

Report

Prevention of depression: insured health care?

Presented to the Minister of VWS on 22 september 2008

Summary

The improvement of mental health has a prominent place on the political agenda.

This attention for mental health is justified by the high incidence (initial episode) of depression disorders among 18- to 65-year-olds: 289,000 cases (2.8%). The prevalence (number of existing cases) among the same age group is 589,000 (5.8%). These statistics indicate that as many as 49% of the cases of depression involved an initial episode. In addition to the adequate treatment of depression, there is also a great need to focus on prevention.

At the moment only 2% of those suffering from sub-clinical depression use the available preventative interventions. Clarifying which possibilities for preventing depression are covered by the Health Insurance Act (*Zorgverzekeringswet*) could promote participation in the preventive programmes. Increased participation in preventive programmes could lead to delaying or completely preventing a depressive disorder. In this report CVZ clarifies which interventions can be regarded as insurable provisions under the Health Insurance Act (*Zorgverzekeringswet*). In addition, on the basis of a literature study, CVZ indicates who is eligible for the above-mentioned interventions.

Conclusion regarding the indication

Based on scientific literature, an insured person who fulfils the diagnostic criteria of sub-clinical depression belongs to the group with a high risk of developing a depression. The diagnosis will always have to be determined professionally, per individual. CVZ has defined this high-risk group on the basis of

the literature.

***Conclusion
regarding insured
care***

Provisions insured under the Zvw include medical care normally provided by G.P.s, medical specialists, clinical psychologists and obstetricians, and which is in accordance with established medical science and medical practice. Preventive interventions that are based on the following therapeutic principles fulfil these criteria and are therefore regarded as insured provisions:

1. *Cognitive behavioural therapy* (CGT) is a combination of behavioural therapy and interventions developed on the basis of cognitive therapy.
2. *Interpersonal therapy* (IPT) is mainly used for mood and anxiety disorders; its strength lies in the social interaction between clients and care-providers.
3. *Problem-solving therapy* (PST) is a highly elaborate discussion model which increases the problem-solving abilities of patients with depression.
4. *Psycho-education*. A number of interventions involve a degree of psycho-education (e.g., bibliotherapy), though their efficacy is derived in particular on the CGT, IPT or PST on which these interventions are based. These interventions are also referred to as 'minimal interventions' and they must fulfil standardised quality criteria.

The Zvw covers preventive interventions comprised of the above-mentioned therapeutic principles. This relates to medical care that can take place in primary care. Primary psychological care is limited to eight sessions per year, with a co-payment of €10 per session.

CVZ comments that co-payments may form an obstruction or delay when calling in help for depressive complaints. CVZ will investigate whether a separate study can be carried out into the possible effects of co-payments in preventive interventions of primary psychological care.

Prevention of

Where this is not already the case, health insurers can indicate

depression in the policy

in their insurance policy which care-providers are allowed to provide preventive interventions for depression. They can also indicate where this care is provided.

Financial aspects

As it is now clear that the insurable provisions of the Zvw include preventive interventions for depression, and which interventions these are, this will probably lead to increased health care consumption in the field of prevention, which will have consequences for the Budgetary Framework for Health Care. Although this is not actually an additional insured provision, it could nevertheless lead to an increased demand for care in relation to preventive programmes. As depressions will be prevented or delayed, health care consumption in other areas will be decreased. It could also lead to savings in other areas, for example, decreased costs due to absence from work and inability to work.