Annex III
PROPOSAL: Guidelines for using the set of mental health indicators: survey data

3.2.2. Morbidity, disease specific (ECHI: 2.2.)

Indicator/measure	Justification for selection	Guidelines for use; reference
5. Major depression: CIDI-SF episode of major depression	Depressive disorders are prevalent in the general public. The prevalence of depression is increasing and significance of depression as a cause for disability is increasing	Indicator to be used as independent and links to other variables should be scrutinised (other measures of mental health, somatic illness, protective factors as well as risk factors) The measure provides a 12-month prevalence figure of MD using a specific algorithm to define caseness. **Diagnostic requirement: positive response to stem questions + at least 3 additional symptoms** ("yes" responses). *1) Kessler RC, Andrews G, Mroczek D, Ustun B, Wittchen H-U. The World Health Organization Composite International Diagnostic Interview Short-Form (CIDI-SF). Int J Methods Psychiatr Research 1998;7:172-85.* *2) Beaudet, M. Depression. Statistics Canada: Health reports, 7: 11-22, 1996*
6. Generalised anxiety disorder (GAD): CIDI-SF Generalised anxiety disorder	Anxiety disorders are prevalent in the general public. Majority of mental ill-health in the general public consists of anxiety-depressive states	Indicator to be used as independent and links to other variables should be scrutinised (other measures of mental health, somatic illness, protective factors as well as risk factors) The measure provides a 12-month prevalence figure of GAD using a specific algorithm to define caseness. **Diagnostic requirement: the period of anxiousness lasted 6 months or more, the qualifiers of criteria A and B were met, and the subject endorsed at least three symptoms in B12 series.** *Kessler RC, Andrews G, Mroczek D, Ustun B, Wittchen H-U. The World Health Organization Composite International Diagnostic Interview Short-Form (CIDI-SF). Int J Methods Psychiatr Research 1998;7:172-85.*
7. Suicide attempts: Single item on lifetime suicide attempts	An important outcome variable concerning mental ill-health	Indicator to be used as independent and links to other variables should be scrutinised (mental health, somatic illness, protective factors as well as risk factors) Expressed as a population based rate: lifetime suicide attempts *Isometsä, E. Suicide. Curr Opin Psychiatry 13: 143-147, 2000*

8. Alcohol dependence: CAGE questions	Excessive use of alcohol and alcohol dependence is commonly associated with mental ill-health, excessive use is also important concerning general health	Indicator to be used as independent and links to other variables should be scrutinised (other measures of mental health especially depression and anxiety, somatic illness, protective factors as well as risk factors) **Cut-point to be used: (Most commonly used in studies): 2 or more.*** **Sensitivity and specificity to detect lifetime DSM-IIIR alcohol dependence (cutpoint 2 or more): 78 % and 76,1 % respectively **Sensitivity and specificity to detect current DSM-IIIR alcohol dependence (cutpoint 2 or more): 100 % and 61 %, respectively *Mayfield D, McLeod G, Hall P. The CAGE questionnaire: validation of a new alcoholism screening instrument. Am J Psychiatry. 1974 Oct;131(10):1121-3.* **Cherpitel CJ. Analysis of cut points for screening instruments for alcohol problems in the emergency room. J Stud Alcohol 1995: 56; 695-700* ***Magruder-Habib K, Stevens HA, Alling WC. Relative performance of the MAST, VAST, and CAGE versus DSM-III-R criteria for alcohol dependence. J Clin Epidemiol 1993: 46; 435-41..*

3.2.3. Morbidity, generic (ECHI 2.3.)

Indicator	Justification for selection	Guidelines for use
9. Psychological distress: MHI-5 from SF-36	Elevated levels of psychological distress have been linked to increased mortality and active use of health services, distress is a risk factor for various illnesses	Indicator to be used as independent and links to other variables should be scrutinised (other measures of mental health, somatic illness, protective factors as well as risk factors) A specific formula is used to calculate the score. European population Means: 71 (McCabe et al) – 81,5 (Dutch NEMESIS study) **Cutpoint for population norm: 76** (mean of two figures presented above) **Cutpoint to predict disorder: 56** (Shaw et al; ODIN study: unpublished) *McDowell I, Newell C. Quality of life, chapter 9. Measuring health. A guide to rating scales and questionnaires. Second Edition, Oxford, Oxford University Press 1996.* *McCabe CJ, Thomas KJ, Brazier JE, Coleman P. Measuring the mental health status of a population: a comparison of the GHQ-12 and the SF-36 (MHI-5). Br J Psychiatry 1996; 169: 517-21.* *Shaw, J et al. Comparison of the Depression Screening Characteristics of the CES-D, MHI-5, and MCS-12 in Primary Care. AHSR Annual Meeting 2000: Behavioural Health* *Bijl, RV, Ravelli, A. (2000) 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.*
10. Psychological well-being: A) Energy, vitality from SF-36 B) Single item on happiness	Well-being has been linked to better general and mental health, promotion and prevention activities may increase the level of well-being	Indicator to be used as independent and links to other variables should be scrutinised (other measures of mental health, somatic illness, protective factors as well as risk factors) 10A) A specific formula is used to calculate the score. Population Norm: 1) 52,2 – 2) 60,9 (SD: 22,4) – 3) 71,1 (SE: 0,2) **Cutpoint for population norm: 70*** **Cutpoint for disorder: 62*** *Studies 1 & 2: McDowell I, Newell C. Quality of life, chapter 9. Measuring health. A guide to rating scales and questionnaires. Second Edition, Oxford, Oxford University Press 1996.* **Study 3: Bijl, RV, Ravelli, A. (2000) 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.* 10B) Single item on happiness
11. Impairment: Role limitation due to emotional problems from SF-36	Mental ill-health is a significant cause of disability; the importance of disability caused by mental disorders is increasing	Indicator to be used as independent and links to other variables should be scrutinised (mental health, somatic illness, protective factors as well as risk factors) 11A) A specific formula is used to calculate the score. Population Norm: 1) 65,8 – 2) 81,3 (SD: 40,7) – 3) 89,3 (SE: 0,2)

	Mental ill-health is also significantly associated to lost workdays	**Cutpoint for population norm: 89*** **Cutpoint for disorder: 80*** *Studies 1 & 2: McDowell I, Newell C. Quality of life, chapter 9. Measuring health. A guide to rating scales and questionnaires. Second Edition, Oxford, Oxford University Press 1996.* **Study 3: Bijl, RV, Ravelli, A. (2000) 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.* 11B) Lost workdays may be used as an outcome variable for mental ill-health *Kessler, RC, Frank, RG. The impact of psychiatric disorders on work loss days. Psychol Med 27: 861-873, 1997* *Bijl R, Ravelli A. Current and residual functional disability associated with psychopathology Findings from the Netherlands Mental Health Survey and Incidence Study (NEMESIS). Psychosom Med 30: 657-668, 2000*

Indicator	Justification for selection	Guidelines for use
12. Sense of mastery: Sense of mastery 7-item version	Low level of mastery has been associated to increased rates of depression	Links to other variables should be scrutinised (mental health, somatic illness, protective factors as well as risk factors) **Cutpoint: <20 points signifies low mastery (the 7-item version)*** *Pearlin, LI, Lieberman, M, Menaghan, E et al. The stress process. J Health Soc Behav 22: 337-56, 1981* **Wilkins K, Beaudet MP. Work stress and health. Statistics Canada: Health reports 10: 47-62, 1998*
13. Optimism: LOT-R	High level of optimism has been associated with good health and mental health, whereas low level (or pessimism) has been associated with increased use of health services, increased rates of alcohol use and depression as well as lower levels of general health	Links to other variables should be scrutinised (mental health, somatic illness, protective factors as well as risk factors) Norms for college students: 14.33 (SD=4.28) (LOT-R)* Bypass patients 15.16 (SD=4.05) (LOT-R)* Mean of LOT-R score in a sample of 25 000 Finns:16.42 (SD = 3.86) (Used as a basis for estimating cutpoint) **Cutpoint for optimism (>defined as “optimist”): 20** **Cutpoint for pessimism (<defined as “pessimist”): 12** **Scheier MF, Carver CS , Bridges MW. Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self-esteem): A re-evaluation of the Life Orientation Test J Pers Soc Psychol 1994; 67: 1063-78.*

Indicator	Justification for selection	Guidelines for use
14. Social support: Oslo-3 social support scale	Social support is a protective factor in times of stress, low levels of social support have been linked to increased rates of depression, somatic illnesses and mortality.	Links to other variables should be scrutinised (somatic illness, protective factors as well as risk factors) Total score is calculated by summarizing the scores for each item. The total score is used as a categorical variable by suing the following code: **Poor social support 3-8** **Moderate social support 9-12** **Strong social support 12-14** *Dowrick, C et al. (1998). The outcome of depression international network (ODIN). Background, methods and field trials. Br J Psychiatry; 172: 359-363*
15. Social isolation: Four items on isolation	High level of social isolation has been associated with depression.	Links to other variables should be scrutinised (somatic illness, protective factors as well as risk factors) Classification into “not isolated” and “socially isolated” groups. **Positive response to one or more questions leads to classification of being socially isolated*** *Beaudet, M. Depression. Statistics Canada: Health reports, 7: 11-22, 1996*
16. Life events: LTE	Increase of life events is associated with the onset of depression, particularly concerning women; may also trigger other forms of ill-health	Links to other variables should be scrutinised (somatic illness, protective factors as well as risk factors) **Cutpoint: 2 events within half a year*** **Brugha, TS, Bebbington, P, Tennant, C et al. The List of Threatening Experiences: a subset of 12 life event categories with considerable long term contextual threat. Psychol Med 15: 189-194, 1985*

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