IPS COMBAT DEPRESSION TASK FORCE

"Combat Depression"

Module for Understanding Depression: Engineers & IT Professionals

I. Resource Persons:

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II. Learning Objectives:

1. Understanding the concept of 'Mind' & 'Mental Illness'
2. Differences between Normal sadness & 'Depression'
3. Understanding the Global & Local burden of Depression (Magnitude)
4. Magnitude of Depression in Engineers & IT Professionals
5. Recognize common symptoms of depression
6. Understanding relationship between stress and Depression
7. Understanding work-life balance
8. Understanding the bio-psycho-social model of aetiology (Multifactorial Model)
9. Emphasis on gender differences in Depression
10. Understanding the bi-directional relationship between Substance use disorders & Depression
11. Emphasis on understanding & preventing suicide in Depression
12. Improving protective factors in prevention of Depression
13. Enhancing help-seeking efficacy & reducing stigma
14. Basic understanding of management of Depression
15. Insight into early diagnosis and prevention

III. Method of Presentation & Training Activities:

1. Power Point Presentation with AV aid
2. Case vignettes
3. Small Group Activity
4. Role Play
5. Reflection
6. Pre & Post assessment

IV. Duration: 2 Hours

V. Need For The Workshop:

Depression is a common mental disorder. Globally, more than 300 million people of all ages suffer from depression. Depression is the leading cause of disability worldwide, and is a major contributor to the overall global burden of disease. Depression is different from usual mood fluctuations and short-lived emotional responses to challenges in everyday life. Especially when long-lasting and with moderate or severe intensity, depression may become a serious health condition. It can cause the affected person to suffer greatly and function poorly at work, at school and in the family. At its worst, depression can lead to suicide. Close to 800,000 people die due to suicide every year. Suicide is the second leading cause of death in 15-29-year-olds.

Although there are known, effective treatments for depression, fewer than half of those affected in the world (in many countries including India, fewer than 10%) receive such treatments. Barriers to effective care include a lack of resources, lack of trained health-care providers, and social stigma associated with mental disorders.

The burden of depression and other mental health conditions is on the rise globally. A World Health Assembly resolution passed in May 2013 has called for a comprehensive, coordinated response to mental disorders at country level.

(http://www.who.int/news-room/fact-sheets/detail/depression)

But why Engineering Students and IT Professionals?

University students are a special group of people that are enduring a critical transitory period in which they are going from adolescence to adulthood and making many major life decisions. This period is a time of contradictions when a person goes through emotional, behavioural, sexual, economic, academic and social changes and as well as efforts of discovering one's identity with psychosocial and sexual maturation. During this period, the mental health of university youth constitutes one of the important components of social health. It is important to understand depression among university students because most lifetime mental disorders have their first onset during the typical university age.

Post-industrial societies have become highly demanding with the resultant stress upon youth to excel in their career. In their efforts to survive in competitive environment, a substantial proportion of youth experiences significant psychological distress ranging from stress and anxiety to depression and suicidality. In the present global system, the Indian society is undergoing enormous transformations where the complexity of the competitive milieu appears to be all pervasive. This mammoth expectation, ever competitive atmosphere, dwindling family support, living in the virtual web world with poor peer support and easy accessibility to substances of abuse have all compounded the burden of mental illness in a country like India with poor mental health resources.

On the other hand, post university Engineering professionals have another Pandoras box opened!

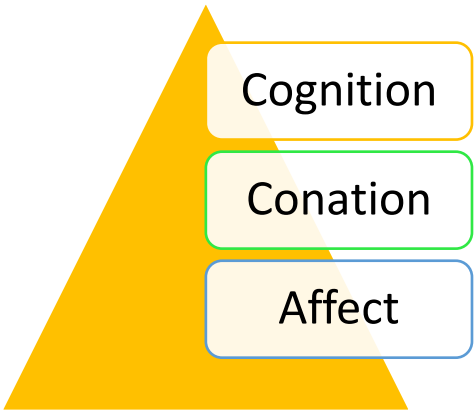
National Institute for Occupational Safety and Health, part of U.S Department of Health and Human Services, states that "job stress, now more than ever, poses a greater threat to the health of workers and the health of the organisations". Interest in professional stress research is growing primarily because of the increasing incidence of the adverse effects of profession on psychological and physical health of employees. India being a forerunner in the IT industry with lakhs involved as IT professionals. There is an urgent need to understand the dynamics of the IT professional stress and its associated psychiatric morbidities particularly Depression so as to prevent it from assuming epidemic proportion.

VI. Step-by-step facilitator's guide:

1. Understanding the concept of 'Mind' & 'Mental Illness':

Method: Introduction & set induction

- A mental illness can be defined as a health condition that changes a person's thinking, feelings, or behavior (or all three) and that causes the person distress and difficulty in functioning.
- As with many diseases, mental illness is severe in some cases and mild in others.
- Individuals who have a mental illness don't necessarily look like they are sick, especially if their illness is mild. Other individuals may show more explicit symptoms.
- As scientists continue to investigate the brains of people who have mental illnesses, they are learning that mental illness is associated with changes in the brain's structure, chemistry, and function and that mental illness does indeed have a biological basis.



2. Differences between Normal sadness & 'Depression'

Method: Case Vignette & Discussion

Difference Between "Sadness" and "Clinical" Depression

Mood

"Sadness"

- Normal reaction to life events (e.g. death of loved one, major changes)
- Mood described as "blue"
- Few symptoms
- Short duration
- Little, if any, impairment in functioning

Clinical Depression

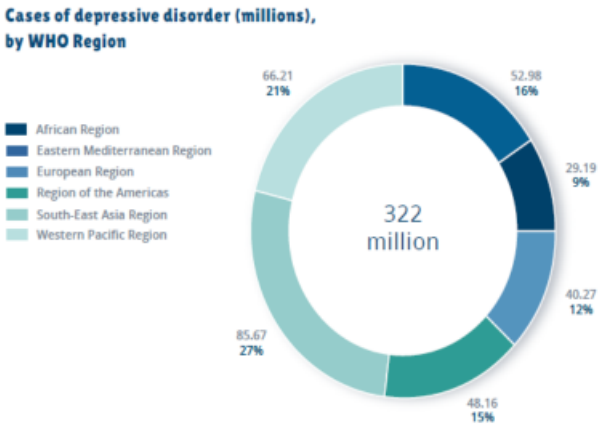
- Mood described as "black"
- Many symptoms
- Longer duration (weeks – months)
- Significant impairment in functioning (can be debilitating)

3. Understanding the Global & Local burden of Depression (Magnitude)

Method: Power Point & AV aid

World Wide Magnitude

- Nearly **half** of these people live in the South-East Asia Region and Western Pacific Region.
- Reflecting the relatively larger populations of those two Regions.
- **Include India and China**



DEPRESSION AND OTHER COMMON MENTAL DISORDERS: GLOBAL HEALTH ESTIMATES: WHO

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India

http://nimhans.ac.in/cam/sites/default/files/Publications/NMHS16.pdf

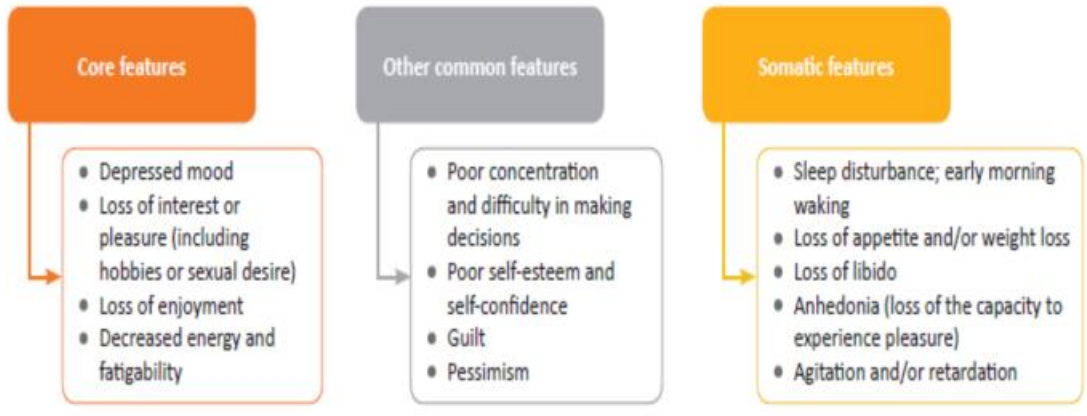
4. Magnitude of Depression in Engineers & IT Professionals

   Method: Power Point & AV aid and recent statistics

5. Recognize common symptoms of depression

   Method: Case Vignette & Role Play

Clinical Features of Depression



ICD-10

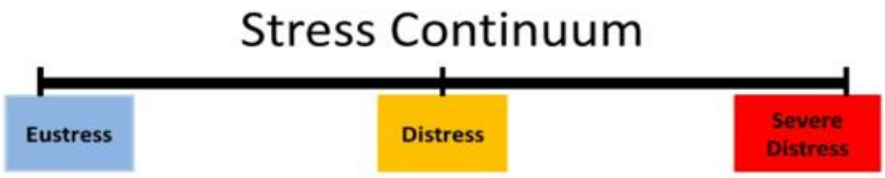
6. Understanding relationship between stress and Depression:

Method: Power Point & AV aid and recent statistics

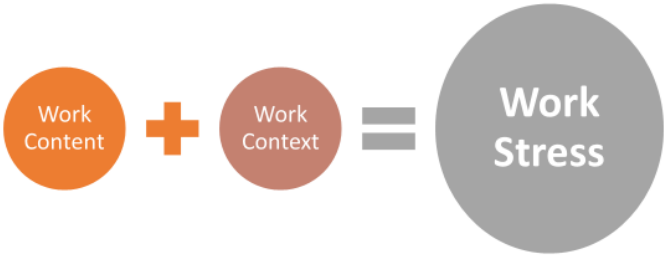
Set Induction

- **Work stress is recognised world-wide as a major challenge to workers' health and the healthiness of their organizations.**
- **Workers who are stressed are also more likely to be**
  - **Unhealthy,**
  - **Poorly motivated,**
  - **less productive and**
  - **less safe at work.**
- **Their organizations are less likely to be successful in a competitive market.**

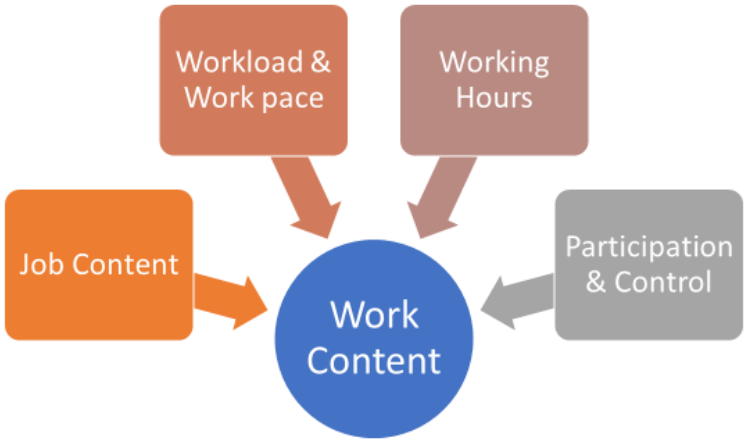
Stress Continuum



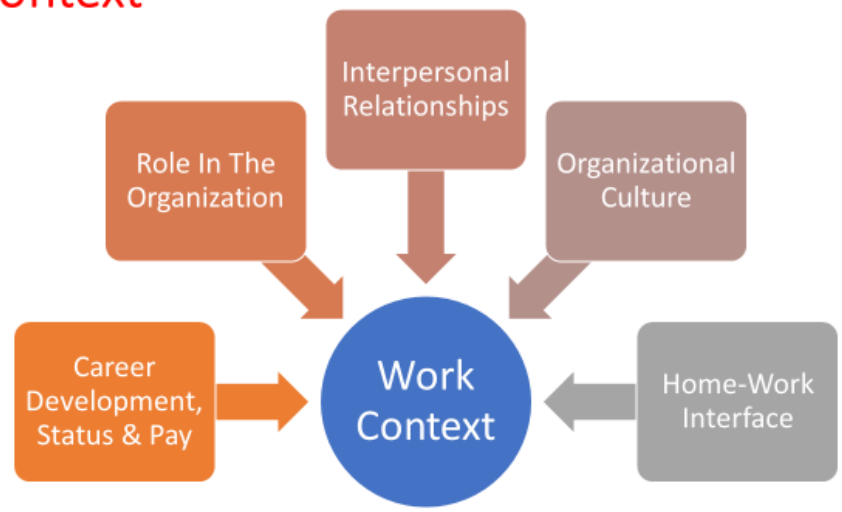
Work Related Stress



Work Content



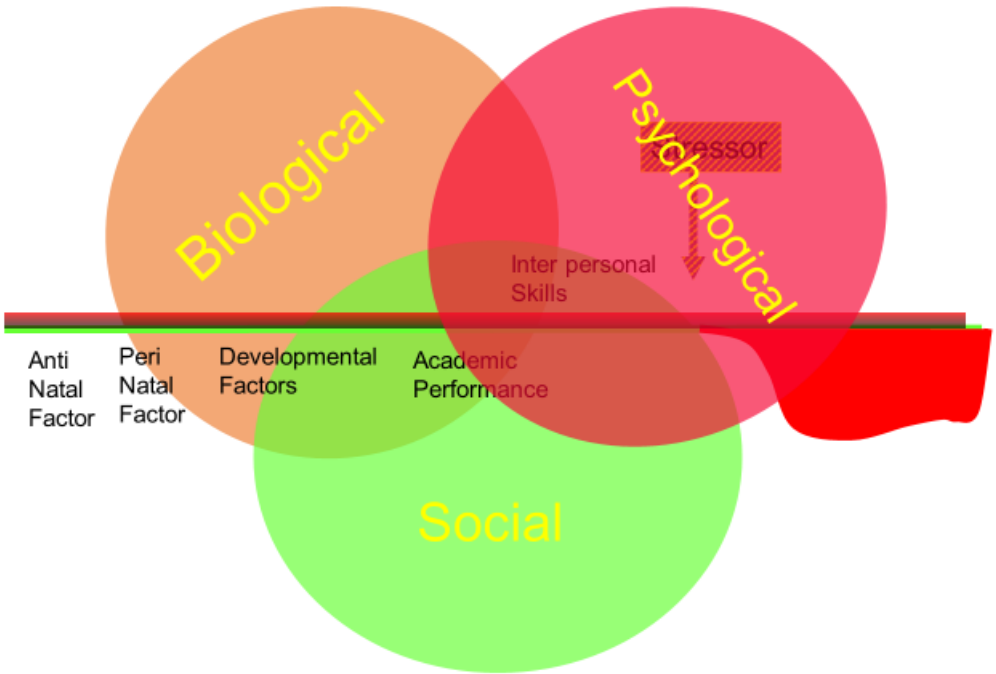
Work Context



What Depression Feels Like	How it Looks to Co-Workers
Deep feelings of sadness	Withdrawal from team, isolates oneself
Loss of interest in work or social activities	Indifference
Difficulty concentrating, slowed thoughts	Putting things off, missed deadlines, accidents
Forgetfulness and trouble remembering	Seems "scattered" or absentminded
Trouble making decisions	Procrastination, indecisiveness, slowed productivity
Trouble sleeping, or sleeping too much	Late to work, afternoon fatigue, accidents
Feelings of worthlessness or inappropriate guilt	Unsure of abilities, lack of confidence
Energy loss or increased fatigue	Low motivation, detached
Irritability, anger or tearfulness	Inappropriate reactions, strained relationships
Weight or appetite changes	Change in appearance

8. Understanding the bio-psycho-social model of aetiology (Multifactorial Model)

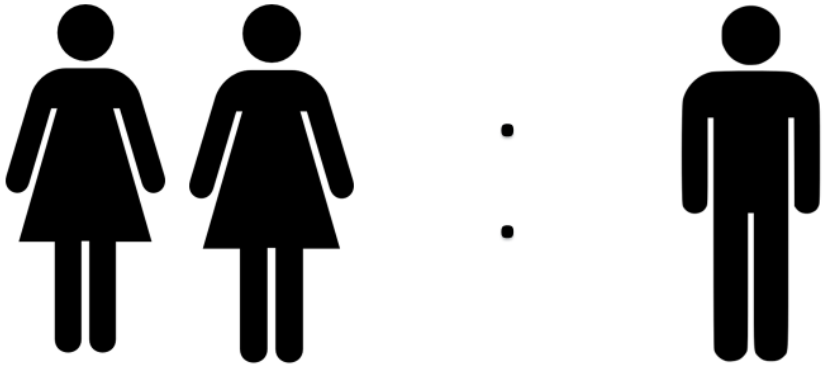
Method: Power Point & Case Vignette



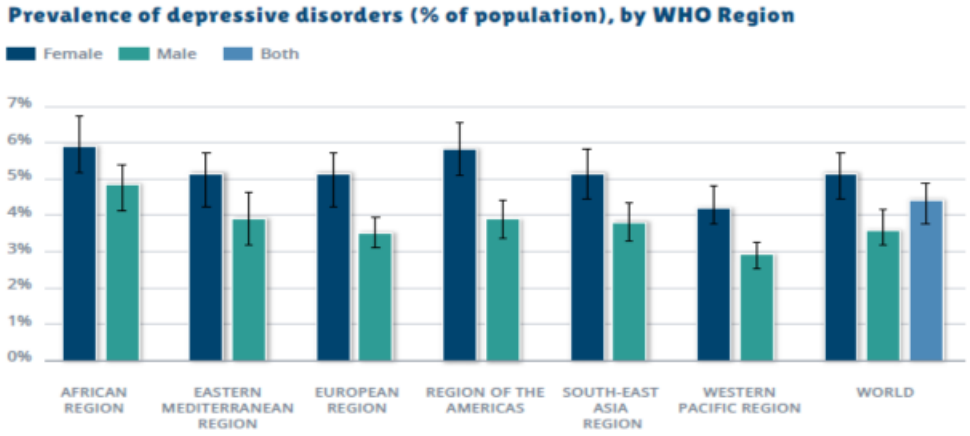
9. Emphasis on gender differences in Depression

Method: Power Point & Case Vignette

Gender Differences



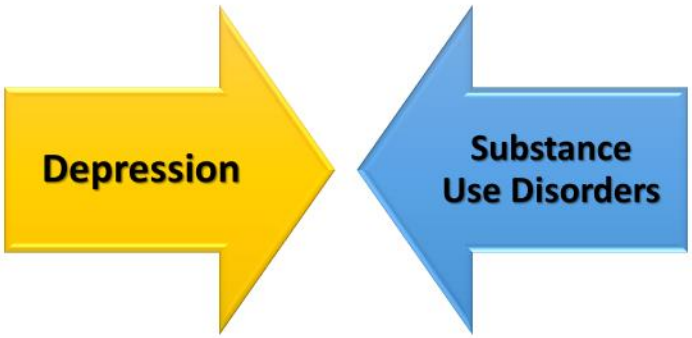
Global Gender Differences



DEPRESSION AND OTHER COMMON MENTAL DISORDERS:
GLOBAL HEALTH ESTIMATES: WHO

10. Understanding the bi-directional relationship between Substance use disorders & Depression

Method: Power Point & Case Vignette



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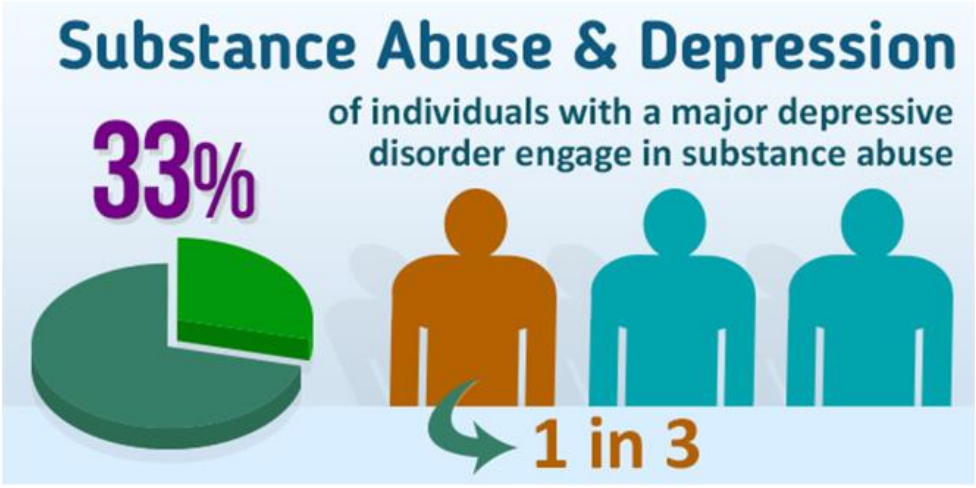


11. Emphasis on understanding & preventing suicide in Depression

Method: Power Point & Case Vignette

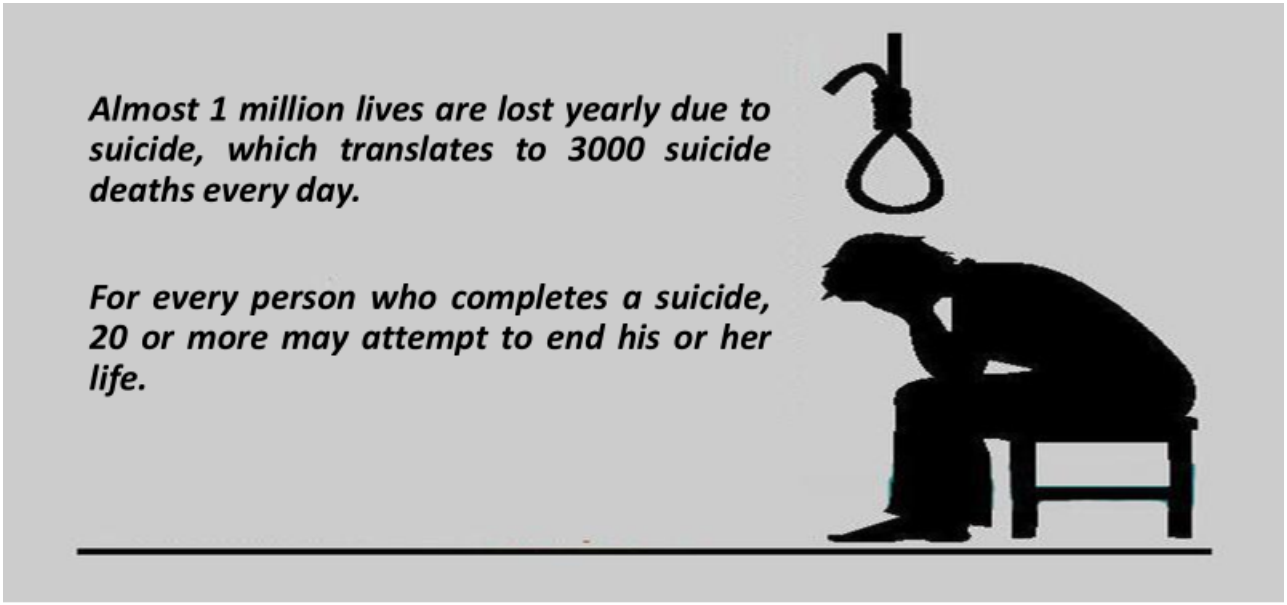
Suicide

- The standardized mortality ratio **(SMR)** for suicide in patients with depression is
- **20.9 in men and 27.0 in women**
- i.e., depressed men and women are 20.9 and 27 times, respectively, more likely to commit suicide than the general population.

20.9

27.0

LŽpine JP and Briley M. The increasing burden of depression. Neuropsychiatr Dis Treat. 2011; 7(Suppl 1):3-7.



Depression. A global public health concern. Available at: http://www.who.int/mental_health/management/depression/who_paper_depression_wfmh_2012.pdf; accessed on Dec 23, 2015.

12. Improving protective factors in prevention of Depression

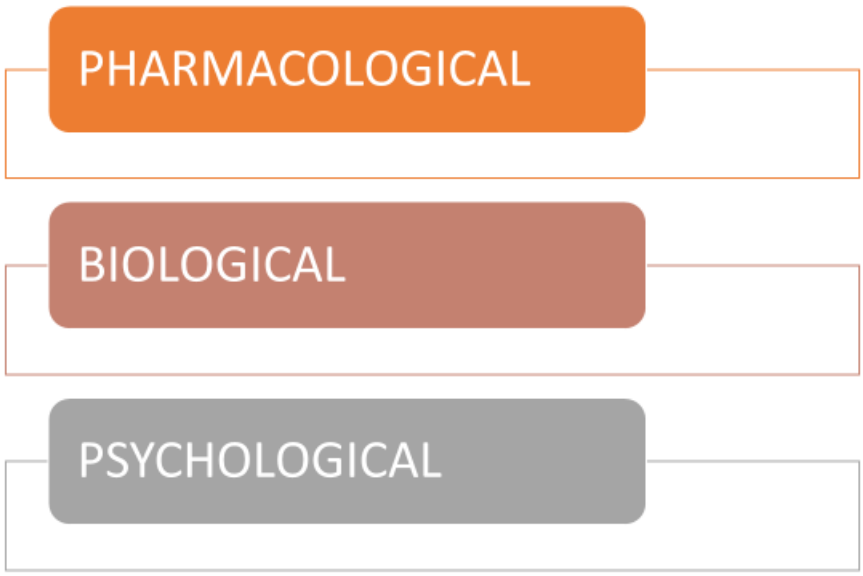
Method: Power Point & Small Group Discussion

13. Enhancing help-seeking efficacy & reducing stigma

Method: Debate & Reflection

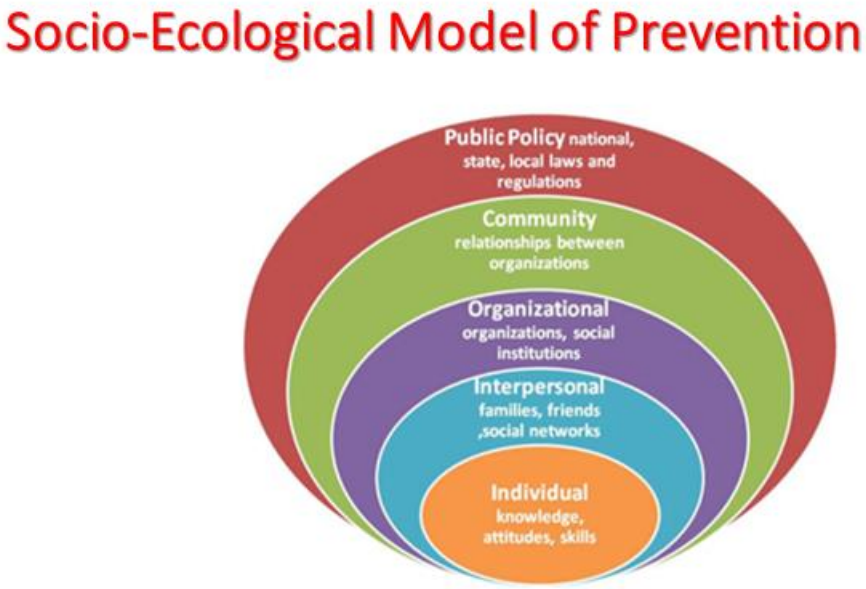
14. Basic understanding of management of Depression

Method: Power Point



15. Insight into early diagnosis and prevention

Method: Power Point & Discussion



This Workshop is an Initiative of Indian Psychiatric Society Combat Depression Task Force

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