
USER GUIDE

TO THE

WARWICK-EDINBURGH MENTAL WELLBEING
SCALES (WEMWBS AND SWEMWBS)

This guide has been developed for individuals or organisations using WEMWBS to measure mental wellbeing to help ensure that the scales are used in a valid and reliable way

All users of WEMWBS require a licence ([available here](#)) and this guide should only be accessed by licenced users and is not to be shared or distributed.

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WHAT IS MENTAL WELLBEING

Mental wellbeing is more than the absence of problems or illness. This term describes positive states of feeling and functioning. The term mental health is best used to describe the continuum from mental wellbeing to severe symptomatic mental illness and psychiatric disorders.



Mental wellbeing has two main components – feeling good (sometimes called subjective wellbeing) which includes happiness and contentment, and functioning well (sometimes called psychological wellbeing, and including thinking and behaving). Good relationships with others and self-realisation are key components of functioning well. Mental wellbeing is sometimes used interchangeably with the term ‘positive mental health’ or ‘wellness’. People who have mental wellbeing may be described as flourishing or thriving.

Mental wellbeing is one aspect of overall wellbeing (other aspects include physical and social wellbeing), but the term wellbeing may be used as short-hand for mental wellbeing.

WEMWBS REPRESENTS MENTAL WELLBEING AS:

- Both feeling good and functioning well.
- The positive end of a continuum of mental health with the opposite end being symptomatic severe mental illness or psychiatric disorders.
- Integrally linked to other aspects of wellbeing.

WHY MEASURE MENTAL WELLBEING

In the past, research and practice in mental health has focused on problems and diseases, and on preventing mental disorders. Focusing on the positive, aiming to improve mental wellbeing for individuals, groups and organisations is a new approach which is attractive to the public and has a beneficial influence on outcomes. Measures which focus on the positive like WEMWBS are important for the evaluation of such initiatives.

Mental health has a powerful influence on physical health, on learning, on productivity and on the quality of interpersonal relationships. So improving mental health is important for individuals and families, and for public health, education, the economy and society. Levels of mental illness and mental wellbeing are good indicators of how people and populations are able to function and thrive [7-11].

HOW DOES WEMWBS COMPARE TO OTHER MEASURES OF MENTAL HEALTH?

Studies which have used both positively and negatively phrased measures of mental health (eg GHQ-12, PHQ-9, GAD-7 or CES-D) show a high level of correlation with WEMWBS. The advantage of WEMWBS over the negatively phrased measures is that WEMWBS can measure improvements in positive mental health that are not captured using the other measures.

The high correlation with negatively phrased measures mean that improvements in mental wellbeing, as measured by WEMWBS, indicate a reduction in mental health problems. Participants in new initiatives and interventions, including those with severe mental health problems, prefer positive measures like WEMWBS as there is no stigma attached and they orientate them towards improvement [6]. The scales therefore provide robust measurement of impact at the same time as supporting a positive framework for initiatives and interventions.

WEMWBS scores also correlate strongly with those of other positive measures like the WHO-5 and the Mental Health Continuum Short Form (MHC-SF). These measures differ somewhat in the picture of mental wellbeing they present.

WHO-5 provides a less comprehensive view of mental wellbeing than WEMWBS, but includes refreshing sleep and vigour. The MHC-SF focuses on functioning more than feelings and includes more items relating to social functioning. Feelings are easier to influence in the short term. Changes in functioning are very important and more stable, but take longer to influence. The choice of a measurement scale is important for evaluators and needs to be a good fit with the project.

WEMWBS is easy to complete. Participants like the scale, recognise that it assesses mental health and wellbeing, and find it easy to complete.

WEMWBS has been very widely used and shown to be valid in a range of settings including:

1. Public health - for monitoring population mental wellbeing and evaluating mental health improvement programmes
2. Workplaces (including in occupational health), schools and local authorities
3. Communities particularly in evaluating work of charities and non-government organisations (NGOs)
4. Clinical settings, particularly where promotion of strengths, assets and recovery are important

KEY FACTS ABOUT WEMWBS

WEMWBS is a questionnaire that was developed for the measurement of mental wellbeing in the UK [1-5] and is now validated in many other geographical settings.

It is a self-report measure designed to be filled in by participants themselves without help or prompting. It is valid for use digitally and can be read to participants over the telephone or in person provided the participants responses are kept confidential.

The scales have been used for self-assessment as the starting point of a conversation about mental health

The full scale (sometimes called WEMWBS-14) comprises of 14 positively worded statements. Each of these is measured between five categories, ranging from 'none of the time' to 'all of the time' and it is scored by adding the scores (1-5) for each statement so scores range from 14-70

The shortened scale (SWEMWBS or WEMWBS-7) comprising of 7 of the positively worded statements and is measured similarly in 5 categories with scores ranging from 7-35. Scores for this scale need to be transformed using a simple procedure which you can access [here](#)

The period of assessment participants are asked to think about when completing the scales is the previous two weeks.

The scale is valid in adult and elderly populations and in young people down to the age of 11 years. It is not suitable for younger children.

All users need a [licence](#) to use the scales and must not alter them in any way. For the avoidance of doubt this includes:

- i. The wording and phrasing of the WEMWBS introductory paragraph and instructions for end users completing the scale;
- ii. The wording and phrasing of all questions within WEMWBS including the translation into other languages;
- iii. Removal, replacement or changes to the order of the questions within WEMWBS;
- iv. The coding or scoring of question responses within WEMWBS; and
- v. The method of calculation of scores and interpretation of results

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Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) © University of Warwick 2006, all rights reserved.

APPROACHES TO MEASUREMENT

Mental Wellbeing can be measured as a snapshot to identify current levels in:

1. Workplaces to measure the mental health of staff and determine the need for or impact of initiatives to improve wellbeing.
2. Schools or and other educational institutions to assess the need for mental health education and promotion
3. Populations and communities to assess the need for mental health interventions
4. These snapshots can also identify the most mentally healthy and unhealthy parts of organisation's or communities

Snapshot surveys can be repeated to assess whether mental wellbeing is getting better or worse over time.

Mental wellbeing can be measured before and after initiatives, interventions and approaches to see if they have improved mental health:

Many organizations and local authorities today recognise the importance of mental wellbeing and are working towards improving mental wellbeing of their staff or the people who live in the area. Such

initiatives are often implemented without any solid metric or measure to evaluate their impact. By using WEMWBS pre-initiative and later post-initiative the success of the program can be quantified. This helps in creating initiatives and programmes that lead to the desired outcome and can help with the assessment of cost vs. benefit.

As an example they might be used:

1. In communities before and after introduction of a novel services or new approaches to wellbeing
2. In populations to assess the change occurring before and after new policies or services at a local or national governmental level.
3. In organisations that have introduced programmes such as encouraging employees to take exercise at lunch time or to go outside and benefit from being in a natural environment
4. In a local authority that has funded practitioners to set up initiatives such as singing or reading groups to combat social isolation and enhance wellbeing
5. In a school that has introduced a mental health literacy programme to increase students' knowledge about mental illness
6. In a mental health service that has introduced a recovery college approach.

As a rule of thumb, studies need to include at least 30 people with evaluation data at two points in time, or 30 people in each group if two groups are going to be compared, but the more participants the more precise and robust the measurement will be.

FOR RESEARCH

If you are using WEMWBS for academic research, please refer to the complete user guide for research on the resources page of the website.

STEPS TO FOLLOW

Key Points to Remember:

- Think about what you are going to do with the data when you have got it. Scoring WEMWBS and undertaking simple analyses is not difficult, but how the data will be used does need thinking through. A spreadsheet to help analyse the data is available [here](#).
- One key aspect that needs deciding before you start is whether the data will be collected
 - i. **Confidentially** (ie those analysing the data will be able to link the scores to an individual, but scores will not be traceable beyond this. In this case each individual needs to be given a unique ID and a separate database kept to link identifiable data to this ID.
 - ii. **Anonymously** (ie there is no way of linking scores to individuals) so scores of groups cannot be tracked over time

If scores are collected confidentially it is possible for the person undertaking the measurement to link before and after scores for individuals, providing the necessary identifiers are gathered on

both occasions. If data is anonymous, this will not be possible without technical support. Evaluations are more robust if changes at the level of the individual are available.

If scores are collected confidentially, a decision needs to be made before the measurement is done about what will happen if a very low score is recorded. The organisation might want to offer support to that individual. It is not necessary to do this, but the information given to the participant before measurement needs to be clear that confidentiality means that scores (low or otherwise) will not be acted on.

With either approach, scores can be calculated automatically and fed back to the completing individual with a brief interpretation. Suggested feedback is at the end of this guide.

In both approaches it is vital that scores are collected with a date of completion.

- However data is collected it needs to be collected and stored in compliance with the GDPR regulations Further advice on GDPR can be found [here](#)

Distress: Occasionally reflection on the WEMWBS statements may generate distress. For participants to recognise that their mental wellbeing is not good is not a bad thing. It can be the first step towards taking action to feel better. It may be important nevertheless to be able to offer support in such circumstances. You may choose to direct participants to support services offered by your organisation after completing the survey, or you can signpost to organisations offering free services like [Mind](#) or [Samaritans](#) in the UK or their equivalent in your country.

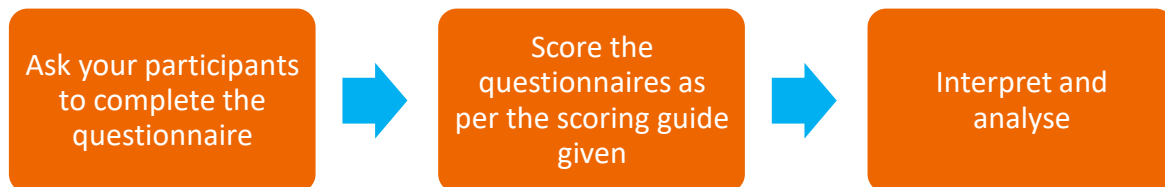
- WEMWBS is designed for participants to self-complete, it has not been tested for interviewer completion (with the interviewer reading the statements out and filling in the responses for them). This is therefore not recommended unless necessary for helping people with visual impairments or reading difficulties. Please maintain privacy when reading out statements. A British Sign Language version is available for the 7-item scale on the translations page [here](#)
- If copying the questionnaire for use within a booklet or any other material, please ensure you add the below copyright statement.

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- When collecting data, please ensure that you give the participant a private space and time to complete the questionnaire.
- A high response rate increases the value of the data. If less than 50% of participants provide data the picture of the organisation it provides may not be very precise. Think ahead about how you are going to get a high response rate. Telling participants about the survey or evaluation and getting them on side is important. Sending reminders, having a social/ get together/ meeting where people can ask questions about the purpose of measurement or using incentives are some of the options to ensure better response rates.

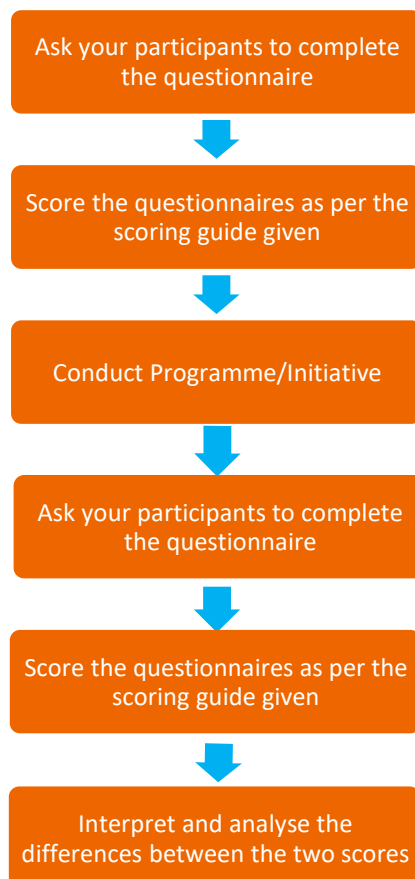
SNAPSHOT DATA COLLECTION

Follow the process shown below when using WEMWBS for snapshot data collection



METRIC MEASUREMENT TO CHECK SUCCESS OF INITIATIVES/PROGRAMMES

Follow the process shown below when using WEMWBS for pre-post data collection. Please ensure that you give at least a 2 week gap between measurements as WEMWBS asks the participants to answer questions based on their feelings of last 2 weeks.



SCORING

A total score for WEMWBS is calculated by **summing the 14 individual statement scores**. The minimum score is 14 and the maximum is 70. See the example below for reference. If using the 7 item (S)WEMWBS, the total scores need to be added up as for the 14 item scale and then converted, a conversion table can be downloaded [here](#)

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

Below are some statements about feelings and thoughts.

Please indicate the box that best describes your experience of each over the last two weeks.

1: None of the Time, 2: Rarely, 3:Some of the Time, 4:Often, 5: 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
Total			41		

ANALYSING DATA AND INTERPRETING SCORES

There are two approaches to analysing data

1. Calculating Means or Average Scores

The total scores from all participants are added together and divided by the number of participants to give an average (mean).

If evaluating before and after an initiative, initial scores for each individual can be subtracted from that individual's final scores to give a change score. These change scores can be added together and divided by the number of participants to give a mean change. This analysis can only be conducted when participants have provided data both before and after. The data from people who only completed Time 1 questionnaire will need to be discarded. Less robust analyses can be conducted by comparing mean scores of all those who contributed data at Time 1 with mean scores of all those who contributed data at Time 2. With this approach to analyses it is impossible to be sure that any changes are not due to 'dropouts'.

The WEMWBS Calculation Template ([14-item spreadsheet](#), [7-item spreadsheet](#)) will do these calculations automatically and provide standard deviations and a test of statistical significant provided the data has been entered correctly.

Interpreting mean scores

Scores can then be compared with population norms (UK population norms can be found [here](#)) or with those of another group. Ideally the comparisons would take into account differences in age and gender of the two groups.

UK population norms for WEMWBS (14-item) give a mean of 51 and a standard deviation of 8.7; and for SWEMWBS (7-item) a mean of 23.5 and a standard deviation of 3.9.

2. Calculating results using categories

Alternatively you can use scores to put individuals into different levels of mental health, ([link here to website with all the information](#))

A score of 40 and below on WEMWBS (14-item) is highly correlated with scores that indicate mental illness on clinical measures and a score of 41-44 correlates with possible mental illness on these measures. A score of 60 and above puts the individual in the top 15% of the population in terms of their mental wellbeing. The equivalent figures for SWEMWBS (7-item) are 17 and below; 18-20; 21-27; 28-35 so you can calculate the % of participants with probable or possible mental illness, average mental health or high mental wellbeing before and after any intervention.

The WEMWBS Calculation Template can make these calculations for you.

Interpreting categorical scores. If the population you have collected data on is similar to the UK adult population then 15% would be expected to have high mental wellbeing using these cut points; and around 19% possible or probable mental illness. Working populations tend to have better mental health than populations which are not in work so better scores do not mean that a workplace is healthier than average. Populations living in deprived communities or out of work groups tend to have worse mental health. Therefore, if scores are worse and the group is not deprived then the setting may be contributing.

Individual level differences: WEMWBS was developed for measuring and monitoring change in mental wellbeing for groups however, the scales have been shown to be responsive to change at the level of the individual participant, some practitioners are using the scales to help clients and patients think about ways in which their mental health is changing. Different statistical approaches give different results with respect to what might be regarded as a minimally important level of change. For WEMWBS (14-item) the methods give a minimum of 3 points and a maximum of 8 points; for SWEMWBS (7-item), a minimum of 1 point and a maximum of 3 points.

Therefore, if a participant's score increases by three WEMWBS (14-item) points during a project, WEMWBS would be indicating that that individual feels meaningfully better over the course of the project. If WEMWBS decreased by three points over the course of the project, WEMWBS would be indicating that participant's felt meaningfully worse over the course of project.

At a group level a 'statistically significant' change will depend on the number of participants completing WEMWBS (the greater the number, the smaller the difference you are able to detect).

SUGGESTED FEEDBACK TO INDIVIDUALS ON WEMWBS SCORES

(Very low) WEMWBS (14-item) 14-40; SWEMWBS (7-item) 7-17

This questionnaire measures mental wellbeing, which includes both positive feelings like happiness and positive functioning like problem solving and optimism. This score is in the very low range, suggesting there may be significant difficulties in this area compared to peers. Recovery is likely to benefit from help from a doctor or health professional and the individual may already be in contact with health services. There are also evidence-based steps everyone can take to support mental health for example:

- *Connect with others – talk to sympathetic people about how you are feeling now;*
- *Be active – exercise changes our emotional states;*
- *Find something that calms you or makes you feel happy and do it everyday*
- *Do something that helps someone else – this could include volunteering*
- *Keep learning - remembering that we can develop and grow changes our outlook on life;*

Score (Below average) WEMWBS (14-item) 41-44; SWEMWBS (7-item) 18-20

This questionnaire measures mental wellbeing, which includes both positive feelings like happiness and positive functioning like problems solving and optimism. This score is in the low range, suggesting that the individual could feel significantly better if they took some action to improve mental wellbeing. There are evidence-based steps we can all take to support mental health for example:

- *Connect with others – talk to sympathetic people about how you are feeling now;*
- *Find something that calms you or makes you feel happy and do it everyday*
- *Do something that helps someone else – this could include volunteering*

- *Be active – exercise changes our emotional states;*
- *Keep learning - remembering that we can develop and grow changes our outlook on life;*

Score (Average) WEMWBS (14-item) 45-59; SWEMWBS (7-item) 21-27

This questionnaire measures mental wellbeing, which includes both positive feelings like happiness and positive functioning like problem solving and optimism. This score is in the normal range, suggesting that this individual is doing OK compared to peers. However, someone with a score in this range could gain much in terms of resilience and quality of life by taking action to improve mental wellbeing. There are evidence-based steps we can all take to support mental health for example:

- *Do something that calms you or makes you feel happy everyday*
- *Do something that helps someone else – this could include volunteering*
- *Be active – exercise changes our emotional states;*
- *Keep learning - remembering that we can develop and grow changes our outlook on life;*
- *Connect with others – talk to sympathetic people about how you are feeling now;*

Score (Above Average) WEMWBS (14-item) 60-70; WEMWBS (7-item) 28-35

This questionnaire measures mental wellbeing, which includes both positive feelings like happiness and positive functioning like problem solving and optimism. This score is in the above-average range, suggesting a high level of mental wellbeing compared to peers. To help maintain this level of mental wellbeing in the face of life's up and downs there are evidence-based steps we can all take for example:

- *Do something that calms you or makes you feel happy everyday*
- *Keep learning - remembering that we can develop and grow changes our outlook on life;*
- *Be active – exercise changes our emotional states;*
- *Do something that helps someone else – this could include volunteering*
- *Connect with others – talk to sympathetic people about how you are feeling now;*

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