Assessing Adult Mental Health Needs in California
Using the California Health Interview Survey (CHIS)

Report prepared for the
Mental Health Services Oversight and Accountability Commission
(MHSOAC)

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Introduction
The 2004 passage of California Proposition 63, now known as the Mental Health Services Act (MHSA), created new funding and opportunities to address mental health needs in California. The MHSA provides a broad road map to address treatment, early intervention and prevention, and for the reduction of disparities and stigma associated with mental health service utilization. Determining the population in need of mental health services is fundamental to the planning and assessment of MHSA implementation. The purpose of this report is to provide an analysis of the 2007 California Health Interview Survey (CHIS 2007) for the purpose of tracking mental health needs in the state.

Mental Health Module in CHIS 2007
With the support of the California Department of Mental Health, the 2007 California Health Interview Survey (CHIS 2007) included a mental health module that was administered to all adult respondents (age 18 and over). The CHIS 2007 adult mental health module included sections to assess mental health status, mental health disability, perceived need and use of mental health services, and potential barriers to mental health treatment. These measures can be used to create an estimate of the population with mental health needs in California. The CHIS 2007 adult mental health module is included as Attachment A of this report.

CHIS is conducted by the UCLA Center for Health Policy Research and is the largest state health survey in the nation. Conducted every other year since 2001, CHIS is a telephone survey administered in five languages (English, Spanish, Chinese, Korean, and Vietnamese) and covers every county in the state. The survey uses a geographically stratified sample design to produce statistically stable estimates for adults at the county level in 41 individual counties, with the remaining 17 counties combined into 3 multi-county strata. As a survey of households, CHIS does not include persons living in group quarters (such as dormitories, nursing homes, or prisons) or the homeless population. CHIS has included a cell-phone sample since 2007 in order to capture the rapidly growing population living in households that do not have a landline telephone.

Conceptualizing Mental Health Needs
The concept of need is fundamental to understanding, planning and tracking mental health services in California. Conceptualizing and defining the population in need of mental health services is a difficult proposition under the best of circumstances.1 We proceed cautiously with the understanding that any attempt to define and measure this concept is problematic. Using the well tested and reliable indicators of severe psychological distress provided by the Kessler-6, impairment based on the Sheehan series, and current scientific understanding, we use a combination of psychological symptoms and impairment to define and measure the population in need.

This approach is consistent with the Substance Abuse and Mental Health Service Administration (SAMHSA) definition2 and measurement of serious mental illness eligibility criteria described in the
Mental Health Services Act, as well as previous research. The 2007 CHIS survey includes six questions that assess severity of psychological distress and four questions that assess level of impairment:

**Severe Psychological Distress** is measured using the Kessler-6 (K6). The K6 is a mental health screener that asks respondents how often they feel sad, nervous, worthless, hopeless, restless, or whether everything is an effort. The K6 measures psychological distress in the past 30 days based on six items, and was designed to maximize discrimination of cases of serious mental illness from non-cases. It was originally developed for use in the U.S. National Health Interview Survey (NHIS). The K6 was validated in a study carried out in a convenience sample in Boston (N = 1000 telephone screening interviews followed by N = 155 face-to-face clinical interviews) and has since been validated in several other surveys in the United States and internationally. The K6 is now included in the annual NHIS and the annual SAMHSA National Household Survey on Drug Abuse, as well as the California Health Interview Survey (CHIS). The responses are combined into a composite score in which a score of 13 or greater indicates serious psychological distress (SPD) and is a reliable estimate of persons with serious mental illness (SMI) within a population. This measure captures SPD either in the past 30 days or in the past 12 months. We used SPD in the past 12 months to estimate mental health need.

**Impairment due to emotional or mental health** is measured using the Sheehan Disability Scale (SDS) 4-item scale. The SDS captures the extent of interference in four life domains due to the respondent’s emotions. These domains include work (for those less than 70 yrs of age), chores, social life and personal relationships. Each domain is scored 0, 1 or 2 for No, Moderate or Severe impairment, respectively. Scores for each domain are added to create an indicator of overall impairment (range 0, 8). Respondents with an impairment score (SDS) of 1 or greater indicates at least a moderate level of interference in at least one domain.

**Measuring Mental Health Needs Among Adults in California**
To estimate the proportion and number of adults in California with mental health needs using the CHIS 2007 data an indicator of need was constructed using a combination of the Kessler-6 and Sheehan measures. Those with a “mental health need” are those with serious psychological distress (K6 ≥ 13) and at least a moderate level of impairment in one or more domains (SDS ≥ 1); those without a mental health need are all others who do not meet this threshold of combined symptoms and impairment. Please see Conceptual Model for Assessing Mental Health in CA: CHIS 2007 in this report. Among the 50,880 adult respondents sampled as part of the CHIS 2007 survey, 4,010 had responses that when scored, placed them at or above 13, the threshold for severe psychological distress measured by the K6. Assessing impairment among all adults with SPD, nearly all (3,819 out of 4,010) had an indication of at least a moderate level of impairment in at least one of four domains measured by the SDS. There is a small group (N = 191) with a K-6 score indicating SPD that do not exhibit impairment due to their mental or emotional health. Please note that all other numbers and proportions displayed in this document are weighted to the adult population residing in households in California. Further information on the CHIS sample, weights, and survey methodology are publicly available from the CHIS website (www.chis.ucla.edu).
Conceptual Model for Assessing Mental Health Need in CA: CHIS 2007

All Adults
N = 50,880

Serious Psychological Distress
(K6 > 13)
DSTRS12 = 1
N = 4,010

No Psychological Distress
(K6 < 13)
DSTRS12 = 2
N = 46,870

**No Mental Health Need**

At least Moderate impairment in at least ONE Domain
(IMPAIR2 > 1)
N = 3,819

**Mental Health Need**

No Impairment
(IMPAIR2 < 1)
N = 191

**Serious Psychological Distress, no impairment**
Socio-Demographic Characteristics for All California Adults Age 18 and over and those with Mental Health Needs

Using the mental health needs indicator described above, among California’s 26.9 million adults about 2.2 million (8.3%) have a mental health need. These adults have symptoms consistent with serious psychological distress and at least a moderate level of impairment in one or more daily activities associated with their mental or emotional health. Relative to their proportional distribution in the state, adults in California with a mental health need are more likely to be female, younger in age, have incomes below 200% of the federal poverty level (FPL), and have either no health insurance or public (non-Medicare) coverage. American Indian/Alaska Natives tend to have higher levels of need than their presence in the population and adults living in the Northern Sierra region also have relatively high rates of mental health needs (see Table 1).
Table 1: Socio Demographic Characteristics for Adults 18 and over, CHIS 2007

<table>
<thead>
<tr>
<th></th>
<th>All adults in California</th>
<th>Adults in California with mental health needs</th>
<th>(Confidence Interval) (^5)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>26.9 million (100%)</td>
<td>2.2 million (8.3%)</td>
<td>(7.8 – 8.8%)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>49.0%</td>
<td>37.8%</td>
<td>(34.6 – 41.0%)</td>
</tr>
<tr>
<td>Female</td>
<td>51.0</td>
<td>62.2</td>
<td>(59.0 – 65.4%)</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-24</td>
<td>13.8%</td>
<td>21.3%</td>
<td>(18.4 – 24.5%)</td>
</tr>
<tr>
<td>25-39</td>
<td>28.2</td>
<td>32.5</td>
<td>(29.5 – 35.6%)</td>
</tr>
<tr>
<td>40-64</td>
<td>43.5</td>
<td>41.6</td>
<td>(38.6 – 44.6%)</td>
</tr>
<tr>
<td>65+</td>
<td>14.5</td>
<td>4.7</td>
<td>(4.0 – 5.5%)</td>
</tr>
<tr>
<td><strong>Ethnicity/Race</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latino</td>
<td>31.5%</td>
<td>34.1%</td>
<td>(30.9 – 37.2%)</td>
</tr>
<tr>
<td>White</td>
<td>47.6</td>
<td>46</td>
<td>(42.9 – 49.1%)</td>
</tr>
<tr>
<td>African-American</td>
<td>5.7</td>
<td>6.6</td>
<td>(5.0 – 8.2%)</td>
</tr>
<tr>
<td>Am Indian/AK Native</td>
<td>0.6</td>
<td>1.3</td>
<td>(0.6 – 1.9%)</td>
</tr>
<tr>
<td>Asian</td>
<td>12.7</td>
<td>9.2</td>
<td>(7 – 11.3%)</td>
</tr>
<tr>
<td>Other*</td>
<td>1.9</td>
<td>3</td>
<td>(2.1 – 3.7%)</td>
</tr>
<tr>
<td><strong>Nativity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. Born Latino</td>
<td>13.8%</td>
<td>19.5%</td>
<td>(16.8 – 22.5%)</td>
</tr>
<tr>
<td>Latino Born Abroad</td>
<td>17.8</td>
<td>14.6</td>
<td>(12.4 – 17%)</td>
</tr>
<tr>
<td>U.S. Born Asian</td>
<td>3.2</td>
<td>2.5</td>
<td>(1.5 – 4%)</td>
</tr>
<tr>
<td>Asian Born Abroad</td>
<td>9.5</td>
<td>6.7</td>
<td>(5.1 – 8.8%)</td>
</tr>
<tr>
<td><strong>Poverty Level</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-99%</td>
<td>13.9%</td>
<td>20.3%</td>
<td>(17.7 – 23%)</td>
</tr>
<tr>
<td>100-199%</td>
<td>16.9</td>
<td>21.6</td>
<td>(19 – 24.1%)</td>
</tr>
<tr>
<td>200-299%</td>
<td>13.8%</td>
<td>15.9</td>
<td>(13.5 – 18.3%)</td>
</tr>
<tr>
<td>&gt; 300%</td>
<td>55.3</td>
<td>42.2</td>
<td>(39.1 – 45.3%)</td>
</tr>
<tr>
<td><strong>Insurance Type</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td>16%</td>
<td>19.5%</td>
<td>(17.0 – 22.2%)</td>
</tr>
<tr>
<td>Public (non-Medicare)</td>
<td>23.9</td>
<td>28.2</td>
<td>(26.5 – 32.1%)</td>
</tr>
<tr>
<td>Medicare</td>
<td>1.7</td>
<td>1.6</td>
<td>(1.2 – 2.1%)</td>
</tr>
<tr>
<td>Private</td>
<td>58.5</td>
<td>49.7</td>
<td>(46.6 – 52.9%)</td>
</tr>
<tr>
<td><strong>County Regions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northern-Sierra</td>
<td>3.9%</td>
<td>5%</td>
<td>(4.2 – 5.8%)</td>
</tr>
<tr>
<td>Bay Area Counties</td>
<td>20.1</td>
<td>17.2</td>
<td>(14.8 – 19.9%)</td>
</tr>
<tr>
<td>Sacramento Area</td>
<td>5.6</td>
<td>5.5</td>
<td>(4.4 – 6.9%)</td>
</tr>
<tr>
<td>San Joaquin Valley</td>
<td>9.7</td>
<td>10</td>
<td>(8.3 – 11.9%)</td>
</tr>
<tr>
<td>Central Coast Counties</td>
<td>6.0</td>
<td>7.1</td>
<td>(5.7 – 8.8%)</td>
</tr>
<tr>
<td>Los Angeles County</td>
<td>27.3</td>
<td>26.6</td>
<td>(24 – 29.4%)</td>
</tr>
<tr>
<td>Other Southern Counties</td>
<td>27.4</td>
<td>28.7</td>
<td>(25.9 – 31.6%)</td>
</tr>
</tbody>
</table>

Notes: *Other race/ethnicity category includes Native Hawaiian, Pacific Islanders and multi-racial groups
Socio-Demographic Characteristics of the Population with a Mental Health Need in California

Table 1 compares the population with mental health needs to those without mental health needs among all adults in California across a number of socio-demographic characteristics. The following graphs use the 8.3% of adults in California with mental health needs as a benchmark to understand the characteristics within the population of adults with mental health needs. This approach is used to explore mental health needs among adults in California by many of the same dimensions explored in Table 1. The figures in this report were statistically adjusted to account for differences in the population by age and sex. This adjustment is necessary so that the differences reported in mental health need by poverty level, for example, are not due to differences in the relationship between mental health need and either age or sex.

Poverty Level

The poorest adults in California have the greatest mental health needs (Figure 1). Overall, 8.3% of California adults have a mental health need, but the rates are considerably higher among those with incomes below 100% (11.3%) and 200% (10.6%) of the federal poverty level (FPL). The most affluent adults, those with incomes in excess of 300% FPL, have the lowest mental health needs (6.5%).
Insurance Status

Health insurance is a strong predictor of access to healthcare. The mental health parity movement and the passing of the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), a federal law that ensures equal access to healthcare for those with behavioral health problems as those with physical health problems, has the potential to expand mental health coverage for those with health insurance. As reported in Figure 2, those with public health insurance (e.g., Medi-Cal) and the uninsured (10%) have higher mental health needs than those with private coverage (7%).
Race/Ethnicity
Mental health needs differ among California’s diverse racial and ethnic populations. After adjusting for age and sex, American Indian/Alaska Natives have almost twice the statewide rate of mental health need (15.3% vs. 8.3%, respectively). Those in the “other” race/ethnicity category, comprised of Native Hawaiian/Pacific Islanders and multi-racial (12.6%), had the next highest rates for mental health service needs, followed by African Americans (9.2%). Non-Latino Whites were slightly above the statewide average (8.5%), followed by Latinos (8.3%) and Asians with the lowest rates of 5.6% (Figure 3).

Nativity Status
In addition to differences by race/ethnicity, mental health needs vary by country of birth for Latino and Asian populations, with U.S. born Latinos having the highest rate across all groups (10.8%). Latinos born abroad (6.7%), Asians born abroad (5.7%), and U.S. born Asians (3.7%) all had lower rates than the statewide population. While the lower level of mental health needs among the Latino population born abroad suggests a protective factor associated with immigration, Asians who were born abroad had higher rates of mental health need than U.S. born Asians (Figure 4).
Mental Health Need in CA

Figure 3: Rates of Mental Health Need by Race/Ethnicity, CHIS 2007*

- American Indian/Alaskan Native: 15.3%
- Other: 12.6%
- African American: 9.2%
- White: 8.5%
- Latino: 8.3%
- statewide: 8.3%
- Asian Only: 5.6%

*adjusted for age and sex

Figure 4: Rates of Mental Health Need by Nativity Status for Latino and Asian, CHIS 2007*

- U.S. Born Latino: 10.8%
- Statewide: 8.3%
- Latino Born Abroad: 6.7%
- Asian Born Abroad: 5.7%
- U.S. Born Asian: 3.7%

*adjusted for age and sex
Mental Health Need and Co-morbidity

Smoking Status and Binge Drinking
Adults with mental health need tend to have higher rates of tobacco and alcohol use than those with no need, and this is certainly apparent in the CHIS data (Figure 5). The smoking prevalence rate for adults with a mental health need (30.1%) is more than twice that of adults without a mental health need (13.0%). The binge drinking rate for adults with a mental health need is also higher than rates for adults without a mental health need (29.3% vs. 24.3%, respectively).

Figure 5: Rates of Current Smokers and Binge Drinkers by Mental Health Need, CHIS 2007*

*adjusted for age and sex
Mental Health Treatment

In addition to mental health symptoms and disabilities, CHIS asked respondents about whether or not they had received any mental health treatment during the past year (see Appendix A for question wording). Mental health treatment varies among California adults with a mental health need. Just over half (50.6%) of the 2.2 million adults in California who have a mental health need reported not receiving any treatment from a primary care physician (PCP) nor from a mental health professional (Figure 6). Among those who reported receiving treatment for mental and emotional issues, about one-third also take a daily prescription medication for an emotional/mental health problem (32.2%).

Figure 6: Mental Health Need by Treatment Source, CHIS 2007

*adjusted for age and sex

Summary

The CHIS mental health data provides an excellent opportunity to establish timely, reliable estimates on the prevalence of mental health need in California. The inclusion of survey content on both mental health symptoms and disabilities related to mental/emotional health provide measures that can appropriately estimate mental health needs in the state. As presented in this report, mental health needs vary along important socioeconomic and demographic indicators that warrant further exploration. While the statistical adjustments applied for age and sex are useful, they are limited and additional analysis is needed to better understand what factors are most strongly and independently associated with mental health needs and treatment utilization in California, and how such factors may differ among various segments of the population. The treatment rates provided in this report are for the statewide population. Considering the variance in mental health needs by socioeconomic indicators, variance in treatment rates will also differ and also warrant further analyses. A better understanding of
these variances will provide crucial information that can be used to inform tailored treatment and intervention programs for high at-risk and vulnerable populations.

Assessing the needs of persons with serious mental illness

The MHSA explicitly refers to “serious mental illness among children, adults, and seniors,” and the K6 scale is currently the most suitable short survey measure available. The MHSA refers not only to the need for mental health services but also explicitly to “medical and supportive care” for those persons with SMI. Without a thorough diagnostic assessment, the full extent of need for mental health services cannot be assessed; for example, a person with depression may also have a substance abuse disorder, and may need specialized services for both disorders. For the assessment of co-morbid physical and behavioral health conditions among persons with a mental illness, surveys such as CHIS have the advantage of having sections on physical and behavioral health conditions and needs, as well as other co-occurring factors, such as health insurance status and employment status.

Periodic statewide surveys to determine the prevalence of SMI (or measures that are predictive of SMI) and the needs of persons with SMI is a key component of any mental health tracking system. Surveys are essential for examining disparities among large subpopulations in the state (e.g., differences among race/ethnicity/nativity groups; see Section Socio-Demographic Characteristics of the Population with a Mental Health Need in California). For MHSA purposes, surveys should oversample low-income persons. Surveys, however, cannot do everything necessary to track mental health status and needs in the state especially among special subpopulations of interest or for local geographic areas (e.g., the smaller counties in California).

Next Steps

Statewide telephone surveys such as CHIS are essential for looking at mental health status and need for large subpopulations (within the target population of those living in residential households), but other approaches must be used for proportionally small subpopulations, sparsely populated regions of the state, and special subpopulations. The conceptualization of mental health need (See section: Conceptualizing Mental Health Needs in this report) relies on a cut-off score of 13 on the K6 to estimate the prevalence of serious mental illness (SMI). Even though a score of 13 and over provides a fairly good estimate of SMI, this cut-off score is validated for a national sample and has yet to be validated on a state-wide sample. Kessler recommends conducting validation studies to determine more detailed and
accurate cut-off scores for specific populations, such as statewide or minority populations. Currently, there are a number of studies in the United States using the K6 in minority samples and the World Health Organization (WHO) is calibrating the K6 scores to clinical assessments for over 30 countries worldwide.  

Conducting an enhanced CHIS Mental Health survey to include a validation study would supply a far greater amount of information, such as specific diagnoses, and multiple measures of severity. Additionally, calibrating the K6 with a clinical assessment would provide a better understanding of how the K6 can best be used for California’s diverse racial/ethnic population and for different geographical settings (rural vs. urban).

Recommendations for an Enhanced CHIS Mental Health Survey to Obtain an Accurate “Baseline” Assessment of Mental Health Services Need and Utilization in California

The enhanced CHIS mental health survey would have the following goals:

1. Incorporate a follow-back study to validate the estimates of SMI/SPD and calibrate the cut point of the K-6 in a state-wide population (rather than the national population). A follow-back study would provide a more accurate assessment of the prevalence of psychiatric disorders, severity, and need for California. This would be done with a random sample of CHIS respondents who scored moderate to high on the K6 scale (psychological distress). A diagnostic interview tool, like the appropriate modules of the World Health Organization Composite International Diagnostic Interview (WHO CIDI)⁷, the most widely used diagnostic instrument in the US and the world, or the Structured Clinical Interview for DSM-IV (SCID), which measures psychiatric disorders based on DSM-IV criteria and assesses severity and need, would be used. Obtaining information about the sensitivity and specificity of the K6 and applying new cut-points, if new cut-points are determined, will provide a more accurate estimate of the prevalence of SMI in California.

2. Increase CHIS sample size for low-income persons by oversampling households with incomes below 200% of the federal poverty level. A subset of telephone numbers randomly selected (stratified by region, gender, age, and race/ethnicity) from the Medi-Cal database would also be included in the enhanced survey.
3. Increase CHIS sample size for key subpopulations of interest, such as diverse race/ethnicity/nativity subpopulations. This would allow better assessment of possible regional variations in disparities by race/ethnicity/nativity.

A similar enhanced survey would then be conducted at periodic intervals (e.g., 6 years later).

**Design of Follow-Back Validation Survey**

The purpose of the follow-back survey will be to validate the estimates of SMI/SPD in a population, and to calibrate the cut off point of the K-6 for a state-wide population (California instead of the nation).

Based on two separate but similar validation studies, our recommendations for a CHIS follow-up study would entail a combination approach incorporating aspects from both Kessler’s and National Survey on Drug Use and Health’s (NSDUH) validation studies. Being sensitive to the availability of limited resources and taking into consideration the racial/ethnic, linguistic and geographical variation in California, a telephone survey with trained lay interviewers is recommended. CHIS has the infrastructure already in place to ensure cultural and linguistic needs are met.

**Validation Methods from Kessler**

Most K10/K6 validations have been done in primary care clinics, community mental health centers, and social welfare offices. The validation standards differ in each case, but Kessler’s preference for validation is to use a semi-structured research diagnostic interview, such as the Structured Clinical Interview for DSM-IV (SCID), and to have a sufficient number of respondents validated to have the statistical power needed for evaluation. A minimal design would be to carry out a clinical evaluation of 100 people who have a positive K6 score (10 or more on the 0-24 scale) and 100 who have a score in the range 0-9, although larger numbers would be better. Kessler’s validations were in-person interviews conducted by trained lay interviewers. 8

**Validation Methods from NSDUH**

NSDUH interviews were administered via audio computer-assisted self-interviewing (ACASI) to a nationally representative sample of the population aged 12 years or older. The SCID was administered by mental health clinicians to a sub-sample of 1506 adults via telephone. The mental health clinicians were recruited from graduate programs accredited by American Psychological Association in clinical and counseling psychology. 9

**Benchmarking**

Another important aspect of collecting mental health data through CHIS is the ability to benchmark our data with national surveys such as NSDUH. We are currently able to benchmark mental health
indicators in CHIS, such as the K6 30 day and 12 month prevalence, impairment level using the Sheehan Disability Scale, perceived need and received mental health treatment, with the same variables used in the California sample from NSDUH.

Limitations of CHIS Data
CHIS is a household survey and does not capture the prevalence of mental health needs among those who live in group quarters (e.g. nursing homes, dormitories, residential treatment centers, prisons, etc), or homeless. Sources suggest that about 26% of the 152,924 inmates in Californian prisons have a mental illness and 4% of those with a mental illness are on a waiting list, which demonstrates the need for mental health services exceeds the correctional facilities’ capacity to provide these services in a timely manner. Other studies suggests that those who have a mental illness are almost 4 times more likely to be in California’s jails and prisons than in hospitals, and they also are more likely to have higher rates of recidivism than inmates without a mental illness. While accurate estimates are difficult to obtain, California may have 160,000 people who are homeless, making it the state with the largest homeless population. National estimates indicate that 45% of the homeless populations have some level of mental health problems at any given time and about 25% have a serious mental illness. Together, the group quarters and homeless populations probably account for a small proportion of California’s nearly 27 million adults, however, it is a population with high mental health needs and their absence in the CHIS data leads to an underestimation of the population with mental health needs.
APPENDIX A
CHIS 2007 Adult Mental Health Module

QA07_F1
The next questions are about how you have been feeling during the past 30 days.

About how often during the past 30 days did you feel nervous—Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?

AJ29

ALL................................................................. 1
MOST............................................................ 2
SOME.......................................................... 3
A LITTLE ....................................................... 4
NONE......................................................... 5
REFUSED.....................................................-7
DON'T KNOW .............................................-8

QA07_F2
During the past 30 days, about how often did you feel hopeless—all of the time, most of the time, some of the time, a little of the time, or none of the time?

AJ30

ALL................................................................. 1
MOST............................................................ 2
SOME.......................................................... 3
A LITTLE ....................................................... 4
NONE......................................................... 5
REFUSED.....................................................-7
DON'T KNOW .............................................-8

QA07_F3
During the past 30 days, about how often did you feel restless or fidgety?

AJ31

[INTERVIEWER NOTE: IF NEEDED SAY, “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]

ALL................................................................. 1
MOST............................................................ 2
SOME.......................................................... 3
A LITTLE ....................................................... 4
NONE......................................................... 5
REFUSED.....................................................-7
DON'T KNOW .............................................-8
Mental Health Need in CA

QA07_F4  How often did you feel so depressed that nothing could cheer you up?

AJ32  

[INTERVIEWER NOTE: IF NEEDED SAY, “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]

ALL................................................................. 1  
MOST............................................................. 2  
SOME............................................................ 3  
A LITTLE ......................................................... 4  
NONE............................................................ 5  
REFUSED ....................................................... -7  
DON'T KNOW ............................................... -8

QA07_F5  During the past 30 days, about how often did you feel that everything was an effort?

AJ33  

[INTERVIEWER NOTE: IF NEEDED SAY, “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]

ALL................................................................. 1  
MOST............................................................. 2  
SOME............................................................ 3  
A LITTLE ......................................................... 4  
NONE............................................................ 5  
REFUSED ....................................................... -7  
DON'T KNOW ............................................... -8

QA07_F6  During the past 30 days, about how often did you feel worthless?

AJ34  

[INTERVIEWER NOTE: IF NEEDED SAY, “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]

ALL................................................................. 1  
MOST............................................................. 2  
SOME............................................................ 3  
A LITTLE ......................................................... 4  
NONE............................................................ 5  
REFUSED ....................................................... -7  
DON'T KNOW ............................................... -8

QA07_F7  Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?

AF62  

YES ................................................................. 1  
NO ....................................................................... 2  
REFUSED ....................................................... -7  
DON'T KNOW ............................................... -8
The next questions are about the one month in the past 12 months when you were at your worst emotionally.

During that same month, how often did you feel nervous- all of the time, most, some, a little, or none of the time?

**AF63**

ALL........................................................................... 1  
MOST....................................................................... 2  
SOME....................................................................... 3  
A LITTLE ................................................................. 4  
NONE....................................................................... 5  
REFUSED............................................................... -7  
DON'T KNOW..........................................................-8

During that same month, how often did you feel hopeless- all of the time, most, some, a little, or none of the time?

**AF64**

ALL........................................................................... 1  
MOST....................................................................... 2  
SOME....................................................................... 3  
A LITTLE ................................................................. 4  
NONE....................................................................... 5  
REFUSED............................................................... -7  
DON'T KNOW..........................................................-8

How often did you feel restless or fidgety?

**AF65**

[INTERVIEWER NOTE: IF NEEDED SAY,"All of the time, most of the time, some of the time, a little of the time, or none of the time?"]

ALL........................................................................... 1  
MOST....................................................................... 2  
SOME....................................................................... 3  
A LITTLE ................................................................. 4  
NONE....................................................................... 5  
REFUSED............................................................... -7  
DON'T KNOW..........................................................-8
Mental Health Need in CA

QA07_F11  How often did you feel so depressed that nothing could cheer you up?

AF66  

[INTERVIEWER NOTE: IF NEEDED SAY, “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]

ALL................................................................. 1
MOST............................................................. 2
SOME............................................................ 3
A LITTLE ......................................................... 4
NONE........................................................... 5
REFUSED....................................................... -7
DON'T KNOW .............................................. -8

QA07_F12  How often did you feel that everything was an effort?

AF67  

[INTERVIEWER NOTE: IF NEEDED SAY, “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]

ALL................................................................. 1
MOST............................................................. 2
SOME............................................................ 3
A LITTLE ......................................................... 4
NONE........................................................... 5
REFUSED....................................................... -7
DON'T KNOW .............................................. -8

QA07_F13  How often did you feel worthless?

AF68  

[INTERVIEWER NOTE: IF NEEDED SAY, “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]

ALL................................................................. 1
MOST............................................................. 2
SOME............................................................ 3
A LITTLE ......................................................... 4
NONE........................................................... 5
REFUSED....................................................... -7
DON'T KNOW .............................................. -8
PROGRAMMING NOTE QA07_F14intro;
IF (QA07_F1 + QA07_F2 + QA07_F3 + QA07_F4 + QA07_F5 + QA07_F6 > 5) OR
(QA07_F8 + QA07_F9 + QA07_F10 + QA07_F11 + QA07_F12 + QA07_F12 > 5) OR
(IF QA07_F1-F6= ONE OUT OF RANGE RESPONSE AND F1-F6>4) OR
(IF QA07_F8-F12=ONE OUT OF RANGE RESPONSE AND F8-F6>4) THEN CONTINUE WITH
QA07_F14;
IF QA07_F7=1 THEN CATI HIGHLIGHT {AGAIN, PLEASE};
ELSE SKIP TO QA07_F19;

QA07_F14intro  Think (again, please) about the month in the past 12 months when you were at your
worst emotionally.

PROGRAMMING NOTE QA07_F14;
IF AGE>70 GO TO QA07_F15;
ELSE CONTINUE WITH QA07_F14;

QA07_F14 Did your emotions interfere a lot, some, or not at all with your performance at work?

AF69

A LOT................................................................. 1
SOME.............................................................. 2
NOT AT ALL..................................................... 3
DOES NOT WORK .......................................... 4
REFUSED ......................................................... 7
DON'T KNOW .................................................. 8

QA07_F15 Did your emotions interfere a lot, some, or not at all with your household chores?

AF70

A LOT................................................................. 1
SOME.............................................................. 2
NOT AT ALL..................................................... 3
REFUSED ......................................................... 7
DON'T KNOW .................................................. 8

QA07_F16 Did your emotions interfere a lot, some, or not at all with your social life?

AF71

A LOT................................................................. 1
SOME.............................................................. 2
NOT AT ALL..................................................... 3
REFUSED ......................................................... 7
DON'T KNOW .................................................. 8
Mental Health Need in CA

**QA07_F17** Did your emotions interfere a lot, some, or not at all with your relationship with friends and family?

**AF72**

- A LOT................................................................. 1
- SOME............................................................... 2
- NOT AT ALL....................................................... 3
- REFUSED......................................................... -7
- DON'T KNOW .................................................. -8

**QA07_F18** Now think about the past 12 months. About how many days out of the past 365 days were you totally unable to work or carry out your normal activities because of your feeling nervous, depressed or emotionally stressed?

**AF73**

[INTERVIEWER NOTE: IF NEEDED SAY, “You can use any number between 0 and 365 to answer.”]

_____ NUMBER OF DAYS

- REFUSED......................................................... -7
- DON'T KNOW .................................................. -8

**QA07_F19** Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health emotions or nerves or your use of alcohol or drugs?

**AF81**

- YES ................................................................. 1
- NO ............................................................... 2
- REFUSED......................................................... -7
- DON'T KNOW .................................................. -8

**QA07_F20** In the past 12 months have you seen your primary care physician or social worker for problems with your mental health, emotions, nerves or your use of alcohol or drugs?

**AF74**

- YES ................................................................. 1
- NO ............................................................... 2
- REFUSED......................................................... -7
- DON'T KNOW .................................................. -8

**QA07_F21** In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves or your use of alcohol or drugs?

**AF75**

- YES ................................................................. 1
- NO ............................................................... 2
- REFUSED......................................................... -7
- DON'T KNOW .................................................. -8
PROGRAMMING NOTE QA07_F22:
IF QA07_F20=1 OR QA07_F21 = 1 THEN CONTINUE WITH QA07_F22;
ELSE SKIP TO QA07_F27;

QA07_F22  Did you seek help for your mental or emotional health or for an alcohol or drug problem?

[AF76]
MENTAL-EMOTIONAL HEALTH.......................... 1
ALCOHOL-DRUG PROBLEM............................. 2
BOTH MENTAL & ALCOHOL-DRUG.................... 3
REFUSED.....................................................-7
DON’T KNOW..............................................-8

PROGRAMMING NOTE QA07_F23:
IF QA07_F22=1, DISPLAY: “mental or emotional health?”
IF QA07_F22=2, DISPLAY: “use of alcohol or drugs?”
IF QA07_F22=3, DISPLAY: “mental or emotional health and your use of alcohol or drugs?”
ELSE SKIP TO QA07_F24;

QA07_F23  In the past 12 months, how many visits did you make to a professional for problems with your {mental or emotional health?/ use of alcohol or drugs?/mental or emotional health and your use of alcohol or drugs?} Do not count overnight hospital stays.

[AF77]
_________ NUMBER OF VISITS
REFUSED.....................................................-7
DON’T KNOW..............................................-8

QA07_F24  Are you still receiving treatment for these problems from one or more of these providers?

[AF78]
YES .............................................................1  [GO TO QA07_F27]
NO .............................................................2  [GO TO QA07_F27]
REFUSED.....................................................-7  [GO TO QA07_F27]
DON’T KNOW..............................................-8  [GO TO QA07_F27]

QA07_F25  Did you complete the recommended full course of treatment?

[AF79]
YES .............................................................1  [GO TO QA07_F27]
NO .............................................................2
REFUSED.....................................................-7
DON’T KNOW..............................................-8
What is the MAIN REASON you are no longer receiving treatment?

GOT BETTER/NO LONGER NEEDED ............ 1
NOT GETTING BETTER ............................ 2
WANTED TO HANDLE PROBLEM ON OWN.... 3
BAD EXPERIENCES WITH TREATMENT ....... 4
LACK OF TIME/TRANSPORTATION .......... 5
TOO EXPENSIVE ................................... 6
INSURANCE DOES NOT COVER .......... 7
OTHER (SPECIFY) ................................. 8
REFUSED ........................................... -7
DON'T KNOW ...................................... -8

During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?

YES ..................................................... 1
NO ..................................................... 2
REFUSED ........................................... -7
DON'T KNOW ...................................... -8

Here are some reasons people have for not seeking help even when they think they might need it. Please tell me “yes” or “no” for whether each statement applies to why you did not see a professional.

You were concerned about the cost of treatment.

YES ..................................................... 1
NO ..................................................... 2
REFUSED ........................................... -7
DON'T KNOW ...................................... -8

You did not feel comfortable talking with a professional about your personal problems.

YES ..................................................... 1
NO ..................................................... 2
REFUSED ........................................... -7
DON'T KNOW ...................................... -8
Mental Health Need in CA

You were concerned about what would happen if someone found out you had a problem.

YES ................................................................. 1
NO ........................................................................... 2
REFUSED .................................................................. 7
DON'T KNOW ................................................................ 8

You had a hard time getting an appointment.

YES ........................................................................... 1
NO ........................................................................... 2
REFUSED .................................................................. 7
DON'T KNOW ................................................................ 8

2 SAMHSA 2.3.1 Definition and Measurement of Serious Mental Illness http://www.oas.samhsa.gov/COD/CoD.htm#2.3.1
5 CHIS data in Table 1 are estimates based on the CHIS sample that are expected to be close to the actual value for the entire population in California. These estimates are based on carefully formulated weights and analysis using a large sample of the overall population. As with any statistical estimate, there is a degree of uncertainty and the confidence intervals show the range of where the true value is likely to exist. The 95% confidence intervals indicate that we would need to repeat the CHIS survey 100 times, 95 of the survey iterations the value would be within the lower and upper estimates. The narrower the range, the closer the true value is to the estimate. For example, in this table it is estimated that 8.3% of total population in CA has a mental health need. The confidence interval for this estimate is 7.8 – 8.8%, which is a narrow 1% range and indicates that the 8.3% estimate for mental health need in CA is close to the real value.
12 California Department of Corrections and Rehabilitation 2010 Adult Institutions Outcome Evaluation Report
Office of Research, October 11, 2010.
Homelessness.
Washington, DC.
15 Paquette, Kristen, Current Statistics on the Prevalence and Characteristics of People Experiencing Homelessness
in the United States 2010, Homelessness Resource Center, A program of the U.S. Department of Health and
Human Services Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.