# Depression among New York City Adults

Depression is one of the most common mental health disorders. Symptoms include feeling sad or hopeless, having little interest or pleasure in doing things and feeling tired or having little energy. In New York City (NYC), depression accounts for over 75,000 disability-adjusted life years (DALYs) which measure the number of years of life lost as a result of illness, disability or death. Depression is a leading cause of DALYs, second only to heart disease.[1] The economic cost of depression is high; depression in NYC is associated with $2.4 billion in lost productivity costs annually.[1] Depression can also impact one's social and family relationships. For even the most severe cases, effective treatment options are available.

Risk factors for depression include socioeconomic factors, experiencing stressful and traumatic events and chronic disease.[2] Depression is associated with unhealthy behaviors such as smoking, which may exacerbate or contribute to the development of chronic disease among individuals with depression.[3,4]

This report examines the prevalence of current depression and its treatment among adults in NYC, with a focus on understanding differences in depression prevalence among adults with known risk factors. Depression was measured using an eight question validated screening tool. Recommendations are provided to increase recognition of depressive symptoms and promote access to quality care for individuals suffering from depression.

Prevalence of depression among New Yorkers varied by sex, age and race/ethnicity

Prevalence of depression among New York City adults, 2016
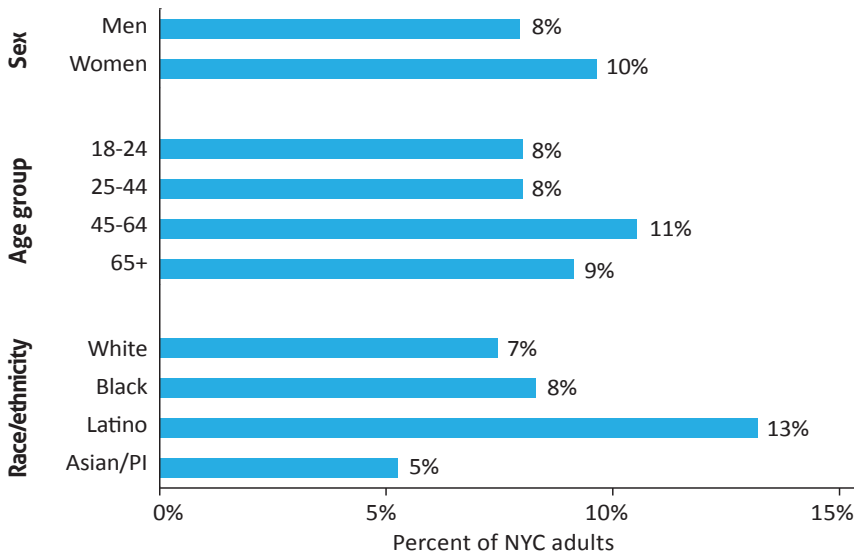
- In 2016, approximately 548,000 (9%) adults in NYC had depression.
- Men and women had a similar prevalence of depression.
- Adults ages 45 to 64 (11%) were more likely to be depressed than 25 to 44 year olds (8%).
- The prevalence of depression was higher among Latinos (13%) compared with White (7%), Black (8%) and Asian/Pacific Islander (5%) adults.
- The prevalence of depression was higher in the Bronx (12%) compared with Manhattan (7%) and Brooklyn (8%).

PI = Pacific Islander
Black, White, and Asian/PI race categories exclude those who identified as Latino. Latino includes Hispanic or Latino of any race.
*Source: NYC Community Health Survey, 2016*

Definition: Estimates of **current depression** were determined using the Patient Health Questionnaire (PHQ)-8, an eight item screening instrument that assesses the frequency of depression symptoms over the past 2 weeks.[6] A score of 10 to 24 points, indicative of moderate to severe depressive symptoms, was defined as current depression. All data contained in this brief refer to current depression. The questionnaire was administered as part of the NYC Community Health Survey.

Race/ethnicity: For the purpose of this publication, Latino includes persons of Hispanic or Latino origin, as identified by the survey question "Are you Hispanic or Latino?" and regardless of reported race. Black, White and Asian/Pacific Islander race categories exclude those who identified as Latino. US-born individuals include those born in Puerto Rico.

Data Source: Community Health Survey (CHS) 2016 The CHS is conducted annually by the Health Department with approximately 10,000 non-institutionalized adults ages 18 and older. Estimates are age-adjusted to the US 2000 standard population. The CHS has included adults with landline phones since 2002 and, starting in 2009, has included adults who can be reached by cell phone. For more survey details, visit **nyc.gov/health/survey**.

Lower socioeconomic status was associated with higher prevalence of depression

Prevalence of depression among New York City adults by socioeconomic characteristics, 2016
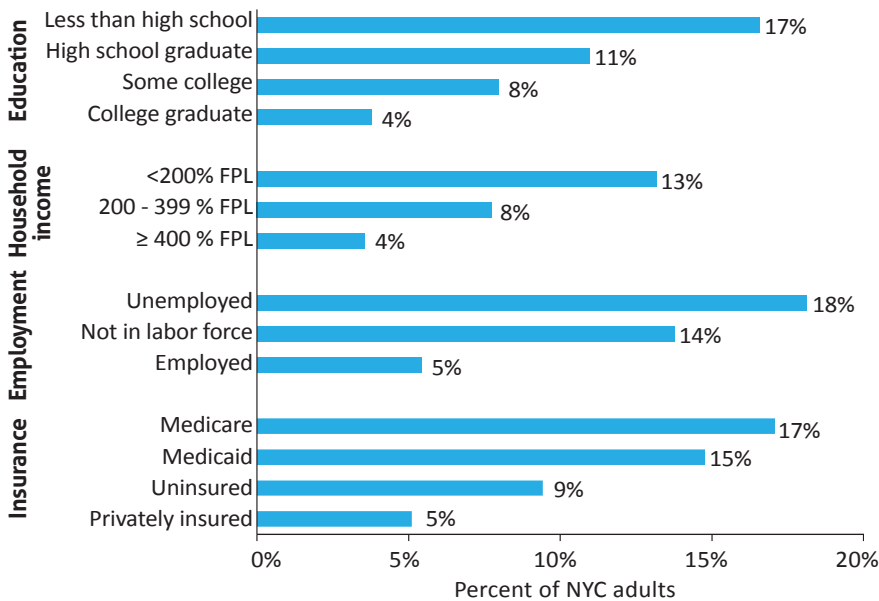

Household income is the percentage of individuals living in households whose annual income is below the Federal Poverty Level (FPL). Household income was imputed for those with missing data or who responded "don't know" or "refused" to income questions.
Source: NYC Community Health Survey, 2016

- Adults who had less than a high school education (17%), were high school graduates (11%) or completed some college (8%) had a higher prevalence of depression compared with college graduates (4%).

- Adults with the lowest household income (less than 200% of the federal poverty level) had the highest prevalence of depression (13%) compared with those whose income was 200% to 399% (8%) and 400% or more (4%) of the federal poverty level.

- The prevalence of depression was higher among those who were unemployed (18%) or not in the labor force (14%), compared with employed individuals (5%).

- Adults insured through Medicare (17%), Medicaid (15%) or uninsured individuals (9%) had a higher prevalence of depression compared with privately insured adults (5%).

Depression was higher when perceived public and personal safety were compromised

Prevalence of depression among New York City adults by neighborhood safety and intimate partner violence, 2016
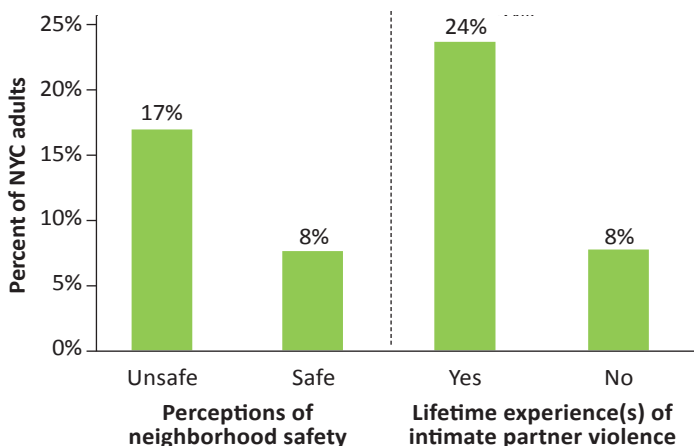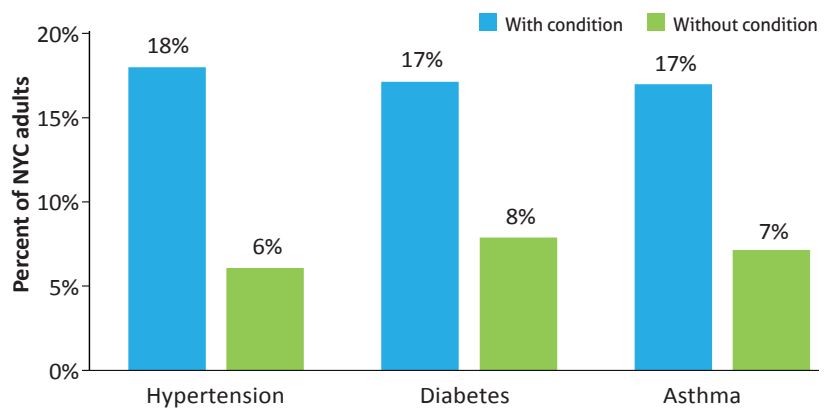

Source: NYC Community Health Survey, 2016

- Adults who reported that their neighborhood was not very safe or not at all safe from crime (17%) were more likely to be depressed than those who reported that their neighborhood was very safe or somewhat safe (8%).

- Depression prevalence was higher among adults who had ever been physically hurt by an intimate partner (24%) than among those who had not (8%).

## New Yorkers with chronic disease were more likely to report being depressed

- Adults who had ever been told that they had hypertension, diabetes or asthma all had higher rates of depression compared with those who had not been told that they had these conditions.

Prevalence of depression among New York City adults by chronic disease, 2016

Source: NYC Community Health Survey, 2016

New Yorkers with depression were more likely to engage in behaviors that contribute to chronic disease

Prevalence of health behaviors among New York City adults by depression status, 2016
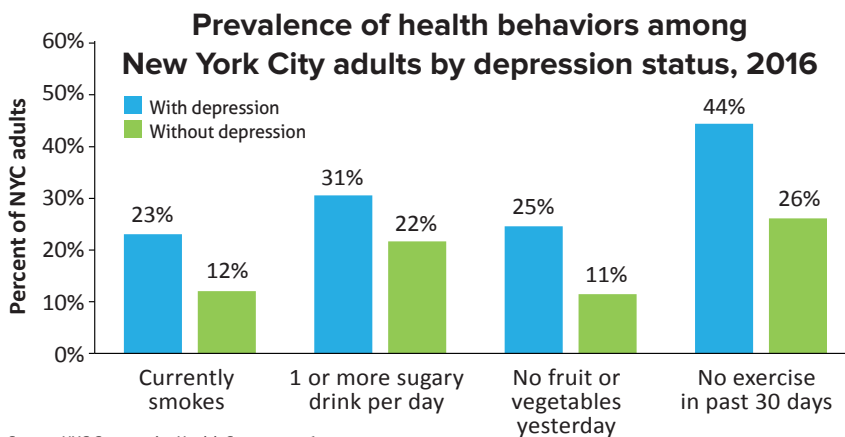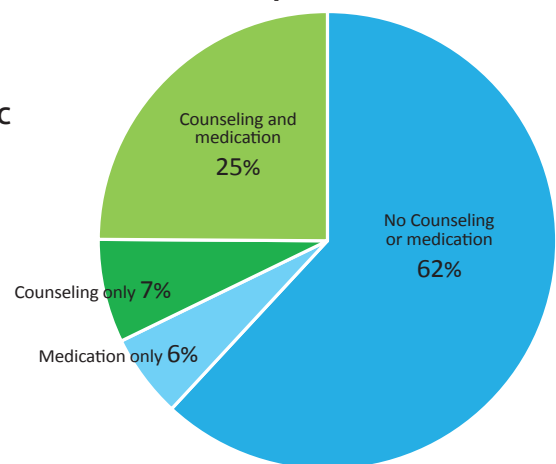

Source: NYC Community Health Survey, 2016

- Adults with depression were more likely than those without to be current smokers (23% vs. 12%) and to consume one or more sugary drinks per day (31% vs. 22%).

- Compared with adults without depression, New Yorkers with depression were more likely to not have eaten any fruits or vegetables on the previous day (25% vs. 11%) and to report not having exercised in the past 30 days (44% vs. 26%).

Treatment among New Yorkers with depression

- Adults with depression were more likely to receive mental health treatment (medication and/or counseling) if they were 45 to 64 years old (51%) compared with those ages 18 to 24 (24%*), 25 to 44 (36%) or 65 years or older (33%).

- White adults with depression were more likely to receive treatment (49%*) compared with Latinos (35%) or Asian/Pacific Islanders (12%*). White and Black adults with depression had a similar prevalence of mental health treatment.

- Adults born in the US (49%) were more likely to receive treatment compared with New Yorkers born outside of the US (24%).

- Among adults with depression, 13% reported that there was a time in the past 12 months when they needed treatment for a mental health problem but did not get it.

* Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30% or the 95% Confidence Interval halfwidth is greater than 10, making the estimate potentially unreliable.

Prevalence of past-year mental health treatment among New York City adults with depression, 2016

Source: NYC Community Health Survey, 2016

Recommendations

All New Yorkers should:

- Recognize the symptoms of depression. For more information visit: www1.nyc.gov/site/thrivelearningcenter/resources/depression.page.

- Talk to a health professional if you think you or someone you know is experiencing depression. For more information about treatment resources or to talk to someone directly if you are experiencing a crisis call 1-888 NYCWell (1-888-692-9355) or visit: nycwell.cityofnewyork.us.

- Complete a Mental Health First Aid course to learn how to identify the signs of mental illness and how to assist someone who may be developing a mental health problem. For more information visit: www1.nyc.gov/site/thrivelearningcenter/resources/mental-health-first-aid.page.

All primary care providers should:

- Routinely screen all patients for depression using a standardized instrument, such as the Patient Health Questionnaire-9 (PHQ-9), especially those who could be at higher risk, such as patients with a chronic disease.

- Provide referrals to mental health services for those who may need them.
For information about treatment resources call 1-888 NYCWell (1-888-692-9355) or visit: https://nycwell.cityofnewyork.us.

- Promote smoking cessation, a healthy diet, healthy sleep habits, and regular physical activity. For more information visit: www1.nyc.gov/assets/doh/downloads/pdf/cdp/healthy-eating-active-living-guide.pdf and www1.nyc.gov/site/doh/health/health-topics/smoking-nyc-quits.page.

- Coordinate care with mental health and social service providers.

All mental health providers should:

- Promote smoking cessation, healthy diets, healthy sleep habits and regular physical activity.

- Coordinate care with primary health care providers.

- Develop wellness and recovery plans for patients currently receiving treatment for mental illness.

All community organization leaders should:

- Complete a Mental Health First Aid course. For more information visit: www1.nyc.gov/site/thrivelearningcenter/resources/mental-health-first-aid.page.

- Conduct organizational assessments to promote and maintain an environment of wellness within organizations.

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All Vital Signs are available at NYC.gov/health. To contact NYC Vital Signs, e-mail VitalSigns@health.nyc.gov.