2023 EVALUATION REPORT FOR THE ELITE PROGRAM FOR BLACK YOUTH WELLNESS AND COACHING SERIES

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Highlights

- 2023 ELITE Wellness and Coaching series (W&CS) were completed with 21 cohort members from ELITE Associates and 14 cohort members from ELITE Assistants.
- The modules of the W&CS covered topics on stress management, emotion and thought awareness, understanding anxiety and depression, interpersonal relationships, microaggression/anti-Black racism, and advocacy.
- Overall, participants increased their knowledge and abilities in all modules covered in Wellness and Coaching modules.
- ELITE Associates reported the largest of increase in knowledge of stress management. ELITE Assistants reported the largest increase in skills to manage microaggressions.
- 95% of Associates and 100% Assistants were able to set themselves career-related wellness goals in the Wellness and Coaching series. 75% of Associates and 80% of Assistants reported achieving their goals by the end of the series.
- Statistical analyses show that, on average, participants' goal-related hope levels had a statistically significant increase by the end of the W&CS, compared to their initial hope levels at the beginning of the program.
- Basic psychological needs (i.e., the need to feel mastery/competence in an area, the need to form close relations/sense of belongingness, and the need to have a sense of volution in one's activities) were found to be predictive of one's hope levels.
- Qualitative interviews revealed that participants found the W&CS as a positive experience. Many participants shared that the groups were calming, peaceful, and informative for them.
- Participants mentioned various achievements gained from the W&CS. These included increased knowledge of mental health, better stress-management and mindfulness skills, knowledge and tools to manage racism and microaggressions, increased emotional self-awareness, and increased knowledge of cognitive processes and thought organizing.
- Many participants expressed finding reflection exercises as helpful, especially as summaries of their learning and key take away.
- Most participants mentioned finding the frequency and length of the W&CS sessions as appropriate. Many ELITE Assistants requested more sessions at shorter lengths (8 sessions instead of 4 or 5). Some participants also suggested increasing the amount of wellness goal guidance and the number of interactive components in the W&CS (games, discussions, exercises).
- Participant feedback for policy makers included supporting more programs like ELITE, offering programs like ELITE in different places, adding more funding to mental health resources, and increasing community outreach programs.

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Overview of the Wellness and Coaching Series

Introduction

The ELITE Wellness and Coaching series is a component of the holistic, three-tiered approach of the Experiential Learning in Innovation, Technology, and Entrepreneurship (ELITE) Program for Black youth at the University of Alberta (Mbiatem et al., 2021). The three-tiered program (https://www.eliteprogram.ca/) is designed to create opportunities for Black youth (ages 15 to 22) to access experiential learning, work-integrated training, and entrepreneurship training related to careers in STEM while acquiring wellness-enhancing skills.

The Wellness and Coaching series aim to provide Black youth with mental health knowledge and skills for building their capacity and enhancing resiliency as they navigate transitions in academic and professional life (Mbiatem et al., 2021). A health promotion approach is essential, considering Black youths' critical challenges accessing mental health services. Furthermore, incorporating wellness support within an internship program is unique as it ensures Black youth have access to mental health resources in a safe and supportive environment and feel empowered to take care of their mental health and well-being.

In 2023, the Wellness and Coaching Series were held in an online group format for two distinct cohorts: undergraduate cohort (ELITE Associates) and high school cohort (ELITE Assistants). The group sessions were facilitated by a Wellness Counselor (Ms. Dabbs-Petty), a Counselling Psychology PhD student at the University of Alberta, with the assistance of Evan Essapa, a Counselling Psychology Master's student at the University of Alberta. The updating and running of the groups were overseen by a program lead (Dr. Yohani), a Registered Psychologist and a Professor in the Department of Educational Psychology at the University of Alberta. A Research Assistant (Mr. Kutay Saçak) supported the facilitator and the program lead.

Context

The Wellness and Coaching series are embedded within the ELITE Program. Once students apply and are accepted into the program, ELITE helps them secure an internship host that aligns with their career interests and future goals. Paid internships include involvement in projects with university researchers, for-profit industry stakeholders, and government agencies, ranging from 8 to 16 weeks. During this period, all interns participate in leadership and entrepreneur training in addition to the Wellness Series, which aims to enhance resiliency and cultivate strategies for managing and thriving in a workplace environment.

Internship hosts are notified of mandatory participation in the Wellness Series component of the program to reduce the likelihood of interns experiencing any barriers to participation. With all sessions being hosted remotely (through Zoom) for 2023, participants can join from a private location at their internship or leave the office/workplace to participate from a location that provides a sense of security and comfort.

Short-Term Outcomes

The short-term outcomes for the ELITE Wellness and Coaching Series include:
- Creating a safe place for students to share about and debrief from their internship experiences.
- Creating an engaging learning environment that encourages mental health and wellness literacy and offers opportunities to discuss and ask questions.
- Increasing mental health knowledge and awareness through the duration of the series.
- Broadening and deepening students' understanding of unique mental health challenges in workplace contexts.
- Increasing mental health-supporting skills and coping strategies throughout the duration of the series.
- Broadening and deepening students' "toolkits" for maintaining mental health in workplace contexts.
- Enhancing students' understanding of the benefits of wellness goal-setting.
- Enhancing students' ability to set measurable, attainable goals in the context of a workplace setting.
- Expanding students' understanding of hope-building and the importance of hope in cultivating a sustainable, satisfying career.

Long-Term Outcomes

The long-term outcomes for the ELITE Wellness and Coaching Series include:
- Cultivating a sense of ongoing curiosity about strategies to enhance personal mental health in workplace contexts.
- Building students' wellness and mental health knowledge and skill foundation to a point where it can be applied across various workplace contexts.
- Bolstering students' confidence in their ability to set wellness goals in various workplace contexts.
- Building students' confidence in their ability to access mental health services and supports.

Evaluation

Overview

Quantitative Data

All participants complete a Wellness Questionnaire (WQ) during the first and last sessions of the series. The WQ which the participants complete during the first session is referred to as the "Pre-Wellness Questionnaire" (see Appendix A). The WQ participants complete during the last session is referred to as the "Post-Wellness Questionnaire" (see Appendix B). The WQ was delivered over time to assess participants' knowledge and ability to apply the skills they have learned throughout the series.

Common in both the pre-WQ and post-WQ, the first section (containing 14 items) is related to participants' knowledge and application of the curriculum. The questions in this section were initially developed by Mohamed and Yohani (2021) and were later edited by Gawalko and Yohani (2022) in order to ensure that a knowledge and skill question was represented for each module that are covered in Wellness and Coaching series (see Table 1.0 and Table 2.0). The 14 questions of the first section of the Wellness questionnaire are presented in Table 3.0.

The second section, which is also common in both pre-WQ and post-WQ, includes the State Hope Scale (Snyder et al., 1996). State Hope Scale (SHS) was developed by Snyder et al. (1996) as a differentiated construct from dispositional hope. Specifically, State Hope Scale targets the ongoing hope levels on goal-directed activities in a temporal sense. Therefore, the SHS is suitable for capturing pre-test and post-test changes in goal-directed thinking (Snyder et al., 1996).

The last section in both pre-WQ and post-WQ include open-ended questions about goal-setting, recommendations, and feedback. The main difference between the two versions is that the pre-wellness questionnaire contains questions about the work-related wellness goals interns intend to set for themselves and the post-wellness questionnaire modifies those questions to assess goal progress throughout the program

As a pilot measurement in 2023, we added the Basic Psychological Need Satisfaction and Frustration Scale (BPNSFS; Van der Kaap-Deeder et al., 2020) to the WQ. This measure was only used in the post-WQ in an additional section. BPNSFS is a 24-item survey which measures the extent to which the three basic psychological needs (autonomy, competence, relatedness)

described in the Self-determination Theory (Ryan & Deci, 2017) are met. According to this theory, the three basic psychological needs must be met for wellness and growth to take place.

Table 1.0. Undergraduate (ELITE Associates) Modules

Module 1	Group Development and Orientation to Wellness
Module 2	Exploring Everyday Stressors and Resilience-Building Through Stress Management
Module 3	Harnessing the Power of Emotions and the Body
Module 4	Harnessing the Power of the Mind
Module 5	Beyond the Blues: Understanding Anxiety and Depression
Module 6	Addressing Anti-Black Racism and Microaggressions
Module 7	Building Healthy Relationships
Module 8	Advocating for Self and Others, and Group Closure

Table 2.0. High School (ELITE Assistants) Modules

Module 1	Group Development and Orientation to Wellness (Presented at Orientation)
Module 2	Navigating Stress and Emotions Using the Power of the Body
Module 3	Beyond the Blues: Anxiety, Depression, and Cognition
Module 4	Addressing Anti/Black Racism and Microaggressions, and Advocating for Self and Others
Module 5	Building Healthy Relationships, and Group Closure

Table 3.0 The Module-related Questions of the Wellness Questionnaire

Question 1	I am aware of how my body responds to stress.
Question 2	I know effective ways to cope with stress.
Question 3	I'm aware of how my body responds to different emotions.
Question 4	I know healthy ways to identify and communicate my emotions.
Question 5	I recognize my thoughts and how they affect my emotions and behaviour.
Question 6	I can track my thoughts and respond in wellness-enhancing ways.
Question 7	I am aware of mental health and wellness resources available to me.
Question 8	I know how to access to mental health and wellness resources.
Question 9	I am able to maintain healthy boundaries in my relationships (for example, with family, friends, and coworkers).
Question 10	In my relationships, I am able to resolve conflicts in a constructive manner.
Question 11	I am able to identify different forms of microaggressions/anti-Black racism.
Question 12	I have the tools (i.e., skills and resources) to manage microaggressions/anti-Black racism.
Question 13	I am able to identify opportunities to advocate for myself or others.
Question 14	I know how to advocate for myself and others (i.e., I have the skills and resources).

Qualitative Data

After completing the Wellness and Coaching Series, ELITE Program Associates and Assistants were invited to participate in voluntary semi-structured exit interviews (Mohamed & Yohani, 2021). In these interviews, participants had an opportunity to offer holistic feedback on the program's delivery, including in-depth feedback on the program length, session frequency, and program responsiveness to wellness. Furthermore, they were asked questions about their hope levels, journey mapping, and perceptions of mental wellness. To create the 2023 interview guide, the Research Assistant updated the structure of the 2022 guide (Mohamed & Yohani, 2021) by removing COVID-19-related questions (Appendix C).

Journey mapping

In 2023 the team continued using *journey mapping* which was incorporated to the program in 2022 as a new collaborative evaluation method. Journey mapping involves capturing an individual's unique "story" (through various mediums) of their service experience. This method can provide researchers with a holistic representation of the motivations and emotions of individuals seeking services and empowers service users to represent their unique journey in a way that is meaningful to them (Osborne et al., 2022).

In the Wellness and Coaching Series, journey mapping was facilitated with a reflection activity, consisting of three questions, at the end of each session. Individuals who participated in exit interviews were prompted to reflect on the journey mapping experience (see Appendix C). Feedback from individuals about the utility and value of journey mapping was found inconclusive in the previous year due to limited data. A significant amount of additional data was added on this component in 2023.

Why Measure Hope?

Hope is an essential trait for individuals in various workplace settings, where stressors and challenges are frequent and inevitable and can largely impact career trajectories, and the pursuit and attainment of meaningful work (Juntunen & Wettersten, 2006). A meta-analysis conducted by Reichard et al. (2013) found that hope has a strong relationship with employee self-rated performance and well-being. Specifically, hopeful employees report higher job satisfaction, career commitment, and less stress than their less hopeful counterparts.

For the Wellness and Coaching series, we refer to hope as it relates to Snyder et al.'s (1991) definition. The authors described the ability of an individual to imagine their future and demonstrate confidence in their ability to achieve it as two fundamental components of hope (Snyder et al., 1991). Snyder et al. (1991) highlighted *agency* and *pathways* as the two main

factors associated with hope. On the one hand, *agency* is related to goal-directed determination and self-efficacy: the expectation of performance in a particular context. On the other hand, *pathways* involve the planning required to meet goals, which can elicit goal-directed behaviors. Snyder et al. suggested that both components are necessary to describe hope and that they interact in a complex, reciprocal fashion.

For the program's pilot in 2021, the Wellness and Coaching Team embedded Snyder et al.'s (1991) *Adult Trait Hope Scale* into the second section of the WQ. For 2022, the unit decided to replace this scale with Juntunen and Wettersten's (2006) *Work Hope Scale*. Because this measure was lengthy (24-items), the team decided to replace this scale with another hope scale that is relevant but easier to administer in 2023. As a result, Snyder et al.'s (1996) State Hope Scale (SHS) was added to the WQ as a replacement for the previous hope measures. This measure is different in the sense that it targets hope as a *state* in a temporal sense, instead of measuring hope as a dispositional character (as in Synder et al., 1991) of the individuals. This difference makes SHS, as Snyder et al. (1996) argue, a suitable measure to test for pre-test and post-test changes in hope and goal-directed thinking. Given the fact that Wellness and Coaching Series continue for a short time only up to 8 sessions, measuring the changes on the state of hope would be more appropriate than measuring dispositional levels of hope.

Snyder et al. (1991) found that individuals with high hope had more goals, which points to the importance of including measures that assess the presence of goals. In addition to goal-related questions embedded in the *State Hope Scale*, the WQ includes a written response question that asks participants about a career-related wellness goal. Furthermore, Reichard et al. (2013) suggest that a method for increasing hope could include goal-setting training, which includes components such as graduated mastery, focusing on the process of goal accomplishment, setting stretch goals, and knowing when to re-assess current strategies. Goal-setting training, specifically how to set SMART goals, is a topic of discussion throughout the Wellness Series due to its relationship with goal attainment and hope.

Why Measure Basic Psychological Needs?

As the name of the program clearly tells, Wellness and Coaching series is closely related to the wellness and wellbeing of the interns in the ELITE program. These concepts are widely studied in psychology across many different subdisciplines. However, the definition of these terms can vary widely across different studies. In this series, wellness is covered mainly in areas such as stress management, emotion and thought awareness, mental health knowledge, communication skills, healthy interpersonal relationships, managing microaggression/anti-Black racism, and

advocacy. The changes in these areas are measured by the wellness perception questions in the first 14 items of the Wellness Questionnaire.

Another approach that is quite global in explaining psychological wellness introduces the concept of basic psychological needs as the vital components of wellness and wellbeing. According to the Self-determination Theory (SDT), all humans have three "basic psychological needs that must be satisfied for psychological interest, development, and wellness to be sustained" (Ryan & Deci, 2017, p.10). These are called autonomy, competence, and relatedness needs. In SDT, *autonomy* need is clearly distinguished from independence. Autonomy means that one has a sense of volution and self-endorsement in their actions, even if this person is not necessarily considered as "independent." Secondly, the need for competence refers to one's need to feel mastery in an area and feel effectiveness in what they do. This can be one's career, or a hobby, or another activity, yet the key point is to feel a developed mastery and effectiveness. Finally, the psychological need for relatedness refers to the need of being socially connected. It can be seen as a need to feel significant to and belonged to some people, to a community, to groups and so on (Ryan & Deci, 2017).

For this year, as a pilot approach, we decided to add a measure for basic psychological need satisfaction and frustration (Van der Kaap-Deeder et al., 2020) as an additional/supportive way of understanding the wellbeing of participants in the Wellness and Coaching groups. Adding this measure can support our existing understanding of wellness and provide feedback on areas of improvement which can target specific basic psychological needs in the program.

Goals in Conducting Evaluation

The goals of implementing evaluation measures in the Wellness and Coaching Series are to:
- Determine whether program content and delivery are associated with significantly increased mental health knowledge and skills.
- Determine whether the program content and delivery are associated with a significantly increased sense of hope.

Evaluation Practices

Evaluation of the data from WQ differed across the psychometric properties of each measure. The first section of the WQ involves specific module-related questions and consists of 14 items. These were intended to be questionnaire items for descriptive statistics, rather than inferential statistical testing. Therefore, the analysis of this part consisted of tracking the changes in the frequency of each response across pre- and post-testing. In other words, we analyzed the changes in agreement/disagreement percentages to each of the statements in the module-related questions.

This would allow us to see how the perceptions of wellness changed for students at the beginning and at end of the Wellness and Coaching program. In order to do this, the percentages of the responses "Agree" and "Strongly Agree" were combined under the larger category of "Agreement Percentage" and the changes in this combined percentage were presented.

Analysis of the State Hope Scale (Snyder et al., 1996) was done by carrying out inferential statistics. To be able to track participant responses through pre- and post-test questionnaires, pseudonyms were used. Once the two sets of data were gathered, the changes in hope levels were statistically tested using paired-samples t-test procedure. This allowed us to see whether there is a significant change in terms of hope levels at the end of the program compared to the hope levels at the beginning of the program. In order to increase the statistical power of this analysis, data from undergraduate and high school participants were combined for a larger sample size.

Similarly, for Basic Psychological Need Satisfaction and Frustration Scale (Van der Kaap-Deeder et al., 2020), data from undergraduate and high school cohort were combined to carry out inferential statistical procedures. In order to see if psychological needs can predict hope levels, a multiple regression analysis was conducted. In addition, mean values of psychological needs for each individual cohort were presented in a descriptive figure.

To analyze written responses in Wellness Questionnaires, the research assistant aggregated all responses in a Google sheet (for each group) and carried out an informal thematic analysis according to Braun and Clarke (2006). Each response was read and coded, and themes were generated to capture consistencies across responses. Applying quantitative analysis to the themes (the number of occurrences divided by total responses) allowed the Research Assistant to determine the percentage of responses for each theme.

Finally, For the analysis of qualitative semi-structured exit interviews, an informal thematic analysis was conducted and the research team came together to discuss the emerging themes from individual interviews.

ELITE Program Associates (Undergraduate Cohort):

Quantitative Survey Data

Module-Based Questions

21 participants in the undergraduate cohort completed the pre-WQ and 20 in the post-WQ. Module-based items in the first section of WQ included questions from the seven modules (except the orientation module) of Wellness and Coaching Series. The questions generally target areas such as stress management, emotion and thought awareness, communication skills, interpersonal relationships, microaggression/anti-Black racism, and advocacy. Students responded to these items based on multiple choice questions where the response options were "Strongly Agree", "Agree", "Disagree" and "Strongly Disagree".

In the pre-test results, the 14-item module-based questionnaire produced a Cronbach's alpha of .83, suggesting an internally consistent measurement.

To report the results of wellness component of the questionnaire, responses to each of the 14 questions were rank ordered based on the percentage of agreement for each statement. For purposes of rank ordering, the two response types, "Strongly agree" and "Agree", were combined. In Table 4.0, the changes of agreement percentages can be seen for each of the statements across pre-test and post-test data. The results reflect the changes in the views of undergraduate cohort students at the beginning and at the end of Wellness and Coaching Series.

Table 4.0. Percentage of agreement to wellness statements (Undergraduate cohort)

Wellness Question	Pre-test Agreement % (N = 21)	Post-test Agreement % (N = 20)
12. I have the tools (i.e., skills and resources) to manage microaggressions / anti-Black racism.	52.4	80
6. I can track my thoughts and respond in wellness-enhancing ways.	57.2	90
14. I know how to advocate for myself and others (i.e., I have the skills and resources).	61.9	85
2. I know effective ways to cope with stress.	66.7	100
3. I'm aware of how my body responds to different emotions.	71.4	95

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4. I know healthy ways to identify and communicate my emotions.	71.4	100
7. I am aware of mental health and wellness resources available to me.	71.4	95
8. I know how to access to mental health and wellness resources.	71.4	85
11. I am able to identify different forms of microaggressions/anti-Black racism.	71.4	95
5. I recognize my thoughts and how they affect my emotions and behaviour.	80.9	90
9. I am able to maintain healthy boundaries in my relationships (for example, with family, friends, and coworkers).	85.7	95
13. I am able to identify opportunities to advocate for myself or others.	85.7	100
1. I am aware of how my body responds to stress.	90.5	100
10. In my relationships, I am able to resolve conflicts in a constructive manner.	95.2	100

When we look at the numbers, the first noticeable change is that associates' agreement to all wellness statements increased by the end of the ELITE Wellness and Coaching Series. The biggest changes can be observed in stress management (see Figure 1), followed by understanding and communicating emotions and thoughts, identifying and managing microaggressions and anti-Black racism, and advocacy skills. Based on these findings, it can be argued that the participants from undergraduate cohort increased their perceived knowledge on all areas covered by the modules of Wellness and Coaching Series (W&CS).

Figure 1. Pre-test post-test perceptions of stress management for the undergraduate cohort.

I know effective ways to cope with stress.
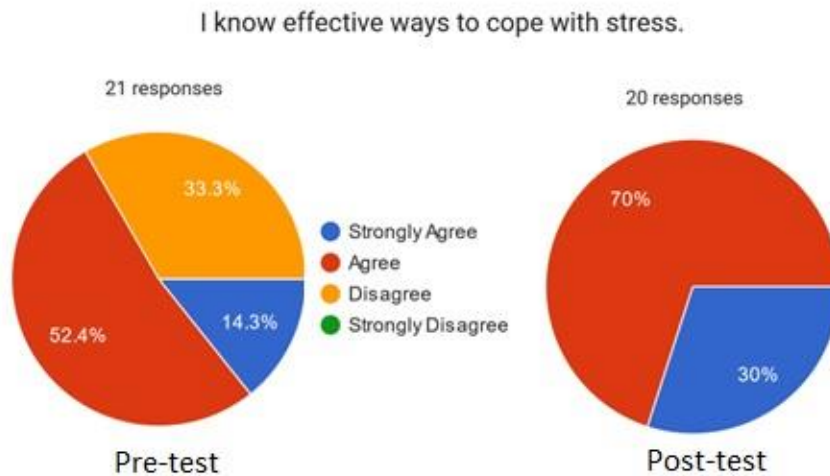
Now let us look at the career-related wellness goals. Among the 20 undergraduate students who took the post-wellness survey, 80% reported that that were able to set themselves a career-related wellness goal through W&CS and 75% of them agreed that they were able to achieve their goals. While these number reflect a positive picture, there is also an important decline to be considered in terms of retention of the wellness-goals. According to the data, while 95.2% of the students reported having a career-related wellness goal in the beginning of the program, only 80% recognized that they were able to set themselves a wellness goal at the end of the program (Figure 2). Considering the fact that the undergraduate cohort continues W&CS for over 3 months, this finding might suggest that there is a need for continued support and check-in for wellness goals.

Figure 2. Retention of wellness goals in the undergraduate cohort.
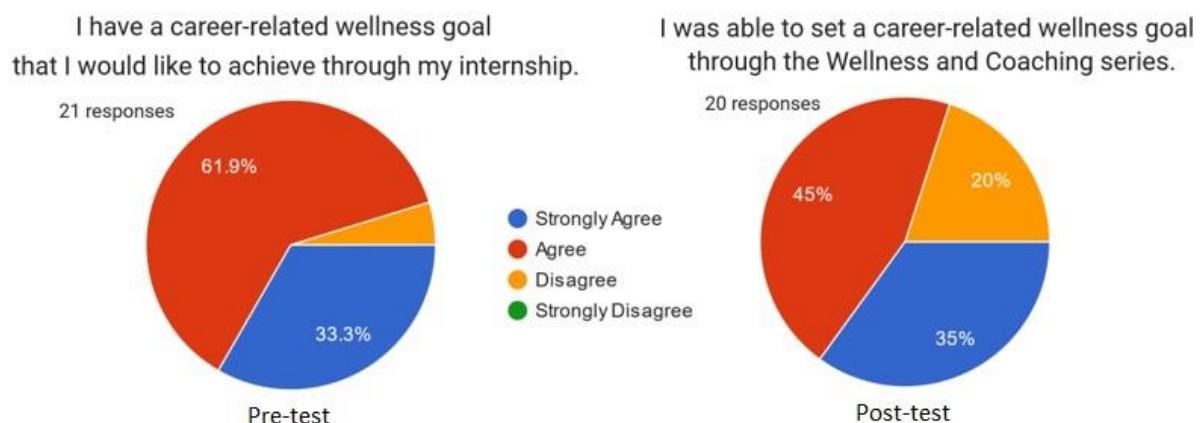
State Hope Scale

State Hope Scale (SHS; Snyder, 1996) comprised the second section of the Wellness Questionnaire package. SHS measures the hope levels of participants through 6 items rated on an 8-point Likert scale where 1- corresponds to "Definitely False" and 8 to "Definitely True". Therefore, the potential total scores range between 6 to 48, with higher scores showing higher hope levels.

Cronbach's alpha for SHS on the pre-test and post-test scores for undergraduate cohort was found as .83 and .87 respectively, suggesting an internally consistent measurement on this sample. In the pre-test scores, the mean score for SHS was 35, showing a level of hope above the midpoint, suggesting generally high levels of hope in the undergraduate cohort. This mean score increased in the post-test results reaching up to 39.5.

In order to test whether the changes in hope levels have a statistically significant meaning, we **combined the data from undergraduate and high school cohorts** for a paired samples t-test to compare pre-test and post-test results. We found that there is a significant difference of hope levels of the participants between pre-test and post-test scores ($t_{25} = 4.45$, $p < 0.001$). Overall, the total post-test hope scores were 5.69 points higher than pre-test hope scores (95% CI [3.06, 8.33]).

Higher scores in the State Hope Scale (Snyder et al., 1996) means higher hope levels. Therefore, we can conclude that, on average, the hope levels of the participants had a statistically significant increase by the end of the Wellness and Coaching series compared to their initial hope levels at the beginning of the program. In other words, even though the ELITE Associates began their internship with high levels of hope, their sense of hope increased further as a result of their participation in ELITE.

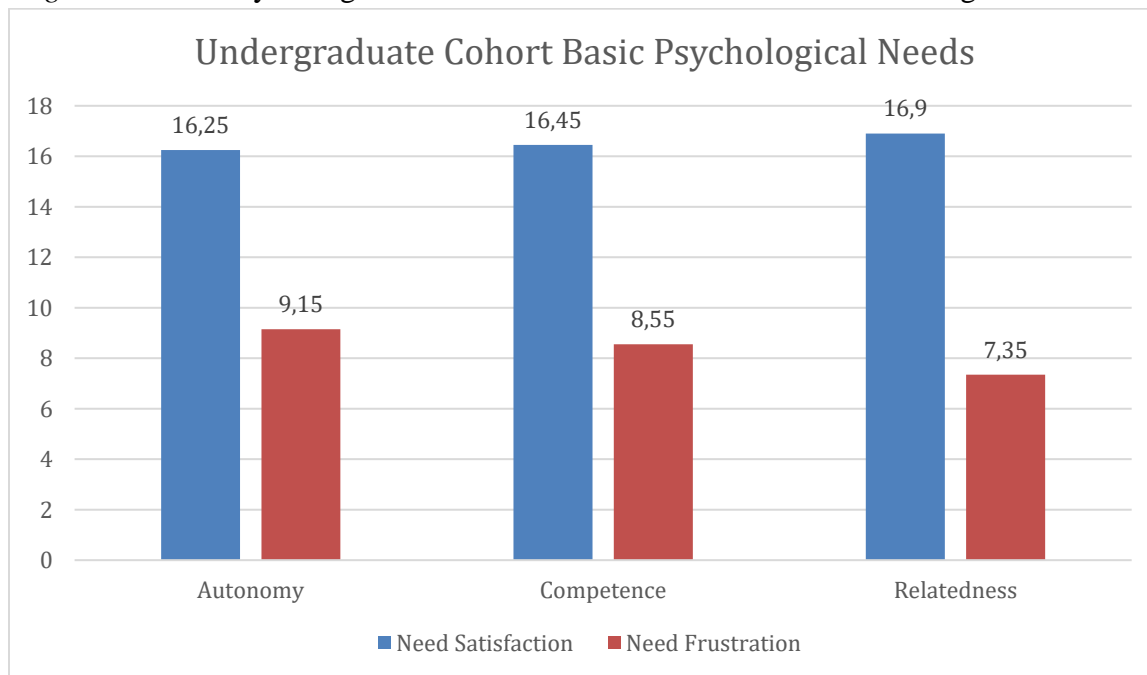## Basic Psychological Need Satisfaction and Frustration Scale

Basic Psychological Need Satisfaction and Frustration Scale (BPNSFS; Van der Kaap-Deeder et al., 2020) is a 24-item survey that are spread across 6 subscales which measure the extent to which the three basic psychological needs (autonomy, competence, relatedness) described in the Self-determination Theory (Ryan & Deci, 2017) are satisfied. According to this theory, the three basic psychological needs must be met for wellness and growth to take place.

BPNSFS also measures the level of need frustration, which is different from lack of need satisfaction but refers to the feeling of failing to meet the needs. For example, in terms of autonomy, lacking a sense of volition in one's actions does not mean that one is pressured to do those actions; or in terms of competence, lacking a sense of mastery does not mean that one feels

like a failure. Similarly with relatedness, lacking closeness in social relationships does not necessarily mean that one feels isolated (Van der Kaap-Deeder et al., 2020). Therefore, the BPNSFS was designed to capture both extremes on the three basic psychological needs. In this sense, feelings of volution, mastery, and connectedness could be understood with need satisfaction while feelings of being forced, failure, and isolation could be seen in need frustration. The scale has been translated into many languages and validated in different cultures across the globe, including Chinese, English, Hebrew, Turkish, Polish, English, Dutch, Spanish, Serbian, Arabic, Japanese and Norwegian (see Van der Kaap-Deeder et al., 2020).

Participants answered BPNSFS questions only once during the post-WQ. A total of 20 participants completed the survey A figure showing data with a specific focus on undergraduate cohort data can be found below. This figure shows the mean basic psychological need satisfaction and frustration levels for the undergraduate cohort. Note that the minimum score on each need can be 4, while the maximum score can be 20. The neutral point corresponds to 12.

Figure 3. Basic Psychological Need Satisfaction and Frustration in Undergraduate Cohort

The findings in Figure 3 suggest that, on average, the undergraduate cohort show high basic psychological need satisfaction across all three basic needs which supports a state of wellness for humans. The need satisfaction is further enhanced by the fact that this cohort also show low levels of need frustration, presenting an overall positive outlook in terms of wellness and growth for the undergraduate cohort.

For inferential statistics, the sample size was not enough for individual analyses of undergraduate and high school cohorts. Therefore, in order to carry out these analyses the two samples were combined. **On the combined sample** of undergraduate and high school cohorts, BPNSFS produced an excellent internal consistency reliability with an alpha value of .92 for Need Satisfaction component and .89 for Need Frustration component. Again, on the combined sample, significant positive and high correlations were found between hope and autonomy need satisfaction ($r = .70$, $p < .001$), hope and competence need satisfaction ($r = .77$, $p < .001$), and a moderate positive correlation between hope and relatedness need satisfaction ($r = .66$, $p < .001$). Also, there was a significant negative correlation between hope levels and competence need frustration ($r = -.44$, $p < .05$).

The results above show that there is a connection between need satisfaction and hope levels; however, this relation cannot be interpreted in a causal manner. Therefore, an additional multiple regression analysis was carried out to see if hope levels can be predicted by the variables of autonomy, competence, and relatedness need satisfaction in a causal relationship. The model combining the three basic psychological needs significantly predicted hope levels of participants, $F(3, 27) = 16.74$, $p < .001$, $R^2 = .65$. The *competence need satisfaction* uniquely added statistically significantly to the prediction, $p < .05$. This finding suggests that there is a causal relationship between hope levels and psychological need satisfaction, where psychological need satisfaction can explain 65% of the variability in the variation of hope levels of the participants. Competence need is particularly significant in this causal relationship.

Qualitative Survey Data

Goal-Setting

Figure 4.0 highlights major themes for the open-ended question about pre-program goal-setting ("What are some career-related wellness goals you hope to achieve through your internship"). The vast majority of the respondents in the undergraduate group indicated **work-life balance** and **time management** as their career-related wellness goal.

Figure 4.1 highlights major themes that came up for open-ended questions about reflection on goal-setting at the end of the program ("Did the Wellness and Coaching Series help you achieve your wellness goal(s)? How so?"), with green bars indicating the perception of help and support through the program and blue bars indicating specific topics that were helpful to the goal-setting process. Notably, most respondents felt that the Wellness and Coaching series helped them achieve their goal(s), but a small percentage did not find the series helpful. A recommendation

emerging from this observation would be to regularly encourage interns to check in with the Wellness Coach to receive individualized support in working towards their goal.

Note that the "Technical Skills and Academic Achievements" category represents responses focused on gaining career-relevant technical skills or achievement academic milestones unrelated to wellness and mental health (e.g. learning about AI, publishing the first academic paper).

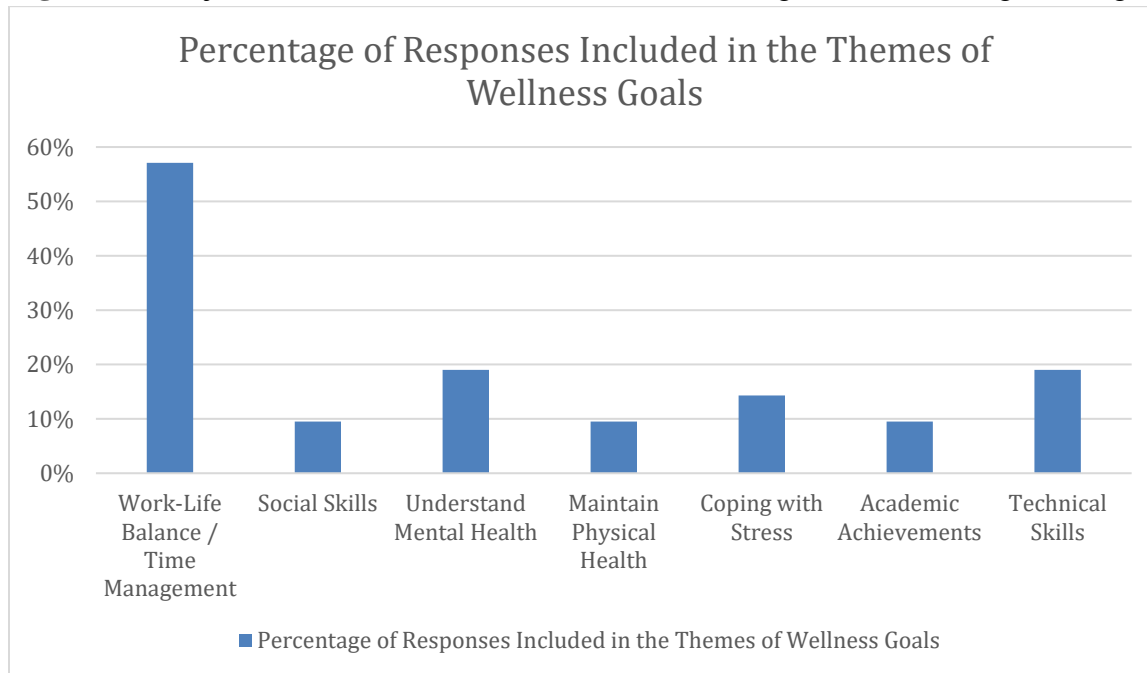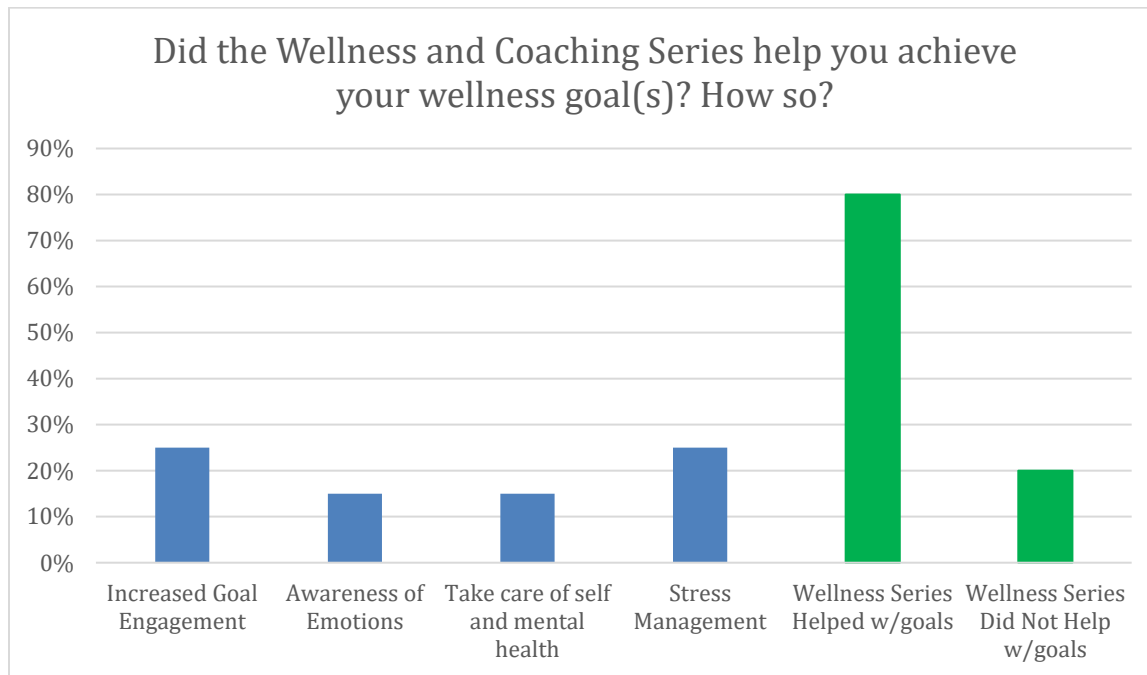**Figure 4.0.** Major Themes Identified in Associates' Pre-Program Goal-Setting (Undergraduate)

Figure 4.1. Major Themes Identified in Associates' Post-Program Goal-Setting (Undergraduate)

ELITE Program Assistants (High School Cohort):

Quantitative Survey Data

Module-Based Questions

13 participants in the high school cohort completed the pre-WQ and 11 in the post-WQ. The content and response options in these questionnaires were identical to those completed by undergraduate cohort.

To report the results of wellness component of the questionnaire, responses to each of the 14 questions were rank ordered based on the percentage of agreement for each statement. For purposes of rank ordering, the two response types, "Strongly agree" and "Agree", were combined. In Table 5.0, the changes of agreement percentages can be seen for each of the statements across pre-test and post-test data. The results reflect the changes in the views of high school cohort students at the beginning and at the end of Wellness and Coaching Series.

Table 5.0. Percentage of agreement to wellness statements (High school cohort)

Wellness Question	Pre-test Agreement % (N = 13)	Post-test Agreement % (N = 11)
12. I have the tools (i.e., skills and resources) to manage microaggressions / anti-Black racism.	53.9	100
6. I can track my thoughts and respond in wellness-enhancing ways.	61.5	81.8
13. I am able to identify opportunities to advocate for myself or others.	61.5	100
14. I know how to advocate for myself and others (i.e., I have the skills and resources).	61.5	81.8
8. I know how to access to mental health and wellness resources.	61.5	90.9

4. I know healthy ways to identify and communicate my emotions.	61.5	100
2. I know effective ways to cope with stress.	69.2	100
7. I am aware of mental health and wellness resources available to me.	69.2	90.9
9. I am able to maintain healthy boundaries in my relationships (for example, with family, friends, and coworkers).	69.2	72.8
11. I am able to identify different forms of microaggressions/anti-Black racism.	76.9	100
1. I am aware of how my body responds to stress.	76.9	90.9
10. In my relationships, I am able to resolve conflicts in a constructive manner.	76.9	100
3. I'm aware of how my body responds to different emotions.	84.6	90.9
5. I recognize my thoughts and how they affect my emotions and behaviour.	100	100

In the high school cohort, the most noticeable change is in the perception of skills to manage microaggressions and anti-Black racism (see Figure 5). This is followed by identifying and communicating emotions and thoughts, advocacy, and knowledge of mental health and wellness resources. In this sense, it can be argued that, by the end of the W&CS, the students in high school cohort have a more empowered view of their skills and resources to manage microaggressions and anti-Black racism. The ability to maintain healthy relationships, on the other hand, appear to be at more of a constant level across pre- and post-test scores.

I have the tools (i.e., skills and resources) to manage microaggressions/anti-Black racism.
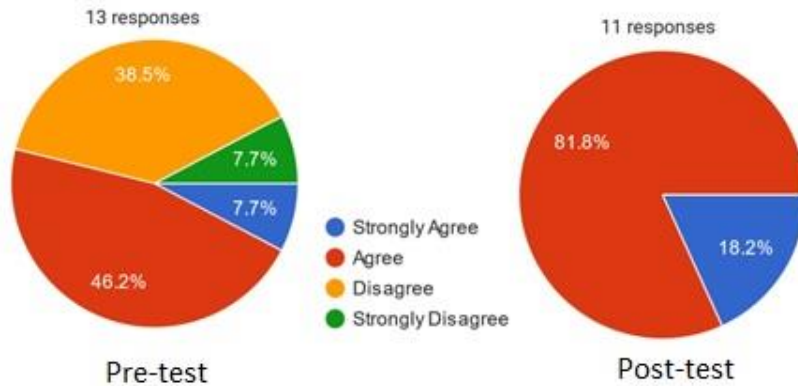

Figure 5. Pre-test and post-test perceptions of skills to manage microaggression / anti-Black racism for the high school cohort.

When we look at the career-related wellness goals, we can see that all 11 participants in high school cohort who took the post-wellness survey agreed that they were able to set themselves a career-related wellness goal. Among these 11 participants all but two participants (81.2%) reported achieving their goals. In terms of retention of wellness goals, in contrast to the undergraduate group, high school cohort shows constant levels. Although there are some changes in terms of the strength of agreement, all participants reported having wellness goals at the beginning and end of W&CS (Figure 6). The difference of goal retention between the two cohorts can be explained partly by the fact that the high school cohort had only four biweekly sessions, while the undergraduate cohort had 8 biweekly sessions. In other words, passage of time was much shorter for the high school group, which might have contributed to higher goal retention levels. It is also possible that, with a shorter period of time to achieve wellness-goals, high school cohort might have picked more achievable (i.e. SMART) and easier to retain goals.
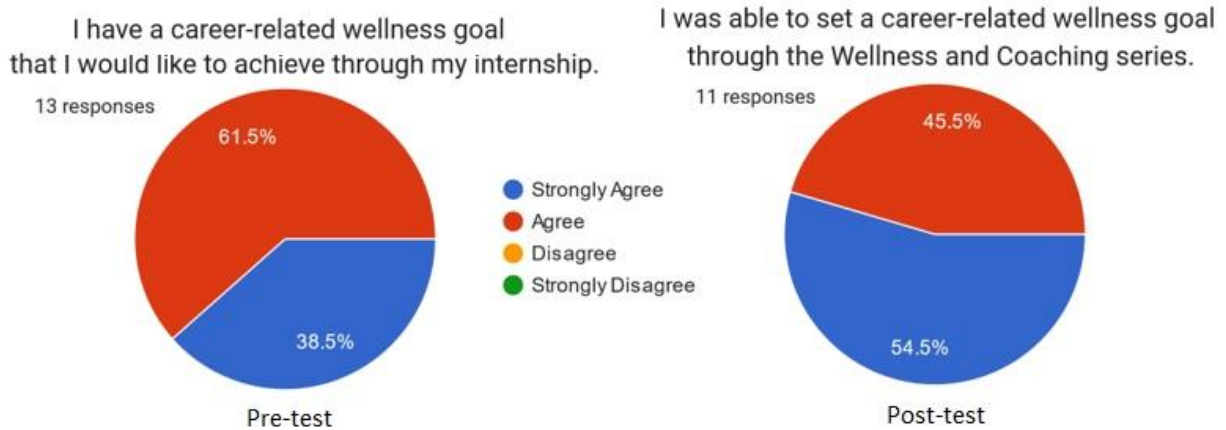
*Figure 6*. Retention of wellness goals in the high school cohort.

State Hope Scale

Just as in the undergraduate cohort, participant scores on State Hope Scale were analyzed. However, the sample size of high school cohort (n = 13) is quite small and conducting inferential statistical analyses on such a small sample would not be possible. Therefore, we combined this sample with the undergraduate cohort sample for t-test analysis .

In terms of hope levels in the high school cohort, the pre-test scores of SHS have shown a mean of 33.5, showing a level of hope higher than the midpoint. This mean score has increased to 39.8 in the post-test results by the end of W&CS.

Basic Psychological Need Satisfaction and Frustration Scale

Participants answered BPNSFS questions only once during the post-WQ. A total of 11 participants from high school cohort completed the survey. A figure showing data with a specific focus on the high school cohort data can be found below. This figure shows the mean basic psychological need satisfaction and frustration levels for the undergraduate cohort. Note that the minimum score on each need can be 4, while the maximum score can be 20. The mid-point corresponds to 12.

Figure 7. Basic Psychological Need Satisfaction and Frustration in High School Cohort
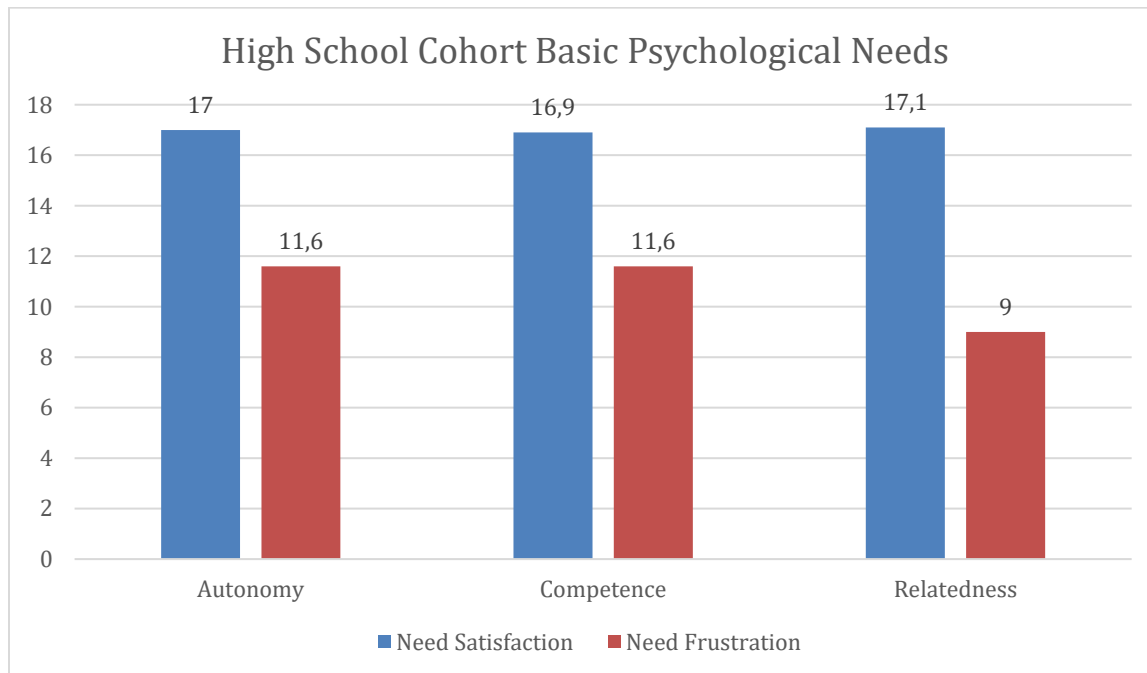
The findings in Figure 7 suggest that, on average, the high school cohort show high basic psychological need satisfaction across all three basic needs which supports a state of wellness and growth for participants in this group. In terms of need frustration, which corresponds to the opposite extreme of need satisfaction (and therefore is different from "lack of" need satisfaction), we see that high school cohort shows a low frustration on relatedness need. This means that, on overage, the participants in this group do not experience high levels of isolation. On the other hand, when we look at the autonomy and competence need frustration, participants reported more neutral levels around the mid-point score. This means that on average, the high school cohort neither agreed nor disagreed on statements such as "Most of the things I do feel like I have to" (autonomy frustration) and "I have serious doubts about whether I can do things well" (competence frustration). Nevertheless, the high levels of satisfaction all three basic needs clearly show a positive outlook on the wellness of the high school cohort.

For inferential statistics, the sample size was not enough for individual analyses of undergraduate and high school cohorts. Therefore, in order to carry out these analyses the two samples were combined. Please see pages 16-18 for the results of the combined sample analyses on BPNSFS scores.

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Qualitative Survey Data

Goal-Setting

Figure 8.0 highlights major themes for the open-ended question about pre-program goal-setting ("What are some career-related wellness goals you hope to achieve through your internship"). The most frequently mentioned career-related wellness goal in the school cohort was **improving communication skills, followed by stress management, work-life balance and time management**.

Figure 8.0. Major Themes Identified in Associates' Pre-Program Goal-Setting (High School)
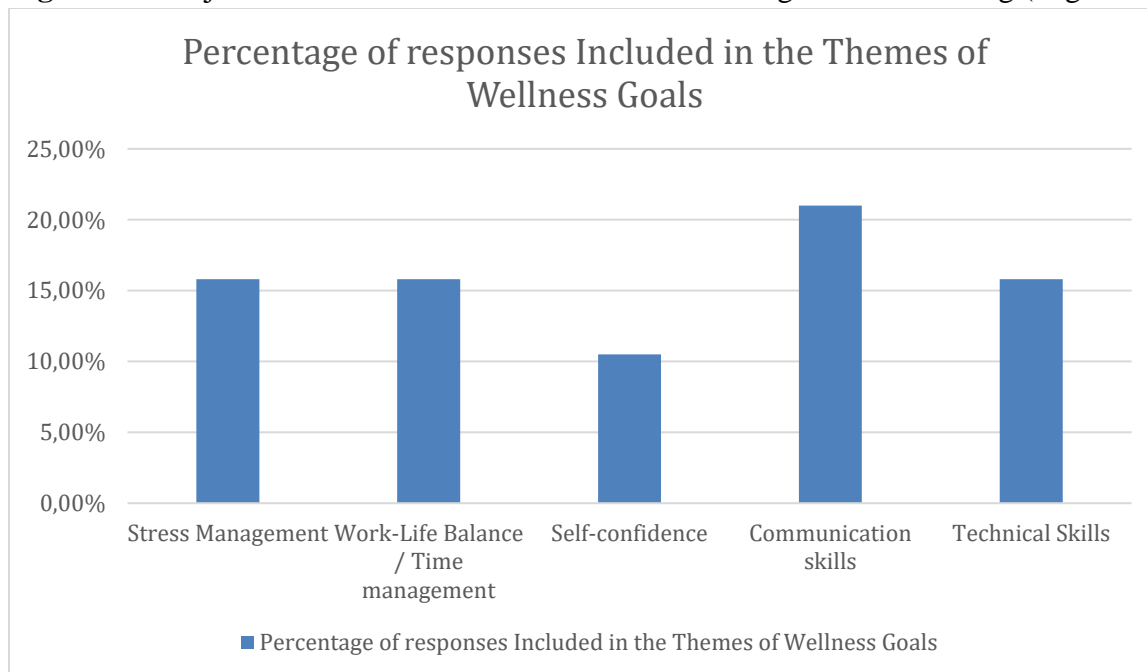
Note that the "Technical Skills and Academic Achievements" category represents responses focused on gaining career-relevant technical skills or achievement academic milestones unrelated to wellness and mental health (e.g. learning about AI, publishing the first academic paper).

In terms of the major themes that came up for open-ended questions about reflection on goal-setting at the end of the program ("Did the Wellness and Coaching Series help you achieve your wellness goal(s)? How so?"), there was not enough feedback to capture a meaningful theme. However, the majority of the respondents (82%) indicated that the Wellness and Coaching series helped them achieve their goal(s), and a small percentage did not find the series helpful. Participants expressed differing experiences in how the series helped them. These included increasing emotional awareness, learning about resources to improve their mental health and

manage daily challenges, learn new perspectives, increase stress management skills, and feel more confident.

Feedback and Recommendations

Not enough written feedback was captured in the high school cohort responses to develop meaningful theme categories. The existing feedback were adding more discussions and games to make the sessions more engaging and making sessions shorter but more frequent.

Qualitative Exit Interviews

After completing the Wellness and Coaching Series, ELITE Program Associates and Assistants were invited to participate in semi-structured exit interviews. The participation was on a voluntary basis. A total of 22 interns joined as participants to the exit interviews which lasted 40 minutes on average. The findings from these interviews were organized under the following sections:

Participant Views on Wellness Sessions

Participants indicated that Wellness and Coaching Series (W&CS) were overall a positive experience to them. Many participants shared that the groups were calming, peaceful, and informative with interesting topics including but not limited to understanding emotions, stress management, racism and microaggression. Participants noted grounding exercises, appreciation of diversity, and the opportunity to learn from different worldviews and experiences as the most positive aspects of the groups.

> *"I think it was actually a very good program. I learned a lot."* – Associate (P1)

> *"It felt like not just general mental health and wellness, it felt like Black people, mental health and wellness, which is really good to hear."* – Associate (P5)

> "*The grounding exercises…Those were like, I found that very helpful. That's very relaxing and I could start my day with a better and positive mood."* – Associate (P18)

Challenging aspects of the groups differed for participants and did not form a pattern. However, a small number of participants expressed that the online format of the group meetings was a challenge, especially in terms of generating discussions during some breakout rooms. A couple of participants mentioned the difficulty of keeping focus during activities that are not necessarily interactive in nature.

All participants indicated viewing Wellness and Coaching groups as a welcoming, safe, and inclusive space. Participants most commonly shared that the groups felt welcoming because they were able to connect with people who had similar racial, ethnic, and religious identities which also made sharing personal experiences and views more comfortable. They also felt the inclusivity in the sense that everyone was friendly and respectful toward each other's diverse viewpoints. Facilitators had an important role with their warm and welcoming attitude, making sure that everyone can share their views and experiences. Participants that come from different racial backgrounds appreciated the diversity in the group.

> *"I guess everyone was almost like me. The part about being Black, we had all that in common. And so like it is a place to talk about anything."* – Assistant (P17)

> *"I think everyone is pretty open-minded there... respectful of each other's beliefs or whatever someone has to say would be respectful of that."* – Associate (P2)

> *"I think that was also very largely done because of the people who are teaching us. They were also very open, especially like the intersectionality parts. So, it felt easier to communicate those aspects…..a lot of people still shared very personal stories of, for example, their experiences with racism, which led to good conversations."* – Associate (P8)

Achievements and Improvements

Nearly all participants reported that their mental health knowledge increased in W&CS. One participant noted that their knowledge did not increase and another expressed a slight increase. Participants most commonly noticed their mental health knowledge increase in stress-management, racism and microaggressions, emotional self-awareness, cognitive processes and organizing thoughts, and mindfulness areas.

> *"Especially when he was talking about the one about stress, where I definitely learned more about topics that I really didn't know much about."* – Associate (P4)

> "*Being more aware of different topics... the one that was most beneficial to me was probably the racism one... We learned quite a little bit more about microaggressions.*" – Associate (P2)

> "*I was able to better manage my stress levels and this last summer has been pretty busy. So yeah, it was good to have those few hours to talk about it and find ways through, like de-stress.*" – Assistant (P20)

Participants mentioned improvements in their abilities of stress/anxiety management, emotional and cognitive awareness, self-care, and setting boundaries in interpersonal relationships. The learning in Wellness and Coaching groups were also translated into the daily lives of the participants. Participants frequently mentioned applying grounding exercises and knowledge on stress management to different areas in their daily lives.

> "*I kind of do like a grounding exercise on my own every day, like when I wake up. So, I can just kind of reflect and like, I guess, think about my day and think about things in the future, things that happened in the past, and just learn how to deal with that throughout the day.*" – Assistant (P16)

> "*The topics of social anxiety helped me improve on, for example, public speaking*" – Associate (P9)

> "*I prioritized my mental health after the sessions….. I was confident enough to set boundaries.*" – Associate (P5)

Most participants reported either reaching their wellness goals or making significant progress on it. They noted that the SMART goal setting process and the instructions were clear and easy to follow. Presentations and tips which were relevant to their wellness goals were found as helpful. However, there was a significant number of participants who forgot their wellness goals and did not return to them. Suggestion made for this was to have more guidance on how to reach wellness goals and to have a mid-session check in on the goals as a form of reflection. Feedback suggests that there is a room for improvement for tracking and guiding participant's wellness goal progress.

> "*Maybe in the future, there could be a mid-session check-in [for wellness goals].*" – Associate (P6)

> "*I would say that something that could be done is, maybe a little bit more…. like giving us a guide over like 'Okay this is a guide on what you could try this week' or like what you could do for the next session and then the next session we could have some feedback on that or discuss it in breakout rooms*" – Assistant (P19)

Journal Mapping/Reflection

Many participants expressed finding reflection experience as helpful, especially as summaries of their learning and key take away. Reflection notes served as a reminder of their learning for

many participants. Other participants mentioned that reflections facilitated understanding and consolidation of their learning, and make them curious about what else they want to learn in the future. Some participants, on the other hand, were more neutral toward reflection experience.

> *"Was like some sort of note to myself. Like something I take to myself. So, like, a meta-analysis of what I just learned."* – Assistant (P17)

> *"Just it really helped me and it really helped me summarize everything and recall properly"* – Associate (P18)

Several participants mentioned that the end of the sessions was not an ideal time to do the reflections, as they felt tired by then. Some other participants said that it felt difficult to motivate themselves to write the reflection notes at times. One suggestion on this aspect is to have reflections as a group discussion, rather than having them as written notes.

Hope

Most participants said that their hope levels didn't change throughout the program. Some of these participants explained that their hope was not tied to the issues addressed in the W&CS or to their career in general. However, a significant part of the participants also mentioned increase in their hope levels during the program. One participant mentioned that seeing that the support is there for them added to their hope, another said that seeing people who achieved similar goals added encouragement to the participant with their own career goals. Other participants mentioned how the mental health skills they developed in this program (e.g., emotion regulation, managing stress, and perfectionism) increased their overall positive feelings and hope.

Religion and spirituality were mentioned as a major source of hope by most of the participants. Racial, ethnic, and cultural identities also seem to contribute to some participants' hope. Participants expressed that being from an immigrant family or an international student can have a significant impact on how participants experience hope in both positive and negative ways.

The finding that the majority of participants in exit-interviews reported constant levels of hope during W&CS is interesting, because it is contrary to the quantitative findings from the questionnaires, which have shown significantly increased levels of hope by the end of W&CS. The contrasting findings can be explained at three points by interpreting the combined picture from the qualitative and the quantitative data. First of all, the results based on our data show that there are two major sources for hope for most participants: (1) religion/spirituality and (2) competence need satisfaction. Our quantitative measure of hope, State Hope Scale (Synder et al.,

1996), covers a theoretical perspective largely based on a goal-related understanding of hope, while our qualitative interview results show that a religious/spiritual understanding of hope is also prominent among the participants. Therefore, the qualitative and quantitative measures might have covered different aspects of hope, producing different results.

Secondly, our base-line quantitative data has shown that participants started the ELITE program already with high levels of hope, which increased even further by the end of the program. This statistical difference in hope might be difficult to capture qualitatively, as the participants might feel that they had started the ELITE program with high hope, and are leaving with high hope.

Finally, our regression analysis findings suggest that meeting the competence (mastery) need is predictive of participants' goal-related hope levels. In our context, competence need might be related to increasing the feeling of mastery in one's career-related challenges. Opportunities to overcome these challenges –such as increasing technical skills in a work area, managing stress, and developing entrepreneurship skills– are present across distinct components of the ELITE program (i.e., internship experience, entrepreneurship series, and wellness series). Therefore, the increase in goal-related hope levels might be better explained by the holistic contribution of the ELITE program, rather than the Wellness and Coaching component alone.

Participant Recommendations

Majority of the participants provided positive feedback on the existing frequency and length of the Wellness and Coaching sessions, expressing that the session length and frequency were appropriate while several students suggested shorter but more frequent sessions. However, when we focus solely on the high school cohort, the picture is reversed. Many students in the high school cohort (who received 5 sessions in contrast to undergraduates who received 8 sessions) suggested adding more sessions for their cohort, but make the sessions shorter.

> "*I think that the frequency can be more if it's possible, but then the length can be shorter just so that you can engage people a little more. So, like, if you were to have it every week for maybe an hour or two hours, it would be maybe more effective.*" – Assistant (P22)

Some participants suggested making the sessions more interactive by adding more active in-group discussions, games, and quizzes. In a similar way, one participant expressed that they would like to have more engaging materials.

> "*If we were able to do more exercises and games, then we would better understand the topics that are being talked about*" – Associate (P9)

Other suggestions can be seen related to wellness goals. Some participants suggested adding more reminders of wellness goals, while others suggested an increased amount of one-on-one coaching.

> "*I know that there was like a one-on-one coaching opportunity with one of the people. I think like maybe like having that earlier on or like more often or, if possible, more people helping out with that. I think that could be beneficial as well.*" – Associate (P8)

Participants' recommendations for mental health practitioners were few and diverse. Some suggestions were to have more availability to participants, making mental health resources more visible, having more mental health practitioners who take time to understand cultural background, educating practitioners on multicultural practice, and providing "pop-up" sessions to increase familiarity with mental health services.

Participants' recommendations to policy makers in educational settings included supporting more programs like ELITE, offering programs like ELITE in different places, and adding more funding to mental health resources. Another suggestion was to increase community outreach programs and inform the parents of Black Canadian youth on the value of mental health as a way of combating mental health stigma. Finally, the youth asked policymakers to be more visible and listen to Black youth's experiences directly from them.

> "*I think that this series was extremely useful for me, or at least I really enjoyed it. So I think that if I was never in the ELITE program, I would have never taken something like this…So I think that maybe it should be offered in more places*" – Associate (P7)

Summary

When all findings from the quantitative and qualitative data are considered, it appears that the participants increased their knowledge and abilities in all areas covered by Wellness and Coaching modules. The biggest increase for undergraduate cohort was reported in the knowledge of stress management, while the biggest increase for high school cohort was in the skills to manage microaggressions and anti-Black racism.

Majority of the undergraduate cohort was able to set themselves a wellness goal and reached their wellness goals or made significant progress toward them. In the high school cohort, all participants were able to set themselves wellness goals and the majority reported achieving or making progress toward their goals. Work-life balance and time management were the most

popular goals for the undergraduate cohort, while increasing communication skills was the most frequently mentioned goal in the high school cohort.

Among undergraduate cohort, who continued W&CS for a longer time (8 sessions), goal retention was lower than the high school cohort, who participated in W&CS for 5 sessions. Several students stopped working toward their wellness goals for differing reasons. Participants brought suggestions for improvement, most notably to add more frequent reminders of goals and more coaching for working on wellness-goals.

Hope levels were generally high among participants, these levels increased even further by the end of the ELITE program. The increase might not necessarily be attributed to Wellness & Coaching Series alone, but potentially also to the opportunities in the broader ELITE program which might have helped participants increase their technical skill in career and entrepreneurship. In fact, the statistical analyses suggest that an increase in sense of mastery over one's career or other activities (competence need) can predict an increase in hope levels of the participants.

Both undergraduate and high school cohorts have shown high scores on the level that their basic psychological needs are being met. This shows a positive picture for facilitating wellness and growth for both of the cohorts. All three basic psychological needs mentioned in Self-determination Theory (autonomy, competence, relatedness) were found highly or moderately correlated to hope levels of the participants. Moreover, our statistical model (multiple regression analysis) suggests that the three basic psychological needs might be in a causal relationship with participants' hope levels. In other words, an increase in feelings of autonomy, relatedness, and competence might lead to an increased sense of hope. Therefore, it would be worth testing these variables in the following year's program.

In the exit interviews, participants mentioned finding Wellness groups as an overall positive experience which was peaceful, safe, inclusive, and informative. Nearly all participants who joined exit-interviews mentioned that their mental health knowledge increased during W&CS. This finding supports the quantitative results.

Participants in the exit interviews mostly reported their knowledge increase in stress-management, racism and microaggressions, emotional self-awareness, cognitive processes and organizing thoughts, and mindfulness areas. Participants also mentioned improvements in their abilities of stress/anxiety management, emotional and cognitive awareness, self-care, and setting boundaries in interpersonal relationships.

Participants generally found Journal Mapping/Reflection experience as helpful. They expressed that reflection notes served as a reminder of their learning and helped consolidating learning from Wellness sessions.

Participants shared several suggestions during exit interviews. These included having more frequent but shorter sessions for high school cohort, adding more interactive components to the sessions, adding more reminders of career-related wellness goals and more coaching/guidance on wellness goals, and making reflections a group discussion.

Recommendations

Based on our evaluation, the following changes/improvement on the Wellness and Coaching Series are recommended:

- ***Add more interactive components (games, quizzes, discussions) to increase interaction between cohort members*** – This would not only add to engagement with content covered in sessions, but it could also add to sense of community and nurture the relatedness need. This could increase hope levels of the future ELITE Assistants and Associates.
- ***Increase wellness goal reminders and coaching*** – This could increase wellness goal retention especially in the undergraduate cohort who continue the program for a longer period of time. A closer attention to wellness goals with more coaching and reminders can increase achievement rate and facilitate a sense of mastery within the W&CS. This might directly contribute to increased levels of hope.
- ***Add more content on work-life balance and time management*** – As an overwhelmingly popular goal among participants, this could allow them to have more time for themselves which can contribute to meet their autonomy needs, which in turn could increase wellness and hope levels.
- ***More frequent but shorter sessions for high school cohort*** – Many participants in high school cohort mentioned they would like weekly but shorter sessions. Some mentioned that 5 sessions were not enough. An eight-session structure with shorter sessions can be tested in a pilot work for upcoming high school cohorts.
- ***Bridge journal mapping/reflection notes through in-group discussions*** – Participants typically expressed that reflection notes served as useful reminders and summaries of sessions. Discussing previous week's reflection notes at the beginning of the next week's session can be a good way of bridging learning across weeks and further consolidating the learning from sessions. It can also increase social interaction between interns.

Limitations

Despite the effort in combining samples to make some inferential statistics possible, it should be noted that the sample sizes remain relatively small for robust statistical power. For regression analysis our sample of 30 with 3 predictor variables might satisfy a minimum required sample size. However, alpha values reported for internal consistency should not be taken as evidence of reliability, as these analyses require much larger samples. While descriptive statistics for the first 14 questions of WQ (e.g., percentages) show increases in different domains, it is not possible to make statistical inferences on whether the differences are statistically significant. Therefore, the quantitative findings should only be interpreted in combination with the qualitative findings.

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Appendix A

Pre-Wellness Questionnaire (2023 Version)

Wellness Questionnaire

Please take the time to carefully complete this Wellness Questionnaire. The questionnaire consists of 3 sections and takes approximately 10 minutes to complete. The information will be used to develop our Wellness and Coaching Groups. Your responses are anonymous and confidential.

* Indicates required question

1. Please provide a pseudonym (fake name) for yourself. We will ask you to remember this pseudonym at the end of this program in another survey.   *

    Note: The pseudonym you pick will never be matched with your real name.

    _____

2. What is your gender? *

    Mark only one oval.

    ◯ Female

    ◯ Male

    ◯ Nonbinary

    ◯ Prefer to self-identify (see next question)

    ◯ Prefer not to answer

3. If you answered with "Prefer to self-identify" in the previous question, please enter your response below:

    _____

4. How many years have you completed in your program? *

Mark only one oval.

- ◯ Entering my first year
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4+
- ◯ Prefer not to answer

5. What is your current major and minor (if applicable)?

_____

6. How old are you?

_____

7. I am aware of how my body responds to stress. *

Mark only one oval.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly Disagree

Wellness Questionnaire   https://docs.google.com/forms/d/1FBKBNucAqP1lmXGW7dXqFQko...

8.   I know effective ways to cope with stress. *

Mark only one oval.

◯ Strongly Agree

◯ Agree

◯ Disagree

◯ Strongly Disagree

9.   I'm aware of how my body responds to different emotions. *

Mark only one oval.

◯ Strongly Agree

◯ Agree

◯ Disagree

◯ Strongly Disagree

10.   I know healthy ways to identify and communicate my emotions. *

Mark only one oval.

◯ Strongly Agree

◯ Agree

◯ Disagree

◯ Strongly Disagree

11.   I recognize my thoughts and how they affect my emotions and behaviour. *

Mark only one oval.

◯ Strongly Agree

◯ Agree

◯ Disagree

◯ Strongly Disagree

12.   I can track my thoughts and respond in wellness-enhancing ways. *

Mark only one oval.

◯ Strongly Agree

◯ Agree

◯ Disagree

◯ Strongly Disagree

13.   I am aware of mental health and wellness resources available to me. *

Mark only one oval.

◯ Strongly Agree

◯ Agree

◯ Disagree

◯ Strongly Disagree

14. I know how to access to mental health and wellness resources. *

Mark only one oval.

( ) Strongly Agree

( ) Agree

( ) Disagree

( ) Strongly Disagree

15. I am able to maintain healthy boundaries in my relationships (for example, with *
    family, friends, and coworkers).

Mark only one oval.

( ) Strongly Agree

( ) Agree

( ) Disagree

( ) Strongly Disagree

16. In my relationships, I am able to resolve conflicts in a constructive manner. *

Mark only one oval.

( ) Strongly Agree

( ) Agree

( ) Disagree

( ) Strongly Disagree

17. I am able to identify different forms of microaggressions/anti-Black racism. *

Mark only one oval.

- ⬭ Strongly Agree
- ⬭ Agree
- ⬭ Disagree
- ⬭ Strongly Disagree

18. I have the tools (i.e., skills and resources) to manage microaggressions/anti-Black racism. *

Mark only one oval.

- ⬭ Strongly Agree
- ⬭ Agree
- ⬭ Disagree
- ⬭ Strongly Disagree

19. I am able to identify opportunities to advocate for myself or others. *

Mark only one oval.

- ⬭ Strongly Agree
- ⬭ Agree
- ⬭ Disagree
- ⬭ Strongly Disagree

20. I know how to advocate for myself and others (i.e., I have the skills and resources).   *

Mark only one oval.

◯ Strongly Agree

◯ Agree

◯ Disagree

◯ Strongly Disagree

Section 2

Please take a few moments to focus on yourself and what is going on in your life at this moment. Once you have this "here and now" set, go ahead and answer each item according to the following scale:

1 = Definitely False, 2 = Mostly False, 3 = Somewhat False, 4 = Slightly False, 5 = Slightly True, 6 = Somewhat True, 7 = Mostly True, 8 = Definitely True.

21. If I should find myself in a jam, I could think of many ways to get out of it. *

Mark only one oval.

	1	2	3	4	5	6	7	8	
Defi	◯	◯	◯	◯	◯	◯	◯	Definitely True

22. At the present time, I am energetically pursuing my goals. *

Mark only one oval.

	1	2	3	4	5	6	7	8	
Defi	◯	◯	◯	◯	◯	◯	◯	Definitely True

Wellness Questionnaire   https://docs.google.com/forms/d/1FBKBNucAqP1lmXGW7dXqFQko...

23. There are lots of ways around any problem that I am facing now. *

Mark only one oval.

	1	2	3	4	5	6	7	8	
Defi	◯	◯	◯	◯	◯	◯	◯	◯	Definitely True

24. Right now I see myself as being pretty successful. *

Mark only one oval.

	1	2	3	4	5	6	7	8	
Defi	◯	◯	◯	◯	◯	◯	◯	◯	Definitely True

25. I can think of many ways to reach my current goals. *

Mark only one oval.

	1	2	3	4	5	6	7	8	
Defi	◯	◯	◯	◯	◯	◯	◯	◯	Definitely True

26. At this time, I am meeting the goals that I have set for myself. *

Mark only one oval.

	1	2	3	4	5	6	7	8	
Defi	◯	◯	◯	◯	◯	◯	◯	◯	Definitely True

27. I have a career-related wellness goal that I would like to achieve through my   *
    internship.

    Mark only one oval.

    ⬭ Strongly Agree

    ⬭ Agree

    ⬭ Disagree

    ⬭ Strongly Disagree

28. What are some career-related wellness goals you hope to achieve through   *
    your internship?

    _____

    _____

    _____

    _____

    _____

29. Are there specific wellness topics or skills that you would like us to address in   *
    the Wellness Coaching Groups?

    _____

    _____

    _____

    _____

    _____

Appendix B

Post-Wellness Questionnaire (2023 Version)

Wellness Questionnaire   https://docs.google.com/forms/u/0/d/11PTvAcKAKnoGhzytZNI7xQR...

Wellness Questionnaire

Please take the time to carefully complete this Wellness Questionnaire.
The questionnaire consists of 4 sections and takes approximately 15 minutes to complete.

The information will be used to develop our Wellness and Coaching Groups. Your responses are anonymous and confidential.

* Indicates required question

1. When you filled a survey at the beginning of the Wellness & Coaching Series,   *
   we asked you to provide a pseudonym (fake name) for yourself. Please fill in the
   same pseudonym.

   Note: Your pseudonym is NEVER matched to you real name.

2. What is your gender? *

Mark only one oval.

- ◯ Female
- ◯ Male
- ◯ Nonbinary
- ◯ Prefer to self-identify (see next question)
- ◯ Prefer not to answer

3. If you answered with "Prefer to self-identify" in the previous question, please enter your response below:

_____

4. How many years have you completed in your program? *

Mark only one oval.

- ◯ Entering my first year
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4+
- ◯ Prefer not to answer

5. What is your current major and minor (if applicable)?

_____

6. How old are you?

_____

7. I am aware of how my body responds to stress. *

Mark only one oval.

◯ Strongly Agree

◯ Agree

◯ Disagree

◯ Strongly Disagree

8. I know effective ways to cope with stress. *

Mark only one oval.

◯ Strongly Agree

◯ Agree

◯ Disagree

◯ Strongly Disagree

9. I'm aware of how my body responds to different emotions. *

Mark only one oval.

◯ Strongly Agree

◯ Agree

◯ Disagree

◯ Strongly Disagree

7. I am aware of how my body responds to stress. *

Mark only one oval.

- ⬭ Strongly Agree
- ⬭ Agree
- ⬭ Disagree
- ⬭ Strongly Disagree

8. I know effective ways to cope with stress. *

Mark only one oval.

- ⬭ Strongly Agree
- ⬭ Agree
- ⬭ Disagree
- ⬭ Strongly Disagree

9. I'm aware of how my body responds to different emotions. *

Mark only one oval.

- ⬭ Strongly Agree
- ⬭ Agree
- ⬭ Disagree
- ⬭ Strongly Disagree

Wellness Questionnaire   https://docs.google.com/forms/u/0/d/11PTvAcKAKnoGhzytZNI7xQR...

10. I know healthy ways to identify and communicate my emotions. *

Mark only one oval.

◯ Strongly Agree

◯ Agree

◯ Disagree

◯ Strongly Disagree

11. I recognize my thoughts and how they affect my emotions and behaviour. *

Mark only one oval.

◯ Strongly Agree

◯ Agree

◯ Disagree

◯ Strongly Disagree

12. I can track my thoughts and respond in wellness-enhancing ways. *

Mark only one oval.

◯ Strongly Agree

◯ Agree

◯ Disagree

◯ Strongly Disagree

13.   I am aware of mental health and wellness resources available to me. *

Mark only one oval.

⬭ Strongly Agree

⬭ Agree

⬭ Disagree

⬭ Strongly Disagree

14.   I know how to access to mental health and wellness resources. *

Mark only one oval.

⬭ Strongly Agree

⬭ Agree

⬭ Disagree

⬭ Strongly Disagree

15.   I am able to maintain healthy boundaries in my relationships (for example, with *
family, friends, and coworkers).

Mark only one oval.

⬭ Strongly Agree

⬭ Agree

⬭ Disagree

⬭ Strongly Disagree

16. In my relationships, I am able to resolve conflicts in a constructive manner. *

Mark only one oval.

- ⬭ Strongly Agree
- ⬭ Agree
- ⬭ Disagree
- ⬭ Strongly Disagree

17. I am able to identify different forms of microaggressions/anti-Black racism. *

Mark only one oval.

- ⬭ Strongly Agree
- ⬭ Agree
- ⬭ Disagree
- ⬭ Strongly Disagree

18. I have the tools (i.e., skills and resources) to manage microaggressions/anti-Black racism. *

Mark only one oval.

- ⬭ Strongly Agree
- ⬭ Agree
- ⬭ Disagree
- ⬭ Strongly Disagree

19.   I am able to identify opportunities to advocate for myself or others. *

Mark only one oval.

⬭ Strongly Agree

⬭ Agree

⬭ Disagree

⬭ Strongly Disagree

20.   I know how to advocate for myself and others (i.e., I have the skills and   *
resources).

Mark only one oval.

⬭ Strongly Agree

⬭ Agree

⬭ Disagree

⬭ Strongly Disagree

Section 2

Please take a few moments to focus on yourself and what is going on in your life at this moment. Once you have this "here and now" set, go ahead and answer each item according to the following scale:

1 = Definitely False, 2 = Mostly False, 3 = Somewhat False, 4 = Slightly False, 5 = Slightly True, 6 = Somewhat True, 7 = Mostly True, 8 = Definitely True.

21.   If I should find myself in a jam, I could think of many ways to get out of it. *

Mark only one oval.

	1	2	3	4	5	6	7	8	
Defi	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	Definitely True

22. At the present time, I am energetically pursuing my goals. *

Mark only one oval.

	1	2	3	4	5	6	7	8	
Defi	◯	◯	◯	◯	◯	◯	◯	◯	Definitely True

23. There are lots of ways around any problem that I am facing now. *

Mark only one oval.

	1	2	3	4	5	6	7	8	
Defi	◯	◯	◯	◯	◯	◯	◯	◯	Definitely True

24. Right now I see myself as being pretty successful. *

Mark only one oval.

	1	2	3	4	5	6	7	8	
Defi	◯	◯	◯	◯	◯	◯	◯	◯	Definitely True

25. I can think of many ways to reach my current goals. *

Mark only one oval.

	1	2	3	4	5	6	7	8	
Defi	◯	◯	◯	◯	◯	◯	◯	◯	Definitely True

26.   At this time, I am meeting the goals that I have set for myself. *

Mark only one oval.

	1	2	3	4	5	6	7	8	
Defi	◯	◯	◯	◯	◯	◯	◯		Definitely True

Below, we ask you about the kind of experiences you actually have in your life. Please read each of the following items carefully. You can choose from 1 to 5 to indicate the degree to which the statement is true for you at this point in your life.

27.   I feel a sense of choice and freedom in the things I undertake. *

Mark only one oval.

	1	2	3	4	5	
Not	◯	◯	◯	◯	◯	Completely true

28.   Most of the things I do feel like "I have to". *

Mark only one oval.

	1	2	3	4	5	
Not	◯	◯	◯	◯	◯	Completely true

29. I feel that the people I care about also care about me. *

Mark only one oval.

	1	2	3	4	5	
Not	◯	◯	◯	◯	◯	Completely true

30. I feel excluded from the group I want to belong to. *

Mark only one oval.

	1	2	3	4	5	
Not	◯	◯	◯	◯	◯	Completely true

31. I feel confident that I can do things well. *

Mark only one oval.

	1	2	3	4	5	
Not	◯	◯	◯	◯	◯	Completely true

32. I have serious doubts about whether I can do things well. *

Mark only one oval.

	1	2	3	4	5	
Not	◯	◯	◯	◯	◯	Completely true

33. I feel that my decisions reflect what I really want. *

Mark only one oval.

	1	2	3	4	5	
Not	◯	◯	◯	◯	◯	Completely true

34. I feel forced to do many things I wouldn't choose to do. *

Mark only one oval.

	1	2	3	4	5	
Not	◯	◯	◯	◯	◯	Completely true

35. I feel connected with people who care for me, and for whom I care. *

Mark only one oval.

	1	2	3	4	5	
Not	◯	◯	◯	◯	◯	Completely true

36. I feel that people who are important to me are cold and distant towards me. *

Mark only one oval.

	1	2	3	4	5	
Not	◯	◯	◯	◯	◯	Completely true

37. I feel capable at what I do. *

Mark only one oval.

	1	2	3	4	5	
Not	○	○	○	○	○	Completely true

38. I feel disappointed with many of my performances. *

Mark only one oval.

	1	2	3	4	5	
Not	○	○	○	○	○	Completely true

39. I feel my choices express who I really am. *

Mark only one oval.

	1	2	3	4	5	
Not	○	○	○	○	○	Completely true

40. I feel pressured to do too many things. *

Mark only one oval.

	1	2	3	4	5	
Not	○	○	○	○	○	Completely true

41.   I feel close and connected with other people who are important to me. *

Mark only one oval.

	1	2	3	4	5	
Not	○	○	○	○	○	Completely true

42.   I have the impression that people I spend time with dislike me. *

Mark only one oval.

	1	2	3	4	5	
Not	○	○	○	○	○	Completely true

43.   I feel competent to achieve my goals. *

Mark only one oval.

	1	2	3	4	5	
Not	○	○	○	○	○	Completely true

44.   I feel insecure about my abilities. *

Mark only one oval.

	1	2	3	4	5	
Not	○	○	○	○	○	Completely true

45. I feel I have been doing what really interests me. *

Mark only one oval.

	1	2	3	4	5	
Not	○	○	○	○	○	Completely true

46. My daily activities feel like a chain of obligations. *

Mark only one oval.

	1	2	3	4	5	
Not	○	○	○	○	○	Completely true

47. I experience a warm feeling with the people I spend time with. *

Mark only one oval.

	1	2	3	4	5	
Not	○	○	○	○	○	Completely true

48. I feel the relationships I have are just superficial. *

Mark only one oval.

	1	2	3	4	5	
Not	○	○	○	○	○	Completely true

49. I feel I can successfully complete difficult tasks. *

Mark only one oval.

	1	2	3	4	5	
Not	◯	◯	◯	◯	◯	Completely true

50. I feel like a failure because of the mistakes I make. *

Mark only one oval.

	1	2	3	4	5	
Not	◯	◯	◯	◯	◯	Completely true

51. I was able to set a career-related wellness goal through the Wellness and   *
     Coaching series.

Mark only one oval.

◯ Strongly Agree

◯ Agree

◯ Disagree

◯ Strongly Disagree

52. I achieved the career-related wellness goal I set for myself. *

Mark only one oval.

◯ Strongly Agree

◯ Agree

◯ Disagree

◯ Strongly Disagree

53. Did the Wellness and Coaching Series help you achieve your wellness goal(s)? *
     How so?

     _____

     _____

     _____

     _____

     _____

54. Do you have any recommendations for how to enhance the series?

     _____

     _____

     _____

     _____

     _____

55. Is there additional feedback you'd like to share about the series?

     _____

     _____

     _____

     _____

     _____

Appendix C

Exit Interview Guide 2023

Probes are indicated by lettered sub-questions under each numbered question.

Interviewer Instructions:
Invite participants to bring any materials (e.g. journey maps/reflections) that would be helpful for recalling their experiences with the Wellness and Coaching series.

General Perceptions of the ELITE Wellness and Coaching Series:
1. Tell me about your experience in the Wellness and Coaching groups?
   a. What have been the most positive/challenging aspects of the groups for you?
2. How did the fact that the program lasted 8 (or 5) sessions (specify according to the group) impact your experience?
   a. Would you have preferred more/less time or more/less frequent meetings? Do you have any feedback on time
3. Was this a welcoming and inclusive space for you in terms of how you identify yourself? For example, in regards to your gender, sexuality, race, etc.?
   a. Ask more about specific identities; if none, what could have been done to support you or make you feel more welcomed?
      i. What made the space feel welcoming?
      ii. In what ways could the Wellness groups be more inclusive?

Questions from the Wellness Sessions:
1. Did your mental health knowledge increase throughout the sessions? In what ways?
2. What information covered in the sessions was most/least meaningful, relevant, and/or helpful?
3. Have you applied the content to your life/internship experience? What content has been easiest/most difficult to translate?
4. How did you find the process of setting a wellness goal? Were you able to achieve your wellness goal?
   a. Was the goal-setting instruction clear and easy to follow?
   b. If yes, what was particularly helpful in achieving this goal?
   c. If not, what do you think would have been helpful for you to achieve your goal?
5. Have you accessed resources shared through the program? If so, what resources have been useful?

      a. How did you use them?

      b. Were emailed resources valuable?

Journey Mapping/Reflections:

Note that "journey mapping" was introduced and referred to as "reflections" throughout the sessions by the Wellness Coach.

1. How did you find the reflection experience?
   a. Was it helpful for you to track your experience in the program?
   b. What did you like/not like about reflections?
   c. Did you feel you had adequate time for reflections?
2. Was there anything you would like to share from your reflections?

Hope:

1. What does hope look like for you?
   a. How do you see this being relevant for you in your career journey?
2. What aspects of your identity contribute most strongly to your perceptions of hope and what you hope for?
   a. The ELITE program aims to create a welcoming space for intersecting identities. Do you have any other identities (i.e. racial, gender, sexual, religious/spiritual, etc.) that affect what you hope for?
3. Do you feel your personal hope levels or perspective on hope changed throughout the program? In what ways?

Perceptions of Mental Wellness:

1. What does mental wellness currently mean to you?
2. What do you do to promote or manage your mental health and well-being?
3. Where or from whom do you receive mental wellness support?
4. What barriers do youth face in reaching out to mental wellness supports and resources in Alberta?
   a. Do you perceive stigma about reaching out for help? What contributes to this?

Program Recommendations:

1. What recommendations do you have for the ELITE wellness and coaching program?
2. What recommendations do you have for mental health practitioners? (counsellors, social workers, campus supports, etc.)
   a. Is there anything specific that practitioners in educational settings should be aware of?

3. What recommendations do you have for policymakers to improve the mental wellness of Black Canadian youth?
    a. Is there anything specific that policymakers in educational settings should be aware of? (e.g. in the context of the internship program, policymakers can influence fund allocation and program direction decisions)

General/Closing:
1. Do you have any further comments about the program?
2. Is there anything else you would like to add
3. Do you have any questions for me?