

Mental Wellness Questionnaire – Is It Even Possible?

Quest to Quantify What Sustains the Mental Health

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Aim & Hypothesis

This project began with a simple observation: most mental health tools are designed to measure **what is wrong**, not **what is going well**. They focus on symptoms, severity, and dysfunction—which is essential for diagnosis and treatment—but they leave something out: the **healthy, sustaining part of the person**. When this part is overlooked, the picture becomes incomplete. The individual is reduced to an illness category rather than understood as a whole person.

Hypothesis:

When someone becomes unwell, they do not simply gain symptoms—they **lose pieces of their wellness**. At first, this loss may be subtle:

Sleep becomes less restorative
Motivation declines
Focus is harder to maintain

These small shifts are often the first signals that something is changing. As wellness erodes, the person may try to compensate, pushing harder and using up reserves to keep life going. Over time, this effort becomes unsustainable. Without stabilizing elements, the whole system begins to lose balance. This imbalance is often what we recognize as illness.

Conceptual Model of Mental Wellness

Our mind can be imagined as a **circle of cloth pieces**, each representing a domain of mental health. When one domain is strained, it **contracts**, and neighboring domains **stretch** to compensate.

Over time, this **redistribution of stress** leads to symptoms, and if unaddressed, illness. Tracking wellness domains can help **detect early changes, support recovery, and predict relapse**.



Background and Development

Traditional screening tools emphasize difficulties—low mood, poor energy, disrupted sleep, or lack of pleasure. Our approach builds on these foundations by also asking what remains strong: whether a person feels in control, connected, or hopeful.

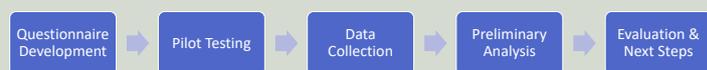
To create the questionnaire, I began by reviewing the most commonly used screening tools for the most prevalent mental health conditions in the UK. These instruments are largely deficit-focused. I systematically examined the questions across these tools to identify overlapping domains that reflect mental wellness rather than illness.

Mood & Emotional Stability	Positive Affect & Enjoyment
Cognition & Clarity	Sleep & Energy
Social Connection & Support	Reality Orientation & Self-Perception
Self-Agency & Behavioural Control	Emotional Awareness & Expression

From an initial pool of approximately 50 items, I selected and refined the questions to measure the degree of wellness present across key domains. The result is a **22-item questionnaire**, with each statement rated on a four-point Likert scale: “not at all true,” “somewhat true,” “mostly true,” and “completely true.”

Questionnaire aims to produce a **graded score** that reflects the degree of wellness at a given time instead of giving a binary “well/unwell” outcome.

Methods



The first trial involved **30 psychiatric trainees** in Dorset and Hampshire, chosen as a high-functioning group who still experience stress and vulnerability. Participation was **anonymous and confidential** to encourage honest responses. These measures were necessary to maintain **ethical boundaries**, though likely have limited insight into the full potential of the questions.

Pilot goals:

- Assess whether the questions were clear and relevant
- Examine whether scores varied meaningfully across participants
- Explore differences between domains and their contribution to overall wellness
- Evaluate feasibility for wider research applications

Results

A clear pattern emerged from the Trial:

- Participants functioning well had a **median score above 70**.
- Those reporting mental health struggles scored roughly **10 points lower**.
- Most reported difficulties involved **anxiety and depression**.
- The sample size was small, so results are **not clinically significant**.

Item-level observations:

- Questions on **Sleep & Energy** and **Reality Orientation & Self Perception** were the most sensitive in detecting differences.
- Items on **Positive Affect & Enjoyment** and **Emotional Awareness & Expression** were less sensitive, likely reflecting the high functionality of this group.
- Some domains showed consistent struggles regardless of overall wellness, while others remained strong even among those reporting difficulties.

These patterns suggest that the tool may be sensitive to **subtle changes in wellness**, even within a highly functional population. This highlights its potential use in **both clinical and non-clinical settings** to track wellness and identify early changes in mental state.



Limitations

- No access to medical or mental health records, thus mental state could not be independently verified
- Participants were not required to disclose mental health struggles
- Self-report design may limit discriminative power for certain conditions
- Could not cross-validate with other questionnaires
- Small, non-representative sample (psychiatric trainees) limits generalizability to the wider population

Conclusion and Future Goals

The 22-item questionnaire captures key domains of mental wellness. Analysis of its coverage suggests that two items could be replaced with more clinically relevant questions, strengthening its scope and introducing two additional domains: **Compulsivity/Impulse Control** and **Body Image & Self-Acceptance**.

Planned updates:

- “I enjoy activities that are part of my routine” → “I can resist urges or habits that I know are unhelpful.”
- “I can enjoy silence or being alone without discomfort” → “I feel at ease with my body and how I look.”

These adjustments keep the measure concise while expanding its inclusivity and clinical relevance, particularly for conditions involving compulsive behaviors and eating/body image concerns.

Key points:

- The tool is not a diagnostic instrument and does not replace established clinical measures.
- Its purpose is to highlight elements of wellness that sustain people, not only the symptoms that challenge them.
- References to “illness” or “disorder” should be considered in relation to a person’s recent two-week mental state.
- A prior diagnosis does not imply continuous unwellness; mental health is dynamic and fluctuates over time.

Future Directions

- Validate the questionnaire in **larger, more diverse samples** to establish reliability, construct validity, and correlation with established measures.

Potential Applications

- Early detection** when mental health changes are subtle or uncertain.
- Recovery tracking**, highlighting strengths and areas needing support.
- Relapse prevention**, spotting early warning signs before full symptoms appear (e.g., prodromal psychosis).

Long-term goal: Foster a more balanced view of mental health, recognizing not just what is breaking down but also what sustains people. Illness and wellness exist on a continuum; measuring both brings us closer to understanding the whole person.



Scan for the Questionnaire

