The study of health and well-being of communities has its roots in two relatively recent research traditions: psychiatric epidemiology and social indicator research. Psychiatric epidemiology applies public health methods to the study of mental disorder, while social indicator research attempts to determine the quality of life in our neighborhoods, our cities, and in the county as a whole. The two approaches complement one another to provide measures and developing methodologies that show great promise in understanding mental health problems and in charting the prospects for psychological well-being within communities.

The epidemiological methods that characterize public health approaches have undergone profound development in recent years (Kelsey, Whittemore, & Evans, 1996). In its most elementary form, the method relies on counts of “cases” of disease, and provides detailed analysis of the distribution of both mental health and substance abuse problems among groups and neighborhood areas through careful sampling of the community under study. The increasing sophistication in methods and the development of multifactor etiological models has led researchers to address questions of cause of disordered behavior through the identification of the optimal set of predisposing risk factors and “triggers,” in rather than searching for a single underlying causal agent. There is also mounting evidence that the course, as well as onset, of severe cases of mental illness are influenced by the presence of social and physical environmental constraints. Some of these developments in identification of psychosocial risk factors associated with psychiatric conditions, most notably, the study of stressful life events and the potential salubrious effects of social networks, are discussed in Barrera and Sandler’s chapters (this volume). This chapter will focus on recent gains in methods of identifying psychological problems, including new measures of “caseness” and their applicability to understanding a
community’s mental health. We include a discussion of social indicator research because the focus on disease states that characterizes psychiatric inquiries into the community is unduly restrictive. Attainment of quality of life is an equally compelling goal for communities and individuals as the more delimited objective of the eradication of disease, and is no more elusive. Research evidence shows newer measures of subjective well-being are not full of caprice, as once was feared, although they certainly are influenced by contextual variables at least as much as measures of mental distress and disorder. We shall expand on these points.

The chapter is organized to first provide a brief review of the current state of our knowledge from psychiatric epidemiology, and in going so we note some of the major methodological problems that confront that research effort. We then turn to a discussion of a subset of social indicators referred to as measures of subjective well-being, and review the promise those measures hold for enriching our knowledge base within community psychology.

**PSYCHIATRIC EPIDEMIOLOGY**

**Basic Concepts**

Kleinbaum, Kupper, and Morgenstern (1982) have identified four major goals of epidemiology:

1. To describe the health status of populations.
2. To examine the etiology of disease by identifying causative factors.
3. To predict disease occurrence and its distribution in the population.
4. To control the distribution or spread of disease by preventing new cases and eradicating existing cases.

The concern for the welfare of populations, and the emphasis placed on preventive methods, has made this approach among the most widely adopted perspectives among researchers within community psychology.

The most common measures of health and illness relied on in epidemiology are estimates of point prevalence, the number of cases of disorder existing within the community at a given point in time, and incidence, the number of new cases over a designated time period. Relative risk for contracting a disease is another common indicator; relative risk is a comparison of the probabilities of becoming ill between groups that differ in some important characteristic. Odds ratios, in particular, have been used to communicate levels of risk within a readily understood conceptual framework; the odds of having a disease is the probability of contracting a disease over a specified time period divided by the probability of not contracting the disease. The relative odds of contracting lung cancer, for example, between smokers and non-smokers is about 10 to 1.

The application of these public health methods to the study of mental health problems is the focus of psychiatric epidemiology. Psychiatric disorders define a special set of disease entities within epidemiology; they pose complex problems in case identification and differentiation. Most mental health problems (with the possible exception of manic-depressive disorder and some forms of dementia) lack specific biochemical markers associated with disordered behavior. The distinction between “sick” and “well” is not always clear-cut in functional terms either. The establishment of a set of operational rules to guide the classification of mental disorders (Spitzer, Endicott, & Robins, 1978) has made psychiatric diagnosis among clinicians more reliable. Even in those circumstances, however, only manifestations of