



NLSY26 Needs Assessment Listening Session (90 minutes) Discussion Guide- Mental Health

Introduction — ~5 Mins

Welcome the group.

Let them know they've been invited to this session to provide feedback on a potential new NLSY26 cohort. Go over general ground rules below.

- Reminder: Session is being recorded
- Your participation in this survey is voluntary. We are collecting this information under OMB Clearance Number 1225-0088. Without this currently approved number, we could not conduct this information session.
- We are doing this as a series of 6 listening sessions. This session will focus on mental health. The previous session focused on physical health so we would like this session to stay focused on mental health, if possible.
- We expect this session will be about 90 minutes. We have a lot to get through so we will be moving along at a quick pace.
- Additionally, we want to hear from everyone. If you notice that you haven't spoken up in a while, please do so. I may call on you to get your opinion.
- There will be additional opportunities to provide feedback so do not worry if we are not able to get to everything you would like to discuss today. We will discuss those opportunities at the end of the session.

Introduce the NLS— ~3 Mins

There are currently two active cohorts in the NLS program.

- The first cohort, the NLSY79, consists of about 10,000 men and women who were born in the years 1957-64. They were ages 14-22 when first interviewed in 1979 and are still being interviewed today.
 - Health behaviors including substance use have been collected in several interviews.
 - As respondents in NLSY79 turned 40, they were administered a short form of 12 questions of self-reported mental and physical health measures (SF-12) as well as a health module that included the Center for Epidemiological Studies Depression Scale (CES-D). These questions were also included in the 50+ and 60+ health modules.
 - Children of NLSY79 respondents were interviewed starting in 1986. The NLSY79 Child and Young Adult surveys contain extensive information about the biological children of women in the NLSY79-including several child assessments.
 - One of the assessments, Behavioral Problems Index, includes items on whether the child has exhibited anxiety, depression, antisocial behavior, headstrong behavior, hyperactivity, dependency, and peer conflict in the past 3 months.
 - After the children reach age 15, they are asked the CES-D items.
- The second cohort, the NLSY97, consists of nearly 9,000 men and women who were born in the years 1980-1984. They were 12-16 when they were first interviewed in 1997.

- The NLSY97 contained a parent questionnaire in round one that gathered extensive background information about parents and additional information about the child.
 - The NLSY97 cohort were also administered several mental health measures across multiple rounds including a 5-item short version of the Mental Health Inventory (MHI-5), the Generalized Anxiety Disorder-7 (GAD-7), as well as the CES-D.
- There is a free public-use NLS dataset.

Why we're collecting feedback— ~ 2 Mins

- A lot has changed about mental health policy and our understanding of the importance of mental health since the 1997 cohort was launched. We want to ensure that we are measuring the important aspects of mental health. We also want to ensure that we are using state-of-the-art methodology to do so. That is what we'll be talking about today.

Examples of changes to mental health policy and how we understand mental health:

- Mental health conditions have become less stigmatized. People are more likely to seek help and treatment and to take medication such as anti-depressants and anti-anxiety drugs.
- The rise of social media platforms, and their near universal use among adolescents, has well-documented effects on mental health, both positive and negative.
- The COVID-19 pandemic has shed light on high levels of social isolation and loneliness among adolescents and young adults.
- Scholars have paid greater attention to the ways that oppression and discrimination on the basis of sexual orientation, gender identity, race, ethnicity, and more can bear on youth mental health.
- Agencies and organizations have created hotlines and expanded services
- Policies have increased access to mental health services and ensured that private insurance covered the treatments.

Example of changes to survey methods

- In large part, health records have been standardized and digitized.
- Momentary measures of mental health, whether through daily diaries or app-based assessments have become more widely used.

NLSY26 Questionnaire Content— ~35 Mins

[Quick introductions for moderator, NORC facilitator, and participants only. Say name, organization, and participants will also say their experience with the NLSY.]

1. Content Questions

Primary

- **Suppose the NLSY26 were to include a baseline on mental health at the first**

interview, what measures are essential to include? Why?

- Where can the NLSY26 provide the greatest value for studying the relationship between (early) mental health and labor market outcomes?
- Do you consider skills like executive functioning and emotional regulation to be part of the broad topic of mental health? If so, how do you recommend measuring those constructs within a survey?

Secondary

- For research on mental health, what content (if any) needs to be kept the same for comparison to prior cohorts?
- What new concepts need to be added to the new NLSY cohort so that researchers can study the relationships between mental health and the labor market?
- For those who are familiar with the previous NLS surveys, what are some mental health-related topics or questions that are currently in the NLS survey and should NOT be included in the new cohort?

2. Additional topics to raise if they don't arise during the discussion and time permits:

Disclosure of mental health conditions at school or work

Mental health services—coverage by insurance, cost, availability

NLSY26 Sampling and Methodology— ~25 Mins

- What types of sampling and methodology should the new NLSY26 cohort consider when collecting mental health data?
- Are there oversamples that are needed to enable research in mental health?
- What are measurement challenges in collecting mental health information that the NLSY26 will need to consider?
- Any other methodological concerns or new advances in mental health measurement that the NLSY26 should be considering?

NLSY26 Data Linkage— ~10 Mins

- What data linkages are most valuable to the NLSY26 to study mental health?
- What other surveys would offer helpful comparative benchmarks regarding mental health measures?

** Moderator, if needed: Examples could be EHR-type data, Health Insurance Claims Data, Medicaid/CHIP*

Note: This topic may arise in the discussion of content or methodology. In that case, there's no need to raise it separately.

NLSY26 Final thoughts or concerns— ~5 Mins

- Are there any final questions or concerns regarding the mental health data collected

in the new NLSY26 cohort?**Close out****MODERATOR:**

- Conclusion and thanks
- Provide other info on other feedback resources (FRN, user survey, informational materials, email, etc.)
- As we mentioned previously, this is part of a series of six listening sessions. The other session topics include Employment, Jobs, and the Future of Work; Childhood and Family Retrospective; Health, Environment, and Climate; Innovations in International Surveys; and Think tanks/Research organizations/Non-profits. If you have feedback on other aspects of the NLSY that we did not have time to cover in this session, we will be posting a user survey soon that you can submit responses too. We will also send you a thank you email which will have an opportunity for you to provide additional feedback.