

Wellness Enhancement Learning

A Brief Summary

TheWEL-Shift moves us beyond our essential disease focused work towards wellness enhancement.

The aim is to release people's capacity.

TheWEL is creating a shift in health.

It has found a new transformative map of health creation.

TheWEL-Shift is towards enabling wellbeing, through nurturing inner strength.

This brings change to people, systems and cultures.

The ShareWEL asks:

How can we help TheWEL-Shift grow?

How can we best share what we have learned?



The WEL-SHIFT Principles - a challenge for change

The Challenge: Our current approach is failing to transform the rising tide of modern-life's epidemics. Our current map and compass do not lead to flourishing health. There is a call for change.

The Enquiry: Over many years, we have explored a different way, beginning with one-to-one care, then, taking what we have learned and applying these principles to groups, communities and further afield.

The Findings: Real change is possible; we can create remarkably positive shifts in self-care, wellbeing, and health when dealing with the challenges of today's world.

The WEL-Shift Principles - a challenge for change

- 1. Reconnect to the core purpose of our care**
- to relieve suffering, and enable recovery and flourishing
- 2. Reset our health compass towards releasing inner strengths**
- a new map of health creation emerges



- 3. Progress by**
 - Enhancing wellness - engaging inner strengths - not just fix-its
 - Sustaining self-care - not just passively received treatment
 - Growing compassion - not just technology

ShareWEL: Inspiration, insights, principles and fresh approaches have already been shared with thousands of people through extensive professional and civic dialogue, the web, and patients and staff programmes - TheWEL, StaffWEL and Therapeutic Encounter.

We have always intended to grow into a focus on sharing the work widely. The dissemination work has begun to seed itself through naturally forming partnership work both with course participants and with others at Health Board and national level wanting to connect with the work. We wish to now further support the sharing and spread of these principles and practices more widely.

TheWEL & The Healing Shift Enquiry

Summary

Most of us will end up having our lives and the lives of our loved ones and communities affected by the epidemics of long term conditions that characterise modern life. TheWEL (Wellness Enhancement Learning) project is demonstrating that we can change this for the better. Born of observation and practical learning rather than theory, the core vision, the '*Healing Shift*' of the title, is creating a wave of change that shifts ourselves and our systems from the 'fix-it' map that built modern health care, to one of helping people to build on their own strengths and capacities for wellbeing, self-care and health.

This work developed as a response to the dis-eases of the industrial era and its aftermath, and emerged from many years of working one to one with people for whom the current healthcare intervention map was failing. The learning from the success of these individual patients was then scaled up into group work in TheWEL and later the StaffWEL programmes. The project's learning in turn is being scaled up to make a wider contribution to professional and civic dialogues.

In essence, the WEL principles and programmes aim to enable people to learn to enhance their own and other peoples wellness. Growing, self-sustaining self-care is created. Foundations are built on self-compassion, mindful awareness, cognitive skills and other supportive knowledge and practices. The StaffWEL version, and sister Therapeutic Encounter training, recognise that staff wellbeing and staff experience impact on patient experience.

The results, as judged by the participants, and their objective measures, are deeply encouraging. They establish that the approach is sound and effective at the levels of scale so far explored. People report enhanced wellbeing, coping and function, with shifts in physical measures away from the danger zones of today's epidemics.

Thirty years in development, the ideas and models of TheWEL project are being received now as a key contribution to inspiring and guiding our shared efforts in Scotland in finding a new way to tackle the long term conditions epidemics and forge a new person-centred approach to health care and wellbeing. TheWEL's pioneering work presaged and chimes with Sir Harry Burn's view that "*Consistent implementation of salutogenesis based programmes is the aim for Scotland*", The shift TheWEL has developed is now reflected in Don Berwick's recent emphasis on wellness and positive health enhancement, and a call to explore the needed healthcare redesign these will require.

This work is now ripe for further sharing.

TheWEL project is underpinned by extensive evidence based exploration of targeted aspects of wellbeing and self care strategies, which require participants to engage in self directed learning and to become activated and responsible for change within their own health and well being. It is currently delivered as a face-to-face action learning group with around 20 participants. Methods of using technology and blended approaches to achieve greater reach and sustainability are currently being considered

Impact

TheWEL project has pioneered approaches that have been shown in detailed evaluation to produce:

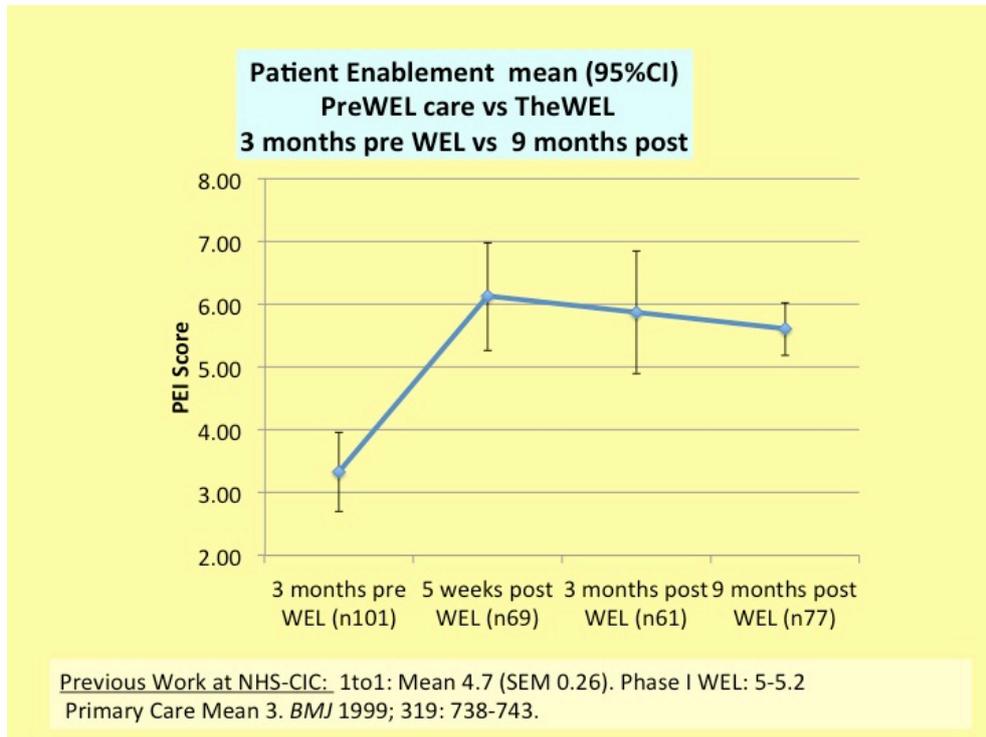
1. Clearer understanding of the underlying principles and conditions required for better healing, wellness enhancement, health care engagement and self-care.
2. Significant enhancement of the quality of staff engagement and enablement in their work with patients.
3. Positive effects on the health and wellbeing of staff and patients.
4. Enablement of people's self care and wellbeing.
5. Notable impact on health related behaviours sustained over a 12 month period, and confirmed at 20 months.

Results

A range of qualitative and quantitative measures have been used to evaluate the impact of TheWEL including a suite of questionnaires showing sustained clinically and statistically improvement in measures of enablement, self-compassion, wellbeing, fatigue, and impact on daily living. In addition baseline bloods were taken from a group of 166 volunteers participating in TheWEL who were later followed up. Results to date are summarised below.

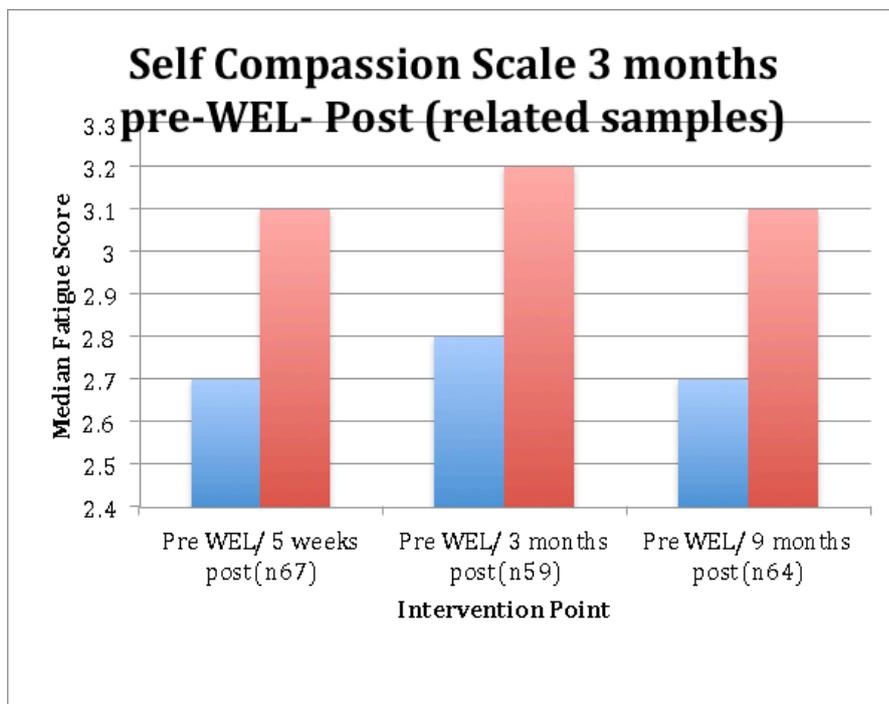
1. Patient Enablement

Participants report significant enablement of their understanding and motivation around their health and self-care. The median enablement scores increased by 100% with at least two thirds of participants agreeing that a positive shift had been sustained at 9 months after TheWEL



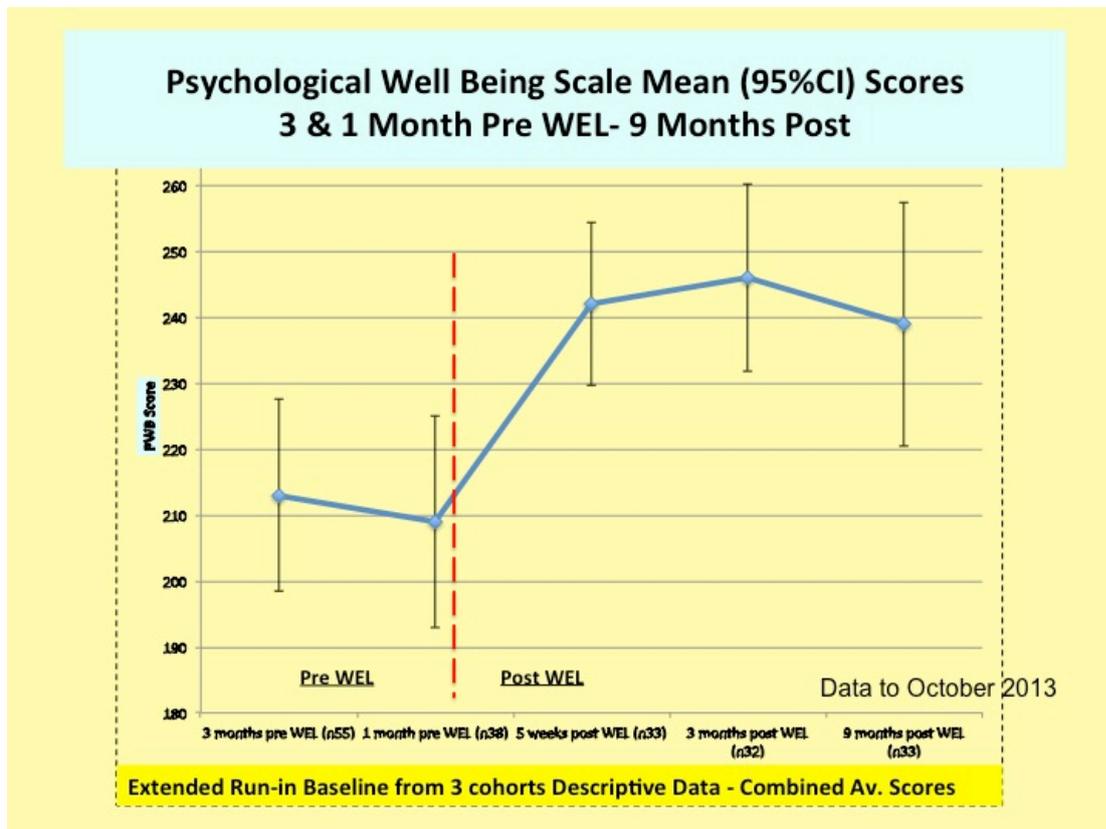
2. Self Compassion

Initial low levels of self-compassion showed improvements, developing and persisting over 9 months in 79% of people. This seems a key shift for long term change.



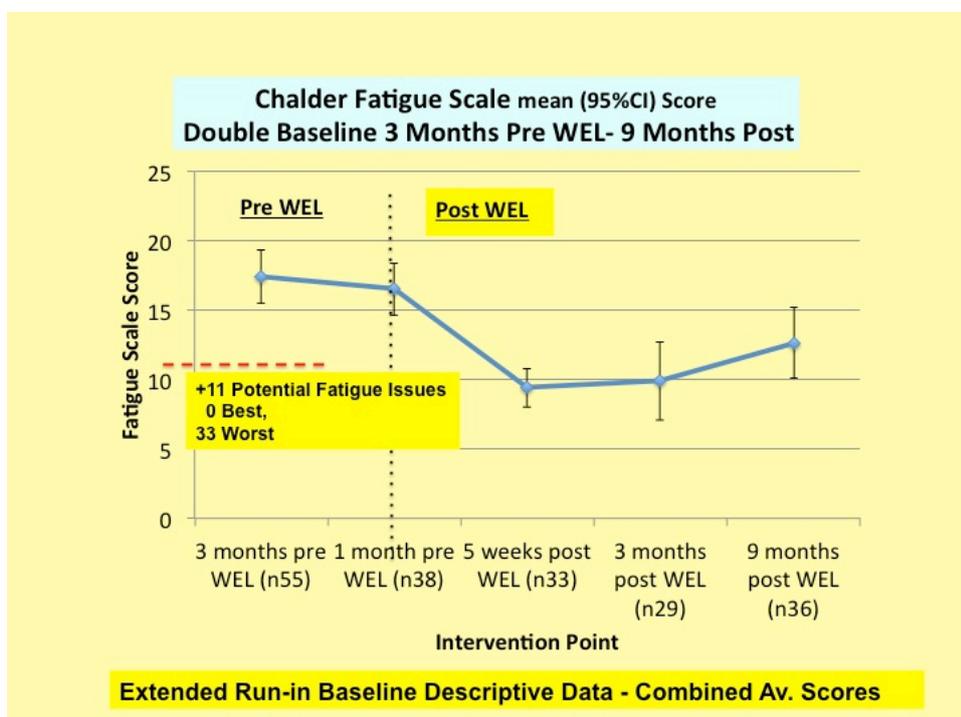
3. Psychological wellbeing

Improvements were evident and persisted at 9 months.



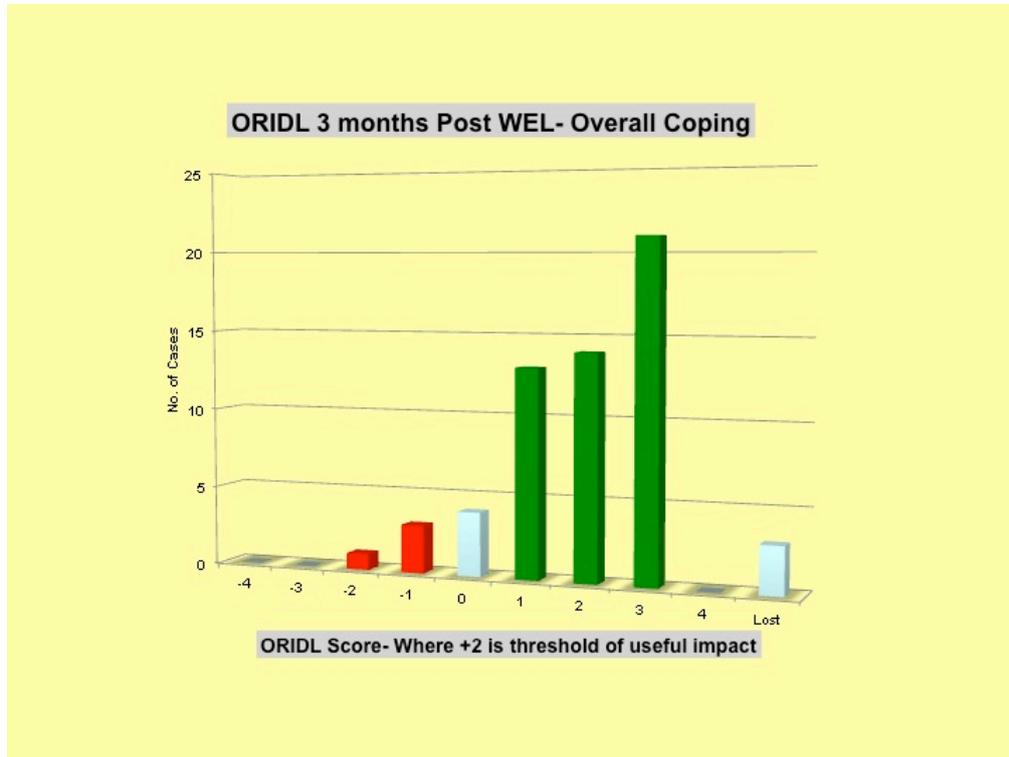
4. Fatigue

Showed significant improvements across the 9 months post WEL.



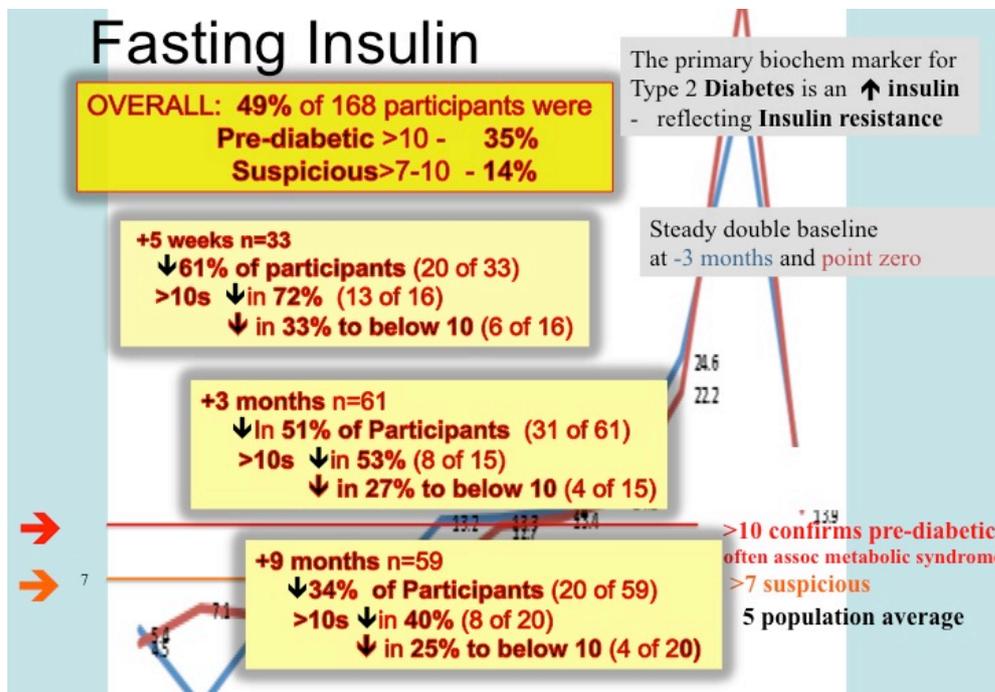
5. ORIDL - Outcome Related to Impact on Daily Living

A third of participants rated their previous health care as having a useful impact. After TheWEL they reported positive impact in 77% on health difficulties, 88% on coping, and 83% on overall wellbeing.



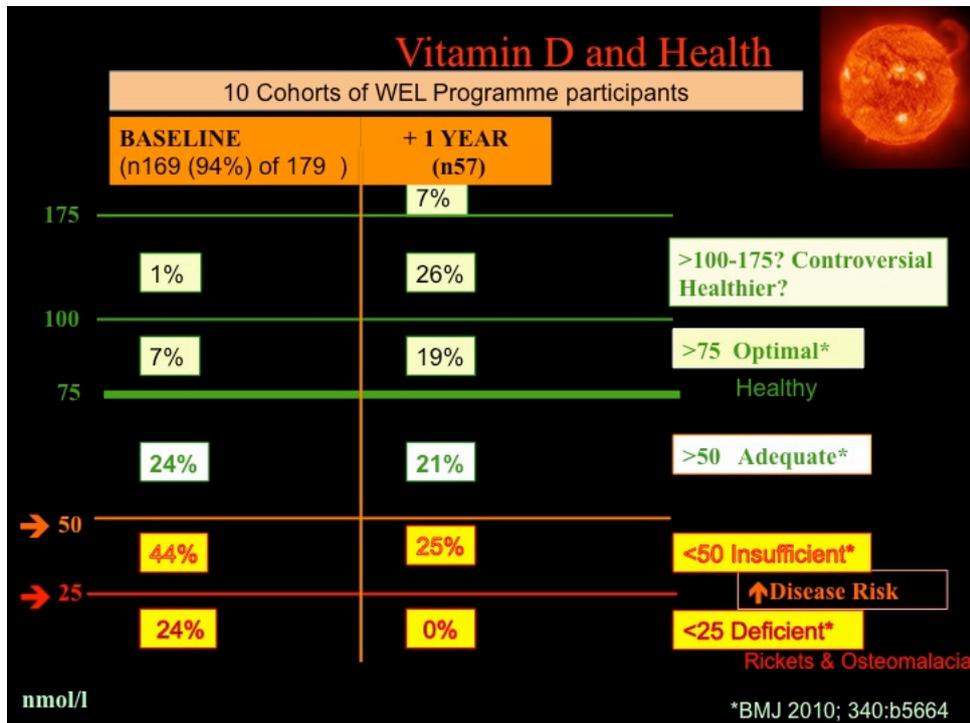
6. Insulin

Alarming, based on fasting insulin levels, nearly 50% of participants were actual or suspicious pre-diabetic. At 9 months post WEL the average level had dropped, and 25 % of people who had been pre-diabetic had dropped below that level. There were even better interim results, but this proved the toughest change to maintain – there is an addictive element to refined foods.



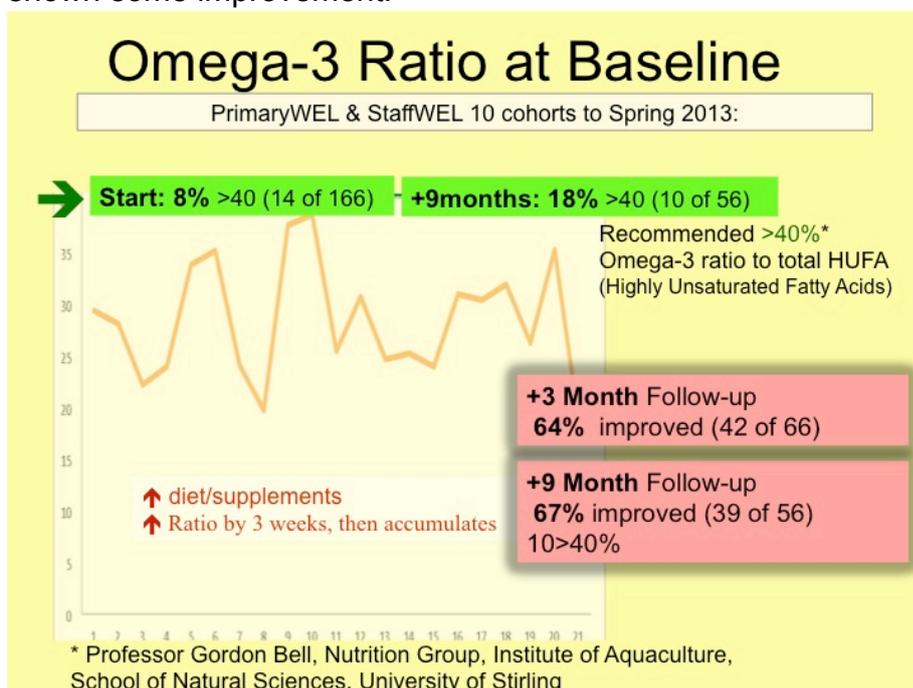
7. Vitamin D

Vitamin D is now known to have wider and important impacts on physical and mental health. Before TheWEL, 68 % of participants were either deficient or low in their levels of Vitamin D, with 24% showing a marked deficiency. Afterwards only 25% had low levels, and no one was frankly deficient.



8 Omega 3 Ratios

Pre WEL, only 8% of 166 people had the minimum recommended level of Omega 3 (i.e. 40% relative to their Omega 6) placing them at greater risk of inflammation and a range of diseases including heart disease. At 9 months post WEL, 67% people had shown some improvement.



ShareWEL

In its next phase as ShareWEL, the work is growing deeper into the question "**How do we share the best of our learning and practice with the most people?**"

Critically, it will explore how to do so without destroying the central human process of change that underpins its success, without commodifying it, or unnaturally forcing its growth, and so rendering it sterile. Here The Shift principles will also be used - working with our own and others innate strengths and capacities, as we cross the scales of the five layers of individuals, groups, communities, systems and nation - thus integrating with the learning from our sister project The Cultural Influences on Wellbeing in Scotland www.afternow.co.uk.

We have already seeded developments for that next phase of growth - dialogue and educational initiatives, improved digital sharing, and working with a growing network of partners across Scotland, seeding a pilot Civic Conversation in Nairn about creating a WELTown, and foundation work on creating apprenticeship for WEL teachers.

To date there has been essential and much appreciated support from the Scottish Government. In addition to long standing ministerial support and encouragement, the offices of the Deputy Chief Medical Officer, the Chief Medical Officer, CHPO, Chief Nursing Officer, Patients, Public and Health Professions (CNOPPP), The Long Term Conditions Unit and the Clinical Priority Teams, together have helped to raise the scale, potential and contribution of the work in more recent years.

The Chief Medical Officer revisited the work in 2013 and expressed the view it was now time to put the project on a more sustainable footing than its current annual funding. In the summer of 2013 the Cabinet Secretary expressed support and a desire to see the learning from the StaffWEL shared widely in the Scottish NHS. With support from the Scottish Government the approach is now developing further from April 2014 onwards, to assist Scotland in meeting its aspirations for health and wellbeing.

Dr David Reilly, Director.

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