

## Mental Health

### SCOPE OF THE PROBLEM

About 22 percent of Americans age 18 and older suffer from mental disorders that interfere with their productivity and ability to enjoy life, and can lead to disability and death. While there are effective treatments for mental health disorders, it is often difficult to diagnose patients at risk for depression or suicide, and little is known about the quality of mental health programs or how to measure their impact.

- Suicide is the third leading cause of death among U.S. adolescents.
- About 6-10 percent of patients in primary care settings have depression, yet it often is not detected.
- More than half of patients suffering from schizophrenia do not receive proper doses of antipsychotic medications or appropriate psychosocial interventions.
- Up to 25 percent of women have experienced domestic violence in their lifetime, resulting in immediate injury and/or long-term chronic medical conditions such as depression.
- The National Committee for Quality Assurance requires mental behavioral health organizations to show that they collect, analyze, and use consumer opinions to develop quality improvement programs, but few instruments have been developed to collect this information.

### Background

Effective treatment of mental health disorders requires that patients be quickly and correctly diagnosed and given appropriate treatments. The Agency for Healthcare Research and Quality (AHRQ) has sponsored research devoted to improving the quality of mental health care provided to people suffering from these disorders. AHRQ has provided tools to help clinicians identify people at risk for suicide, diagnose and manage depression, improve care for schizophrenia, and help victims recover from domestic violence, a situation that can lead to disorders such as depression. AHRQ research

has also developed tools to assess the quality of mental health programs.

### Impact of AHRQ Research

#### *Suicide Prevention*

- **Emergency department triage nurses can identify 98 percent of children at risk for suicide.** Four questions about past and present thoughts of suicide, prior self-destructive behavior, and current stressors can identify at-risk children and take less than 2 minutes to complete. Children reported that they felt it was more acceptable to discuss suicidal thoughts if asked these questions.

#### *Child/Adolescent Mental Health*

- **School-based mental health therapy services had lower costs than community or private-sector services.** AHRQ-funded researchers also successfully developed a systematic approach for evaluating school mental health programs.

#### *Depression*

- **A computerized screening tool helps diagnose depression.** Physicians who consulted the Primary Care Evaluation of Mental Disorders (PRIME-MD) were more likely than others to make a medical chart notation of depression, begin their patients on antidepressant medication, or refer their patients to mental health specialists.

#### *Schizophrenia*

- **AHRQ's Schizophrenia PORT developed evidence-based treatment recommendations.** The Patient Outcomes Research Team (PORT) on schizophrenia made a comprehensive assessment of practice variations in the treatment and management of schizophrenia. Recommendations from this PORT have been adopted by the

Commonwealth of Massachusetts, the National Alliance for the Mentally Ill, and the New York State Office of Mental Health.

### Domestic Violence

- **The Domestic Violence Survivor Assessment (DVSA) tool and clinical pathway help women recover.** The DVSA tool profiles a survivor's perceptions of herself, her relationship, the violence, and her primary motivation for change. It is being used by the Montgomery County, MD, Department of Abused Persons for counseling and victim assistance outcomes and by the House of Ruth in Baltimore, MD, for assessing shelter outcomes. The clinical pathway is summarized in a two-page foldout to help clinicians with treatment after they identify victims of domestic violence.

### Quality Improvement

- **Quality improvement programs for depression treatment have long-term benefits.** AHRQ's Patient Outcomes Research Team (PORT) II on depression developed and tested a quality improvement (QI) program. When compared to patients not enrolled in the QI program, QI patients were more likely to visit a mental health specialist, receive counseling, and take antidepressant medication. At 6 and 12 months, QI patients were also less likely to have depression and were more likely to be employed.
- **The Consumer Assessment of Behavioral Health Services (CABHS) inspired quality improvement strategies.** Based on AHRQ's CAHPS® (Consumer Assessment of Health Plans), the CABHS identified aspects of managed behavioral health care organizations (MBHOs) and treatment that needed improvement. These MBHOs initiated quality improvement strategies that included creating a customer service unit to answer calls for information and help clients find clinicians quickly, introducing centralized scheduling to improve access to timely treatment, disseminating patient rights information, and developing patient education materials.

### Current AHRQ-Supported Research

AHRQ is continuing to fund and sponsor research projects to improve the quality of mental health services. A sample of ongoing research projects is listed below. For a complete list, see *Program Note: Compendium of AHRQ Research Related to Mental Health* (AHRQ Pub. No. 03-0001) to be published in fall 2002.

- **Child/adolescent mental health.** An extension of the depression PORT II, a 5-year study at the University of California, Los Angeles, will examine interventions to improve clinical and functional outcomes for depressed children and adolescents.
- **Depression.** Researchers at the University of California, Los Angeles, are studying patient satisfaction for people with depression by investigating appropriate care received and patient-provider relationship. Findings from this study will help health plans know the factors that predict satisfaction so they can restructure care.
- **Domestic violence.** A study at Harvard University, Department of Maternal and Child Health, is examining the impact that hospital-based interventions have on the mental and physical health of abused women, long-term use of services among abused women, and cost effectiveness.
- **Quality measures.** Researchers at Dartmouth College are evaluating tools that measure mental health services interventions and how introducing these interventions affects outcomes for people with mental illness.

### For More Information

For more information on AHRQ research on mental health, contact:

Charlotte Mullican, B.S.W., M.P.H.  
Center for Outcomes and Effectiveness  
Research

Agency for Healthcare Research and Quality  
6010 Executive Boulevard, Suite 300  
Rockville, MD 20852  
Telephone: (301) 594-0382  
E-mail address: [cmullica@ahrq.gov](mailto:cmullica@ahrq.gov)



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