

## Depression More Often Chronic and Disabling Among Blacks

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### Description

Rates of major depression are higher among whites, but the condition appears more likely to be severe, untreated and disabling among blacks, according to a report in the March issue of *Archives of General Psychiatry*, one of the JAMA/Archives journals.

Newswise — Rates of major depression are higher among whites, but the condition appears more likely to be severe, untreated and disabling among blacks, according to a report in the March issue of *Archives of General Psychiatry*, one of the JAMA/Archives journals.

Major depression is the fourth leading cause of disability worldwide, according to background information in the article. The relationship between race and depression is complex; although studies have suggested that blacks have a lower rate of depression, they may have reduced access to mental health services and often receive poorer quality care.

David R. Williams, Ph.D., Harvard School of Public Health, Boston, and colleagues assessed the prevalence, persistence, treatment and disability of depression in three racial groups using data from a national survey conducted between 2001 and 2003. Of the 6,082 individuals who took the survey, 891 were non-Hispanic whites; 1,621 were Caribbean blacks, who identify themselves as black and are of West Indian or Caribbean descent; and 3,570 were African-Americans, who identify as black but do not have ancestral ties to the Caribbean. During face-to-face and telephone interviews, participants answered questions about their sociodemographic background and the symptoms associated with depression. Those whose interviews indicated depression were also asked how severe their symptoms were and how much their condition impaired their daily lives.

More whites (17.9 percent) than African Americans (10.4 percent) or Caribbean blacks (12.9 percent) had depression during their lifetimes. The rates of depression in the 12 months before the interview were similar between the three groups (5.9 percent for African Americans, 7.2 percent for Caribbean blacks and 6.9 percent for whites).

Chronicity—meaning the percentage of those with lifetime depression who reported depression in the previous 12 months—was higher among African Americans (56.5 percent) and Caribbean blacks (56 percent) than whites (38.6 percent).

“Fewer than half of the African Americans (45 percent) and fewer than a quarter (24.3 percent) of the Caribbean blacks who met the criteria [for depression] received any form of major depressive disorder therapy,” the authors write. Although treatment rates for whites were not measured in this survey, this compares with a national average of 57

percent of adults with major depression who receive treatment. “In addition, relative to whites, both black groups were more likely to rate their major depressive disorder as severe or very severe and more disabling.”

Studying why blacks are less likely to develop depression and why they fare worse once they become depressed could offer valuable insights into the workings of this condition. “Future research should explore the extent to which social support systems, including religious participation and psychological resources, such as high levels of self-esteem, can provide some protection to the black population from exposure to adverse social conditions,” the authors continue. “The findings of this study highlight the importance of identifying high-risk subgroups in racial populations and the continuing need to target cost-effective interventions to them.”

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