The M3 Score: *One Number* for Mental Health

In a single number the **M3 Checklist** score captures an overall measure of one's mental health. Relying on a cutoff score of 33 that is based on an important 2010 validation study out of the University of North Carolina[1], the M3 finds 85% of patients with a confirmed mood *and/or* anxiety diagnosis (not merely depression), while only 1 in 10 patients with a score greater than 32 is diagnosis-free. Deceptively simple, this one score allows clinicians to quickly and efficiently focus in on appropriate cases of mood and anxiety disorders. And the M3 score correlates and track well with the gold-standard SF-12 health survey, further proof of the M3's ability to find real *and* clinically significant cases, where there is demonstrable functional impairment.[2]

The National Institute of Mental Health has endorsed a more dimensional approach to psychiatric illness,[3,4] with symptoms assayed across a range of common diagnostic categories, and this is precisely the approach the M3 embraces. Emulating more closely the way specialists think about mood and anxiety disorders, the composite **M3 score** first helps to identify cases, expediting for primary care doctors what is an otherwise confusing and time-consuming job. Meanwhile, the **four M3 subscores** (depression, anxiety, PTSD & bipolar) serve to place the patient "on the clinical map," guiding the clinician toward the right diagnosis. There are also two questions probing for alcohol and substance misuse. When endorsed, alcohol use patterns may be further investigated with the conjoined AUDIT-C.

Where a particular diagnosis appears to be ambiguous, the clinician now has a way to confirm overall acuity. And, in cases of mixed or subsyndromal anxiety and depression, the M3 score and four subscores provide a sufficient base from which to initiate treatment, whether it be psychotherapy, pharmacotherapy or both. On the other hand, whenever the question of how to proceed is uncertain, the need for referral to a mental health specialist will be evident and clinically supportable.

NOTES

[1]Gaynes BN, DeVeaugh-Geiss J, Weir S, et al. Feasibility and diagnostic validity of the M-3 Checklist: a brief, self-rated screen for depressive, bipolar, anxiety, and post-traumatic stress disorders in primary care. *Ann Fam Med* 8(2); 2010, 160-169

[2]Kelsey B, MacPherson C, Hurowitz G, et al. M3 Checklist and SF-12 correlation study. Best Pract Ment Health 11(1); 2015, 83-89

[3]Insel TR: The NIMH research domain criteria (RDoC) project; precision medicine in psychiatry. *Am J Psychiatr* 171(4); 2014, 395-397

[4]Casey BJ, Craddock N, Cuthbert BN, et al: DSM-5 and RDoC: progress in psychiatry research? *Nature Rev Neurosci* 14; 2013, 810-814