

# Priority: Depression

**Goal: Increase screening and treatment for depression in order to decrease prevalence.**

## **What is Depression and Why is it Important?**

Depression (also known as depressive disorder) is a common mental disorder that involves a depressed mood or loss of pleasure or interest in activities for long periods of time. It is a significant mental health issue in NYS, affecting a substantial portion of the population and leading to considerable personal and economic challenges. According to the New York State Department of Health, mental disorders are both common and disabling, with more than one in 5 individuals in NYS experiencing symptoms of a mental disorder annually. Notably, one in ten adults and children face mental health challenges severe enough to impair their daily functioning in work, family, and school settings.<sup>188</sup>

The prevalence of depression varies across different groups. For individuals in Black, Indigenous, and People of Color (BIPOC) communities, there is an increased risk of Post Traumatic Stress Disorder (PTSD), depression, and substance use due to chronic experiences of stress, threats, and violent events that occur in direct relation to race and aspects of identity.<sup>189</sup> NYS' maternal mental health crisis is also driving an alarming racial disparity in maternal mortality that disproportionately affects Black individuals in NYS.<sup>190</sup> Black communities are at greater risk for poor maternal mental health outcomes due to the concept of "weathering" or the deterioration of wellness from chronic exposure to stress.<sup>191</sup> For example, Black birthing persons experienced higher rates of COVID-related anxiety and depression and reported more concerns about childbirth and childcare.<sup>192</sup>

Despite the availability of effective treatments, barriers such as stigma, discrimination, and limited access to care prevent many individuals from seeking help. By promoting opportunities to increase awareness, reduce stigma, and improve access to mental health services, particularly for populations disproportionately affected, NYS can provide an effective, comprehensive approach to addressing poor health outcomes associated with depression.





**SMART(IE) Objective:**





**7.0 Reduce the percentage of adults with a major depressive episode during the past year from 6.7% to 5.7%.**

**7.1 Increase the percentage of postpartum birthing persons who seek counseling after being told they have depression from 53.1% to 62.0%.**

**7.2 Increase the percentage of postpartum birthing persons who receive a medication prescription after being told they have depression from 61.7% to 70.0%.**

Desired Outcome	Indicator	Data Source	Population	Baseline	Target
Reduce the percentage of adults with major depressive episodes	Percentage of adults with major depressive episodes during the past year, aged 18 years and older	National Survey on Drug Use and Health (NSDUH)	Adults	6.7% (2021-2022)	5.7% (2030)
	Subpopulation Indicators	Data Source	Subpopulation of Focus	Baseline	Target
	Percentage of birthing persons who were identified as having depression after birth who received counseling for depression	Pregnancy Risk Assessment Monitoring System (PRAMS)	Postpartum birthing persons	53.1% (2022)	62.0% (2030)
	Percentage of birthing persons who were identified as having depression after birth who took a prescription medicine			61.7% (2022)	70.0% (2030)

Interventions	Population of Focus	Age Range	Intermediate Measures
 <p><b>Featured Intervention:</b> Implement and promote Mental Health First Aid (MHFA) training in communities and health care settings.<sup>153</sup></p> 	Everyone	All ages	Number of organizations that implement MHFA in the next 2 years
 <p><b>Featured Intervention:</b> Implement a collaborative care model to ensure that individuals with depression receive treatment.<sup>193-194</sup></p> 	Everyone	All ages	Participation among health care organizations, number of people receiving care through collaborative care model

Interventions	Population of Focus	Age Range	Intermediate Measures
 <p>Promote the implementation of Social-Emotional Learning (SEL) programs in elementary and early education settings for resilience and emotional regulation, particularly in schools serving high-needs students. This can be achieved by using evidence-based curriculum and staff professional development.<sup>159,163</sup></p> 	School-age children	Ages 4-18	Academic performance (grades, test scores, attendance, and homework completion), SEL skills, Attitudes, Positive social behavior, Conduct problems (Child Behavior Checklist), Emotional distress (Children’s Manifest Anxiety Scale)
 <p>Integrate behavioral health into primary care by:</p> <ul style="list-style-type: none"> <li>• Promoting the use of standardized screening tools</li> <li>• Marketing the availability of enhanced reimbursement rates</li> <li>• Expanding thresholds available to primary care providers who provide behavioral health services<sup>195-196</sup></li> </ul> 	Everyone	All ages	Number of primary care settings implementing new behavioral health screenings or treatments

## Lead Partner Agencies and Organizations

[NYS Education Department](#)

[NYS Department of Health](#)

[NYS Office of Mental Health](#)

Greater New York Hospital Association (GNYHA)

Mental Health Association of New York State (MHANYS)

## Implementation Resources

[NYS Office of Mental Health - Mental Health First Aid](#)

[The Academy for Integrating Behavioral Health and Primary Care | Agency for Healthcare Research and Quality](#)

[Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)

[Primary Care Team LEAP - Improving Primary Care Team Guide](#)

[PRAMS Data | PRAMS | CDC](#)

## Depression Citations

153. Mental Health First Aid: Research and Evidence Base. National Council for Mental Wellbeing. Accessed February 18, 2025. [mentalhealthfirstaid.org/about/research](https://mentalhealthfirstaid.org/about/research)
159. What Works for Health: School-based social and emotional instruction. County Health Rankings & Roadmaps. Updated November 13, 2018. Accessed February 18, 2025. [countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/school-based-social-and-emotional-instruction](https://countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/school-based-social-and-emotional-instruction)
163. Fundamentals of SEL. CASEL. Accessed February 18, 2025. [casel.org/fundamentals-of-sel](https://casel.org/fundamentals-of-sel)
188. NYSDOH. Priority Area: Mental Health/Substance Abuse. NYSDOH, Prevention Agenda Toward the Healthiest State. Updated June 2009. Accessed February 19, 2025. [health.ny.gov/prevention/prevention\\_agenda/mental\\_health\\_and\\_substance\\_abuse](https://health.ny.gov/prevention/prevention_agenda/mental_health_and_substance_abuse)
189. Cultural Responsiveness to Racial Trauma. The National Child Traumatic Stress Network. Published 2020. Accessed February 19, 2025. [nctsn.org/print/2417](https://nctsn.org/print/2417)
190. New York Data and Resources. County Health Rankings & Roadmaps. Accessed February 19, 2025. [countyhealthrankings.org/health-data/new-york/data-and-resources](https://countyhealthrankings.org/health-data/new-york/data-and-resources)
191. Geronimus AT. The weathering hypothesis and the health of African-American women and infants: evidence and speculations. *Ethn Dis*. 1992;2(3):207-221. [pubmed.ncbi.nlm.nih.gov/1467758](https://pubmed.ncbi.nlm.nih.gov/1467758)
192. Njoroge WFM, White LK, Waller R, et al. Association of COVID-19 and Endemic Systemic Racism With Postpartum Anxiety and Depression Among Black Birthing Individuals. *JAMA Psychiatry*. 2022;79(6):600-609. doi:10.1001/jamapsychiatry.2022.0597
193. National Institute of Mental Health (NIMH). Depression. National Institute of Health (NIH), NIMH. Updated February 2025. Accessed February 19, 2025. [nimh.nih.gov/health/topics/depression](https://nimh.nih.gov/health/topics/depression)
194. HHS. Mental Health and Mental Illness: Collaborative Care for the Management of Depressive Disorders. HHS, The Community Guide for Preventive Services. Updated November 3, 2018. Accessed February 19, 2025 (via WayBack Machine January 24, 2025 archive). [web.archive.org/web/20250124090746/thecommunityguide.org/findings/mental-health-and-mental-illness-collaborative-care-management-depressive-disorders.html](https://web.archive.org/web/20250124090746/thecommunityguide.org/findings/mental-health-and-mental-illness-collaborative-care-management-depressive-disorders.html)
195. What Works for Health: Behavioral health primary care integration. County Health Rankings & Roadmaps. Updated May 14, 2018. Accessed February 18, 2025. [countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/behavioral-health-primary-care-integration](https://countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/behavioral-health-primary-care-integration)
196. Collaborative Care Medicaid Program (CCMP). NYSOMH, University of Washington Psychiatry & Behavioral Sciences, AIMS Center. Accessed February 19, 2025. [aims.uw.edu/nyscc/collaborative-care-medicaid-program-ccmp](https://aims.uw.edu/nyscc/collaborative-care-medicaid-program-ccmp)