

DIG Supplement Conference Call Summary
December 11, 2008
3:00PM EST

Topical Focus: Methodological issues encountered in analyzing BRFSS mental health data
Presenters: States of Maryland and Massachusetts; Centers for Disease Control (CDC)

Mr. Tim Santoni of the State of Maryland presented the State findings using the 2006 and 2007 BRFSS PHQ-8 module data. The State total BRFSS sample size was comparable at around 9,000 respondents each year although the PHQ-8 was administered to only half of each year's sample. The 2 years' worth of data allowed the State to conduct comparative subgroup analysis using the demographic variables of age, gender, income, marital status, employment, and race as basic strata. Separate analyses for people with anxiety and depression diagnosis were also conducted. The general findings showed that older population, female, White, unmarried, unemployed and people with lower income were more likely than the general population to be diagnosed with depression or anxiety. The data also showed that people diagnosed with depression or anxiety were more likely to have co-occurring physical health issues such as asthma, overweight, smoking as opposed to the general population. (See handout for details).

Ms. Kristin Roy of the State of Massachusetts discussed some of the methodological challenges that were encountered in the course of analyzing the State's BRFSS K-6 and Stigma Module data. She was joined in this discussion by Dr. Amy Fan of CDC. The following summarizes these issues:

- Comparing State findings using BRFSS data with estimates from the NSDUH; and/or comparing findings across States
- Data analysis involving complex sampling design
- Handling missing data
- Limitation of small sample size
- Interpreting the prevalence of mental illness using the K-6 questions administered in different instruments

Dr. Amy Fan provided some guidance on how to address the issues (please refer to meeting handout).

Lastly, Mr. Satvinder Dhingra of CDC presented a comprehensive review of the various instruments measuring the prevalence of mental illness that are currently used for public health surveillance (see handout). He also discussed briefly the definition of serious mental illness, using the SAMHSA official definition and its measurement using the K-6 questions as adopted by the National Survey on Drug Use and Health (NSDUH), WHO-CIDI, and the BRFSS. Mr. Dhingra's take home message is to use periodic combination of two types of data (indicators and diagnoses).

Group Discussions:

1. The State of Maryland made a conscious decision to implement PHQ-8 module in 2 consecutive years to increase the observation (data) points. Merging the 2 data sets collected in two years may provide flexibility for States to conduct subgroup analysis as well as allowing for co-analysis for certain areas which are administered only every other year. The initial findings were presented to the stakeholders comprised of family health group, providers, administrators, and researchers.
2. Hawaii suggested combining subgroups such as population with serious psychological distress (SPD) and population with frequent mental distress (FMD) as one group and population without SPD and FMD as another group. This provides an alternate method of examining pair-wise differences.
3. SAMHSA is currently piloting a functioning module to be integrated with the K-6 questions in measuring the prevalence of serious mental illness. An interest to understand more about this effort has been expressed for future WG discussions.
4. The group discussion continue to air confusion and lack of understanding on the appropriate interpretation of the SPD derived from the BRFSS and the prevalence of SMI measured using the

NSDUH. The NRI and CMHS will contact Dr. Kessler's Office to request guidance and possibly invite him to address the group for future conference call discussions.