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Depression: A Mental Health Illness that needs to be validated by the Indian Society

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***Abstract:** This research paper talks about the mental health illness-Depression. Depression is a medical illness that interferes with an individual's capacity to deal with day to day activities. Our society has a habit of shunning the topic of mental illness and treating it as a taboo. Through our research paper, we have explained the causes, symptoms and different treatments available in India to cure Depression. This report also explores the awareness regarding this subject. There is an urgent need of society to accept that health includes physical as well as mental health.*
***Keywords:** Depression, Anxiety, Psychologist, Psychotherapist, Indian mentality*

I. INTRODUCTION

According to World Health Organisation (1948), "Health is a state of complete physical, mental and social well-being and not merely the absence of diseases and infirmity". Mental health awareness has always been looked down for too long. Specially in the Indian society, it is considered that a person is insane or mentally unstable if one is seen going through some mental health issues such as depression and the society makes people feel ashamed for having such issues and hence no one is willing to talk about it out in the open. However, in the recent years the world has become more aware of such mental health issues and it is encouraging people to face these issues instead of hiding behind the curtain of stigma and discrimination. Mental health should be a concern to all of us and not just a section or community suffering from it. It affects everyone. A person suffering from mental health issues will affect his family, friends and all his loved ones.

In our report we will be emphasising on the mental health disorder "Depression," its origin, causes, types, symptoms, effects and solutions to deal with it.

Depression is an illness that affects a person's mood, thought process and basically their day to day activities. The efficiency of work of a person suffering from depression will be decreased, they will constantly be in their own thought and nothing they do would bring them any joy or happiness. It is a very serious health issue as it may also lead people to thoughts of committing suicide and various other activities which they actually do not want to do but their mind is making the decisions for them. People try to cope with depression with substance abuse. These are the people looking for a temporary and easy way out. They think substance abuse will make them forget whatever is causing them to feel unhappy. Few also look at self-injury to get rid of the emotional pain and agony. They think the physical pain will take over the emotional pain. Depression will lead the people to reckless behaviour to cope with their anger, feeling of hopelessness and feeling unworthy. This will eventually lead to relationship problems. The biggest concern here is that when one doesn't talk about their feelings, they tend to take out these emotions in other forms such as taking out anger on a loved one when actually one is angry at something else. A person may become distant and hence again lead to straining of his relationships. The society while looking down on these mental health issues does not think about the kind of effect it may have on the person suffering from it. Due to society's negligence one has to assort to these methods of coping up.

There are studies being done on it to emphasize the growing importance of good mental health and to make people aware, our paper being one of such studies. More and more people are coming out to talk about depression, mostly influenced by celebrities who have also suffered from depression. Depression is a very sensitive topic and should not be misused in this manner. People should be educated about these things instead of looking at it as a taboo.

II. LITERATURE REVIEW

Depression is a mental condition characterised by severe feelings of hopelessness and inadequacy typically accompanied by a lack of energy and interest in life. Expressed Depression as a global increasing problem considered as modern-day epidemic. There is clear evidence backing this as there is dramatic increase in prescription rates for antidepressant medication over the past two decades as explored by Mental Health Foundation. While they projected that depression will become second most disabling diseases globally by 2020. (Is Depression at Epidemic Levels, 2012)

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Biochemical changes are an integral part of depression, they disturb the transfer of information between nerve cells and body's ability to manage it. As per the article, individual's response may vary but eventually it leads to sadness and other characteristic feelings suffered by most people with depression. Mood disorders originate from specific part of brain known as limbic systems which are known for the origin of imbalances in neurotransmitters during depression. (Karen L. Swartz, 2013)

Earlier Depression was known as melancholia, and was found to be in written form in second millennium B.C in Mesopotamia, (Schimelpfening, 2019) mentions that melancholia was believed to be spiritual condition rather physical or emotional. It was considered to be due to presence of demonic possession and was cured by priest rather than physicians. While the Greek and Roman doctors used therapeutic methods such as gymnastics, massage, diet, music and medication to treat the patient, a Greek physician named Hippocrates is credited with idea of physical cause of depression, he stated that depression is caused when there is imbalance in four fluids i.e yellow bile, black bile, phlegm, and blood, when there is excess of black bile depression occurs. While a Roman Philosopher named Cicero believed that depression was caused due to psychological issues like fear, stress, rage etc. (Nemade, n.d.)

During the 18th and 19th century an era known as era of enlightment, depression came to be viewed as a weakness which is inherited and cannot be cured, during the latter part doctor suggested that it was due to aggression while few doctors suggested that it is caused due to internal conflict between what you want and what you know is right. Treatments used during this period were water immersion, spinning stool, etc. (Schimelpfening, 2019)

In 1895, the German psychiatrist Emil Kraepelin became the first to distinguish manic depression, (bipolar disorder), as an illness separate from dementia praecox (the term for schizophrenia at the time).

This paper emphasises on childhood depression. Due to the low expressivity of depression symptoms as compared to other antisocial acts, the best place to study childhood depression is in a setting where observation is consistent and extensively practised. Such study is possible in a setting such as the Beechgrove Children's unit where children are in 24 hours observation under trained childcare professionals and other staff members. In conclusion three phenomenon of depressive disorders were found during the study. The first group was children who were characterised by expressions of sadness and helplessness and occasional hopelessness. This confirms to the concept of Engel and Spitz and relates to feelings of loneliness, emptiness and of being alienated from parents or peers and was more prevalent in younger children. The second group of phenomena was found in older children characterised by negative self-esteem, negative self-ideas due to feeling worthlessness, unloved and being used by others. The third pattern of depressive symptoms was characterised by children who thought they were wicked and should be either dead or killed due to the badness in them or due to association with bad people. (B.J.Mcconville, 1877-1967)

The article by The Pharma Innovation talks about how depression is a common issue in many people and occurs in all genders, ages and backgrounds. Emphasising on the three most common types of depression from this article, which are major depression, dysthymia and bipolar disorder. Major depression is characterised by feeling of sadness or irritability mood which lasts for two weeks and being unable to sleep, eat or enjoy pleasurable activities. Dysthymia is a less severe form of depression disorder. However, it is longer lasting and characterised by preventing a person from feeling good. People suffering from dysthymia also have episodes of major depression. Bipolar disorder is a disorder where a person goes through different mood swings. It was previously known as maniac disorder. The author used a World Health Organisation study to study the symptoms, causes and types of depression. In conclusion, Indians are the most depressed people in the world with about 36% of the people suffering from major depressive episodes (MDE) according to the WHO sponsored study. (Debjit bhowmik, 2012)

An article from the anxiety and depression association of America shares information about the different types of depression and how depression is different from anxiety. This article just as the one above talks about major depression and dysthymia and four other types of depression - premenstrual dysphoric disorder, depressive disorder due to another medical condition, adjustment Disorder with Depressed Mood and Seasonal affective disorder. Premenstrual dysphoria disorder has both emotional and physical symptoms. It can disrupt social, occupational and the functioning of other important areas also cause fatigue, changes in sleeping and eating habits. PMDD is characterised by emotional and behavioural symptoms such as sadness, hopelessness and anxiety. Depressive disorders caused due to certain medical conditions are called depressive disorder due to other medical conditions. Conditions such as HIV/AIDS, diabetes, strokes, Parkinson's disease etc. can also cause depression. Adjustment disorder with depressed mood occurs due to stress. It can be a positive stress due to overwhelming or a negative stress. People suffering from seasonal affective disorder suffer from major depression but only during specific time of the year, usually winters. The article used data provided by the National Institute of Mental Health, USA, for the study of these different types of depression. This article concludes that depression and anxiety are different disorders and there is no evidence that one is caused due to the other but there is clear evidence that many people suffer from both. (Depression, 2014)

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This paper studies and compares the executive functions of the students suffering from depression, anxiety and stress symptoms and those are not. It was a comparative and non-clinical study. The target of this study was the students of the Shahid Behesti University, Tehran, Iran. Different methods were used to screen and select the students suffering from depression. They were screened using the Depression Anxiety Stress Scales test which comprises of 21 items based on which they decided if the child suffered from depression or not.

As the result of the experiment, it was observed that memory, inhibition control, planning and flexibility of the healthy group was better than depressed group. As a conclusion to the research we see that people from depression suffer from disruption in cognitive abilities and selection and shifting abilities. (Bita Ajilchi, 2017)

Michael Robert Phillips with a number of other authors in their paper have assessed the depressive symptoms in persons who die of suicide in mainland China. The study was done to see how many of the suicide individuals had similar depressive symptoms. The symptoms were classified into four categories: major depressive symptoms, minor depressive episodes, subthreshold symptoms and no symptoms. From their study it was concluded that subjects with subthreshold depressive symptoms had higher risk of suicide than those without any depressive symptoms. And in the study 60% of the suicide cases with subthreshold depressive symptoms had no other psychiatric diagnosis so that they would not have been identified by the screening programs that consider a large range of mental disorders. (Michael Robert Phillips, 2006)

Another common reason among the teens is the social anxiety. Socially anxious individuals fear that the signs of their anxiety are obvious and they fear that they will have to face humiliation. According to rtor.org, social anxiety affects 300 million people globally. This article talks about the causes of social anxiety which are parental style, bullying, social media, etc. The author concludes by focusing on the fact that it is important to seek professional help if the problem is unbearable. (Why Social Anxiety Disorder Is More And More Common in Our Society, 2020)

Suicide is the third-leading cause of death for young people ages 15 to 24. Approximately 20 percent of teens experience depression before they reach adulthood, and between 10 to 15 percent suffer from symptoms at any one time. Only 30 percent of depressed teens are being treated for it. (Borchard, 2018)

According to webmd.com, there are multiple reasons why a teenager might become depressed. Some of them are the feeling of worthlessness and inadequacy over their grades, social status with peers, sexual orientation or environmental stress. This article also talks about the symptoms of teen depression like memory loss, difficulty concentrating, sudden drop in grades, etc. (Teen Depression, n.d.)

David Y. Harari in his article has distinguished a psychiatrist with a psychologist on the basis of definitions, his educational qualification, his training and about their medication prescriptions (Harari, 2019)

In simple terms, a psychiatrist is a person who is a medical doctor and is in a position to prescribe medications, while a psychologist is someone who treats the patient’s mental health problems by not using any medication means (i.e. through “talk therapy”)

Stephanie Watson in her article focuses on the places where psychiatrists and psychologists work, medications prescribed by them and the therapies they use for the treatment of the patient concerned. (Watson, 2019)

The article by Child Mind Institute talks about the 2 kinds of depression, namely, depressive disorder and dysthymia. The objective of this article is to make parents understand that their child might be more than just "moody". It talks about the importance of early intervention when someone is showing any signs of depression. The article also talks about the 2 serious problems that are associated with teenage depression: suicidal thinking or substance abuse. The author concludes by giving some treatments which may help teens suffering from mental illness. (Steingard)

Murali Doraiswamy in this article talks about the 5 charts that reveal how India sees mental health. In this article he says that while there is much sympathy for mental health sufferers, stigmatization is widespread. The first study was about support, judgement and fear where he studies that there are three major segments of people based on their attitudes towards mental illness. The second study was about people’s understanding of mental health.

This study shows that people apprehend mental illness. The third study was about people’s attitude towards those affected. Where majority agreed to the fact that people with mental illness should not be given any responsibility. The fourth study was about the social inclusion of those affected.

It was found that many respondents appreciate the social support for people with mental illness. The fifth study was about what people feel about sufferers. It was found that people showed different behaviors like sympathy, fearfulness, hatred and sometimes angry towards the people with mental illness. (Doraiswamy, 2018)

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A. *Research problem and Objectives*

Research problem: Understanding Depression as a mental illness and going an in-depth analysis on it

Research objectives:

1) To explore the causes and symptoms of depression in youth and adults.
2) To study the various treatments available in India
3) To understand the Indian mentality towards mental illness.
4) To find out the solutions to treat depression.

B. *Research Gap*

To explore the different types of treatments available in India and to know more on the topic from a psychologist.

C. *Research Methodology*

In this research paper, we have done an exploratory research. We have used primary data as well as secondary data for an extensive study on the topic. Under primary data, we have used both quantitative as well as qualitative data collection methods. We conducted a mail survey for our quantitative analysis and used basic excel functions to analyse our data. We conducted the survey to understand the mentality of the people in our society regarding mental health and the level of awareness that exists We also conducted an intensive in-depth interview with a psychologist for our qualitative analysis.

We have used convenient sampling method and our sample size for the 2 surveys conducted is 100 respondents. The data is shown in pie charts.

D. *Conceptual Framework*

This section deals with the analysis of the secondary data collected and studied by us.

Depression is a mental condition characterised by severe feelings of hopelessness and inadequacy typically accompanied by a lack of energy and interest in life. Depression was not found by any particular individual but instead many great thinkers have contributed towards helping us understand what depression really is. It was first noticed and acknowledged during the B.C.E in Mesopotamia. In the earliest days, depression was associated with demons and evil spirits instead of an illness and hence, it was treated with beatings, physical restraints and starvation. Though many believed it was caused due to demons and evil spirits, some also believed that it was caused due to physical imbalance in the four fluids: black bile, yellow bile, phlegm and blood. Excess of black bile was believed to cause the melancholic characteristic of depression. During the 18^{th} and 19^{th} century depression was seen as a weakness which could not be cured. Some even believed that it was caused due to aggression and internal conflict of a person about what is right and what he wants and according to them the best treatment was to lock up the person. Later the treatments changed to exercise, music, diet and talking to family and friends about their problems. Some treatment also included water immersion which was putting a person underwater without letting them drown and a spinning stool to cause dizziness as they believed the spinning would put the contents of the brain in their right positions. The recent beliefs of depression are that it is caused due to mourning and melancholia as a result of a loss, or due to a behaviour which means that depression can be learned and unlearnt, or cognitive theories such as how a person interprets a negative situation.

A study conducted by the WHO (World Health Organisation) states that 1 in 5 Indians may suffer from depression in their lifetime, which is equivalent to approximately 200 million people.

Depression is much more than just feeling sad or blue. It is a serious mental illness which needs treatment. Depression being a mental illness has the capacity to disrupt your ability to handle daily activities and cause serious mood swings.

We will be focusing our study on the causes of depression, symptoms, types of depression and solutions to deal with it.

E. *Causes*

The causes of depression in teens vary from that of the youth. The common causes of depression in teens are:

1) *Academic Stress:* Nowadays teens are under enormous amount of pressure to succeed and get good, infact, better marks than their peers. There was never such cut-throat competition in the earlier days. The cost of education, especially higher education, has soared high and most parents are constantly pressuring their kids to perform well. Stressing over classes and grades can often cause depression. The student's actual or perceived inability to meet the expectations of their parents and teachers may increase the chances of having anxiety and depression.

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2) *Social Anxiety and Peer Pressure:* Social situations may make some people very anxious. Some people cannot interact socially and cannot talk in public because they are nervous are agitated to do so. Social anxiety has affects on both, your body and your mind. The heart starts beating fast when the anxiety levels are high. Socially anxious people are always scared that their nervousness can be seen by people and they are worried that they will be socially humiliated. Hence, they start avoiding such situations and start isolating themselves from others. Social anxiety can be caused due to factors like parenting style, bullying, social media trolling, etc. Peer pressure is another common cause of depression in teens. There are times when one does not want to do something but because of his surroundings, friends, classmates, etc he/she is forced to do it just so that they are accepted by their peers. For example: Smoking
3) *Sexual Orientation:* Sexual minority youth (lesbians, gay and bisexual individuals) are reportedly said to have higher depressive symptoms than heterosexual youth. Lack of openness about one's sexual orientation is a major cause of depression. They are constantly judged and looked down upon by the society. Our orthodox culture does not validate these individuals and they are forced to hide their identity and start isolating themselves from people on the fear of being judged.
4) *Family Issues:* Constant fights at home between parents or other family members can mark a severe scar in the minds of the children. It is said that people learn from their families and they are a product of their upbringing. They start having anxiety issues and get scared when they see their parents fighting or going through a divorce. Many individuals who had seen their parents getting divorced were later found to be depressed. Family issues also include financial struggles of the family. Even though you might not be the bread winner for the family, knowing that your parents are facing financial constraints can be worrying.
5) *Traumatic Events:* Traumatic events include death of family members and close people, any sort of physical or mental abuse, etc. These events cause feelings of sadness, hopelessness and if not given proper help, can lead to severe depression.

The common causes of depression in adults are:

a) *Work Related Stress:* A moderate amount of stress helps you stay focused and determined to face challenges in your workplace. But in today's hectic world where the working hours are long, hectic schedules, endless deadlines, etc, everything seems like an emotional rollercoaster. When the stress exceeds your ability to cope up with this work, people start feeling depressed. There are people who are sacked off from their work due to the economy conditions, there are people who have been unemployed since months, all this leads to extreme level of stress and if not vented out can cause major depression.
b) *Financial Issues:* One contributing factor that has the potential to impact a lot of individuals is financial burden and stress. Researchers have also concluded that mental health issues and illnesses are three times more likely to occur when an individual is in debt. Depression due to financial issues is even more prevalent if an individual is the sole bread winner for the family. (Campbell, 2016)
c) *Genetic Causes:* Research shows that mother's depression, anxiety and stress during pregnancy can be inherited and cause anxiety and depressive disorders in their new-borns in the future. It is also estimated that individuals who had their first-degree relatives suffer from depression are 3 times more likely to develop depression. Depression can be associated with genes occupying fixed position on chromosome 8,15 and 17. (Marta Bembnowska, 2015)
d) *Stressful/ Traumatic Events:* Stressful and traumatic events like death of family members or close relatives and friends, emotional or physical abuse, etc can hamper the mental health of an individual and cause depression and other mental health illnesses.
e) *Drug Abuse Or Medications:* There is a strong correlation between substance abuse and depression. When a person suffers with both, Depression and substance abuse, it is known as dual diagnosis or co-occurring disorder. The relation between the two is bi-directional, i.e, people who indulge in substance abuse are likely to suffer from depression and vice versa. When an individual is depressed, he may resort to drugs and alcohol consumption to make himself feel better. Hence, the bi-directional correlation.

F. Symptoms

Symptoms of depression in teens can be of two types, behavioural and emotional. They may vary in severity, but changes in your teen's emotions and behaviour may include the examples below.

G. Behavioural Changes

1) Tiredness and loss of energy
2) Insomnia or sleeping too much

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3) Changes in appetite — decreased appetite and weight loss, or increased cravings for food and weight gain
4) Use of alcohol or drugs
5) Agitation or restlessness — for example, pacing, hand-wringing or an inability to sit still
6) Slowed thinking, speaking or body movements
7) Frequent complaints of unexplained body aches and headaches, which may include frequent visits to the school nurse
8) Social isolation
9) Poor school performance or frequent absences from school
10) Less attention to personal hygiene or appearance
11) Angry outbursts, disruptive or risky behavior, or other acting-out behaviors
12) Self-harm — for example, cutting, burning, or excessive piercing or tattooing
13) Making a suicide plan or a suicide attempt

H. Emotional Changes

1) Feelings of sadness, which can include crying spells for no apparent reason
2) Frustration or feelings of anger, even over small matters
3) Feeling hopeless or empty
4) Irritable or annoyed mood
5) Loss of interest or pleasure in usual activities
6) Loss of interest in, or conflict with, family and friends
7) Low self-esteem
8) Feelings of worthlessness or guilt
9) Fixation on past failures or exaggerated self-blame or self-criticism
10) Extreme sensitivity to rejection or failure, and the need for excessive reassurance
11) Trouble thinking, concentrating, making decisions and remembering things
12) Ongoing sense that life and the future are grim and bleak
13) Frequent thoughts of death, dying or suicide (Mayoclinic, 2020)

I. Symptoms of depression in Adults

1) Feelings of sadness, tearfulness, emptiness or hopelessness
2) Angry outbursts, irritability or frustration, even over small matters
3) Loss of interest or pleasure in most or all normal activities, such as sex, hobbies or sports
4) Sleep disturbances, including insomnia or sleeping too much
5) Tiredness and lack of energy, so even small tasks take extra effort
6) Reduced appetite and weight loss or increased cravings for food and weight gain
7) Anxiety, agitation or restlessness
8) Slowed thinking, speaking or body movements
9) Feelings of worthlessness or guilt, fixating on past failures or self-blame
10) Trouble thinking, concentrating, making decisions and remembering things
11) Frequent or recurrent thoughts of death, suicidal thoughts, suicide attempts or suicide
12) Unexplained physical problems, such as back pain or headaches. (Mayoclinic, 2020)

J. Types of Depression

1) *Major Depression* – This type of depression is when a person feels worthless and loses interest in activities, even the ones they loved doing or usually gave them pleasure. The person goes through a dark time. The symptoms of this kind of depression are lack of sleep, feeling hopeless and worthless, loss of weight and energy, having suicidal thoughts.
2) *Persistent Depressive Disorder* – This type of depression formerly known as dysthymia is less severe than major depression but it is prolonged and on an average stretch to two years. A person feels low and joyless for major part of the day though he can function his day to day activities normally. The other symptoms may include feeling hopeless, having low energy and low self-esteem.

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3) *Bipolar Disorder* – Also known as manic- depressive disease, this is a disease which looks quite the opposite of the usual depressive symptoms though even they suffer from depressive episodes from time to time The symptoms include, grandiose ideas, overly high self-esteem, high energy, spendthrift nature, overly sexual desires and energy and risk taking. This type of depression can a person feel great but it can lead to self-destruction and also is these energetic episodes are usually followed by depressive episodes.
4) *Seasonal Affective Disorder* – This occurs during the fall and winters when the length of the days is shorter. This is mostly due to the change in in chemical messengers such as serotonin and melatonin, also due to the change in the body's natural rhythm and change in the sensitivity of light received by the eyes.
5) *Perinatal Depression* – This type of disorder affects pregnant women. They go through this type of depression either during pregnancy or during the first 12 months after giving birth. It includes both major and minor depressive episodes and may affect the mother, the infant and their families majorly. The symptoms include frequent crying and weeping, not feeling connected to the developing foetus, trouble sleeping, loss of energy and appetite and increased anxiety.
6) *Premenstrual dysphoric Disorder* – This type of depression takes place usually during the onset of the menstrual cycle. The symptoms include feeling hopeless, feeling od irritation and anger and constant mod shifts and also the usual PMS symptoms such as breast tenderness and bloating. It can lead to reduce work efficiency and also damage relationships.

K. Treatments Available in India

After doing some research, we found out that the following are the types of mental health professionals in India:

1) *Psychiatrists:* A psychiatrist is a medical doctor who specializes in mental health disorders, including substance abuse. Psychiatrist, unlike psychologist, can perform a full range of medical laboratory and psychological tests which provides information on the patient's mental state. Psychiatrist deal with medical intervention in solving mental health illness.
2) *Clinical Psychologist:* A clinical psychologist is the one who is a mental health professional and has a highly specialized training in the diagnosis as well as the treatment of mental, emotional and behavioural illnesses, including OCD. Unlike psychiatrists, they do not prescribe medicines to treat their patients. Instead, they use their psychological techniques like cognitive-behaviour therapy and psychoanalytical therapy.
3) *Counselling Psychologist:* A counselling psychologist is a health service provider in the field of professional psychology. It focuses on both, the patient's personal and professional life. They address the emotional, social, school, work and physical health stress that people may have at different stages of their life. They also do group counselling sessions where they can address to family issues, organizational problems, etc.
4) *Psychotherapists:* Psychotherapies are also known as "talking treatments" since they do not use any medications to treat patients who have mental disorders. Some types of psychotherapies last only for few sessions while some last for months or even years. There are various types of therapies like Behavioural therapy, Cognitive therapy, Inter-personal therapy, psychodynamic therapy, etc.

L. Analysis Of Data

As mentioned earlier, we have conducted 2 surveys: one for the youth and one for the adults.
We discussed the responses received with a psychologist named Ms Tasneem Hussain from Mindsight clinic.
The analysis is divided into 2 parts: youth and adults

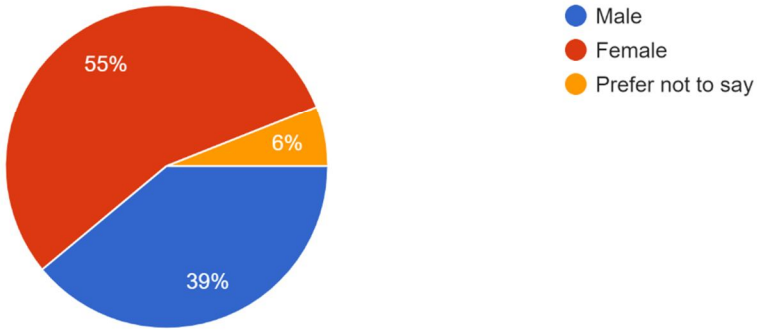
M. Youth

Our aim of conducting this primary research survey was to gain insights about the symptoms, causes and other factors and relate that to our secondary data analysis.
Our sample size consisted of 100 respondents. The sample size was chosen as per our convenience so it would be easier for us to analyse and understand the data.

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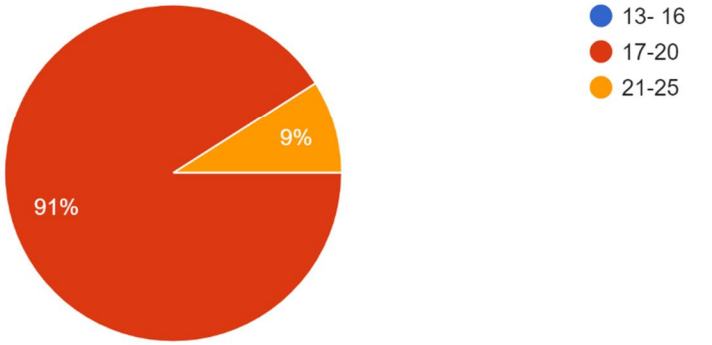
Gender

100 responses



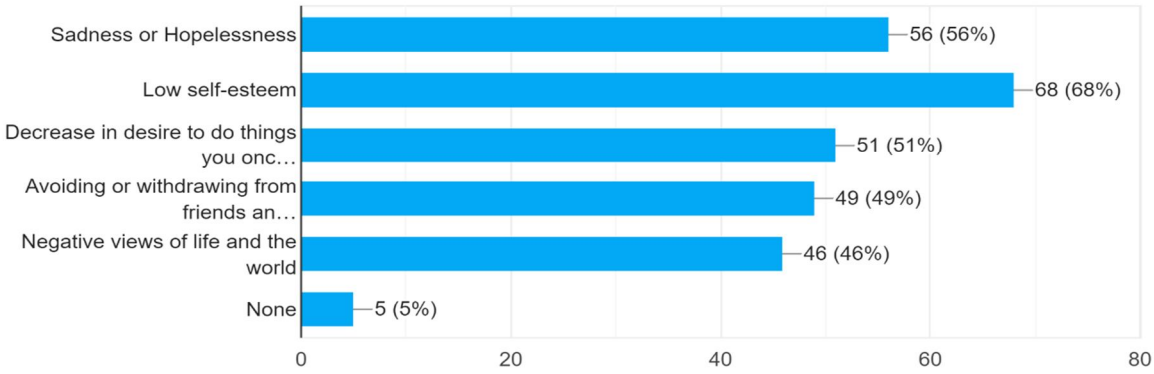
Age bracket

100 responses



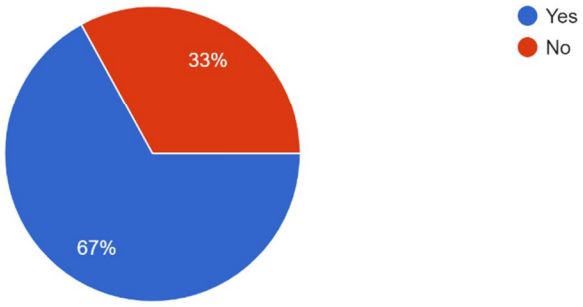
Have you ever experienced the following for a brief or long period of time?

100 responses

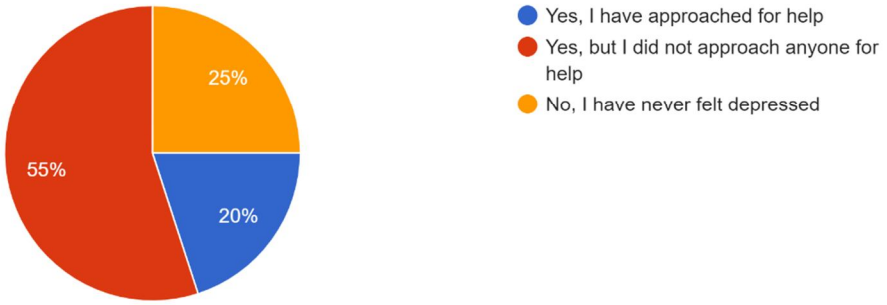


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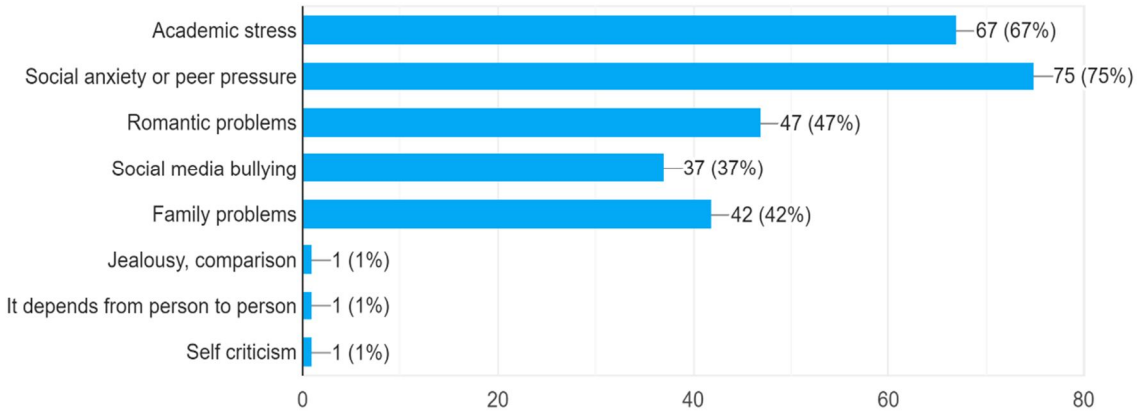
Are you aware that the above mentioned are a few symptoms of depression?
100 responses



Have you ever felt depressed? If yes, have you approached someone for help?
100 responses



What according to you are the reasons for depression in the youth today?
100 responses

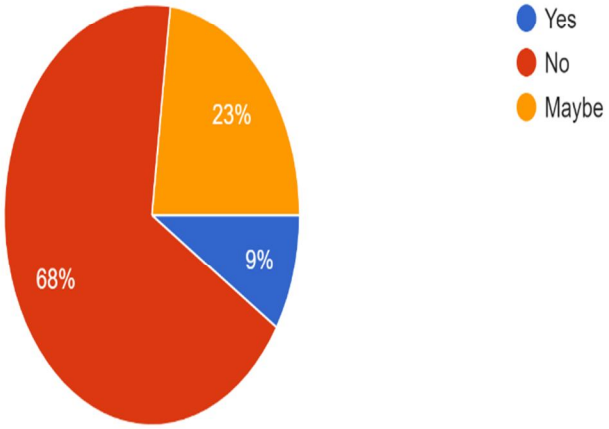


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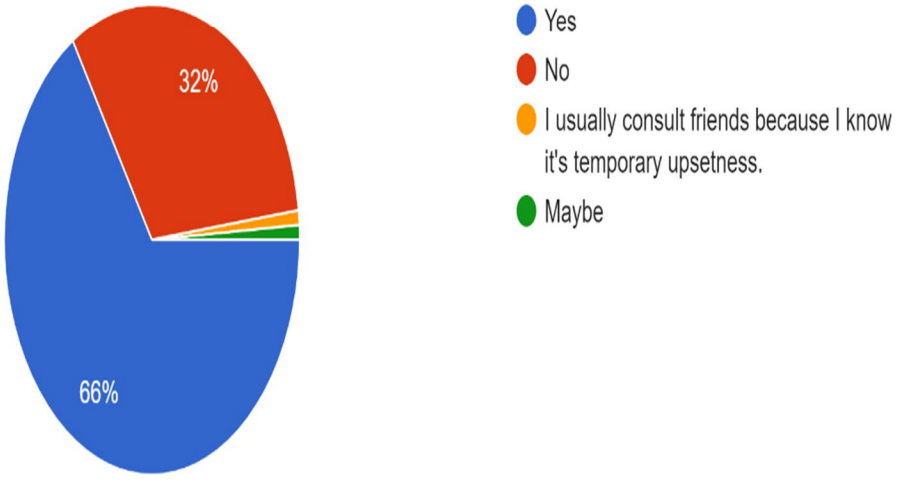
Do you think the Indian society validates Depression as an illness? or takes mental health seriously?

100 responses

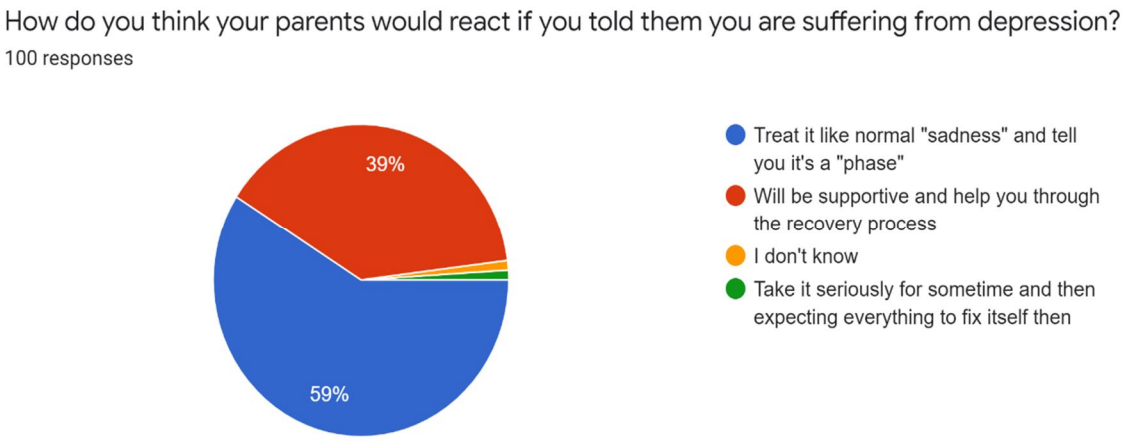


Would you personally be comfortable in going to a psychologist / a psychiatrist to seek help ?

100 responses



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Almost 91% of our respondents were in the age bracket of 17-20 years. These are the young adults who are still in their changing phase from their teens years to getting adapted to an adult life. According to our survey, most of them have suffered from low self-esteem in their life at some point of time. Sadness and Hopelessness being the next symptom which at least 56% of the respondents went through. From our secondary research we have found that rejection from peers can be a major cause of lower self-esteem as they derive their self – esteem from the love and respect they get from their peers.

The reason is that at around this stage of life, the youth spends a handful amount of energy in making connections with their peer groups. After getting the love and affection from their parents for a long time, when they step into the real world, they fall into the pit of depression and self- loathing when they are unable to fit into the social sphere. Another cause that we found from our secondary data for having low self- esteem, feeling of sadness and hopelessness is due to the structural and hormonal changes in the brain which triggers one's vulnerabilities.

Social Anxiety, Peer pressure and academic stress were the top most reasons for the cause of depression. As explained in the previous paragraph, we can see how social anxiety and peer pressure Is a major cause of depression due to the constant feeling of need to be accepted in the social sphere. Anxiety and depression in high school/college going teens have been on a rise since 2012 after several years of stability. Another major reason is academic stress, the constant pressure from our parents, teachers, society who are bent upon the idea that only high scores will lead us to success. The level of competition has increased tremendously.

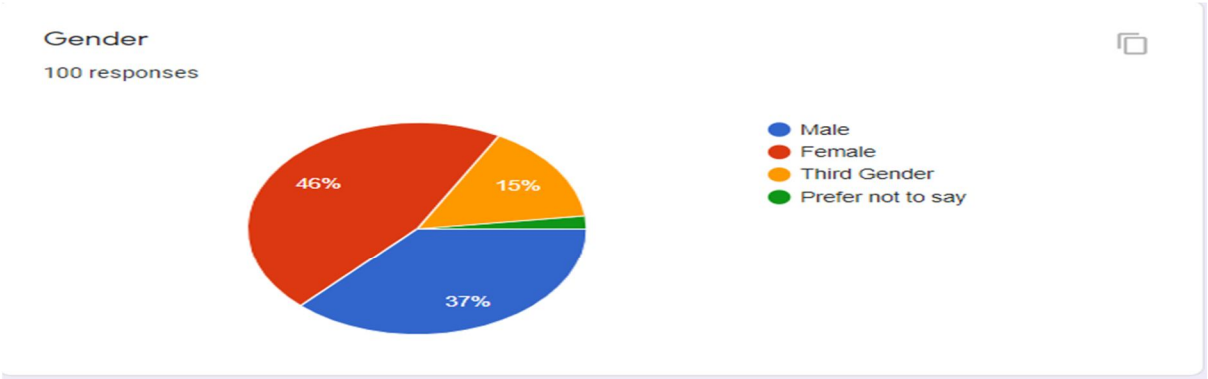
Youth today have a reputation of being less resilient, more fragile and more overwhelmed that the previous generations.

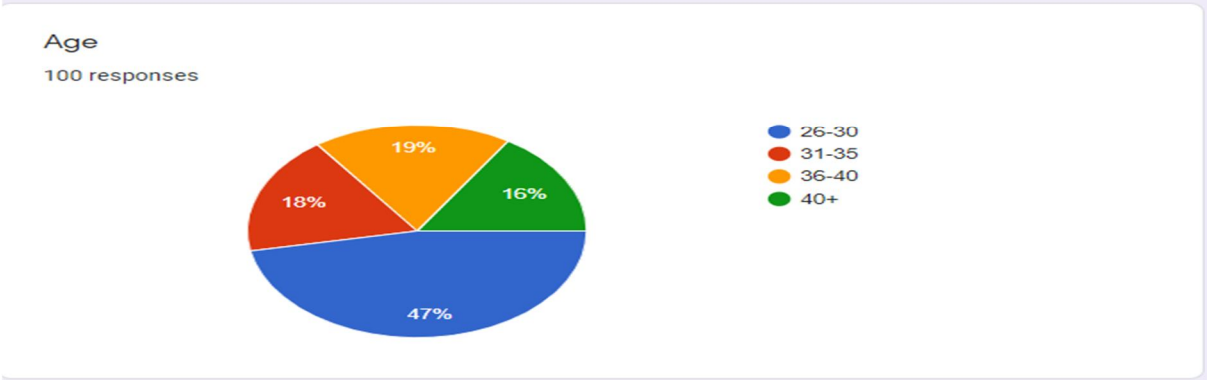
Regarding the awareness, 67% of them were at least aware of the symptoms of depression. What was shocking was that even though 80% of them felt depressed in their life, only 25% of them actually approached for help while the rest 55% of them had to struggle or are still struggling alone. Another paper written on mental health literacy among university students from university of Delhi where they studied the students of Delhi University also showed that they were aware of the different symptoms of depression. They were able to identify the people suffering from depression and had considerable knowledge about it. (U Arundev, 2019) From the number of research papers that we read about India's mentality on depression, the conclusion that we found was that India as a whole look at depression as something to be ashamed of and are not supportive of it. They felt that healthy people could be contaminated by people with depression. The general public's perception in Kolar was that, it is a brain disease and they called it God's punishment. They even termed them as being "dangerous". Due to reasons like these the youth are not willing to talk openly about what they are going through, due to the fear of being judged upon and feared and also looked down by many people.

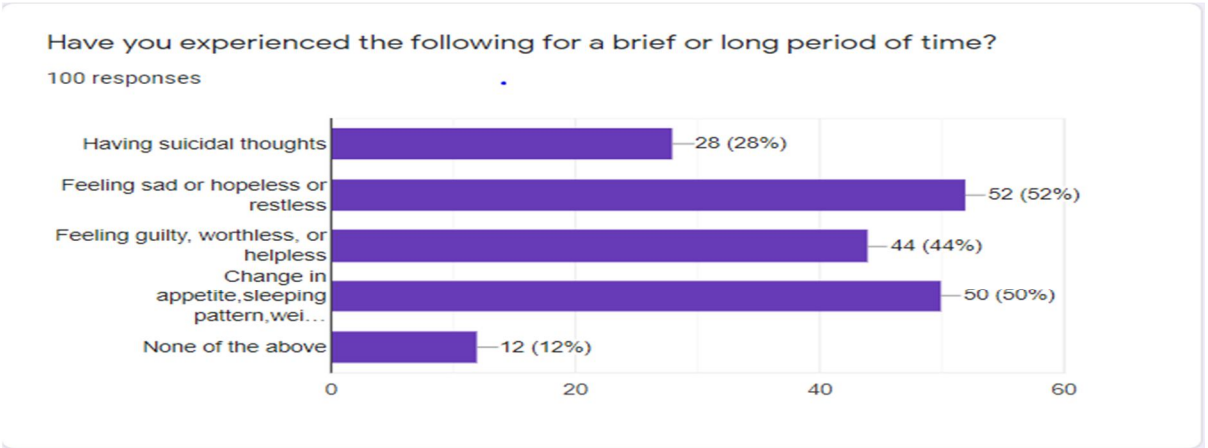
In India, the issue of mental health illness is not taken seriously. 68% of the respondents felt that Indian society does not validate depression as an illness and does not take it seriously which again correlates with the fact that most of them think that even their parents would not understand that they might be going through depression and they would instead treat it like a normal feeling of temporary sadness. This is the biggest problem in India. Depression is taken too casually and it is still considered as a taboo, no matter how fast are the depression rates rising. Our secondary data again gives substance to this finding as a qualitative study from Karnataka, India, explained how the people of Karnataka did not know the meaning of depression and connected it with symptoms of psychosis or mental retardation and a few people also said that people with mental illness did not need treatment. This shows the level of unawareness and ignorance that prevails within the Indian society. (Aruna Rose Mary, 2018)

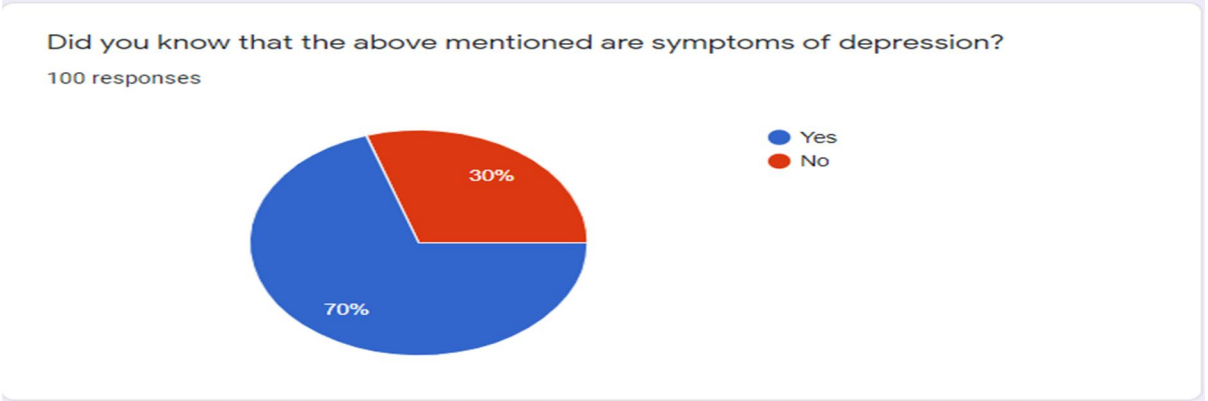
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N. Survey on Adults

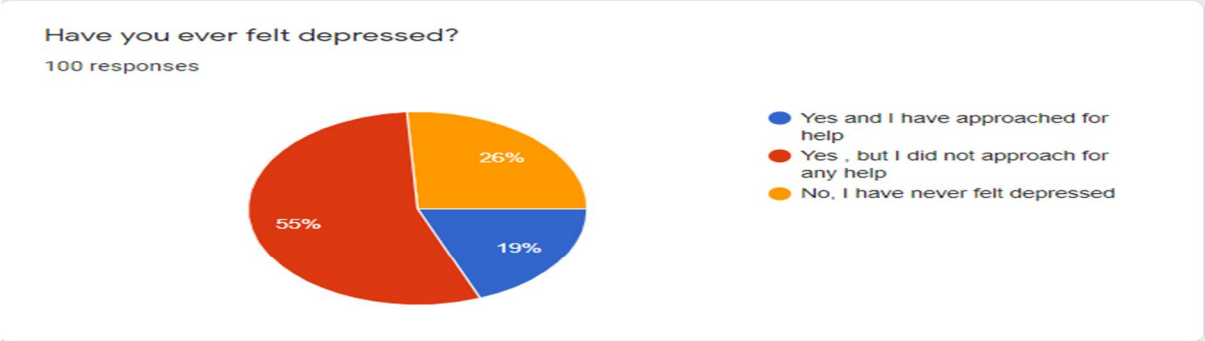


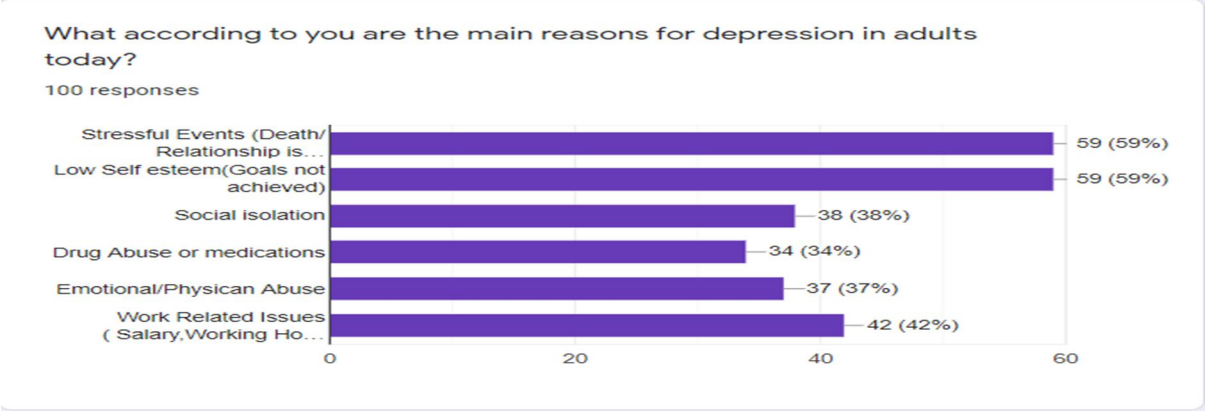


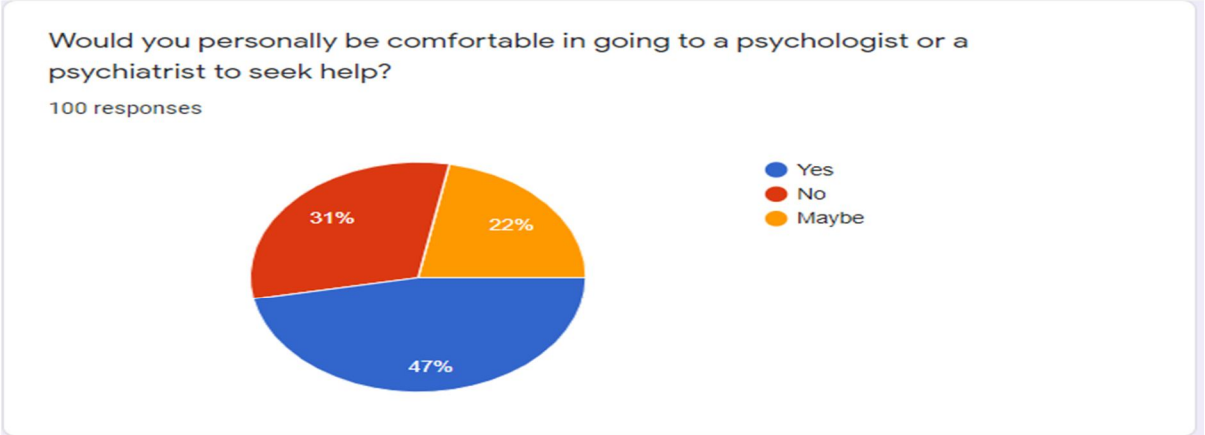


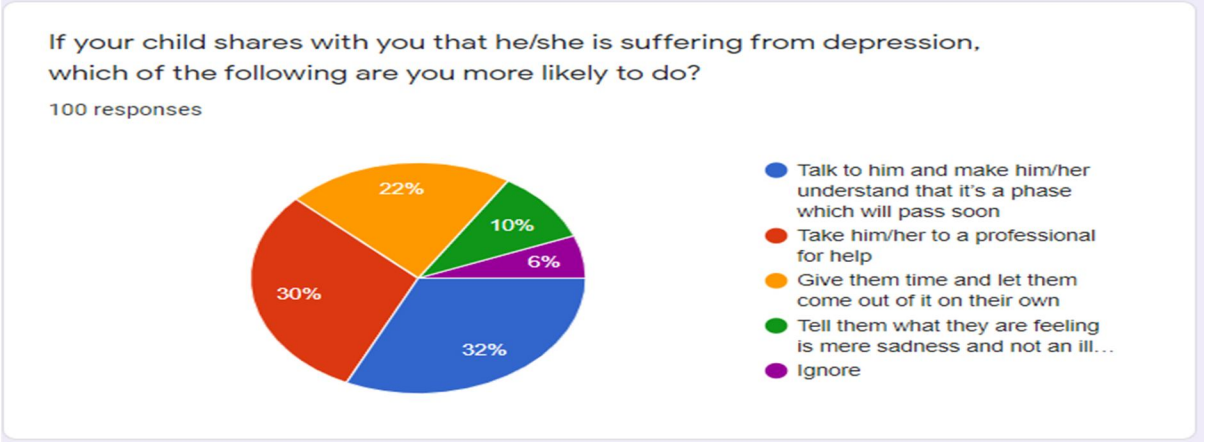


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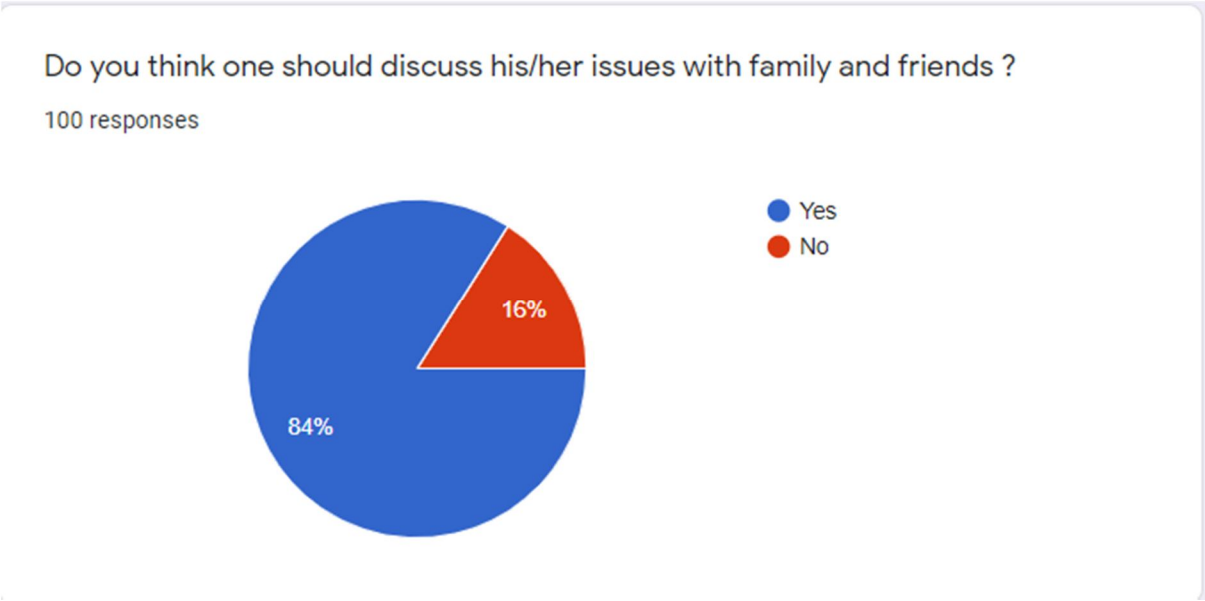






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O. Survey Analysis

Out of the 100 respondents, 37% were males, 46% were females, 15% were of the third gender and the rest 2% did not wish to disclose their gender.

Majority of our respondents were within the age bracket of 26 – 30 years.

The top 2 causes of depression in adults conveyed by our survey is stressful events and low self-esteem. Just like how the youth faces the problem of low self-esteem, this is a major cause of depression in adults as well, as they also feel the need of social inclusion and to be accepted by their peers and colleagues at work. As adults they feel highly stressed because often an adult has the responsibility of providing the family with all the necessities and comfort. Not being able to meet these self-set goals, a person feels sad and hopeless. This feeling of sadness and hopelessness thus leads to immense stress which then disrupts the sleeping pattern and appetite. Feeling of sadness, hopeless or restless and change in sleeping pattern and appetite are the two major depression symptoms faced by our respondents.

Though majority of the respondents (70%) were aware of the symptoms of depression and 74% said that they felt depressed but only 19% has actually approached someone and talked about it. This is again due to the Indian mentality that mental health issues are a taboo and not to be talked about. From the literature review of various research papers and articles in our paper, it is clear how India views mental health and depression. It is feared and some also show anger towards people suffering from mental illness. Due to deep stigmatization around mental illness, it leads people suffering from mental disorders to denial and shame. A study done In Kolar also conveyed that people used religion to justify their negative perception about mental illness. They called it God's punishment.

On the positive side, we can also see that India's mentality towards mental illness is changing. People are becoming much more positive and supportive towards the issue. Majority of the respondents said that they were comfortable with seeking help from psychiatrists and psychologists when they felt depressed and 84% of them said that if one is feeling low, they should talk to their family or friends about it. Doraiswamy and Murali's, 5 charts that reveal how India sees mental health showed that majority of the people felt sympathetic towards the sufferers of mental illness and the people felt that it was not their right to exclude these people from their own neighbourhood and it was their responsibility to provide the sufferers with the best care and help they could provide for. (Murali Doraiswamy, 2018)

From the previous paragraph we can see that our respondents have quite a positive attitude towards mental illness yet, when the question came to how they would react if their children told them that they were suffering from depression, the majority response was that 'talk to them and make him/her understand it is just a phase and will pass soon.' This indicates that they are yet not completely ready to accept mental illness as a real problem and feel it is mere feeling which will go away soon, not understanding the serious impact it will have on their children. This response is in alignment with the response in the youth survey where they say that if they approached their parents about being depressed, they would treat is as a mere feeling of sadness and say it is just a phase.

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The last question that we asked was an open-ended question where we asked our respondents to share their views on depression to which we got quite a few responses. All the people who responded to this question had positive things to say about tackling depression. Almost everyone had talked about the Indian mindset of how they perceive depression as a taboo and an embarrassment. They believe that the Indian Society lacks awareness and the ones who are aware should broaden their minds and be more accepting and supportive since the upcoming generation needs this the most. It is the upcoming generation going it the most and if it still looked as a taboo a country will never truly be able to grow. They treat people suffering from mental illness as a threat to the society. These responses are in sync with the secondary data collected by us, as those also speak about how there is immerse stigmatization and judgement associated with depression and mental illness in the Indian society. We should all work together as a country to make everyone's life comfortable.

Key insights from in-depth interview:

In order to know more about our topic, we conducted an in-depth interview with a senior psychologist, Ms Tasneem Hussain from the Mindsight clinic. We have summarized our conversation for the better understanding of the topic.

We had come across several news articles and research papers which said that the depression rates in teenage girls and older women is more than that of teenage boys and older men. But according to Ms Tasneem, it is almost equal. In fact, there are more male patients than females. The problem with males is that they don't even know that they have depression. Females at least know that they are sad and they come and ask for help on their own. They detect the problem on their own. For males, they usually come for irritability, aggression, low motivation, mood swings, inability to sleep properly, etc. These are the common symptoms seen in males. Females will come and directly just tell they're problems. They can at least sense that they are not fine and that they need help.

Next question we asked was to know where to draw the line between sadness and depression?

Depression is something which is too heavy as a word. In the information sheet given to the patients while their first session, there is a question which asks for their cause of coming and most of them write depression. We first ask them their present complaints and why do they feel they need to come visit a psychologist. As noticed by Ms Tasneem, most people have anxiety. They have excessive sadness rather than depression. Depression is when your sadness is combined with anxiety. There are clients who have not come out of their room for 10 days straight, has not slept at all, low appetite, or sleep throughout the day. Most of them are accompanied by one of their close people. Very few come on their own.

There are many teens who come alone without their parents because they are not comfortable talking about their problems in front of their parents. Some of them even come without their parents knowing since they feel or know that their parents won't validate their sadness as depression.

Sometimes the depression is so high, people need medication also. This is known as psychiatric intervention. This is one difference between psychiatrist and psychologist. Psychiatrist mainly treats patients by prescribing medicines.

Psychologists do psychotherapy which include CBT, REBT, colour therapy, art therapy, music therapy, dance therapy and many more. One needs to understand what the patient is comfortable with. When they come for the first time, we just study the case history, notice the symptoms and we also advise them if any testing is needed. Testing here does not refer to medical tests by psychometric tests. MCMI, TAT, MNPR, etc. For Depression, we tell them to take the Hamelton's depression scale and MCMI test. This is done only if required. We do these tests when we know that the patients have depression but we want to find out what level of depression they have. When you go to your normal family doctor, he will prescribe you with medicines but until and unless he knows what is in your blood test, he cannot give you a specific and effective medicine. So in this test, if we figure out that the patient suffers from high depression, then psychiatric intervention might be needed. A psychiatrist can refer a psychologist to his patients but it cannot happen vice versa since medical intervention is involved. So unless there are proper tests conducted which show that the patient is suffering from VERY HIGH depression, only then do we suggest a psychiatrist.

We have different remedies like relaxation techniques, for sleep disorders there is ASMR, music therapy, colour therapy, journal writing, REBT, etc.

It is a holistic mix of psychotherapies for every patient because every person is different.

Some patients are very responsive so they even give them homework like journal writing where they write down their irrational thoughts and make them into rational thoughts. Everyone's recovery period is also different. Some require not more than 3 or 4 sessions, one session being 45mins- 1 hr long. The sessions happen weekly. While there are also clients who have been coming for 5-6 months and they have not recovered. Even if they recover, they go back to being depressed because they stop following what they have been asked to do. As a psychologist, it's a job to make them independent and not dependent on their psychologists. The coping up mechanism should be followed by them so the next time they are on the verge of getting a panic attack, they understand

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what are their stressors, they understand what point triggers them. Once they already know all this, then it becomes easy for them to stop it.

A lot of social anxiety is prevalent in today's culture because we have constricted ourselves to phones and laptops. We are social through virtual lifestyle. So now what happens is when you text someone, you feel it is easier to convey your feelings and emotions through text than having a face to face conversation. We are scared about the harsh or the unwanted response from the opposite party but sometimes that unwanted response maybe necessary, maybe you do deserve that response. There are times when there are couples sitting together having a meal but they are on their respective phones or they are eating together and watching something together. That is where the communication is lacking. Sometimes when it is difficult to convey your feelings face to face, it is understandable if you message but we become so comfortable and accustomed to it that it impacts negatively. Another problem is while communicating via text, you don't understand the tone of the person and you misinterpret things which leads to miscommunication.

There are people who have negativistic personality itself. Some people have a habit of thinking the worst possible scenario that could happen to them. This is not their fault. They have been brought up that way, they have been exposed to certain environment or experiences. Negativistic personality doesn't mean that the person feels that this is the most negative thing that can happen to them. They feel that this is the ONLY negative thing which will happen and nothing can happen now. This then becomes irrational thoughts. So they help our patients convert those irrational thoughts into rational thoughts.

Nowadays the youth feels that it is very important to have certain number of likes. Everything needs to be in limit. There are times when you can feel like binge watching during vacations which is fine but that should not become a habit. There are people who are so obsessed that they will binge watch the whole season and the whole series together but that causes a hindrance. You must know where to draw the line. You cannot come out of the room after 5 days being all ignorant of the outside world and detaching yourself from everyone even for a day. Humans have restricted themselves to this virtual world due to which our mental health has taken a toss. People have forgotten to go out and take a walk in the park. Such things release endomorphins in your brain and releases adrenaline in your brain. All these are the happy hormones that are needed. Dopamine is the most important thing needed for curing Depression. Dopamine is a type of neurotransmitter. If there is less of it, it causes mood swings and Depression. It plays a role in how humans treat pleasure. Mental health issues are often linked with too much or too little dopamine. There are hardly any gardens nowadays. Nowadays even if someone smiles at us, we feel creeped out thinking that the other person has malicious thoughts.

Most of the cases of depression also takes place because we choose the wrong career. This is usually due to pressure. Children are pressurised to perform extremely well in their exams. There was a time when 70-80% was considered the best but nowadays even with a 95% people are not happy. There are students with 90% who don't get into the best colleges unless through a quota. The competition has gone so high. There are so many people who have tendency of mugging up. They do well in their exams but they lack basic knowledge which does not help them build their career and they get stranded in the future.

People choose their stream of education not on the basis of their interest but what field does the society perceive to be the best. We live in a society where even if our parents don't pressurise us, it's the society and the competition around us which keeps burdening us with their views and perceptions.

There are adults who have had depression because they are not happy with their work life which is also seen in our survey. As many as 42% of the people had work related issues. This usually happens when you choose a wrong career for yourself which does not make you happy. You keep dragging yourself for years but then comes a point where you get overly frustrated with you work and slip into depression. Ms Tasneem has a patient who is 50 years old and has been in the HR industry for the past 25 years but does not find happiness in his work. At the age of 50, he has decided to now pursue his passion in singing which is great for him now but had he taken an informed decision earlier, he would've never been depressed. Having a passion for something is very important.

We also asked Ms Tasneem if according to her Indian society validates depression as a mental illness. Her response matched our survey's response. Even she feels that Indian society is not accepting it. If a child/teen wants to go a psychologist and speaks to their parents about it, they will in fact tell them to be quiet about it and not tell anyone thinking that the society will judge them, they will be looked down upon and will consider them crazy. Most of the patients face this issue.

There are so many parents who are just not ready to accept the fact that their child is depressed.

People think mental health is a joke.

Teenagers are still open to consulting a psychologist but older adults refuse to do so. Also, as per Ms Tasneem, depression is very prevalent in older adults (55 years and above). A major contributing factor to this is hormones.

Older adults are reluctant to accept that they can be depressed and it is okay to consult someone.

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There are so many types of depression people don't know about. For example: Postpartum depression which happens to women after giving birth, Pre and post menopause depression which is related to hormones. So most women consult a gynaecologist and taking medicine for it but do not validate that as depression and seek psychological help.

What happens when you don't consult a psychologist is that it builds up and people don't know how to vent it out so they resort to self-harm/self-destruction. Suicidal thoughts is very common in youth and younger adults than in the older ones. People who do self-harm do not feel any pain because they have lost the ability to feel anything at all. They have become numb to it. They self-harm to feel better.

III. CONCLUSION

Mistakes and failure often occur together but that doesn't mean they are the same thing. As a result, this obsession on what's better, the good part, the easy stuff only results in one thing which is to keep reminding us of what we aren't, what we couldn't achieve or what we cannot be or have. These are the small things in our life that we have control over, letting go of the grip over this is one of the reasons that we keep falling in the trap of depression (choose a better phrase or word).

One of the ways of fighting your mental illness is to be open about it rather than confining it to yourself. The honest confrontation is what would generate the trust in your relationships and this suffering is what allows you to build up the courage to face your anxieties. Emotions are simply biological signals designed to nudge you in the direction of beneficial change. Hence the avoidance of mental suffering is itself a different kind of suffering.

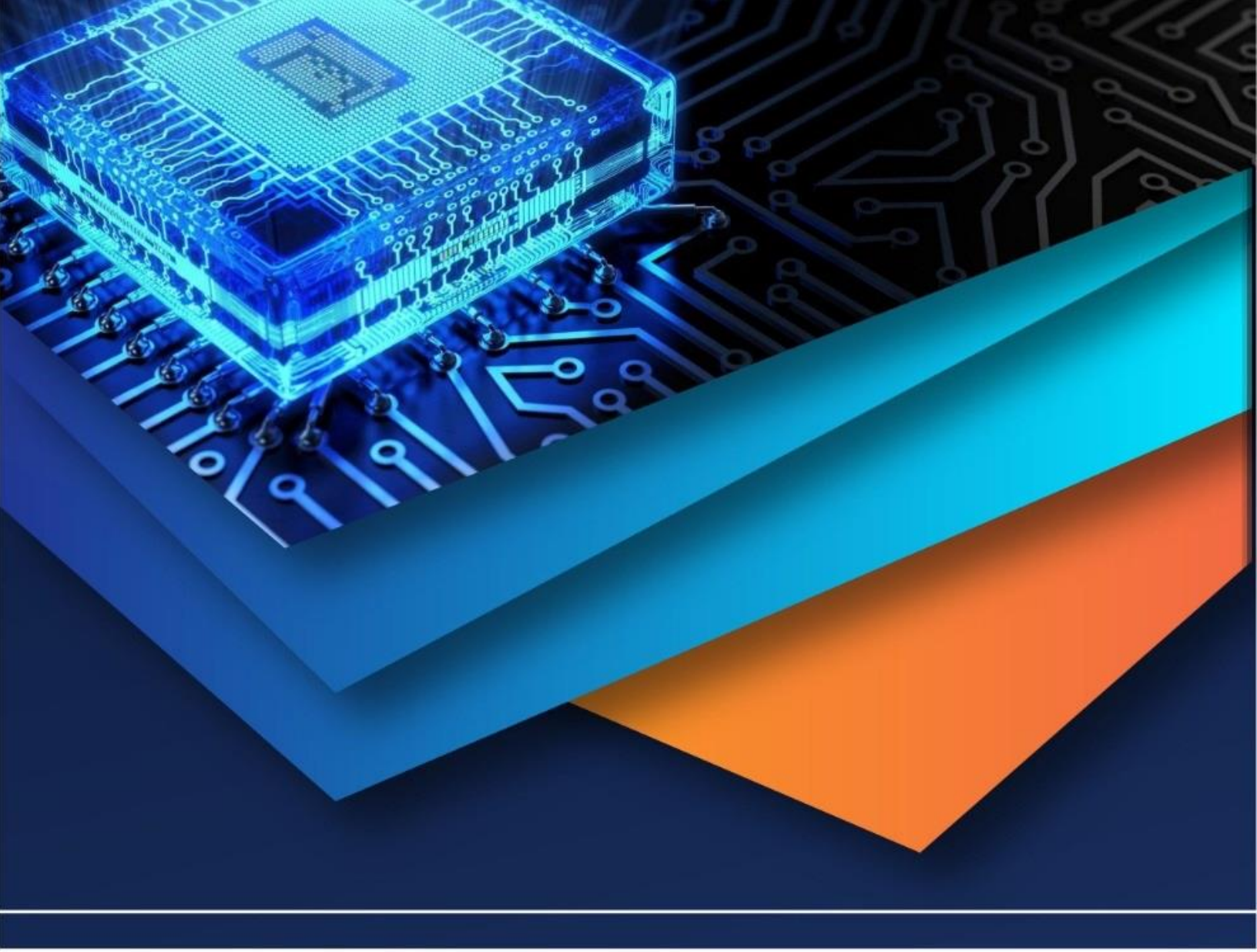
One of the ways of fighting your mental illness is to be open about it rather than confining it to yourself. The honest confrontation is what would generate the trust in your relationships and this suffering is what allows you to build up the courage to face your anxieties. The fact that a person knows he or she is feeling low but has accepted it and never tried anything extravagant, rather the simple ability to be completely be true to himself/herself and share his/her failings without any hesitation shows that the person is on his/her way to recovery.

The Key to a healthy mental life is to keep fixating on the things that are immediate and important to us rather than fixating on things that are beyond our control.

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