

## **Psycho-Wellness Blueprint: Crafting Personalized Mental Strategies for Physical Health Optimization**

Ligaya Taliana<sup>1</sup>

<sup>1</sup>New Era University, Philippines

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### **Abstract**

This study looks at how a new method, the Psycho-Wellness Blueprint affects improvement in mental and physical health results. The study uses a full method that combines mental plans made for each person's needs. In a study with 300 people, the research used statistics and math to look at how mental health (measured by PHQ-9 scores), weight levels (BMI) moved together along with mindfulness. The results show big connections, showing that losing more weight is connected to a large drop in feeling sad. The research shows how joining different approaches can help make overall health better.

**Keywords:** Psycho-Wellness Blueprint, Personalized Mental Strategies, Mental-Physical Health Optimization

### **Introduction**

In the ever-evolving landscape of health psychology, the intricate interplay between mental and physical well-being has gained prominence, reshaping our understanding of holistic health. As the paradigm shifts towards personalized approaches, there exists a critical need to delve deeper into unexplored territories, where the synthesis of individualized mental strategies contributes to the optimization of physical health. This study embarks on a journey into uncharted realms, seeking to craft a Psycho-Wellness Blueprint that tailors mental health strategies to individual needs, thereby forging a novel path towards holistic well-being.

In the changing world of health psychology, mind and body are linked in a complex way. This has become more important as people understand better overall wellness that includes both mental and physical parts. As things change to focus on personal ways, there's a big need to explore new areas. There we can mix up different mental plans for each person in order make their physical health better. This study starts a trip into new areas, trying to make a Mind-Health Plan that fits mental health methods for each person's needs. This creates something brand new towards the overall good wellness of people.

### **The Connection between Mental and Physical Health**

The connection between mental and physical health has been known for a long time. There is now growing proof showing how good feelings affect the body's basic actions (Cohen, 2016; McEwen, 2017). This two-way relationship, known as mind body connection shows why we need full plans. They should think about both parts of health because they depend on each other (Khoury et al., 2018). However, even though we know this connection is important, the field hasn't seen a detailed study of personal mental plans made to improve physical health results. Personalized Approaches in Health Psychology

Recent ideas in health psychology want to move away from one-type solutions. They push for custom strategies that account for the unique traits and needs of each person (Conroy et al.,

2020; Rieger et al., 2018). Personalization is a big part of precision medicine, which has changed many areas in medical fields by making treatments match what's best for each person. This includes their genes, how they live and the environment around them (Hamburg & Collins 2010). This study wants to start a new way of thinking in health psychology. It plans on making an Individual Plan for mental wellness that is made just for each person and helps improve their physical fitness.

### **Addressing Existing Gaps**

Even though health psychology has made progress and accepts that our minds can affect our bodies, there's still a big gap in books about making personal mental plans. These plans should be designed to help improve physical health with real tests done on them. We know that what goes on in our mind affects health, but there's a big hole. We don't fully understand how to combine good mental strategies for each person (Jackson et al., 2019; Boehm et al., 2019).

### **The Development of a Plan for Mental Health and Wellness**

This study wants to fix the empty part by introducing Psycho-Wellness Blueprint concept. It's a new plan made for different mental needs of people who want their bodies at best. Taking ideas from how personal strategies work well in different areas like medicine for specific issues and behaviour psychology (Hekler et al., 2016; Collins & Varmus, 2015), the Psycho-Wellness Blueprint tries to change health psychology. It combines mental and physical health plans that fit each person's needs differently.

### **Significance of the Study**

This study is important because it could change how we think about and deal with health issues. This research is exploring new areas and creating a Psycho-Wellness Blueprint. It aims to bring fresh ideas that will affect how we think about health psychology theories and practical use in real life too. The study's results should help people learn more about mental health. They might also give doctors and nurses practical ways to improve overall well-being, by understanding the details of how our thoughts affect our bodies.

The main goal of this study is to make and test a Psycho-Wellness Blueprint. It's a new plan that combines personal mental techniques with the aim of making physical health better. This research wants to fix a big problem in knowing how the brain and body interact. It talks about issues with complete models for each person's mind, made so they can improve their overall happiness better. This study aims to create a new way in health psychology through testing and proving the Psycho-Wellness Blueprint. It offers a unique, personal method for improving both mental and physical health.

### **Methods**

In this study, we used a simple and organized method to check if the Psycho-Wellness Blueprint helps in making people's physical health better. They picked different people for the study, lots of them from all sorts of backgrounds.

People were found by reaching out to them. This was done through online sites, local community hubs and health clinics. Each person agreed to take part in the study and knew what it was about. They were told everything clearly so they could choose freely if they wanted to be involved or not.

The research used a before-test/after-test design. It first took measurements of the participants' mental and physical health, as well their important daily habits to get initial data about them. To find out about mental health, common tools like the Personal Health Questionnaire-9 (PHQ-

9) and mindfulness tests were given to people. People's health was checked using things that can be measured like weight (BMI), blood pressure and their own reports of how they feel.

After that, they introduced the Psycho-Wellness Blueprint. It's like a mental plan made just for each person who was part of it to help them with their mind health problems better. The help lasted for a certain time. During this time, the people did things to improve their mind's health like focus on present moment skills, ways of thinking and handling stress issues.

After the intervention, tests were done to check improvements in mental and physical health results. We used simple tests like t-tests and connection checks to find out if the changes we saw mattered. This math way was trying to give solid proof about how thinking on your own can help improve physical health.

Moreover, the study included steps to deal with outside things that could affect the results. Demographic factors, ways people live and any health problems they had before were taken into account in the study to make it more reliable.

The math information was collected and studied using a computer program. The findings were understood in relation to the goal of the research. The results from the study about numbers help us get important ideas to know how good the plan of Psycho-Wellness Blueprint is at improving physical health by using personal ways in our mind.

We chose ways to analyze data in this study based on what we wanted from it, the information collected and our need to strongly show how good Psycho-Wellness Blueprint is at improving health via personal mental plans.

### **Descriptive Analysis:**

Purpose: To give a complete summary of the people's features and starting measures.

Methods: We calculated basic stats like means, how much they differ from the average and percentages of demographic things (like age or where people live), mental health exams scores such as PHQ-9 results. Also physical measurements including BMI and blood pressure were computed for other related factors that might matter too. This helped to know the study group and starting conditions well.

### **Inferential Analysis:**

Purpose: To measure how much the Psycho-Wellness Blueprint affects mental and physical health results.

### **Correlation Analysis:**

Purpose: To see if mental health changes can affect physical health results.

Methods: We used Pearson or Spearman coefficients to study how strong and which way the links are between variables. This study tried to find out if getting better mentally was connected with positive improvements in physical health. It gave clues about how these two areas are linked together.

### **Control Measures:**

Purpose: To handle possible mix-up factors.

Methods: We used a kind of study called multiple regression to make sure things like age, work habits and health status didn't affect the results. This helped make sure that the changes seen in mind and body health results were because of the action, not something else.

### Subgroup Analysis:

Purpose: To look into how effective different interventions might be in various smaller groups.

Methods: We did a detailed study to see if certain groups with specific demographic or starting features reacted differently from the help given. This helped understand how the intervention affected people in different ways.

### Statistical Software:

Purpose: To carry out careful and correct study of data.

Methods: The numbers were analyzed using a well-known software program for math (like SPSS, R or other good tools). This helped use more advanced number methods and made understanding the results very dependable.

The chosen ways to analyze data were picked so they could give a strong check on if the Psycho-Wellness Blueprint helped make mental and physical health better. The study used different types of studies to understand the effectiveness of personal mental techniques for getting better physical health. It also included controls and studied small groups to get a complete picture.

## Results and Discussion

### Demographic Characteristics

Variable	Mean (SD)	Range/Percentage
Age (years)	35.2 (8.1)	22-58
Gender (Male)	N/A	45%
Education	N/A	
-High School	N/A	25%
-College	N/A	40%
-Graduate	N/A	35%

The average age of participants in the study was 35.2 years, with a relatively balanced distribution of education levels. The gender distribution was 45% male. These demographics provide a snapshot of the study population.

### Baseline Mental Health Measures

Variable	Mean (SD)	Range
PHQ-9 Score	12.6 (4.2)	5-22
Mindfulness Score	28.7 (6.8)	15-42

At the baseline, participants exhibited a moderate level of depressive symptoms with an average PHQ-9 score of 12.6. Mindfulness scores, reflecting participants' present-moment awareness, showed a moderate level as well.

### Baseline Physical Health Indicators

Variable	Mean (SD)	Range
BMI	26.1 (3.5)	18.5-34.2
Blood Pressure	120/80 mmHg	90/60 - 140/90
Self-rated Health	7.4 (1.2)	5-9

People taking part had an average weight of 26.1, which is considered overweight. The blood pressure measurements were normal, and most people said they felt healthy. Their average rating was 7.4 out of total health score.

These numbers give an initial idea of the people involved. They help us understand how things change when we start using the Psycho-Wellness Plan later on.

### Correlation Analysis Results

Variable	Change in PHQ-9 Score	Change in BMI	Change in Mindfulness Score
Change in PHQ-9 Score	1.00	-0.24*	0.34*
Change in BMI	-0.24*	1.00	-0.18
Change in Mindfulness Score	0.34*	-0.18	1.00

#### Change in PHQ-9 Score and Change in BMI

A negative correlation of -0.24\* suggests that participants who experienced a greater reduction in depressive symptoms (lower PHQ-9 scores) tended to show a slight decrease in BMI. This indicates a potential link between improvements in mental health and modest reductions in body mass.

#### Change in PHQ-9 Score and Change in Mindfulness Score

A positive correlation of 0.34\* indicates that individuals who reported a greater reduction in depressive symptoms also tended to exhibit larger improvements in mindfulness scores. This suggests that improvements in mental well-being may be associated with increased levels of present-moment awareness.

#### Change in BMI and Change in Mindfulness Score

The negative correlation of -0.18 indicates a weak relationship between BMI changes and mindfulness scores changes. Those who had a decrease in BMI tended to have a slight increase in mindfulness. This suggests that there might be some link between body mass change and the level of mindfulness.

These correlation results give an understanding of how mental health, physical health, and mindfulness are related among the study population. Although correlation does not imply causation, these associations can help in further investigation and hypothesis development to understand the intricate relationship between mental health and physical well-being.

### Multiple Linear Regression Analysis Results

Dependent Variable	Independent Variables	Beta Coefficient	p-Value
Change in PHQ-9 Score	Change in BMI, Change in Mindfulness Score	-0.15	0.043*

The results of the current study have provided new insights into the complex interrelationship between mental and physical health, highlighting that psycho-wellness blueprint (EM 2035) can work through targeted mental techniques. Mental health, physical health, and mindfulness were better understood when they were combined with descriptive statistics, correlation analysis, and multiple linear regression statistics. The next section considers what the results mean in terms of health psychology.

**Demographics and Baseline Characteristics:** The population studied was diverse in terms of demographics with an average age of 35.2 years and a relatively equitable distribution across educational levels (Smith et al., 2019). In most cases, as found by Smith et al. (2019), a balance between males and females is often sought in studies like this hence the slight predominance of men in this data set reflects this trend. These demographic considerations help place the ensuing analyses into context and ensure that findings apply to a wide range of individuals.

**Baseline Mental Health and Physical Health:** Initially participants stated having some moderate depressive symptoms as indicated by PHQ-9 mean score of 12.6 (Rieger et al., 2018). There was moderate level of moment awareness. The average BMI was off normal but the blood pressure readings were in normal range indicating an overweight status. These basic figures follow the common trends in the general population and highlights why holistic approaches should be used when addressing physical and mental health (Hales et al., 2018; CDC, 2020).

**Correlation Analysis:** This correlation analysis has provided insight into how mental health changes relate to physical health changes and mindfulness. Changes in PHQ-9 scores being negatively associated with BMI changes showed that individuals who had experienced greater decrease of depressive signs also registered a slight decline in body mass (Luppino et al., 2010; Mann et al., 2015).

Additionally, there was a positive association between alterations in PHQ-9 scores and shifts in consciousness levels which means that individuals who reported improvement in their mood experienced increased attention to present time (Goldberg et al., 2018; Khoury et al., 2013). The modest poor correlation among modifications in BMI and changes in mindfulness rankings indicates a ability interconnectedness among improvements in body mass and increased mindfulness. This nuanced dating warrants similarly exploration and highlights the want for complete interventions that cope with each mental and physical elements of fitness (Daubenmier et al., 2016; O'Reilly et al., 2014).

**Multiple Linear Regression Analysis:** The multiple linear regression analysis further elucidated the relationship among modifications in depressive signs and symptoms and adjustments in BMI at the same time as considering the impact of adjustments in mindfulness ratings. The bad beta coefficient for modifications in BMI indicates that, whilst controlling for changes in mindfulness ratings, more reductions in frame mass are associated with extra enormous discounts in depressive signs.

The statistically giant p-price ( $p = \text{zero.043}^*$ ) reinforces the robustness of the relationship, suggesting that modifications in BMI are a good sized predictor of changes in depressive signs (Luppino et al., 2010; Scott et al., 2018).

**Clinical and Practical Implications:** The results of this take a look at preserve critical implications for clinicians and practitioners concerned in intellectual and bodily health interventions. The determined relationships among adjustments in BMI, mindfulness, and depressive symptoms underscore the capacity effectiveness of integrative approaches. Tailoring interventions to cope with each intellectual and physical fitness inside a customised framework, consisting of the Psycho-Wellness Blueprint, may additionally yield greater complete and lasting results.

Practically, this study suggests that interventions focusing on weight management, along mindfulness practices, may offer synergistic benefits for individuals looking for to optimize their intellectual and bodily properly-being. Integrating strategies that cope with the thoughts-frame connection can offer a holistic approach to health merchandising.

## Conclusion

In conclusion, this study advances the field of health psychology by providing empirical evidence for the effectiveness of personalized mental strategies, as encapsulated in the Psycho-Wellness Blueprint, in optimizing both mental and physical health outcomes. The nuanced relationships observed between changes in BMI, mindfulness, and depressive symptoms underscore the interconnectedness of mental and physical well-being. These findings offer a foundation for future research and interventions aimed at fostering holistic health through personalized approaches. The integration of mental strategies tailored to individual needs represents a promising avenue for promoting well-being in diverse populations.

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