

Needs Assessment

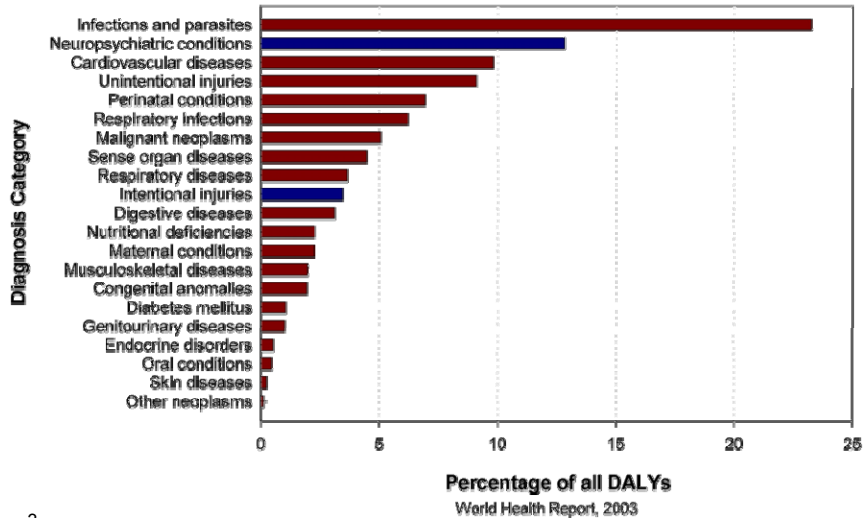
- Department of Mental Health
- Summer Institute
- July 1, 2010
- 330.817.11 Knowledge for Managing County and Local Mental Health, Substance Use, and Developmental Disability Authorities
- William W. Eaton

Outline

- Direct Estimation of Need
 - **Outcomes and measures**
 - **Psychological distress**–
 - E.g., K-6
 - **Specific Mental Disorders**
 - E.g., DIS; Panic Disorder
 - **Screening for disorders**
 - E.g., CESD-R
 - **Surveys**
 - CPES
 - NESARC
 - **Facilities**
 - Registers
 - Local studies
- Indirect Estimation of Need
 - **Synthetic Estimation**
 - **Bayesian Adjusted Estimation**
- The Relationship of Needs Assessment to Prevalence

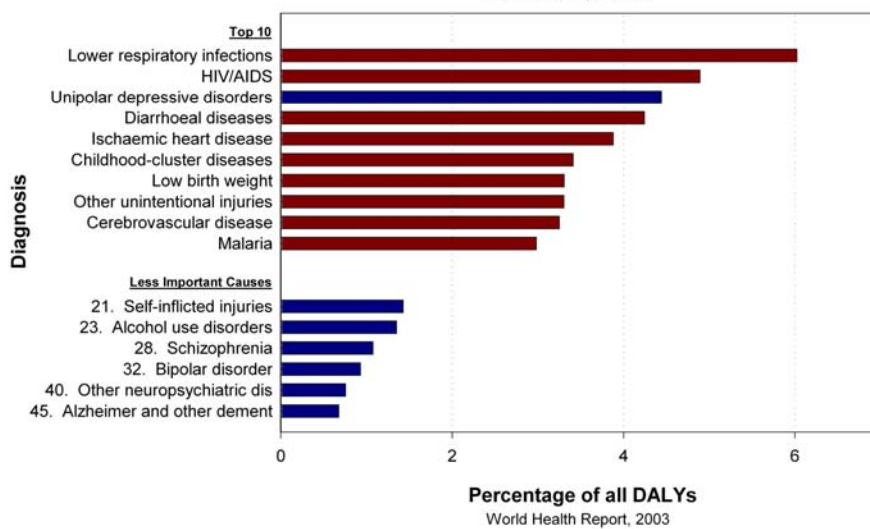
The Global Burden of Disease

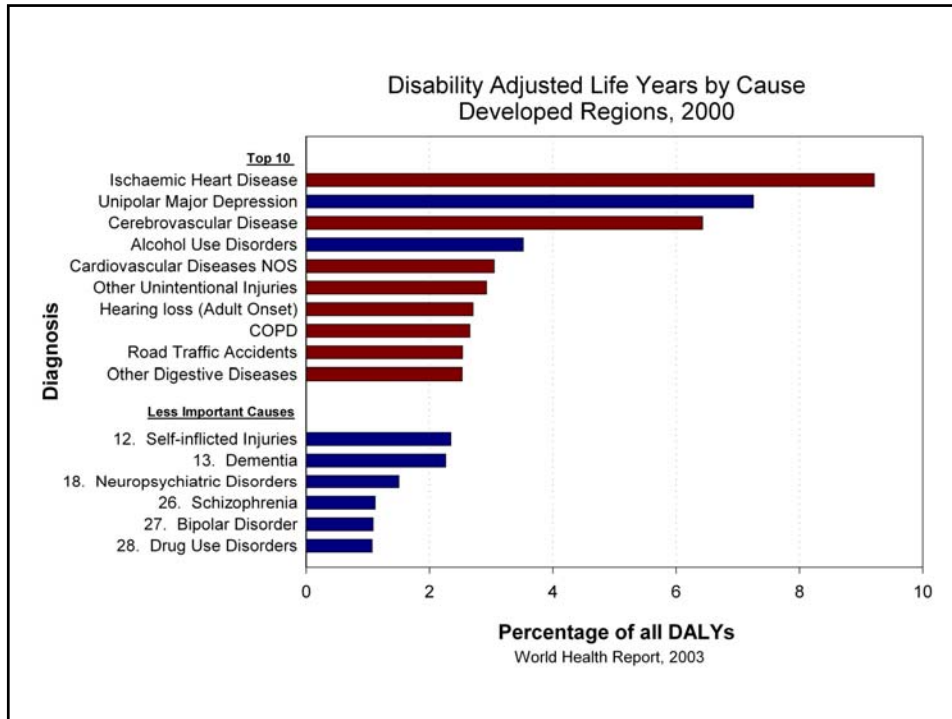
Disability Adjusted Life Years by Category
Worldwide, 2000



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Disability Adjusted Life Years by Cause
Worldwide, 2000

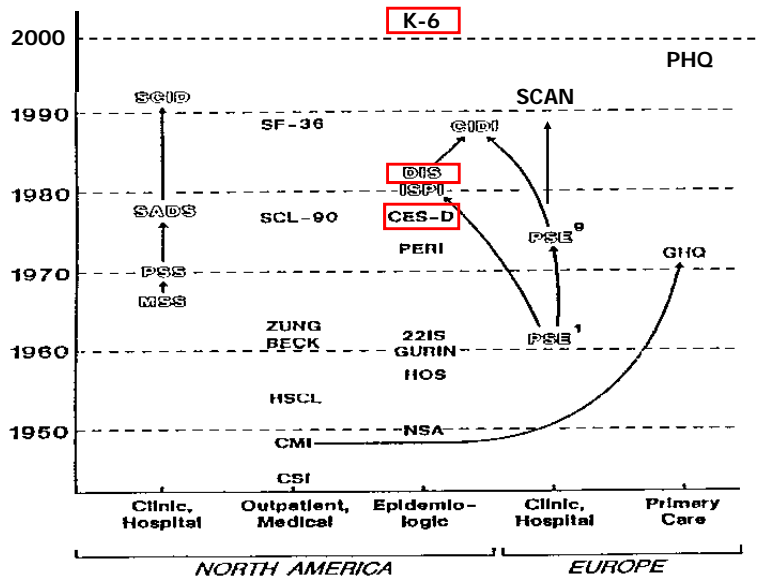




Modality– How do we acquire information?

- Psychiatrist Examination
- Structured Diagnostic Interview
- Screening Scale
- Paper and Pencil Questionnaire
- Telephone Interview
- Medical Record
- Significant Other Interview
- Web survey

Measurement in Field Surveys: Historical Overview



Adapted from Murphy, 2002

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The K-6: National Health Interview Surveys (NHIS)

NHIS data are collected annually from approximately 43,000 households including about 106,000 persons

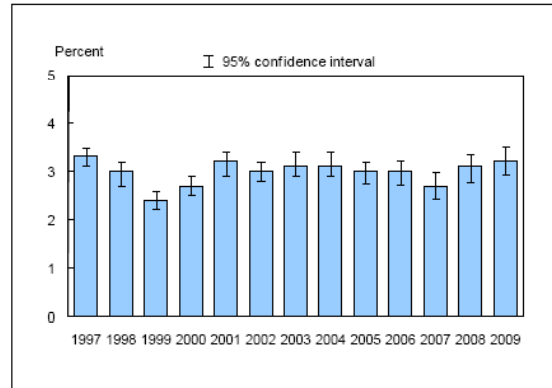
Six items on recent psychological distress are included in the "Sample Adult Core" module of the survey

During the PAST 30 DAYS, how often did you feel . . .

- "... so sad that nothing could cheer you up?"
 - "... nervous?"
 - "... restless or fidgety?"
 - "... hopeless?"
 - "... that everything was an effort?"
 - "... worthless?"
- Answer choices are: "All of the time," "Most of the time," "Some of the time," "A little of the time," or "None of the time."

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Figure 13.1. Percentage of adults aged 18 years and over who experienced serious psychological distress during the past 30 days: United States, 1997-2009



NOTES: Six psychological distress questions are included in the National Health Interview Survey's (NHIS) Sample Adult Core component. These questions ask how often a respondent experienced certain symptoms of psychological distress during the past 30 days. The response codes (0-4) of the six items for each person are summed to yield a scale with a 0-24 range. A value of 13 or more for this scale is used here to define serious psychological distress (16). Beginning with the 2003 data, NHIS transitioned to weights derived from the 2000 census. In this Early Release, estimates for 2000-2002 were recalculated using weights derived from the 2000 census. See "About This Early Release" for more details.

DATA SOURCE: CDC/NCHS, National Health Interview Survey, 1997-2009, Sample Adult Core component. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

DSM-IV Criteria for Panic Attack

A fearful spell in which four or more symptoms developed and peaked within ten minutes

- Palpitations, pounding heart
- Sweating
- Trembling or shaking
- Shortness of breath or smothering
- Feeling of choking
- Chest pain
- Nausea
- Feeling dizzy or faint
- De-realization or depersonalization
- Numbing or tingling sensation
- Chills or hot flashes

DSM-IV Criteria for Panic Disorder

Both (1) and (2)

(1) Recurrent unexpected panic attacks

(2) One month or more of the following:

(a) Concern about additional attacks

(b) Worry about consequences

(c) Change in behavior related to attacks

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Structured Interviews



DIS Questionnaire Page on Panic Disorder

DECK 02

62. Have you ever had a spell or attack when all of a sudden you felt frightened, anxious or very uneasy in situations when most people would not be afraid? NO YES

MD: _____ SELF: _____

INTERVIEWER: DID R TELL MD (CAUSE WRITTEN ON MD LINE IN Q. 62)?
 NO
 YES
 INTERVIEWER: IF Q. 62 IS CODED "1," SKIP TO Q. 68.
 ALL OTHERS, ASK Qs. 63-67.

63. During one of your worst spells of suddenly feeling frightened or anxious or uneasy, did you ever notice that you had any of the following problems? During this spell: (READ EACH SYMPTOM AND CODE "YES" OR "NO" FOR EACH. REPEAT THE PHRASE "DURING THIS SPELL" FOR EACH.)

	NO	YES
A. were you short of breath—having trouble catching your breath?	<input type="radio"/>	<input type="radio"/>
B. did your heart pound?	<input type="radio"/>	<input type="radio"/>
C. were you dizzy or light-headed?	<input type="radio"/>	<input type="radio"/>
D. did your fingers or feet tingle?	<input type="radio"/>	<input type="radio"/>
E. did you have tightness or pain in your chest?	<input type="radio"/>	<input type="radio"/>
F. did you feel like you were choking or smothering?	<input type="radio"/>	<input type="radio"/>
G. did you feel lightheaded?	<input type="radio"/>	<input type="radio"/>
H. did you sweat?	<input type="radio"/>	<input type="radio"/>
I. did you tremble or shake?	<input type="radio"/>	<input type="radio"/>
J. did you feel hot or cold flashes?	<input type="radio"/>	<input type="radio"/>
K. did things around you seem unreal?	<input type="radio"/>	<input type="radio"/>
L. were you afraid either that you might die or that you might act in a crazy way? ..	<input type="radio"/>	<input type="radio"/>

64. How old were you the first time you had one of these sudden spells of feeling frightened or anxious? (IF R SAYS "WHOLE LIFE," CODE 99)

ENTER AGE & GO TO Q. 65.

INTERVIEWER: IF "DK" AND R IS UNDER 40, CODE 01
 IF "DK" AND R IS 40 OR MORE, ASK A.

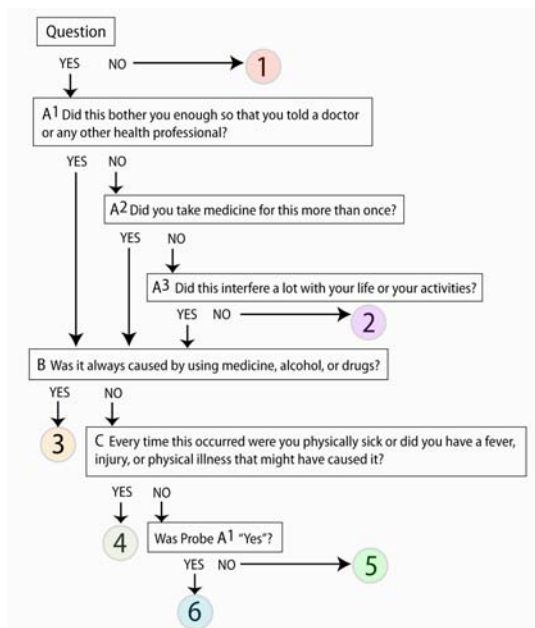
A. Would you say it was before or after you were 40?
 Before 40 (RECORD 01)
 After 40 (RECORD 99)
 Still DK (RECORD 99)

65. Have you ever had 3 spells like this close together—say within a 3-week period?
 No
 Yes

66. Have spells like this occurred during at least 6 different weeks of your life?
 No
 Yes

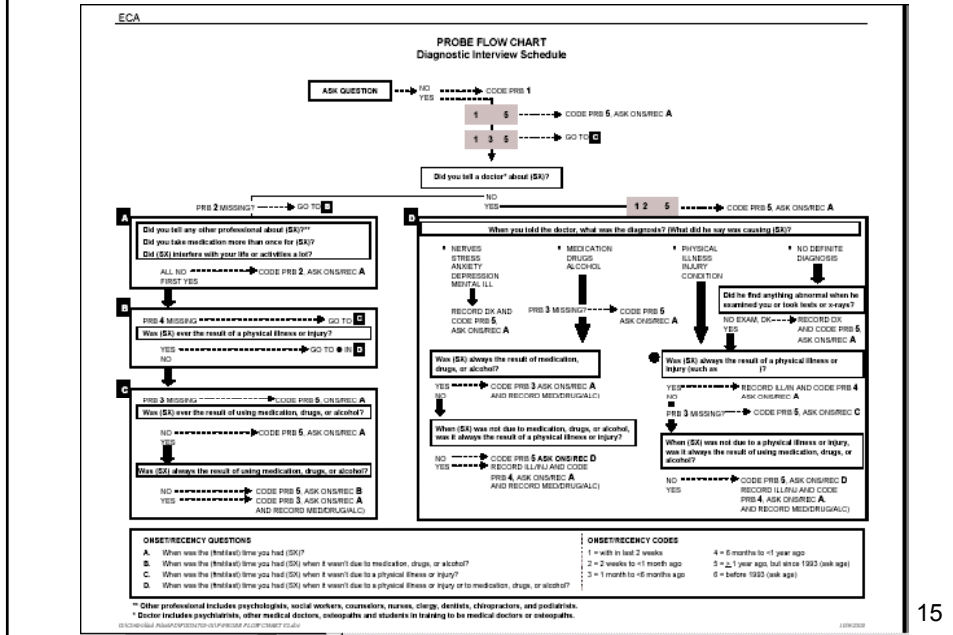
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Probe Structure of Diagnostic Interview— DIS II



Continued 14

Probe Structure of Diagnostic Interview– DIS III



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Blaise Data Entry - C:\eca\eca

Forms Answer Navigate

Laptop Version of DIS Panic

ECA Partial MinMental

Since 1993, have you had a **spell or attack** when all of a sudden you felt frightened, anxious or very uneasy in situations when most people would not be afraid or anxious—that is, when you were not in danger or the center of attention or doing anything like that?

C 1. NO
 C 5. YES
 C 7. REFUSED
 C 8. DON'T KNOW

H1_S H1_S Yes
 H1A H1A
 TelIDoc TelID No
 Diag Diag
 AllMedDx AllM
 PhyNoRx Phy
 Abnormal Abn
 Dx Dx

TellProf TellP No
 TakeMeds To No
 Interfer Interfer Yes
 EverPhy Ever No
 AllPhys AllPhy
 RxNoPhy RxN
 IllInj IllInj
 EverMeds Eve No

Old 110/260 Modified Dirty Navigate ECA

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Forms Answer Navigate

Laptop Version of DIS Panic

ECA Partial MiniMental

Since 1993, have you had a **spell or attack** when all of a sudden you felt frightened, anxious or very uneasy in situations when most people would not be afraid or anxious - that is, when you were not in danger or the center of attention or doing anything like that?

C 1. NO
 C 5. YES
 C 7. REFUSED
 C 8. DONT KNOW

H1_S_H1_S	5	Yes	TellProl TellP	1	No
H1A H1A	BACKHOE ACCIDENT		TakeMeds Ta	1	No
TellDoc TellD	1	No	Interfer Interfer	5	Yes
Diag Diag			EverPhy Ever	1	No
AllMedDx AllM			AllPhys AllPhy		
PhyNoRx Phy			RxNoPhy RxN		
Abnormal Abn			IllInj IllInj		
Dx Dx			EverMeds Eve	1	No

Old 110/260 Modified Dirty Navigate ECA

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Forms Answer Navigate

Laptop Version of DIS Panic

ECA Partial MiniMental

Could you tell me about one spell or attack like that?

[Example](#)

H1_S_H1_S	5	Yes	TellProl TellP	1	No
H1A H1A	BACKHOE ACCIDENT		TakeMeds Ta	1	No
TellDoc TellD	1	No	Interfer Interfer	5	Yes
Diag Diag			EverPhy Ever	1	No
AllMedDx AllM			AllPhys AllPhy		
PhyNoRx Phy			RxNoPhy RxN		
Abnormal Abn			IllInj IllInj		
Dx Dx			EverMeds Eve	1	No

Old 110/260 Modified Dirty Navigate ECA

Start Microsoft Word - Panic SC... Blaise Data Entry 3:48 PM

Blaise Data Entry - C:\eca\eca

Forms Answer Navigate

Laptop Version of DIS Panic

ECA Partial MiniMental

Did you tell a doctor about feeling frightened, anxious, or very uneasy?

Doctor includes psychiatrists, other medical doctors, osteopaths, and students in training to be medical doctors or osteopaths

1. NO
 5. YES
 7. REFUSED
 8. DON'T KNOW

H1_S_H1_S	5	Yes	TellPrOf TellP	1	No
H1A H1A	BACKHOE ACCIDENT		TakeMeds Ta	1	No
TellDoc TellD	1	No	Interfer Interfer	5	Yes
Diag Diag			EverPhy Ever	1	No
AllMedDx AllM			AllPhys AllPhy		
PhyNoRx Phy			RxNoPhy RxN		
Abnormal Abn			IllInj IllInj		
Dx Dx			EverMeds Eve	1	No

Old 110/260 Modified Dirty Navigate ECA

Microsoft Word - Panic SC... Blaise Data Entry 3:48 PM

Blaise Data Entry - C:\eca\eca

Forms Answer Navigate

Laptop Version of DIS Panic

ECA Partial MiniMental

Did you tell any other professional about feeling frightened, anxious, or very uneasy?

Other professional includes psychologists, social workers, counselors, nurses, clergy, dentists, chiropractors, and podiatrists

1. NO
 5. YES
 7. REFUSED
 8. DON'T KNOW

H1_S_H1_S	5	Yes	TellPrOf TellP	1	No
H1A H1A	BACKHOE ACCIDENT		TakeMeds Ta	1	No
TellDoc TellD	1	No	Interfer Interfer	5	Yes
Diag Diag			EverPhy Ever	1	No
AllMedDx AllM			AllPhys AllPhy		
PhyNoRx Phy			RxNoPhy RxN		
Abnormal Abn			IllInj IllInj		
Dx Dx			EverMeds Eve	1	No

Old 110/260 Modified Dirty Navigate ECA

Microsoft Word - Panic SC... Blaise Data Entry 3:48 PM

Laptop (Blaise/Battelle) Version of DIS Panic

Blaise Data Entry - C:\eca\eca

Forms Answer Navigate

ECA Partial MiniMental

Did you take medication more than once for feeling frightened, anxious, or very uneasy?

1. NO
 5. YES
 7. REFUSED
 8. DON'T KNOW

H1_S H1_S	5	Yes	TellProl TellP	1	No
H1A H1A	BACKHOE ACCIDENT		TakeMeds To	1	No
TellDoc TellD	1	No	Interfer Interfer	5	Yes
Diag Diag			EverPhy Ever	1	No
AllMedDx AllM			AllPhy AllPhy		
PhyNoRx Phy			RxNoPhy RxN		
Abnormal Abn			IllInj IllInj		
Dx Dx			EverMeds Eve	1	No

Old 110/260 Modified Dirty Navigate ECA

Start Microsoft Word - Panic Sc... Blaise Data Entry 3:49 PM

Interviewers

Professional interviewers are likely to be . . .

- Middle-aged
- Females
- Less than college-educated
- Articulate

Field Work

Interviewer attrition during training > 50%

Pay by hour is preferable to by piece

➤ 10% validation

➤ Hundreds of interviewers

7–15 interviewers per interview supervisor

1–2 weeks training

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ACRONYMS for National Surveys

- **ECA -- Epidemiologic Catchment Area (1981-1983: n ~ 20000)**
- **NCS – National Comorbidity Survey (1992: n ~ 9000)**
- **NCS-R – National Comorbidity Survey Replication (2002: n ~ 9000)**
- **NCS-F – National Comorbidity Survey Followup (2002: n ~ 9000)**
- **NLAES – National Longitudinal Alcohol Epidemiologic Survey (1992: n ~ 42000)**
- **NSAL – National Survey of American Life**
- **CPES – Collaborative Psychiatric Epidemiology Surveys**
- **NESARC – National Epidemiologic Study of Alcohol and Related Conditions (2002: n ~ 42000)**
- **WMH-2000 – World Mental Health 2000 surveys (29 countries)**
- **NSDUH – National Survey of Drug Use in Households (ongoing)**
- **NHIS – National Health Interview Survey**

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CPES Study Population

<http://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/20240>

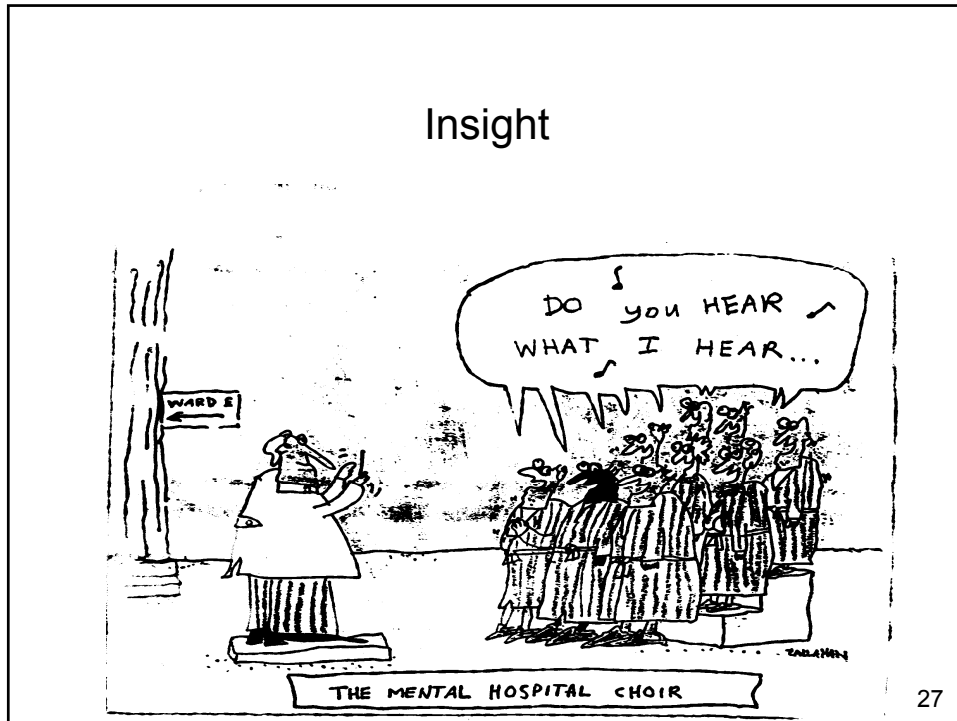
National Comorbidity Survey Replication (NCS-R)	National Survey of American Life (NSAL)	National Latino and Asian American Study (NLAAS)
-Adults age 18 yrs+ -English speaking -Non-institutional HH -Contiguous U.S.	-Adults age 18+ -English speaking -Non-inst HH -Contiguous U.S.	-Adults 18+ -Multilingual -Includes AK and HI -Non-inst HH
-All race/ethnicity -No over-sampling of minority	-African-American -Afro-Caribbean -non-Hispanic white	-Latino -Asian-American

From Holzer, 6/30/2010

Prevalence in percent for Three Risk Categories for Major Depressive Disorder

	CPES	NESARC
<i>Marital Status</i>		
Married/cohabiting	5.0	5.2
8.7 Separated, Divorced, Widowed	9.1	9.8
Never Married	8.7	7.8
<i>Race/ethnicity</i>		
White	7.0	6.9
Black	5.4	5.5
Hispanic	6.9	5.5
Asian	4.3	4.6
<i>Education</i>		
Less than High School	7.6	7.2
High School	6.1	6.4
Some college	7.2	6.9
College or more	6.2	5.8

Insight

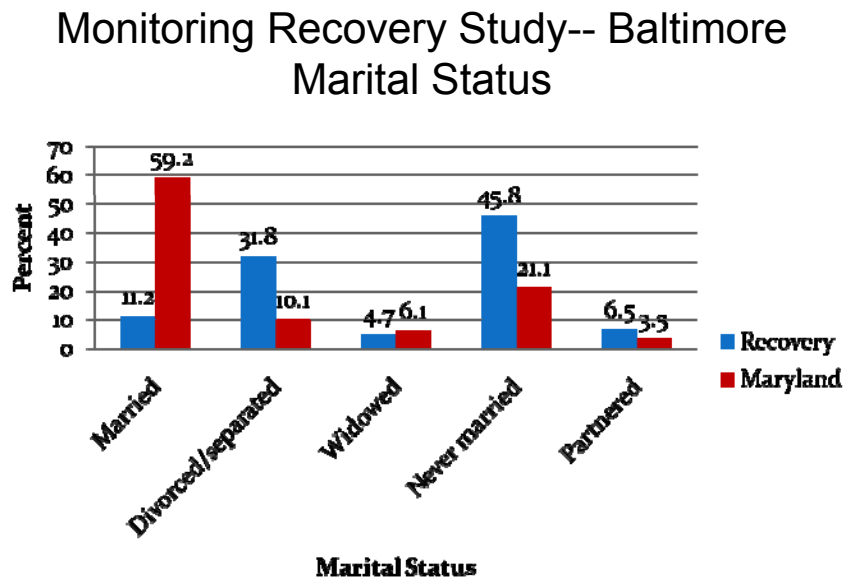


Variations in Prevalence and Odds Ratios Two Methods of Case Finding/Identification Bipolar Disorder

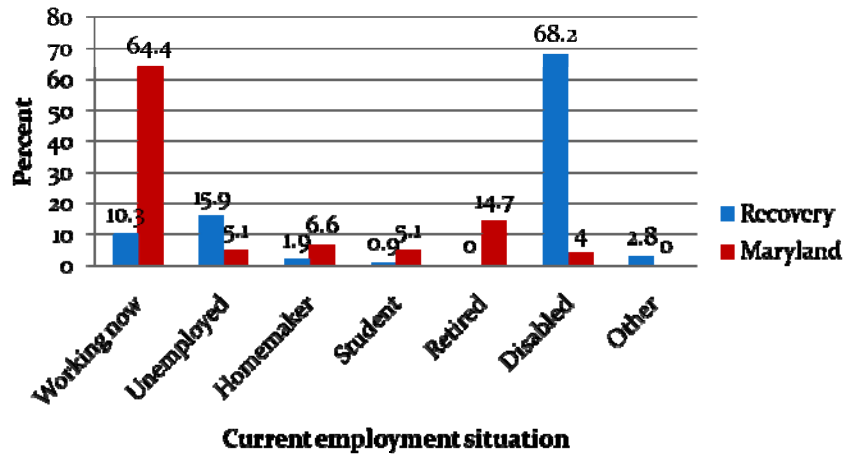
	Married	Cohabiting	Never married	Divorced	Widowed
<i>Collaborative Psychiatric Epidemiology Surveys</i>					
Prevalence per 100		0.38	0.97		0.78
Size of Numerator		38	35		27
Odds Ratio		1.00	1.24		2.81
<i>Danish Psychiatric Case Register</i>					
Prevalence per 100	0.015	0.016	0.021	0.064	0.033
Size of Numerator	329	91	253	199	98
Odds Ratio	1.00	1.02	1.35	4.15	2.14

Monitoring Recovery Study-- Baltimore

- Data collection via web
- Survey Monkey: <http://www.surveymonkey.com/>



Employment Status

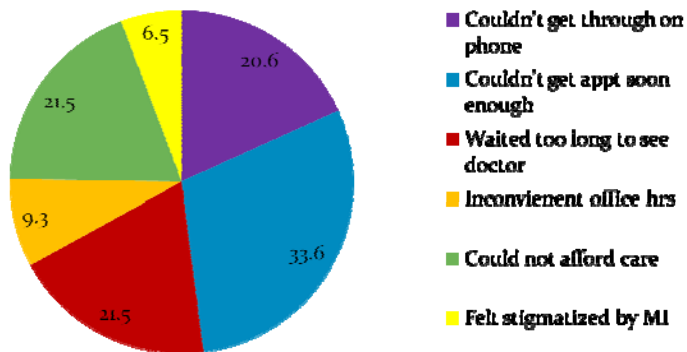


Barriers to Receipt of Care

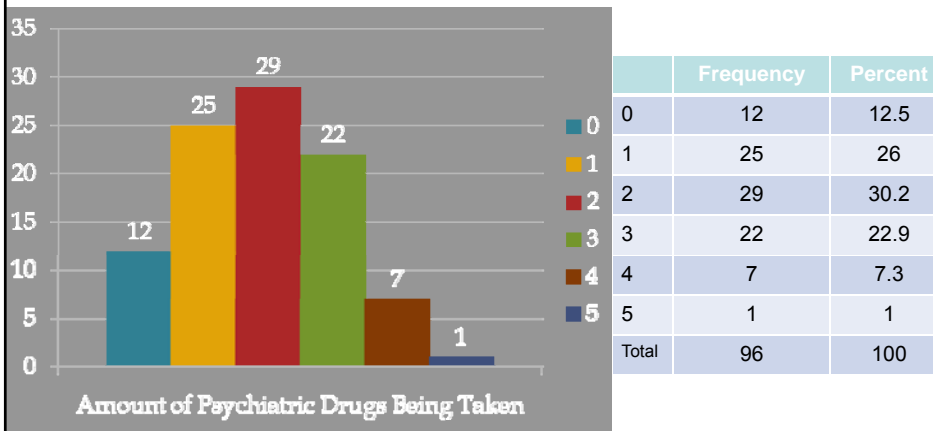
Total = 60%

Total = 44%
(MI stigma only)

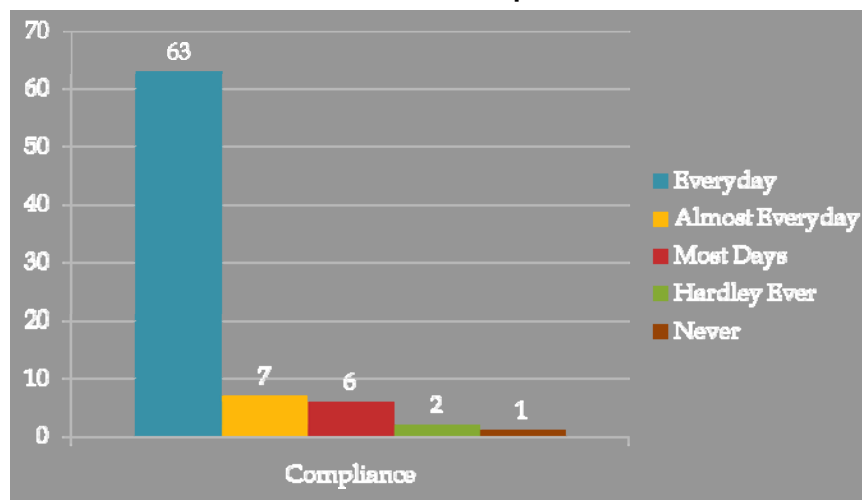
Reasons for delayed care



Total Amount of Psychiatric Medications Being Taken



Medication Compliance

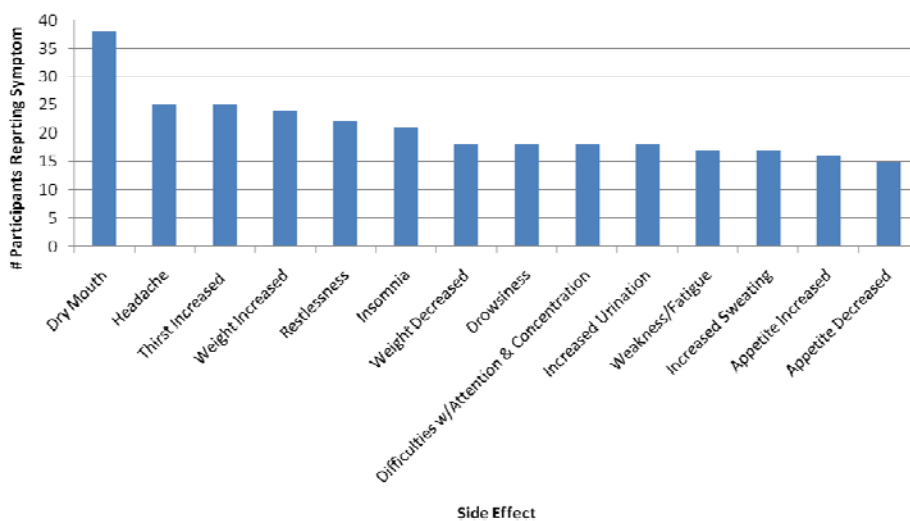


Side Effects

Assessed Using Modified Version of the MOSES

- 83 Side effects assessed
 - Self-report & Observation
- 8 Domains
 - Ears/Eyes/Head, Mouth, Nose/Throat/Chest, Gastrointestinal, Muscular/Neurological, Skin, Urinary/Genital, Psychological
- Rating System (symptom specific criteria are used for each)
 - None = not present
 - Minimal = questionable symptom
 - Mild = occurs infrequently or slight annoyance to patient
 - Moderate = frequent/easy to detect or produces some degree of impairment
 - Severe = intense/continuous or significant impairment in functioning
 - NA = not assessed

**Most Frequently Reported Side Effects
(Rated Mild, Moderate or Severe), n=87**



Screening for Depression via Web

- Center for Epidemiologic Studies Depression Scale-Revised
 - <http://cesd-r.com>

Center for Epidemiologic Studies Depression Scale, Revised

Below is a list of the ways you might have felt or behaved. Please check the boxes to tell me how often you felt this way in the past week or so.	LAST WEEK				
	Not at all or Less than one day	1-2 days	3-4 days	5-7 days	Nearly every day for 2 weeks
My appetite was poor.					
I could not shake off the blues.					
I had trouble keeping my mind on what I was doing.					
I felt depressed.					
My sleep was restless.					
I felt sad.					
I could not get going.					
Nothing made me happy.					
I felt like a bad person.					
I lost interest in my usual activities.					

Continued

8

Synthetic Estimation Concepts

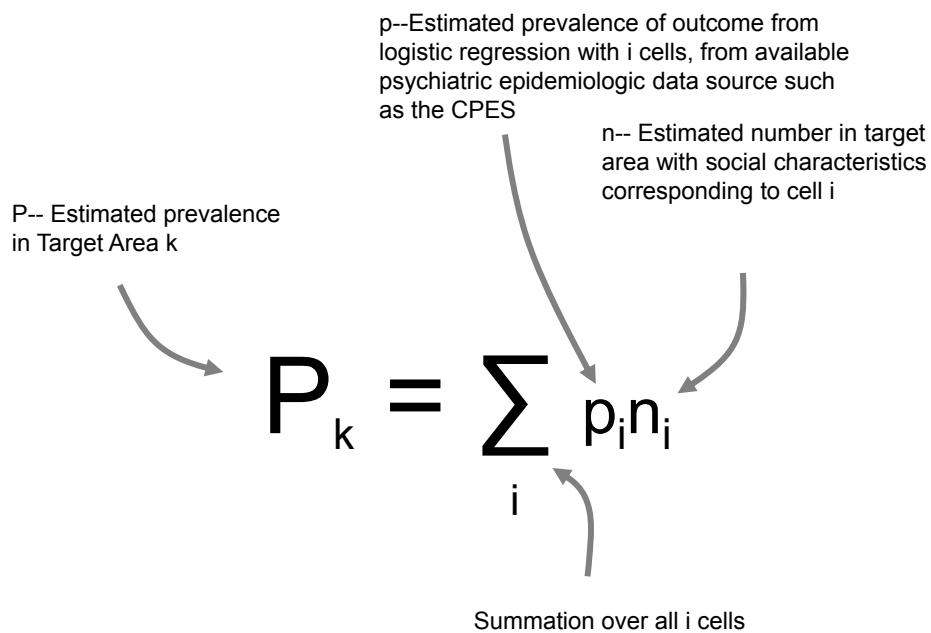
- 1) Selection of demographic cells
- 2) Estimate local population count for each cell
- 3) Cell specific rates of disorder
- 4) Generate estimates for each cells
- 5) Apply rate of disorder to each pop cell
- 6) Combine cell estimates to get total
- 7) Summarize rates for specific demo groups

<http://66.140.7.153/estimation/estimation.htm>

From Holzer web site
7/1/2010

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Synthetic Estimation of Prevalences in Target Areas



Definition of Cells

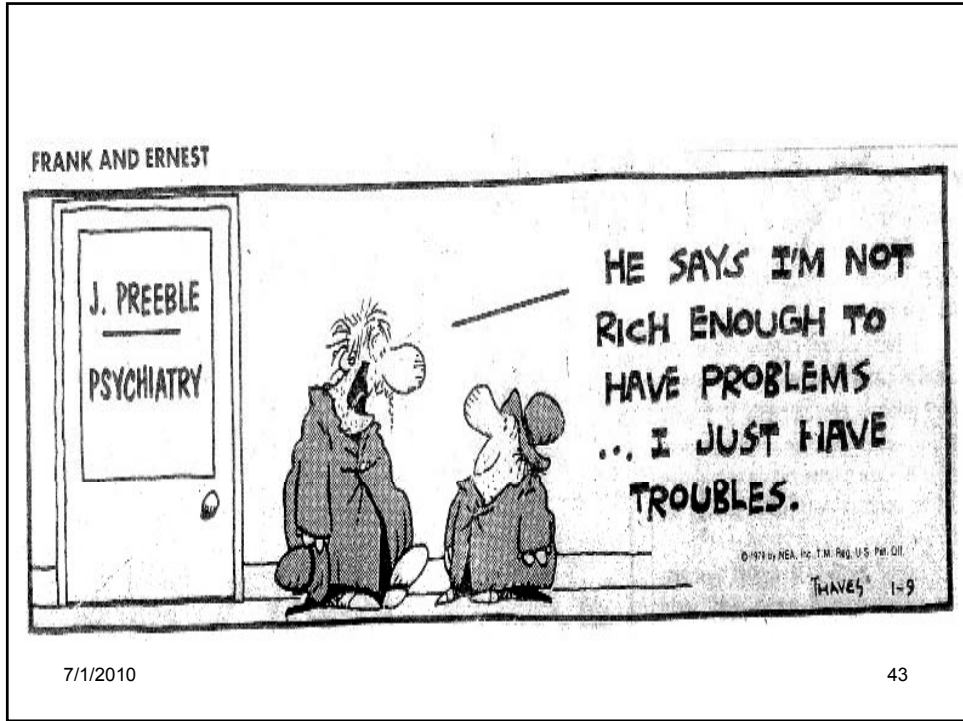
Variable	Definition	Cells
Age:	0-5,6,12,18,21,25,35,45,55,65+	10
Sex:	Male, Female	2
Race:	White, African Am, Asian, Pacific, Native Am, Other, Multi, Hispanic	8
Marital:	Married, (Sep./ Wid./ Div.), Single	3
Education:	Not HS grad, HS grad, College grad	3
Poverty:	FPL%: 0-,100-,200-,300+, undefined	5
Residence:	Residential, Institutional, Group	3
Total cells	10x2x8x3x3x5x3	21600

From Holzer 6/30/2010

Four level definition of need in CPES

- MHM1 (approx SPMI)
 - Dx chronic: Depression, Bipolar*, Mania*
 - Impairment: average of Sheehan 7 + or >120 days
- MHM2 (Approx SMI)
 - Dx chronic: Dysthymia, Gen Anx, MDE, Panic, Agora- Simple-Social-phobia, PTSD, Hypomania*
 - Impairment: average Sheehan 7 + or >120 days
- MHM3 (broad)
 - Dx current: MDD, Bipolar, Mania, Dysthymia, Gen Anx, MDE, Panic, Agora- Simple*- Social-phobia, PTSD, Hypomania
 - Impairment: average Sheehan 5 + or > 30 days
- MHM4 (any mental disorder)
 - Dx: any current disorder
 - Impairment: Average Sheehan 3+ or > 7 days

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Synthetic Regression Estimation
Estimated Prevalence by Area
among Household Adults, CPES 2006

	Maryland	Baltimore County	Baltimore City	Montgomery County
MHM1	2.05	2.01	2.79	1.57
MHM2	3.88	3.68	5.78	2.88
MHM3	8.08	7.74	10.84	6.66
MHM4	14.36	13.77	18.24	12.15
Any Substance Use Diagnosis	3.35	3.26	2.96	3.38

Table 21.10 *Serious Psychological Distress in Past Year and Having at Least One Major Depressive Episode in Past Year in Maryland among Persons Aged 18 or Older, by Substate Region: Percentages, Annual Averages Based on 2004, 2005, and 2006 NSDUHs*

State/Substate Region	Serious Psychological Distress in Past Year ¹		Having at Least One Major Depressive Episode in Past Year ²	
	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval
Maryland	10.23	(8.95 - 11.68)	6.89	(5.77 - 8.20)
Anne Arundel	9.42	(7.41 - 11.91)	7.32	(5.43 - 9.80)
Baltimore City	13.05	(10.37 - 16.30)	7.03	(5.27 - 9.31)
Baltimore County	10.41	(8.35 - 12.91)	7.14	(5.32 - 9.52)
Montgomery	8.65	(6.91 - 10.78)	6.07	(4.48 - 8.18)
North Central	8.94	(7.10 - 11.20)	6.80	(5.07 - 9.05)
Northeast	11.07	(8.71 - 13.97)	7.49	(5.50 - 10.14)
Prince George's	9.99	(8.06 - 12.30)	6.32	(4.72 - 8.43)
South	9.72	(7.75 - 12.11)	6.99	(5.18 - 9.37)
West	11.70	(9.35 - 14.56)	7.88	(5.83 - 10.56)

NOTE: For Substate Region definitions, see Section D of the report on *Substate Estimates from the 2004-2006 National Surveys on Drug Use and Health*.

NOTE: Estimates are based on a survey-weighted hierarchical Bayes estimation approach, and the 95 percent prediction (credible) intervals are generated by Markov Chain Monte Carlo techniques.

¹ Serious Psychological Distress (SPD) is defined as having a score of 13 or higher on the K6 scale. Because of questionnaire changes, these estimates are not comparable with estimates from the 2002-2004 substate report. For details, see Section B.7 of the report on *Substate Estimates from the 2004-2006 National Surveys on Drug Use and Health*. Data for SPD are not defined for 12 to 17 year olds; therefore, the estimates reflect only those aged 18 or older.

² Major Depressive Episode (MDE) is defined as in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*, which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. There are minor wording differences in the questions in the adult and adolescent MDE modules. Therefore, data from youths aged 12 to 17 were not combined with data from persons aged 18 or older to get an overall estimate (12 or older).

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2004, 2005, and 2006.

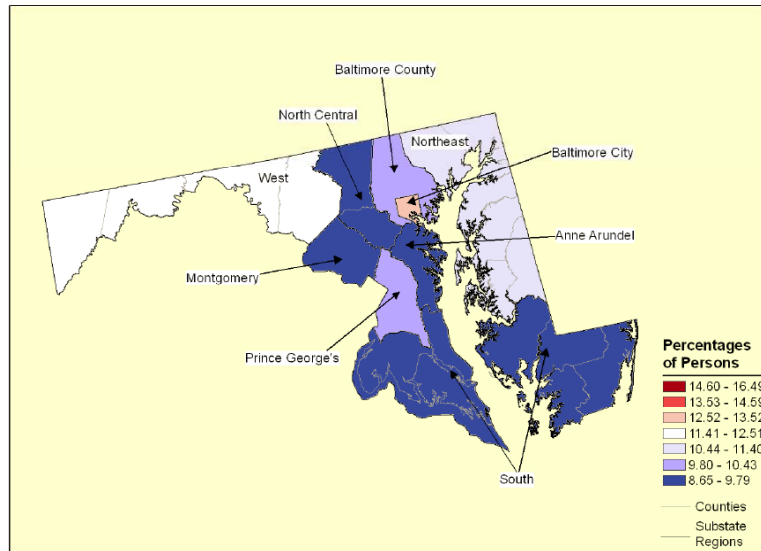
Survey-Weighted Hierarchical Bayes Approach

Maryland Estimates from NSDUH 2004-2006

Prevalence in percent of Serious Psychological Distress (SPD) and Major Depressive Episode (MDE)

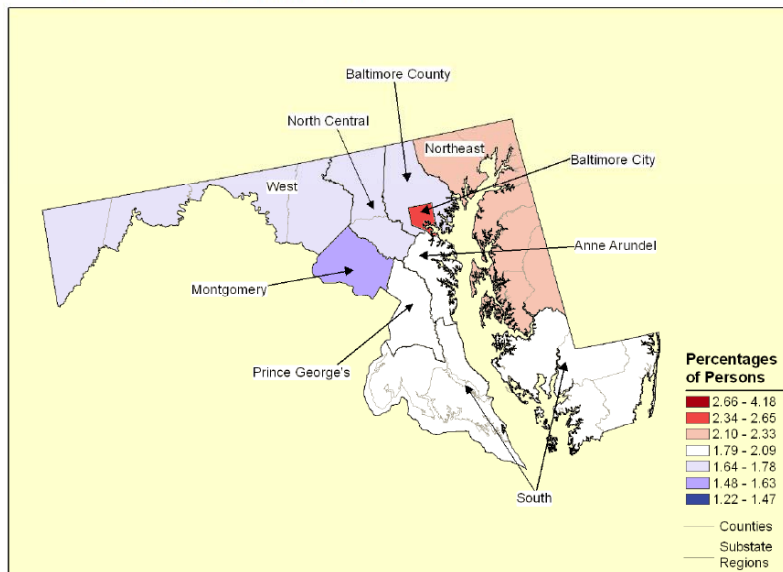
	Maryland	Baltimore County	Baltimore City	Montgomery County
SPD	10.2 (9.0-11.7)	10.4 (8.4-12.9)	13.0 (10.4-16.3)	8.6 (6.9-10.8)
MDE	6.9 (5.8-8.2)	7.1 (5.3-9.5)	7.0 (5.3-9.3)	6.1 (4.5-8.2)
Substance abuse and/or dependence	8.2 (7.1-9.4)	8.2 (6.4-10.4)	9.8 (7.7-12.3)	7.6 (5.9-9.8)

Figure 21.10.1 *Serious Psychological Distress in Past Year* among Persons Aged 18 or Older in Maryland, by Substate Region: Percentages, Annual Averages Based on 2004, 2005, and 2006 NSDUHs



NOTE: The legend's ranges were created by dividing 345 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see Section D of the report on *Substate Estimates from the 2004-2006 National Surveys on Drug Use and Health*. Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2004, 2005, and 2006.

Figure 21.7.2 *Illicit Drug Dependence in Past Year* among Persons Aged 12 or Older in Maryland, by Substate Region: Percentages, Annual Averages Based on 2004, 2005, and 2006 NSDUHs



NOTE: The legend's ranges were created by dividing 345 substate regions, nationally, into 7 groups based on the magnitude of their percentages. For substate region definitions, see Section D of the report on *Substate Estimates from the 2004-2006 National Surveys on Drug Use and Health*. Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2004, 2005, and 2006.

Symptom Groups Related to Depressive Disorder
Baltimore ECA

	<i>Any Occurrence Ever</i>	<i>Worst Episode of Depression</i>
Dysphoric Episode	27.9	12.0
Anhedonia	9.3	5.6
Appetite	20.7	7.0
Sleep	22.1	8.4
Slow or restless	9.8	3.7
Fatigue	17.1	5.0
Guilt	6.3	4.2
Concentration	11.7	6.9
Thoughts of Death	21.0	7.1
Episode of Depressive Syndrome		
Symptoms in 1 or more groups		12.0
Symptoms in 2 or more groups		11.8
Symptoms in 3 or more groups		10.6
Symptoms in 4 or more groups		9.6
Symptoms in 5 or more groups		7.6

Notes Available

Sheehan based impairment

- Think about the month or longer when your ...(specific disorder) ...was most severe. Using the 0-10 on the scale where 0 means no interference and 10 means very severe interference, what number describes how much your (disorder) interfered with each of the following activities during that time.
 1. Your home management like cleaning, shopping, and taking care of the house/apartment.
 2. Your ability to work.
 3. Your ability to form and maintain close relationships with other people.
 4. Your social life.

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Disability days

- How many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your (disorder)

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What level of disability is required for diagnosis?

Distribution (percent) of severity in 622 cases of major depressive disorder—NCS-R

	None	Mild	Moderate	Severe	Very severe
Sheehan disability scale domains:					
Home	9	22	35	27	7
Work	20	26	26	18	10
Relationship	15	22	29	27	7
Social	12	17	28	31	12
Highest in any domain	3	10	28	40	19
Annual days out of role	0	3	11	33	96

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Source: Kessler et al. (2003). *JAMA*.

Table 1

Categories of treatment needed for prevalence of psychiatric disorders, as specified in the psychiatrist examination recording booklet for the Baltimore Epidemiologic Catchment Area follow-up study

Alcohol use disorders	Major depressive disorder	Panic disorder	Agoraphobia and social phobia
None	None	None	None
Inpatient (includes detoxification)	Inpatient hospitalization	Inpatient hospitalization	Inpatient hospitalization
Residential (formal program)	Partial hospitalization	Partial hospitalization	Behavior modification
Outpatient program (formal)	Psychiatrist's evaluation	Psychiatrist's evaluation	Psychiatrist's evaluation
Outpatient individual physician, health therapist, or counselor	Talk therapy with a mental health therapist	Talk therapy with a mental health therapist	Talk therapy with a mental health therapist
Alcoholics Anonymous or self-help group	Mood stabilizers	Mood stabilizer	Mood stabilizers
Antabuse	Antidepressants	Antidepressants	Antidepressants
Other medical management	Neuroleptics	Other medicines	Other medicines
Simple professional advice with follow-up	Other	Other	Other

Messias et al, PS, 2007

Table 3

Estimates of need for treatment for each disorder, by treatment modality, for sample (unweighted) and population (weighted) of the Baltimore Epidemiologic Catchment Area follow-up study

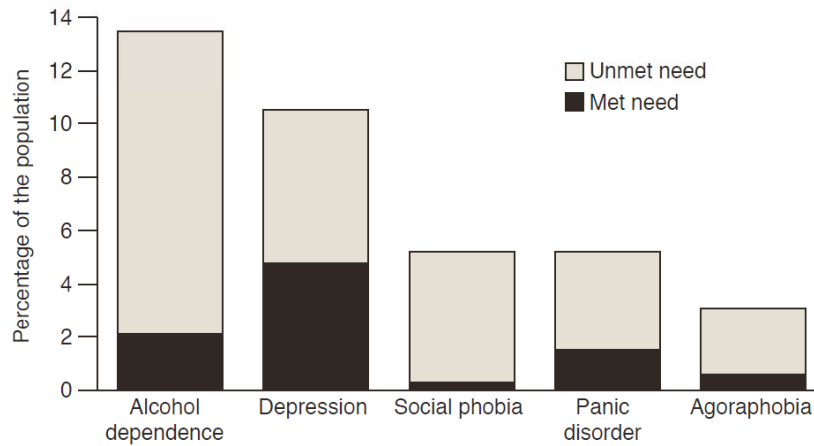
Need for services ^a	N	Unweighted prevalence		Weighted prevalence	
		M	SE	M	SE
Depression					
Psychiatrist's evaluation and treatment	80	10.10	1.07	8.45	1.95
Talk therapy	73	9.30	1.03	7.58	1.83
Antidepressant	75	9.50	1.05	7.12	1.74
Any treatment	97	12.30	1.17	10.49	2.06
Alcohol dependence					
Alcoholics Anonymous or other self-help	71	8.70	.99	7.83	1.61
Outpatient individual	60	7.40	.92	4.67	.92
Simple professional advice	36	4.40	.72	4.49	1.39
Any treatment	137	16.90	1.31	13.59	1.96
Social phobia					
Psychiatrist's evaluation and treatment	56	6.90	.89	3.38	.74
Behavioral modification and biofeedback	33	6.50	.86	2.81	.56
Talk therapy	33	4.10	.69	2.07	.62
Any treatment	84	10.30	1.06	5.22	.85
Panic disorder					
Psychiatrist's evaluation and treatment	42	5.15	.77	4.78	1.62
Antidepressant	29	3.56	.65	3.64	1.57
Talk therapy	24	2.94	.59	3.26	1.55
Any treatment	48	5.89	.82	5.18	1.62
Agoraphobia					
Behavioral modification and biofeedback	38	4.67	.74	2.57	.80
Psychiatrist's evaluation and treatment	38	4.67	.74	1.93	.30
Antidepressant	24	2.95	.59	1.33	.37
Any treatment	47	5.77	.81	3.17	.87
Need for services for any mental health disorder	283	35.80	1.70	28.70	2.70

^a Categories are not mutually exclusive; some participants needed more than one modality of treatment.

Messias et al, PS, 2007

Figure 1

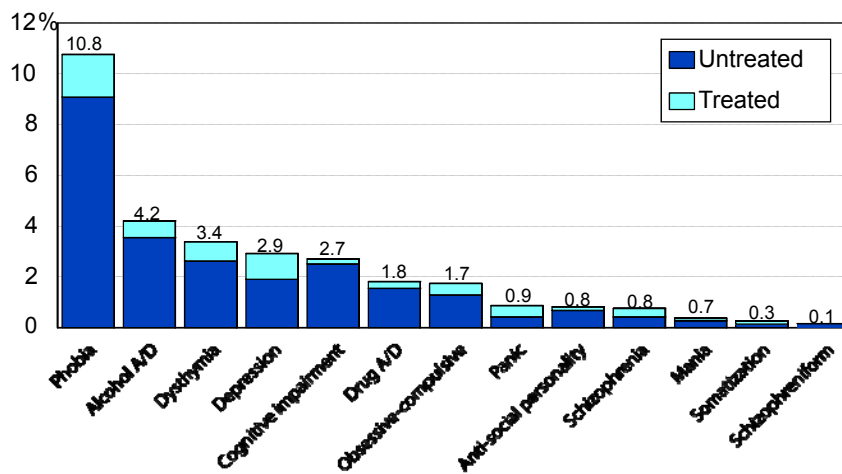
Need for and utilization of treatment for five mental disorders among 816 participants in the Baltimore Epidemiologic Catchment Area follow-up study^a



^a Weighted data

Messias et al, PS, 2007

Does Diagnosis connect to Treatment?
Prevalence of Disorder in Past Six Months
ECA Program



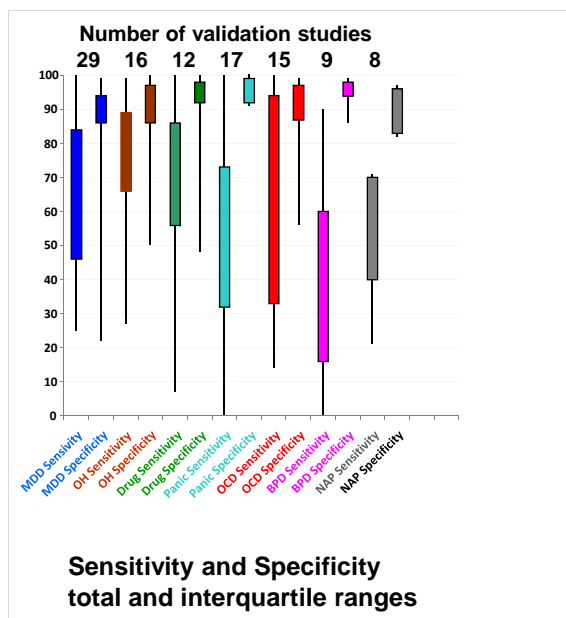
56

Source: Eaton. (1994). *Int J Methods Psychiatr Res.*

Websites

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 - <http://66.140.7.153/estimation/estimation.htm>
- Center for Epidemiologic Studies Depression Scale – Revised
 - <http://cesd-r.com>
- National Survey of Drug Use in Households
 - <http://www.oas.samhsa.gov/substate2k8/toc.cfm>
 - <http://www.oas.samhsa.gov/substate2k8/StateFiles/MD.pdf>
- National Health Interview Survey
 - <http://www.cdc.gov/nchs/nhis.htm>
 - K-6: http://www.hcp.med.harvard.edu/ncs/k6_scales.php

Review of Survey Diagnostic Interviews validated by Psychiatrist Diagnosis



Source: Eaton et al, IRP, 2007