Gender Differences in Recognizing Depression and Seeking Help*

Sara Abrahamsson[†] Catalina Franco[‡] Akshay Moorthy[§]

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Mental health disorders are a leading cause of disability worldwide, affecting over 1 billion people (Rehm and Shield, 2019). In the U.S. alone, these conditions cost approximately $201 billion annually (Bütikofer et al., 2024). Research has shown that mental health issues negatively impact labor market outcomes, including lost working days (Ridley et al., 2020; Currie, 2024) and income (Smith and Smith, 2010; Goodman et al., 2011; Biasi et al., 2021). Worldwide, there are substantial gender disparities in depression rates (Van de Velde et al., 2010). Women are more frequently diagnosed with depression than men, but the underlying reasons for this gap remain unclear. Higher depression diagnosis among women can significantly affect labor force participation and career progression, directly impacting gender gaps in labor market outcomes.

This study examines two potential drivers of gender differences in depression rates: the ability to recognize depression symptoms and the likelihood of seeking help. While previous work has looked at institutional factors such as differential screening of girls vs. boys (Corredor-Waldron and Currie, 2024), less is known about how individuals perceive their own symptoms before seeking medical attention. Once in contact with a doctor or health provider,

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[†]Centre for Fertility and Health (CeFH) at the Norwegian Institute of Public Health in Oslo, Norway.

[‡]Center for Applied Research (SNF) and FAIR at NHH – Norwegian School of Economics.

[§]Faculty of Business and Economics, University of Lausanne.

screening can take place, but the decision to discuss symptoms—and even to seek help in the first place—is personal. Understanding these motivations is challenging, as they occur before individuals enter the healthcare system, are typically not captured in health data and are affected by potential stigma (Roth et al., 2024).

Studying depression recognition and help-seeking behavior presents empirical challenges. First, screening tools like the PHQ-9 questionnaire (Kroenke et al., 2001) are not widely administered across the general population. As a result, available data come from individuals who either choose to complete the questionnaire or are screened by a healthcare provider, both of which introduce endogeneity concerns. For instance, if women are more likely to visit doctors, encounter these tools, or be screened more frequently, observed gender differences may partly reflect differences in access. Second, the decision to seek screening or help is influenced by external constraints, such as health insurance coverage, which is not randomly assigned.

To address these challenges, we conduct a pre-registered vignette experiment using a representative U.S. sample from the online platform Prolific. Participants review hypothetical scenarios in two treatment blocks: *Self* (where they imagine experiencing the symptoms) and *Other* (where the subject is a hypothetical male or female individual). After each scenario, participants assess whether the symptoms indicate depression (*recognition*), its perceived *severity*, the likelihood of *seeking help*, and their beliefs about mental health. This approach also enables us to examine underlying factors—such as perceptions, psychological costs, and social norms—that may drive gender differences in depression recognition and help-seeking.

Our main finding is that women have lower thresholds for recognizing

depression. In all our hypothetical scenarios, which depict varying degrees of depression, over 90% of women identify the symptoms as depression (see Figure 1). However, men are significantly less likely to do so, with an overall recognition gap of 7.3 percentage points (pp). This gap is particularly pronounced for milder cases of depression, where the gender difference reaches 13.2 pp (Table 1, Columns 1 and 2). In addition, women are more likely than men to overestimate the severity of depression. Few people (6.6% of women and 15.4% of men) have correct perceptions of the severity at mild levels, but they increase their accuracy as the symptoms reflect more severe cases (Table 1, Columns 3 and 4). Gender gaps emerge only at the extremes: for mild cases, men are more likely than women to correctly assess severity, whereas for severe cases, men are less likely to do so. Finally, men are less likely to state that they would seek help, but the difference is modest (only 2.8 pp) compared to a baseline of 97.9% of women reporting they would seek help (Table 1, Columns 5 and 6).

Among the mechanisms we pre-specified, we find that gender differences in psychic costs, i.e., recognizing a mental health issue may impose emotional or mental burdens, rather than differences in perceptions or social norms drive the gender gap in depression recognition.

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1 Figures

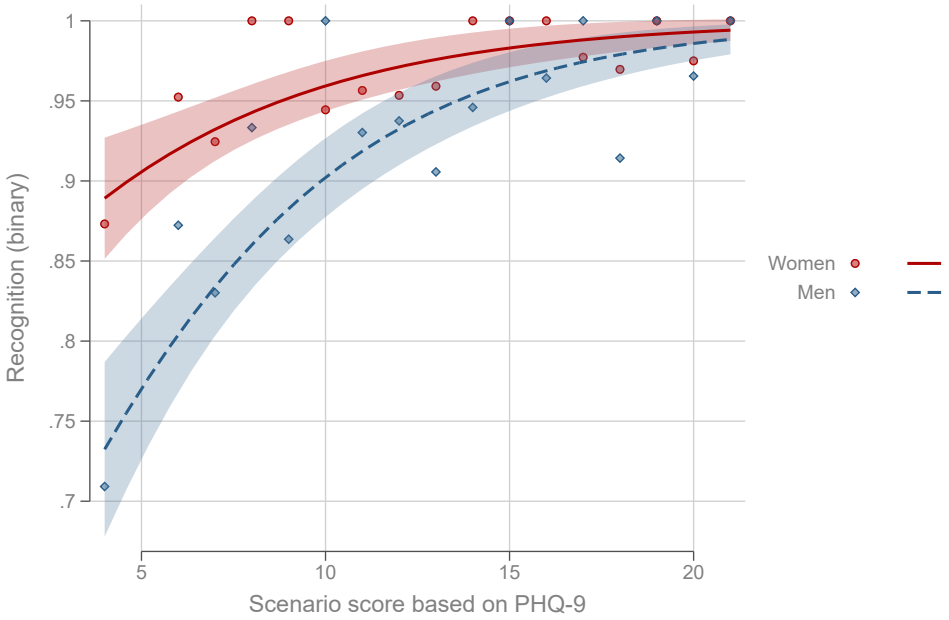


Figure 1: Likelihood of depression recognition

Notes: The figure shows the scatterplot of the raw likelihood of recognizing depression based on the question: Suppose that [you/NAME] were/was experiencing the hypothetical issues at the frequencies listed above, do you think [you/NAME] would have depression? *[Definitely yes, probably yes, probably no, definitely no]*. We generate a binary variable where one equals to definitely or probably yes and we plot it separately by gender.

2 Tables

Table 1: Gender differences in recognition and severity of depression

	Recognize depression		Accurate severity		Seek help	
	(1)	(2)	(3)	(4)	(5)	(6)
Male	-0.073***	-0.132***	0.081***	0.088***	-0.028**	-0.042*
	(0.016)	(0.027)	(0.022)	(0.026)	(0.013)	(0.021)
Moderate		0.048***		0.098***		0.011
		(0.017)		(0.028)		(0.013)
Male × Moderate		0.104***		-0.030		-0.002
		(0.030)		(0.046)		(0.024)
Mod. severe		0.070***		0.278***		-0.011
		(0.015)		(0.036)		(0.015)
Male × Mod. severe		0.120***		0.048		0.038
		(0.028)		(0.055)		(0.026)
Severe		0.084***		0.734***		0.021**
		(0.014)		(0.104)		(0.011)
Male × Severe		0.132***		-0.488***		0.042*
		(0.027)		(0.167)		(0.021)
Constant	0.948***	0.916***	0.177***	0.066***	0.979***	0.979***
	(0.009)	(0.014)	(0.015)	(0.015)	(0.007)	(0.011)
Controls	No	No	No	No	No	No
Observations	1604	1604	1604	1604	1203	1203

Notes: $*p < 0.10, **p < 0.05, ***p < 0.01$.