



Research into the Adapted PHQ-9 and GAD-7 Outcome Measures for use with Adults with Intellectual Disabilities

Why did we do this research?

People with Intellectual Disabilities (ID) often have more mental health problems than the general population, yet they are underrepresented in mainstream psychological services. They face many barriers to getting help for problems such as feeling sad (depression) and feeling worried (anxiety). One barrier is the lack of adapted materials, like questionnaires, for helping people with ID. Questionnaires are often used in services that help people with mental health problems to assess if they have problems with feeling sad or worried and the questionnaires help to check if people are getting better. Psychological services (e.g. Improving Access to Psychological Therapies) have a legal responsibility to ensure people with protected characteristics, as outlined in the Equality Act, have equal access to care. Services are required to provide 'reasonable adjustments' to ensure people with protected characteristics are not discriminated against.

Adapted measures for depression (adapted PHQ-9) and anxiety (adapted GAD-7) have been made for people with ID providing a reasonable adjustment. The questionnaires are accessible and easy to complete by adults with ID. This research aimed to make sure the questionnaires were reliable and measured what they were supposed to measure (that they were valid).

What did we do?

Forty-seven adults with ID were recruited and completed a set of four questionnaires. These were the adapted PHQ-9 (measure of depression), the adapted GAD-7 (measure of anxiety) and the Glasgow Depression and Anxiety Scales (GDS-ID, GAS-ID). We recruited a clinical group (accessing mental health services) and a community group (not accessing mental health services) to test if the measures could distinguish between the two groups (discriminant validity). We tested for concurrent validity (when a new measure is administered at the same time as a pre-existing measure and the two are correlated) by correlating the adapted PHQ-9 with the GDS-ID and the GAD-7 with the GAS-ID. We tested for divergent validity (to test that constructs that should have no relationship do, in fact, not have any relationship) by correlating the measures with age and gender. We tested the reliability (consistency) of the adapted PHQ-9 and GAD-7 measures by internal consistency analysis. The community sample completed the adapted PHQ-9 and GAD-7 measures on two occasions (approximately one week apart) to assess for test-retest reliability.

What did we find out?

The adapted PHQ-9 and GAD-7 measures have shown to be valid and reliable. There were significant differences in total scores on the adapted PHQ-9 and GAD-7 between the clinical and the community groups, evidencing good discriminant validity. The adapted PHQ-9 was significantly positively correlated with the GDS-ID and the adapted GAD-7 was also significantly positively correlated with the GAS-ID, suggesting good concurrent validity. There were no significant correlations between the measures and age or gender, providing evidence for divergent validity. The adapted PHQ-9 and GAD-7 measures had good internal consistency and good test-retest reliability.

The adapted PHQ-9 and GAD-7 appear valid and reliable measures to use in routine clinical practice. The measures provide a reasonable adjustment to the minimum dataset that must be routinely collected in IAPT services and will help contribute to providing adults with ID equal access to mainstream psychological services.

What next?

The adapted PHQ-9 and GAD-7 are freely available to use. We are sharing our findings with mental health services and with researchers and hope the questionnaires will be regularly used in mental health services.

Please contact us if you want to find out more:

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Acknowledgements

We want to thank everyone who helped with the research.

The research took part as part of Hannah Jenkin's Doctorate in Clinical Psychology at the University of Oxford