Annex IV
List of priority of the indicators

Domain	Indicator	Comment on priority and need for development
2. HEALTH STATUS		
2.1.3. Cause specific mortality	1. Suicide	High priority, data already available at Eurostat and OECD, Jougla recently analysed the reliability of the suicide data in EC
	2. Harmful events, intention unclear	High priority, data already available, adds to the information provided by the data of suicide
	3. Drug related deaths	High priority, data is already available at the EMCDDA at Lisbon, indicator is undergoing further development
	4. PYLL fraction: suicide	High priority, available at the OECD, adds to the information provided by the data of suicide: potential years of life lost due to suicide
2.2. Morbidity, disease specific	5. Major depression	High priority, an important public health issue; data not available; survey data is necessary
	6. Generalised anxiety disorder	High priority, anxiety is also an important public health issue due to high prevalence; data not available; survey data necessary
	7. Excessive use of alcohol	High priority; excessive use of alcohol is an important public health issue, use often associated with depression and anxiety; data not available; survey adapt necessary
	8. Suicide attempts	High priority, suicide is an important public health issue; adds to the information already provided by mortality data; data not available;

		survey data necessary
2.3. Morbidity, generic	9. Psychological distress	High priority; distress is associated with high use of health services and is a predictor of mortality; important measure for public health matters; data not available; survey data necessary
	10. Psychological well-being: A) Energy, vitality, B) happiness	High priority; associated with positive health outcomes; prevention and promotion activities that are important for public health should increase well-being (can be used as a measure of outcome); data not available; survey data necessary
	11. Role limitations due to emotional problems	High priority; impairment of function is a outcome of ill-health requiring monitoring; data not available; survey data necessary
3. DETERMINANTS OF HEALTH		
3.1.2. Personal conditions	12. Sense of mastery	High priority; predictor of health outcomes (both for mental health and general health); data not available; survey data necessary
	13. Optimism	High priority; predictor of health outcomes (both for mental health and general health); data not available; survey data necessary
3.3.3. Social and cultural environment	14. Social support	High priority; low level of support associated with ill-health (both e.g. depression and somatic diseases); data not available; survey data necessary
	15. Social isolation	High priority; high level of isolation is associated with depression; data not available; survey data necessary
	16. Social networks	Secondary priority; lack of networks decrease supports and increase

		isolation; data already available in Eurostat (ECHP data)
	17. Life events	High priority; stressful events are associated with ill-health (both e.g. depression and somatic diseases); data not available; survey data necessary
4. HEALTH SYSTEMS		
4.1. Prevention, health protection and promotion	18. Suicide prevention projects	Secondary priority; indicator in need of development; no international data available
	19. Projects to support parenting skills	Secondary priority; indicator in need of development; no international data available
4.2. Health resources	20. Psychiatric beds	Secondary priority; data already available in OECD, in need of further development due to problems of defining "psychiatric care bed"
	21. Psychiatrists	High priority; UEMS data from mid 1990s available; currently new data collection in progress by the UEMS section for psychiatry
	22. Child psychiatrists	High priority; UEMS data from mid 1990s available; currently new data collection in progress by the UEMS section for psychiatry; further development needed as child psychiatry is not a speciality of its own in some of the Member States
	23. Clinical psychologists	Secondary priority; comparable international data are lacking; some Member States may be able to provide data; need for further development
4.3. Health care	24. Number of discharges	Secondary priority; health

utilisation; psychiatric care and social services	due to group F from psychiatric hospitals, total	care systems differ between the Member States and this leads to problems of comparison concerning utilisation data, in need of further development; data is available from National sources
	25. Number of discharges due to mental disorders for minors	Secondary priority; some data available in some Member States; considerable problems of comparison, in need of further harmonisation
	26. Number of long stay inpatients (hospitalised for 300 days or more)	Secondary priority; data not available; an annual census survey is necessary
	27. Use of outpatient services	Secondary priority; only visit to public psychiatric services is readily available; visits to private psychiatrists are necessary to provide reliable and comparable data, need for development
	28. Self-reported use of mental health services	High priority; indicator would provide data on number of persons and proportion of population taking actual use of services; data not available; survey data necessary
	29. Consumption of psychotropic drugs	High priority; comparable data are available in some of the Member States, further development needed to ensure availability from all Member States
	30. Proportion of disability pensions due to mental disorders	High priority; data available in some Member States; further clarification of social systems are necessary to make adequate judgements on comparisons
	31. Sickness compensation periods	Secondary priority; only few Member States have

	due to mental disorder	data on this indicator; considerable problems of comparison
4.4. Expenditure	32. Total national expenditure on psychiatric services	Secondary priority; comparable data are lacking; information on total expenditure is necessary in the future; need for development
	33. Availability of national quality accreditation	Secondary priority; no international data available; need for development