

INTEGRATED APPROACH TO CLINICAL DEPRESSION

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ABSTRACT

Depression is a medical condition affecting millions of people. It affect someone's mood and ability to function. The most common depressive symptoms include feeling sad, anxious or hopeless. Everyone is susceptible to feeling sad, as it is a normal reaction to difficult times in life. However, when sadness progresses to depression, it interferes with their daily life and normal functioning.

Keywords: *Integrated Counselling; Clinical Depression*

1.0 Introduction

Depression is a medical condition that affect someone's mood and ability to function (Collins, 2007). Depressive symptoms include feeling sad, anxious or hopeless. Everyone is susceptible to feeling sad, as it is a normal reaction to difficult times in life. However, when sadness progresses to depression, it interferes with their daily life and normal functioning. The condition can result to difficulty in thinking, memory, eating and sleeping. It therefore causes pain for the patient and those around him. Doctors refer to this condition as "depressive disorder," or "clinical depression." Someone suffering from clinical depression manifests symptoms such as feeling sad, low or worthless for a period of at least two weeks while also having other symptoms such as sleep problems, loss of interest in activities, or change in appetite. Untreated depression can deteriorate and lead to self-harm or suicide. Treatments are however effective in improving the symptoms of depression (Jones & Butman, 2011).

2.0 Causes of Clinical Depression

Many factors may play a role in depression, including genetics, brain biology and chemistry, and life events such as trauma, loss of a loved one, a difficult relationship, an early childhood experience, or any stressful situation. Depression can happen at any age, but often begins in the teens or early 20s or 30s. Most chronic mood and anxiety disorders in adults begin as high levels of anxiety in children (Collins, 2007).

Collins (2007) outlines some common causes of depression such as abuse which can be physical, sexual or emotional abuse that end up making one vulnerable to depression later in life. The aged in the society are also at risk of depression which can be exacerbated by living alone and lack of social support. There are certain medications that have been identified as increasing the risk of

depression such as antiretroviral drugs, *isotretinon* used to treat acne as well as corticosteroids. Conflicts or disputes especially from family members, friends or at work place may also cause depression. Death or loss brings about sadness or grief due to loss of the loved ones. In terms of gender, women are about twice as men to become depressed. It is thought that the hormonal changes that women go through at difference times in their lives may make them more susceptible to depression. Genes or someone with a family history depression may increase the risk of one becoming depressed. Some major events in one's life such as starting a new job, graduating, marrying or changing houses may also result to depression. There are other personal problems that are likely to cause depression such as social isolation or being cast out of a family or a social group. Substance abuse may also result to clinical depression as they aggregate the rate of depression.

Njenga (2004) avers that depression can co-occur with other serious medical illnesses such as diabetes, cancer, heart disease, and Parkinson's disease. Depression can make these conditions worse and vice versa. Sometimes medications taken for these illnesses may cause side effects that contribute to depression.

2.1Prevalence of Depression

Depression remains one of the most common mental disorders and is projected to be the leading cause of disease burden worldwide by the year 2030 (Nyongesa, Mwangi, Wanjala, Mutua, Newton &Abubakar, 2019). This disorder is estimated to occur two to three times higher in people living with other underlying conditions than in the general population. In the United States, it is estimated that nearly 7% of the adults have depression every year. More than 16% adults or 1 in 6 Americans will experience depression in their lifetime.

In Kenya, the prevalence of major depressive disorder stands at 32%. Clinical depression has serious consequences to the patients' wellbeing, alteration of economic productivity and poor quality of life. Depression can co-occur with other serious medical illnesses such as diabetes, cancer, heart disease, and Parkinson's disease. Depression can make these conditions worse and vice versa. Sometimes medications taken for these illnesses may cause side effects that contribute to depression ((Nyongesa, Mwangi, Wanjala, Mutua, Newton & Abubakar, 2019). Although depression is very common, Williams (1987) had noted that it is often masked by anger, anxiety and a variety of other defences. This implies that the disorder is likely to go unnoticed by many people in the society.

2.2 Types of Depression

There are different types of depression, which include clinical depression, bipolar depression, dysthymia, seasonal affective disorder among others. Healthcare providers classify depression according to symptoms and causes. These episodes often have no obvious cause. In some people, they can linger much longer than in others for no clear reason. Depression can be classified as follows:

- **Major depressive disorder (MDD):** This is also known as clinical depression. It is characterized by intense or overwhelming symptoms that last longer than two weeks. These symptoms interfere with everyday life.
- **Bipolar depression:** Individuals suffering from bipolar disorder have alternating periods of low mood and extremely high-energy (manic) periods. During the low period, they may have depression symptoms such as feeling sad or hopeless or lacking energy.

- **Perinatal and postpartum depression:** The term “Perinatal” means around birth. This condition is commonly referred to as postpartum depression. Perinatal depression can occur during pregnancy and up to one year after having a baby.
- **Persistent depressive disorder (PDD):** PDD is also known as dysthymia. Symptoms of PDD are less severe than major depression. But people experience PDD symptoms for two years or longer.
- **Premenstrual dysphoric disorder (PMDD):** Premenstrual dysphoric disorder is a severe form of premenstrual disorder (PMS). It affects women in the days or weeks leading up to their menstrual period.
- **Psychotic depression:** People with psychotic depression have severe depressive symptoms and delusions or hallucinations. Delusions are beliefs in things that are not based in reality, while hallucinations involve seeing, hearing, or feeling touched by things that aren’t actually there.
- **Seasonal affective disorder (SAD):** Seasonal depression, or seasonal affective disorder, usually starts in late fall and early winter. It often goes away during the spring and summer.

This particular paper focuses on clinical depression which is characterized by symptoms that interfere with the ability to work, sleep, study, eat, and enjoy life. An episode can occur only once in a person’s lifetime, but more often, a person has several episodes. It may also last for at least 2 years. A person diagnosed with persistent depressive disorder may have episodes of major depression along with periods of less severe symptoms, but symptoms must last for 2 years.

2.3 Signs and Symptoms of Depression

According to Njenga (2004) a depressed person shows extreme lack of energy, looks miserable and his thought are full of regret for the past. Such a person is preoccupied with real and imaginary instances of failure. Most of the depressed people express sadness. Depression has many other symptoms, including physical ones. If one is experiencing any of the following signs and symptoms for at least 2 weeks, one is likely to be suffering from depression:

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities
- Decreased energy, fatigue, being “slowed down”
- Difficulty concentrating, remembering, making decisions
- Difficulty sleeping, early-morning awakening, or oversleeping
- Appetite and or weight changes
- Thoughts of death or suicide, suicide attempts
- Restlessness, irritability
- Persistent physical symptoms

The above symptoms are confirmed by DSM-5 (2013) which outlines the depressive disorders as disruptive mood dysregulation disorder, major depressive disorder, persistent depressive disorder premenstrual dysphoric disorder, substance mediated induced depressive disorder, depressive disorder due to another medical condition. It is important to note that the common feature of all these disorders is the presence of sadness, emptiness, irritable mood accompanied by somatic and cognitive changes that significantly affect the individual’s capacity to function.

2.4 Assessment of Depression

The technique of Integrated clinical depression treatment revolves around testing and evaluations. Careful assessment is an important step in having evidence-based facts. The initial assessments of depressive symptoms can help to determine possible treatment options while periodic assessment throughout care can guide treatment and help to gauge the healing progress.

The patient should therefore be given a complete psycho-bio-socio history evaluation and examination. The information gathered is reviewed in order to give the direction of the line of treatment to be adopted. Other tests such as psychological testing, neurologic examination and electroencephalogram including physical check-up are necessary. For instance, Patient Health Questionnaire (PHQ) should be performed during the initial stages of assessment. It is one of the tools used to screen for the presence of severity of depression and to monitor response to treatment.

Table 1: Patient Health Questionnaire (PHQ-9)

Over the last two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly Everyday
Little interest or pleasure in doing things?	0	1	2	3
Feeling down, depressed, or hopeless?	0	1	2	3
Trouble falling or staying asleep, or sleeping too much?	0	1	2	3
Feeling tired or having little energy?	0	1	2	3
Poor appetite or overeating?	0	1	2	3
Feeling bad about yourself - or that you are a failure or have let yourself or your family down?	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television?	0	1	2	3
Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?	0	1	2	3
Thoughts that you would be better off dead, or of hurting yourself in some way?	0	1	2	3

2.4.1 The Interpretation of the PHQ-9 Scale

The interpretation of this scale is that each response category of 'not at all', 'several days', 'more than half the days' and 'nearly every day' is assigned a score of 0, 1, 2 and 3 respectively. The total score is calculated by adding together the scores for the 9 questions. The final scores give a provisional diagnosis as follows: 10–14 = mild depression, 15–19 = moderate depression and 20 or higher = severe depression.

2.4.2 Spiritual Assessment of Clinical Depression

The therapist should also conduct a spirituality or religion assessment of client suffering from clinical depression in order to understand their perception towards the meaning of life. It is important to let the person understand that the belief in a higher being who accepts him the way he is without any judgement and the appreciation that he is powerless towards her condition may be the beginning of his journey to wellness. Spirituality revolves around believing in God, divine power or transcendental reality. It is a quest to reach to what is sacred. It has been defined as the search for transcendent meaning or a belief in a greater existence outside of humankind (Land, 2015). Through Christian Counseling clients are helped to gain insight into the ways their core beliefs and values are reflected in their behavior.

2.5 Diagnosis of Clinical Depression

According to DSM -5 (2013), the diagnosis for clinical depression is the presence of the following: 1. Presence of five or more of the following symptoms for a duration of 2 weeks where one of the symptoms is depressed mood or loss of interest or pleasure.

- a) A depressed mood most of the day, nearly every day in terms of feeling sadness, emptiness and hopelessness.
- b) Marked diminished interest or pleasure in most activities most of the day, nearly every day.

- c) Significant weight loss
 - d) Insomnia or hypersomnia nearly everyday
 - e) Psychomotor agitation or retardation nearly everyday
 - f) Fatigue or loss of energy nearly everyday
 - g) Feelings of worthlessness or excessive or inappropriate guilt nearly everyday
 - h) Diminished ability to think or concentrate or indecisivenessnearly everyday
 - i) Recurring thoughts of death
2. The symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning/
 3. The episode is not attributable to the physiological effects of a substance or to another medical condition.
 4. The occurrence of the major depressive episode in exclusion of schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder or other specified or unspecified schizophreniform disorder.
 5. There has never been a manic episode or a hypomanic episode.

2.6 Integrated Treatment of Clinical Depression

Treatment options range from counselling to medications to brain stimulation and complementary therapies. Although depression is considered to be a mental illness, it is useful to think of it as a disruption in the brain which can be caused by physical makeup, mechanism of the brain as well as emotional and relational issues. The brain changes in response to the environment. These environmental triggers can be in form of what we eat, quality of our lives, our sense of purpose, how we handle stress and quality of our relationships. Any integrative treatment should be able to address all those areas in order to understand the root cause of the

problem. Collins (2007) recommends the use of bio-psycho-social approach, which looks at the biological causes, the psychological causes and the social influencers.

For instance, chemicals may be used to address the hormonal imbalance, psychotherapy may be applied to treat the cognitive aspect while spirituality may be used to treat feelings of guilt from sin. This is especially so when someone feels that they have done something wrong leading to self-condemnation, frustration and hopelessness.

The determination of the kind of therapy to be given is based on the result of the evaluation. The decision is therefore made on whether psychotherapy, sociotherapy, behaviour therapy or a mixture of them is necessary. Decision is also made on the approach of the treatments in terms of whether it will involve other stakeholders such as the family therapy, couple therapy among other approaches. It is at this point that a decision is also made on whether to involve different practitioners where clinicians with diverse skills are involved in a comprehensive treatment effort (Lieb, 2016). It should be noted that unattended clinical depression may result to progressive suicidal thoughts. According to Njenga (2004) such an individual becomes preoccupied with methods of ending their miserable lives.

There are four major therapeutic approaches or combinations of them that are presently available for the treatment of severe depression. They include psychotherapy, spiritual therapy, drug therapy, shock therapy, and hospitalization and milieu therapy. Hence, treatment options range from counselling to medications to brain stimulation and complementary therapies. Although depression is considered to be a mental illness, it is useful to think of it as a disruption in the brain which can be caused by physical makeup, mechanism of the brain as well as emotional and

relational issues. The brain changes in response to the environment. These environmental triggers can be in form of what we eat, quality of our lives, our sense of purpose, how we handle stress and quality of our relationships. Any integrative treatment should be able to address all those areas in order to understand the root cause of the problem.

The therapist should apply Christian psychotherapy and especially spirituality to help comprehend the seemingly incomprehensible and to comprehend the seemingly unmanageable. The religious or spiritual beliefs should be used to help in coping with depression and help enhance emotional adjustment to maintain hope, purpose and meaning in life as one is made to believe that they are serving a purpose beyond themselves which make it possible for the client to live with his unbearable condition. Through use of spirituality, the effects of the stressful and depressant problems are likely to decrease as it plays a protective role. Spirituality therefore is an aspect of coping skill and a problem solving technique (Kütük, 2020).

2.6.1 Counselling the Clinically Depressed Persons

It is important for the counsellor to understand that depressed people are often passive, non-verbal, poorly motivated, pessimistic and characterized by a resigned attitude. This calls for sensitivity on the part of the counsellor. The counsellor need to get the client to talk by being optimistic and assuring them that they will get well. The counsellor should be attentive and look for signs of anger, hurt negative thinking, poor self-esteem and guilt. The counsellor should address the biologically induced symptoms or physical illnesses as well, such as poor eating habits, insufficient sleep or lack of exercise. The environment that may be causing depression must be dealt with. The counselee should be removed from an environment that could be causing the depression. The counsellor should also tackle the thinking pattern of the counselee and strive to change the thinking pattern. The idea is to help the counselee think positively and realistically.

A psychiatrist may also be involved or a general physician in case a client needs some antidepressant drugs. The next step is to look for both psychological and spiritual causes of the symptoms. This is done through questioning and careful listening. Digging the family background and using the family tree is essential in creating a deeper understanding of the problem. It may also be important to include the family members for social and psychological support.

Feelings of guilt should be dealt by a Christian counsellor who may decide to invoke God's forgiveness or divine forgiveness and the ability to forgive oneself. Prayers, reading of sacred texts such as the bible and singing of religious hymns may help to bring spiritual harmony. The client's spiritual beliefs need to be evaluated and those unrealistic, unbiblical and harmful beliefs need to be fixed appropriately. The spiritual emptiness and loss in a clinically depressed person need spiritual counselling. This implies that spiritual and religious matters are therapeutically relevant, ethically appropriate, and potentially significant in the treatment of clinical depression. Spirituality and religion are critical sources of strength for many clients as they help them to find meaning in life, and can be instrumental in promoting healing and well-being.

The counsellor should be keen to look for signs of self-harm. This may be about making important long lasting decisions that might be harmful to their lives in future such as quitting jobs or unwise marriage decisions. The counsellor should also look out for possible signs of suicide such as talks about suicide, plans to kill oneself, feelings of hopelessness, inability to cope with stress, among others.

The counsellor should help the counselee to learn how to prevent depression. Such methods may involve trusting in God by knowing that God gives strength and provide for our needs. The counsellor should also teach about depression to make such individuals and family members

understand on what to look for and what to do about it. Skills such as anger management, stress management and thinking differently. Such people should also be encouraged to seek support from relevant places such as churches, friends and families. They should also be encouraged to reach out and help others. By helping others, such counselees benefit most. Encouraging the counselees to keep physically fit is also helpful in beating depression.

3.0 Conclusion

From the foregoing discussion, it is evident that clinical depression is one of the most common forms of mental disorders. It causes emotional pain, economic drain and mental disorder. If unattended, progressively, it may lead to the patient committing suicide. Luckily, it is treatable if diagnosed early enough. To treat it in a holistic manner, it is important to conduct integrative treatment using biopsychosocial model as well as Christian psychotherapy or psycho-spiritual therapy.

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