May 2025

Building Better Indicators for Mental Health and Wellbeing

european public health alliance

Summary

This report presents a series of expert-informed suggestions for improving mental health and wellbeing indicators, drawing on insights from a focus group that brought together specialists from academic, policy, and clinical backgrounds. It begins by highlighting the importance of adopting a wider, more comprehensive, and positively framed approach to measuring and monitoring mental wellbeing. The report then examines existing frameworks, evaluating both their potential and their limitations, before introducing the indicators proposed through this collaborative exchange.

Contributors

Facilitators

- Jaisalmer de Frutos Lucas (European Public Health Alliance)
- Brigid Transon (European Public Health Alliance)

Experts

- Line Farah (France Ministry of Health)
- Sofía de la Fuente Garcia (The University of Edinburgh)
- Lars Münter (Nordic Wellbeing Academy)
- Almudena Trucharte (Universidad Camilo José Cela, Universidad Complutense de Madrid)
- Lucía Vaquero (New York University, Universidad Complutense de Madrid)

CONTENTS

INTRODUCTION

Mental health on the EU's political agenda

The definition of mental health formulated by the World Health Organization (WHO) emphasises its positive dimension and broad scope (World Health Organization, 2022), in line with the definition of health in the WHO constitution, which is not limited to the mere absence of disease. Accordingly, the WHO describes mental health as follows:

> "Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community."

Despite this positive working definition, both globally and in Europe, most initiatives and joint actions looking into mental health and wellbeing have primarily focused on deficit measures, mental health diagnosis, use of psychiatric healthcare resources, and suicide mortality rates (European Commission, n.d.-a). This is the result of both:

- The higher priority that these issues have been granted in the political agenda.
- The convenience and ease of data collection, which is often delegated to healthcare facilities and health professionals, on the expectation that this will lead to more objective and standardised measures.

Recent crises and threats (including pandemics and epidemics, natural catastrophes and wars) have, however, revealed that the study of mental health warrants an integral and more exhaustive approach. The focus of attention is slowly shifting towards promoting mental wellbeing, which specifically refers to the positive aspects of mental health, such as emotional resilience and the ability to build relationships. Yet, existing surveillance systems lack appropriate monitoring mechanisms.

In line with this, mental health has been gaining political traction since 2022, when European Commission President Ursula von der Leyen announced the launch of a new initiative on the topic, which in 2023 became the Communication on a comprehensive approach to mental health (European Commission, 2023). This framework proposes five pillars for the development of specific actions, namely:

1. Promotion of good mental health and prevention of mental health problems.
2. Early detection and screening of mental health problems.
3. Further tackling psychosocial risks at work.
4. Mental health support and access to treatment and care.
5. Quality of life.

The Communication underscores the need to approach mental health as a public health challenge that should be addressed through a social equity lens, rather than viewing it as an individual problem. It also urges enhancing mental health awareness and promoting mental health literacy across society. And, of particular importance for the work here presented, the Communication calls for building an evidence base, a body of quality, and up-to-date data that can guide the design and implementation of policies and actions. In this context, the need for better mental health indicators is mentioned twice in the document:

> "New statistics and indicators should be developed and gradually embedded into policymaking to reflect issues such as inequalities, physical and mental health and nature's value to people and to assess the impact of actions and funding."

> "In total, EUR 1.23 billion of EU support to mental health activities have been identified and are available to finance activities directly or indirectly promoting mental health […]. The impact of these projects and programmes will be regularly monitored. This not only requires having reliable, comparable and recent data but also indicators, monitoring and evaluation systems, to ensure follow-up and accountability."

Definition of a health indicator

According to the European Commission, an indicator is a measure, of qualitative or quantitative nature, that assesses the progress towards achieving a specific policy goal (European Commission, n.d.-b). High quality health indicators are therefore crucial for the design, implementation, monitoring and evaluation of health policies at all geographical levels. Notably, it is at the regional and global levels that their operationalisation becomes a greater challenge, given the complexity of the formulation of indicators based on agreed definitions and data collection methodologies across countries.

Some of the most relevant features that high quality health indicators should meet are listed below:

- Relevance
- Feasibility
- Validity
- Representativeness
- Opportunity
- Sustainability
- Comprehensibility
- Reliability

Moreover, to ensure consistency, interpretability and appropriate use, health indicators should be thoroughly described, providing details that ideally include:

- Title
- Definition
- Purpose
- Measurement
- Data sources
- Stratification factors
- Frequency of data collection
- Interpretation guidelines
- Strengths and limitations

In this regard, the scope of the work presented here will be limited to the recommendation of relevant aspects con to be measured in the European population, providing details about the suggested title, indicator definition, measurement options, overall purpose and potential strengths and limitations. Only if and when these indicators are adopted and functionally operationalised by national or regional authorities, could the data source, frequency of collection, and interpretation guidelines be provided.

Currently used mental health indicators and existing challenges in mental health surveillance

As the European Commission describes them, "health indicators are at the crossroad of policy questions and data sets" (European Commission, n.d.-c). Therefore, the kinds of indicators that are regularly collected and monitored reflect current policy interests, as well as existing limitations in terms of what can be measured. For these reasons, diverse contextual settings might trigger varied policy questions resulting in different key indicators that are naturally formulated in a context-specific manner.

International efforts to homogenise and harmonise existing lists of mental health and wellbeing across countries face multiple challenges, including:

- A lack of standardisation in the way each indicator is operationalised by different health authorities.
- The heterogeneity of the cultural meanings given to mental health and wellbeing terms, which differ from country to country, but also between socioeconomic, cultural and educational sectors of the population within the same country.
- The stigma associated with mental health statuses and conditions leading to under- and misreporting.
- The structural differences at the health system level in mental healthcare services and resources that are available to the population.

Guided by the dominant deficit-centric framework in mental health, combined with the convenience of the use of international diagnostic guidelines for the generation of mental health indicators, most international efforts to provide regional and global data on mental health have focused on severe mental health issues, such as the prevalence of mood disorders (GBD 2019 Mental Disorders Collaborators, 2022) . In line with this, Eurostat offers a summary of Mental health and related issues statistics, where the data shown represents deaths from mental and behavioural disorders, self-harm behaviours, and the use of healthcare resources by in-patients with mental and behavioural disorders (Eurostat, 2024).

One specific example can be found in the United Nations Global indicator framework for the Sustainable Development Goals (SDG), where mental health and wellbeing are considered under Goal 3: "Ensure healthy lives and promote well-being for all at all ages" (United Nations, 2018). More specifically:

Target 3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being indicators:

3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease

3.4.2 Suicide mortality rate

Despite the positive nature of the definitions that the WHO provides for mental health (stated above) and wellbeing –"a positive state experienced by individuals and societies […] encompasses quality of life and the ability to contribute to the world with a sense of meaning and purpose" (World Health Organization, n.d.-a), the focus of attention under the SDG remains on the most extreme outcome of poor mental health and lack of wellbeing. While suicide mortality rates present the advantage of being easier to understand globally, this reductionistic approach is problematic because:

- Suicide mortality rates provide relevant information too late to effectively take preventive public health measures.

- Not all individuals experiencing poor mental health or low quality of life, even when these are severe, are at risk of suicidal behaviours.
- The stigma associated with suicide in many cultures leads to underreporting, misclassification and, ultimately, unreliable data.
- This approach fails to capture broader aspects of emotional, psychological, and social wellbeing.
- Because of all the above, this indicator does not enable the monitoring and promotion of wellbeing or enhancing mental health, its utility is limited to harm reduction.

Encouragingly, there have been other international attempts to capture mental health and wellbeing, although they have essentially focused on contributing factors, rather than the endpoint constructs. For example, in 2013, the Organisation for Economic Co-operation and Development (OECD) developed and implemented The OECD Well-being Framework, which provides guidelines for the collection of measures of subjective wellbeing, with an emphasis on identifying sources of inequalities (Organisation for Economic Co-operation and Development, n.d.). The list consists of 24 indicators categorised in 11 domains that cover the social and economic conditions in which people live, such as "Job and Work Quality", "Civic Engagement" and "Housing". Only one of the 11 domains is centred around "Subjective Well-being", which has two indicators associated with it: "Negative affect balance" and "Life satisfaction". This framework, although limited in its capacity to provide a broad picture of the mental health status and needs of the population, has proven successful in its implementation across countries, offering visualisation tools to review data from 38 countries in its latest 2024 progress report (Organisation for Economic Co-operation and Development, 2024).

At the European level, a Flash Eurobarometer on Mental Health from 2023 shows promising progress, adopting the WHO definition of mental health as cited above, and additionally specifying that "mental health is an integral and essential component of health and is more than just the absence of mental disorders or disabilities" (European Commission, 2023). This survey, which collected input from over 26.5K respondents, was structured into 7 sections, two of which include items related to mental wellbeing: "Mental well-being over the past four weeks" and "What contributes to good mental health?". More specifically, the item on mental wellbeing read:

Q1: Which of the following statements best describes how you felt in your day-to-day life, whether at home, at work or elsewhere, during the past 4 weeks?

Response options:

1. I felt full of energy
2. I felt happy
3. I felt calm and peaceful
4. I felt tense
5. I felt tired/worn out
6. I felt downhearted/low
7. Don´t know
8. Prefer not to answer

Similarly to the OECD Well-being Framework, this Eurostat survey shows that it is possible to collect mental health and wellbeing data in a harmonised manner across countries. However, it also lacks a deeper analysis of the ability of individuals to understand, manage and share their emotional statuses and needs.

Innovative initiatives taking a comprehensive and positive approach to mental health and wellbeing

Designing new, better, and more comprehensive indicators of mental health and wellbeing entails intrinsic challenges that are difficult to overcome. Nevertheless, there have been successful advances in this field that are worth mentioning.

For example, a systematic review was conducted to provide an answer to the question: "Which indicators on public mental health can be identified on the base of the current state of knowledge?" (Peitz et al., 2021). Relevant indicators (for adults only) were extracted after a deep review of 365 sources, and the final set of indicators consisted of 192 entries, classified according to 14 different topics (such as "Mental Health Promotion and Prevention", "Mental Health Risks", "Positive Mental Health" or "Cost of Mental Disorders"). Unfortunately, while categories such as "Psychopathology" and "Supply and Utilisation of Mental Health Care" were assigned most existing indicators (34 each), categories more relevant for measuring wellbeing such as "Positive Mental Health" and "Mental Health Promotion and Prevention" presented with the fewest indicators (5 and 7 respectively), showing that so far there had been less political interest in such measures.

Another example comes from Public Health Scotland, which in 2022 developed a series of resources for the collection of mental wellbeing indicators, as well as (but separated from) indicators of mental health problems (Public Health Scotland, 2022) (Public Health Scotland, 2022). For adults, the two indicators of mental wellbeing identified were "Adult mental wellbeing score" and "Adult life satisfaction score", both extracted from the Scottish Health Survey (Public Health Scotland, 2022). For children and young people, up to five indicators of mental wellbeing were selected, including "Mean mental wellbeing (12 years +)", "Mean mental wellbeing (8-11 years)", "Mean mental wellbeing (under 8 years)", "Pro-social behaviour" and "Life satisfaction", most of them extracted from the Health And Wellbeing census, except for "Mean mental wellbeing" in 8-11 and under 8 years old, for which no suitable data source was identified. Moreover, in addition to these mental wellbeing indicators, Public Health Scotland developed a list of determinants of mental health outcomes, 45 for adults and 59 for children and young people.

Finally, probably the most comprehensive to-date public health effort to design and implement positive mental health indicators has been carried out by the Public Health Agency of Canada, which defines positive mental health as "the capacity of each and

all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face". Based on this definition, in 2016 it published its Positive Mental Health Surveillance Indicator Framework (Orpana et al., 2016), which comprises 5 outcome indicators ("Self-rated mental health", "Happiness", "Life satisfaction", "Psychological well-being" and "Social well-being"), which are accompanied by 25 determinant indicators classified in four ecological levels: individual, family, community and society. This framework has now been successfully implemented and updated data is made publicly accessible through the website of the Government of Canada (Government of Canada, 2024). Moreover, statistics can be broken down by life course, household income quintile, province/territory, urban/rural residency and immigrant status.

The initiatives reviewed in this section demonstrate that, while challenging, it is both relevant and feasible to collect robust and meaningful data across the full spectrum of mental health and wellbeing in a coordinated manner across countries. These efforts highlight the urgency and opportunity to establish a unified European framework aligned with the objectives of the EU Communication on a comprehensive approach to mental health, which calls for the promotion of good mental health and the prevention of mental health problems across the population. This report contributes to that effort by identifying, through expert consensus, the key metrics that should be considered for inclusion in such a European framework.

METHODOLOGY

Report objectives

General objective: To develop a list of 5-10 indicators of mental health, emotional resilience, and wellbeing that can provide a better understanding of the current situation of the population in Europe, monitor progression and plan preventive interventions.

Specific objectives:

1. Generate working a definition of the constructs of mental health and wellbeing which delimits the scope of the discussions.
2. Reflect on the limitations of existing mental health and wellbeing indicators that need to be improved.
3. Identify the aspects of mental health and wellbeing that new indicators should ideally be able to capture.
4. Analyse the challenges and barriers that would need to be overcome to translate the aspects selected into comprehensible, feasible and reliable indicators.
5. Examine relevant categories for data stratification that enable the study of the needs of diverse subgroups of the population.
6. Review existing sources of data that could be utilised or adapted to collect information on mental health and wellbeing at the population level.
7. Produce a list of mental health and wellbeing indicators' charts that contain the essential information for their integration in health surveillance programmes.
8. Generate policy recommendations oriented to the surveillance of the suggested list of mental health and wellbeing indicators at the national and regional levels.

Focus group

To achieve these goals, mental health and wellbeing experts from policy, academic, and applied fields were invited to join the focus group. A focus group is a qualitative research method that brings together a selected group of individuals to explore their views, perceptions, and experiences through guided discussion on a particular subject. The focus group discussions were planned to be conducted throughout 2024 Q4, in a virtual environment, and divided into three sessions: a preparatory session, a divergence session, and a convergence session. Experts who accepted the invitation were requested to submit their availability for the identification of the dates and times that would maximise attendance. This led to the final configuration, composed of five individuals with complementary expertise who could commit to attend the divergence and convergence sessions synchronously, and follow the preparatory session synchronously or asynchronously.

The online tools Zoom (Zoom Video Communications Inc., 2024) and Miro (Miro, 2023) were utilised respectively to hold and facilitate the sessions. Zoom is a video conferencing platform that enables users to host and join virtual meetings. Complementary, Miro is an online collaborative whiteboard platform that enables teams to visually brainstorm, plan, organise, and vote ideas in real time using sticky notes. The Miro templates utilised to facilitate the sessions were designed by the two EPHA moderators and could be shared externally upon formal request.

The focus group meetings were structured as follows:

1. **Preparatory session**: 30-minute meeting designated to introduce the initiative, present the experts, explain the methodology, provide an opportunity to test the digital tools (i.e., Zoom, Miro) that would be employed, and clarify any questions.
2. **Divergence session**: 90-minute session designed for individual reflection, collective brainstorming, and clustering ideas. During this meeting, conversations were centred around six guiding questions:
    - Scope: How would you describe mental health and wellbeing?
    - Existing limitations: Why do existing limitations fail to provide the whole picture?
    - Wish list: What should we be able to capture?

- Challenges: What are the barriers that we would need to overcome?
- Populations: From which subgroups of the population should we be collecting data?
- Data sources: Where can we find the information we need?

3. **Convergence session**: 90-minute session, where individual experts were requested to suggest specific indicators that could be included in the list of "Better Mental Health and Wellbeing Indicators". As a group, experts were required to select, conceptualise and operationalise key indicators, considering the desired features of health indicators (relevance, feasibility, validity, representativeness, opportunity, sustainability, comprehensibility, and reliability). At the end of this session, each of the suggested indicators were allocated to one of the experts, who took responsibility for developing an indicator chart that included its basic information (title, definition, target population, measurement, purpose, and strengths/limitations).

Upon consent from the experts, meetings were recorded for internal reporting purposes. The completed Miro boards, as well as the video recordings from the sessions, were shared with all participants to allow for the preparation of the following activities and the review of the outcome materials. EPHA staff was responsible for the integration of all the submitted indicator charts into one final report, that all experts had access to for reviewing and editing purposes.

OUTCOME

Divergence session: Key considerations about mental health and wellbeing at the population level

To set the scope of the activity, experts ventured into generating their own conceptual approaches of mental health and wellbeing, based on the definitions provided by WHO. According to them:

- Mental health is a state of cognitive, emotional, and psycho-social balance that is dynamic and influences how we think, feel, behave and interact with the world and other individuals.
- Wellbeing entails satisfaction with life, happiness, perceived health, sense of security, resilience, and purpose in life. It involves having close, intimate, and trusted social connections, as well as having the ability to ask for help when needed.

Experts agreed that currently most indicators of mental health and wellbeing are reduced to clinical aspects, while fewer initiatives attempt to capture metrics that could be useful from a preventive perspective, especially at the population level. Existing indicators based on validated questionnaires and applied at the individual level are not usable nor feasible for public health frameworks. Yet, the standardisation of other types of mental health measures based on self-reported experiences remains a challenge, where stigma and cultural differences bias data collection efforts. Moreover, data interoperability poses additional constraints to mental health and wellbeing data collection across European countries to enable reliable comparisons.

Regarding existing data sources of relevant information, experts pointed to the OECD database on wellbeing by member countries, national health systems datasets, and national and European surveys. They also recommended the adaptation of existing resources (such as helplines and support systems) and the creation of new data collection systems, applied in physical as well as digital environments (such as schools and Reddit, respectively).

As for relevant categories for data stratification, experts emphasised the importance of age groups, gender, ethnicity, migration status, health status, socioeconomic status, educational level, geographical location, and workplace. Additionally, they highlighted a series of target groups that required special attention, such as migrants, informal caregivers, the LGTBIQ+ community, individuals who have suffered trauma or violence,

people experiencing social exclusion, and people living with a severe or chronic mental or physical condition.

Finally, experts suggested a list of topics and terms related to mental health and wellbeing that they perceived as being often overlooked. These were later considered as the base for the identification and/or development of the suggested indicators. These topics included:

- Emotional resilience and adaptability
- Coping strategies and stress management skills
- Awareness and understanding of mental health and mental health issues
- Attitudes towards mental health issues
- Willingness to seek for help
- Positive and negative impacts of social media on mental health
- Social media use to find mental health-related information and support

Convergence session: Proposed list of mental health and wellbeing indicators

Mental health awareness

Definition: Openness and opportunity to discuss mental health. This indicator should capture the perceived relevance attributed to mental health, as well as individuals' ability to recognise and address mental health concerns.

Target population: General population, with a focus on diverse age groups and social backgrounds.

Measurement: For the recognition of mental health issues, the "Self-Efficacy" subtest of the Mental Health Awareness and Advocacy Assessment Tool (MHAA-AT) could be used to evaluate an individual's mental health awareness (Aller et al., 2021). It is composed of 20 items that evaluate an individual's confidence in identifying mental health issues such as anxiety and depression. These are presented as Likert scales (1-5), measuring confidence levels from Not at all confident to Extremely confident. These items (or a selected subset) could be included in large-scale population surveys or mental health awareness studies. Given the constraints to administer the complete MHAA-AT at the population level, three items have been adapted to be included in larger population-based survey:

- "How confident do you feel in recognizing when yourself or others might be experiencing a mental health issue (e.g., anxiety, depression)?" *(Scale: 1 = Not at all confident, 2 = Slightly confident, 3 = Moderately confident, 4 = Very confident, 5 = Extremely confident)*
- When recognizing a mental health issue in yourself or others, how confident do you feel in identifying whether professional help is needed and knowing where to seek it?" *(Scale: 1 = Not at all confident, 2 = Slightly confident, 3 = Moderately confident, 4 = Very confident, 5 = Extremely confident)*
- "How comfortable do you feel discussing mental health issues with others (friends, family, colleagues), and how often do you have the opportunity to do so?" *(Scale for comfort: 1 = Not at all comfortable, 2 = Slightly comfortable, 3 = Moderately comfortable, 4 = Very comfortable, 5 = Extremely comfortable)*
- *(Scale for frequency: 1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Very often)*

Purpose: This indicator aims to assess individuals' confidence in recognizing mental health issues and their willingness to engage in conversations about them. It can evaluate the extent to which people feel comfortable discussing mental health in their social circles and the frequency of these discussions. For these reasons, these questions can be used to identify gaps in mental health awareness and literacy, as well as barriers to open dialogue. Hence, they can guide interventions that foster greater awareness and encourage more frequent and meaningful discussions on mental health.

Strengths and limitations:

- **Strengths:** This indicator provides an overview of awareness and openness to discussing mental health which is useful for policy and public health planning.
- **Limitations:** This indicator is susceptible to self-report bias. Moreover, cultural factors may influence responses. Additionally, the items may be perceived as too general (although they have been specifically designed this way to ensure broad understanding and applicability across diverse populations).

Other considerations: A key concept that intersects with mental health awareness is stigma. These are two related constructs, while they remain conceptually distinct. Mental health awareness is mainly framed around recognition, confidence, and openness; whereas stigma involves more attitudinal and societal-level dynamics, such as prejudice, fear, or perceived danger. They follow different patterns and may require distinct strategies and interpretations. For these reasons, "Mental health stigma" is an additional and complementary indicator worth considering, even if it does not fit into a strengths-based and positive mental health framework.

Leveraging on existing tools such as the Mental Health Literacy Scale (MHLS; (O'Connor & Casey, 2015), the Community Attitudes to Mental Illness (CAMI; Huff et al., 2025), the Mental health knowledge schedule (MAKS; Evans-Lacko et al., 2020) , and the Reported and intended behaviour scale (RIBS; Evans-Lacko et al., 2011), the following items could be included in a population-based survey to specifically measure stigma around mental health issues:

- "Having people experiencing mental health problems living within residential neighbourhoods might be good therapy, but the risks to residents are too great." *(Scale: 1 = Strongly Agree, 2 = Slightly Agree, 3 = Neither agree or Disagree, 4 = Slightly Disagree, 5 = Strongly Disagree, 6 = I don't know)*

- "I would be willing to work with someone with a mental health problem"*(Scale: 1 = Strongly Agree, 2 = Slightly Agree, 3 = Neither agree or Disagree, 4 = Slightly Disagree, 5 = Strongly Disagree, 6 = I don't know)*
- "People with a mental health problem are dangerous and/or mentally weak (e.g., they could snap out of it if they wanted to)" *(Scale: 1 = Strongly Agree, 2 = Slightly Agree, 3 = Neither agree or Disagree, 4 = Slightly Disagree, 5 = Strongly Disagree, 6 = I don't know)*

Mental health and mental wellbeing literacy

Definition: Knowledge that the population possesses around mental health and wellbeing concepts that can ultimately guarantee that they can maintain a healthy mental status (in them and/or the dependant persons they take care of), and that they can advocate for their rights regarding prevention and treatment of mental health issues.

It is conceptualised here as a prerequisite for individuals to be able to:

- Check their mental wellbeing status on a regular basis, as well as the status of the individuals that may depend on them.
- Recognise signs or symptoms associated with the loss of a balanced and healthy mental wellbeing status in themselves and/or their dependant(s).
- Understand governmental, health professional, educational, or other types of advice, resources, or policy measures or initiatives in relation to mental health and mental wellbeing that directly affect them and/or their dependants.
- Understand their rights and/or those affecting their dependants in matters of mental health and mental wellbeing.
- Ultimately, act accordingly and seek professional help when needed.

Target population: General Population, across all age ranges.

Measurement: The suggested approach to collect data about mental health and wellbeing literacy would be a survey (which could be administered online). This survey could be developed based on questionnaires such as the MHLS (O'Connor & Casey, 2015) or the CAMI (Huff et al., 2025), also taking into account European Guidelines such as the Guide to Health Literacy (The Council of Europe, 2023), or involving/consulting other initiatives such as EPALE (European Commission, 2025), or WHO's HL NCD Network (World Health Organization, n.d.-b) or previous scientific studies carried out within Europe, such as the ones by Griebler et al., 2024) and Simões de Almeida et al. (2023).

Based on the aforementioned tools, some of the items we propose could be included are:

- "If someone experienced excessive worry about events or activities where this level of concern was somewhat not justified, had difficulty controlling this worry, and had physical symptoms such as having tense muscles and feeling fatigued: to what extent do you think it is likely they could have Generalised Anxiety Disorder?" *(Scale: 1 = Very unlikely, 2 v Unlikely, 3 = Likely, 4 = Very Likely)*
- "If someone experienced a low mood for two or more weeks, had a loss of pleasure or interest in their normal activities, and experienced changes in their appetite and sleep patterns: to what extent do you think it is likely they could have Major Depressive Disorder?" *(Scale: 1 - Very unlikely, 2 - Unlikely, 3 - Likely, 4 - Very Likely)*
- "Medication and/or psychotherapy (e.g., talking therapy or counselling) can be an effective treatment for people with mental health problems." *(Scale: 1 = Strongly Agree, 2 = Slightly Agree, 3 = Neither agree or Disagree, 4 = Slightly Disagree, 5 = Strongly Disagree, 6 = I don't know)*
- "I am confident I have access to resources (e.g., GP, internet, friends) that I can use to seek information about mental illness." *(Scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neither Agree or Disagree, 4 = Agree, 5 = Strongly Agree)*
- "Virtually anyone can experience a mental health issue."*(Scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neither Agree or Disagree, 4 = Agree, 5 = Strongly Agree)*

Purpose: This indicator aims to measure the level of knowledge that the general population possesses around key concepts related to mental health and mental wellbeing, as a prerequisite to be able to identify when there might be a mental health and mental wellbeing need concerning the individual and/or their immediate social context, and which are the available resources to take care of it.

Strengths and limitations:

- **Strengths:** Regarding the type of measure proposed, an (online) survey may reach a great number of people and it may be convenient to fill in each individual's own time. Complementary, other approaches to measure this indicator can be applied in a more controlled and exhaustive way, tailored to specific needs.

- **Limitations:** Survey responses may not represent the general population, as it is possible that mostly individuals with a greater literacy and interest towards learning about mental health and mental wellbeing would be the ones filling the survey out.

Other considerations: Additionally, this information could be complemented with proxy measures such as:

- Books about mental health and mental wellbeing that have been written/ edited/published by European authors/editors/publishing services in a concrete window of time.
- Books on mental health and mental wellbeing topics sold across Europe and its comparison to books on other topics, the total amount of books sold, etc.
- Mental health and mental wellbeing educational initiatives/courses/mandatory content included in primary and secondary education, higher education, professional contexts and adult education.
- Mental health and mental wellbeing educational or preventive initiatives planned and carried out within the health system of the different EU countries
- Measures of involvement in political decisions related to mental health and mental wellbeing topics in countries where the general population has some level of participation in national or –probably mostly– local politics. These could include, for example, participation in public consultations or citizen assemblies, presence of mental health topics in participatory budgeting processes, submission of citizen-driven initiatives or petitions related to mental health.
- Mental health and mental wellbeing content included in political campaigns across Europe.
- Protests or civil movements/associations whose mission is to improve mental health and mental wellbeing literacy.

Self-care behaviours

Definition: Self-care behaviors (and changes in self-care behaviors) could be used as proxy indicators of mental health and wellbeing, based on the premise that they reflect an individual's ability to manage stress, maintain routines, and prioritise wellbeing. More specifically, experts suggested a list of six indicators to gauge a variation of self-care practices at regional/national level, which tackle: physical exercise, sleep habits, nutrition, social connectedness, relaxation practices and dental habits.

Target population: General Population, disaggregating data across diverse demographics.

Measurement: Frequency of specific behaviors within a given period of time could be measured through a checklist. Because these are proxy measures, they should be recorded over a significant amount of time in order to observe potential trends.

Specific items to be included in a population-based survey could be:

Physical Exercise:

- "In the past month, how many days per week did you engage in physical activity (e.g., walking, cycling, dancing, sports)?" *(Response options: 0 days; 1–2 days; 3–4 days; 5 or more days)*
- "In the past month has your engagement in physical activity changed?" *(Response options: Yes, it has increased; Yes, it has decreased; Yes, I have been more inconsistent; No, it has stayed the same; I am not sure)*

Sleep Habits:

- "Do you follow a regular sleep schedule (e.g., going to bed and waking up at consistent times)?" *(Response options: Never; Sometimes; Generally; Always)*
- "On average, how many hours do you sleep per night?" *(Response options: Less than 5; 5–6; 7–8; More than 8)*
- "On average, how many days a week do you wake up feeling rested?" *(Response options: Less than 2 days ; 2 - 3 days; 4 - 5 days; almost every day / 7 days)*
- "Over the past month have your sleep patterns changed?"*(Response options: Yes, it has increased; Yes, it has decreased; Yes, I have been more inconsistent; No, it has stayed the same; I am not sure)*

Nutrition:

- "Do you eat at consistent times (e.g., three meals per day or regular meal patterns)?" *(Response options: Never; Sometimes; Generally, Always)*
- "In the past month have you noticed changes in your eating patterns (e.g., skipping meals, eating irregularly, etc.)?" *(Response options: Yes, I follow more consistent schedules; Yes, I have been more irregular; No, there has been no change; I am unsure)*
- "In the past month,have you noticed changes in your eating habits (e.g., eating more, eating less, craving certain foods, etc.) during times when life feels overwhelming, uncertain or emotionally demanding?
- *(Response option: Never; Sometimes; Often; Always)*

Social Connectedness:

- "How often do you have meaningful social interactions (e.g., talking, sharing time or activities with friends, family, or community members)?" *(Response options: Never; 1–2 times/week; 3–4 times/week; Daily)*
- "In the past month, has your frequency of meaningful social interactions changed?" *(Response options: Yes, it has increased; Yes, it has decreased; No, there has been no change; I am unsure)*

Relaxation Practices:

- "How often do you engage in activities that help you relax or manage stress (e.g., meditation, hobbies, music)?" *(Response options: Never; 1–2 times/week; 3–4 times/week; Daily)*
- "In the past month, has your engagement in relaxation practices changed?" *(Response options: Yes, it has increased; Yes, it has decreased; Yes, I have been more inconsistent; No, there has been no change; I am unsure)*

Dental Hygiene Habits:

- "How often do you usually engage in dental hygiene practices (e.g., brushing, flossing, rinsing) per day?" *(Response options: Less than once; Once; Twice; More than twice)*
- In the past month have you changed your frequency of dental hygiene practices per day? *(Response options: Yes, it has increased; Yes, it has decreased; Yes, I have been more inconsistent; No, there has been no change; I am unsure)*

Purpose: This indicator aims to provide a global picture of demographic differences across these six proxy indicators, which would be useful to identify opportunities for both public health information, public health/social support, and for designing projects that could grant a better insight into causes and solutions for the population's self-care behaviours.

Strengths and limitations:

- **Strengths:** The data would be relatively easy to obtain and mostly be useful for cross-border reference and national gauge for progress/needs.
- **Limitations:** The data would be self-reported and subject to biases, such as desirability bias. Moreover, these being proxy data (not objective direct measures), they should be used with caution.

Emotional resilience

Definition: Emotional resilience can be described as being able to flexibly deploy diverse coping behaviours in accord with the varying demands of different situations. It involves flexibly adapting to and coping with changing circumstances, adjusting to adversity while maintaining the focus on ongoing activities, goals, and plans. While emotional resilience is usually measured retrospectively—i.e. after an individual has experienced a potentially traumatic event (PTE)—a key challenge for public health is the ability to assess resilience capacity prospectively (Bonanno et al., 2011). This would allow for the assessment of resilience potential at the population level, which is crucial for prevention and preparedness in public mental health policy.

Target population: General population, with a specific focus on populations exposed to stressful or potentially traumatic events.

Measurement: At the individual level this ability can be measured through the "Forward-Focus Ability" Subset items of the PACT Scale (Bonanno et al., 2011), which was specifically designed to address this issue by evaluating individuals' beliefs about their ability to flexibly engage in both trauma-focused and forward-focused coping strategies, regardless of whether a PTE has recently occurred.T his questionnaire evaluates an individual's ability to maintain goals, plans, and daily activities despite distressing events. It employs 12 items constructed as Likert scales (1-7), where higher scores indicate stronger forward-focused coping that can be included in epidemiological studies and mental health screening tools. Alternatively, where capacity constraints operate, the following specific population-based survey question can be utilised:

- **" When you are facing a difficult or distressing situation, to what extent were you able to:**
- Stay focused on your current goals and plans. *(Scale: 1 = Not at all able, 2 = Slightly able, 3 = Moderately able, 4 = Very much able, 5 = Extremely able)*
- Find a way to reframe the situation while allowing yourself to process the emotions involved. *(Scale: 1 = Not at all able, 2 = Slightly able, 3 = Moderately able, 4 = Very much able, 5 = Extremely able)*

Purpose: To assess emotional resilience at a population level by measuring the ability to adapt coping strategies and to stay focused on ongoing activities, goals, and plans.

Strengths and limitations:

- **Strengths:** This indicator leverages from a validated measure of resilience and it is applicable in diverse populations. It also presents the advantage of providing a predictive measure of mental health outcomes.
- **Limitations:** This indicator is subject to self-report bias. Moreover, in the original questionnaire the flexibility dimension is calculated using an index based on the complete PACT scale, which may be difficult to integrate into a general population indicator.

Satisfaction with life

Definition: The overall cognitive evaluation of one's life satisfaction based on personal criteria and values.

Target population: General population

Measurement: This indicator can be measured through the "Overall Life Satisfaction" metric based on the Satisfaction With Life Scale (SWLS; Novopsych, n.d.). This test measures an individual's global judgment of life satisfaction, including both their overall contentment and perceived achievement of personal goals. This is a 5-item self-report questionnaire based on Likert scales (1-7), where higher scores indicate greater life satisfaction. Alternatively, and based on that questionnaire, the following two items could be used in population-based surveys:

"In most ways:

- My life is close to my ideal" (*Scale: 1 = Strongly disagree, 2 = Disagree, 3 = Slightly disagree, 4 = Neutral, 5 = Slightly agree, 6 = Agree, 7 = Strongly agree)*
- I have achieved the important things I want in life." *(Scale: 1 = Strongly disagree, 2 = Disagree, 3 = Slightly disagree, 4 = Neutral, 5 = Slightly agree, 6 = Agree, 7 = Strongly agree)*

Purpose: To assess individuals' overall life satisfaction, including their perception of having achieved important personal goals.

Strengths and limitations:

- **Strengths:** These items are based on a standardised measure with strong psychometric properties and are applicable across cultures and populations.
- **Limitations:** Risk of self-report bias, which in this case may be influenced by temporary emotional states rather than long-term satisfaction.

Support network

Definition: This indicator measures the extent to which an individual or group of individuals are able and willing to be available to another, to provide and receive the supportive and carrying components of an adult relationship, be it mutual friendship and companionship, as well as care and help as needed.

Target population: General adult population.

Measurement: The presence, in an individual's life, of at least one person who is AND feels reachable. This needs not be reachable for desperate or emergency help, but rather individuals who feel reachable for things that may be deemed mundane, like a conversation on a blue day, or a request for small favours (perceived as potentially annoying in our fast-paced, isolated world, such as visiting and feeding someone's cat while they're away). For measurement purposes, the following binary items could be included in a population-based survey:

- "Is there someone you would be able to call on a day when you're feeling down or lonely, even if nothing specific has happened to you?" *(Response options: Yes/No)*
- "Is there anyone in your life who lives in relatively close distance, whom you'd feel comfortable to reach out to for a mundane favour?" *(Response options: Yes/No)*
- "If you got locked out of your home, and needed a place to spend the night, do you know who you would call?" *(Response options: Yes/No)*
- "If you decided to spontaneously go to the cinema, an exhibition or the like, is there anyone it would occur to you to mention it to, without having to prepare the outing 1+ weeks in advance?" *(Response options: Yes/No)*
- "Is /there anyone in your life who would reach out to you for any of the above?" *(Response options: Yes/No)*

Purpose: Collect data about loneliness/isolation following a more positive approach which provides complementary information. Ultimately, the goal of this indicator is to measure interconnectedness and belonging in relatively proximity, having opportunities for in-person meaningful interactions.

Strengths and limitations:

- **Strengths:** The items suggested are formulated in a way that expresses relatable feelings and provides opportunities for reflection.
- **Limitations:** This construct is challenging to measure fairly and accurately, especially since it is likely to vary across diverse populations (such as locals and migrants), as well as across personality types. It is advisable that surveys keep the items but adjust the examples provided in a context-specific manner to ensure that they are comprehensible and culturally relevant.

Social media-based supportive and harming activities around mental health

Definition: This indicator refers to the estimation of mental wellbeing status of the population by observing and analysing online content and behaviour of social media users around mental health topics, either in a positive (seeking for resources, education, or social support, for instance) or negative (harmful behaviours such as cyberbullying, or the promotion of dangerous challenges or non-realistic comparisons) way.

This constitutes a vast pool of indirect information about the general levels of mental wellbeing, and about the literacy and support materials that may be available through online resources for the European population.

Target population: General population using social media. If using specific platforms, the specific average demographics should be taken into consideration (for instance, Reddit: mostly male, ages 18 - 29).

Measurement: Acquisition of information based on online contents to draw conclusions somewhat related to the general population. This could be pursued via social listening or by performing a concrete search of publications/online materials motivated by a specific question. Depending on the topic, a platform, keyword/language list, and time-window will be selected and updated in a timely manner to reflect current concerns and priorities to extract and save the information for posterior analysis. Thematic analyses and other qualitative approaches can be performed on the data acquired.

Some topics, behaviours, and key recommended platforms could be:

- Looking for social support (when faced with a deterioration in mental health status, in chronic conditions such as depression or anxiety, when in mourning…) >> Reddit threads, Facebook groups.
- Looking for help in mood regulation (on a day to day basis, when faced with a deterioration in mental health status, in chronic conditions such as depression or anxiety, when in mourning…) >> Reddit threads, Facebook groups.
- Mental health education and literacy, search and sharing of resources >> Reddit threads, Facebook groups.
- Exposure to cyberbullying >> across different social media platforms.
- Studying the impact on mental wellbeing of individuals comparing themselves to influencers' content (e.g., physical appearances, lifestyles and career success) >> across different social media platforms (searching both for content and comments that mention such comparisons) , ideally combined with a short survey to gain insight from social media users.
- Exposure to harmful promotion of dangerous or self-harm practices >> across different social media platforms, especially TikTok.

Purpose: The 'Social Media-based Supportive and Harming Activities around Mental Health' indicator aims to gather information about mental wellbeing-related characteristics in the population that uses social media, dividing its focus in two sub-indicators:

- The "Positive activities/content", which could be seen as actions preserving and helping in the maintenance of users' mental wellbeing.
- The "Negative activities/content", understood as those actions and content that could have a detrimental effect on users' mental health preservation.

By analysing social media content (Reddit posts, Facebook groups, comments on news outlets, TikTok health educators' profiles and their communities, etc.), it is possible to retrieve rich information that could serve as an indirect measure of general population's status on mental wellbeing matters, as well as to show how users utilise social media. The latter can be used to learn about, on the one hand, how individuals educate themselves, find resources, regulate their mood, find social support, etc.; and on the other hand, how they harm themselves or other users via cyberbullying, unrealistic comparisons, sextortion, promotion of dangerous and self-harm activities, etc.

Strengths and limitations:

- **Strengths:** This approach benefits from utilising the great amount of information that is already available online to study. Although incomplete and not perfectly controlled, this measure can act as a good proxy to a vast array of mental health-related topics.
- **Limitations:** The amount of content/data to analyse can be quite rich in some cases, but it will be limited to topics, contents, activities and discussions that have been selected by the users. Also, the amount of demographic information available form the users will most probably be very limited or aggregated, corresponding to general users of specific platforms. Finally, the representability of social media users in the specific platforms and threads used is also very limited, since most of the times will represent a subsample of the general population, with particular social media usage patterns, and with particular personality traits.

CONCLUSION

Measuring mental health and wellbeing in a comprehensive manner across European countries is a challenge worth taking. Traditional measures of mental health have exclusively focused on the diagnosis and management of severe mental health issues, as well as mortality by suicide. Nonetheless, in recent years, and due to a series of natural and geopolitical crises and threats, Europe has witnessed an increased political interest in building greater resilience in the population. In this context, traditional measures of mental health fall short in their ability to provide an integral overview of the mental health and wellbeing state of the population and are unable to guide policy efforts to increase emotional resilience.

Existing initiatives at the local and national levels, such as the ones implemented by Public Health Scotland and the Public Health Agency of Canada, showcase that it is possible for public health authorities to measure mental health in a more comprehensive and positive manner. Moreover, the work developed by the OECD on the Well-being Framework reveals that it is feasible to collect and harmonise mental wellbeing information across nations.

This focus group leveraged on the work previously developed by other researchers and public health authorities and proposed a series of categories for the collection of mental health and wellbeing data across a broader spectrum. These include mental health awareness and mental health literacy, as prerequisites for mental health and emotional management. They also include both proxy measures of mental wellbeing (i.e., self-care behaviours and support network) as well as more direct measures (i.e., emotional resilience and life satisfaction). Finally, the list includes a series of recommendations to extract mental health and wellbeing data from social media platforms. Altogether, these metrics complement and expand existing frameworks to provide a more informative overview of the mental wellbeing of the European population. Building on these insights, the following section outlines key policy recommendations to support the integration and effective use of these metrics within mental health monitoring systems.

Policy recommendations

The work presented here aims to inform policymakers about the key blocks of information that should be collected to generate a comprehensive overview of the mental health and wellbeing state of the European population: mental health and wellbeing awareness, mental health and wellbeing literacy, self-care behaviours, support networks, emotional resilience and life satisfaction It also suggests specific items that could be included in a population-based survey to measure mental health and wellbeing in a more thorough and strengths-based manner. Ultimately, these indicators aim to improve mental wellbeing in the society by enhancing surveillance mechanisms to enable targeted interventions and effective monitoring. To achieve this goal, we urge public health authorities to:

- **Select key and diverse indicators at the international level:** While local and national frameworks often include extensive lists of mental health and wellbeing indicators tailored to specific contexts and needs, ensuring standardised measurement is essential for cross-country data harmonisation, and this remains a challenging procedure. To address this, simplifying the framework by prioritizing the most informative categories for data collection at the European level is recommended. This approach maintains a broad scope for mental health and wellbeing measurement while ensuring practicality and implementability. This is compatible with a more detailed, context-specific data collection at local and national levels, where situational relevance takes precedence over international standardisation.
- **Use language mindfully:** Indicators should be built, translated, and adapted using language and examples that are understandable and relatable in the specific context where they are implemented. Moreover, the formulation of items to be included in population-based surveys should follow the guidelines (Mental Health Europe, 2023) aiming at promoting de-stigmatisation (i.e., avoid using terms such as “mental illness” or “patients suffering from”). This will occasionally require adapting the language used in validated questionnaires when drawing on them as the base for the generation of new items
- **Collect demographic information for disaggregated data:** To ensure that mental health and wellbeing indicators reflect the diverse needs of the population, it is essential to collect demographic information that allows data to be broken down by key factors such as age, gender, socioeconomic status,

migration background, and health status. This approach enables policymakers to identify disparities, tailor interventions, and address the needs of vulnerable groups. Disaggregated data enhances the effectiveness of policies by ensuring they are inclusive, evidence-based, and responsive to the specific challenges of different population subgroups.

- **Leverage existing tools and instruments:** The indicators described in this report have been formulated to improve mental health and wellbeing surveillance in the European population. Yet, they are based on the structure of existing frameworks and a solid body of scientific evidence. Many of the items suggested have been adapted from validated questionnaires aimed at measuring mental health constructs at the individual level. These existing tools can be combined and integrated into the mechanisms already in use by national authorities and Eurostat, enhancing the collection of more accurate and comprehensive mental wellbeing information.
- **Enrich data collected with short interviews:** Population-based surveys and social listening are valuable tools that are feasible to implement at a large scale and provide a broad picture of the current state of the population. Yet, additional information is often necessary to interpret the data collected and gain a deeper understanding of underlying issues. A more thorough analysis is required to effectively address complex matters. To this end, quantitative data could be complemented by interviewing representative stakeholders from different segments of the society.
- **Foster change:** Improving mental health and wellbeing surveillance by designing and implementing more comprehensive frameworks is only the first step. The ultimate goal is to improve the mental wellbeing of the population. To achieve this, the data collected must be effectively translated into action, informing policymakers and guiding the development of evidence-based policies and interventions that drive meaningful and lasting change.

Next steps

The list of suggested indicators is the result of the group discussions among five European experts in mental health and wellbeing involved in academic research, clinical practice, and public health policy. Yet, as it has been stated above, the diversity of cultural meanings given to mental health and wellbeing terms across countries, communities, and age ranges adds an extra layer of complexity to measuring mental wellbeing internationally in a standardised manner.

With the aim to refine the formulation of the items suggested to ensure understandability and relevance across cultures and contexts, the work of this focus group should be followed up with an international validation survey, where the input from a more diverse audience could be taken into consideration. This exercise should conclude with a final list of items that could be included in a population-based survey aiming to collect comprehensive information about the mental health and wellbeing state of the European population, similar to, but more exhaustive and comprehensive than, Eurostat's latest Mental health and related issues statistics (European Commission, 2023).

REFERENCES

Aller, T. B., Fauth, E. B., Novak, J. R., & Schwartz, S. (2021). Measuring Mental Health Literacy: Development of the Mental Health Awareness and Advocacy Assessment Tool. *Journal of MultiDisciplinary Evaluation*, 17(39). https://doi.org/10.56645/jmde.v17i39.671

Bonanno, G., Pat-Horenczyk, R., & Noll, J. (2011). Coping Flexibility and Trauma: The Perceived Ability to Cope With Trauma (PACT) Scale. *Psychological Trauma: Theory, Research, Practice, and Policy*, 3, 117-129. 10.1037/A0020921 https://psycnet.apa.org/record/2011-02567-001

The Council of Europe. (2023, January). *Guide to health literacy - Human Rights and Biomedicine. Human Rights and Biomedicine.* Retrieved April 22, 2025, from https://www.coe.int/en/web/human-rights-and-biomedicine/guide-to-health-literacy

European Commission. (n.d.-a). *EU-Compass for Action on Mental Health and Well-being.* Public Health. Retrieved April 22, 2025, from https://health.ec.europa.eu/non-communicable-diseases/mental-health/eu-compass-action-mental-health-and-well-being_en

European Commission. (n.d.-b). *EU health indicators.* Public Health. Retrieved April 22, 2025, from https://health.ec.europa.eu/indicators-and-data/overview_en

European Commission. (n.d.-c). *European Core Health Indicators (ECHI).* Public Health. https://health.ec.europa.eu/indicators-and-data/european-core-health-indicators-echi_en

European Commission. (2023). *Flash Eurobarometer 530: Mental Health [Report].* Mental Health. Retrieved April 22, 2025, from https://europa.eu/eurobarometer/surveys/detail/3032

European Commission. (2023). *Communication on a comprehensive approach to mental health.* Public Health. Retrieved April 22, 2025, from https://health.ec.europa.eu/publications/comprehensive-approach-mental-health_en

European Commission. (2025). *EPALE - Electronic Platform for Adult Learning in Europe.* Retrieved April 22, 2025, from https://epale.ec.europa.eu/en/content/mental-health-literacy

Eurostat. (2024). *Mental health and related issues statistics.* Statistics Explained. Retrieved April 22, 2025, from https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Mental_health_and_related_issues_statistics

Evans-Lacko, S., Little, K., Meltzer, H., Rose, D., Rhydderch, D., Henderson, C., & Thornicroft, G. (2020). Development and psychometric properties of the Mental Health Knowledge Schedule. *The Canadian Journal of Psychiatry*, 55(7). https://journals.sagepub.com/doi/10.1177/070674371005500707

Evans-Lacko, S., Rose, D., Little, K., Flach, C., Rhydderch, D., Henderson, C., & Thornicroft, G. (2011). Development and psychometric properties of the Reported and Intended Behaviour Scale (RIBS): a stigma-related behaviour measure. *Epidemiology and Psychiatric Sciences*, 1-9. doi:10.1017/S2045796011000308 https://pubmed.ncbi.nlm.nih.gov/21922969/

GBD 2019 Mental Disorders Collaborators. (2022). Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet Psychiatry*, 9(2), 137-150. https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(21)00395-3/fulltext

Government of Canada. (2024). *Positive Mental Health Surveillance Indicator Framework.* Health. Retrieved April 22, 2025, from https://health-infobase.canada.ca/positive-mental-health/Stat

Griebler, R., Schuetze, D., & Vana, I. (2024). Mental health literacy in Austria - results of the first representative population survey. *The European Journal of Public Health*, 34. https://doi.org/10.1093/eurpub/ckae144.1714

Huff, N. R., Arnold, D. H., & Isbell, L. M. (2025). The Community Attitudes Towards Mental Illness (CAMI) Scale 40 Years Later: An Investigation Using Confirmatory Factor Analysis and Free-Response Data. *Journal of Community Psychology*, 53(2). 10.1002/jcop.70005 https://pubmed.ncbi.nlm.nih.gov/40084599/

Mental Health Europe. (2023). *The Power of Language' – A glossary of terms and words.* Retrieved April 22, 2025, from https://www.mentalhealtheurope.org/library/mhe-releases-glossary/

Miro. (2023). Miro [Computer SOftware]. https://miro.com/

Novopsych. (n.d.). *Satisfaction with Life Scale (SWLS)* [Tool]. Retrieved April 22, 2025, from https://novopsych.com.au/assessments/well-being/satisfaction-with-life-scale-swls/

O'Connor, M., & Casey, L. (2015). The Mental Health Literacy Scale (MHLS): A new scale-based measure of mental health literacy. *Psychiatry Research*, 229(1-2), 511-516. https://www.sciencedirect.com/science/article/abs/pii/S0165178115003698

Organisation for Economic Co-operation and Development. (n.d.). *Measuring well-being and progress. OECD*. Retrieved April 22, 2025, from https://www.oecd.org/en/topics/measuring-well-being-and-progress.html

Organisation for Economic Co-operation and Development. (2024). *How's Life? 2024 Well-being and Resilience in Times of Crisis* [Report]. OECD. Retrieved April 22, 2025, from https://www.oecd.org/en/publications/how-s-life-2024_90ba854a-en/full-report.html

Orpana, H., Vachon, J., Dykxhoorn, J., McRae, L., & Jayaraman, G. (2016). Monitoring positive mental health and its determinants in Canada: the development of the Positive Mental Health Surveillance Indicator Framework. *Health Promotion and Chronic Disease Prevention in Canada*, 35(1). https://doi.org/10.24095/hpcdp.36.1.01

Peitz, D., Kersjes, C., Thom, J., Hoelling, H., & Mauz, E. (2021). Indicators for Public Mental Health: A Scoping Review. *Frontiers in Public Health*, 9. https://doi.org/10.3389/fpubh.2021.714497

Public Health Scotland. (2022). *Adult Mental Health Indicator resources.* Public Health Scotland. Retrieved April 22, 2025, from https://publichealthscotland.scot/publications/adult-mental-health-indicator-resources/

Public Health Scotland. (2022). *Children and Young People Mental Health Indicator resources.* Public Health Scotland. Retrieved April 22, 2025, from https://publichealthscotland.scot/publications/children-and-young-people-mental-health-indicator-resources/

Simões de Almeida, R., Trigueiro, M. J., Portugal, P., de Sousa, S., Simões-Silva, V., Campos, F., Silva, M., & Marques, A. (2023). Mental Health Literacy and Stigma in a Municipality in the North of Portugal: A Cross-Sectional Study. *International Journal of Environmental Research and Public Health*, 20(3318). https:// doi.org/10.3390/ijerph20043318

United Nations. (2018). *SDG Indicators — SDG Indicators.* UN Statistics Division. Retrieved April 22, 2025, from https://unstats.un.org/sdgs/indicators/indicators-list/

World Health Organization. (n.d.-a). *Promoting well-being.* World Health Organization (WHO). Retrieved April 22, 2025, from https://www.who.int/activities/promoting-well-being

World Health Organization. (n.d.-b). *European Action Network on Health Literacy for Prevention and Control of NCDs (HL NCD Network).* Europe. Retrieved April 22, 2025, from https://www.who.int/europe/groups/european-action-network-on-health-literacy-for-prevention-and-control-of-ncds-(hl-ncd-network)

World Health Organization. (2022). *Mental health.* World Health Organization. Retrieved April 22, 2025, from https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

Zoom Video Communications Inc. (2024). *Zoom* [Computer Software]. https://zoom.us/

EUROPEAN PUBLIC HEALTH ALLIANCE (EPHA)

Rue de Trèves 49-51 | 1040 Brussels (BELGIUM)

www.epha.org | epha@epha.org