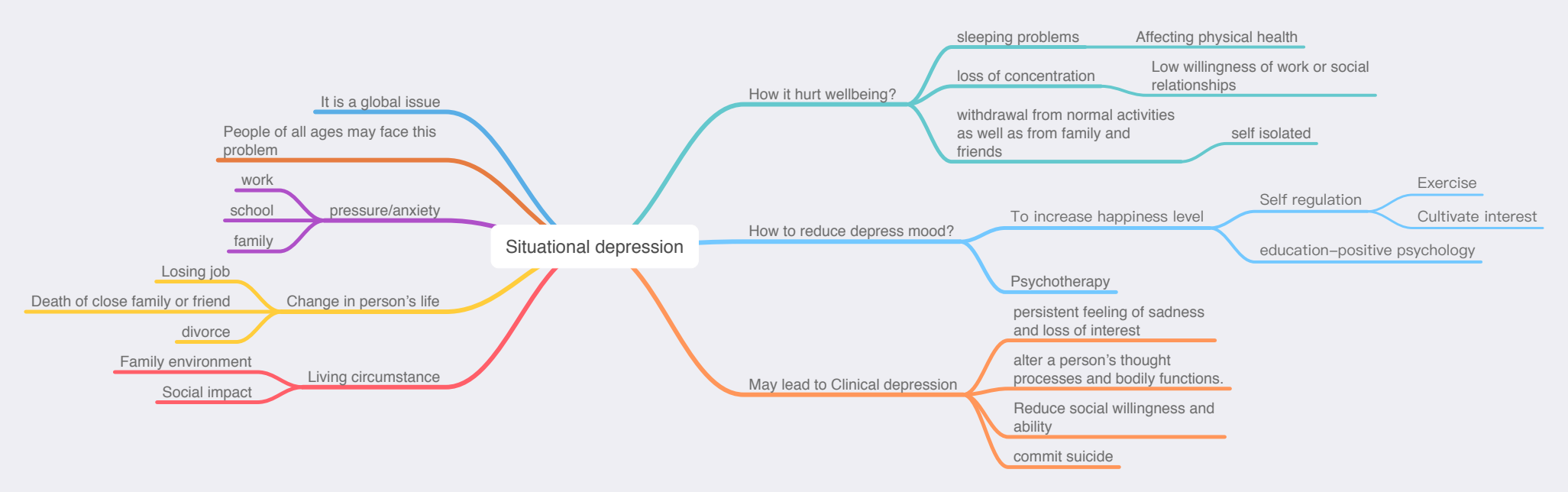
Research and Progress-A1

What is the challenge?

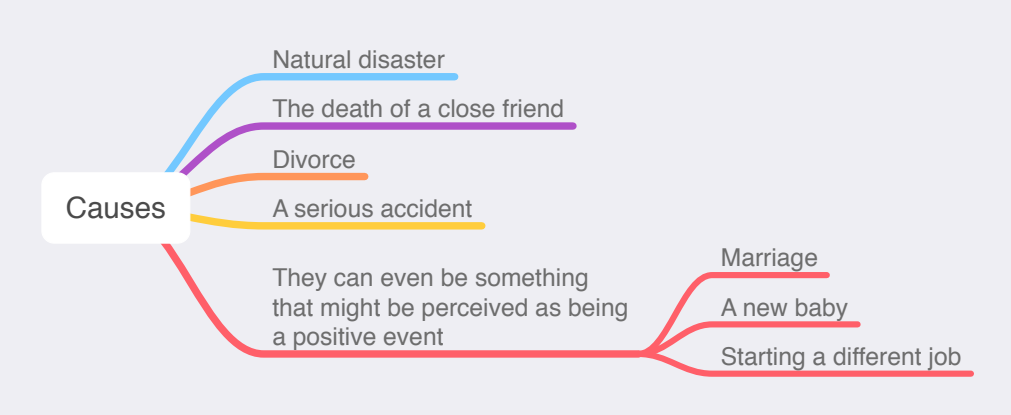
Depressive moods can be dangerous if one constantly feel stress, sadness or anxiety for several months. This is called Situational depression, also known as Adjustment disorder. Research has shown that situational depression can cause Major depression, is linked with suicidality and related to juvenile delinquency, and there is an increasing number of patients each year. It is a global challenge which harms both mental and physical health.

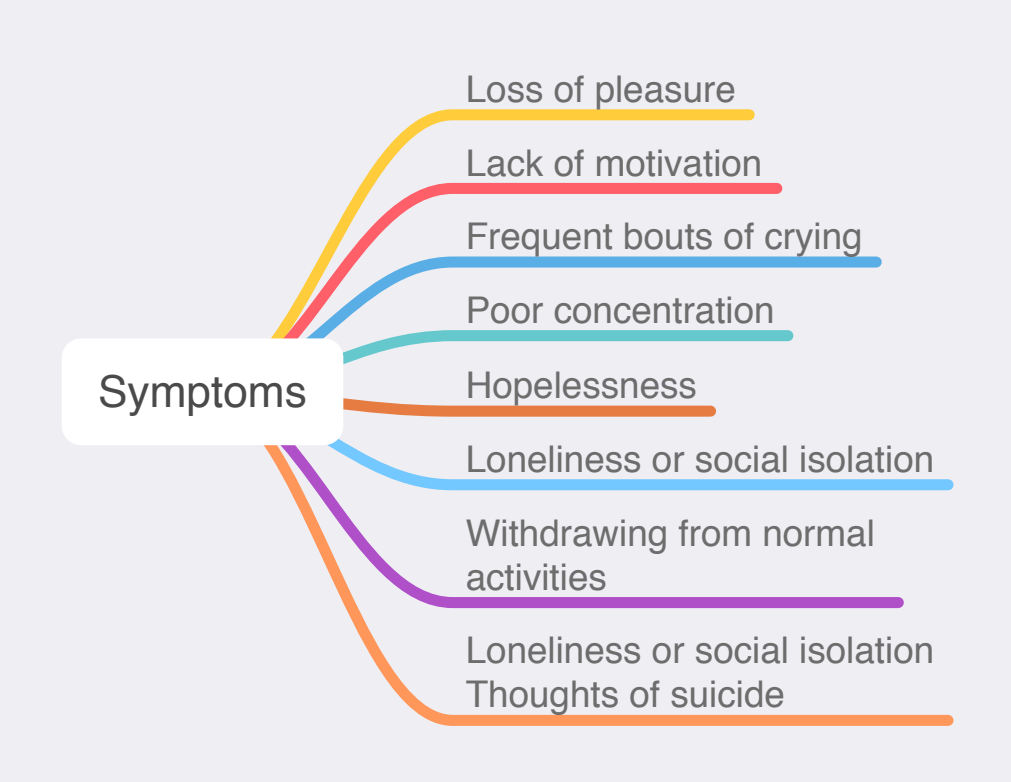
Define-Adjustment disorder (AD) is defined by the World Health Organisation (WHO) as a state of “subjective distress and emotional disturbance, usually interfering with social functioning and performance, and arising in the period of adaptation to a significant life change or to the consequences of a stressful life event” (WHO, 1992).

A mind map after some research about situational depression



Causes and Symptoms of Situational depression





Situational Depression vs. Major Depression

According to research, the difference lies in the fact that depressive symptoms are clearly in response to an identifiable stressor, do not meet the full criteria for a major depressive episode, and will be resolved when either the stressor no longer exists or people are able to adapt to the situation.

Situational Depression Needs Intervention, Too

Situational depression is related to individuals circumstances, but this does not mean that people should just blow it off or wait for things to get better. No matter what the cause, depression can increase the risk of suicide and substance use.

It can also complicate the treatment of other medical conditions by making people less inclined to take care of themself and follow their treatment plan. In addition, there is a risk that situational depression may progress into becoming a major depressive disorder. If the depressed mood is causing significant distress or interfering with daily functioning, it is needed to visit with a mental health professional for assistance.

Who is affected?

People who experienced traumatic events and have been feeling depressive moods for a long time (more than 3 months), mostly ageing from 5-90.

When is it happening?

The issue has been existed for a long period and has become more severe in recent years, which can be seen from the increasing number of patients each year. It is an ongoing challenge.

Where is it happening?

It is a global issue happens all over the world. In places where people are under high pressure (work/school) or living in a family that depression or violence occurs.

Research on Danish

The study in Denmark is from 1995 to 2011. With more than 100 thousands participants. The research shows that people of all age (3-100) are facing this issue and there is an increasing number of patients each year (picture 3).

Report of "Severe Stress and Adjustment Disorder Diagnoses in the Population of Denmark" indicates that Adjustment disorder was the most common diagnosis (picture 1). In 90.5% of cases, the severe stress or adjustment disorder diagnosis was the primary diagnosis.

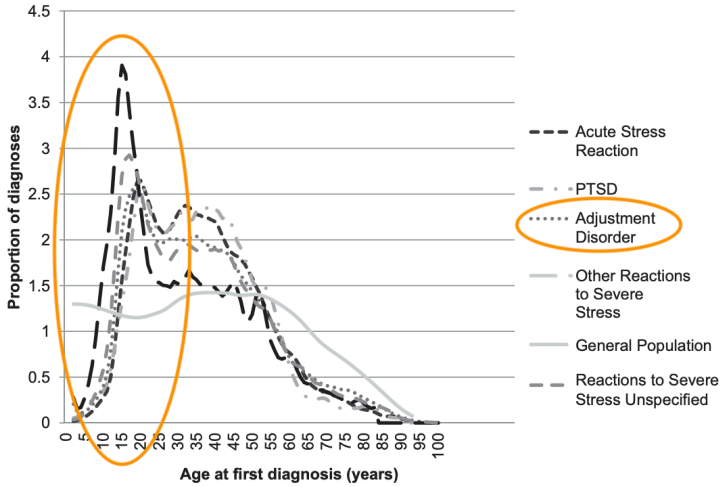
In addition, the highest proportion of new diagnoses was during the late teenage years. This indicates that teenagers contribute most to the increased number of adjustment disorder. (picture 2)

Table 1
Incidence Rate of Severe Stress and Adjustment Disorder Diagnoses Among Danish-Born Adults and Children from 1995–2011

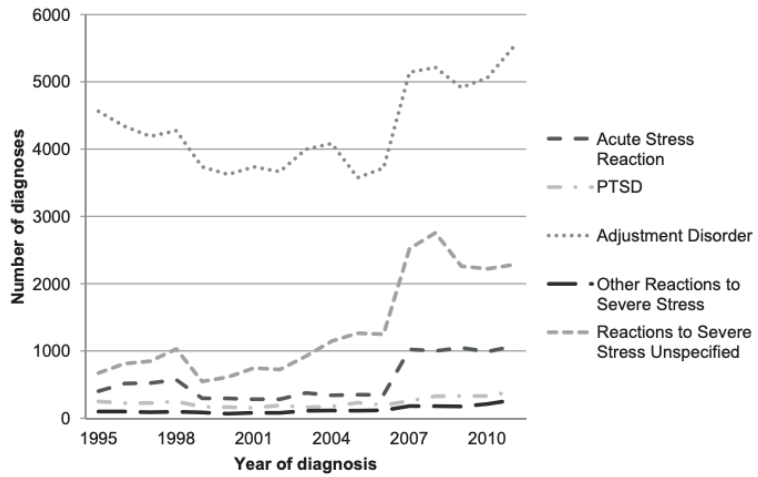
	Adults (n = 101,663)			Children (n = 10,181)			
Variable	n	%	Incidence rate	n	%	Incidence rate	Incidence rate
ASR	9,182	9.0	13.3	527	5.2	3.0	11
PTSD	3,786	3.7	5.5	243	2.4	1.4	4.7
AD	66,823	65.7	97	6,511	64	37.6	85
ORSS	1,692	1.7	2.5	473	4.6	2.7	2.5
RSSU	20,180	19.8	29.3	2,427	23.8	14	26

Note. Children defined as those aged 15 and younger. Proportion calculation is the proportion of specific diagnoses within the registry, stratified by adult/child status. Incidence rates were calculated using the person time from all Danish born residents of Denmark and are displayed per 100,000 person-years. ASR = acute stress reaction; PTSD = posttraumatic stress disorder; AD = adjustment disorder; ORSS = other reactions to severe stress; RSSU = reactions to severe stress unspecified.

Picture 1



Picture 2



Picture 3

Situational depression is linked with suicidality, Adjustment disorder is a global event

According to the article “Suicidal behaviours in adjustment disorder and the depressive episode”, among 173 individuals with AD in the research, 19.7% had features of suicidality (either suicidal ideation or behaviour). Suicidal participants with AD were younger, with higher depression scores (even when items relating to suicidality were removed), less likely to participate in organised religion, more likely to have a possible personality disorder and with more life events than those who were not suicidal. There was a trend towards lower levels of social support, and no association with social functioning.

In another research “Adjustment Disorder and Suicidal Behaviours Presenting in the General Medical Setting: A Systematic Review “, the study confirms the association of AD with suicidal ideation and behaviours in multiple countries and once more highlights the increased risk in young adults, particularly females (picture 4). Given the high representation of self-poisoning as a method of suicide attempt, future public health campaigns may need to consider stricter controls on over the counter medications and education of populations regarding safer practices around storage of potentially toxic compounds like pesticides. AD represents an important disorder to target suicide prevention initiatives.

Table 1. Characteristics of included studies (n = 20).

Study	Type	No. of Participants	Setting	Age	Diagnosis	Study Length	Self-Harm Method	Previous or Subsequent Attempt	Death	Influencing Factors/Precipitants
AbuMadidi et al. (2001)	Retrospective study (chart review)	398	ED, Saudi Arabia	13–74 years	AD 30.1%; personality disorder 32%, depression 8.6%	6 years	78.7% poisoning; 26% cutting	Previous attempt in 21.5%	Not stated	Females more likely to have dx AD ($p < 0.01$), stressful life events ($p < 0.001$). Males more likely to have substance misuse ($p < 0.001$), psychosis ($p < 0.01$)
Brakoulias et al. (2006)	Retrospective study (chart review)	1295	Liaison psychiatry service, Australia	18–88 years	AD 35.9%; major depression %; schizophrenia	5 years	79.2% poisoning; 12.7% cutting; 4.7% violent	12% prior self-harm	Not stated	Women more likely to poison, men more likely to cut or violent act. Separated and divorced women 18–24 high risk. Violent group, AD less common than depression or schizophrenia.
Briskman et al. (2017)	Prospective cohort study	1149	ED Israel	18–95 years	AD 48% most common diagnosis, personality 16%; depression; 15% depression	8 years	92.5% poisoning; 7.5% hanging; cutting	30%	Not stated	AD 46.7% aged 16–64, 57.8% in >65 years
Casey et al., (2015)	Prospective cohort study	348	Liaison psychiatry services in 3 Dublin Hospitals	Mean age in AD with suicidal behaviour 36.5 years	AD 49.7%; depressive episode 51.3%	6 months	Not stated	Not stated	None	Younger age, single marital status and greater severity of depressive symptoms.
Farzeneh et al. (2010)	Cross-sectional cohort study	248	ED, Iran	12–18 years	AD 84.3%; major depression 18%; personality disorder 10%	Not stated	Self-poisoning	Not stated	Not stated	Female—80.64%, childhood adversity—48%, family psychiatric history—33%, substances—11%
Galgali et al. (1998)	Retrospective study (chart review)	119	ED, India	Mean age 25 years	AD 33.7%; depression 21%; schizophrenia 4.3%	One year	Self-poisoning— most common being pesticides	9.24% of the sample had a previous attempt	Not stated/unknown	Substance abuse, epilepsy, co-morbid psychiatric illnesses
Ghimire et al. (2012)	Retrospective study (chart review)	200	ED, Nepal	15–55 and above. 77% below the age of 34 years	AD 13.5%; mood disorder 11%; substance abuse 7%	3 months	Self-poisoning by various compounds, pesticides being the most common	Not reported	Not reported	Gender, substance abuse, interpersonal conflict
Grundikoff et al. (2015)	Retrospective study (chart review)	265 93 self-harm	ED, New York	0–17 years	AD 417.7%	1 year	Not reported	57 (22.4%)	Not reported	Family conflict—30% suicidal ideation, 41% self-harm. Peer conflict—30% suicidal ideation, 41% self-harm.
Huyse et al. (2001)	Cross-sectional cohort study	1795 self-harm Total in study 10560	Liaison psychiatry services in 11 European countries	Mean age presenting with self-harm 38 years	Self-harm 17%; AD 12.4%	1 year	Not reported	Not reported	Not reported	Self-harm 56% female, 24% transferred to psychiatric ward

Table 1. *Cont.*

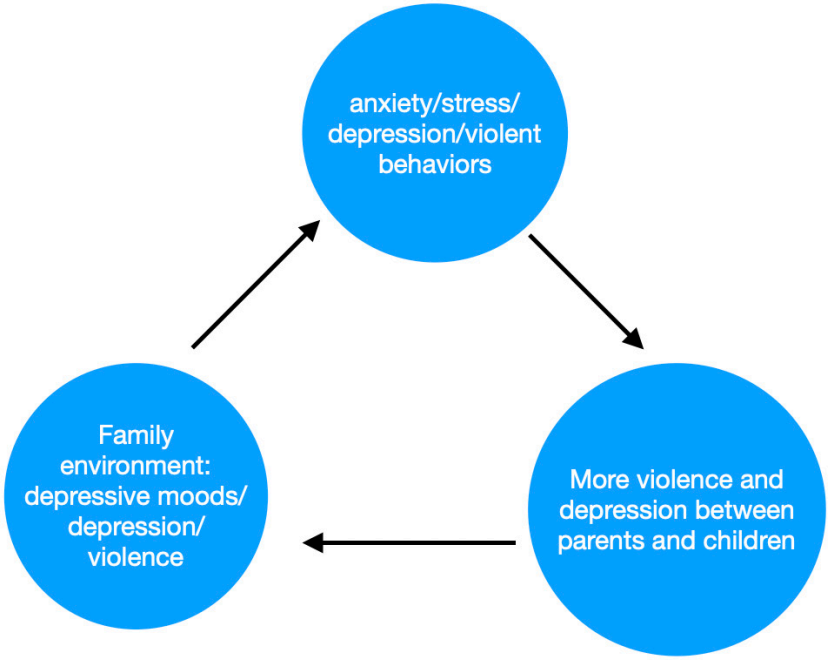
Study	Type	No. of Participants	Setting	Age	Diagnosis	Study Length	Self-Harm Method	Previous or Subsequent Attempt	Death	Influencing Factors/Precipitants
Lin et al. (2012)	Retrospective study (chart review)	73	Medical admissions, Taiwan	16–83 years	AD 41.1%; depression 49.3%	10 years	Charcoal burning	Not reported	Not reported	Stressors included end of relationship (18%), debt (18%) and illness (18%). Male patients had higher rates of AD, comorbid with alcohol abuse.
Lin et al. (2018)	Retrospective study (chart review)	174	Medical admissions, Taiwan	Mean 45.8 years (SD20) rodenticide group; 41.2 years (SD 14.9) paraquat group	AD n = 17 (9.8%)—2(3.2%) rodenticide group; 15(14.1%) paraquat group	12 years	Self-poisoning by either rodenticide or paraquat	n = 17 (9.8%)—3(7.6%) rodenticide group; 45(30%) paraquat group	87 (50%) total 0 rodenticide group; 87 (58%) paraquat group. No detail by diagnosis	AD significantly associated with presentation with paraquat poisoning (high lethality group)
Lingeswaren et al. (2016)	Prospective cohort study	40	Medical admissions, India	10–30 years	Acute stress reaction/Adjustment disorder in 100%	6 months	Self-poisoning	1 participant had a previous suicide attempt	Death by suicide was an exclusion criterion of this study	Female—62.5%. Stressors included parenting issues 47.5%, interpersonal difficulties 30%, academic 7%
Magat et al. (2008)	Retrospective study (chart review)	65	Tertiary centre in Honolulu, Hawaii	5–18 years	AD 29%; depressive illness (45%)	2 years	Self-poisoning	26%	None	Gender (female) 86%, age 13–16 68%
McCauley et al. (2001)	Retrospective study (chart review)	70	ED, rural hospital, Ireland	10 to >60 years	AD 35.78%; depressive disorder (28.6%); schizophrenia 7.1%	1 year	92.9% overdose; 1.4% each for drowning, hanging, inhaling exhaust fumes, laceration of wrists	Absence or presence of previous suicidal behaviour is documented in 47.7% of charts.	None	Gender Female: Male 2:1, alcohol implicated in 47% of cases
Mitrev (1996)	Prospective descriptive study	140	Toxicological unit, Germany	15 to >60 years	AD 100%, no additional diagnosis	2 years	Self-poisoning	20% had a prior suicide attempt	None	Interpersonal conflict—70%, occupational/ economic—25%
Polyakova, 1998	Prospective observational study	155	ED, Moscow	18–65 years	AD 55.5%; depression 44.5%	9 months	AD group poisoning n = 60 (70%: males 19, 22%, female 41, 48%); hanging 17 (20%: males 12, 14%, female 5, 6%); other 9 (10%: males 4, 5%, female 5, 5%)	Not reported	None	AD less educated, lower social status, unmarried. Majority unfavourable childhood events. Alcohol 3 times more likely to be involved in AD than depression, more impulsive. AD regretted (92%, compared with only 12% in the depression group)

Picture 4

Cross-lagged associations among anxiety symptoms, violent behaviour and family environment

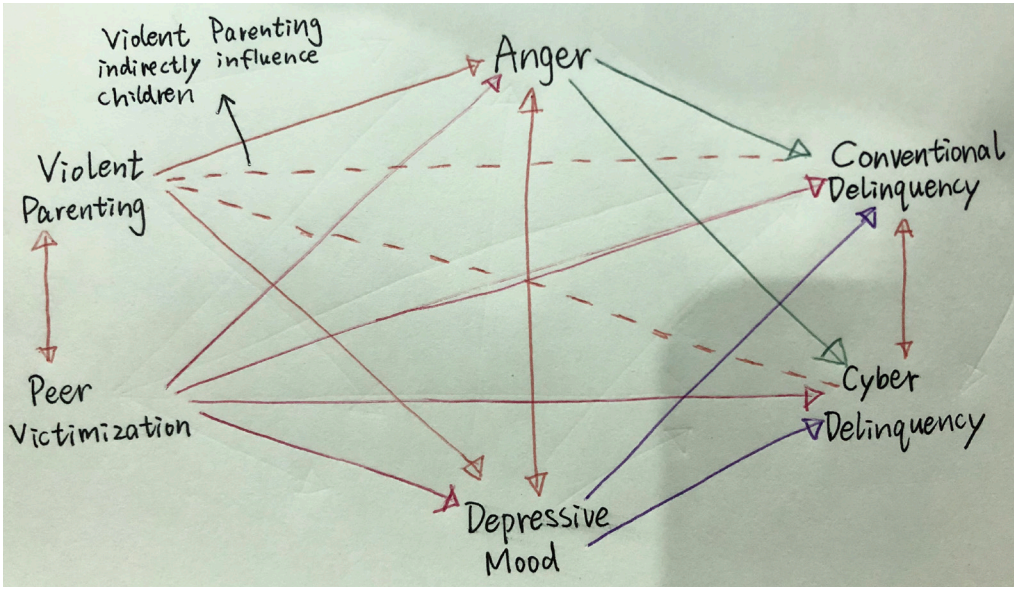
From the article “Longitudinal associations between delinquency, depression and anxiety symptoms in adolescence: Testing the moderating effect of sex and family socioeconomic status”, the study shows that there is a cross-lagged association among depressive symptoms, violent behaviour and family environment.

Findings suggest that delinquency (violent delinquency especially) and depression symptoms may develop according to a spiralling model, such that conduct problems in childhood give rise to depression symptoms in mid-adolescence, which in turn, contribute to more delinquent acts at the end of adolescence. Family SES (sex and family socioeconomic status), had a moderating effect on the paths. Delinquency and emotional problems do not develop independently from each other; both dimensions should be examined simultaneously.



Anger and depressive mood can lead to juvenile delinquency

In the article “The role of anger and depressive mood in the transformation process from victimization to perpetration”, the study suggests that if left untreated, anger and depressive mood of the victimized children could precipitate further involvement in perpetration. Therefore, when treating delinquent children, their past and current victimization experiences should be considered, and unresolved consequential emotion that could precipitate perpetration should also be handled. People tend to immediately condemn children’s delinquent behaviours. However, rather than only focusing on punitive approach, they should consider such children as latent victims who were not protected from a violent environment. Furthermore, this study found that perpetration was directly and/or indirectly influenced by both parental and peer victimization. This implies that the segmented approach on specific types of violence was not effective in tackling this issue as children are potentially exposed to various forms of victimization within their immediate environment.

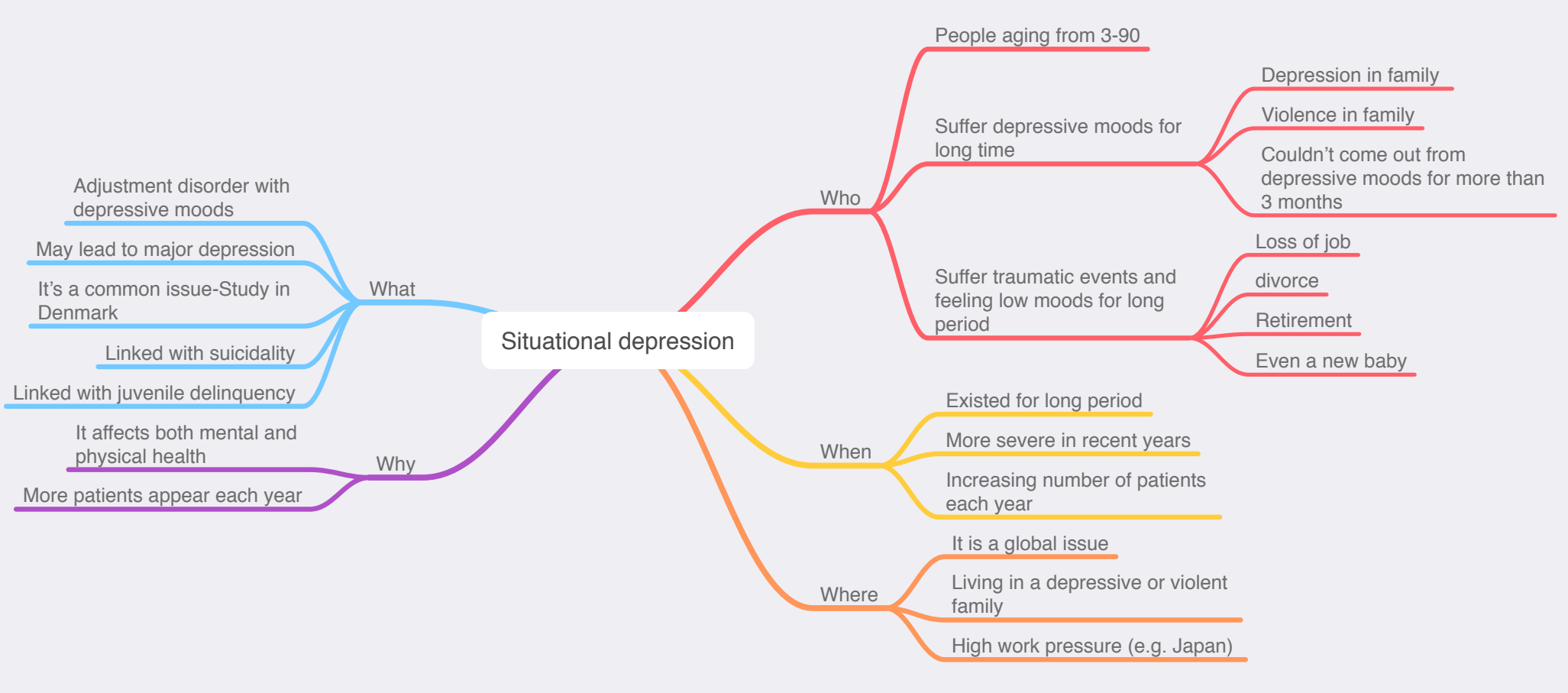


Example in Japan-work pressure is associated with depression

According to the article “Relationship Between Depression and Stress Coping Ability Among Residents in Japan: A Two-Year Longitudinal Study”, researchers did research among residents and work people, several studies have found the rate of depression who in work to be much higher than that of the general public. Logistic regression analysis showed that mean weekly working time is significantly associated with new-onset depressive symptoms.

Google image

Mind map according to “5W”



Why is this important?

Situational depression is a common issue that affects many people, even young child and older adult. It seems to be more important due to the increasing number of patients each year. Situational depression is highly related to depressive moods includes anxiety, stress and sadness; which are normal emotions but once those negative moods last for a long period, it may transfer into illness and will influence both mental and physical health. Besides, through the research of situational depression, other issues reveal. Firstly, depression or violence in a family can lead to depressive moods or violent behaviours of the child. Secondly, depression is linked to suicidality. Despite these, it suggests that responses and solutions are needed to reduce long term depressive moods, whether in education level or self-guiding.

Reflection on methods

When I researched the topic of situational depression, I think it is important to find the causes and influences of the issue. Therefore I firstly search for this topic on the website to briefly learn about its triggers and symptoms. After that, I went to RMIT library and searched “situational depression” to see what the results are. I found useful articles which write about the causes, effects of the issue and studies in different countries.
The limitation of my research was: most found effects are about young children, most causes are about family circumstances and cross-influences between family and the child. It will be better to include information about how situational depression influence adults, older people and, causes adults are facing such as divorce and retirement.

Reference

Casey, P., Jabbar, F., O’Leary, E. and Doherty, A., 2015. Suicidal behaviours in adjustment disorder and depressive episode. Journal of Affective Disorders, 174, pp.441-446.

Fegan, J. and Doherty, A., 2019. Adjustment Disorder and Suicidal Behaviours Presenting in the General Medical Setting: A Systematic Review. International Journal of Environmental Research and Public Health, 16(16), p.2967.

Fontaine, N., Brendgen, M., Vitaro, F., Boivin, M., Tremblay, R. and Côté, S., 2019. Longitudinal associations between delinquency, depression and anxiety symptoms in adolescence: Testing the moderating effect of sex and family socio-economic status. Journal of Criminal Justice, 62, pp.58-65.

Gradus, J., Bozi, I., Antonsen, S., Svensson, E., Lash, T., Resick, P. and Hansen, J., 2014. Severe Stress and Adjustment Disorder Diagnoses in the Population of Denmark. Journal of Traumatic Stress, 27(3), pp.370-374.

Ito, M., Seo, E., Maeno, T., Ogawa, R. and Maeno, T., 2018. Relationship Between Depression and Stress Coping Ability Among Residents in Japan: A Two-Year Longitudinal Study. Journal of Clinical Medicine Research, 10(9), pp.715-721.

Lee, Y. and Kim, S., 2017. The role of anger and depressive mood in transformation process from victimization to perpetration. Child Abuse & Neglect, 63, pp.131-140.

Website resources:
Verywell Mind. 2020. Understanding The Difference Between Situational And Major Depression. [online] Available at: <https://www.verywellmind.com/what-is-situational-depression-1067310> [Accessed 10 April 2020].

WWW-sciencedirect-com.ezproxy.lib.rmit.edu.au. 2020. Shibboleth Authentication Request. [online] Available at: <https://www-sciencedirect-com.ezproxy.lib.rmit.edu.au/science/article/pii/S0165032714007885> [Accessed 10 April 2020].