

Mental Health Profiles in Clinical and Non-clinical Samples in Light of the Maintainable Positive Mental Health Theory: Protocol Paper

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Clinical psychology has invested a lot of energy in the thorough examination of the characteristics of mental disorders, but less in the implication of the accessible mental health capacities in the recovery phase. Our aim in the present study is to verify the two-continuum mental health model in clinical and non-clinical samples in the light of the Maintainable Positive Mental Health Theory. A further aim is to investigate the interrelationship between positive mental health and mental disorder by examining various groups of mental disorders with different levels of severity. We also examine the prevalence of the diagnostic categories of the Complete Mental Health Model. Furthermore, we aim to identify mental health profiles and their correlates. In the present paper, we introduce the protocol for the ongoing research. A cross-sectional, case-control design is employed to investigate the two-continuum model of mental health. The clinical sample ($n = 400$) is recruited from four Hungarian hospitals. The non-clinical sample ($n = 400$) is collected using an online self-report survey-based research design. The two-continuum model of mental health will be tested using exploratory factor analysis and confirmatory factor analysis, with the symptoms of mental disorders and mental health as outcome variables. We will then separate groups of mental disorders according to the leading symptoms. Analysis of variance will be used to examine mental health as the dependent variable at a certain severity level in different mental disorder groups. Analysis of covariance will be used to identify the effect of different sociodemographic indicators. The prevalence of the diagnostic categories of the Complete Mental Health Model will be calculated and compared using chi-square tests. Finally, mental health profiles will be identified using latent profile analysis. Our study draws attention to the fact that “optimal human functioning” can be understood in ways that includes, and not excludes, people living with mental disorder.

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Keywords: positive clinical psychology, mental health, mental disorder, Maintainable Positive Mental Health Theory, mental health test, positive psychology, psychological assessment

INTRODUCTION

The study fits into the line of research that seeks to identify the preventive and protective personality factors that contribute to combating stress and play a decisive role in health maintenance. The study focuses on the intersection of positive psychology, clinical psychology, psychopathology, and individual differences.

There are several challenges that hinder the application of positive psychology in the context of disabilities (Wehmeyer, 2021; Zábó et al., 2022). Shortcomings are also to be found in Hungarian clinical psychology in terms of treating patients with an integrated and equally weighted focus on both positive and negative functioning (Zábó et al., 2022). To the best of our knowledge, no study to date has focused on the application of positive clinical psychology in Hungary.

We argue that earlier tools used to measure positive mental health (Bech et al., 1996; Diener et al., 2009; Lamers et al., 2011; Huppert & So, 2013; Butler & Kern, 2016; Lukat et al., 2016; Oláh et al., 2020) focused primarily on the components of well-being. We have therefore chosen to use the new capacity- and competency-based mental health model, the Maintainable Positive Mental Health Theory (MPMHT), and the five-scale mental health test (MHT) by which it is operationalized.

Although numerous studies have examined the relationship between mental disorders and mental health as a dependent variable, no results have been obtained from a Hungarian clinical sample, either using the two-continuum design (Keyes, 2007) or in the light of the MPMHT.

The main objectives of our study (<https://osf.io/s4h8k>; ethical permission number: IV/2423- 3 /2022/EKU) are to: (1) examine the interrelationship between positive mental health and mental disorder in various groups of mental disorders at different levels of severity in the framework of the MPMHT; (2) verify the two-continuum mental health model in clinical and non-clinical samples in the light of the MPMHT; (3) examine the prevalence of the diagnostic categories of the Complete Mental Health Model (Keyes, 2007) in the light of the MPMHT; (4) identify mental health profiles and their correlates in Hungarian adult clinical and non-clinical samples; and (5) contribute to the further validation of the MHT.

By identifying the competencies that are responsible for maintaining positive mental health, our research may contribute to the more effective treatment

of people living with mental disorders. Adaptive intervention methods based on our research findings are recommended for application in clinical settings. The study will contribute to reducing both stigmatization and the use of a controlling approach among patients with an incompetent status. Ultimately, the present study aims to improve understanding of mental vulnerability in society in general, and to promote equal opportunities.

METHODS AND ANALYSIS

Participants

A clinical sample (min. $n = 400$) and a non-clinical sample (min. $n = 400$) are examined in the study.

The inclusion criteria are:

- Age: 18–80 years
- Voluntary participation
- In the clinical sample: diagnosis with (a) mental disorder(s)
- In the non-clinical sample: negative psychiatric anamnesis based on self-report in control subjects and absence of symptoms indicating psychiatric illness

The exclusion criterion is:

- A condition that impairs cognitive function and prevents the completion of the questionnaire.

Measures

The clinical sample receives a 226-item self-report questionnaire on paper. Fourteen questions refer to sociodemographic data. Twenty-eight questions measure general mental state and physical condition and symptoms. Participants report: (1) if they think they have a mental disorder; (2) what symptoms they experience and how intensely; and (3) whether they have ever been diagnosed with a mental disorder. The non-clinical sample receives the same questionnaire in electronic format.

Measures:

- Mental Health Test (Zábó et al., 2022)
- Global Well-being Scale (Oláh et al., 2020)
- PERMA-profiler (Oláh 2016; Varga, Oláh, & Vargha 2022)
- Psychological Immune System Inventory, short form (Oláh, 2005)
- Flourishing Scale (Diener et al., 2009)
- Satisfaction with Life Scale (Martos et al., 2014)
- Positivity Scale (Oláh, 2019)
- Symptom Check List 90, revised (Unoka et al., 2004)

In the case of the clinical sample, each respondent's psychiatrist or clinical psychologist is asked to provide a paper-based report on the patient, including the following: (1) the name of the patient's mental disorder(s) according to DSM-5 or ICD, depending on the institution's protocol; (2) the severity of the symptoms; and (3) the patient's pharmacotherapy.

Study Design

A cross-sectional, case-control design is employed for measuring mental health and mental disorders. The non-clinical sample is recruited using an online convenient sampling method, which involves reading the information statement, accepting the consent form, and filling out the questionnaire. Data for the clinical sample are gathered from four healthcare facilities under the following conditions. In the Department of Acute Psychiatry at the Psychiatry and Psychotherapy Clinic of Semmelweis University, data collection takes place among inpatients after their medication has been adjusted (1.5 to 2 weeks after admission). Patients at the Community Psychiatry Center, Semmelweis University fill out the self-administered questionnaire during their first medical examination. Data from outpatients at the Psychosomatic Clinic of the Institute of Behavioral Sciences, Semmelweis University, are gathered during their third therapy session. Data are collected from inpatients at the National Institute of Mental Health, Neurology, and Neurosurgery at the Nyíró Gyula Hospital after the adjustment of their medication (1.5 to 2 weeks after admission), and from outpatients at their third therapy session. The clinical sample receives the information statement, consent form, and questionnaire in paper format. In a separate document, the patient's psychiatrist or clinical psychologist provides information about the diagnosis of the patient's mental disorder(s), the severity of the presenting symptoms, and the patient's pharmacotherapy.

Analyses

Firstly, the psychometric properties of the MHT will be tested in the clinical sample using exploratory factor analysis (EFA), confirmatory factor analysis (CFA), and regressions. Secondly, the two-continuum model of mental health will be tested using EFA and CFA, with the symptoms of mental disorders and mental health as outcome variables. Thirdly, based on the mental disorder diagnoses reported by the clinical

psychologists and psychiatrists, groups of mental disorders will be established according to leading symptoms and severity levels. Analysis of variance will be used to examine mental health (according to the five pillars of the MPMHT and general indicators) as a dependent variable at a certain level of severity in the different groups of mental disorders. Analysis of covariance will be used to identify the impact of various sociodemographic indicators. Fourthly, the prevalence of the diagnostic categories of the Complete Mental Health Model will be calculated and compared using chi-square tests. Fifthly, mental health profiles will be identified using latent profile analysis, in which we will examine the symptoms of mental health based on the MHT and the symptoms of mental disorders based on the SCL-90-R in one model.

As our study has a cross-sectional design, the direction of the causal relationships will be uncertain. The study is based largely on self-report measures, which may be prone to memory and response biases. Furthermore, the examination of individuals with severe mental disorders is hampered by their symptoms.

DISCUSSION

The conclusion of the study is that the opportunity exists for psychiatrists and psychologists to embrace disability as part of the continuum of human experience, and to show how people with vulnerabilities can be supported to recover.

CONFLICT OF INTEREST: The authors declare that the research is being conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

AUTHOR CONTRIBUTIONS: All the listed authors have made a substantial, direct, and intellectual contribution to the work, and have approved it for publication.

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Kutatási protokoll: klinikai és nem klinikai mintán vizsgált mentális egészség proflok a Fenntartható Pozitív Mentális Egészség Elmélet szemléletében

A klinikai pszichológia sok energiát fektetett a mentális zavar jellemzők alapos vizsgálatába, viszont annál kevesebb figyelmet fordított arra, hogy hogyan integrálhatók az egyén rendelkezésére álló mentális egészség kapacitások a rehabilitációs fázisba. Jelen kutatás célja igazolni a mentális egészség két-kontinuum modelljét klinikai és nem klinikai mintán, ahol a mentális egészségre a Fenntartható Pozitív Mentális Egészség Elmélet szemléletében tekintünk. További célunk feltárni a mentális egészség és a mentális zavar jellemzők kapcsolatát különböző betegcsoportokban a mentális zavar tünetek különböző súlyossági szintjein. Megvizsgáljuk a Teljes Mentális Egészség Modell diagnosztikus kategóriáinak gyakoriságát is. Végül, azonosítjuk a mentális egészség proflokat és jellemezzük őket szociodemográfiai mutatók alapján. Jelen tanulmányban egy kutatási protokollt mutatunk be. A kérdőíves, illesztett kontrollos keresztmetszeti vizsgálatban a klinikai mintát ($n = 400$) négy magyarországi kórházból, a nem klinikai mintát ($n = 400$) pedig online platformon gyűjtjük. A mentális egészség két-kontinuum modelljét a mentális egészség és a mentális zavar jellemzőkből képzett változókon feltáró és megerősítő faktorelemzésekkel igazoljuk. Ezután a mentális zavar vezető tünetei alapján csoportokat képezünk. Varianciaanalízissel azonosítjuk a mentális egészség jellemzőket mint függő változókat a különböző csoportok különböző tünet-súlyossági szintjein. Kovarianca analízissel azonosítjuk a szociodemográfiai mutatók kovariálását. Ezt követően khi-négyzet próbák segítségével kiszámítjuk és összehasonlítjuk a Teljes Mentális Egészség Modell diagnosztikai kategóriáinak prevalenciáját. Végül látens profil elemzéssel azonosítjuk a mentális egészség proflokat és jellemezzük őket szociodemográfiai mutatók alapján. Vizsgálatunk felhívja a figyelmet arra, hogy az „optimális emberi működésre” úgy tekintünk, mint nem kizárja, hanem magába foglalja a mentális zavarral élő személyeket.

Kulcsszavak: pozitív klinikai pszichológia, mentális egészség, mentális zavarok, Fenntartható Pozitív Mentális Egészség Elmélet, mentális egészség teszt, pozitív pszichológia, pszichológiai mérőeszközök