

Commentary: Statistical Comparison Between Interview Questions and Rating Scales in Psychiatry

This commentary was written on Uysal et al's¹ published article entitled "Statistical comparison between interview questions and rating scales in psychiatry". Uysal et al's¹ study was a retrospective study with a sample of 314 patients who firstly visited a psychiatric care clinic in İstanbul, Turkey. The authors examined a research question about whether close-ended interview questions (yes/no) and relevant quantitative rating scales for a psychiatric history taking and examination were statistically equivalent. Using the receiver operating curve and multivariate multinomial logistic regression analysis, the study results indicated that the absence/presence of sleep problems (Area Under Curve, AUC = 0.920), sexual problems (AUC = 0.796), relationship problems in marriage (AUC = 0.780), parents' relationship problems in childhood (AUC = 0.740), physical abuse (AUC = 0.826), and sexual abuse in childhood (AUC = 0.828) were statistically equivalent to the cutoff scores of the Jenkins Sleep Questionnaire, Arizona Sexual Experience Scale, Dyadic Adjustment Scale, Childhood Trauma Questionnaire (CTQ), CTQ — physical abuse and CTQ — sexual abuse, accordingly. The findings support that both close-ended interview questions and quantitative rating scales could be equally applicable and administered by an experienced psychiatrist in psychiatric and mental status examination and related research.

Why is this study important? Psychiatric examination generally includes a set of predefined questions based on the main focuses/objectives of the assessment, which can help psychiatrists and mental health professionals identify the patient's mental health problems and provide an evidence-based treatment grounded on symptom-oriented diagnostic criteria (e.g., DSM-5).² There are some available well-validated or standardized assessment scales available for psychiatric and mental status examination, and subsequently clinical (psychiatric) diagnosis. Nevertheless, psychiatrists may not only rely on these standardized instruments to gather information in real clinical settings, especially in situations where patients may have very poor treatment adherence. Good communication and interaction skills with psychiatric or vulnerable people should be the key elements for the mental health professionals to understand, implement, evaluate, and diagnose the patient's mental status and psycho-behavioural problems.² Psychiatric interview questions (e.g., brief close-ended questions) can sometimes be practical and flexible to assess/consider the interviewees' neuropsychosocial contexts, preference, and experiences, as well as their presenting condition/status, and thus may be helpful for enhancing the therapeutic alliance between the mental health professionals and their interviewees/patients and subsequently enhancing the interviewees' engaging and adherence to the assessment and resulting treatments.³

What implications can we have from this study? The findings of Uysal et al's study suggest that close-ended interview questions (yes/no) can be an alternate useful approach to psychiatric examination. Despite being unable to measure the severity of the mental health problem(s), brief close-ended questions have their advantages to be part of the psychiatric assessment and screening tool. Simple interview questions (e.g., with Yes/No responses) can be administered flexibly and thus efficiently provide mental health professionals with basic information and understanding about the current bio-psychosocial condition. Therefore, this practical approach is highly appropriate to real clinical settings with overwhelming work and limited healthcare staff and desirably becomes an initial step in assessing whether any major mental health problems do exist. It can be followed by valid measurement scales to measure the severity of the identified or related mental health problems or any other complaints. In particular, there are many people with mental disorders who are likely having difficulty



Wai Tong Chien 
Huanyu Mou 

The Nethersole School of Nursing, The Chinese University of Hong Kong, Faculty of Medicine, Hong Kong SAR

Corresponding author: Wai Tong Chien
✉ wtchien@cuhk.edu.hk

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comprehending the questions or expressing their views and answers clearly; and they may even be unwilling to adhere to the instructions for assessments/measurements. An interview format that includes brief and flexible questions, rather than a set of rigid or complex standardized measurement scales only, can be highly feasible and reliable or valid in psychiatric and mental status assessment under different socio-cultural and clinical contexts.⁴

What can we further consider based on the study findings? People with mental disorders are probably experiencing diverse physical and mental health problems. On top of the six health problems tested in the Uysal et al's study, future study may explore whether the use of interview questions and quantitative rating scales are comparable to each other for assessing all common mental health problems such as cognitive and mood symptoms. In addition, we can further consider the optimal approach to psychiatric and mental status examination for patients with different socio-demographic (e.g., education) and clinical characteristics (e.g., cognition and psychotic symptoms). Uysal et al's findings support that there may be some overlapping questions and items between the clinical psychiatric interviews and quantitative measuring scales. However, qualitative interviews and quantitative rating methods cannot be regarded as a substitute for each other.⁵ In addition to the brief close-ended interview questions ('yes/no' auxiliary questions) that can provide an overall focused description of the interviewees' mental health problems, qualitative

methods involving different forms of open-ended interview questions can elicit an in-depth and rich understanding of the phenomenon of interest.³ Therefore, adopting quantitative in combination with qualitative methods simultaneously or sequentially may be more useful and appropriate to obtain both comprehensive and in-depth information or reporting on the interviewees'/patients' experiences, views/attitudes/beliefs, perceptions, and severity/variety of their mental health problems.

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