Depression's Annual Toll Estimated at $83 Billion

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WASHINGTON — The direct and indirect costs of depression total $83 billion a year in the United States and a lack of access to care will cause that figure to keep rising, a new report by the Depression and Bipolar Support Alliance contends.

Though the estimate came from a 2003 study looking at the economic burden of depression from 1999-2000, it is considered the most recent figure (J. Clin. Psychiatry 2003; 64:1465-75).

The alliance, a nonprofit group, receives funding from the pharmaceutical industry and from individual donations and grants.

Its report, released at a Depression and Bipolar Support Alliance (DBSA) press briefing, is the first comprehensive study of how people with depression are faring in the mental health system, said DBSA President Lydia Lewis at the briefing.

The document draws mostly on previously published economic, epidemiologic, and clinical studies of depression and suicide, but brings that data together in one place. It also incorporates information culled from 100 interviews with insurers, patient advocates, employers, physicians, mental health providers, policymakers, drug manufacturers, and researchers.

The study concludes that there are many obstacles to care that lead to undiagnosed and untreated disease or delayed treatment, Ms. Lewis said. A little more than half—57%—of people with a major depressive disorder get any treatment, and only 22% receive at least minimally adequate treatment, defined as at least four outpatient visits with any type of physician in which an antidepressant or mood stabilizer was prescribed for a minimum of 30 days, or at least eight outpatient visits with a mental health specialist for psychotherapy lasting 30 minutes or more, according to the report (JAMA 2003;289:3095-105).

The system of care is tilted so far away from prevention and toward reaction that "it makes the L.A. County jail the largest single provider of mental health services in the U.S.," said Ellen Frank, Ph.D., a professor of psychiatry and psychology at the University of Pittsburgh School of Medicine and chair of the DBSA's scientific advisory board.

The report stated that lack of access to care is dividing families. According to a Government Accountability Office report, parents in 19 states said they had surrendered custody of 12,700 children to the juvenile justice system so those children could receive mental health treatment.

Depression is also the main cause of suicide, which is the 11th leading cause of death overall, according to the Centers for Disease Control and Prevention, and the third leading cause of death in people aged 15-24.

As part of a five-point plan aimed at increasing access to care and improving diagnosis and treatment, the alliance is proposing an increase in reimbursement for primary care physicians. They are usually the first to see depressed patients but are not given incentives to spend the necessary time with them, the alliance said.

Similarly, the alliance is asking Congress to increase Medicare coverage of outpatient mental health services to 80%, the same rate as for other outpatient services. The report found that 2 million of the 35 million Americans over age 65 have depression.

The government and private sector employers should establish programs to forgive loans taken on by students who specialize in mental health fields, said the alliance. A debt forgiveness program might attract more students and ease a provider shortage, the group said. Currently, there are 40,000 psychiatrists but 19 million Americans who have depression.

Access to care also could be increased through wider availability of peer support programs, said the alliance. Essentially, peer support involves depressed people interacting with one another—through everything from group meetings to helping someone get to a therapist's appointment—said Dr. Jana Spalding, a former patient who is now the mental health peer specialist with the Broward County, Fla. sheriff's office.

Finally, the alliance urged private and academic researchers to more rapidly introduce new therapies, and to use imaging and other tools to learn how to increase response rates to current therapies. ■