

<i>ECHIM Indicator name</i>	B) Health status 38. Psychological distress
<i>Relevant policy areas</i>	<ul style="list-style-type: none"> - Healthy ageing, ageing population - Health inequalities (including accessibility of care) - (Preventable) Burden of Disease (BoD) - Mental health - (Planning of) health care resources
<i>Definition</i>	To be developed, e.g. occurrence and extent of psychological distress during past month.
<i>Key issues and problems</i>	<p>Topic needs further development:</p> <ul style="list-style-type: none"> - In the European Health Interview Survey (EHIS) wave I, variables for computing psychological distress were gathered by means of the Mental Health Index (MHI-5) scale of the RAND Short Form 36. Though this is a well-validated instrument in Western countries, problems were encountered with its application in Eastern European countries. Based on these experiences, the plan for EHIS wave II is to drop the MHI-5 scale from the questionnaire and to not replace it with an alternative for measuring generic mental health. - What instrument should we use for gathering data on psychological distress in Europe, now that the MHI-5 has proven inadequate in practice? - What data source to use now that EHIS will no longer provide data?
<i>Preferred data type and data source</i>	<p>Preferred data type: Health Interview Survey</p> <p>Preferred source: ?</p>
<i>Data availability</i>	No data available in the international databases.
<i>Rationale</i>	Psychological distress is associated with high use of health services and decreased level of functioning. It is also predictor of mortality. Promotion and prevention activities may decrease the level of psychological distress.
<i>Remarks</i>	<ul style="list-style-type: none"> - Perceived psychological distress is a non-specific dimension of psychopathology and it indicates that something is wrong but has not yield diagnostic assessment. It does not necessarily involve a mental illness or require services from the mental health system. However, cultural variations in experiencing and expressing the inner feelings and emotions have to be taken into account when interpreting the results. - EHIS wave I questions (corresponding to the Mental Health Index (MHI-5) score from the RAND Short Form 36), SF.2-SF.10: How much of the time, during the past 4 weeks: SF.3 Have you been very nervous? SF.4 Have you felt so down in the dumps that nothing could cheer you up? SF.5 Have you felt calm and peaceful? SF.7 Have you felt down-hearted and depressed? SF.9 Have you been happy? The five response categories are: 1. All of the time; 2. Most of the time; 3. Some of the time; 4. A little of the time; 5. None of the time. - Recommendation by Mindful/Working Party Mental Health: A mean score of 56 or less on the Mental Health Index (MHI-5) score (from the RAND Short Form 36 (SF-36 v1.0) questionnaire) is taken to indicate a case of mental ill-health. The score for the MHI-5 is computed by adding the scores of each question item and then transforming the raw scores to a 0–100-point scale. NB: SF-36 uses six answering categories, EHIS wave I used 5.
<i>References</i>	<ul style="list-style-type: none"> - EHIS standard questionnaire (version of 11/2006, used in first wave): http://ec.europa.eu/health/ph_information/implement/wp/systems/docs/ev_20070315_ehis_en.pdf - EHIS 2007-2008 Methodology: Information from CIRCA : http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsinterviewsurvey/ehis_wave_1/2007-2008_methodology&vm=detailed&sb=Title - MINDFUL project: http://www.stakes.fi/mindful - RAND SF-36: http://www.rand.org/health/surveys_tools/mos/mos_core_36item.html
<i>Work to do</i>	<ul style="list-style-type: none"> - Investigate whether any existing tool is suitable for measuring psychological distress across EU countries, if not, a new tool has to be developed and validated. - Incorporate (new) tool into regular data collections (→ discuss with international stakeholders).

