Brief Description of the Mental Health Continuum Short Form (MHC-SF)*

The short form of the Mental Health Continuum (MHC-SF) is derived from the long form (MHC-LF), which consisted of seven items measuring emotional well-being, six 3-item scales (or 18 items total) that measured the six dimensions of Ryff's (1989) model of psychological well-being, and five 3-item scales (or 15 items total) that measure the five dimensions of Keyes' (1998) model of social well-being. The measure of emotional well-being in the MHC-LF included six items measuring the frequency of positive affect that was derived, in part, from Bradburn's (1969) affect balance scale, and a single item of the quality of life overall based on Cantril's (1965) self-anchoring items. The estimates of internal consistency reliability for each of the three sets of measures—emotional, psychological, and social well-being—in the MHC short and long forms have all been high (> .80; see e.g., Keyes, 2005a). The MHC-LF form measures of social and psychological well-being have been validated (see Keyes, 1998; Ryff, 1989, Ryff & Keyes, 1995) and used in hundreds of studies over the past two decades, and their use as a measure of overall positive mental health was first introduced by Keyes (2002) and recently summarized in Keyes (2007).

While the MHC-LF consisted of 40 items, the MHC-SF consists of 14 items that were chosen as the most prototypical items representing the construct definition for each facet of well-being. Three items were chosen (happy, interested in life, and satisfied) to represent emotional well-being, six items (one item from each of the 6 dimensions) were chosen to represent psychological well-being, and five items (one item from each of the 5 dimensions) were chosen to represent social well-being. The response option for the short form was changed to measure the frequency with which respondents experienced each symptom of positive mental health, and thereby provided a clear standard for the assessment and a categorization of levels of positive mental health that was similar to the standard used to assess and diagnosis major depressive episode (see Keyes, 2002, 2005a, 2007). To be diagnosed with *flourishing* mental health, individuals must experience 'every day' or 'almost every day' at least one of the three signs of hedonic well-being and at least six of the eleven signs of positive functioning during the past month. Individuals who exhibit low levels (i.e., 'never' or 'once or twice' during the past month) on at least one measure of hedonic well-being and low levels on at least six measures of positive functioning are diagnosed with *languishing* mental health. Individuals who are neither flourishing nor languishing are diagnosed with *moderate* mental health.

The short form of the MHC has shown excellent internal consistency (> .80) and discriminant validity in adolescents (ages12-18) and adults in the U.S., in the Netherlands, and in South Africa (Keyes, 2005b, 2006; Keyes et al., 2008; Lamers et al., 2011; Westerhof & Keyes, 2009). The 4-week test-retest reliability estimates for the long form scales ranging from .57 for the overall psychological well-being domain, .64 for the overall emotional well-being domain, to .71 for the overall social well-being domain (Robitschek & Keyes, 2006, 2009). The test-retest reliability of the MHC-SF over three successive 3 month periods averaged .68 and the 9 month test-retest was .65 (Lamers et al., 2011). The three factor structure of the long and short forms of the MHC—emotional, psychological, and social well-being—has been confirmed in nationally representative samples of US adults (Gallagher, Lopez & Preacher, 2009), college students (Robitschek & Keyes, 2009), and in a nationally representative sample of adolescents between the ages of 12 and 18 (Keyes, 2005b, 2009) as well as in South Africa (Keyes et al., 2008) and the Netherlands (Lamers et al., 2011)

Please contact Dr. Keyes (<u>ckeyes@emory.edu</u>) if you require the MHC-SF in a language other than English, or would like to translate and validate the MHC-SF in your country and culture.

^{*}Although copyrighted, the MHC-SF may be used as long as proper credit is given. Permission is not needed to use the measure and requests to use the measure will not be answered on an individual basis because permission is granted here, and this note provides evidence that permission has been granted. Proper citation of this document: Keyes, C. L. M. (2009). Atlanta: *Brief description of the mental health continuum short form (MHC-SF)*. Available: http://www.sociology.emory.edu/ckeyes/. [On-line, retrieved insert date retrieved].

Right now the MHC-SF has been translated and validated into French (Canadian), Korean, Chinese, Japanese, Dutch, Norwegian, Swedish, Finnish, and we hope others around the world will test the validity of it and begin using it in their country to build on the movement toward mental health promotion and protection. My only wish is that you first test whether the existing scale works in your culture *before* you add, delete or otherwise modify the scale response categories or items. If the scale retains its validity and reliability in your culture, my wish is only that you identify as by its acronym (MHC-SF) and then add your country's official acronym to it (e.g., the Dutch MHC-SF, the South Korean MHC-SF). Only when we proceed scientifically by building on existing scientific work do we make progress, and only if we can arrive at a common metric and scale can we engage in comparative research and learn from each other's best practices for promotion and protecting good mental health.

References

- Bradburn, N. M. (1969). The structure of psychological well-being. Chicago: Aldine.
- Cantril, H. (1965). The pattern of human concerns. New Brunswick, NJ: Rutgers University Press.
- Gallagher, M. W., Lopez, S. J., & Preacher, K. J. (2009). The hierarchical structure of well-being. *Journal of Personality*, 77, 1025-1049.
- Keyes, C. L. M. (1998). Social well-being. Social Psychology Quarterly, 61, 121–140.
- Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, 43, 207-222.
- Keyes, C. L. M. (2005a). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology*, 73, 539– 548
- Keyes, Corey L. M. 2005b. The subjective well-being of America's youth: Toward a comprehensive assessment. *Adolescent and Family Health*, *4*, 3–11.
- Keyes, C. L. M. (2006). Mental health in adolescence: Is America's youth flourishing? *American Journal of Orthopsychiatry*, 76, 395–402.
- Keyes, C. L. M. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist*, 62, 95–108.
- Keyes, C. L. M. (2009). The nature and importance of mental health in youth. In R. Gilman, M. Furlong, & E. S. Heubner (Eds.), *Promoting Wellness in Children and Youth: A Handbook of Positive Psychology in the Schools* (pp.9-23). New York: Routledge.
- Keyes, Corey L. M. (2009). The Black-White Paradox in Health: Flourishing in the Face of Inequality. *Journal of Personality*, 77, 1677-1706.
- Keyes, Corey L. M. and Julia Annas. (2009). "Feeling Good and Functioning Well: Distinctive Concepts in Ancient Philosophy and Contemporary Science." *Journal of Positive Psychology*, *4*, 197-201.
- Keyes, Corey L. M. (2009; reprint of journal article chosen as new entry in history of psychology book). "The Mental Health Continuum" From Languishing to Flourishing in Life." Pp. 601-617 in "Foundations of Psychological Thought: A History of Psychology." Edited by Barbara F. Gentile and Benjamin O. Miller. Los Angeles, CA: Sage.
- Keyes, C. L. M., Wissing, M., Potgieter, J. P., Temane, M., Kruger, A., & van Rooy, S. (2008). Evaluation of the Mental Health Continuum Short Form (MHC-SF) in Setswana speaking South Africans. *Clinical Psychology and Psychotherapy*, 15, 181–192.
- Lamers, S.M.A., Westerhof, G.J., Bohlmeijer, E.T., ten Klooster, P.M., & Keyes, C.L.M. (2010). Evaluating the psychometric properties of the Mental Health Continuum-Short Form (MHC-SF). *Journal of Clinical Psychology*, *67*, 99-110.
- Robitschek, C., & Keyes, C. L. M. (2006). [Multidimensional well-being and social desirability]. Unpublished data.
- Robitschek, C., & Keyes, C. L. M. (2009). The structure of Keyes' model of mental health and the role of personal growth initiative as a parsimonious predictor. *Journal of Counseling Psychology*, *56*, 321–329.
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, *57*, 1069–1081.
- Ryff, C. D. & Keyes, C. L. M. (1995). The structure of psychological well–being revisited. *Journal of Personality and Social Psychology*, *69*, 719–727.
- Westerhof, G. J., & Keyes, C. L. M. (2010). Mental illness and mental health: The two continua model across the lifespan. *Journal of Adult Development*, 17, 110–119.

Adult MHC-SF (ages 18 or older)

Please answer the following questions are about how you have been feeling during the past month. Place a check mark in the box that best represents how often you have experienced or felt the following:

During the past month, how often did you feel	NEVER	ONCE OR TWICE	ABOUT ONCE A WEEK	ABOUT 2 OR 3 TIMES A WEEK	ALMOST EVERY DAY	EVERY DAY
1. happy						
2. interested in life						
3. satisfied with life						
4. that you had something important to contribute to society						
5. that you belonged to a community (like a social group, or your neighborhood)						
SEE BELOW 6. that our society is a good place, or is becoming a better place, for all people						
7. that people are basically good						
8. that the way our society works makes sense to you						
9. that you liked most parts of your personality						
10. good at managing the responsibilities of your daily life						
11. that you had warm and trusting relationships with others						
12. that you had experiences that challenged you to grow and become a better person						
13. confident to think or express your own ideas and opinions						
14. that your life has a sense of direction or meaning to it						

Note: The original wording for item 6 was "that our society is becoming a better place for people like you." This item does not work in all cultural contexts. However, when validating the MHC-SF, test both versions of item 6 to see which one works best in your context.

Adolescent MHC-SF (ages 12 to 18)

Please answer the following questions are about how you have been feeling during the past month. Place a check mark in the box that best represents how often you have experienced or felt the following:

During the past month, how often did you feel	NEVER	ONCE OR TWICE	ABOUT ONCE A WEEK	2 OR 3 TIMES A WEEK	ALMOST EVERY DAY	EVERY DAY
1. happy						
2. interested in life						
3. satisfied with life						
4. that you had something important to contribute to society 5. that you belonged to a community (like a social group, your school, or your neighborhood)						
SEE BELOW 6. that our society is a good place, or is becoming a better place, for all people						
7. that people are basically good						
8. that the way our society works made sense to you						
9. that you liked most parts of your personality						
10. good at managing the responsibilities of your daily life						
11. that you had warm and trusting relationships with others						
12. that you had experiences that challenged you to grow and become a better person						
13. confident to think or express your own ideas and opinions						
14. that your life has a sense of direction or meaning to it						

Note: The original wording for item 6 was "that our society is becoming a better place for people like you." This item does not work in all cultural contexts. However, when validating the MHC-SF, test both versions of item 6 to see which one works best in your context.

The Mental Health Continuum-Short Form (MHC-SF) Scoring

Continuous Scoring: Sum, 0-70 range (use 10 point categories if desired).

<u>Categorical Diagnosis</u>: a diagnosis of flourishing is made if someone feels 1 of the 3 hedonic well-being symptoms (items 1-3) "every day" or "almost every day" and feels 6 of the 11 positive functioning symptoms (items 4-14) "every day" or "almost every day" in the past month. Languishing is the diagnosis when someone feels 1 of the 3 hedonic well-being symptoms (items 1-3) "never" or "once or twice" and feels 6 of the 11 positive functioning symptoms (items 4-8 are indicators of Social well-being and 9-14 are indicators of Psychological well-being) "never" or "once or twice" in the past month. Individuals who are neither "languishing" nor "flourishing" are then coded as "moderately mentally healthy."

Symptom Clusters and Dimensions:

```
Cluster 1; Items 1-3 = Hedonic, Emotional Well-Being
Cluster 2; Items 4-8 = Eudaimonic, Social Well-Being
        Item 4 = Social Contribution
        Item 5 = Social Integration
        Item 6 = Social Actualization (i.e., Social Growth)
        Item 7 = Social Acceptance
        Item 8 = Social Coherence (i.e., Social Interest)
Cluster 3; Items 9-14 = Eudaimonic, Psychological Well-Being
        Item 9 = Self Acceptance
        Item 10 = Environmental Mastery
        Item 11 = Positive Relations with Others
        Item 12 = Personal Growth
        Item 13 = Autonomy
        Item 14 = Purpose in Life
*SPSS Syntax for creating the categories for the categorical diagnosis
*Assumes item responses have been coded as follows: never=0, once or twice=1, about once a week=2,
about 2 or 3 times a week=3, almost every day=4, every day=5
count hiaff=mhc1 mhc2 mhc3(4,5).
count loaff=mhc1 mhc2 mhc3(0,1).
count hifune=mhc4 mhc5 mhc6 mhc7 mhc8 mhc9 mhc10 mhc11 mhc12 mhc13 mhc14(4.5).
count lofunc=mhc4 mhc5 mhc6 mhc7 mhc8 mhc9 mhc10 mhc11 mhc12 mhc13 mhc14(0.1).
recode hiaff (1,2,3=1) (else=0) into hiaffect.
recode hifunc (6,7,8,9,10,11=1) (else=0) into hifunct.
recode loaff (1,2,3=1) (else=0) into loaffect.
recode lofunc (6,7,8,9,10,11=1) (else=0) into lofunct.
if hiaffect=1 and hifunct=1 mhc dx=2.
if loaffect=1 and lofunct=1 mhc dx=0.
if hiaffect=1 and hifunct=0 mhc dx=1.
if hiaffect=0 and hifunct=1 mhc dx=1.
if loaffect=0 and lofunct=1 mhc dx=1.
If loaffect=1 and lofunct=0 mhc dx=1.
variable labels mhc dx 'MHC-SF Three Category Diagnosis of Positive Mental Health'.
value labels mhc dx 0 'Languishing' 1 'Moderate' 2 'Flourishing'.
compute mhc total = mhc1 + mhc2 + mhc3 + mhc4 + mhc5 + mhc6 + mhc7 + mhc8 + mhc9 + mhc10 +
mhc11 + mhc12 + mhc13 + mhc14.
compute mhc ewb = mhc1 + mhc2 + mhc3.
compute mhc_swb = mhc4 + mhc5 + mhc6 + mhc7 + mhc8.
compute mhc pwb = mhc9 + mhc10 + mhc11 + mhc12 + mhc13 + mhc14.
```