

EDITORIAL

**Let's Talk About Depression but More Needs to Be Done –
Lessons from the Jan Man Swastha Program***Sudipto Chatterjee¹, Hamid Dabholkar^{1*}**¹Parivartan Trust, Behind Civil Hospital, Sadar Bazaar, Satara – 415001(Maharashtra) India*

Depression is more than just transiently feeling sad and upset in relation to stress and negative events in our lives. Depression is a highly distressing mental health problem characterized by persistent low mood, self critical and negative thoughts like worthlessness and changes in behavior like difficulty in sleeping, reduced appetite and libido. Depression is also a very solitary but deeply corrosive and disabling problem as it interferes with almost every aspect of life- intimate relationships, family and social interactions, work- and is a prime driver of suicide and self harm.

Depression is also extremely common across the world and in India - in fact according to recent estimates, depression is the leading and rapidly growing cause of ill health and disability across the world. The World Health Organization estimates that more than 300 million people are currently affected by depression; in India, the recent National Mental Health Survey has indicated that one in twenty people suffer currently from depression of sufficient severity to warrant immediate treatments. In terms of the sheer scale and impact, dealing with depression is one of the most important health challenges for India, especially given the strong association with loss of economic productivity. Making mental health treatments more widely available, affordable and acceptable in India is, therefore, both a health and social priority [1].

Unfortunately, in India, there is a massive gap between the need for and the availability of

treatments ('treatment gap') for depression. Thus, only a small proportion of those in need of treatments actually receive them. The lack of timely treatment has serious human costs- great personal and family distress, greatly increased suicide rates and mortality when associated with common conditions like heart disease and diabetes. In response to this alarming situation, the Parivartan Trust at Satara, supported by the Tata Trusts, has been implementing the Jan Man Swastha Program (JMSP) across six different sites in India. The most important objective of this community based and non specialist health worker led program is to enhance the recognition and appropriate, needs based treatment of priority mental health problems like depression.

By making treatments easily available through the agency of trusted local ASHA workers and by linking those requiring treatment with medications with local public health systems, the JMSP has helped many people with depression and anxiety recover. In addition to the focus on treatment, the JMSP has also worked intensively with people with depression and their families as well as local communities through culturally appropriate community engagement methods to improve awareness and reduce the stigma related to help seeking [2].

In recognition of the global burden and distress associated with depression, the WHO has identified depression as the theme of this year's World health Day on the 7th of April 2017. The WHO is also coordinating a global campaign called 'Depression-

let's talk' to help destigmatize depression and promote help seeking. The Parivaratan Trust is contributing to this global campaign by releasing two short films in Hindi by the eminent director Sumitra Bhavé titled 'Mann ki Aankhe' and 'Jagruti' on the 7th at 6 pm at the National Film Archives at Pune (<https://www.facebook.com/Parivartan-Trust-Mental-Health-NGO-348534738646908/>). The event will also feature in the global World Health Day campaign and is available at <http://apps.who.int/depression-campaign-2017/en>. We believe that the themes of these movies- that depression and anxiety are health problems that can happen to anyone and that talking about it with ASHA workers and the family is the first step towards getting better resonates closely with the World Health Day campaign. However, there is a lot more than talking that needs to be done to

adequately respond to the problems of people with depression. As the JMSP demonstrates, this is only possible when there are back up accessible, culturally acceptable and affordable treatments available for those who need them. It also requires that local health systems are capable of delivering these treatments through the training of non specialist health care workers like ASHAs and peers to be the first point of contact for someone with depression as well as doctors working together as a team with the support and supervision of psychiatrists [3]. We hope that this welcome focus on depression catalyzes public opinion to enable early help seeking without the fear of stigma and also ask more from health services to finally take depression out of the shadows and make it everyone's business.

References

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