Depression in Rural Populations: Prevalence, Effects on Life Quality, And Treatment-Seeking Behavior

To explore the prevalence of selected mental health diagnoses across rural populations, including rural minority residents, we studied information obtained by the 1999 National Health Interview Survey (NHIS), a nationally representative survey of more than 30,000 US adults. The 1999 NHIS administered the depression scale from the Comprehensive International Diagnostic Interview (CIDI), an instrument that has been widely used to estimate the prevalence of mental health diagnoses in the United States. We used this data set to explore the depression among rural versus urban residents, with “rural” defined as residing in a non-metropolitan area.

Prevalence of Major Depression:

- The prevalence of major depression was significantly higher among rural than among urban residents. Among rural residents, the prevalence of depression did not vary significantly with race/ethnicity.
- The increased prevalence of depression among rural individuals does not appear to be a result of rural residence itself. Rather, the rural population contains a higher proportion of persons whose characteristics, such as poor health, place them at high risk for depression.

Effects of Depression:

- African Americans with depressive symptoms were significantly less likely than whites to report interference with their life and activities due to these symptoms. Hispanics and “other” minorities did not differ from whites.
- Insurance coverage influenced reported effects from depressive symptoms. Among rural residents with private insurance, only 36.5% of respondents experienced interference with life activities, versus 64.7% of those with public insurance and 56.3% of those with no insurance at all.

Communication of Symptoms:

- About half of all persons with major depression report having told a physician or other health care provider about their feelings during the past year. Rural adults were slightly more likely to have described their symptoms to a physician.
- Persons without any health insurance were less likely to have communicated with a physician than were the privately insured. Publicly insured persons did not differ from the privately insured.