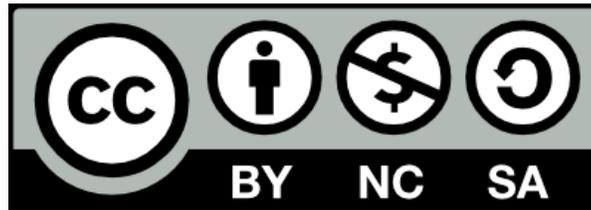# IF...

Interactivity Foundation

Health Care: the Case of Depression

Policy Possibilities for Public Discussion

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Interactivity Foundation Reports:
a Way to Start Discussions, Not Settle Arguments

Perhaps the best way to introduce this Report is by pointing out that it is very different from typical "policy" reports. This chart highlights the key differences. Keeping them in mind will help make the Report more useful to you. Ask your discussion facilitator if you have any questions.

	Typical Policy Reports	Interactivity Foundation Citizen Discussion Reports
WHY Developed	To make or influence immediate decisions	To provide a starting point for exploratory discussion
WHAT they contain	• Analysis of a problem • Recommendations for solving it	• Area of concern • Contrasting possibilities • Consequences of possibilities
WHO develops them	Experts and/or representatives of interest groups	Citizen-generalists **and** expert-specialists

HOW developed	• In public
	
	• decisions made by compromise or consensus
		• In "sanctuary"
		  o freedom to speak openly
		  o focus on ideas, not participants
		
		• Decisions made through convergence—while preserving contrasts

HOW THIS REPORT WILL HELP YOUR DISCUSSION

You are here because you want to discuss depression. The materials in this booklet will help you do so in a way that is exploratory rather than competitive or argumentative. The more exploratory your discussion, the more likely you will leave thinking more deeply about depression as a social concern and more widely about how public policy might respond to it—and the better equipped you will be to make choices as a citizen.

This Citizen Discussion Report has two main parts: a description of various aspects of depression as an area of concern and a range of six possible public policy responses to it. These will help launch your exploratory discussion. These descriptions will help keep your discussion exploratory once it has started because they are contrasting, because they are conceptual or general, and because they are possibilities rather than "final answers."

The contrasting descriptions you will find here help keep the discussion exploratory because they show that there are a variety of perspectives and suggest that there might be more. Their conceptual or general nature encourages wide-ranging exploration of the "big questions"—something all citizens can do—while discouraging technical arguments over details. And because the descriptions inside are all possibilities rather than final "answers," they positively invite you to develop them further or come up with entirely new ones of your own.

It might help you to think of the description of the area of concern as a set of "questions," the policy possibilities as a set of "responses." Just remember that neither is "fixed," neither is "complete." Explore the questions you find here; explore the responses.

ILLUSTRATIVE POLICY POSSIBILITIES
FOR PUBLIC DISCUSSION *(Contrasts underlined)*

The bullets summarizing each possibility are arranged in this order:
- Concept of Depression and Recovery
- Concept of Responsibility for Depression
- Concept of Response to Depression

HOW THE REPORT CAME ABOUT

This Report, then, will serve as the point of departure for your exploratory discussion, not as a map of what's already been "discovered" through expert study nor what's been agreed to by influential groups. But it's far from a collection of random ideas. In reality, a great deal of discussion-based collective thinking went into it.

This Report resulted from a series of monthly discussions between October 2002 and September 2004 among about a dozen panelists. The discussions were sponsored by the Interactivity Foundation (IF), a non-partisan public interest foundation whose mission is to promote citizen discussions like the one you are about to have. Participants were selected for their ability to think creatively and constructively about the area of concern. An IF Fellow organized the project, facilitated the discussions, and edited the resulting materials.

Discussion panelists were divided into two discussion groups, one of expert-specialists, the other of citizen-generalists. The special advantage of having two groups is that this final Citizen Discussion Report was able to draw on different and complementary skills. The expert-specialists were chosen not for their narrow technical skill, but for their analytical ability and/or their special knowledge of the subject matter. The citizen-generalists were chosen not because they represent a particular group or interest, but because they have life experiences as democratic citizens that allowed them to speak in a more general way about depression. The two groups developed their thinking in parallel; when they came together for the wrap-up of the project, each group's thinking enriched the other's.

Because IF panels meet "in sanctuary," panelists are guaranteed confidentiality from start to finish. In this way, they are sheltered against the need to assert their authority, or defend a particular constituency or organization, or avoid "mistakes" or probing questions. They are free to think and speak openly and creatively. This also means that you are free to focus on their ideas rather than their personalities or backgrounds.

Interactivity Foundation panels are free in another important sense: they make selections or decisions through a deliberate process of exploration and convergence rather than consensus or compromise. Panels can take their time to explore and develop a wide range of possibilities. Convergence occurs as panelists agree on a collection of possibilities that they believe are worthy of further public discussion rather than on the possibilities they personally or collectively endorse. In addition, throughout the sanctuary discussion process, any single panelist can keep alive a particular possibility simply by asking that it be preserved. This procedure helps ensure that the panels achieve their goal: developing a series of contrasting possibilities, rather than a single set of recommendations or conclusions.

By project's end, panelists were unanimous in their belief that the many hours of stimulating, but sometimes difficult, work they had done was worth it—not only in terms of personal satisfaction, but in terms of the result. They believe, as we do, that this Citizen Discussion Report will be prove useful to you as you continue their discussion of Depression.

If you are interested in further information about the process used to develop this Report or IF's work, we invite you to consult our website at www.interactivityfoundation.org and/or any of the free materials listed there.

DEPRESSION AS AN AREA OF CONCERN

Depression is among the very biggest health problems in American society, not only in human terms, but in economic and social terms as well. Depression also serves as a useful lens for exploring conceptual possibilities for public policy in the realm of health care more generally.

Among policy makers, the future of medical care tends to be reduced to economic calculations regarding professional care-givers, such as doctors and hospitals. In the process, other equally or more profound questions are often ignored. This IF project began by asking panelists to broaden the kinds of questions that might be considered about health care, care for depression in particular. Panelists' explorations produced the following complex array of interrelated practical questions.

Questions About the Nature of Depression

- Can depression's complex biological, psychological, and social roots be dealt with in isolation from each other?

- Depression tends to lessen individuals' competence. By whom and according to what criteria might the competence of individuals with depression be assessed?

- How might the highly individual nature of depression impact health care policy?

Questions About Responsibility

- Where does responsibility for dealing with depression lie: with the individual who suffers from it; the individual's family and/or friends; health care providers; employers; the community; society as a whole—or some combination of these?

- How much and what kinds of responsibility—to themselves and others—should people with depression be expected to shoulder? What are the dimensions of the responsibilities of others?

Questions about public policy

- Compared to other social concerns, how important is depression? What dimensions of depression might be relevant to answering that question (e.g., prevalence, severity, treatability, cost, resource availability)?

- How might public policy support those responsible for dealing with depression?

- How might public policy on depression incorporate other values or concerns that might compete with responsibility—concerns such as efficiency, fairness, diversity, privacy, innovation and adaptation, and/or individual creativity?

- What strategy should public policy on depression emphasize: education; prevention; recovery; researching and developing a cure; or support for those who care for depressed persons?

- When it comes to health care delivery, would it be best for policy to focus on the most important element(s) or use a broader, more integrated approach? (If a more focused approach is called for, where should it begin?)

- How might public policy address the broader, socio-economic context of depression?

  o How might public policy address the negative effects of a competitive economy in this area (e.g., poor

quality or outright denial of care, lack of choice, poor living conditions, social isolation, and an individualistic mind-set that leads to unrealistic expectations)?

o   Can public policy alter the economic emphasis on treating rather than curing depression?

o   What is an acceptable rate of return for private investment in research and development on, and treatment of depression?

o   How might public policy encourage people to work for a healthier social and cultural environment?

o   How might public policy for depression address cultural differences? Gender differences?

• Who and what should be the focus of efforts to enhance the public's understanding of depression? School children or the general public? Recognizing symptoms; changing behaviors; ensuring compassion for persons with depression and/or those who support them; understanding the possible links between mental health, institutions, and culture—or some mix of these?

• How should depression policy be made and implemented?

o   Who should be responsible for making and implementing depression policy?

o   How might public policy encourage the organization of consumers so that their voices are heard?

o   How might public policy for depression incorporate special interests, such as clients, practitioners, and the insurance and drug industries, in a way that strengthens depression policy-making while preventing it from being "hijacked"?

o   Do different parts of government relate differently to the question of responsibility for health care?

SIMILARITIES AMONG THE SIX POLICY POSSIBILITIES FOR PUBLIC DISCUSSION

Although the illustrative policy possibilities presented in this Citizen Discussion Report are contrasting, there are important similarities among them as well. These similarities are described below to clarify their content and remind you that the panels did not consider every possible option. That would have been impossible. The panels had to begin somewhere. And where they chose to begin, of course, had a big impact on where they ended up.

All of the six illustrative policy possibilities contained in this Citizen Discussion Report (and summarized on page 3) built on the following ideas, which are related in many ways:

- Citizens can and should discuss depression because depression is:
    - a *serious concern*, even if it can sometimes lead to individual creativity and personal growth
    - *complex*, involving biological, psychological, and social factors
    - *variable* from individual to individual.
- Science's understanding of depression is likely to continue to change over time.
- Depression can create a moral stigma that gets in the way of both individuals' recovery and society's progress in addressing depression.
- Due to its seriousness, a more proactive public policy response to depression is called for.
- Recovery from depression should be independent of an individual's ability to pay for treatment and/or support.
- Dealing with depression involves a combination of individual responsibility and support from others.
- Additional financial resources will not by themselves "cure" depression. *Changes in society's understanding of—and approach to—depression will be necessary too.*

CLIENT PARTICIPATION IN TREATMENT

This possibility would promote health care that is responsive to individual differences and emphasizes individual responsibility. Public policy would respect individual differences by providing a greater variety of treatment options and would reinforce depressed individuals' ability to assume responsibility by providing them with informational, psychological, emotional, and financial supports. Clarifying the rights and responsibilities of the parties concerned would further heighten respect for individual differences and support individual responsibility. This possibility stresses intervention, monitoring, and continuity of care. Universal health care and parity in coverage between physical and mental ailments are viewed as social responsibilities and necessary to dealing with individual differences in depression.

This possibility begins with a recognition of the highly individual nature of mental illness. Customized care recognizes and builds on the potential contribution of individuals to their own care—and their obligation to do so. It would also enhance the flexibility and adaptability of health care systems.

Dealing with depression poses a dilemma. Individual responsibility is crucial to the prevention, treatment, and management of depression. Yet many factors work against it:

- affordability;
- the health care industry's economic interest in maintaining dependent consumers;
- media images of wonder drugs;
- the moral stigma associated with depression;
- impaired reasoning;
- self-imposed isolation; and
- depression's negative impact on individuals' drive to improve.

For these reasons, people with depression may need special professional and financial support.

A second rationale for an approach oriented around individual differences is that both the causes of and treatments for depression are ultimately individual. Customized care would heighten sensitivity to individual traits, beliefs, spiritual concerns, and cultural attitudes.

A personalized approach can and should be made universally available. The best way of doing this may be to focus on the quality of mental health care delivery rather than on health care outcomes because outcomes can vary so much across individuals.

Possible Ways to Implement this Possibility.

- Counselors, advocates, and up-to-date information for clients about their care
- Team consultation under the control of a case manager
- Inviolability of the client-provider relationship
- Wellness incentives for clients and practitioners
- Integrate voluntary organizations with treatment centers
- Nationally-sponsored linkages between providers and outpatient services
- Establishing competency standards and a durable power of attorney for mental health care to support individual competency
- Training for users of health care services
- Increase the accessibility of non-traditional and informal supports
- A strong educational effort to counter stigma, attest to the value of treatment, and suggest ways individuals can decide whether and how to get help

Possible Consequences.

- Availability of care: near total due to universal care
- Quality of care: more complex but ultimately more "user friendly" due to increasing individuals' involvement in their own care, additional individual supports, and education
- Health outcomes: likely to improve as a result of universal care, greater individual responsibility, availability of supports, and wider sharing of professional responsibility
- Health costs: could rise—primarily in the short term—due to additional services, but fall in the long term due to gains in efficiency
- Social consequences: increased understanding and awareness of depression, happier communities, increased demands on schools
- Political consequences: resistance to mental health curriculum for children, threats to privacy due to greater information sharing between providers and outpatient services and/or reliance on informal supporters
- Economic consequences: new job opportunities in counseling and information management, greater worker productivity
- Further decisions needed regarding: procedures and standards in all of the above areas (by both government and voluntary organizations)

For Further Discussion... your comments, questions, suggestions, and other ideas.

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CLIENT PARTICIPATION IN SYSTEM DESIGN & DELIVERY

This possibility would promote responsiveness not through customized treatment at the point of service delivery, but rather through client participation in delivery system design, dispute mediation, and provider review. An emphasis on prevention, early recognition, and intervention would help contain the costs that society would bear by shouldering its responsibility for mental illness through universal coverage at parity with coverage for physical ailments. These features, as well as enhanced system responsiveness and reasonable provider workloads, should enhance provider competence.

This possibility aims to increase client participation as a way of making the delivery of mental health care more responsive to those who use it. Responsiveness is seen both an end in itself and as a way to encourage appropriate risk-taking on the part of providers, client involvement, and cost containment. But unlike "Client Participation in Treatment," the focus is on increasing clients' participation in the design and delivery of health care systems rather than in their own treatment. It is based on the idea that because clients are on the receiving end of care, they have special insight to contribute about how care is designed and delivered. Clients' responsibilities would range from reviewing the feedback of other consumers to making informed choices about providers and treatment to engaging in mediation when conflicts arise. To meet these responsibilities clients would need to have reliable information.

Expanding clients' participation in system design and delivery is seen as a means of—

- Indirectly engaging clients in their own care

- making universal health care delivery more responsive to clients as a group and to society as a whole

- encouraging the use of the most current practice and treatment available

- improving the match between clients' needs and available services

- containing health costs by promoting prevention, early recognition, and intervention—all of which discourage unhealthy behaviors and the "over-supply" of health care.

Universal mental health care is a critical feature of this possibility because, beyond being fair and humane, it would maximize client participation in system design and delivery.

Possible Ways to Implement this Possibility.

- Participation through community health boards made up of clients and practitioners that were—
  - adequately compensated
  - competent
  - truly representative
  - reasonably independent
  - given real budgeting authority and a means of resolving conflicts
- Care standards set by community health boards of clients and practitioners
- Client consultation, mediation, and negotiation
- Provider and client review of health care provider performance
- Stronger sanctions against providers as an alternative to legal action for victims of errors
- Tighter regulation of drug company advertising and information
- Broad and thorough education and public information to change destructive behaviors and support clients' ability to assume their new responsibilities

Possible Consequences.

- Availability of care: near total due to universal care
- Quality of care: likely to improve due to better decision-making and a more sensitive matching of consumer needs and provider abilities, though conflict could lead to administrative delays
- Health outcomes: likely to improve due to universal care and the involvement of clients in decision-making (which might also prevent extreme, destructive, and violent behaviors)
- Health costs: could increase in the short run due to universal care at parity with physical care, education, and greater regulation of drug companies and/or decrease in the long run due to gains in efficiency
- Social consequences: increased individual well-being, decreased stigma
- Economic consequences: greater worker productivity
- Political consequences: controversy or resentment over the content of public information efforts
- Further decisions needed regarding: how to allocate new health costs/savings and how to deal with conflicts arising from reliance on community health care boards

For Further Discussion… Your comments, questions, suggestions, and other ideas.

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SUPPORT THE SUPPORTERS

This possibility would seek to prevent depression and promote recovery by providing public support for those who care about and/or are responsible for helping persons with depression: friends, family, co-workers, and others in the community. This support would be backed by a strong educational effort aimed at heightening understanding of and a sense of shared responsibility for individuals with depression.

This possibility begins with the observation that depression is a challenge not only for those who suffer from it, but also for those who support them. Individuals with depression should be able to expect help from informal supporters as well as from formal providers—and informal supporters should be able to expect help from society. Both people with depression and their supporters are viewed as having a responsibility to seek out and use available supports.

This possibility does not foresee replacing drugs or counseling, but recognizes the important and sometimes vital part played by informal supporters—whether family, friends, coworkers, or neighbors—in preventing depression's occurrence and enhancing recovery.

Active informal support can be extremely helpful for several reasons. Sometimes diagnosis may be so difficult that it requires the cooperation not only of the individual seeking care and a competent professional, but of an informed and/or involved third party as well. The contribution of third parties may prove valuable in treading the fine line between the right care on the one hand and timely care on the other. Informal—as opposed to professional—supporters can also contribute to the flexibility and adaptability of health care systems. Active informal support helps prevent the tendency of people with depression to isolate themselves. And informal supporters can help people with depression in many other seemingly ordinary, but important ways, from performing daily chores and providing help navigating the health care system to simply "being there."

Families, friends, and other supporters not only can help people with depression, they at least sometimes also often have an obligation to do so. Yet not everyone recognizes that someone they care about is depressed. Not all that do recognize it know how to respond. And not all that know how to respond can afford the time and money to do so. This possibility would seek to ensure that supporters had all the necessary resources—including education—to recognize and fulfill their role without being hurt by doing so.

The relationship between parents and children with depression presents a special challenge to public policy. Parents' influence and interest can be harmful or helpful, depending on individual circumstances. Although public policy should in general support parental involvement, parents' decisions about when and how parents should contribute to their children's care are best made on an individual basis, with input from clients, providers, and families.

Possible Ways to Implement this Possibility.

- Leaves of absence for care taking
- Financial support where no other financial resources are available
- Social services (employment, housing, transportation)
- Psychological support
- Legal support (e.g., advanced directives or instructions for care)
- Public, private, and non-profit education and information on the susceptibility of depression to treatment; depression's highly social nature; and, most centrally, what persons in different situations can do to help someone who is depressed

Possible Consequences.

- Availability of care: informal support likely to become much more available; this could in turn increase the availability of formal care
- Quality of care: could be greatly enhanced due to more and better supporter involvement, education
- Health outcomes: could be greatly improved, as supporters gained in empathy, hope, confidence, resilience, and/or organization, social stigma was reduced, and depressed individuals gained in independence
- Health costs: could fall due to lessened demand for formal care, more efficient formal care, and better education
- Social consequences: might include fewer institutionalizations as well as more intact and better-functioning families
- Economic consequences: greater worker productivity
- Political consequences: controversy regarding educational efforts
- Further decisions needed regarding: the kinds and levels of support that would be provided, and the content and delivery of education

For Further Discussion... Your comments, questions, suggestions, and other ideas.

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SOCIAL INTERACTION AND COMMUNITY SUPPORT

This possibility would seek to prevent depression by stimulating social interaction and promote recovery by providing community support and a sense of belonging for those who lack it. The safety net envisioned by this possibility would be provided by the community and would stress community-oriented, group support for people with depression. Community support should not to be imposed on individuals. Instead, the responsibility for establishing the boundaries and dynamics of supportive communities should lie with the individuals needing support. The community safety net would be strengthened by a serious educational effort aimed at enhancing clients' competence and at counteracting the social isolation that people with depression tend to impose on themselves as well as the moral stigma others often impose on them.

This possibility seeks to address the highly individual nature of mental illness and the diminished competence of depressed persons by developing and expanding community supports for persons with depression. Society's responsibility on this view arises out of a sense of realism: someone in the community should step in when family and other personal supports fail or are not available. Not everyone has a strong family or supportive friends. When intimate supports are absent, communities would take responsibility.

According to this possibility, the larger community fulfills its responsibility to people with depression by providing them with opportunities in which they can easily and naturally interact with others to develop supportive communities of their own. Community supports are groups of individuals with similar problems or experiences. For people with depression, such supports may be particularly helpful because they tend to be less threatening than formal treatment options. They also counteract social isolation and encourage active participation in recovery.

Social interaction aids both the prevention of and recovery from depression. A healthy civic and social life counteracts depression both directly and indirectly—by giving meaning to people's lives and by encouraging volunteerism, civic engagement, a vibrant economy, and high caliber social services. People who are connected to their communities are likely to be more psychologically resilient than those who are not. This possibility therefore contemplates expanding opportunities for social and civic engagement and encouraging citizens to make active use of them.

Education is an important component of a community-oriented approach. Community members should be aware of their shared responsibility for depression and the positive impact their efforts can make. Education can greatly encourage social and civic interaction. And people with depression must be aware of their own needs and of the community resources available to address them.

Possible Ways to Implement this Possibility.

- Local-government sponsored community networks and "safe houses" (supported by grants for less wealthy communities)

- Governmental support for advocacy and support groups

- Outreach for those who find it hard to locate and travel to groups

- More public areas for social interaction like parks, libraries, and clubs

- Transportation and housing planning that paid special attention to the need—especially among seniors and adolescents—for social interaction

- Improved governmental responsiveness

- Encouraging community service with tax credits and/or volunteer banks

- Informal peer systems in schools to respond to students' needs

- Public, private, and non-profit education emphasizing the preventive value of community participation; the susceptibility of depression to treatment; depression's highly social nature; and the community resources available to deal with individual instances of depression

Possible Consequences.

- Availability of care: some communities might refuse to provide community-based options; some community-based options might exclude those who don't fit in to their community or who are uncomfortable in group settings

- Quality of care: would vary by community but would tend to improve due to increased social interaction, additional treatment options, and education, especially if:

  o community and group efforts convinced persons with depression that they are not alone and that recovery from depression is possible;

  o outreach efforts brought the setting to the client and stimulated networking, leading to greater client participation in their own care; and/or

  o education succeeded in lessening stigma and encouraged more people to seek and continue treatment.

- Health outcomes: could improve, especially for those whose isolation is a big factor in causing depression and/or preventing recovery

- Health costs: could rise for local-government sponsored community networks and support groups, as well as for additional public places

- Social consequences: increase in voluntarism and community service, increase in sense of community and individual satisfaction

- Economic consequences: greater worker productivity

- Political consequences: controversy over locating community service centers, expanding public places, education

- Further decisions needed regarding: allocation of new services, criteria for block grants, incentives for community service

For Further Discussion... Your comments, questions, suggestions, and other ideas.

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MEET BASIC HUMAN NEEDS

This possibility is rooted in the view that depression would be far less frequent and severe if society more fully met individuals' basic human needs and was less competitive and materialistic. It therefore envisions combating depression with a public guarantee that all citizens' basic human needs—such as food, clothing, medical care, and shelter—will be met. Further envisioned are expanded efforts to ensure all citizens suitable employment. All of these initiatives would be backed by a strong educational effort emphasizing depression's relation to social and economic conditions as well as positive alternatives to amassing material possessions.

This possibility is based on the view that the economic and social environment to which the mental health care delivery system responds is important in its own right and can be influenced by public policy. It is based on four complementary approaches. The first emphasizes prevention by combating poverty, which is known to contribute to the incidence and severity of depression. The second overlaps with the first by stressing the importance of employment, which also provides people with meaning and a sense of personal worth. The third approach stresses recovery by making mental health intervention more universally available. The final approach reinforces all of these with education.

Special care must be taken in crafting the economic policy applications of this possibility. The aims are complex: eliminating grinding poverty, creating an economic environment in which reasonable expectations are not systematically frustrated, ensuring productive work opportunities, and challenging the notion that material possessions will guarantee happiness. All of these goals should help prevent depression and promote recovery. But, because these aims are complex, policies that might promote one aim run the danger of seriously jeopardizing the others.

Possible Ways to Implement this Possibility.

- Federal guarantees of basic human needs
- Federal and state employment programs aimed at—
  - o improving academic and vocational education
  - o improving transition-to-work programs in key social sectors such as health, community building, physical infrastructure, education, and environment
  - o enlarging government-employer cooperation in training and placing workers
  - o removing tax disincentives to work
- Guaranteed vacation times long enough to reduce stress and provide time for other fulfilling pursuits, including caring for those with health problems
- Expanded child-care leave
- Supplemental child-care benefits and programs
- Education to reinforce a sense of shared responsibility for depression and discourage an overemphasis on material possessions

Possible Consequences.

- Availability of care: near total, due to universal care
- Quality of care: could be enhanced due to greater willingness to seek and continue treatment
- Health outcomes: could improve, as basic needs were met and education reduced stigma and re-directed attention to non-material pursuits
- Health costs: could rise—primarily in the short term—due to the need for additional resources but could fall—primarily in the long term—due to declining demand for services, expanded work opportunities, and greater productivity among health care workers
- Social consequences: greater individual responsibility and satisfaction among formerly unemployed, increased sense of community
- Economic consequences: global economic competitiveness could increase, decreased unemployment
- Political consequences: ongoing resistance to the anti-poverty and child-care components of the possibility, controversy over education
- Further decisions needed regarding: specifics of government support and educational content/delivery

For Further Discussion… Your comments, questions, suggestions, and other ideas.

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RACE FOR A CURE

This possibility envisions an all-out public research and development effort to deal with depression, patterned after the "Race to the Moon" of the 1960s. Intensive R & D would aim at improving testing and diagnosis and then linking these to treatment and, ultimately, to a cure. Biological, psychological, and sociological factors would all be examined. Although existing health care programs would continue, these additional efforts would constitute the focus of a new effort to address depression. The program should be informed by both clients and advocates. Involving the drug industry would be essential. The overall research and development effort would be assigned a priority consistent with the economic and human costs depression inflicts on individuals and society.

This possibility would deal with depression first and foremost as a scientific rather than social or institutional challenge. Its core idea is that society stands to reap large benefits from a substantial increase in the support and resources it devotes to research and development in the field of depression. R & D advances in the field of depression and its treatment have been rapid in recent years, suggesting that even more rapid advances would follow from increased investment.

Direct benefits might come in many forms: better therapies, better technology, and/or a wiser allocation of public resources. A depression "test" could be a particularly useful development. Apart from its obvious usefulness in diagnosis, it could help detect persons who might benefit from an eventual "vaccine" against depression. A depression "test" could also help diminish or even eliminate the stigma that so often accompanies the illness.

Lastly, the effort contemplated by the possibility might yield considerable indirect benefits as well. Lessons learned in this "race for a cure" might prove invaluable in other, similar scientific quests, such as those aimed at combating cancer, AIDS, and, particularly, other brain diseases.

Possible Ways to Implement this Possibility.	Possible Consequences.
• A means of gathering input from advocates and clients • A serious measurement effort to assess the full individual, social, and economic costs of depression • Research (in governmental labs or supported with government grants) aimed at discovering reliable means of diagnosing and treating depression	• Availability of care: could increase, especially if treatment costs fall in the long term and/or stigma was reduced—both of which would encourage treatment • Quality of care: could be revolutionized by dependable tests, effective treatment options, and a science-based plan for minimizing and managing depression • Health outcomes: potential huge gains as a result of improved tests, treatment, and planning • Health costs: could rise significantly in the short term but drop drastically in the medium and, especially, longer terms • Social consequences: insights into the origins of and possible treatments for other illnesses; possible threats to privacy if R & D is conducted in government labs; a more accurate assessment of many other social problems • Economic consequences: new R & D jobs, profits for companies able to manufacture depression "vaccines" and "cures", increased worker productivity • Political consequences: controversy over who owned the results of depression research (especially if pursued in governmental laboratories) • Further decisions needed regarding: where and how to conduct research to optimize innovation and impartiality while minimizing financial and administrative costs, and how to incorporate new findings into health care delivery systems

For Further Discussion… Your comments, questions, suggestions, and other ideas.

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An Open Invitation

to Further Discussion & Interactivity

We hope that you will use this report to carry forward the discussion begun by our project panels.

We have developed a discussion process that may be helpful for groups interested in discussing the ideas presented in our reports or in discussing matters of public interest more generally. We have also developed facilitation and discussion guidebooks to assist in the planning and conduct of these discussions. These materials, as well as copies of this and other Interactivity Foundation reports, may be downloaded from our website (listed below). You can also obtain additional printed copies of any of our publications (at no cost) by sending us a request that briefly indicates their intended use. See the contact information listed below.

As stated in our copyright notice inside the front cover of this report, you are free to copy, distribute, and transmit copies of this report for non-commercial purposes, provided that you attribute it to the Interactivity Foundation.

Finally, we welcome your comments, ideas, and other feedback about this report, its possibilities, any of our publications, or our discussion process.

You may contact us via any of the addresses listed below.

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Thank you! We look forward to the interactivity.