DIG Supplement (PHQ-8)
Conference Call Summary
June 16, 2008
3:00PM DST

Attendees: States represented: CA, CT, HI, IL, KS, MA, ME, NE, NC, ND, NM, NY, OH, OK, VT.

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

This conference call set the stage to engage states in discussing dissemination strategies and experiences in the hope of effecting changes in current practices that address the implications of data findings.

Dr. Elsie Freeman of Maine was invited to present the state experience in disseminating and using Maine's mental health data, including questions from the CDC's Behavioral Risk Factor Surveillance System (see presentation handout delivered at the National Grantee Conference on May 21-22, 2008). Dr. Freeman suggested that different types of stakeholders warrant different methods and style of data dissemination. She also underscored the need to break silos in funding categories, better data collection and dissemination, integration of mental health and physical health, and the need to adopt public health approach (use of surveillance) in the field of mental health. According to Dr. Freeman, dissemination of findings to all levels of stakeholders is critical to make significant changes in current practices, or to mold the system to where it should be. Presentation of data results to State Commissioners and/or presentation at state and national conferences are as equally important as educating the public.

Dr. Freeman likewise introduced Maine's recent work in integrating some of mental health-related BRFSS questions in their annual MHSIP Survey (see presentation handout on consumer satisfaction and health status). Findings showed a pronounced difference between the physical health conditions of persons with mental illness (MHSIP survey respondents) compared to the general population (BRFSS respondents).

Other Discussions:

1. Representatives from Vermont likewise shared how the 12-year working relationship between the mental health and public health agencies has benefitted the state in integrating physical and mental health data analysis. The state has been reporting the prevalence of arthritis and other physical health conditions of persons with depression. The public health agency had likewise used screening tools for depression, prior to the advent of the PHQ-8 module. They are now looking into adopting the PHQ-8 BRFSS module as a primary care screening tool.

   They also reported that some of these analyses have resulted in major focus on depression and arthritis, looked into the impact in hospitalization rate, etc.

   Vermont is using a widespread dissemination strategy, characterized as a 'shot-gun approach'. Weekly report on data analysis is disseminated to stakeholders.

2. Representatives from Kansas, on the other hand, highlighted the use of BRFSS data (particularly the PHQ-8 module) to start a state surveillance system. They plan to bring the findings of their analysis to the Commissioner and other stakeholders to get support in addressing the health issues raised by the data.

The public health agency representative from Kansas likewise mentioned the use of mental health data in statewide planning for the State's Healthy 2010 initiative in which mental health (depression) has been placed in the agenda as one of the 10 leading health indicators. The state has added 2 state questions in the BRFSS that relates to depression.

The meeting adjourned with the request of some states to form a special workgroup that will coordinate multi-state effort in integrating select BRFSS questions to state MHSIP surveys. The NRI was requested to coordinate the effort with the guidance of Dr. Freeman.