

Outcome Measure	Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)
Sensitivity to Change	Unknown
Population	Adolescent and Adult
Domain	Psychological Status
Type of Measure	Self-report scale
ICF-Code/s	b1
Description	<p>The WEMWBS (Tennant et al., 2007) aims to build on previous scales and capture a wide conception of well-being, including affective-emotional aspects, cognitive-evaluative dimensions and psychological functioning, in a form which is short enough to be used in population-level surveys. By focusing wholly on the positive, the scale is intended to support mental health promotion initiatives and be free of ceiling effects in population samples.</p> <p>The scale consists of 14 items covering both hedonic and eudaimonic aspects of mental health including positive affect (feelings of optimism, cheerfulness, relaxation), satisfying interpersonal relationships and positive functioning (energy, clear thinking, self acceptance, personal development, competence and autonomy).</p> <p>Individuals completing the scale are required to tick the box that best describes their experience of each statement over the past two weeks using a 5-point Likert scale (none of the time, rarely, some of the time, often, all of the time). The Likert scale represents a score for each item from 1 to 5 respectively, giving a minimum score of 14 and maximum score of 70. All items are scored positively. The overall score for the WEMWBS is calculated by totalling the scores for each item, with equal weights. A higher WEMWBS score therefore indicates a higher level of mental well-being.</p>
Properties	<p>Internal consistency: Cronbach's alpha was 0.89 for the student sample and 0.91 for the population sample. Item-total correlations, corrected for overlap, for all items ranged between $r = 0.52$ and 0.80 (student sample) and $r = 0.51$ and 0.75 (population sample) – within desired limits.</p> <p>Test-retest reliability at one week in the student sample was 0.83.</p> <p>Construct validity: Confirmatory factor analysis from the 348 respondent student sample showed adequate GFI, AGFI and RMSEA value (GFI = 0.93, AGFI = 0.89, RMSEA = 0.0551). A significant chi-squared statistic was again obtained (chi squared = 141.6, df = 69, $p < 0.0001$). From these results, both samples showed verification of the pre-hypothesised one-factor scale structure. For each sample, all items loaded > 0.5 onto the single factor.</p> <p>Overall health, as represented by the EQ-5D VAS, showed a low to moderate significant correlation ($r = 0.43$) with the scale. Scales measuring</p>

	<p>components of affect or well-being all showed significant high correlations with WEMWBS: (PANAS-PA $r = 0.71$, SPWB $r = 0.74$, SDHS $r = 0.73$, WHO-5 0.77). A moderate negative correlation was observed between WEMWBS and the PANAS-NA ($r = -0.54$). The two life satisfaction scales showed higher than anticipated correlations with WEWMBS (SWLS $r = 0.73$, GLS 0.53). The EIS showed a low to moderate correlation with WEMWBS ($r = 0.48$).</p> <p>Confirmatory factor analysis in a sample of Western Australian Adolescents ($n=829$) did not support the utility of the 14 item WEMWBS but a good fit was found for a previously validated seven-item short version. However the authors note weak measurement invariance across gender and suggest that care should be taken when comparing boys and girls scores as differences may be misleading. The findings of this study contrasts with a previous study by Clarke and colleagues (2011) with a sample of Scottish and English adolescents ($n=1650$) who reported excellent fit statistics.</p>
Advantages	Sensitive to a range of interventions across different populations including physical activity promotion, web-based CBT and parenting support programs (Maheswaran et al., 2012, Stewart-Brown, 2014). Is responsive to change in a wide variety of settings from community, schools and psychiatric hospitals, making it suitable for use in evaluation of interventions at group and individual level.
Disadvantages	No evidence of its use in TBI populations.
Additional Information	
Reviewers	<p>Vicki Anderson (paediatrics)</p> <p>Cathy Catroppa (paediatrics)</p> <p>Jennie Ponsford (adults)</p>

References

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