Cottage Center for Population Health

Health Indicator Profile:

Depression, Anxiety, and Other Mental Health Disorders

Depression or depressive disorders are sometimes called the "common cold of mental illness" because they are so common. Mood disorders such as depression can lead to changes in thinking, mood, and/or behavior associated with distress and/or poor functioning in work and relationships. Mental health and physical health are closely connected, and each one affects the other. Mentally healthy people can more easily maintain good physical health; depression can reduce people's ability to take care of their own health. In turn, problems with physical health, such as chronic diseases, are risk factors for depression and decrease a person's ability to participate fully in treatment and recovery.

Anxiety disorders include panic disorder, generalized anxiety disorder, agoraphobia, specific phobia, social anxiety disorder, post-traumatic stress disorder, obsessive-compulsive disorder, and separation anxiety disorder. People with anxiety disorders tend to experience disruptions in their job performance, school work, and relationships.

Findings from the 2019 Santa Barbara County CHNA

Measure: Depression

The questionnaire measured depression by asking: "Has a doctor ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?"

Comparison of Santa Barbara County respondents over time and compared to Californians in general is provided in Table 1 below. A benchmark from the 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions III (NESARC-III), a national probability sample of adults age 18 and older, compare local and state estimates of lifetime depression.

DEPRESSION QUESTION

Has a doctor ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?

[1] Strine, T. W., Mokdad, A. H., Balluz, L. S., Gonzalez, O., Crider, R., Berry, J. T., & Kroenke, K. (2015). Depression and anxiety in the United States: findings from the 2006 behavioral risk factor surveillance system. Psychiatric Services.

[2] National Institute of Mental Health (2017). Any Anxiety Disorder. Retrieved from https://www.nimh.nih.gov/health/statistics/any-anxiety-disorder.shtml#part_155094

Table 1. Percentage of adults that have ever been told they have a depressive disorder by demographics

	2016 Santa Barbara CHNA	2019 Santa Barbara CHNA	2018 California BRFSS	National Benchmark
	% (95% CI)	% (95% CI)	% (95% CI)	
Overall	18.3 (15.8, 20.8)	23.9 (19.9, 27.8)	15.4 (14.5, 16.2)^	20.6*
Male	14.6 (11.1, 18.0)^	17.8 (12.6, 23.0)	11.7 (10.7, 12.6)^	
Female	21.9 (18.4, 25.4)	29.8 (24.0, 35.7)^	19.0 (17.7, 20.3)^	
Hispanic	13.2**	17.8 (12.2, 23.5)	14.7 (13.3, 16.1)^	
Non-Hispanic White	23.0**	28.3 (22.6, 34.0)^	15.8 (14.7, 16.8)^	
Other	11.6**	25.5 (10.7, 40.4)	NA	
Age 18-44	15.4 (11.5, 19.4)^	26.2 (19.6, 32.8)	15.4 (14.2, 16.7)^	
Age 45-64	25.1 (20.7, 29.4)^	23.8 (17.9, 29.7)	16.1 (14.7, 17.6)^	
Age 65+	16.0 (12.6, 19.3)^	17.3 (11.3, 23.2)	13.9 (12.1, 15.6)^	
< High School	18.2 (11.8, 24.6)	20.1 (10.0, 30.2)	13.9 (11.9, 16.0)^	
High School Grad	18.9 (12.9, 24.8)	23.1 (13.4, 32.7)	14.3 (12.5, 16.1)^	
Some College	22.1 (17.3, 26.8)	29.5 (22.1, 36.9)^	19.4 (17.6, 21.1)	
College Grad	13.6 (10.7, 16.5)^	19.7 (14.0, 25.4)	12.7 (11.6, 13.9)^	
<$35,000	18.1 (14.0, 22.2)	29.8 (22.5, 37.1)^	18.9 (17.3, 20.4)^	
$35,000-$74,999	25.6 (19.6, 31.5)	25.4 (16.4, 34.4)	16.0 (14.1, 17.9)^	
$75,000 or Greater	13.5 (9.4, 17.6)^	19.7 (13.4, 26.1)	13.1 (11.8, 14.5)^	

^ Significant difference between estimate and NESARC-III Benchmark.
*NESARC-III estimate based on probability sample of 36,309 and included persons living in households and select noninstitutional group quarters.
**Data not available for confidence interval.

Health disparities

Santa Barbara County saw a 5.6% increase in self-reported Lifetime Depressive Disorders compared to 2016, though this difference was not statistically significant. Since 2016, aside from those in the middle age and income groups, every demographic group in Santa Barbara County saw an increase. Significant increases between 2016 and 2019 were observed for those age 18-44 and those in the lowest household income group.

When compared to Californians overall in 2018, Santa Barbara County in 2019 reported significantly higher Lifetime Depressive Disorders overall and across most demographic sub-groups. Demographic groups in Santa Barbara County 2019 that were significantly higher than the national benchmark include females, non-Hispanic Whites, those with some college, and those with household incomes below $35,000.

Most impacted demographic subgroups include females, non-Hispanic Whites, those with some college, and those with household incomes below $35,000 (see figures below).

Figure 1. 2019 percentage of adults reporting depression by demographic group

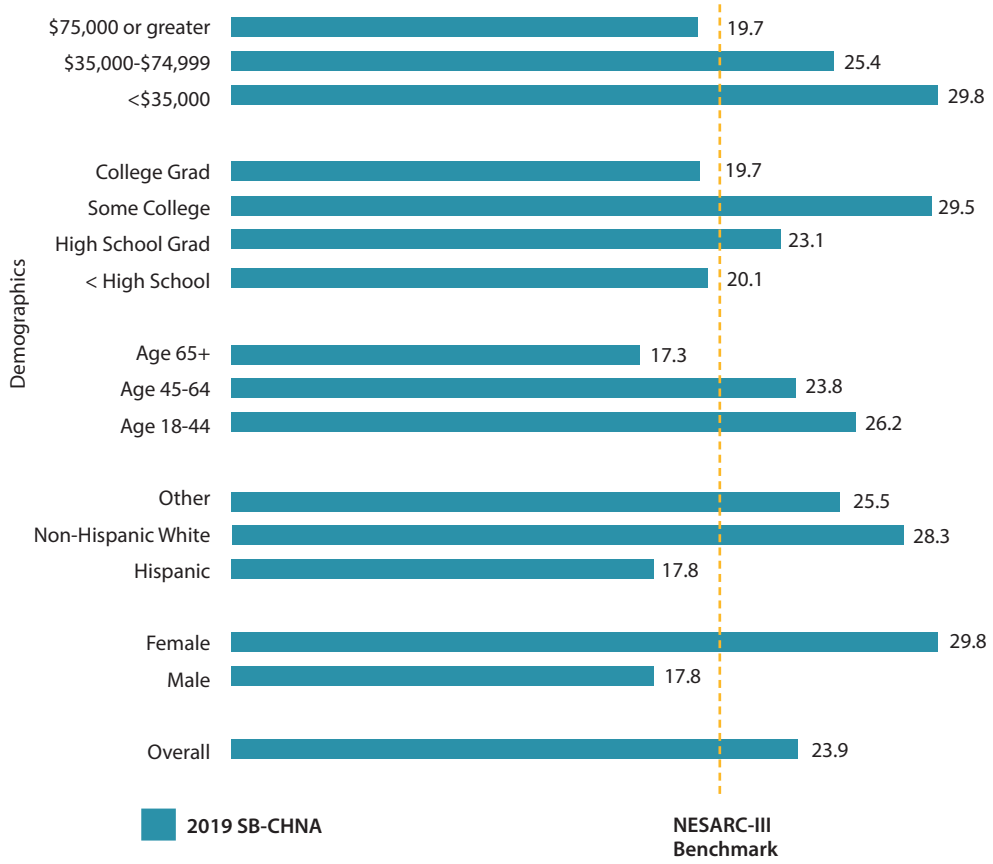


Figure 2. Percentage of adults reporting depression by sex at birth in 2016 and 2019 with National Benchmark

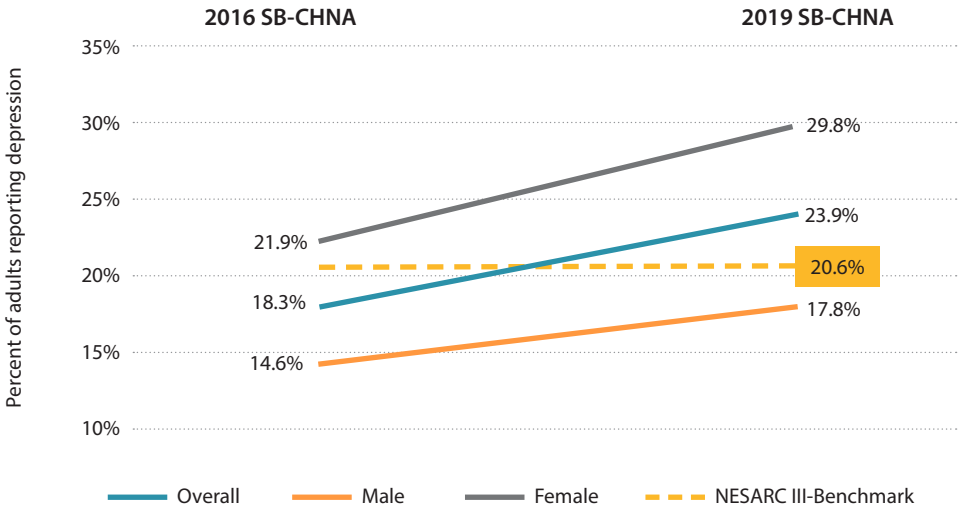


Figure 3. Percentage of adults reporting depression by income level in 2016 and 2019 with National Benchmark

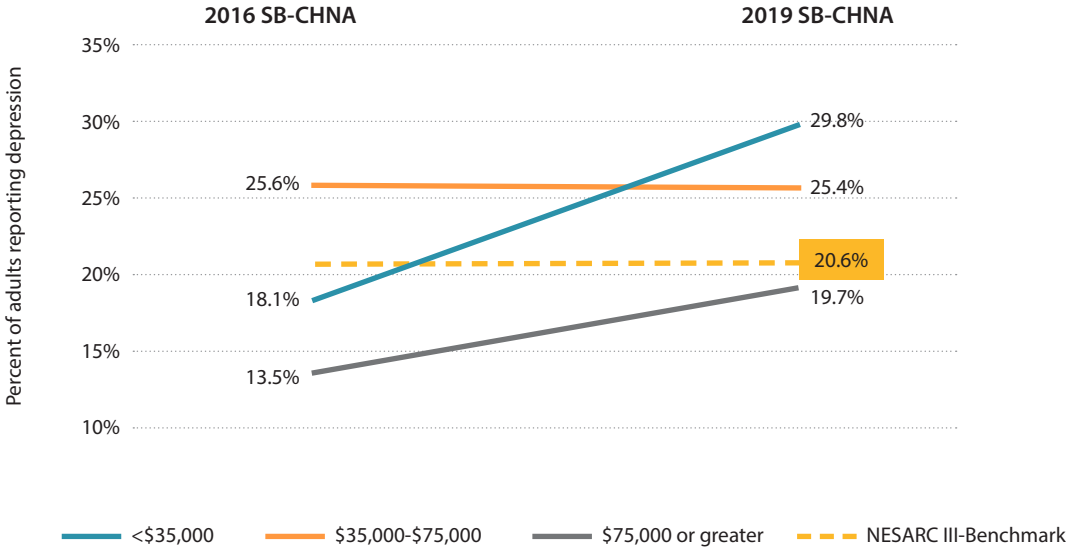
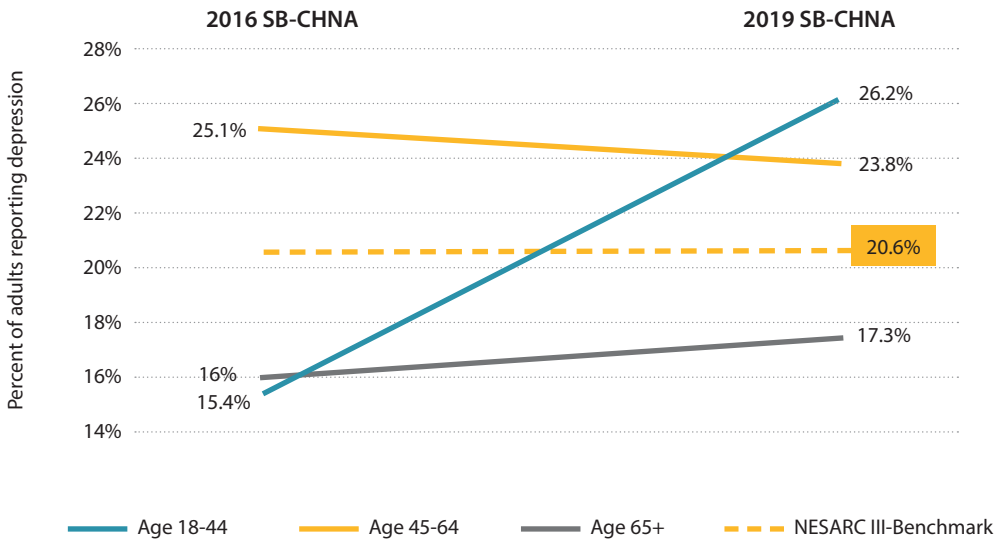


Figure 4. Percentage of adults reporting depression by age in 2016 and 2019 with National Benchmark



Factors and health outcomes associated with depression

Figure 5 below depicts the three health indicators that were most significantly related to self-reporting of Lifetime Depressive Disorder and includes anxiety, low resilience, and Serious Mental Illness (SMI). The percentage of those reporting Lifetime Depressive Disorder across these three subgroups is much higher than the general adult population estimates for both California (2018) and Santa Barbara County (2019) which are 15.4% and 23.9% respectively.

All three remained independently correlated after with Lifetime Depressive Disorder after adjusting for all other variables including demographics (age, gender, race/ethnicity, and education level). Those with a history of anxiety have an increased odds of 46.6 times that of those without a history of anxiety. Those reporting low resilience or SMI also had an increased odds of about three fold compared to those without low resilience or SMI.

Figure 5. Adults reporting depression by significant related risk factors

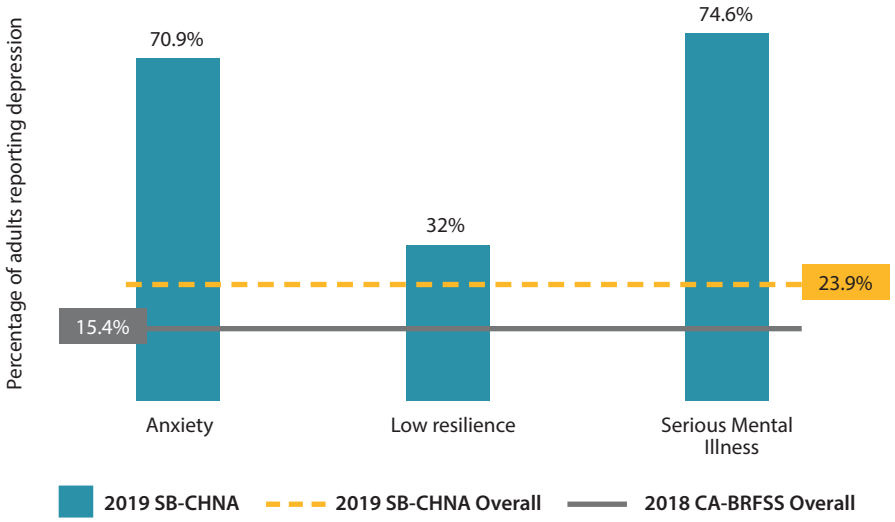


Table 2. Odds ratio estimates for depression by significant related risk factors

Significant related risk factor	Point estimate	95% confidence limits	
Anxiety	46.6	20.1	107.6
Serious Mental Illness	3.3	1.0	10.9
Low resilience	3.0	1.1	8.0

Note: The degrees of freedom in computing the confidence limits is 659.

Measure: Anxiety or other mental health disorders

The questionnaire measured lifetime anxiety and other mental health disorders by asking: "Have you ever been told that you had an anxiety disorder or other mental health disorder?" The percent of Santa Barbara County respondents that answered yes is reported to the right in Table 3.

Data from the National Comorbidity Survey (NCS) serves as a benchmark for prevalence of Lifetime Anxiety Disorders. We acknowledge that the 2019 Santa Barbara County CHNA estimate may be inflated when compared to the NCS estimate, as the 2019 CHNA includes anxiety and other mental health disorders.

ANXIETY OR OTHER MENTAL HEALTH DISORDERS QUESTION

Have you ever been told that you had an anxiety disorder or other mental health disorder?

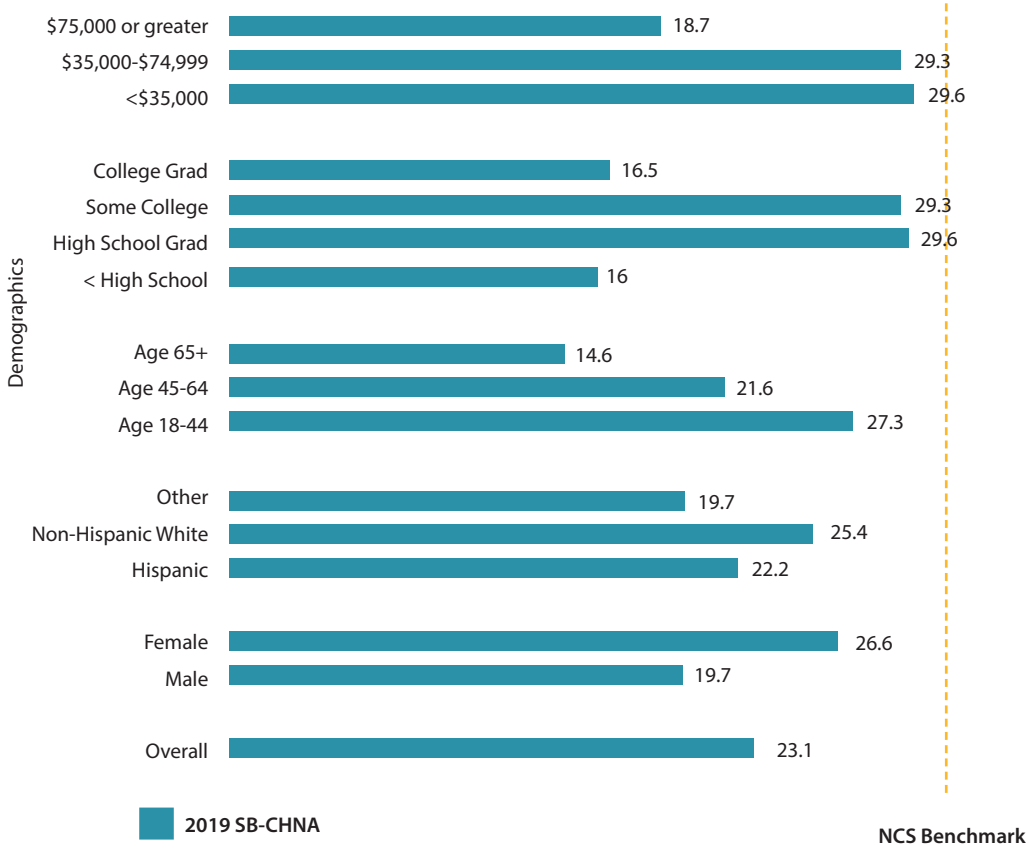
Table 3. Percentage of adults that have ever been told they have an anxiety or other mental health disorder in 2019

	2019 Santa Barbara CHNA	National Benchmark
	% (95% CI)	
Overall	23.1 (19.2, 27.0)^	31.2
Male	19.7 (14.4, 25.0)^	
Female	26.6 (20.9, 32.3)	
Hispanic	22.2 (16.1, 28.2)^	
Non-Hispanic White	25.4 (19.8, 30.9)^	
Other	19.7 (6.4, 33.0) †	
Age 18-44	27.3 (20.8, 33.8)	
Age 45-64	21.6 (15.9, 27.3)^	
Age 65+	14.6 (4.6, 20.7)^	
< High School	16.0 (7.2, 24.8)^	
High School Grad	29.6 (19.7, 39.6)	
Some College	29.3 (21.9, 36.8)	
College Grad	16.5 (10.9, 22.2)	
<$35,000	29.6 (22.3, 36.8)	
$35,000-$74,999	29.3 (19.9, 38.7)	
$75,000 or Greater	18.7 (12.2, 25.2)^	

^ Significant difference between estimate and NCS Benchmark
†Unreliable estimate (Relative Standard Error >0.3)

Most impacted demographic subgroups include females, those age 18-44 years old, those with a high school education or some college, and those living in households with incomes below $75,000 (see figures below).

Figure 6. 2019 Percentage of adults reporting anxiety or other mental health disorders by demographic group



Factors and health outcomes associated with anxiety and other mental health disorders

Figure 7 depicts the three health indicators that were most significantly related to history of anxiety or other mental health disorders and includes health insurance, depression, and greater than 14 poor mental health days in the past 30 days.

Two health indicators remained independently correlated with anxiety or other mental health disorders after adjusting for all other variables including demographics (age, gender, race/ethnicity, and education level). Greater than 14 poor mental health days in the past 30 days was no longer significantly associated with anxiety once controlling for demographic variables.

The odds of reporting anxiety or other mental health disorders were 26.1 times greater for those who reported a history of depression. Likewise, the odds of reporting anxiety or other mental health disorders were 7.3 times greater for those who have health insurance compared to those not having health insurance.

Figure 7. Adults reporting anxiety or other mental health disorders by significant related risk factors

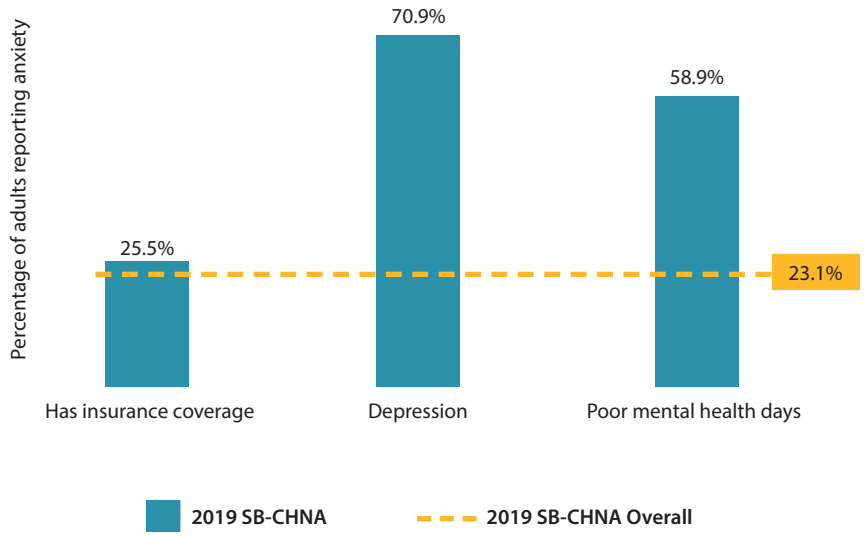


Table 4. Odds ratio estimates for anxiety by significant related risk factors

Significant related risk factor	Point estimate	95% confidence limits	
Depression	26.1	14.3	47.7
Has insurance coverage	7.3	2.3	23.0
Poor mental health days	2.5	0.8	7.4

Note: The degrees of freedom in computing the confidence limits is 659.

Findings from the 2019 Santa Barbara County Listening Tour

Despite being common, mild to moderate conditions have the tendency to "fall through the cracks" and go untreated, report Listening Tour participants. Rising rates of depression and anxiety are hitting Santa Barbara County residents. Some groups are differentially affected by depression and anxiety, according to Listening Tour participants. In particular, adolescents and young adults and members of the Latinx community are key populations identified as vulnerable to depression and anxiety in Santa Barbara County.

Impacts on youth

Young people today are dealing with great uncertainty in their lives. During a focus group, a physician stated that there are multiple, overlapping reasons for this unease.

> *"When you talk about the younger population, I mean, there is such a sense of collective anxiety, and you can pick your reason: global climate change, downturn in the economy, [if one is] LGBTQ, and "I'm not being recognized because I am who I am." – Physician*

During focus groups, participants stated that **gun violence** in public spaces, such as schools, is a top concern.

> *"And so even in the school, children don't feel safe. So, they have that anxiety because we've had many school shootings. Not, thankfully, things here, but it's prevalent and because of the media, we've seen all of this, and we see it played over and over. You can't go anywhere and feel like you're going to be safe. Church, school, a festival. I mean, a concert. I mean, at any place where people gather, you have to feel like this could be the last time I might see people and that's not normal. That type of anxiety for young people is not normal." –Service provider*

> *"Well, also what's changed too as we know, we have active shooter drills in our high schools. Children are learning how to prevent themselves from being killed at school. So, I don't think our children have a safe space anymore. And I think that [is linked] to some mental health issues. There's no safe space for kids to be kids." –Service provider*

Ambivalence surrounds how youth interact with **social media.** Listening Tour participants shared their concerns about the shifting ways of socializing through technological means. The negative uses of social media are said to create **apathy, depression, and addiction,** and social media has been flagged as a medium for **bullying.**

"The world has changed so much. We've seen it with our kids. I see it with my grandkids. There's a lot of adolescent isolation. They spend so much time on their devices." –Mental health service provider

"Social media plays a huge part of it. Do I get liked enough? What's happening on social media when I'm in school? What happens when I'm not connected online? All these factors that occur create a very anxious population, a young anxious population. I'm curious to know the research around screen time and anxiety. I think we're going to find there's a huge problem." –Service provider

"But I know that there are links to increased use of technology and social media that increases anxiety. So, you have these young children with these brains or emotions that are not fully developed. They're experiencing all these emotions, this anxiety with social media."
– Cottage Health nurse

The current behavioral healthcare system in Santa Barbara County is inadequate to meet the needs of young people. There simply are **not enough providers, in-patient, nor out-patient services that are tailored for younger populations**. This is a dire situation, as one behavioral healthcare provider noted, given the recent uptick in suicides among young people in Santa Barbara County:

"The statistics in our county are showing that the rates of suicide and suicide attempts among adolescents has been going up significantly. Safety, who we contract with to provide those services, has the statistics and their calls have been going up every year. And the lethality of the attempts is increasing with the younger age group. So, the crisis continuum in our county for adolescents is not what it needs to be. We don't have any adolescent in-patient psychiatric beds. We don't have an adolescent crisis or a CSU. So, there's no place for these kids to go to just get away for a little bit and get some intensive services. So, I think that's a huge gap that we need to try to work on."

Impacts on Latinx community

Members of the **Latinx community** in Santa Barbara County also say that they are experiencing higher rates of anxiety and depression. Yet Latinx community members are not seeking care due to a prevailing **fear in a xenophobic social climate** and the **cultural and language barriers** they encounter during clinical engagements.

In Santa Barbara County, Listening Tour participants said that everyday life for many Latinx people involves accelerating levels of stress due to excessive work undertaken to provide the necessities for survival, such as food and housing. **Being overworked and living in poverty takes a toll on one's mental health.** A Latinx community member who works at Cottage Health noted:

> *"I think it causes emotional friction. And I also believe that it's the helplessness of not making enough money to cover the necessities that your family needs. Because yes, there are many people that have two jobs, there are others with as many as three jobs to be able to pay rent."*

While going about their daily lives, many Latinx people experience outright **discrimination contributing to stress and anxiety.** One mother shared her concerns about how her children are differentially treated:

> *"I feel frustrated because the simple color of my children does not go in this community. I feel like they do not they have the same opportunities as other children who are White…[That] those resources are not for us and people are afraid to ask for help."*

A prevalent theme during the Listening Tour was a recognition that Latinx community members experience feelings of **fear and anxiety due to the political climate.**

> *"We're seeing an increase in stress and anxiety in the immigrant community that we serve because of the current politics in our country." –Service provider*

> *"One of the things that I have found pretty unique to the last couple years in our community is anxiety around the political milieu. The day after the election [in 2016], we had lots of families refusing to send their children to school because they were afraid that they would go to school and then their parents wouldn't be back home. Same happened in January when our president was sworn in. Same reaction. We had a very hard time getting parents to send their kids to school. We had a lot of students coming in with lots of somatic responses to stress. Headaches, stomach aches. And they're still that way. You will still hear students walking into the nurse's office with symptoms of stress and anxiety, and when you talk to them and ask them what is it that they're concerned about, what is their concern? 'I'm afraid my mom, my parents won't be there. They'll be deported.' And so that on top of school shootings on a regular basis by a faction of our society, targeting minorities, targeting people who are different, I think are contributing factors. So, there are people living in a state of hyper-awareness." –Service provider*

Reluctance to seek care

This context in turn translates into a reticence to seek behavioral health services. Latinx community members shared that they feel intimidated while seeking care, **fearful that any information they disclose may lead to their deportation.** The fear of personal information being given to ICE or the prospect of ICE raids on clinics frequented by Latinx people is creating isolation and stress with tremendous consequences and little support.

> *"People are afraid, they have stress and depression due to the migratory issues. People don't want to go out, children are scared. People simply don't go out." – Latinx community member*

Healthcare providers share their interpretations of what is happening:

> *"Fear and anxiety amongst not only parents but children. Even if they have [immigration] status, in the population that we serve, chances are someone in their family or extended family is not documented. So, they have a general fear of deportation and also a fear of being victims of racism itself. So, it's generated a great deal of stress in the immigrant community that we serve." – Service provider*

> *"[Latinx community members] are service resistant because they don't want to go to any organization or institution for help because they're so fearful." – Service provider*

> *"We do get a lot of people who come in, and they'll ask us, if they're trying to get help with medical, they'll say, 'If I try to become legal, a legal permanent resident, will this affect me?' Having to make that decision where it's like, okay do I want to go in get health, you know, get this attended to, but also put at risk? Will they be deported? That's a question I've had people ask me. 'Will I be deported if I apply for this?' – Cottage Health administrator*

> *"Well, right now in our, in my... with this political climate, that the patients that I serve, many of them are undocumented. And that's creating high fear, which of course adds distress, it means they seek less care, because they're worried about things. So, we've had patients who are offered foundation money, and the minute they're given an application they are like, 'Forget it! We don't want it.' Yeah…So I think that the political climate right now is kind of making some of those issues, bigger." – Cottage Health administrator*

It is important to note that there are additional groups living in Santa Barbara County who are **reluctant to seek care due to mistrust.** A representative from Tribal Health Clinic explained that historical mistrust also exists in indigenous communities:

> *"I agree with the sense of mistrust. I see it in certain communities. And I also see it in the native community with sort of this history that they have with agencies and systems and just a general mistrust too. Wanting them to enter into these systems that are then too complex for them to even fully utilize."*

Cultural and linguistic barriers

Aside from the deep and abiding fear of seeking help, Latinx members share that there are also cultural issues and **internalized stigma** at play.

> *"I think that in the Latino community something that—I do not know if it characterizes us, but that it has a lot to do with our culture, with our way and mental illnesses, shame, ignorance and that many of us bring cultural denial of this. That is, denying stress, denying depression, denying that I am anxious, because it will be seen poorly. Because how am I going to have a disease of this kind, how am I going to be crazy, because we finally tend to categorize that they are diseases, insanity, and we do not realize that finally we can all suffer from depression or symptoms of anxiety, and endless other problems that have to do with mental health. So that also leads us to not share it. It may be that I have the restlessness, but I will not share it because I am going to be ashamed of what others think. So, I believe that also one way to help the community is to remove these myths from mental illness, show it as what can happen to anyone, what can happen to me, what can happen to your neighbor, which is part, and stop demonizing these diseases."*
> *– Latinx community member*

If one is able to set aside these hurdles and actually obtain care, many report experiencing **language barriers.** Understanding that the Latinx community is not a monolith, but instead is comprised of many different lived experiences is a first step towards providing culturally-appropriate care. *Promotoras* are keenly aware of these issues, especially facing the Mixteco population. During focus groups, many shared their thoughts on this issue.

> *"I don't see a lot of bilingual doctors, they don't really speak Spanish. So usually, if I go to the doctor, I have to translate to my mom what the doctor is saying." – Latinx youth community member*

"In this community, it is not only Spanish but Mixtec, and other dialects, so you pass the first barrier of the stigma, and then the family wants to get a therapist who speaks Mixtec that your insurance covers, there are barriers on barriers for many communities here in San Mateo." – Promotora

"Another challenge that you also find is the time that the patient devotes to the consultations; well, among everything we know that also in physical problems or diseases, but in mental ones it takes more time and is also very limited there, so there is no good communication because most providers call themselves bilingual, but their Spanish is very short, that is, there is no effective communication between patient and provider, and there are always misunderstandings, so, the patient becomes desperate because he/she already feels bad, he/she is wasting time, he/she cannot find the solution he/she wants, and they do not understand each other." – Promotora

Of course, having bilingual services is not sufficient. **Culturally-appropriate care** must be a priority, as well.

"It also has to do with culture, because in the case of my therapist, who is Mexican, she understands me very well. But I had previously been with an American, and although he speaks Spanish well, he does not understand the culture, and from there everything was already wrong for me." – Promotora

"Because culturally—so it is like the advantage we have, but the doctors do not have it even if they speak Spanish, even if they are born here, even—if they do not experience what our culture is they do not understand why we feel what we feel or why our reactions [occur]." – Latinx community member

Conclusions

Many working and living in Santa Barbara County recognize what resources are needed to improve access to behavioral health services and to help those suffering with depression and anxiety. Following are key takeaways from the Listening Tour participants' suggestions for building a more robust behavioral healthcare system to deal with depression and anxiety:

1. Listening Tour participants shared the need for individuals to become knowledgeable in "mental health first aid" as a way to **dismantle stigma** and recognize the first signs of onset for anxiety and depression.

"There needs to be an awareness that getting help is okay, just like going to a regular doctor. Getting help for your mind is a good thing, that you really need to see the doctor every so often, like your dentist to get your teeth checked. Get your mind checked, get the help you might need." –Service provider

2. More opportunities in which professionals can become better educated to handle mental health and substance use issues are needed. **Primary care physicians need more support** to understand their patients' behavioral health needs and be equipped with information about where to refer them for further treatment.

3. **Leverage social media as a tool for good**. Although it is common to identify social media as an instigator in rising levels of depression and anxiety, many see the flipside potential of social media. Proper training in social media literacy is critical. One LGBTQI+ activist notes that social media can be a validating tool leading to social connection and not just isolation:

> *"We also want to really remember that social media, the internet also validates and makes visible targeted minority populations. And I will say this, just so we all know, when grown-ups sit and only say negative things about the internet, that's the quickest way to lose a young person's attention. Seriously, because our population of youth, I had the internet in high school and probably didn't kill myself because of it. Because I was talking to other gay kids in my school, but who never would talk about it in person, because you can't talk about it in public, right? So, we have to be very nuanced, I think. And also, data shows that the internet's not all bad. And that social media democratizes a lot of social interactions."*

4. In the wider community, Santa Barbara County residents want **workshops** that raise awareness about behavioral health, reduce stigma, and provide tools to manage behavioral health challenges. Especially important are workshops that double as community-building events that are specifically tailored for groups experiencing social marginalization. During the Listening Tour, the research team heard from youth, Latinx community members, and LGBTQI+ community members. All said that previously held workshops have been successful in fostering a sense of inclusion in their communities and they would like to see a workshop series focused on behavioral health issues. A service provider shared an example:

> *"We just had our first parent therapy immersive, a one-day therapy day at our center that was successful. And so that's a positive change. Because one accepting caregiver and an LGBTQ child's life, like outrageously reduces the rates of suicidality and depression and anxiety."*

It must be a priority of healthcare providers in Santa Barbara County to provide non-judgmental and culturally-appropriate care with communities who have long felt excluded. Developing trusting relationships with these communities is urgently needed. Successful outreach will go beyond education and will provide opportunities for social connection and underscore the importance of destigmatizing depression and anxiety.