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Case Examples: Depression and Suicide
Overview: Depression

- Unipolar depressive disorders were ranked as the third leading cause of the global burden of disease in 2004 and will move into the first place by 2030.

- It is now estimated that 350 million people globally are affected by depression.

- The World Mental Health Survey conducted in 17 countries found that on average about 1 in 20 people reported having an episode of depression in the previous year.

- Depression is the leading cause of disability worldwide in terms of total years lost due to disability.

WHO
Depression

- What do we know?
  - Often starts at a young age
  - Reduces people’s functioning, often recurring
  - Affects more women than men
  - Some cultural differences in definitions and symptoms
  - Effective treatments exist in a range of resource settings

- What do you think might be different “root causes” of depression in LMIC?
Overview: Suicide

- An estimated **900,000 people** die by suicide per year.

- This represents **one death every 40 seconds**.

- In last 45 years rates have **increased by 60%** globally.

- Worldwide, suicide ranks among the **three leading causes** of death among those aged 15-44 years in some countries and the **second leading cause** of death in the 10-24 years age group;
  
  - Does not include suicide attempts which are up to **20 times more frequent** than suicide deaths.

WHO
Suicide

- Risk factors include:
  - Age (*both elderly and young*) and gender (*male*)
  - Mental disorder (*depression, personality disorder, alcohol dependence, or schizophrenia*)
  - Some physical illnesses (*neurological disorders, cancer, and HIV infection*)

- Preventable public health problem:
  - Reducing access to the means of suicide
  - Treating people with mental disorders
  - Following-up people who made suicide attempts
  - Responsible media reporting
  - Training primary health care workers
Suicide

- Challenges:
  - Lack of awareness of suicide as a major problem
  - Stigma in many societies to discuss it openly
  - Only a few countries have included suicide prevention among their priorities
  - Reliability of national data is an issue in great need of improvement
  - Requires multi-disciplinary approach

- What do you think might be different “root causes” of suicide in LMIC?
Suicide in AI, indigenous pops

- Will often have different patterns
  - Elders have very little suicide
  - Male:female ratios closer to 1:1
  - Methods may differ; hanging prevalent despite availability of firearms
  - Variability between tribes

- Why is this such a big problem?
  - Socioeconomic conditions, sense of future?
  - Historical trauma, discrimination?
  - Loss of culture, identity?
  - Desensitization or “practice” with injury, self-harm and death?
Work Groups for Class Discussion

- Depression
  - Universal
  - Selected
  - Indicated

- Suicide
  - Universal
  - Selected
  - Indicated
Optional Readings

- **Ginsburg et al., 2012**: RCT of an 8 lesson CBT intervention delivered by paraprofessionals to AI mothers with postpartum depression, found intervention and comparison condition to be beneficial (educational support)

- **Habib & Din et al., 2007**: Application of CBT for depression in schools in Egypt, discuss challenges including parental refusal for their child to participate