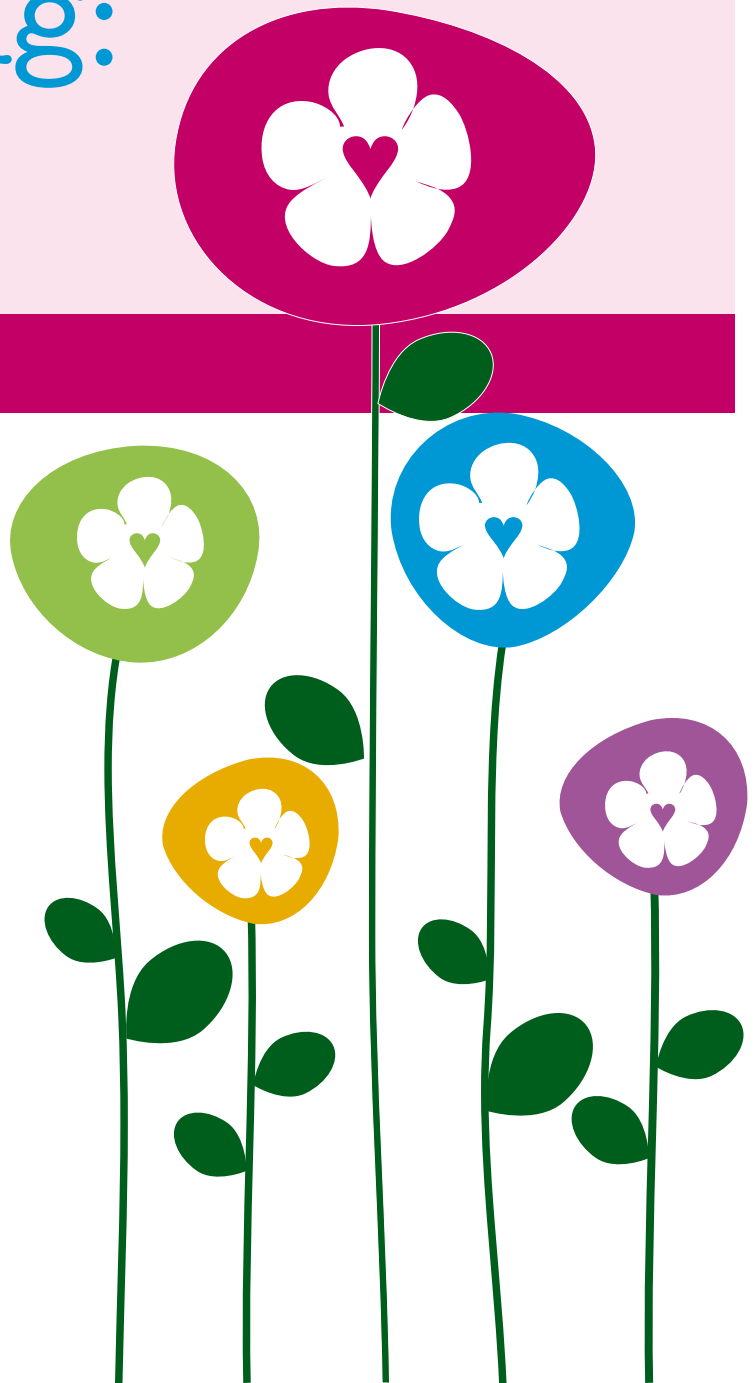
Evidence-based guidance for promoting mental health and resilience

Devon Partnership NHS
NHS Trust

# Five ways to wellbeing:

## How do you get the message across?

A report for Devon Partnership NHS Trust: Clinical Cabinet



*Glenn Roberts, Rani Bora, Emma Hoerning, Ann Ley, Melanie Long*

# Five ways to wellbeing

Devon Partnership NHS
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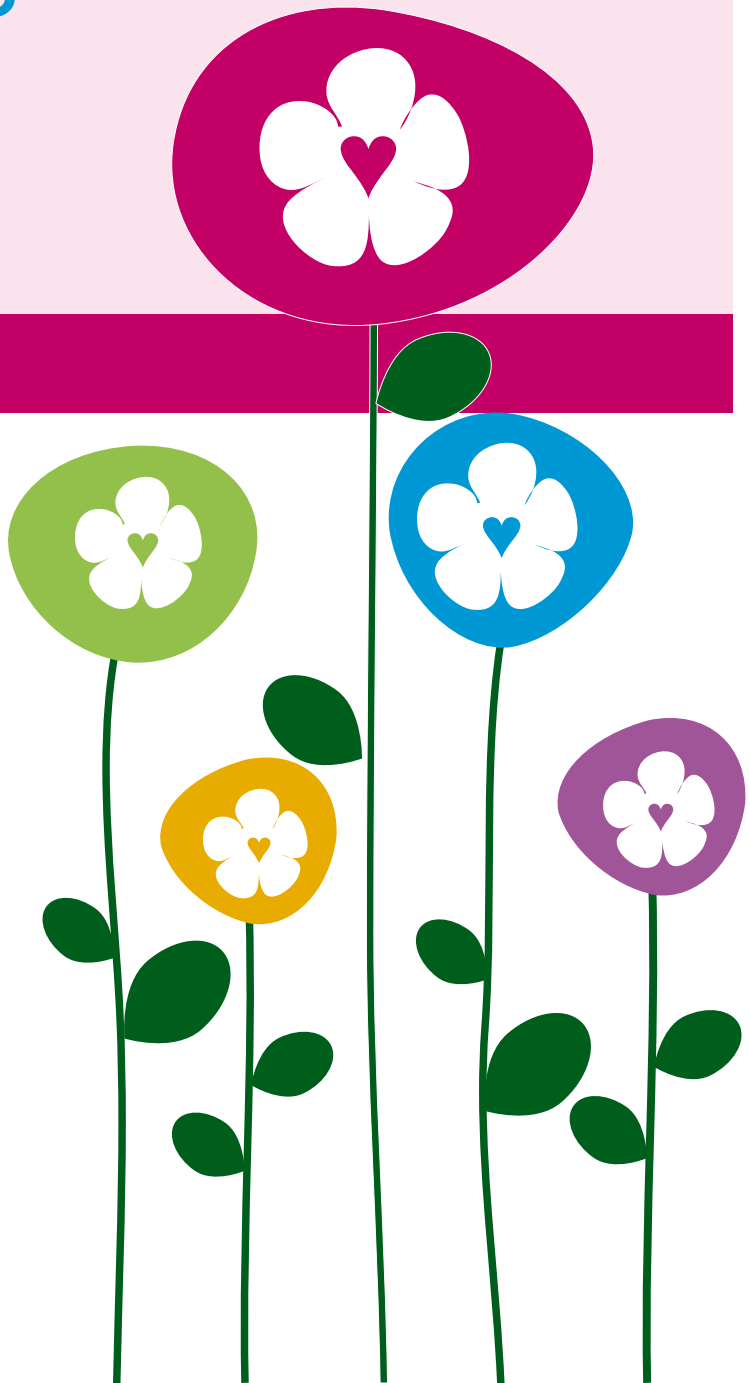

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# Introduction

## Why be concerned about 'wellbeing'?

Wellbeing is one of most important aspects of our lives, as individuals and as societies. But despite unprecedented economic prosperity in the last 35 years we do not necessarily feel better individually or as communities. Data shows that whilst economic output in the UK has nearly doubled since 1973, levels of happiness have remained flat. Beyond a certain level of income and material stability, more money has a negligible and even negative impact on the quality of our lives. However the concept of 'wellbeing' is more complex than being '*well off*' or '*happy*' and is generally understood to include two main elements: **feeling good** and **functioning well**.

Feelings of happiness, contentment, enjoyment, curiosity and engagement are characteristic of someone who has a positive experience of their life. Equally important for wellbeing is our functioning in the world.

Experiencing positive relationships, having some control over one's life and having a sense of purpose are all important attributes of wellbeing. This has implications for us as people in relationships, families and society and equally as workers seeking to care for and support others .

Promoting wellbeing uses the idea of '*thriving*' or '*flourishing*' i.e. when people are functioning well in their interactions with the world and experience positive feelings as a result.

A flourishing life is far more than 'surviving' and involves good relationships, autonomy, competence and a sense of purpose, as well as feelings of happiness and satisfaction – clearly something worth having and that most people aspire to.

Wellbeing is one of most important aspect of our lives, as individuals and as societies

[1] www.bis.gov.uk/assets/bispartners/foresight/docs/mental-capital/mentalcapitalwellbeingexecsum.pdf

# Derivation
## of the '5 ways to wellbeing'

The widespread interest in and concern for mental and emotional wellbeing in the population poses some key questions. Beyond ensuring the availability of effective mental health care and treatment how could mental health be promoted? If the emphasis is to be on promoting wellbeing rather than treating illness or merely '*coping*' or '*getting by*' what could be said with confidence? Is there a comparable message to the '5 a day' (fruit and vegetables) for physical health which seemed to have successfully engaged with public awareness? What could people be encouraged and advised to do in order to enhance their own wellbeing that was practical, available and free?

In 2008, the New Economics Foundation (**nef**) was commissioned by the Government's Foresight project on Mental Capital and Wellbeing to develop guidance on action people could take to improve personal wellbeing. This was summarized as the '**5 ways to wellbeing**' in the subsequent report from the Government's Department of Business, Innovation and Skills[2] (Appendix 1). **nef** also presented the rationale behind each of these evidence-based actions, which individuals' would be encouraged to attend to and build into their daily lives, drawing on a wealth of psychological and economic literature from the inter-disciplinary work of over 400 scientists[3]. It was never intended to be a comprehensive model of health so much as practical, memorable, achievable and 'evidence-based' guidance to stimulate personal commitment and action. However, after publication of the report in 2008, there was little general awareness or promotion of the '5 ways'. Interest in the '5 ways' has gathered pace more recently in the context of promotion of wellbeing becoming a public health priority[4]. The NHS Confederation is about to report on many local initiatives[5] and some mental health trusts[6] and local authorities[7] have structured their pubic interface and index of services to highlight engagement with the '5 ways' and are developing an increasingly clear commitment to public health and wellbeing[8].

The authors of the present paper were introduced to the '5 ways' by colleagues and saw it had considerable unexplored potential in mental health settings as intuitively meaningful and useful guidance about what anyone could do to promote their wellbeing. We felt this could be of equal value to practitioners, the people they are working with and the general population.

[2] www.bis.gov.uk/assets/bispartners/foresight/docs/mental-capital/mentalcapitalwellbeingexecsum.pdf
[3] www.neweconomics.org/publications/five-ways-well-being-evidence
[4] www.nmhdu.org.uk/en/our-work/promoting-wellbeing-and-public-mental-health/
[5] Forthcoming review by nef commissioned by the NHS Confederation – expected July 2011 at www.neweconomics.org
[6] www.slam.nhs.uk/wellbeing-garden.aspx
[7] www.liveitwell.org.uk/live-well/five-ways-to-mental-wellbeing/
[8] www.wmpho.org.uk/lfph/docs/Public_Mental_Health_Legacy_document_Final.pdf

‘Improving the health and wellbeing of staff is key to enabling the NHS genuinely to provide health and wellbeing services for all.’

# Concern
## for wellbeing in the NHS workforce

The possibility of promoting a wellbeing agenda amongst health practitioners ties in with very longstanding concern for the levels of ill health and sickness absence in health care workers. This was recently and comprehensively reviewed in the Boorman Review[9] which found high levels of health problems in health workers and particularly so for the mental health workforce where, arguably, the hope, morale and wellbeing of the workers is most closely connected with the quality and capacity to care for people in the services[10].

This general concern was confirmed locally by the high level of staff working in Devon Partnership NHS Trust (DPT) reporting personal experience of mental health problems for themselves or those they were close to (43% and 64% of 560 respondents[11]) and of the CQC 2011 Staff Survey findings in which staff in DPT returned responses on occupational stress consistent with the bottom scoring 20% of Mental Health Trusts in the whole country. The final report of the Boorman Review concluded that there was a need for, ‘a major change agenda for the NHS, designed to put staff health and wellbeing at the heart of its work.

We believe that this is justified by the importance of this issue, both for staff themselves and for the delivery of high quality patient care and that, ‘*Improving the health and wellbeing of staff is key to enabling the NHS genuinely to provide health and well-being services for all.*’[12] Personal experience of mental health problems is a potential source of motivation, empathy and expertise in mental health work but only if there is the opportunity for appropriate support and supervision to make it so. A focus on the wellbeing of the workforce is therefore more than about people being well enough to be at work but converts to some of the key capabilities in offering care and supporting people in their recovery. Our ambition in developing a series of pilot educational explorations, introducing health staff to the ‘5 ways’ and encouraging them to see relevance in their own life, was intended as a small and supportive contribution to cultural change with the aim of further developing an educational model and associated support materials that would be made freely available to individuals and teams (see Further resources on page 12).

[9] www.nhshealthandwellbeing.org/
[10] Rachel Perkins, First person: ‘you need hope to cope’ (2006) Ch 8 in, Enabling Recovery: the principles and practices of rehabilitation psychiatry. Edited by Glenn Roberts, Sarah Davenport, Frank Holloway and Theresa Tattan. London: Gaskell Press.
[11] Glenn Roberts, et al (in press) Steps towards, ‘Putting recovery at the heart of all we do’: Workforce development and the contribution of ‘lived experience’
[12] Forthcoming review by nef commissioned by the NHS Confederation – expected July 2011 at www.neweconomics.org

# Development
## of the pilot educational project

Although the '**5 ways to wellbeing**' is intended to be a public mental health promotion message it has so far gathered little public knowledge or recognition. From a mental health service perspective this guidance appeared to have as legitimate application in promoting the wellbeing of people with mental illness and the associated staff as it did for 'the man in the street'. We also thought that effective health promotional messages are best conveyed by people who are themselves convinced or have experience of using such tools or information and therefore 'get it'.

In the context of established concern for the health of health workers it appealed to us to develop some pilot educational sessions on the '5 ways' for practitioners. A proposal was presented to and adopted by the Access and Wellbeing Professional Expert Group (A&WB PEG) in DPT and the pilots were run over October/November 2010.

The project was funded by DPT's Recovery Research and Innovation Group (D-RRIG[13]).

[13] www.recoverydevon.co.uk/index.php?option=com_content&view=article&id=116%3Arrig&catid=53&Itemid=94

# Method

The present authors developed a one hour interactive educational session explaining and exploring the '5 ways' which was presented at 3 mental health and 4 primary care teams in October/November 2010 with a 3 week follow up questionnaire.

Participants were asked to review their knowledge and engagement with the '5 ways' before and after the sessions and asked if they had handed it on to others or had other suggestions re how it could be used.[14]

The sessions were delivered at team bases and supported by 'free-lunch technologies' i.e. a nice (free) lunch, post-it pads, pens, posters, and postcards all carrying the '5 ways' message to serve as a prompt and reminder after the session (see Appendix 2).

The pilots were used to gauge practitioner's interest and gain experience in how best to communicate this information with a view to developing and refining further educational resources that would be made openly available via both DPT's externally facing website and on Recovery Devon.

The further aim is to stimulate a wider publicity of the '5 ways' initiative across mental health, social care and primary care networks in Devon.

> '...effective health promotional messages are best conveyed by people who are themselves convinced or have experience of using such tools or information and therefore 'get it'.

[14] For evaluative questionnaires see Appendix 3

# Results

The 7 pilot sessions were delivered to 57 staff members from primary care and 32 from adult mental health teams. A total of 89 people completed Stage 1 questionnaires at the beginning of the sessions, i.e. before any information had been given.

Follow-up was by post and 59 questionnaires were received, producing a response rate of 66%, which is reasonable for this method.

A copy of both questionnaires can be found in Appendix 3.

Simple frequencies and descriptive statistics were produced and the median (middle) response, together with the interquartile range (IQR) which indicates the spread of responses is shown below.

Qualitative data was analysed thematically using the '5 ways' as a guide but developing further themes arising from the data.

## Taking Stock: where are you starting from?

### *Were people previously familiar with the '5 a day for mental wellbeing'?*

The vast majority of people (91%) had not heard of the '**Five Ways to wellbeing**' before the workshop presentations.

### *What level of importance did people attach to caring for their own mental health/wellbeing and how did they rate the latter?*

People were invited to respond to two questions on a scale ranging from 0 to 9.

For question 'a', the extremes of the scale were labelled '*Not at all*' and '*Very much so*'.

For question 'b', the extremes were labelled '*Very poor*' and '*Excellent*'.

| | Stage 1 | |
|---|---|---|
| **Question** | **Median** | **IQR** |
| | | |
| a.<br>How important do you regard positively attending to your own mental health / wellbeing? | 8.00 | 2.00 |
| | | |
| b.<br>How would you rate your own mental wellbeing? | 7.00 | 1.00 |

### *What did people currently do to keep themselves mentally well and how does that relate to the '5 Ways'?*

Respondents were invited to give up to three open-ended responses to this question. Their replies were grouped thematically and the results indicated that our respondents already adopted a variety of strategies which are generally accepted to enhance wellbeing and healthy living. Some of these fall within the remit of the '**5 ways for wellbeing**' and others would seem to be additional to the '5 ways' framework. They are presented below in descending order or prominence:

- By far the largest theme involved physical exercise of various types, including running, going to the gym, walking and gardening i.e. be Active (65).
- A second major theme was time spent with family and friends, socialising, maintaining regular contact including colleagues outside of work, i.e. Connect (47).
- A third theme contained statements around a generally healthy lifestyle including eating well with plenty of fruit and vegetables (explicitly omitted from the '5 ways' due to established use of '5 a day') (24), and adequate sleep (14). Total = 40
- Making time for oneself for relaxation, for enjoyable activities and 'me time' (30) was an important category and included, e.g. 'ensure my own space and me time and treats'.
- There was an interesting theme around recognising and protecting oneself from stressful situations (22). Examples include attending to the work life balance as much as possible and dealing with stressful situations promptly.
- Cognitive activities (16), these included things like crossword puzzles, sudoku, reading and the children's homework.
- Being positive, laughing and smiling a lot and counting ones blessings was a further theme mentioned (11).
- This was followed by 'talking therapy' on both a formal and informal level (7), meditation & reflection (5) and medical solutions including sick leave & anti-depressants (4).
- One person mentioned learning new things and one person mentioned 'sharing and caring'.

### *Were people interested in doing something to have better mental health/wellbeing?*

A further question explored people's attitudes towards this. The question and basic descriptives are shown below. The extremes of the scale were labelled 0 '*Not at all*' and 9 '*Very much so*'.

| Time | Question | Median | IQR |
|---|---|---|---|
| | | | |
| Stage 1 | Would you like to do something to have better mental health / wellbeing? | 7.00 | 3.00 |
| | | | |

In terms of attitude, the median response was 7 with an interquartile range of 3.

Examining the frequency distributions, the relatively large IQR of 3, indicates more people who replied at the lower end of the scale saying that they were not very interested in taking action (10 people rated themselves as less than 5). This may be explained by the fact that, on the whole, our respondents were already doing quite a lot to promote their own wellbeing, as shown by the above qualitative themes.

At follow up, there was no change in the ratings of importance or ratings of personal mental wellbeing.

This is not surprising given the short time between stage 1 and follow-up and could be regarded as informal support of the reliability of the initial response.

# ‘5 a day’ for mental wellbeing: are you getting yours?

### *To what extent had people passed the message on to others?*

Of the 59 people who provided follow-up data, 36 (61%) said that they had introduced five a day to other people. Between them,

- 32 people reported passing the message on to an approximate 76 family and friends.
- 14 people had passed the message on to an approximate 46 colleagues.
- 9 people had passed the message on to an approximate 22 patients/people who use services.

A small number of people provided useful constructive comments to improve the workshops.

These included a plea not to make it an e-learning experience, but to keep people talking and connecting; teams to make agreements on ways to promote the ‘5 ways’ communally and sticking to it; more time for group activities and discussion; more examples of ‘noticing’ and ‘giving’; team day workshops and a face to face follow up session.

### *To what extent had people made any changes to improve their wellbeing in the last 3 weeks and, if so, what were they?*

The median response to this question was 6 with an IQR of 3.

There were 15/59 people who replied to this question who scored less than 5. However, there were 48 people who provided further details of the changes they had made. By far the most notable change was in terms of noticing and levels of awareness.

*“Have taken more notice of my surroundings”*
*“Enjoy the environment when out dog walking”*
*“Think of something positive at the end of each day”*
*“Make a point of appreciating things and not taking them for granted”*
*“Try to recognise my own mental health needs more often”*
*“Been more aware of what I do and less critical of what I don’t do, e.g. less aware that I don’t go to the gym, more aware of the exercise I do”.*

A substantial proportion were also doing more of the helpful behaviours they had noted at baseline, such as more exercise, joining a gym and there were many examples of connection.

*“Made time for friends”*
*“Taking on more social activity”*
*“Concerted effort to speak to people I don’t know when out”*
*“Telephone chat to friends”*
*“Connecting with sons who live in London”*
*“Replacing lost mobile so that I am not so isolated when I work on my own”.*

Learning was mentioned by 6 people at follow up and included learning about CLANG itself. Similarly, 6 people mentioned giving at follow up, including checking on elderly neighbours during the cold weather and volunteering. There were also some interesting examples of combined activities.

*“Pray and connect at a place on the moor I walk to”*
*“Walking with a friend, cycling with sister and niece”*
*“More walking instead of driving and taking in the scenery”*
*“Trying to take notice/learn as before but being aware I’m doing it”.*

# Commentary

Given the backgrounds of our respondents, it is encouraging but not surprising that they regarded the issue of their own mental health and wellbeing as very important. The majority of this group of practitioners rated themselves well at present and considered it very important to look after themselves. The high rating given to personal mental wellbeing is also encouraging but perhaps more surprising given the findings of the Boorman Review.

However this was a volunteer group of pilot sites who were perhaps atypically engaged with both the issue and interested in pursuit of wellbeing. The responses arising from the short time given to people to produce comments and scorings within the sessions implies a reflective, proactive group of people who were already receptive and attentive to their own mental wellbeing and working in relatively well-functioning teams.

Very few had previously heard of the '5 ways' (9%) and it was interesting that there were overlaps between their current self care actions and those suggested in the '5 ways' teaching. The most common were broadly equivalent to interpretations of 'be Active', and 'Connect' but they also gave emphasis to areas not explicitly covered in the '5 ways' such as seeking pleasure and enjoyment, stress avoidance and therapy/treatment.

The '5 ways' domains of 'take Notice' and 'Give' were not much represented in participants initial descriptions of self care.

The majority expressed a considerable interest in taking further action to support their wellbeing and more than half described constructive changes in the 3 weeks following the sessions. This included doing more of what they were doing already but with additional description of activities which involved 'taking notice' and increasing awareness. Several mentioned activities related to learning and giving, but this could be as much related to being now alerted to these activities as contributing to wellbeing as embarking on new behaviours.

Although we may have been engaging with groups that were already mindful of attending to their wellbeing they were still responsive to the concept, commented on many positive changes following a single lunchtime educational session and had taken the initiative to share it with a wide range of family, friends, colleagues and people attending their services without being asked to.

Overall, these pilot educational sessions were a useful learning experience for both participants and presenters. The results and feedback demonstrated the acceptability of this approach and that it stimulated positive action in an already well functioning group. This provides encouragement for further development of this simple and accessible approach to promoting engagement in taking positive action to enhance mental health and wellbeing for anyone.

Within the timeframe and resources available, this was a worthwhile enterprise producing interesting results. As a series of exploratory sessions it was limited by the volunteer groups being perhaps atypically motivated to participate and they may over-represent those already committed to adopting healthy lifestyles. Had additional resources been available, it would have been preferable to conduct face to face follow-ups. This would have reinforced the message and probably improved the response rate.

Organisational challenges included marked disruption in at least 2 of the 7 sessions with people arriving late and leaving early or else lack of preparation for the team arriving and muddles with practicalities.

On reflection, engagement with the sessions may have been also limited by ambiguity re whether they were being introduced to something that may benefit others i.e. Continuing Professional Development or if it was something that had direct application and made claims for engagement on people personally.

# Conclusions

In our contemporary culture it has so far proved very difficult to get people interested in prevention and mental health promotion. It has received little funding or attention and there are few examples of effective action. Prevention and health promotion are clearly supported by recent strategic policy[15] and if gains are possible they will reap long term benefit.

The dietary advice carried by the '5 a day' slogan has lodged in mainstream culture and has quite literally been 'marketed' as a sales device on purchasable products. It is much more difficult to 'market' and 'sell' behavioural change – but therein is the challenge. Mary O Hagan famously described Recovery as, '*A health promotion programme for people with mental illness*' and so the hope of being able to do something effective to improve my wellbeing is equally applicable to people with significant health problems and the staff working with them as for the general population.

Development of the '**5 ways to wellbeing**' is the clearest evidence-based advisory statement to date. The problem of 'how to get the message across' and successfully encourage people to become active in their own wellbeing and health care remains, but it is the hope of this project to have made it more available, attractive and possible to make a start.

'...how to successfully encourage people to become active in their own wellbeing...'

[15] No health without mental health (2011) www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123766

'...support individuals and teams taking a look at the '5 Ways to Wellbeing' themselves and engage them to consider if this is something they would find useful in their own lives and of help to those they are working with.'

# Recommendations

This project and its findings will be published on both the DPT and Recovery Devon websites and publicised through health, social and primary care networks. This will describe the availability of the further resources to support individuals and teams taking a look at the '**5 ways to wellbeing**' themselves (below) and engage them to consider if this is something they would find useful in their own lives and of help to those they are working with.

Additional supportive materials have been developed and published as part of this project and further supplies will be available for a limited period (see Appendix 2).

Submission of more formal accounts of the project for publication in journals and conference presentations may follow.

## Further resources:

1. A brief film offering a personal introduction to the Devon 5 Ways project from Drs Rani Bora and Emma Hoerning – what has this meant to us?
2. PowerPoint presentation for use in teaching and educational sessions on the 5 ways to wellbeing - suitable for both personal reflection and group teaching.
3. A booklet/self help guide designed to support personal reflection on how to engage with the '5 ways' for yourself – useful individually and to follow up group teaching. '*Taking steps towards living well: A personal guide to the Five Ways to Wellbeing*'.
4. This project features as an example of good practice in the NHS Confederation's review of the 5 Ways concept in mental health promotion in England. Report available at www.neweconomics.org from July 6th.

All these resources will be available at:

Devon Partnership NHS Trust website: www.devonpartnership.nhs.uk

Recovery Devon: www.recoverydevon.co.uk

Follow up and further contact: Dr Glenn Roberts - glenn.roberts@nhs.net

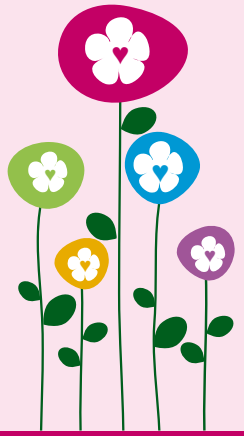
**Note:**

It was not planned to share the project materials beyond the pilot sites before the conclusion of these explorations but awareness in DPT and further afield rapidly grew and '5 Ways' materials were requested and used by the following:

DPT: as part of its corporate induction programme, public roadshows and education for shadow Governors as well as requests from 2 clinical teams who wanted to conduct team sessions.

NHS Devon: for work they were carrying out on Health and Wellbeing promotion for staff

Exeter College: for 'Being Healthy Week'



# Appendix 1

The following text describing the '5 ways' is taken directly from the **nef**[1] report and reproduced with their permission. We restructured the order in which the items are described so as to spell the memorable acronym - CLANG.

The wellbeing equivalent of "five fruit and vegetables a day".

[1] www.neweconomics.org/publications/five-ways-well-being-evidence

# Five ways to wellbeing

The suggestions for individual action, based on an extensive review of the evidence are:

## 1. Connect...

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

## 2. keep Learning...

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

## 3. be Active...

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

## 4. take Notice...

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

## 5. Give ...

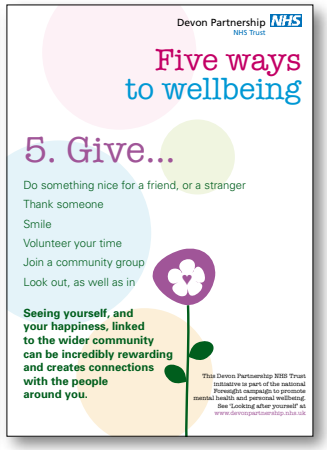
Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, as linked to the wider community can be incredibly rewarding and creates connections with the people around you.

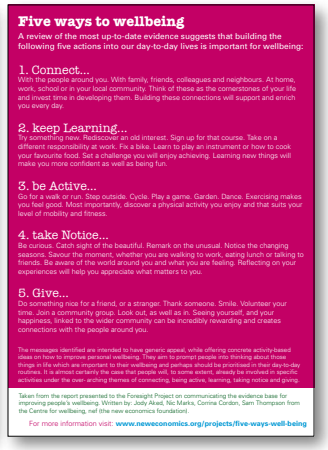
# Appendix 2

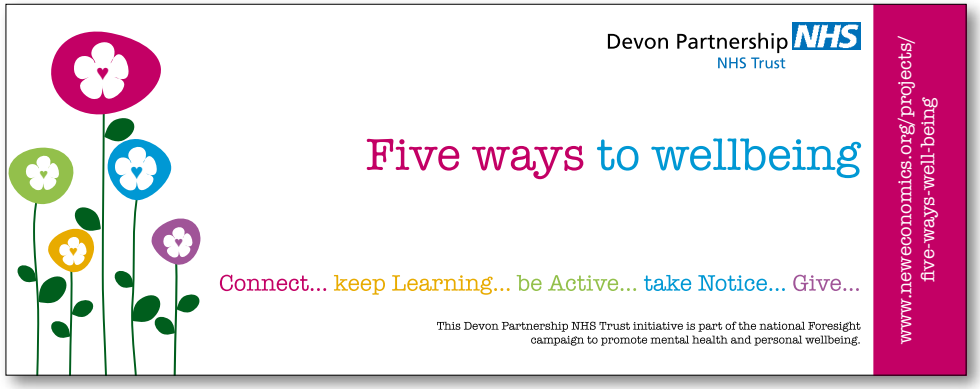
## How to enable people to remember the ‘5 ways to wellbeing’?

The following were designed and provided free to support education and learning within this project and further supplies are available from the Communications Department, Devon Partnership NHS Trust.

- Postcards: sets of 5 - each with one of the ‘5’ on the front and description of all 5 on the back
- Message Pens: black ink biro with pull out message scroll – full description on reverse



# Appendix 2

## How to enable people to remembering the ‘5 ways to wellbeing’?

- Post-it pads: 3 x 5 inches x 50 sheets
- Posters: A4 size

# Appendix 3

## Questionnaires used with pilot study groups before and 3 weeks after the presentations

**Questionnaires used with pilot study groups before and 3 weeks after the presentations**

**FORM 1: Taking Stock: where are you starting from? DATE __.__.__**

PERSONAL CODE: Date of Birth __.__.__ (confidential to you so we can pair before and after scores)

Please **circle your responses** to the questions below

**1. Baseline measure**

**a. How important do you regard positively attending to your own mental health/wellbeing?**

0 1 2 3 4 5 6 7 8 9

Not at all very much so

**b. How would you rate you own mental wellbeing?**

0 1 2 3 4 5 6 7 8 9

Very poor Excellent

**c. What do you do to keep yourself mentally well?**

1.

2.

3.

**d. Would you like to do something to have better mental health/wellbeing?**

0 1 2 3 4 5 6 7 8 9

Not at all very much so

**e. Had you heard of the '5 a day for mental wellbeing' before this project yes / no**

**FORM 2 Follow up in week beginning ********* DATE __.__.__**

PERSONAL CODE: Date of Birth __.__.__ (confidential to you so we can pair before and after scores)

**'5 a day' for mental wellbeing: are you getting yours?**

A few weeks ago you took part in an education session on '5 a day' – what did you make of that? Could you please spend a few minutes letting us know by circling your responses to the questions below. We will send you a report with your team's 'before and after' responses and an overview of the projects findings across 3 primary care and 3 mental wellbeing and access teams.

**a. How important do you regard positively attending to your own mental health / wellbeing?**

0 1 2 3 4 5 6 7 8 9

Not at all very much so

**b. How would you rate you own mental wellbeing**

0 1 2 3 4 5 6 7 8 9

Very poor Excellent

**c. Have you made any changes to improve your mental wellbeing in the last 3 weeks?**

0 1 2 3 4 5 6 7 8 9

Not at all very much so

**d. If so – in what ways?**

1.

2.

3.

**f. Have you introduced/promoted the '5 a day' to others? Yes / No**

If so ... to roughly how many

Friends and family .....

Colleagues.....

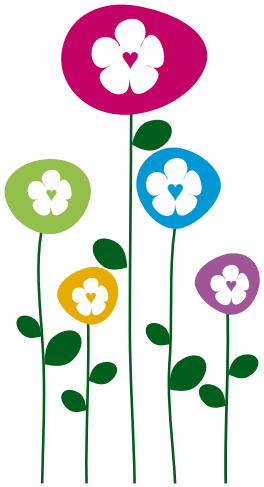
Patients / people who use services .....

**g. Have you made any changes to improve your mental wellbeing in the last 3 weeks?**

0 1 2 3 4 5 6 7 8 9

Not at all very much so

**h. Do you have any suggestions for how it could be improved?**



# Five ways to wellbeing

This Devon Partnership NHS Trust initiative is part of the national Foresight campaign to promote mental health and personal wellbeing

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