

BREAKING THE STIGMA: SURVEYING DEPRESSION AND ITS SOCIO-PSYCHOLOGICAL CAUSES

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ABSTRACT

Depression is a frequent mental disease. It is characterized by a low mood or a loss of pleasure or interest in activities over an extended length of time. Depression differs from normal mood swings and sentiments about daily living. Depressive illnesses are characterized by intense or chronic sorrow that interferes with daily functioning. Depression is a complex condition that affects both the mind and the body. Adolescent depression is a severe mental health condition characterized by continuous sorrow and a loss of interest in activities. It influences how teenagers think, feel, and act, and it can cause emotional, functional, and physical difficulties. A major public health issue that negatively affects many facets of life is depression. It is the main cause of disability-adjusted life years in teenagers and young adults. Its development is likely to be influenced by a wide range of elements, including biology, physical illness, gender, psychosocial issues, and socioeconomic circumstances. Although depression affects women more frequently than it does males, depression affects men as well and is a significant public health issue despite receiving less attention. Numerous prior studies have demonstrated that poor mental health varies by social class.

Keywords: Depression , adult , physical health, physical illness , health.

INTRODUCTION

The Latin word adolescence, which meaning to grow up or to maturity, is the source of the English phrase adolescence. It is a crucial developmental stage that occurs when a person transitions from childhood to maturity and emerges from adulthood. Adolescence was achieved by a confluence of multiple patterns, including work and academic achievement regulation, which prioritized dependability over maturing and avoided the shift to adult duties. Slightly more than a century ago, in 1904, Hall coined the term “adolescence. “The significance of adolescence as a period of reliance and preparation for adulthood has been reinforced by recent societal changes, such as financial

Sharma *et al.* Breaking The Stigma: Surveying Depression and its Socio-Psychological Causes restructuring and shifting cultural norms surrounding parental duty. Significant changes have also been made to adolescent investigation ¹.

Depression is an illness that makes it difficult for sufferers to lead regular lives with their families, at work, or in social situations. Because depression was so ubiquitous in evaluations, Seligman had referred to it as “a common cold” of psychiatry. According to the notion of psychoanalytic psychology, depression is an emotional disorder that arises from an intrapsychic battle brought on by the ego’s inability to process violent desires that are viewed as too dangerous. The superego, which grows overly rigid and demanding, directed those violent impulses on the person in question. Sadness, anxiety, emptiness, worry, helplessness, worthlessness, guilt, anger, hurt, or restlessness are some of the symptoms that depressed people may experience. Shame may be less intense and awake, although depression is often aware. According to Freud, physiological factors are often the root cause of depressive disorders. According to Freud, parental rejection or loss might contribute to some forms of depression. Similar to sadness, depression is usually brought on by the end of a meaningful relationship. Reduced appetite or binge eating, trouble paying attention, remembering details, difficulty making decisions, and even suicidal thoughts are all symptoms of depressive disorders ².

One common mental health condition is depression. It is typified by a prolonged depressive episode, pleasure loss, or indifference to activities. Normal mood swings or everyday emotions are not the same as the depressive illness. Depression is indicated by severe or persistent sadness that interferes with day-to-day functioning. Depression is a complex illness that affects both the body and the mind. A persistent sense of melancholy and disinterest in activities are symptoms of teenage depression, a severe mental disease. It affects teenagers' attitudes, sentiments, and actions and can result in psychological, practical, and medical problems. Depression is a serious public health issue that has a detrimental impact on many aspects of a person’s life. It is the primary reason why teens and young adults are impaired by Lifespan decades modified.

Numerous factors, including as biology, physical sickness, gender, mental concerns, and socioeconomic situations, are likely to have an impact on its development. Depression affects women more often than men, but it also affects men and is a serious public health concern even if it gets less attention. There is a social class difference in poor mental health, according to several earlier studies. But the field suffers from the application of inconsistent definitions and metrics, such the omnibus measure of “psychological distress,” as well as from a lack of focus on specific mental illnesses, gender, and early age, especially in welfare states typical of the Nordic region.

Thus, the main goal of this study was to improve our understanding of the social and gender disparities in depression among young people by building on the findings of earlier research. Teens and children are typically thought of as a flawless group that doesn't often need medical attention. Thus, patients are not the focus of healthcare resources. However, because to dietary limitations or respiratory problems, this may also be a time of undesirable medical appointments and behavioral consequences for kids and teens. Youth and the first few years of old age are a time of significant changes in one's body, mind, emotions, and interpersonal interactions.

More focused resources may be required since youth and young adults may be especially vulnerable to the negative effects of age-related issues that result in a low level of self-care. Inadequate self-management can also result from social pressure, rejection, guilt, and widespread misconceptions about one's circumstances. In this age range, the traditional healthcare didactic—occasionally paternalistic—approach proved mostly useless, and child care providers and children frequently collaborate in complicated ways. Children and teenagers are consequently more susceptible to adverse medical outcomes, including allergic responses and potentially disastrous respiratory epidemics. A generally low-risk mentality combined with a need for autonomy, self-determination, and self-awareness can frequently result in disobedience, erratic conduct, and dangerous behaviors. There is a plethora of information available on preventing the risk of depressive illnesses, and numerous programs that are recommended, widely used, and specifically targeted are showing signs of effectiveness³.

Types of depression

1. Clinical depression (major depressive disorder) – A diagnosis of severe depression This indicates that you may be experiencing symptoms like mood swings, melancholy, or feelings of worthlessness combined with changes in appetite, trouble sleeping, and a lack of interest in hobbies for at least two weeks. One of the most common and severe forms of depression is this one.
2. Persistent depressive disorder (PDD) – Persistent depressive disorder is defined as low to profound depression that lasts more than two years. The symptoms are not as severe as those of serious depression. Medical practitioners used to refer to PDD dysthymia.
3. Disruptive mood dysregulation Disorder (DMDD) – DMDD is diagnosed in children who exhibit extreme, ongoing irritability as well as frequent episodes of anger. Usually, symptoms begin to show themselves around the age of ten.
4. Premenstrual dysphoric disorder (PMDD) – When you have premenstrual syndrome depression (PMDD), symptoms of PMS such as extreme irritability, anxiety, or depression combine with mood

Sharma *et al.* Breaking The Stigma: Surveying Depression and its Socio-Psychological Causes disorders. These symptoms normally go away a few days after your period starts, but occasionally they can get so bad that they interfere with daily activities.

Depressive disorder due to another medical condition: Depression can be brought on by a variety of medical problems that alter your body. Cancer, heart disease, Parkinson's disease, and Hypothyroidism are a few examples. When the underlying illness is successfully treated, Depression typically gets better as well ⁴.

Diagnosis in depression

The main technique for identifying severe depression is related to medicine. As with a number of behavioral illnesses, the decision is made after a thorough therapeutic consultation that includes a behavioral evaluation. Numerous studies proved that. This kind of investigation's specificity and sensitivity are on par with many common labs and automatically performed radiological examinations. A disease is indicated by the medical term "depression." Depending on the patient's medical records and physical examination, additional psychological conditions (such as Alzheimer's disease, anorexia nervosa, anxiety disorder, or obsessive-compulsive disorder), general wellness issues, medications, or illicit substance dependency can all be considered as potential underlying causes. The most effective diagnostic procedures should have been used. To assist medical professionals in determining which individuals are most likely to have experienced distress, a variety of screening methods are available. Similar to other screening techniques, the companies they work for typically have a very dependent yet non-specific approach to identifying depressive disorders. A number of researchers advise screening when a doctor presents suggestive evidence of anxiety, which usually manifests as a diagnosis of a particular depressive disorder, unexplained symptoms, decreased functioning, or a high degree of personal distress in relation to a known general health problem or another psychological disorder.

The main care version of the DSM-IV simplifies the Diagnostic and Statistical diagnostic criteria for a number of the most prevalent psychological disorders found in medical settings, including depressive symptoms. It also covers methods that employ a patient's complaints to assist diagnose them based on their symptoms. A pediatrics version has been created by the American Association of Pediatricians. The International Classification of Conditions for Mental Illnesses has served as the basis for the creation of an essential health care version by the World Health Organization. This consists of flashcards with information on most complaints as well as assessments and treatments for 24 mental health issues ⁵.

Causes of depression

There is no one cause of depression. It can occur for a variety of reasons and has multiple triggers. For some, the cause may be a traumatic or stressful life event, such as a divorce, illness, job loss, layoff, or money worries. A variety of factors typically combine to cause depression. Depression, for example, might occur during a time of illness or following a traumatic event, such as a bereavement. People talk about a “downward spiral” of events leading to despair all the time. When your relationship with your spouse isn’t working, for instance, you can become melancholy, stop seeing friends and family, and increase your alcohol intake. All of this could make us feel worse and make us depressed.

Furthermore, studies have shown that depression is more prevalent in older persons and in people who face difficult social and economic circumstances. It is thought that a portion of the genes your parents gave you may influence your likelihood of developing. Of experiencing profound depression.

- **Stressful event**

For most people, processing stressful events like a breakup or death in the family usually takes some time. Following these traumatic experiences, you have an increased risk of getting depression if you attempt to resolve your issues on your own and cease spending time with friends and family.

- **Personality**

You may be more prone to depression if you have certain personality traits, such as poor self-esteem or being unduly critical of yourself. Your early experiences, the genes you inherited from your parents, or both may be to blame for this.

- **Family history**

If you have a sister, brother, or parent who has struggled with depression in the past, your chances of developing depression are increased. One’s parents’ genes are thought to have some impact over particularly severe depression. Depression can be brought on by a variety of things, including life events, so having a family history of the condition does not ensure that you will get it yourself.

- **Loneliness**

Depression risk can be raised by loneliness, which can be brought on by splits with friends, family, and relationships ⁶.

Symptoms of depression

The symptoms of depression can vary widely from person to person and might be complex. If you are depressed, you may feel unhappy, hopeless, and lose interest in once-enjoyed activities. The medical disorders are severe enough to cause long-term disruptions to your relationships, career, and home life. There are a ton of other depression symptoms.

❖ Psychological symptoms

- Persistent poor attitude or depression
- Being depressed.
- Being apprehensive & concerned.
- Feeling irritable
- Depressive thoughts
- Being lonely

❖ Physical symptoms

- Move or talk less rapidly than other
- Feeling hungry or bodyweight fluctuations (generally lessened but occasionally raised)
- Indigestion
- Unjustified pains and discomfort
- Lack of energy
- Symptoms of sleep disruption include difficulty getting to sleep or rising up too early

❖ Social symptoms

- Reducing communication with colleagues and engaging in reduced occasions for Socializing.
- Ignoring your pastimes and passions.
- Having difficulties in your home, work or family life

None of these symptoms are present in every sad person. Some people only experience a few symptoms, while others have several. The symptoms of depression severely interfere with day-to-day functioning and greatly bother the person who is experiencing them ⁷.

Treatment

Depression is one of the mental health conditions that is most readily addressed. Approximately 80–90% of depressed people who seek treatment eventually see improvements.

Treatment Options include

Psychotherapy: Also referred to as talk therapy, psychotherapy involves speaking with a mental health expert. Your therapist helps you identify and change unfavorable thoughts, attitudes, and

Sharma *et al.* Breaking The Stigma: Surveying Depression and its Socio-Psychological Causes behaviors. There are many different types of psychotherapy, but cognitive behavioral therapy, or CBT, is the most widely used. Sometimes all you require is brief counseling. Some patients attend treatment for several months or even years.

The key to effective therapy is selecting the right therapist and therapeutic strategy for each individual. Psychotherapy can help individuals challenge negative beliefs, adopt healthy coping strategies, and adapt to their present circumstances. It can also assist individuals in identifying the issues that contribute to their melancholy and make space in their lives for goals ⁸.

Medication

Prescription medications known as antidepressants have the ability to change the brain chemistry that causes depression. Discovering the depression treatment that works best for you may take some time due to the variety of options available. Many medications have adverse effects that get better with time. If they don't, get in touch with your doctor. If you used a different medication, it might help you more.

Antidepressant types include:

1. TCAs, including doxepin is, protriptyline, imipramine, desipramine, nortriptyline, Clomipramine, trimipramine, and amitriptyline
2. MAOIs, including toloxatone, bifemelane, tranylcypromine, phenelzine, nialamide, Isocarboxazid, hydracarbazine, tranylcypromine, moclobemide, pirlindole, selegiline, Rasagiline or, and safinamide
3. SSRIs, including fluvoxamine, citalopram, escitalopram, paroxetine, sertraline, and fluoxetine
4. SNRIs, including Levo milnacipran, duloxetine, desvenlafaxine, and venlafaxine
5. Dopamine-reuptake inhibitors (NDRIs): bupropion is one example of an NDRI.
6. Specific NRIs like atomoxetine and reboxetine
7. Antagonists of serotonin receptors that decrease the absorption of serotonin, including Vortioxetine, nefazodone, & trazodone
8. Vilazodone, a partial antagonist of the dopamine 5HT1A auto receptor with serotonin reuptake Inhibition (SPARI),
9. Serotonergic channels 2 and 3 antagonists (NASSA), like mirtazapine & meandering, are Noradrenergic α_2 receptors antagonists.
10. Serotonin antagonist-producing inhibitors of norepinephrine reuptake (NRISAs), like Maprotiline

11. Antidepressants that block or antagonize serotonin receptors and serotonin-norepinephrine Reuptake inhibitors (SNRISAs) with strong schizophrenia D2 receptor inhibition or Antagonism, as amoxapine.
12. The atypical show antipsychotics with such as olanzapine, quetiapine, risperidone, lurasidone, And aripiprazole, that show mild D2 channel antagonistic effects with effectively strong 5 HT2A antagonist blockage
13. Excitatory the glutamatergic neurotransmission systems antagonists, inverse agonists, and Partial agonists (NMDA-glutamatergic inceptor antagonists, that include ketamine), that show Immediate impact.

Complementary medicine

This has to do with treatments that you could receive in addition to Western medicine. For those with mild depression who experience recurrent symptoms, biofeedback, acupuncture, massage, hypnosis, and counseling can be helpful or improve general well-being ⁹.

Prevention

Depression is not always preventable, however you can lower your risk by doing the following:

- Preserving a sound sleeping schedule.
- Utilizing constructive coping strategies to manage stress.
- Regularly engaging in self-care practices including yoga, meditation, and exercise.
- Whenever you feel that you are in depressed tell to anyone close of you ¹⁰.

Study Methodology

This study looked at depression in individuals selected at random. In April 2024, the study was conducted online using Google forms. The sample was randomly distributed to friends, relatives, and students from the states of Chhattisgarh, Punjab, and Madhya Pradesh with the aid of Google Forms. More than 100 respondents answered questions regarding depression using Google forms. The data collection process began with the questions we asked them and finished when the target sample size was obtained. Based on the age category, we conducted the poll. We separated the age groups into four categories: 15-20, 21-25, 26-30, and 31-35 years.

We asked whether people were not disclosing their occupations, such as housewives, students, or jobs. In the end, we found that the data collected from the survey participants on depression is enumerated below. The following were the survey questions for the participants:

1. Have you ever gone through a depression?
2. Have you ever shared your depression with anyone?
3. Reason identified for depression caused?
4. According to you what is the best way to deal with depression ?

RESULT AND DISCUSSION

The study's conclusion, drawn from its data, indicated a positive correlation between the individuals' incidence of depression and the several causes that were found. Men are more likely than women to experience depression, with 59.4% of men and 40.6% of women experiencing depression among the total population under study, as illustrated in Figure 1. There could be a number of other reasons contributing to this variance in the percentage of subjects reporting depression.

Age has been found to be a significant predictor of depression; Fig. 2 shows that 23.8% of the population is under the age range of 15-20 years, 29.7% is under the age group of 21-25 years, 17.8% is between the ages of 26 and 30, and 28.7% is between the ages of 31 and 35.

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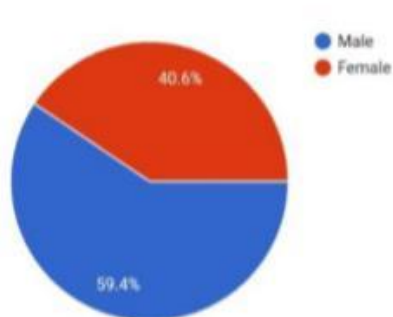


Fig1. Showing percentage of occurrence of depression among gender variation.

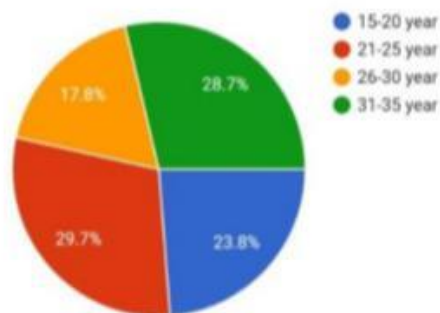


Fig 2 . Percentage of occurrence of depression among the population of various age group.

One of the main causes of depression that has been found to have a perfect correlation with the occurrence of depression is one's occupation. The findings indicated that a large percentage of working class persons and students experienced depression. The working class and student environments, together with the pressure to complete tasks on time or receive good grades, may be

Sharma *et al.* Breaking The Stigma: Surveying Depression and its Socio-Psychological Causes contributing factors to this high percentage of depression occurrences. Figure 3 displays the percentage of depression cases based on profession.

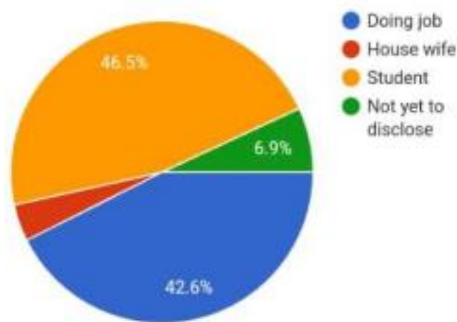


Fig 3: Percentage of occurrence of depression in population with different occupation

People cite medical history as the cause of depression in percentages of 8%, academic pressure in Percentages of 18.7%, social discrimination in percentages of 2.7%, drug abuse in 1.3%, Financial difficulties in 17.3%, relationship difficulties in 17.3%, lack of social support in percentages of 5.3%, physical abuse in 1.3%, sexual abuse in 2.7%, emotional abuse in 4%, related family issues In 10.7%, and death or loss of a loved one in 10.7%.

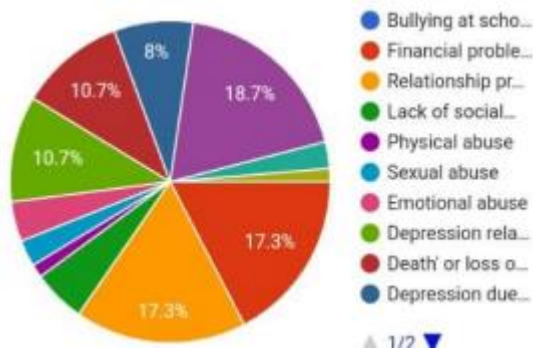


Fig 4. Various reasons that have been identified by people under survey that might have lead to occurrence of depression

The review claims that the most effective ways to treat depression are through yoga (8.9%), Meditation (33.7%), co-curricular activities (21.8%), and other therapies (35%).

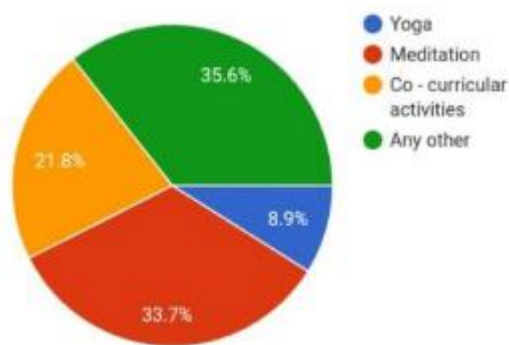


Fig 5. Various approaches that can have possible impact on reducing depression

CONCLUSION

The present study delves into the pervasive issue of depression, aiming to unravel its socio-psychological causes and address the stigmatization that often accompanies this mental health condition. Our comprehensive survey underscores the multifaceted nature of depression, highlighting a complex interplay of social, psychological, and environmental factors. Key findings indicate that social isolation, economic stress, and traumatic life events significantly contribute to the onset and persistence of depressive symptoms. Moreover, psychological factors such as low self-esteem, maladaptive coping mechanisms, and negative thought patterns exacerbate the condition. The stigma surrounding depression remains a substantial barrier to seeking help, perpetuating a cycle of silence and suffering. Our research reveals that individuals experiencing depression often face discrimination and misunderstanding from peers, family, and society at large. This stigma not only hinders their willingness to seek professional assistance but also exacerbates their emotional distress, leading to a detrimental impact on their overall well-being.

In addressing these challenges, the study advocates for a multifaceted approach to breaking the stigma associated with depression. Public awareness campaigns, educational programs, and community support initiatives are essential to fostering a more understanding and compassionate society. Mental health professionals play a crucial role in dispelling myths and providing accurate information about depression, emphasizing that it is a treatable condition and not a personal failing.

Additionally, the study underscores the importance of accessible mental health services and supportive environments that encourage individuals to seek help without fear of judgment. By promoting open dialogues and providing resources for those affected, we can create a more inclusive and supportive community.

In conclusion, breaking the stigma surrounding depression is imperative for improving mental health outcomes. Through concerted efforts in education, support, and advocacy, we can mitigate the socio-psychological causes of depression and enhance the quality of life for those affected. Continued research and proactive initiatives are vital to fostering a society where mental health is openly discussed and adequately addressed.

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