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

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

Glyn Lewis, Anthony J. Pelosi, Ricardo Araya and Graham Dunn

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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

Assessed Diagnoses

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

Additional Diagnoses

CIS-R
Assessment of Psychiatric Disorders

- 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

**CIS-R outcomes**

Percentiles | Smallest | Sum of Wgt. | Largest | Std. Dev. | Variance | Skewness | Kurtosis
---|---|---|---|---|---|---|---
25% | 0 | 0 | 43 | 7.14 | 51.08 | 2.14 | 7.90
50% | 2 | | | 4.85 | | | 
75% | 7 | | | | | | 
90% | 15 | | | | | | 
95% | 21 | | | | | | 
99% | 32 | | | | | |
Γράφημα 2.1 Ποσοστό ενηλίκων με σκόρ τουλάχιστον 2 σε κάθε σύμπτωμα, ανα φύλο

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

LOUISE C. JOHNS, MARY CANNON, NICOLA SINGLETON, ROBIN M. MURRAY, MICHAEL FARRELL, TRAOLACH BRUGHA, PAUL BEBBINGTON, RACHEL JENKINS and HOWARD MELTZER

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 National Comorbidity Survey, 20% of individuals 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
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

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