Introduction

- Depression is a common mental illness and an important public health problem.
- Depression is characterized by persistent sadness and a loss of interest and an inability to carry out daily activities, for at least two weeks. Depression is different from usual mood fluctuations and short-lived emotional responses to challenges in everyday life.
- Especially when long-lasting and with moderate or severe intensity, depression may become a serious health condition. It can cause the affected person to suffer greatly and function poorly at work, at school and in the family. At its worst, depression can lead to suicide.¹
- Depression is treatable, with psychological treatment or antidepressant medication or a combination of these.²
- Investment in treatment of depression is an economically sound policy. Every US$ 1 invested in scaling up treatment for depression leads to a return of US$ 4 in better health and ability to work.³
- Although effective treatments for depression exist, fewer than half of those affected in the world (in many countries, fewer than 10%) receive such treatment. Barriers to effective care include lack of resources, inadequate trained health care providers, and persistent social stigma associated with mental disorders.⁴

Global statistics

- Depression is a significant contributor to the global burden of disease and affects people in all communities across the world. Globally, more than 300 million people were living with depression in 2015; this represents over 4% of the global population.⁵
- The total number of people living with depression increased by over 18% between 2005 and 2015. This was as a result of the overall growth of the global population, as well as an increase in the number of people surviving to ages at which depression is more common.⁵
- Depression is the largest cause of disability (7.5% of all years lived with disability in 2015). More than 80% of this non-fatal disease burden occurred in low- and middle-income countries. Nearly half of people living with depression live in the South-East Asia region and West Pacific Regions, reflecting the relatively larger populations of those two regions.⁵
- Mental disorders also have serious economic consequences. Depression was estimated to cost at least US$ 800 billion in 2010 in lost economic output, a sum expected to more than double by 2030.⁶
- Data from WHO’s Mental Health Atlas 2014 survey suggest that most low-income and middle-income countries spend less than US$ 2 per year per person on the treatment and prevention of
mental disorders compared with an average of more than US$ 50 in high-income countries. As a result of this limited investment in public mental health, a substantial gap exists between the need for treatment and its availability.

Thailand statistics

- In Thailand, depression causes a significant number of years of life lost due to disability (YLD). The study of burden of diseases among Thai population in 2013 showed that depression was the number one cause of YLD lost for female (12.6% of the burden) follow by cataract (8.5%) and osteoarthritis (7.4%).
- Thailand National Mental Health Survey (TNMHS) in 2008 reported that the prevalence of lifetime MDD among Thai population was at 2.4% and chronic MDD at 0.3%. It is estimated an estimated 1.5 million Thai people suffer from MDD. This means that 3 out of 100 Thais experience depression in their lifetime. Females had a higher prevalence compared with males at 2.9% and 1.7%, respectively.
- Depression carries a high risk of suicide. From the screening process using Mini International Neuropsychiatric Interview by Department of Mental Health in 2008, persons who suffered from depression posed a high risk of suicide; 20.4% of those suffering from depression were in the high-risk category of attempting suicide.
- Suicidal risk among adolescents is higher than elderly. Data from the surveillance system of depressive disorders at provincial level (SDDP) showed that 6.24% of depressed adolescent (age 15-19 years) were in the high suicidal risk category.

Contributing factors and prevention

- Depression results from a complex interaction of social, psychological and biological factors. People who have gone through adverse life events (unemployment, bereavement, psychological trauma, natural disasters) are more likely to develop depression. Depression, in turn, can lead to more stress and dysfunction and worsen the affected person’s life situation and mental condition itself.
- There are interrelationships between depression and physical health. For example, cardiovascular disease can lead to depression and vice versa.
- Prevention programmes have been shown to reduce depression. Effective community approaches to prevent depression include school-based programmes to enhance a pattern of positive thinking among children and adolescents. Interventions for parents of children with behavioural problems may reduce parental depressive symptoms and improve outcomes for their children. Exercise programmes for the elderly can also be effective in depression prevention.
Diagnosis and treatment

- Depression is a disorder that can be reliably diagnosed and treated by non-specialists as part of primary health care services. Specialist care is needed for a small proportion of individuals with complicated depression or those who do not respond to first-line therapies.  
- As outlined in the WHO mhGAP Intervention Guide, preferable treatment options consist of basic psychosocial support combined with antidepressant medication or psychotherapy, such as cognitive behavior therapy, interpersonal psychotherapy or problem-solving treatment.
- Antidepressants can be a very effective form of treatment for moderate-severe depression but are not the first line of treatment for cases of mild or sub-threshold depression. As an adjunct to care by specialists or in primary health care, self-help is an important approach to help people with depression.

National Response

- Department of Mental Health (DMH) is the national mental health authority of Thailand.
- DMH has launched the programme named “The decade of prevention and actions on depression, 2009-2020” with the goal to reduce the prevalence and burden of depression.  
- In the past 10 years, DMH has implemented various programmes as follows:
  - Creation of awareness and knowledge among Thai population about prevention and treatment of depression through social media and other communication channels;
  - Establishment of an innovative surveillance system for depressive disorders at provincial level (SDDP);
  - Improvement in service quality through development of clinical and nursing practice guidelines and online database and information system for depression;
  - Increased capacity of health workforce through training of mental health care team for managing depression in health care unit including “coach” doctors, general practitioners, nurse, health care professionals and village health volunteers; and
- DMH has been working with the networks such as Village Health Volunteers, Community Leaders, Local Administrative Organizations and care givers in order to increase early detection, access to health services and community care.
- As a resulted of 10 years efforts, access to services of patients with depressive disorder has increased from 3.7% in 2008 to 50.1% in 2017. A total of 14 million people has been screened and received mental health education on depression and 0.7 million people who suffered from MDD have access to health service; among these, 80% were treated until a full remission.

References:
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10. www.thaidepression.com
11. http://www.who.int/topics/depression/en/