

Preventing depression requires proactive interventions by health-care system

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Major depressive episodes can be prevented, and to help ensure that they are, the health care system should provide routine access to depression-prevention interventions, just as patients receive standard vaccines, according to a new article co-authored by UCSF researcher Ricardo F. Muñoz, PhD.

The article builds on a 2009 Institute of Medicine report on prevention of mental, emotional and behavioral disorders, which provided presented evidence that mental disorders can be prevented.

The article, "Major Depression Can Be Prevented," will appear in a special section of the May-June 2012 issue of the *American Psychologist*. In it, the authors provide a road map for what needs to be accomplished in the next 10 years to make headway against depression. Previous studies suggest that 22 percent to 38 percent of major [depressive episodes](#) could be prevented with currently available interventions, according to Muñoz.

Muñoz and co-authors William Beardslee, MD, professor of child psychiatry at Harvard Medical School and Yan Leykin, PhD, assistant adjunct professor in the department of psychiatry at UCSF, are calling their article a "call to action for the health care system."

The article offers a set of guidelines, which include identifying high-risk individuals and ultimately striving to reduce new cases of depression by half.

"Very few people are aware that depression can be prevented, including professionals in the field and there are very few preventive services," said Muñoz, a depression prevention and treatment researcher in the department of psychiatry at UCSF and director of the UCSF/San Francisco General Hospital Latino Mental Health Research Program.

"The World Health Organization has named depression the number one cause of disability in the world," he said. Depression can lead to suicide and it causes a significant amount of long-term disability and suffering for the persons afflicted and for their families.

According to Muñoz, only about half of depression cases are recognized and fewer are treated adequately. Many primary care physicians now screen for cases of clinical depression, but there are as yet no recommendations for the identification of patients at risk for depression. The healthcare system itself, he said, is a key roadblock to establishing better preventive services.

"The healthcare system is set up to pay providers for treatment. It has not been set up to pay providers for prevention of mental disorders," said Muñoz. "Without financial incentives for prevention few professionals will engage in preventive interventions. It's a major structural obstacle."

Muñoz is calling for establishing ways to identify people at risk for imminent depression so that they can be offered interventions to prevent it. For example, adolescent children of parents with clinical depression who are starting to experience depressive symptoms have been shown to have significantly fewer full-blown cases of major depression a year or so later if they are provided with mood-management skills and other preventive strategies.

"This two-generational approach, in which parents with depression could obtain interventions to prevent this condition in their children, might

have a good chance of being supported and disseminated," he said.

The authors emphasize that preventing depression involves recognizing that depression is a family illness and the needs of family members should be considered. They suggest that different strategies may be appropriate at different points across the lifespan with the same main focus: preventing episodes of depression.

Muñoz and his co-authors advocate teaching people mood management skills shown to be effective for the treatment of depression. "Why wait until people are seriously depressed to teach them these skills?" said Muñoz. "If we can teach these skills earlier, serious depression can be prevented and we could reduce unnecessary suffering significantly."

Once a major depressive episode occurs, the likelihood of having another increases, and this can lead into a chronic, recurrent condition. Stressful life events often trigger depression which then leaves the individual with two problems: the event itself and the depressive episode.

"We have made progress in having the [health care system](#) recognize and treat depression," said Muñoz. "Now that there is scientific evidence that depression can be prevented, that the suffering it produces can be averted, and that this suffering is unnecessary, our communities must collaborate to reduce the global impact of [depression](#)."

Provided by University of California, San Francisco

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