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Editorial

The Economic Burden of Depression: Why We Should Invest in Treatment and Prevention?

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The year 2020 has seen the world in a state of crisis with the outbreak of a pandemic disease, a looming economic crisis, and widespread uncertainty. In times of crisis, we see an expected rise in mental health associated disorders such as depression. Globally, over 300 million people currently suffer from depression, and is a leading cause of disability contributing greatly to the global burden of disease, and continues to be a major contributor to suicide [1]. Some major characteristics of depressive disorders include persistent sadness, loss of interest or pleasure, disturbed appetite or sleep, feelings of tiredness, and poor concentration. Depression is caused by complex interactions between social, psychological and biological factors, further contributed or catalyzed by life events such as a difficult childhood, loss of loved ones, and unemployment. It can be long-lasting or recurrent, substantially impairing an individual's ability to function and live a rewarding life. While different psychological and pharmacological treatments exist for depression, treatment and support is often absent or underdeveloped in low-andmiddle-income countries. Access to treatment is lacking for around 80% of people suffering from mental disorders in these countries [1]. Additionally, sustained skepticism on depression and associated stigma, as well as challenges posed by limited infrastructure in low-income countries, has made acting on depression a lesser priority [2].

In many developing regions of the world, depression is often underdiagnosed and goes untreated particularly due to the lack of allocated resources, lack of awareness, and stigma [3]. Undiagnosed and untreated depression contributes to a higher burden of disease leading to higher economic costs. These economic costs are often calculated through cost of illness studies. Cost of illness studies calculate the overall economic burden imposed by particular disorders by including direct, indirect, and intangible costs on the economy [4]. Direct costs include medical and non-medical costs involved in treatment and related services. Indirect Costs include morbidity costs due to absenceor reduced productivity at work place and mortality costs due to premature death. Intangible costs involve costs related to restriction of quality of life of the individual affected and their relations. Economic costs of depression have been focused in the last few decades not only because of its high impact and high prevalence, but also because treatment for depression is cost-effective and highly efficacious.

According to a review done [4], depending on the modes of healthcare financing and provision, the average direct excess costs for a depressed individual ranged from $1000 to $2500, indirect costs include morbidity costs ranged from $2000 to $3700 and mortality costs from $200 to $400. Interestingly, direct costs have not changed over time since the early 1990s, and hospitalization is the most relevant cost driver. These numbers suggest that the indirect costs of depression are much higher than direct costs for diagnosed individuals, which means that treatment is less expensive compared to the morbidity costs of lost productivity at the workplace [4]. Similarly, in an analysis conducted [5] in scaling up effective treatment coverage for depression and anxiety disorders, a clear benefit to cost ratio of 2·3–3·0 to 1 was observed when economic benefits only are considered, with the ratio increasing to 3·5–5·7 to 1 when the value of health returns in terms of extra years of healthy life were included [5]. In a meta-analysis conducted [6], they discovered that treatment for depression is also important to mitigate the effects of comorbidities that occur alongside depression, which would otherwise incur additional costs for medical treatment, disability and workplace costs. Shifting the indirect costs occurring as workplace expenditure into direct costs by early spending on treatment and prevention of depression could potentially save these additional costs from occurring [6].

Likewise, [7] extrapolated that poor socioeconomic status is also associated with undiagnosed depression and anti-poverty programs could help diminish the costs of undiagnosed depression [7]. Preventive community approaches for depression include: education about mental health through schools, hospitals and other organizations; programs for psychosocial and physical health of children and adults such as organized play and exercise; and interventions for improving parental psychosocial wellbeing and child rearing strategies [7]. The above studies indicate that preventive measures for depression taken in existing healthcare and social service settings

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could aid greatly in reducing the economic costs of depression. Similarly, treatment for depression via early intervention could prove to be highly cost effective. Stated that depression can be reliably diagnosed andtreated in primary care with key interventions such as treatment with antidepressant drugs and brief psychotherapy, which is economically feasible, affordable and cost-effective [8]. However, depending on the severity and other factors, long term specialist treatment may be necessary for some individuals. Alternatively, self-help books and programs are also helpful, particularly for individuals with mild or sub threshold depression [8]. Depression continues to impact large proportions of the world's population, but with the right treatment and interventions, it's impact can be controlled and even prevented.

Research shows that treatment is both efficacious and cost-effective especially if administered early and supplemented with efforts to destigmatize mental health conditions (Summergrad, 2016) [2]. Hence, it is vital that treatment and prevention be prioritized globally regardless of resource-constraints. Access to affordable mental health care continues to cause huge disparities and it is vital that integrated approaches are needed to build populations that are resilient to depression. Strengthening the resilience of individuals and providing structures to support them would require the pooled resources and continued collaboration of governments, civil society, non-governmental organizations, healthcare systems and workplaces (Ivbijaro, 2012) [9]. As we approach the crises of 2020, it is vital that these groups continue to prioritize economic investment in the treatment and prevention of depression to promote both social and economic well-being globally.

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