



Press Release

This year, the World Health Day on April 7th will focus on depression

80% of depression burden is among people living in low- and middle-income countries (LMICs)

- **WHO publishes new estimates on depression that show how the number of people living with depression increased by more than 18% between 2005 and 2015**
- **Depression is commonly comorbid with chronic physical illnesses and associated with a range of adverse clinical outcomes**
- **For every dollar spent on improving treatment for depression and anxiety, the return on the investment could be fourfold or higher in terms of increased productivity and health**

April 7th, 2017– More than 80% of this disease's burden is among people living in low- and middle-income countries. However, a study lead by EMERALD's coordinator Professor Graham Thornicroft from the Centre for Global Mental Health of Institute of Psychiatry, Psychology and Neuroscience, King's College London, found that only 1 out of every 3 people with depression in low-/lower-/middle-income countries (LAMIC) recognized a need for treatment.

All around the world, people with mental illness have limited access to treatment, and in many countries, not even 10% of them receive any effective treatment. In many LMICs, there are insufficient resources to offer adequate care. Only a minority of the subjects with depression received minimally adequate treatment: 1 in 5 people in high-income and 1 in 27 in low-/lower-middle-income countries.



Professor Graham Thornicroft believes that “efforts to decrease the treatment gap for people with depression need to address both scaling up the supply of services and supporting people with depression and their family members to recognise that they have a treatable condition and demand good quality care”.

In addition, depression is commonly comorbid with physical illnesses and is associated with a range of adverse clinical outcomes. As part of the EMERALD project’s research activities, Fentie Ambaw and colleagues from the Department of Psychiatry, Addis Ababa University, College of Health Sciences, School of Medicine recently completed a cross-sectional survey among 657 people newly diagnosed with tuberculosis . The prevalence of probable depression was 54.0%. The frequency of depressive symptoms would suggest that the occurrence of the symptoms in people with TB is in the usual manifestation of the disorder.

The consequences of these disorders in terms of lost health are huge. Depression is ranked by the WHO as the single largest contributor to global disability (7.5% of all years lived with disability in 2015). Depression is also the major contributor to suicide deaths, which numbers close to 800 000 per year. Reliable, up-to-date estimates of the proportion of a general population affected by different diseases or health conditions is a key ingredient of effective health policy, planning and evaluation according the WHO.

Depression is increasing

The number of people living with depression increased by more than 18% between 2005 and 2015, according to a new WHO report released on the occasion of World Health Day, this year dedicated to depression. Globally, the total number of people with depression was estimated to exceed 300 million in 2015. Depression is also the largest cause of disability worldwide.



The number of persons with depression is going up globally, particularly in lower-income countries, because the population is growing and more people are living to the age when depression most commonly occurs. Although depression can and does affect people of all ages and from all walks of life, the risk of becoming depressed is increased by poverty, unemployment, life events such as the death of a loved one or a relationship break-up, physical illness and problems caused by alcohol and drug use.

The burden of depression includes not only significant morbidity and human misery but also lost economic output. However, global investments in mental health are very limited, with most low-income and middle-income countries spending less than US\$2 per capita annually on treatment and prevention of mental disorders vs more than \$50 in high-income countries. Thus, a substantial gap exists between the need for treatment and its availability.

One of the members of the EMERALD research consortium, Dr. D. Chisholm of the WHO Department of Mental Health and Substance Abuse in Geneva, Switzerland, carried out a return-on-investment analysis that showed that for every dollar spent on improving treatment for depression and anxiety, the return on the investment could be fourfold or higher in terms of increased productivity and health. This analysis showed for the first time, a global investment case for a scaled-up response to the massive public health and economic burden of depression and anxiety disorders.



World Health Day, on April 7th

This year, the World Health Day will focus on depression, being the highlight of a one-year campaign called "Depression: let's talk", the goal of which is that more people with depression, in all countries, seek and get help. The campaign includes a [guide](#) to the Depression: let's talk campaign, a personal [testimony](#) from James Chau, WHO Goodwill Ambassador for Sustainable Development Goals and Health and [posters](#) in languages other than English.

The EMERALD project

EMERALD stands for Emerging Mental Health Systems in Low- and Middle-Income Countries. This global mental health research partnership was launched in November 2012, funded by the European Commission for five years. The Project's members include leaders in national and international mental health programmes, from the World Health Organization; King's College, London; and experts from Uganda, Ethiopia, Germany, India, Nepal, The Netherlands, Nigeria, South Africa and Spain. EMERALD is funded by the European Union Seventh Framework Programme (FP7/2007-2013) under grant agreement n° 305968.

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