

MENTAL HEALTH WORKGROUP NOTES

- I. Introductions
- II. Background on CHIS
- III. Recommendations from the AB meeting and Adult TAC Meeting
- IV. Topics and questions review
- V. Discussion
 1. Dr. Eisenberg asked if we should revise the existing questions or adding/deleting questions?
 - i. Royce responded saying both. He cautioned that the survey is long, and we should be very careful about adding.
 2. Dr. Bradley shared her thought-
 - i. No questions on children 0-11. Only developmental delay diagnosis. Feels like a missed opportunity asking about parents the mental health of their younger children.
 - ii. She agrees with AB's comment on mental health.
 - iii. She would want to see more prevention. Thinking about MHSA and PEI aspects, if questions could be incorporated within that context.
 3. Tomas asked about impact of social media especially on youth.
 - i. Royce said that a couple of cycles earlier we investigated impact of technology on sleep and Mental Health, especially social media use among youth.
 - ii. Todd shared the 2021 questionnaire and showed the questions we had.
 - iii. Eisenberg agreed with Tomas and suggested asking how much time they are spending on social media and how much sleep do they get at night.
 4. Erika Pinsker wanted to know if mental health measures will have to be developed or revised? She said she was more familiar with PHQ-9 used more for depression.
 - i. Eisenberg said K6 covers more of anxiety. PHQ-IV covers both anxiety and depression.
 - ii. Erika wasn't sure if adding PHQ-IV will have any added value if K6 is already there.
 5. Eisenberg commented that positive mental health status should also be measured instead of just measuring distress and illness.
 - i. Dr. Ozer seconded that and gave background on the fundings of the Adolescent TAC. The whole module on resilience, connectedness etc.

There was a lot more about wellbeing. These should be included. They were in CHIS much earlier.

- ii. Royce said that we will gather these questions and share them in the next meeting.
6. Eisenberg thought CHIS is in a good position of framing the definition of mental health. What are the key determinants of mental health wellbeing which can then be measured through safety, security etc.
 - i. Dr. Bradley agreed.
7. Bradley mentioned retrospective positive childhood experiences are a great way to get that, and we will try to get funding. We didn't get funding for those questions last cycle.
 - i. Todd said that there are other funders who fund positive childhood experiences, but we have not heard back from them. Thus, members of this group can consider funding those questions.
8. Royce asked if telehealth should still be asked for mental health.
 - i. Bradley said she liked those questions especially because they relate well to suicide prevention. There are a lot of governmental programs that track telehealth and mental health.
 - ii. Eisenberg mentioned self-guided apps and online coaches. For adolescents, the government has rolled out an online platform for mental health help.
 1. Dr. Ozer added that we can also ask people's utilization and satisfaction using those services.
 - iii. Bradley said that in rural locations it may be difficult to get to access an in-person service. Therefore, telehealth is important in that scenario.
 - iv. Royce went back to Eisenberg's comment and said that we had questions on mental health apps in previous CHIS, and we can pull those questions.
 - v. Bradley mentioned Soluna - a adolescent app placed on a google based platform.
 - vi. Dr. Ozer thought questions on access are important.
 1. She didn't think that quality of care questions were really getting at access and had a post covid impact assessment flavor to it.
 2. She encouraged the group to think about whether we want information on this or broader.
 - vii. Eisenberg asked if loneliness is measured in CHIS.

1. Royce said we asked that in one year targeting older Japanese Americans. We did the 3-item UCLA loneliness scale, the following year we broadened the scope to include older adults.
9. Royce directed the group to think about developmental delays questions and discussed the current questions. He asked if any questions can be added to the child questions.
 - i. Eisenberg suggested asking about parenting efficacy because it is one of the important determinants for child mental health.
 - ii. Bradley asked if there are any other questions asked in any other section that get to child mental health.
 - iii. Ozer said she liked the idea of parent confidence. There may be an existing measure too. She leads a project that has focused on family measures. She said she could reach out for the measures and we can discuss more.
 1. Royce asked Dr. Ozer to provide that and circulate to the group.
10. Royce then went on to discuss substance use questions.
 - i. Eisenberg asked if there were any questions on impaired driving under the influence of alcohol or marijuana.
 1. Royce said we asked one question of teens several years ago about this topic.
 - ii. Erika was interested in asking about higher potency of cannabis use because there is research on adverse impacts of high potency. It is also hard to measure and difficult to respond to. But the team was interested.
 - iii. Dr. Ozer said cocaine, ketamine and Zyn (nicotine pouch) use were mentioned in Adolescent TAC that they should be investigate—definitely for adolescents but possibly also adults.
 1. Erika seconded that. She said that we get questions on hallucinogens etc. It could be a potential topic of discussion.
 - iv. Eisenberg said it might be interesting to know how adolescents are able to access drugs and Dr. Ozer added that delivery of drugs could also be a potential area of questioning.
11. Royce asked if there are any behavioral health measures in relation to mental health measures.
 - i. Eisenberg went back to drug use and asked if there were any questions on treatment from addiction. He asked if there was distinction in the kind of treatment sought in terms of general treatment of specialized treatment for addiction etc.

12. Royce asked if there are any questions that could be rotated off/deleted?
 - i. Dr. Ozer said quality of care could be rotated off- the telehealth questions (AJ228 series)
 - ii. Eisenberg mentioned the K6 series, saying not sure if this version is totally validated. Maybe we can ask about the past month and not the whole year.
 1. Dr. Ozer asked if we knew what percentage/frequency was answering these questions: What is the frequency of AF62 in adults and adolescents?
 2. Erika said that her team is using the data from K6 and substance use.

VI. Action Items

1. Consider adding questions about mental health of children (0-11).
2. Consider adding questions about mental health prevention, recommend including Mental Health Services Act (MHSA) and Prevention and Early Intervention (PEI) aspects.
3. Consider rotating back questions (CHIS 2021) on impact of social media especially on youth and adding questions asking how much time they are spending on social media and how much sleep do they get at night.
4. Consider adding Patient Health Questionnaire (PHQ) as anxiety and depression measurement to the mental health subtopic, consider keeping or dropping K6. Also considering asking ask about the past month and not the whole year.
5. Consider adding questions measuring positive mental health status, especially for the adolescent questionnaires, consider whether should fund positive childhood experiences.
6. Consider adding questions about whether adolescents are utilizing services such as self-guided apps, online coaches, or online platform (example, Soluna) for them to seek for help about mental health developed by the government.
7. Consider adding questions or changing current quality of care questions to measure more of access to mental health services. And be aware that current questions are having a post covid impact assessment flavor.
8. Consider adding questions about parenting efficacy to the child questionnaire.
9. Consider adding questions about parent confidence.
10. Consider adding questions about higher potency of cannabis use.

11. Consider adding questions about cocaine, ketamine and Zyn (nicotine pouch) use for adolescent questionnaire, and adult if necessary.
12. Consider adding questions about hallucinogens use.
13. Consider adding questions about how adolescents are able to access drugs and delivery of drugs.
14. Consider adding questions about specialized treatment for addiction.
15. Consider rotating off quality of care - the telehealth questions.