

Understanding and awareness of depression

Background

Globally, depression is marked to become the second leading cause of disability by 2020 (Murray & Lopez, 1996). Six percent of New Zealanders experience a major depressive disorder each year and 14% will experience a major depressive disorder at some point in their lives (Ministry of Health, 2012; Wells, 2006). In 2006, anxiety and depressive disorders were the second leading cause of health loss (healthy life lost due to illness, impairment or premature death) (Ministry of Health, 2013). One of the most common reasons people are absent from work or unable to run a home is due to suffering from depression (Ministry of Health, 2009).

The Health Promotion Agency (HPA) seeks to reduce the burden of depression on New Zealanders through the National Depression Initiative and by monitoring knowledge and awareness of depression through the Health and Lifestyles Survey (HLS).

Methodology

The 2012 HLS included two questions that assessed people's knowledge and measured their awareness of depression. First, respondents were asked how confident they would be in recognising that a close friend was experiencing untreated depression. Responses to this question were examined by gender, age (15 to 24 years, compared with 25 to 44 years, 45 to 64 years, and 65+ years), ethnicity (Māori, compared with Pacific, Asian, and European/Other), educational status (university degree/postgraduate qualification, compared with trade certificate/professional qualification/undergraduate diploma, secondary school qualification, and no formal education), employment status (full time, compared with part time, homemaker, and other), social media use (none, compared with low, moderate, and high levels of use), and level of connectedness (high level of connectedness, compared with moderate and low levels of connectedness). When looking at differences by social media use we have controlled for age and when looking at differences by connectedness we have controlled for both gender and age. This means

that we take into account a respondent's age and/or gender, to ensure that any differences found are not in fact due to the respondent's age and/or gender.

Respondents were also asked to suggest some ways to treat depression. Multiple responses were permitted. The five most popular responses to this question were examined by gender, age (15 to 24 years, compared with 25 to 44 years, 45 to 64 years and 65+ years), and location (urban, compared with rural). When looking at differences by location we have controlled for age.

Proportional odds ratios were used for comparing confidence in detecting untreated depression among different groups. The comparison confidence categories were *some level of confidence* (combined response categories of 'very confident', 'confident' and 'somewhat confident') versus *not at all confident* (response category 'not at all confident').

Results relating to confidence in being able to identify and treat depression reflect respondents' own perceptions. As such, respondents may overestimate their ability to identify and treat depression and, similarly, they may underestimate their ability to identify and treat depression.

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

Confidence in detecting untreated depression in a close friend

Respondents were asked 'If one of your close friends was experiencing untreated depression how confident are you that you would be aware of this?'. Response options were 'very confident', 'confident', 'somewhat confident', and 'not at all confident'.

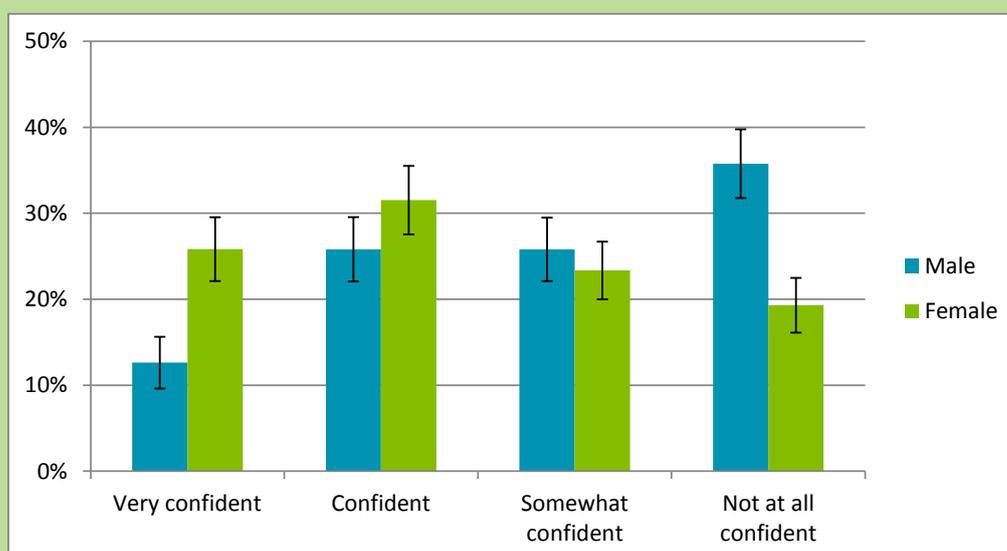
Twenty percent (17-22%) of respondents were very confident they would be aware if one of their close friends was experiencing untreated depression. Twenty-nine percent (25-32%) were confident, and 25% (22-27%) were somewhat confident they would be aware of a close friend experiencing untreated depression. Twenty-seven percent (25-30%) were not at all confident they would be aware if one of their close friends was experiencing untreated depression. Figure 1 shows the gender distribution across the levels of confidence in being able to detect untreated depression in a close friend.

There were several sub-group differences among respondents' confidence in detecting a close friend's untreated depression. Those more likely to have confidence were:

- Females, compared with males:
 - For females, the odds of 'some level of confidence' versus 'not at all confident' were 2.3 times higher than for males.
- Respondents aged 15 to 24 years, compared with those aged 65+ years:
 - For those aged 15 to 24 years, the odds of 'some level of confidence' versus 'not at all confident' were 1.5 times higher than for those 65+ years.

- Part-time workers, compared with full-time workers:
 - For part-time workers, the odds of 'some level of confidence' versus 'not at all confident' were 1.6 times higher than for full-time workers.
- Respondents with a moderate level of social media use, compared to those with none:
 - For moderate level social media users, the odds of 'some level of confidence' versus 'not at all confident' were 1.4 times higher than for non-social media users.
- Respondents who had moderate and high levels of connectedness, compared to a low level of connectedness:
 - For those with a moderate level of connectedness, the odds of 'some level of confidence' versus 'not at all confident' were 1.7 times higher than for those with a low level of connectedness.
 - For those with a high level of connectedness, the odds of 'some level of confidence' versus 'not at all confident' were 2.4 times higher than those with a low level of connectedness.

Figure 1: Levels of confidence in being able to detect untreated depression in a close friend by gender



Awareness of ways to treat depression

Respondents were asked 'What are some ways to treat depression?' (Figure 2 shows those that had greater than 10% response). The five most common suggestions were: support from friends or family (44%, 41-47%); seeing a doctor (39%, 36-43%); seeing a therapist or counsellor (31%, 28-34%); regular exercise (29%, 26-32%); and having someone to listen (27%, 24-30%).

There were sub-group differences in the five most common ways identified to treat depression.

- Females were more likely to suggest each of the five methods to treat depression compared with males (Figure 3).
- Respondents more likely to suggest **support from friends or family** were from rural (54%) compared with urban (41%) areas, aged 15 to 24 years (49%) compared with those aged 65+ years (38%).

- Respondents more likely to suggest **seeing a therapist or counsellor** were aged 15 to 24 years (34%) compared with those aged 65+ years (20%).
- Respondents more likely to suggest **regular exercise** were aged 45 to 64 years (33%) compared with those aged 15 to 24 years (23%).
- Respondents more likely to suggest **having someone to listen** were from rural (33%) compared with urban areas (25%).

Figure 2: Ways to treat depression

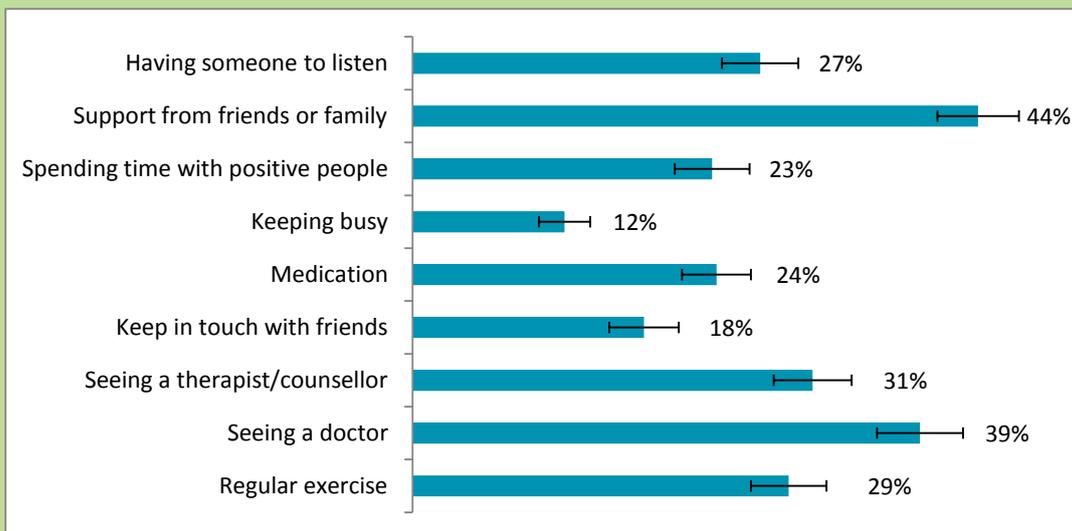
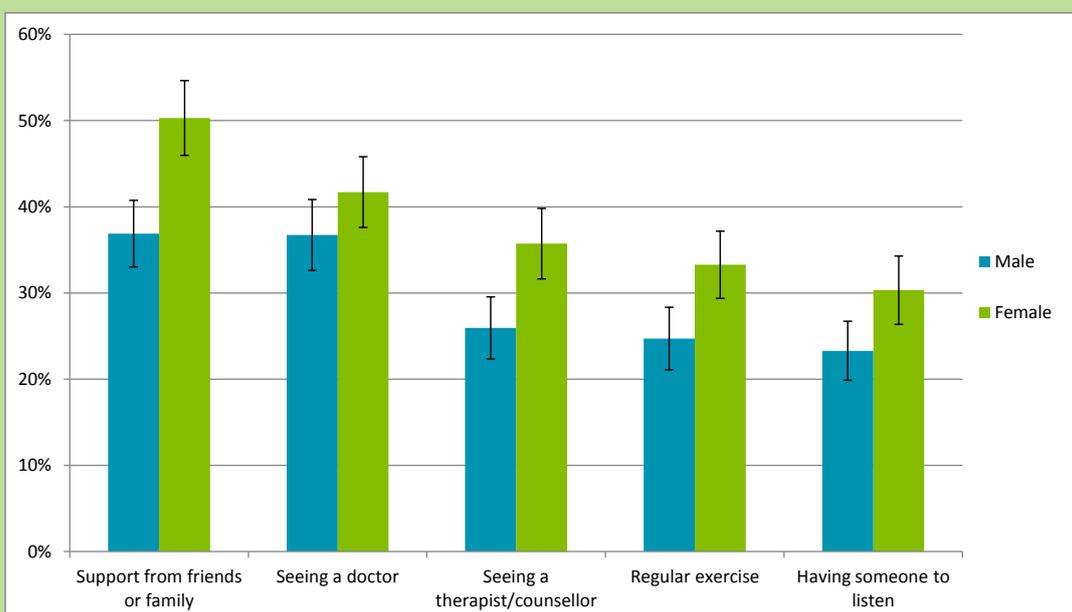


Figure 3: The five most common ways suggested to treat depression by gender



Key points

- Almost three-quarters of respondents were 'very confident', 'confident' or 'somewhat confident' that they would be aware of untreated depression in one of their close friends.
- Respondents with a higher odds of 'some level of confidence' in detecting untreated depression in a close friend were females, those aged 15 to 24 years, those who had a part-time job, those with a moderate level of social media use, and those with a high or moderate level of connectedness.
- The top five ways suggested to treat depression were support from friends or family, seeing a doctor, seeing a therapist, regular exercise, and having someone to listen.
- There were differences by gender, location and age in the most common suggested ways to treat depression.

About the Health and Lifestyle Survey

- The HLS is a nationwide in-home face-to-face survey conducted every two years, starting in 2008. The 2012 HLS consisted of a sample of 2,672 New Zealanders aged 15 years and over who provided information about their health behaviours and attitudes relating to tobacco, sun safety, healthy eating, gambling, alcohol, and various other areas of interest.
- In 2012, the main sample, with a response rate of 86.3%, included 1,539 people of European/Other ethnicity, 619 Māori, 387 Pacific peoples and 127 Asian people (prioritised ethnicity).
- The data have been adjusted (weighted) to ensure they are representative of the New Zealand population.
- For this analysis, proportions and 95% confidence intervals were produced. Proportional odds ratios in ordinal logistic regression were used to compare responses between groups in confidence in detecting untreated depression in a close friend, and odds ratios in logistic regression used for awareness of ways to treat depression. The significance level used for statistical analyses was set to $\alpha = 0.05$.
- Comparison groups for these analyses were as follows:
 - Gender (females compared with males).
 - Age (25 to 44 years, 45 to 64 years and 65+ years, compared with 15 to 24 years).
 - Educational background (no formal qualification, secondary school qualification, and trade certificate/professional qualification/undergraduate diploma, compared with degree/postgraduate qualification).
 - Ethnicity (Pacific, Asian and European/Other, compared with Māori).
 - Employment status (part-time, homemaker and other, compared with full-time).
 - Social media use (low, moderate and high levels of social media use, compared with none, as determined by access in the past week to the social media websites Facebook, YouTube and Twitter).
 - Level of connectedness (moderate and high levels of connectedness, compared with a low level of connectedness, as determined by the level of agreement with the following statements: 'I make an effort to see family or friends I don't live with' and 'I can always rely on a friend or family member for support if I need it').
- A full description of the 2012 HLS survey methodology and further HLS publications can be found at <http://www.hpa.org.nz/research-library/research-publications>.

About the HPA

The 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, and prevent disease, illness and injury. The HPA also enables environments that support health and wellbeing and healthy lifestyles, and reduce personal, social and economic harm.

References

- Ministry of Health. (2009). Is this depression? Retrieved from <http://www.depression.org.nz/depression>
- Ministry of Health. (2012). *The health of New Zealand adults 2011/2012: Key findings of the New Zealand Health Survey*. Wellington: Ministry of Health.
- Ministry of Health. (2013). *Health loss in New Zealand: A report from the New Zealand Burden of Diseases, Injuries and Risk Factors Study, 2006-2016*. Wellington: Ministry of Health.
- Murray, C. J. L., & Lopez, A. D. (1996). *The global burden of disease: A comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projected to 2020*. Geneva, Switzerland: World Health Organization.
- Wells, J. E. (2006). Twelve-month prevalence. In M. A. Oakley Browne, J. E. Wells, & K. M. Scott (Eds.), *Te Rau Hinengaro: The New Zealand Mental Health Survey*. Wellington: Ministry of Health.

Citation

- Holland, K. (2014). *Understanding and awareness of depression. [In Fact]*. Wellington: Health Promotion Agency Research and Evaluation Unit.

Research and Evaluation Unit

Health Promotion Agency, PO Box 2142,
Wellington 6140, New Zealand

<http://www.hpa.org.nz/research-library/research-publications>

research@hpa.org.nz

January 2014

ISSN 2350-2991

