

Epidemiology and Health Surveillance

by Nurse Imperial

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Mental illness remain a leading public health concern and cause of morbidity and disability globally and in the United States. Disorders such as depression have significantly increased in the US, contributing to negative physical, social, and economic outcomes (McDaid et al., 2019). While depression can affect all people equally, determinants of health contribute a significant part in the geographic disparities in its occurrence. The discussion explores the epidemiologic principles and measures used in addressing depression among African Americans in Kings County, New York. It also examines the depression prevalence, incidence, and mortality rates, the use of surveillance in addressing the determinants of health, and ethical concerns related to surveillance among African Americans in the county.

At the national and county level, epidemiologic principles and measures such as prevalence, incidence, and mortality are used in addressing the problem. Prevalence entails the number of people with mental illness at a given point in time within the population, while incidence rate refers to the cases within a specific period (Zeni, 2019). Pertinent to the practice problem, mortality implies the number of deaths associated with the disorder directly or indirectly. At the national level, McKnight-Eily et al. (2021) reported that approximately 51 million adults had serious mental illness, including depression. With a specific focus on depression, Goodwin et al. (2022) found that 9.2%¹ of Americans aged 12 years and over had experienced a past-year major depressive episode in 2020. Daly et al. (2021) found a higher prevalence (14.4%), although the study focused on adults aged ≥ 18 . At the county level, statistics from the National Alliance on Mental Illness (NAMI, 2021) revealed that almost 2.8 million New Yorkers have a mental condition, including depression. Kings County reflects the rising trend of depression and other mental health disorders, especially among racial/ethnic

minorities. The county ranks third in terms of mental health encounters related to depression (11.4%), with a disproportionate burden on the Black or African American population (NYC Health + Hospitals, 2022). Studies have also associated depression with a lower life expectancy, with many living 15-25 years less because of associated risk of suicide and injuries (McKington-Eily et al., 2021). While deaths from suicide are high across the New York state, Kings County compares favorably with a rate of 4.4% versus 5.9% (NAMI, 2021).

Mental health surveillance has substantial implications on the mental health outcomes of this population. According to Eberhart et al. (2019), surveillance of mental health indicators can inform policy and programs. In addition, monitoring mental health status at the population level could inform policymakers about the causes of disparities across geographic regions, genders, and age groups (BinDhim et al., 2020). Healthcare professionals could also use the data sets from robust surveillance systems to implement strategies that target a group's specific circumstances that predispose it to depression (Bitsko et al., 2022). However, establishing a surveillance system for mental health requires several ethical considerations. According to Tulchinsky (2018), public mental health surveillance should adhere to the principles of confidentiality, informed consent, and respect for human rights. Nevertheless, the process would also demand strategies to address distrust among African Americans, considering the populations experiences of socioeconomic injustice and racism (Best et al., 2021). In this regard, it is essential to anticipate resistance from the population when conducting public surveillance because of the embedded distrust with the system.

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