Mental health trajectories in three cohorts of women: are there urban/rural differences?

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Introduction: Evidence from a number of epidemiologic studies indicates that rates of depression in women increase until about the age of 45, then decrease until they are in their mid-80s, at which time there is a small increase. Women in rural areas are more likely than urban women to experience depression across the lifespan. The aim of this paper is to compare the trajectories of depression in three cohorts of women to ascertain if there are any urban-rural differences.

Methods: Participants were drawn from the Australian Longitudinal Study on Women’s Health. Data from all surveys from the 1973–78, 1946–51 and 1921–26 birth cohorts were used. Measures of psychological distress were self-reported doctor-diagnosed depression (DDD) and the mental health (MH) subscale of the SF-36. An MH score of less than 52 was regarded as signifying psychological distress.

Results: Trajectories of doctor-diagnosed depression increased in the 1973–78 and 1946–51 cohorts over time, in contrast to the proportion with an MH score <52, which decreased over time in all cohorts. In the 1973–78 cohort DDD increased from 13% in survey 2 to 17% in survey 5, while MH <52 declined from 22 to 14%. The corresponding figures for the 1946–51 cohort were 10 to 13% and 15 to 12%. While for the 1921–26 cohort DDD remained constant at around 7% and MH<52 declined slightly from 10 to 9%. These trends were evident for urban, regional and remote women with no rural-urban differences apparent.

Conclusions: These results indicate that more women are being diagnosed with depression, which is apparently being successfully treated. The lack of difference between urban and rural women suggests that rural women are not disadvantaged in access to appropriate health services and treatment options.