

DEPRESSION AS A MAJOR MENTAL HEALTH PROBLEM FOR THE BEHAVIORAL HEALTH CARE INDUSTRY

Jeff Steinberg¹, Daniel J. West, Jr.²

Abstract

Behavioral health is an important component in the continuum of health care. The increase incidence of depression requires serious thought and attention by health care providers. Developing appropriate access to primary health care is an important consideration in the overall design to treat depression. Early intervention, diagnosis and treatment is imperative to eliminate the serious consequences of the disorder. Services should be provided in the most supportive, least restrictive environment.

Introduction

Mental health services are usually organized into inpatient and outpatient components. Psychiatric outpatient services have expanded to address new needs in the community for independent living. Problems related to genetics, poverty, addiction, war, terrorism, physical and sexual abuse, and disasters have intensified the need for psychiatric services, and access to primary care is the preferred behavioral intervention. The awareness of disorders and their appropriate management has the potential to improve the health status of people, especially for children and adolescents. Mental health services have traditionally been financed through the public sector. Insurance coverage for mental illness has been limited but coverage is growing. Improved integration between medical care and psychiatric services and/or behavioral health care is growing in importance throughout the world and

is recognized in western and eastern cultures. Practitioners recognize the need to identify and treat co-morbidities between physical and mental disorders. Effective integration requires a broad spectrum of choice, access and financing. Furthermore, use of outpatient counseling for everyday problems, intervention for those in crisis, and long-term care for persistent or chronic disorders requires interdisciplinary teams and varied resources (1).

In the United States, it is estimated that at any point in time 19% of the adult population may have some type of mental disorder. Comorbidity, the presence of both mental and substance abuse disorders appears to be increasing. Some estimate that almost 12% of children under 18 years of age are clinically maladjusted. However, many of those people requiring treatment are not always seen in mental health facilities but rather attempt to access treatment within the general health care sector. There are large numbers of people in correctional institutions who are seen for mental health services but the adequacy of

¹ M.D. MHA Graduate Student, University of Scranton, Pennsylvania, USA

² Ph.D., FACHE, Associate Professor and Chairman, Department of Health Administration & Human Resources, 417 McGurrin Hall, University of Scranton, Scranton, Pennsylvania 18510-4597, Phone: (570) 941-4126, FAX: (570) 941-5882, E-mail: westd1@scranton.edu

treatment is questionable. Finally, and perhaps most disturbing, there are people with mental health disorders, particularly depression, who receive no treatment.

In the U.S. the average age of depression is now in the mid-20's and it is believed there are between 10-14 million Americans between 20-40 years of age affected by depression. Worldwide, 121 million suffer from depression and it is the 2nd leading cause of disability. In the U.S. women are diagnosed twice as much as men, however, men are less likely to seek psychiatric help. It is believed women experience depression more often because of hormonal and menstrual changes, pregnancy, miscarriage, postpartum episodes and menopause. The rate of men committing suicide to women is 4:1. In men depression is seen with an increased risk of cardiovascular disease. Men often demonstrate their depression through anger, irritability, and discouragement (2).

In the U.S., approximately 15-30% of the elderly suffer from depression according to the National Institute of Mental Health. Even in the elderly population depression is often undiagnosed and unrecognized. When the elderly visit their family physician they usually discuss their medical and physical complaints and not their emotional state. When diagnosed, treatment of depression in the elderly is very successful with a mild antidepressants. In many foreign countries, the elderly live at home and with family members. In the U.S. the elderly very often live in nursing homes or long term care centers when family members feel they can no longer provide adequate care or socialization

for them. For an elderly person, this may be a cause of depression because they may feel abandoned (2).

Depression

Statistics available through the National Institute of Mental Health and the World Health Organization are surprising and present depression as a very serious problem throughout the world. Like other medical conditions, early detection, diagnosis and proper treatment will reduce the debilitating effects and pathology associated with this condition. Recent pharmacological developments and psychotherapy have been very effective in treating depression.

In many countries throughout the world, mental illness is often associated with a negative stigma. Depression is now a very prevalent mental disorder and is second only to hypertension as the most common chronic medical condition in the U.S. Internationally, there remains a stigma associated with mental illness and it has been reported that 121 million people may be suffering from depression alone. Worldwide, depression is currently the fourth leading cause of disability, and by the year 2020, it is expected to be the second leading cause of disability. In the United States, between 10-14 million people between the ages of 20-40 are diagnosed with depression, and the average age of onset is mid-20's. Internationally, depression is the second leading cause of disability for people between the ages of 15 and 44. In the USA, the ratio of those diagnosed is 2:1 for women vs. men; compared to the worldwide figures of 10% of the women compared to 6% of men. It is estimated by the National Institute of Mental Health that there are

approximately 125,000 hospital admissions per year for depression in the U.S. WHO statistics indicated that although there were no figures for the number of yearly admissions, there are approximately 35% recurrent episodes of depression within two years. Major depression affects between 4-8% adolescents in the U.S. The health care costs for treating depression in the U.S. total approximately \$15-30 billion per year. Internationally, it is estimated that approximately 10-20% of the people experience depression. In the worst cases, depression can lead to suicide and in the U.S. men are 4 times more likely to commit suicide than women. According to WHO, suicide rates around the world are increasing. A major problem with health statistics worldwide is that many suicides are not reported accurately, or not reported at all. Mental illness and depression are serious medical conditions that should be diagnosed properly and treatment started as soon as possible (1,2).

The basic facts about depression are similar between the U.S. and countries throughout the world. It is not unusual for most people throughout the world to experience various feelings as a result of life experiences, situations and events. It is not unusual as a result of events in life for people to experience sadness, anger, and anxiety. These types of feelings are very normal reactions to world events and conditions. However, when the sadness and similar feelings become intense and prolonged, and begin to interfere with the ability to perform activities of daily living (ADL's), then these same affective states become symptoms of a depression. As with other medical conditions, when depression is not diagnosed or

misdiagnosed and is not properly treated, the condition becomes chronic and eventually a debilitating medical condition. Depression can lead to the destruction of family lives and in some cases a patient can commit suicide (3).

Signs and Symptoms

The characteristics of depression are similar worldwide as compared to those in the United States. A key source of data for the U.S. is from the National Institute of Mental Health and the international data source is the WHO Health Report 2001. In the U.S. depression is a disorder which affects the body, mood and thought processes, and usually causes disturbances in sleep and appetite, affecting self-esteem. When it becomes a chronic condition, depression often results in widespread effects on employment, family structure and a social life. According to WHO sources, depression effects mood, energy level, interest and concentration levels. Changes in sleep and appetite are noted as well as changes in self-esteem and self-confidence.³

Currently in the U.S., the American Psychiatric Association utilizes the DSM IV to make psychiatric diagnoses. Once again, the most common symptoms for depression appear to be universal. The obvious differences in making a diagnosis of depression in the U.S. are the lifestyles of Americans, the reporting of medical data and statistics, the accessibility of mental health professionals compared to diagnosing depression worldwide. Citizens of some countries in the world have similar health problems as compared to the U.S.; however, cultural specific difference and local conditions of a country affect the incidence and prevalence of depression. Based upon

the lifestyles and environment, the citizens of different countries would have different medical pathology.

The most common signs and symptoms for diagnosing depression are prolonged sadness (greater than 2 weeks), loss of energy, feelings of helplessness, hopelessness and worthlessness, reduced self-esteem, loss of enjoyment of pleasurable activities, difficulty in concentrating, uncontrolled crying, difficulty in making decisions, sleep disturbances (either increased sleeping or reduced sleeping patterns), appetite disturbances (increased or reduced appetite), thoughts of suicide (suicidal ideations), plans for suicide and previous suicidal attempts.

Types of Depression

The most common types of depression are: 1) Major Depressive Disorder, 2) Dysthymia, 3) Seasonal Affective Disorder, 4) Psychotic, 5) Bipolar and 6) Post Partum (3).

Major Depressive Disorder is the most severe form of depression. This type creates a deep and profound sense of helplessness and hopelessness and often interferes with the ability to perform ADL's such as working, studying, sleeping, eating and other normal activities. This form of depression can occur once but often is reoccurring in patients. Major depressive disorder is defined by a depressed mood, and loss of interest in activities for at least two weeks, accompanied by at least three of the above symptoms. As with many medical conditions, depression can range from a mild form to a severe condition. This condition can be treated with a combination of psychotherapy and antidepressants.

Dysthymia is usually a chronic condition although the symptoms are

not a severe depression. Patients often complain of not feeling well for a long time. These patients may experience symptoms of major depression but these are not long term. Dysthymia is treatable with antidepressants and psychotherapy.

Seasonal Affective Disorder is a mild form of depression and is experienced in the colder and winter months when the days are of shorter duration and the nights are longer. The symptoms usually consist of appetite and sleep disturbances. Treatment is often with artificial lighting, antidepressant medication and psychotherapy. Duration is usually a few months with a remission of symptoms as the season changes.

Psychotic depression is a severe form of depression in which the patient experiences symptoms of depression and psychoses. Psychotic features may include auditory hallucinations, illogical thoughts and often with religious overtones, misperceptions about self and others and a distortion of reality. Quite often the symptoms of this depression are masked by psychotic symptoms and can be misdiagnosed, therefore, the depression is not treated, often resulting in a worsening of the condition. Psychotic depression becomes difficult to treat. When diagnosed properly, antidepressants and antipsychotic medications are effective in reducing symptoms and increasing the ability of people to function more effectively.

Bipolar depression can be a severe form of illness. In bipolar depression symptoms can be mild to severe, but there are cyclical mood changes. One phase is the manic phase in which there is hyperactivity and the patient is talkative, has increased energy, there is

impairment of judgment and thinking. The other phase is the depressed phase in which the symptoms are the opposite of the manic phase. The mood changes are rapid and dramatic. The preferred treatment for bipolar depression is Lithium and it is usually very effective in most situations.

Another type of depression is the Postpartum, which occurs in women following the birth of a child. It is believed to occur because during a pregnancy there is so much thought and concern given for the child, that when the birth finally occurs it almost seems like a let down for the mother. There is also thought to be a hormonal relationship in postpartum depression.

Treatment

The treatment of depression has undergone positive advancements in the 1990's. There are three basic modalities used for treating depression: psychotherapy, antidepressant medication and a combination of psychotherapy and antidepressants. Psychotherapy is a subspecialty of psychiatry and is aimed at helping the patient understand his/her emotions, ideas, and thought processes that precipitate certain behaviors and thus contribute to the symptoms of depression. Psychotherapy is also used to help the individual identify and understand life's problems, to regain a sense of self-control and manage problems effectively. The individual ideally learns positive coping skills and problem solving skills (1,2).

There are several types of psychotherapy: individual, group, marital and family. Individual therapy involves meeting one to one with a therapist. A group therapy situation occurs when patients with similar

problems meet together to openly discuss their situations and possible solutions. This has beneficial socialization properties for individuals, as well as enabling people to understand that they are not alone in their problems and that others may be experiencing similar problems and thoughts. Marital counseling is beneficial for those experiencing relationship problems with a spouse, which may be the result of either person in the relationship suffering from depressive symptoms. Family counseling is sought when depression is causing disruptions in familial interactions (4).

Major advancements in treatment for depression are in the area of psychopharmacology. Medication can be helpful in addressing symptoms exhibited by the patient, assuming a proper diagnosis has been made. When prescribing, the physician must consider the patient's medical condition, age, costs of the medicine, interaction with other medications and possible adverse effects from the medications. The physician should prescribe the most effective medicine using the lowest dosage possible to effectuate changes. Psychotropic medications very often require 4-6 weeks of use before they reach a therapeutic level that is effective. Medications known as selective serotonin reuptake inhibitors (SSRI) are the newest antidepressants being used and they are very effective. Medications belonging to this class of drugs are Prozac, Paxil, Zoloft, Luvox and Celexa.

Prior to the introduction of the SSRIs, the tricyclic antidepressants were the most commonly prescribed medications for depression. The

medicines in this class are Elavil, Norpramin, Pamelor, and Tofranil. These medications are still used to treat depression. Other classes of medications are monoamine oxidase inhibitors (MAOI), however, these medicines produce adverse reactions when mixed with various foods and other medicines, and as a result are not prescribed very often. Azapirones most popular medicine is Buspar which is often used for mild depression. The Benzodiazepines include Xanax and Ativan. Lithium is the drug of choice for treating bipolar depression and is considered very effective. Other effective psychopharmacological agents are Wellbutrin and Remeron.

Throughout the world, a major difference in treating depression occurs in treatment modalities, including access to medications. Many emerging democracies and third world countries do not have access to trained psychologists, psychiatrists, primary care physicians and the various types of psychotherapy and medications. Some international countries have very modern access and use of antidepressants, and some medications are even discovered in countries outside the U.S., as is the case of Celexa. According to WHO, many foreign countries use a network of family support systems to help treat a family member suffering from depression. These countries feel it is important to screen, educate and provide appropriate treatment for these patients. Other countries use electroconvulsant therapy (ECT), which is also used in the U.S. The major side effect from ECT is memory loss. Many people feel it is an uncivilized method of treatment; however, statistics from WHO show an approximate 70% positive response rate to ECT therapy (5).

Conclusion

There are differences in the diagnosis and treatment of depression when comparing the United States with other countries throughout the world. The etiological factors vary and may depend upon lifestyle and other local conditions. Diagnostic symptoms and criteria for depression are similar in some aspects, but the major differences are in the providers, treatment modalities and access to psychopharmacology. The objectives of WHO include educating patients, their families, and the providers of the care; reducing the stigma of mental illness and especially depression; training primary health care workers in diagnosing and managing depression; providing effective management of depression in the primary care setting; increasing awareness; and developing regional and national workshops addressing mental health issues.

Despite all the advances in medicine, the delivery of mental health care has problems. Budgetary constraints limit services, care is fragmented, insurance coverage is limited, community-based treatment programs are in short supply, lack of training for professional aids, and social stigma. When people with mental illness are also affected by poverty, war, and discrimination, delivering adequate services is almost impossible. In mental health the services and products are often intangible and success in treatment is hard to measure and define. Financing for mental health is not the same as for other physical health services. Access to public services is difficult for marginalized and rural persons. The ability to access and pay for private care is very limited for most people throughout the world.

References

1. **Taylor, R.J., Taylor, S.B.** *The AUPHA Manual of Health Services Management.* Maryland: Aspen Publishers, Inc., 1994.
2. **Greenblatt, M. & Rodenhauer, P.** *Anatomy of psychiatric administration: The organization in health and disease.* New York: Plenum Press, 1992.
3. **American Psychiatric Association,** *Diagnostic and Statistical Manual of Mental Disorders, 3rd Ed.* Washington, D.C.: American Psychiatric Association, 1987.
4. **Goldman H.H. & Manderscheid R.W.** *Mental Health United States 1987,* U.D. Department of Health and Human Services, Public Health Services, National Institute of Mental Health: Division of Biometry and Applied Sciences, 1987.
5. **Barton, W.E. & Barton, G.M.** *Mental health administration: Principles and practice.* New York: Human Sciences Press, 1983.

დებარესია როგორც ფსიქიკური ჯანმრთელობის პირითადი პრობლემა ქცევითი ჯანმრთელობის სფეროში სამედიცინო მომსახურების მიმწოდებელთათვის

ჯეო სტეინბერგი, დენიელ ვესტი

ქცევითი ჯანმრთელობა ჯანმრთელობის კონტინუუმის უმნიშვნელოვანეს კომპონენტს წარმოადგენს. დებარესიების შემთხვევათა ზრდა სამედიცინო მომსახურების მიმწოდებელთა სერიოზულ ყურადღებას მოითხოვს. დებარესიების მკურნალობის ერთ-ერთ მნიშვნელოვან საკითხს პირველადი ჯანდაცვის ხელმისაწვდომობის გაუმჯობესება წარმოადგენს. ადრეული ჩარევა, დიაგნოსტიკა და მკურნალობა სერიოზული გართულებების თავიდან აცილების საშუალებას იძლევა. მომსახურების მიწოდება უნდა ხდებოდეს მხარდაჭერა და ნაკლებადშემზღუდავ გარემოში.