Summary

One of the most common and debilitating disorders is depression. Its impact on daily life and society is enormous, with suicide (attempts) as an extreme outcome. Therefore, preventing or delaying the onset of depression is important. Prevention can be divided into three types; (1) universal prevention, which targets the entire population, (2) selective prevention, which targets specific subgroups within the population who are considered at risk due to common characteristics (e.g. traumatic events, poverty, etc), (3) indicated prevention which targets people who suffer from early stages or symptoms of depression (e.g. people with subclinical depression).

Subclinical depression is seen as a prodromal phase of depression and the best predictor of major depression, hence people who report subclinical depressive symptoms are at high risk of developing depression. There are several ways to define subclinical depression (1) a score above a threshold on a screening instrument without meeting the diagnostic criteria for major depression according to the DSM-V or (2) having a depressed mood accompanied by additional symptoms, but not as severe or as many as the DSM-V criteria for major depression. Subclinical depression is common and causes significant impact on daily functioning while at the same time creating a large burden for the society. In the Netherlands it is estimated that approximately 7.5% of the general population suffers from subclinical depression.

Preventing the onset of depression in people that are at high risk can significantly lower the incidence of depression. As subclinical depression is consistently found as the best predictor of depression, the focus of this thesis was on people who already reported depressive symptoms, but failed to meet criteria of a depressive disorder according to the DSM-IV and was, therefore, focused on indicated prevention. Benjamin Franklin’s famous words: “An Ounce of Prevention is worth a Pound of Cure” might particularly be true in people at high risk. This thesis aimed to provide insight into help-seeking behaviour and onset of depression in people with subclinical depression.

Chapter 1 presents the general introduction. The definition of subclinical depression, help-seeking and onset of depressive disorders are discussed as well as the outline and scope of this thesis.

Chapter 2 shows that preventive interventions are effective in lowering the incidence of depressive disorders with 21%. There were no difference between types of prevention. However, research on universal prevention is scarce. The numbers need to treat (NNT) in order to prevent one new case of depression was 20. Although there is no norm to indicate a high or low NNT, 20 seems to be an acceptable number. Especially, taking into account the impact depressive disorders have on social, economic and physical life.
Chapter 3 provides reasons and determinants of (not) seeking help in people with subclinical depression. Three groups of people were identified; (1) people that reported a met need (e.g. had received care), (2) people that reported an unmet need (e.g. people reported having a need for care, but not receiving any care), (3) people who reported no perceived need (e.g. people indicated not to be willing to participate in preventive interventions). Many people (40%) did not perceive a need for care, because they did not experience symptoms, felt they were able to solve problems on their own or were able to mobilize their own support. These people reported lower scores on neuroticism and were older compared to people with a met need. Although not everyone with subclinical depression might be in need of care, a significant number of people (33%) indicated an unmet need for care. Increasing our understanding of barriers to help-seeking in this group is extremely important to be able to ensure that people who perceive a need for care, receive that care.

Chapter 4 describes how well people can identify depression and anxiety symptoms in themselves or, in other words, insight into their symptoms. Most research has focused on how well people are able to identify these disorders in other people using so called ‘vignette studies’. It is important to know whether or not people recognize their own symptoms, since this is one of the primary incentives to seek help. Although most people seemed to be able to correctly identify their symptoms, a significant number of people tends to underestimate their symptoms. This was associated with higher personal stigma, being separated or divorced, and younger age. Lowering stigma might improve people’s help-seeking.

Chapter 5 examined people’s attitude towards the available care. Mental health care can be found in a variety of settings; professional (e.g. professional care), family or friends (e.g. informal help), or within oneself (e.g. self-reliance). Research has shown that not everyone is in need of care, however the help-seeking rates are significantly lower than the number of people that is expected to develop full-blown depression. What people’s beliefs are about care is an important determinant of how they will cope with their symptoms. Positive attitude towards professional care was associated with being male, younger age, higher mastery, and easy accessibility to professional care. Positive attitudes towards informal help was associated with unemployment and higher mastery. Older age, less accessibility to professional care and lower mastery is associated with a more positive attitude towards being self-reliant. Attitudes at baseline were all associated to their corresponding attitude at follow-up. Remarkably, our results show that people who think they should keep problems to themselves report lower control over their lives. This might be due to the problems being too internalized to be able to talk about them or not believing that discussing these problems could be effective.
Chapter 6 reports on the onset of depressive and anxiety disorders in people with subclinical depression and what factors predicted the onset. Between baseline and follow-up, 22% met the criteria for a depressive disorder. At baseline, 24% suffered from a comorbid anxiety disorders. On the other hand, most respondents (76%) did not suffer from a comorbid anxiety disorder at baseline. Figure 1 shows the development of anxiety and depression in people with and without a comorbid anxiety disorder at baseline.

![Flowchart of diagnosis within a year in respondents with and without anxiety disorders at baseline]

Although predicting depressive disorders (or anxiety disorders) in people with subclinical depression remains difficult, the findings in this thesis show that lifetime history of depression predicts if someone will develop a depressive disorder within a year. The onset of anxiety disorders is predicted by higher severity of symptoms as reported on our screening instrument. Increasing insight into predictors of depression
and anxiety is important as it gives professionals the opportunity to make preventive care more feasible, tailored and attuned to people that need it the most.

Chapter 7 summarizes the main findings and discussed suggestions for future research. Furthermore, the importance of these findings for policy as well as clinical practice are discussed.

Participation rates in preventive interventions for depression are low across many countries, even though these interventions have shown to be effective. The Netherlands has a unique mental health care system in which preventive care is widely available to everyone at little to no costs, however the participation rates are still very low. The results of this thesis expand on previous research on predicting the onset of depression by examining need for care, help-seeking, and the onset of depressive disorders in people who are at high risk of developing a depressive disorder.

The results suggest that although it is difficult to predict who will develop a depressive or anxiety disorder, it is important to take severity of symptoms and lifetime history of depression into account. Furthermore, not all cases of depressive symptoms might convert into a depression, but mental health institutions, municipal health services and government officials should focus on providing care to people that report an unmet need. People are capable of correctly identifying their symptoms, however people that are younger, divorced or separated, and report higher stigma are more likely to underestimate their symptoms. This might lead to delayed help-seeking and worsening symptoms. Therefore, lowering stigma, especially in younger people or people that are divorced or separated, is important.