

## Depression Screening as the Latest Avatar of Moralism in American Public Mental Health

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When we think of the world as ‘globalized’—implying a kind of uniform standardization of practices, especially in something such as the *psy* field, the mental health field—it can be a shock to realize the significant differences between two such equally ‘advanced Western capitalist’ countries such as France and the United States on a matter such as depression screening. Depression screening is currently under debate in France, as a number of forces are pushing France to adopt this practice.

The shock is that depression screening in the United States is something of a *fait accompli*, an established part of the practice of so many clinicians and clinics, schools and universities, and workplaces and community agencies. There is no debate in the United States on this topic, it has been decided—it is a good practice for the mental health field.

Depression screening in the United States can be traced back to 1991, the first National Depression Screening Day. This day was established by Screening for Mental Health, Inc., with the financial backing of major pharmaceutical corporations. The non-profit corporation responsible for guiding the NDS is currently led by a Board of Directors, largely comprised of academic psychiatrists. This practice of depression screening was initially promoted to clinicians, but screening—either in person or by the completion of questionnaires, now even online—has been extended to mental health clinicians and clinics, primary care clinics, schools, and workplaces. It is taught in psychiatry residencies and promoted by the US Preventative Services Taskforce recommendations as a ‘best practice’ in medical practice. (<http://www.ahrq.gov/clinic/3rduspstf/depression/>)

Interestingly, while many academics and administrators wish to resolve debates in mental health practice on the grounds of evidence—this whole movement for Evidence-

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Based Medicine attempts to apply a very reduced Anglo-American ‘empiricism’ to the care of patients to the exclusion of any other values or ethics—there is little significant evidence to support this practice of depression screening. One of the major resources in the ‘analysis’ of scientific evidence is the Cochrane Library, which provides an online database reviewing the medical literature. In a comprehensive meta-analysis of all the published studies on depression screening to date, they concluded that there is little evidence in support of this practice. (See S. Gilbody, A. O. House, and T. A. Sheldon. “Screening and Case Finding Instruments for Depression.” *Cochrane Database of Systematic Reviews*. 2007. Issue 4. <http://mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD002792/frame.html>. The Summary is unambiguous: “The use of depression screening or case finding instruments has little or no impact on the recognition, management or outcome of depression in primary care or the general hospital.”)

That said, the practice remains in place, well established. There is little debate on this within the psychiatric literature. In the popular literature, such as on the internet, the only critical discussion of this topic can be found in the Scientology literature—with its strong anti-psychiatric positions—and in some comments suggesting that this whole endeavor is supported and funded by the pharmaceutical industry as a way of promoting the diagnosis of depression and subsequent prescription of antidepressants.

Certainly, this latter relationship is important. The Medical-Industrial Complex (of corporations and the physicians who work for them, consult for them, and receive funding from them for their research) has come under increasing scrutiny in the United States over the past five years—for hiding negative effects of medications; suppressing unfavorable studies and data that failed to support its products; promoting ‘off-label’ uses of medications for treatments without established benefit; providing excessive payments to physicians by corporations in money and gifts; and, creating a loss of critical scrutiny of the scientific literature due to the overly close relations of researchers to the corporations. We might certainly look upon the pharmaceutical connection to depression screening as just an

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-other effort to market their drugs to the public under the rubric of a public health effort, something which would have been necessary in the 1990’s, as it was only recently that corporations were allowed to market their drugs directly to the general population through the media.

But there is yet another dimension of this that we must take into account, namely the support of employers—including and especially some very large corporations—for this screening. The 1990 Global Burden of Disease Project (of Harvard University and the World Health Organization: (<http://www.hsph.harvard.edu/organizations/bdu/GBDseries.html>)) identified depression as the number one cause of disability in the world and suggested that psychiatric diagnoses were significantly underestimated as a cause of disability. This study has led to additional research in psychiatry in what we might refer to as psycho-economics, namely the effect on productivity of psychiatric diagnoses as defined such as depression. Large corporations have taken significant notice of this and have implemented depression screening into their workplaces to promote better productivity, enhance workplace safety, and reduce medical and disability expenses. (The Union Pacific Railroad, for example, a large employer based in my city, Omaha Nebraska, has instituted a number of major projects that seek to identify depression in its workers with the goal of improving alertness and reducing mistakes in the railroad industry, as well as improving worker health. (See, for example, <http://www.welcoa.org/wellworkplace/platinum/apps/unionpacific.pdf> and <http://healthproject.stanford.edu/koop/UnionPacific/documentation.html>).

While the goals of better health and fewer accidents is certainly laudable, we cannot fail to notice another dimension to these practices, which I would identify as an extension of Taylorism into the psyche or mind. In the first industrial era, workers were hired and worked perhaps several different positions within a factory, passing on their knowledge of production to each other. The innovations of Frederick Taylor were to

improve efficiency within the factory through scientific management, especially in the analysis of the activities of the workers within the factory, who should subsequently

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be trained precisely what to do, which often led to increasing specialization of tasks within the factory and greater control by the corporation of their activity. Depression screening, as part of the wellness movement in general so prevalent today in the US, is nothing other than an extension of the Taylorist doctrine into the minds of the workers themselves—their mental activity is to be monitored, analyzed, and studied. And, furthermore, workers will be instructed as to the proper state of mind for their jobs (which is happening to workers at a number of corporations here in Omaha). What Fredric Jameson in *Postmodernism, or the Cultural Logic of Late Capitalism* described as one of the last of the precapitalist enclaves (the unconscious, along with nature) is now directly territorialized by corporations.

There is yet another dimension, however, to depression screening. One of the sponsoring groups for depression screening is Mental Health America. This non-profit group is an extensive network of organizations with the mission “of promoting mental health, preventing mental disorders and achieving victory over mental illness through advocacy, education, research and service.” (<http://www.mentalhealthamerica.net/go/mission-vision>) The organization sponsors mental health awareness programs, is a major promoter of screenings, and advocates for care for people with mental illness. The group is one of the largest non-profit groups in the mental health field, and one of the oldest, having been founded originally as the National Committee for Mental Hygiene in 1909 by Clifford Beers. Beers’ story is strikingly close to that of Daniel Paul Schreber. He was a very intelligent and educated man, hospitalized in 1900 for a number of years for paranoia. He was subsequently released and wrote an autobiographical account of his life and the poor treatment by the staff in the hospitals where he was confined, *A Mind that Found Itself* (available online at <http://www.gutenberg.org/files/11962/11962-h/11962-h.htm>). This text led to significant reform in mental health practices and the promotion of a notion of mental hygiene. (See Edward Shorter’s *A History of Psychiatry* for a brief discussion with references.)

This mental hygiene movement, of which depression screening is the latest manifestation, can be squarely

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situated within that movement in turn of the century (19th to 20th) American history described as the Progressive Era. (Hofstadter’s 1954 *The Age of Reform* remains a key reference.) One aspect of the Progressive agenda that we find in Beers’ work and the mental hygiene movement is the notion of social justice and equality for all, with a special focus and reliance on organization and bureaucracy, with the support of science, to achieve these changes. The Progressive Era is often described as a response to the rapid changes occurring at that time in history, mostly associated with industrialization. This led to responses such as Upton Sinclair’s 1906 *The Jungle*, which chronicled the abuses of the meat packing industry, and led to bureaucratic initiatives such as the Food

and Drug Administration, which regulated food through a systematization of food production as an industry. Beers' book similarly took issue with the increasingly 'factory-like' nature of the American asylums of the time, where he was confined. The crucial logic for all of these efforts, however, was a notion of what we might even term an Aristotelian Sovereign Good, be it in the care of animals or patients in asylums, that holds true for society—for everyone in society—and one which must be secured through the action of government, enlisting the help of science, in promotion of this Good for all.

There is yet a further historical antecedent for this in the first half of the 19th century in the US—the period known as the Second Great Awakening. The history of the United States has been marked by various periods of heightened religious activity, periods of great interest in protestant evangelism, times that are often referred to as Great Awakenings. The second one, though, from 1800-1835, is most notable, however, for in addition to the personal religious dimension present in the 18th century Great Awakening, this latter movement is notable for various reform causes: efforts to bring rights and equality to women and blacks (through the women's suffrage movement and the abolition movement) and, important in the context of depression screening, the development of the temperance movement and movements against masturbation and sexuality as such, which brought religion into personal behavior in a public and universal way for all and eventually resulted, in the later Progressive

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Era, in the Constitutional Amendment of Prohibition, which banned the production and sale of alcohol for a number of years.

A recent review article by Jill Lepore on the Second Great Awakening ("Vast Designs: How America came of age." *The New Yorker*. October 29, 2007) discusses the historical debate on the relationship of these reform efforts to the growth of egalitarian Jacksonian democracy and the expansion of American business. Cited in Lepore, Charles Sellers' *The Market Revolution: Jacksonian America, 1815-1846* argues for the importance of this moment as the critical moment of a revolution from an agrarian to a market capitalist economy, during which "Establishing capitalist hegemony over economy, politics, and culture, the market revolution created ourselves and most of the world we know." Sellers' thesis is strongly disputed by Daniel Walker Howe's *What Hath God Wrought: The Transformation of America, 1815-1848*, but both acknowledge an historical transition during this period. As Lepore succinctly summarizes it: "Sellers thinks that poor, drunk, lusty, impious eighteenth-century Americans were freer, and happier, than their wealthier, sober, prim, devout nineteenth-century grandchildren; Howe thinks it's the grandchildren who were better off."

What strikes one immediately with a chronology such as this, however, from the Second Great Awakening to the Progressive Era to the depression screening of today, is how each of these moral reform efforts—within the mental health field: from temperance and movements against sexuality to mental hygiene to depression screening—each occur at a pivotal moment in American economic history: the transition to a market economy, the transition to monopoly capitalism and, now, the development of advanced or global capitalism. Each moment carries within it one more effort for greater morality for all, in a well-nigh Weberian logic, extending moral control from that of behaviors such as

drunkenness into the psyche itself, with an increasing alliance with science to bolster these programs, even when science itself offers no support for practices such as depression screening.

This is moralism, writ large on the political stage, and is indeed something that Jacques Lacan warned about, in 1960,

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in *The Ethics of Psychoanalysis*, stating that “There is absolutely no reason why we should make ourselves the guarantors of the bourgeois dream. A little more rigor and firmness are required in our confrontation with the human condition. That is why I reminded you last time that the service of goods or the shift of the demand for happiness onto the political stage has its consequences. The movement that the world we live in is caught up in, of wanting to establish the universal spread of the service of goods as far as conceivably possible, implies an amputation, sacrifices, indeed a kind of Puritanism in the relationship to desire that has occurred historically. The establishment of the service of goods at a universal level does not in itself resolve the problem of the present relationship of each individual man to his desire in the short period of time between his birth and his death. The happiness of future generations is not at issue here.”

Lacan may well have been describing moralism in mental health in its American manifestations.

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