

Depression

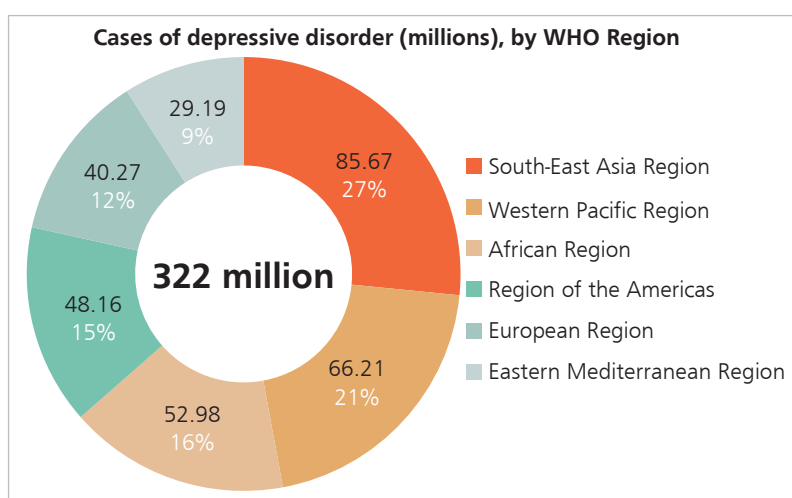
Key facts

According to the 2015 Global Health Estimates:

- ◉ Globally, 322 million people were living with depression in 2015; this represents over 4% of the global population.

- ◉ In the WHO South-East Asia Region 86 million people suffer from depression.

- ◉ The total number of people living with depression increased by over 18% between 2005 and 2015. This was as a result of the overall growth of the global population, as well as an increase in the number of people surviving to ages at which depression is more common.



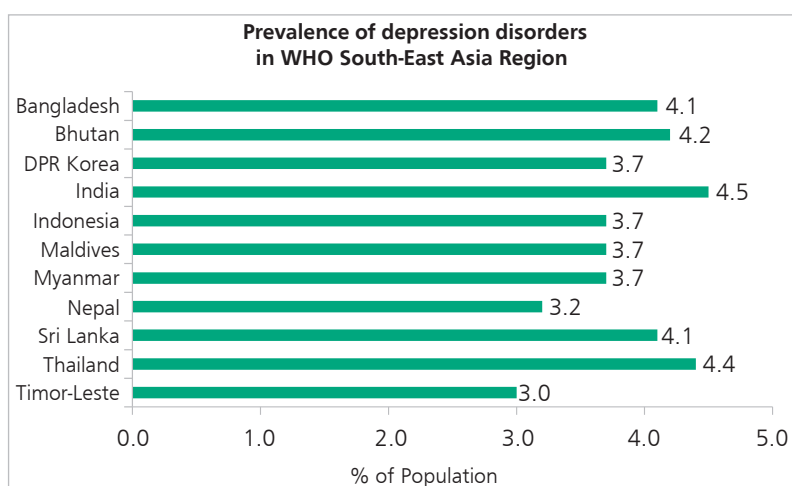
Source: Depression and Other Common Mental Disorders: Global Health Estimates. WHO 2017

- ◉ Depression is the leading cause of disability [7.5% (worldwide) and 7% (in South-East Asia Region) of all years lived with disability in 2015].

- ◉ Depression is a major contributor to the overall global burden of disease.

- ◉ Depression is more common among women (5.1%), than men (3.6%). Prevalence rates vary by age, peaking in older adulthood.

- ◉ Depression also occurs in children and adolescents below the age of 15 years, but at a lower level than in older age groups.



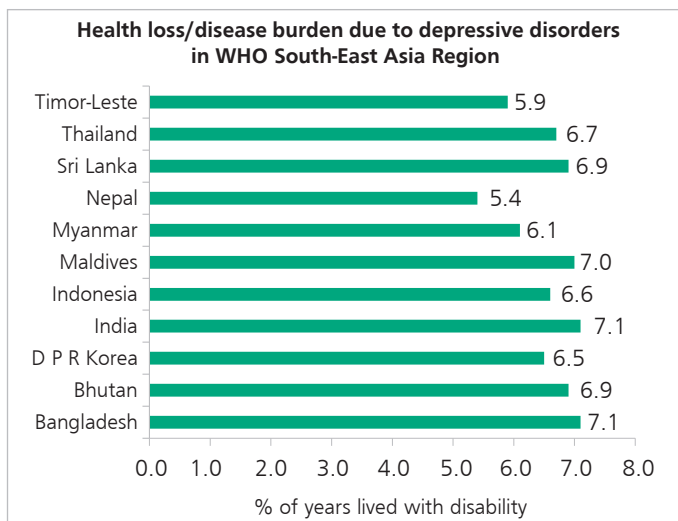
Source: Depression and Other Common Mental Disorders: Global Health Estimates. WHO 2017

- ◉ At its worst, depression can lead to suicide. It is estimated that, in 2015, 800 000 people died by suicide. Globally suicide was the second leading cause of death among 15–29-year-olds in 2015.

Barriers to effective care

There are effective treatments for depression but nearly 50% of people with depression do not get treatment. Low levels of recognition and access to care for depression and anxiety lead to an estimated global economic loss of more than a trillion US dollars every year. Some of the barriers to effective care are:

- ⦿ Lack of resources and trained health-care providers: In the WHO South-East Asia Region, on an average, less than 1% of the government health budgets is invested in mental health.
- ⦿ Inaccurate assessments; people who are depressed are often not correctly diagnosed, and others who do not have the disorder are too often misdiagnosed and prescribed antidepressants.



Source: Depression and Other Common Mental Disorders: Global Health Estimates. WHO 2017

Types and symptoms

- ⦿ 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, it is very unlikely that the sufferer will be able to continue with ordinary work and social activities, or domestic activities.
- ⦿ Recurrent depressive disorder involves repeated depressive episodes. During these episodes, the person experiences depressed moods, loss of interest in their surroundings, daily activities and social interactions. There is reduced energy leading to diminished activity for at least two weeks.
- ⦿ Many people with depression also suffer from anxiety symptoms, disturbed sleep and appetite, may have

feelings of guilt or low self-worth, poor concentration and even medically unexplained symptoms.

- ⦿ Bipolar affective disorder is a type of depression which typically consists of both manic and depressive episodes separated by periods of normal mood. Manic episodes involve elevated or irritable mood, over-activity, pressure of speech, inflated self-esteem and a decreased need for sleep.

Risk factors

- ⦿ Depression results from a complex interaction of social, psychological and biological factors. People who have gone through adverse life events (unemployment, bereavement, psychological trauma) are more likely to develop depression.
- ⦿ Depression can, in turn, lead to more stress and dysfunction and worsen the affected person's life situation and depression itself.
- ⦿ There are interrelationships between depression and physical health. For example, cardiovascular disease and diabetes can increase the risk of depression and vice versa.
- ⦿ Hormonal factors may contribute to the increased rate of depression in women.

Prevention

- ⦿ Effective community approaches such as school-based programmes to enhance a pattern of positive thinking in children and adolescents.
- ⦿ Interventions for parents of children with behavioural problems to reduce parental depressive symptoms and improve outcomes for their children.
- ⦿ Exercise programmes for the elderly.

Treatment and return on investment

- ⦿ The most common mental health disorders can be prevented and treated, at relatively low cost.
- ⦿ Treatment usually involves either a talking therapy or antidepressant medication or a combination of these.
- ⦿ Every US\$ 1 invested in scaling up treatment for depression and anxiety leads to a return of US\$ 4 in better health and ability to work.