

Use of a computerized psychiatric interview to screen for mental disorders in students.

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Assessment of Psychiatric Disorders

- Mental disorders are assessed with the revised Clinical Interview Schedule – CIS-R (Lewis et al. 1992)
- This was developed by Goldberg (1970) and revised by Lewis (1992)
- This is a fully-structured psychiatric interview that assess 14 common psychological symptoms in the past months and their clinical significance in the past 7 days
- In contrast to other interviews (such as CIDI or MINI) the CIS-R has a “bottom-up” approach (from symptoms to diagnoses) and not a “top-down” (from diagnostic criteria to symptoms)
- CIS-R is independent of the current or future diagnostic criteria

Clinical Interview Schedule – Goldberg 1970

Brit. J. prev. soc. Med. (1970), **24**, 18-23

A STANDARDIZED PSYCHIATRIC INTERVIEW FOR USE IN COMMUNITY SURVEYS

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SURVEYS of psychiatric illness in the community are at present handicapped by the lack of valid and reliable methods of case-identification. The widely varying estimates of psychiatric prevalence made by different workers in this field (Lin and Standley, 1962) emphasize the urgent need for such techniques, which could be used both in field surveys and in the screening of general practice populations.

In large-scale psychiatric surveys, the use of a two-stage screening procedure is desirable and may, indeed, be essential for economic reasons. The first stage entails the selection of possible or 'potential'

phenomena which are relatively uncommon in the general population. The interview described by Spitzer, Fleiss, Burdock, and Hardesty (1964), although in some ways more suitable, is still insufficiently flexible and contains many items which would make it unacceptable to normal individuals. In this country, Wing, Birley, Cooper, Graham, and Isaacs (1967) and Kendell, Everitt, Cooper, Sartorius, and David (1968) have published accounts of the 'Present State Examination' which has been designed primarily for use in international studies. This very comprehensive 500-item schedule was

Revised Clinical Interview Schedule – Lewis 1992

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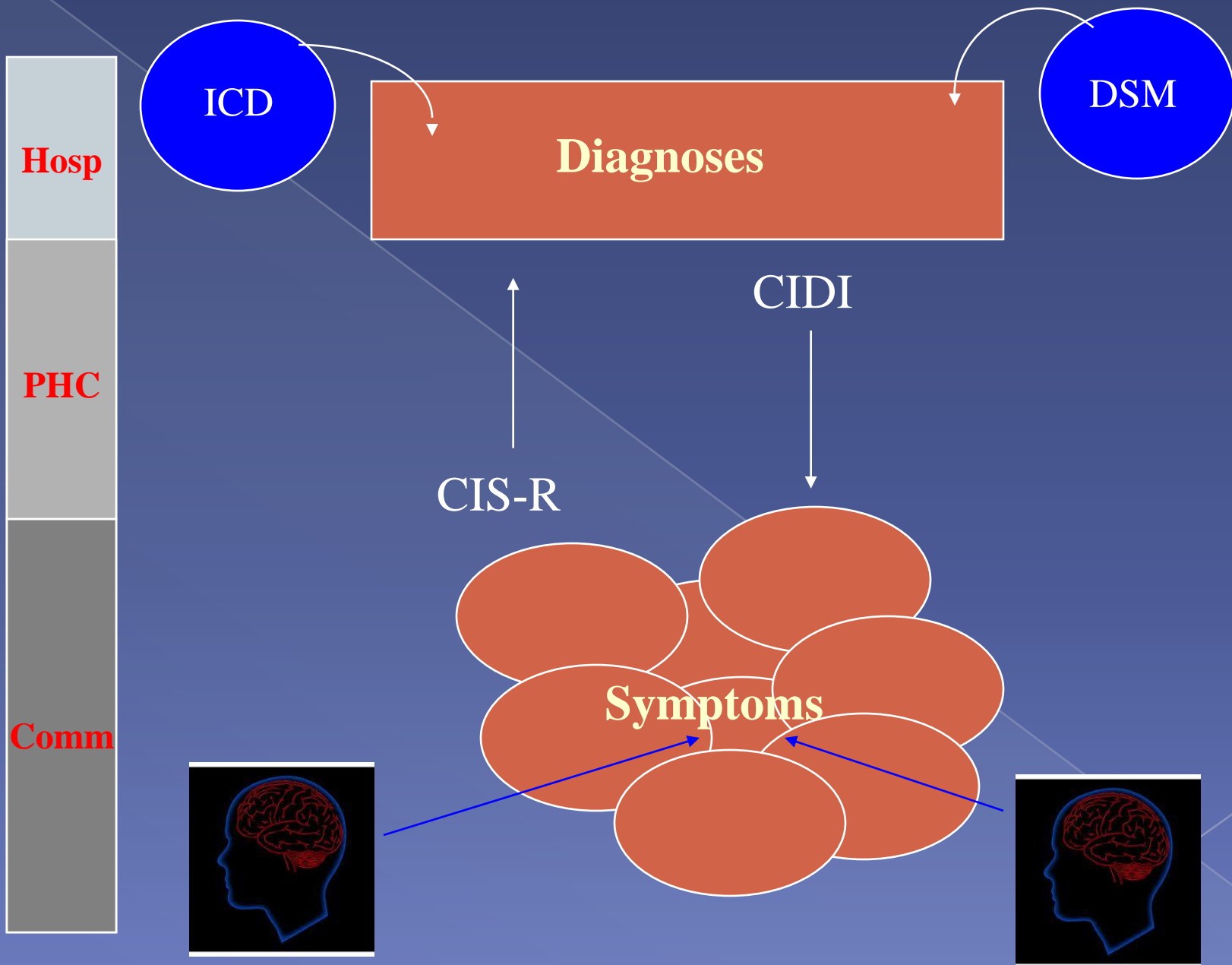
Measuring psychiatric disorder in the community: a standardized assessment for use by lay interviewers

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SYNOPSIS Many of the standardized interviews currently used in psychiatry require the interviewer to use expert psychiatric judgements in deciding upon the presence or absence of psychopathology. However, when case definitions are standardized it is customary for clinical judgements to be replaced with rules. The Clinical Interview Schedule was therefore revised, in order to increase standardization, and to make it suitable for use by 'lay' interviewers in assessing minor psychiatric disorder in community, general hospital, occupational and primary care research.

Two reliability studies of the revised Clinical Interview Schedule (CIS-R) were conducted in primary health care clinics in London and Santiago, Chile. Both studies compared psychiatrically trained interviewer(s) with lay interviewer(s). Estimates of the reliability of the CIS-R compared favourably with the results of studies of other standardized interviews. In addition, the lay interviewers were as reliable as the psychiatrists and did not show any bias in their use of the CIS-R. Confirmatory factor analysis models were also used to estimate the reliabilities of the CIS-R and self-administered questionnaires and indicated that traditional measures of reliability are probably overestimates.



Assessment of Psychiatric Disorders

1. Psychosomatic symptoms
2. Fatigue
3. Concentration - Memory
4. Sleep Problems
5. Irritability
6. Worry about physical health
7. Depressive mood
8. Depressive ideas
9. Worry (GAD)
10. Anxiety
11. Phobias
12. Panic
13. Obsessions
14. Compulsions

CIS-R

**Assessed
Symptoms**



Assessment of Psychiatric Disorders

- Depression
- GAD
- Phobic Disorders
- Panic Disorder
- OCD
- Somatoform Disorders
- Sleep Disorders
- Non-specific psychiatric morbidity

- Alcohol problems (Audit)
- Other substances (Smoking – Cannabis)

CIS-R

**Assessed
Diagnoses**

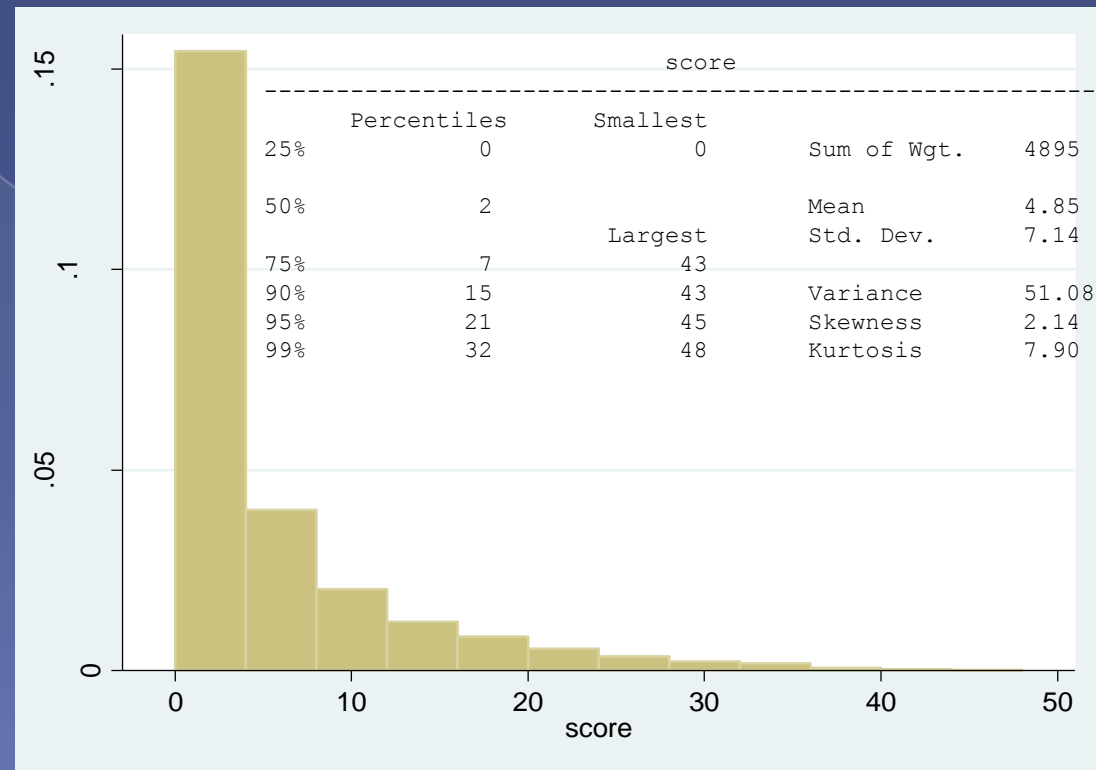
**Additional
Diagnoses**



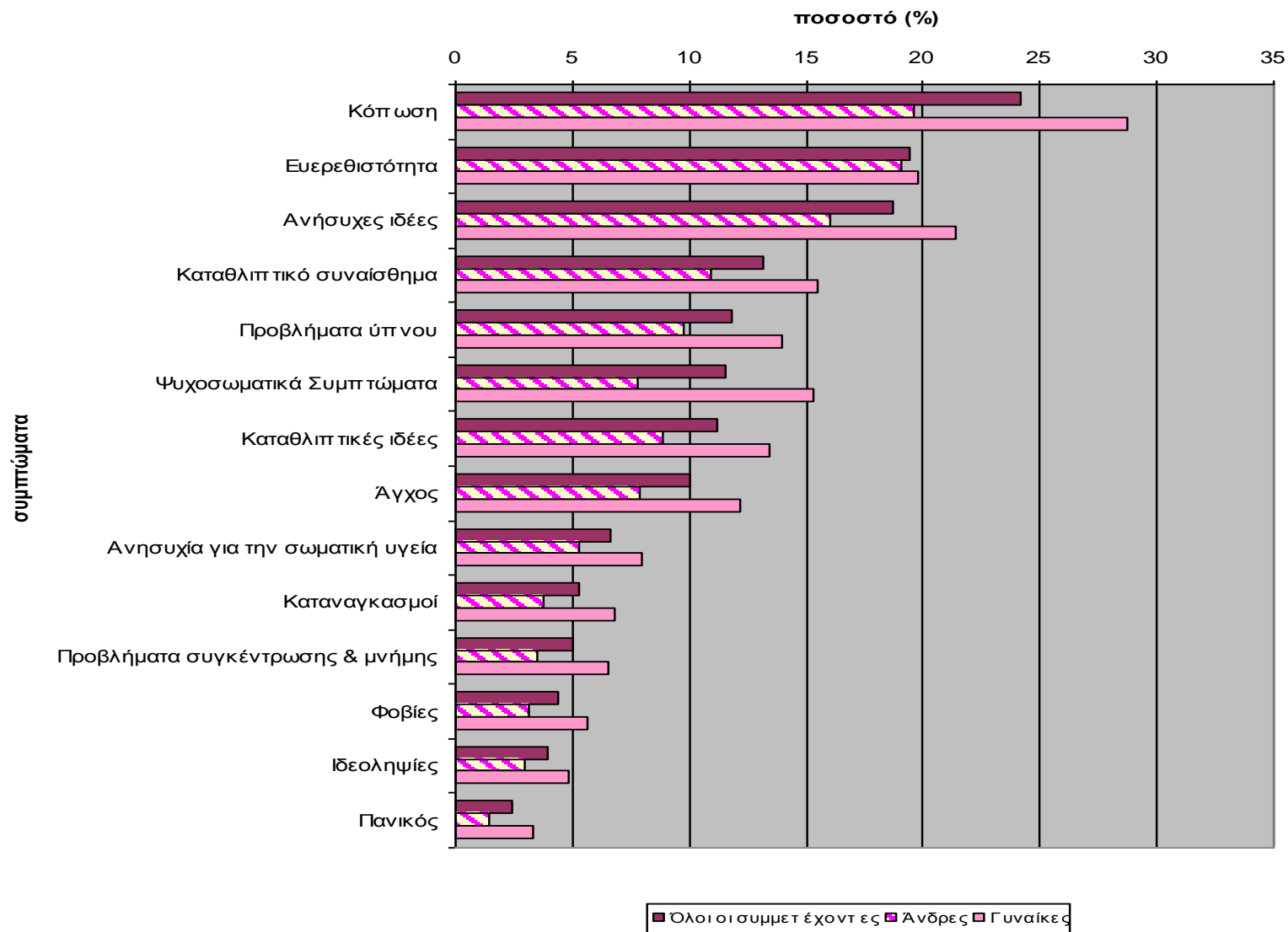
Assessment of Psychiatric Disorders

CIS-R outcomes

- Distribution of total scores (range: 0-57)
- Distribution of scores in each symptom section (range: 0-4)
- Prevalence of clinically significant symptoms (score ≥ 2)
- Distribution of scores grouped into 4 categories (no symptoms, subthreshold symptoms, moderate symptoms, severe symptoms)
- Prevalence of psychiatric disorders



Γράφημα 2.1 Ποσοστό ενηλίκων με σκόρ τουλάχιστον 2 σε κάθε σύμπτωμα, ανα φύλο



Assessment of Psychotic Symptoms – The PSQ

BRITISH JOURNAL OF PSYCHIATRY (2004), 185, 298–305

Prevalence and correlates of self-reported psychotic symptoms in the British population

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Background The psychosis phenotype is generally thought of as a categorical entity. However, there is increasing evidence that psychosis exists in the population as a continuum of severity rather than an all-or-none phenomenon.

In recent years there have been suggestions that psychosis exists in the general population as a continuous phenotype rather than as an all-or-none phenomenon (van Os *et al*, 2000). The existence of a psychosis continuum has been found in several large-scale community surveys. In the US

are more common among people of Caribbean origin living in Britain (Johns *et al*, 2002). We used data from a large cross-sectional survey of the British population to examine the distribution and correlates of self-reported psychotic symptoms. We also examined whether there were any specific demographic and clinical correlates of paranoid thoughts and hallucinatory experiences.

METHOD

Sample

The data were obtained from the second National Survey of Psychiatric Morbidity in Great Britain, conducted in 2000 by the Office for National Statistics (ONS). The survey examined the prevalence of mental

Assessment of Psychotic Symptoms – The PSQ

Hypomania Over the past year, have there been times when you felt very happy indeed without a break for days on end?

Thought insertion Over the past year, have you ever felt that your thoughts were directly interfered with or controlled by some outside force or person?

Paranoia Over the past year, have there been times when you felt that people were against you?

Strange experiences Over the past year, have there been times when you felt that something strange was going on?

Hallucinations Over the past year, have there been times when you heard or saw things that other people couldn't?

Assessment of Suicidal Ideas

- These are assessed with four questions of the CIS-R.
 - The full spectrum of suicidal ideation is assessed
1. Hopelessness – Tiredness of life
 2. Death wishes
 3. Active Ideation
 4. History of Suicidal attempts

Validation of the Greek version of CIS-R



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An empirical investigation of the structure of anxiety and depressive symptoms in late adolescence: Cross-sectional study using the Greek version of the revised Clinical Interview Schedule

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ABSTRACT

Several studies in the past have examined whether the hierarchical structure of anxiety and depressive symptoms can explain the high comorbidity between them but more studies are needed from other settings and with different methods. The present study aimed to examine the structure of common anxiety and depressive symptoms in adolescents 16–18 years old attending secondary schools using the Greek version of

Validation of the Greek version of CIS-R

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P. Skapinakis et al. / Psychiatry Research xxx (2010) xxx-xxx

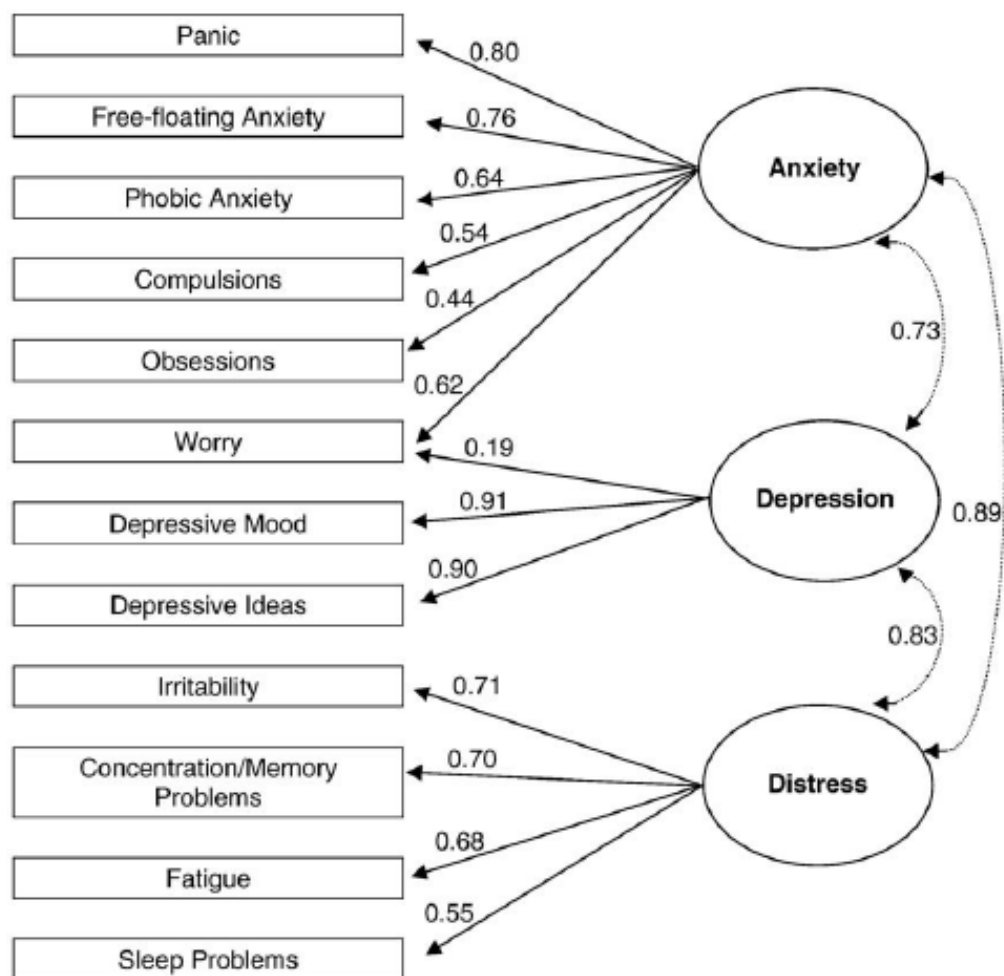


Fig. 1. Best fitting model of the structure of 12 internalizing symptoms in 2431 older adolescents (16-18 years old) in Greece. All parameter estimates are standardized and significant at $p < 0.01$.

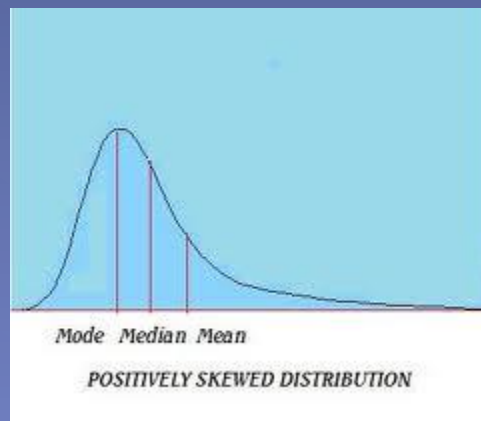
Fully computerized assessment



Currently working on an internet-based
assessment

Pilot in students of the counselling centre of Ioannina

We are currently conducting a pilot study in our counselling centre and the first results show that the interview is potentially very useful in helping mental health professionals to assess and screen more systematically the needs of students attending the centre



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ΕΥΧΑΡΙΣΤΙΩ