
Social Relations and Depressive Symptoms: A Longitudinal Study of Black-White Differences in Mental Health

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Overview

- Background
 - Analytic Approach
 - The Study
 - Study Limitations
 - Implications
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The Cost of Depression in the U.S.

- Depression is the leading cause of disability and premature mortality in the United States, costing more than \$83 billion to the nation's economy.
 - Depression frequently co-occurs with a variety of other physical illnesses, including heart disease, stroke, cancer, and diabetes.
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Racial Bias

- However, there is racial bias in diagnosis, treatment and referral.



Diagnosis & Treatment

- African Americans are more likely to:
 - go undiagnosed
 - be misdiagnosed
 - receive higher doses of medication
 - receive medications with more side effects
 - be hospitalized
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Treatment & Referral

- African Americans are less likely to:
 - receive needed care
 - be referred for mental health treatment
 - Nearly **60%** of older African American adults are not receiving needed services.
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Analytic Approach

- Mixture modeling
 - Designed to describe distinct subpopulations (classes) of people.
 - That is, mixture models do not assume that everyone in the population has the same trajectory.
 - *Mplus* 4.0 enables analysis with missing data.
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Why this Approach?

- Because race is not a simple measure of genetic or biological distinction but a gross indicator of social and cultural factors.
 - This approach considers the heterogeneity within and across racial groups.
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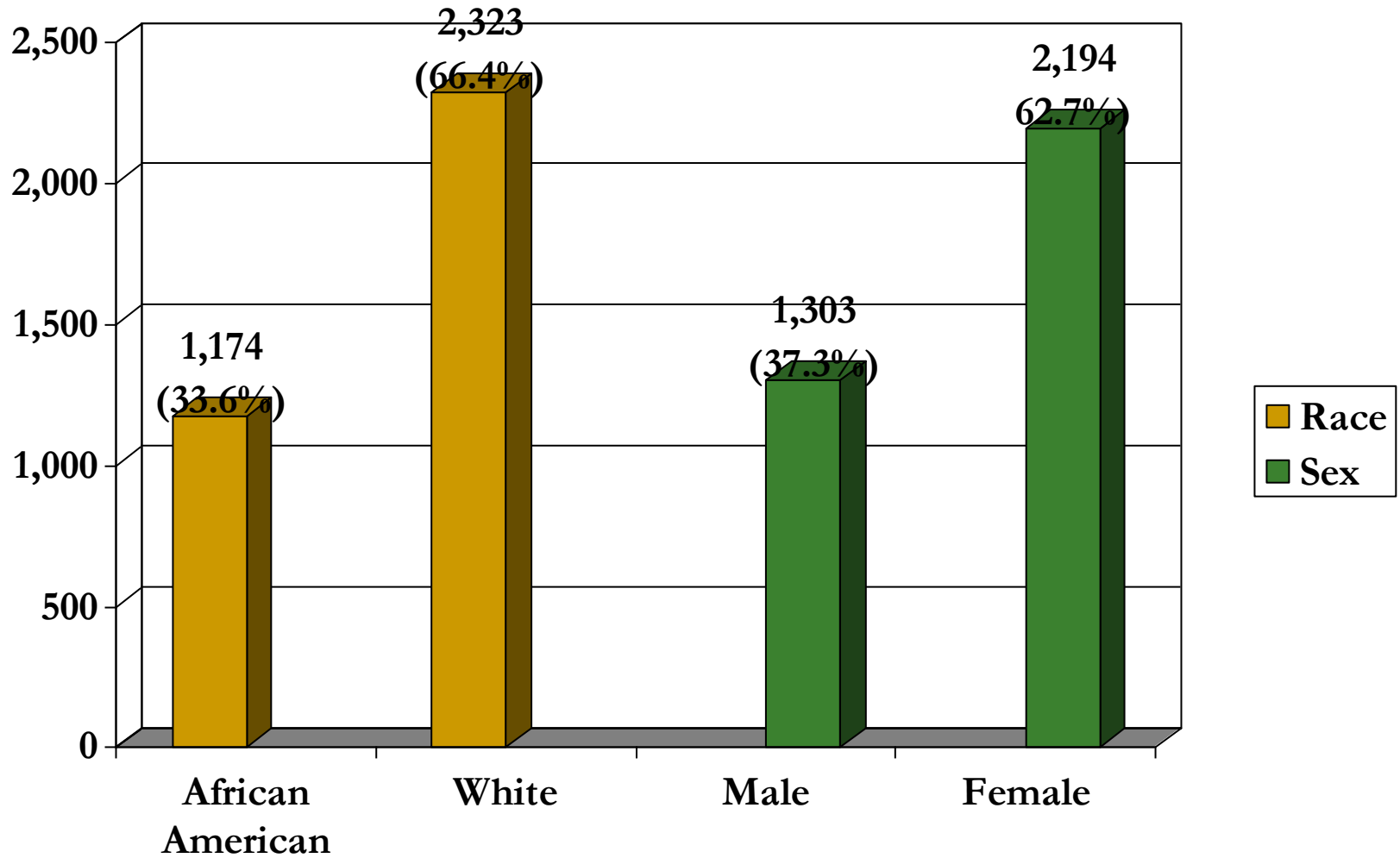
Research Questions Guiding this Study

- What are the antecedents that predict trajectories of depressive symptoms for African American and white adults (25+ years)?
 - What are the long-term effects of race, SES and social relationships (at baseline) on patterns of depressive symptoms over time?
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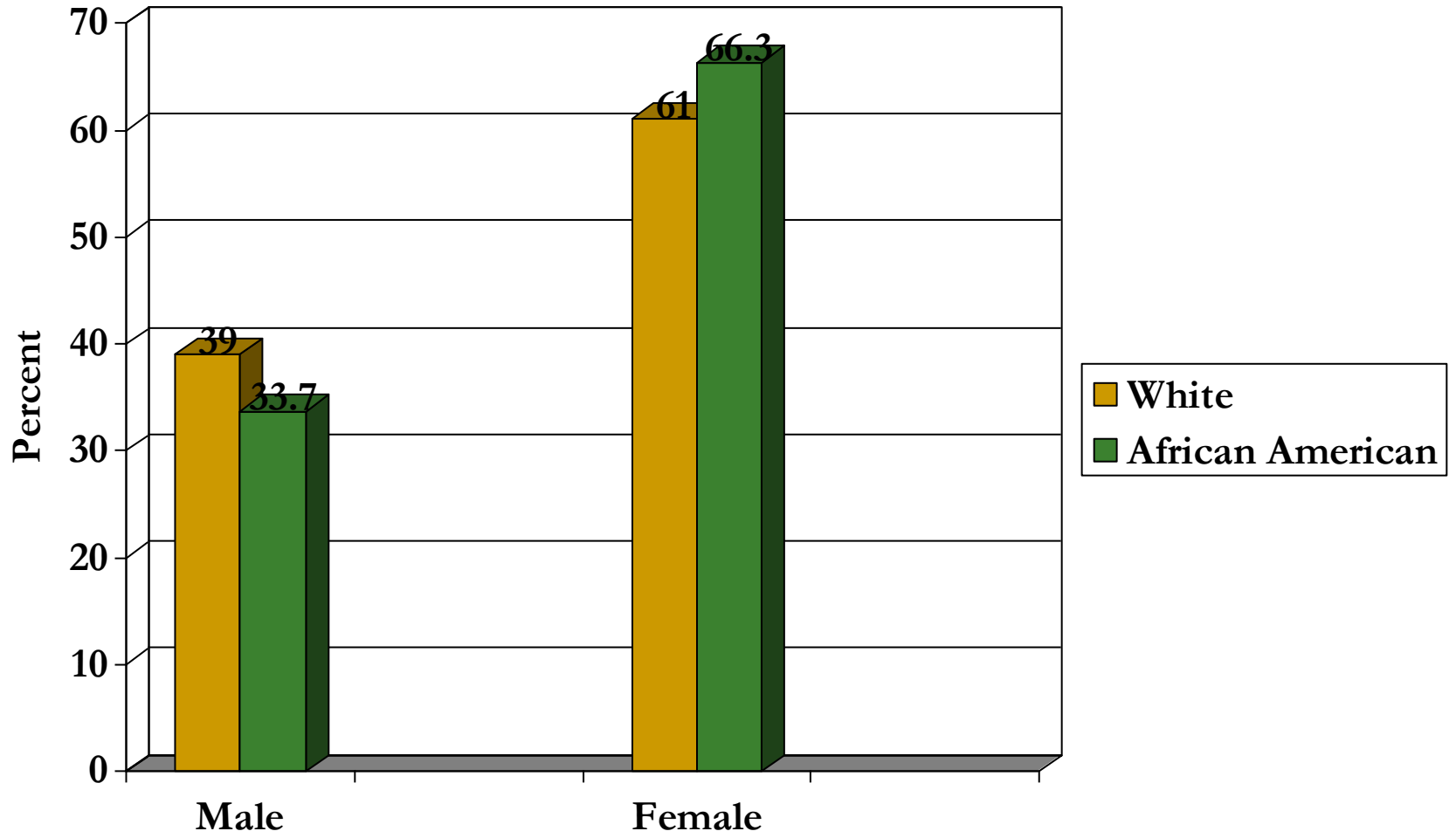
Americans' Changing Lives Panel Study

- Wave 1 (1986)
 - 2,323 Whites
 - 1,174 African Americans
 - N = 3,497
 - Wave 2 (1989)
 - 1,906 Whites
 - 874 African Americans
 - N = 2,780
 - Wave 3 (1994)
 - 1,715 Whites
 - 729 African Americans
 - N = 2,444
 - Wave 4 (2002)
 - 1,273 Whites
 - 435 African Americans
 - N = 1,708
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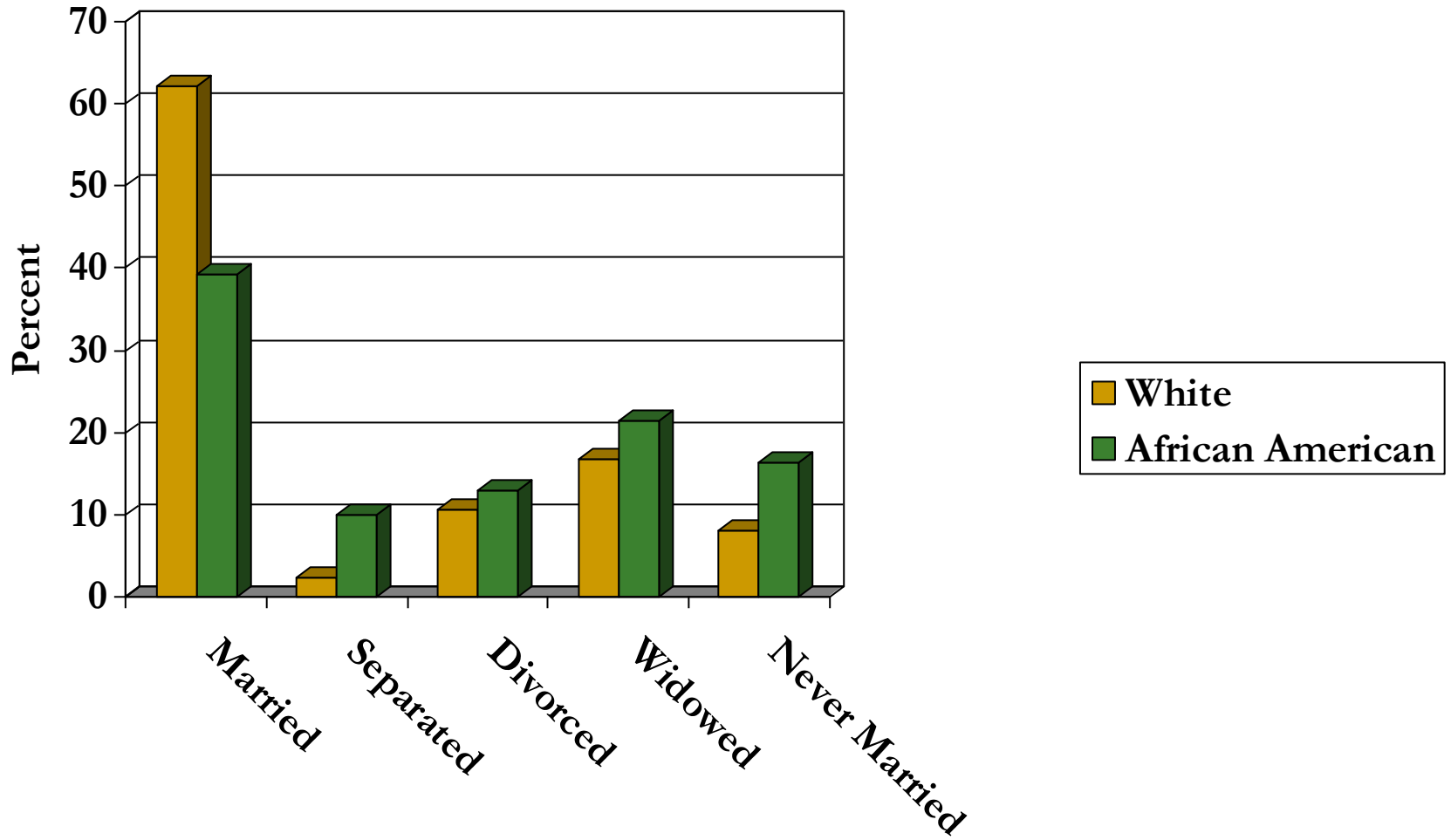
Race and Sex of Baseline Sample



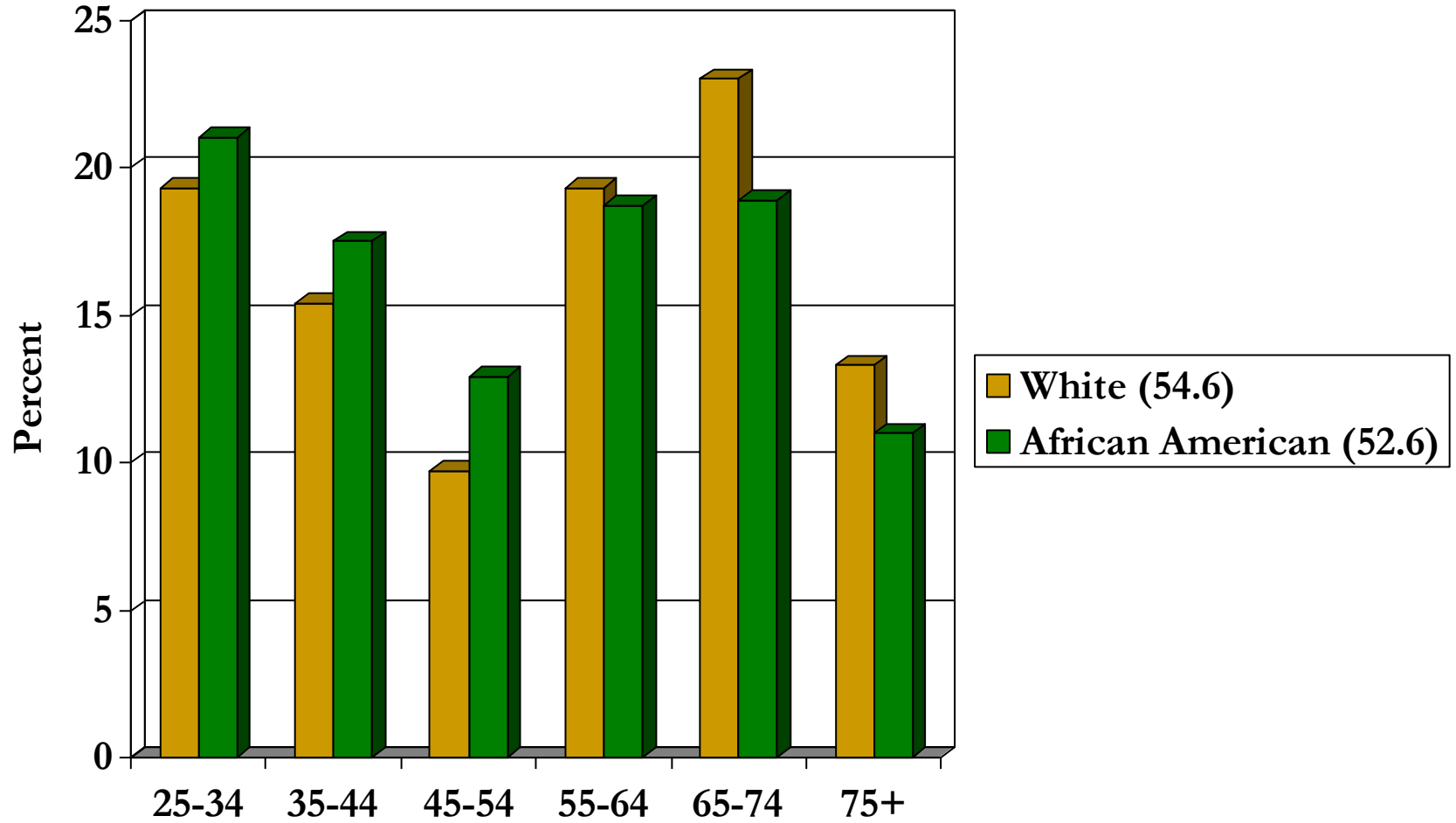
Sex



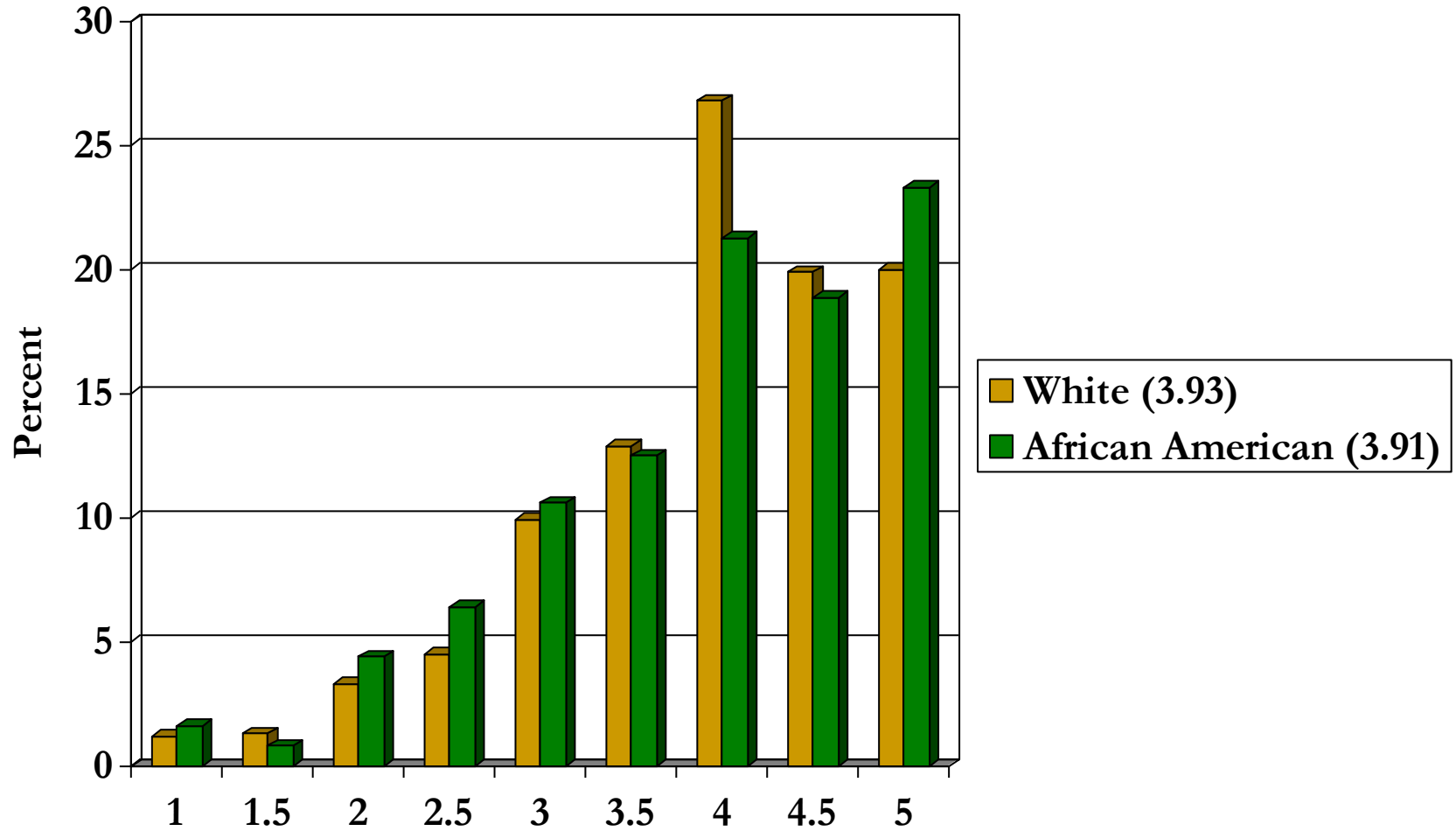
Marital Status



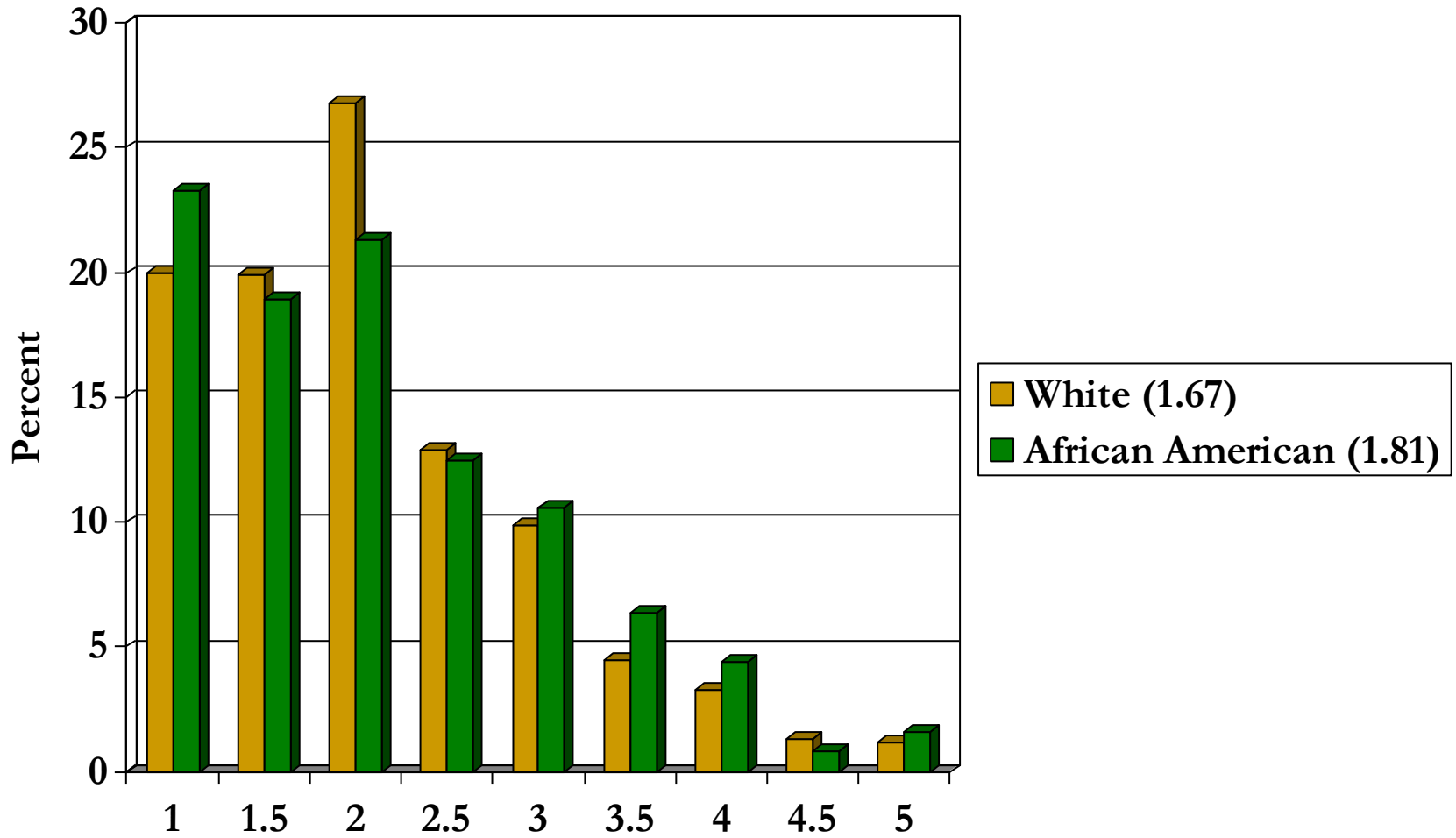
Age



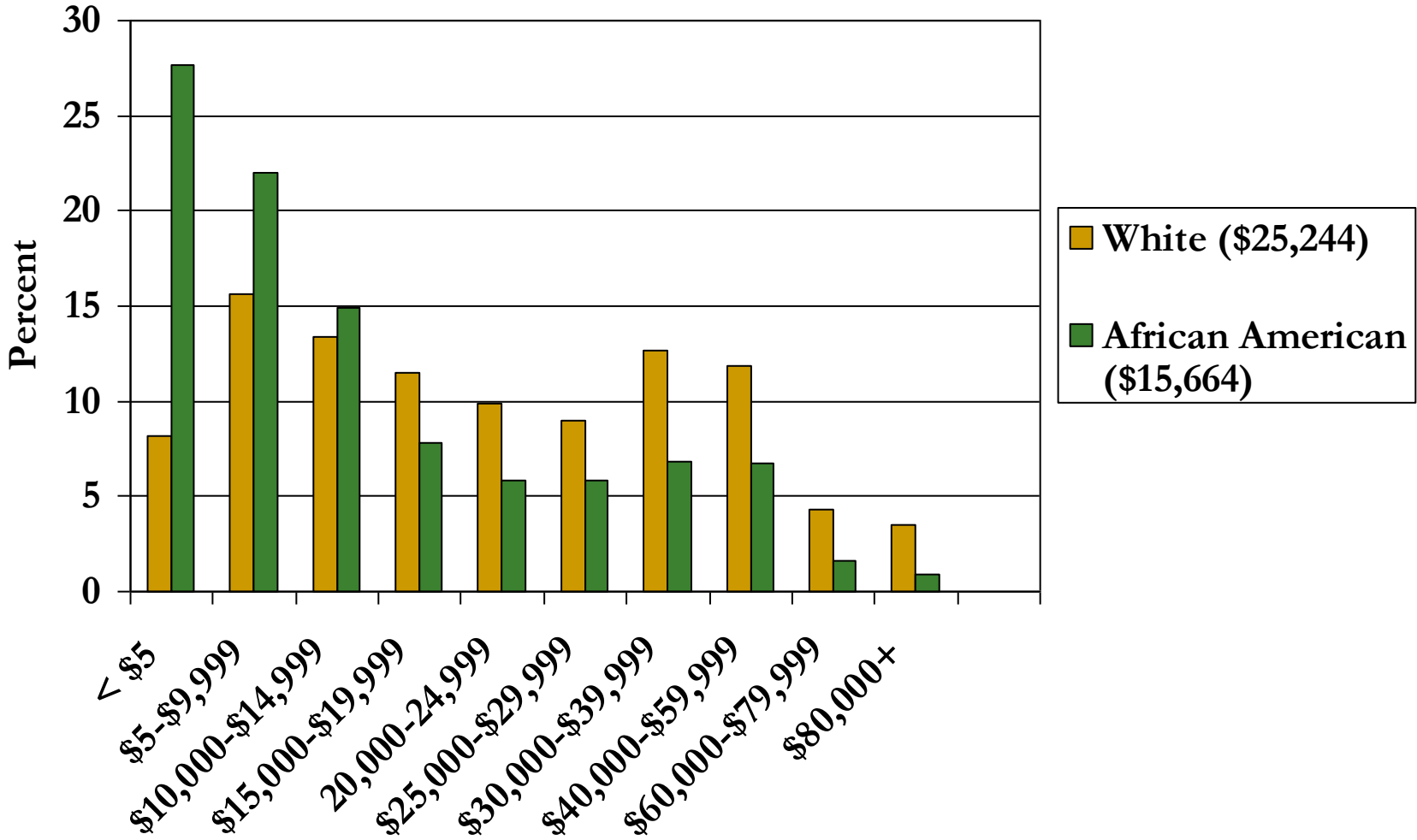
Social Support



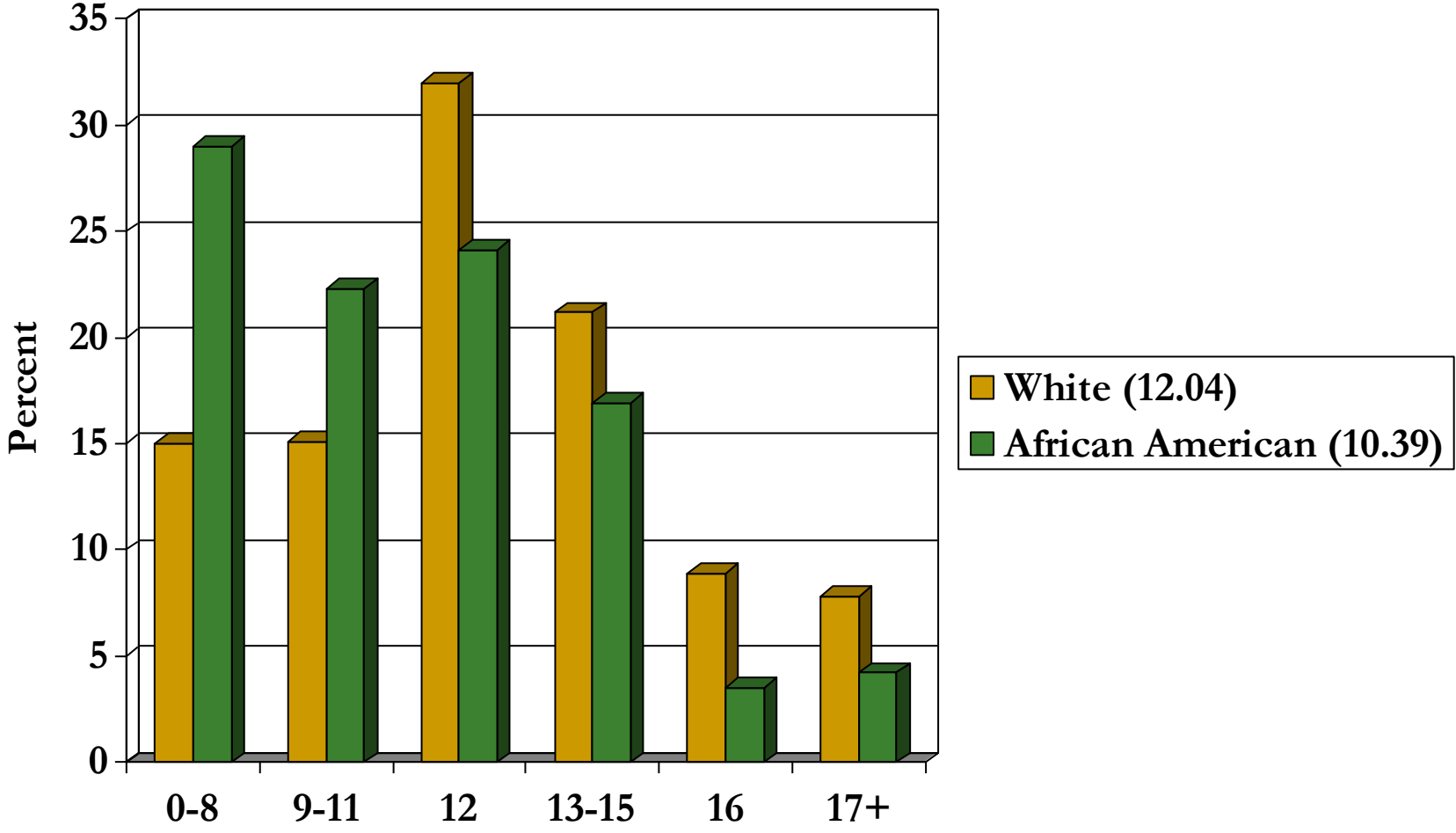
Negative Interaction



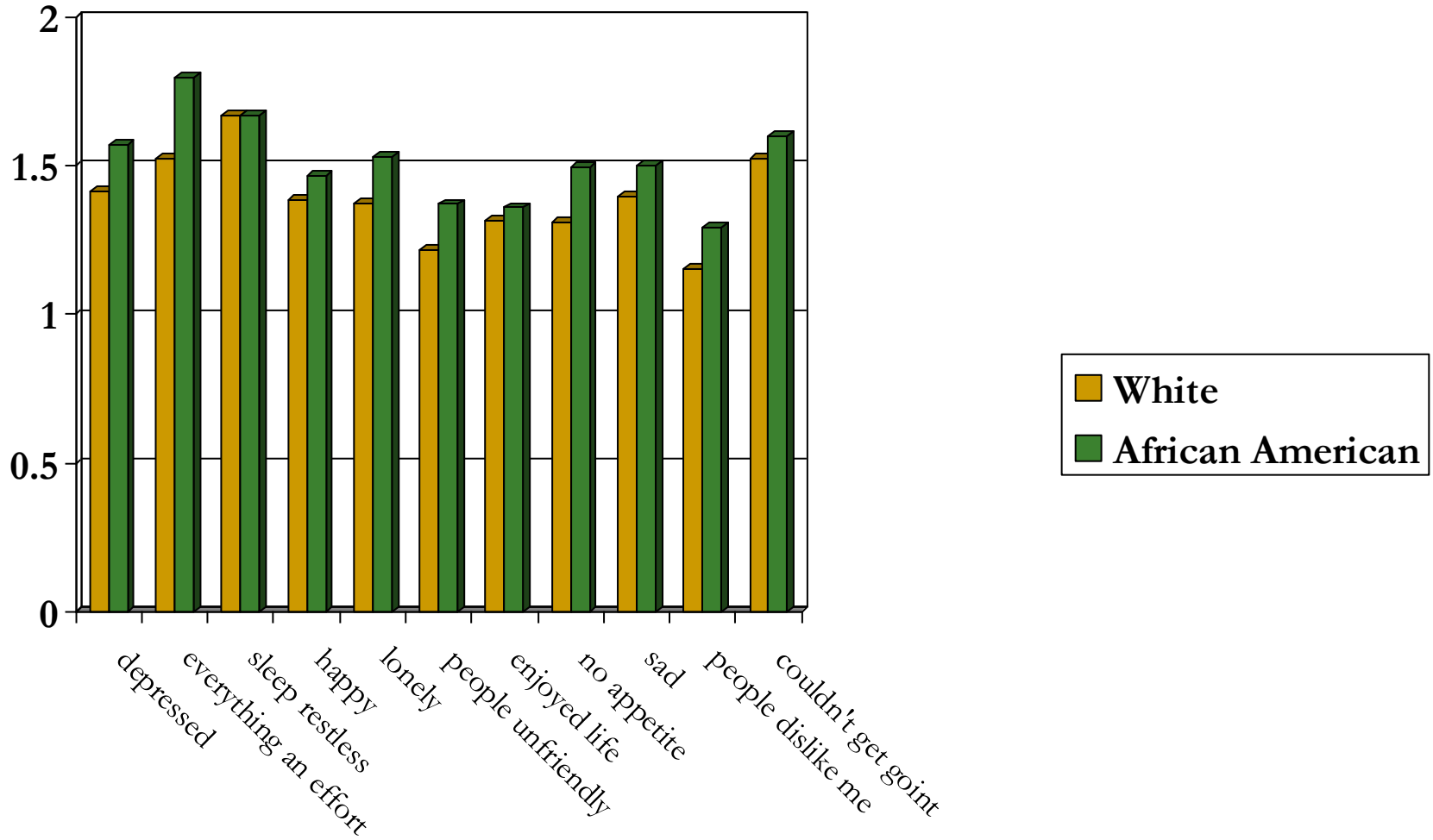
Household Income



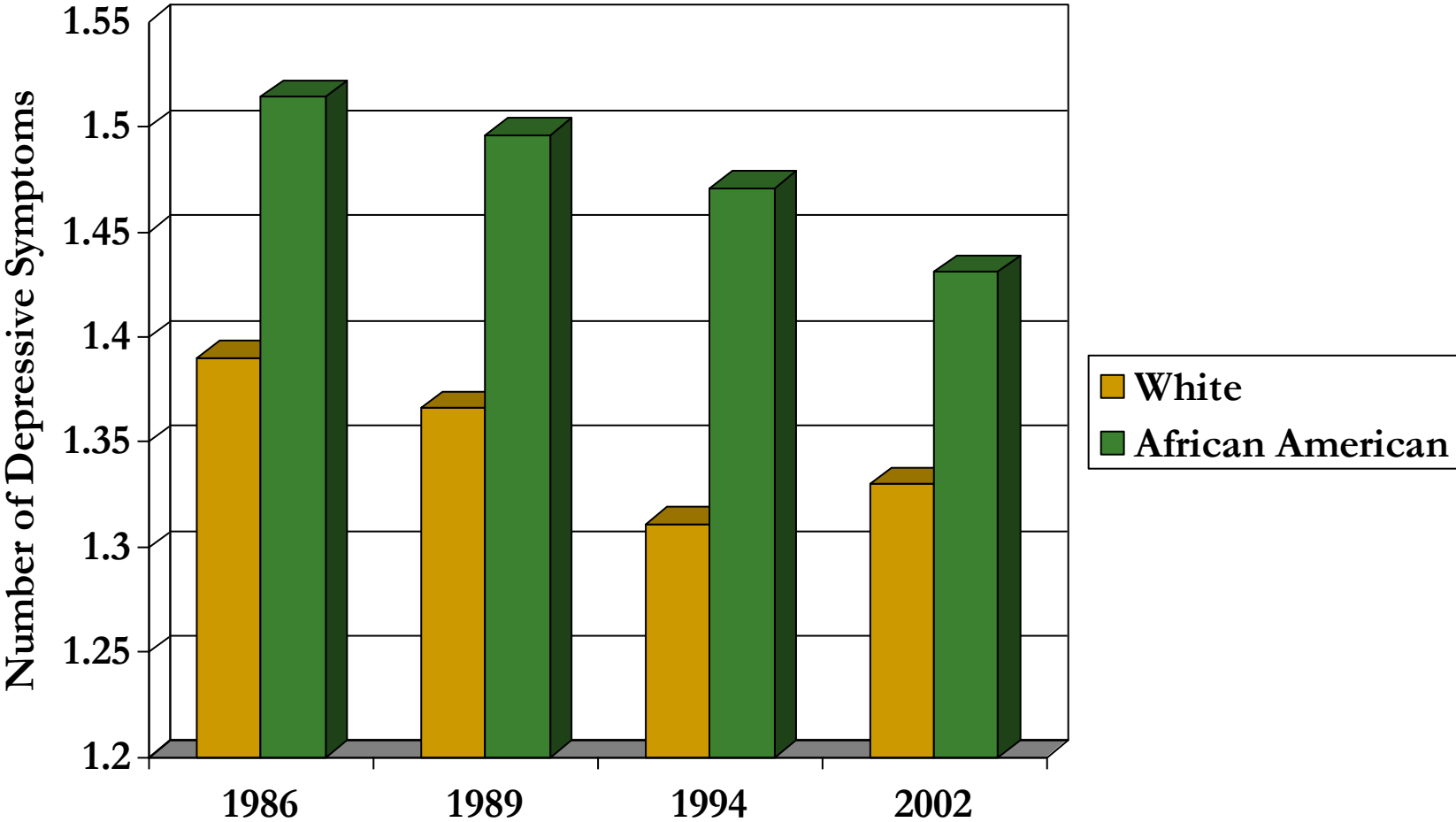
Education in Years



Depressive Symptoms



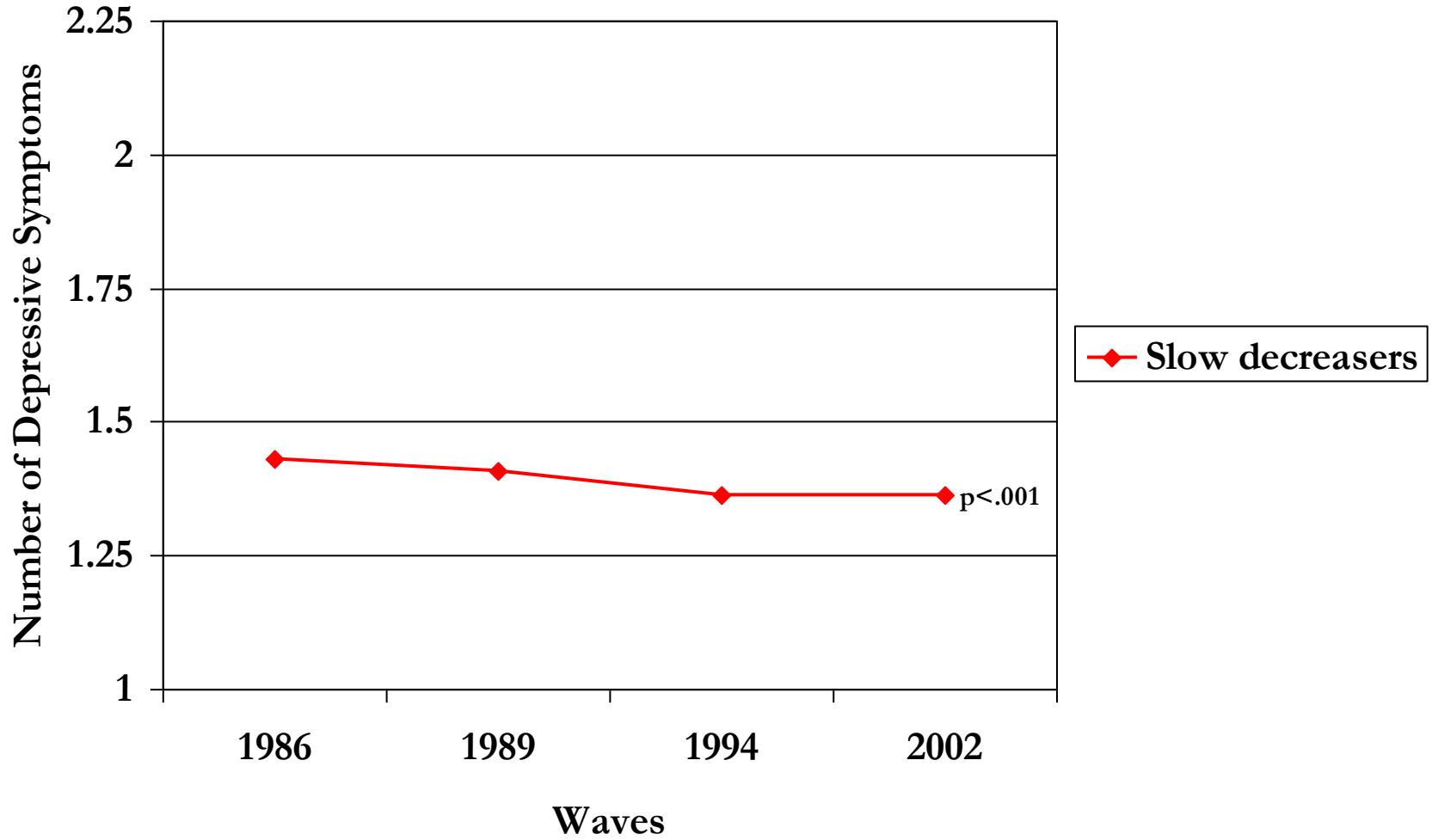
Mean Number of Depressive Symptoms by Race



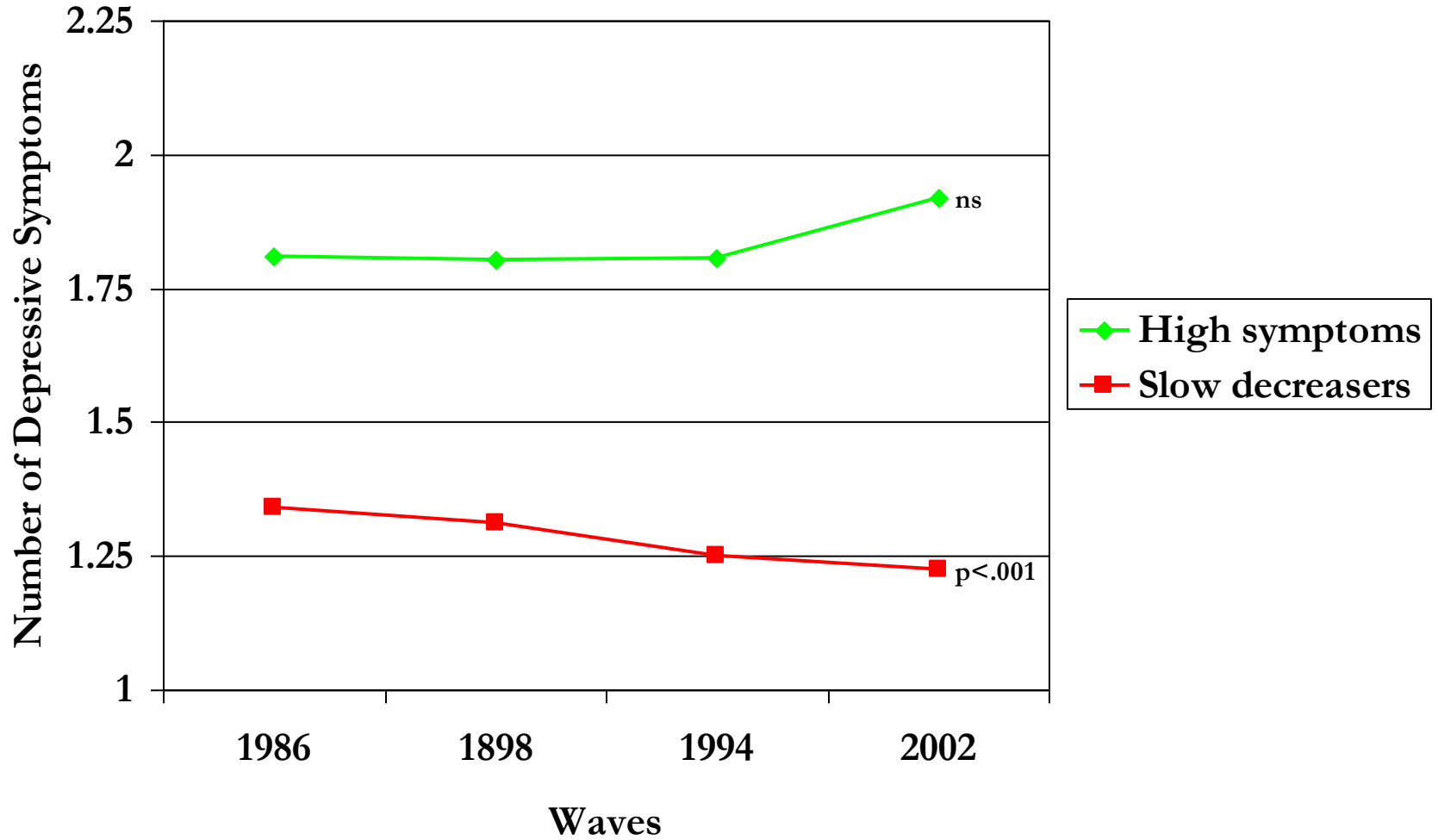
Goodness of Fit

<i>Class</i>	<i>BIC</i>	<i>Lo-Mendell-Rubin</i>
One	5,296.086	n/a
Two	4,737.498	$p < .01$
Three	4,559.402	$p < .01$
Four	4,265.318	$p < .05$
Five	4,292.460	$p < .10$

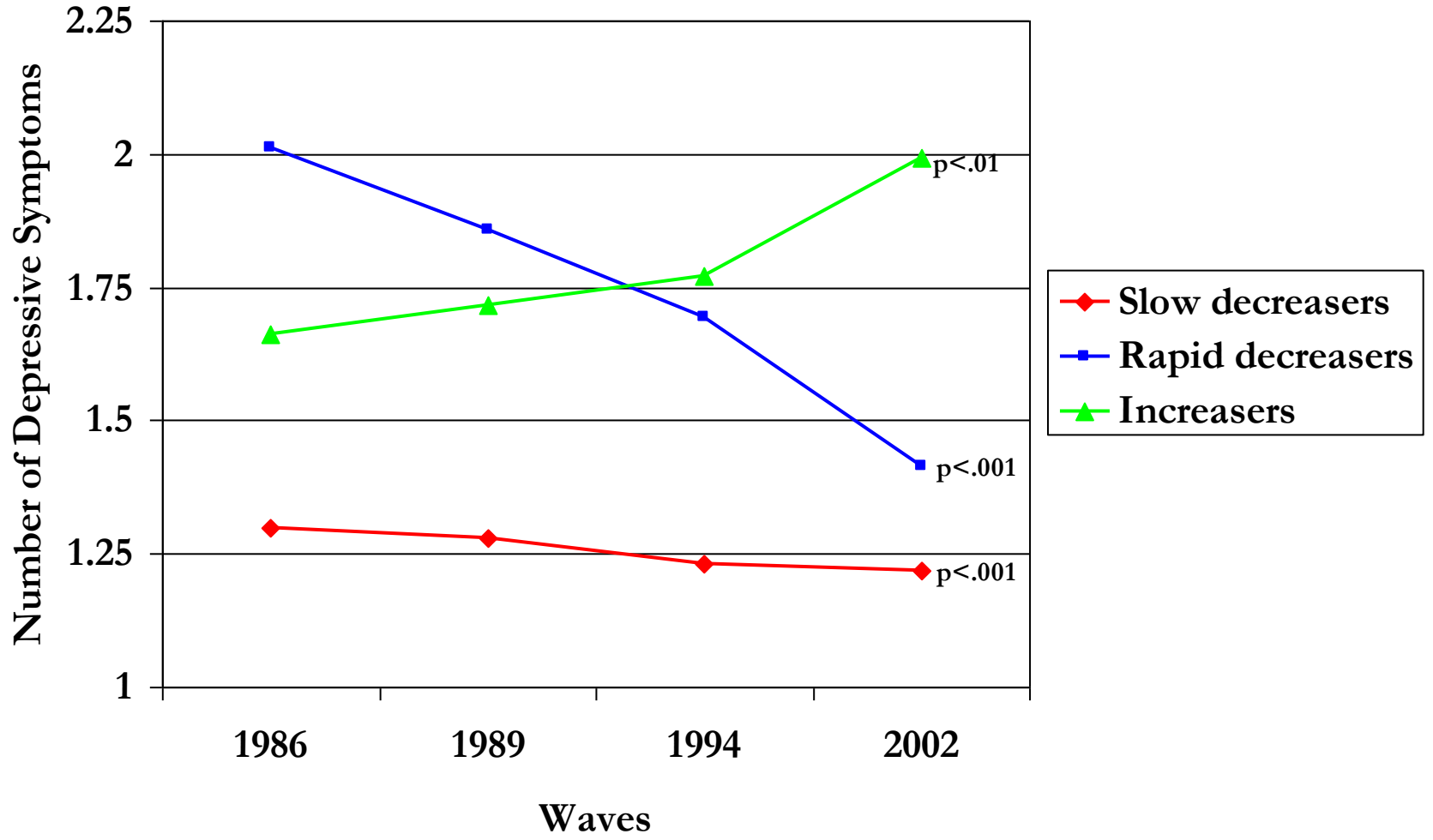
One-class Model



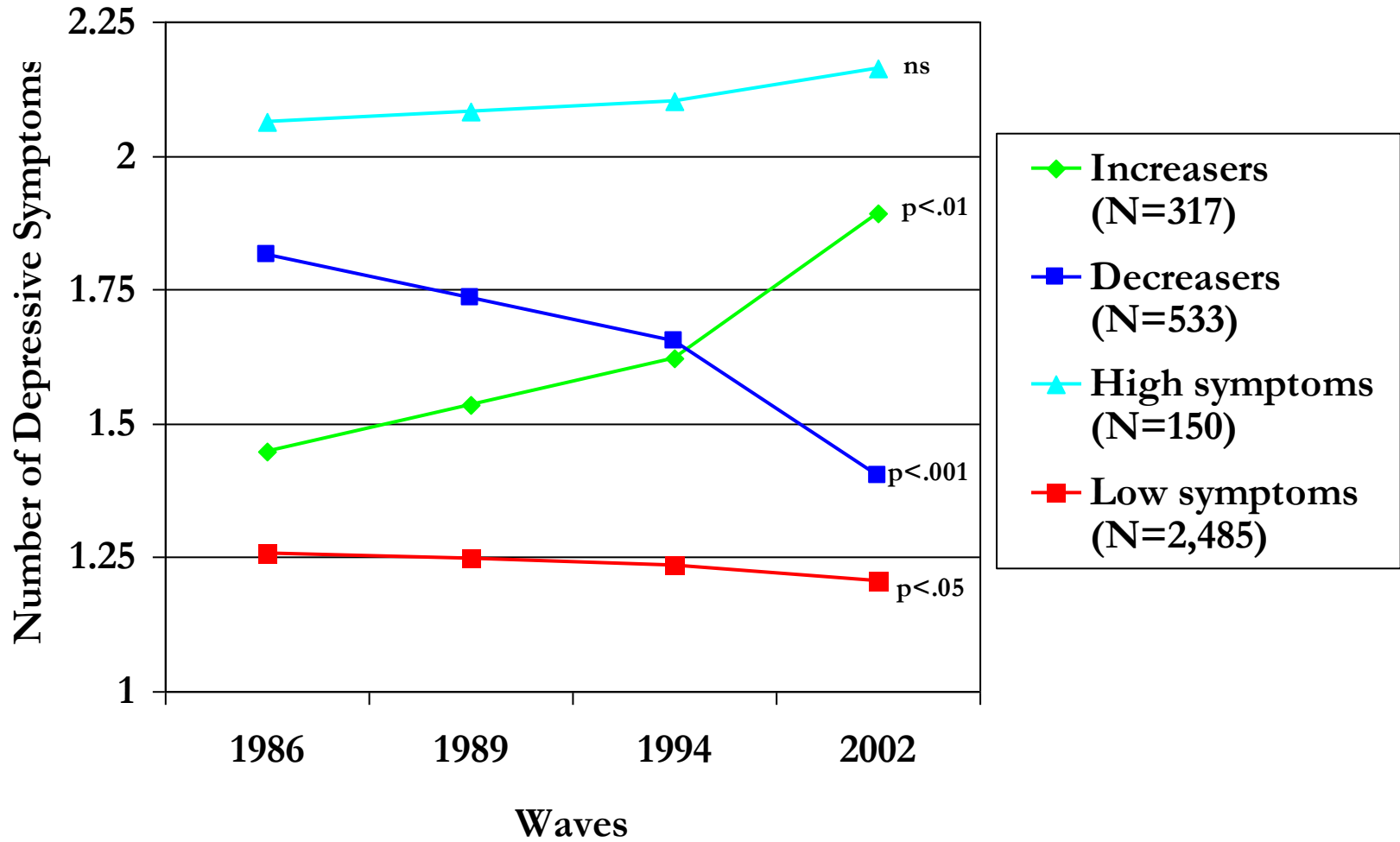
Two-class Model



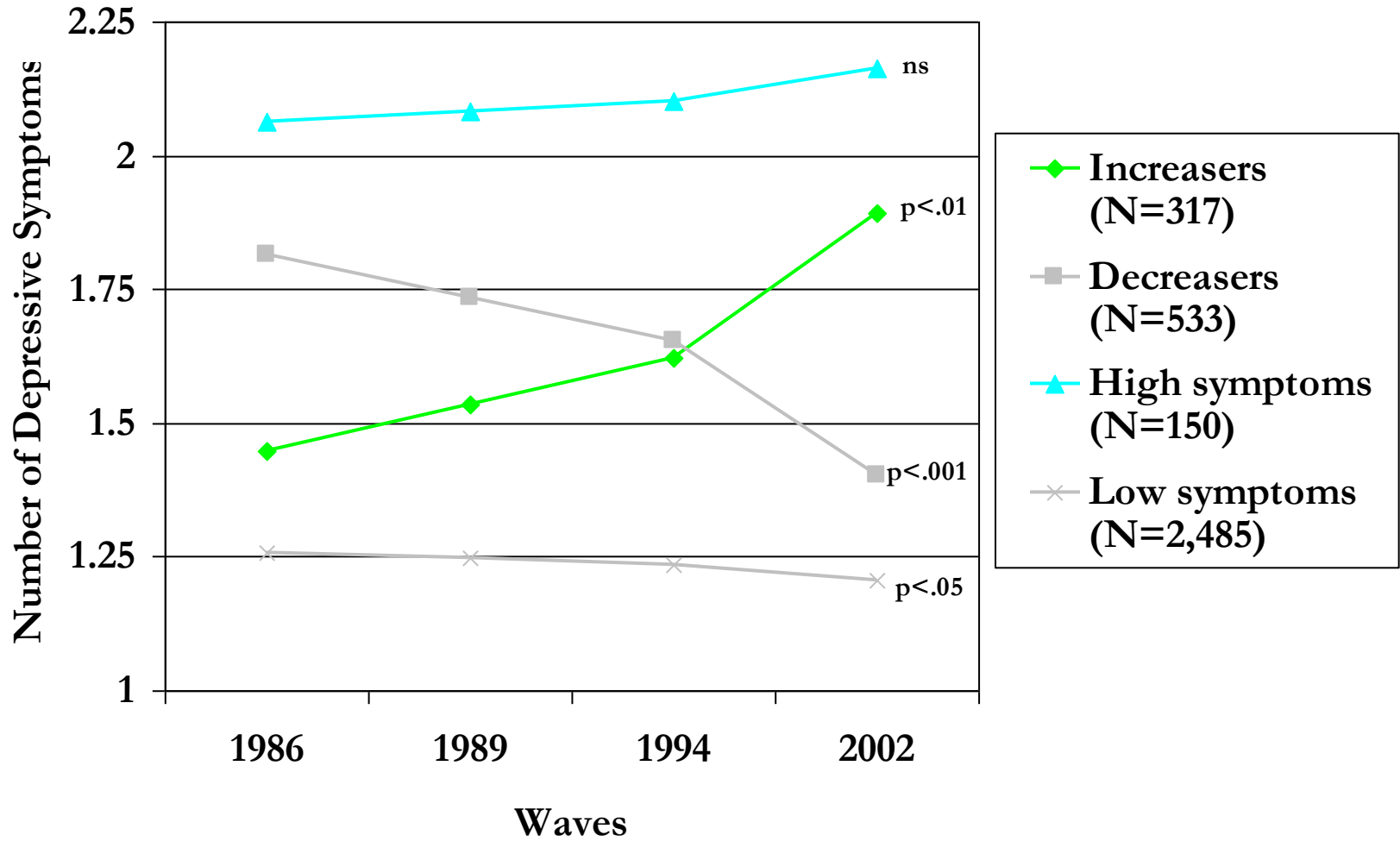
Three-class Model



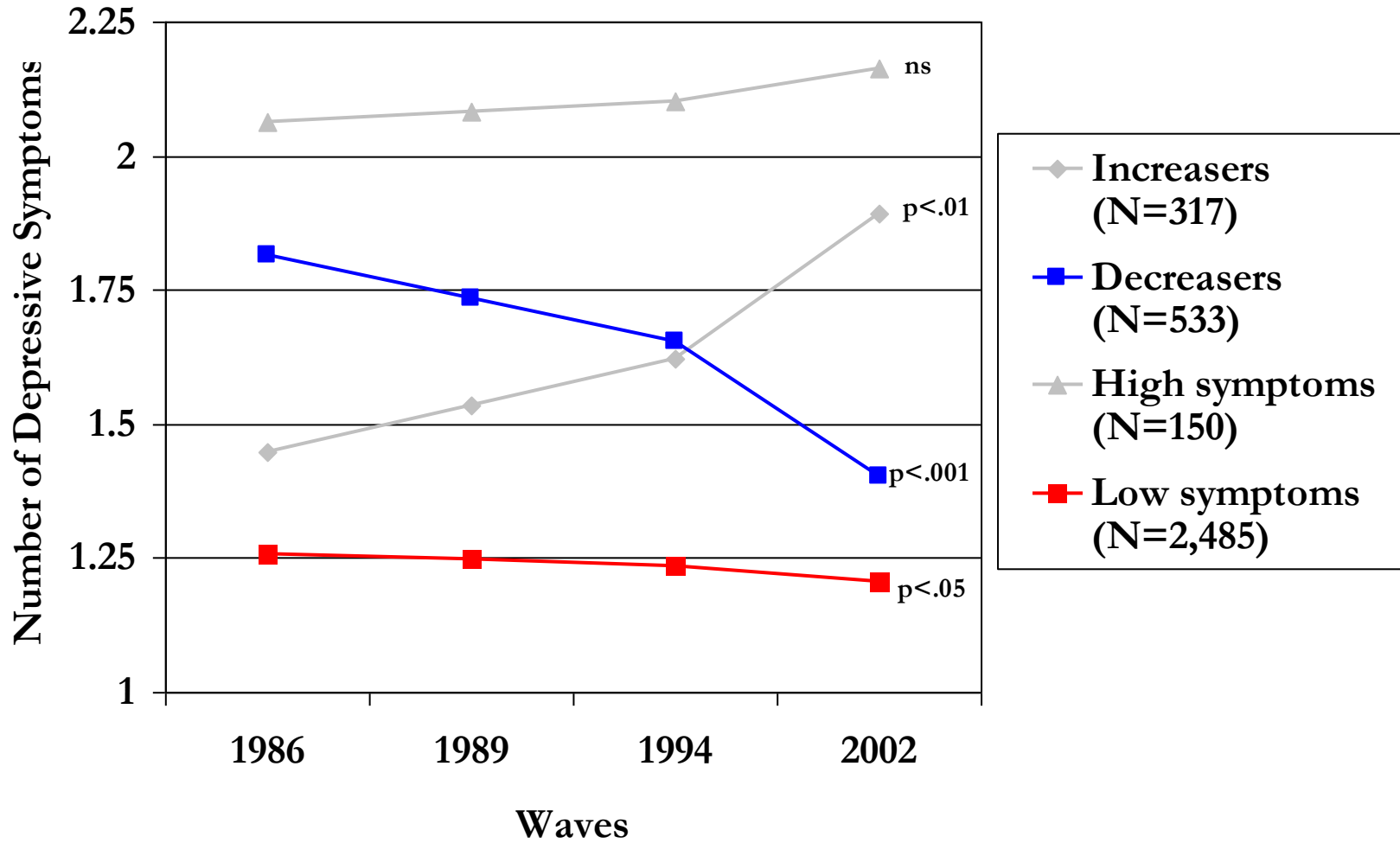
Four-class Model



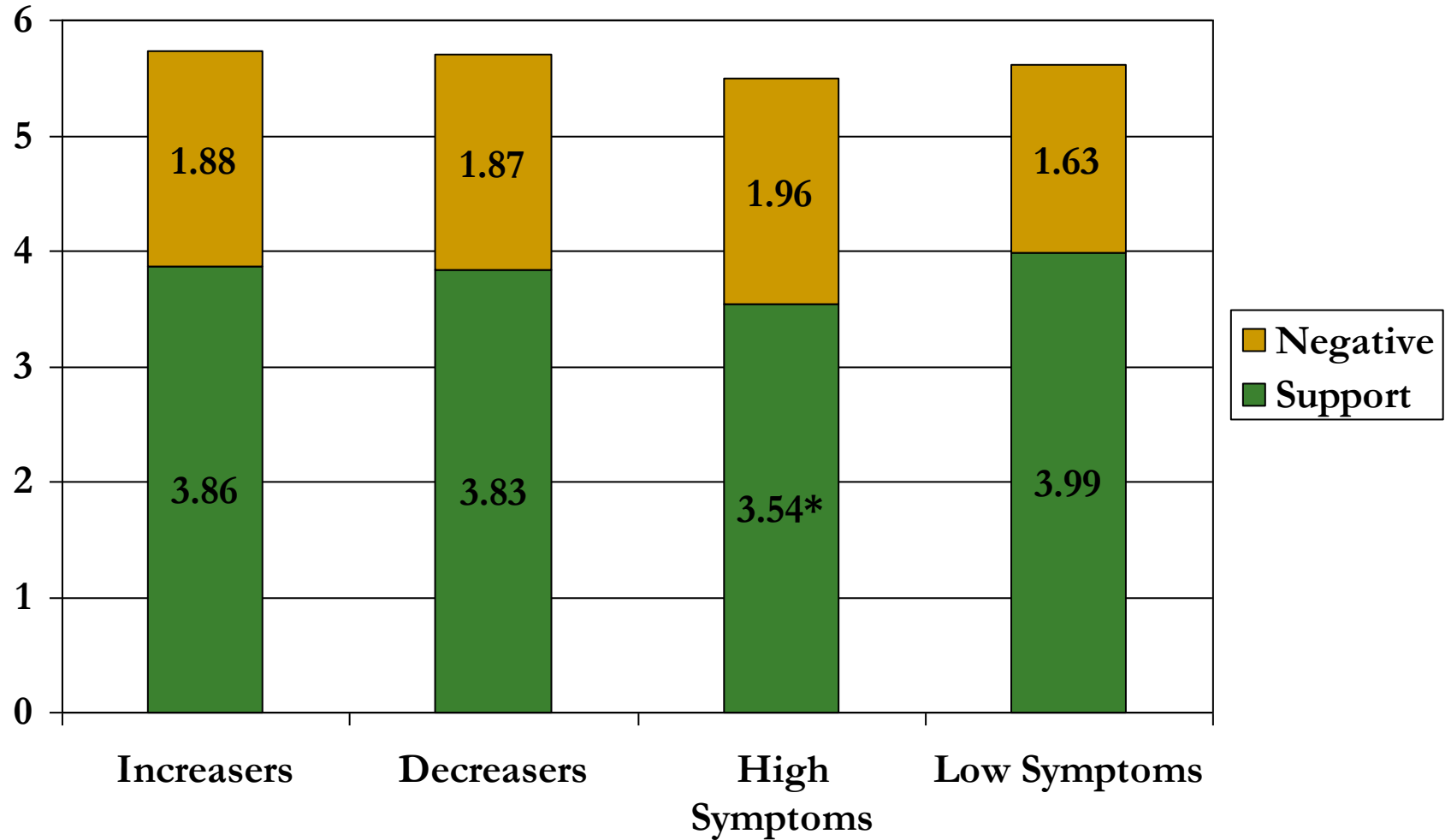
Intervention Classes



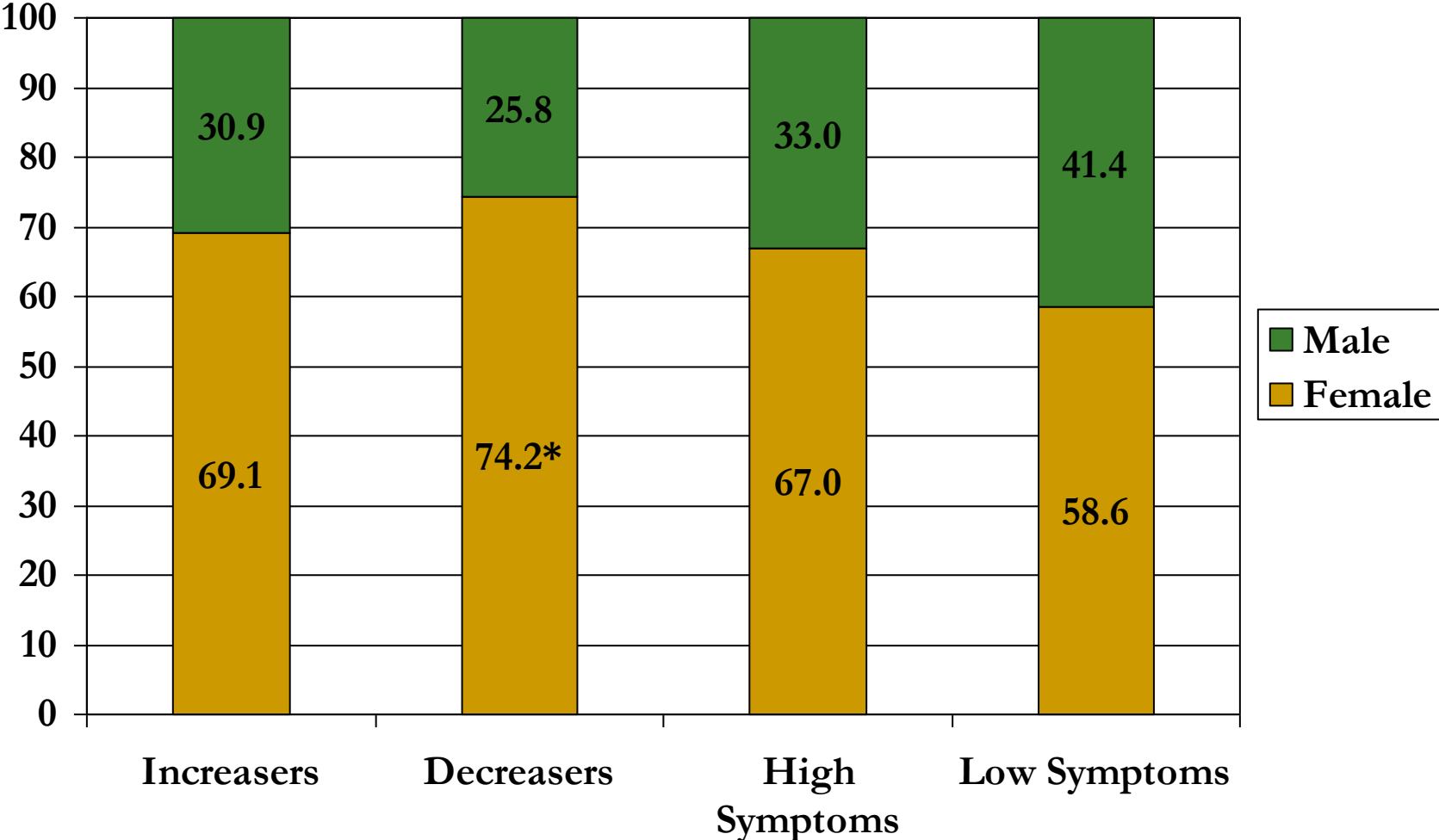
Low-risk Classes



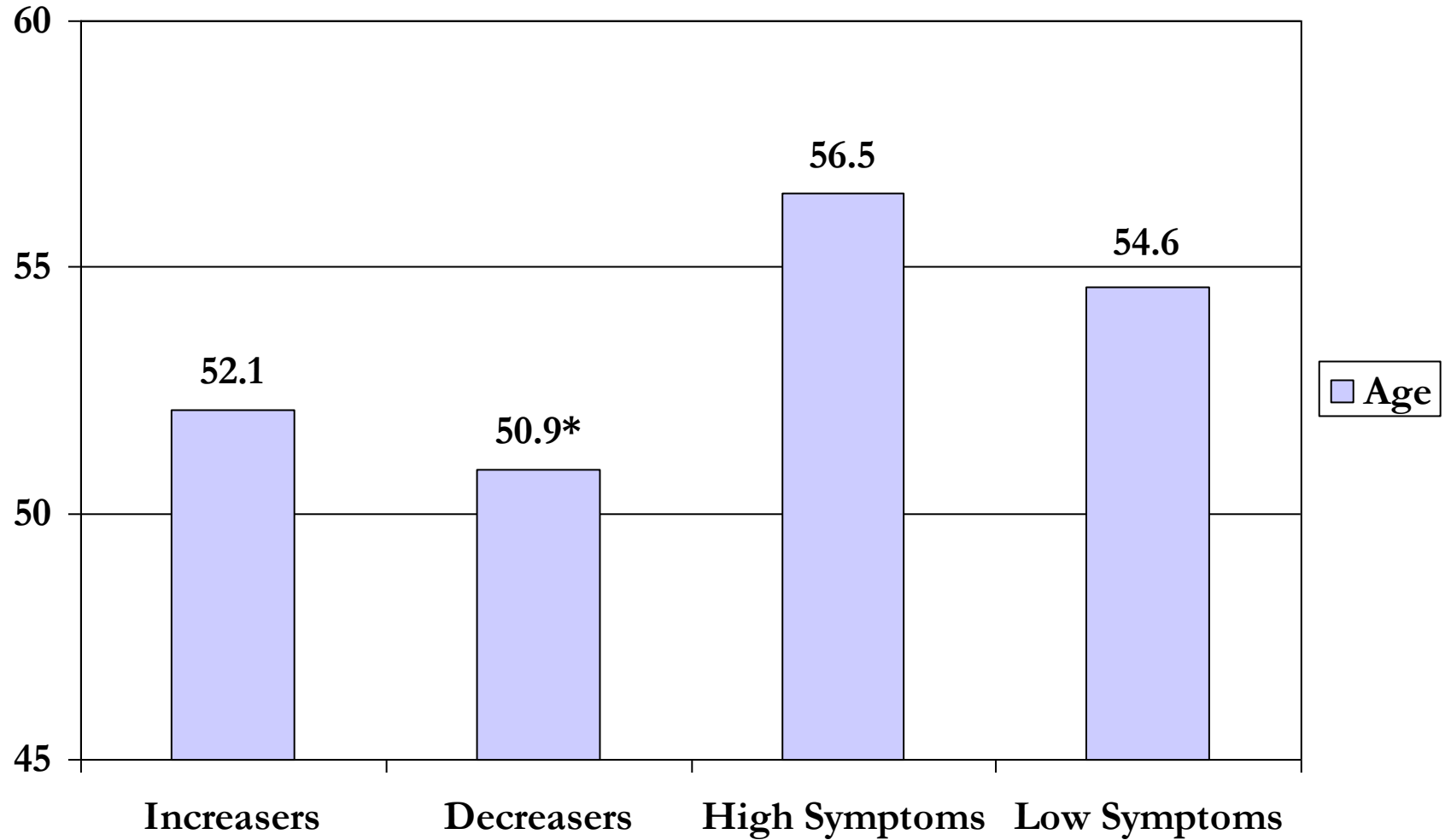
Latent Class by Social Relations



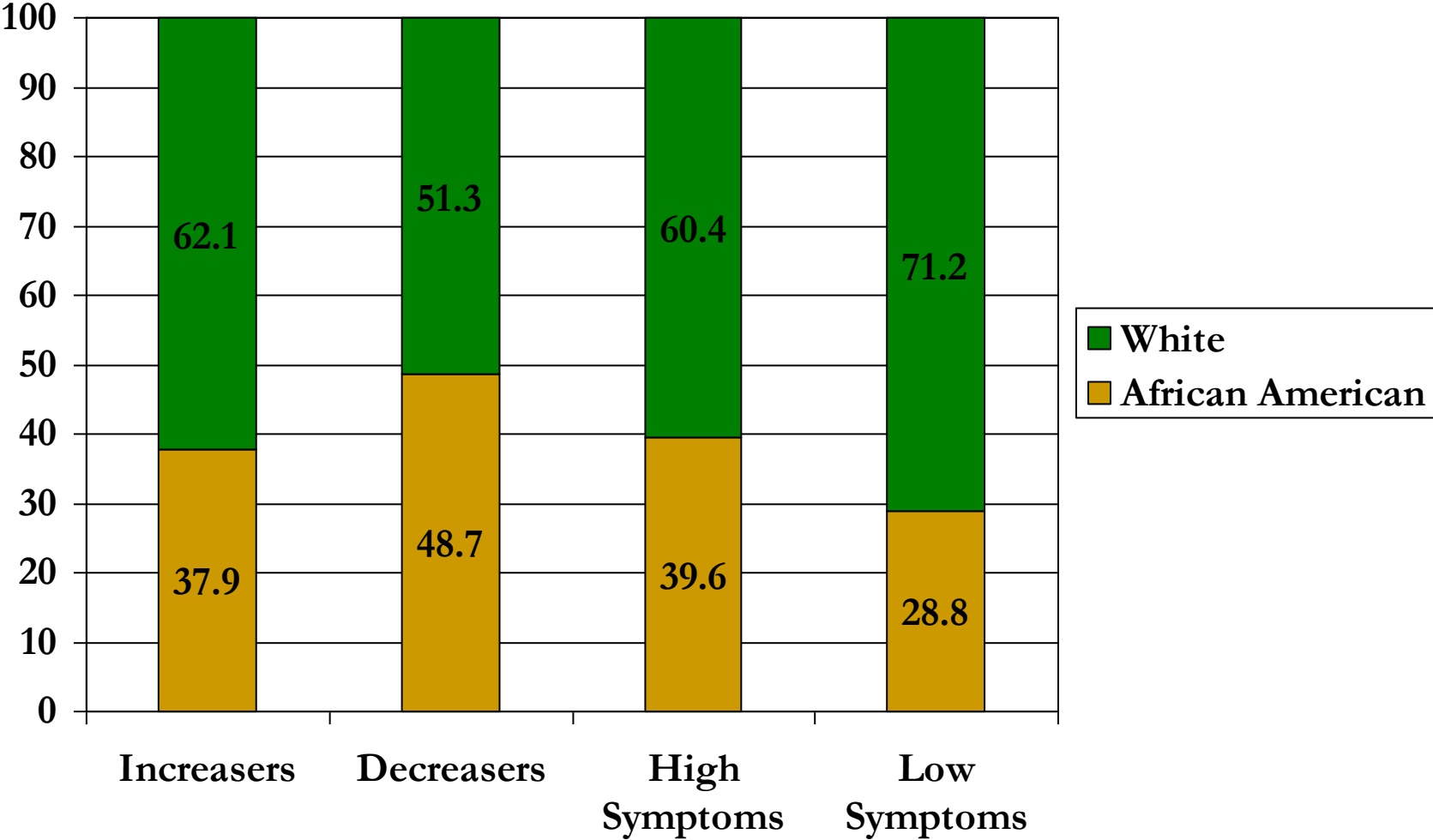
Latent Class by Sex



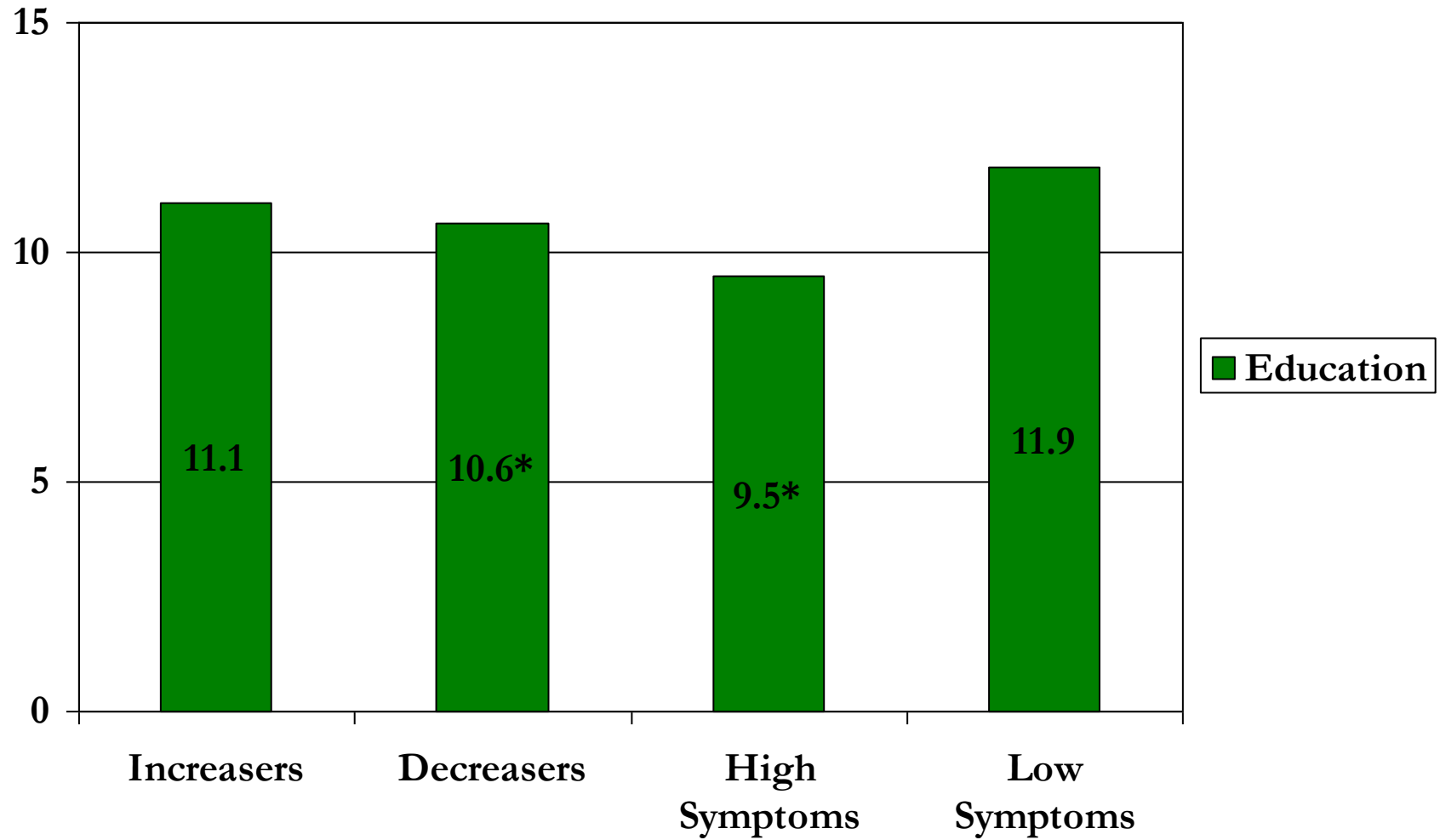
Latent Class by Age



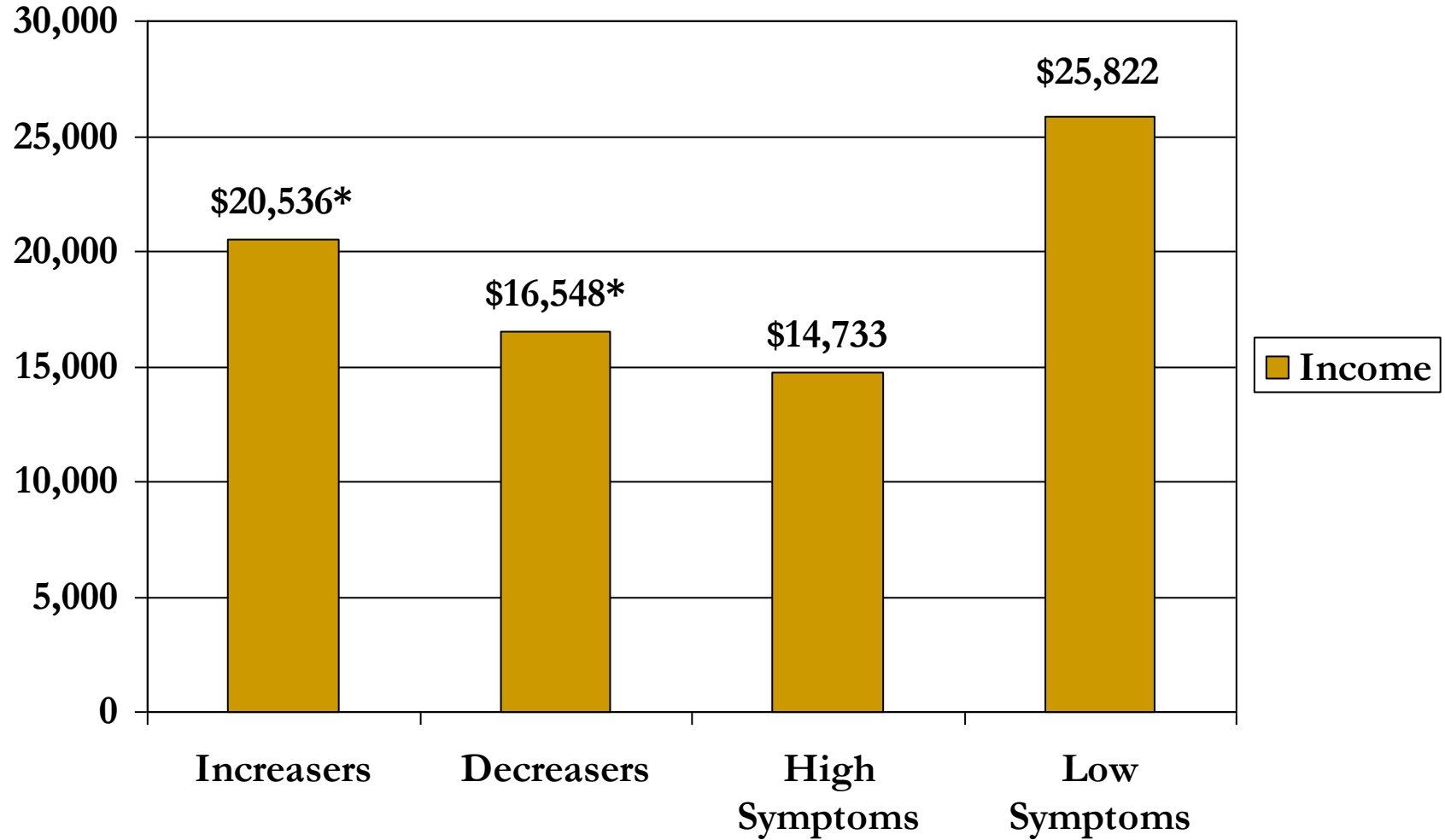
Latent Class by Race



Latent Class by Education



Latent Class by Income



Summary of Findings

- Classes are quite heterogeneous with respect to race, indicating that “race” is not a genetic or biological distinction, but a social and cultural construct that is quite fluid.
 - SES is clearly a stronger predictor than race in this sample.
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Summary of Findings

- The “low symptoms” class had the highest level of social support.
 - The “high symptoms” class had the lowest level of social support.
 - The “low symptoms” class had the lowest level of negative interaction.
 - The “high symptoms” class had the highest level of negative interaction.
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Study Limitations

- The CES-D was used to measure depressive symptoms, which may not fully capture the range of depressive symptoms in this sample.
 - The covariates included in the analyses are only a subset of the social factors known to be associated with depression.
 - The current study assessed the effects of initial SES.
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Implications for Research

- This work highlights the need to consider the heterogeneity within and across populations.
 - Future studies should consider the cumulative effects of race, income, education and social relationships across the adult life course.
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Implications for Intervention

- Facilitate targeted interventions designed to reduce the burden of depression.



Response to Racial Biases in Diagnosis, Treatment and Referral

- Examine “race” effects and how they operate through various pathways including racial attitudes, discrimination in health care and social services, and how these experiences manifest in mental health outcomes over the adult life course.
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