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CMS Council for Medical Schemes

Focus on Depression

Depression is a common, long-lasting mental health condition that affects about 1 in 18 people worldwide, which is approximately 5.7% of adults or nearly 332 million people. It is the leading cause of disability and costs the world economy $1 trillion each year due to lost productivity. Since 1990, the number of depression cases has risen by 59%, partly due to better awareness and diagnosis, though some experts caution that over-diagnosis may also play a role.

Women are 1.5 times more likely to experience depression than men (around 6.9% of women versus 4.6% of men are affected). Young people are also at risk, with up to 44% of South African youth reporting depression and 25% having suicidal thoughts. Despite its impact, many people do not get help, especially in low- and middle-income countries, where up to 85% of people with depression remain untreated.

What is Depression?

Depression is a mental health condition that causes ongoing feelings of sadness, a loss of interest in daily activities, intense and recurring feelings of constant despair, hopelessness and helplessness with little or no relief. It can affect anyone, regardless of age, background or circumstances.

According to the American Psychiatric Association's Diagnostic Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), depression includes several types, such as:

1. Disruptive mood dysregulation disorder (a condition in which children or adolescents experience ongoing irritability, anger, and frequent, intense temper outbursts).
2. Major depression or clinical depression.
3. Dysthymia (persistent depressive disorder).
4. Premenstrual dysphoric disorder (severe form of premenstrual syndrome).
5. Depression due to another medical condition.

All types of depression share common symptoms like sadness, irritability, and physical or thinking-related changes that interfere with daily life.

Symptoms

A depressive episode is different from regular mood fluctuations. The symptoms last most of the day, nearly every day,

for at least two weeks. They can range from mild to severe and may include the following:

- Difficulty thinking or concentrating, forgetfulness, and/or difficulty making minor decisions.
- A persistent feeling of sadness, irritability, and emptiness.
- Trouble sleeping or sleeping too much.
- Slow movements and speech.
- Feeling guilty or worthless.
- Hopelessness about the future.
- Decreased confidence and self-esteem.
- A significant change in appetite (eating much less or more than usual) and/or weight (notable loss or gain unrelated to dieting).
- Feeling very tired or loss of energy.
- Restlessness or lack of emotion.
- Loss of interest in activities once enjoyed, including becoming withdrawn or isolated.
- Increase in purposeless tasks or physical activities such as pacing.
- Self-harmful or suicidal thoughts or actions.

Risk factors

Several factors may contribute to symptoms of depression:

- Biochemical: Differences in certain chemicals in the brain (neurotransmitters such as serotonin, dopamine and norepinephrine).
- Hormonal changes: During puberty, menstruation, pregnancy and menopause.
- Genetic or family history: Depression can run in families.
- Personality: People with low self-esteem, who are easily overwhelmed by stress, or who are generally pessimistic, may be more likely to experience depression.
- Environmental: People who have gone through adverse life events (unemployment, bereavement, traumatic events), continuous exposure to violence, neglect, abuse or poverty.
- Poor physical health: A sedentary lifestyle, harmful use of alcohol or illicit drugs, and long-term illnesses (such as heart disease, cancer, diabetes mellitus and lung disease) can all increase vulnerability, partly due to the challenges of managing these conditions.

Diagnosis

The first step in diagnosing major depression is to rule out any causes that may be related to the functioning of the body. Your medical doctor (General Practitioner or Psychiatrist) will do a full physical examination and various tests, which may include:

- Complete blood cell (CBC) count
- Thyroid-stimulating hormone (TSH)
- Vitamin B-12 and Vitamin D
- Rapid plasma reagin (RPR) to screen for syphilis
- Human immunodeficiency virus (HIV)
- Electrolytes - calcium, phosphate, and magnesium levels
- Blood urea nitrogen (BUN) and creatinine to test kidney function
- Liver function tests (LFT)
- Blood alcohol level
- Blood and urine toxicology screen to test for drug use

In cases where the doctor suspects that you may have had a brain injury (organic brain syndrome) or decreased function of the pituitary gland (which affects the hormones controlling the thyroid gland, adrenal glands, ovaries and testes), brain scans may be requested. These scans may include a Computed Tomography (CT) scan or a Magnetic Resonance Imaging (MRI) scan.

Treatment

Treatment for depression varies depending on the severity of the condition and may include:

- Psychotherapy (talk therapy), which helps an affected person learn new ways of thinking, coping or relating to others. Psychotherapy allows for discussions about the condition, moods, feelings, thoughts and behaviour.
- Anti-depressants or medication to treat depression may be prescribed in addition to psychotherapy. The use of medication is not an exact science, as different medicines work better for different people. It may be necessary to try various options and doses before finding the most effective treatment.
- Other treatment options include electroconvulsive therapy (ECT) or shock therapy, which is mostly used when antidepressants do not work or symptoms are severe.

Self-care

Self-care plays an important role in managing depression and promoting overall well-being. Helpful strategies include:

- Taking part in activities you once enjoyed, even if they feel difficult at first.
- Staying connected with friends and family for emotional support and a reminder that you are not alone.
- Regular physical activity, such as taking a short walk to boost your mood and energy levels.
- Maintaining consistent eating and sleeping habits.
- Avoiding or limiting the use of alcohol and illicit drugs, as they can make symptoms worse.

- Talking openly with someone you trust about your feelings can be a powerful step toward healing.
- Seeking help from a healthcare provider, such as a doctor or counsellor, for professional support that is tailored to your needs.

If a person has thoughts of suicide:

- It is important to remember that you are not alone. Many people have gone through similar struggles and have found help and healing.
- It can be helpful to talk to someone you trust about your feelings. Reaching out to someone you trust and talking about how you feel can be a vital first step.
- It is also important to reach out to a healthcare professional, such as a doctor, nurse, psychologist, social worker or counsellor, who can provide support and guidance.
- Joining a support group can help you connect with others who understand what you are going through.
- If you believe you are in immediate danger of harming yourself, please contact emergency services or a crisis line right away. Help is available, and you do not have to face this alone.

What is PMB level of care for depression?

Depression is a PMB condition under the Diagnosis and Treatment (DTP) code 902T. This DTP code refers to "Major affective disorders, including unipolar and bipolar depression". The treatment component specified for this DTP code is limited to:

- Hospital-based management up to 3 weeks/year (including inpatient electro-convulsive therapy and inpatient psychotherapy); or
- Outpatient psychotherapy of up to 15 contacts.

The PMB level of care of 21 days in-hospital treatment covers consultations with psychiatrists and psychologists, psychotherapy, occupational therapy, group therapy sessions, and prescribed medicines, depending on the treatment plan and severity of the condition. Once the patient is discharged, the medication will not be covered as part of the PMBs. However, the medical scheme can fund the prescribed medications according to its specific rules and plan benefits. Clinically appropriate tests must be funded in full by the medical scheme as part of the diagnosis and management of the condition.

It is important to note that the 15 outpatient psychotherapy sessions cover psychotherapy only and do not include consultations. Therefore, follow-up consultations will be funded according to scheme rules.

Medical schemes are allowed to appoint designated service providers (DSPs) for the diagnosis, treatment and care of PMB conditions. In case of an emergency, healthcare services must be paid for in full, even if a non-DSP was used.

Helpline information

If you need a referral to a psychologist, psychiatrist or support group, you may contact the South African Depression and Anxiety Group (SADAG) to speak to a trained counsellor who can assist you further. Their offices open 7 days a week from 8 am – 8 pm. Their contact number is 011 234 4837 or 0800 20 50 26.

You may alternatively email Zane at zane@sadag.org Other contact details are available here.

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