



# **A Process Evaluation of Partner Engagement Elements of UBC Thrive**

**An annual mental health promotion initiative**

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## Executive Summary

This report was commissioned to determine the successes and challenges of partner engagement in UBC Thrive. As an annual health promotion initiative, Thrive is aimed at promoting strategies for improving the mental health of students, staff, and faculty. Thrive partners include individuals from various student, staff, and faculty groups and departments.

The purpose of the process evaluation was to examine the needs and experiences of Thrive partners to inform future engagement strategies. By interviewing a cross-section of Thrive partners (n=17), one aim was to evaluate partners' understanding of the purpose and outcome of their involvement in Thrive, as it relates to the concept of mental health literacy. A second aim was to identify strategies and recommendations for improving partner communication, relationships, and engagement.

The interview data were analyzed using a qualitative descriptive approach resulting in six themes: 1) process and rationale for engagement in Thrive, 2) links between partner engagement and mental health literacy, 3) challenges and gaps in partner engagement, 4) successes and strengths of partner engagement, 5) perceived impact of Thrive upon mental health and well-being, and 6) sustainability of Thrive.

The results suggest that partner communication can be improved by using more centralized and targeted communication strategies to promote Thrive events and enhance awareness of resources available on campus. Partners also expressed an interest in having a feedback mechanism which would enable them to determine how well events are being received by participants, and how they can improve programming.

With respect to relationship building, one important consideration is ensuring continuity between partners given turnover in staff and student roles. Two potential avenues for encouraging successful partnerships include working more closely with specific Thriving/special event partners to plan and implement flagship events that promote Thrive's objectives, and facilitating collaboration between partners. Such opportunities could address some of the challenges with delivering Thrive programming, and optimize the success of events.

Recommendations for improving engagement strategies include: developing Thrive-branded events throughout the year that reflect and respond to the unique needs of the UBC community; creating low-barrier events and funding opportunities; and providing resources and workshops to support campus leaders in their efforts to engage in substantive conversations about mental health. Finally, the results of the evaluation highlight the importance of building capacity for improving mental health literacy through sustained engagement in mental health initiatives.

## Introduction

Thrive consists of a week-long series of events dedicated to fostering long-term engagement in positive mental health among UBC students, staff, and faculty. While efforts to promote awareness and education are often concerned with negative aspects of mental health, Thrive intends to shift the focus toward positive mental health and resilience. Positive mental health includes activities that are social, physical, spiritual, and sustaining in nature. With over 8000 participants at the Vancouver campus and 3000+ at the Okanagan campus, Thrive represents one component of a broader effort to create a healthier university. By providing opportunities for individual and community initiatives, Thrive promotes a culture that continually strives to improve our understanding of mental health, and supports positive mental health for all.

Thrive is held annually, typically in the first week of November, and features events developed and implemented through collaborative relationships between the UBC Vancouver and Okanagan campuses. Thrive includes regularly scheduled events or activities that are promoted under the Thrive banner, as well as, Thrive-specific events that are planned and promoted by Thrive Partners. The Thrive Committee supports the efforts of Thrive Partners through planning and implementing events for the launch and wrap-up of Thrive week.

In collaboration with the Thrive committee, the UBC Sustainability Scholar (referred to as Scholar going forward) conducted a process evaluation with specific partner groups at the Vancouver campus. The purpose of the process evaluation was to examine Thrive Partner engagement, with the goal of better understanding the needs and experiences of partners. Considering the variability in the nature and delivery of Thrive programming, a process evaluation was considered appropriate for examining barriers and facilitators to program implementation, as well as, understanding the accessibility of Thrive programming to the target audiences (CDC, 2018). The process evaluation was designed to support the existing Thrive evaluation framework and inform future engagement strategies.

## Literature Review

Mental disorders impact 1 in 5 people, and are the leading cause of disease burden worldwide (Marcus & Westra, 2012; Wei, McGrath, Hayden, & Kutcher, 2016). Individuals between the ages of 10 and 29 are disproportionately affected, experiencing significant long-term and short-term impacts on their health and well-being (Wei et al., 2016). Age aside, individuals with a mental disorder are more likely to seek help from a general practitioner or family doctor. Women report more positive attitudes towards professional help, and are more likely to seek help compared to

men (D'Amico, Mechling, Kempainen, Ahern, & Lee, 2016; Statistics Canada, 2015). Among youth with a mental disorder, fewer than half seek treatment which is less than any other age group (Kutcher, Wei, & Morgan, 2015; Wei et al., 2016). Common barriers to seeking help are stigma and a lack of knowledge concerning mental health (D'Amico et al., 2016; Kutcher, Wei, et al., 2015; Wei et al., 2016). Other factors that discourage help-seeking include: attitudes of peers and parents towards help-seeking, fears of being judged by others, cultural norms and beliefs about mental illness and help-seeking, and beliefs about the effectiveness of treatment options such as psychotherapy and medication (D'Amico et al., 2016).

## Defining Mental Health Literacy

Mental Health Literacy (MHL) is a construct within the domain of Health Literacy, and is comprised of four components (Figure 1). Much like health literacy, MHL has evolved from its earlier definition as knowledge that is required to recognize, prevent, or manage mental disorders (Kutcher, Wei, & Coniglio, 2016). Currently, MHL is understood to mean knowledge of the onset and development of mental disorders along with the ability to effectively apply this knowledge (Kutcher, Bagnell, & Wei, 2015). MHL takes into account social capital, specifically, the capacity of individuals to advocate for themselves and others (Kutcher, Wei, & Coniglio, 2016; Kutcher, Wei, et al., 2015). In order to be sustainable and have an optimal impact, MHL must be context-specific, meaning developed and applied in real world settings.



Figure 1. Components of mental health literacy

## Mental Health Literacy in a Developmental Context

In a survey of Canadians, researchers examined the MHL of young adults (18-24 years old) compared to older adults (25-64 years old). According to the results, there was no significant difference between the groups concerning their awareness and knowledge of mental health, and MHL was found to be adequate across both age groups. Young adults were less likely to consider medication and therapy as an effective means to address mental health problems (D'Amico et al., 2016; Marcus & Westra, 2012). Younger respondents, particularly males, showed a preference

for managing problems on their own, and were more likely to seek help from friends and family members as opposed to mental health professionals (Marcus & Westra, 2012).

Perceived mental health is considered to be an index for overall well-being (Statistics Canada, 2015). Close to three quarters of Canadians aged 12 and older report that their mental health is “very good” or “excellent” (Statistics Canada, 2015). MHL is recognized as both a social determinant of health and an intervention with established benefits for individual and population-level health outcomes (Kutcher, Wei, Costa, et al., 2016). Any efforts to enhance MHL must take into account the unique developmental needs and preferences of individuals, as well as, the context (i.e. school, workplace) in order to enhance help-seeking behaviours. Recommended approaches include peer support and self-help (D’Amico et al., 2016; Marcus & Westra, 2012).

### Mental Health Literacy in an Educational Context

To date, there has been limited research on MHL as it pertains to workplace settings within and outside of higher education (Czabała, Charzyńska, & Mroziak, 2011; Moll et al., 2018; Nishiuchi, Tsutsumi, Takao, Mineyama, & Kawakami, 2007). Accordingly, little is known about how best to implement training programs and initiatives that can improve MHL among staff and faculty. Few training programs adequately address all four components of MHL as defined by Kutcher. Research on the factors that lead to effective mental health training in the workplace has not kept pace with the need for such training, in spite of a growing number of educational resources designed to increase knowledge of mental health and reduce stigma (Moll et al., 2018). The development of comprehensive and targeted approaches for improving MHL must also address the complexities and organizational demands of a large institution such as UBC.

Along with staff and faculty, students who attend college or university face unique challenges such as maintaining their academic performance, forming friendships and relationships, and managing finances. Some students experience greater loneliness and isolation as a result of moving away from home and having fewer contacts with family and friends (D’Amico et al., 2016). Encouraging help-seeking behaviours among students is important for the promotion of positive mental health and the prevention of mental disorders. Increasing mental health knowledge and reducing stigma can lead to greater help-seeking and early identification of mental disorders (D’Amico et al., 2016; Kutcher, Wei, Costa, et al., 2016).

Recent work by Kutcher et al. highlights the value of integrating MHL into curriculum design and the training of health educators (Kutcher, Bagnell, et al., 2015). One proposed avenue is the development of interactive, online resources to enhance MHL among students, staff, and faculty. Kutcher et al. developed the Mental Health and High School Curriculum Guide, a web-based resource designed for use with children and adolescents (Kutcher, Wei, et al., 2015). The Guide has been field-tested in Canadian schools and contains modules with learning objectives and classroom-based activities to foster MHL (Kutcher, Wei, et al., 2015; Teen Mental Health.org, 2018).

## From Mental Health Literacy to Mental Health Promotion

The evolving construct of MHL bridges the gap between possessing knowledge of mental health and enacting specific skills and strategies to promote mental health and overall well-being. As well, MHL parallels the development of health literacy from its initial conceptualization as a “risk factor” for poor health outcomes to an “asset” that can be supported through mental health strategies and initiatives such as Thrive (Kutcher, Bagnell, et al., 2015; Kutcher, Wei, & Coniglio, 2016; Marcus & Westra, 2012). Previous initiatives of Thrive have leaned towards a focus on education and awareness of mental health.

Applying the construct of MHL to Thrive, builds upon these educational efforts, leading to greater capacity for understanding and addressing mental disorders, positive mental health, stigma, and help-seeking behaviours. Accordingly, MHL serves as a “call to action” for mental health promotion by reducing stigma and increasing awareness of mental disorders. With its capacity-building components, the application of MHL to Thrive provides a foundation for health promotion, health care, and disease prevention (Kutcher, Wei, Costa, et al., 2016; Teen Mental Health.org, 2018).

## Research Methodology

### Stakeholder Consultation and Evaluation Framework

The objectives of the process evaluation were identified through consultation with project stakeholders including members of the Thrive committee, Health Promotion researchers, and Evaluation Advisors. These evaluation objectives, outlined below, were informed by constructs from the Consolidated Framework for Implementation Research (CFIR) developed by Damschroder and colleagues (Damschroder et al., 2009; Ilott, Gerrish, Booth, & Field, 2013). As a conceptual framework, CFIR takes a pragmatic approach to understanding “what works where and why across multiple contexts” (Damschroder et al., 2009). CFIR provided a foundation for generating research questions aimed understanding the extent to which Thrive partnership models and practices have been effective in engaging partners (Breimaier, Heckemann, Halfens, & Lohrmann, 2015; Damschroder et al., 2009). The research questions, also outlined below, were developed to align with each evaluation objective.

### Evaluation Objectives

1. Gauge Thrive Partners’ understanding of mental health and mental health literacy (Kutcher, Wei, & Coniglio, 2016)

2. Engage a cross-section of Thrive Partners (i.e. staff, student groups) to understand partner communication, relationships, and engagement in Thrive
3. Provide recommendations and best practices for promoting long-term and sustained engagement in positive mental health among UBC students, staff, and faculty

## Research Questions

1. How do Thrive partners understand the purpose and outcome of their involvement in Thrive? How does this understanding align with the four components of Mental Health Literacy (Kutcher, Wei, Costa, et al., 2016; Kutcher, Wei, & Coniglio, 2016)?
2. What is the process (i.e. led or promoted an event) and level of engagement in Thrive?
3. Have we engaged partners as we intended? How can we improve?

## Data Collection

### Participants

Participants included partners from the Vancouver campus who represent various groups such as student groups and societies, faculties, and departments. Partners were also characterized as one of three partner types based upon the nature of their involvement in Thrive: promotional partners, Thriving partners, and special events partners. See Table 1 for an overview of the demographic characteristics of the participants.

Demographic Characteristics		Partners n=17
Partner type	Promotional	2
	Thriving	8
	Special event	7
Partner group	Student society or group	7
	Departments	9
	Unions & Associations	1
Length of involvement	1-2 years	3
	3-4 years	10
	5+ years	4

Table 1. Demographic characteristics of Thrive partners

## **Recruitment**

Recruitment and data collection took place between June and mid-July 2018. A purposive sampling strategy was used to: 1) identify Thrive Partners who have engaged with Thrive for at least 2 years, and 2) ensure that the data from the process evaluation represent the diverse views and experiences of Thrive Partners.

## **Key Informant Interviews**

Key informant interviews were conducted in order to capture the depth and diversity of experiences relevant to Thrive Partner engagement. The primary goal of the interviews was to identify the strengths, weaknesses, and challenges of partner engagement, as well as, partners' understanding of mental health literacy (Kutcher, Wei, & Coniglio, 2016).

Partners were emailed an invitation to take part in an interview. The interviews lasted 30 minutes on average and were conducted by phone. The interviews followed a semi-structured format with open-ended questions and neutral probes (Appendix A). The Scholar took in-depth notes during the interviews to ensure accurate documentation of responses from the interviewees. Qualitative descriptive analysis was undertaken to identify themes and patterns across the interview data.

## Findings from Key Informant Interviews

*"We're happy to participate, will do it again"*

*"Perfect matchup—utilize Thrive's expertise and resources"*

*"Bring awareness to mental health topics, bring attention to group—a win-win on both sides"*

*"Fantastic initiative, should continue"*

*"The Thrive model accommodates events that are tailored to different environments"*

The findings contribute new insights into the needs and experiences of Thrive partners. Providing a range of perspectives on mental health and mental health literacy, the findings are organized into the following themes: 1) process and rationale for engagement in Thrive, 2) links between partner engagement and mental health literacy, 3) challenges and gaps in partner engagement,

4) successes and strengths of partner engagement, 5) perceived impact of Thrive upon mental health and well-being, and 6) sustainability of Thrive.

## Process and Rationale for Engagement in Thrive

Partners explained how they understand their role and the role of the Thrive committee.

RESPONSIBILITIES
<p>Partners</p> <ul style="list-style-type: none"> <li>• Helping students, staff, and faculty to feel more supported at UBC</li> <li>• Highlighting and promoting awareness of mental health</li> <li>• Providing free services or amenities to UBC community (e.g. flu shots, walking tours)</li> <li>• Reaching out to the UBC community and facilitating difficult conversations</li> <li>• Promoting Thrive’s objectives (e.g. getting people talking about mental health)</li> </ul>
<p>Thrive Committee</p> <ul style="list-style-type: none"> <li>• Sharing tools and resources with Thrive partners and participants</li> <li>• Promoting events in their respective newsletters and social media channels</li> <li>• Offering flexible programming to ensure that partners can meet the needs of their department or student group</li> </ul>

Partners described the process and level of their engagement in Thrive.

LEVEL OF ENGAGEMENT IN THRIVE
<p>Promotional Partners</p> <ul style="list-style-type: none"> <li>• Distributing materials and promoting campaigns (e.g. Not Myself Today)</li> </ul>
<p>Thriving Partners</p> <ul style="list-style-type: none"> <li>• Hosting or coordinating events (e.g. kick-off, daily, wrap-up events)</li> <li>• Advertising their own and others’ events (e.g. word-of-mouth, email, social media)</li> <li>• Facilitating conversations between student leaders to foster awareness of mental health</li> <li>• Attending workshops in preparation for Thrive</li> <li>• Mentoring or supervising others in the planning and delivery of events</li> </ul>
<p>Special Event Partners</p> <ul style="list-style-type: none"> <li>• Hosting events in the lead-up to Thrive, during Thrive week, or wrap-up events (some events occur only once while others occur daily)</li> <li>• Staffing booths during Thrive</li> <li>• Showcasing wellness themes through physical activity, psychosocial interventions (e.g. cooking, crafting, interacting with animals or nature), visual and performing arts, and professional development workshops that highlight mental health</li> </ul>

Partners shared what motivates them to participate in Thrive.

REASONS FOR PARTICIPATING IN THRIVE
<p>It's Expected of Them</p> <ul style="list-style-type: none"> <li>• Currently part of their job or position, or a continuation of the work done by their predecessor (Partner Quotes: <i>"no-brainer to work closely with Thrive," "a natural fit"</i>)</li> <li>• Supporting mental health and wellness is already part of their work and not unique to Thrive</li> <li>• Have been a partner with Thrive since the beginning; always had a good relationship with the Thrive committee</li> </ul>
<p>It's Mutually Beneficial</p> <ul style="list-style-type: none"> <li>• Opportunity to use the Thrive platform to promote healthy living (e.g. good eating habits, choosing healthy snacks, physical activity, getting a yearly flu shot, walking tours in outdoor spaces)</li> <li>• Leveraging Thrive week to promote community building and enhance the student experience (Partner Quote: <i>"animate the public realm and build a sense of place"</i>)</li> <li>• Opportunity to promote their own events under the banner of Thrive and increase attendance at their workshops or events throughout the year</li> <li>• Opportunity to highlight other events happening during Thrive week (Partner Quote: <i>"great for cross-promotion"</i>)</li> </ul>
<p>It's for the Greater Good</p> <ul style="list-style-type: none"> <li>• Belief that everyone is affected by mental health</li> <li>• Concern that there is a greater need for support and that people are not coping well (Partner Quote: <i>"crisis of anxiety"</i>)</li> <li>• Belief that people are more open to talking about mental health and seeking resources</li> <li>• Desire to foster healthy and safe spaces on campus</li> <li>• Perceived importance of engaging in campus-wide mental health initiatives, connecting with the UBC community, and building community spirit</li> <li>• Having first-hand experience with peers/colleagues dealing with mental health issues</li> </ul>

### Links between Partner Engagement and Mental Health Literacy

Partners described the purpose of their involvement in Thrive and the perceived need(s) they were trying to address.

These descriptions are mapped onto the four components of mental health literacy outlined in Figure 1.

MENTAL HEALTH LITERACY
<p>1. Obtaining and maintaining positive mental health</p> <ul style="list-style-type: none"> <li>• Promoting the idea that mental health is connected to everything including physical wellness; promoting a healthier lifestyle</li> </ul>

MENTAL HEALTH LITERACY
<ul style="list-style-type: none"> <li>• Encouraging others to see that there is more to life than school and work (Partner Quote: <i>“take time to do something good for your everyday life”</i>)</li> <li>• Getting people outside of the office or classroom to spend time in natural, outdoor spaces (Partner Quote: <i>“lower stress, help your brain perform better”</i>)</li> <li>• Promoting self-care and the importance of nourishing or treating yourself to something (e.g. starting the day off on a good note or rewarding yourself with your favourite snack)</li> <li>• Promoting or hosting events to help people relax and be in the moment</li> <li>• Creating a sense of community among students, staff, and faculty (Partner Quote: <i>“look after each other”</i>)</li> <li>• Providing support that addresses the unique needs of first year students, commuter students, and resident students</li> <li>• Supporting students, especially graduate students, in dealing with imposter syndrome and improving their self-confidence</li> </ul>
<p>2. Having knowledge of mental disorders and appropriate treatments</p> <ul style="list-style-type: none"> <li>• Being equipped to deal with mental health issues among peers/colleagues (i.e. professional development and peer leadership on campus)</li> <li>• Acknowledging that they are not mental health professionals and knowing the boundaries of their role</li> <li>• Recognizing when students are in distress and learning how to facilitate these conversations (Partner Quote: <i>“students more on edge with recent suicides”</i>)</li> </ul>
<p>3. Reducing the stigma of mental disorders and mental health concerns</p> <ul style="list-style-type: none"> <li>• Opening dialogue about mental health</li> <li>• Changing perceptions of mental health (e.g. person who is depressed is seen as being lazy rather than having a “real ailment”)</li> <li>• Reducing stigma and “destigmatizing mental health”</li> <li>• Helping peers/colleagues not feel isolated</li> </ul>
<p>4. Enhancing help-seeking efficacy (when, where and how to seek help)</p> <ul style="list-style-type: none"> <li>• Reminding peers/colleagues of resources available at UBC</li> <li>• Encouraging peers/colleagues to reach out and get help</li> <li>• Increase awareness of the Wellness Centre, online resources, and Wellness Peers</li> <li>• Being informed about how to make assessments and referrals to appropriate resources</li> <li>• Feeling comfortable with having conversations about mental health (e.g. what to say, how to reach out)</li> <li>• Helping students learn how to make healthy eating choices and where to buy food</li> </ul>

## Successes and Strengths of Partner Engagement

Partners discussed what they saw as some of the most rewarding aspects of being involved with Thrive.

SUCCESES OF THRIVE
<ul style="list-style-type: none"> <li>• Observing more and more people talking openly about mental health</li> <li>• Providing opportunities to raise the topic of mental health with students</li> <li>• Creating a positive impact on mental health through workshops and events</li> <li>• Building relationships within and beyond the UBC community</li> <li>• Reflecting and responding to the needs of students, staff, and faculty</li> <li>• Having a consistent or growing number of attendees each year</li> <li>• Meeting people outside of their unit/department/field of study and learning about their work</li> <li>• Being able to share key learnings from Thrive in their own work</li> </ul>

Partners spoke about resources and materials that have supported them in their role as Thrive partners.

EXISTING RESOURCES AND MATERIALS
<p>Promotional materials: stress balls, door raffle, pamphlets, posters (Partner Quote: <i>“love the swag, it’s fun and unique”</i>)</p> <ul style="list-style-type: none"> <li>• Partners enjoyed having “freebies” to give away as this is something they can’t afford under normal circumstances</li> <li>• Partners enjoyed seeing the banners on Main Mall to promote awareness</li> <li>• Stress balls were frequently mentioned as something that partners held onto long after Thrive; stress balls are preferred over pamphlets</li> <li>• Some partners felt that less is more when it comes to printed materials, emphasizing the importance of being eco-friendly</li> <li>• Some partners gave out or sold specialty food items or drinks under the Thrive banner</li> </ul>
<p>Thrive branding: yellow colour, messaging</p> <ul style="list-style-type: none"> <li>• Described as being easy to recognize and consistent</li> <li>• Seen as resonating with the audience</li> </ul>
<p>Thrive volunteers</p> <ul style="list-style-type: none"> <li>• Partners appreciated having the assistance of Thrive volunteers who were seen as helpful and knowledgeable</li> </ul>
<p>Professional Development Workshops for Staff and Faculty (e.g. Wellness Centre, CSIC)</p> <ul style="list-style-type: none"> <li>• Partners felt reassured and more informed after attending workshops (QPR training, NMT); guidebooks and examples were described as being especially helpful for opening up discussions about mental health</li> <li>• Partners appreciated that workshops were relatively short and provided a lot of information</li> </ul>

EXISTING RESOURCES AND MATERIALS
<ul style="list-style-type: none"> <li>Partners (mostly staff) appreciated that the workshops are accessible to them and are tailored to the UBC setting</li> </ul>
<p>Social media</p> <ul style="list-style-type: none"> <li>Some partners felt that it is important to communicate with other Thrive partners and participants through different social media channels</li> <li>Several partners remarked about the effectiveness of social media campaigns for reaching a more diverse audience (e.g. mental health awareness ambassadors changed their Facebook banners to the Thrive banner)</li> </ul>

Table 2 shows activities that have been used successfully in the past to engage participants.

Activity	How it was utilized	Impact
<b>Card playing activity with word association games</b>	- Incorporated into staff meeting	- Received good feedback from the group - Engaged the whole group - Got people talking more openly about mental health and moods - Helped with stigma
<b>Buttons with “I’m feeling _____” statements (e.g. excited, nervous, etc.)</b>	- Worn by individuals who had the option of choosing ready-made buttons or customizing them with words and phrases	- Popular activity - Visible success; people were engaged and talking about their feelings
<b>Stress ball making session</b>	- Encouraged attendees to customize their stress ball using calming scents	- Participants still have them; provides a tangible reminder of Thrive

**Table 2. Examples of Thrive resources and their impact**

Partners described facilitators that were helpful in the planning and implementation of Thrive events and initiatives.

FACILITATORS
<p>Planning Events</p> <ul style="list-style-type: none"> <li>Having a website that is informative and easy to use (Partner Quote: <i>“content and resources on website was phenomenal”</i>)</li> <li>Being able to see the full list of Thrive events ahead of time</li> <li>Having adequate time to prepare with regards to coordinating personnel and booking rooms or equipment</li> </ul>

<p>FACILITATORS</p> <ul style="list-style-type: none"> <li>• Having materials (e.g. posters, stress balls) for Thrive delivered to them (Partner Quote: <i>“makes a big difference”</i>)</li> <li>• Having a Thrive liaison who is easy to reach, and is responsive and thorough when answering questions</li> <li>• Being provided with email templates for communicating with student, staff, and faculty</li> </ul>
<p>Promoting or Leading Events</p> <ul style="list-style-type: none"> <li>• Being able to advertise events using multiple channels such as UBC communication, social media, listserv, and promotional videos</li> <li>• Being able to offer low-key programming that doesn’t require a lot of time and planning, and is effective at engaging multiple people (e.g. colouring book session)</li> <li>• Having trust and confidence in the staff or students who are running Thrive events</li> <li>• Having team members or colleagues who feel motivated or personally invested in the work of Thrive</li> <li>• Hosting events in high traffic locations such as the Bookstore, UBC fountain, student residences, etc.</li> <li>• Having the option of allowing participants to drop-in for events</li> <li>• Being able to offer incentives to motivate people to get involved with Thrive (e.g. contests, free giveaways, door prizes, snacks)</li> <li>• Having media coverage within and outside of UBC</li> </ul>

## Challenges and Gaps in Partner Engagement

Partners described challenges that they encountered in the planning phase.

<p>CHALLENGES IN PLANNING EVENTS</p>
<p>Relationships</p> <ul style="list-style-type: none"> <li>• Engagement in Thrive often relies heavily upon the person currently involved as a partner; some partners have an in-house planning committee</li> <li>• Attending planning meetings was inconvenient for some partners due to the location of the meeting, scheduling conflicts, or a lack of time; others felt that meetings were not particularly helpful except for relationship building with the Thrive committee (Partner Quote: <i>“putting faces to the names”</i>)</li> <li>• Getting in touch with the Thrive committee to ask questions; having to rely upon email correspondence, especially among students with multiple demands on their time</li> <li>• Garnering support from different faculties and departments; fewer faculty members tend to be involved in Thrive (i.e. not physically present at events, in-and-out of the office, appear less interested compared to students and staff)</li> </ul>
<p>Preparation</p> <ul style="list-style-type: none"> <li>• Not having enough time to prepare during the months of September and October which are particularly busy for student services personnel</li> <li>• Difficulty navigating webpages and finding information about Thrive resources in a</li> </ul>

CHALLENGES IN PLANNING EVENTS
<p>timely manner</p> <ul style="list-style-type: none"> <li>• Coordinating event logistics (e.g. finding volunteers, scheduling events, booking quiet spaces for events, working with multiple stakeholders, completing administrative tasks)</li> <li>• Finding suitable locations to host events as some events are held at multiple locations</li> </ul>

Partners discussed challenges they encountered in the implementation phase.

CHALLENGES IN PROMOTING OR LEADING EVENTS
<p>Communication</p> <ul style="list-style-type: none"> <li>• Getting the word out to Thrive participants, having to rely upon internal communication channels, and getting lost in communication about other campus events (Partner Quote: <i>“students are immune to promotion, inundated all the time”</i>)</li> <li>• The lack of information or misinformation about the resources or services that a particular unit/group provides</li> <li>• Having fewer opportunities to promote their own event, resulting in fewer attendees</li> </ul>
<p>Event Logistics</p> <ul style="list-style-type: none"> <li>• Having to compete with other events during Thrive</li> <li>• Events that take place later in the week afford fewer opportunities to distribute postcards and pamphlets about other events or initiatives</li> <li>• Low turnout at events, despite having the capacity to accommodate more participants</li> <li>• Participants registering and not showing up (not unique to Thrive)</li> <li>• Hosting sessions on multiple days during Thrive week which tends to lower attendance overall</li> <li>• Accommodating students who aren’t able to attend sessions in-person; some materials are not accessible online</li> <li>• Having to use their own budget to fund their Thrive event</li> </ul>
<p>Alignment between Events and Thrive’s Objectives</p> <ul style="list-style-type: none"> <li>• Concerns that the activity or event being hosted is not amenable to opening up discussion about mental health (Partner Quote: <i>“not enough people to hold conversation—missed opportunity”</i>)</li> <li>• Concerns that certain activities that are intended to be fun and challenging may actually increase rather than decrease stress</li> </ul>

Partners reported gaps in resources or supports, meaning those that were seen as inadequate or lacking. Gaps were seen as affecting the quality of partner engagement and, in some cases, the perceived success of their events.

GAPS IN PLANNING AND IMPLEMENTATION
<p>Knowledge or Awareness of Supports</p> <ul style="list-style-type: none"> <li>• Not knowing who is on the Thrive committee and whom they can contact when needed</li> </ul>

<p>GAPS IN PLANNING AND IMPLEMENTATION</p> <ul style="list-style-type: none"> <li>• Not knowing the reach or impact of Thrive and how its target audiences are affected</li> <li>• Not being able to gauge which communication channel is effective at engaging more people in Thrive events (i.e. what kind of communication resonates with people)</li> <li>• Not feeling adequately prepared to talk about mental health, especially among student groups</li> </ul>
<p>Practical Resources or Supports</p> <ul style="list-style-type: none"> <li>• Limited resources including funding and trained personnel to run events, especially among partners belonging to small groups or departments</li> <li>• Limited leadership within the unit or group (i.e. no one taking the lead on planning, lack of experience with planning Thrive events, level of engagement is under the discretion of the supervisor)</li> <li>• Not having places to display Thrive posters or distribute Thrive materials</li> <li>• Not being centrally located on campus and having less access to events</li> </ul>
<p>Supports for Current and Future Engagement</p> <ul style="list-style-type: none"> <li>• Lack of consultation with staff about needs and how best to support the work of Thrive</li> <li>• Information about Thrive doesn't always get passed to the next person when there is turnover of students, staff, and faculty (e.g. available resources)</li> <li>• No feedback mechanism to engage with Thrive participants and audiences following events (i.e. should partners be doing something different?)</li> <li>• No follow-up for next steps and actions; people are more aware of mental health, what now? (Partner Quote: <i>"recognition of mental health and make action toward it"</i>; <i>"how are we really impacting UBC in a real way"</i>; <i>"something beyond awareness"</i>)</li> </ul>

### Perceived Impact of Thrive upon Mental Health and Well-being

Partners shared their informal perspectives regarding how Thrive impacts the mental health and well-being of Thrive partners and Thrive participants. It should be noted that several partners remarked that they have no formal way of quantifying or qualifying the impact of their work in leading or promoting events for Thrive.

<p>IMPACT UPON THRIVE PARTNERS</p> <ul style="list-style-type: none"> <li>• Greater comfort with discussing mental health issues within and across units/groups (Partner Quote: <i>"not taboo anymore"</i>)</li> <li>• Observable decline in the number of sick days</li> <li>• Increased engagement with Thrive material beyond Thrive week</li> <li>• Positive impact on partners to know that the university and its leaders care about their mental health; bringing out the support of managers and supervisors</li> <li>• Provides a fun and enjoyable "change-up" in their day-to-day operations</li> <li>• One partner commented that Thrive has a negligible impact on their mental health and well-being</li> </ul>
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The following perspectives are based on informal feedback and positive exchanges with Thrive participants (e.g. participants saying “Thank you”). Some partners reported receiving shares, likes, and positive comments on social media (e.g. “love this, need more of this”; “made my day”).

IMPACT UPON THRIVE PARTICIPANTS
<ul style="list-style-type: none"> <li>• Greater opportunities to share experiences with others in a safe, intimate, and confidential space</li> <li>• Having more welcoming spaces where even strangers can talk about mental health</li> <li>• Greater awareness and normalization of topics related to mental health; students and staff are not alone in their experiences and challenges</li> <li>• Healthier workplaces and learning environments (e.g. mass immunization protects the larger community and people with compromised immunity; encouraging more physical activity, brighten someone’s day)</li> <li>• Greater awareness of resources among students, staff, and faculty participants</li> </ul>

### Sustainability of Thrive

Partners commented on the benefits and drawbacks of having Thrive take place in the first week of November.

TIMING OF THRIVE
<p>Positive Aspects</p> <ul style="list-style-type: none"> <li>• Good timing with the rainy weather and less sunlight</li> <li>• Good reminder for others that there is support and they can reach out and get help</li> <li>• Coinciding with a critical period during the year (e.g. flu season, midterm exams)</li> </ul>
<p>Negative Aspects</p> <ul style="list-style-type: none"> <li>• Being away for meetings or conferences during the week of Thrive</li> <li>• Experiencing scheduling conflicts with other work/school priorities; in some cases, partners decided not to participate because of scheduling conflicts</li> <li>• People being more reluctant to come out during the rain, resulting in lower traffic</li> </ul>

Partners had mixed views regarding the current format of Thrive (i.e. one week per year).

FORMAT OF THRIVE
<p>Maintaining the Current One-week Format</p> <ul style="list-style-type: none"> <li>• Some partners felt that it was advantageous to keep Thrive as a yearly event lasting one week (Partner Quote: “if you do too much, it gets lost in the noise”)</li> <li>• Having one week dedicated to mental health gives people pause to reflect upon how they’re doing, and really elevates attention on the topic (Partner Quote: “do a gut check”)</li> <li>• One partner spoke about the value of communicating what makes Thrive week a UBC</li> </ul>

<p>FORMAT OF THRIVE</p> <p>tradition; other events such as Storm the Wall are seen by students as a UBC tradition (i.e. it's part of being at UBC; it's a bucket-list item)</p>
<p>Transitioning to a Year-round Focus</p> <ul style="list-style-type: none"> <li>• Some partners were receptive to the idea of Thrive transitioning to a year-round focus, expressing their agreement in the following ways:             <ul style="list-style-type: none"> <li>○ Offering to contribute in any way they can</li> <li>○ Reporting few barriers to keeping up particular activities throughout the year</li> <li>○ Expressing an interest in hosting occasional events during the year</li> <li>○ Requesting additional informational resources to distribute throughout the year rather than hosting more events</li> </ul> </li> <li>• Other partners felt that expanding Thrive by hosting events throughout the year would be a disservice to the goal of highlighting mental health, expressing concern that they do not have the capacity to provide ongoing support</li> <li>• A few partners suggested that collaborations or partnerships between different partner groups would help to address barriers to making Thrive a year-round initiative</li> <li>• One partner suggested creating a permanent instillation on campus with an interactive component to keep people thinking about Thrive (e.g. interactive wall where students could share posts on Instagram)</li> <li>• Another partner suggested doing a two-week Thrive initiative or Thrive-themed month that would coincide with midterms</li> </ul>
<p>Holding Thrive Week Twice a Year (November and March)</p> <ul style="list-style-type: none"> <li>• More than half of partners felt that having Thrive twice a year would be beneficial for promoting mental health priorities, and making Thrive more recognizable</li> <li>• Some partners suggested holding a second Thrive week in February or March which would allow more time to plan and promote events</li> <li>• Holding a session in March could be helpful for getting more people out due to the warmer weather and students' interest in other end-of-year activities</li> </ul>

Partners discussed their current actions to sustain engagement in Thrive, as well as, recommended actions and opportunities for future engagement.

<p>ENGAGEMENT STRATEGIES</p>
<p>Current Actions</p> <ul style="list-style-type: none"> <li>• Keeping Thrive posters displayed throughout the year</li> <li>• Directing students, staff, and faculty to campus resources</li> <li>• Creating opportunities for Thrive participants to develop informal communities (e.g. affinity groups where people share something in common)</li> </ul>
<p>Future Actions</p> <ul style="list-style-type: none"> <li>• Supporting partners in becoming more involved with Thrive             <ul style="list-style-type: none"> <li>○ Transitioning from promoting an event to hosting an event</li> <li>○ Being able to participate in events outside of their unit or group</li> </ul> </li> </ul>

## ENGAGEMENT STRATEGIES

- Finding areas of “synergy” between the priorities of the unit/department and those of Thrive
- Working with Thriving or Special Event partners, who don’t have an in-house marketing team, to promote Thrive
- Supporting partners in keeping the conversation going about mental health
  - Highlighting photo sharing at events (e.g. photo booths, photo galleries, media coverage of events)
  - Supporting partners with holding a debriefing session after the event
  - Encouraging students to develop support groups
  - Providing more well-being related workshops for students, staff, and faculty
  - Supporting opportunities for campus outreach
- Helping partners build more of a connection between their event/initiative and mental health (i.e. why doing X is beneficial for your mental health), as well as, articulating this connection to the target audiences
  - Making connections between social, emotional, cultural, ecological, and sustainable practices
- Addressing diversity and its role in mental health
  - Acknowledging sources of diversity including visible and invisible disability, family status, culture, human rights, and backgrounds people bring to their work
  - Making workplaces and learning environments more inclusive; continuing the culture of support and mental health awareness beyond Thrive
  - Improving accessibility of events

## Summary

The results of the interviews provide valuable insights into the successes and challenges of partner engagement. Most partners reported having a positive experience with Thrive, and felt encouraged to continue their work in raising awareness about mental health resources and promoting positive mental health among students, staff, and faculty. Partners seemed to agree that Thrive has few barriers to being involved, and has a positive impact on the campus community.

One of the issues identified by partners was a lack of feedback concerning the impact of their events or initiatives upon the mental health and well-being of participants who take part in Thrive. Some partners expressed concern about the flow of information about Thrive when there is turnover in staff and student roles. Partners who are new to their role require more information and resources compared to those who have been involved with Thrive for several years. A few partners reported feeling unprepared or uncomfortable discussing mental health topics, particularly, when speaking with peers or colleagues.

In light of the concerns identified above, key recommendations include: using more centralized and targeted communications strategies to promote Thrive events and enhance awareness of campus resources; developing a mechanism to provide partners with feedback from Thrive participants; reaching out to new partners to provide information and resources for getting started with Thrive; developing and hosting Thrive-branded events throughout the year that reflect and respond to the needs of the UBC community; creating low-barrier events and funding opportunities for Thrive partners; and providing workshops for students, staff, and faculty to support peers and colleagues in recognizing mental health concerns and seeking appropriate resources.

Many partners stated that the onus is largely upon them to plan and implement events and, consequently, do not feel dependent upon the Thrive committee to ensure the success of their events. However, several partners expressed an interest in working more closely with the Thrive committee to plan and implement large-scale or flagship events. Others suggested greater collaboration between Thrive partners in order to: alleviate some of the challenges with hosting events, avoid duplicating partners' efforts, increase attendance at events, and optimize the success of Thrive programming. Finally, the results of the evaluation highlight the importance of building capacity for improving mental health literacy through sustained engagement in initiatives that promote positive mental health, reduce stigma, and encourage help-seeking.

## Recommendations for Partner Engagement

Partners shared suggestions for improving partner communication, relationships, and engagement.

### Improving Communication

RECOMMENDATIONS
<p>Before and During Thrive</p> <ul style="list-style-type: none"> <li>• Provide advanced notice for adequate planning and preparation (e.g. email reminder 2 months before Thrive week)</li> <li>• Promote events using UBC central communication</li> <li>• Provide partners with a branding toolkit to use for their event announcements (e.g. logos, colours, list of facilitators for events, list of topics for events)</li> <li>• Provide direct links to webpages and organize resources in one place</li> <li>• Provide tent cards at Thrive events with information about upcoming events and workshops (e.g. Wellness Centre)</li> <li>• Have a member of the Thrive committee speak at selected events</li> <li>• Develop more Thrive-branded displays (e.g. T-shirts, pop-up flags)</li> </ul>
<p>Following Thrive</p> <ul style="list-style-type: none"> <li>• Make use of targeted communications and Thrive branding (“It’s January, here’s an indoor fitness challenge if you don’t feel like going outside)</li> <li>• Provide posters or cards with suggestions for Thriving throughout the year</li> <li>• Send out email reminders about Thrive at other times of the year; visits to classrooms and residences to reach students</li> <li>• Provide partners with the results of surveys or evaluations of Thrive; several partners expressed a desire to see evaluation results to improve uptake of programming</li> </ul>

### Improving Relationships

RECOMMENDATIONS
<p>New Partners</p> <ul style="list-style-type: none"> <li>• Identify the new contact person (i.e. wellness representative for the group/department) and set up a phone call to clarify procedures for planning or promoting an event</li> <li>• Approach AMS student representatives a few weeks before Thrive to explain what Thrive does and how they can help</li> </ul>
<p>Current Partners</p> <ul style="list-style-type: none"> <li>• Keep things simple (e.g. registration, messaging)</li> <li>• Create opportunities to work more closely with the Thrive committee, for example, by having someone from the Thrive committee assigned to a specific group/unit to assist partners in one or more of the following ways:</li> </ul>

RECOMMENDATIONS
<ul style="list-style-type: none"> <li>○ Provide resources</li> <li>○ Help plan and implement a large-scale event</li> <li>○ Provide training/instructional resources on how to plan and implement events</li> <li>○ Be present at an event</li> <li>● Allow other UBC members to join the Thrive committee through a short application process</li> <li>● Have more Wellness Peers or student advisors available to support Thrive programming</li> <li>● Promote communication between Thrive partners to encourage collaboration and avoid duplicating what other programs/units are doing during Thrive               <ul style="list-style-type: none"> <li>○ Create an online space (web-page, blog, Facebook page) where partners can chat and learn about each other’s initiatives</li> <li>○ Organize a meeting for Thrive partners to share experiences and identify areas for collaboration</li> </ul> </li> </ul>

## Improving Engagement

RECOMMENDATIONS
<p>Programming</p> <ul style="list-style-type: none"> <li>● Develop Thrive-branded sessions or events throughout the year</li> <li>● Adapt existing mental health workshops for an online audience with the caveat that some workshops would not lend themselves to an online format</li> <li>● Keep an element of fun in Thrive events</li> <li>● Keep programming fresh each year               <ul style="list-style-type: none"> <li>○ Devote more resources to flagship projects that have high impact</li> <li>○ Involve the UBC community early on by recruiting partners through an open forum, inviting their feedback, and using this information to inform programming</li> <li>○ Ensure there is adequate representation from the target audiences</li> </ul> </li> </ul>
<p>Sustainability</p> <ul style="list-style-type: none"> <li>● Have an opportunity to submit a proposal for an event and have someone from the Thrive committee run the event rather than the unit/group</li> <li>● Have an opportunity to host events in the week before Thrive to have more attendees and be able to promote upcoming Thrive events</li> <li>● Provide pamphlets for partners to distribute that contain a list of on-campus, mental health resources that are tailored to staff and students, as well as, links to external resources</li> <li>● Create funding opportunities for partners               <ul style="list-style-type: none"> <li>○ Funding could help to increase the breadth of activities and allow partners to be more creative in designing events</li> <li>○ Having a low-barrier application process would be helpful for partners</li> </ul> </li> </ul>
<p>Mental Health Literacy</p> <ul style="list-style-type: none"> <li>● Provide workshops for students and student leaders for supporting peers and managing</li> </ul>

RECOMMENDATIONS
<p>conversations about mental health</p> <ul style="list-style-type: none"> <li>○ One partner suggested that the workshop could coincide with Spring Welcome for orientation leaders</li> </ul> <ul style="list-style-type: none"> <li>● Provide workshops for staff that are freely available and offered more frequently                             <ul style="list-style-type: none"> <li>○ Suggested topics: mental health first aid in the workplace, workplace accommodations, understanding sick leave, stress management, bullying</li> </ul> </li> </ul>

Partners described topics for Thrive programming that have worked well in the past or topics they would like to see in the future.

AREAS OF INTEREST
<p>Physical and Mental Health</p> <ul style="list-style-type: none"> <li>● Increasing movement in the workplace (e.g. stretching exercises, micro breaks)</li> <li>● Addressing mental and physical health (e.g. guided meditation, relaxation, reflexology, massage chairs, blood pressure clinics)</li> <li>● Sleep-in session to promote importance of sleep and taking naps when under stress</li> <li>● Lunch-and-learn sessions (e.g. healthy cooking, mental health quizzes, humor in the workplace)</li> <li>● Activities or events that help people embrace the rainy weather during the fall semester; more winter programming that gets people out</li> </ul>
<p>Social Connection</p> <ul style="list-style-type: none"> <li>● Pet therapy sessions, especially during exams</li> <li>● Laughing yoga (greeting people through laughter and nonverbal gestures)</li> <li>● Interactive booths or displays (e.g. writing on chalkboards or poster boards; creating a wellness wall for people to share materials or photos) in shared spaces</li> </ul>
<p>Student-focused Programming or Resources</p> <ul style="list-style-type: none"> <li>● Supporting career readiness, getting motivated, and planning for success</li> <li>● Online resources for commuter students and links to websites</li> <li>● Thriving spaces for students to gather                             <ul style="list-style-type: none"> <li>○ Offer free coffee and tea</li> <li>○ Use Thrive messaging and branding</li> </ul> </li> <li>● Host specific events or have a volunteer facilitate activities</li> <li>● Tips for students                             <ul style="list-style-type: none"> <li>○ A list of pointers for students about study habits and how to set up their study room to optimize learning (e.g. appropriate lighting, windows, plants)</li> <li>○ A list of tips for lowering stress</li> </ul> </li> </ul>

## References

- Breimaier, H. E., Heckemann, B., Halfens, R. J. G., & Lohrmann, C. (2015). The Consolidated Framework for Implementation Research (CFIR): a useful theoretical framework for guiding and evaluating a guideline implementation process in a hospital-based nursing practice. *BMC Nursing, 14*, 43. <https://doi.org/10.1186/s12912-015-0088-4>
- CDC. (2018). Types of Evaluation. Retrieved from <https://www.cdc.gov/std/Program/pupestd/Types%20of%20Evaluation.pdf>
- Czabała, C., Charzyńska, K., & Mroziak, B. (2011). Psychosocial interventions in workplace mental health promotion: an overview. *Health Promotion International, 26 Suppl 1*, i70-84. <https://doi.org/10.1093/heapro/dar050>
- D'Amico, N., Mechling, B., Kemppainen, J., Ahern, N. R., & Lee, J. (2016). American College Students' Views of Depression and Utilization of On-Campus Counseling Services. *Journal of the American Psychiatric Nurses Association, 22*(4), 302–311. <https://doi.org/10.1177/1078390316648777>
- Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Science, 4*, 50. <https://doi.org/10.1186/1748-5908-4-50>
- Ilott, I., Gerrish, K., Booth, A., & Field, B. (2013). Testing the Consolidated Framework for Implementation Research on health care innovations from South Yorkshire. *Journal of*

*Evaluation in Clinical Practice*, 19(5), 915–924. <https://doi.org/10.1111/j.1365-2753.2012.01876.x>

Kutcher, S., Bagnell, A., & Wei, Y. (2015). Mental health literacy in secondary schools: a Canadian approach. *Child and Adolescent Psychiatric Clinics of North America*, 24(2), 233–244. <https://doi.org/10.1016/j.chc.2014.11.007>

Kutcher, S., Wei, Y., & Coniglio, C. (2016). Mental Health Literacy: Past, Present, and Future. *Canadian Journal of Psychiatry. Revue Canadienne De Psychiatrie*, 61(3), 154–158. <https://doi.org/10.1177/0706743715616609>

Kutcher, S., Wei, Y., Costa, S., Gusmão, R., Skokauskas, N., & Sourander, A. (2016). Enhancing mental health literacy in young people. *European Child & Adolescent Psychiatry*, 25(6), 567–569. <https://doi.org/10.1007/s00787-016-0867-9>

Kutcher, S., Wei, Y., & Morgan, C. (2015). Successful Application of a Canadian Mental Health Curriculum Resource by Usual Classroom Teachers in Significantly and Sustainably Improving Student Mental Health Literacy. *Canadian Journal of Psychiatry. Revue Canadienne de Psychiatrie*, 60(12), 580–586.

Marcus, M., & Westra, H. (2012). Mental Health Literacy in Canadian Young Adults: Results of a National Survey - Canadian Journal of Community Mental Health. *Canadian Journal of Community Mental Health*, 31(1), 1–15.

Moll, S. E., VandenBussche, J., Brooks, K., Kirsh, B., Stuart, H., Patten, S., & MacDermid, J. C. (2018). Workplace Mental Health Training in Health Care: Key Ingredients of Implementation. *The Canadian Journal of Psychiatry*. Retrieved from

<http://journals.sagepub.com.ezproxy.library.ubc.ca/doi/full/10.1177/070674371876210>

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Nishiuchi, K., Tsutsumi, A., Takao, S., Mineyama, S., & Kawakami, N. (2007). Effects of an education program for stress reduction on supervisor knowledge, attitudes, and behavior in the workplace: a randomized controlled trial. *Journal of Occupational Health*, 49(3), 190–198.

Statistics Canada. (2015). Canadian Community Health Survey, 2015. Retrieved from

<http://www.statcan.gc.ca/daily-quotidien/170322/dq170322a-eng.htm>

Teen Mental Health.org. (2018). Educators. Retrieved from

<http://teenmentalhealth.org/care/educators/>

Wei, Y., McGrath, P. J., Hayden, J., & Kutcher, S. (2016). Measurement properties of tools measuring mental health knowledge: a systematic review. *BMC Psychiatry*, 16(1).

<https://doi.org/10.1186/s12888-016-1012-5>

## Appendices

### Appendix A

#### **Interview Guide**

**Interview Prompt:** We are interested in hearing your views and experiences of being a Thrive Partner. These interviews will form the basis of a process evaluation being conducted by the Thrive committee to better understand the successes and challenges of partner engagement in Thrive. Your responses will be anonymous and any identifying information will be removed. I will be taking notes during the interviews to keep track of what was said. You are welcome to skip any questions that don't seem applicable to you or questions you don't feel comfortable answering. Do you have any questions before we begin?

1. Please describe your/your group's role as a Thrive Partner (i.e. led or promoted an event, length of involvement).

CFIR: Knowledge and Beliefs about the purpose and outcome of their involvement in Thrive (i.e. Mental Health Literacy)

2. What made you decide to participate as a Thrive Partner? What perceived need were you trying to address?

CFIR: Implementation Process

3. What successes did you encounter in the planning phase?
4. What challenges did you encounter in the planning phase?
5. What successes or challenges did you encounter in promoting or leading an event for Thrive?

CFIR: Sustainability

6. If money and time was not a barrier, what would you suggest to improve your experience with Thrive?

What existing resources or supports work well in your experience with Thrive?

What new supports or resources would improve your experience with Thrive?

What existing supports or resources could be adapted or removed to improve your experience with Thrive?

7. What would you suggest to support the work of Thrive throughout the year?
8. What impact did your participation in Thrive have on your group's mental health and well-being?
9. What impact do you believe your group had on the mental health and well-being of your participants?
10. Is there anything else you would like to add about your current or past experience with Thrive?