

School Of Health And Related Research

Recovering Quality of Life: An outcome measure for student mental health in higher education



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AIMS AND BACKGROUND

The Recovering Quality of Life (ReQoL) measures - ReQoL-10 and ReQoL-20 - have recently been developed for use in a population experiencing mental health difficulties aged 16 and over. ReQoL was developed with significant inputs from service users not only as participants but also as research partners. Since its launch in 2016, over 200 licences have been issued and the ReQoL is being used by a third of NHS mental health trusts in England. A number of UK universities are also using the ReQoL. To date, the ReQoL measures have been translated in 12 languages.

THEMES



How was ReQoL developed?

Stage 1: Identifying themes Stage 2: Generating items

From talking to service users

and reviewing the literature, we

found the recovery and quality

of life themes that should

underpin the measure.

questions. These were reviewed by the research

ultimately reduced to 87.

team, service users, clinicians and governance groups, and

Stage 3: Face and content validity testing

The 87 questions were tested by 95 service users in 6 NHS trusts. Using the feedback from adults, young people and those with a crosscultural background, the research team selected only 61 questions.

Stages 4 & 5: Psychometric testing

users experiencing mental health conditions in NHS trusts, primary care and the community.

ReQoL was then reduced to 40 questions that were tested by 4266 users at baseline and 1237 of whom completed a follow up questionnaire. The data was analysed and resulted in the brief and long versions of ReQoL

1597 questions

87 questions

61 questions

40 questions

20 questions

Table 1 External validity of ReQoL-10 and ReQoL-20

	All menta condition		Depression and Anxiety	
	n	r	n	r
sWEMWBS	1050	0.86	383	0.87
EQ-5D	1560	0.59	542	0.61
CORE-10	211	-0.88	55	-0.90
PHQ-9	617	-0.78	169	-0.77
GAD-7	532	-0.62	148	-0.48
ReQoL-20	4037	0.98	1470	0.98

External validity and responsiveness were assessed using data from 4,266 service users with a wide range of diagnoses recruited from NHS Trusts, GP surgeries and the voluntary sector.

Table 2 Floor and ceiling effects

			% at best score	
	T1	T2	T1	T2
ReQoL-10	0.72	0.63	3.77	4.6
ReQoL-20	0.30	0.32	1.49	1.9
sWEMWBS	1.52	1.06	4.67	4.6
EQ-5D	0.00	0.00	14.04	15.7

Table 3 Responsiveness

	Health impro	ved	Health worsened	
	Mean (sd)	SRM	Mean (sd)	SRM
ReQoL-10	2.54 (7.44)	0.34	-3.23 (6.24)	-0.52
ReQoL-20	5.72 (13.65)	0.42	-5.24 (10.79)	-0.49
sWEMWBS	1.20 (3.01)	0.40	-1.40 (3.12)	-0.45
EQ-5D	0.02 (0.01)	0.21	-0.05 (0.17)	-0.32

NEXT STEPS

ReQoL is increasingly being used with different populations presenting with mental health difficulties. A set of preference weights has been generated for the ReQoL to compute quality adjusted life years for use in economic evaluation. Further

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