

Awareness of sources of help for depression

Background

In New Zealand, rates of diagnosed mental health conditions are rising: 18% of adults have been diagnosed with a mood disorder (depression or bipolar disorder) and/or anxiety disorder at some time in their life, up from 16% in 2012/13 and 13% in 2006/07 (Ministry of Health, 2014). With the rate rising for these disorders it is vital that New Zealanders are aware of how to get help. This fact sheet will focus on depression.

Through the National Depression Initiative (NDI), the Health Promotion Agency (HPA) aims to help reduce the impact of depression on New Zealanders by aiding early recognition and recovery, for both adults and young people. The Health and Lifestyles Survey (HLS) monitors knowledge and awareness of depression in New Zealand. This fact sheet examines New Zealand adults' awareness of sources of help for depression.

Methodology

The 2014 HLS asked respondents, 'If you or someone you know has depression, do you know where you could go to get help?' Respondents were not probed for possible sources of help, and multiple responses were permitted. If a respondent identified "John Kirwan website" the interviewer coded the respondent as having identified the website www.depression.org.nz, as John Kirwan is the ambassador for the campaign and is highly visible on the website. Responses were examined by gender, age, ethnicity and neighbourhood deprivation status.

Only those group differences that were statistically significant ($p < 0.05$) are reported.

Awareness of sources of help

Four out of five respondents (82%, 80-85%) were aware of at least one source of help for depression. Figure 1 shows the sources of help that had greater than 10% response, as well as 'don't know' responses. The top five sources of help identified included: doctors (52%, 48-55%); the www.depression.org.nz website (20%, 18-22%); helplines (17%, 15-20%); therapists/counsellors (15%, 12-17%) and friends or family members (12%, 10-14%). Further, 17% (15-19%) of respondents were unable to identify any source of help for depression.

Respondents who were more likely to identify **seeing a doctor** as a source to get help for depression were:

- female (59%), compared to male (44%)
- adults aged 25 to 44-years-old (51%), 45 to 64-years-old (56%) and 65+ years-old (62%), compared with younger adults aged 15 to 24-years-old (35%)
- those of European/Other ethnicity (58%), compared with Māori (44%), Pacific people (33%) and Asian people (31%)
- those living in a neighbourhood of low deprivation status (59%), compared to those living in a highly deprived neighbourhood (43%).

Respondents who were more likely to identify **www.depression.org** as a source of help for depression were:

- adults aged 25 to 44-years-old (33%) and 45 to 64-years-old (20%), compared with younger adults aged 15 to 24-years-old (10%).

Respondents who were more likely to identify **helplines** as a source to get help for depression were:

- adults aged 15 to 24-years-old (25%), compared with those aged 44 to 65-years-old (17%) and 65+ years-old (8%).

Respondents who were more likely to identify **therapists or counsellors** as a source to get help for depression were:

- female (18%), compared to male (11%)
- young adults aged 15 to 24-years-old (19%), compared with those aged 65+ years-old (6%)
- those living in a neighbourhood of low deprivation (17%), compared to those living a highly deprived neighbourhood (10%).

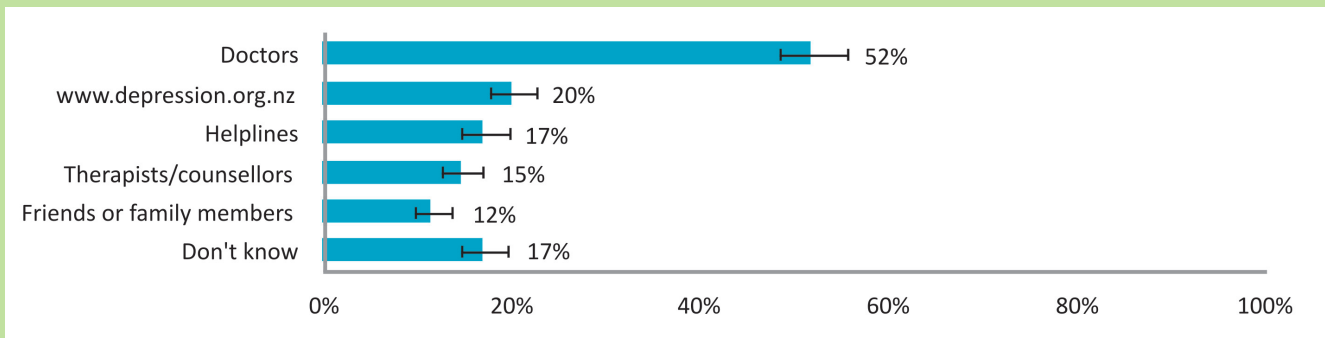


Figure 1: Top five sources of help for depression identified by respondents (including the group unable to identify a source of help)

Note: percentages do not add to 100% as multiple responses could be given

Respondents who were more likely to identify **friends or family members** as source to get help for depression were:

- young adults aged 15 to 24-years-old (23%), compared with those aged 25 to 44-years-old (12%), 45 to 64-years-old (9%) or 65+ years-old (6%)
- Māori (17%), compared with those of European/Other ethnicity (11%).

Respondents who were unable to identify any sources of help for depression were:

- male (20%), compared to female (14%)
- young adults aged 15 to 24-year-olds (23.3%), compared with those aged 25 to 44-year-olds (13.2%) and 45 to 64-year-olds (14.4%)
- those of Pacific ethnicity (28.5%) and Asian people (36.7%), compared with European/Other (13%)

- those living a neighbourhood of low deprivation (11%), compared with those living in high (22%) and medium (18%) deprivation neighbourhoods.

Key points

- Four out of five respondents were aware of at least one source of help for depression.
- The top five sources of help identified included: doctors, the www.depression.org.nz website, helplines, therapists/counsellors, and friends or family members.
- There were differences in awareness of sources of help by gender, age, ethnicity and neighbourhood deprivation status.

References

Ministry of Health. (2014). *Annual update of key results 2013/2014: New Zealand Health Survey*. Wellington: Ministry of Health.

Citation

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About the Health and Lifestyles Survey

- The Health and Lifestyle Survey is a nationwide in-home face-to-face survey conducted every two years since 2008.
- The 2014 Health and Lifestyle Survey consisted of a sample of 2,594 New Zealanders aged 15-years-and-over, who provided information about their health behaviours and attitudes relating to tobacco, skin cancer prevention, healthy eating, gambling, alcohol, exercise, immunisation, mental health, breast feeding, and cancer screening. The response rate was 73.2%.
- The 2014 Health and Lifestyle Survey sample included 1420 European/Other, 564 Māori, 393 Pacific people, and 217 Asian (prioritised ethnicity).
- The data have been adjusted (weighted) according to 2013 Census data to ensure they are representative of the New Zealand population.
- For this analysis, proportions and 95% confidence intervals were produced. Odds ratios and adjusted odds ratios were used to compare responses between groups. The significance level used for statistical analyses was set to $\alpha=0.05$.
- Comparison groups for these analyses were as follows:
 - Gender (males, compared with females).
 - Age (25 to 44-year-olds, 45 to 64-year-olds, and 65+ year-olds, compared to 15 to 24-year-olds).
 - Ethnicity (Māori, Pacific people, and Asian, compared with European/other).
 - Neighbourhood deprivation status (New Zealand Deprivation Index 8 to 10 and 4 to 7, compared with New Zealand Deprivation Index 1 to 3).
- A full description of the Health and Lifestyle Survey methodology and further Health and Lifestyle Survey publications can be found online at www.hpa.org.nz/research-library/research-publications

About the HPA

HPA is a Crown entity that leads and delivers innovative, high quality and cost-effective programmes and activities that promote health, wellbeing and healthy lifestyles, prevent disease, illness and injury, enable environments that support health and wellbeing and healthy lifestyles, and reduce personal, social and economic harm.

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