

This Month's Highlights

Computerized Adaptive Testing in Mental Health Care

Conducting comprehensive assessments is an essential component of effective treatment. However, such assessments are time-consuming and can be a significant burden for both patients and clinicians. The lead article in this month's issue describes computerized adaptive testing (CAT), which is used to reduce the time needed to administer extensive, fixed-length instruments. In adaptive testing, a person's initial item responses are used to determine a provisional estimate of his or her standing on the trait being measured, which then provides a basis for selection of subsequent items. Thus a small optimal number of items is administered without loss of measurement precision. Robert D. Gibbons, Ph.D., and colleagues used two versions of the Mood and Anxiety Spectrum Scales—the 626-item full-scale version and a CAT version. The sample consisted of 800 participants in outpatient treatment for a mood or anxiety disorder. Use of the CAT version reduced the number of items that needed to be administered by 95%, and the correlation between scores on the two versions was .93 (page 361). In a commentary on this study, George J. Unick, Ph.D., and colleagues highlight the advantages of this emerging methodology. However, they also note that the technology and infrastructure needed to implement CAT are currently beyond the reach of most mental health clinicians and researchers (page 369).

Use of Accommodations by College Students

Current estimates suggest that more than 33,000 students with mental illnesses are enrolled in colleges and universities. Their dropout rate—as

high as 86% in some studies—far exceeds that of the general student population (37%). However, students with disabilities are as academically successful as other students when person-specific supports are provided. Mark S. Salzer, Ph.D., and colleagues sought to fill a knowledge gap about use of accommodations by college students by conducting a national Internet survey. More than 500 responses were received from current and former students. Responses indicated that students' awareness and use of accommodations are increasing; however, most students reported that rather than going through the formal accommodations process with the campus Office for Students With Disabilities, they received supports directly from their instructors, such as extended time to complete assignments. Among former students the most common reason for not using accommodations was not knowing about them. The most common reason among current students was that they did not need them (page 370). In a commentary Elyn R. Saks, J.D., who was given a diagnosis of schizophrenia with a poor prognosis and who is now a chaired mental health law professor, raises interesting theoretical questions about accommodations and emphasizes their importance in helping individuals live up to their potential (page 376).

Impact of Cost-Sharing Mechanisms

Prescription benefit plans use several strategies to contain costs, including copayments, coinsurance, and income-based deductibles. Philip S. Wang, M.D., Dr.P.H., and coauthors report the results of a study of antidepressant use among seniors in British Columbia, where sequential implementation of

two cost-sharing policies—from full coverage to \$10–\$25 copayments in 2002 and then to income-based deductibles plus 25% coinsurance in 2003—permitted researchers to assess the effects of the different strategies. They found that implementation of the copay policy led to an observable drop in initiation of antidepressants. Replacement of this policy with the policy combining deductibles and coinsurance also was associated with a slowing of the rate at which antidepressant use had been increasing among seniors. Neither policy affected the rates of antidepressant discontinuation. The authors note that the clinical consequences of cost-sharing policies, especially among elderly patients, need to be clarified (page 377).

Briefly Noted . . .

- 1 Benzodiazepines are excluded from coverage under Medicare Part D, implemented in 2006. Researchers examined the extent of use of this drug class among Medicare beneficiaries in 2002 in order to gauge what effects the current exclusion may have (page 384).
- 1 A survey of clergy found that most felt inadequately trained to recognize mental illness, yet many were reluctant to refer people to professional care (page 437). The Taking Issue commentary highlights the importance of collaborating with clergy members, who can strongly influence their parishioners' willingness to seek treatment (page 349).
- 1 The Law & Psychiatry column examines laws aimed at preventing sex offenders from reoffending and court challenges to those laws and concludes that draconian approaches are counterproductive (page 352).