The Happy Pill: Is anti-depressant medication more effective than alternative methods or simply more cost effective for patients?

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The Happy Pill

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Submitted to
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By
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For
Senior Thesis
Spring 2019
April 29, 2019
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Acknowledgements

First and foremost, I’d like to dedicate this work to my thesis reader, advisor, professor, and friend Matthew Magilke. You’ve been such a mentor to me and I’m truly going to miss you in the years to come. Another influential member of CMC who deserves much gratitude is Diana Graves. Thank you for taking a chance on me and propping me up this past year. Knowing I can call you any time of the day or night has alleviated bouts of anxiety. Additionally, I’d like to thank Charles Griffiths, my college swim coach, who never ceased to check in with me biweekly while I was away. You kept me accountable and connected to the CMC and CMS communities. Next, I’d like to acknowledge all the family and friends who stood by me as I suffered through my own battle of depression and anxiety. My parents, Asif and Anjali, my two brothers, Sameer and Saif, who pushed me to rediscover myself and held me up the entire way through. My best friends Namrata Dev, Nisha Ahluwalia, Jaclyn Klaus, and Yayla Sezginer. The four girls who never stopped checking in, visiting, Face-timing, and calling when I was at my lowest points. I would not have been able to get through those sour months without your love, support, and motivation to get better. Finally, I’d like to thank Jack Creatura. A dear and close friend who became my sole confidant for months and reminded me almost every day that the girl I thought I’d lost in myself was hiding in plain sight. I have endless amounts of love for all these influential people in my life, and I hope this thesis reflects the amount of work that still needs to be done within the mental health community to combat mental illnesses and help people fight their inner demons.
Abstract

On average 322 million people worldwide are affected by depression. It is one of the leading causes of death in the United States and is often paired with anxiety. Although there are several ways to treat both depression and anxiety, the most popular way is through the use of anti-depressant medication. Typical alternative methods are talk therapy and acupuncture, which brings me to my question: Are anti-depressants truly the most effective way to treat depression or are they ultimately the most cost effective for patients suffering from the mental illness because they are the type of treatment most covered by insurance companies?

As such a prevalent mental illness, depression and its treatments are crucial to study and identify. Although depression affects millions of people globally, our information and understanding of the illness is extremely limited. It’s important to not only gain more knowledge about the illness itself, but also to understand the most effective long-term treatments for depression. Ultimately the success of anti-depressants is typically limited to six to nine months depending on the patient, however depression is an issue that usually lasts much longer than that.

In order to answer my question, within this paper I utilize information from Kaiser Permanente. Kaiser is a full-service hospital that provides patients with insurance, doctors, and most importantly has mental health care through their psychiatry department. After going through data on depression, its prevalence, who is affected, what treatment options are most popular, and the role of insurance companies, I ultimately prove my point that anti-depressants are not in fact more effective in the treatment of depression but are generally more cost-effective for patients taking them. My findings
prove another point about the influence big pharmaceutical companies have on insurance companies and further the issues that exist within the medical and mental health services industries. This paper will analyze the data provided by Kaiser in order to accurately depict the prevalence of this mental illness and the future of anti-depressant medication as well as alternative methods of treatment.
Introduction

The purpose of this paper is to discuss the evasiveness of major depressive disorder, its treatment options, and ultimately the inadequacies within insurance coverage of treatments and certain benefit plans. Three hundred and twenty-two million people worldwide suffer from major depression—a silent killer that, left untreated, is often fatal. Concentrating on the United States, depression affects nearly 40 million people, with women being twice as likely to be affected as men. In order to truly understand the causes, effects, and ultimate treatments for the disease, it is important to start out with defining what depression really is. According to Dr. Charles Nemeroff, Chairman of the Department of Psychiatry and Behavioral Sciences at University of Miami, depression is:

“a syndrome, a collection of symptoms like any disease. It happens to be a very common disorder, so that about 11% of men and about 21% of women in their lifetime will suffer with what we call major depression. The constellation of symptoms, of which you have to have five of the nine in the DSM-5 criteria, include such symptoms as sleep disturbance, difficulty falling asleep, having trouble staying asleep, waking up too early, although a small percentage of patients oversleep. A very clear decrease in appetite. Most people, a decrease with body weight loss. Some small number, an increase. Difficulty concentrating, thinking, making decisions…Its cornerstone is the inability to experience pleasure. If you think about the worst day of your life, loss of a loved one, lost your job, breakup of a relationship, think about feeling that way every day and not knowing why. There’s a feeling of hopelessness and helplessness associated with depression that, of course, then leads to suicidal thinking.”

1 “Depression.” Anxiety and Depression Association of America, ADAA, National Institute of Mental Health, adaa.org/understanding-anxiety/depression.
Although a long-winded definition of the illness, this explanation does a great job in trying to describe the indescribable. A major issue with an illness like depression is that there is no real way of understanding it without experiencing it firsthand. It’s like breaking a leg and trying to explain the pain to someone who has never broken their leg—difficult and while there are ways to describe what the pain may be similar to, it’s challenging to accurately describe the way in which a broken leg takes over your life, causing not only pain but difficulty in performing actions that used to come naturally, like walking. In the same way, depression inhibits portions of life and causes mental discomfort and visible alterations in perception, of both the outer world and inner self.

Another concern in discerning depression is the ultimate lack of knowledge within the medical field about the illness. While it’s accurate that doctors know how to identify and potentially treat the illness, the truth is that depression is an enigmatic syndrome that is often treated through trial and error. The American Journal of Medicine acknowledges that not only is depression misunderstood, it’s also inadequately or incorrectly treated, and in some cases even goes undiagnosed. Additionally, they state that, “our understanding of the etiology of depression is rudimentary, but it may involve multiple genes combined with negative life experiences”\(^4\). Depression has no officially known causes. It may or may not be a gene and run in the family. Going through life’s brutalities may or may not be a factor into why some people get depressed. The only reliable known fact is that depression is a serious mental illness that impairs, debilitates,

and in fatal cases, destroys people, and the only way to mitigate such a disease is by furthering the understanding of its causes in order to effectively treat it.

Now that we have sufficiently defined depression it is important to list the different ways a patient can battle the illness. Three basic necessities must be met in order to build a proper foundation for fighting depression: sleep, diet, and physical activity. Unfortunately for people suffering from the illness, it really isn’t as easy as it sounds. Sleep is one of the most vastly affected parts of life, however, whether it be insomnia or oversleeping, it becomes difficult to balance a sleep schedule. The National Institute of Health describes that, “There is strong evidence to support the role of the sleep-wake cycle and circadian rhythm in the pathogenesis of major psychiatric disorders, particularly depression…Disrupted melatonin secretion and abnormal circadian rhythms have been reported among depressed subjects and the elderly”⁵. Essentially sleep is disrupted because normal brain functions are disturbed in depressive patients. However, there also exists a notion that chronic sleep disturbance or deprivation is also a cause for depression and vice-versa. It is analogous to the chicken or the egg theory. While it is helpful to understand why sleep becomes affected by mood disorders, professionals are still uncertain about which way the causation goes.

Diet is another crucial part of healing through the depressive process, yet another aspect of life that becomes disrupted. Lack of appetite, overeating, nausea, and even vomiting are all symptoms of the illness and often times cause haphazard weight loss or

⁵ Al-Abri, Mohammed A. “Sleep Deprivation and Depression: A Bi-Directional Association.” Sultan Qaboos University Medical Journal, Sultan Qaboos University Medical Journal, College of Medicine & Health Sciences, 21 Jan. 2015, www.nebi.nlm.nih.gov/pmc/articles/PMC4318605/.
weight gain. Professionals struggle to determine whether diet is the cause or consequence of depression, similar to their inability to determine whether sleep causes or is disrupted by the illness. However, there is a consensus on the fact that, “A dietary pattern categorized by a high intake of fruit, vegetables, whole grain, fish, olive oil, low-fat dairy and antioxidants and low intakes of animal foods was apparently associated with a decreased risk of depression.” Therefore, regardless of which insufficiency causes the other, professionals can agree on the fact that eating healthy is crucial to living a physically and mentally healthy lifestyle.

Lastly, exercise is an important part of curing the illness, but often difficult to accomplish. Researchers have determined that moderate to high intensity exercise is beneficial in the alleviation of depressive symptoms. In an experiment testing 30 depressed men and women, each of them showed improved symptoms after several weeks of 20 to 40 minutes of brisk walking. Additionally, exercise has proven to have long-lasting benefits on not only depressed patients, but also the general population.

In determining which treatments are appropriate, an exploration of long-term and short-term options will be utilized within this paper. While the three factors listed above are crucial to a healthy foundation, conventional and alternative treatments that aid in battling depression include, but are not limited to, anti-depressant medication,

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acupuncture, and talk therapy. I will explore each of these treatments in-depth throughout the course of my work.
Literature Review

Throughout this portion of the paper, I look at diverse research focused on different types of treatments for depression, specifically anti-depressant medication, Cognitive Behavioral Therapy (CBT), and acupuncture. The purpose of this literature review is to place my own research within the context of existing scholarly works and provide a basis for my understanding and further commentary on this topic.

The first article emphasizes the long-term effects of depression treatment and refers to both anti-depressant medication and CBT as possible options. This work presents an important notion that, “The most commonly used long-term treatment is maintenance antidepressants. However, for most antidepressant drugs, the efficacy of treatment lasting more than 1 year is unknown. The absence of evidence of the long-term therapeutic effects of antidepressant drugs leaves uncertainty and invites controversy.”

This is crucial to recognize because as the most prevalent treatment for depression, the fact that medication has not proven to show effectiveness after just one year of use is alarming. To put statistics to the notion, 10% of Americans take antidepressant medication, with over 60% of those people having taken them for two years or longer.

Recall that roughly 12% of Americans suffer from major depression, which leaves only 2% of patients who utilize either alternative methods to combat depression or no method.

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at all. The good news is, anti-depressant medication is not the only mode of treatment.

This article also talks about a Cognitive Behavioral Therapy trial in which:

“469 primary care patients with depressive symptoms of at least moderate severity despite adherence to antidepressant treatment were randomly allocated to be offered a course of 12 to 18 sessions of individual CBT or to continue their usual care that included antidepressants…Those who were offered the adjunctive CBT had fewer depressive symptoms and…showed that the benefits of CBT were fully maintained”\textsuperscript{10}.

As an aside, Cognitive Behavioral Therapy is, “a directive, time-limited, structured approach used to treat a variety of mental health disorders. It aims to alleviate distress by helping patients to develop more adaptive cognitions and behaviors”\textsuperscript{11}. It also studies the link between emotions, thoughts, and behaviors within patients. The largest reason why adjunctive treatments were so beneficial in the trial was because CBT is a \textit{long-lasting} treatment. The techniques taught in therapy are utilized by patients long after CBT is over, which in my opinion, makes it more effective than long-term antidepressant use.

Continuing on the topic of the effectiveness of CBT and drawbacks with antidepressant medication, another journal discusses an additional downside with the medication as being, “relatively safe and work for many patients, but there is no evidence that they reduce risk of recurrence once their use is terminated…about half of all patients


will respond to a given medication”\textsuperscript{12}. Therefore, although anti-depressants are a seemingly prevalent and safe option, the lasting effects have been unidentifiable in psychiatric research. On the other hand, however, CBT seems to be effective as a treatment for depression and studies suggest that it can even work for cases of severe depression depending on the therapist. Additionally, “Not only can CBT relieve acute distress, but it also appears to reduce risk for the return of symptoms as long as it is continued or maintained. Moreover, it appears to have an enduring effect that reduces risk for relapse or recurrence long after treatment is over”\textsuperscript{13}. This statement corroborates the earlier conception that CBT is a lasting treatment, and unlike medication, its effects continue long after treatment is halted. A final concept this article ends on, which is crucial to recognize, is that, “Good medical management of depression can be hard to find, and the empirically supported psychotherapies are still not widely practiced. As a consequence, many patients do not have access to adequate treatment”\textsuperscript{14}. As such a toxic and rampant illness, depression should have a breadth of treatments and empirical research done in disorder management and treatment options, however the psychiatry field is lacking on both fronts. Unfortunately, as stated earlier, most treatments for depression ultimately become a trial and error process, since one size sadly does not fit all in the realm of the illness.


\textsuperscript{13} Hollon 39 – 77

\textsuperscript{14} Hollon 39 - 77
Despite this pitfall within depression treatments, medication and CBT are not the only two options patients have. Acupuncture is another alternative option and is the most anciently tested of the three. A bit of background on the method, “Acupuncture is a technique in which practitioners stimulate specific points on the body—most often by inserting thin needles through the skin. It is one of the practices used in traditional Chinese medicine”\(^{15}\). Acupuncture is known to treat pain conditions such as low-back pain, neck pain, headache, and other conditions. The major benefit of the practice is there are few to no complications involved. Unfortunately, there has been limited research done on its benefits to treat depression. Luckily, this next article reviews several clinical applications of the treatment for depression. In early segments of the paper, it talks about the ineffectiveness of medication and therapy stating, “Although pharmacological and psychotherapeutic interventions alleviate depression in 50% to 70% of treatment completers, 47% to 64% of all patients fail to recover at all”\(^{16}\). By these statistics, roughly half the number of people who suffer from depression, never recover. That gives way for alternative treatments such as acupuncture, which has limited to no side effects or complications. The true goal of acupuncture is to restore health by stimulating specific pressure points around the body. Once a diagnosis is complete, “the acupuncturist synthesizes and analyzes the symptoms and signs gathered from the history of the illness and from physical examination”\(^{17}\). In my personal experience, the acupuncturist measures


\(^{17}\) Fenn and Byrne 579 – 585
heart rate, checks the color of the tongue, and asks brief questions about the severity and length of time the ailment has been present. Once the acupuncturist has completed the diagnosis, they determine how many needles to utilize and the locations of each pressure point to stimulate. At one time, I have had up to as many as 30 needles in my body, each one targeting a different point and therefore aiming to alleviate a different symptom. In more scientific terms:

“Acupoints can be thought of as interconnected nodes in this functional network. Psychiatric symptoms of depression and anxiety are associated with key neurotransmitters, such as 5-HT, NE, and DA, as well as endorphin hormones… Several animal and human experimental studies indicate that acupuncture needling has demonstrable physiological effects and that it may modify the neural functioning currently believed to be implicated in the pathophysiology of affective disorders. Acupuncture is thought to influence neuroendocrine and immune systems, and it may treat depression by regulating levels of 5-HT, NE, DA, endorphins, or glucocorticoids and by stimulating hypothalamic and hippocampic response”18

Essentially by stimulating certain points, the needles are able to influence different hormones within the interconnected neural channels within the brain and body. Although it takes several treatments and a period of time to see a difference, acupuncture is a promising path that does in fact work. An 8-week study was performed of 151 men and women with major depressive disorder and, “there was a significant decrease in depression severity by the 17-item HDRS across the entire sample, but the rate of change varied by group. Active and nonspecific acupuncture both were significantly more effective than the [control] group”19. Although limited research has been conducted, the

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18 Fenn and Byrne 579 – 585
19 Fenn and Byrne 579 – 585
clinical trials that have been executed have shown that acupuncture is an effective and safe treatment option.

Regarding insurance and coverage of mental health services and benefits, the next article exemplifies the unmet needs of people suffering from a general composite of mental illnesses, as well as the existing barriers to mental health treatments. While the article generalizes mental illnesses as a whole, it displays the prevalence of mediocre insurance coverage as a greater issue than simply to do with depression. In order to collect the data necessary for this study, researchers sampled over 36,000 adults between the ages of 18 – 64 and utilized regression models to identify the predictors of treatment and unmet need. This resulted in uncovering the fact that, “Substantial numbers of adults with mental illness did not receive treatment (any mental illness: 62%; serious mental illness: 41%) ... Among adults with any mental illness and perceived unmet need, 72% reported at least one structural barrier and 47% reported at least one attitudinal barrier.” The barriers that are apparent in the study are structural and attitudinal. Structural barriers are typically obstacles or burdens that include difficulty with, “transportation, clinic and appointment wait time, and copayments and health insurance.” On the other hand, attitudinal barriers consist of patients believing the

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mental illness will resolve itself, avoidance behavior in seeking treatment, and the general stigma behind mental ailments.\textsuperscript{23} Regardless of the type of barrier a patient experienced, it is important to recognize that this study covered the entirety of mental illnesses as well as people with and without health insurance. Although an extremely generalized study, on a micro-level with reference to solely depression, recent reports stay consistent with the data present in this study. According to a report on the prevalence of depression and spending for treatment, “despite more widespread health coverage in 2015, disparities remained in treatment rates. For example, treatment rates for whites was more than twice the treatment rate for blacks and was also significantly higher for females than for males.”\textsuperscript{24} Additionally, the article mentions that policy changes ultimately reduced the cost of care for depression patients. Although a positive notion, “care” does not necessarily include the breadth of treatment options available. In this case, “care” resembles a decrease in cost for anti-depressant medication. While some treatment is more beneficial than no treatment, long-term solutions should be prioritized over short-term fixes of such a pervasive illness. In the data and results section of my paper, I will delve into the coverage options within mental health services.


Hypothesis & Methodology

The overall purpose of this paper is to demonstrate that while anti-depressant medication is a cost-effective treatment option for patients, the long-term failure of medication in regard to remission and relapse displays the lack of effectiveness of medication as a treatment for major depression. Additionally, alternative treatments such as cognitive behavioral therapy and acupuncture have been proven to be more efficient long-term options, however many insurance companies either cover a small portion or none of the cost of these alternative methods.

Acupuncture specifically is less likely to be covered by insurance companies and benefit plans, most likely due to its recent prevalence in Western Medicine. According to Consumer Reports, “On average, people spent more than $200 out of pocket over the course of their full treatment for acupuncture…almost one in four spent $500 or more. That compares with about $80 that people spent out of pocket for care from an M.D.”25 The article continues to go on and mention that the typical insurance coverage is highly unlikely to cover acupuncture, and it is usually the more expensive insurance plans that do subsidize the cost of acupuncture treatment. Essentially, either you pay a high monthly premium for great insurance or you pay $200+ out-of-pocket for your acupuncture treatments. In my personal case, I was averaging about $300 per week on acupuncture—after a discount. We submitted the claims to our large deductible insurance company and were able to get a good portion of the acupuncture covered. However, it took hours of

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phone conversations and email exchanges with our insurance company, a referral from my psychiatrist, and a detailed explanation of each treatment from my acupuncturist. The obstacles that are present to lower the cost per acu-session give more reason to choose the mainstream method of anti-depressant medication—a treatment that costs anywhere from $10 – 20 for a three month supply.

The insurance coverage for Cognitive Behavioral therapy or other types of therapy, constitutes that the cost of a select number of 50-minute sessions with an approved therapist from their list is included in their coverage. In other words, if a specific therapist suits a patient needs, but is not on the “approved list”, the patient will pay out-of-pocket fees. Regardless, since therapy has been prevalent in the US much longer than acupuncture, many insurance plans will cover or deduct the cost of each session. For example, under every Kaiser Benefit Plan, a patient has the option of utilizing either Kaiser’s in-house therapists or certain therapists who are contracted out at a lower price than face-value26. However, finding a therapist within a 2-week notice is highly unlikely, as well as finding a therapist accepting new patients. A large analysis on U.S. graduate students and mental health, “found average wait times for care of more than 10 weeks”27. Unfortunately, with such a high demand for mental health care, the industry cannot keep up and struggles to provide for everyone in need.

The methodology of this study is one of the most crucial aspects of my thesis because an unreliable method ultimately produces results that are equally as

26 Kaiser Plan Benefits – Table 1
undependable and unfortunately undermines the purpose of this paper. I broke down my methodology into several different steps. To start off, I utilized figures and charts found through research to portray the prevalence and overall issue of depression throughout the United States. I then go into antidepressant use and different studies done on the effectiveness and use of medication. I also provided some data on therapy and acupuncture as alternate treatment options, however there were limitations in my accessibility to that data. Although depression is a global problem, in order to keep my data concise and accessible, I chose to concentrate on California and utilized Kaiser Permanente as my focus for this study. Kaiser offers services across the West Coast, predominantly in Northern and Southern California. They have an Adult Psychiatry branch as well as provide health insurance to patients. They have a breadth of Benefit Plans to choose from, which I will go into more depth on in a later section. Next, I centralize on the general benefits provided by each Kaiser plan as well as the mental health benefits. Unfortunately, since I myself do not subscribe to most of the plans offered, I was unable to gain detailed descriptions of each plan’s mental health benefits. There was a lack of transparency I was faced with during the research process; however, I include all the information I had access to about my personal coverage plan, which differentiates between the types of therapies offered as well as certain psychological tests available.
Data and Results

My data is broken down into five different segments: depression rates, income levels of depressive patients, prescription medication usage, alternate therapy frequencies, and Kaiser Benefit plans. To start off, below is a chart establishing the prevalence of depression in the US, experienced by Americans ages 20 and older.

As seen in Figure 1 above, the most common rates of depression are suffered by women between the ages of 40 – 59 years old, while men between the ages of 40 – 59 years old are least affected by the illness. Although, women are more impacted by depression than men, this disease does not discriminate. Though the data is a bit dated, the rates of

Source: Center for Disease Control

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Depression have not shown to decrease or increase with significance. Another important data point to understand is the differing income levels amongst patients with the illness.

Figure 2. Percentage of persons aged 20 and over with depression, by family income level around Federal Poverty Line (FPL): United States, 2013-2016.

Depression is an affliction suffered by individuals of all income levels, but predominantly the lower class. Currently in 2019, with the Affordable Healthcare Act, regardless of socioeconomic status or health ailments, everyone is covered by some form of health insurance. However, this does not mean that the health insurance utilized by members of the lower class is sufficient beyond providing for general primary care. As stated earlier in my paper, alternative treatment options are often only covered or deductible through

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expensive insurance plans. Within the next portion of my paper, I will discuss varying treatment options and portray the dominance of antidepressant use, decent therapy rates, and typical acupuncture statistics.

Below is a startling, but evocative chart displaying the popularity of antidepressant prescription rates and use, divided by type of prescribed psychiatric drug. With Xanax as the most popular, by a large margin, and Valium as the least popular, roughly 217 million antidepressants are prescribed within the United States.

Figure 3. America’s most prescribed Psychiatric Drugs: by type, number, and rank

Source: The Renegade Pharmacist³⁰

That makes it the second most written prescription after drugs used to lower cholesterol and results in an estimated $10 billion in costs\(^{31}\). Although a viable method of treatment in the short-term, as I stated earlier, the effectiveness of medication after one year has yet to be proven. The perpetual push of antidepressant medication can be attributed to the economic benefits that prescription medication provides the pharmaceutical industry. To showcase the amount of money big pharma has the potential to make, assume that everyone on anti-depressant medication pays the lowest cost at $10 for each prescription. With 217 million prescriptions, the pharmaceutical industry will make a minimum of $2.17 billion. In regard to this paper, the fact that big pharma makes billions on our mental health is important because of its connection to insurance providers. According to the Center for Clinical Quality and Safety, “recent events and reports increasingly suggest misalignment between the interests of the pharmaceutical industry and those of public health…pervasive lobbying and political ties limit the independence of regulatory bodies”\(^{32}\). The lack of separation between big pharma and its regulatory bodies showcases vulnerabilities within the system and offers a conception that big pharma is capable of influencing insurance companies as well. The relationship between insurance companies and pharmaceutical companies is a difficult one to ignore, and an issue


frequent within the entire industry, not only regarding antidepressants. Somehow even our mental health has become an asset worth capitalizing upon.

While there is readily available data on antidepressant use, prescription rate, and prevalence, the search for similar statistics about therapy and acupuncture as treatment options is not as easily accessible. This creates the notion that alternative therapies are simply not as invested in, in reference to both psychiatric studies on alternate therapies as well as research on who and how many people utilize non-medication treatments. Below is the sole data I found concerning therapy as treatment for mental health disorders overall. Keep in mind, since this does not refer to major depression specifically and is all encompassing of every mental health disorder, it is difficult to disaggregate the number of patients who seek therapy solely for depression. Additionally, the data point for counseling also includes “any treatment” as an option. Without knowing each exact response, it is impossible to know just how many people seek therapy as their only treatment option and solely for depression.

Figure 4. Mental Health Treatment/Counseling Among Adults Aged 18+ by Sex: United States 2009

Past Year Mental Health Treatment/Counseling* Among Adults Aged 18 and Older, by Sex, 2009

*Excludes treatment for alcohol or drug use. Respondents could report more than one type of treatment.

Twice as many women seek out therapy (or any type of treatment) as compared to men. This graph also indicates that prescription medication is not as prevalent as any type of treatment/counseling. However, disaggregating the type of treatment into different segments, would disrupt the notion that prescription medication is the second most popular mode of treatment. A limitation to observe is that the data is a decade old and may have altered over the last 10 years.

The data about the prevalence of acupuncture treatment is non-existent as far as publicly accessible statistics go. As stated earlier, there have been limited clinical trials or studies done on the benefits of acupuncture to treat depression/mental health, or even the effectiveness of acupuncture in general. However, as far as the trials that have been completed, all signs point to acupuncture as an advantageous treatment for mental health. Similar to studies done in reference to both talk therapy and antidepressants, a study comparing acupuncture and antidepressants that lasted six weeks showed that, “no significant difference in effect was registered; symptoms of depression improved in both groups. However, change in anxiety somatization was significant in the acupuncture group (P < .01) compared with the control group”33. While antidepressants over this six-week period had the same effectiveness on depression as acupuncture does, the decrease in anxiety of the acupuncture group is what is important to note of this study. Often times depression is paired with other mental ailments, anxiety being one of them. Typically, if a patient is able to mitigate one or several of their illnesses, overcoming depression

becomes much easier than if they were to be struggling with all their ailments at once. The fact that acupuncture is proven to decrease anxiety within such a short amount of time presents a promising sign that a patient will be able to learn to mitigate or expel their depression completely as well.

For this section of my data and results, see Figure 5 below. Since I am concentrating on Kaiser Permanente’s mental healthcare, I compiled a chart of several of their benefit plan options, how much each option costs, the deductible amount, maximum out-of-pocket, notable benefits, and finally mental health benefits. The HMO Plan is my personal plan and I included it as I was able to uncover a few more details about my plan over the others. The higher the monthly premium, the cheaper the benefits are as well as the higher the deductible becomes. The positive aspect of each plan, however, is that while the pricing differs, they all provide the same basic care: routine physical exams, primary care office visits, emergency and urgent care visits, mental health visits, and prescription medication. Unfortunately, no plan provides coverage for alternative therapies, including acupuncture. A lot of treatments not included within this chart end up becoming out-of-pocket costs for patients—some of which are not affordable. Therefore, despite how effective a treatment may be in the grand scheme of a patient’s health, both mental and physical, if the cost surpasses the amount a patient is able to pay, they will not seek out that specific treatment. The upside in this, however, is that acupuncture in Western medicine is fairly new, and as time and trials continue, hopefully insurance companies will view it as something both profitable for them and beneficial for their customers to cover and/or deduct from their medical bills.
### Figure 5. Kaiser Benefit Plans

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>HSA Bronze</th>
<th>HSA Silver</th>
<th>Deductible Bronze</th>
<th>Deductible Silver</th>
<th>Copayment Gold</th>
<th>Copayment Platinum</th>
<th>Deductible Catastrophic</th>
<th>HMO Plan*</th>
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<tr>
<td>Monthly Premium</td>
<td>$275.64</td>
<td>$319.49</td>
<td>$283.61</td>
<td>$374.24</td>
<td>$412.10</td>
<td>$476.51</td>
<td>$237.36</td>
<td>$460</td>
</tr>
<tr>
<td>Annual Medical Deductible (individual/family)</td>
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<td>$3,000/$6,000</td>
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<td>None/None</td>
<td>None/None</td>
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<tr>
<td>Max Out-of-Pocket (individual/family)</td>
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<td>$6,500/$13,000</td>
<td>$7,500/$15,100</td>
<td>$7,350/$15,400</td>
<td>$3,350/$6,700</td>
<td>$7,900/$15,800</td>
<td>$1,500/$3,100</td>
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</tr>
</tbody>
</table>

#### Notable Benefits

- **Routine physical exams, mammograms, etc. (no charge)**
- **Primary care office visit (40% after deductible)**
- **Most lab tests (40% after deductible)**
- **Emergency & urgent care visit (40% after deductible)**

#### Mental Health Benefits

- **Mental health visit (40% after deductible)**
  - **Prescription drugs**
    - Generic (40% after deductible, up to $500 per prescription)
    - Preferred brand (40% after deductible, up to $500 per prescription)
    - Non-preferred brand (40% after deductible, up to $500 per prescription)
  - Specialty (40% after deductible, up to $500 per prescription)
- **Office visits ($50, additional visits $75 after deductible)**
  - Prescription drugs
    - Generic (15% after deductible, up to $250 per prescription)
    - Preferred brand (15% after deductible, up to $250 per prescription)
    - Non-preferred brand (15% after deductible, up to $250 per prescription)
  - Specialty (15% after deductible, up to $250 per prescription)
- **Mental health visit ($10)**
  - Prescription drugs
    - Generic ($15)
    - Preferred brand ($15)
    - Non-preferred brand ($15)
  - Specialty ($10 up to $250 per prescription)
- **Mental health visit ($30)**
  - Prescription drugs
    - Generic ($30)
    - Preferred brand ($30)
    - Non-preferred brand ($30)
  - Specialty ($10 up to $250 per prescription)
- **Mental health visit ($150)**
  - Prescription drugs
    - Generic ($150)
    - Preferred brand ($150)
    - Non-preferred brand ($150)
  - Specialty ($10 up to $250 per prescription)
- **Office visits no charge, additional visits no charge after deductible**
  - Prescription drugs
    - Generic ($30)
    - Preferred brand ($30)
    - Non-preferred brand ($30)
  - Specialty ($10 up to $250 per prescription)
- **Individual therapy ($30)**
  - Group therapy ($15)
  - Psychological testing ($15)
  - Intensive outpatient program (no charge)
  - Prescription drugs
    - Generic ($30)
    - Preferred brand ($30)
    - Non-preferred brand ($30)
  - Specialty (20% up to $250 per prescription)

**Source:** Kaiser Permanente, www.kp.org
Conclusion

This paper displays the prevalence of major depressive disorder, its impacts on the wellbeing of those affected by it, treatment options available, and the lack of coverage provided by insurance companies. Mainstream treatments such as anti-depressant medication are widely available, however, according to psychiatrists Uher and Pavlova, the effectiveness of medication on its own has not proven to be efficient beyond one year. While treatment options such as cognitive behavioral therapy and acupuncture exist, the out-of-pocket cost to the consumer for either option makes them less appealing and more financially arduous in nature. Throughout the studies explored in this paper, the results reflected several notions about depression and the way it is handled by both patients and the healthcare system.

As one of the most prevalent mental illnesses, depression affects nearly 322 million people globally. The data demonstrates that it is an ailment predominantly suffered by the lower class, which adds to problematic disposition of limited insurance coverage for alternative treatments. While there are several treatment options available, anti-depressant medication is the lowest priced treatment covered by insurance, which speaks to the popularity of pills within America—reflected in Figure 3 of the data and results section. However, as a long-term option, medication is not the most beneficial method. Despite the short-term benefits, research reflects the high relapse rates of patients on medication, while patient’s utilizing cognitive behavioral therapy have a higher rate of remission, according to studies performed by Hollon, Thase, and Markowitz. Acupuncture is another method that not only alleviates symptoms of both
depression and anxiety, but expels them completely in the long-term, with little to no side effects or complications. A major downside to both acupuncture and CBT is the lack of coverage insurance companies provide. While a select number of therapy sessions are usually covered, typically only expensive insurance plans are willing to cover acupuncture treatments. For people from a lower socioeconomic background, that becomes a financial burden they most likely cannot bear. Regardless of socioeconomic background, however, the issue of effective treatments for depression still stands for any person afflicted by the illness.

With such large a prevalence, but limited knowledge on how to fully combat it, depression is a mental plague that needs to be better understood in order to eliminate it entirely. As reflected by the studies analyzed within this paper, anti-depressant medication is simply a Band-Aid solution that, although works for some in the short-term, does little to nothing in actually curing patients with depression. Alternative treatment options such as acupuncture and cognitive behavioral therapy need more research and evidence of effectiveness to present to insurance companies and ultimately become options that are not just deductible, but fully covered. Based on the evidence provided within this paper, there is no one happy pill out there that can fix any sort of mental illness, and hopefully the healthcare community works towards a better solution for the future.
Works Cited


“Depression.” Anxiety and Depression Association of America, ADAA, National Institute of Mental Health, adaa.org/understanding-anxiety/depression.


