



## COMPREHENSIVE DEPRESSION ASSESSMENT MEASURE FOR FRONTLINE HEALTH WORKERS: A NEED OF THE TIME

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### ABSTRACT

Depression is a mood disorder characterized by a sense of inadequacy, despondency, decreased activity, pessimism, and sadness severely disrupting and adversely affecting the person's life. Many times suicide results. The search for an extended understanding of the causes of depression, and for the development of additional effective treatments is highly significant. Such a search should initiate from early diagnosis, the diagnosis that can be done by lay person or a person with a brief background knowledge of the depressive symptoms. Although recognized by the people in close proximity of the person suffering from depression, it is rarely diagnosed and almost never promptly treated. This article is the review for search of such a diagnostic measure that can be used by frontline health workers to diagnose depression as early as possible and warn the people around that there is need for referral and medical help.

**KEYWORDS :** Depression, comprehensive depression assessment tool

### INTRODUCTION

The 18<sup>th</sup> century is fondly addressed by the Sociologists as the century of inventions, 19<sup>th</sup> as the century of progress and 20<sup>th</sup>, the century of anxiety by extrapolation, the 21<sup>st</sup> century is the century of depression.<sup>1</sup>

Depression is among the 2<sup>nd</sup> most common causes of morbidity and disability in India, leading to substantial decrease in quality of life and productivity. Depression is one of the most common psychological disorders affecting 340 million people in the world today. No one is immune from depression, as it occurs in people of all classes, all countries and all cultural settings.<sup>2</sup>

Depression is a disorder of major public health importance, in terms of its prevalence and the suffering, dysfunction, morbidity, and economic burden. Depression is more common in women than men. The report on Global Burden of Disease estimates the point prevalence of unipolar depressive episodes to be 1.9% for men and 3.2% for women, and the one-year prevalence has been estimated to be 5.8% for men and 9.5% for women. It is estimated that by the year 2020 if current trends for demographic and epidemiological transition continue, the burden of depression will increase to 5.7% of the total burden of disease and it would be the second leading cause of disability-adjusted life years (DALYs). Features of psychological distress, depression, and other psychological problems are very common among mothers of under-five children associated with negative effects on their quality of life and wellbeing. A comprehensive treatment of such children will require that attention be paid to the emotional health of their mothers. More studies are indicated to determine the generalizability or otherwise of these findings. Rural women are subjected to different kinds of stressors, such as the pressure of an uncertain future. Face social, emotional and physical family problems which may affect their health. Too much stress can cause physical and mental health problems, reduce self-esteem and may affect on achievement.<sup>3</sup>

Clinical depression affects women twice as often as men. As with many mental disorders, a variety of factors may be involved with the onset of depression in women. Specific attention has been paid to the biological factors, such as the changes in the brain, hormones, and genetics. Neurotransmitters play a big role in depression. They are and is associated with depressive symptoms when the chemicals are not correctly balanced. Changes in the body's balance of

hormones may be involved in causing or triggering depression and can be a result of menopause or a thyroid problem. Women who have biological relative who also suffer from depression are likely to also develop the condition. This paper will review incorporate the findings regarding these various potential causes of depression in women.<sup>4</sup>

Community health worker (CHW) are members of a community who are chosen by community members or organizations to provide basic health and medical care to their community. They are expected to be capable of providing preventive, promotional and rehabilitation care to these communities. Other names for this type of health care provider include village health worker, community health aide, community health promoter, and lay health advisor.

Community health workers contribute to community development and can help communities improve access to basic health services. They are most effective when they are properly trained to provide information and services to the community.[2] Community health workers are the most promising form of delivering health services to resource-constrained areas. They are seen as secondary health services in most low-income countries are available as a service to the community.<sup>5</sup>

In the U.S., about 15 million people experience clinical depression each year and the majority of them are women. Unfortunately, nearly two-thirds do not get the help they need. In fact, according to the National Mental Health Association (NMHA), about one in every eight women will develop clinical depression at some point during her lifetime. This disorder can interfere with a woman's normal routine, schoolwork, job, family, social activities, etc. Signs of clinical depression can go from having no appetite, low-self-esteem, or difficulty sleeping, to something more severe, such as wanting to commit suicide. It can definitely be a scary situation and can interfere with all aspects of a woman's life. There have been many factors given for the causes of clinical depression, but this paper will address the biological issues that lead to clinical depression in women. study was threefold: (a) to determine what percent of rural women self-report as currently depressed when asked; (b) to explore the congruence between self-report of depression and Center for Epidemiologic Studies-Depression Scale (CES-D) score; and (c) to identify factors associated with congruence between self-report of depression and CES-D score. Self-report data

were collected from 140 women who lived in a rural community in the Midwest. The convenience sample was recruited at a Federally Qualified Health Center. The percent of rural women who self-reported as currently depressed was 36.4%. Congruence between self-report of depression and CES-D score was 76.8%, indicating the majority of women were able to identify if they were depressed or not. Women in the incongruent group were significantly more likely to be diagnosed with diabetes, reported more headaches, and received treatment for depression in the past. Dependence on primary care providers to identify and treat depression is the current standard of care for the vast majority of rural women. As more advanced practice registered nurses work in rural areas, they need to be cognizant of the high rates of depression in women and the most effective strategies for identifying and treating.<sup>6</sup>

In a cross-sectional prospective study of 57 mothers of pre-term infants consecutively recruited from the Neonatal Intensive Care Unit (NICU) of Wesley Guild Hospital, Ilesa, Nigeria, between April and August 2009; the mothers were screened for psychological morbidity using the General Health Questionnaire (GHQ-30), and the Hospital Anxiety and Depression Inventory (HADS). More than one-third of these mothers (36.8%), showed high levels of psychological distress on the GHQ30, and 19.3% were cases of depression, whereas 12.3% were cases of anxiety on the HADS. Psychological morbidity and depression were related to both neonatal birth weight and gestational age. There was no association between either maternal age at birth, and parity with maternal depression and psychological morbidity. These results indicate that the detection and effective management of psychological morbidity in mothers of, should be given priority in the design of maternal and child health services<sup>7</sup>

One research study was done: (a) to determine what percent of rural women self-report as currently depressed when asked; (b) to explore the congruence between self-report of depression and Center for Epidemiologic Studies-Depression Scale (CES-D) score; and (c) to identify factors associated with congruence between self-report of depression and CES-D score. Self-report data were collected from 140 women who lived in a rural community in the Midwest. The convenience sample was recruited at a Federally Qualified Health Center. The percent of rural women who self-reported as currently depressed was 36.4%. Congruence between self-report of depression and CES-D score was 76.8%, indicating the majority of women were able to identify if they were depressed or not. Women in the incongruent group were significantly more likely to be diagnosed with diabetes, reported more headaches, and received treatment for depression in the past. Dependence on primary care providers to identify and treat depression is the current standard of care for the vast majority of rural women. As more advanced practice registered nurses work in rural areas, they need to be cognizant of the high rates of depression in women and the most effective strategies for identifying and treating.<sup>8</sup>

Patricia Anne Kinser, Cheryl Bourguignon (2013) stated that Major depressive disorder (MDD) is a common, debilitating chronic condition in the United States and worldwide. Particularly in women, depressive symptoms are often accompanied by high levels of stress and ruminations, or repetitive self-critical negative thinking. There is a research and clinical imperative to evaluate complementary therapies that are acceptable and feasible for women with depression and that target specific aspects of depression in women, such as ruminations. To begin to address this need, we conducted a randomized, controlled, mixed-methods community-based study comparing an 8-week yoga intervention with an attention-control activity in 27 women with MDD. After controlling for baseline stress, there was a decrease in

depression over time in both the yoga group and the attention-control group, with the yoga group having a unique trend in decreased ruminations. Participants in the yoga group reported experiencing increased connectedness and gaining a coping strategy through yoga. The findings provide support for future large scale research to explore the effects of yoga for depressed women and the unique role of yoga in decreasing rumination.<sup>9</sup>

[Douglas J, Scott J](#), conducted study on of gender-specific rates of unipolar and bipolar disorders in community studies of pre-pubertal children. Analysis of 12 studies (>15,000 children), indicated that the community prevalence of unipolar disorders was higher in boys (1.3%) than in girls (0.8%). Rates of major depression were low (0.61%), but boys were significantly more likely to meet diagnostic criteria than girls (OR = 1.61; 95% confidence interval: 1.11-2.35). Five studies, assessing >5,000 children, identified only one case with a probable diagnosis of mania. Study suggested that boys aged ≤12 years are significantly more likely to experience major depression than girls. However, in younger children, community rates of major depression are low, and it is frequently suggested (but not proven) that most cases are comorbid.<sup>10</sup>

### NEED OF THE NEW TOOL

The main purpose is to help community women get trained for diagnosis of depression. This will be even more relevant to countries where there is, at present, no adequate health service is available due to shortages of trained staff. In many parts of the world; thousands, perhaps millions of people with mental illness go untreated due to a lack of mental health nurses and psychiatrists. Locally trained nurses and psychiatrists often emigrate to the West. There are many countries which have no or only one psychiatrist, and throughout the world even in many developed countries, psychiatrists tend to practice in cities, and thus rural populations are deprived. There is no clear solution to the tendency of health workers to emigrate and cluster in towns except an entirely new and innovative approach harnessing the power of computers to generate a psychiatric diagnosis (the rate limiting step, requiring a number of professional years of training to achieve) from interviews undertaken by trained interviewers. Until then there is a need of a depression assessment tool that is comprehensive yet very user-friendly and can be used by a lay person with short training in the mental health. Already, many areas around the world have shown an interest in developing and using such tools. However they are either not validated or were only locally relevant.

Ideally, such a tool should be integrated into the local primary care or other setting. It is recognized that there are and will be areas in the world where there is no psychiatric supervisor. Under the circumstances, there is an urgent requirement of a tool to assess depression that can be handy to a person who knows about mental health and who can use and help a person in need.

The tools for the diagnosis of depression are complex and many times not locally relevant or require exhaustive training to handle them correctly. Some tools are time consuming while some others require technical expertise. A precious time of treatment is lost in the diagnosis when such tools are used. Hence it is required to develop a new tool that shall diagnose depression easily even by the lay person at the community level.

### IMPLICATION OF THE NEW TOOL

Availability of such a tool at grass root level for the use by community health workers provides a huge scope to implement a tele-psychiatry model, such as those implemented in countries where limited health care infrastructure exists.

Application of such a tool by the community health worker in remote settings with no psychiatrists, may contribute to prudent gains in reducing stigma by providing care, referral and directions for treatment at the community level specially, to women in rural areas. The new tool will therefore be useful to plan and improve clinical care of women with in primary care settings as well as to plan public health interventions.

## CONCLUSIONS

Depression is a serious medical condition and a profound public health concern. Although the development of depression is likely due to a combination of factors, understanding the effects, possible triggers, and treatments of the disorder is essential for promoting the well being of affected individuals. Timely diagnosis of depression is utmost important to save the working life of the individuals as well as to prevent suicides by prompt treatment. To improve the clinical outcome of the treatment, correct and prompt diagnosis is vital. For this sensitive tools to diagnose depression promptly will be required.

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