Video Interviewing: An Optimal Solution for a National Behavioral Health Survey

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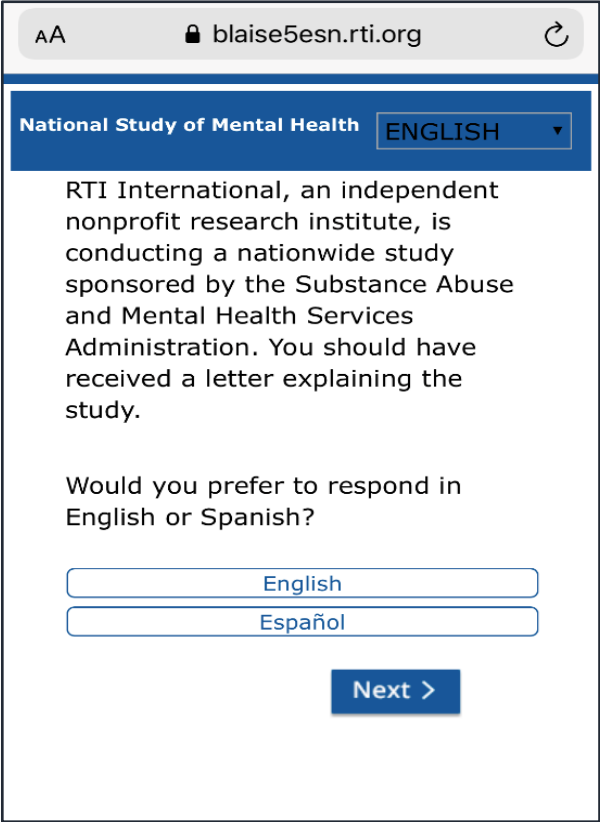
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RTI INTERNATIONAL

Acknowledgments: MDPS Funding and SAMHSA Disclaimer

Mental and Substance Use Disorders Prevalence Study (MDPS)

o Conducted to estimate the prevalence of specific mental health and substance use disorders, and treatment, in adults across the United States

o Clinical Interviews with adults 18-65

o National Samples
- Households
- Prisons

o Local Samples
- Homeless Shelters
- State Psychiatric Hospitals

o Data collection 2020-2022

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National Study of Mental Health   ENGLISH ▾

RTI International, an independent nonprofit research institute, is conducting a nationwide study sponsored by the Substance Abuse and Mental Health Services Administration. You should have received a letter explaining the study.

Would you prefer to respond in English or Spanish?

English
Español

Next >

Background

o Initial plan - conduct most household interviews in person or by video, and a subset by phone starting in July 2020

- COVID-19 pandemic upended the plan

o For household clinical interviews:

- Abandoned plans for in-person data collection
- Video interviews were prioritized
- Phone interviews were offered to respondents who were unwilling/unable to do video interviews

o For non-household clinical interviews:

- Incorporated video and phone modes until facilities were ready to allow interviewers on site

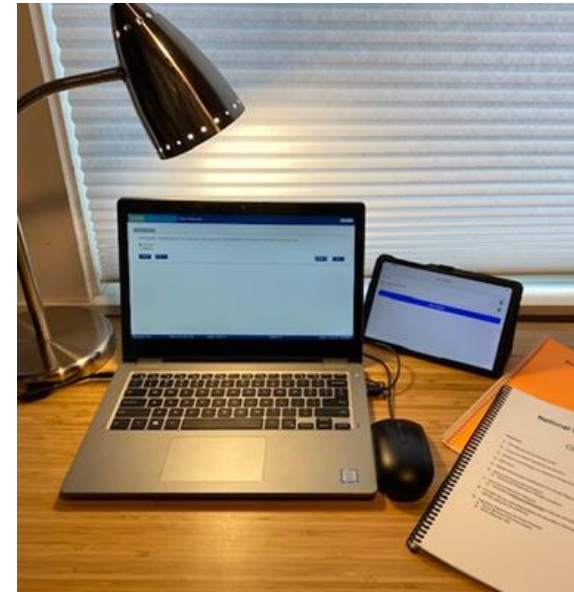# Video-based Interviewing for Households

o Clinical interviewers (CIs) conducted interviews from their homes

o Systems and processes developed to support and integrate video-interviewing

o Support features included:

- Web-based scheduler for respondents

- Automated emails confirming appointments

- Process to securely upload recorded interviews to a FIPS-Moderate environment

- Enhanced quality control for interview authentication and diagnoses rating

o Support provided for interviewers and respondents

o Supported data collection in households and facilities

Video-based Interviewing for Non-Households

o Prioritized facilities that were willing to support remote interviewing

- Some facilities were provided tablets for Zoom meetings
- CIs conducted interviews from their homes
- Recording of interviews was decided on a facility by facility basis

o Once facilities allowed interviewers on site, conducted interviews in person

- CIs went on site after approvals were obtained
- Most facilities did not allow recording of interviews on site

Staffing and Equipment

o Trained approximately 90 CIs and 15 Clinical Supervisors (CSs)

o Hardware:

- Laptop with RTI's case management system and Blaise 5 interview

- Tablet utilizing Zoom for virtual meetings

- Centralized phone system for CIs privacy

o In-home CI requirements:

- Private location

- Secure location for study equipment

- Sufficient bandwidth for video

- Professional background

o Non-Household facilities requirements:

- Facilities were provided tablets with Zoom, if necessary

Household Data Collection

Rostering	Screening	Clinical Interview	Scheduling	Clinical Interview
Modes: Web, Phone, In Person, Mail	Modes: Web, Phone, In Person, Mail	Appointment Scheduler	Call or Email	Modes: Video or Phone (Zoom)

- o **Completed Rosters:** 25,072
- o **Completed Screeners:** 29,084
- o **Completed Clinical Interviews: 4,764**
  - **3,192 completed by video**

MDPS Non-Household Video-based Clinical Interviews

Facility Type	# of Facilities	# Facilities Completed Interviews by Video	# Completed Interviews Total
Prisons	22	9	321
Homeless Shelters	24	4	423
State Psychiatric Hospitals	4	2	171
Total	**50**	**15**	**915**

Household Respondents: Clinical Interview Appointment Scheduler

- Accessed from
  - Screening instrument in web, CATI and CAPI modes
  - NSMH public website with passcode
  - FI prompting instrument from Android tablets in CAPI mode
- Offered timeslots based on CIs' availability
- Automatically adjusted time zone for CI and respondent
- User could schedule, re-schedule, or cancel

Confirmation, Invitations, and Prompts

- Once an appointment was scheduled, rescheduled, or cancelled, respondents and CIs received automated confirmation emails/texts
- Respondents received alerts 3 weeks, 1 week, and one day before the appointment
- CIs also received reminders
- CIs received daily list of appointments
- CIs sent a personal invitation with Zoom link to respondents for the scheduled appointment
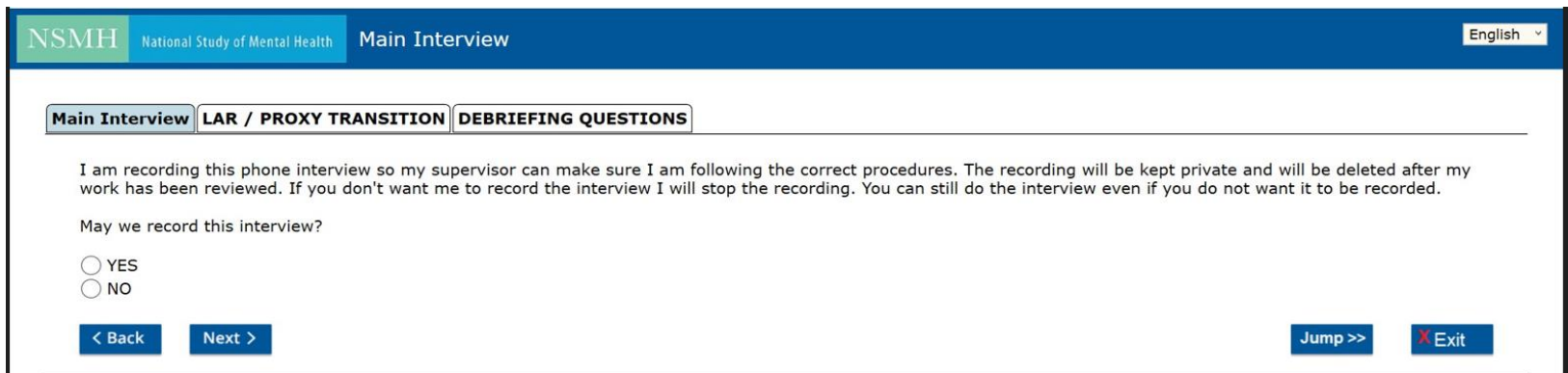
Clinical Interview in Households

- Blaise 5 instrument on a MS Windows laptop
  - Socio-demographics, Medication, Treatment, Housing
  - NetSCID clinical interview
  - COVID-19 experience
- Zoom used with all household interviews
- Recordings from Zoom were securely uploaded to RTI into a FIPS Moderate environment for review and then deleted off Zoom cloud
- Average interview length:
  - 77 min household
  - 71 min hospital
  - 72 min shelter
  - 59 min prison
- 93.3% agreed to be recorded
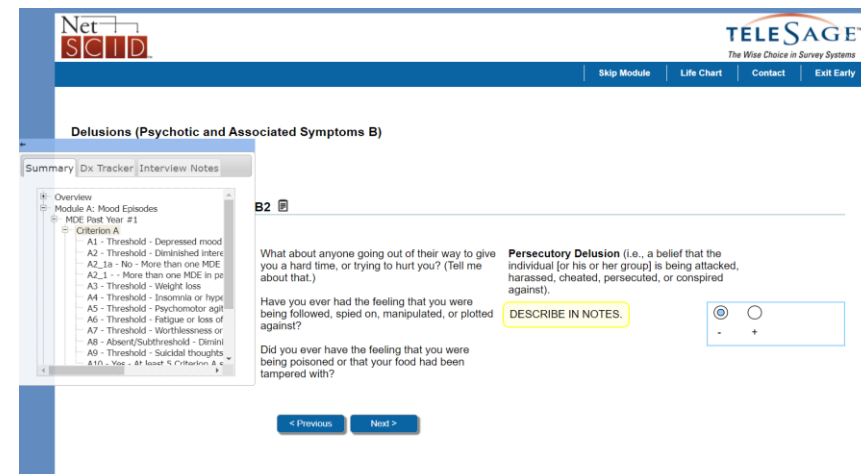
Clinical Interview in Non Households

- Same Blaise 5 instrument but some sections were not allowed in prisons; Paper based SCID was administered in facilities
- Some facilities preferred to use Webex rather than Zoom
  - Still administered interview over Webex
- Some facilities would not allow recording of interview
  - Lost some of the benefits of being able to review the recording for validating the responses by more experienced clinicians
- Took more effort on the facilities part to setup the video interviewing but they were willing to do so during COVID-19
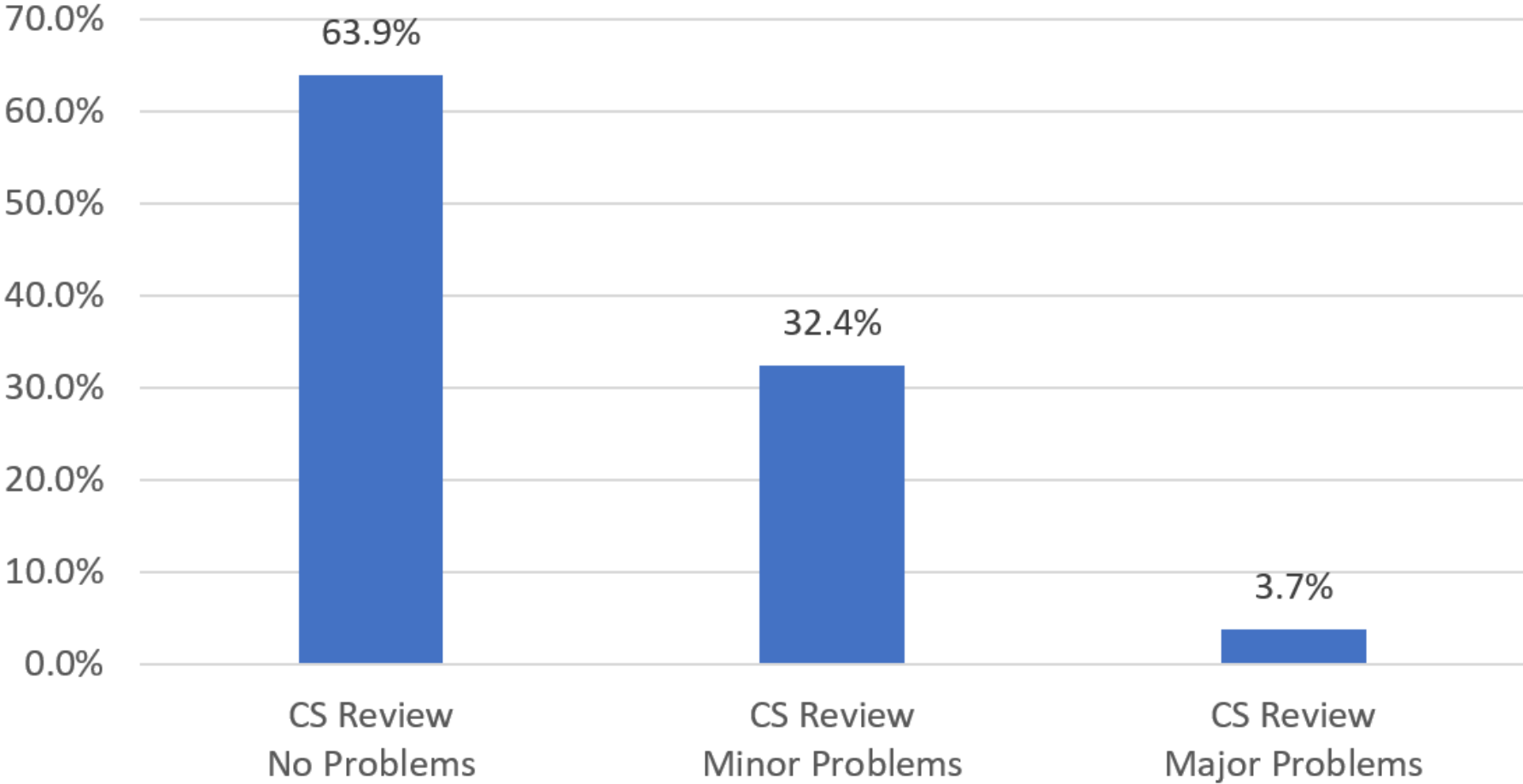
Quality Control: Review of Recordings

- Recordings were made available to CSs and Data Quality Managers (DQMs) for review

- CS re-launched NetSCID instrument confirmed responses matched observations

- CSs weighed in on the responses in NetSCID to confirm or revise diagnostic ratings

- Authentication of interviews was much easier because we had the audio and video recording of the full interview
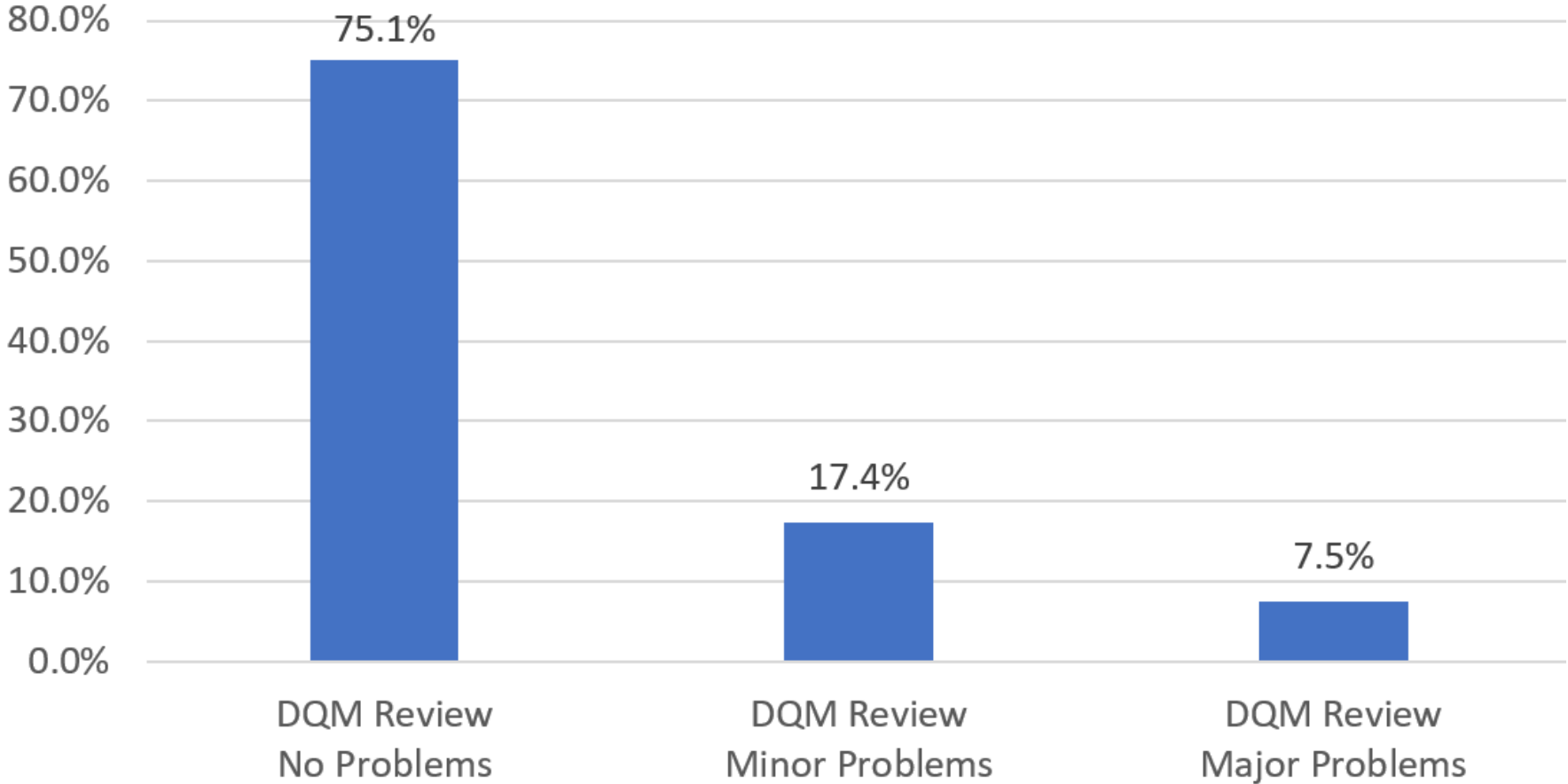
Quality Control: Data Quality of Clinical Modules

Data Quality - Clinical Modules

- CS Review No Problems: 63.9%
- CS Review Minor Problems: 32.4%
- CS Review Major Problems: 3.7%

Quality Control: Data Quality of Blaise Modules

Data Quality - Blaise Modules

|	
75.1%	DQM Review No Problems
17.4%	DQM Review Minor Problems
7.5%	DQM Review Major Problems

Feedback

- Obtaining CI and respondent feedback was critical given the new mode of interviewing

- Collected feedback from both respondent and CI

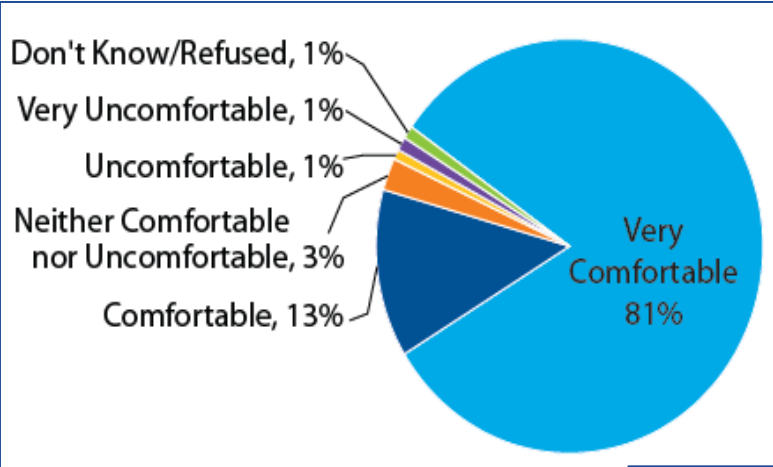- Sent an additional survey to the CIs near the end of data collection

Respondent Feedback

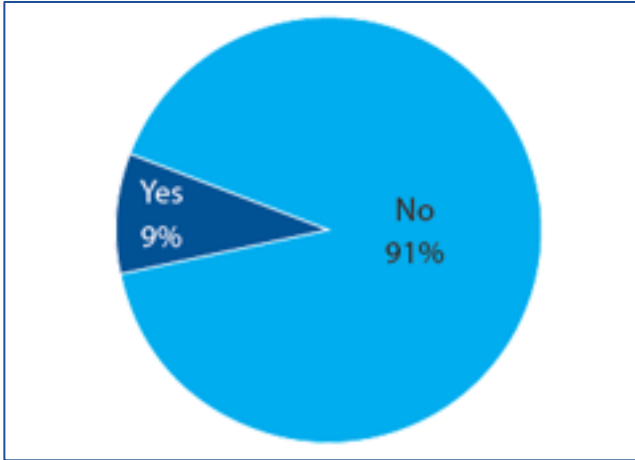- Respondent Comfort Level with Selected Interview Mode
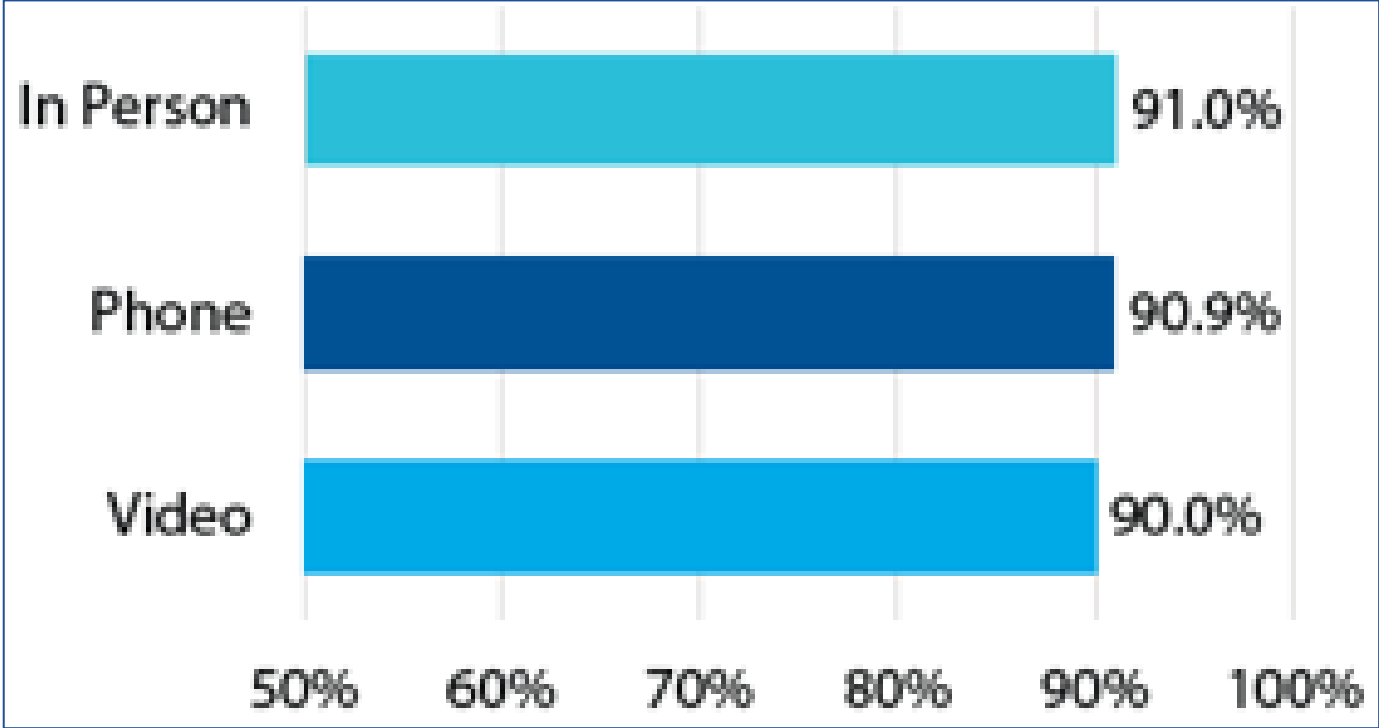
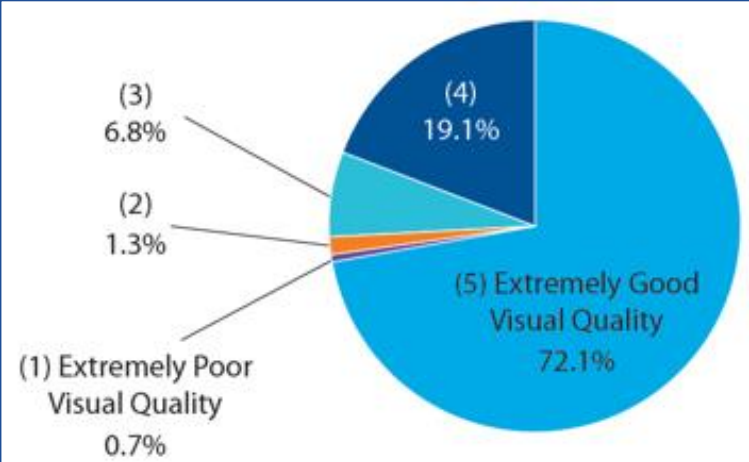# Respondent Feedback – Zoom Related

Respondent Comfort Level with Zoom

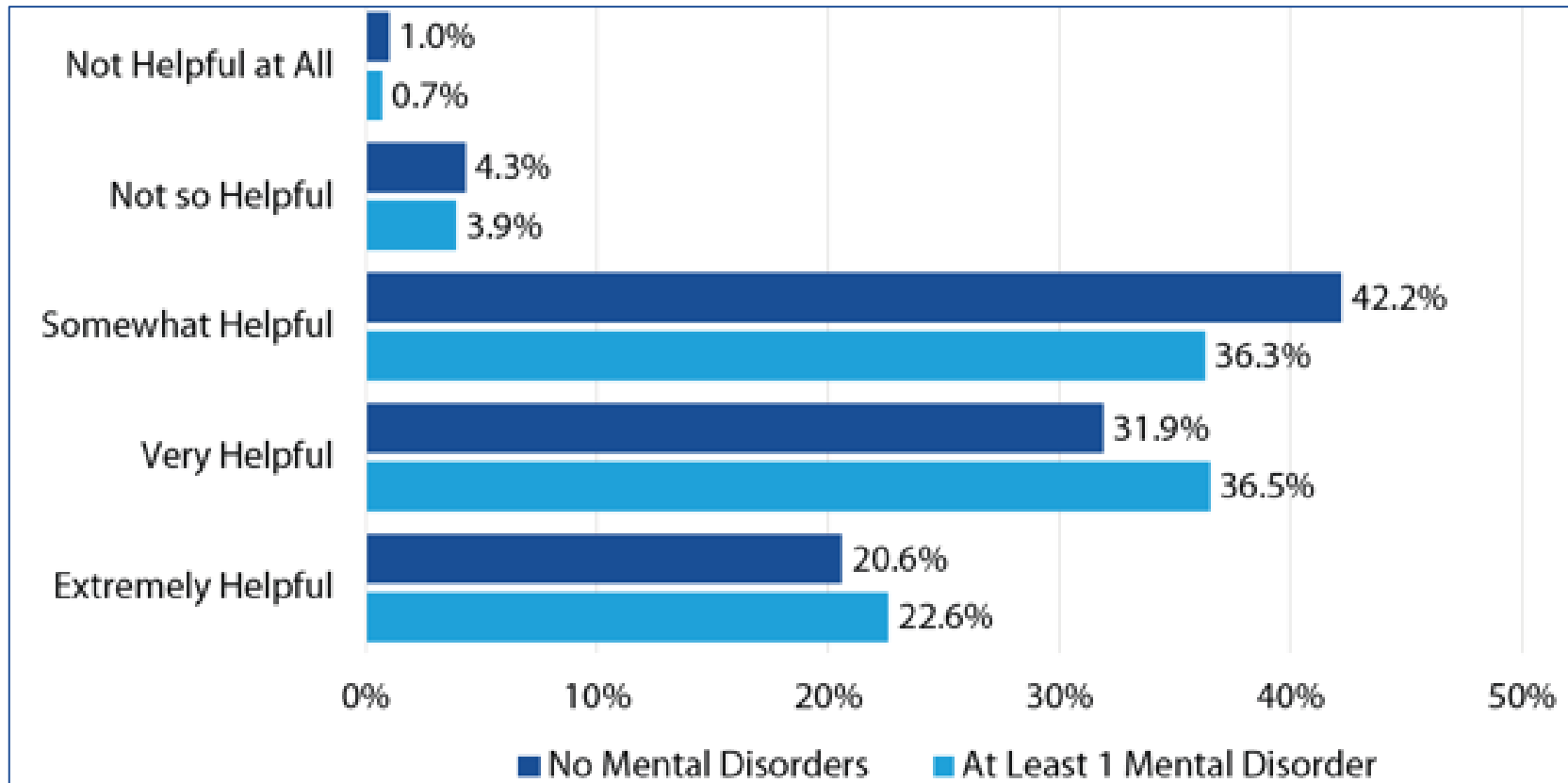**Respondent Technical Difficulties with Zoom**

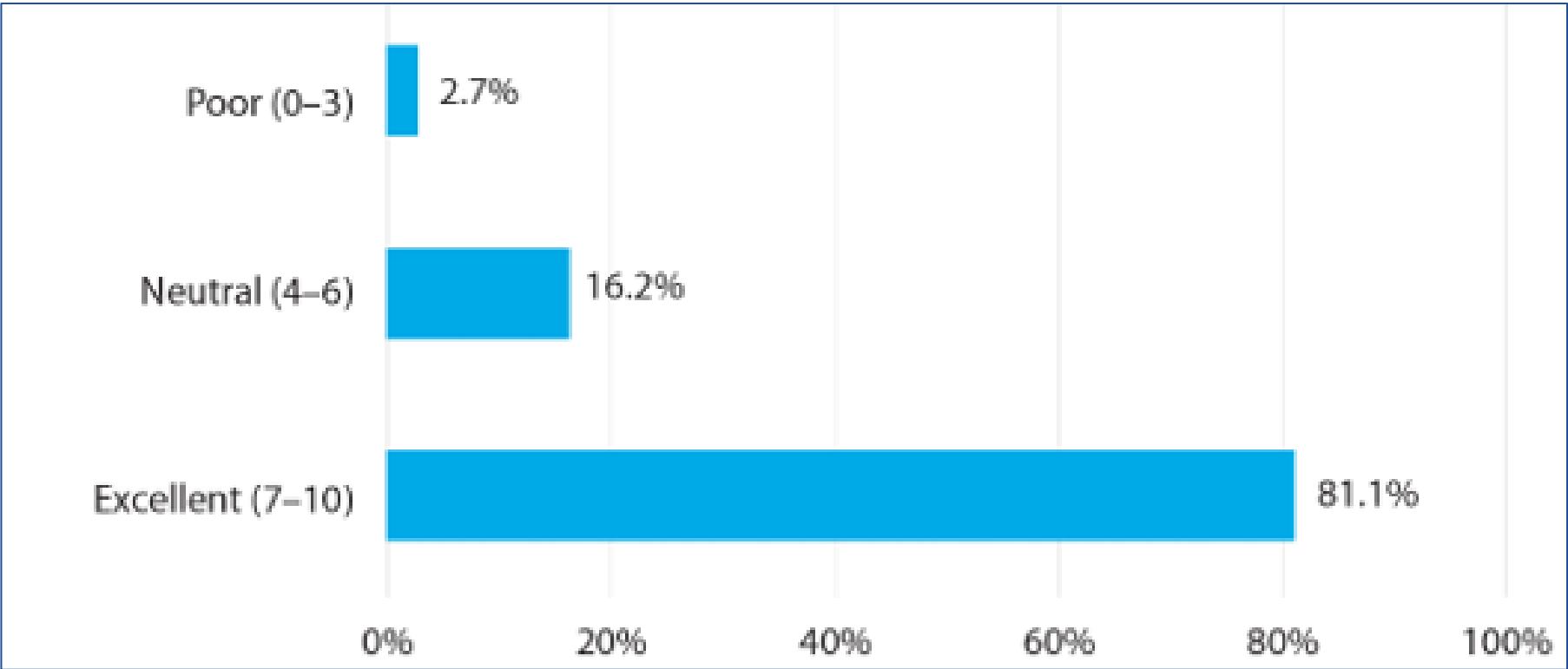**Overall Visual Quality of Interview**

Feedback – Making Diagnosis

Helpfulness of Visual Observations in Making Diagnosis

Feedback – Functionality of Video Interviewing

CIs rated the functionality of video interviewing

Lessons Learned

- Setting up Zoom was quite easy, initial account setup required tech support but not much support after that

- Uploading large video files took a lot of bandwidth; better solution might be to review the files directly in the Cloud

- Respondents need to be reminded multiple times before the interviews and might have last minute conflicts

- Using a single device (with dual monitors) might be easier than using two devices

Conclusion

- Fully remote, video-based interviewing was possible with household respondents
  - 90% reported being comfortable with completing a video-based interview
  - 94% reported being comfortable with virtual interviewing software
  - Having video/audio recordings made it easier to authenticate interviews and confirm/revise mental health diagnoses
- Video-based data collection is feasible in non-household facility settings
  - Additional onsite coordination required
  - May need to provide hardware (tablet) to facility
  - Private location with internet connection required

Additional Information

o **MDPS Press Release:**
https://www.rti.org/news/new-study-finds-least-twice-many-us-adults-experience-schizophrenia-spectrum-disorders

o **MDPS Study Findings:**
https://www.rti.org/publication/mental-and-substance-use-disorders-prevalence-studydy | RTI

o **MDPS Data**: Available with restricted-use license via the Inter-university Consortium for Political & Social Research (ICPSR) – 2024

Thank you!

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