

There is an Elephant in the room – the Elephant of Depression

Priya Satalkar¹ Avinash De Sousa²

¹Institute for Bio and Medical Ethics, University of Basel, Switzerland.

²Consultant Psychiatrist and Founder Trsutee, Desousa Foundation.

E-mail – drpriyasatalkar@gmail.com

Suicide by a prominent TV personality in the recent past created quite a buzz among the general public as well as mental health professionals in India. Depression and other mental health concerns are no more the problems of developed world but are rather global in their disease burden. There is a mounting prevalence of mental health issues also within Indian population, affecting all age groups, both genders and across all socio-economic and educational attributes. Depression in particular is also on rise among the adolescents and the children [1].

Mental health issues have been stigmatized in many societies including India for decades. This stigma and associated fear such as impact on arranging marriages or losing employment compels suffering individuals and their loved ones to not discuss these problems openly or to seek professional help [2]. Though there has been some improvement in recent years at least in urban India in terms of accessing mental health services, patients and their families often wait till a point when they can't manage the suffering on their own. Like any physical illness, prevention, early detection, effective treatment, regular follow-up are the strategies to manage mental health concerns. We discuss the key prevention and treatment strategies for depression. Some of these strategies might be equally applicable to other psychiatric illnesses but depression is our main focus.

Early symptoms of depression in an individual though picked up by the family and friends are often ignored with the hope that it is a phase and shall pass. Some cases, it might hold true where a certain event in life of an individual could cause symptoms similar to clinical depression such as grieving death of a loved one, but when the symptoms persist for prolonged periods, it warrants attention of health care providers. A few studies point out that in some populations the prevalence of clinical depression can be as high as one in three persons [3]. Critiques argue that the changing definition and classification systems for mental illnesses as well as unrealistic expectations of individuals which are often not fulfilled have led to this epidemic of depression [4]. It is due to a change in life aspirations, social and cultural hopes and desires of what a good life should be and if those desires are not fulfilled, individuals start believing that there is no sense or meaning left in their lives. The reality is somewhere in between these two extremes. We the general public and the health care professionals must be aware of these extreme schools of thought and should also know how to pick up symptoms early and when to seek help. There are some validated tools and simple questionnaires that could be used for self-assessment but then the results of such tests should always be confirmed by the mental health experts before starting treatment. Recent statistics point to the fact that 1 in 3-4 individuals may have symptoms of depression. Out of these individuals only 30-40% seek intervention and help [5]. There are also many cases of sub-threshold depression that may be missed as they do not meet clinical diagnostic criteria and yet continue to have psychiatric symptoms suggestive of depression.

TREATMENT OPTIONS AVAILABLE

A variety of treatment options are available for the management of depression. Studies have demonstrated that no one form of intervention works best and it is a combination of methods that is useful [6]. Medication and psychotherapy are the cornerstones for the management of depression. There are a

number of myths prevalent with regard to the medical management of depression. Primitive views on psychiatry often prevent individuals from taking antidepressant medication and they continue to suffer in depression for a longer period of time. Psychotherapy works over an 8-14 week period and medications help in the meanwhile by altering neurochemistry and lifting mood. Many people do not realise the fact that medical treatment may enhance the effects of psychotherapy and may make an individual more focused and receptive as well as expressive in therapy sessions. Other than medication and psychotherapy combining yoga, meditation, behavioural methods, exercise and social support from friends also play a vital role in bringing an individual out of depression. It is pivotal that an individual seeks help when depressed, as mild depressions that people often assume would resolve on their own may progress to severe depression where suicidal feelings may come in leaving the individual forlorn and in a state of utter disdain.

LIFE STYLE CHOICES

Concerns of long term side effects of various classes of antidepressants has led to large body of scholarly research on other modalities such as life style modification, meditation and mindfulness techniques that have proven as effective as traditional psychotherapy in randomised control trials [7]. For example, regular physical exercise such as a brisk walk, a run or any outdoor physical activity that an individual patient enjoys could improve their sense of wellbeing, contribute to effects of psychotherapeutic drugs and have other positive effects on physical health. Studies have shown positive effects of mindfulness interventions in patients with depression as well as those suffering from depression while undergoing treatments for cancer or other serious physical health problems. It is important to remember that these strategies though effective, require a long term commitment and persistence on part of the patient. However great it might feel after having gone for a run, for a severely depressed individual, lack of motivation to even get dressed or get out of home might make it impossible to start regular exercise. Such individual might need psychotherapeutic drug treatment to reach a stage where they could undertake these life style modifications to support their recovery. Unlike pharmaceutical agents, these strategies though effective are slow in their action and in many mental health conditions including depression, neither the patient nor the family members have patience and persistence to follow these strategies especially if illness is progressed or has gone untreated for a prolonged duration of time.

SOCIAL AWARENESS, SUPPORT FROM FAMILY, FRIENDS, COLLEAGUES

Depression cannot be treated effectively by focussing only on individual patients. The interaction between patient and the mental health care provider is limited in terms of time. Family plays a crucial role in ensuring treatment compliance and to monitor progress. Colleagues at work and friends need to be taken into confidence so that they can provide necessary emotional as well as work related support when needed. Hiding depression from colleagues and family can help in short periods of time but it is hard to keep it secret for long term and keeping a secret like that has its own stress. In an educational video created by World Health Organization, many of these points are beautifully highlighted (see below). Celebrities and Bollywood stars that have come out to public and shared their stories of struggles with depression have opened the door to larger public debate and awareness. But rather than just focussing on debate or criticism, it is important to create a multidisciplinary and multipronged intervention to improve detection, treatment and prevention of depression and other mental health illnesses. Mental health helplines as well as suicide helplines are available in major Indian cities for those that wish to seek both information and help. It is prudent that people use these resources but a lack of initiative and reluctance on the part of the patients goes a long way into pushing him further into the throngs of depression. Depression is treatable and curable. Help is available but one must be ready to seek the same.

World Health Organization Video Link –

<https://www.youtube.com/watch?v=XiCrniLQGYc&list=TLpf8QaZUK8ZDyoqznLT5nSOdluds063B3>

REFERENCES

1. Reynolds WM, Johnston HF (Eds.). Handbook of Depression in children and adolescents. Springer Science & Business Media; 2013.
2. Brown C, Conner KO, Copeland VC, Grote N, Beach S, Battista D, Reynolds CF. Depression stigma, race, and treatment seeking behavior and attitudes. *J Commun Psychol* 2010;38(3):350-68.
3. Ibrahim AK, Kelly SJ, Adams CE, Glazebrook C. A systematic review of studies of depression prevalence in university students. *J Psychiatr Res* 2013;47(3):391-400.
4. Kessler RC, Bromet EJ. The epidemiology of depression across cultures. *Ann Rev Public Health* 2013;34:119-38.
5. Schomerus G, Matschinger H, Angermeyer MC. The stigma of psychiatric treatment and help-seeking intentions for depression. *Eur Arch Psychiatr Clin Neurosci* 2009;259(5):298-306.
6. Cuijpers P, van Straten A, Warmerdam L, Andersson G. Psychotherapy versus the combination of psychotherapy and pharmacotherapy in the treatment of depression: a meta-analysis. *Depress Anxiety* 2009;26(3):279-88.
7. Berk MI, Sarris JE, Coulson CE, Jacka FN. Lifestyle management of unipolar depression. *Acta Psychiatr Scand* 2013;127(s443):38-54.

Acknowledgements – Nil

Funding - Nil

Conflict of Interest – Nil