



MINDFUL - Mental health information and determinants for the European level

Final technical report
Annex 3: Structural indicators of positive mental health

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1. Introduction

This project has compiled experiences and bibliographical references relating to structural indicators of positive mental health and mental health prevention and promotion produced in Europe over the past 20 years. The MINDFUL Partnership project 'Monitoring Positive Mental Health', has constructed a robust questionnaire of structural indicators of positive mental health to be used in the analysis of mental health policy. Using the DELPHI methodology, 100 European mental health experts and stakeholders were consulted about the set of structural indicators which were compiled.

While mental health is a core part of primary care, there are few validated quality measures and little relevant internationally published research about structural indicators of positive mental health. Structural indicators, or at least the domain of the indicators, are essential as national and international standards for the purpose of monitoring, comparing and evaluating programmes and policies and also to focus research on those indicators that are strategically the most important.

The items within this questionnaire reflect the relationships between various indicators which have been identified as useful in assessing and measuring environmental factors. These indicators also give a perspective on ecological areas that, along the life cycle, have an impact on social support and interpersonal safety. They also identify public strategies to enhance social competence and coping styles used by people in transitional stages of the life cycle. Social capitals, secure attachment style, community resilience, trust, confidence, social support, social cohesion, are explicit concepts which support this perspective.

2. Aims

The two main objectives of this work have been: 1) to establish a system for monitoring the impact of policies and programmes promoting mental health; 2) to devise and promote a system of structural indicators of environmental factors having an impact on positive mental health at different levels defined as domains. In particular, the following objectives were defined in order to achieve the main purpose of the research:

- To compile the structural indicators used in different European countries for gauging positive mental health status (PMH) and mental health programmes and policies.
- To decide, in consensus with health system experts and social managers, on a set of key structural indicators, which can be used to monitor PMH status and MHPP programmes and policies.
- To test the feasibility of the set of structural indicators for monitoring PMH status and MHPP programmes and policies.
- To establish a process for monitoring the selected indicators.
- To analyse MH policy implementation in EUMS.

3. Conceptual framework of the project

Most definitions acknowledge that mental health and mental illness result from a combination of events and conditions and are drawn from biological, social-psychological, structural - psychological and individual - psychological understandings.

The positive model of mental health refers to qualities such as life skills, the ability to manage change, to actively influence the social environment, positive self-esteem, assertiveness and enjoyment or a state of experienced well-being. These qualities are considered as values in themselves, not only as signs of absence of illness or disorder.

Structural indicators of positive mental health are directly observed phenomena which can be used as a quantitative measure of the circumstances of any of the dimensions that include a concept such as positive mental health. In this project we consider structural indicators as being those related with the context, settings, environments, macro and ecological indicators, objective indicators, as well as statistics about observable human behaviour.

To organise positive mental health promotion efforts and define them as key resources in pursuing social and economic goals, there must be evidence to show which indicators are able to give us the right measure of positive mental health status within our communities. But, as stated by WHO, "promoting population's health is an enterprise whose complex and often subtle dimensions challenge scholars and practitioners from diverse disciplines: epidemiologists, social scientists, educators, policy scientists, economists, urban planners and biomedical scientists all contribute perspectives that illuminate one aspect or another of health promotion". This can explain the difficulty of finding the most useful indicators on this European task which aim to measure positive mental health of different regions, countries, lifestyles, cultures and social organisations. However, we feel that this work can be done. As individual cannot be separated from the social context which defines them, we assume the general principle of the essentially social nature of human being. With this belief, we have tried to find indicators of contextual factors able to enhance social support and interpersonal safety, mutual respect and trust in a world where others are needed as allies in self-development.

4. Work

A network formed by several partners has been created to manage these objectives. The work of the sectors has been divided between the different partners as follow:

- Deusto University; Co-ordinator of the project and also working on the project sector focussed on Elderly People.
- Bruecke Rensburg and University of Applied Sciences Kiel. Focused on the sector: Leisure Time and Adolescence.
- Mental Health Matters, University of Durham and Mental Health Foundation. Focused on the sector: Working Settings.
- Escola Nacional de Saude Publica of Lisbon. Focused on the sector: Urban Environments.

- Black Water Valley and Hart Primary Care Trust. Focused on the sector: Children under Ten. At the beginning of the project, it was an important task to outline the configuration of the network of partners as well as undertake discussions around the basic concepts and the activities to be undertaken during the program.

We must underline the effort of the research team in creating the multidisciplinary context.

4.1. Starting point of view

At the beginning of the project, the project partners initial reflections about positive mental health indicators brought about the need to explore the previous literature.. Starting from the same understanding of positive mental health, defined as a value in itself, or as a resource including the capacity to positively face adversity and avoid negative consequences to health when confronted with traumatic experiences or stressors, the search for positive mental health indicators, in its definition and possible measurement, needed to answer several questions:

- Which indicators can measure the strengthening of positive mental health?
- Which indicators can measure the redistribution of power and control over individual and collective mental health issues?
- Which indicators can measure the reduction of the negative impact of a broad range of health determinants associated with social, political and economic environments?
- Which indicators can measure the upwardly shifting allocation of resources, towards preventing problems before they occur?
- Which indicators can measure the attention given to the domains of health beyond the physical, including the mental, social and possibly spiritual dimensions?
- Which indicators can measure the success of taking an ecological approach?
- Which indicators can measure the recognition of community development and involvement as legitimate and effective strategies for improving mental health?

The work needed to answer these questions brought with it a new search for data within the literature as well as from virtual data (mainly using the Medline database but also the data accessible from EU and WHO internet sites). This work also included an analysis of which indicators were possibly available in all of the regions involved in this project. All this work was developed under the assumption introduced in the Ottawa Charter that the promotion of health does not view health as a goal, but rather as a means of enabling positive shaping of individual and social life.

Some of the partners considered the principles defined by WHO, during the construction of the proposed indicators process. Therefore we tried to build positive mental health indicators that would:

- Be applicable to all evaluation approaches,
- Be consistent with health promotion principles, in particular empowering individuals and communities by emphasising participation,
- Focus on collective as well as individual accountability: that is, be designed to apply to both institutional and individual and both synergistic and single outcomes,

- Be flexible in its application, able to respond to changing circumstances (from region to region),

Trying to satisfy all these properties, the provisional set of positive mental health indicators were selected based on the following selection criteria:

- the goals and objectives of the project (building based evidence indicators for positive mental health in the European Union);
- the criteria for their successful achievement (building indicators that are supposedly available on present data);
- the perspective and needs of the different stakeholders (building indicators with possible applications in different regions, cultures and social organisation), and;
- the level of which the information is required (building indicators that could be applied at different levels of health policies).

4.2. The quantitative exigency

This research about positive mental health promotion invited researchers to consider complex phenomena, to develop within a multidisciplinary context and participate in a process intended to measure the ability of individuals and communities to improve their mental wellbeing.

Furthermore the final set of indicators must be suitable for use as part of an inquiry into positive mental health promotion, based on previous theory whilst comprising variables (indicators) that can be measured by numbers, and analysed with statistical procedures, in order to easily describe the phenomena they are intended to measure.

5. Process

We have divided the process into 3 different steps:

5.1. Literature review.

Literature on indicators of positive mental health is rapidly increasing, and it is often difficult and time-consuming to identify reliable information. Twenty experts from the six institutions formed our network that compiled a bibliography to assist in this process by compiling available data and information on indicators, organising and summarising them. Most of the work so far has been to identify potential indicators and suggesting possible units of measurement. The total number of references in the compiled bibliography was 412. In the e-questionnaire the measures and rates of each indicator are explained in the section of "References of the Domain", in order to check the availability of them in different countries. As well as having a measure or rate, each indicator is referenced within the researched bibliography.

5.2. Pilot study

We created a provisional set of indicators to be subjected to contrast and evaluation by the Delphy methodology, "a method for structuring a group communication process so that the process is effective in allowing a group of individuals, as a whole, to deal with a complex problem.

The monitoring and design team configured the initial questionnaire by identifying 8 domains in which a set of 25 structural indicators of positive mental health were described.

In the domain of the context of mental health practice, National mental health framework and Social care infrastructure have been identified as indicators.

The second domain of pre-school experiences and family support/childcare is characterized by access to support from pregnancy and during the early years, promotion of positive parent-baby interaction, access to pre-school activities and services and childhood pro-social behaviour and networks. Curriculum-based activity promoting positive mental health, activities to promote a mentally healthy school culture and related demographic and legislative measures are the indicators of the promotion of mental health through schools and education.

The fourth domain, named employment and workplace mental health is measured with flexible working practices, mentally healthy work environments, related demographic measures, and related legislative measures.

The indicators identified for social capital, mentally healthy communities are: positively networking, social inclusion, related demographic measures and related legislative measures.

For the domain of physical environment our team provided safety and security, access to public amenities, housing conditions and related demographic measures as indicators.

In the leisure activities we have distinguished between physical activities and cultural activities.

Closing the life cycle, in the domain of mental health and older adults, three indicators have been set: levels of participation, services for people in later life and related demographic and legislative measures

Each of these 25 indicators was operationalised with two or three measures or sub indicators suitable to assess part of the referred domain. As a result we proposed a set of 89 sub indicators to the stakeholders.

The work of implementing the survey included designing and testing the first questionnaire as part of the first stage of the study. The scores of the questionnaire were defined as: very relevant (VR) corresponds to six, relevant (R) to five, slightly relevant (SR) to four, slightly irrelevant (SI) to three, irrelevant (I) to two points, and very irrelevant (VI) to one.

5.3. Delphi method

We have followed the Delphi Method to evaluate the set of indicators:

- identifying, selecting, and contacting potential participants;
- sending the first questionnaire;
- collecting and analyzing responses from the first questionnaire;
- designing the second questionnaire;

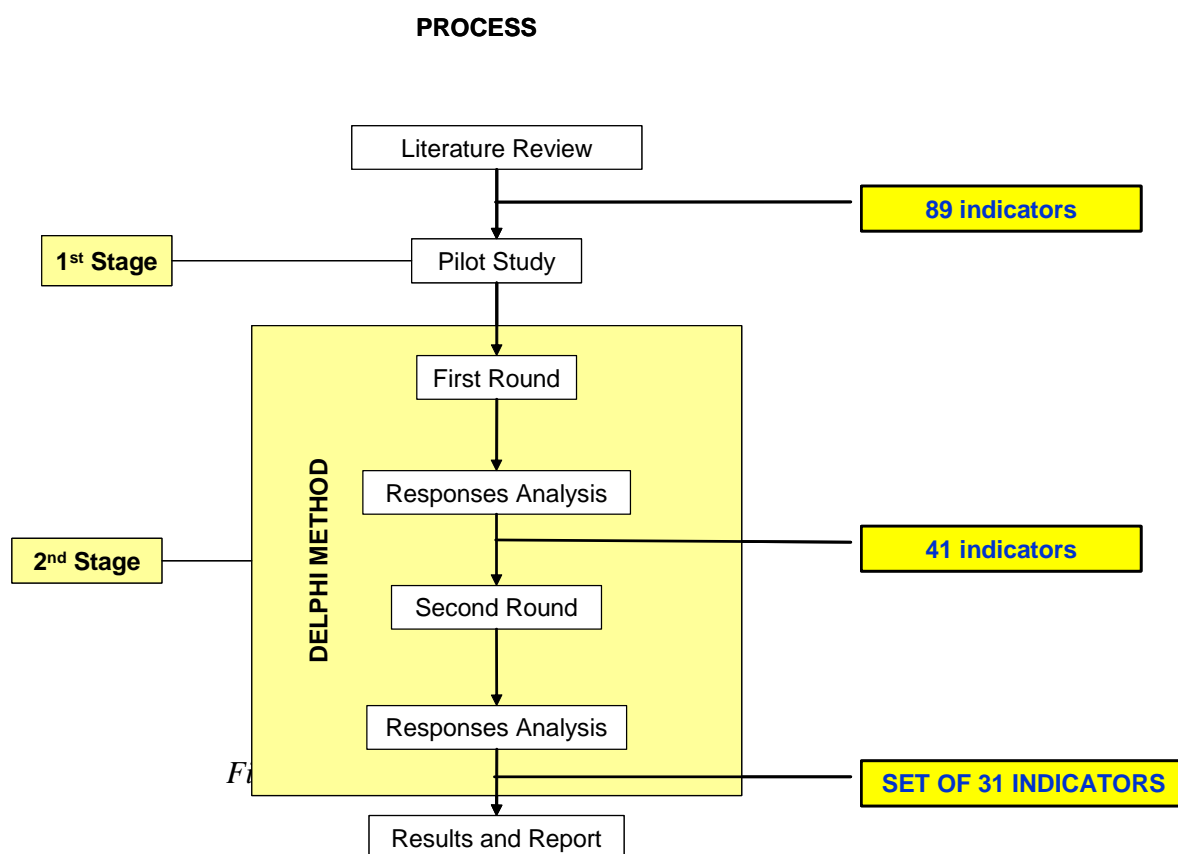
- sending the second questionnaire;
- and collecting and analyzing the responses from the second questionnaire.

The Delphi Technique is a survey of experts. The essence of the technique comprises a series of questionnaires used to pool experts' responses in order to solve a difficult problem. Each expert's contribution is shared with rest of the experts by using results of one questionnaire to construct the next questionnaire.

The respondent group or expert panel, chosen as being representative of different expertise and interests related to the task, were identified. Panellists were selected according to their relevant expertise, statements on a given issue are developed either by the panel members or researchers, and the panellists are asked to rate the statements via the questionnaire with results being fed back between rounds. In the work we have developed we can distinguish three main areas of knowledge among the selected expert panel: psychiatry & medicine, psychology, and sociology. A group of 100 stakeholders has been consulted from a geographically dispersed population in the European Union countries selected by each partner. The distribution of them in the European Union has been quite regular. We asked at least 3 stake holders from each of EU member state. Involving stakeholders has been considered critical to identifying which outcomes to measure. In this case, the application of the Delphi technique involved an e-questionnaire and also a postal questionnaire.

The analysis that has been followed for the selection of the indicators and the elaboration of the next questionnaire is divided into quantitative and qualitative analysis for each step of the Delphi Method. The quantitative analysis is a statistical score analysis of indicators by calculating the mean and the standard deviation; the difference between them give us the limit of the punctuation for the selecting indicators. On the other hand, in the qualitative analysis we have studied suggestions and comments received in the responses taking two types of actions: addition of a new indicator to the questionnaire or a new redaction of already existing items. It is important to note that global analysis must assure the presence of at least one representative indicator in each of the proposed domains.

The scheme of the global process followed in the project and the results of each step can be observed in the Figure 1 below.



6. Results

As we can see in the figure 1, after collecting the responses of the first round (89 indicators) we summarized the results of the questionnaire, analysed the responses in a qualitative and quantitative manner and redesigned a follow-up questionnaire containing 41 indicators. The questionnaire for the second round was sent by e-mail in word format to 100 stakeholders. We obtained 53 response distinguishing four main areas of knowledge among the expert panel: psychiatry (40 %), psychology (22.5 %), sociology (12.5 %) and medicine (25 %); and also four geographical zones: South West (20.4 %), South East (22.4 %), North West (32.7 %) and North East (22.4 %). In table 1 we can find this data about the distribution of the respondents.

Table 1. Distribution of respondents

ZONE IN EUROPE	AREA OF KNOWLEDGE
20.4 % South West	40 % Psychiatrst
22.4 % South East	22.5 % Psycologist
32.7 % North West	12.5 % Sociologist
24.5 % North East	25 % <u>Medical Doctor</u>

The result of the analysis of responses from the second round are shown above, where the items in red, these are the ones which were eliminated in the definitive set of 31 indicators due to their low

punctuation in comparison to the value of the mean minus the standard variation (the mean and the standard deviation obtained in the second round of the questionnaire are of 4.83 and 0.36 respectively).

As a final result of our work we propose a set of 31 indicators of social and environmental factors that have a positive impact on mental health. This impact has been described with scientific evidence in the selected bibliography. The 31 indicators have consensus among the consulted stake holders. Most of the indicators (25) are defined in an operational way, so that the data to be collected was in numerical form. Some indicators (6) are referring to the existence of some given law or plan, when the answer is either yes or no. Ten need search for description of quite common studies, made in the specific regions

INDICATORS OF PSYCHO-SOCIAL AND ENVIRONMENTAL FACTORS THAT IMPACT POSITIVE MENTAL HEALTH

Please indicate with an **x** in the boxes below how relevant are in your opinion, the following as an indicator of environmental factors that supports positive mental health (one answer only):

1. Very irrelevant (VI)
2. Irrelevant (I)
3. Slightly irrelevant (SI)
4. Slightly relevant (SR)
5. Relevant (R)
6. Very relevant (VR)

		Average score
1. National Mental Health Framework	1.1. % of national budget of the health System that is destined to mental health promotion	5,13
	1.2. Interaction of systems of health care, social care, educational system, handicapped care, police, justice, youth care	5,21
	1.3. Training programs in mental health for professionals in educational and social services fields	5,27
	1.4. Existence of mental health promotion policy in some of the main 4 th TV national channels (Eliminated)	4,33
2. Pre school experiences and family support/	2.1. Proportion of mothers who undergo a simple check soon after giving birth to ensure they are capable of meeting the infant's basic needs	4,75
	2.2. Proportion of women who breastfeed their infant for a minimum of 4 months or longer (Eliminated)	4,45
	2.3. Access to child centred services for pre-school children	5,04
3. Promotion of mental health through	3.1. Proportion of schools with mental health promotion activities in their curriculum	5,11
	3.2. Proportion of schools offering counselling and emotional support to children aged 5-16 years	5,25
	3.3. Mental health support in schools	5,00

	3.4. <i>Proportion of population that complete secondary education (Eliminated)</i>	4,47
	3.5. <i>Proportion of children (aged 8-16years) who are members of a team club (Eliminated)</i>	4,23
4. Employment and workplace Mental health	4.1. <i>Access to part time working (Eliminated)</i>	4,29
	4.2. Prevalence of programmes to promote mental health and address psychosocial risk factors in the workplace	4,96
	4.3. Satisfaction with the work environment (Could be assessed through Quality Assurance strategies)	4,92
	4.4. Existence and extension of supported employment programmes for people with long term mental problems	5,19
	4.5. Proportion of people without work	5,27
	4.6. Stability of employment (Levels of temporary employment)	4,85
	4.7. Statutory income for long term sickness / disability as a % of average income	4,85
	4.8. <i>Rate of signed agreements between unions and sectorial employers (Eliminated)</i>	3,92
	4.9. Existence of mental health promotion as part of health and Safety at Work Legislation	5,02
5. Social capital: Mentally healthy communities	5.1. Proportion of people who volunteer in non-profit organisations and community groups	4,48
	5.2. Social support networks	5,25
	5.3. Self help groups to cope with adversities and transitional situations	4,87
	5.4. Society's knowledge of and attitude towards mental health	5,21
	5.5. Respect for diversity and tolerance	5,21
	5.6. Proportion of population living in poverty	5,25
	5.7. National development of human rights	5,15
	5.8. Existence of legislation and policies promoting social inclusion	5,25
6. Physical Environment	6.1. Promotion of safety in vulnerable population	5,02
	6.2. Proportion of green spaces with public access	4,63
	6.3. <i>Level of Noise (Eliminated)</i>	4,47
	6.4. <i>Proportion of households with heating(Eliminated)</i>	4,46
	6.5. <i>Average of household density(Eliminated)</i>	4,38
7. Leisure Activities	7.1. Frequency of participation in sporting activity	4,53
	7.2. <i>Number of hours spent in cultural activities (cinema / theatre / dancing, etc.)(Eliminated)</i>	4,27

8. Mental Health and older adults	8.1. Access to social clubs, centres, etc for older adults	4,94
	8.2. Proportion of people over 65 engaged in training or education	4,57
	8.3. Access to home visits to support older people	5,25
	8.4. Adequacy of pensions	5,06
	8.5. Rate of large families including old people	4,94

After the first round we added some indicators (1.4, 3.4, 4.4), and modified the redaction of some of them (2.2, 3.4, 4.8), in accordance with the received suggestions. One of the new indicators received a high score in the second round (4.4. Existence and extension of supported employment programmes for people with long term mental problems).

The rest received a similar score in the ranking. So we considered that there is a level of consistency maintained between the two rounds. Most evaluators ranked each indicator quite highly. Few stakeholders ranked the indicators very low. But we have found consistency within the best ranked indicators in both groups (low rankers and high rankers).

We can appreciate the difference between domains by representing the mean of the indicators of each:

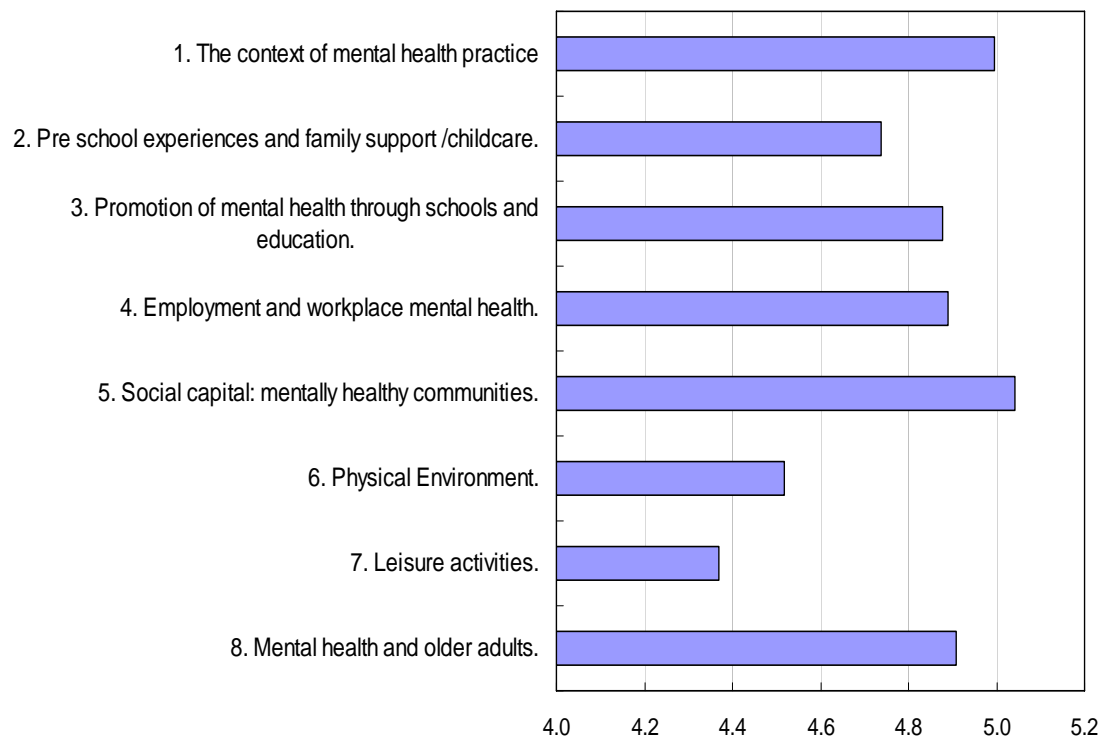


Figure 2. Scoring of the domains.

The lowest scoring is for the domain of leisure activities (domain 7) with 4.37 in contrast to the higher score obtained in the case of the domain of social capital: mentally healthy communities, with 5.04.

It is interesting to realize how, even if the profile of reporters is mostly medical (65% are medical doctors or psychiatrist) they have still considered the most relevant fields being social capital. Even more, one of the best ranked indicators (4.5) is integrated in the field of working life.

In addition, it should be remarked other indicators with highest ranking:

1.3. Training programs in mental health for professionals in educational and social services fields

3.2. Proportion of schools offering counselling and emotional support to children aged 5-16 years

4.5. Proportion of people without work

5.2. Social support networks

5.6. Proportion of population living in poverty

5.8. Existence of legislation and policies promoting social inclusion

8.3. Access to home visits to support older people

7. Concluding comments

As a final result of our work we have a proposed set of 31 structural indicators of social and environmental factors that have positive impact in mental health. These are in accordance with scientific studies and with the consensus of a sample of stakeholders in the field of European mental health.

These indicators were selected after an exhaustive study of the previous literature. Our aim was to find those indicators that could explain the life cycle and those educational, cultural, leisure related parameters, from where we find pedagogical aspects that make people understand those transitional phases of life where people are more vulnerable and where social support has an important role in healthy living and where intersubjectivity is more commonly present. Social support and policies and strategies related to them help in the readjustment to new phases in life. As well as being basic factors in the maintenance of welfare and quality of life, they are also important factors in health promotion programmes. Health policies must focus on the life cycle, coping with health problems from the beginning of a person's life while enabling growth without handicap or chronic illness. This being so, we have defined 8 main domains able to identify those aspects to be considered in order to maintain a positive mental health throughout life.

The 31 structural indicators developed from the Delphi procedure may help policymakers and professionals to reflect on a set of quality indicators demonstrating consensus across multiple stakeholders.

Mental health promotion is understood with difficulty in most parts of European Union, as well as in different clinical professions dealing with psychiatric problems. Even if the green paper in mental health, recently published by DG SANCO, emphasises the need to implement mental health promotion policies, the concepts given could be enriched further and with very important practical consequences with the concepts suggested in this project. This is particularly in the fields of mental health and social capital, trust, confidence, community resilience, and environmental factors; all of which influence helping people to enhance social support and interpersonal safety in critical stages of their life cycle thus giving the ability to cope with transitional situations.

This work should go one step further - perhaps focusing at the regional level. The regional level could be the most appropriate platform for collecting this type of data as well as being able to

implement policies that optimize the environmental factors which have a positive impact in mental health.

Additional work should be developed focusing on positive mental health, however this should be without mixing secondary prevention or mental health care strategies in its research and instead mainly consider the policy level, considering programmes and projects on mental health promotion mostly as consequences of policies. In this way, in our opinion, the comparative policy analysis could be the core strategy for this kind of policy analysis.