Depression in Nova Scotia

Stress was also found to be associated with higher levels of stress. This relationship was demonstrated in this survey by the occurrence of those who were only “a bit” stressed (7.3%), “not at all/Not very likely” (19.8%) than those who were “very” (32.7%) with the life satisfaction. Among Nova Scotians who reported they were “satisfied or very satisfied” with their life, the prevalence of depression was 6.1%. This number was significantly lower than those who were “neither satisfied nor dissatisfied” with the life (15.8%) and those who were “dissatisfied” or “very dissatisfied” (22.9%) with their life (Figure 10).

Additional Resources

This monograph summarizes information from Cycle 3.1 to provide estimates on depression and related factors. It is a follow-up to the previous report on Depression from Cycle 1.1 and Cycle 1.2. The next installment of the Canadian Community Health Survey (CCHS) Cycle 3.1 will be collected in 2007 and released in 2008.

Highlights

- Eight percent of Nova Scotians aged 13 and over reported being depressed.
- Women were more likely to report being depressed than their male counterparts.
- Depression was most prevalent among Nova Scotia’s seniors age 65 or older, and most prevalent among those aged 20 to 49.
- Nova Scotians in lower income groups were more likely to report being depressed.
- Depression was more prevalent among those with poorer physical health status.
- Depression was found to be more prevalent among smokers, alcohol users, and people with poorer coping skills.
- Nova Scotians exhibiting higher levels of stress and sleep disturbance were more likely to report being depressed.
- Depression was more prevalent among Nova Scotians who reported lower levels of life satisfaction and sense of belonging.

Notes

1. The CCHS is a series of health surveys conducted by Statistics Canada since 2001. The purpose of CCHS is to provide regular and timely cross-sectional estimates of health determinants, health status, and health system utilization at both provincial and sub-provincial levels. This will assist provinces and District Health Authorities in planning, implementing and evaluating health promotion programs and services. Data from this installment of the CCHS, Cycle 3.1, was collected between January and December of 2005. The CCHS Cycle 3.1 collected information about 130,000 individuals across Canada, including 5,000 Nova Scotians. The target population included household residents 12 years and older in all provinces and territories, with the exception of populations on First Nation Reserves, Canadian Forces Bases, and in some remote areas. This monograph summarizes information from Cycle 3.1 to provide estimates on depression and related factors. It is a follow-up to the previous reports on Depression from Cycle 1.1 and Cycle 1.2. The next installment of the CCHS, Cycle 3.1 will be collected in 2007 and released in 2008.
Prevalence of Depression

Respondents were asked if they had been a time in the past 12 months when they felt sad or lost interest in things for two or more consecutive weeks. This included normal periods of sadness as well as serious depression. A positive response to any of these questions was considered a symptom of depression and was used to derive a short form score to assess the depression level for respondents. This short form score was then used to calculate “probability of caseness,” which indicates the probability that the respondent would have been diagnosed as having experiences a major depression episode (MDE) had he/she completed the Long Form Composite International Diagnostic Interview (CIDI).1

According to the derived probability of caseness, 7.8% of Nova Scotians 12 years and over were identified as being depressed. This number was significantly higher than the national rate of 5.2%. Depression in Nova Scotia 2 Nova Scotia Department of Health CCHS Cycle 3.1—Report 2

The prevalence of depression was significantly higher among women (9.5%) than among men (6.0%). The prevalence of depression also varied across different age groups (Figure 1). Nova Scotians aged 65 years and over reported the lowest rate of depression (2.9%), whereas those aged 20 to 44 reported the highest (10.3%). The depression rate for the Guysborough Antigonish Strait Health Authority (GASHA) could not be reported due to high sampling variation, in accordance with Statistics Canada guidelines.2 No statistically significant differences were found among the DHA’s, or between any DHA and the province (Figure 3).

Generally, depression is more prevalent among Nova Scotians with lower incomes (7.6%) than among men (6.0%). Depression and General Health

There appears to be a strong relationship between depression and one’s self-perceived overall health status (Figure 5). Nova Scotians who felt their overall health as being excellent were significantly less likely to report depression (3.0%) than those who reported having “very good” (6.1%), “good” (9.0%), “fair” (10.6%), and “poor” (22.6%) health.

A relationship between depression and alcohol use was also found. Depression was more prevalent among former drinkers (11.1%) than those who have never drunk alcohol (7.9%). Those who have never drunk alcohol reported a depression rate at only 2.4%, significantly lower than both current and former drinkers (Figure 6).

Depression often occurs in conjunction with other mental health disorders. Associations between depression and mental health conditions, such as sleeping disturbance, stress, sense of belonging to local community, and overall life satisfaction have not been found among Nova Scotians in the previous CCHS cycles.3 These relationships were again demonstrated in CCHS 3.1. Better recognition of these relationships can help understand and improve the overall mental health of our population.

Sleeping problems

Nova Scotians who reported having taken sleeping pills during the past month were significantly more likely to report being depressed (13.1%) than those who did not report taking sleeping pills (7.2%) (Figure 7). It should be noted that “use” of sleeping pills is not always equivalent to the treatment of insomnia. In this section, “use” of sleeping pills should be understood as the use of these medications for the treatment or relief of insomnia.

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Depression and General Health

There appears to be a strong relationship between depression and one’s self-perceived overall health status (Figure 6). Nova Scotians who felt their overall health as being excellent were significantly less likely to report depression (3.0%) than those who reported having “very good” (6.1%), “good” (9.0%), “fair” (10.6%), and “poor” (22.6%) health.

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Prevalence of Depression

According to the derived probability of caseness, 7.8% of Nova Scotians 12 years and over were identified as being depressed. This number was significantly higher than the national rate of 5.2%.

No correlation was found between depression and education levels. Respondents reported very similar rates of depression across different education levels. Geographically, depression rates varied across the nine District Health Authority (DHA) Service Areas (SHA). South Shore SHA showed the lowest rate of depression at 4.9%, and Cobequid SHA showed the highest at 10.2%. The depression rate for the Glaceborough Antigonish Street Health Authority (GASSHA) could not be reported due to high sampling variation, in accordance with Statistics Canada guidelines. No statistically significant differences were found between the DHAs, or between any DHA and the province (Figure 5).

Depression and General Health

There appears to be a strong relationship between depression and one’s self-perceived overall health. Respondents who rated their health as “excellent” were significantly less likely to report depression (3.0%) than those who reported having “very good” (6.1%), “good” (9.0%), “fair” (16.0%), and “poor” (22.3%) health.

Depression often occurs in conjunction with other mental health conditions such as anxiety and alcohol use. The relationship between depression and alcohol use was found among non-smokers (6.2%) and occasional smokers also reported a significantly higher depression rate (8.9%) than non-smokers, but the difference was not statistically significant (Figure 6).

No correlation was found between depression and smoking status (Figure 7). It should be noted that causality runs both ways between depression and smoking problems. Smoking depression may be one factor among others contributing to the development of depression; it is also one of the common symptoms of depression.

Depression in Nova Scotia 2 Nova Scotia Department of Health CCHS Cycle 3.1—Report 2

Depression in Nova Scotia 3 Nova Scotia Department of Health CCHS Cycle 3.1—Report 2

Depression in Nova Scotia 4 Nova Scotia Department of Health CCHS Cycle 3.1—Report 2

Depression in Nova Scotia 5 Nova Scotia Department of Health CCHS Cycle 3.1—Report 2

Depression in Nova Scotia 6 Nova Scotia Department of Health CCHS Cycle 3.1—Report 2

Depression in Nova Scotia 7 Nova Scotia Department of Health CCHS Cycle 3.1—Report 2
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7.8% of Nova Scotians 12 years and over were identified as being depressed. This number was significantly higher than the national rate of 5.2%.

FIGURE 1

Depression by Income, Nova Scotia, 2005

<table>
<thead>
<tr>
<th>Income Group</th>
<th>Depression Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Income</td>
<td>9.3%</td>
</tr>
<tr>
<td>Middle Income</td>
<td>6.4%</td>
</tr>
<tr>
<td>High Income</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

*Significantly different from Low and High.

Depression by Age and Sex, Nova Scotia, 2005

FIGURE 2

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Depression Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-19</td>
<td>8.3%</td>
</tr>
<tr>
<td>20-24</td>
<td>7.8%</td>
</tr>
<tr>
<td>25-34</td>
<td>8.9%</td>
</tr>
<tr>
<td>35-44</td>
<td>6.6%</td>
</tr>
<tr>
<td>45-54</td>
<td>6.6%</td>
</tr>
<tr>
<td>55-64</td>
<td>5.9%</td>
</tr>
<tr>
<td>65+</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

*Significantly different from each other.

Depression and General Health Status, Nova Scotia, 2005

FIGURE 3

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Depression Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>5.9%</td>
</tr>
<tr>
<td>Very Good</td>
<td>7.8%</td>
</tr>
<tr>
<td>Good</td>
<td>9.1%</td>
</tr>
<tr>
<td>Fair</td>
<td>10.3%</td>
</tr>
<tr>
<td>Poor</td>
<td>13.1%</td>
</tr>
</tbody>
</table>

*Significantly different from Better and Poor.

Depression and Self-reported Coping Skills, Nova Scotia, 2005

FIGURE 4

<table>
<thead>
<tr>
<th>Coping Skills</th>
<th>Depression Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unexpected Problems</td>
<td>12.8%</td>
</tr>
<tr>
<td>Day-to-Day Demands</td>
<td>11.1%</td>
</tr>
<tr>
<td>Important People</td>
<td>7.9%</td>
</tr>
<tr>
<td>Family</td>
<td>8.9%</td>
</tr>
<tr>
<td>Local</td>
<td>9.5%</td>
</tr>
<tr>
<td>Local/Very Small</td>
<td>10.5%</td>
</tr>
</tbody>
</table>

*Significantly different from one another.

Depression and Other Mental Health Indicators, Nova Scotia, 2005

FIGURE 5

Depression by Smoking/Drinking Status, Nova Scotia, 2005

<table>
<thead>
<tr>
<th>Smoking/Drinking Status</th>
<th>Depression Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-smoker</td>
<td>6.2%</td>
</tr>
<tr>
<td>Current drinker</td>
<td>7.9%</td>
</tr>
<tr>
<td>Former drinker</td>
<td>11.1%</td>
</tr>
<tr>
<td>Non-drinker</td>
<td>6.4%</td>
</tr>
</tbody>
</table>

*Significantly different from other groups.

Depression often occurs in conjunction with other mental health disorders. Associations between depression and mental health conditions, such as sleep disturbance, stress, sense of belonging to local community, and overall life satisfaction have been found among Nova Scotians in the previous CCHS cycles. These relationships were again demonstrated in CCHS 3.1. Better recognition of these relationships can help improve the overall mental health of our population.

Sleeping problems

Nova Scotians who reported having taken sleeping pills during the past month were significantly more likely to report being depressed (11.1%) than those who did not report taking sleeping pills (7.9%) (Figure 7). It should be noted that causality runs both ways between depression and sleeping problems. Sleeping disturbance may be one factor among others contributing to the development of depression, it is also one of the common symptoms of depression.
Depression among Nova Scotians who indicated that they had a “very strong” sense of belonging to their local community was 4.1%. This number was significantly lower than those who were “neither satisfied nor dissatisfied” (6.2%), and those who were “dissatisfied” (8.3%) with their life (Figure 10).

Life Satisfaction

Among Nova Scotians who reported they were “satisfied” or “very satisfied” with their life, the prevalence of depression was 4.4%. This number was significantly lower than those who were “neither satisfied nor dissatisfied” (8.0%), and those who were “dissatisfied” (12.1%) with their life (Figure 11).


depression among those who reported “very weak” sense of belonging, which was also significantly higher compared to those who reported “satisfied or very satisfied” with life, and those who were “dissatisfied” (12.1%) with their life (Figure 11).

Notes

1. The CIDI is a structured diagnostic instrument that was designed to produce diagnoses according to the definitions and the criteria of both Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R) and the International Classification of Diseases (ICD-10).
2. Statistics Canada Guidelines for Reporting of Estimates Based on Coefficient of Variation — Bootstrapping techniques were used to produce the point estimate, the coefficient of variation (CV), and 95% confidence intervals (CIs). The CVs and CIs were used to decide if a point estimate could be reported. Data with a CV greater than 33.3% were suppressed due to extreme sampling variability.
3. Income is measured by “Income adequacy”.
4. See “Depression in Nova Scotia – A closer look, from CC HS 1.2” (CCHS Cycle 1.2 Report 1, May 2004) for more information.
5. In CCHS 3.1, questions on sleeping difficulties were optional and were not answered by respondents in Nova Scotia. However, respondents were asked whether they had taken sleeping pills in the month prior to the interview. Nova Scotians who indicated that they had taken sleeping pills are used as a proxy group for those who have had sleeping problems.

The Canadian Community Health Survey (CCHS) is a series of health surveys administered by Statistics Canada since 2001. The purpose of CCHS is to provide regular and timely cross-sectional estimates of health determinants, health status, and health system utilization at both provincial and sub-provincial levels. This will assist provinces and District Health Authorities in planning, implementing and evaluating health promotion programs, and services.

Data from this installment of the CCHS, Cycle 3.1, was collected between January and December of 2005, and released in June, 2006. This survey included 13,398 individuals from across Canada, including 3,866 Nova Scotians. The total population included household residences 12 years and older in all provinces and territories, with the exception of populations on First Nation Reserves, Canadian Forces Bases, and in some remote areas.

This monograph summarizes information from Cycle 3.1 to provide estimates on depression and related factors. It is a follow-up to the previous reports on Eggins from Cycle 1.1 and Cycle 3.1. The CCHS Cycle 4.1 will be collected in 2007 and released in 2008.

Highlights

• Eight percent of Nova Scotians aged 13 and over reported being depressed.
• Women were more likely to report being depressed than their male counterparts.
• Depression was least prevalent among Nova Scotia’s seniors age 65 or older, and most prevalent among those aged 20 to 44.
• Nova Scotians in lower income groups were more likely to report being depressed.
• Depression was more prevalent among those with poorer health status.
• Depression was found to be more prevalent among smokers, alcohol users, and people with poorer coping skills.
• Nova Scotian exhibiting higher levels of stress and sleep disturbance were more likely to report being depressed.
• Depression was more prevalent among Nova Scotians who reported lower levels of life satisfaction and sense of belonging.
Depression in Nova Scotia 2005

Preliminary Findings

• Eight percent of Nova Scotians aged 12 and over reported being depressed.
• Women were more likely to report being depressed than their male counterparts.
• Depression was least prevalent among Nova Scotia’s seniors (age 65 or older), and most prevalent among those aged 20 to 44.
• Nova Scotians in lower income groups were more likely to report being depressed.
• Depression was more prevalent among those with poorer health status.
• Depression was found to be more prevalent among women, alcohol users, and people with poorer coping skills.
• Nova Scotia exhibiting higher levels of stress and urban disturbance now more likely to report being depressed.
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3. Income is measured by “Income adequacy”. Based on total household income and the number of people living in the household, income adequacy classifies the total household income into 5 categories - Lowest, Lower middle, Middle, Upper middle, and Highest. For example, a household is classified as having the “lowest income” if the total household income is below $10,000 and there are up to 4 people living in the household; or of the person with income is below $15,000 and there are 5 or more people living in the household.

Additional Resources

http://www.gov.ns.ca/health/reports.htm for copies of this and other reports in the series.