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The Nation's Voice on Mental Illness

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New Survey Finds Depression Treatment Costs are Doubled for Californians With Limited Access to Care

Los Angeles, CA, July 11, 2006 – Californians living with depression who have limited access to treatment may pay more than twice the out-of-pocket costs for medication, psychotherapy and other treatment costs than residents with less restricted access (\$2,669 versus \$1,081), according to results of a new survey.* Results also reveal a disparity in the social burden of depression, given that only about one-half of those with limited access to treatment reported being satisfied with their job, and less than half indicate that they are satisfied in their 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). This effort also explores the social and economic impact of depression on individuals across the United States.

“This study pinpoints exactly how lack of access to treatment harms a person’s job prospects, financial situation and personal relationships when they have depression,” said Jonée Shady, President, NAMI Glendale. “While California government officials can be

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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.*

proud of their commitment to advancing mental health legislation, there are still tremendous gaps in access that can impact outcome and recovery of those living with depression. We hope these findings will provide new impetus for all stakeholders impacted by this disease to ensure that people living with depression have access to optimal treatment.”

California has a large and complex mental health system that is delivered and maintained at the county level, creating various levels of access to care. Compounding this problem is the fact that many Californians living with depression also have symptoms of other related conditions, such as bipolar disorder or generalized anxiety disorder (GAD), that have not been officially diagnosed. In fact, while 65 percent of respondents indicated the presence of symptoms of generalized anxiety disorder – a disease that often coexists with depression – only 19 percent of those respondents had been officially diagnosed.

Additionally, the survey showed that many California residents living with depression are under-treated. Studies demonstrate that a combination of prescription medication and psychotherapy enable the most effective treatment of depression symptoms, yet only 18 percent of Californians living with depression are currently receiving both treatments.

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Survey results underscore the impact of these challenges, as under-treated and under-diagnosed depression can translate into a greater inability to focus on personal relationships. Specifically, survey respondents with limited access to care were more likely than those with less restricted access to report that depression was a contributing factor in their inability to begin or maintain a romantic relationship (43 percent versus 27 percent).

The strain on personal finances also is evident, as nearly one-fifth of survey respondents reported that during the last 30 days, they had unpaid bills more than 60 days

overdue (18 percent), were afraid they couldn't make their rent/mortgage payment (20 percent), or were unable to afford the necessities of life (26 percent) – all of which they attributed to depression.

“This survey exemplifies the ways depression can invade your life,” said Keris Myrick, a California resident who has lived with depression for 20 years. “It has been very challenging at times for me to even get out of bed, much less go to school or work and function efficiently. Although I am doing better, every day remains a struggle. I want others to understand the depths of this disease and the important need for treatment and support. Recovery is possible.”

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. The total number of respondents for the state of California was 551.

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 was also 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. Booz Allen Hamilton used the data provided by Harris to estimate the social and economic costs of depression, some of the results of which are reported in this release.

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 California, including a discussion of needed public policy improvements, visit www.nami.org/grades.

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