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DEPRESSION: *A Global Crisis*

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DEPRESSION: A Global Public Health Concern

Depression is a significant contributor to the global burden of disease and affects people in all communities across the world. Depression is one of the leading causes of disability worldwide. Today, depression is estimated to affect 350 million people. The World Mental Health Survey conducted in 17 countries found that on average about 1 in 20 people reported having an episode of depression in the previous year. Depressive disorders often start at a young age; they reduce people's functioning and often are recurring. For these reasons, depression is currently near the top of the global list of disabling conditions in global burden of disease studies. The demand for curbing depression and other mental health conditions is on the rise globally. A recent World Health Assembly called on the World Health Organization and its member states to take action in this direction (WHO, 2012).

What is depression?

Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. Moreover, depression often comes with symptoms of anxiety. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities. At its worst, depression can lead to suicide. Almost 1 million lives are lost yearly due to suicide, which translates to 3000 suicide deaths every day. For every person who completes a suicide, 20 or more may attempt to end his or her life (WHO, 2012).There are multiple variations of depression that a person can suffer from, with the most general distinction being depression in people who have or do not have a history of manic episodes.

- Depressive episode involves symptoms such as depressed mood, loss of interest and enjoyment, and increased fatigability. Depending on the number and severity of symptoms, a depressive episode can be categorized as mild, moderate, or severe. An individual with a mild depressive episode will have some difficulty in continuing with ordinary work and social activities, but will probably not cease to function completely. During a severe depressive episode, on the other hand, it is very unlikely that the sufferer will be able to continue with social, work, or domestic activities, except to a very limited extent.
- Bipolar affective disorder typically consists of both manic and depressive episodes separated by periods of normal mood. Manic episodes involve elevated mood and increased energy, resulting in over-activity, pressure of speech and decreased need for sleep.While depression is the leading cause of disability for both males and females, the burden of depression is 50% higher for females than males (WHO, 2008). In fact, depression is the leading cause of disease burden for women in both high-income and low- and middle-income countries (WHO, 2008). Research in developing countries suggests that maternal depression may be a risk factor for poor growth in young children (Rahman et al, 2008).

This risk factor could mean that maternal mental health in low-income countries may have a substantial influence on growth during childhood, with the effects of depression affecting not only this generation but also the next.

Managing depression

Depression is a disorder that can be reliably diagnosed and treated in primary care. As outlined in the WHO mhGAP Intervention Guide, preferable treatment options consist of basic psychosocial support combined with antidepressant medication or psychotherapy, such as cognitive behavior therapy, interpersonal psychotherapy or problem-solving treatment. Antidepressant medications and brief, structured forms of psychotherapy are effective. Antidepressants can be a very effective form of treatment for moderate-severe depression but are not the first line of treatment for cases of mild or sub-threshold depression. As an adjunct to care by specialists or in primary health care, self-help is an important approach to help people with depression. Innovative approaches involving self-help books or internet-based self-help programs have been shown to help reduce or treat depression in numerous studies in Western countries (Andrews et al, 2011).

Treatment effectiveness in resource-constrained settings

Over the past decade, a number of clinical trials have shown the effectiveness of treatment for depression across a range of resource settings.

- Uganda: A trial carried out in rural Uganda, for example, showed that group interpersonal psychotherapy substantially reduced the symptoms and prevalence of depression among 341 men and women meeting criteria for major or subsyndromal depression (Bolton et al, 2003).
- Chile: A trial was conducted with 240 low-income women suffering from major depression to examine the effectiveness of a multi-component intervention that included psycho-educational group intervention, structured and systematic follow-up, and drug treatment for those with severe depression. The trial found that there was a substantial difference in favor of the collaborative care program as compared to standard care in primary care. A depression test administered at the 6-month follow up point showed that 70% of the stepped-care group had recovered, as compared with 30% of the usual-care group (Araya et al, 2006).
- India: A trial was conducted to test the effectiveness of an intervention led by lay health counselors in primary care settings to improve outcomes for people with depression and anxiety disorders. The intervention consisted of case management and psychosocial interventions led by a trained lay health counselor, as well as supervision by a mental health specialist and medication from a primary care physician. The trial found that patients in the intervention group were more likely to have recovered at 6 months than patients in the control group, and therefore that an intervention by a trained lay counselor can lead to an improvement in recovery from depression (Patel et al, 2010).

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One of the annual goals of World Mental Health Day is to encourage and promote informed advocacy and action for the improvement of services to those with mental and behavioral disorders, to promote mental health and wellbeing, and to prevent mental disorders.Recommendations are stated here as a reminder of the unfinished work of mental health advocates worldwide. WFMH encourages mental health associations, professional associations, consumer and family organizations, and individual citizen advocates to consider how they can incorporate these recommendations into their annual advocacy and policy agendas.

- Provide Treatment in Primary Care: The management and treatment of mental disorders in primary care is a fundamental step that would enable the largest number of people to get easier and faster access to services. Many are alreadyseeking help at this level. In order for this model to be successful, however, general health personnel need to be trained in the essential skills of mental health care. Mental health should be included in training curricula, with refresher courses to improve the effectiveness of the management of mental disorders in general health services.
- Make Psychotropic Medications Available: Essential psychotropic medications should be provided and made constantly available at all levels of health care. Such medicines often provide the first-line treatment, especially in situations where psychosocial interventions and highly skilled professionals are unavailable.
- Give Care in the Community: Community care has a better effect than institutional treatment on the outcome and quality of life of individuals with chronic mental disorders. Shifting patients from mental hospitals to care in the community is also cost-effective and respects human rights. This shift towards community care requires health workers and rehabilitation services to be available at community level, along with the provision of crisis support, protected housing, and sheltered employment.
- Educate the Public: Public education and awareness campaigns on mental health should be launched in all countries. Well-planned public awareness and education campaigns can reduce stigma and discrimination, increase the use of mental health services, and bring mental health and physical health care closer to each other.
- Involve Communities, Families and Consumers: Communities, families and consumers should be included in the development and decision-making of policies, programs and services. Interventions should take account of age, sex, culture and social conditions, so as to meet the needs of people with mental disordersand their families.
- Establish National Policies, Programs and Legislation: Mental health policy, programs and legislation are necessary steps for significant and sustained action. These should be based on current knowledge and human rights considerations. Mental health reforms should be part of the larger health system reforms and health insurance schemes should not discriminate against persons with mental disorders, in order to give wider access to treatment and to reduce burdens of care.
- Develop Human Resources: Most developing countries need to increase and improve training of mental health professionals, who will provide specialized care as well as support the primary health care programs. Most developing countries lack an adequate number of such specialists to staff mental health services. Once trained, these professionals should be encouraged to remain in their country in positions that make the best use of their skills.
- Link with Other Sectors: Sectors other than health, such as education, labor, welfare, and law, and nongovernmental organizations should be involved in improving the mental health of communities. Nongovernmental organizations should be much more proactive, with betterdefined roles, and should be encouraged to give greater support to local initiatives.
- Monitor Community Mental Health: The mental health of communities should be monitored by including mental health indicators in health information and reporting systems. The indices should include both the numbers of individuals with mental disorders and the quality of their care, as well as some more general measures of the mental health of communities. Monitoring is necessary to assess the effectiveness of mental health prevention and treatment programs, and it also strengthens arguments for the provision of more resources. New indicators for the mental health of communities are necessary.
- Support More Research: More research into biological and psychological aspects of mental health is needed in order to increase the understanding of mental disorders and to develop more effective interventions. Such research should be carried out on a wide international basis to understand variations across communities and to learn more about factors that influence the cause, course, and outcome of mental disorders. Building research capacity in developing countries is an urgent need.

"On an individual, community, and national level, it is time to educate ourselves about depression and support those who are suffering from this mental disorder."

"This year's World Mental Health Day provides us with an opportunity to think about the practical things that we can do. Doing nothing is not an option."

Dr Gabriel Ivbijaro

Source: *Publication of World Menatal Health Day, 2012*

Despite the known effectiveness of treatment for depression, fewer than 25% of those affected (in some countries fewer than 10%) receive such treatments. Barriers to effective care include the lack of resources, lack of trained providers, and the social stigma associated with mental disorders.

Reducing the burden of depression

While the global burden of depression poses a substantial public health challenge, both at the social and economic levels as well as the clinical level, there are a number of well-defined and evidencebased strategies that can effectively address or combat this burden. For common mental disorders such as depression being managed in primary care settings, the key interventions are treatment with generic antidepressant drugs and brief psychotherapy. Economic analysis has indicated that treating depression in primary care is feasible, affordable and cost-effective.As the global disease burden of depression grows and has an increasingly large impact, the prevention of depression is an area that deserves attention. Many prevention programs implemented across the lifespan have provided evidence on the reduction of elevated levels of depressive symptoms. Effective community approaches to prevent depression focus on several actions surrounding the strengthening of protective factors and the reduction of risk factors. Examples of strengthening protective factors include school-based programs targeting cognitive, problem- solving and social skills of children and adolescents as well as exercise programs for the elderly.

Interventions for parents of children with conduct problems aimed at improving parental psychosocial well-being by information provision and by training in behavioral childrearing strategies may reduce parental depressive symptoms, with improvements in children's outcomes.

Conclusion

Depression is a mental disorder that is pervasive in the world and affects us all. Unlike many largescale international problems, a solution for depression is at hand. Efficacious and cost-effective treatments are available to improve the health and the lives of the millions of people around the world suffering from depression. On an individual, community, and national level, it is time to educate ourselves about depression and support those who are suffering from this mental disorder.

"A SOLUTION FOR DEPRESSION IS AT HAND... EFFICACIOUS AND COSTEFFECTIVE TREATMENTS ARE AVAILABLE TO IMPROVE THE HEALTH AND THE LIVES OF MILLIONS OF PEOPLE AROUND THE WORLD..."

DEPRESSION: DANGER TO OTHERS

Today the belief that individuals with mental illness are dangerous is one of the most common misconceptions amongst the general public. While it contributes to stigma and social distance for some types of mental illness, that is not the case for depression. Where depression is concerned, the causes of stigma and social distance are grounded in other, not yet clear factors. Depression is not generally associated with dangerousness to others.A hallmark of depression is dangerousness to self—that is, suicide. Depression is a risk factor for suicidal thinking (there are many more attempts at suicide than there are completed acts). Good mental health care can reduce the risk, and suicide prevention programs and hotlines can provide support. However the focus on suicide and its prevention draws attention away from the fact that in "worst case" situations depression and resultant suicidal thinking/suicide attempts/suicide can be dangerous to others.The clearest examples of situations where a depressed person is a danger to others are in those instances where a depressed individual kills someone, sometimes followed by suicide. Homicide-suicide is a worldwide problem, although the percentage of homicides accounted for by homicide-suicide varies widely amongst countries. There are several situations where depression precipitates murder, and then sometimes suicide:

- Infanticide and postpartum depression: The murder of a child under one year old by his mother. Fifty percent of infant homicides occur within the first four months, with a prominent form being "altruistic" or murder out of love, i.e., the suicidal parent does not want to leave the child "alone" and acts in what she thinks is the best interest of the child.
- Filicide: The killing of a child by a parent, which accounts for 60% of all child homicides. Depressed women who committed filicide report thinking about their own death and the death of their child(ren) for days or weeks before the event.
- Adolescent parricide, whereby a shamed and humiliated son (usually) kills a parent based on a belief this will result in a "relief of dysphoric feeling."
- Domestic homicide and homicide-suicide perpetrated by members of an older (over 65 years-old) couple include depression as one of the more frequent psychiatric disorders, a global finding.
- Mass murder followed by suicide is the alltoo-common example of extra-familial killing followed by suicide. Depression is the leading diagnosis found in these cases.

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There are other ways a parent's suicide is dangerous or damaging to children. Thoughts of harming their infant occurred in 41% of depressed mothers (six times the rate compared to non-depressed mothers) and these thoughts led mothers to withdraw from their infants.

Children of women with postpartum depression experience poor physical developmental outcomes. Children bereaved by parental suicide have more depressive symptoms, disproportionate rates of suicidality and hospitalizations for suicide attempts; more psychiatric referrals, PTSD-like symptoms with guilt and self blame, higher rates of personality disorders, increased rates of convictions for violent crimes, and a substantially greater risk of suicide themselves.

Depression can be a contributing factor in a number of other situations where a suicide causes harm to others. "Suicide epidemics" have been a quagmire since long before organized psychiatry began to try to untangle its nuances. Such epidemics are known to occur sporadically, but repeatedly, in certain populations such as American Indians and in certain sites such as psychiatric inpatient units.

Suicide by car crash is an effective way to disguise a suicide: Driver suicide was ranked in the year 2000 by the WHO/Euro Multicentre Study on Parasuicide as the twelfth most common method of attempted suicide, but there is currently wide variance amongst countries in reported driver suicide. Suicide by motor vehicle is dangerous to others because the driver has no control of the actual outcome.

Some people who are intent on killing themselves set up a scenario to use another person as the lethal agent and that other person is often a policeman/ policewoman, thus "suicide by cop." In such cases, there may well be bullets flying in all directions.

Depression can be a contributing factor to pathological fire setting and any fire setting is dangerous to the proximate population. Fire setting is frequently used in filicide. Patients with pyromania have a higher number of previous depressive episodes as compared to patients with other impulsive control disorders.

Death by self-immolation in western and developed countries is an uncommon event, and is usually a suicide in a depressed person. In eastern and developing countries, setting oneself on fire is multifactorial, but here tradition often masks suicide rooted in depression. In self-immolation, the fire setter is the sole target, but once the fire is set, the individual who set the fire has no control over the fire's course or its destruction.Suicidality, secondary to depression, can be a danger to others. People who commit such acts predominantly suffer from mood disorders, and the most prevalent mood disorder is major depression.

DEPRESSION: THE ECONOMIC IMPACT

Depression is a common problem. Broadly defined to include both pure depression and mixed anxietydepression, it affects around 5-10% of adolescents and 10-15% of adults. It can be triggered by many different personal, social and economic factors, including major macro-economic shocks. Across the globe it imposes a significant economic burden, not just on individuals with the disorder, but also on their families, communities, employers, health care systems and general government budgets.

At a time of economic crisis across much of the globe it is therefore an issue that societies ignore at their peril: a lack of attention given to the prevention and treatment of depression in the population, and a consequent loss of capacity in the workforce, may only serve to make it more difficult for countries to emerge from economic austerity.

There is abundant research on the economic burden attributable to mental disorders in high-income countries and a more limited but growing evidence base on the economic consequences in low- and middle-income countries. Estimates of these costs are likely to be conservative; few take account of the way in which families may mobilize and redirect resources in ways that have long term repercussions for the family, and risk aggravating and perpetuating socioeconomic inequalities.

When aggregated across economies, these household costs have an important impact on the size and productivity of the labor force and on national incomes in general.

Estimates of cost also do not usually take account of the increased risks of poor physicalhealth that have been associated with depression. Depression also perpetuates the cycle of poverty by interfering with the capacity to function in either a job or other activities that families engage in, leading to decreased social as well as economic productivity. Thus, people with chronic depression are often in poverty because neither they nor their carers may be able to work.

In countries without universal access to health care, individuals may spend much of their savings or have to borrow money to buy conventional and/or traditional medicines. Breaking the chain of poverty and debt around people with depression is therefore vital to addressing the millennium goal of eradicating poverty and hunger (MDG1). This is not, however, just an issue for low-income countries.

Greater levels of unmanageable debt and poverty can be seen in countries in Europe and elsewhere that have been experiencing the worst impacts of the economic downturn.

Another compelling reason for addressing depression is that there is ample evidence from longitudinal studies in a number of high-income countries that, if untreated, depression in childhood and youth can have profound longstanding social and economic consequences in adulthood.

These include poorer levels of educational attainment, increased contact with the criminal justice system, reduced levels of employment and often lower salaries when employed, and personal relationship difficulties. In addition, depression in parents can also have adverse impacts on the health, development and education of their children. In some countries children may have to give up schooling during health crises to provide informal care or it may be that the parent is simply too sick to ensure that the child goes to school.

Again, at a time of economic crisis it is important to invest in the health and wellbeing of children who represent the future wealth of any nation. The costs of depression are substantial but what do we know about the case forcase for investing in the prevention and treatment of depression?

While careful decisions must be made about how to invest in all aspects of health care, in even the poorest regions of the world cost effective actions to tackle depression can be identified. There is also an evidence base, albeit from high-income country contexts only, indicating that there are some cost-effective approaches for the prevention of depression across the life course.

In summary, although the effects of poor health on poverty are by no means unique to depression, the longer duration of a proportion of depressive illnesses makes their negative impacts greater than for most acute physical conditions. These various impacts increase the risk that households will fall into severe economic hardship, with major consequences for the national economy. Such risks are likely to increase during times of economic crisis, making it even more important not to neglect mental health.

HELPING SOMEONE YOU KNOW WITH DEPRESSION

Friends and family can be a lifeline for someone with depression. You can be a critical factor in their recovery. The information in fact sheet will provide you with some guidelines for providing the best care possible, while taking care of yourself as well.

What You Can Do to Help

Depending on the severity of the depression, there are many things you can do to help. One of the most important is talking with and listening to your loved one. Ask how they are feeling but don't force them to talk if they aren't interested. Allowing these conversations to be easy and open can show them that you are there to help. It is also good to ask them what is most helpful for them when they are feeling depressed. Listen to what they have to say. Tell them that you are there to listen when they need to talk.

Understanding Depression

It is also important for you to understand depression, its symptoms, possible course and treatments. This will help you understand your loved one and how he or she is feeling. It will also help you know if your loved one is getting better. The information provided in this packet can help you get a better understanding of the complexity of this disorder. There are also many resources online and around the world with additional information.

Supporting Their Treatment

One critical area of support for someone with depression is working with them to maintain their treatment plan, including taking their medications as prescribed, seeing healthcare practitioners as recommended, and seeking additional support as necessary. You may need to be the person to remind your loved one to take their medication every day.

You may also help by setting up and/or taking them to their healthcare appointments. If they are not getting better, you may also need to encourage them to seek additional or alternative support.

Recognizing Warning Signs for Suicide

It is important to know that people with depression are more likely to attempt or commit suicide. Take seriously any comments about suicide or wanting to die. Even if you do not believe they really want to hurt themselves, the person is clearly in distress.

Help with Day-to-Day Living

Often, people with depression have difficulty with some of the basics of day-today living. If severe enough, depression can leave you feeling immobilized, unmotivated and unable to do many of life's simplest tasks. During these times, a person with depression will need support in ordinary activities —you may need to encourage them to shower, to eat, or to get some fresh air. And sometimes people might need help going to the grocery store, cleaning the house and paying bills.

Supporting Regular Activities

Try to encourage your loved one to maintain the activities they do when they are not depressed. If they play tennis regularly, offer to take them to their matches. If they volunteer at a local clinic, help them get there. If the two of you always went to a weekly movie, still go. You can also support their return to work. Don't force them to do things if they aren't ready, but do try to help them stay involved intheir lives.