

DEPRESSION: “THE INVISIBLE CULPRIT”

A depressive disorder¹ is an illness that involves the body, mood, and thoughts. It differs quantitatively and qualitatively from normal sadness or grief. Clinically, depression is characterized as “persistent sadness or low mood accompanied by physical and psychological symptoms of at least two weeks in duration.”² It affects the things we do, like eating and sleeping, the way we feel about ourselves, and the way we think about things. It causes pain and suffering and can destroy family life as well as the life of the ill person. Depression is one of the most pervasive conditions underpinning much pain, suffering, and lost productivity in society, and it is associated with higher societal costs than many other chronic diseases.³ Recent research finds that depression is often co-occurring with many illnesses.

GLOBAL IMPACT

- Depression is the leading cause of disability worldwide, as measured by years lived with disability (YLDs), and it was the 4th ranking contributor of global burden of disease⁴ in 2000.⁵
- By 2020, depression is projected to be the 2nd leading contributor of global burden of disease worldwide for all ages and both sexes, second only to ischemic heart disease.
- An estimated 9.5% of the U.S. population, or about 18.8 million American adults, suffer from a depressive illness (including major depressive disorder; manic depression; and dysthymia, a milder, longer-lasting form of depression).⁶
- Research suggests that up to 2.5% of children and up to 8.3% of adolescents in the U.S. suffer from depression, with evidence that onset is occurring earlier in life today than in past decades.⁷
- Research has demonstrated the co-occurrence of depression with general medical disorders, substance abuse, other psychiatric disorders, cancer, heart disease, stroke, HIV, osteoporosis, and bone loss.⁸

FACT SHEET

- Depression is a serious medical condition. In contrast to the normal emotional experiences of sadness, loss, or passing mood states, clinical depression is persistent and can interfere significantly with an individual's ability to function.
- Depression occurs in persons of all genders, ages, and backgrounds.
- More than half of individuals who experience a first episode of depression will have at least one other episode during their lifetime.⁹
- Left untreated, depression can lead to suicide.¹⁰
- It is estimated that about 60% of individuals who commit suicide have had a mood disorder (e.g., major depression, bipolar disorder, dysthymia).¹¹
- Nearly twice the number of women (12%) as men (7%) are affected by a depressive disorder each year.¹²
- In San Diego County in 2001, 9.9% of the adults reported frequent mental illness.¹³

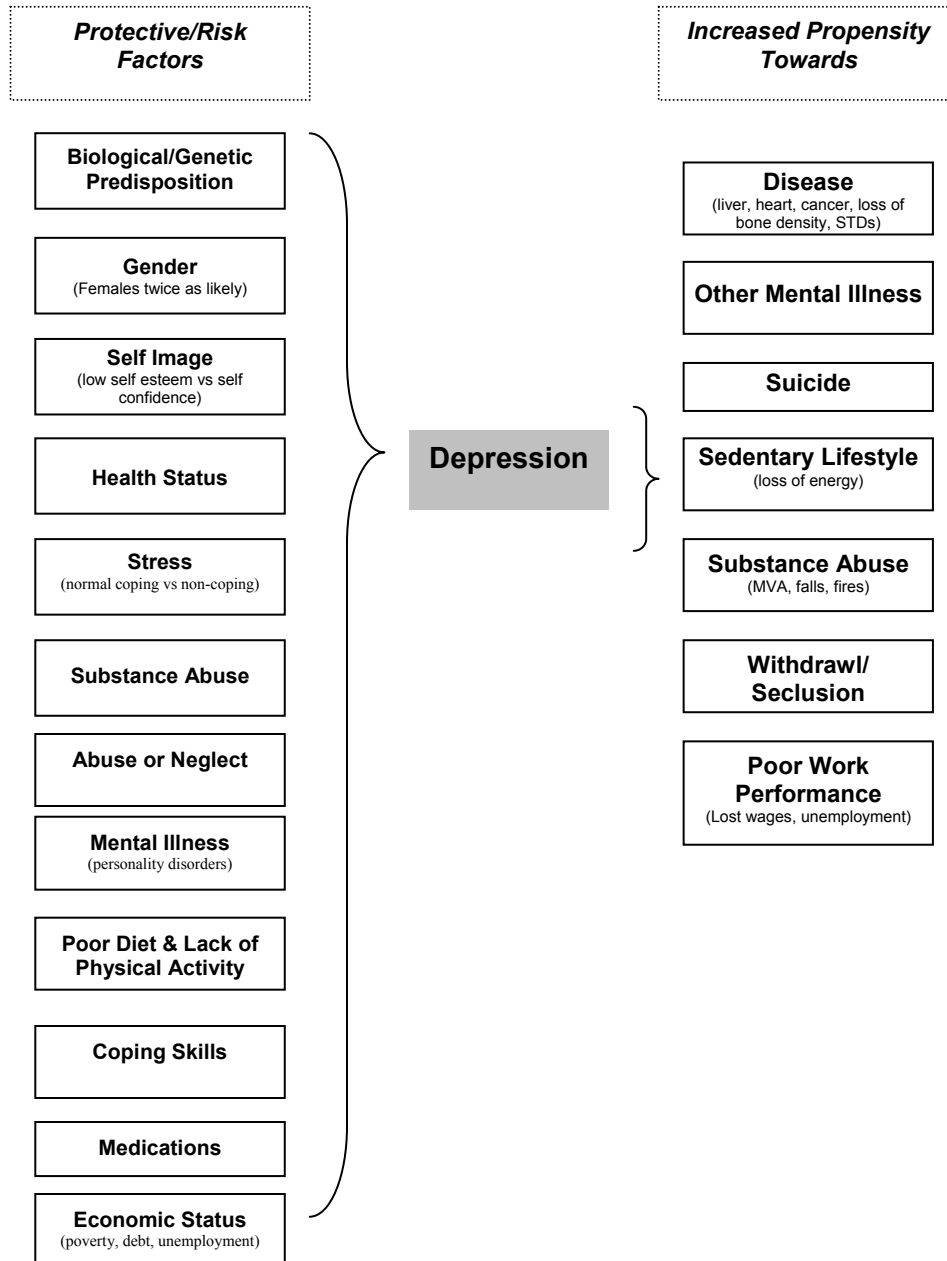
- Depression is the number one cause of disability in women.¹⁴
- Major depressive disorders account for about 20%-35 % of all deaths by suicide.¹⁵
- Substance use disorders are found in 24%-40% of individuals with mood disorders in the United States.¹⁶
- About half of those with a primary diagnosis of major depression also have an anxiety disorder.¹⁷
- Practitioners properly recognize only a third to a half of those with major depressive disorder.¹⁸
- Research suggests that adults who were diagnosed with major depression as adolescents have a higher rate of suicide (7.7% compared with 0% for the controls) and are five times more likely to attempt suicide, twice as likely to experience another occurrence of major depression, and more likely to be hospitalized for psychiatric or medical reasons and to be impaired in work, social, and family life.¹⁹
- Fewer than half of those suffering from depression seek treatment.²⁰
- Two thirds of children with mental health problems do not get the help they need.²¹
- Without treatment, symptoms can last for weeks, months, or years. However, appropriate treatment can help most people who suffer from depression.
- Clinically significant depressive symptoms are detectable in approximately 12%-36% of patients with other nonpsychiatric, general medical conditions. Rates in patients with certain specific medical disorders may be even higher.²²
- Anxiety and depression are among the six most common conditions seen in family practice.²³
- Research has found that patients with depressive symptoms spend more days in bed than those with diabetes, arthritis, back problems, lung problems or gastrointestinal disorders.²⁴

ECONOMIC IMPACT

Depression and other mental disorders impose an enormous financial burden on ill individuals and their families, both in terms of reduced or lost productivity and in direct medical resources used for care, treatment, and rehabilitation. The most recent data available estimate that depression costs the Nation between \$30-\$44 billion annually in lost productivity, medical expenses, and premature death.²⁵ Of the \$44 billion, lost productivity accounts for \$23.8 billion, treatment and rehabilitation direct costs account for \$12.4 billion, and loss of expected lifetime earnings due to depression-induced suicides represents \$7.5 billion.²⁶ Costs increase still further when depression is misdiagnosed resulting in unnecessary medical costs (e.g., when untreated depression leads to other problems/conditions).

Depression is a leading cause of absenteeism and reduced productivity in the workplace. Roughly 5% of employees experience depression at any given time, with annual estimated costs of \$600 per depressed worker: \$200 related to treatment and \$400 related to absenteeism and lost productivity.

DETERMINANTS & CONSEQUENCES



GUIDELINES FOR EFFECTIVE PLANNING

General

- Develop Community-wide initiatives with unified goals to ensure that resources are allocated appropriately.
- Implement cost-benefit analysis along with evaluation of program impact.

Specific

- Target awareness, identification, and barriers to treatment in primary efforts.²⁷
- Incorporate broad-based screening programs that involve the medical community, particularly primary care providers.²⁸
- Ensure that treatment is appropriate for age, gender, race, and culture.
- Match appropriate mental health services with the population.

Although not exhaustive, this list provides a focused set of key guidelines that would likely enhance the effectiveness of community-based prevention and treatment programs. Recognizing how depressive symptoms are often missed, many health care professionals are learning to identify and treat the underlying depression. If a diagnosis of depression is made, treatment with medication and/or psychotherapy will help the depressed person return to a happier, more fulfilling life.²⁹

LOCAL MODEL INITIATIVES & RESOURCES

Model Initiative: *The Help Connection — A Roadmap for Mental Health Services*

In 1999, CHIP produced a Resource Guide to provide basic mental health resource and eligibility information for San Diego County residents. Of particular importance is the way the Guide provides tools to assist individuals with assessing their own mental health situation and need. A worksheet steers an individual through a series of questions and points the person to appropriate resources in the County. As evidence of its comprehensive nature, the Guide also provides information about understanding mental illness and managing symptoms, health care coverage and living expenses, strategies for money management, vocational rehabilitation, job training/readiness programs, education needs and opportunities, housing, and transportation. The Guide is available at locations throughout the County as well as online at the CHIP web site.

Local Resources

- County of San Diego Health and Human Services Agency, Department of Mental Health Services – 619-692-5577
<http://www.co.san-diego.ca.us/cnty/cntydepts/health/services/functions.html#ads>
- The Help Connection — A Roadmap for Mental Health Services -
<http://www.sdchip.org/helpConnection/helpConn.html>

National Resources

- American Psychological Association - 202-336-5500, www.apa.org
- National Alliance for the Mentally Ill - 703-524-7600, <http://www.nami.org>

- National Depressive and Manic Depressive Association - 312-642-0049, <http://www.ndmda.org>
- National Foundation for Depressive Illness, Inc. - 212-268-4260, <http://www.depression.org>
- National Institute of Mental Health – 301-443-4513, <http://www.nimh.nih.gov/publicat/depressionmenu.cfm>
- National Mental Health Association - 703-684-7722, <http://www.nmha.org>

¹ U.S. Surgeon General. For a comprehensive review of depression, its symptoms and diagnosis, refer to the *Surgeon General's Report on Mental Health*. <http://www.surgeongeneral.gov/library/mentalhealth>

² DSM-IV Criteria for Major Depressive Episode.

³ Rand Corporation. *Rand Research Highlights: Improving the Quality and Cost-Effectiveness of Treatment for Depression*. <http://www.rand.org/publications/RB/RB4500-1/>

⁴ DALYs= Disability Adjusted Life Years (The sum of years of potential life lost due to premature mortality and the years of productive life lost due to disability)

⁵ World Health Organization. *The World Health Report 2001: Mental Health, New Understanding, New Hope*. http://www.who.int/mental_health/Topic_Depression/depression1.htm

⁶ National Institute of Mental Health (NIMH). *The Invisible Disease: Depression*. <http://www.nimh.nih.gov/publicat/invisible.cfm>

⁷ NIMH. *Depression Research at the National Institute of Mental Health* (Updated April 13, 1999). www.nimh.nih.gov/publicat/depresfact.htm.

⁸ National Mental Health Association (NMHA). *Depression-Co-Occurrence Of Depression With Medical, Psychiatric, And Substance Abuse Disorders*. <http://www.nmha.org/infoctr/factsheets/28.cfm>

⁹ National Alliance for the Mentally Ill (NAMI). <http://www.nami.org/helpline/depress.htm>

¹⁰ *ibid*

¹¹ National Strategy For Suicide Prevention. <http://www.mentalhealth.org/suicideprevention/depression.asp>

¹² NIMH. *The Invisible Disease: Depression*. <http://www.nimh.nih.gov/publicat/invisible.cfm>

¹³ United Way. *United Way Outcomes and Community Impact Program, 2001*.

¹⁴ U.S. Department of Health and Human Services (USDHHS), The Center for Mental Health Services, Knowledge Exchange Network, Substance Abuse and Mental Health Services Administration (SAMHSA).

<http://www.mentalhealth.org/publications/allpubs/fastfact6/default.asp>

¹⁵ U.S. Surgeon General. *Mental Health: A Report of the Surgeon General*.

<http://www.surgeongeneral.gov/library/mentalhealth/chapter6/sec2.html>

¹⁶ *ibid*

¹⁷ *ibid*

¹⁸ Agency for Healthcare Policy and Research (AHRP). *Depression in Primary Care - Detection and Diagnosis (Clinical Guide)*. Rockville, MD: USDHHS, 2002.

¹⁹ *ibid*

²⁰ NMHA. <http://www.nmha.org/infoctr/factsheets/21.cfm>

²¹ NMHA. <http://www.nmha.org/infoctr/factsheets/78.cfm>

²² AHRP. *Depression in Primary Care - Detection and Diagnosis (Clinical Guide)*.

²³ American Psychological Association. *The Costs of Failing to Provide Appropriate Mental Health Care*. <http://www.apa.org/practice/failing.html>

²⁴ NMHA. <http://www.nmha.org/infoctr/factsheets/78.cfm>

²⁵ NIMH. *The Effects of Depression in the Workplace*. <http://www.nimh.nih.gov/publicat/workplace.cfm>

²⁶ NMHA. <http://www.nmha.org/newsroom/system/news.vw.cfm?do=vw&rid=175>

²⁷ U.S. Surgeon General. *Surgeon General Report on Mental Health*.

²⁸ Rand Corporation. *Partners in Care Program*. <http://www.rand.org/hot/Press/pic.html>. (Gullick and King, 1979; Johnson, 1974; Ketai, 1976; Magruder-Habib, Zung, Feussner, et al., 1989; Popkin and Callies, 1987).

²⁹ NIMH. <http://www.nimh.nih.gov/publicat/depression.cfm>