Annals of Depression and Anxiety

Austin Publishing Group

Open Access Full Text Article

Editorial

The Burden of Depression: A Public Health Focus

Ivandro Soares Monteiro*

Department of Psychology, ORASI Institute, Portugal

***Corresponding author:** Ivandro Soares Monteiro, Department of Psychology, ORASI Institute, Portugal, Tel: +351 914819622; Email: ismonteiro@gmail.com

Received: August 31, 2014; **Accepted:** September 01, 2014; **Published:** September 02, 2014

Editorial

Depression is a kind of sadness out of control that leads to distortion of thoughts, emotions and behaviors, which, in turn, leads to bio psychosocial changes and dysfunctions. A depressed mood and loss of interest of pleasure are the key symptoms of depression. A person may say that is feeling blue, worthless, in the dumps, or hopeless and for him/her, the depressed mood often has a distinct quality that differentiates it from the normal emotion of sadness. When depressed, a person describe the symptoms an agonizing emotional pain and, sometimes, there is a complain about being unable to cry, a symptom that resolves as he/she improves [1,2].

In Europe only, there is estimation that mental health issues in work have an impact of a loss of 300 million euro's in productivity [3]. And according to the [4], unipolar depression was the third most important cause of disease burden worldwide in 2004. Particularly in depression, it is estimated that, in 2020, this mental illness will be the second leading cause of disability throughout the world, trailing only ischemic heart disease (World Health Organization, 2001). For example, in the United States of America, more than 1 out of 20 Americans 12 years of age and older reported current depression in 2005–2006. Many other research we could present here, but the baseline is that Depression is clearly a public health problem worldwide. Yet, at present, the mental health budget in most countries is less that 1% of health expenditure (in public sector), which creates a significant, often overwhelming, economic burden for patients and their families (WHO, 2001, cit. [1]). With this information, we evidence the urgent need to consider depression as a crucial illness that needs to be treated and prevented for better health and productivity and human beings.

Yet, the treatment should not only be based in the symptoms, but mainly in the causes. If we prevent the causes, we won't need to treat. Because of this, we need to understand that experiences are the foundation of each one of us. The determination of the environments, persons, and surroundings that are around each experience is a crucial analysis to understand, treat and prevent depression.

What we are now, is a result from our present and past perceptions and experiences. And the memory of those present and past experiences is scattered and dependent of mood, which in turn, leads to misperception. The care received within the family-of-origin or the present problems are perceptions of those experiences to each one of us, rather than the true reality of past and present events. So, the fidelity of these memories is clearly enhanced by the present and past negative events. In a clinical or empirical perspective, the subjective view of the stored memories, even if distorted or wrong, have a very significant impact on psychological functioning and behavior [1]. Humor has a significant influence on the account of the experiences or the self-responses of an individual [5]. In psychotherapy, the skills to do a good work as a psychotherapist are crucial to prevent the aggravation of the symptoms and the relativization of the stress/problems of life of an individual.

The diathesis-stress models of depression are the most comprehensive ones, nowadays, to best understand depression [1], because there is a great number of research literature about this that has grown over the years. The combination of past vulnerability (diathesis) with a present stressor for the timing of an episode of depression to appear. No one depress by chance. There is always some kind of context event or stressor that combines with the subjective and personal vulnerability of the individual (including biological factors). Life events, defined as objective experiences that are sufficiently disruptive or threatening that can vary in their severity, need always an adaptation dependent of the personal ability to adapt. So, the threat or demand for change and subsequent readjustment and adaption may compromise an individual's mental well-being [6] and increase his/her vulnerability to face new life events.

Thus, the bio psychosocial perspective is a holistic view that helps to integrate depression within a context, that allows understanding the causality and symptomatology of depression. This perspective also helps us to make better interventions and therapies. The findings that emerge from research guided by this perspective are crucial to make the correct interventions by the public sector of each government, but mainly by the mental health professionals who treat these patients. When used to treat major depression, psychotherapy produces better clinical outcomes than a primary care physician's usual care and outcomes similar to those produced by pharmacotherapy [7]. These same authors, evidence that, a review of the sparse data on cost effectiveness suggests that while psychotherapy has a higher fiscal cost than a physician's usual care, psychotherapy's higher value in treating patients with major depression may justify its use. Considering the several approaches for the psychotherapy of depression, there is enough research that evidence that one of the most (if not the most) effective psychotherapies is the interpersonal psychotherapy [8].

Hence, considering the presented information, depression needs and continue to need a research to reduce the symptoms faster, the economic costs and to prevent this public health problem worldwide.

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Citation: Monteiro IS. The Burden of Depression: A Public Health Focus. Ann Depress Anxiety. 2014;1(2): 1010.

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Ann Depress Anxiety - Volume 1 Issue 2 - 2014
ISSN : 2381-8883 | www.austinpublishinggroup.com

Citation: Monteiro IS. The Burden of Depression: A Public Health Focus. Ann Depress Anxiety. 2014;1(2): 1010.