



MINDFUL - Mental health information and determinants for the European level

Annex 8: Metadata on MINDFUL indicators

September 14, 2006

Agreement Number 2003119 between the Commission of the European Communities and the National Research and Development Centre for Welfare and Health (STAKES), Finland

GROUP	DOMAIN	INDICATOR
Health status	<i>Cause specific mortality</i>	1a. Suicide (SDR)
		1b. Suicide (CDR)
		2a. Deaths of undetermined intent (SDR)
		2b. Deaths of undetermined intent (CDR)
		3. Drug related deaths
		4. Alcohol related deaths
	<i>Morbidity, disease specific</i>	5. Any anxiety disorder
		6. Major depression
		7. Hazardous and harmful drinking
		8. Suicide attempts
	<i>Morbidity, generic</i>	9. Psychological distress
		10. Mental disorders and adjustment among children and adolescents
		11. Energy, vitality
12. Happiness		
13. Psychological impairment		
Determinants of health	<i>Personal conditions</i>	14. Sense of mastery
		15. Self-Esteem
	<i>Social and cultural environment</i>	16. Social support
		17. Negative life events
		18. Childhood adversities
		19. Suicide prevention
Health systems	<i>Prevention, health protection and promotion</i>	20. Mental health promotion
		21. Number of psychiatric beds
	<i>Health resources</i>	22. Number of psychiatrists
		23. Number of child (and adolescent) psychiatrists
		<i>Health care utilisation; psychiatric care and social services</i>
	25. Number of long-stay patients	
	26. Involuntary placements	
	27. Use of outpatient services	
	28. Self-reported use of mental health services	
	29. Use of antidepressants	
	30. Use of antipsychotics	
	31. Use of anxiolytics	
	32. Use of hypnotics	
	33. Disability pensions due to mental disorders	
	34. Sickness allowance spells due to mental disorders	
<i>Expenditure</i>	35. Expenditure on mental health services	

Title

- 1a. Suicide (SDR)

Description

- Deaths caused directly by intentional self-harm, including purposely self-inflicted poisoning or injury, completed suicide.

Definitions

- Cause of death: ICD-10 codes X60-X84
- Standardised death rate per 100000 inhabitants, total population (SDR, European Standard Population) for the whole Member State

Availability and time coverage

COUNTRY	TIME COVERAGE	SOURCES
Austria	1990-2003	1
Belgium	1990-1997	1
Cyprus	1990-1999	3
Czech Republic	1990-2003	1
Denmark	1990-2001	1
Estonia	1990-2003	1
Finland	1990-2003	1
France	1990-2002	1
Germany	1990-2003	1
Greece	1990-2003	1
Hungary	1990-2003	1
Ireland	1990-2003	1, 2
Italy	1990-2002	1
Latvia	1990-2003	1
Lithuania	1990-2003	1
Luxembourg	1990-2003	1
Malta	1990-2003	1
Netherlands	1990-2003	1
Poland	1990-1996, 1998-2003	1
Portugal	1990-2003	1, 2
Slovakia	1990-2002	1
Slovenia	1990-2003	1
Spain	1990-2003	1, 2
Sweden	1990-2002	1, 2
United Kingdom	1990-2002	1, 2

Groupings of available data

- Age: less than 65, total
- Sex: male, female, total

Notes

- Cause of death data are derived from death certificates. The medical certification of death is an obligation in all EU Member States. MS's code the information of the death certificate into ICD codes (Eurostat data).
- All SDR rates have been standardised on the European Standard Population, except rates for Cyprus that have been standardised on the World Standard Population.
- MINDFUL's recommendation is that mean of the entire population of each year is used in calculating ratios / 100000.

Data sources

- WHO, European Health for All Database
- Eurostat, Dissemination Database (2003)
- CY: Zacharakis CA et al. Suicide in Cyprus 1988-1999. *European Psychiatry* 20 (2005) 110–114 (only males and females separately, no totals)

Title

- 1b. Suicide (CDR)

Description

- Deaths caused directly by intentional self-harm, including purposely self-inflicted poisoning or injury, completed suicide.

Definitions

- Cause of death: ICD-10 codes X60-X84
- Crude death rate per 100000 inhabitants, total population (CDR)

Availability and time coverage

COUNTRY	TIME COVERAGE	SOURCES
Austria	1994-2003	1
Belgium	1994-1997	1
Cyprus	2002	1
Czech Republic	1994-2003	1
Denmark	1994-2001	1
Estonia	1999-2003	1
Finland	1994-2003	1
France	1994-2002	1
Germany	1994-2003	1
Greece	1994-2003	1
Hungary	1999-2003	1
Ireland	1994-2003	1
Italy	1994-2002	1
Latvia	1999-2003	1
Lithuania	1994-1997, 1999-2003	1
Luxembourg	1994-2003	1
Malta	2000-2003	1
Netherlands	1994-2003	1
Poland	1999-2003	1
Portugal	1994-2003	1
Slovakia	1999, 2001	1
Slovenia	1999-2003	1
Spain	1994-2003	1
Sweden	1994-2003	1
United Kingdom	1994-2000	1

Groupings of available data

- Age: 5 year age groups
- Sex: male, female, total
- Regional: Member States and NUTS 2 regions

Notes

- Cause of death data are derived from death certificates. The medical certification of death is an obligation in all EU Member States. MS's code the information of the death certificate into ICD codes (Eurostat data).
- MINDFUL's recommendation is that mean of the entire population of each year is used in calculating ratios / 100000.

Data sources

- Eurostat, Dissemination Database

Title

- 2a. Deaths of undetermined intention (SDR)

Description

- Deaths where available information is insufficient to enable a medical or legal authority to make a distinction between accident, self-harm and assault. They include deaths due to self-inflicted injuries, but not poisoning, when not specified whether accidental or with intent to harm. A direct cause of death. This indicator adds information to the whole suicide problem; it is often meaningful to contemplate the suicide and deaths of undetermined intention figures together.

Definitions

- Cause of death: ICD-10 codes Y10-Y34
- Standardised death rate per 100000 inhabitants, total population (SDR, European Standard Population) for the whole Member States

Availability and time coverage

- AT, CZ, DE, ES, FI, IE, NL, PT, SE 1994-2003; FR, IT 1994-2002; DK 1994-2001; UK 1994-2000; BE 1994-1997; LT 1994-1997, 1999-2003; EE, HU, LV, PL, SI 1999-2003; GR 1994, 1997-2001; LU 1994-1998, 2000-2003; MT 2000-2003; SK 1999-2001

Groupings of available data

- Sex: male, female, total

Notes

- Cause of death data are derived from death certificates. The medical certification of death is an obligation in all EU Member States. MS's code the information of the death certificate into ICD codes (Eurostat data)
- MINDFUL's recommendation is that mean of the entire population of each year is used in calculating ratios / 100000.

Data sources

- Eurostat, Dissemination Database

Title

- 2b. Deaths of undetermined intention (CDR)

Description

- Deaths where available information is insufficient to enable a medical or legal authority to make a distinction between accident, self-harm and assault. They include deaths due to self-inflicted injuries, but not poisoning, when not specified whether accidental or with intent to harm. A direct cause of death. This indicator adds information to the whole suicide problem; it is often meaningful to contemplate the suicide and deaths of undetermined intention figures together.

Definitions

- Cause of death: ICD-10 codes Y10-Y34
- Crude death rate per 100000 inhabitants, total population (CDR)

Availability and time coverage

- AT, DE, FI, IE, LU, NL, PT 1994-2002; DK, ES, FR, SE 1994-2001; UK 1994-2000; BE 1994-1997; CZ, EE, HU, LT, LV, PL, SI 1999-2002; GR 1994, 1997-2000; IT 1994-2000, 2002; MT 2000, 2001; SK 1999-2001

Groupings of available data

- Age: 5 year age groups
- Sex: male, female, total
- Regional: Member States and NUTS 2 regions

Notes

- Cause of death data are derived from death certificates. The medical certification of death is an obligation in all EU Member States. MS's code the information of the death certificate into ICD codes (Eurostat data)
- MINDFUL's recommendation is that mean of the entire population of each year is used in calculating ratios / 100000.

Data sources

- Eurostat, Dissemination Database

Title

- 3. Drug related deaths

Description

- Drug related deaths and mortality among drug users. The definition refers to those deaths that are caused directly by the consumption of drugs of abuse. These deaths occur generally shortly after the consumption of the substance(s).

Definition

- Cause of death: the following ICD-10 codes: Harmful use, dependence, and other mental and behavioural disorders due to: opioids (F11), cannabinoids (F12), cocaine (F14), other stimulants (F15), hallucinogens (F16), multiple drug use (F19). Accidental poisoning (X41, X42), intentional poisoning (X61, X62), or poisoning by undetermined intent (Y11, Y12) by: opium (T40.0), heroin (T40.1), other opioids (T40.2), methadone (T40.3), other synthetic narcotics (T40.4), cocaine (T40.5), other and unspecified narcotics (T40.6), cannabis (T40.7), lysergide (T40.8), other and unspecified psychodysleptics (T40.9), psychostimulants (T43.6).
- Crude death rate (CDR) per 100000 inhabitants

Availability and time coverage

- AT, DE, DK, ES, FR, GR, IT, LU, PT, SI 1990-2002; FI, IE, NL, SE, UK 1990-2001; BE 1990-1997; CZ 1998-2002; EE 1997-2002; LV 2000-2002; LT 2002; PL 1997-2000

Groupings of available data

- Sex: male, female, total

Notes

- Cause of death data are derived from death certificates. The medical certification of death is an obligation in all EU Member States. MS's code the information of the death certificate into ICD codes.
- The definition is established by EMCDDA.
- Numbers from different countries are not directly comparable because differences remain in case definition and recording methods. National definitions usually refer to acute deaths directly related to drug consumption ("overdoses", "poisonings" or "drug-induced"). Note that, in a few countries, the figures include also a limited number of cases of deaths indirectly related to drug use (e.g. AIDS, accidents with positive toxicology).
- Crude death rate calculation by MINDFUL using Eurostat's population statistics (average population).

Data sources

- EMCDDA - European Monitoring Centre for Drugs and Drug Addiction

Title

- 4. Alcohol related deaths

Description

- Deaths caused by use of alcohol. The definition refers to those deaths that are caused by long-term use, as well as sudden poisonings directly related to the use of alcohol.

Definition

- Cause of death: the following ICD-10 codes: Mental and behavioural disorders due to use of alcohol (F10), degeneration of nervous system due to alcohol (G31.2), Alcoholic polyneuropathy (G62.1), Alcoholic myopathy (G72.1), Alcoholic cardiomyopathy (I42.6), Alcoholic gastritis (K29.2), Alcoholic liver disease (K70), Alcohol-induced chronic pancreatitis (K86.0), Maternal care for (suspected) damage to fetus from alcohol (O35.4), Fetus and newborn affected by maternal use of alcohol (excludes: fetal alcohol syndrome) (P04.3), Accidental poisoning by and exposure to alcohol (X45).
- Crude death rate (CDR) per 100000 inhabitants

Availability and time coverage

- AT, FI, IE 1990-2004; DE 1991-2004; EE 1990, 1995, 2000, 2003; ES 1999-2003; HU 2002; LT 1990, 1995, 2000, 2004; LU 1999-2004; NL 1996-2004; PL 2002; SE 1997-2003; SI 1990, 1995, 2000, 2003.

Groupings of available data

- Sex: male, female, total: AT, DE, ES, FI, LU

Notes

- Cause of death data are derived from death certificates. The medical certification of death is an obligation in all EU Member States. MS's code the information of the death certificate into ICD codes.
- In Luxembourg, Netherlands and Sweden the numbers of deaths are reported in two-digit ICD-10 only (eg. G62 instead of G62.1). However, this results in only minor effect on the total number of deaths.
- In Germany ICD-9 was in use until 1997, in Austria until 2001 and in Ireland it still is. The set of ICD-9 that corresponds ICD-10 in the case of alcohol related deaths is 291, 303, 305.0, 357.5, 425.5, 535.3, 571.0, 571.1, 571.2, 571.3, E860. Furthermore, since 1998 P04.3 and X45 are replaced by Q86.0, T51.0 and T51.9 in Germany. However, this results in only minor effect on the total number of deaths.
- CZ: Specialised system of monitoring of alcohol related deaths does not exist. Information on deaths related to the listed diagnoses are available as a part of routine mortality data but in fact it does not cover all alcohol related deaths. Some cases can get a diagnosis from the Y10-Y34 category or from other somatic category.
- Crude death rate calculation by MINDFUL using Eurostat's population statistics (average population).

Data sources

- AT: Statistics Austria
- DE: Destatis
- EE: Ministry of Social Affairs
- ES: National Statistics Institute
- FI: Statistics Finland
- HU: OPNI - National Institute of Psychiatry and Neurology, Dept. of Statistics
- IE: Central Statistics Office Ireland

- LT: Lithuanian Department of Statistics
- LU: Statec
- NL: Statistics Netherlands
- PL: Institute of Psychiatry and Neurology
- SE: Socialstyrelsen
- SI: Statistical Office of the Republic of Slovenia

Title

- 5. Any anxiety disorder

Description

- Anxiety is an emotion that can be either normal or pathological. Anxiety disorders are characterised by anxiety that manifests an intensity and/or duration inappropriate to the stimulus which triggers it, and when it becomes a cause of suffering and dysfunction for the individual. They are common mental disorders which can seriously affect individual's ability to conduct normal and socially active life including work and leisure time activities. Anxiety disorders include generalised anxiety disorder, different phobias, panic disorder, and obsessive-compulsive disorder.

Definition

- A health interview survey indicator. Age and sex adjusted prevalence of any anxiety disorder during past 12 months; instrument: CIDI-SF.

Availability and time coverage

- BE, FR, IT, ES 2002; DE, NL 2003; DE 1999, NL 1996; FI 2001

Groupings of available data

- Sex: male, female, total: DE 1999, NL 1996; FI 2001

Notes

- Age range: 18-79 years: DE 1999; 30+: FI 2001; 18-64: NL 1996

Data sources

- BE, FR, IT, ES 2002: Demyttenaere K, Bruffaerts R, Posada-Villa J et al. Prevalence, severity, and unmet need for treatment of mental disorders in the World Health Organization World Mental Health Surveys. *JAMA* 2004; 291:2581-2590.
- DE 1999: Jacobi F, Wittchen HU, Holting C, Hofler M, Pfister H, Muller N, Li R. Prevalence, co-morbidity and correlates of mental disorders in the general population: results from the German Health Interview and Examination Survey (GHS). *Psychol Med* 2004;34:597-611.
- NL 1996: Bijl RV, Ravelli A, van Zessen G. Prevalence of psychiatric disorder in the general population: results of the Netherlands Mental Health Survey and Incidence Study (NEMESIS). *Soc Psychiatry Psychiatr Epidemiol* 1998;33:587-595.
- FI 2001: Pirkola, S, Isometsä E, Suvisaari J, Aro H, Joukamaa M, Koskinen S, Aromaa A, Lönnqvist J. DSM-IV mood-, anxiety- and alcohol use disorders and their comorbidity in the Finnish general population. Results from the Health 2000 Study. *Soc Psychiatry Psychiatr Epidemiol* 2005;40:1-10.

Title

- 6. Major depression

Description

- Major depression is a serious medical illness; unlike normal emotional experiences of sadness, loss, or passing mood states, major depression is persistent and can significantly interfere with an individual's thoughts, behaviour, mood, activity, and physical health. Depression is a major public health issue in all Member States.

Definition

- A health interview survey indicator. Age and sex adjusted prevalence of cases fulfilling the criteria of major depression for an episode of depression for at least two weeks during past 12 months; instrument: CIDI-SF.

Availability and time coverage

- DE, FR, GR 2001; NL 1996, FI 1996, 2001

Groupings of available data

- Sex: male, female, total: FI 1996, 2001
- Age: 30-44, 45-54, 55-64, 65-74, 75-84, 85+: FI 2001

Notes

- Age range: 18-74 years: DE, FR, GR 2001; 15-75: FI 1996; 30+: FI 2001; 18-64: NL 1996

Data sources

- DE, FR, GR 2001: Korkeila J et al: Piloting a minimum data set of mental health indicators for Europe.
- NL 1996: Kruijshaar ME, Hoeymans N, Bijl RV, Spijker J, Essink-Bot ML. Levels of disability in major depression: findings from the Netherlands Mental Health Survey and Incidence Study (NEMESIS). *J Affect Disord.* 2003 Oct;77(1):53-64.
- FI 1996: Lindeman S, Hämäläinen J, Isometsä E, Kaprio J, Poikolainen K, Heikkinen M, Aro H. The 12-month prevalence and risk factors for major depressive episode in Finland: representative sample of 5993 adults. *Acta Psychiatr Scand.* 2000 Sep;102(3):178-84.
- FI 2001: Aromaa A, Koskinen S, ed. Health and functional capacity in Finland. Baseline results of the Health 2000 health examination survey. Publications of the National Public Health Institute B3/2002.

Title

- 7. Hazardous and harmful drinking

Description

- Hazardous and harmful use of alcohol signifies heavy drinking that is associated with an increased risk for alcohol dependence and alcohol related negative health outcomes. Excessive use of alcohol is common among persons with mental disorders.

Definition

- A health interview survey indicator. AUDIT-5 is a five item measure that can be administered as a self-report scale or used in an interview. AUDIT is derived from Alcohol Use Disorders Identification Test.

Availability and time coverage**Groupings of available data****Notes**

- AUDIT-5 has proven to provide a more valid and reliable estimate of alcohol dependence than CAGE. Neither of the measures have been tested in the general population. MINDFUL recommendation is that CAGE should be replaced by AUDIT-5.

Data sources

- No data available

Title

- 8. Suicide attempts

Description

- Suicide is an important public health issue; data on suicide attempts supplement the information already provided by mortality data.

Definition

- A health interview survey indicator. Lifetime occurrence of suicide attempt. Age and sex adjusted prevalence of cases giving positive answer to the specific question: Have you ever attempted suicide? The data is reported as percentage of respondents having attempted suicide during lifetime.

Availability and time coverage

- DE, FI, FR 2001; GR 1998, 2001, 2004

Groupings of available data

- Sex: male, female, total : GR 1998, 2004

Notes

- Age range: 18-74 years: DE, FI, FR, GR 2001

Data sources

- DE, FI, FR, GR 2001: Korkeila J et al: Piloting a minimum data set of mental health indicators for Europe.
- GR 1998, 2004: University Mental Health Research Institute (UMHRI) Athens, Greece.

Title

- 9. Psychological distress

Description

- A non-specific dimension of psychopathology, indicates that something is wrong but does not yield diagnostic assessment, comprises usually of anxiety and depression related distress states. Distress is associated with high use of health services and is a predictor of mortality; important measure for public health matters.

Definitions

- A health interview survey indicator. Occurrence and extent of psychological distress during past month. Mean score of the Mental Health Index (MHI-5) from the RAND-36 questionnaire.

Availability and time coverage

- DE, FI, FR, GR 2001;
- AT, BE, DE, DK, ES, FI, FR, GR, IE, IT, LU, PT, SE, UK 2002
- NL 1996, 2001-2004
- SE 1992
- UK 1992, 1996, 1999
- FI 1995
- IE 2000

Groupings of available data

- Sex: male, female, total: DE, FI, FR, GR 2001; AT, BE, DE, DK, ES, FI, FR, GR, IE, IT, LU, PT, SE, UK 2002; IE 2000, SE 1992; male, female: UK 1999
- Age: 15-25, 26-44, 45-64, 65+: AT, BE, DE, DK, ES, FI, FR, GR, IE, IT, LU, PT, SE, UK 2002; 15-44, 45-64, 65-74. 75+: SE 1992

Notes

- Age range: 18-74 years: DE, FI, FR, GR 2001; 15+AT, BE, DE, DK, ES, FI, FR, GR, IE, IT, LU, PT, SE, UK 2002; 18-79: FI 1995; 18+: IE 2000; 18-64: NL 1996; 14-95: NL 2001-2004; 15-93: SE 1992; 16+: UK 1992, 1998; 18-64: UK 1999
- Suggested population norm for the mean score: 76. A score of 52 or less on the MHI-5 scale is taken to indicate a case of mental ill-health.
- Each country may be advised to define national cutpoints, because the results from the pilot study and Eurobarometer imply culture based differences in the responses.

Data sources

- DE, FI, FR, GR 2001: Korkeila J et al: Piloting a minimum data set of mental health indicators for Europe
- AT, BE, DE, DK, ES, FI, FR, GR, IE, IT, LU, PT, SE, UK 2002: The European Opinion Research Group (EORG): Eurobarometer 58.2. The mental health status of the European population, 2003.
- FI 1995: Aalto A-M, Aro AR, Teperi J. RAND-36 as a measure of Health-Related Quality of Life. Reliability, construct validity and reference values in the Finnish general population. Helsinki: Stakes, Research Reports 101, 1999.
- IE 2000: Blake C, Codd MB, O'Meara YM. The Short Form 36 (SF-36) Health Survey: normative data for the Irish population. Irish Journal of Medical Science. 2000 Jul-Sep;169(3):195-200.

- NL 1996: Bijl RV, Ravelli A. Current and residual functional disability associated with psychopathology: findings from the Netherlands Mental Health Survey and Incidence Study (NEMESIS). *Psychological Medicine* 2000;30:657-668.
- NL 2001-2004: Statistics Netherlands
- SE 1992: Sullivan M, Karlsson J. The Swedish SF-36 Health Survey III. Evaluation of criterion-based validity: results from normative population. *J Clin Epidemiol.* 1998 Nov;51(11):1105-13.
- UK 1992, 1998: Bowling A, Bond M, Jenkinson C, Lamping DL. Short Form 36 (SF-36) Health Survey questionnaire: which normative data should be used? Comparisons between the norms provided by the Omnibus Survey in Britain, the Health Survey for England and the Oxford Healthy Life Survey. *Journal of Public Health Medicine.* 1999 Sep;21(3):255-70.
- UK 1999: Jenkinson C, Stewart-Brown S, Petersen, Paice C. Assessment of the SF-36 version 2 in the United Kingdom. *J. Epidemiol. Community Health* 1999;53;46-50.

Title

- 10. Mental disorders and adjustment among children and adolescents

Description

- Mental disorders in childhood and adolescence are common and comprise internalising, externalising, conduct and attention deficit disorders. Mental disorders can seriously affect individual's ability to conduct normal and socially active life including work and leisure time activities. Good adjustment is defined here as prosocial behaviours manifested as good peer relationships and a low level of emotional symptoms.

Definition

- Strengths and Difficulties (SDQ) screens for internalising, externalising, conduct and attention deficit disorders. The SDQ is a brief behavioural screening questionnaire about 3-16 year olds and it can be completed in 5 minutes. It includes 25 items (emotional, conduct, hyperactivity/inattention, and prosocial behaviour) and assessment of 5 domains of functioning. The predictive algorithm generates "unlikely", "possible" or "probable" ratings for psychiatric disorders described above. There are three versions of SDQ: 1) parent, 2) teacher and 3) self-rate scales.

Classifications

Availability and time coverage

- DE, FI, IT, PT, SE 2004; DE 2002, 2004

Groupings of available data

- Sex: male, female: IT, PT

Notes

- MINDFUL's recommendation is that the scores from parent ratings are prioritised among 10-year old children. In the absence of parent ratings teacher ratings are used. Self-rate measures are used among adolescents, i.e. persons ≥ 13 years of age. The "total difficulties" score is used as an indicator of likelihood of a diagnosis.
- MINDFUL recommendation is that the scores of prosocial behaviours are used as a measure of adjustment.
- Data from the Nordic countries among 7-year olds are based on parent ratings and among 15 year olds on self-ratings.
- Data from Southern Europe among 7 to 8-year olds are based on teacher ratings.
- Data from Germany are based on parent ratings in a sample of 6 to 16-year olds.

Data sources

- Obel, C, Heiervan, W., Rodriguez, A et al. The Strength and Difficulties Questionnaire (SDQ) in the Nordic countries. *European Child and Adolescent Psychiatry* 2004;13:32-39, Suppl 2.
- Marzocchi, GM, Capron, C., Di Pietro, M, Tauleria, W., Duyme, M., Frigerio, A. et al The use of the Strengths and Difficulties Questionnaire (SDQ) in Southern European countries. *European Child and Adolescent Psychiatry* 2004;13:40-46, Suppl 2.
- Woerner W, Becker A, Rothenberger A. Normative data and scale properties of the German parent SDQ. *European Child & Adolescent Psychiatry* 2004;13:3-10, Suppl 2

Title

- 11 Energy, vitality

Description

- The sense of energy and vitality is an important indicator of positive mental health. It is measured with questions about the degree of both energy and tiredness, as well as the overall degree of happiness.

Definition

- A health interview survey indicator. Occurrence and extent of energy and vitality during past month. Age and sex adjusted mean score of the Energy and Vitality Index (EVI) from the RAND-36 questionnaire.

Availability and time coverage

- DE, FI, FR, GR 2001;
- AT, BE, DE, DK, ES, FI, FR, GR, IE, IT, LU, NL, PT, SE, UK 2002
- FI 1995
- NL 1996
- SE 1992
- UK 1992, 1996, 1999
- IE 2000

Groupings of available data

- Sex: male, female, total: DE, FI, FR, GR 2001; AT, BE, DE, DK, ES, FI, FR, GR, IE, IT, LU, PT, SE, UK 2002; IE 2000, SE 1992; male, female: UK 1999
- Age: 15-25, 26-44, 45-64, 65+: AT, BE, DE, DK, ES, FI, FR, GR, IE, IT, LU, PT, SE, UK 2002; 15-44, 45-64, 65-74, 75+: SE 1992

Notes

- Age range: 18-74 years: DE, FI, FR, GR 2001; 15+: AT, BE, DE, DK, ES, FI, FR, GR, IE, IT, LU, PT, SE, UK 2002; 18-79: FI 1995; 18+: IE 2000; 18-64: NL 1996; 15-93: SE 1992; 16+: UK 1992, 1998; 18-64: UK 1999
- Suggested population norm for the mean score: 70

Data sources

- DE, FI, FR, GR 2001: Korkeila J et al: Piloting a minimum data set of mental health indicators for Europe
- AT, BE, DE, DK, ES, FI, FR, GR, IE, IT, LU, PT, SE, UK 2002: The European Opinion Research Group (EORG): Eurobarometer 58.2. The mental health status of the European population, 2003.
- FI 1995: Aalto A-M, Aro AR, Teperi J. RAND-36 as a measure of Health-Related Quality of Life. Reliability, construct validity and reference values in the Finnish general population. Helsinki: Stakes, Research Reports 101, 1999.
- IE 2000: Blake C, Codd MB, O'Meara YM. The Short Form 36 (SF-36) Health Survey: normative data for the Irish population. Irish Journal of Medical Science. 2000 Jul-Sep;169(3):195-200.
- NL 1996: Bijl RV, Ravelli A. Current and residual functional disability associated with psychopathology: findings from the Netherlands Mental Health Survey and Incidence Study (NEMESIS). Psychological Medicine 2000;30:657-668.
- SE 1992: Sullivan M, Karlsson J. The Swedish SF-36 Health Survey III. Evaluation of criterion-based validity: results from normative population. J Clin Epidemiol. 1998 Nov;51(11):1105-13.

- UK 1992, 1998: Bowling A, Bond M, Jenkinson C, Lamping DL. Short Form 36 (SF-36) Health Survey questionnaire: which normative data should be used? Comparisons between the norms provided by the Omnibus Survey in Britain, the Health Survey for England and the Oxford Healthy Life Survey. *Journal of Public Health Medicine*. 1999 Sep;21(3):255-70.
- UK 1999: Jenkinson C, Stewart-Brown S, Petersen, Paice C. Assessment of the SF-36 version 2 in the United Kingdom. *J. Epidemiol. Community Health* 1999;53:46-50.

Title

- 12. Happiness

Description

- Happiness is defined as the degree to which an individual judges the overall quality of his life-as-a-whole favourably. Within this concept two components of happiness are distinguished: hedonic level of affect (the degree to which pleasant affect dominates) and contentment (perceived realisation of wants). These components represent respectively "affective" and "cognitive" appraisals of life and are seen to figure as subtotals in the overall evaluation of life, called overall happiness.

Definition

- A health interview survey indicator. Current occurrence and extent of happiness. Age and sex adjusted mean score of a single question with four response alternatives: Taking all things together, would you say you are: very/quite/not very/not at all happy?
- Count: very happy=4...not at all happy=1

Availability and time coverage

- AT 1990, 1999, 2002; BE, CZ, DK, FR, NL, PT 1990, 1999; EE, LT, LV 1990, 1996, 1999; FI 1990, 1996, 2000; DE 1998-1999; GR, LU, MT 1999; HU 1990-1991, 1998-1999; IE 1990-1991, 1999, 2001, 2003; IT 1990-1991, 1999; PL 1990, 1992-1993, 1997, 1999, 2003; SI 1991-1992, 1995, 1999; SK 1990, 1998-1999; ES 1990, 1995, 1999-2000; SE 1990, 1996, 1999-2000; UK 1990-1991, 1998.

Groupings of available data**Notes**

- The origins of the data in World Database of Happiness are mainly The World Values Study survey series (<http://www.worldvaluessurvey.com/>) and Euromodule (<http://bibliothek.wz-berlin.de/pdf/2001/iii01-401.pdf>)

Data sources

- Veenhoven, R. World Database of Happiness, Trends in nations, Erasmus University Rotterdam.

Title

- 13. Psychological impairment

Description

- Signifies a lowered level of ability to function. Psychological impairment substantially limits one or more major life activities. Impairment of function is an outcome of ill-health requiring monitoring.

Definition

- A health interview survey indicator. Occurrence and extent of psychological impairment during past month. Age and sex adjusted mean score of the Role Limitations due to Emotional Problems -index from the RAND-36 questionnaire

Availability and time coverage

- DE, FI, FR, GR 2001
- FI 1995
- SE 1992
- UK 1992, 1996, 1999
- IE 2000
- DE 2002

Groupings of available data

- Age: 15-44, 45-64, 65-74. 75+: SE 1992
- Sex: male, female, total: IE 2000, SE 1992; male, female: UK 1999

Notes

- Age range: 18-74 years: DE, FI, FR, GR 2001; 14-95: DE 2002; 18-79: FI 1995; 18+: IE 2000; 15-93: SE 1992; 16+: UK 1992, 1996; 18-64: UK 1999
- Suggested population norm for the mean score: 89.

Data sources

- DE, FI, FR, GR 2001: Korkeila J et al: Piloting a minimum data set of mental health indicators for Europe
- DE 2002: Morfeld M, Bullinger M, Nantke J, Brahler E. [The version 2.0 of the SF-36 Health Survey: results of a population-representative study] *Soz Präventivmed.* 2005;50(5):292-300. German.
- FI 1995: Aalto A-M, Aro AR, Teperi J. RAND-36 as a measure of Health-Related Quality of Life. Reliability, construct validity and reference values in the Finnish general population. Helsinki: Stakes, Research Reports 101, 1999.
- IE 2000: Blake C, Codd MB, O'Meara YM. The Short Form 36 (SF-36) Health Survey: normative data for the Irish population. *Irish Journal of Medical Science.* 2000 Jul-Sep;169(3):195-200.
- SE 1992: Sullivan M, Karlsson J. The Swedish SF-36 Health Survey III. Evaluation of criterion-based validity: results from normative population. *J Clin Epidemiol.* 1998 Nov;51(11):1105-13.
- UK 1992, 1996: Bowling A, Bond M, Jenkinson C, Lamping DL. Short Form 36 (SF-36) Health Survey questionnaire: which normative data should be used? Comparisons between the norms provided by the Omnibus Survey in Britain, the Health Survey for England and the Oxford Healthy Life Survey. *Journal of Public Health Medicine.* 1999 Sep;21(3):255-70.
- UK 1999: Jenkinson C, Stewart-Brown S, Petersen, Paice C. Assessment of the SF-36 version 2 in the United Kingdom. *J. Epidemiol. Community Health* 1999;53;46-50.

Title

- 14. Sense of mastery

Description

- Sense of mastery is a form of perceived personal control. Predictor of health outcomes (both for mental health and general health). Mastery is a psychosocial resource that promotes resilience to mental ill health.

Definition

- A health interview survey indicator. Current occurrence and extent of sense of mastery. Age and sex adjusted mean score of the 7-item version of the Sense of Mastery -questionnaire (score ranges between 7 and 28), in which score less than 20 indicates low sense of mastery, and score less than 12 indicates pessimism.

Availability and time coverage

- DE, FI, FR, GR 2001

Groupings of available data**Notes**

- Age range in the pilot study: 18-74 years
- The pilot study used a five item version of the Sense of Mastery (score ranges between 0 and 20), which was later changed into the seven item version. The cutpoint for low mastery in the pilot study is 12.

Data sources

- Korkeila J et al: Piloting a minimum data set of mental health indicators for Europe

Title

- 15. Self-Esteem

Description

- Self-esteem is defined as one's sense of worthiness as a person and it functions as an anxiety buffer. Self-esteem is associated with measures of temperament and it has a negative correlation with neuroticism and a positive correlation with extraversion. Low self-esteem is positively associated with experience of uncontrollable stress, risk of depression, depression, and various measures of general health.

Definition

- A health interview survey indicator. Current occurrence and extent of self-esteem. Age and sex adjusted mean score of the 10-item Self Esteem Scale (SES). A four-point likert scale is used that gives a range from 1 to 4 with a total range from 10 to 40.

Availability and time coverage

- AT, BE, CY, CZ, DE, EE, ES, FI, FR, GR, IT, LT, LV, MT, NL, PL, PT, SI, SK, UK 2004.

Groupings of available data**Notes**

- Some of the samples in the 53 nation study were rather small and caution should be used when comparing the results between countries.
- Self-esteem is also measured in the European School Survey Project on Alcohol and Drugs (ESPAD) survey covering 30 countries.

Data sources

- Scmitt David P, Allik J. Simultaneous administration of the Rosenberg Self-Esteem Scale in 53 Nations: Exploring the Universal and Culture-Specific Features of Global Self Esteem. *Journal of Personality and Social Psychology* 2005;Vol.89;4, 623-642.

Title

- 16. Social support

Description

- Social support is defined here as the perceived availability of people whom the individual trusts and who make one feel cared for and valued as a person. Low level of perceived support is associated with ill-health (both e.g. depression and somatic diseases).

Definitions

- A health interview survey indicator. Current occurrence and extent of social support. Age and sex adjusted mean score of the 3-item Oslo Social Support Scale (OSS-3).

Availability and time coverage

- DE, FI, FR, GR 2001
- AT, BE, DE, DK, ES, FI, FR, GR, IE, IT, LU, NL, PT, SE, UK 2002

Groupings of available data**Notes**

- Age range: 18-74 years: DE, FI, FR, GR 2001; 15+: AT, BE, DE, DK, ES, FI, FR, GR, IE, IT, LU, NL, PT, SE, UK 2002
- Data is available for sum scores on the Oslo-3 social support scale. The reliability measures of Oslo-3 have been low (Cronbach's $\alpha = 0.6$). Therefore MINDFUL recommendation is that the items should be presented separately

Data sources

- DE, FI, FR, GR 2001: Korkeila J et al: Piloting a minimum data set of mental health indicators for Europe.
- AT, BE, DE, DK, ES, FI, FR, GR, IE, IT, LU, NL, PT, SE, UK 2002: The European Opinion Research Group (EORG): Eurobarometer 58.2. The mental health status of the European population, 2003.

Title

- 17. Negative life events

Description

- Negative life events are associated with ill-health - both mental disorders (e.g. depression) and somatic diseases. Negative life events can be defined as major occurrences in one's life that require psychological adjustment to certain degree.

Definitions

- A health interview survey indicator. Age and sex adjusted prevalence of cases having experienced two or more events during the past 6 months according to the 12-item Threatening Life Events (LTE) questionnaire.

Availability and time coverage

- DE, FI, FR, GR 2001

Groupings of available data**Notes**

- Age range in the pilot study: 18-74 years

Data sources

- Korkeila J et al: Piloting a minimum data set of mental health indicators for Europe.

Title

- 18. Childhood adversities

Description

- Childhood adversities are associated with depression and its prognosis in adulthood as well as increased somatic morbidity and mortality in both childhood and adulthood. Childhood adversities are strongly associated with vulnerability and background several factors (such as personality and genotype) moderate the outcome of the adversity. Adversity is defined here a major negative event in childhood or adolescence challenging seriously one's ability to cope.

Definitions

- National Comorbidity Survey: Life event history section, four items inquiring sexual abuse (rape and sexual molestation), physical abuse and serious neglect before the respondent was 18 years old, The measure of childhood adversity using these items is based on retrospective recollection.

Availability and time coverage

- No data available

Groupings of available data**Notes**

- MINDFUL's recommendation is that the presence of any adversity among persons aged 18 or more is used as an indicator.

Data sources

Title

- 19. Suicide prevention

Description

- Current national activities on suicide prevention. "Activity" is defined as specified actions in order to prevent suicides through the use of various methods. "National" is defined as a comprehensive approach within a country in different settings.

Definition

- Countries with national suicide prevention activities=1.

Availability and time coverage

- Whole EU surveyed in 2003-2004

Groupings of available data**Notes**

- The comprehensiveness and coordination of national suicide prevention activities vary considerably between the countries. In Austria, Czech Republic, Denmark, France, Germany, Lithuania, Sweden and the United Kingdom, national programmes with a variety of strategies have been established. Since the end of the 1990's Finland does not have its national programme in action, but national and regional strategies remain.

Data sources

- Wasserman D, Mittendorfer Rutz E, Rutz W, Schmidtke A. Suicide prevention in Europe; The WHO European monitoring survey on national suicide prevention programmes and strategies. National and Stockholm County Council's Centre for Suicide Research and Prevention of Mental Ill-Health (NASP), 2004.

Title

- 20. Mental health promotion

Description

- Current activities focusing on promoting mental health for children and adolescents. These activities include parenting support interventions (e.g., home based, parent management training, etc.), and/or school approaches for mental health promotion (e.g., social skill building, bullying prevention, changing the school ecology, etc.). A national/regional mental health promotion activity that utilises defined methods in order to achieve specified goals and objectives in different settings.

Definition

- Countries with above mentioned activity are marked in numbers 1-3: targeting bullying in school=1, parenting=2, social skills training=3. Should a country have all of the three activities, it would be marked 123.

Availability and time coverage

- Whole EU surveyed in 2004

Groupings of available data**Notes****Data sources**

- IMHPA Country stories

Title

- 21. Number of psychiatric beds

Description

- Beds accommodating patients who are formally admitted or hospitalised to an institution for psychiatric treatment and/or care, and who stay for a minimum of one night in the hospital or institution providing in-patient care.

Definitions

- Rate per 100000 inhabitants

Availability and time coverage

- BE, CZ, EE, FI, LT, LV, SE, SI, SK 1990-2004; AT, CY, DK, FR, IE, IT 1990-2003; DE 1991-2004; GR 1990-1997, 1999-2000; HU 1990-1994, 1996-2004; LU 1990-1998; MT 1997-2004; ES, NL, PL 1990-2002; PT 1990-1998, 2000-2003; UK 1990-1997.

Groupings of available data**Notes**

- Despite the description, there are national differences in defining a psychiatric bed, which impairs the comparability of the data
- MINDFUL's recommendation is that mean of the entire population of each year is used in calculating ratios / 100000.
- During recent years there have been indications of a reinstitutionalisation process comprising increase of placements in institutions within social or private sector services, increasing incarceration of psychotic patients in prisons and increasing number of forensic psychiatric beds in some countries.
- Nursing and residential care facilities are not included

Data sources

- WHO, European Health for All Database

Title

- 22. Number of psychiatrists

Description

- Registered medical specialists in psychiatry/neuropsychiatry

Definitions

- Rate per 100000 inhabitants

Availability and time coverage

- AT 1990, 1992-2003; BE 1990-2002; CY 1995, 2000; CZ 1990-2003; DE 1990-2004; DK 1990-2003; EE 1990, 1992-2003; ES 1992, 1996; FI 1990-2003; FR 1990-2004; GR 1990, 1995-2001; HU 1999; IE 1993, 1995-2004; LT 1990-2003, LU 1995-2003; LV 1990, 1992-2003; NL 1990-1999, 2001, 2002; PT 1990, 1992-2002; SI 1993-2002; SK 1994-2003; SE 1996, 1998, UK 1992-2004

Groupings of available data**Notes**

- MINDFUL's recommendation is that mean of the entire population of each year is used in calculating ratios / 100000.
- Registered medical specialists are licensed, not necessarily economically active. Thus retired, unemployed, working abroad etc. are included. Trainees are excluded.
- Child psychiatrists are not included, except in countries where "child psychiatry" is not a separate speciality (e.g. the UK)

Data sources

- Eurostat, Dissemination Database

Title

- 23. Number of child (and adolescent) psychiatrists

Description

- Registered medical specialists in child and adolescent psychiatry

Definitions

- Rate per 100000 inhabitants

Availability and time coverage

- BE 2002-2004; CY 1995, 2000; CZ 2000-2003; DE 1991-2004; DK 1990-2003; EE 1990, 1995; FI 1990-2003; FR 1990-2004; GR 1995-2001; IE 1994-2005; LT 1991-2003, LU 1995-2004; LV 1992-2003; PL 2003; PT 1990-2004; SK 1998-2003; SE 2000-2003; UK 1992-2004

Groupings of available data**Notes**

- MINDFUL's recommendation is that mean of the entire population of each year is used in calculating ratios / 100000.
- Registered medical specialists are licensed, not necessarily economically active. Thus retired, unemployed, working abroad etc. are included. Trainees are excluded.
- Finland is the only MS where adolescent psychiatry is a separate subspecialty.

Data sources

- Eurostat, Dissemination Database.

Title

- 24. Number of in-patient episodes due to mental health conditions

Description

- Number of all discharges (full-time or part-time) for all mental and behavioural disorders during a year.

Definitions

- ICD-10; F00-F99
- Rate per 100000 inhabitants

Availability and time coverage

- DK, FI, LT, SE 1990-2004; AT, CY, ES, SI 1990-2003; BE 1996-1997; CZ 1991-2004; EE, LV 1998-2004; DE 1993-2003; GR 1990-1999; HU 1994-2004; IT 1997-2002; LU 1998-2003; PL 1992-2003; PT 1993-2004; SK 1996-2004

Groupings of available data**Notes**

- MINDFUL's recommendation is that rate per 100000 of total population is calculated.

Data sources

- WHO, European Health for All Database

Title

- 25. Number of long-stay patients

Description

- Number of mental patients staying continuously in hospitals 365+ days.

Definitions

- ICD-10; F00-F99
- Rate per 100000 inhabitants

Availability and time coverage

- CZ, FI 1990-2004; SI 1990-2003; SE 1990-2002; DK, LT 1991-2004; BE 1996-1997; HU 1994-1999, 2001-2004; IE 1991, 2001, 2003-2004; IT 1994; LV 1996-2004; NL 1990-1992, 1994-1996; SK 1999-2004

Groupings of available data**Notes**

- MINDFUL's recommendation is that mean of the entire population of each year is used in calculating ratios / 100000.

Data sources

- WHO, European Health for All Database

Title

- 26. Involuntary placements

Description

- Patients committed to involuntary psychiatric hospital treatment

Definitions

- Commitment rates (annual number of compulsory admissions per 100,000 population)

Availability and time coverage

- BE, SE 1998; AT, FR, IE, NL, UK 1999; DE, DK, FI, LU, PT 2000

Groupings of available data**Notes:**

- Data from official sources is often provided by national health reports, health departments or statistical bureaux, and thus is based on differing definitions of or methods used to calculate involuntary placements.
- The legislature regulating the use of involuntary measures differs significantly between the EU Member States. From mental health policy and human rights aspects the use of commitment is an important aspect of psychiatric services for monitoring purposes.
- Involuntary placement on the grounds on psychiatric treatment is implemented in various types of institutions in the Member States. These institutions include psychiatric hospitals, psychiatric wards in general hospitals, forensic wards and psychiatric nursing homes. Patients may be committed to general hospitals due to co-morbidity in some countries.
- Some Member States run agencies or statistical bureaux that record or provide data on the involuntary placement or treatment of the mentally ill, whereas others do not. Annually updated rates of involuntary placements (detailed for regular and/or emergency cases as well as for sociodemographic and diagnostic characteristics) are essential for evaluating national policies.
- Currently, only some Member States provide time series. The reliability and validity of these time series are unknown, however, and require further analysis.
- Nevertheless, available data suggest that in most Member States the rates of involuntary placement (or the percentages on total admissions to psychiatric inpatient care) have remained relatively stable during the last decade – in contrast to the increasing total number of involuntary placements.

Data sources

- Salize H, Dreßing H, Peitz M. Compulsory Admission and Involuntary Treatment of Mentally Ill Patients - Legislation and Practice in EU-Member States. Research Project, European Commission - Health & Consumer Protection Directorate-General 2002.

Title

- 27. Use of outpatient services

Description

- Number of visits to psychiatric outpatient care (outpatient service or unit within specialised psychiatric care) during a year

Definitions

- Rate per 100000 inhabitants

Availability and time coverage

- CY, SK, LT 1990, 1995, 2000, 2004; CZ 2004; DK 1997-2004; EE 1990, 1995, 2000, 2003; ES 2002; FI 1994-2004; GR 1997; HU 1990, 1995, 2003; IE 1997-2000; 2000-2004; LV 2000-2004; NL 1999; PL 1995-2003; PT 1998; SE 1998; SI 1990, 1995, 1998-2002; SK 2004; UK 1999

Groupings of available data**Notes**

- Rate per 100000 inhabitants calculation by MINDFUL using Eurostat's population statistics (average population).
- Finland: Outpatient visits in psychiatry include outpatient visits in specialised health care within the specialty of psychiatry in all municipal hospitals, including specialist-led health centres. Psychiatric care/mental health visits in specialised health care include visits within the specialties of psychiatry, child psychiatry and adolescent psychiatry. The population data refer to year-end data.

Data sources

- GR, IE, NL, PT, SE, UK: Establishment of a set of mental health indicators for European Union, Annex VII: Data on existing indicators and results of the pilot survey. European Commission, 1998
- CY: Ministry of Health
- CZ: ÚZIS CZ
- DK: Sundhedsstyrelsen
- EE: Ministry of Social Affairs
- ES: Ministerio de Sanidad y Consumo
- FI: Stakes, SotkaNET
- HU: Central Statistical Office
- LT: Lithuanian Health Information Centre
- LV: Mental Health Government Agency
- PL: CSO Poland
- SI: Statistics Slovenia
- SK: ÚZIS SK

Title

- 28. Self-reported use of mental health services

Description

- Spontaneous help-seeking due to mental health problem. Includes any source of help, both professional and non-professional.

Definition

- A health interview survey indicator. Age and sex adjusted prevalence of cases answering positively to the question about help-seeking due to mental health problems during the past 12 months.

Availability and time coverage

- AT, BE, DE, DK, ES, FI, FR, GR, IE, IT, LU, NL, PT, SE, UK 2002

Groupings of available data

- Sex: male, female, total

Notes

- Age range: 15+

Data sources

- The European Opinion Research Group (EORG): Eurobarometer 58.2. The mental health status of the European population, 2003.

Title

- 29. Use of antidepressants

Description

- A class of drugs used primarily to treat depression but also anxiety. Some of these drugs have also been found to be useful in the prevention of headache, even when headaches are not associated with depression.

Definition

- Average number of defined daily doses (DDD) of antidepressants (ATC class NO6A) per day during a year per 1000 inhabitants. Calculation is based on the volume of sales to pharmacies and hospitals by wholesalers.

Availability and time coverage

- AT 1999/2000; BE 1997-2002; CZ 1990-2002; DE 1998, 2000; DK 1994-2005; ES 2000; FI 1990-2005; FR 2000; GR 1995; HU 1995-2002; IE 2000; IT 2000; PT 2000-2002; SE 1990-2005; UK 2000

Groupings of available data**Notes**

- Some countries provide data only on "packages" (containing different number of doses).
- The sale and actual use of psychotropic drugs - above all antidepressants - are not always the same.
- In some countries (e.g. Germany) St. John's Wort (*Hypericum perforatum*) is used in significant amount in depression instead of ordinary antidepressants.

Data sources

- BE, CZ, HU, PT: OECD Health Data
- DK: Danish Medicines Agency
- FI: National Agency for Medicines
- SE: Medical Products Agency
- ES, IE, IT, UK, AT, DE, FR, GR: Establishment of a set of mental health indicators for European Union, Annex VII: Data on existing indicators and results of the pilot survey. European Commission, 1998.

Title

- 30. Use of antipsychotics

Description

- A class of drugs used to treat psychosis. Common conditions with which antipsychotics might be used include schizophrenia, mania and delusional disorder. Antipsychotics also have some effects as mood stabilisers, leading to their occasional use in treating mood disorder (particularly bipolar disorder) and organic mental disorders even when no signs of psychosis are present.

Definition

- Average number of defined daily doses (DDD) of antipsychotics (ATC class N05A) per day during a year per 1000 inhabitants. Calculation is based on the volume of sales to pharmacies and hospitals by wholesalers.

Availability and time coverage

- AT 1999/2000; BE 1999; DE 1998; DK 1994-2005; FI 1990-2005; GR 1995; SE 1990-2005

Groupings of available data**Notes**

- Some countries provide data only on "packages" (containing different number of doses)

Data sources

- DK: Danish Medicines Agency
- FI: National Agency for Medicines
- SE: Medical Products Agency
- AT, BE, DE, GR: Establishment of a set of mental health indicators for European Union, Annex VII: Data on existing indicators and results of the pilot survey. European Commission, 1998

Title

- 31. Use of anxiolytics

Description

- A class of drugs used to reduce serious anxiety, tension, and agitation. They used to be known as minor tranquillisers.

Definition

- Average number of defined daily doses (DDD) of anxiolytics (ATC class NO5B) per day during a year per 1000 inhabitants. Calculation is based on the volume of sales to pharmacies and hospitals by wholesalers.

Availability and time coverage

- AT 1999/2000; CZ 1990-2002; DE 1998; DK 1994-2005; EE 1995, 2000, 2003; FI 1990-2005; GR 1995; HU 1995-2002; PT 2000-2002; SE 1990-2005

Groupings of available data**Notes**

- Some countries provide data only on "packages" (containing different number of doses)

Data sources

- CZ, HU, PT: OECD Health Data
- DK: Danish Medicines Agency
- EE: State Agency of Medicines
- FI: National Agency for Medicines
- SE: Medical Products Agency
- AT, DE, GR: Establishment of a set of mental health indicators for European Union, Annex VII: Data on existing indicators and results of the pilot survey. European Commission, 1998

Title

- 32. Use of hypnotics

Description

- Hypnotics form a class of drugs which induce sleep; they are used in treating sleeplessness.

Definition

- Average number of defined daily doses (DDD) of hypnotics (ATC class NO5C) per day during a year per 1000 inhabitants. Calculation is based on the volume of sales to pharmacies and hospitals by wholesalers.

Availability and time coverage

- AT 1999/2000; BE 1997-2002; CZ 1990-2002; DE 1998; DK 1994-2005; EE 1995, 2000, 2003; FI 1990-2005; GR 1995; HU 1995-2002; PT 2000-2002; SE 1990-2005

Groupings of available data**Notes**

- Some countries provide data only on "packages" (containing different number of doses)

Data sources

- BE, CZ, DK, HU, PT: OECD Health Data
- DK: Danish Medicines Agency
- EE: State Agency of Medicines
- FI: National Agency for Medicines
- SE: Medical Products Agency
- AT, DE, GR: Establishment of a set of mental health indicators for European Union, Annex VII: Data on existing indicators and results of the pilot survey. European Commission, 1998

Title

- 33. Disability pensions due to mental disorders

Description

- Proportion of disability pensions due to all mental and behavioural disorders

Definition

- Percentage of people (16-64 years old) receiving disability pensions due to mental disorder (ICD-10 codes F00-F99) out of all disability pensions at the end of the year.

Availability and time coverage

- AT 1999-2000; DE 1998-1999; DK 1999-2004; FI 1990-2004; GR 1994, 1996-1999; IE 1999; NL 1999; PT 1999; SE 1998; UK 1998-1999

Groupings of available data**Notes**

- In Denmark the definition is the new cases of disability pension due to mental disorders each year.

Data sources

- DK: Ankestyrelsen
- EE: PRAXIS - Centre for Policy Studies
- FI: Kela
- AT, DE, GR 1994, IE, NL, PT, SE, UK: Establishment of a set of mental health indicators for European Union, Annex VII: Data on existing indicators and results of the pilot survey. European Commission, 1998.
- SK: ÚZIS SK

Title

- 34. Sickness allowance due to mental disorders

Description

- Proportion of sickness allowance days per employee during a year due to all mental and behavioural disorder.

Definition

- Percentage of national sickness allowance days per employee during a year due to mental disorder (ICD-10 codes F00-F99) out of all sickness allowance spells beginning during each year.

Availability and time coverage**Groupings of available data****Notes****Data sources**

- No data available according this definition (only sickness allowance spells data available in some countries)

Title

- 35. Expenditure on mental health services

Description

- Total national expenditure on mental health services

Definition

- Total expenditure on mental health services. Percentage out of the total health budget

Classifications**Availability and time coverage**

- BE, CZ, FR, HU, IE, LT, LU, LV, MT, NL, SE, SK, UK 2000
- BE, CY, CZ, FR, HU, IE, LT, LU, LV, MT, NL, PT, SE, SK, UK 2004

Groupings of available data**Notes**

- Figures for the mental health budget are not reported separately in AT, DE, DK, EE, ES, FI, GR, IT, PL, SI

Data sources

- BE, CZ, FR, HU, IE, LT, LU, LV, MT, NL, SE, SK, UK 2000: WHO, Mental Health Atlas 2001
- BE, CY, CZ, FR, HU, IE, LT, LU, LV, MT, NL, PT, SE, SK, UK 2004: WHO, Mental Health Atlas 2005