The United States of Depression

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When I read *Le Nouvel Âne 8*, from a vantage point *outre-Atlantique*, from the United States, I can read this not only as a debate underway in a different place, but I think we can also look at this from a temporal standpoint, as if it is a description of something from the past—for unlike France, where screening is just being introduced, in the United States, screenings have been in place for some time now: for the majority in the mental health field, screenings are an accepted part of practice and policy, seen as an effective way to promote good health.

As a psychiatrist who once worked part-time in a public mental health clinic, however, I had the opportunity to see how such screening policies can affect the operation of a clinic. The clinic where I worked was a mental health clinic that was part of a large system of medical and mental health care that offered a comprehensive range of treatments for the people it served. Depression screenings were mandated by the national administration—all patients seen within the system were required to have mandated formulaic screening for depression on a regular basis. As an incentive to ensure that the "system" was following the administrative mandate, the system was evaluated based on the percentage of population served who were screened (all the data and health records in the system were computerized). The latest effort now links funding for each local system to successful completion of screenings, ensuring that those working within the system comply with administrative mandates (and leading to intense pressure on the local clinicians to comply—clinicians who had no input into the decision regarding screening). In fact, an even more recent development along these lines is to link clinicians' individual salaries to their compliance with these types of mandates and other measures of their activities, the so-called *pay-for-performance* now promulgated in the US by various federal agencies.

The way that screening worked was that any patient who "tested positive" in answering several simple questions in

a primary care or emergency room setting was sent for a psychiatric consultation. But, the initiation of depression screening in this system hardly seemed to improve the care provided its population. For starters, a significant number of people who "tested positive" did not think they were depressed, nor did subsequent clinical opinion substantiate any diagnosis. Furthermore, quite a few patients were upset about the consultations, at being labeled as "depressed" and asked to see a specialist when they had had no desire for such consultation. From the standpoint of the clinic, however, these screenings generated an enormous amount of required consultations that absorbed a significant part of the time of the psychiatrists within the clinic (who—in response to other administrative mandates—were required to complete these consultations very quickly). The net impact of this was to reduce the amount of time that the psychiatrists had for providing the care

that they felt, in their clinical judgment, was appropriate for the patients that they were caring for.

The sad thing about the screening process, however, is that when clinics are placed under immense pressure—especially as linked to funding—to provide mandated care in such a way, it often leads those working within the clinics to practice as "quickly" as they can, leading to very short interviews with patients and easily generated diagnoses and treatments. Certainly, in such settings, "depression" becomes very easy to diagnose. Anyone who's felt a little sad, or has had a few difficult nights sleeping, or has periods where he or she loses motivation for a while can be quickly labeled depressed. Rather than explore the particular configuration of the ways in which an individual might be suffering, they are given this hasty diagnosis and, along with the diagnosis, the seemingly ubiquitous "depression" treatment in the United States, anti-depressant medications, which also satisfy the administrative demand to treat as many people as possible as quickly as possible. This is the fast-food approach to health care.

So, not only are there intrinsic problems with screening as such—and they have been elaborated quite well in *LNA8*—but we also see that such screening policies can have both a negative impact on the functioning of a clinic in being able to provide services for the patients that the clinicians want to care for

and also an impact leading to the degradation of clinical practice itself.

Beyond that, though, screening (along with other efforts directed at the general public, such as advertisements by pharmaceutical companies—and indeed poor clinical practice itself) promotes a bizarre ideological framework through which people articulate their sense of themselves and their suffering. It is not at all unusual now in the United States for a patient to present to a psychiatrist or mental health clinician for a first visit and, asked "how can I help you?" reply with a statement like "I have depression because of a chemical imbalance in my brain." In such settings, it can be very difficult for people to get beyond the simple labels that they have adopted for themselves—taken on, in a way, as their identity—from public efforts like screening or advertisements, sadly supported by some mental health clinicians. For such people, it can take a significant undoing of such ideologically supported identities before they can even articulate how they suffer, what they want to understand about themselves and their lives.

But, if we look at France now and compare this to the United States—in the past, when these initiatives for screening were being introduced in the US—we see one big difference. There was not a debate, a discussion, of this in the United States. I think screening was pretty much accepted—as a good idea, a positive reform—without significant consideration and judgment of what screening does and its effects. But when I look across the ocean now to France, I see my colleagues engaged on this issue—and I realize perhaps France will not follow the same trajectory, the trajectory taken here in the United States.