Establishing National Mental Health and Well-being Indicators for Scotland

Briefing Update December 2006

Why is this work important?

Currently, there is no assessment of the overall mental health and well-being of Scotland's population. This is needed to provide a baseline from which to monitor change, to assess future trends, and to inform decision-making about priorities for action and resource allocation. To support the Scottish Executive's drive on mental health improvement, as part of overall health improvement, the National Programme for Improving Mental Health and Well-Being (the National Programme) (www.wellscotland.info) has commissioned Health Scotland to establish a set of national mental health and well-being indicators that can be used to create a summary mental health profile for Scotland. (see www.healthscotland.com/understanding/population/mental-health-indicators.aspx for further information on the indicators work.)

Promoting mental health and preventing mental illness are priorities for the World Health Organization and for the European Union. Both the recent WHO Mental Health Declaration for Europe and the EU Green paper on mental health highlight the importance of establishing good information on mental health and the need to establish systems and indicators to assess the mental health of populations.

Research indicates that mental health consists of two dimensions: mental illness (mental health problems) e.g. depression and anxiety, and positive mental health (mental well-being) which includes life satisfaction, positive relationships with others, and purpose in life. Good mental health is therefore more than the absence of mental illness. Historically, however, assessment of population mental health has largely focused on levels of psychiatric morbidity using surveys and scales to determine prevalence of mental illness. The growing recognition of the importance of positive mental health has generated interest in developing indicators to measure positive mental health to accompany indicators of psychiatric morbidity. Accordingly, this work is establishing mental health indicators which encompass both mental health problems and positive mental health.

This briefing provides an update on the national indicators work in Scotland for adults. It highlights the progress to date and sets out the work for the immediate future.

How is this work progressing?

A mixed approach (taking into account current data, policy, evidence and theory) is being used to obtain measurable, meaningful indicators relevant to the policy making process and for which, as far as possible, data are available at a national level. Basing the indicators, where possible, on existing data, will ensure the indicators are more than a 'wish-list', as well as contributing to their sustainability.
The focus has been on indicators for adults and the process has involved:
- identifying a desirable set of indicators
- scoping the data currently collected nationally in Scotland
- identifying a set of practical indicators which can currently be collected
- identifying additional data needs
- exploring and influencing data collection systems to ensure that these adequately cover mental health and well-being.

Who are the indicators for?

While the indicator set will be at the national level, this does not mean that local needs for indicators have been ignored. Where possible, data from sources with a large enough sample size to allow sub-national/population subgroup analyses will be used. It is envisaged that the national indicators will form a set from which local colleagues can select those that are relevant to their aims and objectives. Where national data for an indicator does not allow the required sub-national/subgroup analyses, it is anticipated that the associated data collection scales/questions for the national indicators could be included in smaller specific questionnaires to collect the data locally from the required sample.

Current data, data gaps and sustainability of the indicators

Surveys will provide the majority of the data for the indicators. Of the national surveys relevant to adults, the Scottish Health Survey, Scottish Household Survey, Scottish Crime and Victimisation Survey and the Scottish House Condition Survey with their larger sample sizes contain potentially useful information, as do some smaller surveys, such as, ‘Well? What do you think?’ the attitudinal mental health survey run by the National Programme (www.wellscotland.info/public-attitudes-survey.html). Using data from the larger surveys will enable some comparisons between different population groups and geographical areas of Scotland.

Obvious gaps exist between currently collected data and the data needed for the desirable indicator set, many relate to positive mental health. The indicators programme continues to seek to fill these data gaps by exploring means of collecting the new data in national surveys through the incorporation of individual questions or validated scales. Work has been commissioned to help assess which are the best scales to capture some of the missing positive mental health data (see supporting work below).

Ensuring the collection of new data requires influencing the content of existing national Scottish surveys. It is also important to ensure that the existing data needed for the indicators will continue to be collected. Essential to this is highlighting the cross-cutting nature of mental health and the relevance, importance and contribution of the indicator set to policy areas and agendas other than health improvement (Figure 1). The indicators programme has been working to build relationships with other policy areas, and those developing other indicator sets and national datasets, so that by working together shared goals and overlapping data needs may be met. It will also mean that, wherever possible, the indicators will be of practical benefit to a broad spectrum of users.
Development of the indicators to date

The indicators are being structured under constructs (categories) of two types*:

1. High level constructs of mental health status — outcome measures.
2. Contextual constructs — covering the determinants (and/or risk and protective factors) and the consequences of mental health which may be at an individual, community or structural level.

Table 1 lists the proposed 19 constructs. Work is now ongoing to decide the final indicators for each of these.

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* A draft list of desirable constructs for adults was consulted on in February 2006 (see outputs section overleaf)
A key challenge is ongoing debate about the constructs: what are the necessary and sufficient elements that constitute and contribute to mental health and well-being? In many cases there is no consensus on mental health outcomes (especially for positive mental health), there is no easy way of distinguishing between cause and effect, and certain constructs overlap or fit in different categories. A pragmatic stance has, therefore, been adopted, aiming to select indicators that are essential for assessing population mental health and that:

- are relevant
- have a clear and robust relationship to mental health, and
- reflect desirable aspirations for the population.

**Outputs to date and work supporting the indicators programme**

- **Awareness raising meetings** — these have highlighted to senior partners from across the Scottish Executive and National Agencies the contribution of the indicators work to many diverse policy agendas, and started the process of seeking to influence mental health data collected in Scottish national surveys.

- **Constructs consultation paper, February 2006** — this invited feedback on the preliminary thinking behind, and the rationale for, proposed constructs for the indicators for adults. From this, a rationale document, to form part of a final report, is being developed informed also by commissioned work below.

- **Review of positive mental health scales validated for use in the UK** — to determine the best scales to capture positive mental health. The review will also assist practitioners in selecting appropriate scales when assessing the mental health impact of their work. Outputs are currently under review.

- **Validation of Affectometer 2 and development of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS)** — Affectometer 2 was identified as a promising scale for assessing population positive mental health and had been included in Scotland’s Health Education Population Survey 2002 (HEPS). Using data from the HEPS and commissioned research, Affectometer 2 has been psychometrically validated in the UK, and a revised, shortened scale, WEMWBS, developed, and validated, to better assess population positive mental health (see box overleaf) (research briefing).

- **Review of international surveys** — to determine the questions/scales used in other countries’ national surveys and in cross-national surveys which capture data on/relying to mental health. This will indicate where comparison of Scottish data to that of other countries may be possible. Output is currently under review.

- **Literature review** — currently being conducted to fully assess the evidence-base for the proposed constructs. Due to be completed by summer 2007.
What will be done next and by when?

Debate on the choice of final indicators and the best data sources/scales or questions to capture additional data in national surveys is continuing. Ongoing advocacy is important to influence both future data collection in Scotland and the sustainability of data collection relevant to public mental health. Dissemination events are being planned for March 2007. These will share key elements of the work with colleagues in Scotland and stimulate further debate around the final choice of indicators. By summer 2007 national indicators for adults will have been identified along with existing/newly established or recommended data sources to assess these.

Who is involved in this work?

The work is being taken forward by Dr Jane Parkinson, Public Health Adviser, Health Scotland. Key expert input is provided by an expert advisory group with representation from England and Wales as well as Scotland.
How can I keep in touch and informed?

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Future information on the outputs and progress of the work will be included on www.healthscotland.com/understanding/population/mental-health-indicators.aspx

If you would like to attend one of the dissemination events please contact Jean Boyce at jean.boyce@health.scot.nhs.uk

References

8. Mental health indicators webpage
www.healthscotland.com/understanding/population/mental-health-indicators.aspx