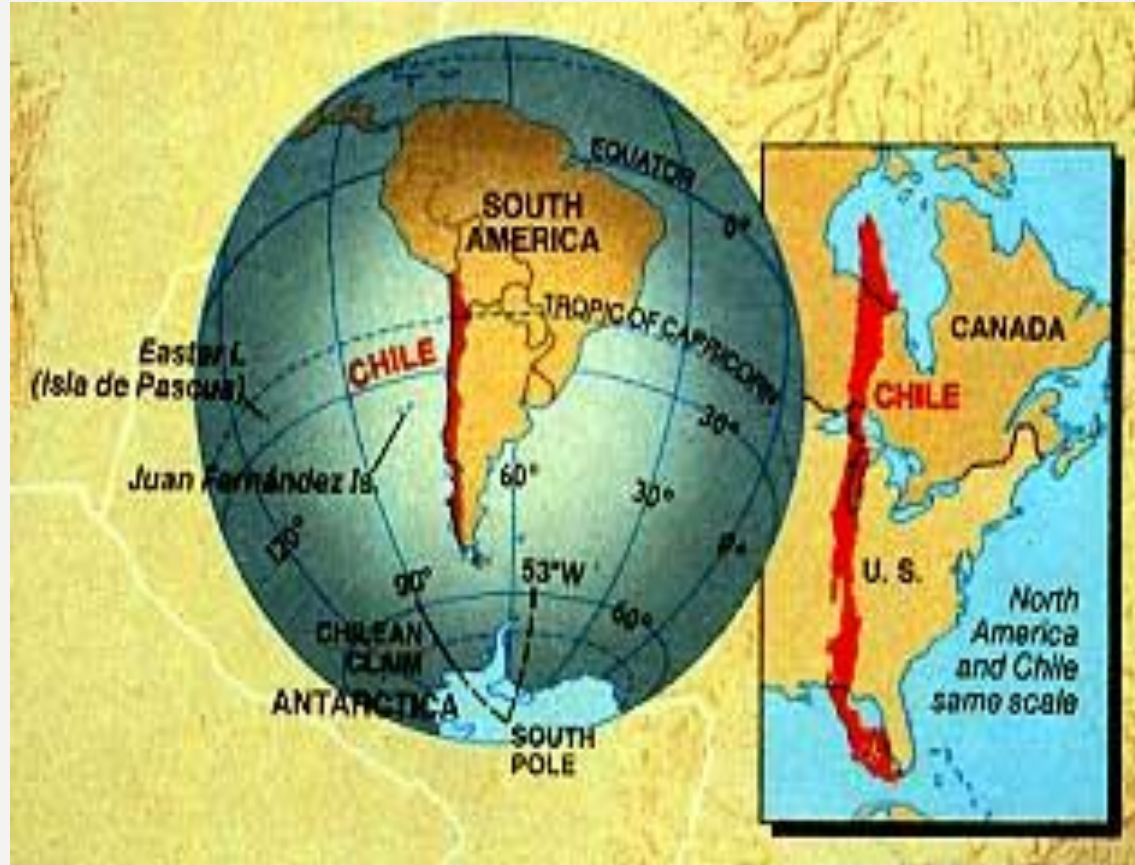


**DEPRESSION TREATMENT IN
PRIMARY CARE IN CHILE:
25 YEARS ON**

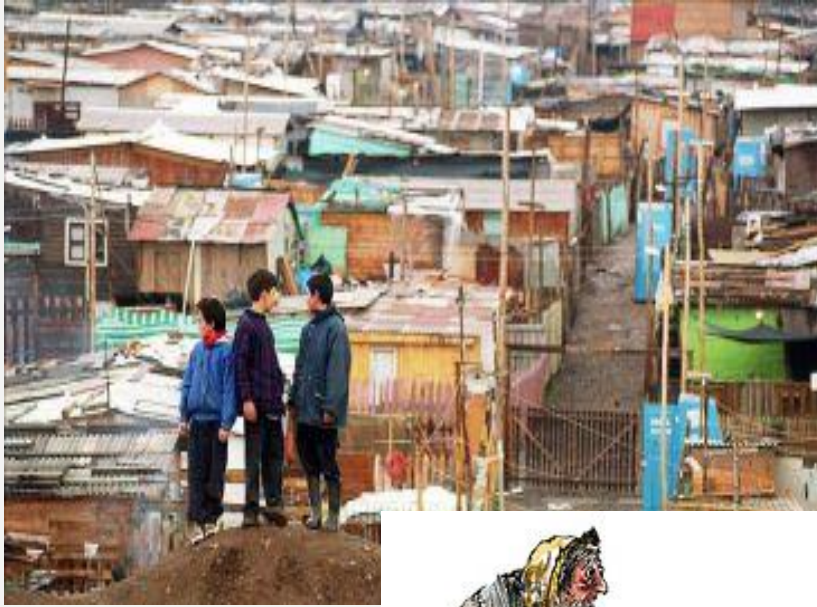
**PROFESSOR RICARDO ARAYA
CENTRE FOR GLOBAL MENTAL HEALTH
KING'S COLLEGE LONDON**

THE SETTING



GENERAL INFORMATION

Location	South America
Population	19.000.000
Urban Population	85%
Income per capita	US\$ 15.000
Literacy rate	98%



THE PROBLEM

- **Depression was highly prevalent, especially among the poor and women**
- **Very few depressed people had received professional help, especially poor people who were hit but the double burden of untreated depression and poverty**

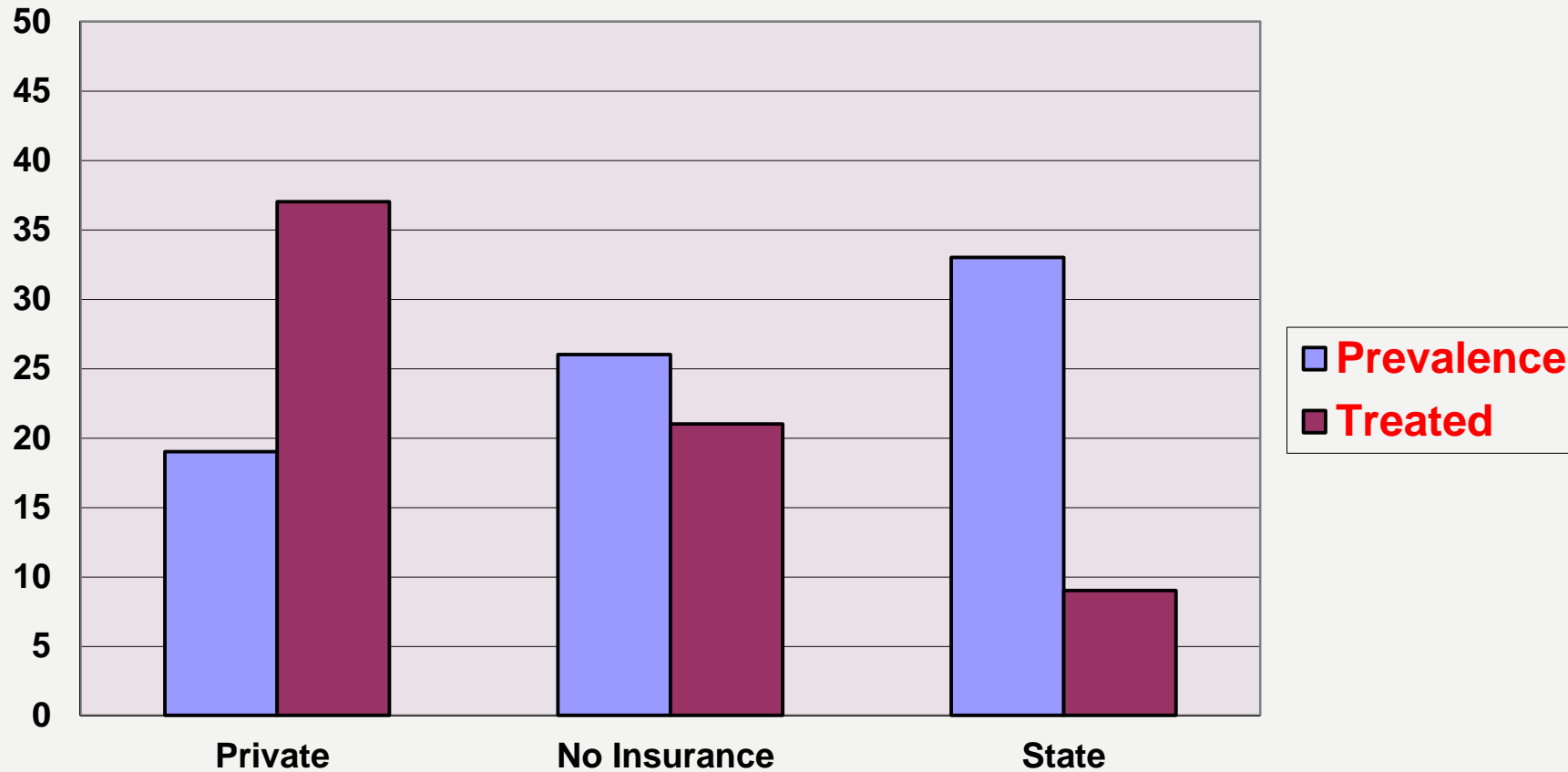
Araya et al. *British Journal of Psychiatry* 2001; 178: 228-233

Araya et al. *J Epidemiology & Community Health* 2003;57:501–505

Rojas et al. *Social Science & Medicine*, 2005; 60:1693-1703

Araya et al. *Am J Pub Health* 2006; 96:109-113

INEQUALITIES IN MENTAL HEALTH PREVALENCE AND ACCESS TO MEDICAL CONSULTATION BY HEALTH INSURANCE



HIT THE HEADLINES!

El jinete chileno que se coronó en Estados Unidos

QUÉ PASA

AÑO XXVII - N° 1470 - 12 DE JUNIO DE 1999 - RECARGO FLETE \$ 200 (I, R, XI Y XII REGIONES) - \$ 1.700

ESTUDIO U. DE CHILE:
POR QUÉ
800
MIL
SANTIAGUINOS
SUFREN DE
TRASTORNOS
MENTALES

El blanco de los disparos de Izurieta



Crónica siglo XXI DEL SIGLO XXI

CD-ROM: adquiera el N°5



NEEDED BUT ...

- **Depression and poverty are inseparable companions**
- **Depression is a social problem and can only be alleviated with poverty reduction measures**

POPULATION: WHY PRIMARY CARE?

- Most poor people only have access to primary care
- Women main clients in primary care
- Women more willing to get treatment for depression
- Benefits could extend to other members of the family

BASIC GUIDELINES TO DESIGN INTERVENTION

REALITY TESTING	Improve what is already there rather than create a completely new intervention.
EFFICIENCY	Resources allocated according to needs (stepped)
	Choose simplest and low-cost
EFFECTIVENESS	Choose most effective combination (usually multi-component)
EMPOWERMENT	Patients education, support, and self-help
	Health workers advocacy role

PSYCHIATRISTS PER 100,000 POPULATION

Country	Ratio per 100,000
Nigeria	0.06
Guatemala	0.59
Chile	0.99
Brazil	3.07
Australia	12.8
UK	19.4
Switzerland	42.0

**IDENTIFY AND USE ALL EXISTING
RESOURCES:
TASK-SHIFTING**

TASK- SHIFTING / SHARING

Specific tasks are moved, where and when appropriate, from highly qualified health workers to other staff with shorter training and/or fewer qualifications to improve efficient use of available human resources

Appropriate training, support, and supervision are put in place

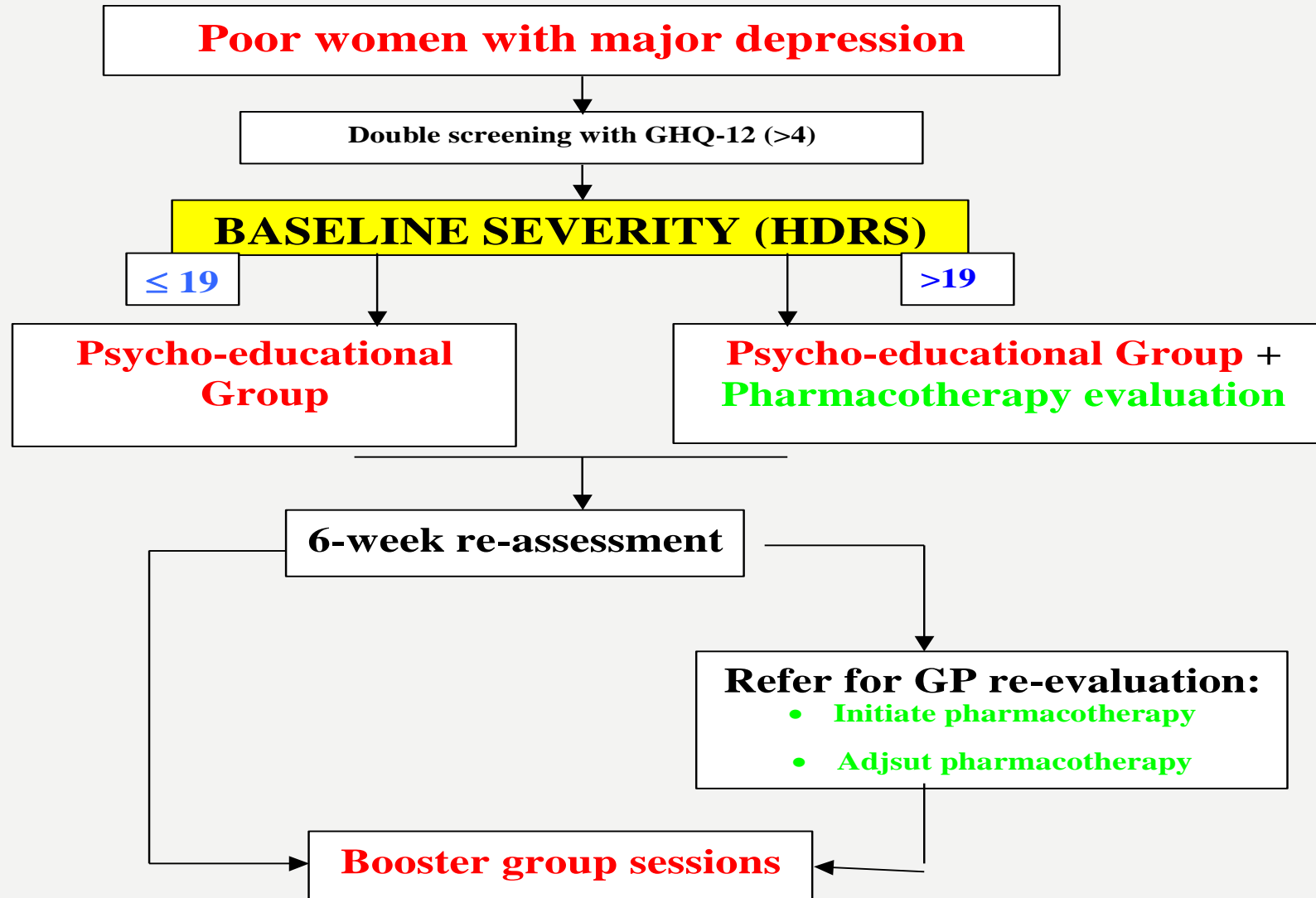
**Treating depression in primary care among
low-income women in Santiago, Chile**

A randomised controlled trial

FUNDED BY US NIMH

Araya et al. Lancet 2003; 361: 995-1000

THE STUDY



AN EXAMPLE

SEVERITY OF DEPRESSION	INTERVENTION	PERSON RESPONSIBLE
MODERATE (HDRS <20)	Group intervention + Follow-up	Health worker
SEVERE (HDRS >20)	Group intervention + Mixed follow-up + Antidepressant	Health Worker + GP

MAJOR COMPONENTS OF IMPROVEMENT PROGRAMME

- 1. Psycho-educational groups for all**
- 2. Fluoxetine for the more severe ill**
- 3. General support, active monitoring, and empowerment through a care manager for all**

SCIP: PSYCHOEDUCATIONAL GROUPS

- **Maximum 20 women**
- **Led by social worker or nurse**
- **7 sessions and 2 boosters**
- **Information, problem solving, and behavioural-cognitive techniques**
- **Manuals, examples, and exercises**

SCIP: PHARMACOTHERAPY PROGRAMME

- **Fluoxetine** (≥ 20 mg/d) or Amitryptiline/
Imipramine
- **Support and monitoring by group leader
and/or auxiliary nurse to improve adherence**
- **Follow-up medical appointments**
- **No guidelines but general advise to all GPs**
- **Leaflets with information on medication**

WAS IT A FAIR COMPARISON?

- Randomly allocated
- Groups were comparable
- Independent 'blind' raters
- 9% refusal rates and 89% completion rates at 6 months

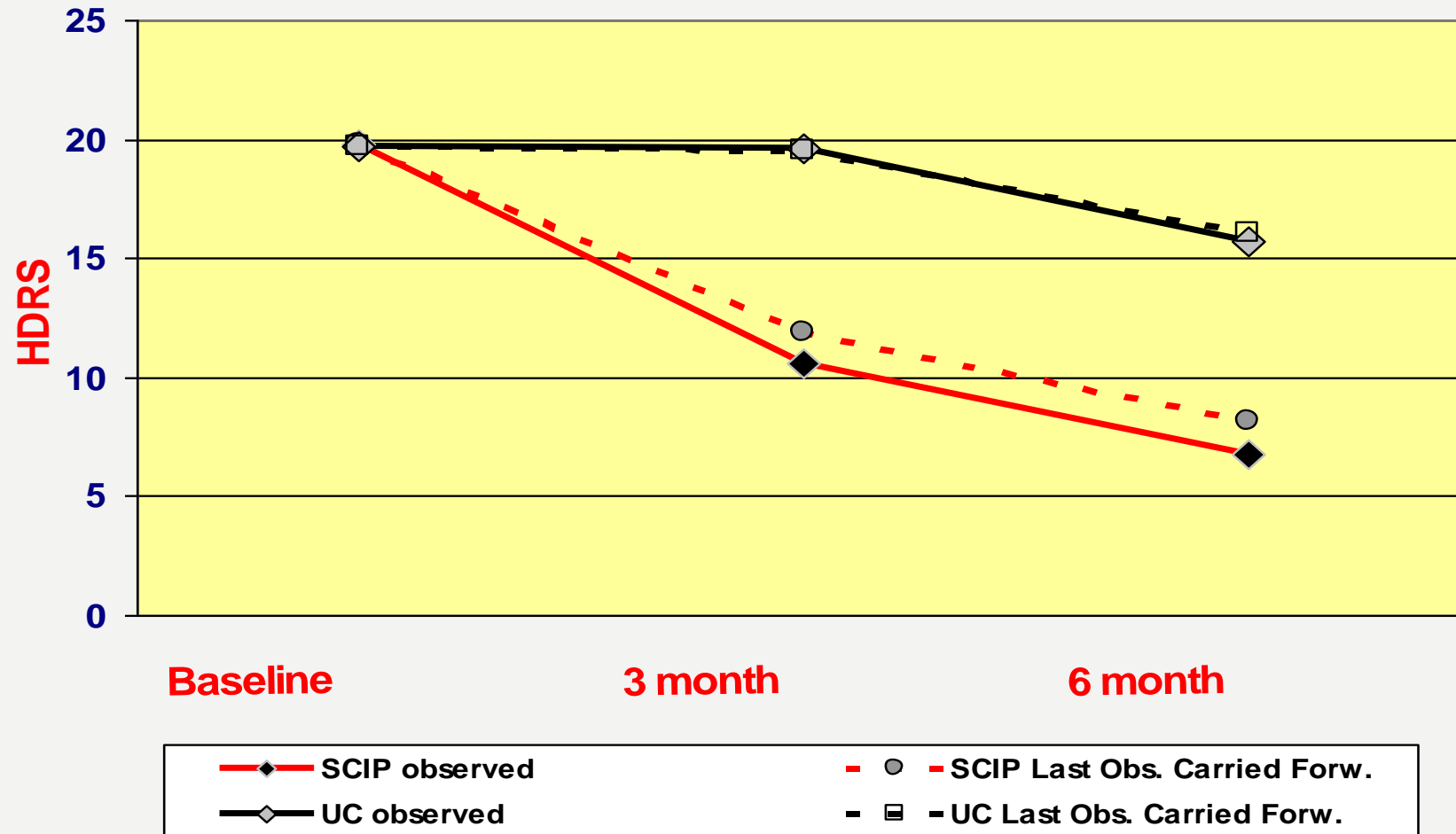
RCT results

% Recovered

	Usual Care	Improved Care	Diff
3-Month	15%	49%	34%
6-Month	30%	70%	40%

Araya et al. *Lancet* 2003; 361: 995-1000

SYMPTOM SEVERITY (HDRS) 3 AND 6 MONTHS



Araya R et al (2003) *Lancet*; 361: 995-1000

COST-EFFECTIVENESS ANALYSIS

The additional cost for an extra depression-free day with Improved Care

\$216

✦ **What can you buy with \$216 in Chile?**

1 litre of Coca-Cola (\$350)



Araya et al. Am J Psychiatry, 2006: 163:1379-87

NATIONAL PRIMARY CARE DEPRESSION PROGRAMME IN CHILE

- The government declared depression among its national health priorities in 1999
- Introduced and funded the National Programme in 2001
- Programme offering complete national coverage in 2004
- 18.000 depressed people were treated in 2001 whereas in 2008 almost 160.000 had received treatment
- In 2018, almost 500.000 people had been treated for depression

NATIONAL PHC DEPRESSION PROGRAM NUMBER OF PEOPLE TREATED BY YEAR

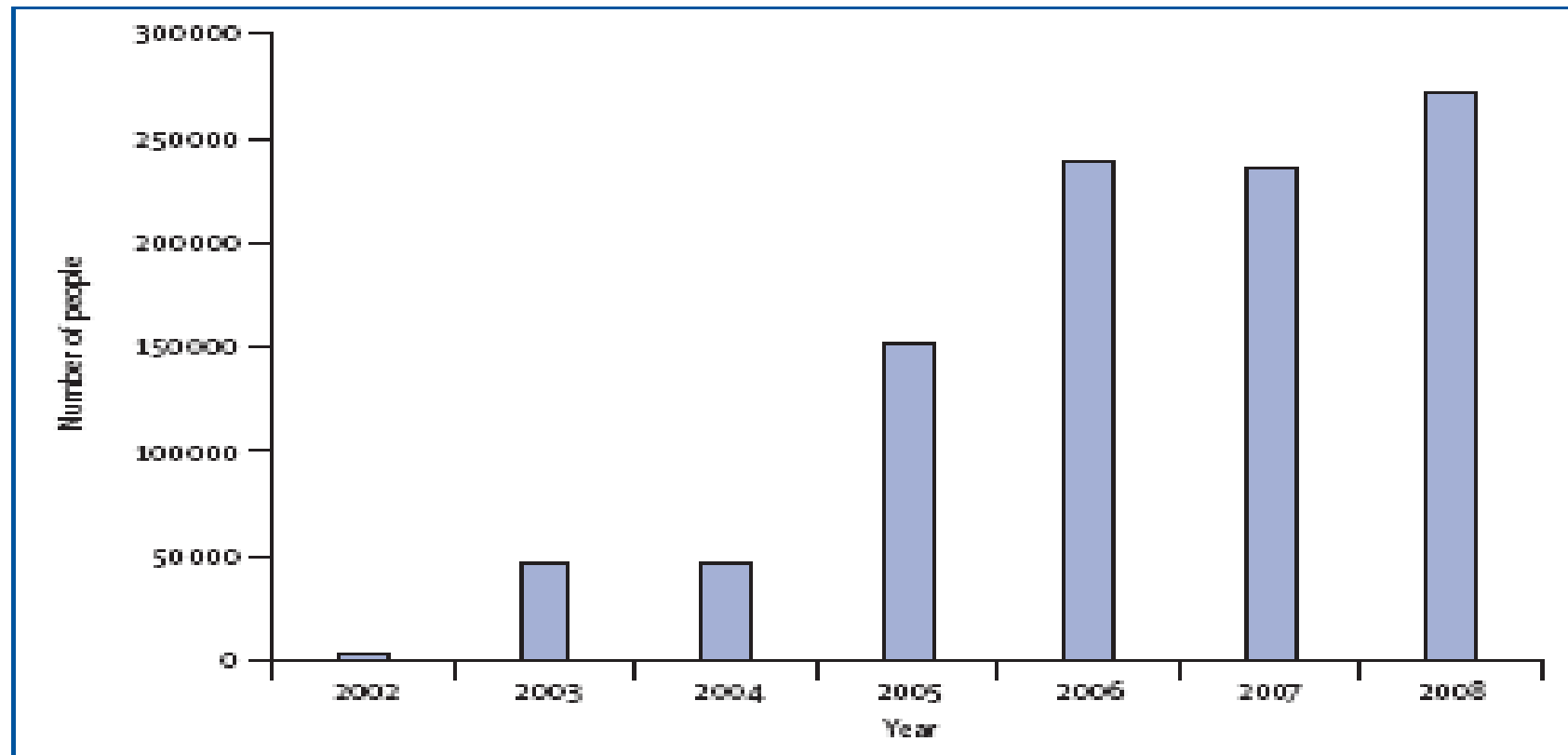


Figure: Number of people receiving treatment in the Chilean public health-care sector, 2002-08

Araya et al. *Lancet* 374:59-8, 2009

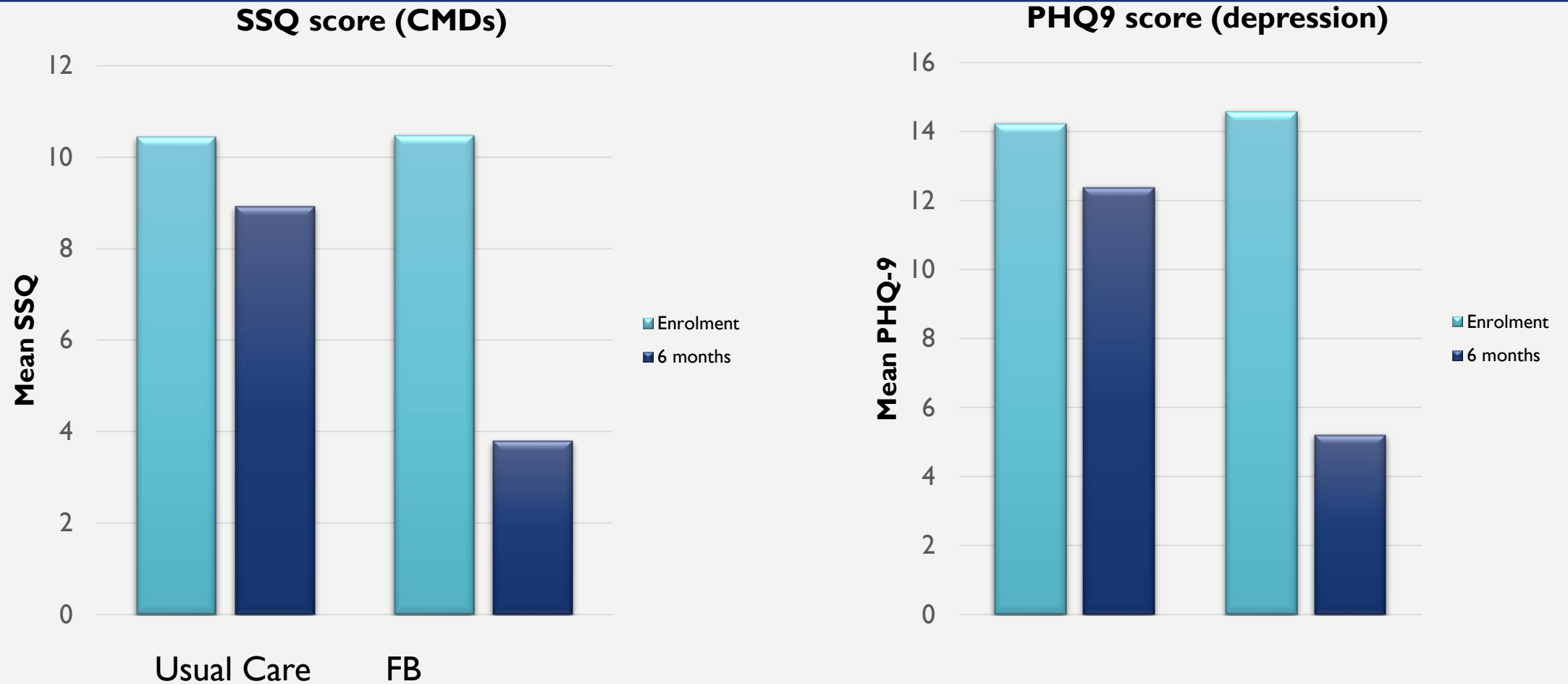
WOMEN'S GROUPS FOR DEPRESSION IN PRIMARY CARE IN CHILE



The Friendship Bench Zimbabwe

FUNDED BY CANADA GRAND CHALLENGES

THE FRIENDSHIP BENCH: ZIMBABWE



Chibanda et al. *JAMA* 2016; **316**(24): 2618-26

ACKNOWLEDGMENTS

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