



THE GLOBAL CRISIS OF DEPRESSION

THE LOW OF THE 21ST CENTURY?



TUESDAY, NOVEMBER 25TH 2014 • KINGS PLACE, LONDON

SUMMARY REPORT



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INTRODUCTION

Depression is one of the biggest health challenges the world faces. More than 350 million people worldwide suffer from depression. One in five people will experience a period of depression in their lives, and it is the leading cause of disability worldwide. Aside from the personal cost to sufferers and their families, the impact on the economy is vast, with the cost in Europe alone amounting to €92 bn a year, much of which is down to lost productivity.

Policy makers and employers are failing to grasp the scale and urgency of the problem. Meanwhile, mental illness continually loses out to physical conditions in the allocation of public health funds, and society still stigmatises those who suffer.

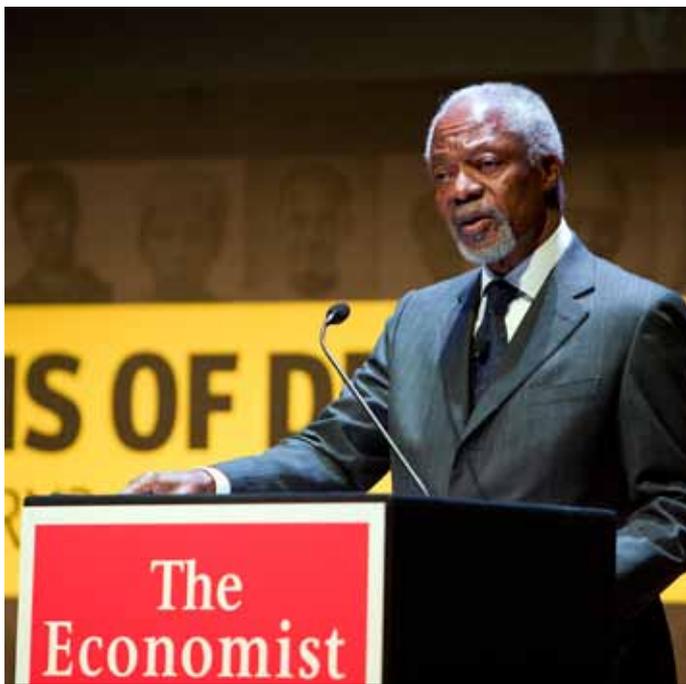
The issue is complex and requires cooperation across government, academia, healthcare providers, the pharmaceutical industry, employers and patients. The Economist Events' conference, sponsored by H. Lundbeck, brought together key global opinion leaders from across these groups to give an insight into the global challenge of depression; the impact that depression has on society, workplaces and health; and how depression can and should be treated.



THE GLOBAL CRISIS OF DEPRESSION

S U M M A R Y R E P O R T

A STRONG ECONOMIC AND SOCIAL CASE FOR PREVENTING, CONTROLLING AND MANAGING DEPRESSION



Kofi Annan, *Former Secretary General, United Nations; Chairman, Kofi Annan Foundation*

THE BURDEN OF DEPRESSION

A lack of political resolve and a failure to acknowledge the scale of the problem of depression is undermining the fundamental human rights of hundreds of millions of people, said Kofi Annan, Former Secretary General of the United Nations, in opening the conference. Basic levels of care are being denied to those that need help – in the rich world, accessing treatment for depression lags badly behind care for physical conditions. In poorer countries that lack proper functioning health systems such support can be non-existent, and these are countries that are often afflicted by poverty, conflict and natural disasters, so depression is more prevalent and severe.

It is predicted that depression will jump from fourth to second place in contributing to the overall global burden of disease. WHO member states have already approved the 2013-2020 mental health action plan, which calls for a 20% increase in treatment for mental health including depression by 2020. Mr Annan said that it is vital that these commitments are turned into concrete action on the ground all over the world. Mental health, and depression in particular, must also be placed within the Millennium Development Goals post-2015 agenda.

To tackle depression requires a multi-faceted approach. Mr Annan called on delegates to cast their nets wide when forging new alliances, and learn from initiatives created to fight infectious diseases where innovative partnerships across sectors and countries brought success.

We also need to find ways to widen the numbers of patients receiving treatment for depression and improve the education of general medical and health staff so it can be better diagnosed and treated, he said.

Depression must become a global priority because it not only affects health and well-being but also diminishes labour productivity and economic growth. Calling the challenge of depression a global crisis is no exaggeration at all.

Kofi Annan



Depression, directly and indirectly, was estimated in 2010 to have a global cost of at least US\$ 800 billion, a sum expected to more than double over the next 20 years.

Women are twice as likely to suffer from depression as men.



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Norman Lamb MP, Minister of State for Care and Support, United Kingdom

THE POLITICAL IMPERATIVES TO ADDRESS MENTAL HEALTH AND DEPRESSION

The fact that mental health is far from achieving parity with physical conditions in the allocation of resources is a key challenge in addressing the crisis of depression.

Norman Lamb, Minister of State for Care and Support, Government of the United Kingdom, said that this imbalance between mental and physical health, has to change. Mental health always loses out. But it is not acceptable for people to live lives in misery, he said. In the UK, if you have suspected cancer you see a specialist within a fortnight, but if you have depression or an episode of psychosis you have no such right.

In its five-year vision on mental health, the government is setting waiting time standards for mental health services. From next year, people with depression will receive treatment in as little as six weeks and wait no longer than 18 weeks. A two-week standard to access treatment after a first episode of psychosis will also be introduced. However, these targets are still not good enough, some delegates later argued.

The economic costs of depression weigh heavily – the estimated cost of mental health to the UK economy is between £70 and £100 billion each year, arising from sickness absence, benefit provision and loss of productivity –almost the entire funding for the NHS. Delegates heard how the Improving Access to Psychological Therapies (IAPT) programme has treated over 2.6m people, with over 1.5 m completing their treatment, and over one million reaching recovery. Over 90,000 people have moved off sick pay and benefits.

Businesses should also want happy and healthy employees, Mr Lamb said. It is “enlightened self-interest”. Schemes such as the Mindful Employer initiative has seen 1,200 employers sign up to a voluntary charter, and the likes of Barclays, with nearly 140,000 employees, has agreed to support mental health at work as part of the Time to Change scheme.

There is a clear moral and economic case for improving care, helping people get the right support, making sure they can lead a normal life, free of stigma and discrimination.”

Norman Lamb



Over 350 million people in the world are affected by depression, about the same size of the population of the United States.

In the UK, nearly half of Employment and Support Allowance claimants report a mental health problem as their primary reason for claiming benefits.



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FIGHTING DEPRESSION – THE CASE FOR PREVENTION AND HEALTH PROMOTION IN DEPRESSION

We need to create a healthcare system that treats a broken mind and a broken leg on an equal basis

Nick Hækkerup



We face a global challenge, and mental illness has severe consequences for the individual and for society, Nick Hækkerup, Minister of Health, Government of Denmark, told delegates. It is a costly burden and it is crucial we deal with this problem effectively, he added.

Mr Hækkerup said that while everyone carries the responsibility for their own health, it is the role of the state and of society to better understand mental illness and try to provide the possibility of a better life for those suffering.

However, healthcare systems are a barrier. While Denmark is proud of its free and equal access healthcare system, when it comes to mental illness equality is an illusion, he said. He added that Denmark has invested massively in capacity and increased the training of personnel but it plans to do more, including improving the right to a fast diagnosis and making specialised treatment available close to where a patient lives.

FINDING THE KEY TO BEATING DEPRESSION

A supportive workplace is absolutely vital in helping those with mental health issues, David Kinder, Deputy Director, Workforce, Pay and Pensions, Public Spending Group, HM Treasury, told delegates.

He described his own battle with depression and how the reaction of his line manager was hugely important. Initially, he feared that his diagnosis might spell the end of his career but his manager came back with the model response and said: “We value you, we support you, we want you to come back – but take your time.” He returned to work gradually but some months later had a relapse. Again, his work supported him, and he came back in a phased way.

That was in 2009, and his last major episode. Mr Kinder told delegates that meditation, diet, and exercise have all helped him to build resilience, but just as important is how he manages his work environment so that he can delegate and get feedback from line managers, good or bad, so that he doesn’t automatically fear the worst.

Mr Kinder is now Chair of the Treasury’s Mental Wellbeing Network, aiming to help those in similar situations.



David Kinder, Deputy Director, Workforce, Pay and Pensions, Public Spending Group, HM Treasury

I was lucky in that I got support from work when I had to take time off for depression. I’m now chair of the mental wellbeing network, and the treasury has signed up to the Time to Change campaign. It has had huge success and support from the top down, which sends a very important signal.

David Kinder

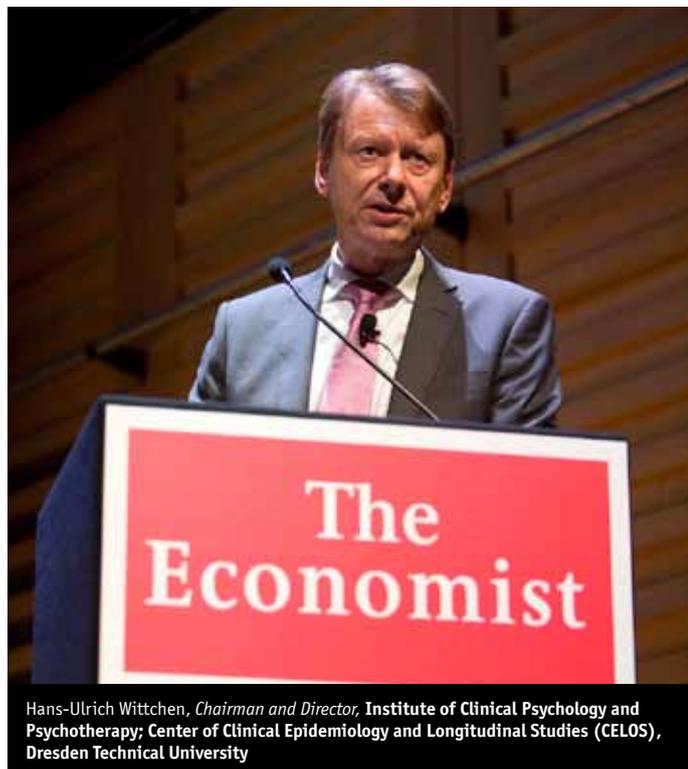




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FIGHTING DEPRESSION – THE CASE FOR PREVENTION AND HEALTH PROMOTION IN DEPRESSION



Hans-Ulrich Wittchen, *Chairman and Director, Institute of Clinical Psychology and Psychotherapy; Center of Clinical Epidemiology and Longitudinal Studies (CELOS), Dresden Technical University*

CARRYING THE WEIGHT: THE BURDEN OF DEPRESSION

Hans-Ulrich Wittchen, Chairman and Director, Institute of Clinical Psychology and Psychotherapy; Center of Clinical Epidemiology and Longitudinal Studies (CELOS), Dresden Technical University, looked at the burden of the disease. Burden is a complex concept with different connotations, and covers the burden to the patient, caregiver, the health system, society and economy. He stresses, though, that the world should be used with caution – it is not the sufferer that is a burden.

Mental disorders are the most impairing and disabling of all disease groups and current estimates already exceed WHO 2030 projections, he pointed out. We are failing to address the burden, in spite of the fact that diagnostic tools exist, and drug and psychological treatments are available. Only 30-52% of sufferers have contact with any health professional, only 8-16% have contact with a mental health specialist, and only about 10% receive minimally adequate treatment. Treatment is typically provided too late with a mean delay after onset of three years, predominantly when severe complications arise such as comorbid escalations, chronicity, or a suicide attempt.

While the absolute numbers of cases increase, there is no evidence that depression rates have increased over the past two decades. However, the situation will get worse because of the ageing population, he said.

Industry and investors must be encouraged to engage in depression and mental health research as the core health challenge of the future.”
Hans-Ulrich Wittchen

Every year 38.2% of the EU population suffer - at least for some time - from a mental disorder as defined by the diagnostic criteria of DSM-IV

In 2010, 148 million workdays were lost every month due to depression.

In terms of the cost burden of depression, indirect costs account for over 63%. Much less is down to direct treatment costs (psychotherapy about 1%, medication 3.5%).



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Simon Wessely, Professor of Psychological Medicine at the Institute of Psychiatry, King's College



UNDERSTANDING THE COMPLEXITY OF DEPRESSION

While we understand more than ever about depression, its complex nature has led to much confusion about what the illness is – and isn't.

Simon Wessely, Professor of Psychological Medicine at the Institute of Psychiatry, King's College, looked at how mental health professionals have been criticised for pathologising normal emotions. He described the controversial DSM-5 classification of mental disorders, published by the American Psychiatric Association, as giving ammunition to the critics. We are now labelling people unnecessarily – children are no longer allowed to be shy, they have 'social phobia'. Grief in itself is not a psychiatric disorder. This labelling is a problem in that we can't even treat the numbers in the UK who do have severe mental disorders in the way we should, he added.

Related to this is the rising number of antidepressant prescriptions. Professor Wessely said that while antidepressant prescriptions have gone up in the UK to over 50m the amount taking them is unknown, and the rise probably reflects better prescribing as these drugs need to be taken for six months. It is not the case that time-pressed GPs are doling them out as quick-fix solution, although, in some areas there is little in the way of alternative treatments.



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S U M M A R Y R E P O R T

FIGHTING BACK – HOW SHOULD DEPRESSION ACROSS ALL STRATA OF SOCIETY BE TREATED IN THE 21ST CENTURY?



David Haslam CBE, *Chair, NICE (National Institute for Health and Care Excellence)*

The challenge is how in a cash strapped society, and where this is still stigma, can we give mental and physical health parity. You are just as dead from suicide as you are from cancer.

David Haslam



Depression is the third most common reason for consulting a GP.



Anders Gersel Pedersen, *Executive Vice-president, Research & Development, H. Lundbeck*

It has been over a decade since a new antidepressant has been launched. Delegates looked at some of the challenges involved in treating depression, given its heterogeneous nature.

No one drug can treat all, said David Nutt, President of the European Brain Council. In his work as a psychiatrist he has treated people with resistant depression, many of which commit suicide. There are a significant proportion of people for whom current medicines do not work, however early or well we use them, he said. We need to find more sophisticated ways to identify vulnerabilities in certain individuals. As a neuroscientist at Imperial College, London, Professor Nutt looks at brain imaging and the chemistry of depression. This could help determine how different patients may respond to treatment, but it is still in its infancy and not as well supported as it should be, he said.

Anders Gersel Pedersen, Executive Vice-president, Research & Development, at H. Lundbeck, talked about the difficulties in drug research given that depression can present itself in different ways. Not only is it the mood of the patient that is affected but also their intellectual and cognitive abilities. A disease that is so heterogeneous is challenging to treat with a single drug.

There is a significant unmet need in depression with a treatment gap of more than 50% and yet society has been reluctant to accept a drug that doesn't solve all of the problem. But we need to use what we have now that is beneficial in treating some aspects of the condition while working on a clever way to move forward, he said.

Dr Pedersen added that it will also take a long time to get a sophisticated tool that will help us understand why a drug works in one patient but not another.

David Haslam, Chair of the National Institute for Health and Care Excellence, said that the challenge is we are long way off understanding a complex spectrum, which runs from unhappiness to clinical depression. There is no simple blood test you can perform to confirm a diagnosis. GPs are therefore in the unenviable position of being criticised for both under and over diagnosing depression. "Much needs to be done. It is time to move forward to a future that sees the overall quality of life of patients suffering from depression improved and the economic impact of depression minimised"



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FIGHTING DEPRESSION – THE CASE FOR PREVENTION AND HEALTH PROMOTION IN DEPRESSION



Mary G Baker, Immediate Past-president, European Brain Council (EBC)

Health is wealth, and it requires investment.

Mary G Baker



Christopher Dowrick, Professor of Primary Medical Care, University of Liverpool, is of the belief that in the West, the tendency is to over-diagnose. General Practitioners are 50% more likely to diagnose depression when it is not present than they are to identify a case correctly or to miss a case when it is present. In a US study, only a third of clinician identified depression met formal diagnostic criteria. We also overmedicate, he argued, with 11% of people in the US aged 12 and above taking an antidepressant. Only in cases of severe depression are they demonstrably better than a placebo, he said. While society needs to recognise those suffering from mild depression or loss-related symptoms, strategies that enable personal resilience should be encouraged and are effective, he said.

Several delegates argued that depression should be treated holistically. Society has been allowed to divide mind and body when each impacts the other, said Mary G Baker, Immediate Past-president of the European Brain Council. George N Christodoulou, President of the World Federation of Mental Health, agreed and said that we should remember what Hippocrates taught in that we should treat the person and not just the disease.

The conference looked at the role of prevention strategies. Ulrich Hegerl, President of the European Alliance against Depression, talked about the success of its community-based intervention strategy that has been implemented in more than 100 regions in Europe and has seen a 20% reduction in suicides. The programme includes more education in primary care, a public awareness campaign and workshops in the community with groups such as teachers, police and priests who can help those at risk.



People with severe mental illness die 20 years earlier than the general population, and are less likely to be helped in areas such as stopping smoking.



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S U M M A R Y R E P O R T

THE CHALLENGE OF DEPRESSION IN THE WORKPLACE



Lord Dennis Stevenson, *Founder and Chairman, MQ: Transforming Mental Health*



Given that depression can be triggered by a stressful workplace, and depression costs business hugely in terms of lost productivity, companies have both a moral responsibility and a business imperative to address the issue.

Lord Dennis Stevenson, Chairman and Founder of MQ: Transforming Mental Health, and a sufferer of depression, told delegates that businesses are still not doing enough. While a number of large companies are putting budgets into it, it is still a minority, and many are paying lip service to the issue, he said. Small businesses face problems as they simply do not have the resources.

Lord Stevenson called for a precise evidence-based manual for businesses. This would cover how to create a culture where people will admit to mental illness, how to find the right resources in the NHS and assess whether the therapy the sufferer gets is appropriate and works.

Employers must do more, agreed Elisabeth Svantesson, Deputy Chair of the Committee on Social Insurance, Parliament of Sweden. Work is more stressful than ever before, with roles less clear and tasks harder to define, she said. There is also a greater pressure on people to be available 24/7.

A healthy working environment is a win-win situation for businesses and workers, she said. But implementation is tricky. Legislation is blunt and slow, and may be difficult to apply in the case of depression. While there are rules on health and safety at work in areas such as maximum noise levels, how do you legislate on what levels of stress are excessive?



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THE CHALLENGE OF DEPRESSION IN THE WORKPLACE

THE BUSINESS RESPONSE

A panel discussion, moderated by Sue Baker, Director of Time to Change, looked at what various organisations are doing to reduce depression and stress in the workplace.

Employers have limited resources and would find it hard to provide specific programmes for all diseases, pointed out Ulrich Birner, Head of Psychosocial Health and Wellbeing for Siemens. Nevertheless, they should provide a good working environment that helps prevent mental health issues from arising in the first place, he added. This supportive structure includes ensuring the employee has the tools in place to do the job, that they have a strong peer group, and a good line manager. The reward they get for their efforts must also be strong.

Steve Evison, Chairman of the European Federation of Employers and Director of Employee Affairs, EMEA, for Ford Motor Company, spoke of his involvement in the Target the Impact of Depression in the Workplace initiative, where employers are committed to targeting depression in the workplace by supporting the implementation of tools and resources alongside improved policies to protect workplace productivity and innovation. It has launched the European Business Charter, which has identified several principles such as having a prevention-focused workplace, increasing understanding of the symptoms of depression and encouraging openness on mental health issues. He added that business leaders need to be role models – how they behave is key in either encouraging or discouraging people to come forward.

Louise Bradley, President and Chief Executive Officer of the Mental Health Commission of Canada, talked about the creation of Canada's voluntary psychological safety standard for businesses. The standard is accessed online for free, and has, so far, been downloaded 21,000 times. It is now in year one of a three year study looking at areas such as feedback from employees, implementation costs for a business, and any change in absenteeism and presenteeism rates.



Sue Baker, Director, Time to Change

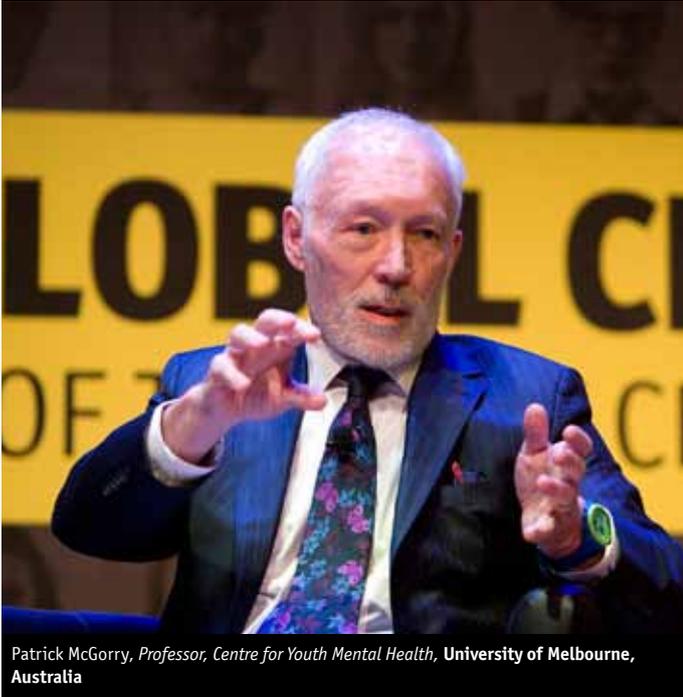




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S U M M A R Y R E P O R T

FACING DOWN DEPRESSION, ENGENDERING A GLOBAL RESPONSE TO A GLOBAL PUBLIC HEALTH CRISIS



Patrick McGorry, Professor, Centre for Youth Mental Health, University of Melbourne, Australia

Delegates heard from others around the world to see what lessons can be learned in tackling depression.

Australia is making some progress in the area of mental health in young people. Patrick McGorry, Professor of the Centre for Youth Mental Health, University of Melbourne, said that we are neglecting the developmental challenges that teenagers go through in their transition to adulthood. This is often when mental health problems emerge for the first time and can be disguised as alcohol or drug abuse. Professor McGorry pointed to a new project in Australia called Headspace that aims to address some of the issues. The service, which focuses on 12 to 25-year-olds, has experts on hand but is designed to feel more like a youth centre, and aims to help the problems the young person presents with rather than labelling them with a disorder.

Linda Rosenberg, President and Chief Executive Officer of the US National Council for Behavioral Health, talked about how advocacy has been successful in the US, for example, in 2008 a law was passed that said insurance companies must treat mental illness and addictions in the same way as general healthcare. She added that \$7bn has been put into mental health to expand access, and there is a move towards same day access. A mental health first aid training programme is also educating around 1,000 people a day. Even so, more team care is needed to treat social, psychological and healthcare issues together, she said.

Francesca Colombo, head of the Health Division at the OECD, called for more joined-up thinking. She said that one of the biggest challenges is that health systems do not address the problem of comorbidities, and are geared towards specific illnesses and acute conditions. She also raised concerns about the lack of co-ordination between health and employment services, given the correlation that depressed people are less likely to be in work, and those that are are less productive.

People are being disabled for decades in the peak of the lives.
Patrick McGorry

Mental disorders cost OECD countries up to 4% of GDP

Around 70% of depressed patients have a comorbid illness

The treatment gap for depression is 56%



Linda Rosenberg, President and Chief Executive Officer, National Council for Behavioral Health, USA



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FACING DOWN DEPRESSION, ENGENDERING A GLOBAL RESPONSE TO A GLOBAL PUBLIC HEALTH CRISIS



Alastair Campbell, *Communicator, Writer, Strategist*

A decline in the mental health budget leads to a decline in nation's mental health so we end up spending more not just in the NHS, but in the law courts and police services.

Suicide is the biggest killer of young men in Britain today.

WAKE-UP CALL TO SOCIETY

Given his own personal experience of depression, writer and strategist Alastair Campbell has become an activist on mental health issues.

When the illness strikes, he said it is like a “deadly external force filling his veins with lead.” Depression is “all enveloping”, and everyday tasks feel like climbing a mountain.

Mr Campbell has come to the conclusion that depression is an illness and, like cancer and asthma, some people get it and some don't. There is nothing in his childhood to explain his black feeling, he said. Today, medication, sport and the support of family and friends help him to control the illness.

He now wants to end the stigma around depression. People still see it as a lifestyle choice, or a bad mood. There are those who ask, “What have they got to be depressed about?”

Depression is the last great taboo, and if we look at the great campaigns such as gay rights, racial and sexual equality, people have stood up to make change happen, he said. He is not brave, he insists, for talking about his depression, but sees it as a responsibility to help make a difference.

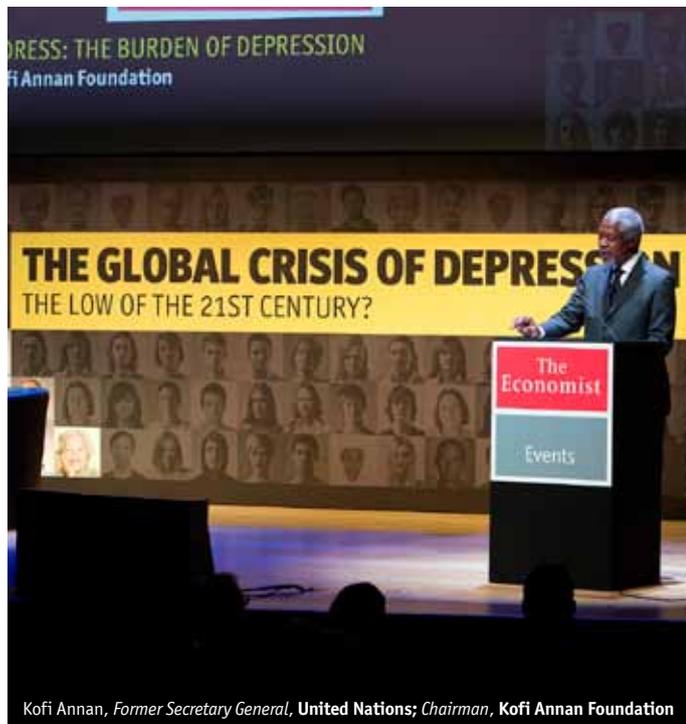
The cost of depression is not just personal, huge though that is, but to firms and the economy as a whole, he added. Governments and businesses must work together. Mental health must be given the same priority as physical health and we need to make good on the issue of parity of esteem.



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FACING DOWN DEPRESSION, ENGENDERING A GLOBAL RESPONSE TO A GLOBAL PUBLIC HEALTH CRISIS



Kofi Annan, *Former Secretary General, United Nations; Chairman, Kofi Annan Foundation*



CHAIR'S SUMMARY

Addressing the crisis of depression is an urgent priority for the world, and the problem will only exacerbate with ageing populations.

Rich and poor countries alike fail to provide enough care for those with mental illnesses, with physical conditions always winning out in the battle for resources. And yet, there is no health without mental health. Body and mind work together.

Given the rates of unemployment among those with depression, and the days of lost productivity for those in work, the costs to society and the economy are vast. Employers should be concerned – it is not altruistic to look after the wellbeing of their workforce but a key business issue that ultimately affects a company's bottom line.

While businesses cannot be expected to address every health concern employees may have, they have a duty of care given that their staff spend half of their waking hours working. Providing an environment in which an individual feels they can influence their work and is fairly rewarded for their efforts is vital in reducing stress but a business must also support their employees in times of mental ill health. A lack of resources is not a barrier; a workplace that continues to stigmatise mental illness is.

Depression is a complex problem, and there is still much more to learn. Meanwhile, we need to better use the tools we have to fight depression by increasing access to appropriate treatment, and by providing more education at a general medical and societal level. But to really fight back will require many different stakeholders to combine their knowledge, experience and resources. As Kofi Annan put it, "None of us has a monopoly of wisdom."