



Positive MEASURES

**NICOLA BROUH AND SARAH STEWART-BROWN
PROVIDE AN INTRODUCTION TO WEMWBS AND WHHQ,
TWO PATIENT-REPORTED OUTCOME MEASURES
RELEVANT TO THERAPY INTERVENTIONS**

Evaluation of healthcare is increasingly based on patient-reported outcome measures, or PROMs. These measures aim to capture how patients or clients feel in response to therapies or treatments, and to take this into account alongside physiological changes in the client's condition or disease, or 'pathophysiology'.

This development is very pertinent for complementary, alternative and integrative approaches (CAIA) to healthcare, which often have a profound effect on the client's sense of wellbeing in a way that has been difficult to capture using just biomarkers and other objective measures.

PROMs are by definition self-reported measures. Guidelines for their development require interviews with clients to create questions that

capture the health and wellbeing changes they attribute to therapeutic intervention and consider important. PROMs also require a conceptual framework that outlines how the scale developers think the therapy influences health and wellbeing. Finally, they require the psychometric testing of the measures, which shows they are sound from a statistical point of view.

Practitioners who are thinking of evaluating their CAIA services may be interested in two recently developed PROMs. Both of these ask questions about positive experiences (Huppert and Ruggeri, 2017) and therefore break away from the traditional disease-based models of health, where the focus of evaluation lies in measuring reductions of disease markers and symptoms.

MEASURING MENTAL WELLBEING WITH WEMWBS

The first was developed by Sarah Stewart-Brown, professor of public health at Warwick Medical School, and is called the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) (Stewart-Brown, 2015; Tennant et al, 2007).

It was developed to evaluate approaches that aimed to improve mental wellbeing in general populations and not CAIA specifically. However, the scale has proved very popular with many different sectors and has been used to successfully evaluate CAIA (Maheswaran et al, 2012).

Using WEMWBS, it is possible to investigate whether CAIAs are more or less effective in improving wellbeing than traditional healthcare or other wellbeing approaches. In the Maheswaran study, CAM resulted in much greater improvement in mental wellbeing than other well-valued public health interventions and traditional medical approaches.

Advantages of the scale used in WEMWBS is that it's now well respected and very popular in conventional healthcare. There

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are national norms in UK countries and the PROM has been translated into around 30 different languages.

The disadvantage of using WEMWBS in the CAIA setting is that CAIA can bring about changes to a client's health and wellbeing that are not captured with this measure, such as in social and spiritual aspects.

About the WEMWBS questionnaire

The WEMWBS comprises 14 positively worded statements that measure mental wellbeing, such as 'I have been feeling useful' and 'I have been feeling relaxed'. The scores range from 1 to 5 on a scale, (Likert, 1952) with response categories ranging from 'none of the time' to 'all of the time'. The minimum score is 14 and the maximum score is 70, with higher scores representing higher levels of mental wellbeing. The recall period is two weeks.

The WEMWBS is part of the government's health and social care frameworks, has been used extensively in different health settings, is well validated, sensitive to changes happening in integrated healthcare settings, and is well liked by practitioners, patients and the

public (Stewart-Brown et al, 2015). It has been successfully used to measure, for example, the impact of mindfulness in schools (Huppert and Ruggeri, 2017) and nature walks as an intervention for depression (Korpela, 2016).

A seven-item version of the scale, known as SWEMWBS, is also available. Both versions are free to use, but practitioners are required to register. For more information, visit warwick.ac.uk/fac/sci/med/research/platform/wemwbs

MEASURING HEALTH AND WELLBEING WITH WHHQ

Under the supervision of Sarah Stewart-Brown and Helen Parsons, Nicola Brough developed the second PROM of interest – the Warwick Holistic Health Questionnaire (WHHQ) – as her PhD study at University of Warwick.

As a craniosacral therapy (CST) practitioner, Nicola's primary focus was to develop a tool that could evaluate the changes in health and wellbeing of people using this intervention. CST clients often note improvement in areas of mental wellbeing, physical wellbeing, social wellbeing and spiritual wellbeing. In particular, they report a heightened state of self-awareness, including psycho-emotional aspects of self and mind-body-spirit links, and greater engagement with self-care, including the ability to manage health problems and adopt better coping strategies. Spiritual changes, including a sense of connectedness with self, others and the wider universe, and a general sense of enhanced wellbeing, are also reported (Brough et al, 2015). The WHHQ was developed to capture all these outcomes.

The 25-item questionnaire incorporates holistic statements and represents new concepts in evaluation, covering self-agency ('I've felt in control of my health and wellbeing') and self-care ('My awareness about my health has helped me manage my life').

The advantage of the WHHQ is that it therefore covers changes in health and wellbeing that are not captured by existing PROMs. Because it is based on detailed qualitative examination of outcomes important to clients, it can capture the full range of experiences, enabling individuals to reflect on change in aspects of their health and wellbeing that they might not have thought would change.

The disadvantages are that, because the measure is new, there are few comparative studies and no population norms. The WHHQ is currently being evaluated as a tool to audit practice and enable more robust studies of the effectiveness of CST and other CAIA.

About the WHHQ questionnaire

The WHHQ is available in paper format and on an electronic platform called Pragmatic Tracker. Its 25 statements, mostly positive, are linked to health and wellbeing. The response options are on a five-point scale (0 – little or none of the time; 1 – rarely; 2 – sometimes; 3 – often; 4 – most or all the time) and a total score of between 0 to 100 is achieved by adding up all responses (0 to 4).

Measurement properties show the WHHQ is psychometrically sound, with good internal consistency and convergent validity with the WEMWBS. Tests of repeatability and responsiveness are currently underway, and questionnaire development is an ongoing process. The WHHQ will continue to evolve as it is used more widely.

Currently, Nicola is in conversation with membership organisations, including the FHT, to be early adopters and implement WHHQ on an evaluative licence. This would enable practitioners to evaluate the extent to which the WHHQ can enhance the therapeutic encounter, which in turn would help improve communication, prompt discussion and monitor changes.

Anyone wishing to use the WHHQ would need to register their interest and contact Nicola direct (address below).

NB: Both the WEMWBS and WHHQ are subject to copyright. All rights are reserved. Any unauthorised copying, changing of wording, layout or content of the questionnaire will constitute an infringement of copyright. 

REFERENCES

For full references, go to fht.org.uk/IT-references



Nicola Brough is a craniosacral therapist who runs a private practice in Stoke-on-Trent and teaches the benefits of using PROMs to enhance practice. She won the FHT Award for Complementary Therapy Research (Complementary Therapy Awards 2018) n.brough@warwick.ac.uk



Sarah Stewart-Brown, professor of public health at Warwick Medical School, is a medical doctor and practitioner and teacher of zero balancing. For more information about Sarah, see page 18.