

DIG Supplement Conference Call Summary
August 6, 2009
3:00PM EDT

Topical Focus (1): **Physical and Sexual Intimate Partner Violence and Reported Serious Psychological Distress in the 2007 BRFSS (published in The International Journal of Public Health, 54 (2009) S37-S54).**

Presenter: **Dr. Valerie J. Edwards (Centers for Disease Control and Prevention)**

Topical Focus (2): **Psychological Distress and Mental Health Treatment Among Persons With and Without Active Duty Military Experience, Behavioral Risk Factor Surveillance System, United States, 2007 (published in The International Journal of Public Health, 54 (2009) S61-S67).**

Presenter: **Dr. Marc A. Safran (Centers for Disease Control and Prevention)**

Dr. Bernadette Phelan of NRI introduced the Workgroup (WG) to the guest speakers by briefly stating its purpose and membership. Today's meeting commences a planned series of WG meetings to present recent studies on the BRFSS mental health modules (both the PHQ-8 and K-6). On an alternating order, the WG meeting schedule will showcase specific State studies and national data analyses.

There were 43 RSVP received by the NRI from 24 States (CA, CO, HI, IL, IN, KS, MA, MD, ME, MN, MO, MS, ND, NH, NM, NY, OH, OK, SC, TN, TX, VA, WI, WY), Dr Amy Fan of the CDC, Dr. Olinda Gonzalez and Deborah Baldwin of CMHS/SAMHSA, and the NRI staff. A total of 31 actual participants were reported by the call center.

Dr. Olinda Gonzalez of CMHS welcomed the speakers.

Speakers' bio:

Dr. Valerie Edwards is a Research Psychologist in the Division of Adult and Community Health within the CDC. Dr. Edwards received her Ph.D. in Social Psychology from the University of Texas at Austin and did additional postgraduate work at Emory University in Public Health and Developmental Psychology.

Captain Marc Safran is a Medical Epidemiologist and the longest serving psychiatrist at the CDC. Capt. Safran led successful efforts to gain acceptance for mental health as part of CDC's mission. He has also worked to control chronic and infectious diseases, has served in emergency response, and has served numerous brief details as a visiting psychiatrist with the Indian Health Service. Capt. Safran has an MD from the State University of New York at Syracuse, an MPA from Harvard University's Kennedy School of Government, and is a graduate of CDC's Epidemic Intelligence Service Program. He is a Fellow of the American College of Preventive Medicine, and a Distinguished Fellow of the American Psychiatric Association.

Presentation Highlights:

Dr. Edwards and her colleagues used the 2007 BRFSS to determine whether individuals who reported multiple forms of intimate partner violence (IPV) have higher prevalence of serious psychological distress than those reporting no or lesser forms of IPV. The researchers used data from 3 States (Hawaii, Nebraska, and Virginia) who administered the optional IPV modules in 2007. Respondents were categorized as experiencing threatened or attempted physical violence, physical violence, sexual violence, or both physical and sexual violence. Dr. Edwards discussed the model used in data analysis (she noted it is not a causative model of the IPV, SPD, and alcohol problems) and results were presented by comparing IPV and SPD prevalence by gender. The study found that the IPV prevalence was almost twice as high among women than men, and it is associated with age, marital status, employment status,

and income. The overall findings suggested that the odds of SPD increases when respondents experience multiple forms of IPV. Study implications and recommendations were also presented.

Dr. Safran and his colleagues sought to examine the prevalence of SPD among persons who reported with and without active duty US military experience (ADME) using the 2007 BRFSS. Data from 35 states, District of Columbia and Puerto Rico were used in this study for a total study population of 202,029. Persons with ADME include living former active duty service members and current active duty service members who reside in private, off-post, non-institutional housing in the surveyed States. Vast majority is comprised of veterans. Findings of the study showed that the overall mean K-6 scores of those with and without ADME were similar and more of those with (versus without) ADME reported receiving current mental health treatment. Among people receiving such treatment, the study found a higher mean K-6 score than those not receiving such treatment (with or without ADME).

Please refer to the power point slides for details on presentation content.

Group Discussions:

1. One explanation offered to explain the similarity in SPD prevalence of people with and without ADME is the possibility that (older) veterans with no combat experience may have largely comprised the survey respondents. The current survey, however, does not collect this data.

The CDC and SAMHSA staff briefly discussed that implementation of the recommended question that would allow the respondent to specify in which group/kind of Veteran s/he belong has been delayed due to lack of resources.

2. Another explanation was the sensitivity of the K-6 instrument to measure SPD.
3. Dr. Safran also provided the group a brief background on why and how mental health became part of the CDC mission and eventually agreed to include mental health questions as an optional module of the BRFSS. Within the CDC, staff showing common interest on mental health issues formed a Mental Health Workgroup.
4. Stigma remains an issue in terms of the low rate of people presenting for treatment, regardless of age.
5. The IPV study did not look at the treatment seeking behavior of respondents who reported any form of IPV. In addition, due to lack of information, it did not look into the effects of IPV on child/ren who witnessed the violence.
6. There was some discussion on the historical developments of collecting mental health data at SAMHSA and the CDC, and the recent support across these agencies to collaborate more in addressing mental health issues.