DEPRESSION AND SUICIDE

Mental disorders occur in all regions and cultures of the world, the most prevalent being depression and anxiety, which are estimated to affect nearly one in ten people on the planet (676 million cases). The prevalence of depression among women is substantially higher than among men. At its worst, depression can lead to suicide. An estimated 804,000 suicide deaths occurred worldwide in 2012, an annual global suicide death rate of 11.4 per 100,000 population, and for every suicide there are many more suicide attempts.

TRENDS

There has been a 9% decrease in the number of global suicide deaths from 2000 to 2012, at the same time as the global population has increased. The global age-standardized suicide mortality rate has fallen 26% between 2000 and 2012 and rates have fallen in all regions except in the African Region, among men in the Eastern Mediterranean Region and women in the high-income OECD countries. (Figure 7.5)

Just over 75% of all suicide deaths occur in low- and middle-income countries. Globally, among young adults between ages 15 and 29, suicide accounts for 8.5% of all deaths and is ranked as the second leading cause of death (after road traffic injuries). In high-income countries, three times as many men die of suicide than women; in low- and middle-income countries the male to female ratio is 1.5.4

Despite the serious health impact of mental disorders very few of the people who need treatment receive it. According to the World Mental Health Surveys,5 even in high-resource settings only one half of those with depression get any treatment and about 40% get treatment that would be considered to be minimally adequate, while in low-income countries coverage is much lower. In Nigeria, for example, only one fifth of those with a depressive episode get any treatment and only 1 in 50 gets treatment that is minimally adequate (Figure 7.6).

The incidence and prevalence of depression and other common mental disorders peak in the middle-years of adulthood, and lead to a significant loss of productive years.6 Estimates suggest that households with people with a mental disorder have earnings that are between 16% and 33% lower than the median level of income in countries,6 and people living with such disorders lose roughly a month every year off work.6 Common mental disorders such as depression also frequently occur together, and at least two thirds of those with a mental disorder have at least one chronic disease.7,8,9

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CHALLENGES

Poor detection of mental illness: Low rates of recognition of depression, both by people suffering from it and by health-care providers.

Stigma: High rates of stigma around depression and suicide, which impedes help-seeking by individuals and the development of services by health authorities. Around 25 countries still have laws or sanctions that may be applied for attempted suicide, potentially deterring people from seeking help.

Lack of preventive action: Unwillingness or difficulties in restricting access to the means of suicide (especially access to firearms, but also pesticides).

Lack of access to treatment: Many facilities in low- and middle-income countries do not have the capacity to provide basic treatment for depression, as health workers are not trained in mental health issues and medicines are not available.16