive mental health and wellbeing in everyday life across the lifespan. The actions include: be active by moving more; take notice and be mindful of surroundings and experiences; keep learning new things and developing new skills; give back to the community and help others; and connect with others to create strong and meaningful relationships. A variety of groups have successfully adopted the framework, including health practitioners, local health authorities, community groups, and government organizations.

3. Community Workshop
With support from the University of Waterloo CHEC Initiative, the Work Group aimed to explore how the Five Ways to Wellbeing could be implemented in local organizations by consulting with community stakeholders. The Work Group hosted a half-day workshop to:
   1) Examine how the Five Ways to Wellbeing could be implemented;
   2) Discuss likely challenges to implementation;
   3) Identify resources needed for successful implementation.

A total of 42 individuals from 26 organizations attended the workshop. Participant perspectives ranged from management to program staff and clinicians. Participants represented neighbourhood associations, early years centres, YMCAs, community centres, ethno-cultural organizations, counselling agencies, local universities and
4. Key Findings

Participants found the *Five Ways to Wellbeing* framework to be a relevant and engaging mental health promotion strategy and specifically liked how it was evidence-based. The framework was described as accessible, with many noting its ability to be used regardless of age, culture, or socioeconomic status. Participants felt the clear language made the framework easy to understand and many felt the bright colours made messaging appealing. However, some participants felt that the framework was incomplete, noting that other factors that promote mental health and wellbeing, such as sleep and nutrition, were missing.

Participants identified ways they could apply the *Five Ways to Wellbeing* framework at their organization. This includes integrating it into programs/services by drawing connections between current activities and mental health and wellbeing, educating others about wellbeing and the ‘five ways,’ working with clients one-on-one work to set goals and/or reflect on ‘five ways’ activities, or developing and strengthening partnerships with community agencies to make referrals to help clients participate in ‘five ways’ activities. Other ideas focused on how the *Five Ways to Wellbeing* framework could be used to support changes in organizations to shift how mental health and wellbeing is prioritized. This could be done through employee training initiatives or organization-wide policies on using the ‘five ways’ with clients. Many participants also discussed how municipal governments could implement policies and create environments that support individual action in the ‘five ways’.

A range of resources were identified to help apply the framework in local organizations, including: a centralized website; toolkits with background information and statistics to foster buy-in from management and staff; training materials for staff and the public; community champions and instructors to support training initiatives; print materials; and worksheets, journals or activity cards to use directly with clients.

5. Next Steps

During summer 2017, the Work Group will use the skills of a Visual and Digital Media summer student, who is employed by RWPHE, to develop the recommended resources from the consultation. Following resource development, the Work Group hopes to pilot test an application of the *Five Ways to Wellbeing* framework within local organizations to assess the utility of the developed resources and to measure the impact of the framework on wellbeing and organizational culture. Results from the pilot test will be used by the Work Group to inform revisions to the resources and further refine implementation recommendations.
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1. Background

1.1 The Waterloo Region Mental Health Work Group

In 2011, a community coalition called the Waterloo Region Healthy Communities Partnership released a report that identified mental health as one of the three top priorities for policy advocacy by residents in Waterloo Region. The mental health recommendation was to “use a social determinants of health approach to address the underlying contributing factors associated with mental health and to advocate for stakeholders to adopt and fund such an approach” (Dillon Consulting Limited, 2011). Following the release of the Community Picture, a group of local stakeholders came together to form the Waterloo Region Mental Health Work Group (Work Group).

The Work Group’s initial objective involved reviewing key areas for local policy advocacy to promote mental health and in 2013 it contracted the Sustainable Societies Consulting Group to engage stakeholders in Waterloo Region to develop an action plan. Sustainable Societies Consulting Group reviewed mental health promotion policy options, organized and facilitated a community consultation, assessed the practicality of key policy advocacy options, and helped the Work Group develop a strategic policy advocacy action plan. Consulted stakeholders in both the in-person event and the online survey ranked broader community mental health promotion and building inclusive communities as the highest priorities. Using this community feedback, the Work Group decided the best local policy actions would be to: 1) connect with existing healthy eating and physical activity initiatives to support their work by adding a mental health component; and 2) develop a complete framework for mental health in the form of a mental health charter or mental health policy statement.

Following this action, the Work Group reviewed existing mental health promotion charters and examined their effect on promoting mental health and wellbeing. The Work Group discovered that, while mental health promotion charters were useful background documents, they did not influence actions to increase mental health and wellbeing in local communities. To find possible actions that the Work Group could take to improve community mental health and wellbeing, Region of Waterloo Public Health and Emergency Services completed a literature review on evidence-based strategies for promoting mental health and wellbeing (Watson & McDonald, 2016).

This literature review stressed that mental health promotion is a broad and complex concept that is already interconnected with many actions in the community. For example, prenatal classes, day cares, schools, workplaces, health and social services, neighbourhood and community groups, employment and housing supports, justice services, and public spaces are all ways communities influence mental health and
wellbeing (Watson & McDonald, 2016). However, the review demonstrated a need for a higher and more consistent understanding of mental health and wellbeing as different from mental illness so that all organizations, sectors, and the general public understand their role in mental health promotion.

To promote this understanding, the Work Group focused its efforts on what has become known as 'mental health literacy' or "the ability to gain access to, understand, and use information to promote and maintain positive mental health" (Canadian Institute for Health Information, 2009). Increasing mental health literacy can promote mental health and wellbeing for individuals and organizations across different sectors. The Work Group identified the following action areas:

1) **Community Awareness** – The Work Group aims to increase public awareness of mental health and wellbeing as positive concepts that are an essential part of general health. The Work Group also aims to educate others on simple strategies that can be implemented to improve mental health.

2) **Partnership and Capacity Building** – The Work Group aims to engage and work in partnership with individuals and organizations across sectors to help them understand their role in mental health promotion. The Work Group also aims to assist in implementing policies and programs that support mental health and wellbeing for all.

To address these action areas, the Work Group scanned available mental health literacy frameworks, looking for evidence-based frameworks with general messaging that would be relevant across the lifespan and could be applied at both the individual and community level. The Work Group looked for a framework that would be applicable to all, regardless of socioeconomic status or culture, and that could be tailored to specific populations or settings when desired. To meet these needs, the Work Group chose to use a mental health literacy framework called the *Five Ways to Wellbeing* (see Section 3).

**1.2 Scope of Five Ways to Wellbeing project**

To apply the *Five Ways to Wellbeing* within Waterloo Region, the Work Group partnered with the University of Waterloo Community, Health, Environment, Communications Initiative to successfully apply for the Kitchener Waterloo Community Foundation Landmann Family Fund. The fund was used to hire a Research Assistant at 6.5 hours per week for 16 weeks. The Research Assistant supported the Work Group to explore how the *Five Ways to Wellbeing* could be implemented in local organizations across Waterloo Region through a workshop with local stakeholders. The purpose of the community workshop was to:
1) Examine how the *Five Ways to Wellbeing* can be implemented locally;
2) Discuss potential challenges to implementation;
3) Identify resources required for successful implementation

This report describes the findings from the community workshop, which will be used by the Work Group to inform the implementation of the *Five Ways to Wellbeing* locally. **Section 2** describes the *Five Ways to Wellbeing* framework, including examples of how it has been applied globally. **Section 3** outlines the workshop promotion, structure and content. **Section 4** begins by briefly overviewing who attended the workshop and summarizes participants’ initial perceptions of mental health, wellbeing, and mental health promotion. The remainder of this section presents the findings of the community consultation, including: participants’ reflections on the framework; ideas for implementation; desired resources; and evaluation feedback on the workshop itself. **Section 5** concludes with a summative discussion of the workshop and presents evaluation results including participants’ interest in joining and/or partnering with the Work Group to pilot test the framework in the future. Finally, **Section 6** presents conclusions and next steps for the Work Group.

### 2. The Five Ways to Wellbeing

The *Five Ways to Wellbeing* is a mental health literacy framework developed in the United Kingdom in 2008 by the New Economics Foundation (nef). The framework provides five simple, evidence-based actions that can be applied in a variety of ways to promote positive mental health and wellbeing in everyday life, across the lifespan (Aked, Marks, Cordon, & Thompson, 2008). The evidence-based messaging was designed to be memorable, easy to understand, generic, and easy to personalize. The complete framework can be found in **Appendix B**, but a brief description of the five actions, including an example of the evidence for each is provided below.

**Be Active** – The messaging supports finding physical activities that suit mobility and fitness levels, like walking or running, dancing, gardening, or cycling. Adults aged 25 to 64 who exercised at least two to three times per week were shown to experience less depression, stress, anger, and cynical distrust than those who exercised less often or not at all (Hassmen, Kioivula, & Uutela, 2000).

**Take Notice** – The messaging supports being aware of and reflecting on experiences to help appreciate things that matter. Mindfulness activities like attention to breathing and being aware of the present environment have been shown to improve wellbeing (Brown & Ryan, 2003), and reduce symptoms of anxiety and panic (Kabat-Zinn et al., 1992).

**Keep Learning** – The messaging encourages trying new activities, taking on new responsibilities, learning a new skill, or creating a new challenge. Lifelong
learning has been shown to have a positive impact on self-confidence, self-perceptions and coping abilities (Dench & Regan, 2000), and to support recovery from mental health difficulties (Hammond, 2004).

**Connect** – The messaging supports developing and maintaining positive, supportive relationships at home, at work, and in the community. Belonging to a large, supportive social network has been shown to predict good overall health and wellbeing (Jenkins et al., 2008).

**Give Back** – The messaging encourages individuals to participate in their community and volunteer time to help others in need. Improved happiness and life-satisfaction have been associated with giving and volunteerism (Meier & Stutzer, 2008); volunteering has also been found to reduce depression for middle aged and older adults (Musick & Wilson, 2003).

In 2010, nef undertook a scoping exercise to identify where and how the framework had been implemented since its creation (Aked & Thompson, 2011). The authors reported that a variety of groups had adopted the framework, including health practitioners, local health authorities, community groups, charities, and government organizations. The authors also found that the framework had been used outside of the UK, including in Australia, New Zealand, and Canada at the University of Toronto and York University. The application of the *Five Ways to Wellbeing* tended to exist along three spectrums:

1) **Targeted versus population wide** – Some organizations targeted specific population groups, while others adopted population level initiatives that connected with the public, such as radio campaigns, or community events.

2) **Small scale versus large scale** – While some initiatives were found to be low-key in nature, others occurred on a much larger scale, making use of more resources and generally occurred over a prolonged period with multiple partners.

3) **Passive versus active application** – Many initiatives relied on passive messaging that educated audiences on the framework in hopes of encouraging behaviour change. Other initiatives took a more active approach by providing the opportunity for audiences to learn about the “five ways” and to actively apply the framework or engage in the behaviours.

The report also looked at the point of intervention for the *Five Ways to Wellbeing* and found examples of both upstream and downstream interventions.

**Downstream approaches** aimed to improve wellbeing by encouraging individual behavior change. In these interventions, improvements to individuals' wellbeing came through their own deliberate action. The focus was generally on information provision and knowledge transfer to raise awareness and literacy about wellbeing.
Some examples included: campaigns, events and festivals, social marketing, and self-help materials (print or web). Sometimes the ‘five ways’ were added to existing healthy lifestyle advice/messaging or were included specifically into client service provision. Many interventions were shown to serve multiple purposes, such as a community festival that raised awareness of the *Five Ways to Wellbeing* while also providing opportunities for people to connect, learn, give, or be active.

**Upstream approaches** recognized that behaviour change might be achieved by changing the circumstances in which people live. These interventions focused on changing the environment in which a behaviour occurs by removing barriers to participation or by providing services that encouraged more ‘five ways’ behaviours. In these examples, improvements to individuals' wellbeing arose as the result of interventions that influenced: 1) the group/community of which they are members; 2) the organizations where they work or receive service; or 3) the wider circumstances/environment where they live.

Upstream examples in organizations were mainly split into two categories: inward-facing activities, focusing on developing the organization, and out-ward facing activities, to strengthen understanding and knowledge of wellbeing among partners. Two inward-facing examples included: 1) using the *Five Ways to Wellbeing* to assess people entering and leaving mental health services to determine interventions and service delivery methods; and 2) delivering staff training and assisting clinicians to find what they could do to promote the ‘five ways’ interventions and client interactions. For outward facing activities, one example involved teaching partners in local “life centres”, police, fire service, probation and criminal justice about the *Five Ways to Wellbeing* and encouraging its use as a framework to help with strategic planning. Another example involved including the *Five Ways to Wellbeing* into an overall community survey to better understand the extent to which local people were participating in the ‘five ways.’ The results were then used to inform the focus of a local mental health improvement action plan involving multiple partners.

### 3. Community Workshop

#### 3.1 Stakeholder Identification

As the Work Group is interested in community-wide application of the *Five Ways to Wellbeing* framework, organizations from all seven municipalities in Waterloo Region were invited to the workshop. Targeted organizations included those who serve the general/broader community and those focused on specific populations (e.g., children, parents, newcomers, LGBTQ, seniors). Organizations that promote general health and wellbeing through the information and/or services in areas like recreation, leisure, literacy, healthy eating, physical activity, mental health, and general wellness were
targeted. Volunteer-led organizations were also considered if they had an established board of directors and presence in the community.

Organizations that focused fully on treatment of mental illness, like hospital inpatient programs, were excluded. For the scope of this workshop, local businesses were not targeted due to 1) a cap on registration numbers related to funding and 2) wellness in the workplace being better suited in a separate consultation process. Elementary or secondary schools were excluded as both the public and catholic school boards within Waterloo Region are currently working on their own mental health strategy with associated messaging and resources.

A total of 169 stakeholders were identified from various organizations across the Region, including neighbourhood associations, older adult centres, early years centres, YMCAs and other recreation facilities, community centres, ethno-cultural organizations, public libraries, counselling agencies, local universities and colleges, family health teams, and community health centres. Waterloo Region Peer Program supervisors (21 individuals) and members of the Waterloo Region Active Living Network (215 members) were also targeted.

3.2 Workshop Promotion

A poster invitation, shown in Appendix A, was used to promote the workshop within networks throughout the community. An Eventbrite invitation, which included the poster, was shared with 384 stakeholders (169 stakeholders and 215 Waterloo Region Active Living network members) six weeks before the workshop. Two reminder emails were sent three weeks and one week prior to the workshop date. The response breakdown from the Eventbrite promotion is shown in Table 1.

Peer Site Supervisors of the Waterloo Region Peer Program distributed the invitation via email to all Peer Health Workers. Information about the workshop was also posted on the Waterloo Region Family Network and the Wellbeing Waterloo Region websites, and the members of the Work Group promoted the workshop within their own professional networks.
Table 1: Eventbrite Promotion Statistics

<table>
<thead>
<tr>
<th>Sent</th>
<th>Opened</th>
<th>Clicked</th>
<th>RSVP’d</th>
<th>Unopened</th>
<th>Bounced</th>
</tr>
</thead>
<tbody>
<tr>
<td>384</td>
<td>200</td>
<td>55</td>
<td>34</td>
<td>184</td>
<td>51</td>
</tr>
</tbody>
</table>

A total of 54 individuals registered for the workshop; as shown in Table 1, 34 registrants were recruited through the Eventbrite promotion, and the remaining 20 were recruited through the word-of-mouth promotion, web postings, and personal emails. This registration number does not include the nine workshop facilitators, including Work Group members and the research team.

3.3 Workshop Overview

Nine circular tables were arranged in a random fashion throughout the room with each table seating a maximum of seven people (one table host, and six participants). A member of the Work Group or research team acted as a table host to facilitate discussion. Tables were set-up with colourful tablecloths, a handout with nef’s Five Ways to Wellbeing framework and application examples (see Appendix B), flipchart pages to record key phrases and ideas, cue cards, and markers. Refreshments were set-up at the back of the room.

A registration table was arranged near the entrance. Attendees were greeted and asked to sign-in on a registration form, verify their email address, and create a name-tag. Prior to the workshop, participants were pre-assigned to tables to ensure that each table represented different organizations within the community.

A discussion style format was used to encourage collaborative dialogue and knowledge sharing among participants. The workshop agenda, including discussion topics, is provided in Appendix C. The workshop began with an icebreaker activity that asked participants at each table to introduce themselves (name and organization) and draw images or write phrases on flip chart pages that come to mind when thinking about mental health and wellbeing, and mental health promotion.

Following the icebreaker activity, workshop attendees listened to a 30-minute presentation that defined mental health, wellbeing, and mental health promotion, and introduced the Five Ways to Wellbeing framework. Three breakout sessions were facilitated after the presentation (see Appendix D). The first breakout session asked participants to reflect on the Five Ways to Wellbeing and discuss their personal opinions and ideas on the framework. The second breakout session gave participants the opportunity to discuss how the framework could be applied within their organization, and to think of potential barriers to adoption. In the last breakout session, participants were
asked to identify resources needed to apply the framework within their organization. Resources were written on cue cards and participants were asked to rank the resources in order from most to least important, while noting the rationale for choices made. Photographs of the final rankings at each table were taken.

After the three breakout sessions, participants were asked to create a “wellbeing intention” where they anonymously stated one thing they could start doing, either personally or within their work, to promote the *Five Ways to Wellbeing*. The “wellbeing intentions” were recorded on two cue cards – one for each participant to take home and one that was collected by the table hosts. The workshop concluded with a 10-minute presentation by a representative of Wellbeing Waterloo Region in order to give attendees an opportunity to participate in this parallel initiative focused on identifying priorities and actions to improve wellbeing in Waterloo Region.

3.4 Workshop Evaluation

Participants were asked to complete a two-part evaluation form. The first part (Appendix E) was anonymous, and examined the value of the workshop, extent of engagement, and likelihood of sharing and applying what was learned. Each statement was rated on a scale of 0 (strongly disagree) to 4 (strongly agree).

The second part (Appendix F) was not anonymous, and asked respondents for their interest in learning more about the Work Group, interest in piloting the *Five Ways to Wellbeing* framework at their organization, and permission for follow-up.

3.5 Data Analysis and Verification

Field notes from the introductions and the three break-out sessions were transcribed in an Excel book and were organized by table number. A member check was conducted where each table host verified their table’s notes and added any comments and ideas that were not captured. The resource cards and the “wellbeing intention” cards were also collected and transcribed. Thematic content analysis was used to analyze the qualitative data pertaining to each breakout session: familiarity with the data was gained by reading and rereading the transcription file; initial codes were created by identifying common topics and areas of agreement and disagreement across tables; the emerging themes and primary findings were then reviewed and verified by the Work Group members and research team.
4. Findings from the Community Consultation

4.1 Workshop Participants

In addition to the Work Group members, 54 individuals pre-registered for the workshop; five cancelled their registration, and 14 did not attend the event. An additional six participants registered the day of the workshop.

In total, 42 individuals from 26 organizations attended the workshop. There was representation from organizations who serve all municipalities across Waterloo Region. As shown in Figure 1, community agencies (e.g., YMCA, early-years centres) represented half of the sample. Nine of the 21 community agencies targeted children and families, while the remaining provided services and programs to the broader community. Wellness organizations included massage therapy or naturopathic clinics.

Participants included a mix of managers and supervisors (27%, n=11), program coordinators (12%, n=5), program workers, such as health promoter, peer health worker, or community resource worker (37%, n=15), and clinicians and therapists, such as a social worker or registered massage therapist (15%, n=6). Other positions (n=4) included students, volunteers, and resource specialists.

4.2 Perceptions of Mental Health, Wellbeing, and Mental Health Promotion

For some participants, perceptions of mental health and wellbeing were mostly negative, with emphasis on mental illness (e.g., being “sick,” stress, anxiety, sadness, depression, darkness, loneliness), treatment (e.g., medication), and risk factors for poor mental health (e.g., trauma, isolation, fractured families). Others acknowledged
systemic challenges related to accessing mental health resources and described lack of services, inequitable access, poor accessibility, and strict criteria for getting help.

Positive perceptions of mental health and wellbeing also emerged, focusing on factors that promote resiliency (e.g., self-care, social networks, listening ears, peer support, nature) and reduce stigma, including continued education, sharing stories, and conversations about mental health. Participants discussed how mental wellness encompasses the whole person, including body, mind and soul. Integration of the full-self and actions that promote reflection and introspection were also described.

Some participants described actions that could be taken to promote mental health, such as being physically active, practicing self-care, and forming connections with friends and family. Others discussed current mental health promotion campaigns, such as Bell’s Let’s Talk initiative or the Not Myself Today website.

4.3 Reflections on the Five Ways to Wellbeing Framework

Participants mostly agreed that the Five Ways to Wellbeing framework appeared easy to use, and felt that the framework was highly flexible and could be easily adapted for different populations and organizations. Many discussed how they were already engaging in activities supported by the framework and highlighted how the ‘five ways’ are linked, noting that participation in one activity may promote several of the ‘five ways.’

Participants viewed the framework as positive and discussed how the framework can empower and encourage individuals to take action. Many felt the use of vibrant colours made the framework more appealing and helped create engagement, but some questioned if the framework was edgy enough to promote widespread interest. Similarly, some were concerned about generating interest in the ‘five ways’ among clients who are in crisis or have other pressing needs (e.g., housing, employment).

The use of evidence to inform actions was identified as a strength of the framework; however, some felt the framework was too scientific to be accessible to all community members. Some also questioned the cultural appropriateness of the framework, discussing how the ‘five ways’ may need to be reframed to reflect different cultural norms. Some participants were concerned about the applicability of the ‘five ways’ to those who are experiencing mental health problems or illness, especially if they have acute concerns or are in crisis. Others, however, suggested that the ‘five ways’ were extremely relevant to those experiencing mental health problems and the framework should be included as part of their recovery plan, acknowledging that it may need to be reframed or adapted to meet specific client needs.
Some felt the framework was not complete, noting that other factors that promote wellbeing, such as sleep and nutrition, were not included. Similarly, people noted that more examples of potential actions were needed, especially for “take notice.” Many were unclear on how to “take notice,” or how to help others to do so. It was suggested that organizations should tailor the framework to provide examples that are relevant to their specific clientele and to identify internal resources as well as external partners that can support engagement in ‘five ways’ activities.

4.4 Applying the Five Ways to Wellbeing Framework

Participants identified seven different ways that the Five Ways to Wellbeing framework could be implemented in organizations across the community. Table 2 presents specific examples for each method.

Connecting the framework to existing policies, programs, and services was identified as the easiest way to apply the Five Ways to Wellbeing. Many participants noted their existing programs and services already support one or more of the ‘five ways’ but do not specifically connect activities to wellbeing. Therefore, many felt the first step to applying the framework would be to emphasize how current activities support mental health and wellbeing. Opportunities for including the framework into group work, one-on-one client sessions, and existing employee wellness strategies were also discussed.

Participants also wanted to provide direct education about the Five Ways to Wellbeing. Many had an interest in hosting a workshop or running a general educational campaign to promote individual action on wellbeing. Employee training was discussed as a mechanism to provide staff with knowledge of the framework and to encourage use of the messaging in their work. These individuals also discussed interest in assessment tools that can be used to include the Five Ways to Wellbeing into one-on-one interactions with clients. One participant described how they would like to have a worksheet to help clients assess their current activities, set goals, and track changes in their participation in the ‘five ways’ over time. Another explained how information on the Five Ways to Wellbeing could be built into initial, mid-point, and ending client assessments to encourage individual behavior change while also measuring changes in participation in the ‘five ways’ over time.

Passive education was identified as an easy, low-cost way to increase awareness of the Five Ways to Wellbeing among the public. Participants discussed how pamphlets in waiting rooms and offices would allow individuals to learn about the ‘five ways’ without increasing staff workload. A social media campaign was also discussed as another opportunity to promote widespread awareness of the ‘five ways’.

Individuals from organizations that provided support in the areas of housing and employment discussed their interest in forming partnerships with community
organizations that can support action in ‘five ways’ behaviours. Although limited in their ability to directly support clients in the ‘five ways’ activities, they expressed interest in making referrals to other organizations that could take on this role.

Many attendees discussed their interest in including the framework in overall organizational culture. Some suggested creating organization-wide policies that mandate staff to address the Five Ways to Wellbeing with clients. Others emphasized their interest in supporting employee wellbeing and described different ‘five ways’ activities that could be adopted within the organization (e.g., random acts of kindness challenge, pedometer challenge, and gratitude hour).

As the Five Ways to Wellbeing framework encourages individual behaviour change, participants discussed the need for organizations and government to improve policies and create environmental supports that make participating in ‘five ways’ behaviours easier for all individuals. One suggestion was to create “intentional communities” by incorporating the framework into community planning efforts to promote a focus on inclusive communities. Others discussed the role of municipal governments in creating policies that support all community members’ participation in wellbeing activities, such as local land use policies that support the creation of more free and accessible green spaces where individuals can take notice, reflect, and be active.

Although most participants felt there was value in applying the Five Ways to Wellbeing framework at their organization, many expressed concern about fostering interest and support for the framework from clients, colleagues, and management, especially when other mental health messaging focus on mental illness. Many questioned how the ‘five ways’ should be prioritized in relation to other needs and indicated that some clients may not view the framework as important when they have needs related to housing, nutrition, or employment. Individuals from larger organizations also expressed concern over the logistics of training multiple staff on the framework so that it could be consistently applied with all clients. The desire for consistent messaging across Waterloo Region was also expressed; it would be easier to foster organizational buy-in if the framework was widely used.
<table>
<thead>
<tr>
<th>Application</th>
<th>Methods of Application</th>
</tr>
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| Connect into Existing Programs, Services, and Policies. | • Mandate employees to integrate framework into client services.  
• Include framework into existing group or one-on-one programming.  
• Use framework as an overall lens to guide organizational service provision; “a way of being” when interacting with clients. |
| Direct Education | • Educate clients/employees on the ‘five ways’ to encourage individual behavior change.  
• Train employees to use framework with clients. |
| Assessment Tools | • Client journals or diaries to track participation in ‘five ways’ activities.  
• Clinician assessment questionnaires to measure client participation in the ‘five ways.’ |
| Passive Education | • Pamphlets, brochures, posters.  
• Messaging on facility television screens.  
• Social media campaigns. |
| Form Partnerships | • Create referral system to link clients to organizations that support ‘five ways’ behaviours. |
| Integrate into Organizational Culture | • Input framework into organization value statements.  
• Incorporate framework into existing employee wellness initiatives. |
| Systems and Environmental Supports | • Use framework to guide community planning.  
• Review and revise policies to ensure support for the ‘five ways.’ |
4.5 Desired Resources for Application

Each table was responsible for identifying desired resources for application of the *Five Ways to Wellbeing* framework and ranking these from most to least important. In addition to funding and staff support (which were valued by almost all participants), the resources identified by participants in order of importance, are described below.

Participants consistently identified the need for a centralized **website**, which they believed would facilitate access to all information and resources needed to successfully apply the framework within organizations. Related to the website was a desire to create a “Waterloo Region Five Ways to Wellbeing” logo to allow for consistent messaging and branding across organizations in the region who are applying the framework.

To **help foster buy-in** from management and colleagues, participants suggested a **multi-faceted toolkit** that includes the following components:

- a) Overview of the evidence for each of the ‘five ways’;
- b) Educational materials on mental health and wellbeing, mental health promotion, and how organizations can support wellbeing in the community
- c) Statistics on mental health and wellbeing across Waterloo Region to demonstrate the need for the *Five Ways to Wellbeing* framework;
- d) Statistics on how promoting employee wellness will be ‘good for business’ (e.g., impact of wellness on productivity, sick days, etc.).

It was suggested that the information be available in a variety of formats, such as infographics, presentations, and brief reports.

Participants described the need for **training materials**. Interest in a designated community instructor to support training initiatives was expressed, as was interest in having full training packages (i.e., presentation, speaking notes, and handouts) that could easily be adapted and tailored to specific organizations and populations. Three types of training materials were suggested by participants:

- a) Materials to train staff on how to incorporate the *Five Ways to Wellbeing* into work with clients;
- b) Materials to motivate staff and clients to take individual action to promote their own wellbeing;
- c) Materials for management to show how the *Five Ways to Wellbeing* can be incorporated into organizational culture.

Interest in **community champions** was also discussed. Participants wanted a central point of contact who could answer questions and access to a broader network of interested professionals to provide support and share resources. Participants suggested
that a centralized website could identify organizations using the *Five Ways to Wellbeing* framework to encourage collaboration and partnerships. Participants also hoped to be able to identify different activities that are happening across the community that promote the ‘five ways’ as possible examples of activities for their own work, and for referral sources for clients.

Although participants identified a variety of **print materials** that may be useful (e.g., posters, infographics, wallet cards, bookmarks, sticky-notes, appointment cards), concerns were expressed about the value of such materials, as often they may just be tossed in the garbage. Others noted that print materials would be most useful if they were available in a variety of languages and were tailored to different age groups and cultures. Some participants suggested having separate materials developed for children, parents, and older adults, where the layout (e.g., font size) and messaging have been adapted to be appropriate for each group.

Participants that work one-on-one with individuals identified different **client tools** that may be useful for their practice. Examples included journals and diaries for clients to track their participation in ‘five ways’ activities, goal setting templates, and a set of guiding questions to help clients reflect on their existing activities and impact on wellbeing. Others suggested assessment questions to measure client participation in the ‘five ways’ or small cue cards to remind clinicians to discuss the ‘five ways’ with all clients. One individual suggested laminated cut-out cards representing each of the ‘five ways’ be created to work with clients with lower education and/or literacy levels.

The role of **social media** was discussed and many participants expressed interest in having a specific Waterloo Region ‘five ways’ hashtag, as well as sample tweets or postings that could be tailored by organizations.

Other resources that were identified less frequently and were considered of lower importance, included:

a) A **phone app** that offered notifications/reminders, badges, examples of activities, and allowed goal-setting;

b) A **children’s book** with colourful illustrations of the ‘five ways’ and the benefits;

c) An **informational video** that is available on YouTube a training tool that could be used to educate people on the ‘five ways’; and

d) A ‘five ways’ **accreditation or stamp** that could be used to communicate the message that “we promote mental health and wellbeing in our organization.”

Importantly, participants identified a need for **evaluation resources** that could be used to track *Five Ways to Wellbeing* initiatives and measure outcomes related to knowledge, awareness, confidence, and behaviour change. While specific ‘five ways’ applications
and initiatives within organizations will need to develop tailored evaluation resources to reflect current activities, some examples have been provided in Appendix G to aid organizations in developing these tools.

4.6 Wellbeing Intentions

The individual wellbeing intentions written by participants were classified into four different themes related to personal application of the Five Ways to Wellbeing:

1) **Share in the workplace:** Participants described how they intended to share the framework at their workplace and identified ways it could be used in their organization. Others also described how they planned to share the framework with clients and use parts of the framework in their programming.

2) **Share with Friends and Family:** Participants expressed their intention to share the framework with their friends and family. For example, one person noted their intention to hang the framework on their fridge and explain it to their children.

3) **Take Action:** Many participants identified actions they intended to take to engage in ‘five ways’ activities themselves. While some described their general desire to use the entire framework, others identified specific actions they wished to take to promote one of the ‘five ways,’ like going to the library (keep learning) or going for walks (being active). “Take notice” came up most frequently, with people wanting to be present with their thoughts and practice meditation.

4) **Start the Conversation:** Some intentions were less specific, with many people expressing a general desire to “start the conversation,” share the information, and “talk about it” with someone.

Some participants identified more than one action; Appendix H provides the full list of wellbeing intentions identified by participants.

4.7 Workshop Feedback

Part One of the post-workshop evaluation form was completed by 40 participants. Average level of agreement (from 0 to 4) for each item is presented in Table 3. Overall, participants found the workshop to be interactive and engaging. Over 80% of participants indicated that their knowledge of mental health promotion increased since attending the workshop, and all participants stated the workshop increased their understanding of the Five Ways to Wellbeing framework. Everyone felt the framework was relevant to their work, and all intended to share their learnings with others at their organization. Additionally, nearly 90% of participants intended to apply the framework to improve their own mental health.
### Table 3: Average Ratings on Post-Workshop Questionnaire

<table>
<thead>
<tr>
<th>Item</th>
<th>Average Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of mental health promotion has increased</td>
<td>3.32 ± 0.76 (range: 1 – 4)</td>
</tr>
<tr>
<td>Understanding of the <em>Five Ways to Wellbeing</em> has increased</td>
<td>3.85 ± 0.36 (range: 3 – 4)</td>
</tr>
<tr>
<td><em>Five Ways to Wellbeing</em> framework is relevant to my work</td>
<td>3.80 ± 0.41 (range: 3 – 4)</td>
</tr>
<tr>
<td>The workshop was interactive and engaging</td>
<td>3.88 ± 0.33 (range: 3 – 4)</td>
</tr>
<tr>
<td>I plan to share what I learned with others at my organization</td>
<td>3.88 ± 0.33 (range: 3 – 4)</td>
</tr>
<tr>
<td>I intend to engage in the <em>Five Ways to Wellbeing</em> to improve my own mental health</td>
<td>3.78 ± 0.62 (range: 3 – 4)</td>
</tr>
</tbody>
</table>

*Each statement was rated on a scale of 0 (strongly disagree) to 4 (strongly agree).

Of the 36 participants who completed Part Two of the post-workshop evaluation form, all expressed an interest in receiving updates from the Work Group. As shown in Figure 2, many also expressed interest in joining the Work Group and/or collaborating with the Work Group to apply the *Five Ways to Wellbeing* in a pilot test at their organization.

**Figure 2:** Interest in Joining the Work Group and Being a Pilot Test Site for the Five Ways to Wellbeing Framework
5. Discussion

The workshop, “Five Ways to Wellbeing: Changing the Conversation on Mental Health,” attracted 42 individuals from 26 organizations that provide service to all seven municipalities in Waterloo Region. Participants reflected the perspectives of management (27%), program staff (49%), and clinicians (15%) and were predominately from community agencies (52%), followed by Family Health Teams or Community Health Centres (17%).

Overall, participants found the Five Ways to Wellbeing framework to be a relevant and engaging mental health promotion strategy and liked that it was based in evidence. The framework was described as accessible and applicable to all regardless of age, culture, or socioeconomic status. Participants felt the clear language made the framework easy to understand and many felt the bright colours increase the appeal of the messaging. Additionally, participants liked how the framework emphasized the positive by highlighting what people “can do” and that the focus is on wellness and wellbeing rather than illness. However, some participants felt that the framework was incomplete, noting that other factors that promote mental health and wellbeing were missing.

Participants recognized that the ‘five ways’ were interconnected and indicated that many existing health promotion initiatives already encourage some of the ‘five ways’ activities but do not connect these actions to mental health, which is needed in order to increase dialogue on positive mental health. Although participants appreciated how each of the ‘five ways’ contributed to positive wellbeing, there was specific recognition of the importance of ‘connect,’ ‘be active,’ and ‘give.’ Many participants noted that although ‘take notice’ is important to maintaining positive mental health and wellbeing, the public may not understand how to do this and further explanation or examples may be required. There was also confusion around what is meant by “keep learning” and how this would be appropriate or applied to those from culturally diverse backgrounds. Many suggested that print materials (e.g., brochures, infographics) could be translated to different languages and adapted for use with different populations (e.g., children, seniors) to ensure all communities have an opportunity to engage with the framework.

Although most participants felt the framework was relevant to their organization, many expressed concerns about how to prioritize these actions. Specifically, discussion arose around how to promote the ‘five ways’ to clients in crisis and/or those with needs related to the social determinants of health, like housing or employment.

Participants identified ways they could apply the Five Ways to Wellbeing framework at their organization. Many discussed the ways in which the framework could be integrated into existing programs/services to draw connections between current activities and mental health and wellbeing. Other suggestions to promote individual behaviour change included education about wellbeing and the ‘five ways,’ one-on-one work with clients to
set goals and/or reflect on ‘five ways’ activities, or developing and strengthening partnerships with community agencies to make referrals to help clients participate in ‘five ways’ activities.

Not all examples of application focused on individual behaviour change. Many had suggestions for how the *Five Ways to Wellbeing* framework could be implemented to support changes at the organizational level to shift how mental health and wellbeing is prioritized. For example, some suggested an employee training initiative to provide education on the importance of positive mental health and wellbeing, or adopting an organization-wide policy that requires employees to incorporate the ‘five ways’ into their programming and/or work with clients. Many individuals also discussed how municipal governments could implement policies and create environments that support individual action in the ‘five ways.’ For instance, one individual suggested that the framework should be incorporated into community planning efforts to create inclusive communities, and another suggested that local land use policies could support the creation of more green spaces where individuals can take notice, reflect, and be active.

Participants recommended a variety of resources to support the application of the *Five Ways to Wellbeing* framework in local organizations. A website was viewed as an essential resource to encourage regional adoption of the framework and to facilitate access to supporting materials and resources. Relatedly, *community champions* were suggested as another opportunity to provide centralized support for implementing the framework, and a community of practice could promote partnerships and sharing of resources and experiences between stakeholders. To overcome challenges related to getting support from senior management, participants suggested a multi-faceted toolkit that would provide information on the importance of promoting positive mental health and wellbeing, introduce the *Five Ways to Wellbeing* framework and describe supporting evidence.

The need for evaluation resources was commonly discussed by participants who are required to track outputs and outcomes related to programming for funding purposes. Specifically, these individuals cited the need to demonstrate the benefits of applying the *Five Ways to Wellbeing* framework in their organization, and requested resources to support these efforts. Some general questions and suggestions to guide the creation of pre/post survey questionnaires to measure awareness, knowledge, and behaviour change related to the *Five Ways to Wellbeing* framework have been provided in **Appendix G**. Although these questions would need to be tailored to reflect the specific initiative, they serve as a starting point for organizations to develop a more thorough evaluation plan to track activities being offered and the associated outcomes.

Feedback on the workshop was highly positive. The majority found that the workshop improved their knowledge of mental health promotion and of the *Five Ways to Wellbeing*
framework specifically. Everyone reported that the framework was relevant to their work and stated they planned to share their learnings with colleagues and engage in the ‘five ways’ to promote their own mental health and wellbeing.

Everyone was interested in receiving regular communications from the Work Group with updates on current projects and around 40% expressed interest in joining the Work Group. Nearly half of participants expressed interest in working with the Work Group to apply the *Five Ways to Wellbeing* framework in a pilot test at their organization.

**6. Conclusions and Next Steps**

The community workshop appeared to be well received with attendees expressing excitement over the *Five Ways to Wellbeing* framework. Participants identified a variety of ways in which the framework could be implemented ranging from passive and direct education to integration into organizational programs/services, to informing system level policies and the creation of environmental supports. A variety of resources were identified to support the application of the framework in local organizations, including: a centralized website; toolkits with background information and statistics; training materials; community champions; print materials; and worksheets, journals or activity cards to use directly with clients. The Work Group will use these implementation ideas and suggested resources to inform the next steps within their two stated action areas: community awareness and partnership and capacity building.

**6.1 Short Term Action**

From May to August of 2017, the Work Group will use the skills of a Visual and Digital Media summer student employed by Region of Waterloo Public Health and Emergency Services to develop the recommended resources. During this time period, the Work Group will invite workshop participants who expressed interest in joining the group to a meet and greet event. The objective is to recruit additional members for the Work Group who can 1) assist in the development of *Five Ways to Wellbeing* resources and 2) act as community champions by sharing resources and providing support to others across the community to encourage the promotion of mental health and wellbeing.

**7.2 Medium Term Action**

Following resource development and member recruitment, the Work Group hopes to pilot test an application of the *Five Ways to Wellbeing* framework within two to three local organizations. The aim is to assess the utility of the resources while also measuring the impact of the *Five Ways to Wellbeing* on both participant wellbeing and organizational culture. Results from the pilot testing will be used by the Work Group to inform revisions to the resources and further refine implementation recommendations.
7.3 Long Term Action

After refining the resources and implementation recommendations, the Work Group plans to share the *Five Ways to Wellbeing* framework more broadly across Waterloo Region. Although dependent on funding and member capacity, the goal is to host a larger community workshop as a networking and capacity building forum to encourage wider application of the *Five Ways to Wellbeing* across the community.
6. References


Appendix A. Poster Invitation

The Waterloo Region Mental Health Work Group would like your ideas on how the Five Ways to Wellbeing could be implemented in your organization!

Workshop Overview:
- Learn about the Five Ways to Wellbeing
- Share ideas on how to apply the Five Ways to Wellbeing locally
- Network with others to promote mental health in our community

When: Tuesday March 21, 1 - 4 p.m.
Registration 12:30 - 1 p.m.
Coffee/tea and an afternoon snack will be provided.

Where: Kingsdale Community Centre, 80 Wilson Ave., Kitchener

To register for this FREE event, please visit https://fivewaystowellbeing.eventbrite.ca

Space is limited, please register early
Five ways to wellbeing

A review of the most up-to-date evidence suggests that building the following five actions into our day-to-day lives is important for well-being:

Connect...

With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

Be active...

Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

Take notice...

Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

Keep learning...

Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

Give...

Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.
## Point of Intervention

<table>
<thead>
<tr>
<th>Principal Purpose</th>
<th>Individuals</th>
<th>Groups/Communities</th>
<th>Organisations</th>
<th>Policies/Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Promoting wellbeing directly</strong></td>
<td>Improvements to individuals’ wellbeing arise through their own deliberate actions</td>
<td>Improvements to individuals’ wellbeing arise as the result of interventions affecting the group/community of which they are members</td>
<td>Improvements to individuals’ wellbeing arise as the result of interventions affecting the organisation where they work or services with which they interact</td>
<td>Improvements to individuals’ wellbeing arise as the result of interventions that influence the wider circumstances in which people live and work</td>
</tr>
<tr>
<td><strong>Distinct and defined initiatives that focus on promoting wellbeing as the main objective</strong></td>
<td>e.g. - Awareness raising campaigns - Events and festivals - Literacy tools - Use of Five Ways in gallery and museum exhibits - Self-help website - Healthy lifestyles advice to reduce health inequalities</td>
<td>e.g. - Use of the Five Ways to guide the activities of time bank members - Work with youth groups to provide opportunities for Five Ways behaviour</td>
<td>e.g. - Use of the Five Ways to instigate a shift in thinking and approach to mental health - Integration of the Five Ways into staff inductions and training sessions - Knowledge transfer to GPs and health trainers</td>
<td>e.g. - Informing public mental health strategies - Incorporating indicators for Five Ways into community surveys – in order to plan and prioritise investment and activity - Use of Five Ways in contractual arrangements</td>
</tr>
<tr>
<td><strong>Promoting wellbeing indirectly</strong></td>
<td>A consideration for wellbeing is integrated into the design and/or implementation of initiatives that have other objectives</td>
<td>e.g. - Use of the Five Ways in an inclusion project aiming to integrate individuals into their communities - Co-production of public services</td>
<td>e.g. - No examples found for this category</td>
<td>e.g. - Use of the Five Ways as a tool for consultation - Influencing interventions and service delivery approaches - Improvements in partnership working</td>
</tr>
</tbody>
</table>
**Appendix C. Workshop Agenda**

**Five-Ways to Wellbeing: Changing the Conversation on Mental Health**

**Agenda**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 1:15pm</td>
<td>Icebreaker activity</td>
</tr>
<tr>
<td>1:15 – 1:45pm</td>
<td>Presentation – Mental Health Promotion: The Five Ways to Wellbeing</td>
</tr>
<tr>
<td></td>
<td>Stephanie Watson, RN, BHSc, BScN</td>
</tr>
<tr>
<td>1:45 – 2:00pm</td>
<td>Breakout Session 1 – <strong>Reflection</strong></td>
</tr>
<tr>
<td>2:00 – 2:40pm</td>
<td>Breakout Session 2 – <strong>Application</strong></td>
</tr>
<tr>
<td>2:40 – 3:00pm</td>
<td>Networking break and refreshments</td>
</tr>
<tr>
<td>3:00 – 3:15pm</td>
<td>Share back</td>
</tr>
<tr>
<td>3:15 – 3:45pm</td>
<td>Breakout Session 3 – <strong>Resources</strong></td>
</tr>
<tr>
<td>3:45 – 3:50pm</td>
<td>Feedback forms</td>
</tr>
<tr>
<td>3:50 – 4:00pm</td>
<td>Wellbeing Waterloo Region – Eve Nadler</td>
</tr>
</tbody>
</table>

Tuesday March 21, 1 – 4 p.m.
Kingsdale Community Centre, 80 Wilson Ave. Kitchener ON
Appendix D. Breakout Session Guiding Questions

Introduction

1. What images or phrases come to mind when you think about mental health and wellbeing?
2. In your view, what does mental health promotion look like?

Breakout Session 1: Reflection

1. What stood out and/or excites you about this framework?
2. What concerns you about this framework?

Breakout Session 2: Application

1. How could the Five Ways to Wellbeing be incorporated into: (a) your overall organization? (b) your specific work with clients/groups/health promotion programming?
2. What barriers might you face applying the ‘five ways’ at your organization?
3. How could the framework be expanded or adapted by your organization?

Breakout Session 3: Resources

1. How important is this resource? Why?
2. Do others agree with this placement? Why or why not?
Appendix E. Workshop Evaluation Form

Five-Ways to Wellbeing: Changing the Conversation on Mental Health

Evaluation Form

Please rate the extent to which you agree with the following statements on a scale from 0 (strongly disagree) to 4 (strongly agree).

My knowledge of mental health promotion has increased since attending today’s workshop
Strongly disagree 0 1 2 3 4 Strongly agree

My understanding of the Five Ways to Wellbeing has increased since attending today’s workshop
Strongly disagree 0 1 2 3 4 Strongly agree

The Five Ways to Wellbeing framework is relevant to my work
Strongly disagree 0 1 2 3 4 Strongly agree

This workshop was interactive and engaging
Strongly disagree 0 1 2 3 4 Strongly agree

I plan to share what I learned at today’s workshop with others at my organization
Strongly disagree 0 1 2 3 4 Strongly agree

I intend to engage in the Five Ways to Wellbeing to improve my own mental health
Strongly disagree 0 1 2 3 4 Strongly agree

Please share any other comments and ideas you have about the Five Ways to Wellbeing:

________________________________________________________________________

________________________________________________________________________

Thank-you!
Appendix F. Workshop Follow-up Form

Five-Ways to Wellbeing: Changing the Conversation on Mental Health

Follow-up Form

Name: _____________________________________________________________

Organization: _______________________________________________________

Email: __________________________ Phone: __________________________

Would you like to receive updates on the work of the Waterloo Region Mental Health Work Group?

☐ Yes ☐ No

Are you interested in joining the Waterloo Region Mental Health Work Group?

☐ Yes ☐ No

Are you interested in working with The Waterloo Region Mental Health Work Group to apply the Five Ways to Wellbeing framework in a pilot test at your organization?

☐ Yes ☐ No

Can we follow-up with you if we have further questions about how the Five Ways to Wellbeing framework could be applied in your organization?

☐ Yes ☐ No

Thank-you!
Appendix G. Evaluation Resources

Evaluation resources and tools can be used to support strategic planning by demonstrating the reach and outcomes of Five Ways to Wellbeing programming to senior management and funders. Below are some example tools and questions that can be adapted to help identify the ways in which the implementation of Five Ways to Wellbeing initiatives can be tracked and outcomes can be measured.

**Program Mapping Tools:**

Before implementing the Five Ways to Wellbeing, it is important to review existing policies, programs, and/or services to identify areas where the ‘five ways’ are already being supported and where there are opportunities for development. This scan will show where the framework could be added into existing services or it may identify that a new program or policy is required. Collecting this type of information can help demonstrate both the need and the feasibility of promoting mental health and wellbeing using the Five Ways to Wellbeing framework. Many organizations have existing program review tools that could be used to complete this type of scan; however, some basic examples have been provided here as a guide.

**Example 1: Examining wellbeing messaging**

<table>
<thead>
<tr>
<th>Program, service or policy</th>
<th>Current wellbeing messaging (if any)</th>
<th>Ideas to incorporate ‘five ways’ messaging</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Example 2: Examining ‘Five Ways’ activities**

<table>
<thead>
<tr>
<th>‘Five Ways’</th>
<th>Current activities</th>
<th>Potential activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Be active</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take notice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keep learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Give</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Data Tracking:

Regardless of how the Five Ways to Wellbeing framework is implemented, it is important to track activities (i.e., what was offered and who participated). This information will assess the delivery and reach of initiatives, which is important when identifying how initiatives can be improved and examining the outcomes related to participation. Some examples of data related to Five Ways to Wellbeing initiatives that can be tracked include:

- # and characteristics of employees (e.g., gender, position) who participate in a training workshop
- # and characteristics of clients (e.g., age, gender) who attend an educational workshop
- # of clients who complete a ‘five ways’ goal setting exercise
- Characteristics of organizational initiatives (e.g., nature, frequency, level of participation)
- # of pamphlets/brochures/bookmarks, etc. distributed
- # of referrals made for clients to organizations that support ‘five ways’ activities (consider the nature of the referral, characteristics of clients, etc.)
- # of programs/services that incorporate the Five Ways to Wellbeing; # and characteristics of clients reached through these programs
- # and nature of organizational policies created or revised to include the Five Ways to Wellbeing
- # of social media posts (Facebook, Twitter, Instagram) using the Five Ways to Wellbeing messaging; # of people who viewed, liked, or retweeted content

Sample Survey Questions:

Surveys and questionnaires can be used to measure outcomes associated with Five Ways to Wellbeing initiatives, such as change in: awareness/knowledge, intentions/confidence, and actual behaviour. Examples of initiatives where an outcome survey may be used include:

- To measure change in awareness of mental health and/or knowledge of the Five Ways to Wellbeing framework as a result of an educational workshop or promotional campaign for clients or employees.
- To measure confidence in ability to apply the Five Ways to Wellbeing framework with clients following a staff training session.
- To measure client or employee intention to engage in the Five Ways to Wellbeing behaviours following an educational workshop or promotional campaign.
• To measure actual client or employee ‘five ways’ behaviours at the beginning, midpoint and end of programming including education on the *Five Ways to Wellbeing*.

Some examples of close-ended survey questions are provided below. Survey questions should be modified and tailored to reflect the initiative that was offered as well as the audience completing the questionnaire. Additionally, when providing a workshop or training session, it is ideal to conduct the survey prior to completing the intervention and again after the intervention (i.e. pre and post) to accurately assess impact. Another option is to complete the survey or an additional follow-up survey after an extended period of time (e.g., two weeks or 1 month later) to measure actual behaviour change or knowledge exchange.

1. **How would you rate your own mental wellbeing?**
   
   Very poor | 0 | 1 | 2 | 3 | 4 | Excellent

2. **How important to you is your mental health and wellbeing?**
   
   Very poor | 0 | 1 | 2 | 3 | 4 | Excellent

3. **Please rate how often you do each of the following:**

   - *I notice things around me*
     
     None of the time | 0 | 1 | 2 | 3 | 4 | Always

   - *I connect with others*
     
     None of the time | 0 | 1 | 2 | 3 | 4 | Always

   - *I live an active lifestyle*
     
     None of the time | 0 | 1 | 2 | 3 | 4 | Always

   - *I help or give back to others*
     
     None of the time | 0 | 1 | 2 | 3 | 4 | Always

4. **How knowledgeable are you about mental health promotion?**
   
   Not at all | 0 | 1 | 2 | 3 | 4 | Very

5. **How knowledgeable are you about the *Five Ways to Wellbeing*?**
   
   Not at all | 0 | 1 | 2 | 3 | 4 | Very

6. **My knowledge of mental health promotion has increased since attending today’s workshop**
   
   Strongly disagree | 0 | 1 | 2 | 3 | 4 | Strongly agree
7. My understanding of the Five Ways to Wellbeing has increased since attending today’s workshop
   Strongly disagree  0  1  2  3  4  Strongly agree

8. How confident are you in your ability to apply the Five Ways to Wellbeing in your personal life
   Not at all  0  1  2  3  4  Very

9. How confident are you in your ability to apply the Five Ways to Wellbeing framework in the work you do
   Not at all  0  1  2  3  4  Very

10. I intend to apply the Five Ways to Wellbeing in my personal life
    Strongly disagree  0  1  2  3  4  Strongly agree

11. I plan to share the Five Ways to Wellbeing with my friends and family
    Strongly disagree  0  1  2  3  4  Strongly agree

12. The Five Ways to Wellbeing framework is relevant to my work
    Strongly disagree  0  1  2  3  4  Strongly agree

13. I plan to apply the Five Ways to Wellbeing in the work I do
    Strongly disagree  0  1  2  3  4  Strongly agree

14. I know who to contact for support in completing Five Ways to Wellbeing actions
    Strongly disagree  0  1  2  3  4  Strongly agree

15. I know who to contact for support in applying the Five Ways to Wellbeing framework in my work
    Strongly disagree  0  1  2  3  4  Strongly agree

16. The Five Ways to Wellbeing are:
    1)
    2)
    3)
    4)
    5)
17. Which of the following groups have you shared the *Five Ways to Wellbeing* with? Check all that apply.

- [ ] Friends
- [ ] Family
- [ ] Co-workers
- [ ] Clients
- [ ] I have not shared the framework with anyone
Appendix H. Wellbeing Intentions

I Intend to Share the Five Ways to Wellbeing in the Workplace

- Pass on the information to the coordinator who runs a wellness program at [my organization]
- Share information on the 5 ways of wellbeing at our next team meeting to brainstorm ideas on how to use the framework.
- Photocopy the five ways to wellbeing handout and give to my group tonight
- Introduce to [colleague] and have them journal ideas
- Present the five ways to wellbeing as a checklist at next [program] meeting and monitor how they are coping
- Post information in the office
- Talk to my clients, coworkers and family
- Share the “5 ways for wellbeing” with my clients
- Incorporate physical activity into my program
- I would share what I learned with a colleague or client while we take a walk
- Talk to co-workers about the 5 ways;
- I will share the 5 ways to wellbeing with my family, friends and co-workers, and the importance of mental health
- Share with student union at next team meeting
- Share with employees and coworkers, encourage them to practice the 5!
- Present 5 ways of wellbeing to staff team
- Share the 5 ways sheet with our staff to explore how we might implement the concepts
- Develop post-its with “5 ways” and put up in my office and waiting area
- Integrate the framework for upcoming public presentations on different mental health challenges
- Talk about it with staff team
- Give everyone an afternoon off
- Address those gathering for our [program] and start to tell them about the five ways to wellbeing
- Find a poster/infographic to post in my office as a reminder
- Present in community café to talk about ways we can spread this information

I Intend to Share the Five Ways to Wellbeing with Family and Friends

- I will share the 5 ways to wellbeing with my family, friends and co-workers, and the importance of mental health
- Talk to my clients, coworkers and family
- Hang this on my fridge and explain it to my children
- Talk to friends and family about today’s workshop
I Intend to Take Action Using the Five Ways to Wellbeing

- Take notice aloud!
- Develop a check-list/tracker for myself and reflect on ways I can apply these areas for self-care
- Take notice through meditation and breathing
- Take notice
- Start to take notice
- Begin taking time to reflect on if I’m fulling each of the 5 steps in some way every day
- Take 5 minutes to connect with and listen to someone
- I will take a moment to be present with my thoughts
- Go to the library and take out a new book
- Be more active – daily fitness!
- For myself, keep learning
- Encourage myself and others to use the framework
- Print out the “5 ways” graphics and stick them on my laptop as a reminder to think about, talk about and do!
- Make a value statement using the 5 ways to wellbeing headings
- Keep learning (learn a new stich in knitting)
- Be more active, going for walks (maybe bring a friend)
- Actively listening to give suggestions of things to try

I Intend to Start the Conversation about the Five Ways to Wellbeing

- Create supportive conversations about wellbeing
- Share the 5 ways with someone else
- Start the conversation
- Start talking – begin the conversation
- Hand out information on the five ways to wellbeing
- Talk about it
- Talk about one of the five ways with someone
- Have curious conversations
- Give out the five ways to wellbeing handout