



The Battle Against Depression: Why Does it Matter?

In recent decades, tremendous growth has been made in the research, treatment, and survivability of cancers in the US; the same cannot be said for depressions, bipolar illnesses, and other mood disorders. While mortality rates for some of the most prevalent cancers have decreased by nearly 40% in the last 40 years, the nation's suicide rate has been steadily increasing – up 24% between 1999 and 2014.

1 in 5 adults in the US experiences mental illness in a given year

Depression is Common – Really Common

Depression affects everyone regardless of race, gender, age, sexual orientation, or socioeconomic status. Depressions and bipolar illnesses cost lives, devastate families, and are our nation's second-costliest public health concern costing our economy billions in lost productivity and increased medical costs. Yet the stigma surrounding depression and related mood disorders persists, and that stigma prevents us from having the kinds of meaningful national conversations that put into motion the push to defeat cancer in the 1970s.

Serious mental illness costs America approximately **\$193 billion** per year in lost earnings

An average of **22 veterans** die every day by suicide

Setting the Stage for Change Through the Power of a Network

The National Network of Depression Centers (NNDC) was established in 2008 to mobilize collaborative expertise to counteract this health crisis. The NNDC is a non-profit research consortium dedicated to advancing scientific knowledge and improving care for those affected by depression and related mood disorders. With more than 600 faculty members from some of the nation's leading academic institutions across the country, NNDC members are working to change the national conversation surrounding mood disorders through education, outreach, and large-scale collaborative efforts.

60% of adults and **50% of youth** in the US with a mental illness did not receive mental health services last year



NNDC Centers of Excellence

- Baylor College of Medicine
- Brigham & Women's Hospital
- Duke University
- Emory University
- Johns Hopkins University
- Massachusetts General Hospital
- Medical University of South Carolina
- Mayo Clinic
- McLean Hospital
- Stanford University
- University of California, San Diego
- University of California, San Francisco
- University of Cincinnati & Lindner Center of HOPE
- University of Colorado, Denver
- University of Illinois at Chicago
- University of Iowa
- University of Louisville
- UMass Medical School
- University of Michigan
- University of Pennsylvania
- University of Texas Southwestern Medical Center
- Weill Cornell Medical College

NNDC Associate Members

- Florida State University
- Michigan State University & Pine Rest Christian Mental Health Services
- Penn State Milton S. Hershey Medical Center

Task Groups

NNDC Task Groups are generating the forward momentum needed to make a difference in the diagnosis, treatment, and prevention of depressive illnesses. Using this platform for unprecedented scientific collaboration, the best minds in the field come together to address the most pressing mental health challenges. NNDC Task Groups are each structured to address specific initiatives related to the diagnosis, treatment and prevention of depressive illnesses, including:

- Biomarkers
- Bipolar Disorder
- Child and Adolescent Mood Disorders
- College Mental Health
- Electroconvulsive Therapy
- Geriatric Mood Disorders
- Medical Comorbidities
- Military, Veterans, and Families
- Repetitive Transcranial Magnetic Stimulation
- Suicide Prevention
- Telehealth
- Treatment Resistant Depression
- Women and Mood Disorders

For more information about these groups, visit www.nndc.org/task-groups.

“The NNDC was founded on the principle that collaborative, large-scale, longitudinal efforts are the only way to translate research into personalized, effective treatments. From this core principle, Task Groups were established as the main driving forces behind the Network’s mission to use new knowledge to revamp treatments of depressive and bipolar illnesses.”



John F. Greden, MD
Founding Chair, National Network of Depression Centers
Executive Director, University of Michigan Comprehensive Depression Center
Principal Investigator, Military Support Programs and Networks (M-SPAN)

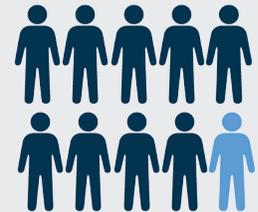


1 in 5 youth experiences a severe mental illness at some point during their life

LGBTQ youth are **2-3x** more likely to attempt suicide than heterosexual youth



Suicide is the **10th leading cause of death** overall in the United States



90%

90% of suicides have an underlying mental illness

“The NNDC has a mission to transform the treatment of mood disorders through large-scale longitudinal studies. From the start, it has been clear to us all that developing a robust clinical program with a database to track patients through these studies would be vital to fulfilling that mission. The Mood Outcomes Program represents years of proof-of-concept testing and implementation, and is now transforming and improving patient care at NNDC Member clinics.”



Peter P. Zandi, PhD
Co-chair, NNDC Mood Outcomes Steering Team
Associate Professor, Johns Hopkins Bloomberg School of Public Health
Associate Professor, Johns Hopkins School of Medicine

Mood Outcomes

The NNDC Mood Outcomes Program improves patient care provided to those suffering with mood disorders. Through use of measurement-based care tools and quality improvement programs informed by patient care data at our centers, the NNDC is working to transform the treatment of mood disorders. The Mood Outcomes Program uses four Mental Health Vital Signs to monitor patient progress as part of standard clinical care. The program also features clinician support tools to help tailor treatment plans to the specific needs of individual patients, and aggregate data reporting to provide large-picture snapshots of which care management strategies are most effective. For more information about this program, contact nndc@nndc.org or (734) 332-3914.

Mood Outcomes Mental Health Vital Signs

- PHQ-9** Patient Health Questionnaire
- GAD-7** Generalized Anxiety Disorder Assessment
- ASRM** Altman Self-Rating Mania Scale
- C-SSRS** Columbia Suicide Severity Rating Scale

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