

Review of the Queensland Cross sectoral Mental Wellbeing Capacity Building Project

Final Report

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In particular Lirata would like to thank the organisations and people who participated, including:

The Queensland Mental Health Commission (QMHC)
Implemental
Wellbeing Capacity Building Project managers and champions
Wheel of Wellbeing (WoW) Practitioners
WoW workshop and activities participants
WoW depth interview and focus group sites



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PROJECT HIGHLIGHTS

Individuals exposed to WoW thinking and practice have an increased understanding of the science behind health and wellness. They also report increased awareness about, and participation in activities which support their health and wellbeing.

Organisational cultural changes related to health and wellbeing are evident as a result of implementation of the WoW framework. This includes embedding WoW thinking and practice into organisational governance, policies, and service delivery.

Systems level practice changes have been generated through strategic use of the WoW framework as a collaborative planning and service delivery tool. Strategic engagement of key sectors has also facilitated further uptake of the WoW across the community, health and education sectors.

Adaptation of the WoW specifically for the education sector and strong advocacy by WoW education champions has facilitated uptake of the WoW framework at a systems and individual school level.

The WoW framework is being effectively shared both within and across organisations, systems and communities. For every individual who completes a WoW workshop or activity many more are exposed to WoW thinking and practice.

Improved health and wellbeing were reported following exposure to the WoW framework. Improved relationships, reduced stress and anxiety, increased physical activity and healthy eating were commonly reported.

Capacity to embed the WoW was supported by its simple and flexible design, and its capacity to be adapted to specific contexts. The perceived personal value of the WoW to participants and its strengths-based approach were also important to embedding and sharing the framework.

Unintended positive consequences identified through the project included strengthening organisational relationships, more collaborative working in local communities, and use of WoW resources to support people during the COVID-19 pandemic.

The WoW has been widely shared by individuals who participated in workshops. This has occurred through both strategic and intentional transmission of WoW thinking and practice and via more organic and informal sharing with colleagues, family and friends.

EXECUTIVE SUMMARY

The Queensland Government has a vision to improve the wellbeing of all Queenslanders. This is outlined in the blueprint *Shifting minds: Queensland Mental Health and Alcohol and Other Drug Strategic Plan 2018 to 2023*. This vision includes whole of person, whole of community and whole of government approaches to improving mental health and wellbeing.

Wellbeing Capacity Building Project

As part of this strategic plan the Queensland Mental Health Commission (QMHC) has continued work to improve positive mental health and wellbeing through the Wellbeing Capacity Building (WCB) Project. Since 2016 the WCB Project has used an evidenced based tool and framework known as the Wheel of Wellbeing (WoW) to build individual, organisational and community wide capacity related to positive mental health and wellbeing. The WCB Project has worked with a wide range of population groups across diverse sectors and settings.

The WoW is a simple framework that includes six elements (*Body – be active, Mind – keep learning, Spirit – give, People – connect, Place – take notice, and Planet – care*). The WoW is delivered in workshops and activities designed to engage, inform and encourage people to make changes in their lives which promote mental health and wellbeing, and then to actively share these experiences with others.

Wellbeing Capacity Building Project Review

Lirata Consulting (lirata.com) was commissioned to independently review the WCB Project. This Final Report presents phase one (breadth analysis) and phase two (depth analysis) findings from the WCB Project Review. Case studies providing a detailed analysis of three specific settings are included as appendices.

The WCB Project Review considered four main areas:

- How has the WoW increased awareness and engagement, and facilitated practice change?
- How well have WoW concepts, resources and activities been embedded and integrated?
- Which capacity building model elements have enabled and supported desired outcomes?
- What transmission and ripple effects have occurred and what pathways have supported these?

Our analysis included 118 respondents across key stakeholder interviews and focus groups, a practitioner survey (responded to by 20% of all WoW Practitioners), and a postcard allowing end users touched by the WCB Project to participate. The majority of review participants came from the education sector, however there was also strong representation from the community services and health sectors. Government, business and community representatives were also included.

Findings

Awareness, engagement and practice change

Review participants identified increases in awareness and engagement, and practice change related to positive mental health and wellbeing through exposure to, and uptake of WoW concepts, information and activities including through WoW workshops and activities. Our findings suggest that changes in awareness about positive mental health facilitated changes in engagement, which in turn encouraged behaviour and practice change.

Changes in awareness and engagement were more evident than changes in practice, although there were noticeable increases across both dimensions. Changes were evident at individual, organisational, and broader systems and community levels.

Commonly reported changes in awareness and engagement included understanding the science behind positive mental health and wellbeing, and the existing assets and resources people already had available to meet their health goals and needs. Practice changes included changes to individual behaviours, and organisational and broader systems changes. Behaviour and practice change, both individual and organisational, was especially evident across the dimensions of social relationships, and physical and psychological health.

Awareness, engagement and practice changes were identified in all sectors and settings with the education sector providing the most numerous and diverse examples. Community and health services, as well as the government sector, also provided robust demonstrations of increased awareness, engagement and practice change resulting from implementation of the WoW.

There is qualitative evidence to suggest there have been improvements in mental health and wellbeing resulting from project participation.

Embedding and integrating the WoW

WoW practitioners responding to this review reported conducting more than 500 workshops and activities which were most commonly offered in the education, community and health sectors. Diverse use of WoW concepts, activities and resources was shared, and flexible adaptation of these assisted integration and embedding of the framework in different settings.

Participants believed the WoW had been successfully integrated and embedded in many organisations, evidenced through cultural, process and practice changes in these settings, including using the WoW to frame service delivery, and to develop principles, policies and training programs.

Systems level changes were also noticeable, including the development of bespoke WoW content for specific settings and populations, and use of the WoW to help prioritise, plan and coordinate collaborative activities with diverse stakeholders in the community.

Aspects of the WoW considered important to integration and embedding included: the WoW tool itself, including the six WoW elements; the resources provided to both participants and facilitators; the WoW online program; and the WoW Theory of Change.

Additional factors important to effective WoW implementation and embedding included Wow champions, local leadership, WoW facilitator numbers and capacities, and the simple and flexible nature of the WoW framework. Barriers to further integration included resource constraints, loss of advanced practitioners, the

COVID-19 pandemic, and significant travel distances in regional areas. Sustainable funding models will require consideration for further implementation and integration of the WoW.

Capacity building model

QMHC structured the WCB Project in key phases designed to build individual, organisational and systems and sector capacity. The first project phase focused on building awareness and engagement around positive mental health and wellbeing, and the WoW framework. Subsequently, additional phases focused on the strategic engagement of community and education sectors. A WoW Support Program was developed to identify, resource and implement actions designed to foster strategic engagement of these sectors and improve project sustainability.

The capacity building model set out in the WoW Theory of Change (ToC) was well supported. Activities considered important in initiating change included the workshops and resources provided, and the ability to adapt these resources to local context and population groups. Demonstrating the evidence supporting WoW practices, providing opportunities to learn through practical activity, and building strong social connections were recognised as important mechanisms supporting change.

It was acknowledged the capacity building model was resource intensive, but that substantial benefits were accrued through sharing of wellbeing knowledge, practice and resources to others following participation in workshops and activities.

Additional existing capacity building elements were identified which could be included in the ToC. These included concepts related to 'doing it for yourself first', the diversity of channels with which WoW could be offered and its strengths-based approach.

Some participants suggested future focus on capacity building could also consider further strategic engagement of key sectors, broadening support for local WoW facilitators and champions, and moving more activity online.

Transmission and ripple effects

Most participants were introduced to the WoW in their workplace (including schools), others discovered the WoW through local and sector networks. Nearly all participants in this review shared their new WoW knowledge with others and this should be viewed as a key project strength.

The WoW was shared both within (vertically) and across (horizontally) organisations, systems and settings. Both structured and intentional 'transmission', and organic 'ripple' effects were identified which helped to disseminate the WoW to diverse settings and population groups.

Individual horizontal transmission effects were identified with transfer of WoW thinking and practice from the workplace into family settings or activities with friends. Important organisational vertical transmission effects included widespread dissemination in workplaces and schools, for example from primary to middle schools, or from teaching staff to students. Inclusion of WoW content at executive meetings and structured training programs also facilitated organisational transmission. At a systems level the WoW was transmitted horizontally through adaptation and use as a planning and service coordination tool, and through sharing WoW activities with other community service providers and community members.

Ripple effects, while more unstructured and organic, were considered just as valuable. At an individual level, students and teachers brought WoW concepts back to their homes, and parents were supported with

resources through the COVID-19 pandemic during 2020. Organisational and systems level ripple effects also occurred through staff role transitions and community based 'word of mouth'.

Pathways considered important to facilitating transmission and ripple effects were advocacy within key systems and networks, including champions in these settings, and the regional wellbeing hubs which promoted uptake of the WoW in local settings. WoW practitioners and grass roots community WoW supporters were also identified as important conduits for sharing WoW thinking, practice and resources.

The way in which the WoW has been effectively shared and disseminated into diverse sectors and settings is a key strength of the model.

Conclusion

The WCB Project has been operating since 2016. During this time the project has successfully engaged a diverse range of stakeholders, sectors and settings. Those participating in WoW workshops have successfully shared information and activities, and built motivation and behaviour change to support improved health and wellbeing.

These changes have occurred within individuals, who have in turn influenced the organisations, systems and broader community settings in which they work and live to integrate and embed the WoW. Transmission of key WoW concepts and practices has been widespread and generated significant momentum for positive mental health and wellbeing activities in education, community health and government sectors, and in community settings.

CONTENTS

Project highlights	1
Executive Summary.....	2
1 Overview of the WCB Project	7
2 WCB Project Review	9
2.1 Methods and participants.....	9
2.2 Review questions	10
2.3 Definitions	10
3 Findings: Awareness, engagement and practice change	13
3.1 Changes in awareness and engagement.....	13
3.2 Changes in practice	15
3.3 Changes by sector	21
3.4 Effects on positive mental health and wellbeing.....	28
3.5 Conclusion: Awareness and engagement, and practice change.....	28
4 Findings: Embedding and integration of concepts, activities and resources	30
4.1 Usage and uptake	30
4.2 Helpful concepts, activities and resources	34
4.3 Extent to which the WoW was embedded and integrated	38
4.4 Factors helpful in embedding and integrating the WoW	41
4.5 Barriers.....	42
4.6 Unintended consequences	44
4.7 Sustainability	45
4.8 Conclusion: Embedding and integrating the WoW.....	46
5 Findings: Model elements enabling desired outcomes	48
5.1 What capacity building model is being used?.....	48
5.2 Conclusion: Capacity building	51
6 Findings: Transmission and ripple effects	53
6.1 How were you introduced to the WoW?.....	53
6.2 Transmission and ripple effects	53
6.3 What pathways supported transmission and ripple effects?	58
6.4 Conclusion: Transmission and ripple effects	59
7 Conclusion.....	61
Abbreviations	62

1 OVERVIEW OF THE WCB PROJECT

The Queensland Mental Health Commission (QMHC) Mental Health and Wellbeing Capacity Building (WCB) Project is working to improve the capability of individuals, organisations, systems and communities to promote and build positive mental health and wellbeing.

The WCB Project engages stakeholders across education, health and community, government and business sectors, and works systemically in local communities to improve positive mental health awareness, knowledge and skills. The project is being run in partnership with Implemental ([implemental.org](https://www.implemental.org)) who are the program content providers.

The WCB Project is using the Wheel of Wellbeing (WoW) to build mental health and wellbeing capacity. The WoW is an evidence-based approach to improving health and wellbeing. The simple framework now includes six elements proposed to contribute to health and wellbeing: *Body – be active*, *Mind – keep learning*, *Spirit – give*, *People – connect*, *Place – take notice*, and *Planet – care*.

FIGURE 1: THE WHEEL OF WELLBEING



WoW framework and resources

The WoW framework and the resources supporting it have evolved since their development in the United Kingdom in 2009.

In Queensland today WoW activities and resources include:

- A one-day introductory workshop
- A five-day intensive workshop (DIY Happiness)
- Flexible WoW activities across schools, workplaces, networks, service systems and communities
- An online self-directed WoW course
- Support and mentoring
- An online WoW practitioner support and resource platform (Moodle).

2 WCB PROJECT REVIEW

The WCB Project Review was undertaken by Lirata Consulting (lirata.com) and included a two-stage review process.

Firstly, a breadth analysis was completed to understand broad structural project elements, implementation processes, settings in which activities are occurring, and the capacity building model being used.

Subsequently a depth analysis was conducted in six WCB Project settings to understand important contextual factors across distinct sectors and settings, local enablers and barriers, and how the WoW framework and activities had been disseminated within organisations, systems and communities.

2.1 Methods and participants

Breadth analysis

The breadth analysis included key stakeholder interviews, a WoW practitioner survey and a WoW postcard.

Key stakeholder interviews were conducted with the project content developer (n=1), and regional project managers and WoW champions (n=3). Information gathered through ongoing meetings with the QMHC WCB Project lead was also included.

A **WoW practitioner survey** was conducted with people who had completed a five-day intensive WoW Program and were training others in mental health and wellbeing capacity building activities using the WoW. The survey was sent to 233 people via the online platform Moodle. Forty-eight people returned the survey, including nine of 11 advanced practitioners (81%), 37 of 222 WoW practitioners (16%) and two other individuals who were in the process of being verified as a WoW practitioner. This means advanced practitioner data is likely to be more representative than the data for the other practitioners.

Most survey respondents had been involved in the WCB Project for more than two years (59%), while 35% had been involved for between one and two years. Only 6% of participants had less than one year's involvement.

A short four question **WoW postcard** was provided to gather data from individuals who had participated in either a WoW workshop or activity (n=49). Demographic data was not collected.

Depth analysis

Following completion of the breadth analysis, consideration was given to the most appropriate settings in which to undertake a more detailed analysis of factors influencing WoW implementation, integration, and transmission. Five criteria were considered in identifying appropriate settings and sites:

1. Motivation – sites were motivated to participate
2. Capacity – sites had capacity to participate, and could do so in November-December 2020
3. Diversity – sites included all WCB Project sectors funded (Education, Community and health, Government)
4. Approvals – sites did not require Human Research Ethics Committee (HREC) approval to gather data
5. Strategic alignment – sites chosen were aligned with QMHC priorities and areas of interest.

Six 'depth analysis' settings were subsequently chosen, these were:

- Two regional wellbeing hubs and communities
- One community service organisation
- One government organisation
- Two schools.

A total of 18 individual participants were consulted, including six in community settings, five in education settings and seven in government settings.

Three case studies showcasing local conditions and factors relevant to WoW success implementation, adoption, and broader transmission of the WoW were also developed. One case study was developed for each key WCB Project setting: Education, Community, and Government. These are available at *Appendix 1 - WoW Case Studies*.

2.2 Review questions

Findings in relation to the six WCB Project review questions have been consolidated into four chapters.

Chapter 3: Awareness, engagement and practice change

- Question 1 – How has the WCB Project fostered increased awareness, engagement and practice change in positive mental health and wellbeing?

Chapter 4: Embedding and integration of concepts, activities and resources

- Question 2 – How well have the concepts, resources and activities related to the WoW been embedded and integrated into organisational processes and practice models?
- Question 3 – What evidence exists of those settings or sectors that have particularly adopted and embedded the concepts, resources and activities of wellbeing and WoW?
- Question 5 – Which elements of the wellbeing and WoW concepts, resources and activities have been most beneficial and to which sectors and practitioners?

Chapter 5: Model elements enabling desired outcomes

- Question 4 – Which elements of the capacity building model have enabled and supported desired outcomes?

Chapter 6: Transmission and ripple effects

- Question 6 – What ripple effects have occurred and what has supported these?

2.3 Definitions

Definitions for key terms used in this report are set out below.

WoW Practitioners

WoW practitioners deliver workshops and activities using WoW branded resources and tools. All practitioners have access to the support and resource platform, Moodle. There are two levels of WoW practitioner. These practitioners have gained a strong understanding of the WoW framework and can effectively integrate it into their work and practice.

WoW practitioners

WoW practitioners have completed the one-day introductory workshop, and the five-day intensive workshop. The five-day intensive includes completion of all content in the first four days, followed by facilitation of a one-day workshop to gain accreditation.

Advanced WoW practitioners

Advanced WoW practitioners have completed the one-day introductory workshop, five-day intensive workshop and an additional three days of training. Following this, advanced WoW practitioners must run a five-day intensive workshop themselves to gain accreditation. Advanced practitioners may adapt the five-day intensive workshop for particular settings and population groups and do so regularly. For example, a WoW Ed Intensive Workshop has been developed for education settings, and for an alcohol and other drug rehabilitation service. There are currently 11 WoW advanced practitioners operating across Queensland.

Level of change

There are three levels of change consistently identified through this report: individual; organisational; and network, system and community level changes.

Individual changes

When we discuss individual changes, we mean those changes which are being made by individuals who have participated in workshops or activities, irrespective of where they are making them. For example, individual changes may occur by practicing more mindfulness activities in a workplace setting or at home. Activities that are directed by one person, but include others, for example setting up a 'weekly wellbeing walk' with a friend, or encouraging a family gratitude discussion at dinner time, would also be considered individual changes as they are being instigated by one person.

Organisational changes

When we discuss organisational changes, we mean changes that are occurring in a workplace (including school) setting and include the participation of a group of people. These are activities like incorporating WoW concepts and activities into staff meetings or school curriculum, or running group meditation classes.

Network, system and community changes

When we discuss network, system, or community changes we mean changes in settings which include more than one organisation or in the broader community. This may be through a network (e.g. youth worker network), system (e.g. the Department of Education), or community (e.g. a specific geographic area associated with, for instance, sporting clubs or volunteering organisations).

Ripple and transmission effects

As data analysis occurred it became clear that two distinct types of WoW concept and activity dispersion were occurring. One type (transmission effects) was occurring through structured and planned activities, the other (ripple effects) was occurring in a more organic way.

Transmission effects

Activities which are structured and intended to transmit WoW thinking and practice within and across different settings. For example, a local council representative attends WoW training and then organises follow up WoW activities with the Country Women's Association and Men's Shed as part of their annual workplan, transmitting key WoW practice into the community.

Ripple effects

Activities which lead to informal or unstructured sharing of WoW thinking and practice both within and across settings. For example, a teacher attends WoW training with the intention to use ideas and activities in their classroom, but then also uses these activities at home and with their local netball team.

Vertical and horizontal effects

This report uses the categorisations of vertical and horizontal transmission and ripple effects to distinguish between sharing of WoW thinking and practice within an organisation, setting or system (vertically) and between organisations, settings and systems (horizontally).

Vertical effects

Relate to the sharing of WoW practice within an organisation, setting or system. For example, schools produced vertical effects by sharing WoW practice from their primary school into their middle school. Education systems shared vertical effects by transmitting learnings between local schools.

Horizontal effects

Relate to the sharing of WoW practice outside of the original setting it was learned or intended for. For example, many WoW participants attended training in order to build health and wellbeing capacity in their workplace but have also used what they learnt with family and friends.

3 FINDINGS: AWARENESS, ENGAGEMENT AND PRACTICE CHANGE

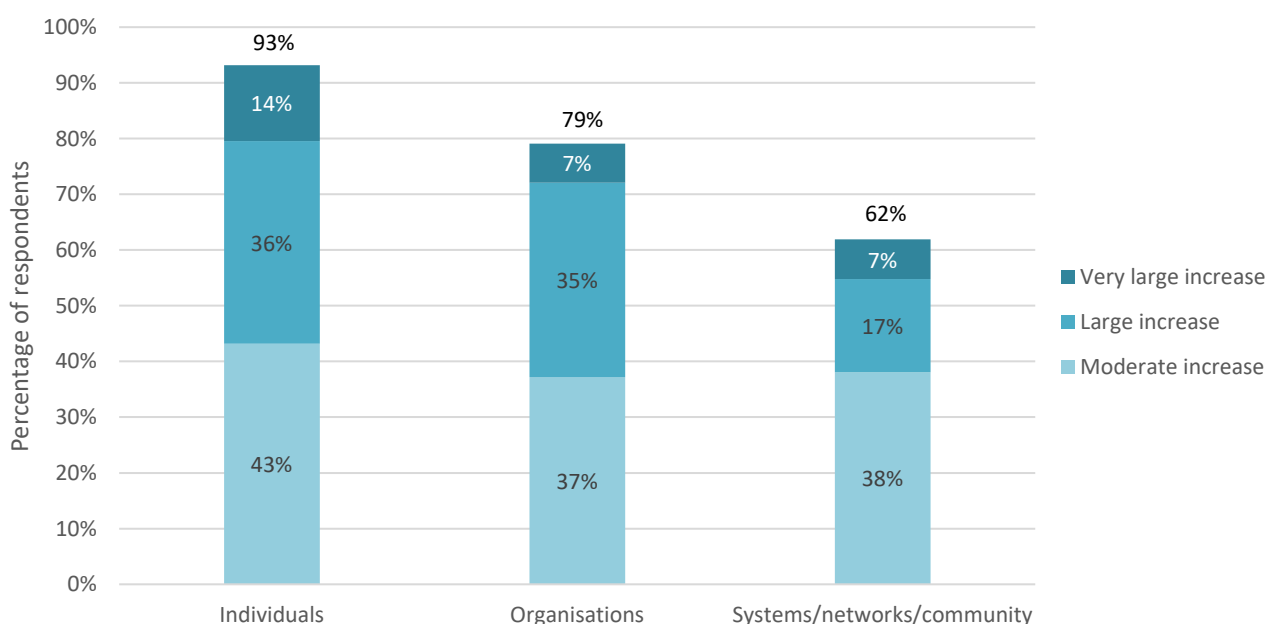
3.1 Changes in awareness and engagement

The WCB Project Review found strong evidence for increased awareness and engagement related to positive mental health and wellbeing through implementation of the WoW. This included increased awareness and engagement at three levels: individual; organisational; and network, system, and community.

Importantly, individual changes appeared to be influencing broader change. There were many examples where individuals promoted and championed organisational and broader systemic awareness-raising in their setting.

Figure 2 (below) shows the percentage of practitioner survey respondents who believed there had been a ‘*moderate increase*’, ‘*large increase*’ or ‘*very large increase*’ in awareness and engagement in positive mental health and wellbeing through the WCB Project. Other responses available to participants were ‘*small increase*’ or ‘*no increase*’.

FIGURE 2: CHANGES IN AWARENESS AND ENGAGEMENT



Noticeable **individual changes** in engagement and awareness were reported by approximately 95% (41/44) of practitioner survey respondents. These respondents believed there had been a ‘*moderate*’, ‘*large*’ or ‘*very large*’ increase in positive mental health awareness and engagement as a result of participation in the WCB Project. ‘Individual’ increases in engagement and awareness refers to the individuals who participated in some type of WoW workshop or activity, including activities run in local organisations or settings.

Organisational changes were also commonly reported. Approximately 80% (34/43) of survey respondents reported ‘*moderate*’, ‘*large*’ or ‘*very large*’ increases in awareness and engagement related to positive mental health in their organisations. This means respondents believed that awareness and engagement increases occurred with other organisational staff after WoW workshop and activity participants brought

their WoW thinking and practice back to the workplace. For example, many respondents noted increased conversations about wellbeing in the staff room and in staff meetings.

Network, system and community level changes showing ‘*moderate*’, ‘*large*’ or ‘*very large*’ increases in awareness and engagement were reported by approximately 60% (26/42) of practitioner survey respondents. This occurred in settings such as network meetings, community forums and sector level events.

These quantitative findings suggest that exposure to WCB project workshops and resources have allowed individuals, organisations, and broader networks, systems, and communities to increase their awareness of, and engagement in, positive mental health and wellbeing. A discussion of key themes and examples from the qualitative data is outlined below.

Breadth and depth stakeholder interviews and focus groups, qualitative practitioner survey responses and postcard feedback supported important positive changes in awareness and engagement related to health and wellbeing.

Awareness was improved through sharing knowledge of the evidence and science behind positive mental health and wellbeing, especially in organisational settings. Furthermore, individuals appeared to improve their understanding about the range of assets and activities available to them in their lives which supported wellbeing. Others reported improved awareness that the WoW was consistent with their own beliefs and values about wellbeing, which made concepts easier to adopt.

Awareness increases also related changes in the language used to describe mental health and wellbeing, with participants noting important shifts toward more health promoting language. At a personal level many respondents also felt they were more aware of their own emotions after completing WoW workshops and activities.

“
Between schools and
across educational systems
there has been a growing
recognition of the science
behind WoW (key
stakeholder interview)

“
I think that WoW has
created a language...
for people to talk about
wellbeing in the workplace
(practitioner survey)

Engagement with health and wellbeing thinking and practices appeared to be a natural flow-on effect of increased understanding and awareness, leading to strong demand for activities in many settings. Participants highlighted strong engagement around WoW thinking and practice in all settings in which the WoW was introduced, with engagement often initially led by individuals who were then able to motivate and engage the broader organisation or system they worked in. Organisational leaders who participated in WoW workshops and activities were noted to be prioritising wellbeing conversations and activities, as were staff who felt encouraged and empowered to talk about their health and feelings. The WoW appeared to stimulate and authorise greater permission to talk about positive mental health and wellbeing, which in turn facilitated engagement of others.

Practical examples of increased engagement and awareness included:

- High demand from local community organisations (e.g. primary health network, Lions Club and pre-schools) for facilitators to attend meetings and share the WoW, after discussions at local network meetings (*Network, system and community level*)

- Staff survey responses discussing satisfaction with WoW resources and activities, and how the organisation cares about staff wellbeing; a noted change from previous years (*Organisational level*)
- Changes in the way organisations were discussing mental health, reorientating deficit thinking and language to more positive mental health frameworks (*Organisational level*)
- Dinner time conversations with children and partners, especially in relation to social and environmental activities, and subsequent attendance at community events (*Individual level*)
- Validation and reinforcement of own personal beliefs and values, which in turn increased interest and commitment in undertaking positive mental health and wellbeing activities (*Individual level*).

Spotlight example

A regional mental health and wellbeing hub facilitator ran a workshop with vulnerable people who described experiences of disempowerment and disconnection, including service system responses which made them feel labelled and judged.

The facilitator observed high levels of engagement with the WoW through the day and believed participants were energised by the opportunities they saw in the WoW framework and activities which participants stated were non-judgemental, simple, and positive.

In feedback forms, participants described feelings of empowerment, new awareness about their mental health assets and resources, and a more strengths-based framework with which to think about their wellbeing. They believed they would use the WoW tool and activities in the future.

Together, the quantitative and qualitative findings suggest strong improvements in awareness and engagement related to positive mental health and wellbeing as a result of participation in the WCB Project. Importantly changes in individual awareness and engagement (through workshop participation) have led to awareness and engagement about positive mental health in broader organisational settings, and to other network, system and community settings.

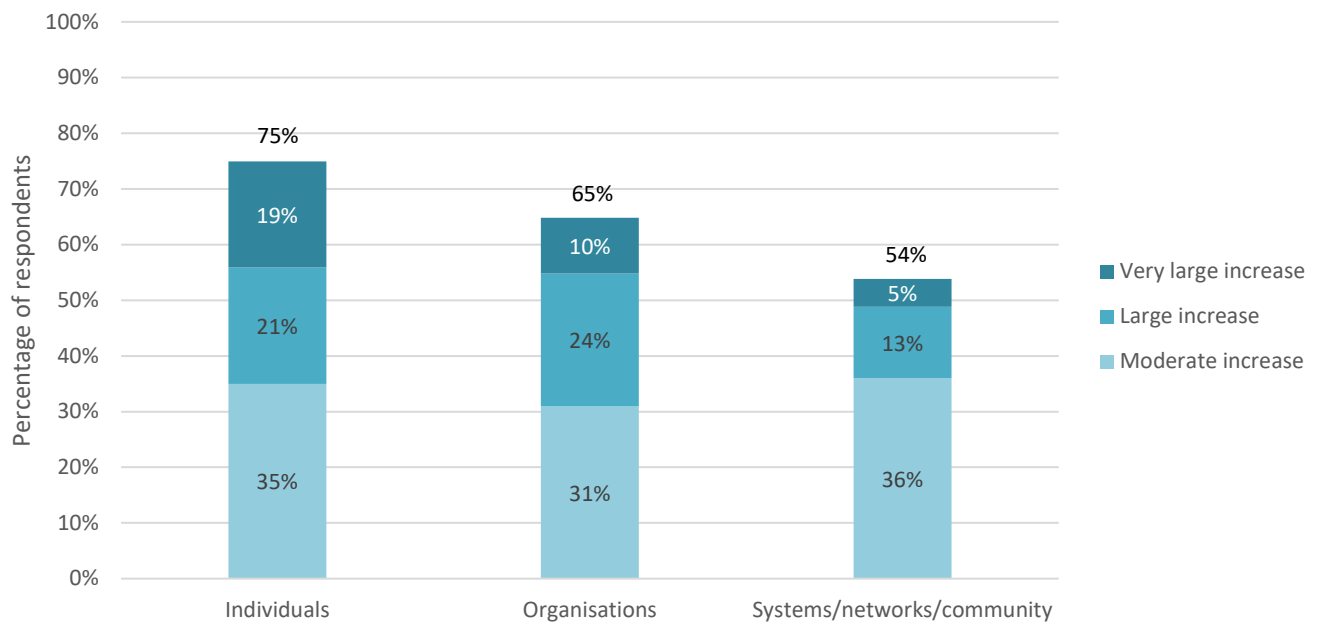
3.2 Changes in practice

While increases in awareness and engagement related to positive mental health and wellbeing confer important benefits, it is hoped these changes result in sustainable improvements which embed and integrate new behaviour and practices which support wellbeing.

Amount of practice change

Figure 3 (below) shows the percentage of practitioner survey respondents who believed there had been a 'moderate', 'large' or 'very large' increase in practice change related to positive mental health and wellbeing through participation in the WCB Project. Other responses available to participants were 'no' or 'small' increase(s).

FIGURE 3: PRACTICE CHANGES IN POSTIVE MENTAL HEALTH AND WELLBEING



Individual practice changes showing ‘*moderate*’, ‘*large*’ or ‘*very large*’ increases were reported by approximately 75% (32/43) of respondents, however almost half of these participants (35% of all respondents) believed changes had been only ‘*moderate*’.

Organisational practice changes showing ‘*moderate*’, ‘*large*’ or ‘*very large*’ increases were reported by 65% (27/42), however around half of this group (31% of all respondents) rated the practices changes as only moderate.

Similarly, **network, system, and community level practice changes** were identified as ‘*moderate*’, ‘*large*’, or ‘*very large*’ by 54% (21/39) of respondents. The majority of this group (36%) rated the changes as only moderate.

This quantitative data from the WoW Practitioner Survey suggests that noticeable changes to practice were apparent through participation in the WCB Project. While perceived practice changes were more commonly ‘*moderate*’ than ‘*large*’ or ‘*very large*’, consistent practice change was reported across individual, organisational, and at broader systems and community levels. Outlined below is a detailed discussion of these practice changes by each of these levels and the sector or setting being targeted.


Types of practice change

Qualitative analysis supported quantitative findings showing positive mental health and wellbeing practice change at individual, organisational, and network, system, and community levels. Individual changes were most commonly reported, and this is unsurprising as individual practice change is a necessary condition for broader organisational and systems level changes, and also because the WoW delivery methods start with individuals, who then diffuse learnings into their organisations and networks.

Individual practice change

A number of common behaviour and practice change themes were identified at an individual level. Many of these themes coalesced around specific WoW elements.

The capacity to **reflect on current mental health and wellbeing** was commonly reported. People were using the WoW to audit what they were doing across each of the six WoW elements. For example, using the WoW elements to review personal activities, creating a WoW calendar, and using the *Keep, Stop, Start (doing) Activity*.



We started no screens at dinner time (key informant interviews)

Changed behaviour related to **social engagement and support for others (*People – connect*)** was regularly reported, with participants highlighting connection with others through planned family time, walking with friends, gardening and sporting activities. Increased capacity to share feelings with others was also reported, especially as this related to workplace colleagues and settings.

Participants reported increased **psychological care and development (*Mind – keep learning* and *Spirit – give*)** by completing mindfulness activities, taking up new courses, participating in yoga, pilates and tai chi, and engaging in gratitude reflections and ‘random acts of kindness’. An increased confidence and capacity to say ‘no’ when overburdened was another commonly shared example of improved psychological care. Developing a better understanding of ‘flow states’ (*a feeling where you become fully immersed in whatever you are doing*) and the advantages of creating a psychological mindset which facilitates this was also a common psychological development activity.

Increased physical health behaviours (*Body – be active*) were commonly reported. Participants joined sporting clubs, started hobbies, took up walking and running and participated in yoga, pilates and tai chi. A stronger focus on healthy eating was also reported.

Being more environmentally friendly and engaging with the environment was another strong theme. Participants discussed volunteering in tree planting days, doing more gardening and composting, and spending more time talking to their children and grandchildren about environmental issues.

Specific examples of individual practice changes included:

- Students were encouraged to create their own projects at home during COVID-19 as a way to help them find their ‘flow state’. They were asked to reflect on what happened when mindfully immersed in a task they really enjoyed.
- An isolated elderly couple attending a WoW workshop found new community connections and subsequently joined into multiple community activities.
- Students created their own personalised mindfulness scripts (in some cases these were taken home and shared with their family).
- Starting a ‘social isolation project’ that included board games with a focus on *Mind – keep learning* and *People – connect* by strategically using mindfulness games and social interaction activities.

Spotlight example

One participant discussed reviewing what activities they could do as a family that would build positive mental health and wellbeing. This family identified low or no cost community activities under each WoW element, they would then decide on one or more activities each weekend. They believed the WoW framework assisted family decision making and they often decided on specific activities linked with an individual WoW element based on how they were feeling. Over six months they collated a notebook of activities.

Respondents believed significant individual behaviour and practice changes related to positive mental health and wellbeing occurred through WCB Project participation. Strong themes related to changed social engagement, and physical and psychological health practices were evident. Notably, 15 practitioner survey and postcard responses mentioned the value of WoW thinking and practice in supporting them and others during the COVID-19 pandemic in 2020.

Organisational culture, process and practice change

Significant organisational changes were also identified during the review. These have been categorised as cultural changes, process changes, and practice changes. It is acknowledged there is some overlap in these categorisations.

Common **organisational culture change** examples included embedding aspects of the WoW into broader organisational thinking and practice, including organisational documents. This included:

- Re-framed organisational conceptual models of health and wellbeing which were more strengths-focused and encouraged more positive language
- Consolidating organisational health and wellbeing practice under the WoW framework; using the WoW as the organisational 'service model'
- Integrating the WoW framework into school policies, for example a school code of conduct and student wellbeing policy
- Embedding the WoW framework into an organisational induction and staff training program.

I lead over 200 staff... we implemented WoW strategies across our workforce including workshops for staff, workshops incorporated into our induction program, a WoW group who co-ordinate activities and people undertaking the WoW lite program (postcard)

Organisational process changes related to the WoW were identified. Participants reported integration of the WoW into workplace processes and communications; common examples included:

- Using the WoW as an auditing and planning tool
- Creating wellbeing as a standing agenda item at staff meetings, with a different WoW element considered at each meeting
- Weekly emails sharing 'WoW updates' with tips and tricks to encourage participation in wellbeing activities
- Promotion of local community wellbeing activities via social media channels.

We have it (wellbeing) on the agenda at each staff meeting now, we use the WoW to check in (practitioner survey)

Organisational practice changes were also evident. Many workplaces adopted WoW ideas to support staff (including teachers') self-care, to develop relevant organisational and educational content, to create more thoughtful approaches to difficult behaviour, and to structure organisational activities. Examples included:

- Integrating activities into the school curriculum, including activities under each WoW element
- Changed behaviour management strategies with students, and a greater focus on 'relationship building'
- Using the WoW to structure mental health week activities, and staff and student wellbeing days
- Development of a 'WoW community group' (developed on Facebook) that promoted and ran community wellbeing activities outside of the organisation following exposure to wellbeing thinking and practice within the organisation
- Ringing a bell at 11am and 3pm to remind people to get up, stretch and take a break
- Classes sending home 'care packages' for children who are sick
- Embedding weekly staff group exercise activities at a school
- Embedding mindfulness sessions before school staff meetings
- Creating a buddy system through a program titled 'Dwarves and Giants'.

We ran a week of wellbeing during mental health week incorporating a piece of the wheel each day (postcard)

We now do something for each day of the week: mindful Monday; take notice Tuesday; well-being Wednesday; thoughtful Thursday; fun Friday (depth interview)

Significant organisational culture, process and practice changes were reported during the WCB Project Review. It appears that individuals receiving WoW training are bringing ideas back to their workplaces and encouraging adoption of new thinking and practice. These cultural, process and practice changes appear to be assisting organisations to embed the WoW framework. While these changes take time, there is clear evidence the WoW is taking hold in many organisational settings.

Systems practice change

Important **network, systems and community level practice changes** were identified through the WCB Project Review. Participants considered these changes valuable as they helped to share WoW messages about positive mental health and wellbeing with broader groups. Key changes included:

- Formative development of a new not-for-profit organisation who would provide fee for service WoW training (currently in recess due to funding and COVID-19 barriers)

The community Wheel of Wellbeing inspired the establishment of the Central Queensland Wellbeing Hubs Inc. a not-for-profit organisation developed from seven individuals who attended a WoW workshop and wanted to continue building positive mental health capacity in the region (practitioner survey)

- Refinement and adaptation of the WoW specifically for use in education settings (*Wow Ed*) by Implemental and education system staff
- Refinement and adaptation of the WoW for other settings, including alcohol and other drug and disability settings
- A large community service organisation embedding aspects of the WoW into all state and national team meetings
- A WoW participant who had completed training for their school subsequently shared WoW thinking and activities with 50 local area principals
- Development of an online WoW program
- Discussions about the WoW, and positive mental health and wellbeing in network meetings (e.g. mental health coach networks, youth networks, school health nurse networks, mental health networks)
- Sharing WoW concepts and activities in community forums and sporting clubs through presentations.

”
It ended up there were these really positive powerful passionate women [from the 1-day WoW workshop] who grabbed the WoW and went ‘this is great’, and then spread it around the 13 communities, delivering training and workshops (depth interview)

Regional wellbeing hubs

Embedding the WoW into regional wellbeing hubs (<https://www.qmhc.qld.gov.au/awareness-promotion/mental-health-wellbeing/regional-wellbeing-hubs>) and using the WoW framework to support broader community service coordination and engagement was a key practice change identified in local communities. WoW champions in hubs have facilitated its use across a broad range of community settings by encouraging its use for collaborative planning and service delivery activities.

Examples of important systems and community changes reported through hubs included:

- Using the WoW in development of a local area co-designed ‘collaborative action plan’; this included more than 40 community and health services, 80 community members, local councils, and state and federal government departments
- Using the WoW as an overarching framework for service provision across a local area, while still allowing organisations to retain their own identity and service models
- Using the WoW to develop service agreements about improved coordination and outreach provision to an isolated island
- Using the WoW as a decision-making tool for project activities with multiple service providers
- Training trusted local people (rather than outsiders) to run WoW activities in vulnerable communities.

Spotlight example

WoW activities led by a regional wellbeing hub prompted a review of activities at a Men's Shed. This included using the WoW framework to inform new governance structures and process.

The WoW was also used to more clearly define the Men's Shed practice model using the six WoW elements to clarify the services they offered. Changes resulted in increased numbers of men accessing the service, and the provision of outreach health services at the Men's Shed. This was viewed as especially important because many of the men in the area were recognised as isolated and vulnerable.

It is particularly important that significant systems and community level practice changes were identified during the WCB Project Review. This suggests the WoW framework is being effectively shared both within and across organisations, systems and communities, in some cases disseminating new health and wellbeing thinking and practice to isolated and vulnerable communities. Systems and community level practice changes have also brought people and organisations together to plan and coordinate their work more effectively and to use the WoW as an agreed service framework. The education sector and other settings have adapted the WoW so practices can more easily be implemented in these settings.

3.3 Changes by sector

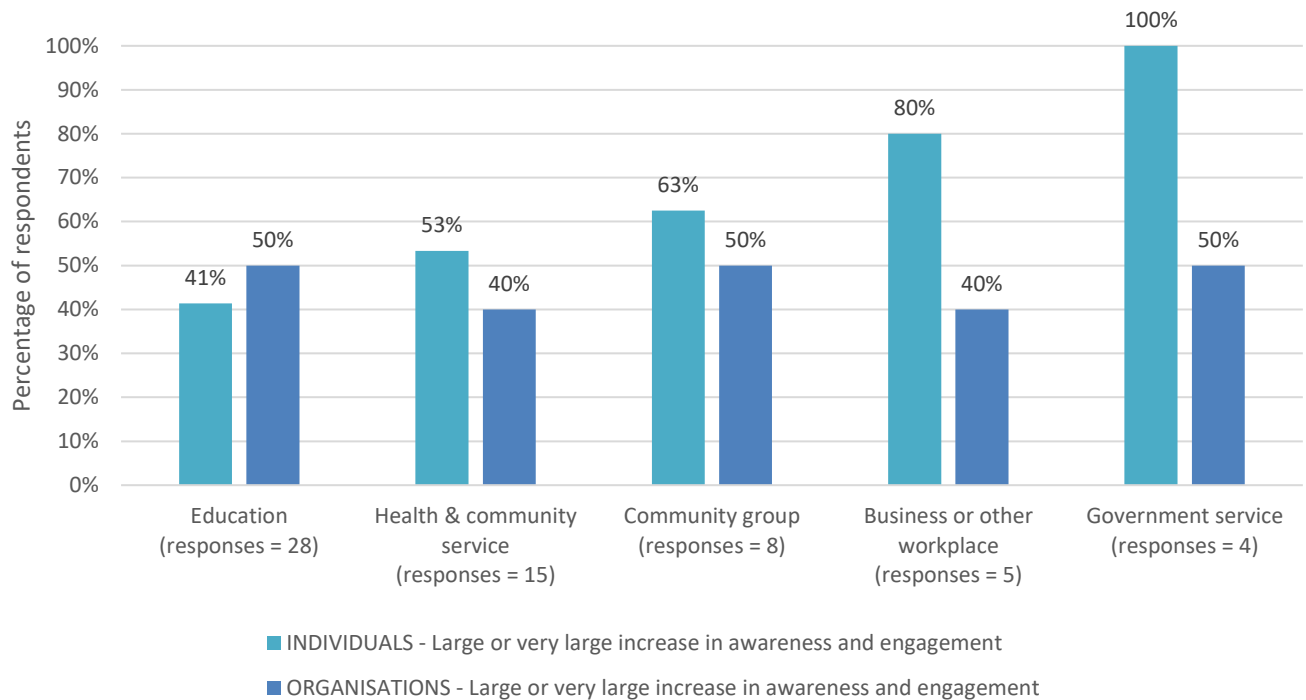
Awareness and engagement changes

Separate to their broad perceptions about changes in awareness and engagement, WoW practitioners were asked to consider changes by specific sector or setting. Results are shown in There were 60 responses from the 48 people who answered questions about the sector(s) they worked in, with some respondents providing responses for more than one sector.

Figure 4 (n=48).

Only responses for 'large' and 'very large' increases are shown. Other options available were 'moderate', 'small' or 'no' increases. Survey participants were asked about changes for individuals and organisations (but not systems and communities). There were 60 responses from the 48 people who answered questions about the sector(s) they worked in, with some respondents providing responses for more than one sector.

FIGURE 4: CHANGES IN AWARENESS AND ENGAGEMENT BY SECTOR



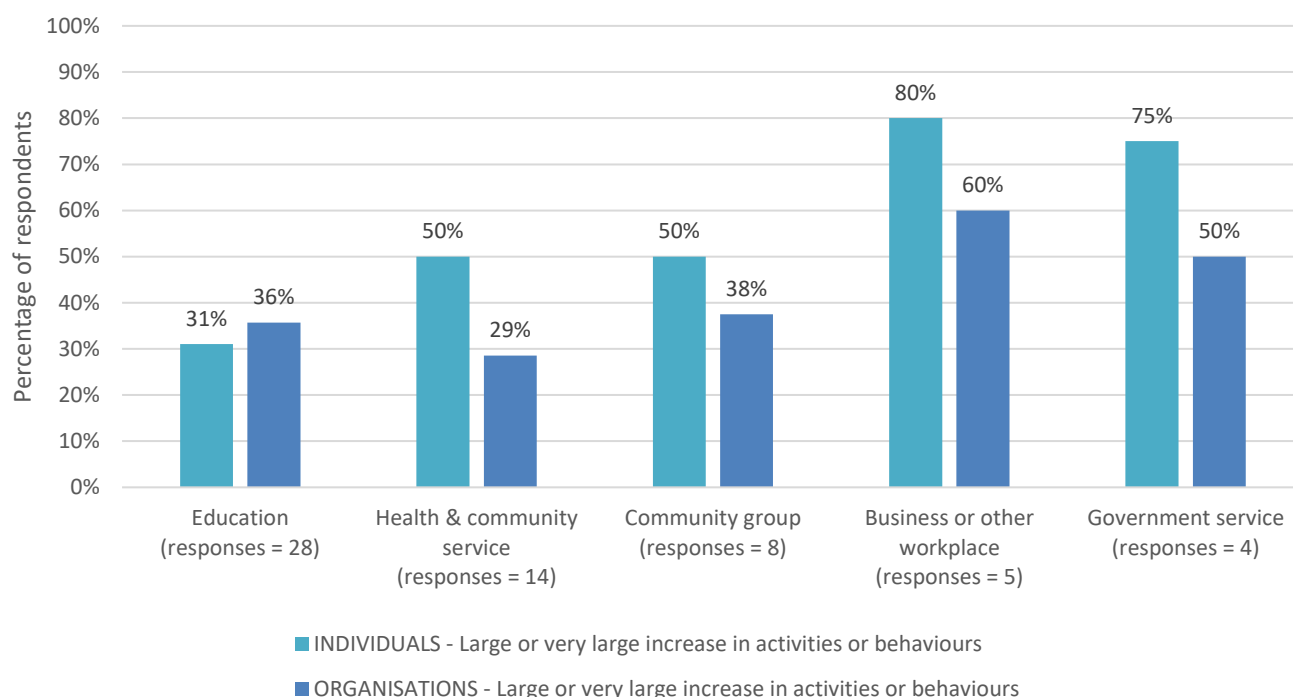
The small number of respondents in some sectors means this data should be viewed with caution, however two points of interest are noted. Firstly, we generally see larger changes in awareness and engagement for individuals compared to organisations, and secondly, substantial changes in awareness and engagement are noted across all sectors for both individuals and organisations.

It should be noted that the majority of responses were from the education sector. More responses from this sector may indicate stronger engagement with the WoW. It is notable that respondents from the education sector reported more 'organisational change' than 'individual change', a surprising result given that respondents regularly discussed the value of individual changes in awareness and engagement driving broader organisational and systems change in their settings. It may be that practice change in the education sector has been particularly strongly supported by schools adopting the WoW.

Practice changes

Figure 5 shows practitioner survey results for perceived changes in practice by sector (n=48). Only responses for 'large' and 'very large' increases are shown. Other options available were 'moderate', 'small' or 'no' increases. Survey respondents were asked about changes for individuals and organisations. Some participants provided responses for more than one sector, thus providing 59 responses in total.

FIGURE 5: CHANGES IN PRACTICE BY SECTOR



The small number of respondents in some sectors means this data should be viewed with caution. Consistent with awareness and engagement changes above, practice change is more noticeable for individuals, compared to organisations, and respondents believed practice change had occurred for both individuals and organisations in all sectors.

It should be noted the majority of responses were from the education sector. More responses from this sector may indicate stronger engagement with the WoW. It is again notable that respondents from the education sector reported more 'organisational change' than 'individual change'.

Changes by sector

Outlined in Table 1 (below) comparing perceived awareness and engagement, and practice change across the education sector, community and health sector, government sector and in community groups.

'Businesses and other workplaces' have not been included in the comparison due to the low sample size in the practitioner survey and the fact this sector was not targeted in the depth data collection phase. This means it would be unreasonable to make review comments based on such a small sample in isolation.

TABLE 1: CHANGES BY SECTOR

Changes observed	Education	Health & community services	Government services	Communities & community groups
Awareness & Engagement – Organisational level				
<ul style="list-style-type: none"> Improved understanding about the evidence and science behind positive mental health and wellbeing 	✓	✓	✓	

Changes observed	Education	Health & community services	Government services	Communities & community groups
<ul style="list-style-type: none"> Leaders prioritising wellbeing conversations and activities 				
<ul style="list-style-type: none"> Improved understanding of the assets and activities which support wellbeing 				
<ul style="list-style-type: none"> Changes in the way health is described – shifts to more wellness focused language 				
<ul style="list-style-type: none"> Increased awareness about strategies to maintain wellbeing 				
<ul style="list-style-type: none"> Requests for more wellbeing activities 				
<ul style="list-style-type: none"> Communications promoting WoW activities 				
Awareness & Engagement – Network & System level				
<ul style="list-style-type: none"> WoW advocacy and promotion by the Principal Advisor – Mental Health Student Engagement and Wellbeing – North Coast region (Department of Education) 				
<ul style="list-style-type: none"> WoW advocacy and promotion by regional wellbeing hub representatives 				
<ul style="list-style-type: none"> Improved understanding about the evidence and science behind positive mental health and wellbeing 				
<ul style="list-style-type: none"> Leaders prioritising wellbeing conversations and activities 				
<ul style="list-style-type: none"> Leaders advocating for systemic WoW implementation 				
<ul style="list-style-type: none"> Increased awareness about strategies to maintain wellbeing 				
<ul style="list-style-type: none"> Discussions with executive management to systematically expand WoW adoption to other services in the region 				
<ul style="list-style-type: none"> Discussions about further use and adoption of the WoW with community and health service providers at a regional wellbeing hub 				
<ul style="list-style-type: none"> Requests for more wellbeing activities 				
Practice – Organisational level				
<ul style="list-style-type: none"> Integrating the WoW framework into school policies 				
<ul style="list-style-type: none"> Using WoW tools to audit wellbeing 				

Changes observed	Education	Health & community services	Government services	Communities & community groups
• Including WoW as a standing agenda item at staff meetings	✓	✓		
• Using WoW to frame student and staff wellbeing days	✓			
• Changed behaviour management strategies	✓			
• Using WoW in the school curriculum	✓			
• Increased activities designed to promote social connectedness	✓	✓	✓	✓
• Increased workplace psychological care activities	✓	✓	✓	
• Increased workplace physical care activities	✓	✓	✓	
• Using the WoW as an organisational service model or framework		✓		✓
• Using the WoW in induction and staff support and development training			✓	
• Running multi-day WoW workshops			✓	
• Development of a WoW community support group (outside the workplace)			✓	
• Using WoW to develop governance and practice models		✓		✓
Practice – Network & System level				
• WoW framework adaptation for use in education settings (<i>Wow Ed</i>)	✓			
• Discussion of WoW in network meetings	✓	✓	✓	
• Systematic sharing of the WoW with other schools	✓			
• Using the WoW to frame service models and delivery		✓		✓
• Using WoW as an overarching framework for service coordination		✓		✓
• Using WoW to help in service co-design		✓		✓
• Changed service provision practices		✓		✓
• Discussion of WoW in network meetings (youth, education, mental health, and alcohol and other drug)	✓	✓	✓	
• Using WoW as decision making tool for activities	✓	✓		✓

Changes observed	Education	Health & community services	Government services	Communities & community groups
<ul style="list-style-type: none"> Sharing WoW activities with other government services 			✓	
<ul style="list-style-type: none"> Sharing WoW activities with local community and health services 		✓	✓	
<ul style="list-style-type: none"> Sharing WoW activities at local community network meetings that included both government and health and community service providers 		✓	✓	
<ul style="list-style-type: none"> Formative development of a not-for-profit organisation to deliver WoW activities on a fee for service basis (currently in recess) 				✓
<ul style="list-style-type: none"> Sharing WoW concepts and activities in community forums and sporting clubs 		✓		✓
<ul style="list-style-type: none"> Using WoW as a decision making tool for community activities 				✓
<ul style="list-style-type: none"> Using the WoW to help volunteer community groups structure governance and service delivery 				✓

Education sector

Changes in health and wellbeing awareness and engagement, and practice, were evident in the education sector. There were clearly evidenced changes at organisational, and networks and systems levels.

Table 1 shows commonly reported changes in awareness and engagement, and practice, from education sector respondents. This data was sourced from qualitative responses in the practitioner survey, key stakeholder interviews, postcard responses, and depth interviews and focus groups with two schools.

It should be noted that only pre-school, primary school and secondary schools are represented here. No data was gathered from Universities, or Technical and Further Education (TAFE) providers.

Both education leaders, and the evidence base for wellbeing, were identified as important factors driving individual school and broader education systems awareness and engagement, and practice changes. Furthermore, the WoW was adapted specifically for use across education settings during the WCB Project; it is likely that contextualising WoW concepts and practices specifically to the education sector facilitated uptake at both an individual school level and broader educational system level.

The Principal Advisor – Mental Health Student Engagement and Wellbeing (North Coast region) was repeatedly identified as a WoW champion who worked hard to advocate for and systemically integrate WoW activities into education settings across the region. The work of setting specific WoW champions was also acknowledged as important to widespread uptake and ongoing momentum for WoW activities.

Health and community services sector

Changes in awareness and engagement, and practice related to mental health and wellbeing were evident in the health and community services sector. These were identified at both the organisational, and network, system and community levels. Interestingly, more systems level changes were identified than organisational changes; this may be the result of the depth data collection focus on two regional wellbeing hubs, as well as an individual community service.

Table 1 (above) shows commonly reported changes in awareness, engagement and practice from community service and health sector respondents. This data was sourced from qualitative responses in the practitioner survey, key stakeholder interviews, postcard responses, and depth interviews and focus groups from an individual community service and representatives from two regional wellbeing hubs.

Using the WoW conceptually also occurred at a systems levels where service collaborations to plan, coordinate and deliver services were using the framework. Understanding the evidence base for wellbeing was identified as an important factor driving awareness and engagement, and practice change, at both organisational, and broader networks and systems levels in the community and health services sector.

Government services

There were important changes related to health and wellbeing awareness and engagement, and practice, in government services. Organisational level changes were most evident, although important advocacy for the WoW was also occurring at network and systems levels.

Table 1 (above) shows commonly reported changes in awareness and engagement, and practice from government services respondents. This data was sourced from qualitative responses in the practitioner survey, key stakeholder interviews, postcard responses, and depth interviews and focus groups at one government service.

Our depth analysis identified strong engagement with, and uptake of, the WoW at a large government service. This included the widespread adoption of WoW activities across the service, including using short WoW activities and longer workshops, and incorporating WoW thinking and practice into staff induction, and training. Most staff at this large site had participated in WoW activities or workshops in some form. WoW language, concepts and activities supporting positive mental health and wellbeing were well embedded.

Responses from this service also identified strong advocacy from senior leaders for more widespread adoption of the WoW through the broader organisation in Queensland, and through the local community.

Communities and community groups

Changes in awareness and engagement, and practice related to positive mental health and wellbeing were evident in local communities and the community groups who support these communities. Many of these organisations were involved through regional wellbeing hubs.

Table 1 shows commonly reported changes in awareness and engagement, and practice from community groups. This data was sourced from qualitative responses in the practitioner survey, key stakeholder interviews, postcard responses, and depth interviews and focus groups from two regional wellbeing hubs.

More significant changes were evident at a network, system and whole of community level, rather than an organisational level. Repeated themes included using the WoW to frame community conversations about health and wellbeing, and as a decision-making tool about which activities to fund in local areas.

3.4 Effects on positive mental health and wellbeing

Data identifying individual positive changes to health and wellbeing amongst people receiving WoW activities was gathered through the project. There were three themes related to improved mental health and wellbeing through our data analysis although no pre and post testing of mental health status was conducted.

Firstly many respondents discussed improved psychological wellbeing through references to increased resilience, clearer sense of purpose, improved mood, calmer work and school settings and reduced anxiety and stress. Secondly, participants regularly identified improved relationships resulting from WoW involvement, this included improved family and friend relationships, improved relationships between work colleagues, and between teachers and students. Finally, the WoW appears to have encouraged an increased focus on physical health with many people discussing uptake of activities like walking, running, yoga and pilates. Healthy eating was also recognised as having improved for some people.

The Men's Shed received a grant and they bought a pop-up tent with compartments, so they can have consultation rooms in it. The men can sit down with a health professional...I mean, in that environment they are doing that, they will sit down and have a prostate exam (depth interview)

Comments suggesting improvements in positive mental health and wellbeing included:

- *"A renewed sense of purpose, personally and at work"* (key stakeholder interview)
- *"Improved overall wellbeing"* (postcard)
- *"Schools reported so many positive impacts for staff wellbeing and resilience"* (key stakeholder interview)
- *"Teachers discuss calmer behaviour, looking for strengths in kids more than before"* (practitioner survey)
- *"We did pre and post testing... there were 14 questions around positive mental health... it shows people who go through the intensive program show positive shifts"* (practitioner survey)
- *"Helping children deal with anxiety and stress"* (postcard)
- *"Improved mood, improved physical as well as mental health"* (postcard)
- *"Being aware of my work and balance of relaxation, it has strengthened my wellbeing"* (postcard)
- *"You can visibly see changes in people. There's more camaraderie, people are more familiar and friendly with each other"* (depth interview)
- *"I think the mental health of staff has improved dramatically, students are also calmer after doing mindfulness, this is why we are doing the research with Smiling Mind in 2021"* (depth focus group)
- *There are people we know who have done the workshop, and then weeks or months later they've been at a time in their life where they've been on the brink of suicide. They've used what they learned in the workshop to get through and it's helped them* (depth focus group).

3.5 Conclusion: Awareness and engagement, and practice change

There was strong support for changes to positive mental health awareness and engagement, and practice, during this review. Participants believed these changes were the result of exposure to the WoW. Some

findings suggest that increased understanding and awareness about health and wellbeing facilitated engagement with the WoW, which in turn motivated practice and behaviour changes.

Changes were identified at individual, organisational, and network, system and community levels. Importantly, many participants believed that initial changes made at an individual level led to broader organisational and systems level changes as these people championed WoW thinking and practice in their workplace or broader setting.

Changes in awareness and engagement, and practice, were identified across all key sectors and settings targeted by the WCB Project (Education, Community and health Services, Business, Government, and Community).

The most numerous examples of increases in awareness and engagement, and practice change, came from the education sector in primary and secondary school settings. The WoW was being used to support school thinking about mental health and wellbeing at a conceptual level, and through widespread practical activities with teachers and students.

Health and community services were using the WoW in their own organisations, but also to plan and coordinate work with others, and this was having noticeable impacts in their local communities. Government services were also effectively implementing WoW thinking and practice, including integrating the WoW into workplace induction and broader staff development activities.

While individual changes were more numerous than organisational and systems level changes, it is clear the WoW has been integrated into organisations and broader networks, systems and communities. Advocacy for the WoW at a sector and systems level remains a strong focus for the project.

In considering these very positive results we should remain mindful that participant responses are likely to have come from those individuals and organisations with relatively greater impacts on awareness and engagement, and practice change related to positive mental health and wellbeing. Nonetheless, there is evidence to suggest new practice has been adopted, and practical improvements in mental health and wellbeing have resulted through participation in the WCB Project.

4 FINDINGS: EMBEDDING AND INTEGRATION OF CONCEPTS, ACTIVITIES AND RESOURCES

All sectors and settings targeted in this review have effectively implemented, embedded and integrated WoW concepts, activities and resources. There is evidence to suggest the WoW has been implemented and embedded across the education, health and community, government, and broader community settings at both organisational and broader systems levels.

“The cultural shifts organisationally have been noticeable (key stakeholder interview)”

A key finding from the review was that the capacity to embed the framework was strongly influenced by the WoW's simple and flexible design, allowing it to be overlaid onto organisational models, process and practices, and adapted to specific setting requirements.

4.1 Usage and uptake

Consideration was given to the number of WoW workshops and activities run, and the uptake of these across different sectors and settings. WoW practitioners offer two discrete but connected workshops, a one-day introductory workshop and a five-day intensive workshop (DIY Happiness). They also provide one-off activities which relate to specific WoW elements or a combination of elements.

Set out below is data on the number of workshops and activities facilitated by WoW practitioners who responded to the practitioner survey. It is used to build a picture of the typical range and level of activity WoW practitioners engage in. Data on the number of people participating in each workshop or activity, and the timeframe in which workshops and activities occurred was not available. Workshop uptake occurred across the education, health and community, government and business sectors, and in the community.

Given approximately 20% of all WoW practitioners completed the survey it is likely that the total number of workshops and activities facilitated across the full WoW practitioner pool substantially exceeds the figures shown here. It is unclear if respondents to the WoW practitioner survey completed more, less or similar amounts of workshops and activities compared to those WoW practitioners who did not participate in the survey. It is also unclear whether the survey data on number of workshops excludes or includes the initial workshop that practitioners facilitate to gain accreditation following completion of the DIY Happiness Workshop.

Number of workshops and activities

One-day introductory workshop

The WoW is introduced via a one-day workshop designed to share key theory and science behind positive mental health and wellbeing, and which outlines the six key elements which make up the WoW (*People, Spirit, Place, Body, Mind and Planet*). This workshop aims to build awareness and engagement about the importance of wellbeing and the diversity of elements it incorporates. Both WoW advanced practitioners and WoW practitioners provide the one-day workshops.

TABLE 2: NUMBER OF ONE-DAY INTRODUCTORY WORKSHOPS FACILITATED

Number of one-day workshops facilitated by each respondent	Number of respondents (practitioners and advanced practitioners)	Total number of introductory workshops facilitated
None	5	0
1	20	20
2	8	16
3	5	15
4	1	4
Between 5 and 10	5	25-50
More than 10	4	≥ 40
TOTAL	48	≥ 120

Practitioner survey responses (n=48) showed that at least 120 one-day introductory workshops had been conducted by those completing the survey. Interestingly more than 50% (25/48) of participants had facilitated either one workshop or no workshops; it is unclear if these were new or existing WoW practitioners.

Five-day intensive workshop (DIY Happiness)

WoW intensive workshops are delivered by advanced practitioners. This program, known as the 'DIY Happiness Workshop' is a five-day program designed to put the theory and science of positive mental health and wellbeing (studied in the one-day program) into action. It also considers how activities might be implemented and embedded in local contexts and settings. The five-day workshop is typically run over a couple of months, allowing workshop attendees to practice what they are learning and bring reflections back to the group. As with the one-day workshops we do not have centralised data on the number of people participating or number of total workshops run. However, more than 80% (9/11) of advanced practitioners completed the survey so data here can be considered more representative of the total cohort, compared to the data for WoW practitioners (above).

TABLE 3: NUMBER OF FIVE-DAY DIY HAPPINESS (INTENSIVE) WORKSHOPS FACILITATED

Number of five-day workshops facilitated by each respondent	Number of respondents (advanced practitioners)	Total number of DIY Happiness workshops facilitated
1	2	2
2	2	4
3	2	6
4 or more	3	≥ 12
TOTAL	9	≥ 24

Advanced practitioner survey responses (n=9) to the number of five-day intensive workshops facilitated showed that at least 24 intensive workshops had been conducted by those completing the survey. Qualitative responses showed that five of the nine respondents had adapted the WoW intensive workshop to a specific sector (e.g. education), setting (e.g. alcohol and other drug rehabilitation centre) or population group (e.g. teachers).

WoW activities

WoW activities are delivered by WoW practitioners, and people who have participated in WoW workshops. Activities are provided to a wide range of people in diverse sectors and settings; these can be short, one off events focused around a single WoW concept or element (e.g. understanding the evidence behind positive mental health, running a mindfulness session, or making a 'gratitude jar'), or they may be ongoing activities that consider multiple WoW elements (e.g. school mental health week activities where a different WoW element is considered each day).

There were 48 practitioner survey responses to the question about how many individual WoW activities they had delivered. There was wide variability in answers to this question and this is understandable given some survey participants had been verified as WoW practitioners for longer than others. Table 4 (below) shows the number of activities (separate from workshops) run. Table 4

TABLE 4: NUMBER OF WOW ACTIVITIES DELIVERED

Number of WoW activities delivered by each respondent	Number of respondents (practitioners & advanced practitioners)	Total number of activities run (separate to workshops)
None	5	0
1 - 2	6	6 - 12
3 - 6	11	33 - 66
7 - 20	15	105 - 300
More than 20	11	≥220
TOTAL	48	≥364

More than 50% of WoW practitioners surveyed (27/48) had delivered more than seven activities, and more than 77% had delivered at least three activities. Only 10% of respondents had not yet delivered any WoW activities.

Sectors and settings adopting the WoW

Sectors that have adopted the WoW include education, health and community services, government, and business. The WoW has also been used in community settings like sporting clubs and volunteer organisations. The regional wellbeing hubs established by QMHC in 2016 have been important grounding points for the WoW, allowing dissemination into local communities and encouraging further uptake by health and community services in particular.

In the dataset available from the practitioner survey, many WoW workshops and activities were being undertaken in the education sector and most practitioners who responded to the survey had run at least one workshop in this sector. Primary schools were the most common education setting represented (50%), followed by secondary schools (33%). It is unclear if this emphasis on education is reflective of a greater focus on WoW activities in this sector or is an artefact of our survey sample. Many respondents had also run activities in health and community services, and more than 40% of participants (18/43) listed using the WoW in more than one sector or setting. One advanced practitioner ran workshops across four different sectors or settings (education, health and community services, government services, and community groups).

TABLE 5: SECTOR OR SETTING IN WHICH ADVANCED WOW PRACTITIONERS RAN FIVE-DAY INTENSIVE WORKSHOPS

Sector or setting	Number of five-day intensive workshops conducted
Education	9
Health and Community Services	5
Government Services	2
Business or workplace	1
Community Groups	4
TOTAL	21

Table 5 (above) shows the sector or settings in which advanced practitioners in the survey sample had delivered five-day intensive workshops.

People targeted for WoW activities

WoW practitioners responding to the survey were asked to identify their workshop and activity participants. Six groups were identified from the 47 responses provided. Many practitioners used WoW activities with more than one group. Responses from advanced WoW practitioners and WoW practitioners are combined in Table 6 below.¹

TABLE 6: PEOPLE TARGETED FOR WOW ACTIVITIES

Groups targeted for WoW activities	Number of times listed
Staff (education, health and community, business, and government services)	42
Students	15
People using community and health services	9
Community groups	8
Parents	2
Businesses	2
TOTAL	78

Responses showed the majority of people targeted for WoW activities were staff (54%). The next most represented group was students (19%), while WoW activities were also being provided to people using health and community services (12%), community groups (10%), parents (3%), and businesses (3%).

¹ Two responses did not specify the groups they had targeted. These were 'run activities in schools' and 'secondary schools'. In these cases, responses have been allocated under both Staff and Students.

4.2 Helpful concepts, activities and resources

Participant responses showed uptake and use of varied WoW concepts, activities and resources which were thought to assist embedding the WoW in local settings. WoW practitioners also highlighted resources they were using to deliver workshops and activities, and to provide follow up support as important.

[The WoW is] a really good decision-making tool. When we have a group of people coming together to talk about a project or service need, they ask questions about each domain of the wheel, so we can be holistic... The tool helps us know how much a project will have an impact on wellbeing (depth focus group)

Concepts

The WoW conceptual framework was important in WoW uptake with individuals, organisations and broader systems and communities. This included the evidence supporting the framework which gave workshop and activity participants confidence that the WoW could be helpful to them. The WoW framework was:

- **Simple to understand and share with others**, this was considered important to its widespread dissemination (See *Chapter 6: Transmission and ripple effects*).
- **Made up of six understandable elements** that helped in structuring thinking and practice. Participants reported that the elements made sense to them and were activity dimensions they could use to plan activities around, for both themselves and their workplace settings.
- **Based on a 'self-help model'** and 'learning by doing' approach. Workshop participants were encouraged to think about, and practically test how the WoW could assist them before sharing it with others. This appeared to encourage uptake and integration. Having seen demonstrable value personally, participants were motivated to promote and embed these ideas more broadly.
- **Strengths-based**. Participants liked the health promoting and solution focused approach being espoused by the WoW. Some participants also felt it aligned well with their existing organisational service delivery models which assisted in integrating and embedding the WoW.

You can't just jump into this you need to do it for yourself first. Once you see the benefits it's easy to share with others (practitioner survey)

Separate to the conceptual frame created by the WoW our review identified five additional ways it was used conceptually. These have likely facilitated its integration and embedding into new settings. The WoW was used as:

- **A tool to audit strengths, assets and resources**. Multiple participants used the WoW to audit their current health and wellbeing. This was reported to assist because it helped people recognise the significant activities and resources they already participated in, and resources they had available to improve their wellbeing.
- **A planning and service coordination tool**. It is likely this has facilitated its integration and embedding into some systems and communities. Although not intended as such, the WoW was used to collaboratively identify needs, and plan and coordinate services. This led to a wide range of service providers, community members and funders having exposure to the tool and using it to

make collaborative decisions. These activities are likely to have been useful in further embedding the WoW across systems and communities.

- **A framework for service induction and training.** One service had organised significant elements of their induction and training program around the WoW, including developing two specific WoW training packages. Using the WoW as a framework for staff development is likely to have led to significant integration and embedding of key WoW thinking and practice in this organisation.
- **A service delivery framework.** The WoW was adopted by services as a way to conceptualise their service delivery approach, including implementation of more health promoting and strengths-based practices. Using the WoW as a service model is likely to embed key WoW principles and practices in these settings.
- **As a governance framework.** In one example the WoW framework was reported to have been used in simplifying and clarifying the governance framework at a Men's Shed.

”
They used the WoW as a way to build up their Men's Shed. They built their governance and their practice model around WoW - they built it into their Men's Shed model (depth interview)

Spotlight example

One community has used the WoW as a decision-making tool to prioritise wellbeing activities and coordinate services. Regional wellbeing hub representatives reported developing a 'collaborative action plan' with more than 40 community and health services, and 80 community members and contract manager representatives from local, state and federal government. They believe using the WoW has assisted in breaking down barriers and developing agreed guiding principles bringing services, people and funding bodies together under 'one united action plan'. They now use WoW branding on all promotion.

Activities

Participants described an array of WoW activities which had been integrated and embedded into their individual, organisational or wider setting practice. Importantly many individual activities were first shared in WoW workshops and activities before they were more broadly socialised. The most commonly discussed activities included:

- Social connectedness activities
- Meditation, mindfulness and gratitude activities
- Yoga, tai chi and pilates activities
- Exercise activities, including walking
- Self-care reflections
- Support activities designed to help others

For a more comprehensive review of practice and behaviour changes, and activities being used as a result of WoW implementation, please see: *The impact of individual WoW elements* (immediately below) and *Section 3.2: Changes in practice*.

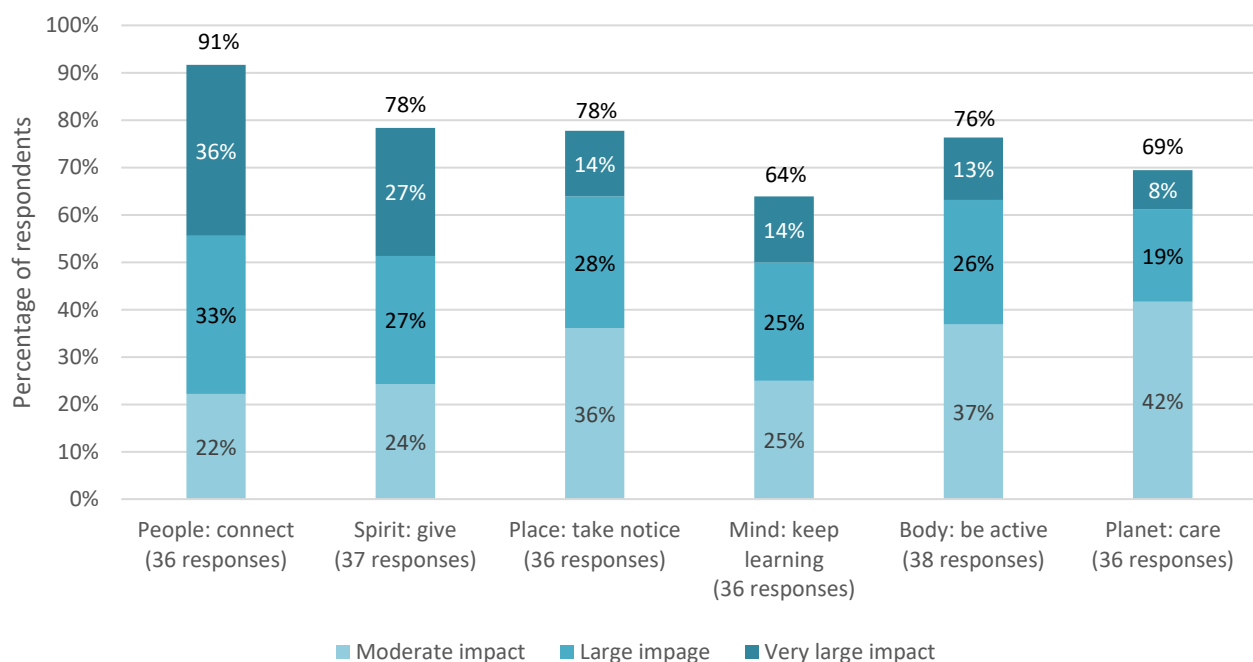
The impact of individual WoW elements

Participants completing the WoW practitioner survey were asked to rate each element (*Mind, Spirit, People, Place, Body* and *Planet*) for perceived impacts. Responses showing 'moderate', 'large' and 'very large' impacts are shown for each element in Figure 6.

Responses show that all elements of the WoW were thought to confer important benefits on positive mental health and wellbeing. *People – connect* was considered to have had the greatest impact, with 69% of respondents rating this as having a 'large' or 'very large' impact. Given the strong focus on relationships and social connectivity promoted in WoW workshops and activities this result is unsurprising. *Spirit – give* was also rated highly with 54% of respondents considering this had a 'large' or 'very large' impact, and many respondents discussed the importance of gratitude exercises and providing compliments as beneficial.

The lowest element rated as having a 'large' or 'very large' impact on positive mental health was *Planet – care* (28%), although the lowest overall impact when adding in 'moderate' ratings was for *Mind – keep learning*.

FIGURE 6: PERCEIVED IMPACT OF WOW ELEMENTS



Analysis of breadth and depth qualitative findings related to each WoW element supports the WoW practitioner survey. This is shown in

Table 7 which lists commonly reported participant activity themes. It is acknowledged there is significant overlap between WoW elements, and this is shown in

Table 7.

TABLE 7: COMMONLY REPORTED PARTICIPANT ACTIVITY THEMES BY WOW ELEMENT

Activity	People	Spirit	Place	Mind	Body	Planet
Walks with friends	✓				✓	✓
Intentional family activities	✓	✓	✓	✓	✓	✓
Workplace social connection activities	✓		✓			
Volunteering and community participation	✓	✓	✓	✓		✓
Joining community groups	✓	✓	✓	✓		✓
Mindfulness and meditation				✓	✓	
Yoga and Tai Chi	✓			✓	✓	
Gratitude and compliment giving	✓	✓				
Healthy eating					✓	
Physical exercise	✓				✓	
New hobbies and activities	✓		✓	✓	✓	
WoW audits of health and wellbeing	✓	✓	✓	✓	✓	✓

Most activity themes included a connection to '*People - connect*', participants often reported increased social connections and engagement through WoW activities. It appears this WoW element was important to respondents. All other WoW elements were also represented in the activities described and are consistent with practitioner survey findings.

Resources

Resources provided by the WCB Project were acknowledged as important to effectively implementing, embedding and integrating WoW concepts and activities for individuals, organisations, and to a lesser extent across whole systems and communities. These resources were viewed as essential to help structure thinking and practice.

Important resources were identified as:

- The **WoW diagram and tool**, which was considered effective in integrating the WoW flexibly across distinct population and cultural groups, sectors and settings, and into organisational cultures; the simplicity and flexibility of the tool was considered especially helpful in its uptake

- **Educational and activities information** provided by WoW practitioners in newsletters and other teacher and staff communications; this information was used with students, parents, community groups, and people accessing health and community services
- **The online WoW program** currently being trialled which allows anyone to log on and participate in WoW learning and activities
- **Specific WoW activities**, for example the ‘marketplace activity’ where participants had a short period of time to trial an activity across each WoW element, or ‘circle practice’ where participants ‘check in’ and ‘check out’ as part of group activities; these activities were reported to have been adopted and adapted in different settings, for example workplaces, in a classroom with students, or as part of an organisational staff wellbeing day
- **Specific tools**, for example the ‘smiling mind’ app shared as part of the *Mind – keep learning* WoW element
- **A computer mouse pad** with WoW branding which helped remind staff to check in on their mental health and wellbeing
- **The WoW website** (wheelofwellbeing.org), although it was sometimes acknowledged that this was a less helpful resource given its international focus, slightly different WoW elements, and an older web interface.

WoW Practitioner resources

Practitioner resources were identified as important to effective implementation and integration of WoW concepts and activities. Many of these resources evolved as the project gained momentum, some are still in development or beta phase use.

Resources considered helpful to WoW practitioners were:

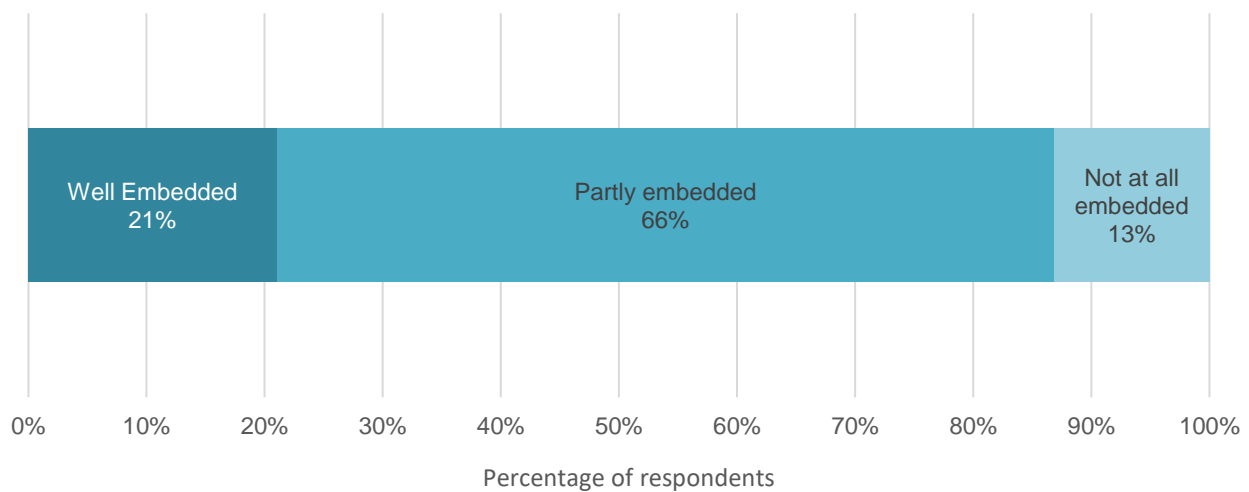
- **The manuals and templates** used to deliver both the one-day introductory workshop and five-day intensive (DIY Happiness) workshop
- **Tools and resources** which assisted in verification processes for WoW practitioners
- **Moodle**, the online platform developed to manage and catalogue positive mental health and wellbeing research and WoW articles, facilitate access to tools and other resources, and to support practitioners through networks and a newsletter
- **The WoW advanced practitioner group** that meets regularly to strategise further capacity building activities, share resources and provide collegiate support; this group is led by the WoW content developer (Implemental)
- Some advanced practitioners discussed how the **WoW Theory of Change** assisted them to understand how the framework was intended to build capacity and provide transmission and ripple effects into other settings.

4.3 Extent to which the WoW was embedded and integrated

There is a strong perception that not only have WoW concepts increased awareness about, and engagement with, positive mental health and wellbeing, but that these concepts have been effectively put into practice. There are multiple examples of activities being embedded into settings and organisations where WoW workshops and activities have occurred.

Figure 7 shows practitioner survey responses to the question of how well WoW actions and activities were embedded into organisations (n=38).

FIGURE 7: EXTENT TO WHICH WOW CONCEPTS AND ACTIVITIES WERE EMBEDDED



Nearly 90% of WoW practitioner survey respondents believed that WoW actions and activities delivered to organisations had been either been '*well embedded*' (21%), or '*partly embedded*' (66%). This suggests WoW activities have been implemented, at least in part, in most settings in which workshops and activities were provided. Examples of WoW implementation and integration into organisational culture, and broader systems and communities, are considered by sector or setting below.

Sector and setting specific examples

The review identified practical examples of how the WoW framework had been embedded and integrated into specific organisations, settings and broader systems and communities.

Education sector

The work of the Education Department Principal Advisor – Mental Health Student Engagement and Wellbeing (North Coast region) to champion WoW practice and encourage its further integration into the education system was repeatedly acknowledged. This individual assisted in adapting the WoW framework specifically for education settings (*Wow Ed*) and continues to advocate strongly for further use of the WoW within the Queensland Department of Education. These activities have likely assisted in embedding WoW thinking and practice in many school settings and raising awareness of the WoW across this region.

Breadth and depth data collection phases identified multiple schools, including both primary and secondary schools, where the WoW has been used to inform school vision, principles, policies and procedures. School code of conduct, and behaviour and wellbeing policies, have been adapted to incorporate WoW thinking and a strong focus of these adaptations has been consideration of different approaches to behaviour management which are more strengths and relationship focused.

We incorporated WoW into our school vision – to have psychologically healthy students (depth interview)

Education sector representatives and teachers indicated that WoW activities had been integrated in school curriculum, for both staff and student wellbeing days, and in other extra-curricular contexts. School staff also reported the WoW being included as a standing agenda item at staff meetings.

These findings suggest that the WoW framework is being progressively embedded into school settings, with considerable progress having been made in some cases.

Government sector

Depth data analysis completed with a large government service highlighted significant integration of the WoW framework into broader organisational systems and processes. This service had made a commitment to implementing the WoW, with most staff exposed to some positive mental health thinking and practice using the tool.

The service had integrated WoW into their induction and ongoing staff development activities, staff meetings and other social workplace activities. They developed both a 'WoW light' (introduction program) and a more intensive 12-week program which staff could volunteer to participate in as part of their staff learning and development program.

Specific WoW groups had been established to facilitate positive mental health and wellbeing activities, both in the workplace and beyond it. For example, a walking group and a bring your garden to work day. These activities are intended to build relationships and morale in the workplace and are now common practice.

Depth data respondents suggested these initiatives had resulted in changed language, thinking and practices associated with mental health and wellbeing. The findings suggest strong integration of the WoW framework into this organisational setting.

Community settings and services

Depth data analysis with regional wellbeing hub representatives identified activities demonstrating integration of the WoW framework into community settings, and with community and health service providers and other volunteer community organisations. Importantly these initiatives were not identified just in individual services (although this was also true), but incorporated into broader networks, systems and communities which brought diverse stakeholders together under the WoW framework and brand.

The role of wellbeing hub coordinators was identified as important in sharing WoW resources and championing ideas into the community more broadly. These individuals were viewed as an 'expert resource' and WoW practitioners used them to strategically target organisations and plan WoW activities.

In a couple of schools... they've incorporated it into lots of policies and procedures – they even turned it towards staff to help their wellbeing and morale. Early days but they are embracing it (depth interview)

We have been linking WoW and positive mental health and wellbeing to all we do. It is used as overarching framework for our care practices (depth focus group)

we can develop different governance systems, services, practices to benefit the whole community, we use the WoW as one of our tools (depth focus group)

Examples were provided where the WoW framework was used to collaboratively identify local needs, plan activities, and coordinate service provision. In one example, a local primary health network funded data collection to help inform WoW activity planning. In another setting, data from a 'mental health and wellbeing impact assessment' was used to inform what WoW activities should be provided.

It was suggested that these activities had allowed a wide range of services, community members, and local, state and federal government funding providers to be exposed to the WoW and routinely use it for joint decision making. Respondents noted the WoW was being used as a commonly understood and accepted framework in some communities.

Furthermore, the WoW was reported as being used as a service delivery framework in two community settings, supporting its integration into community organisations. This was reported to have changed the language and frameworks that people were using to discuss mental health and wellbeing, with a shift to more health promoting frameworks and positive and strengths-based language.

Together, these findings suggest strong integration and embedding of the WoW across a wide range of community and health services and community settings.

When we started, the perception around mental health was that it was all about when things were not going well. There have been dramatic changes to perceptions, people are drawing on the research and focusing more on health promotion and prevention activities (depth interview)

4.4 Factors helpful in embedding and integrating the WoW

The review identified the following factors as being important to implementation and embedding of the WoW:

- **Local leadership**, including School Principal and CEO support, and support from broader management and local champions
- The **number of WoW participants** completing workshops, with greater completions assisting integration and embedding. This was considered important in building and sustaining momentum for WoW thinking and practice, and sharing the load for providing WoW activities.
- **WoW facilitator motivation and energy** was considered important. End user respondents highlighted that excited facilitators fostered interest and engagement in others.
- **Time and resources** available to progress WoW thinking and practice. This included regular time for people who had participated in WoW workshops to complete further research using resources provided, practice skills learnt and run activities.

Investments we made helped, three staff were trained. Two of our teachers are regularly released from the classroom to prepare and run activities (depth focus group)

- **Flexible use and adaptation** of WoW workshops and activities has made it easier to embed and integrate them across different settings, especially education, government and community settings. For example, *Wow Ed* has been specifically adapted for education settings, and tailored research, concepts and activities were recognised as important in gaining traction in the education sector. A ‘Wow Light’ and seven-week intensive program was created in a government service, using and adapting the WoW framework.
- **Simplicity** of the WoW framework was repeatedly acknowledged as important to implementation and integration within existing organisational culture and processes. The fact the WoW could easily be overlaid with existing organisational service delivery principles and frameworks was viewed as a key strength.
- **Access to follow up support** was viewed as important in bedding down key WoW concepts, providing a ‘cheerleader’ function, and providing access to important resources.
- **Voluntary participation** was highlighted by one service as helpful in the uptake and integration of ideas. Staff who actively wanted to participate showed high levels of motivation to discuss and share their positive experiences with others.
- **Training local people trusted by their communities**, especially in more isolated and vulnerable communities, was considered a key factor for uptake and integration of the WoW in these communities.

The flexibility of the program easily overlays with other activities, we reduce content and change it for specific groups (depth interview)

The most successful WoW implementation processes occurred where organisations had strong leadership, committed staff time and resources to the process, had several staff working together to embed the WoW, were supported by local WoW champions, and were able to gain traction in using it with partner organisations or networks”

4.5 Barriers

Some barriers were identified which slowed the progression of WoW implementation and integration, especially during the COVID-19 pandemic in 2020. Commonly described barriers included:

- **A lack of leadership** or understanding in relation to the value of positive mental health and wellbeing in local organisations and settings (while acknowledging that organisations had provided time for staff to participate in WoW workshops and activities).
- **Insufficient resourcing** to effectively transmit and embed activities. Some respondents noted that you needed more than one staff member trained in the WoW to effectively drive practice change, while others commented on the costs of backfilling staff who presented WoW activities to other schools. A not-for-profit service intended to provide WoW activities

Funding is an issue...we lost in funding and had to make this up ourselves. The program is resource intensive it costs about \$500 to cover someone in our position to run a one-day WoW course. This is hard if we are regularly delivering to other schools, which I would like to do more (depth interview)

could not continue in part due to a lack of start-up funding (see spotlight example below).

- **Competing time and resource pressures**, especially in schools where a busy curriculum often made it hard to find time for other activities. It was also suggested that some schools were difficult to access or unwilling to dedicate time to further embedding the WoW.
- **The need for more sophisticated communication and promotional activities** to ‘sell’ the WoW into new settings (e.g. schools) or with different population groups (e.g. parents) was discussed.
- **Type of service provided** was an identified barrier at some community services. These services highlighted difficulties in re-framing staff perceptions around mental health and wellbeing while working in a crisis service. This was a barrier at two levels, firstly because staff felt they had insufficient time to undertake WoW activities on top of their busy work schedules, and secondly because of the presenting situations of the service users they were supporting who tended to have many immediate needs in areas such as housing and family violence. Some, but not all participants believed this reduced the capacity to embed the WoW in these settings.
- **COVID-19** reduced the capacity to provide WoW activities in all sector settings, especially activities being run in the community. Multiple examples were provided where regular WoW groups had to cease and this slowed momentum. WoW activity groups related to cooking, walking, community markets and artistic activities were all reported to be impacted by the COVID-19 pandemic, as were groups in organisations which sometimes went online.
- **Loss of WoW advanced practitioners** who moved on to different roles, started families, or moved out of a geographical area was a barrier to further transmission of the WoW. Because the advanced practitioner intensive course (DIY Happiness) is a five-day program, typically run over a number of months, with limited places available, it is difficult to quickly fill these roles when someone leaves.
- **The distances across rural and regional Queensland** were recognised as a barrier to further transmission of WoW thinking and practice. It was noted that some advanced practitioners covered wide geographies that spread them very thin on the ground. Demand for WoW activities often exceeded capacity in in these cases.
- **Lack of structure and follow up support.** While many highlighted the benefits of a flexible WoW framework, a few respondents felt lack of structure made it hard to implement activities in their local settings, both organisationally and in the community. Others would have liked more follow up support (although many more respondents felt they were very well supported).

COVID really hurt us. We had \$50,000 worth of income lined up that would have enabled us to get the workshops back into the communities, we couldn't use it (depth interview)

We've lost a couple of advanced practitioners too. One got pregnant, one moved away... This is a huge region (depth focus group)

Spotlight example

Following completion of the five-day (DIY Happiness) WoW workshop by seven participants in one local area they identified the need to find a sustainable method to continue transmitting WoW thinking and practice more broadly across the region. This led to a plan to create a not-for-profit service that would facilitate WoW activities to other services and communities by running workshops and activities on a fee for service basis.

Discussions with one representative involved in this idea stated that both COVID-19 and a lack of ongoing funds had reduced their capacity to progress this idea.

4.6 Unintended consequences

Some unintended consequences, both positive and negative, were identified during the WCB Project Review. These are listed below.

- Relationship development activities** were reported to have been significantly strengthened through using the WoW in some organisations and communities. While the WoW has a focus on social connection as a key element (*People – connect*), it appeared to create further opportunities beyond this for staff who might not ordinarily spend time together. Staff who worked different shift times in a large government organisation were reported to make connections and the WoW was also considered helpful as a way to build other organisational relationships through lunchtime conversations and activities staff participated in outside the workplace. The WoW was also helpful in bringing diverse organisations and people together.

“People are making more connections which is great because we are a big organisation... more friendly conversations. Especially when people who come together in workshops are from different areas or work different shifts. We are seeing social groups forming out of participants in WoW activities (depth interview)”
- Collaborative working** was reported to have been significantly improved in some local communities by using the WoW as a service planning and coordination tool. It allowed service providers with different funding and outcome focus areas to prioritise activities and coordinate work. While the WoW was not intended to be used as a planning and service coordination tool, in some cases it has provided a helpful unifying framework.

“We were able to pivot quickly when Covid came, we used online and newsletters to push info and resources out to parents (postcard)”
- Using WoW resources for COVID-19 support** was appreciated by teachers and parents. These resources were shared to support parents with home schooling activities.
- Access to other learning opportunities** was recognised by a government service who offered WoW activities to an Aboriginal Community Controlled Organisation. WoW facilitators learned important things about Aboriginal culture by participating in an Aboriginal women’s talking circle while simultaneously sharing WoW resources.

- **Overdemand** was an unintended consequence of sharing information about the WoW. In some settings demand for workshops and activities outstripped capacity to provide them. This meant some people who had heard about the WoW and wanted to participate could not. This was particularly the case in the community and health sector, as well as the education sector where there were unmet costs for backfilling staff.

[There have been] lots of requests from the community to have us come and speak and do activities. They are requesting further support... but sometimes we can't keep up (depth interview)

4.7 Sustainability

While not a focus of the review, some participants provided reflections on how to sustain the important gains made during the WCB Project once seed funding from QMHC ceased.

It was acknowledged that developing and delivering the WoW was resource intensive and that there were costs for organisations participating in workshops. Significant financial investments have been made in developing WoW resources, including resources for WoW practitioners and those attending the workshops and activities. Furthermore, running workshops, especially five-day workshops, is costly. Organisations who committed to participation in the WCB Project also subsumed significant costs, this included costs for backfilling staff, developing bespoke materials for their specific setting, providing ongoing time to plan and run WoW activities locally, and to share the WoW framework with others in their local communities.

While these initial costs appear high, the WCB Project recognised that development of WoW resources and training of WoW Practitioners would have important flow on effects and benefits beyond the QMHC funding period. This includes the continued sharing of WoW thinking and practice, both intentionally and organically. It is likely that for every WoW workshop participant, many others have and will continue to receive free WoW information, resources and activities.

Nonetheless, if the WoW is to continue being implemented and shared it will be important to consider a funding model which can support this. Two possible models emerged during the review. One model could be described as a 'sector pays' model, while the other was a 'user pays' model.

The '**sector pays**' model would aim to identify funding from a key government department or significant philanthropic provider to strategically roll out the WoW within a given sector. The education sector may be a good candidate for a model like this. This approach could include employment of dedicated WoW practitioners who offered free training and follow up support to schools and other education settings. This approach may include financial incentives to participate that allowed for backfilling of classroom teachers and specific content development relevant to the setting. This model would require close alignment with broader sector wellbeing strategies and activities in order to be funded.

The '**user pays**' model would ask those receiving the benefits of the WoW to pay the costs of training and development. While the upfront costs to individuals and organisations would be significant, there is an argument to suggest that these costs would be recovered over time through things like reduced stress and staff turnover, reduced behavioural problems, and increased productivity. This approach would require strategic promotion and further development of resources demonstrating the evidence base behind WoW thinking and practice to encourage organisations to pay for WoW courses.

Both funding models are consistent with QMHC's initial plan to invest in partnerships and provide seed funding that would contribute to developing sufficient momentum for the project that it could become self-replicating. It was noted that future costs in delivering the WoW would be reduced because:

- Workshop resources, including both facilitator and participant resources had already been developed
- Moodle, the online support and resource for WoW practitioners had already been developed
- Online WoW courses were being trialled and could be expanded, perhaps reducing costs associated with facilitator time, travel, venues and catering.

4.8 Conclusion: Embedding and integrating the WoW

WoW practitioners responding to this review reported providing more than 500 workshops and activities. These were most commonly provided in the education, and health and community services sectors. Staff and students were the most common recipients.

A wide range of WoW concepts, activities and resources were shared during the project; many were reported to assist implementation and integration into new settings. Helpful conceptual elements of the WoW framework include its evidence base, six elements, simplicity, perceived value to original workshop participants, and strengths-based approach. Participants used activities shared in Implemental workshops across each of the six WoW elements; the most commonly referenced elements were: *People – connect; Spirit – give; and Body – be active*.

Resources were considered valuable in embedding new practice and behaviour. Helpful resources for participants included the WoW tool and diagram itself, the activities (and associated tools) shared in workshops, links to other resources, the WoW online program, and the WoW website. Helpful resources for WoW practitioners included the workshop manual and materials, the WoW Practitioner Group, Moodle – the online support platform, and the Theory of Change developed for the project.

Participants believed the WoW had been at least partly embedded in most settings it was introduced. This included integration into organisational cultures, processes and practices, and broader uptake across networks, systems and communities.

WoW advocates and practitioners in the education sector had undertaken significant systemic work to integrate the WoW, including development of a five-day intensive *Wow Ed* program. Individual schools reported strong uptake and integration of WoW concepts into school values and policy development. Activities were incorporated into both structured curriculum and extra-curricular activities. WoW participants also worked hard to further disseminate WoW thinking and practice across other education settings.

Detailed review of a government service identified adoption of the WoW framework to structure induction and training, and to develop groups and workplace activities which facilitated social connections and self-care. This service also worked hard to systemically share their WoW practices with others in their local community and in their broader organisation.

Community and health services working in local communities effectively used the WoW as a tool to audit, plan and coordinate their work. This had significant benefits in exposing a wide range of services and

community members to the WoW. Some volunteer community services embedded the WoW as a service delivery framework.

Key factors considered helpful in embedding the WoW were: organisational leadership; the number of WoW practitioners trained; the energy and motivation of practitioners; time and resources dedicated to the WoW in local settings; and the flexible, simple nature of the WoW itself.

Perceived barriers to further uptake and integration included: a lack of resources in local settings; the loss of advanced practitioners, significant travel distances for practitioners in regional areas; and the COVID-19 pandemic.

Both positive and negative unintended consequences of WCB Project participation were identified during the review. These included: additional relationship development opportunities; collaborative working opportunities; support to parents and community members during COVID-19; access to additional learning opportunities; and over demand for WoW presentations and activities.

There is good evidence to suggest the WoW has been effectively implemented and embedded across a range of sectors and settings, however sustaining and further developing its implementation will require identification of new funding, some possible models for this are emerging.

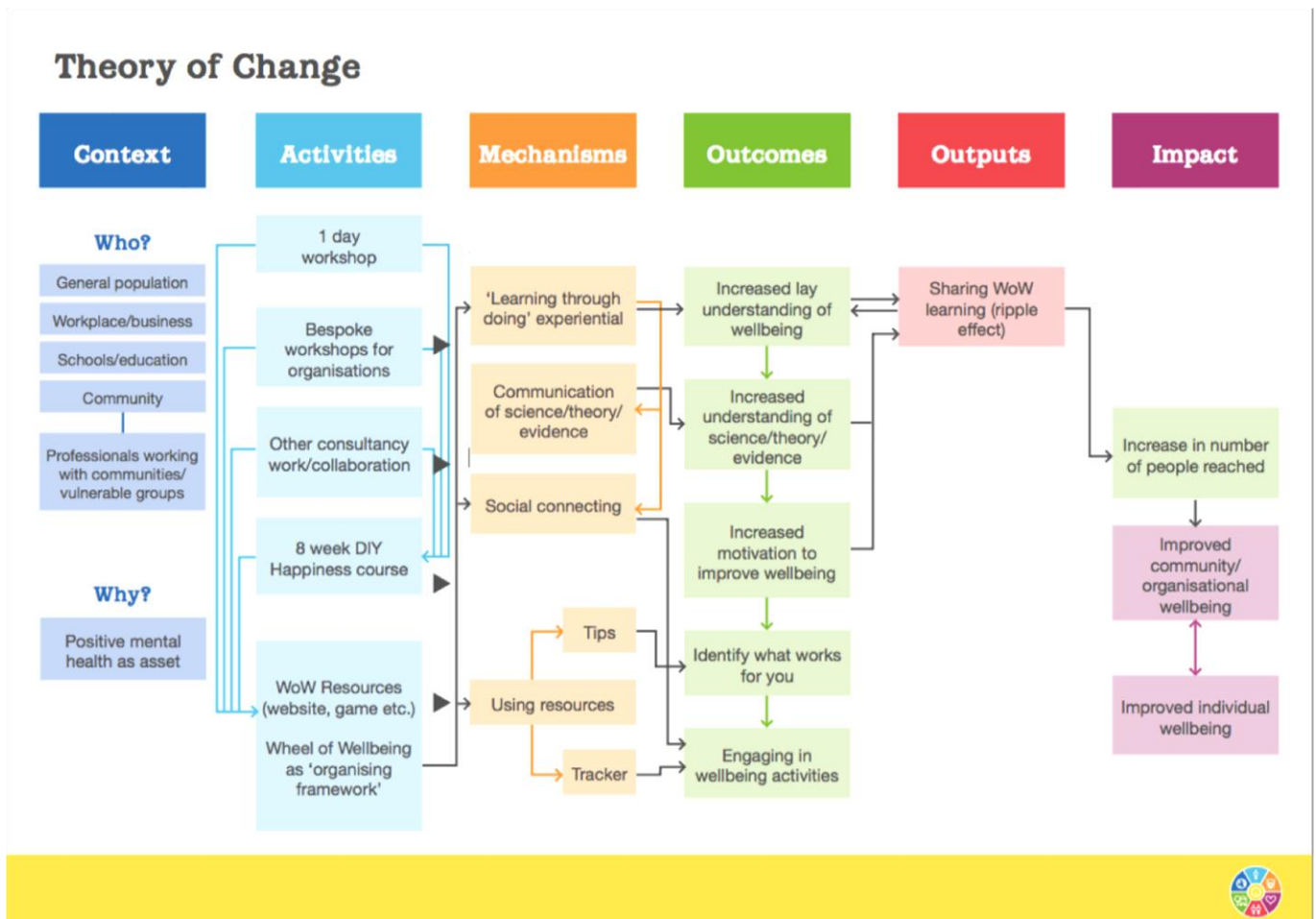
5 FINDINGS: MODEL ELEMENTS ENABLING DESIRED OUTCOMES

Information related to the WCB Project capacity building model was provided by the WoW content developer. Additional information about the most helpful capacity building elements was gathered through key stakeholder interviews, depth stakeholder consultations and the practitioner survey. There was strong consistency in the capacity building approach being used across distinct sectors and settings.

5.1 What capacity building model is being used?

Outlined below, in Figure 8, is the WoW Theory of Change (ToC) developed by Implemental to show how the WCB Project is hypothesised to create the outputs, outcomes, and impacts sought. The ToC describes how WoW workshops and activities, knowledge and practice development, resource sharing, and support to settings builds positive mental health and wellbeing at an individual, organisational and community level.

FIGURE 8: WOW THEORY OF CHANGE



Note: The '8-week DIY Happiness course' shown in the WoW Theory of Change above has now been developed into the five-day DIY Happiness Workshop discussed throughout this review.

Capacity building phases

QMHC structured the WCB Project in key phases designed to build individual, organisational and systems and sector capacity. The initial project phase was focused on building awareness and engagement around positive mental health and wellbeing, and the WoW framework. During phase two there was a focus on strategic activities aligning the WoW and regional wellbeing hubs to build community wide wellbeing initiatives. Finally, a third phase focused on strategic engagement of the education sector, including the early childhood education sector.

The WoW Support Program (also funded by QMHC) assisted phase two and three initiatives by providing financial support to further develop, manualise and streamline WoW training and resource materials, adapt WoW materials to specific sectors and settings, and coordinate and deliver training more broadly. It also provided funding to train Department of Education Mental Health Coaches working in schools.

Most important capacity building elements

Interviews with the senior WoW content developer (n=1) and WCB Project champions (n=2) broadly supported the Theory of Change shown above; they believed the model provided a good representation of how the WoW was effecting change in individuals and organisations. Broader interviews also supported the change model with strong consistency from participants about the most important ToC elements.

The activities considered most important were:

- **The WoW workshops** (and manuals structuring these workshops) which provided a stepwise introduction to, and opportunities for, implementation of activities using the WoW framework back in local settings. The simplicity of activities shared in workshops was acknowledged as important in building motivation and capacity to share concepts and activities, which facilitated ‘ripple effects’ into new settings.
 - The one-day introductory workshop was described as helpful in setting the scene by sharing key theory, science and simple activities
 - The five-day intensive DIY Happiness workshop was described as important to enacting activities and building confidence through a ‘learning by doing’ approach.
- **Resources** – The resources available to WoW practitioners (e.g. Moodle, workshop manuals, support networks and newsletters) and WoW participants (e.g. Marketplace activity, ‘circle practice’, links to key apps and other tools) were recognised as helpful in building capacity in local settings. The former to structure and support practitioner facilitation activities, and the latter as a way to easily facilitate uptake of specific activities (e.g. mindfulness using the ‘smiling mind’ app).
- **Tailored activities** – The capacity to tailor activities to specific settings and population groups was viewed as a key strength of the capacity building model. This was recognised by participants as helpful in engaging particular groups and adapting activities to specific settings, especially education settings where activities were adapted for distinct developmental ages and stages. The WoW has also been adopted in Aboriginal cultural contexts, with young people, and with those in aged care. Five advanced practitioners reported adapting WoW DIY Happiness Workshops for specific groups, including a drug and alcohol rehabilitation program.

The mechanisms considered most important were:

- Sharing the **science/evidence/theory** behind the WoW, which was recognised to give it credibility, especially for professionals, and this facilitated acceptance of the WoW framework
- The **learning through doing** approach (see also ‘do it for yourself first’ below) which highlighted the value of testing out activities yourself before sharing them with others
- The relational focus of the program which highlighted **social connecting** and opportunities to further build networks and relationships; this was recognised as important to further dissemination and implementation of the WoW.

You need to have a critical mass doing the program, once you get to a tipping point it really takes off (practitioner survey)

Theory of Change outcomes and outputs are not discussed here as they are examined in Chapters 3, 4, and 6 of this review.

Existing capacity building elements not included in the ToC

A number of additional capacity building elements not currently listed in the ToC were identified through the review. It may be helpful to incorporate these into any refinements made to the ToC as participants frequently recognised their contribution.

Additional existing capacity building elements included:

- **Do it for yourself first** – The importance of understanding and using the WoW for yourself first, before sharing it with others, was highlighted. This factor focused on the motivation and excitement that was generated in workshop participants who saw real value in the WoW for themselves, which in turn encouraged them to share it with others and implement it back in their local settings.
- **Strengths-based** – The WoW capacity building model was described as ‘strengths-based’ and this was identified as important to implementation and uptake. Not only does the WoW share positive health promoting activities, it also works as a tool to audit existing assets and resources. This strengths-based health promoting approach was seen as a key WoW element.
- **Simplicity and flexibility** – Respondents suggested that the simple and flexible nature of the WoW framework made it accessible and easy to use, which in turn facilitated uptake and this should be recognised in the ToC.
- **Diverse channels and activities** – Respondents suggested that the varied activities and channels available helped build WoW capacity. For example, WoW thinking and practice could be shared via a short activity, one-day workshop, or five-day intensive, and it could be provided through individual coaching and mentoring, in

Concentrate on yourself, then things ripple through to the team naturally. My work on myself has helped my team (depth focus group)

WoW is such an accessible, universal approach that people intuitively respond to it and seem to find it easy to relate to and use. It had great ‘face validity’! The thorough support for the WoW Intensives, with the verification process, seems to have really helped to embed WoW in people’s lives and work (practitioner survey)

larger group settings, via face to face activities or online.

- **Advanced practitioners** – These practitioners were an added support component to the WCB Project and were identified as necessary to effective roll out of WoW thinking and practice. They were perceived to have an important support function and deeper level of knowledge about the WoW. They were described as providing an important ‘backbone’ to the WCB Project and some participants felt they should be noted as key mechanisms for change in the ToC.
- **Train the trainer and follow up support** – The ‘train the trainer’ model, including a verification process for people completing WoW activities, is another new element of the capacity building model considered important in maintaining fidelity to WoW concepts and activities. It may therefore be worthwhile including this in future ToC diagrams.

Finally, while not specifically a ‘capacity building element’ the **support provided by QMHC** in the rollout of the WoW was consistently recognised as fundamental to its success. This included funding for WoW activities, integration of WoW activities in regional wellbeing hubs (including funding of hub coordinators) and across other settings (e.g. the Education sector). QMHC was viewed as an important catalyst for broad promotion of the WoW and opened doors to key sectors.

QMHC’s commitment over a period of time and ability to connect across networks was important... funding and extension of funding, the understanding that building relationships and networks in communities takes time has been integral (practitioner survey)

Possible future capacity building factors

Participant responses supported the operating WoW capacity building model. However, additional factors for future consideration were also identified. Participants believed these factors may further improve model roll out and success.

Possible future capacity building focus areas included:

- **Better strategic engagement with the Department of Education**, especially Central Office, to build on the significant momentum already attained
- **Broadening WoW networks and other support structures** through platforms such as webinars or other information sharing and support activities, online and face to face
- **Further exploring WoW online courses** and evaluating their effectiveness in broadening WoW reach and transmission effects
- **Increased strategic marketing and promotion** of WoW, including case studies to celebrate positive outcomes and build broader organisational and community wide interest and engagement in positive mental health and wellbeing.

5.2 Conclusion: Capacity building

The WoW capacity building model aims to increase individual and organisational wellbeing. It was well supported by review participants who believed the model was operating as intended, although some participants acknowledged the current model was costly.

Participants believed the most important capacity building activities were the workshops and resources provided by Implemental, and the capacity to tailor activities to specific settings and populations. Mechanisms recognised as important were sharing the science and evidence behind the WoW, the learning through doing approach, and opportunities for social connecting.

Additional capacity building factors were identified that could be incorporated into future models. These included the do it for yourself first approach, the strengths-based approach, channel and activity diversity, and advanced practitioners.

Some participants suggested future areas for focus that might provide even more impact to the model. These included more strategic engagement with key sectors and settings, broadening support networks, increasing online WoW activities, and increased marketing and promotion of WoW success stories.

6 FINDINGS: TRANSMISSION AND RIPPLE EFFECTS

A fundamental component of the WCB Project is the expectation that WoW participants will take their WoW learnings and share them back in their local settings and communities, ‘paying forward’ the benefits they have accrued themselves.

The WCB Project Review identified two important mechanisms by which this was occurring; they have been defined as ‘transmission effects’ and ‘ripple effects’. These effects have been noted to occur both vertically and horizontally. Definitions for these terms are provided in *Section 2.3*.

6.1 How were you introduced to the WoW?

The WCB Practitioner Survey asked participants how they had become aware of the WoW. This provided an indication of the range of settings the WCB Project engaged. While it does not necessarily speak to transmission and ripple effects flowing from participation in WoW workshops and activities, it does provide information about the pools within which these transmission and ripple effects were instigated.

There was wide variability in the qualitative responses to this question, with some people describing a communication channel (e.g. email), others the setting (e.g. school), and still others particular people (e.g. my manager). Responses to where people first became aware of the WoW have been consolidated under key themes identified in Table 8 below.

TABLE 8: WHERE WERE YOU INTRODUCED TO THE WOW?

I first became aware of the WoW through:	Number of responses
My workplace or school	53
A network or regional system	11
A manager or colleague	10
My community	8
A communication channel (e.g. newsletter, email or social media)	6
A Mental Health Coach	3
TOTAL	91

Most people were introduced to the WoW at their work or school (69%); this figure combines responses for ‘manager or colleague’ (11%) and ‘workplace or school’ (58%). ‘Networks and regional systems’ (12%) and ‘community’ (9%) were also repeatedly described as settings for initial introduction to the WoW.

6.2 Transmission and ripple effects

Following participation in workshops and activities, participants were asked how they shared the WoW with others, including family, friends and colleagues (individuals), organisations, and in broader networks systems, and communities. These responses have been categorised as either ‘transmission effects’ (structured and intentional sharing) or ‘ripple effects’ (organic and informal sharing).

A wide range of different transmission and ripple effects were identified by participants. The WCB Project has been successful in providing exposure to WoW thinking and practice well beyond those who participated in initial WoW workshops and training.

Strong initial engagement by workshop participants appears to have facilitated WoW implementation in a wide range of settings and with diverse population groups. There are many examples where individuals have shared WoW thinking and practice in both structured and unstructured ways, allowing others exposure to key concepts and activities. In multiple cases, one or two people attending a workshop has led to widespread uptake of WoW thinking and practice across an entire organisation. On some occasions, these organisations have then worked to disseminate the WoW more broadly through their networks and systems.

Transmission effects

Structured and planned transmission of WoW thinking and practice to other individuals, organisations and networks, systems and communities was diverse. All WoW practitioners interviewed or participating in focus groups described strategic attempts to share what they had learned with others.

Individually

Transmission effects were less evident on an individual basis and this is not surprising as most WoW activity sharing occurred with groups. However, some people described structured and intentional individual WoW sharing activities. These transmission effects were almost always horizontal in their effect (being carried from one setting to another). Most often people completed WoW workshops to use in their organisation, system or community, but then also applied these learnings elsewhere. Examples of individual transmission effects included:

- A family structuring weekly activity that would promote their health and wellbeing. One respondent described a weekly family meeting where an element of the WoW was the chosen focus and then low or no cost community activities were identified that aligned with this element. They developed a workbook of activities over time (horizontal transmission).
- Multiple participants described using the wheel to plan structured conversations with intimate partners and using the WoW to improve their relationship dynamics. This included identifying shared activities and using these as a means to improving communication, as well as individual wellbeing (horizontal transmission).
- The development of walking groups and mindfulness groups. This included scheduled activities with friends and work colleagues with an intentional focus (horizontal transmission).

Organisationally

There were many examples of using the WoW to transmit positive mental health and wellbeing concepts and practices at an organisational level. Many organisations encouraged staff to undertake WoW training in order to deliberately bring back ideas for use in their organisational setting, which were then shared in many different forms. In organisations where WoW practice flourished, multiple staff members were engaged and motivated by WoW thinking and practice which provided significant momentum.

Examples demonstrating the intentional and structured transmission of the WoW framework included:

- Using the WoW to frame higher order school foundational principles, policies and procedures (vertical transmission)

- The provision of dedicated WoW induction and workplace training (WoW Light Program and WoW 7 Week Program) opportunities for staff at a government organisation and a community services organisation (vertical transmission)
- Sharing the WoW with teachers and students through planned activities; for example, creating specific curriculum around mindfulness that was then shared with all teachers in a primary school, or using the WoW to frame staff and student wellbeing days (vertical transmission)
- A school shifting focus to transferring Wow activities already embedded in their primary school into their middle school by introducing activities with both students and teachers there (vertical transmission)
- Introducing 'fun activities' such as a bring your garden to work day, or show off your pet day which were designed to improve social connectedness, even for individuals who had no prior exposure to the WoW (vertical transmission).

Networks, systems and communities

Following integration and embedding in their own organisations, many WoW practitioners created learning opportunities for other organisations, networks, systems and communities. For instance:

- Adoption and adaptation of the WoW (*Wow Ed*) for the Queensland Department of Education (vertical transmission)
- Discussions with executive management of a government service to systematically expand WoW adoption to other organisational services in the region (vertical transmission)
- Using the WoW to prioritise, plan and coordinate work with over 40 community and health service providers, 80 community members and local, state and federal government funding bodies (vertical and horizontal transmission)
- Supporting volunteer community agencies to use the WoW in developing governance and service delivery frameworks (horizontal transmission)
- Providing whole of organisation 'WoW tasters' (introductions) in community and health organisations (horizontal transmission)
- A government service offering WoW activities to other community agencies, for example an Aboriginal Community Controlled Organisation and a disability service (horizontal transmission)
- Community services offering WoW activities to volunteer community groups; for example, 'wellbeing days' with older groups in the community which included recruiting people at the Returned Services League (RSL) and Probus Club (horizontal transmission)
- Presenting a 'WoW day' to 50 local area school principals (vertical transmission within the Education system)
- Inviting other schools to observe WoW activities in a school already utilising the WoW (vertical transmission within the Education system)

I've run 5-6 workshops in the community now. We invite community and government services (depth focus group)

We invited staff from five or six schools to come and look at what we were doing... There was great take up, some schools have asked me to run workshops (practitioner survey)

- Adoption of the WoW by mental health coaches, school nurses, youth workers and welfare officers in schools and other settings following WoW information sharing at network meetings (vertical and horizontal transmission)
- Adoption of WoW thinking and practice into an environmental organisation following participation in WoW activities run by a health and community service (horizontal transmission)
- Adaptation of WoW activities into a Peer Support Program with the support of another community service organisation (horizontal transmission)
- Running WoW groups for vulnerable community members (horizontal transmission)
- Sharing WoW thinking and practice at professional conferences and forums (vertical and horizontal transmission)
- Sharing and using the WoW at a region wide schools' network and promoting it through their newsletter (vertical transmission)
- Community groups (e.g. Rotary Club, Men's Shed, Country Women's Association) requesting WoW workshops and activities after reading about the WoW through a regional wellbeing hub newsletter (horizontal transmission)
- Introducing WoW thinking and practice at a community reference group meeting (horizontal transmission)
- Development of annual community wellbeing days (horizontal transmission).

An outstanding example is [organisation]... two staff who had attended a one-day WoW... started to run their own programs on a regular basis, with significant impacts in their community. Notably, they had experienced significant individual benefit which led them to adopt WoW for the vulnerable families with whom they worked (practitioner survey)

Ripple effects

While planned and structured transmission of the WoW was widespread, so too was a more organic and informal sharing that effectively disseminated ideas and practices across different settings and population groups. These ripple effects were more subtle and opportunistic but considered equally valuable as they often occurred through trusted friendships and communication channels. This was thought to improve interest and uptake in the positive mental health and wellbeing messages being shared.

Individually

WoW workshop and activity participants described sharing concepts and activities learnt with family, friends and colleagues in an informal manner. They often identified specific activities or aspects of the WoW they felt would resonate with others they knew, rather than sharing the entire WoW framework. Some people adapted WoW activities for their children and partners.

From me to friends, from friends to their families, from these families into their communities, Scouts, the footy club (depth interview)

I've seen WoW ripple out from me to staff, from staff to students, from students to parents (depth interview)

Some examples of ripple effects reported for individuals included:

- Students developed their own personalised 'mindfulness scripts' and in some cases took them home to share with their family (horizontal ripple)
- Using gratitude activities at family dinner time (horizontal ripple)
- Lunchtime or dinner party conversations about the science behind positive mental health and wellbeing with colleagues, family and friends (vertical and horizontal ripple)
- Sharing WoW resources like the 'smiling mind' app (horizontal and vertical ripple)
- Using the WoW opportunistically following family and community misfortune (horizontal ripple)
- Sharing resources with individual parents during the COVID-19 pandemic; original resources were not intended for parents (horizontal ripple).

Organisational, and network, system and community ripple effects

Although most WoW sharing within and across organisations, networks, systems and communities was planned and structured, there were also examples where the WoW rippled into new settings more organically.

An important example of this was role transitions facilitating exposure to the WoW in new organisations (vertical ripple within education system). One primary school principal who had previously embedded the WoW in a primary school then adopted it when moving to a new school, while others moved to new community-based organisations and used WoW activities they had previously learnt with their new employer.

A second broader ripple effect occurred through 'word of mouth' dissemination in local communities, and community groups (horizontal ripple). There were examples provided where people who were introduced to a WoW activity at a local community market or network meeting then took this information back to their work colleagues, organisations and local community clubs. This 'word of mouth' approach created so much interest in some communities that WoW practitioners were unable to meet demand.

I've seen it spread like weed over the islands, a good weed. One group talks about it to another group, they try it then next thing you know another group is doing it too. It's a small regional community people are tightly connected (depth focus group).

After I bought it home my daughter loved it, she is sharing it with her school friends now, it has jumped from my school to my daughter's school through our family (depth interview).

Country Women's Association, Rotary Club, other NGOs have approached our group to enquire on running activities and workshops in the community after hearing about it in their workplaces or at community events, we can't keep up with demand (practitioner survey)

6.3 What pathways supported transmission and ripple effects?

A wide range of pathways have facilitated transmission and ripple effects, allowing exposure to the WoW framework in new sectors and settings; this included both vertical and horizontal pathways (see definition above).

Education system structures and networks provided important pathways to transmit the WoW framework. These pathways were used by school principals and mental health and wellbeing officers to promote the WoW. Teachers used local groups to share thinking and practice with other education specialists, and more broadly with youth networks. The WoW was adapted specifically for education settings (*Wow Ed*) and this was viewed as important to supporting uptake and embedding of WoW thinking and practice across education services.

The benefit of the networks brought together by QMHC under the banner of WoW have been incredibly valuable to individuals attending and the networks [and] settings they represent (practitioner survey)

Regional wellbeing hubs were viewed as potent transmission points where interagency activities and community forums facilitated opportunities to share the WoW with diverse people, organisations and community groups. These settings allowed momentum building in local communities with wellbeing hubs acting as important repositories of support and resources for broader WoW promotion and activity. These pathways often had a potentiating effect where transmission and ripple effects gained significant momentum in local communities to such an extent that demand for WoW activities outstripped capacity to provide them.

WoW practitioners and champions working at systems and community levels were identified as important conduits to sharing the WoW into new settings. WoW practitioners had both high-level content knowledge related to the WoW and a strong motivation to share their knowledge and practice with others. As such, they acted as WoW experts and champions. Related to this was the support provided by the Moodle online platform which was a helpful resource to WoW Practitioners in their work.

Grass roots pathways were valuable in transmitting WoW thinking and practice. Multiple respondents noted that many individuals and communities were more receptive to positive mental health and wellbeing messages when they were shared by trusted local people. Local community organisations had trained local volunteers as WoW facilitators and they believed communication messages shared by them were more easily adopted when compared to receiving these messages from a large organisation or the government.

They have the connections and are out there talking to people every day, that's how it spreads in small communities (depth focus group)

The community environments in which WoW messages and activities were often introduced was another important pathway for transmission. Participants highlighted the value of community markets and other fun local events as beneficial WoW introduction activity settings. These environments were considered helpful pathways because community members saw participation in activities as enjoyable and interesting. Participation in these initial activities often led to further engagement through follow up conversations, the provision of resources, or workshop attendance.

Finally, while QMHC was the WCB Project funder, they were also recognised as important cheerleaders and supporters of the WoW, and important to further dissemination. For example, their capacity to leverage engagement with the Queensland Department of Education and regional wellbeing hubs was viewed as pivotal in building pathways into these settings.

6.4 Conclusion: Transmission and ripple effects

The WoW has been widely disseminated across different sectors and settings, successfully being shared with diverse population groups. Most review participants were introduced to the WoW in their workplace (including schools), while others discovered the WoW through local and sector networks and systems they participated in.

The WoW was enthusiastically shared by those who attended workshops and activities, and this should be seen as a key model strength. It is likely that for every WoW participant attending an initial Implemental workshop, many others have had access to the positive mental health and wellbeing messages and practices shared in these workshops.

This sharing occurred through structured and planned transmission effects, and more informal and organic ripple effects. Furthermore, dissemination of the WoW was noted to occur both vertically (within a given workplace, system or setting), and horizontally (across distinct sectors, systems or settings).

Structured and planned transmission effects occurred horizontally; participants frequently reported transferring WoW learnings from the workplace back home. This included using the WoW to frame family meetings, and discussions with intimate partners. The WoW was also used with friendship groups to intentionally participate in health promoting activities.

Broader vertical transmission effects were noted organisationally. There was widespread dissemination in workplace settings, including between primary and secondary schools and across large workforce groups through structured training. The WoW was also embedded into school policies and curriculum, with activities used and shared with both teachers and students.

System and community wide transmission occurred both vertically and horizontally. There were frequent examples of services sharing WoW practice with their national executive groups, and sector departments (vertical transmission), and through horizontal transmission between government, community and education settings. Collaborative use of the WoW to plan and coordinate work across multiple agencies and sectors highlighted the transmission of WoW into community settings, where engagement in, and demand for, the WoW was strong.

While less structured and intentional, ripple effects were also an important mechanism to share WoW thinking and practice. This occurred at an individual level where students shared what they learnt at school with their parents, and people who discovered the WoW in their workplace shared it with friends and sporting teams. Teachers opportunistically shared WoW resources with parents to support them during the COVID-19 pandemic. Ripple effects at organisational and systems levels also occurred through staff role transitions and community based 'word of mouth' which produced strong demand for WoW activities in some local community settings.

Key pathways considered important to these transmission and ripple effects included education networks and systems where the WoW was widely discussed and shared, and regional wellbeing hubs which promoted the WoW and encouraged uptake in local communities. WoW practitioners and champions were

also identified as important conduits for WoW dissemination. Grassroots pathways were acknowledged too, with local and trusted community members being trained in the WoW and providing a trusted link into some isolated communities.

A key strength of the WoW, and the capacity building model underpinning it has been the motivation of participants to share it broadly, and often outside of the setting in which they were initially exposed to it. This has facilitated dissemination of the WoW into a wide variety of new settings and contexts, providing support to diverse population groups.

7 CONCLUSION

A total of 118 participants provided input to the WCB Project Review. Findings demonstrate the WoW framework and associated resources have effectively transmitted and embedded positive mental health and wellbeing thinking and practice into a wide range of sectors and settings, and to distinct population groups. The framework's flexible and adaptable nature has facilitated this.

Review participants believed awareness and engagement, and practice change related to positive mental health, have increased as a result of the project. Important changes in awareness and engagement, and practice, were identified at individual, organisational and community levels. All sectors and settings reported helpful changes, although the greatest changes were noted within the education sector. It should be noted that the practitioner survey sample largely came from the education sector. There is some qualitative evidence to suggest that WoW concepts and activities are having positive impacts on the mental health and wellbeing of participants.

There is strong evidence demonstrating that the WoW is being embedded and integrated into individual behaviours, organisational practices, and within specific sectors and community settings. Uptake of workshops and activities has been strong, particularly in the education and community health sectors. A range of structural factors were identified as important conditions to effectively implementing and embedding the WoW, including leadership in local settings. A wide range of concepts, resources and activities have been shared through participation in the project, and many of these have been adopted and adapted for specific settings or population groups. WoW practitioner support and resources have been important in facilitating implementation and integration of the WoW framework, however some barriers to implementation were also identified.

The capacity building model being used to improve health and wellbeing appears to be working as intended, with participants supporting the Theory of Change developed. Additional capacity building elements were also identified which may be valuable to highlight and build on. Participants suggested future capacity building focus areas which may further improve model roll out and success, especially at a systems level.

Structured transmission and organic ripple effects, allowing WoW concepts, activities and resources to filter into new settings, were identified at individual, organisational and broader systems and community levels. Key pathways included the education system and regional wellbeing hubs, along with key WoW practitioners and champions.

In summary, the WCB Project appears to have effectively engaged key sectors and settings, shared clear and accessible information and activities that can be easily used, and built motivation for the WoW framework to be more broadly adopted and embedded. This has occurred through strong resourcing and support from QMHC, and via transmission and ripple effects where participants share their WoW learnings with other individuals, organisations and the community.

ABBREVIATIONS

- HREC – Human Research Ethics Committee
- QMHC – Queensland Mental Health Commission
- TAFE – Technical and Further Education
- ToC – Theory of Change
- WoW – Wheel of Wellbeing
- WCB Project – Wellbeing Capacity Building Project

