

One Page Summary Findings of Evaluation Report of the WEL for CFS/ ME

In 2005, the Centre for Integrated Care was commissioned to provide a programme of care for people diagnosed with CFS/ ME. In response, the Wellness Enhancement Learning (WEL) programme was developed, an approach consisting of two complementary core interventions aimed at enhancing well being and self-recovery for patients referred to the centre by their GP or hospital doctor. After a detailed one-to-one assessment, Part 1 consists of group work aimed at fostering good health through reflection, awareness and self-care. Part 2, a more formal and structured course of Mindfulness Based Cognitive Therapy (MBCT). The central ethos of the programme is the movement of narrative from one of only external intervention, to one of self care to support inherent strength, and so recovery.

The programme was evaluated using a prospective observational study combining qualitative and quantitative methods. The study objectives were assessed using 2 forms of patient-centred measurements; five questionnaires; and narrative interviews at 5 key points over a 9 month period.

Qualitative base line results brought into focus the difficulties faced by people with CFS/ ME diagnosis and from their experiences in the health care system. Outcome results showed that while some people were challenged by the practicalities of a whole-person approach, there was almost universal endorsement of the WEL model's group format, staff and service ethos. Observations included increased awareness, and changed practices around self-regard and self-care. Benefits reported increased self-care and of being equipped with new skills and strategies to improve wellbeing in a sustainable way.

Quantitative results suggested similar outcomes centred on sustained levels of enablement, with increased understanding and ability to cope with illness which is maintained at 9 Month (PEI). Wellbeing & coping improved rapidly and mostly continue to rise at 9 months (eg 88% with some improvement, 56% with clear impact on daily living). Main Complaint of fatigue showed statistically significant change evident early and steady rise over time, with enhanced daily life in over half of participants. Moreover, improvements in self-care appeared to persist months following the course, suggesting the aim of self-sustained growth was being achieved.

Phase I of the WEL programme has contributed to new developments in both CFS/ ME health care policy and practice. Furthermore, in the more recent General WEL model for ill health in general, the WEL has both contributed to and implemented current aspects of NHS policy with regards to self-management and patient centred care. Contribution to policy aims are also evidenced by the expansion of the WEL program for health care practitioners themselves (StaffWEL), its use as a resource for training practitioners), and the application of the model in a primary health care setting (PrimaryWEL).

Phase II of the project will now build on the existing work and look to extend and make more rigorous our understanding of the healing process participants evidenced in Phase I. In addition to earlier methods of inquiry we propose to include: a literature review of existing evidence on the relationship between objective and subjective measures of well being; the use of objective measures of well being, such as salivary cortisol and nutritional markers; a follow up evaluation of all previous WEL participants; and conceptualising the different stages of healing as part of a longer term process explored through the use of in-depth interviews, case studies and ethnographic research methods.