

Not Enough Rest or Sleep:

Respondents reporting they did not get enough rest or sleep for 14 or more of the past 30 days.

Not Very Healthy and Full of Energy:

Respondents reporting they did not feel very healthy and full of energy for 14 or more of the past 30 days.

Worried, Tense, or Anxious:

Respondents reporting they felt worried, tense, or anxious for 14 or more of the past 30 days.

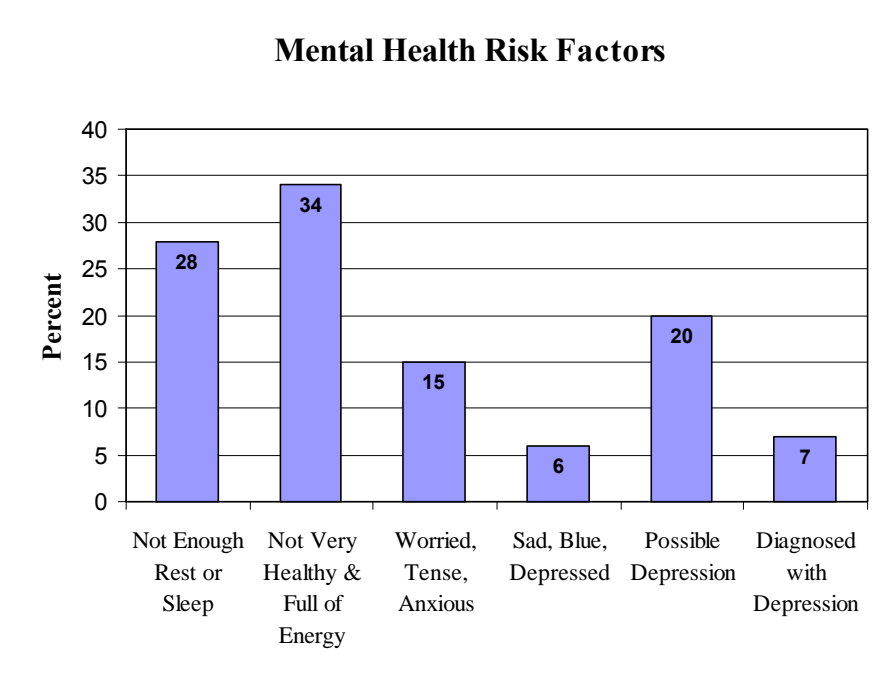
Sad, Blue, or Depressed:

Respondents reporting they felt sad, blue, or depressed for 14 or more of the past 30 days.

Possible Depression:

Respondents reporting that they might have had depression in the past five years.

Diagnosed with Depression: *Respondents reporting that they had been diagnosed with depression in the past five years.*



MENTAL HEALTH AND QUALITY OF LIFE

Background

Estimates indicate that one in seven women and one in thirteen men will be affected by depression at some point in their life.

Mental health is the successful performance of mental function which results in a productive and fulfilling life from childhood through late life. Mental illness refers collectively to all mental disorders which are health conditions characterized by alterations in thinking, mood, or behavior (or some combination thereof) and which are associated with distress or impaired functioning.¹ Mental disorders include illness such as depression, anxiety disorders, and schizophrenic disorders. The mental health module of the Saline County survey focused on depression, one of the most common and treatable mental illnesses. Depression is characterized by prolonged and unrelenting sadness, loss of interest in activities, fatigue, changes in eating or sleeping patterns, feelings of worthlessness, impaired concentration, and thoughts of death or suicide; however, not all these symptoms must be present for a person to be diagnosed with depression. Because the most common symptoms of depression (sadness, fatigue, appetite change, and sleep change) can be associated with situational alterations in mental health such as grief or stress, persons with depression do not always recognize their symptoms as evidence of a health condition which needs treatment by a professional. Although not usually thought of as fatal, depression is a typical precedent of suicide and has been associated with reduced survival time among persons with a variety of chronic diseases. Its high prevalence, morbidity, under-diagnosis, and good response to treatment make depression an important target for community and professional intervention.

More people are affected by mental illness than is commonly thought. Estimates indicate that one in seven women and one in thirteen men will be affected by depression at some point in their life, while anxiety disorders, including panic disorders, posttraumatic stress disorder, obsessive compulsive disorder and phobias, affect an estimated 16 million Americans.²

Four of the ten leading causes of disability for persons age five and older are mental disorders.

Mental illness has a large impact on health. The 1999 Surgeon General's report on mental health highlights findings from the *Global Burden of Disease* study which shows that four of the ten leading causes of disability for persons five years of age and older are mental disorders.² The report also notes that together all mental illnesses are the second leading cause of disability-adjusted life years next to all cardiovascular conditions. (Disability-adjusted years are years of life lost to premature death and years lived with a disability of specified severity and duration). The report states that the impact of mental illness on health and productivity is markedly under-recognized.

Of individuals with a lifetime history of mental disorder, only four in ten individuals will obtain professional help.

Anxiety disorders and depression are the most common mental illnesses in the United States.³ Of individuals with a lifetime history of mental disorder, only four in ten individuals will obtain professional help, with only one in four receiving help from a mental health professional.² For people who do seek help, most first seek help from a family physician. As such, the National Institute of Mental Health (NIMH) is partnering with the American Academy of Family Physicians in a year-long program to educate physicians so that their patients can benefit from new research on mental illness. In addition, NIMH is conducting Anxiety Disorders and Depression Education Programs to inform the public and health care providers about new treatments available, and to reduce associated stigma so that people feel free to seek treatment.⁴

Six risk factors:

- *Did not get enough rest or sleep*
- *Not very healthy and full of energy*
- *Worried, tense, or anxious*
- *Sad, blue, or depressed*
- *Possible depression*
- *Diagnosed with depression*

The measurement of quality of life is an area of intensive research. The complexity of the factors which contribute to physical, mental, emotional, and spiritual well-being is such that no optimal set of indicators exists to describe quality of life.

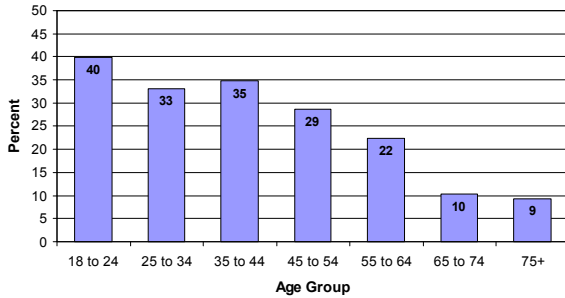
Saline County data was sufficient to use six risk factors to assess quality of life and mental health:

- (1) Respondents who felt they did not get enough rest or sleep for 14 or more of the last 30 days.
- (2) Respondents who did not feel very healthy and full of energy for 14 or more of the last 30 days.
- (3) Respondents who felt they were worried, tense, or anxious for 14 or more of the last 30 days.
- (4) Respondents who felt they were sad, blue, or depressed for 14 or more of the last 30 days.
- (5) Respondents who thought that they might have had depression in the past five years.
- (6) Respondents who had been diagnosed with depression in the past five years.

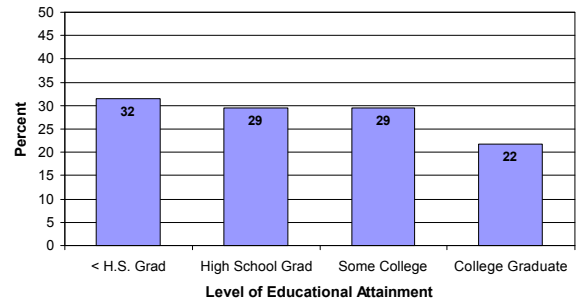
Not Enough Rest or Sleep

Twenty-eight percent of Saline County respondents reported not getting enough rest or sleep for 14 or more of the past 30 days. This is somewhat higher than 22%, reported statewide in 1999. There was not a great difference in risk due to gender (27% for males versus 29% for females). Younger respondents were more likely than older respondents to be at risk, with 40% of respondents aged 18 to 24 not getting enough rest or sleep 14 or more of the past 30 days. Risk for not enough rest or sleep decreased slightly with increasing educational attainment.

Not Enough Rest or Sleep by Age

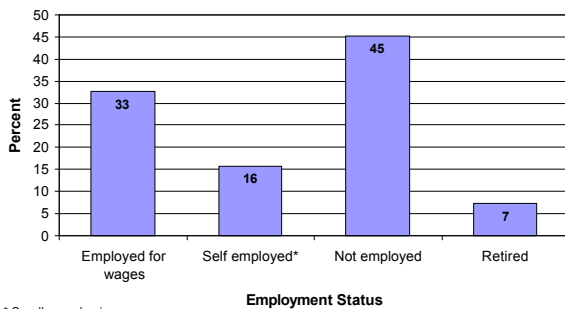


Not Enough Rest or Sleep by Education



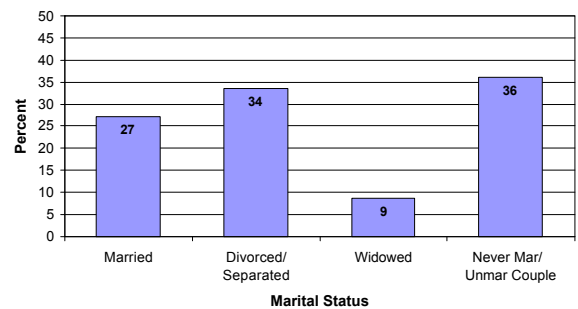
Comparing respondents by employment status, those not employed for wages were at the highest risk while retired respondents had the lowest risk. Looking at marital status groups, widowed respondents - likely to be older - reported the lowest risk while those who were never married or part of an unmarried couple - likely to be younger - had the highest risk.

Not Enough Rest or Sleep by Employment



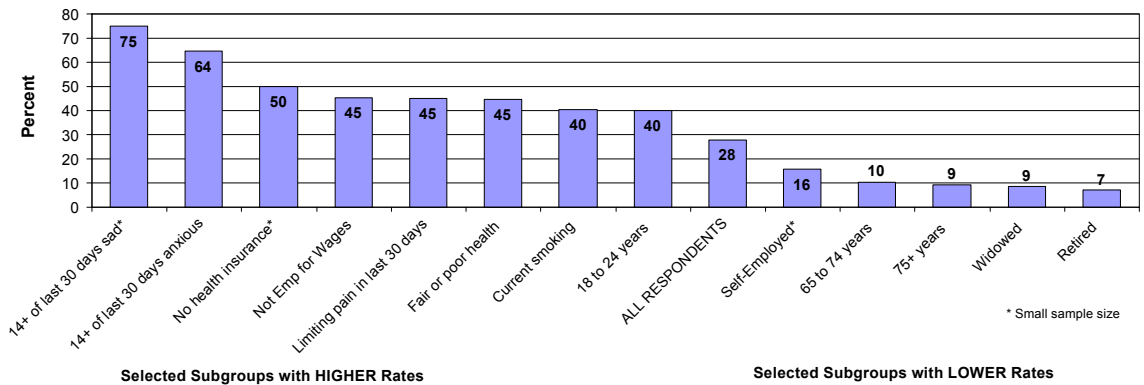
* Small sample size

Not Enough Rest or Sleep by Marital Status



Respondents who reported being sad/blue/depressed for 14 or more of the last 30 days were nearly three times more likely than the general population to be at risk for not getting enough rest or sleep (75% versus 28%). Other risk factors which appeared to be associated with not getting enough rest or sleep included being worried/tense/anxious 14 or more of the last 30 days, no health insurance, limiting pain, self-reported fair or poor health, and current smoking.

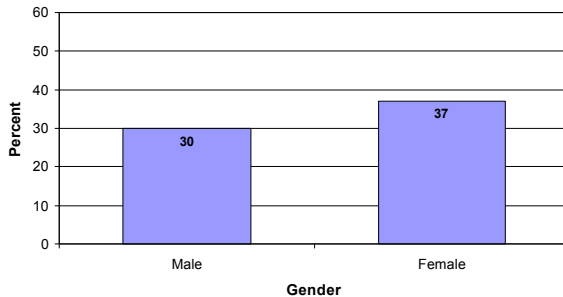
Not Enough Rest or Sleep by Selected Population Subgroups



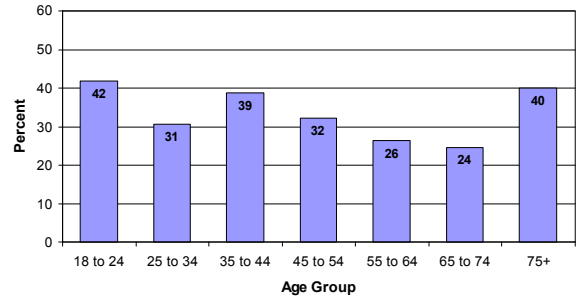
Not Very Healthy and Full of Energy

Thirty-four percent of Saline County respondents reported not feeling very healthy and full of energy for 14 or more of the past 30 days. This is similar to the statewide average of 32% reported in 1999. A higher percentage of risk was observed among women versus men (37% versus 30%). Risk varied across age groups, with the oldest and youngest groups of respondents reporting the highest risk.

Not Very Healthy & Full of Energy by Gender

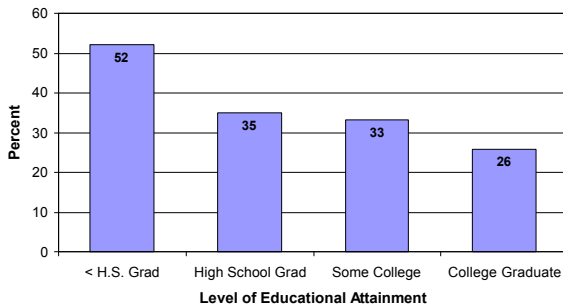


Not Very Healthy & Full of Energy by Age

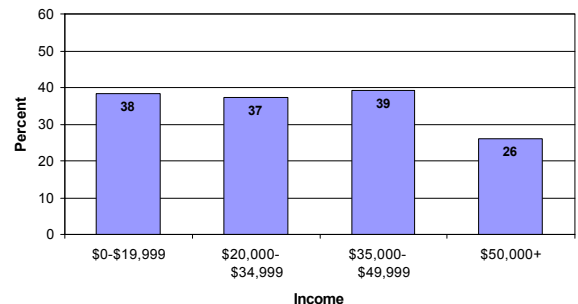


Risk prevalence generally decreased with increasing levels of education with the risk of those with less than a high school education twice as high as that of college graduates (52% versus 26%). Looking across income groups, respondents with household incomes greater than \$50,000 had the lowest observed risk.

Not Very Healthy & Full of Energy by Education

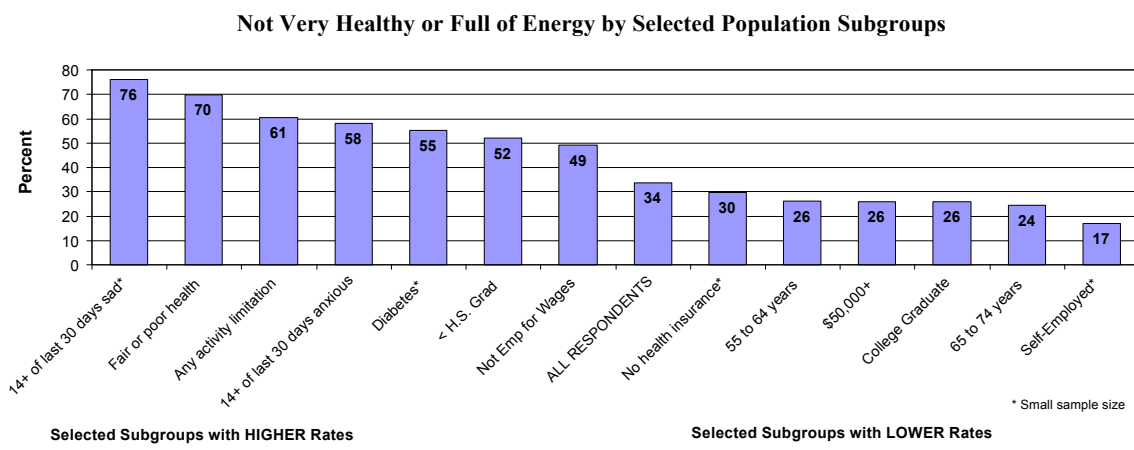
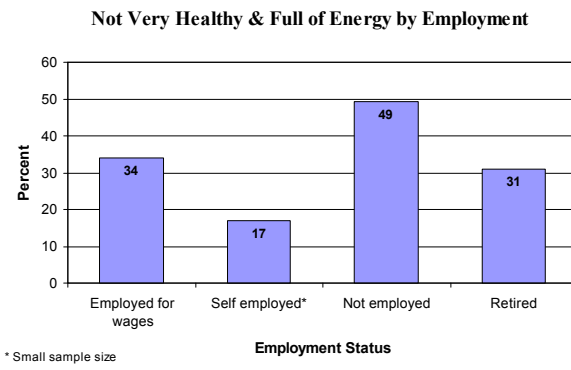


Not Very Healthy & Full of Energy by Income



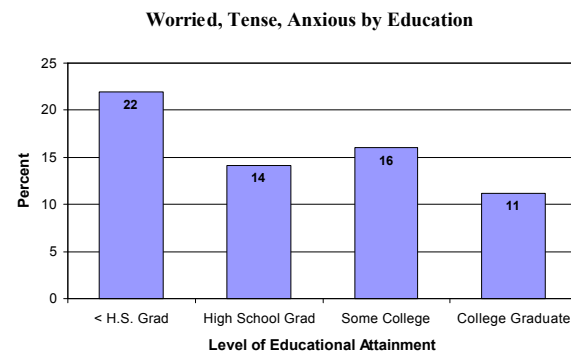
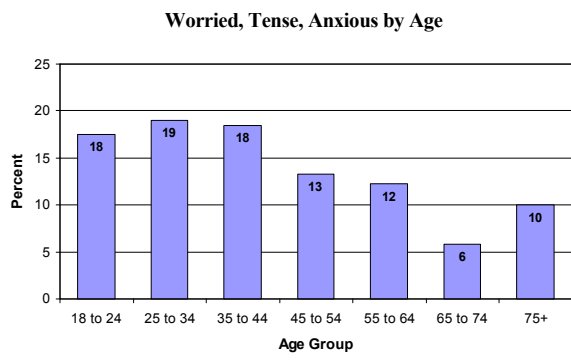
Among employment subcategories, the highest risk was observed among persons who were not currently employed (49%) and the lowest risk (17%) among self-employed respondents.

Other risk factors which appeared to be associated with not being very healthy or full of energy include being sad/blue/depressed 14 or more of the last 30 days, self-reported fair or poor health, having an activity limitation, being worried/tense/anxious 14 or more of the last 30 days, and diabetes.

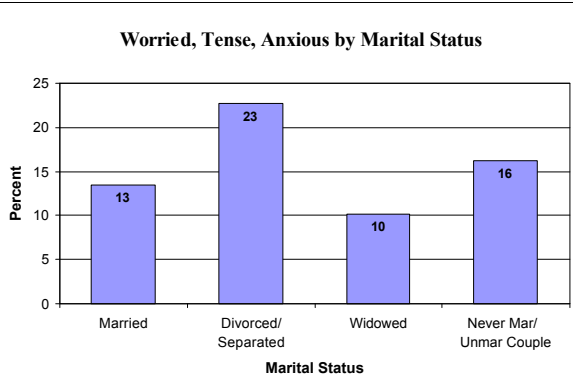


Worried, Tense, or Anxious

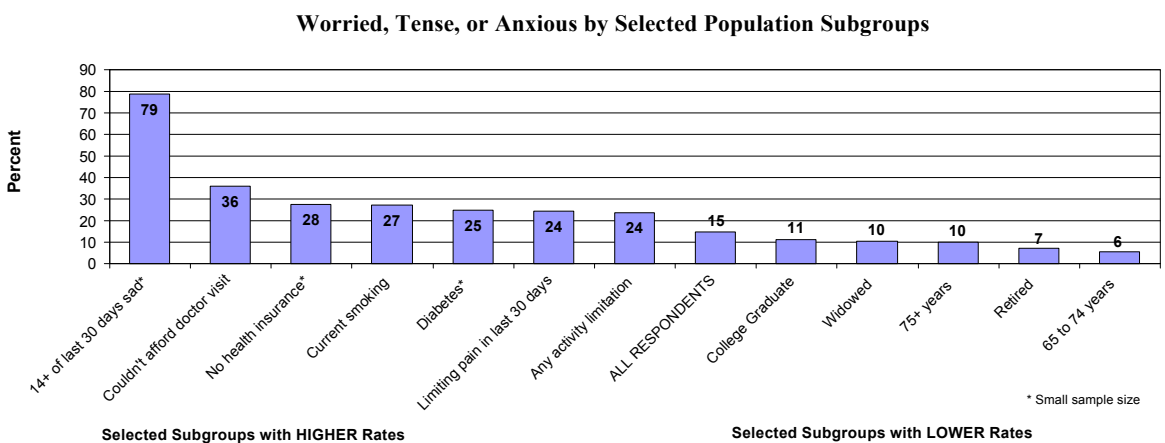
Fifteen percent of Saline County residents reported being worried, tense, or anxious for 14 or more of the last 30 days (anxiety). This is higher than the 12% observed statewide in 1999. The risk prevalence of anxiety generally decreased with increasing age and educational attainment.



Among marital status population subgroups, the highest prevalence of anxiety (23%) was observed in individuals who were divorced or separated, and the lowest risk was observed in widowed respondents (10%).

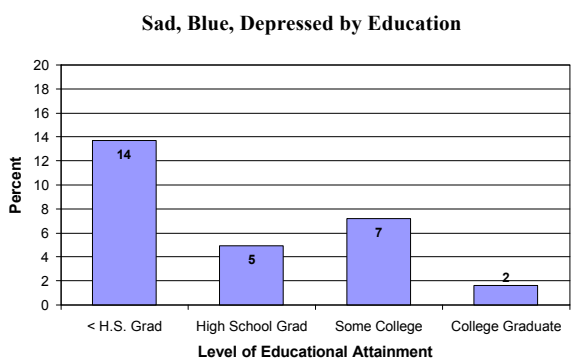
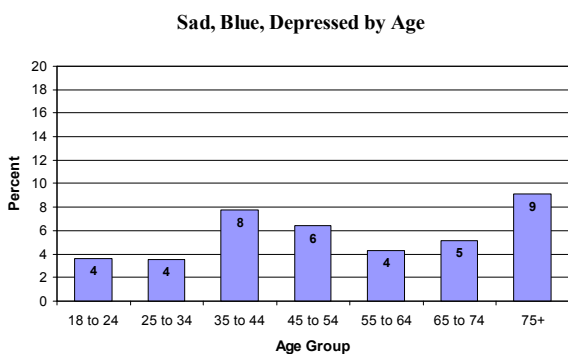


Seventy-nine percent of those who were sad, blue, or depressed on 14 or more of the last 30 days also reported being worried, tense, or anxious on 14 or more of the last 30 days. Other factors which appeared to be associated with anxiety included not being able to see a doctor due to cost, not currently having health insurance, smoking, and diabetes.



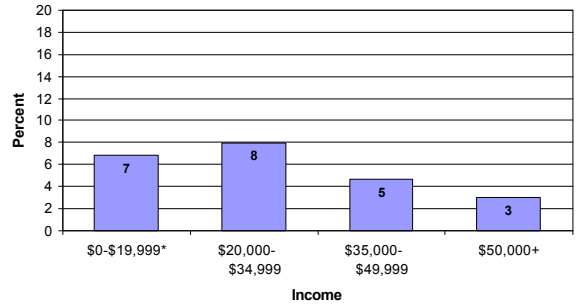
Sad, Blue, or Depressed

Six percent of Saline County respondents reported being sad, blue, or depressed for 14 or more of the past 30 days (depressed mood). This is similar to the percentage observed statewide in 1999 (5%). The prevalence of depressed mood varied by age and was highest among respondents aged 75 years and older. By level of educational attainment, it was twice as high among those with less than a high school education than any other group.

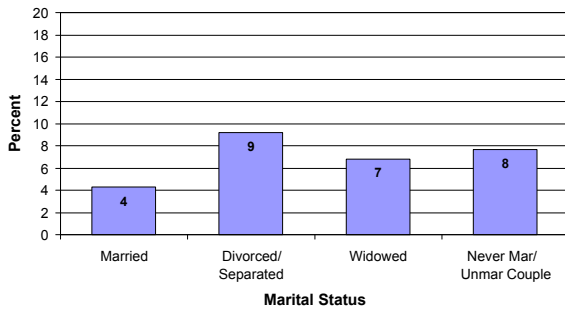


Among levels of household income, respondents earning \$50,000 or more annually had the lowest reported risk. Respondents who were divorced or separated reported a higher prevalence of depressed mood than married respondents. By employment status, a much higher percentage of depressed mood was reported among those who were not currently employed compared to other employment groups.

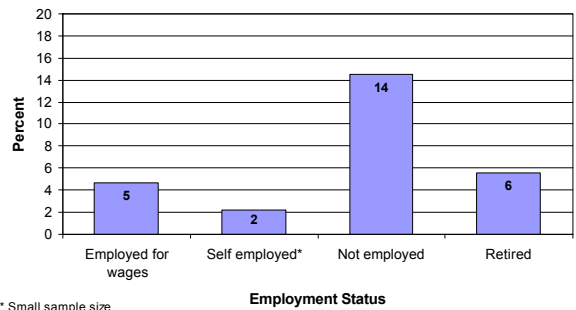
Sad, Blue, Depressed by Income



Sad, Blue, Depressed by Marital Status



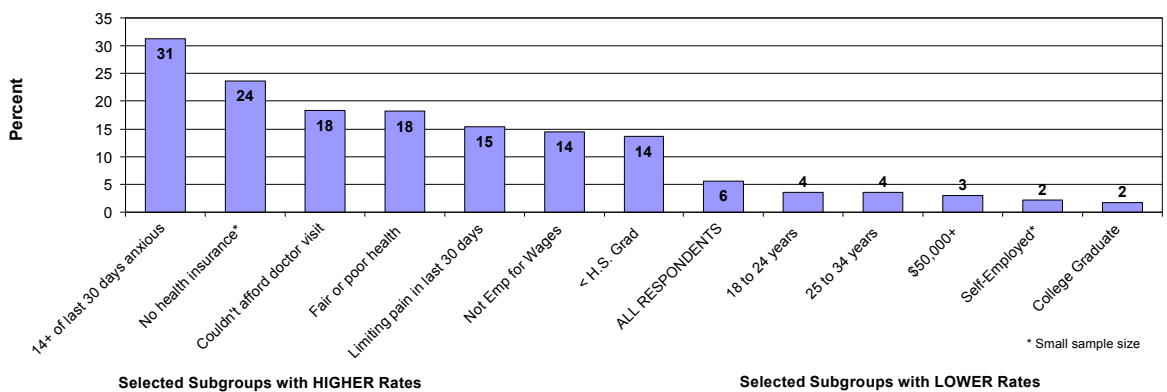
Sad, Blue, Depressed by Employment



* Small sample size

Thirty-one percent of those who reported anxiety also reported a depressed mood. Other risk factors which appeared to be associated with depressed mood included no health insurance, not being able to afford a doctor visit, and self-reported fair or poor health.

Sad, Blue, or Depressed by Selected Population Subgroups



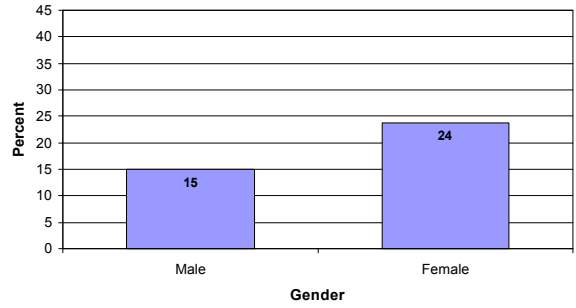
* Small sample size

Possible Depression

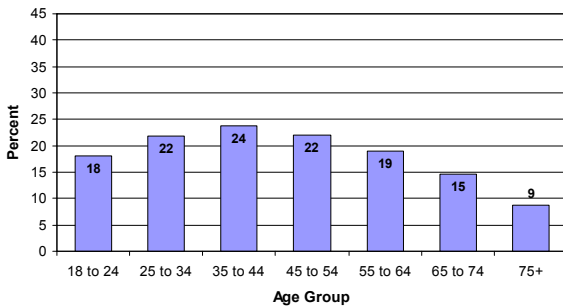
Twenty percent of Saline County respondents reported possible depression, that is, they thought they might have had depression in the past five years.

Female respondents were more likely than male respondents to report possible depression (24% versus 15%). Risk prevalence varied among different age groups, with the highest among middle-aged respondents and lowest among respondents aged 75 and older. Respondents with household income less than \$35,000 reported greater risk for possible depression than those with household income greater than \$35,000.

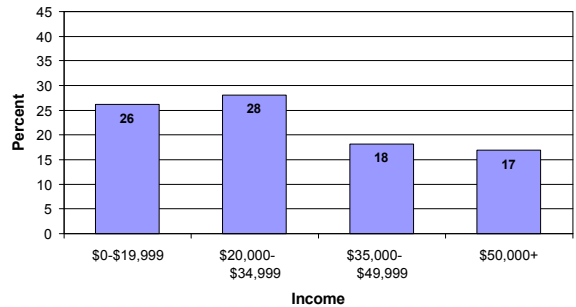
Possible Depression by Gender



Possible Depression by Age

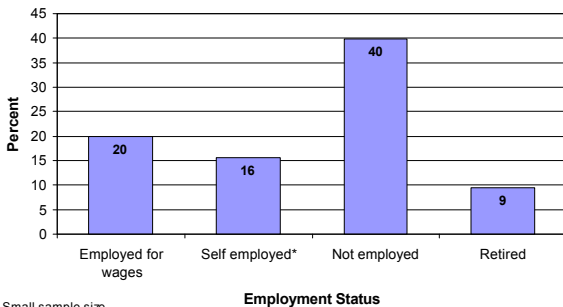


Possible Depression by Income



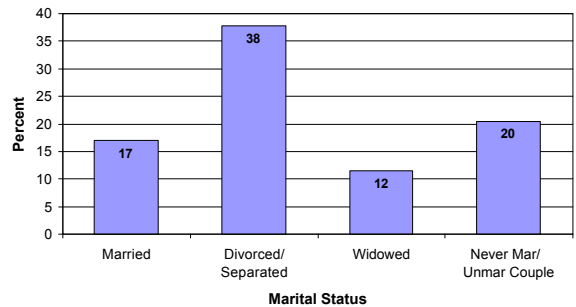
Among employment groups, not-currently-employed respondents reported the greatest risk (40%), while those divorced or separated had the highest percentage reporting possible depression (38%) among marital status breakouts.

Possible Depression by Employment

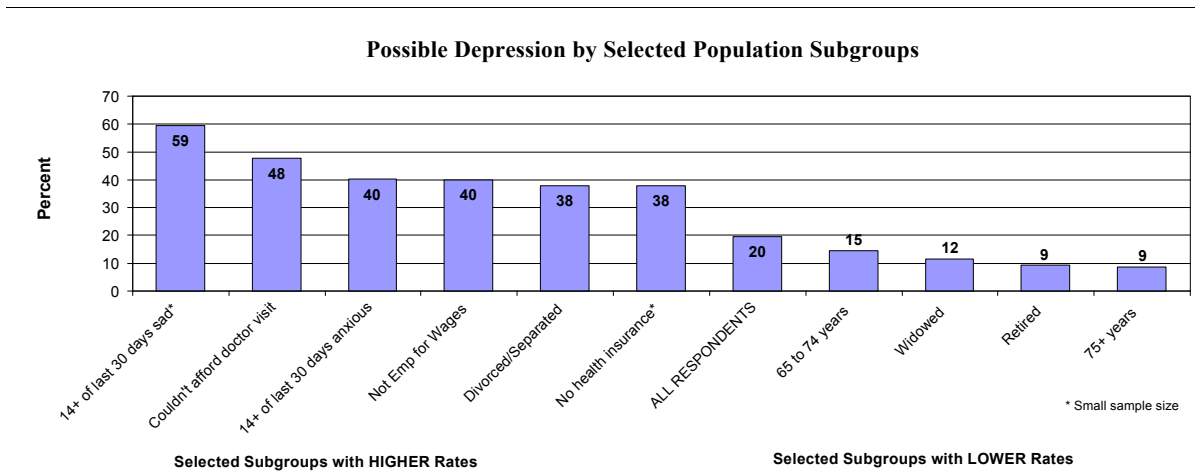


* Small sample size

Possible Depression by Marital Status

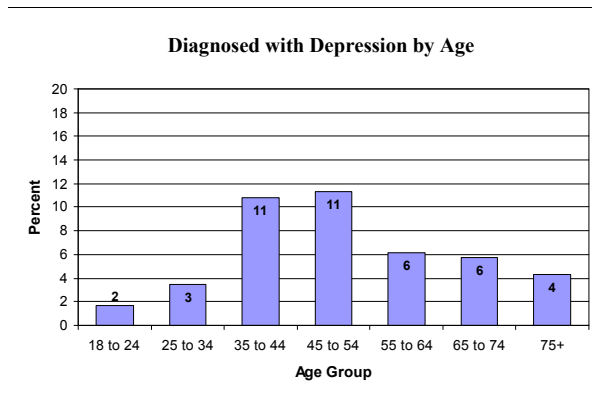
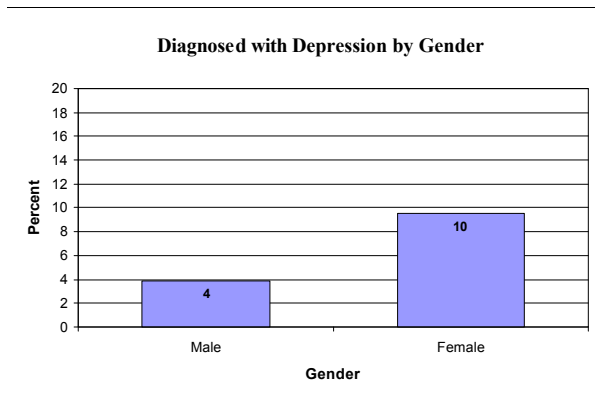


Fifty-nine percent of respondents who had been sad/blue/depressed for 14 or more of the past 30 days thought they might have had depression some time in the past five years. At least twice the risk of that observed in the general population was observed among those who couldn't see a doctor due to cost and those who reported being worried/tense/anxious 14 or more of the past 30 days.



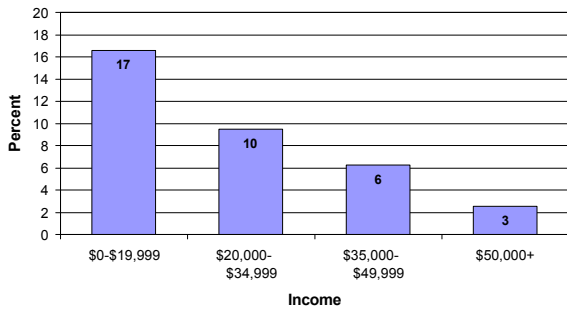
Diagnosed with Depression

Seven percent of respondents reported being diagnosed with depression in the last five years. Females were more than twice as likely as males to have been diagnosed with depression (10% to 4%). Comparing age groups, highest risk was observed among middle-aged respondents.

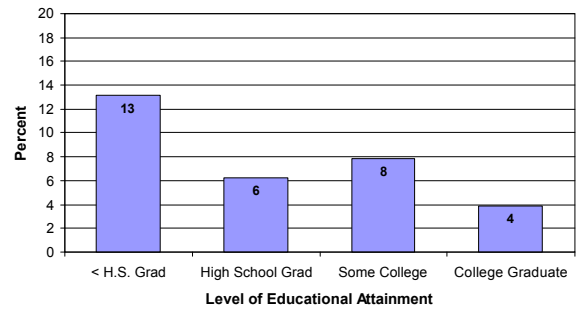


Risk prevalence decreased with increasing level of household income, and the percent-at-risk among college graduates was significantly less than the percent-at-risk among those with less than a high school education.

Diagnosed with Depression by Income

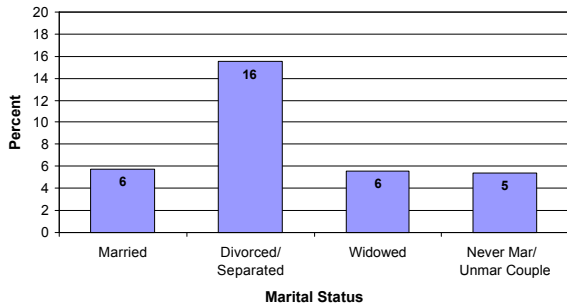


Diagnosed with Depression by Education

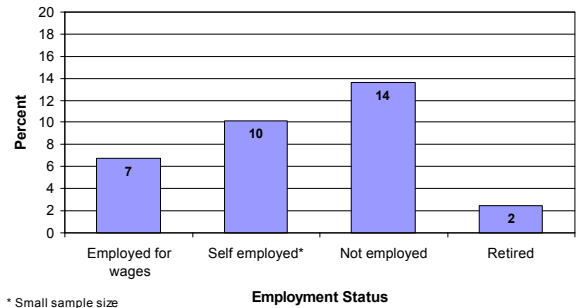


Among marital status groups, the highest percentage of at-risk respondents was observed among divorced or separated respondents (16%), while those not currently employed had the highest risk prevalence (14%) among employment stratifications.

Diagnosed with Depression by Marital Status

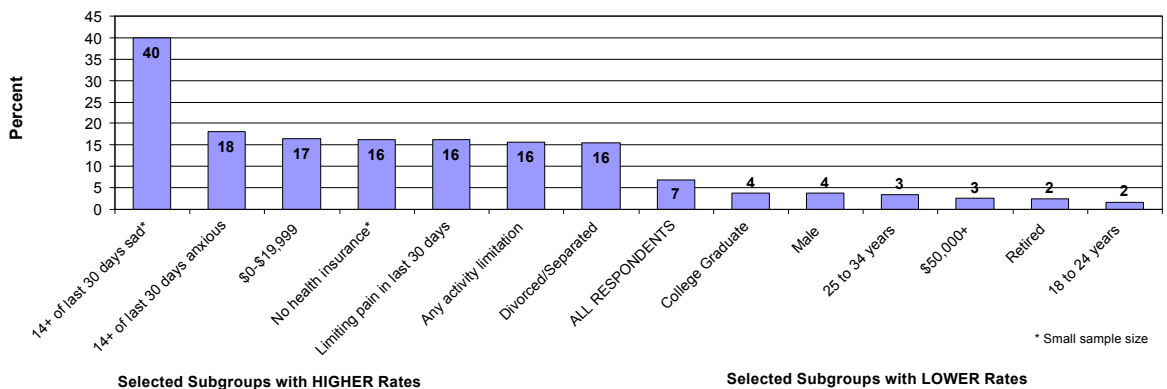


Diagnosed with Depression by Employment



A significant proportion (40%) of respondents who had been sad/blue/depressed for 14 or more of the last 30 days had been diagnosed with depression in the past five years. Other risk factors which appeared to be associated with having been diagnosed with depression included having been worried/tense/anxious 14 or more of the last 30 days, having no health insurance, limiting pain, and having an activity limitation.

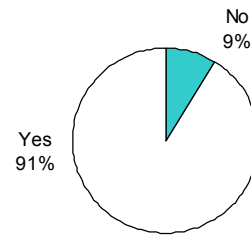
Diagnosed with Depression by Selected Population Subgroups



Treatment for Depression

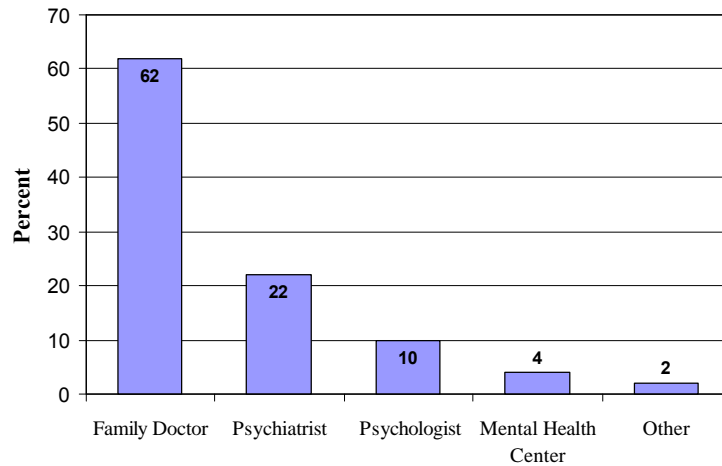
Among those who thought they may have been depressed in the past five years, only 35% were diagnosed with depression. This implies that a significant number of people may not be getting the help they need for mental or emotional problems. Among those who were diagnosed with depression in the past five years, 9% had not been treated.

Did you receive treatment for your depression?



Among those who did receive treatment, only 36% were treated by a mental health professional. The family physician was the most common source of treatment (62%).

Who treated you for your depression?



References

¹ U.S. Department of Health and Human Services. (1999). Mental Health: A Report of the Surgeon General-Executive Summary. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

² U.S. Department of Health and Human Services. (1998). Mental Health and Mental Disorders. In: Healthy People 2010 Objectives: Draft for Public Comment. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, p. 23-4.

³ HHS Fact Sheet. (June 7, 1999). The Department of Health and Human Services on Mental Health Issues (Press release).

⁴ HHS Fact Sheet. (December 13, 1999). The Department of Health and Human Services on Mental Health Issues (Press release).