

# 米国におけるメンタルヘルス分野のヘルスサポートの取り組み

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## 要約

### I. はじめに

### II. 沿革

1940      Employee Assistance Program  
 1980      Managed Be-  
 Behavioral Healthcare Organization      2005

### III. 現状

1	1	1,580	7.2
		2	
			1,000

### IV. 課題

60	97
----	----

EAP	2007	5	5
-----	------	---	---

### V. まとめ

I. はじめに

MBHO

1. ディジーズ・マネジメントと精神疾患

2000

DM

DM

18

prevalence

18.1%

9.5%

8.9%

5

5

3.8%

DM

EAP

26.2%

1

DM

2

3. 用法

” behavioral

health”

” behavioral health”

2. 本稿の構成

1940

National

Employee Assistance Program

Business Group on Health

NBGH

EAP

“ AN EMPLOYER’S

1980

GUIDE TO BEHAVIORAL HEALTH SER-

Managed Behavioral Health-

VICES – A roadmap and recommendations

care Organization

for evaluating, designing and implementing

<sup>1</sup> Ronald C. Kessler, et al., “Prevalence, Severity, and Comorbidity of 12-Month DSM-IV Disorders in the National Comorbidity Survey Replication”, Arch Gen Psychiatry, 2005, p.62, pp.617-627.

behavioral services”	EGBHS	II. 沿革	
” behavioral health”		1940	EAP
	<sup>2</sup>	1980	
What is Behavioral Healthcare?			2000
Behavioral healthcare is an umbrella term and refers to a continuum of services for individuals at risk of, or suffering from, mental, behavioral, or addictive disorders. Behavioral health, as a discipline, refers to mental health, psychiatric, marriage and family counseling, and addictions treatment, and includes services provided by social workers, counselors, psychiatrist, psychologists, neurologists, and physicians.		1. EAP の発祥と展開	
		1940	
			EAP <sup>3</sup>
			Occupational Alcohol
		Program <sup>4</sup>	Alco-
		holics Anonymous	
“ behavioral healthcare”		1940	
		1940	Eastman
		Kodak du Pont	EAP North
		American Aviation	Consolidated Edison
		New England Electric	Caterpillar
” mental health”			

<sup>2</sup> Finch RA, Phillips K. Center for Prevention and Health Services, “An Employer’s Guide to Behavioral Health Services: A Roadmap and Recommendations for Evaluating, Designing, and Implementing Behavioral Health Services”, National Business Group on Health, 2005, 2<sup>nd</sup> Page, (visited Dec. 4, 2007) <[http://www.businessgrouphealth.org/pdfs/fullreport\\_behavioralhealthservices.pdf](http://www.businessgrouphealth.org/pdfs/fullreport_behavioralhealthservices.pdf)>.

<sup>3</sup> p.55

<sup>4</sup> EAP CONSAD Research Corporation, “EAP Handbook”, Chapter 2 Historical Overview and Evolution of Employee Assistance Programs, 1999, (visited Nov. 6, 2007) <[http://www.consad.com/eap/eap\\_toc.htm](http://www.consad.com/eap/eap_toc.htm)>.

EAP

EAP

EAP

EAP

EAP

EAP

EAP

1980

EAP

1960

EAP

					EAP
				5	Magellan Behavioral Health Services 6,875
					ValueOptions 2,473 United Behavioral Health 2,131 CIGNA Behavioral Health 1,408
EAP				982	5 APS Healthcare, Inc. Magellan Behavioral Health Services Charter Medical Corporation 1969
2. MBHO の出現					
1980	1990				1992
					6 ValueOptions 1986
					7 United Behavioral Health UnitedHealthcare UnitedHealthcare 1987
					8
					UnitedHealthcare
					2008
					United Behavioral Health OptumHealth Behavioral Solutions CIGNA Behavioral Health CIGNA Corporation
management		utilization			CIGNA 1989 MCC 1974
	MBHO				1999 CIGNA Behavioral Health
	MBHO				9 APS Healthcare, Inc. 1992
2002-2003					10

<sup>5</sup> “OPEN MINDS Yearbook of Managed Behavioral Health & Employee Assistance Program Market Share in the United States, 2002-2003” Open Minds (visited Nov. 5, 2007) <<http://www.openminds.com/pressroom/103002mbhoyearbook02.htm>>.

<sup>6</sup> (visited Nov. 2, 2007) <<http://www.magellanhealth.com/news/presskit/company/history.asp?leftmenu=2&sub=his>>.

<sup>7</sup> (visited Nov. 5, 2007) <<http://www.valueoptions.com/company/History.htm>>.

<sup>8</sup> (visited Dec. 14, 2007) <<http://www.uhc.com/aboutus/history.htm>>.

<sup>9</sup> (visited Oct. 29, 2007) <[http://www.cigna.com/about\\_us/company\\_history.html](http://www.cigna.com/about_us/company_history.html)>.

	EAP	America. The Federal Action Agenda: First Steps”
EAP		13
		(1) 大統領令で示された5原則
		5
	MBHO EAP	5
	one-stop shop	①メンタルヘルスケアの成果を改善する
EAP		
	11 MBHO	
EAP		②地域社会レベルでの連携のとれたケア・モデルを促進する
	12	
3. 政策の動向		
		③既存の資源を最大限活用し、規制上の障害を縮小する
	2002 4	
13263	Executive Order 13263	
	The New Freedom	
Commission on Mental Health		④サービス提供に影響のあるメンタルヘルス分野の研究成果を活用する
		⑤連邦、州、地域の各レベルでの革新性、柔軟性、説明責任を促進する
	2005 7	
“ Transforming Mental Health Care in		

<sup>10</sup> (visited Nov. 5, 2007) <<http://www.apshealthcare.com/about/CompanyHistory.htm>>.

<sup>11</sup> 2 Finch RA. Phillips K. Center for Prevention and Health Services p.55

<sup>12</sup> 4 CONSAD Research Corporation, Chapter 4 The Relationship Between Employee Assistance Programs and Managed Care

<sup>13</sup> Substance Abuse and Mental Health Service Administration, U.S. Department of Health and Human Services, “Transforming Mental Health Care in America. The Federal Action Agenda: First Steps”, DHHS Pub No. SMA-05-4060, 2005 (visited Nov. 21,2007) <[http://www.samhsa.gov/Federalactionagenda/NFC\\_TOC.aspx](http://www.samhsa.gov/Federalactionagenda/NFC_TOC.aspx)>.

(2) 変革後のメンタルヘルス・サービスのビジョン

15 20

(3) 回復を目指したメンタルヘルス・システムへの挑戦

(4) transformation という言葉に込められた意味  
transformation

reform

disability

(profound)

(5) 広汎なコミットメント

Science-to-Service

U.S. Department  
of Health and Human Services  
HHS

the National Strategy  
of Suicide Prevention

Ⅲ. 現状

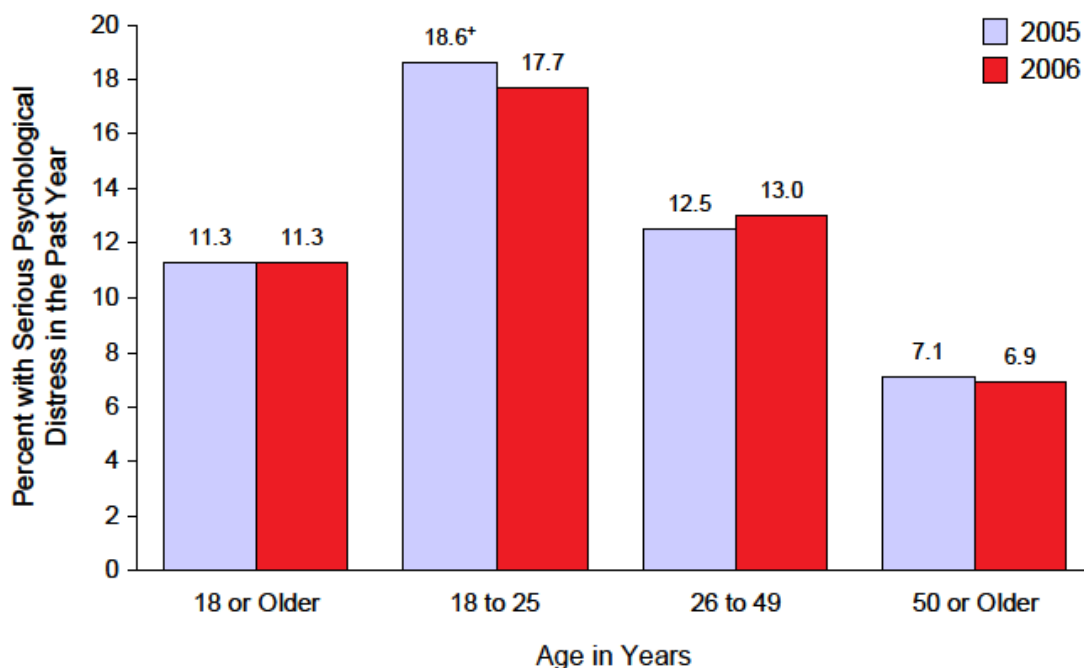
1. 発症率等の現状

HHS          Substance Abuse and Mental  
Health Service Administration  
SAMHSA  
Office of Applied Studies  
National Survey on Drug Use and Health



NSDUH		18		1
NSDUH	67,500	SPD		2,490
		18		11.3
			2005	
2007	9		18-25	
2006	14	17.7	50	
	prevalence	6.9		1
			18	
		8.7		13.7
(1) Serious Psychological Distress (深刻な心理的苦悩。以下、「SPD」とする。)の発症率				7.8
NSDUH	18		10.5	
“ K6”		6		10.8
		SPD	11.4	2
	15	18	25.3%	25.9
SPD				25.9

《図表 1》年齢階層別の SPD の発症率：2005-2006 年



“ ” 2006 5  
14 pp.85 Figure 8.1.

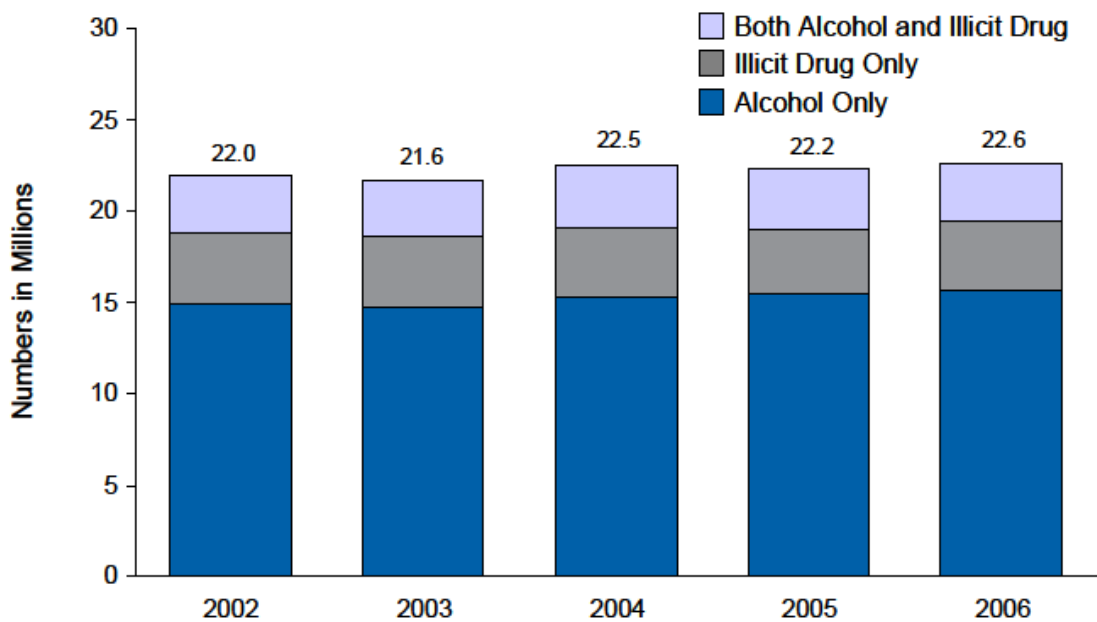
<sup>14</sup> Substance Abuse and Mental Health Services Administration, “Results from the 2006 National Survey on Drug Use and Health: National Findings”, (Office of Applied Studies, NSDUH Series H-32, DHHS Publication No. SMA 07-4293), 2007 (visited Nov. 27, 2007) <<http://www.oas.samhsa.gov/nsduh/2k6nsduh/2k6results.pdf>>.

<sup>15</sup> K6 SPD

(2) 薬物依存・乱用の発症率

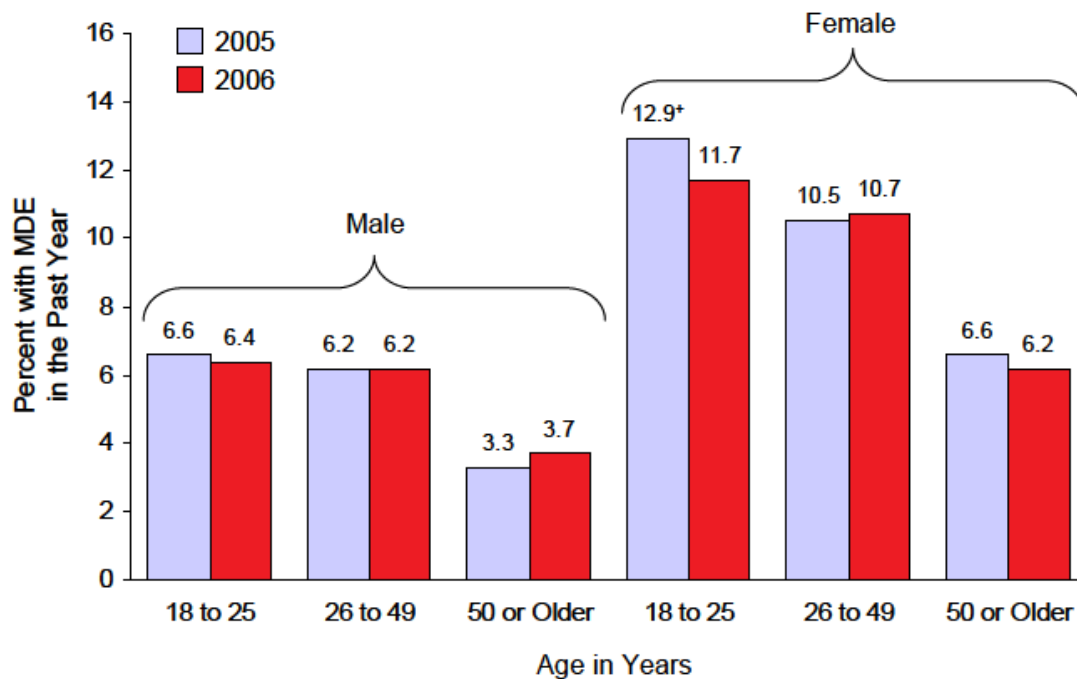
NSDUH	12								
		2002	2006						
			2002	2,200	2003	2,160			
	substances		2004	2,250	2005	2,220			
alcohol		illicit	2006	2,260					
drug									
	Diagnostic and								2002
Statistical Manual of Mental Disorders, 4 <sup>th</sup>	edition ( DSM-IV )		2006						
			2002	7.7	2003	7.5	2004	7.8	
12	1		2005	7.7	2006	7.6			
2,260	12	9.2	2002	3.0	2003	2.9	2004		
	2		3.0	2005	2.8	2006	2.9		
		320							
			1	SPD					
								18	
380			SPD					22.3	
		1,560							

《図表 2》 12 歳以上人口における薬物依存および乱用者数：2002-2006 年



1	SPD	7.7	1	MDE	5.1	18-25
			50		9.0	8.5
			26-49			
(3)	Major Depressive Episode (大うつ病エピソード。以下、「MDE」とする。)				5.3	
	の発症率		9.0			18-25
	MDE		2005	12.9		2006
			11.7			
	16 USDUH		3			
DSM-IV	MDE				3.0	
9			2		2	3.0
DSM-IV	MDE		14.3%			2
18		1	1		12.1	7.8
	MDE	1,580	18		6.3	
		7.2	2004		5.8	5.4
8.0	2005	7.3				
		2005	18			
2006					unemployed	11.6

《図表 3》 男女別・年齢階層別の過去 1 年間の MDE 発症率：2005-2006 年



“ ”

2006

5

14 pp.87 Figure 8.3.

6.6  
 7.6%  
 7.8  
 18 1 MDE  
 18 1 MDE Disability Insurance  
 24.3 disability  
 1  
 MDE Long-Term Disability  
 8.1 Insurance Short-Term Dis-  
 ability Insurance long-term  
 disability, short-term disability  
 lifetime prevalence  
 Kessler 17  
 1  
 46.4 absenteeism  
 28.8  
 20.8 present  
 24.8 14.6 teeism

2. 就業障害等の発生による職場における影響

Lerner

19

6

18

3 2

dysthymia

14

<sup>17</sup> Ronald C. Kessler, et al., "Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication", Arch Gen Psychiatry 62(6),2005, pp.593-602

<sup>18</sup> ABC

2003 p.239

<sup>19</sup> Debra Lerner, et al., "Unemployment, Job Retention, and Productivity Loss Among Employees with Depression", Psychiatric Services 55, 2004, pp.1371-1378

12

21

12

15

	MetLife		“ Health and Work Performance Questionnaire”	
			HPQ	4 57,666
	5	20	HPQ	15,380
	2			
	4			
Loeppke	4	57,666		10
			5	
				10

《図表 4》 就業障害原因の上位 5 位（百万人あたりの推計発生件数）

	5,470	550
	2,883	
	3,374	222
	1,833	104
	1,715	170
	1,467	74

20

《図表 5》 区分ごとの上位 10 疾患

医療費 順	薬剤費 順	医療費+薬剤費 順	生産性低下 順	総コスト 順
1 その他のがん Other cancer	高コレステロール血症 High cholesterol	その他のがん Other cancer	慢性疲労症候群 Fatigue	腰痛・頸痛 Back/neck pain
2 腰痛・頸痛 Back/neck pain	胃食道逆流性疾患 GERD	腰痛・頸痛 Back/neck pain	うつ病 Depression	うつ病 Depression
3 その他の慢性疼痛 Other chronic pain	関節炎 Arthritis	冠状動脈性心臓病 Coronary heart disease	腰痛・頸痛 Back/neck pain	慢性疲労症候群 Fatigue
4 冠状動脈性心臓病 Coronary heart disease	糖尿病 Doabetes	その他の慢性疼痛 Other chronic pain	睡眠障害 Sleeping problem	その他の慢性疼痛 Other chronic pain
5 睡眠障害 Sleeping problem	うつ病 Depression	高コレステロール血症 High cholesterol	その他の慢性疼痛 Other chronic pain	睡眠障害 Sleeping problem
6 高コレステロール血症 High cholesterol	高血圧 Hypertension	胃食道逆流性疾患 GERD	関節炎 Arthritis	高コレステロール血症 High cholesterol
7 高血圧 Hypertension	喘息 Asthma	糖尿病 Doabetes	高血圧 Hypertension	関節炎 Arthritis
8 糖尿病 Doabetes	アレルギー Allegy	睡眠障害 Sleeping problem	肥満 Obesity	高血圧 Hypertension
9 頭痛 Headache	不安障害 Anxiety	高血圧 Hypertension	高コレステロール血症 High cholesterol	肥満 Obesity
10 うつ病 Depression	冠状動脈性心臓病 Coronary heart disease	関節炎 Arthritis	不安障害 Anxiety	不安障害 Anxiety

21

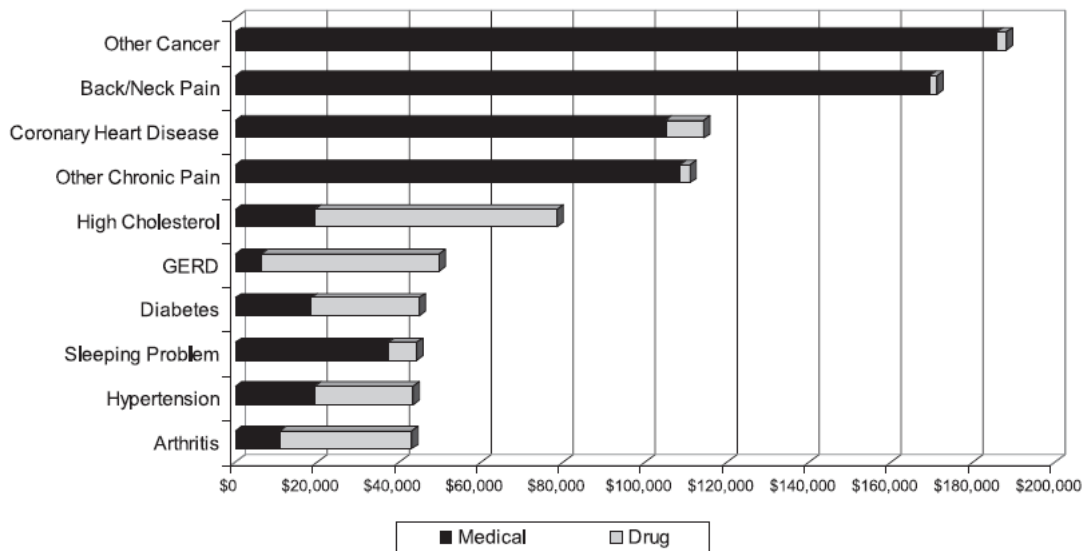
TABLE 3

<sup>20</sup> MetLife, “National Disability Month: MetLife Research Highlights Top Five Workplace Disability; Lower Back Disorders Top The List”, News Release dated on Oct. 16, 2003. (visited Nov. 29, 2007) < <http://www.bollinger.com/all-pages/new3/11.05.02/pdf/10.27.03metlifeTop%20Workplace%20Disabilities%2010-16.pdf>>.

<sup>21</sup> Ronald Loeppke, et al., “Health and Productivity as a Business Strategy”, J Occup Environ Med. 49, 2007, pp.712-721

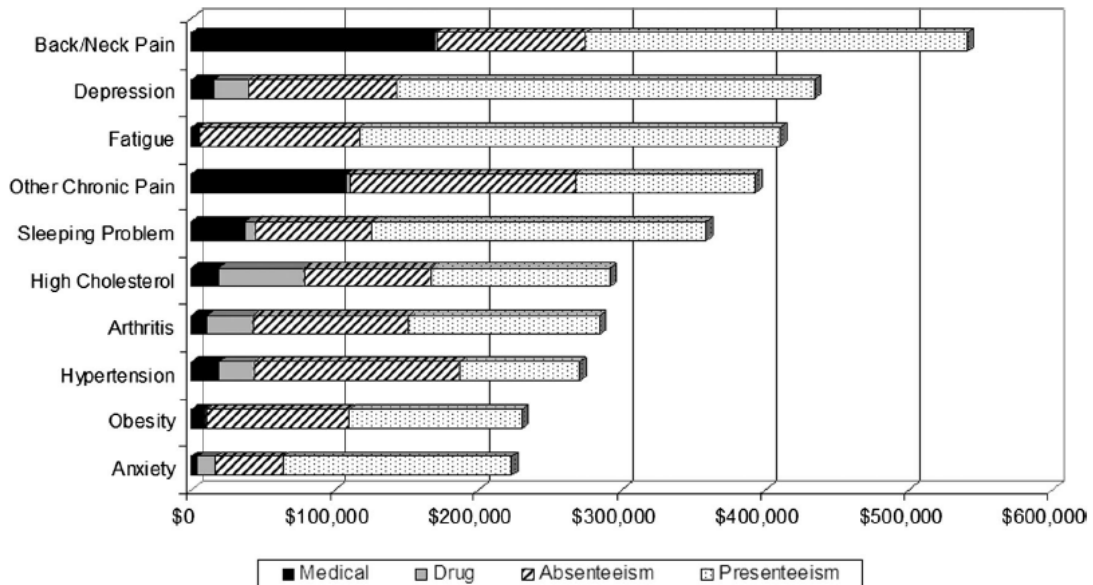
1,000  
5  
6  
5  
7  
6  
7

《図表 6》常勤従業員 1 千人当たり医療費・薬剤費合計金額の上位 10 疾患



21 Fig.1.

《図表 7》常勤従業員 1 千人当たり医療費・薬剤費・生産性コスト合計金額の上位 10 疾患



21 Fig.2.

	1993	8.2	2003	7.5
			2003	1
	6,000			10
		5	1993	1998
	5	1998	2003	
	5	3.4		5.4
	7.9	7.7		5
HPQ			2003	
		1,000		
	210			
		6.2	1.3	
		1993	2003	
	18.8			
	8			42
1				
				23

### 3. 治療等の現状

			24
	1993	700	2003
1,210		22	
	5.6	6.5	25
			2006
			NSDUH
			18

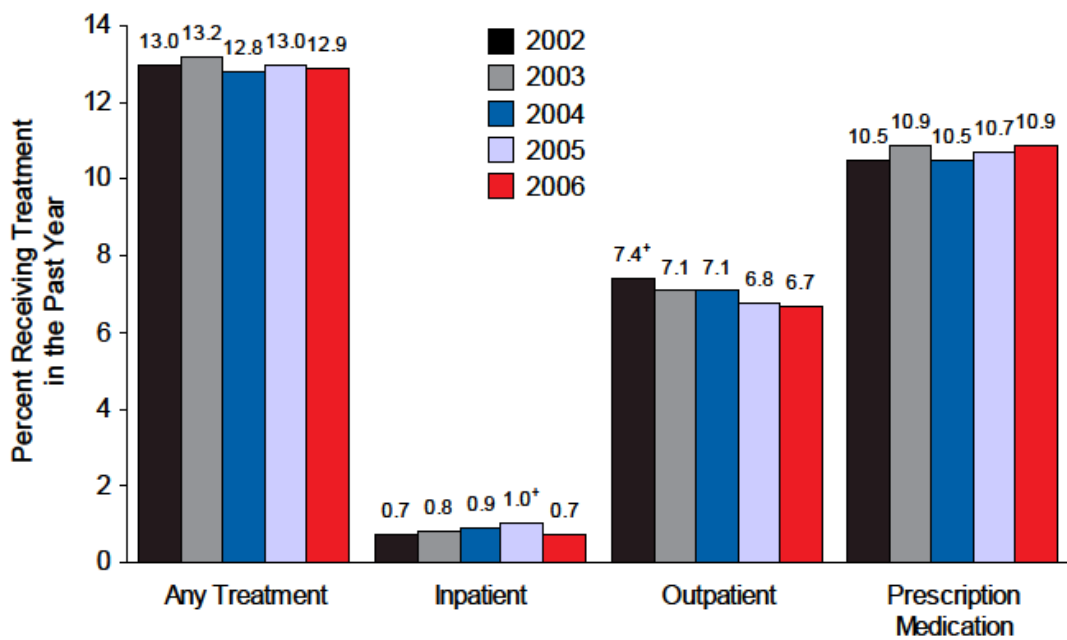
<sup>22</sup> Tami L. Mark, et al., “National Expenditures for Mental Health Services and Substance Abuse Treatment, 1993–2003”, SAMHSA Publication No. SMA 07-4227, Substance Abuse and Mental Health Services Administration, 2007, pp.iv (visited Dec.3, 2007) <<http://www.samhsa.gov/spendingestimates/SAMHSAFINAL9303.pdf>>.

<sup>23</sup> U.S. Department of Health and Human Services, “Mental Health: A Report of the Surgeon General – Executive Summary”, US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999 (visited November 12, 2007) <<http://www.surgeongeneral.gov/library/mentalhealth/home.html>>.

<sup>24</sup> National Institute of Mental Health. “Depression: A treatable illness”, NIH Publication No. 03-5299, 2004, (visited November 13, 2007) <<http://www.nimh.nih.gov/health/publications/depression-a-treatable-illness.shtml>>.

		12.9	2,830	11.9	7.4	
12						7.0
	2005	13.0		7.0		5.6
	8					18
				4.8	1,050	
10.9		6.7				
		2005				
				480		
0.7	160		2005			
1.0	210			560		2,830
						19.9
	18-25	10.8	26-49	14.0		
50	12.4					
		4.8	8.4			
		7.2	14.2			
				41.5		
	0.8	0.7				34.0
	2		rates	17.1		
	21.6%		15.2			16.0
				18	9,282	

《図表 8》 18 歳以上人口に対する精神保健関連治療の受療者の割合：2002-2006 年





2001 2  
 2003 4 the National  
 Comorbidity Survey Replication  
 NCS-R Wang 17.9  
 10 13.3  
 26  
 DSM IV  
 5  
 PCP

#### 4. メンタルヘルスと他の慢性疾患との相互関連

Primary Care Physician  
 PCP  
 Chapman  
 27  
 Chapman  
 5 50  
 41.1 12.3  
 16.0  
 22.8  
 8.1 6.8 PCP

<sup>26</sup> Philip S. Wang, et al., "Twelve-Month Use of Mental Health Services in the United States", Arch Gen Psychiatry, 62, 2005, pp.629-640

<sup>27</sup> Daniel P. Chapman, et al., "The Vital Link Between Chronic Disease and Depressive Disorders", Prev Chronic Dis [serial online] 2005, (visited Nov. 22, 2007) <[http://www.cdc.gov/pcd/issues/2005/jan/04\\_0066.htm](http://www.cdc.gov/pcd/issues/2005/jan/04_0066.htm)>.

2

2

1.6

2 4,700

5,500

4.5

10

2

18

2

IV. 課題

1. 企業（雇用主）の提供するメンタルヘルス  
ケアの課題

4

60

28

6 1

200

99

<sup>28</sup> Kaiser Family Foundation and Health Research and Educational Trust, "Employer Health Benefits 2007 Summary of Findings", Publication No. 7672, 2007, (visited Dec. 10, 2007) <<http://www.kff.org/insurance/7672/upload/Summary-of-Findings-EHBS-2007.pdf>>.

3 199

59

98

1

97

29

23 The Surgeon General's Report on Mental Health

30

1980

1990

NBGH

Fortune400

200

1988

27

1989

47

31

MBHO

<sup>29</sup> Kaiser Family Foundation and Health Research and Educational Trust, "Employer Health Benefits 2006 Annual Survey", Section 9 Prescription Drug and Mental Health Benefits, Publication No. 7527, 2006, (visited Dec. 10, 2007) <<http://www.kff.org/insurance/7527/upload/7527.pdf>>. 2007

2006

<sup>30</sup> 23 U.S. Department of Health and Human Services p.418

<sup>31</sup> 2 Finch RA. Phillips K. Center for Prevention and Health Services pp.43-52

(1) アクセス

PCP

PCP

2

PCP

1

(2) ケアの質

PCP

NCS-R

PCP

32.7%

2

32

PCP

12.7

48.3



1996 9 26 Mental  
Health Parity Act<sup>34</sup> MHPA

2 50

5

1 30

8

MHPA

57.7%

6

10.5%

2001

<sup>33</sup> 25

Eli Lilly, Northeast Utilities, CNF Transportation

78.7

### (3) 給付の不均衡

1 2

American Psychological

<sup>33</sup> Elizabeth A. McGlynn, et al., "The quality of healthcare delivered to adults in the United States", The New England Journal of Medicine, 348(26), 2003, pp.2635-2645

<sup>34</sup> Mental Health Parity Act, (visited Nov. 15, 2007) <<http://www.dol.gov/ebsa/newsroom/fsmhparity.html>>.

Association( )

35

the Federal Employees Health

Benefits Program (

NBGH

) 4

36

2001

Behavioral

Health Awards

BHA

1

2. 企業（雇用主）の取り組み事例

SAMHSA

the Center for

Mental Health Services

2007

NBGH 2007 10

10 5 6

5

<sup>37</sup> NBGH

Washington

Business Group on Health

(1) Aetna/エトナ社

200

Fortune 500

industry

sector

Healthcare

Plans

5,000

31,130

NBGH 2005

EGBHS

①経緯

<sup>35</sup> American Psychological Association. Government Relations Practice Organization, "The cost of full parity: One to two percent, or less. period", (visited Nov. 15, 2007) <[http://www.apa.org/practice/cost\\_parity.html](http://www.apa.org/practice/cost_parity.html)>.

<sup>36</sup> U.S. Department of Health and Human Services. Office of the Assistant Secretary for Planning and Evaluation. "Evaluation of Parity in the Federal Employees Health Benefits (FEHB) Program: Final Report". U.S. Department of Health and Human Services, 2004, p.8

<sup>37</sup> Slavitt W, et al., Center for Prevention and Health Services, "Behavioral Health Awards: Employer Implementation & Best-Practices", National Business Group on Health, 2007, (visited Dec. 13, 2007) <[http://www.businessgrouphealth.org/pdfs/issuebrief\\_awardsoct2007.pdf](http://www.businessgrouphealth.org/pdfs/issuebrief_awardsoct2007.pdf)>.

PCP

18,168

EGBHS

6

National Medical Director  
Un ABH the  
Dr. Hyong

10

ABH

Aetna Behavioral Health  
ABH

12

3 1

②プログラムの特徴

44

ABH

CEO CMO chief medical officer  
CEO CMO

2

ABH

PHQ-9®

ABH

3

ABH

pay for

performance measures

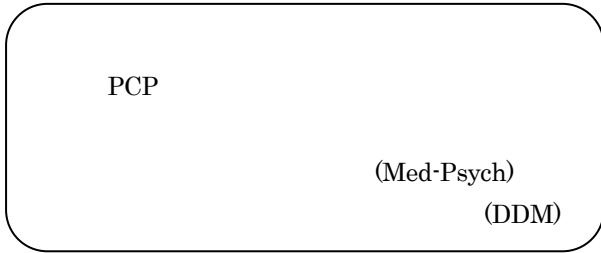
NCQA

(National Committee for Quality Assurance )

(Med-Psych)

Med-Psych

《図表 9》 エトナ社のうつ病へのアプローチ



37 pp.9

PCP

SF-12®

PCP

PCP

PCP the Patient Health Questionnaire (PHQ-9®)

SF-12®

PHQ-9®

Mental

PCP

Component Summary (MCS)

Physical

Component Summary (PCS)

Med-Psych

PHQ-9®

PHQ-9®

PCP



2006 SF-12®  
Med-Psych PCS  
45 MCS  
8 3.5  
PCP  
1 1 13 Welcome Kit  
ROI 3  
Med-Psych  
CEU2  
Med-Psych  
PCP  
DDM (DDM)  
DDM  
DDM  
5  
2006 SF-12® DDM  
PCM DDM  
30 DDM  
2.5  
ABH  
1 1 57 PHQ-9®

SF-12®

SF-12®

2005

9

(2) Cisco Systems/シスコシステムズ社

industry

40

sector

16,835

61,535

Health  
(HMS)

(UBH)

WebMD

United Behavioral  
Harvard Medical School

①経緯

EGBHS

2006

2005

2006

2005

2006

②プログラムの特徴

6

the Health and Work Performance Questionnaire (HPQ)

UBH

HMS

HPQ HMS WHO

1

2 1

2005

WebMD

UBH

2006

2006

HMS UBH

2007

UBH Care Advocate

CA

HMS UBH UBH

CA

210

CA

UBH

UBH

10

CA

《図表 10》パイロットプログラムにおける  
援助群、標準群の属性

CA

	99	111
	92	106
	60%	58%
	40%	42%

The

WebNuro

UBH

CA

CA

210

(3) Delta Air Line / デルタ社

EAP

12

96 461

industry

sector

46,000

③将来の方向性

①経緯

EGBHS

EAP

EAP

2007

EAP

UBH

2007

2006

HMS

EAP

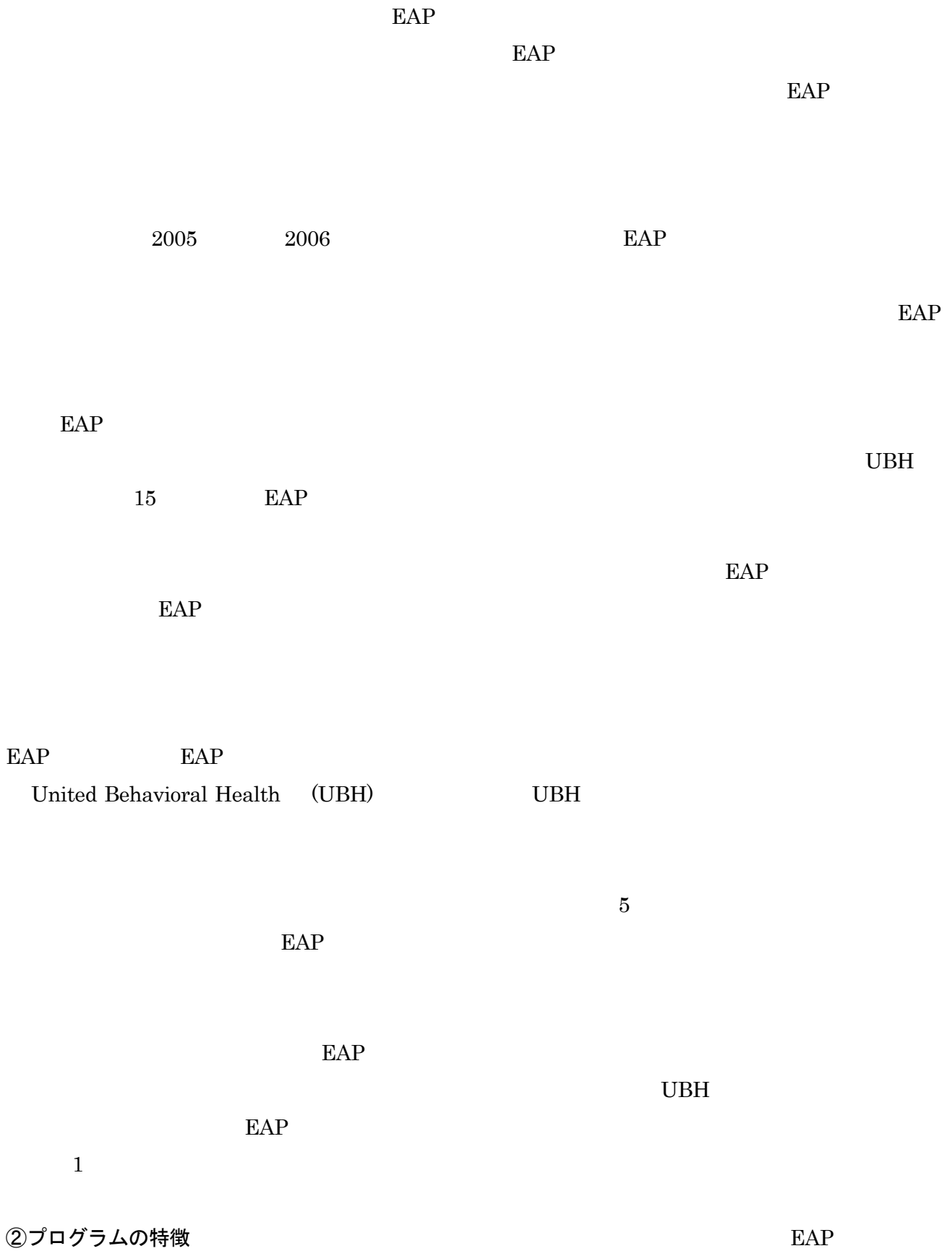
2006

2007

HMS

2006

EAP



EAP 5  
 5191  
 UBH  
 EAP  
 4  
 24 7  
 3  
 EAP  
 EAP UBH  
 UBH  
 EAP  
 EAP  
 EAP  
 UBH  
 EAP  
 EAP  
 UBH  
 3 EAP 4  
 DM EAP 95  
 timeliness  
 97.7  
 EAP 97.7  
 97  
 EAP  
 EAP  
 EAP

120

30

875,000

GSK

③将来の方向性

UBH 1

UBH

GSK

2006

26

EAP

(4) GlaxoSmithKline/GSK

116

industry  
sector

EAP

100,000

24,000

HRA

①経緯

EGBHS

HRA

GSK

be successful

GSK

GSK

3

11

2001

2001

2006

GSK

2,300

②プログラムの特色

GSK

resilience

GSK

organized

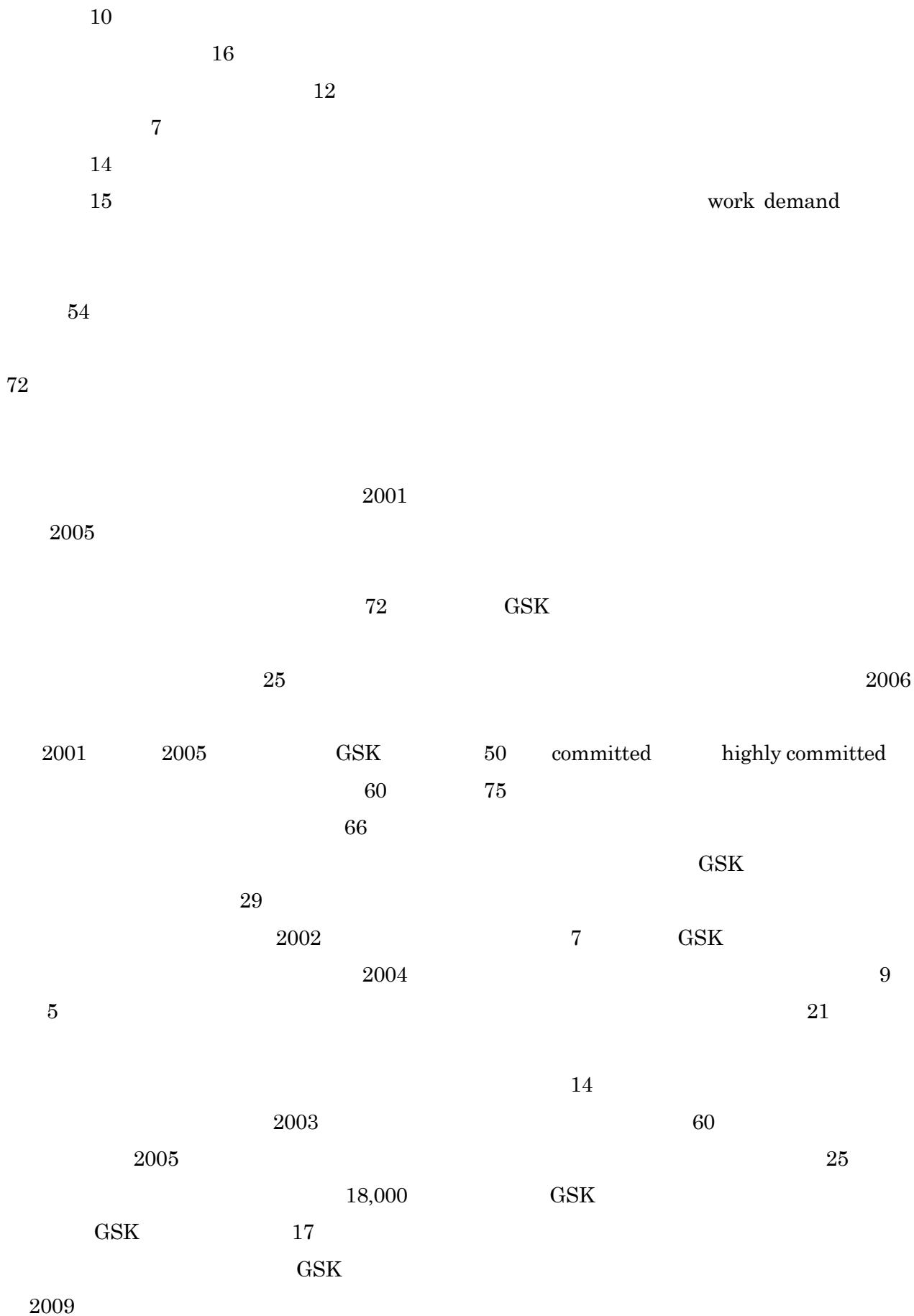
2006

2007

《図表 11》導入の取り組み経過

2001	Employee Health Management
2003	
2005	
2006	
	13
2007	





③将来の方向性

GSK

CSR

Employee Health Special-

ists

Employee Health

Management

(5) Pitney Bowes/PB社

13

industry

sector

2007

GSK

23,000

GSK

①経緯

EGBHS

EAP

PB

PB

23,000

Family and Medical Leave Act)

DCM

PB ValueOption

②プログラムの特色

DCM

DCM

EAP

disability care manager

EAP

DCM

medical director

DCM

(1) 対象者の選定

16

26

PB

2

604

304

300

K6

6

1

K6

9

0

7,978

2

7,978

Quick

Inventory of Depression Symptoms Self-Report (QIDS-SR)      QIDS-SR

③将来の方向性

PB

8

604

EAP

(2) 介入方法

3. 介入プログラムの有効性の検証事例

Wang

2007 9

<sup>38</sup> Philip S. Wang, et al., "Telephone Screening, Outreach, and Care Management for Depressed Workers and Impact on Clinical and Work Productivity Outcomes", JAMA, 298(12), 2007, pp.1401-1411

(4) 結果

QIDS-SR

13.5

6 10.2 11.2  
12 8.9 10.0

QIDS-SR 50

2

12  
30.9 21.6

QIDS-SR 5

12 12

26.2 17.7

1 50 70

6 90.1

60 12 88.0  
6 96.1 12 92.6

(3) 主たる成果指標

1 6

QIDS-SR 40.1 12 39.5  
HPQ 6 42.0 12

2 42.3

6 6 12

12 1 2

1

2 2

the National Institute of  
Mental Health the Robert Wood Johnson  
Foundation the John D. and Catherine  
T. MacArthur Foundation

V. まとめ

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PCP

DSM-IV

1996

ABC

2003

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## <付録 1> K6 の質問内容および SPD の判断基準点

### 1. K6 の質問内容

K6

12

1

1

### 2. スコアリングの方法

1

6

0 24

1	(All of the time)	1	4
2	(Most of the time)	2	3
3	(Some of the time)	3	2
4	(A little of the time)	4	1
5	(None of the time)	5	0

1

0

### 3. SPD 判断基準点

13

SPD

1

1

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1

## <付録 2> 頭字語一覧表（アルファベット順）

BHA	Behavioral Health Awards	27
CM		30
CMO	Chief Medical Officer	29
DCM	Disability Care Manager	42
DM	Disease Management	3
DMS-IV	Diagnostic and Statistical Manual of Mental Disorder, 4 <sup>th</sup> edition	12
EAP	Employee Assistance Program	3
EGBHS	“AN EMPLOYERS GUIDE TO BEHAVIORAL HEALTH SERVICE – A roadmap and recommendations for evaluation, designing and implementing behavioral services”	4
HHS	U.S. Department of Health and Human Services	10
HMS	Harvard Medical School	32
HPQ	Health and Work Performance Questionnaire	16
MCS	Mental Component Summary	30
MDE	Major Depressive Episode	13
MHPA	Mental Health Parity Act	26
NBGH	National Business Group on Health	4
NCQA	National Committee for Quality Assurance	29
NCS-R	The National Comorbidity Survey Replication	21
NSDUH	National Survey on Drug Use and Health	11
PCP	Primary Care Physician	21
PCS	Physical Component Summary	30
PHQ-9	The Patient Health Questionnaire	29
QIDS-SR	Quick Inventory of Depression Symptoms Delf-Report	44
SAMHSA	Substance Abuse and Mental Health Services Administration	10
SPD	Serious Psychological Distress	11
UBH	United Behavioral Health	32