

DEPRESSION

A Global Public Health Concern

*Developed by Marina Marcus, M. Taghi Yasamy, Mark van Ommeren, and Dan Chisholm, Shekhar Saxena
WHO Department of Mental Health and Substance Abuse*

Depression is a significant contributor to the global burden of disease and affects people in all communities across the world. 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 the leading cause of disability worldwide in terms of total years lost due to disability. 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 sub-syndromal 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).

Despite the known effectiveness of treatment for depression, the majority of people in need do not receive it. Where data is available, this is globally fewer than 50%, but fewer than 30% for most regions and even less than 10% in some countries. 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 evidence-based 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.

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 chil-

dren 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 large-scale 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.

References

- Andrews G, Cuijpers P, Craske MG, McEvoy P, Titov N. Computer therapy for the anxiety and depressive disorders is effective, acceptable and practical health care: a meta-analysis. *PLoS One*. 2010 Oct 13;5(10):e13196.
- Araya R, Flynn T, Rojas G, Fritsch R, Simon G. Cost-effectiveness of a primary care treatment program for depression in low-income women in Santiago, Chile. *Am J Psychiatry*. 2006;163:1379–87.
- Bolton P, Bass J, Neugebauer R, et al. Group interpersonal psychotherapy for depression in rural Uganda randomized controlled trial. *JAMA*. 2003;289(23):3117-3124.
- Patel V., Weiss H.A., Chowdhary N., Naik S., Pednekar S., Chatterjee S., De Silva M.J., (...), Kirkwood B.R. Effectiveness of an intervention led by lay health counsellors for depressive and anxiety disorders in primary care in Goa, India (MANAS): A cluster randomised controlled trial (2010) *The Lancet*, 376 (9758), pp. 2086-2095.
- Rahman A, Patel V, Maselko J, Kirkwood B. The neglected 'm' in MCH programmes—why mental health of mothers is important for child nutrition. *Trop Med Int Health* 2008; 13: 579-83
- World Health Organization 2008, The Global Burden of Disease 2004 update. http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf Accessed 16.6.2012
- World Health Organization, World suicide prevention day 2012. http://www.who.int/mediacentre/events/annual/world_suicide_prevention_day/en/ Accessed 16.6.2012

World Health Organization, Sixty-fifth world health assembly 2012. <http://www.who.int/mediacentre/events/2012/wha65/journal/en/index4.html> Accessed 16.6.2012

World Health Organization. mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings 2010. http://whqlibdoc.who.int/publications/2010/9789241548069_eng.pdf Accessed 16.6.2012

“A SOLUTION FOR DEPRESSION IS AT HAND... EFFICACIOUS AND COST-EFFECTIVE TREATMENTS ARE AVAILABLE TO IMPROVE THE HEALTH AND THE LIVES OF MILLIONS OF PEOPLE AROUND THE WORLD...”