

Poor or Fair Health and Depression Among Black Women

Student Name

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### **Problem Statement**

According to the U.S. Department of Health and Human Services (2015), depression is one of the most common mental disorders in the United States and is more common in women than in men. Carr, Szymanski, Taha, West, and Kaslow (2013) report that 13.85% of African American women are diagnosed with depression throughout their lifetime, though depression is believed to be highly under diagnosed in this population. In addition, Carr et al. (2013) assess the multiple and intersecting forms of oppression linked to depression that African American women experience, including sexual objectification, racist events, gendered racism, and internalization. Those who are of lower socioeconomic status are at increased risk for trauma and disparities in resources and experience even higher risk for depression (Carr et al., 2013).

African Americans also experience significant health disparities, a factor believed to be related to depression. Wilson-Frederick, Chinn, Ejike-King, and Dorsey (2015) examine Black women's "vastly different morbidity and mortality profiles relative to other racial and ethnic U.S. populations" and report that they experience the highest rates of hypertension and obesity among racial or sex groups (p. 1). Poor health and depression have been found to be positively related in a number of studies. Chronic or disabling medical conditions, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) increase risk for major depressive episodes (American Psychiatric Association, 2013). Depressive episodes often complicate common illnesses, including diabetes, obesity, and cardiovascular disease; these episodes tend to be more chronic than those in physically healthy individuals (American Psychiatric Association, 2013). Though the relationship between poor health and depression appears to go both ways, current literature seems to focus on exploring the effects of depression

on health status but not how health status influences depression. Further research is needed to illuminate the extent to which this relationship exists.

Jones (2008) argues that more research on Black women and mental health is also urgently needed, writing, “the paucity of treatment outcome studies involving Black women makes it difficult to draw conclusions about the effectiveness of treatment” (p. 627). Clarifying a relationship between health and depression and effectively supporting the currently underserved community of Black women with depression will contribute to more effective practice and should be a priority for all relevant agencies and social workers. Major implications may include a call for better integration between physical and mental healthcare and appropriate and accessible services to support physical health among Black women with depression.

### **Research Hypothesis**

In this research, I will focus primarily on the relationship between poor or fair current health and depression among Black women, where I predict that Black women who rated themselves as having poor or fair health will be more likely to be depressed compared to those who rated themselves as having good, very good, or excellent health.

I also expect to observe increased likelihood between depression and the following variables poor economic status while growing up relative to higher economic statuses and income below the poverty line, income below 150 percent of the poverty line, and income below 200 percent of the poverty line compared to those above these thresholds.

### **Variable Chart**

**Variables chosen from the Panel Study of Income Dynamic (PSID) data set.**

(**Note:** A subgroup of Black women was selected for this analysis so gender and race are not included in the variable chart)

<b>SPSS variable name (page #)</b>	<b>Description of Variable</b>	<b>Scale</b>	<b>Predict ion</b>	<b>Variable Type</b>	<b>Mean value</b>	<b>N for each</b>
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						<b>variable</b>
Feelingbadmost days13 (p. 24)	In the last 30 days, have you felt sad for most days, or nervous for most days, or restless for most days, or hopeless for most days, or worthless for most days, or felt that everything is an effort for most days?	Nominal	--	Dependent	0.165	14128
Poorhealth13 (p. 21)	Poor current health	Nominal	Positive	Primary Independent	0.040	14131
Fairhealth13 (p. 21)	Fair current health	Nominal	Positive	Primary Independent	0.126	14131
Age13 (p. 20)	Age of the person	Ratio	Positive	Independent/Control	45.265	14185
Gupoor (p. 3)	Grew up poor	Nominal	Positive	Primary Independent	0.28	17608
Gumid (p. 3)	Grew up with middle income	Nominal	Excluded	Primary Independent		
Gurich (p. 3)	Grew up rich	Nominal	Excluded	Primary Independent		
Depressiontotal 09a (p. 3)	# of childhood years w/depression	Ratio	Positive	Independent/Control	0.08	12037
Pov13 (p. 22)	In poverty	Nominal	Positive	Independent/Control	0.134	14189
Pov15013 (p. 22)	Below 150% of the poverty line	Nominal	Positive	Independent/Control	0.225	14189
Pov213 (p. 22)	Below 200% of the poverty line	Nominal	Positive	Independent/Control	0.313	14189

### Literature Review Outline

DV: Depression

Poverty

- a. Ali, Hawkins, and Chambers (2010), positive effect, participation in a program designed to transition individuals out of poverty through microlending and peer support is associated with reduced levels of depression
  - a. Cite rates of depression among women living in poverty that range from 42% to 60%
- b. Joshi, Mooney, Rundle, Quinn, Beard, and Cerda (2017), positive effect, neighborhood poverty and violence is associated with depression in older adults

Childhood poverty

- a. McLaughlin, Breslau, Green, Lakoma, Sampson, Zaslavsky, and Kessler (2011), positive effect, childhood family financial adversity is associated with mood disorder onset at all life-course stages; low parental education is associated with mood disorder severity
- b. Green, Fothergill, Robertson, Zebrak, Banda, and Ensminger (2012), no effect, persistent poverty throughout childhood, as assessed at first grade and adolescence, is associated with adult depression in urban African American men but not women. Risk factors for women include family conflict in adolescence, low maternal aspirations for school attainment, more aggressive and delinquent behavior, growing up in a female-headed household, and growing up in a household with low maternal education

Childhood depression

1. Family poverty affects childhood depression
  - a. Tracy, Zimmerman, Galea, McCauley, and Stoep (2008), positive effect, family poverty is associated with depressive symptoms in 11-13 year olds; can be explained in part by the greater likelihood that children in low income families are exposed to stressful life events, experience parental divorce or separation and lower levels of parental support, and reside in lower-income and higher-crime neighborhoods
2. Childhood psychopathology affects adult depression
  - a. Loth, Drabick, Leibenluft, and Hulvershorn (2014), positive effect, childhood externalizing symptoms are associated with adult depression

Health

1. Depression negatively affects physical health
  - a. Schmitz, Garipey, Smith, Clyde, Malla, Boyer, Strychar, Lesage, and Wang (2014), negative effect, recurrent subthreshold depressive episodes are associated with worse functioning and health-related quality of life in patients with type 2 diabetes

- b. Matcham, Rayner, Steer, and Hotopf (2013), negative effect, depression is associated with worse physical health outcomes in patients with rheumatoid arthritis
  - c. Wise (2017), negative effect, depression is associated with physical health decline in those caring for a family member with cancer
  - d. Pelle, Pederson, Erdman, Kazemier, Spiering, van Domburg, and Denollet (2010), negative effect, anhedonia (lack of positive affect) moderates the effectiveness of cardiac rehabilitation on health status and somatic and cognitive symptoms in patients with coronary artery disease
- 2. Physical health negatively affects depression
  - a. Cui, Tate, Cummins, Skidmore, and Brown (2015), negative effect, chronic physical health problems moderate changes in depression and substance use among dual diagnosed individuals
- 3. Physical health and depression are related DVs
  - a. Knapen, Vancampfort, Morien, and Marchal (2014), positive effect, exercise therapy improves both physical and mental health in patients with major depression

## References

- Ali, A., Hawkins, R. L., & Chambers, D. A. (2010). Recovery from depression among clients transitioning out of poverty. *American Journal of Orthopsychiatry*, 80(1), 26-33. doi: 10.1111/j.1939-0025.2010.01004.x
- American Psychiatric Association. (2013). Depressive disorders. In Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: Author. <https://doi-org.proxy.brynmawr.edu/10.1176/appi.books.9780890425596.dsm04>
- Carr, E. R., Szymanski, D. M., Taha, F., West, L. M., & Kaslow, N. J. (2013). Understanding the link between multiple oppressions and depression among African American women: The role of internalization. *Psychology of Women Quarterly*, 38(2), 233-245. doi:10.1177/0361684313499900
- Cui, R., Tate, S. R., Cummins, K., Skidmore, J. R., & Brown, S. A. (2015). Chronic physical health problems moderate changes in depression and substance use among dual diagnosed individuals during and after treatment. *Substance Use & Misuse*, 50(2), 174-183. doi: 10.3109/10826084.2014.962052
- Green, K. M., Fothergill, K. E., Robertson, J. A., Zebrak, K. A., Banda, D. R., & Ensminger, M. E. (2012). Early life predictors of adult depression in a community cohort of urban African Americans. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 90(1), 101-115. doi:10.1007/s11524-012-9707-5
- Jones, L. V. (2008). Preventing depression: Culturally relevant group work with Black women. *Research on Social Work Practice*, 18(6), 626-634. doi:10.1177/1049731507308982

- Joshi, S., Mooney, S. J., Rundle, A. G., Quinn, J. W., Beard, J. R., Cerda, M. (2017). Pathways from neighborhood poverty to depression among older adults. *Health & Place*, 43, 138-143. doi: 10.1016/j.healthplace.2016.12.003
- Knapen, J., Vancampfort, D., Morien, Y., & Marchal, Y. (2014). Exercise therapy improves both mental and physical health in patients with major depression. *Disability and Rehabilitation*, 37(16-17), 1490-1495. doi:10.3109/09638288.2014.972579
- Loth, A., Drabick, D., Leibenluft, E., & Hulvershorn, L. (2014). Do childhood externalizing disorders predict adult depression? A meta-analysis. *Journal of Abnormal Child Psychology*, 42(7), 1103-1113. doi:10.1007/s10802-014-9867-8
- Matcham, F., Rayner, L., Steer, S., & Hotopf, M. (2013). The prevalence of depression in rheumatoid arthritis: A systematic review and meta-analysis. *Rheumatology*, 52, 2136-2148. doi:10.1093/rheumatology/ket169
- McLaughlin, K. A., Breslau, J., Green, J. G., Lakoma, M. D., Sampson, N. A., Zaslavsky, A. M., & Kessler, R. C. (2011). Childhood socio-economic status and the onset, persistence, and severity of DSM-IV mental disorders in a US national sample. *Social Science & Medicine*, 73, 1088-1096. doi:10.1016/j.socscimed.2011.06.011
- Pelle, A. J., Pederson, S. S., Erdman, R. A., Kazemier, M., Spiering, M., van Domburg, R. T., & Denollet, J. (2010). Anhedonia is associated with poor health status and more somatic and cognitive symptoms in patients with coronary artery disease. *Quality of Life Research*, 20, 643-651. doi:10.1007/s11136-010-9792-4
- Schmitz, N., Gariepy, G., Smith, K. J., Clyde, M., Malla, A., Boyer, R., Strychar, I., Lesage, A., & Wang, J. (2014). Recurrent subthreshold depression in type 2 diabetes: An important risk factor for poor health outcomes. *Diabetes Care*, 37, 970-978. doi:10.2337/dc13-1832



- Tracy, M., Zimmerman, F. J., Galea, S., McCauley, E., & Stoep, A. V. (2008). What explains the relation between family poverty and childhood depressive symptoms? *Journal of Psychiatric Research*, 42, 1163–1175. doi:10.1016/j.jpsychires.2008.01.011
- U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Mental Health. (2015). *Depression* (NIH Publication No. 15-3561). Retrieved on July 3, 2017 from <https://www.nimh.nih.gov/health/publications/depression-what-you-need-to-know/index.shtml>
- Williams, D. R., González, H. M., Neighbors, H., Nesse, R., Abelson, J. M., Sweetman, J., & Jackson, J. S. (2007). Prevalence and distribution of major depressive disorder in African Americans, Caribbean Blacks, and non-Hispanic Whites: Results from the National Survey of American Life. *Archives of General Psychiatry*, 64(3), 305-315. doi:10.1001/archpsyc.64.3.305
- Wilson-Frederick, S. M., Chinn, J. J., Ejike-King, L. N., & Dorsey, R. R. Demographic and health characteristics among a diverse group of adult Black females in the United States: 2002-2012. OMH data brief, no. 4. Rockville, MD: Office of Minority Health. 2015.
- Wise, J. (2017). Depression links to physical health decline in cancer caregivers. *British Medical Journal*, 357, j3160. doi: 10.1136/bmj.j3160