National study finds lower depression, better mental health during the Great Recession

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Men and women in the U.S. had lower odds of depression diagnoses and better mental health during the Great Recession of 2007-09 compared to pre-recession according to a University of Maryland (UMD) study published in the journal *PLOS ONE*. Post-recession, however, women were more likely to be diagnosed with anxiety disorders, while men were less likely to suffer from psychological distress, as measured by a standard test called Kessler 6—post-recession compared to pre-recession. Led by Dr. Rada K. Dagher, assistant professor of health services administration in the UMD School of Public Health, this large, national study is the first in the U.S. known to examine the association between the Great Recession and mental health at the population level.

"Research has consistently found that women are twice as likely to have an anxiety disorder than men and these gender differences may have persisted throughout the recession and the post-recession period," Dr. Dagher said. "Interestingly, our study found that women who lived in the Northeast or the Midwest, were unemployed, or had low household income were most likely to have higher rates of anxiety diagnoses. This information could help policymakers craft targeted responses to future economic downturns."

The research team, which included co-authors Jie Chen, assistant professor, and Stephen B. Thomas, professor, also in the Department of Health Services Administration, stated that past research on the effect of macroeconomic conditions on mental health have yielded mixed findings, although they did not predict that the recession would bring lower depression diagnoses and better mental health for men and women.

"Future research should investigate whether the decreased rate of depression diagnoses and better mental health among men and women stems from decreased mental healthcare utilization or increased social support and time for recreational activities," Dr. Dagher said. The study notes that annual spending on mental healthcare by private health insurance was around 7 percent in 2004-07, but decreased to 2.1 percent during 2007-09 in the U.S.

The study utilized 2005-2006, 2008-2009, and 2010-2011 data on 81,313 adults, aged 18 to 64 years old, from the Medical Expenditure Panel Survey (MEPS) to designate the pre-recession, during recession, and post-recession periods. The MEPS is a nationally representative survey of the U.S. civilian population. The authors studied the association of the recession with five mental health measures: depression diagnoses, anxiety diagnoses, self-reported mental health, the 12-item Short Form Mental Health Summary (SF-12 MCS) measure, and the Kessler 6 (K6) scale of non-specific psychological distress.

The analyses showed consistent findings in regards to lower depression diagnoses and better mental health during the recession across the four different regions of the U.S., and by employment status, income, and health care utilization. After the recession, both men and women identified as "non-users" of health services for anxiety or depression diagnoses had worse mental health compared to pre-recession. These findings highlight certain vulnerable groups, such as unemployed and low income women and non-users of health services, whom policymakers should take into consideration when designing economic and social policies to address economic downturns. The Affordable Care Act might help these disadvantaged groups that have no access to health services through its mandates for state-insurance exchanges to have a base-level package that includes mental health coverage and for insurers to cover depression screening for free, as well as expansions of eligibility in Medicaid programs.

The findings of lower odds of depression diagnoses for males and females during the recession may signify decreased visits to mental health providers. A previous study by the authors showed that physician visits for treatment of anxiety or depression significantly decreased during the Great Recession. However, given also the findings of better mental health during the recession for both genders, an alternative explanation could be that during economic downturns people have more leisure time to spend on family, friends and exercise. The passage of the Mental Health Parity and Addiction Equity Act of 2008 may have facilitated access to mental health care in a timely fashion which might have prevented serious mental illnesses. Future studies should research these potential explanations and ascertain which one is at work, using state-specific unemployment rates.

Provided by University of Maryland

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