

Nebraska *Health Data Reporter*

Volume 2, Number 2

June 1999

A Descriptive Analysis of Depression and Alcohol Problems and Helpseeking In Nebraska

Sharon Larson, M.A. University of Nebraska-Lincoln

Keith Mueller, Ph.D. University of Nebraska Medical Center

Introduction

This *Health Data Reporter* summarizes some of the data from a 1996 survey of 6,946 Nebraska residents who were asked several questions designed to identify depression and alcohol related problems. Respondents who appeared to have symptoms of depression or alcohol abuse/misuse based on screening questions or who were randomly selected were then administered a more in-depth survey to determine how many of the respondents sought help for depression and alcohol related disorders. The following areas are addressed in this *Reporter*.

- a. The demographic and geographic characteristics of surveyed Nebraskans who met diagnostic criteria for depression or alcohol abuse.
- b. The demographic and geographic characteristics of surveyed Nebraska households and individuals who sought help for major depression and alcohol related disorders.
- c. The insurance status of surveyed Nebraskans based on community size and type.

This Reporter was prepared as a component of a grant from the National Institute of Mental Health [RO1 MH53278-O1A1], **Rural-Urban Comparison of the Help-Seeking Process.**

Primary Investigators: David Johnson, Ph.D. and Suzanne Ortega, Ph.D. University of Nebraska-Lincoln.

Co-Investigators: Betty Craft, M.P.N., Ph.D. University of Nebraska Medical Center and Peter Beeson, Ph.D., Nebraska Department of Health and Human Services.

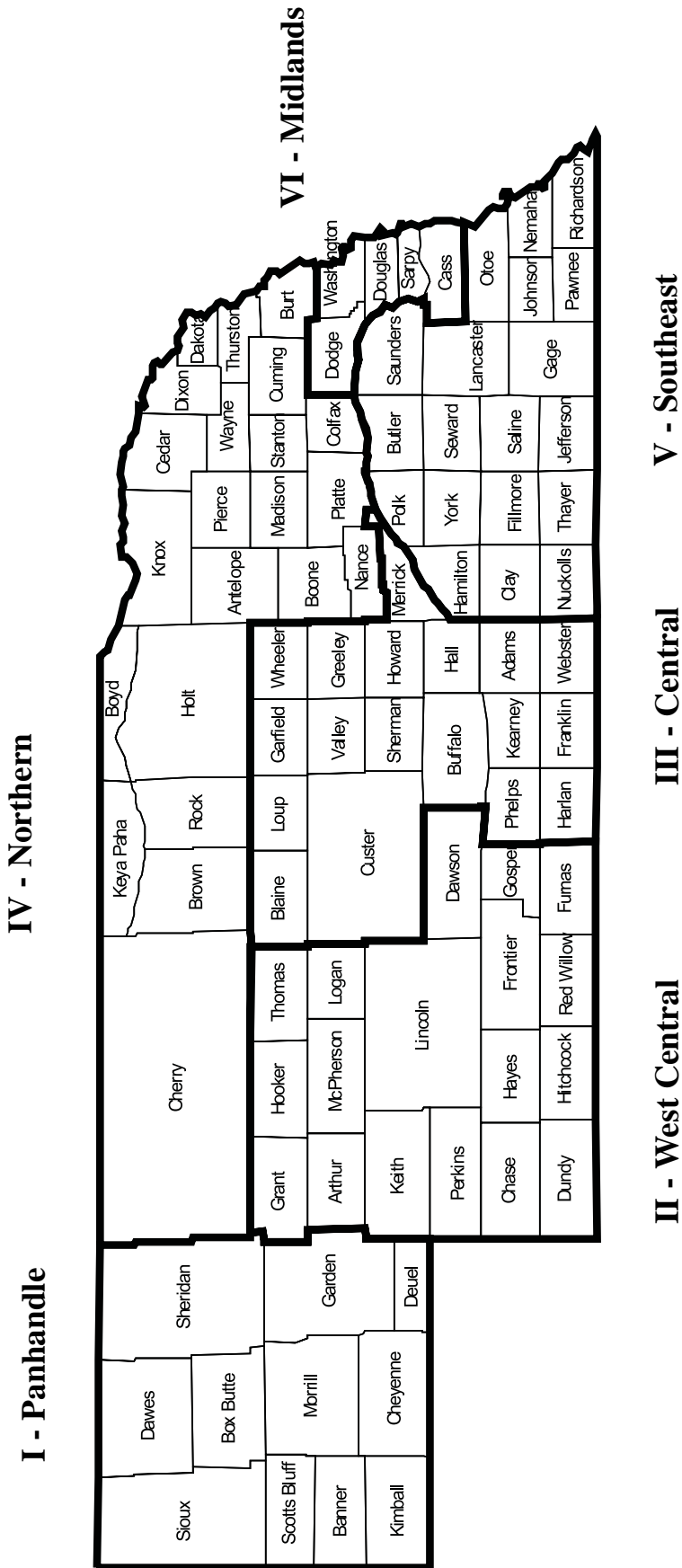


Nebraska Center for Rural Health Research at the
University of Nebraska Medical Center
in partnership with
The Nebraska Health and Human Services System

<http://www.unmc.edu/nebraska>

1999

Nebraska Mental Health Planning Regions - 1996



(1) From Behavioral Health Redesign Project, Nebraska Health and Human Services, Dept of Services Web Page. <http://www.hhs.state.ne.us/beh/bhrp.htm> (1996). Please note that since 1994 the Nebraska Health and Human Services System has redefined the boundaries of these service areas.



Executive Summary

This *Health Data Reporter* summarizes the results of a 1996 survey of 6,946 Nebraska residents who were asked several questions designed to identify depression and alcohol related problems. Respondents who appeared to have symptoms of depression or alcohol abuse/misuse based on screening questions or who were randomly selected were then administered a more in-depth survey. The survey included the full Diagnostic Interview Survey (DIS) and questions about seeking help for depression and alcohol related disorders. Some findings:

Residents who lived in smaller communities or on farms were less likely to be depressed or have alcohol related disorders.

Women were more likely to have met diagnostic criteria for depression, and men were more likely to have alcohol related disorders. Women also were more likely to have received help for depression, although there were no gender differences in having received help related to alcohol problems.

Younger respondents (19 through 35 years of age) who lived in communities of 5,001-10,000 people were more likely than others of their age group, living in other types of communities, to be depressed or have alcohol related problems.

Older respondents were more likely to have received help for alcohol problems, and younger respondents were least likely to do so.

Households in the Panhandle (Region I), the Southeastern (Region V), and the Midlands (Region VI) areas of the state were more likely than residents of other mental health regions to have reported use of alcohol and drug treatment services. Residents who lived in the open country, but not on a farm, were more likely than those who lived in other community settings to have sought mental health services.

Respondents from farms, communities of up to 1,000 people, and communities of 5,001 - 10,000 people were the most likely to have no health insurance.

Respondents from open country - not farm areas were the least likely to have no health insurance.

Defining Communities

Three community/geographic classifications will be used throughout this report:

1) Provider Availability

Each community was classified by the absence or presence of mental health providers. Community is defined as the city, town, or village in which the mental health professional is licensed. Mental health providers include psychologists, social workers, mental health professionals, and drug/alcohol counselors.

2) Population Size/Community Type

Seven categories are used to describe the geography in which the survey respondent lives:

- a. Lives on a farm
- b. Lives in open country, but not on a farm
- c. Lives in a community of less than or equal to 1,000 people
- d. Lives in a community of 1,001-5,000 people
- e. Lives in a community of 5,001-10,000 people
- f. Lives in a community of 10,001-50,000 people
- g. Lives in a community of more than 50,000 people

3) Mental Health Planning Region

Mental health planning regions used in this report were defined by the Nebraska Health and Human Services System in 1994. The map on page 2 shows the regional planning area boundaries with respect to county borders.

The Surveyed Population

In this study, 6,946 respondents were asked several questions designed to screen for potential depression and alcohol related problems. Respondents were selected either randomly or as the result of passing a screening instrument (See Appendix A). Respondents who appeared to have symptoms of depression or alcohol abuse/misuse based on screening questions or who were randomly selected were then administered a more in-depth survey. The survey included the full Diagnostic Interview Survey (DIS) and questions about seeking help for depression and alcohol related disorders. Some respondents who did not pass the screening were randomly selected to take the DIS, as were all respondents aged 25 years or younger.

About significance testing and reporting.

Significance tests are a way to measure the extent to which an observed value or relationship among values in a sample is the result of "sampling error", meaning the value happens by chance. The alternative is that the value or relationship among values reflects the true value in the population from which the sample was drawn. When the "p" value for a test of significance is less than .05, many researchers conclude that the observed relationship or values are not due to chance. Unless noted otherwise, in this *Nebraska Health Data Reporter*, we indicate a significant relationship by presenting an asterisk (*) wherever the p value is less than or equal to .05.



I. Diagnostic Criteria for Depression or Alcohol Abuse

Table 1 shows the geographic characteristics by community type of survey respondents who met diagnostic criteria for depression or alcohol abuse.

Respondents who lived on farms were the least likely to meet diagnostic criteria for depression or alcohol abuse.

Respondents from larger communities (at least 5,001 people) were more likely than those from smaller communities to meet diagnostic criteria for depression or alcohol abuse.

Regionally, a higher percentage of respondents from Region VI (Midlands) met diagnostic criteria for depression.

Table 1. Percent of Respondents Meeting DIS Criteria for Depression or Alcohol Abuse by Community Type

Community Type	Depression	Alcohol Abuse
Farm	4.0%	6.9%
Open Country-Not Farm	6.3%	7.1%
<1,000	6.3%	7.6%
1,000-5,000	6.3%	7.6%
5,001-10,000	8.9%	8.9%
10,001-50,000	7.3%	10.4%
>50,000	8.9%	9.9%
	*	*
Region		
Panhandle - Region I	5.1%	8.4%
West Central - Region II	6.8%	9.1%
Central - Region III	6.7%	8.0%
Northern - Region IV	5.5%	8.5%
Southeast - Region V	7.5%	10.0%
Midlands - Region VI	8.9%	9.1%
	*	

*Significant at the .05 level.

Table 2 shows the geographic and gender comparisons of the respondents who met diagnostic criteria for depression or alcohol abuse.

Women were more likely than men to have met diagnostic criteria for depression, but men were more likely than women to have met criteria for alcohol abuse. In addition, women in communities of more than 50,000 people were more likely than women in smaller communities to have met diagnostic criteria for depression. Men in communities of more than 10,000 people were more likely than men in smaller communities to have met diagnostic criteria for alcohol abuse.

Differences between women and men in meeting diagnostic criteria for depression or alcohol abuse were not significant in Region I (Panhandle), nor were they significant for depression in farm communities.

Gender differences identified earlier across types of communities remained with higher likelihood of meeting criteria (women for depression and men for alcohol dependence).

Respondents who were 26 through 35 years old were most likely to meet diagnostic criteria for depression if they lived in communities of between 5,001 and 50,000 residents.

Respondents who were 19 through 25 years old living in communities of 5,001 - 10,000 were 40% more likely than others from this age group to meet diagnostic criteria for depression.

Table 2. Percent Meeting DIS Criteria by Diagnosis, Sex, and Community Type

	Major Depression				Alcohol Abuse			
	All	Male	Female	p	Both	Male	Female	p
Community Type								
Farm	4.0%	3.0%	5.2%		6.9%	10.1%	3.6%	*
Open Country-Not Farm	6.3%	3.9%	8.9%	*	7.1%	9.4%	5.0%	
<= 1,000	6.3%	3.8%	8.1%	*	7.6%	13.8%	2.7%	*
1,001-5,000	6.3%	2.7%	8.7%	*	7.6%	14.2%	3.3%	*
5,001-10,000	8.9%	6.6%	10.2%		8.9%	13.1%	6.4%	*
10,001-50,000	7.3%	4.1%	10.0%	*	10.4%	18.1%	3.9%	*
>50,000	8.9%	4.6%	13.2%	*	9.9%	15.6%	4.1%	*
Region								
Panhandle - Region I	5.1%	3.1%	7.0%		5.1%	7.0%	3.1%	
West Central - Region II	6.8%	3.4%	9.0%	*	6.8%	9.0%	3.4%	*
Central - Region III	6.7%	2.9%	9.9%	*	6.7%	9.9%	2.9%	*
Northern - Region IV	5.5%	3.5%	7.0%	*	5.5%	7.0%	3.5%	*
Southeast - Region V	7.5%	3.2%	11.6%	*	7.5%	11.6%	3.2%	*
Midlands - Region VI	8.9%	5.5%	12.3%	*	8.9%	12.3%	5.5%	*
Provider Availability								
No Providers	5.0%	4.8%	5.2%		7.7%	13.1%	2.5%	
At Least One Provider	7.9%	4.1%	11.2%	*	92.0%	14.7%	4.3%	

*Significant at the .05 level.



II. Help-Seeking Characteristics

Table 3 shows household helpseeking characteristics by community type.

Members of households in large communities (10,001 or more residents) were more likely than members of households in other communities, with the exception noted in the next paragraph, to have sought services for mental health or alcohol problems in the past 12 months.

Members of households in open county-not farm were more likely than those in other communities to have sought mental health services.

Members of households in Regions I and VI were two to three times more likely to have reported household use of alcohol and drug treatment services than those in Regions II, III, and IV.

Members of households in communities with mental health providers were more likely than those from communities without such providers to have sought help for mental health or alcohol problems.

Community Type	Mental Health Services	Alcohol & Drug Treatment
Farm	3.9%	0.9%
Open Country-Not Farm	8.6%	1.8%
<1,000	3.2%	1.5%
1,000-5,000	2.8%	1.2%
5,001-10,000	5.4%	1.9%
10,001-50,000	8.3%	2.0%
>50,000	8.0%	3.5%
	*	*
Region		
Panhandle - Region I	5.1%	3.8%
West Central - Region I	6.5%	1.5%
Central - Region III	5.0%	1.1%
Northern - Region IV	3.6%	1.7%
Southeast - Region V	8.3%	2.4%
Midlands - Region VI	7.3%	3.2%
		*
Availability of Mental Health Provider		
No providers	3.5%	1.4%
At least one provider	6.8%	2.6%

*Significant at the .05 level.

Table 4 shows the demographic characteristics of respondents who met diagnostic criteria and sought help for depression or alcohol related problems.

Women who met criteria for depression were 32% more likely than men who met criteria for depression to have sought help. Men and women were equally likely to have sought help for alcohol and drug related problems.

Widowed respondents were at least 25% more likely than married and never married respondents to have sought help for depression. Widowed respondents were twice as likely as separated respondents to have sought help for depression. Regardless of marital status, respondents who met criteria for alcohol abuse were more likely not to have sought help.

Among age groups, the respondents aged 75 years and older were at least 80% more likely than respondents in any other age group to have sought help for alcohol abuse. The youngest respondents (aged 19 - 25 years) were the least likely to have sought help for alcohol abuse.

	Major Depression			Alcohol Abuse		
	Sought Help	Did Not Seek Help	p	Sought Help	Did Not Seek Help	p
Sex						
Male	49.3%	50.7%	*	34.4%	65.6%	*
Female	65.0%	35.0%	*	36.0%	64.0%	*
Marital Status						
Married	60.5%	39.5%	*	36.1%	63.9%	*
Never Married	59.5%	40.5%	*	28.0%	72.0%	*
Divorced	68.7%	31.3%	*	41.4%	58.6%	*
Widowed	77.1%	22.9%	*	43.2%	56.8%	*
Separated	37.3%	62.7%		20.7%	79.3%	
Age Groups						
19-25	33.0%	66.7%	*	12.0%	88.0%	*
26-35	30.3%	69.7%	*	40.7%	59.3%	*
36-45	53.1%	46.9%	*	29.7%	70.3%	*
46-55	66.7%	33.3%	*	44.7%	55.3%	*
56-65	76.5%	23.5%	*	38.0%	62.0%	*
66-75	68.4%	31.6%	*	33.3%	66.7%	*
75 and older	91.7%	8.3%	*	81.0%	19.0%	*
*Significant at the .05 level.						



Help-Seeking for Major Depression and Alcohol Related Disorders

Table 5 shows the helpseeking behavior of respondents who met the diagnostic criteria for depression or alcohol-related problems by community characteristics.

Respondents who lived in communities with locally available mental health providers were more likely to have received help for depression than those who lived in communities with no mental health provider.

Respondents who lived in communities with locally available mental health professionals were four times as likely to have sought help for alcohol related problems than were respondents who lived in communities without a locally available health professional.

There was no statistically significant difference in the likelihood of seeking help for alcohol related problems or depression with respect to community size.

There was no difference between regions in the likelihood of seeking help for depression or alcohol-related problems.

Table 5: Help-seeking Behavior of Respondents Who Met Diagnostic Criteria for Depression or Alcohol Related Problems by Community Type		
Community Type	Sought Services for Major Depression	Sought Services for Alcohol Related Problems
Farm	44.4%	33.3%
Open Country-Not Farm	62.5%	0.0%
<= 1,000	54.5%	37.5%
1,001-5,000	70.7%	28.6%
5,001-10,000	54.5%	45.5%
10,001-50,000	69.8%	40.0%
>50,000	60.0%	33.3%
Region		
Panhandle - Region I	56.3%	33.3%
West Central - Region II	69.2%	36.4%
Central - Region III	64.4%	15.4%
Northern - Region IV	67.4%	26.3%
Southeast - Region V	62.9%	27.3%
Midlands - Region VI	57.4%	44.6%
Provider Availability		
No Providers	45.5%	8.3%
At Least One Provider	61.9%	35.8%
	*	*

*Significant at the .05 level.

III. Insurance Coverage and Helpseeking Activities

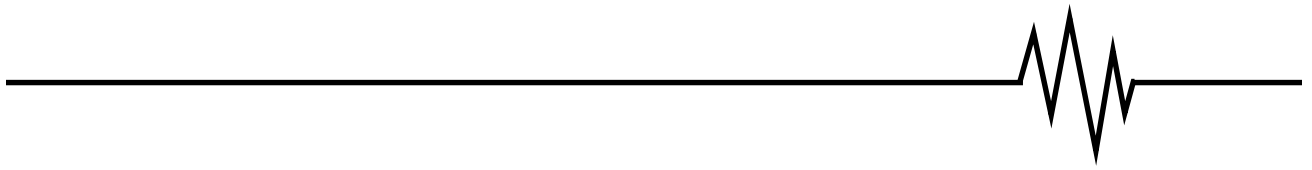
Table 6 shows the relationship between the type of community and the health insurance status of the respondents.

Respondents from farms, communities of up to 1,000 people, and communities of 5,001 - 10,000 people were the most likely to have no health insurance.

Respondents from open country - not farm areas were the least likely to have no health insurance.

Community Type	No Health Insurance*
Farm	40.3%
Open Country-Not Farm	38.5%
<1,000	44.5%
1,000-5,000	38.6%
5,001-10,000	41.4%
10,001-50,000	36.3%
>50,000	35.9%

*Significant at the .05 level.



Appendix A - The screening questions and population characteristics

Participants in this study who passed either the screen for alcohol abuse/dependency or depression were asked to respond to the complete telephone interview which contained the full Diagnostic Interview Schedule (DIS) instrument used to assess alcohol abuse/dependency and major depression/dysthymia. Other respondents included in this portion of the survey were individuals who were randomly selected and who did not screen positive for the disorder as well as all participants under the age of 26. Table A shows the demographic characteristics of the surveyed population and the respondents who met depression and alcohol abuse criteria. Table B shows the geographic distribution of respondents who passed the depression and alcohol problem screening questions and therefore were candidates for the DIS.

The Depression Screen questions included the following:

- A. In the past year have you had two weeks or more during which you felt sad, blue, depressed, or when you lost all interest or pleasure in things that you usually cared about or enjoyed?
- B. Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?
- C. How much of the time during the past week did you feel depressed?
- D. Have you felt depressed or sad much of the time in the past year?
- E. Has there ever been a period lasting two weeks or more when you felt tired out all the time even when you had not been working very hard?

The Diagnostic Interview Schedule questions used to assess major depression included the following:

1. In the past year have you had two weeks or more during which you felt sad, blue, depressed, or when you lost all interest and pleasure in things that you usually cared about or enjoyed?
2. Has there ever been a period of two weeks or longer when you lost your appetite?
3. Have you ever lost weight without trying to — as much as two pounds a week for several weeks (or as much as ten pounds altogether)?
4. Have you ever had a period when your eating increased so much that you gained as much as two pounds a week for several weeks (or ten pounds altogether)?
5. Have you ever had a period of two weeks or more when you had trouble falling asleep, staying asleep or with waking up too early?
6. Have you ever had a period of two weeks or longer when you were sleeping too much?
7. Has there ever been a period lasting two weeks or more when you felt tired out all the time?
8. Has there ever been a period of two weeks or more when you talked or moved more slowly than is normal for you?
9. Has there ever been a period of two weeks or more when you had to be moving all the time— that is, you couldn't sit still and paced up and down?
10. Has there ever been a period of several weeks when your interest in sex was a lot less than usual?
11. Has there ever been a period of two weeks or more when you felt worthless, sinful or guilty?
12. Has there ever been a period of two weeks or more when you had a lot more trouble concentrating than is normal for you?
13. Have you ever had a period of two weeks or more when your thoughts came much slower than usual or seemed mixed up?
14. Has there ever been a period of two weeks or more when you thought a lot about death— either you own, someone else's or death in general?
15. Has there ever been a period of two weeks or more when you felt like you wanted to die?
16. Have you ever felt so low you thought of committing suicide?
17. Have you ever tried to commit suicide?



The Alcohol Screen questions included the following:

- A. Have you ever drunk as much as a fifth of liquor in one day?
- B. Has there ever been a period of two weeks when every day you were drinking 7 or more beers, 7 or more drinks or 7 or more glasses of wine?
- C. Did you ever think that you were an excessive drinker?

The Diagnostic Interview Schedule questions used to assess alcohol abuse/dependency included the following:

- 1. How old were you when you first had any wine, beer, or other alcohol at least once a month?
- 2. What is the largest number of drinks that you've ever had in one day?
- 3. Has there ever been a period of two weeks when every day you were drinking at least 5 drinks?
- 4. When was the last time you had a period of two weeks when you drank at least 5 drinks every day?
- 5. Have you ever gone on binges or benders where you kept drinking for a couple of days or more without sobering up?
- 6. Did you ever get tolerant to alcohol, that is you needed to drink a lot more in order to get an effect, or found that you could no longer get high on the amount you used to drink?
- 7. Have you more than once wanted to stop or cut down your drinking but couldn't?
- 8. Some people try to control their drinking by making rules, like not drinking before 5 o'clock or never drinking alone. Have you ever made rules like that for yourself?
- 9. Has there ever been a period when you spent so much time drinking alcohol or getting over its effects that you had little time for anything else?
- 10. Have you ever given up or greatly reduced important activities in order to drink, like sports, or associating with friends or relatives?
- 11. Has your drinking or being hung over often kept you from working or taking care of children?
- 12. Were there ever objections about your drinking from your family?
- 13. Were there ever objection about your drinking from your friends, your doctor, or a member of your clergy?
- 14. Were there ever objections about your drinking from your boss or people at work or school?
- 15. Have the police stopped or arrested you or taken you to a treatment center because you were drinking?
- 16. Did you drink more than once after having these problems?
- 17. Have you ever gotten into trouble driving because of drinking, like having an accident or being arrested for drunk driving?

- 18. Have you ever accidentally injured yourself when you had been drinking, that is, had a bad fall or cut yourself with a knife, been hurt in a traffic accident, or anything like that?
- 19. Have you several times been high from drinking in a situation where it increased your chances of getting hurt for instance, when driving a car or boat, machinery, or guns, crossing against traffic, climbing or swimming.
- 20. Have you ever had blackouts while drinking, that is, where you drank enough so that you couldn't remember the next day what you had said or done?
- 21. People who cut down or stop drinking after drinking for a considerable time often have withdrawal symptoms. Common ones are the 'shakes', being unable to sleep, feeling anxious or depressed, sweating, heart beating fast or the DT's or seeing or hearing things that aren't there. Have you had any problems like that when you stopped or cut down on drinking?
- 22. Have you ever had fits or seizures after stopping drinking?
- 23. Did you ever need a drink just after you had gotten up?
- 24. Have you ever told a doctor about a problem you had with drinking?
- 25. There are several health problems that can result from long stretches of pretty heavy drinking. Did drinking ever cause you to have liver disease, or yellow jaundice, give you stomach disease, or make you vomit blood, cause your feet to tingle or feel numb, give you memory problems even when you weren't drinking, or give you pancreatitis?
- 26. Did you continue to drink more than once knowing that drinking caused you have a health problem?
- 27. Have you ever continued to drink when you knew you had any serious physical illness that might be made worse by drinking?
- 28. Has there ever been a period in your life when you needed alcohol to help you function that is, you could not do your work well unless you had something to drink?
- 29. Has alcohol ever caused you emotional or psychological problems such as feeling uninterested in things, depressed, paranoid, or caused you to have strange ideas?
- 30. When was the last time you had wine, beer, or any other alcohol beverage?

Table A			
Methods/Population Representation			
	Survey Population	Depression Sample	Alcohol Abuse/Misuse Sample
Sex	N=6,946	2139	1180
Men	47.3%	41.7%	71.8%
Women	52.7%	58.3%	28.2%
Marital Status	N=6,933	2133	1178
Married	53.3%	50.9%	51.1%
Never Married	20.7%	21.0%	26.8%
Divorced	13.1%	13.3%	15.0%
Widowed	10.4%	10.7%	3.8%
Separated	2.2%	4.0%	3.2%
Married/Living apart	0.3%	0.1%	0.0%
	100.0%	100.0%	99.9%
Racial/Ethnic Group	N=6,587	2131	1180
White	87.3%	89.3%	88.7%
Hispanic/Mexican	2.4%	2.3%	4.1%
African American/Black	7.9%	7.2%	4.3%
Native American	0.5%	0.3%	0.8%
Other	1.9%	0.9%	2.1%
	100.0%	100.0%	100.0%
Median Age	47	45	41
Education	N= 6935	2136	1174
No Degree	13.7%	15.1%	9.0%
High School	32.4%	33.5%	32.1%
Junior College	32.3%	32.3%	34.6%
Bachelor's Degree	15.5%	13.6%	18.7%
Graduate Degree	6.1%	5.4%	5.6%
	100.0%	99.9%	100.0%
Income	N=3884	1842	1059
Mean Income	\$ 25,749	\$ 24,149	\$ 26,850
Median Income (Category)	25K to 29.9K	25K to 29.9K	30K to 39.9K
Less than 20K	24.0%	30.0%	23.0%
Greater than 60K	13.0%	11.0%	11.0%

Note: Some percentages may not sum to 100% due to rounding.

Table B			
Respondents who passed depression and alcohol screening questions			
	Survey Population	Passed Depression Screener	Passed Alcohol Screener
Community Type	N=6,946		
Farm	18.0%	17.9%	13.6%
Open Country-Not Farm	10.2%	8.6%	12.1%
<1,000	0.148	0.155	0.142
1,000-5,000	0.178	0.166	0.173
5,001-10,000	8.9%	8.9%	9.8%
10,001-50,000	13.6%	14.4%	13.1%
>50,000	16.6%	18.2%	19.9%
Region	N=6,587	2131	1180
Panhandle - Region I	11.4%	12.1%	11.6%
West Central - Region II	12.1%	11.0%	11.7%
Central - Region III	23.3%	23.4%	22.4%
Northern - Region IV	19.8%	18.1%	18.3%
Southeast - Region V	16.7%	17.6%	16.2%
Midlands - Region VI	16.8%	17.9%	19.8%
Availability of Mental Health Provider	N= 6935	2136	1174
No providers	19.6%	19.1%	17.8%
At least one provider	80.4%	80.9%	82.2%

Note: these are persons who passed the screeners. This is not the full sample of respondents who took the diagnostic interviews (DIS).



References

Nebraska Health and Human Services, Department of Services Web Site:

- Behavioral Health Redesign Project, 1994
<http://www.hhs.state.ne.us/beh/bhrp.htm>
Page current as of February 2, 1999

Additional Resources

American Psychiatric Association. (1994). Diagnostic and statistical manual of mental disorders (4th ed.). Washington, DC. .

Bayer, J. & Peay, M. (1997). Predicting intentions to seek help from professional mental health services. Australian and New Zealand Journal of Psychiatry, 31, 504-513.

Craft, B. J. (1995, April). Social support, coping and help seeking attitudes: Decisions to seek treatment for symptoms of depression. Presented at the Midwest Nursing Research Society Conference, Kansas City, MO.

Hoyt, D., Conger, R., Valde, J. G., & Weihs, K. (1997). Psychological distress and helpseeking in rural America. American Journal of Community Psychology, 25(4), 449-470.

Johnson, D. R., Ortega, S. T., & Craft, B. J. (1997). Community economic change and depression: Evidence from the 1980's farm crisis. The Great Plains Sociologist, 10(1), 1-14.

Larson, S. (1998). A descriptive analysis of depression and alcohol problems and helpseeking in Nebraska. (Report prepared as a component of a grant: National Institute of Mental Health [RO1 MH53278-O1A1]. David Johnson, Suzanne Ortega, Principle Investigators). Betty Craft, Peter Beeson Co-Investigators. Lincoln, NE: University of Nebraska, Department of Sociology.

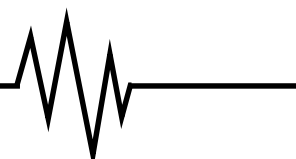
Larson, S., Ortega, S., Craft B., & Johnson, D. R. (1998, July). Predicting the probability of seeking help for alcohol abuse or depression in rural versus urban setting. Presented at the National Association for Rural Mental Health, Bangor ME.

National Association for Rural Mental Health (Winter 1999 Special Issue). Farm Crisis & Mental Health. Party Line, 7(4).

Ortega, S., Johnson, D. R., Beeson, P., & Craft, B. (1994). The farm crisis and mental health: A longitudinal study of the 1980s. Rural Sociology, 59(4), 508-619.

Rost, K., Smith, G. R., & Taylor, J. L. (1993). Rural-urban differences in stigma and the use of care for depressive disorders. The Journal of Rural Health, 9, 57-62.

Sawyer, D. & Beeson, P. (1997). Rural mental health: 2000 and beyond. St. Cloud, MN: The National Association for Rural Mental Health, St. Cloud, MN.



About the Nebraska Health Information Project

The Nebraska Health Information Project is a partnership project made possible with the financial support of the State of Nebraska and through additional personal and other resources provided by the University of Nebraska Medical Center. While initiated by Nebraska Unicameral, the ongoing success of the project results from cooperation and collaboration among a number of organizations and individuals, particularly those involved in delivering health care services, financing health care and analyzing health related data.

Other reports have been published by the Nebraska Health Information Project including annual databooks which present Nebraska health and demographic data at the county, area and state levels. To find out more about these reports and future reports visit our homepage at: <http://www.unmc.edu/nebraska/>

The Nebraska Center for Rural Health Research

<http://www.unmc.edu/rural>

Director: Keith Mueller

Faculty: Li-Wu Chen, Alan Diener, and Joan Penrod

Analysts: Angella Bowman and Wanqing Zhang

Research Assistants: Jaime Holoubek, Brandi Shay, Melanie Smith and Russ Wetzel

Administrative Support: Laura Bashus and Sue Nardie

Order Number: 1999 99 0202
