

WEEK 14 – FIXING THE PREVALENCE CONUNDRUM

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Determining prevalence and having a 360-degree view for incidents you're putting across public and private sectors are problematic. So let's take a look at the issues surrounding prevalence, definition, and standardization. There is no consistent national or international criteria. The numbers are incomplete and inaccurate. What should be done to improve just that one aspect of understanding the magnitude of disorders and need for care?

[? Bronner ?] and Stevens offer the following recommendations for the United States to address just the definitional issues surrounding prevalence as an argument for improving behavioral health services for children and adolescents. First, expand the research and establish the use of valid and reliable screening measures. The use of a standardized, fully structured, self-administered, epidemiologic questionnaire for families and standardized screening measures for families would assist in the collection of data to help in the diagnosis and early treatment of a disorder.

Second, define the levels of impairment in ranges. Again, there is little consensus on how minimum functional impairment should be defined or measured. Without a clear definitional guideline, children and adolescents will not receive the appropriate levels of supports and treatments they need based upon level of impairment.

Third, update the standard definition. Misclassification of disorder results in skewed statistics as well as an inappropriate diagnosis and treatment. Fourth, create a standard developmental at-risk profile. Other than poverty and stressful life experiences, few risk factors are disorder-specific. Hence, a broad-based approach to risk reduction would work better than an approach based upon specific risk factors.

Fourth, remove barriers to treatment. Financial issues, as in the cost of care, are cited as the most common barrier to receiving treatment. Whether it is at the individual level or the government level, funding for behavioral health is often cut or not available.

And last, create and implement a new early childhood mental health plan. As with any disease, the earlier it is diagnosed and treated, the better response the patient has. With lifelong chronic diseases, this maxim becomes even more important. Measures such as the Dallas clearly show the lifelong impact of behavioral health disorders on individual levels of functioning and disability, as well as larger societal concerns on morbidity and mortality.

If the definition of health from a global perspective is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, then clearly we have a formidable challenge ahead of us.