Community Psychiatry

Depression Screening Day: A Mental Illness Awareness Week Project

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Abstract: The Canadian Psychiatric Association has been a leading promoter of public awareness campaigns in the field of mental illness. In 1992, the CPA developed Mental Illness Awareness Week (MIAW), an annual public education event designed to raise awareness of the issues surrounding mental illness. In 2002, over 20 public events were held across the country from St. John's Newfoundland to Medicine Hat, Alberta. The authors report on the organization and the findings of one event, a Depression Screening Day held in Montreal, Quebec, and discuss the benefits of university–hospital–community collaboration in developing new events for the 2003 MIAW.

Résumé : Journée de dépistage de la dépression : un projet de la Semaine de sensibilisation aux maladies mentales

L'Association des psychiatres du Canada (APC) a été l'un des principaux promoteurs des campagnes de sensibilisation du public dans le domaine de la maladie mentale. En 1992, l'APC a mis sur pied la Semaine de sensibilisation aux maladies mentales (SSMM), une campagne annuelle d'éducation du public destinée à sensibiliser davantage les gens aux enjeux entourant la maladie mentale. En 2002, plus de 20 activités publiques se sont déroulées dans tout le pays, de St. John's, Terre-Neuve, à Medicine Hat, Alberta. Les auteurs rendent compte de l'organisation et des résultats d'une activité, une Journée de dépistage de la dépression, tenue à Montréal, Québec, et discutent des avantages de la collaboration entre l'université, l'hôpital et la communauté dans l'élaboration de nouvelles activités pour la SSMM 2003.

Key Words: Public health, community psychiatry, depression screening, shared care

In 1983, the United States Congress proclaimed that the first full week in October would be Mental Illness Awareness Week (MIAW). This week would be used to promote public awareness of the issues surrounding mental illness. The National Alliance for the Mentally Ill (NAMI), an American grassroots organization for the families and friends of people suffering from mental illness, campaigned for several years to convince politicians that establishing MIAW would help to decrease the prevalence of undiagnosed mental illness in American communities. NAMI and its regional branches have continued to play a key role in organizing local and national events to fulfill the mandate of the week.

In Canada, the first MIAW campaign was launched in 1992 and was led by the CPA. The theme of that first event was “Let’s Unmask Mental Illness,” and in the years since, the annual themes have ranged from confronting stigma to mental illness in the workplace. Since 1992, the CPA has partnered with the Canadian Alliance on Mental Illness and Mental Health (CAMIMH), an umbrella organization that comprises the major professional and public advocacy groups in Canada. CAMIMH has been instrumental in developing bridges among clinicians, patients, academics, advocates and government. In a recent position paper, CAMIMH discussed the low recognition rate for mental illness and the need for public education campaigns in Canada to ensure earlier diagnosis and treatment (1).

In 2003, MIAW will take place from Oct. 5–11. The theme for this year’s campaign is “Mental Illness and the Family.” The goals for MIAW, as stated by the CPA, are to destigmatize mental illness, provide information on mental illness and treatment, promote public discussion and informed treatment decision-making and improve access to mental health-care services (D. Vroom, personal communication, 2003). The success of MIAW in achieving these goals depends on local activities to bring information to the public. A partnership among clinicians, academics and community advocacy organizations provides the most effective way to develop such activities.

Depression Screening Day

As part of MIAW activities, many centres participate in the National Depression Screening Day (NDSD). This yearly event takes place on the Thursday of MIAW. The American Psychiatric Association established the NDSD in 1991 in an effort to raise public awareness and to encourage treatment for individuals who have not yet been diagnosed or been offered treatment (2). Originally, the Zung Self-Rating Depression Scale was used, but many participants found that the 20-item scale was too long. In recent years, a shorter, 10-item scale—the Harvard National Depression Screen (HANDS)—has been validated and adopted by many centres for use as their screening tool, making it easier to carry out screening activities (3).
Since 1999, AMI-Quebec Alliance for the Mentally Ill, a Montreal-based community agency for the family and friends of those with mental illness, has organized the NDSD activities in Downtown and Centre-West Montreal. Although the depression screening was originally done with only a few partners, in the last two years AMI-Quebec has taken the leading role in a screening partnership with three universities, three colleges and five local community health centres in Montreal.

Approximately six months before the NDSD, AMI-Quebec approaches key clinical personnel in the partner organizations. A joint planning committee is set up, but most of the organization is carried out by the community agencies that decide individually how they will run their sites. Contributions of $200 are sought from each partner to defray the cost of the screening instruments, which are ordered from the Web site (www.mentalhealthscreening.org). As the NDSD approaches, planning meetings are held with the partners and with AMI-Quebec volunteers, but the community agency is responsible for ensuring the logistics of the day. On the NDSD, tables are set up at each partner site and at other high-traffic public locations, such as shopping malls. The screening sites are staffed by AMI-Quebec members, along with a professional from the partner organization. The advantage of this structure is that some individuals may be more comfortable speaking to a nonprofessional who has some “experience” with mental illness, whereas others may prefer more direct medical information. Visitors to the table may read educational material, may ask questions or may complete the HANDS. If individuals are found at risk, they are assisted in arranging plans for a more complete evaluation.

Results
The last NDSD in Montreal was held at 27 sites around the city. A total of 5,639 individuals participated in the event. Most (4,760 or 84 per cent) visited the information table and spoke with facilitators but did not fill out the screening instrument. Only 879, or 16 per cent, chose to complete the HANDS.

Interestingly, most who completed the HANDS were found at risk for depression. Most (442 or 54 per cent) scored above nine, which is consistent with a 95 per cent sensitivity and a 94 per cent specificity for a diagnosis of major depressive episode (3).

Screening was divided into three age groups: under age 18 years, age 18 to 64 years and over age 65 years. The percentage of each group that scored above the high-risk cut-off was 21 per cent, 54 per cent and 46 per cent, respectively.

When screening sites were analyzed separately by screening locales, we found that university students over age 18 years represented the highest risk group, with 58 per cent of those screened scoring above the cut-off. Community clinic screening had the highest rate of visitors who chose to complete the HANDS (35 per cent) but had a relatively low pickup of 45 per cent of individuals who scored above the cut-off.

Discussion
One of the most difficult aspects of treating depression is identifying the illness in the early stages before it becomes a major disability and before chronicity develops. Although depression has a significant mortality rate, it is the unrecognized and untreated cases that may present the greatest risk.

A public depression-screening event is an important tool for case finding and providing treatment in the earliest stages of the illness. In our one-day event, we identified 442 individuals who were likely to have a diagnosis of major depression and who had not sought treatment. Of concern, but not surprising, was the finding that the university screening locales had the highest rate of positive screens, with 58 per cent being identified as at risk for depression.

A weakness of the Screening Day was the lack of followup to determine outcome of those identified as at risk. By its nature, a depression screening is an anonymous event, which limits the ability to conduct a followup study. Ideally, we would want to follow at-risk individuals until their first contact with a mental health professional. This would necessitate more intensive staffing and may also invoke more professional responsibility issues than would a simple screening event. At the least, each at-risk individual must be offered assistance in arranging a psychiatric evaluation.

Conclusion
MIAW 2003 will take place during the week of Oct. 5–11. NDSD is scheduled for Oct. 9. These events present an excellent opportunity for academic and clinical centres to strengthen ties with primary care clinics, local colleges and schools, community agencies and advocacy groups by developing a partnership for a shared MIAW event. A minimal investment of professional staff time may lead to early identification of large numbers of at-risk individuals, with the additional benefit of increasing public knowledge and decreasing shame and stigma.

References