Expanding Behavioral Health Data Collection:

ADULT MENTAL ILLNESS DIAGNOSES WITH FUNCTIONAL IMPAIRMENT

Center for Behavioral Health Statistics and Quality

Substance Abuse and Mental Health Services Administration

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OVERVIEW: SPECIFIC ADULT MENTAL ILLNESS DIAGNOSES WITH FUNCTIONAL IMPAIRMENT

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NRC WORKSHOP: SPECIFIC ADULT MENTAL ILLNESS DIAGNOSES WITH FUNCTIONAL IMPAIRMENT

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Introduction

- U.S. Department of Health and Human Services seeks to expand behavioral health data collection.

- Require guidance on how to best measure and collect these data.

- SAMHSA working through ASPE to engage the Committee on National Statistics (CNSTAT)/National Research Council (NRC).

Expand Behavioral Health Data

- Guidance needed on how to measure and collect data on these behavioral health topics:
  - Topic 1: Specific adult mental illness including functional impairment
  - Topic 2: Serious Emotional Disturbance (SED) in children
  - Topic 3: Trauma
  - Topic 4: Recovery

Goals for Topic 1

- Provide direct national and *state* estimates on adult mental disorders with functional impairment.

- Collect data on more mental disorders than required when only estimating serious mental illness (SMI).

- Collect data not less than every 5 years.

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Brief Overview of MHSS

- The Mental Health Surveillance Study (MHSS) was a one-time survey.

- Eligible persons were noninstitutionalized civilians aged 18 years old or older who completed the NSDUH questionnaire in English.

- NSDUH respondents were sampled and recruited for the follow-up clinical interview at the end of the NSDUH main study.

- Overall weighted response rate of 64.6 percent; 5,653 respondents completed the MHSS clinical interview

Brief Overview of MHSS (continued)

- Fielded in 2008 through 2012

- Average time for completion: ~72 minutes

- MHSS included the Global Assessment of Functioning (GAF), a global measure of functional impairment. GAF cannot measure impairment associated with each mental disorder.

  - With scores ranging from 1 to 100, the GAF scale is a measure of global functional impairment rather than functional impairment specific to an individual mental disorder.

Brief Overview of MHSS (continued)

- The SCID-I/NP (Structured Clinical Interview for DSM IV-TR Axis I Disorders – Non-Patient Edition) was administered over the telephone by Clinical interviewers (CIs) who had undergone extensive training with clinical supervisors (CSs) and the SCID's developer from Columbia University.
  - As a semi-structured clinical interview, the SCID contains structured, standardized questions that are read verbatim and sequentially, combined with unstructured follow-up questions that the CI tailors to the respondent based on clinical judgment and respondent answers.
  - CIs used clinical judgment to code each item in the SCID as "1" (absent or false), "2" (subthreshold), "3" (threshold or true), or "?" (inadequate information).

Disorders Included in the MHSS

Past Year Mood Disorders	Past Year Substance Use Disorders
Major Depressive Disorder (MDE) Bipolar I Disorder (*Manic Episode)* Dysthymic Disorder	Alcohol Abuse, Dependence Drug Abuse, Dependence

Past Year Anxiety Disorders	Past Year Eating Disorders
Specific Phobia Social Phobia Generalized Anxiety Disorder Panic Disorder w/wt Agoraphobia Agoraphobia wt Panic Disorder Obsessive Compulsive Disorder Posttraumatic Stress Disorder	Anorexia Nervosa Bulimia Nervosa
	Past Year Adjustment Disorder
	Past Year Impulse Control Disorders Intermittent Explosive Disorder
	Past Year Psychotic Symptoms (delusions and/or hallucinations)

Disorders Excluded from the MHSS

Several mental disorders were excluded due to challenges in assessing them within MHSS framework:

Bipolar II Disorder	Developmental disorders (excluded from SMI definition)
Personality disorders (respondent burden)	Schizophrenia and other psychotic disorders (respondent burden, persons with several psychotic symptoms would be unsuitable as respondents); however, a screener for two psychotic symptoms was included in the assessment.
Other disorders typically identified in childhood rather than adulthood: ADHD, conduct disorder, oppositional defiant disorder, and separation anxiety disorder (respondent burden, SCID modules had not been developed).	

Challenges to Collecting Data

- How to measure disorder-specific functional impairment in the presence of multiple disorders
  - In the presence of multiple mental disorders and medical conditions, can functional impairment be <u>measured</u> for each mental disorder?
  - Can <u>respondents accurately attribute</u> functional impairment to a specific mental disorder in the presence of 2 or more mental disorders (including substance use disorders) and medical conditions (e.g., stroke, heart diseases)?

Challenges to Collecting Data (continued)

- Identify measures of functional impairment
    - The MHSS used the GAF. The GAF scale is a measure of global functional impairment rather than functional impairment specific to an individual mental disorder.
    - DSM-5 omitted the GAF due to lack of conceptual clarity and questionable psychometrics in routine practice.
    - DSM-5 advices clinicians to use the World Health Organization Disability Assessment Scale (WHODAS 2.0; 36 or 12 items).
    - The truncated version of WHODAS (8 items) has been used in the NSDUH interview as a self-report measure of functional impairment since 2008.

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Challenges to Collecting Data (continued)

- Identify instruments
  - Need instruments to measure DSM-5 disorders, more than those covered in the MHSS

- Assess existing data source
  - Must be nationally and state representative
  - Valid psychometric properties

Collect Specific Adult Diagnoses with Functional Impairment Data

Possible means of collecting the data:

- Use the National Survey on Drug Use and Health (NSDUH),

- Reinstate the Mental Health Surveillance Study (MHSS),

- Develop a new data collection program,

- Use existing data, and/or

Guidance needed on estimation method (which may effect design options and vice versa):

- Construct model-based estimation procedures using existing data sources.

Workshop Charge

- Provide guidance on how to measure individual diagnoses with functional impairment

- Consider survey and questionnaire design tradeoffs

- Assess mechanisms for collecting the data and provide suggestions

- Provide suggestions for measuring these data and assess potential impact of changes to NSDUH