Shortening the Road to Recovery:

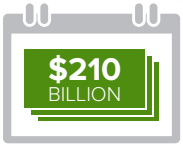
Barriers and Opportunities to Improve Quality of Care for Major Depressive Disorder

1 The Burden of Major Depressive Disorder (MDD) is Significant

ABOUT 16 MILLION AMERICAN adults have MDD.[i]

ONLY 35% ARE TREATED WITHIN A YEAR of developing symptoms[ii]; for others it can take 4 years or more.[iii]

94% OF THE TIME, MDD causes cognitive problems, lack of energy and sleep issues that affect people's ability to work and manage other activities.[iv]



DELAYED TREATMENT IS DENIED TREATMENT–WITH REAL CONSEQUENCES FOR SOCIETY: MDD costs the U.S. about $210 billion/year–$80 billion/year alone in presenteeism (being at work but not fully functioning)[v,vi]

2 People with MDD Face Many Barriers to Care

COVERAGE ≠ ACCESS, as about 4 million people with serious mental illness lack access to mental health services, despite insurance coverage under the Affordable Care Act.

PRIMARY CARE PROVIDERS MAY NOT BE FULLY AWARE or even share patients' treatment outcome preferences, such as around their quality of life and their ability to make decisions.

STIGMA often prevents people from seeking care and can create misconceptions, such as whether they can recover & how long it will take.

SOME PATIENTS CAN FEEL LEFT OUT OF THEIR OWN TREATMENT when trust has not yet been established with their primary care providers or they are not attuned to asking questions that could optimize patients' treatment outcomes.

3 Improving Patient Care Must Actually Involve the Patient

ADDITIONAL TRAINING FOR PRIMARY CARE PROVIDERS may be beneficial around how to: 1) talk to their patients about treatment expectations; and 2) more actively engage patients in clinical decisions to meet their recovery goals.

ADOPT QUALITY MEASURES focused on outcomes that matter most to patients (such as their ability to engage in normal everyday activities at work, school and home).

[i] Substance Abuse and Mental Health Services Administration. Mental Disorders. 2015. http://www.samhsa.gov/disorders/mental (accessed January 15, 2016)
[ii] Pratt LA, Brody DJ. NCHS Data Brief. CDC/NCHS, National Health and Nutrition Examination Survey, 2009–2012. Number 172, http://www.cdc.gov/nchs/data/databriefs/db172.htm (accessed Dec 2014)
[iii] Wang PS, Berglund P, Olfson M, et al. Failure and delay in initial treatment contact after first onset of mental disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry. 2005 Jun;62(6):603-13.
[iv] Presence of individual (residual) symptoms during depressive episodes and periods of remission: a 3-year prospective study. Psychological Medicine. 2011;41(6):1165-74.
[v] Hemp P. (2004). "Presenteeism: At Work—But Out of It." Harvard Business Review. Retrieved from https://hbr.org/2004/10/presenteeism-at-work-but-out-of-it
[vi] Greenberg PE, Fournier AA, Sisitsky T, Pike CT, Kessler RC. The economic burden of adults with major depressive disorder in the United States (2005 and 2010). J Clin Psychiatry. 2015 Feb;76(2):155-62.

Mental Health America

Content based on a March 2016 report developed Avalere Health and Mental Health America, available at Avalere.com and Mentalhealthamerica.net.
This report and infographic were made possible with the support of Takeda Pharmaceuticals USA, Inc and Lundbeck LLC.