

WILD 5 Wellness: Impact of a Five-Pronged 30-Day Wellness Program on Mood, Mindfulness, Sleep Behavior, Social Connectedness, Emotional Eating and Mental Wellness For Individuals On and Not On Psychotropics



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Introduction

Abstract:

Mental illness in the United States is a significant cause of disability. Healthcare professionals have appropriately focused on treating the symptoms of mental illnesses and while some progress has been made in improving the quality of individual's mental health outcomes, much more needs to be done (Caddy, Crawford et al. 2012) (Sterling, von Esenwein et al. 2010). In the last decade, it has become apparent that focusing just on reducing symptoms of mental illness is insufficient, and that we should also focus on improving elements of mental wellness (Cabassa, Parcesepe et al. 2013, Pandya and Jan Myrick 2013). The open question in the field is this - are wellness interventions appropriate for patients with diagnosable, clinically significant illnesses, or even for those who don't have an illness but are interested in optimizing their mental health (Manderscheid, Ryff et al. 2010, Tierney and Kane 2011). This analysis compares outcomes for those participants in clinical settings, receiving therapy and medications, as community to those who are community non-patient individuals.

We created a unique mental wellness program we call WILD 5 Wellness (WILD = Wellness Interventions for Life's Demands). It is a five-element wellness program that is 30 days in duration. These five elements are physical exercise, mindfulness, optimized sleep, improving social connectedness and optimized nutrition. This program was developed in order to meet the needs to develop a trackable, accountable, self-directed wellness program that included all five elements practiced on a daily basis (Cook, Copeland et al. 2012). These five elements were selected as each one of them independently has previously demonstrated to improve mental wellness scores that show sustainable benefits. We collected objective data to track these five elements and utilized scales well accepted by the mental health field, such as PHQ-9, GAD-7, WHO-5, PSQI, etc.

This analysis reports pre-post changes in global wellbeing, as well as improvements in each of these five elements. The participants were divided into 'taking psychotropic medication' and 'not taking psychotropic medication' groups. Pre-post scores on the various psychometric instruments were analyzed using a computer statistical package (StatPlus). Each of the eight trackable components (mood, anxiety, exercise, mindfulness, sleep, social connectedness, emotional eating, and mental wellness) showed numeric improvements and all met statistical significance in pre-post scores ($p < .05$). We also showed a strong co-relationship between adherence to the program (as measured by the number of days an individual actually completed the assigned wellness exercises) with positive outcomes on positive mental wellbeing. More specifically, the mean age of participants on psychotropics was 45.9 and those not on psychotropics was 38.3. There were 4 males and 14 females in both groups. Compliance with the five individual wellness interventions was approximately the same in both groups - in the psychotropic group, it was ranked from highest to lowest as follows: social connectedness, sleep, nutrition, exercise, mindfulness. In the non-psychotropic medication group, the compliance ranking of highest to lowest was exactly the same. The order of 'most helpful' interventions from highest to lowest in the 'on psychotropic medication group' was as follows: exercise, mindfulness, social connectedness, nutrition, and finally sleep. In the 'not on psychotropic medication' group, the order of most helpful to least helpful wellness interventions were: nutrition, exercise, sleep, mindfulness, and finally, social connectedness. In addition, in both groups, these five wellness interventions produced statistically significant improvements in objective measures on mood, anxiety, wellness, sleep, mindfulness and social connectivity.

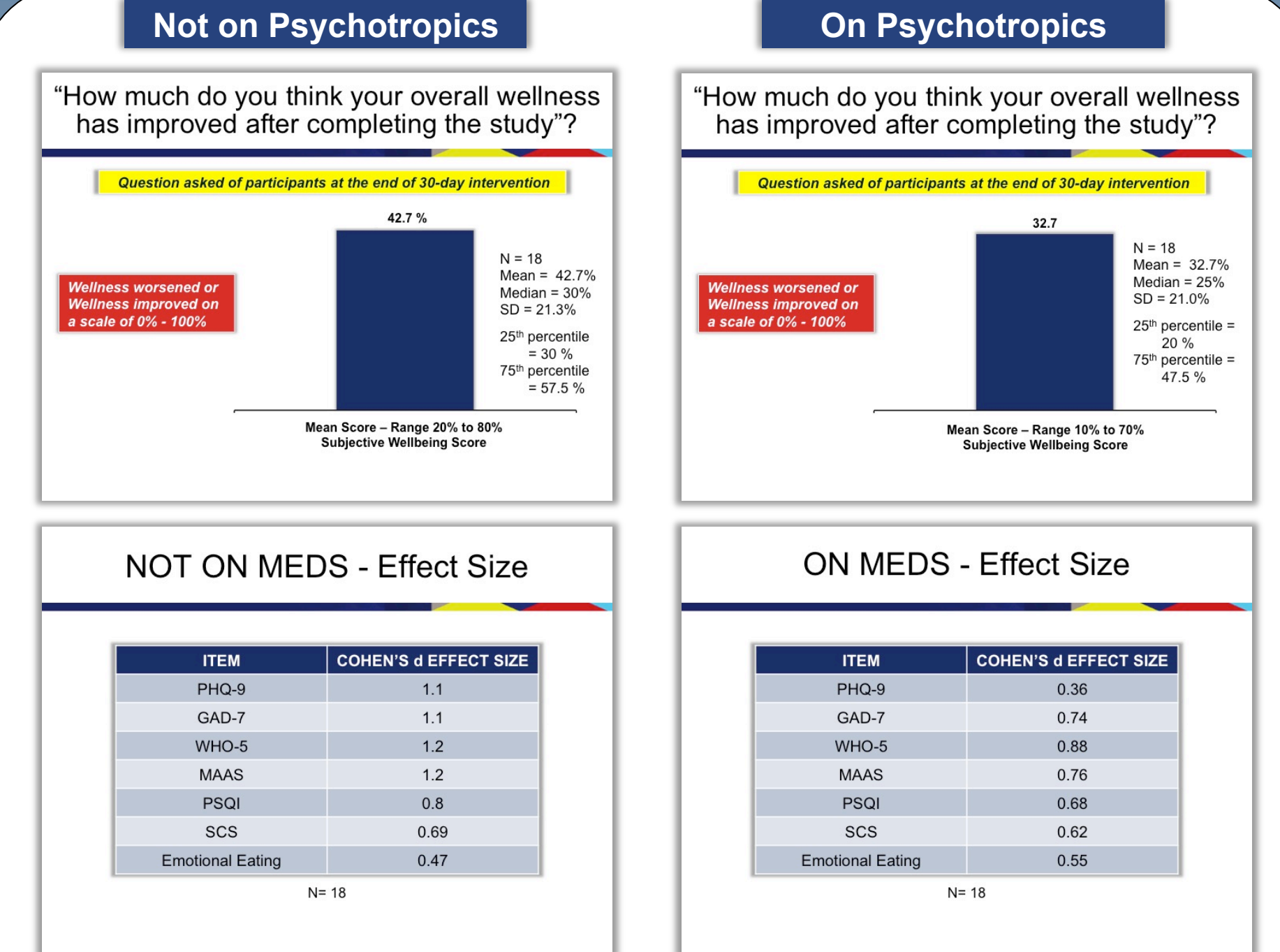
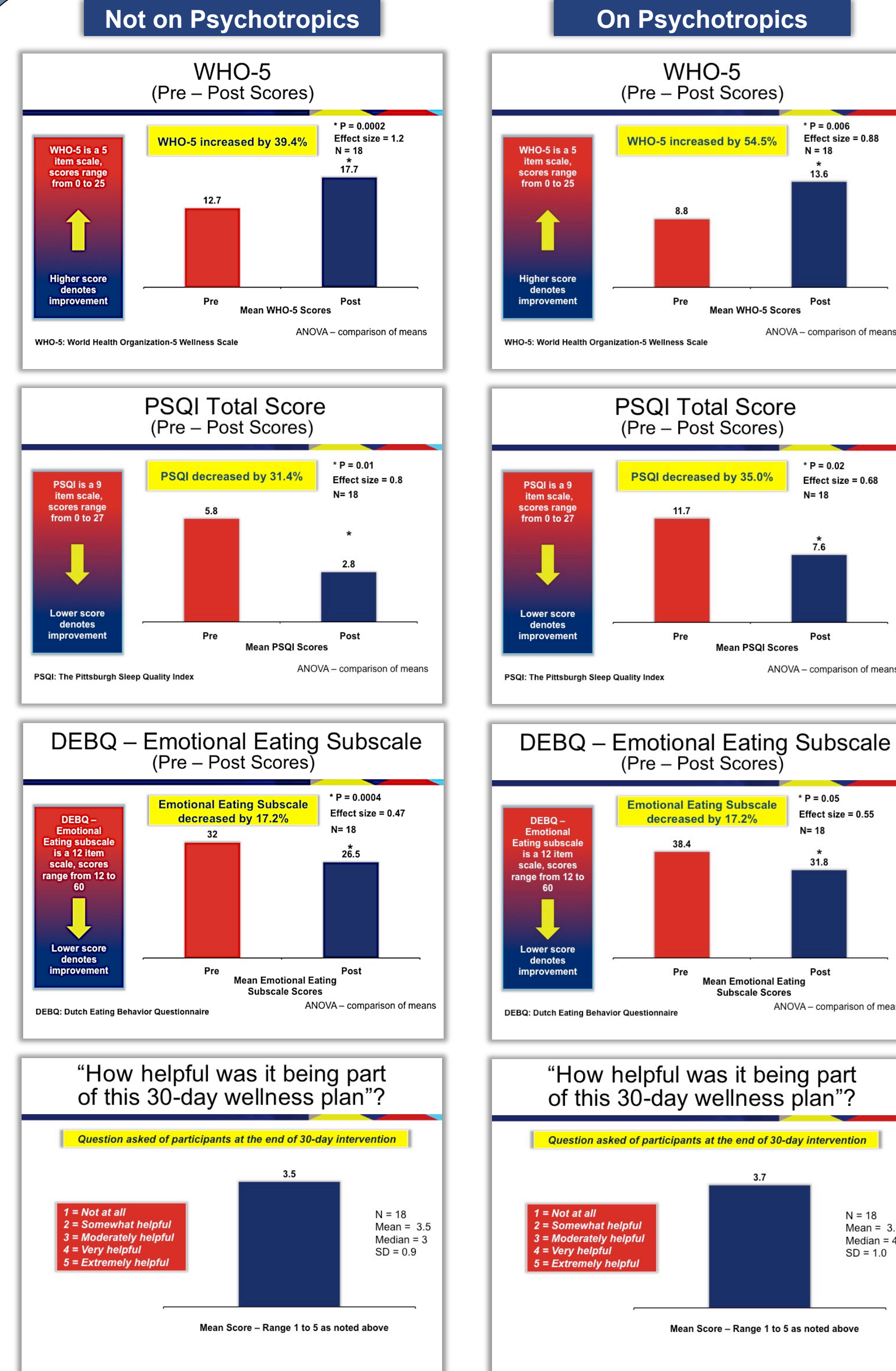
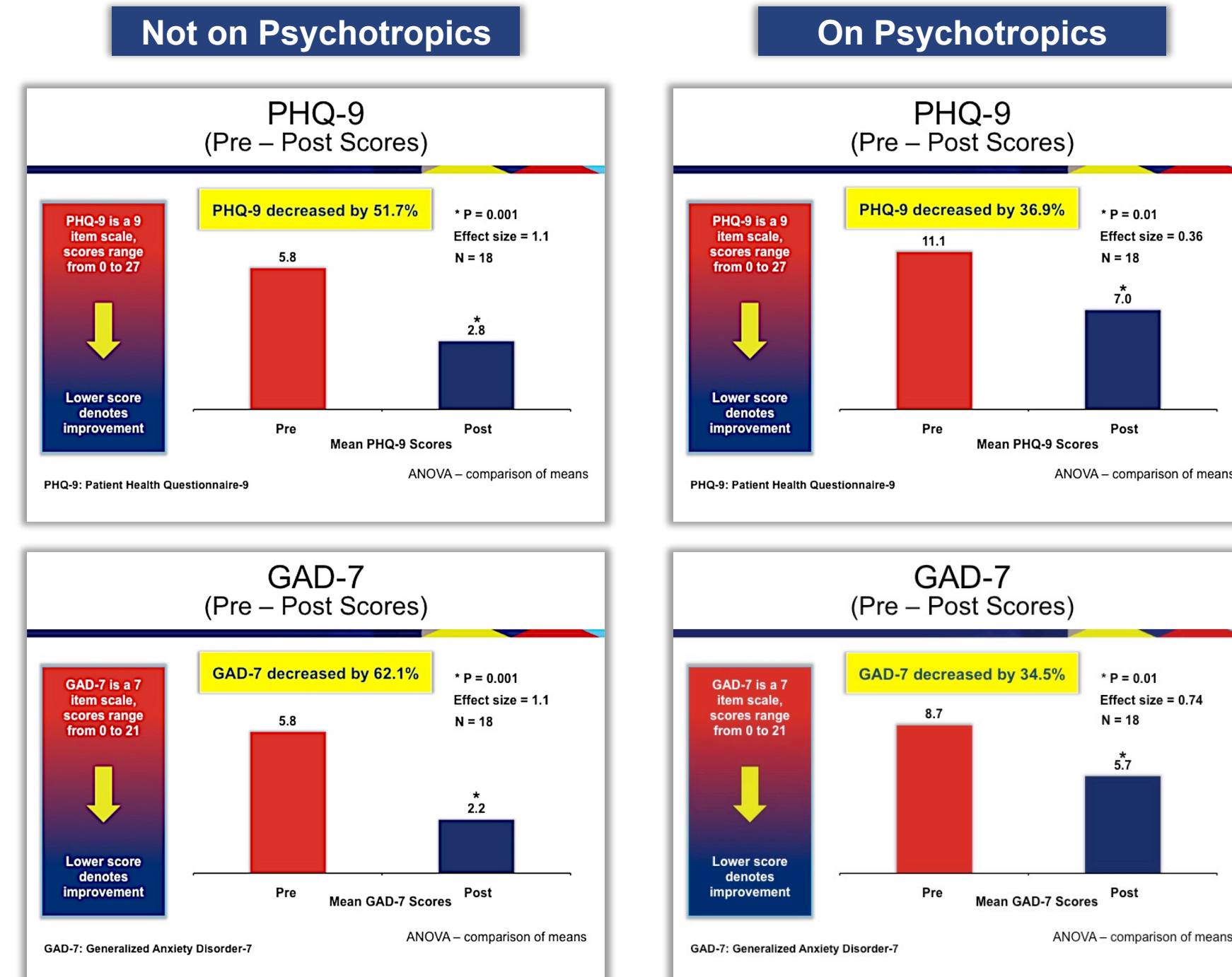
30-Day Interventions

1. The Exercise module consists of taking a 30-minute *brisk* walk 6 out of 7 days per week for the duration of the 30-day program.
2. The Mindfulness module consists of meditating 10 minutes each day, 7 days a week for the duration of the 30-day program using this free smartphone app: <http://stopbreathethink.org/>
3. The Sleep module consists of consistently implementing at least one of the six pro sleep hygiene practices each night for the duration of the 30-day program.
4. The Social Connectedness module consists of texting or calling a friend or family member each day of the week for the duration of the 30-day program.
5. The Nutrition module consists of logging all meals and snacks each day for the duration of the 30-day program using this free smartphone app: <http://www.myfitnesspal.com/>

18 participants on Psychotropics (mean age 45.9 years)
4 Males, 14 Females

18 participants not on Psychotropics (mean age 42.1 years)
4 Males, 14 Females

Results



Conclusions

This unique intervention offers compelling proof that even a non-medication, self-directed, very low cost 30-day intervention, focusing on mental wellness offers clinically significant help with mood, anxiety, sleep, mindfulness, and social connectivity in both populations, those taking a psychotropic medication for a mental health challenge, and those not on any such medications but are interested in improving their mental health (Cook 2007). This is an important finding as it's well established that improved mental health in all confers greater protection from adversity and leads to a more fulfilled life. We plan to offer the WILD 5 Wellness Program for no-cost utilization by mental health professionals across the country.

Affiliations

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