PSYCHOMETRIC PROPERTIES AND CORRELATES OF THE BECK DEPRESSION INVENTORY IN A PRECARIOUSLY-HOUSED SAMPLE

Research Objectives:
The present study aims to determine the psychometric properties and correlates of the Beck Depression Inventory (BDI) in a precariously-housed sample, which informs how it may be interpreted and used in a community-based setting.

Methods:
475 participants recruited from Vancouver’s impoverished Downtown Eastside neighbourhood completed the BDI, as well as a variety of other health and functioning assessments. Validity and reliability of the BDI were assessed, and a receiver operating characteristic (ROC) curve was used to determine a threshold score that may indicate clinical depression. Relationships between BDI scores and psychiatric diagnoses, gender, age, suicidal ideation, and functional outcomes were described.

Results:
The BDI demonstrates convergent validity with Maudsley Addiction Profile mental health scores ($r = .67$, $p < .01$) and discriminant validity with Positive and Negative Symptom Syndrome Scale scores relevant to schizophrenia ($r = .12$, $p < .05$). Test-retest reliability is excellent (intraclass correlation $= .92$, $p < .01$), as is internal consistency (Cronbach’s $\alpha = .91$). The ROC curve indicates a threshold of 19 for depression, which generates moderate sensitivity (70%) and specificity (78%). A wide range of BDI scores is found in those with major depression (0–58), schizoaffective disorder (4–50), and schizophrenia (0–46). Higher BDI scores are associated with being a woman ($U = 17338$, $p < .05$), younger age ($r = -.1$, $p < .05$), suicidal ideation ($U = 3540$, $p < .01$), and poorer functioning ($r = -.18$, $p < .01$).

Conclusions:
The BDI effectively assesses depressive symptom severity in a precariously-housed sample, and may be used to screen for clinical depression in the community. More research is needed to better understand the relationships between mood, social factors, and other comorbidities.