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EDITORIAL

Depression in primary care

Depression is very common.¹ One in five people will experience depression in their lives. On the other hand, nearly 80% of individuals will visit their family doctor at least once a year. It is the family doctors and their teams who are often the first point of contact for people with depressive illness. They are confronted endlessly by the challenge of depression and related mental health problems in their patients.² The primary care team often has the potentially precious advantage of knowing the ongoing psychological and social dynamics of the family background. International studies also reported positive outcomes of psychological care by primary care doctors. For instance, Williams et al. found that a substantial proportion of primary care physicians report diagnostic and treatment approaches that are consistent with high-quality care in the US.³ Harman et al. also found that family physicians are more likely than internists to record a depression diagnosis.⁴ Family doctors therefore have a pivotal role in the management of their patients' mental health conditions.⁵

Because of social and cultural differences, the awareness and presentation of depression may vary among different nationalities and ethnic groups. In the Asia Pacific region, it is likely that, for example, an Australian patient may be more prepared to present mood symptoms to their family doctor than a Chinese patient. The implication is that family doctors would need to be sensitive to the varying presentations of their patients. Furthermore, it has been reported that 64% of Australian family doctors had found patients felt uncomfortable being referred to psychiatrists, probably relating to the stigma of psychiatric care.⁶ This highlights the need to acquire the appropriate skills by family doctors to look after their patients with psychological problems in the community, and to work closely with other healthcare professionals. There are various examples around the world that such collaborative mental healthcare is being pursued, for example, the Canadian Collaborative Mental Health Initiative⁷ and beyondblue: the national depression initiative in Australia.⁸

The World Health Organization has predicted that depression will become the second most important cause of disability worldwide by 2020.⁹ And yet it is generally accepted that less than half of all cases of depression are detected by their doctors.¹⁰ There is therefore a clear message that doctors would need to do better to combat the depression 'epidemic'. Training will help. However, in order to improve the quality of care for depressive patients, community awareness, government support and collaboration among healthcare professionals are needed. It is to start now.

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