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Depression in Taiwan

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First of all, I want to thank Dr. Lo and the committee for inviting me to participate in this marvellous conference. I am here to show you the experience of Taiwan. Quite interestingly, the structure of my presentation is very similar to that of Dr. Chua. I will begin to talk about depression in Taiwan. In the second part, I will try to tell you what Taiwan did in the past 30 years to fight against depression, just like Dr. Chua's presentation. This presentation was from hospital and outreach to the community and then back to hospital.

Epidemiology

There are two studies of mental illness in Taiwan. The first one was carried out by Professor Hwu and the second by Professor Lee and Professor Liao. The one-year prevalence of MDD was around 0.6 to 0.8% and the life time prevalence around 1.2% (Table 1). Most of the insurers would consider that the rate is too low. Other research using the national health insurance data revealed that the treated prevalence of MDD was 1.7% (Figure 1), which is even greater than the last two studies and we will discuss why later.

Table 1
Prevalence of MDD in Taiwan

Studies	One-year prevalence		Life time prevalence	
TPEP	Male	0.7%	1.14%	
Hwu, et al	Female	0.8%	Male	0.9%
1996			Female	1.6%
TPMS	0.6%		1.2%	
Liao, et al			Male	0.82%
2013			Female	1.59%

Transcript of Plenary Session (I) of 60th Anniversary Symposium on Mental Health on 8th December 2014.

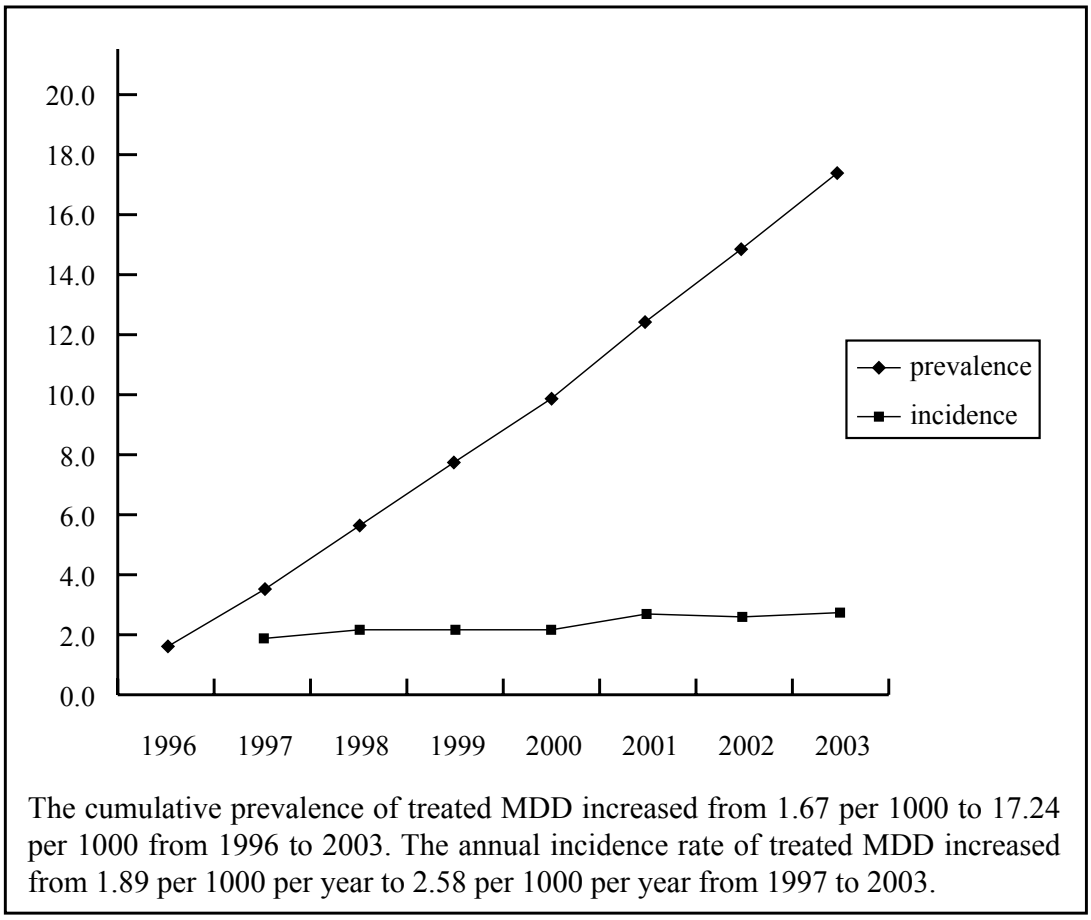

Figure 1: The cumulative prevalence and annual incidence rate of treated MDD from 1996 to 2003

Compared to other research, for example, epidemiology of MDD in Mainland China, the findings revealed that lifetime prevalence of MDD was 3.3%. (Lian Gu, et al., 2013) So the Taiwanese data is at the lower end. Of the two Taiwan studies, the second study showed that individuals who were divorced or widowed, aged above 40 years and female were at risk of MDD while the rural residents had a significantly lower risk for MDD in their lifetime (Liao et al., 2012). One possibility for the low prevalence of mental illness, especially depressive disorders, might be related to the quality of sampling design and the fieldwork. The other possibility was that the prevalence of MDD-related risk factors remained low over the decades, thought this is not supported by empirical data. A third possibility was due to cultural stoicism, i.e., Chinese people were very calm and responded differently when facing this problem. I think most of the experts in this area believe this is the chief reason.

In a multi-country cross-sectional study of the differences in psychiatric symptoms among Asian patients with MDD, it was revealed that Taiwan and Chinese patients with MDD had more inner tension and Mainland Chinese patients who has MDD has more lassitude. The subjects were chosen from 6 countries across Asia, including China (Beijing and Shanghai), Korea (Daegu and Seoul), Malaysia (Kuala Lumpur)/Singapore, Taiwan (Taoyan and Taipei), and Thailand (Chiang Mai and Songkhla). I think Professor He from Shanghai said Shanghainese are different from Beijing and also the doctors from Beijing also said that the people in Beijing are different from Shanghai because China is too big – so this is just for reference.

Researches

An outstanding psychiatrist Professor Cheng in Taiwan wrote an editorial for the British Journal of Psychiatry to discuss about case definition and symptoms between cultures. He said that symptom manifestation and subjective complaint are different. It means that subjective complaint is related to conditions, tolerance interpretation and reactions to the symptoms. So the question might be how patients from different countries might be having similar mood symptoms but they report different health symptoms. If the rates of symptoms were depending on patients' self-report, it must be different from that of the clinical symptoms as defined through a standard diagnostic interview by a psychiatrist.

I want to show another two studies of old age depression. One from my group which was conducted in Kinmen Island, a small island close to the Fujian Province, and another was by my colleague Professor Chong which was done in southern Taiwan. They adopt the research method from the UK and we use an US/Taiwan hybrid method with a similar result. The patients, the people older than 65 years, have 6% suffering from MDD and were more likely to have poor ADL function, lower cognitive function and chronic physical illness. Female, older, illiterate and single are more risky in developing MDD in old people. Studies on MDD among physical illness include Parkinson disease, Alzheimer's disease, headache, migraine, women in mental health clinic, cancer etc. We jump into the researches in Taiwan, and there have been around one hundred studies by the time we studied major depressive disorder. I'll skip this part as this is not the interest of today's presentation. I am going to show the strategies against depression in Taiwan.

Prevention of Depression

The primary intervention of mental illness is in public service. Primary prevention includes mental health promotion, identification of at risk populations across life cycle, for example children or adolescences in school bullying, or women after delivery of baby etc. and appropriate early interventions. There are large scale campaigns on mental health promotion of the society led by various government departments, for example, Anti-bullying Programme in schools by Ministry of Education, mental health promotion in workplace by Ministry of Labour, and health promotion and education for at risk populations by Ministry of Health and Welfare.

Despite these efforts, primary prevention for mental disorders is still a problem. Figure 2 showed the findings of a study on changing trends in the prevalence of common mental disorders. (Fu, et al., 2013) In Taiwan, from 1990 to 2010, common mental illness increased 2 times and it is in relation to unemployment and other risk factors, for example, the rate of divorce. In the same decade, the country became rich but their people were not necessarily becoming happier. The message is that money is only an instrument rather than an intrinsic good.

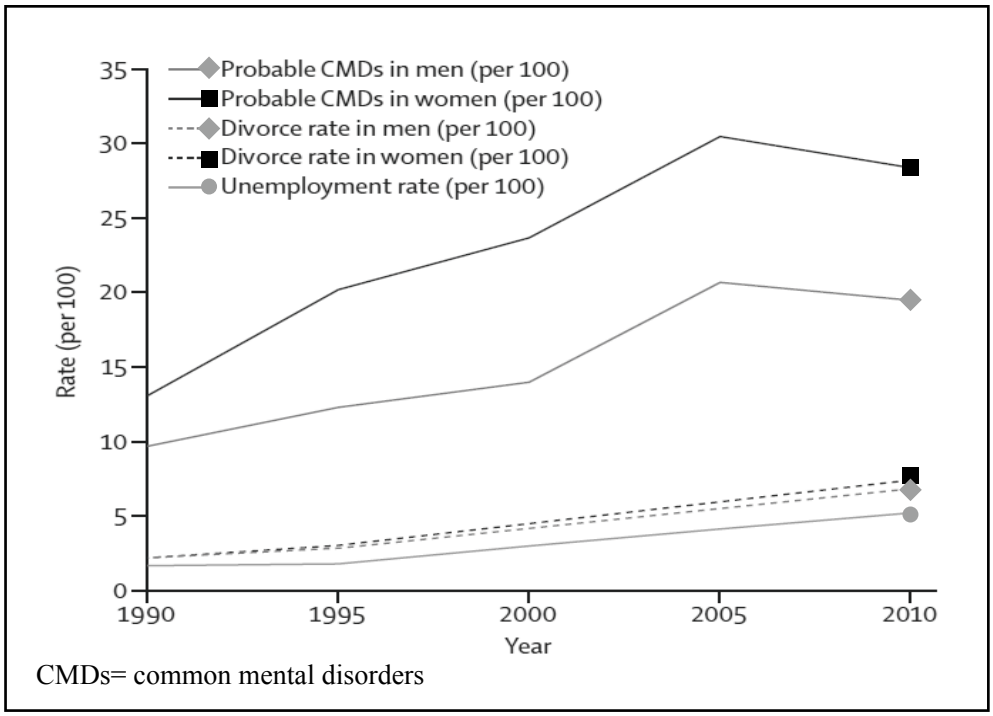

Figure 2: Time trends for probable CMDs, divorce, and unemployment in Taiwan, 1990-2010

Among the projects on health and mental health promotion, the most impressive was exercise promotion. John Tung Foundation, a respectable NGO in Taiwan, also makes a great effort in this aspect. They promote supporting environment, healthy life style and invigorate communities. They have promotion on smoking cessation and mental health promotion on exercise activities. They also lined up many public idols or sport idols to endorse their activities. Regular exercises are reported by Professor Lau from Hong Kong and it is also promoted by our government. So now regular exercises for mental health promotion have become national-wide movement in Taiwan.

Secondary prevention aims at early identification and early treatment of the disease. The Taiwan Alliance Against Depression is one of the organizations formed by different associations and societies. Among its membership, some are composed of professionals, some are charitable associations, for example, John Tung Foundation and the Can Love Foundation, and some are patient groups supervised by experts. They join together to enhance or increase the awareness of depressive disorder of community populations. Continuing education for mental experts and general practitioners conducted by medical, psychological or cross-specialty societies / associations help mental health workers and general practitioners to early detect, and diagnose depressive disorders. Medical education for family physicians and non-psychiatrist physicians also help to strengthen their ability to treat depressive disorder in early stage, and the ability to know the time point for transfer.

One of the strategies is to increase public awareness. There is one charitable association I want to specially mention because it is

organized by the entertainments, the singers and the film stars. In recent years, there are several entertainment pop idols committed suicide. Figure 3 showed the impact of media reporting of the suicide of a singer on suicide rates in Taiwan. It was found that two weeks after the pop idol committed suicide, the suicide deaths increased in Taiwan. So the entertainments, singers and movie stars organized this Can Love Association.

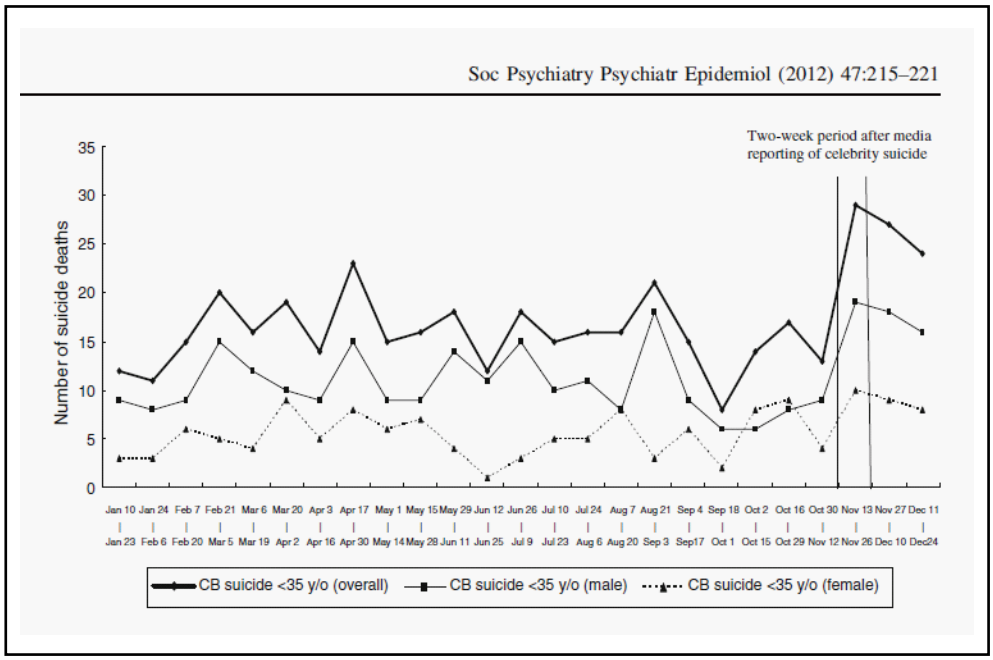

Figure 3: Number of suicide deaths two weeks after media reporting of celebrity suicide

Psychoeducation for depression are also conducted by psychologists and other mental health professionals. Here is a paper published by a group of psychologists in Taiwan (Han et al., 2006) on effects of psychoeducation for depression on help-seeking willingness. They showed that biological education has a significant effect to elevate people's motivation for help-seeking, but destigmatization education did not. It is because if people read major depressive disorder as a disease, they will legitimize depression and more ready to seek for help. So it would be a practical approach to increase people's willingness to solve their emotional afflictions.

A number of screening instruments or questionnaires on depression are put up on website of different organizations and also placed on the desks of convenient stores. So it is very easy and convenient for Taiwanese people to use the tools to rate themselves. If the scores are above the sum, they would be encouraged to find professional help.

On public health education, this is a very important slogan of John Tung Foundation - 「憂鬱症是生病，不是自己調適就會好的」. If depression is a disease, they are encouraged to seek for help. This is another simple questionnaire sorted by Professor M.B. Lee, the key leader of the anti-depression movement in Taiwan. (Figure 4) He is the current chief leader of Taiwan Suicide Prevention Centre, and the former president of Taiwan Association Against Depression and Taiwan Society of Suicidology. He is a very influential person and can integrate many resources from government to NGOs.

Figure 4: A Five-item Brief Symptom Rating Scale as a Suicide Ideation Screening Instrument for Community Residents

Another strategy of secondary prevention is to increase the GP and other health care professionals' awareness of depressive disorders because we know that many people with MDD would seek for help from other means, not necessary to psychiatric clinic. The aim of the Taiwan Association Against Depression is therefore to increase the ability of detecting depressive disorders and the ability of treating depressive disorders of all kinds by professionals including doctors. Among the members of the Association, 43% are psychiatrists, 17% are family physicians, and 26% are other physicians. The rest are social workers, psychologists and others. So you see roughly 40% of our members are non-psychiatrist physicians.

Taiwan Medical Association provided continuing medical education (CME) for non-psychiatrist physicians to enhance their awareness of depressive disorders and capacity to treat the MDD patients. There are face-to-face conference and by division of virtual conference. The audience, the physicians can discuss and watch. So the Taiwan Medical Association put the CME national-wide. It is important to provide CME as data showed that up till now around 21.4% MDD patients were treated by family physicians or other non-psychiatrist physicians.

The third strategy is to enhance the ability of primary care physicians to treat MDD early. So we set up a MDD treatment guideline for

primary care because primary care physicians are not knowledgeable on MDD and their treatment is not so advanced. In this guideline, we emphasized to treat patients aggressively in early stage. We believe that early improvement predicts response / remission.

Then comes the tertiary prevention. We know that tertiary prevention is to reduce disability and prevent relapse. Research showed that only 17.4% of patients continued overall anti-depressant treatment for 180 days or more. So to aggressively treat patients to full remission is very important. There are two strategies. The first one is to increase the patients' awareness about the importance of remission. We told them that you must treat your MDD completely. The second strategy is to educate the mental health professional that complete remission is very important. So we should treat the patients aggressively to full remission.

In one of the CME teaching slides for GPs, we emphasized on the right time for transferring patients. For example, in 2007, when we conducted the CME, we asked the primary care psychiatrists, opinion leaders, not the young doctors, how long should you treat the person with MDD? The reasonable or correct answers are no more than 10%. After aggressively education, the correct answer rose to 70% in 2013.

A paper comparing the MDD treatment guidelines in Asia concluded that Taiwan has the most aggressive treatment concept for MDD. The Taiwanese guideline adopted up-to-date evidence-based data and expert opinions on the treatment of MDD. It emphasizes early and active intervention to break up the traditional "observe and wait" passive concept of Taiwanese psychiatrists or primary care physicians in the treatment of mental disorders. In sum, the outcome of our CME reconfirmed our promotion of aggressive treatment for MDD.

Conclusion

The efforts made by a whole country, government and people together, to fight against depression were presented. Though no scientific data showing the outcome of our efforts and strategies, the awareness among people and mental health professionals have increased. The physicians and psychiatrists' ability to treat depressive disorders are appropriately improved, and most importantly the stigma against depressive disorders is markedly reduced in the Taiwanese community. Nowadays classifications of any kind of mental disorders, from insomnia to anxiety to psychosis to any kind of mental disorders, I think depressive disorder is more visible clinically and there is readiness to ask for help. Depressive disorder in Taiwan used to like a kind of infectious disease but now the stigma attached to it is much lower than before.

Thank you.