



Mental Health Advocacy Coalition

Changing minds, changing lives

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Ohio Ranks Ninth Worst in Study on Depression Status *First-of-Its-Kind Analysis Links Greater Access to Mental Health Treatments and Services to Better Depression Outcomes*

CLEVELAND, OH (November 29, 2007) – According to *Ranking America's Mental Health: An Analysis of Depression Across the State*, Ohio ranked ninth worst in a first-of-its-kind report by Mental Health America that analyzed rates of depression among all 50 states and the District of Columbia. The report also analyzed suicide rates.

“Hopefully, Ohio’s leaders will examine this report and begin to allocate resources for the huge number of Ohioans who suffer from mental illnesses,” said Joan Englund, Executive Director of the Mental Health Advocacy Coalition in Cleveland. “Depression is an illness and it’s treatable. Ohio needs to do more to fight depression and other mental illnesses.”

South Dakota ranked first as the healthiest state with respect to depression status. Following South Dakota were Hawaii, Iowa, Louisiana and Minnesota. Utah was ranked last, with the highest depression levels, preceded by West Virginia, Rhode Island, Kentucky and Nevada.

Ranking America's Mental Health, provides insight into each state’s depression status and suicide rate, enabling states to begin to address how to properly allocate resources to improve its population’s mental health.

Mental Health America found the following factors to be statistically significantly associated with better depression status and lower suicide rates:

- Mental health resources – On average, the higher the number of psychiatrists, psychologists and social workers per capita in a state, the lower the suicide rate.
- Barriers to treatment – The lower the percentage of the population reporting that they could not obtain healthcare because of costs, the lower the suicide rate and the better the state’s depression status. In addition, the lower the percentage of the population that reported unmet mental healthcare needs, the better the state’s depression status.

- Mental health treatment utilization – Holding the baseline level of depression in the state constant, the higher the percentage of the population receiving mental health treatment, the lower the suicide rate.
- Socioeconomic characteristics – The more educated the population and the greater the percentage with health insurance, the lower the suicide rate. The more educated the population, the better the state’s depression status.

“The findings of this study underscore the need to develop a public mental health surveillance system to monitor the mental health of Americans by examining depression and the states policies that may impact it,” said Dr. David Shern, president and CEO, Mental Health America. “Only with regular and ongoing measurement of key indicators of depression will we be able to understand how public policies impact a population’s depression level and suicide rate – and adjust these policies to benefit the millions of American affected by depression.”

To achieve top ranking in the country, South Dakota yielded the best results for the four measures used to develop a composite depression status indicator. Among adults, 7.31 percent experienced a major depressive episode in the past year and 11.6 percent experienced serious psychological distress. Among adolescents, 7.4 percent had a major depressive episode in the past year. On average, South Dakotans reported 2.41 poor mental health days per month.

Despite the fact that some states do better than others on rates of depression and suicide, no state can be satisfied with its current status. These rates can be driven lower with state policies designed to improve coverage, ending discriminatory practices in insurance, and assuring that qualified mental health professionals are available to serve everyone in need.”

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