

Global Health - Depression and Anxiety

By

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DECLARATION**

I, (your name), would like to declare that all the material of this study is solely my own work that has been performed without any aid. This work had not been submitted previously at any academic or professional level. The views represented in this study are my own and not those associated with other university.

Signed \_\_\_\_\_

Date \_\_\_\_\_

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## **The problem**

### **Public health concern**

Depression and anxiety are a major public health concern because these are disabling conditions with high prevalence. These problems have been identified by several organizations as among the crucial priorities globally, particularly in the US. Moreover, another important aspect in this regards is that depression has been extensively overlooked as an objective of public health intervention (McLaughlin, 2011). Besides, these conditions are significant contributor to the burden of disease worldwide and affect individuals in all communities throughout the world. At present, it is estimated to affect 350 million individuals. Furthermore, according to a survey conducted in 17 countries, it was reported that nearly 1 in 20 individuals experience an episode of depression once in a year (Marcus et al, 2012).

### **Primary reasons for depression and anxiety being a concern**

Depression and anxiety pose a serious economic burden not only to the person suffering from disorder but also to other individuals associated with that sufferer for instance, families, employers, communities, and health care systems (Jenkins & McDaid, 2012). It is based on the fact that anxiety and depression cause impairment in numerous functioning areas; consequently, the working capability of individual is impacted. These individuals are more likely to remain unemployed. On the other hand, the risk of morbidity is also high among these individuals due to which they are anticipated to pose significant burden to public health (McLaughlin, 2011).

### **Rationale**

The chief rationale for selecting this issue is that depression and anxiety are related with considerable impact to public health. Moreover, they reduce the quality of life for individuals and increase the prospect of requiring psychiatric services. Similarly, there is a lack of attention

towards the development of interventions targeted at reduction of these conditions. Local clinics and hospitals are required to deal with related chronic physical diseases. Special education classes are necessitated to be initiated by schools, with jails and courts handling an extensive number of people suffering from depression and anxiety that remains untreated and converted into severe condition. These conditions also lead to suicide which ranks amongst the top 15 most usual cause of mortality in the US, with 90% of the case being attributable to these conditions.

### **Cultural factors affecting the resolution of this problem**

The resolution of this problem has been influenced by cultural factors because the emphasis of Western culture is based on positive feelings and emotions regarding self, while greater tolerance might be presented by other cultures for momentary pessimistic emotions. Individuals are observed as autonomous by the Western cultures besides considering them as self-contained; hence, they attribute depressive symptoms to internal disturbances. It is difficult for the clinicians and psychologists in the Western cultures to predict depressive symptoms among immigrant populations belonging to various cultures. Consequently, it serves as a major impediment in resolving this problem. On the other hand, in other cultures, psychiatric problems are considered to be related with physical problems, leading to the development of stigma. Therefore, such individuals avert presenting their condition to the society (Shafi & Shafi, 2014).

### **The solution**

#### **Organizational attempts**

Various attempts have been made by different organizations to reduce the burden of this issue by taking steps towards its prevention, or to a minimum, for its reduction. In this regards, screening for depression among adults has been recommended by the United Services Preventive Task Force so that effective and accurate diagnosis, treatment, and follow-up can be performed

for individuals. Use of tools for clinical depression screening has been supported by The American Academy of Occupational and Environmental Medicine (ACOEM) to recognize staff at potential risk of depression. Employee Assistance Program (EAP) was developed to promote healthy living among employees so that conditions such as anxiety and depression can be prevented (Jacobson & Mark, 2010). The World Health Organization has contributed significantly in this respect by developing programs for various individual attributes for instance mothers, children, families, and vulnerable populations (WHO, 2012).

### **Financial resources required to solve the problem and their sources**

The economic and human excise is massive yet usually concealed. Approximately, more than \$100 billion are spent annually due to untreated mental illnesses in the US. This cost is related with productivity loss. These issues have resulted in actions being taken by the government, as in 2002, health insurance packages have been mandated by 29 states to cover mental illness, at similar level as for physical illnesses. However, the provision of insurance is not likely to benefit those who do not have insurance coverage. Moreover, it has become difficult for the states to compensate for these individuals. The Patient Protection and Affordable Care Act has been signed in 2010 by the President barrack Obama which is likely to recompense for these issues. This Act is anticipated to provide benefit to nearly 3.7 million Americans by 2014, either through insurance coverage or extended Medicaid coverage (Stoffel, 2013).

## **Evaluation**

### **Long-term success**

The long-term success of this issue resides in its prevention. Hence, the major advancement in this instance is presented by the WHO (2013) which has provided an Action Plan. It is based on the provision of mental health services to all the individuals regardless of

their age, sex, ethnicity, and socioeconomic status. Treatment interventions, actions, and strategies, besides the promotion and prevention must standard human rights instruments. Moreover, treatment should be based on evidence-based practice to consider the cultural aspects of individuals (WHO, 2013).

### **Factors affecting success**

The primary factors affecting the success of these interventions are the reluctance of psychiatrists in deviating from their conventional mode of practice. Increased supplementary expenses to the economy of states by the provision of insurance coverage to individuals with behavioural and mental health issues for instance, depression and anxiety is another important factor. Hence, it is vital that these factors are prevented so that success can be accomplished in reducing the burden of depression and anxiety over public health.

### **Future actions**

#### **Recommendations to improve the situation**

It is suggested that further policies should be developed to emphasize on the provision of mental health coverage services to individuals suffering from depression and anxiety. Additionally, prevention should be supported by promoting healthy lifestyle activities so that the incidence of these conditions can be avoided. Screening should be encouraged for all the individuals regardless of their socioeconomic, cultural, gender, and demographic factors. Intervention programs should be designed for preventing the incidence of depression and anxiety among individuals at younger age. Hence, the focus of these programs should be schools (Corrieri et al, 2013). Moreover, families should be involved in programs to prevent these conditions so that family-based interventions reduce the burden of this condition (Gladstone, Beardslee, & O'Connor, 2011).



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