National Health Statistics Reports

Number 199 ■ February 15, 2024

Living Alone and Feelings of Depression Among Adults Age 18 and Older

by Laryssa Mykyta, Ph.D.

Abstract

Objective—This report presents national estimates of self-reported feelings of depression among adults by whether they lived alone or with others.

Methods—Data from the 2021 National Health Interview Survey were used to describe differences in self-reported feelings of depression and living arrangement by selected sociodemographic characteristics and social and emotional support among adults age 18 and older. The measure of living arrangement was categorized as living alone or living with others.

Results—Overall, 16.0% of adults lived alone in 2021. Reported feelings of depression were higher among adults living alone (6.4%) compared with adults living with others (4.1%), for both men and women, across most race and Hispanic-origin groups, and by family income. Adults who reported never or rarely receiving social and emotional support and living alone were almost twice as likely to report feelings of depression than those never or rarely receiving social and emotional support and living with others (19.6% compared with 11.6%, respectively). Yet no significant difference was seen in reported feelings of depression among those who reported sometimes, usually, or always receiving social and emotional support by whether they were living alone or living with others.

Conclusion—Adults living alone had higher reported feelings of depression than adults living with others. Differences in feelings of depression by living arrangement were observed for most of the characteristics examined.

Keywords: living arrangements • single-person households • social and emotional support • mental health • National Health Interview Survey (NHIS)

Introduction

From 2012 to 2022, the number of people living alone in the United States increased by 4.7 million to 37.9 million. In 2022, single-person households

comprised 28.9% of all households, more than doubling from 13.6% in 1962 (1).

In addition, there has been increased recognition of the association between living arrangements and health, including mental health. Previous studies exploring

associations between living alone and mental health have found varied associations by age and sex. For example, living alone has been associated with a higher likelihood of reporting serious psychological distress than living with a spouse or partner among adults at midlife and at age 65 and older, and among women age 65 and older (2,3). Other studies found no significant association between living alone (compared with living with a spouse or partner) and mental health outcomes for older adults in some European countries (4,5) and among older adults in the United States by sex (6).

Most studies examining associations between living alone and health focus on adults at midlife or on adults age 65 and older rather than on all adults (2–3,6–7). Few studies have examined this association during the COVID-19 pandemic (7). This report describes differences in reported feelings of depression for adults living alone and adults living with others by selected sociodemographic characteristics and level of social and emotional support in 2021.





Methods

Data source

Estimates in this report are based on data from the 2021 National Health Interview Survey (NHIS). NHIS is a nationally representative household survey of the U.S. civilian noninstitutionalized population. It is conducted continuously throughout the year by the National Center for Health Statistics. From each household, one sample adult age 18 and older is randomly selected to answer detailed questions about their health. Interviews are typically conducted in respondents' homes, but follow-ups to complete interviews may be conducted over the telephone when needed.

For 2021, estimates were based on a file containing responses from 29,482 sample adults. The 2021 NHIS Sample Adult module response rate was 50.9% (8).

For more information about the 2021 NHIS sample design and questionnaire, see the survey description documentation (8).

Impact of the COVID-19 pandemic on data collection

Due to ongoing data collection difficulties posed by the COVID-19 pandemic, interviews with NHIS respondents continued to be first attempted by telephone from January through April 2021 (8). In 2021, 62.8% of Sample Adult interviews were conducted at least partially by telephone. Personal visits were used to follow up on nonresponse, deliver recruitment materials, and conduct interviews when telephone numbers were unknown. Starting in May 2021, interviewers were instructed to return to regular survey interviewing procedures, with first contact attempts to households made in person and follow-up allowed by telephone. Interviewers were given flexibility to continue using telephonefirst contact attempts based on local COVID-19 conditions.

Feelings of depression

NHIS measures feelings of depression using two questions on the frequency and intensity of feelings of depression developed by the Washington Group on Disability Statistics (9). Respondents were asked, "How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?" and "Thinking about the last time you felt depressed, how depressed did you feel? Would you say a little, a lot, or somewhere in between a little and a lot?" Those who answered "never" to feelings of depression, and who also indicated that they do not take prescription medication for these feelings, were not asked the intensity question. In this analysis, feelings of depression are defined by "daily" feelings of depression "a lot of the time" or "somewhere between a little and a lot of the time;" or "weekly" feelings of depression "a lot of the time" (Technical Notes). This definition is also used in the NHIS Interactive Summary Health Statistics for Adults data query tool to monitor year-to-year changes in regular feelings of depression (10). Respondents who were missing a response on either the frequency or intensity question (not including appropriate skip patterns) were not included in this analysis (733 adults total or 2.5% of all sample adults).

Living alone

Living arrangements were defined by the number of adults and the number of children younger than age 18 living in the household. An adult was defined as living alone if one adult and no children younger than age 18 lived in the household. All other responses were categorized as living with others.

Selected sociodemographic characteristics

Sociodemographic measures examined included age group (18–29, 30–44, 45–64, or 65 and older), sex, race and Hispanic origin, and family income as a percentage of the federal poverty level (FPL).

Race and Hispanic origin—Based on responses to two questions that

determine Hispanic or Latino origin and race. Data for this study included adults who self-reported as Asian non-Hispanic (subsequently, Asian), Black non-Hispanic (subsequently, Black), White non-Hispanic (subsequently, White), other non-Hispanic and multiple races non-Hispanic (subsequently, other and multiple races), and Hispanic or Latino (subsequently, Hispanic). Hispanic people may be of any race or combination of races. People categorized as Asian, Black, or White indicated one race only. Due to small sample sizes for individual race groups, people who identified as American Indian and Alaska Native non-Hispanic, or who identified as more than one race, are combined into the other and multiple races category.

Family income as a percentage of FPL—Based on the ratio of a family's income in the previous calendar year to the appropriate poverty threshold as defined by the U.S. Census Bureau. Family income as a percentage of FPL was defined as less than 100% FPL, 100%–199% FPL, 200%–399% FPL, and 400% or more FPL. The 2021 NHIS imputed income files were used when family income was not provided. In the 2021 NHIS, 23.4% of sample adults had income imputed in the 2021 NHIS (11,12).

Social and emotional support

Respondents were asked, "How often do you get the social and emotional support you need? Would you say always, usually, sometimes, rarely or never?" Responses of "rarely" or "never" were combined into one category to create four levels of social and emotional support: "always," "usually," "sometimes," and "rarely or never."

Statistical analyses

Percentages are presented for prevalence estimates of feelings of depression, and 95% confidence intervals were generated using the Korn–Graubard method for complex surveys using Stata 16 (13). Estimates were calculated using the NHIS survey weights and are representative of the U.S. civilian noninstitutionalized population.

Respondents with missing data or unknown information were generally excluded from the analysis unless specifically noted. Among sample adults, 2.5% had missing data or unknown information on feelings of depression. Sample adults with missing or invalid responses on all other variables included in this analysis ranged from less than 0.2% for most variables to 3.5% for responses to questions about social and emotional support.

All estimates presented in this report met National Center for Health Statistics standards of reliability as specified in "National Center for Health Statistics Data Presentation Standards for Proportions" (14). Differences in percentages between subgroup characteristics were evaluated using two-sided significance tests at the 0.05 level. Terms such as "more likely" and "less likely" indicate a statistically significant difference. Lack of comment regarding the difference between any two estimates does not necessarily mean that the difference was tested and not found to be significant.

Results

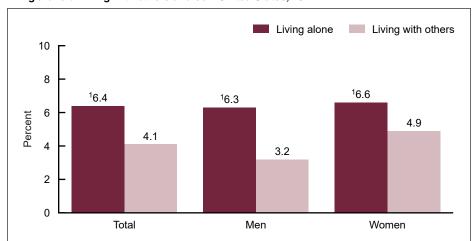
In 2021, 16.0% of all adults were living alone. Table 1 shows selected sociodemographic characteristics of adults by whether they were living alone or living with others. Adults living alone were older than those living with others. Of all adults living alone, 39.2% were age 65 or older, while 18.9% of all adults living with others were 65 and older. Asian adults comprised a lower percentage of adults living alone (3.5%) compared with adults living with others (6.4%) as did Hispanic adults (9.5% of adults living alone compared with 18.3% of adults living with others). Adults living alone were more likely to have family income below 200% of FPL (34.2%) than adults living with others (26.1%). The percentage of adults reporting never or rarely receiving social and emotional support was higher among those living alone (10.9%) compared with those living with others (6.1%).

Figure 1 and Table 2 show, overall and by sex, the percentage of adults who reported feelings of depression by living arrangement. In 2021, the percentage of

adults reporting feelings of depression was significantly higher among those living alone (6.4%) compared with those living with others (4.1%). Both men and women living alone were more likely to report feelings of depression than those living with others (6.3% compared with 3.2% and 6.6% compared with 4.9%, respectively).

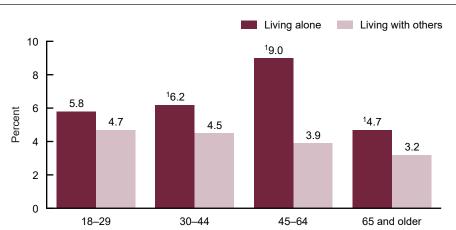
Figure 2 shows the percentage of adults who reported feelings of depression by living arrangement and age group. For most age groups (30–44, 45–64, and 65 and older), adults living alone were more likely to report feelings of depression than those living with others. No significant difference was seen in the percentage of adults ages 18–29

Figure 1. Percentage of adults age 18 and older who experienced feelings of depression, by living alone or living with others and sex: United States, 2021



Significantly different from adults living with others (p < 0.05). NOTES: Living arrangements were defined by the number of adults and the number of children younger than 18 living in the household. An adult was defined as living alone if there was one adult and no children younger than 18 in the household. Respondents were asked, "How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?" and "Thinking about the last time you felt depressed, how depressed did you feel? Would you say a little, a lot, or somewhere in between a little and a lot?" In this analysis, an adult is defined as having feelings of depression if they report "daily" feelings of depression "a lot" of the time, "daily" feelings of depression "somewhere in between a little and a lot of the time," or "weekly" feelings of depression "a lot" of the time. SOURCE: National Center for Health Statistics, National Health Interview Surrey, 2021.

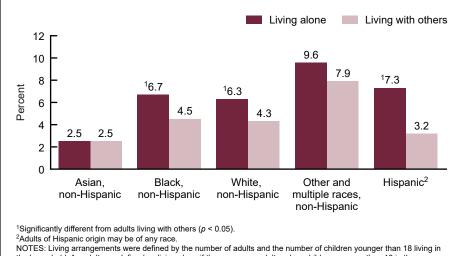
Figure 2. Percentage of adults age 18 and older who experienced feelings of depression, by living alone or living with others and age group: United States, 2021



'Significantly different from adults living with others (ρ < 0.05). NOTES: Living arrangements were defined by the number of adults and the number of children younger than 18 living in the household. An adult was defined as living alone if there was one adult and no children younger than 18 in the household. Respondents were asked, "How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?" and "Thinking about the last time you felt depressed, how depressed did you feel? Would you say a little, a lot, or somewhere in between a little and a lot?" In this analysis, an adult is defined as having feelings of depression if they report "daily" feelings of depression "a lot" of the time, "daily" feelings of depression "somewhere in between a little and a lot of the time," or "weekly" feelings of depression "a lot" of the time.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021.

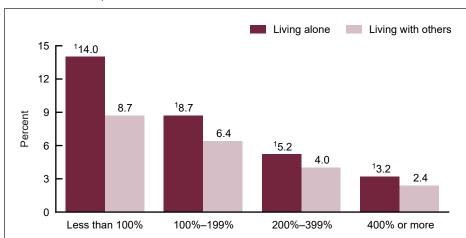
Figure 3. Percentage of adults age 18 and older who experienced feelings of depression, by living alone or living with others and race and Hispanic origin: United States, 2021



NOTES: Living arrangements were defined by the number of adults and the number of children younger than 18 living in the household. An adult was defined as living alone if there was one adult and no children younger than 18 in the household. Respondents were asked, "How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?" and "Thinking about the last time you felt depressed, how depressed did you feel? Would you say a little, a lot, or somewhere in between a little and a lot?" In this analysis, an adult is defined as having feelings of depression if the type report "daily" feelings of depression "a lot" of the time, "daily" feelings of depression "somewhere in between a little and a lot of the time," or "weekly" feelings of depression "a lot" of the time.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021.

Figure 4. Percentage of adults age 18 and older who experienced feelings of depression, by living alone or living with others and family income as a percentage of the federal poverty level: United States, 2021



Significantly different from adults living with others (p < 0.05). NOTES: Living arrangements were defined by the number of adults and the number of children younger than 18 living in the household. An adult was defined as living alone if there was one adult and no children younger than 18 in the household. Respondents were asked, "How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?" and "Thinking about the last time you felt depressed, how depressed did you feel? Would you say a little, a lot, or somewhere in between a little and a lot?" In this analysis, an adult is defined as having feelings of depression if they report "daily" feelings of depression "a lot" of the time, "daily" feelings of depression "somewhere in between a little and a lot of the time," or "weekly" feelings of depression "a lot" of the time.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021.

reporting feelings of depression between those living alone (5.8%) and those living with others (4.7%).

Figure 3 shows the percentage of adults who reported feelings of depression by living arrangement and race and Hispanic origin. The percentage of adults who reported feelings of depression was higher for those living

alone than for those living with others among Black adults (6.7% compared with 4.5%), White adults (6.3% compared with 4.3%), and Hispanic adults (7.3% compared with 3.2%). No significant difference was seen in feelings of depression for Asian adults or adults identifying as other or multiple races by

whether they were living alone or living with others.

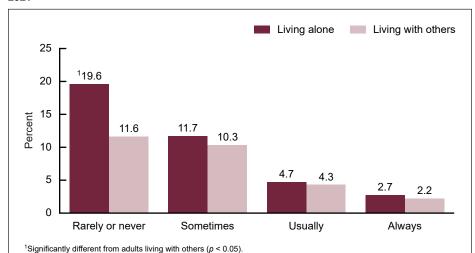
Figure 4 shows the percentage of adults who reported feelings of depression by living arrangement and family income. Across all categories of family income as a percentage of FPL, the percentage of adults reporting feelings of depression was higher for adults living alone than for those living with others. For example, among adults with family incomes of less than 100% of FPL, 14% of adults living alone reported feelings of depression compared with 8.7% of those who were living with others. Among adults with family incomes of 400% or more of FPL, 3.2% of adults living alone reported feelings of depression compared with 2.4% of those who were living with others.

Figure 5 shows the percentage of adults who reported feelings of depression by living arrangement and social and emotional support. Among adults reporting that they never or rarely received social and emotional support, those living alone were more likely to report feelings of depression. Nearly one in five adults living alone who reported never or rarely receiving the social and emotional support they needed also reported feelings of depression (19.6%) compared with 11.6% of adults living with others. No significant difference was seen in reported feelings of depression by whether or not an adult was living alone or living with others among those who reported sometimes, usually, or always receiving social and emotional support.

Discussion

This report presents national estimates of self-reported feelings of depression among adults age 18 and older living alone or with others by selected sociodemographic characteristics and social and emotional support in 2021. These results add to the literature by describing associations between living alone and mental health among all adults age 18 and older. Further, this report explores differences in feelings of depression by living arrangement during the COVID-19 pandemic, a period that highlighted concerns about mental health and the implications of social isolation (15-18).

Figure 5. Percentage of adults age 18 and older who experienced feelings of depression, by living alone or living with others and receipt of social and emotional support: United States, 2021



NOTES: Living arrangements were defined by the number of adults and the number of children younger than 18 living in the household. An adult was defined as living alone if there was one adult and no children younger than 18 in the household. Respondents were asked, "How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?" and "Thinking about the last time you felt depressed, how depressed dy up feel? Would you say a little, a lot, or somewhere in between a little and a lot?" In this analysis, an adult is defined as having feelings of depression if they report "daily" feelings of depression "a lot" of the time, "daily" feelings of depression "somewhere in between a little and a lot of the time," or "weekly" feelings of depression "a lot" of the time.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021.

Results suggest that adults living alone had higher reported feelings of depression than adults living with others. In 2021, 6.4% of adults living alone reported feelings of depression compared with 4.1% of those living with others.

Differences in feelings of depression by living arrangement were observed by sex and age, consistent with previous literature that found associations between living alone and poorer mental health, particularly for some demographic groups, such as those at midlife (2,6).

Differences by race and Hispanic origin were also found. The percentage of Hispanic adults living alone reporting feelings of depression was more than twice that of Hispanic adults living with others. Black adults and White adults living alone were also significantly more likely to report feelings of depression than those living with others.

Adults who lived alone and reported never or rarely receiving the social and emotional support they needed were more likely to report feelings of depression than adults who lived with others and reported never or rarely receiving social and emotional support. No other statistically significant differences were seen in feelings of depression by living arrangement and receipt of needed support. Social and emotional support

has been shown to be protective of health (15) and this finding suggests that additional studies could examine the relationship between social and emotional support, living alone, and health outcomes (19,20).

People living alone may be at greater risk of social isolation and loneliness, which have been linked to higher mortality risk and adverse health outcomes (15, 21-22), including mental health outcomes (2–6), compared with people living with a spouse or partner. However, associations between living alone and health may be complex, as suggested by the results for social and emotional support. Some people may actively choose to live alone and may not experience negative effects on their physical and mental health. In addition, although living alone may increase the risk of social isolation (15), people living alone may be actively engaged in their work or communities and may have access to social networks and social and emotional support that may be protective of mental health (6,23–24). Further, living alone may also reflect better health as those who are in good health may be more able to live independently than those in worse health (3,15,23,25).

The conclusions in this report are limited to unadjusted associations

between living alone and feelings of depression and do not control for potential confounding factors or mediators. Further, NHIS is cross-sectional and, as a result, causality cannot be assessed. For example, living alone might result in increased feelings of depression, or adults with feelings of depression may be more likely to find themselves living alone.

Finally, this report examines a simple dichotomy for living arrangements: living alone and living with others. Both groups are diverse. Adults living alone may differ in terms of the reasons for living alone—some people may choose to live alone, while others may live alone due to the death of a spouse or partner or family dissolution. Those living with others may differ by whom they live with—some people may live with a spouse or partner, while others may live with other relatives or with nonrelatives. Previous research found increased risk of adverse mental health among older adults who lived with other relatives or nonrelatives compared with those who lived with a partner or spouse (5,6).

Despite these limitations, results in this report provide a broad look into the differences in reported feelings of depression by living arrangement, selected sociodemographic factors, and social and emotional support. In doing so, these results highlight the potential vulnerability of certain groups (for example, adults at midlife, men, Hispanic adults, adults with limited social and emotional support, and adults with family incomes below FPL) to adverse mental health effects associated with living alone.

References

- U.S. Census Bureau. Historical households tables. Table HH-4: Households by size, 1960 to present. 2023. Available from: https:// www.census.gov/data/tables/timeseries/demo/families/households.html.
- Weissman JD, Russell D. Relationships between living arrangements and health status among older adults in the United States, 2009–2014: Findings from the National Health Interview Survey. J Appl Gerontol 37(1):7–25. 2018.

- 3. Lamidi EO, Nash SP. Two decades of change in living arrangements and health of middle-aged and older adults in the U.S., 1997–2018. J Appl Gerontol 41(5):1407–20. 2022.
- Beller J, Wagner A. Disentangling loneliness: Differential effects of subjective loneliness, network quality, network size, and living alone on physical, mental, and cognitive health. J Aging Health 30(4):521–39. 2018. DOI: https://dx.doi.org/10.1177/ 0898264316685843.
- Barbosa F, Cunha C, Voss G, Delerue Matos A. The impact of living alone on physical and mental health: Does loneliness matter? In: Borsch-Supan A, Bristle J, Andersen-Ranberg K, Brugiavini A, Jusot F, Litwin H, Weber G, editors. Health and socio-economic status over the life course. Berlin: Walter de Gruyter. 243–8. 2019.
- 6. Henning-Smith C. Quality of life and psychological distress among older adults: The role of living arrangements. J Appl Gerontol 35(1):39–61. 2016.
- Fingerman KL, Ng YT, Zhang S, Britt K, Colera G, Birditt KS, Charles ST. Living alone during COVID-19: Social contact and emotional well-being among older adults. J Gerontol B 76(3):e116–21. 2021. DOI: https://doi.org/10.1093/ geronb/gbaa200.
- 8. National Center for Health Statistics. National Health Interview Survey 2021 survey description. 2022.
- Zablotsky B, Weeks JD, Terlizzi EP, Madans JH, Blumberg SJ. Assessing anxiety and depression: A comparison of National Health Interview Survey measures. National Health Statistics Reports; no 172. Hyattsville, MD: National Center for Health Statistics. 2022. DOI: https://dx.doi.org/10.15620/ cdc:117491.
- 10. National Center for Health Statistics. Interactive summary health statistics for adults: Percentage of regularly had feelings of depression for adults aged 18 and over, United States, 2019–2021. National Health Interview Survey. Available from: https://wwwn.cdc.gov/NHISDataQueryTool/SHS adult/index.html.

- 11. U.S. Census Bureau. Poverty thresholds. 2021. Available from: https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html.
- 12. National Center for Health Statistics.

 Multiple imputation of family income in 2021 National Health Interview
 Survey: Methods. 2022. Available from: https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHIS/2021/NHIS2021-imputation-techdoc-508.pdf.
- 13. Korn EL, Graubard BI. Confidence intervals for proportions with small expected number of positive counts estimated from survey data. Surv Methodol 24(2):193–201. 1998.
- 14. Parker JD, Talih M, Malec DJ, Beresovsky V, Carroll M, Gonzalez JF Jr, et al. National Center for Health Statistics data presentation standards for proportions. National Center for Health Statistics. Vital Health Stat 2(175). 2017.
- 15. Office of the U.S. Surgeon General.
 Our epidemic of loneliness and isolation: The U.S. Surgeon General's advisory on the healing effects of social connection and community.
 2023. Available from: https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf.
- 16. Hwang TJ, Rabheru K, Peisah C, Reichman W, Ikeda M. Loneliness and social isolation during the COVID-19 pandemic. Int Psychogeriatr 32(10):1217–20. 2020. DOI: https://doi.org/10.1017/S1041610220000988.
- 17. Horstman C, Lewis C. More COVID-19 fallout: Social isolation associated with poor health and emotional distress. The Commonwealth Fund. 2022.
- 18. Panchal N, Saunders H, Rudowitz R, Cox C. The implications of COVID-19 for mental health and substance use. Kaiser Family Foundation. 2023.
- Klinenberg E. Social isolation, loneliness and living alone: Identifying the risks for public health. Am J Public Health 106(5):786–7. 2016.

- 20. Abell JG, Steptoe A. Living alone and mortality: More complicated than it seems. Eur Heart J Qual Care Clin Outcomes 5(3):187–8. 2019. DOI: https://dx.doi.org/10.1093/ehjqcco/gcz014.
- 21. Greenfield EA, Russell D. Identifying living arrangements that heighten risk for loneliness in later life: Evidence from the U.S. National Social Life, Health, and Aging Project. J Appl Gerontol 30(4):524–34. 2011.
- 22. National Academies of Sciences, Engineering, and Medicine. Social isolation and loneliness in older adults: Opportunities for the health care system. Washington, DC: The National Academies Press. 2020.
- 23. Smith KJ, Victor C. Typologies of loneliness, living alone and social isolation, and their associations with physical and mental health. Aging Soc 39(8):1709–30. 2019.
- 24. Klinenberg E. Going solo: The extraordinary rise and surprising appeal of living alone. New York: Penguin Books. 2012.
- 25. Kreider RM, Vespa J. The historic rise of one-person households: 1850–2010. U.S. Census Bureau. SEHSD Working Paper No. 2014-19. 2014.

Table 1. Percent distribution of adults age 18 and older, by living alone or living with others and selected characteristics: United States,

| Characteristic | Total | | | Living alone | | | Living with others | | |
|--|---------|------------------------|-------------------|--------------|------------------------|-------------------|--------------------|---------------------|-------------------|
| | Percent | Confidence interval | Standard error | Percent | Confidence interval | Standard error | Percent | Confidence interval | Standard error |
| All adults | 100.0 | | | 16.0 | 15.5–16.5 | 0.2 | 84.0 | 83.5–84.5 | 0.2 |
| Total | 100.0 | | | 100.0 | | | 100.0 | | |
| Sex | | | | | | | | | |
| Women | 51.6 | 50.9-52.3 | 0.3 | 51.9 | 50.8-53.1 | 0.6 | 51.6 | 50.8-52.3 | 0.4 |
| Men | 48.4 | 47.7–49.1 | 0.3 | 48.1 | 47.0–49.2 | 0.6 | 48.4 | 47.7–49.2 | 0.4 |
| Age group | | | | | | | | | |
| 18–29 | 20.3 | 19.5-21.0 | 0.4 | 11.2 | 10.3-12.2 | 0.5 | 22.0 | 21.1-22.8 | 0.4 |
| 30–44 | 25.5 | 24.8-26.1 | 0.3 | 18.7 | 17.8-19.7 | 0.5 | 26.7 | 26.0-27.5 | 0.4 |
| 45–64 | 32.2 | 31.5-32.9 | 0.3 | 30.8 | 29.8-31.9 | 0.5 | 32.4 | 31.7-33.2 | 0.4 |
| 65 and older | 22.1 | 21.5–22.7 | 0.3 | 39.2 | 38.0-40.5 | 0.6 | 18.9 | 18.2–19.5 | 0.3 |
| Race and Hispanic origin | | | | | | | | | |
| Asian, non-Hispanic | 5.9 | 5.4-6.5 | 0.3 | 3.5 | 3.0-4.0 | 0.2 | 6.4 | 5.8-7.0 | 0.3 |
| Black, non-Hispanic | 11.6 | 10.7-12.5 | 0.5 | 16.1 | 14.8-17.5 | 0.7 | 10.7 | 9.9-11.6 | 0.4 |
| White, non-Hispanic | 63.0 | 61.4-64.6 | 0.8 | 68.2 | 66.5-69.8 | 0.8 | 62.0 | 60.3-63.7 | 0.9 |
| Other non-Hispanic or multiple races | 2.6 | 2.1-3.2 | 0.3 | 2.8 | 2.3-3.3 | 0.3 | 2.6 | 2.1-3.2 | 0.3 |
| Hispanic ¹ | 16.9 | 15.6–18.3 | 0.7 | 9.5 | 8.5-10.6 | 0.5 | 18.3 | 16.9–19.8 | 0.7 |
| Family income as a percentage of federal poverty level | | | | | | | | | |
| Less than 100% | 9.8 | 9.2-10.4 | 0.3 | 13.7 | 12.7-14.7 | 0.5 | 9.0 | 8.4-9.7 | 0.3 |
| 100%–199% | 17.6 | 16.9-18.3 | 0.4 | 20.5 | 19.5-21.6 | 0.5 | 17.1 | 16.3-17.9 | 0.4 |
| 200%–399% | 29.4 | 28.7-30.1 | 0.4 | 30.4 | 29.3-31.5 | 0.6 | 29.2 | 28.4-30.0 | 0.4 |
| 400% or more | 43.2 | 42.1–44.3 | 0.6 | 35.3 | 34.0-36.7 | 0.7 | 44.7 | 43.5–45.9 | 0.6 |
| Social and emotional support | | | | | | | | | |
| Rarely or never | 6.9 | 6.5-7.3 | 0.2 | 10.9 | 10.2-11.7 | 0.4 | 6.1 | 5.6-6.5 | 0.2 |
| Sometimes | 10.8 | 10.4-11.3 | 0.2 | 15.3 | 14.4-16.1 | 0.4 | 10.0 | 9.5-10.5 | 0.2 |
| Usually | 24.6 | 23.9-25.3 | 0.4 | 27.6 | 26.6-28.6 | 0.5 | 24.0 | 23.2-24.8 | 0.4 |
| Always | 57.7 | 56.9-58.5 | 0.4 | 46.2 | 45.0-47.5 | 0.6 | 59.9 | 59.0-60.8 | 0.4 |

NOTES: Excludes sample adults who had invalid or missing responses to questions regarding the frequency or intensity of feelings of depression. Living arrangements were defined by the number of adults and the number of children younger than 18 living in the household. An adult was defined as living alone if there was one adult and no children younger than 18 in the household. Figures may not add to 100 due to rounding.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021.

^{...} Category not applicable.

Adults of Hispanic origin may be of any race.

Table 2. Percentage of adults age 18 and older who reported feelings of depression, by living alone or living with others and selected characteristics: United States, 2021

| Characteristic | All adults | | | Living alone | | | Living with others | | |
|--|------------|---------------------|-------------------|--------------|---------------------|-------------------|--------------------|---------------------|-------------------|
| | Percent | Confidence interval | Standard error | Percent | Confidence interval | Standard error | Percent | Confidence interval | Standard error |
| Total | 4.5 | 4.2-4.8 | 0.1 | 6.4 | 5.9–7.0 | 0.3 | 4.1 | 3.8–4.5 | 0.2 |
| Sex | | | | | | | | | |
| Women | 5.2 | 4.8-5.6 | 0.2 | 6.6 | 5.9-7.4 | 0.4 | 4.9 | 4.4-5.4 | 0.2 |
| Men | 3.7 | 3.4–4.1 | 0.2 | 6.3 | 5.5–7.1 | 0.4 | 3.2 | 2.8–3.7 | 0.2 |
| Age group | | | | | | | | | |
| 18–29 | 4.8 | 4.0-5.7 | 0.4 | 5.8 | 4.2-7.7 | 0.9 | 4.7 | 3.9-5.7 | 0.4 |
| 30–44 | 4.7 | 4.2-5.4 | 0.3 | 6.2 | 4.9-7.6 | 0.7 | 4.5 | 3.9-5.2 | 0.3 |
| 45–64 | 4.7 | 4.2-5.2 | 0.2 | 9.0 | 7.9-10.2 | 0.6 | 3.9 | 3.4-4.5 | 0.3 |
| 65 and older | 3.6 | 3.1-4.1 | 0.2 | 4.7 | 4.0-5.5 | 0.4 | 3.2 | 2.6-3.8 | 0.3 |
| Race and Hispanic origin | | | | | | | | | |
| Asian, non-Hispanic | 2.5 | 1.6-3.7 | 0.5 | 2.5 | 1.1-5.0 | 0.9 | 2.5 | 1.5-3.8 | 0.6 |
| Black, non-Hispanic | 5.0 | 4.1-6.0 | 0.5 | 6.7 | 5.2-8.5 | 0.8 | 4.5 | 3.5-5.7 | 0.5 |
| White, non-Hispanic | 4.7 | 4.3-5.1 | 0.2 | 6.3 | 5.7-7.0 | 0.3 | 4.3 | 3.9-4.8 | 0.2 |
| Other non-Hispanic or multiple races | 8.2 | 5.9-10.9 | 1.2 | 9.6 | 5.8-14.7 | 2.2 | 7.9 | 5.1-11.4 | 1.5 |
| Hispanic ¹ | 3.5 | 3.0-4.2 | 0.3 | 7.3 | 5.5–9.4 | 1.0 | 3.2 | 2.6-3.8 | 0.3 |
| Family income as a percentage of federal poverty level | | | | | | | | | |
| Less than 100% | 9.9 | 8.6-11.2 | 0.7 | 14.0 | 11.7-16.2 | 1.1 | 8.7 | 7.1-10.3 | 0.8 |
| 100%–199% | 6.9 | 6.0-7.7 | 0.4 | 8.7 | 7.4-10.0 | 0.7 | 6.4 | 5.4-7.5 | 0.5 |
| 200%–399% | 4.2 | 3.6-4.7 | 0.3 | 5.2 | 4.3-6.2 | 0.5 | 4.0 | 3.4-4.6 | 0.3 |
| 400% or more | 2.5 | 2.1–2.8 | 0.2 | 3.2 | 2.6-3.9 | 0.3 | 2.4 | 2.0-2.7 | 0.2 |
| Social and emotional support | | | | | | | | | |
| Rarely or never | 13.7 | 12.0-15.5 | 0.9 | 19.6 | 16.9-22.6 | 1.4 | 11.6 | 9.6-13.9 | 1.1 |
| Sometimes | 10.6 | 9.4-12.0 | 0.7 | 11.7 | 9.9-13.6 | 0.9 | 10.3 | 8.8-12.0 | 0.8 |
| Usually | 4.3 | 3.8-4.9 | 0.3 | 4.7 | 3.9-5.7 | 0.5 | 4.3 | 3.6-5.0 | 0.3 |
| Always | 2.3 | 2.0-2.6 | 0.1 | 2.7 | 2.2-3.3 | 0.3 | 2.2 | 1.9-2.6 | 0.2 |

¹Adults of Hispanic origin may be of any race.

NOTES: Excludes sample adults who did not respond to questions regarding the frequency or intensity of feelings of depression. Living arrangements were defined by the number of adults and the number of children younger than 18 living in the household. An adult was defined as living alone if there was one adult and no children younger than 18 in the household. Respondents were asked, "How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?" and "Thinking about the last time you felt depressed, how depressed did you feel? Would you say a little, a lot, or somewhere in between a little and a lot?" The Washington Group recommends defining an adult with feelings of depression if they report "daily" feelings of depression "a lot of the time." The expanded cutoff defined an adult as having feelings of depression if they report "daily" feelings of depression "a lot of the time," or "somewhere in between a little and a lot of the time," or "weekly" feelings of depression "a lot of the time."

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021.

Technical Notes

Comparing measures of feelings of depression

Feelings of depression are measured using two questions regarding the frequency and intensity of feelings of depression developed by the Washington Group on Disability Statistics (WG) (9). Respondents are asked "How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?" and "Thinking about the last time you felt depressed, how depressed did you feel? Would you say a little, a lot, or somewhere in between a little and a lot?" Those who answered "never" to feelings of depression, and who also indicated that

they do not take prescription medication for these feelings, were not asked the intensity question. Using the WG guidance, feelings of depression (WG-DEP) were defined using four mutually exclusive categories based on their responses to the frequency and intensity questions: no feelings of depression or low, medium, or high feelings of depression. Respondents who indicated "daily" feelings of depression "a lot" of the time were classified as having "high" feelings of depression. Those who indicated "daily" feelings of depression "somewhere in between a little and a lot of the time," or who indicated "weekly" feelings of depression "a lot" of the time were classified as having "medium" feelings of depression;

respondents who indicated having feelings of depression "a few times a year" or "never" were classified as having "no" depression, regardless of their response to the intensity question; and all remaining combinations of frequency and intensity were classified as having "low" feelings of depression (9). WG recommends a cutoff of high feelings of depression versus no, low, or medium feelings of depression, as this captures those likely to experience clinical symptoms of depression. In this analysis, a different cutoff is used: Feelings of depression are defined as high or medium feelings of depression versus no or low feelings of depression.

The Table compares the distribution by demographic and social characteristics

Table. Percent distribution of selected characteristics for adults age 18 and older, by reported feelings of depression: United States, 2021

| Characteristic | Total | | | Reported feelings of depression (Washington Group) | | | Reported feelings of depression (expanded) | | |
|--|------------------------------------|---|---------------------------------|--|--|---------------------------------|--|---|---------------------------------|
| | Percent | Confidence interval | Standard error | Percent | Confidence interval | Standard error | Percent | Confidence interval | Standard error |
| All adults | 100.0 | | | 1.6 | 1.5–1.9 | 0.1 | 4.6 | 4.2–4.8 | 0.1 |
| Total | 100.0 16.0 | 15.5–16.5 | 0.2 | 100.0 24.3 | 20.4–28.5 | 2.0 | 100.0 23.0 | 20.8–25.3 | 1.1 |
| Sex | | | | | | | | | |
| Women | 51.6 48.4 | 50.9–52.3 47.7–49.1 | 0.3 0.3 | 62.1 37.9 | 57.2–66.8 33.2–42.8 | 2.4 2.4 | 59.8 40.2 | 56.8–62.8 37.2–43.2 | 1.5 1.5 |
| Age group | | | | | | | | | |
| 18–29 | 20.3 25.5 32.2 22.1 | 19.5–21.0 24.8–26.1 31.5–32.9 21.5–22.7 | 0.4 0.3 0.3 0.3 | 17.2 24.8 38.3 19.7 | 12.9–22.3 20.2–29.8 33.0–43.9 16.0–23.8 | 2.3 2.4 2.7 1.9 | 21.7 26.8 33.7 17.8 | 18.7–25.0 24.0–29.9 30.6–36.8 15.6–20.1 | 1.6 1.5 1.6 1.1 |
| Race and Hispanic origin | | | | | | | | | |
| Asian, non-Hispanic | 5.9 11.6 63.0 2.6 16.9 | 5.4-6.5 10.7-12.5 61.4-64.6 2.1-3.2 15.6-18.3 | 0.3 0.5 0.8 0.3 0.7 | 2.9 15.5 63.3 4.9 13.3 | 1.5–5.3 11.7–20.1 58.0–68.5 3.0–7.4 9.8–17.6 | 0.9 2.1 2.6 1.0 1.9 | 3.3 12.9 65.7 4.8 13.3 | 2.1–4.9 10.6–15.4 62.4–69.0 3.5–6.4 11.1–15.8 | 0.7 1.2 1.7 0.7 1.2 |
| Family income as a percentage of federal poverty level | | | | | | | | | |
| Less than 100% 100%–199% 200%–399% 400% or more | 9.8 17.6 29.4 43.2 | 9.2–10.4 16.9–18.3 28.7–30.1 42.1–44.3 | 0.3 0.4 0.4 0.6 | 24.5 30.8 24.1 20.6 | 20.1–28.9 25.9–35.6 19.3–29.0 16.2–25.0 | 2.2 2.5 2.5 2.3 | 21.6 27.0 27.5 23.9 | 18.8–24.3 24.0–30.1 24.4–30.7 20.9–26.8 | 1.4 1.5 1.6 1.5 |
| Social and emotional support | | | | | | | | | |
| Rarely or never Sometimes Usually Always | 6.9 10.8 24.6 57.7 | 6.5–7.3 10.4–11.3 23.9–25.3 56.9–58.5 | 0.2 0.2 0.4 0.4 | 24.6 27.7 20.3 27.4 | 20.2–29.4 23.3–32.5 16.0–25.2 22.6–32.7 | 2.3 2.3 2.3 2.5 | 20.9 25.7 23.8 29.6 | 18.5–23.5 22.9–28.7 21.1–26.7 26.6–32.8 | 1.2 1.5 1.4 1.6 |

^{..} Category not applicable

NOTES: Excludes sample adults who did not respond to questions regarding the frequency or intensity of feelings of depression. Living arrangements were defined by the number of adults and the number of children younger than 18 living in the household. An adult was defined as living alone if there was one adult and no children younger than 18 in the household. Respondents were asked, "How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?" and "Thinking about the last time you felt depressed, how depressed did you feel? Would you say a little, a lot, or somewhere in between a little and a lot?" The Washington Group recommends defining an adult with feelings of depression if they report "daily" feelings of depression if they report "daily" feelings of depression "a lot of the time," or "weekly" feelings of depression "a lot of the time." Figures may not add to 100 due to rounding.

Adults of Hispanic origin may be of any race.

of those reporting feelings of depression using the recommended WG measure and the expanded measure used in this analysis. No statistically significant differences were seen in the distributions by selected characteristics of respondents between the WG-recommended cutoff (high feelings of depression compared with no, low, or medium feelings of depression) and the expanded cutoff used in this analysis (high or medium feelings of depression compared with no or low feelings of depression).

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention National Center for Health Statistics 3311 Toledo Road, Room 4551, MS P08 Hyattsville, MD 20782–2064

OFFICIAL BUSINESS PENALTY FOR PRIVATE USE, \$300

For more NCHS NHSRs, visit: https://www.cdc.gov/nchs/products/nhsr.htm.



National Health Statistics Reports ■ Number 199 ■ February 15, 2024

Suggested citation

Mykyta L. Living alone and feelings of depression among adults age 18 and older. National Health Statistics Reports; no 199. Hyattsville, MD: National Center for Health Statistics. 2024. DOI: https://dx.doi.org/10.15620/cdc:136451.

Copyright information

All material appearing in this report is in the public domain and may be reproduced or copied without permission; citation as to source, however, is appreciated.

National Center for Health Statistics

FIRST CLASS MAIL

POSTAGE & FEES PAID CDC/NCHS

PERMIT NO. G-284

Brian C. Moyer, Ph.D., *Director* Amy M. Branum, Ph.D., *Associate Director for Science*

Division of Analysis and Epidemiology Irma E. Arispe, Ph.D., *Director* Kimberly A. Lochner, Sc.D., *Associate Director* for Science