

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

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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 (1967) 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 two weeks. Individuals who exhibit low levels (i.e., 'never' or 'once or twice' during the past two weeks) 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 (e.g., Keyes, 2005b, 2006; Keyes et al., 2008; Lamers et al., under review). The 4-week test-retest reliability estimates for the short 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 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).

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## References

- Bradburn, N. M. (1969). *The structure of psychological well-being*. Chicago: Aldine.
- Cantril, H. (1967). *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, 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. (under review). Evaluating the psychometric properties of the Dutch version of the Mental Health Continuum-Short Form (MHC-SF). *European Journal of Psychological Assessment*.
- 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.

Adult MHC-SF (ages 18 or older)

Please answer the following questions are about how you have been feeling during the [insert time frame: past month, past two weeks]. Place a check mark in the box that best represents how often you have experienced or felt the following:

During the <u>[insert time frame: past month, past two weeks]</u> , 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						
4. that you had something important to contribute to society						
5. that you belonged to a community (like a social group, or your neighborhood)						
6. that our society is becoming a better place for people like you						
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						

Adolescent MHC-SF (ages 12 to 18)

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

During the <u>insert time frame: past month, past two weeks</u> , 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						
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)						
6. that our society is becoming a better place for people like you						
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 other children						
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						

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

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

Categorical Diagnosis: 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 or past two weeks.

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 or past two weeks. 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 hifunc=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 thru 11=1) (else=0) into hifunct.

recode loaff (1,2,3=1) (else=0) into loaffected.

recode lofunc (6 thru 11=1) (else=0) into lofunct.

if hiaffect=1 and hifunct=1 mhc\_dx=2.

if loaffected=1 and lofunct=1 mhc\_dx=0.

if hiaffect=1 and hifunct=0 mhc\_dx=1.

if loaffected=0 and lofunct=1 mhc\_dx=1.

value labels mhc\_dx 0 'Languishing' 1 'Moderately Mentally Healthy' 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.