ORIGINAL RESEARCH PAPER

Clinical Psychology

AN EXAMINATION OF THE SEVERITY LEVELS OF DEPRESSION AND ANXIETY AMONG THE STUDY POPULATION.

KEY WORDS: Depression, Anxiety, Mental Illness, RIMS Hospital

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ABSTRACT

Background and Objectives: To study the severity levels of depression and anxiety of the study population. **Methods:** The sample size consists of 90 individuals attending the Department of Psychiatry and Clinical Psychology, RIMS, Imphal. Individuals within the age group of 18 years and above and who were willing to participate and give informed consent were selected through consecutive sampling method. The semi structured proforma, Revised Hamilton Rating Scale for Depression (HAM-D) and Hamilton Anxiety Rating Scale (HAM-A) were used to collect the data. **Results:** The finding of the study showed no significant difference between the three levels of depression (Minor, Major and No depression). However, there was a significant difference among the three levels of anxiety (Mild, Moderate and No anxiety) wherein around half of the patients presented with anxiety have Moderate levels. **Conclusion:** The present study concluded that there was no significant difference between the three levels of depression however for anxiety, most of the participants who have anxiety are of Moderate levels of severity indicating that there was a significant difference among the three levels. Thus, the finding of the study can help identify what kind of family environmental factors are important, which needs to be addressed in order to reduce anxiety symptoms in the patients. Interventions could be then introduced to change the faulty functioning and to enhance the appropriate ones.

INTRODUCTION

Family is the first social environment the child is exposed to. It plays a huge role in the development of a child.[1] In a functional family, members are emotionally connected but also encouraged to develop their own unique identity. Within this family, there is unconditional love and an acceptance of each family member. Because of this love and acceptance, the family can tolerate conflict and is willing to ask for help when need. In contrast, the dysfunctional family system is closed, and its members are emotionally detached, cold and aloof. There are however various types of dysfunctions. In some families, there are very rigid boundaries between family members, and the family appears cold and detached. In other families, there are no clear boundaries within the system, and the family is fused or enmeshed. Within dysfunctional families, love is conditional and family members are not encouraged to develop unique identities. The family cannot tolerate conflict and refuses to acknowledge problems or to ask for help, leaving family members prone to various types of psychological difficulties.[2]

It was 19th Century German Psychiatrist Emil Kraepelin who began referring to various forms of melancholia as "depressive states", due to the low mood that defines it. Depression can be broadly defined as a mood disorder where there is "presence of sad, empty or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function".[3]

The identification of anxiety disorders also dates back to Ancient Epicurean and Stoic philosophers during 300 BC who suggested techniques to reach an anxiety-free state of mind that are reminiscent of modern cognitive psychology.[4] The experience of anxiety has two components: the awareness of the physiological sensations (e.g., palpitations and sweating) and the awareness of being nervous or frightened. It is a diffuse, unpleasant, vague sense of apprehension usually accompanied by autonomic symptoms.[5] Everyone experience anxiety. Anxiety disorders differ from developmentally normative fear or anxiety by being excessive or persisting beyond developmentally appropriate periods.[3]

Objective

The objective of the present study is to find out the severity levels of depression and anxiety among the study population.

MATERIALS AND METHODS

A descriptive research design was employed in the present study. The study was conducted in the department of Clinical Psychology, RIMS, Imphal. The sample size consists of 90 individuals attending the Department of Psychiatry and Clinical Psychology, RIMS, Imphal. Individuals within the age group of 18 years and above and who were willing to participate and give informed consent were selected through consecutive sampling method. The semi structured proforma, Revised Hamilton Rating Scale for Depression (HAM-D)[6] and Hamilton Anxiety Rating Scale (HAM-A)[7] were used to collect the data.

Procedures

In the present study, necessary permission was taken from the concern authority. They were thoroughly explained about the nature and purpose of the study, interviewing procedure and the method for maintaining confidentiality. Once the informed consent is obtained from each of the eligible participant an assessment was conducted using a semi structured proforma for collecting the socio demographic data. Hamilton Rating Scale for Depression and Hamilton Anxiety Rating Scale was then administered to all the participants who were willing to give inform consent. The process continued till the reasonable number of samples was collected.

Results

Severity level of Depression and Anxiety of the study sample

Table 1(a) Levels of Depression of the Study Samples

Levels of depression	Frequency	Percentage	Chi-square	d.f.	p-value
Minor	32	36	0.467	2	0.792
Major	27	30			
No depression	31	34			
Total	90	100			

**Significant at 0.01 level of significance
*Significant at 0.05 level of significance

Table 1(a): It was witnessed from this table that the percentage of Minor, Major and No depression of the study samples were 36%, 30% and 34% respectively. Statistically when applied chi-square goodness of fit test among the three levels of depression of the respondents, it was found that there

was no significant difference among the three group as evident by p-value = 0.792. The present finding clearly showed that the respondents were evenly distributed among the different level of depression.

Table 1(b) Levels of Anxiety of the Study Samples

Levels of Anxiety	Frequency	Percentage	Chi-square	d.f.	p-value
Mild	28	31	9.800	2	0.007**
Moderate	43	48			
No Anxiety	19	21			
Total	90	100			

**Significant at 0.01 level of significance
*Significant at 0.05 level of significance

Table 1(b): This table displays that the percentage of Mild, Moderate and No Anxiety of the study samples were 31%, 48% and 21% respectively. Statistically when applied chi-square goodness of fit test among the three levels of Anxiety of the respondents, it was found to be highly significant as evident by p-value = 0.007. The present finding clearly displayed that the respondents were found to have Moderate level of Anxiety.

DISCUSSION

When it comes to depression, the findings revealed that there was no significant difference between Minor, Major and No depression. Studies done by Zhang and colleagues in 2023, conducted in the United States compared with those conducted elsewhere, statistically significant differences in prevalence estimates were identified among different age groups, with the youth group having the highest prevalence, followed by the senior group and the adult group. Upon further stratifying the studies by continent or region, statistically significant variations were seen across several regions, with North America exhibiting the highest incidence. However, there were no statistically significant differences between cross-sectional and longitudinal studies according to meta-analytic analysis. Additionally, there was a similarity in the prevalence estimates between the community-based samples and the primary-care samples. There was no discernible variation in prevalence estimates between low-risk and high-risk studies when assessed using the Newcastle-Ottawa criteria[8].

However, for anxiety most of the population is found to have Moderate levels of anxiety followed by Mild and No anxiety respectively. Similarly, a study done in 2020 by Jefferies and Ungar looked into the prevalence of Social Anxiety in seven countries. It was shown that the prevalence of social anxiety was far higher than previously thought, with over one-third (36%) of respondents falling above the diagnostic threshold for Social Anxiety Disorder (SAD). The prevalence and intensity of social anxiety symptoms varied depending on factors such as age, country, employment position, education level and living in an urban or rural area, but did not differ significantly between the sexes. Furthermore, 1 in 6 (18%) people said they did not have social anxiety, although they nonetheless met or surpassed the SAD criteria[9].

CONCLUSION

The present study concluded that there was no significant difference between the three levels of depression (Minor, Major and No depression) among the study samples. However, there was a significant difference among the three levels of anxiety (Mild, Moderate and No anxiety) where in around half of the patients presented with anxiety have Moderate levels. Thus, the findings of the study can help identify what kind of family environmental factors are important, which needs to be addressed in order to reduce anxiety symptoms in the patients. Interventions could be then introduced to change the defect/faulty functioning and to enhance the appropriate ones.

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