



OLLSCOIL NA GAILLIMHE
UNIVERSITY OF GALWAY

**Adaptation of the HSE's
Minding Your Wellbeing Programme
and Train-the-Trainer Model
for Delivery to Older People in Community Settings**

Pilot Study

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Summary Report – Introduction

This report was commissioned by the Health Service Executive (HSE) to support the development of the *Minding Your Wellbeing* programme (MYWB) for delivery to older people in community settings.

MYWB is an evidence-informed initiative that aims to promote positive mental health and wellbeing through positive psychology, self-care and resilience building. The programme was developed in 2015 by the Health Promotion and Improvement team in Community Healthcare Organisation (CHO 4). This was supported by a partnership initiative between Healthy Ireland and the University of Pennsylvania's Master's Programme in Positive Psychology, to inform mental health promotion programmes in Ireland for HSE staff and other audiences. The programme takes a universal approach aiming to provide a broad introduction to positive psychological concepts, framing mental health as a resource, following which participants can choose to strengthen their skills through additional training. The programme is offered either as one full day, a series of workshops, or a modified online video programme, and includes the following focus areas:

- Practicing Self Care
- Understanding Our Thoughts
- Exploring Emotions
- Building Positive Relationships
- Improving Our Resilience

The Initial MYWB Programme

An initial pilot programme, targeting HSE staff at all levels and disciplines, was conducted in Cork and Kerry and a national pilot was then developed and evaluated (National Centre for Men's Health, IT Carlow and South East Technological University, 2018). The aim of the initial programme was to build capacity among participants to care for their own mental wellbeing and to support them in their professional roles. As part of the pilot programme, these objectives were evaluated using a digital pre- and post-course evaluation survey (completed by 225 participants) with a follow-up survey 12 weeks after the programme (completed by 95 participants). The evaluation focused on capturing changes in participants' understanding of mental health and wellbeing and the application of this understanding both personally and professionally. The findings showed positive trends, including increased understanding, competence and confidence concerning the key programme concepts and their application in practice. Since this pilot study, the programme has been delivered by Health Promotion and Improvement Officers to HSE staff across the country.

Subsequent Adaptations to the MYWB Programme

Health Promotion and Improvement Officers receive ongoing requests for the delivery of the Minding your Wellbeing programme in the community setting with a particular focus on addressing the needs of older people. As a result, small scale pilots of the standard programme have been carried out in the community in CHO 4 (Cork, Kerry) and CHO 9 (Dublin). In CHO 9, the programme was informally piloted as a six-week programme (1.5 hour sessions weekly) with older persons in Coolock and delivered by two Health Promotion Improvement Officers (O'Rourke, 2019). The standard programme was adapted to focus on promoting a sense of purpose, providing a safe space to share feelings and emotions and providing a social opportunity for participants.

Due to the success of these pilot initiatives, positive feedback from participants and facilitators, and to further actions identified in the *Stronger Together* plan (HSE, 2022) within the context of *Healthy Ireland* (Department of Health, 2021), the HSE intends to expand the programme for delivery to priority groups within community settings in partnership with the community and voluntary sector.

Current Study

The current study aims to formalise adaptation of the HSE's Minding Your Wellbeing programme for delivery to older people in community settings. It builds upon the informal pilot in Coolock (CHO 9), adopting their once-weekly delivery format of the six-week programme. A key component of this pilot study was to assess the feasibility of a HSE partnership with community organisations in delivery of the programme. The study examined both the programme content and the existing train-the-trainer model in terms of suitability for delivery within the community and voluntary sector and its appropriateness for older people in particular, a priority population group identified in the *Stronger Together* plan (Actions 3, 9, 20). Findings from the study will inform the effective implementation of a national MYWB programme for older people in community settings, thereby supporting the delivery of priority actions in *Stronger Together: The HSE Mental Health Promotion Plan 2022-2027* (HSE, 2022).

The Minding Your Wellbeing pilot study consisted of six main components:

1. Consultation with Past Programme Implementers
2. Review and Revision of Programme Content
3. Observation of Facilitator Training
4. Pilot Study and Evaluation
5. Post-programme Consultation with Pilot Programme Implementors
6. Finalisation of the Programme Content and Materials

In the interest of brevity, this Summary Report will focus on the pilot study itself (i.e., items 3 through 6 from the list above), and will conclude with recommendations for the final programme.

Pilot Study

Overview & Methods

This section details implementation of the pilot study for the MYWB programme for older people in community settings. The findings from evaluation of the pilot will also be presented, in terms of feasibility insights for the national programme, from the perspectives of both the participants and the facilitators.

Study Design. A process evaluation was employed for this pilot study in order to determine the feasibility of delivering the MYWB programme from the perspectives of the course participants and the facilitators. Independent observations of course delivery were also undertaken by the main researcher.

Sample. The target population for the pilot study was older people aged 65 years and over residing in six community areas throughout Ireland (CHO-3, CHO-5, CHO-7 and CHO-9). Due to recruitment difficulties, the age range was slightly lowered (participant demographics are presented later in this report).

Programme Facilitators. Each of the six pilot programmes were delivered by a team of two facilitators: one HSE HP&I Officer with experience of delivering the MYWB programme and one community partner with experience of working directly with older people in the community. Thus, twelve total facilitators delivered the programme (six HP&I Officers paired each with six community partners). Community partners included representatives from ALONE, Family Resource Centres and Day Care Centres.

Training Model for Facilitators. Twelve facilitators were trained for programme delivery using a two-day Train-the-Trainers training model, where two lead trainers thoroughly detailed each session and provided opportunities for questions and discussion, allowing trainees to practice delivery of a group activity. This was in line with the training model used for the MYWB facilitator training to-date. Observation of this model played a major role in the pilot study. As collaboration with community partners is a new aspect to MYWB programme implementation, this provided an important context for the current study.

Delivery Format. The programme was delivered in two different formats – a single session format of one and a half hours for a six-week duration and a combined session format of three hours for a three-week duration

Pilot Study Components and Evaluation. The plan for delivery of the pilot programme and components to capture evaluation are summarised in Figure 1 below.

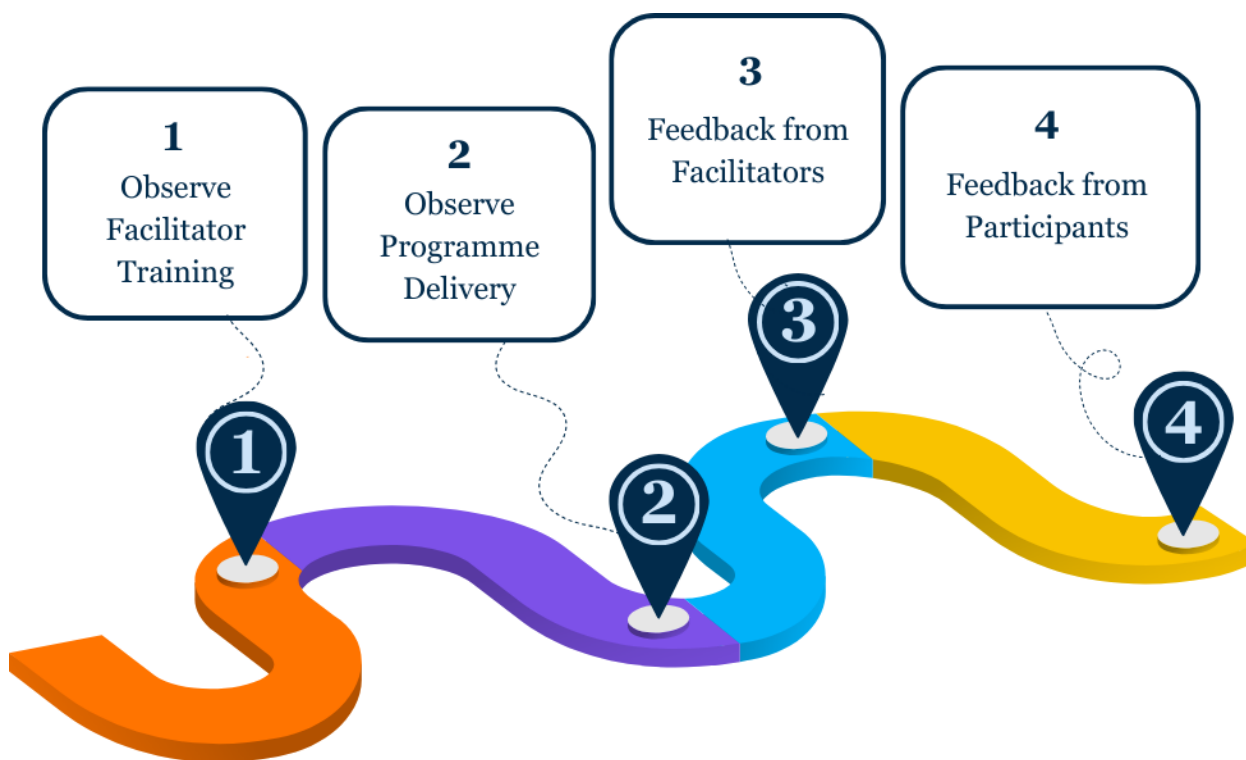


Figure 1 – Overview of pilot programme and evaluation components

Details of Evaluation Components. The pilot programme was evaluated under three domains. Domain 1 included evaluation of the extent to which the programme objectives were met. Domain 2 included an assessment of the learning approach, which was based on best practice frameworks for older adult learning. Domain 3 included feasibility insights and process evaluation to inform delivery considerations for the national programme.

As depicted in Figure 1, the methods for capturing these domains are grouped in terms of feedback from the participants and facilitators and observations of the training and programme delivery. The methods used included:

- Feedback from Participants

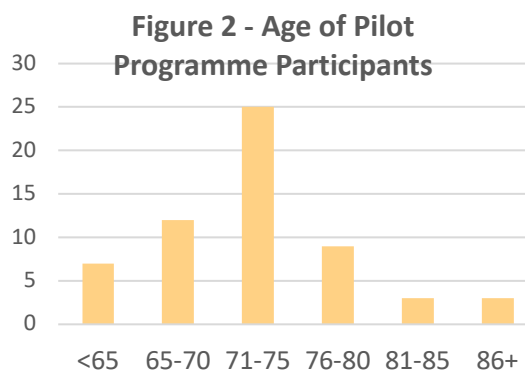
- Participant Questionnaires (Pre and Post programme)
- Post-session Closing and Reflection Discussions
- Feedback from Facilitators
 - Weekly Reports
 - Post-programme Consultation with Facilitators
- Observations of Training
- Observations of Programme Delivery

The components shown in Figure 1 will be summarised following; for additional details please refer to the full report.

Participant Experience

Methods of Evaluation. Participants were asked to complete a pre-questionnaire before delivery of the first session and a post-programme questionnaire at the end of the final session. Participant responses were collected and evaluated using a mixed methods design of open-ended and quantitative (scale based and Yes/No) questions. As the pilot programme was focused on the feasibility of adapting the programme for delivery to older people in community settings, evaluation of the outcomes and impact of the programme were not emphasised, however, a series of questions were asked in the pre-programme questionnaire and then again in the post-questionnaire in order to assess if there was a change in attitude or understanding as a result of participation in the programme. Open-ended questions were thematically analysed and descriptive analysis utilising frequencies was conducted to examine the quantitative data. Two questions (14 and 19) were analysed using the means, as these were scale-rating questions (from 1 to 10). To assess the significance of differences between specific questionnaire items, particularly Questions 3 (Pre-Programme) and 13 (Post-Programme), a Related-Samples Wilcoxon signed rank test was utilised. A summary of the results is presented as follows.

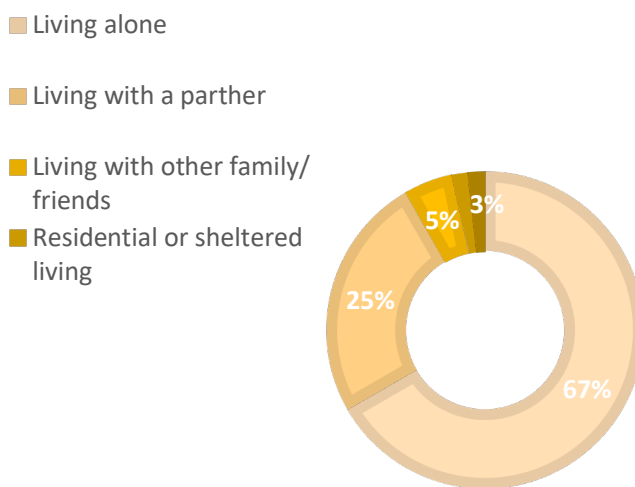
Participant Demographics. Of the 58 participants who started the programme, 48 participants completed Post-Programme Questionnaires (83% retention). The majority of participants were female (84%; n=48) with only one location having an even distribution of male and female participants. The majority of participants in the pilot programme were in the 71 to 75 age range (42%; n=25). There were a minority of participants in the 81 and over age range (10%; n=6; see Figure 2).



The majority of participants in the pilot programme reported they were living alone (67%; n=40) or living with others (either a partner or family/friends) (30%; n=18; see Figure 3).

In terms of access requirements, most locations reported participants with some mobility or physical impairments. These included vision and hearing impairments as well as the use of rollators, frames, walking sticks or crutches. There were also reports of disclosed chronic disease such as stroke or pulmonary disorder.

Figure 3 - Living Situation of Pilot Programme Participants

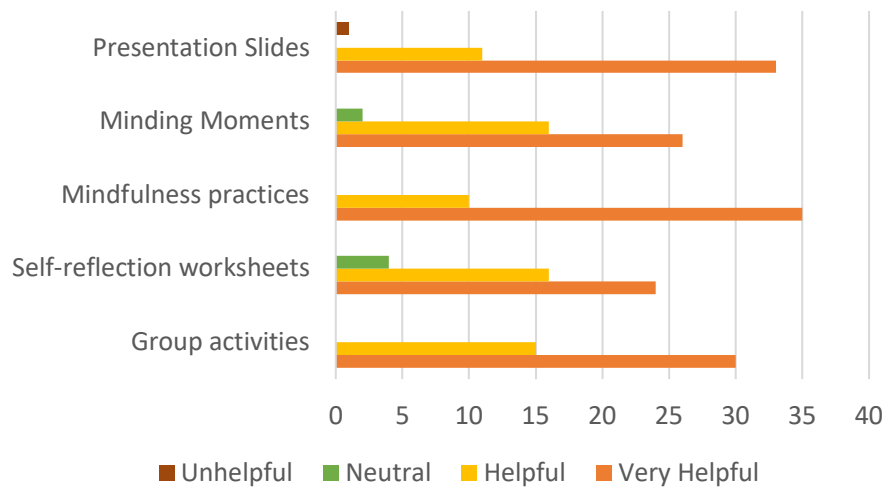


Post-Programme Questionnaire Responses. Forty-eight post-programme questionnaires were collected in total: The questions in the post-programme questionnaire were grouped into four categories. A fifth category is added to this report to capture the difference in participant understanding of programme concepts before and after implementation. These are discussed in turn following.

1. Programme Content

Participants overwhelmingly felt the programme was relevant (98%), useful (100%), interesting (100%), and understandable (98%), and most respondents felt comfortable participating during the sessions (96%). Almost all respondents liked the look of the materials (98%), with only one respondent reporting a dislike. When asked to elaborate on the application of session material, participant responses included personal growth and awareness, mindfulness exercises, and social connection. Figure 4, below, depicts participant satisfaction in terms of each session component.

Figure 4 - Satisfaction with Session Components



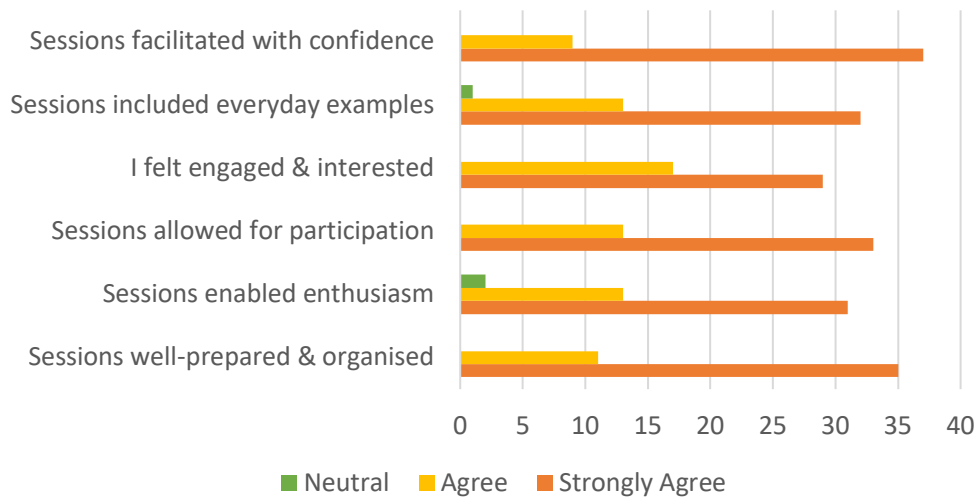
2. Programme Benefits

Participants reported gaining skills and knowledge to improve their mental wellbeing (93%), confidence to build supportive habits (96%), and ability to apply their learnings (95%).

3. Programme Delivery

Both quantitative and qualitative data indicated that participants were very positive concerning the facilitators and delivery of the programme. Figure 5, below, summarises participant responses.

Figure 5 - Satisfaction with Facilitation



4. Overall Programme Satisfaction

All participants reported that they would recommend the programme (100%). When asked about the components that were most enjoyed, responses included a social aspect (48%) and individual benefits (36%), with some enjoying both social and personal aspects of the programme most (16%). A small number of participants (15%; n=7) reported a disliked aspect of the programme and these included excessive paperwork, repetition, venue issues and that the PowerPoint slides were too educational in nature. The mean overall rating for the programme was 9.56 out of 10 (1=Poor; 10=Excellent) with 8 being the lowest score given (12.5%; n=6). When asked to expand upon this rating, respondents mostly (80%) felt the programme as a whole and the sense of social connection were the most beneficial aspects. In a final question asking how participants would improve the programme, the most interesting findings were that there is a need for post-programme supports and upstream considerations such as transport.

5. Pre-Post Programme Comparison

A Related-Samples Wilcoxon signed rank test was utilised to assess changes in responses to a series of questions asked before and after delivery of the programme. There was a significantly positive change in response to all questions, suggesting that the programme had a positive impact on the mental wellbeing of participants. The questions are listed below in order of significance:

- “I feel socially connected and engaged” (<0.001, very strong significance)
- “I am aware of the benefits of positive self-care practices.” (0.005, very strong significance)
- “I feel confident that I can build habits into my life that support my mental wellbeing.” (0.015, strong significance)
- “I am aware of the benefits of supporting and improving my mental wellbeing.” (0.018, strong significance)
- “I have always been interested in exploring how I can support my mental wellbeing.” (0.057, approached significance)
- “I know what is meant by “positive mental wellbeing.” (0.058, approached significance)

Overall, the data suggest that the programme had a positive influence on participants. The most significant finding is the improvement in reports of social connectedness after the programme, which strengthens the findings from the themes that emerged from the open-ended questions in the Post-Programme Questionnaire.

Facilitator Experience

Methods of Evaluation. A key part of assessing the process of implementing the adapted MYWB programme was to understand the perspective of the HSE-based HP&I Officers and Community Partner facilitators. Their feedback was collected in the form of ‘Weekly Reports’ submitted online after each session and in the form of two consultations after the programme was delivered. These are discussed briefly following.

Summary of Findings. Overall, facilitators felt **the programme works well** with minor considerations in terms of session structure, learning approach and logistics of working with older people.

- Facilitators felt the programme is beneficial to older people in community settings with particular strengths in terms of inspiring **social connection and empowerment** of participants.
- While participants deeply valued the new knowledge and life-enhancing skills the programme offered, the benefits of connection through shared experiences cannot be overstated. The weekly opportunity for participants to engage with others is another profound impact of the programme for a population vulnerable to social isolation.
- In terms of **delivery format**, the combined sessions (3X3 hrs) did not seem to work well and exacerbated issues such as content repetition and difficulty keeping to the allotted time. Additionally, it was expressed that the allotted time of one and a half hours for the individual sessions should be extended.
- Facilitators mostly felt that the existing **training model** adequately prepares them to deliver the programme, however, support in terms of consolidating the resources needed for programme delivery each week was expressed.
- A strong theme emerged that strong **facilitation skills** are necessary to successfully deliver this programme to older people.
- It was felt that the group discussions which were crucial to the programme’s success were difficult to keep focused and time bound. Furthermore, at this stage of the life cycle, these discussions can be delicate; disclosures of bereavements or other signs of distress require experienced navigation and respectful pacing. The quality of these sensitive discussions, however, fostered a special kind of solidarity in the groups where the sharer feels supported and the supporters feel needed.
- **Additional findings** included the need for upstream supports such as transport and post-programme supports for participants; guidance for a more systemised approach to recruitment and signposting during the programme; and suggestions for the roll-out of the national programme. These are incorporated into the recommendations at the conclusion of this report.

Pilot Study Observations

Methods. In order to gain first-hand and real-life familiarity with the programme, one researcher observed the two-day facilitator training as well as delivery of a variety of sessions of the programme at various locations.

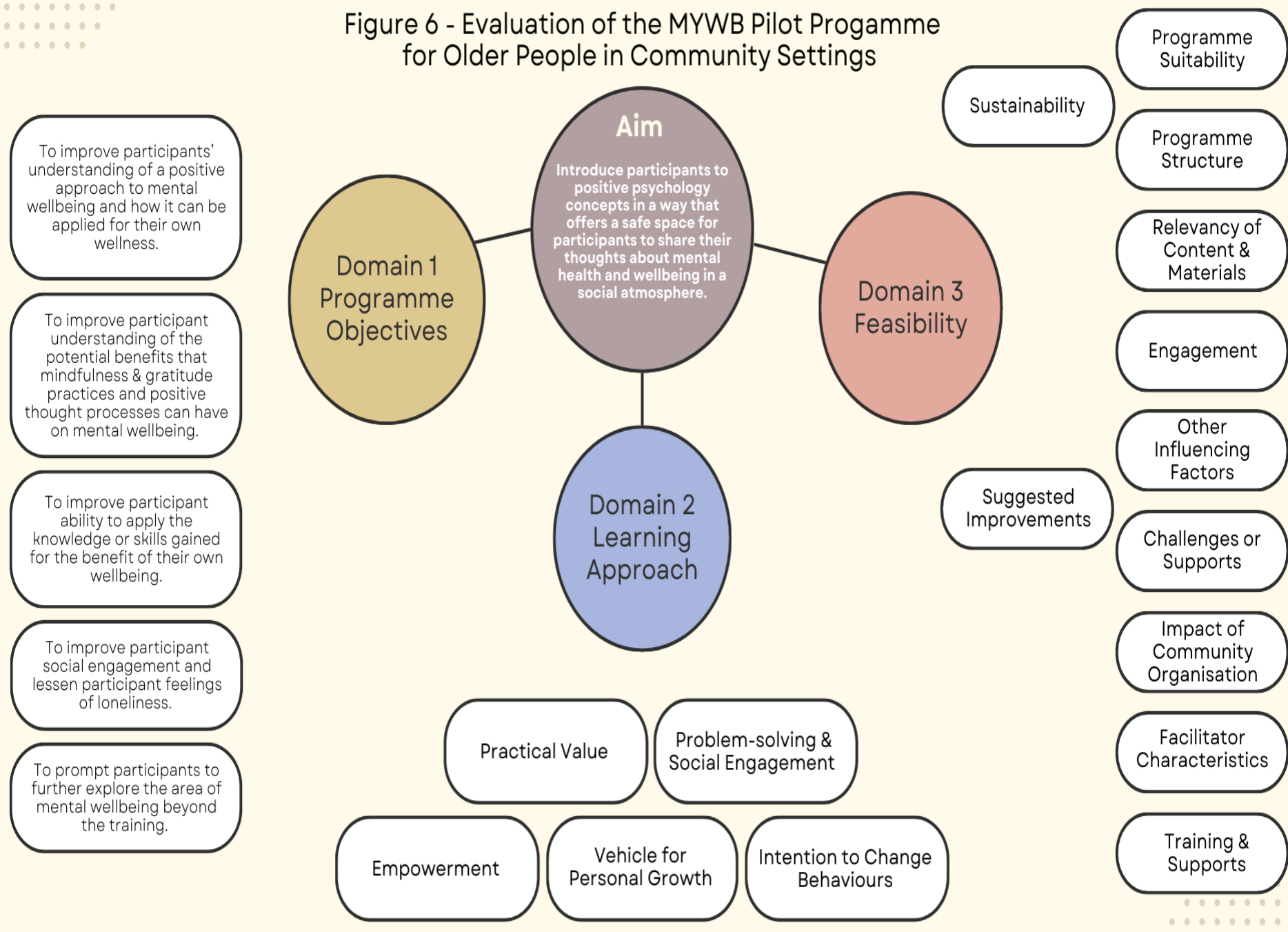
Summary of Findings. The researcher's observations markedly corroborated the data gathered from participants and facilitators.

- Overall, the content and materials were observed to be very **well received** by participants, with **group discussions** (case studies and other problem-solving activities) generating the most engagement while capturing the programme's collaborative, learning-through-sharing ethos.
- While facilitators captured the ethos and approach of the programme excellently, it was observed that the combined session format was challenging.
- Other key challenges observed were **keeping to time and balancing** the discussion-based learning with the PowerPoint-based learning.
- It was observed that participants wish for **additional supports** after the programme and a better means of finding out about other community resources.
- While most participants are already engaged with either the community centre or the community organisation, one participant was recruited through social prescribing and the value of this service in terms of engaging hard-to-reach populations was clear.

Discussion & Conclusion

Findings from the pilot study suggest that the MYWB programme is unique, valued and much needed in terms of improving both the mental and social wellbeing of older people in community settings. Findings also suggest that all programme and learning objectives were achieved (see attached Figure 6 for a summary of these). Achievement of programme objectives was assessed by comparing responses to a series of questions asked in the Participant Pre-programme Questionnaire and again after the end of the final session in the Participant Post-programme Questionnaire. Achievement of learning objectives was assessed through analysis of quantitative and qualitative responses in the Participant Post-programme Questionnaire and corroborated by feedback from facilitators in their 'Weekly Reports' and post-programme consultations. Finally, valuable feasibility insights, triangulated from three separate perspectives, were gained to inform development of the national programme, and these are captured in the following Recommendations section.

Figure 6 - Evaluation of the MYWB Pilot Programme for Older People in Community Settings



Recommendations for the Final Programme

Recruitment. An information session to kick-off recruitment was reportedly extremely valuable both to ensure participants know what to expect from the programme and in terms of optimising recruitment.

Partnering with community organisations will organically optimise engagement opportunities, but the recruitment process should not be overlooked, and sufficient time and resources should be prioritised for this stage to build relationships and momentum. It was suggested that the recruitment process should be more systematised (e.g., a guidance document) and suggestions for recruitment are offered in detail in the full report.

Training Model. The data suggest that the existing two-day Train-the-Trainers training model, as outlined previously, adequately equips facilitators to deliver the programme. Facilitators reported feeling confident in their abilities and mostly organised and well-prepared. There were minor suggestions for improvement captured in feedback from facilitators and the observer:

- Older people can share personal and challenging experiences which can be very emotional or distressing. Consider *emphasising this, with support*, so that facilitators are prepared and the level of openness doesn't come as a shock. A stronger emphasis on and a *systematic approach to signposting* may be needed in terms of community supports (e.g., bereavement, social isolation, chronic illness etc.). Additionally, facilitators may *themselves need support* to cope with what is shared with them or the fatigue that comes with holding space for others.
- It may be important to explicitly address the practicalities of working with older people in terms of keeping them safe from hazards and preventing falls and consider the ratio of carer-to-participants with groups of higher need.
- Trainees should be aware of the older adult learning evidence base in terms of the importance and value of group sharing. Further to this, perhaps explicitly acknowledge the difficulties of; i) *balancing rich conversations* (peer learning and sharing) with the need to cover the material in the PowerPoint slides, and ii) the *potential for discussions to overflow* and strongly affect timing (the learning style of older people tends towards slowly digesting and reflecting on the material. In general, it is important to know that everything will take longer than expected).
- Facilitators may need more support/resources in terms of preparation time.

- Consider a *reflective practice model*: train, shadow/observe delivery, deliver their first programme with an experienced facilitator, with a plan for maintenance. If this is not feasible, consider an experienced HP&I Officer in a mentorship capacity.

Facilitator Background & Skills. The participant and observer feedback suggested that facilitators delivered the programme excellently, while capturing the collaborative ethos of the programme. While it was agreed that facilitators felt confident in their capacity to manage groups, and community partners have the added benefit of knowing their target populations well, there were a number of strong suggestions regarding the facilitation skills needed to successfully deliver the programme to older people:

- The ability to navigate sensitive disclosures is crucial. Participants will share their challenges including pain, bereavement, and loneliness, and facilitators need the skills to make participants feel heard, signpost to supports and respectfully move forward.
- Dealing with a dominant person in the group, is of particular importance in the MYWB programme. Strong personalities that are negative can create group tension and carry the potential of negating the positive experience of the group the programme strives to foster.
- While not practical to include in the MYWB training, there should likely be a pre-requisite for prior group management training and/or additional training around engaging with vulnerable populations. Examples of helpful additional trainings that could partner with the MYWB training include: 2-day Facilitation Skills course delivered by HSE staff, WRAP training, Mental Health First Aid training, suicide awareness training etc.

Programme Delivery Format. Facilitator and observer feedback strongly suggested that the combined sessions were too ambitious and did not seem to work. While participants did not state this specifically, the comparison of feedback from participants in single format sessions to those of the combined format suggested the latter was too repetitive and that sessions should be shorter with a longer programme duration. *Therefore, it is recommended that the programme should adopt a six-week duration with single-format sessions of at least two hours including the ‘Tea and Chats’ at the conclusion of each session.*

It is important that community centres and other venues are accessible for wheelchairs or rollators. In general, more space is needed for older people as they have more belongings such as walking aids,

larger bags etc. Also consider the lighting, temperature, stuffiness (windows) of the room etc. and it is best to ask participants for feedback on these venue components.

Two facilitators are needed to deliver the programme. A second facilitator is needed not only to help with delivery, but also to help with mobility issues. It is important to note the degree of care needed for participants suffering from physical impairments, as more than two facilitators may be needed to ensure participant safety.

Programme Learning Approach & Structure. The learning approach was extremely well implemented by facilitators and received by participants. *When targeted to older people in community settings, a key component of the programme is the opportunity for participants to share their stories and experiences (beneficial to the person sharing and the other participants alike).*

The group activities underpinned by problem-solving (e.g., the case scenarios and brainstorming activities) seemed to foster the most valuable benefits both in terms of individual empowerment and social connection.

The programme structure and main components worked very well with only minor suggestions for improvements and these are detailed in the full report.

Programme Content & Materials. The content and materials were very well-received. The discussion prompts all worked very well, and the everyday examples given to illustrate concepts were relevant and appreciated by participants. Facilitators appreciated the PowerPoint slides, but participants felt they could be simplified. The take-home worksheets that summarise the main session components were strongly valued by participants.

Hearing and vision impairments should be thoroughly addressed at the start of the programme. It may be useful to use microphones or to make a special effort to situate the participants closer to facilitators and the screen or printing out hard-copies of the PowerPoint slides. The full report offers additional details in terms of each individual session.

Participant Engagement. Participants were extremely engaged during the programme, however, there were difficulties with initial recruitment. The full report offers suggestions to address this challenge by drawing upon insights from the pre- and post-programme questionnaires of this pilot study.

It is important to remain realistic in terms of attendance and attrition rates with this target audience as older people tend to experience more illness and medical appointments.

Engaging the loneliest older people is challenging. *Facilitators are confident that momentum will grow with word of mouth from previous participants, strategic programme promotion and recruitment and partnership with link workers.* On the other hand, the programme is valuable even for older people who are motivated and engaged (i.e., not the loneliest) as the programme helps participants address challenging issues true to all subpopulations at this stage of the life cycle (such as bereavement, chronic illness, and self-identity post-retirement). In other words, the programme is valuable to all older people.

It is important to consider weather, bank holidays and times of added pressure (e.g., school or times of heavy commitment for community organisations) when selecting a timeframe for programme delivery as these will affect attendance and transport.

Additional Influencing Factors. Transport is of particular concern for rural or immobile older people, who are the loneliest and in greatest need of the programme. Thus, this is a crucial upstream consideration for the national roll-out of the programme.

Participants (and indeed facilitators) found it difficult to know when programmes are being delivered in the community. *Strong partnership with Social Prescribers, Community Development Officers, other community organisations with overlapping remit, and Local Authorities would be helpful in this regard. One location held a mini 'health fair' after the final session where they invited local social prescribers and community organisations to share information.*

Older people in community settings need a great deal more support during the programme. They are a vulnerable population group and even though the MYWB programme promotes a positive approach to mental wellbeing, the topics can trigger sensitive emotions and memories. Additionally, older people need more support during recruitment and more check-ins during the programme, particularly after a

sensitive disclosure or if they miss a class. *Extra administrative resources and time are needed to help support facilitators in this regard.*

Facilitator Instruction Manual & Resource Booklet . The existing manual was reported by facilitators, particularly those with less experience, as valuable, particularly the instructions, checklists, and ‘at-a-glance’ sheets. The manual could be redesigned to better portray the core session directives versus those that are optional.

At times, facilitators found it difficult to collate the materials for each session. Thus, a resource booklet should be part of the preparatory materials. *It was suggested that a ring binder would be the handiest way to keep the materials all in one place (e.g., the case study hand-outs and other laminates, the mindfulness practice scripts, the photo pack etc.).*

The Role of the Community Organisation. Community organisations played a key role in implementation of the pilot programme, particularly in terms of recruitment of venues and participants and setting the tone for the programme from the outset. Their existing relationships with the target population and their intimate knowledge of the local ecosystem optimises many programme coordination efforts as well as engagement of participants. They do, however, have the challenge of budget and resource constraints.

Considerations for Programme Governance. In terms of **governance** of the national programme, it is necessary for the HSE to remain involved in supporting the delivery of the programme. This will help ensure the maintenance of quality and sustainability of the programme, mitigating the potential for ‘mission drift.’ *Suggestions are to incorporate a systemised plan for continued maintenance of training credentials or a method of monitoring implementation of the programme in community settings to ensure delivery and messages have stayed on track.*

There are also economic reasons for the programme to remain within the aegis of the HSE. Community partners have limited access to resources such as laminating machines and colour printers etc. with limited budget for markers, flip charts and the other supplies needed to deliver the programme and do not qualify for HSE discounted venue/refreshment rates. *Community Partners will need sufficient budgets and posts to ensure the programme quality is maintained and to optimise sustainability of the programme.*

In terms of **training** MYWB community partner facilitators, a reflective practice model is recommended. This would necessitate significant input from the HSE at the outset. Such a model would include a HSE delivered Train the Trainers for community facilitators, new trainers then ‘sitting in’ on the delivery of the programme prior to then delivering their first programme, alongside an experienced facilitator.

In terms of optimising programme **implementation**, suggestions are to create support networks or working groups for facilitators to share experiences, trouble-shoot challenges or mentor one another. These support groups can be within and across multiple community organisations.

Additional suggestions to mitigate the financial responsibility and ‘free up’ resources include:

- Linking with community partners in other sectors with overlapping interests. For example, of the two facilitators, one could be a representative of older people and another a representative of rural inclusion or disability. This has the added benefit of ensuring programme suitability, considering the heterogeneous nature of the older population.
- Mapping other national programmes to partner with, such as the Social Prescribing service.
- Generate interest by mapping the key stakeholders and proactively generating engagement such as online information sessions to outline the plan for the national roll-out.
- Engaging stakeholders within the local ecosystem to help drive the programme (e.g., local SICAPs, Irish Local Development Networks, Pobal, local Healthy Ireland Coordinators etc.).

Programme Sustainability. Community partners were confident that the MYWB programme could be embedded into their organisation activities provided they obtained sufficient funding and stewardship by the HSE. It is suggested that deeper conversations with decision-makers in the community organisation are likely needed in order to generate commitment.

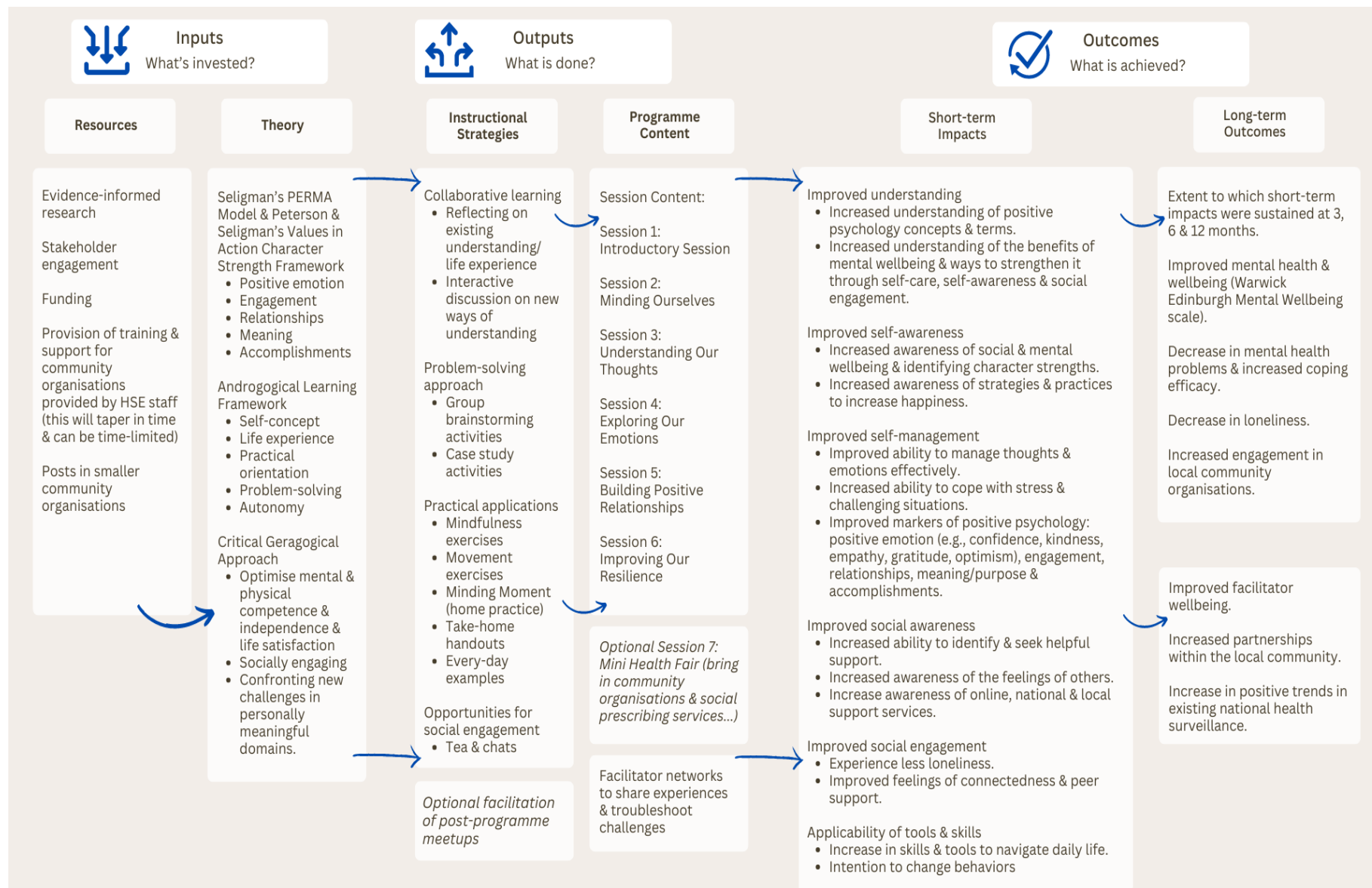
Engaging Social Prescribing services and other community health workers can also add to the sustainability of the programme while playing a crucial role in helping participants become aware of their local supports (this need was indeed expressed by both participants and facilitators).

It should be noted that there was a clear need expressed by both participants and facilitators for post-programme supports. This is key not only for programme sustainability but for participants to sustain the

knowledge and tools imparted by the programme as part of their daily lives. Furthermore, these continued supports provide an opportunity for participants, a designated priority group, to feel socially included and connected. These monthly gatherings could potentially be linked with volunteering or other pro-social activities which, evidence suggests, carries benefits for participants and society and could have implications for programme sustainability. It is important to note that the benefit of partnering with community organisations is that they could offer such ongoing support or additional activities, in addition to their role in delivering the MYWB programme.

Finally, once the programme has gained momentum and the benefits have been demonstrated in terms of the individual level (increased mental and social wellbeing of participants), the community level (strengthened and more cohesive communities for older people) and the broader societal level (in terms of improved population health and wellbeing and reduced economic costs of social isolation and poor mental wellbeing), funding will be more effectively justified, and stakeholders will be more likely to engage. *For this reason, a comprehensive and rigorous evaluation plan, to assess both short-term programme impacts and long-term outcomes, is important.* Recommendations to this effect are outlined in the full report and summarised in the Logic Model offered as Figure 7 on the following page.

Figure 7 – Logic Model for Development of the MYWB National Programme for Older People in Community Settings.



Main Report – Introduction & Background

The HSE's *Minding Your Wellbeing* programme (MYWB) is an evidence-informed initiative that aims to promote positive mental health and wellbeing through positive psychology, self-care and resilience building. The programme was developed in 2015 by the Health Promotion and Improvement in Community Healthcare Organisation (CHO 4). This was supported by a partnership initiative between Healthy Ireland and the University of Pennsylvania's Master's Programme in Positive Psychology, to inform mental health promotion programmes in Ireland for HSE staff and other audiences. The programme takes a universal approach aiming to provide a broad introduction to positive psychological concepts, framing mental health as a resource, after which participants can choose to strengthen their skills through additional training. The programme is offered either as a full day, a series of workshops, or a modified online video programme, and includes the following focus areas:

- Practicing Self Care
- Understanding Our Thoughts
- Exploring Emotions
- Building Positive Relationships
- Improving Our Resilience

The Initial MYWB Programme

An initial pilot programme, targeting HSE staff at all levels and disciplines, was conducted in Cork and Kerry and a national pilot was then developed and evaluated (National Centre for Men's Health, IT Carlow and South East Technological University, 2018). The 12-week national pilot was delivered to HSE and non HSE personnel who worked across the health sector, representing areas such as social care, health promotion, mental health nursing, occupational therapy, psychology, psychiatry, and administration.

The aim of the initial programme was to build capacity among participants to care for their own mental wellbeing and to support them in their professional roles. The objectives of the initial programme were:

- To support staff to care for their own mental wellbeing

- To increase understanding of what influences and impacts mental health and wellbeing
- To introduce positive psychological concepts which frame mental health and wellbeing within a positive lens, rather than from that of mental illness or mental disorders
- To familiarise participants with tools and strategies which can be used for their own self-care and at a basic level with clients/patients, to promote positive mental health and wellbeing.

As part of the pilot programme, these objectives were evaluated using a digital pre- and post-course evaluation survey (completed by 225 participants) with a follow-up survey 12 weeks after the programme (completed by 95 participants). The evaluation focused on capturing changes in participant understanding of mental health and wellbeing and the application of this understanding both personally and professionally (e.g., competence and confidence in using positive psychological concepts such as mindfulness, gratitude and the impact of thoughts on wellbeing, as well as their intention to alter their professional practice or to share their learnings with others). The findings showed positive trends in relation to the training outcomes, including increased understanding, competence and confidence concerning the key programme concepts and their application in practice.

Subsequent Adaptations to the MYWB Programme

Health Promotion and Improvement Officers receive ongoing requests for the delivery of the Minding your Wellbeing programme in the community setting with a particular focus on addressing the needs of older people. As a result, small scale pilots of the standard programme have been carried out in the community in CHO 4 (Cork, Kerry) and CHO 9 (Dublin). In CHO 9, the programme was informally piloted as a six-week programme (1.5 hour sessions weekly) with older persons in Coolock and delivered by two Health Promotion Improvement Officers (O'Rourke, 2019). The standard programme was adapted to focus on promoting a sense of purpose, providing a safe space to share feelings and emotions and providing a social opportunity for participants. The adapted objectives were:

- To improve participants' understanding of a positive approach to mental wellbeing and how it can be applied for their own wellness.
- To improve participants understanding of the potential benefits that mindfulness and gratitude practices and positive thought processes can have on mental wellbeing.
- To improve participants' ability to apply the knowledge or skills gained for the benefit of their own wellbeing.

- To improve participants' social engagement and lessen participants' feelings of loneliness.
- To prompt participants to further explore the area of mental wellbeing beyond the training.

Due to the success of these pilots, positive feedback from participants and facilitators, and to further actions identified in the *Stronger Together* plan (HSE, 2022) within the context of *Healthy Ireland* (Department of Health, 2021), the HSE intends to expand the programme for delivery to priority groups within community settings in partnerships with the community and voluntary sector.

Current Study

The current study aims to formalise adaptation of the HSE's Minding Your Wellbeing programme for delivery to older people in community settings. The study examined both the programme content and its existing train-the-trainer model in terms of suitability for delivery within the community and voluntary sector and its appropriateness for older people in particular, a priority population group identified in the *Stronger Together* plan (Actions 3, 9, 20) (HSE, 2022). Findings from the study will inform the effective implementation of a national MYWB programme for older people in community settings, thereby supporting the delivery of priority actions in *Stronger Together: The HSE Mental Health Promotion Plan 2022-2027* (HSE, 2022).

A key component of this pilot study was to assess the feasibility of a HSE partnership with community organisations in delivery of the programme. Therefore, some adaptations to the initial programme were made to ensure suitability for older people and to account for delivery in community settings:

- This pilot study built upon the aforementioned informal pilot study delivered to older people in Coolock (CHO 9) in terms of their adapted objectives and their delivery format. Thus, a once weekly format was adopted in this pilot study. Additionally, the programme was delivered in two different formats – a single session format of one and a half hour for a six-week duration and a combined session format of three hours for a three week duration – and this will be detailed in Part II of this report.
- In terms of facilitation of this pilot programme, one HSE Health Promotion and Improvement Officer and one community partner co-facilitated the programme. Community partners included representatives from ALONE, Family Resource Centres and Day Care Centres.

The Minding Your Wellbeing pilot study consisted of six main components:

7. Consultation with Past Programme Implementers
8. Review and Revision of Programme Content
9. Observation of Facilitator Training
10. Pilot Study and Evaluation
11. Post-programme Consultation with Pilot Programme Implementors
12. Finalisation of the Programme Content and Materials

Part I of this report will detail the process of developing the pilot programme and materials and will include details about the consultations with past programme implementors, a conceptual analysis of the existing programme content, and the review and finalisation process of the pilot programme content and materials.

Part II of this report will detail the findings from implementation of the pilot programme and will include findings from observations of the facilitator training and delivery of the pilot programme as well as an analysis of feedback from the perspectives of both the facilitators and the participants. It will conclude with a discussion of these findings in terms of feasibility insights in development of the national programme.

Part III of this report will detail recommendations based on the findings of the pilot study. Recommendations will be offered in terms of promotion of the programme and recruitment considerations, the training model, the facilitator manual, the programme content and materials and delivery of the programme. It will conclude with considerations for comprehensive evaluation of the national programme.

Part I – Development of the Pilot Programme

Part I of this report will detail the process of developing the pilot programme and materials. This process started with roundtable discussions with HSE staff with experience in delivering adaptations of the MYWB programme. Additionally, an exercise was undertaken to analyse the “core ingredients” of the existing programme content and to position the programme within the evidence base with theoretical underpinnings clearly identified. Finally, the programme content and materials were adapted and finalised for delivery of the pilot to older people in the community. These activities are detailed in the following sections.

Roundtable Discussions with Past Implementers of Adapted Versions of the MYWB Programme

In order to gain insights into the experience of adapting the programme and implementing it in the community, a roundtable discussion was conducted with facilitators of the community-based pilots (trained HSE Community Health Workers who delivered the standard programme to communities in CHO 4, trained Health Promotion Improvement Officers who delivered an informally adapted version of the programme to older people in CHO 9, and other specified stakeholders). The semi-structured interview protocol (see Appendix 1) that guided the roundtable discussions focused on gaining insights into facilitators’ experience of delivering the adapted programme. Their implementation insights and suggestions for improvements were used to shape refinements to the programme content, approaches and training supports. Two roundtable discussions were conducted and the findings are detailed in turn following.

First Roundtable Discussion (July 2023)

Facilitator characteristics

The three participants are Health Promotion Officers (HPO) who delivered the programme to older people which they adapted themselves in their own area. They attended the main Training for Trainers for general delivery. One participant was part of the first round of HPO facilitator trainings and has delivered 15 programmes to staff and in the community, and the other participants are new to the

programme having only worked on the older persons programme and currently working on a programme adapted for men.

Overall experience of delivering the programme to older persons

- What worked well
 - Breaking the programme into one 1-hour session per week for six weeks. This avoids an overload of information and allows participants to reflect on one theme at a time.
 - Coming to a familiar community centre where the group feels comfortable.
 - Having a group with pre-existing relationships and group dynamics and who are familiar with one another.
 - ‘Tea and chat’ after the sessions.
- What didn’t work well
 - Being reliant upon an external group organiser to communicate the course to potential participants. This caused misunderstandings of what the course was about.
 - The pre-existing group dynamic was also a challenge. It was difficult to gauge loneliness outcomes in people who are already part of a group and thus not necessarily experiencing loneliness. It is also difficult to generalise the experience as facilitator – there may be greater challenges encountered if the group cohesiveness is not yet established (as with a more randomly recruited group).
- Suggestions for improvements
 - Information session/ event for gatekeepers and for potential participants to align their expectations and correctly identify those who are interested.
 - More time spent in the planning stages to engage with local partners and promote the programme to older persons.
 - The programme went very smoothly but it’s difficult to tell if this was because they had pre-existing relationships. There were no challenges other than the straight-forward adaptation of the material each week.
- Overall readiness and confidence to deliver the programme
 - The course content is clear especially with time after trainings to reflect on the themes, but facilitation skills require more opportunities to practice.
 - Co-facilitation with an experienced facilitator that can act as an ‘anchor’ for delivery is helpful.

- Shadowing experienced facilitators could help reveal a range of delivery styles and skills.
- Since there is no existing formal guidance for this adaptation, there were unknowns prior to the start of the implementation that led to fears on how the material might be received.

Supports

- Preparatory materials
 - The preparatory materials and facilitator notes were comprehensive, however, they were relevant to the original full-day course. There were no supports specific to the adaptations and so these were incorporated each week. Time was dedicated prior to each session to reduce text in the PowerPoint slides, to enlarge font size, to update imagery and handouts, and to revise existing activities and develop additional ones (including associated resources).
 - Unlike the original one-day course, the adaptation is six weeks and participants may forget to bring their manual, so the sections of the manual and resources were handed out at the start of the corresponding session.
- Training
 - While the content is comprehensive, the train-the-trainer session isn't sufficient in itself, a more staged process is needed to get a facilitator comfortable and a layered approach is best: 1. Attending a course first as a participant (getting a sense of what it's about) , 2. Completing the train-the-trainer two-day training (going a bit deeper) but then you need to co-facilitate with an experienced trainer and/or shadow a delivery plus 4. A bit of reflection of the material yourself.
 - There's a lot involved in the full-day facilitator course and you wouldn't want to include it all in delivery to older persons (i.e., the information is there but it's probably too much).
 - The current facilitators have experience in adapting the programme, but inexperienced facilitators may not feel as comfortable, so this should be formalised.
- Disclosure of mental health problems by participants
 - Clear communication is important from the first session to specify what the course does and does not cover and facilitators should be well aware of their limitations in terms of addressing mental health conditions.

- Potential supports and opportunities for further education are also offered at the last session of the course.
- Signposting ability is important, and resources and services should be relevant in terms of the participants and their locality. These should be offered in a PowerPoint slide.
- Provide variations of activities to choose from to help navigate varying group dynamics
 - It would be helpful to include a few activity options under each theme that facilitators can choose from to navigate different anticipated contexts (e.g., if a group is predominantly older men, what approach might work well versus mostly older women; providing a range of group activities that would suit a more engaged group versus a group that is not very talkative).

Implementation Insights

- Avenues for recruitment
 - Combining efforts and sharing contacts and established links with colleagues in other departments.
 - Establishing contacts at the sites and facilities in the community.
 - Establishing contacts with representatives and stakeholders from the target population to spread the word. This had mixed results as many of the initial sign-ups did not follow through with attendance.
 - Establishing contacts with local development officers who work with target populations and who can liaise with community centres for the most appropriate facilities and offer insights into existing community groups.
 - Posters, word of mouth, and a champion that works in one of the centres who is passionate about the programme and active in many of the groups.
 - It is important to be mindful that older persons have many responsibilities and appointments so over the 6-week commitment they may not be able to attend each session.
 - Mostly snowball approach.
- Suggestions for improving recruitment
 - More time needed in the lead-up for the promotion piece (the local church, local newsletters, community advertisements, parish centres etc.)
 - Liaising with other HPO's who may have established community contacts.

- Healthcare providers can be helpful specifically for older persons as these appointments can sometimes be their main reason for leaving the house.
- Over 55 was the inclusion criteria, but advice is to increase this age (most participants were in their 60's and 70's age group and 55 might have been quite different in terms of dynamics – best to focus on retirement age as working people still have social connections).
- Positive, facilitating factors for successful implementation
 - Facilitator briefing meetings before each session to refresh and to assign responsibilities to ensure the sessions flow well on the day. These can also be opportunities to debrief on the previous session (how to proceed with adaptations based on what the participants enjoyed and what they seemed interested in).
 - Flexibility and freedom was also key in order to take the original programme and adapt it week by week to ensure sessions are responding to the characteristics of the group.
 - Teamwork and being able to make the adjustments and bounce ideas off each other is key to implementation success, especially if at least one member has previous experience with the programme.
 - An accessible venue (somewhere participants can walk to) that's comfortable as well as the social aspect (tea and chats were an important part of each session).
 - Time of day: mid-morning seems to work best for the older adult group (10.30 or 11.00 am start time allows them to finish up before lunch for their afternoon responsibilities; also important to consider morning mass times)
 - The participants 'gelled' well together and quieter members seemed to be more involved and more integrated into the group by the end of the course, anecdotally.
- Barriers to implementation
 - Recruitment was challenging especially in terms of recruiting those who most need the programme (engaging the loneliest populations).
 - The programme had no major challenges other than the fact that participants thought it was a mindfulness course rather than an educational course about positive psychology and resilience-building (due to miscommunication at the start).
 - This course went well for a 'closed group' (with pre-existing dynamics), but facilitators aren't sure how generalisable it would be to more randomly assigned, wider populations.

- Facilitator characteristics
 - Facilitation skills are the most important since the programme is about drawing out participation from the group.
 - Formal Health Promotion qualifications are likely not essential, however it's important for facilitators to know their limits in terms of offering mental health advice.
 - Important to have a good working knowledge of national guidelines and recommendations and trusted sources (e.g., healthy eating and physical activity etc.)

Adaptation Insights

- Compare and contrast standard versus adapted programme
 - The value of the programme is more visible in participants in the community versus staff, as well as the progress week-by-week (in terms of their confidence discussing the topics etc.)
 - At the end of the course compared to staff, community participants are very interested in future courses on the topic.
 - The adapted format/structure included a content piece, a groupwork piece, then a meditation/breathing (practical) exercise, and time for self-reflection, whereas the original programme is very text-focussed.
 - The slide deck is heavy and there aren't a great deal of activities in the original programme, which needed to be adapted to the participants who, as a group, enjoyed the practical and group activities more.
- Ease of adaptation process
 - Taking on each session week by week was quite easy but adaptations were quite informal as time was a limitation (there was another pilot for men that was a more formal adaptation with more professional changes to the slides, but the changes to the older persons programme were less formal as they required quick turn-around time). More time will be needed to more efficiently adapt the materials and resources.
 - Experience in other adaptations certainly contributed to the ease and confidence of adaptations.
 - All the core messages and information on the themes is there and covered in the original training, it's just the adaptations that needed to be included.

- How adaptations were planned and developed
 - In the first session, facilitators completed a flip-chart exercise with participants on their expectations for the sessions and this guided the weekly adaptations.
 - Rolling adaptations were incorporated from week-to-week from feedback each session and how the activities in the sessions were received.
- How were adaptations received
 - Participation was best when the group felt they were approaching a topic together in a big group or smaller groups and this worked much better than going through the slides.
 - After the first week, participants voiced that they wanted a practical tool each week (which doesn't exist in the original programme) so facilitators needed to source things like breathing and relaxation exercises, case studies for groups to chat about etc. that were consistent with the week's theme.
 - Guided meditations ('leaves on the stream') were received very well so facilitators added similar activities such as a guided 'walking through a forest' meditation.
 - The case studies ('thinking track' group exercise) facilitated engaging group discussions and new case studies were used that were more appropriate for participants such as relationships between a retired couple; a mother, daughter and grandkids; two friends or siblings drifting apart etc.
- Core messages versus adaptations
 - The key themes are clear in the original programme but the approach needs to be refined in terms of connecting to the participants in delivery.
 - The key themes were adhered to as well as the general structure that appeared to work from the first session (content, group work, exercise/activity, reflection).
 - The slides were more closely adhered to (apart from reducing the amount of text, enlarging the font and updating the imagery) while the activities and groupwork followed the main programme to a certain extent, but were completely adapted and expanded upon to suit the participants.
- Most successful learning approaches and delivery strategies
 - The focus was on working as a group (in activities such as the case study reflections) and on practical exercises (such as the guided mediation, relaxation and breathwork exercises).
 - The PowerPoint text was reduced significantly, the font size was increased, and images were updated with more applicable ones.

- Final suggestions
 - Facilitator notes will need to be adapted for the older persons programme as they currently don't exist. The facilitator notes for the standard course are not relevant for the adapted programme.
 - Slides, handouts and other resources will need to be updated.
 - Important to highlight the importance of flexibility to facilitators and to allow them to add in activities to keep the participants engaged.
 - Important to allow enough lead-time.
 - It's easy to underestimate how much promotion is needed.
 - Time for the actual adaptations of the content and to make it more streamlined and 'slick.'
 - Time for upskilling and the co-facilitation piece with community partners (the time needed to go through the layers of training is more than when HPO's are delivering as they've delivered the programme (or similar ones) before.
 - More time needed on the planning piece within the overall timeframe of the pilot.
 - On engaging with community partners: Aging & Opportunity and Alone have been flagged as community partners and drawing on experiences of colleagues is helpful.

Second Roundtable Discussion (August 2023)

Facilitator characteristics

The three participants are Community Health Workers who have delivered a programme in the community. They attended an informal pilot of Training for Trainers for delivering Minding Your Wellbeing in the Community at the end of 2022 and have all delivered at least one programme. One participant delivered the programme to a Men's Shed group, and the other two participants delivered two programmes together in the community in Cork in February and May of 2023 (participants were mainly older women in their 60s/70s).

Overall experience of delivering the programme to older persons

- What worked well
 - Programme was enjoyable to deliver and was very well received.

- The themes are perfect and flow very well in progression, particularly the resilience theme.
- Flip charts work very well to help give focus and encourage engagement (one implementor leads the activity and the other writes the ideas on the flip chart).
- Two facilitators are very important.
- Tea break afterward was important (allowing ‘cushion’ time at the end of the programme to reflect on the session) and this provided useful informal feedback for facilitators as well and a chance for facilitators to make sure participants were well after the session.
- What didn’t work well
 - PowerPoints were too formal for the group (particularly the Men’s Shed) and they preferred a discussion format. The Men’s Shed group didn’t use the PowerPoints at all.
- Suggestions for improvements
 - Facilitators added an extra Introductory session to give an overview of what was going to be covered in the course.
 - They gave out ‘Little Bags of Hope’ created by the HSE (containing emergency numbers for services along with various small symbolic tokens that are meant to inspire hope) at the Introductory session, which helped set the tone while also making it clear that the nature of the programme was not to address specific mental health problems, but rather to speak on positive ways to frame mental health as a resource (created a safe space for both participants and deliverers). This also allowed participants to gauge their interest.
 - Men’s Shed group didn’t use the PowerPoints at all – implementors had the laptops open for themselves, but the sessions were completed in a circle as a discussion using flip charts, which worked very well and participants had no difficulty following along.
 - Men’s Shed group shortened the duration of the programme from five weeks to four weeks to optimise commitment and shortened the session length from an hour and a half to one hour. Implementors used their discretion to eliminate some content and exercises to fit the time limitations.
 - Men’s Shed group added more practical exercises/resources such as a mindful walk and a meditation exercise (which the group asked to be recorded and provided to them). It was brought to the implementors’ attention that participants were poor at going to the

doctor, they organised the Irish Heart Foundation mobile health check service to the community centre on the last day of the programme.

- Overall readiness and confidence to deliver the programme
 - Participants felt very confident, and the instruction notes were very clear, helpful and nicely laid out.
 - The prescribed support is perfectly balanced with the ability to flow within the themes.
 - It's very important, as the facilitator, to have the capacity to respond to the group dynamics (read the room) and tweak the structure as needed (knowledge of the group is extremely helpful and working with community partners will ensure a familiarity with participant preferences).

Supports

- Preparatory materials
 - The folder from the training was very helpful, clear and well laid out/easy to follow (it contained all the Word documents to print for each session, PowerPoint slides along with and PowerPoint notes/prompts visible to facilitators only). The instructional notes to follow during the session were also very helpful. PowerPoints were used exactly as they were designed, except in the case of the Men's Shed where some slides were deleted to accommodate the shortened delivery.
 - The support of a co-facilitator is extremely important, especially if each facilitator has a different background to bring another set of competencies into the delivery (especially mindfulness experience) or one with more experience to be able to troubleshoot.
 - Materials fit within the context as long as facilitators responded to the group preferences.
 - The supporting materials are extremely comprehensive, but almost too much to fit into each session. There is too much content so that it's necessary for facilitators to spend time taking out chunks of content to fit within the time. Materials are a bit repetitive; these can be whittled down, and it should be clearer what material is essential, and which can be optionally added on – time will need to be allotted for these adaptations.
- Training
 - Participants felt the training was clear and sufficient, but perhaps more guidance was needed in terms of trouble-shooting group engagement issues or compassionately addressing disruptive group members (e.g., excessive phone use etc).

- It may be helpful to include role-playing in the training, especially in terms of tactfully addressing problems that arise in a group setting.
- Skills in managing/facilitating groups should be emphasised especially for community partners, as well ensuring they explicitly know their remit in terms of what they can and can't address (i.e., the signposting/referral process needs to be very clearly delineated or built into the training). With respect to the topic of mental health, facilitators may be fearful of doing the wrong thing, so their minds should be eased with the confidence on how to navigate/signpost or even additional training on active listening when someone is upset etc.
- Community partners will know their groups/demographics and be able to anticipate what will work and what will not. Having a formal Health Promotion background is likely not needed.
- Disclosure of mental health problems by participants
 - The 'Little Bags of Hope' during an instructional session helped to communicate clearly what the programme 'was' and 'was not' for participants and helped put facilitators at ease as well.

Implementation Insights

- Avenues for recruitment
 - Community Health Workers know the groups in their geographical area and have existing groups that they reach out to and have established relationships with.
 - Some of the groups would have been a cohesive group that have worked together before, while others came together from different groups and didn't have an existing dynamic.
 - They recruited a couple of participants via a post on Facebook – there were a few issues with one of these group members (one of the only younger participants), using digital devices that were distracting to the group, but this was easily handled by one of the facilitators.
- Suggestions for improving recruitment
 - Social media and existing newsletters.
 - Community partners have experience engaging their own groups.
- Positive, facilitating factors for successful implementation

- Content was well received by all demographics (younger and older persons), but PowerPoint slides were used in support (i.e., rather than being a main component) of discussion-focussed delivery.
- Previous training around engaging with men was helpful (specifically around communicating about mental wellbeing).
- Working with groups with whom the facilitator had an existing relationship with worked well, but it was also enjoyable for a facilitator to join a group they were unfamiliar with.
- Having worked previously with the same facilitator was a positive factor and having a second facilitator to feed off or to fill in gaps/forgotten messages was important.
- Groups with existing dynamics are easier to engage but are susceptible to breaking off into their own discussions.
- Groups that are new to one another do indeed engage, but it feels slightly more formal at first.
- It helps to bring in humour and to bring in light-heartedness when subjects feel a bit heavy.
- Facilitators were amazed at how capable participants were to engage in a topic as intense as mental health on such a ‘surface’ level (without going so deep or causing a ‘trigger’). The programme provided a brilliant way to open up the conversation about a taboo topic (particularly the Men’s Shed group), give participants a taster and getting them familiar with and comfortable using mental health language (phrases such as ‘self-esteem’ or ‘personal growth’).
- The mindfulness activities or little ‘movement breaks’ shift the energy in a good way and break up the monotony, keeping participants engaged.
- Leaving the activities completed on the flip charts displayed in the community centre generated discussion even with visitors who weren’t participants (e.g., displaying the ‘Tree of Strengths’ exercise prompted conversations in other programmes delivered in the same community centre).
- Barriers to implementation
 - Differences in literacy needs to be addressed – perhaps using images instead of writing words (e.g., provide a catalogue of images that participants can choose from instead of coming up with a word and writing their word down). Imagery is more inclusive.

- The photo-pack exercise where participants choose a photo that jumps out to them, wasn't relatable to all demographics, so it's important to ensure the full pack is diverse but that facilitators only include photos that capture their group's characteristics. There was no imagery that captured the Traveller culture and most imagery didn't capture an older person's perspective.
- Perhaps part of the lead-up/planning should be to connect with community representatives to ensure that the imagery, content and activities used will be received well and will be relevant to their groups.
- Facilitator characteristics
 - Knowing the group or being able to read the room is key.

Adaptation Insights

- Compare and contrast standard versus adapted programme
 - These facilitators have only had experience with the community programme but did include intuitive adaptations.
- Ease of adaptation process
 - Adaptations were very intuitive, and facilitators felt competent enough and familiar enough with their target groups to use their discretion. Facilitators did have additional previous training in engaging with certain target groups, so their instincts have been appropriately moulded.
 - Knowledge of group characteristics/learning affinities prior to implementation guides adaptations and then responding to the actual group dynamics/preferences during implementation is important too.
- How adaptations were planned and developed
 - Facilitators met for about 45 minutes prior to a session to outline their approach, delineate responsibilities, add notes for the upcoming session, address issues that arose in the previous session etc.
 - Facilitators drew upon their own backgrounds such as leading mindfulness exercises and were able to record these as a resource for participants.
 - Facilitators added extra practical activities that they found online (Googling) such as a visualisation exercise. These weren't planned but were added in response to what the group engaged with in previous sessions.

- Facilitators printed off 10-12 little cards with positive sayings or reminders that were relevant to the session's theme and laminated them for participants to take home and these were very well received (they were taken from Facebook so there may be copywrite issues, but there may be HSE resources such as The Little Things campaign).
- Most adaptations included:
 - Eliminating some content as there was too much to include in each session.
 - Replacing/eliminating non-relevant components.
 - Including relatable imagery or softening emotive words for male groups and adding practical activities or take-home resources that the group responds well to.
- How were adaptations received
 - Exercises are needed to break up the monotony of the session –active sessions were better received along with resources for participants to take home (instead of a passive educational session).
 - Many participants expressed disdain for school or had not completed schooling, so it was important not to create a 'learning environment' (e.g., the laptops immediately didn't work for the Men's Shed group) but rather ensure a collaborative effort (that facilitators and participants are part of the sessions together). It was also helpful for the facilitator to share their own light-hearted experiences in order to relate to the group and to open the conversation (of course, not revealing anything deeply personal).
 - Literacy considerations: there were a few exercises that required participants to write down a thought ('Tree of Strengths'), but a couple of participants didn't feel comfortable writing, so facilitators jumped in to write their thoughts.
- Core messages versus adaptations
 - Core themes are very clear and adhered to strictly.
 - The overall message (the importance of a positive, light-hearted approach to mental health) is clear and helps breach the typically daunting topic (for both participants and facilitators) of mental health.
- Most successful learning approaches and delivery strategies
 - Structure was roughly a few separate discussions, broken up with exercises/ice breakers.
 - Things that worked very well included:

- The folder for participants that contained their support booklet for the programme.
 - Practical activities that participants can take with them and that help them in their daily lives (e.g., recorded guided meditations, exercises such as the body scan exercise etc).
 - Tangible resources that you can hold (e.g., Little Bags of Hope, laminated reminder cards etc).
- Addressing actual issues that participants are having in their lives, such as sleep issues etc. helped keep participants engaged and kept the sessions relevant.
- Final suggestions
 - Slides should be condensed, and repetition should be avoided.
 - Relating the content to real life was important, for example, using the slides to go through the theory, but then breaking off and giving a real-life example so that the content makes sense to the participant (the facilitators felt they needed to give an example of each content component as the participants were not able to relate the words to the real-life experience without a real-world example). The training and preparatory materials could offer more guidance here in terms of framing content in a practical rather than educational manner (e.g., ‘stress management’ is not universally understood so giving an example of how a person manages their stress is important).
 - Humour is critical.
 - They are very confident the community partners can deliver this programme and especially with the guidance of an experienced facilitator (even just for the first few times).

Conceptual Analysis of Existing Programme Content

In August of 2023, an exercise was undertaken to identify the core content or ‘active ingredients’ of the standard MYWB programme along with the accompanying theoretical underpinnings and key learning outcomes. This core content is defined as strictly necessary for successful delivery of the programme’s message and achievement of its objectives, and will, therefore, remain present and consistent across adaptations. Insights from the preceding roundtable discussions contributed to this exercise. Following is the conceptual analysis which starts by presenting a rationale for this adaptation of the programme and follows with a summary of the theoretical underpinnings and evidence base for

positive psychology approaches and adult learning frameworks. The programme is then analysed session-by-session in terms of the content, structure and learning approach.

Rationale

Older persons (65 or over) account for 14% of the Republic of Ireland's total population and this is expected to increase to 26% by 2051 (Sheehan & O'Sullivan, 2020). The Irish Longitudinal Study on Ageing reports that depression is commonly reported by older people, with 10% reporting clinical levels and a further 18% reporting sub-clinical depression, with still higher reports of anxiety (TILDA, 2020). Leading Irish community organisations argue that these numbers are significantly under-reported, noting substantial increases in mental health support delivered post pandemic (ALONE, 2023). The Mental Health Commission warn of the high personal and economic costs associated with mental health problems (MHC, 2020), which are exacerbated considering the strong links between psychological and physical health and the development of chronic disease (Kim et al., 2023). These are of particular concern considering Ireland's ageing population. Loneliness is a related concern, with findings from the TILDA study in Ireland revealed almost one third of adults over 50 report feeling loneliness at least some of the time – higher than reported by younger participants (Ward et al., 2019). The study found that high levels of loneliness were associated with poor self-rated health, functional limitations, chronic conditions, poorer quality of life, and depressive symptomology. The Government of Ireland has prioritised older persons as an at-risk population in their *Healthy Ireland Strategic Action Plan 2021-2025* (Department of Health, 2021) and the Health Service Executive have included targeted actions to support older persons in their *Stronger Together: The HSE Mental Health Promotion Plan 2022-2027* (HSE, 2022) (Actions 3, 9, 20).

The HSE's *Minding Your Wellbeing* programme is based on the positive psychology evidence base, designed to be delivered in collaboration with representative community partners to offer support to older persons in their community setting. This report explores the theoretical and evidence base for positive psychology and adult learning approaches, gives an overview of the MYWB programme, and offers a conceptual analysis of the content. The report incorporates recommendations from previous MYWB programme facilitators to enhance programme success and advice on how to manage difficult situations that may arise during implementation. It concludes by providing facilitator notes and course materials.

Positive Psychology Approaches

Positive psychology embraces the concept that mental health and mental health illness are related but distinct concepts (Westerhof & Keyes, 2010). Rather than addressing mental health challenges directly, positive psychology aims to enhance individual protective factors that are resources for navigating through life. These resources not only serve to buffer the challenges of everyday living but can help the individual flourish with happiness, meaning and purpose (Seligman, 2011). Positive psychology approaches are therefore a complement to psychopathological approaches where on the one hand personal resources are strengthened, and on the other mental health challenges are alleviated more directly (Carr et al., 2020). These individual-level interventions must be coupled with more upstream approaches that target the source of mental health problems on a macro level, such as reducing inequities and creating supportive psychosocial and physical environments through whole-of-government and whole-of-society efforts (Barry, 2019).

Positive psychology interventions aim to enhance individual-level protective factors through pathways that are underpinned by Peterson & Seligman's (2004) Values in Action Character Strengths Framework and by Seligman's (2011) PERMA model (see Figure 1) (Rusk & Waters, 2014). These pathways include personal growth and character strengthening, savouring pleasurable experiences, engagement in absorbing skilful activities, enhancing relationships, promoting meaning and purpose, and supporting accomplishments (Carr et al., 2020).

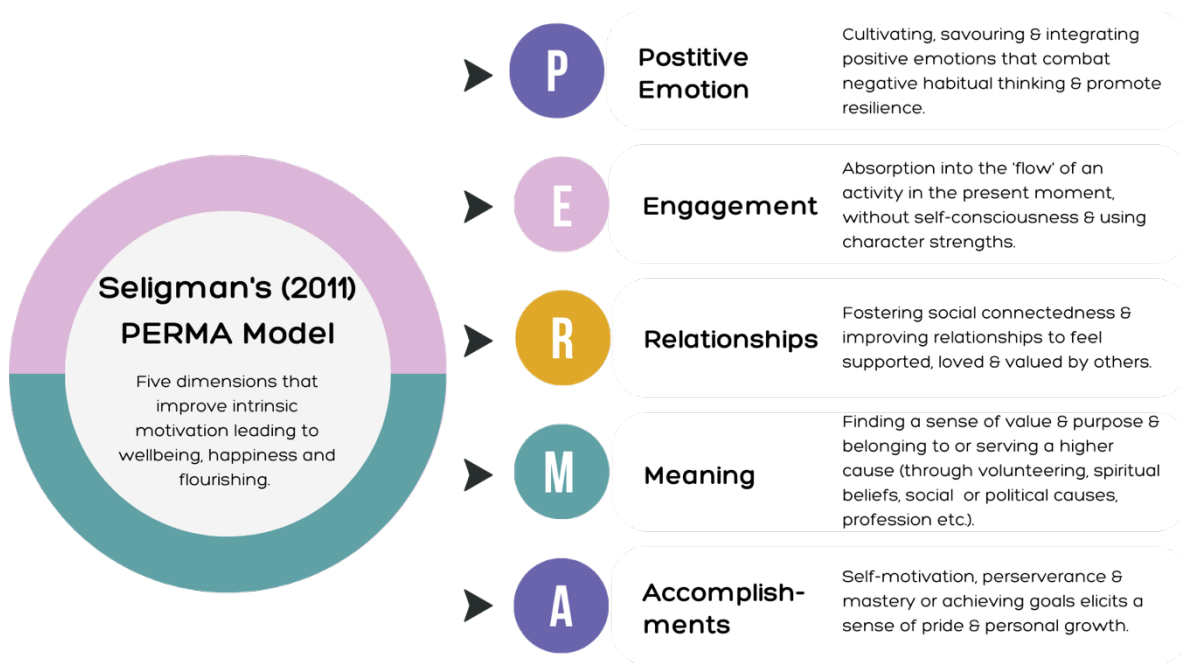


Figure 1 – Seligman's (2011) PERMA model (adapted from Madeson, 2017).

Evidence Base for Positive Psychology Interventions

A 2020 systematic review and meta-analysis found that relatively brief positive psychology interventions held in group or self-help contexts can be used for prevention in non-clinical populations (Carr et al., 2020). Face-to-face, multi-component interventions that contained more sessions and were longer in duration were more effective. The study reported improvements in primary (wellbeing and character strengths) and secondary (anxiety, stress, quality of life and depression) outcomes, and these were sustained until seven months after which they began to fade.

Kim et al. (2023) report the success of multicomponent approaches to positive psychology interventions where practices (such as gratitude, kindness, savouring, noticing positive events, mindfulness, positive reappraisal, personal strengths, attainable goals, and self-compassion) are packaged together. Authors found that gratitude expressed in the form of a letter that is social in nature (i.e., gratitude to a person rather than a thing or a circumstance) were most effective, with either digital or in-person interventions showing success. Interventions that include pro-social behaviour show benefits for both participants and society at-large and authors suggest “prescribing” volunteering as a promising concept (p. 4). Interestingly, civic engagement is highlighted as a key ingredient for mental health and wellbeing in Ireland’s new Wellbeing Framework (Government of Ireland, 2022). Positive outcomes reported by Kim et al. (2023) across interventions included positive emotion, psychological well-being, optimism, loneliness, social support, perceived stress, lifestyle behavior, and even physical health benefits. Authors caution that engagement and retention of participants is a challenge. Kubansky et al. (2023) emphasise the need to include long-term outcome measures and funding commitments to ensure these downstream interventions are sustainable and that they are nestled within the context of a whole-of-society approach. Authors remind implementors to be especially sensitive to cultural experiences of the concepts that underpin positive psychology as these can be vastly diverse. Here, consultation with target populations and appropriate stakeholders during the planning stages is key.

Positive connections have been made in the literature between positive psychology and productive ageing (Ranzijn, 2002) and positive psychology interventions targeted to older people have indeed found success. A small study of 73 females aged 50 and above, using an online positive psychology intervention, found improvements in happiness and reductions in depressive symptoms (Proyer et al., 2014). Another small study in Japan with 74 participants, women between 63 to 105 years, found reduced depressive symptoms and improved levels of life satisfaction, gratitude and happiness (Ho et al., 2014). In a knowledge translation article, Bar-Tur (2021) highlights the importance of enhancing

older people's quality of life by increasing their vital involvement and active engagement in life, leaning on positive psychology interventions as a major method with particular benefits in coping with loneliness.

Positive psychology is a key component in the field of Positive Ageing which aims to optimise the positive layers of ageing, helping to generate and maintain wellbeing and quality of life in the elderly (Sanyal & Dasgupta, 2021). Ireland has its own Health and Positive Ageing Initiative, part of its National Positive Ageing Strategy (Department of Health, 2013), wherein positive psychology interventions fit well alongside more upstream approaches and national campaigns.

Finally, engaging with older people within their own community setting and within their existing social networks can help alleviate commonly cited barriers such as accessibility and transportation challenges, and lack of social support and acceptable social opportunities (Goll et al., 2015; Hastings-Truelove et al., 2022). Furthermore, partnering with local community organisations can simultaneously ensure that resources are available locally while ensuring that older people's voices are heard, and interventions are most suited to their unique preferences.

Frameworks for Adult and Older Adult Learning

Creating an effective learning environment for older people requires special considerations. An andragogical model, distinct from pedagogical approaches, considers five assumptions (Knowles, 1980):

- Self-concept – that adults are independent; therefore, self-directed or collaborative approaches are more suitable than those that are instructor-led.
- Adult learner experience – that adults draw upon their life-long experiences during learning.
- Readiness to learn – that the *practical* reason for learning plays a formative role.
- Orientation of learning – that practical skills for daily life are preferred over knowledge for the sake of knowing.
- Motivation to learn – that adults have unique internal reasons for learning.

Keeping these assumptions in mind, the following four principles (Knowles, 1980) underpin andragogical approaches:

- Adults should participate or have a level of control in their learning.

- Learning approaches should encourage participants to draw upon their past experiences to add a richer context to their learning.
- Encouraging reasoning or problem solving is preferred over memorisation or lecturing.
- Learning should be immediately applicable to the daily lives of participants.

Critical geragogy (Creech & Hallam, 2015) is a theoretical framework that builds upon the andragogical model, focussing on older learners in later life. Here, the learning approach is a form of stimulation for the ageing individual (carrying with it physical, emotional and cognitive benefits) and a vehicle for social growth (addressing the loneliness and social exclusion that accompanies ageing), while also acting to challenge deficit-oriented societal beliefs around ageing. Later-life learning can be an empowering opportunity for personal growth, autonomy and solidarity, while celebrating action-oriented and problem-solving reflection on unique life experiences. The framework aims to be:

- Person-centred – optimising the maintenance of mental and physical competence and independence while increasing life satisfaction and personal healing.
- Fellow-centred – enhancing social engagement and responsibility.
- Matter-centred – “confronting new challenges in personally meaningful domains.” (Creech & Hallam, 2015, p. 45)

Underpinning these learning frameworks is the unique role of the facilitator. The learning approach is collaborative and dialogical, requiring active participation, thus, the teacher and students become co-investigators of life issues (Findsen, 2007). Additionally, the learning approach is underpinned by “liberatory education,” (Formosa, 2012, p. 74) thus, the facilitator poses problems and themes and allows space and freedom for participants to critically reflect on their own accumulated knowledge in ways that promote creative problem solving and the integration of new ideas into daily functioning and personal growth.

Programme Overview

The *Minding Your Wellbeing* programme aims to promote positive mental health and wellbeing through positive psychology, self-care and resilience building. It was developed in 2015 by the Health Promotion and Improvement in Community Healthcare Organisation (CHO 4) in collaboration with the University of Pennsylvania’s Master’s Programme in Positive Psychology. The programme takes a universal approach aiming to provide a broad introduction to positive psychological concepts, framing mental

health as a resource, after which participants can choose to strengthen their skills through additional training. The programme is offered either as a full day, a series of workshops, or a modified online video programme, and includes the following focus areas:

- Practicing Self Care
- Understanding Our Thoughts
- Exploring Emotions
- Building Positive Relationships
- Improving Our Resilience

This version of the programme was developed for delivery in the community and specifically to older persons and is underpinned by promoting a sense of purpose, providing a safe space to share feelings and emotions, and providing a social opportunity for participants. The programme objectives are:

- To improve participants' understanding of a positive approach to mental wellbeing and how it can be applied for their own wellness.
- To improve participant understanding of the potential benefits that mindfulness and gratitude practices and positive thought processes can have on mental wellbeing.
- To improve participant ability to apply the knowledge or skills gained for the benefit of their own wellbeing.
- To improve participant social engagement and lessen participant feelings of loneliness.
- To prompt participants to further explore the area of mental wellbeing beyond the training.

Conceptual Analysis of Programme Sessions

Each of the programme's five 1.5-hour sessions are explored below. The first session also includes an overview of the programme's main focus while establishing the difference between addressing mental health symptoms directly versus indirectly by strengthening personal resources with which to buffer life's challenges and to flourish in life (the focus of the programme of course, being the latter). The final session includes a recap of the preceding sessions and includes a reflective discussion of participants' main take-aways.

Session 1 Practicing Self Care

Key messages of the session:

- **Existing personal impressions on topic areas.** Surfacing and acknowledging participants' subjective understanding of mental wellbeing and self-care.
- **Mindfulness.** Awareness of present-moment body and mood cues.
- **Self-care.**
 - Understanding the concept (deliberately looking after oneself, self-compassion, debunking the 'selfish' interpretation of putting oneself first).
 - Understanding its benefits (overall wellbeing, self-esteem, relaxation, relationships, functioning, coping, optimism).
 - Providing examples (eating healthily, keeping active, resting and recharging, connecting with others, interests and hobbies, managing stress, practicing self-compassion).
 - Rating their own self-care and understanding their barriers to self-care.
 - Building and prioritising self-care habits (acknowledging the benefits of quick but consistent practices and identifying existing practices to build upon and opportunities for improvement).

Activities:

- Handing out MYWB booklets and registration/contact sheets.
- Group work – Photo pack of what good mental health means to participants.
- Self-care toolkit planner reflection worksheet from the MYWB booklet (self-assessment of self-care habits).
- Finishing with a stretch.

Actionable knowledge/practical exercises:

- Checking in/tuning in to body and mood.
- Scripted body scan mini break led by implementor.
- Building a self-care toolkit (based on reflection worksheet activity).
- Minding Moment (self-chosen self-care activity to practice throughout the week).
- Reminder of supports for more directly addressing stress.

Session 2 Understanding Our Thoughts

Key messages of the session:

- **Understanding how thoughts work.**
 - Understanding the concept (thoughts contribute to overall wellbeing, impacting how we feel, behave, learn and understand, view ourselves, relate to others, and see the world).
 - Understanding dysfunctional thinking (as a protective mechanism, thinking habits/patterns naturally have a negative bias that can lead to excessive worrying; negative thought habits can create a negative lens through which to see the world e.g., thinking traps such as jumping to conclusions/assumptions, catastrophising, emotional reasoning, mind-reading, generalising/always/never, personalising/externalising, and filtering or overlooking the positive).
 - These habits can be transformed with conscious positive framing and soothing mindfulness.
- **Mindfulness.**
 - Understanding the concept (focusing thoughts on the present moment and finding its value helps eliminate stressing about the future or ruminating on the past).
 - Understanding its benefits (regular practice contributes to positive mental wellbeing – accepting the unchangeable, reducing stress by staying present, finding calm, improving relationships through connectedness, improving rest and sleep).
 - Ways to practice mindfulness (noticing senses, breathing, body scan, mindful walk, and starting the day with mindful pauses).

Activities:

- A moment to change our view (consciously noticing the environment around us).
- Group work – Solving thinking trap scenarios.
- Half-time move and stretch break.
- Current understanding of mindfulness.

Actionable knowledge/practical exercises:

- Reflect on past ‘thinking traps’ and learn to interrupt future ones through noticing, pausing, questioning and reflecting.
- Scripted five senses meditation led by implementor.

- Sample ways to start the day mindfully (from slides).
- Minding Moment (self-chosen mindfulness activity to practice throughout the week).
- Reminder of supports for more directly addressing stress.

Session 3 Exploring Our Emotions

Key messages of the session:

- **Exploring emotions.**
 - Understanding the concept (all emotions are a valid part of life and are not constant; noticing and understanding our emotions can help us cope; positive emotions lead to better overall wellbeing).
- **Building positive emotions.** Self-care, positive thoughts, and present-moment mindfulness (Sessions 1 through 3) can increase positive emotions and boost your mood.
- **Practicing gratitude.** Creating feelings of appreciation and expressing them helps us notice and value joyful moments.
- **Savouring.** Taking time to enjoy what is happening, allowing positive emotions sink in, sharing these feelings with others and thinking about them later.
- **Mindfulness.** Awareness of emotions and sensations in the present moment.

Activities:

- Opening round of how participants feel.
- Noticing and naming emotions in the present moment.
- Reflecting on ways participants boost their mood or energise themselves.
- Group work – Savouring experiences worksheet from MYWB booklet to reflect on events that evoked positive emotions and sharing this with others.
- Sharing and reflecting on gratitude cards or writing down three things they are grateful for from the last 24 hours.

Actionable knowledge/practical exercises:

- A little mindfulness session – mindful eating (using all senses to eat a raisin) and/or mindful colouring (using markers and colouring sheets to colour quietly).
- Sample ways to bring gratitude into your life (from slides).

- Minding Moment (picking one of the ‘Five Ways to Wellbeing’ to practice over the week: connect, be active, take notice, keep learning, give) (from slides).
- Reminder of supports for more directly addressing stress.

Session 4 Building Positive Relationships

Key messages of the session:

- **Building positive relationships.**
 - Understanding the concept (the quality of our relationships and sense of belonging play a vital role in mental health and wellbeing and add meaning and purpose to life experiences; all types of relationships - from long-standing to fleeting - should be valued; relationships should be nurtured and worked at).
 - Understanding the benefits (trust, support and feeling loved, understood, and free to be authentic are key benefits of relationships, along with improved physical health and longevity; input from others can help us keep things in perspective).
- **Positive relationships start with ourselves.** Self-care, tuning into ourselves and looking after our health and wellbeing are important (the better we feel about ourselves, the better we feel in relationships).
- **Ways to build strong relationships.** Spending planned or spontaneous time together, ensuring a balance of giving and receiving, showing our appreciation, staying positive, and consciously making new connections are important. Quality focussed attention is what makes connections positive and nourishing relationships will keep them strong.

Activities:

- Reflect on ways to be a good friend to yourself.
- Reflect on ways to look after our relationships.
- In pairs – Think of someone who makes you feel valued and share a little bit about this relationship.
- In pairs – Going for a short walk, get to know one another with the purpose to connect, communicate and give focussed attention.

Actionable knowledge/practical exercises:

- Sample ways to be a good friend to yourself (from slides).

- Sample ways to make new connections (from slides).
- Building positive relationships worksheet from MYWB booklet to reflect on important relationships and what they can do to make them happier or healthier.
- Minding Moment (self-chosen activity/experience with special people in your life today or tomorrow).
- Loving Kindness meditation (from slides).
- Reminder of supports for more directly addressing stress.

Session 5 Improving Our Resilience

Key messages of the session:

- **Improving Resilience**
 - Understanding the concept (resilience is the ability to recover from or adjust to misfortunate or change; it is essential to mental health and wellbeing).
 - Understanding the benefits (resilience is a resource we can use to overcome difficulties, to steer our way through daily annoyances, to recover from stressful life events, to help cope with challenges and not let them overwhelm us, and to have courage to explore new challenges and experiences).
- **Building and Replenishing Resilience** - resilience is not fixed, it can be increased by:
 - Prioritising self-care.
 - Challenging negative thoughts/beliefs through realistic thinking (understanding our own way of thinking/beliefs), healthy self-belief (having faith in our ability), the power of positivity, avoiding limiting beliefs (unfounded lack of confidence or pessimism).
 - Working with our character strengths and virtues (honesty, kindness etc).

Activities:

- Finish the sentence activity – ‘Resilience is the ability to...’.
- Group work – Reflecting on their own resilience and what ‘resilience’ means in everyday life.
- Reflect on self-care practices.
- Reflect on a self-belief that is negative and one that is positive and how these beliefs came to be.
- Alternative beliefs activity (reframing negative beliefs) (from slides).
- Half-time move and stretch break.

- Identifying your strengths (from slides).
- Tree of Strength flip chart activity with pre-cut leaves for people to write their strengths and place them on the tree to acknowledge all the strengths within the group.
- Programme close – group reflects on what has impacted them from the programme and one thing they will take away from the programme to support their mental wellbeing.

Actionable knowledge/practical exercises:

- Tree of strengths worksheet in MYWB booklet.
- Minding Moment (self-chosen activity on how they will build their strengths into their daily activities).
- Reminder of supports for more directly addressing stress.
- Finish with a stretch.

Instructional Strategies

A range of instructional strategies are currently used in the sessions in-line with positive psychology approaches and within andragogical and geragogical frameworks. These are underpinned by active participation and are predominantly dialogical and reflective with practical exercises aimed to enrich the daily lives of participants. The sessions also prioritise group work and opportunities to engage in movement.

Structural Template for Sessions

A template for the structure of a typical session is offered below with the overall instructional strategy offered in bold. While the sessions are discussion-focussed (rather than lecture-focussed), PowerPoint slides are used to guide the session.

- **Context setting.** Opening, welcome and recap of the previous session(s) with a statement about how the current session builds upon the previous.
- **Reflection.** Introduction to the session's topic with reflection from participants on their existing understanding of topic areas.
- **Dialogical expanding of existing understanding.** Facilitators bring in new ways of approaching the topic (illustrating these with every-day examples) and explicitly voice its practical benefits.

- **Personalising the concept.** Facilitators offer space and tools for participants to reflect on how the topic manifests in their own lives (e.g., reflecting on ways to prioritise practices or barriers to incorporating the topic etc.)
- **Group work.** Participants work in groups or pairs with a chance to feed back their discussions to the larger group.
- **Practical exercises.** Facilitators guide participants through exercises that demonstrate activities that can be incorporated into their daily lives.
- **Home practice.** A ‘Minding Moment’ is prescribed at the end of the session where participants commit to a real-life practice before the next session.
- **Body movement opportunities.** Participants are encouraged to stretch or move at half-time and/or closing.
- **Close and reflect on learning.** Facilitators remind participants of available supports and reflect on the main messages of the session.

Table 1, following, offers a consolidation of how each session incorporates these instructional methods.

Table 1. Instructional Methods for Each Session of the MYWB Programme					
	<i>Session 1</i>	<i>Session 2</i>	<i>Session 3</i>	<i>Session 4</i>	<i>Session 5</i>
Welcome and Recap	Practicing Self Care	Understanding Your Thoughts	Exploring Emotions	Building Positive Relationships	Improving Our Resilience
Reflection on existing understanding of concepts	Explore what mental health & wellbeing and self-care.	Explore how thoughts contribute to overall wellbeing.	Explore how participants are feeling; all emotions are a valid part of life and are not constant.	Explore the meaning of relationships; the quality of our relationships and sense of belonging play a vital role in mental health and wellbeing and they should be nurtured and worked at.	Finish the sentence activity – ‘Resilience is the ability to...’; resilience is the ability to recover from or adjust to misfortunate or change; it is essential to mental health and wellbeing.
Dialog on new ways of approaching the topic (guided by PowerPoint slides)	Self-care is about self-compassion and is not about being ‘selfish’; understanding mindfulness and present-moment awareness.	Understanding dysfunctional thinking and that these habits can be transformed; understanding mindfulness; understanding that thoughts impact how we feel, behave, learn and understand, view ourselves, relate to others, and see the world.	Building positive emotions, practicing gratitude, savouring, mindfulness.	Positive relationships start with ourselves; all types of relationships - from long-standing to fleeting - should be valued; quality focussed attention is what makes connections positive and nourishing relationships will keep them strong.	Resilience is not fixed, it can be increased by prioritising self-care, challenging negative thoughts/beliefs through realistic thinking, healthy self-belief, the power of positivity, avoiding limiting beliefs, and working with our character strengths and virtues.
Every-day examples to illustrate the concept	Eating healthily, keeping active, resting and recharging, connecting with others, interests and hobbies, managing stress, practicing self-compassion.	Noticing senses, breathing, body scan, mindful walk, and starting the day with mindful pauses.	Self-care, positive thoughts, and present-moment mindfulness; creating feelings of appreciation and expressing them; taking time to enjoy what is happening, allowing positive emotions sink in, sharing these feelings with others and thinking about them later.	Spending planned or spontaneous time together, ensuring a balance of giving and receiving, showing our appreciation, staying positive, and consciously making new connections are important.	Understanding our own way of thinking/beliefs, having faith in our ability, avoiding unfounded lack of confidence or pessimism.
Dialog on the benefits (guided by PowerPoint slides)	Overall wellbeing, self-esteem, relaxation, relationships, functioning, coping, optimism.	Regular mindfulness practice contributes to positive mental wellbeing – accepting the unchangeable, reducing stress by staying present, finding calm, improving relationships through connectedness, improving rest and sleep.	Noticing and understanding our emotions can help us cope; positive emotions lead to better overall wellbeing and helps us notice and value joyful moments.	Trust, support and feeling loved, understood, and free to be authentic are key benefits of relationships, along with improved physical health and longevity; input from others can help us keep things in perspective.	Resilience is a resource we can use to overcome difficulties, to steer our way through daily annoyances, to recover from stressful life events, to help cope with challenges and not let them overwhelm us, and to have courage to explore new challenges and experiences.

Personalising the concept	Self-care toolkit planner reflection worksheet.	Reflecting on past ‘thinking traps’ and learning to interrupt future ones through noticing, pausing, questioning and reflecting.	Reflecting on ways participants boost their mood or energise themselves.	Reflect on ways to be a good friend to yourself; reflect on ways to look after our relationships.	Reflect on self-care practices; reflect on a self-belief that is negative and one that is positive and how these beliefs came to be.
Group work	Photo pack of good mental health.	Solving thinking trap scenarios.	Savouring experiences worksheet; sharing and reflecting on gratitude cards.	Think of someone who makes you feel valued and share a little bit about this relationship; going for a short walk, get to know one another with the purpose to connect, communicate and give focussed attention.	Reflecting on their own resilience and what ‘resilience’ means in everyday life; Tree of Strength flip chart activity with pre-cut leaves for people to write their strengths and place them on the tree to acknowledge all the strengths within the group.
Practical exercises	Checking in to body and mood with a body scan.	Sample ways to start the day mindfully.	Noticing and naming emotions in the present moment; mindful eating or colouring; ways to bring in gratitude.	Sample ways to be a good friend to yourself and to make new connections; building positive relationships worksheet; loving kindness meditation.	Alternative beliefs activity (reframing negative beliefs); identifying your strengths; Tree of Strengths worksheet.
Minding Moment (<i>home practice</i> for the week)	Choosing a self-care practice.	Choosing a mindfulness practice.	Choosing one of the ‘Five Ways to Wellbeing’ practices.	Choosing an experience to share with special people.	Choosing how they will build their strengths into their daily activities.
Body movement	Stretching.	Half-time move/stretch break.	Movement break.	Movement break.	Half-time move and stretch break.
Close and reflect	Reminder of supports.	Reminder of supports.	Reminder of supports.	Reminder of supports.	Group reflects on what has impacted them from the programme and one thing they will take away from the programme to support their mental wellbeing; reminder of supports.

Internal & External Reviews and Finalisation of Pilot Programme

Content & Materials

An **Advisory Board** was established in August 2023 that consisted of members of HSE Health Promotion and Improvement representatives with a high level of experience in delivering both the original and adapted versions of the MYWB Programme. They are acknowledged on Page iii of this report. The Advisory Board completed a review of the adapted content and materials and their feedback guided further adaptations. The Board met once monthly from October until December 2023, for progress updates and to advise the process of finalising the pilot programme and materials.

A final **internal review** by three programme developers in the HSE was conducted in November and December 2023, which resulted in a redesign of the PowerPoint slides. Changes included simplifying the text and adding age and culturally appropriate photos, used with permission from the Institute of Public Health. Paul O'Rourke, AgeWell Lead Co Ordinator at Third Age Ireland provided an **external review** of the Facilitator's Manual during the development of the pilot programme materials, with very minor comments or suggestions.

The programme materials were finalised and sent to the printer by the end of December 2023 which ensured delivery by the first facilitator training in January 2024.

Conclusion

Part I of this report detailed the process of developing the pilot programme and materials. Findings from the roundtable discussions with experienced HSE staff were presented. A Conceptual Analysis of the MYWB programme was presented along with details of the process of internal and external review of the final pilot programme content and materials. Part II, which follows, details implementation of the pilot study including analysis and discussion of all evaluation components.

Part II – Pilot Study

Part II of this report will detail the implementation of the pilot study for the Minding Your Wellbeing Programme for older people in community settings. This process started with observations of the pilot programme training and subsequent delivery of the programme at various locations. Part II of this report also presents the findings from evaluation of the pilot, in terms of feasibility insights for the national programme, from the perspectives of both the participants and the facilitators. These activities are detailed in the following sections.

Overview & Methods

Study Design

A process evaluation was employed for this pilot study in order to determine the feasibility of delivering the Minding Your Wellbeing Programme from the perspectives of the course participants and the facilitators. Independent observations of course delivery were also undertaken by the main researcher.

Sample

The target population for the pilot study was older people aged 65 years and over residing in six community areas throughout Ireland (CHO-3, CHO-5, CHO-7 and CHO-9). Due to recruitment difficulties, the age range was slightly lowered. Participant demographics are discussed in the Results section of Part II.

Programme Facilitators. Each of the six pilot programmes were delivered by a team of two facilitators: one HSE HP&I Officer with experience of delivering the MYWB programme and one community partner with experience of working directly with older people in the community. Thus, twelve total facilitators delivered the programme (six HP&I Officers paired each with six community partners). Community partners included representatives from ALONE, Family Resource Centres and Day Care Centres.

Training Model for Facilitators. Twelve facilitators were trained for programme delivery using a two-day Train-the-Trainers training model, where two lead trainers thoroughly detailed each session and provided opportunities for questions and discussion, allowing trainees to practice delivery of a group activity. This was in line with the training model used for the MYWB facilitator training to-date. Observation of this model played a major role in the pilot study. As collaboration with community partners is a new aspect to MYWB programme implementation, this provided an important context for the current study.

Delivery Format. The programme was delivered in two different formats – a single session format of one and a half hours for a six-week duration and a combined session format of three hours for a three-week duration

Pilot Study Components and Evaluation

The plan for delivery of the pilot programme and components to capture evaluation are summarised in Figure 2 and discussed briefly below.

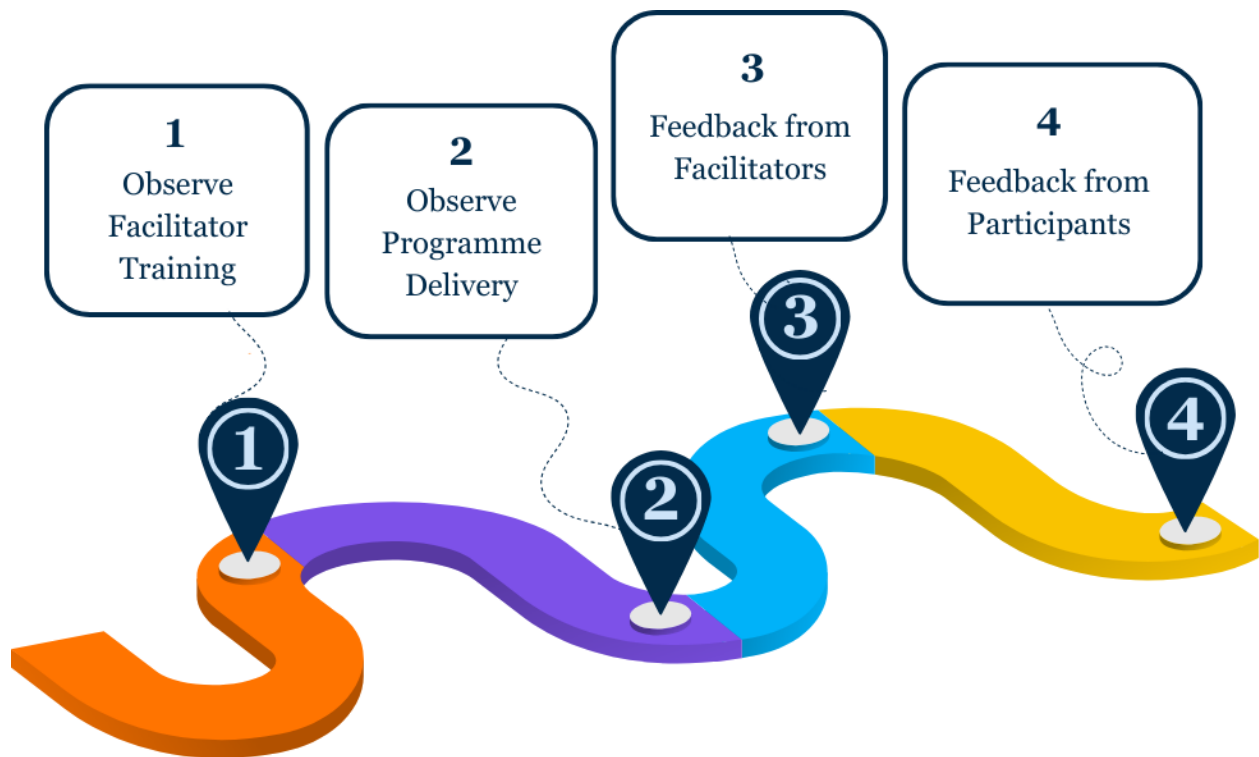


Figure 2 – Overview of pilot programme and evaluation components.

1. Observe Facilitator Training

The first activity at the start of the pilot was to recruit the facilitators and have them undergo training to deliver the programme. Since delivery of the national programme is intended to be in partnership with the community and voluntary sector, it was decided by senior HSE programme developers that one Health Promotion Improvement Officer would be matched with a community partner representative for a pair of facilitators delivering the programme at each location. The training was observed in order for the researchers to gain familiarity with the entire process of the programme and also to inform necessary amendments to the existing train-the-trainer model to account for the new community partner facilitators.

2. Observe Programme Delivery

In order to gain dynamic insights of how the programme plays out in real life, one researcher observed the delivery of selected sessions at various locations. These insights were valuable in terms of understanding first-hand how the programme was received by participants and how the programme came to life.

3. Feedback from Facilitators

Understanding the programme from the perspective of the facilitators was crucial to understanding key feasibility insights in terms of rolling out the programme nationally. Facilitators were asked to complete 'Weekly Reports' to provide details on each session. Additionally, two consultations were held (one with HSE-based facilitators and another with the community partners) at the end of programme implementation to gain these essential insights.

4. Feedback from Participants

Participant perspectives were key, not only in terms of feasibility insights for the national programme but also in terms of understanding the value of the programme content directly from those whom the programme aims to impact. Participants were asked to complete a brief Pre-Programme Questionnaire and a more detailed Post-Programme Questionnaire as part of the process evaluation and to assess the effect the programme may have had on participants. Additionally, at the close of each session, participants were asked to reflect on their key learnings from the session as well as 'what worked' and 'what did not work'. Facilitators guided

this ‘Closing and Reflection’ piece at the end of each session and reported these findings as part of their ‘Weekly Report’ submissions.

While delivery of the pilot programme proceeded in the order depicted in Figure 2, the findings will be presented in the reverse order. Firstly, findings will be presented in terms of the participants’ experience of the pilot programme, which will be followed by the facilitators’ experience. Finally, the findings from the observations of the training and delivery will be presented. Part II concludes with a Discussion and Conclusion section. First, to conclude this Overview & Methods section, further details about the evaluation of the pilot programme in terms of the methods used is now presented.

Details of Evaluation Components

The pilot programme was evaluated under three domains. Domain 1 included evaluation of the extent to which the programme objectives were met. Domain 2 included an assessment of the learning approach which was based on best practice frameworks for older adult learning. Domain 3 included feasibility insights and process evaluation to inform delivery considerations for the national programme.

As depicted in Figure 2, the methods for capturing these domains are grouped in terms of feedback from the participants and facilitators and observations of the training and programme delivery. The methods used included:

- Feedback from Participants
 - Participant Questionnaires (Pre and Post programme)
 - Post-session Closing and Reflection Discussions
- Feedback from Facilitators
 - Weekly Reports
 - Post-programme Consultation with Facilitators
- Observations of Training
- Observations of Programme Delivery

Each of the domains are discussed in more detail following, and a matrix is offered at the end of this section to more explicitly demonstrate how each of the domains will be captured in each methods listed above and in Figure 2.

Programme Aim

Introduce participants to positive psychology concepts in a way that offers a safe space for participants to share their thoughts about mental health and wellbeing in a social atmosphere.

Domain 1 – Programme Objectives

- To improve participants’ understanding of a positive approach to mental wellbeing and how it can be applied for their own wellness.
- To improve participant understanding of the potential benefits that mindfulness and gratitude practices and positive thought processes can have on mental wellbeing.
- To improve participant ability to apply the knowledge or skills gained for the benefit of their own wellbeing.
- To improve participant social engagement and lessen participant feelings of loneliness.
- To prompt participants to further explore the area of mental wellbeing beyond the training.

Domain 2 – Learning Approach Objectives

- To empower participants.
 - That participants have been provided an opportunity to draw upon and share their life-long experiences.
 - That the programme was approached collaboratively, with a level of participant ownership.
- To ensure the programme provided a form of stimulation (participants have played an active, problem-solving role while increasing their social engagement).
- To ensure the programme has provided a vehicle for personal growth (participants feel more mentally and physically competent and independent, with increased life satisfaction and personal healing)
- To ensure that participants believe the programme content and materials have practical value in their daily lives.

- To ensure that participants have been intrinsically motivated by the programme and intend to change their behaviours.

Domain 3 – Feasibility Insights

- Were the utility and design of materials, content, learning approaches and delivery formats suitable to participants (literacy levels, comprehensibility of concepts, optimal programme schedule/timeline, organisation & appeal of worksheets & PowerPoints etc.)?
- Was the overall programme structure successful (guided discussions & role of PowerPoint, group work, mindfulness practices, minding moments, movement breaks, worksheets, tea & chats)?
- Were the materials and content relevant and relatable to participants (including everyday examples given by facilitators) and were participants able to relate personally to the content of the programme?
- Were participants engaged and what were attrition rates? If not, are there any upstream (e.g., transport, venue accessibility etc.) or other supports that could help?
- Were there any additional influencing factors (e.g., participant demographics, programme location, venue, delivery format etc.)
- Were there any challenges or helpful supports in recruitment of participants and a venue?
- How did the community organisation itself impact programme implementation?
- How did the background and expertise of the community partner impact programme implementation?
- Were the training and preparatory materials sufficient for community partners (i.e., readiness insights) and did they feel supported during implementation (e.g., effective collaboration with HSE staff)?
- How sustainable is the programme (e.g., extent to which the programme can remain funded; extent to which the programme can be embedded into community organisation activities)?
- Suggested improvements from the perspective of participants and facilitators (including, is this programme useful; is it fulfilling a need)?

Please refer to Table 2 on the following page for a matrix of the evaluation methods and how the above domains will be captured.

Table 2. Matrix of Pilot Study Evaluation Methods

Insights		Pre-/Post Questionnaire			Weekly Report		Observations		Fac. Cons.
		Pre-	Post-	PS	C&R	Rpts	Train.	Del.	
Domain 1 Programme Objectives	To improve participants' understanding of a positive approach to mental wellbeing and how it can be applied for their own wellness.	X	X						
	To improve participant understanding of the potential benefits that mindfulness and gratitude practices and positive thought processes can have on mental wellbeing.	X	X						
	To improve participant ability to apply the knowledge or skills gained for the benefit of their own wellbeing.	X	X						
	To improve participant social engagement and lessen participant feelings of loneliness.	X	X						
	To prompt participants to further explore the area of mental wellbeing beyond the training.	X	X						
Domain 2 Learning Approach Objectives	That participants have been provided an opportunity to draw upon and share their life-long experiences (empowerment).			X	X	X		X	
	That the programme was approached collaboratively, with a level of participant ownership (empowerment).			X	X	X		X	
	To ensure the programme provided a form of stimulation (participants have played an active, problem-solving role while increasing their social engagement).			X	X	X		X	
	To ensure the programme has provided a vehicle for personal growth (participants feel more mentally and physically competent and independent, with increased life satisfaction and personal healing)	X	X	X	X	X		X	

	To ensure that participants believe the programme content and materials have practical value in their daily lives.	X	X	X	X	X		X	
	To ensure that participants have been intrinsically motivated by the programme and intend to change their behaviours.	X	X	X	X	X		X	
Domain 3 Feasibility Insights	Were the utility and design of materials, content, learning approaches and delivery formats suitable to participants (literacy levels, comprehensibility of concepts, optimal programme schedule/timeline, organisation & appeal of worksheets & PowerPoints etc.)?			X	X	X		X	X
	Was the overall programme structure successful (guided discussions & role of PowerPoint, group work, mindfulness practices, minding moments, movement breaks, worksheets, tea & chats)?			X	X	X		X	X
	Were the materials and content relevant and relatable to participants (including everyday examples given by facilitators) and were participants able to relate personally to the content of the programme?			X	X	X		X	X
	Were participants engaged and what were attrition rates? If not, are there any upstream (e.g., transport, venue accessibility etc.) or other supports that could help?			X*	X	X		X	X
	Were there any additional influencing factors (e.g., participant demographics, programme location, venue, delivery format etc.)			X*	X	X		X	X
	Were there any challenges or helpful supports in recruitment of participants and a venue?					X			X
	How did the community organisation itself impact programme implementation?					X			X

	How did the background and expertise of the community partner impact programme implementation?					X			X
	Were the training and preparatory materials sufficient for community partners (i.e., readiness insights) and did they feel supported during implementation (e.g., effective collaboration with HSE staff)?					X	X		X
	How sustainable is the programme (e.g., extent to which the programme can remain funded; extent to which the programme can be embedded into community organisation activities)?								X**
	Suggested improvements from the perspective of participants and facilitators (including, is this programme useful; is it fulfilling a need)?			X	X	X		X	X
PS=Participant Satisfaction; C&R=Closing & Reflections; Train=Training; Del=Delivery; Part=Participants; Cons. Fac.=Consultation with Facilitators									
* Further analysis of sub-group attendance sheets etc. needed									
** Further discussion with HSE senior staff also needed									

Participant Experience

This section aims to convey the experience of the MYWB Pilot Programme from the perspective of the participants themselves. Their feedback was collected in the form of two questionnaires (one before the start and another at the end of the programme) and in the form of a ‘Closing and Reflection’ discussion at the end of each session. These data sets are presented in the following sections; the first details the findings from the questionnaires and the second details the insights from the ‘Closing and Reflection’ discussions.

Pre- and Post-Programme Participant Questionnaires

The overarching project aim of the current study was to assess the feasibility of implementing the Minding Your Wellbeing programme to older people in community settings. As such, process evaluation was particularly important in terms of how the programme was received by participants within this new context. Thus, the current section focuses on data provided by participants of the pilot programme at each location. This section details the methodology and results of the process evaluation, followed by a brief discussion and conclusion.

Methods

Participants were asked to complete a pre-questionnaire before delivery of the first session and a post-programme questionnaire at the end of the final session. Participant responses were collected and evaluated using a mixed methods design of open-ended and quantitative (scale based and Yes/No) questions. As the pilot programme was focussed on the feasibility of adapting the programme for delivery to older people in community settings, evaluation of the outcomes and impact of the programme were not emphasised. These measures can be developed at a later phase to inform evidence-based evaluation of the national programme.

Pre-Programme Questionnaire

The goals of the pre-programme questionnaire (included as Appendix 2) were to ascertain prior experience in the areas of mindfulness and positive mental wellbeing, as well as participant expectations for the programme. Additionally, a series of questions (grouped as Question 3) was included to assess participant existing understanding of positive psychology concepts.

The pre-programme questionnaire consisted mainly of open-ended questions with one series of questions based on a Likert-scale ranging from Strongly Disagree to Strongly Agree. This series of questions was used for comparative analysis of pre- and post-programme understanding of the programme concepts. The open-ended questions were entered into an Excel spreadsheet and analysed thematically. Responses were first translated into themes, and then grouped into a hierarchy of domains and sub-themes. For example, an overarching domain of similar responses would emerge, within which additional sets of themes and sub-themes helped to demonstrate similarities more clearly.

Post-Programme Questionnaire

The goals of the post-programme questionnaire (included as Appendix 3) were to ascertain participant satisfaction of the programme while gaining insights that will shape the final version of the national programme (e.g., reliability and relevance of content, activities and materials, suitability of programme approach and structure, and delivery format).

The post-programme questionnaires consisted of both open-ended and scale-based questions (Likert scales, rating scales and Yes/No questions) and were analysed both thematically (using the same methods of analysis as the pre-programme questionnaires above) and quantitatively using IBM SPSS Statistics version 29.0.1.1.

To begin the quantitative data examination, a descriptive analysis utilising frequencies was conducted. This initial step allowed for a comprehensive understanding of the distribution and frequency of responses within the dataset. Two questions (14 and 19) were analysed using the mean as these were scale-rating questions (from 1 to 10). To assess the significance of differences between specific questionnaire items, particularly Questions 3 (Pre-Programme) and

13 (Post-Programme), a Related-Samples Wilcoxon signed rank test was utilised. This statistical approach was chosen for its suitability in analysing paired samples and its robustness in handling non-normal distributions.

Ethical Considerations

Due to GDPR regulations and other ethical considerations, the evaluation of the pilot programme focused on the *process* and did not include outcome-specific data collection and analysis. To get an understanding of participant demographics, HSE staff provided aggregated information from each location that had no individual identifying information. Additional details are provided in the Results section following.

The MYWB programme adopts a positive approach to wellbeing and does not address mental health conditions directly. Facilitators of the pilot programme included credentialed professionals under HSE employment with experience and expertise in the area of Health Promotion and are thus able to navigate sensitive topics and engage with vulnerable populations competently.

Confidentiality

All participants were provided a Participant Information Sheet (Appendix 4a) in which the purpose of the pilot programme was detailed as well as their role. Participants were assured anonymity and the questionnaires did not ask for any identifying information. Completed questionnaires were stored in a secure cabinet or a password protected folder in the case of digitally received submissions. A consent form (Appendix 4b) confirming participant understanding of the Participant Information Sheet and their consent to participate in the pilot study was signed by each participant and stored in a secure cabinet. Likewise, facilitators were provided an Information Sheet and submitted a Consent Form (Appendix 5) and were thoroughly briefed about their involvement in the programme at the facilitator training sessions.

Results

The findings of the pre- and post-questionnaires are presented in three sections. The first section will present the participant demographics. Sections two and three will detail the findings of the Pre- and Post-Programme Questionnaires respectively.

Section 1 – Participant Demographics

Of the 58 participants who started the programme, 48 participants completed Post-Programme Questionnaires (83% retention). While the HSE’s Health Promotion Improvement Officers collected personal data from participants at the start of the programme, due to GDPR constraints, researchers at the University of Galway did not have access to this participant profile information. Instead, a series of questions was asked as part of the facilitators’ Session 1 Weekly Report. Facilitators were asked to provide ranges of how many participants fell into categories representing gender, age, living situation, and access requirements. This information was aggregated per each location and contained no identifying information. Following are the details reported by facilitators at each location. Any discrepancies in reported numbers are noted with an asterisk where necessary. Table 3, below, offers a summary of the evaluation documents by each location.

Location	Total Participants Reported in Weekly Report	Number of Consent Forms Received	Number of Pre-Questionnaires Received	Number of Post-Questionnaires Received
CHO-3	5	5	5	3
CHO-5-A	13	15	13	12
CHO-5-B	9	12	12	11
CHO-7-A	9	9	9	7
CHO-7-B	9	8	7	5
CHO-9	12	13	12	10
TOTAL	57	62	58	48

Gender

The majority of participants in the pilot programme were female (84%; n=48; see Chart 1) and only one location had a relatively even amount of both genders (CHO-9). See Table 4 below for a breakdown of each location's participant gender profile.

Chart 1 - Gender of Pilot Programme Participants

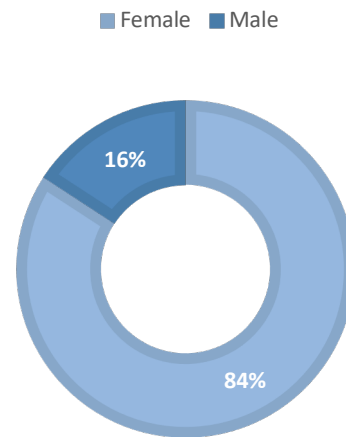


Table 4. Gender of Participants Reported in the Weekly Report by each Location.

Location	Total Participants Reported in Weekly Report	Male	Female	Preferred Not to Say
CHO-3	5	1	4	0
CHO-5-A	13	0	13	0
CHO-5-B	9	1	8	0
CHO-7-A	9	0	9	0
CHO-7-B	9	2	7	0
CHO-9	12	5	7	0
TOTAL	57	9	48	0

Age

The majority of participants in the pilot programme were in the 71 to 75 age range (42%; n=25). There were a minority of participants in the 81 and over age range (10%; n=6; see Chart 2). Age trends remained consistent throughout the locations with only one location (CHO-5-A) demonstrating a slightly younger trend. See Table 5 below for a breakdown of each location's participant age profile.

Chart 2 - Age of Pilot Programme Participants

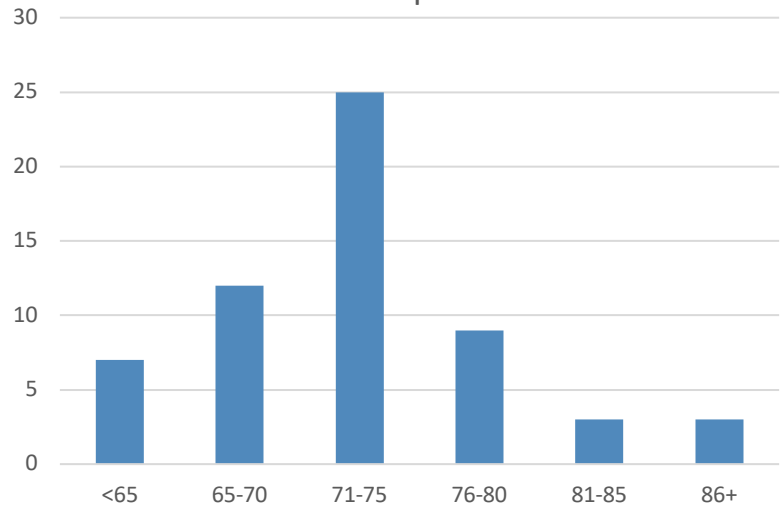


Table 5. Age of Participants Reported in the Weekly Report by each Location.

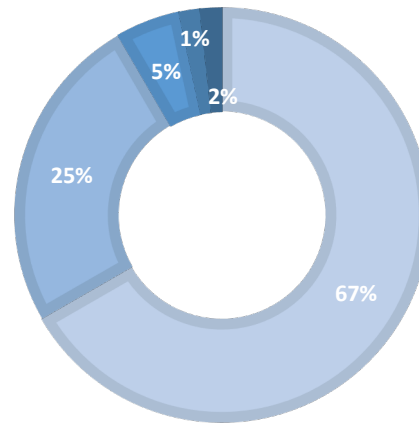
Location	<65	65-70	71-75	76-80	81-85	86+
CHO-3	0	1	3	1	0	0
CHO-5-A*	1	6	4	3	0	0
CHO-5-B*	2	2	5	1	0	1
CHO-7-A	3	0	5	1	0	0
CHO-7-B	1	2	3	3	0	0
CHO-9	0	1	5	0	3	2
TOTAL	7	12	25	9	3	3

Living Situation

The majority of participants in the pilot programme reported they were living alone (67%; n=40) or living with others (either a partner or family/friends) (30%; n=18; see Chart 3). Living situation remained relatively consistent throughout the locations. See Table 6 below for a breakdown of each location's participant living situation profile.

Chart 3 - Living Situation of Pilot Programme Participants

■ Living alone
 ■ Living with a partner
 ■ Living with other family/ friends
 ■ Residential or sheltered living
 ■ Preferred not to answer



Location	Living Alone	Living with a Partner	Living with Other/ Family/ Friends	Residential or Sheltered Living	Preferred Not to Answer
CHO-3	4	0	0	1	0
CHO-5-A*	8	4	2	0	0
CHO-5-B*	6	4	1	0	0
CHO-7-A	4	4	0	0	1
CHO-7-B	9	0	0	0	0
CHO-9	9	3	0	0	0
TOTAL	40	15	3	1	1

Access Requirements

In terms of access requirements, most locations reported participants with some mobility or physical impairments. These included vision and hearing impairments as well as the use of rollators, frames, walking sticks or crutches. There were also reports of disclosed chronic disease such as stroke or pulmonary disorder.

Recruitment

In terms of recruitment, many participants were contacted through the community partner facilitators who worked within organisations or community centres. Other modes of recruitment included social media (mostly through the Facebook platform), word of mouth, the Older Persons Forum, Active Retirement and the Older People's Council.

These demographics should be considered not only when interpreting the results that are offered in the following sections, but also in terms of considerations for the final programme. It will be important, for instance, to consider accessibility of venues, rooms and facilities, suitability of breathing exercises, and ensuring enough time care for managing the group and other activities.

Section 2 – Pre-Programme Questionnaire Responses

Fifty-eight pre-programme questionnaires were collected in total (5 from CHO-3, 13 from CHO-5-A, 12 from CHO-5-B, 9 from CHO-7-A, 7 from CHO-7-B, and 12 from CHO-9). Participant responses were consolidated under the following areas:

1. Reasons for joining the programme
2. Previous experience with similar programmes
3. Expectations for the programme

The themes that emerged are discussed below in turn.

1. Reasons for Joining the Programme

The reasons reported by participants were grouped into overarching domains which included ‘personal growth’ (53%, n=30), ‘no particular goals’ (30%, n=17), and ‘coping with challenges’ (17%, n=10), with one respondent not answering the question. A breakdown of each of these overarching domains is included in each of the tables below (Tables 7a through 7c) along with the amount of times the responses were recorded. A consolidated table of all responses can be found in Appendix 6 (Table 7d).

Table 7a. Participant responses pertaining to their reasons for joining the programme under the overarching domain of Personal Growth.		
Overarching Domain	Themes	Number of Responses (n)
Personal Growth (53% of responses)	General health	11
	Knowledge & skills	10
	Confidence	4
	Mindfulness	2
	Helping the wellbeing of others	2
	Reflect on & review wellbeing	1
	Total	30

It is important to note that three respondents mentioned ‘meeting others’ within the response categories above. Below are some examples of responses from selected categories.

“I am interested in my own wellbeing as I want to remain healthy and fit for as long as I can”
(CHO-5-B, ‘General health’ category).

“I am interested in learning about the programme and what it can do for me”
(CHO-5-A, ‘Knowledge & skills’ category).

“To gain confidence and meet interesting people”
(CHO-9, ‘Confidence’ category).

Table 7b. Participant responses pertaining to their reasons for joining the programme under the overarching domain of No Particular Goals.		
Overarching Domain	Themes	Number of Responses (n)
No Particular Goals (30% of responses)	Prompted by another	10
	Curiosity	5
	Just because	2
	Total	18

Six of the 10 respondents who were ‘Prompted by another’ were contacted by representatives from Alone, a community partner organisation. Below are some examples of responses from selected categories.

“People told me about it. It sounded just what I needed”

(CHO-3, ‘Prompted by another’ category).

“Curiosity, want to know if this will improve my life”

(CHO-7-B, ‘Curiosity’ category).

“Because I wanted to”

(CHO-7-A, ‘Just because’ category).

Table 7c. Participant responses pertaining to their reasons for joining the programme under the overarching domain of Coping with Challenges.		
Overarching Domain	Themes	Number of Responses (n)
Coping with Challenges	Needed the help	3

(17% of responses)	Existing health conditions	2
	Bereavement	2
	To meet others	2
	To get out of a rut	1
	Total	10

It is important to note that two respondents mentioned ‘loneliness’ and ‘socialisation’ within the response categories above. Below are some examples of responses from selected categories.

“Because it’s hard to mind yourself and take care of yourself taking the time to socialise”
(CHO-9, ‘Needed the help’ category).

“I have been feeling sad since I lost my young daughter [name omitted] (Brain Tumour) and my other 2 children are living far away. I’m divorced and living alone”
(CHO-7-A, ‘Bereavement’ category).

“I decided to join the class for company as I am getting older”
(CHO-5-B, ‘To meet others’ category).

2. Previous Experience with Similar Programmes

Thirty-six participants reported having had no previous experience with similar programmes (63%) and one respondent did not answer the question.

Of 21 respondents who reported having had previous experience with similar programmes (37%), eight mentioned ‘mindfulness,’ two mentioned an official course, and one mentioned ‘yoga’ (the remaining ten responses were ‘yes’ with no additional information).

3. Expectations for the Programme

The expectations reported by participants were grouped into overarching domains which included ‘personal growth’ (89%, n=49) and ‘coping with challenges’ (9%, n=5). One respondent reported having ‘no particular goals’ (2%) while three respondents did not answer the

question. A breakdown of each of these overarching domains is included in each of the tables below (Tables 8a and 8b) along with the amount of times the responses were recorded. A consolidated table of all responses can be found in Appendix 6 (Table 8c).

Table 8a. Participant responses pertaining to their expectations for the programme under the overarching domain of Personal Growth.		
Overarching Domain	Themes	Number of Responses (n)
Personal Growth (89% of responses)	Knowledge & skills	17
	Confidence	10
	Improve/protect mental wellbeing/calmer mind	6
	Understanding of self	5
	Positive outlook	5
	Social connection	4
	Routine/structure	2
	Total	49

It is important to note that three respondents mentioned ‘socialisation’ and two respondents mentioned ‘resilience’ within the response categories above. Below are some examples of responses from selected categories.

“Knowledge, and more tools to deal with challenges ahead”

(CHO-9, ‘Knowledge & skills’ category).

“More confidence – resilience. Be more content and happy in my daily life”

(CHO-7-A, ‘Confidence’ category).

“Feel more positive and try to be more socially active”

(CHO-5-A, ‘Positive outlook’ category).

“To understand myself and practice mindfulness, and not to feel so withdrawn socially”
 (CHO-9, ‘Understanding of self’ category).

“To hear other people’s opinions”
 (CHO-3, ‘Social connection’ category).

Table 8b. Participant responses pertaining to their expectations for the programme under the overarching domain of Coping with Challenges.		
Overarching Domain	Themes	Number of Responses (n)
Coping with Challenges (9% of responses)	Existing health conditions/as a carer	3
	General skills	2
	Total	5

Below are some examples of responses from selected categories.

“To cope better with the difficulties in caring for my husband who has dementia”
 (CHO-9, ‘Existing health conditions/as a carer’ category).

“To make things better for the aged, as I feel very strongly that all their needs are not met. It’s very unsatisfactory”
 (CHO-3, ‘General skills’ category).

Section 3 – Post-Programme Questionnaire Responses

Forty-eight post-programme questionnaires were collected in total:

- Three from CHO-3 (out of 5 who began the programme = 60% retention)
- Twelve from CHO-5-A (out of 13 who began the programme = 92% retention)
- Eleven from CHO-5-B (out of 12 who began the programme = 92% retention)
- Seven from CHO-7-A (out of 9 who began the programme = 78% retention)

- Five from CHO-7-B (out of 7 who began the programme = 71% retention)
- Ten from CHO-9 (out of 12 who began the programme = 83% retention)

In terms of attendance, Table 9 below captures the attendance rates reported by respondents at each location and each session:

Location ID	Session 1 (%)	Session 2 (%)	Session 3 (%)	Session 4 (%)	Session 5 (%)	Session 6 (%)
CHO-3 (C)	66.7	66.7	66.7	100	100	100
CHO-5-A (S)	100	100	83.3	100	83.3	100
CHO-5-B (S)	63.6	100	90.9	100	100	100
CHO-7-A (S)	100	71.4	71.4	57.1	71.4	100
CHO-7-B (C)	60	100	100	100	100	100
CHO-9 (C)	100	100	90	100	90	100

(C) = Combined session format, (S) = Single session format.

The questions in the post-programme questionnaire were grouped into four categories. A fifth category is added to this report to capture the difference in participant understanding of programme concepts before and after implementation. The categories are listed below:

1. Programme Content
2. Programme Benefits
3. Programme Delivery
4. Overall Programme Satisfaction
5. Pre-Post Programme Comparison

The questions belonging to each of the five categories are provided below, followed in turn by corresponding responses. Where applicable, differences in trends between the locations that delivered the programme per the three-week combined session format (CHO-3, CHO-7-B and CHO-9) and those that delivered the programme as six single sessions (CHO-5-A, CHO-5-B and CHO-7-A) are noted. A summary of the key findings is included at the end of each section.

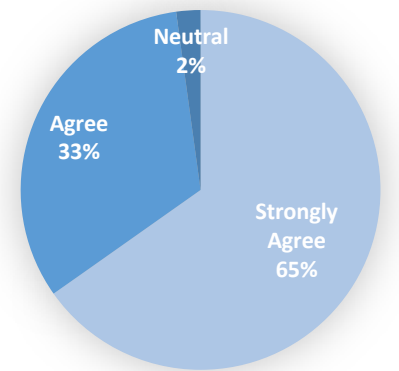
1. Programme Content

Q3. The programme content was relevant for me.

After eliminating two unanswered questions, the remaining 46 respondents mostly agreed or strongly agreed with this statement (97.8%, n=45). One respondent answered neutrally (2.2%).

The missing data and neutral response were attributed to participants in the combined session format. Other than this there were no major differences in response trends across locations and delivery formats.

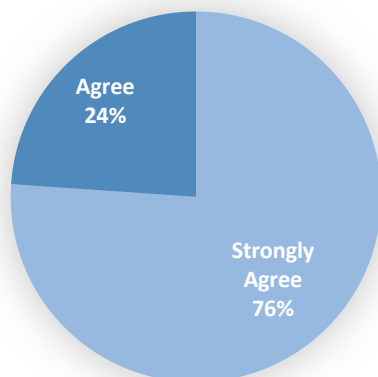
Chart 4 - Content is Relevant



■ Strongly Agree ■ Agree ■ Neutral

Q4. I found the sessions in the programme useful.

Chart 5 - Sessions are Useful



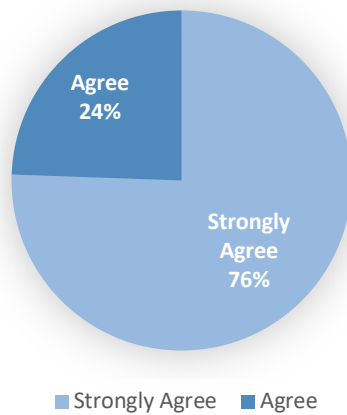
■ Strongly Agree ■ Agree

After eliminating two unanswered questions, the remaining 46 respondents either strongly agreed (76.1%, n=35) or agreed (23.9%, n=11) with this statement.

The missing data were attributed to participants in the combined session format. Other than this there were no major differences in response trends across locations and delivery formats.

Q5. The sessions in the programme were interesting.

Chart 6 - Sessions are Interesting



After eliminating three unanswered questions, the remaining 45 respondents either strongly agreed (75.6%, n=34) or agreed (24.4%, n=11) with this statement.

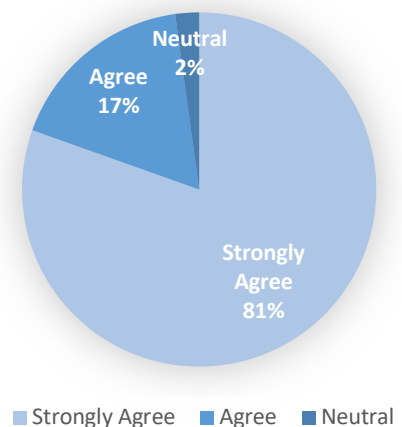
The missing data were attributed to participants in the combined session format. Other than this there were no major differences in response trends across locations and delivery formats.

Q6. The content of the programme sessions was easy to understand.

After eliminating two unanswered questions, the remaining 46 respondents mostly agreed or strongly agreed with this statement (97.8%, n=45). One respondent answered neutrally (2.2%).

The missing data and neutral response were attributed to participants in the combined session format. Other than this there were no major differences in response trends across locations and delivery formats.

Chart 7 - Sessions are Easy to Understand

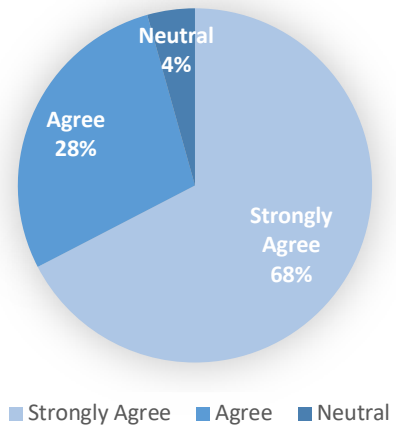


Q7. I felt comfortable participating in the discussions and activities.

After eliminating two unanswered questions, the remaining 46 respondents mostly agreed or strongly agreed with this statement (95.7%, n=45). Two respondents answered neutrally (4.3%).

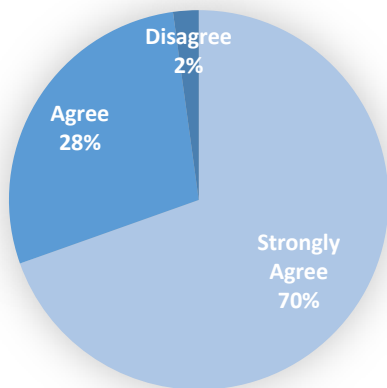
The missing data were attributed to participants in the combined session format whereas the neutral responses were given by participants in the single session format. Other than this there were no major differences in response trends across locations and delivery formats.

Chart 8 - Felt Comfortable Participating



Q8. I liked the look of the materials (e.g., the presentation slides and handouts etc.).

Chart 9 - Liked the Look of Materials



■ Strongly Agree ■ Agree ■ Disagree

After eliminating two unanswered questions, the remaining 46 respondents mostly agreed or strongly agreed with this statement (97.8%, n=45). One respondent disagreed with this statement (2.2%).

The missing data and negative response were attributed to participants in the combined session format. Other than this there were no major differences in response trends across locations and delivery formats.

Q.9a. How helpful were the group activities and small group discussions?

After eliminating three unanswered questions, the remaining 45 respondents found the group discussions very helpful (66.7%, n=30) or helpful (33.3%, n=15).

The missing data were attributed to participants in the combined session format. Other than this there were no major differences in response trends across locations and delivery formats.

Q.9b. How helpful were the self-reflection worksheets?

After eliminating four unanswered questions, the remaining 44 respondents mostly found the self-reflection worksheets helpful or very helpful (90.9%, n=40). Four respondents answered neutrally (9.1%).

Three of the four neutral responses were attributed to a participant in the single session format. Other than this there were no major differences in response trends across locations and delivery formats.

Q.9c. How helpful were the mindfulness practices (e.g., the breathing exercises and meditations)?

After eliminating three unanswered questions, the remaining 45 respondents found the mindfulness practices very helpful (77.8%, n=35) or helpful (22.2%, n=10).

There were no major differences in response trends across locations and delivery formats.

Q.9d. How helpful were the Minding Moments (home practices)?

After eliminating four unanswered questions, the remaining 44 respondents mostly found the Minding Moments helpful or very helpful (95.5%, n=42). Two respondents answered neutrally (4.5%).

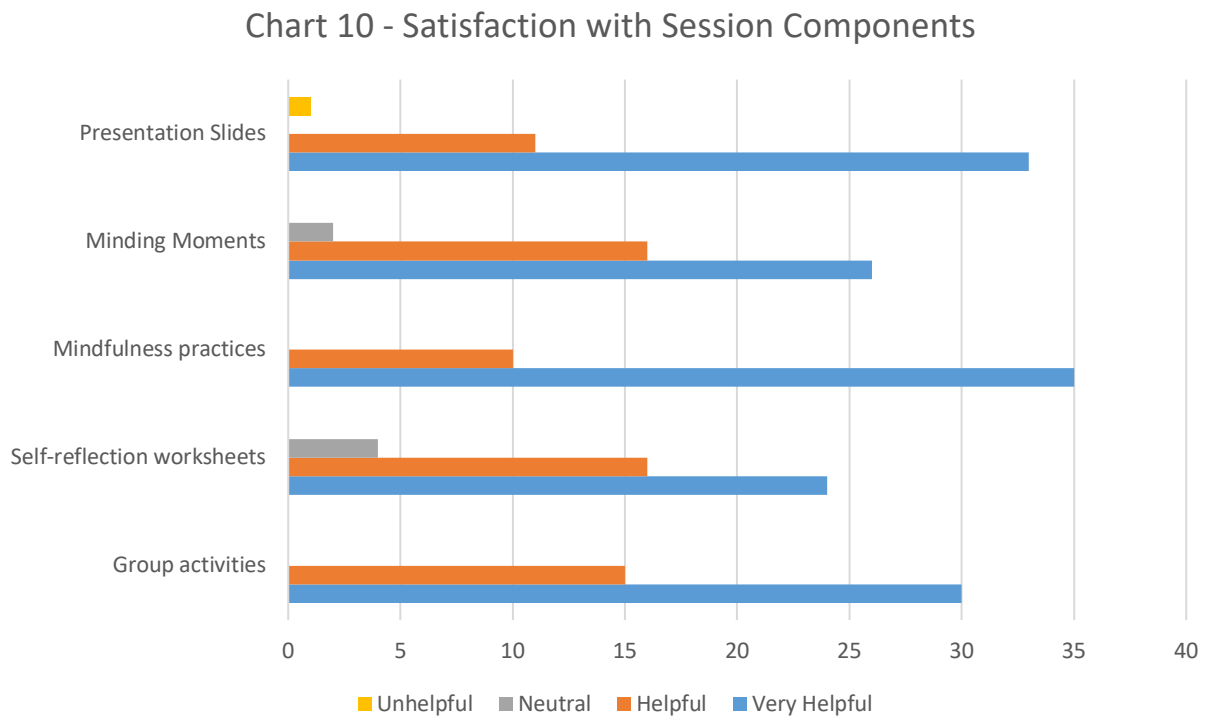
Three of the four missing data were attributed to participants in the combined session format. Other than this there were no major differences in response trends across locations and delivery formats.

Q.9e. How helpful were the presentation slides?

After eliminating three unanswered questions, the remaining 45 respondents found the presentation slides helpful or very helpful (97.7%, n=44). One respondent found the presentation slides unhelpful (2.2%).

The negative response was attributed to a participant in the combined session format. Other than this there were no major differences in response trends across locations and delivery formats.

Chart 10, below, summarises the findings of the five preceding questions.



Summary of Programme Content

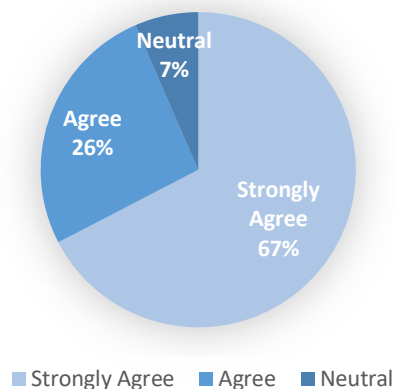
Overall, the programme content was very well-rated by participants. The overwhelming majority of respondents found the programme content relevant, useful, interesting, and understandable. Likewise, respondents rated each of the programme components (group discussions, mindfulness and home practices) mostly very highly. The highest number of neutral responses (n=4) were reported with respect to the self-reflection worksheets.

The only two negative responses concerned the look of the materials and the presentation slides. These responses, as well as four out of the 10 total neutral responses, were from participants in the combined session format, which is important to consider when interpreting the results.

2. Programme Benefits

Q10. I feel the programme has given me the skills and knowledge to support and improve my mental wellbeing (e.g., through self-care, mindfulness gratitude and positive thinking).

Chart 11 - Gained Skills & Knowledge to Improve Mental Wellbeing

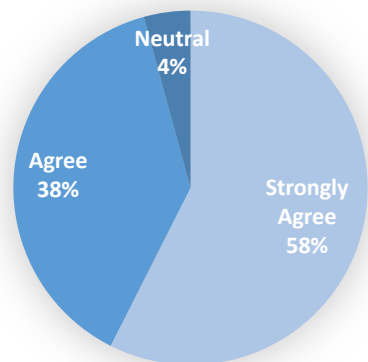


After eliminating two unanswered questions, the remaining 43 respondents strongly agreed (67.4%, n=31) or agreed (26.1%, n=12) with this statement. Three respondents answered neutrally (6.5%).

The missing data were attributed to participants in the single session format. Other than this there were no major differences in response trends across locations and delivery formats.

Q11. I feel confident that I can build habits into my life using the skills and knowledge I've learned during the programme.

Chart 12 - Confidence to Build Supportive Habits



■ Strongly Agree ■ Agree ■ Neutral

After eliminating one unanswered question, the remaining 45 respondents strongly agreed (57.4%, n=27) or agreed (38.3%, n=18) with this statement. Two respondents answered neutrally (4.3%).

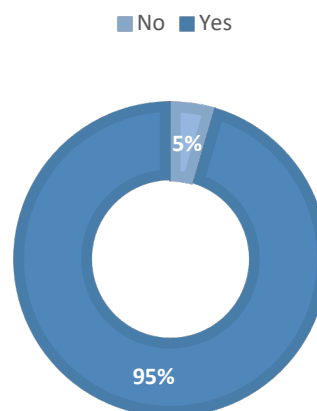
The missing data were attributed to a participant in the single session format. Other than this there were no major differences in response trends across locations and delivery formats.

Q12. Have you been able to apply anything you have learned in the Minding Your Wellbeing programme to your own daily life? (If yes, please give at least one example below).

When asked, in 'Yes/No' format, if participants were able to apply the learnings of the programme to their lives, after eliminating four missing responses (8.3%), the overwhelming majority of respondents answered 'Yes' (n=42, 95.5%) with two respondents answering 'No' (4.5%). There were no major differences in response trends across locations and delivery formats.

Forty participants chose to expand upon this answer (83%) in an open-ended question asking to provide an example of how the programme has been applied to their lives. These answers were categorised into overarching domains which

Chart 13 - Able to Apply Learnings



included ‘new knowledge’ (88%, n=66) and ‘realising their own capabilities’ (12%, n=9). The total number of responses (belonging to themes that emerged) was 75; this is because many answers contained more than one theme. A breakdown of each of these overarching domains is included in each of the tables below (Tables 10a and 10b) along with the amount of times the responses were recorded. A consolidated table of all responses can be found in Appendix 7 (Table 10c).

Table 10a. Participant responses pertaining to examples of how they have applied the programme to their life under the overarching domain of New Knowledge.			
Overarching Domain	Theme	Sub-theme	# Times Reported (n)
New Knowledge (88% of responses)	Personal Growth	Prevent Overwhelm	3
		Kindness	2
		Reflection	2
		Gratitude	2
		Slowing Down	2
		Empowerment	2
		Resilience	2
		Positive Thinking	1
		Confidence	1
		Happiness	1
		Problem Solving	1
		Total	19
	Mindfulness exercises	Breathing	7
		Meditations	5
		All	3
		Minding moments	2
		Relaxation	1
		Total	18

	Awareness	Of thoughts & feelings	6
		Of self & strengths	2
		In general	2
		In reframing challenges	1
		Total	11
	Social Connection	Group activities	1
		Sharing the learning	1
		Reaching out	1
		Feeling needed	1
		Confidence	1
		Total	5
	Tools	Handouts	1
		Seeing the bigger picture	1
		Prioritising wellbeing	1
		Total	3
	Other	Making time for self	6
		Physical activity	2
		Learning	1
		Quality of life	1
Total		10	
	Total responses	66	

Below are some examples of responses from selected categories.

“Forthcoming/confidence in interactions with others, kindness to others also”
 (CHO-5-A, ‘Personal growth’ & ‘Social connection’ categories).

“I am now able to feel gratitude with real feelings, since my course”
 (CHO-5-B, ‘Personal growth’ & ‘Awareness’ categories).

“Making more of an effort to visit people, makes me feel good and needed”
 (CHO-9, ‘Social connection’ category).

“I have learned to look at things from different sides and how to solve it”
 (CHO-3, ‘Personal growth’ & ‘Awareness’ categories).

“I learned to believe in myself and to look after me before looking after everyone”
 (CHO-3, ‘Personal growth’ & ‘Making time for myself’ categories).

Table 10b. Participant responses pertaining to examples of how they have applied the programme to their life under the overarching domain of Realised the own Capabilities.

Overarching Domain	Theme	Sub-theme	# Times Reported (n)
Realised their own Capabilities (12% of responses)	Personal Growth	Reflection	2
		Empowerment	1
		Resilience	1
		Empathy	1
		Optimism	1
		Realising support system	1
		Total	7
	Awareness	Of thoughts	1
		Bigger picture	1
		Total	2
			Total responses

Below are some examples of responses from selected categories.

“Thoughts are not fact; that I am more resilient than I realised”
 (CHO-7-A, ‘Personal growth’ & ‘Awareness’ categories).

“This programme has definitely given me both the tools and the courage to stand back and look at ‘the bigger picture’”
 (CHO-7-A, ‘Tools’, ‘Personal growth’ & ‘Awareness’ categories).

“Being more empathic. Reminding myself of all the strengths I have and the ones I lack”
(CHO-9, ‘Personal growth’ category).

Summary of Programme Benefits

Overall, respondents found the programme beneficial with no reports to the contrary. The overwhelming majority of respondents reported gaining skills and knowledge to support their mental wellbeing along with confidence to build healthy habits and apply their learnings to their daily lives.

The only two negative responses concerned their ability to apply their learning. Additionally, there were five neutral responses regarding the programme’s benefits. These responses were shared across the combined and single session formats, implying no influence of the delivery format.

In an open-ended question, most respondents reported that the programme has given them new knowledge to apply to their lives. This was reported as perceived personal growth (e.g., preventing overwhelm and cultivating kindness, reflection, empowerment, and positive thinking) and self-awareness, along with beneficial mindfulness exercises and other practical tools. Respondents also reported that the programme encouraged social connection. Finally, over-and-above the new knowledge gained, respondents reported that the programme helped them realise their own existing capabilities.

3. Programme Delivery

Q14. Please rate from 1 (poor) to 10 (excellent) how well your facilitators delivered the Minding Your Wellbeing programme?

After eliminating twelve unanswered questions, the remaining 36 respondents rated the programme mostly as 'Excellent'. The median score was 9.92, with the lowest score given as 8 (2.8%, n=1).

Eight of the missing data were attributed to participants in the single session format, with four from the combined session format. Other than this there were no major differences in response trends across locations and delivery formats.

Q15a. How well do you agree that the programme sessions were well-prepared and organised?

After eliminating two unanswered questions, the remaining 46 respondents strongly agreed (76.1%, n=35) or agreed (23.9%, n=11) with this statement.

The two missing data were attributed to participants in the combined session format. Other than this there were no major differences in response trends across locations and delivery formats.

Q15b. How well do you agree that the sessions enabled you to feel enthusiastic about the topic being discussed?

After eliminating two unanswered questions, the remaining 46 respondents mostly agreed or strongly agreed with this statement (95.7%, n=44). Two respondents answered neutrally (4.3%).

The two missing data were attributed to participants in the combined session format. Other than this there were no major differences in response trends across locations and delivery formats.

Q15c. How well do you agree that the sessions allowed for participation and discussion?

After eliminating two unanswered questions, the remaining 46 respondents strongly agreed (71.7%, n=33) or agreed (28.3%, n=13) with this statement.

The two missing data were attributed to participants in the combined session format. Other than this there were no major differences in response trends across locations and delivery formats.

Q15d. How well do you agree that you felt engaged and interested?

After eliminating two unanswered questions, the remaining 46 respondents strongly agreed (63%, n=29) or agreed (37%, n=17) with this statement.

The two missing data were attributed to participants in the combined session format. Other than this there were no major differences in response trends across locations and delivery formats.

Q15e. How well do you agree that the sessions included everyday examples which were easy to understand?

After eliminating two unanswered questions, the remaining 46 respondents mostly agreed or strongly agreed with this statement (97.9%, n=45). One respondent answered neutrally (2.2%).

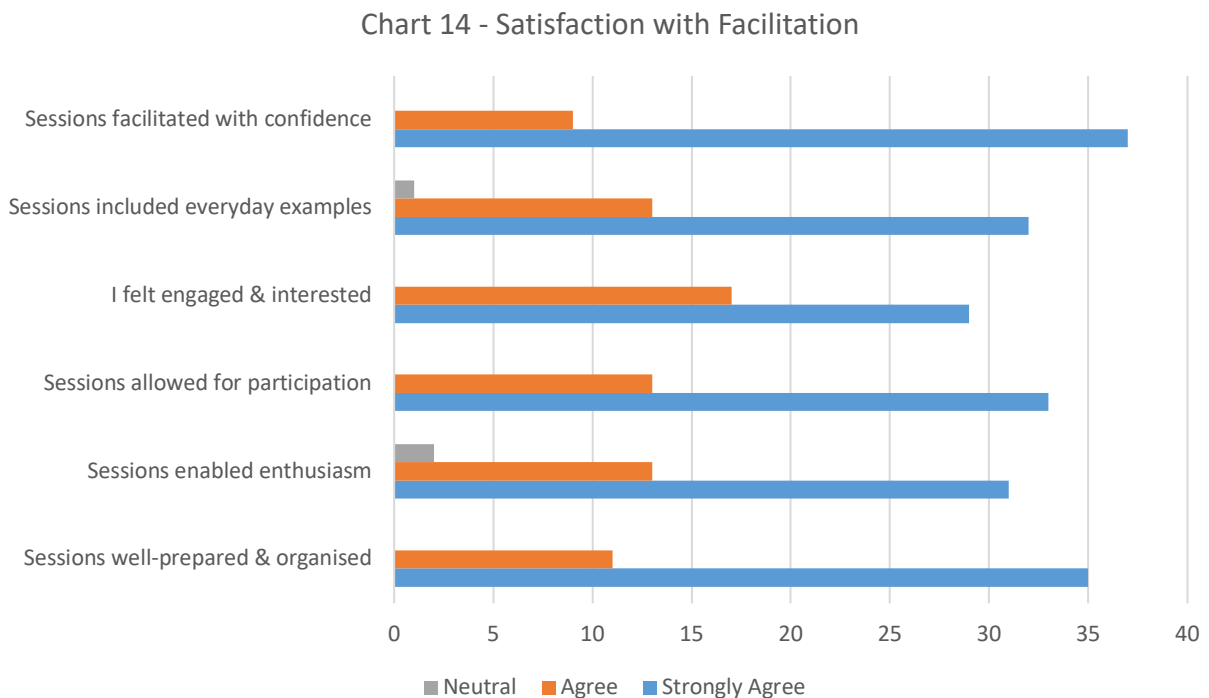
The two missing data and the neutral response were attributed to participants in the combined session format. Other than this there were no major differences in response trends across locations and delivery formats.

Q15f. How well do you agree that the sessions were facilitated with confidence?

After eliminating two unanswered questions, the remaining 46 respondents strongly agreed (80.4%, n=37) or agreed (19.6%, n=9) with this statement.

The two missing data were attributed to participants in the combined session format. Other than this there were no major differences in response trends across locations and delivery formats.

Chart 14, below, summarises the previous five questions.



Summary of Programme Delivery

Overall, the programme delivery was rated very highly. The overwhelming majority of respondents rated delivery by the facilitators as 'Excellent.' All respondents reported that the sessions were well-prepared and organised and that facilitators delivered the programme with confidence. The majority of respondents felt the facilitators included every-day examples that were easy to understand, with only one neutral response.

All respondents felt engaged and interested during the programme and felt they were able to participate in the discussions. The majority of respondents felt enthusiastic about the topics discussed, with only two neutral responses.

The missing data were from participants in the combined session format, but response trends were otherwise consistent across formats.

4. Overall Programme Satisfaction

Q16. Would you recommend the Minding Your Wellbeing programme to others?

All respondents (100%, n=48) answered 'Yes' to this question.

Q17. What did you like most about taking part in the Minding Your Wellbeing programme?

One respondent did not answer this open-ended question and three responses were not legible. From the remaining 45 responses (93.8%), the total number of responses (belonging to themes that emerged) was 73. The overarching domains were ‘socially focused’ (48%, n=35), ‘individual-focused’ (36%, n=26) and ‘both socially and individually focused’ (16%, n=12).

A breakdown of each of these overarching domains is included in each of the tables below (Tables 11a through 11c) along with the amount of times the responses were recorded. A consolidated table of all responses can be found in Appendix 7 (Table 11d).

Table 11a. Participant responses pertaining to what they enjoyed most about the programme under the overarching domain of Socially Focused.			
Overarching Domain	Theme	Sub-theme	# Times Reported (n)
Socially Focused (48% of responses)	Social Connection	Camaraderie	8
		Meeting others	7
		Learning from others	5
		Realising you’re not alone	1
		Acceptance	1
		Total	22
	Programme components	Group activities/discussions	5
		Facilitator support	3
		Content	3
		Entire programme	1
		Safe place	1
		Total	13
		Total responses	35

Below are some examples of responses from selected categories.

“I liked listening to the discussions and hearing what everyone was saying”
 (CHO-5-A, ‘Social connection’ category & ‘Group activities/discussions’ sub-theme).

“Being in the company of other people and hearing their ideas and opinions”
 (CHO-9, ‘Social connection’ category).

“Felt very safe in this programme with the group”
 (CHO-3, ‘Social connection’ category & ‘Safe place’ sub-theme).

Table 11b. Participant responses pertaining to what they enjoyed most about the programme under the overarching domain of Individual-focused.			
Overarching Domain	Theme	Sub-theme	# Times Reported (n)
Individual-focused (36% of responses)	Programme components	Entire programme	2
		Content	2
		Facilitator support	2
		Safe place	1
		Activities	1
		Mindfulness	1
		Chance to give feedback	1
		Lunch	1
		Total	11
	Learning	General wellbeing	4
		Toolbox/skills	2
		Remembering past lessons	1
		Total	7
	Empowerment	Courage	1

		Strength	1
		Confidence	1
		Total	3
	Enable Positive Change	Mindset	1
		Daily life	1
		Commitment	1
		Total	3
	Reflection	Total	2
		Total responses	26

Below are some examples of responses from selected categories.

“Very positive and helpful – great tips on how to change my daily life and mindset”
 (CHO-7-A, ‘Enable positive change’ category).

“Has given me more confidence”
 (CHO-5-B, ‘Empowerment’ category).

“Very interesting. Very well put together. Very well organised. Delivery by team was excellent”
 (CHO-3, ‘Programme components’ category).

Table 11c. Participant responses pertaining to what they enjoyed most about the programme under the overarching domain of Both Socially and Individually Focused.			
Overarching Domain	Theme	Sub-theme	# Times Reported (n)
Both socially and individually focused (16% of responses)	Social connection	Meeting others	3
		Learning from others	2
		Camaraderie	1
		Total	6

	Programme components	Group activities/discussions	1
		Activities	1
		Mindfulness	1
		Safe place	1
		Total	4
	Empowerment	Confidence	1
		Self-care	1
		Total	2
		Total responses	12

Below are some examples of responses from selected categories.

“Made me think again about taking greater care of myself. Making new friends. Learning about the interesting lives of the group”

(CHO-9, ‘Social connection’ & ‘Empowerment’ categories).

“The group. Group talks, breathing exercises”

(CHO-5-A, ‘Social connection’ & ‘Programme components’ categories).

“Meeting other people and doing exercise”

(CHO-7-B, ‘Social connection’ & ‘Programme components’ categories).

Q18. Was there anything that you did not like about taking part in the Minding Your Wellbeing programme?

Five respondents did not answer this open-ended question. From the remaining 43 responses (90%), the total number of responses (belonging to themes that emerged) was 46. The overarching domains included ‘nothing was disliked’ (85%, n=39), ‘programme components’ (13%, n=6) and ‘venue’ (2%, n=1).

A breakdown of each of these overarching domains is included in each of the tables below (Tables 12a through 8c) along with the amount of times the responses were recorded. A consolidated table of all responses can be found in Appendix 7 (Table 12d).

Table 12a. Participant responses pertaining to what they did not like about the programme under the overarching domain of Nothing Was Disliked.			
Overarching Domain	Theme	Sub-theme	# Times Reported (n)
Nothing was Disliked (85% of responses)	General enjoyment of the programme	No/general additional thoughts	37
		Added 'Would recommend'	1
		Added 'Would like to continue to meet'	1
		Total	39
		Total responses	39

Below are some examples of responses from selected categories.

“I loved every minute of it. I would like to see more groups face to face meet socially”
(CHO-3, 'Would like to continue to meet' sub-theme).

“No, I thought it was very good and I would suggest to others”
(CHO-9, 'Would recommend' sub-theme).

“No absolutely nothing I loved and looked forward to the course every week and even though I had medical commitments prior to the course”
(CHO-7-A, 'No/general additional thoughts' sub-theme).

Table 12b. Participant responses pertaining to what they did not like about the programme under the overarching domain of Programme Components.			
Overarching Domain	Theme	Sub-theme	# Times Reported (n)
Programme Components (13% of responses)	Programme materials	Overuse of paperwork	1
		Slides too educational	1
		Total	2
	Programme approach	Social aspect	1
		Trepidation speaking at first	1
		Total	2
	Programme duration	Too long	1
	Programme content	Repetitive at times	1
	Total responses	6	

Below are some examples of responses from selected categories.

“A bit self-conscious about speaking but got better as the course went on”
(CHO-5-B, ‘Trepidation speaking at first’ sub-theme).

“Too much paper use. Slides were more educating”
(CHO-7-A, ‘Programme materials’ category).

“Content was repetitive in some areas”
(CHO-5-A, ‘Programme content’ category)

Table 12c. Participant responses pertaining to what they did not like about the programme under the overarching domain of Venue.			
Overarching Domain	Theme	Sub-theme	# Times Reported (n)
Venue (2% of responses)	Hospitality	Receptionist unhelpful	1
		Total	1

Below is the quoted response.

“Receptionist not very nice – one nice and friendly – one not a bit friendly or helpful”
(CHO-7-A, Hospitality category).

Q19. How would you rate the Minding Your Wellbeing programme overall? Please explain your answer.

Participants were asked to rate the programme on a scale of 1 to 10 (10 representing Excellent and 1 representing Poor). All 48 respondents answered this question. The median score was 9.56, with lowest score given as 8 (12.5%, n=6).

Thirty-eight participants chose to expand upon this answer (79%) in an open-ended question asking respondents to explain their ‘Yes’ answer above. These answers were categorised into overarching domains which included ‘programme benefits’ (80%, n=43), ‘perceived improvements to wellbeing’ (13%, n=7) and ‘suggested improvements’ (7%, n=4). The total number of responses (belonging to themes that emerged) was 54. A breakdown of each of these overarching domains is included in each of the tables below (Tables 13a through 13c) along with the amount of times the responses were recorded. A consolidated table of all responses can be found in Appendix 7 (Table 13d).

Table 13a. Participant responses pertaining to their overall rating of the programme under the overarching domain of Programme Benefits.			
Overarching Domain	Theme	Sub-theme	# Times Reported (n)
Programme Benefits (80% of responses)	Programme components	Programme as a whole	10
		Informative	5
		Self-awareness	3
		Overall wellbeing	3
		Useful tools	1
		Resilience	1
		Transformative	1
		Total	24
	Social connection	Facilitator support/competence	10
		General connectedness	8
		Positive Environment	1
		Total	19
		Total responses	43

It is important to note that one respondent mentioned ‘learning from others’ along with their responses categories as ‘Social connection’ above. Additionally, two respondents mentioned how ‘relevant’ the programme was within their answers above and an additional two respondents mentioned that the programme was ‘thought provoking’ within their answers above. Below are some examples of responses from selected categories.

“Joining the group gave me confidence and looked forward to Tuesday”
(CHO-7-B, ‘Social connection’ & ‘Personal growth’ [below] categories).

“Everything about the course was relevant in everyday life”
(CHO-5-B, ‘Programme as a whole’ sub-theme).

“I was evolved, enriched and transformed and after thinking on new knowledge, I have a new positive outlook on wellbeing & selfcare, and how to avoid the thinking trap”
 (CHO-9, ‘Programme components’ & ‘Personal growth’ [below] categories).

“I really enjoyed the groups. I feel I have learned a lot about my own wellbeing and mental health. I am so delighted that I took part and I feel very enriched and happy that I took part. I’m ready for the next step”
 (CHO-3, ‘Social connection’, ‘Programme components’ & ‘Improved wellbeing’ [below] categories).

Table 13b. Participant responses pertaining to their overall rating of the programme under the overarching domain of Perceived Improvements to Wellbeing.			
Overarching Domain	Theme	Sub-theme	# Times Reported (n)
Perceived Improvements to Wellbeing (13% of responses)	Personal growth	Positive outlook	2
		Self-care	1
		Confidence	1
		Total	4
	Improved wellbeing	General wellbeing	3
		Total	3
		Total responses	7

Below are some examples of responses from selected categories.

“Absolutely brilliant course as before I attended for me there was no ‘light at the end of the tunnel.’ Now I have my life back and so happy looking forward”
 (CHO-7-A, ‘Positive outlook’ sub-theme).

“I feel I can live a healthier life”
 (CHO-9, ‘Improved wellbeing’ category).

“I attended every week and looked forward to the topics. very rich and rewarding for my wellbeing”
 (CHO-5-B, ‘Improved wellbeing’ category & ‘Programme as a whole’ sub-theme [above]).

Table 13c. Participant responses pertaining to their overall rating of the programme under the overarching domain of Suggested Improvements.			
Overarching Domain	Theme	Sub-theme	# Times Reported (n)
Suggestions for Improvement (7% of responses)	Programme content	Needs more mindfulness	2
		Total	2
	Programme duration	Too long	1
		Too short	1
		Total	2
		Total responses	4

Below are some examples of responses from selected categories.

“More time for meditation and mindfulness”
 (CHO-5-A, ‘Programme content’ category).

“Six weeks a bit too long”
 (CHO-5-A, ‘Programme duration’ category).

“Want it to be longer”
 (CHO-7-B [combined sessions], ‘Programme duration’ category)

Q20. Do you have any additional comments or suggestions for improving the Minding Your Wellbeing programme?

Ten respondents did not answer this open-ended question. From the remaining 38 responses (79%), the total number of responses (belonging to themes that emerged) was 51. The overarching domains included ‘existing programme components’ (76%, n=39) and ‘additional support needed’ (24%, n=12).

A breakdown of each of these overarching domains is included in each of the tables below (Tables 14a and 14b) along with the amount of times the responses were recorded. A consolidated table of all responses can be found in Appendix 7 (Table 14c).

Table 14a. Participant responses pertaining to additional comments or suggestions for the programme under the overarching domain of Existing Programme Components.				
Overarching Domain	Theme	Sub-theme	# Times Reported (n)	‘C’ or ‘S’ Format
Existing Programme Components (76% of responses)	Participants were satisfied	No improvements offered	5	C=1 S=4
		Gratitude for the programme	11	C=5 S=6
		Total	16	
	Programme duration	Suggested more sessions	5	C=4 S=1
		Longer sessions	2	C=0 S=2
		Less but longer sessions	1	C=0 S=1

		Suggested less sessions	1	C=0 S=1
		Tea break half way	1	C=0 S=1
		Total	10	
	Programme Approach	More activities	2	C=0 S=2
		More discussions	1	C=0 S=1
		Role-playing activities	1	C=0 S=1
		More time for social connection	1	C=0 S=1
		Name tags	1	C=1 S=0
		Consider visual/hearing loss	1	C=1 S=0
		Consider starting after 10am	1	C=1 S=0
		Total	8	
	Programme materials	Less paperwork, more visuals	1	C=0 S=1
		A notebook	1	C=0 S=1
		More handouts	1	C=0 S=1
		Music	1	C=1 S=0
Total		4		

	Programme Content	More guidance on how to put into practice	1	C=0 S=1
		Total	1	
		Total responses	39	
'C' = Combined session format; 'S' = Single session format.				

Below are some examples of responses from selected categories.

“Would like more sessions and reunion with the group”

(CHO-7-B, ‘Programme duration’ & ‘Post-programme supports’ [below] categories).

“It would be good to have the programme go longer than 3 weeks”

(CHO-3, ‘Programme duration’ category).

“Less paperwork and more visual slideshows. I engage better with visual content. Thank you for a very informing and self-reflecting study”

(CHO-7-A, ‘Programme materials’ category).

Table 14b. Participant responses pertaining to additional comments or suggestions for the programme under the overarching domain of Additional Support Needed.				
Overarching Domain	Theme	Sub-theme	# Times Reported (n)	‘C’ or ‘S’ Format
Additional Support Needed (24% of responses)	Post-programme supports	Continued meet-ups	4	C=3 S=1
		Difficulties putting to practice alone	1	C=0 S=1
		Follow-up email	1	C=1 S=0
		Total	6	

	Upstream considerations	More similar programmes needed	3	C=3 S=0
		Transport	1	C=1 S=0
		Total	4	
	Facilities	Softer lighting	1	C=0 S=1
		Parking as an issue	1	C=0 S=1
		Total	2	
		Total responses	12	
'C' = Combined session format; 'S' = Single session format.				

Below are some examples of responses from selected categories.

“I feel there is a great need for courses like these. I would recommend this programme to be used more throughout the Mid-West region. This programme gave me many life tools that I intend to continue to use. Simple things that I need to use like breathing, not feeling stressed, dealing with the stress”

(CHO-3, ‘More similar programmes’ & ‘Gratitude for the programme’ [above] sub-themes).

“1) More time in sessions for discussions; 2) also more time after to develop social connections; 3) ongoing opportunity to meet in monthly topic update/further top up course”

(CHO-5-B, ‘Post-programme supports’ & ‘Programme components’ [above] categories).

“Love to see more programmes like it, it was like a breath of fresh air. loved it. very well presented”

(CHO-9, ‘More similar programmes’ & ‘Gratitude for the programme’ [above] sub-themes).

Summary of Overall Programme Satisfaction

Overall, respondents rated their satisfaction with the programme very highly and all respondents would recommend the programme to others.

Respondents mostly enjoyed the social component of the programme. It was commonly reported that the most enjoyable aspect was the camaraderie and learning from others that the programme fosters. The group discussions were commonly highlighted along with the 'safe place' that the programme creates. Respondents also enjoyed the personal development aspect of the programme, reporting feeling empowered (courage, strength and confidence) and able to make positive changes, while valuing the learning and tools the programme offered in terms of minding their mental wellbeing.

Respondents mostly reported that there was nothing about the programme that they did not like (85% of responses). The disliked aspects of the programme (15% of responses) included initial trepidations in terms of the social aspect of the course, the overuse of paperwork, the presentation slides being too educational in nature, and the content being repetitive at times.

The majority of respondents rated the programme as 'Excellent.' When asked to expand on their rating, respondents mostly mentioned the positive social connection aspect of the programme in addition to knowledge and tools to better their wellbeing. Respondents also mentioned the personal development aspect which included improved wellbeing, self-awareness, a positive outlook, resilience, confidence, and personal transformation. Suggested improvements included additional mindfulness and there were mixed responses in terms of optimal programme duration.

Respondents mostly reported satisfaction with and gratitude for the programme. In terms of suggestions for improvements to the existing programme components, respondents from the combined session format mentioned that more sessions are desired, whereas respondents from the single session format wanted each session to be slightly longer. Two respondents from the single session format wanted less sessions, however these were outliers. Respondents also mentioned a desire for more activities and discussions.

Many respondents expressed the need for post-programme supports, typically suggesting continued meetups to help with maintaining the lessons learned in practice. Respondents also mentioned the need for more programmes such as this in the community.

5. Pre-Post Programme Comparison

A series of questions were asked first before the start of the programme (Question 3 of the Pre-programme Questionnaire) and then again after delivery of the final session (Question 13 of the Post-Programme Questionnaire). These questions aimed to assess participant understanding of the programme concepts before participating in the programme as well as any change in understanding after their experience taking part in the programme. The questions were presented as a Likert scale rating of Strongly Agreeing to Strongly Disagreeing with the statements.

It is important to note that responses remained anonymous and were identified by location only. The following analysis is thus based on the aggregated responses. Since 58 participants completed the Pre-Programme Questionnaire and only 48 participants completed the Post-programme Questionnaire, the direct change in understanding cannot be known.

Each of the responses are discussed below with a summary of the key findings at the very end.

I know what is meant by “positive mental wellbeing.”

Pre-Programme Questionnaire (58 total respondents)

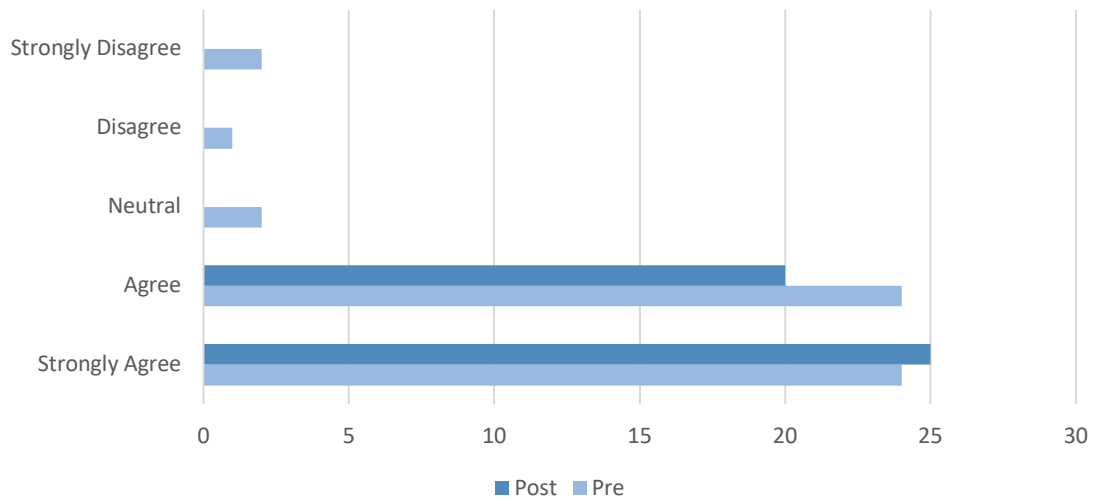
After eliminating five unanswered questions, 48 respondents agreed with this statement (90.5%) whereas three respondents disagreed (5.7%). Two respondents answered neutrally (3.8%)

Post-Programme Questionnaire (48 total respondents)

After eliminating three unanswered questions, 45 respondents strongly agreed (55.6%, n=25) or agreed (44.4%, n=20) with this statement

This question approached significance (0.058) in terms of change in knowledge of “positive mental wellbeing” before and after the programme. This is corroborated with the fact that after the programme there were no reports of the misunderstanding of “positive mental wellbeing” (whereas before the programme, there were four such responses).

Chart 15 - I know what is meant by "positive mental wellbeing"



I am aware of the benefits of supporting and improving my mental wellbeing.

Pre-Programme Questionnaire (58 total respondents)

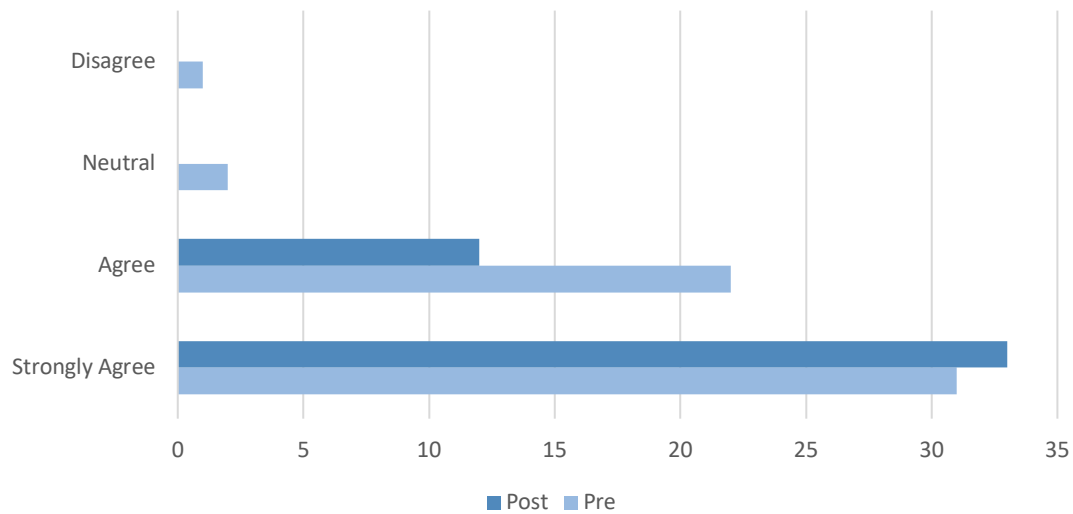
After eliminating two unanswered questions, 53 respondents agreed with this statement (94.6%) whereas one respondent disagreed (1.8%). Two respondents answered neutrally (3.6%)

Post-Programme Questionnaire (48 total respondents)

After eliminating three unanswered questions, 45 respondents strongly agreed (73.3%, n=33) or agreed (26.7%, n=12) with this statement.

There was indeed a significant difference (0.018) in responses before and after the programme. This suggests that as a result of the programme, participants may be more aware of the benefits of supporting and improving their wellbeing.

Chart 16 - I am aware of the benefits of supporting & improving my mental wellbeing



I am aware of the benefits of positive self-care practices.

Pre-Programme Questionnaire (58 total respondents)

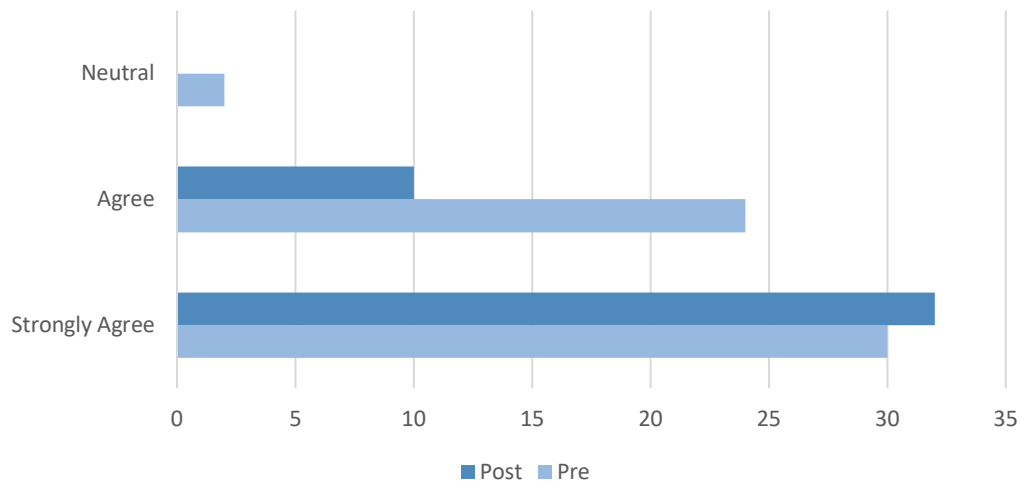
After eliminating two unanswered questions, 54 respondents agreed or strongly agreed with this statement (96.4%). Two respondents answered neutrally (3.6%).

Post-Programme Questionnaire (48 total respondents)

After eliminating six unanswered questions, 42 respondents strongly agreed (76.2%, n=32) or agreed (23.8%, n=10) with this statement.

There was indeed a significant difference (0.005) in responses before and after the programme. This result is likely due to the number of missing responses in the post-programme questionnaire, however, all submitted responses after the programme indicate awareness of the benefits of self-care practices (whereas before the programme there were two neutral responses).

Chart 17 - I am aware of the benefits of positive self-care practices



I feel confident that I can build habits into my life that support my mental wellbeing.

Pre-Programme Questionnaire (58 total respondents)

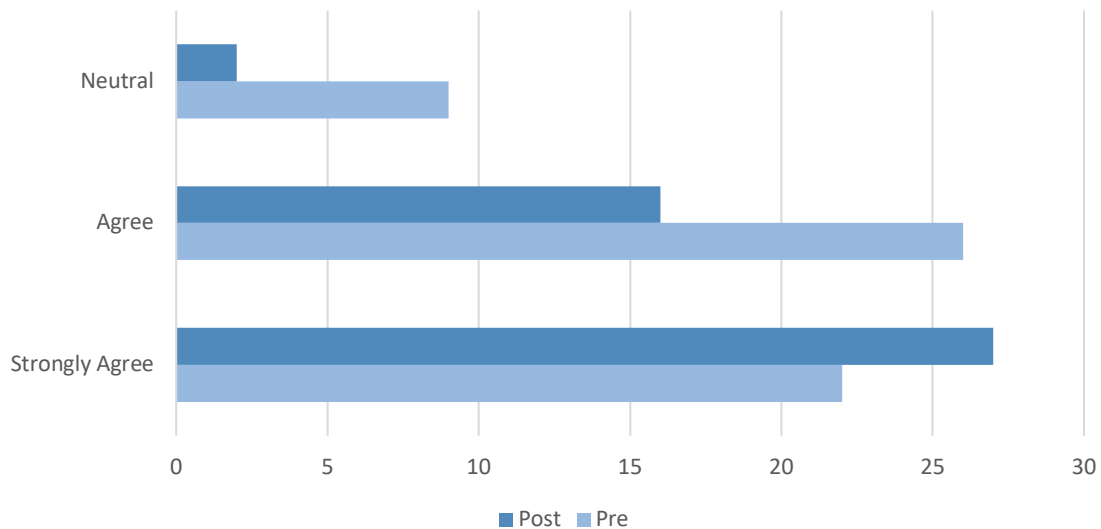
After eliminating one unanswered question, 48 respondents agreed or strongly agreed with this statement (84.2%). Nine respondents answered neutrally (15.8%)

Post-Programme Questionnaire (48 total respondents)

After eliminating three unanswered questions, 43 respondents strongly agreed (60.0%, n=27) or agreed (35.6%, n=16) with this statement. Two respondents answered neutrally (4.4%).

There was indeed a significant difference (0.015) in responses before and after the programme. This suggests that as a result of the programme, participants may feel more confident that they can build supportive habits.

Chart 18 - I feel confident that I can build habits into my life that support my mental wellbeing



I feel socially connected and engaged.

Pre-Programme Questionnaire (58 total respondents)

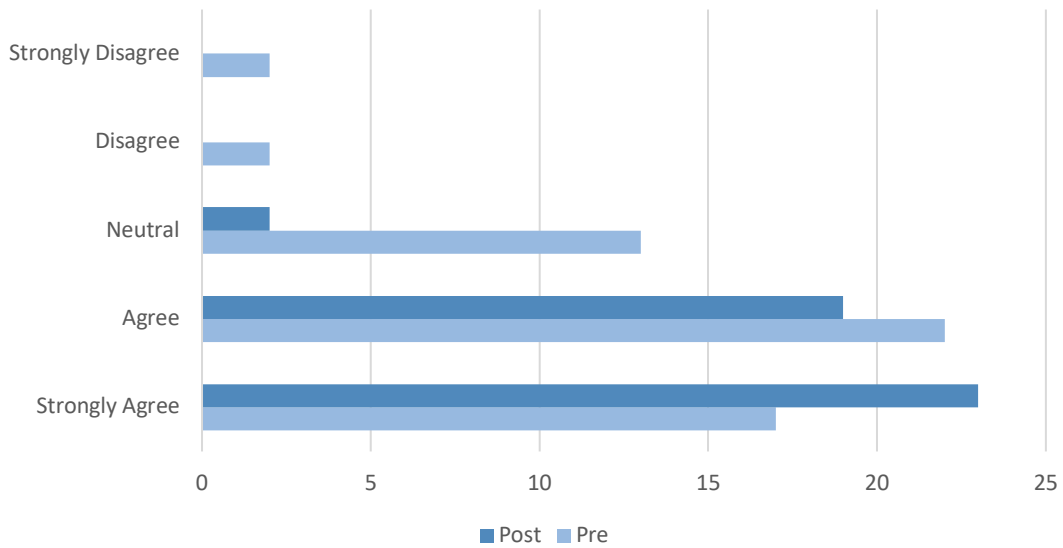
After eliminating two unanswered questions, 39 respondents agreed with this statement (69.6%) whereas four respondents disagreed (7.2%). Thirteen respondents answered neutrally (23.2%).

Post-Programme Questionnaire (48 total respondents)

After eliminating four unanswered questions, 42 respondents strongly agreed (52.3%, n=23) or agreed (43.2%, n=19) with this statement. Two respondents answered neutrally (4.5%).

There was indeed a significant difference (<0.001) in responses before and after the programme. This strongly suggests that as a result of the programme, participants may feel socially connected and engaged.

Chart 19 - I feel socially connected & engaged



I have always been interested in exploring how I can support my mental wellbeing.

Pre-Programme Questionnaire (58 total respondents)

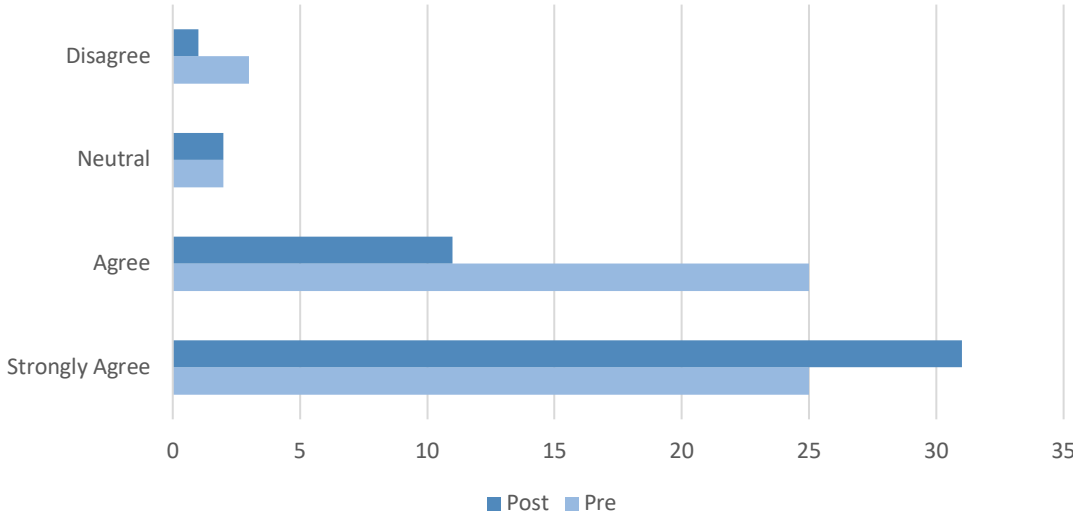
After eliminating three unanswered questions, 50 respondents agreed with this statement (90.9%) whereas three respondents disagreed (5.5%). Two respondents answered neutrally (3.6%).

Post-Programme Questionnaire (48 total respondents)

After eliminating three unanswered questions, 42 respondents agreed with this statement (93.3%) whereas one respondent disagreed (2.2%). Two respondents answered neutrally (4.4%).

This question approached significance (0.057) in terms of a change in motivation before and after the programme. This suggests that the programme may influence participant interest in supporting their mental wellbeing.

Chart 20 - I have always been interested in exploring how I can support my mental wellbeing



Summary of Pre-Post Programme Comparison

Overall, the data suggest that the programme had a positive influence on participants. The most significant finding is the improvement in reports of social connectedness after the programme, which strengthens the findings from the themes that emerged from the open-ended questions in the Post-Programme Questionnaire.

The data also suggest that the programme may improve participant awareness of the benefits of supporting their wellbeing and the benefits of self-care practice, along with confidence to build supportive habits.

The data suggest, although less significantly, the programme may improve participant understanding of “positive mental wellbeing” and may influence participant interest in exploring how to support their mental wellbeing. With regards the latter, it is important to consider that participants may have higher motivation in general; people willing to participate in community programmes are likely already motivated to explore ways to support their mental wellbeing. With regards the former, it is important to consider that the smaller sample size and discrepancy in number of Pre- versus Post-Programme Questionnaires may have diluted this finding, along with the potential for respondents to answer in a way that they feel is expected of them before the start of the programme. These final two findings are corroborated by the responses from the rest of the Post-programme Questionnaires, and particularly the open-ended questions, where respondents clearly expressed the knowledge gained, the desire to continue meeting after the programme, and the need for similar programmes in the community.

Closing and Reflection Insights from Weekly Reports

At the close of each session, participants were asked to reflect on their key learnings from the session as well as ‘what worked’ and ‘what did not work’. Facilitators guided this ‘Closing and Reflection’ piece at the end of each session and reported these findings as part of their ‘Weekly Report’ submissions. They are offered here, session-by-session, as they reflect the participant experience.

Session 1 – Introductory Session

Key take-aways reported by participants included:

- An understanding of the importance of self-care and mental wellbeing and that these are a resource.
- An appreciation of the positivity of the session.
- An acknowledgement of the valuable tools offered (e.g., meditation).
- All locations reported that participants appreciated connecting as a group and valued the different perspectives of their peers.
- Interestingly, three separate locations reported similar phrasing that participants realised they were not alone in their challenges.
- One location did some Tai Chi during the movement break, and this was received very well each week.

The most helpful aspect of the sessions was unanimously reported as the social connections and the opportunity to meet new people. The most commonly reported unhelpful aspects were difficulty hearing or seeing, and that an ambience should be created for the meditations. It was also mentioned that the session moved too quickly and may have been a bit repetitive or could do with simplifying. All locations reported their participants would use the tools and learnings from the session and were excited at the challenge of weekly Mindful Moments.

Session 2 – Minding Ourselves

Key take-away messages reported by participants included:

- An understanding of the importance and benefits of self-care.
- A commitment to being kinder to themselves, worrying less, and to prioritise time to do things that make them happy without feeling ‘selfish’ about it.
- An appreciation for the Minding Yourself Toolkit and the benefits of starting small and building up habits.
- One location mentioned the importance of avoiding isolation and integrating more socially as a form of minding themselves.

Five locations reported that the social aspect or ‘getting together’ was the most helpful aspect of the session; the information-sharing of what participants currently do for self-care was reported by two separate locations. The toolkit, self-reflection worksheet and meditations were also found to be helpful. In terms of unhelpful aspects of the session, difficulty hearing, too much repetition, and too much moving around were raised as issues from combined sessions. One location mentioned that the laminates to prompt the self-care discussions were unnecessary (verbal guidance could be more natural). The other negative aspects included room temperature or refreshment issues. All locations reported that participants intended to use the tools and learnings from the session, especially the self-care tips shared by one another.

Session 3 – Understanding Our Thoughts

Key take-away messages reported by participants included:

- An understanding of the importance of pausing to become aware of the thought process and how this is such a valuable skill that is unfortunately not taught.
- An understanding of a negative bias that underpins the thought process and that we must deliberately introduce positivity to our thoughts.
- An understanding that everybody processes thoughts differently which can lead to compassion and better relationships.

- An appreciation of the Mindful Eating practice and the positive implications of being present in our experiences.

All locations reported that hearing from their peers during the scenarios was the most helpful aspect of the session. The Mindful Eating practice was very well received as were the breathing exercises, worksheets and knowledge gained. The least helpful seemed to be the Four Steps Process, which participants felt should be simplified. Four locations reported that participants felt the timing might have not been optimal and would have preferred less content and more time to chat in groups. All locations reported that participants celebrated the relevance of this session to their lives and were committed to being more aware of their thoughts and the present moment.

Session 4 – Exploring Our Emotions

Key take-away messages reported by participants included:

- An understanding of the importance of gratitude and savouring positive emotions.
- A commitment to self-reflection and being more aware of their emotions (and truly feeling them) while not ‘putting away’ challenging emotions.
- An acknowledgement and appreciation for the knowledge that was in the room (not only the facilitators and content, but one another – that they themselves have a great deal of life experience to draw upon).
- An appreciation of the breathing practice.

Four locations found the group work and hearing one another’s stories as the most helpful aspect of the session and two separate locations expressed their wishes that the programme would be extended. The Five-Finger Breathing exercise was also very well received by all locations. Two locations reported the desire to have less slides and more time to chat, but most of the locations did not report anything unhelpful from this session. All locations reported enthusiastic intentions to use the tools and learnings from this session in their lives (particularly the gratitude practices and the breathing exercises to slow down).

Session 5 – Building Positive Relationships

Key take-away messages reported by participants included:

- An understanding of the importance of relationships and reaching out to others, particularly in older life, and how these social connections play a major part in an individual's wellbeing.
- A desire to not take others for granted and to nurture their important relationships.
- An acknowledgement of the importance of being present with others and listening to ensure quality communication.
- An acknowledgement that our relationship with ourselves is the key to healthy relationships.

All locations reported that the group discussion of the scenarios was overwhelmingly the most helpful aspect of the session. There were no reports of unhelpful aspects of the session, however one participant expressed a dislike of the term 'mental health'. A facilitator at one location suggested introducing this session earlier in the programme as it is particularly effective at creating bonds in the group. All locations reported that participants intend to use the skills and learnings from the session (two locations reported their participants 'felt strongly' about this and another location reported that this session was 'powerful' in terms of influencing participant intentions).

Session 6 – Improving Our Resilience

Key take-away messages reported by participants included:

- An understanding of the importance of resilience
- An acknowledgement of the major role that resilience plays in terms of staying independent and having a sense of control or freedom.
- An appreciation for the opportunity to reflect on their strengths and the wisdom that they have in this stage of their lives and the sense of pride and empowerment that comes with this.
- An understanding that it is OK to feel vulnerable and to ask others for help when needed.

Five locations reported that the sense of community and relating to others were most helpful in this session and two locations reported that discussing the building blocks as a group was helpful. Identifying their strengths was also reported as helpful, as well as the meditation and the ‘Tree of Strengths’ activity. Two locations reported a feeling that the session was a bit rushed, but all other locations did not report any unhelpful aspects to this session. All locations reported that the skills and learnings will be applied to participant daily lives and most locations reported that participants certainly have applied the previous lessons in their lives already.

Summary of Participant ‘Closing & Reflection’ Discussions

Overall, participants enjoyed the programme and their reflections on the key messages of the session typically matched the objectives of the session. Participants expressed in every session that they would use the session’s knowledge and tools in their daily lives and became more enthusiastic about this sentiment as the programme progressed.

Consistently across the sessions, participants found the social connections and group discussions as the most helpful. This was worded positively in terms of ‘meeting new people,’ ‘hearing one another’s stories’ or ‘a sense of community and relating to others.’ The case study group activities were received very well as well as the mindfulness practices.

Unhelpful aspects expressed by participants included difficulties hearing or seeing and issues with the room temperature or refreshments. Participants also asked facilitators to create a softer ambience for the mindfulness practices. In a few cases, there was difficulty with the breathing exercise (for example, the ‘Box Breathing’ exercise was difficult for some). In some cases, the content could be simplified as with the ‘Four Steps Process’ in Session 3 – Understanding Our Thoughts. In this session and Session 4 – Exploring Our Emotions, participants voiced that they would have preferred more time for group discussions with less instructional material. The final session on Improving Our Resilience was thought by some to be slightly rushed, however, the ‘Tree of Strengths’ exercise, where participants identify their own strengths, was reported as a great way to close the programme.

Conclusion

This section aimed to convey the experience of the MYWB Pilot Programme from the perspective of the participants themselves. Their feedback was collected in the form of two questionnaires (one before the start and another at the end of the programme) and in the form of a ‘Closing and Reflection’ discussion at the end of each session. These data demonstrated the success of the programme in terms of participant enjoyment, relevance and usefulness, with reports of increased skills, tools, confidence and intent to create new behavioural habits that support their mental wellbeing. Participants also expressed their perceived benefits of the programme in terms of their own personal growth, self-awareness and ability to cope with challenges that present at this stage in the life cycle. Importantly, participants expressed a notable positive change in their social connections along with the comfort and camaraderie of sharing life’s challenges and successes with one another and a realisation of the great source of wisdom they each carry with them. Suggestions for improvement included minor alterations to programme materials, a stronger emphasis on group discussions over educational strategies, and expressed venue-specific concerns such as room temperature, lighting and reliable refreshment service.

The aforementioned sentiments were fortified in the quantitative pre-post analysis where the programme was seen to improve participant understanding of positive mental health, awareness of the benefits of supporting their wellbeing, confidence to build supportive habits into their lives, and desire to learn more about supporting their mental wellbeing. The most profound statistical finding of the programme was its positive effect on social engagement. This is key for older people who experience higher levels of isolation and loneliness and thus carry greater need for mental health promotion supports.

Facilitator Experience

This section aims to convey the experience of the MYWB Pilot Programme from the perspective of the HSE-based Health Promotion Improvement Officers and Community Partner facilitators. Their feedback was collected in the form of ‘Weekly Reports’ submitted online after each session and in the form of two consultations after the programme was delivered. These data sets are presented in the following sections; the first details the findings from the ‘Weekly Reports’ and the second details the insights from the post-programme consultations.

Facilitator Weekly Reports

Understanding the programme from the perspective of the facilitators was crucial to understanding key feasibility insights in terms of rolling out the programme nationally. Facilitators were each asked to complete a Weekly Report after delivery of each session. The surveys were created on the online SmartSurvey platform and were designed to capture insights in line with the evaluation plan laid out at the beginning of Part II. These surveys were finalised by the researchers and senior HSE staff. Each week the surveys were similar, differing only in terms of reference to the session’s corresponding activities (which changed from session-to-session).

A description and summary of responses from each session’s Weekly Report is included below in terms of timekeeping, fidelity, participant engagement, session activities, perceived benefits to participants, training and facilitation skills, challenges encountered, and other additional comments about the session. Facilitators were asked to each complete Weekly Reports to provide details on each session. By gaining separate Weekly Reports from HSE staff and community partners, researchers hoped to gain an understanding of the differences between each perspective. Unfortunately, Weekly Reports were not submitted by both facilitators at all locations but differences in perspectives are noted where available or apparent.

Session 1 – Introductory Session

Nine weekly reports were submitted for this session. Five were submitted by Health Promotion Improvement Officers in the HSE and four were submitted by community partner facilitators. Following is a descriptive summary of their responses.

Timekeeping

Two locations were able to keep to time on this session, with the remaining locations reporting that most aspects of the session took much longer than anticipated, even including their rate of speech. In general, it seems to take participants much longer to settle at the start of the programme.

Fidelity

Two locations felt that the session gets a bit repetitive and eliminated the brainstorm of 5-minute self-care ideas. Because of time restraints and mobility issues, the ‘Picture of Positive Health’ activity was very slightly modified by two other locations. In one instance it was completed as one large group, rather than in smaller groups and in another instance, instead of laying the pictures flat on a table, they were divided and distributed to each smaller group.

Repetition seems to come up in the combined session format as the programme is deliberately designed to contain a certain amount of refreshing from one session to the next. Time constraints are also particularly challenging in the combined session format.

Participant Engagement

Attendance was as expected with apologies due to weather (a storm), transport, illness or an appointment. Four locations described their group as ‘Extremely Engaged’ and two locations described their group as ‘Very Engaged’.

Facilitators reported that participants experienced difficulty deciding to join the programme and acknowledged that even their attendance (without any accompanying wellbeing or knowledge markers) was already a major accomplishment.

Session Activities

All three activities were rated as ‘Good’ or ‘Excellent’ except in two cases where the ‘Picture of Positive Health’ activity was rated as ‘Neutral’ (due in one case to the discussion being repetitive and in another case the activity brought up a bit of emotion for participants). It was mentioned that hearing was an issue and that more of an ambience should be created for the meditation.

Perceived Benefits to Participants

All facilitators felt that participants understood the key messages of the session, learned new skills and found the materials and content useful.

Training

All facilitators felt that the programme training adequately prepared them for the session except one. This respondent felt that the training should cover some of the practicalities of working with older people with needs (e.g., carrying teas and coffees, using a high table for the ‘Picture of Positive Health’ activity, watching for bag handles and walking sticks as potential trip hazards) or even suggested conducting risk assessments for each participant since a fall would be particularly challenging to manage. This respondent also felt that the ratio of carers to participants of particular need should be considered where larger groups may need more than two facilitators.

Two facilitators felt the programme materials were not easy to collate and four facilitators felt they needed additional supports. Examples of suggested additional supports included transport considerations for participants, a white paper that outlines the physiological benefits of programme components (e.g., breathing exercises help lower blood pressure etc.) and the need to observe delivery of the programme before facilitating it.

Facilitation Skills

All nine facilitators ‘Agreed’ or ‘Strongly Agreed’ that they felt confident, prepared, organised and enthusiastic, showed appreciation for participation, kept the group engaged, used everyday examples.

One facilitator mentioned the soft-skills needed to reign-in group discussions. Acknowledging that the sharing of the lived experience among participants was crucial, makes it challenging for facilitators to judge when to intervene respectfully and bring the valuable sharing to a close.

Challenges Encountered

Six out of nine facilitators responded that did meet with difficulties during the session. Examples of these included:

- Navigating sensitive disclosures (pain, bereavement, and loneliness) and moving forward with the session. A suggestion to help with digital isolation was to sign-post to local IT training to help engage loved ones and the community on social media).
- Balancing time between group discussions and delivering the material as set-out.
- Hearing issues and fatigue due to using a different rate and tone of voice than normal (a suggestion was to use a microphone for larger groups).
- Dealing with a dominant person in the group and the tension that arises from this.
- Challenges in filling out forms (two locations reported participant discomfort in offering next-of-kin information).

Additional Comments about the Session

Five facilitators rated the session overall as ‘Excellent’ (three were HSE staff) with remaining four rating the session ‘Good’ (two were HSE staff).

Facilitators seemed to agree that this session should be mostly about building trust, establishing the group and setting the tone for the programme. Facilitators with experience delivering the programme emphasised that delivery of the programme to older people is a great deal more nuanced mainly in terms of how vulnerable the participants are and how the pace of delivery is significantly slower. Water bottles and tissues were suggested as additional items to bring. Three facilitators mentioned in their additional comments, that the session was very well received, and the programme is beneficial to older people in community settings.

Session 2 – Minding Ourselves

Eight weekly reports were submitted for this session. Five were submitted by Health Promotion Improvement Officers in the HSE and three were submitted by community partner facilitators. Following is a descriptive summary of their responses.

Timekeeping

None of the facilitators were able to keep to time on this session. The reasons were mostly to allow for the flow of meaningful discussions and to allow space for participants to process sensitive emotions. Combined format session facilitators reported particular difficulty in keeping to time.

Fidelity

Three locations did not adapt the programme. Adaptations in the remaining three locations included omitting the self-reflection worksheet and some slides that were repetitive because the concepts had already occurred organically in group discussions or because the barriers and solutions brainstorms overlapped. In one case, the body scan meditation was omitted. These adaptations were mainly due to time constraints.

Participant Engagement

Attendance was as expected with apologies due to medical appointments. Five facilitators described their group as ‘Extremely Engaged’ (three were HSE staff) and three facilitators described their group as ‘Very Engaged’ (two were HSE staff).

Session Activities

All three activities were rated as ‘Good’ or ‘Excellent’ except in three cases where the ‘Body Scan’ meditation was rated as ‘Neutral’ in two instances (due lack of time in one instance and a decision that one relaxation exercise was enough in another – both from the combined session format) and ‘Poor’ in one instance (with no accompanying explanation). The meditation was reportedly very well received in all other instances. The box breathing exercise was reported as difficult for one participant.

Perceived Benefits to Participants

All facilitators felt that participants understood the key messages of the session, learned new skills and found the materials and content useful.

Training

All facilitators felt that the programme training adequately prepared them for the session except one. This respondent felt that the training should offer a back-up timing plan to allow facilitators to complete what was strictly necessary to get the key message across.

Of the eight total respondents, one respondent felt the programme materials were not easy to collate and two respondents felt they needed additional supports. It was suggested that a resource booklet as part of the instruction manual would enable facilitators to be more organised. One location said that the combined session format was not ideal as it is difficult to keep participants engaged for so long with such a large amount of material to get through. There was a comment that perhaps there were too many slides to get through in the PowerPoint presentation.

Facilitation Skills

All eight facilitators 'Agreed' or 'Strongly Agreed' that they felt confident, prepared, organised and enthusiastic, showed appreciation for participation, kept the group engaged, used everyday examples. However, one respondent 'Neither Agreed or Disagreed' that they felt prepared and organised – this is likely due to the lack of an organised resource folder.

Challenges Encountered

Four out of eight facilitators responded they did meet with difficulties during the session.

Examples of these included:

- Consoling participants who are upset (in one case due to a recent bereavement and in another, life was challenging at the moment), allowing the respectful time to enable this type of sensitive sharing and the support from other participants.
- Balancing time between group discussions and delivering the material as set-out (from facilitators in the combined sessions).

- Dealing with strong personalities in the group and not allowing their negativity to negate the positive experience of the group.
- Room temperature issues and delayed refreshments.

Additional Comments about the Session

Three facilitators rated the session overall as ‘Excellent’ (two were HSE staff) with remaining five rating the session ‘Good’ (three were HSE staff).

Facilitators noted that the groups were starting to feel more comfortable in this session and were grateful for how helpful the first session had been. This allowed for richer discussions. It was mentioned in one location that sleep difficulties arose as a theme and older people may need to become aware of resources to help in this regard. Transport was reported as an issue for some and participants suggested a community bus which would be a beneficial service to partner with for this project.

Session 3 – Understanding Our Thoughts

Ten weekly reports were submitted for this session. Six were submitted by Health Promotion Improvement Officers in the HSE and four were submitted by community partner facilitators. Following is a descriptive summary of their responses.

Timekeeping

Three locations were not able to keep to time on this session. The group activities reportedly took longer than expected and in general communication takes much longer than with other populations (older people reportedly need time to digest and reflect on the material). The tea and chats also reportedly last longer. One of the locations kept to time felt under pressure (in the combined format session).

Fidelity

Three locations did not adapt the programme. Adaptations in the remaining three locations included omitting the self-reflection worksheet and some slides where concepts had already

occurred organically in group discussions. These adaptations were mainly due either to time constraints or because the rich conversation was favoured over using the slides.

Participant Engagement

Attendance was slightly lower than expected in two locations with apologies due to illness or existing appointments. One facilitator mentioned that transport is big issue in terms of participation and attendance. Six facilitators described their group as 'Extremely Engaged' (four were HSE staff) and four facilitators described their group as 'Very Engaged' (two were HSE staff).

One participant likely will not return to the programme as they felt they may have shared too much at the last session and felt they said something that was taken badly by another participant.

Session Activities

All three activities were rated as 'Good' or 'Excellent' except in one case where the location did not complete the 'Thinking Trap Scenarios' as these concepts were introduced organically by the group. In general, this activity was well-received although facilitators mentioned that it is difficult to keep to time while allowing the space for participants to explore each other's insights and learnings.

One location reported that the natural conversation in many instances covered the material on the slides and so they omitted the slides since the concepts were already discussed as a group. The Four Steps PowerPoint slides were reported as confusing at one location and participants did not understand the concept until they discussed it in their groups. One facilitator mentioned that the flow of the PowerPoint slides didn't match the presentation, and another mentioned the Thinking Trap examples should be displayed on a slide while participants are discussing their scenarios in the group activity.

Perceived Benefits to Participants

All facilitators felt that participants understood the key messages of the session, learned new skills and found the materials and content useful.

Facilitators commented that the breathing and meditation exercises have been well received and participants reportedly are using these practices and the booklet/handouts at home.

Training

All facilitators felt that the programme training adequately prepared them for the session. One respondent felt they would have benefitted from more time practicing the materials; however, job demands made this impossible.

All facilitators felt the programme materials were easy to collate. Two respondents felt they needed additional supports, one suggesting that the scripts for the mindfulness practices should be in the resource manual so that they are easy to find.

Facilitation Skills

All ten facilitators 'Agreed' or 'Strongly Agreed' that they felt confident, prepared, organised and enthusiastic, showed appreciation for participation, kept the group engaged, used everyday examples. However, one respondent 'Neither Agreed or Disagreed' that they were able to keep the group interested and engaged. They commented that this was because they felt rushed and were cutting off rich participant feedback in order to keep to time (this was a combined session format).

Challenges Encountered

Three out of ten facilitators, all in the combined session format, reportedly met with difficulties during the session due in all cases to time constraints.

One facilitator mentioned that the programme should include a piece about neuroplasticity and how people can change at any stage in the life course as participants expressed concern about this.

Additional Comments about the Session

Six facilitators rated the session overall as 'Excellent' (three were HSE staff) with remaining four rating the session 'Good' (three were HSE staff).

Facilitators noted that there was a clear sense of cohesion in their groups. It was a common theme in this session that the discussion covered most of the material on the slides so that they were not needed. One facilitator suggested numbering the handouts for the convenience of both facilitators and participants.

Session 4 – Exploring Our Emotions

Ten weekly reports were submitted for this session. Six were submitted by Health Promotion Improvement Officers in the HSE and four were submitted by community partner facilitators. Following is a descriptive summary of their responses.

Timekeeping

Four locations were not able to keep to time on this session. Participants share stories of bereavement and other vulnerable parts of their lives with sympathy and support from the other participants, and this can't be rushed. The 'Tea and Chats' at one location seem to go over the allotted time. One of the locations kept to time but felt under pressure (in the combined format session).

Fidelity

Four locations did not adapt the programme. Adaptations in the remaining two locations included omitting the self-reflection worksheet and the second mindfulness practice on gratitude (one location completed this practice as a group rather than individually as it was quicker to do it this way).

Participant Engagement

Attendance was as expected with apologies due to illness. Eight facilitators described their group as 'Extremely Engaged' (four were HSE staff) and two facilitators described their group as 'Very Engaged' (one was HSE staff).

One participant likely will not return to the programme as they shared details of a recent bereavement which is likely the reason the programme may not be a good fit at present.

Session Activities

All three activities were rated as mostly 'Excellent' or 'Good' except in one case where the location did not complete the 'Sharing Memories of Positive Experiences with Others' as similar sharing happened organically within the group. Two facilitators mentioned that this activity takes much longer than expected as participants love sharing their memories. One facilitator mentioned that it might be better for participants to work in pairs to give them a chance to get to know one-another. Another facilitator mentioned that the 'Five Finger Breathing' exercise was difficult for one participant who had suffered a stroke and another facilitator mentioned that participants preferred to rest their arm rather than hold it out forwards. Overall though, this breathing practice was very well received.

Perceived Benefits to Participants

All facilitators felt that participants understood the key messages of the session, learned new skills and found the materials and content useful. One location mentioned that participants were referring to their toolkit and the handouts as resources for wellbeing and another facilitator felt it would be helpful to give participants a folder at the start of the programme so they can add each session's handouts and resources into one place. The breathing exercise and the gratitude practice were reportedly very well received.

Training

All facilitators but one felt that the programme training adequately prepared them for the session. This respondent felt it would be important to train facilitators on how to deliver relaxation exercises.

All facilitators but one felt the programme materials were easy to collate. Two respondents felt they needed additional supports, one suggesting again that the scripts for the mindfulness practices should be in the instructor manual so that they are easy to find and another mentioning that the venue was changed for this session which added complications, demonstrating the importance of having one venue for the length of the programme.

Facilitation Skills

All ten facilitators ‘Agreed’ or ‘Strongly Agreed’ that they felt confident, prepared, organised and enthusiastic, showed appreciation for participation, kept the group engaged, used everyday examples.

Similar to a previous week, another facilitator commented that older people are particularly engaged with the topics with a drive to get to the heart of the material – they truly wish to understand – and it takes time for them to check their understanding. This, coupled with the clear value of sharing and connecting with each other’s experience over their lifetime, takes a significant amount of time and facilitator competence. One facilitator emphasised the difficult task of allowing discussions to flourish (as this is key) while keeping the group on-target in terms of the material being covered and the flow from one topic to the next; it’s extremely important for participants not to feel rushed but rather to feel heard.

Challenges Encountered

Four facilitators reported challenges during the session. These included managing strong personalities, keeping to time (in the combined session format) and navigating sensitive disclosures. One facilitator mentioned that certain groups need more support than others and managing time between group discussions and the official material is a challenge.

Additional Comments about the Session

Seven facilitators rated the session overall as ‘Excellent’ (five were HSE staff) with two rating the session ‘Good’ (one was HSE staff). One respondent did not answer the question, but their corresponding remarks were very positive.

Facilitators noted as in previous weeks that participants have bonded, and this creates a safe space for meaningful discussions. One location mentioned that participants are concerned that the programme is coming to a close and hoping there will be a programme to replace this one. Overall, facilitators were impressed with the level of enthusiastic engagement in this session.

Session 5 – Building Positive Relationships

Nine weekly reports were submitted for this session. Five were submitted by Health Promotion Improvement Officers in the HSE and four were submitted by community partner facilitators. Following is a descriptive summary of their responses.

Timekeeping

Four locations were not able to keep to time on this session. Reasons given were delayed start-times due to late arrivals and deeper group conversations about the benefits of the programme so far. One location mentioned again that their ‘Tea and Chats’ aspect always run long. It was recommended by another location that the programme should be at least two hours including the tea and chats.

Fidelity

Four locations did not adapt the programme. The remaining two locations that did adapt their session were both the combined session format. Both locations omitted the ‘Guided Drawing’ activity. One location omitted the ‘Building Positive Relationships Scenario’ group activity due to a small number of participants, timing constraints and because facilitators were confident that the natural group discussions achieved the goals of the activities. The other location omitted the ‘Loving Kindness’ meditation due to time constraints. One other location mentioned that they shortened this meditation as it is too long for this context.

Participant Engagement

Attendance was as expected with apologies due to illness and medical appointments. Eight facilitators described their group as ‘Extremely Engaged’ (five were HSE staff) and one community partner facilitator described their group as ‘Very Engaged’.

Session Activities

All three activities were rated as mostly ‘Excellent’ or ‘Good’ except in two cases where the location did not complete a few of the components as mentioned above. Facilitators commented

again on the supportive group dynamic the programme has cultivated but also expressed the difficulty keeping to time while allowing these conversations to deepen. There were mixed feelings about the 'Guided Drawing' activity; it seems to take more time than expected and can be confusing for some, however, others quite enjoyed it. It was noted that the drawing printouts should be on hard-stock paper and laminated so as not to be seen through.

Perceived Benefits to Participants

All facilitators felt that participants understood the key messages of the session, learned new skills and found the materials and content useful. One facilitator mentioned that this session was so well-received that there should be another relationship-focused activity earlier on in the programme as it creates a cohesive foundation for the rest of the programme.

Training

All facilitators but one felt that the programme training adequately prepared them for the session. All facilitators felt the programme materials were easy to collate. All but one respondent felt they did not need extra support. This respondent reiterated their concern from the first week that the training should include an emphasis on and extra supports for safety and hazards in the room as mobility is of concern.

Facilitation Skills

All ten facilitators 'Agreed' or 'Strongly Agreed' that they felt confident, prepared, organised and enthusiastic, showed appreciation for participation, kept the group engaged, used everyday examples. It was mentioned that it is important for facilitators to have the soft skills to know when to favour the discussions over the material as it could cause more harm to stop participants from sharing simply because facilitators feel they need to get through the slides.

Challenges Encountered

One facilitator reiterated the difficulty of allowing time for the conversations that develop from the slide content while remaining true to the information in every PowerPoint slide. Participants at one location experienced distress in this session as at this stage in their lives they lack relationships. The facilitator suggested that future implementors should have signposting or

suggestions on social inclusion to mitigate this distress and ensure that the participants aren't going home to an empty home after this session, ruminating about the difficulty of social isolation.

Additional Comments about the Session

Six facilitators rated the session overall as 'Excellent' (four were HSE staff) with three rating the session 'Good' (one was HSE staff).

One facilitator mentioned that participants expressed aversion to the term 'mental health.' Additionally, this facilitator mentioned a conversation among the group about how difficult it is to hear word of activities in the community and the need for more programmes such as this one or an opportunity to continue meeting under this programme. One facilitator reiterated that this session is key to achieving the programme's aim with respect to older people and suggested more opportunities for open discussions in this session.

Session 6 – Improving Our Resilience

Nine weekly reports were submitted for this session. Six were submitted by Health Promotion Improvement Officers in the HSE and three were submitted by community partner facilitators. Following is a descriptive summary of their responses.

Timekeeping

Four locations were not able to keep to time on this session, but this seemed to be mainly due to the need to complete Post-Programme Questionnaires. The group discussion and 'Tea and Chats' reportedly took the most time.

Fidelity

All but one location did not adapt the programme. One location omitted the 'Building Blocks to Resilience' group activity due to a small number of participants and because facilitators were confident that the natural group discussions achieved the goals of the activity. One facilitator

mentioned that the participant hand-out did not perfectly match the activities as set forth in the manual, so they completed the activity on the hand-out instead.

Participant Engagement

Attendance was as expected with apologies due to illness and medical appointments. All but one facilitator described their group as ‘Extremely Engaged’ (five were HSE staff) and one HSE-based facilitator described their group as ‘Very Engaged’.

Session Activities

Both activities were rated as mostly ‘Excellent’ or ‘Good’ except in one case where the location did not complete the ‘Building Blocks for Resilience’ group activity. Facilitators commented that this session was well-received by participants who loved the idea of celebrating their strengths.

Perceived Benefits to Participants

All facilitators felt that participants understood the key messages of the session, learned new skills and found the materials and content useful. Two facilitators mentioned that it was powerful for participants to realise their own resilience and how they can cultivate this moving forward.

Training

All facilitators felt that the programme training adequately prepared them for the session. All but one facilitator felt the programme materials were easy to collate. All but one facilitator did not feel they needed extra supports however there was no added information in terms of the kinds of extra supports needed.

Facilitation Skills

All nine facilitators ‘Agreed’ or ‘Strongly Agreed’ that they felt confident, prepared, organised and enthusiastic, showed appreciation for participation, kept the group engaged, and used everyday examples.

Challenges Encountered

Difficulty in ensuring that the discussions are focused was again mentioned as an issue in this session. It was mentioned that at this point in the programme relationships have developed and this can make the group susceptible to side conversations; it may be helpful during the movement break to encourage participants to sit beside someone they haven't yet spoken to. One of the facilitators at a location was ill and the importance of having two facilitators was emphasised by the facilitator present.

Additional Comments about the Session

One location invited Social Prescribing Officers to their final session and these officers were enthusiastic to be involved in the national programme. One location presented participants with certificates of completion, which was valued. Facilitators felt this session was a great way to end the programme and were delighted at the responses from participants of the life-changing effects of this programme.

Summary of Facilitator 'Weekly Report' Submissions

Overall, facilitators felt **the programme works well** with minor considerations in terms of session structure, learning approach and logistics of working with older people. Facilitators felt the programme is beneficial to older people in community settings with particular strengths in terms of inspiring social connection and empowerment of participants. While participants deeply valued the new knowledge and life-enhancing skills the programme offered, the benefits of connection through shared experiences and life lessons cannot be overstated. The weekly opportunity for participants to engage with others is another profound impact of the programme for a population vulnerable to social isolation. Finally, it was clear to facilitators that participants valued the actionable skills and tools the programme offers and facilitators reported that participants were indeed incorporating these skills into their daily lives from week to week.

There were some **consistent issues** that arose across all sessions from the perspective of the facilitators. It was agreed that all aspects of delivery take much longer than expected and older people prefer processing information socially, thoroughly and at a steadier pace. Mobility was a major issue and activities that required movement were modified to account for this. Likewise, hearing and vision impairments prompted adaptations to certain programme components. The ability to balance the educational components with the group discussions was reported as a challenge (i.e., it was difficult to skip through PowerPoint/educational material that arose organically in conversation).

Across the board, facilitators were impressed with the level of **engagement** at all sessions, however, a fair number of absences from week-to-week should be expected in future programmes as older people tend to experience more illness and medical appointments. Older people tend to be hesitant in joining community programmes and this should be considered during promotion of the programme and recruitment.

Summary of Facilitator 'Weekly Report' Submissions (Continued)

In terms of **delivery format**, the combined sessions did not seem to work well and exacerbated issues such as content repetition and difficulty keeping to the allotted time. These sessions also seemed to overload participants; it was considered too much of an ask for participants to absorb this amount of emotionally charged information while remaining engaged for the extended length of time. As such, much of the reported adaptations came from programmes delivered in this format. The clear suggestion here is to deliver the programme in the single session format only, extending each session duration to two hours.

While all implementors felt confident in their **facilitation skills** and ability to deliver the programme, a strong theme emerged that strong soft skills are necessary to successfully facilitate this programme to older people. It was felt that the group discussions so crucial to the programme's success, are difficult to keep focused and time bound. Furthermore, at this stage of the life cycle, these discussions can be delicate; disclosures of bereavements or other signs of distress require experienced navigation and respectful pacing. The quality of these sensitive discussions, however, fostered a special kind of solidarity in the groups where the sharer feels supported and the supporters feel needed.

Facilitators mostly felt that the existing **training model** adequately prepares them for the programme. It was suggested that training should more strongly emphasise safety and fall prevention and a consideration of the ratio of facilitators-to-participants in cohorts with higher need of care. It was mentioned that the instructor manual and resources should be better consolidated. Additional suggested considerations included transport supports and more details on the physiological benefits of the programme's mindfulness practices. Finally, while not practical to include in the MYWB training, there should likely be a pre-requisite for prior group management training and additional training around engaging with vulnerable populations.

Consultations with Pilot Programme Implementors

As part of the process evaluation of the Minding Your Wellbeing Pilot Programme, consultations were conducted with programme facilitators after delivery of the programme. Two separate consultations were conducted in March 2024. Participants of the first consultation included facilitators based in community partner organisations, the second included Health Promotion Improvement (HP&I) Officers from the HSE. These consultations were conducted separately to gain insights on delivery of the programme from each perspective.: community partners with no prior experience delivering the MYWB programme, and from HSE staff with prior experience. Four out of the six community partner facilitators and five out of the six HSE facilitators were able to take part in the consultations.

The consultations were conducted online, facilitated by one researcher from the University of Galway, using the semi-structured consultation guides in Appendices 13a and 13b. The discussions aimed to supplement insights gained in the Weekly Reports, offering an opportunity for facilitators in different CHO areas to share their experiences on implementation of the pilot programme. This feedback from the pilot programme will help inform the decision-making process in scaling the programme for delivery at the national level. The key findings from these consultations are summarised below under six overarching domains:

- Domain 1: Overall thoughts on implementation of the pilot programme
- Domain 2: Role of facilitator background and experience
- Domain 3: Programme training and supports
- Domain 4: Programme structure, content, materials and learning approach
- Domain 5: Programme feasibility and challenges
- Domain 6: Rolling out the programme at scale

The findings from each domain are presented followed by a table that demonstrates elements that were agreed upon by both groups, along with insights specific to each perspective (those of the community partners and those of the HSE HP&I Officers).

Domain 1 – Overall thoughts on implementation of the pilot programme

Key Finding 1. When targeted to older people in community settings, a key component of the programme is the opportunity for participants to share their stories and experiences (beneficial to the person sharing and the other participants alike).

General Consensus	Community Partner perspectives	HP&I Officer perspectives
<p>Participants at all sites seemed very open to one another and formed close bonds.</p> <p>Participants valued the input of one another as much as the programme content.</p>	<p>‘Knowing the group’ was reported to be key as it enabled participants to feel free to be open from the very start (e.g., in terms of ‘ice-breaking’ at the first session).</p>	<p>Relationships between participants were strengthened and valued and they were hopeful of lasting friendships but need help/a champion.</p> <p>While the facilitators should be well able to signpost, the participants themselves shared many additional supports and offerings that would be difficult for facilitators to source.</p>
<p>The participants seemed to have a desire to talk and to share, and this opportunity alone (i.e., even without an educational component) was highly valued.</p>	<p>Time should be prioritised for these stories over educational components as participants are more responsive.</p>	<p>The size of the group did not seem to influence the amount or intensity of sharing.</p>

Key Finding 2. Older people in community settings need a great deal more support during the programme.

General Consensus	Community Partner perspectives	HP&I Officer perspectives
<p>Since older people have more lived experience and therefore, more ‘triggers,’ these experiences were often extremely personal and mostly challenging in nature.</p>	<p>This should be emphasised during the training, with support, so that facilitators are prepared and the level of openness doesn’t come as a shock to facilitators.</p> <p>Found they drew upon their pre-existing relationships with participants, allowing them to anticipate potential ‘triggers.’</p>	<p>Recommended that facilitators will need to check in with participants after disclosure and keep an eye on them over-and-above the programme hours (e.g., if they miss a class – there were cases of a death or severe illness during implementation and it was important to offer/signpost bereavement supports).</p>
<p>There are higher administrative and time commitments needed to accommodate older people.</p>	<p>Community partners invested a great deal of time nurturing participants.</p>	<p>Since older people are more responsive to face-to-face interactions or via the telephone, recruitment and sign-ups require more administrative time and resources.</p>
<p>Two facilitators are crucial.</p>	<p>Two facilitators are needed to be able to provide the necessary support while still presenting programme content.</p>	<p>An additional facilitator is needed to help with mobility issues (e.g., helping opening doors or aiding a participant to the restroom while the other facilitator continues the programme etc.)</p>

Key Finding 3. There is a need to support participants after the programme end (i.e., address further education or a follow-on to the MYWB programme).

General Consensus	Community Partner perspectives	HP&I Officer perspectives
<p>Continuation after the programme was hugely emphasised by participants as they felt they didn't know what to do with the information they had gained or where to go from here.</p> <p>A few examples in the words of the participants at different sites: 'it's like planting roses and not watering them anymore' or 'like lighting a candle but not being able to keep it burning.'</p> <p>There is an opportunity to enable participants to nurture the bonds they've formed into the future.</p>	<p>Felt that facilitators should play a leading role in facilitating future meet-ups with the group rather than delivering the programme and then "just leaving."</p>	<p>Suggested an 'alumni' meet-up group each month where each cohort that has completed the course can attend (perhaps even offering booklets for topic discussions to keep them on-track after the programme's end). Social Prescribers in CHO-7 were keen to be involved in this and perhaps there could be visits by HSE or Alone staff etc.</p> <p>There needs to be much more emphasis on, and a systematised approach to, the linking piece at the end.</p> <p>Participants have now formed these social groups, raising the question can the HSE assist these groups to continue ("not to leave them in the lurch") and facilitate them to stay in touch.</p> <p>Suggestion for the programme duration to be increased.</p>

Key Finding 4. The programme is unique, valued and much needed in terms of improving both the mental and social wellbeing of older people in community settings.

General Consensus	Community Partner perspectives	HP&I Officer perspectives
Enormous gratitude was offered by participants.	Participants were overwhelmed by the effort given (providing transport and offering such an impactful programme for older people).	Participants were extremely appreciative even bringing flowers to facilitators at the programme's end.
It is a powerful programme both in terms of the focus on a neglected topic and in terms of the social impact.	Received extremely positive feedback from participants and a general agreement that participants had never experienced a programme like this before and that it is desperately needed.	Engaging the loneliest older people is tricky but momentum will grow with word of mouth. The programme is valuable even for older people who are motivated and engaged (i.e., not the loneliest) as the programme helps participants address big issues such as bereavement and self-identity post retirement (i.e., the programme is actually valuable to all).
Unexpected consequences		Facilitators have a lot to learn as well from older people (similar to ethno-centred approach, could be a generation-centred approach). Some facilitators were surprised at the level of frailty in participants and the level of loneliness expressed especially during the holidays.

Domain 2 – Role of facilitator background and experience

Key Finding 1. Facilitators need prior training and/or experience in both managing groups and engaging with vulnerable people.

General Consensus	Community Partner perspectives	HP&I Officer perspectives
<p>Group management skills are required.</p>	<p>All facilitators had prior experience delivering programmes and were confident in their ability to deliver the programme.</p>	<p>Overall, felt confident that community partners have a great deal of experience themselves and know their populations very well. Suggested the 2-day Facilitation Skills course delivered by HSE staff, which could partner with programme’s T4T.</p>
<p>Additional training is needed in terms of navigating sensitive subjects and disclosures of mental health difficulties or distress.</p>	<p>Facilitators drew upon their training in engaging with vulnerable populations (e.g., WRAP training, Mental Health First Aid, suicide awareness training, SOS, ASIST etc.). This additional training is needed not only to hold space for the person sharing, but also how to navigate the closing of a sensitive conversation when someone is really upset or triggered and moving on sensitively.</p>	<p>Facilitators likely need additional training on how to hold space and engage with people who are easily triggered or when peeling back the onion (the topics especially in Sessions 3 and 4 can bring things to the surface).</p>
<p>Unexpected consequences</p>	<p>They may need to address the facilitator’s mental wellbeing (e.g., how they can be supported themselves</p>	<p>As a facilitator you would need a co-facilitator that can be relied upon to navigate these topics alongside you.</p>

	to cope with what is shared with them or the fatigue that comes with holding space for others).	
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Domain 3 – Programme training and supports

Key Finding 1. The Train-the-Trainers model sufficiently prepares trainers to deliver the programme content but should be supplemented with deeper facilitator skills training and/or a more intensive training process.

General Consensus	Community Partner perspectives	HP&I Officer perspectives
Even with background and experience, community partners needed the support of their experienced HP&I co-facilitator at the start of the programme.	A comment about how surprising the first session was in terms of the sensitive experiences that participants shared and may not have known how to handle it without the lead of an experienced co-facilitator. Suggestion to clearly forewarn facilitators during training that very sensitive sharing will happen so that they can expect it.	Two facilitators mentioned their co-facilitator said themselves that they relied heavily (even entirely) on them as a HSE facilitator.
More intensive or additional training is likely needed that focuses on navigating disclosures while continuing with delivery.	In a perfect world, every facilitator would co-facilitate a full programme with a member of HSE staff and then they'd feel better to co-facilitate with a non-	Skills such as holding a room if something is disclosed and ensuring confidentiality etc., are more important than delivering PowerPoints and facilitating discussions.

	<p>HSE; perhaps at one of the ‘meatier’ sessions on thoughts and emotions). Having a HP&I Officer as a mentor could also help.</p>	<p>Suggested the use of a reflective practice model (train, shadow, complete a programme, a plan for maintenance). Suggestion to implement the first programme with HSE taking the lead, then another time with HSE stepping back. Suggested a facilitator application process with markers or ‘what-if’ scenarios to assess the experience or capability of potential facilitators to support disclosures.</p>
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Key Finding 2. The preparatory materials are comprehensive and valuable, however, it is difficult and time-consuming to consolidate these, and requires resources that community partners may not readily have access to.

General Consensus	Community Partner perspectives	HP&I Officer perspectives
<p>The preparatory materials are valuable.</p>	<p>Community partners felt supported and valued the facilitator manual, instructions, checklists and other resource documents.</p>	<p>The at-a-glance sheets were helpful. Experience makes the prepping process much less time-consuming. Suggestion for more robust self-care resources (e.g., “what makes a good day” or emphasis on how to be active/proactive/to have agency).</p>

The materials should be easier to consolidate especially for facilitators who don't have prior programme experience.	HP&I Officers took the lead in consolidating materials. Limited access to laminating machines and colour printers etc. and limited budget for markers, flip charts and other supplies.	Materials are difficult to consolidate, perhaps have facilitators create their own binders during training.
There should be a more comprehensive and thought-out list of supports/signposting.	More emphasis on signposting should be offered during training along with a consolidated list of supports.	Facilitators need to know available community supports/signposting (e.g., bereavement etc.)

Domain 4 – Programme structure, content, materials and learning approach

Key Finding 1. The adapted programme materials were very well received and relatable.

General Consensus	Community Partner perspectives	HP&I Officer perspectives
No content revisions were suggested by facilitators (other than two participants mentioning that sexual wellbeing should be included to make the programme comprehensive).	The PowerPoint slides were relevant, simple and necessary and gave facilitators a sense of security (they could skip through slides that were already discussed with ease).	Content was very relevant and the prompts were well-constructed and key to facilitate relevant conversations.
Participant hand-outs were particularly valuable, and it was clear that		Participant resources were valuable (e.g., the take-away summary sheets).

participants applied their learning to their daily lives.		Booklets are valuable but these should be easier to consolidate and all materials should have clear page numbering. There was palpable evidence that participants were implementing the session skills into their lives and would give feedback on challenges implementing the teachings.
The overall structure of each session worked very well, however, the combined sessions did not seem to work.	The combined sessions felt rushed, and participants seemed to confuse/interchange topics.	During the combined sessions, there was a clear moment when participants weren't able for more information and all the movement that accompanies breaking out into groups and doing movement breaks etc.

Key Finding 2. The collaborative, life-experience-oriented learning approach is key to programme success, thus the programme's education targets may need to be revised.

General Consensus	Community Partner perspectives	HP&I Officer perspectives
There must be a balance between championing the sovereignty and peer-learning that underpins the learning approach, with a clear sense of structure and key educational components.	Sharing the real-world examples and leaving space for discussions were much more beneficial than the educational targets.	One hour was too short for the rich conversations between participants. The conversations are equally as valuable as the content and these should be prioritised, however, facilitators need to ensure some structure to keep on

		<p>track (i.e., that it's not simply 'random chats').</p> <p>Participants are all older so space and time should be given to acknowledging the huge knowledge in the room/within the group.</p>
<p>It is likely necessary to simplify the education components and keep these targets to a minimum.</p>	<p>It was challenging to balance the targets for education along with the group management.</p>	<p>Suggestion to simplify the programme in favour of discussions but to emphasise to facilitators the potential for things to overflow and strongly affect timing.</p> <p>Suggestion to reassess the emphasis of the programme (educational piece vs coming together).</p>

Domain 5 – Programme feasibility and challenges

Key Finding 1. The pacing of the programme for older people in the community must be significantly slower.

General Consensus	Community Partner perspectives	HP&I Officer perspectives
<p>It was difficult to keep to the allotted time and almost impossible for the combined sessions. It was felt that 2 hours for a single session would be more appropriate with a half hour for</p>	<p>2 hours is best for a single session with a half hour for tea as the discussions typically continue there.</p> <p>In general, more time is needed for older people due to mobility issues as well</p>	<p>Everything takes longer (e.g., arriving, breaking into smaller groups, processing scenarios etc.)</p> <p>Older people learn differently and are not as fast-paced as society is and this should be respected.</p>

tea as the discussions typically continue there.	as a tendency to being late due to parking and bus schedule issues etc.	Rushing creates anxiety for facilitators and participants alike.
Participants at all sites were very engaged and talkative and enjoyed each other's company. While this is integral to success of the programme, facilitators should have a planned manner of bringing the group back together in a timely way.	Suggestion to emphasise this as an issue during training or using a bell or singing bowl to help bring participants back.	

Key Finding 2. Transport is a major challenge to engaging older people in community settings.

General Consensus	Community Partner perspectives	HP&I Officer perspectives
Transport must be addressed for the programme to be successful in community settings.	Facilitators were able to arrange transport personally, but this would not be sustainable and is too much responsibility over-and-above setting up on the day of delivery. Transport is of particular concern for rural or immobile older people (who are the loneliest and in greatest need of the programme). When considering transport, note times of higher pressure (e.g., school year, weather etc.).	Suggestion to work with private/commercial sponsors, umbrella organisations, or local transportation services.

Key Finding 3. Facilitators need additional supports during the recruitment process.

General Consensus	Community Partner perspectives	HP&I Officer perspectives
<p>There was trepidation from potential participants in signing up for the programme as their understanding of a positive approach to mental wellbeing is limited.</p>	<p>Participants voiced a dislike of terms that include ‘mental’ as it makes them feel uneasy – best to only use ‘wellbeing.’</p>	<p>There was anxiety from participants about signing up for the programme due to the taboo nature of the topic (“there’s nothing wrong with my mental health”).</p> <p>Once a few groups have gone through the programme, word-of-mouth will help in this regard.</p>
<p>Facilitators should be creative in their recruitment strategies.</p>	<p>Suggestions: GP surgeries (notice boards, practice nurses, administrative staff), local Social Prescribing Link Workers, parish centres and newsletters, Resource Centres and Community Development Officers, local radio and Facebook posts (not just targeted to older people, but their families and carers as well), allowing time for word of mouth, local stroke or other support groups, carers of older people (wives, daughters etc.), and holding information stands and information flyers at community venues and in community settings.</p>	<p>The canteen at the venue hub, relationships with well-placed community partners (e.g., community/family resource centre etc. as there’s existing trust and knowledge of the participants).</p> <p>Best not to rely entirely on one organisation, but rather have a mixture of participants in the group/diversity.</p> <p>There is scope for broad variety of partners (e.g., County Council, older persons councils etc.).</p>

Sufficient lead-in time is crucial to form relationships with stakeholders (see above) and to clearly articulate the programme to potential participants (see above).	Forming relationships with stakeholders and participants takes time.	Recruitment process should be systematised (e.g., guidance document similar to the MYWB for Men programme) with sufficient lead-in time to create relationships with potential participants and stakeholders.
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Key Finding 4. In general, older people need a great deal more support at all stages of implementation.

General Consensus	Community Partner perspectives	HP&I Officer perspectives
Seasons will affect recruitment and attendance/engagement of participants.	Consideration of the time of year is important to avoid times of added pressure (e.g., there are many other commitments for community partners during Christmas time; school times may make it difficult to book transport etc.). Wetter and colder seasons don't work as transportation is already a challenge.	
Venue/facility considerations are important.	Important to consider mobility and accessibility issues.	Additional time is needed for venue prep (e.g., making sure participants can get around with walkers/sticks; space for extra belongings etc.).

Timing of the programme is key.	It may take older persons longer to travel to programme venues so it's important not to schedule the timeslot too early.	
There are higher administrative commitments needed to accommodate older people.	Older persons need extra 'hand holding'.	Community partners spend a great deal of time calling participants, giving reminders, and extra supports.

Domain 6 – Rolling out the programme at scale

Key Finding 1. Resources and time are key considerations for national roll-out and there is scope for collaboration to help in this regard.

General Consensus	Community Partner perspectives	HP&I Officer perspectives
Community partners will need sufficient budgets and posts to ensure the programme quality is maintained and to optimise sustainability of the programme.	Facilitators are confident they could take on the responsibility but need time and resources. In terms of training, bigger organisations (such as ALONE) could have internal trainers within specific CHO areas.	
Smaller organisations would have more challenges.	Community organisations (e.g., with 2 employees) would need the HSE to take the lead or would need additional posts.	

<p>Costing for venues and transport would need to be included in budgets.</p>	<p>Community partners wouldn't be able to be responsible for transporting as well as facilitating so upstream facilitators (such as transport) would need to be considered as well.</p> <p>The HSE name offers discounted pricings for venues and refreshments; without the HSE name, community organisations would need additional grants.</p>	
<p>There could be an opportunity to engage stakeholders through deliberate outreach efforts.</p>	<p>Opportunities to link with community partners in other related sectors with overlapping interests.</p>	<p>Suggestion to map the key stakeholders and proactively generate engagement (e.g., online info sessions to outline the plan for the national roll-out; creating an invitation for people to jump on board rather than asking for their assistance – this creates a different dynamic from the start).</p> <p>Suggestion to link in with other national programmes. (Tosca edit: Act Belong Commit?)</p>

Key Finding 2. The HSE will likely need to remain involved in the national programme in some way.

General Consensus	Community Partner perspectives	HP&I Officer perspectives
<p>Additional training is needed for community partner facilitators along with some role for guidance/mentorship from HP&I Officers.</p>	<p>If not a HP&I Officer, they would need a co-facilitator with prior training/ awareness (WRAP, ASSIST, SOS etc.).</p> <p>Having a HP&I Officer as a mentor at the very least would help.</p> <p>Building a trust between co-facilitators before delivery is important (whether HSE-based or not).</p>	
<p>There should be consideration of potential ‘mission drift.’</p>		<p>Facilitators were not entirely sure of the role of Health Promotion, but all highlighted the need to ensure fidelity to the original programme.</p> <p>Suggestion that after initial training, there is some kind of check-in after they’re up and running to make sure delivery and messages have stayed on track.</p>

Key Finding 3. Creating networks for facilitators to share experience or mentor one another could be very helpful.

General Consensus	Community Partner perspectives	HP&I Officer perspectives
<p>Networks can help support community partners in national roll-out.</p>	<p>During the pilot programme, ALONE organised their own network and had Teams meetings to support one another, which was very valuable. This is more challenging for smaller organisations who would need extra support.</p>	<p>Suggestion to set up working groups for facilitators to touch bases and troubleshoot like a support network. It might be more feasible to add time-limited HP&I Officer commitments to give initial inertia (if ongoing support is not feasible).</p>

Conclusion

This section aimed to convey the experience of the MYWB Pilot Programme from the perspective of the facilitators. Their feedback was collected in the form of online Weekly Reports after each session and two post-programme consultations. For the most part, the facilitators' experience corroborated the sentiments of the participants. Both found the programme content valuable, relevant, useful, understandable and engaging with minor suggestions to avoid repetition and allow for more peer discussion. Additional facilitator insights included logistics for programme delivery such as committing to a single-format two-hour duration for each session of the programme to allow the additional time needed for participants to arrive, digest the content, move between session components, and hold space for sensitive and meaningful sharing of life experiences.

The training was found to adequately prepare facilitators to deliver the programme, however additional skills and training are needed to manage strong personalities who may take away from the positive experience of others, navigate sensitive disclosures, provide the care needed for people with emotional and physical challenges, and to balance the delivery of content with the valuable sharing that underpins the approach of the programme. Facilitators mentioned the need for additional upstream supports such as transport. Facilitators also emphasised the need for post-programme supports for participants and guidance for a more systemised approach to recruitment and sign-posting during the programme. Finally, while the facilitator manual was reportedly helpful, facilitators suggested support in terms of consolidating the resources needed each week.

In terms of considerations for the national roll-out, facilitators highlighted the need for more resources. Community partners will need sufficient budgets and posts to ensure the programme quality is maintained and to optimise sustainability of the programme, with suggestions to collaborate intersectorally within the local ecosystem to help in this regard. Finally, facilitators believe the HSE will need to remain involved in the programme to a degree to provide guidance or mentorship to community partner facilitators and to ensure fidelity to the original programme. Creating facilitator networks could also help support community partners in the national roll-out of the programme.

Pilot Study Observations

The following section details the observations that were conducted by the researcher during implementation of the MYWB pilot programme. In order to gain first-hand and real-life familiarity with the programme, one researcher observed the facilitator training as well as delivery of a variety of sessions of the programme at various locations. These observations are documented in the following two sections.

Observations of Facilitator Training

Prior to implementation of the pilot programme, facilitators engaged in a two-day training based on a ‘train-the-trainers’ model. The two sessions were held in January 2024 at the HSE offices in Dublin. One researcher was present at both sessions to observe the training and to explain the pilot process to the facilitators in terms of their role in the research. While no specific notes were taken, these observations were necessary to familiarise the researcher with the programme from all aspects of preparation and delivery. These observations informed interpretation of facilitator feedback in the Weekly Reports and allowed for more precise recommendations (Part III) in terms of finalising the training model for the national programme.

Observations of Pilot Programme Delivery

As part of the process evaluation of the Minding Your Wellbeing Pilot Programme, implementation of five sessions of the programme were observed at different locations. The pilot study consisted of six programmes delivered concurrently across four CHOs during the months of February and March 2024. Three of the programmes were delivered as one session per week (a six-week total programme timeframe), while the remaining three were delivered with two sessions combined each week (a three-week total programme timeframe). This decision was made to accommodate community partner budget constraints and other logistic challenges. The locations were selected to gain diverse insights on the range of sessions and delivery formats.

The purpose of observation was to gain an understanding of the dynamics of delivery and the extent of programme fidelity and adaptations during delivery. The lessons learned from the pilot observations were necessary to inform refinements to the content, materials, and activities of the Minding Your Wellbeing programme to optimise suitability for older people and to ensure that the programme training materials are helpful for future facilitators. Observation guides were created for each of the four programme sessions observed (Sessions 2 through 5) and these are included as Appendices 14a through 14d.

Findings from the observations are summarised below in terms of observations that are general in nature and those that are specific to each session.

General Delivery Observations

- **Group Activities**
 - The case scenarios are extremely well received by participants and seem to be where the most learning (through problem-solving and personal experience) and socialisation is gained.
 - In general, more time is likely needed for group activities – 15 minutes did not seem sufficient and most successful group activities took a half hour. These activities seemed to be where participants were most engaged (both in their smaller groups and then again when providing feedback as a large group); it almost feels as though the focus of the session should be on the group activity with the PowerPoint-based “learning” as a means to facilitate the group activity.
 - Checking in with each smaller group seemed very helpful to 1. stay connected, 2. ensure each member has an opportunity to contribute (men, for example, seemed less likely to engage in the group activity and may need extra support from facilitators), 3. ensure they are aware of the purpose of the activity and 4. are not experiencing literacy difficulties.
 - Consideration of participant mobility and access issues within the room is important when separating into smaller groups.

- A singing bowl is a great way to keep time and to bring participants back to the larger group after small group activities.
- A note that it seemed best to offer instructions for group activities prior to the start of the exercise as once participants are already in their smaller groups, it is difficult to listen as a large group. Also, when assigning group members, simple strategies worked best.
- Mindfulness Activities
 - These were extremely valued by participants. Facilitators addressed difficulties expressed by participants well by encouraging them to identify the exercises that work for them personally.
 - Participants responded best to efforts in creating a soothing ambiance (lowered lighting, switching off the PowerPoint projector screen, soft music in the background, a tablecloth with battery-operated candle and flower vase).
 - It is very important to keep a very slow and gentle tone during the narrative of these activities; a hurried delivery creates an anxious atmosphere for participants. It may be no harm to offer videos or audios of effective facilitation of mindfulness exercises so that facilitators with no prior experience can get a feel for the optimal tone and pacing.
- Delivery Format
 - Timekeeping was a major concern. Most sessions went significantly over the intended duration; the only delivery that kept timing felt very rushed and rich participant discussions were stopped short as facilitators were overtly concerned with fidelity and keeping to time.
 - The combined sessions seemed too ambitious, and the two session topics felt as though they merged, to where participants were unable to distinguish the key messages. It was very difficult to keep these combined sessions to time without feeling hurried, and staying true to every session component felt like too much information for participants to handle in one sitting. Also, it was difficult for facilitators to do a meaningful welcome & recap and closing & reflections, which diluted the sense of programme cohesion and how each session built upon the next.

- The PowerPoint presentations were helpful, however each and every group had some degree of technical difficulties, and at times the flow of the conversation suffered slightly as facilitators checked in with the slides to ensure they covered the necessary items. It may be no harm to emphasise at the training that when participants are talking, it is key to listen intently – if participants feel you are checking the slides or notes, they don't feel you are present with them.
- The movement breaks were very well received, and some facilitators drew on their experience of Tai Chi, which participants loved; it also infused a sense of mindfulness into the body's movement.
- Overall, the content was relatable to participants; there was overwhelming feedback that participants were able to connect to the examples given by facilitators and especially to the case studies – “I feel like I could put myself in their shoes” – with no feedback to the contrary.
- Learning Approach
 - Facilitators clearly understood the collaborative nature of the programme and encouraged participants to draw upon their own experiences in an almost peer-led manner; this was very well received.
- Facilitator Dynamics
 - HSE Health Promotion Improvement Officers seemed to take the lead in implementation; their formal backgrounds in psychology and/or their experience in programme delivery added a sense of confidence and richness to discussions.
 - The pre-existing relationships that community partners have with participants enhanced the level of comfort, engagement and gratitude in participants. Where community partners organised transportation to the venues, participants were extremely grateful and were amazed that such an extension of effort was made on their behalf.
- Participant Dynamics
 - Most participants are active within the community organisation or at the community centre or resource facility. These participants expressed how difficult it is to know about programmes available for their age group and that it is challenging to keep up with social media or online marketing. One participant

was recruited through social prescribing and highlighted the significance of that service in engaging him with his community.

- Many participants expressed that it was a challenge for them to attend the programme and how it was already an achievement simply walking through the door.
- Participants mentioned the use of the term ‘mental health’ is overused and seems to cause more stress (e.g., yet another thing that they need to think of or “makes me wonder if I have it”) and preferred the term ‘wellbeing’ as being more inviting.
- Covid-19 was a topic raised at many of the sites and it seems that challenges during and sparked by the pandemic had lasting social effects on this age-group.
- It should be noted that many topics raised by participants can be quite negative as the conversations at this stage of the life cycle can be focused on illness and bad news.
- Literacy levels did not appear to be an issue at any of the sites but should be considered as the case studies, worksheets and some of the other activities require the ability to read and write. It seemed to work best when facilitators pro-actively addressed literacy issues rather than wait for an issue to arise which could be difficult.
- Differences in affluency were observed (in one location many spoke of self-care in terms of going for Reiki and massage sessions or monthly ‘staycations’ and spoke of very supportive assisted living conditions, whereas in another location, many focused on the barriers to wellbeing and were distracted during the session with concerns of the security of their possessions).
- Venue and other Feasibility Characteristics
 - Accessibility was an issue at most of the venues; only one more modern venue had accessibility renovations while others could not accommodate a wheelchair or even enough space for a walker in certain cases. Bathroom facilities also would not be able to accommodate a wheelchair or walker.
 - The community centres seemed to have a more welcoming atmosphere than the hotel, and participants appeared more comfortable and engaged here.

- It seemed important to ensure space for extra belongings (larger purses or satchels, walking sticks or other walking aids etc.).
- The tea and snacks at the end of each session is key; participants feel a great amount gratitude for the accommodations and to be able to socialise and digest the content of the session together.
- Most ‘negative feedback’ or ‘suggestions for improvements’ centred around the refreshments (coffee or tea too cold or not enough) and the temperature or lighting (too cold, too stuffy with no windows, or too bright).
- Other Suggestions for Programme Improvement
 - Participants seemed to enjoy sharing touching poems and this could be considered as a permanent addition to the programme sessions.
 - Participants at almost every location expressed a desire to keep meeting together under the aegis of minding their wellbeing (not as part of a programme, but as a way to continue looking after their social wellbeing in a way that is underpinned by a common goal of minding their own wellbeing).
 - Many participants expressed a desire to continue their learning either with another programme or a mindfulness or meditation class series. There is an idea here to trim the programme down significantly as more of an introduction to minding your wellbeing (which would be more group discussion-based and very broad) with the opportunity of a deeper dive into the topics as a follow-on programme (which would be more theory- and PowerPoint-based as in the existing programme).
 - At times, participants would enquire about other mindfulness or mental health resources (such as EFT Tapping). It may be no harm to address this in the training in terms of how facilitators should deal with situations like this.
 - It is important to note Bank Holidays or other events that could disrupt attendance or the flow of the programme.
 - It is key for facilitators to constantly remind participants of the skills/tools learned in other sessions and to keep linking the current session back to previous sessions and foreshadowing relevance to future sessions.

- There could be opportunity to link community organisations intersectorally (e.g., one facilitator from Alone and another from Rural Inclusion or facilitators from Positive Aging and an organisation with a remit in Disability etc.).

Session-Specific Observations

Session 2: Minding Ourselves

- Group activity 1 ‘Building a minding yourself toolkit’: Participants enjoyed the applicability of this exercise to their daily lives (they like the framing that there are opportunities for self-care in their daily habits and more than they had realised). This activity was received in a similar manner to the case scenarios – participants enjoyed the problem-solving aspect.
- Mindfulness activity 1 ‘Box breathing’: Some participants had difficulty with this exercise; also note that facilitators at a different session said they omitted this exercise as they felt it unsuitable considering potential health concerns in this age group.
- Participants responded very well to this session (almost as if they were granted “permission to be ‘selfish’”) and expressed how, moving forward, they would explicitly recognise these daily acts of minding themselves as important for their wellbeing.

Session 3: Understanding Our Thoughts

- Group activity 1 ‘Recognising thinking traps case scenarios’: This activity was very successful. Participants were extremely engaged both in their own scenarios and in those of the other groups. Participants seemed to enjoy trouble-shooting the various thinking trap challenges and did so with an air of humour.
- Mindful activity 2 ‘Mindful eating’: This was very well received and an “AHA” moment for participants where the session’s themes were encapsulated in the activity (to slow down and be mindful of our thoughts and experiences).
- Participants particularly enjoyed the mindfulness activities and strongly believed they benefitted from the session in terms of increased self-belief and the skills to think more positively, to savour each moment and not jump to conclusions.
- There was a great deal of laughter and humour during this session.

- The four-step process (Notice, Pause, Reflect, Question) seemed slightly too structured for participants.
- A good every-day example relatable to older people from this session was a fear of coming out the house without a walker since a stroke.

Session 4: Exploring Our Emotions

- Mindful activity 1 ‘Five finger breathing’: This was well received as a means to help with calming but with added benefits of concentration and coordination (as one participant noted). With these exercises that involve a bit more coordination, it may be no harm to show the exercise in its entirety first, so that participants know where they’re heading (there was slight frustration from one participant who was having difficulty following along the directions).
- Group activity 1 ‘Sharing positive experiences with one another’: This was well received by participants who thoroughly enjoyed sharing their stories. This activity carries a particular vulnerability to spending a great deal of time feeding back to the larger group (perhaps this should be done as a larger group from the start or else group feedback should only include insights on how the activity went, rather than each person sharing their experience to the larger group again).
- This session also had impacts on social wellbeing, as many participants noted that the sharing of experiences and communication about emotions was a social event.

Session 5: Building Positive Relationships

- Group activity 1 ‘Guided drawing’: Participants thoroughly enjoyed this activity with plenty of humour, however it may be ambitious to include this activity as it takes a while to get started – it took at least a half hour from start to finish.
- Group activity 2 ‘Building positive relationships case scenarios’: This exercise was thoroughly enjoyed by participants, who were able to relate to the scenarios and trouble-shooted them with enthusiasm and humour; sufficient time is needed here as well.
- Mindful activity ‘Loving kindness meditation’: This was very well received, and participants love the app called ‘Insight Timer’ that one of the facilitators had recommended.
- The session seemed to spark the need for self-reflection in participants (e.g., to look at our own conversation styles in terms of having a negative slant).

Conclusion

This section aimed to share the perspectives of the observer, presenting the findings from observations of the delivery of four sessions. These findings markedly corroborated the data gathered from participants and facilitators. Overall, the content and materials were observed to be very well received by participants, who welcomed the programme with engagement, solidarity, and humour. The group discussions (particularly the case studies and other problem-solving activities) seemed to generate the most engagement and learning, however, extra support from facilitators may be needed to encourage participants who are less likely to engage. These group discussions are also best suited to achieving programme and learning approach objectives, and facilitators were excellent in embracing the collaborative, learning-through-sharing approach of the programme.

Aligned with suggestions by facilitators and participants, it was observed that the combined session format was challenging. Other key challenges observed were keeping to time and balancing the discussion-based learning with the PowerPoint-based learning. It was observed that participants wish for additional supports after the programme and a better means of finding out about other community resources.

While most participants are already engaged with either the community centre or the community organisation, one participant was recruited through social prescribing and the value of this service in terms of engaging hard-to-reach populations was clear. It was very clear to the observer that the programme is extremely valuable to participants in terms of their mental and social wellbeing and that older people in communities are indeed in particular need of these supports.

Discussion & Conclusion

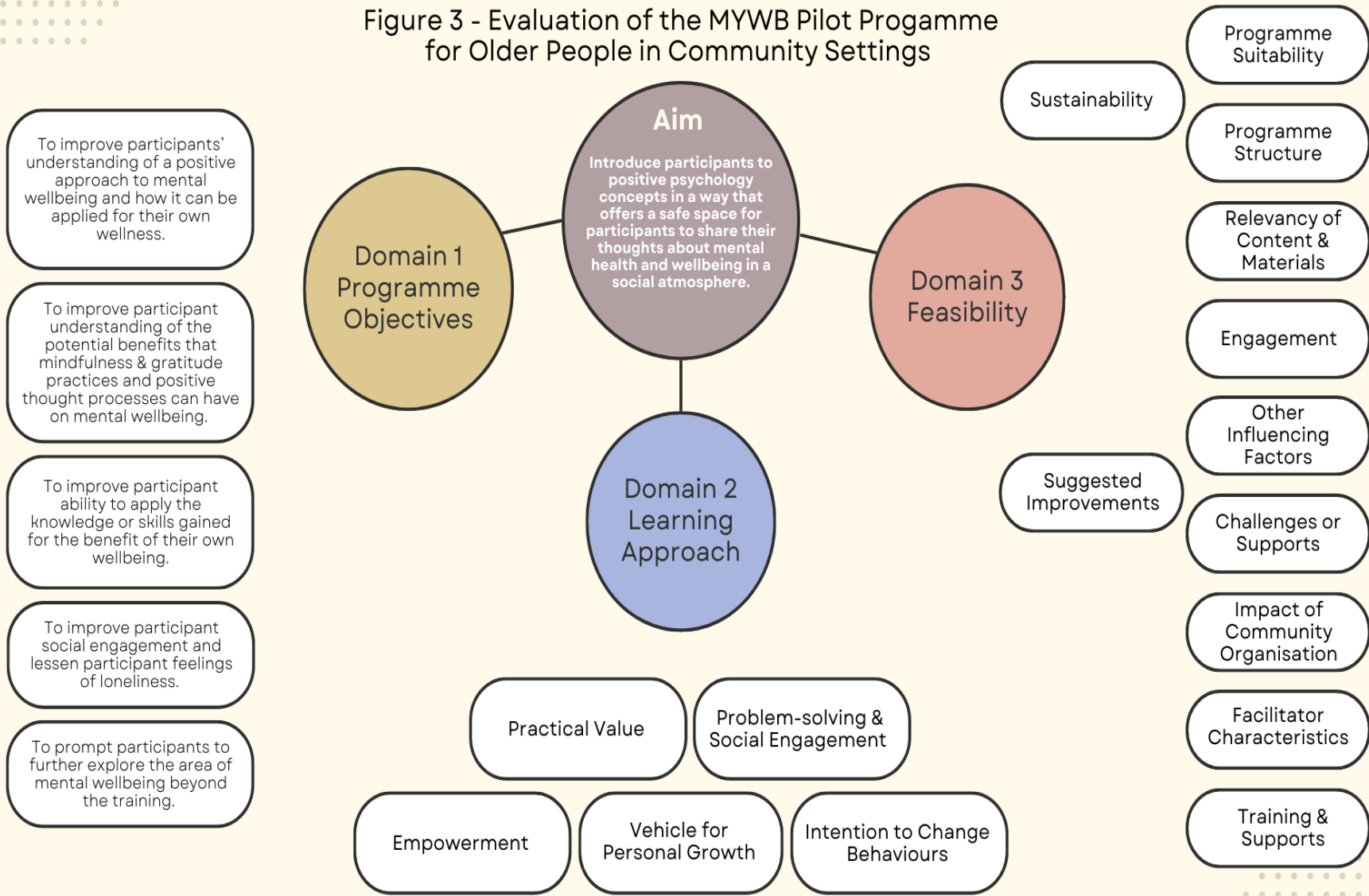
Part II of this report detailed the implementation of the pilot study for the Minding Your Wellbeing Programme for older people in community settings. The evaluation methods were outlined as well as the findings, in terms of feasibility insights for the national programme, from the perspectives of both the participants and the facilitators. Observations of the pilot programme training and subsequent delivery of the programme at various locations were also presented. This final section of Part II offers a brief discussion of the pilot process and findings in terms of the three domains outlined at the beginning of Part II. Figure 3 is a visual reminder of these domains illustrating the insights that researchers set out to gain at the start of the pilot. What follows is an organisation of the findings presented throughout Part II in terms of these three domains: the programme objectives, the learning approach and the feasibility insights.

Domain 1 – Programme Objectives

Findings from the pilot study suggest that all programme objectives were achieved. This was assessed by comparing responses to a series of questions asked in the Participant Pre-programme Questionnaire and again after the end of the final session in the Participant Post-programme Questionnaire.

Significant findings include a number of self-reported changes: 1) a positive change in awareness in terms of the potential benefits that mindfulness and gratitude practices and positive thought processes can have on mental wellbeing; 2) improvement in participant ability to apply the knowledge or skills gained for the benefit of their own wellbeing; and 3) improvement in participant social engagement. Indeed, the strongest finding of the pilot study was the impact of the programme on social connectedness. Part of the programme objectives was to lessen participant feelings of loneliness, and while this was not directly assessed, the marked improvement in social connectedness suggests that the programme will achieve this objective, and future evaluation of participant loneliness is suggested in Part III of this report.

Figure 3 - Evaluation of the MYWB Pilot Programme for Older People in Community Settings



Findings that approached significance included 1) improvement in participants' understanding of a positive approach to mental wellbeing and how it can be applied for their own wellness; and 2) prompting participants to further explore the area of mental wellbeing beyond the training. Participants voiced that the programme felt like a launch pad, and they were 'ready for the next step.' Indeed, both participants and facilitators strongly expressed a need to extend the programme, suggesting continued monthly meetups. This is consistent with the literature, where a systematic review by Carr and colleagues (2020) found interventions that are longer in duration were more effective. The same study found that improved outcomes seemed to fade at seven months after the programme. Thus, enabling post-programme monthly gatherings could help participants maintain the supportive habits adopted during the programme while having the added benefit of ensuring sustained social opportunities. Interestingly, Kim et al. (2023) reported that interventions that include volunteering or pro-social behaviour show benefits for both participants and society at-large. This is in-line with the theoretical underpinnings of positive psychology which highlight the importance of 'meaning and purpose' in the form of civic engagement as one of the key pillars (Seligman, 2011). This is also in-line with Ireland's new Well-being Framework (Government of Ireland, 2022) and could be considered as part of the post-programme monthly gatherings that facilitators and participants hope for.

Furthermore, thematic analysis of participant responses to open-ended questions after delivery of the programme revealed a number of perceived benefits to their mental and social wellbeing. When asked about applying the programme to their lives, participants reported increased kindness, gratitude, empathy, optimism, reflection and self-awareness, resilience, positive thinking, confidence, and happiness. Participants also reported a clearer sense of their own ability to make positive changes and to cope with challenges in their daily lives while realising their support system. These findings are consistent with the existing literature for positive psychology interventions for older people (Bar-Tur, 2021; Ho et al., 2014; Proyer et al., 2014; Ranzijn, 2002).

Domain 2 – Learning Approach Objectives

Findings from the pilot study, suggest that all learning approach objectives were achieved. This was assessed by analysing quantitative and qualitative responses in the Participant Post-programme Questionnaire and corroborated by feedback from facilitators in their ‘Weekly Reports’ and post-programme consultations. Participant responses showed clear signs of the empowering effects of the programme in terms of opportunities to draw upon and share their life-long experiences and that the programme was approached collaboratively, with a level of participant ownership. Additionally, participant responses suggest that the programme: 1) enabled them to play an active, problem-solving role while increasing their social engagement; 2) provided a vehicle for personal growth (participants feel more mentally and physically competent and independent, with increased life satisfaction and personal healing); 3) provided content and materials that had practical value in their daily lives; and 4) intrinsically motivated them and they intend to change their behaviours.

Responses from participants, in terms of their satisfaction with the programme, strikingly reflected the frameworks for older adult learning (Findsen, 2007; Formosa, 2012; Knowles, 1980). Participants overwhelmingly reported their enjoyment of the collaborative aspect of the programme and the connectedness of solving problems together and sharing their experiences while realising the wisdom they carry with them. The practical benefits of the programme were also commonly reported by the participants themselves and witnessed by the facilitators and the observer. The programme also reflected a critical geragogical approach (Creech & Hallam, 2015), whereby participants reported that the programme improved their sense of independence and provided physical, emotional, and cognitive benefits while acting as a vehicle for social growth.

Domain 3 – Feasibility Insights

Findings from the pilot study provided key feasibility insights in terms of finalising the national programme. These insights were gained across all evaluation methods (participant and facilitator feedback and observations of training and programme delivery). In summary, participants and

facilitators were overall extremely happy with the programme with minor suggestions for improvements, mostly in terms of adopting the single-session delivery format, simplifying PowerPoint presentations and other programme materials, and optimising the balance between delivering educational components and allowing the concepts to arise organically from participant discussions. Feedback from observations of delivery were also positive with very similar suggestions for improvement. The feasibility insights are discussed in detail in Part III of this report, which offers actionable recommendations in terms of finalising the national MYWB programme for older people in community settings.

Finally, it is important to highlight the need for upstream support for older people, particularly considering Ireland's ageing population (Sheehan & O'Sullivan, 2020; TILDA, 2020). Facilitators stressed the need for implementation support in terms of budgets and time and the urgency of addressing more fundamental challenges specific to socially isolated and vulnerable populations. Participants also acknowledged the need for a stronger commitment to social supports for older people. This echoes the call from the literature for long-term outcome measures and funding commitments (Barry, 2019; Goll et al., 2015; Hastings-Truelove et al., 2022; Kubansky et al., 2023; Sanyal & Dasgupta, 2021) and is emphasised in Ireland's National Positive Ageing Strategy (Department of Health, 2013).

Study Strengths and Limitations

The pilot programme was designed with strong adherence to established positive psychology theory and supported by the evidence base both in terms of the conceptual underpinnings of programme and older adult learning frameworks and best practice. Additionally, the motivation for the current pilot programme was the observed success in a preceding informal pilot and other well-received adaptations of the original MYWB.

While the number of participants in the pilot was sufficient to draw meaningful insights, particularly with regards to qualitative analysis, the robustness of statistical analysis is always proportionate to the amount of data. Recruitment was a challenge, considering the timing of implementation at the start of a new year, and the sample was particularly small at one location

which could have influenced the participants' experience and valuation of the programme. However, the literature suggests that these challenges are typical for this target population, thus the findings reflect the real-world experience and are valid. Additionally, the lead-up to the start of the pilot programme was slightly rushed and this may have affected the level of promotion, recruitment, and planning. Due to budgetary and logistical restraints, it was necessary at three sites to combine two sessions, which cut the programme duration in half, and although these insights are valuable, this did affect the programme.

A strength of the methodological approach was the triangulation of perspectives. Layering the experience of the participants with those of the facilitators and the observer provided a level of saturation producing overlapping findings that strengthened one-another. It is important to note that the purpose of the study was to focus on the feasibility of rolling out a national programme with preliminary insights into the potential impact or outcomes of a national programme. A comprehensive and robust evaluation will need to be designed to more appropriately assess these and to draw reliable conclusions about how the programme impacts participants.

Part III – Recommendations for Final Programme

Part III offers recommendations for finalising the MYWB programme for delivery to older people in community settings. It also offers recommendations to optimise successful scaling up and rolling out of the national programme. These recommendations are based on the findings from this study, and serves as a consolidation of the suggestions, insights and data from participants, facilitators, and the observer, as outlined in earlier chapters of this report. These recommendations are directly connected to Domain 3 (Feasibility Insights) of the evaluation plan, offered in Part I. They are grouped and presented in a logical order that matches the timeline of the programme, from promotion and recruitment all the way through evaluation.

Programme Promotion

The findings from the pilot study suggest that the MYWB programme is unique, valued and much needed in terms of improving both the mental and social wellbeing of older people in community settings.

The majority of participants in the pilot programme were women. Thus, special considerations should be made to engage older men. *Suggestion is to link with Men's Sheds or with facilitators of the MYWB for Men programme.*

The majority of participants were already engaged with the community centres or community organisations. Thus, special considerations should be made to engage hard-to reach populations. On the other hand, it was noted that the programme is beneficial even for those who are already engaged as they are still experiencing heightened challenges, such as bereavement and dealing with chronic illness. *Suggestion is to collaborate with Social Prescribing services, Community Development Officers or other link workers.*

The majority of participants are living alone, and this is an important population to reach. A small number of participants were in residential or sheltered living and considerations should be

made to engage this population. *Suggestion is to consider delivering the programme in assisted living communities.*

When creating promotional strategies for the programme, consider the insights offered by pilot programme participants in terms of their reasons for joining the programme:

- Health and personal growth reasons (e.g., to gain knowledge, skills and confidence).
- Help in coping with existing health conditions or bereavement.
- To meet people.
- To enjoy guided mindfulness practices.
- Note that participants commonly expressed that the decision to join the programme was challenging in-and-of itself and that they seem to have an aversion or fatigue of the term ‘mental health’.

Also consider participants’ most enjoyed aspects of the pilot programme:

- The social component and realising they are not alone in their challenges.
- The ‘safe place’ that the programme fostered where participants could share their life challenges and successes.
- The feeling of empowerment (courage, strength and confidence) and ability to make positive changes to their lives.
- The tools to create daily habits that improve their wellbeing.
- Note that some participants expressed discomfort offering next-of-kin information.

Recruitment

An information session to kick-off recruitment was reportedly extremely valuable both to ensure participants know what to expect from the programme and in terms of optimising recruitment.

Partnering with community organisations will organically optimise engagement opportunities, but the recruitment process should not be overlooked, and sufficient time and resources should be prioritised for this stage to build relationships and momentum.

It was suggested that the recruitment process should be more systematised (e.g., a guidance document).

Suggestions for recruitment approaches include:

<p>Targeted</p>	<ul style="list-style-type: none"> • Older Persons Forum • Older People’s Council • Community Partner Organisations
<p>HSE-based</p>	<ul style="list-style-type: none"> • Combining efforts and sharing contacts and established links with colleagues in other departments • Liaising with other HP&I Officers who may have established community contacts • Community Health Workers know the groups in their geographical area and have existing groups that they reach out to and have established relationships with.
<p>Establishing contacts & relationships with stakeholders:</p>	<ul style="list-style-type: none"> • Sites and facilities in the community. • A champion that works in one of the centres who is passionate about the programme and/or active in many of the groups. • Intersectoral community organisations with remit to support older people and/or social inclusion. • Social prescribing link workers, local development officers who work with target populations and who can liaise with community centres for the most appropriate facilities and offer insights into existing community groups. • Healthcare providers, GP surgery practice nurses & administrative staff. • Local stroke or other support groups. • Local authorities, County Council.

Materials	<ul style="list-style-type: none"> • Posters & flyers • Local newsletters • Community advertisements
Locations	<ul style="list-style-type: none"> • Local church • Parish centres • GP surgery notice boards • The canteen at the venue hub • Family Resource and other Community Centres • Local radio • Social media (Facebook) • Holding information stands and information flyers at community venues and in community settings.

Training Model

The data suggest that the existing training model adequately equips facilitators to deliver the programme. Facilitators reported feeling confident in their abilities and mostly organised and well-prepared. There were minor suggestions for improvement captured in feedback from facilitators and the observer:

- Older people can share personal and challenging experiences which can be very emotional or distressing. Consider emphasising this, with support, so that facilitators are prepared and the level of openness doesn't come as a shock.
- Consider explicitly addressing the practicalities of working with older people in terms of keeping them safe from hazards and preventing falls and consider the ratio of carer-to-participants with groups of higher need.
- Consider sign-posting supports for facilitators who may themselves need support to cope with what is shared with them or the fatigue that comes with holding space for others.

- Consider framing the programme to facilitators that they themselves have a lot to learn from the experiences of older people.
- Consider a stronger emphasis on and a systematic approach to signposting. Facilitators need to know available community supports (e.g., bereavement, social isolation, chronic illness etc.) and they should either be given a consolidated list of national and community supports or a mapping exercise should be undertaken as part of the training or lead-up to it. Social prescribers could be a valuable partner in this regard and at times the participants themselves are a great resource for community offerings and this sharing can be encouraged throughout the programme.
- Consider emphasising the older adult learning evidence base in terms of the importance and value of group sharing. Further to this, perhaps explicitly acknowledge the difficulty of balancing rich conversations (peer learning and sharing) with the need to cover the material in the PowerPoint slides.
- Facilitators could be reminded that this will become easier in time with familiarity of the programme but also consider facilitators may need more support/resources in terms of preparation time.
- The training should perhaps make it clearer that facilitators have a certain level of autonomy in terms of delivery choices and encourage them to use their discretion based on group preferences (some prefer more mindfulness practices, some prefer more group discussions etc.).
- Consider emphasising to facilitators the potential for discussions to overflow and strongly affect timing and that the learning style of older people is to slowly digest and reflect on the material. In general, it is important to know that everything will take longer than expected (e.g., arriving, breaking into smaller groups, processing scenarios etc.). Perhaps include tips on how to judge when to intervene respectfully and bring valuable discussions to a close and how to recognise and skip through information that has already emerged in conversation.
- Consider explicitly addressing how to respond when participants mention other relaxation techniques (e.g., EFT Tapping etc.).

- Consider providing examples of delivering relaxation practices so that facilitators are aware of the slow and gentle tone needed (when these are rushed, they create a sense of anxiety).
- Consider a reflective practice model: train, shadow/observe delivery, deliver their first programme with an experienced facilitator, with a plan for maintenance. If this is not feasible, consider an experienced HP&I Officer in a mentorship capacity.

Facilitator Background & Skills

Participant and observer feedback was that facilitators delivered the programme excellently while capturing the collaborative ethos of the programme. While it was agreed that facilitators felt confident in their capacity to manage groups, and community partners have the added benefit of knowing their target populations well, there were a few strong suggestions regarding the facilitation skills needed to successfully deliver the programme to older people:

- The ability to navigate sensitive disclosures is crucial. Participants will share their challenges including pain, bereavement, and loneliness, and facilitators need the skills to make participants feel heard, signpost to supports and respectfully move forward with the session.
- Dealing with a dominant person in the group, is of particular importance in the MYWB programme. Strong personalities that are negative can create group tension and carry the potential of negating the positive experience of the group that the programme strives to foster.
- While not practical to include in the MYWB training, there should likely be a pre-requisite for prior group management training and/or additional training around engaging with vulnerable populations. Some examples of helpful additional trainings that could partner with the MYWB training include: the 2-day Facilitation Skills course delivered by HSE staff, WRAP training, Mental Health First Aid training, suicide awareness training, SOS, ASSIST etc.

Programme Delivery Format

Facilitator and observer feedback strongly suggested that the combined sessions were too ambitious and did not seem to work. While participants did not state this specifically, the comparison of feedback from participants in single format sessions to those of the combined format suggested the latter were too repetitive and that sessions should be shorter with a longer programme duration. *Therefore, it is recommended that the programme should adopt a six-week duration with single-format sessions of at least two hours including the 'Tea and Chats' at the conclusion of each session.*

Community centre venues appeared to work better than hotels as participants seemed to feel more comfortable here, although they are typically less suitable for wheelchairs or rollators. In general, more space is needed for older people as they have more belongings such as walking aids, larger bags etc. Also consider the lighting, temperature, stuffiness (windows) of the room etc. and it is best to ask participants for feedback on these venue components.

One facilitator reported that the optimal number of participants seems to be 12. Very small groups require too many adaptations especially for group activities, and there are less opinions to draw upon for meaningful discussions.

Two facilitators are needed to deliver the programme. A second facilitator is needed not only to help with delivery, but also to help with mobility issues (e.g., opening doors or aiding a participant to the restroom while the other facilitator continues the programme etc.). It is important to note the degree of care needed for participants suffering from physical impairments, as more than two facilitators may be needed to ensure participant safety. Additionally, facilitators felt they need to be able to rely upon one-another, thus adequate training and competencies are crucial.

Programme Learning Approach

The learning approach was extremely well implemented by facilitators and received by participants. *When targeted to older people in community settings, a key component of the programme is the opportunity for participants to share their stories and experiences (beneficial to the person sharing and the other participants alike).*

The group activities underpinned by problem-solving (e.g., the case scenarios and brainstorming activities) seemed to foster the most valuable benefits both in terms of individual empowerment and social connection.

It is also extremely important for participants not to feel rushed but rather to feel heard.

Programme Structure/Major Components

The programme structure worked very well with only minor suggestions for improvements:

Welcome and recap: It is important not to underestimate the importance of reminding participants of previous sessions. Consider inviting participants to share their creativity with the group, the observer noticed at three separate locations that participants brought in poems, song lyrics or artwork to share with the group. Arrive with enough time to check that technical devices are working correctly.

Interactive learning: Consider reassessing the emphasis of the programme or reviewing it for opportunities to hold discussions/problem-solving exercises over PowerPoint slides (i.e., the educational piece vs coming together) as the former were observed to be the most engaging. It should be noted, however, that these changes should be slight, as the existing programme was indeed very well-received. Consider simplifying PowerPoint slides and avoiding repetition.

Group activities: Remember to listen intently, giving undivided attention to participants without being distracted with notes or PowerPoint slides. Consider socio-economic status when giving everyday examples of, for example, self-care. Consider emphasising to facilitators the importance of timing (suggestions on how to keep better time included a bell or singing bowl to bring groups back, simple methods of assigning groups and giving clear instructions prior to separating them).

Mindfulness activities: Participants suggested creating an ambience with lowered lighting, switching off the PowerPoint projector screen and soft music in the background; facilitators added to this by bringing a tablecloth, a battery-operated candle and flower vase. It is important to deliver relaxation exercises in a manner that is gentle, soft and slow. Consider emphasising that participants may not enjoy all exercises but can use the ones they are drawn to. Consider recommendations for free ‘apps’ (e.g., Insight Timer) as these suggestions were valued by participants.

Movement breaks: Consider Tai Chi or other embodied mindfulness techniques as these are well received. Consider mobility impairments as well so as not to leave anyone out (consider consulting Active Mobility Ireland or Cara for help if necessary).

Self-reflection worksheets: These are popular in some groups and not in others so facilitators should read the room and offer them as ‘homework’ rather than dedicating session time to them if necessary. Consider reviewing hand-outs and worksheets for page numbers, adding where necessary and double check the hand-outs match the activities of the session. Consider providing participants with a folder at the start of the programme that they can have their tools in one place; a visual display of their journey through the programme.

Closing & reflection: Consider emphasising to facilitators that it is key to keep linking the sessions to one another and to remind participants of the overlapping and intertwined nature of the session topics and how each fortifies the other.

Tea and chats: These are crucial for participants to socialise and digest the content of the session together. Try to ensure the refreshments will be reliably delivered as contracted.

Programme Content & Materials

The content and materials were very well-received. The discussion prompts all worked very well, and the everyday examples given to illustrate concepts were relevant and appreciated by participants. Facilitators appreciated the PowerPoint slides, but participants felt they could be simplified. The take-home worksheets that summarise the main session components were strongly valued by participants.

Consider thoroughly addressing hearing and vision impairments at the start of the programme. It may be useful to use microphones or to make a special effort to situate the participants closer to facilitators and the screen or printing out hard-copies of the PowerPoint slides.

Literacy levels did not appear to be an issue at any of the sites but should be considered as the case studies, worksheets and some of the other activities require the ability to read and write. It seemed to work best when facilitators pro-actively addressed literacy issues rather than wait for an issue to arise.

Consider including sexual wellbeing to make the programme more comprehensive.

Below are recommendations specific to each session.

Session 1 – Introductory Session

- Highlight to facilitators that this session is mostly about building trust and setting the tone for the rest of the programme and consider a stronger emphasis on the initial icebreaker as this sets the tone well.
- Consider mobility issues for the ‘Picture of Positive Health’ activity.

- Check in with participants about lighting and room temperature, windows.
- Consider more explicitly acknowledging the following:
 - The wisdom in the room (how the participants themselves are a great source of knowledge and learning)
 - Participants commonly expressed that the decision to join the programme was challenging in-and-of itself.
 - Participants expressed an aversion or fatigue of the term ‘mental health’.

Session 2 – Minding Ourselves

- Highlight to facilitators that the timing of this session is of particular concern as participants are typically very engaged.
- Review PowerPoint slides for repetition (e.g., the 5-minute self-care ideas brainstorm may be combined with another activity and the barriers and solutions could be combined).
- Consider the box breathing exercise as it can be challenging for some.
- Consider addressing sleep hygiene more thoroughly as this is an issue for older people.
- Consider adding that avoiding social isolation and integrating more socially is a form of minding ourselves.
- Note that learning about the self-care practices of others was particularly valued by participants.
- Note that the laminates to prompt self-care discussions were deemed unnecessary by one location.

Session 3 – Understanding Our Thoughts

- Remind facilitators that the scenario group activities stimulate great discussions where participants explore each other’s insights and learnings and to leave space for this but also reign it in when needed. Consider displaying the slide with the Thinking Trap examples during the scenario activity so participants can refer to it.
- Consider simplifying the Four Steps Process or converting it to a group discussion.

- Review slides for flow as one facilitator felt they didn't flow well.
- Consider explicitly connecting this session to improving social relationships (knowing that everyone processes thoughts differently can lead to compassion and better understanding).
- Consider adding a piece about neuroplasticity and how people can change at any stage in the life course.
- Other everyday examples that can be used in this session are 'fear of leaving home after a stroke' or 'fear of leaving the house without their walker'.

Session 4 – Exploring Our Emotions

- The timing of this session is of particular concern as the 'Sharing Memories of Positive Experiences with Others' can initiate sensitive sharing, and this can't be rushed. Consider making this an exercise for the larger group to do altogether (it was observed that even though participants shared in their small groups, they ended up sharing again in the larger group again).
- It was mentioned that at this point in the programme relationships have developed and this can make the group susceptible to side conversations; it may be helpful during the movement break to encourage participants to sit beside someone they haven't yet spoken to.
- The 'Five Finger Breathing' exercise is very well received but it is important to consider that it can be difficult for participants who have coordination issues (e.g., those who have suffered a stroke) and can be fatiguing (some participants preferred to rest their arm rather than hold it out forward).

Session 5 – Building Positive Relationships

- Consider the impact of this session on isolated or lonely populations. One facilitator suggested that future implementors should have signposting or suggestions on social inclusion to mitigate this distress and ensure that the participants aren't going home to an empty home after this session, ruminating about the difficulty of social isolation. A

suggestion to help with digital isolation was to sign-post to local IT training to help engage loved ones and the community on social media).

- Review material to ensure that there are enough discussion opportunities as this session is key to achieving the aims of the programme and addressing social isolation.
- Reconsider the use of the ‘Guided Drawing’ activity as it takes a lot of time, and the case study group activity should be prioritised. If using the drawing activity, ensure the images are printed on hard stock and not see-through.
- Consider shortening the ‘Loving Kindness’ meditation if time is constrained.
- One facilitator suggested bringing this session earlier on in the programme as it is particularly effective at creating bonds.

Session 6 – Improving Our Resilience

- Review participant hand-outs and ensure they match the activities offered in this session.
- Consider offering Certificates of Completion.
- Consider emphasising the role that resilience plays in staying independent and having a sense of control or freedom.
- It is key to emphasise where to go from here to avoid the unintentional harm where participants now understand the importance of mental wellbeing but lack the support to do anything about it:
 - Be diligent about mapping other programmes and local or online mindfulness classes to link participants to resources.
 - Consider continuation of programme such as monthly meet-ups.
 - Consider having a mini ‘health fair’ at the final session or as a seventh session, bringing in social prescribers, community development officers, local authorities, and other community organisations with overlapping interests in older populations, social isolation, chronic disease, physical impairment etc.

Participant Engagement

Participants were extremely engaged during the programme, however there were difficulties with initial recruitment. Suggestions were provided earlier to address this challenge.

It is important to remain realistic in terms of attendance and attrition rates with this target audience as older people tend to experience more illness and medical appointments. These are important considerations both in terms of expectations for future programme delivery and development of evaluation.

Engaging the loneliest older people is challenging. *Facilitators are confident that momentum will grow with word of mouth from previous participants, strategic programme promotion and recruitment (discussed above) and partnership with link workers.* On the other hand, the programme is valuable even for older people who are motivated and engaged (i.e., not the loneliest) as the programme helps participants address challenging issues true to all subpopulations at this stage of the life cycle (such as bereavement, chronic illness, and self-identity post retirement). In other words, the programme is actually valuable to all older people.

Some considerations when selecting a timeframe for programme delivery include:

- It is best to avoid wetter and colder seasons as older people are less engaged at these times and transport is also a challenge.
- It is best to avoid times of added pressure; community partners may have times of heavy commitments, school times may make it difficult to book transport etc.
- It may take older persons longer to travel to programme venues so it is important not to schedule the timeslot too early.
- Consider bank holidays as these can significantly affect the routine of attending the programme.

Additional Influencing Factors

Transport is of particular concern for rural or immobile older people, who are the loneliest and in greatest need of the programme. Thus, this is a crucial upstream consideration for the national roll-out of the programme. *When considering transport, note times of higher pressure such as the school year and seasonal weather.*

Participants (and indeed facilitators) find it difficult to know when programmes are being delivered in the community. *Strong partnership with social prescribers, community development officers, other community organisations with overlapping remit or local authorities would be helpful in this regard. One location held a mini ‘health fair’ after the final session where they invited local social prescribers and community organisations to share information about their services.*

Older people in community settings need a great deal more support during the programme. They are a vulnerable population and even though the MYWB programme promotes a positive approach to mental wellbeing, the topics can trigger sensitive emotions and memories. Additionally, older people need more support during recruitment and more check-ins during the programme, particularly after a sensitive disclosure or if they miss a class. *Extra administrative resources and time are needed to help support facilitators in this regard.*

Consider designing a white paper that outlines the physiological benefits of programme components (e.g., breathing exercises help lower blood pressure etc.).

Facilitator Instruction Manual & Resource Booklet

The existing manual was reported by facilitators, particularly those with less experience, as valuable, particularly the instructions, checklists, and ‘at-a-glance’ sheets.

Consider redesigning the manual to better portray the core session directives versus those that are optional. Consider singling out optional activities for facilitators to include at their discretion, considering the nature and preferences of the groups they are delivering the programme to.

At times, facilitators found it difficult to collate the materials for each session. Thus, a resource booklet should be part of the preparatory materials. *It was suggested that a ring binder would be the handiest way to keep the materials all in one place (e.g., the case study hand-outs and other laminates, the mindfulness practice scripts, the photo pack etc.). Consider creating this ring binder during the training and adding a section under each week for facilitators to take down notes that will help them the in future sessions or in future programmes.*

The facilitator instruction manual should be updated to include any changes adopted based on the recommendations of this report.

The Role of the Community Organisation

Community organisations played a key role in implementation of the pilot programme particularly in terms of recruitment of venues and participants and setting the tone for the programme from the outset. Their existing relationships with the target population and their intimate knowledge of the local ecosystem optimises many programme coordination efforts as well as engagement of participants. They do, however, have the challenge of budget and resource constraints and sometimes subsist with the input of volunteers. Additionally, while most community organisation employees with remit across vulnerable populations will have undergone training to engage with these populations, employees are less likely to have specific training in mental health or backgrounds in psychology or other health-based disciplines, which does appear to add a richness to facilitation of the programme.

Considerations for Programme Governance

In terms of **governance** of the national programme, it is necessary for the HSE to remain involved in supporting the delivery of the programme. This will help ensure the maintenance of quality and sustainability of the programme, mitigating the potential for ‘mission drift.’

Suggestions are to incorporate a systemised plan for continued maintenance of training credentials or a method of monitoring implementation of the programme in community settings to ensure delivery and messages have stayed on track.

There are also economic reasons for the programme to remain within the aegis of the HSE. Community partners mentioned they would not have been able to implement the pilot programme without access to HSE discounted rates for venues and refreshments. Additionally, community partners have limited access to resources such as laminating machines and colour printers etc. with limited budget for markers, flip charts and the other supplies needed to deliver the programme. *Community Partners will need sufficient budgets and posts to ensure the programme quality is maintained and to optimise sustainability of the programme.*

In terms of **training** MYWB community partner facilitators, a reflective practice model is recommended. This would necessitate significant input from the HSE at the outset. Such a model would include a HSE delivered Train the Trainers for community facilitators, new trainers then ‘sitting in’ on the delivery of the programme prior to then delivering their first programme, alongside an experienced facilitator.

In terms of optimising programme **implementation**, suggestions are to create support networks or working groups for facilitators to share experiences, trouble-shoot challenges or mentor one another. These support groups can be within and across multiple community organisations and the HSE would not need to play a part in this coordination.

Transport is crucial for equitable success of the programme and to engage the older people with the most need for the programme. This upstream challenge should be prioritised in strategic and

financial considerations. *Suggestions are to link with community bus services or to engage the private or commercial sector for collaboration.*

Additional suggestions to mitigate the financial responsibility and ‘free up’ resources include:

- Linking with community partners in other sectors with overlapping interests. For example, of the two facilitators, one could be a representative of older people and another a representative of rural inclusion or disability. This has the added benefit of ensuring programme suitability, considering the heterogeneous nature of the older population.
- Mapping other national programmes to partner with, such as the Social Prescribing service.
- Generating stakeholder interest by mapping the key stakeholders and proactively generating engagement such as online information sessions to outline the plan for the national roll-out. Framing these efforts as an invitation for stakeholders to part of something important rather than asking for their assistance creates a more optimal dynamic.
- Engaging stakeholders within the local ecosystem to help drive the programme (e.g., local SICAPs, Irish Local Development Networks, Pobal, local Healthy Ireland Coordinators etc.).

Programme Sustainability

Community partners were confident that the MYWB programme could be embedded into their organisation activities provided they obtained sufficient funding and stewardship by the HSE. It is suggested that deeper conversations with decision-makers in the community organisation are likely needed in order to generate commitment.

Engaging Social Prescribing services and other community health workers can also add to the sustainability of the programme while playing a crucial role in helping participants become aware of their local supports (this need was indeed expressed by both participants and facilitators).

It should be noted that there was a clear need expressed by both participants and facilitators for post-programme supports. This is key not only for programme sustainability but for participants to sustain the knowledge and tools imparted by the programme as part of their daily lives. Furthermore, these continued supports provide an opportunity for participants, a designated priority group, to feel socially included and connected. These monthly gatherings could potentially be linked with volunteering or other pro-social activities which, evidence suggests, carries benefits for participants and society and could have implications for programme sustainability. It is important to note that the benefit of partnering with community organisations is that they could offer such ongoing support or additional activities, in addition to their role in delivering the MYWB programme.

Finally, once the programme has gained momentum and the benefits have been demonstrated in terms of the individual level (increased mental and social wellbeing of participants), the community level-(strengthened and more cohesive communities for older people) and the broader societal level (in terms of improved population health and wellbeing and reduced economic costs of social isolation and poor mental wellbeing), funding will be more effectively justified, and stakeholders will be more likely to engage. *For this reason, a comprehensive and rigorous evaluation plan, to assess both short-term programme impacts and long-term outcomes, is important.*

Considerations for Evaluation of the National Programme

It will be crucial to develop a comprehensive and robust evaluation plan to assess the success of the national programme. Sound evaluation will ensure the programme is beneficial to participants in the short- and long-term (enhancing both their daily lives and their social and mental wellbeing). Positive findings, as found in this pilot programme, will also provide justification for more efficient and continued resources while contributing to the sustainability of the national programme. A robust process evaluation will ensure the programme is continually refined to better suit participant preferences and contexts while ensuring it is implemented

effectively and economically. *Thus, it is recommended that a comprehensive evaluation plan is developed that encompasses assessment of short-term or immediate impacts of the programme, longer-term outcomes and the process of programme implementation.*

Development of the evaluation plan with specific markers in each of these domains is beyond the scope of the current study, however, the groundwork is proposed below. A logic model for the national programme, encapsulating the relevant recommendations from this study, is provided as Figure 4, and can inform the strategy for the future roll-out of the national programme.

Short-term impacts of the programme

The immediate impact of the programme should be assessed according to the objectives of the programme and in-line with older adult learning frameworks and the positive psychology evidence base. Suggested markers include:

1. Improvements in participant understanding.

- Increased understanding of what is meant by ‘positive mental wellbeing’.
- Increased understanding of the benefits of good mental wellbeing.
- Increased understanding of strategies to strengthen mental wellbeing through self-care, self-awareness and social engagement.

2. Improved participant self-awareness.

- Increased awareness of mental wellbeing.
- Increased ability to identify personal strengths.
- Increased awareness of personal strategies and practices to increase mental wellbeing and life satisfaction.

3. Improved participant self-management.

- Improved ability to manage thoughts effectively.
- Improved ability to manage emotions effectively.
- Increased ability to cope with stress and challenging situations.

- Improved perception of independence.
- Improved markers of mental wellbeing:
 - Positive emotion (e.g., kindness, kindness, empathy, gratitude, optimism)
 - Engagement (e.g., self-esteem, confidence, recognising character strengths)
 - Relationships (fostering social connectedness and improving relationships to feel supported, loved and valued by others)
 - Meaning/purpose (finding a sense of value and purpose and belonging to or serving a higher cause e.g., through volunteering, spiritual beliefs, social or political causes, helping others etc.)
 - Feeling of accomplishment (e.g., self-motivation, sense of pride, personal growth and achievement of goals)

4. Improved participant social awareness.

- Improved perceptions of connectedness and peer support.
- Increased awareness of the feelings of others.

5. Improved participant social engagement.

- Increased ability to identify and seek helpful social support.
- Experience less loneliness.
- Increased awareness of online, national and local support services.

6. Improved application of programme tools and skills.

- Increase in skills and tools to navigate daily life.
- Intention to change behaviours toward supporting positive mental wellbeing.

Process Evaluation

Process evaluation should be similar to the post-programme questionnaire developed for use in the current study (Appendix 3). In summary, key domains to address include:

Programme Content

- Were the materials and content relevant and relatable to participants (including everyday examples given by facilitators) and were participants able to relate personally to the content of the programme?
- Were the utility and design of materials, content, learning approaches and delivery formats suitable to participants (literacy levels, comprehensibility of concepts, optimal programme schedule/timeline, organisation & appeal of worksheets & PowerPoints etc.)?
- Was the overall programme structure successful (guided discussions & role of PowerPoint, group work, mindfulness practices, minding moments, movement breaks, worksheets, tea & chats)?
- Were participants engaged and what were attrition rates? If not, are there any upstream (e.g., transport, venue accessibility etc.) or other supports that could help?

Programme Benefits

- Was the programme successful in terms of building skills and knowledge to support mental wellbeing and do participants feel confident in their ability to build these into their lives?
- Did the programme provide an opportunity for social connection?

Programme Delivery

- Participant perspectives on how the programme was delivered (e.g., confidently, well-prepared, engaged, allowing for participation and discussion, provided everyday examples etc.)
- Facilitator Perspectives:
 - Were there any additional influencing factors (e.g., participant demographics, programme location, venue, delivery format etc.)?
 - Were there any challenges or helpful supports in recruitment of participants and a venue?
 - Were the training and preparatory materials sufficient (i.e., readiness insights) and did they feel supported during implementation (e.g., effective collaboration with HSE staff)?

- Suggested improvements from the perspective of participants and facilitators (including, is this programme useful; is it fulfilling a need)?

Overall Programme Satisfaction

- What did participants most enjoy and least enjoy about the programme?
- Participant rating of the programme and if they would recommend it.
- Any additional comments or suggestions for improving the programme.

Additionally, if networks are created by community organisations to share ideas and troubleshoot challenges (as recommended in this study) during delivery, these discussions could be documented and used for programme refinement. Likewise, debrief discussions among implementors directly after delivery of the programme could offer helpful insights to streamline and improve future implementation.

Long-term Outcomes

The national programme should also be assessed in terms of its lasting effects. Suggested markers include:

1. Re-assessment of short-term impacts.

- Administer a version of the post-programme questionnaire up to 12 months post-programme to assess how long positive effects are maintained after the programme has ended.

2. Improved mental health and wellbeing.

- Administer an evidence-based scale such as the Warwick-Edinburgh Mental Wellbeing Scale (WEMWEBS), the Energy and Vitality Index (EVI) and/or the WHO-5 Wellbeing Index (WHO-5).

3. Decrease in mental health problems.

- Administer a short scale measuring psychological distress such as depression and anxiety.

4. Increased coping efficacy.

- Incorporate markers of perceived stress and self-reported stress management.

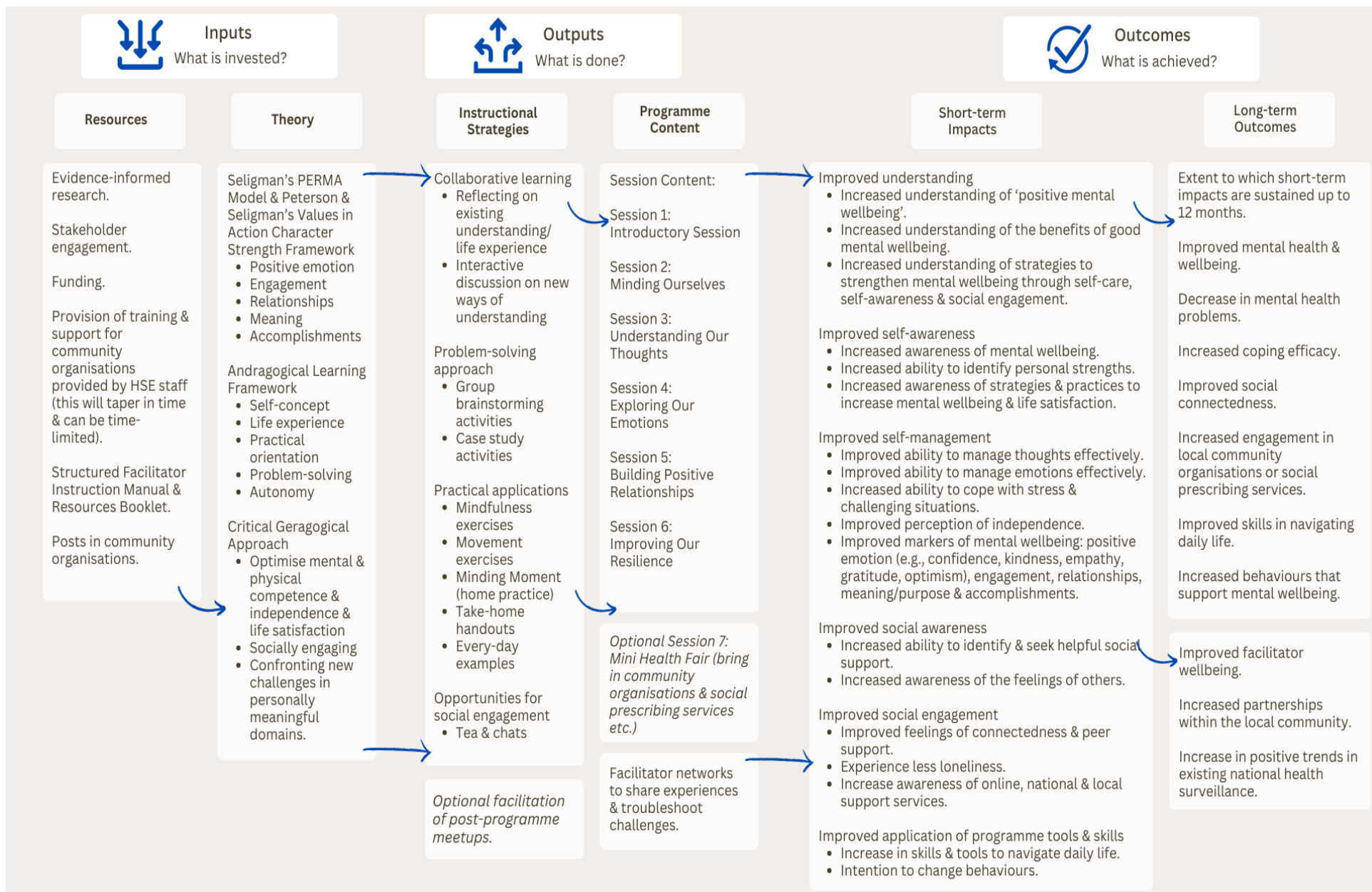
5. Improved social connectedness.

- Review social connectedness and loneliness questions used in national studies (e.g., the Healthy Ireland Survey [2021], the Irish Longitudinal Study on Ageing [TILDA] [2019], and the Healthy Aging Research project [2004]).
- Increased participation in community activities (self-reported and/or increased engagement with social prescribing services).

Additional interesting areas to assess would be improved facilitator wellbeing and increased partnerships within the community. Facilitators are exposed to the same life-enhancing content and activities as their participants and, just as older people seem to benefit profoundly from ‘the wisdom in the room,’ as one facilitator expressed, **facilitators themselves may benefit** from this wisdom inter-generationally. As the programme gains traction across sectors in terms of recruiting community-based facilitators, and by mobilising social prescribing services along with more strategic programme sign posting efforts (all three are recommendations in this study) it could be interesting to assess a **community strengthening component**, such as social or community empowerment or other indicators of increased intersectoral community partnerships or a more harmonious local social ecosystem.

Finally, if programme wellbeing markers align with similar markers in existing national health surveillance efforts, such as the Healthy Ireland survey and the forthcoming National Well-being Framework, **shifts in health trends in older people** could indicate the success of strategic national efforts to influence these trends, implicating the long-term effect of the Minding Your Wellbeing programme at a population level.

Figure 4 – Logic Model for Development of the MYWB National Programme for Older People in Community Settings.



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Appendix 1 – Semi-structured Interview Protocol to Guide Roundtable Discussion

HSE Minding Your Wellbeing Programme

Consultation with implementors of an adapted programme

Questions to start the conversation

Q1. What has been your experience of delivering Minding Your Wellbeing so far?

- Introductions - Tell us about your involvement with the programme, when you were trained, which programmes you've delivered and how many programmes you've delivered to date, etc.
- Tell us about your experience of implementing the standard Minding your Wellbeing programme and particularly your experience of implementing the adapted programme for older people.
- What do you think worked well?
- What do you think didn't work well?

Q2. How well do you feel you delivered the programme?

- How prepared did you feel?
- How confident were you in your ability to deliver the adapted programme content?

Q3. What were the biggest challenges, if any, that you faced while delivering the programme to older people?

- Do you have any suggestions for addressing these challenges?

Supports

Q4. How supported did you feel delivering this programme?

- Was there a programme manual and preparatory materials, booklets or resources (e.g. Power points, videos, handouts etc.)? If yes, were these easy to use?
 - Were you provided with all the required resources?

- Do you think the programme materials fit within the context of the participants (older people)? Why/why not?
- Did you feel the Minding Your Wellbeing facilitator training adequately equipped you to deliver the programme?
 - Were you happy with the guidance offered in the training and preparation materials?
 - Do you have any insights on improving the training aspect?
 - If a participant were to disclose mental health problems to you during the programme, do you feel confident in your ability to navigate the situation? Is this a topic that should be addressed during the training?
- Do you have any suggestions in terms of what additional supports you could benefit from in running or adapting the programme? (e.g. more training provided, additional preparation guidance or materials for implementation, additional resources for participants etc.)

Implementation Insights

Q5. What were your strategies regarding recruitment of participants? (e.g., did you work with community partners; was there an open call? etc.)

- How well do you feel this strategy worked?
- Do you have any suggestions on how to improve recruitment or engagement of participants?
- Were there any specific exclusion or inclusion criteria offered to you in terms of recruiting participants? Would this type of detail be helpful?

Q6. What factors impacted the success of this programme?

- What factors positively facilitated implementation of the programme for older people?
- What factors acted as barriers to the success of the programme for older people?

Think about

- Programme materials

- Person delivering (e.g., How important is having formal Health Promotion background and expertise? How important is it for the facilitator to be embedded within the community? etc.)
- People participating (older people)
- The context within which it is delivered (physical and psychosocial factors)
- Wider external factors (e.g., policy, community/local support, unexpected events, environmental factors etc.)

Q7. What do you think other implementors need to consider before implementing this programme with older people in the community?

Adaptation Insights

Q8. Is it clear to you which messages are ‘core’ or essential to the success of the programme?

- Is it clear to you which parts of the content require strict fidelity versus parts that can be more fluid or part of an adaptive or conversational approach?
- Which learning approaches or delivery strategies worked best with older people to convey the messages of the programme? (e.g., did participants respond best to: activities, interactive discussions, building connections or PowerPoint slides, etc?)

Q9. Tell us about the adaptations made to the programme when delivering it to older people.

- If applicable, compare and contrast your experience of delivering the standard programme versus the experience of delivering the programme adapted for older people.
- Did you feel it was easy to adapt?
- Did your planned adaptations work well during implementation? Did any planned adaptations not work well?
- What content or activities were well received by the older people participating? Was anything negatively received? Do you have any insights/views as to why this was the case?

Q10. Based on your experience implementing the adapted programme, do you have any additional insights or suggestions on what future implementors should consider when adapting the programme for delivery with older people?

Think about

- Facilitator characteristics and programme training
- Preparation in use of programme materials and guidance
- Implementation and delivery
- Content and instructional/learning approaches
- Recruitment of participants
- Opportunities to collaborate with new community partners

Closing questions

- Do you have any additional final feedback on the programme? Any additional suggestions that weren't covered?
- Do you have any questions for the team regarding the programme?

Appendix 2 – Minding Your Wellbeing

Pre-programme Participant Questionnaire

We are very happy that you'll be joining us in the Minding Your Wellbeing programme! We'd love to know your thoughts about the area of mental wellbeing before you start the programme. Please answer the following questions.

1. Why did you decide to join the Minding Your Wellbeing programme?

2. Have you previously participated in similar programmes, such as mindfulness or meditation etc.?

3. Please answer honestly and indicate how well you agree with the following statements:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I know what is meant by “positive mental wellbeing.”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of the benefits of supporting and improving my mental wellbeing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of the benefits of positive self-care practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident that I can build habits into my life that support my mental wellbeing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel socially connected and engaged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have always been interested in exploring how I can support my mental wellbeing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What do you hope to gain from this programme?

Thank you for participating in this study!

Appendix 3 – Minding Your Wellbeing Post-programme Participant Questionnaire

Congratulations on completing the Minding Your Wellbeing programme! We'd love to hear your feedback. Please answer each of the following questions, choosing the response that best matches your experience.

1. Please tick all of the sessions that you remember being present for:

Session 1: Introductory Session	<input type="checkbox"/>
Session 2: Minding Ourselves	<input type="checkbox"/>
Session 3: Understanding Our Thoughts	<input type="checkbox"/>
Session 4: Exploring Our Emotions	<input type="checkbox"/>
Session 5: Building Positive Relationships	<input type="checkbox"/>
Session 6: Building Our Resilience	<input type="checkbox"/>

2. How would you rate your overall experience of the Minding Your Wellbeing programme?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Poor	Poor	Neither Poor nor Good	Good	Very Good

Section 1: Programme Content

3. The programme content was relevant for me.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

4. I found the sessions in the programme useful.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

5. The sessions in the programme were interesting.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

6. The content of the programme sessions was easy to understand.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

7. I felt comfortable participating in the discussions and activities.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

8. I liked the look of the materials (e.g., the presentation slides and handouts etc.).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

9. Please indicate how you felt about the following aspects of the programme:

	Very unhelpful	Unhelpful	Neither helpful nor unhelpful	Helpful	Very helpful
Participating in the group activities and small group discussions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the self-reflection worksheets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The mindfulness practices (e.g., the breathing exercises and meditations).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Minding Moments (home practices).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The use of the presentation slides.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Programme Benefits

10. I feel the programme has given me the skills and knowledge to support and improve my mental wellbeing (e.g., through self-care, mindfulness gratitude and positive thinking).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

11. I feel confident that I can build habits into my life using the skills and knowledge I've learned during the programme.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

12. Have you been able to apply anything you have learned in the Minding Your Wellbeing programme to your own daily life? (If yes, please give at least one example below)

Yes

No

Please give an example:

13. Please indicate how well you agree with the following statements:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I know what is meant by “positive mental wellbeing.”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of the benefits of supporting and improving my mental wellbeing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of the benefits of positive self-care practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident that I can build habits into my life that support my mental wellbeing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel socially connected and engaged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am interested in exploring further how I can support my mental wellbeing, beyond the Minding Your Wellbeing programme.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Programme Delivery

14. Please rate from 1 (poor) to 10 (excellent) how well your facilitators delivered the Minding Your Wellbeing programme?
(Circle One)

1 2 3 4 5 6 7 8 9 10

Poor

Excellent

15. Please rate how well you agree with the following statements:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
The programme sessions were well-prepared and organised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The sessions enabled me to feel enthusiastic about the topic being discussed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The sessions allowed for participation and discussion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt engaged and interested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The sessions included everyday examples which were easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The sessions were facilitated with confidence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Overall Programme

16. Would you recommend the Minding Your Wellbeing programme to others?

Yes

No

17. What did you like most about taking part in the Minding Your Wellbeing programme?

18. Was there anything that you did not like about taking part in the Minding Your Wellbeing programme?

19. How would you rate the Minding Your Wellbeing programme overall? (Circle one)

1 2 3 4 5 6 7 8 9 10

Poor

Excellent

Please explain your answer.

20. Do you have any additional comments or suggestions for improving the Minding Your Wellbeing programme? (E.g. content, activities, schedule, venue etc.)

Thank you for participating in this study!

Appendix 4a

Participant Information Sheet

Minding Your Wellbeing Pilot Programme for Older Adults

What is the Minding your Wellbeing (MYWB) Programme?

MYWB is an evidence-informed programme that aims to promote people's positive mental health and wellbeing. It was first delivered in 2015 to staff at the Health Service Executive (HSE).

The programme consists of the following sessions:

- Minding Ourselves
- Understanding Our Thoughts
- Exploring Our Emotions
- Building Positive Relationships
- Improving Our Resilience

What is the purpose of this Pilot Programme?

The HSE is currently working with the University of Galway to adapt the MYWB programme for delivery in the community setting with older adults. The core of the programme will remain the same, but it's important that the programme is appropriate for older adults. As such, we are carrying out a trial run of the programme so that we can make sure the *final* adapted programme is relevant, relatable, and useful for older adults. This is why your participation and feedback are so important.

What is my role?

We are inviting you to attend the sessions of the programme and offer your honest feedback on the content, materials and delivery. These are the ways we'll collect your feedback:

- Your programme facilitators will guide a brief group discussion at the end of each session, and they will take notes of the key ideas mentioned (you are not required to say anything unless you would like to share your experience).
- You will be asked to fill out a short questionnaire at the beginning and at the end of the programme which will ask about your experience of participating in the programme and your views on the content, delivery and programme benefits. We will record all the responses received but no individual names will be identified.
- On one occasion, a researcher may join a session so that they can see how the programme unfolds when it is being delivered in the community.

We won't record your name or personal details in any of the above feedback. We'll use your anonymous responses to guide us in making the necessary changes to the final version of the programme. You will be free to withdraw from the study at any time. The decision to take part is completely voluntary, but we hope that as many participants as possible will agree to be involved as the findings will help to support the future delivery of the programme.

Contact Information

If you have any questions about your involvement, please don't hesitate to contact your facilitator or the researcher, Tosca Keppler, at tosca.keppler@universityofgalway.ie

Appendix 4b
Participant Consent Form
Minding Your Wellbeing Pilot Programme for Older
Adults

Thank you kindly for participating in the Minding Your Wellbeing Pilot Programme for Older Adults.

The statements below serve as confirmation of your acknowledgement and understanding of your involvement and your consent to participate in the pilot study.

- I have received and read the Participant Information Sheet.
- I understand my involvement as a participant in the pilot programme.
- I understand my involvement is voluntary.
- I understand that all data collected will be anonymous.
- I understand that all data collected will be limited to this study.
- I know who to contact should I need clarification on any aspect of the study.

By signing below, I acknowledge that I have read and understand the above information.

Participant
Signature _____ Date _____

Appendix 5 – Facilitator Information Sheet and Consent Form

Minding your Wellbeing Programme

Minding Your Wellbeing programme (MYWB) is an evidence-informed initiative that aims to promote people's positive mental health and wellbeing through positive psychology, self-care and resilience building. The programme is currently delivered by Health Promotion and Improvement (HP&I) Officers to HSE staff.

This practical programme consists of a set of core modules that are offered either as a full day programme or a series of workshops delivered over five weeks. Core modules include the following focus areas:

- Minding Ourselves
- Understanding Our Thoughts
- Exploring Emotions
- Building Positive Relationships
- Improving Our Resilience

Minding your Wellbeing Programme for Older People: Pilot Study

The HSE is currently working with the University of Galway (Prof Margaret Barry and Tosca Keppler) on the adaptation of the programme for delivery in the community setting with older people. Final edits are being made to the content and a pilot study of the programme will be carried out from January 2024.

For the pilot study, the programme will be delivered by a Health Promotion and Improvement Officer and a Community Facilitator that currently works with older people (referred to as Facilitators throughout this document). We have recruited seven sites across CHO 3, 5, 7 and 9 who have agreed to take part in this pilot study. Community facilitators include Alone, Family Resource Centre, Befriending service and local community centre / day centre. In December, HP&I Officers will meet with their community partner in advance of the training for trainers.

Training for Trainers

Training in the delivery of the programme to older people will take place in January. The dates for the **training are 9th January (10-3:30pm) 16th January (10-3:30pm)**. The training will take place in the HSE Health and Wellbeing office in Capel Street. Capel Street is very accessible using public transport (Red line Luas from Heuston Station to Jervis). Tea/Coffee and scones and lunch will be provided as part of the training. The programme manual will be provided to facilitators on 9th January.

Delivery of Programme

Following completion of the training, the programme will be delivered to older people in the community. Ideally the programme should be scheduled for delivery over a six week period starting **no later than 5th February 2024**. The programme will be delivered for 2 hours on a weekly basis.

Recruitment of Participants

Community facilitators are asked to work with their co-facilitator (Health Promotion and Improvement Officer) to recruit 12-15 participants (aged 65+) interested in receiving the programme. A flyer about the programme, location, time etc) will be provided by the Health Promotion and Improvement officer to facilitate recruitment.

Venue

Community facilitators are asked to work with their co-facilitator (Health Promotion and Improvement Officer) to secure a venue for delivery of the programme locally.

Feasibility Study

Researchers from the Health Promotion Research Centre at the University of Galway are conducting a feasibility study on the process of delivering the Minding Your Wellbeing programme with older people in community settings. The purpose of this research is to understand the suitability of the programme for delivery with older people. The research team will also examine the suitability and quality of the training to enable programme delivery. Findings from the pilot programme will include insights from both participants (older people) and facilitators. These insights will inform refinements to the programme and training to ensure that the programme content and activities are suitable and relatable to older persons.

What will be asked of facilitators and participants as part of the feasibility study?

Training for Trainers

A researcher will meet with facilitators at the training days in Dublin (9th and 16th January). The researcher will provide facilitators with an information sheet about the research and consent will be sought to: (i) take part in the pilot study; (ii) have the researcher observe the training days; (iii) have the researcher observe one of the sessions during programme delivery; (iv) participate in an online debrief meeting upon completion of programme delivery.

Observation of Programme Delivery

There will be seven programmes being delivered concurrently across four CHOs. The researcher will observe the delivery of one session per week at various programme locations. This will not include the Introductory session, where facilitators and participants are getting familiar with one another. The researcher will only visit locations where facilitators feel comfortable and locations will be finalised after the Training for Trainers session. The purpose of observation is solely to gain an understanding of the dynamics of delivery and is in no way a critique of the facilitators. The lessons learned from the pilot observations will inform refinements to the content, materials, and activities of the Minding Your Wellbeing programme to optimise suitability for older people and to ensure that the programme training materials are helpful for future facilitators.

Feedback on Programme Delivery

The feasibility study will take place throughout the delivery of the pilot and will consist of two aspects: insights from the participants and insights from facilitators.

Participants: At the end of *each* session, during Closing and Reflection, facilitators will be asked to gain insights from participants about the session – anything in particular they liked / didn't like (a specific prompt guide will be provided during the Training for Trainers). Facilitators will be asked to note these comments down.

At the end of the final session, facilitators are asked to host a longer Closing and Reflection discussion where additional insights are gained from participants on the programme as a whole (a specific prompt guide will be provided during the Training for Trainers).

You are asked to distribute a pre-programme questionnaire for participants to complete at the first session. An addressed, postage-paid envelope will be provided for you to collect and send these questionnaires to the researchers. The same process will occur at the final session where you are asked to distribute and collect a post-programme questionnaire. No identifying data will be collected from participants by the University of Galway and participation will be voluntary.

Facilitators: At the end of each session, facilitators will be asked to complete a short online report sheet that captures key insights (what worked well, any challenges encountered, participant engagement etc.) from delivery of that session, as well as the insights gained during their Closing and Reflection session (see above). This can be completed and submitted online each week.

Additionally, one consultation with facilitators will take place at the end of delivery of the pilot. This consultation is anticipated to occur online where facilitators will have an opportunity to share their experiences of delivering the programme with older people and any insights regarding needed changes or improvements. The researcher will facilitate the discussions and it will be recorded for the purpose of note taking.

All study methods will be presented and discussed, with opportunities for questions and clarifications at the Training for Trainers session in early January.

After the Pilot Study

Findings from the pilot will inform will shape the final version of the programme to be delivered to older people in the community. An online Dissemination of Findings workshop will be held for all those involved in the pilot study with key findings from the study presented.

Contact Information

If you have any questions about your involvement, please don't hesitate to contact your HSE co-facilitator or the researcher, Tosca Keppler at tosca.keppler@universityofgalway.ie

Consent Form for Community Partner Facilitators of the Minding Your Wellbeing Pilot Programme for Older People

Thank you kindly for participating as a Facilitator in the Minding Your Wellbeing Pilot Programme for Older People.

The statements below serve as confirmation of your acknowledgement and understanding of your involvement and your consent to participate in the pilot study.

- I have received and read the Participant Information Sheet.
- I understand my involvement as a Facilitator in delivery of the programme.
- I understand my involvement as a Facilitator in the feasibility study of the programme.
- I understand my involvement is voluntary.
- I understand that all data collected will be kept secure and confidential.
- I understand that all data collected will be limited to this study.
- I understand the risks and benefits of my involvement.
- I know who to contact should I need clarification on any aspect of the study.

As such,

- I agree to take part in the pilot study.
- I agree to have the researcher participate as an observer during the training days.
- I agree to have the researcher observe one session during programme delivery.
- I agree to participate in a recorded online debrief meeting upon completion of programme delivery.

By signing below I acknowledge that I have read and understand the above information.

Participant

Signature _____ Date _____

Appendix 6

Pre-programme Participant Questionnaire Response Tables

Table 7d. Consolidated participant responses pertaining to their reasons for joining the programme.

Overarching Domain	Themes	Number of Responses (n)
Personal Growth (53% of responses)	General health	11
	Knowledge & skills	10
	Confidence	4
	Mindfulness	2
	Helping the wellbeing of others	2
	Reflect on & review wellbeing	1
	Total	30
No Particular Goals (30% of responses)	Prompted by another	10
	Curiosity	5
	Just because	2
	Total	17
Coping with Challenges (17% of responses)	Needed the help	3
	Existing health conditions	2
	Bereavement	2
	To meet others (positively framed)	2
	To get out of a rut	1
	Total	10
Did not Answer (2%)	Total	1

Table 8c. Consolidated participant responses pertaining to their expectations for the programme.

Overarching Domain	Themes	Number of Responses (n)
Personal Growth (89% of responses)	Knowledge & skills	17
	Confidence	10
	Improve/protect mental wellbeing/calmer mind	6
	Understanding of self	5
	Positive outlook	5
	Social connection	4
	Routine/structure	2
	Total	49
Coping with Challenges (9% of responses)	Existing health conditions/as a carer	3
	General skills	2
	Total	5
No Particular Goals (2% of responses)	Total	1
Did not Answer (5%)	Total	1

Appendix 7

Post-programme Participant Questionnaire Response Tables

Table 10c. Consolidated participant responses pertaining to examples of how they have applied the programme to their life.			
Overarching Domain	Theme	Sub-theme	# Times Reported (n)
New Knowledge (88% of responses)	Personal Growth	Prevent Overwhelm	3
		Kindness	2
		Reflection	2
		Gratitude	2
		Slowing Down	2
		Empowerment	2
		Resilience	2
		Positive Thinking	1
		Confidence	1
		Happiness	1
		Problem Solving	1
	Total	19	
	Mindfulness exercises	Breathing	7
		Meditations	5
		All	3
		Minding moments	2
		Relaxation	1
		Total	18
	Awareness	Of thoughts & feelings	6
		Of self & strengths	2
		In general	2
		In reframing challenges	1
		Total	11
	Social Connection	Group activities	1
		Sharing the learning	1

		Reaching out	1
		Feeling needed	1
		Confidence	1
		Total	5
	Tools	Handouts	1
		Seeing the bigger picture	1
		Prioritising wellbeing	1
		Total	3
	Other	Making time for self	6
		Physical activity	2
		Learning	1
		Quality of life	1
		Total	10
	Total responses	66	
Realised their own Capabilities (12% of responses)	Personal Growth	Reflection	2
		Empowerment	1
		Resilience	1
		Empathy	1
		Optimism	1
		Realising support system	1
		Total	7
	Awareness	Of thoughts	1
		Bigger picture	1
		Total	2
	Total responses	9	
	Grand Total	75	
Did not answer	Total	8	

Table 11a. Consolidated participant responses pertaining to what they enjoyed most about the programme.

Overarching Domain	Theme	Sub-theme	# Times Reported (n)
Socially Focused (48% of responses)	Social Connection	Camaraderie	8
		Meeting others	7
		Learning from others	5
		Realising you're not alone	1
		Acceptance	1
		Total	22
	Programme components	Group activities/discussions	5
		Facilitator support	3
		Content	3
		Entire programme	1
		Safe place	1
		Total	13
		Total responses	35
Individual-focused (36% of responses)	Programme components	Entire programme	2
		Content	2
		Facilitator support	2
		Safe place	1
		Activities	1
		Mindfulness	1
		Chance to give feedback	1
		Lunch	1
		Total	11
	Learning	General wellbeing	4
		Toolbox/skills	2
		Remembering past lessons	1
		Total	7
	Empowerment	Courage	1

		Strength	1
		Confidence	1
		Total	3
	Enable Positive Change	Mindset	1
		Daily life	1
		Commitment	1
		Total	3
Reflection	Total	2	
	Total responses	26	
Both socially and individually focused (16% of responses)	Social connection	Meeting others	3
		Learning from others	2
		Camaraderie	1
		Total	6
	Programme components	Group activities/discussions	1
		Activities	1
		Mindfulness	1
		Safe place	1
		Total	4
	Empowerment	Confidence	1
		Self-care	1
		Total	2
		Total responses	12
	Grand Total	76	
Illegible answers	Total	3	
Did not answer	Total	1	

Table 12d. Consolidated participant responses pertaining to what they did not like about the programme.

Overarching Domain	Theme	Sub-theme	# Times Reported (n)
		No/general additional thoughts	37

Nothing was Disliked (85% of responses)	General enjoyment of the programme	Added 'Would recommend'	1
		Added 'Would like to continue to meet'	1
		Total	39
		Total responses	39
Programme Components (13% of responses)	Programme materials	Overuse of paperwork	1
		Slides too educational	1
		Total	2
	Programme approach	Social aspect	1
		Trepidation speaking at first	1
		Total	2
	Programme duration	Too long	1
	Programme content	Repetitive at times	1
	Total responses	6	
Venue (2% of responses)	Hospitality	Receptionist unhelpful	1
		Total	1
		Grand Total	46
Did not answer		Total	5

Table 13d. Consolidated participant responses pertaining to their overall rating of the programme.

Overarching Domain	Theme	Sub-theme	# Times Reported (n)
Programme Benefits (80% of responses)	Programme components	Programme as a whole	10
		Informative	5
		Self-awareness	3
		Overall wellbeing	3
		Useful tools	1
		Resilience	1
		Transformative	1

		Total	24
	Social Connection	Facilitator support/competence	10
		General connectedness	8
		Positive Environment	1
		Total	19
		Total responses	43
Perceived Improvements to Wellbeing (13% of responses)	Personal growth	Positive outlook	2
		Self-care	1
		Confidence	1
		Total	4
	Improved wellbeing	General wellbeing	3
		Total	3
		Total responses	7
Suggestions for Improvement (7% of responses)	Programme content	Needs more mindfulness	2
		Total	2
	Programme duration	Too long	1
		Too short	1
		Total	2
			Total responses
		Grand Total	54
Did not answer		Total	10

Table 14c. Consolidated participant responses pertaining to additional comments or suggestions for the programme.

Overarching Domain	Theme	Sub-theme	# Times Reported (n)	‘C’ or ‘S’ Format
Existing Programme Components	Participants were satisfied	No improvements offered	5	C=1 S=4
		Gratitude for the programme	11	C=5 S=6

(76% of responses)		Total	16	
	Programme duration	Suggested more sessions	5	C=4 S=1
		Longer sessions	2	C=0 S=2
		Less but longer sessions	1	C=0 S=1
		Suggested less sessions	1	C=0 S=1
		Tea break half way	1	C=0 S=1
		Total	10	
	Programme Approach	More activities	2	C=0 S=2
		More discussions	1	C=0 S=1
		Role-playing activities	1	C=0 S=1
		More time for social connection	1	C=0 S=1
		Name tags	1	C=1 S=0
		Consider visual/hearing loss	1	C=1 S=0
		Consider starting after 10am	1	C=1 S=0
		Total	8	
	Programme materials	Less paperwork, more visuals	1	C=0 S=1
		A notebook	1	C=0 S=1
		More handouts	1	C=0 S=1

		Music	1	C=1 S=0
		Total	4	
	Programme Content	More guidance on how to put into practice	1	C=0 S=1
		Total	1	
		Total responses	39	
Additional Support Needed (24% of responses)	Post-programme supports	Continued meet-ups	4	C=3 S=1
		Difficulties putting to practice alone	1	C=0 S=1
		Follow-up email	1	C=1 S=0
		Total	6	
	Upstream considerations	More similar programmes needed	3	C=3 S=0
		Transport	1	C=1 S=0
		Total	4	
		Facilities	Softer lighting	1
		Parking as an issue	1	C=0 S=1
		Total	2	
		Total responses	12	
		Grand Total	51	
Did not answer		Total	10	
'C' = Combined session format; 'S' = Single session format.				

Appendix 8a

Semi-structured Protocol to Guide Post-programme Consultations with Implementors

HSE Minding Your Wellbeing Programme for Older People in Community Settings

Consultation with Community Partners

Questions to start the conversation

Q1. What are your overall thoughts on your experience of delivering the Minding Your Wellbeing programme to Older People in community settings?

- Broad thoughts on what worked well and what did not work well.

Q2. Have you had much experience delivering programmes in a group setting?

- How confident were you in co-facilitating this pilot programme?
- Do you believe your background contributed to your success as a facilitator?
- How comfortable do you feel opening up the conversation of mental wellbeing?

Q3. What were the biggest challenges, if any, that you faced while delivering the programme to older people?

- Do you have any suggestions for addressing these challenges?

Supports

Q4. How supported did you feel delivering this programme?

- How helpful were the preparatory materials, Facilitator Manual and other resources (e.g. Power points, booklets, handouts etc.)?
 - Were they easy to collate and easy to use?
 - Did the programme materials fit within the context of the participants (older people)? Why/why not?

- Did you feel the Minding Your Wellbeing facilitator training adequately equipped you to deliver the programme to older people in the community?
 - Were you happy with the guidance offered in the training and preparation materials?
 - Do you have any insights on improving the training aspect?
 - Was the training sufficient considering your own experience in managing groups and leading group programmes?
 - Were you confident in your ability to draw upon everyday examples to illustrate the concepts?

- Do you have any suggestions in terms of what additional supports you could benefit from in running the programme? (e.g. more training provided, additional preparation guidance or materials for implementation, additional resources for participants etc.)

Implementation Insights

Q5. What were your strategies regarding recruitment of participants?

- Would you say that your organisation or the HSE took the lead in recruitment?
- How well do you feel this strategy worked?
- Were there any upstream challenges to reaching and engaging older people (e.g., transportation, venue accessibility, funding etc.)
- Do you have any suggestions on how to improve recruitment or engagement of participants?

Q6. What factors impacted the success of this programme?

- What factors positively facilitated implementation of the pilot programme?
- What factors acted as barriers to the success of the pilot programme?

- Were there any additional influencing factors (e.g., participant demographics, programme location, venue, delivery format etc.)?
- Do you think your organisation itself impacted the programme?

Think about

- Programme materials
- Person delivering (e.g., How important is having formal Health Promotion background and expertise? How important is it for the facilitator to be embedded within the community? etc.)
- People participating (e.g., Was the content, materials and learning approach appropriate for older people? etc.)
- The context within which it is delivered (physical and psychosocial factors)
- Wider external factors (policy, community/local support, unexpected events, environmental factors etc.)

Learning Approach Insights

Q7. How successful was the learning approach (e.g., collaborative and interactive, drawing on participant life-long experiences)?

- Do you feel the programme encourages participants to draw upon their own life-long experiences? Can this be enhanced in any way?
- Do you feel the sessions are sufficiently collaborative/interactive?
- How did participants respond to these approaches? Were they engaged? Did they seem motivated to incorporate the skills into their daily lives?

Q8. What effects do you think the programme approach has on the wellbeing of older people?

- Think about empowerment, independence, social inclusion, improved skills such as problem-solving, personal growth, behaviour change as a result of the programme etc.

Feasibility Insights

Q9. Do you think the design of the materials and content of the programme are suitable to older people?

- Are the materials and content relevant to participants and were they able to relate personally to the content of the programme?
- Is the programme content appropriate in terms of literacy levels, comprehensibility of concepts, organisation and appeal of worksheets & PowerPoints etc?

Q10. What are your thoughts on the overall structure of the programme?

- Consider the guided discussions & role of PowerPoint, group work, mindfulness practices, minding moments, movement breaks, worksheets, tea & chats.

Q11. Do you think the delivery format is suitable to older people?

- What do you feel is the optimal programme schedule/timeline?

Q12. Were participants engaged and what were attrition rates? Any suggestions on how to improve this?

Q13. What are your thoughts about running the programme without an experienced HSE co-facilitator?

- To what extent did your co-facilitator take the lead? Think about before, during and after the programme.
- Do you think you or your organisation would need additional supports or training to take the lead in implementing the programme moving forward?
- What are your thoughts on sustainability of the programme?

Q14. What are your views on how best to roll out this programme for older people at scale?

- In your opinion, what are the most important considerations, or how best could this be accomplished?
- What role should Health Promotion play in the roll-out?

Closing question

- Do you have any additional final feedback on the programme? Any additional suggestions that weren't covered?

Think again about

- Facilitator characteristics and programme training
- Preparation in use of programme materials and guidance
- Implementation, delivery and sustainability
- Content and instructional/learning approaches
- Recruitment of participants
- Opportunities to collaborate with new community partners

Appendix 8b

Semi-structured Protocol to Guide Post-programme Consultations with Implementors

HSE Minding Your Wellbeing Programme for Older People in Community Settings

Consultation with HSE Staff

Questions to start the conversation

Q1. What are your overall thoughts on your experience of delivering the Minding Your Wellbeing programme to Older People in community settings?

- Broad thoughts on what worked well and what did not work well.

Q2. Did this pilot programme feel different to your previous experiences implementing the programme?

- How much experience do you have with the programme in general?
- How confident were you in your ability to deliver the adapted programme?

Q3. What were the biggest challenges, if any, that you faced while delivering the programme to older people?

- Do you have any suggestions for addressing these challenges?

Supports

Q4. How supported did you feel delivering this programme?

- How helpful were the preparatory materials, Facilitator Manual and other resources (e.g. Power points, booklets, handouts etc.)?
 - Were they easy to collate and easy to use?
 - Did the programme materials fit within the context of the participants (older people)? Why/why not?

- Did you feel the Minding Your Wellbeing facilitator training adequately equipped you to deliver the programme to older people in the community?
 - Were you happy with the guidance offered in the training and preparation materials?
 - Do you have any insights on improving the training aspect?
 - Do you believe the training is sufficient for community partners who may have less experience in managing groups and leading group programmes?
 - Were you confident in your ability to draw upon everyday examples to illustrate the concepts?

- Do you have any suggestions in terms of what additional supports you (or the community partners) could benefit from in running the programme? (e.g. more training provided, additional preparation guidance or materials for implementation, additional resources for participants etc.)

Implementation Insights

Q5. What were your strategies regarding recruitment of participants?

- Would you say that the community partner or the HSE took the lead in recruitment?
- How well do you feel this strategy worked?
- Were there any upstream challenges to reaching and engaging older people (e.g., transportation, venue accessibility, funding etc.)
- Do you have any suggestions on how to improve recruitment or engagement of participants?

Q6. What factors impacted the success of this programme?

- What factors positively facilitated implementation of the pilot programme?
- What factors acted as barriers to the success of the pilot programme?

- Were there any additional influencing factors (e.g., participant demographics, programme location, venue, delivery format etc.)?
- Do you think the community organisation itself impacted the programme?

Think about

- Programme materials
- Person delivering (e.g., How important is having formal Health Promotion background and expertise? How important is it for the facilitator to be embedded within the community? etc.)
- People participating (e.g., Was the content, materials and learning approach appropriate for older people? etc.)
- The context within which it is delivered (physical and psychosocial factors)
- Wider external factors (policy, community/local support, unexpected events, environmental factors etc.)

Learning Approach Insights

Q7. How successful was the learning approach?

- Do you feel the programme encourages participants to draw upon their own life-long experiences? Can this be enhanced in any way?
- Do you feel the sessions are sufficiently collaborative/interactive?
- How did participants respond to these approaches? Were they engaged? Did they seem motivated to incorporate the skills into their daily lives?

Q8. What effects do you think the programme approach has on the wellbeing of older people?

- Think about empowerment, independence, social inclusion, improved skills such as problem-solving, personal growth, behaviour change as a result of the programme etc.

Feasibility Insights

Q9. Do you think the design of the materials and content of the programme are suitable for older people?

- Are the materials and content relevant to participants and were they able to relate personally to the content of the programme?
- Is the programme content appropriate in terms of literacy levels, comprehensibility of concepts, organisation and appeal of worksheets & PowerPoints etc?

Q10. What are your thoughts on the overall structure of the programme?

- Consider the guided discussions & role of PowerPoint, group work, mindfulness practices, minding moments, movement breaks, worksheets, tea & chats.

Q11. Do you think the delivery format is suitable for older people?

- What do you feel is the optimal programme schedule/timeline?

Q12. Were participants engaged and what were attrition rates? Any suggestions on how to improve this?

Q13. What are your thoughts about community partners taking the lead on this programme and running it on their own?

- To what extent did you draw upon the resources of the community organisation? E.g., recruitment, venue, rapport and experience with older people etc.
- Do you think any additional supports will be needed for community organisations to take the lead in running the programme? Additional training for facilitators? Any macro-level supports needed?
- What are your thoughts on sustainability of the programme?

Q14. What are your views on how best to roll out this programme for older people at scale?

- In your opinion, what are the most important considerations, or how best could this be accomplished?
- What role should Health Promotion play in the roll-out?

Closing question

- Do you have any additional final feedback on the programme? Any additional suggestions that weren't covered?

Think again about

- Facilitator characteristics and programme training
- Preparation in use of programme materials and guidance
- Implementation, delivery and sustainability
- Content and instructional/learning approaches
- Recruitment of participants
- Opportunities to collaborate with new community partners

Appendix 9a – Observation Guide for Week 2: Minding Ourselves

Session Components

Based on your observation of the session, rate how well you feel each of the session components were received by participants (if not applicable or difficult to ascertain, write N/A after the statement):

Group activity 1: ‘Building a minding yourself toolkit’

<i>Based on observed participant responses and engagement give your assessment of participant perceptions of the following:</i>	Poor 1	2	3	4	Excellent 5
Suitability of the content for the participants? (consider literacy levels, comprehensibility and relatability of concepts etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility of the content (consider usability of knowledge and skills gained etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of every-day examples to illustrate concepts with relevance to participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design of the materials (consider the organisation and appeal of worksheets & PowerPoints etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility of the materials (consider the usability of the materials distributed and their ease of use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery format (consider timing of the component, pacing of delivery etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments about Group Activity 1:

Mindfulness activity: ‘Box Breathing’

<i>Based on observed participant responses and engagement give your assessment of participant perceptions of the following:</i>	Poor 1	2	3	4	Excellent 5
Suitability of the content for the participants? (consider literacy levels, comprehensibility and relatability of concepts etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility of the content (consider usability of knowledge and skills gained etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of every-day examples to illustrate concepts with relevance to participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design of the materials (consider the organisation and appeal of worksheets & PowerPoints etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility of the materials (consider the usability of the materials distributed and their ease of use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery format (consider timing of the component, pacing of delivery etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments about the Mindfulness Activity:

Mindfulness activity: 'Body Scan'

<i>Based on observed participant responses and engagement give your assessment of participant perceptions of the following:</i>	Poor 1	2	3	4	Excellent 5
Suitability of the content for the participants? (consider literacy levels, comprehensibility and relatability of concepts etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility of the content (consider usability of knowledge and skills gained etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of every-day examples to illustrate concepts with relevance to participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design of the materials (consider the organisation and appeal of worksheets & PowerPoints etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility of the materials (consider the usability of the materials distributed and their ease of use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery format (consider timing of the component, pacing of delivery etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments about the Mindfulness Activity:

Closing and Reflections

Provide notes about the feedback from participants during the Closing and Reflection discussion.

- What were participant key take-aways from the session?
- What did participants find most helpful in the session?
- What did participants find least helpful in the session? Suggestions on improvements?
- Did participants feel they'd be able to use the information and tools in their life? Will they?

Session Objectives

Based on your observation of the session, rate how well you feel the session objectives were achieved:

	Poor 1	2	3	4	Excellent 5
Did we establish that our wellbeing begins with Minding Ourselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did we establish that Minding Ourselves requires consistent effort and commitment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel that you have the skills/tools to start your own self-care practices and healthy daily habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you begin to think about your own challenges to creating self-care habits and how to overcome these challenges (by starting small and building on your existing practices)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you will make Minding Yourself a priority in your life after this programme?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments about the session objectives:

Session Structure

Based on your observation of the session, rate the extent to which you agree with the following statements about the structure of the session:

	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
All elements of the session were delivered as per the Facilitator Manual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The session started well (with a recap of the previous session and an outline of the current session).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The session ended well (with a closing & reflections discussion and a preview of the next session).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The session flowed well (good transitions between group activities, mindfulness practices, movement breaks etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The overall structure of components was well balanced (guided discussions & role of PowerPoint, group work, mindfulness practices, minding moments, movement breaks, worksheets, tea & chats)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venue was conducive to the structure of the session (big enough for groups to form, acoustics, temperature etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments about the session structure:

Learning Approach

Based on your observation of the session, rate the extent to which you agree with the following statements about the learning approach adopted:

	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
Participants were provided an opportunity to draw upon and share their life-long experiences (empowerment).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The session was approached collaboratively, with a level of participant ownership (empowerment).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The session provided a form of stimulation (participants played an active, problem-solving role while increasing their social engagement).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The session kept participants engaged, enthusiastic and motivated throughout the session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments about the learning approach:

Feasibility Insights

Please provide notes about the feasibility of the session:

- Were participants engaged and what were attrition rates? If not, are there any upstream (e.g., transport, venue accessibility etc.) or other supports that could help?
- Were there any additional influencing factors (e.g., participant demographics, programme location, venue, delivery format etc.)
- Suggested improvements from the perspective of participants and facilitators (including, is this programme useful; is it fulfilling a need)?
- Additional comments about the session feasibility:
- Are there any additional comments about the this session?

Appendix 9b – Observation Guide for Week 3: Understanding Our Thoughts

Session Components

Based on your observation of the session, rate how well you feel each of the session components were received by participants (if not applicable or difficult to ascertain, write N/A after the statement):

Group activity 1: ‘Recognising Thinking Traps Case Scenarios’

<i>Based on observed participant responses and engagement give your assessment of participant perceptions of the following:</i>	Poor 1	2	3	4	Excellent 5
Suitability of the content for the participants? (consider literacy levels, comprehensibility and relatability of concepts etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility of the content (consider usability of knowledge and skills gained etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of every-day examples to illustrate concepts with relevance to participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design of the materials (consider the organisation and appeal of worksheets & PowerPoints etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility of the materials (consider the usability of the materials distributed and their ease of use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery format (consider timing of the component, pacing of delivery etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments about Group Activity 1:

Mindfulness activity: 'Belly Breathing'

<i>Based on observed participant responses and engagement give your assessment of participant perceptions of the following:</i>	Poor 1	2	3	4	Excellent 5
Suitability of the content for the participants? (consider literacy levels, comprehensibility and relatability of concepts etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility of the content (consider usability of knowledge and skills gained etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of every-day examples to illustrate concepts with relevance to participants. N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design of the materials (consider the organisation and appeal of worksheets & PowerPoints etc.) N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility of the materials (consider the usability of the materials distributed and their ease of use) N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery format (consider timing of the component, pacing of delivery etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments about the Mindfulness Activity:

Mindfulness activity: ‘Mindful eating’

<i>Based on observed participant responses and engagement give your assessment of participant perceptions of the following:</i>	Poor 1	2	3	4	Excellent 5
Suitability of the content for the participants? (consider literacy levels, comprehensibility and relatability of concepts etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility of the content (consider usability of knowledge and skills gained etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of every-day examples to illustrate concepts with relevance to participants. N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design of the materials (consider the organisation and appeal of worksheets & PowerPoints etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility of the materials (consider the usability of the materials distributed and their ease of use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery format (consider timing of the component, pacing of delivery etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments about the Mindfulness Activity:

Closing and Reflections

Provide notes about the feedback from participants during the Closing and Reflection discussion.

- What were participant key take-aways from the session?
- What did participants find most helpful in the session?
- What did participants find least helpful in the session? Suggestions on improvements?
- Did participants feel they'd be able to use the information and tools in their life? Will they?

Session Objectives

Based on your observation of the session, rate how well you feel the session objectives were achieved:

	Poor 1	2	3	4	Excellent 5
Participants understand that our thought habits influence our daily lives and wellbeing (that our thoughts influence our outlook, our feelings and our actions).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participants feel they have the skills/tools to recognise thinking traps or negative thinking biases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participants feel they have the skills/tools to avoid thinking traps and reframe their negative thinking to the positive (with the 4 step process and by soothing our thoughts with mindfulness).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments about the session objectives:

Session Structure

Based on your observation of the session, rate the extent to which you agree with the following statements about the structure of the session:

	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
All elements of the session were delivered as per the Facilitator Manual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The session started well (with a recap of the previous session and an outline of the current session).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The session ended well (with a closing & reflections discussion and a preview of the next session).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The session flowed well (good transitions between group activities, mindfulness practices, movement breaks etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The overall structure of components was well balanced (guided discussions & role of PowerPoint, group work, mindfulness practices, minding moments, movement breaks, worksheets, tea & chats)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venue was conducive to the structure of the session (big enough for groups to form, acoustics, temperature etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments about the session structure:

Learning Approach

Based on your observation of the session, rate the extent to which you agree with the following statements about the learning approach adopted:

	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
Participants were provided an opportunity to draw upon and share their life-long experiences (empowerment).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The session was approached collaboratively, with a level of participant ownership (empowerment).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The session provided a form of stimulation (participants played an active, problem-solving role while increasing their social engagement).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The session kept participants engaged, enthusiastic and motivated throughout the session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments about the learning approach:

Feasibility Insights

Please provide notes about the feasibility of the session:

- Were participants engaged and what were attrition rates? If not, are there any upstream (e.g., transport, venue accessibility etc.) or other supports that could help?
- Were there any additional influencing factors (e.g., participant demographics, programme location, venue, delivery format etc.)
- Suggested improvements from the perspective of participants and facilitators (including, is this programme useful; is it fulfilling a need)?
- Additional comments about the session feasibility:
- Are there any additional comments about the this session?

Appendix 9c – Observation Guide for Week 4: Exploring Our Emotions

Session Components

Based on your observation of the session, rate how well you feel each of the session components were received by participants (if not applicable or difficult to ascertain, write N/A after the statement):

Group activity 1: ‘Sharing Positive Experiences with One Another’

<i>Based on observed participant responses and engagement give your assessment of participant perceptions of the following:</i>	Poor 1	2	3	4	Excellent 5
Suitability of the content for the participants? (consider literacy levels, comprehensibility and relatability of concepts etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility of the content (consider usability of knowledge and skills gained etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of every-day examples to illustrate concepts with relevance to participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design of the materials (consider the organisation and appeal of worksheets & PowerPoints etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility of the materials (consider the usability of the materials distributed and their ease of use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery format (consider timing of the component, pacing of delivery etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments about Group Activity 1:

Mindfulness activity: ‘Five Finger Breathing’

<i>Based on observed participant responses and engagement give your assessment of participant perceptions of the following:</i>	Poor 1	2	3	4	Excellent 5
Suitability of the content for the participants? (consider literacy levels, comprehensibility and relatability of concepts etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility of the content (consider usability of knowledge and skills gained etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of every-day examples to illustrate concepts with relevance to participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design of the materials (consider the organisation and appeal of worksheets & PowerPoints etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility of the materials (consider the usability of the materials distributed and their ease of use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery format (consider timing of the component, pacing of delivery etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments about the Mindfulness Activity:

Closing and Reflections

- Provide notes about the feedback from participants during the Closing and Reflection discussion.
- What were participant key take-aways from the session?
- What did participants find most helpful in the session?
- What did participants find least helpful in the session? Suggestions on improvements?
- Did participants feel they'd be able to use the information and tools in their life? Will they?

Session Objectives

Based on your observation of the session, rate how well you feel the session objectives were achieved:

	Poor 1	2	3	4	Excellent 5
Participants understand the importance of recognising their emotions rather than ignoring them; that both positive and challenging emotions add quality to their lives and can give us information about how to better our lives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participants have the skills/tools to process challenging emotions so that they can make you stronger (by slowing down, grounding ourselves and taking a moment e.g., with breathing exercises).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you have the skills/tools to increase your positive emotions (by practicing self-care, mindfulness, savouring and sharing our positive experiences and practicing gratitude).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments about the session objectives:

Session Structure

Based on your observation of the session, rate the extent to which you agree with the following statements about the structure of the session:

	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
All elements of the session were delivered as per the Facilitator Manual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The session started well (with a recap of the previous session and an outline of the current session).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The session ended well (with a closing & reflections discussion and a preview of the next session).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The session flowed well (good transitions between group activities, mindfulness practices, movement breaks etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The overall structure of components was well balanced (guided discussions & role of PowerPoint, group work, mindfulness practices, minding moments, movement breaks, worksheets, tea & chats)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venue was conducive to the structure of the session (big enough for groups to form, acoustics, temperature etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments about the session structure:

Learning Approach

Based on your observation of the session, rate the extent to which you agree with the following statements about the learning approach adopted:

	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
Participants were provided an opportunity to draw upon and share their life-long experiences (empowerment).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The session was approached collaboratively, with a level of participant ownership (empowerment).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The session provided a form of stimulation (participants played an active, problem-solving role while increasing their social engagement).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The session kept participants engaged, enthusiastic and motivated throughout the session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments about the learning approach:

Feasibility Insights

Please provide notes about the feasibility of the session:

- Were participants engaged and what were attrition rates? If not, are there any upstream (e.g., transport, venue accessibility etc.) or other supports that could help?
- Were there any additional influencing factors (e.g., participant demographics, programme location, venue, delivery format etc.)
- Suggested improvements from the perspective of participants and facilitators (including, is this programme useful; is it fulfilling a need)?
- Additional comments about the session feasibility:
- Are there any additional comments about the this session?

Appendix 9d – Observation Guide for Week 5: Building Positive Relationships

Session Components

Based on your observation of the session, rate how well you feel each of the session components were received by participants (if not applicable or difficult to ascertain, write N/A after the statement):

Group activity 1: ‘Guided Drawing’

<i>Based on observed participant responses and engagement give your assessment of participant perceptions of the following:</i>	Poor 1	2	3	4	Excellent 5
Suitability of the content for the participants? (consider literacy levels, comprehensibility and relatability of concepts etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility of the content (consider usability of knowledge and skills gained etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of every-day examples to illustrate concepts with relevance to participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design of the materials (consider the organisation and appeal of worksheets & PowerPoints etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility of the materials (consider the usability of the materials distributed and their ease of use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery format (consider timing of the component, pacing of delivery etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments about Group Activity 1:

Group activity 2: ‘Building Positive Relationships Case Scenarios’

<i>Based on observed participant responses and engagement give your assessment of participant perceptions of the following:</i>	Poor 1	2	3	4	Excellent 5
Suitability of the content for the participants? (consider literacy levels, comprehensibility and relatability of concepts etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility of the content (consider usability of knowledge and skills gained etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of every-day examples to illustrate concepts with relevance to participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design of the materials (consider the organisation and appeal of worksheets & PowerPoints etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility of the materials (consider the usability of the materials distributed and their ease of use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery format (consider timing of the component, pacing of delivery etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments about Group Activity 2:

Mindfulness activity: ‘Loving Kindness Meditation’

<i>Based on observed participant responses and engagement give your assessment of participant perceptions of the following:</i>	Poor 1	2	3	4	Excellent 5
Suitability of the content for the participants? (consider literacy levels, comprehensibility and relatability of concepts etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility of the content (consider usability of knowledge and skills gained etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of every-day examples to illustrate concepts with relevance to participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design of the materials (consider the organisation and appeal of worksheets & PowerPoints etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility of the materials (consider the usability of the materials distributed and their ease of use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery format (consider timing of the component, pacing of delivery etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments about the Mindfulness Activity:

Closing and Reflections

Provide notes about the feedback from participants during the Closing and Reflection discussion.

- What were participant key take-aways from the session?
- What did participants find most helpful in the session?
- What did participants find least helpful in the session? Suggestions on improvements?
- Did participants feel they'd be able to use the information and tools in their life? Will they?

Session Objectives

Based on your observation of the session, rate how well you feel the session objectives were achieved:

	Poor 1	2	3	4	Excellent 5
Participants know that social connections are an important part of our wellbeing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participants know that positive relationships start with ourselves (i.e., the importance of self-care).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participants know that positive relationships take effort and commitment, and that we need to prioritise spending time with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participants have the skills/tools to build positive relationships and nurture them (by being present with others and giving them your undivided attention, and by communicating openly and clearly and listening).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments about the session objectives:

Session Structure

Based on your observation of the session, rate the extent to which you agree with the following statements about the structure of the session:

	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
All elements of the session were delivered as per the Facilitator Manual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The session started well (with a recap of the previous session and an outline of the current session).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The session ended well (with a closing & reflections discussion and a preview of the next session).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The session flowed well (good transitions between group activities, mindfulness practices, movement breaks etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The overall structure of components was well balanced (guided discussions & role of PowerPoint, group work, mindfulness practices, minding moments, movement breaks, worksheets, tea & chats)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venue was conducive to the structure of the session (big enough for groups to form, acoustics, temperature etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments about the session structure:

Learning Approach

Based on your observation of the session, rate the extent to which you agree with the following statements about the learning approach adopted:

	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
Participants were provided an opportunity to draw upon and share their life-long experiences (empowerment).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The session was approached collaboratively, with a level of participant ownership (empowerment).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The session provided a form of stimulation (participants played an active, problem-solving role while increasing their social engagement).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The session kept participants engaged, enthusiastic and motivated throughout the session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments about the learning approach:

Feasibility Insights

Please provide notes about the feasibility of the session:

- Were participants engaged and what were attrition rates? If not, are there any upstream (e.g., transport, venue accessibility etc.) or other supports that could help?
- Were there any additional influencing factors (e.g., participant demographics, programme location, venue, delivery format etc.)
- Suggested improvements from the perspective of participants and facilitators (including, is this programme useful; is it fulfilling a need)?
- Additional comments about the session feasibility:
- Are there any additional comments about the this session?