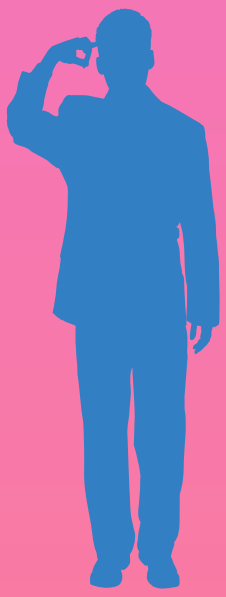
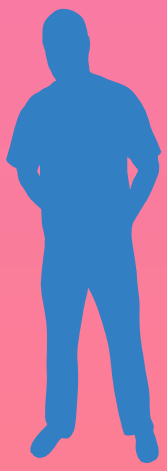
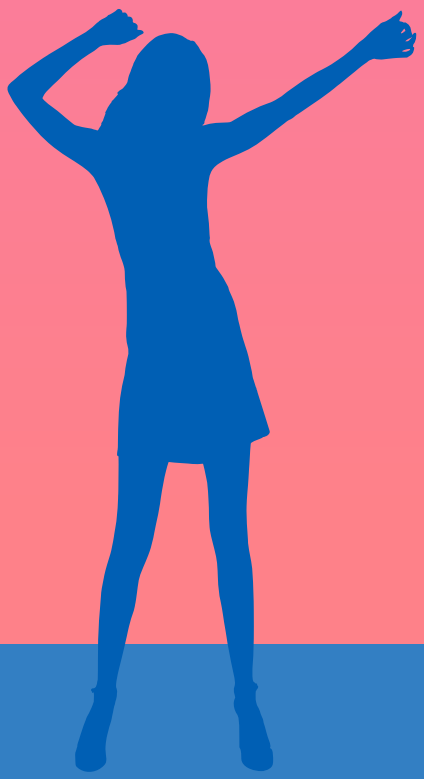
Depression Manifesto







A Manifesto calling for action against Depression

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Depression
Association

Move against depression

Depression is a common, serious and in some cases, life-threatening condition, affecting around 30 million people in Europe [xvii]. In many EU Member States it is already the most prevalent health problem costing employers around 100 billion Euros each year [xvii]. The cost to society and individuals is far greater.

More and more people are becoming unwell with depression and are unable to access good quality support when they need it that addresses the full range of symptoms. This would not be acceptable in any physical disease area and yet there is good evidence for cost-effective interventions which can both prevent and treat depression.

As one of the greatest public health challenges in Europe, we call on governments for immediate and decisive policy action to ensure that depression is prioritised within actions to improve health in general and mental health in particular

Eliminating Stigma & discrimination

» *Despite the prevalence and burden of depression and the fact that there are effective interventions for it that cover the full range of symptoms , fewer than half of those affected in the world (in some countries, fewer than 10%) receive such care.* [I]

» *Research* [II] *suggests that many people –including policy-makers and health-care providers - hold negative attitudes towards people with depression resulting in isolation, self-stigma and a lack of services.*

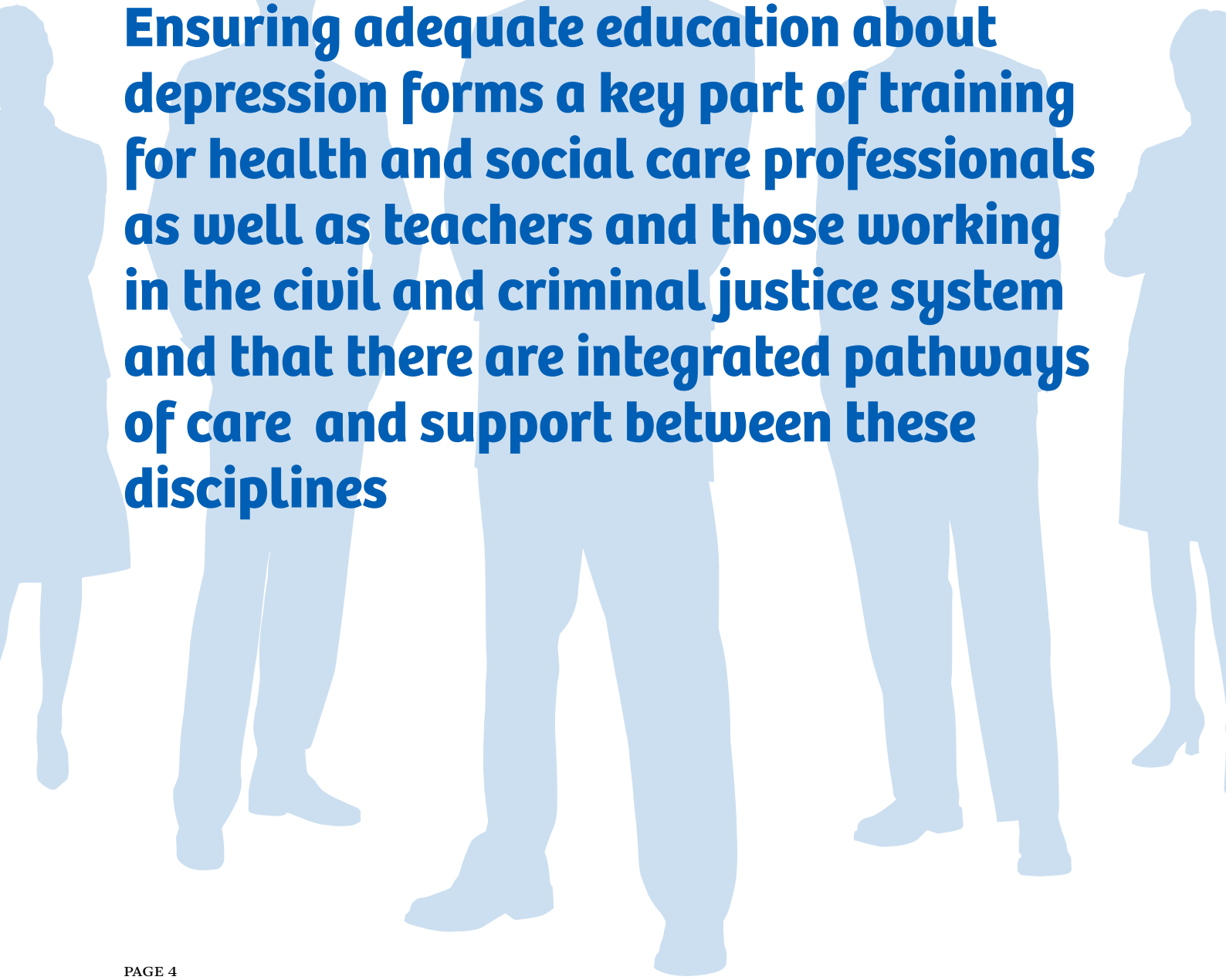
» *Isolation can be deadly* [III] *with studies showing that it results in poor mental and physical health as well as early mortality. Self-stigma undermines the ability of people to work towards their own recovery whilst stigma amongst health care providers means that opportunities to recognise and treat depression are missed.*

» *Funding for research and care is out of step with the burden of depression, particularly when compared with other disease areas and again, this is most likely to be due to stigma.*

» *People affected by mental ill-health are over-represented in prisons due to the breakable cycle of poverty, homelessness and prison.*

Committing to tackle discrimination and stigma by ensuring depression and mental disorders are included in disability discrimination legislation

Ensuring adequate education about depression forms a key part of training for health and social care professionals as well as teachers and those working in the civil and criminal justice system and that there are integrated pathways of care and support between these disciplines



Ensuring Fair Funding and Parity of Care

» *Despite the vast burden that mental ill-health imposes on people and on economies, many countries continue to neglect mental health care, and the unmet need for treatment remains high. The current state of mental health care is unacceptable. Policy makers must give mental health the importance it demands in terms of resources and policy prioritisation. Making mental health a policy priority would enhance people's lives, and have significant social and economic benefits.* [IV]

» *Mental health policy, programmes and legislation are necessary steps for significant and sustained action* [V]*. They must be revised to provide parity between mental ill health and physical ill health, to prioritise depression, to meet the World Health Organisation (WHO) targets for mental healthcare services and ensure budget holders allocate the right level of funding to implement national policy and deliver on the WHO targets.* [VI]

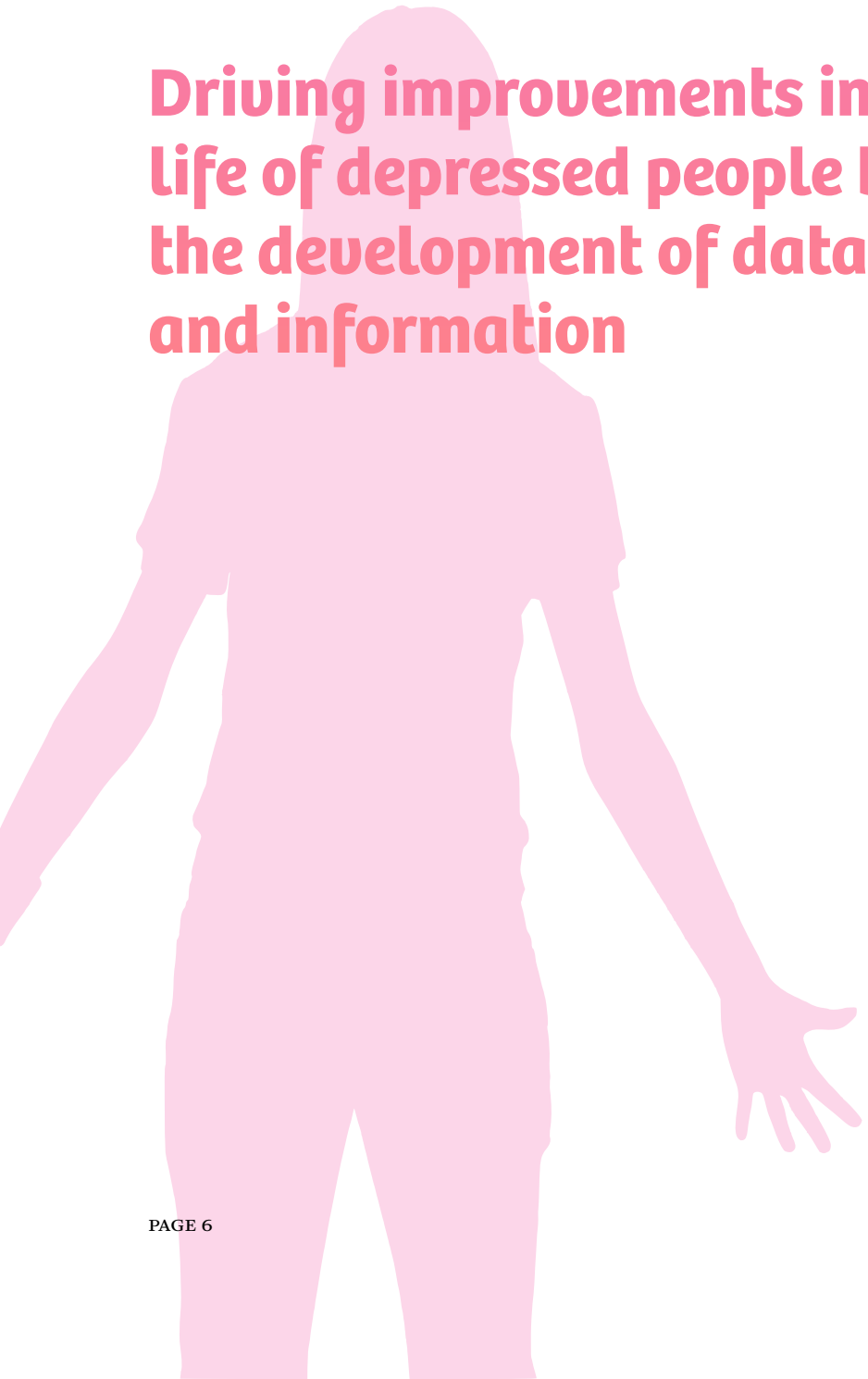
» *A clear picture of the status of mental health systems is lacking. Few countries can reliably measure the resources they devote or the results achieved. The absence of comprehensive data on quality and outcomes inhibits a full assessment of mental health care system performance, resulting in poor policies – in particular, an inability to focus scarce resources on an illness like depression that will lead to improved functioning and better outcomes* [IV]

» *Health technology assessments - the way in which new interventions are evaluated – needs to include early dialogue with patients, healthcare professionals and other stakeholders to ensure their voice is heard and valued when determining the potential impact of a new treatment. It is particularly important that potential improvements in care are brought to patients in a timely way and when decisions around reimbursement are made, they take into account the wider social value and real life data.*

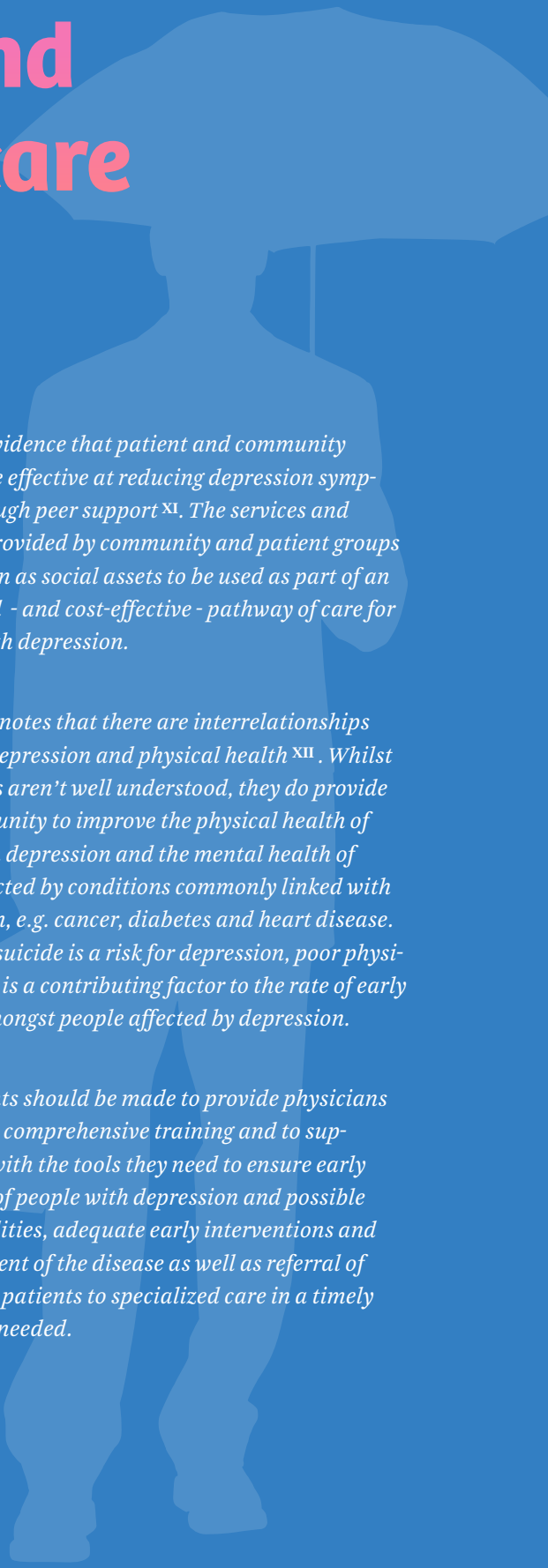
» *The best treatment for depression usually involves a package of care that addresses the full range of symptoms and is acceptable to the individual. Access to a choice of evidence-based treatments and information that helps an individual co-produce their treatment plan with their healthcare professional is key to successful recovery.*

Ensuring depression and mental disorders are given parity with physical disorders in all European, national and local decisions, including funding

Driving improvements in the quality of life of depressed people by supporting the development of data, knowledge and information



Enabling better and earlier access to care and treatment



» *According to the Organisation for Economic Co-operation and Development (OECD) recent report on mental health, there is an extremely large treatment gap for depression [IV]. As a result, the OECD recommends that governments strengthen and scale-up treatment for depression.*

» *More than half of depressed patients do not achieve adequate response following first antidepressant treatment and remission rates are progressively lower for each successive treatment step, which highlights the need to provide effective therapies early in depression treatment [VII].*

» *The longer depression goes untreated, the more debilitating the condition becomes, which in turn leads to even greater strain on national disability funds [VIII].*

» *The economic case for providing early access to talking treatments for depression has been well established [IX] in the UK and proven by the successful Improving Access to Psychological Therapies (IAPT) programme [X]*

» *There is evidence that patient and community groups are effective at reducing depression symptoms through peer support [XI]. The services and support provided by community and patient groups can be seen as social assets to be used as part of an integrated - and cost-effective - pathway of care for people with depression.*

» *The WHO notes that there are interrelationships between depression and physical health [XII]. Whilst these links aren't well understood, they do provide an opportunity to improve the physical health of those with depression and the mental health of those affected by conditions commonly linked with depression, e.g. cancer, diabetes and heart disease. Although suicide is a risk for depression, poor physical health is a contributing factor to the rate of early deaths amongst people affected by depression.*

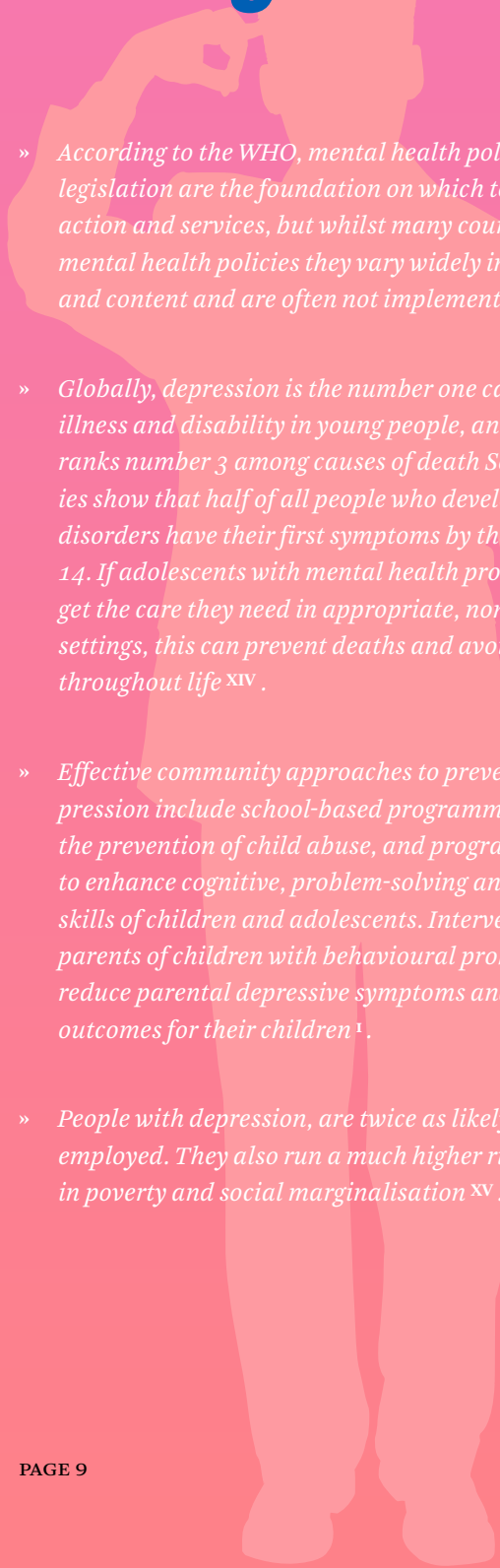
» *Investments should be made to provide physicians with more comprehensive training and to supply them with the tools they need to ensure early diagnose of people with depression and possible co-morbidities, adequate early interventions and management of the disease as well as referral of depressed patients to specialized care in a timely fashion if needed.*

Funding and enabling better – and earlier - access to evidence-based services and treatments including patient, carer and community groups

Improving the physical health care of those affected by depression and setting targets to prevent premature and avoidable deaths

Improving the mental health of those with conditions linked to depression by systematic screening and support for it

Improving lives of people living with depression



» *According to the WHO, mental health policy and legislation are the foundation on which to develop action and services, but whilst many countries have mental health policies they vary widely in quality and content and are often not implemented* [XIII].

» *Globally, depression is the number one cause of illness and disability in young people, and suicide ranks number 3 among causes of death Some studies show that half of all people who develop mental disorders have their first symptoms by the age of 14. If adolescents with mental health problems get the care they need in appropriate, non-adult settings, this can prevent deaths and avoid suffering throughout life* [XIV].

» *Effective community approaches to prevent depression include school-based programmes for the prevention of child abuse, and programmes to enhance cognitive, problem-solving and social skills of children and adolescents. Interventions for parents of children with behavioural problems may reduce parental depressive symptoms and improve outcomes for their children* [I].

» *People with depression, are twice as likely to be unemployed. They also run a much higher risk of living in poverty and social marginalisation* [XV].

» *The cognitive symptoms of depression (concentration difficulties, indecisiveness, and/or forgetfulness), which are present up to 94% of the time during an episode of depression* [XVI], *have a significant impact on the patients quality of life and her/his ability to function professionally and socially* [XVII], [XVII], [XIX].

» *In Europe, 1 in 10 workers has taken time off work due to depression, with 36 working days lost per depressive episode. Yet, in spite of this, one in three managers say they do not have formal support or resources to deal with the problem* [XX].

» *Depression is a leading cause of lost work productivity, long-term disability and early retirement. 59% of the total costs of depression in Europe are indirect* [VIII]. *Having meaningful employment is good for our health, it enables us to support our families, contribute to society and value ourselves – the loss of it has devastating consequences on the individual and the way they interact with the rest of the world.*

» *Depression at work costs employers 100 billion Euros a year in Europe with the greatest loss attributed to absenteeism (frequent absence from work) and lost productivity* [XXI]. *The majority of employers are not large, multinational companies but small and medium-sized enterprises which make up our high streets. They need our support to take the small steps which will help them effectively manage depression in the workplace and protect their bottom line.*

Creating a gold standard for the treatment and prevention of depression which addresses opportunities for early intervention within health care and wider society and offering integrated health, care and employment support to those who are on sick leave or out of work.

Committing to appropriate, safe provision for children and young people and those in crisis

Giving employers clear guidance and support to promote the wellbeing of their employees and tackle the rise of depression in the workplace by considering depression within a health and safety context

Why Fighting Depression matters

Depression, directly and indirectly, was estimated in 2010 to have a global cost of at least US$ 800 billion and is expected to more than double over the next 20 years [xxii]. The costs of treating depression are outweighed by productivity benefits [xxiii, xxiv, xxv]. For example, data from the UK show that every Pound invested in early diagnosis and treatment of depression at work will yield a cross-sector return of £5 [xxvi].

Whilst the economic arguments for fighting depression are compelling – or at least should be to policy-makers - it is the story behind the figures – the needless suffering of individuals, their families and friends - which most deserves our efforts in fighting this treatable disease.

Together we will fight depression, together we will win.

I WHO, depression fact sheet: http://www.who.int/mediacentre/factsheets/fs369/en/ tgn: I think this is no i and not ii

II Arhtur H. Crisp et.al: Stigmatization of People with Mental Illnesses http://hawaii.edu/hivandaids/Stigmatization%20of%20People%20%20with%20Mental%20Illness.pdf

III http://www.newrepublic.com/article/113176/science-loneliness-how-isolation-can-kill-you

IV OECD, 2014, Making Mental Health Count

V (World Federation of Mental Health, 2012)

VI WHO Mental Health Action Plan 2013-2020

VII Rush AJ et al. Am J Psychiatry 2006 Nov;163(11):1905-17.

VIII J. Olesen, et al. The economic cost of brain disorders in Europe. Eur J Neurology. 2012; 19:155-162

IX http://cep.lse.ac.uk/textonly/research/mentalhealth/DEPRESSION_REPORT_LAYARD2.pdf

X http://www.iapt.nhs.uk/silo/files/iapt-3-year-summary-leaflet.pdf

XI http://www.ghpjournal.com/article/S0163-8343(10)00198-2/abstract

XII http://www.who.int/mediacentre/factsheets/fs369/en/

XIII http://www.euro.who.int/__data/assets/pdf_file/0006/96450/E91732.pdf

XIV WHO's "Health for the world's adolescents" 2014

XV OECD. Mental health at work: http://www.oecd.org/health/mental-health-and-work.htm

XVI Conradi HJ, Ormel J, de Jonge P. Psychol Med. 2011; 41:1165-1174

XVII J. Olesen, et al. Eur J Neurology. 2012;19:155–162

XVIII Stewart WF, Ricci JA, Chee E, Hahn s, Morganstein D. JAMA, 2003: 289 (23):3135-3144

XIX Greer TL, et al. CNS Drugs 2010; 24(4): 267-284

XX European Depression Association (EDA), Impact of Depression in Europe Audit Survey (IDEA Survey), 2012

XXI Evans-Lacko S, Knapp M. Importance of Social and Cultural Factors for Attitudes, Disclosure and Time off Work for Depression: Findings from a Seven Country European Study on Depression in the Workplace. PLOS One. DOI: 10.1371/journal.pone.0091053

XXII http://kofiannanfoundation.org/newsroom/speeches/2014/11/global-crisis-depression

XXIII Kessler RC et al. Depression in the workplace: effects on short-term disability. Health Affairs. September 1999 vol. 18 no. 5 163–171;.

XXIV Simon GE et al. Depression and Work Productivity: The Comparative Costs of Treatment Versus Nontreatment. Journal of Occupational & Environmental Medicine. January 2001;43(1):2–9

XXV Knapp M et al. Mental Health Promotion and Prevention: The Economic Case. January 2011. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215626/dh_126386.pdf

XXVI European Commission report 2011. Mental well-being: For a smart, inclusive and sustainable Europe. http://ec.europa.eu/health/mental_health/docs/outcomes_pact_en.pdf