



Depression: WHO Politik vs Realität am Beispiel Indiens

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Mental health: a state of well-being

October 2011

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.



WHO/P. Virost


The Americanization of Mental Illness




Alex Trochut

By ETHAN WATTERS
Published: January 8, 2010


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

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Depression

DEP1

Assessment and Management Guide

1. Does the person have moderate-severe depression?

- » 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

- » 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

- » Does the person have difficulties carrying out usual work, school, domestic, or social activities?

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

YES

If YES to all 3 questions then: moderate-severe depression is likely

- » 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). ✖
- » Offer regular follow-up. » DEP 2.5

NO

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

- » Exit this module, and assess for Other Significant Emotional or Medically Unexplained Somatic Complaints » OTH

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.

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

$$= \text{YLD} \quad + \quad \text{YLL}$$

Years Lived with Disability Years of Life Lost



Healthy life

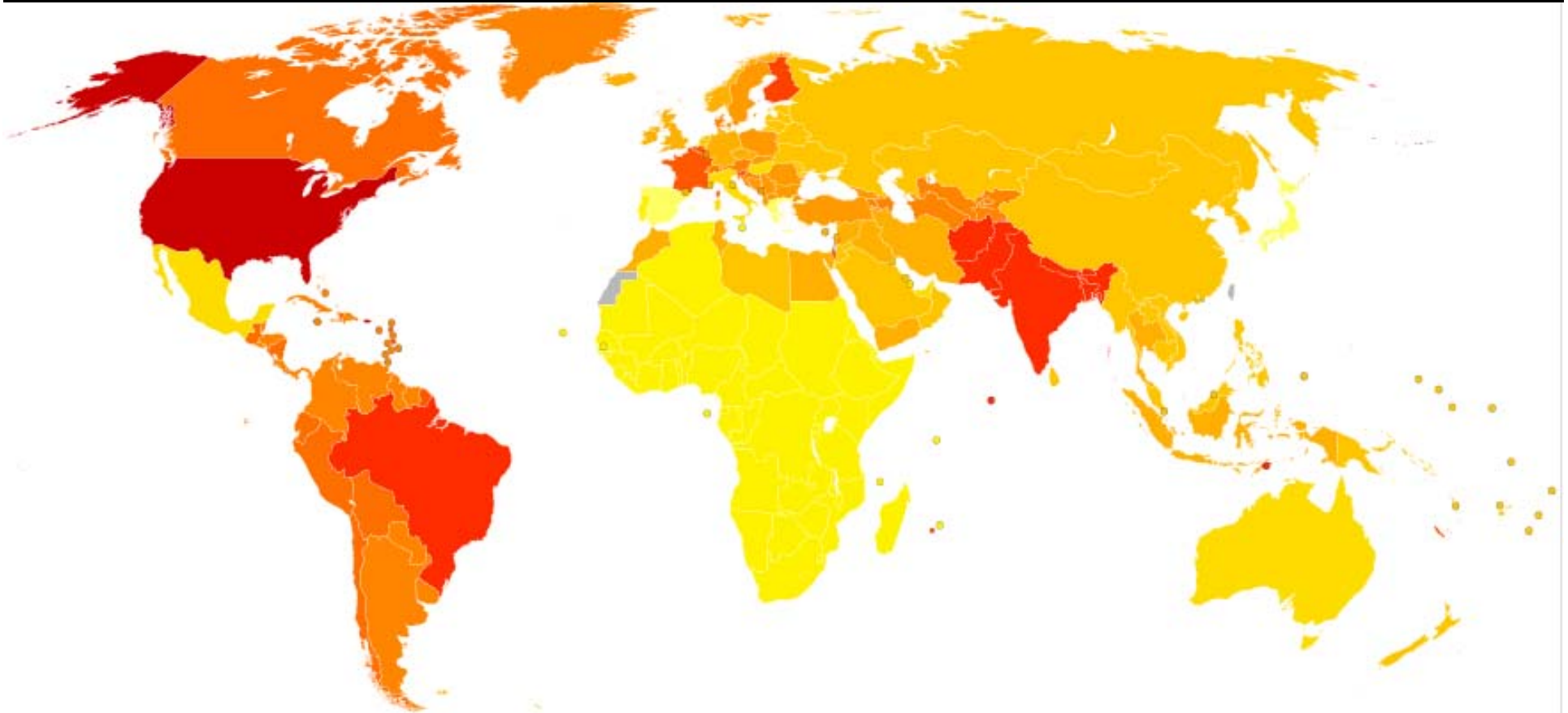


Disease or Disability



Early death

Expected
life years



DALYs of unipolar depressive disorder,
WHO data 2004

That **secret** disease

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. Ostensibly, she has everything a woman wants: a nice house in a posh area, a battery of servants at her beck and call, a well-to-do husband, and children 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 interested in running his family's chemical business. But one fine morning he was thrown into the deep end of that business 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 counselling and medication, he is now back on track.

Nineteen-year-old Anubhav Bhav 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 crucial 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 academically. Soon he started exhibiting homicidal tendencies. Now under treatment, Bhav 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 Dhaneesh K. Gupta, associate professor at the Institute of Human Behaviour and Allied Sciences in Delhi. This is because women undergo frequent hormonal changes in the reproductively active years of their life.

In India one of the major problems in treating the growing incidence of depression is the fact that it is often not diagnosed at all. Either the doctor fails to see its severity in a patient or patients simply don't come out and report their condition. Of course, more patients come forward with the problem now than earlier, when it used to be viewed as a social stigma. But even so, many cases are not reported early enough. As Dr Rajesh Sagar, associate professor of psychiatry at the All India Institute 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 patients coming for treatment of various illnesses are also

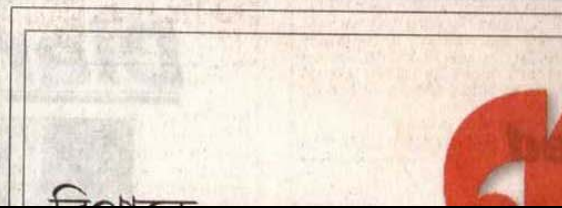
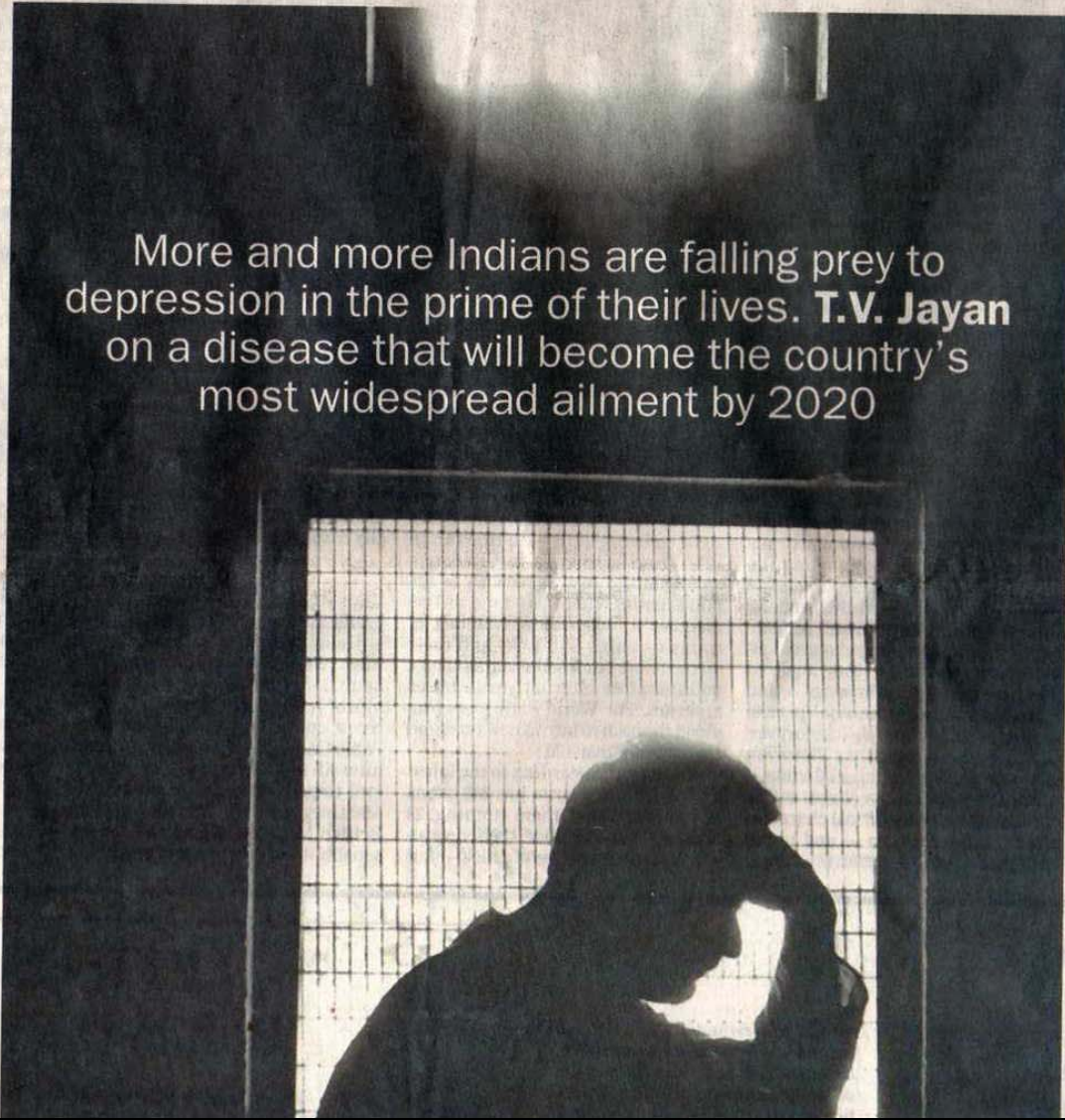
suffering from psychiatric disorders. General physicians treating them often fail to diagnose these disorders."

Efforts are now on to educate physicians, including those in the primary health system, about depressive and anxiety disorders. In fact, a non-governmental organisation called Sangath, in collaboration with the Goa government's directorate of health services and the London Sc-

"In India, depression is grossly under-diagnosed and under-treated"

hool of Hygiene and Tropical Medicine, has embarked on a programme to integrate mental health treatment at primary care facilities in Goa.

However, while there seems to be a general consensus that depression and other neuro-psychiatric ailments are on the rise in India, some experts argue that there aren't enough studies to back the premise. "It is true that a





mhGAP Mental Health Gap Action Programme

**Scaling up care for
mental, neurological, and
substance use disorders**



World Health
Organization

Countries with low and lower middle incomes by WHO region	World Bank income category	Gross national income per capita (US\$ 2006)	Population in thousands (2002)	MNS disorders DALYs (in thousands)	MNS disorders DALYs per 100 000	Mental health professionals (per 100 000)	Health providers (per 1000)
South-East Asia Region							
Bangladesh	Low	480	143 809	3 472	2414.4	0.113	0.57
Bhutan	LM	1410	2 190	52	2393.6	0.46	0.27
Democratic People's Republic of Korea	Low	NA	22 541	446	1977.9	0	7.41
India	Low	820	1 049 550	27 554	2625.3	0.31	1.87
Indonesia	LM	1420	217 131	4 165	1918.4	2.91	0.95
Maldives	LM	2680	309	6	1977.6	1.56	3.62
Myanmar	Low	NA	48 852	1 010	2067.5	1.11	1.34
Nepal	Low	290	24 609	572	2324.1	0.32	0.67
Sri Lanka	LM	1300	18 910	468	2474.9	2.09	2.28
Thailand	LM	2990	62 193	1 493	2400.7	4.1	3.2
Timor-Leste	Low	840	739	3	429.4	0	2.29

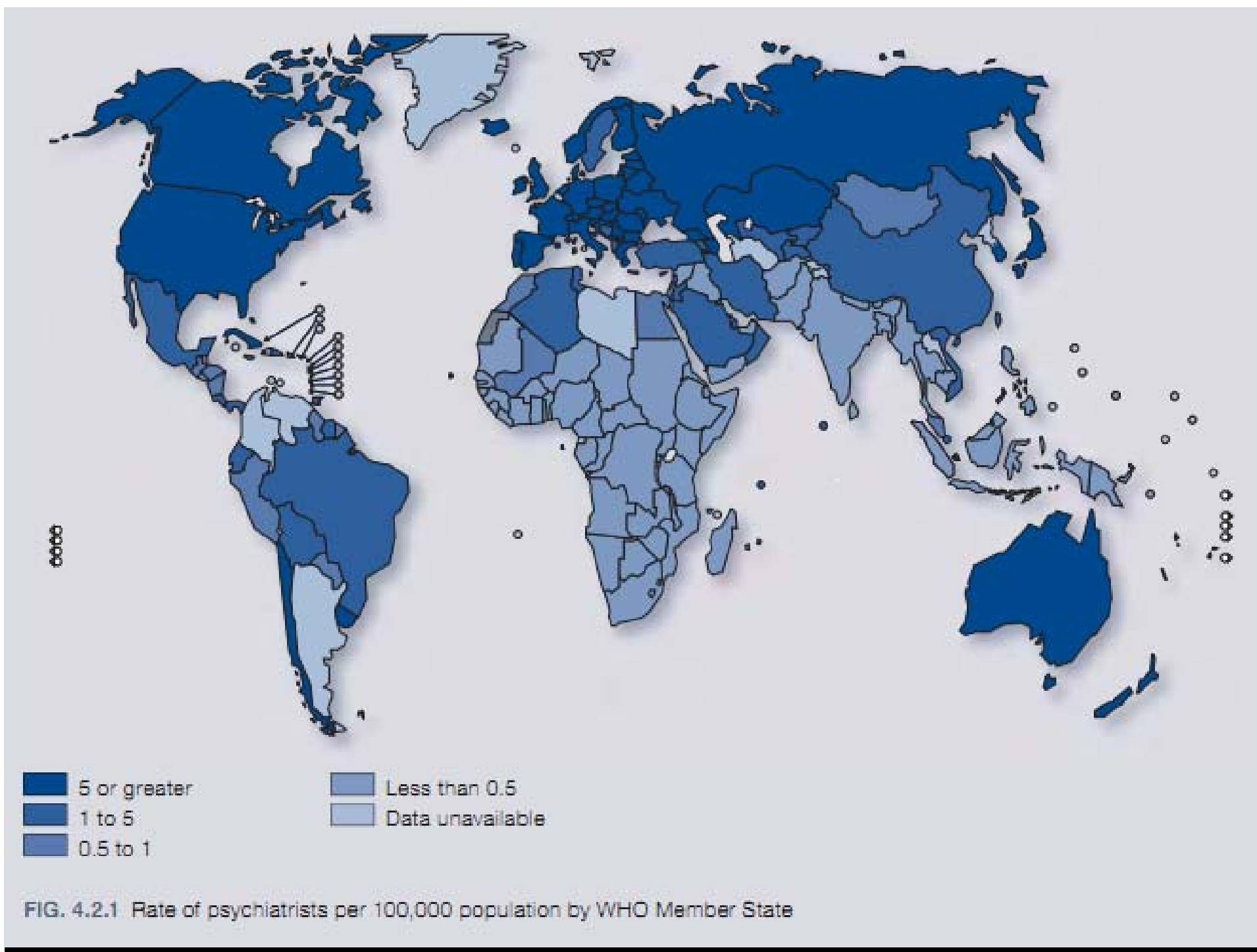


FIG. 4.2.1 Rate of psychiatrists per 100,000 population by WHO Member State

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.”

