
Public Awareness of Depression – An Informal Clinical Study

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ABSTRACT

The real challenge regards depression is the barriers associated with its diagnosis and treatment. These barriers are present due to the stigma associated with depression, as many individuals do not consider depression disease and believe it should not require any medical treatment. To overcome this stigma, there are several depression awareness programs started worldwide to make our population aware of depression. Thus, this was the aim of our study; it was conducted via a questionnaire survey with 300 random subjects. The results showed a significant variation among healthcare professionals vs. non-healthcare professionals. There was no significant difference among gender or age variations.

KEYWORDS: Depression, Mood Disorder, Stigma, Counselling, Barriers.

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INTRODUCTION

Depression is one of the many major challenges in the healthcare system faced globally affecting 3.8 of the population. It affects more than 280 million people worldwide and involves all ages. It is a significant cause of disability and burden on our population [1]. Depression is a common mental disorder, and its' severity can range from mild to seriously fatal based on the impact of symptoms like mood disorder to a disabled social and functional life, even suicide. Every year more than 700,000 people die due to suicide. Depression is the fourth leading cause of death in the population aged between 15-29 years old. In addition, it affects females more than males [1].

Depression is a mood disorder that negatively affects the way an individual feels, thinks, and acts. It is also known as Major Depressive Disorder. It can affect everyone regardless of age, sex, or other demographics. The exact cause of depression is not clear, some individuals with depression may not have any specific factor at all. However, several contributing factors are certain chemicals in the brain, genetics, personality (low self-esteem or stress), and environment (neglect, abuse, or poverty) [2]. According to DSM-5, depression is a clinically diagnosed illness based on an individual experiencing five or more of the followings symptoms for at least two weeks: depressed mood, lack of energy or concentration or interest, a feeling of worthless or guilty or hopelessness, changes in sleep, diet or weight pattern (can be increased or decreased), suicidal thoughts, and

body aches or headache or cramps or psychomotor agitation without any organic diseases [3].

The effective treatments of depression are medications (SSRIs) and psychotherapy. In addition, prevention programs such as community involvement or exercise programs can reduce the risk of depression. Despite having effective treatments and prevention programs, it is still one of the significant challenges worldwide. Now the question arises, why depression is still one of the biggest issues?

To answer this question, it is necessary to consider how society feels about depression; there have been many surveys and awareness programs about this. In 1988, the National Institute of Mental Health (NIMH) introduced the depression awareness, recognition, and treatment program. This information program was designed for healthcare professionals and the public in the USA about facts of depression. The survey study conducted by NIMH suggested that most individuals know depression and said that treatment would help, but they had a belief that a depressed person can get better by themselves. Many participants said, they will not seek treatment since it might impact their employment negatively [4].

WHO has set a theme of depression: a global crisis on October 10, 2012, World Mental Health Day. Accordingly, barriers to effective care of depression include a lack of resources and trained health care professionals and social stigma associated with mental disorders [5]. Other examples

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of depression awareness programs include Changing Minds (the UK, 1998-2002), Beyondblue (Australia, 2001-2005), and Suicide Prevention Week (Canada, 1999-2001) [6].

Many believe in the shame of having depression so they are reluctant to recognize to themselves and their physicians that they are experiencing emotional distress; therefore many deny or minimize depression symptoms or rationalize as it expectable stress. Also, there are some physicians who

believe that depression is not a real illness, it reflects personal laziness and individuals can improve with effort or positive thinking. The lack of confirmatory laboratory or radiologic studies is another barrier to recognizing depression. The variation in age, gender, or cultural background could be another barrier to the diagnosis of depression as discussed in table 1 [7]. It is important to reduce these barriers by increasing public and professional awareness.

Table 1: Barrier in Diagnosis, Treatment and Prevention of Depression	
Patient Factors	<ul style="list-style-type: none"> • Denial • Belief they can handle by themselves • Not considering it as illness • Fear of treatment • Shame of mental illness treatment • Worried about others finding out
Physician Factors	<ul style="list-style-type: none"> • Not considering it as real illness or serious illness • Poor interviewing skills and knowledge regards to diagnosis or treatment or both. • Fear of offending patients
Health Care System Factors	<ul style="list-style-type: none"> • Time constraints • Financial limitations • Limited access to particular treatments • Limited resources available such as psychologist or psychiatrists

This literature review led to an idea to analyze the awareness level in current society based on a questionnaire. The aims and objective of the study:

1. Comparison of percentage of subjects knowing what depression is and considered depression as a disease based on gender, age and whether healthcare professional or not.
2. Comparison of percentage of subject's personal experience and witness of depression and whether they would discuss this with their family based on gender, age and whether healthcare professional or not.
3. Comparison of percentage of subjects considering medication or counselling as a treatment for the depression based on gender, age and whether healthcare professional or not.

METHODS AND MATERIALS

Study Subjects: 300 random individuals, who were interested in the participation in the study with informal informed consent.

The questionnaire was composed of three parts:

1. Demographic: included birth country, residence country, age, sex, whether the person is healthcare worker or not.

2. Basic knowledge of depression and its treatment – also included if they have personal experience or witness someone else having depression.
3. Frequency of experiencing depression symptoms in last 3-4 months. Symptoms: depressed mood, low interest, changes weight, appetite, and sleep, psychomotor agitation, low concentration and energy levels, suicidal thoughts. (for purpose of this paper, this section was not considered)

The Data was collected via Google forms anonymously and analysed with Microsoft Excel.

RESULTS AND OBSERVATIONS

In this study, the distribution of study participants was as:

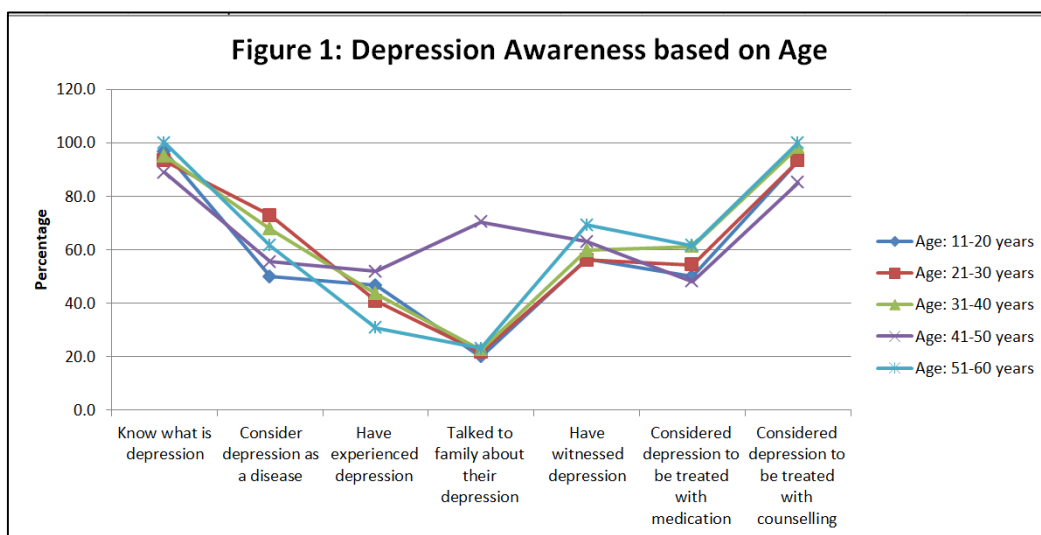
- 58.7% of subjects were residences of India whereas 37% of Canada
- Age – 54% of participants belonged to age group of 21-30 and 20.7% to 31-40 years
- Sex – almost equally distributed, 52% females and 48% males
- 41.7 of the subjects were healthcare workers

Overall study suggested, 93.3% of the subjects knew what depression is, 67.3% considered depression as a disease like cancer. An interesting thing to note here is that only 80% of health care professional consider depression as disease

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compared to 58% of non-healthcare professional, a statically significant finding with p-value of 0.0001. 44% of healthcare professionals had personal experience while 65% have witnessed someone with depression. 94% of the healthcare professionals would consider treating depression with counselling whereas only 60% would consider medication. In gender comparison, there was not a significant difference among their answers. For example, the percentage of females vs males regards to what depression is, depression is considered as diseases, depression to be treated with

medication and depression should be treated with counselling was 95% vs 92%, 68% vs 67%, 56% vs 53% and 96% vs 90% respectively. When asked if they have ever experienced depression and if they would talk to their families about their depressed mood, the percentage for females (46% and 26%) was higher compared to males (39% and 19%). Both 58% males and females have witnessed someone with depression. This data was further compared among different age groups but did not suggest any significant findings as shown in figure 1.



DISCUSSION

Health is defined by the World Health Organization (WHO) as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Mental health is an inherent component of health.^[8] The latest (2015) World Health Organization estimates revealed that over 320 million people, equivalent to 4.4% of the global population, suffer from depression.

Mental health and mental illness are often ignored while managing patients in our health care services. Depression is a common mental disorder among them. Morbidity associated with depression is increasing worldwide. Thus awareness regarding this illness can help in preventing this.

Proper awareness about depression is important. In our study 93.3% of the population was aware about this term. Lack of public information and stigmatization of persons with depression are major barriers to care. Similarly, the proportion of people reporting that they or someone close to them has experienced depression has increased from 58% to 65.4% and the proportion who under-reported the true prevalence had dropped from 64% to 57.1% [9]. In our study, only 44% of the health care professionals reported personal experience of depression and 65% have witness someone else with depression. These numbers still seems to be under-reported.

Among the healthcare professionals only 80% considered depression as disease as compared to non healthcare

professionals and only 60% considered treating depression with medication. This believe is common when it comes to seeking care for a mental illness. People with depression are less receptivity toward seeking care and pitting is associated with it [12]

It is more seen in females as compared to males. Females are more prone to depression as they are not very well aware about the illness and are frightened by the social stigma associated with the illness. Social factors and gender specific factors determine the prevalence and course of mental disorders in female sufferers. Low attendance in hospital settings is partly explained by the lack of availability of resources for women. A study assessing the mental illness stigma associated with employment, health insurance and friendship found out that women had more of employment type of stigma and it was primarily due social support [13]. The young adult males reported less stigma impacting their employment. Depressive disorders account for close to 41.9% of the disability from neuropsychiatric disorders among women compared to 29.3% among men.^[11] However, according to our study there was not any significant variation about depression when different age groups where compared. There are some limitations to our study that we hope to overcome with another study in the near future. They include:

- Study sample is not valid as it was not evenly distributed among various ethnic groups.

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- Another question should be asked if both medication and counselling were part of the treatment instead of one or the other.

Stronger evaluation procedures tend to try to overcome this problem by monitoring changes in attitudes and knowledge over the period of the given public education campaign in a control community as well as in the intervention community. When all the general population will be made aware about the depression, its related symptoms, the burden of this illness can be curbed. Hence, proper awareness and campaigning regarding this illness should be done in appropriate manner in addition to current programs. Thus, every person can seek help without second thought.

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