

**DIG Supplement (K-6)  
Conference Call Summary  
September 10, 2008  
3:00PM EDST**

Attendees: States represented: CA, HI, IL, KS, MA, MD, ME, MO, MS, NC, ND, NM, NY, OH, OK, WI, VA, VT.

Other agencies represented: Olinda Gonzales (SAMHSA/CMHS), Ted Lutterman and Bernadette Phelan (NRI), Chuck McGee (WICHE).

**Dr. Amy Fan of CDC provided an update on recent CDC activities related to the BRFSS Mental Health and Stigma Module, as follows:**

- **State data are now available for download from the CDC website, [www.cdc.gov/brfss](http://www.cdc.gov/brfss)**
- **Several manuscripts are currently in press for publication in the International Journal of Public Health (see handout)**
- **Dr. Fan is available for individual or group consultation on the K-6 data analysis and interpretation**
- **Dr. Fan reviewed with the attendees the scoring algorithm for the K-6 (see handout)**

Other Discussions:

1. CMHS reported that there are 20 States funded by CMHS to conduct analysis of the 2007 K-6 data
2. A basic area of concern raised during the group discussion was the significant difference in estimated rate of serious psychological distress (SPD) using the National Household Survey on Drug Use (NHSDUH) and Health versus the rate derived using the K-6 data. The NHSDUH estimate of SPD is higher than the SPD estimate from BRFSS. The concern was how to reconcile the findings of these 2 instruments.

The probable explanation provided was the difference in time construct used by the two instruments. The NHSDUH used a 12-month time frame while BRFSS used 30-days.

Dr. Fan advised the group to refrain from comparing results of 2 different instruments especially if they differ in structure and instead offered comparison of State results using the same instrument.

A possibility of selection bias inherent in these 2 instruments was also cited as a possible explanation.

3. The following related topics were also briefly discussed:
  - Frequent Mental Distress (FMD) and SPD: the discussion focused on the degree of expected overlap between the rate of SPD and FMD.
  - Interaction effect between medication and SPD: there was a seeming negative relationship between the use of medication and the rate of SPD.
  - Reconciling SMI and SPD rates
  - Using continuous variable (i.e. total score) for subgroup analysis in cases where the number of observations is very small
  - Relationship between physical symptoms and SPD: one state reported a finding that people with poor physical symptoms tend to meet the SPD criteria.
  - Analysis of the Stigma questions

**Participants agreed to continue the dialogue through this Workgroup. Meanwhile, the NRI and CMHS will continue to support the group with follow-up materials and conference calls.**