

***"DEPRESSION:MYTHS,FACTS, STIGMA,AND PROFFERING SOLUTIONS!"***

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**ABSTRACT**

Nigeria, an estimated 20%–30% of our population are believed to suffer from mental disorders. This is a very significant number considering Nigeria has an estimated population of over 200 million. Unfortunately, the attention given to mental health disorders in Nigeria is at best, fleeting; the level of awareness of the Nigerian public on mental health issues is also understandably poor, and the misconceptions regarding mental health have continued to flourish.

The existing Mental Health Policy document in Nigeria was formulated in 1991. Since its formulation, no revision has taken place and no formal assessment of how much of it has been implemented. No desk exists in the ministries at any level for mental health issues and only four per cent of government expenditures on health is earmarked for mental health.

This essay serves to educate on the dangers of Mental health decadence, what it entails and the abysmal failure of the government in proper handling. At its climax, the essay proffers solutions in dealing with depression as an individual and what should be done by government and NGOs in alleviating this illness from our society.

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## ***INTRODUCTION***

### ***DEPRESSION: A CURSORY GLANCE***

At some point in our lives, career, and jobs we all may have experienced some elements of sadness or grief.

Feeling depressed can be a normal reaction to a loss, life's struggles or an injured self esteem, but when such feelings of intense sadness, guilt, lethargy, helplessness, hopelessness or worthlessness becomes recurrent, lasting for days to weeks, keeps you from functioning properly or normally. It may well be Depression; a treatable condition.

### ***WHAT IS DEPRESSION?***

It is a debilitating and pernicious cluster of symptoms that may persist for a period of weeks, months, or even years. It is an affective disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. Furthermore, it is characterized by changes in mood status presenting as feelings of sadness which may fluctuate from slight hopelessness to severe feelings of disappointment. If left untreated in the early age of occurrence, it can lead to different problems such as school failure, conduct disorder, delinquency, eating disorders such as anorexia and bulimia, school phobia, panic attacks, substance abuse, or even suicide.

## **My Reflection**

The day was long. Not the fulfilling, happy sunny day type. The rain hit the glass window, leaving a trail similar to the tears that I once cried. The wind was strong. "This is the end of the class" the lecturer bellowed, trying to sound audible. It was the last class till further notice – as the State government has failed to pay the staffs of the university. "God, at this rate I might spend the whole of my adult years in medical school", a voice whispered to me. I ignored and made my way to the School Cafeteria. Now I could finally put on music on my phone which would help me forget all about my woes.

This was much of a routine. After school, I would get a bottle of Coca-Cola and biscuits from the cafeteria and reminisce about the whole day, playing videos of important events in my head, then his voice would start ministering to me. A deep baritone manly voice it was. He would come silently and put some unpleasant words together. Sometimes, he would walk me home, some other times, he would just wave me goodbye from our table as he would watch me leave.

He did not bother me that much at first so I limited myself to learning his name and nothing more – "I'm Depression", he finally introduced himself.

### ***The Inevitable***

It was day 183 of the strike, not putting into consideration time spent at home during the COVID-19 pandemic. I woke up earlier and felt energetic. I am not a morning person, so this was kind of an occasional accomplishment. I got up, worked out, took a shower, had breakfast as I tried to explore a couple of chapters from my pharmacology textbook.

It was not a surprise when I heard Depression's voice greeting me as I was about to read the second chapter of the book.

"You know, school is not resuming soon, what do you make of your life now? Are you sure you want to continue reading?". He was right. The State Governor was insistent on clearing the school of unscrupulous individuals before payment of salaries will be made, making issues more complicated. There was no beacon of light amidst the darkness.

Dealing with pressure from friends and family alike while at home, have been frustrating. Questions like: what level are you? When are you finishing medical school? Have become a must in conversations. They ask these questions not just because they want to know, but to reiterate

the fact that the idea of paying school and providing provisions is now something they are getting tired of.

I can not fault them. I am a 400L medical student who has spent 6 years in school with no failure and no repeat. As I ponder, thoughts of - How happy am I? Will I ever do what I really want to do? Will I ever finish medical school and become a doctor? Preoccupies my mind.

### ***DEPRESSION AMONG STUDENTS;THE FACTS AND NUMBERS.***

University life marks a transitional period for students, during which some students move away from family and home for the first time and lose the traditional adult supervision and the traditional social support. In addition, some students might have to deal with financial difficulties for the first time in their lives. These changes have been recognized as risk factors for developing depression, which is associated with severe problems in university students, notably academic achievement, suicidal ideation, substance abuse, and acute infectious illnesses.

Research indicates that there is a negative relationship between depression and academic achievement, that is, when depression is high, academic achievement is low and vice versa. For example, Hysenbegasi et al. in 2005 conducted a study in Western Michigan University and they found that depression has a strong impact on academic productivity among the students. According to their study, of the 121 depressed students who were diagnosed in the campus health center, 14.64% had missed a great number of classes, 5.45% missed assignments, and 1.36% and 0.74% of them missed examinations and dropped a number of courses.

The prevalence of depression in this study was found to be 58.2%, with 37.0%, 15.7%, 3.9%, and 1.6% of respondents having mild, moderate, moderately-severe, and severe depression, respectively, using the PHQ-9 as a screening tool for depression. This finding is similar to that of another study that was conducted among students of a private medical college in South India which showed that 58% of students had various forms of depression, with 43%, 12%, and 3% of the students having mild, moderate, and severe degrees of depression, respectively, also using the PHQ-9 to screen for depression.

## ***THE STIGMA***

Stigma is a myopic reflection on people by people of lower intellect and ignorance; as people tend to fear what they do not understand.

The burden from depression is affected by people's beliefs and resulting behaviour. Misunderstanding and misconceptions from lack of knowledge pose a serious hurdle in improving mental health. Stigma can lead to hurt, rejection and prejudice against people who are labelled.

People with mental health problems are labelled with a variety of names; "a lesser being" incapable of living a "normal" life, holding down a job, or keeping a relationship. They are the ones that "normal" people don't know how to deal with. They keep away, because they are contagious as they do not want to contract the "crazy".

On whom can we place the blame for the creation and longevity of the stigma? Our friends and family? The media? Society as a whole?

I would say the whole mix – they come together to create a cocoon from which a fabric of discrimination and stigma is woven.

The stigma associated with depression could be life threatening. Why? The negative stigma which comes with depression may prevent the victim from relaying his/her issues and feelings to someone who might be able to help for fear of being shamed and labelled a pretender and seeker of attention.

## ***MYTHS AND FACTS***

Nigeria is by far Africa's most depressed country already, with 7 million people diagnosed with the condition, according to WHO. In comparison, Ethiopia has 4.48 million, while the Democratic Republic of Congo has 2.87 million with depression. Despite its prevalence there are still a lot of misconceptions about it. Here are a few of the most common myths about depression.

### **Myth #1: "Depression is the quintessence of Witchcraft"**

In our communities, people who are depressed, down-throden, and seldomly interacts with others are seen as witches and wizards. This is wrong, as these people need love and care and not to be ostracized and victimized.

### **Myth #2: "Depression is an emotional state and not an illness"**

Many people are not familiar with the wide range of symptoms of depression that people can experience. Depression is frequently stereotyped as sadness, low mood, and crying – usually showcasing the presence of strong emotions.

### **Myth #3: "Depression is a choice"**

Considering the severity and impact of the symptoms, depression is not a choice. Unfortunately, there are many narratives, beliefs, and messages that circulate our culture that say you can simply choose to stop experiencing or feeling a certain way. "Choosing happiness" is not always the case for someone. If you can "choose" happiness and that has a significant impact on your mood, chances are you do not have clinical depression. Hearing phrases such as "just snap out of it", "look on the bright side", and "someone else has it worse" are not helpful for patients with clinical depression.

### **Myth #4: "Depression only affects women"**

Men tend to talk less about their feelings due to the predisposing traditional gender stereotype.

58% of men feel like they're expected to be "emotionally strong and to show no weakness," and 38% of men have avoided talking to others about their feelings to avoid appearing "unmanly." Women tend to talk more about their symptoms but nevertheless, it also affects men. In fact it

could be more dire for men as they are more likely to commit suicide than women.



## ***DEPRESSION SYMPTOMS BY AGE GROUPS***

Depression symptoms may differ according to age groups as well. For example:

Depression in children may present as refusing to go to school, being extra clingy to parents, or experiencing physical symptoms such as stomachaches.

Older children and adolescents may experience difficulties at school, inability to complete school work, low self-esteem, lack of motivation, and ADHD symptoms. Teens may experience eating disorders and substance abuse.

Adults may experience depression at pivotal moments in their lives or during major life changes. Young adults may experience other mental health disorders alongside their depression, such as anxiety, panic disorder, and eating disorders. Middle aged adults may experience more physical symptoms, including gastrointestinal symptoms, insomnia, and suicide ideation.

Elderly adults with depression may experience grief, sense of isolation, moods of generalized depression, and feelings of loneliness.

**It is important to keep in mind that suicidal ideation is considered a medical emergency, and you should not wait to seek care. If you are experiencing suicidal thoughts, please go to the nearest emergency room.**

## **CAUSES**

Etiological cause of depression could be multifactorial, meaning that they have more than one cause. Depression often occurs when someone who is already vulnerable to it experiences, difficult life circumstances or trauma.

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***She was powerful, not because she wasn't scared but because she went on so strongly, despite her fears - ATTICUS!***

## ***Most Common Types of Depression***

Just as symptoms of depression may be experienced differently by different people, depression itself has many variations. Types of depression vary according to the kind of symptoms people experience, the circumstances that trigger the depression, as well as other overlapping mental health conditions that have depressive symptoms.

It is possible to experience more than one type of depression at once. The best way to find out what type of depression you are experiencing is to visit your doctor or psychiatrist for a diagnosis. For example, you might be someone who has bipolar disorder and experiences postpartum depression after having a baby.

Common types of Depression include:

- Major Depressive Disorder

Major depressive disorder is considered the "classic" type of depression. People who experience this type of depression have persistent symptoms and may feel like there is a dark cloud around them most of the time. They may lose interest in activities that once brought them joy, and may have trouble completing everyday tasks.

- Bipolar Disorder

Bipolar disorder is not the same as depression, but rather a condition where someone wavers between depression symptoms and symptoms of mania.

- Psychotic Depression

A person who has psychotic depression experiences severe depression symptoms alongside

psychotic symptoms such as delusions or hallucinations.

- Postpartum Depression

Postpartum depression is something experienced by 1 in 7 new parents. Postpartum depression should be distinguished from the “baby blues,” which is a period of mild depressive symptoms that almost all new parents experience after giving birth due to hormonal and lifestyle changes. Postpartum depression involves more serious and consistent depressive symptoms and is usually diagnosed when these symptoms have persisted for more than two weeks.

- Premenstrual Dysphoric Disorder

Premenstrual Dysphoric Disorder (PMDD) is a severe version of premenstrual syndrome (PMS). This usually affects women during the week before their period, but it may start soon after ovulation and last for approximately two weeks until an expected period.

- Situational Depression

Depression may be triggered by a specific situation or major life event, and may not be as long lasting a major depressive disorder. Triggers may include the death of a loved one, a divorce or breakup, or any sudden or major life change.

### ***The way forward...***

Depression is a disease and a disability. It is not a choice, and we can not necessarily control it. Other chronic diseases like heart disease or arthritis are not looked down upon or stigmatized, so why is depression different?

In tackling depression as an individual, telling a few trusted individuals is often the first step. If you're feeling depressed, remember that: You can be beautiful and depressed. You can be successful and depressed. You can be young and depressed. You can have everything going for you and still be depressed. Depression should not define you as an individual.

There is hope for even the most severe cases of depression. According to the American Psychiatric Association (APA), 80-90% of people who seek treatment for their depression respond positively.

Depression does not just affect one's mood. According to the National Alliance on Mental Illness (NAMI), depression increases your risk of cardiovascular and metabolic diseases by 40%.



## ***Treatment For Depression***

There are several different ways to treat depression and treatment can work better if different methods are combined. For example, lifestyle changes may not be effective alone, but when combined with therapy and medication, they can propel you faster toward healing from depression.

- ***Psychotherapy***

*Psychotherapy* is one of the most effective ways to manage depression. Having an experienced, licensed therapist or counselor to talk to – someone who will listen and advise without judgement – can make a huge difference as one begins the journey of recovery. A therapist can help understand the origins of your depressive feelings.

In some cases, therapy alone can treat depression, but often severe cases of depression are best treated with a combination of psychotherapy and medications.

- ***Medication For Depression***

Many cases of depression are treated with antidepressants. These medications affect the neurotransmitters in your brain that control your mood and how you react to stress. The most common types of antidepressants prescribed are selective serotonin reuptake inhibitors (SSRIs). Other antidepressants include serotonin and norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants, and monoamine oxidase inhibitors (MAOIs).

- ***Wellness, communal and Self-Help Strategies***

Most depression treatment plans also involve lifestyle changes. What we eat, how we move, and who we interact with can have strong effects on our mood as well as our ability to manage our depression. Here are some tips:

\*Stay active

\*Create healthy and mindful routines

\*Set realistic goals keeping in mind depression is a journey, that may be filled with setbacks.

### ***As a Nation...***

It is paramount for the government to implement policies which would aid in dealing with this health problem which is growing daily. A national strategy to address mental health problems in Nigeria by the government at all levels is needed, one which should lay emphasis on prevention.

It's also important to reintegrate mental health into primary care facilitates, as such, easy accessibility.

In addition, it is necessary to undertake the widespread education of the Nigerian public on the recognition of mental health disorders as a disease and the need for societal and family support and the avoidance of stigmatization of people suffering from mental health disorders.

### ***CONCLUSION***

In the light of the recent suicidal episodes recorded in parts of Lagos, it forces a rethink in our general attitudes to mental health and questions our current maintenance of the status quo.

The unavailability of essential drugs at health centers, unavailability of physicians to run primary health care centers, and the restrictions to the prescription of psychotropic medications and also lack of non-governmental organizations being involved in individual assistance activities such as counseling, housing, or support groups are basic issues that should be addressed.

The reality is that depression is not "one size fits all". It can be completely obvious that a person is depressed, or the case may be that you would never in a million years guess that the person was depressed. It is a good reminder that depression is more significant than a passing mood state.

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