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A DSM-5-Based Online Mental Health Screening Inventory: Preliminary Validation Study

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Abstract: With most people now seeking health and mental-health related information online, it is important to develop reliable and valid online screening and referral tools. First posted in 2007 at DoYouNeedTherapy.com, the Epstein Mental Health Inventory (EMHI) was a DSM-IV-based screening tool that advised people whether they might profit from consulting with a qualified mental health professional, urging people to seek help with different levels of urgency that depended on a person's score. A validation study published in 2011 showed the inventory to be a good predictor of a number of self-reported clinically-significant variables (Epstein & Muzzatti, 2011). In 2013, the EMHI was revised in two ways: to be consistent with the newly-issued DSM-5 and to use simpler, more accessible language. We now present a study with a diverse sample of 5,372 English-speaking subjects from 54 countries (63% from the U.S. and Canada, age M=26.2, SD=11.5) that evaluates the revised test (EMHI-r), which consists of 63 items corresponding to 21 of what can reasonably be assumed to be the most prevalent diagnostic categories in the DSM-5. Because it uses a checklist format, the inventory can be completed by most people in less than 10 minutes. The Flesch-Kincaid score for the original test was an unacceptably high 10.2; the readability level in the new test is 6.6. Test scores proved to be highly significant, reasonably good predictors of self-reported happiness, personal success, professional success, history of therapy, history of hospitalization, and employment status. No effects were found for race/ethnicity, but effects were found for education level, gender, and sexual orientation, with higher educational levels associated with lower test scores (that is, with less pathology), scores for females higher than scores for males, and scores for self-labeled bisexuals higher than for other sexual-orientation designations. Overall test scores were roughly normally distributed. Scores by diagnostic category were proportionally similar to known prevalence scores in the U.S. population, but overall levels were higher, presumably because a test of this type attracts users who are concerned about their mental health.