

Mental Health Treatment: What the Media are Reporting

“A significant proportion of individuals with behavioral health problems are treated exclusively in the general medical setting, which has become the de-facto mental healthcare system ...significant quality problems have been found with general medical providers’ screening, treatment, and monitoring practices.”

“An Employer’s Guide To Behavioral Health Services,” released by the *National Business Group on Health*, December 2005.

“Although access to psychotropic medications is available due to non-psychiatrists’ prescriptions, concerns remain that patients still receive treatment in accordance with evidence-based guidelines, psychotherapy, adequate medication monitoring, and appropriate intensity of treatment.”

An article in *Open Minds* on September 24, 2009, reporting on a study in which researchers reviewed 472,173 prescriptions filled between August 2006 and July 2007 from the *IMS National Prescription Audit Plus* database. The researchers reported that **79% of prescriptions for antidepressants were written by non-psychiatrists and 87% of prescriptions for anxiolytics were written by non-psychiatrists.**

Only 12.7% of individuals seeking mental health treatment in the general medical setting received minimally adequate care compared to 43.87% of patients treated in the specialty mental health sector.

National Co-morbidity Survey Replication. *Archives of General Psychiatry*. 2005

“The effectiveness of a dozen popular antidepressants has been exaggerated by selective publication of favorable results.”

“... doctors unaware of the unpublished data are making inappropriate prescribing decisions that are not in the best interest of their patients.”

“There is a view that these drugs are effective all the time ... I would say they only work 40 percent to 50 percent of the time based on reviews of the research at the FDA.”

Excerpts from a January 17, 2008, *Wall Street Journal* article regarding a review published the same week in *The New England Journal of Medicine*.

“More Americans are being prescribed multiple psychiatric medications for use at the same time, but most people diagnosed with recent depression don’t get adequate treatment, according to two independent studies published Monday.”

“Studies: Mental Ills Are Often Overtreated Or Undertreated,” *Wall Street Journal*, January 5, 2010.

“There is little evidence to suggest that (antidepressants) produce specific pharmacological benefit for the majority of patients with less severe acute depression,” researchers wrote.

Excerpt from a January 6, 2010, *Wall Street Journal* article presenting a study published the same week in *The New England Journal of Medicine*.

“As treatment goals for depression shift from simple symptom resolution to remission and recovery, management strategies and functional outcome measures also must shift. An important element of developing a treatment plan geared toward functional recovery is to recognize that depression is a chronic illness that needs to be viewed as such. Principles of chronic disease management used for other chronic illnesses, including diabetes and hypertension, need to be applied to depression as well.

One important aspect of chronic disease management, apart from early and appropriate initial therapy, is the ongoing assessment of patients for drug response, side effects, quality of life, and functional measures. Ongoing assessment provides feedback to the clinician that can then be used to adjust components of treatment if warranted, and to identify partial or nonresponders relatively early in the course of treatment. Importantly, the use of quantitative assessment tools provides for objective and measurement-based information on which to base evaluations of treatment response.

In a review and commentary published by Zimmerman and colleagues in the June 2008 issue of Primary Psychiatry, the authors point out that this type of ongoing, quantitative assessment of patients is the standard of care in most disciplines. As an example, they provide the scenario of a patient that reports, among other things, feeling feverish. The standard of care in part dictates that the clinician measure the patient’s temperature as an objective measure of whether or not there is fever. The temperature taken at this visit can be used as a comparison for the temperature taken at a subsequent visit to assess whether change (i.e., response to treatment) has occurred. In a patient with diabetes, blood glucose is routinely measured; in a patient with hypertension, blood pressure is monitored at clinic visits over time. In these instances and many others, it seems intuitive that objective, quantifiable measurement is required in order to properly manage the patient.

...In light of data showing that measurement-based care is beneficial, expert consensus that the field should adopt this approach, and the availability of measurement tools, it is unfortunate that this approach has not yet become the standard of care in psychiatry. According to Zimmerman and colleagues, “[...] this is an inadequate and indefensible state of current practice. Would a physician treat diabetes without measuring glucose levels? Would he or she treat hypertension without measuring blood pressure or a febrile illness without measuring body temperature? Of course not; the same should be true of the treatment of depression.”

“Measurement-Based Outcome for Depression,” Lisa Brauer PhD, *Clinical Compass*, Volume 4, Issue 1, January 13, 2009.