

The NSDUH Report

June 11, 2007

State Estimates of Depression: 2004 and 2005

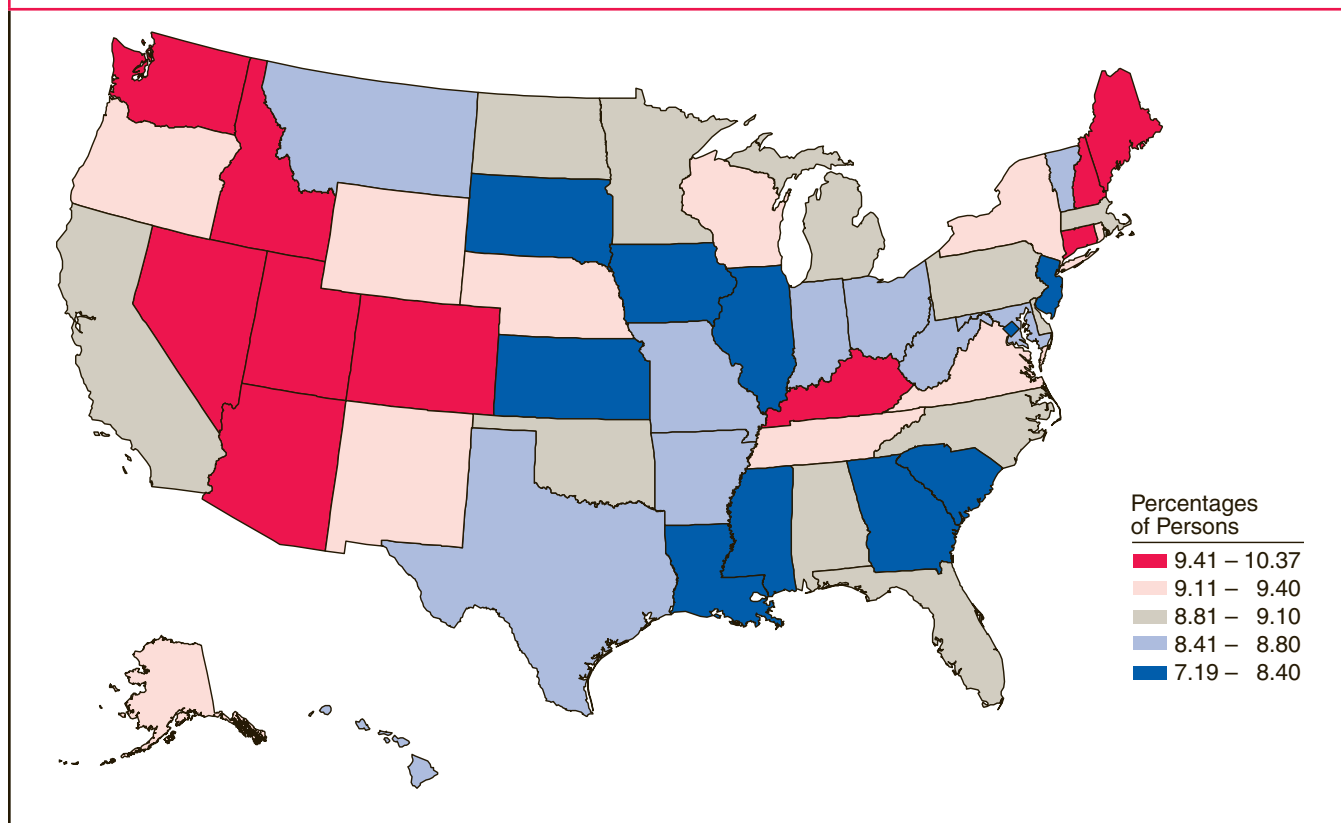
In Brief

- Combined 2004 and 2005 data indicate that 8.88 percent of youths aged 12 to 17 and 7.65 percent of adults aged 18 or older experienced at least one major depressive episode (MDE) in the past year
- Among 12 to 17 year olds, rates of past year MDE were among the highest in Idaho (10.37 percent) and Nevada (10.28 percent) and among the lowest in Louisiana (7.19 percent) and South Dakota (7.40 percent)
- Rates of past year MDE among adults aged 18 or older were among the highest in Utah (10.14 percent) and Rhode Island (9.88 percent) and among the lowest in Hawaii (6.74 percent) and New Jersey (6.81 percent)

Depression is an ongoing public health concern in America.¹

State estimates of past year major depressive episode (MDE) are now available from the National Survey on Drug Use and Health (NSDUH). These estimates provide information about the prevalence of MDE in each State based on standard definitions and survey methods applied uniformly throughout the Nation.

NSDUH includes questions for persons aged 12 or older to assess lifetime and past year MDE. For these estimates, MDE is defined using the diagnostic criteria set forth by the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV),² which specifies a period of 2 weeks or longer during which there is either depressed mood or loss of interest or pleasure and at least four other symptoms that reflect a change in functioning, such as problems with sleep, eating, energy, concentration, and self-image.³

Figure 1. Percentages of Past Year Major Depressive Episode among Youths Aged 12 to 17, by State: 2004 and 2005

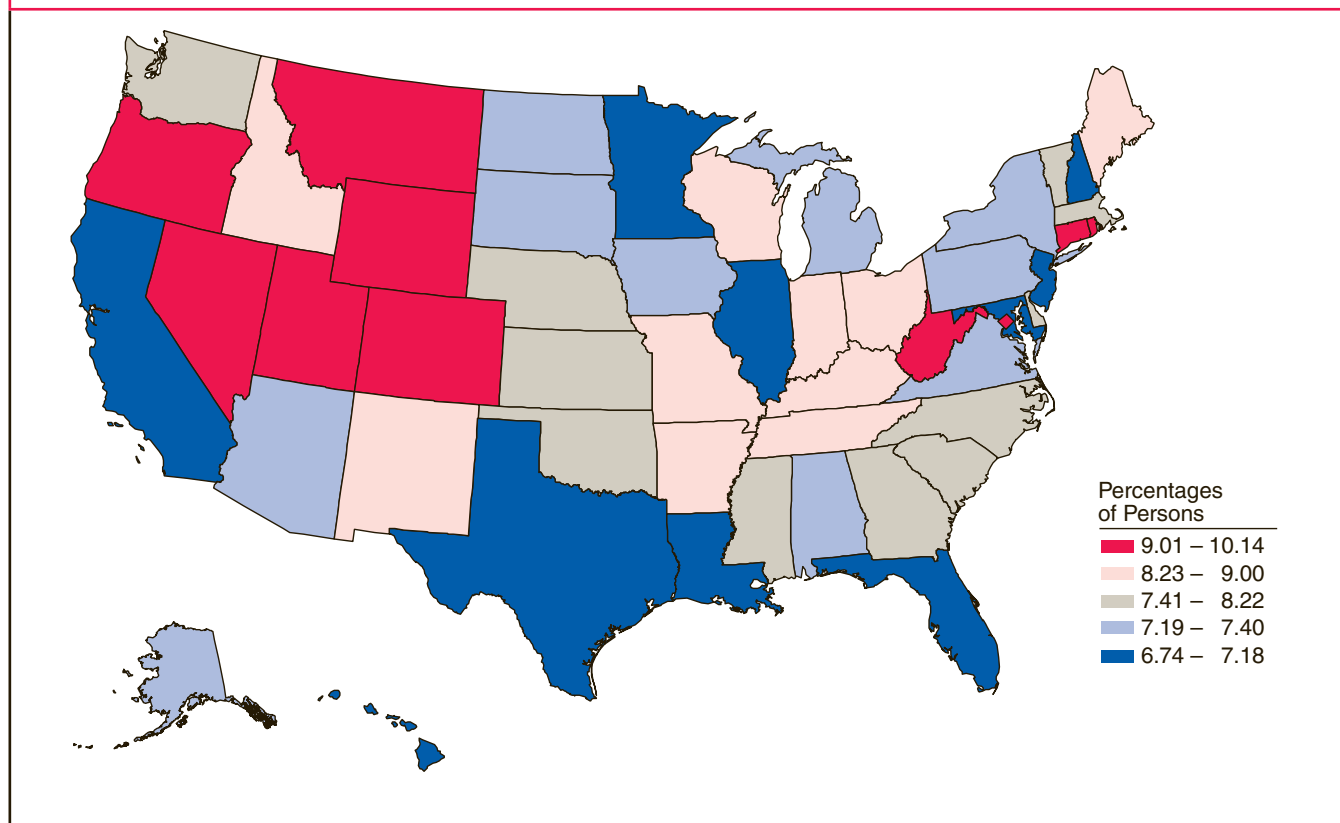
Source: SAMHSA, 2004 and 2005 NSDUHs.

This issue of *The NSDUH Report* uses data from the combined 2004 and 2005 surveys to present State estimates of past year MDE. Estimates are presented separately for youths aged 12 to 17 and adults aged 18 or older.⁴ Estimates are based on a small area estimation methodology in which State-level NSDUH data are combined with local-area county and census block group/tract-level data from the State. This model-based methodology provides more precise estimates than those based solely on the sample, particularly for smaller States. The data for this report are extracted from a more extensive report that includes State-level estimates of past year substance use, substance use disorders, and serious psychological distress.⁵

State Estimates of Past Year Major Depressive Episode among Youths Aged 12 to 17

Combined 2004 and 2005 data indicate that 8.88 percent of youths aged 12 to 17 experienced at least one MDE in the past year. There were few significant differences in the rates of past year MDE among youths across States. Among 12 to 17 year olds, rates of past year MDE were among the highest in Idaho (10.37 percent) and Nevada (10.28 percent) and among the lowest in Louisiana (7.19 percent) and South Dakota (7.40 percent). Figure 1 shows State differences in the rates of past year MDE among youths aged 12 to 17. States with the highest estimates fall in the top quintile (fifth) and are shown in red. States with the lowest estimates are in the bottom quintile and are shown in dark blue.

Figure 2. Percentages of Past Year Major Depressive Episode among Persons Aged 18 or Older, by State: 2004 and 2005



Source: SAMHSA, 2004 and 2005 NSDUHs.

State Estimates of Past Year Major Depressive Episode among Adults Aged 18 or Older

Combined 2004 and 2005 data indicate that 7.65 percent of adults aged 18 or older experienced at least one MDE in the past year. As was true for rates of past year MDE among youths, there were few significant differences in rates of past year MDE among adults across States. Rates of past year MDE among adults aged 18 or older were among the highest in Utah (10.14 percent) and Rhode Island (9.88 percent) and among the lowest in Hawaii (6.74 percent) and New Jersey (6.81 percent) (Figure 2).

End Notes

¹ Kessler, R.C., Berglund, P., Demler, O., Jin, R., Koretz, D., Merikangas, K.R., Rush, A.J., Walters, E.E., & Wang, P.S. (2003). The epidemiology of major

depressive disorder: Results from the National Comorbidity Survey Replication (NCS-R). *Journal of the American Medical Association*. 289(23):3095-3105.

² American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

³ In assessing MDE, no exclusions were made for MDE caused by medical illness, bereavement, or substance use disorders.

⁴ Because of differences in wording in the questions used to assess MDE among youths aged 12 to 17 and adults aged 18 or older, data from youths were not combined with data from adults to obtain an overall estimate for persons aged 12 or older.

⁵ State-level estimates for 2004 and 2005 are available in the following report: Wright, D., Sathe, N., & Spagnola, K. (2007). *State estimates of substance use from the 2004-2005 National Surveys on Drug Use and Health* (DHHS Publication No. SMA 07-4235, NSDUH Series H-31). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. [Available at <http://www.oas.samhsa.gov/states.htm> and <http://www.oas.samhsa.gov/statesIndex.htm#2k5>]

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Research findings from the SAMHSA 2004 and 2005 National Surveys on Drug Use and Health (NSDUHs)

State Estimates of Depression: 2004 and 2005

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The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). Prior to 2002, this survey was called the National Household Survey on Drug Abuse (NHSDA). The 2004 and 2005 prevalence rates used in this report are based on small area estimation procedures that combine State-level NSDUH data with a national model. In 2004, a split-sample design was implemented where adults aged 18 or older in half of the sample received the depression module while respondents in the other half did not. NSDUH data were obtained from 44,835 persons aged 12 to 17 and 68,599 persons aged 18 or older. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The NSDUH Report is prepared by the Office of Applied Studies (OAS), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on NSDUH used in compiling data for this report is available in the following publications:

Office of Applied Studies. (2006). *Results from the 2005 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 06-4194, NSDUH Series H-30). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Office of Applied Studies. (2005). *Results from the 2004 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 05-4062, NSDUH Series H-28). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available online: <http://www.oas.samhsa.gov>.

Because of improvements and modifications to the 2002 NSDUH, estimates from the 2002, 2003, 2004, and 2005 surveys should not be compared with estimates from the 2001 or earlier versions of the survey to examine changes over time.



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