



# **nami news**

★ ★ ★ ★ ★ *The Nation's Voice on Mental Illness*

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## **National Survey Finds Depression Costs Nearly Tripled for Individuals With Limited Access to Care**

Arlington, VA, July 11, 2006 – Individuals with depression and limited access to treatment incurred an average of nearly three times the annual out-of-pocket costs for medication, psychotherapy and other treatment costs than individuals with less restricted access (\$4,312 versus \$1,496), according to results of a new survey.\* Credit card debt and other negative social consequences attributable to depression further contributed more than \$13,500 in out-of-pocket costs.\* However, results reveal that the costs of depression are not just financial, but social, given that as few as one-third of those with limited access to treatment reported being satisfied in either their job or relationship with a spouse or partner.

This survey, sponsored by the National Alliance on Mental Illness (NAMI) and funded by Wyeth Pharmaceuticals, is part of a nationwide effort to examine access to mental health services for those living with depression in five large bellwether states (California, Florida, New York, Ohio and Texas). Findings from this effort suggest that among these five states, there are individual budget and workforce challenges that may hinder access to appropriate care.

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*\* Based on the data from the Harris Interactive survey, Booz Allen Hamilton provided an aggregate estimate of the individual cost of depression for treatment and other health-related expenditures. This estimate includes the annual deductible and annual costs of prescription medication and psychotherapy.*

“This survey pinpoints exactly how lack of access to treatment harms the job prospects, financial situation and personal relationships of people living with depression,” said Dr. Ken Duckworth, NAMI Medical Director. “Clearly, a person’s family, employer, creditors, and society as a whole also suffer. These findings should provide new impetus for all stakeholders impacted by this disease to ensure that those who suffer from depression have access to optimal treatment.”

Among the 662 respondents who participated in the national sample of the survey, those with limited access to treatment were more than four times as likely to quit their job (27 percent versus 6 percent) and twice as likely to be fired from their job (20 percent versus 10 percent) because of their depression.

Additionally, limited-access respondents were more likely to report that, during the last 30 days, they had unpaid bills more than 60 days overdue (34 versus 12 percent), were afraid they couldn’t make their rent/mortgage payment (22 percent versus 8 percent), and were unable to afford the necessities of life (30 percent versus 11 percent).

“This survey illustrates the depths of this disease and the important need for treatment and support,” said Dr. Duckworth. “With proper diagnosis, access to treatment and adequate support, recovery is possible. We hope these findings will encourage the ongoing efforts of the individual, their families and their communities to ensure adequate access to care.”

### **Individual State Findings**

To gain an understanding of the personal and economic costs of depression in the five states, Harris Interactive administered an online survey to respondents in the five key states, as well as to a national sample. Respondents answered questions about the

social and economic impact of their depression symptoms on their lives, access to appropriate treatments, as well as symptomology and treatment efficacy. Findings from this research indicate that:

- **People with depression are not being fully diagnosed**

Results revealed that many Americans living with depression have symptoms of other related conditions, such as bipolar disorder or generalized anxiety disorder (GAD), that have not yet been officially diagnosed. In fact, while 70 percent of respondents indicated the presence of symptoms of generalized anxiety disorder – a disease that often coexists with depression – only 20 percent of those respondents had been officially diagnosed.

- **Only a small minority of people with depression are receiving dual therapy (prescription medication and talk therapy)**

Survey results also showed that many Americans living with depression are under-treated. While studies demonstrate that a combination of prescription medication and psychotherapy enable the most effective treatment of depression symptoms, less than 15 percent of Americans living with depression are currently receiving both treatments. Among the five states, Floridians were the most likely to be receiving both treatments, but at 27 percent, there is clearly room for improvement.

- **The shortage of mental health care professionals is impacting care**

Texas, in particular, is suffering a tremendous shortage of mental health care workers. Although the economic burden of depression on the state tops \$16.6 billion, Texas ranks 38<sup>th</sup> out of 50 states in the number of psychiatrists per 100,000 people, 40<sup>th</sup> in psychologists and 45<sup>th</sup> in social workers. Survey results underscore the impact of this shortage, as a higher percentage of

survey respondents in Texas with health insurance who have been diagnosed with depression reported that they have not seen a particular physician because they were out of their health insurance provider network (32 percent versus 18 percent of the national average).

- **People with depression who live in states with no mental health parity law may have more limited access to treatment**

Ohio and New York are two of only 13 states that do not have a state mental health parity law in place – which increases access to treatment without increasing costs by providing mental health benefits that are equal to physical health benefits. For residents in these states with limited access to treatment, the impact is clear. In Ohio, residents with limited access have higher out-of-pocket medication costs than those with less restricted access (35 percent versus 9 percent who pay more than \$50 per month). Similarly, New Yorkers with limited access pay more than six times the out-of-pocket costs for medication, psychotherapy, and other treatment costs than residents with less restricted access (\$6,450 versus \$957).\*

- **Self-reported depression among minority groups may be on the rise**

Studies indicate that individuals in minority groups underreport depression and other mental illnesses. However, data from this survey revealed that minorities were just as likely as Caucasians to self-report their depression diagnosis. Additionally, Hispanics and African-Americans experienced more severe depression symptoms than Caucasians. These findings may reflect either an increased awareness of depression within minority communities or gross disparities in the availability of treatment for minority groups versus Caucasians.

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## **About the Survey**

This survey was conducted online by Harris Interactive® among 2,880 people in five state samples (California, Florida, New York, Ohio, and Texas) and among 662 people from a national sample, for a total of 3,542 respondents (aged 18 and older) between March 28, 2006 and April 17, 2006.

In this survey, limited or low access was defined as either having no health insurance, being in a health savings account-qualified health plan where costs are not reimbursed until a high minimum deductible is met (at least \$1,050 for individuals and at least \$2,100 for a family), being enrolled in a pharmacy benefit plan that provides no coverage for certain brand-name pharmaceutical agents (self-reported data), or being enrolled in a health plan which, respondents claim, either provides no coverage for physician visits, or no coverage for prescription medication.

Figures for age, sex, race/ethnicity, education, region (for the national sample) and household income were weighted where necessary to bring them into line with their actual proportions in the population. Propensity score weighting also was used to adjust for respondents' propensity to be online. With a pure probability sample of 662 adults one could say with a ninety-five percent probability that the overall results have a sampling error of +/-4 percentage points. Sampling error for sub sample results is higher and varies, however, that does not take other sources of error into account. This online survey is not based on a probability sample and therefore no theoretical sampling error can be calculated.

Harris Interactive designed and fielded the survey, analyzed the data and wrote an initial report, which was subsequently reviewed by Booz Allen Hamilton.

## **About NAMI**

The National Alliance on Mental Illness (NAMI) is the nation's largest nonprofit, grassroots, self-help, support and advocacy organization of consumers, families, and friends of people with severe mental illnesses. Through its affiliates and volunteer members, NAMI works to achieve equitable services and treatment for the millions of Americans living with severe mental illnesses and their families.

Access to mental health services is significantly impacted by public policy decisions made by the state legislature and state government agencies. For a discussion of the current mental health public policy environment in each of the individual states, including a discussion of needed public policy improvements, visit [www.nami.org/grades](http://www.nami.org/grades) .

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