National Adult Mental Health and Well-being Indicators for Scotland

Improving mental health is a national public health priority for Scotland. To date, there has been no assessment of the overall mental health of Scotland's population, without which it is difficult to determine whether mental health is improving in Scotland or to track progress. Health Scotland was therefore commissioned by the Scottish Government's[1] National Programme for Improving Mental Health and Well-being to establish a core set of national, sustainable mental health indicators to support the Scottish Government's drive on mental health improvement. These indicators, which will monitor the state of mental health in Scotland at a national level, are vital to the development of a comprehensive health monitoring system (for further information on the indicators work see www.healthscotland.com/ understanding/population/mental-health-indicators.aspx).

This briefing provides a summary of the final output from the adult mental health indicators work including the recommendations, the indicators, their measures and associated data sources.

The *Indicators of Mental Health Programme* has taken the term mental health to be an overarching term covering both mental health problems and positive mental health. Accordingly, this work has established adult[2] mental health indicators that encompass both mental health problems and positive mental health.

It is envisaged that the indicators will:

- provide a summary adult mental health profile for Scotland that covers both positive mental health and mental health problems

- enable monitoring of changes in Scotland's mental health

- inform decision-making about priorities for action and resource allocation, and

- enable comparison between population groups and geographical areas of Scotland, as well as with other countries, where data allows.

A mixed approach (taking into account current data, policy, evidence, expert-opinion and theory) was 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. The process involved:

- identifying a desirable set of indicators

- scoping relevant data currently collected nationally in Scotland (both administrative and survey data)

- identifying a set of practical indicators which can currently be monitored using existing data

- identifying additional data needs for the indicators

- exploring and influencing data collection systems to fill these additional data needs

- ensuring sustainability of data for the indicator set by liaising with the national survey teams to facilitate their continued collection.

The indicators are structured under constructs (categories) of two types, although it is recognised that certain constructs overlap (Table 1):

[1] Previously known as the Scottish Executive
[2] Adult = age 16 and over unless otherwise stated for an indicator

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

Table 1: Constructs for the indicators (number of indicators)

HIGH LEVEL CONSTRUCTS		
Positive mental health (2)		Mental health problems (7)
CONTEXTUAL CONSTRUCTS		
Individual	**Community**	**Structural**
Learning and development (1)	Participation (3)	Equality (2)
Healthy living (4)	Social networks (1)	Social inclusion (2)
General health (3)	Social support (2)	Discrimination (3)
Spirituality (1)	Trust (2)	Financial security/debt (2)
Emotional intelligence (1)	Safety (4)	Physical environment (6)
		Working life (6)
		Violence (3)

In total the indicator set consists of 55 indicators (one of which (equality analysis) involves analysing the other indicators by selected dimensions of equality). The majority of these use existing data, although 20 use data that will be new to the Scottish Health Survey from 2008, while another uses data newly collected by the Scottish Household Survey from 2007. Further work is required for four of the indicators in order to develop suitable question(s) that can be included in a national survey to collect the required data. Initial work to agree a consensus understanding of the construct is required for some of these as a starting point.

The focus on positive mental health in addition to mental health problems has been vital to the work. A suitable UK validated scale was not available for the assessment of overall positive mental health. Work was therefore commissioned to validate an existing promising scale: the Affectometer 2. This led to the development and validation of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS). WEMWBS is designed specifically to assess population positive mental health of adults and will be included annually in the Scottish Health Survey from 2008, and will inform one of the Scottish Government's national indicators and targets to measure performance against the government's key objectives for 2008-11.

The development of a set of mental health indicators for Scotland is a significant milestone. It is a recognition of the importance of positive mental health to a 'flourishing' Scotland and the need for data on the extent of positive mental health, in addition to the prevalence of mental health problems. The current indicator set is necessarily limited by gaps and weaknesses in the evidence-base, availability of data and the feasibility of collecting data, as well as the complexities and ambiguities surrounding key concepts like spirituality. For all these reasons, the current indicator set is not the final answer to creating a summary profile of Scotland's mental health. It provides a firm basis on which to build and develop a greater understanding of the causes and consequences of mental health and how these can best be measured. It is hoped that this work will also contribute to a greater focus on mental health impact, at a national and local level and across all sectors.

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RECOMMENDATIONS

Inevitably a programme such as this identifies areas of further possible work. The recommendations below identify areas of work for others to take forward. Health Scotland itself will maintain and update the national indicators dataset on the ScotPHO website (www.scotpho.org.uk), thus partly fulfilling recommendations 1 and 8 below.

1: Analysis of existing datasets

Continuing analysis of existing datasets is required and especially datasets coming from surveys which have included measures of positive mental health, specifically those which are starting to include WEMWBS. The latter will contribute to determining whether risk and protective factors differ for mental health problems and positive mental health.

2: Longitudinal studies

Longitudinal studies are required to help investigate whether identified associations between mental health and key personal, social and structural factors are causal, and the direction of causality, or coincidental.

3: Further validation of WEMWBS

Further validation of WEMWBS is essential. This includes the establishment of its sensitivity to change and its validity for use with different ethnic minority groups in the UK. As the understanding of positive mental health and its core elements evolves, so the development of a gold standard interview for positive mental health for use with individuals and to validate WEMWBS against should be considered.

4: Spirituality

There is a need to identify/develop question(s) which adequately tap into the concept of spirituality. Further work is initially needed to explore in detail the complex construct of spirituality - what it is, its relation to religion, what aspects set it apart from eudaimonic well-being[3] and meaning and purpose in life.

5: Emotional intelligence

Further work is required on the construct of emotional intelligence and its associated indicator. An in-depth review of the literature is needed to obtain a greater understanding of this complex construct and the academic debates. This will assist in developing the working understanding further and in developing an appropriate short scale or question(s) suitable for inclusion in general population surveys where space is limited.

6: 'Escape facilities'

Further work is required to assess the literature around the concept of 'escape facilities'[4] so that a suitable question(s) can be developed for inclusion in general population surveys. This needs to take account of the fact that escape facilities may vary for individuals depending on their living environment. For example, urban and rural areas may differ.

7: Attitudes to violence

Further work is required to develop and test a question(s) to obtain data suitable for an indicator on attitudes to violence.

8: Updating the indicators

As the evidence-base improves and the nature, direction and magnitude of the relationship between personal, social and structural factors and mental health become better understood, so the indicators and their data sources may need adjusting. It is essential that this occurs if required. The indicators will also need to adapt to secular changes to questions in the source national surveys. It is important that survey managers of the national surveys remain aware of this important use of their data.

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[3] The eudaimonic perspective of well-being focuses on psychological functioning, good relationships with others and self realisation. This is the development of human potential which when realised results in positive functioning in life, and covers a wide range of cognitive aspects of mental health.

[4] A valued safe place where an individual can and wants to go to to 'escape' from things.

HIGH LEVEL CONSTRUCTS

INDICATOR	MEASURE	DATA SOURCE
Positive Mental Health		
Positive mental health	Mean adult score on the Warwick-Edinburgh Mental Well-being Scale (WEMWBS)	Scottish Health Survey*
Life satisfaction	Mean adult score of how satisfied individuals are with their life as a whole nowadays	Scottish Health Survey*
Mental Health Problems		
Common mental health problems	Percentage of adults who score 4 or more on the General Health Questionnaire-12 (GHQ-12) (a score of 4 or more indicates a possible mental health problem over the past few weeks)	Scottish Health Survey
Depression	Percentage of adults who have a symptom score of 2 or more on the depression section of the Revised Clinical Interview Schedule (CIS-R) (a score of 2 or more indicates symptoms of moderate to high severity experienced in the previous week)	Scottish Health Survey*
Anxiety	Percentage of adults who have a symptom score of 2 or more on the anxiety section of the Revised Clinical Interview Schedule (CIS-R) (a score of 2 or more indicates symptoms of moderate to high severity experienced in the previous week)	Scottish Health Survey*
Alcohol dependency	Percentage of adults who score 2 or more on the CAGE questionnaire (a score of 2 or more indicates possible alcohol dependency in the previous 3 months)	Scottish Health Survey
Drug-related deaths	Deaths per 100,000 adults in the past year from 'mental and behavioural disorders due to psychoactive substance use'	General Register Office for Scotland
Suicide	Deaths per 100,000 adults in the past year by intentional self-harm and by undetermined intent	General Register Office for Scotland
Deliberate self-harm	Percentage of adults who have deliberately harmed themselves but not with the intention of killing themselves in the past year	Scottish Health Survey*

* Data source highlighted in pink indicates that the required data has not previously been collected, or consistently collected, in a national Scottish survey but will now be in future years.

CONTEXTUAL CONSTRUCTS

INDIVIDUAL LEVEL

INDICATOR	MEASURE	DATA SOURCE
Learning and Development		
Adult learning	Percentage of adults (no longer in continuous full-time education) who participated in some type of adult learning (taught or non-taught) in the last year	Annual Population Survey
Healthy Living		
Physical activity	Percentage of adults who met the recommended level of physical activity for adults (30 minutes or more moderate to vigorous physical activity on at least 5 days per week) in the previous four weeks	Scottish Health Survey
Healthy eating	Percentage of adults who ate five or more portions of fruit and vegetables in the previous day	Scottish Health Survey
Alcohol consumption	Percentage of adults whose usual weekly consumption of alcohol in the past year was at or below the recommended weekly limit (21 units for men and 14 units for women)	Scottish Health Survey
Drug use	Percentage of adults (aged 16-59) who have taken drugs in the past year	Scottish Crime and Justice Survey
General Health		
Self-reported health	Percentage of adults who perceive their health in general to be good or very good	Scottish Health Survey
Long-standing physical condition or disability	Percentage of adults who have a long-standing physical condition or disability (long-standing = troubled the person for at least 12 months, or likely to affect them for at least 12 months)	Scottish Health Survey
Limiting long-standing physical condition or disability	Percentage of adults who have a long-standing physical condition or disability which limits their daily activities	Scottish Health Survey
Spirituality		
Spirituality	Assessment of spirituality	No suitable data source identified
Emotional Intelligence		
Emotional intelligence	Assessment of emotional intelligence	No suitable data source identified

COMMUNITY LEVEL

INDICATOR	MEASURE	DATA SOURCE
Participation		
Volunteering	Percentage of adults who participated in volunteering at least 5 or 6 times in the past year	Scottish Household Survey
Involvement in local community	Percentage of adults who feel involved in their local community a great deal or a fair amount	Scottish Health Survey*
Influencing local decisions	Percentage of adults who strongly agree or agree that they can influence decisions affecting their local area	Scottish Health Survey*
Social Networks		
Social contact	Percentage of adults who have contact (in person, by phone, letter, email or through the internet) at least once a week with family, friends or neighbours who do not live with them	Scottish Health Survey*
Social Support		
Social support	Percentage of adults with a primary support group of three or more to rely on for comfort and support in a personal crisis	Scottish Health Survey [∞]
Caring	Percentage of adults who provide 20 or more hours of care per week to a member of their household or to someone not living with them, excluding help provided in the course of employment	Scottish Health Survey*
Trust		
General trust	Percentage of adults who trust most people	Scottish Health Survey*
Neighbourhood trust	Percentage of adults who trust most people in their neighbourhood	Scottish Health Survey*
Safety		
Neighbourhood safety	Percentage of adults who feel very or fairly safe walking alone in their neighbourhood after dark	Scottish Household Survey
Home safety	Percentage of adults who feel very or fairly safe when at home alone at night	Scottish Household Survey
Non-violent neighbourhood crime	Percentage of adults who have been a victim of non-violent crime (definition covers household crime, theft from the person and other personal theft, see http://openscotland.gov.uk Publications/ 2007/10/12094216/11) occurring locally	Scottish Crime and Justice Survey
Perception of local crime	Percentage of adults who perceive crime (including people having their homes broken into, people being mugged/robbed, people having their property or vehicle damaged, people experiencing theft of or theft from their car or vehicle, people being assaulted/attacked in public, and drug dealing and drug abuse) to be very or fairly common in their local area	Scottish Crime and Justice Survey

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[∞] Data has not previously been collected in this national Scottish survey but will now be collected in future years.

STRUCTURAL LEVEL

INDICATOR	MEASURE	DATA SOURCE
Equality		
Income inequality	GINI coefficient	Scottish Government Income & Poverty Statistics
Equality analysis	Analysis of the indicators by selected variables; age, gender and Scottish Index of Multiple Deprivation[§] (SIMD, definition www.scotland.gov.uk/Topics/Statistics/SIMD/Overview) or social class (National Statistics socio-economic classification (NS-SEC), definition www.statistics.gov.uk/methods_quality/ns_sec/default.asp) or occupation	Scottish surveys, plus administrative datasets for SIMD
Social Inclusion		
Worklessness	Percentage of adults (women aged 16-59 and men aged 16-64), excluding students, who are unemployed or economically inactive and who want to work	Annual Population Survey
Education	Percentage of adults (women aged 16-59 and men aged 16-64) with at least one academic or vocational educational qualification	Annual Population Survey
Discrimination		
Discrimination	Percentage of adults who report having been unfairly treated or discriminated against in the past year	Scottish Health Survey*
Racial discrimination	Percentage of adults who think racial discrimination is a big problem in Scotland	Scottish Crime and Justice Survey
Harassment	Percentage of adults who have personally experienced harassment or abuse in the past year due to discrimination	Scottish Health Survey*
Financial Security/Debt		
Financial management	Percentage of households managing very or quite well financially these days	Scottish Household Survey*
Financial inclusion	Percentage of households with access to a bank account, building society account, credit union account, or post office card account	Scottish Household Survey*
Physical Environment		
Neighbourhood satisfaction	Percentage of adults who rate their neighbourhood as a very or fairly good place to live	Scottish Household Survey
Noise	Percentage of adults who are bothered very often or fairly often by noise when home indoors	Scottish House Condition Survey*
Escape facility	Assessment of perceived availability of a valued safe place where an individual can and wants to go to to 'escape' from things	No suitable data source identified

[§] SIMD is a measure of area deprivation.

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* Data for this indicator comes from the highest income householder or spouse/partner.

STRUCTURAL LEVEL

INDICATOR	MEASURE	DATA SOURCE
Greenspace	Percentage of adults who feel they have a safe and pleasant park, green or other area of grass in their neighbourhood, excluding personal private garden space, that they and their family can use	Scottish Household Survey
House condition	Percentage of adults rating the condition of their house or flat as very or fairly good	Scottish House Condition Survey*
Overcrowding	Percentage of adults who feel their home has too few rooms	Scottish House Condition Survey*
Working Life		
Stress	Percentage of adults who find their job very or extremely stressful	Scottish Health Survey*
Work-life balance	Mean score for how satisfied adults are with their work-life balance (paid work)	Scottish Health Survey*
Demand	Percentage of adults who often or always have unrealistic time pressures at work	Scottish Health Survey*
Control	Percentage of adults who often or always have a choice in deciding the way they do their work	Scottish Health Survey*
Manager support	Percentage of adults who strongly or tend to agree that their line manager encourages them at work	Scottish Health Survey*
Colleague support	Percentage of adults who strongly or tend to agree that they get the help and support they need from colleagues at work	Scottish Health Survey*
Violence		
Partner abuse	Percentage of adults physically or emotionally abused by a partner or ex-partner in the past year	Scottish Crime and Justice Survey
Neighbourhood violence	Percentage of adults who have experienced violence (definition covers assault and robbery, see http://openscotland.gov.uk/Publications/2007/10/12094216/11), excluding violence by a household member, occurring locally in the past year	Scottish Crime and Justice Survey
Attitude to violence	Percentage of adults who think that violence is acceptable in some circumstances	No suitable data source identified

* Data for this indicator comes from the highest income householder or spouse/partner

* Data source highlighted in pink indicates that data has not previously been collected in a national Scottish survey but will now be in future years.