

## **Background sheet: Preventing depression**

### **Problem statement**

Depression is one of the most serious health problems in the EU, creating large health, social and economic burdens to its functioning, productivity and quality of life.

### **Indicators**

Depression is the third leading cause of disability in Europe accounting for over 6% of disease burden, and is present during a 12 month period in over 6% in men and 12% of women of the population affecting 18 million people a year across Europe<sup>1</sup>. Major depression rates vary across countries and, although comparisons are difficult due to different methodologies used in assessments, comparable estimates have found variations in rates, for example, from 8.5% one year prevalence in France to 3.8% in Italy<sup>2</sup>.

Depression rates also vary across gender, with women being twice as likely to suffer from depression, and age, with the highest prevalence among women (12.7%) during middle age (35-49) and lowest (9.5%) between 18-34 years of age.

In whatever country, depression is also more common between those who are disadvantaged or marginalized, divorced, suffer from a chronic physical illness, have lower socio-economic status or suffer from transitional or other types of harmful stress.

### **Objectives**

To provide support and decrease the number of people at risk or suffering from depression

**Possible actions** (examples developed from Commission Green paper, WHO Action Plan on Mental Health and IMHPA-Action Plan):

- Cognitive behavioural interventions
- Psychological support for those at risk, including those suffering from a chronic physical illness
- Training health care professionals in prevention, recognition and treatment of depression
- Identify groups at risk and develop and implement toolkits of evidence based depression prevention to support implementation
- Introduce routine assessment of the mental health of new mothers
- Implement mother-baby interaction antenatal and post natal home based interventions to promote attachment development and health behaviour of mothers suffering from or at risk for depression

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<sup>1</sup> Data from Wittchen et al., 2005;

<sup>2</sup> ESEMeD study, 2004

- Increase the awareness of the population, health and other relevant professionals of the prevalence, symptoms and action for depression

**Some examples of activities in Member States** (source: IMHPA-country stories report)

- Several: European Alliance Against Depression
- Several: phone lines for support for people feeling in despair
- Several: intervention for Children of Parents with psychiatric problems or illness
- Several: information and support on mental disorders for primary health care
- Several: anti-stigma campaigns to raise awareness and demystifying mental illness
- Bulgaria: school interventions that work on the emotional well being of children and include counselling programmes
- Hungary: a health promotion programme, better health for women, identified high levels of depressive symptomatology among women concluding that programmes should include mental health promotion, screening and primary and secondary prevention in schools, families and communities
- Italy: opportunities outlined in the report by the National Centre of Epidemiology, Surveillance and Health Promotion for depression prevention include: teaching communication, coping and problem solving skills in groups at risk like the unemployed or young people, and cognitive behavioural treatment for children exposed to adverse events in the family (divorce or death of a parent)
- Ireland: postnatal depression pathways to care have been developed and brief intervention and exercise referral programmes have also been evaluated at the regional level
- Norway: the Council of Mental Health has identified depression as a priority, developing programmes to prevent and provide early treatment for depression

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