

Mental Health Working Party recommendations for refinement of **mental health indicators in the ECHI 2 lists****Final version**

This document was approved by the Mental Health Working Party in February 2006 and further refined at the MINDFUL Project (www.stakes.fi/mindful) meeting in June 2006.

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All ECHI indicators with a special relevance for monitoring of mental health are listed.
Blank cells indicate no recommendation for any change, addition or update of the ECHI list.

Availability categories:

- 1=available for the whole EU25, almost complete time series from 1990;
- 2=available for most of EU25, almost complete time series from 1990;
- 3=available for about half of EU25, moderate time series from 1990;
- 4=available for at most ten EU25 Member States, data mostly for one year per MS;
- 5=available for a few EU25 Member States only, data for one year per MS.

Note that there are no continuous time series for survey indicators in any case; the category number indicates mainly geographical coverage in the case of survey indicators.

| ECHI 2 Indicator | Definition | Main sources, Availability | Notes |
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ECHI Shortlist section 1: Data are readily available and reasonably comparable

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| 2.1.2. Death rates (SDR): mental/behavioural causes | | Eurostat: 2 | Data should not be reported due to poor validity. |
| 2.1.2 Death rates (SDR): suicide | | Eurostat, WHO: 1 | |
| 2.1.2: Death rates (SDR): undetermined intent | | Eurostat: 1 | |
| 2.2.18 Drug-related deaths | EMCDDA definition should be applied. Standardised death rate. | EMCDDA: 2 | |
| 4.2.1. Hospital beds; | Beds accommodating patients | Eurostat: 1 | Eurostat definition: Beds accommodating patients who |

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| psychiatric care | receiving psychiatric care in institutions that provide psychiatric care EXCEPT nursing and residential care facilities: Nursing and residential care for people with mental disorders should not be included, since it might be possible to include them in one country but not in the other. Nursing and residential care should be recorded separately if available. | | are formally admitted (or "hospitalised") to an institution for treatment and/or care and who stay for a minimum of 1 night in the hospital or other institution providing in-patient care. In-patient care is delivered in hospitals, other nursing and residential care facilities or in establishments, which are classified according to their focus of care under the ambulatory care industry but perform in-patient care as a secondary activity. (This is a problematic definition - see new recommendation) |
| 4.3.1. Hospital in-patient discharges; limited diagnoses | Also psychotic disorders (F20-F29) should be included as a separate category. | | |
| 4.3.1. Average length of stay, limited diagnoses | Also psychotic disorders (F20-F29) should be included as a separate category. | | |
| Shortlist section 2: Data partly available and/or sizeable comparability problems | | | |
| 2.2.5 Deaths: alcohol-related | MHWP definition: ICD-10: F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K86.0, O35.4, P04.3, X45. Standardised death rate. | MINDFUL: 3 | |
| 2.3.5 Depression | Major depression. Use surveys with CIDI-SF 12-month version. | Mainly national surveys: 4 | CIDI-SF is shorter than CIDI. One-year prevalence should be established. |
| 2.3.5 Suicide attempt | | Mainly national surveys: 5 | |
| 2.4.6 Psychological distress | | Eurobarometer 58.2: 3 national surveys: 4 | |
| 3.3.3 Social support | Oslo-3: Score for each of the 3 questions separately: 1. Number of people to count on | Eurobarometer 58.2: 3 national surveys: 5 | Should not be used as a composite scale due to low internal consistency. Each question measures a different dimension. |

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| | 2. People's interest 3. Help from neighbours | | |
| 4.3.4 Medicine use, selected groups; | Include: a. anxiolytics (N05B) b. hypnotics/sedatives (N05C) c. antidepressants (N06A) d. antipsychotics (N05A) | MINDFUL OECD: | 3 5 |

Shortlist section 4: Indicators proposed for the shortlist after June 2004

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| 2.3.5. Alcohol dependence | Use surveys with AUDIT-5 instead of CAGE. Prevalence of cases scoring 5 or more on the AUDIT-5 instrument. that indicates harmful use of alcohol. | No national data available | CAGE is not the best choice for use in general population: it is more sensitive to changes in general public attitudes than to changes in alcohol consumption. |
| 2.4.8. Sickness absence; due to mental health conditions | Number of days of absence due to mental health conditions. MOVE TO SECTION 2 | Mainly national surveys, EsEMED: | 4 Should be developed in Labour Force Survey. |
| 3.3.3. Threatening life events | MOVE TO SECTION 3 | Mainly national surveys: | 5 |
| 3.1.2. Sense of mastery | MOVE TO SECTION 3 | Mainly national surveys: | 5 |

The ECHI Comprehensive Indicator List ("Long list")

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| 2.1.2 Potential years of life lost (PYLL): suicide | | Eurostat, WHO: | 1 | |
| 2.1.2 PYLL: undetermined intent | | Eurostat: | 1 | |
| 2.1.2 PYLL: drug dependence | | Eurostat, EMCDDA: | 2 | |
| 2.1.2 PYLL: mental/behavioural | | Eurostat: | 2 | Data should not be reported: poor validity. |
| 2.3.5 Any anxiety | Any anxiety disorder suggested | Mainly national | | |

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| disorder | instead of generalised anxiety disorder | surveys: 4 | |
| 2.4.6 Happiness | MOVE TO SECTION 2 | World Database of Happiness: 2 | Good data availability; inclusion in the Short list recommended. |
| 2.4.6 Psychological well-being (energy, vitality) | MOVE TO SECTION 2 | Eurobarometer 58.2 and national surveys: 3 | Coming: Eurobarometer 64.4. Included in draft EHIS Health Status Module. |

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| 2.4.6 Role limitations by emotional problems | | Mainly national surveys: 4 | Coming: Eurobarometer 64.4 |
| 3.3.3 Social isolation/participation | | Mainly national surveys: 5 | |
| 4.1.2. Health promotion: -Anti-bullying policies in schools -Parenting skills support | | IMHPA Country Stories: 3 | |
| 4.2.2 Clinical psychologists | Registered medical specialists in clinical psychology; licensed, not necessarily economically active. Thus retired, unemployed, working abroad etc. are included. Trainees are excluded. Rate per 100,000 inhabitants (total pop.) | National statistics: 5 | |
| 4.2.2 Hospitals employment; mental health hospitals | REMOVE | National statistics: 5 | Removal of indicator recommended: no comparable international data. |
| 4.2.2 Physicians by specialty: psychiatrists | Registered medical specialists in psychiatry; licensed, not necessarily economically active. Thus retired, unemployed, working abroad etc. are included. Trainees are excluded. The indicator should include all | Eurostat: 2 | |

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| | subspecialties of psychiatry except child psychiatry. Rate per 100,000 inhabitants (total pop.) | | |
| 4.2.2. Physicians by specialty: child psychiatrists | Registered medical specialists in child psychiatry; licensed, not necessarily economically active. Thus retired, unemployed, working abroad etc. are included. Trainees are excluded. Rate per 100,000 inhabitants (total pop.) | Eurostat | 3 |
| 4.3.1 Long-stay psychiatric patients | Number of mental patients staying in hospitals and rehabilitation facilities 365+ days. Rate per 100,000 inhabitants (total pop.) | WHO: | 3 |
| 4.3.2 Outpatient visits; mental health care | Number of visits to psychiatric outpatient care (outpatient service or unit within specialised psychiatric care) during a year. Rate per 100,000 inhabitants (total pop.) | MINDFUL: | 3 |
| Definition improved; WHO definition limits it to hospitals. | | | |

Suggested additions to ECHI list

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| 2. HEALTH STATUS | | | |
| | 4.6. | | |
| Self esteem | Current extent of population self-esteem. Age and sex adjusted mean score of the 10-item Self Esteem Scale (SES) | Mainly national surveys: | 4 |
| | | | Self-esteem is an important component of positive mental health. Rosenberg Self-esteem Scale (SES; Rosenberg 1965): 10 statements dealing with belief about him/herself. Has been used in non-psychiatric populations. Cronbach $\alpha = 0.77 - 0.88$, test-retest correlation $0.82 - 0.88$. Decrease in self-esteem is found in all mood disorders during inter-episode phases |
| Mental health among children | Strengths and Difficulties (SDQ) questionnaire | Mainly national surveys: | 4 |
| | | | Mental health of children is of growing importance and an important public health concern, This area is neglected by current ECHI list. |

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| | | | SDQ is a 25-item instrument, for ages 4-17. |
| 3. DETERMINANTS OF HEALTH | | | |
| Childhood adversities | National Comorbidity Survey: Life event history section (Batten et al 2004) | ? | A very important determinant of mental health. |
| 4. HEALTH SYSTEMS | | | |
| Suicide prevention | Current activities on suicide prevention. A national activity is a concise action plan, combining various specific national strategies in order to achieve predefined goals and objectives. | WHO European monitoring survey: 4 | Suicide is an important preventable cause of death. |
| Involuntary placements | Patients committed to involuntary psychiatric hospital treatment. Commitment rates (annual number of compulsory admissions per 100,000 inh. (total pop.) | Mainly national surveys: 4 | Important policy-relevant indicator. Enables monitoring of national policies for reducing use of involuntary treatment. |
| Disability pensions due to mental disorders | 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 | MINDFUL: 4 | Disability pensions due to mental disorders are increasing. In many MSs they constitute the most common reason for disability pension. |
| Expenditure on mental health services | Total national expenditure on mental health services, % of total health expenditure | WHO: 3 | Important for monitoring of investment in mental health services |