

General practitioners play a vital role in providing information



GENERAL PRACTITIONERS are usually the first point of contact for people with depressive illnesses. Their ongoing support, encouragement and, most importantly, provision of appropriate information is critical to the management of these illnesses. Patients generally respect and trust their doctor and will be guided by the GP's advice.

Information is empowering. It allows people to make informed choices about their treatment and care. Initially, a patient suffering from a depressive illness may only need, or want, basic information about their illness. However, over time, the provision of more specific and detailed information for both the sufferer and his or her family is desired and appropriate. Unfortunately, doctors often assume that patients know more than they do about their illness. However, lack of knowledge about where to look, the stigma associated with depressive illnesses and the belief that they can somehow "pull themselves together" may dissuade many people with depression from directly asking the GP for information. Even the most proactive patients can become disheartened at the lack of general information about depressive illnesses available to the community.

GPs have taken on the role of information providers, but now need to see this role in broader terms. Consumers and carers want information in the form of handouts, lists of appropriate books and articles, website addresses, support group details and other available resources. It is also important that the information presented to patients is relevant, easy to read, written for the target audience and not biased. The Internet is extremely useful for accessing relevant information, but it is also a source of inappropriate information. Anyone can be an author about depressive illnesses on the Internet, writing only from their own point of view. For example, in a search on antidepressants, I found a website condemning their use, based only on the experiences of the writer.¹ This sort of (mis)information can be confusing to patients and their families. Therefore, gentle guidance of patients to appropriate websites, in addition to other sources of appropriate information, is crucial. The information in this supplement will help GPs and other healthcare professionals in this task.

Lara M Bishop

Consumer representative

beyondblue: the national depression initiative, Melbourne, VIC

1. Prozac truth: letter from the editor [website]. <<http://www.prozactruth.com/conclusion.htm>>. Accessed 15 April 2002. □

Responding to the Australian experience of depression

Promotion of the direct voice of consumers and carers is critical for reducing stigma

DEPRESSION IS A MAJOR PUBLIC HEALTH ISSUE in Australia.¹ Although more than 800 000 Australians experience depression each year, less than 40% of affected individuals present for care and fewer than one in six receive an evidence-based treatment.¹ Most people with depression experience significant disability (reduced productivity on "seven of the past 28 days"²) and those who present for care are likely to have relapsing or chronic disorders.³ The current health burden of depression, and the projected future impact on our society, prompted the Federal and Victorian governments to develop *beyondblue: the national depression initiative*.⁴ The initiative has bipartisan political support and has grown to include active participation by other States and Territories and the development of partnerships with a range of non-government and community-based organisations.⁵

The aim of *beyondblue* is to promote effective population health-based strategies.⁶ Current projects focus on:

- increasing community awareness of key aspects of depression (such as characteristic symptoms, risk factors,

- pathways to care, preventive and effective treatment strategies);

- promoting destigmatisation of people with depression and related disorders;
- confronting barriers that discourage full social participation; and
- advocating for improved primary-care-based mental health services.

With regard to secondary services, the initiative is focused on improved specialist support for the primary care sector.

To meet the specific needs of people with depression and their carers, *beyondblue* has initiated a range of studies, some of which are outlined in this Supplement, and promoted the rapid dissemination of results to the medical profession. The review by Jorm et al⁷ (page S84) of complementary and self-help therapies used for treating depression represents a landmark study. It departs from the traditional debate about access to strategies that people say they want (such as access to counselling⁸) and evidence about what professional services people actually receive (eg, medication and non-specific

psychological support⁹), and presents a scientific, dispassionate appraisal of treatments that people often use. Elsewhere, the same authors have noted that people not only use such complementary therapies,⁸ but also prioritise the use of harmful substances such as alcohol.

The report by Jorm et al⁷ and the community survey on how Australians perceive depression¹⁰ (page S63) highlight that the community does not see doctors as a critical part of the public health response to depression. This is due to the persistent view that mental health is, at best, a marginal health issue, in combination with a lack of knowledge about available services and treatments.¹⁰ Unfortunately, the experiences of consumers and carers¹¹ (page S69) indicate that interactions with different levels of the healthcare system reinforce the belief that depression is not a major concern of healthcare providers. Furthermore, the ongoing stigma within the community has major negative effects on people with depression and their carers. This results in overt and covert barriers to social participation that continue even when these people have recovered. The lack of leadership by both primary care and specialist doctors in promoting destigmatisation is clear to people with depression who use our healthcare system. For *beyondblue*, the promotion of the direct voice of consumers and carers is critical to the process of destigmatisation and ongoing medical education.

Given the lack of detailed knowledge about depression in the community,^{10,12,13} *beyondblue* needs to find new ways of providing authoritative information to people who have not sought care and to those who have, because, all too often, access does not lead to the receipt of sufficient information to make treatment or personal choices. Advances in information technology are often seen as one solution. The review of Australian depression websites by Griffiths and Christensen¹⁴ (page S97) is intended to assist doctors and other healthcare professionals in recommending websites to patients and their carers. It is also intended to encourage healthcare professionals, particularly in primary care, to promote the use of high-quality Internet sites.

Finally, if consumers are to make informed choices, they require access to the most up-to-date syntheses of professional knowledge. Evidence-based guidelines can assist consumers to avoid treatments that do not work (or do more harm than good), that do not justify the personal or wider social cost, or that delay access to more effective treatments. *beyondblue* felt that it was essential to commission recommendations for the management of depression in primary care and that the key recommendations be made directly available to doctors and other primary care professionals (page S77).¹⁵

Over the life of the *beyondblue* initiative, it will be critical to continue to evaluate community recognition of depression, the impact of this recognition, and the extent and persistence of personal and social barriers to full social participation. The results presented here^{10,11} provide baseline data and underpin an agenda for promoting the concerns of consumers and carers.¹¹ In turn, *beyondblue* hopes that these articles will promote a variety of new methods (including novel instruments for measuring consumer- and carer-based concepts of recovery and other illness outcomes), and the development of quality monitoring and outcome systems within our healthcare environment.^{16,17} *beyondblue* looks forward to reporting the outcomes of such endeavours in the near future.

Ian B Hickie

CEO, *beyondblue: the national depression initiative*, Melbourne, VIC
and Professor of Community Psychiatry, School of Psychiatry
University of New South Wales at St George Hospital, Sydney, NSW

1. Andrews G. Should depression be managed as a chronic disease? *BMJ* 2001; 322: 419-421.
2. Andrews G, Carter GL. What people say about their general practitioners' treatment of anxiety and depression. *Med J Aust* 2001; 175 Suppl Jul 16: S48-S51.
3. Hickie IB, Davenport TA, Hadzi-Pavlovic D, et al. Development of a simple screening tool for common mental disorders in general practice. *Med J Aust* 2001; 175 Suppl Jul 16: S10-S17.
4. *beyondblue: the national depression initiative*. <<http://www.beyondblue.org.au>>. Accessed 3 April 2002.
5. *beyondblue* Bulletin, November 2001. Available at <<http://www.beyondblue.org.au/site/organisation/bbbulletin.asp>>. Accessed 3 April 2002.
6. Penrose-Wall J, Kirsner D. Strategic plan. *beyondblue: the national depression initiative*. December 2001.
7. Jorm AF, Christensen H, Griffiths KM, Rodgers B. Effectiveness of complementary and self-help treatments for depression. *Med J Aust* 2002; 176 Suppl May 20: S84-S96.
8. Jorm AF, Medway J, Christensen H, et al. Public beliefs about the helpfulness of interventions for depression: effects on actions taken when experiencing anxiety and depression symptoms. *Aust N Z J Psychiatry* 2000; 34: 619-626.
9. Hickie IB, Davenport TA, Naismith SL, et al. Treatment of common mental disorders in Australian general practice. *Med J Aust* 2001; 175 Suppl Jul 16: S25-S30.
10. Highet NJ, Hickie IB, Davenport TA. Monitoring awareness of and attitudes to depression in Australia. *Med J Aust* 2002; 176 Suppl May 20: S63-S68.
11. McNair BG, Highet NJ, Hickie IB, Davenport TA. Exploring the perspectives of people whose lives have been affected by depression. *Med J Aust* 2002; 176 Suppl May 20: S69-S76.
12. Jorm AF, Korten AE, Jacomb PA, et al. 'Mental health literacy': a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *Med J Aust* 1997; 166: 182-186.
13. Goldney RD, Fisher LJ, Wilson DH. Mental health literacy: an impediment to the optimum treatment of major depression in the community. *J Affect Disord* 2001; 64: 277-284.
14. Griffiths KM, Christensen H. The quality and accessibility of Australian depression sites on the World Wide Web. *Med J Aust* 2002; 176 Suppl May 20: S97-S104.
15. Ellis PM, Smith DAR. Treating depression: the *beyondblue* guidelines for treating depression in primary care. *Med J Aust* 2002; 176 Suppl May 20: S77-S83.
16. Tobin MJ, Hickie I. Outcomes focussed service delivery: developing an academic-management partnership. *Aust N Z J Psychiatry* 1998; 32: 327-336.
17. Hickie IB. Building a 'national coalition for people with depression'. *Australas Psychiatry* 2000; 8: 125-131. □