Depressive Disorders Among Young Canadians

Associated Factors of Continuity and Discontinuity

Cat Tuong Nguyen, MSc[1,2]
Louise Fournier, PhD[1,2]

ABSTRACT

Objective: The purpose of this study was to compare potential risk factors of depressive disorders among young Canadians (aged 15-24) to those of older age groups (25-34 and 35-44) and examine the contribution of individual and contextual factors in the continuity and discontinuity of depression.

Methods: Data from the Canadian Community Health Survey – Cycle 1.2 were analyzed to examine the associations between individual, familial, social and environmental factors and the continuity or discontinuity of depressive disorders among young Canadians. The sample consisted of 5,673 Canadians aged 15-24, 5,830 aged 25-34 and 7,830 aged 35-44. Youths were also categorized according to the type of cases: non-case, new case, case in remission or long-lasting case.

Results: Among Canadian youth, 10.2% had suffered from depression during their lifetime. Social support was the only factor distinguishing the youngest age group from the others regarding depression. Compared to older age groups, stress levels were notably higher for young people. The combination of social network, social support and stress levels strongly distinguished between the long-term cases and the non-cases among youths. Weak feeling of community cohesion was also related to new cases of depression and could contribute to their beginnings.

Conclusions: Potential targets for preventive measures lie in the contextual and social influences of youth; particularly what impacts stress levels, social support and social networks. Studying processes of continuity and discontinuity contribute to identifying distinct profiles of onset, recurrence or remission of depression that may point to avenues for prevention and early intervention.

MeSH terms: Epidemiology; depressive disorders; youth

La traduction du résumé se trouve à la fin de l'article.

1. Faculty of Medicine, Department of Social and Preventive Medicine, University of Montreal, Groupe de Recherche Interdisciplinaire en Santé, Montreal, Quebec
2. Institut National de Santé Publique du Québec, Montreal

Correspondence and reprint requests: Cat Tuong Nguyen, Institut national de santé publique, 190 Boul. Crémazie Est. #3.30, Montréal, QC H2P 1E2, Tel: 514-864-1600, ext. 3530, Fax: 514-864-5180, E-mail: cat.tuong.nguyen@inspq.qc.ca

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Major depression is among the most prevalent mental disorders affecting adolescents and young adults and remains one of the most debilitating illnesses with consequences on social, emotional, and occupational functioning.[1-3] Given the fact that the incidence of depression dramatically increases from adolescence into early adulthood, epidemiologic studies across this age range provide particularly important information.[4,5]

This crucial phase can include both continuities and discontinuities in opportunities and hardships that may reflect momentary disturbances or permanently alter one's ongoing trajectory of well-being. Indeed, this unique time between adolescence and adulthood is known to be key for the beginnings of depressive disorders. Moreover, a growing body of literature has revealed that adolescent-onset depression is associated with a strong and direct risk for recurrence in adulthood (or a negative continuity in mental health). Longitudinal data from clinical and community samples show that 40-70% of depressed adolescents experience a recurrence of major depressive disorder in adulthood.[6-8]

The principal factors reported for depression in young people stem from multiple spheres and can be summarized as follows: personal characteristics, familial and relational context and environmental context.[9,10]

Personal characteristics may include genetic factors, gender and psychosocial predisposition such as coping skills.[11,12] Family and relational context comprises elements such as the household socio-economic status, the presence of family conflict, the importance of the social network and the level of social support.[13-17]

As for environmental factors, school characteristics and neighbourhood qualities have been mentioned in the literature.[18-20] Those studies have documented a significant association between environmental hazards (e.g., violence, distrust, social isolation and lack of sense of belonging) and risks of depressive symptomatology.

However, questions remain as to which of these and how these different and simultaneous factors affect the development and evolution of depression in youth in transition. Thus, little is known about

the factors affecting onset and persistence, but also remission of the illness during this critical period.

Therefore, with data obtained from the Canadian Community Health Survey - Mental Health and Well-being (CCHS cycle 1.2), we first compared potential predictors of depression among Canadians aged 15-24 years old to those of older age groups (25-34 and 35-44) in order to identify factors specific to young people; and then examined the contribution of individual and contextual factors in the continuity and discontinuity of depression, according to the types of cases among these young Canadians.

METHODS

Study population

The CCHS cycle 1.2 is a large-scale survey that targeted people aged 15 years and older living in private occupied dwellings in the ten provinces.

The total sample was 37,698 people. For this particular study, the final sample comprised 5,673 Canadians aged 15-24, 5,830 aged 25-34 and 7,830 aged 35-44.

Measures

The CCHS 1.2 interview was based on the World Mental Health Composite-International Diagnostic (WMH-CIDI), an instrument establishing psychiatric diagnoses according to the criteria of the Diagnostic Statistical Manual IV (DSM-IV). The survey collected information on well-being and other correlates of mental health such as socio-demographic information, physical activity, use of health care resources and medication. Further information about the survey can be found in a previous methodological article.[21]

Outcome Variables

Lifetime depression was first dichotomized as being present or absent according to the DSM-IV. It was subsequently classified into four categories according to the types of cases, using the age of onset and the duration of the episodes: non-cases, corresponding to a state of positive continuity in mental health, referred to a constant absence of depression; new cases, considered a negative discontinuity, referred to a beginning of depression in the last 12 months; cases in remission, analogous to a positive discontinuity, referred to a previous case of depression no longer meeting the criteria in the last 12 months; and long-term cases, akin to a negative continuity, referred to a current presence of depression with an onset preceding the last 12 months.

TABLE I

Description of the Sample and Correlates of Depression (Lifetime)

Variables	Sample Size (N)	% in the Population (15-24)	Odds Ratio	CI (95%)*
Total sample	5673	100.0		
Age	5655		1.1	1.07-1.13
Language	5013			
Anglophone		53.2	1.0	
Francophone		6.6	1.7	1.30-2.28
Bilingual		22.7	1.1	0.92-1.41
Multilingual/Allophones		17.5	0.9	0.76-1.17
Self-reported physical health	5655			
Very good+		56.7	1.0	
Good		33.6	1.0	0.85-1.22
Fair-		9.8	1.23	0.96-1.66
Chronic conditions	5655			
No		47.1	1.0	
Yes		52.9	2.4	2.04-2.92
Coping capacities	5032			
Very good+		65.4	1.0	
Good		28.6	1.3	1.06-1.52
Fair-		6.0	1.1	0.78-1.58
Stress	5034			
Average		71.8	1.0	
Severe		17.7	3.9	3.23-4.61
None		10.5	0.4	0.22-0.56
Frequency of physical activities	5655			
Regular		73.3	1.0	
Occasional		16.4	0.9	0.69-1.10
Rare		10.3	1.4	1.08-1.82
Household education	4936			
Post-secondary degree		65.3	1.0	
Secondary or less		22.6	1.0	0.81-1.26
Some post-secondary		12.1	1.5	1.21-1.96
Occupation	5625			
Student only		12.0	1.0	
Student/Job		43.8	1.2	0.93-1.67
No longer at school		43.8	2.0	1.49-2.66
Household income	4489			
Superior		13.1	1.0	
Superior-Average		28.1	0.9	0.6–1.5
Average		35.3	1.2	0.8–1.8
Inferior-Average		29.8	1.5	1.0–2.1
Feeling of community cohesion	5637			
Strong		55.5	1.0	
Weak		44.5	1.2	1.05-1.47
Number in social network	5602			
10+		39.6	1.0	
5-9		34.9	1.2	1.00-1.53
0-4		25.5	2.6	2.15-3.23
MOS scale			0.97	0.97-0.98

* Bootstrapping techniques were used to produce the 95% confidence intervals (CIs).

Independent Variables

Independent variables examined in our study comprised three groups: individual characteristics, relational factors and contextual factors.

Among the individual characteristics were included the age and gender of the participants, the language spoken, the occupation and self-reported physical health, the daily coping capacities, the frequency of physical activities and the presence or absence of chronic conditions.

Relational factors considered the number of people in the social networks, the perception of community cohesion as being strong or weak, and the level of social support according to the Medical Outcomes Study-Social Support Survey (MOS scale).[22]

Finally, the contextual factors consisted of the perception of level of daily stress and the household level of education, the household level of income and the urban/rural setting.

Statistical analyses

Descriptive analyses were used to describe the population under study. Bivariate logistic regressions were performed in order to examine the associations between depression and various independent indices. The variables with a statistically

TABLE II

Adjusted Associations of Depression Among 3 Age-groups

Variables	15-24 (N=5673) OR Adjusted†	25-34 (N=5830) OR Adjusted	35-44 (N=7830) OR Adjusted
Gender	1.9 (1.31-2.83)*	2.0 (1.53-2.50)	1.6 (1.35-1.98)
Language			
Anglophone	1.0		1.0
Francophone	1.6 (0.97-2.48)	1.2 (0.68-2.02)	0.8 (0.45-1.54)
Bilingual	1.2 (0.83-1.74)	1.4 (1.02-2.01)	1.2 (0.92-1.59)
Multilingual/Allophone	0.9 (0.63-1.42)	0.6 (0.33-0.95)	0.6 (0.43-0.86)
Physical Health			
Very good+	1.0	1.0	1.0
Good	0.89 (0.82-1.10)	1.3 (1.01-1.73)	1.1 (0.84-1.41)
Fair-	0.90 (0.83-1.26)	1.8 (1.21-2.59)	2.2 (1.26-3.75)
Chronic conditions			
No	1.0	1.0	1.0
Yes	1.8 (1.30-2.37)	2.0 (1.44-2.95)	1.1 (0.63-1.94)
Coping capacities			
Very good+	1.0	1.0	1.0
Good	1.3 (0.82-3.04)	1.6 (1.25-2.15)	1.3 (0.84-2.05)
Fair-	1.2 (0.57-1.75)	3.3 (2.08-5.09)	3.0 (1.40-6.35)
Stress levels			
Average	1.0	1.0	1.0
Severe	2.9 (1.90-4.43)	2.0 (1.53-2.54)	1.8 (1.46-2.19)
None	0.4 (0.11-1.64)	0.6 (0.24-1.57)	1.4 (0.40-4.24)
Number in social network			
10+	1.0	1.0	1.0
5-9	1.0 (0.72-1.49)	0.9 (0.65-1.34)	1.5 (0.97-2.22)
0-4	1.8 (1.17-2.65)	1.4 (0.95-2.16)	1.9 (1.18-3.20)
MOS scale	0.98 (0.97-0.99)	0.99 (0.98-1.00)	0.99 (0.98-1.01)

* Bootstrapping techniques were used to produce the 95% confidence intervals (CIs).
† Adjusted by age and gender.

TABLE III

Adjusted Associations from the Multinomial Analyses of the Type of Cases of Depression Among Youth Aged 15-24*

Variables	Negative Continuity: Long-term Cases (N=313)		Positive Discontinuity: Cases in Remission (N=210)		Negative Discontinuity: New Cases (N=98)	
	OR†	95% CI*	OR	95% CI*	OR	95% CI*
Gender	1.8	0.75-4.19	2.17	1.25-3.79	1.9	0.99-3.54
Language						
Anglophone	1.0	1.0	1.0		1.0	
Francophone	1.3	0.60-2.61	2.3	1.29-4.19	0.8	0.21-3.27
Bilingual	1.2	0.77-1.81	1.3	0.57-3.11	1.0	0.52-1.95
Multilingual/Allophone	1.0	0.51-1.99	0.7	0.27-1.68	1.3	0.59-3.09
Chronic conditions						
No	1.0	1.0	1.0		1.0	
Yes	1.8	1.10-2.87	2.1	1.30-3.53	1.1	0.58-2.28
Stress levels						
Average	1.0		1.0		1.0	
Severe	4.6	2.95-7.32	1.5	0.78-2.67	3.4	1.79-6.30
None	‡		0.6	0.13-3.32	‡	
Community cohesion						
Strong	1.0		1.0		1.0	
Weak	1.0	0.63-1.66	1.0	0.57-1.93	2.0	1.15-3.30
Number in social network						
10+	1.0		1.0		1.0	
5-9	1.0	0.63-1.61	0.9	0.51-1.54	1.8	0.39-8.17
0-4	1.8	1.07-3.17	1.5	0.66-3.53	2.4	0.82-6.80
MOS scale	0.97	0.96-0.98	1.0	0.97-1.04	0.99	0.96-1.01

* Bootstrapping techniques were used to produce the 95% confidence intervals (CIs).
† Adjusted by age and gender.
‡ Data with a coefficient of variation (CV) greater than 33.3% were suppressed due to extreme sampling variability.

significant association ($p<0.10$) were subsequently tested in multivariate analysis.

Multivariate logistic regression models entering variables in blocks were used to compare individual and contextual factors of depression among the three age groups. Multinomial regression models were then used to examine the factors of continuity and discontinuity of depression among the 15-24 age group. We estimated the ORs using regressions with 95% confidence intervals (CI) using Wesvar version 4.2.

RESULTS

Correlates of depression

The characteristics of the sample and results from the bivariate analysis are displayed in Table I.

Among Canadian youth, 10.2% had suffered from depression during their lifetime. Depression was about twice as common among women and those suffering from a chronic condition. Higher rates were found as people aged, among Francophones, and among those who rarely participated in physical activities.

Higher prevalence was found in individuals under extreme stress compared with those who experienced an average amount of stress, while the lowest rates were found for those having little or no stress. Depression was more prevalent among young people who are no longer in school (with or without employment) compared with those who were currently students.

Finally, having lower levels of social support, a weak feeling of community cohesion and a small or no social network were all statistically associated with depression.

Comparison across age groups

Table II illustrates the results of the multivariate analyses according to the three age groups. Gender remained a significant factor with rates about twice as high in all three groups, even though the difference decreases a little for the 35-44 age group.

Regarding the language spoken, nothing was found significant in the final model for the 15-24 age group, but for the older age groups, there seemed to be a trend with the allophones or multilingual people having less depression. The perception of physical health, while not statistically significant for the youngest age group, was associated with depression for both older age groups. The same thing was found regarding coping capacities.

The presence of chronic conditions was significant for the two younger age groups. Having high levels of stress was significant in all age groups, but more so for the 15-24 age group with odds almost 3 times as high to suffer from depression compared to those with an average level of daily stress.

There was a marked tendency associating the presence of a very small or the absence of social network with depression, as well as for the level of social support

received, with results being statistically significant among the youngest and oldest age group for the latter.

Factors of continuity and discontinuity of depression

Table III shows the results of the multinomial analyses among the 15-24 age group which compare the four types of cases related to the continuity or discontinuity of depression. Non-cases were used as the reference category.

Being a woman and being a Francophone were significant factors among cases in remission compared to the other groups. The presence of a chronic condition was a significant factor for both long-term cases and cases in remission, with rates about twice as high compared to the non-cases.

A high level of daily stress was found significant in both new cases and long-term cases with odds three to five times higher. New cases were twice as likely to have a weak feeling of community cohesion compared to the other groups, while long-term cases were significantly associated with having a small or no social network and low levels of social support.

DISCUSSION

In this current study, we investigated factors of the continuity and discontinuity of depression among young Canadians aged 15 to 24.

Social support had a distinct influence, being the only factor distinguishing the youngest age group from the others regarding depression. Compared to older age groups, stress levels were also of strong importance with their association being notably higher for young people. This confirms results from other studies indicating that the period between adolescence and young adulthood is characterized by higher levels of stress and by important changes in the support system.[13,14]

For the other two age groups, perception of physical health and levels of coping skills also had a certain role, in contrast to the 15-24 group. According to the literature, this might be because physical problems usually appear in older adults and coping mechanisms are more firmly established as people age.[1,11,23]

In terms of continuity and discontinuity of depression among youths aged 15-24, women and Francophones seemed more prone to positive discontinuity or remission. Concerning gender, this finding is consistent with the literature saying that while there is more depression in women, they are also more likely than men to have multiple episodes, followed by periods of remission.[24,25] We also found that, compared to the non-cases, long-term cases and cases in remission were more likely to have a chronic condition. This suggests that the presence of a chronic condition may be related to episodic or lasting bouts of depression, but that this was probably not a triggering factor as it was not significant for the new cases.

Regarding daily stress levels, their significance for both new cases and long-term cases indicate that stress could be both a triggering factor and a continuing factor for depression, as described in previous stress-buffering models.[16] As for social networks and social support, their associations with long-term cases could, on one hand, be interpreted as maintaining factors. This outcome draws on Coleman's work on social capital,[26] explaining that social support and social networks may protect people who are otherwise at risk for adverse outcomes such as depression. On the other hand, they could also be considered consequences of a lasting depression due to the fact that they were not significant for either new cases or cases in remission. This ambiguity could not be clarified because of the limits of our study, and further investigation is certainly warranted on the topic.

Finally, having a weak feeling of community cohesion was also related to new cases of depression, and hence could contribute to the beginnings of depression. Weak community cohesion is often symptomatic of unfavourable environmental conditions; high-poverty or hazardous neighbourhoods operate through a reduced sense of shared efficacy or coherence among the area's inhabitants.[27,28] Our findings corroborate previous studies theorizing that perceived neighbourhood cohesion acts as a protective factor by providing youth with coping resources outside their home, including additional adults to talk with or to provide tangible aid, and feelings of protection.[20,29]

However, several limitations should be considered in interpreting results of this study. First, this survey was not specifically targeted towards young people and variables available were not specifically designed to reflect the reality of this population. This led to the impossibility of examining many predictors, such as family relationships and school characteristics. Also, causal inferences could not be made, for it was a cross-sectional design, and only correlates could be assessed. Prospective studies would eventually provide the most convincing evidence of social and contextual risk in relation to depression and allow confirmation of our findings.

Notwithstanding these few limits, identifying distinct profiles of onset, recurrence or remission of depression in this particular population is innovative and can lead to avenues for interventions in a group often vulnerable and misunderstood. Promotion of enhanced community cohesion or programs fostering stress-coping skills could have a definite use according to our results. Nonetheless, future research will be necessary in order to confirm our findings and determine more specific means to intervene.

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RÉSUMÉ

Objectif : L'objectif de cette étude était de comparer les facteurs de risque potentiels de troubles dépressifs chez les jeunes Canadiens (âgé de 15 à 24 ans) par rapport à des personnes plus âgées (25 à 34 ans et 35 à 44 ans), et d'examiner la façon dont les facteurs individuels et contextuels contribuent à la persistance du trouble dépressif et à sa disparition.

Méthodologie : Les données tirées de l'*Enquête sur la santé dans les collectivités canadiennes – cycle 1.2* ont été analysées en vue d'étudier les liens entre les facteurs individuels, familiaux, sociaux et environnementaux et la persistance des troubles dépressifs et leur disparition chez les jeunes Canadiens. L'échantillon était composé de 5 673 Canadiens âgés de 15 à 24 ans, de 5 830 Canadiens âgés de 25 à 34 ans, et de 7 830 Canadiens âgés de 35 à 44 ans. Les jeunes étaient également classés selon le type de cas : non atteint, nouveau cas, cas en rémission ou cas prolongé.

Résultats : Parmi les jeunes Canadiens, 10,2 % ont été atteints de dépression au cours de leur vie. Le soutien social était le seul facteur distinguant le groupe des plus jeunes des autres en ce qui concerne la dépression. Par rapport aux groupes des plus âgés, les niveaux de stress étaient considérablement plus élevés chez les jeunes. La combinaison du réseau social, du soutien social et des niveaux de stress constitue un facteur de distinction marqué entre les cas prolongés et les personnes non atteintes au sein du groupe des jeunes. Les nouveaux cas de dépression étaient également associés à un faible sentiment de cohésion communautaire, lequel pourrait contribuer à l'apparition de ce trouble.

Conclusions : Les cibles potentielles pour des mesures préventives reposent sur les influences contextuelles et sociales des jeunes, particulièrement les facteurs qui influent sur les niveaux de stress, le soutien social et les réseaux sociaux. L'étude des processus de persistance et de disparition des troubles dépressifs contribue à définir les profils distincts d'apparition, de récurrence ou de rémission de la dépression susceptibles d'orienter les mesures de prévention et d'intervention précoce.