

WHAT IS DEPRESSION?

Depression is a brain condition in which one's way of thinking; feelings and behavior change such that the affected person develops a constant feeling of sadness that is present all the time, everyday for more than two weeks. In addition, the affected person no longer enjoys the things that they used to enjoy; for example, they no longer enjoy working in their home, garden, shop, office or socializing with friends.

HOW DOES DEPRESSION PRESENT?

The affected person may lose their energy and they feel weak all the time, and also they cannot think clearly, consequently they fail to do their daily work or job,

The affected person may have difficulty in sleeping especially waking up in the middle of the night (3.00am) and failing to go back to sleep. .

The affected person may experience a change in appetite or weight Some people affected by depression may eat too much and put on a lot of weight. Others may lose appetite and lose weight.

The affected person may feel worthless, hopeless and useless all the time.

The affected person may have difficulty in thinking clearly or thinking too much thus unable to make decisions.

The affected person may resort to drinking alcohol excessively or use drugs to counteract the feeling of sadness.

As the disease becomes severe, the affected person may feel that they have no future and that they are better off dead.

WHO GETS DEPRESSION?

Anyone can get depression. It can occur in children, adolescents, adults and the elderly.

It affects both males and females but it is more common in females than males.

IS DEPRESSION THE SAME AS SADNESS?

Depression is different from sadness.

Sadness is a normal emotion (feeling) that occurs especially after a negative event. Depression is an abnormal sad feeling and maybe present in absence of negative events.

- Sadness is not persistent for weeks or months. However, in depression the feeling of sadness is present all day, every day for more than two weeks.
- Sadness does not produce significant weight changes or prolonged periods of sleep changes.
- Sadness may usher in negative thoughts but it does not lead to suicidal.
- Sadness is interrupted by periods of laughter but depression often cannot be lifted by any form of laughter.
- Sadness may reduce our ability to enjoy life but depression completely destroys your ability to enjoy life and is associated with a complete lack of interest in things that you used to enjoy.

HOW COMMON IS DEPRESSION?

Depression affects one in four individuals worldwide. Majority of the cases are people with mild or moderate severity of depression which is amenable to talk therapy.

WHAT ARE THE MISPERCEPTIONS ABOUT DEPRESSION?

In our culture, traditional explanations about the causes of depression include the following

Depression is caused by evil spirits and demons

- Depression is a normal response to problems in life.
- Depression is caused by turning away from God.
- Depression is caused by being lazy and weak.

WHAT CAUSES DEPRESSION?

Many factors work together to cause depression. These factors fall into three main categories namely:

1. Conditions in our bodies, for example a person may be born with genes that lead to depression, a person may have a diseases in their body e.g. HIV/AIDS,or Cancer that affect parts of the brain responsible for regulating our feelings and this may lead to depression.
2. Stressful life situations for example, being exposed to war events such as torture, being extremely poor, lack of social support (family and friends to turn to when we have problems), death of our close family members or friends, having conflicts with our spouses(domestic violence) conflicts with our neighbors or family members or friends.

3. Other factors that cause depression may arise from the way we think and feel about ourselves, our lives, and the way we cope with problems generally.

For example, when we view our selves in a negative way because of a certain attribute that we have, then we have felt stigma and this makes us more likely to develop depression. When we constantly hold negative thoughts, we are more likely to develop depression.

HOW IS DEPRESSION TREATED?

Treatment should aim at biological, social and psychological factors that may combine to precipitate the depression. First line treatment includes psychotherapy or counseling through which the affected person provided with knowledge and a variety of skills to overcome depression. Below are some activities that take place in therapy

- 1) Teaching the affected person how to remove or modify the stressful situations in our social environment that lead to depression. For example, we can learn income generating skills and reduce poverty
- 2) We can learn helpful ways of thinking and helpful coping skills that will reduce our depression.
- 3) We can learn new skills like gardening, a sport, music or dance that can give us positive experiences to enhance our sense of purpose.
- 4) We can learn to connect with other people who can help us when we are in overwhelming difficult situations
- 5) We can engage in activities which give us positive feelings like hope. These activities include things like positive creative visualization, expressing gratitude, helping acts,

positive self talk, practicing spirituality, maintaining good nutrition, and general physical health.

- 6) If there is no improvement with the above, psychotherapy sessions can be combined with medications that help reduce depression.

HOW TO IDENTIFY SOMEONE WITH DEPRESSION

An individual with depression may be identified by assessing him or her with a screening tool called the self-reporting questionnaire. We recommend that you follow the following five steps.

Step 1: Introduce yourself to the people in the waiting area of your health center and give a health talk on depression.

2: Invite those who have experienced any of the signs and symptoms of depression that you mentioned to be screened for depression using the self-reporting questionnaire.

Step 3: For those who endorse 6 or more symptoms in the self-reporting questionnaire, there is a high chance that they have depression. Check to see if the endorsed symptoms include feelings of wanting to kill one-self. For those with suicidal feelings, conduct a suicide risk assessment.

Step 4: If the suicide risk is low to moderate invite to attend group support psychotherapy.

Step 5: If suicide risk is high, or the affected person is hearing voices of people they cannot see (auditory hallucinations) or seeing things that other people cannot see (visual hallucinations) or firmly holds beliefs such as believing that other people want to harm them (paranoid delusions), make referral to a mental health worker at closest health center.

HOW TO CONDUCT A SUICIDE RISK ASSESSMENT

Prediction of suicide is never easy. However, there are known risk factors, which may help us to predict suicidal risk. One method goes under the acronym SAD PERSONS.

S: Sex. Men are more likely to commit suicide than women. Males kill themselves about four times more often, although females make far more attempts.

A: Age. The ages which are most dangerous for suicide include 15-24 years especially males and above age 65.

D: Depression. The suicide rate for those with depression is about 20 times greater than for the general population. Hopelessness is one aspect of depression that has a close tie to suicide.

P: Previous suicide attempt. Roughly 80% of completed suicides were preceded by a prior attempt.

E: Ethanol abuse. Alcohol and/or drug abuse increase risk for suicide.

R: Rational thinking loss. Psychosis (I heard a voice saying I should kill myself) increases risk for suicide

S: Social support: loss lack of social support.

O: Organized plan: This speaks for itself. Having a method in mind creates more risk.

N: No Significant Other. Especially the lack of a spouse or other close relations

S: Sickness. Terminal illness, such as cancer and AIDS, also carries with it a 20 fold increase in risk of suicide compared to the general population.

Scoring System: 1 point for each positive answer on the above.

0-4: low suicide risk, No real problems, treat with group support psychotherapy

5-7: moderate suicide risks, treat with group support psychotherapy, but check for suicidal thoughts in every group session.

8-10 high suicide risk, refer to mental health worker

COMPLICATIONS OF UNTREATED DEPRESSION

1. Depression affects relationships because people with depression have greater difficulty interacting/relating with others. Therefore, the social life of depressed people such as the couple/family may change.
2. Depression affects a person's behavior and style of communication (less eye contact, slower and softer speech, negative thinking, reduced ability to solve problems).
3. Depression is often accompanied by an increase in marital tension and arguments.
4. Some depressed people are unable to work. Therefore, other family members may have to get a job for the first time or work two jobs to compensate for the reduced income.
5. Family members often become frustrated with the depressed person's behavior, thinking the consumer should just —get over it or —cheer up.
6. Depressed people often have decreased interest in physical intimacy and sexual activity. Partners often worry that the affected individual is no longer physically attracted to them, which can increase the tension in the relationship.

