



Analyzing Longitudinal Changes in Mental health: Integrating variable-centered and person-centered approaches

Angela Chow

Associate Professor, Department of Applied Health Science, Indiana University
School of Public Health-Bloomington

What are we going to discuss today?

1. Variable- and person-centered approaches
2. An approach which integrates variable- and person-centered approaches: Growth mixture modeling (GMM)
3. An overview of considerations and steps in running GMM



1. Variable- and person-centered approaches



Variable-Centered Approaches

- Variable-centered approaches to data
- Widely employed in many disciplines
- Focus on variables
 - e.g., correlation analysis, regression, latent growth curve modeling

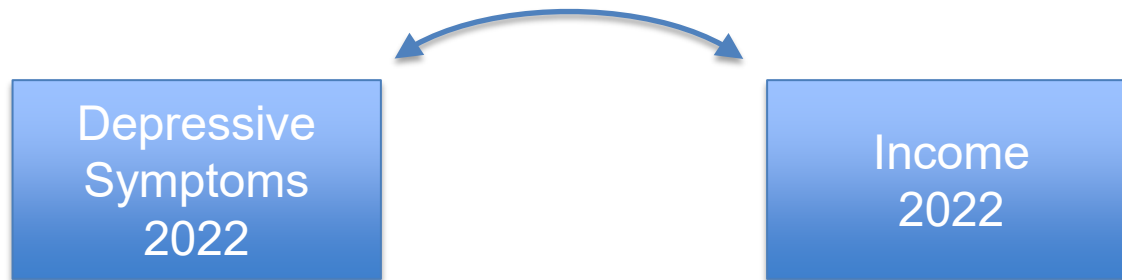


Variable-Centered Approaches

Example 1

How does depressive symptoms associate with income concurrently?

- **Correlation**



Variable-Centered Approaches

Example 2

How does depressive symptoms change over time?

Depressive
Symptoms
2020

Depressive
Symptoms
2021

Depressive
Symptoms
2022

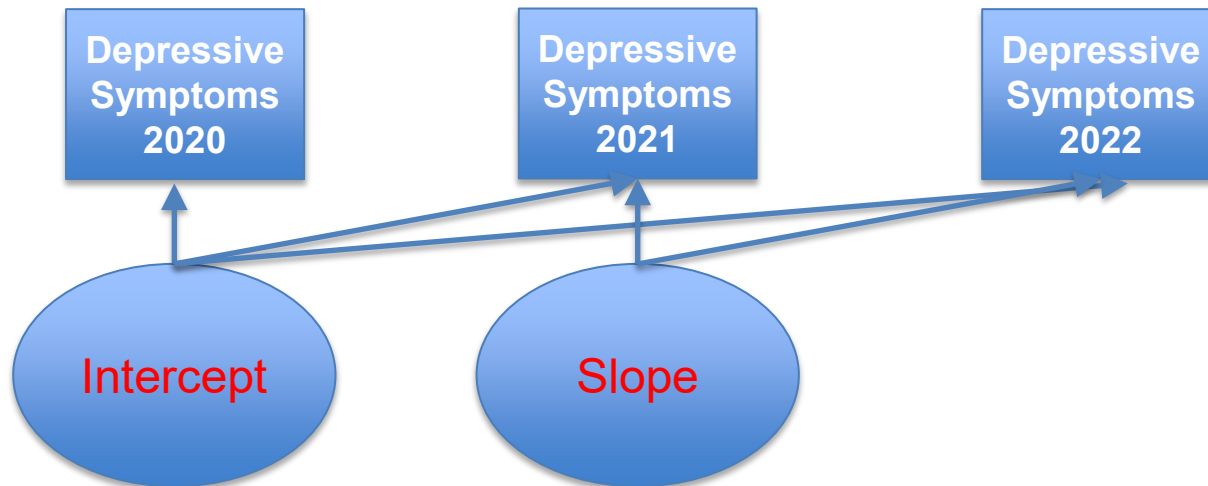


Variable-Centered Approaches

Example 2

How does depressive symptoms change over time?

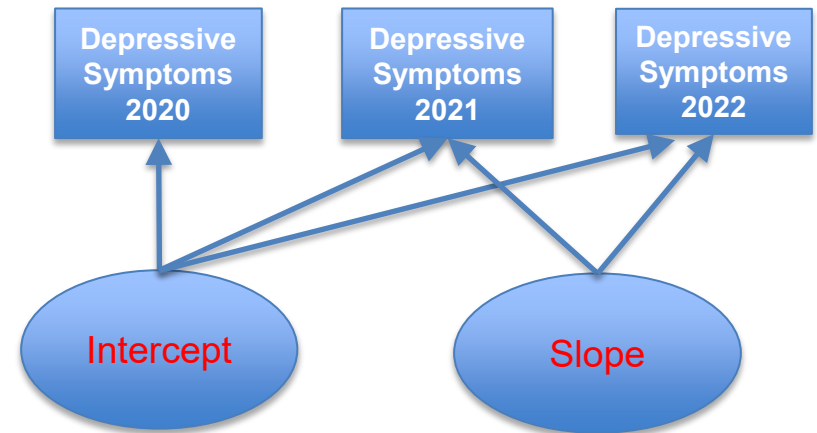
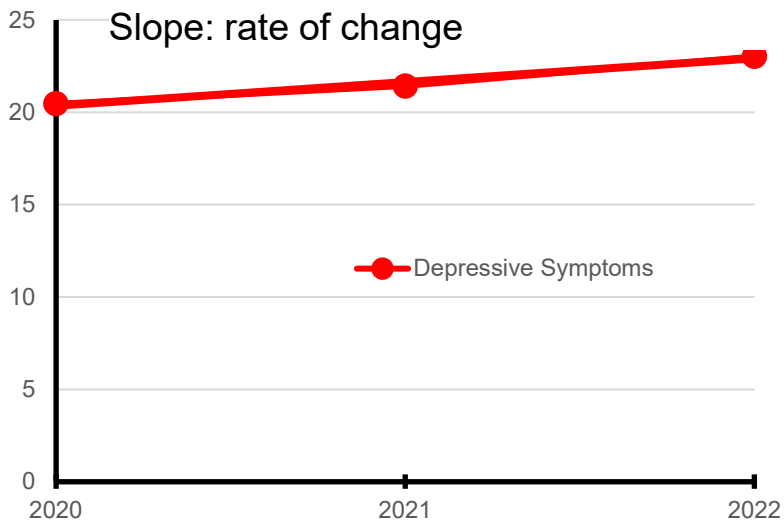
- Latent growth curve modeling
 - Slope (rate of change) and Intercept



Variable-Centered Approaches

Example 2

How does depressive symptoms change over time?



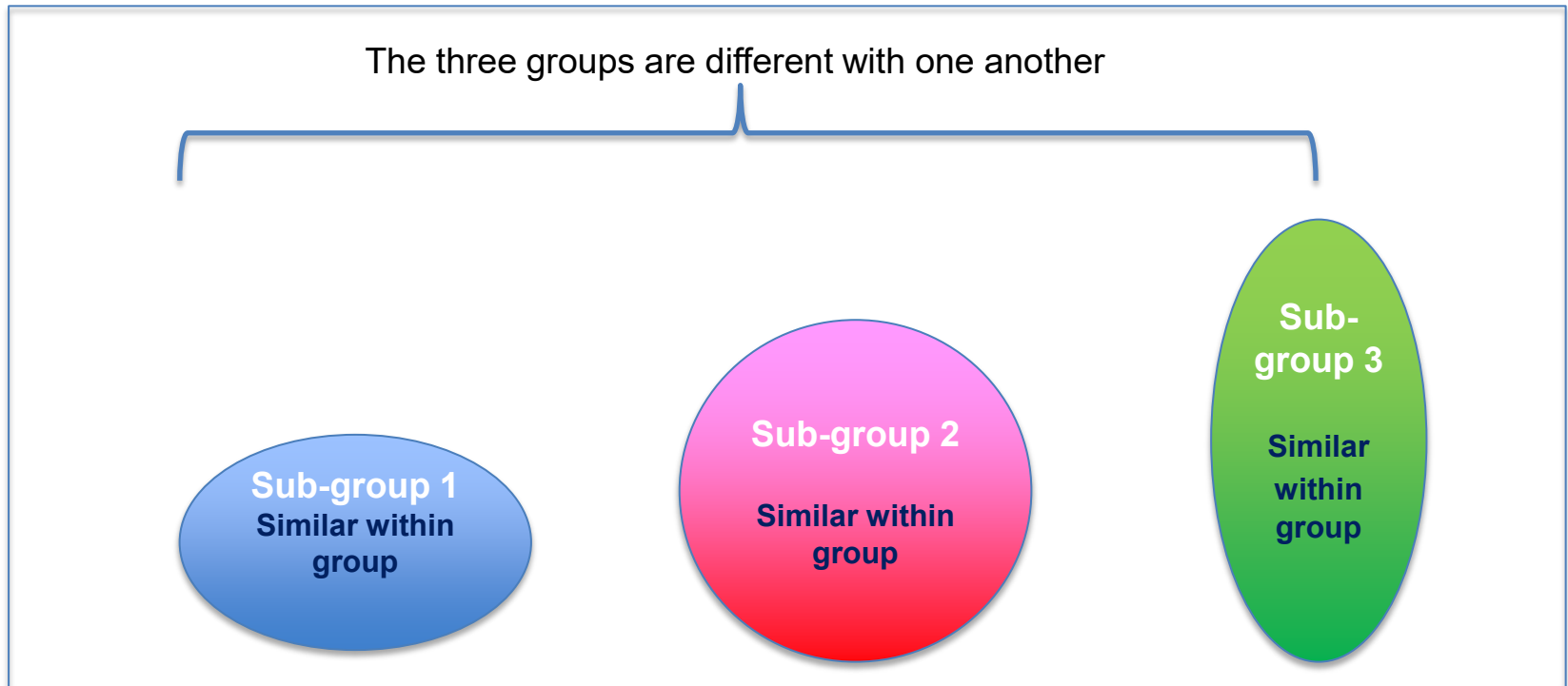
Person-Centered Approaches

- Person-centered approaches to data
- Focus on person
 - e.g., k-means cluster analysis, latent profile analysis
 - Identify **sub-groups of individuals** (identify **more homogeneous smaller groups** within the larger heterogeneous group)



Person-Centered Approaches

- identify **more homogeneous smaller groups** in the larger heterogeneous group)



Person-Centered Approaches

- Example: Lee et al., 2014
 - Subtypes of Depressive Symptoms
 - Latent class analysis
 - Sample: N = 13424

from 2001 -2002 National Epidemiological Survey of Alcohol and Related Conditions (NESARC) data



Person-Centered Approaches

- Example: Lee et al., 2014
 - Depressive Symptoms items:
 - a) Increasing/decreasing of weight
 - b) Difficulty in falling asleep/oversleeping
 - c) Fatigue
 - d) Psychomotor difficulty
 - e) Concentration/decision making difficulty
 - f) Excessive feelings of worthlessness/guilt
 - g) Thoughts of death or suicide



Person-Centered Approaches

- Example: Lee et al., 2014
 - Latent class analysis identified 4 subgroups:
 - 1) *Mild* subgroup (lower probabilities of all depressive symptoms)
 - 2) *Cognitive* subgroup (high probabilities of worthlessness and concentration difficulties)
 - 3) *Psychosomatic* subgroup (i.e., high probabilities of sleeping problems, fatigue, and impaired concentration)
 - 4) *Severe* subgroup (i.e., high probabilities of all depressive symptoms)
 - Follow-up analysis: Mental health service use of these 4 depressive subtypes



2. An approach which integrates variable- and person-centered approaches: Growth Mixture Modeling



A longitudinal study of maternal depressive symptoms as example (Chow et. al, 2019)



Growth Mixture Modeling

- Example: Chow et. al, 2019
 - Identify the sub-groups of trajectories in maternal depressive symptoms
 - N = 3307 (Canadian mothers)
 - 6 waves of data:
 1. 27 weeks gestation
 2. 36 weeks gestation
 3. 6 months postpartum
 4. 12 months postpartum
 5. 18 months postpartum
 6. 24 months postpartum



Growth Mixture Modeling

- Example: Chow et. al, 2019
 - Depressive symptoms measured by
 - Center for Epidemiologic Studies Depression Scale (CES-D)
 - 20 items; e.g., “felt lonely” “talked less than usual” (in the past week)
 - Response: 0 (none; < 1 day) to 3 (most or all of the time; 5-7 days)
 - Responses were summed (CES-D scores)



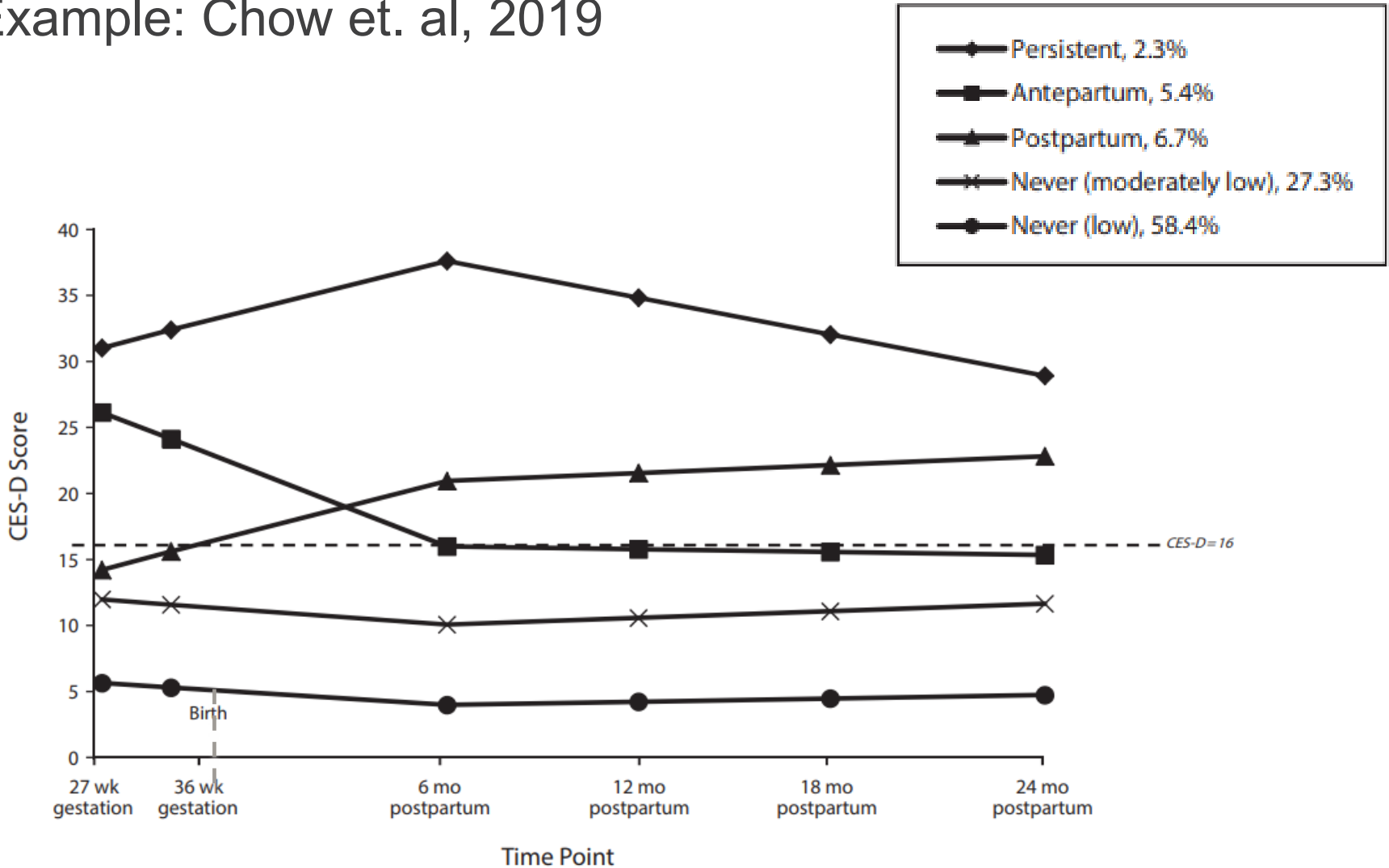
Growth Mixture Modeling

- Example: Chow et. al, 2019
 - Growth Mixture Modeling to identify the sub-groups of trajectories in maternal depressive symptoms
 - Integrating variable- and person-centered approaches



Growth Mixture Modeling

- Example: Chow et. al, 2019



3. An overview of considerations and steps in running growth mixture modeling



Considerations and Steps Running GMM

- Example: Chow et. al, 2019

- GMM using *Mplus*

Step 1: Reliability of CES-D scores

Step 2: Check longitudinal measurement invariance (make sure the instrument is interpreted in the same way over time)



Considerations and Steps Running GMM

Step 3: Latent growth curve model (average trajectory of the whole sample)

- 6 waves of data; identify model specifications:

Option 1: one linear slope

Option 2: one linear slope + one quadratic term (i.e. curvilinear trajectory)

Option 3: piecewise model (with more than 1 slope)

Consideration based on:

- (1) Model fit (e.g., $RMSEA \leq 0.08$, $CFI \geq 0.95$)
- (2) Empirical comparison across different options
- (3) Theoretically and contextually appropriate?



Considerations and Steps Running GMM

Step 3: Latent growth curve model (average trajectory of the whole sample)

Table : Fit Indices of the Latent Growth Curve Models for Depressive Symptoms

	Model Fit				Means		
	χ^2	df	RMSEA	CFI	I	S1	S2
Model A: One-slope model	146.69**	16	0.05	0.96	9.47**	-0.06**	---
Model B: Two-slope model	50.42**	12	0.03	0.99	9.74**	-0.30**	0.10**

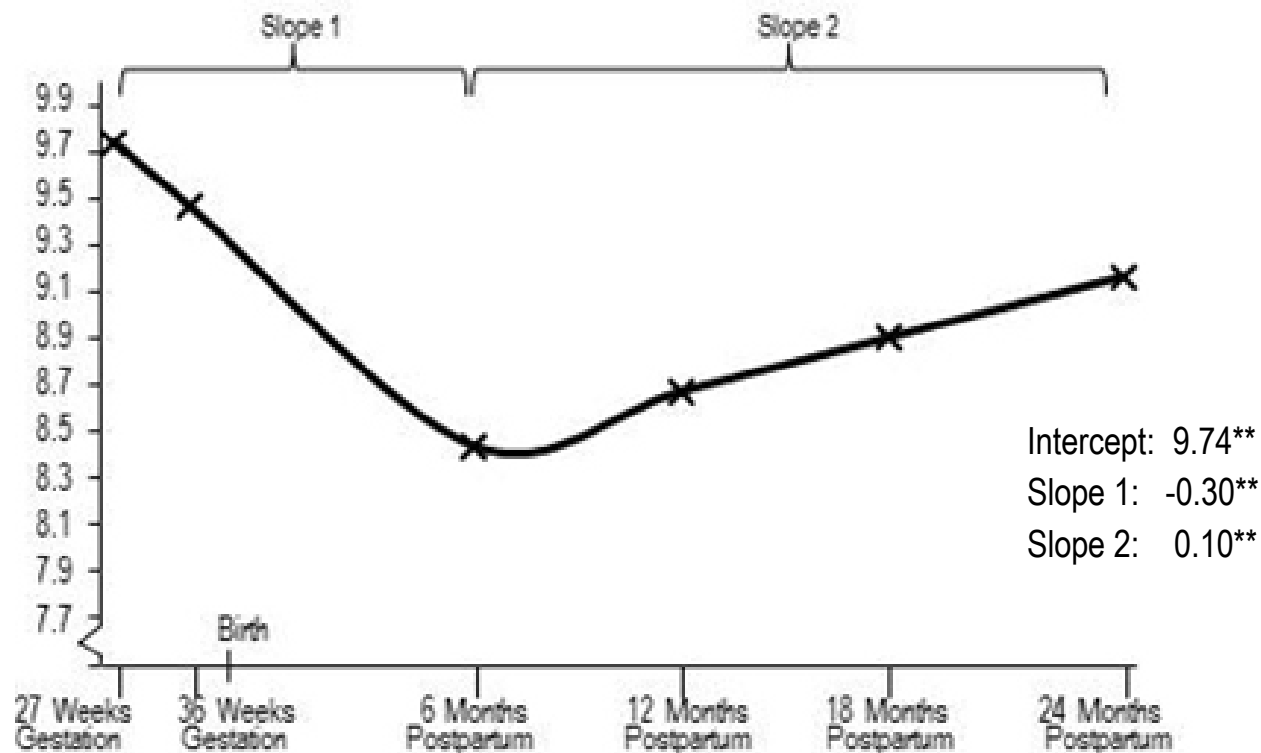
** $p < .01$

The two-slope latent growth curve (LGC) model significantly fit the data better than the basic LGC model (comparison between the two models for depressive symptoms: $\chi^2_{diff} = 96.27$, $df_{diff} = 4$, $p < .01$)



Considerations and Steps Running GMM

Step 3: Latent growth curve model (average trajectory of the whole sample)



Considerations and Steps Running GMM

Step 4: After determine the model specifications, check if the variances of the growth factors (i.e., intercept and slope) are significant.

Table : Variances of the Latent Growth Curve Models for Depressive Symptoms

	Means			Variances		
	I	S1	S2	I	S1	S2
Model B: Two-slope model	9.74**	-0.30**	0.10**	42.42**	0.87**	0.33**

** $p < .01$



Considerations and Steps Running GMM

Step 5 : Identify the optimal solution

- Running GMM is an exploratory process
 - First, run a series of models with different number of classes (sub-groups)
 - Then, identify the “optimal” model (solution), based on
 - (a) model indices and some quantitative criteria ([more next slide](#))
 - (b) Interpretability of the sub-groups



Considerations and Steps Running GMM

Step 5 : Identify the optimal solution

- Identify the “optimal” model (solution)
 - (a) model indices and some quantitative criteria
 - AIC and BIC indices (the smaller the better)
 - Entropy (the larger the better)
 - pBLRT (p values for the bootstrap likelihood ratio test for K versus $K-1$ classes)
 - the size of the smallest group should at least exceed 5% of the sample



Considerations and Steps Running GMM

Step 5 : Identify the optimal solution

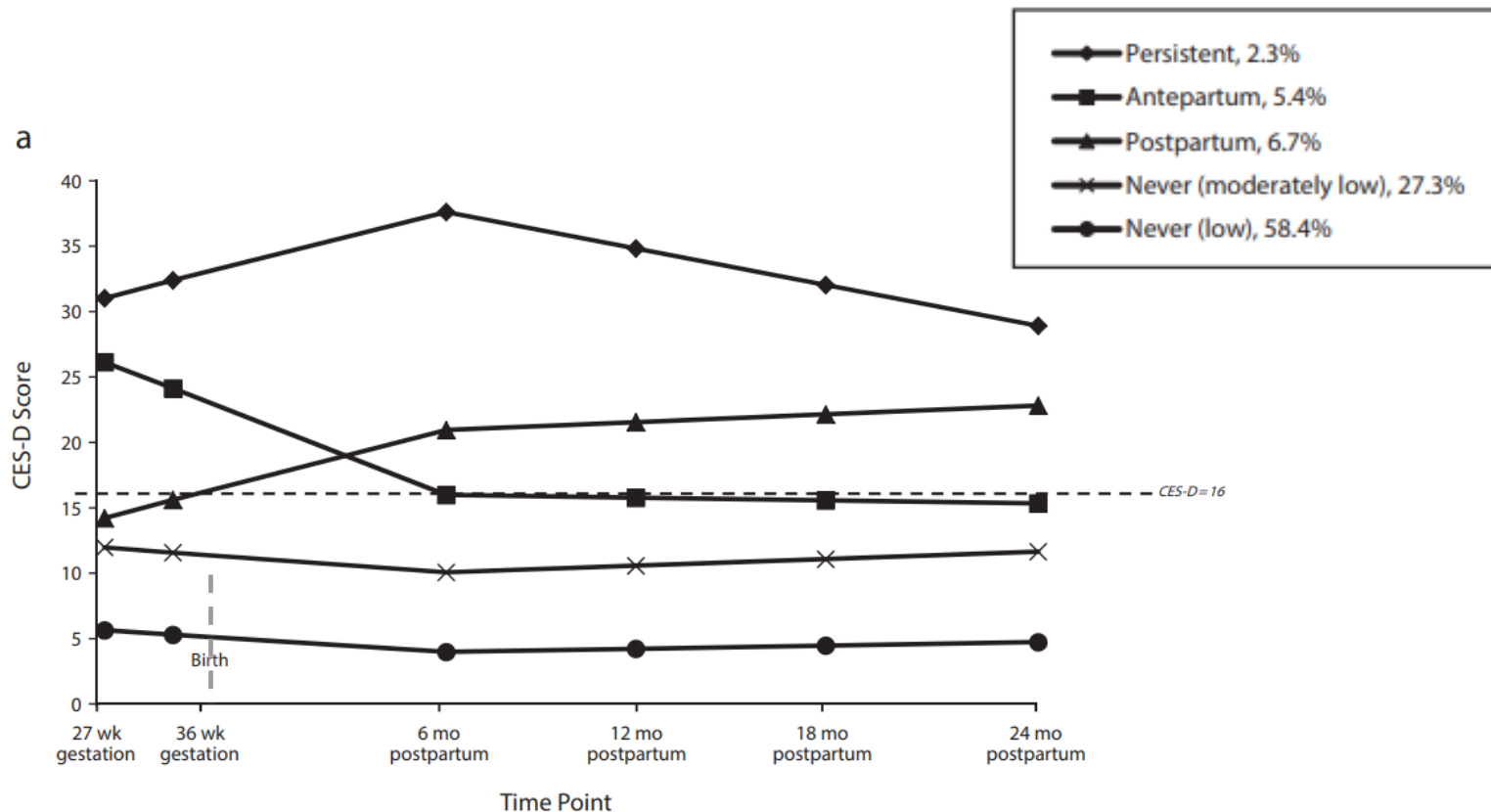
For example, a researcher run 7 models ranging from 1-class solution to 7-class solution

No. of Sub-Group(s)	AIC	BIC	pBLRT	Entropy
1	109554.00	109608.94	–	
2	104089.60	104168.94	0.00	0.90
3	102643.97	102747.74	0.00	0.88
4	101927.35	102055.53	0.00	0.83
5	101446.94	101599.54	0.00	0.84
6	101369.39	101656.40	0.19	0.84
7	101108.71	101710.14	0.27	0.84



Considerations and Steps Running GMM

Step 6 : Label the sub-groups (according their characteristics)



Considerations and Steps Running GMM

A very helpful reference to learn more about GMM (with *Mplus* Syntax):

Jung, T., & Wickrama, K. A. (2008). An introduction to latent class growth analysis and growth mixture modeling. *Social and personality psychology compass*, 2(1), 302-317.



Considerations and Steps Running GMM

```
Mplus - [2CLASS]
File Edit View Mplus Plot Diagram Window Help
[Icons: New, Open, Save, Cut, Copy, Paste, Print, Run, etc.]

TITLE: GGM Example

DATA:
File = C:\Users\Angela\007_Mplus\001_17.DAT;

VARIABLE:
NAMES ARE ID W1 W2 W3;

MISSING ARE all(999);

USEVAR = W1 W2 W3;

IDVARIABLE = ID;

CLASSES = c(2);

ANALYSIS:
TYPE = MIXTURE;
STARTS = 500 20;

MODEL:
%OVERALL%
I S| W1@0 W2@1 W3@2;

OUTPUT:
SAMPSTAT STANDARDIZED MODINDICES tech4;
```



Discussion

- You may consider doing more analysis after GMM
 - Example: Chow et. al, 2019
 - We used multinomial logistic regression
 - to test how group membership was associated with various risk and protective factors
 - e.g., Immigrants living in Canada for more than 5 up to 10 years, but not more recent arrivals, were at higher risk for persistent depression
 - Possible explanation: recent immigrants exhibit good physical and mental health subsequent to Canada's immigrant selection policy (the healthy immigrant effect)
 - However, these advantages may decline over time as women encounter challenges in their new homeland



Discussion

- You may consider doing more analysis after GMM
 - Example: Chow et. al, 2019
 - We also did another set of GMM on perceived stress and test how the group membership was associated with various risk and protective factors
 - Allow us to explore the similarities and differences of the findings associated with depressive symptoms and perceived stress
 - e.g., people being married had lower odds for persistent perceived stress (but no significant result yield for persistent depressive symptoms)



Discussion

- Select methods and approaches according to research questions



References

Chow, A., Dharma, C., Chen, E., Mandhane, P. J., Turvey, S. E., Elliott, S. J., ... & Kozyrskyj, A. L. (2019). Trajectories of depressive symptoms and perceived stress from pregnancy to the postnatal period among Canadian women: impact of employment and immigration. *American journal of public health, 109*(S3), S197-S204.

Jung, T., & Wickrama, K. A. (2008). An introduction to latent class growth analysis and growth mixture modeling. *Social and personality psychology compass, 2*(1), 302-317.

Lee, S. Y., Xue, Q. L., Spira, A. P., & Lee, H. B. (2014). Racial and ethnic differences in depressive subtypes and access to mental health care in the United States. *Journal of affective disorders, 155*, 130-137.



Thank You!

Discussion

- You may consider doing more analysis after GMM
 - Example: Chow et. al, 2019
 - We also did another set of GMM on perceived stress
 - examined the associations between the trajectory patterns of depressive symptoms and perceived stress
 - by configural frequency analysis (compares observed and expected frequencies in a cross-tabulation and tests whether cell frequencies are larger or smaller than expected based on chance)

