

Awareness of where to get help for depression

Background

Depression is a leading cause of disease burden in the regions of the Americas, Europe and the Western Pacific (World Health Organization, 2004:43). 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, 2014:23). Depression has significant individual burden and societal cost on countries through lost productivity from work absenteeism, expenditure on medical resources for depression treatment, early retirement and premature death (Berto et al. 2000, Chang, Hong & Cho 2012).

The National Depression Initiative (NDI) is aimed at helping New Zealanders reduce the impact of depression by aiding early recognition, appropriate treatment, and recovery for both adults and young people. The Health and Lifestyles Survey (HLS) monitors knowledge and awareness of depression in New Zealand. The Health Promotion Agency uses the NDI and the HLS to help address the societal burden of mental illness in New Zealand by increasing knowledge of symptoms and treatment.

This factsheet examines New Zealand adults' (over 15 year-olds) awareness of where they can seek 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?" Multiple responses were permitted. The five top responses to this question were examined by:

- gender
- age
- ethnicity
- neighbourhood deprivation status.

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

Awareness about where to get help

Almost four out of five respondents (82.3%, 79.7-84.9%) were aware of at least one source of help for depression. Overall, respondents identified thirteen different sources where they would go if they were to seek help for depression (see Figure 1). More than one response was permitted. The top five identified include: seeing a doctor (51.9%, 48.3-55.4%); the depression.org/ the John Kirwan website (20.1%, 17.7-22.4%); ringing a helpline (17.1%, 14.5-19.6%); seeing a therapist/ counsellor (14.6%, 12.4-16.8%) and talking to a friend or family member (11.5%, 9.5-13.5%). Further, 17.7% (15.1%-20.3%) of respondents were unable to identify any sources of help for depression.

Gender differences in awareness of sources to help for depression were found to be statistically significant in three response options (see Figure 2). Males were more likely to be **unaware of any sources** (20.2%), compared with females (14%). A lower proportion of males identified **seeing a doctor** (44.2%) or **therapist/ counsellor** (11.3%), compared with females (58.9% and 17.7%, respectively).

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

- adults aged 25 to 44 year-olds (50.7%), 45 to 64 year-olds (55.9%) and 65+ year-olds (62%), compared with younger adults aged 15 to 24 year-olds (35.1%)
- those of European/Other ethnicity (58%), compared with Māori (44%), Pacific people (33.4%) and Asian people (31.4%)
- those living in a neighbourhood of low deprivation status (58.8%), compared to those living in a highly deprived neighbourhood (42.7%).

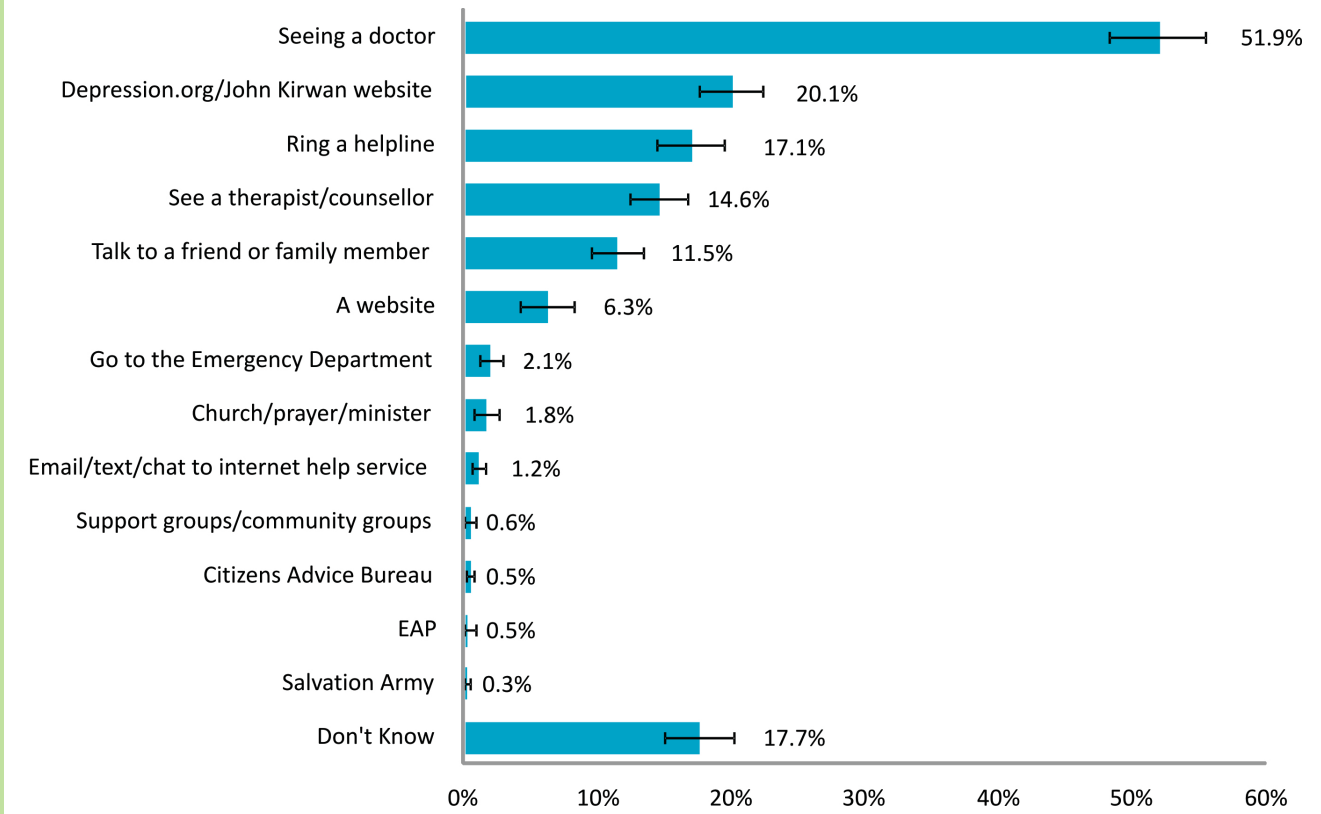


Figure 1: Sources of help for depression identified by respondents

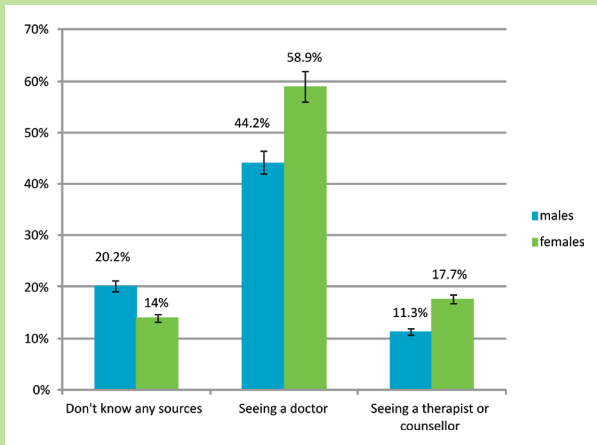


Figure 2: Awareness of sources of help by gender

Respondents who were more likely to seek help for depression by accessing the **depression.org/John Kirwan website** were:

- adults aged 25 to 44 year-olds (33.5%) and 45 to 64 year-olds (19.8%), compared with younger adults aged 15 to 24 year-olds (10.5%).

Respondents who were more likely to identify **ringing a helpline** as a source to help for depression were:

- young adults aged 15 to 24 year-olds (25.2%), compared with those aged 44 to 65 year-olds (16.7%) and 65+ year-olds (7.9%).

Respondents who were more likely to identify **seeing a therapist or counsellor** as a source to help for depression were:

- young adults aged 15 to 24 year-olds (19.3%), compared with those aged 65+ year-olds (6.5%)
- those living in a neighbourhood of low deprivation status (17.3%), compared to those living a highly deprived neighbourhood (10.4%).

Respondents who were more likely to identify **talking to a friend or family member** as source to help for depression were:

- young adults aged 15 to 24 year-olds (23%), compared with those aged 25 to 44 year-olds (11.8%), 45 to 64 year-olds (8.6%) or 65+ year-olds (5.9%)
- Māori (17.2%), compared with those of European/ Other ethnicity (10.6%).

Respondents who were **least aware of sources** of help for depression were:

- 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 status (11.1%), compared with those living in high (21.6%) and medium (18.4%) neighbourhoods of deprivation status.

Key points

- Almost four out of five (82%, 79.7-84.9%) respondents were aware of at least one source of help for depression.
- The top five sources identified to help for depression were seeing a doctor, visiting the depression.org/the John Kirwan website, ring a helpline, seeing a therapist/counsellor and talking to a friend or family member. There were differences in awareness of sources by gender, age, ethnicity and neighbourhood deprivation status.

References

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Citation

- Nelson, S., Sunseri, S., & Holland, K. (2015). *Awareness of where to get help for depression. [In Fact]*. Wellington: Health Promotion Agency Research and Evaluation Unit.

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

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