

Health Indicator Profile: Depression



Depression or depressive disorders are sometimes called the “common cold of mental illness” because they are so common in the U.S. Mood disorders such as depression can lead to changes in thinking, mood, and/or behavior associated with distress and/or poor functioning in work and relationships. Mental health and physical health are closely connected, and each one affects the other. Mentally healthy people can more easily maintain good physical health; depression can reduce people’s ability to take care of their own health. In turn, problems with physical health, such as chronic diseases, are risk factors for depression and decrease a person’s ability to participate fully in treatment and recovery.¹

Findings from the 2022 Santa Barbara County CHNA

Measure

The questionnaire measured depression by asking: “Has a doctor ever told you that you have a depressive disorder, including depression, major depression, dysthymia or minor depression?”

A comparison of Santa Barbara County respondents over time and compared to Californians in general is provided in Table 1 below. The state target, which is taken from Let’s Get Healthy California, uses 2012 CDC’s BRFSS data from California as a baseline (11.7%) and sets the goal of no increase in prevalence by 2022.

DEPRESSION QUESTION

Has a doctor ever told you that you have a depressive disorder, including depression, major depression, dysthymia or minor depression?

¹ Strine, T. W., Mokdad, A. H., Balluz, L. S., Gonzalez, O., Crider, R., Berry, J. T., & Kroenke, K. (2015). Depression and anxiety in the United States: findings from the 2006 behavioral risk factor surveillance system. *Psychiatric Services*.

Table 1. Percentage of Adults Ever Told They Have a Depressive Disorder by Demographics

	2016 Santa Barbara CHNA ¹	2019 Santa Barbara CHNA ¹	2022 Santa Barbara CHNA	2021 California BRFSS	State Target*
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	%
Overall	18.3 (15.8, 20.8)	23.9 (19.9, 27.8)	26.0 (22.2, 29.8) [^]	15.2 (14.0, 16.3) [^]	11.7
Male	14.6 (11.1, 18.0)	17.8 (12.6, 23.0)	17.8 (12.5, 23.1) [^]	12.1 (10.7, 13.5)	
Female	21.9 (18.4, 25.4)	29.8 (24.0, 35.7)	32.7 (27.5, 37.9) [^]	18.1 (16.4, 19.9) [^]	
Hispanic	13.2**	17.8 (12.2, 23.5)	26.5 (19.2, 33.8) [^]	12.5 (10.7, 14.2)	
Non-Hispanic White	23.0**	28.3 (22.6, 34.0)	24.7 (20.4, 29.0) [^]	20.0 (18.1, 22) [^]	
Other	11.6**	25.5 (10.7, 40.4)	28.7 (17.3, 40.2) [^]	11.7 (9.4, 14.0)	
Age 18-44	15.4 (11.5, 19.4)	26.2 (19.6, 32.8)	31.4 (24.6, 38.2) [^]	15.9 (14.2, 17.7) [^]	
Age 45-64	25.1 (20.7, 29.4)	23.8 (17.9, 29.7)	25.5 (19.0, 32.0) [^]	15.1 (13.2, 17.0) [^]	
Age 65+	16.0 (12.6, 19.3)	17.3 (11.3, 23.2)	17.7 (12.7, 22.7) [^]	13.5 (11.3, 15.7)	
< High School	18.2 (11.8, 24.6)	20.1 (10.0, 30.2)	16.4 (4.2, 28.6) [†]	12.2 (9.7, 14.8)	
High School Grad	18.9 (12.9, 24.8)	23.1 (13.4, 32.7)	28.2 (16.7, 39.8) [^]	13.2 (10.8, 15.5)	
Some College	22.1 (17.3, 26.8)	29.5 (22.1, 36.9)	28.4 (21.4, 35.4) [^]	20.5 (18.0, 23.1) [^]	
College Grad	13.6 (10.7, 16.5)	19.7 (14.0, 25.4)	25.7 (20.9, 30.4) [^]	12.9 (11.3, 14.4)	
<\$35,000	18.1 (14.0, 22.2)	29.8 (22.5, 37.1)	28.2 (19.4, 37.0) [^]	17.8 (15.6, 20.0) [^]	
\$35,000-\$74,999	25.6 (19.6, 31.5)	25.4 (16.4, 34.4)	27.1 (18.7, 35.5) [^]	15.6 (12.8, 18.3) [^]	
\$75,000 or greater	13.5 (9.4, 17.6)	19.7 (13.4, 26.1)	24.7 (19.9, 29.5) [^]	13.9 (12.2, 15.7) [^]	

[^] Significant difference between estimate and State Target

[†] Unreliable estimate (Relative Standard Error >0.3)

¹ Point estimates were not evaluated for significance against State Target as they were evaluated against benchmarks in previous years

**Does not have confidence interval.

Health Disparities

Santa Barbara County saw a 2.1% increase in self-reported lifetime depressive disorders compared to 2019, and a 7.7% increase since 2016, with this latter difference being statistically significant. Females reported the highest lifetime history of depressive disorders with 32.7% followed by those aged 18-44 years old. In 2022, females reported lifetime depressive disorders at nearly double that reported by males at 17.8%. Reports of lifetime depressive disorders decrease with age, with those 18-44 having significantly higher reports at 31.4% compared to 17.7% in those age 65 and older.

When compared to adult Californians overall in 2021, Santa Barbara County in 2022 reported significantly higher lifetime depressive disorders overall and across most demographic sub-groups. Likewise, Santa Barbara County in 2022 was higher than the Let's Get Healthy California target of 11.7% for nearly all demographic groups.

Most impacted demographic subgroups include females and those age 18-44 years old.

Figure 1. 2022 Percent Reporting Depression by Demographic Group

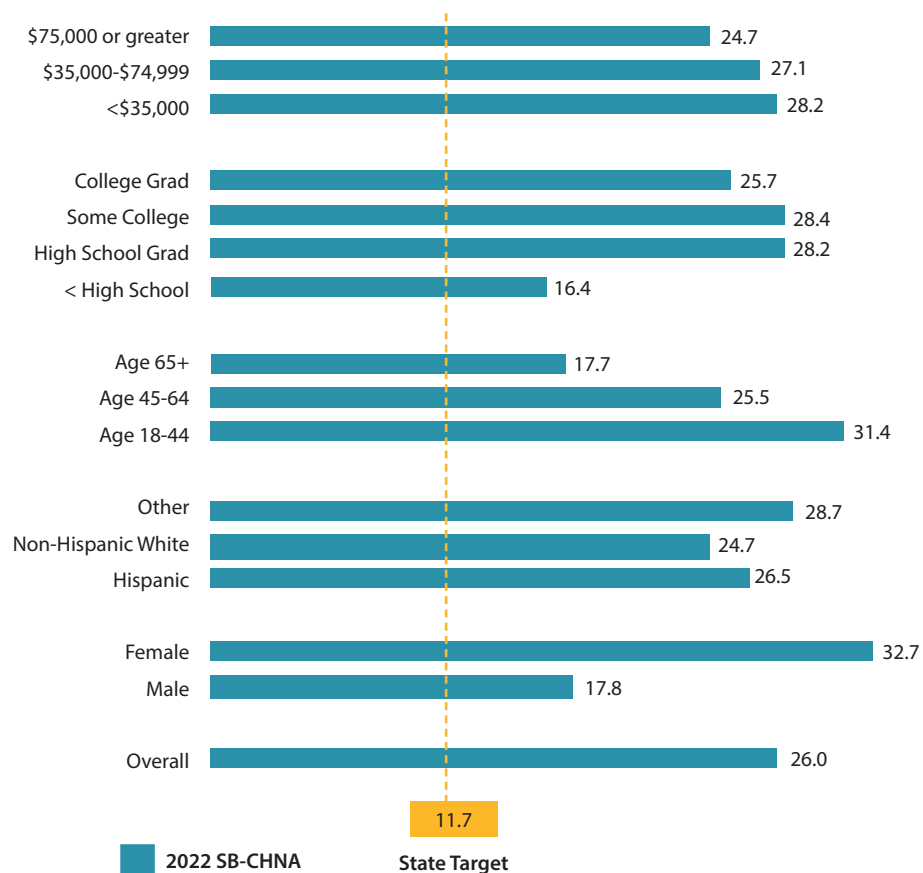


Figure 2. Percentage of Adults Reporting Depression by Sex at Birth in 2016, 2019 and 2022

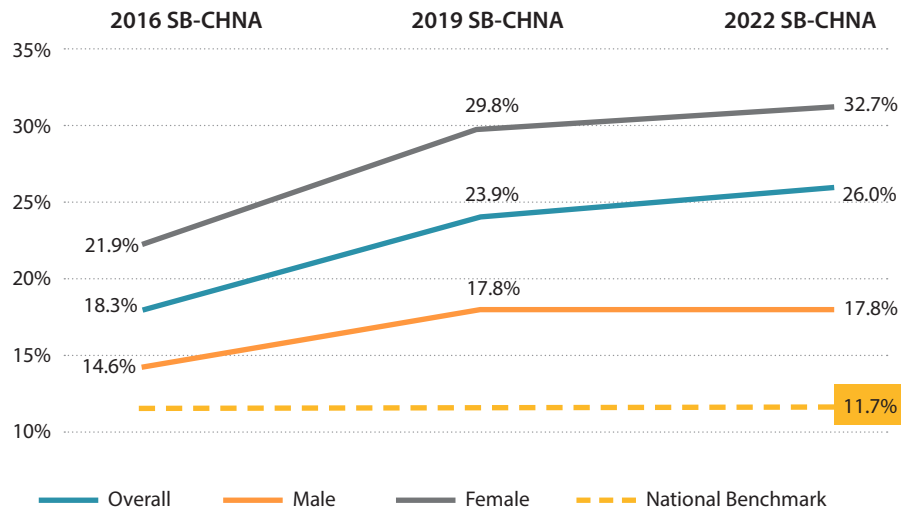


Figure 3. Percentage of Adults Reporting Depression by Income Level in 2016, 2019 and 2022

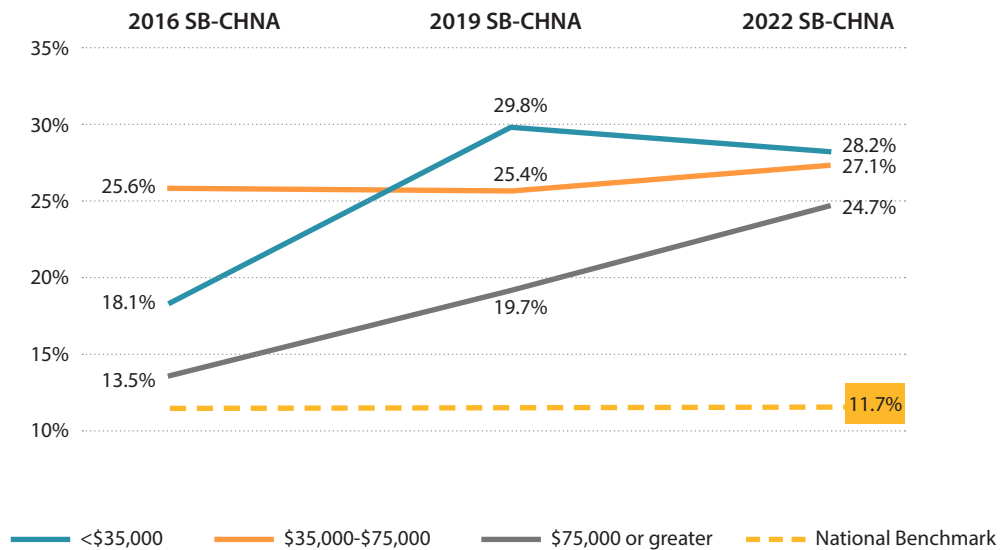
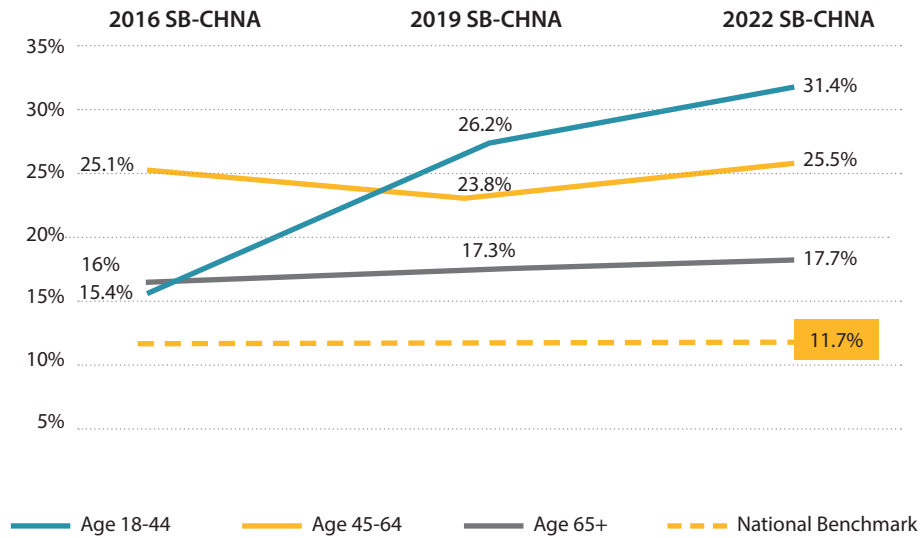


Figure 4. Percentage of Adults Reporting Depression by Age in 2016, 2019 and 2022



Factors and Health Outcomes Associated with Depression

Figure 5 below depicts the three health indicators that were most significantly related to self-reporting of lifetime depressive disorders and includes feeling mentally unwell 15 or more days in the past month, anxiety or other mental health disorders and cost as a barrier to care. The percentage of those reporting lifetime depressive disorders across these three groups is higher than the general adult population estimates for both California (2021) and Santa Barbara County (2022) which are 15.2% and 26.0% respectively.

All three health indicators remained independently correlated with lifetime depressive disorders after adjusting for demographics (age, gender, race/ethnicity, and education level). Those with a history of anxiety have an increased odds of 27.3 compared to those without a history of anxiety. Those reporting being mentally unwell also had an increased odds of about threefold compared to those who reported less than 15 days feeling mentally unwell in the past 30 days.

Figure 5. Adults Reporting Depression by Significant Related Factors

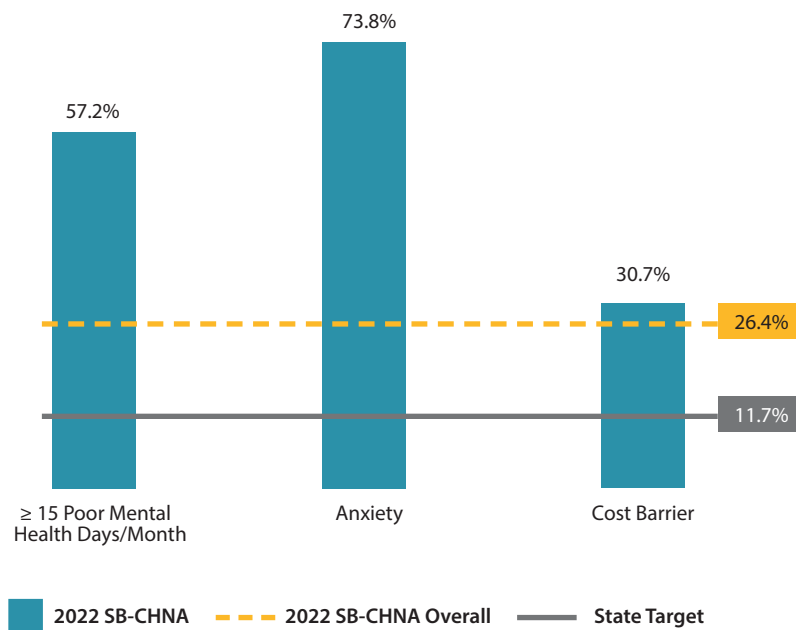


Table 2. Odds Ratio Estimates for Depression by Significant Related Factors

Significant Related Factors	Point Estimate	95% Confidence Limits	
≥ 15 Poor Mental Health Days/Month	3.0	1.4	6.2
Anxiety	27.3	14.1	52.9
Cost Barrier	0.4	0.2	0.9

NOTE: The degrees of freedom in computing the confidence limits is 1461.

Findings from the 2022 Santa Barbara County Listening Tour

Mental health emerged as the top theme in trying to understand the barriers people face when accessing care. The **increase of depression was discussed in all community populations.** In addition, COVID-19 has exacerbated mental health problems, including depression.

I've noticed a lot of eating things among, like, people my age especially. But yeah, heightened levels of anxiety, depression, especially. Just because we're so constantly being stimulated by things and a lot of people feel isolated. – South County Student

Increased Need Without Support

Everyone, from doctors to students, mentioned mental health needs, including depression, have increased since the start of the COVID-19 pandemic. At the same time, it is **even more difficult to access support.** The struggle of finding care, paying for care, and receiving care all heighten the effects of depression.

I can think of two things. There are probably way more than that as you know. One is access to mental health [services]. There are so many moms we've seen especially since COVID that are really struggling, either it's financially, just the stress of going through that, and a lot of anxiety and depression. And to be able to get a therapist, even within a few months is impossible. And for them to do it on their own is really scary, so a lot of times they end up just not doing it. So having easier access to mental health care [is needed]. – Physician

I know families where at first the young people had depression, suffering from depression. But it was a depression where they could go to school, they could bear going to school, they could live their day-to-day lives despite that sadness, that anguish. But after the pandemic came, this got worse. – Parent

I'm not aware of sufficient resources around assisting our youth in processing the trauma from losing family members because of COVID or even the trauma of economic instability due to COVID. Those whose parents lost their jobs, or you know, whose parents passed away, or whose grandparents passed away... And I just wondered... if we're going to see the consequences of us not investing more into the mental illness of our youth during this time for the trauma experienced by them due to COVID. – Community Leader

Postpartum Depression Prevalent

Findings indicate some mothers are **suffering from postpartum depression**. Several doctors and providers mentioned how traumatic it can be for new and expectant mothers when there is little to no conversation about mental health needs and a scarcity of support beyond the birthing process.

It's like postpartum depression. No one tells them. No one tells the woman that it is normal to look at your brand new baby and go to yourself, "That is the ugliest kid I have ever seen in my life." And not fall in love with it right away. So, if no one tells you that, then you think you're weird. And you don't understand that in a day or two, or three, or four, you're going to go to pick up your baby and think, "Oh my god, this is the most beautiful human being I've ever seen in my life." – Service Provider Leader

So, I had PPD (Postpartum Depression). [There is] a lack of support and resources for our moms, and again, there's just a lot of anxiety is what I'm hearing or depression. – Physician

Well, I suffered through postpartum depression. I was a teen mom. So I've gone through so much coming out of the stage of being a somewhat teen to me being a mother. And I suffered through so much. So it gave me the postpartum depression that many moms get. – Mixteco Student

Social Stigma Around Depression

Findings highlight the prevalence of **social stigma as a barrier to seeking support around depression**. There's a perception among many families that seeking help for depression is not acceptable or okay.

Some parents think it's crazy to get help. They say that that's loca. That's not something that you really need, that "we're here for you," that you don't need to seek out, because then that's why I need help. People start coming in, and they start asking questions, and they think our family is bad. – Mid-County Student



I just wanted to add that I think that social stigma is a barrier. You know, for youth, and I have seen a shift, one hopeful shift, where it seems, that there's also a kind of a coolness about going to therapy now like, that is, that has popped up a little bit more and that the parents want it. But I think [there is still] a barrier. A barrier [of having] a social stigma around [therapy]... And I think that maybe social media is helping kind of normalize it a little bit. So in that sense, maybe TikTok is helpful. But yeah, just that it's normal to have anxiety and depression and substance use or normal struggles, the things that you struggle with as a youth [are normal]. – Mental Health Service Provider

Conclusion

There is a crisis given the increase in depression during the COVID-19 pandemic, especially with youth and postpartum depression, primarily in being able to identify and afford services. Additional concerns include a sense of social stigma around depression as well as a lack of communication around the mental health needs of pregnant and postpartum birthing persons. Prioritizing non-judgmental and culturally-appropriate care with communities who have long felt excluded can help to develop trusting relationships and combat stigma surrounding mental health and depression. Parents and youth also emphasized a need for accessible resources and support navigating the steps to receive care.