Appendices

Appendix 1: Literature Search Terms

Literature review – full search terms used

Mental Health legislation and policy
Mental health services
Prevalence and incidence of mental illness
Indicators of MH

The search strategy used to search the Cochrane Library is reproduced below. It was modified, where necessary, to search the other databases.

#1   MeSH descriptor Mental Health explode all trees
#2   MeSH descriptor Mental Disorders explode all trees
#3   (mental* near/3 illness*):ti,ab,kw or (mental* near/3 health):ti,ab,kw or (mental* near/3 hygiene):ti,ab,kw or (mental* near/3 ill):ti,ab,kw or (mental* near/3 disorder*):ti,ab,kw
#4   MeSH descriptor Psychiatry explode all trees
#5   (psychiatr*):ti,ab,kw
#6   (belgium or czech or denmark or danish or germany or german or estonia or estonian or ireland or irish or greece or greek or spain or spaish or france or french or italy or italian or cyprus or cypriot or latvia or latvian or lithuanian or lithuania or luxembourg or hungary or hungarain or malta or maltese or netherlands or dutch or holland or austria or austrian or poland or polish or portugal or portugese or romanian or romania or slovenia or slovenian or slovakia or slovakian

or finnish or finland or sweden or swedish or switzerland or swiss or norway or norwegian):ti,ab,kw

#7   (united kingdom or britain or british or wales or welsh or england or english or scotland or scottish or scots or ulster):ti,ab,kw

#8   (europe or european):ti,ab,kw

#9   MeSH descriptor Europe explode all trees

#10   MeSH descriptor European Union explode all trees

#11   (#1 OR #2 OR #3 OR #4 OR #5)

#12   (#6 OR #7 OR #8 OR #9 OR #10)

#13   (#11 AND #12)

#14   MeSH descriptor Legislation, Hospital explode all trees

#15   MeSH descriptor Legislation, Medical explode all trees

#16   MeSH descriptor Legislation, Nursing explode all trees

#17   MeSH descriptor Health Policy explode all trees

#18   (legislation or policy or policies):ti,ab,kw

#19   (health near/3 legislation):ti,ab,kw or (health near/3 policy or health near/3 policies):ti,ab,kw or (health near/3 strategy or health near/3 strategies):ti,ab,kw or (health near/3 proposal*):ti,ab,kw

#20   (strategy or strategies or proposal*):ti,ab,kw

#21   (#14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20)

#22   (#13 AND #21), from 2000 to 2011

#23   MeSH descriptor Mental Health Services explode all trees

#24   (mental health near/3 service*):ti,ab,kw or (mental health near/3 system*):ti,ab,kw or (mental health near/3 team*):ti,ab,kw

#25   (counseling):ti,ab,kw

#26   (mental* near/3 (institution* or hospital* or unit*)):ti,ab,kw or (psychiatric near/3 (institution* or hospital* or unit*)):ti,ab,kw

#27   (community near/3 service* or treatment*):ti,ab,kw

#28   MeSH descriptor Hospitals, Psychiatric explode all trees

#29   (mental* near/3 treatment*):ti,ab,kw

#30   (#23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29)

#31   (#13 AND #30), from 2000 to 2011

#32   (performance near/3 indicator*):ti,ab,kw or (feedback near/3 indicator*):ti,ab,kw

#33   (monitor or monitoring):ti,ab,kw or (assess or assessment*):ti,ab,kw

#34   (evaluate or evaluation):ti,ab,kw

#35   MeSH descriptor Health Care Quality, Access, and Evaluation explode all trees

#36   (#32 OR #33 OR #34 OR #35)

#37   (#31 AND #36), from 2000 to 2011

#38   (#22 OR #31 OR #37)

Prevention and promotion search terms

The search strategy used to search MEDLINE is as follows:

Prevention and promotion search strategy

1   Mental Health/

2   (mental$ adj3 (illness$ or health or hygiene or ill or disorder$)).tw.

3   exp Psychiatry/ or Suicide/

4   (psychiatr$ or suicide).tw.

5   exp Mental Disorders/

6   or/5

7   health education/ or health promotion/ or primary prevention/ or school health services/ or occupational health services/ or preventive health services/

8   ((promotion or prevent$ or wellness) adj5 program$).tw.

9   (health adj5 intervention$).tw.

10   ((screen or screening) adj5 (health or illness)).tw.

11   mental disorder prevention.tw.

12   mental health promotion.tw.

13   prevention of mental illness.tw.

14   7 or 8 or 9 or 10 or 11 or 12 or 13

15   cost-benefit analysis/ or "cost of illness"/ or exp health care costs/

16   "Costs and Cost Analysis"/

17   (cost or costs or benefit$ or economic).tw.

18   15 or 16 or 17

19   6 and 14

20   18 and 19

21   19 or 20

This was modified where necessary to search each databases listed.

Appendix 2: Country Collaborators

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Appendix 3: Collaborators' Brief

Data requirements from Collaborators (Country representatives)

**European Profile of Prevention and
Promotion of Mental Health (EUROPoPP-MH)**   March, 2011

Full project title: **Mental Health Systems in the European Union Member States,
Status of Mental Health in Populations and Benefits to be
expected from Investments into Mental Health**

Project Funder: **Executive Agency for Health and Consumers (EAHC)**

Contract Number: **2010 62 01**

Project Lead: **Gerry Carton, Institute of Mental Health, Nottingham**

Project Coordinator: **Dr Chiara Samele**

Specific details of the type of data required are as follows:

1. Mental health legislation and mental health policy
Task 1: We require an up-to-date description of current and proposed *legislation and policy* that prioritises mental health promotion (MHP) and prevention of mental illness (PMI) activities or programmes. Where possible to identify new policy initiatives and the benefits these policies are expected to deliver when implemented.

This information could be gathered from policy documents or reports outlining the Government's proposals to improve the wellbeing (or mental health) of the population (e.g. public mental health initiatives) and to prevent mental illness (e.g. by introducing parenting/early intervention/building resilience programmes for children and young people).

2. Organisation and function of mental health services

We need to detail the levels, types and organisation of mental health services and any joint working in schools, the workplace and long-term care facilities for older people to promote mental health and/or prevent mental illness. Those that are provided by statutory and non-statutory healthcare providers and primary mental health care where available.

In order to examine the way mental health services operate and the extent to which they implemented we are using an adapted model that assesses input, process and service outcomes.

Task 2: The data required therefore includes:

Input – the number, types of services and interventions used; the financial resources allocated to them and whether the levels of spending is likely to be reduced in the short, medium or long-term; location of services and education and training required

Process – access and usage of services to identify gaps and shortcomings in care, variations in delivery and unequal access to them. Also any proposed changes to mental health services, for example, policies to merge health and social care services as in Spain.

Outcomes – the extent of implementation in relation to policies and operational plans/procedures; effectiveness of interventions implemented; activities on a day to day basis; and anticipated outcomes where evidence is lacking. Where possible we would also like to obtain a) background information to understand why similar interventions lead to different outcomes in different areas and b) socio-demographic data to understand the relationship between socio-demographic factors and service use.

3. Monitoring systems and feedback indicators

Our funders are keen to develop comparable indicators for EU countries for performance and feedback purposes. We are aware of the challenges in reaching

agreement on comparable indicators. We have proposed to use the following list of indicators as a minimum which have been used in previous European reports:

☐ National policy for mental health

☐ Budgets allocated for mental health

☐ Law in mental health

☐ Policies for mental health prevention and promotion

☐ Investments in mental health prevention and promotion

☐ Existing programmes for mental health prevention and promotion in both primary and secondary care services

☐ Educational interventions to promote good mental health and prevent mental problems in schools, the workplace and in long-term residential care settings for older people

☐ Programmes to enhance resilience in children and young people, people in the workplace and older people in long-term facilities

☐ Training for expanding mental health prevention and promotion activities

☐ Activities for reducing stigma and discrimination for people with mental health conditions

☐ Research to monitor and evaluate promotion and prevention outcomes and whether these are longitudinal

☐ Social, environmental and economic determinants of mental health conditions – risk factors and protective factors

Task 3: We would like our collaborators to judge what additional comparable indicators (for comparison both between and within countries) are feasible and practical for their country to collect based on reliable data. Also, for collaborators to help identify what minimum datasets for monitoring purposes are available within their countries and where countries do not have these, what is achievable for them.

4. Mental Health status (facts and figures)

Task 4: We require assistance on identifying and interpreting government databases and the latest research literature for figures/information on mental illness (defined using ICD10 diagnostic codes) concerning the:

- Prevalence and incidence of a) common mental illnesses (depression, panic disorder and anxiety) and b) severe mental illnesses (schizophrenia, psychosis and bipolar disorder). Where possible we would also like to select six countries (to be identified) with comprehensive data sets/published findings to look at high, low and unchanging levels of mental illness and the economic, social, policy and other contexts in which they occur.

- Population statistics for demographic and socio-economic characteristics for people with mental illness (as defined above)

- Risks for developing mental illnesses and known and assumed protector factors

5. Mental health promotion and prevention of mental illness programmes/activities

It is important to know that mental health promotion is distinct from, but inter-related to prevention of mental illness. Promotion of mental health aims to promote *positive mental health* by increasing social and psychological well-being, competence and resilience, and by creating supportive living conditions and environments (WHO Prevention of Mental Disorders report, 2004).

Prevention of mental illness is concerned with interventions that stop mental illness from happening. Such initiatives would include a focus on reducing risk factors and enhancing protective factors associated with mental illness. Prevention programmes might also aim to reduce the incidence, prevalence and recurrence of mental illness, time spent having symptoms, preventing or delaying relapse and also decreasing the impact of the illness for the person affected, their families and society (Mrazek & Haggerty, 1994).

Task 5: We need to know what prevention and promotion activities are happening within each country (both nationally and regionally) in schools (children and young people), in the workplace (adults of working age) and older people in long-term care facilities. Also, whether there are any proposals to strengthen or introduce MHP and PMI activities that appear promising.

Task 6: We would also like to know whether financial investments are currently being allocated to mental health promotion and prevention initiatives by the government or other organisations – by how much, for how long this will continue for and what the expected benefits are in this investment, particularly any cost savings.

Examples of mental health promotion programmes are:

Schools – promotion of social, personal and emotional health/wellbeing built within the school curricula

Workplace – raising awareness of mental health issues through training, encourage good relationships at work and communication between staff; health monitoring and checks; increase participation of employees in work changes; flexible working hours

Older people in long-term care facilities – increased participation in social and physical activities (e.g. relaxation, cognitive training, psycho-education and supportive interventions); improving physical health and the management of long-term conditions; better integrated and coordinated services to improve support

Prevention programmes

We are aiming to capture a broad range of prevention of mental illness programmes and interventions. This includes activities at all three levels of prevention:

- Primary or Universal prevention – interventions that target the general public or a whole population group that has not been identified on the basis of increased risk.
- Secondary prevention – to lower the prevalence of diagnosed mental illness through early detection and treatment
- Tertiary prevention - to reduce disability, enhance rehabilitation and prevent relapses and recurrences of the illness

Where possible we would like to include prevention programmes that are:

- Selective – that target individuals or subgroups of the population whose risk of developing a mental illness is significantly higher than average, as evidenced by biological, psychological or social risk factors.
- Indicated – targeting those at high-risk, who are identified as having minimal but detectable signs or symptoms foreshadowing mental illness or have a predisposition but who do not meet a diagnostic criteria.

Task 7: We therefore require information relating to these types of prevention programmes that reduce the risk factors (e.g. poverty and social exclusion) and programmes that enhance protective factors (e.g. good coping skills, supportive networks) as identified by collaborators for section two (organization and function of services).

Examples of prevention of mental illness interventions are:

Schools – bullying prevention programmes and initiatives to reduce violence or aggression in schools; activities that detect the early signs of mental ill health (e.g. eating disorders, depression and anxiety disorders, addiction problems etc); awareness raising initiatives included in educational courses to look at drug misuse, suicide prevention and early recognition of mental illness; counselling programmes for children with specific emotional difficulties

Workplace – interventions that reduce stress and enable stress management at work; training for line managers to detect early signs of mental ill health in employees; opportunities for psychological consultancy for all employees

Older people in long-term care facilities – suicide, dementia and elder abuse prevention; individual therapy for the bereaved and interventions using cognitive behaviour techniques

Consultation with key experts

In the second phase of the project we would like to carry out a consultation with key experts in MHP and PMI involved in developing, researching and delivering MHP and PMI programmes in the workplace, schools and in older people's long-term facilities. This is to help assess the performance of MHP and PMI programmes in the selected countries and propose recommendations for strengthening these activities and determining practical indicators for measuring performance.

Task 8: We would like collaborators' to identify and approach relevant key experts to complete a brief questionnaire; collect completed questionnaires and summarise responses into the collaborators' data template.

This consultation is not intended to be a comprehensive survey, but a means for collecting important additional information to obtain the views of experts and to inform recommendations for improving and resolving existing challenges of implementing MHP and PMI policies.

Timescales

The key milestones for collaborators are:

- Mar – Sept 2011 – period allowed for data collection, although earlier submissions of the data required would be much appreciated.

Report word limit

There is a suggested total word limit for open-text answers of up to 7000 words. This excludes the responses gathered from the questionnaire with prevention and promotion experts and your reference list.

Thank you for your collaboration

References

Mrazek & Haggerty (1994) Reducing the risks for mental health disorders: Frontiers for Preventive Intervention Research. National Academy Press: Washington DC

World Health Organisation (2004) Prevention of Mental Disorders: Effective Interventions and Policy Options. A report of the WHO, Dept of Mental Health and Substance Abuse. WHO: Geneva

Appendix 4: Collaborators' Data Template

**European Profile of Prevention and
Promotion of Mental Health (EUROPoPP-MH)**   May 2011

Full project title: **Mental Health Systems in the European Union Member States,
Status of Mental Health in Populations and Benefits to be expected
from Investments into Mental Health**
Contract Number: **2010 62 01**

Name	
Institution	
Address	
Email	
Country	

Please read these notes before completing this template

Data sources

Please could you note at the bottom of each relevant section your sources of data. We do not expect collaborators to conduct any major primary research to find out this information, but to use, as far as possible Government and non-statutory organisations and service provider websites or other published sources of information/data.

Search for data

Please restrict your search for data to:

- *Health*
- *Employment*
- *Social exclusion/inclusion*

- *Education and schools*
- *Long-term institutions for older people (nursing homes, hospitals etc)*

Appendix 1 below includes a list of search terms for you to use as part of any systematic search for literature using electronic bibliographic databases. These search terms cover each of the 5 domains listed below – mental health policy and legislation; organisation and functioning of mental health services; mental illness facts and figures; monitoring indicators; prevention and promotion of mental health.

National and regional data

Please provide information on National and where available, regional (or district) level data. If this is too difficult to do for your country, because regions are very autonomous or independent, then select one or two regions and provide whatever relevant information is available.

Lack of, or missing data

If any data are not available in your country (for example prevalence of mental illnesses) or missing, please explain the reasons for this and if there are any future plans to collect it.

Level of detail for the report

Please write your reports in English and provide translations where possible. The amount of detail for each section will depend on what information/data are available for your country. If this is limited please detail as much as possible. If data or information on a particular area is extensive please list, for example, the main policies, services (including specialist services), interventions or programmes.

Report word limit

There is a suggested total word limit for open-text answers of up to 7000 words. This excludes the responses gathered from the questionnaire with prevention and promotion experts and your reference list.

Top 10 most important documents

You will see on page 14 a table requesting the reference details of the top most important documents (reports, papers etc) in mental health in your country. These do not need to be translated into English.

If you have any questions or require further information please contact:

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6. Mental health legislation and mental health policy

This information could be gathered from policy documents or reports outlining the Government's proposals to improve the wellbeing (or mental health) of the population (e.g. public mental health initiatives) and to prevent mental illness (e.g. by introducing parenting/early intervention/building resilience programmes for children and young people).

Task 1: **A brief description of the current Mental Health Legislation and any proposed *legislation and/or policy* that prioritises mental health promotion (MHP) and prevention of mental illness (PMI) activities or programmes.**

New policy initiatives and the benefits these policies are expected to deliver when implemented.

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7. Organisation and function of mental health services

Task 2: The levels, types and organisation of mental health services (**both hospital and community-based**) and any joint working in schools, the workplace and long-term care facilities for older people to promote mental health and/or prevent mental illness. Those that are provided by **statutory and non-statutory healthcare providers** (e.g. non-governmental organisations) and primary mental health care where available.
Please note within these sections the extent of Prevention and Promotion of mental health within mental health services.
Input – the number, types of services and interventions used; the financial resources allocated to them and whether the levels of spending is likely to be reduced and when
Process – access and usage of services; any gaps in care, variations in delivery and unequal access; any proposed changes to mental health services (for example, policies to merge health and social care services).

Outcomes – the extent of implementation in relation to policies and operational plans/procedures; effectiveness of interventions implemented; and anticipated outcomes where evidence is lacking. Where possible we would also like to obtain a) background information to understand why similar interventions lead to different outcomes in different areas and b) socio-demographic data to understand the relationship between socio-demographic factors and service use.

8. **Monitoring systems and feedback indicators**

The project will develop comparable indicators for EU countries for performance and feedback purposes. The following list of indicators have been used in previous European reports:
   o National policy for mental health
   o Budgets allocated for mental health
   o Law in mental health
   o Policies for mental health prevention and promotion
   o Investments in mental health prevention and promotion
   o Existing programmes for mental health prevention and promotion in both primary and secondary care services
   o Educational interventions to promote good mental health and prevent mental problems in schools, the workplace and in long-term residential care settings for older people
   o Programmes to enhance resilience in children and young people, people in the workplace and older people in long-term facilities
   o Training for expanding mental health prevention and promotion activities
   o Activities for reducing stigma and discrimination for people with mental health conditions
   o Research to monitor and evaluate promotion and prevention outcomes and whether these are longitudinal
   o Social, environmental and economic determinants of mental health conditions – risk factors and protective factors

Task 3: Please indicate what additional comparable indicators (for comparison both between and within countries) are feasible and practical for your country to collect based on reliable data.

Please indicate what minimum datasets for monitoring purposes are available within your country or if your country does not have these, what is practical and achievable.

9. **Mental Health status (facts and figures)**

Task 4: This task involves collecting the *very latest figures/information* on mental illnesses-defined using ICD10 diagnostic codes, WHO 1993:
http://www.who.int/classifications/icd/en/GRNBOOK.pdf,

Prevalence and incidence (where available) of mental illnesses. (**Appendix 2** provides a breakdown of ICD10 codes for guidance of the main categories of illness below)

F00-F03	Dementia
F10-F19	Substance induced psychoses
F20-F29	Schizophrenia, schizotypal and delusional disorders
F30-F39	Mood [affective] disorders
F40	Neurotic, stress-related and somatoform disorders
F90–F98	Conduct disorders
ICD X60-X84	Suicides

- Population statistics for demographic and socio-economic characteristics for people with mental illness (as defined above)

- Risks for developing mental illnesses and known and assumed protector factors

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10. **Mental health prevention activities**

Definition of prevention: Mental illness prevention refers to interventions that stop mental illness happening, including reducing risk factors and enhancing mental illness protective factors. Prevention programmes aiming to reduce the incidence, prevalence and recurrence of mental illness, time spent having symptoms, preventing or delaying relapse and decreasing the impact for the person and their families.

NB Please list on-going prevention programmes and where possible programmes that have been completed over the past five years.

Task 5.a: Please indicate the **prevention** programmes (include primary, secondary or tertiary

prevention) happening in your country (nationally and where possible provide examples by region or district) in the following settings noting for each programme:

- **Aim(s)**
- **Stakeholders involved/target group**
- **Methods or approach used**
- **Main results of any evaluation**
- **Duration and cost of programme or finances allocated**

Prevention activities in Schools (children and young people),

Prevention activities in the workplace (adults of working age) and

Prevention activities for Older people in long-term care facilities (e.g. care homes or long term residential facilities for older people).

Please note whether there are any proposals to strengthen or introduce MHP and PMI activities that appear promising in any of these settings

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Task 5.b: **Mental health promotion activities**

Definition of: Mental health promotion promotes positive mental health by increasing social and psychological well-being, competence, resilience, and creating supportive living conditions and environments (WHO Prevention of Mental Disorders report, 2004). Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

NB Please list on-going mental health promotion programmes and where possible programmes that have been completed over the past five years.

Please indicate the **Promotion** activities/programmes are happening in your country (where possible provide examples by region or district nationally and regionally) noting:

- **Programme aim(s)**
- **Stakeholders involved/target group**
- **Methods or approach used**

• **Main results of any evaluation** • **Duration and cost of programme or finances allocated**
In Schools (children and young people)
In the Workplace (adults of working age)
For Older people in long-term care facilities.
Please note any proposals to strengthen or introduce MHP and PMI activities that appear promising in any of the above settings.

Task 6: **Financial investments allocated to mental health promotion and prevention initiatives** Investments by the government or other organisations – by how much, for how long this will continue for and what the expected benefits are in this investment, particularly any cost savings (anticipated or actual).

In schools for the promotion of social, personal and emotional health/wellbeing.
In the workplace by raising awareness of mental health issues through training, encourage good relationships at work etc.
In older people in long-term care facilities through increased participation in social and physical activities improving physical health etc.

Task 7: Types of prevention programmes that reduce the risk factors (e.g. poverty and social exclusion) and programmes that enhance protective factors (e.g. good coping skills,

supportive networks) as identified by collaborators for section two (organization and function of services).

Schools –

Workplace –

Older people in long-term care facilities

Consultation (Survey) of experts in prevention and promotion of mental health

*We would like to gather the views and opinions of **five experts** in preventing and promoting mental health (from each country) who have participated in such programmes, involved in developing, researching and delivering MHP and PMI programmes in the workplace, schools and in older people's long-term facilities.* **Please include where possible policy makers, academics and professionals (e.g. nurses, teachers or carers of older people) delivering prevention or promotion programmes.**

Task 8: Please identify and approach key experts; translate where appropriate the questionnaire and either send this via email or post; and collect completed questionnaires. Please translate responses where appropriate.

- **State within the boxes below how you identified/selected your key experts**
- **Your method for obtaining their responses to the questionnaire**
  - o **Via email or post**
  - o **Through an interview by phone or face to face**

Other (please describe)

Name and contact details of 5 key experts.

1

Identification/selection of expert:
Method of obtaining responses:

2

Identification/selection of expert:
Method of obtaining responses:

3

Identification/selection of expert:
Method of obtaining responses:

4 Identification/selection of expert: Method of obtaining responses:
5 Identification/selection of expert: Method of obtaining responses:

Responses to the consultation questionnaire (please translate into English where appropriate or summarise responses if necessary)
Expert 1
Expert 2
Expert 3
Expert 4
Expert 5

Top 10 most important academic papers and reports

Please provide 10 of your most important papers on mental health systems in your country and those concerning prevention or promotion of mental health.

1
2
3

4
5
6
7
8
9
10

Search strategies

Search terms for:

Mental Health legislation and policy
Mental health services
Prevalence and incidence of mental illness
Indicators of MH

Adjust where necessary for lines #6 and #7

#1   MeSH descriptor Mental Health explode all trees

#2   MeSH descriptor Mental Disorders explode all trees

#3   (mental* near/3 illness*):ti,ab,kw or (mental* near/3 health):ti,ab,kw or (mental* near/3 hygiene):ti,ab,kw or (mental* near/3 ill):ti,ab,kw or (mental* near/3 disorder*):ti,ab,kw

#4   MeSH descriptor Psychiatry explode all trees

#5   (psychiatr*):ti,ab,kw

#6   (belgium or czech or denmark or danish or germany or german or estonia or estonian or ireland or irish or greece or greek or spain or spaish or france or french or italy or italian or cyprus or cypriot or latvia or latvian or lithuanian or lithuania or luxembourg or hungary or hungarain or malta or maltese or netherlands or dutch or holland or austria or austrian or poland or polish or portugal or portugese or romanian or romania or slovenia or slovenian or slovakia or slovakian or finnish or finland or sweden or swedish or switzerland or swiss or norway or norwegian):ti,ab,kw

#7   (united kingdom or britain or british or wales or welsh or england or english or scotland or scottish or scots or ulster):ti,ab,kw

#8   (europe or european):ti,ab,kw

#9   MeSH descriptor Europe explode all trees

#10   MeSH descriptor European Union explode all trees

#11   (#1 OR #2 OR #3 OR #4 OR #5)

#12   (#6 OR #7 OR #8 OR #9 OR #10)

#13   (#11 AND #12)

#14   MeSH descriptor Legislation, Hospital explode all trees

#15   MeSH descriptor Legislation, Medical explode all trees

#16   MeSH descriptor Legislation, Nursing explode all trees

#17   MeSH descriptor Health Policy explode all trees

#18   (legislation or policy or policies):ti,ab,kw

#19   (health near/3 legislation):ti,ab,kw or (health near/3 policy or health near/3 policies):ti,ab,kw or (health near/3 strategy or health near/3 strategies):ti,ab,kw or (health near/3 proposal*):ti,ab,kw

#20   (strategy or strategies or proposal*):ti,ab,kw

#21   (#14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20)

#22   (#13 AND #21), from 2000 to 2011

#23   MeSH descriptor Mental Health Services explode all trees

#24   (mental health near/3 service*):ti,ab,kw or (mental health near/3 system*):ti,ab,kw or (mental health near/3 team*):ti,ab,kw

#25   (counseling):ti,ab,kw

#26   (mental* near/3 (institution* or hospital* or unit*)):ti,ab,kw or (psychiatric near/3 (institution* or hospital* or unit*)):ti,ab,kw

#27   (community near/3 service* or treatment*):ti,ab,kw

#28   MeSH descriptor Hospitals, Psychiatric explode all trees

#29   (mental* near/3 treatment*):ti,ab,kw

#30   (#23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29)

#31   (#13 AND #30), from 2000 to 2011

#32   (performance near/3 indicator*):ti,ab,kw or (feedback near/3 indicator*):ti,ab,kw

#33   (monitor or monitoring):ti,ab,kw or (assess or assessment*):ti,ab,kw

#34   (evaluate or evaluation):ti,ab,kw

#35   MeSH descriptor Health Care Quality, Access, and Evaluation explode all trees

#36   (#32 OR #33 OR #34 OR #35)

#37   (#31 AND #36), from 2000 to 2011

#38   (#22 OR #31 OR #37)

Search terms for:

Prevention and promotion

1   Mental Health/
2   (mental$ adj3 (illness$ or health or hygiene or ill or disorder$)).tw.
3   exp Psychiatry/ or Suicide/
4   (psychiatr$ or suicide).tw.
5   exp Mental Disorders/
6   or/5
7   health education/ or health promotion/ or primary prevention/ or school health services/ or occupational health services/ or preventive health services/
8   ((promotion or prevent$ or wellness) adj5 program$).tw.

9   (health adj5 intervention$).tw.

10   ((screen or screening) adj5 (health or illness)).tw.

11   mental disorder prevention.tw.

12   mental health promotion.tw.

13   prevention of mental illness.tw.

14   7 or 8 or 9 or 10 or 11 or 12 or 13

15   cost-benefit analysis/ or "cost of illness"/ or exp health care costs/

16   "Costs and Cost Analysis"/

17   (cost or costs or benefit$ or economic).tw.

18   15 or 16 or 17

19   6 and 14

20   18 and 19

21   19 or 20

Breakdown for ICD10 codes for guidance on figures for mental illnesses

F   Mental and behavioural disorders (F00-F99)

F00-F03   Dementia

This includes Dementia in Alzheimer's and dementia other illnesses

F10-F19 Mental and behavioural disorders due to psychoactive substance use (substance induced psychoses)

Psychotic disorders due to:	code
ALCOHOL	F10.5
OPIOIDS	F11.5
CANNABINOIDS	F12.5
SEDATIVES or HYPNOTICS	F13.5
COCAINE	F14.5
Other stimulants inc. caffeine	F15.5
HALLUCINOGENS	F16.5
TOBACCO	F17.5
Volatile SOLVENTS	F18.5
MULTIPLE drugs & OTHER substances	F19.5

F20-F29   Schizophrenia, schizotypal and delusional disorders

(F20.) Schizophrenia

(F21.) Schizotypal disorder

(F22.) Persistent delusional disorders

(F23.) Acute and transient psychotic disorders

(F24.) Induced delusional disorder

(F25.) Schizoaffective disorders

F30-F39   Mood [affective] disorders

Includes

(F30.) Manic episode

(F31.) Bipolar affective disorder

(F32.) Depressive episode

F40   Neurotic, stress-related and somatoform disorders

(F40) Phobic anxiety disorders

(F41) Anxiety disorders

F90–F98 Behavioural and emotional disorders with onset usually occurring in childhood and adolescence) (Conduct disorders)

(F90.) Hyperkinetic disorders

(F90.0) Disturbance of activity and attention

Attention-deficit hyperactivity disorder

Attention deficit syndrome with hyperactivity

(F91.) Conduct disorders

(F92.) Mixed disorders of conduct and emotions

(F93.) Emotional disorders with onset specific to childhood

F_OTH Other mental and behavioural disorders (remainder of F00-F99)

ICD X60-X84 **Suicides** - Intentional self-harm including suicides

Appendix 5: Questionnaire for key experts in mental health promotion and prevention of mental illness

European Profile of Prevention and Promotion of Mental Health (EUROPoPP-MH)

Introduction

The Institute of Mental Health, Nottingham, UK, is conducting a project to review and provide up to date information on mental health systems (including legislation/policies, mental health status in the population, functioning of mental health services), across 27 European Member States and selected other countries in Europe. Part of this project focuses on the extent of implementation of policies and interventions/activities to prevent mental illness and to promote mental health within each country. We are carrying out a small survey of experts in prevention and promotion of mental health. Given your expertise in this area you have been selected by one of our Collaborators to complete this questionnaire. We are seeking your **views and opinions** on the extent of prevention and promotion activities in your country.

Please complete and return the questionnaire to the person who sent it to you within one week of receiving it. If you have any questions or require further information please contact:

Dr Chiara Samele, Lead Researcher and Project coordinator, EuroPoPP-MH
Email: informedthinking@gmail.com

Tel: +4420 8408 2118

Thank you for your consideration

Background questions

Please state your area of expertise whether in Mental Health Promotion (MHP or Prevention of Mental Illness (PMI) or both:	
Job title:	
Current employer:	
Number of years working in MHP or PMI:	
Brief description of your current role:	
Country name:	

We define prevention of mental illness (PMI) and promotion of mental health (MHP) using the WHO Prevention of Mental Disorders (2004) report. These are:

Prevention of mental illness: refers to interventions that stop mental illness happening, including reducing risk factors and enhancing mental illness protective factors. Prevention programmes aiming to reduce the incidence, prevalence and recurrence of mental illness, time spent having symptoms, preventing or delaying relapse and decreasing the impact for the person and their families.

Mental health promotion: promotes positive mental health by increasing social and psychological well-being, competence, resilience, and creating supportive living conditions and environment. Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

The following questions refer specifically to prevention of mental illness and mental health promotion programmes conducted within three settings:

- **Schools**
- **The workplace**
- **Long-term care facilities for older people**

Please ensure your answers refer only to these settings and specifying which setting you are referring to.

Section 1	**In your view what are the main policies that guide activities in *mental health promotion (MHP) and* prevention of *mental health illness (PMI)*?** MHP – PMI – **In your opinion, how adequate are these policies?** MHP – PMI – **Are you aware of any evidence to support your viewpoint?** MHP – PMI –
Section 2	**To what extent are the main MHP and PMI policies listed above being implemented?** **Please describe the main *programmes* implementing MHP and PMI policies.** *By programmes we mean government-sponsored mechanisms to implement policies. For example, information or marketing campaigns, funding streams, social welfare programmes, fiscal programmes (e.g. taxes on alcohol) (see Appendix 1 for examples of prevention and promotion programmes).* MHP – PMI –
Section 3	**Of the PMI and MHP programmes you have described have there been any major challenges or barriers to their implementation?** MHP – PMI – **Are you aware of any evidence concerning their effectiveness?** MHP – PMI –

Section 4	**Of the programmes you are familiar with (or been involved in) are there any successes in implementing these?**
	Please note the positive indicators or measures used to develop good mental health. For example, The Warwick-Edinburgh Mental Well-being Scale (WEMWBS, http://www.healthscotland.com/documents/1467.aspx)
	MHP –
	PMI –
Section 5	**In your view have sufficient resources (financial or otherwise) been invested into these specific PMI / MHP programmes?**
	MHP –
	PMI –
	Note: If applicable, please include the impact of any reductions in public sector spending on implementing PMI/MHP programmes.
Section 6	**What are the expected economic and social benefits of investments in these PMI and MHP programmes?**
	Where possible please include estimated benefits from investments in health, education, social development and economic growth
	Economic benefits:
	MHP –
	PMI –
	Social benefits:
	MHP –
	PMI –
	Are these benefits sustainable?
	MHP –
	PMI –
Section 7	**What are the short and long term expectations of MHP and PMI programmes you have described?**
	Short-term expectations:
	MHP –
	PMI –
	Long-term expectations:
	MHP -
	PMI -

Section 8	**Are there any future plans for policy and practice in PMI and MHP? If so, please detail.**
	MHP - PMI -

Thank you for completing this questionnaire

Where relevant please return your completed questionnaire to the person who sent it to you.

Examples of prevention of mental illness interventions are:

Schools – bullying prevention programmes and initiatives to reduce violence or aggression in schools; activities that detect the early signs of mental ill health (e.g. eating disorders, depression and anxiety disorders, addiction problems etc); awareness raising initiatives included in educational courses to look at drug misuse, suicide prevention and early recognition of mental illness; counselling programmes for children with specific emotional difficulties

Workplace – interventions that reduce stress and enable stress management at work; training for line managers to detect early signs of mental ill health in employees; opportunities for psychological consultancy for all employees

Older people in long-term care facilities – suicide, dementia and elder abuse prevention; individual therapy for the bereaved and interventions using cognitive behaviour techniques

Examples of mental health promotion programmes are:

Schools – promotion of social, personal and emotional health/wellbeing built within the school curricula

Workplace – raising awareness of mental health issues through training, encourage good relationships at work and communication between staff; health monitoring and checks; increase participation of employees in work changes; flexible working hours

Older people in long-term care facilities – increased participation in social and physical activities (i.e. relaxation, cognitive training, psycho-education and supportive interventions); improving physical health and the management of long-term conditions; better integrated and coordinated services to improve support.