

MINDFUL Meeting
Paris, 1.6. – 2.6. 2006

Present:

Kristian Wahlbeck, Ville Lehtinen, Antti Tuomi-Nikula, Jyrki Korkeila, Ulla Katila-Nurkka, Juha Lavikainen, Heinz Katschnig, Tom Fryers, Terry Brugha, Viviane Kovess, Tanja Kamin, Agustin Ozamiz, Eva Jane-Llopis, Hans van Alst, and Howard Meltzer from the Eurostat

1§ Viviane Kovess welcomed the participants and gave a brief introduction of the MGEN. Kristian Wahlbeck opened the meeting. The agenda for the meeting was adopted. Minutes of the last meeting were adopted with a few revisions.

2§ Antti Tuomi-Nikula gave a demonstration of the new MINDFUL webpages (www.stakes.fi/mindful). Some comments were made on the data in the internet:

- The pilot study data should not be presented as a reliable source for cross country comparisons. Data from the ESeMed study should be used to replace the pilot data where possible.
- 95%CI would be a good way to present additional information pertinent to cross country comparisons. In practice this is however not possible using the cognos-programme.
- It is not possible to show any comments in the actual tables on the internet. The only possibility for providing extra information is providing it in the “metadata notes”.
- Some of the details on the internet will be revised.

3§ The Book.

- Juha Lavikainen presented the current status regarding the draft of the book. The meeting discussed on the deadlines of the book. Each partner will provide their first version for the book as soon as possible and provide a finalized version of their production by the 1.8. Juha Lavikainen will send the edited version for revisions by the 15.9. The draft will be finalized by the 15.10.
- MINDFUL has 15.000 € for the publishing. Circa 1500 copies will be printed, the partners will be provided with 100 copies each, the Commission will be provided ca. 200-300 copies.

4§ The partners presented the current status of their projects.

- The Bilbao group had made a literature search and surveys of expert opinions using the DELPHI method. Altogether 31 indicators for positive

mental health were identified. The project will scrutinize based on the discussion the availability, measurability and comparability of the indicators.

- The Leicester had conducted a systematic literature review on childhood antecedents and determinants of mental ill health.
- Viviane Kovess presented the results of the validation study in their current status. The results from Italy indicated a good level of validity for CIDI using SCID as a gold standard.
- The Vienna group had analyzed the routine statistical data collected on service use. The comparability and reliability of the data is of poor quality.
- The Nijmegen group analyzed the quality of promotion and prevention indicators and provided a list of plausible indicators.
- The Ljubljana group analyzed the availability of the information regarding the previously drafted mental health indicators. A validation study of the survey indicators is in progress.

5§ Howard Meltzer gave a presentation on the current status on the use of indicators in Eurostat.

- Eurostat will conduct a survey that includes some of the previously defined set of mental health indicators including measure from the RAND-36, CAGE. The Member States will be mandated to use the indicators that Eurostat has adopted.
- Morbidity statistics development group will outline a template of 30 to 40 diseases/illnesses. Data regarding these diseases will be collected from the 25 MS.
- "The Eurostat health interview survey" includes a mental health module comprising e.g. of MHI-5, EVI, happiness. The next round of the survey will take place in 2007
- The Budapest initiative will draft a health survey instrument as a partnership between the UN and EU.

6§ Current status of the MINDFUL indicators was presented by Ville Lehtinen. Jyrki Korkeila presented the indicator descriptions and definitions for indicators to be added into the previously defined set of indicators.

- The meeting discussed the alcohol dependence indicator as the performance of the CAGE among general population had proven of poor quality. ASSIST (alcohol smoking, substance involvement screening test, an eight item scale drafted by WHO) was mentioned as one choice for a new measure. The meeting adopted use of AUDIT-5 as a measure of harmful and hazardous drinking to replace the CAGE.
- The meeting discussed the indicator for social support. Jyrki Korkeila suggested the use of BSSQ as a choice instead of Oslo-3. Any measure of perceived support is liable to reflect factors dependent on the individual's personality and therefore a scale incorporating items on the

scope of social network should be preferred (“the more psychological, the more biased”). The Cronbach α was low for Oslo-3, however, this should not be used as the sole basis for choice between the scales. The meeting ended up preferring Oslo-3 rather than BSSQ.

- The meeting discussed the use of and adopted Self-esteem Scale as a measure of positive mental health.
- KIDSCREEN was not adopted on the final list as it is too difficult to use due to the number of items.
- Strengths and Difficulties Questionnaire was adopted as an indicator of childhood and adolescent positive (peer relations) and negative (externalizing, internalizing, conduct and attention deficit disorders) mental health.
- Cantrill’s ladder was not adopted as there was a lack of data on validity and reliability of the measure.
- “Childhood adversities” was considered as a very important determinant of mental health. Jyrki Korkeila suggested the use of the four items from the National Comorbidity Survey. As a choice the meeting suggested the review a scale previously used in British health surveys. Terry Brugha will send Jyrki Korkeila this instrument. The final choice will be made by the Finnish Group. Parental bonding scale was likewise discussed as an important indicator to be added to the long-list.
- The final definitions for promotion indicators will be outlined by Korkeila and Janè-Llopis

ECHI requested MINDFUL to come up with a shortlist comprising 15 to 20 indicators stating additionally how these indicators should be prioritized. The meeting adopted the following short-list in order of priority (survey indicators are italicized):

1. *Psychological distress*
2. *Psychological impairment*
3. *EVI*
4. *Mental disorders among children and adolescents (generic)*
5. *Major depression*
6. *Any anxiety disorder*
7. *Hazardous and harmful drinking*
8. *Sense of mastery*
9. *Self-esteem*
10. *Social support*
11. *Negative life events*
12. *Childhood adversities*
13. Suicide (Standardized mortality ratio)
14. Disability pensions due to mental disorders
15. Mental health promotion
16. Number of psychiatrists
17. Involuntary placements

- 18. Use of antidepressants
- 19. Use of anxiolytics
- 20. Alcohol related deaths

7§ The meeting finalized the ECHI short and long list of mental health indicators. Sickness compensation indicators should be supplemented with a survey indicator on the lost work days (to be added to the labor force survey). There were other revisions that were additionally suggested (see ECHI suggestions document).

8§ Kristian Wahlbeck presented an outline of indicators to be suggested for addition in the “Determinants Module” as the list did not include any psychosocial indicators. The meeting decided to suggest the following list in order of priority: 1) work life, 2) sense of mastery, 3) social support, 4) life events and 5) self-esteem.

9§ Allison McCollum presented the principles of the Scottish support project. The support project will provide support for the mental health projects and promote communication between the projects.

10§ Kristian Wahlbeck ended the final meeting of the MINDFUL project.