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New Survey Reveals Depression Treatment Costs Are Nearly Six Times Higher for New Yorkers With Limited Access to Care

New York, NY, July 13, 2006 – New Yorkers living with depression who have limited access to mental health treatment may 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), according to results of a new survey.* Credit card debt and other negative social consequences attributable to depression further contributed more than \$17,210 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-half 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). This effort also explores the social and economic impact of depression on individuals across the United States.

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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 study clearly demonstrates that limited access to quality mental health treatment negatively affects an individual's financial situation, personal relationships and ability to function effectively in the workplace,” said Wendy Brennan, Executive Director of NAMI-NYC Metro. “While New York government officials can be proud of their commitment to advancing mental health care, including an agreement to pass mental health parity, 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 to commit to improving New Yorkers’ access to quality mental health treatment.”

New York has one of the largest and most complex mental health systems in the country, and it is one of 13 states that does not have a state mental health parity law in place (which helps ensure mental health benefits are equal to physical health benefits). Compounding this problem is the fact that many New Yorkers 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 73 percent of respondents indicated the presence of symptoms of generalized anxiety disorder – a disease that often coexists with depression – only 23 percent of those respondents had been officially diagnosed.

Additionally, many New Yorkers living with depression also are under-treated. While studies demonstrate that a combination of prescription medication and psychotherapy enable the most effective treatment of depression symptoms, only 23 percent of New Yorkers 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 at work and on relationships at home. Specifically, a higher percentage of employed respondents with limited access reported using sick days (51 percent versus 35 percent) due to depression compared to individuals with less restricted access. At home, 39 percent of respondents reported experiencing some kind of relationship problem due to depression, while 63 percent reported that depression hindered their interaction with their children.

The strain on personal finances also is evident, as one out of five survey respondents reported that during the last 30 days, they had unpaid bills more than 60 days overdue (23 percent), were afraid they couldn't make their rent/mortgage payment (22 percent), or were unable to afford the necessities of life (25 percent) – all of which they attributed to depression.

“This survey exemplifies the ways depression can invade your life,” said playwright and composer, Elizabeth Swados, a New York resident who has lived with depression for decades. “At times, it has been very challenging for me to even get out of bed, much less be creative and focus on my work. I’m doing much better now, but every day remains a challenge. 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 New York was 602.

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.

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

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