Depression: WHO Politik vs Realität am Beispiel Indiens


Dr Stefan Ecks
Mental health: a state of well-being

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Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

The positive dimension of mental health is stressed in WHO’s definition of health as contained in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

This fact file highlights the important aspects of mental health and disorders. The images include pictures drawn by children who participated in the WHO Global School Contest of Mental Health in 2001.
The Americanization of Mental Illness

By ETHAN WATTERS
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AMERICANS, particularly if they are of a certain leftward-leaning, college-educated type, worry about our country’s blunders into other cultures. In some circles, it is easy to make
**Depression**

**Assessment and Management Guide**

1. Does the person have moderate-severe depression?

   **YES**
   - For at least 2 weeks, has the person had at least 2 of the following core depression symptoms:
     - Depressed mood (most of the day, almost every day), (for children and adolescents: either irritability or depressed mood)
     - Loss of interest or pleasure in activities that are normally pleasurable
     - Decreased energy or easily fatigued
   - If YES to all 3 questions then: moderate-severe depression is likely

   **NO**
   - During the last 2 weeks has the person had at least 3 other features of depression:
     - Reduced concentration and attention
     - Reduced self-esteem and self-confidence
     - Ideas of guilt and unworthiness
     - Bleak and pessimistic view of the future
     - Ideas or acts of self-harm or suicide
     - Disturbed sleep
     - Diminished appetite
   - If NO to some or all of the three questions and if no other priority conditions have been identified on the mhGAP-IG Master Chart

   **Check for recent bereavement or other major loss in prior 2 months.**

2. In case of recent bereavement or other recent major loss

   Follow the above advice but **DO NOT** consider antidepressants or psychotherapy as first line treatment. Discuss and support culturally appropriate mourning/adjustment.

3. Exit this module, and assess for Other Significant Emotional or Medically Unexplained Somatic Complaints **OTH**

   - Psychoeducation. **DEP 2.1**
   - Address current psychosocial stressors. **DEP 2.2**
   - Reactivate social networks. **DEP 2.3**
   - Consider antidepressants. **DEP 3**
   - If available, consider interpersonal therapy, behavioural activation or cognitive behavioural therapy. **INT**
   - If available, consider adjunct treatments: structured physical activity programme **DEP 2.4**, relaxation training or problem-solving treatment. **INT**
   - DO NOT manage the complaint with injections or other ineffective treatments (e.g. vitamins). **C**
   - Offer regular follow-up. **DEP 2.5**
**DALY**

Disability Adjusted Life Year is a measure of overall disease burden, expressed as the cumulative number of years lost due to ill-health, disability or early death.

\[ \text{DALY} = \text{YLD} + \text{YLL} \]

- **YLD**: Years Lived with Disability
- **YLL**: Years of Life Lost
DALYs of unipolar depressive disorder,
WHO data 2004
That secret disease

A

anjali Verma, a 44-year-old who lives in
the upmarket Greater
Kailash in
New Delhi, cannot say that
life has been unfair to her. Os-
tensibly, she has everything a
woman wants: a nice house in
a posh area, a battery of ser-
vants at her beck and call, a
well-to-do husband, and chil-
dren settled in plum jobs
abroad. Lifestyle diseases,
the bane of the affluent, are
yet to catch up with her. Yet
she often feels dejected and
lacks appetite and sleep.
Surat-based Niraj Patel is
just 34. He was never inter-
ested in running his family's
chemical business. But one
fine morning he was thrown
into the deep end of that busi-
ness when his father died
after a massive heart attack.
Patel, who was always a
cheerful person, soon went
into a shell, became gloomy
and even started thinking of
committing suicide. But
thanks to psychiatric coun-
selling and medication, he is
now back on track.
Nineteen-year-old Anub-
hav Bhave had only one goal
in life—do what it takes to
make his mother unhappy.
Reason: She used to slap him
at the slightest pretext when
he was a child. Just to spite
her, he chose not to study and
to score low marks in the cru-
cial board exams. When he
joined university, though, he
began to regret his actions
and felt that he had spoilt his
future by not doing well aca-
demically. Soon he started ex-
hibiting homicidal tenden-
cies. Now under treatment,
Bhave is calmer and seems to

More and more Indians are falling prey to depression in the prime of their lives. T.V. Jayan
on a disease that will become the country's most widespread ailment by 2020

disease than men. The risk of
developing depression is 10-
20 per cent in women and
slightly less in men. What's
more, the male-to-female ratio
for developing depression is
between 1:2 and 1.3, says Dr
Dharmesh R. Gupta, associate
professor at the Institute of
Human Behaviour and Allied
Sciences in Delhi. This is be-
cause women undergo fre-
quently hormonal changes in
the reproducitively active
years of their life.

In India one of the major
problems in treating the
growing incidence of depres-
sion is the fact that it is often
not diagnosed at all. Either
the doctor fails to see its
severity in a patient or pa-
tients simply don't come out
and report their condition.
Of course, more patients are
now coming forward, with the
problem now being earlier,
when it used to be viewed as a
social stigma. But even so, many
cases are not reported early
enough. As Dr Rajesh Bagai,
associate professor of psy-
chiatry at the All India Insti-
tute of Medical Sciences, New
Delhi, says, "Depression is
grossly under-diagnosed and
under-treated in India."

Agrees Shivalkar: "Nearly
one third to a half of the pa-
tients coming for treatment
of various illnesses are also
suffering from psychiatric
disorders. General physi-
cians treating them often fail
to diagnose these disorders."

Efforts are now on to edu-
cate physicians, including
those in the primary health
system, about depressive and
anxiety disorders. In fact, a
non-governmental organisa-
tion called Sangath, in collab-
oration with the Goa govern-
ment's directorate of health
services and the London Sc-

In India, depression is grossly under-diagnosed and under-treated
<table>
<thead>
<tr>
<th>Countries with low and lower middle incomes by WHO region</th>
<th>World Bank income category</th>
<th>Gross national income per capita (US$ 2006)</th>
<th>Population in thousands (2002)</th>
<th>MNS disorders DALYs (in thousands)</th>
<th>MNS disorders DALYs per 100 000</th>
<th>Mental health professionals (per 100 000)</th>
<th>Health providers (per 1000)</th>
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<tbody>
<tr>
<td>Bangladesh</td>
<td>Low</td>
<td>480</td>
<td>143 809</td>
<td>3 472</td>
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<td>446</td>
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Calcutta GP:

“Previously in Bengali families, they would look after their elders, but not so much anymore. They [elders] suffer from loneliness. When they come to me, routinely I prescribe antidepressants, almost always. ... Depression is increasing by leaps and bounds.”