

## Mental Health Measurement in State and Community Health Surveillance

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The estimation of the state and sub-state prevalence of mental health and illness and related factors is an important component of population health surveillance, as mental illness is a major source of the burden of disease in the U.S. The Behavioral Risk Factor Surveillance System (BRFSS) is an important population health surveillance tool for states and many communities. It helps them to assess unmet physical and mental health needs, guide health improvements, and eliminate health disparities in their populations. Many communities--including San Diego, Seattle-King County, Hennepin County, and Boston--also track the physical and mental health of their populations with periodic surveys done every 1-5 years.

Since 1993, in the BRFSS about 2 million U.S. adults have been asked to estimate how many days in the past 30 days that their mental health--including stress, depression, and problems with emotions--was not good. See the Prevalence data page @ <http://www.cdc.gov/hrqol> for individual state trends in mean mentally unhealthy days and the percentages of those with frequent mental distress by gender, age, or race/ethnicity for 1993-2005. With the development of several new brief mental health and illness measures that are well-suited for surveillance, these existing population health surveys now offer opportunities to evaluate the relationships of mental health, chronic physical illness, disability, health behaviors, and health-related quality of life among the adult U.S. population.

With recent support from the Substance Abuse and Mental Health Services Administration, most states are also now asking a set of questions related to depression and anxiety--including the PHQ-8 depression measure; in 2007 a new BRFSS optional module will be available to assess symptoms of mental illness and stigma and will include the standard K-6 psychological distress measure. Some states have also used the PHQ-9 depression measure and various other mental health measures as state-added BRFSS questions and have published their findings. Some communities have done their own surveys patterned after the BRFSS and other population health surveys and have used one or more of these mental health measures--including the K-6 and K-10.

This presentation will discuss known state and community-related research and published findings based on these measures, as well as opportunities for using such surveys to provide data and analyses relevant to state and local mental health program needs.