Symposium

📅 2025年9月26日(金) 14:50 ~ 16:20 🏛 Session Room 2 (Main Hall B)

[Symposium 43] Time for united action on depression

Moderator: Mian Yoon Chong

[SY-43]

Time for united action on depression

Helen Herrman, Toshiaki Furukawa, Daisuke Nishi, Vittorio De Luca (Centre for Youth Mental Health, The University of Melbourne(Australia))

[SY-43-01]

Personalized & Optimized Therapies (POTs) using the Resilience Training App® for subthreshold depression in the community: a report from the RESiLIENT trial

*Toshi A. Furukawa (Kyoto University(Japan))

[SY-43-02]

Epidemiology of depression in Japan

*Daisuke Nishi (The University of Tokyo(Japan))

[SY-43-03]

The impact of depression on healthcare systems and professionals: a cultural perspective

*Vittorio De Luca[1,2,3], Silvia Gubbini[1] (1.ASL RM5, Monterotondo (RM)(Italy), 2.Istituto Italiano di Igiene Mentale Transculturale (IMT)(Italy), 3.Istituto di Ricerche Europee in Psicoterapia Psicoanalitica (IREP)(Italy))

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Helen Herrman, Toshiaki Furukawa, Daisuke Nishi, Vittorio De Luca (Centre for Youth Mental Health, The University of Melbourne(Australia))

Depression is a neglected global health crisis. Although its most frequent onset occurs in young and middle-aged people, it affects people and their families across the life course. Poor understanding of the condition and lack of psychosocial and financial resources hold back its prevention, diagnosis and treatment and the economic prosperity of nations
The Lancet-World Psychiatric Association Commission: "Time for united action on depression" builds on growing attention to global mental health and recommends actions to tackle inequities and the widespread neglect in diagnosis, treatment, and prevention, including prioritising a staged approach to care and early intervention, and delivering collaborative care in resource-limited and other settings.
The commission calls for a whole-of-society approach to preventing depression to achieve benefits similar to those in other fields such as heart disease and cancer, ensuring a holistic pursuit of the UN Sustainable Development Goals.
The first speaker will outline the Commission's findings. The second speaker will focus on the prevention of depression, now recognized as crucial to tackling the global burden of disease. The third speaker will present his work on the epidemiology of depression, including insights from the Japanese survey for the World Mental Health Survey. The final speaker will bring a further cultural perspective and comment on the need to integrate care while addressing the impact of depression on healthcare systems and professionals.

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[SY-43-01] Personalized & Optimized Therapies (POTs) using the Resilience Training App® for subthreshold depression in the community: a report from the RESiLIENT trial

*Toshi A. Furukawa (Kyoto University(Japan))

キーワード：Depression、Prevention、Cognitive-Behavioural Therapy、Smartphone、Precision medicine

In 1984, a report by the US National Institute of Mental Health concluded that preventing depression was impossible. However, research over the past 30 years has shown that depression prevention is, in fact, achievable. Despite this progress, health losses due to common mental disorders have continued to rise, and depression remains the leading cause of disability related to mental health worldwide. Simply put, we have failed in our professional mission to provide people with the mental health support they deserve.
A shift in this trajectory now seems finally within reach, driven by the widespread adoption of internet technologies and rapid advancements in artificial intelligence (AI). Over the past decade, we have been developing a smartphone CBT (cognitive behavioral therapy) app called the Resilience Training App ®. We recently completed the largest individually randomized trial to date, aimed at treating subthreshold depression and promoting mental well-being in the general population (total n=5361). The app delivers five CBT-based skills: behavioral activation, cognitive restructuring, problem-solving, assertiveness training, and behavior therapy for insomnia. These skills, both individually and in combination, demonstrated varying levels of efficacy in reducing depression symptoms, with effect sizes ranging from -0.67 (95% CI: -0.81 to -0.53) to -0.16 (95% CI: -0.30 to -0.02). The interventions also showed differential effects on anxiety, insomnia, and mental well-being. These benefits were sustained for at least 26 weeks.
Building on these findings, we developed the AI-based Personalized & Optimized Therapy (POT) algorithm to match interventions with individuals' characteristics. When individuals received their POT, the overall effect size for the population increased by 35% compared to the conventional approach of providing everyone with the group average best intervention.
Scaling up the implementation of this app and its POT algorithm is both timely and crucial in the global fight against depression.

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[SY-43-02] Epidemiology of depression in Japan

*Daisuke Nishi (The University of Tokyo(Japan))

キーワード：Depression、Epidemiology、Japan

Depression is a serious disease with a high prevalence. Because the rate of people with mental disorders seeking medical care is low, epidemiological studies targeting local residents are essential for clarifying the prevalence of mental disorders, including depression. This presentation will introduce the World Mental Health Survey Japan Survey (WMHJ), a representative regional mental health epidemiological study in Japan, and the Comprehensive Survey of Living Conditions.WMHJ is the largest epidemiological study in Japan on common mental disorders, conducted through face-to-face interviews using the psychiatric diagnostic interview (CIDI). WMHJ1 was conducted from 2002 to 2006, and WMHJ2 from 2013 to 2015. These findings indicated that the prevalence rate of depression in Japan was around 2.5% and remained relatively stable from the 2000s to the 2010s. The Comprehensive Survey of Living Conditions is a core statistical survey conducted by the government. Although it is inferior to WMHJ because it does not include diagnostic information, it measures K6, which assesses psychological distress, every three years, and has the advantages of a large sample size. According to the survey, the percentage of people experiencing psychological distress is approximately 25% and has not changed significantly, but the percentage of people using mental health services has increased considerably. Therefore, the recent increase in the number of depression patients in Japan is likely explained more by an increase in the proportion of individuals meeting depression diagnostic criteria seeking treatment rather than an actual increase in the number of individuals meeting those criteria.Depression, as well as mental distress at levels not meeting depression diagnostic criteria, has been shown in previous studies to shorten healthy life expectancy. Therefore, reducing not only the treatment gap but also the prevention gap and quality gap is strongly desired moving forward.

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[SY-43-03] The impact of depression on healthcare systems and professionals: a cultural perspective

*Vittorio De Luca[1,2,3], Silvia Gubbini[1] (1.ASL RM5, Monterotondo (RM)(Italy), 2.Istituto Italiano di Igiene Mentale Transculturale (IMT)(Italy), 3.Istituto di Ricerche Europee in Psicoterapia Psicoanalitica (IREP)(Italy))
キーワード：Depression、Mental health of MH professionals、Healthcare systems

Depression is the leading cause for seeking care at public specialized psychiatric centres in Italy, as well as one of the main reasons for psychiatric admission to emergency departments and acute psychiatric units. It is also a major cause of access to rehabilitative treatments in post-acute facilities. Despite the availability of treatments with proven short- and long-term efficacy, depression carries a high risk of recurrence, chronicity, and premature mortality, whether by suicide or medical conditions more prevalent than in the general population.Beyond its significant impact on public health and collective wellbeing, depression represents a personal and systemic challenge for healthcare professionals, particularly those in mental health services. These workers face an elevated risk of psychological distress, clinically relevant mental health conditions, major depressive episodes, and suicide. The authors examine the burden of depression within the work of mental health professionals, its influence on career decisions, and its consequences for their mental health. The presentation also explores cultural factors involved in care processes during a historical phase in which service cultures are strained by rising conflict and social inequality, requiring adaptation within the public health system.