

Mental Health Indicators Survey Option Appraisal

Background

In 2001, the Scottish Executive established its *National Programme for Improving Mental Health and Well-Being*. In order to determine whether mental health and well-being are improving amongst the Scottish population, there is a need to measure and track progress. As a support activity to the National Programme, NHS Health Scotland is taking forward a project with the aim of developing a sustainable core set of public mental health (mental health and well-being) indicators for Scotland.¹ These indicators will provide a way of monitoring the state of mental health and well-being in Scotland, at a national level, and are vital to the development of a comprehensive health monitoring system.

Aim

To devise a sustainable core set of public mental health (mental health and well-being) indicators for Scotland.

These indicators will:

- Provide a summary mental health profile for Scotland;
- Enable monitoring of changes in Scotland's mental health and well-being over time;
- Inform decision-making about priorities for action and resource allocation;
- Maximise the contribution of data already gathered;
- Enable comparability with other countries and within Scotland where possible.

Objectives

There are four main objectives to the project:

1. Determination of a desirable set of defined public mental health indicators;
2. Review of relevant data which are currently collected on a national basis to maximise the use of data already gathered;
3. Establishment of consensus on a set of practical public mental health indicators suitable for sustainable collection;
4. Recommendation of new data that should be collected to fill gaps in the identified set of practical indicators.

An initial scoping exercise of Scottish data which are currently collected has been performed. This data includes that from routine administrative systems, and Scottish-specific and UK surveys. This data has been compiled into a database. This exercise has identified several gaps within the existing data, notably around data that could be used for indicators of positive mental health. Means of filling these gaps will need to be explored.

Additionally there are many problems/issues around the data which are currently collected. Several of these relating to NHS administrative data have already been highlighted in the report *Mental health in Scotland: Information sources and selected insights*.² The Improving Mental Health Information Program of ISD (Information and Statistics Division) Scotland is addressing some of these issues.

Data from surveys present different problems. There is a lot of information collected in current surveys which could be of use for these indicators. The issues identified mostly relate to the lack of control over the existing surveys. The issues identified include:

1. The survey is conducted for other agendas and not with mental health specifically in mind;
2. Lack of control over survey content which can change between subsequent surveys – this is related to 1 above;
3. Funding commitment to surveys is time-limited and will be reviewed thereafter and there is no guarantee existing surveys will continue;
4. Possible future changes to the structure/format of surveys.

There are potentially 3 options available to address the issues over survey data. These are to:

1. influence existing surveys;
2. fund modules in existing surveys;
3. develop a new survey specifically to collect mental health related data.

This paper outlines the above options, indicating their advantages and disadvantages, and should help inform decisions about the best way to ensure that suitable data can be collected in the future over time for the mental health indicators. These options, however, should not be seen as necessarily mutually exclusive.

Existing Surveys – Options 1 and 2

Option 1 – Influencing existing surveys

It is evident that existing surveys are influenced by many stakeholders each with their own agenda, and have not been developed with the collection of data suitable to measure mental health in mind. It may be possible to: obtain representation on the steering groups for these surveys to influence their contents; submit proposals to influence the survey content; or possibly provide financial input to help fund the survey and thus gain influence. Table 1 (page 6) outlines the ease by which illustrative surveys can be influenced.

Advantages

1. Surveys are already up and running with established methodologies and administrative systems, so for example start up costs would be avoided.
2. Cheaper than setting up a new survey and may not involve any additional financial input.
3. As the surveys are established there is the possibility that there may be existing baseline data for previous years in some instances.
4. Several surveys have large sample sizes eg Scottish Health Survey covers approx. 10,000 adults and approx. 4,000 children. A few allow for sub-national and disaggregation of data.
5. The collection of data for the mental health indicators within surveys which currently collect data for other agendas would help demonstrate that mental health is important to the agendas of other stakeholders.

Disadvantages

1. Representation on steering groups may not be possible.
2. Representation on a steering group or submission of a proposal will not necessarily ensure that questions required to collect data for the mental health indicators will actually be included in the questionnaire eg for the Scottish Household Survey interested parties submit proposals. Each is initially assessed and this is used by the Technical Group in its discussions of the topics for inclusion. An important criterion used by the Technical Group is the relevance of each proposal to the survey's main policy areas of Social Justice and Transport.

It is evident that several Scottish surveys are influenced by policy commitments and address specific policy agendas. If mental health is a policy priority then commitment will need to come from higher levels to ensure that mental health becomes a priority for inclusion in the surveys and that there is a long term commitment.

3. Lack of overall control and survey content decided/debated by steering group each survey round.
4. Established survey methodologies could pose restrictions, for example established sampling methods may mean that specific hard to reach groups may not be well represented in the survey and sample sizes may not be sufficient to allow detailed disaggregation of data.
5. Lack of control may mean that the survey is fundamentally altered making trend analysis difficult and questions successfully included in a future survey may not be successful in subsequent surveys.
6. May have to try to influence several surveys to obtain the full range of data required for the mental health indicators.
7. Some surveys are at a UK/GB level so influence is further removed and not all of these surveys comprehensively cover Scotland, for example north of the Caledonian canal or the islands may not be included. It is thus difficult to claim that these surveys are representative even at a Scottish national level.

Option 2 – Funding of Modules in Existing Surveys

In several surveys modules to be included can be bought. These include the Scottish Social Attitudes Survey and Omnibus

surveys.

Advantages

1. Complete control over questions which can be funded for inclusion and the frequency required.
2. Cheaper as only paying for the questions required but get socio-demographic data as well.
3. Surveys already up and running with established methodologies.

Disadvantages

1. The sample sizes in these surveys are not usually large enough for detailed disaggregation of data.
2. Established survey methodologies could pose restrictions, for example established sampling methods may mean that specific hard to reach groups may not be well represented in the survey and some omnibus surveys in Scotland quota sampling design which is not appropriate.
3. In certain surveys where modules are bought eg omnibus surveys, a mental health module may be included in the survey along side a wide range of very variable modules. This could have an impact, influencing the way the questions are answered, if the survey overall is too disparate.
4. Submission of proposal may not be successful if considered not to be in keeping with the rest of the survey or if demand by others to include modules is too great.
5. May have to buy modules in several surveys to obtain the full range of data required for the mental health indicators.

In relation to both these options above, the proposal to create a Continuous Population Survey (CPS) by the integration of the UK government household surveys on which ONS leads http://www.statistics.gov.uk/about/consultations/ons_consultations/downloads/CPS_consultation.pdf has implications for Scotland. Due to this proposal many of the large surveys in Scotland are reviewing and thinking of the future. For the CPS, in the first instance questions will be kept basically the same incorporating some policy priorities ONS has already committed to. If surveys in Scotland are reshaping in the future, buying modules may be a greater possibility but the reshaping does however mean that there are potentially changes to existing surveys and uncertainty just now.

The following is taken from the Scottish House Condition Survey Consultation report 28.5. 04:

‘The scope for improving harmonisation and co-ordination of national surveys is being actively pursued and co-ordination in Scotland through the Office of the Chief Statistician. In the longer term the options for greater integration of surveys into a single modular survey will be considered, particularly as work develops on the UK Continuous Population Survey.’

Option 3 – New Survey

A further option is the development of a completely new survey of a random representative sample of the Scottish population. This would be specifically designed to collect data for the mental health indicators.

Advantages

1. Complete control over what data is collected as customised for use.
2. Ensure consistency over time.

3. Link in with the development of other positive mental health indicator sets and their collection , for example European work.

Disadvantages

1. Cost – For sub-national and disaggregation of data costs increase as to obtain data from a sufficient number of people to allow detailed statistical analysis such as area based, age group, social class and ethnicity would require considerable numbers.
2. Funding commitment for a number of years required.
3. Existence of many surveys in Scotland already, there is currently a move to harmonise and rationalise existing surveys.
4. Potential to duplicate data already collected in other surveys.
5. Separation of mental health from other agendas rather than demonstration that mental health contributes to many areas.
6. Survey not established so infrastructure, administrative systems etc would need to be developed.

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Table 1 Illustrative Surveys and Ease of Influencing

Survey	Sample size	Freq/ coverage	Funding/ Agenda	How influence	Obtaining modules
Scottish Household Survey	Interviews in approximately 3,900 households each quarter	Continuous LA every 2 years May be some HB level	SE Development Department	Make a case which is evaluated, scored for relevance and priorities. Relevance to communities and social inclusion. Final decision by a technical group, very political what goes in. 2006-7 survey out for tender again and survey is to be reviewed and may change lot/cease	Do not buy modules Very hard to obtain module as many competing priorities
Scottish Health Survey	10,000 adults, 4,000 children but not down to NHS boards	3-5 years Regions	SE Health Department Policy targets	Group to be set up to review need for SHS, content and coverage – smaller set of measurements indepth or broader, national smaller sample but more questions/details or larger to cover NHS boards but less questions???? All potentially up for debate by group, could in theory put forward a case and include mental health on agenda for group to discuss but already many agendas eg alcohol expressing their desire for inclusion	Do not buy modules No guarantee for future rounds questions will remain in but do recognise need for trend data
Scottish House Condition Survey	Annual target 3,000 paired surveys	Continuous LA some things as well as HB level	SE Development Department	Content led by policy needs of SE Development Department – housing and health information Also a broader consultation process to elicit requests from stakeholders and interested parties eg 2002 mental health and respiratory health for CMO request. So it is possible to influence to get questions in although there is limited scope as many questions are want to obtain trends so cannot be taken out to make room for new questions. New questions in once year in October. Weigh up requests, who from, how affects broad objectives of SHCS and number of questions in survey. As continuous can add in for year and take out and add back in future etc.	Do not buy modules Would imagine quite hard to get questions in
Scottish Social Attitudes Survey	Full module 40 items. An item is roughly equivalent to a single response, so a question to which a respondent is asked to give two responses counts as two items. Any proposed item not previously carried on a survey is automatically piloted, included in costs. Favourable financial terms are available where a funder commits to funding questions on the survey for more than one year. ~1500 adults	Annual	Scottish Centre for Social Research	Content and wording of modules is developed by researchers at SCSR in collaboration with the relevant research partners. The development process includes two rounds of pilot testing. Final responsibility for the content of any module formally lies with SCSR though aim to develop a consensus with research partners. develop a new module in collaboration with research partners rather than simply administer tried and tested questions. particularly welcome projects where the aim is to repeat questions over many years as one aim is to track the development of public opinion over time.	Buy modules

Planned Early Years Longitudinal Survey	5,000 parents/new born and 3,000 3/4 year olds	Annual	SE	This is a longitudinal survey and as such is not of use for the indicators but gives an indication of costs.	Do not buy modules
HEPS	2 waves of ~900 per wave	Annual	NHS Health Scotland	Currently needs to be redeveloped and aligned with current agendas in Scotland. Needs to be a debate about its future – format, purpose, frequency etc. Currently the sample size is too small for many analyses. Awaiting appointment to the survey post in NHS Health Scotland.	Do not buy modules
PAS1/2	~1,500 adults	2 years Regions		Unable to disaggregate data and NHS boards grouped together for regional breakdown	Do not buy modules
National Statistics Omnibus survey	~150 per month, 8 months year possible	8 months per year	Subscribe	Apply for modules. One of the surveys due to be incorporated into the proposed CPS from 2008.	Buy modules Apply, but is over-subscribed and full to end 2004
Omnibus survey Market research companies	160 people Scotland per week out of 2000 GB	Weekly	Subscribe	Apply	Buy modules
Mori Scotland Social Survey new	5 min modules, 10-12 closed questions (will also get demographics so equivalent to 10 mins). 1,000 per quarter	Quarterly	Subscribe	Established banks of questions or custom-designed modules First come first served basis on the whole but do want some coherence to questionnaire. Primarily for social policy interests.	Buy modules but social policy

Reference List

1. Scottish Executive. National Programme for Improving Mental Health and Well-being: Action Plan 2003-2006. 2003. Edinburgh, Scottish Executive.
2. Philp, A. V., Watson, L., and Muir, R. Mental health in Scotland: Information sources and selected insights. 2002. Edinburgh, ISD Scotland.