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RESEARCH ARTICLE

THE PREHENSIVE DIFFERENCES BETWEEN STUDENTS WHO ARE DEPRESSED AND THOSE WHO ARE NOT. A STUDY OF TEENAGER FROM AGE 15-19 YEARS OLD IN VARIOUS SCHOOL

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Abstract

Background: Depression (major depressive disorder) is a common and serious medical illness that causes feelings of sadness and/or a loss of interest in activities. In today's world Most people are aware of the existence of depression. and pay attention to it But there are still some people who still don't understand depression.

Objectives: This study aimed to investigate people's understanding of depression and the difference in people with depression and non-depressive disorders. Materials and Methods: The study was conducted using a questionnaire. A total of 101 respondents participated. Depression-related knowledge, Medication, Related Conditions, and A experienced consultation with a psychiatrist. (another method).

Results: most respondents, one hundred and one people from many schools are interested, and they help us to inform the information. We separate two types of people. The first is the depressed person who has an official certificate from their doctors. There are 12 students. However, there are 89 children who do not have an official depression. What is more, a few of them may have other symptoms, such as stress or mental health problems.

Conclusion: Our hypothesis is correct. People who have the disease has more knowledgeable than normal people because they educate about their symptoms. We can know that lots of people misunderstand some of the correct clues. There are many sources of depression illness where we can find out, but now there is some error information that appears everywhere. To illustrate, there are also many factors that can be hazardous to us. Therefore, we should help each other not let them have bad mental health. Lastly, there is a lack of psychiatrist and our society usually blame those who go to see the psychiatrist. They do not accept so this is a big challenge to change the mindset of our community.

Introduction:-

Depression is a common illness worldwide, with an estimated 3.8% of the population affected, including 5.0% among adults and 5.7% among adults older than 60 years (1). Approximately 280 million people in the world have depression (1). Depression is different from usual mood fluctuations and short-lived emotional responses to

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challenges in everyday life. Especially when recurrent 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. Over 700 000 people die due to suicide every year. Suicide is the fourth leading cause of death in 15-29-year-olds.

Although there are known, effective treatments for mental disorders, more than 75% of people in low- and middle-income countries receive no treatment (2). Barriers to effective care include a lack of resources, lack of trained health-care providers and social stigma associated with mental disorders. In countries of all income levels, people who experience depression are often not correctly diagnosed, and others who do not have the disorder are too often misdiagnosed and prescribed antidepressants.

In Thailand, depression causes a significant number of years of life lost due to disability. The study of burden of diseases among Thai population in 2013 showed that depression was the third leading cause of disability-adjusted life year (DALY) lost in Thai females, after cardiovascular diseases and diabetes, respectively. Among males, it is among the top twelve causes of disease burden. Stigma surrounding mental illnesses, including depression, remains a major barrier for seeking help from family, friends and professionals. Depression is a treatable condition. No one with depression should be left unreached with the help and care they need. Talking with people who are trusted is the first step towards recovery from depression.

This study aimed to investigate respondents' understanding of depression and to determine the reasons why both people with depression and non-depressive disorders viewed their visit to a psychiatrist. and the need for a psychiatrist helping and would like to know the results and experiences of those who have been to a psychiatrist. all information of the survey respondents will not be disclosed or published. regarding privacy and human right. all data collected for educational purposes and future extensions of this research

Materials And Methods:-

Participants and Procedure

This was an observational study. An online questionnaire was purposely developed and made for the general public and students in grades 10-12. The questionnaire was published and received assistance through IG and student groups at Benchamathep Uthit School, Phetchaburi and at Rajinibon School, Bangkok, all the participants received an invitation. Information about the objectives of the study as well the ethical guarantee of confidentiality and anonymity in the data collected as stated in the informed consent were explained. Participation was completely free and voluntary, and personal data were collected from participants.

The information collected will not be disclosed or published,regarding privacy and human rights.

Instrument

The questionnaire was developed based on a literature review including (1)PHQ-9 Questionnaire Mahidol University Faculty Of Medicine Ramathibodi Hospital (2)Studies from KMITL Medical Centre reference from Oxford Handbook of Psychiatry, 3rd Edition and Coping with Depression Leaflet by Cambridge and Peterborough NHS Foundation Trust. The information was developed into a questionnaire for understanding depression. and used the PHQ-9 questionnaire It was an initial indicator for participants who had symptoms of depression. But The PHQ-9 did not conclude whether the participants had depression, and the information collected by participants voluntary experience of seeing a psychiatrist join their participation. The final version of the questionnaire contained 42 questions; first seven questions about socio demographic data (gender, permission for personal data collected, grade level,depression survey) and 35 questions divided into three sections.

Statistical Analysis

Firstly, we collected the data with google so it is easy to seperate the informstion. We transfer information into Excel. The analysis was performe by Microsoft Excel 2019

Score	Depress	Non-depress
1	0	3
2	0	9
3	3	39
4	6	22
5	3	16
Max	6	39
Min	0	3
Mode	4	3
S.D.	2.50998008	13.84557691

Treat of depression	people	percent
do exercise	82	81.20%
socializing	66	65.30%
taking medicine	83	82.20%
psychoterapy	87	86.10%
going to temple	67	66.30%
others	5	5%
Max	87	86.10%

Results and Discussion:-

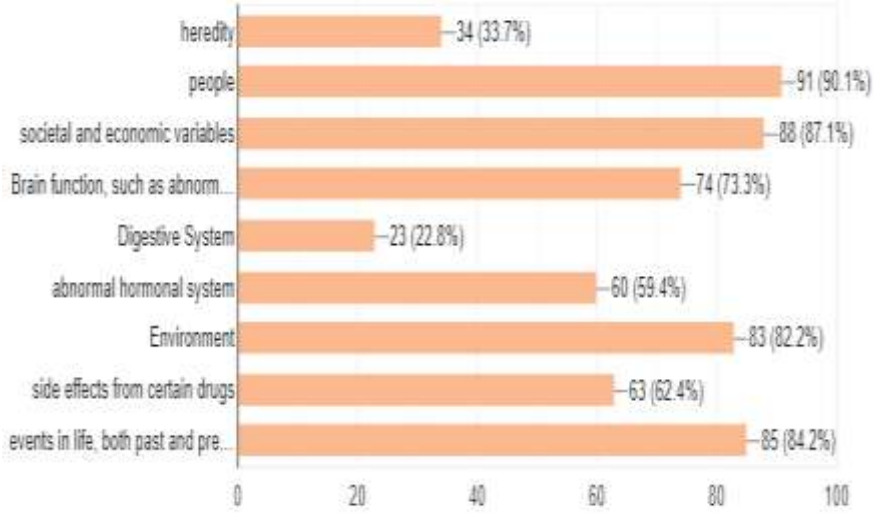
One hundred and one people from many schools who are interested, and they help us to inform the information. We separate two types of people. The first is the depressed person who has an official certificate from their doctors. There are 12 students. However, there are 89 children who do not have an official depression. What is more, a few of them may have other symptoms, such as stress or mental health problems.

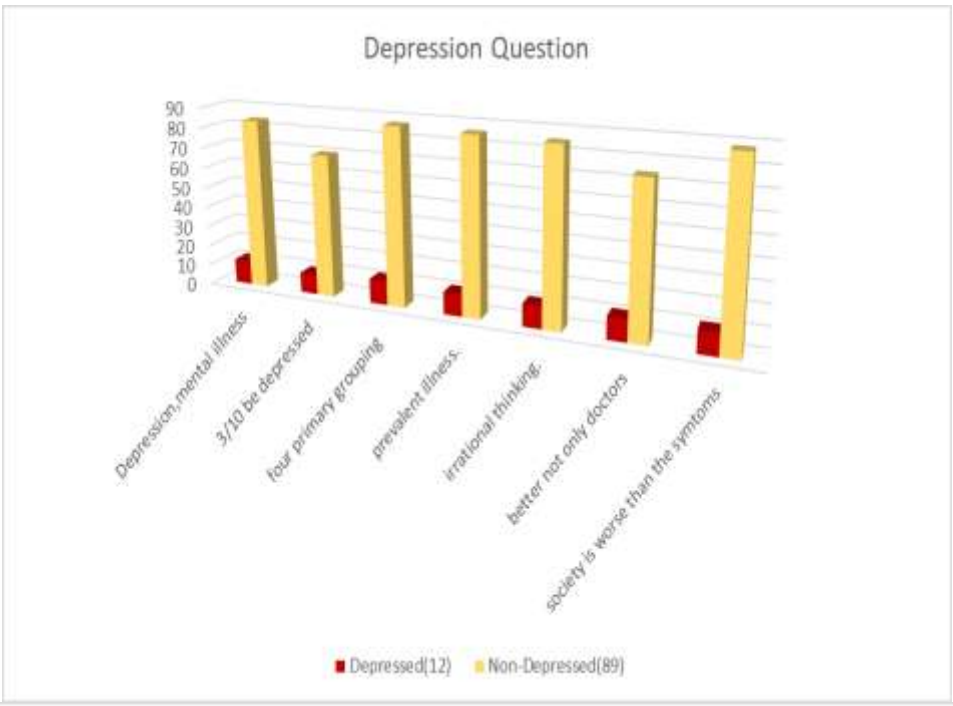
The table on the top describes the score which people in our sample group answer how they know the disease. Firstly, a depression group also answers that they know 4 points out of 5, but the non-disease groups show 3 points out of 5. It could be shown that people who have a disease are more well-known than people who don't have a disease.

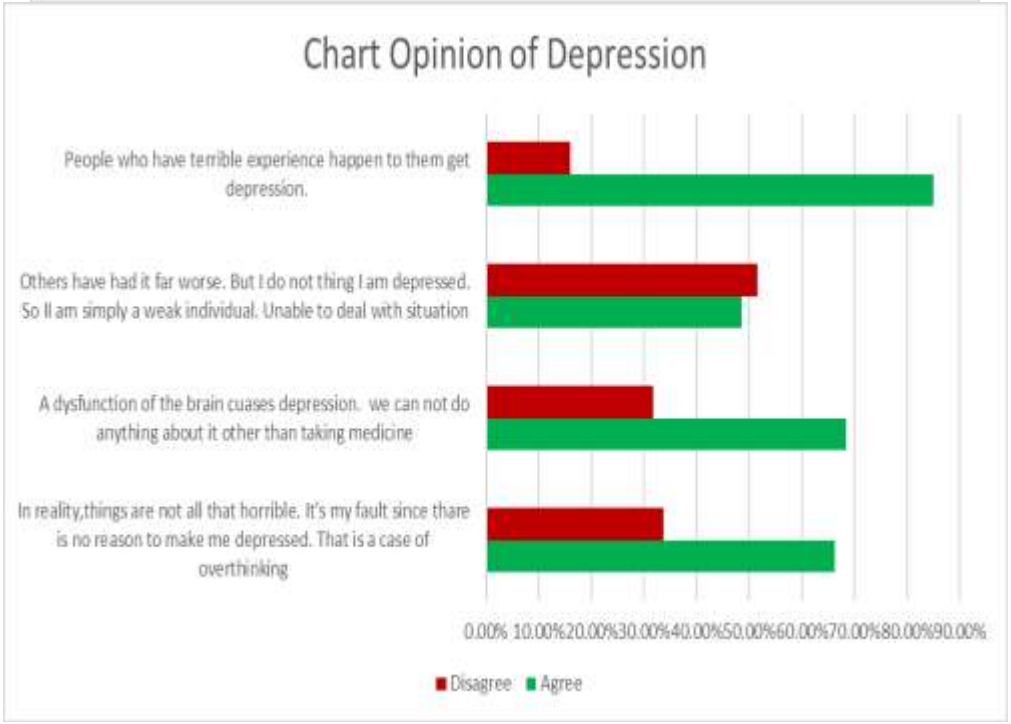
It has been proven that there are several factors which can be treated, such as exercise, socializing, taking medicine, and psychotherapy. This data comes from the KMT medical center. People think that the most significant treatment is consulting with a psychologist, as lots of people believe that going to temples can help them feel better. But this factor has not been written into the theory yet.

There are 3 of them that are not the right answer.people's digestive systems and environment. But the majority trust that the main cause is people, which is the most significant factor multifunction, but it was wrong. We think that people and The environment can be another cause in the future. Not at all. The least number is heredity.

Nevertheless, it is also the interesting part.







From the first bar chart, it is quite difficult to compare who is well-known about depression between depressed and non-depress. Overall, kids who have depression would have more understanding than normal people. It is the fact that depression is a form of mental illness, All of the depressed people are completely true, however, 5 of 84 who have no disease have the incorrect mindset. Another clue is that “Three out of every ten people population is thought to be depressed” more than 10 people believe that is not true that confusing them whereas it is real. "Symptoms of depression As follows, there are four primary groupings. 1. Physical symptoms 2. Cognitive symptoms 3. Behavioral symptoms, and 4. Affective/emotional symptoms, many people said that they surprise why there are various of depression. It is true that “Depression is a form of mental illness”, just one person who is depressed side gets the wrong answer, but there are 3 normal students of 86 who get the wrong answer. The second statement is

true “Depression is brought on by irrational thinking, as well as a physical illness Mood, thought, and behavior all alter as a result of this.” to the same statistic, only one person on the depressed side gets the wrong answer and 4 of 85 get an error. A few people which peaked at 15 think that people can get better from depression from doctors only, but it is not true. “Sometimes being stigmatized and discriminated against by society is worse than the symptoms of a disease. So we just try to understand about being sick. It can make the life of the patient better.” very few people from both sides think that it is wrong but it is still true.

In the second bar graph, we find out about the opinions of people about depression. To illustrate, lots of people agree that people who have terrible experiences tend to get depression. similarity, but more people disagree that others have had it far worse. But I do not think I am depressed. So I am simply a weak individual. unable to deal with situations. 2 of 3 also disagree that a dysfunction of the brain causes depression. It is like a messed up electrical system, so we can not do anything about it other than take medicine. Nevertheless, more people think that it is true that in real life, things are not all that horrible. It is his or her fault since there is no reason to make me depressed.

People who have terrible things happen to them get depression. Most people think that it is not a good idea because they think that it depends on the person. Not everyone should be bad because of their bad situation. Someone said that it can happen all the time and it is about the function of the brain that you cannot control. They think that it comes from a variety of factors and from both good and bad experiences.Turning to the opposite site, a few people say that it appears to be a bad situation, which nobody can understand. You can only suffer from it. Not only do people bully their surroundings and lose confidence, but it also affects their minds. It will increase the rate of mental symptoms.

The beginning of this disease can be attributed to lots of factors, but students have stressful studies and lots of pressure. And also, studying on the computer all day can lead to bad health like backpain and headaches, which are the most common symptoms. Another important factor is how they eat and feel hopeless, and some of them are confused with their lives. Every school has a psychologist, but it is not enough for all the children in the school. Some messages from children say, "Yes, because students are under pressure to study, there should be a psychologist give advice on how to handle current issues or advise them whether the issue is big enough to get a special treatment or not." and another example is "I think there should be Because it is a stressful age and many people do not know how to deal with it. Other factors, which many students say are the family members who push them too much and also the environment around them, like in Traimudom School, is the competitive school. There are many professional students, but many kids are stressed.

They believe that consulting with a psychiatrist is normal, but they are hesitant to tell others because many people believe that this disease has a negative impact on some people. But it's just a normal symptom like another. The important thing is that many doctors do not understand students' problems, so it is difficult to help them. Some doctors tell their stories to their parents and their parents punish their kids.

Conclusion:-

Our hypothesis is correct. People who have the disease has more knowledgeable than normal people because they educate about their symptoms. We can know that lots of people misunderstand some of the correct clues. There are many sources of depression illness where we can find out, but now there is some error information that appears everywhere. To illustrate, there are also many factors that can be hazardous to us. Therefore, we should help each other not let them have bad mental health. Lastly, there is a lack of psychiatrist and our society usually blame those who go to see the psychiatrist. They do not accept so this is a big challenge to change the mindset of our community.

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