ORIGINAL ARTICLE

Predictors of depression severity in a treatment-seeking sample

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Abstract *Background/Objective*: Depression is a common mental health disorder and an emerging public health concern. Few studies have investigated prevalence and predictors of depression severity in the Irish context. To investigate the relative contribution of known risk factors that predicts depression severity in a treatment-seeking sample of adults in Ireland. *Method*: As part of a randomised controlled trial of an internet-delivered intervention for depression participants (N = 641) completed online screening questionnaires including BDI-II and information associated with common predictors of depression. *Results*: The mean score on the BDI-II was 24.13 (*SD* = 11.20). Several factors were shown to predict greater severity of depression in the sample including female gender, younger age, unemployment, being single or partnered as opposed to married, previous diagnosis of depression, recent experience of life stressors. Alcohol use, recent losses, knowing a suicide completer, education level, type of employment and income level were not found to be significant. *Conclusions*: The study contributes to the profiling of the incidence and predictors of severity of depression in an Irish context. The results confirm some of the known risk factors and highlight the need for further research to be carried out on screening for depression and increasing access to interventions.
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PALABRAS CLAVE
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Predictores de la gravedad de la depresión en personas adultas que buscan tratamiento

Resumen   *Antecedentes/Objetivo*:La depresión es uno de los trastornos de salud mental más comunes y un incipiente problema de salud pública. Pocos estudios han investigado la prevalencia y factores predictivos de su gravedad en el contexto irlandés. El objetivo del estudio fue investigar los factores de riesgo que predicen la gravedad de la depresión en una muestra de adultos en Irlanda en búsqueda de tratamiento. *Método*: Los participantes auto-referidos accedieron a una intervención en línea para la depresión. Los participantes (*N* = 641) completaron cuestionarios, incluyendo el BDI-II e información asociada con predictores comunes de la depresión. *Resultados*: Se encontraron varios factores que predijeron la gravedad de la depresión: ser mujer, ser joven, estar desempleado, estar soltero o con pareja pero no casado, tener diagnóstico previo de depresión y experiencia reciente con factores vitales estresantes. *Conclusiones*: El estudio contribuye a la elaboración de perfiles de incidencia y factores predictivos en la gravedad de la depresión. Los resultados confirman algunos de los factores de riesgo conocidos y ponen de relieve la necesidad de nuevas investigaciones que lleven a cabo la detección de la depresión así como un mayor acceso a las intervenciones.

Depression is considered to be one of the primary causes of disease rates worldwide. It has shown high rates of lifetime prevalence and high chronicity, as well as early age onset and role impairment (Richards, 2011). Depression accounts for 4.5% of total disability adjusted life years; it is reported to be on the increase in the general population and is considered a major concern for public health (World Health Organization [WHO], 2008). The WHO has projected depression to be the number one cause of chronic illness in high-income countries by 2030 (WHO, 2008). Twelve month prevalence rates have been estimated at 5%-8% in Europe and 6% in Ireland based on DSM-IV criteria and as high as 12.8% for all depressive disorders in urban Ireland.

International epidemiological studies have identified several important factors that significantly predict depression severity; these include age, marital status, any previous episodes of depression, any recent significant losses, relationship difficulties, unemployment, and lifestyle stresses (Richards, 2011; Richards & Salamanca-Sanabria, 2014). Prevalence rates and gender differences are reported to be somewhat constant across the adult lifespan (Richards, 2011). In Ireland for example, the Central Statistics Office (Central Statistics Office [CSO], 2008) has reported that 68% of those reporting emotional, psychological and mental health illness were between the ages of 18 to 64 years (working age). This report also highlighted some gender difference in depression prevalence: 53% female and 47% male although reports are generally higher for females (CSO, 2008).

Depression is associated with losses in quality of life and increased mortality rates. In spite of this, access to evidence–based psychological and psychiatric diagnosis and treatments are severely limited throughout the world, including Ireland. On a global scale many affected individuals receive no medical diagnosis nor seek treatment (Andrews, Sanderson, Slade, & Issakidis, 2000). The worldwide treatment gap in depression has been estimated at 56.3% (Kohn, Saxena, Levav, & Saraceno, 2004). Several barriers to accessing treatment exist, such as waiting lists, lack of motivation for change, negative perception of psychological and (or) drug treatments, costs, and personal difficulty such as stigma; each can play an important role in choosing to seek diagnosis and treatment (Kohn et al., 2004; Mohr et al., 2010).

The context: Ireland

Studies on the prevalence of depression in Ireland are far fewer in comparison to other high-income countries; however those in existence have established similar rates to the reports found in the worldwide prevalence literature (CSO, 2008; Richards, 2011). The point prevalence figures taken from the Health Research Board's findings indicate that nationally 12 in every 100 people aged 18 years and over experience mild to severe mental illness (Tedstone-Doherty, Moran, & Kartalova-O'Doherty, 2008). Recent government policies such as Healthy Ireland Framework 2013–2025 (Health Service Executive, 2013) acknowledge the need to develop appropriate mental health services across the whole community so that individuals with mental illness can achieve a good quality of life through accessing community-based, specialist services. However, the reality of bridging the gap between policy and practice is far from resolved. In a survey carried out by the Health Research Board, only 10% of respondents had accessed treatment from a GP in the previous year for mental health issues, and service use at secondary level was lower still than primary care level (Tedstone-Doherty et al., 2008).

Aims and hypothesis

Other studies that have examined risk factors associated with depression have some data from Ireland but generally the data has been only one part of a larger sample, for