**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**
Saundra Jain, MA, PsyD, LPC, Rakesh Jain, MD, MPH, Lori Mittal Kumar

**Introduction**

Widespread concerns in the United States is a significant cause of disability. Healthcare professionals have appropriately focused on treating the symptoms of mental illnesses and have not the same degree of attention to the individual's overall health outcomes, much more needs to be done (Cuddy, Crawford et al. 2012; Sterling, von Korff et al. 2003). In the last decade, it has become increasingly evident that many factors contributing to reducing symptoms of mental illness is insufficient, and that we should also focus on improving many elements of wellness (Cabassa, Parcesepe et al. 2013; Parcesepe and Jan Myrick 2013). The open question in the field is this - are wellness interventions appropriate for patients with disabilities, clinically significant illnesses, or even for those who don't have an illness but are interested in optimizing their mental health (Esenwein, Jonikas et al. 2010). This analysis compares outcomes for those participants have an illness but are interested in optimizing their mental health (Caddy, Crawford et al. 2012) (Sterling, von Korff et al. 2003). This analysis reports pre-post changes in global wellbeing, as well as improvements in mood, mindfulness, sleep behavior, social connectedness, emotional eating, and mental wellness. This program was developed in clinical settings, receiving therapy and medications, as community to those who are community non-patient individuals.

We created a unique mental wellness program called 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, 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). The five elements selected as one of them independently has previously demonstrated to improve mental wellness scores that show sustainable benefits. The collected objective data to track these five elements and utilize 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 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 (StatSoft). Each of the eight trackable components (mood, anxiety, exercise, mindfulness, sleep, social connectedness, emotional eating, and mental wellness) showed numeric improvements and all real 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 psychotropic medications was 45.9 years and those on psychotropic medications 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 4 males and 14 females in both groups. Compliance ranking of highest ranked from highest to lowest as follows: social connectedness, sleep, nutrition, exercise, mindfulness. In the non-psychotropic group, the compliance ranking of highest to lowest was exactly the same. The order of most helpful interventions from highest to lowest in the ‘no psychotropic medication’ group was as follows: exercise, mindfulness, social connectedness, nutrition, and finally sleep. In the ‘on psychotropic medication’ group, the order of most helpful to least helpful wellness interventions were: nutrition, exercise, sleep, mindfulness, and finally social connectedness. In both groups, these five wellness interventions produced statistically significant improvements in objective measures on mood, anxiety, sleep, mindfulness, and social connectivity.

**Results**

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://www.myfitnesspal.com
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 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
5. The Social Connectedness module consists of text/sms a friend or family member each day for the duration of the 30-day program.

**Conclusion**

This unique intervention offers compelling proof that even a non-medication, self-directed, very low cost (brisk walk) intervention, including a wellness app offers clinically significant help with social, anxiety, sleep, mindfulness, and social connectivity in both populations, those taking a psychotropic medication, for a mental health challenge, and those taking a medication but are interested in improving their wellness. It is an easy-to-implement, low-cost intervention that improves mental health at all levels, offers greater protection from adversity and leads to a more fulfilled life. We plan to offer the WILD 5 Wellness Project for our non-patient community to those who are community non-patient individuals.

**Affiliations**

Saundra Jain, MPH, PsyD, LPC, Principal Investigator, WILD 5 Wellness Intervention Project, Adjunct Clinical Affiliate, School of Nursing, University of Texas at Austin, Austin, Texas; Rakesh Jain, MD, MPH, Sub-investigator, WILD 5 Wellness Intervention Project, Midland, Texas; Lori Mittal Kumar, Research Assistant, WILD 5 Wellness Intervention Project, Pre-Nursing Student, University of Texas at Austin, School of Nursing, Austin, Texas; Rakesh Jain, MD, MPH. Sub-investigator, WILD 5 Wellness Intervention Project.

**Bibliography**

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Tierney and Kane 2011). This analysis compares outcomes for those participants have an illness but are interested in optimizing their mental health (Caddy, Crawford et al. 2012) (Sterling, von Korff et al. 2003). This analysis reports pre-post changes in global wellbeing, as well as improvements in mood, mindfulness, sleep behavior, social connectedness, emotional eating, and mental wellness. This program was developed in clinical settings, receiving therapy and medications, as community to those who are community non-patient individuals.

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