

A new initiative on depression

THE Royal College of Psychiatrists and the Royal College of General Practitioners are launching a joint campaign on depression in the next few weeks. The aims of the campaign are to raise the level of awareness of the disorder within the profession, and then to embark on an ambitious project to educate the general public.

In theory the clinician knows that depression can be a serious illness, can cause intense distress, can result in chronic morbidity and carries with it a grossly elevated suicide rate. In practice it has been found that much depression goes untreated. This is partly because patients do not recognize it as an illness and do not present it to their doctors, and partly because the illness may be disguised in various ways when the patient does present.

It has been pointed out that the current changes in the delivery of health care provide enhanced possibilities for collaboration between family doctors and psychiatrists.¹ The campaign offers a golden opportunity for the two disciplines to educate the public about this disabling condition, and to learn from each other in the process.

Current estimates suggest that about one in 20 adults suffers from depressive illness at any one time, with 70% of these cases going untreated.² Four thousand people commit suicide each year in the United Kingdom, most of whom suffer from depression. These figures suggest that many patients are not getting the treatment that they need. This is all the more a matter for concern since, once treated, the outcome is usually good; 70% of patients respond to first line treatments, whether antidepressants, psychological treatment or a combination of both.

Clearly there are many reasons why patients do not present with depression. There is still a significant public stigma associated with psychological disorders, and many people still feel that to be categorized as having a psychological problem reflects a lack of moral fibre or spinelessness in themselves. However, many patients do not present with depression owing to ignorance of the nature of their symptoms, and this could be rectified by an educational campaign.

A similar campaign was carried out on the Swedish island of Gotland, incorporating postgraduate sessions in primary care.³ The programme was well received by the doctors, and they were subsequently found to be better able to prevent and treat depressive illness. The requirement for psychiatric inpatient care and the frequency of sick leave were reduced. Most impressive of all, the research team demonstrated a significant fall in the suicide rate in Gotland.

The objectives of the British campaign include enhancing public awareness of the nature, course and effective treatment of depressive disorders, encouraging people to seek help more readily from primary care and mental health services, making high-risk populations more aware of the existence of depressive illness and its amenability to treatment, and reducing the stigma associated with depression as a mental illness.

It would be frustrating to carry out a large campaign and not to be able to assess its value. Since one of the objectives is to change attitudes towards depression, it will be important to assess attitudes both before and after the educational programme. A qualitative survey of the current opinion of the public and various professional groups has already been carried out, as a prelude to a more systematic quantitative poll of attitudes. This quantitative assessment will be repeated at the end of the campaign, which is set to last for several years.

The next step is for consensus statements to be obtained from

professional groups so that guidelines for the diagnosis and treatment of depression in primary care can be drawn up. The consensus groups will be drawn from a variety of backgrounds, but will certainly include both general practitioners and psychiatrists. Meanwhile, scientific studies are being planned to aid the objectives of the campaign. These may be similar to those used in the Gotland study, but may also assess the cost of depression in economic terms.

Information on depressive illness, such as fact sheets, will be produced for patients, relatives and friends and for public and professional use. The first year of the campaign (1992) will be spent in facilitating interchange, principally between family doctors and psychiatrists, but also between other professional groups, so that there is a high level of awareness and agreement on the best treatment for depression in the primary care setting. The following two years will be devoted to a public awareness campaign. This will involve a proactive, high profile strategy where results of the surveys and the consensus meetings will be made available to the media for general dissemination.

This is an exciting and ambitious project. If carried out successfully it will be of enormous benefit to large numbers of patients. It deserves our active support.

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