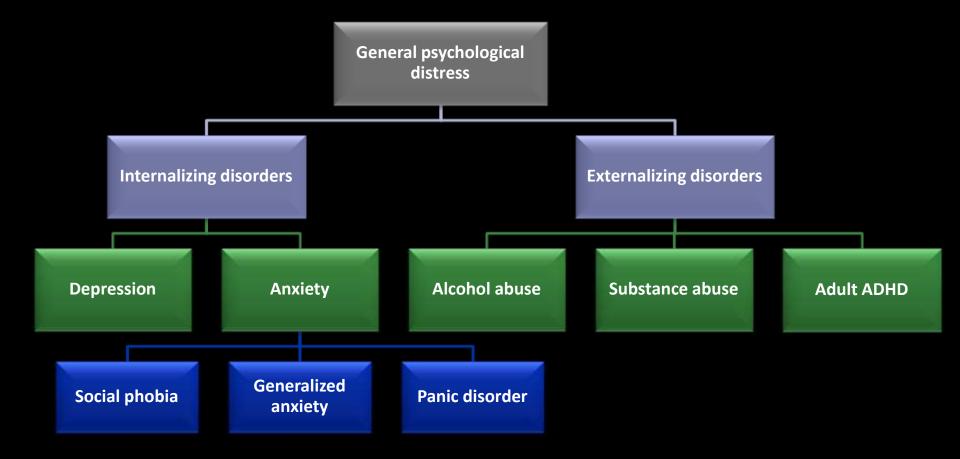


# Methods to improve the efficiency of screening for multiple mental disorders

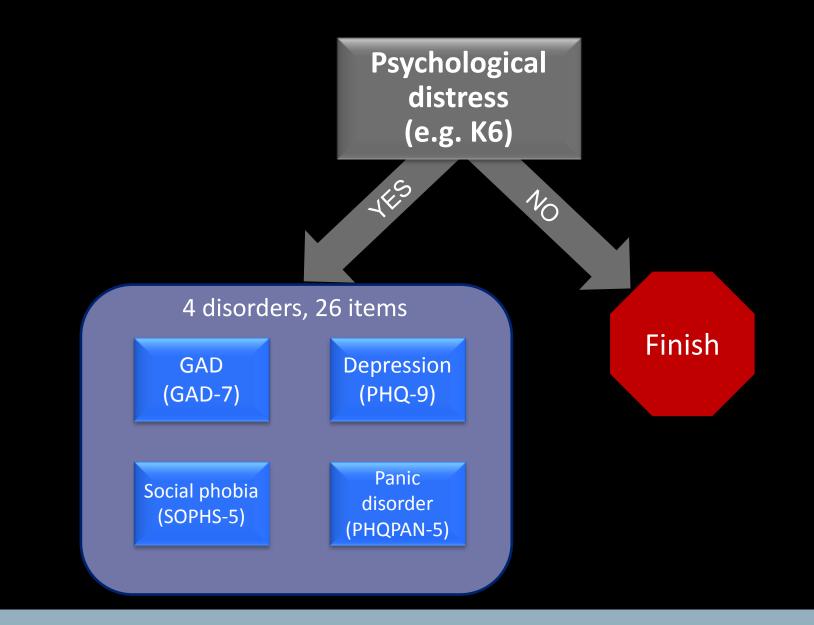
#### **Phil Batterham**

Centre for Mental Health Research The Australian National University

#### **Hierarchical screening**



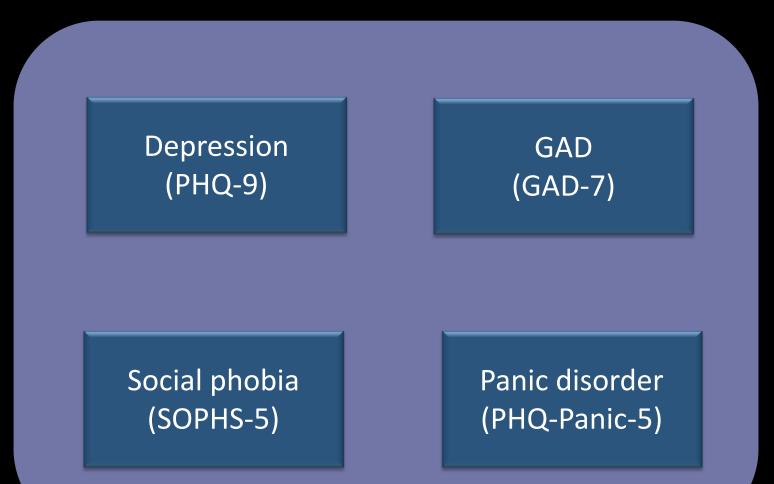
#### **Hierarchical screening**



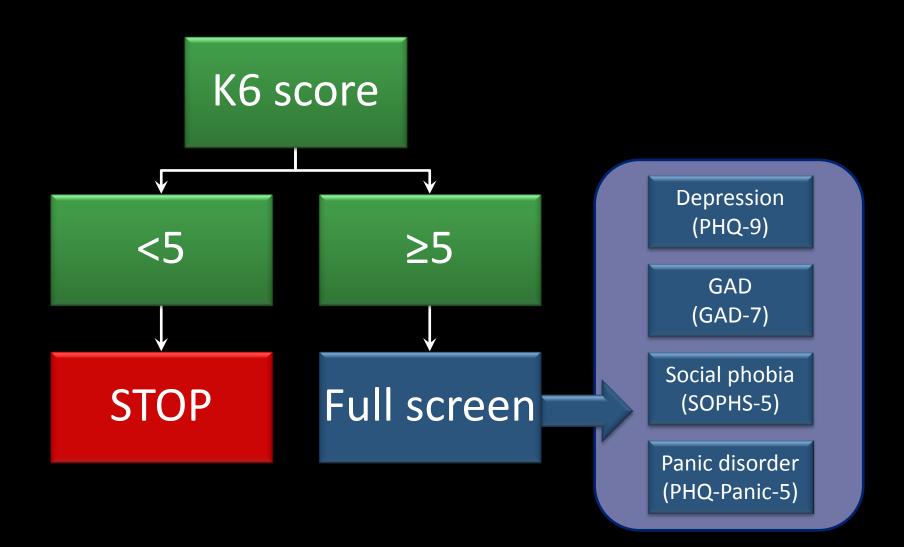
First-phase screening approaches

- 1. No hierarchy (control)
- 2. K6 score
- 3. Psychological distress decision tree
- 4. Disorder-specific decision tree
- 5. Gating items

#### Method 1: No hierarchy (control)



#### Method 2: K6 hierarchy



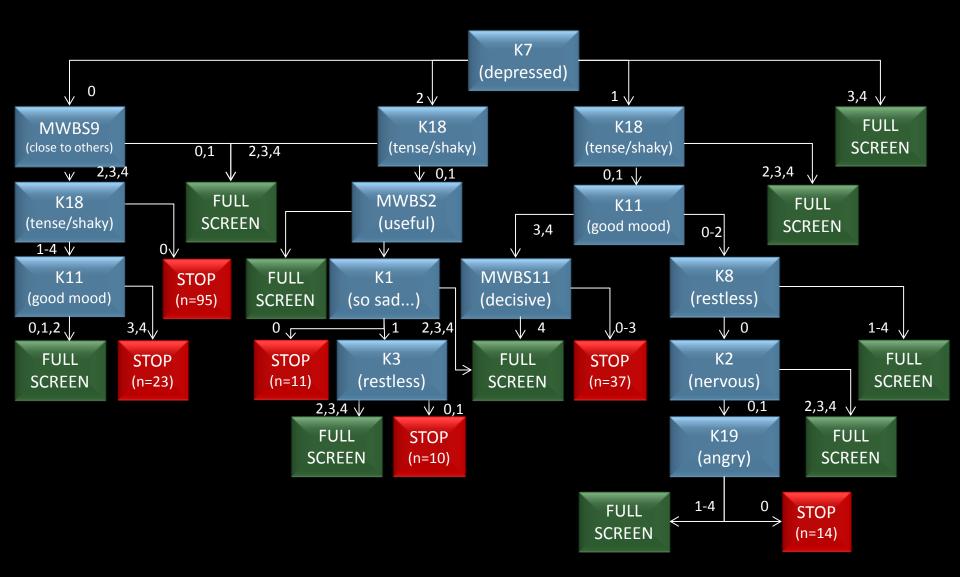
- Choose distress items that best discriminate absence of disorder
- Subgroups least likely to have disorder escape further screening
- Chi-Square Automatic Interaction Detection (*treedisc* macro in SAS)

Chi-Square Automatic Interaction Detection (CHAID)

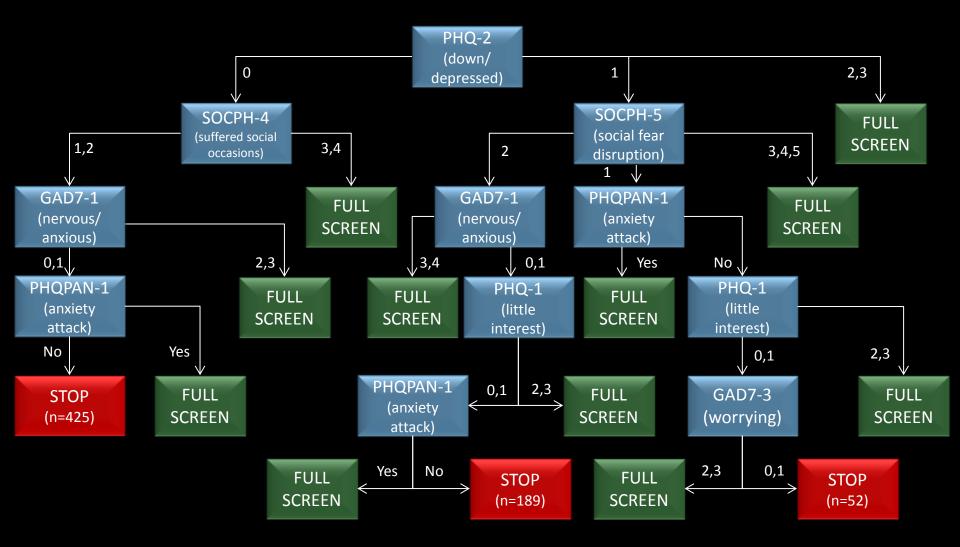
- Divides the sample into subsamples with different risks of outcome
- Diagram with leaves and branches
- Categorical items
- Branching based on item that best differentiates on the basis of the outcome
- Smallest p-value from a chi-square statistic

#### Chi-Square Automatic Interaction Detection (CHAID)

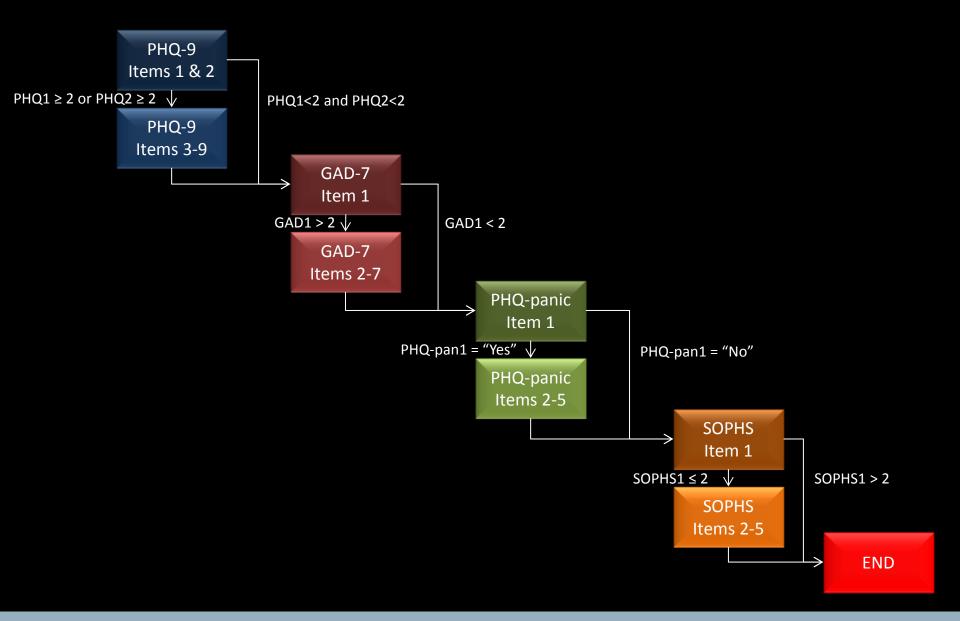
- Splitting stops when:
  - There is a small number of observations in a leaf (20 observations)
  - No split would result in a significant  $\chi^2$  value ( $\alpha$ =.2)
  - A specified level of branching is reached (6 levels)



#### Method 4: Disorder decision tree



#### Method 5: Gating items



## Testing the hierarchies

# • Efficiency

– Mean number of items presented

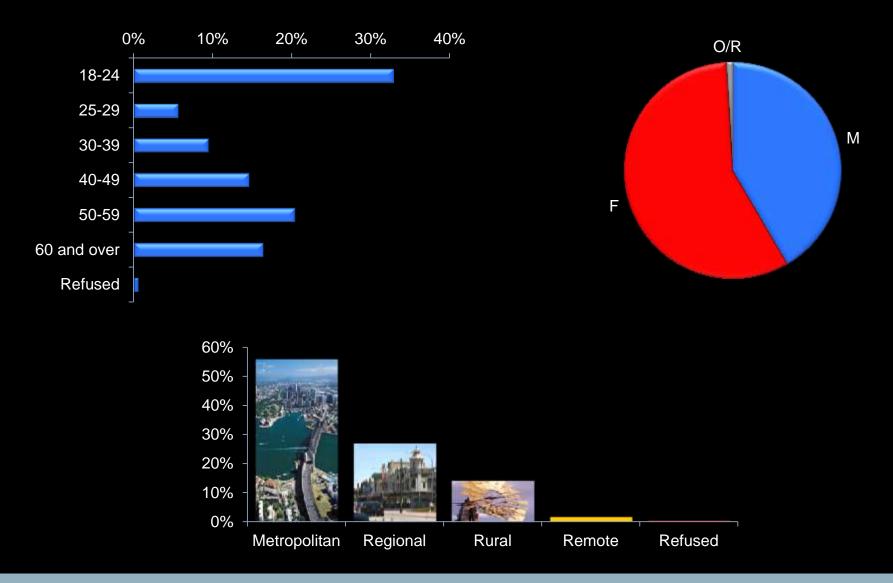
# Precision

- Sensitivity relative to control

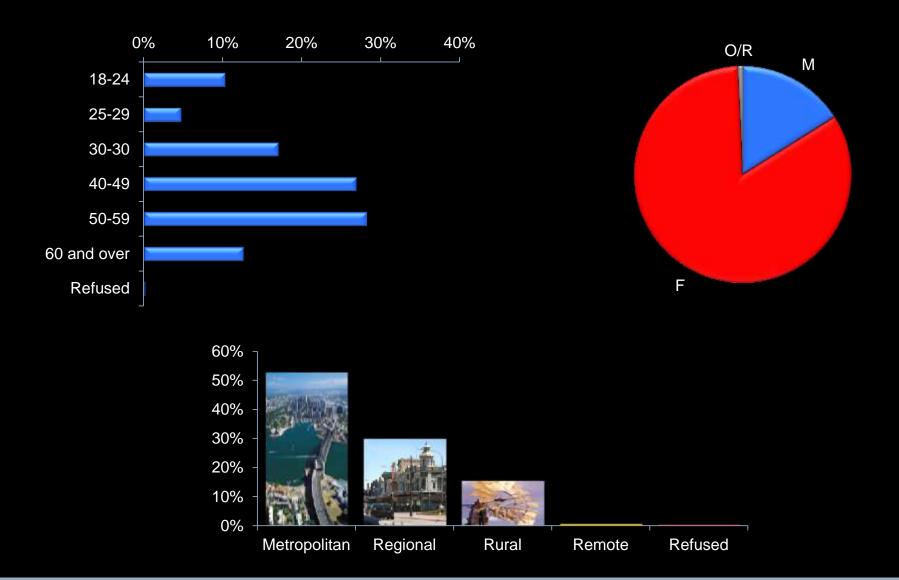
#### Validation samples

- Two community-based samples
- N<sub>1</sub> = 1360; N<sub>2</sub> = 668
- Recruited through Facebook ads
- Australia-wide, 18+

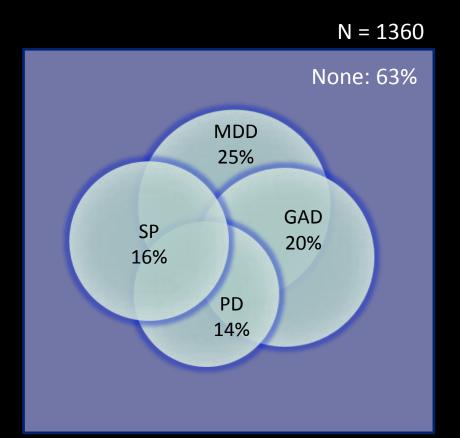
# Sample 1 (N=1360)

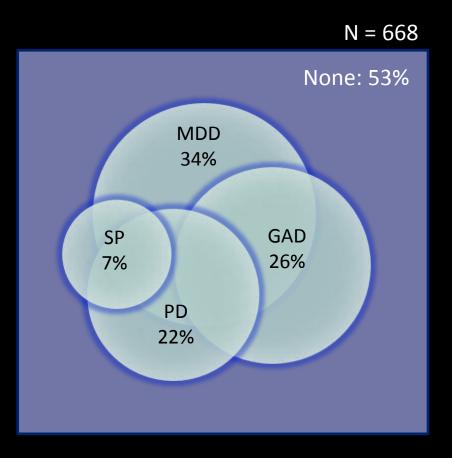


# Sample 2 (N=668)



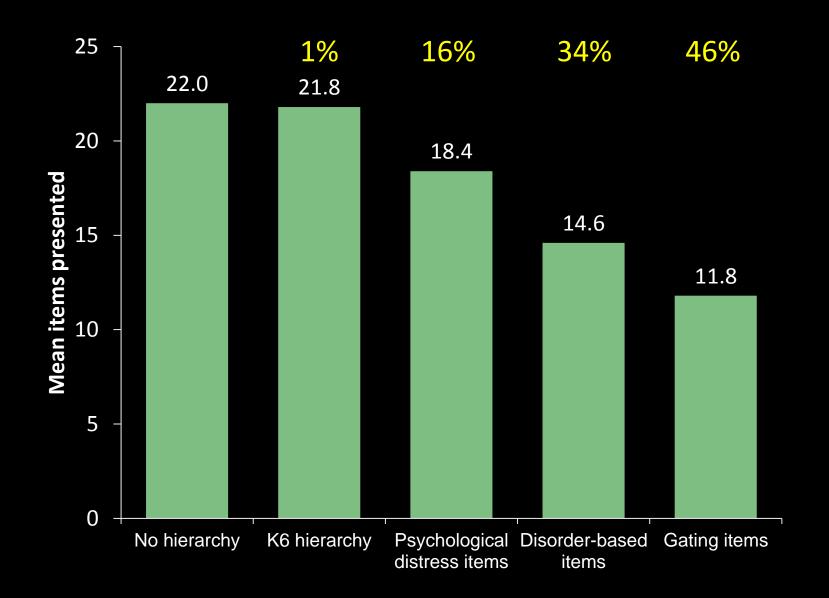
#### Samples: Psychopathology



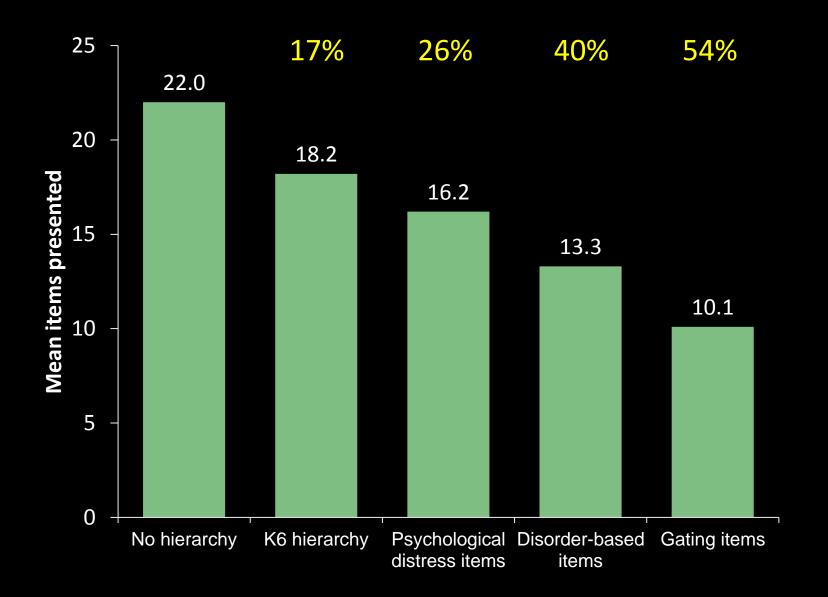


(Not to scale)

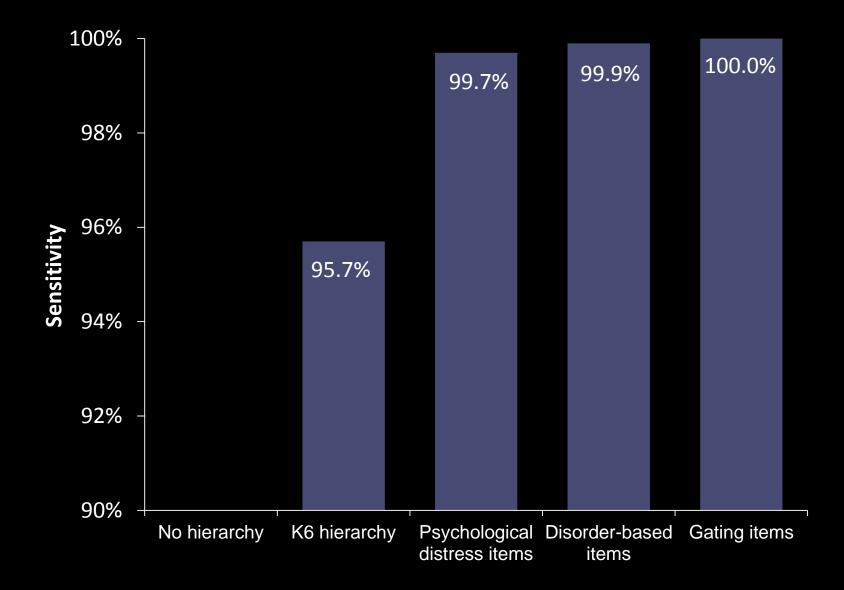
#### Results: Efficiency gains



#### Results: Projected efficiency gains



#### Results: Summary



#### **Results: Summary**

- Two-phase hierarchical screening was efficient and precise
- Using gating items had most efficiency gain (up to 54%)
- Using decision trees also had large efficiency gains (up to 40%)
- K6 did not improve screening efficiency

#### Considerations

- The K6/K10 were designed to "rule in" not "rule out"
- Hierarchical screening works better for:

Low rates of psychopathology

- Longer screening scales (60% fewer items)
- Tested with other disorders/outcomes
   PTSD, adult ADHD, alcohol abuse, suicidality

#### Considerations

- Purpose of screening
- Brevity vs. need for data
- Ease of implementation vs. efficiency
  - Gating only works for scales with gated scoring criteria
  - Pencil and paper vs. computer-based

- Fully adaptive measures
  - Each response determines next item presented
- PROMIS measures
  - IRT-calibrated item banks
  - PROMIS-depression 5-item adaptive screener more precise than 20-item CES-D

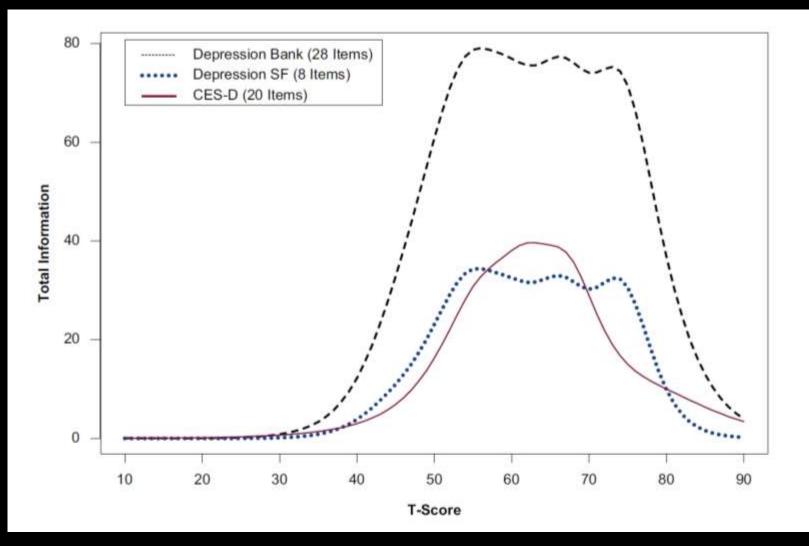
#### Table 2. Calibrated Depression Items

Item stem	Slope (discrimination)	Location threshold I	Location threshold 2	Location threshold 3	Location threshold 4
I felt hopeless <sup>a</sup>	4.46	0.49	1.00	1.71	2.46
I felt depressed <sup>a</sup>	4.35	-0.19	0.53	1.36	2.20
I felt worthless*	4.27	0.33	0.90	1.62	2.37
I felt helpless*	4.15	0.29	0.84	1.61	2.40
I felt like a failure <sup>a</sup>	3.97	0.13	0.72	1.58	2.22
I felt that I had nothing to look forward to*	3.94	0.23	0.84	1.52	2.34
I felt that nothing could cheer me up	3.66	0.24	0.91	1.71	2.50
I felt unhappy <sup>a</sup>	3.49	-0.61	0.28	1.27	2.28
I felt sad <sup>a</sup>	3.28	-0.57	0.33	1.34	2.30
I felt that I wanted to give up on everything	3.24	0.39	0.96	1.76	2.44
I felt that my life was empty	3.19	0.13	0.71	1.45	2.25
I felt discouraged about the future	3.19	-0.33	0.33	1.23	2.06
I felt I had no reason for living	3.13	0.85	1.41	2.09	2.78
I found that things in my life were overwhelming	3.11	-0.03	0.65	1.57	2.40
I felt disappointed in myself	3.10	-0.43	0.34	1.33	2.15
I felt that I was not needed	2.92	0.13	0.82	1.58	2.46
I felt that nothing was interesting	2.84	0.07	0.83	1.77	2.80
I withdrew from other people	2.80	0.08	0.70	1.53	2.46
I felt that I was to blame for things	2.74	0.00	0.74	1.73	2.60
I felt emotionally exhausted	2.69	-0.37	0.35	1.29	2.23
I had trouble making decisions	2.62	-0.09	0.80	1.79	2.75
I felt lonely	2.59	-0.15	0.56	1.41	2.25
I had trouble feeling close to people	2.57	-0.11	0.62	1.58	2.51
I felt upset for no reason	2.55	0.12	0.94	1.94	3.05
I felt pessimistic	2.38	-0.53	0.41	1.47	2.56
I felt ignored by people	2.37	0.14	0.92	1.83	2.86
I felt that I was not as good as other people	2.34	0.12	0.88	1.66	2.56
I felt guilty	2.02	-0.12	0.85	1.93	2.89

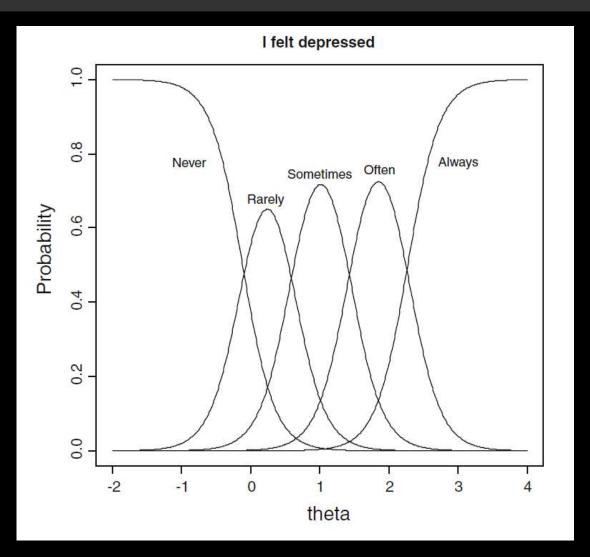
Note. Items are rank ordered on the basis of their slope (discrimination) parameters. All items are reprinted with the permission of the Patient-Reported Outcomes Measurement Information System (PROMIS) Health Organization and the PROMIS Cooperative Group.

a. Items included in the short form.

From: Pilkonis PA, et al. Item Banks for Measuring Emotional Distress From the Patient-Reported Outcomes Measurement Information System (PROMIS<sup>®</sup>): Depression, Anxiety, and Anger. Assessment 2011 18: 263-283

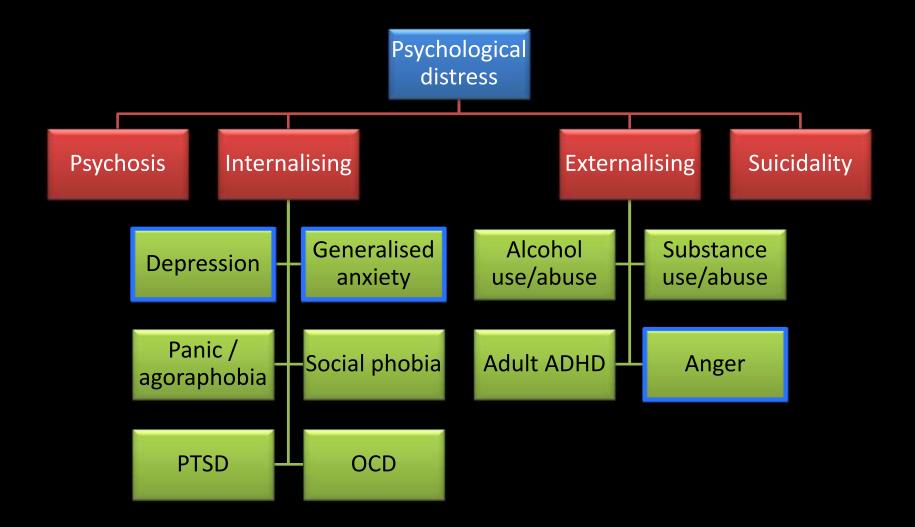


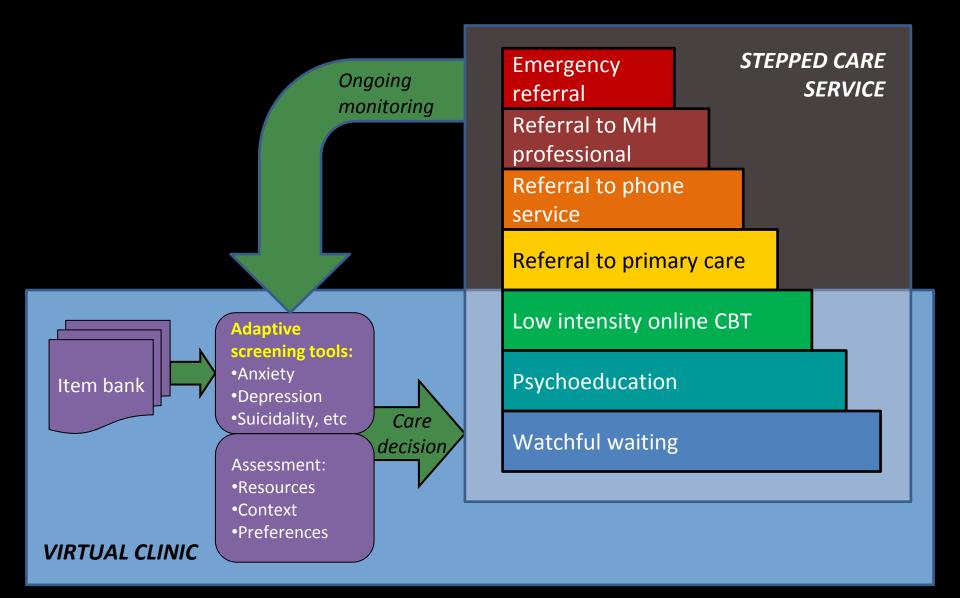
From: Pilkonis PA, et al. Item Banks for Measuring Emotional Distress From the Patient-Reported Outcomes Measurement Information System (PROMIS<sup>®</sup>): Depression, Anxiety, and Anger. Assessment 2011 18: 263-283



From: Choi SW et al. Efficiency of static and computer adaptive short forms compared to full-length measures of depressive symptoms. Qual Life Res, 2010, 19: 125-136.

- Assess severity level, not clinical criteria
  - → Test against DSM criteria using decision tree approach
- Validated in US
  - $\rightarrow$  Validate internationally
- Limited array of mental health problems
  → Develop item banks for other disorders





#### Conclusions

- Hierarchical screening for multiple disorders can result in large efficiency gains without sacrificing accuracy
- Disorder-specific items more useful than general distress items
- Much promise in adaptive screening

## Conclusions

- May be applied to
  - Virtual clinics
  - Primary care screening
  - Research
  - School-based screening
  - Other service contexts

## Collaborators

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