

Jana Chihai¹, Andrei Eșanu², Diana Eșanu³

ATTITUDES TOWARDS PEOPLE WITH DEPRESSION IN ADOLESCENTS

1 - MD, MSc, PhD Senior Mental Health Advisor TRIMBOS Moldova

2 - Master in Health Education, University of Porto, Portugal

3 - Master in Cardiovascular Pathophysiology, University of Porto, Portugal

SUMMARY

ATTITUDES TOWARDS PEOPLE WITH DEPRESSION IN ADOLESCENTS

Key words: Attitude, Depression, Adolescents.

Introduction: Depression is one of the most significant public health challenges because of its prevalence and impact on the population. Attitudes towards people with depression make it difficult to control the disease and its consequences, by conditioning the search for appropriate care and can contribute to the increase of depression and anxiety.

Objective: To study attitudes towards people with depression in adolescents in Republic of Moldova. To compare the results from answers regarding their own attitude and answers regarding others attitude.

Methods: A cross-sectional analysis of 421 secondary school students in Moldova was held. Data were collected using an anonymous questionnaire that assessed individual and family characteristics of the participants. The attitudes towards people with depression was assessed using the scale - The Depression Stigma Scale (DSS), this scale contain 2 subscales – a) Individual Stigma and b) Perceived Stigma. The scores on the stigma scales were compared using student t test or ANOVA.

Results: In relation to attitudes against people with depression, higher levels were found in Moldova comparing to other countries such as Australia, USA, where this tool was used. Data from Perceived Stigma subscale showed higher negative attitude comparing to Individual Stigma in Moldova [22.62 (5.15) vs 19.84 (4.78), $p < 0.001$].

Conclusions: The results show that in Republic of Moldova there is negative attitude towards people with depression among adolescents this represent a barrier in seeking help journey of the adolescents that suffer from depression. Perceived stigma is higher than individual stigma in Moldova, this is showing that actually adolescents and people in general hide their true attitudes by giving social acceptable answers, but they express answers more honestly about the situation when the question is about others in society.

Introduction

1. Burden of Mental Disorders in Adolescence

Although adolescence is, in general, a healthy period of life, mental disorders are the most frequent in this age group (Headstrong, 2012). Around 15.6% of adolescents aged from 12 to 15-year-olds met the criteria for a current psychiatric disorder. Recently, a study of 6,085 adolescents aged from 12 to 19-year-olds indicated that 11% of the sample were classified as having mild depression, 11% had moderate depression, while 8% had severe depression (Headstrong, 2012). This data suggests that around 30% of young people experience some level of depression. Moreover, the study showed that the percentage of these disorders increased with developmental age. In other studies in different European countries it is estimated that 9.5% of adolescents have a psychiatric condition. Based on these prevalence rates we can conclude that psychiatric disorders exist in every classroom.

Mental disorders in adolescence often persists during the life, estimating that 74% of 26-year-olds with a current psychiatric diagnosis experienced their condition before they were 18 years of age. Moreover,

50% of participants in that study suffered from their condition prior to 15 years of age. (Kim-Cohen, 2003)

2. Adolescence

According to WHO adolescence is considered to be the period between childhood and adulthood, between the ages of 10-19 years. This period represents the transition from childhood to adulthood and is one of the critical transitions in life. Besides physical and sexual maturation, during this period also is expected the development of identity and towards social integration.

During personality development adolescents go through crises and some authors wrote about eight stages of personality development, each presenting a particular psychosocial crisis. Adolescence, according to the theory of psychosocial development is the period in which individuals develop a sense of identity and the concept of the self. In adolescence the main crisis is identity versus identity diffusion (Marcia, 1980). During this period, young people strive to find the answer to the question - who they are, what kind of person they will be and who others are in their life. Moreover, in the same period people are greatly influenced by the norms and values of society and culture,

find their own identity within that framework and also experience a shared identity with others. For a harmonious adulthood young people should emerge from this stage with a firm identity. (Erickson, 1968)

3. Adolescents and attitudes towards people with depression

Research indicates that social deficit, passivity, withdrawal, fearfulness often observed as behavioral characteristics in adolescents with depression make them vulnerable to rejection by other adolescents (Kochel, 2012). Adolescents with depression are often rejected by other adolescents, as a consequence of their symptoms such as poor emotional regulation, anxious behaviors, withdrawal and reticent behavior in the peer group (Parker, 1995). Adolescents with depression are less categorized as popular in comparison with other adolescents without a disorder. However, in comparison with ADHD much less studies are conducted for depression and relationships between adolescents. (McCabe, 2011).

Regarding causality attribution of mental disorders and attitudes towards people with mental disorders, studies show different results sometimes contradictory, this highlight the importance of further research. Some studies found that the belief of adolescents that mental disorders have psychosocial causes and they can be treated showed less desire for social distance, than was a belief in physical causes and treatment. Attribution theory say that if the causes of mental illness are attributed to psychosocial factors that are outside of the individual's control the behavior towards these individuals will be less negative with less desire for social distance. One component of stigma towards people with depression is that they are weak this was sustained by studies in adolescents where causal beliefs that people with depression are not trying hard enough were frequently endorsed as causes for depression by adolescents.

Objective: To study attitudes towards people with depression in adolescents in Republic of Moldova. To compare the results from answers regarding their own attitude and answers regarding others attitude.

Methods: This study was developed among adolescents studying between 10th and 12th grades in public schools in Chişinău, Moldova. To estimate the sample size we assume a mean (standard deviation) value of 2.2 (1.2) based on previous results from Moldova and a difference of 1.0 between countries. We also take into account the cluster effect by the adolescents in schools we increased our sample by 1.24. Which result in a sample size of 400 participants per country. In total 500 questionnaires were distributed and 421 students filled the questionnaires which represent 87% of participation rate.

The attitude was evaluated using The Depression Stigma Scale (DSS), developed by Kathleen Griffiths. A vignette about a person with depression was pre-

sented and students had to fill in a questionnaire measuring the personal stigma (what students themselves believe about a person with mental disorder) and the perceived stigma (what students think most of the people believe about a person with mental disorder). For each subscale (personal and perceived) 9 items were evaluated using a Likert scale from 0 to 4. Total score for each subscale range from 0 to 36, with higher values representing higher level of stigma.

The study was approved by the Ethical committee of the State University of Medicine and Pharmacy in Moldova. Parents and adolescents received written and oral information explaining the purpose and the design of the study. All information is collected using an anonymous questionnaire. After checking for normal distribution, data were summarized using means and standard deviations, comparison were performed using the independent t-test. Comparison of proportions were done. Analyses were performed using SPSS - 24.

Results. Regarding attitudes towards persons with depression, higher scores were found, both for personal and perceived stigma. Scores were higher in perceived stigma than in personal stigma for all items with mean 2.26 (1.04) (Figure 1).

In order to evaluate the effect of contact the item about presence of someone with mental disorder in the same class is taken into consideration. There is no significant difference between stigma levels when comparing students that have someone in their class with mental disorder. Mean difference for those that have someone with mental disorder (-1.18; 95% CI [-2.59; 0.23], $p = 0.10$). There is lower stigma in students that have relatives with mental disorders when comparing DSS between students that have someone in their family with mental disorder and students that don't have someone with mental disorder in their family - mean difference (-3.78; 95% CI [-4.26; -2.43], $p < 0.001$). There is significant statistical difference between girls and boys, mean difference - [-1.91; 95% CI (-2.28; -1.54)].

Discussion. Our results show that the attitude measured by both scales is negative and the level of stigma is high in Moldova. Moldova is a developing country, and supposedly have higher level of stigma than in developed countries, however in a study by Kurihara et al (Kurihara, 2000) people from Bali (developing country) had a lower stigma level than people from Japan (developed country). Further studies need to be performed with measurement of economic level taken into consideration in order to understand these contradictory results from different studies.

Previous studies show that contact with people that have mental disorder decrease level of stigmatization (Corrigan, 2010; Yamaguchi S, 2011). Data from our study show similar results. Regarding the item about the presence of one student with mental disorder in the

same class, students that had someone in their class with depression reported lower level of stigma than students that had no other students with depression in the same class. In a study developed by Schomerus et al (Schomerus, 2006) comparing Germany, a western and more inclusive society which allow higher level of contact, with Slovakia and Russia, less inclusive countries, with higher rate of institutionalization and though lower level of contact found higher level of stigma in countries with institutionalization and lower in the country where there is deinstitutionalization.

Moreover mental health literacy is considered an important factor for reducing level of stigma. In our study we didn't measure mental health literacy. Through this measurement we could verify the assumption made on the basis of results from other studies (Yamaguchi S, 2011) that mental health literacy decrease the level of stigma. However, mental health literacy may be related to level of education. Studies show that people with higher level of education have higher mental health literacy and lower level of stigma. In our study, there is difference between levels of education of parents and significant difference on level of stigma is found according to educational level of the parents. These results are different from findings in the literature (Griffiths, 2004). One possible explanation for our results, we can find in the literature is that both factors – contact and mental health literacy

should stick together in order to decrease stigma, and one without the other has lower or no impact on the level of stigma (Yamaguchi S, 2011).

This study have some limitations. One major limitation is that we didn't do validation of this scale. Another limitation is that we evaluated students only from urban area participated, as a result it is not possible to generalize the results for each sample for the country. We also need to recognize our limitation to describe determinants of stigma, first because there is no measurement of mental health literacy which is a very important issue.

Conclusion. The results show that in Republic of Moldova there is bad attitude towards people with depression among adolescents this represent a barrier in seeking help journey of the adolescents that suffer from depression. Perceived stigma is higher than personal stigma in Moldova, this is showing that actually adolescents and people in general hide their true attitudes by giving social acceptable answers, but they express answer more honestly about the situation when the question is about others in society.

Bibliography

1. Corrigan, P. W. (2010). Measuring the impact of programs that challenge the public stigma of mental illness. *Clinical Psychology Review*, 907-22.
2. Erickson, E. (1968). *Identity: Youth and crisis*.
3. Griffiths, K. C. (2004). Effect of web-based de-

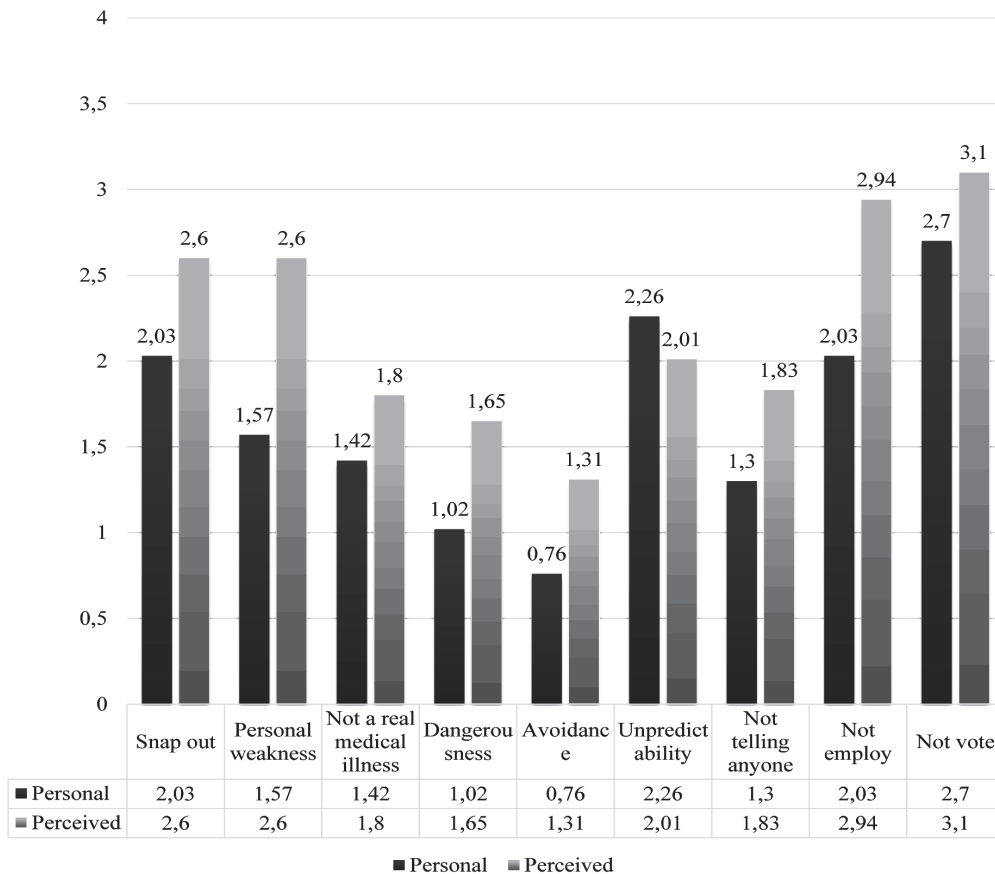


Fig.1. Depressions Stigma Scale, comparison between personal and perceived stigma

pression literacy and cognitive behavioural therapy interventions on stigmatising attitudes to depression: randomised controlled trial. *British Journal of Psychiatry*(185), 342 – 349.

4. Headstrong. (2012). My World Survey: National Study of Youth Mental Health.

5. Kim-Cohen, J. C. (2003). Prior juvenile diagnoses in adults with mental disorder developmental follow-back of a prospective-longitudinal cohort. *Arch Gen Psychiatry*(60), 709-717.

6. Kochel, K. P. (2012). Longitudinal associations among youth depressive symptoms, peer victimisation, and low peer acceptance: An interpersonal process perspective. *Child Development*(83), 637-650.

7. Kurihara, T. K. (2000). Public attitudes towards the mentally ill: A cross cultural study between Bali and Tokyo. *Psychiatry and Clinical Neurosciences*(54), 547-552.

8. Marcia, J. (1980). Identity in adolescence. In J. Adelson (Ed.), *Handbook of Adolescent Psychology*.

9. McCabe, M. R. (2011). Depressive symptoms and psychosocial functioning in preadolescent children. *Depression Research & Treatment*.

10. Parker, J. G. (1995). Peer Relationships Child Development, and Adjustment: A Developmental Psychopathology Perspective In D. Cicchetti, & D. J. Cohen (Eds.). *Developmental Psychopathology* , 2.

11. Schomerus, G. M. (2006). Public attitudes towards mental patients: A comparison between Novosibirsk, Bratislava and German cities. *European Psychiatry*(21), 436-441.

12. Yamaguchi S, M. Y. (2011). Strategies and future attempts to reduce stigmatization and increase awareness of mental health problems among young people: a narrative review of educational interventions. *Psychiatry and Clinical Neurosciences* , 65 (5), 405-15.

© Svetlana Jubîrcă

Svetlana Jubîrcă

**EVOLUȚIA SARCINII ȘI NAȘTERII LA ADOLESCENȚELE
PE FUNDAL DE STĂRILE DE ANXIETATE**

IMSP Institutul Mamei și Copilului (Director – dr. șt. med., conf. univ. S. Gladun)

SUMMARY

ANXIETY: EFFECT ON ADOLESCENT PREGNANCY

Key-words: anxiety; adolescent pregnancy; outcomes for mothers and children.

Nowadays the problem of psychological training before pregnancy and birth is actual because these two periods have an significant impact on the life and psychological state of women. Depression and anxiety during pregnancy and after birth remain one of the major problems of public health. Numerous studies show decrease in the number of physiological births to an average of 36.9% that shows pregnant women unreadness and psychological disadaptation. Anxiety, depression and stress during pregnancy represent the risk factors for development of complications during pregnancy and birth both mother and fetus. According to T. Field, at. al. (2010), about 54% of women have anxiety in different periods of pregnancy and 34% have manifestations of perinatal depression that explains the necessity of this research.

Materials and methods. *In order to achieve the goal of this research was effectuated prospective descriptive study. The research group have constituted 261 pregnant women between 13 and 25 years old, who gave birth of their child in the Institute of Mother and Child, during the period 01.01.2013- 31.12.2014. For analysis were used the following research methods: interview method, method of clinical and obstetrical examination. We studied the psychological aspects in pregnant adolescents using Spilbergher questionnaire that allows to detect the anxiety at the moment, called reactive anxiety (AR) and personal anxiety (PA).*

According to results of psychometric questionnaires data in pregnant teenagers the level of AR constitutes $31,3 \pm 8,5$ (respectively AR $28,1 \pm 9,4$) ($p < 0,01$) and PA $46,2 \pm 8,7$, respectively ($43,7 \pm 7,9$) ($p < 0,05$). Obtained PA parameters where high in both groups, with significant prevalence of high AP level in the main group of research ($OR = 1,59$ ($0,95$