

July 11, 2017

Mr. Amit Paley  
CEO & Executive Director  
The Trevor Project  
8704 Santa Monica Blvd.  
Suite 200  
West Hollywood, CA 90069

Dear Mr. Paley,

Re: National Mental Health Study Field Test comment Request (2017-08993)

Thank you very much for your interest in the National Mental Health Study Field Test. The NMHS Field Test is designed to evaluate the feasibility of conducting a recurrent, full-scale national household, area probability mental health study that will estimate the prevalence of a number of specific mental disorders, investigate correlates of mental health problems and patterns of care, and provide a platform for follow-up studies on subgroups of interest. Survey methods and questionnaire items are selected after careful review. The goals of our review are to select items and methods that are likely to maintain acceptable response rates, control respondent burden and produce valid and reliable estimates that are policy relevant.

#### **Gender Identity and Sexual Orientation Demographic Question**

##### **1. Replace QD01 (Core Demographics) with a less ambiguous gender identity question.**

QD01 is intended to collect the current sex of the respondent, not their gender identity and the question text specifically asks the interviewer to “record the respondent’s sex” and not the respondent’s gender. We appreciate the recommended Interview Notes and will look into including them in future survey iterations as appropriate.

##### **2. U1c (Relationship and Social Network) uses a confusing introductory phrase (How would you describe yourself) which is not aligned with current best practices. Recommend using “What is your current gender identity” instead.**

QD01 and U1c are not addressing the same construct (QD01 is current sex, U1c is current gender.) We agree that the current introductory phrase in U1c could be confusing for respondents and will consider using your suggested introductory phrase in future survey iterations.

##### **3. U1a and U1b are aligned with current best practices.**

No comment needed.

##### **4. Include U1a, U1b, and U1c for adolescents.**

We recognize the potential analytic value of these data and hopefully will be able to include these items for youth in the future. While we considered it carefully, the decision not to include these questions for adolescents in this particular (limited sample) field test was made due to concerns over parental consent and potential effects on the overall response rate, not because we felt the questions were developmentally inappropriate for adolescents. We anticipate examining the performance of these ‘two step’ items in the adult questionnaire and applying what we learn to incorporate them in the adolescent questionnaire in a later survey. With your permission, we may reach out to the Trevor Project for consultation when we reach that stage.

## **Risk Management and Best Practices when asking Question on Suicide**

### **5. Add language about suicide hotlines to the end of each section on suicide**

We include contact information for the National Lifeline Network, Boy's Town National Help line, and the SAMHSA Treatment Referral helpline on the NMHS Incentive Receipt (Attachment E.) This receipt is provided to each respondent at the end of the interview, whether or not the respondent accepts the incentive. While we don't currently include contact information about The Trevor Project, we will consider adding this in future iterations.

### **6. SD15-SD290 (Suicidality), replace the word "hurting" with the word "killing"**

Our wording was incorporated from the original CIDI Suicidality module. The intent was to provide a single, efficient set of instructions that covered the whole section. We will replace this single general instruction with two sets of more specific instructions. Instructions at SD15 will replace the word "hurting" with the word "killing." Also, we will add the following instruction at SD30 to introduce the last four items in the section: "The next few questions are about actions taken to hurt yourself without wanting to die."

### **7. SD15-SD290 (Suicidality), replace the phrase "mental health issues" to "these thoughts"**

Changing "mental health issues" to "these thoughts" is an advisable change, and we will make it.

### **8. SD22 and SD27 (Suicidality), replace the word "succeed" to "die"**

For items SD22 and SD27, we agree that the word "succeed" should be replaced with the word "die" to ensure safe messaging. This change to the original CIDI wording will likely improve the questionnaire.

### **9. SD22 and SD27 (Suicidality), add "or suspected" to response option 2**

We agree that adding "or suspected" to response option two in items SD22 and SD27 will give a response option for respondents who were not sure that the method they chose to attempt suicide was "foolproof." This change to the original CIDI wording will likely improve the questionnaire.

We appreciate your careful review and feedback. If you have any questions, please contact me at Peter.Tice@samhsa.hhs.gov or 240-276-1254.

Sincerely,

Peter Tice  
NSDUH Project Officer  
Center for Behavioral Health and Survey Quality, SAMHSA