

A sustainable approach to depression: moving from words to actions

EXECUTIVE SUMMARY



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‘A human being can survive almost anything, as long as she sees the end in sight. But depression is so insidious, and it compounds daily, that it’s impossible to ever see the end. The fog is like a cage without a key.’

Elizabeth Wurtzel, *Prozac Nation*. Riverhead Books, 1994

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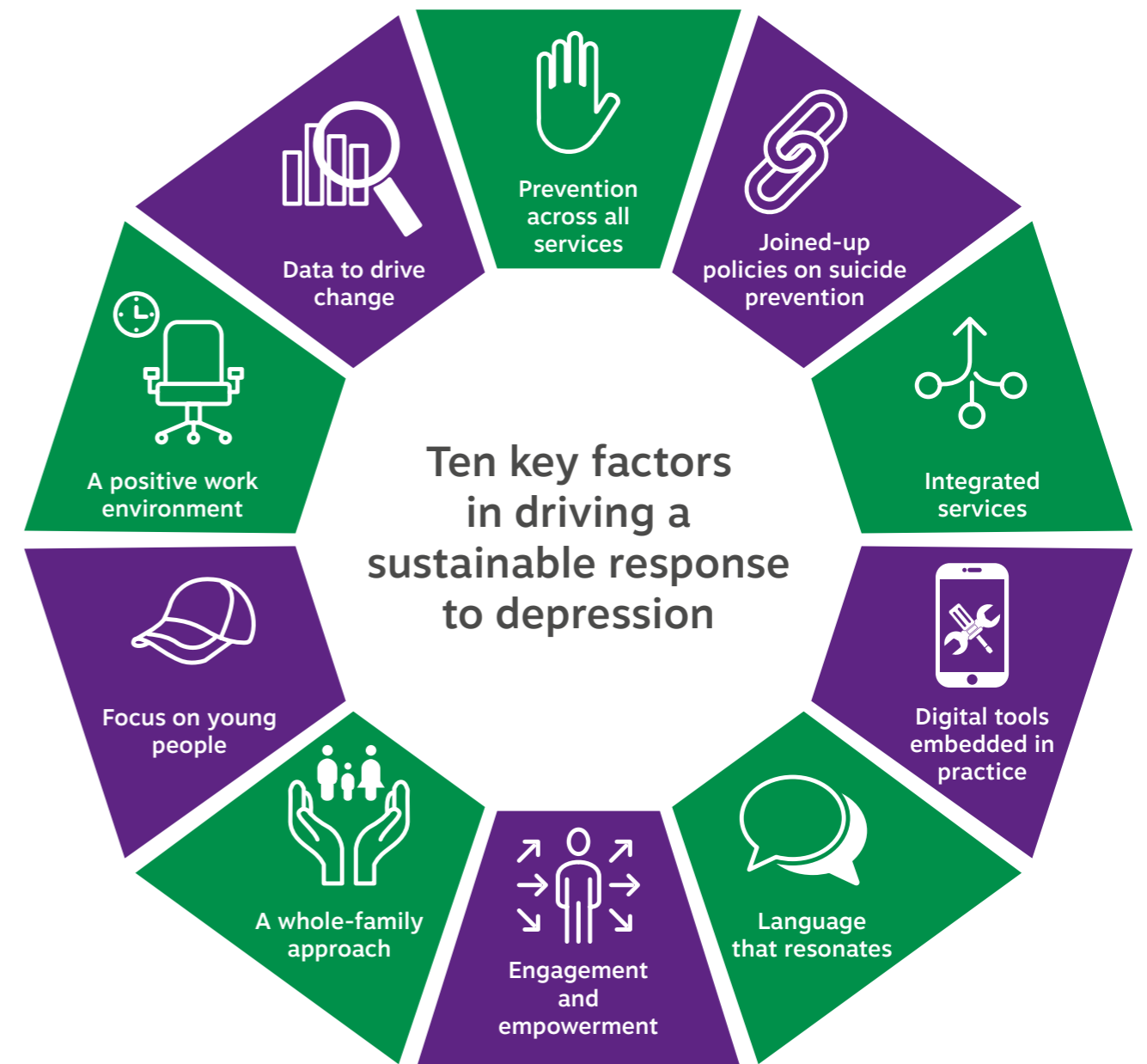
Depression is an urgent and growing concern for our societies: the number of people living with depression rose by 18% between 2005 and 2015.¹ In 2030, depression will be the leading cause of disease burden in high-income countries.²

Depression affects every aspect of a person's life. It has a multiplying effect on other conditions and a significant impact on quality of life. It is a leading cause of low productivity, with a considerable cost to society: €92 billion per year, or 30% more than stroke.³ And tragically, nearly one in five people with depression ends their life by suicide.

Despite these figures, our policy response to depression has, so far, been insufficient. As a society, we lack both understanding of the condition and empathy for those affected. There are huge gaps in diagnosis and care. Mental health services are chronically underfunded. Several promising programmes have been launched to address depression, but sustainable implementation and funding are a frequent problem.

With depression on the rise, it is time to take our social response to depression to the next level. Greater prevention would reduce the incidence of depression by 21%.⁴ Providing all people with depression with evidence-based treatment would reduce the disease burden by a third.⁴ But solutions should not be limited to the clinical setting: we need an integrated, comprehensive response to depression, which tackles its clinical and social causes; engages young people and other vulnerable groups; and addresses the impact of depression across the home, school and workplace.

This report aims to identify key factors that will ensure programmes for depression are sustainable and have a lasting impact on people affected. Drawing from the practical experience of 19 case studies and the published literature, we have identified ten lessons learnt that may help policymakers build a sustainable response to depression in years to come.



References

1. World Health Organization. 2017. *Depression and Other Common Mental Disorders Global Health Estimates*. Geneva: World Health Organization
2. Mathers CD, Loncar, D. 2006. Projections of Global Mortality and Burden of Disease from 2002 to 2030. *PLoS Med* 3(11): e442
3. Olesen J, Gustavsson A, Svensson M, et al. 2012. The economic cost of brain disorders in Europe. *Eur J Neurol* 19(1): 155-62
4. Cuijpers P, Shields-Zeeman L, Hipple Walters B, et al. 2016. *Prevention of Depression and Promotion of Resilience - Consensus Paper*. Brussels: EU Compass for Action on Mental Health and Well-being

1 Incorporate prevention into all services

Prevention is key to responding to the challenge of depression – and a preventive approach should be built into the design of all services. Prevention and early intervention are essential, particularly among younger people and those harder to reach through traditional medical services. Greater clarity about what early intervention means in practice is needed, however, to get more people into appropriate care.



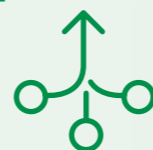
2 Create joint government accountability for the prevention of suicide

Prevention of suicide is a key goal in depression care. Suicide can have multiple causes, therefore a cross-sectoral approach to suicide prevention is key. This needs to be reflected in joint government department responsibility and accountability.



3 Integrate services to make it easier for people to seek help

The legacy of discrimination around mental health means that people are generally averse to the term 'mental illness' and may be disinclined to seek care. Better integration of mental health services within other services may help reach more people. Using a different term, such as 'wellbeing', to denote mental health services may also help remove some of the associated stigma.



4 Embed digital solutions into practice

Digital health tools can help improve treatment choices for people and encourage them to take greater control of their care. However, these tools can meet resistance from some patients and also from health professionals who may not know how to integrate them into their treatment approach. Better training of health professionals and therapists is needed to facilitate blended care, which combines traditional and digital services.



5 Use language that resonates with people

Using language based on people's experiences of care can be an important therapeutic tool. Terms such as 'recovery' are critical to convey a sense of hope and clarify treatment goals. Professionals working with people with depression should be encouraged to use a common language that is easy to understand by everybody and speaks to the experience of those being helped.



6 Engage people in their own and others' recovery

Involving service users and carers in service and policy development will help ensure services work for the people who use them. Services should also draw on the strengths and capabilities of those who have overcome mental health challenges to empower others, for example through peer support.



7 Take a whole-family approach to care

Depression can affect the whole family – therefore, treatment should focus on the whole family, not just the person affected. Services that support carers are particularly important to protect their health and wellbeing.



8 Empower children and young people to talk about depression

Depression is increasing in young people at an alarming rate. We need to help young people use their own resources and skills to become more resilient and cope better with pressure. Digital tools can break through the isolation of young people battling depression and encourage them to seek help.



9 Create a positive work environment for people with depression

Adults spend most of their life in the workplace and depression is one of the leading causes of low productivity. More workplace education programmes are needed to promote a positive workplace culture, help management recognise the signs of depression and support people who are managing depression or returning to work after taking time off.



10 Evaluate practices to drive meaningful change

Lack of real-world data is a key gap in depression. We need greater investment in real-world data on the epidemiology of depression, service use and the impact of interventions and services if we are to better understand existing care gaps and implement sustainable change.



In summary, it is time to take policies targeting depression to the next level and provide sustainable funding to match policy goals. An integrated, cross-service approach, focused on prevention and early intervention, and leveraging new advances in digital medicine, can save lives, reduce the economic impact of depression, and have a dramatic effect on the quality of life for over 35 million people affected by depression across Europe.

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