

BACK TO THE 1960'S: MENTAL HEALTH POLICY IN THE 21ST CENTURY

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MENTAL HEALTH POLICY IN 1960'S

MENTAL ILLNESS AS WIDESPREAD
PUBLIC HEALTH PROBLEM

MENTAL ILLNESS AS CONTINUOUS
FROM MILD TO SEVERE

PREVENTION AS FOCUS OF POLICY

DEVELOPMENT OF C.M.H.C.'S

MENTAL HEALTH POLICY IN 70'S AND 80'S

SOME TURNING AWAY FROM BROAD
VIEW

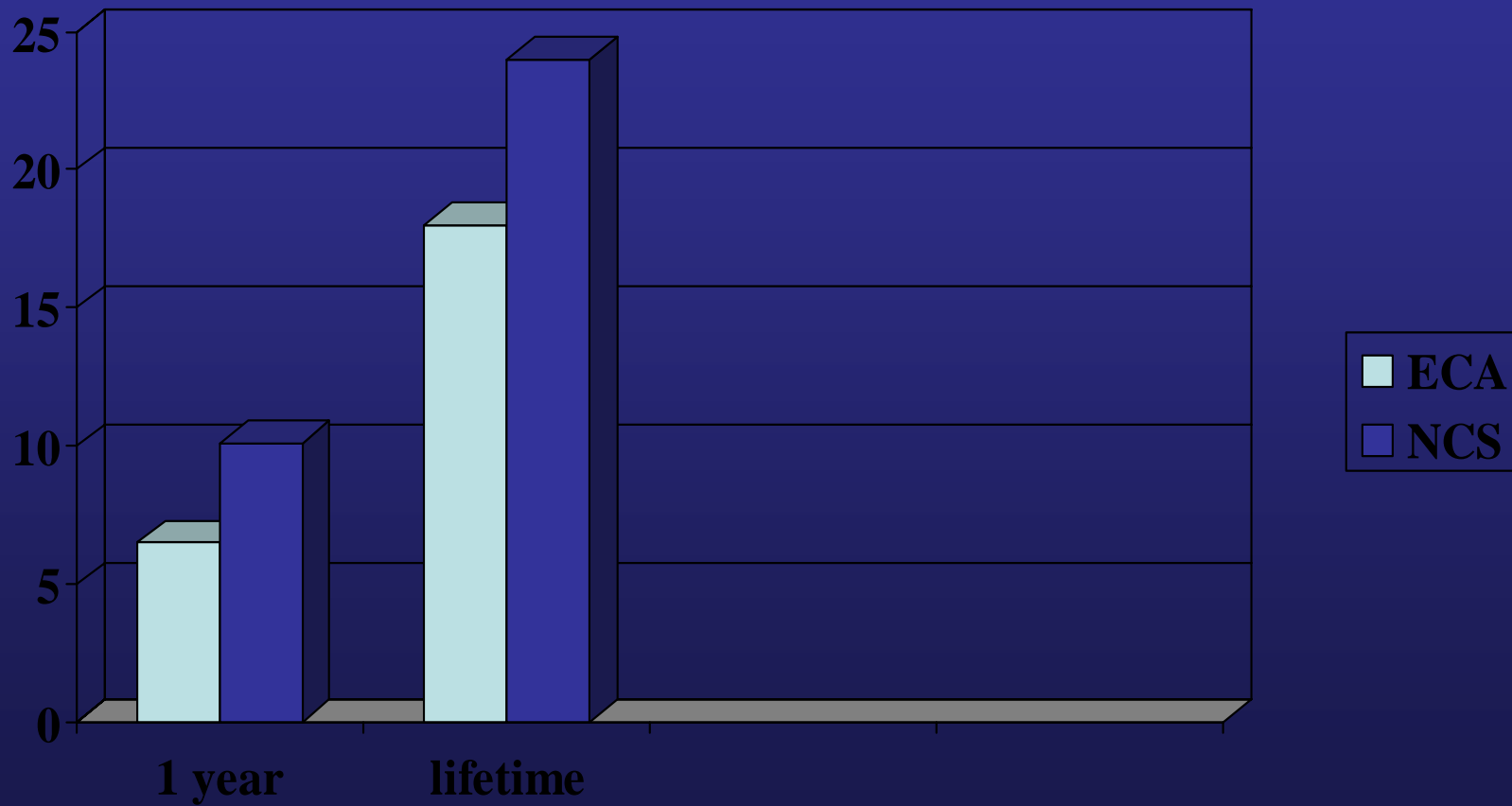
MORE FOCUS ON S.M.I. -
DEVELOPMENT OF COMMUNITY
SUPPORT PROGRAMS

USE OF MEDICAID, MEDICARE, SSI

POLICY FROM 1990'S - PRESENT

FOCUS ON HIGH PREVALENCE OF
MENTAL ILLNESS

ADULT PREVALENCE



NEW FOCUS ON SUBTHRESHOLD DISORDERS

- M.I. AS CONTINUOUS – 2 TO 4 SYMPTOMS
- JUSTIFICATION IS MILD LEADS TO SEVERE DISORDER IN FUTURE AND HAS MORE DISABILITY
- HUGE PREVALENCE – 25% IN YEAR

Table 2. Frequency (%) of Depressive Symptoms in U.S. Adults Reporting One or More Depressive Symptoms in Previous Month (N = 1867)*

Symptom	Percentage ^a
1. Trouble falling asleep, staying asleep, waking up early	33.7
2. Tired out all the time	22.8
3. Thought a lot about death	22.6
4. Two weeks sad, blue, or depressed	12.0
5. Increased appetite; gained as much as 2 pounds/week	9.5
6. Interest in sex less than usual	9.5
7. A lot more trouble concentrating	9.0
8. Sleeping too much	8.7

*Subjects with DSM-III major depression and/or dysthymia removed.

^aPercentages are weighted to reflect population sampled.

9/11 SYMPTOMS

KASSC Symptoms

Symptom:	1963 Kennedy	NTS 2001		NTS 2002	
	Assassination	National	New York	National	New York
Didn't feel like eating	43.0	28.8	46.4	15.0	16.2
Smoked more than usual	29.0	21.2	20.1	10.5	13.8
Had headaches	25.0	21.7	24.3	17.3	25.1
Had upset stomach	22.0	36.7	34.8	19.0	16.1
Cried	53.0	60.3	74.1	20.6	31.6
Had trouble getting to sleep	48.0	51.2	59.4	30.9	30.0
Felt very nervous or tense	68.0	49.9	62.5	26.9	33.6
Felt like getting drunk	4.0	6.6	11.9	8.6	10.7
Felt more tired than usual	42.0	37.5	47.6	32.5	41.2
Felt dizzy at times	12.0	9.0	13.3	10.9	19.8
Lost my temper more than usual	19.0	19.9	27.2	17.7	20.3
Hands sweat and felt damp and clammy	17.0	9.4	10.6	6.0	10.2
Had rapid heart beats	26.0	16.0	21.6	11.3	20.5
Felt sort of dazed and numb	57.0	45.7	46.3	12.3	17.3
Kept forgetting things	34.0	19.7	27.9	21.1	34.0
None of these	11.0	9.6	2.9	37.8	22.6

Distress More Likely In New York, Study Finds

By SEWELL CHAN

Nearly 1 in 7 adults in New York City described their mental health last year as being frequently "not good," compared with 1 in 10 adults in a comparable national survey, according to data being released today by the City Department of Health and Mental Hygiene.

The findings, from the city's community health survey, a telephone poll of 10,000 randomly selected adults conducted each year since 2002, confirm what many New Yorkers suspect — that life in the nation's most populous city can be difficult and lonely.

Thirteen percent of adults who answered the city's survey last year reported that their mental health was "not good" on 14 or more days of the month, compared with 10 percent in a similar national survey that measured "frequent mental distress," like stress, depression or other emotional problems. The data will be presented today in a conference at Hunter College organized by Dr. Neal L. Cohen, a former city health commissioner.

Dr. Lloyd I. Sederer, the executive deputy commissioner for mental hygiene at the health department, said he believed that the higher rate of "frequent mental distress" reported by city residents was statistically significant, although the precise reasons were not clear. "I wish we knew in a way that we could say with confidence, why that difference is," he said.

The survey also contains a separate set of questions, which asked

**The results add up to
a major public health
problem,' a city
official says.**

adults whether in the past month they had felt hopeless, nervous, worthless or restless; whether they had felt so sad that nothing could cheer them up; and whether they had felt that "everything was an effort." Those questions, developed by Harvard Med-

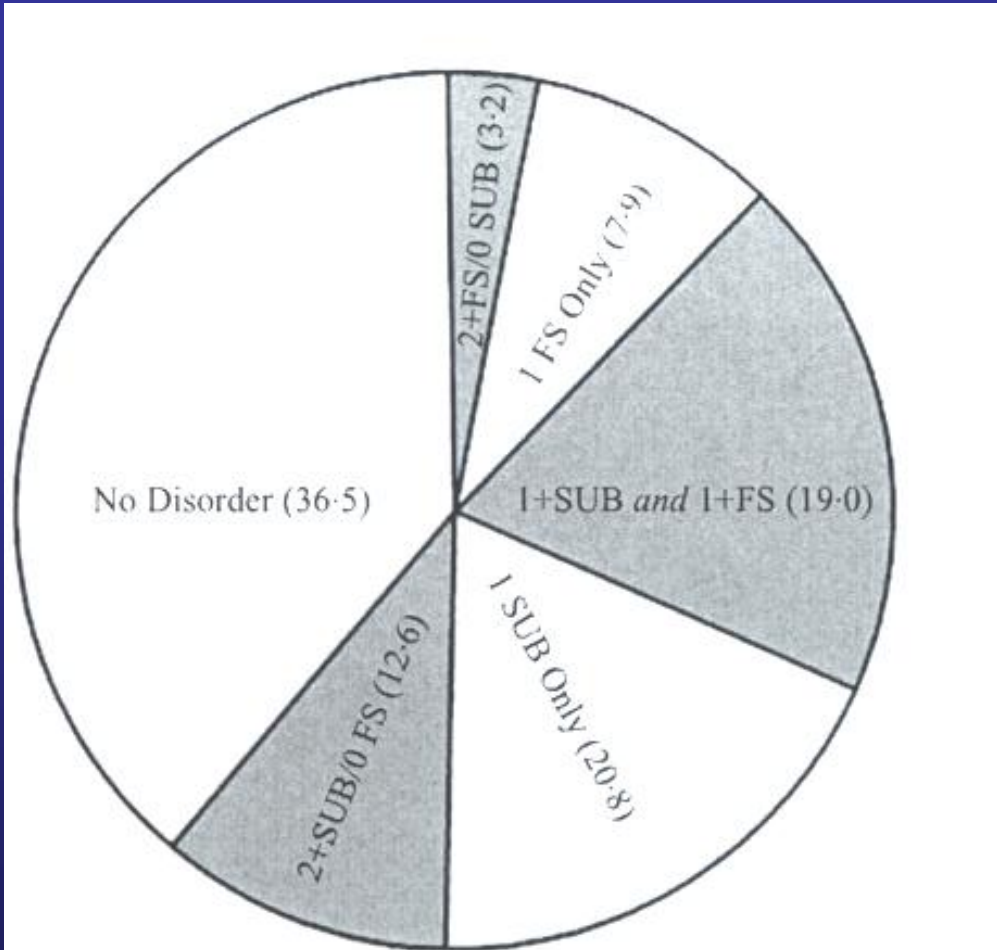


FIG. 1. Full Syndrome (FS) and subthreshold (SUB) co-morbidity rates in an adolescent community sample.

We found that over half (52.5%) of the ado-

NEW FOCUS ON SCREENING

SCREENING AS WAY TO PREVENT
FUTURE OCCURRENCE OF M.I.

PRIMARY CARE AND SCHOOLS

4-13-05 91

Depressed? New York Screens for People at Risk

By **MARC SANTORA**
and **BENEDICT CAREY**

Doctors in New York City have begun to use a simple questionnaire to determine if a patient is at risk for depression, a practice that health officials hope will become a routine part of primary care, much like a blood pressure test or cholesterol reading.

The new program is the first to carry out depression screening using a scored test on a wide scale. It comes amid a spirited national debate among psychiatrists, policy makers and patient-advocacy groups on the wisdom of screening for mental disorders, especially in children.

In 2003, an expert panel convened by President Bush recommended expanding mental health screening,

Value of Wide Testing for Mental Disorders Is Issue of Debate

and Congress budgeted \$20 million in supporting money for state pilot programs for this year. Several states, including populous states like Florida and Illinois, have begun to investigate large-scale screening plans, and scores of schools and other youth centers throughout the country have used instruments to test youngsters for suicide risk.

But some politicians and advocates for patients argue that testing people broadly for mental conditions is an invitation to overdiagnosis, unnecessary treatment and lifelong stigmatization.

In New York, no federal money is being used for the program, which is under way in hospitals run by the city. The test, which is being given to

adults only, derives a depression score from the answers to nine questions. It is not meant to yield a formal diagnosis, but a high score would lead a doctor to recommend a more thorough clinical screening.

The test includes questions about mood and behavior.

For instance, patients are asked if over the past two weeks they have felt "down, depressed or hopeless." They can answer by checking one of four categories: not at all, several days, more than half the days or nearly every day. Dr. Lloyd I. Sederer, who heads the mental health division of the Department of Health and Mental Hygiene, which is leading the New York effort, said he hoped the screening would set an example for other doctors in New York and around the country.

"It is our hope to have this become a standard practice," Dr. Sederer said.

Health officials in New York City are working with the Health and Hos-

Continued on Page A16

Rating Depression

Doctors are beginning to use a simple questionnaire to measure if an adult is suffering from depression. The test is not meant to be a formal diagnosis, but a high score would lead a doctor to recommend more screening.

Over the past two weeks, how often have you been bothered by any of the following problems?

<i>Circle the number under your answer.</i>	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself, or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching TV	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or hurting yourself in some way	0	1	2	3

Add columns + +

Total score =

RESULTS

1-4	5-9	10-14	15-19	20-27
Minimal depression	Mild depression	Moderate depression	Moderately severe	Severe depression

ORIGINAL PAPER

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Screening for depression in primary care: Will one or two items suffice?

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■ **Abstract** Small differences in implementation of screening and the associated burden on clinicians and patients could have substantial effects on the sustainability of screening in routine primary care. Therefore, we investigated the psychometric properties of single items and two-item combinations of the “WHO-5 Well Being Index” (WHO-5) and compared the obtained characteristics to those of the original version as well as to another proposed two-item screener (developed from PRIME-MD and BPHQ, respectively).

Screening and diagnostic interview data from 431 primary care patients were analysed. Main outcome measures were sensitivity, specificity and AUC values. All test characteristics were assessed using the diagnoses derived from the Composite International Diagnostic Interview (CIDI) as the criterion standard.

Single-item screening questions proved rather inadequate. However, only marginal differences in performance were found between two questions and the longer screening instrument with respect to major depression, dysthymia and “any depressive disorder”. There were no statistically significant differences be-

tween these AUC values and most other test characteristics assessed.

The results suggest that screening could be reduced to two questions with a potential advantage in terms of ease of administration and scoring and decreased staff and patient burden and perhaps a reduced stigma associated with a positive screening score.

■ **Key words** depression · primary care · screening · brief screeners

Introduction

Depressive disorders are widely distributed in the general population [17, 20] and are among the most common conditions in primary care settings [22], but adequate recognition and accurate diagnosis have proven frustratingly difficult to achieve in routine care. Although there is evidence that rates of detection and treatment have improved over the last decade [17], many depressed persons in the community remain undetected as well as untreated [6, 8, 22] and primary care is a critical context for identifying them. There is evidence that almost half of primary care patients with current major depression will at some point develop suicidal ideation [27], often in periods between primary care visits, which gives increased importance to detection of depression in these visits.

Depression is a clinical diagnosis based on medical history, the description of symptoms and the exclusion of competing diagnoses. There is no specific biomarker, no physiological or laboratory test to definitively assess the diagnosis. However, two main criteria for mass screening are met: 1) the high prevalence of the disorder and 2) the ready availability of treatments with well documented efficacy and tolerability. Nevertheless, two other related important issues remain controversial: 1) which circumstances are necessary to ensure that screening be sustained and favourably influences outcome; and 2) which screening test has the optimal bal-

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New Freedom Commission - 2003

- “Every child should be screened for mental illness once in their youth in order to identify mental illness and prevent suicide among youth.”

ISSUES

- FAR MORE PEOPLE HAVE MILD THAN SEVERE DISORDERS
- POTENTIAL TO OVERWHELM SYSTEM AND CHANGE FOCUS TO LEAST ILL
- LEAD TO NEGLECT OF MOST SEVERE?

Lapouse 1967

Rates which include a large proportion of equivocal or mild cases, or actually nonsick individuals, may even have the deleterious effect of encouraging the deployment of the limited mental health forces for the treatment of those who are least sick and have the best prognosis.