Topic: Mental Health

29. Depression

Research has identified two 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.

How are we doing?

In Michigan, the prevalence of depression mirrors the U.S. statistics. Across the U.S., depression affects about 10% of adults every year. Therapies for depression improve symptoms for over 80% of those treated, but less than 25% of people with depression are diagnosed and treated. Without treatment, depression itself can become a chronic condition, and it is expected that by 2020, the burden of depression will be second only to heart disease.

How does Michigan compare with the U.S.?

Forty percent of Michigan residents surveyed reported at least one day of stress-related depression or emotional problems in the prior 30 days, compared with 34% of the U.S. population. In 2003, Michigan ranked fourth among the 50 states with highest prevalence of poor mental health. Based on the 2004 Behavior Risk Factor Survey (BRFS), 11% of Michigan adults reported poor mental health, which included stress, depression, and problems with emotions, for at least 14 days in the past month.

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 problem. The likelihood of having poor mental health was higher for women than for men (13% compared to 8.9%), and for individuals whose household income levels were below $20,000 (22.7% compared to 8.3% for those with a household incomes of $35,000 to $49,999).

The prevalence of depression increases dramatically among those with chronic diseases. Research has shown, for example, that depression is associated with increased occurrence of cardiovascular disease, heart attack, and stroke, diabetic-related complications among people with diabetes, and increased asthma symptoms among those with asthma.

Children of depressed mothers are more likely than other children to have behavioral, cognitive, socio-emotional, health and academic problems. Seventy percent of children or adolescents who experience childhood depression will have another episode of depression before adulthood. Estimates indicate that one in 33 children and one in eight adolescents experience depression.

In adults over 65 years of age, the prevalence of depression is higher among the institutionalized (25%) and individuals living in community-based settings (15%) than among those in the general population (10%). Untreated depression is the most common psychiatric disorder and leading cause of suicide in the elderly.

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

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.

In 2006, the MDCH applied for federal funding to implement a depression and anxiety module in the 2006 BRFS. If funded, the module will provide an estimate of the prevalence of depression in Michigan's adult population, and will allow better estimates of depression among people with chronic disease diagnoses.

The Diabetes, Kidney and Other Chronic Diseases Section, in partnership with the Michigan State University College of Nursing, is funding a pilot study of a decision-making aid to assist people with diabetes to make choices about managing depression, and is exploring additional funding sources to initiate elements of the strategic plan.