

Depression: Facts, Myths and Stigmas Implications for Mental Health in Africa

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INTRODUCTION

Most people will at one point or the other experience a significant tragic life event that can potentially affect their mental health; it can be the death of a loved one, breakup of a relationship, financial debts, sexual or physical abuse, medical conditions such as stroke, cancer or an incapacitating road traffic accident that inadvertently may lead to depression. While it is relatively normal for people to experience moments of grief and sadness in the course of their lives, it becomes a problem when they cannot rise above such feelings to lead meaningful and productive lives. When this occurs, a case of depression is most probable and with the presence of characteristic symptoms, a diagnosis can be made by a doctor, before proper treatment is initiated to help the individual overcome this significant contributor to the global burden of disease.¹

Mental health is defined as a “state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.”² It is a key component and contributor to the complete state of health of any individual and also not merely the relative absence of specific psychiatric disorders.

Depression is one of the most common psychiatric disorders affecting all people globally. It is a significant cause of low productivity and a predisposing factor to poor health in general. It is generally associated with various myths and deep-seated stigmas influenced by misinformation about the facts of the condition due to strong sociocultural and religious beliefs prevalent within various societies. The implications of these misinformation about depression and indeed any other psychiatric condition for mental health in Africa are that health seeking behaviors are discouraged and people do not adequately utilize modalities of treatment when available, ultimately hampering the promotion of mental health initiatives.

DEPRESSION

Facts

Depression can also be referred to as “major depressive disorder”. It is primarily a mood disorder that affects people’s ability to live and function optimally. Its symptoms include feelings of guilt, unworthiness, sadness, loss of interest in previously enjoyed activities, changes in sleep patterns, inability to concentrate on tasks and persistent suicidal thoughts. Symptoms must span for a period of at least two weeks and on assessment by the doctor, should reflect a significant change from the previous disposition of the individual before a definitive diagnosis can be made.

It has a global prevalence as it affects over 200 million people irrespective of race, class and age, it affects women more and over 80% of persons living in low-medium-income countries are receiving no treatment for the condition.³ The etiological factors of depression can range from medical, environmental, social, economic, psychological to familial. People with low self-esteem personality types are also predisposed to experiencing depression.

Depending on the severity and frequency of depressive episodes, it can be classified as either mild, moderate or severe. It can occur either as a “recurrent depressive disorder” or “bipolar affective disorder” characterized by manic (elevated mood and outright over-activity) and depressive episodes on both ends of the spectrum, with periods of relative normal mood. Other types that affect women particularly include postpartum depression i.e., depression that occurs after childbirth and premenstrual Dysphoric Disorder (depression at the start of menstrual period).

There are currently various modalities for treating depression that range from psychological to pharmacological interventions. They include psychotherapy (talk therapy) i.e., the use of verbal and cognitive communication with individuals in order to change behaviors and help them overcome challenges. One of such approaches is called “Cognitive Behavioral Therapy (CBT)” which enables people to become aware about negative thoughts within them with the goal of challenging and overcoming them in an optimistic manner. Pharmacological interventions include the use of psychotropic medications such as antidepressants. Based on the assessment and severity of depression, a psychiatrist/doctor can adopt both or either of these treatment modalities in any particular patient. Other treatment options include “Electroconvulsive Therapy (ECT)”, which entails the electrical stimulation of the brain under anesthesia and is usually reserved for patients with extremely severe depression. People living with depression can as well

significantly improve their symptoms by adopting healthy lifestyle habits in terms of diet and activities and being emotionally supported by friends and families or support groups.

Depression is a serious health condition, it affects people worldwide and is a significant cause of increased suicide rates. It is not merely the feeling of being sadness but a chronic experience of persistent low mood over a period of time and with the initiation of appropriate interventions, it can be treated and managed successfully.⁴

Myths

Myths are popular beliefs held about events, people or practices that are not based on facts or experimental evidences.

One common myth is that depression is not a real disease. It is regarded by some as just a “feeling” of sadness that improves with time, and as such does not require medical care. Though feelings of sadness do characterize depression, this is however a sequela of the neurochemical deficits occurring in the brain. And as the condition progresses, physical symptoms arise and affects productivity of the affected individual. Depressed people who have overcome the inertia to seek help have experienced significant improvement of symptoms with various treatment modalities. The implications of not regarding it as a serious health condition are that people overlook the symptoms in themselves or in others and do not seek appropriate medical care as well as the suicidal tendencies that comes with the condition. Depression is not the same thing as feeling sad (which is normal), but it is actually an illness like any other that affects the human mind and body.

Another common myth is that the condition occurs only after the experience of a tragic event or stressful conditions. Even though the experience of tragic event or stressful conditions are strongly linked with the onset of depressive episodes, it is not entirely factual to state that it occurs only within such settings. Even happy people can become depressed even without experiencing any of such events. The causes of depression transcend external factors, as it could arise without the occurrence any obvious life altering events.

There is also the belief that talking about depression makes it even worse. The somewhat logic here is that as one talks more about their depression, they become even more overwhelmed by it. However, what is really key about this myth is not the talking on the part of the depressed individual but rather the subtle reactions

they get from people they discuss their depression with. In a family or community where the depressed individuals are not emotionally supported, this would seem probable as their expressed feelings would not be understood and met with positive reactions, resulting in self-stigmatization.

Talking about depression does not worsen the condition. It is even one of the treatment modalities i.e. psychotherapy used in managing depressed people. What is important is that these individuals receive emotional support from family or friends so as to encourage health seeking behaviors.

The attribution of mental illnesses to spiritual factors is also another myth that plagues depression as some believe it is caused by spiritual powers and as such, can only be attended to by spiritual or religious practices such as prayers and other rites. The implications are that affected individuals do not seek medical care primarily but only after these other options fail to improve their symptoms.

Lastly, there is also the belief that depression cannot affect children and other younger age groups. The evidences today indicate that no age group is spared of the plague of depression. High suicide rates are becoming more common amongst young people who do not understand that what is affecting them is not just a feeling but actually a disease process that can be treated if only they are willing to open up to their families or friends and seek help.

The myths about depression are quite numerous and vary from one place to another. The unifying factor about each one is that they impair health seeking behaviors and perpetuate a vicious cycle of abuse and self-stigmatization in the affected individual.

Stigmas

Stigmas associated with depression are particularly due to the society's misconceptions and associated attitudes towards people with depression as well as the subjective interpretations of these attitudes by affected individuals, which results in self-stigmatization.⁵

One of such stigmas is the association of depression with weakness. That is, only people who are psychologically weak ever get depressed. This erroneous view implies that it is somewhat disdainful to experience feelings of sadness (though not the same as depression) and that people should appear or act tough rather than being open about their inner feelings. There are some people who still go about their work routines normally but yet experience depression as they are able to put

up a façade of wellness when around friends and colleagues. And although depression can affect productivity level, it is still possible for people with the condition to function in workplaces because of the fear losing employment if diagnosed or seen seeking mental healthcare. Such individuals seem to endure the condition because they do not want to be treated as being ill by friends or family or fear being undesirable to the people they love and care for. Ultimately, they do break down with time and may contemplate suicide when not in public domains. It is unsupportive to associate depression with weakness as affected individuals will begin to see themselves as being weak which only further worsen their symptoms. Rather than seek help, they try to handle it on their own and give the impression that they are fine to people around them.

As with other mental illnesses, the condition is also associated with the stigma of shame. Both the depressed individual and their families can be so affected by the shame of being identified with mental illness that they may defer seeking medical attention. Depression is not something that should be ashamed of, it has serious health implications if not managed properly. Society must stop seeing people with the mental illness as undesirable or secluded from themselves, as any of them could be our friends, relatives or colleagues.

Implications for mental health in Africa

Mental health is still much of an unexplored field of medical care in Africa. And as with other areas of healthcare delivery, it is also affected by challenges of under-funding, shortage of trained workforce and infrastructure. Majority of persons are grossly misinformed about various mental illnesses and as such may continue to spread false myths and perpetuate stigmas about conditions such as depression.

The implications for mental health in the continent are that health seeking behaviors are impaired due to the myths and stigmas associated with the condition. And without sound mental health, people cannot function optimally and lead productive lives. The ripple effect is that the continent would experience reduced levels of human productivity and increased suicide rates if more persons become depressed without getting appropriate treatment and care that they truly require.

Conclusion

Depression is not a death sentence as it is treatable in most cases. The prevalence of myths and stigmas are counteractive against promoting a culture of health seeking behaviors in people experiencing the condition. It is crucial that proper

education campaigns be undertaken to mitigate these misconceptions in view of promoting mental health in Africa.

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