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Sistema de Información del Sistema Nacional de Salud

In memoriam Víctor Barranco Ortega

La Encuesta Nacional de Salud y la investigación de la salud mental y la calidad de vida infantil

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Guión

- ✓ Aportación de las Encuestas de Salud a la investigación en salud y servicios sanitarios
- ✓ La Encuesta Nacional de Salud de España (ENSE)
- ✓ Estudio de las desigualdades en salud mental y calidad de vida relacionada con la salud infantil
- ✓ Ventajas y limitaciones en el uso de la ENSE
- ✓ Conclusiones

Las Encuestas de salud como fuente de información

- ✓ Estados Unidos de América: *National Health Interview Survey*. *National Center for Health Statistics (NCHS)*, continúa desde 1957-60.
- ✓ Gran Bretaña: *General Household Survey*. *Office for National Statistics (ONS)*, continúa desde 1971
- ✓ Canadá: *National Health Survey (NHS) Statistics Canada*, periódica desde 1978
- ✓ España: Encuesta Nacional de Salud de España Ministerio de Sanidad - Instituto Nacional de Estadística, periódica desde 1987 (8 ediciones)
- ✓ Encuesta Europea de Salud (EHIS) y adaptación de la ENSE (2009)

DETRAS DE LOS NÚMEROS HAY PERSONAS

¡PUES QUE SE APARTEN!

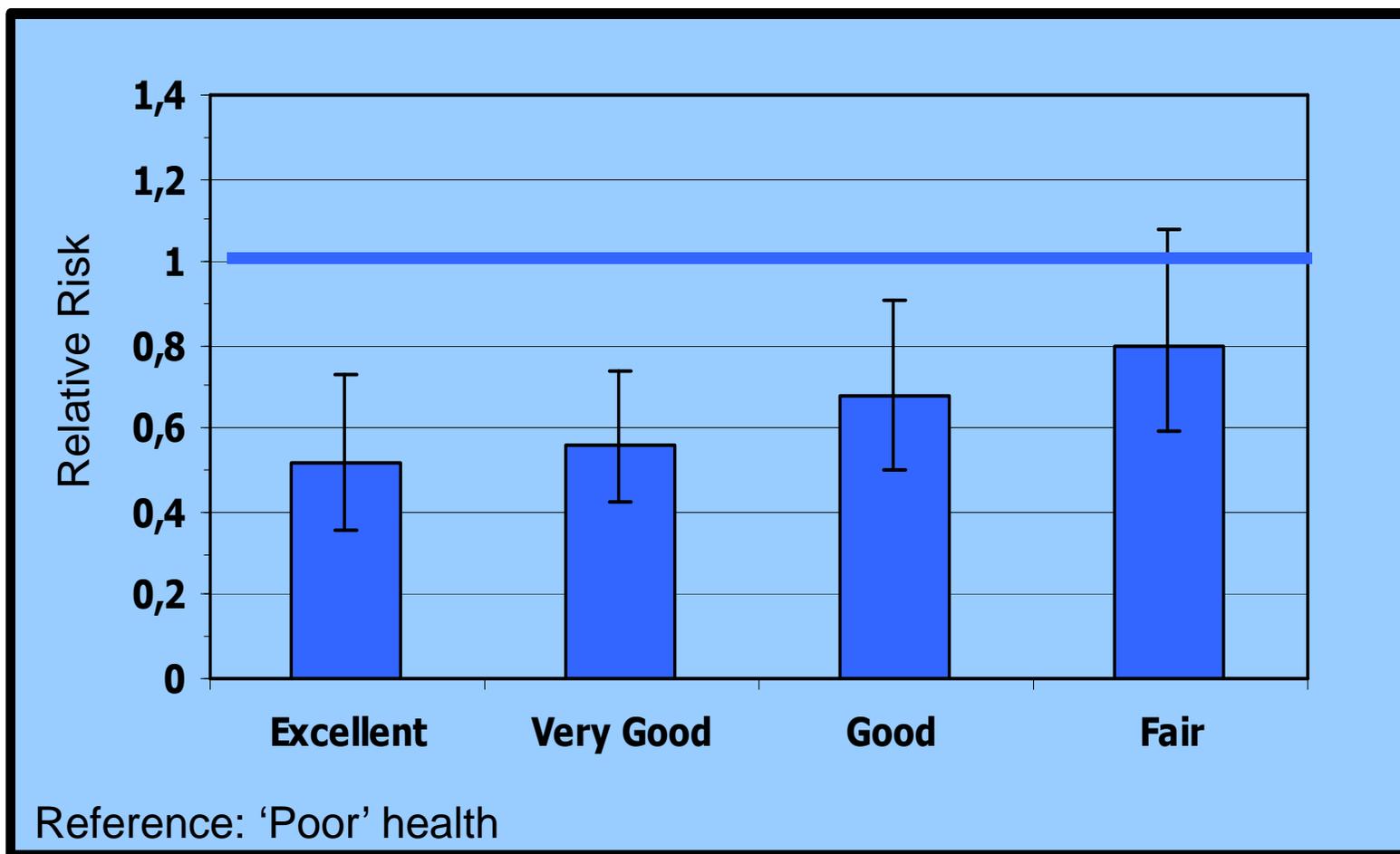


Las Encuestas de Salud como fuente de información

- ✓ Información individual y familiar esencial y no disponible de otras fuentes para conocer los indicadores de salud poblacional
- ✓ Posibilidad de analizar datos de salud y sociodemográficos
- ✓ Estimadores poblacionales estatales y por regiones
- ✓ Información (teóricamente) útil para establecer comparaciones y para la toma de decisiones en política sanitaria

Salud Percibida y Mortalidad

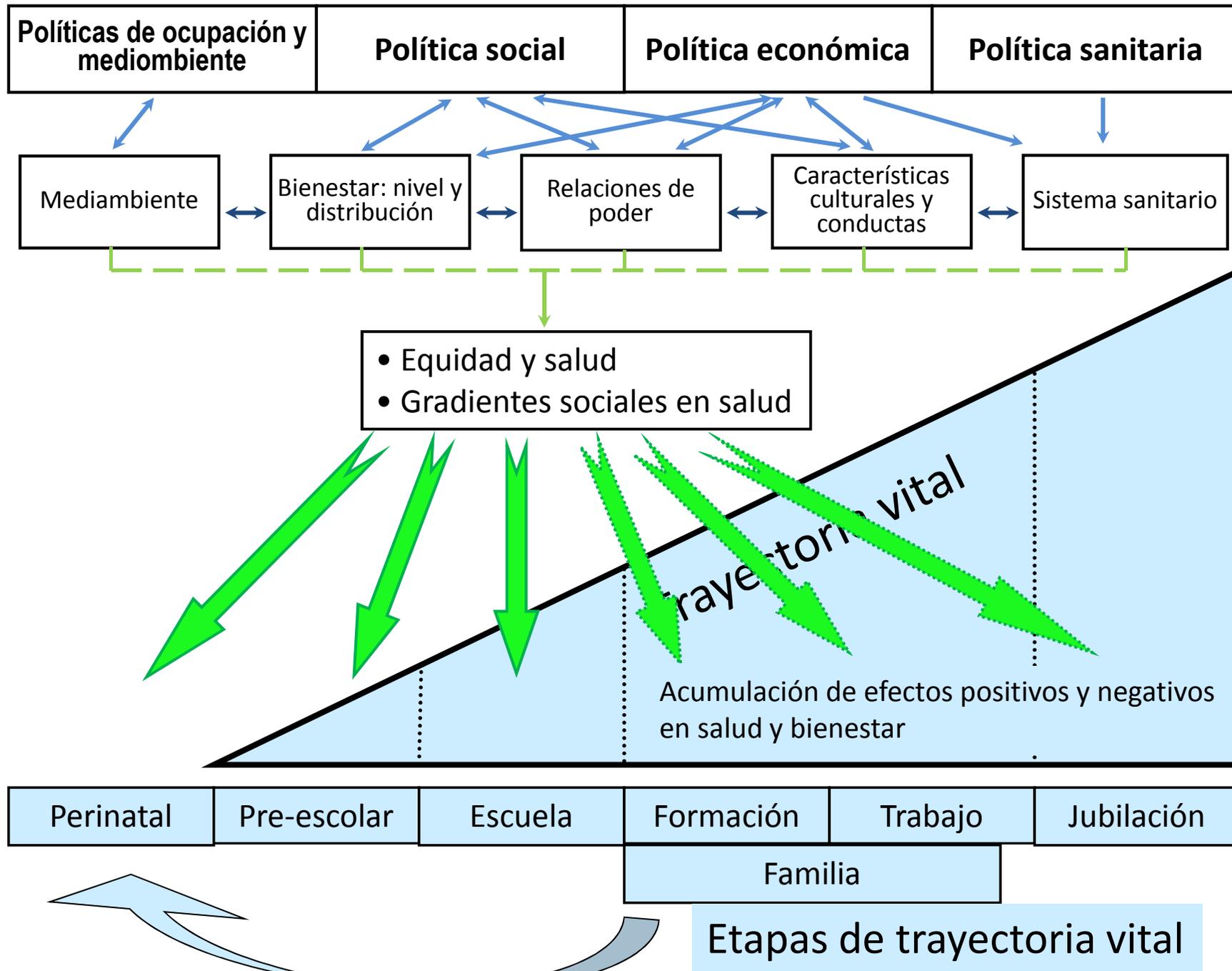
Hombres, NHANES I, 1992



Idler EL et al. *Am J Epidemiol* 2000; 152:874-83

La Encuesta Nacional de Salud (ENSE)

- ✓ Acceso libre y fácil
- ✓ Información válida y contrastada
- ✓ Inclusión de instrumentos “estándar”
- ✓ Representatividad de la población general española
- ✓ “Fotografía” de las regiones
- ✓ Posibilidad de monitorizar la salud en el tiempo
- ✓ Abordaje de problemas prioritarios en salud pública



Social Inequalities in Mental Health and Health-Related Quality of Life in Children in Spain



WHAT'S KNOWN ON THIS SUBJECT: The importance of and interest in childhood mental problems have increased worldwide. There are few population studies on child and adolescent mental health and health-related quality of life (HRQoL).



WHAT THIS STUDY ADDS: A social gradient was found in childhood mental health according to maternal education level and social class, but none was found in HRQoL, although children from disadvantaged social classes had somewhat lower HRQoL scores than their more advantaged counterparts.

abstract

FREE

OBJECTIVES: To assess mental health and health-related quality of life (HRQoL) of children and adolescents in Spain and to investigate the existence of a social gradient in mental health and HRQoL.

METHODS: Within the Spanish National Health Survey (2006), the parents' version of the Strengths and Difficulties Questionnaire was administered to a population aged 4 to 15 years, and the parents' version of the modified KIDSCREEN-10 Index was given to a population aged 8 to 15 years. Sociodemographic data and information on family structure, socioeconomic status, health status, and discrimination were collected. Regression models were developed to analyze associations of socioeconomic status with mental health and HRQoL.

RESULTS: A total of 6414 children and adolescents aged 4 to 15 years participated. Mean Strengths and Difficulties Questionnaire score was 9.38 (SD, 5.84) and mean KIDSCREEN-10 Index score ($n = 4446$) was 85.21 (SD, 10.73). Children whose mothers had a primary school education (odds ratio [OR]: 1.37; 95% confidence interval [CI]: 1.29–1.46) or a secondary education (OR: 1.21; 95% CI: 1.14–1.29) presented poorer mental health than those whose mothers had a university degree. Children from disadvantaged social classes (IV–V) showed slightly poorer HRQoL scores (OR: 0.98; CI: 0.97–0.99) than the remaining children.

CONCLUSIONS: There is a social gradient in the mental health of children and young adolescents in Spain. No social gradient was found for HRQoL, although children from families of disadvantaged social classes had slightly worse HRQoL scores than their counterparts from more advantaged classes. *Pediatrics* 2012;130:e528–e535

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KEY WORDS

adolescent, children, health disparities, mental health, quality of life, Spain

ABBREVIATIONS

CI—confidence interval

ENSE—Encuesta Nacional de Salud de España (Spanish National Health Interview Survey)

HRQoL—health-related quality of life

KS—KIDSCREEN

OR—odds ratio

SDQ—Strengths and Difficulties Questionnaire

SES—socioeconomic status

TDS—Total Difficulties Score

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La muestra infantil (ENSE 2006)

Salud mental

- ✓ *Edad 4-15 años*
- ✓ *N = 6414*

Calidad de vida relacionada con la salud

- ✓ *Edad 8-15 años*
- ✓ *N = 4446*

Nivel socioeconómico, características de la familia, salud ...

- ✓ Nivel de estudios materno
- ✓ Clase social familiar
- ✓ Características de la familia (tipo de familia, origen, etc)
- ✓ Variables de salud y limitación de actividades

Cuestionario infantil (ENSE 2006)

- ✓ Unidad muestral: familia
- ✓ Cuestionario de menores: respuesta de un informador (en general la madre)

SDQ

- ✓ *Strengths and difficulties* (capacidades y dificultades)
- ✓ 25 ítems (últimos 6 meses)
 - ✓ Síntomas emocionales
 - ✓ Problemas de conducta
 - ✓ Hiperactividad / déficit de atención
 - ✓ Problemas con compañeros
 - ✓ Conducta pro-social
- ✓ Escala global de dificultades (0-40)
- ✓ Mayor puntuación = peor SM

Kidscreen-10

- ✓ Salud percibida y calidad de vida
- ✓ 10 ítems (últimos 7 días)
 - ✓ Bienestar físico, psicológico y ambiente familiar y escolar
- ✓ Escala 0-100
- ✓ Mayor puntuación = mejor CVRS

SDQ y KIDSCREEN

Ventajas

- ✓ Instrumentos con coeficientes de validez y fiabilidad conocidos
- ✓ Ampliamente utilizados (a nivel local e internacional)
- ✓ Versiones adaptadas en más de 80 (SDQ) y 50 (KDS) países
- ✓ Facilidad de administración (no más de 10') e interpretación

Limitaciones

- ✓ No son instrumentos de diagnóstico
- ✓ Información recogida de “proxies”

Diferencias estandarizadas de las puntuaciones medias en salud mental (SDQ- puntuación total) según el nivel de estudios materno y la clase social familiar

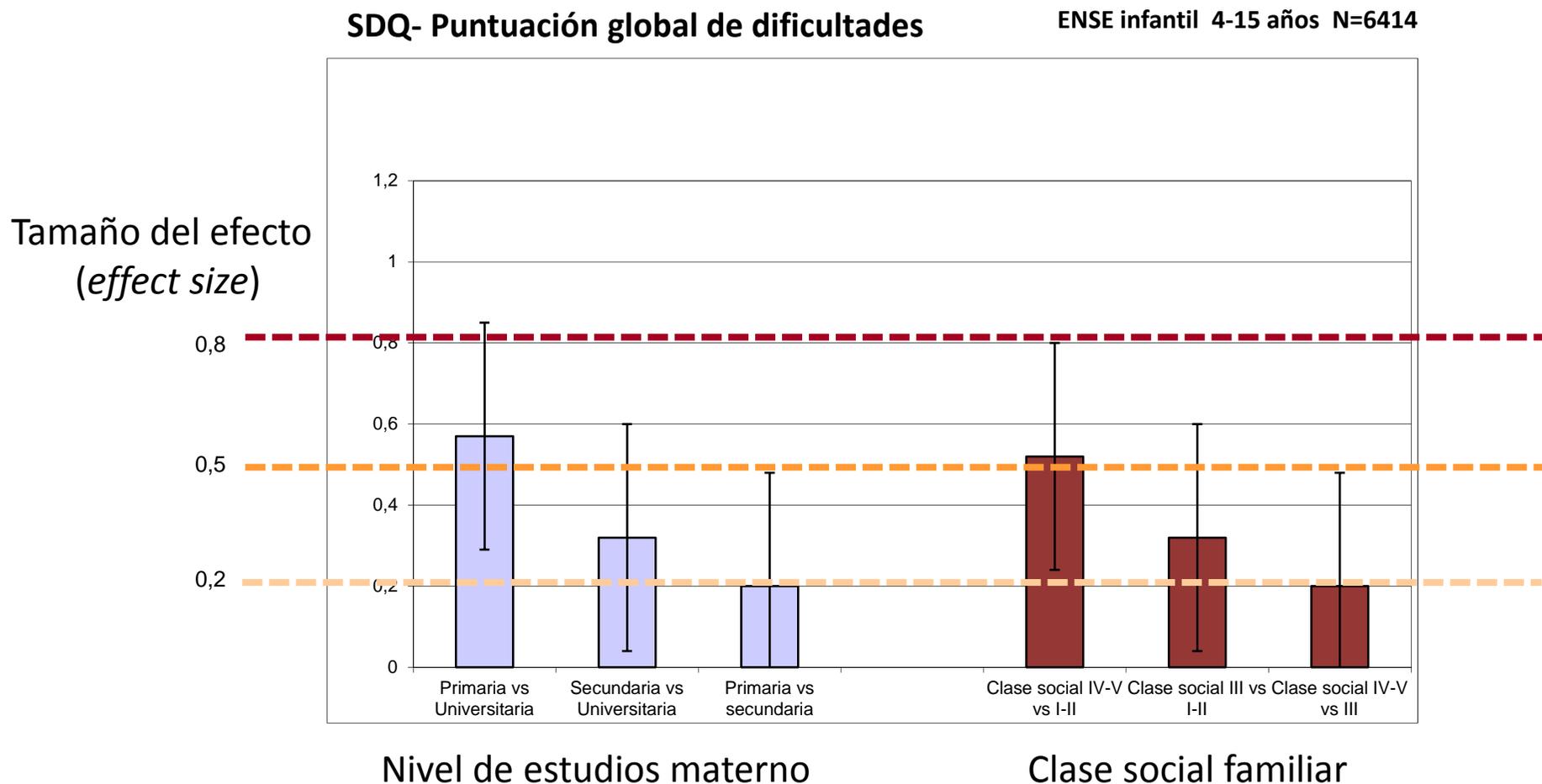


TABLE 4 Poisson Regression Models for Mental Health (TDS-SDQ; $n = 6289$) and HRQoL (Modified KS-10 Index; $n = 4448$)

	TDS-SDQ				Modified KS-10 Index			
	Basic (Crude) Model		Adjusted Model ^a		Basic (Crude) Model		Adjusted Model ^a	
	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
Maternal education level								
University degree	1		1		1		1	
Secondary school	1.23	1.15–1.31	1,21	(1,14-1,29)	0.98	–1.01	1,00	(0,98-1,01)
Primary school	1.38	1.30–1.48	1,37	(1,29,1,46).	0.98	–1.01	0,99	(0,97,1,01).
Social class								
I + II	1		1		1		1	
III	1.14	1.07–1.22	1,15	(1,08-1,22)	0.98	–1.01	0,99	(0,98-1,01)
IV–V	1.35	1.27–1.42	1,31	(1,24,1,38).	0.97	–0.99	0,98	(0,97-0,99)

Source: Spanish National Health Interview Survey (2006).²⁷

^aAdjusted model: adjusted by age, gender, place of residence, place of birth, type of family, no. of family members, perceived discrimination, and health status (health status variables were not included in the HRQoL models).

¿Qué aporta el estudio?

- ✓ Evidencia la importancia de los determinantes sociales de la salud mental y la calidad de vida infantil
- ✓ Muestra gradientes sociales en salud mental infantil
- ✓ Enfoque comprensivo y global de la salud (mental)
- ✓ Aporta datos para implementar intervenciones efectivas para mejorar la salud infantil y para monitorizar la evolución en el tiempo

¿Limitaciones? de la ENSE

- ✓ ¿Posible repetición de estudios (publicaciones)?

The influence of parental education on child mental health in Spain

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Fernando Simón

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Abstract

Purpose To analyze the association between parental education and offspring's mental health in a nationally representative Spanish sample, and assess the contribution of other socioeconomic factors to the association.

Methods We conducted a secondary analysis of data on 4- to 15-year-olds participating in the 2006 Spanish National Health Survey. Mental health was assessed using the parent-reported Strengths & Difficulties Questionnaire. Parents' respective educational levels were summarized in a single variable. Univariate and multivariate analyses, controlling for family-, child- and parent-related characteristics, were used to study the association.

Results The final sample comprised 5,635 children. A strong association between parental education and parent-reported child mental health was observed among 4- to 11-year-olds, with odds ratios (ORs) increasing as parental

educational level decreased. Where both parents had a sub-university level, maternal education showed a stronger association than did paternal education. Following adjustment for covariates, parental education continued to be the strongest risk factor for parent-reported child mental health problems, OR = 3.7 (95% CI 2.4–5.8) for the lowest educational level, but no association was found among 12- to 15-year-olds. Male sex, immigrant status, activity limitation, parent's poor mental health, low social support, poor family function, single-parent families, low family income and social class were associated with parent-reported child mental health problems in both age groups.

Conclusions Our results show that there is a strong association between parental education and parent-reported child mental health, and that this is indeed stronger than that for income and social class. Among adolescents, however, the effect of parental education would appear to be outweighed by other factors.

Crisis y salud mental

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Short Report

The evolution of mental health in Spain during the economic crisis

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We analyse how mental health and socioeconomic inequalities in the Spanish population aged 16–64 years have changed between 2006–2007 and 2011–2012. We observed an increase in the prevalence of poor mental health among men (prevalence ratio=1.15, 95% CI 1.04–1.26), especially among those aged 35–54 years, those with primary and secondary education, those from semi-qualified social classes and among breadwinners. None of these associations remained after adjusting for working status. The relative index of inequality by social class increased for men from 1.02 to 1.08 ($P=0.001$). We observed a slight decrease in the prevalence of poor mental health among women (prevalence ratio=0.92, 95% CI 0.87–0.98), without any significant change in health inequality.

The influence of the economic crisis on the association between unemployment and health: an empirical analysis for Spain

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Beatriz G. Lopez-Valcarcel

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Abstract

Objectives To estimate the impact of (particularly long-term) unemployment on the overall and mental health of the Spanish working-age population and to check whether the effects of unemployment on health have increased or been tempered as a consequence of the economic crisis.

Methods We apply a matching technique to cross-sectional microdata from the Spanish Health Survey for the years 2006 and 2011–2012 to estimate the average treatment effect of unemployment on self-assessed health (SAH) in the last year, mental problems in the last year and on the mental health risk in the short term. We also use a differences-in-differences estimation method between the two periods to check if the impact of unemployment on health depends on the economic context.

Results Unemployment has a significant negative impact on both SAH and mental health. This impact is particularly high for the long-term unemployed. With respect to the impact on mental health, negative effects significantly worsen with the economic crisis. For the full model, the changes in effects of long-term unemployment on mental problems and mental health risk are, respectively, 0.35 (CI 0.19–0.50) and 0.20 (CI 0.07–0.34).

Conclusions Anxiety and stress about the future associated with unemployment could have a large impact on individuals' health. It may be necessary to prevent health deterioration in vulnerable groups such as the unemployed, and also to monitor specific health risks that arise in recessions, such as psychological problems.

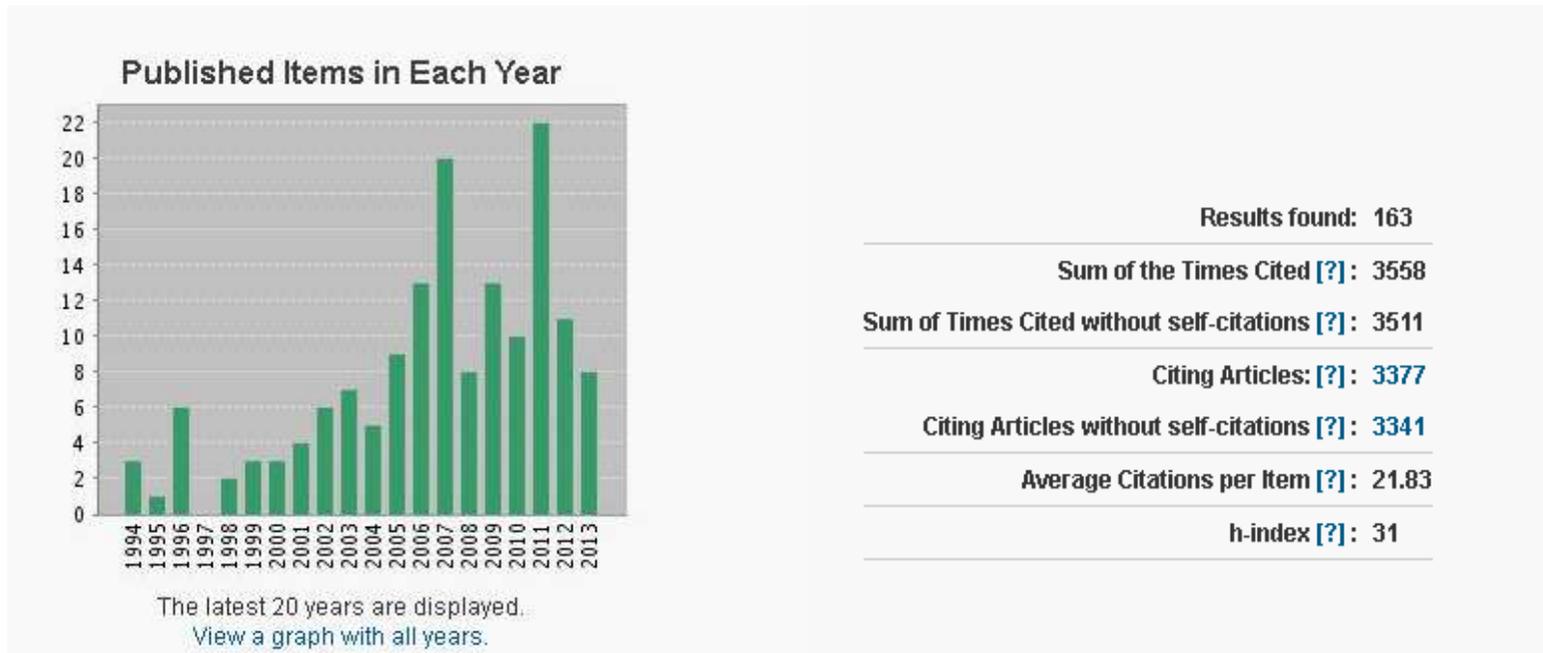
Keywords Economic crisis · Unemployment · Self-assessed health · Mental health · Matching techniques · Spain

JEL Classification J64 · I12 · I18

Introduction

The impact of economic recessions on health has been previously addressed. Researchers mainly focused on the role played by unemployment as a mediator agent [1–3], because unemployment and working conditions constitute major social determinants of health [4]. Beyond the influence of the institutional context of the labour market and social protection, most attention has been paid to the study of the risk factors linking labour status and health. Several health economics papers conclude that economic downturns have a counter-cyclical role in terms of health, and that short-term unemployment improves population health and reduces mortality in developed countries [5–9].

¿La ENSE en la Web of science?



Encuesta Nacional de Salud de España

Fuente: Web of Science

TITLE: ((Encuesta Nacional de Salud de España) OR (Spanish National Health Interview Survey)) OR **TOPIC:** ((Encuesta Nacional de Salud de España) OR (Spanish National Health Interview Survey) OR (ENSE)) : 163

✓ Dificultad para recuperar las citas de la ENSE en bases de datos como PubMed o Web of science

Conclusiones

- ✓ La ENSE representa un sistema de información necesario, importante y de fácil acceso en la monitorización de la salud poblacional
- ✓ Ha permitido estudiar las desigualdades sociales en salud mental y calidad de vida infantil
- ✓ Recomendar que la ENSE sea citada en los abstracts para favorecer la recuperación vía bases de datos
- ✓ Establecer una traducción literal y única al inglés, lo que ayudaría también a una recuperación más precisa de las referencias

Giving every child the best start in life

Gracias

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Source: Instituto Dædalos: <http://2.bp.blogspot.com>