Proposal for a Workgroup on Mental Health measures

13th Washington Group meeting

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Amman, Jordan

Outline of presentation

- Why is measuring MH in surveys important?

- Set out broad issues related to measuring mental health (MH) in surveys

- Set out some of the current work completed on MH measures

- Additional work required on MH measures

- Decide on need for and composition of a workgroup (including chair of the workgroup)

Why is measuring MH important?

+14% of the global burden of disease is from neuropsychiatric disorders, arising from disability due to depression and other common mental disorders, alcohol-use and substance-use disorders, and psychoses.

- Importance of mental disorders for public health – MH disorders increase risk for communicable and non-communicable diseases, and contribute to unintentional and intentional injury.

- Many health conditions increase the risk for mental disorder, and comorbidity complicates help-seeking, diagnosis, and treatment, and influences prognosis.

Growing movement of global mental health and recognition of its importance, and need to include in health status measurement

What does it mean to have a mental illness?

- Higher level of stigma of MH conditions and negative attitudes may lead to discrimination and poor treatment

- People with MH conditions face discrimination even in health care settings; poor treatment by non-psychiatric professionals, and therefore limited access to general health care

- Consequences of Mental disorders:
  - Human rights violations
  - Limited participation in social life and social exclusion
  - Difficulties in a work context
  - Increased risk of physical, emotional and sexual abuse and violence
  - mortality rates significantly higher than the rest of the population.

- Significant loss and burden to the economic, social, educational as well as criminal and justice systems

- Impact on family life and sustainability of households if person needs care

Classificatory Systems relevant for MH

1. *International Classification of Diseases*, ICD-10, Cap V mental and behavioural disorders (F00-F99) *(WHO 2010)*

2. *Diagnostic and Statistical Manual of Mental Disorder (DSM – IV TR// DSM V)*

3. *International Classification of Functioning, Disability and Health (ICF), (WHO 2001)*

UN Convention on the Rights of Persons with Disabilities (2006)

Definition of Mental health/disorders

1. **Mental health (WHO):** "a state of well-being in which the individual realises his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."

2. **Mental health problems** - denote emotional and psychological difficulties, which cause distress and interfere with how people go about their everyday lives.

3. **Mental disorders: (DSM-IV-TR):** "A syndrome or a clinically significant behavioural or psychological pattern that occurs in an individual, and is associated with discomfort, a disability (i.e. impairment in one or more important areas of functioning), a significantly increased risk of death, disabilities or significant restriction on freedom."

Measuring MH at population level

- **Administrative records:**
  - requires good records;
  - not viable for many low and middle income countries;
  - does not capture population not accessing services

  Differences in national legislation, regulations, and administrative practices may cause significant bias in international comparisons.

- **Population surveys**
  - High level of stigma about MH disorders generates under-reporting
  - Complex construct to measure

  Differences in purpose, instruments, method of data collection…. may cause significant bias in international comparisons.

Mental health in surveys

Different ways to address MH in surveys

- **Specific survey on the topic:** common mental disorders (e.g. depression, anxiety, phobias ..) and other mental disorders such as psychosis, personality disorders, eating disorders, dementia or arising from addictions (alcohol or drugs).

- **Surveys including instrument on one specific mental disorder**

- **Surveys with** one/two questions investigating only depression/ chronic anxiety/ other mental problems (chronic health conditions).

- **Surveys with questions on mental health/disorders** to evaluate differences in some areas (e.g. employment, economic conditions ...) between people with and without

Mental health in surveys

Do you have or did you in the past have any of the conditions mentioned here?
- Chronic anxiety (panic attacks etc.)
- Chronic depression
- Schizophrenia
- Other mental illness
- Alzheimer disease
- Other, please specify: _____

Here is a list of chronic diseases or health problems. Please disregard temporary illnesses or health problems.
 Have you ever had … ?
….. chronic anxiety or depression?

Has a doctor diagnosed or treated you for any of the following diseases during the past year (last 12 months)?
-Depression
-Other Psychological illness

Mental health in surveys

Again, please answer for any conditions that have lasted or are expected to last for six months or more.
Do you have any emotional, psychological or mental health conditions? These may include anxiety disorder, depression, bipolar disorder, substance abuse, anorexia as well as other conditions.
Yes/No

You mentioned earlier that you have an emotional, psychological or mental health condition. How often are your daily activities limited by this condition?
Never / Rarely / Sometimes /Often / Always

When you are experiencing this condition, how much difficulty do you have with your daily activities?
No difficulty / Some (difficulty) / A lot (of difficulty) /You cannot do most activities

Broad issues to consider

❖ Categories of mental health disorders

❖ Clinical scales vs survey tools

❖ Measuring impairment vs activity limitations

Categories of MH disorders

1. CMD vs SMD

- Common Mental Disorders (CMD)
  - Less severe
  - Common (higher rates of endorsement)
  - Typically include depression and anxiety
- Severe Mental disorders/Illness (SMD/SMI)
  - More severe
  - Less common than CMD
  - Typically include schizophrenia, schizoaffective disorder, bipolar disorder & major depressive disorder

2. Cognitive vs Psychological problem vs psychiatric disorders

What categories do we measure and will these work for both health and general surveys?

Clinical scales used as survey instruments

- Diagnosis of MH disorder:
  - Self report scales asking about symptoms
  - Observation by clinician and rating behaviours and symptoms

- Common scales used in surveys primarily by trained survey enumerators:
  - WHO's Composite International Diagnostic Interview (CIDI) in World Mental Health Survey – very long and detailed; wide range of disorders
  - Centre for Epidemiological Study depression scale (CES-D) – numerous surveys (e.g. South African Income Dynamics panel survey); depression
  - K6 and K10 Kessler scales; psychological distress
  - PHQ9, PHQ8 and PHQ 2: Numerous surveys; presence and severity of depression; screener; PHQ9 includes suicidal ideation.

Clinical scales used as survey instruments (2)

- Use of clinician administered scales suitable for administration by non-clinician survey enumerators?

- Are scales used to determine diagnosis or presence of MH disorder symptoms? (e.g. score scale for diagnosis or prevalence of symptoms)

- Length of scales – usually quite long

What are most commonly used scale and how have they been validated? (as a whole scale and individual items within scale)

Impairment vs. activity limitations

- Symptoms of MH disorders are impairments of mental functioning

- Activity limitations are the consequences of these symptoms

- Complex domains of functioning primarily affected by MH symptoms (taking care of others, domestic activities, interpersonal interactions, etc.)

- Complex domains are more difficult to measure in a clear manner in surveys (i.e. inherent feature of individual or external feature of environment)

How do we measure activity limitations arising from CMDs and SMDs?

Inclusive nature of MH measures

- Including questions on affect (anxiety and depression - CMD) = high endorsement rates
- Measures of clinical conditions or reactions to adverse life contexts?
- Different intervention focus for each
- Using probes (e.g. as for WG/UNESCAP field testing of Ext Set, 2010) to differentiate
- Extend work on analytical algorithm from WG/UNESCAP field testing for frequency and intensity questions

WG Extended Set: Affect

- Depression and anxiety asked separately, but same format:
  - Frequency – how often have you felt depressed? (daily, weekly, monthly, a few times a year, never)
  - Intensity – thinking about the last time you felt depressed, how depressed did you feel? (a little, a lot, somewhere in between a little and a lot)
  - Do you take medication for your depression? Yes/no

- Analysed: frequency X intensity

- Results of WG/ESCAP field testing – affect questions:
  - Are interpreted 'in scope'
  - Are parsimonious
  - Are not diagnosis based
  - Can be used to create continuum of functioning in affect domain

EUROHIS project

- Aim to develop common MH instrument for health surveys in Europe.
- Core domains:
  - Positive mental health
  - Psychological distress
  - Role limitation
  - Social support scale
  - Common psychiatric disorders: anxiety and depression

- Final recommended set of measurement domains:
  - To understand MH in the general population
  - For prevalence of mental disorders (major depressive episode/Generalized Anxiety Disorder)
  - Optional set covering sleep problems, alcohol dependence, suicidal thoughts and behaviour

EUROHIS project (2)

to understand mental health of the population in general terms:

– Positive Mental Health (from FS-36: EVI)

– Psychological distress (from FS-36: MHI)

– Role Limitation (from FS-36: RE)

– Perceived social support (Oslo scale)

for prevalence of mental disorders

– Major depressive episode (CIDI-short form)

– Generalized Anxiety Disorder (CIDI-short form)

as optional set

– Sleep problems (WHO health and Health responsiveness survey)

– Alcohol dependence (CAGE questionnaire)

– Suicidal thoughts and behaviour.

European Health Interview Survey

Recommended instruments to be used:

- Mandatory:
  - PHQ 8 – depression scale; excluding suicidal ideation
  - OSS-3 – Oslo social support scale
- Optional:
  - MHI-5: mental health index
  - EVI: energy and vitality index

Proposal from MINDFUL project

- Goals:
  - Improve MH information in EU
  - Propose comprehensive MH Information system for EU

- 3 chapters are of particular relevance to review:
  - Chpt 4: Survey instruments
  - Chpt 7: Exploring and developing MH Info systems
  - Chpt 8: proposal for harmonised set of MH indicators

- Short list of MH Indicators developed for European Community Health Indicators (ECHI)

As starting point... for a MH Workgroup

- Review work carried out in EU and suitability for other regions
- Review work done in other regions
- Consider measures of MH in relation to measures of Quality of life, wellbeing and satisfaction.
- Separating out measures of CMDs and SMDs
- Review MH questions in WG extended set if required, or expand it.

The way forward…

- Is a MH workgroup necessary?

- If yes,
  - Chair?
  - Members?
  - Aim and purpose of group?
  - Children and adults or just adults?
  - ….
  - …..