

# Mood disorders

## Introduction

Mood disorders in children and adults include depression (the most common type of mood disorder), bipolar disorder (also known as manic depression) and dysthymia (US Department of Health and Human Services 1999; World Health Organization 2001). Cognitive-behavioural therapy and other psychotherapy, sometimes combined with pharmacological treatment, are used to treat mood disorders in children. For adults, treatment for mood disorders most commonly includes pharmacological treatment, psychotherapy, or a combination of the two (US Department of Health and Human Services 1999).

### What were the survey questions?

The 2006/07 New Zealand Health Survey asked parents if they had ever been told by a doctor that their child had any of the health conditions listed on a show card, of which depression was one prompted response. Other mood disorders could be specified by the parent respondent.

Adult participants in the 2006/07 New Zealand Health Survey were asked if they had ever been diagnosed by a doctor with any of the following conditions, which were listed on a show card:

- 1 depression
- 2 bipolar disorder (manic depression)
- 3 anxiety disorder (including panic, phobia, post-traumatic stress disorder, obsessive compulsive disorder)
- 4 eating disorder
- 5 alcohol-related disorder
- 6 drug-related disorder
- 7 schizophrenia
- 8 any other mental health condition [please specify]

Any current treatments for mental health conditions were also collected for both adult and child participants.

Chapter 4 contains results on the prevalence of psychological distress for adults (K10 scores).

## Prevalence of diagnosed mood disorder for children and adults

The prevalence of mood disorders in children was 0.2% (0.1–0.4), which means that 1300 children in the population were diagnosed with depression by a doctor. Due to small numbers, the data presented in the remainder of this section are for adults only.

One in ten adults (10.9%, 10.3–11.5) had ever been diagnosed with a mood disorder. In nearly all cases this was depression, which had a population prevalence of 10.5% (9.9–11.1), and in a small number of cases bipolar disorder (0.7%, 0.5–1.0 in the total population). This represents 340,900 adults ever diagnosed with a mood disorder.

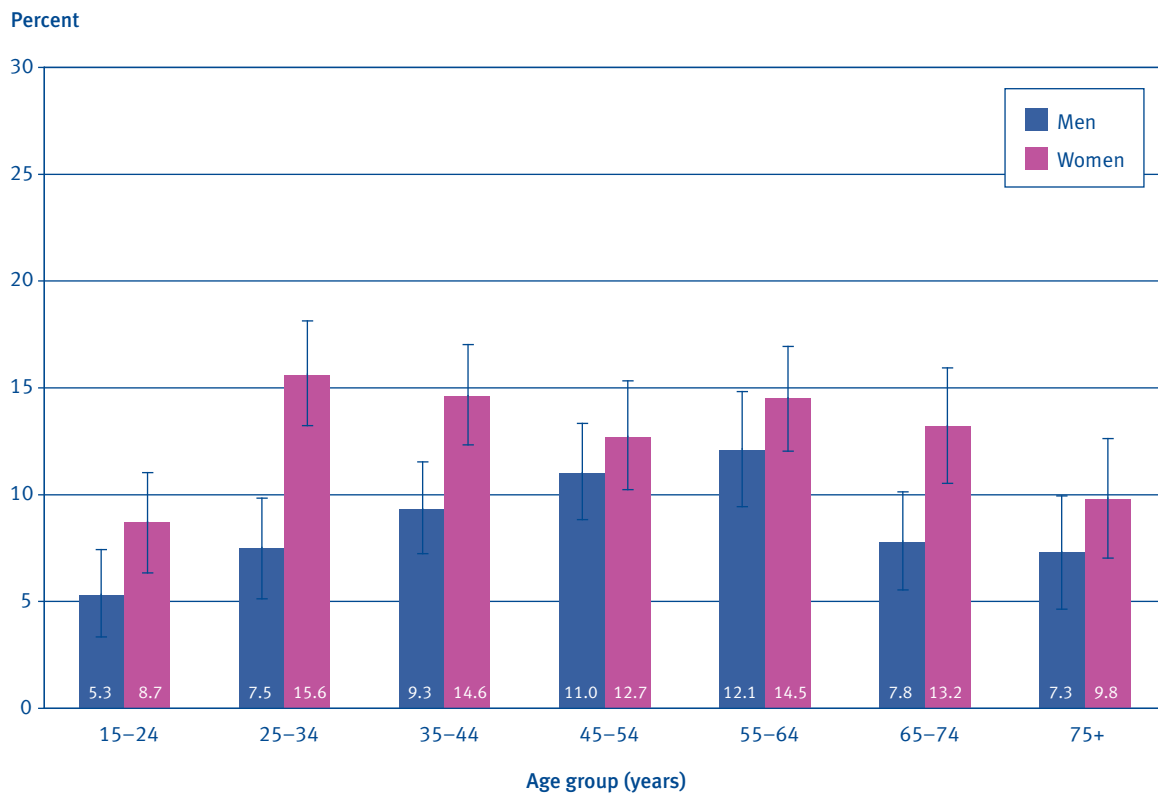
Women (12.8%, 11.9–13.8) were significantly more likely than men (8.4%, 7.5–9.3) to have ever been diagnosed with a mood disorder, after adjusting for age.

### Prevalence of diagnosed mood disorder, by age group

Mood disorder was present in all age groups. The prevalence of mood disorder appeared to peak in women aged 25–34 and was then relatively stable until the 75+ years age group, when it declined slightly. In men, mood disorder appeared to peak much later, in the 55–64 years age group (Figure 3.32).

Women aged 25–44 years and 65–74 years were more likely than men of the same age to have been diagnosed with a mood disorder (Figure 3.32).

Figure 3.32: Diagnosed mood disorder for adults, by age group and gender (unadjusted prevalence)



Source: 2006/07 New Zealand Health Survey

## Prevalence of diagnosed mood disorder, by ethnic group

Table 3.21 gives an indication of the burden of mood disorder in New Zealand’s main ethnic population groups for adults.

Table 3.21: Diagnosed mood disorder for adults, by ethnic group (unadjusted)

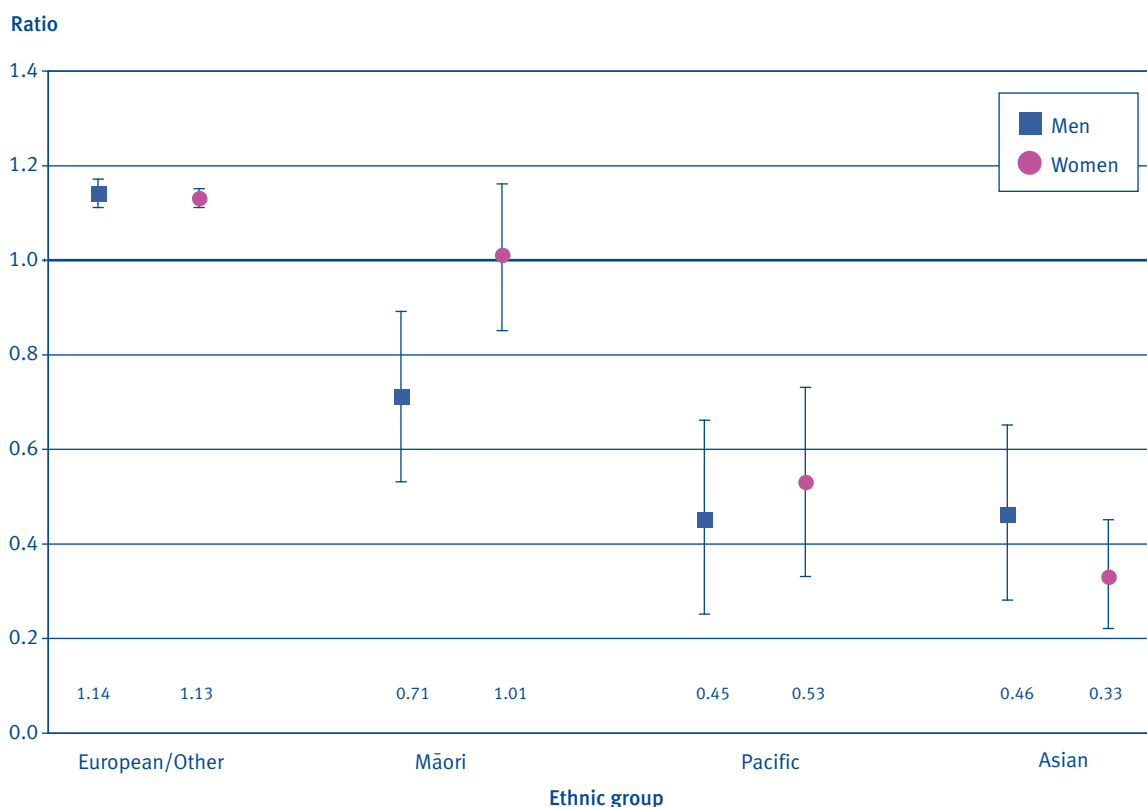
Ethnic group	Prevalence (95% CI)	Number of adults
European/ Other	12.2 (11.5–13.0)	312400
Māori	9.9 (8.6–11.2)	35100
Pacific	5.1 (3.7–6.5)	8300
Asian	3.9 (2.9–4.8)	10700

Source: 2006/07 New Zealand Health Survey

Note: Total response standard output for ethnic groups has been used.

Once adjusted for age, European/Other men and women were significantly more likely to have ever been diagnosed with a mood disorder than men and women in the total adult population (Figure 3.33). Pacific men and women, Asian men and women, and Māori men were all much less likely to have ever been diagnosed with a mood disorder compared to men and women in the total population.

Figure 3.33: Diagnosed mood disorder for adults, by ethnic group and gender (age standardised rate ratio)



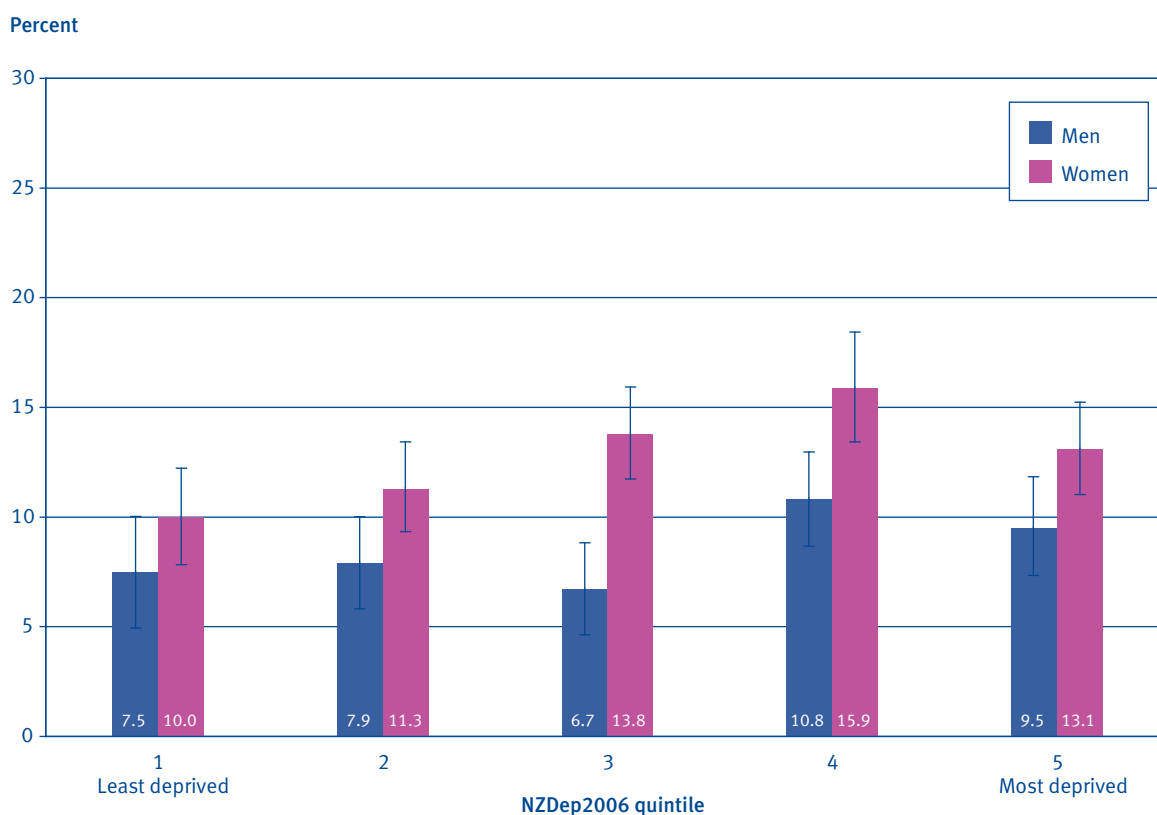
Source: 2006/07 New Zealand Health Survey

Notes: Age standardised to the WHO world population. Reference group, with a rate ratio of 1.00 (indicated by the bold line), is the total male or female population aged 15 years and over. Total response standard output for ethnic groups has been used.

## Prevalence of mood disorder, by neighbourhood deprivation

For men there was little variation by neighbourhood deprivation in the prevalence of mood disorder. However, women living in NZDep2006 quintile 4 had 1.5 times the prevalence of mood disorder compared to women living in NZDep2006 quintile 1, adjusted for age. This higher prevalence was also significant for women in the most deprived areas of NZDep2006 quintile 5, compared to NZDep2006 quintile 1 (p-value < 0.05) (Figure 3.34).

Figure 3.34: Diagnosed mood disorder for adults, by NZDep2006 quintile and gender (age standardised prevalence)



Source: 2006/07 New Zealand Health Survey

## Treatment for mood disorder

Half of adults who had ever been diagnosed with depression or bipolar disorder were currently taking medication for the condition (48.6%, 45.5–51.6). One in eight adults who had ever been diagnosed with depression or bipolar disorder were currently receiving counselling (13.0%, 10.4–15.5), most of whom were also taking medication (8.9%, 6.9–10.8 – ie, both counselling and medication).

Nearly half of adults who had ever been diagnosed with depression or bipolar disorder reported not receiving any treatment at the time of the survey (45.6%, 42.4–48.7).