

MENTAL HEALTH WORKGROUP MEETING 2 NOTES

1. Consider adding questions about mental health of children (0-11).
 - i. Eisenberg thought the last three questions about **treatment use** would be nice to add.
 - 1) DURING THE PAST 12 MONTHS, has this child received any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.
 - a) Yes
 - b) No, but this child needed to see a mental health professional
 - c) No, this child did not need to see a mental health professional
 - 2) How difficult was it to get the mental health treatment or counseling that this child needed?
 - a) Not difficult
 - b) Somewhat difficult
 - c) Very difficult
 - d) It was not possible to obtain care
 - 3) DURING THE PAST 12 MONTHS, has this child taken any medication because of difficulties with their emotions, concentration, or behavior?
 - a) Yes
 - b) No
 - ii. Eisenberg thought the series about diagnosis is already covered with the current format. Maybe the current answer choices could be expanded.
 - iii. Renay asked if DHCS got information about diagnosis (maybe just for Medi-Cal recipients) and maybe it's not necessary they be added to CHIS questionnaire. She also asked if developmental questions were asked by Mental Health Services Division. Maybe not a priority to ask.
 - iv. Renay shared that we might get information on concussion/head injuries on children/people of all ages from the Emergency Department, it might not be necessary to ask. Though they might miss the information of people who didn't go to the ER.
 - v. Todd asked if these three would provide sufficient information. Eisenberg said yes.
2. Consider adding questions about mental health prevention, recommend including Mental Health Services Act (MHSA) and Prevention and Early Intervention (PEI) aspects.
 - i. Royce listed subtopics like stigma, access to mental health and barriers, asked if anything else beyond could be added.
 - ii. Renay wanted to incorporate with surrounding, like children, are they thriving. Asked if there are any other aspects to ask about.
 - iii. Eisenberg thought of not adding questions but framing the whole survey.
 - iv. Todd shared that CMHSOAC used CHIS data as resource to use some of their monitoring/build dashboards.
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.

- i. Todd added there are also questions from CHIS 2018 asking about sleep time and technology.
 - 1) [TD40] During the past week, on nights when you had school the next day, what time did you usually go to bed?
 - a) _____ TIME(HR)
 - b) _____ TIME(MIN)
 - c) _____ (AM/PM)
 - d) -7 REFUSED
 - e) -8 DON'T KNOWN
 - 2) [TD43] Do you have rules in your home about when you are supposed to turn off or put away computers, phones or other electronics, such as during meal times or a specific time at night?
 - a) 01 YES
 - b) 02 NO
 - c) -7 REFUSED
 - d) -8 DON'T KNOW
 - 3) [TD44] Did your doctor talk to you about your on-line technology use, such as social media use, gaming or other internet use?
 - a) 01 YES
 - b) 02 NO
 - c) -7 REFUSED
 - d) -8 DON'T KNOW
 - ii. Ozer thought these questions make sense, emphasized the importance of continuing to measure these in teen questionnaire.
 - iii. Eisenberg agreed these questions to be high priority. He commented the response categories (TF38 extra) might be blunt, for a vast majority of teen, it would be either almost constantly or many times a day, wanted to know if there is a better way to differentiate, could ask how many hours they spend on, and if there is a scale that gets addiction.
 - iv. Todd added that when releasing the CHIS 2021 data, we have findings on the connection of sleep and technology, He thought 2018 questions might be more high recommendation to repeat than 2021 series.
 - v. Ozer offered to reach out to a scholar in Harvard for their comments on these questions along with the sleep questions from 2018.
4. Consider adding Patient Health Questionnaire (PHQ) as anxiety and depression measurement to the mental health subtopic, consider keeping or dropping K6. Also consider asking about the past month and not the whole year.
- i. Royce expressed his worries on whether PHQ-4 could be properly and preciously translated into other languages.
 - ii. Eisenberg said he mentioned PHQ because he thought current survey (K6) is not differentiating anxiety and depression.
 - iii. Ozer added that PHQ-4 is a kicks-in for PHQ-9, a more detailed screening measure, thought it would be good to consider. But she also expressed her concern on the impacts to longitudinal data if we switch off K6 series.

- iv. Royce asked about whether we could have those ahead of K6.
 - v. Eisenberg thought K6 and PHQ does not differentiate much, better keep what we have.
5. Consider adding questions measuring positive mental health status, especially for the adolescent questionnaires, consider whether should fund positive childhood experiences.
- i. Ozer said except for the parental monitoring questions listed in the material, we had other resilience questions, better to pull those up.
 - ii. Eisenberg suggested adding a question on life satisfaction since it's a good predictor of positive health, not knowing if it has been included already.
 - iii. Royce replied we don't have life satisfaction for teens, we once had one for adults.
 - iv. Eisenberg mentioned 'Overall how satisfied you are with your life?', not knowing if it's a question for teens.
 - v. Eisenberg said sense of purpose might be another one to measure positive health.
 - vi. Ozer wanted to look at ADD health questions which more focus on engagement to community.
6. 3-item Loneliness scale
- i. Royce said we could pilot testing those on teens, but these were meant to be for adults.
 - ii. Eisenberg thought measuring loneliness in teens could be super useful in related to the social media questions.
 - iii. Ozer agreed to put those on for teens along with the social media measurement.
 - iv. Eisenberg mentioned thinking about other social connective variables and loneliness, would it be redundant to add those?
7. HRQOL
- i. Ozer thought adding 2,3,4 is better than adding the whole HRQOL-14.
 - ii. Eisenberg commented that if CHIS wants summary of health EQ-5D would make sense.
8. Consider adding questions about whether adolescents are utilizing services such as self-guided apps, online coaches, or online platforms (example, Soluna) for them to seek for help about mental health developed by the government.
- i. Renay thought these are interesting content to add.
 - ii. Ozer agreed to add. She expressed concerns on wording of those questions, like 'emotional problem', they may not want to identify their mental health issues. Suggested using 'concerns' of your mental health instead of 'problems'.
 - iii. Royce added if these questions were follow up with perceived needs then we should be cautious on wording changes.
 - iv. Todd thought about modify TF40 and TF41.
 - v. Ozer mentioned concern is better, or concern/problems. Another thing is about TF44, the examples feel like you are using it as a way to find a mental health professional to go to therapy with, examples should be modified, 'have you use online tools to find help or support for emotional whatever to connect with a mental health professional such as texting, or...', refer to contact.
 - vi. Eisenberg wanted to know whether we should mention alcohol or drug, seems like distraction, where people understand mental health in a broad term.
 - vii. Ozer replied that saying mental health is fine.

- viii. Eisenberg thought the question ‘how much did you use it’, main issue with online tools is that people usually only look at it once, it hard to quantify ‘how many times did you use one of these tools’.
 - ix. Ozer added it could be categorized as ‘use once’, ‘a few time/more than x times’, etc.
 - x. Royce asked if we still need to capture frequency of use in past 12 months.
 - xi. Ozer agreed.
9. 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.
- i. Ozer recalled rotating off AF114-AF117 (satisfaction for different modes), also AJ228, AJ231, maybe don’t need to compare all of them. Seems lot of the questions are COVID-related.
 - ii. Eisenberg thought any provider could ask satisfaction questions; CHIS don’t have to keep asking. He thought it’s still relevant to ask different modes, since they are related to access.
 - iii. Ozer agreed to keep the questions about different modes and wanted to add about the part of online app. She had concerns on it may not flow right by doing so.
 - iv. Ozer said traditional ways is to get 1 on 1 visit with your clinician. And now many people might be seeking mental health treatment from web which is not traditional, maybe want to potentially capture that with an additional item or option.
 - v. Royce wondered if through an app/audio would overlap these options. He summarized the recommendations as to add category ‘another way through an app, perhaps other specify___’.
 - vi. Ozer proposed to add example, texting through an app list as one example.
10. Consider adding questions about parenting efficacy/parent confidence to the child questionnaire.
- i. Ozer thought it would be good to add self-efficacy to the adult questionnaire.
 - ii. Eisenberg agreed.
 - iii. Ozer said typically we need multiple items, but for CHIS not sure if we should include more depending on our goal.
 - iv. Eisenberg proposed ‘whether I could my child’s well-being.’
 - v. Ozer was not satisfied with the scale provided, maybe add one item – ‘how confident you are to do X’ related to specific area. For ‘You could support your child/help doing X’ need to be specific to avoid misunderstanding.
 - vi. Eisenberg proposed 'support them stay healthy/safe’.
 - vii. Ozer suggested ‘Play a role in helping them’, emphasize these are for infants.
11. Consider adding questions about higher potency of cannabis use, cocaine, ketamine, and Zyn (nicotine pouch), hallucinogens use, specialized treatment for addiction for adolescent questionnaire, and adult if necessary.
- i. Ozer thought the goal is take what CHIS already have on and add more couple of items on there as opposed to detailed questions of cocaine use, etc.
 - ii. Ozer recalled adding chewing tobacco and other tobacco products to teens since teens don’t do cigars.
 - iii. Ozer recommended adding e.g. to AC135 put Zyn in.

- iv. Ozer recalled adding ketamine, or grouping them together, in one question saying phencyclidines and list ketamine as an example.
 - v. Royce asked if we should do a screener on all items, among adults and teens.
 - vi. Ozer said she was thinking of teens, to add ketamine and cocaine, chewing, other tobacco products questions.
12. Consider adding questions about how adolescents are able to access drugs and delivery of drugs.