

nView Health

Turning Mental Health *Awareness*
into Mental Health *Action*

nView Health provides a cohesive set of evidence-based behavioral health screeners, diagnostic interviews, monitors, and severity measurement scales to help healthcare providers integrate behavioral health into their workflow as an essential component of patient care and measurement-based care requirements.

A BROKEN SYSTEM

Our mental healthcare system is broken. Substance abuse, depression, anxiety, and suicide are rampant in the US and across the world. The pandemic has accelerated serious mental health conditions that already were too prevalent before COVID-19.

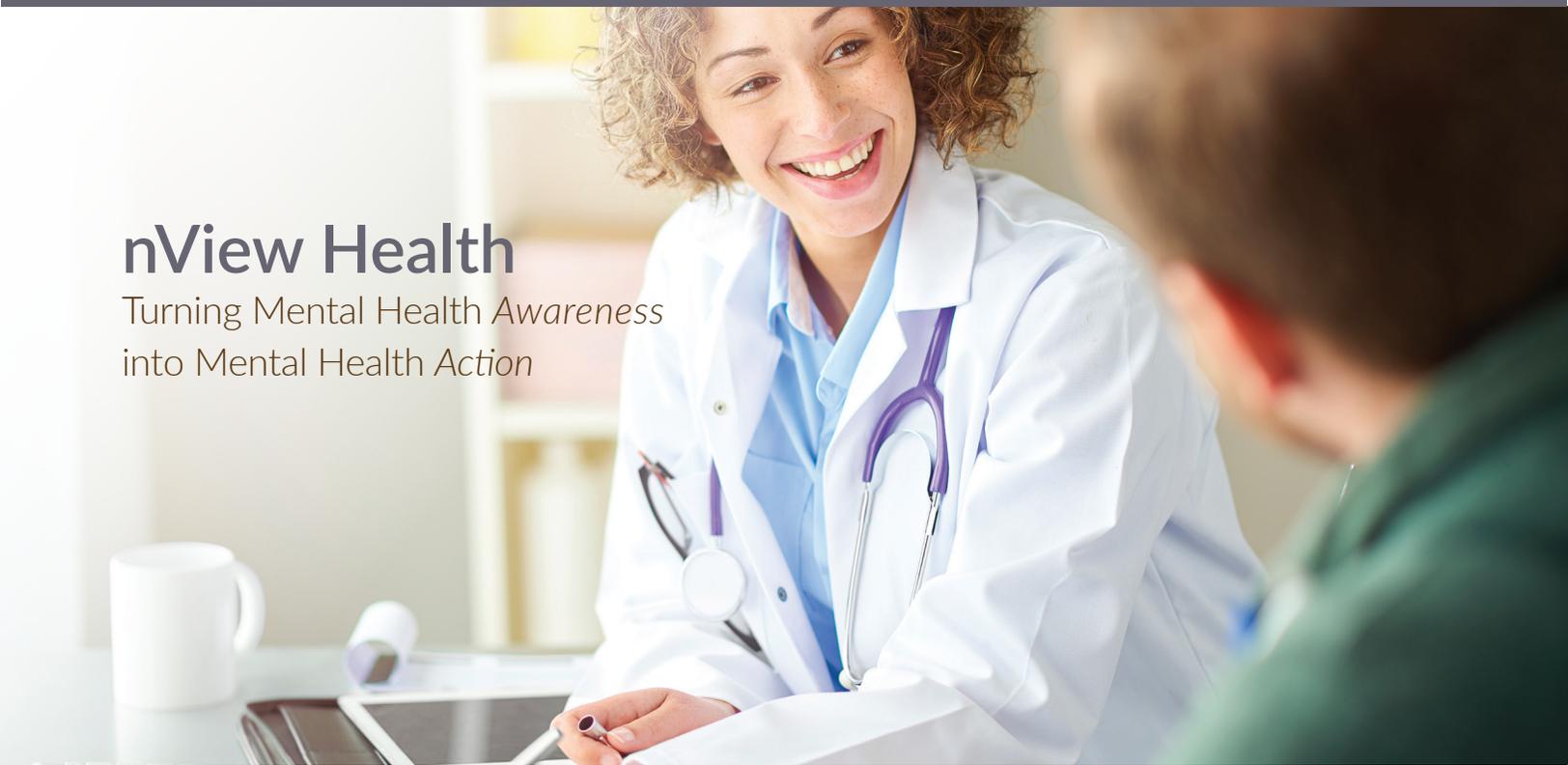
In 2019, it was estimated that nearly one in five US adults were living with a mental illness¹. This figure has significantly increased due to the pandemic. The Kaiser Family Foundation reports roughly 4 in 10 US adults state they now have symptoms of anxiety or depression². According to a CDC study conducted in June 2020, 13% of respondents reported increased

substance use to cope with the stress related to COVID-19, and 11% of respondents seriously considered suicide in the 30 days prior to completing the survey³.

Why is our healthcare system failing mental health?

Although discussion about mental health is widespread as a result of the pandemic, there are several critical factors that our healthcare system needs to address:

- 1) A stigma still surrounds seeking treatment and this stigma is even more prevalent in rural communities and within the healthcare profession itself.
- 2) For those who do seek treatment, there is a severe shortage of behavioral health providers. For example, 70% of the counties in the US lack a pediatric psychiatrist.⁴
- 3) Primary care providers treat 60% of people for depression in the US and prescribe 79% of antidepressant medications⁵, yet they lack the tools, training and time to provide mental healthcare.
- 4) The tools most widely used to diagnose mental health conditions including the PHQ-2, PHQ-9 and GAD-7 are outdated, one-dimensional and ineffective as the misdiagnosis statistics affirm (see infographic).



Why Common Mental Health Screeners PHQ-2, PHQ-9, and GAD-7 Don't Work

1. One-dimensional screeners that only evaluate depression or anxiety don't identify co-morbidities such as bipolar disorder, PTSD, and substance abuse that often underly depression and anxiety, leading to misdiagnosis and inappropriate treatment.
2. Screeners designed to help determine the severity of symptoms of depression or anxiety don't get to the root cause of the disorder, so providers often prescribe medications and treatment that may not be right to treat the disorder, causing potential harm to the patient and costing the healthcare system in wasted time and money.
3. Older screeners may not be up-to-date and compliant with the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, which is the American Psychiatric Association's current guidance on classifying mental disorders.
4. Tools like the PHQ-9 were developed by large pharmaceutical companies that manufacture antidepressant drugs, inserting bias into the assessment process.
5. The PHQ-9 and GAD-7 provide a single snapshot of a patient's mental health state over a short timeframe, making it difficult to have the data needed to support measurement-based care and value-based reimbursement.

A Call to Action

By any statistical measurement we are losing the fight for better mental health. The disconnect between healthcare and mental healthcare remains strong. The pandemic has put mental healthcare front and center in terms of awareness and discussion. However, we have yet to translate awareness into tangible action to repair our mental healthcare system and integrate it into our physical healthcare regimen.

To evolve to a true integrative healthcare model requires we move forward quickly with validated clinical solutions that provide a comprehensive overview of patient health. Serious problems require serious solutions, and there is no time to waste on mental health problems we will be dealing with for many years to come.

nView is calling healthcare providers to the fight against this second pandemic of mental health by taking concrete actions to better identify and treat individuals suffering from mental health problems, and subsequently support their patients' recovery with qualitative and quantitative solutions to track, monitor and document patient outcomes.

The Prevalence of Mental Health Misdiagnosis and Over-Diagnosis

65.9% Misdiagnosis rate for major depressive disorder

71% Misdiagnosis rate for generalized anxiety disorder⁸

Antidepressants are the 2nd most prescribed drugs in the US

Use of psychotropic drugs increased from 2001 to 2010⁹ 22%

71% of patients' symptoms worsen as a result of inappropriate treatment from misdiagnosis¹¹

6.4M American children diagnosed with ADHD, a 41% increase over 10 years¹⁰

41%

A Way Forward

Unlike traditional screeners, nView Solutions are exclusively licensed from the top psychiatric professionals in the behavioral health field to help healthcare providers accurately and efficiently identify and assess mental health needs and monitor mental health treatment and progress.



Screening

The process starts with screening all patients for mental health issues, not just those who present with potential depression and/or anxiety. The challenge is healthcare providers, particularly mid-level and primary care providers who provide the majority of mental healthcare today, aren't equipped with solutions that are incorporated into their workflow, making it difficult to screen everyone.

nView Screeners

Easily screen for multiple conditions through a set of cohesive tools that live within the physician's existing workflow, removing the guesswork of selecting from a library of disjointed screeners and improving the ability to screen more patients.

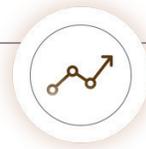


Diagnosing

Misdiagnosis, underdiagnosis, and non-diagnosis are rampant (see infographic), leading to inappropriate treatment and overprescribing of medications. A significant reason is the existing "diagnostic" tools rely on 2, 7, or 9 questions to diagnose complex mental health disorders that have co-morbidities. For example, at least 50% of patients diagnosed with depression also have at least one anxiety disorder⁶.

nView Diagnostic Interviews

More accurately assess 19 adult and 25 pediatric behavioral health conditions with diagnostic interviews that have been clinically validated and cited in over 20,000 studies and articles.



Monitoring

Once a patient's mental illness has been identified, diagnosed, and treated, patient outcomes must be measured – not just to ensure the patient makes progress but to support measurement-based care (MBC). According to the Utilization Review Accreditation Commission (URAC), which offers a Designation for Measurement-Based Care in mental health and substance abuse, MBC results in 20%-60% better clinical outcomes⁷.

nView Monitors & Severity Measurement Scales

Track what is going on with patients on a daily, weekly or monthly basis to understand the impact of a patient's disorder and monitor progress to proactively adjust treatment and measure care.

A Cohesive Set of Evidence-Based Behavioral Health Solutions

Screeners

- M.I.N.I. 7.0.2 Screen for Adults
- M.I.N.I. KID 7.0.2 Screen
- Anxiety Disorder Screen
- Eating Disorder Screen
- Mood Disorder Screen
- Substance Use Disorder Screen
- BDDQ (Body Dysmorphic Disorder Questionnaire)
- BDDQ - Dermatology Version

Diagnostic Interviews

Adult

- M.I.N.I 7.0.2
- M.I.N.I. 7.0.2 ADHD
- M.I.N.I. 7.0.2 Borderline Personality Disorder
- M.I.N.I. 7.0.2 for ER Clinical Use
- M.I.N.I. 7.0.2 with Major Depressive Subtypes
- M.I.N.I. 7.0.2 for Psychotic Disorders Studies
- BDD Module (Body Dysmorphic Disorder Diagnostic Module)
 - FOCI (Florida Obsessive Compulsive Index)
 - YBOCS I & II (Yale-Brown Obsessive Compulsive Scale)



Monitors & Severity Measurements

- Disorder-specific Monitors for each of 19 adult disorders
- Disorder-specific Monitors for each of 25 pediatric disorders
- BDD-YBOCS (Yale-Brown Obsessive-Compulsive Scale Modified for Body Dysmorphic Disorder)
- BABS (Brown Assessment of Beliefs Scale)
- SDS (Sheehan Disability Scale)
- SSTS (Sheehan Suicidality Tracking Scale)

Diagnostic Interviews

Adolescent & Child

- M.I.N.I. KID 7.0.2 for Children and Adolescents
- M.I.N.I. KID 7.0.2 for Children & Adolescents - Parent Version
- M.I.N.I. KID 7.0.2 for Children & Adolescents for Psychotic Disorders Studies
- CYBOCS I & II (Children's Yale-Brown Obsessive Compulsive Scale)
- CFOCI (Children's Florida Obsessive Compulsive Index)

nView Screeners, Interviews, Monitors, and Severity Measurement tools are proprietary and exclusively licensed to nView Health, Inc. All tools are available in multiple languages.

For more information about nView Health please visit us online at www.nView.com, or call **877-684-3943**.

Engage Today

nView Solutions help healthcare providers set their patients on the right path to optimal mental health while also earning much-needed and deserved revenue through reimbursable CPT codes for screening, interviewing, and monitoring patients for mental health.

For more information about nView Health please visit us online at www.nView.com, or call 877-684-3943.

ABOUT NVIEW

nView Health is the premier provider of evidence-based software and solutions used by research organizations and healthcare professionals around the world to help them identify, treat, and monitor mental health disorders, a critical requirement for measurement-based care. nView is the worldwide exclusive licensee for a broad array of behavioral health screening solutions, structured interviews, and post-diagnosis severity measurement scales to monitor patient outcomes.

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¹ National Institute of Mental Health, Mental Health Information, Statistics.

<https://www.nimh.nih.gov/health/statistics/mental-illness>, accessed 05/24/2021.

² Panchal N et al. (2021) The Implications of COVID-19 for Mental Health and Substance Use.

<https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>, accessed 05/24/2021.

³ Czeisler M et al. (2020) Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States.

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>, accessed 05/24/2021.

⁴ McBain R et al. (2019) Growth and Distribution of Child Psychiatrists in the United States: 2007-2016. <https://pediatrics.aappublications.org/content/144/6/e20191576#abstract-2>, accessed 06/04/2021.

⁵ Barkil-Oteo A (2013) Collaborative Care for Depression in Primary Care: How Psychiatry Could “Troubleshoot” Current Treatments and Practices.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3670434>, accessed 06/04/2021.

⁶ Al-Asadi A, Klein B, Meyer D (2015) Multiple Comorbidities of 21 Psychological Disorders and Relationships with Psychosocial Variables: A Study of the Online Assessment and Diagnostic System Within a Web-Based Population. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4392551/#ref1>, accessed 06/07/2021.

⁷ URAC Measurement-Based Care Designation. <https://www.urac.org/accreditation-cert/measurement-based-care-designation/>, accessed 05/24/2021.

⁸ Vermani M, Marcus M, Katzman M (2011) Rates of Detection of Mood and Anxiety Disorders in Primary Care: A Descriptive, Cross-Sectional Study.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3184591/>, accessed 06/07/2021.

⁹ Smith B (2012) Inappropriate Prescribing. <https://www.apa.org/monitor/2012/06/prescribing>, accessed 06/07/2021.

¹⁰ The A.D.D. Resource Center. <https://www.addrc.org/adhd-numbers-facts-statistics-and-you/#targetText=An%20estimated%206.4%20million%20American,in%20some%20states%20than%20others>, accessed 06/07/2021.

¹¹ Campbell D (2012) People with Bipolar Disorder May Wait 13 Years for Diagnosis. <https://www.theguardian.com/society/2012/jun/27/bipolar-disorder-diagnosis-survey>, accessed 06/07/2021.