

# Not Just the Blues: Recognizing and Treating Depression

By Jean Oxendine

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Many people do not realize that depression is a disability. Based on the Americans with Disabilities Act of 1990, a qualified individual with a disability includes anyone who has a “physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.” The definition also protects individuals who have recovered from mental illness.

Depression can interfere with a person’s relationships with family members, friends, and co-workers, and can affect one’s mood, body, behavior, and mind. Yet, the perception still exists that a person is simply feeling “down,” and the stigma attached to mental illness remains.

## A common disease

More than 19 million adults suffer from depression each year, making it the most common psychological problem in the U.S., according to the National Institute of Mental Health (NIMH). This disease is costly. In 1990, treatment for depression was estimated to cost the Nation between \$30 and \$44 billion.

The Substance Abuse Mental Health Services Administration (SAMHSA), reports about 6.8 percent of Whites, 5.4 percent of the Black population, and 5.3 percent of the Hispanic population have experienced a major depressive episode in the past year.

The 1994 National Comorbidity Study indicates the prevalence of current major depression was higher in females than in males, and that pattern holds for each of the racial/ ethnic groups but appears more prominent among Blacks and Hispanics than among Whites. Research shows that historically there has been a consistent under-diagnosis of depression in the African American community and an over-diagnosis of schizophrenia.

## New Federal efforts

Fortunately, the public’s attention is beginning to focus on the seriousness of depression and the available treatments. On June 7, 1999, the White House hosted the first White House Conference on Mental Health, chaired by Tipper Gore, the President’s Mental Health Policy Advisor. At the same time, the Department of Health and Human Services is developing the Surgeon General’s Report on Mental Health. The report will look at scientific research to recommend approaches for promoting mental health, preventing mental illness, and providing state-of-the-art clinical interventions across the life cycle.

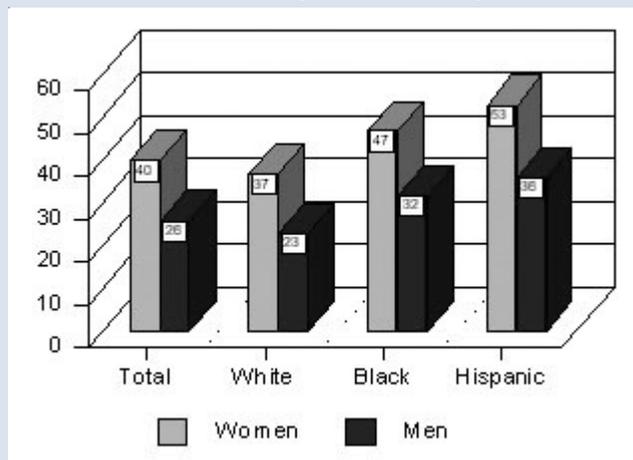
The Division of Program Development, within SAMHSA’s Center for Mental Health Services, is also taking measures to target depression. Harriet McCombs, PhD, public health advisor for the division, reported that a Faith Community Dialog Program will get primarily African Americans talking about depression.

In late 1998 and early 1999, the project convened three dialogs in the Baltimore, MD, area, on the concept of collaboration between mental health service systems and communities on appropriate responses to depression. The dialogs brought together churches, mosques, and synagogues, as well as area mental health professionals.

“The faith community needed more information on mental illness in terms of referrals and support to families of persons with mental illness,” said McCombs. SAMHSA helps the systems work together and defines the role that they play in consumers’ lives.

“We provided a small amount of funding for this activity to see what type of response we would receive,” McCombs said. “Now we want to fund a larger effort to continue what was started in Baltimore, and to increase dialog in other communities throughout the country.” ❖

Moderate to Severe Depressive Symptoms,  
by Race/Ethnicity, 1993



Percent of population  
age 18 and older.  
Source: The Common  
wealth Fund 1993  
Survey of Women's  
Health

