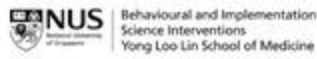




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## #138 - How Doctor Strange would have promoted well-being: Well-Being “Circles”

### Background

If Doctor Strange would be asked to promote well-being, he would do what he does best, drawing (Well-Being) circles. And we now know how he makes the circles work best.

Well-Being Circles brings people together in small groups, led by non-expert facilitators to learn well-being skills so as to improve their well-being and prosociality. The study webpage is: [www.wellbeingcircles.sg](http://www.wellbeingcircles.sg).

Singapore Mental Health Survey 2016 indicates that 1 in 7 Singapore residents is likely to experience a diagnosable mental health condition in their lifetime (Institute of Mental Health, 2018). However, 6 out of 7 remain free from experiencing a mental health condition, but may not be living their best possible lives.

Keyes (2002) noted that people may be languishing, or at best, moderately mentally healthy, without living a flourishing life. People who are languishing are 6 times more likely than people who are flourishing to develop a major depressive episode.

Hence, our study aims to cultivate well-being, helping people live out better versions of themselves, towards a flourishing life.

### Gap

In the current landscape, the availability of scalable, structured, skills-based, and community-driven well-being intervention programmes remains remarkably limited.

### Objectives of Study

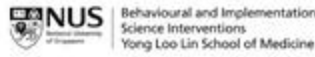
This study has three objectives:

1. Evaluate the implementation of a 12-session community well-being intervention run by non-expert facilitators
2. Measure the impact through a Randomised Waitlist Controlled Trial design
3. Make policy recommendations for large-scale implementation

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## Method

We conducted a randomized waitlist controlled trial (RCT) where 372 participants were randomly assigned to either the intervention group or the control group. Both groups completed a 12-session intervention at different time points.

Each participant was randomly assigned into a Well-Being Circle (WBC) consisting of an average of 5 participants and up to 2 facilitators. Non-expert facilitators were recruited and went through 2-day facilitator training to familiarise them with the WBC contents and facilitation skills.

## Results

The study identified three key characteristics of a successful intervention of such large-scale community well-being programmes: **focusing on skill sets, connecting with personal stories, and facilitating a supportive social environment.**

The study measures 9 Well-Being Outcomes (WBO) and 13 Well-Being Skills (WBS). At T0 (preintervention), a non-parametric independent sample t-test shows no significant difference between intervention and control group across most of the WBO and WBS measures.

Examples of WBO include PHQ-9, GAD-7, and Mental Health Continuum. Examples of WBS include reframing, kindness, and gratitude skills.

At T1 (post intervention), a non-parametric Independent sample t-test shows significant difference between intervention and control group across all of the WBO and WBS measures. At T1, differences in WBO have small to medium effect sizes while differences in WBS have medium to large effect sizes.

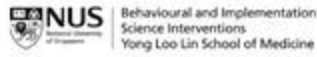
We are still collecting and analyzing the results at T2 (post 6-month intervention) to examine if the effect of the intervention group is sustained.

## Qualitative response

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Qualitative responses from participants were collected at post intervention on how they have benefitted from the programme and what prosocial behaviors they have engaged in.

87% of employed participants reported that their involvement in the Well-Being Circles has inspired them to actively promote well-being at work.

94% of the Intervention participants reported that they have engaged in prosocial behaviours more so now than when they started the programme.

98% of parents reported that their participation in the programme has helped them to be better parents.

**Practical Implication:**

This study has the potential to inform policy directions. The Well-Being Circles can serve as a model of how well-being interventions by non-experts can be made accessible and scalable to the community - helping people to live a flourishing life.

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## Annex

### 9 Well-Being Outcomes Measurements (Table 1)

Scale	Construct Measured
PHQ-9 (Depression Severity Scale)	Depression Severity
GAD-7 (Anxiety Severity Scale)	Anxiety Severity
Mental Health Continuum	Emotional Well-Being, Social Well-Being, Psychological Well-Being
Cantril Ladder	Life Evaluation
Positive Affect and Negative Affect Schedule	Positive and Negative Emotions
Brief Resilience Scale	Resilience
Prosocial Behavioural Intentions Scale	Prosocial Behaviour Intention
Wisdom Scale	Wisdom

### 13 Well-Being Skills (Table 2)

Theme	Well-Being Skills
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Mindset	Skill 1: Reframing limiting beliefs Skill 2: Distracting & distancing from triggers
Passion	Skill 3: Soliciting feedback for improvement Skill 4: Setting new challenges to overcome Skill 5: Balancing job demands and resources Skill 6: Aligning job to values (importance), interests, and strengths
Relationships	Skill 7: Expressing loving kindness to self Skill 8: Expressing loving kindness to others Skill 9: Respond actively and constructively to others' good news Skill 10: Communicating feelings and needs constructively during triggering moments
Other-Centeredness	Skill 11: Expressing gratitude Skill 12: Engaging in acts of kindness
Meaning	Skill 13: Setting daily purposeful goals