

**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:**

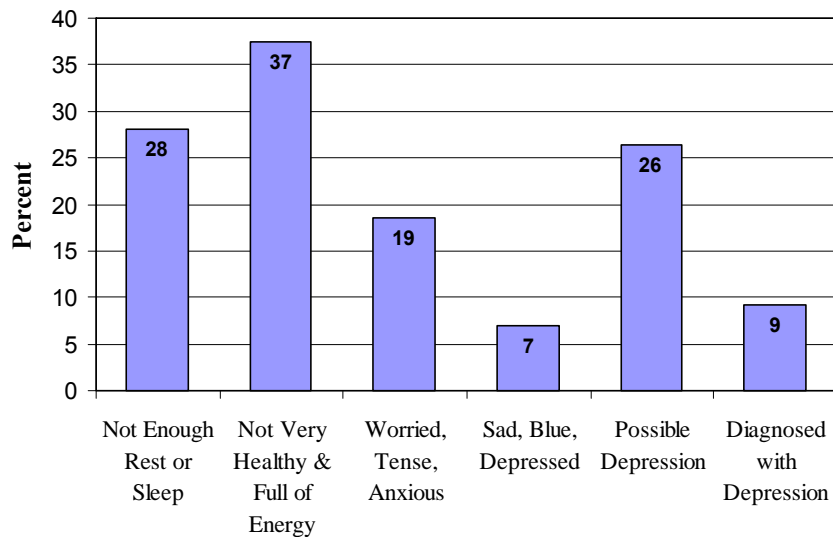
*Respondents reporting they felt sad, blue, or depressed for 14 or more of the past 30 days.*

**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 Risk Factors**



## 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.<sup>1</sup> Mental disorders include illness such as depression, anxiety disorders, and schizophrenic disorders. The mental health module of the Johnson 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. An estimated 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.<sup>2</sup>

*Four of the ten leading causes of disability for persons age 5 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 5 years of age and older are mental disorders.<sup>1</sup> 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.<sup>3</sup> 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.<sup>2</sup> 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.<sup>4</sup>

*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.

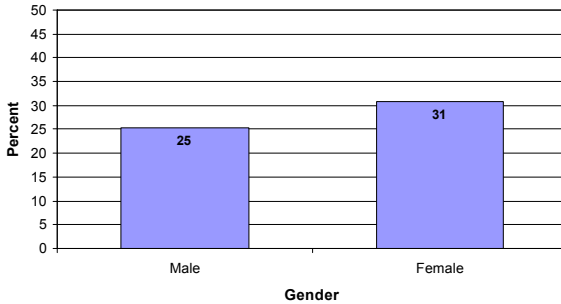
Johnson County data was sufficient to use six risk factors to assess quality of life and mental health:

- (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.

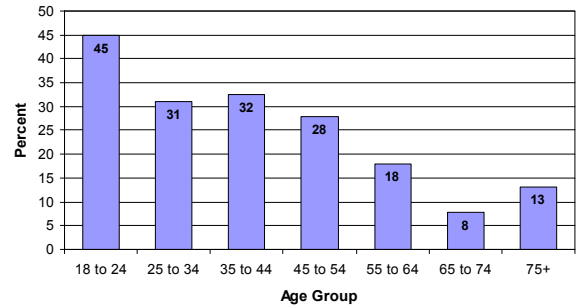
## Not Enough Rest or Sleep

Twenty-eight percent of respondents reported not getting enough rest or sleep for 14 or more of the past 30 days. This is slightly higher than the 22% reported statewide in 1999. A slightly higher percentage of females than males reported not getting enough rest or sleep for 14 or more of the past 30 days (31% versus 25%). Younger respondents were more likely than older respondents to be at risk, with 45% of respondents aged 18 to 24 not getting enough rest or sleep 14 or more of the past 30 days.

Not Enough Rest or Sleep by Gender



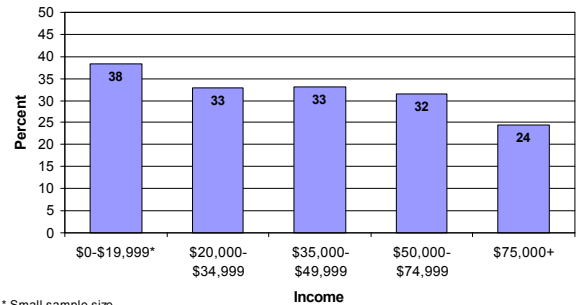
Not Enough Rest or Sleep by Age



Risk for not enough rest or sleep appeared to decrease slightly with household income of the respondent.

Comparing respondents by employment status, those 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 Income

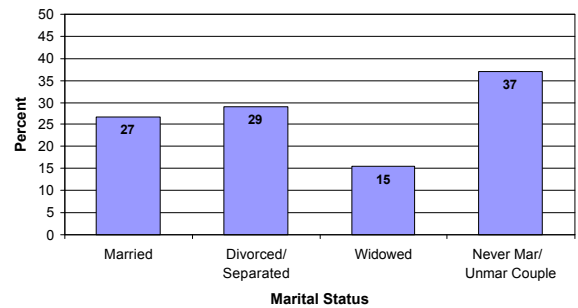


\* Small sample size

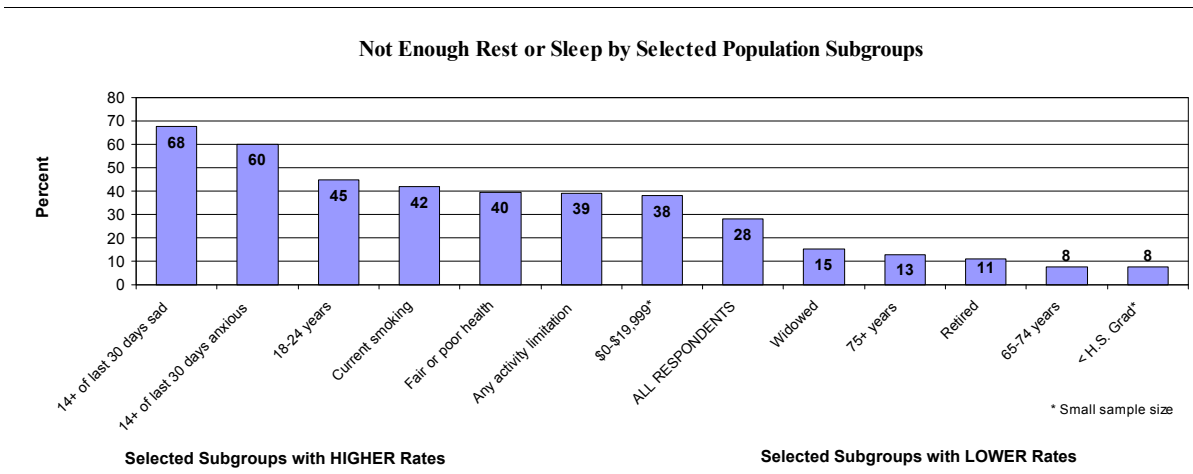
Not Enough Rest or Sleep by Employment



Not Enough Rest or Sleep by Marital Status

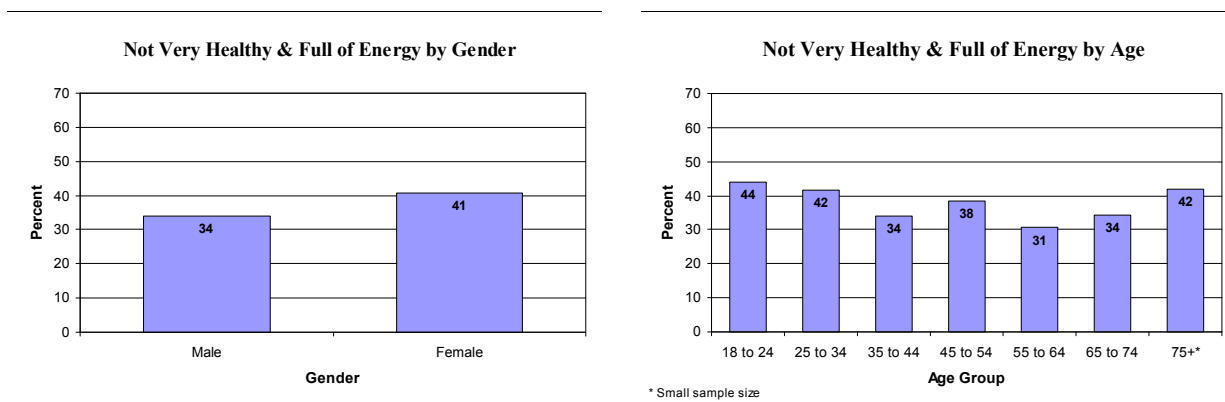


Other risk factors which appeared to be associated with not having enough rest or sleep included being sad, blue, or depressed 14 or more of the last 30 days; being worried, tense, or anxious 14 or more of the last 30 days; current smoking; and self-reported fair or poor health.



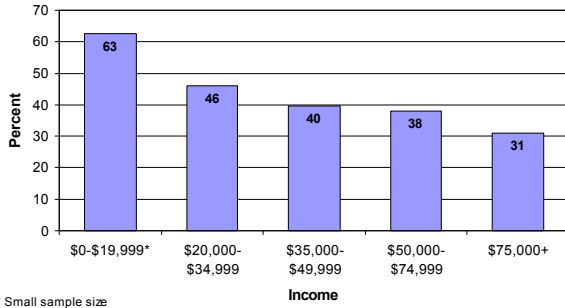
### Not Very Healthy and Full of Energy

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



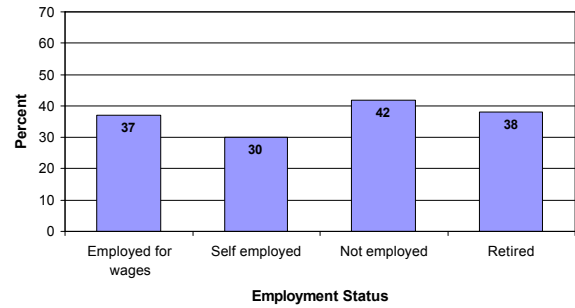
Risk prevalence generally decreased with increasing levels of household income. Among employment subcategories, persons who were not currently employed had the highest observed percentage for this risk factor.

**Not Very Healthy & Full of Energy by Income**



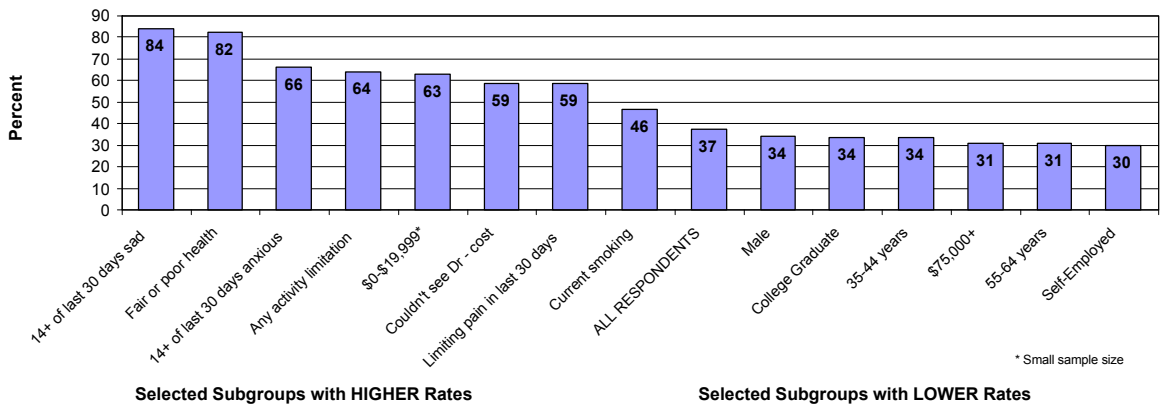
\* Small sample size

**Not Very Healthy & Full of Energy by Employment**



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

**Not Very Healthy or Full of Energy by Selected Population Subgroups**

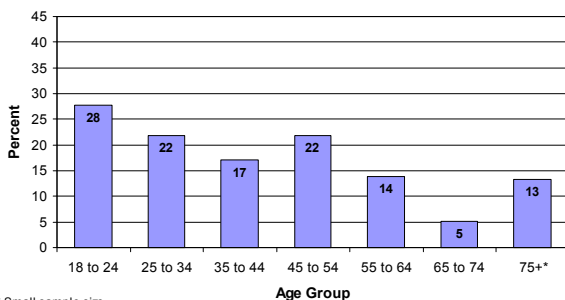


\* Small sample size

## Worried, Tense, or Anxious

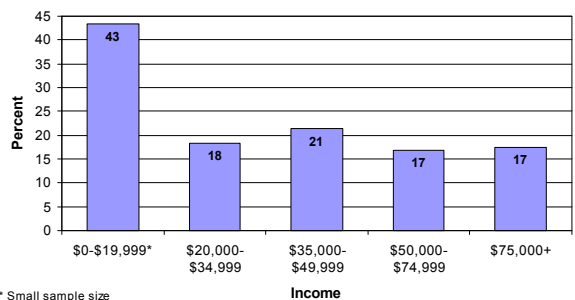
Nineteen percent of Johnson County respondents reported being worried, tense, or anxious for 14 or more of the last 30 days (anxiety). This is higher than the 12% observed statewide in 1999. The risk prevalence of anxiety generally decreased with increasing age and household income.

**Worried, Tense, Anxious by Age**



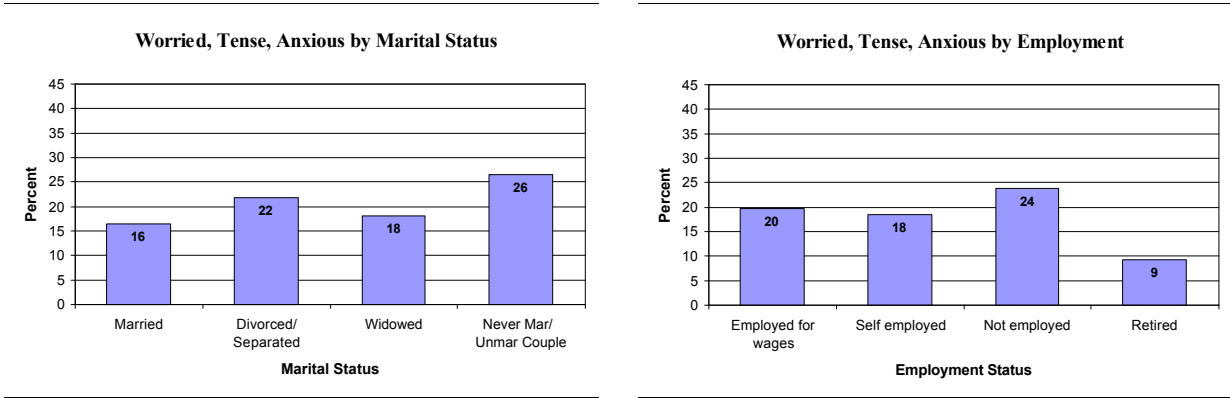
\* Small sample size

**Worried, Tense, Anxious by Income**

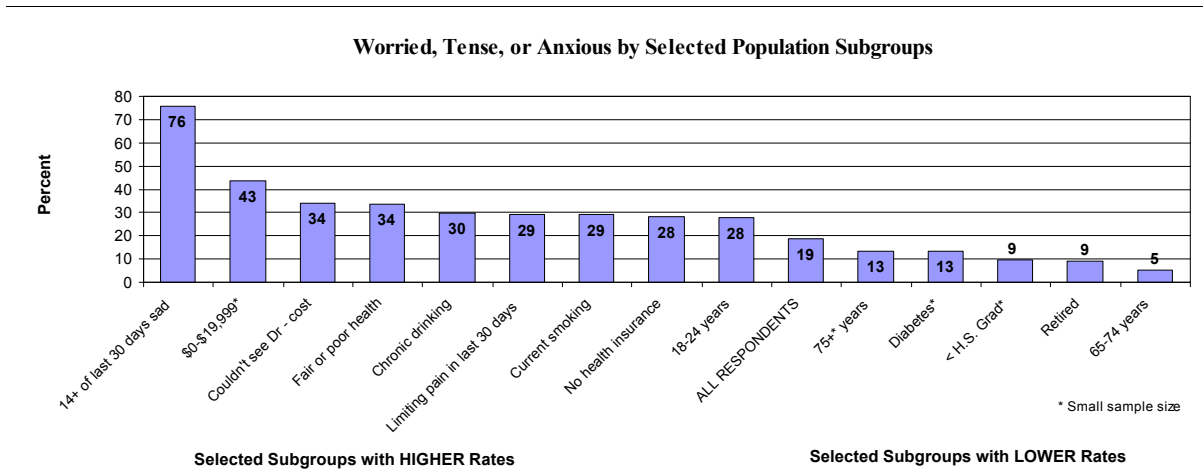


\* Small sample size

Among marital status subpopulations, the highest prevalence of anxiety (26%) was observed in individuals who had never been married/were part of an unmarried couple, and the lowest risk was observed in married respondents (16%). Among employment subpopulations, retired persons had the lowest prevalence of anxiety (9%), while those not employed for wages had the highest (24%).



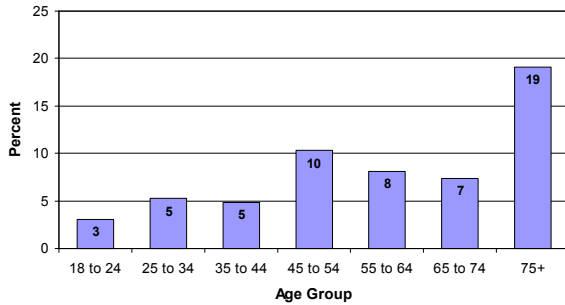
Seventy-six percent of those who were sad, blue, or depressed 14 or more of the last 30 days also reported being worried, tense, or anxious 14 or more of the last 30 days. Other factors which appeared to be associated with anxiety included not being able to see a doctor due to cost and self-reported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



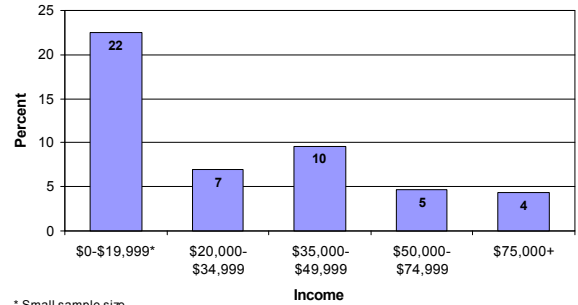
## Sad, Blue, or Depressed

Seven percent of Johnson 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 was highest among elderly respondents (aged 75 and older) and respondents with a household income less than \$20,000.

Sad, Blue, Depressed by Age

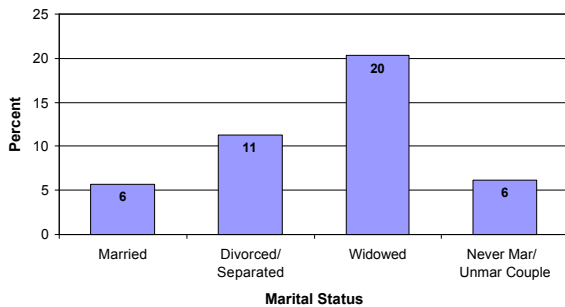


Sad, Blue, Depressed by Income



Respondents who were married, never married, or a member of an unmarried couple reported a lower prevalence of depressed mood than widowed respondents. Respondents who were unemployed or retired reported higher percentages of depressed mood (12%) than the other employment groups.

Sad, Blue, Depressed by Marital Status

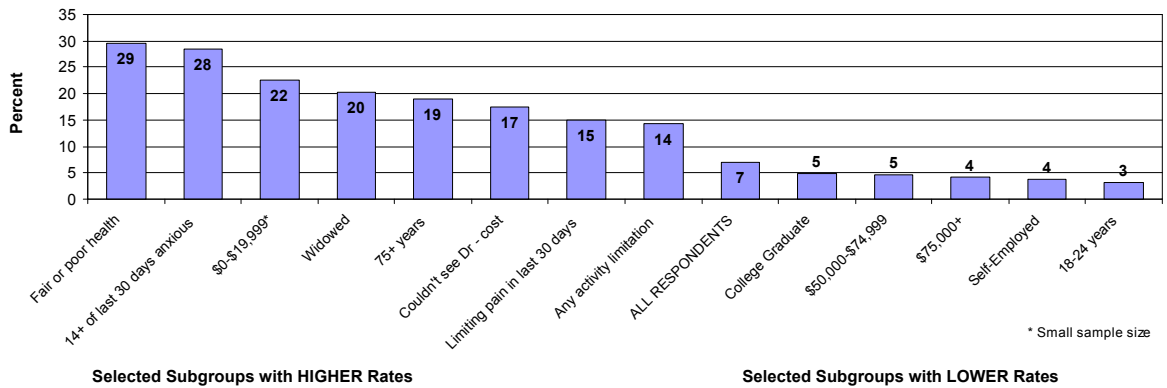


Sad, Blue, Depressed by Employment



Twenty-nine percent of respondents in fair or poor health reported a depressed mood in the past month. Respondents who experienced 14 or more days of being worried, tense or anxious also displayed a substantially higher prevalence of depressed mood than the general population (28% versus 7%).

### Sad, Blue, or Depressed by Selected Population Subgroups



Selected Subgroups with HIGHER Rates

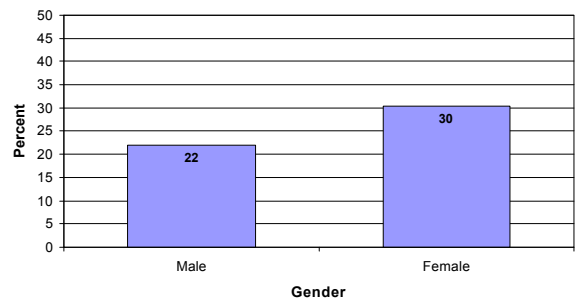
Selected Subgroups with LOWER Rates

### Possible Depression

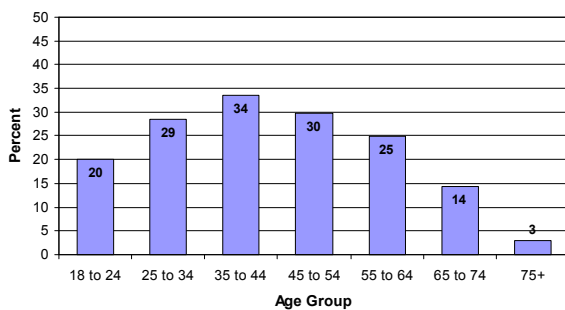
Twenty-six percent of respondents reported possible depression, that is, they thought they might have had depression in the past five years.

Females were more likely than males to report possible depression (30% versus 22%). Risk prevalence varied among different age groups, with the highest among middle-aged respondents and lowest among respondents aged 75 and older. Among marital status groups, divorced or separated respondents had the highest percent at-risk (42%).

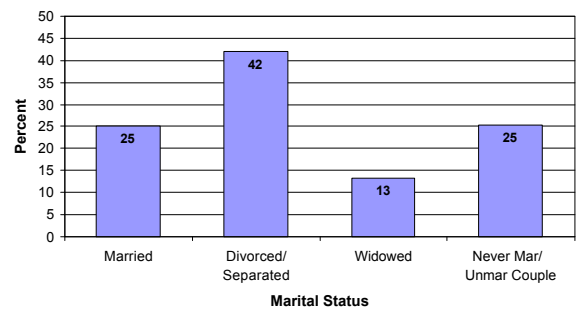
#### Possible Depression by Gender



#### Possible Depression by Age

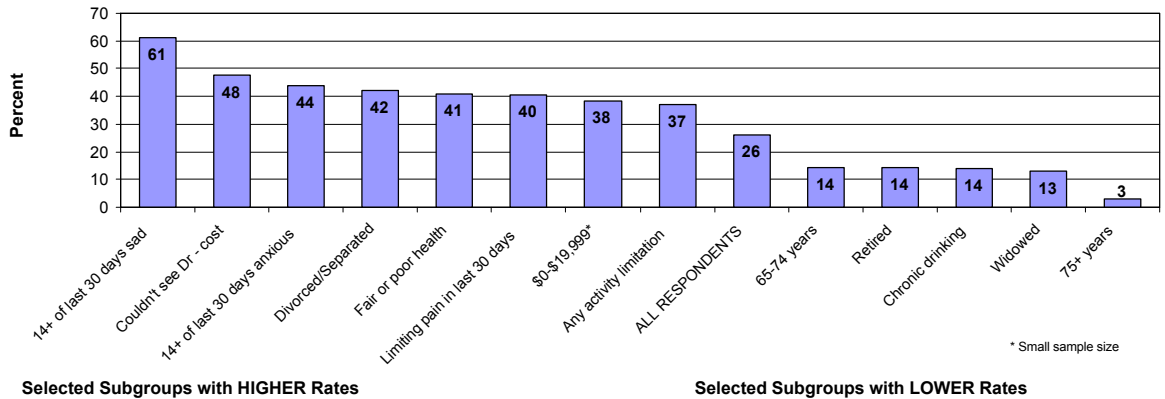


#### Possible Depression by Marital Status



Sixty-one percent of respondents who had been sad, blue or depressed for 14 or more of the past 30 days thought they might have had depression some time in the past year. Those who couldn't see a doctor due to cost and reported being worried, tense, or anxious 14 or more of the past 30 days also had a higher risk for depressed mood than the general population.

### Possible Depression by Selected Population Subgroups

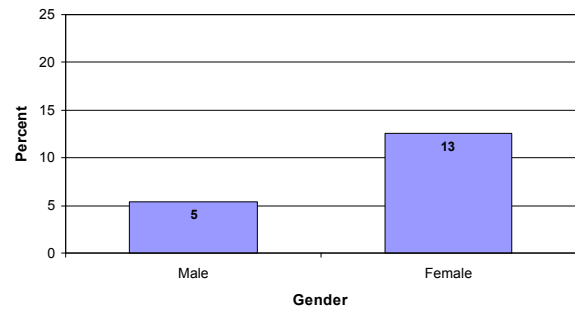


### Diagnosed with Depression

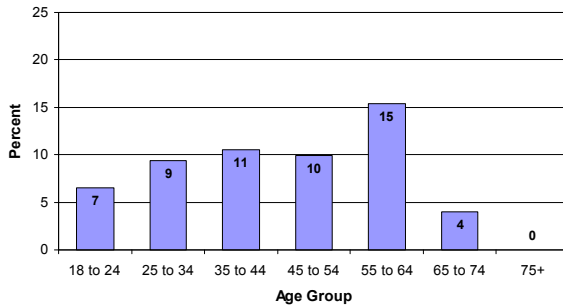
Nine percent of respondents reported being diagnosed with depression in the last five years.

Females were more than twice as likely as males to have been diagnosed with depression. Risk prevalence varied among different age groups, with higher risk observed among middle-aged respondents. Risk prevalence generally decreased with increasing level of household income, and a lower percentage of respondents with some college or a college degree reported being diagnosed with depression than respondents with a high school diploma or less.

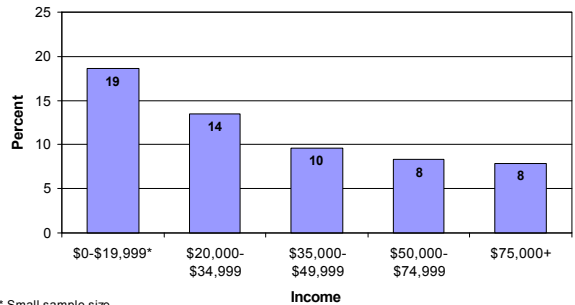
### Diagnosed with Depression by Gender



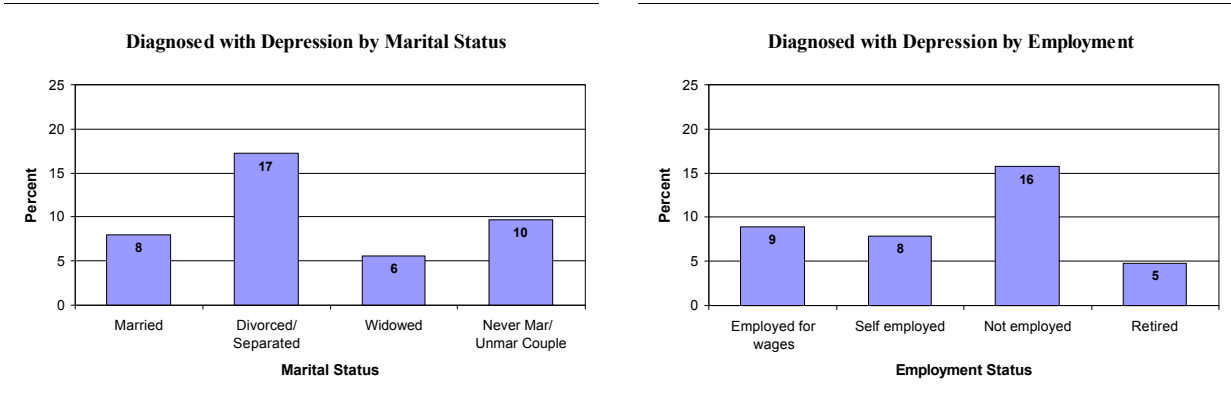
### Diagnosed with Depression by Age



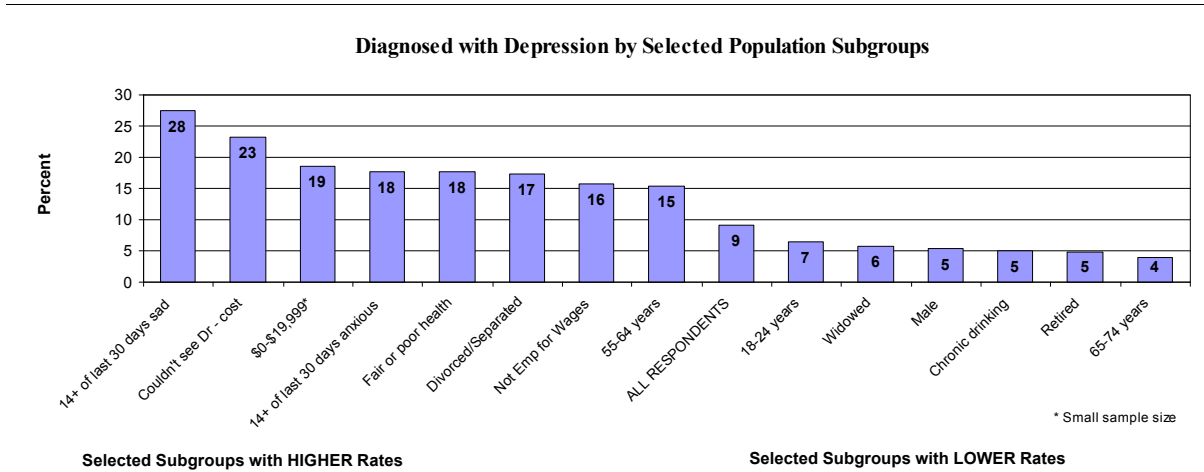
### Diagnosed with Depression by Income



Among marital status groups, the highest percentage of at-risk respondents was observed among divorced or separated respondents (17%), while those not currently employed had the highest percentage of respondents diagnosed with depression (16%) among employment stratifications.



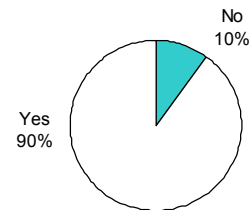
Other risk factors which appeared to be associated with having been diagnosed with depression included having been sad, blue or depressed 14 or more of the last 30 days; not being able to see a doctor due to cost; having been worried, tense, or anxious 14 or more of the last 30 days; and reporting fair or poor general health.



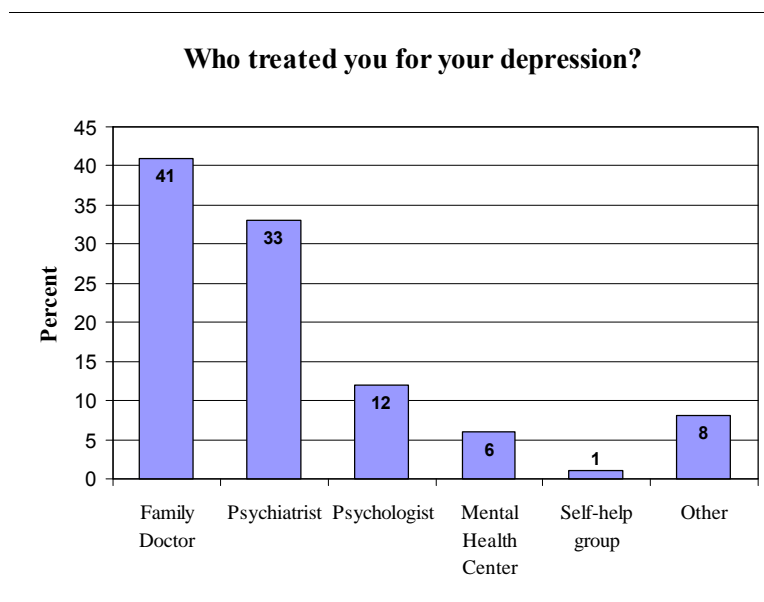
## Treatment for Depression

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, 10% had not been treated.

Did you receive treatment for your depression?



Among those who did receive treatment, only half (51%) were treated by a mental health professional. The family physician was the most common source of treatment (41%).



## References

<sup>1</sup> 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.

<sup>2</sup> 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.

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

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