



BeWell
EAT WELL. MOVE MORE.

Community Assessment

This is an optional tool you can use before implementing BeWell into your organization. It is designed to identify areas of improvement that support the mental well-being of your employees.

GENERAL MENTAL WELL-BEING

| | |
|--|--|
| What are some of the organization's strengths? | |
| What are common stressors and/or mental health concerns? | |
| What is the current knowledge among employees about mental health/well-being concepts? | |
| What are the most important mental health problems in this organization? | |
| Which groups within the setting report the poorest mental health? | |

COMMUNITY ASSESSMENT 1

TOGETHER WE CAN *build a better future!*

GENERAL MENTAL WELL-BEING

| | |
|--|--|
| <p>Are there supports in place to promote mental health and well-being?</p> | |
| <p>What are the most important actions that could be taken to improve mental well-being?</p> | |
| <p>What factors seem to influence mental well-being the most?</p> | |
| <p>What resources (if any) are you currently using to support mental well-being?</p> | |
| <p>What barriers or concerns might you face when implementing a mental health promotion program?</p> | |
| <p>What actions would you recommend to improve current mental well-being support?</p> | |

ORGANIZATIONAL NEEDS

| | | | |
|---|-------------|--|--|
| Is your organization using a program designed to address mental health promotion? | YES | | |
| | NO | | |
| | IN PROGRESS | | |
| | N/A | | |
| Would your organization benefit from a mental well-being program? | YES | | |
| | NO | | |
| | IN PROGRESS | | |
| | N/A | | |
| Does your organization feel comfortable discussing mental health promotion? | YES | | |
| | NO | | |
| | IN PROGRESS | | |
| | N/A | | |
| Do employees feel comfortable talking about mental health promotion? | YES | | |
| | NO | | |
| | IN PROGRESS | | |
| | N/A | | |
| Are your employees involved in mental well-being programming choices? | YES | | |
| | NO | | |
| | IN PROGRESS | | |
| | N/A | | |
| Does your organization have a person who would be a champion for mental health promotion programming? | YES | | |
| | NO | | |
| | IN PROGRESS | | |
| | N/A | | |

ORGANIZATIONAL NEEDS

| | | | |
|---|-------------|--|--|
| Are the talents, skills, and experiences of employees taken into consideration during programming? | YES | | |
| | NO | | |
| | IN PROGRESS | | |
| | N/A | | |
| Do employees actively participate in programming? | YES | | |
| | NO | | |
| | IN PROGRESS | | |
| | N/A | | |
| Do you have a preferred communication method? | YES | | |
| | NO | | |
| | IN PROGRESS | | |
| | N/A | | |
| Is your organizational environment welcoming to mental health promotion? | YES | | |
| | NO | | |
| | IN PROGRESS | | |
| | N/A | | |
| What would help you the organization promote mental well-being? | YES | | |
| | NO | | |
| | IN PROGRESS | | |
| | N/A | | |
| Are you interested in implementing the BeWell mental health promotion program within your organization? | YES | | |
| | NO | | |
| | IN PROGRESS | | |
| | N/A | | |

USE THIS COMMUNITY ASSESSMENT THROUGHOUT THE YEAR TO HELP YOU PLAN ACTIVITIES !