

## Recognition of signs and behaviours of depression

### Background

Through the National Depression Initiative, the Health Promotion Agency (HPA) aims to reduce the impact of depression on adults and young people through early recognition of the signs of depression. HPA's Health and Lifestyles Survey (HLS) monitors New Zealanders' behaviour and attitudes towards a range of health topics, including mental health. This fact sheet reports on New Zealanders' recognition of signs and behaviours associated with untreated depression.

### Methodology

Respondents in the 2014 HLS were asked, 'If a person has untreated depression, what are five signs or behaviours they might show?' For the purposes of this analysis, untreated depression was considered to be continuing signs and behaviours of depression. Respondents were not prompted nor probed for their response. The order respondents reported each sign/behaviour was recorded. Respondents were able to list up to five signs or behaviours. If respondents answered 'don't know' or 'refused', they were not asked to name another sign/behaviour and proceeded to the next survey question.

First, respondents' responses were grouped (regardless of the order given or whether they dropped out due to a 'don't know' or 'refused' answer) to determine the total proportion of respondents who recognised each sign/behaviour. Second, the proportion of respondents who were able to identify up to five signs or behaviours of untreated depression was assessed. Lastly, a logistic regression was used to compare respondents who could identify three or more signs/behaviours of untreated depression to those who could not (ie, could identify two or fewer signs/behaviours) by gender, age, ethnicity, neighbourhood deprivation status and educational background. See the 'About the Health and Lifestyles Survey' section for more detail and the relevant comparison groups. Only those group differences that were statistically significant ( $p < .05$ ) are reported.

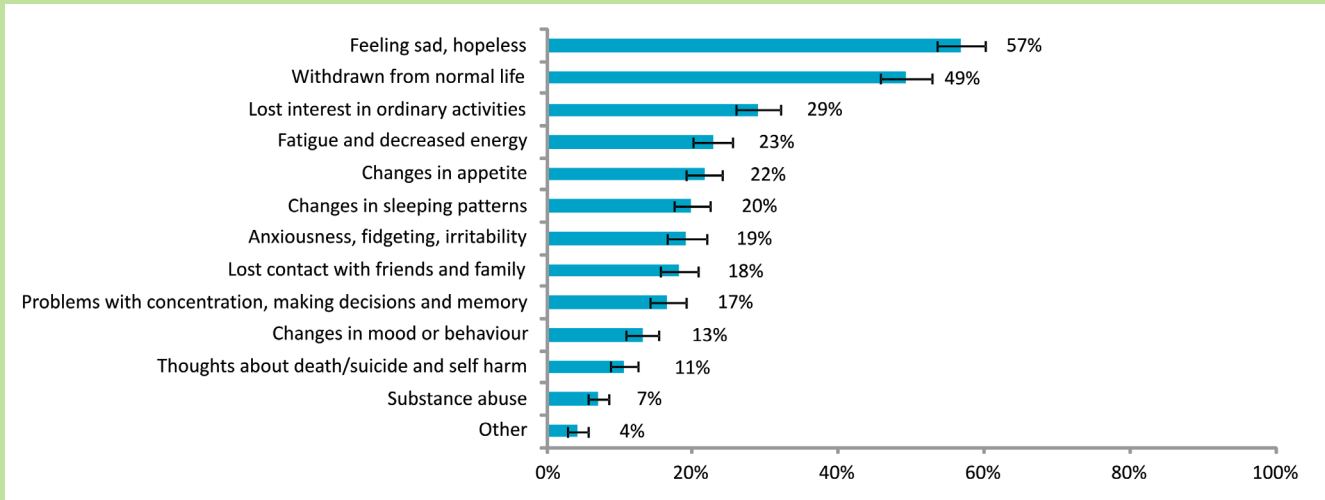
### Results

Respondents predominantly identified 'feeling sad, hopeless' and 'withdrawn from normal life' as signs/behaviours of untreated depression (Figure 1). Over one-half (57%, 53-60%) identified 'feeling sad, hopeless' as a sign/behaviour, and one-half (49%, 46-53%) identified 'withdrawn from normal life'. At least 20% of respondents identified the following four signs/behaviours: 'lost interest in ordinary activities' (29%, 26-32%), 'fatigue and decreased energy' (23%, 20-25%), 'changes in appetite' (22%, 19-24%) and 'changes in sleeping patterns' (20%, 17-22%).

Approximately four in five (83%, 81-86%) respondents could identify at least one sign/behaviour associated with untreated depression (Figure 2). One in two (50%, 47-54%) respondents were able to identify four or more signs/behaviours. Sixteen percent (13-18%) 'didn't know' what any signs/behaviours may be.

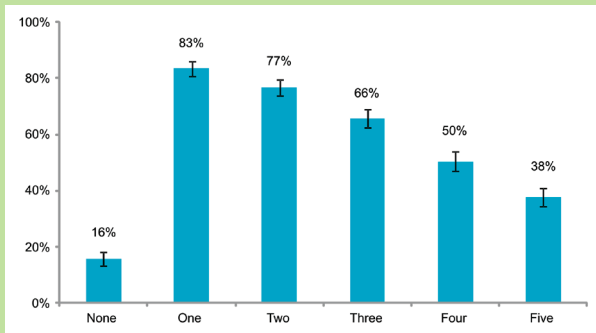
There were demographic differences in respondents who were able to identify three or more signs/behaviours (versus ability to name two or fewer signs/behaviours). Those more likely to be able to identify three or more signs/behaviours of untreated depression were:

- female (46%), compared with male (29%)
- European/Other ethnicity (68%), compared to Pacific peoples (54%)
- those with a degree/postgraduate qualification (51%), compared to those with no formal education (24%), secondary school qualification (36%) or trade certificate/professional/diploma qualification (40%).



**Figure 1: Signs and behaviours of untreated depression identified by respondents**

Note: Proportions do not add to 100% as respondents were able to identify up to five signs or behaviours



**Figure 2: Number of signs and behaviours of untreated depression respondents identified**

Note: Proportions do not add to 100% as respondents were able to identify up to five signs or behaviours

## Key points

- Feeling sad/hopeless and being withdrawn from normal life were the two most common signs/behaviours of untreated depression as identified by respondents.
- Four in five respondents could name at least one sign/behaviour of untreated depression; one in two respondents were able to name four or more signs/behaviours.
- Respondents who could name three or more signs/behaviours of untreated depression differed by gender, ethnicity and educational background.

## Further information

For resources and more information, please go to [depression.org.nz](http://depression.org.nz) or [mentalhealth.org.nz](http://mentalhealth.org.nz).

## About the Health and Lifestyles Survey

- The HLS is a nationwide in-home face-to-face survey conducted every two years since 2008.
- The 2014 HLS 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 and mental health. The response rate was 73.2%.
- The 2014 HLS sample included 1,420 European/Other people, 564 Māori, 393 Pacific people and 217 Asian people (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, jack-knife proportions and associated 95% confidence intervals were produced. Sub-group differences were tested using logistic regression.
- Comparison groups for these analyses were as follows:
  - Gender (males, compared with females).
  - Age (25 to 44 years, 45 to 64 years and 65 + years, compared with 15 to 24 years).
  - Ethnicity (Māori, Pacific and Asian, compared with European/Other).
  - Neighbourhood deprivation status (mid and high deprivation levels, compared with low deprivation level).
  - Educational background (no formal qualification, secondary school, trade certificate/professional/diploma, compared with degree/postgraduate qualification).
- A full description of the HLS methodology and further HLS publications can be found at <http://www.hpa.org.nz/research-library/research-publications>.

## Citation

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## 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. HPA enables environments that support health and wellbeing and healthy lifestyles, and reduce personal, social and economic harm.

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