

SOUTH WEST IAPT EVALUATION: RESEARCH BRIEFING 1

THE WORK AND SOCIAL ADJUSTMENT SCALE: RELIABILITY AND SENSITIVITY TO CHANGE¹

Primary Care Group, Peninsula College of Medicine and Dentistry, University of Plymouth

Summary

Analysis of patient data (n = 4,835) from one IAPT service showed that the Work and Social Adjustment Scale is reliable, sensitive to time and treatment effects, and appears to measure a distinct social functioning factor. The high completion rates show feasibility. Further work is needed to establish validation against a gold standard measure of functioning and examine patient views on its use in the IAPT context.

Overview

The Work and Social Adjustment Scale (WSAS) has recently been made a compulsory outcome measure alongside PHQ-9 and GAD-7 (depression and anxiety). The WSAS measures impairments in functioning perceived as caused by a specified condition. It has been rated as both appropriate and relevant by both patients and practitioners.

Little work has been conducted on its psychometric properties (reliability² and validity) in relation to depression and anxiety. No work has investigated its sensitivity³ to treatment effects or sensitivity to change relative to the PHQ-9 and GAD-7, and no work has assessed whether the WSAS measures an aspect distinct from depression and anxiety symptoms.

This sub-study aimed to increase our understanding of the scale, its suitability as a patient-reported outcome measure and as a part of a payment-by-results funding model.

¹ This work was conducted as part of the South-West IAPT Evaluation project which was commissioned by the South West Strategic Health Authority, with additional contributions from the National Institute for Health Research's Collaboration for Leadership in Applied Health Research and Care for the South West Peninsula. The views expressed in this paper are those of the authors and not necessarily those of the NHS or the NIHR.

² Whether scores are consistent within the scale for each individual and over time.

³ Whether individuals in different treatments or with different levels of depression show different WSAS scores

SOUTH WEST IAPT EVALUATION: RESEARCH BRIEFING 1

Methods and Analyses

Data was drawn from patient data collated as part of the South West IAPT Evaluation Project. A sample of 4,835 individuals was used for analysis. A range of correlational and regression-based analyses were used to assess reliability and sensitivity to change. A principal components analysis was used to assess whether the WSAS measured an aspect of patient experience not captured by the PHQ-9 and the GAD-7.

Findings

The WSAS has high internal reliability ($\alpha=0.82$), i.e. the items measure a common factor. The WSAS is highly correlated with PHQ-9 (initial = 0.58; final = 0.74) and GAD-7 (initial = 0.43; final = 0.68). Improvement in WSAS is associated with improvement in PHQ-9 and GAD-7. Treatment (number of sessions) has an additional effect on changes in WSAS. The principal components analysis shows that the WSAS measures a distinct factor to the PHQ-9 (which measures a range of factors) and the GAD-7 (which measures a single factor).

Implications

The WSAS is a reliable and consistent measure, is sensitive to treatment effects as compared to the PHQ-9 and GAD-7 measures, and captures a distinct component of patient outcome. The high proportion of sessions (over 90%) in the latest IAPT dataset that have completed WSAS scores shows that the compulsory inclusion of the scale has been successful. However it has still not been validated against a gold standard measure of functioning, and there are no studies examining patients' views on its utility in the IAPT context. It may be important to study how the results are used within the clinical encounter and whether individual item responses can contribute to management plans.

Correspondence to adam.gureshi@pcmd.ac.uk

Thanks to the Bournemouth & Poole service for ensuring high levels of data completion for WSAS