

vided for a population within a budget are already appearing. In the next few years, capitated academically affiliated mental health programs will provide research and policy analyses to guide actions and educate the public, teaching us how to manage care in a clinically and ethically exemplary manner.

None of the hopeful trends described here is preordained, and their continuation will require concerted political action. The chaos and turbulence of the current marketplace will succeed only if

promising currents of change are identified and accentuated. Given the fulfillment of that hope, there is room for tempered optimism about the future of mental health care in the United States.

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## IN BRIEF

### Where There's Hope

A study of 2,400 middle-aged Finnish men indicates that lack of hope is associated with a high rate of death from heart disease and cancer. The men were asked to agree or disagree with such statements as "It's impossible to reach my goals" and "The future seems hopeless and I can't believe things are changing for the better." Their answers were used to classify their level of hopelessness as low, moderate, or high.

During the next six years, 174 of the men died, mainly from heart disease (87) or cancer (40). Men with a moderate level of hopelessness (36% of the total) had twice the death rate, and those with a high level of hopelessness (11%) had more than three times the death rate of the 53% who were low scorers. Moderately and highly despairing men were at risk from both cancer and heart disease; men with high scores were also at risk from accidents and violence.

These differences remained after the men were matched for blood pressure, cholesterol, smoking, drinking, social class, education, prior depression, and social isolation. A high level of hopelessness predicted even new cases of fatal cancer and fatal heart attacks in men with no history of heart trouble; moderate hopelessness was associated with a high death rate from disease only in men with a past illness.

The authors note that hopelessness is not identical to depression or a belief that one's health is poor. Suicide, for instance, is more strongly correlated with hopelessness than with depression, and both sexes acknowledge similar levels of hopelessness, although depression is more common in women.

*Susan A. Everson, Debbie E. Goldberg, George A. Kaplan, et al. Hopelessness and risk of mortality and incidence of myocardial infarction and cancer. *Psychosomatic Medicine* 58, 113-121, 1996.*

### Treatment for Adolescent Depression

In a recent study, researchers have found that cognitive-behavioral therapy is more effective than family or supportive therapy for major depression in adolescents. Two-thirds of the patients were recruited from a clinic associated with the University of Pittsburgh and one-third through advertisements. All received psychotherapy for three to four months weekly and then once a month for two to four months more. In cognitive-behavioral therapy, patients were taught to monitor and correct automatic thoughts and helped to develop problem-solving and social skills. Family therapy concentrated on problem-solving, communication, and family interaction. Supportive treatment provided patients with a chance to express feelings and discuss personal problems in a general way. Of the 78 patients (73% of the total) who stayed until the end of the study, those receiving cognitive-behavioral therapy were most likely to recover. They also tended to recover sooner, with a lower dropout rate. According to the authors, quick recovery may be especially important for adolescents, because they often commit suicide early in a depressive episode.

*David A. Brent, Diane Holder, David Kolko, et al. A clinical psychotherapy trial for adolescent depression comparing cognitive, family, and supportive therapy. *Archives of General Psychiatry* 54: 877-885 (September 1997).*

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