

DATE: October 25, 2010

TO: OMB Desk Officer

FROM: SAMHSA Clearance Officer

SUBJECT: Additional Burden for 2011 National Survey on Drug Use and Health

The 2010 - 2011 National Surveys on Drug Use and Health (NSDUH) (OMB No. 0930-0110) were approved on September 4, 2009. This approval expires on January 31, 2012. As part of the 2010 NSDUH, 500 respondents will complete a Mental Health Surveillance Study (MHSS) interview. These respondents represented a sub-sample of the NSDUH respondents and were selected using the K-6 and the WHODAS impairment scale. Interviews were completed over the telephone by mental health clinicians using the Structured Clinical Interview for DSM-IV (SCID).

Through the use of American Recovery and Reinvestment Act of 2009 (Recovery Act) funds, the National Institute of Mental Health (NIMH) has funded activities that will expand the MHSS sample and analytic capabilities. This expansion will allow for the production of analytic and methodological reports on a variety of topics that would otherwise not be possible with the smaller sample. At this time, SAMHSA is requesting an amendment to the current clearance to increase the MHSS sample by an additional 1,000 SCID interviews -- bringing the total number to 1,500 interviews in 2011.

The Mental Health Surveillance Study will be designed to yield 1,500 clinical follow-up interviews during 2011. The probability sample will be distributed across 4 calendar quarters with approximately 375 clinical follow-up interviews per quarter. The sample will be embedded in the main study sample; therefore, the initial interview for the validation cases will be included in the target of 45,000 main study adult interviews (see Exhibit 1). A subsample of respondents aged 18 or older will be selected with probabilities based on their K-6 scores. The sample will be distributed among K-6 scores in a manner that maximizes the power of the analysis. The sampling algorithm will be programmed in the Computer-Assisted Interviewing (CAI) instrument so field interviewers can recruit the respondents for the clinical interview.

**Exhibit 1. Design Parameters for the 2011 Mental Health Surveillance Study**

<b>Design Parameters</b>	<b>Total</b>	<b>Per Quarter</b>
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Interview Respondents Aged 18 or older	45,000	11,250
Total Selected for Telephone Clinical Follow-up	2206	552
Percent Agreeing to Clinical Follow-up	0.85	
Percent Completing Clinical Follow-up	0.80	
<u>Completed Clinical Interviews</u>	<u>1500</u>	<u>375</u>

As in 2010, field interviewers will administer the NSDUH questionnaire via CAI using standard protocols. The 2011 MHSS and EMHSS will also follow the same protocols as the 2010 MHSS. After completing an initial NSDUH interview, respondents who are randomly selected to participate in the follow-up interview will be read a recruitment script describing the follow-up interview process. Neither the respondent nor the interviewer will be aware that the respondent will be asked to complete another interview until the script is activated at the end of the CAI program. All respondents that agree to participate in the follow-up interview will receive an additional \$30 cash payment. If the respondent agrees to participate, the NSDUH interviewer will provide the clinical interviewer with the respondent's basic contact information and best times to call. The clinical interviewer will then telephone respondents to schedule and conduct the interview in the following one to four weeks. As in 2010, these clinical interviewers will be supervised throughout the data collection year to maintain the integrity and reliability of the clinical assessment and to resolve any clinical issues or questions that emerge. A feasibility study was conducted in June of 2007 to test procedures for collecting the MHSS data. This study has been imbedded in the NSDUH since 2008, so there are no tests of procedures in this collection.

With this increased SCID sample, SAMHSA will be able to refine the predictive models used to produce the serious mental illness (SMI) and any mental illness (AMI) estimates. A methodological analysis may be conducted using the data from the MHSS and extended mental health surveillance sample (EMHSS) to validate these estimates. For example, combined MHSS and EMHSS data could be used to compare statistical models used for the estimation of SMI in order to validate current SMI estimates. Data from the MHSS and EMHSS also will be used to refine methods used to more precisely estimate the proportion of the population with SMI. Furthermore, the collection of MHSS and EMHSS data over time will allow for the examination of trends in estimates of SMI in order to determine whether true variations in SMI exist over multiple time points.

The EMHSS will also provide sufficient sample sizes to allow for the development of direct estimates of specific DSM-IV disorders such as Anxiety Disorder, Depression, and other mood disorders. In order to produce reliable disorder-specific estimates, both the MHSS and EMHSS are needed to provide a sufficient sample size. Since these disorders affect only a small portion of the population, this analysis will also require the use of combined years of data collected from the 2008 to 2011 SCID interviews. Once the disorder-specific estimates have been produced, they will be compared to existing estimates of specific disorders from other national surveys, such as the National Comorbidity Survey Replication (NCS-R) and the National Epidemiological Survey on Alcohol and Related Conditions (NESARC).

Recognizing the NSDUH as one of the primary sources of estimates of mental health in the U.S., NIMH provided the funding for the sample increase and is collaborating with SAMHSA on a number of analyses based on these data. These analyses will continue and expand once data collection is complete and initial results are examined.

The original burden table covering the 2010 NSDUH including the 500 interviews for the MHSS (for which OMB approval has been received) is below. The second table below summarizes the revised 2011 NSDUH burden including the additional 1,000 SCID interviews, for a total of 1,500 MHSS interviews. The only differences are in the rows for the Clinical Follow-up Certification and Clinical Follow-up Interview.

No changes have been made to the NSDUH survey or the SCID instruments or data collection protocol (as described in the Supporting Statement that received final OMB approval on September 4, 2009).

**Estimated Burden for 2010 NSDUH**

<i>Instrument</i>	<i>No. of Respondents</i>	<i>Responses per respondent</i>	<i>Hours per response</i>	<i>Total burden hours</i>	<i>Hourly Wage rate</i>	<i>Total costs</i>
Household Screening	190,800	1	0.083	15,836	\$14.64	\$231,839
Interview	67,500	1	1.000	67,500	\$14.64	\$988,200
Clinical Follow-up Certification	24	1	1.000	24	\$14.64	\$351
Clinical Follow-up Interview	500	1	1.000	500	\$14.64	\$7,320
Screening Verification	5,400	1	0.067	362	\$14.64	\$ 5,300
Interview Verification	10,125	1	0.067	678	\$14.64	\$9,926
<b>TOTAL:</b>	<b>190,824</b>			<b>84,900</b>		<b>\$ 1,242,936</b>



**Estimated Burden for 2011 NSDUH**

<i>Instrument</i>	<i>No. of Respondents</i>	<i>Responses per respondent</i>	<i>Hours per response</i>	<i>Total burden hours</i>	<i>Hourly Wage rate</i>	<i>Total costs</i>
Household Screening	190,800	1	0.083	15,836	\$14.64	\$231,839
Interview	67,500	1	1.000	67,500	\$14.64	\$988,200
Clinical Follow-up Certification	90	1	1.000	90	\$14.64	\$1,318
Clinical Follow-up Interview	1,500	1	1.000	1,500	\$14.64	\$21,960
Screening Verification	5,400	1	0.067	362	\$14.64	\$5,300
Interview Verification	10,125	1	0.067	678	\$14.64	\$9,926
<b>TOTAL:</b>	<b>190,890</b>			<b>85,966</b>		<b>\$1,258,542</b>