

Birmingham Measurement Tools Webinar Series

Mental Wellbeing

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Introduction



Impact and outcome measurement should be a **key element of** any intervention

Measuring the impact of what we do helps us show how what we are doing is making a difference. They help us demonstrate that an intervention is having a measurable impact rather than relying on subjective opinions.

Using **standardised measurement tools** allows us to compare the impact of different interventions over time. Combining these with **demographic questions** about population identity (eg age, sex, ethnicity) helps us see if an intervention is **more effective for certain groups**. We can also compare the impact with the cost of applying an intervention to understand how **cost effective** it might be.

Without clear impact and outcome measurements it is difficult to make a case for funding interventions or to justify that a certain intervention should be more widely **scaled-up**.











Birmingham Public Health Measurement Toolbox

The Birmingham Public Health Measurement Toolbox has been developed to standardise use of impact and outcome measures **for interventions aiming to improve health and wellbeing** across Birmingham.

The toolbox supports organisations when they are planning projects to **include the most appropriate outcome measures early** in the design stage.

It provides clarity and consistency on how to clearly assess and measure interventions, which can then be used as evidence when applying to commissioners for funding.

Using this approach enables accurate and meaningful comparisons between different interventions to help inform decision-making.













Contents



The **ToolBox** contains resources to support measurement across different areas of health and wellbeing including **toolkits** for:

- Physical activity
- Smoking
- Mental Wellbeing
- High Blood Pressure/Hypertension
- Long-acting Reversible Contraception
- HIV and Hepatitis Risk Reduction

With each toolkit there is:

- A description of the issue/topic with links to relevant local or national information
- A description of the tool and any training or ethical approvals that might be needed
- Information about any registration requirements needed to use the tool
- Useful guidance to support behaviour change and evidence-based interventions related to the issue/topic
- A case study example of how to use the tool in practice











Using the toolbox measures

The individual question wording should not be changed or modified in any way before use but there can be different ways of presenting the questions and these needs to be tailored to the setting eg:

- Face to Face with a trained staff member asking the questions and noting the responses
 - This might work well with clients or service users who need additional help with answering questions or where there may be difficulties with language or use of digital methods
 - A down-side to this approach is that you need to consider confidentiality within the setting and environment (eg can someone overhear?). The responses also need to be manually inputted by the person asking the question into the database
- Self-completed questionnaire on paper or digitally
 - This can be a quick way of collecting information and makes it easier to standardise and report
 - A down-side is that the respondent may have queries about individual questions, and if digital will require access to eg a tablet smartphone or computer











How to report the findings

- A template for how to report outcomes / findings will be provided with the toolkit
- There should be no personally identifying information included in reports
- Evaluators should collate the results for each group of interest to give a clear understanding of intervention demographics
- In cases of small sample size, small number suppression should be used in order to keep results confidential eg if only one or two respondents give the same answer just report this as <5 in any report













Mental Wellbeing Toolkit

WEMWBS

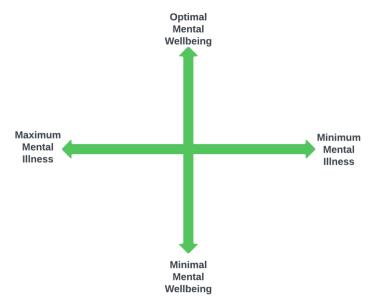








What is Mental Wellbeing?



- Mental health can be understood as broadly encompassing aspects of mental ill-health and mental wellbeing.
- Mental Wellbeing generally involves how we feel 'hedonic wellbeing' and how we function 'eudemonic wellbeing'
- Mental Wellbeing is also related to mental illness, that is poor mental wellbeing has been linked to increased risk of mental disorder
- Mental Wellbeing therefore can be considered a potentially positive and strengths-focused aspect of the mental health continuum







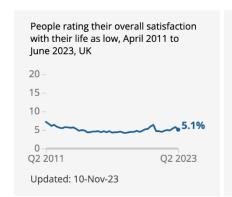




National and Local Context

Mental wellbeing is still a **relatively new science** with different measures being used for aspects of feeling and functioning. Below are some of the most recent UK wide wellbeing metrics from UK government

ONS Dashboard





People who feel hopeful about their future, 2023, GB

68.1%

Sept to Oct 2023

Updated: 10-Nov-23

People who are fairly or very satisfied with their social relationships, September to October 2023, GB

85.4%

Sept to Oct 2023

Updated: 10-Nov-23

Life Satisfaction

Happiness

Positive Outlook

Relationships



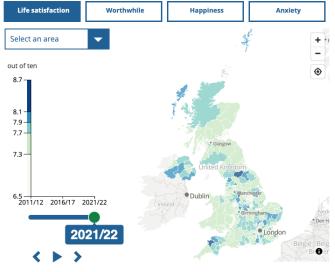








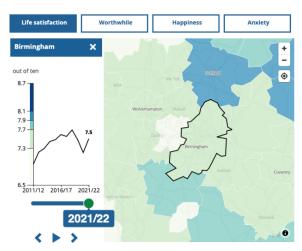
National and Local Context



Source: Office for National Statistics - Annual Population Survey

Figure 6: Personal well-being interactive map

Average ratings of personal well-being, UK, years ending March 2012 to March 2022



Source: Office for National Statistics - Annual Population Survey

Wellbeing is related to the environments people live in, which make it particularly useful for measuring the impact interventions might have on the wellbeing of different groups of

people in communities









Why do we want to measure Mental Wellbeing?

Individual Care:

- Measuring mental wellbeing is an evidence-based approach to understanding how individuals and groups are feeling and functioning.
- By collecting this information, we can better evaluate the impact of interventions and services, helping us to understand more about our community's mental wellbeing.

Service Improvement:

- Measuring mental wellbeing can be used alongside demographic data to help identify and address health disparities or inequalities among different groups.
- By collecting data, we can monitor the quality and effectiveness of our services for different groups which helps us to identify gaps and areas for improvement.
- We can also use the data to design and implement policies and programmes that promote health equity and social justice.











Measurement Tool: Warwick & Edinburgh Mental Well-Being Scale (WEMWBS)

- The WEMWBS is a gold standard measure for mental wellbeing.
- Questions are asked about the respondents previous 2 weeks
- It combines measures of feeling and functioning into a single score
- It is well validated (it tests what it says it tests).
- It is reliable (consistent over time).

STATEMENTS	NONE OF THE TIME	RARELY	SOME OF THE TIME	OFTEN	ALL OF THE TIME
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5











Measurement Tool: Warwick & Edinburgh Mental Well-Being Scale (WEMWBS)

- A total score is simply obtained by summing the scores for each of the 14 items
- The scoring range for each item is from 1
 5 and the total score is from 14-70.
- You can then look at average of individual scores for a group average (eg wellbeing for young people compared to older or for gender differences)
- This can show what works well for the wellbeing of different groups.

STATEMENTS	NONE OF THE TIME	RARELY	SOME OF THE TIME	OFTEN	ALL OF THE TIME
I've been feeling optimistic about the future	(1)	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	(5)
I've been feeling interested in other people	1	2	3	4	(5)
I've had energy to spare	1	(2)	3	4	5
I've been dealing with problems well	1	2	3	(4)	5
I've been thinking clearly	1	(2)	3	4	5
I've been feeling good about myself	1	2	(3)	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	(1)	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	(3)	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	(3)	4	5











Measurement Tool: Warwick & Edinburgh Mental Well-Being Scale (WEMWBS) Change **EVENT** T1 Before T2 After **Follow-up Evaluation Baseline Evaluation** Intervention

Baseline Evaluation with WEMWBS Time1 (pre-intervention)

Time2 – what has changed?







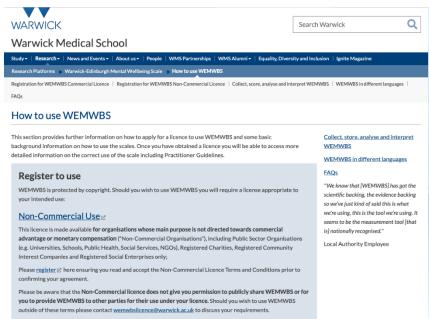


Measurement Tool: Warwick & Edinburgh Mental Well-Being Scale (WEMWBS)

Before you use the WEMWBS you will need to register for a license from University of Warwick Medical School (WMS - register via e-form on link below)

It is free for non-commercial use

Lots of information available from WMS on how to use & interpret the WEMWBS scale.



WEMWBS Registration











Specific risk and issues to consider

- Depending on who you are collecting data for you may have to consider whether they can access the scale. There are versions available for different languages (including sign language)
- Individual scores can be sensitive to events. This is useful for evaluation of interventions but less useful if used to attempt to diagnose individuals there is no diagnosis of "low wellbeing"!
- Be mindful that positive mental wellbeing might be difficult to achieve for some people so remember to inform participants prior to measurement and debrief after as a precaution













Research considerations

- Ethics think about how you can protect participants/always allow them to withdraw
- Consent ensure participants understand the data they are sharing and agree to sharing it.
- Confidentiality keep participants data, (especially any sensitive data) confidential and secure. If you have data that can identify participants consider coding this data (for example change names to numbers) and storing the key to this data separately. Use things like file encryption or physical locks on storage cabinets to ensure data is safe.
- More information on data compliance can be found at the ICO we've got some free information at Breathe - intro to research













Additional Resources

- ONS Measures of National Wellbeing Dashboard
- WEMWBS
- National Study of Health and Wellbeing
- Mental Health of Children and Young People in England













Case Study 1





Case Study



Birmingham City Council in collaboration with University of Warwick & FTB provide schools with access to the WEMWBS enabling them to measure wellbeing alongside demographic information in their schools

- 1. In 2022 schools taking part assessed wellbeing to establish a baseline (T1) of wellbeing in their schools. Pupils were asked to complete the WEMWBS and these scores were linked to their student record which contained selected demographic data. Schools then assessed their data for any significant differences for wellbeing between demographic groups.
- One school found that wellbeing was significantly lower for year 9 girls. They
 then carried out focus groups and devised a plan to try and improve wellbeing for
 this group in the future. This included providing extra support for this year group
 on mental wellbeing
- 3. In 2023 schools taking part assessed wellbeing again using the WEMWBS (T2) to see if reported wellbeing had changed. The school previously highlighted found that their year 9 and year 10 girls had improved wellbeing

This shows how wellbeing data can be useful as part of measuring outcomes - by first establishing a baseline, then carrying out an intervention, and consistently measuring wellbeing again to identify if the intervention has had an impact on wellbeing.













Case Study 2

Wendy Robertson





Background:

- Age 17
- Female
- Brother died when she was 13
- Therapy at CAMHS
- School absence & exclusion

Support:

- One-to-one tailored sessions What matters to you?
- Personalised Care & Support Plan
- SWEMWBS (Score of 10)
- Accompanied to Youth Hub (CV)
- Accompanied to TCHC (employment preparation)
- BeYOUnique social peer group
- Co-produced Volunteer Youth Champion programme







Issues:

- No prospects
- No hope
- No qualifications
- No idea where to start
- Wanted a career not a job

Progress:

- L2 Functional skills English
- L2 Functional skills Maths
- L1 Health & Social Care
- L1 Employability
- Volunteer Youth Champion
- Social Action
- Kickstart Apprenticeship
- Trainee Peer Worker
- IMROC Peer Training
- Peer Worker
- SWEMWBS (Score of 31)







