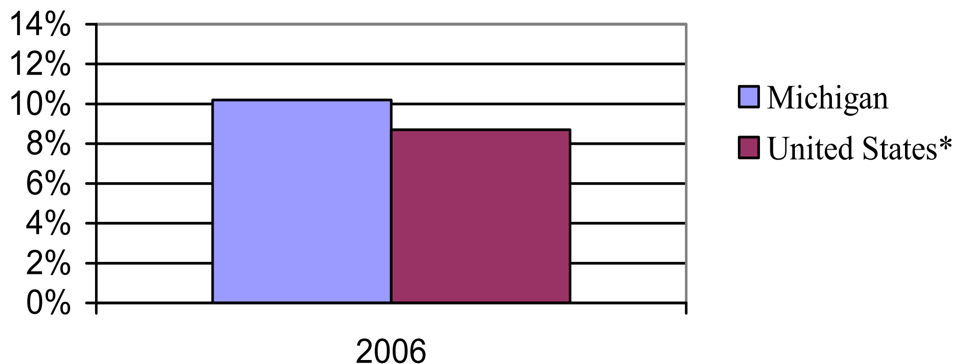
Topic: Mental Health

29. Depression

Research has identified two main types of depression. The first type is a major depressive disorder which may be recurrent and is characterized by at least one major depressive episode of five or more symptoms for at least two weeks. The second type is dysthymia, which is a chronic moderate type of depression that often goes undiagnosed because it does not greatly impair functioning. Dysthymia is characterized by disturbances in eating (poor appetite or overeating), sleeping (insomnia or oversleeping) and low energy or fatigue symptoms.[1]

How are we doing?

Based on data from the 2006 CDC Anxiety and Depression Module, the prevalence of current major depression was higher in Michigan [Michigan: 10.2% (95% CI: 9.2-11.3)] than in the United States* [United States*: 8.7% (95% CI: 8.3-9.1)].[2,3] Many highly-effective therapies are currently available to individuals with depression[4], but less than 20% of these individuals are currently being treated for this condition.[5] Without treatment, depression itself can become a chronic condition, and it is expected that by 2030, depression will surpass heart disease to become the number one burden of disease in the world.[6]



* Data from 38 states, Washington D.C., Puerto Rico, and the Virgin Islands.

How does Michigan compare with the U.S.?

Using a broader measure of poor mental health, Michigan residents in 2007 were estimated to experience an average of 3.7 mentally unhealthy days (95% CI: 3.4-4.0) within the past month, compared with an average of 3.4 mentally unhealthy days (95% CI: 3.3-3.5) for the U.S. population. Based on the 2007 Behavioral Risk Factor Survey (BRFS), 11.0% (95% CI: 10.0-12.1) of Michigan adults reported poor mental health, which included stress, depression, and problems with emotions, on at least 14 days in the past month. Michigan's prevalence of poor mental health is comparable to that of the U.S. population [10.1% (95% CI: 9.9-10.4)].[7]

How are different populations affected?

Depression is more prevalent in vulnerable populations such as persons who live in poverty and persons who have one or more physical health problems. The likelihood of having poor mental health was higher for women than for men [12.8% (95% CI: 11.6-14.1) for women compared to 9.1% (95% CI: 7.7-10.6)

for men], and for individuals whose household income levels were below $20,000 [19.7% (95% CI: 16.6-23.3) compared to 8.7% (95% CI: 6.8-11.1) for those with a household incomes of $50,000 to $74,999).[2]

Recent studies have shown that the prevalence of reported depression is higher among those with other chronic conditions. For example, Michigan residents with other chronic conditions, such as having a disability, coronary heart disease, heart attack, diabetes, and being obese, were more likely to have major depression when compared to individuals without each chronic condition.[8]

Children of depressed mothers are more likely than other children to have behavioral, cognitive, socio-emotional, health and academic problems.[9] Estimates indicate that one in every 5 children and adolescents have a mental disorder.[10]

Depression can also be a problem for adults over 65 years of age.[8] Untreated depression is the most common psychiatric disorder and leading cause of suicide within the United States elderly population.[11]

What is the Department of Community Health doing to improve this indicator?

In 2005, MDCH applied for federal funding to implement the CDC anxiety and depression optional module within the 2006 Michigan BRFS. MDCH received this funding and has since developed a publication entitled "Depression among Michigan Adults: Results from the 2006 Michigan Behavioral Risk Factor Survey" that focuses on the statistical findings from this module. More specifically, this publication includes prevalence estimates of depression in Michigan's adult population, and allows for better estimates of depression among people with other chronic conditions.[8]

Also in 2005, a group of over 80 stakeholders developed a strategic plan to address prevention and control of depression in Michigan. Several common needs were identified: 1) public awareness campaigns to reduce the stigma associated with depression diagnosis and treatment; 2) programs to address the prevalence of mental illness in poor communities; 3) parity in health plan coverage for mental health; 4) programs to address racial and ethnic disparities in prevalence, early detection and referral efforts, and access to quality treatment; and 5) surveillance to monitor needs and evaluate outcomes. Addressing these needs is essential to achieving the plan goals, which include increasing screening for depression in at risk populations, improving the quality of management and treatment services for depression, and building a public-private infrastructure to address depression. The plan remains a framework to explore opportunities for intervention and resources.

Sources:

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