



INTERVENTIONS

Receive Treatment for Depression (Youth)

INDICATOR

Percent of children with mental illness who received services.

Numerator Number of adolescents (age 12-17) with one or more major depressive episode who received any treatment

Denominator Number of adolescents with major depressive episodes.

DESCRIPTION

This measure identifies the percent of youth (aged 12-17) who have been diagnosed with depression, who have also received any treatment for depression, as asked in the National Survey on Drug Use and Health (NSDUH). The treatment includes a stay in a hospital or residential treatment facility, or outpatient services including therapy or day treatment.

IMPORTANCE

Depression is the leading cause of disability in the world, yet many of the negative effects of depression can be reliably improved through identification and treatment (Marcus, 2012).

LIMITATIONS

- At least 10% of individuals with depression are undiagnosed and thus not included in this measure (Li, 2009).
- This metric does not include information about frequency of treatment.
- NSDUH is a self-report survey which has the potential to underestimate treatment, though self-report data are typically valid for reporting "any" versus "none" treatment frequencies as was done in NSDUH (Roberts, 1996). It is likely that there is lower treatment prevalence for other mental health diagnoses (Jacobi, 2004).

ADDITIONAL ANALYSES

Wisconsin Analyses

Race/Ethnicity	% Children Receiving Treatment
Data not available.	

National Analyses

Race/Ethnicity	% Children Receiving Treatment
Black, non-Hispanic	42.0%
Hispanic	35.5%
White, non-Hispanic	40.6%
Multiple races, non-Hispanic	46.7%

YEAR:		2011-2015 (Combined)	
WI	US	Best	Worst
33.3%*	38.9%	51.4%	27.8%
		CT	TN
PAST YEAR:		2009-2013 (Combined)	
WI	US		
31.1%	35.9%		

* Indicates a statistically significant difference from the US value at $p < 0.05$.

SOURCE

Li, Chaoyang, et al. (2006). Prevalence and correlates of undiagnosed depression among US adults with diabetes: the Behavioral Risk Factor Surveillance System, 2006. *Diabetes Research and Clinical Practice*, 83(2), 268-279.

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