

K10 (Kessler psychological distress scale) - a measure of current distress

The K10 was developed by Kessler and others in 1992 as a screening scale for mental disorder and as a measure of non-specific psychological distress. It was used in the Australian Survey of Mental Health and Well-being (1997) and in the recent National Health Survey. The 10 items take about two minutes for the patient to complete and the questions can be administered to people who can't read. The K10 generates one score, of psychological distress, but this single score is a good proxy for whether the person is likely to have a mental disorder. The response to each item is given a weight [none of the time = 1, a little of the time = 2, some of the time = 3, most of the time = 4, all of the time = 5] that can be added up in less time than it takes to write a progress note.

Scores range from 10 to 50. People seen in primary care who score under 20 are likely to be well. People who score 20-24 are likely to have a mild mental disorder, people who score 25-29 a moderate mental disorder. People who score over 30 are likely to have a severe mental disorder. About 25% of people seen in primary care will score 20 and over. This is a screening instrument and clinicians should make a judgment as to whether a person needs treatment. Scores usually decline with effective treatment. Patients whose scores remain above 24 after treatment should be reviewed and specialist referral considered. The K10 is likely to become the industry standard.

For further information see Andrews and Slade, Aust NZ J Public Health, 2001; Kessler, Andrews et al, Psychol Medicine, 2002; Furukawa, Kessler et al, Psychol Medicine, 2002.

Information has been taken from www.gpcare.org with permission from Gavin Andrews. Further information on outcome measurement tools is available on the website.