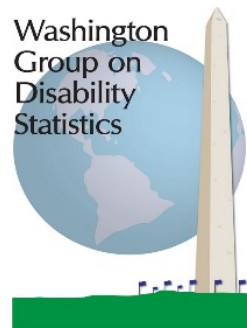


# WG Mental Health Work Group Update

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## Examination of Anxiety and Depression



17<sup>th</sup> Annual Meeting of the Washington Group on Disability Statistics  
Sydney, Australia  
31 October – 2 November 2017

# WG Mental Health Work Group

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## Work Group Co-Chairs

**Marguerite Schneider**

Alan J Flisher Centre for Public Mental Health  
Dept of Psychiatry and Mental Health  
University of Cape Town

**Elena de Palma**

Istat  
Italian National Institute of Statistics

## Analysis Subgroup

**Islay Mactaggart**

Research Fellow in Disability  
and Global Health, LSHTM

**Julie D. Weeks**

**Laura A. Pratt**

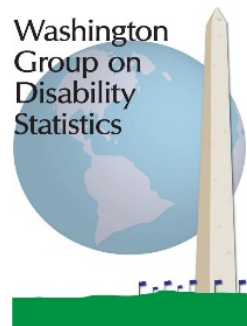
National Center for Health Statistics, USA

**Leanne Findlay**

**Dafna Kohen**

**Julie Bernier**

Health Analysis Division, Statistics Canada



# Presentation Outline

- WG Mental Health Working Group goals
- Review previous work
- Summarize results and recommendations from the questions addressed by the working group over the past year
- Update on other functional activities from the scoping review

# Part 1. Mental Health Working Group Goals

1) Can the WG affect questions be used to determine prevalence of poor mental health in comparison to other validated tools?

*Previously presented in 2016 (Pretoria)*

2) Can the WG affect questions be used to indicate poorer functioning due to poor mental health?

3) Are there specific recommendations for scoring the WG affect questions when conducting mental health analyses?

## Part 2: Previous Work (prior to 2017)

- Working group is comprised of members from US, UK, Canada, South Africa, Italy
- Data from: US, India, Cameron, Canada
- WG Extended Set affect questions
- Presentation made in December, 2016 to report results on prevalence

# Sources of Data

Secondary data analysis of datasets from four different countries:

- U.S.A.: National Health Interview Survey (2012, 2015)
- Cameroon (2013) and India (2014): London School of Hygiene & Tropical Medicine (LSHTM) International Centre for Evidence in Disability (ICED) Building the Evidence in Disability Survey
- Canada: Canadian Community Health Survey – Mental Health (2012)

# Datasets: U.S. National Health Interview Survey

Nationally representative household interview survey designed to produce estimates of the health of the U.S. civilian noninstitutionalized population.

- In-person interviews in the respondent's home
- Total sample size: 33,672      WG analytic sample size: 16,939 (2015)
- Response rate: 55.2%
- Mental health content: WG affect questions and K6
  - Self-report
  - Persons age 18 and over

# Datasets: Cameroon and India

## The ICED Building the Evidence in Disability Study

Two-country district level population based survey of disability in Mahbubnagar District, Telengana State (India) and Fundong District, North West Cameroon.

- In-person interviews in central village location
- Sample size: 4,056 all-age sample per country
- Response rate: 87% in Cameroon / 88% in India
- Mental health content: WG Affect and PHQ-9
  - Self-report
  - Persons age 18 and over



# Datasets: Canadian Community Health Survey – Mental Health 2012

Population-based household survey of residents aged 15 or older in ten provinces excluding reserves, full-time members of Canadian Forces and institutionalised population.

- In-person interviews in the respondent's home and telephone interviews
- Sample size: 25,113
- Response rate: 68.9%
- Mental health content: K6, questions on depression, anxiety
- Self-report, persons age 18 and over

# WG Extended Set Affect Questions: Depression

1. How often do you feel depressed?

Daily / Weekly / Monthly / A few times a year / Never

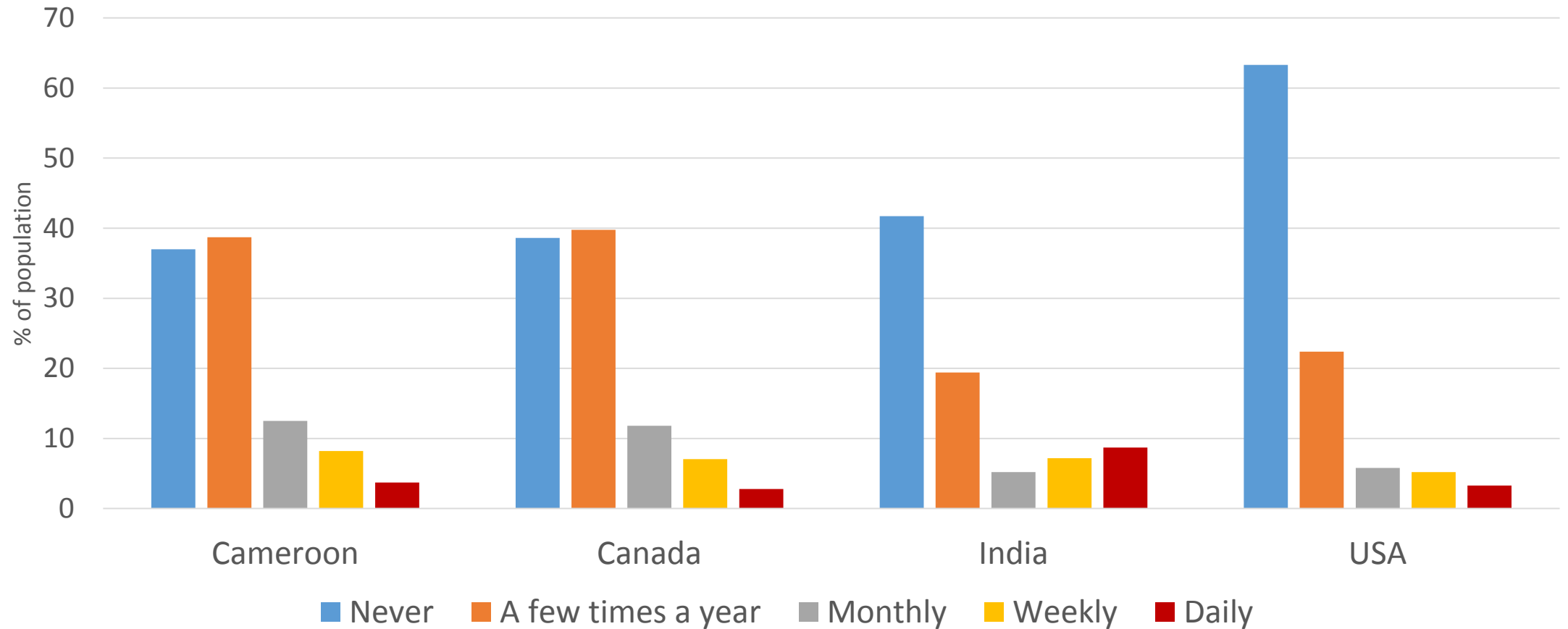
2. Do you take medication for these feelings?

Yes / No

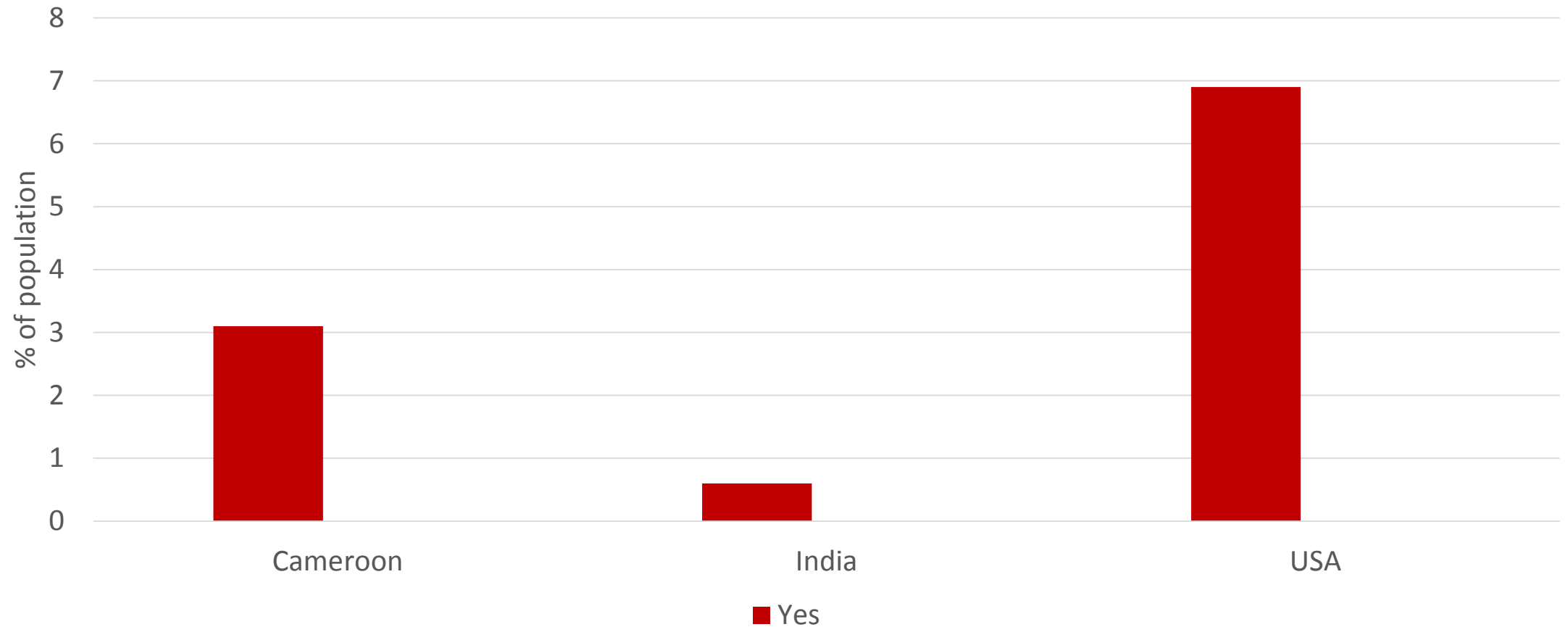
3. Thinking about the last time you felt depressed, how depressed did you feel?

A little / A lot / Somewhere in between a little and a lot

# How often do you feel depressed?

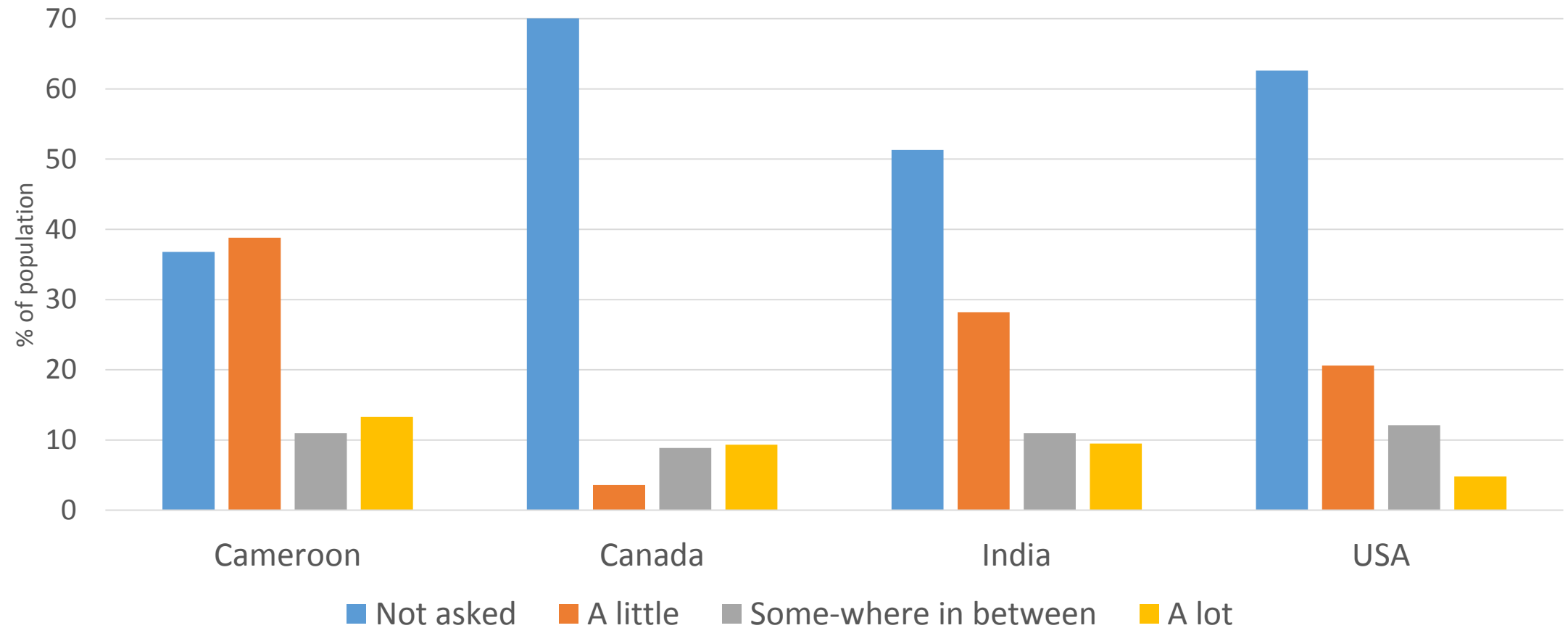


# Do you take medication for those feelings (of depression)?



Footnote: Medication question was not asked in Canada.

# Thinking about the last time you were depressed, how depressed did you feel?



# WG Extended Set Affect Questions: Anxiety

1. How often do you feel worried, nervous or anxious?

Daily / Weekly / Monthly / A few times a year / Never

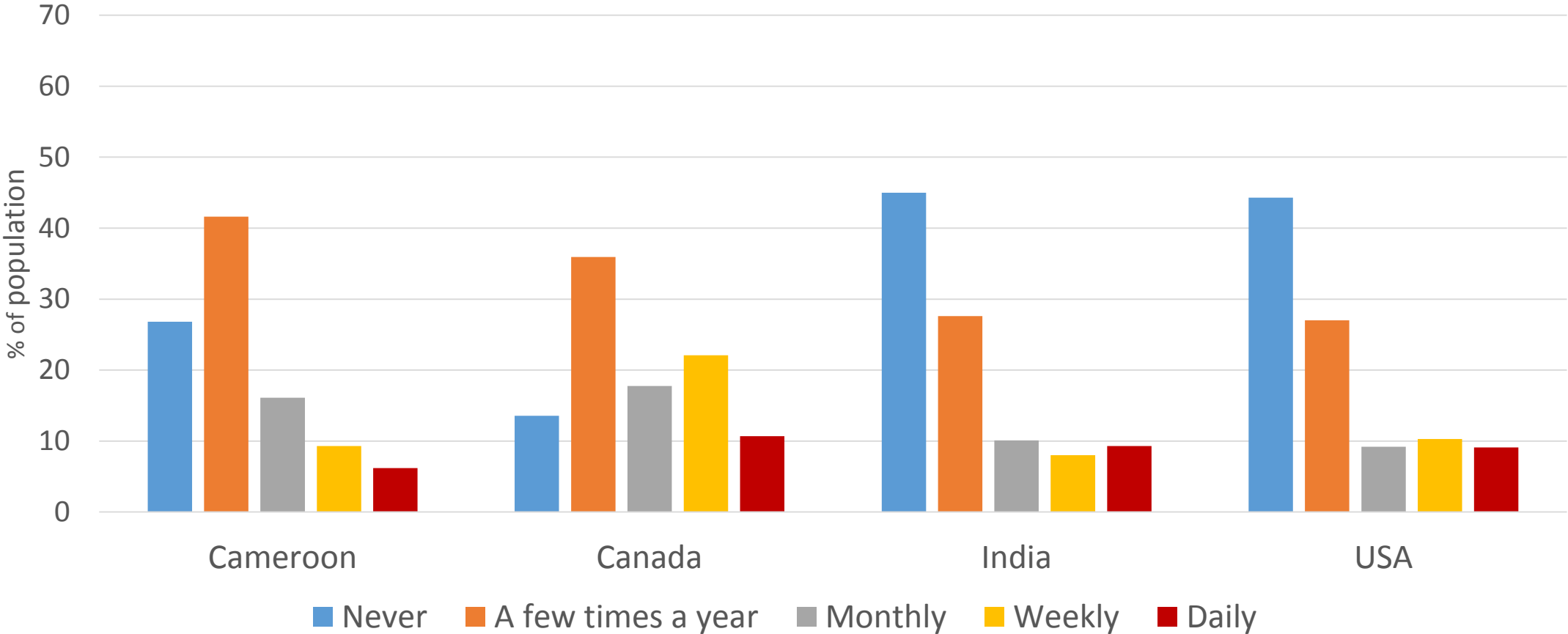
2. Do you take medication for these feelings?

Yes / No

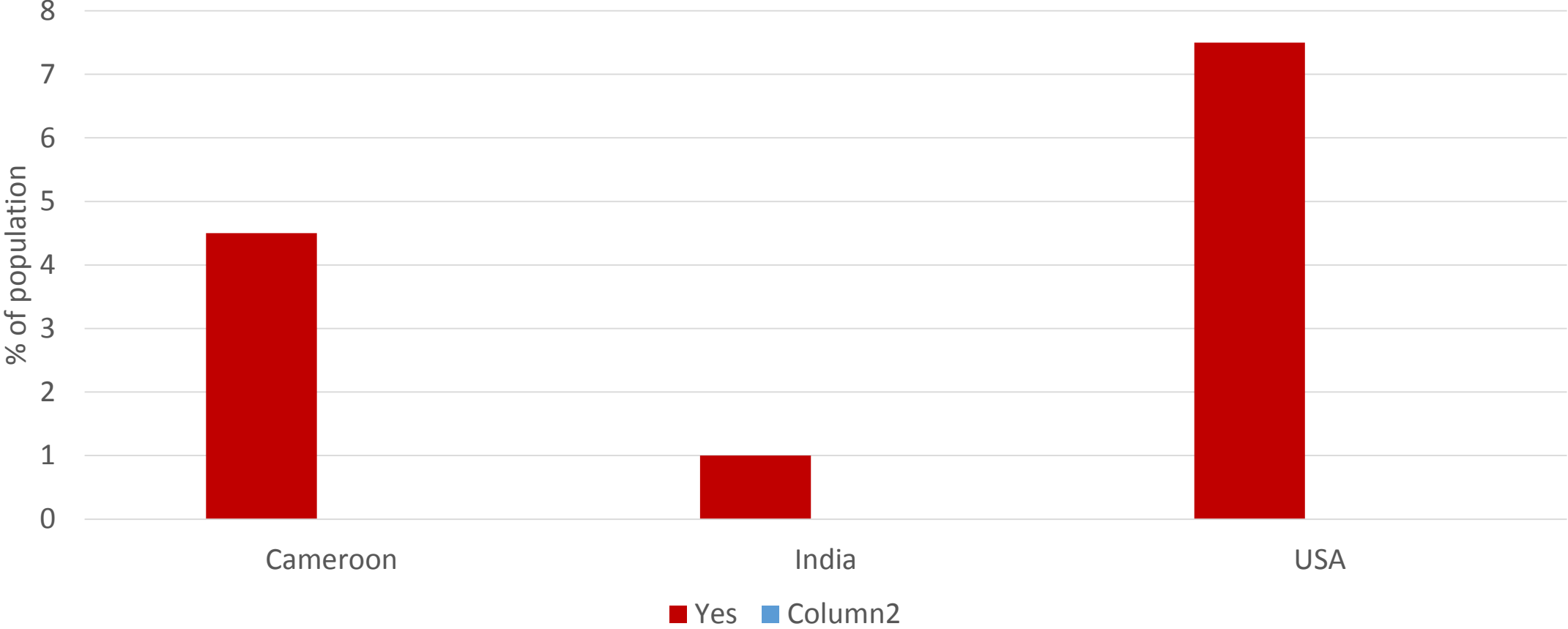
3. Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings?

A little / A lot / Somewhere in between a little and a lot

# How often do you feel worried, nervous or anxious?

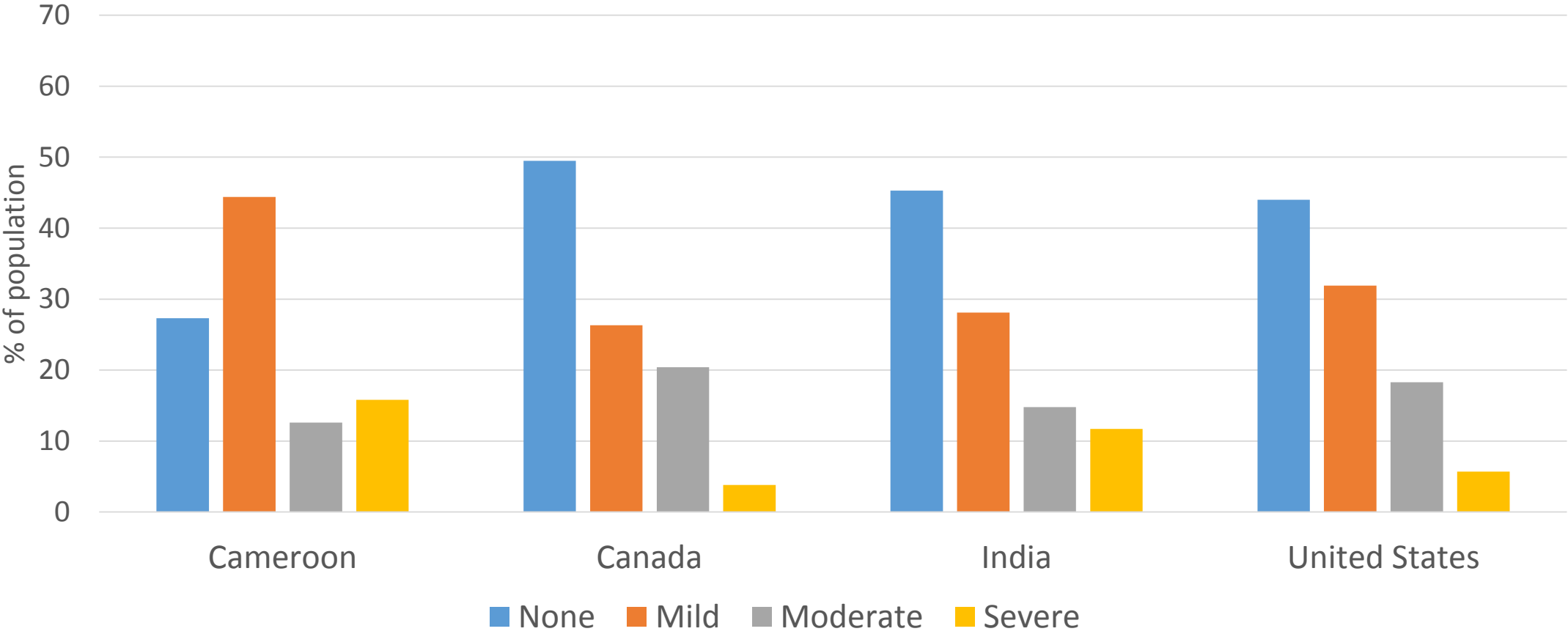


# Do you take medication for these feelings (of anxiety)?





# Thinking about the last time you were anxious, how would you describe your level of anxiety?



## **Part 3: Questions addressed by the working group over the past year**

- Q1. Does the affect domain need to include both anxiety and depression?
- Q2. Does intensity information add anything over and above frequency?
- Q3. Should we include the medication questions?
- Q4. What should the cut points be, and how many categories should we include?
- Can we validate these cut-points/categories using functioning-related information?

**Q1. Does the affect domain need to include both anxiety and depression?**

# Q1. Does the affect domain need to include both anxiety and depression?

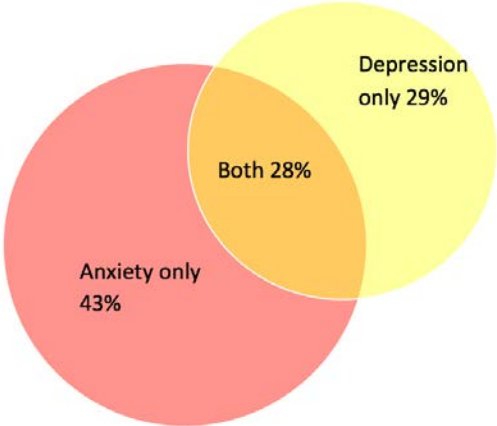
- Literature:

- Both anxiety and depression are negative mood states, but the symptoms differ. The defining symptoms of depression are sadness and lack of interest in things one normally enjoys while the defining symptoms of anxiety are worry and fear.

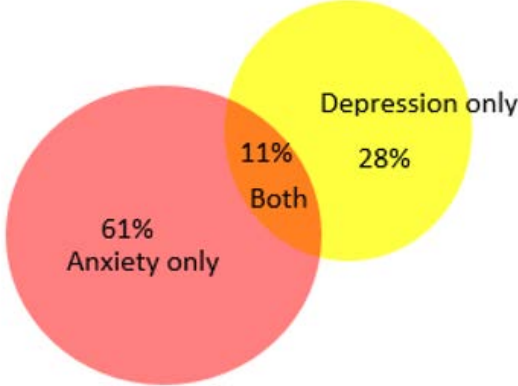
- Evidence:

- Some people have anxiety only or depression only (not both)
- Many people with depression also have anxiety, fewer people with anxiety also have depression
- Having both allows the identification of the most impaired individuals who are the people who have both depression and anxiety.

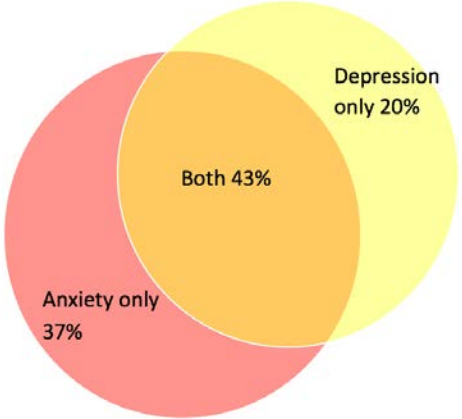
# Overlap among individuals with depression and/or anxiety...



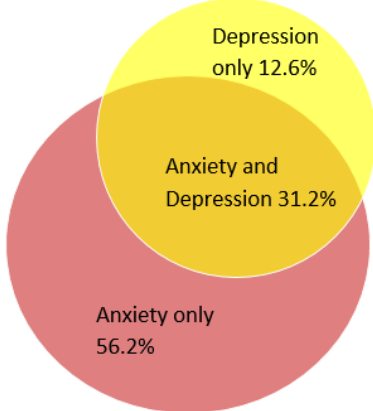
Cameroon



Canada



India



USA

**Q1. Does the affect domain need to include both anxiety and depression?**

**Recommendation**

**R1: Include both anxiety and depression**

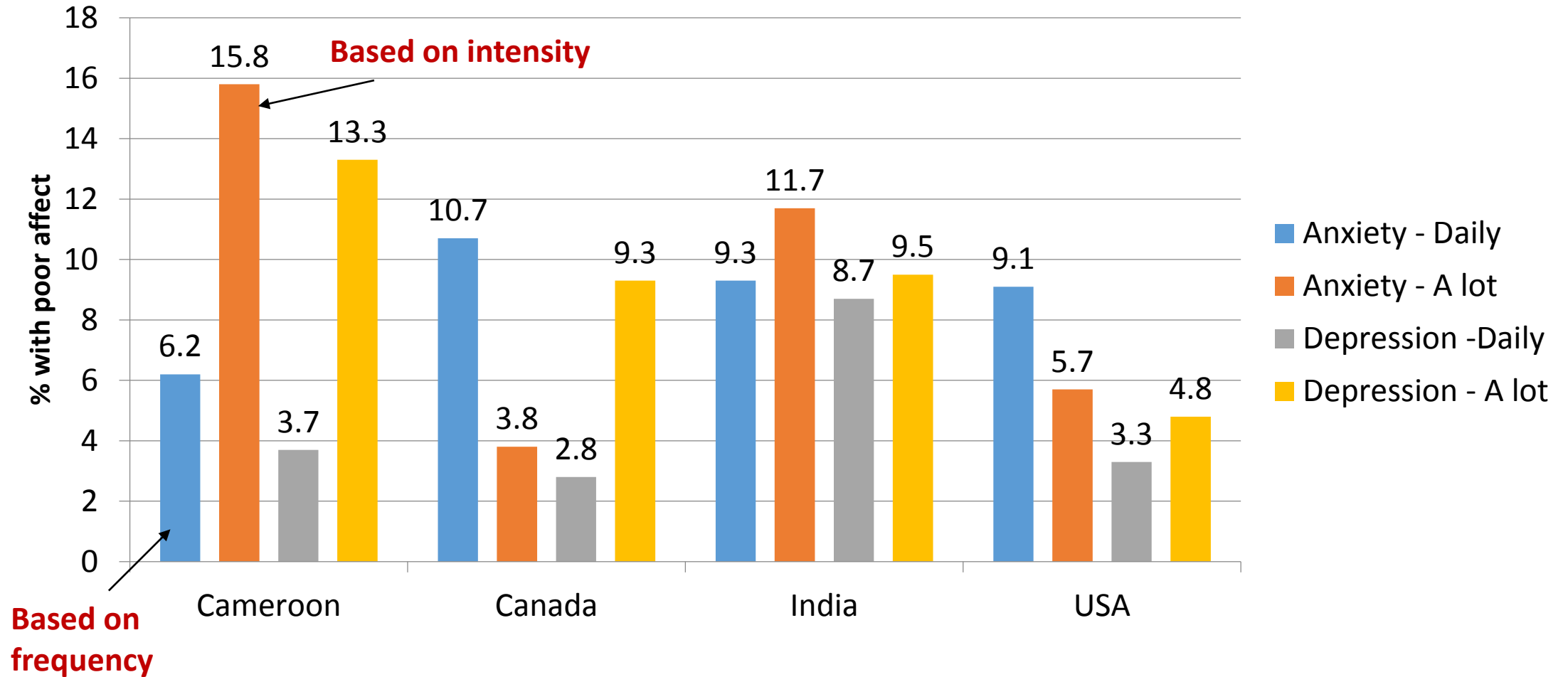
**Q2. Does intensity add anything over and above frequency?**

## Q2. Does intensity add anything over and above frequency?

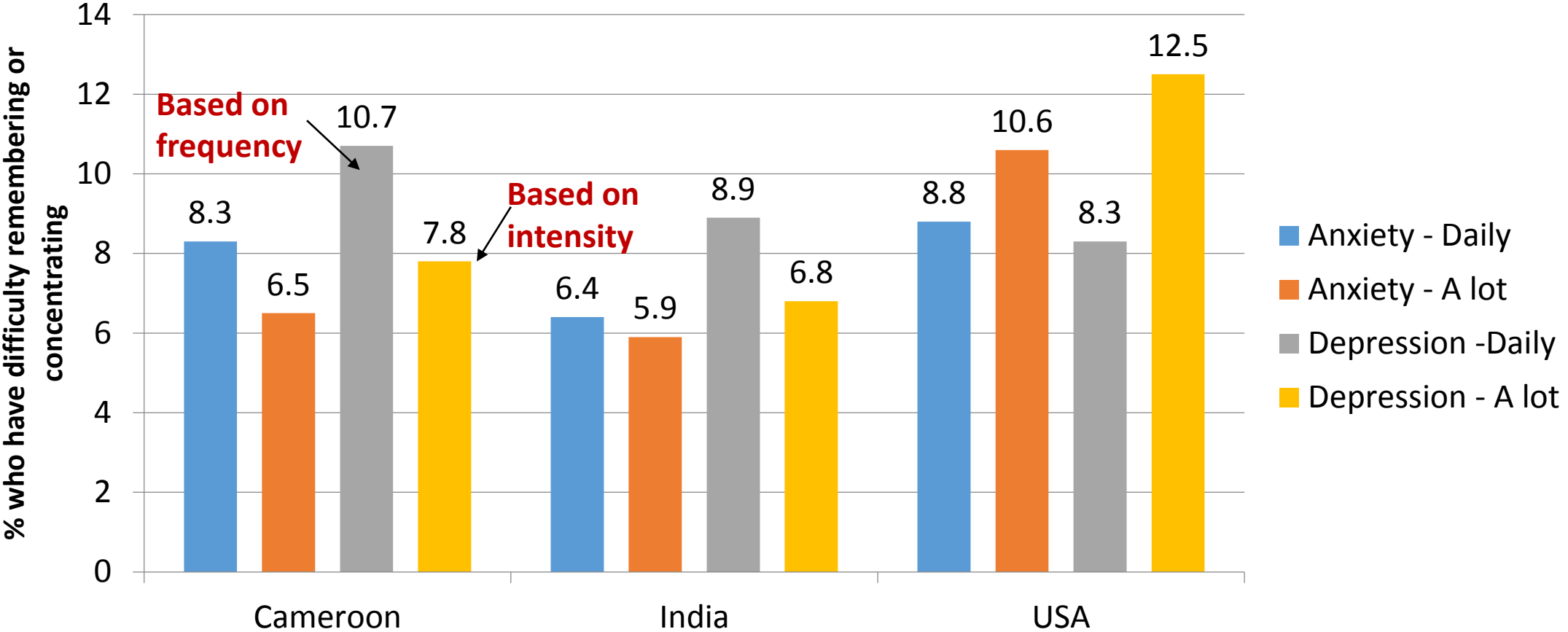
- Literature:
  - Scales generally include both frequency and intensity because clinical measures require symptoms to be of a certain duration and level of severity.
- Evidence:
  - If we consider only the top category to define depression or anxiety, we get very different prevalence rates of the condition
  - The individual items correspond to different rates of impairment in functioning



# Proportion who report poor affect differs if we use frequency vs. intensity as the measure



# Impairment in functioning differs based on whether we use frequency vs. intensity as a single indicator of affect



**Q2. Does intensity add anything over and above frequency?**

**Recommendation**

**R2:** Yes, include both frequency and intensity questions

**Q3. Should we include the medication question?**

# Q3. Should we include the medication question?

- Access to medication differs by country
- Medication is an accommodation
  - We want to maintain consistency with other domains which include the accommodation (e.g. vision when wearing glasses or hearing with a hearing aid)
- Unclear why people are using medication
- A variety of “medications” being used

## **Q3. Should we include the medication question?**

### **Recommendation**

**R3:** Do not include the medication question in a composite score

**Q4. What should the cut points be, and how many categories should we include?**

# Q4. What should the cut points be, and how many categories should we include?

WG ES-F Recommendation:

<u>Intensity</u>	<u>Frequency</u>				
	Daily	Weekly	Monthly	A few times a year	Never
Not asked					None
A little	LOW	LOW	LOW	None	None
In Between	MED	LOW	LOW	None	None
A Lot	HIGH	MED	LOW	None	None



# Q4. What should the cut points be, and how many categories should we include?

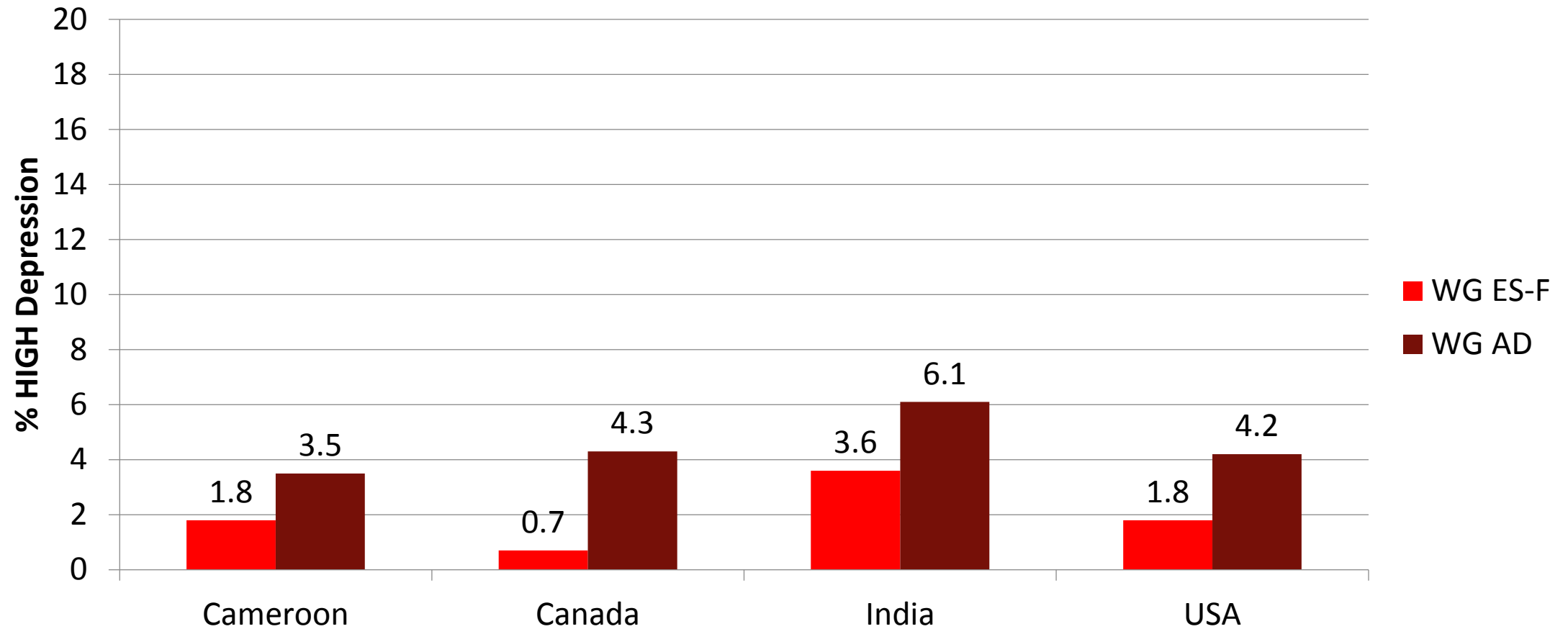
WG ES-F:

<u>Intensity</u>	<u>Frequency</u>				
	Daily	Weekly	Monthly	A few times a year	Never
Not asked					None
A little	LOW	LOW	LOW	None	None
In Between	MED	LOW	LOW	None	None
A Lot	HIGH	MED	LOW	None	None

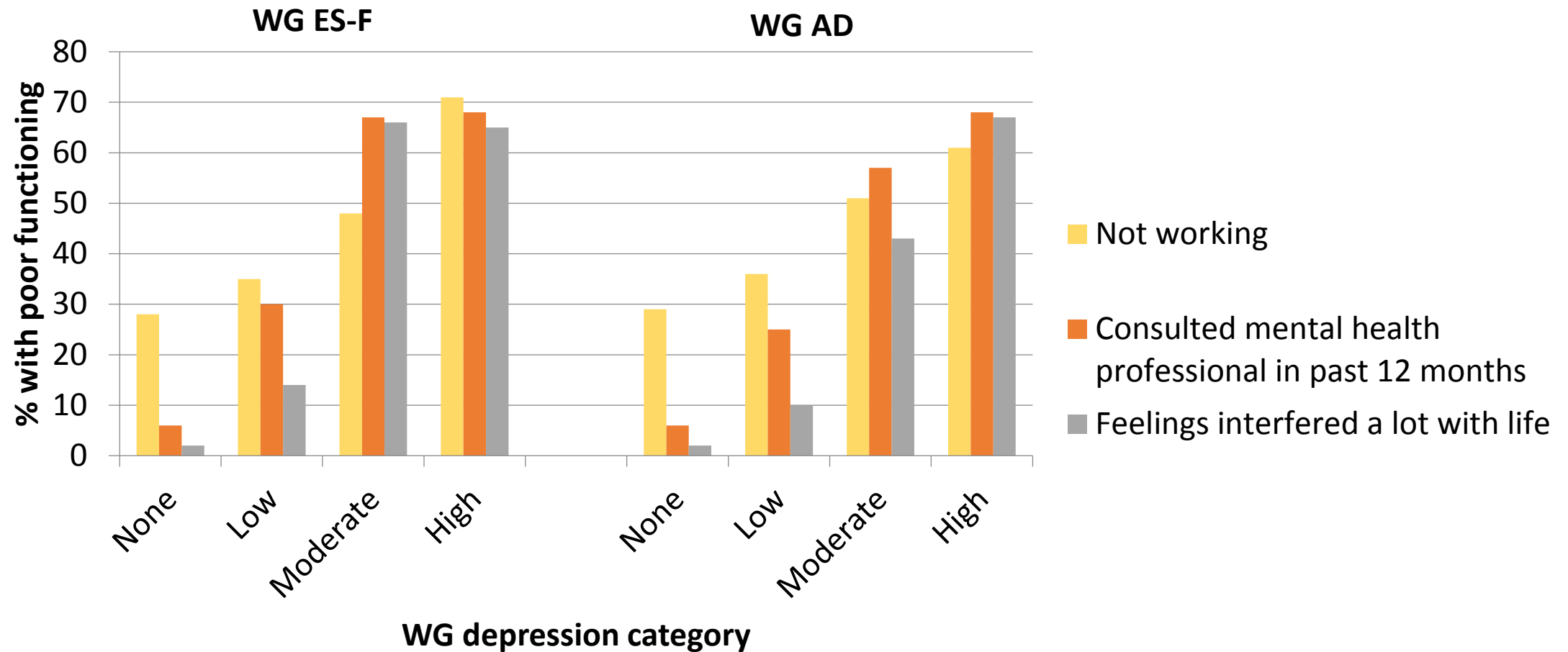
WG AD:

<u>Intensity</u>	<u>Frequency</u>				
	Daily	Weekly	Monthly	A few times a year	Never
Not asked					None
A little	MED	MED	MED	LOW	None
In Between	HIGH	MED	MED	LOW	None
A Lot	HIGH	HIGH	MED	LOW	None

# WG ES-F yields very small sample sizes in the HIGH depression group

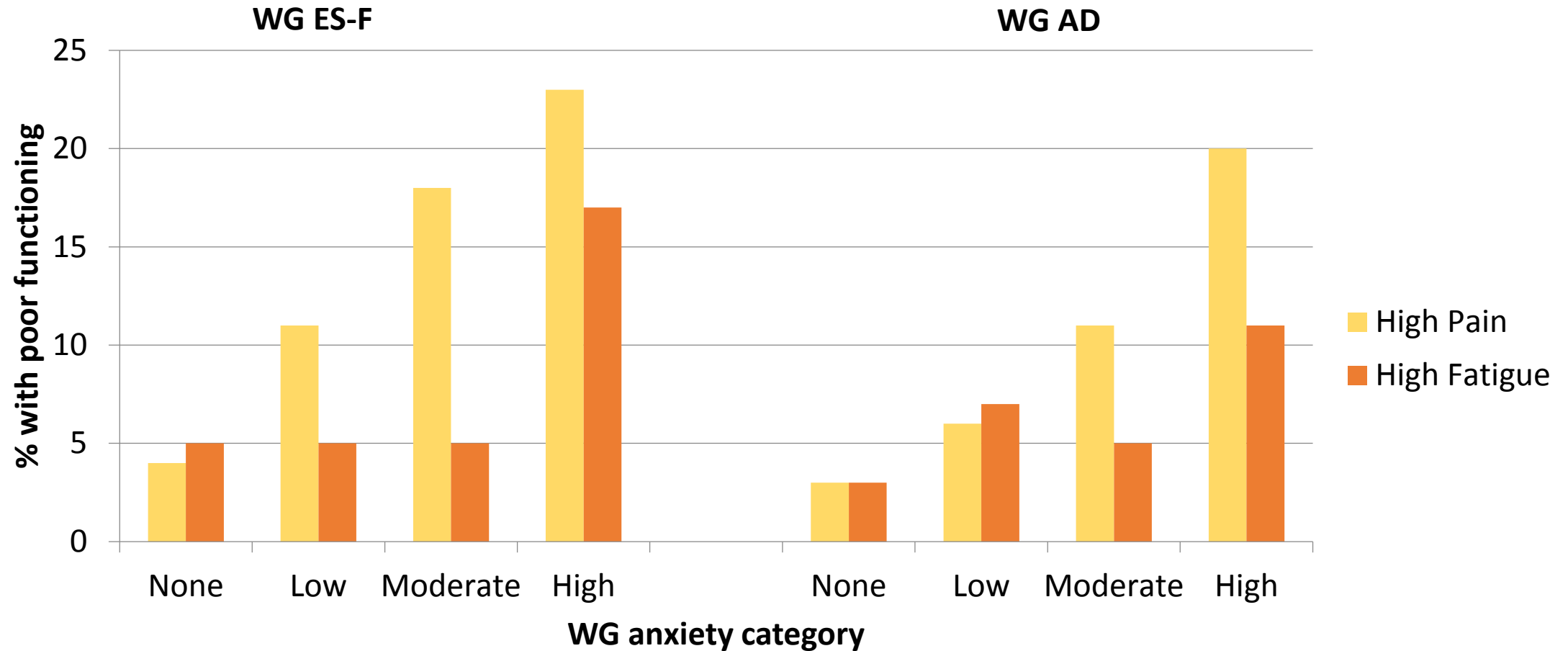


# People with increasing depression report worse functioning



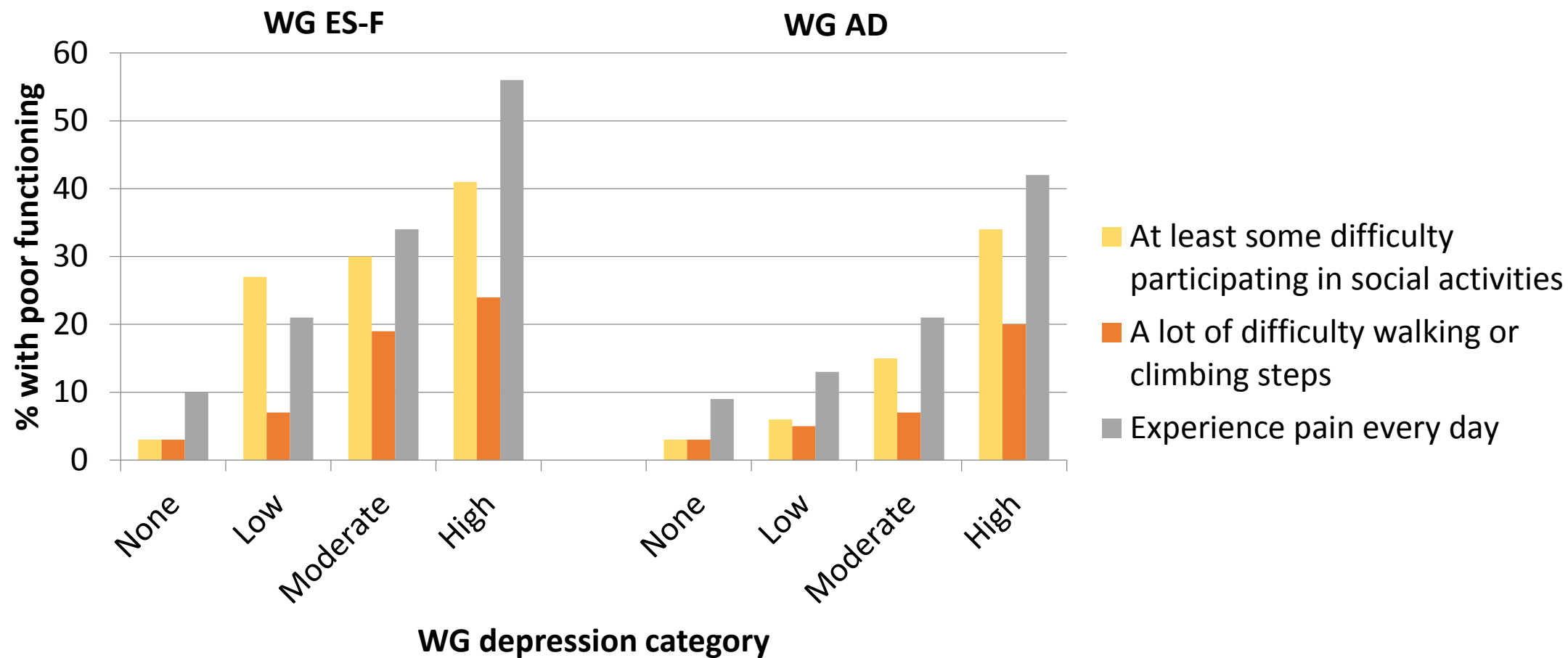
Source: Canadian Community Health Survey – Mental Health (2012), proxy items for WG affect

# People with higher anxiety report worse functioning



Source: India, ICED Building the Evidence in Disability Study (YR)

# People with low depression are different than people with no depression



Source: US National Health Interview Survey (YR)

**Q4. What should the cut points be, and how many categories should we include?**

**Recommendation**

**R4:** For mental health-specific analyses, create four categories of depression and anxiety using WG AD cut-points

# Summary of recommendations based on answers to our questions

- R1. Include both anxiety and depression components
- R2. Include both frequency and intensity questions
- R3. Do not include the medication question in a composite score
- R4. For mental health-specific analyses, create four categories of depression and anxiety using WG AD cut-points

# Next Steps for Analyses

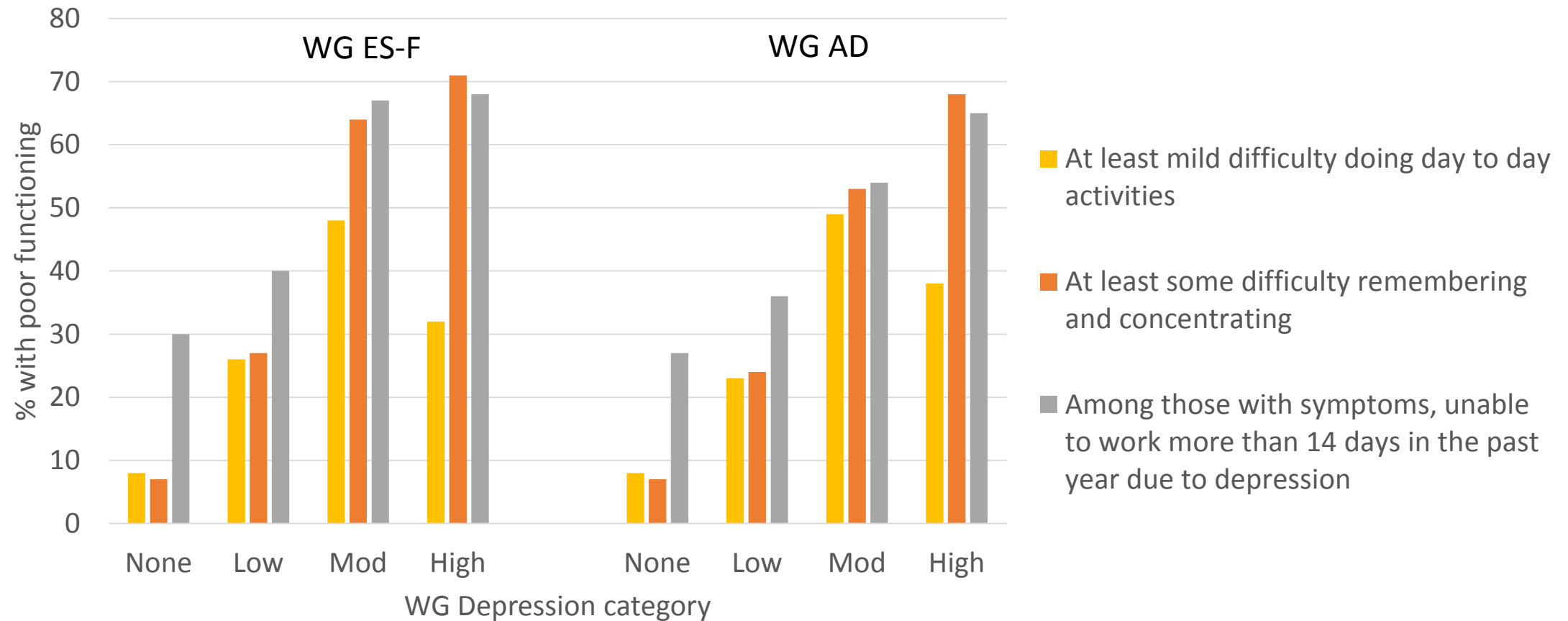
- Compare with data from other countries
- Put the findings in the context of the SDGs



Thank You

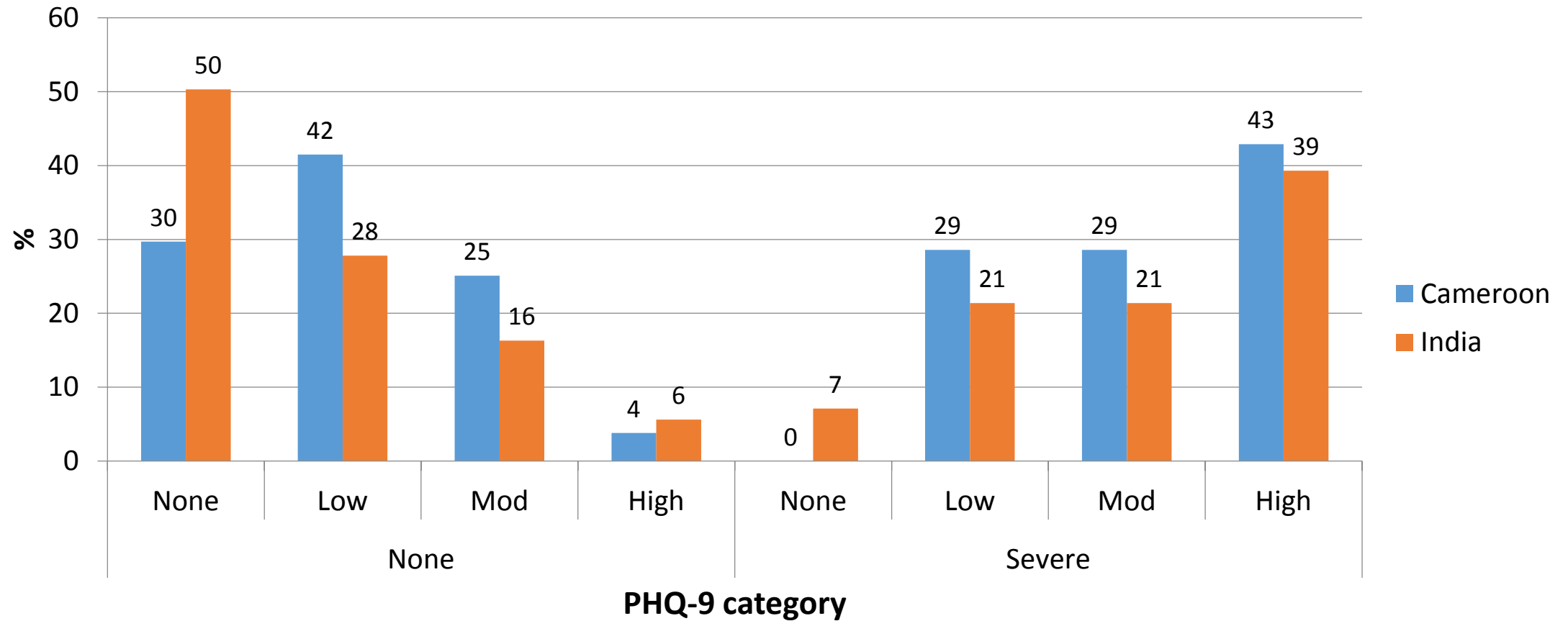
Parking lot slides

# People with increasing depression also report worse functioning

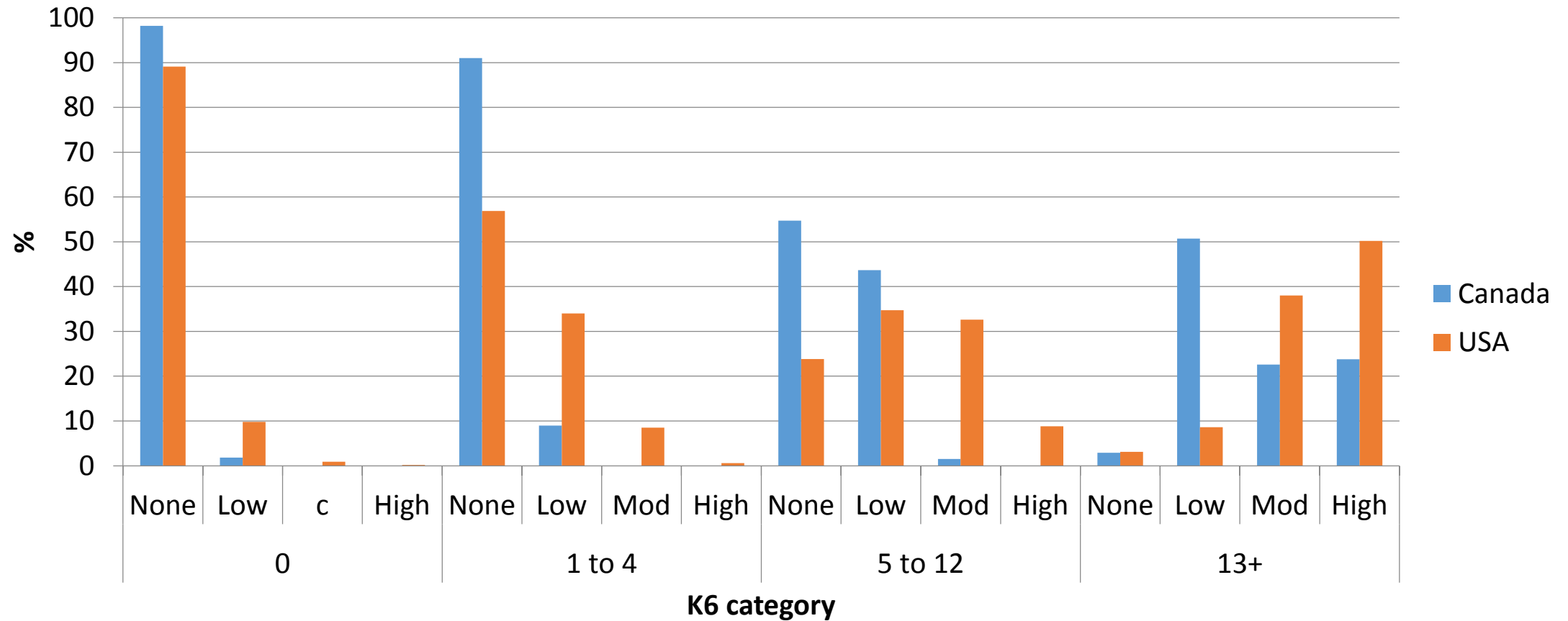


Source: Canadian Community Health Survey – Mental Health (2012), proxy WG items

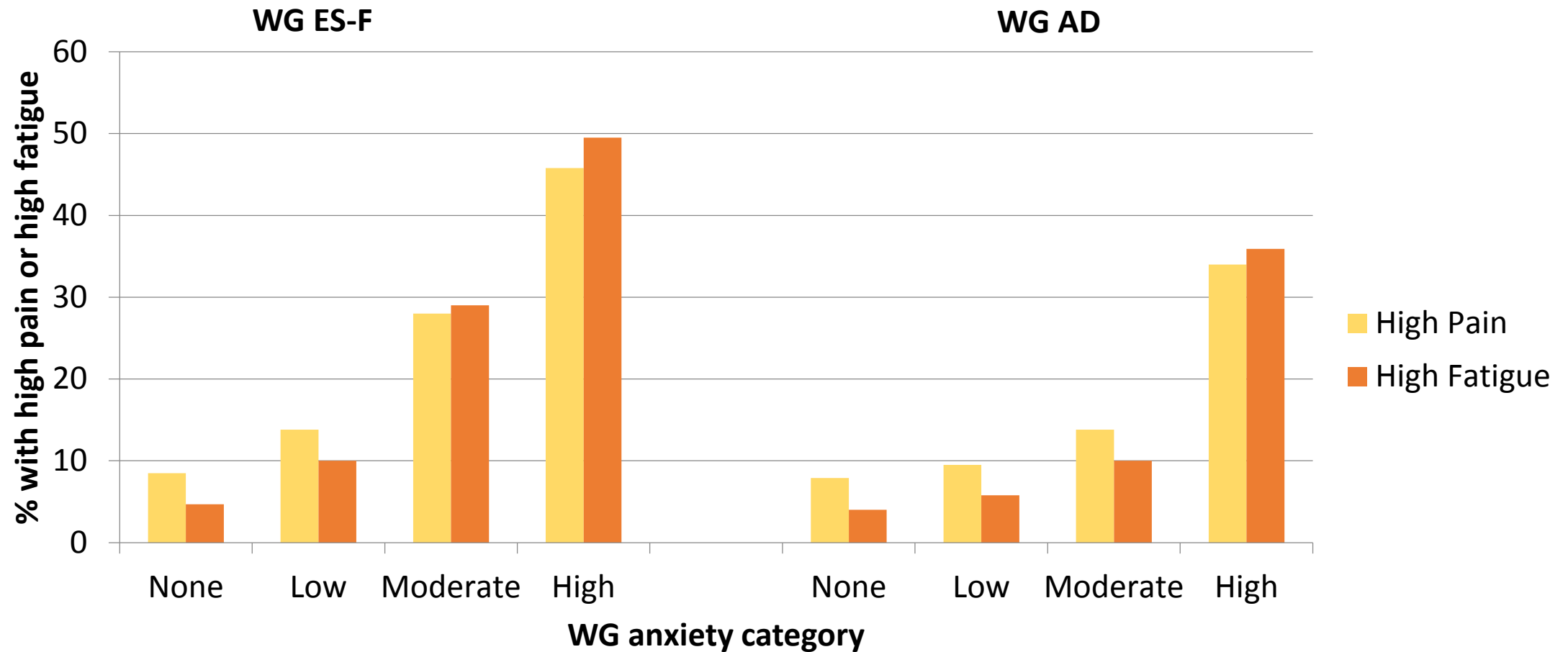
Those who score poorly on the PHQ-9 are more likely to score poorly on WG anxiety



# Those who score poorly on the K6 are more likely to score poorly on WG depression



# People with high anxiety report more pain and fatigue



Source: 2015 National Health Interview Survey, US