Ways to Wellbeing: A psycho educational wellbeing intervention: face-to-face versus online

NEWCASTLE TALKING HELPS THE PSYCHOLOGICAL WELLBEING SERVICE

Introduction: In 2008 the government office of science Foresight mental capital and wellbeing project highlighted a number of difficulties that may begin to impact on the populations wellbeing. They went on to commission an independent body called the Foundation of Economics in 2008 to research ways to improve the populations general mental wellbeing. This produced five areas which were found to impact upon wellbeing and was labelled the 'five ways to wellbeing'.

What are the five ways to wellbeing?

Connect… e.g. build social relationships, spend time with friends and family

Be active… e.g. engage in regular physical activity

Take notice… e.g. be mentally "present", focus on awareness and appreciation

Keep learning… e.g. maintain curiosity about the world, try new things

Give… e.g. make a positive contribution to the lives of others

Aims & Objectives: This project aimed to design a face-to-face and equivalent online version of a wellbeing psycho educational intervention based on the five ways to wellbeing as a routine part of the service. The pilot would analysed as part of a service evaluation to assess its effectiveness in alleviating mental health difficulties in these two formats of delivery.

Design: A four session ways to wellbeing group was co-produced by different mental health professionals and experts by experience. This was created both as a face-to-face group and an online course. Pre and Post measures were identified to evaluate effectiveness.

Method: Recruitment was through established referral routes to a Psychological Wellbeing (incorporating IAPT) service as well as advertisement in public areas such as local universities and libraries. The main outcome measures collected at each session were: PHQ-9 (Patient Health Questionnaire), GAD-7 (Generalised Anxiety Disorder Scale) and SWEMWEBS (The Short Warwick – Edinburgh Mental Well-being Scale). An online version of the group is in the process of being implemented for wider access and comparison.

Results: Two cohorts have taken part in the group so far consisting of 14 people who completed at least 50% of sessions. The table to the right (Figure 2) includes all data (not just those who attended 50% or more). We have completed IAPT measures as with routine practice. The PHQ-9 measures low mood symptoms, and a score of 10 or above indicates clinically significant low mood. The GAD-7 measures anxiety symptoms and a score of 8 or above indicates clinically significant anxiety. On average, the screening scores were above 10 on PHQ-9 and above 8 on GAD-7. By the final session the scores were less than 10 for PHQ-9 and less than 8 for GAD-7. This indicates the scores are no longer clinically significant and reliable change has been seen. The SWEMWBS is a scale that measures mental wellbeing (as opposed to mental illness or disorder) and is suitable for use in the general population. Its strengths are that it is positively worded, represents positive attributes of wellbeing and covers both feeling and functioning. It is a shortened version of the WEMWBS, which is Rasch compatible. This means the seven items included have undergone a more rigorous test for internal consistency than the 14 item scale and have superior scaling properties. The seven items relate more to functioning than to feeling and therefore offer a slightly different perspective on mental wellbeing and does not have a clinically significant cut off at this time. There was little change for the clients using this measure for the current cohorts. This group is continuing to be rolled out and data collection will be ongoing for this project until August 2017. Results will be compared against the online version of the group.

Figure 1

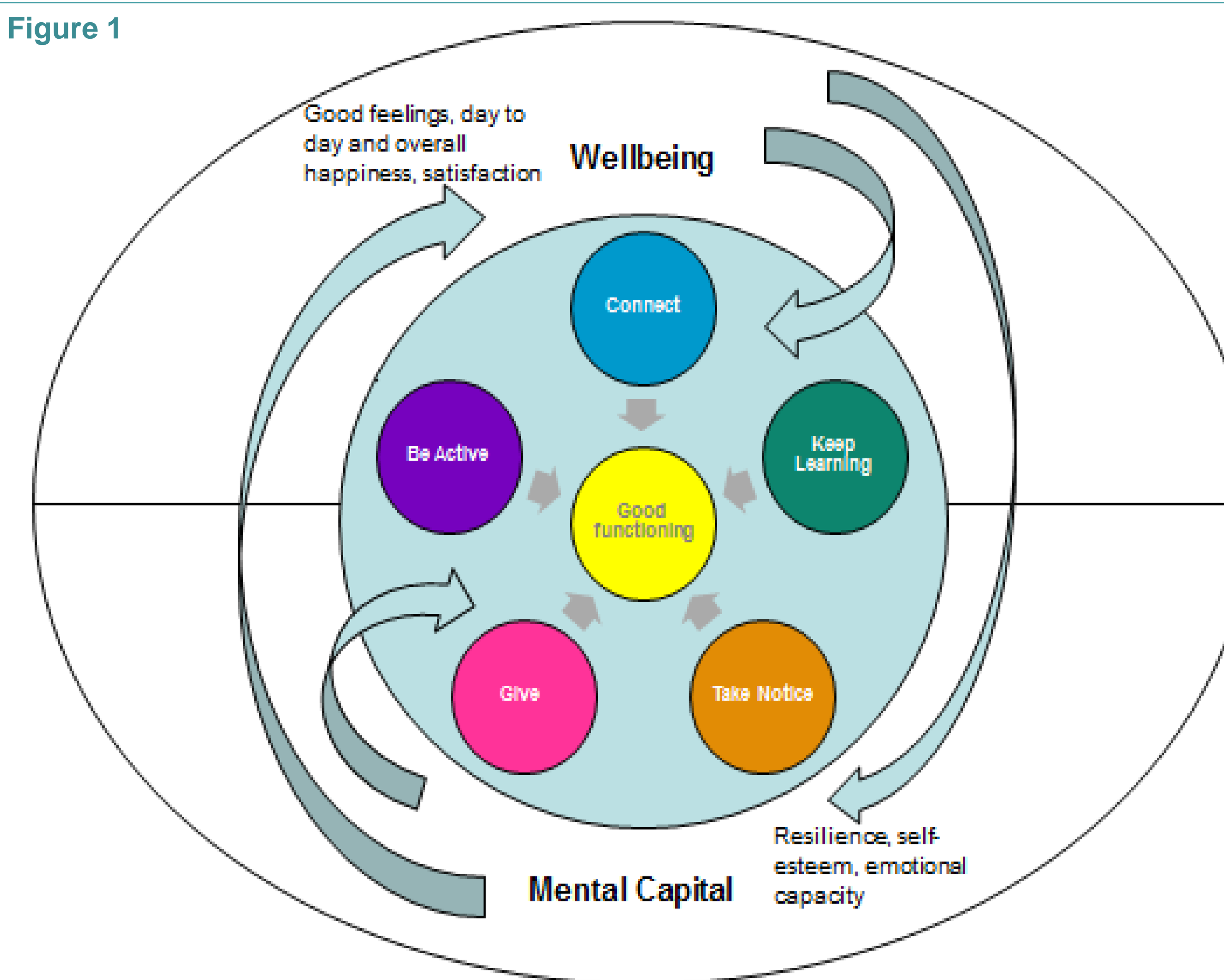

Figure 1 is based on nef (2008). *Five ways to well-being: the evidence.* Available on request through www.foresight.gov.uk.

Figure 2

	Screening	Week 1	Week 2	Week 3	Week 4
PHQ-9	13.43	8.87	10.08	9	7.44
GAD-7	10.76	9.27	9.92	7.45	5.67
SWEMWEBS	-	20	18.67	19.8	20.4

Discussion and conclusions: Preliminary data suggests a reduction in low mood and anxiety symptoms when attending the wellbeing course. Clients on average are achieving recovery with reliable change on both IAPT measures. This would also suggest that we are meeting the IAPT target of 50% achieving reliable change as this data set is based on all the client data attending the wellbeing course.

Conclusions about the effectiveness of the wellbeing information in alleviating mental health difficulties as well as the format for delivering this information will be made once we have collected additional data, and once the online format yields comparison data.

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