



**Adult
Wellbeing**
SCALE

ADULT WELLBEING SCALE

This form has been designed so that you can show how you have been feeling in the past few days.

Read each item in turn and UNDERLINE the response which shows best how you are feeling or have been feeling in the last few days.

Please complete all of the questionnaire.

1. I feel cheerful

Yes, definitely Yes, sometimes No, not much No, not at all

2. I can sit down and relax quite easily

Yes, definitely Yes, sometimes No, not much No, not at all

3. My appetite is

Very poor Fairly poor Quite good Very good

4. I lose my temper and shout and snap at others

Yes, definitely Yes, sometimes No, not much No, not at all

5. I can laugh and feel amused

Yes, definitely Yes, sometimes No, not much No, not at all

6. I feel I might lose control and hit or hurt someone

Sometimes Occasionally Rarely Never

7. I have an uncomfortable feeling like butterflies in the stomach

Yes, definitely Yes, sometimes Not very often Not at all

8. The thought of hurting myself occurs to me

Sometimes Not very often Hardly ever Not at all

9. I'm awake before I need to get up

For 2 hours
or more For about 1 hour For less than
1 hour Not at all. I
sleep until it is
time to get up

10. I feel tense or 'wound up'

Yes, definitely Yes, sometimes No, not much No, not at all

- | | | | | |
|--|-------------------|-------------------|----------------------|------------------|
| 11. I feel like harming myself | Yes, definitely | Yes, sometimes | No, not much | No, not at all |
| 12. I've kept up my old interests | Yes, most of them | Yes, some of them | No, not many of them | No, none of them |
| 13. I am patient with other people | All the time | Most of the time | Some of the time | Hardly ever |
| <hr/> | | | | |
| 14. I get scared or panicky for no very good reason | Yes, definitely | Yes, sometimes | No, not much | No, not at all |
| 15. I get angry with myself or call myself names | Yes, definitely | Yes, sometimes | Not often | No, not at all |
| 16. People upset me so that I feel like slamming doors or banging about | Yes, often | Yes, sometimes | Only occasionally | Not at all |
| <hr/> | | | | |
| 17. I can go out on my own without feeling anxious | Yes, always | Yes, sometimes | No, not often | No, I never can |
| 18. Lately I have been getting annoyed with myself | Very much so | Rather a lot | Not much | Not at all |

GUIDANCE ON USING ADULT WELLBEING SCALE

Background

1. Parent/Caregiver mental health is a fundamental component of assessment.
2. There is evidence that some people respond more openly to a questionnaire than a face to face interview, when reporting on their mental health.
3. A questionnaire gives caregivers the opportunity to express themselves without having to face another person, however sympathetic that person may be.
4. A questionnaire is no substitute for a good relationship, but it can contribute to the development of a rapport if discussed sensitively.
5. During piloting the use of the questionnaire was found to convey the social worker's concern for the parent's wellbeing. This can be particularly valuable where the parent feels their needs are not being considered.

The Scale

6. The scale is the Irritability, Depression, Anxiety (IDA) Scale developed by Snaith *et al* (1978).
7. This scale allows respondents four possible responses to each item.
8. Four aspects of wellbeing are covered: Depression, Anxiety and Inwardly and Outwardly directed Irritability.

Use

9. In principle the questionnaire can be used with any adult, who is in contact with the child whose development and context are being assessed. In practice this will usually be the main caregiver(s).
10. In piloting social workers reported that use of the scale raised issues on more than half the occasions that it was used. Probable depression was found amongst almost half the caregivers, and significant anxiety in a third.
11. Where social workers were new to the family situation they said they learnt things they did not know. 'It helped me to be aware of the carers' needs', and 'highlighted stresses'. It helped focus on 'parents' needs and feelings'.
12. Even when parents were known to the workers it gave topics an airing and clarified areas to work on; it 'released tension'.
13. Progress can also be registered. It was 'useful to measure when things were calmer'.
14. Used flexibly it can provide openings to discuss many areas including feelings about relationships with partners and children.

Administration

15. It is vital that the respondent understands why they are being asked to complete the scale. Some will be concerned that revealing mental health needs will prejudice their chances of continuing to care for their child. For example, it can be explained that many carers of children experience considerable stress, and it is important to understand this if they are to be given appropriate support.
16. The scale is best filled out by the carer themselves in the presence of the worker, but it can be administered verbally.
17. It takes about 10 minutes to complete.
18. **Discussion is essential.** Usually this will be when the questionnaire has been completed, so the respondent has an opportunity to consider their own needs uninterrupted. However, there will be times when an important clue to how the caregiver feels may be best picked up immediately. One example occurred during piloting, when a respondent expressed distaste for questions about self-harm.

Scoring

19. The sheet accompanying the questionnaire indicates the method of scoring the 4 subscales.
20. Use of cut-off scores gives indicators of significant care needs with respect to depression, anxiety, and inwardly and outwardly directed irritability. Inward irritability can point to the possibility of self-harm. Outward irritability raises the possibility of angry actions towards the child(ren).
21. As with any screening instrument, interpretation must be in the context of other information. Some respondents will underreport distress, others exaggerate it. A high or low score on any scale does not guarantee that a significant level of need is present.
22. Most value is obtained by using the scale as a springboard for discussion.

Reference

Snaith RP, Constantopoulos AA, Jardine MY & McGuffin P (1978) A clinical scale for the self-assessment of irritability. *British Journal of Psychiatry*, 132: 163–71.

SCORING THE ADULT WELLBEING SCALE

1. **Depression** – Questions 1,3,5,9 and 12 look at depression. The possible response scores that are shown below run from the left to the right – i.e. for question 1 'I feel cheerful', the scores would be looked at from 'yes, definitely' (0), 'yes, sometimes' (1), 'no, not at all' (3). A score of 4–6 is borderline in this scale and a score above this may indicate a problem.

QU1	QU3	QU5	QU9	QU12
0,1,2,3	3,2,1,0	0,1,2,3	3,2,1,0	0,1,2,3

2. **Anxiety** – Questions 2,7,10,14 and 17 look at anxiety. A score of 6–8 is borderline, above this level may indicate a problem in this area.

QU2	QU7	QU10	QU14	QU17
0,1,2,3	3,2,1,0	3,2,1,0	3,2,1,0	0,1,2,3

3. **Outward directed irritability** – Questions 4,6,13 and 16 look at outward directed irritability. A score of 5–7 is borderline for this scale, and a score above this may indicate a problem in this area.

QU4	QU6	QU13	QU16
3,2,1,0	3,2,1,0	0,1,2,3	3,2,1,0

4. **Inward directed irritability** – Questions 8,11,15 and 18 look at inward directed irritability. A score of 4–6 is borderline, a higher score may indicate a problem.

QU8	QU11	QU15	QU18
3,2,1,0	3,2,1,0	3,2,1,0	3,2,1,0

Use of cut-off scores gives indicators of significant care needs with respect to depression, anxiety, and inwardly and outwardly directed irritability. Inward irritability can point to the possibility of selfharm. Outward irritability raises the possibility of angry actions towards the child(ren).

As with any screening instrument, interpretation must be in the context of other information. Some respondents will underreport distress, others exaggerate. A high or low score on any scale does not guarantee that significant level of need is present.

Most value is obtained by using the scale as a springboard for discussion.