Public Comments for ICR 202408-0930-003

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Comments Received :

The proposed change in the name of the NUSDUU and the additional questions are well suited to today's biggest issues in behavioral health, which combine concerns about increases in mental health disorders and substance abuse (particularly but not only related to drug overdose deaths), particularly among the young. Reported pain, for example, is often associated positively with increases in drug use (both legal and elicit) and subsequent addiction, while suicidal ideation is on the rise among the young as well.

One important thing that should be included, however, is a question on positive well-being, with life satisfaction and/or hope for the future being the most commonly used and useful ones. It is important to benchmark markers of ill-being, such as reported depression or anxiety, with respondents' baseline levels of positive well-being. Increases in reported depression or anxiety, for example, are much more worrisome in individuals who have low levels of baseline wellbeing than among those with positive levels but who are reacting to immediate challenges with increased levels of anxiety or feelings of depression. At the aggregate level, meanwhile, it is important to have both sets of measures in order to identify and reach the most vulnerable population cohorts. Reported wellbeing questions usually take no more than 30 seconds to answer, so do not add much time to survey response burdens and are validated by responses correlating with psychological measures of well-being, such as genuine "Duchenne" smiles and/or frontal cortex patterns. Many other wealthy countries, such as the UK, New Zealand, and Canada, include them in their regular official statistics collection, allowing for robust tracking of trends in ill-being and well-being over time. The U.S. is woefully behind on this effort, and the proposed changes in the NUSDUH provide an opportunity to change this.