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Western Finland Mental Health Survey 2011 Survey methods

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Carolina Herberts, Esa Aromaa, Kaj Björkqvist, Anna Forsman, Kjell Herberts, Johanna Nordmyr, Fredrica Nyqvist, Raimo Salokangas, Jyrki Tuulari, Kristian Wahlbeck

Western Finland Mental Health Survey 2011

Survey methods



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For more information on the Western Finland Mental Health Survey visit <http://www.thl.fi/mhsurvey>

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Preface

Three hospital districts in western Finland, i.e. the Vaasa, South Ostrobothnia and Central Ostrobothnia hospital districts, have since almost ten years implemented a programme to improve population mental health. In 2005, the three districts, with a total catchment area population of about 440,000 people, set up the Ostrobothnia Project with support from the government. The project aims at mental health promotion, prevention of mental disorders and substance use problems as well as developing mental health and addiction services, especially at primary care level.

To evaluate the project outcomes on population level, a postal survey has been performed at baseline in 2005 and every three years since that. In addition to the three intervention districts, the survey has been performed also in the Hospital District of Southwest Finland, to enable comparison with a non-intervention area. This report describes the survey methods and instruments, in order to provide technical background information for the outcome reports. It is my hope that the current report will help readers to assess and interpret our published and forthcoming outcome reports. Published reports so far are listed in Appendix 4.

The population survey has largely been funded by the four above mentioned hospital districts, with additional support from the Pirkanmaa Hospital District's EVO special government funding.

The population survey has been planned, implemented and analysed by a dedicated multi-disciplinary team of researchers. Many of them are co-authors of this report. My thanks go to the highly motivated survey research team, but also to all the respondents who have participated in the three rounds of the Western Finland Mental Health Surveys without aspiring for personal gain.

Kristian Wahlbeck

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Abstract

Carolina Herberts et al. Western Finland Mental Health Survey 2011: Survey methods. National Institute for Health and Welfare (THL). Report 39/2012. 51 pages. Tampere, Finland 2012.

This report aims to describe the regional population survey on mental health performed in 2011 and to introduce the questions and survey instruments included. The survey was a continuation of the population surveys carried out in 2005 and 2008.

A large scale development project for the mental health and substance abuse services, the Ostrobothnia Project, has been implemented since 2005 by the hospital districts of the Ostrobothnia, South Ostrobothnia and Central Ostrobothnia regions. In addition, the regional project 'Pohjalaiset masennustalkoot' to promote identification and management of depression was established by the Vaasa and South Ostrobothnia hospital districts and implemented in the area in 2004–2007. Both projects were co-funded by the Finnish Ministry of Social Affairs and Health. To lay the basis for an evaluation of the outcome and effectiveness of these projects, a baseline population survey was performed in spring 2005. The aim of the survey was to assess the status prior to implementing the project interventions. Sequel surveys were conducted in spring 2008 and 2011. The random population sample constituted of 5000 persons aged 15 to 80 from the intervention area and another 5000 persons of the same age from the hospital district of Southwest Finland, which was set as a control area. The number of inhabitants and the demography of the Southwest Finland region can be considered similar to the intervention area.

The survey was set to collect information about mental health determinants, respondents' mental health, their attitudes towards mental disorders and their use and experience of mental health and substance abuse services. Age, gender, municipality, marital status, basic education, the most advanced degree of education, current main activity and activities in associations and societies were set as background questions. Standardized survey instruments were used in the questionnaire to define different indicators related to mental health. The Pearlin's Sense of Mastery scale was used as an indicator for positive mental health and coping abilities. The Oslo-3 instrument was used to define social support. Exposure to physical abuse during childhood was measured with the Brief Corporal Punishment Scale (BCPS). Three items from the RAND 36-item health survey were used to define role limitations due to emotional problems. Respondents' psychological distress was measured with the General Health Questionnaire (GHQ-12) scale and alcohol problems with the CAGE test. The Lie/Bet tool was included as a screening instrument to rule out possible pathological gambling behaviours. Questions based on the Composite International Diagnostic Interview Short Form (CIDI-SF) were used for assessing prevalence of major depressive disorder. The questions/statements describing schizotypal features were taken from the Schizotypal Personality Questionnaire (SPQ). Use of social and health care services for mental health or alcohol problems was studied with the same questions used in the Finnish Health Examination Study Health 2000. One of the questions included in this survey for measuring aspects of social capital was also used in the Health 2000 study. Respondents' attitudes towards mental health disorders as well as their knowledge of mental health were examined with questions that were partly constructed for this survey.

The survey response rate was 46.2 per cent. The Vaasa Hospital District had the highest response rate (50.4 %) whereas the Central Ostrobothnia district had the lowest rate (40.8 %). An obvious gender difference was also noted with regards to response rates; 52.7 per cent of women responded to the questionnaire but only 39.6 per cent of men. A higher proportion of Swedish speaking respondents participated in the survey (54.6 %) compared to Finnish speaking respondents (46.1 %). The age group 61-70 years had the highest response rate (63.3 %) and the 21-30 year age group the lowest (33.4 %). The final dataset is adjusted for age, gender, language, and hospital district.

Keywords:

population survey, mental health, mental disorder, depression, attitude study, method description, evaluation study

Tiivistelmä

Carolina Herberts ym. Western Finland Mental Health Survey 2011: Survey methods [Länsi-Suomen mielenterveyskysely 2011: Menetelmäraportti]. Terveyden ja hyvinvoinnin laitos (THL). Raportti 39/2011. 51 sivua. Tampere, 2012.

Menetelmäraportin tavoitteena on kuvata vuonna 2011 suoritettua mielenterveyttä koskevaa alueellista väestökyselyä ja siinä käytettyjä kysymyksiä ja mittareita. Kysely oli jatkoa vuonna 2005 ja 2008 suoritetuille väestökyselyille.

Vaasan, Etelä-Pohjanmaan ja Keski-Pohjanmaan sairaanhoitopiirien alueella aloitettiin vuonna 2005 laaja mielenterveys- ja päihdetyön kehittämishanke, Pohjanmaa-hanke. Lisäksi vuosina 2004–2007 toteutettiin Vaasan ja Etelä-Pohjanmaa sairaanhoitopiirien yhteishanke Pohjalaiset masennustalkoot. Molempiin hankkeisiin saatiin rahoitusta myös sosiaali- ja terveysministeriöstä. Hankkeiden tavoitteiden toteutumista arvioidaan erillisellä arviointitutkimuksella, johon sisältyy mielenterveyttä koskeva väestökyselytutkimus. Väestökyselyllä kartoitettiin lähtötilannetta ennen kehittämishankkeita vuonna 2005, ja kysely toistettiin keväällä 2008 ja 2011. Kunakin vuonna kyselylomake lähetettiin yhteensä 5000 satunnaisotannalla valitulle 15–80 -vuotiaalle henkilölle Pohjanmaa-hankkeen alueella. Vertailuasetelman luomiseksi sama lomake lähetettiin 5000 henkilölle myös Varsinais-Suomen sairaanhoitopiirissä, joka on väestöpohjaltaan ja asukasluvultaan samankaltainen kuin projektialue.

Kyselyllä pyritään saamaan kokonaiskuva pohjalaisten mielenterveydestä, mielenterveyteen vaikuttavista tekijöistä, mielenterveys- ja päihdepalveluiden käytöstä sekä asennoitumisesta mielenterveyshäiriöihin. Kyselyssä käytettyjä taustamuuttujia ovat ikä, sukupuoli, kotikunta, siviilisääty, peruskoulutus, korkein koulutus, pääasiallinen toiminta ja yhdistystoiminta. Kyselylomakkeessa on standardoituja kyselymittareita, kuten Pearlinin Sense of Mastery -asteikko, jolla mitataan vastaajien elämänhallinnan tunnetta. Sosiaalisen tuen mittarina käytettiin Oslo 3 -mittaria. Altistuminen fyysiselle kuritukselle lapsuudessa kysyttiin lyhyellä tätä varten kehitetyllä asteikolla. Psykkistä toimintakykyä mitattiin RAND-36 terveyskyselyn kolmella psykkistä roolitoimintaa mittaavalla kysymyksellä. Psykkistä kuormittuneisuutta kartoitettiin General Health Questionnaire (GHQ-12) -mittarilla ja alkoholiongelmia kartoitettiin CAGE -mittarilla. Lie/Bet-mittari sisällytettiin peliongelmiin seulomiseksi. Masennustilan esiintyvyyttä arvioitiin Composite International Diagnostic Interview Short Form (CIDI-SF) mittariin pohjautuvilla kysymyksillä. Psykoosiipireiteitä kartoitettiin tietyillä Schizotypal Personality Questionnaire (SPQ) -mittarin kysymyksillä. Mielenterveysongelmiin ja päihteisiin liittyvää sosiaali- ja terveyspalvelujen käyttöä sekä sosiaalista pääomaa mittaava luottamus toisiin ihmisiin tutkittiin Terveys 2000 -tutkimuksen kysymyksillä. Vastaajien asenteita ja tietämystä mielenterveydestä selviteltiin osittain tätä kyselyä varten kehitetyillä kysymyksillä.

Väestökyselyn kokonaisvastausprosentti oli 46,2. Vaasan sairaanhoitopiirissä oli korkein vastausprosentti (50,4 %) ja Keski-Pohjanmaan sairaanhoitopiirissä oli matalin vastausprosentti (40,8 %). Sukupuolten vastausaktiivisuudessa on selvä ero. Miesten vastausosuus on vain 39,6 prosenttia naisten vastausosuuden noustessa 52,7 prosenttiin. Ruotsinkielisten vastausprosentti oli 54,6, suomenkielisten prosentin jäädessä 46,1 %:iin. Ikäryhmistä 61–70-vuotiaat olivat kaikkein aktiivisimpia vastaajia (63,3 %) ja 21–30-vuotiaat vähiten aktiivisia (33,4 %). Kyselyn tuottamat tietokanta painotettiin ikäjakauman, sukupuolen, kielen ja sairaanhoitopiirin suhteen tulosten yleistämiseksi koko yli 15 vuotta olevan väestön suhteen.

Avainsanat:

väestökysely, mielenterveys, mielenterveysongelma, masennus, asennetutkimus, menetelmäkuvaus, arviointitutkimus

Sammandrag

Carolina Herberts m.fl. Western Finland Mental Health Survey 2011: Survey methods [Enkät om psykisk hälsa i västra Finland: Metodbeskrivning]. Institutet för hälsa och välfärd (THL). Rapport 39/2012. 51 sidor. Tammerfors, Finland 2012.

Metodrapportens syfte är att beskriva den år 2011 utförda enkäten om psykisk hälsa i västra Finland och de frågor och mätinstrument som användes. Enkätundersökningen var en fortsättning på de befolkningsenkäter som utfördes åren 2005 och 2008.

I Syd-Österbottens, Vasa och Mellersta Österbottens sjukvårdsdistrikt genomförs sedan 2005 ett brett upplagt utvecklingsarbete av mentalvårds- och missbruksarbetet i Österbotten, det s.k. Österbottenprojektet. I Vasa och Syd-Österbottens sjukvårdsdistrikt genomfördes åren 2004–2007 även samprojektet Österbottniska depressionstankot. Båda projekten har delfinansierats av social- och hälsovårdsministeriet. För att utvärdera projekten utförs en evaluering, som även omfattar den aktuella enkäten om psykisk hälsa. Enkäten utfördes första gången våren 2005 för att utreda utgångsläget före effekten av ovan nämnda utvecklingsprojekt. Upprepningar gjordes våren 2008 och 2011. Ett frågeformulär postades till sammanlagt 5000 slumpmässigt utvalda personer i åldern 15–80 år i de tre sjukvårdsdistrikten. Enkäten sändes även till ett stickprov omfattande 5000 personer i åldern 15–80 år i Egentliga Finlands sjukvårdsdistrikt, som till befolkningsunderlag och invånarantal liknar området i Österbotten och fungerar som jämförelseområde i evalueringen av de österbottniska projekten.

Enkäten gjordes för att utreda österbottningarnas psykiska hälsa, den psykiska hälsans bestämningsfaktorer, attityder till psykisk ohälsa samt användning och erfarenheter av mental- och missbrukarvården. Bakgrundsfaktorer som inkluderades i formuläret var respondentens ålder, kön, hemkommun, civilstånd, grundutbildning, högsta utbildning, huvudsakliga verksamhet och föreningsaktivitet. I frågeformuläret ingick standardiserade enkätinstrument, såsom Pearlines skala för bedömning av känsla av bemästring (Sense of Mastery). Socialt stöd mättes med Oslo 3-instrumentet. Fysiska övergrepp under barndomen mättes med skalan Brief Corporal Punishment Scale (BCPS). För bedömning av funktionsförmåga användes tre frågor om psykisk rollbegränsning ur hälsoenkäten RAND-36. Psykisk belastning kartlades med instrumentet General Health Questionnaire (GHQ-12) och för kartläggning av alkoholproblem användes mätaren CAGE. Frågeinstrumentet Lie/Bet användes för att sälla fram spelberoende. Förekomsten av depression utreddes med frågor baserade på instrumentet Composite International Diagnostic Interview Short Form (CIDI-SF). Drag av schizotyp personlighetsstörning mättes med ett urval frågor från Schizotypal Personality Questionnaire (SPQ). Användningen av hälsovårdstjänster för psykisk ohälsa och användningen av hälso- och socialtjänster för alkoholproblem utreddes med frågor som även använts i Hälsa 2000-undersökningen. Misstro, en aspekt av socialt kapital, mättes likaså med en fråga som använts i Hälsa 2000. Respondenternas kunskapsnivå i mentalvårdsfrågor och deras attityder gentemot psykisk ohälsa kartlades delvis med frågor som utvecklats för denna enkät.

Enkätens svarsprocent uppgick till 46,2 procent. Högst var responsen i Vasa sjukvårdsdistrikt (50,4 %) och lägst var svarsprocenten i Mellersta Österbottens sjukvårdsdistrikt (40,8 %). En klar skillnad i svarsbenägenhet finns mellan könen. Männen svarsandel uppgår till endast 39,6 %, medan kvinnornas svarsandel är 52,7 %. Svenskspråkiga uppnår en svarsprocent på hela 54,6 %, medan finskspråkigas andel stannar på 46,1 %. Ålderssegmentet 61-70-åringar uppvisar den högsta svarsbenägenheten (63,3 %) och 21-30 åringar den lägsta (33,4 %). Enkät databasen är viktad utgående från ålder, kön, språk och sjukvårdsdistrikt för att göra resultaten mera representativa för hela målgruppen.

Indexord:

befolkningsenkät, mental hälsa, psykisk ohälsa, depression, attityder, metodbeskrivning, evaluering

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Background

The Ostrobothnia project (<http://www.pohjanmaahanke.fi/Default.aspx?id=519312>) is a joint mental health and substance abuse development project by South Ostrobothnia, Vaasa and Central Ostrobothnia hospital districts, as well as the social care competence centre SONet Botnia and the 43 municipalities of the region.

The Ostrobothnia Project aims to meet the challenges of mental health problems and substance abuse recognised by the Health 2015 Public Health Program, the National Development Programme for Social Welfare and Health Care (Kaste) and the National Alcohol Program, as specified by the key areas. The project also supports the objectives of the national mental health and substance abuse prevention plan, a.k.a. Mieli 2009. (Ministry of Social Affairs and Health 2010)

The Ostrobothnia Project started in 2005 with financial support from the Ministry of Social Affairs and Health (STM). Also with the support of the STM, in Vaasa and South Ostrobothnia hospital districts the project "Pohjalaiset masennustalkoot" ("the Ostrobothnian depression project") was developed, which worked towards prevention and early identification of depression and improvement of treatment and rehabilitation. This project also spread to the Central Ostrobothnia hospital district and was combined with the Ostrobothnia project in 2007. The depression project included a public information campaign on depression, which aimed to increase awareness of depression and self-help support, improve attitudes towards mental health disorders and enhance routes to receiving help.

The Ostrobothnia Project is a diverse and broad regional development project, which aims to develop mental health care and substance abuse work to promote the welfare of the population. The remit of the project is determined in accordance with the Finnish Mental Health Act (Mental Health Act 1990), and thus consists of mental health promotion, prevention of mental disorders as well as development of mental health care for treatment and rehabilitation. Substance abuse work of the project is based on the Act on Welfare for Substance Abusers and includes promotion of abstinence, prevention of problems, treatment and rehabilitation.

The aim of the project is to provide a clearly described and piloted regional model of mental health care and substance abuse work for national use. For this purpose, the project has developed comprehensive mental health care and substance abuse services regionally and locally. The six key principles of the implementation of the project are of community, participation, timeliness, planning, visibility and accountability. In order to accomplish changes a more positive attitude, a better know-how and a review of the service structure are required.

Evaluation, which includes process as well as outcome evaluation, is an integral part both of the Ostrobothnia project and the Ostrobothnian depression project. The process evaluations of the Ostrobothnia project's first (2005-2007) and second phase (2007-2009) have been reported separately (Vuorenmaa & Löytty 2008; Seppälä et al. 2011). The outcome evaluation includes analysis of the effectiveness of the projects with regards to mental health determinants, population mental health, attitudes towards mental health and the use of services. The outcome evaluation is partly based on routinely collected administrative data and partly on the Western Finland Mental Health Survey which is described in this methodology report.

The project outcome will be analysed by comparing the psychosocial work and welfare development in the project area with a control region, i.e. Southwest Finland, and with the development in the whole country. The outcome evaluation takes into account both the indicators of the project (i.e. mental health and substance abuse strategy work status, implementation of first aid mental health training, staff resources within preventive mental health and substance abuse work and service level) and the desired results (i.e. alcohol sales, young people's mental health, sick leave due to psychological reasons, outpatient services, suicide and alcohol- or drug related deaths). The outcome evaluation base is modified every third year as the Western Finland Mental Health Survey is carried out to collect information on project outcomes.

This population survey was carried out for the first time in spring 2005. The initial sampling, survey and analysis methods have been described previously (Herberts et al. 2006) and several reports of the results have been published. The first survey was followed by a sequel in spring 2008 (Forsman et al. 2009).

Questions on mental health and substance abuse awareness were added to the 2008 survey and clarifications of some questions were made as well as amendments to some answer options. To preserve the comparability of the questionnaires, the changes were, however, minimal. The sampling, survey and analysis methods have also been reported for the 2008 survey (Forsman et al. 2009).

The second sequel to the original postal survey was conducted in spring 2011. In 2011, questions on gambling habits, corporal punishment in childhood and schizotypal personality traits were added to the questionnaire. This report describes the sampling and methodology of the 2011 survey. According to the evaluation plan of the Ostrobothnia project, the following and final survey will be performed in the spring of 2014.

Method and response rate

The aims of the survey and the methods used

The Western Finland Mental Health Survey aims to evaluate the outcome of the Ostrobothnia Project, but also to monitor mental health resources, risk factors, attitudes and service use in the population. It aims to emphasise measurement of social determinants, attitudes and mastery. In this sense the Western Finland Mental Health Survey is not a traditional mental health epidemiologic survey, as they tend to focus on morbidity. The principle of the citizens' perspective is reflected in both the covering letter and the choice of questions.

In general, population surveys' response rates have declined over time. Even though mental health and substance abuse problems are common, they are also linked with strong prejudices and stigmatizing attitudes, which may further impact the willingness to respond. To avoid a further possible decline in response rates, questions on illegal drug use were excluded from the questionnaire.

To enhance response rate a short questionnaire was aimed at. The selection of measures was based to their validity and reliability, in addition to their clarity and length. The majority of questionnaire items and scales selected allow for direct comparability with Finnish and international studies.

The collected information includes socio-demographic background variables in addition to the individual's psychological as well as community resources, mental health problems and use of health and social services. Depressive disorder was given special attention, as in Finland and globally alike it is major public health challenge. Information about attitudes was collected due to their crucial role in help-seeking and in the development, maintenance and use of services. In 2005, 2008 and 2011 the questionnaire ended with open questions, which aims to provide respondents an opportunity to voice their thoughts.

The target group

The population survey was targeted at individuals in the age group 15-80 years in the study area and control area. In the 2005 sample the respondents were born 1925 to 1989, in the 2008 sample they were born from 1928 to 1992, and in the 2011 sample they were born 1931-1995. The study area consists of Vaasa, Central Ostrobothnia and Southern Ostrobothnia hospital districts. The catchment area of three hospital districts forming the study area has a population of 439 200 inhabitants living in 43 separate municipalities. The control area was the hospital district of Southwest Finland, comprising 468 000 inhabitants, divided in 29 municipalities.

The South Ostrobothnia hospital district consists of 20 Finnish-speaking municipalities: the central area of the region, Seinäjoki (58 000 inhabitants) and the municipalities Alajärvi, Alavus, Evijärvi, Ilmajoki, Isojoki, Isokyrö, Jalasjärvi, Karijoki, Kauhajoki, Kauhava, Kuortane, Kurikka, Lappajärvi, Lapua, Lehtimäki, Soini, Teuva, Töysä, Vimpeli, Ylistaro and Ähtäri. Of the three hospital districts comprising the study area, the South Ostrobothnia region is the largest with a population of almost 200 000.

Vaasa hospital district includes 14 municipalities, with a population of 165 000. A third of the inhabitants (approximately 60 000) live in the city of Vaasa. Linguistically, the region differs from most other hospital districts in the country as the Finnish and Swedish-speaking population is divided almost equally; the proportion of Swedish speakers is slightly higher (51 %). The hospital district consists of three completely Swedish-speaking municipalities (Korsnäs, Larsmo and Närpes), eight bilingual municipalities with a Swedish-speaking majority (Jakobstad/Pietarsaari, Korsholm/Mustasaari, Kristinestad/Kristiinankaupunki, Malax/Maalathi, Nykarleby/Uusikaarlepyy, Pedersöre and Vörå/Vöyri), two bilingual municipalities with a Finnish-speaking majority (Kaskinen/Kaskö and Vaasa/Vasa) as well as three fully Finnish-speaking municipalities (Jurva, Laihia and Vähäkylä).

The Central Ostrobothnia (Kiuru) hospital district is also a bilingual region. There are two bilingual municipalities within the district (the city of Kokkola/Karleby and Kruunupyy/Kronoby) and the remaining 7 municipalities are Finnish-speaking (Halsua, Kannus, Kaustinen, Lestijärvi, Perho, Toholampi and Veteli). The number of inhabitants is 75 000, of whom 46 000 live in Kokkola.

Business and industry in the three hospital districts are structurally quite similar. Agricultural, industrial and service sectors are rather equally represented. The distances between services are relatively short, as the municipalities are fairly small and the services have so far been situated locally to the inhabitants.

To enable comparison with a non-intervention control area, collaboration with the Hospital District of Southwest Finland was undertaken. The survey was hence also distributed in the Southwest Finland hospital district, because the area with almost 470 000 inhabitants and 29 municipalities can be compared to the three hospital districts in Ostrobothnia. The central area of the Southwest Finland hospital district is Turku, with a population of 177 000 inhabitants. The other municipalities in the region are relatively small. A random sample of 5 000 persons from Southwest Finland was chosen for the survey¹.

The study sample was constructed by applying stratified random sampling. Stratification was performed for hospital district. A sample of individuals aged 15 to 80 years was requested from the population information system of the Population Register Centre as follows: 2 000 from the South Ostrobothnia hospital district, 2 000 respondents from the Vaasa hospital district, 1 000 from the Central Ostrobothnia hospital district and 5000 from the hospital district of Southwest Finland. The stratified sampling reflected the catchment area population of the hospital districts. The requested information from the population register was first and last name, year of birth, mother tongue and permanent address.

These four hospital districts represent 17 per cent of the population in Finland with a total of 900 000 inhabitants. In general, the sample represents a very wide range of Finnish municipalities: from small rural areas in the archipelago and countryside with populations of a few hundred people to middle sized more urban areas and a few larger cities. The municipalities even vary linguistically: three completely Swedish speaking municipalities, 12 bilingual municipalities and 60 fully Finnish speaking municipalities.

An extensive structural reform aiming to reduce the number of municipalities is underway in Finland in. The number of municipalities in the survey areas decreased from 111 in 2008 to 72 in 2011. The total number of municipalities in the country is currently 336. In the future, provision of health care services is likely to be more centralised than now due to a reduced number of municipalities, but it is unlikely that this process of change has yet influenced the survey data.

The sample

Prior to the actual questionnaire being sent out, advance information (in the form of a postcard) was posted to the sample of respondents. The information, which was written in Finnish and Swedish, related to the research and the questionnaire that would follow. A link to the survey website was provided for further information.

¹ In addition to Turku/Åbo, the bilingual municipalities are Kimioön/Kemiönsaari and Västaboland/Länsi-Turunmaa. The Finnish speaking municipalities are in alphabetical order Aura, Kaarina, Koski, Kustavi, Laitila, Lieto, Loimaa, Marttila, Masku, Mynämäki, Naantali, Nousiainen, Oripää, Paimio, Punkalaidun, Pyhärinta, Pöytyä, Raisio, Rusko, Salo, Sauvo, Somero, Taivassalo, Tarvasjoki, Uusikaupunki and Vehmaa.

Two weeks following this information the questionnaires (appendices 1, 2 & 3) enclosed in the hospital districts' marked envelopes were sent out. The envelope contained the questionnaire in the respondent's mother tongue. A total of 246 individuals (2.5 %) had another mother tongue than Finnish or Swedish of whom 169 lived in Southwest Finland hospital district. These respondents received the questionnaire in the language of the majority of the residents in the municipality in addition to information on how to request an English version of the questionnaire.

The National Institute for Health and Welfare (THL) published information on the survey on their website, where background information about the study and contact information could be found. The website was available in three language versions (Finnish, Swedish and English).

In addition to the questionnaire and a return envelope, the respondents received a pen sponsored by THL. Whether enclosing a pen affected the response rate remains uncertain but it was clearly noted. Many of the respondents thanked for the pen and some even returned it in their return envelope. Follow-up cards which thanked those who had already submitted the questionnaire and reminded those who had not yet participated to do so were also sent to the sample.

The main bulk of information cards were sent by post in the end of February 2011. The actual questionnaires were posted a couple of weeks later. The majority of the questionnaires were returned during March. The Social Science Research Institute of Åbo Akademi University in Vaasa was responsible for posting the material, coding the data and undertaking the preliminary analysis.

Response rates

Although the response rate achieved can be considered acceptable by international standards, it is noticeable that it has gradually declined from the first survey in 2005. This decreased response rate does, however, exist in all responder categories, which means that response profiles across various measurements have not changed significantly. In view of the interpretation, the use of weighting is, nonetheless, important.

The response rate of population postal surveys has decreased in the last 50 years. Nowadays a 50 % response rate is regarded as acceptable and in some instances even good. The response rate is generally directly related to how important respondents perceive the survey topic (Frankfort-Nachmias & Nachmias 1992, Tourangeau et al. 2000, Groves et al. 2001, Presser et al. 2004, Bishop 2005).

A lower response has been observed in many other similar citizen surveys in recent years. In the Gerda Botnia survey, which is targeted at older people in Västerbotten in Sweden and Ostrobothnia in Finland, the response rate decreased between 2005 and 2010 in a proportionally similar manner.

A lower response rate can be explained by people's increased mobility (time of collection of responses tends to increase), less authoritarianism (academic research has previously had higher status), increased concern of own integrity and resistance to opinion polls (in protest against a "Big Brother" society). Relatively modest coverage of the survey in local media may also have contributed to a weaker interest in comparison with earlier surveys.

It is possible to follow up the non-responders in a survey by identification numbers on the return envelope or questionnaire. The advantage of this method is that reminder letters can be sent to those who have not returned their questionnaire. The disadvantage is that many respondents feel that they are identifiable and hence either modify their answers or withstand from participating in the survey. The risk of this occurring increases in line with the sensitivity of the questions. In this survey many of the questions could be perceived as intrusive and sensitive, which is why the use of identification numbers was avoided. In order to increase response rate advance information was initially sent out followed by the questionnaires. Reminder cards were sent to everybody in the study sample. Due to the decline in response rates, future surveys might, nevertheless, consider using more effective follow-up protocols such as the use of identification numbers, reminders and even contacting non-responding participants by phone.

Table 1. The original sample, the adjusted sample, number of responses 2011 and response rates 2011, 2008 and 2005 according to hospital district.

Hospital district	Sample	Adjusted sample	Number of responses	Response rate in percentage 2011 (2008; 2005)
Vaasa hospital district	2 000	1994	1004	50.4 (55.9; 57.3)
Central Ostrobothnia hospital district	1 000	998	407	40.8 (52.5; 54.0)
South Ostrobothnia hospital district	2 000	1993	845	42.4 (52.6; 54.4)
Total – Ostrobothnia	5 000	4985	2256	45.3 (53.9; 55.5)
Southwest Finland hospital district	5 000	4992	2362	47.3 (49.3; 55.1)
TOTAL	10 000	9977	4618	46.2 (51.6; 55.2)

A few unopened envelopes were returned. About a dozen people called the contact number to provide information regarding a respondent's illness or other inability to complete the questionnaire. These were excluded from the sample and are reflected in the adjusted sample.

Some individuals who do not participate in questionnaires out of principle also called the contact number. This type of negative feedback was, however, marginal.

Although the profiles of respondents across the board appeared similar, differences in activity rates in relation to background variables (hospital district, gender, age and mother tongue) should be inspected more closely. Since identification numbers were not used, it was not possible to create a profile of respondents at an individual level but rather for the whole sample. Whether the person who completed the questionnaire is the individual whom the survey was sent to cannot be determined for certain. By comparing the number of respondents to the proportion of sent out questionnaires, it is, nonetheless, possible to get a reliable picture of the representativeness of the sample.

Response rates by municipality

It is possible that some respondents perceived the questions as intrusive, and have therefore wanted to ensure anonymity. This may be the reason for the low response rates in some of the smaller municipalities: sex, age, education and municipality may be sufficient to identify respondents in small municipalities. Nearly five per cent of the survey respondents did not reveal their municipality.

Response rates by age

When the response rates of the population survey are examined more closely, the differences between the age groups become apparent. The group with the highest response rate was the 61-70 year olds, while the older and younger individuals were not as active in completing the questionnaire. There were no big demographic differences between the hospital districts or between Ostrobothnia and Southwest Finland.

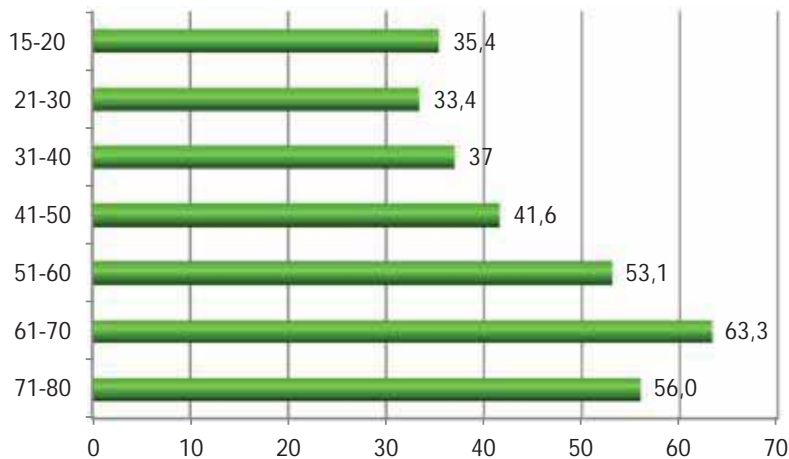


Figure 1. Response rates by age (%).

Response rates by gender

Considerable differences in response rates were found between genders and between language groups. Women are generally more active in participating in surveys as there is usually a five per cent difference in response rate between the genders in population studies.

In this population survey the difference was substantially higher with 52.7 per cent of women and 39.6 per cent of men completing the questionnaire. It is obvious that these types of questionnaires interest or affect women more than men, who seem to have greater difficulties in approaching the subject.

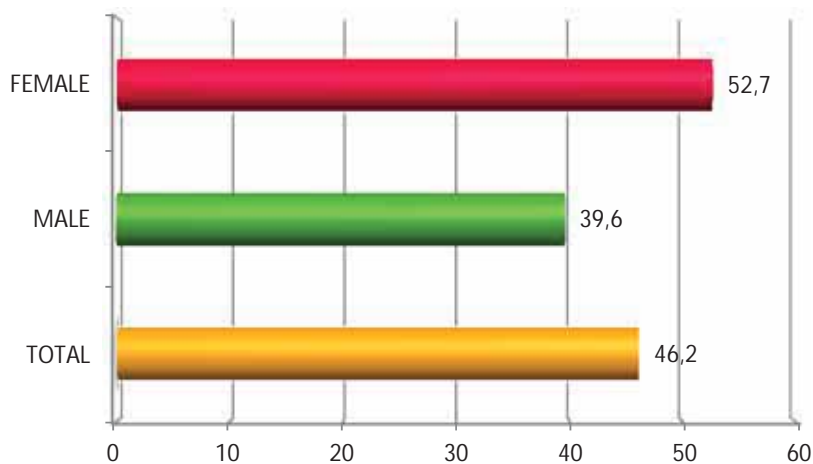


Figure 2. Response rates by gender (%).

Response rates by language

The Finnish and Swedish speaking samples also differed: the Finnish-speaking response rate was 46.1 per cent and the Swedish-speaking response rate 54.6 per cent.

In contrast to many other European countries, Finland has experienced a relatively late rise in immigration levels. In accordance with Finnish language law, language registration is applied to all residents in

Finland, regardless of citizenship. This means that information and questionnaires can be provided in the languages of minorities and migrants as well as in the country's official languages of Finnish and Swedish. As a group, migrants require mental health care at least to the same extent as the Finnish population in general. Some migrants, however, such as refugees and job seekers, are probably in greater need of support measures from society.

The sample therefore was not restricted to respondents whose mother tongue was Finnish or Swedish. From the sample of 10 000 people, 358 (3.5 %) had another language as their mother tongue. A total of 54 languages were represented, of which the most common were Russian (71), Estonian (47) Kurdish (20) and English (18).

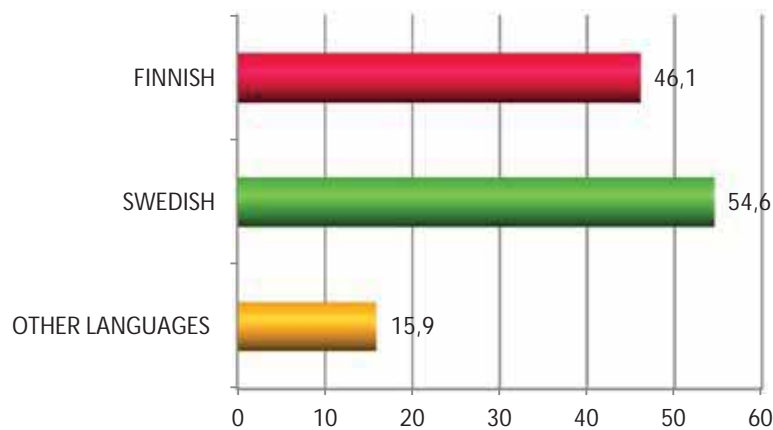


Figure 3. Response rates by language (%).

Within the otherwise completely Finnish or Swedish questionnaires there was an information box in English explaining the possibility of ordering an English form by telephone or e-mail. Only a few used this opportunity. In total, just fewer than 16 per cent of the sample with another mother tongue participated in the survey, which was probably due to poor knowledge of Finnish, Swedish and English. It could also be considered that different cultural persuasions regarding participation in an intrusive survey of mental health decreased responsiveness. Face to face interviews might therefore provide a more effective method of canvassing this heterogeneous group, and THL has initiated a separate health interview survey of Russian, Somali and Kurdish migrants in Finland (Castaneda & Gaily 2011).

The complete survey data material has been weighted in order to balance the uneven response rates within different parts of the population. The background variables gender, age and language have been weighted against the population sample and the four hospital districts have been weighted against their respective demographic base. Consequently, each respondent has received a specific aggregated weight according to these four criteria.

This means that a response category with a low response rate, e.g. a man in his 20s with a mother tongue other than Swedish or Finnish has been given a considerably upgraded weight; while a Swedish speaking woman in her 60s has been given a downgraded weight.

The significant number of responses to the open question indicates that people perceive mental health issues as important. Of 4 622 respondents in 2011, 35 per cent provided comments on the last open ended question which offered participants the opportunity to give comments or thoughts on the survey.

The questionnaire

The questionnaire² consisted of 38 questions of which the majority were multiple-choice. The total number of variables amounted to approximately 150. The demographic background questions included age, gender, municipality of residence, years in current living location, mother tongue, marital status, number of people in the household, basic education, highest level of education, occupation, and associational activity.

The instruments and scales used

The language versions of the questionnaire are attached as Appendix 1 (in English), Appendix 2 (in Finnish) and Appendix 3 (in Swedish). The survey instruments utilised are briefly presented below.

1. Sense of Mastery

Pearlin's (Pearlin & Schooler 1978) Sense of Mastery scale with its seven statements was used as an indicator for positive mental health and coping abilities. A sense of mastery is a vital psychological resource in stressful situations (Pearlin et al. 1981). Conceptually, sense of mastery can be regarded as a measure of positive mental health as well as a protective determinant of mental health problems.

The following seven statements form the Sense of Mastery scale, which was included in the survey:

12. The following statements concern your experience of your ability to control and master things in your life. Choose the alternative that best describes yourself.

	Strongly agree	Agree	Disagree	Strongly disagree
a. I have little control over the things that happen to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There is really no way I can solve some of the problems I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. There is little I can do to change many of the important things in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I often feel helpless in dealing with the problems of life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sometimes I feel that I'm being pushed around in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. What happens to me in the future mostly depends on me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I can do just about anything I really set my mind to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The scale was scored as follows:

Statements a–e: 'strongly agree' (1), 'agree' (2), 'disagree' (3), 'strongly disagree' (4).

Statements f–g: 'strongly agree' (4), 'agree' (3), 'disagree' (2), 'strongly disagree' (1).

The total score was obtained by summing up the item scores. As reported in previous research (Stephens et al. 2000), a good sense of mastery was defined for a total score of 23 or higher.

The scale was originally developed for interviews in Pearlin's study of stress and mechanisms for coping with stress (Pearlin & Schooler 1978), but has later been used in population studies, such as the longitudinal Canadian National Population Health Survey (1994/95 (Wilkins & Beaudet 1998), 2000/01, 2002/03, 2004/05, 2006/07 and 2008/09) and in the United States in the National Longitudinal Cohort

² The questionnaire was designed by members of a project group including professor Kristian Wahlbeck (THL, Helsinki), professor Kaj Björkqvist (Åbo Akademi University, Vaasa), researcher Kjell Herberts (Åbo Akademi University, Vaasa), professor Raimo Salokangas (University of Turku), senior researcher Fredrica Nyqvist (THL, Vaasa), project coordinators Esa Aromaa (Vaasa hospital district) and Jyrki Tuulari (South Ostrobothnia hospital district) and doctorate students Anna Forsman (Nordic School of Public Health, Gothenburg and THL, Vaasa) and Johanna Nordmyr (Åbo Akademi University, Vaasa and THL, Vaasa). Coding of the questionnaires was carried out by Siv Herberts and Emma-Lena Lybäck, who are both familiar with coding of similar projects and with the thematic questions.

Surveys. In the National Longitudinal Survey of Youth which started in 1979 (NLSY79, n = 12 686), sense of mastery data was collected in 1992 using the Pearlin Sense of Mastery scale. In the NLSY79 Young Adult Study children (n = 8 323) of the members of the original NLSY79 cohort have been followed up by interviews from age 15 at two years intervals (in 1994, 1996, 1998, 2000, 2002, 2004, 2006, 2008 and 2010) with the Pearlin Sense of Mastery scale. An abbreviated version of the scale including only five statements has been used in a comparative telephone survey funded by the European Commission (Korkeila et al. 2003).

Research has revealed a correlation between a weak sense of mastery and later depression (Colman et al. 2011) and health status in general among young Americans (Caputo 2003). Analysis of the Canadian population survey in 1994/95 (n = 17 626) found that men exhibited a greater sense of mastery (Stephens et al. 2000). The age of the participants was ≥ 18 years and the results indicated that sense of mastery was reduced as age increased. Nearly a quarter of the participants were found to have a good sense of mastery (a score of ≥ 23). The analysis implied that there is a strong correlation between actual stress load and a weakened sense of mastery. Weaker social support and reports of traumatic events in childhood were also associated with a reduced sense of mastery, while a higher education was linked with a stronger sense of mastery.

In the Canadian 1994/95 population survey the reliability of the scale was satisfactory (Cronbach's $\alpha = 0.76$) (Wilkins & Beaudet 1998). The psychometric properties of the Swedish version of the scale have recently been extensively analysed by Eklund et al. (2012).

Antonovsky's sense of coherence scale (Antonovsky 1993) represents an alternative measure of psychological resources. The scale comprises 13 questions which have been used for instance in the Finnish Health 2000 study (Aromaa & Koskinen 2004) and in the Canadian National Population Health Survey (Stephens et al. 2000) and has been assessed in extensive reviews (Eriksson & Lindström 2005, Eriksson & Lindström 2006). However, in the current survey we settled for the shorter Sense of Mastery scale by Pearlin in an attempt to avoid an overtly long questionnaire.

2. Perceived social support

In the Western Finland Mental Health Survey the OSS-3 scale is used to measure social support. The Oslo 3-item Social Support Scale (OSS-3) (Brevik & Dalgard 1996) is the result of statistical analyses of a total sample of 1717 adults above the age of 17 from different types of neighbourhoods in Norway (suburban, industrial, rural and coastal). The data were collected by postal questionnaires as part of health profile surveys with focus on mental health and psychosocial variables. The response rate was 60-75 %. Perceived social support was measured using 12 questions covering family, friends and neighbourhood. To identify which single items did explain most of the variance in mental health, multiple linear regression analysis was carried out. The results indicated that the three items, now constituting the OSS-3 scale, explained most of the variance in the mental health measure used.

The OSS-3 instrument below was included in the questionnaire:

The following questions concern your social relationships

13 a. How many people are so close to you that you can count on them if you have serious personal problems?

- None 1 or 2 3 – 5 More than 5

b. How much concern do people show in what you are doing?

- A lot of concern and interest Some concern and interest Uncertain
 Little concern and interest No concern and interest

c. How easy is it to get practical help from neighbours if you should need it?

- Very easy Easy Possible Difficult Very difficult

Scoring of the OSS-3:

Question a: 1, 2, 3, 4 points

Question b: 5, 4, 3, 2, 1 points

Question c: 5, 4, 3, 2, 1 points

To obtain a total score for the Oslo-3 scale, the points from each question are added. The scale is between 3 to 14 points with higher scores indicating stronger social support.

The OSS-3 has been used in two international European telephone surveys (the European Opinion Research Group (EORG) 2003, Korkeila et al. 2003) with the average total score ranging between 10.5 ± 2.4 (Greece) and 11.5 ± 1.8 (Norway). It has been recommended for use in European health surveys (Meltzer 2003).

According to the scores, respondents can be divided into three categories: weak social support (3-9 points), moderate social support (10-12 points) and strong social support (13-14 points). In the studies mentioned above the proportion of respondents were divided into the three groups as follows: weak social support 19-26 per cent, moderate social support 53-59 per cent and strong social support 21-22 per cent.

Information regarding reliability and validity of the scale is missing, but a preliminary analysis of a telephone survey (Korkeila et al. 2003) proposed a lack of internal reliability. Therefore, in the analysis of the scale it is important to address each question separately.

3. Social capital

Social capital is often used as an umbrella term including concepts such as social networks, social support and social participation (Almedom 2005). The social capital concept is multi-dimensional and various indicators and instruments for assessment have been used in previous research (De Silva et al. 2005). The concept is often divided into structural and cognitive aspects (Almedom 2005).

In the Western Finland Mental Health Survey, the structural aspect of social capital was measured by asking about frequency of social contacts with family, friends and neighbours. The questions have previously been used in the Gerda Botnia survey of older adults in the Bothnia region (see web.novia.fi/gerda/). In addition, a single question on associational activities was included to assess social participation.

Trust and sense of belonging are important aspects of cognitive social capital (Nygqvist et al. 2008). These aspects were covered in the survey by questions on sense of belonging in the neighbourhood and experienced trust both in the neighbourhood and on a general level. The questions on sense of belonging and trust in the neighbourhood have previously been used in the American South-eastern Pennsylvania Household Health Survey (Axler et al. 2003), while the question on general level trust has been previously used in the Finnish Health 2000 survey, as well as in Finnish research on social capital that was based on the Health 2000 data material (Nygqvist et al. 2008).

Moreover, social support is often seen as an important component of cognitive social capital and the OSS-3 instrument included in the survey can be used for measuring the level of perceived social support among the respondents.

Previous research has pointed out a stronger association between mental health status and the cognitive aspects of social capital, compared to the structural aspects (De Silva et al. 2005, Nyqvist et al. 2008). Studies looking at the social capital level in the two language groups in Finland have previously emphasised that Swedish-speaking Finns have a higher level of both structural and cognitive social capital than Finnish-speaking Finns (Hyypä & Mäki 2001, Nyqvist et al. 2008). Furthermore, it has been suggested that these differences may partly explain the evidenced differences in experienced health between the language groups (Hyypä & Mäki 2001, Nyqvist et al. 2008).

Given that people should be more rooted to their current location when they have lived there longer, length of stay in current location was included as one important control factor/confounder.

The following social capital questions were included in the survey:

4. How long have you lived in the location where you are currently living? _____ years

11. How active are you when it comes to association activities?

Very active Fairly active Not very active Not active at all

14. How often are you in contact with the following people?

	Several times a week	Several times a month	Once or twice a year	Never	There is no such person
Spouse/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Choose the alternative that best describes your opinion.

	Fully correct	Quite correct	Quite incorrect	Fully incorrect
I feel I belong and am part of my neighbourhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most people in my neighbourhood can be trusted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is better not to trust anyone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Corporal punishment in childhood

Corporal punishment of children has been shown to be a risk factor for the development of a variety of unwanted personality traits, such as increased aggressiveness (e.g. Gershoff 2002, Straus 1991), depression and low self-esteem (e.g. Turner & Muller 2004). In Björkqvist et al. (2011) it was found to be a risk factor for victimization to school bullying, too.

Österman and Björkqvist (2007) developed a four item instrument meant to measure exposure to physical abuse during childhood, the Brief Corporal Punishment Scale (BCPS). Respondents estimate on a five-point scale (ranging from 0 = never to 4 = very often) how often during their childhood they were subjected to the following things by an adult: (a) their hair was pulled, (b) they were pulled by the ear, (c) they were hit with the hand, (d) they were hit with an object. The scale has been shown to have good reliability with a Cronbach's α -score of 0.84 (Österman et al. 2008).

The questions included in the questionnaire were:

17. Choose the alternative that comes closest to your experience as a child. Have you been subjected to any of the following things by an adult?

	Never	Seldom	Sometimes	Often	Very often
Pulled your hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulled your ear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hit you with the hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hit you with an object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Role limitations due to emotional problems

Role functioning can be divided into physical, psychological and social functioning. Limitations in psychological role functioning refer to functioning difficulties in different areas of life due to emotional problems or psychological distress. The Western Finland Mental Health Survey questionnaire uses items 17,

18 and 19 from the RAND-36 item health survey to measure role limitations due to emotional problems (Aalto et al. 1999). This measure is identical to the psychological role limitation measure in the 36-item Short Form health Survey (SF-36).

The RAND 36-item Health Survey (Hays et al. 1993; Hays & Morales 2001) was developed in the United States at the research institute RAND as a generic measure of impact assessment in health care in the Medical Outcomes Study (MOS). RAND-36 measures health-related quality of life in eight dimensions, and it can be used for people who are 14 years and older. The SF-36 and RAND-36 include the same set of items. Scoring of the general health and pain dimensions is different, however (Hays et al. 1993).

One of the RAND-36 dimensions relates to limitations in psychological role functioning due to emotional problems during the past four weeks, and this was chosen as the measurement of functional ability in the survey.

The following questions were included in the questionnaire:

18. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	Yes	No
Cut down the amount of time you spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>
Accomplished less than you would like	<input type="checkbox"/>	<input type="checkbox"/>
Did work or other activities less carefully than usual	<input type="checkbox"/>	<input type="checkbox"/>

Normative population data for the RAND-36 can be found for several countries, such as the United States, Finland and Sweden. In Finland, the RAND-36 has been validated in a Finnish population sample of the age group 18 to 79 years (Aalto et al. 1999). The instrument has been validated in several other Western European countries including Sweden (Sullivan et al. 1995). In the Finnish general population sample (n = 3 400, 2 112 responders), the weighted functional ability for the age group 18 to 79 years was 75.1 per cent (\pm 36.5 %). Limitations in functioning tended to increase for those aged 55 years and older. Women exhibited slightly higher limitations in functioning than men when age was controlled for (Aalto et al. 1999).

The Finnish study also reported a weighted average and the standard deviation for the three separate questions outlined above. The question related to reduced time spent on work (item 17 in RAND-36) had an average score of 1.8 + 0.4 (20 % 'yes' and 80 % 'no'), the question focusing on whether one had accomplished less than desired (question 18) had an average score of 1.7 + 0.5 (31 % 'yes' and 69 % 'no') and the average points for the question on doing activities less carefully (question 19) was 1.8 + 0.4 (24 % 'yes' and 76 % 'no') (Aalto et al. 1999).

The role limitations due to emotional problems dimension of RAND-36 has in the Finnish validity study been found to have good internal reliability (consistency) (Cronbach's α = 0.80) (Aalto et al. 1999).

The RAND-36 measurement of psychological role limitation has been used also in the Netherland's Mental Health Survey and Incidence Study (NEMESIS, n = 7 147) (Bijl & Ravelli 2000).

The score for 'yes' answers is 1 point and for 'no' answers it is 2 points. Role limitations due to emotional problems is reported as a percentage and calculated as follows: $(a+b+c-3/3 \times 100)$. Individuals with a total value of \leq 65 per cent are diagnosed as having limited psychological role functioning.

6. Psychological distress

In the Western Finland Mental Health Survey, respondents' mental health problems are measured with the 12-item General Health Questionnaire (GHQ-12).

The General Health Questionnaire (Goldberg & Hillier 1979) is a generic measure of current mental health. The GHQ is a self-assessment tool which has been developed in the UK for screening of mental health problems in a community setting. There are different versions of the GHQ which comprise 12, 28, 30 or 60 questions. The 12-item version GHQ-12 (Pevalin 2000) assesses psychological health/mental well-being and psychological symptoms, such as anxiety and depression in particular.

The GHQ itself is not a diagnostic instrument, but can with a confidence level of 95 % predict whether respondent meet the criteria for a psychiatric diagnosis (Goldberg 2000). The GHQ-12 has been evaluated in population studies (Pevalin 2000, Penninkilampi-Kerola et al. 2006). The estimated completion time of the GHQ-12 is five minutes.

The GHQ-12 questions in the Western Finland Mental Health Survey are:

19. Have you recently:

a. ... been able to concentrate on your work?

Better than usual Same as usual Less than usual Much less than usual

b. ... lost much sleep over worry?

Not at all No more than usual Rather more than usual Much more than usual

c. ... felt that you were playing a useful part in things?

More so than usual Same as usual Less than usual Much less than usual

d. ... felt capable of making decisions about things?

More so than usual Same as usual Less than usual Much less than usual

e. ... felt constantly under strain?

Not at all No more than usual Rather more than usual Much more than usual

f. ... felt you couldn't overcome your difficulties?

Not at all No more than usual Rather more than usual Much more than usual

g. ... been able to enjoy your normal day to day activities?

More so than usual Same as usual Less than usual Much less than usual

h. ... been able to face up to your problems?

More so than usual Same as usual Less than usual Much less than usual

i. ... been feeling unhappy and depressed?

Not at all No more than usual Rather more than usual Much more than usual

j. ... been losing confidence in yourself?

Not at all No more than usual Rather more than usual Much more than usual

k. ... been thinking yourself as a worthless person?

Not at all No more than usual Rather more than usual Much more than usual

l. ... been feeling reasonably happy, all things considered?

More so than usual Same as usual Less so than usual Much less than usual

The reliability, construct and content validity of the GHQ are regarded as good (Goldberg & Huxley 1980, Goldberg 1985, Goldberg 2000). The reliability for identifying psychiatric problems is 80-84 % (Goldberg 2000) and the tool is quite independent of respondents' gender and age up until the age of 75, after which the symptom score tends to increase (Goldberg 2000). Respondents who have severe somatic illnesses may receive a false-positive GHQ score.

The GHQ-12 questionnaire has been used in the Finnish Health 2000 health examination study (Aromaa & Koskinen 2004) and it was also included in the 'Hälsa på lika villkor' population study (n= 65 000) in Sweden (Boström & Nykvist 2004).

The GHQ-12 items are scored 0, 0, 1 and 1 and the points from all questions are summarised to obtain a total score. Generally, respondents with a total score of ≥ 4 are diagnosed as suffering from psychological distress. The overall five-group classification is: 0, 1, 2, 3 and ≥ 4 points.

7. Depression

Depressive disorders are mental disorders and major public health problems. The term major depressive disorder (MDD) refers to prolonged depressive syndromes, lasting for a minimum of two weeks. The key symptoms of MDD are lowered mood, loss of interest or pleasure and reduced energy or fatigue (American Psychiatric Association 1994).

The prevalence of MDD in the general population can be measured through interviews, telephone surveys or postal studies. The participants are then categorised as depressive or non-depressive. Depression can, however, also be regarded as a continuum, with the extremes being complete absence of symptoms of depression and severe major depressive disorder. A scale can measure the number of depressive symptoms, which determines the individual's placement on this severity continuum.

The Composite International Diagnostic Interview (CIDI) is a structured psychiatric tool used for adults. CIDI can be conducted by a person with no psychiatric training. The interview can identify more than 40 psychiatric syndromes listed in the WHO International Classification of Diseases (ICD), 10th edition and the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM), 4th edition. The CIDI can determine the occurrence of a psychiatric diagnosis during the previous year, the last six months, the previous month and the last two-weeks. CIDI is available as a full-length and an abbreviated version, the Short Form (CIDI-SF).

For the present survey, only the depression section of the CIDI-SF was chosen as it is an appropriate version for a postal survey. Respondents' depressive symptoms were measured with questions obtained from the depression section of the CIDI-SF (Robins et al. 1988, Wittchen et al. 1991, Kessler et al. 1998). The selected questions enable an assessment of whether respondents have experienced an episode of MDD during the previous year. In order to determine the occurrence of MDD in the previous 12 months, a 'yes' is required for either question 26a or 26b (or both). Additionally, a positive reply must be provided for question 27a (the feelings lasted for at least most of the day) and 27b (feeling this way almost every day or more frequently).

Alternatively, the series of questions can be used to describe depression severity in during the past year. In this case, the respondents are not categorised according to level of depression, but the analysis uses the sums of the scores. A continuous depression severity variable is constructed by summarising the scores of the sub-questions 26a-b and 27c-i.

'Yes' answers to questions 26a-b provide 1 point each and 'no' answers equal no points. The score for question 26 can therefore total 0, 1 or 2 points.

Question 27f does not apply to respondents who have answered 'no' on question 27e (not trouble falling asleep nearly every night). Questions 27e-f are calculated as outlined below:

27e 'no' = 0 points

27e 'yes' and 27f 'no' = 0 points

27e 'yes' and 27f 'yes' = 1 point

Thereafter the scores from questions 27c-i are added; however, questions 27e-f are scored according to the scheme above. The total score for 27c-i can range from 0 to 6 points.

The respondents who scored two points for question 26 and ≥ 3 points for questions 27c-i were defined as meeting the criteria for major depressive disorder during the previous year, provided that they responded positively to questions 27a and 27b. The respondents who scored 1 point for question 26 and ≥ 4 points for questions 27c-i were also defined as meeting the criteria for depression, provided that they had responded positively to questions 27a and 27b. When both of these mutually exclusive categories were added, the number of respondents who were likely to have suffered from major depressive disorder during the past year were identified.

The following adapted version of the CIDI-SF section for major depressive disorder is used in the Western Finland Mental Health Survey:

26 a. During the past 12 months, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row? Yes No

b. During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure? Yes No

If you answered NO to BOTH questions, continue to question 28!

27. For the next few questions, please think of the two-week period during the past 12 months when the feelings of sadness or depression were worst or you had the most complete loss of interest in things.

a. Did these feelings usually last...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	all day long	most of the day	about half of the day	less than half of the day
b. Did you feel this way...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	every day	almost every day	less often	
During these two weeks, did you experience any of the following problems?				
				Yes No
c. Did you feel tired out or low on energy all the time?				<input type="checkbox"/> <input type="checkbox"/>
d. Did you gain weight or lose weight (5 kilos or more) unintentionally?				<input type="checkbox"/> <input type="checkbox"/>
e. Did you have more trouble falling asleep than you usually do?				<input type="checkbox"/> <input type="checkbox"/>
f. Was it every night or nearly every night you had trouble falling asleep?				<input type="checkbox"/> <input type="checkbox"/>
g. Did you have a lot more trouble concentrating than usual?				<input type="checkbox"/> <input type="checkbox"/>
h. At these times, people sometimes feel down on themselves, no good or worthless. Did you feel this way?				<input type="checkbox"/> <input type="checkbox"/>
i. Did you think a lot about death – either your own, someone else's, or death in general?				<input type="checkbox"/> <input type="checkbox"/>

8. Alcohol problems

Alcohol use has increased in Finland and has had a growing public health impact. The consumption of alcohol in the population varies from complete abstinence to severe alcohol dependence. Population surveys can establish issues such as the prevalence of alcohol disorders, alcohol consumption and attitudes towards alcohol use. Due to the limited survey length, this questionnaire measured generic alcohol problems with the CAGE instrument (CAGE=Cutting down, Annoyed you, Guilty, Eye-opener).

Illegal drug use was not examined in this survey as it was feared that including questions about illegal drugs would decrease the response rate.

The CAGE tool (Ewing 1984) has been developed for screening alcohol problems. In clinical work it is used as a detection tool for early identification of drinking problems to enable treatment provision without delay. The measure is also suitable for self-assessment in population surveys because of its concise format. The CAGE tool contains four questions and completion of the questions lasts less than a minute.

Furthermore, the questionnaire included questions regarding use of health or social care services due to alcohol problems. This question derives from the Health 2000 survey (Aromaa et al. 2006).

The questionnaire did not include any questions on quantities of alcohol consumption, as reports indicate that such items may impair the sensitivity of the CAGE tool (Steinweg & Worth 1993).

The following alcohol-related questions were included in the questionnaire:

The following questions concern your drinking habits

	Yes	No
28. a. Have you ever felt you should cut down on your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
b. Have people annoyed you by criticizing your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you ever felt bad or guilty about your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)?	<input type="checkbox"/>	<input type="checkbox"/>

29. During the past 12 months have you used any help or social services due to drinking problems?

Yes No *If you answered NO, continue to question 31!*

30. Did the treatment you received help you?

Very much Quite a lot To some extent Only a little Very little or not at all

31. Choose the alternative that best describes your opinion.

	Strongly Agree	Agree	Disagree	Strongly Disagree
Alcohol problems are not a real disorder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care professionals don't take alcohol related problems seriously.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol problems can't be treated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol problems are considered to be shameful and stigmatizing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The CAGE score is calculated by giving one point for each 'yes' answer and zero points for 'no' answers. The total score was then calculated. The respondents who scored a total of ≥ 2 points were classified as showing signs of alcohol problems, in other words, a person who misuses alcohol or is alcohol dependent (Ewing 2000).

The validity of the CAGE tool has been studied using detailed diagnostic interview methods, such as the Composite International Diagnostic Interview (CIDI) (Wittchen et al. 1991). In clinical studies, the sensitivity for an alcohol disorder has been reported as ranging from 78 per cent (Magruder-Habib et al. 1993) to 81 per cent and the accuracy from 76 per cent (Magruder-Habib et al. 1993) to 94 per cent (Malet et al. 2005). The questions are considered to be of high face validity, which increases the sensitivity of the tool with regards to intentional negative reporting.

The CAGE tool has been used in population studies in the United States (Cherpitel 1998), Canada (Bisson et al. 1999), South America (Monteiro et al. 1991, Miguez et al. 1992), Switzerland (Truan et al. 1997) and in a European comparative international study (Korkeila et al. 2003). In the Canadian version of CAGE, the question about use of an eye-opener was revised to refer to the previous 12 months only and in the United States every positive answer led to an additional question inquiring whether this had occurred during the last year.

The internal reliability of the tool was in the Canadian population study 0.70 (Tempier 1996). A review reported a median value of 0.74 for internal reliability in a sample of 22 studies (Shields & Caruso 2004).

The validity of the tool has been assessed in population surveys in Canada (Bisson et al. 1999) and the United States (Cherpitel 1998). In Canada, CAGE was validated through the measure of high alcohol consumption, while the validation study in the United States used alcohol dependence as measured by CIDI.

The Canadian population survey sample consisted of 23 564 participants, of whom 85 % completed the CAGE. A total of 18 407 respondents reported that they had used alcohol during the previous year. For these respondents, CAGE found a 73 per cent sensitivity among men (≥ 22 units per week) and 61 per cent sensitivity among women (≥ 15 units per week). The accuracy was 78 per cent (men) and 90 per cent (women). If the threshold for women was lowered to ≥ 1 point, a sensitivity of 88 per cent would be achieved but the accuracy would be reduced to 81 per cent.

In the United States, the sample consisted of 776 respondents aged >18 years, of whom 53 per cent had used alcohol during the past year. In this group the CAGE's sensitivity for current alcohol dependence was 75 per cent with an accuracy of 96 per cent. Only positive CAGE responses for the previous 12 months contributed to the total score.

Interpretation. The CAGE tool does not only measure alcohol-related problems per se. It also serves as an indicator of participants' intent to control their alcohol consumption. This item can be sensitive to changes in societal attitudes towards alcohol. A stricter societal attitude can increase the CAGE scores, while a more tolerant view provides a lower score (Room et al. 1991, Bisson et al. 1999). In this context, the fourth question in CAGE ("the eye opener") may be better in identifying individual alcohol problems, and in longitudinal studies less sensitive to changes in general attitudes towards alcohol use.

The information above indicates that CAGE does not have a completely satisfactory reliability or validity in population surveys. An alternative measure to screen for alcohol disorders is the Short Michigan Alcoholism Screening Test (MAST) (Selzer et al. 1975), TWEAK (five questions, two of which are identical to CAGE) (Russell et al. 1994) and the Alcohol Use Disorder Identification Test (AUDIT, ten

questions) (Saunders et al. 1993). The advantages with CAGE are, though, the concise format and simple implementation.

9. Gambling and gambling-related problems

Questions regarding gambling were added to the Western Finland Mental Health Survey questionnaire in 2011. Gambling is common in Finland, a study showing that approximately 3.1 million Finns aged 15 and over had engaged in some form of gambling during the previous 12 months (Ministry of Social Affairs and Health 2007). Of countries reporting statistics and research on gambling in Europe, Finland has the second largest Gross Gambling Revenue (€239 per year, per person) after Ireland (€279) (Griffiths 2009). While the majority of those engaging in gambling activities do not experience any problems due to their gambling, some gamblers experience adverse consequences. Gambling problems can be viewed as a public mental health issue. According to previous study results gambling problems can be estimated to affect approximately 3 per cent (translated to about 130 000 individuals) of the Finnish population aged 15 years or older, with about one third of them fulfilling diagnostic criteria for pathological gambling (Ministry of Social Affairs and Health 2007). An overview shows that the estimated rate of past-year problem gambling is relatively high in Finland at 3 % or higher, compared to other European countries with available data (e.g. Germany, Great Britain, Sweden) reporting rates of 0, 5 % to 2, 0 % (Griffiths, 2009).

Given the rise in Internet gambling, questions regarding game type consisted of varying game types and additionally their online counterparts. Studies have shown that problematic gambling is more prevalent among Internet gamblers compared to non-Internet gamblers (e.g. Wood & Williams 2011, Wood & Williams 2009).

Questions concerning respondents' gambling habits, the Lie/Bet screening tool and questions on perceived problems caused by gambling were included in the questionnaire.

The respondents' gambling habits were studied using the following question concerning types of games played, if games were played online or in real life and frequency of play. If the respondents had not engaged in any gambling activities during the previous 12 month period they were instructed to skip the following two questions.

The following questions concern your gambling habits

32. During the past 12 months, how often have you engaged in the following gambling activities?

	Never	Occasionally	Several times a month	Several times a week	Daily/Almost daily
Scratch and win tickets, lottery tickets and similar lottery games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lotto, Joker, and similar lottery games <i>on the internet</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting (e.g. sports, horses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting <i>on the internet</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slot machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casino games (e.g. card games, roulette)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casino games (e.g. netpoker, roulette) <i>on the internet</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If you HAVE NOT engaged in ANY gambling activities during the past 12 months, continue to **question 35!***

The Lie/Bet tool (Johnson et al. 1998, Johnson et al. 1997) is a validated screening instrument, which was included in the survey questionnaire to rule out possible pathological gambling behaviours. The instrument consists of two questions with yes or no response options. The questions were derived from the 10 diagnostic criteria for pathological gambling in DSM 4th Edition (American Psychiatric Association 1994). Initial results from testing and follow-up when developing the instrument using a sample of diagnosed pathological gamblers and controls evidenced a sensitivity of 0.99 to 1.00 and a specificity of 0.85 to 0.91. The validity of the instrument has more recently been tested in normal population samples, for example in Norway (Götestam et al. 2004) and was evidenced to be a well-functioning instrument for identifying individuals with problematic gambling behaviour. Answering no to both questions in the instrument

indicates a non-problematic gambling behaviour, while answering yes to one or both of the statements implies at-risk gambling and possibly pathological gambling behaviours, warranting the use of a diagnostic tool. The two-item tool is convenient for usage in comprehensive questionnaire studies with population samples as in this case, where longer diagnostic tools may be too extensive and irrelevant for the majority of respondents.

The Lie/Bet questions are as follows:

33. Have you ever felt the need to bet more and more money? Yes No

Have you ever had to lie to people important to you about how much you gambled? Yes No

An additional question was included to explore respondents' own subjective experience of eventual problems on different aspects of life caused by gambling, and frequency of these problems. A similar type of question with similar alternatives has been used in other studies when looking at consequences of gambling and gambling problems (e.g. Namrata & Oei 2009). This question allows for analysing eventual negative effects of gambling also among those respondents whose gambling behaviour is determined to be non-problematic according to the Lie/Bet screening tool.

34. During the past 12 months have you experienced problems caused by gambling in any of the following areas?

	Never	Occasionally	Quite often	Very often
Work/Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Assessment of schizotypal personality

The questions/statements describing schizotypal features were taken from the self-report Schizotypal Personality Questionnaire, SPQ, which is based on DSM-III-R criteria for schizotypal personality disorder (Raine 1991). The SPQ was found to have high sampling validity, high internal and test-retest reliability, as well as high convergent and discriminant validity (Raine 1991). In all, ten questions were selected; items 1, 10, 15, 18, 36, 37, 41, 45, 55 and 60 (the numbers of the questions refer to order of the original SPQ):

35. Please answer the following questions by choosing alternative Yes or No. Try to answer every question even when you are unsure of your answer.

	Yes	No
(1) Do you sometimes feel that things you see on the TV or read in the newspaper have a special meaning for you?	<input type="checkbox"/>	<input type="checkbox"/>
(10) I am aware that people notice me when I go out for a meal or to see a film.	<input type="checkbox"/>	<input type="checkbox"/>
(15) I prefer to keep to myself.	<input type="checkbox"/>	<input type="checkbox"/>
(18) Do you often feel that other people have got it in for you?	<input type="checkbox"/>	<input type="checkbox"/>
(36) I feel I have to be on my guard even with friends.	<input type="checkbox"/>	<input type="checkbox"/>
(37) Do you sometimes see special meanings in advertisements, shop windows, or in the way things are arranged around you?	<input type="checkbox"/>	<input type="checkbox"/>
(41) Do you feel that there is no-one you are really close to outside your immediate family?	<input type="checkbox"/>	<input type="checkbox"/>
(45) When shopping do you get the feeling that other people are taking notice of you?	<input type="checkbox"/>	<input type="checkbox"/>
(55) Have you ever felt that you are communicating with another person telepathically (by mind-reading)?	<input type="checkbox"/>	<input type="checkbox"/>
(60) Do you sometimes feel that other people are watching you?	<input type="checkbox"/>	<input type="checkbox"/>

In a sample of help-seekers with attenuated psychotic symptoms, the questions, 1, 10, 18, 36, 37, 45, 60 related to the subscale 'ideas of reference', items 18, 36, 60 to 'suspiciousness', questions 15, 36, 41 related to the subscale 'no close friends' and 55 to 'magical thinking' (Salokangas et al. 2011). In the same sample, questions 1 and 15 and the subscales 'ideas of reference' and 'no close friends' were associated with onset of full-blown psychosis during 18 months follow-up (Salokangas et al. 2012).

11. Attitude questions

Stigmatising attitudes of the population were examined in three sections of the survey questionnaire, of which the first two evaluated the respondents' personal views on stereotypical statements of mental health problems in general and in particular depression. The responses were collected on a four-item scale with the options 'strongly disagree', 'disagree', 'agree' and 'strongly agree' (questions 36 & 37). The third section asked respondents to predict their own behaviour in hypothetical situations where they encounter individuals with mental health problems. Respondents were required to choose the most suitable alternative to the questions on a four-item scale; 'yes', 'probably', 'probably not' and 'no' (question 38). This set of questions reflected personal desire for social distance and aimed to generate a more accurate picture of actual behaviour. The reliability of this type of social discrimination measure is usually good (Link et al. 2004).

The main problem of validity in attitude surveys is the respondents' tendency to provide socially acceptable answers. Nonetheless, this source of error tends to be less prevalent in postal surveys than in interviews (Tourangeau et al. 2000). It is also vital to consider that a predicted behaviour in a hypothetical situation does not necessarily match a true action in a real life event.

The choice of questions on attitudes towards mental health was guided by the key objectives of the development projects campaigns in Ostrobothnia. Existing items in research publications such as Hayward and Bright (1997), Link et al. (2004, 2000), Link (1987) and Crisp et al. (2000) were utilised.

The background dimensions of the statements used were investigated with data from the initial round of the survey in 2005 (Aromaa et al. 2008). In a principal component analysis (PCA) a four dimension structure emerged: (1) 'Depression is a matter of will', (2) 'Mental health problems have negative consequences', (3) 'You should be careful with antidepressants' and (4) 'You never recover from mental health problems'. The first dimension consisted of five statements with fairly good internal consistency (Cronbach's $\alpha = 0.69$). With the scale composed of these items we could assess the extent to which respondents perceived depression to be dependent on one's own willpower and personality weakness. The second dimension also included five statements with lower internal consistency (Cronbach's $\alpha = 0.61$). This dimension scale indicated those various negative consequences a person might face if other people are aware of his or her mental illness. In the preliminary analysis, the structural validity of these scales has proven to be good. The third and the fourth dimension included only two arguments, both of which were used for further analysis as individual items.

The questionnaire also investigated personal conceptions of appropriate treatments for depression, where respondents would seek help for their own depression (question 24) as well as where they might have sought help for mental health problems during the previous 12 months (questions 21-23). The responses to these questions can help us to understand the role stigma might have on use of mental health services.

Conclusion

The population-based repeated evaluation of the Ostrobothnia Project by the Western Finland Mental Health Survey has created a model for large-scale population mental health assessments. Our experience shows that an extensive population-based follow-up for a development project is feasible. The survey covers the main goals of the project. Further, it demonstrates that also notions of health which at times are less comprehensible, such as the public's good mental health, are operational and measurable.

The survey has indicated that mental health themed population survey response rates are similar to those of other health surveys. Although stigma is generally associated with mental health problems, the respondents appear to have acknowledged the importance in taking part.

We have also demonstrated that declining response rates constitute a severe threat to the validity of population-based surveys. We found especially low rates among migrants and the young male population. Specific measures need to be considered to improve participation rate, for instance reminders by SMS messages or by phone calls. Provision of questionnaires in native languages of migrants needs to be considered. Available data on number of people using specific foreign native languages indicate that there is a need especially for a Russian translation of the questionnaire.

The survey provides a good coverage of the impact of the regional mental health work and offers excellent opportunities for research. Individuals working for the project, researchers and evaluators have elaborated the experiences and opinions of the public in reports and research, which support local and national mental health work. The data is available for interested researchers who can contact the National Institute for Health and Welfare (THL) in Vaasa, Finland. Contact details and further information can be found on the survey website www.thl.fi/mhsurvey.

The success of the survey is credited to the thousands of respondents. Residents of Ostrobothnia and Southwest Finland have recognised mental health as an important subject area and given their own time to respond. We continue to rely on the good will of the survey participants in the next and final round of the Western Finland Mental Health Survey in spring 2014.

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Appendix 1. Survey questionnaire 2011

1. Year of birth 19_____
2. Gender Man Woman
3. Municipality of residence? _____
4. How long have you lived in the location where you are currently living? _____years
5. Mother tongue English Other: _____
6. Marital status Married Common-law marriage/in a relationship Divorced
 Unmarried Widow/widower
7. How many people belong to your household (including yourself)? _____pers.
8. Basic educational Elementary school Middle school
 Comprehensive school Matriculation examination
9. What is the highest level of education or degree you have completed after basic education?
 No vocational training Vocational course or on the job –training Vocational school
 Vocational college level training Higher vocational diploma University degree
If you are uncertain, please state your degree _____
10. Which of the following alternatives best describes your current main occupation?
 Fulltime employment Part-time employment/Part-time retirement
 Fulltime student Retired
 Unemployed or on temporarily lay-off Military service/non-military (civil) service
 At home taking care of the household of family member Other, please specify: _____
11. How active are you when it comes to association activities?
 Very active Fairly active Not very active Not active at all
12. The following statements concern your experience of your ability to control and master things in your life. Choose the alternative that best describes yourself.

	Strongly agree	Agree	Disagree	Strongly disagree
a. I have little control over the things that happen to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There is really no way I can solve some of the problems I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. There is little I can do to change many of the important things in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I often feel helpless in dealing with the problems of life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sometimes I feel that I'm being pushed around in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. What happens to me in the future mostly depends on me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I can do just about anything I really set my mind to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions concern your social relationships

- 13 a. How many people are so close to you that you can count on them if you have serious personal problems? None 1 or 2 3 – 5 More than 5
- b. How much concern do people show in what you are doing?
 A lot of concern and interest Some concern and interest Uncertain
 Little concern and interest No concern and interest

c. How easy is it to get practical help from neighbours if you should need it?

Very easy Easy Possible Difficult Very difficult

14. How often are you in contact with the following people?

	Several times a week	Several times a month	Once or twice a year	Never	There is no such person
Spouse/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Choose the alternative that best describes your opinion.

	Fully correct	Quite correct	Quite incorrect	Fully incorrect
I feel I belong and am part of my neighbourhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most people in my neighbourhood can be trusted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is better not to trust anyone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Do you feel lonely? Often Sometimes Seldom Never

17. Choose the alternative that comes closest to your experience as a child. Have you been subjected to any of the following things by an adult?

	Never	Seldom	Sometimes	Often	Very often
Pulled your hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulled your ear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hit you with the hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hit you with an object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We would like to know how your health has been in general over the last few weeks

18. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	Yes	No
Cut down the amount of time you spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>
Accomplished less than you would like.	<input type="checkbox"/>	<input type="checkbox"/>
Did work or other activities less carefully than usual	<input type="checkbox"/>	<input type="checkbox"/>

19. Have you recently:

a. ... been able to concentrate on your work?

Better than usual Same as usual Less than usual Much less than usual

b. ... lost much sleep over worry?

Not at all No more than usual Rather more than usual Much more than usual

c. ... felt that you were playing a useful part in things?

More so than usual Same as usual Less than usual Much less than usual

d. ... felt capable of making decisions about things?

More so than usual Same as usual Less than usual Much less than usual

e. ... felt constantly under strain?

- Not at all No more than usual Rather more than usual Much more than usual

f. ... felt you couldn't overcome your difficulties?

- Not at all No more than usual Rather more than usual Much more than usual

g. ... been able to enjoy your normal day to day activities?

- More so than usual Same as usual Less than usual Much less than usual

h. ... been able to face up to your problems?

- More so than usual Same as usual Less than usual Much less than usual

i. ... been feeling unhappy and depressed?

- Not at all No more than usual Rather more than usual Much more than usual

j. ... been losing confidence in yourself?

- Not at all No more than usual Rather more than usual Much more than usual

k. ... been thinking yourself as a worthless person?

- Not at all No more than usual Rather more than usual Much more than usual

l. ... been feeling reasonably happy, all things considered?

- More so than usual Same as usual Less so than usual Much less than usual

20. Do you know anyone who has a mental health problem? You may choose several alternatives.

- Among your family or relatives Among your friends From work
 Through your hobbies Elsewhere. From where? _____
 No, I don't know anyone

21. Have you during the past 12 months used any health services because of mental problems?

- Yes No *If you answered NO, continue to question 23!*

22. a. Has the treatment you received helped you?

- Very much Quite a lot To some extent Quite little Very little or not at all

b. Did the treatment include pharmacotherapy (medicines)? Yes No

23. Have you because of mental health problems during the last 12 months visited any of the following:

You may choose more than one option.

- Health care centre Emergency room
 Private consultation (doctor, psychologist...)
 School/Student health care Occupational health care
 Mental health clinic or psychiatric polyclinic Psychiatric hospital
 Other hospital A-clinic/substance misuse services
 Rehabilitation centre Child health clinics dealing with family issues and child care
 From Somewhere else? Where? _____

24. Where would you seek help for depression?

	Certainly	Probably	Hardly	Never
Health care centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private psychotherapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational/student health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health clinic or psychiatric polyclinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Priest or healer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family and relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support group on the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I would not seek help				

- 25 a. During the past 12 months, have you had suicidal thoughts? Yes No
 b. During the past 12 months, have you tried to commit suicide? Yes No

- 26 a. During the past 12 months, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row? Yes No
 b. During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure? Yes No

If you answered NO to BOTH questions, continue to **question 28!**

27. For the next few questions, please think of the *two-week period* during the past 12 months when the feelings of sadness or depression were worst or you had the most complete loss of interest in things.

Did these feelings usually last...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	all day long	most of the day	about half of the day	less than half of the day
Did you feel this way...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	every day	almost every day	less often	

During these two weeks, did you experience any of the following problems?	Yes	No
Did you feel tired out or low on energy all the time?	<input type="checkbox"/>	<input type="checkbox"/>
Did you gain weight or lose weight (5 kilos or more) unintentionally?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have more trouble falling asleep than you usually do? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was it every night or nearly every night you had trouble falling asleep?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a lot more trouble concentrating than usual?	<input type="checkbox"/>	<input type="checkbox"/>
At these times, people sometimes feel down on themselves, no good or worthless. Did you feel this way?	<input type="checkbox"/>	<input type="checkbox"/>
Did you think a lot about death – either your own, someone else's, or death in general?	<input type="checkbox"/>	<input type="checkbox"/>

The following questions concern your drinking habits

- | | Yes | No |
|---|--------------------------|--------------------------|
| 28.a. Have you ever felt you should cut down on your drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have people annoyed you by criticizing your drinking?. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have you ever felt bad or guilty about your drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)? | <input type="checkbox"/> | <input type="checkbox"/> |

29. During the past 12 months have you used any help or social services due to drinking problems?

Yes No *If you answered NO, continue to question 31!*

30. Did the treatment you received help you?

Very much Quite a lot To some extent Only a little Very little or not at all

31. Choose the alternative that best describes your opinion.

	Strongly Agree	Agree	Disagree	Strongly Disagree
Alcohol problems are not a real disorder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care professionals don't take alcohol related problems seriously.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol problems can't be treated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol problems are considered to be shameful and stigmatizing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions concern your gambling habits

32. During the past 12 months, how often have you engaged in the following gambling activities?

	Never	Occasionally	Several times a month	Several times a week	Daily/Almost daily
Scratch and win tickets, lottery tickets and similar lottery games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lotto, Joker, and similar lottery games on the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting (e.g. sports, horses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting on the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slot machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casino games (e.g. card games, roulette)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casino games (e.g. netpoker, roulette) on the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you **HAVE NOT** engaged in **ANY** gambling activities during the past 12 months, continue to **question 35!**

33. Have you ever felt the need to bet more and more money? Yes No

Have you ever had to lie to people important to you about how much you gambled? Yes No

34. During the past 12 months have you experienced problems caused by gambling in any of the following areas?

	Never	Occasionally	Quite often	Very often
Work/Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. Please answer the following questions by choosing alternative Yes or No. Try to answer every question even when you are unsure of your answer.

	Yes	No
Do you sometimes feel that things you see on the TV or read in the newspaper have a special meaning for you?	<input type="checkbox"/>	<input type="checkbox"/>
I am aware that people notice me when I go out for a meal or to see a film.	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to keep to myself.	<input type="checkbox"/>	<input type="checkbox"/>
Do you often feel that other people have got it in for you?	<input type="checkbox"/>	<input type="checkbox"/>
I feel I have to be on my guard even with friends.	<input type="checkbox"/>	<input type="checkbox"/>
Do you sometimes see special meanings in advertisements, shop windows, or in the way things are arranged around you?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel that there is no-one you are really close to outside your immediate family?	<input type="checkbox"/>	<input type="checkbox"/>
When shopping do you get the feeling that other people are taking notice of you?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever felt that you are communicating with another person telepathically (by mind-reading)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you sometimes feel that other people are watching you?	<input type="checkbox"/>	<input type="checkbox"/>

Finally, here are a number of statements regarding mental health problems and views on them

36. Choose the alternative that best describes your opinion.

	Strongly Disagree	Disagree	Agree	Strongly Agree
Mental health problems are a sign of weakness and sensitivity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You don't recover from mental problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients suffering from mental illnesses are unpredictable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Society should invest more in community care instead of hospital care for people with mental problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you talk about your mental problems, all friends will leave you..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care professionals do not take mental problems seriously.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is difficult to talk with a person who suffers from mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the employer finds out that the employee is suffering from mental illness, the employment will be in jeopardy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. Here are some statements regarding depression. Choose the alternative that best describes your opinion.

	Strongly Disagree	Disagree	Agree	Strongly Agree
Depression can't be treated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression is not a real disorder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression is sign of failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antidepressants are not addictive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressed persons should pull themselves together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antidepressants have side effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressed persons have caused their problems themselves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression can be considered as a shameful and stigmatizing disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. Finally we ask you to answer the following questions, where you imagine yourself in different situations.

	Yes	Probably	Probably not	No
Would you be willing to marry or enter a common law marriage with someone, who has mental problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you let a person with mental problems take care of your children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you consider choosing a person with mental problems as a work colleague?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagine, that a rehabilitation centre for people with mental problems is being planned in your neighbourhood. Would you object to the plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS. Please feel free to write any additional thoughts or opinions on this survey.

THANK YOU!

Appendix 2.

Mielenterveyttä koskeva kyselytutkimus 2011

1. Syntymävuotesi 19_____
2. Sukupuolesi Mies Nainen
3. Missä kunnassa asut? _____
4. Kuinka kauan olet asunut paikkakunnalla jossa nyt asut? _____ vuotta
5. Mikä on äidinkielesi? Suomi Ruotsi Joku muu, mikä kieli?
6. Siviilisäätyysi Avioliitossa Avioliitossa/suhteessa Eronnut
 Naimaton Leski
7. Kuinka monta henkilöä kuuluu kotitalouteesi tällä hetkellä itsesi mukaan luettuna? _____henk.
8. Peruskoulutuksesi Kansakoulu Keskikoulu Peruskoulu Ylioppilastutkinto
9. Mikä on korkein peruskoulutuksen jälkeen suorittamasi koulutus tai tutkinto?
 Ei mitään ammattikoulutusta Ammatillinen kurssi tai työpaikkakoulutus
 Ammattikoulu/amatillinen koulu Ammatillinen opistotutkinto
 Ammattikorkeakoulututkinto Korkeakoulututkinto
Jos olet epävarma, kirjoita tutkintosi tähän: _____
10. Mikä seuraavista vaihtoehtoista kuvaa parhaiten tämänhetkistä pääasiallista toimintaasi?
 Kokopäivätyössä Osa-aikatyössä / osa-aikaeläkeläinen
 Opiskelija Eläkkeellä
 Työtön tai lomautettu Varusmies- tai siviilipalvelussa
 Hoitamassa omaa kotitaloutta tai perheenjäseniä
 Muu, mikä? _____
11. Kuinka aktiivisesti osallistut yhdistystoimintaan?
 Erittäin aktiivisesti Melko aktiivisesti Melko vähän En ollenkaan
12. Esitämme Sinulle seuraavaksi elämän hallintaan liittyviä väitteitä.
Valitse Sinua parhaiten kuvaava vaihtoehto.

	Täysin samaa mieltä	Osittain samaa mieltä	Osittain eri mieltä	Täysin eri mieltä
Voin vaikuttaa vain vähän minulle tapahtuviin asioihin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
En pysty millään ratkaisemaan joitain ongelmiani.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
En voi tehdä paljoakaan muuttaakseni asioita elämässäni.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tunnen usein avuttomuutta elämän ongelmien edessä.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joskus minusta tuntuu että elämä kohtelee minua miten tahtoo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Se mitä minulle tulevaisuudessa tapahtuu riippuu lähinnä minusta itsestäni.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kykenen tekemään lähes kaiken sen minkä todella päätän tehdä.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Seuraavaksi esitämme kysymyksiä ihmissuhteistasi.

13. a. Kuinka monta sellaista läheistä Sinulla on, joihin voit luottaa kun Sinulla on vakavia henkilökohtaisia vaikeuksia? Ei yhtään 1 – 2 3 – 5 Enemmän kuin 5

b. Kuinka paljon ihmiset osoittavat mielenkiintoa siihen, mitä teet?

Paljon mielenkiintoa Jonkin verran mielenkiintoa
 Olen epävarma Vähän mielenkiintoa Ei lainkaan

c. Kuinka helppoa Sinun on tarvittaessa saada naapureiltasi käytännön apua?

Erittäin helppoa Helppoa Mahdollista Vaikeaa Erittäin vaikeaa

14. Kuinka usein olet yhteydessä seuraaviin henkilöihin?

	Useita kertoja viikossa	Useita kertoja kuukaudessa	Muutaman kerran vuodessa	Ei koskaan	Henkilöä tai tahoa ei ole
Avio-/avopuoliso	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lapsen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lastenlapset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sisarukset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vanhemmat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muut sukulaiset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ystävät	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naapurit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Valitse väittämien paikkansapitävyyttä kuvaavista vaihtoehdoista mielestäsi sopivin

	Pitää täysin paikkansa	Pitää melko lailla paikkansa	Ei juuri pidä paikkansa	Ei lainkaan pidä paikkansa
Tunnen kuuluvani naapurustooni ja olevani osa sitä.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Useimmat ihmiset naapurustossani ovat luotettavia.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On parasta olla luottamatta kehenkään.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Tunnetko itsesi yksinäiseksi? Usein Joskus Harvoin En koskaan

17. Valitse se vaihtoehto joka parhaiten kuvaa Sinun lapsuudenkokemuksiasi. Alistiko joki aikuinen Sinua seuraavin tavoin?

	Ei koskaan	Harvoin	Joskus	Usein	Hyvin usein
Tukistettiin Sinua?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vedettiin Sinua korvasta?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lyötiin Sinua kämmenellä?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lyötiin Sinua jollain esineellä?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Haluaisimme tietää millainen voitisi on yleensä ollut viime viikkoina

18. Onko Sinulla viimeksi kuluneiden neljän viikon aikana ollut tunne-elämään liittyvien ongelmien johdosta (esimerkiksi masennus tai ahdistuneisuus) jokin seuraavista ongelmista työssäsi tai muissa päivittäisissä toiminnoissasi?

	Kyllä	Ei
a. Olen vähentänyt työhön tai muuhun toimintaan käyttämäni aikaa.	<input type="checkbox"/>	<input type="checkbox"/>
b. Olen saanut aikaan vähemmän kuin mitä olisin halunnut.	<input type="checkbox"/>	<input type="checkbox"/>
c. En ole pystynyt suorittamaan töitäni tai muita toimintojani yhtä huolellisesti kuin tavallisesti.	<input type="checkbox"/>	<input type="checkbox"/>

19. Oletko viime aikoina...

a. ... pystynyt keskittymään töihisi?

- Paremmin kuin tavallisesti Yhtä hyvin kuin tavallisesti Huonommin kuin tavallisesti Paljon huonommin
...kuin tavallisesti

b. ... valvonut paljon huolien vuoksi?

- En ollenkaan En enempää Jonkin verran enemmän Paljon enemmän
...kuin tavallisesti

c. ... tuntenut, että mukana olosi asioiden hoidossa on hyödyllistä?

- Tavallista hyödyllisempää Yhtä hyödyllistä Vähemmän hyödyllistä Paljon vähemmän hyödyllistä
...kuin tavallisesti

d. ... tuntenut kykeneväsi päättämään asioista?

- Paremmin kuin tavallisesti Yhtä hyvin kuin tavallisesti Huonommin kuin tavallisesti Paljon huonommin
...kuin tavallisesti

e. ... tuntenut olevasi jatkuvasti rasituksen alaisena?

- En ollenkaan En enempää Jonkin verran enemmän Paljon enemmän
...kuin tavallisesti

f. ... tuntenut, ettet voisi selviytyä vaikeuksista?

- En ollenkaan En enempää Jonkin verran enemmän Paljon enemmän
...kuin tavallisesti

g. ... kyennyt nauttimaan tavallisista päivittäisistä toimitasi?

- Enemmän Yhtä paljon Vähemmän Paljon vähemmän
...kuin tavallisesti

h. ... kyennyt kohtaamaan vaikeutesi?

- Paremmin kuin tavallisesti Yhtä hyvin kuin tavallisesti Huonommin kuin tavallisesti Paljon huonommin
...kuin tavallisesti

i. ... tuntenut itsesi onnettomaksi ja masentuneeksi?

- En ollenkaan En enempää Jonkin verran enemmän Paljon enemmän
...kuin tavallisesti

j. ... kadottanut itseluottamuksesi?

- En ollenkaan En enempää Jonkin verran enemmän Paljon enemmän
...kuin tavallisesti

k. ... tuntenut itsesi ihmisenä arvottomaksi?

- En ollenkaan En enempää Jonkin verran enemmän Paljon enemmän
...kuin tavallisesti

l. ... tuntenut itsesi kaiken kaikkiaan kohtalaisen onnelliseksi?

- Enemmän Yhtä paljon Vähemmän Paljon vähemmän
...kuin tavallisesti

20. Tunnetko jonkun mielenterveysongelmista kärsivän henkilön? Voit valita useamman vaihtoehdon.

- Perhe- tai sukulaispiiristä Ystäväpiiristä Työn kautta Harrastusten kautta
 Muuta kautta. Kuinka? _____ En tunne ketään

21. Oletko viimeksi kuluneiden 12 kk aikana käyttänyt mielenterveydellisten ongelmien takia jotain terveyspalvelua? Kyllä Ei *Jos vastasit Ei, siirry kysymykseen 24.*

22. a. Onko saamastasi hoidosta ollut Sinulle apua?

- Erittäin paljon Melko paljon Jonkin verran Melko vähän Hyvin vähän tai ei lainkaan

b. Sisälsikö hoitosi lääkehoitoa? Kyllä Ei

23. Oletko käynyt mielenterveysongelmien takia terveystalveissa viimeksi kuluneiden 12 kuukaudenaikana? Voit valita useamman vaihtoehdon.

- | | |
|---|---|
| <input type="checkbox"/> Terveystalve | <input type="checkbox"/> Päivystystalve |
| <input type="checkbox"/> Yksityisvastaanotto (lääkäri, psykologi...) | <input type="checkbox"/> Työterveystalve |
| <input type="checkbox"/> Oppilas/opiskelijaterveystalve | <input type="checkbox"/> Psykiatrinen sairaala |
| <input type="checkbox"/> Mielenterveystalve tai psykiatrinen poliklinikka | <input type="checkbox"/> A-klinikka |
| <input type="checkbox"/> Muu sairaala | <input type="checkbox"/> Perhe- tai kasvatusneuvola |
| <input type="checkbox"/> Kuntoutustalve | <input type="checkbox"/> Muualla, missä? _____ |

23. Mistä hakisit itse apua masennukseen?

	Varmasti	Todennäköisesti	Tuskin	En koskaan
Terveystalvesta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yksityiseltä lääkäritä	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yksityiseltä psykoterapeutilta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Työterveys-/opiskelijaterveystalvesta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mielenterveystalvesta tai psykiatriselta poliklinikalta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Papilta tai sielunhoitajalta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ystäviltäni	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perheeltä tai sukulaisilta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vertaistukiryhmältä Internetissä	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> En hakisi apua				

25. a. Onko Sinulla viimeisen 12 kuukauden aikana ollut itsemurha-ajatuksia? Kyllä Ei

b. Oletko viimeisen 12 kuukauden aikana yrittänyt itsemurhaa? Kyllä Ei

26. a. Onko Sinulla viimeksi kuluneen vuoden aikana ollut 2 viikkoa tai pitempään kestänyt jakso, jolloin olit surullinen, alakuloinen tai masentunut? Kyllä Ei

b. Onko Sinulla viimeksi kuluneen vuoden aikana ollut vähintään 2 viikkoa tai pitempään kestänyt jakso, jonka aikana menetit mielihyvän kokemuksen tai kiinnostuksesi melkein kaikkeen, kuten työhön, harrastuksiin tai muihin Sinulle tavallisesti mieluisiin tekemisiin?

Kyllä Ei

Jos vastasit Ei molempiin kysymyksiin, siirry kysymykseen 28.

27. Seuraavien muutaman kysymyksen kohdalla, ajattele kahden viikon jaksoa viimeisen 12 kuukauden aikana, jolloin mielihyväsi menetys oli suurimmillaan tai masennus pahimmillaan.

Kestikö mielihyväsi tai mielenkiintosi menetys...	<input type="checkbox"/> Koko päivä	<input type="checkbox"/> Suurimman osan päivästä	<input type="checkbox"/> Suunnilleen puolet päivästä	<input type="checkbox"/> Vähemmän aikaa?
Tuntuiko Sinusta tuon kahden viikon aikana tällaiselta...	<input type="checkbox"/> Joka päivä	<input type="checkbox"/> Miltei joka päivä	<input type="checkbox"/> Harvemmin?	
Tuon kahden viikon aikana, mitä ongelmia esiintyi?			Kyllä	Ei
Olitko voimattomampi tai väsyneempi kuin tavallisesti			<input type="checkbox"/>	<input type="checkbox"/>
Nousiko painosi tai laihduitko tahtomattasi (5 kiloa tai enemmän)?			<input type="checkbox"/>	<input type="checkbox"/>
Oliko Sinun tavallista vaikeampaa saada unta?			<input type="checkbox"/>	<input type="checkbox"/>
Oliko Sinun tuon kahden viikon aikana vaikea saada unta joka yö tai lähes joka yö?			<input type="checkbox"/>	<input type="checkbox"/>
Oliko Sinun selvästi vaikeampaa keskittyä asioihin kuin tavallisesti?			<input type="checkbox"/>	<input type="checkbox"/>
Jotkut voivat tuntea toisinaan itsensä arvottomiksi, hyödyttömiksi tai arvostella itseään. Tuntuiko Sinusta tällaiselta?			<input type="checkbox"/>	<input type="checkbox"/>
Ajattelitko kuolemaa – joko omaasi tai jonkun muun, tai kuolemaa ylipäänsä?			<input type="checkbox"/>	<input type="checkbox"/>

Seuraavat kysymykset koskevat alkoholin käyttöäsi

- | | | |
|---|--------------------------|--------------------------|
| | Kyllä | Ei |
| 28. a. Oletko koskaan ajatellut, että Sinun täytyisi vähentää juomistasi? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Ovatko ihmiset ärsyttäneet Sinua kriittisillä huomautuksillaan juomisestasi? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Oletko koskaan tuntenut syyllisyyttä juomisesi takia? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Oletko koskaan ottanut krupalaryppyjä aamulla? | <input type="checkbox"/> | <input type="checkbox"/> |

29. Oletko käynyt alkoholin käyttöösi liittyen terveys- ja sosiaalipalveluissa viimeksi kuluneiden 12 kuukauden aikana? Kyllä Ei Jos vastasit Ei, siirry kysymykseen 31.

30. Onko saamastasi hoidosta ollut Sinulle apua?

- | | | |
|--|--|--|
| <input type="checkbox"/> Erittäin paljon | <input type="checkbox"/> Melko paljon | <input type="checkbox"/> Jonkin verran |
| <input type="checkbox"/> Melko vähän | <input type="checkbox"/> Hyvin vähän tai ei lainkaan | |

31. Valitse väittämien paikkansapitävyyttä kuvaavista vaihtoehdoista sopivin.

	Täysin eri mieltä	Osittain eri mieltä	Osittain samaa mieltä	Täysin samaa mieltä
Alkoholiongelma ei ole oikea sairaus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terveystieteiden tutkimuskeskus ei ota alkoholiongelmaa vakavasti.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alkoholiongelmaa ei voida hoitaa.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alkoholiongelmaa pidetään häpeällisenä ja leimaavana.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Seuraavat kysymykset koskevat rahapelien pelaamista

32. Kuinka usein viimeksi kuluneiden 12 kuukauden aikana olet pelannut seuraavia rahapelejä?

	Ei kertaakaan	Joitakin yksittäisiä kertoja	Muutaman kerran kuussa	Muutaman kerran viikossa	Lähes päivittäin
Arvontapelit kuten raaputusarvat, Lotto, Jokeri, Keno	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arvontapelit kuten Lotto, Jokeri, Keno <i>internetissä</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vedonlyönti, esim. urheilu tai ravi (pitkäveto, moniveto, V-75 jne.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vedonlyönti <i>internetissä</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rahapeliautomaatit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kasinopelit (korttipelit, ruletti jne.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kasinopelit <i>internetissä</i> (esim. nettipokeri, ruletti jne.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Jos ET ole pelannut mitään pelejä viimeksi kuluneiden 12 kuukauden aikana, siirry kysymykseen 35!

33. a. Oletko koskaan tuntenut tarvetta käyttää pelaamiseen yhä enemmän ja enemmän rahaa?

- Kyllä Ei

b. Oletko koskaan joutunut valehtelemaan läheillesi siitä, kuinka paljon pelaat? Kyllä Ei

34. Onko Sinulla viimeksi kuluneiden 12 kuukauden aikana ollut pelaamisesta johtuvia ongelmia seuraavilla elämänalueilla?

	Ei koskaan	Joitakin yksittäisiä kertoja	Melko usein	Hyvin usein
Työelämä/opiskelu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perhe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ystävyysuhteet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parisuhde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fyysinen terveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mielenterveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Talous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------	--------------------------	--------------------------	--------------------------	--------------------------

35. Ole hyvä ja vastaa kuhunkin kysymykseen Kyllä tai Ei. vastaa kaikkiin kysymyksiin, vaikka olisit epävarma vastauksestasi.

	Kyllä	Ei
Tuntuuko Sinusta toisinaan siltä, että televisiossa näkemilläsi tai lehdestä lukemillasi asioilla on erityinen merkitys Sinulle?	<input type="checkbox"/>	<input type="checkbox"/>
Olen tietoinen siitä, että ihmiset kiinnittävät huomiotaan minuun, kun menen ulos syömään tai elokuviin.	<input type="checkbox"/>	<input type="checkbox"/>
Olen mieluummin omissa oloissani.	<input type="checkbox"/>	<input type="checkbox"/>
Tuntuuko Sinusta usein siltä, että muut ihmiset kantavat Sinulle kaunaa?	<input type="checkbox"/>	<input type="checkbox"/>
Minusta tuntuu, että minun täytyy olla varuillani jopa ystävien seurassa.	<input type="checkbox"/>	<input type="checkbox"/>
Havaitsetko joskus erityismerkityksiä mainoksissa, kaupan ikkunoissa tai tavassa, jolla esineet on järjestetty?	<input type="checkbox"/>	<input type="checkbox"/>
Tuntuuko Sinusta siltä, ettei ole ketään, joka Sinulle todella läheinen (välittömän perhepiirin ulkopuolella), tai että ei ole ketään, jolle pystyt uskoutumaan tai puhumaan?	<input type="checkbox"/>	<input type="checkbox"/>
Kun olet ostoksilla, tuntuuko Sinusta siltä, että muut ihmiset kiinnittävät huomiota Sinuun?	<input type="checkbox"/>	<input type="checkbox"/>
Onko Sinusta koskaan tuntunut siltä, että viestit toisen ihmisen kanssa telepaattisesti (lukemalla ajatuksia)?	<input type="checkbox"/>	<input type="checkbox"/>
Tuntuuko Sinusta joskus siltä, että toiset ihmiset tarkkailevat Sinua?	<input type="checkbox"/>	<input type="checkbox"/>

Lopuksi väittämiä suhtautumisesta mielenterveysongelmiin

36. Valitse väittämien paikkansapitävyyttä kuvaavista vaihtoehdoista sopivin.

	Täysin eri mieltä	Osittain eri mieltä	Osittain samaa mieltä	Täysin samaa mieltä
Mielenterveysongelma on merkki ihmisen heikkoudesta ja yliherkkyydestä.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mielenterveysongelmat eivät koskaan parane.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mielenterveyspotilaat ovat arvaamattomia.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yhteiskunnan tulisi panostaa enemmän mielenterveysongelmaisten avohoitoon (ei sairaalahoitoon).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jos kertoo omista mielenterveysongelmista, ystävät jättävät.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terveydenhuollon henkilökunta ei ota vakavasti mielenterveysoireita.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On vaikeaa puhua henkilön kanssa, joka kärsii mielenterveysongelmista.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jos työnantaja saa tietää työntekijän mielenterveysongelmista, työsuhde vaarantuu.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. Alla on väittämiä masennuksesta. Valitse väittämien paikkansapitävyyttä kuvaavista vaihtoehdoista mielestäsi sopivin.

	Täysin eri mieltä	Osittain eri mieltä	Osittain samaa mieltä	Täysin samaa mieltä
Masennusta ei voida hoitaa.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masennus ei ole oikea sairaus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masennus on merkki epäonnistumisesta.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masennuslääkkeet eivät ole riippuvuutta aiheuttavia.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masentuneen pitäisi ottaa itseään niskasta kiinni.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masennuslääkkeillä on paljon sivuvaikutuksia.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masennuksesta kärsivät henkilöt ovat itse aiheuttaneet ongelmansa.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masennusta pidetään häpeällisenä ja leimaavana.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. Lopuksi pyydämme Sinua vastaamaan seuraaviin kysymyksiin, joissa Sinun tulisi kuvitella eri tilanteita.

	Kyllä	Luultavasti	Tuskin	Ei
Olisitko valmis solmimaan avio-/avoliiton henkilön kanssa, jolla on mielenterveysongelmia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antaisitko lapsesi hoidettavaksi henkilölle, jolla on mielenterveysongelmia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Olisitko valmis valitsemaan työtoveriksi mielenterveysongelmista kärsineen henkilön?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Kuulet että naapurustoosi ollaan suunnittelemassa mielenterveyskuntoutujien tuettua asumisyksikköä. Herättäisikö suunnitelma Sinussa vastustusta?

KOMMENTTEJA.

Toivomme Sinun vielä kirjoittavan ajatuksiasi ja mielipiteitäsi tästä kyselytutkimuksesta.

KIITOS!

Appendix 3. Frågeformulär om mental hälsa 2011

1. Födelseår 19_____
2. Kön Man Kvinna
3. I vilken kommun bor Du? _____
4. Hur länge har Du bott på orten Du bor nu? _____ år
5. Modersmål Svenska Finska Annat: _____
6. Civilstånd Gift Sambo/parförhållande Skild
 Ogift Änka/änkling
7. Hur många personer hör till Ditt hushåll för närvarande (räknat med Dig själv)? _____ pers.
8. Grundutbildning Folkskola Mellanskola Grundskola Studentexamen
9. Vilken är den högsta utbildning eller examen som Du avlagt efter grundutbildningen?
 Ingen yrkesutbildning Yrkeskurs/utbildning på arbetsplatsen Yrkesskola
 Yrkesutbildning på institutnivå Yrkeshögskoleexamen Högskoleexamen
Om osäker, ange examen: _____
10. Vilket av följande alternativ beskriver bäst Din nuvarande huvudsakliga verksamhet?
 Heltidsarbetande Deltidsarbetande/deltidspensionerad
 Studerande Pensionerad
 Arbetslös eller permitterad Beväring eller i civiltjänst
 Hemma och sköter hushåll eller familjemedlemmar Annat, vad? _____
11. Hur aktiv deltar Du i föreningslivet? Mycket aktivt Ganska aktivt Ganska lite Inte alls

12. Nedan följer några påståenden om kontroll över det egna livet.

Välj det svarsalternativ som bäst beskriver Dig själv.

	Helt av samma åsikt	Delvis av samma åsikt	Delvis av annan åsikt	Helt av annan åsikt
Jag har liten kontroll över vad som händer mig.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jag saknar möjligheter att lösa vissa av mina problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jag förmår inte göra mycket för att förändra saker i mitt liv.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jag känner mig ofta hjälplös inför livets problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ibland känns det som om jag skulle kastas omkring i livet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Det som händer mig i framtiden beror främst på mig själv.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jag kan göra nästan allt jag faktiskt besluter mig att göra.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nu följer några frågor om Dina relationer till andra människor.

- 13 a. Hur många personer står Dig så nära, att Du kan lita på dem om Du har allvarliga personliga problem?
 Ingen 1 or 2 3 – 5 Flera än 5
- b. I vilken omfattning visar andra människor intresse för det Du gör?
 Stort intresse Måttligt intresse Osäker Litet intresse Inget intresse
- c. Hur lätt är det för Dig att vid behov få praktisk hjälp av Dina grannar?
 Mycket lätt Lätt Möjligt Svårt Mycket svårt

14. Hur ofta har Du kontakt med någon/några av följande personer?

	Flera gånger i veckan	Flera gånger i månaden	Någon gång om året	Aldrig	Personen finns inte
Make/maka/sambo/särbo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barnbarn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syskon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Föräldrar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Övriga släktingar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vänner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grannar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Ange det svarsalternativ som bäst beskriver Din åsikt.

	Stämmer helt	Stämmer ganska så bra	Stämmer knappast	Stämmer inte alls
Jag känner samhörighet med mitt grannskap och att jag är en del av det.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De flesta i mitt grannskap kan man lita på.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Det är bäst att låta bli att lita på någon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Händer det att Du känner Dig ensam? Ofta Ibland Sällan Aldrig

17. Välj det alternativ som passar bäst in på Dig själv när Du var barn. Blev Du utsatt för något av de följande av en vuxen?

	Aldrig	Sällan	Ibland	Ofta	Mycket ofta
Luggad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dragen i örat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slagen med handen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slagen med något föremål	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vi önskar veta hur Du i allmänhet har mått under de senaste veckorna

18. Under de senaste fyra veckorna, har Du haft något av följande problem i Ditt arbete eller med andra regelbundna dagliga aktiviteter som en följd av känslomässiga problem (som t.ex. nedstämdhet eller ångslan)?

	Ja	Nej
Jag har skurit ned den tid jag normalt ägnat åt arbete eller andra aktiviteter.	<input type="checkbox"/>	<input type="checkbox"/>
Jag har utträttat mindre än jag skulle ha önskat.	<input type="checkbox"/>	<input type="checkbox"/>
Jag har inte utfört arbete eller andra aktiviteter så noggrant som vanligt.	<input type="checkbox"/>	<input type="checkbox"/>

19. Har Du den senaste tiden...

a. ... kunnat koncentrera Dig på Dina uppgifter?

Bättre än vanligt Lika bra som vanligt Sämre än vanligt Mycket sämre än vanligt

b. ...vakat på grund av bekymmer?

Inte alls Inte mer än vanligt Något mer än vanligt Mycket mer än vanligt

c. ... känt att Du har en betydelsefull roll i vad som händer?

Mer än vanligt Lika mycket som vanligt Mindre än vanligt Mycket mindre än vanligt

d. ... känt Dig kapabel att fatta beslut?

Bättre än vanligt Lika bra som vanligt Sämre än vanligt Mycket sämre än vanligt

e. ... känt Dig hela tiden vara utsatt för påfrestning?

Inte alls Inte mer än vanligt Något mer än vanligt Mycket mer än vanligt

f. ... haft en känsla av att Du inte klarar av Dina svårigheter?

- Inte alls Inte mer än vanligt Något mer än vanligt Mycket mer än vanligt

g. ... kunnat njuta av Dina vanliga dagliga förhållanden?

- Mer än vanligt Lika mycket som vanligt Mindre än vanligt Mycket mindre än vanligt

h. ... kunnat möta Dina svårigheter?

- Bättre än vanligt Lika bra som vanligt Sämre än vanligt Mycket sämre än vanligt

i. ... känt Dig olycklig och nedstämd?

- Inte alls Inte mer än vanligt Något mer än vanligt Mycket mer än vanligt

j. ... förlorat Ditt självförtroende?

- Inte alls Inte mer än vanligt Något mer än vanligt Mycket mer än vanligt

k. ... känt Dig värdelös som människa?

- Inte alls Inte mer än vanligt Något mer än vanligt Mycket mer än vanligt

l. ... på det hela känt Dig rätt lycklig?

- Mer än vanligt Lika mycket som vanligt Mindre än vanligt Mycket mindre än vanligt

20. Känner Du någon med mentala problem? Flera alternativ är möjliga.

- I familjen eller släkten I vänkretsen I arbetet
 I fritidsaktiviteterna På annat sätt. Hur? _____ **Nej, jag känner ingen**

21. Har Du under de senaste 12 månaderna anlitat någon hälsovårdstjänst på grund av mentala problem?

- Ja Nej Om Du svarat NEJ, gå till fråga 24!

22. a. Har den vård Du fått varit till hjälp?

- Våldigt mycket Ganska mycket I någon mån Ganska litet Mycket litet eller inte

b. Omfattade vården medicinering? Ja Nej

23. Har Du under de senaste 12 månaderna använt någon av följande hälsovårdstjänster på grund av mentala problem? Flera alternativ är möjliga.

- Hälsovårdscentral Akutmottagning
 Privatmottagning (läkare, psykolog...)
 Skol/studenthälsovård Företagshälsovård
 Mentalvårdsbyrå eller psykiatrisk poliklinik Psykiatriskt sjukhus
 Annat sjukhus A-klinik
 Rehabiliteringsanstalt Rådgivningsbyrå för familjefrågor eller uppfostringsfrågor
 Annat ställe? Vilket? _____

24. Var skulle Du söka hjälp för depression?

	Säkert	Troligen	Knappast	Aldrig
Hälsocentral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privatläkare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privat psykoterapeut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Företags-/ studenthälsovård	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentalvårdsbyrå eller psykiatrisk poliklinik	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Präst eller själavårdare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mina vänner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Min familj och släkt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stödgrupp på internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Jag skulle inte söka hjälp				

25 a. Har du någon gång under de senaste 12 månaderna haft tankar på självmord?

Ja Nej

b. Har Du under de senaste 12 månaderna försökt begå självmord?

Ja Nej

26 a. Har Du under de senaste 12 månaderna vid något tillfälle känt Dig ledsen, nedstämd eller deprimerad under två veckor i sträck eller längre?

Ja Nej

b. Har det under de senaste 12 månaderna funnits någon period då Du tappat intresset för det mesta här i livet såsom arbete, hobby eller annan sysselsättning som Du annars vanligtvis brukar tycka om, som varat i två veckor eller mer i sträck?

Ja Nej

Om Du svarat NEJ på båda frågorna, gå till **fråga 28!**

27. När det gäller de frågor som kommer härnäst, vill vi att Du tänker på den tvåveckorsperiod, under de senaste 12 månaderna då känslan av att vara ledsen, nedstämd eller deprimerad eller förlusten av intresse var som värst.

Hade Du denna känsla...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	hela dagen	största delen av dagen	ungefär halva dagen	mindre än halva dagen
Kändes det så...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	varje dag	nästan varje dag	mindre ofta	
Under de här två veckorna, vilka av följande problem hade Du?			Ja	Nej
Kände Du Dig orkeslös, trött eller helt utan energi?			<input type="checkbox"/>	<input type="checkbox"/>
Ökade Du eller minskade Du i vikt (5 kilo eller mera) utan att det var Din avsikt?			<input type="checkbox"/>	<input type="checkbox"/>
Hade Du större problem med att somna in än vad Du vanligtvis har?			<input type="checkbox"/>	<input type="checkbox"/>
Var det varje natt eller nästan varje natt som Du hade svårt att somna?			<input type="checkbox"/>	<input type="checkbox"/>
Hade Du mycket svårare för att koncentrera Dig än vad Du brukar?			<input type="checkbox"/>	<input type="checkbox"/>
Ibland ser människor ner på sig själva, känner sig dåliga eller värdelösa. Kände Du själv på samma sätt?			<input type="checkbox"/>	<input type="checkbox"/>
Tänkte Du mycket på döden – Din egen eller någon annans eller på döden över huvud taget?			<input type="checkbox"/>	<input type="checkbox"/>

De följande frågorna gäller Din användning av alkohol

- | | | |
|---|--------------------------|--------------------------|
| | Ja | Nej |
| 28. a. Har Du någon gång känt att Du borde skära ned Ditt drickande? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Har andra människor irriterat Dig genom att kritisera Ditt drickande? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Har Du någon gång haft skuld känslor över Ditt drickande? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Har Du någon gång druckit alkohol på morgonen för att lindra baksmälla? | <input type="checkbox"/> | <input type="checkbox"/> |

29. Har Du under de senaste 12 månaderna utnyttjat några hälso- eller socialvårdstjänster på grund av alkoholproblem? Ja Nej *Om Du svarat NEJ, gå till fråga 31!*

30. Har den vård Du fått varit till hjälp?

Väldigt mycket Ganska mycket I någon mån Ganska litet Mycket litet eller inte alls

31. Ange det svarsalternativ som bäst beskriver Din åsikt.

	Helt av annan åsikt	Delvis av annan åsikt	Delvis av samma åsikt	Helt av samma åsikt
Alkoholproblem är inte en riktig sjukdom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hälsovårdspersonalen tar inte alkoholproblem på allvar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alkoholproblem kan inte behandlas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alkoholproblem anses vara skamligt och stämplande.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

De följande frågorna gäller Dina spelvanor

32. Hur ofta har Du under de senaste 12 månaderna ägnat Dig åt följande penningspel?

	Ingen gång	Någon enstaka gång	Flera gånger per månad	Flera gånger per vecka	Så gott som dagligen
Skraplotter, Lotto, Joker, Keno och dylika lotterispel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lotto, Joker, Keno och dylika lotterispel på internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vadslagning (t.ex. sport eller trav, pitkäveto, moniveto, V-75)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vadslagning på internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelautomater på kasino eller annan plats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kasinospel (t.ex. kortspel, roulett mm.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kasinospel på internet (t.ex. nätpoker, roulett mm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Om Du INTE spelat någon form av penningspel under det senaste året, gå till **fråga 35**.

33. Har Du någon gång upplevt ett behov av att spela om större och större summor? Ja Nej

Har Du varit tvungen att ljuga för personer som är viktiga för Dig om hur mycket Du spelat?

Ja Nej

34. Har Du under de senaste 12 månaderna upplevt problem orsakade av penningspelande inom följande områden?

	Aldrig	Någon enstaka gång	Ganska ofta	Mycket ofta
Jobb/utbildning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familj	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vänner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parförhållande	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fysisk hälsa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psykisk hälsa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ekonomi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. Vänligen svara på frågorna nedan genom att kryssa för alternativen Ja eller Nej. Försök svara även om Du är osäker på Ditt svar.

	Ja	Nej
Får Du ibland en känsla av att saker Du ser på TV eller läser i tidningen har en särskild betydelse för Dig?	<input type="checkbox"/>	<input type="checkbox"/>
Jag vet att andra observerar mig när jag går ut och äter eller när jag går på bio.	<input type="checkbox"/>	<input type="checkbox"/>
Jag föredrar att vara för mig själv.	<input type="checkbox"/>	<input type="checkbox"/>
Känner Du ofta att folk har något emot Dig?	<input type="checkbox"/>	<input type="checkbox"/>
Jag känner att jag måste vara på min vakt även när jag är med vänner.	<input type="checkbox"/>	<input type="checkbox"/>
Ser Du ibland speciella budskap i reklam, skyltfönster eller i hur saker och ting är arrangerade runt Dig?	<input type="checkbox"/>	<input type="checkbox"/>
Känner Du att det inte finns någon som Du står riktigt nära förutom Dina närmaste, eller att det inte finns någon Du kan anförtro Dig åt eller tala om personliga problem?	<input type="checkbox"/>	<input type="checkbox"/>
Får Du en känsla av att andra lägger märke till Dig när Du är ute och handlar?	<input type="checkbox"/>	<input type="checkbox"/>
Har Du nånsin upplevt att Du kommunicerat telepatiskt (genom tankeläsning) med en annan människa?	<input type="checkbox"/>	<input type="checkbox"/>
Får Du ibland en känsla av att folk iakttar Dig?	<input type="checkbox"/>	<input type="checkbox"/>

Slutligen följer ett antal påståenden om mentala problem och synen på dem

36. Ange det svarsalternativ som bäst beskriver Din åsikt.

	Helt av annan åsikt	Delvis av annan åsikt	Delvis av samma åsikt	Helt av samma åsikt
Mentala problem är tecken på svaghet och överkänslighet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Man tillfrisknar inte från mentala problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentalvårdspatienter är oberäkneliga.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Samhället borde satsa mer på öppen vård (inte sjukhusvård) för personer med mentala problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Om man berättar om sina mentala problem överges man av sina vänner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hälsovårdspersonalen tar inte mentala problem på allvar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Det är svårt att prata med en person med mentala problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arbetsförhållandet riskeras om arbetsgivaren får vetskap om arbetstagarens mentala problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. Här följer ytterligare några påståenden om depression. Ange det svarsalternativ som bäst beskriver Din åsikt.

	Helt av annan åsikt	Delvis av annan åsikt	Delvis av samma åsikt	Helt av samma åsikt
Depression kan inte behandlas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression är inte en riktig sjukdom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression är ett tecken på misslyckande.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressionsmedicinerna är inte beroendeframkallande.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Den som är deprimerad borde ta sig själv i kragen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressionsmedicin har mycket biverkningar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personer med depression är själva orsaken till sina problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression anses vara skamligt och stämplande.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. Slutligen ber vi Dig svara på följande frågor, där det gäller att tänka sig in i olika situationer.

	Ja	Troligtvis	Troligtvis inte	Nej
Skulle Du vara beredd att ingå äktenskap/bli sambo med en person med mentala problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skulle Du låta en person med mentala problem sköta Dina barn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skulle Du kunna tänka Dig att välja en person med mentala problem till arbetskamrat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Föreställ Dig att man i Ditt grannskap planerar ett rehabiliteringsboende för personer med mentala problem. Skulle Du motsätta Dig planerna?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

KOMMENTARER. Om Du har några tankar eller åsikter om denna undersökning ser vi gärna att Du skriver ned dem här.

TACK!

Appendix 4. Publications related to the survey

- Aromaa, E., Tuulari, J., Herberts, K. & Wahlbeck, K. (2007). Pohjalaisen väestön suhtautuminen masennukseen ja mielen hoitamiseen. *Suomen Lääkärilehti*, 62, 788–789.
- Aromaa, E., Tolvanen, A., Tuulari, J. & Wahlbeck, K. (2009). Attitudes towards people with mental disorders: The psychometric characteristics of a Finnish questionnaire. *Social Psychiatry and Psychiatric Epidemiology*, 45, 265-273.
- Aromaa, E., Tolvanen, A., Tuulari, J. & Wahlbeck, K. (2011). Personal stigma and use of mental health services among people with depression in a general population in Finland. *BMC Psychiatry*, 11, 52.
- Aromaa, E., Tolvanen, A., Tuulari, J. & Wahlbeck, K. (2011). Predictors of stigmatizing attitudes towards people with mental disorders in a general population in Finland. *Nordic Journal of Psychiatry*, 65,125-132.
- Aspvik, U., Kiikkala, I. & Lassila A. (2007). Mielenterveyspalvelujen kehittäminen kansalaistenehdotusten perusteella. *Suomen Lääkärilehti*, 62, 794–795.
- Eriksson, S. (2007). Kvinnors och mäns sociala relationer och sociala stöd. Masters' thesis, Åbo Akademi, Vaasa.
- Forsman, A., Herberts, K., Aromaa, E., Tuulari, J. & Wahlbeck, K. (2009). Kohti pohjalaista hyvinvointia: Mielenterveyttä koskeva kyselytutkimus 2008: Menetelmäraportti. Avauksia 3/2009. Helsinki: Terveyden ja hyvinvoinnin laitos.
- Forsman, A., Nyqvist, F., Wahlbeck, K. (2011). Cognitive components of individual social capital and mental health status among older adults: a population-based cross-sectional study. *Scandinavian Journal of Public Health*, 39, 757-65.
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- Forsman A.R. (2010). Ensam är stark? Det sociala nätverkets samband med psykisk ohälsa bland österbottningar. Master's thesis. University of Helsinki, Helsinki.
- Herberts, K., Wahlbeck, K., Aromaa, E. & Tuulari, J. (2006). Enkät om mental hälsa 2005. Metodbeskrivning. Diskussionsunderlag 13/2006. Helsinki: Stakes. Available <http://groups.stakes.fi/NR/rdonlyres/E89F1D09-3B7D-4EA5-B27B-7233DC365313/0/T132006VERKKO.pdf>
- Jäfs, T. (2010). Det komplexa sambandet mellan alkoholproblem och psykisk ohälsa. Könsskillnader i olika ålderskategorier samt skillnader mellan språkgrupper. Master's thesis, Åbo Akademi, Vasa.
- Tuulari, J., Aromaa, E., Herberts, K. & Wahlbeck, K. (2007). Pohjalainen masennus ja hakeutuminen hoitoon. *Suomen Lääkärilehti*, 62, 790–791.
- Wahlbeck, K., Kaivosoja, M., Lassila, A. & Syväoja, S.-M. (2007). Mielenterveyden edistäminen on yhteistyötä. *Suomen Lääkärilehti*, 62, 721.

Posters

- Salokangas, R. K. R., Kallio, M. M., Nordling, E., Wahlbeck, K. Problematic use of alcohol in elderly in Varsinais-Suomi and Pohjanmaa. NorAge -kongressi "Prevention of old age plagues", 14.–15.6.2007, Turku.
- Salokangas, R. K. R., Kallio, M. M., Tuulari, J., Wahlbeck, K. (2007). Depression and stress symptoms in elderly. NorAge -kongressi "Prevention of old age plagues", 14.–15.6.2007, Turku.
- Wahlbeck, K., Aspvik, U., Aromaa, E., Häikiö, M., Kaivosoja, M., Lassila, A. (2007). The Ostrobothnia Project. A regional project for mental health and substance abuse intervention. European Conference on Mental Health: Joining forces across Europe for Prevention and Promotion in Mental Health, Barcelona 13–15.9.2007.