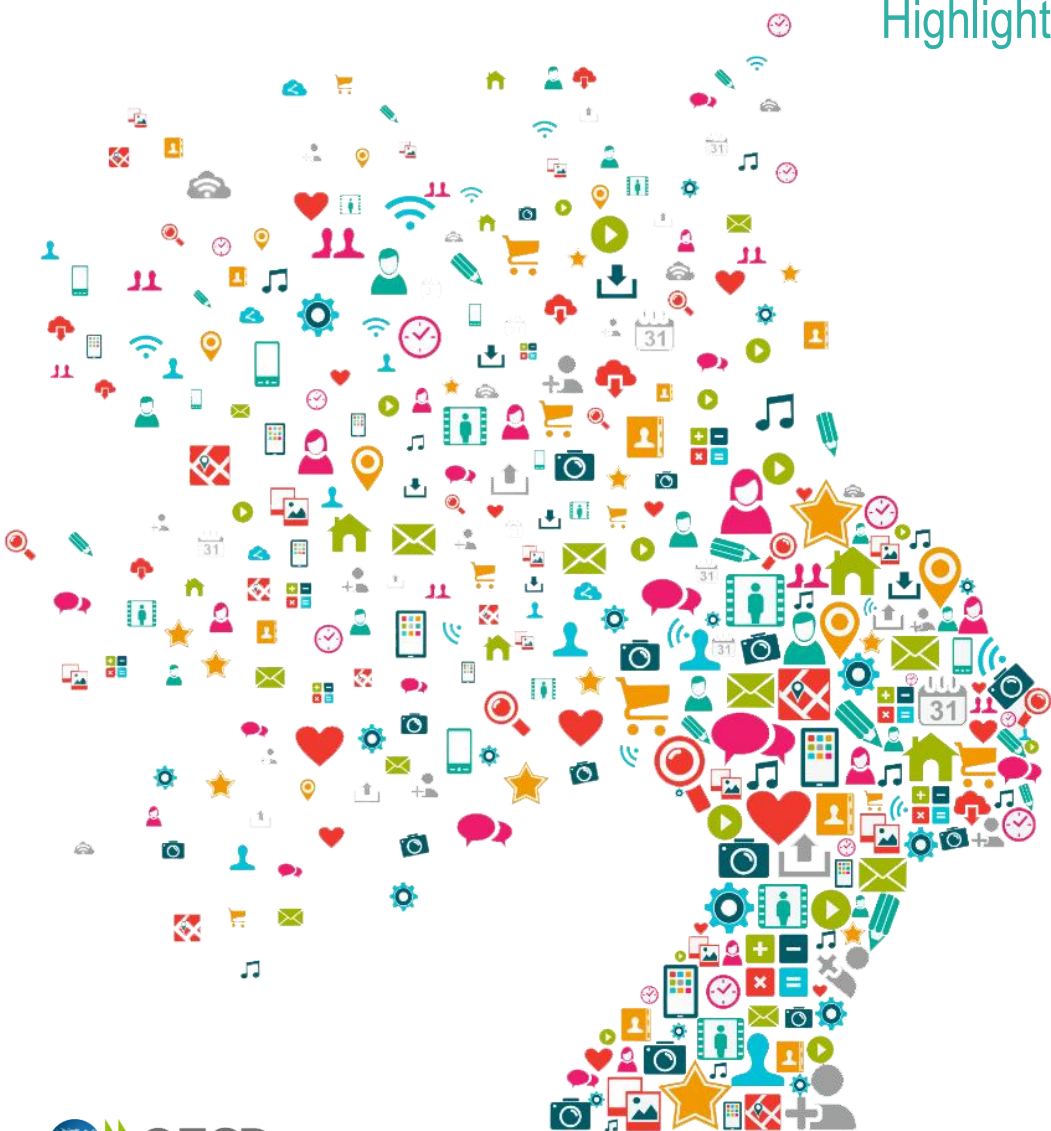


# Measuring Population Mental Health

Highlights



**Mental health is a vital component of people's broader well-being.** It plays a central role in people's lives and is intrinsically tied to many other aspects of people's wider well-being. Yet despite its importance, **guidance** on how to best monitor it at the population level **is lacking**.

**The aim of this report is to support official data producers in collecting high-quality measures of population mental health outcomes in a more consistent, frequent and internationally harmonised manner.**

The **importance of mental health** was underscored during the COVID-19 pandemic, when direct health impacts and loss of lives combined with social isolation, loss of work and financial insecurity all contributed to a significant worsening of people's mental health. Already pre-pandemic, it was estimated that half of the population will **experience a mental health condition at least once** in their lifetime and the economic costs of mental ill-health amounted to more than 4% of GDP annually. **Good mental health**, on the other hand, can boost people's **resilience** to stress, help them realise their **goals** and actively **contribute to their communities**.

In 2022 the OECD took stock of member country practice in this area via a **questionnaire** that was shared with the OECD Committee on Statistics and Statistical Policy. This report documents existing measurement practice to identify where countries are converging when it comes to gathering population mental health outcomes, and where gaps remain. In addition, available measurement tools are assessed to provide **recommendations for priority measures** official data producers can adopt in household, health and social surveys.

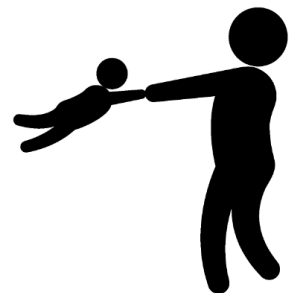


Considering **all aspects of mental health**, ranging from mental ill-health to positive mental states, can provide new avenues for a proactive rather than reactive design of mental health systems and services, and it can open up space for **policy to focus on both reducing illness and promoting good mental states**. The tools available to governments interested in monitoring population mental health are outlined in **Table 1**. Statistics that only consider people diagnosed or treated by health care professionals are strongly affected by how accessible and developed a country's health care system is, and identifying at-risk groups early on requires tracking outcomes well before a person engages with health care services. Moreover, **good mental health is a foundational asset** for the population, and as such, is valuable to track in its own right.



Successful mental health promotion strategies also require understanding of how **broader risk and resilience factors**, such as people's material conditions, quality of life and social relationships (and inequalities in these), **impact their mental health**. Data on these topics are typically collected in (social) population survey statistics that can be expanded to include mental health outcomes, to support this greater understanding and provide a better evidence base for policy.

Internationally, data on population-wide mental health outcomes are increasingly available but remain **infrequently collected and poorly harmonised** across countries. Several of the population mental health statistics the OECD is regularly publishing in its long-standing effort to promote a society-wide response to improving mental health are only available on a regular basis for a subset of OECD countries, are more than five years old at the time of publication for several countries, and in some cases stem from non-official data sources.



**Table 1. Advantages and limitations of tools to measure population mental health**

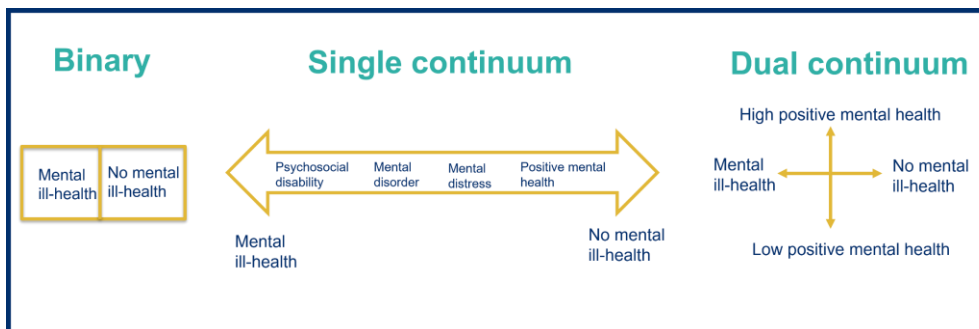
Tool	Advantages	Disadvantages
<b>Administrative data</b> (deaths of despair from suicide, drug overdose, alcohol abuse; diagnoses of common mental disorders in clinical care settings)	<ul style="list-style-type: none"> <li>No individual response burden</li> <li>Ability to link to other administrative data</li> <li>Less costly</li> <li>Insight into lifetime or specific time period symptoms</li> </ul>	<ul style="list-style-type: none"> <li>Only includes those who seek treatment</li> <li>Relies on correct coding of “cause of death”</li> <li>Conflates incidence and prevalence changes with changes to affordability or access to care</li> <li>Limited well-being contextual information</li> </ul>
Household surveys: <b>questions about previous diagnoses</b>	<ul style="list-style-type: none"> <li>Easy to understand and minimal response burden</li> <li>Lifetime and time period prevalence</li> </ul>	<ul style="list-style-type: none"> <li>Only includes those who seek treatment and are diagnosed</li> <li>Social desirability bias and higher non-response rates</li> <li>Limited well-being contextual information</li> </ul>
Household surveys: <b>questions about experienced symptoms of mental health conditions</b>	<ul style="list-style-type: none"> <li>Low response burden</li> <li>Lifetime and time period prevalence</li> </ul>	<ul style="list-style-type: none"> <li>Less easy to understand</li> <li>Limited well-being contextual information</li> </ul>
Household surveys: <b>questions on general mental health status</b>	<ul style="list-style-type: none"> <li>Easy to understand and low response burden</li> <li>Global evaluation (ill-health + positive)</li> </ul>	<ul style="list-style-type: none"> <li>Over-reporting of true prevalence</li> <li>Not validated or benchmarked against structured interviews or diagnostic tools</li> <li>Limited well-being contextual information</li> </ul>
Household surveys: <b>indicators of positive mental health</b>	<ul style="list-style-type: none"> <li>Easy to understand and low response burden</li> <li>Focus on psychological and emotional well-being</li> </ul>	<ul style="list-style-type: none"> <li>No reference point of what (true and/or desired) prevalence should be</li> <li>Cannot provide lifetime estimates</li> </ul>
Household surveys: <b>screening tools</b>	<ul style="list-style-type: none"> <li>Validated against diagnostic tools but easier to administer</li> <li>Captures undiagnosed conditions</li> </ul>	<ul style="list-style-type: none"> <li>Over-reporting of true prevalence</li> <li>Cannot provide lifetime estimates</li> </ul>
Household surveys: <b>structured interviews</b>	<ul style="list-style-type: none"> <li>Approximates true prevalence</li> <li>Captures undiagnosed conditions</li> </ul>	<ul style="list-style-type: none"> <li>High response burden, complex and costly to develop and administer</li> <li>Not mapped to most up-to-date diagnostic guidelines (DSM-5)</li> </ul>

## Key Message 1:

**Collecting data on both mental ill-health and positive mental health at the population level would yield a more complete picture of mental health**

Various theories about what mental health entails have been developed over the past decades. These range from those focusing on **symptoms of mental illness** either being present or not (“binary model”), to those conceiving of **mental health as a spectrum** of experience (“single-continuum model”), all the way to viewing mental ill-health and positive mental health as **related but distinct** experiences (“dual-continuum model”), shown visually in **Figure 1**. Each of these models carries different implications for which mental health outcomes need to be tracked in order to capture the concept in its entirety.

**Figure 1. Stylised conceptual frameworks of mental health**



Integrating relevant questions covering all aspects of mental health in population surveys, which also include additional information on other aspects of people’s lives, would help better understand the **drivers and policy levers** associated with improving mental health outcomes. This can provide new avenues for **proactive rather than reactive** policy design, and mental health strategies that both reduce ill-health and promote good emotional and psychological well-being.



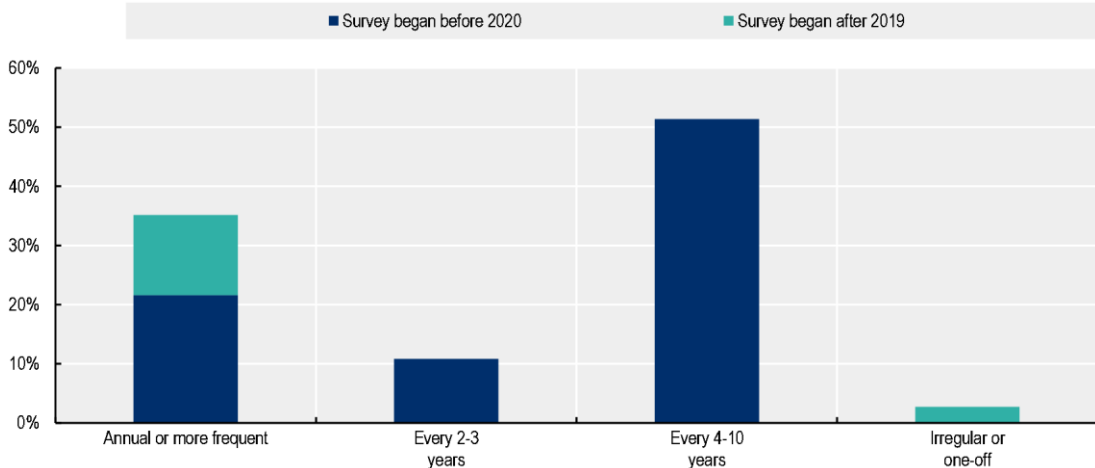
## Key Message 2:

### The pandemic has spurred new efforts in mental health data collection, and it will be important to keep up the momentum

Since March 2020, **7 in 10** OECD countries have added mental health modules to existing surveys or launched new mental health surveys, many of them administered multiple times per year, or even more frequently. It is unclear whether these will continue in the future. A **return to business as usual** prior to the pandemic would mean that half of OECD countries only collect mental health data every **four to ten years** (Figure 2).

**Figure 2. Many OECD countries collect mental health data infrequently, with over half reporting four-to-ten-year lags between survey rounds**

*Share of OECD countries that responded to a survey about population mental health*



*Note:* This figure considers only the most frequently run survey per country, rather than the full set of surveys containing mental health data that countries report. It thus shows the highest degree of frequency for which mental health are available, per country. Results are shown for all OECD countries except Estonia, which did not participate in the questionnaire.



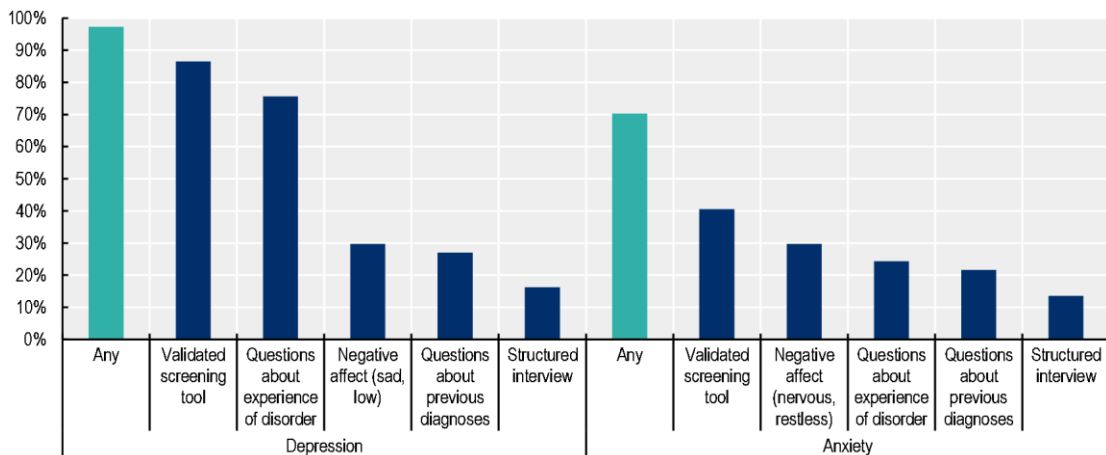
### Key Message 3:

## Some aspects of mental health are more frequently captured than others, and there is scope for better cross-country harmonisation of measures

Questionnaire findings show that there is harmonisation for outcomes such as symptoms of depression, general psychological distress and life evaluation, but there is room for **more harmonisation** for others. While 86% of countries have a dedicated validated screening tool for measuring symptoms of depression, only 41% rely on a screening tool for symptoms of **anxiety**. While countries do collect data on symptoms of **anxiety**, they often do so with **non-standardised tools**.

**Figure 3. Screening tools capturing symptoms of depression are more commonly used than those for anxiety: countries do capture anxiety, but in non-standardized ways**

*Share of OECD countries that responded to a survey about population mental health and that include measures of symptoms of depression or anxiety in their household surveys, all tool types*



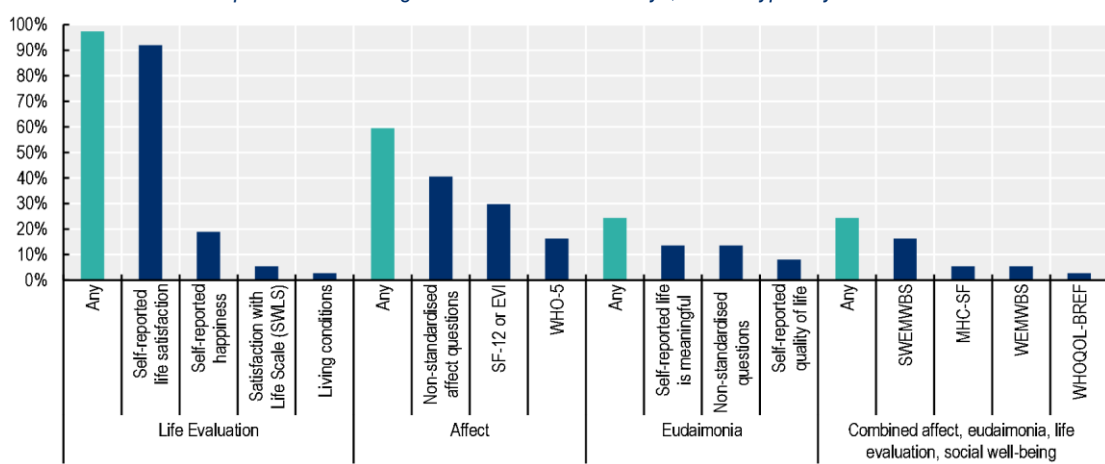
*Note:* Results are shown for all OECD countries except Estonia, which did not participate in the questionnaire.



Almost all OECD countries collect some data on life evaluation, primarily through a question on self-reported life satisfaction. Other aspects of positive mental health – including **affect** and **eudaimonia** (i.e. a sense of meaning and purpose in life) are much **less frequently** covered by surveys undertaken by OECD countries; even when they are, the tools used are **less standardised** across countries (**Figure 4**).

**Figure 4. Affect data are more commonly collected than eudaimonic data, but OECD countries are not aligned in the tools used to collect data on positive mental health beyond life satisfaction**

*Share of OECD countries that responded to a survey about population mental health and that include measures of positive well-being in their household surveys, all tool types by outcome measure*



*Note:* Results are shown for all OECD countries except Estonia, which did not participate in the questionnaire. Note that the question collected during the EU-SILC 2013 ad hoc well-being module, on the extent to which respondents feel that their life is worthwhile, was not included in this figure given that the question was removed from subsequent well-being modules.

Lastly, **tools that assess specific mental health conditions beyond anxiety and depressive disorders** (bipolar disorder, PTSD, etc.) at the population level are currently used less frequently, and in non-standardised ways, by OECD countries.





## Key Message 4:

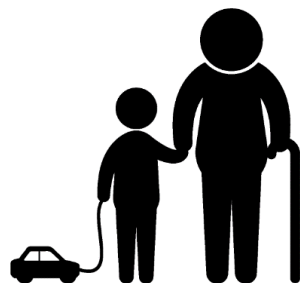
### The report suggests adding four specific tools in relevant population surveys to build a small set of more internationally harmonised population mental health indicators

- **Mental ill-health – priority recommendation:** The **Patient Health Questionnaire-4 (PHQ-4)** could be included in more frequent surveys, alongside the regular collection of the PHQ-8 or PHQ-9 in health surveys. It covers symptoms of both depression and anxiety, and does so with only four questions.



- **Positive mental health – recommendation:** Based on trends in country measurement practice, either the **Well-being index (WHO-5)** or the **short-form Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS)** could be used to measure affective and eudaimonic aspects of positive mental health in a comparative way. The topic of measuring affect and eudaimonia specifically will continue to be explored in future OECD work on subjective well-being.

- **General mental health status – recommendation:** Similar to questions that ask respondents to rate their physical health, a **single question on general mental health status** could be included in a range of surveys across a country's broader data infrastructure system. Over half of countries include such questions already, though question wording varies widely. The following framing has been adopted by at least three OECD countries: "In general, how is your mental health? Excellent / Very good / Good / Fair / Poor."



For more insights and analysis,  
be sure to read the full-length report:

## Measuring Population Mental Health

Available online, at:  
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Questions? Write to us at [wellbeing@oecd.org](mailto:wellbeing@oecd.org)

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