

Reasons Why Most Young Adults Sweep Depression Under the Rug

— Cost of treatment not the only barrier

by [Michal Ruprecht](#), Contributing Writer, MedPage Today
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Over the last decade, more than half of young adults with depression reported not receiving treatment in a survey, and important reasons were related to cost and stigma.

Cost of care was the most common problem for young patients with major depressive episodes (MDEs), with the frequency of cost being cited as a barrier to mental health care going from 51.1% in 2011 to 54.7% in 2019, according to researchers led by Wenhua Lu, PhD, of the City University of New York in New York City.

During that period, the proportion of young people saying they had inadequate insurance for treatment also increased from 7.2% to 15.8%.

Other barriers to care included people not knowing where to go for treatment, worrying about confidentiality, not wanting to take medication, and not having the time, the researchers wrote in *JAMA Network Open*.

Community-based education is vital to combat some of these beliefs, Arash Javanbakht, MD, of Wayne State University in Detroit, told *MedPage Today* via email.

He said the study's results suggest the medical community is "behind in educating the public not only about mental illness but also [about] how to navigate the healthcare system, get evaluated, and receive needed care."

"Many patients think medications are addictive, zombify them, or change the way of their thinking," said Javanbakht, who was not involved in the study. "This also closely ties with the stigma of having mental illness [and] its personal, cultural, and media aspects."

"There is [a] need for more realistic education about the prevalence of mental illness, its biological nature, variety of treatment options, and similarities with other illnesses of the body," he continued. "[The] government should definitely be more active in this area of public education via media and social media."

Lu's group also documented sociodemographic gaps in mental health care. Hispanic and Asian participants were more likely to not know where to find care compared with white participants, and Hispanic individuals were significantly more afraid of others learning about their treatment.

Native Americans were more than three times as likely as white peers to not be covered by insurance for mental health treatment. The authors noted that despite

expanded Medicaid access in 2014, new policies are needed "to close the Medicaid coverage gap, especially for Native American individuals."

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"More outreach campaigns are also warranted to increase young adults' awareness of local mental health services, particularly among Hispanic and Asian communities," wrote Lu and colleagues.

The researchers also found gender differences consistent with previous research on mental health. They confirmed that compared with men, female participants were less likely (OR 0.65, 95% CI 0.51-0.83) to be worried about others perceiving them negatively.

"Destigmatizing mental health treatment should be prioritized among young adults, with gender-specific engagement interventions for men," emphasized Lu and coauthors.


There weren't any significant sex differences with regards to family income and access as barriers to mental health care.

Lu's group relied on data from the National Survey on Drug Use and Health for the analysis. Survey participants included more than 21,000 patients diagnosed with a MDE over the previous 12 months using DSM-IV criteria.

Over 11,000 self-reported not receiving any treatment. Women represented 61.1% of this untreated cohort, and 39.4% were ages 18 to 21 years. Nearly 30% of the untreated had a household income of less than \$20,000, and the majority experienced severe impairments related to MDE.

The authors noted that the study's reliance on self-reports left room for potential social desirability bias.



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Disclosures

Lu and co-authors reported no conflicts of interest.

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