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Learning Series - #38



Understanding Depression



Depression is one of the most common psychiatric conditions encountered in life insurance underwriting, but its **severity and long-term risk can vary significantly**. Accurate assessment requires consideration of the diagnosis, treatment history, current functioning, recurrence patterns, and any **history of suicidal ideation or self-harm**, together with important factors such as age and gender.



Across North America, **rates of depression and suicide-related behaviours have increased over the past decade**, particularly among adolescents and young adults. While many individuals respond well to treatment and maintain stable functioning, others experience recurrent illness, functional impairment, or suicidality that may **substantially increase mortality risk**. Understanding these risk factors remains essential in underwriting.



Depression Prevalence Overview

Population Group	United States	Canada
Adult depression	13.1%	7.6% major depressive episode
Lifetime prevalence	29.0%	~20% experience mental illness annually
Gender pattern	Higher in females	Higher in females
Highest risk age group	Ages 18–25	Ages 15–24
Adolescent	20.1%	~20%

Major Depressive Disorder (MDD) is among the most widespread psychiatric conditions in North America. Prevalence is consistently **higher in females than males** and **highest among adolescents and young adults**, who also demonstrate higher rates of suicidal ideation and self harm behaviours.



Age and gender influence both presentation and mortality risk:

Gender	Key Clinical Observations	Risk Assessment Implications
Female 	Higher rates of depression and anxiety	- Higher prevalence - Not necessarily higher mortality
Male 	- Most suicide deaths - Less likely to seek treatment - Higher substance use	- Higher mortality despite lower reporting - Potential underreported severity - Compounds mortality risk





Age and Gender Risk Factors



Women
Higher Depression
& Anxiety



Men
Higher Suicide
& Substance Use

Adolescents - Young Adults

Bullying, Social Media, Family Conflict,
Self-Esteem

Middle Aged

Job Stress, Health
Issues

Divorce, Health
Issues

Older Adults

Isolation, Bereavement,
Chronic Illness

Bereavement,
Chronic Illness



Risk also varies by life stage:

Adolescents

Adolescents often
face bullying, social
media stress,
family conflict, and
self esteem issues.

Young adults

Young adults
commonly
experience
academic pressure,
financial instability,
relationship
difficulties, and
substance use.

**Middle aged
adults**

Middle aged adults
may encounter
occupational
stress, divorce, or
chronic medical
illness.

Older adults

Older adults are
more vulnerable
to isolation,
bereavement,
chronic disease,
and cognitive
decline.



Although depression prevalence may decline somewhat in older age groups, suicide attempts among older adults tend to be more lethal, resulting in a higher mortality risk.



Types of Depressive Disorders

Depression exists on a broad clinical spectrum, ranging from temporary stress related reactions to severe recurrent psychiatric illness. Different depressive disorders carry distinct underwriting implications based on chronicity, recurrence risk, functional impairment, and suicidality.

Disorder	Brief Description	Underwriting Considerations
Situational Depression (Adjustment Disorder with Depressed Mood)	Stressor-related, short-term	Assess stressor resolution, duration, functional recovery
Major Depressive Disorder (MDD)	Episodic; ± trigger; may be recurrent or chronic	Recurrence, hospitalization, suicidality, disability, and long-term mortality
Persistent Depressive Disorder (Dysthymia)	Chronic low mood ≥2 years	Chronicity and functional impact
Seasonal Affective Disorder (SAD)	Seasonal, typically winter	Cyclical; usually milder; assess impact
Perinatal/Postpartum Depression	During or post pregnancy	Assess severity, recurrence, suicidality risk
Psychotic Depression	Depression with psychosis	High psychiatric and mortality risk
Premenstrual Dysphoric Disorder (PMDD)	Cyclical, menstruation-related	Episodic; assess severity and function
Substance/Medication-Induced Depressive Disorder	Substance/medication-related	Underlying substance use and recurrence risk
Bipolar Depression	Depression within bipolar disorder	Instability and high suicidality risk



Suicidal Ideation (SI)

Suicidal ideation (SI) refers to thoughts of death, dying, or self-harm. It exists on a **spectrum of severity**, ranging from passive thoughts without intent to active ideation with planning. The **presence of intent and planning is the key determinant of risk severity**.

From an underwriting perspective, SI is a major indicator of excess mortality risk. **A prior suicide attempt remains the strongest predictor of future suicide risk.**



Key Distinction

Passive SI = desire for death without action

Active SI = intent ± planning → materially higher risk



Risk escalates when intent, planning, and capability coincide





 Suicidal Ideation (SI): Underwriting Interpretation Framework

SI Type	Clinical Features	Risk Drivers / Modifiers	Underwriting Interpretation
Passive SI (Transient)	Thoughts of death without intent; situational or short-term	• Mild depression or stressor-related • Stable function • No prior attempts	Lower relative concern (context-dependent); confirm resolution and stability
Passive SI (Persistent)	Recurrent or ongoing thoughts without intent	• Moderate-severe depression • Functional impact • Possible comorbidities	Intermediate risk; assess duration, progression, and treatment response
Active SI (No Plan)	Suicidal thoughts with intent but no preparation	• Greater symptom severity • Impaired functioning • Substance use or instability	Elevated risk; assess frequency, control, and overall clinical context
Active SI (With Plan)	Defined method, intent, or preparation	• Prior attempts • Severe depression or psychosis • Substance use • Functional impairment	High-risk profile; focus on immediacy, history, and durability of recovery
History of Suicide Attempt	Prior self-harm or attempt	• Strongest predictor of future suicide risk • Often linked to severe or recurrent illness	Very high-risk indicator; requires careful assessment of stability and recurrence

 Clinical Assessment Tools

DSM 5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition)

The **DSM 5** is the standard diagnostic classification system used to diagnose mental disorders, including Major Depressive Disorder. It defines MDD based on the **number, type, and duration of symptoms**, as well as their impact on social and occupational functioning.

From an underwriting perspective, the DSM 5 serves primarily as a **severity and diagnostic framework**.

It supports:

- Validation of diagnosis credibility
- Differentiation of mild vs severe illness
- Identification of higher-risk features (functional impairment, chronicity, psychotic features, suicidality)

Key limitation: DSM 5 does not quantify symptom severity or track change over time.



PHQ 9 (Patient Health Questionnaire 9)

The **PHQ 9** is a widely used, validated **self report screening questionnaire** assessing depressive symptoms over the **prior two weeks**. Each of its nine questions aligns directly with DSM5 criteria for MDD.

In underwriting, PHQ 9 supports:

- **Severity quantification**
- **Monitoring trends** (improvement, stability, relapse)
- Correlation with functional status when consistent with clinical records

Key limitation: Should not be **used in isolation**; results are subjective and dependent on self-reporting.



PHQ-9 Score	Depression Severity	Clinical Interpretation
0-4	Minimal	No significant depression
5-9	Mild	Mild depressive symptoms
10-14	Moderate	Clinically significant depression
15-19	Moderately severe	Functional impairment likely
20-27	Severe	Severe depression, increased suicidality risk





 Comorbidities and Compounding Risk

Depression frequently coexists with psychiatric and medical comorbidities that can materially increase mortality risk. The presence of multiple conditions should prompt **heightened scrutiny and integrated risk assessment**.

Common Comorbidities with Underwriting Impact

Comorbidity	Risk Contribution	Underwriting Considerations
 Anxiety disorders	Mild-moderate additive risk	Common co-occurrence; assess severity and functional impact
 Alcohol misuse	Significant mortality increase	Associated with relapse, poor control, and increased suicide risk
 Substance use disorder	Major adverse risk factor	Linked to impulsivity, non-adherence, overdose, and instability
 Bipolar disorder	High instability risk	Increased recurrence, mood variability, and suicidality
 Personality disorders	Elevated self-harm risk	Associated with chronic instability and behavioral risk patterns
 Chronic pain syndromes	Moderate- high additive risk	Chronic pain may worsen depression, impair functioning, increase opioid use, and elevate suicide risk
 Chronic medical illness (e.g., cardiovascular disease, diabetes, cancer, neurologic disorders)	Compounded mortality risk	Medical illness may worsen depressive symptoms, reduce treatment adherence, impair functioning, and increase overall mortality

 **Key Insight:** Substance use requires particular attention due to its strong association with **impulsivity, treatment non-adherence, relapse, and overdose risk**, all of which significantly compound mortality risk.





Depression Severity and Risk Assessment

Depression severity and functional impact provide the clinical foundation for underwriting assessment. However, overall risk is not determined by severity alone. It reflects how severity interacts with additional dimensions, particularly **suicidal ideation, functional status, stability over time, hospitalization history, and disease course**.

The framework below integrates these key factors into a structured, multi-dimensional view to support consistent and comprehensive risk evaluation.

Assessment Factor	Mild / Low Risk	Moderate / Intermediate Risk	Severe / High-Risk
Clinical Severity	Mild symptoms; minimal impairment	Moderate symptoms; clear functional impact	Severe symptoms; marked impairment ± psychosis
Functional Status	- Working full-time - No disability - No hospitalization	- Reduced work capacity - Intermittent absence or STD - Possible functional limitation	- Unable to work - Disability or dependence - High functional impairment
Suicidal Ideation (SI)	None or passive, transient	Persistent passive or active (no plan)	Active with plan, recent SI, or prior attempt
Hospitalization History	None	Remote or single episode	Recent or recurrent hospitalization
Course Pattern	Single, situational episode	Recurrent but stable between episodes	Chronic, relapsing, or worsening pattern
Stability / Time Since Last Episode	Favourable: ≥6–12 months with full remission, no recurrence, stable functioning	Expected: ≥1–2 years with sustained stability, no relapse, consistent functioning and treatment adherence	Required: ≥1–3 years with durable remission, no relapse, stable function, good symptom control
Key Underwriting Focus	Confirm sustained stability and recovery	Assess consistency, treatment adherence, and recurrence	Assess severity, suicidality history, and durability of recovery



Common Treatment Approaches

Treatment depends on illness severity, recurrence, and associated suicidality. Many individuals respond well to therapy and medication and are able to maintain stable occupational and social functioning.

Treatment Type	Typical Use
- Cognitive Behavioral Therapy (CBT) - Psychotherapy/Counselling - Antidepressant medication (SSRIs/SNRIs) - Combination therapy - Psychiatric hospitalization - Lifestyle interventions	- Mild to moderate depression - Situational stress, anxiety, coping support - Moderate to severe depression - Recurrent or chronic depression - Severe suicidality or psychosis - Sleep, exercise, stress management





Underwriting Considerations

Depression is a heterogeneous condition requiring individualized assessment. Underwriting should focus on **current psychiatric stability, functional capacity, treatment response, suicidality, and long term course**, rather than diagnosis alone.

1. Overall Assessment

Mental health history should be interpreted within the broader clinical and functional context, including:

- Medical comorbidities
- Substance use
- Occupational stability and functioning
- Social supports and coping capacity
- Treatment history and adherence
- Psychiatric records

Corroborating information from **APS, psychiatric notes, PHQ 9 scores, and hospitalization history** is essential for assessing stability and prognosis.

2. Risk Stratification

Psychiatric risk increases with:

- Greater illness severity
- Suicidal ideation or attempts
- Functional impairment or disability leave
- Psychiatric hospitalization
- Recurrent or chronic symptoms

Mild or situational depression with full recovery generally carries low concern, while **recurrent or severe MDD** represents higher long term risk.

3. Treatment and Stability

Treatment engagement is one of the **strongest favorable prognostic indicators**.

- **Favorable features** include sustained remission, good treatment adherence, stable functioning, absence of suicidality, and no substance abuse.
- **Adverse features** include poor compliance, recent or recurrent episodes, ongoing symptoms, substance abuse, functional impairment, or psychiatric hospitalization.

Longer periods without relapse, suicidality, or hospitalization materially improve underwriting outlook.

4. Age and Gender Modifiers

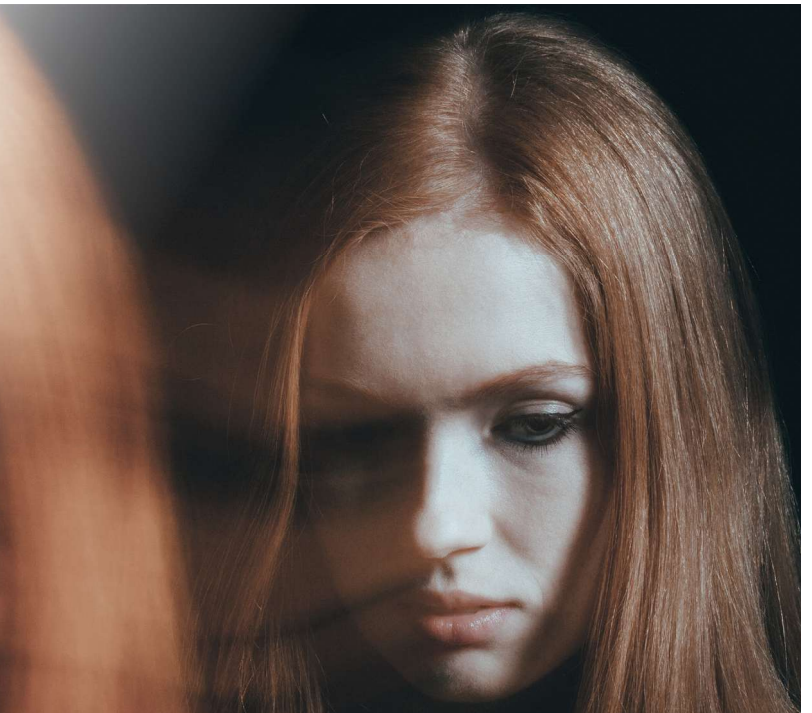
Age and gender influence risk patterns:

- Young adults may have higher impulsivity and self harm risk.
- Men have higher suicide mortality despite fewer reported symptoms.
- Older adults may have increased lethality due to medical and social factors.

5. Suicidality

Assessment of suicidality is central:

- Brief, resolved passive SI may carry low concern if stability is well documented.
- Active SI or planning represents a major adverse risk.
- Prior suicide attempts are among the strongest predictors of future mortality.



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