

## Assessment of WHO- 5 Well Being Index in 1st MBBS Medical Students



### Medical Science

**KEYWORDS :** Mental health, Well being Index , Medical student , Preventive measures

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### ABSTRACT

*Background: Psychological distress is common among medical students but goes unrecognized and untreated. The WHO-5 Well-Being Index (WHO-5) is a short self-report instrument that appears suitable for this purpose. Objective: This study was undertaken to assess the psychological status of students at the beginning of medical education & profession so that they can be followed regularly Method: WHO-5 Well-being Index Questionnaire was filled by 134 medical students in the first week of their entry in Medical College to assess the subjective quality of life. The core items of subjective quality of life belong to the dimension of psychological well-being Results: According to the WHO scoring system, 17% students were found to have poor well-being. Out of these, 7% students were having score below or equal to 13 & 10% students answered score 0 or 1 for one or more question. All these students were in need to undergo Major Depression Inventory Score for further evaluation.*

### Introduction:

Health is more than the absence of disease; it is a resource that allows people to realize their aspirations, satisfy their needs and to cope with the environment in order to live a long, productive and fruitful life.<sup>1</sup> In this sense, health enables social, economic and personal development essential to well-being.<sup>2</sup>

There is no consensus around a single definition of well-being, but there is general agreement that at minimum, well-being includes the presence of positive emotions and moods (e.g. contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment and positive functioning.<sup>3,4</sup> Physical well-being is considered to be critical for overall well-being. Researchers from different disciplines have examined different aspects of well-being that include physical well-being, economic well-being, social well-being& emotional well-being.<sup>3,4,5</sup>

There is no single determinant of individual well-being but as shown by various studies, well-being is dependent upon genetic factors, personality, good health, positive social relationships and availability and access to basic resources (e.g., shelter, income etc.)<sup>6,7</sup>

Literature on well-being& positive health, including mental health, is relatively scant when compared with the wealth of literature on disease, disability & disorders. However, over the last decade or so, a considerable body of empirical research has begun to accumulate, focusing on subjective well-being, happiness, & life satisfaction. Some efforts have also been made to quantify these & to work out reliable instruments of assessment of such positive indicators.

The use of rating scales in clinical research in psychiatry has increased since late 1950s with the introduction of antipsychotics and antidepressants. At present, there are variety of psychiatric rating scales in use for clinical as well as research purposes. Some are observer rating scales covering the various psychopathological states like dementia, schizophrenia, mania, depression, anxiety & obsessive compulsive disorder& others are self-rating scales widely used for conditions such as depression and anxiety.

Over the last decades self-rating scales have been developed to include not only symptom scales but also scales covering social aspects (often referred to as disability scales) and subjective well-being (often referred to as quality of life scales). As well-being is subjective, it is logical that it should be measured by self-rating scales.

Psychological distress is common among medical students but goes unrecognized and untreated. This study was undertaken

to assess the psychological status of students at the beginning of medical education so that they can be followed regularly to relieve their psychological depression. The WHO-Five Well-Being Index (WHO-5) is a short self-report instrument that appears suitable for this purpose.

**Method:** The study was a cross-sectional study. It was conducted in the Department of Physiology, Bharati Vidyapeeth University Medical College, Pune. The study Period was September–November 2010. The research protocol was approved by the college ethical committee and informed consent was obtained from each subject prior to inclusion in the study.

First MBBS volunteer students from the age group 18–24 years were included in the study using the convenient sampling method. The purpose of the study was explained to all the volunteers and a written consent was obtained. Anthropometric measurements like height & weight was done and body mass index was calculated.

All the students were told about the WHO well being index and importance of the study was explained to the student and a sufficient time is given to the students and they were not told about the scoring system so that a non biased reporting will be possible or they could not manage the scores accordingly

WHO-Five well-being index is a self-rating quality of life scale.<sup>8</sup> It was developed by Psychiatric Research Unit, Frederiksberg General Hospital, Hollered, Denmark, which is a WHO Collaborating Centre for Mental Health.

Each of the five items is rated on a 6-point Likert scale from 0 to 5. The theoretical raw score ranges from 0 to 25. Zero represents worst possible sense of well-being whereas 25 represents best possible sense of well-being. ( To obtain a percentage score ranging from 0 to 100, the raw score is multiplied by 4. A percentage score of 0 represents worst possible sense of well-being whereas a percentage score of 100 represents best possible sense of well-being.) If the raw score is below 13 or if the patient has answered 0 to 1 to any of the five items; it indicates poor sense of well-being and is an indication to administer the Major Depression (ICD-10) Inventory.

The scale can be used for monitoring the patients as well. A 10% difference at follow up indicates a significant change.<sup>9,10</sup>

WHO-Five Well-being Index Questionnaire was filled by 134 medical students in the first week of their entry in Medical College to assess the subjective quality of life . The core items of subjective quality of life belong to the dimension of psychologi-

cal well-being (positive mood, vitality and interest in things) which include positively worded items only.

**Results:**

In these students 18.25 found to be underweight, 57.97 found to be normal weight & 23.91 found to be overweight.

According to the WHO scoring system, 17% students were found to have poor well-being. Out of these, 7% students were having score below or equal to 13 & 10% students answered score 0 or 1 for one or more question. All these students were in need to undergo Major Depression Inventory Score for further evaluation.(Table 1)

**Table 1: Risk Interpretation in I MBBS Students**

	Females	Males	Total	Percentage
Number of students	81	53	134	100
Number of students with score above 13	67	44	111	83
Number of students with below or equal to 13	6	4	10	7
students answer 0 or 1 for one or more question	8	5	13	10

**Discussion:**

Mental disorders are very common among primary care patients, but often remain unrecognized by family doctors.<sup>11,12</sup> Depression is set to be second only to cardiovascular disease in terms of the world’s disabling diseases by the year 202013. Within the frame of clinical psychiatry it is well-known that a major portion of people with depression are most often not treated optimally or not treated at all. Easy-to-use instruments are needed for assistance in identification, for measuring severity of symptoms (unidimensionality) and for monitoring changes in mental health (responsiveness over time)so that they can be treated at the earliest. Lack of positive well-being could be a warning of depression in future & could serve as a screening tool.

Validity of the five-item WHO-Five Well-Being Index for screening depression in an elderly population was tested in a study<sup>14</sup>. It was found to be a useful instrument for identifying elderly

subjects with depression. It also showed good internal and external validity.

The abovementioned studies seem to indicate that brief scales such as WHO-5 might be sufficient in the primary care setting for screening of depression & patients who are found to have low score can be subjected to more elaborate psychiatric scales & referral to specialist.

The World Health Organization five-item well-being index (WHO-5) is a short, positively worded instrument designed to assess the level of positive well-being. It can also be used as a screening tool for depression in primary healthcare setting. According to the WHO scoring system, 17% students were found to have poor well-being. Out of these, 7% students were having score below or equal to 13 & 10% students answered score 0 or 1 for one or more question. Poor well being indicates psychological distress. The possible causes of psychological distress amongst these students could be apprehension of entering the medical course, homesickness or any other personal causes. It is necessary to re-assess these students after they are adjusted to the new environment. Additionally, lack of positive well-being is an indication for testing for depression. So, it is recommended to administer the Major Depression (ICD-10) Inventory for these students.

**Conclusion :**

These facts highlight the compelling need for medical schools to identify student well being which reflects their future course progress.

Distress is pervasive among medical students with some students suffering serious consequences. It may be impractical or impossible to intervene on an individual level with every student in distress. Ideally, schools & colleges need to be able to identify students with degrees of distress that may place them at risk for serious personal or professional consequences.

Distress can have important repercussions for the student and their professional development. Despite these serious consequences , few distressed students seek help. These facts highlight the compelling need for medical schools to identify student well being which reflects their future course progress.

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