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Carol Jagger: Mental health indicators in Europe

Mental health indicators in Europe

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Summary

This paper presents the need for mental health measures, particularly measures of psychological functioning, to be included in national health surveys with arguments for and against their inclusion. A brief historical overview of such measures in use in Europe is given. Finally the paper details the outcome of the Mental Health consensus meeting between the major European groups recommending instruments for mental health indicators for the European Union.

Introduction

Twenty years ago the World Health Organisation underlined the importance of mental health issues, calling for a "sustained and continuing reduction in the prevalence of mental disorders" (World Health Organization, 1980). Lack of mental “well-being” is now a major public health concern with mental disorders estimated to be responsible for 60% of all disabilities (World Health Organization, 1984), 25% of all morbidity attributed as due to psychiatric illnesses and major depression ranked fifth as a cause of disability (Murray & Lopez, 1995). Moreover, with the increasing ageing of our populations, indicators of mental as well as physical health are needed to capture potential “trade-offs” in health improvements in one area over another.

Mental health measures have not been routinely included in national health surveys until recently, due perhaps to a lack of agreement on a general definition of mental health as well as to the perceived problems of finding measures of sufficient brevity. However epidemiological studies have provided a wealth of research on the incidence, prevalence, determinants and consequences of poor mental health. Depression and anxiety disorders have rightly formed a major focus for research with a lifetime risk of developing depression of between 8 -12 per cent for men and 20 -26 per cent for women (Boyd & Weissman, 1981). Other mental health problems commonly studied include psychogeriatric disorders such as dementia due to likely increase in parallel with population ageing, schizophrenia and other psychotic states requiring periods of institutionalization, suicidal behaviour and eating disorders due to their risk of mortality, and substance misuse due to its increasing incidence and its association with social conditions.

Within Europe, there has been a high degree of harmonization of both instruments and study design for epidemiological studies, as shown by the SIGMUND database[1], collated through Euro-REVES (Hibbett et al., 1999) and more specifically the collaborative reanalyses of both EURODEM (Anderson et al., 1999) and EURODEP (Blazer, 1999). The development of two international classification systems; the International Classification of Diseases (World Health Organization, 1977) and the Diagnostic and Statistical Manual of the American Psychiatric Association (American Psychiatric Association, 1987) have also improved

consistency even across cultures and the revised version of the International Classification of Impairments, Disabilities and Handicaps, now known as the ICIDH-2, (World Health Organization, 1999) should further assist this process. It is acknowledged however that such clinically based measures from surveys of psychiatric morbidity are in general unsuitable for national health surveys because of their length, the need for specialist interviewers and the potential unacceptability of some topics, for instance suicide attempts, for a general health survey.

Measures of mental functioning in European Health Surveys

Reviews of data collected on mental health within Europe (Hupkens, 1997) found 26 surveys conducted in 13 European countries that contain questions regarding mental health but the topics were rather vague (stress, tiredness, nervousness, anxiety, sleep disturbance, thoughts of suicide). In a wider study of health surveys in OECD countries, more than half of the national health surveys included some measure of psychological or emotional well-being (Gudex & Lafortune, 2000). Within the European Community Household Panel (ECHP) there are few questions on mental health apart from a global question on perception of health, impairment in daily activities because of mental or physical reasons, cutting down of the last 2 weeks activities for physical or mental health reason and hospitalisation within the last 12 months. Eurostat also collects cause of death data (for example suicide) and other health care data (inpatient care, outpatient care) that may be of interest for mental health indicators.

Three European groups have been formed to address the deficit of measures of mental health and harmonization, each with slightly different viewpoints and remits: the mental health group of the "EuroHIS" (Harmonization of Health Interview Surveys in Europe) project of the WHO Europe; the mental health group for the Health Monitoring Programme of the European Union (HMP Mental Health group); and the mental health subgroup of a project led by Euro-REVES (the European Network on Health Expectancy and the Disability Process), this project also being funded through the Health Monitoring Programme.

The specific objectives of the EuroHIS project were to develop recommended common health interview survey (HIS) instruments for 8 indicators of which one was mental health, the

[1] SIGMUND may be accessed by contacting Catherine Polge at INSERM, CRLC Val d'Aurelle, 34298 Montpellier, France, tel+33 467 613028, fax +33 467 613047, email: Catherine.Polge@inserm-dicdoc.u-strasby.fr.

others being: chronic physical conditions; alcohol consumption; physical activity; use of curative medical services; use of medicines; use of preventive health care; health-related quality of life (QOL). The mental health group did not intend to develop new instruments but were to review concepts to be measured and the instruments already existing. The domains of mental health to be covered by this group were: psychological distress, positive mental health, specific disorders, sleep problems, alcohol and drug dependency, suicide, social isolation and support.

In contrast, the overall objective of the Health Monitoring Programme was to contribute to the establishment of a European health monitoring system. The HMP Mental Health Group aimed to collect information on existing mental health and well-being indicators and information systems, and agree on harmonised definitions for European mental health indicators, specifically for integration into comprehensive health monitoring systems. The HMP group defined the concept of mental health as being *positive mental health*: positive affect and positive personality traits: self-esteem, sense of mastery, sense of coherence, self-efficacy, resilience; and *negative mental health*: mental disorders, symptoms and problems; diagnostic and sub syndrome; psychological distress.

The Euro-REVES project, another HMP project, aimed to recommend a coherent set of health indicators, health expectancies, for the European Union, one domain covered being mental health (in phase 1) with cognitive functional limitations in phase 2 (currently underway). The working definition of mental health chosen was that mental health was "the absence of mental illness" and with reference to both intensity and duration of symptomatology. The set of mental health indicators to be proposed would include: an indicator related to population changes such as the ageing of the population, for example dementia-free life expectancy; an indicator of general stress sensitive to socio-economic change, for example suicide; an indicator sensitive to changes in primary care delivery, for example depressive symptomatology; and a general measure of mental well-being. Ideally the group wished to have the latter indicator with the potential of decomposition into the other areas.

Despite cross-representation between the three groups, different recommendations were emerging for instruments in the areas of overlap (Table 1). To resolve this situation Euro-REVES hosted a consensus meeting of the three groups in Montpellier in March 2001. The

form of the meeting and the consensus reached will be described briefly in the section following. A fuller version is currently in preparation.

Consensus meeting on mental health indicators

The purpose of the meeting was to reach a consensus on the choice of mental health indicators between the three European groups. The meeting was a priori restricted to indicators that require data collected through population surveys (as Health Interview Surveys). Representatives of the three groups gave a brief resume of the history of the group particularly in terms of the agreed definition of mental health and domains to be covered.

The first consensus to be reached was on the definition of mental health and the domains that should be covered by mental health indicators within EuroHIS, HMP Mental Health and Euro-REVES. The final agreement was to adhere to the HMP dimensions of positive and negative mental health with negative mental health containing diagnoses, sub syndromes and psychological distress and that these formed the minimum ideal.

Attention was then focussed on the existing recommendation (Table 1) and the main areas of disagreement: psychological distress, positive mental health, depression and generalized anxiety disorder and cognitive functioning. The final consensus is given in Table 2 with the main instruments in the Appendix. A particular point was made by the consensus meeting that if the 5-item Mental Health Inventory (MIH-5) of the SF-36 (Ware & Sherbourne, 1992) then only psychological distress would be measured and that this domain on its own was an insufficient indicator of to monitor mental health.

Conclusions

The choice of a mental health instrument as an adjunct to physical health measures has been hampered by the unrealistic expectations that a single item (or very few) can cover the complexity of mental dysfunctioning. Although there has been reasonable success in both pre and post harmonization of epidemiological studies, these clinically based measures are unsuitable for use in general health surveys where a measure of general mental health (however that may be defined) is required rather than a screen or diagnosis for specific mental disorders. In some cases, subjects may find the more clinically based questions upsetting in a general health situation and such probing questions may compromise response on other items. Finally, the presence of a mental disorder may itself affect the response of the

subject and therefore instruments that are asked of proxy respondents may be better in some cases, for instance cognitive function, though this has to be weighed against the problem of finding proxy respondents.

When considering the length of the instrument for inclusion in health surveys, the number of items in the instrument is not always relevant. In the growing era of computer assisted interviewing, whether face-to-face or by telephone, instruments that appear long may be relatively short to administer to the majority of 'healthy' individuals if there is a skip or filter sequence. The CIDI-SF (Wittchen et al., 1995) is one example. Indeed seemingly simple questions such as asking about medication, may be lengthy if the subject has to go and find the bottle and read out the name of the tablet.

Many of these outstanding issues about how instruments perform in general health surveys will be answered in the next phase of work by the HMP Mental Health group, through implementation surveys in 5 European Union countries: Finland, France, Germany, Norway, Netherlands. The surveys will include 500 interviews in each country and will also include a clinical examination, allowing testing of cutpoints and validation. Although the work by EuroHIS and the HMP groups and the consensus meeting have consolidated the position for European countries, we are still a considerable way from having the ideal mental health indicator for use in national health interview surveys.

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Table 1: Comparison of mental health domains and measures between EuroHIS, HMP Mental Health Group, Euro-REVES pre consensus meeting

Domain	EuroHIS	HMP Mental Health	Euro-REVES
Psychological distress	MHI-5	MHI-5	GHQ-12
Positive Mental Health/Psychological wellbeing	WHOQUOL positive feelings	SF-36 energy/vitality + Andrews item on happiness	
Anxiety and depression	CIDI-screen	CIDI- SF	
Alcohol and drug dependency	CAGE	CAGE	
Suicide attempt	4 items covering suicide thoughts as well	1 item	
Dementia/Alzheimer			
Cognitive functioning/cognitive deficit	2 items from StatCan on memory and concentration		✓
Sleep problems	WHO Health and responsiveness survey		
Role limitation	SF-36 role limitation	SF-36 role limitation	
Social functioning	3-item Oslo scale	3-item Oslo scale	
Social isolation		4 items from StatCan	
Chronic stress		✓	
Life events		LTE	
Self-mastery		Pearlin 5-item	
Optimism		LOT-R	

✓Measure not agreed

Table 2: Comparison of mental health domains and measures between EuroHIS, HMP Mental Health Group, ECHI project, Euro-REVES post meeting

Domain	EuroHIS	HMP Mental Health	Euro-REVES
Psychological distress	MHI-5		
Positive Mental Health/ Psychological wellbeing	SF-36 energy/vitality + Andrews item on happiness		
Anxiety and depression	CIDI- SF		
Alcohol and drug dependency	CAGE		
Suicide attempt	1 item to be agreed although EuroHIS would have extra items covering suicide thoughts		
Dementia/Alzheimer			
Cognitive functioning/cognitive deficit	IQCODE[1]		
Sleep problems	WHO Health and responsiveness survey		
Role limitation	SF-36 role limitation		
Social functioning	3-item Oslo scale		
Social isolation		4 items from StatCan	
Chronic stress		✓	
Life events		LTE	
Self-mastery		Pearlin 5-item	
Optimism		LOT-R	

✓Measure not agreed
[1]Consensus not yet reached

Appendix 1: Recommended instruments agreed by consensus meeting

Mental Health Inventory 5 items (MHI-5) (Ware & Sherbourne, 1992)
How much, during the past 4 weeks….

1. Did you feel very nervous?
2. Have you felt so down in the dumps, nothing could cheer you up?
3. Have you felt calm and peaceful?
4. Have you felt down-hearted and depressed?
5. Have you been happy?

All of the time/ Most of the time/ Some of the time/ A little of the time/ None of the time.

SF-36 Energy/Vitality

How much, during the past 4 weeks….

1. Did you feel full of life?
2. Did you have a lot of energy?
3. Did you feel worn out?
4. Did you feel tired?

All of the time/ Most of the time/ Some of the time/ A little of the time/ None of the time.

Andrews single item on happiness

"Would you describe yourself as being usually: 1) happy and interested in life?; 2) somewhat happy?; 3) somewhat unhappy?; 4) unhappy with little interest in life?; 5) so unhappy that life is not worthwhile?"

CAGE

Have you tried to cut down your drinking?	Yes/No
Have the people close to you been annoyed by your drinking?	Yes/No
Have you had feelings of guilt due to drinking?	Yes/No
Have you needed an eye-opener in the morning?	Yes/No

SF-36 Role limitations due to emotional problems

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities, as a result of any emotional problems (such as feeling depressed or anxious)? Y/N

a) cut down on the amount of time you spent on work or other activities
b) accomplished less than you would like
c) didn't do work or other activities as carefully as usual

IQCODE - Informant Questionnaire on Cognitive Decline in the Elderly (Jorm & Korten, 1988)

Now we want you to remember what your friend or relative was like 10 years ago and to compare it with what he/she is like now. 10 years ago was in 19__. Below are situations where this person has to use his/her memory or intelligence and we want you to indicate whether this has improved, stayed the same, or got worse in that situation over the past 10 years. Note the importance of comparing his/her present performance with 10 years ago. So if 10 years ago this person always forgot where he/she had left things, and he/she still does, then this would be considered "Hasn't changed much". Please indicate the changes you have observed by circling the appropriate answer.

Compared with 10 years ago how is this person at:

		1	2	3	4	5
1.	Recognizing the faces of family and friends	Much better	A bit better	Not much change	A bit worse	Much worse
2.	Remembering the names of family and friends	Much better	A bit better	Not much change	A bit worse	Much worse
3.	Remembering things about family and friends e.g. occupations, birthdays, addresses	Much better	A bit better	Not much change	A bit worse	Much worse
4.	Remembering things that happened recently	Much better	A bit better	Not much change	A bit worse	Much worse
5.	Recalling conversations a few days later	Much better	A bit better	Not much change	A bit worse	Much worse
6.	Forgetting what he/she wanted to say in the middle of a conversation	Much better	A bit better	Not much change	A bit worse	Much worse
7.	Remembering his/her address and telephone number	Much better	A bit better	Not much change	A bit worse	Much worse
8.	Remembering what day and month it is	Much better	A bit better	Not much change	A bit worse	Much worse
9.	Remembering where things are usually put	Much better	A bit better	Not much change	A bit worse	Much worse

		1	2	3	4	5
10.	Remembering where to find things which have been put in a different place from usual	Much better	A bit better	Not much change	A bit worse	Much worse
11.	Adjusting to any change in his/her daily routine	Much better	A bit better	Not much change	A bit worse	Much worse
12.	Knowing how to work familiar machines around the house	Much better	A bit better	Not much change	A bit worse	Much worse
13.	Learning to use a new gadget or machine around the house	Much better	A bit better	Not much change	A bit worse	Much worse
14.	Learning new things in general	Much better	A bit better	Not much change	A bit worse	Much worse
15.	Remembering things that happened to him/her when he/she was young	Much better	A bit better	Not much change	A bit worse	Much worse
16.	Remembering things he/she learned when young	Much better	A bit better	Not much change	A bit worse	Much worse
17.	Understanding the meaning of unusual words	Much better	A bit better	Not much change	A bit worse	Much worse
18.	Understanding magazine or newspaper articles	Much better	A bit better	Not much change	A bit worse	Much worse
19.	Following a story in a book or on TV	Much better	A bit better	Not much change	A bit worse	Much worse
20.	Composing a letter to friends or for business purposes	Much better	A bit better	Not much change	A bit worse	Much worse
21.	Knowing about important historical events of the past	Much better	A bit better	Not much change	A bit worse	Much worse
22.	Making decisions on everyday matters	Much better	A bit better	Not much change	A bit worse	Much worse
23.	Handing money for shopping	Much better	A bit better	Not much change	A bit worse	Much worse
24.	Handling financial matters, e.g. the pension, dealing with the bank	Much better	A bit better	Not much change	A bit worse	Much worse
25.	Handling other everyday arithmetic problems, e.g. knowing how much food to buy, knowing how long between visits from family or friends	Much better	A bit better	Not much change	A bit worse	Much worse
26.	Using his/her intelligence to understand what's going on and to reason things through	Much better	A bit better	Not much change	A bit worse	Much worse

CIDI-SF (Wittchen et al., 1995)

1. Depression

Time starting this section of the interview: __ __ hour __ __ minute

A1. During the past 12 months, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?

1. Yes 5. No 6. I was on medication/anti-depressants

If NO or "I was on medication" skip to question A9

A1a. For the next few questions, please think of the two-week period during the past 12 months when these feelings were worst. During that time did the feelings of being sad, blue, or depressed usually last all day long, most of the day, about half the day or less than half the day?

1. All day long 2. Most 3. About half 4. Less than half (If less than half the day skip to A9)

A1b. During those two weeks, did you feel this way every day, almost every day or less often?

1. Every day 2. Almost every day 3. Less often (if "less often" then skip to A9)

A1c. During those two weeks did you lose interest in most things like hobbies, work, or activities that usually give you pleasure?

1. Yes 5. No

A1d. Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

1. Yes 5. No

A2. Did you gain or lose weight without trying, or did you stay about the same? (If "stay about the same" or "on diet" skip to A3)

Interviewer: If R asks "Are we still talking about the same two weeks?" Answer "Yes"

1. Gain 2. Lose 4. Stay about the same 5. Was on diet (If "stay about the same" or "was on diet" Go => A3

A2a. About how much did you gain/you lose/your weight change?

_____Kilograms

Interviewer: Accept a range response

A2b. Interviewer: Did R`s weight change by 5 kilograms or more?

1. Yes 5. No

A3. Did you have more trouble falling asleep than you usually do during those two weeks?

1. Yes 5. No =>(If NO skip to A4)

A3a. Did that happen every night, nearly every night, or less often during those two weeks?

1. Every night 2. Nearly every night 3. Less often

A4. During those two weeks, did you have a lot more trouble concentrating than usual?

Interviewer: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes"

1. Yes 5. No

A5. People sometimes feel down on themselves, no good or worthless. During that two-week period, did you feel this way?

Interviewer: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes"

1. Yes 5. No

A6. Did you think a lot about death – either your own, someone else's, or death in general during those two weeks?

Interviewer: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes"

1. Yes 5. No

((CAN BE CHECKED AFTER THE INTERVIEW A7. Interviewer checkpoint: Count "yes" responses in A1c-A6, Qualifying Response: A1c=1, A1d=1, A2b=1, A3a=1 or 2, A4=1, A5=1, and A6=1))

Go to =>B1

A9. During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

1. Yes 5. No 6. I was on medication (if "NO" or "I was on medication/antidepressants", skip => B1)

A9a. For the next few questions, please think of the two-week period the past 12 months when you had the most complete loss of interest in things. During that two-week period, did the loss of interest usually last all day long, most of the day, about half of the day, or less than half the day?

1. All day long 2. Most 3. About half 4. Less than half (If "less than half the

A9b. Did you feel this way every day, almost every day, or less often during the two weeks?

1. Every day 2. Almost every day 3. Less often (If "less often", skip =>B1)

A9c. During those two weeks, did you feel tired out or low on energy than is more usual for you?

1. Yes 5. No

A10. Did you gain or lose weight without trying, or did you stay about the same?

Interviewer: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes"

1. Gain 2. Lose 4. Stay about the same 5. Was on diet

If "about the same" or "on diet", skip => A11.

A10a. About how much did you gain/you lose/your weight change

_____ Kilograms

Interviewer: Accept a range response

A10b. Interviewer: Did R`s weight change by 5 kilograms or more?
1. Yes 5. No

A11. Did you have more trouble falling asleep than you usually do during those two weeks?

1. Yes 5. No If "NO", skip to=>A12

A11a. Did that happen every night, nearly every night, or less often during those two weeks?

1. Every night 2. Nearly every night 3. Less often

A12. During those two weeks, did you have a lot more trouble concentrating than usual?

Interviewer: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes"

1. Yes 5. No

A13. People sometimes feel down on themselves, no good, or worthless. Did you feel this way during that two-week period?

Interviewer: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes"

1. Yes 5. No

A14. Did you think a lot about death – either your own, someone else's, or death in general during those two weeks?

Interviewer: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes"

1. Yes 5. No

((CAN BE CHECKED AFTER THE INTERVIEW A15 interviewer checkpoint: (Count "YES" responses in A9c-A14)))

2. Generalised anxiety

B1. During the past 12 months, did you ever have a period lasting one month or longer -- when most of the time you felt worried, tense, or anxious?

1. Yes 5. No

B1a. People differ a lot in how they worry things. Did you have a time in the past 12 months when you worried a lot more than most people would in your situation?
1. Yes 2. No If "NO" => skip to SECTION 10.

B2. Has that period ended or is it still going on?

1. Ended => B2a 2. Still going on => B2b

B2a. How many months or years did go on before it ended?
_____MONTHS OR _____ YEARS OR 89: "All my life" or "As long as I can remember"

B2b. How many months or years has it been going on?

_____MONTHS OR _____YEARS OR 89: "All my life" or "As long as I can remember"

B3. Interviewer checkpoint:

1. B2a/B2b is 6 months or longer, "all my life", "as long as I can remember" => B4
2. B2a/B2b is less than 6 months SKIP to end.

B4. During that period, was your/is your worry stronger than in other people?

1. Yes 5. No

B5. Did/do you worry most days?

1. Yes 5. No

B6. Did/Do you usually worry about one particular thing, such as your job security or the failing heart of a loved one, or more than one thing?

1. One thing 2. More than one thing

B7. Did/Do you find it difficult to stop worrying?

1. Yes 5. No

B8. Did/Do you ever have different worries on your mind at the same time?

1. Yes 5. No

B9. How often was/is your worry so strong that you couldn't/can't put it out of your mind no matter how hard you tried/try – often, sometimes, rarely or never?

1. Often 2. Sometimes 3. Rarely 4. Never

B10. How often did/do you find it difficult to control your worry – often, sometimes, rarely, or never?

1. Often 2. Sometimes 3. Rarely 4. Never

B11. What sort of things did/do you mainly worry about (PROBE: Any other main worries?) (open ended question)

_____
_____
_____
_____

B12. When you were/are worried or anxious, were/are you also…..

	Yes (1)	No (5)
B12a. Restless?		
B12b. Were/are you keyed up or on edge?		
B12c. Were/are you easily tired?		
B12d. Did/Do you have difficulty keeping your mind on what you were doing?		
B12e. Were/Are you more irritable than usual?		
B12f. Did/Do you have tense, sore or aching muscles?		
B12g. Do/Did you have trouble falling asleep or staying asleep?		

Time of finishing this section of the interview: __ __ hour __ __ minutes