



The
Health Policy
Partnership
[research, people, action]

Depression scorecard user guide and framework

Applying the assessment framework for
country-level analysis

September 2021

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About The Health Policy Partnership

The Health Policy Partnership (HPP) is an independent research organisation, working with partners across the health spectrum to drive the policy and system changes that will improve people's health.

For more information about this user guide, please contact Jody Tate, Director of Research and Policy at The Health Policy Partnership (jody.tate@hpolicy.com)

The Health Policy Partnership
68–69 St Martin's Lane
London WC2N 4JS
United Kingdom

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Contents

A. Depression scorecard user guide	4
A.1 Background: why depression?	4
A.2 About the depression scorecard project	4
A.3 About the assessment framework	4
A.4 Research strategy	5
A.5 Drafting and dissemination of the scorecard report	8
B. Assessment framework template	9
1. Contextual data.....	9
2. Joined-up and comprehensive depression services	11
3. Data to drive improvements in depression care.....	16
4. Engaging and empowering people with depression.....	18
5. Harnessing technology to improve access to care.....	22
Appendix I. Report template	25
Appendix II. Email template for interviewees	39
Appendix III. Interview discussion guide	40

A. Depression scorecard user guide

A.1 Background: why depression?

Despite indisputable need, many countries are failing to offer a robust response to depression. The depression scorecard was developed to help identify key gaps in care and support advocates pushing for improvements in depression policy and care.

A.2 About the depression scorecard project

The depression scorecard is a tool that aims to support the assessment of national-level performance in key aspects of policy, delivery and care for people with depression. The framework that underpins the scorecard was developed based on an international literature review and consultation with an expert advisory group. Four domains of interest were identified for the scorecard:

- 1) joined-up and comprehensive depression services
- 2) data to drive improvements in depression care
- 3) engaging and empowering people with depression
- 4) harnessing technology to improve access to care.

A fifth area of focus – financing for depression care – cuts across these four domains.

The scorecard framework was applied initially to four countries: Belgium, France, Italy and Romania. National-level findings were based on in-depth literature review and interviews with leading national experts in depression, and summarised in individual scorecard reports.

The depression scorecard user guide is now being made publicly available, so that advocates can use this framework to assess the state of depression care in their own countries. We hope this tool may be useful in helping advocates to push for improvements in depression policy and care, which may ultimately help improve the lives of people with depression and their families.

A.3 About the assessment framework

To develop a country scorecard report on depression, researchers should first complete the depression scorecard assessment framework (see Section B). This is composed of a series of questions on depression care, services and available support. It is divided into sections that correspond to those in the depression scorecard report (see Appendix I). The framework should be completed through a combination of literature review and expert interviews.

The framework can be used to assess the situation in each country being reviewed, irrespective of how health services are organised. We have numbered the questions in the framework for the purposes of research and ease of completing the template, but it is not necessary to use these numbers in the final publication.

Once the framework has been completed, a country scorecard can be developed with each question answered 'Yes', 'Somewhat' or 'No'. In the framework template, we have included suggestions of what responses might qualify for which category. Where the response is not obvious, please consult with your expert interviewees to reach consensus. The framework template also has space for you to provide a clear, evidence-based rationale for each score which has been selected.

Expert interviewees play a key role in validating the depression scorecard and their participation will be essential to the project's success.

A.4 Research strategy

We suggest that work begins with a desk-based literature review to complete as much of the framework as possible. This should then be supplemented by interviews with leading experts.

A.4.1 Literature review

The scope of the research centres on major depressive disorders (MDD) as a component of mental health. Populations of interest include people currently or formerly living with MDD and their families, carers and networks, as well as clinicians, academics, patient advocates and other experts working in the field of MDD.

Grey and academic literature should be consulted as part of this literature review. National-level data will be most applicable, but European-level data may also be relevant. The search should strive to find results which have been published in the past two years or the most recent data available. Research in the local language may be complemented by research in other languages, such as English, if relevant. All findings should be validated with the national experts during the interview and comment phases of work.

The following search terms may be useful in desk research:

- Major depressive disorders OR MDD OR clinical depression OR mental health OR mental illness
- AND
 - Europe OR [COUNTRY]
- AND
 - integrated services OR integrated care OR primary care OR community services OR multidisciplinary team
 - health data OR disease registry OR patient record OR data sharing
 - patient-reported outcome measures OR PROMs OR patient-reported experience measures OR PREMs

- patient engagement OR carer engagement OR patient empowerment OR carer empowerment OR patient involvement OR carer involvement OR patient centred OR peer support
- digital health OR e-health OR m-health OR smartphone.

Additional grey literature for the scorecard may be found in many places, including the following organisational websites:

- World Health Organization
- European Commission
- Organisation for Economic Co-operation and Development
- Mental Health Europe
- European Psychiatric Association
- GAMIAN-Europe
- Eurocarers
- EUFAMI
- Expert Platform on Mental Health
- International Federation for Psychotherapy
- UEMS Section of Psychiatry
- European Federation of Psychologists' Associations
- European Brain Council
- European College of Neuropsychopharmacology
- national ministries of health.

A.4.2 Expert interviews

Once an initial round of desk research has been completed, the findings must be validated and supplemented by the viewpoints of national experts in the field of depression and mental health. We recommend scheduling 45-minute interviews with three to four experts from each country who are knowledgeable in depression, especially as relates to the four domains. Ideally, there will be a balance of experts including healthcare professionals and patient organisation representatives, as well as academics or other experts as appropriate.

We do not suggest remunerating experts for their time, though you may encourage their interest if you intend to draft a peer-reviewed publication based on your findings after the publication of the report.

To find a suitable mix of experts, we suggest exploring the national professional and patient societies, as well as examining the authorship of recent national-level publications. If

availability is limited, we suggest asking each prospective interviewee for additional names to reach out to.

In your opening email, you may find it helpful to share some background on the project, a draft of the scorecard framework and the overarching questions. We also suggest invitations to participate refer the expert to the published scorecards to help contextualise your work and generate interest in the project. Appendix II contains a sample opening email template which you are free to adapt, and Appendix III contains a sample interview discussion guide to share once you have confirmed an interview.

During your interview, you should discuss any questions from the scorecard framework which may require validation, especially as these relate to your interviewee's areas of expertise. Time permitting, the interviewee may be able to offer additional remarks or highlight other areas of depression care for consideration in the scorecard. Your discussions with the experts are likely to lead to a second round of desk research based on their suggestions and any remaining gaps in knowledge.

A.5 Drafting and dissemination of the scorecard report

A.5.1 Drafting

Please refer to **Appendix I. Report template** for a suggested outline of a depression scorecard report.

The report should be used to expand on the scores given in the scorecard. We suggest each of the four domains may require 1-2 pages of discussion on the national situation, depending on the availability of data and the local context.

We suggest the depression scorecard report should highlight 1-3 interesting case studies of success from your country (e.g. a pilot programme, a successful intervention), which can be featured in any of the four domains of depression care. These should be brief 1-2 paragraph descriptions of the case study and why it may be appropriate for other regions or countries to adopt it.

Once the interviewees are satisfied with the report, they and/or their organisations should be invited to endorse it (in addition to recognition in the acknowledgements section). You may also choose to use one or more direct quotes from the interviewees in sections of the report, with their permission.

A.5.2 Dissemination

The depression scorecard report is meant to be an advocacy tool for stakeholders to use in order to drive policy improvements in depression care in their country. Therefore, the final scorecard should be published and made available online free of charge. In addition, efforts should be made to actively share the scorecard with all relevant stakeholders, including the expert interviewees, mental health organisations, professional societies and academic institutions, as well as government representatives working in mental health and related sectors. The publication of the scorecard should not be the end of work with interested stakeholders, but a milestone which moves them to the next stage of advocacy work to implement the policy recommendations.

A.5.3 Peer-reviewed publication

The next step in helping to disseminate the scorecard may be to develop a peer-reviewed publication based on the results. This may be of interest to national or European mental health journals, health policy journals, psychiatry journals and others. All experts involved in the preparation of the scorecard should be invited to participate as co-authors in the peer-reviewed publication.

B. Assessment framework template

This template can be completed as you undertake the literature review and interviews. We have provided guidance for selecting the specific 'score' for each question and a space for you to include your rationale and evidence. The scores and the rationale/evidence will be used as you write the scorecard report for the country.

1. Contextual data

Contextual data on the burden of depression in your country will help to inform the reader about the scale of the challenge through straightforward and easily comparable metrics. They can support a strong introduction in your scorecard report. The data for this section may be available from a few different sources but you may initially do a broad scan across Eurostat, OECD, WHO, and government and national insurance agency's websites. We suggest comparing your findings with EU, European or global averages to provide context for your readers.

1.1 What is the national prevalence of depression?

1.2 Some measure of suicide, one or more, as available of:

1. it is important to note that not all of these will have been linked to depression.]
2. Number of deaths by suicide by people with depression.

[This is the ideal statistic to find as we do not want to suggest that all suicides are linked to depression, which is not the case.]

3. Number of deaths by suicide nationally

[If no data for the first point exist, while reporting deaths by suicide generally

1.3 Number of practising psychiatrists

1.4 Estimate of annual cost of treating depression

- If not available, use cost of poor mental health (direct and indirect)

1.5 Estimate of national GDP loss annually owing to depression

- If not available, use loss owing to poor mental health (direct and indirect)

- 1.6 What is the annual mental health spending as a percentage of overall health spending?**

- 1.7 What is the annual mental health spending per capita?**

2. Joined-up and comprehensive depression services

A strong response in this category would include a clear patient pathway with distinct competencies for community, primary, secondary and tertiary care. Experts will feel that it is straightforward to communicate with their colleagues across the health system, and there will be relatively few people with depression 'lost' in the gaps in care. There will be national guidelines on treating depression across primary and secondary care, and healthcare professionals will receive adequate training to support them in treating people with depression.

2.1 Is depression included in either the national health plan or a specific plan for mental health?

Score:

Yes – The most recent national health plan or most recent national mental health plan explicitly includes a section on depression.

Somewhat – The most recent national health plan or most recent national mental health plan briefly mentions depression, but does not offer any disease-specific strategies or plans, OR a recent regional health plan, mental health plan, strategy or other related policy document includes a section on depression.

No – Neither the most recent national health plan nor the most recent national mental health plan discusses depression at all, and no most recent regional health plan or mental health plan discusses depression in detail.

Rationale:

2.2 Is there a government lead on mental health, with cross-ministerial responsibility to support a 'mental health in all plans' approach?

Score:

Yes – A national-level government official has cross-ministerial responsibility to support mental health across all domains of government (note they must have competencies outside the domain of health, for example in education, justice, employment etc.).

No – There is no national-level government lead on mental health outside of the ministry of health.

Rationale:

2.3 Is collaboration between primary care and mental health services supported and incentivised/encouraged/facilitated?

Score:

Yes – There is a clear care pathway and relationship structure between primary and secondary care, and experts interviewed agree that communication and collaboration are reasonably strong.

Somewhat – There may be some care pathway or proposed formal relationship between primary and secondary care, but experts and literature suggest that communication and collaboration can still be challenging and uncoordinated.

No – There is no formal care pathway and no organised structure of communication or collaboration between primary and secondary care, although ad hoc, informal networks and communication may exist. Experts cite communication as a challenge in the coordination of depression care.

Rationale:

2.4 Are there guidelines on depression care developed jointly by primary care and psychiatry?

Score:

Yes – There are national guidelines on depression care which include authors from primary care and secondary care (psychiatry).

No – There are no national or sub-national guidelines on depression care developed jointly with primary care and psychiatry.

Rationale:

2.5 Is a range of therapeutic options reimbursed and available to people with depression, such as psychotherapy, counselling and cognitive behavioural therapy?

Score:

Yes – A range of therapeutic options are available and reimbursed for people with depression, including psychotherapy, counselling and other therapies.

Somewhat – A range of therapeutic options are available to people with depression, including psychotherapy, counselling and other options, but these are not well reimbursed OR a very limited number of options are available and reimbursed.

No – People with depression do not have a range of therapeutic options available OR therapeutic options are not reimbursed and must be paid for entirely or almost entirely out of pocket.

Rationale:

2.6 Are depression services available and tailored for at-risk groups?

Score:

- **Young people**

Yes – Young people have depression care tailored to them; it is readily found and young people may be outlined in a depression or mental health or national health or education plan as a targeted at-risk group.

Somewhat – Some mention of depression care specific for young people exists, but it is not very detailed or well developed.

No – There is no depression care specific for young people.

- **Older people**

Yes – Older people have depression care tailored to them; it is readily found and older people may be outlined in a depression or mental health or healthy ageing or national health plan as a targeted at-risk group.

Somewhat – Some mention of depression care specific for older people exists, but it is not very detailed or well developed.

No – There is no depression care specific for older people.

- **People in the workplace**

Yes – People in the workplace have depression care tailored to them; it is readily found and people in the workplace may be outlined in a depression or mental health or labour strategy or national health plan as a targeted at-risk group.

Somewhat – Some mention of depression care specific for people in the workplace exists, but it is not very detailed or well developed.

No – There is no depression care specific for people in the workplace.

- **Homeless people**

Yes – Homeless people have depression care tailored to them; it is readily found and homeless people may be outlined in a depression or mental health or homeless or national health plan as a targeted at-risk group.

Somewhat – Some mention of depression care specific for homeless people exists, but it is not very detailed or well developed.

No – There is no depression care specific for homeless people.

Rationale:

3. Data to drive improvements in depression care

An excellent response in this domain would include annual systematic collection of depression-specific data, including both quantitative and qualitative metrics and patient-reported outcomes. Patient-reported outcomes are standardised data directly reported by the person with depression, such as symptom severity.

A depression disease registry with good coverage of the national population would also be very strong. Data from these sources should then be analysed and used to inform policymaking and future decisions on service delivery.

3.1 Are data on people with depression systematically collected by the health system?

Score:

Yes – Specific data on people with depression are collected systematically at the national level, for example, in a depression disease registry.

Somewhat – Some data on depression are collected at the national level, but they are either not collected systematically or only very basic data are collected, such as prevalence.

No – No data on people with depression are collected systematically at the national level.

Rationale:

3.2 Are data on mental health services being used for planning?

Score:

Yes – There is explicit evidence that data on mental health services are being used when planning mental health services.

Somewhat – There is limited evidence that some data on mental health services are being used when planning mental health services.

No – There is no evidence that data on mental health services are being used when planning mental health services.

Rationale:

3.3 Are patient-reported outcomes being measured systematically?

Score:

Yes – There is systematic, regular measurement of patient-reported outcomes at the national level.

Somewhat – There is systematic, regular measurement of patient-reported outcomes at the sub-national level or there is semi-regular measurement of patient-reported outcomes.

No – There is no systematic, regular measurement of patient-reported outcomes.

Rationale:

4. Engaging and empowering people with depression

An ideal system for depression care will have the person with depression centred in decision-making and care management. They will be empowered and actively engaged in their recovery, supported by a formal network of healthcare professionals and their personal informal networks. Carers of people with depression will receive practical and financial support to help them in their caregiving. People with depression and their carers are seen as experts by experience and their contributions are valued in depression policymaking and decision making.

4.1 Do guidelines or care pathways for depression recognise the importance of patient empowerment?

Score:

Yes – Depression guidelines, depression care pathway or the mental health plan explicitly discuss the importance of patient involvement in decision-making on their care, and patient empowerment.

Somewhat – Depression guidelines, depression care pathway or the mental health plan imply some importance of patient empowerment, but make no specific mention or recommendations to empower or engage patients in their care.

No – There is no implied or stated importance of patient empowerment or engagement in depression care.

Rationale:

4.2 Do guidelines on depression recognise the role of families and carers in making decisions on the planning and delivery of care?

Score:

Yes – Depression guidelines, depression care pathway or the mental health plan explicitly discuss the importance of families and carers in planning and delivering depression care.

Somewhat – Depression guidelines, depression care pathway or the mental health plan imply some importance of families and carers in planning and delivering depression care, but make no specific mention or recommendations.

No – There is no implied or stated importance of families and carers in planning and delivering depression care.

Rationale:

4.3 Were patient and carer representatives involved in the most recent national plan or strategy covering depression?

Score:

Yes – Patient and carer representatives were involved or consulted in developing the most recent national plan or strategy covering depression.

Somewhat – Either patient or carer representatives were involved or consulted in developing the most recent national plan or strategy covering depression, or both were only lightly involved with limited influence.

No – Neither patient nor carer representatives were involved or consulted in developing the most recent national plan or strategy covering depression.

Rationale:

4.4 Do carers have access to financial aid to help them support their loved ones with depression?

Score:

Yes – There is financial aid available from the national government for carers of people with depression.

Somewhat – There is some financial support available which carers of people with depression might access, but it is not from the national government OR there is financial support, but it is very limited/difficult to access in practice.

No – Carers of people with depression do not have access to financial aid for their roles.

Rationale:

4.5 Is peer support recommended in depression care guidelines?

Score:

Yes – Depression care guidelines explicitly recommend peer support.

Somewhat – Depression care guidelines mention peer support without explicitly endorsing it.

No – Depression care guidelines make no mention of peer support.

Rationale:

4.6 Are peer support roles reimbursed?

Score:

Yes – Yes, peer support roles are reimbursed.

Somewhat – Peer support roles receive limited reimbursement.

No – Peer support roles are not reimbursed.

Rationale:

4.7 Are there national associations advocating for the rights of:

Score:

- people living with depression?

Yes – There is a national association advocating for the rights of people living with depression.

Somewhat – There is a sub-national association advocating for the rights of people living with depression in a region or regions of the country.

No – There is no association advocating for the rights of people living with depression.

- carers of people living with depression?

Yes – There is a national association advocating for the rights of carers of people living with depression.

Somewhat – There is a sub-national association advocating for the rights of carers of people living with depression in a region or regions of the country.

No – There is no association advocating for the rights of carers of people living with depression.

Rationale:

5. Harnessing technology to improve access to care

A health system with a strong response in this domain will be actively utilising technology to facilitate improved access to care for people with depression, including offering the option of remote consultations and prescription renewals. Systems will also have proper encryptions and security measures in place to ensure patients' privacy at all times. Finally, people with depression and healthcare professionals will find technological platforms user-friendly.

5.1 Can patients access depression support remotely (via telephone or the internet) in addition to services delivered face-to-face?

Score:

Yes – Patients can access depression support remotely via telephone and internet.

Somewhat – Patients have conditional access to depression support remotely (i.e. it is not automatically available to all).

No – Patients cannot access depression support remotely.

Rationale:

5.2 Do professional societies or guidelines recommend the use of remote services alongside face-to-face services?

Score:

Yes – Professional societies or guidelines recommend the use of remote services alongside face-to-face services.

Somewhat – Professional societies or guidelines mention the use of remote services alongside face-to-face services, but do not make an explicit recommendation for their use.

No – Neither professional societies nor guidelines mention the use of remote services.

Rationale:

5.3 Is remote support for depression reimbursed?

Score:

Yes – Remote support for depression is reimbursed.

Somewhat – Remote support for depression is partly reimbursed or has been approved for reimbursement temporarily, for instance during the COVID-19 pandemic.

No – Remote support for depression is not reimbursed.

Rationale:

5.4 Are people with depression able to use telephone or online platforms that allow them to renew their prescriptions from home?

Score:

Yes – People with depression can use telephone or online platforms to renew their prescriptions from home.

Somewhat – People with depression have conditional or limited ability to renew their prescriptions from home.

No – People with depression cannot renew their prescriptions from home.

Rationale:

Appendix I. Report template

NOTE: Please feel free to amend any text given in square brackets; the remainder must not be altered in any way.

[Title page]

Depression scorecard: [COUNTRY]

[Inside cover]

[PUBLICATION MONTH, YEAR]

About this scorecard

The depression scorecard is a tool that aims to support the assessment of national-level performance in key aspects of policy, delivery and care for people with depression. The framework that underpins the scorecard was developed based on an international literature review and consultation with an expert advisory group.

The idea for the depression scorecard came from collaborative discussions between The Health Policy Partnership and Janssen Pharmaceutica NV as part of the Words to Actions initiative. For full details about the Words to Actions initiative, please see wordstoaction.eu/about.

The scorecard framework was developed and applied initially by The Health Policy Partnership, in collaboration with experts, to four countries: Belgium, France, Italy and Romania, with findings summarised in individual scorecard reports. National-level findings were developed based on in-depth literature review and interviews with leading national experts in depression.

The scorecard framework has now been made publicly available for advocates to use in their own countries, following the template and instructions provided in an accompanying user guide.

This scorecard report is based on that framework to assess depression care in [COUNTRY].

Author and contributor details

The research and drafting of this depression scorecard report were led by [AUTHOR NAMES AND ORGANISATIONS AS APPLICABLE].

We are also grateful to the following national experts who provided valuable insights on the situation in [COUNTRY]:

- Expert name, affiliate organisation

Janssen Pharmaceutica NV and The Health Policy Partnership have not been involved in the research and drafting of this depression scorecard report and are not responsible for its content.

Funding disclaimer

As mentioned above, this report is based on a user guide and template that were produced by The Health Policy Partnership as part of the Words to Actions initiative. The user guide and template were initiated and funded by Janssen Pharmaceutica NV.

No experts involved in the original depression scorecard work for Belgium, France, Italy and Romania, other than The Health Policy Partnership, were paid for their time.

[FUNDING DISCLAIMER AS APPLICABLE FOR THIS SPECIFIC SCORECARD REPORT]

Depression: why it matters

A short section (1–2 paragraphs) introducing depression and why the burden of disease merits a strong policy response. You may choose to draft your own text or adapt the introductory paragraphs on depression found at the beginning of this user guide.

Data points:

[X%] of people in [COUNTRY] [aged over 15] are living with depression

[X] per 100,000 inhabitants in [COUNTRY] [or total number] died from suicide or self-harm. Global estimates indicate depression may have contributed to up to 60% of these deaths.¹

X psychiatrists per 100,000 inhabitants in [COUNTRY]

€x billion cost of mental health (direct and indirect) annually in [COUNTRY]

X% cost of mental health to [COUNTRY]'s GDP (direct and indirect expenditure)

% of [COUNTRY]'s health spending on mental health

[Clearly state the year for each data point]

¹ Ng CWM, How CH, Ng YP. 2017. Depression in primary care: assessing suicide risk. *Singapore Med J* 58(2): 72-77

Depression scorecard for **COUNTRY**

A summary (up to 1 page) of the country's performance against the four domains of the depression scorecard and broader contextual analysis of depression care in the country.

About this scorecard

This scorecard was developed to highlight to policymakers where change is most needed to improve the management of depression in **COUNTRY**. It is our hope that this document may galvanise policymakers to work in close partnership with all stakeholders to reverse the course of depression in **COUNTRY**, taking a comprehensive and preventive approach to address depression in all its complexity.

It focuses on four key areas, identified as priorities for improvement:

1. Joined-up and comprehensive depression services

Integrated care – that is, a patient-centred system that supports the person with depression throughout their lifetime and with continuity across the health system – is essential to delivering adequate support and treatment. Integrating mental health services into wider health and social care services is convenient and can increase treatment rates, improve comprehensiveness of care and reduce overall costs.²

2. Data to drive improvements in depression care

Collecting and analysing robust and up-to-date data on depression is essential for ensuring the right services are available for everyone who needs them. Monitoring patient outcomes helps to identify and inform good practice, and may give hope to service users that their mental health can improve.² Data on services can support clinicians, policymakers and people with depression to better understand what treatment options are available and accessible. More transparent data will also facilitate shared learning across all domains of depression care. New digital tools may have the potential to facilitate documentation for transparency and research purposes while retaining the anonymity of the user.²

3. Engaging and empowering people with depression

It is essential that people with depression – along with their families, friends and carers – are actively empowered to participate in depression care plans at all stages. Empowerment involves a person gaining information and control over their own life as well as their capacity to act on what they find important, which in turn will allow them to more optimally manage their depression.³ Peer support, whereby a person who has previously experienced depression offers empathy and hope to others in the same position, can assist both people with depression and their peer supporter in their recovery.⁴ Social systems, patient advocacy groups and other civil society organisations with access to underserved communities are critical in ensuring that mental health services reach everyone, including those who have ‘slipped through the net’.²

² Beezhold J, Destrebecq F, grosse Holftorth M, *et al.* 2018. *A sustainable approach to depression: moving from words to actions*. London: The Health Policy Partnership

³ European Patients Forum. 2015. *EPF Background Brief: Patient Empowerment*. Brussels: EPF

⁴ Repper J, Carter T. 2011. A review of the literature on peer support in mental health services. *J Ment Health* 20(4): 392-411

4. Harnessing technology to improve access to care

Digital platforms such as those which facilitate remote therapy sessions and online prescription requests, as well as other depression-focused software, smartphone applications and virtual platforms, can allow greater choices of treatment for people with depression while supporting them to take more control of self-managing their condition. While virtual sessions cannot replace in-person therapy, they may be a flexible option to support people with depression between regularly scheduled visits. Health and social services may also use digital tools to facilitate data collection and monitor care.^{5 6} In addition, people with depression may find it helpful to use digital tools to connect with others and reduce feelings of isolation.⁷

⁵ European Commission. 2018. Tackling depression with digital tools. [Updated 04/06/18]. Available from: https://ec.europa.eu/research/infocentre/article_en.cfm?id=/research/headlines/news/article_18_06_04_en.html?infocentre&item=Infocentre&artid=48877 [Accessed 06/11/20]

⁶ Hallgren KA, Bauer AM, Atkins DC. 2017. Digital technology and clinical decision making in depression treatment: Current findings and future opportunities. *Depression and anxiety* 34(6): 494-501

⁷ Prescott J, Hanley T, Ujhelyi K. 2017. Peer Communication in Online Mental Health Forums for Young People: Directional and Nondirectional Support. *JMIR Ment Health* 4(3): e29-e29

Summary scorecard for **COUNTRY**

Joined-up and comprehensive depression services

Is depression included in either the national health plan or a specific plan for mental health?	Yes/Somewhat/No
Is there a government lead on mental health, with cross-ministerial responsibility to support a 'mental health in all plans' approach?	Yes/No
Is collaboration between primary care and mental health services supported and incentivised/encouraged/facilitated?	Yes/Somewhat/No
Are there guidelines on depression care developed jointly by primary care and psychiatry?	Yes/No
Is a range of therapeutic options reimbursed and available to people with depression, such as psychotherapy, counselling and cognitive behavioural therapy?	Yes/Somewhat/No
Are depression services available and tailored for at-risk groups?	
<ul style="list-style-type: none"> • Young people • Older people • People in the workplace • Homeless people 	<p>Yes/Somewhat/No</p> <p>Yes/Somewhat/No</p> <p>Yes/Somewhat/No</p> <p>Yes/Somewhat/No</p>

Data to drive improvements in depression care

Are data on people with depression systematically collected by the health system?	Yes/Somewhat/No
Are data on mental health services being used for planning?	Yes/Somewhat/No
Are patient-reported outcomes being measured systematically?	Yes/Somewhat/No

Engaging and empowering people with depression

Do guidelines or care pathways for depression recognise the importance of patient empowerment?	Yes/Somewhat/No
Do guidelines on depression recognise the role of families and carers in making decisions on the planning and delivery of care?	Yes/Somewhat/No
Were patient and carer representatives involved in the most recent national plan or strategy covering depression?	Yes/Somewhat/No
Do carers have access to financial aid to help them support their loved ones with depression?	Yes/Somewhat/No
Is peer support recommended in depression care guidelines?	Yes/Somewhat/No
Are peer support roles reimbursed?	Yes/Somewhat/No
Are there national associations advocating for the rights of:	
• people living with depression?	Yes/Somewhat/No
• carers of people living with depression?	Yes/Somewhat/No

Harnessing technology to improve access to care

Can patients access depression support remotely (via telephone or the internet) in addition to services delivered face-to-face?	Yes/Somewhat/No
Do professional societies or guidelines recommend the use of remote services alongside face-to-face services?	Yes/Somewhat/No
Is remote support for depression reimbursed?	Yes/Somewhat/No
Are people with depression able to use telephone or online platforms that allow them to renew their prescriptions from home?	Yes/Somewhat/No

Joined up and comprehensive depression services

1–2 pages of contextual analysis supporting the scorecard table responses

Case study 1 – an example relevant to any of the four sections

Data to drive improvements in depression care

1–2 pages of contextual analysis supporting the scorecard table responses

Case study 2 – an example relevant to any of the four sections

Engaging and empowering people with depression

1–2 pages of contextual analysis supporting the scorecard table responses

Harnessing technology to improve access to care

1–2 pages of contextual analysis supporting the scorecard table responses

Conclusion and recommendations

Include 1–2 paragraphs as a conclusion and 2–3 recommendations covering each of the four scorecard domains

Priority recommendations

Joined-up and comprehensive depression services:

- Policy recommendation
- Policy recommendation
- Policy recommendation

Data to drive improvements in depression care:

- Policy recommendation
- Policy recommendation
- Policy recommendation

Engaging and empowering people with depression:

- Policy recommendation
- Policy recommendation
- Policy recommendation

Harnessing technology to improve access to care:

- Policy recommendation
- Policy recommendation
- Policy recommendation

Appendix II. Email template for interviewees

Dear [INTERVIEWEE],

Invitation to shape the development of a scorecard on depression through participation in an expert interview

My name is [YOUR NAME AND ORGANISATION]. We are currently working on a new policy-focused project aimed at developing a national-level scorecard on depression for [COUNTRY]. We hope that this national scorecard can be used by advocates to help inform policymakers of potential gaps in the management of depression and guide policy change to remedy these deficits. Our work builds on the depression scorecard project, which itself stems from the 2018 report, [A sustainable approach to depression: moving from words to actions](#), developed by [an alliance of nine patient and professional organisations](#).

The scorecard will focus on four priority areas for improving the management of depression: integrated services, data, engagement and empowerment, and digital tools. For each of these areas, priority aims were identified which are believed to need to be included in a country's policy response to depression, based on a review of the literature and recommendations contained in the 2018 report.

We are undertaking interviews to help with our research and provide expert insights as we develop the scorecard. Considering [INTERVIEWEE ROLE AND EXPERTISE], we would be honoured if you were available to participate. We assure you that your involvement would not make significant demands on your schedule. We only require participation in a 45-minute interview. During this interview we would hope to understand your views on both the approach we could take in developing the scorecard and the situation in [COUNTRY].

[DISCLOSE ANY FUNDING]

Please let me know if you are interested in participating and I will work with you to find a time that suits your schedule for a call.

Should you have any questions, I would be delighted to discuss this initiative with you further. I look forward to hearing from you.

Best regards,

[SIGNATURE]

Appendix III. Interview discussion guide

Project background

Thank you again for agreeing to participate in an expert interview for the depression scorecard project for [COUNTRY]. This scorecard is being developed with the aim of understanding the context, gaps and policy opportunities in the management of depression. This work builds on the 2018 report, [A sustainable approach to depression: moving from words to actions](#), which was developed by an alliance of nine patient and professional organisations. Please see the project's terms of reference for more information about the work.

The scorecard will focus on four priority areas for improving the management of depression: integrated services, data, engagement and empowerment, and digital tools. For each of these areas we have identified priority aims that we believe need to be included in a country's policy response to depression, based on a review of the literature and recommendations contained in the 2018 report.

During this semi-structured interview, we hope to learn from your experiences and expertise. The interview will last approximately 45 minutes. Key areas and questions are outlined below. We may not cover every question, so please feel free to specify any that are of particular interest to you.

Interview questions

Overarching

- Generally, what are the strengths of your country's response to depression? What are some examples in your country of best practice in depression management, in particular as relates to the four domains identified?
- What areas of depression management most urgently need to be addressed in your country, in particular as relates to the four domains?
- Are there any notable contextual factors around care and management of depression in your country? For example, forthcoming initiatives or recent major changes in guidance or policy?
- What would you see as the potential use of this scorecard and what recommendations would you have for us to make it as helpful a resource as possible?

Integrated care

- Are a range of therapeutic options available to people with depression within the funded health service, including blended care, psychotherapy, counselling, cognitive behavioural therapy and other therapeutic approaches?

- How do people with depression access mental healthcare providers? Are they able to self-refer? Can they enter the care pathway from multiple points of entry (emergency department, primary care, secondary care, other areas including homeless shelters, safe injection sites, the judicial system, etc.)? Does this present any barriers to people trying to access care?
- How well coordinated are primary and specialist care services for people with depression? For instance, is there an established care pathway between primary and specialist (psychiatric) care?
- Do cross-sectoral or integrated depression policies and interventions exist which target specific groups at risk of depression, such as young people, older people, people in the workplace and hard-to-reach populations (e.g. homeless persons)?
- If so, how successful are they in reaching and supporting these groups, are there any gaps?

Data

- Do you feel your country collects adequate data on depression to support effective healthcare planning and monitoring? For example, is there a centrally located database on the availability of mental health services (in-patient, day patient, community care, online support) for the health region (e.g. supply but also use of services)?
- Is data collection on depression adequately funded in both primary and secondary care?

Empowerment and engagement

- Are patients and carers included in service and policy development, and reimbursement decisions related to mental health?
- Is peer support for depression an approach that is recognised/implemented?
- Do you feel carers for people with depression are adequately supported (e.g. do they have access to financial or other support to help them care for their loved ones)?

Digital solutions

- Is there a national or regionally approved list of digital tools which practitioners can refer to?
- Are there any systems in place to approve or monitor the quality of depression services delivered digitally?
- Are telemedicine and e-counselling adequately reimbursed?
- Is public financial support or grant funding available for software and training to help healthcare professionals and service providers to integrate digital tools into their practice?

Contact details

Should you have any questions at any time, please reach out to:

- [NAME, TITLE, ORGANISATION, CONTACT DETAILS]

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