

Progress Report  
of the Working Group  
**Epidemiology & Mental Health,**  
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# 1. Frame of reference in the Swiss context



# 1. Frame of Reference

## Mental Health

- Health according to WHO is : « a state of physical, mental and social well-being».
- Mental Health according to WHO is : « a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stress of life, can work productively and fruitfully, and is able to make a contribution to his or her community ».
- Mental Health promotion invites action that allows people to maintain a healthy lifestyle.

## 1. Frame of Reference

# Aim of the working group:

- Promote an evidence informed approach in Mental Health policy.
- Identify, adapt and suggest an appropriate indicator system in order to monitor the state of Mental Health of the population in Switzerland.
- Thus contribute to an improvement of the Mental Health of the Swiss population, reduce stigmatisation and harm.

1. Frame of Reference

# Evidence informed information implies:

- Gathering the evidence
- Using the evidence in policy development and planning
- Implementing the policy
- Evaluating the results

Bowen & Zwi, 2005

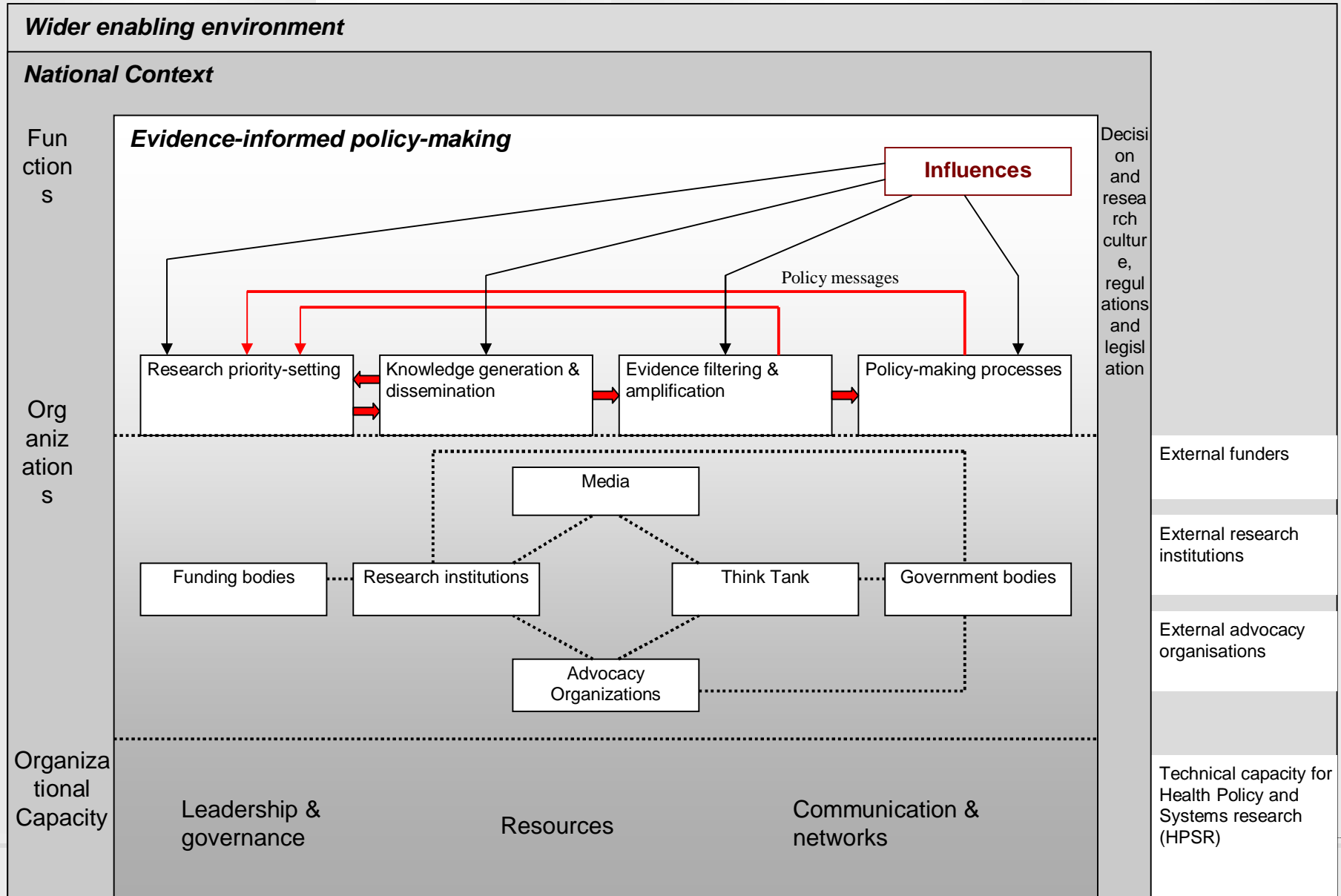
## 1. Frame of Reference

Development of an indicator system implies

Assessment of :

- Social factors including living conditions, work conditions
- Lifestyle of population and subgroups
- Vulnerability and treatment indicators for mental disorders
- Polity, policy, and politics (Regulations, recommendations, attitudes promoted by stakeholders)
- Ressource allocation

# 1. Frame of reference





1. Frame of reference

## International context



### International

- Human Rights
- WHO
- European Union:  
Green paper on  
Mental Health 2005
- CDC

# 1. Frame of reference Legal Context Switzerland

- Swiss Constitution
- Law on prevention
- Law on statistics
- Law on research
- Cantonal legislations



1. Frame of reference

# Guiding Questions for a Monitoring System

- What is the goal of the system end to what end is the information used?
- Who are the stakeholders?
- Which already existing components are useful and how should they be introduced?
- How should they be made available?
- What are the limitations of the proposed system?
- How can the usefulness of the system be evaluated?

## 2. Existing Data sources



## 2. Data Sources Swiss context

### Institutions

- FSO/ BFS
- OBSAN
- FOPH/BAG
- BSV
- SNF/NF -→ Universities  
(Institutes of Social and  
Preventive Medicine,  
Departments of Psychiatry)
- Cantonal Data Sources



## 2. Data Sources

### Institutions that gather data relevant to Mental Health (a) Mental Health

**Table 2:** Domain, indicator groups and data base of the Mental Health Monitoring (adapted according to Schuler, Rüschi, Weiss, 2007)

<b>Domain and indicator group</b>	<b>Data base</b>	<b>Institution</b>
<i>Mental health</i>		
(1) Mental balance	Swiss Health Survey SHS, 2002, 2007	FSO
(2) Mental wellbeing	Swiss Health Survey SHS, 2002, 2007	FSO
<i>Mental problems and illness</i>		
(3) Slight mental troubles	Swiss Health Survey SHS, 2002, 2007	FSO
(4) Chronic mental problems with influence on everyday life	Swiss Health Survey SHS, 2002, 2007	FSO
(5) Depressions	Swiss Health Survey SHS, 2002, 2007	FSO
<i>Use of treatment services</i>		
(6) Mental illness and use	Swiss Health Survey SHS, 2002, 2007	FSO
(7) Treatment of mental problems	Swiss Health Survey SHS, 2002, 2007	FSO
(8) Inpatient treatment	Hospital Statistics, 2004	FSO
(9) Treatment expenditure in psychiatric clinics	Hospital Statistics, 2004	FSO
<i>Resources and risk factors</i>		
(10) Locus of control	Swiss Health Survey SHS, 2002, 2007	FSO
(11) Emotional support	Swiss Household Panel SHP, 2004	SNF, FSO
(12) Work strain	Swiss Health Survey SHS, 2002, 2007	FSO
(13) Critical life events	Swiss Household Panel SHP, 2004	SNF, FSO
<i>Consequences of problem</i>		
(14) Impairment of quality of live, of the ability to perform and work	Swiss Household Panel SHP, 2004 Swiss Health Survey SHS, 2002, 2007	SNF, FSO FSO
(15) Disability pension	Statistic of invalidity, 2005	FSIO
(16) Suicide	Mortality statistic, 2004	FSO

Explanation: FSO=Federal Statistic Office, SNF=Swiss National Science Foundation, FSIO=Federal Social Insurance Office

## 2. Data Sources

# Institutions that gather data relevant to Mental Health

### (b) Substance use

<b>Instrument</b>	<b>Target group</b>	<b>Main stance</b>	<b>Institution(s)</b>	<b>Remarks</b>
Swiss Health Survey	General population (15-79)	A, T, C, D, H, Co	FSO	1992/ 1997/ 2002/ 2007
Tobacco Monitoring	General population (14-65)	T, C	FOPH (University of Zurich)	2001
Cannabis Monitoring	Adolescents, young adults (13-29)	A, T, C, D, H, Co	FOPH (ISGF, IUMSP, SFA, IBSF, ICDP)	2004/ 2007
<i>act-info</i>	adults in treatment (18 and more)	A, T, C, D, H, Co	FOPH	1998 ...
HBSC	Children, adolescents (11-15)	A, T, C, D, H, Co	FOPH (SFA)	1998/ 2002/ 2006 N about 10'000
<i>(SMASH)</i>	Adolescents (16-20)	A, T, C, D, H, Co	FOPH (IUMSP, University of Bern, UPVS)	2002
<i>(ESPAD)</i>	Adolescents (13-16)	A, T, C, D, H, Co	FOPH (SFA)	2003

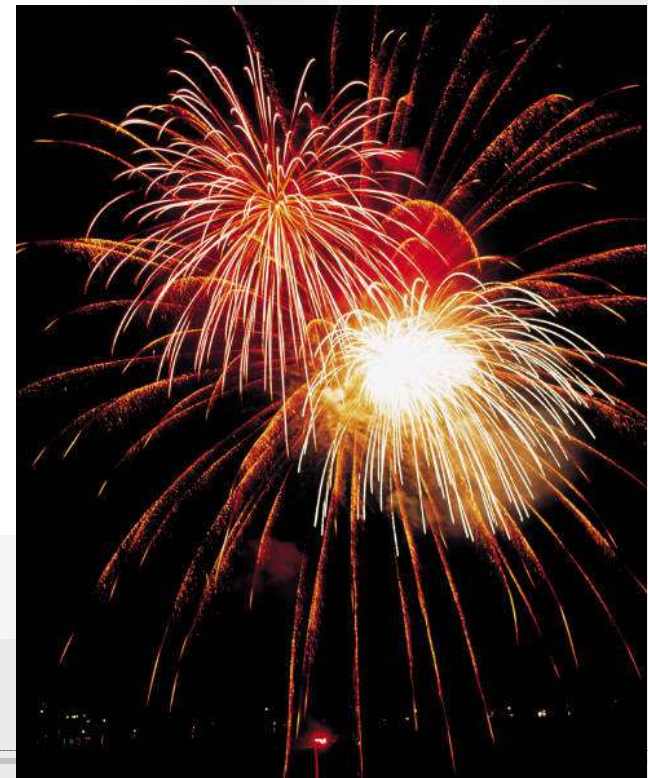


# Main indicators from other sources

## Causes of death

- Suicide mortality rate
- Death rate of undetermined intention (CDR)
- Drug related deaths
- Alcohol related deaths
- PYLL fraction of suicide

## Morbidity





## 2. Data Sources

# Health indicators

### Main Variables

- Sense of Mastery
- Optimism
- Well-being
- Distress
- Impairment
- Social Support

- Social Isolation
- Social Networks
- Negative Life events
- Childhood adversities



## 2. Data Sources

# Health indicators



## Selection

- Control convictions
- Loneliness
- Psychological Distress
- Major Depression
- Consultation



## 2. Data sources Morbidity

- Generalized anxiety disorder
- Hazardous and harmful drinking
- Major depression
- Suicide attempts, Psychological distress
- Psychological well-being
- Mental disorders
- Emotional problems

# 3. Basic Findings: Swiss Health Survey (SHS)



# 1. General

- Question: « How is your actual state of health in general »
  - 87% of the Swiss population indicate they are in excellent or good health
  - 88% men and 85% women
- 4 out of 5 persons consult a doctor at least once a year.



### 3. Basic findings

## General well-being Attitudes regarding health

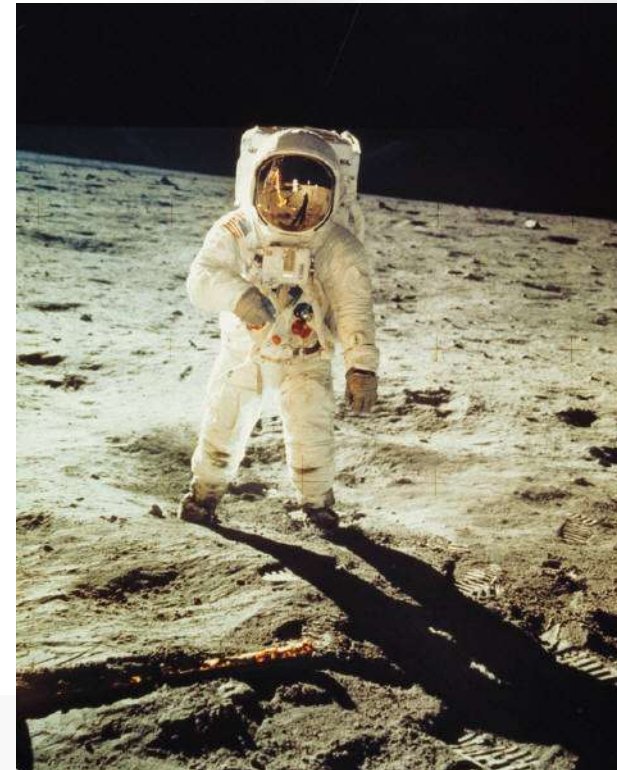
	<b>N (13'923)</b>	<b>%</b>	<b>CH</b>
Low importance	1'583	11.0	732'450
Medium importance	9'481	65.9	4'088'990
High importance	2'859	19.9	1'156'820

(\* ) missing: n=470, 3.2% 3. Basic figures

### 3. Basic Findings

# Mental Health

- Control convictions
- Loneliness
- Psychological distress (MHI-5)
- Major depression (CIDI)
- Consultation







### 3. Basic Findings

# Control conviction

	<b>N (12'992)</b>	<b>%</b>	<b>CH</b>
High	2'739	21.1	913'160
Medium	5'198	40.0	1'691'790
Low	5'055	38.9	1'651'190

(\*) missing: n=1'401, 9.7%



### 3. Basic findings

# Loneliness

## Feeling lonely

	M (%)	W (%)	N=17'890 (%)	CH
Very often	92 (1.2)	179 (1.8)	271 (1.5)	91'880
Often	183 (2.3)	329 (3.3)	512 (2.9)	179'360
Some-times	1'896 (23.9)	3'168 (31.8)	5'064 (28.3)	1'689'270
Never	5'762 (72.6)	6'281 (63.1)	12'043 (67.3)	3'952'740

(\*) missing: n=870, 4.6%



### 3. Basic Findings

# Psychological Distress (MHI-5)

	<b>M (%)</b>	<b>W (%)</b>	<b>N=17'634 (%)</b>	<b>CH</b>
High	300 (3.8)	507 (5.2)	807 (4.6)	102'150
Medium	924 (11.8)	1'418 (14.5)	2'342 (13.3)	314'660
Low	6'611 (84.4)	7'874 (80.4)	14'485 (82.1)	2'216'89 0

(\* ) missing: n=1'126, 6%























