

World Health Organizations in Agreement to End the 'Depression Bias' in Mental Health

WHO, USPSTF, NCQA, and APS Agree to Support Multi-Dimensional Review — 64% of Mental-Health Cases Are Missed When Screened Only for Depression.

ROCKVILLE, MD, UNITED STATES, November 4, 2025 /EINPresswire.com/ -- For the first time, major world health organizations are joining forces to end what experts call the depression bias—the long-standing tendency to look only for depression while overlooking most other mental-health risks.

New international guidance urges clinicians to adopt multidimensional, evidence-based assessments that identify anxiety, bipolar disorder, PTSD, and depression together in one brief encounter.

NIMH Data Reveal What's Missed

According to the U.S. National Institute of Mental Health, 23.1% of adults experience a mental-health condition each year, yet only 8.3% meet criteria for major depression—meaning roughly 64% go unrecognized when screening focuses on depression alone. Veterans with post-traumatic stress, women facing anxiety during and after pregnancy, and older adults with trauma-linked worry or sleep disturbance are among the most affected.

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Mental health isn't one-dimensional. Why should measuring it be?”

Gerald Hurowitz, M.D.

A 2025 meta-analysis from University College London found that trauma-focused treatments in older adults not only reduced depression but also improved anxiety, quality of life, and physical vitality—showing that comprehensive

approaches outperform depression-only care. The study emphasized that PTSD and anxiety in



End the depression bias to improve your overall wellbeing.

later life are as common, and often more disabling, than depression, yet remain undetected when single-disorder screens are used.

“When we reduce mental health to a score for depression, we miss the person,” said Dr. Vasiliki Orgeta, senior author of the 2025 Journal of Affective Disorders study. “Anxiety, trauma, and bipolar symptoms frequently overlap. Treating just one label delays recovery and raises relapse risk.”

A Veteran's Recovery

James, 43, served six years overseas beginning in 2001. Struggling with exhaustion and anger, he turned to alcohol to blunt nightmares and anxiety. A multidimensional review revealed untreated PTSD. Once therapy addressed trauma and sleep—not just drinking—his focus and family life improved. “No one had ever asked about my nightmares before,” he said.

Women's Health and Anxiety

This year, the U.S. Preventive Services Task Force expanded its perinatal guidance to include anxiety screening alongside depression. For Leila, a new mother whose constant worry was dismissed as “baby blues,” the broader review finally identified her anxiety disorder—ending months of sleeplessness and guilt that the depression-only Edinburgh scale had missed.

Why It Matters

Unrecognized anxiety and PTSD drive higher medical costs, readmissions, and chronic-disease complications. Validated multidimensional assessments—now available for youth and adults—fit into the same three-minute workflow as traditional screens while offering a fuller, destigmatizing picture of well-being.

These new guidelines mark a turning point in hospitals, primary care, and women's health: mental-health measurement is now expected to be multidimensional, rapid, accurate, and reimbursable.

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